



NETCARE

Netcare Limited Quality Report

for the year ended 30 September 2022





Contents

01	Our reporting suite
02	Group medical directors' review
04	Guiding frameworks

Perception of care

07	Our patients
11	Doctor partnerships

Quality of care

16	Narrative overviews
16	Caring for people with pain
19	Caring for newborn babies
23	Caring for people following severe physical trauma
26	Caring for people on long-term haemodialysis
29	Caring for people requiring physical rehabilitation
30	Person centred care
30	Perception of care
34	Best practice
34	Best time
36	Best way
37	Safest care
37	Infection prevention
38	Antibiotic stewardship
39	Medicine safety
40	Fall prevention
41	Pressure lesion prevention

Clinical commercial

43	Private medical funders
----	-------------------------

Governance

47	Clinical governance
48	Safety, health, environment and quality

#WeCare

53	Our people
----	------------

Our reporting suite



Integrated report

Primary report to stakeholders available in print and online

Provides material information on the Group's strategy to create a sustainable competitive advantage and deliberate social, economic and environmental value; in particular how Netcare creates and preserves enterprise value and mitigates its erosion over time, in relation to the six capitals. Applying this value lens, the integrated report includes material information and data that is presented and analysed in more detail in the supplementary reports. It complies with the JSE Limited (JSE) Listings Requirements and the South African Companies Act 71 of 2008, as amended (Companies Act).

Reporting frameworks applied:

- International Integrated Reporting <IR> Framework (January 2021).
- King Report on Corporate Governance for South Africa (2016)¹ (King IV)¹.

Link to strategic pillars



Supplementary reports

Publications that cater to the specific information needs of our stakeholders and satisfy compliance reporting requirements, available online at www.netcare.co.za/Netcare-Investor-Relations



Shareholder report

Provides detailed disclosure on the Group's approach to corporate governance, its full remuneration policy and implementation report and the summarised Group annual financial statements; of particular interest to investors, debt providers and regulators. The report complies with the JSE Listings Requirements and the Companies Act.

Reporting framework applied:

- King IV.

Link to strategic pillars



Environmental, social and governance report

Sets out in detail the Group's economic, social and environmental impacts and the governance practices and approaches that ensure they are appropriately managed; of particular interest to shareholders, analysts, regulators and broader society.

Reporting frameworks applied:

- King IV.
- Global Reporting Initiative's (GRI) Standards (core option).
- Task Force on Climate-related Financial Disclosures (TCFD).

Link to strategic pillars



Quality report

Sets out the Group's consistency of care strategy, and includes clinical outcomes data and measurement requirements; of particular interest to patients, doctors and funders.

Link to strategic pillars



Annual financial statements

Sets out the Group's audited annual financial statements, and includes the report of the independent auditor. The report complies with the JSE Listings Requirements and the Companies Act.

Reporting frameworks applied:

- King IV.
- International Financial Reporting Standards (IFRS).
- South African Institute of Chartered Accountants (SAICA) Financial Reporting Guides.

Link to strategic pillars



Additional information

- GRI content index.
- TCFD content index.
- Notice of annual general meeting and proxy form.
- Hospital listing.

Feedback

We welcome your feedback to enhance the quality of our integrated report and supplementary information. Please email your feedback to ir@netcareinvestor.co.za.

1. King IV copyright and trademarks are owned by the Institute of Directors in Southern Africa NPC and all of its rights are reserved.

Group medical director's review

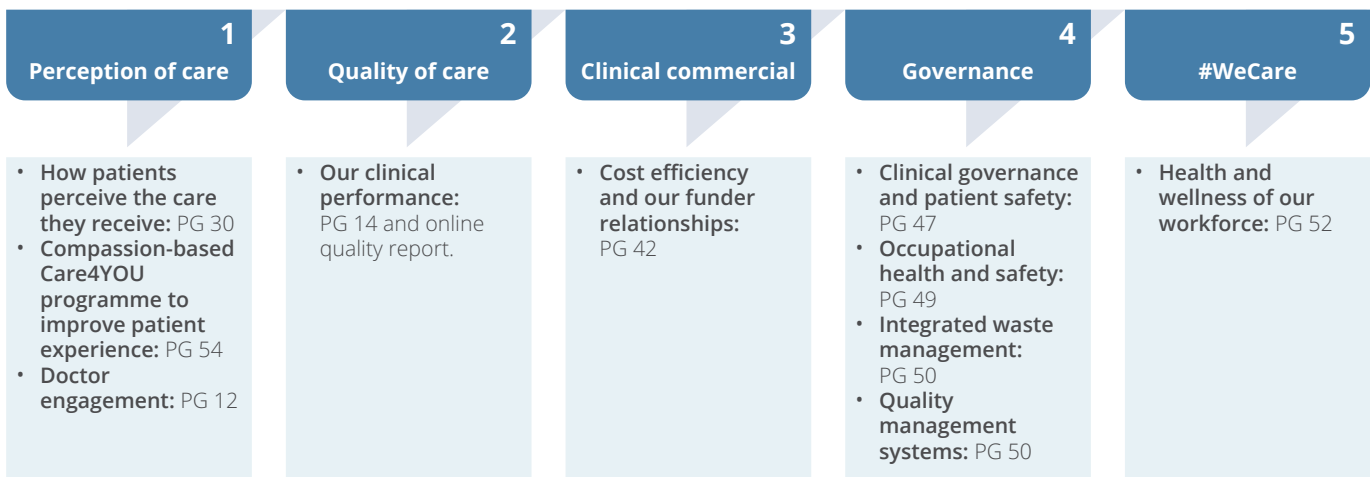
At the heart of our consistency of care strategy is the objective to realise the Netcare promise for each patient who trusts us with their care. This strategy requires that we strive for excellence both in quality and safety of care in a way that promotes and upholds person centredness. The digitisation of our divisions is a key enabler of achieving this, and the data derived from our digital platforms enables evidence-based clinical decision-making.



Dr Anchen Laubscher

Our consistency of care strategy

Realising the Netcare promise for each individual patient who trusts us with their care



Enabled by the Netcare digitisation strategy and informed by data driven decision-making

During the year, we renewed our focus on our consistency of care strategic objectives, with key projects being the roll out of the Care4YOU programme and its impact on the nurse compassion score, the completion of our doctor engagement review and survey, and the continued tracking of the Hospital Division's new patient feedback survey (PFS), launched in November 2021, to establish a steady flow of data that will provide the foundation from which to improve the patient experience.

We continue to place a great deal of emphasis on measuring and monitoring the quality of the care we provide to our patients. The quality of care report, starting on page 14, continues to be of importance to a number of stakeholders, namely our patients, employees, doctors and other healthcare

practitioners, funders, investors and regulatory authorities. The reporting of our quality of care outcomes is made possible by the day-to-day activities of our employees, doctors and other healthcare providers. We are grateful for their dedication and commitment to caring for our patients. Reporting our outcomes publicly realises great internal benefit; instilling ownership in teams for their achievements, encouraging them to understand, explain and address negative deviations and recognising successes.

Our quality of care index (previously referred to as the clinical outcomes index) – an automated dashboard of quality outcomes for the Hospital Division – was launched in FY2021. This year, it realised value for Netcare, supporting the standardisation, automation and governance of our measures.

We are pleased to include our first quality of care measure in our public reporting that uses CareOn data – the measure relating to timeous administration of pain medication. CareOn is the Hospital Division's electronic medical record (EMR).

The new quality of care website, deployed in January 2022, has provided greater reporting flexibility, making it easier to add, update and retire measures, speeding up the production process. It also supports consumer friendly navigation with multiple entry points to view our measures and results. In September 2021, we successfully implemented a new section on the website, showcasing patient feedback results for the Hospital Division, for a rolling 12-month period, which is updated monthly.

This year, Netcare Akeso was included in the British Standards Institution's (BSI) certification of Netcare. Due to the committed and meticulous work of our teams we once again achieved Group-wide ISO 9001:2015 certification; this being the fifth consecutive year. We also developed a new clinical governance framework, implemented first in the Hospital Division, to ensure that all independently contracted healthcare workers (ICHWs) operating in our facilities are appropriately qualified and registered and that we effectively identify, manage and minimise operational and clinical risks impacting patient safety.

As we look forward to harnessing the clinical data derived from our various electronic health records and systems, I would like to extend our sincere thanks to the digital and data teams across the Netcare ecosystem, and congratulate them on the great strides made during FY2022 towards digitally enabled, data driven care. I would like to thank the clinical team at head office and in all of our divisions for leading our quality and safety work, in partnership with our doctors and clinical teams at the coalface of care. The safety, health, environment and quality (SHEQ) teams across the Group have shown incredible commitment and care towards the work outlined in this report, and the progress achieved, thereby strengthening the governance framework enabling our clinical practice. Thanks must also go to the Executive Committee and the Board for their support provided to the Consistency of Care strategy and team.

Stay safe!



Dr Anchen Laubscher
Group Medical Director



Guiding frameworks

Our consistency of care strategy is guided by the following internationally recognised healthcare models.

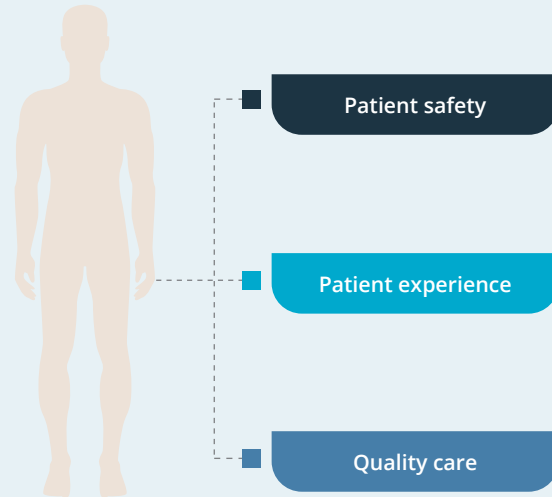
The Quadruple Aim¹



An international framework that aims to optimise the performance of healthcare systems through the integration of four critical objectives. The concept was first introduced by Berwick and colleagues as the Triple Aim, covering care, health and cost – where care refers to a patient’s subjective experience of care.

1. Source: Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *The Annals of Family Medicine*, 12(6), 573–576.

The Cleveland Clinical Model²



To deliver care that is person centred and cares for the whole person, we must:

- Put patients first and at the centre of everything we do.
- Recognise patients as individuals and respect that every patient’s journey is unique.
- See patients as partners and encourage them to actively participate in the decisions and management relating to their health and care needs.
- Commit to consistently high-quality care.
- Expand our services to include wellness before and after care.

2. Source: Cosgrove, T. (2014). *The Cleveland clinic way – Lessons in excellence*. Cleveland Clinic Quality Performance Report available at: <http://clevelandclinic.org/QPR>.

Modified value of care equation³

$$\text{Value of care} = \frac{\text{Clinical outcomes}}{\text{Cost of a clinical event}} \times \text{Patient experience}$$

- **Clinical outcome:** the degree to which the clinical event achieved a clinical goal (objective measure).
- **Cost of the clinical event:** total cost charged by care providers (patient, medical aid or both).
- **Patient experience:** the degree to which the patient’s expectation was met (subjective measure).

3. Source: Porter, M. E. (2010). *What is value in health care?* *New England Journal of Medicine*, 363(1), 2477–2481. <http://doi.org/10.1056/NEJMp1002530>



Perception of care

Perception of care

- 07 Our patients
- 11 Doctor partnerships

Key focus areas for FY2022

- Improving patient care through compassion.
- Setting the baseline and ideal scores for the metrics in the new Hospital Division PFS.
- Fostering collaborative partnerships to benefit patients, and understanding and meeting the needs of our doctors.
- Advancing our doctor strategy, designed to attract and retain doctors and specialists.

Objective

- Improve our patient satisfaction and perception of care delivered.

Our patients

It is important to us that each patient's voice is heard; that they become active partners in their journey to health and that our service offering meets each patient's unique circumstances, needs and preferences.

FY2022 highlights

Patient feedback survey

Since its launch, the Hospital Division's new PFS had garnered 42 758 responses at September 2022, averaging 120 responses per day. It has achieved an average response rate of 13% of surveyable discharges (improved from 8% and comparing favourably to a research average of between 10% and 15%). The completion rate has remained above 90% (research average between 20% and 50%).

Nurse compassion score

Care4YOU, our key intervention to galvanise the intrinsic motivation of our employees to improve our levels of compassion and subsequently the patient experience, is starting to positively impact our nurse compassion score as felt by patients.



Care4YOU: PG 54

Patient engagement

We are building a 'One Netcare' digital ecosystem that is engaging and transactional across key touchpoints.

MyNetcare Online is our new patient portal, which in time will offer a holistic and personalised digital healthcare experience across our ecosystem. Leveraging data aggregated across our divisions, the portal will be tailored to the patient's profile and their specific healthcare needs, providing a personalised, intuitive and user-centric experience.

Patient engagement

Meaningful, caring and understanding engagement with patients and their loved ones empowers them to be participants in their journey to health. We are dedicated to ongoing improvement in this care dimension. Strategic projects such as the new PFS in the Hospital Division and other digital engagement tools are reshaping how we engage with our patients to provide the best and safest care.

Our patients

How we engage	<ul style="list-style-type: none"> • Person centred care teams in each hospital. • Digital PFS (quantitative scores and free-text responses). • EMRs which will provide patients with access to their health and care data, and in time, will cover the patient's interactions with Netcare across our ecosystem. • A bespoke complaint management system, CareNet. Each hospital's complaints dashboard is refreshed every 30 minutes. • The One Netcare website and social media platforms that interface with CareNet. • Various digital initiatives that enhance patient experience and perception of care (Netcare appointmed[™], online pre-admissions and National Renal Care's mobile application (app)). • Patient focus groups and listening forums. • The NetcarePlus service centre and outsourced call centres.
Their concerns	<ul style="list-style-type: none"> • Seamless access to high-quality, safe healthcare free of utility and service disruptions. • An excellent patient experience delivered by competent and professional nurses and healthcare practitioners. • Access to world class doctors, equipment and services. • Fully funded and/or affordable healthcare services. • Data privacy and protection of patients' highly sensitive personal data.

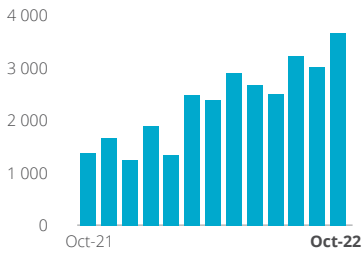
Our patients continued

Digitising the person centred health and care journey

MyNetcare Online

Our patient portal tailored to the user and their specific healthcare needs.

Netcare appointmed™ bookings



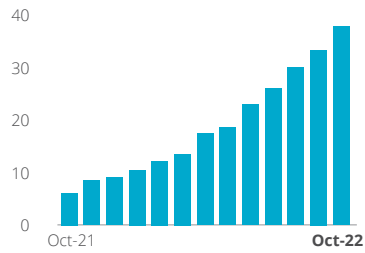
A free telephonic service for patients and general practitioners (GPs) to find doctors and specialists at Netcare hospitals, Netcare Akeso facilities and Netcare Medicross medical and dental centres, and book appointments with them online.

Hospital patient feedback survey



Collects patient feedback data to measure what matters to patients. This is used to inform our interventions to improve perception of care and treatment. Patients can answer the survey using their desktop computer or mobile phone.

Online pre-admissions (%) Hospital Division



Online hospital pre-admission for elective procedures before the day of admission, avoiding paperwork and queues at the hospital.

Summary of care



Allows patients to download their hospital discharge summaries and electronic prescriptions – coming soon.

Other digital platforms

Netcare 911 Locate Me



Accessed through the Netcare mobile application (app), the service uses automated SMS geolocation to identify and auto-populate a caller's address, reducing call handling time and increasing accuracy of location.

Netcare VirtualCare (telehealth)

A secure platform for virtual doctor consultations (video or telephonic). Patients do not need to download an app to use the service. The platform can host group telehealth sessions for up to 20 users, specifically developed for group therapy sessions.



National Renal Care app

Supports the physical wellbeing of dialysis patients, enabling them to establish an exercise programme under the guidance of their nephrologist and access a wide variety of topics to assist their wellness.



FY2022 performance

New patient feedback survey for the Hospital Division

- The new independently validated PFS showed encouraging improvements in its first year. It was developed together with external strategy and research consultants, and has replaced the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measure used in the past, as a better measure of what matters to our patients. It aligns to our core values and the behaviors we seek to encourage in our people and see reflected in the patient experience. The survey delivers quantitative data as well as rich qualitative data from a sentiment analysis tool that analyses free-text responses across six domains. The survey link is sent to patients via email and/or SMS 48 hours after discharge from a Netcare hospital, and patients can complete the survey on their mobile and desktop devices. Data derived from the survey is used to drive targeted improvement initiatives.
- Developments made on the PFS include:
 - A new question added on why patients chose Netcare.
 - A new question added on doctor time spent with patients.
 - A management dashboard to track each hospital's performance so that we can quickly identify and assist hospitals that are performing below our desired scores.
- From the PFS we have identified the following improvement areas:
 - Advising patients on the possible side effects of their medication. Initiatives to improve in this area will require the involvement of hospital employees and doctors.
 - The discharge process, particularly in terms of the problems or complications to be aware of. The roll out of the summary of care project in FY2023 will provide patients with more detailed information upon discharge, positively impacting their experience of the discharge process.

Patient experience

Hospital Division

- Two initiatives were launched in FY2022, targeting improvement in the nurse compassion score; the Care4YOU compassion journey, explained in detail on page 54, and the development of a nurse resilience programme that identifies their needs and the challenges that directly impact the way they treat patients. The Maslow's hierarchy of needs methodology was used to develop the hierarchy of resilience. Pleasingly, the nurse compassion score has steadily increased from a baseline score of 7.92 to 8.11 at September 2022 against a target of 8.11. When looking at the performance of individual sites, it is clear that the longer a site is exposed to these programmes the more likely it is to reach the target score. 66% of hospitals achieved the target score.

Other divisions

Module 1 of Care4YOU was rolled out to Netcare Education and Netcare 911's Emergency Operations Centre.

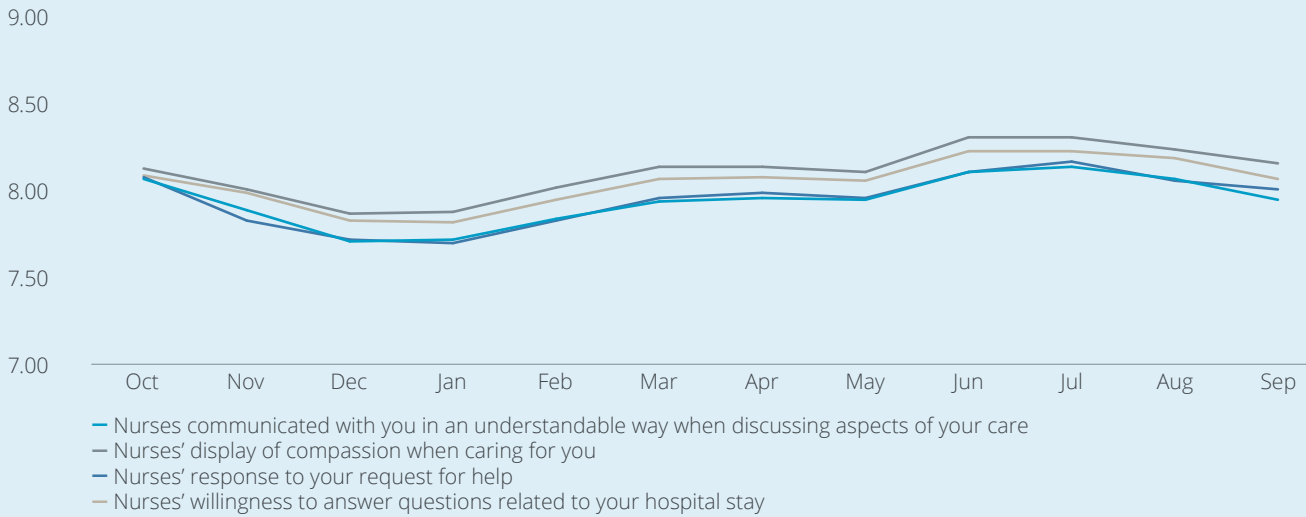
Primary Care Division

A digital customer satisfaction survey was launched with six Netcare Occupational Health clients, and we achieved an average customer satisfaction score of 95%, with the key area of improvement being waiting times.

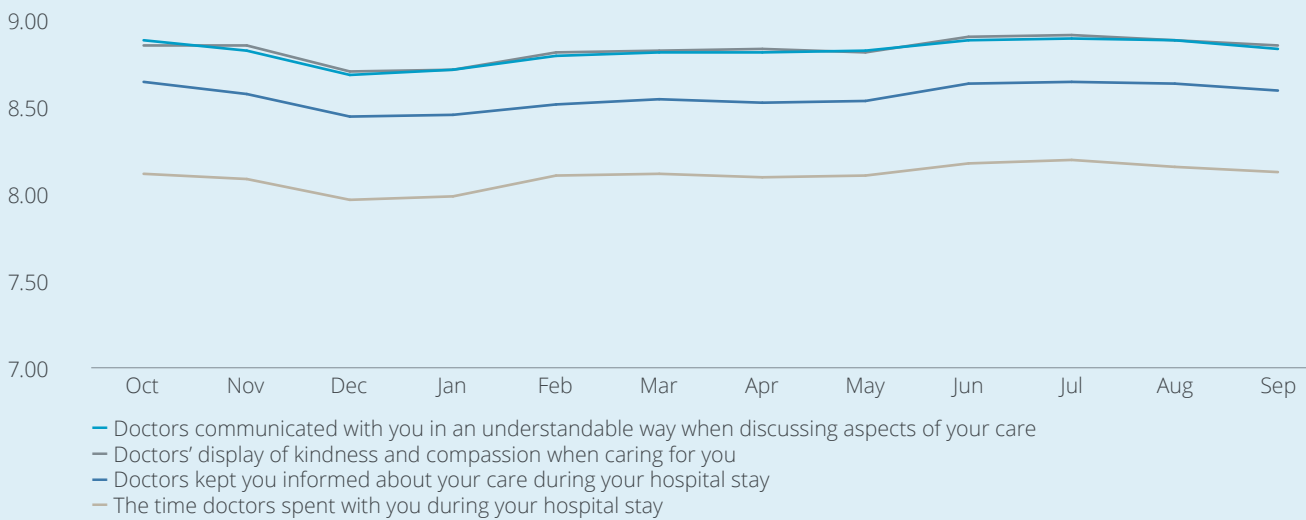
Our patients continued

FY2022 performance

Hospital Division: nurse care



Hospital Division: doctor care



Looking forward

In FY2023, we will focus on the data elicited from the Hospital Division's PFS to inform focused improvement initiatives. For nursing performance, we will continue our efforts to improve the nurse compassion score and delve deeper into the factors that influence the score for overall satisfaction with a patient's hospital stay to inform initiatives that will drive improvement. A revised PFS for radiotherapy and chemotherapy will be implemented in FY2023.

Doctor partnerships

Doctors are pivotal partners in the delivery of best and safest care to patients, they are a key port of entry for patients to our facilities, and they impact directly on patient experience, the cost of care and clinical outcomes. They also enable our expansion into higher demand disciplines, supporting our organic growth and profitability. We are proud to work with a large and broad array of doctors who have many exemplary qualifications and achievements.

FY2022 highlights

Doctor attraction

88

FY2021: 10

The net gain of doctors onboarded at our acute and mental facilities.

21

FY2021: one

Acute hospitals digitised providing doctors with remote access to patients. In time, the digital transformation of our ecosystem will reduce medicolegal risk and savings on medical malpractice insurance premiums based on availability and application of data, and will provide doctors with a longitudinal view of a patient's medical history across the Netcare ecosystem.

Doctor engagement

37%

of respondents cared for at a Netcare hospital are admitted to our facility because it is where their specialist is based.

As part of our perception of care work we have critically reviewed how we engage with doctors, engaging with various stakeholders, doctor-facing employees and doctors themselves. We also ran a doctor survey to create a measurable baseline of engagement and understand where we can improve.

Doctor support

516

FY2021: 431

Initiatives held to support the continuous professional development (CPD) of doctors – 166 Physician Advisory Board (PAB) meetings, 38 CareOn awareness sessions, 152 emergency and trauma morbidity and mortality meetings and 160 emergency and trauma medical education meetings.

These platforms serve as operational and clinical advisory and communication platforms between doctors and hospital management.



Doctor partnerships continued

Doctor engagement

Effective doctor engagement ensures that we meet their needs, provide them with an attractive value proposition and build strong collaborative relationships with them.

Doctors	
How we engage	<ul style="list-style-type: none"> • Various structures in the Hospital Division that support the sharing of information on quality of care (PABs, morbidity and mortality meetings and the personalised clinical information (PCI) tool which provides year-on-year comparative data on doctor performance etc). • Multi-disciplinary meetings between doctors to plan care for patients (enhanced through CareOn, which provides one source of patient information to aid shared decision-making). • Dedicated managers in each primary care centre and a national manager at National Renal Care responsible for building relationships with primary healthcare providers, allied healthcare practitioners and nephrologists. • CPD forums across all Netcare divisions. • Digital boards or forums to elicit doctor input on the development of our EMR platforms. • Our online platforms, including the One Netcare website, Netcare appointmed™ and VirtualCare (telehealth platform).
Their concerns	<ul style="list-style-type: none"> • Netcare's inclusion in restricted provider networks. • Outmigration and Netcare's response to provide a competitive offering and retain day case work within our acute hospitals. • Access to cutting-edge medical equipment and advanced technology, well maintained medical equipment and facilities, and advanced treatment protocols. • Digital platforms such as MyNetcare Online. • Clinical quality leadership and the public reporting of quality data. • Cost efficiency. • External hospital ratings. • Inconsistent doctor communication across the Netcare ecosystem (addressed in FY2022). • Better management of doctors' personal data needed for strategic projects and internal governance processes (addressed in FY2022). • Continuous professional development. • Uninterrupted supply of electricity and water to ensure the best and safest care.



FY2022 performance

Engagement

- We rolled out a survey in June 2022 to identify potential pain points for doctors and where we are doing well, and to gain insight on why they chose to practise at Netcare and how they feel we can improve the patient experience. Key findings from the survey were:
 - The convenience of our sites, our standards of clinical excellence and the career opportunities associated with practising at Netcare were highly rated as the reason for choosing Netcare. Our standards of clinical excellence, patient-centricity and some of our facilities were highlighted as areas where we are doing well. Nursing turnover and retention were noted for improvement, which aligns with the broader nursing shortage faced in SA.
 - Relating to doctor loyalty and commitment, 58% of respondents want to grow their practice, 62% prefer to stay in their current facility rather than expand to other facilities, 47% are unlikely to move their practice from Netcare and 45% would recommend Netcare to a colleague.
- Based on the findings of the critical review of our doctor engagement framework and the doctor survey, we are:
 - Enhancing the PCI tool to improve our individual conversations with doctors on their clinical outcomes, patient experience and total cost per event data, and to encourage improvements where they exist.
 - Driving targeted strategic initiatives to improve doctor engagement, address pain points and support and develop our doctors and specialists. We are also developing measures to track the impact of these initiatives on the quality of doctor engagement over time.
 - Streamlining our communication with doctors ensuring that we are transparent, and aligning doctor-related messaging across our internal functions.
 - Driving increased partnership with doctors in line with our strategic priorities.
- In total we improved in 13 out of 18 constructs of the doctor engagement survey.

Doctor support

- Netcare Akeso worked with doctors to co-create the doctor module of its EMR.
- Netcare Medicross launched a pilot nurse-driven disease management programme at three medical centres to assist doctors with the care of their diabetic patients. The programme includes the patient's family and patient education on diabetes and how to manage their self-care.
- Webinars on various topics, including cost efficiency, were rolled out to our doctors and specialists.
- The One Netcare website will allow doctors to differentiate themselves and publish their qualifications, focus areas, research and publications, as well as their practicing hours and contact details. This helps doctors reach a broader patient group and helps patients find the right doctor for their needs.

Looking forward

Focus areas for FY2023 include developing a digital communication system that monitors doctor engagements to ensure messages are streamlined and consistent, introduce a compassion-based development programme for doctors and continue to engage with doctors on our digitisation and other strategic projects to derive mutual benefits.

Quality of care

Quality of care

- 16 Narrative overviews
 - 16 Caring for people with pain
 - 19 Caring for newborn babies
 - 23 Caring for people following severe physical trauma
 - 26 Caring for people on long-term haemodialysis
 - 29 Caring for people requiring physical rehabilitation
- 30 Person centred care
 - 30 Perception of care
- 34 Best practice
 - 34 Best time
 - 36 Best way
- 37 Safest care
 - 37 Infection prevention
 - 38 Antibiotic stewardship
 - 39 Medicine safety
 - 40 Fall prevention
 - 41 Pressure lesion prevention

Key focus areas for FY2022

- Demonstrating how our digital transformation is enhancing the measurement and management of the safety and quality of care we deliver.
- Productionising our public reporting of quality of care outcomes.

Objective

- Demonstrate our ability to provide accurate and meaningful quality of care measures and results and use them to inform focused improvement initiatives.



Reporting

Our measures align with international standards and good data science practice. Local and international benchmarks are used when there is sufficient information and context to support valid comparisons. Our internal processes are overseen by Consistency of Care Committees at Board and divisional levels. The Clinical Data Council coordinates the collection of all clinical data across all divisions, ensuring that clinical data collection, reports and analysis align, and ensuring the accuracy and completeness of all datasets.

Our quality of care reporting is broken out into three categories; our internal reporting, the reports we are contractually bound to provide to private medical funders (see page 43) and our public reporting.

Internal reporting

The quality of care index is an automated dashboard, updated monthly, for internal use by senior leadership in the Hospital Division. A total of 33 measures were added to the index in FY2022, bringing the total number of active measures to 45. All measures are from the Hospital Division and cover infection prevention, patient feedback, medicine safety, sentinel adverse events, fall prevention, pressure lesion prevention, deep vein thrombosis prevention, neonate intensive care unit (ICU) care, mortality and readmissions, and efficiency.

Public reporting

We have added eight new measures to our public quality of care reporting, four from the clinical pharmacy team and one each from the CareOn, patient perception of care, emergency department and National Renal Care teams. The six measures that were updated relate to patient feedback and the 12 measures relating to the patient reported outcome measures (PROMs) for Netcare Cancer Care were retired as a result of the discontinuation of the nurse navigator programme.

Our measures and results are reported across five Netcare divisions and one service line.

	Quality report	Website
FY2021 measures		
Published	85	84
FY2022 measures		
Retained	67	65
Retired and replaced	6	7
Added	8	8
Retired	12	12
FY2022 publication	81	80

A recurring theme in our quality of care performance is 'establishing the new normal' as we emerge from the COVID-19 pandemic, which continues to impact some of our outcomes. COVID-19 has caused deviations in the underlying data, a substantial difference in our patient population and changes in health seeking and delivery patterns. It has also impacted the clinical data collection process.

Pleasingly, our digitisation strategy is filtering through to our public reporting with a number of measures now having two data sources as we migrate systems over the reporting periods.

Our results are once again reported in a narrative section, which collates the measures and results for specific medical conditions, with the remainder reported by quality domain and category. New measures are clearly indicated and reasons for restatements are provided.

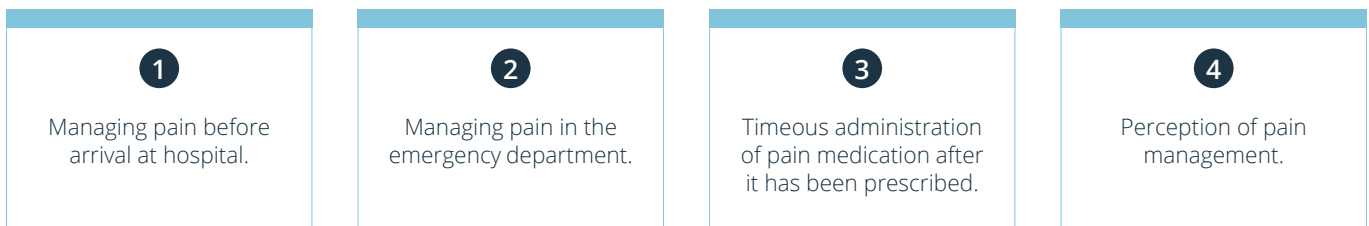
Narrative overviews

Caring for people with pain

Pain is the most common reason for patients to seek medical treatment. Each person's experience of pain is unique to them. Timely, appropriate pain management is important for a person's quality of life, healthcare outcomes and experience of care. Pain control helps to speed up recovery and can reduce the risk of developing complications after surgery. When pain is well controlled, patients are better able to move around and engage in their physical therapy.

Developing an effective individualised pain management plan depends on good communication between patients, doctors and nurses. In all our divisions, we engage with patients on their experience of pain and how effectively we manage it.

Our pain measures



1 Netcare 911: Managing pain pre-hospital

Measure

A higher score is better

% of patients with initial pain scores of six or higher out of 10 whose pain is reduced to less than six

	FY2022	FY2021	FY2020
	72.3%	69.2%	64.4%

System	The Geopal electronic patient report form (EPRF), a Netcare designed information management system.
Measurement	Emergency medical services (EMS) teams capture patient reported pain scores in the EPRF. We measure both how well and how timeously Netcare 911 has managed a patient's pain during their transportation to an emergency department. Measurements are captured twice; when the EMS team arrives at the scene and then again during the journey to the emergency department.

FY2022 performance

Netcare 911's ability to effectively manage a patient's pain depends on two key aspects; medication and ability to administer the medication. The wider scope of pain management medications available to pre-hospital providers has supported Netcare 911's effectiveness in managing pain. A key focus for the division is to recruit and retain practitioners with a diploma and degree in emergency medical care who are able to administer the broadest range of pain medications.

2 Netcare Hospital Division: Managing pain in the emergency department

Measure

A higher score is better

	FY2022	FY2021	FY2020
NEW % of patients who reported pain and answered 'yes, definitely' to being asked whether staff tried to help reduce their pain	68.6%	70.0%	72.0%

System	A central Netcare database that collates patient responses directly from a survey. Once entered, the results cannot be manipulated.
Measurement	More than 75% of patients admitted to the emergency department are experiencing pain ¹ . The goal when treating pain in the emergency department is not to completely eradicate a patient's pain but to reduce it to an acceptable level until they are admitted to hospital or are able to go home. We use the emergency department Consumer Assessment of Healthcare Providers and Systems (CAHPS) to assess our management of pain. The survey is sent to patients by email after their discharge from the emergency department.

1. Eger, M.M., Nolan, G.S., Tonks, K., Ramjeeawon, A. and Taylor, N., 2021. Inhaled methoxyflurane (Penthrox) for analgesia in trauma: a systematic review protocol. *Systematic reviews*, 10(1), pp.1-6.

FY2022 performance

The COVID-19 pandemic placed our frontline employees under a lot of pressure. During this time, our established pain management pathway in our emergency departments (in place for a number of years now) was deprioritised. In FY2022, the pathway was re-emphasised; however, this has not achieved an improvement in our pain management results. As the impact of the Care4YOU compassion training becomes more embedded in our hospitals and helps our employees to recover from the trauma of the past two years, we hope to see an improvement in this score.

3 Netcare Hospital Division: Timeous administration of pain medication

Measure

A lower score is better

	November 2021 to September 2022
NEW Average time in minutes between prescribed time for patients' medicine and the time it was administered (hang time)	34.8

Note: results are reported for the subset of Netcare hospitals in which CareOn has been implemented and are reported from the time of implementation during FY2022.

System	CareOn EMR platform.
Measurement	Receiving the required pain medicine at the prescribed time is an important part of pain management. CareOn enables a fully digitised medication management process where prescription, dispensing, preparation and administration of all medicines is tracked electronically in real time. Our measurement is based on international standards for measuring hang time – the time between prescription and administration.

FY2022 performance

Following the successful implementation of CareOn in 21 Netcare hospitals, we used FY2022 to establish a baseline performance score for this measure. We anticipate variation in this result as CareOn is fully implemented across all wards across the hospital network. An average hang time compliance of 34.8 minutes is considered a remarkable achievement, and is a result of good collaboration between nursing and pharmacy staff so that patients get the medication they need, when they need it, for optimal care.

Narrative overviews continued

Caring for people with pain continued

4 Netcare Hospital Division: Patient perception of pain management

November
2021 to
September
2022

Measure

A higher score is better

NEW How well your pain was managed during your stay: average rating on a 10-point scale¹

8.72

1. The scale uses zero to represent 'much worse than expected' and 10 for 'much better than expected'.

System	A central Netcare database that collates patient responses directly from the PFS. Once entered, the results cannot be manipulated.
Measurement	Responses to the above question are captured using the Hospital Division's new PFS.

FY2022 performance

Patient feedback indicates that their pain is well managed. The average score of how we have managed patient pain has remained stable since the inception of the new PFS in November 2021, ranging between 8.64 and 8.78. Two new constructs were added to the new PFS being 'who discussed your medication with you during your hospital stay?' and 'who discussed your pain management with you during your hospital stay?'. Measuring these responses will help us identify how we can improve our communication on the possible side-effects of medication.



Caring for newborn babies

It is estimated that four to six in every 1 000 South African children born, are born with or develop hearing loss within their first weeks of life. In 2019, Netcare in partnership with HI HOPES¹ launched the first national Universal Newborn Hearing Screening (UNHS) programme in SA, which aims to identify hearing loss in infants early so that it can be addressed and its impact on early childhood development minimised. Universal refers to all infants being tested and not only those who are high risk. We therefore aim to screen the hearing of all newborn babies in our hospitals, taking special care with vulnerable babies in our neonate ICUs.

Very low birth weight (VLBW) babies are prone to necrotising enterocolitis (NEC), a serious disease that can develop in babies when the inner lining of their gut becomes damaged. It is more common in very sick or preterm babies. The mortality rate for babies with NEC is high, therefore monitoring for early signs of the disorder is important for early intervention. We uphold the World Health Organization's (WHO) maternal and neonatal care view that breastmilk provides immunological benefits for all babies and, more importantly, for at-risk babies admitted to a neonate ICU. We therefore promote breastfeeding to protect against the disease. To help mothers achieve successful lactation we teach them how to express their breastmilk within one hour of delivery. When this practice is routinely implemented, the incidence of successful lactation increases.

For babies without access to a mother's own milk, donated breastmilk is better for their health than formula or other milk substitutes. We operate five Netcare Ncelisa Milk Banks and 36 collection points for mothers to donate excess breastmilk. The milk banks screen, collect, process and distribute human breastmilk, which is provided free of charge to public and private hospitals. Donors of breastmilk are recruited nationally from all Netcare hospitals that have a neonate ICU. The eligibility criteria for donors are continuously reviewed and updated in line with changes to international guidelines.

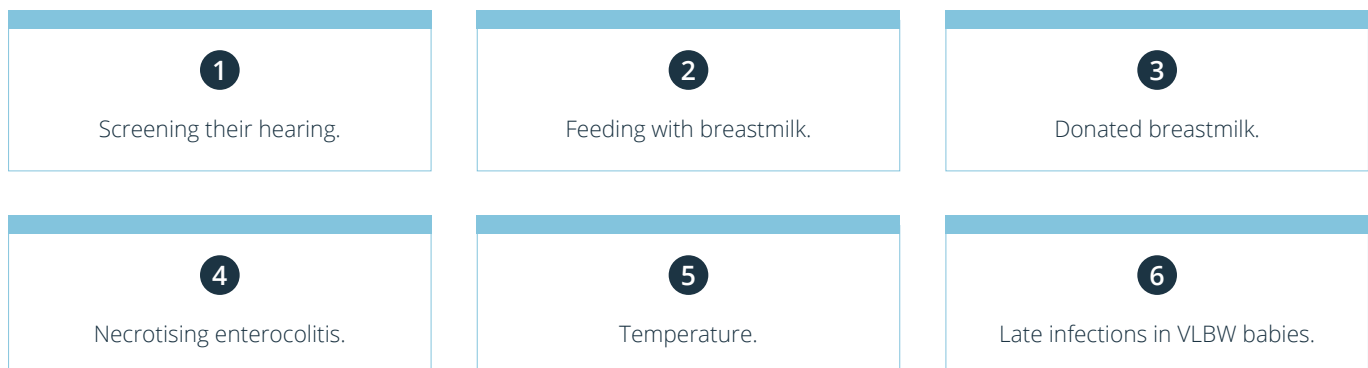
Neonatal hypothermia, a low body temperature for newborn babies, is associated with higher mortality and morbidity. Maintaining a neutral thermal environment is therefore an essential component of improving clinical outcomes.

Preterm babies, especially those with a birth weight of 501 grams to 1 500 grams, are extremely vulnerable to acquiring infections due to their immature immune systems. Added risks include the invasive technological measures required to ensure their survival and the neonate ICU environment. These factors increase the risk of late infections, that is, those acquired after three days of life. We adhere to strict infection prevention measures, monitoring which micro-organisms are causing infections so we can be responsive in our care and improvement initiatives.

Neonate ICU measures are reported to the Vermont Oxford Network² (VON) – a database for quality baby care, which includes global as well as South African benchmarks. Having comparative data within a South African context is an important milestone in our quality of care reporting and challenges us to improve. Our measures that are benchmarked against VON are calculated for the calendar year (CY).

Together with Babies R Us we have introduced the Early Start Essentials bag, providing mothers with the toiletries that both she and her VLBW baby may need in the first few days of the baby being admitted to a neonate ICU.

Our measures for newborn baby care



1. The community outreach arm of the Centre for Deaf Studies at the University of the Witwatersrand.

2. An international information platform that collates and benchmarks quality of care results for newborn babies admitted to neonate ICUs from participating hospitals. Netcare's neonate ICUs as well as other neonate ICUs in the public and private sector in SA contribute to VON. VON has two datasets in which hospitals may choose to participate – one for VLBW babies and one for all babies admitted to a neonate ICU. Netcare participates in both datasets; however, many SA hospitals participate only in the VLBW dataset, therefore a SA benchmark is not always available.

Narrative overviews continued

Caring for newborn babies continued

1 Netcare Hospital Division: Screening the hearing of newborn babies

Measure

A higher score is better for the measures indicated with an asterix

	FY2022	FY2021	FY2020
% of newborn babies screened in participating Netcare hospitals*	83.4%	80.1%	66.9%
% of newborn babies screened who were referred for a follow-up screening test	15.6%	15.3%	13.8%
Number of newborn babies referred for a follow-up screening test	3 752	3 528	2 900
% of newborn babies referred for follow-up screening test who had the second test*	31.5%	26.4%	N/A ¹

1. Not available.

System	Data captured using the South African UNHS app (named the Hi-Five Netcare UNHS app) custom built for Netcare.
Measurement	The UNHS programme is based on international best practice using the 1:3:6 early hearing detection and intervention (EHDI) formula – screening by one month, diagnosis of hearing loss by three months and early intervention started by six months of age. Screening is undertaken every day at 37 Netcare hospitals. The Hi-Five Netcare UNHS app logs and manages this data and monitors the follow-ups of newborns referred for further care and ultimately diagnosed with a hearing loss.

FY2022 performance

The increased focus placed on the capturing and monitoring of the screening data during the year has resulted in an improved performance in two critical areas – a 4.1% increase in newborn hearing screening coverage and a 19.3% increase in infants receiving their second screening test. Our referral of babies who fail their first screening for a second test is close to the target range of between 10% and 15% in first world countries. A key challenge to performing the first hearing test is the early discharge of mothers from hospital. Only 31.5% of infants who failed the first screening are recorded as being screened a second time. Improving the conversion rate of referrals to second tests will be a focus area for FY2023. Our goal is to achieve 100% coverage for the first screening. We are encouraging greater accountability from screeners to complete the full EHDI pathway to build on the success achieved in the first measure.

2 Netcare Hospital Division: Breastmilk for newborn babies

Measure

A higher score is better

	CY2021	CY2020	CY2019	VON CY2021 benchmark
% of neonate ICU babies discharged on breastmilk only	47.8%	47.3%	44.7%	21.5%

System	VON's nightingale system.
Measurement	The measure is based on the VON definition. Our result has been verified by VON. The benchmark is the median score for the VON total population.

CY2021 performance

Our neonate ICUs exceed the global VON benchmark for babies discharged on breastmilk only. Nevertheless, we aim to provide every baby with the best start in life and therefore the education of employees and mothers remains a key priority. To maintain an upward trend in our results, we have revitalised the mother-baby friendly initiative (programme launched by the WHO and UNICEF) in our hospitals which will enhance education.

3 Netcare Hospital Division: Donated breastmilk for newborn babies

Measure

A higher score is better

	FY2022	FY2021	FY2020
Number of babies fed with donor breastmilk	649	698	688
Number of mothers donating their excess breastmilk	181	185	191

System	Neonate ICU feed system.
Measurement	Donor breastmilk is tracked, including all the relevant details to match age appropriate donor breastmilk to recipient babies. This is aligned with the draft regulations of the South African Department of Health and international protocols on the management of breastmilk banks.

FY2022 performance

The numbers of breastmilk donors and recipient babies are slightly lower than previous years; nevertheless, 242 babies from the public sector were fed through the programme, equating to 37% of all babies fed with donated breastmilk and exceeding our target of 33%.

4 Netcare Hospital Division: Reducing the rates of NEC

Measure

A lower score is better

	CY2021	CY2020	CY2019	SA CY2021 benchmark	VON CY2021 benchmark
% of all newborn babies admitted to neonate ICU who develop NEC	2.2%	2.4%	3.0%	N/A ¹	1.0%
% of newborn babies (birth weight 501 grams to 1 500 grams) admitted to neonate ICU who develop NEC	11.0%	10.3%	12.0%	8.3%	4.9%

1. Not available.

System	VON's nightingale system.
Measurement	The above measures are based on VON definitions. Our results have been verified by VON. The benchmarks are the median score for this VON population.

CY2021 performance

The incidence of NEC in all newborn babies in our neonate ICUs continues to improve; although disappointingly, the result for VLBW babies remains higher than the VON and SA benchmarks. Understanding the factors that contribute to NEC remains a key focus area and requires a multi-stakeholder approach. As such we are focusing on increasing doctor involvement in this care dimension.

Narrative overviews continued

Caring for newborn babies continued

5 Netcare Hospital Division: Maintaining a normal temperature for newborn babies

Measure	CY2021	CY2020	CY2019	VON CY2021 benchmark
<i>A higher score is better</i>				
% of babies whose temperature was normal within the first hour of admission to neonate ICU	59.6%	58.0%	55.8%	73.3%

System	VON's nightingale system.
Measurement	The measure is based on the VON definition. Our result has been verified by VON. The benchmark is the median score for the VON population.

CY2021 performance

Ongoing nurse education on the importance of maintaining a neutral thermal environment and the measures to be implemented to keep babies warm has culminated in an improved outcome. Our long-term goal is to outperform global results. Even though improvement is incremental at 59.6% from 58.0% in CY2020, it is critical given the far-reaching impact of thermoregulation on neonatal outcomes.

6 Netcare Hospital Division: Reducing late infections in very low birth weight babies

Measure	CY2021	CY2020	CY2019	SA CY2021 benchmark	VON CY2021 benchmark
<i>A lower score is better</i>					
% of babies (birth weight of 501 grams to 1 500 grams) with a positive microbiology culture from directly sampled cerebrospinal fluid or blood after day three of life for VON defined pathogens	18.2%	12.0%	16.3%	13.7%	10.9%
% of babies with a positive CoNS ¹ culture, sign/s of a generalised infection and treated with five or more days of intravenous antibiotics	5.0%	4.5%	8.2%	2.3%	4.4%
% of babies with a positive culture after day three of life for a VON defined fungus	9.9%	4.3%	3.9%	3.7%	0.9%
% of babies with a positive culture after day three of life for a VON defined bacteria	9.9%	6.5%	9.7%	10.7%	7.1%

1. Coagulase negative staphylococcal infections (CoNS).

System	VON's nightingale system.
Measurement	The measures are based on VON definitions and VON listed micro-organisms. Our results have been verified by VON. The benchmarks are the median score for that population.

CY2021 performance

There has been a 53% increase in the incidence of late infections in our neonate ICUs driven by a more than doubling of the fungal infection rate and a 51% increase in late bacterial sepsis. Invasive fungal infections are considered to be a superinfection and have increased in ICUs globally following the COVID-19 pandemic. While further studies are required to understand this phenomenon, it appears to be related to the effects of the pandemic. Immune dysregulation seen in severe COVID-19, the extensive use of antimicrobials and less rigorous adherence to infection control and prevention measures are considered to be the key drivers of these increased infection rates^{2,3}. Rigorous adherence to infection control and prevention measures remains a key focus for Netcare.

2. Cataldo, M.A., Tetaj, N., Selleri, M., Marchioni, L., Capone, A., Caraffa, E., Di Caro, A. and Petrosillo, N., 2020. Incidence of bacterial and fungal bloodstream infections in COVID-19 patients in intensive care: An alarming "collateral effect". *Journal of global antimicrobial resistance*, p.290.

3. Bardi T, Pintado V, Gomez-Rojo M et al. Nosocomial infections associated to COVID-19 in the intensive care unit: clinical characteristics and outcome. *European Journal of Clinical Microbiology & Infectious Diseases* 2021; 40: 495-502.

Caring for people following severe physical trauma


For persons with severe physical trauma, timeous treatment at the most appropriate facility can greatly improve recovery from their injuries. Shorter times between EMS receiving a call for assistance and their arrival on scene and initiation of emergency care is associated with improved patient outcomes¹. To improve the survival odds for Priority 1 patients (those with severe life-threatening physical injuries), we endeavour to transport them to Level I and II accredited trauma centres. For those with the most severe life-threatening physical injuries, we may use helicopter emergency services (HEMS) to transport them as quickly as possible to an accredited Level I trauma centre, increasing their prospect for survival. Best practice evidence on survivability and the fastest route, given distance, time of the day and weather, are applied when considering a helicopter transfer.

There are three private Level I trauma centres in SA accredited by the Trauma Society of South Africa (TSSA), all three are operated by Netcare – Netcare Alberton, Netcare St Anne’s and Netcare Milpark hospitals.

Patients with polytrauma often require rehabilitative therapy after discharge from acute care to function independently. The multi-disciplinary team approach at Netcare Rehabilitation Hospital is ideally suited for polytrauma patients (those with two or more severe physical injuries in two or more areas of their body). We formulate rehabilitation programmes that are unique for each patient’s specific needs, depending on their injury and how it will impact their everyday activities.

Our severe physical trauma care measures

<p>1</p> <p>Emergency medical services response time.</p>	<p>2</p> <p>Transporting patients to the best place.</p>	<p>3</p> <p>The appropriate use of our helicopter service.</p>	<p>4</p> <p>The patients with the most severe life-threatening physical injuries treated at Level I trauma centres.</p>	<p>5</p> <p>Improvement in independence for patients following polytrauma.</p>
--	---	---	--	---

 Managing pain pre-hospital: PG 16.

1. Carr, B.G., Caplan, J.M., Pryor, J.P. and Branas, C.C., 2006. A meta-analysis of prehospital care times for trauma. *Prehospital Emergency Care*, 10(2), pp.198-206

1 Netcare 911: Emergency medical services response time

Measure	FY2022	FY2021	FY2020
<i>A lower score is better</i>			
How quickly Netcare 911 responds (median time in minutes from answering a call to arriving to help – all cases)	17.60	17.80 ²	16.40

2. The FY2021 data was restated following improved measurement and calculation methodology.

System	Netcare 911 telephony, dispatch and the Geopal EPRF.
Measurement	EMS response time is a primary indicator of EMS service delivery effectiveness. Measurement is based on the international and SA standard for measuring EMS effectiveness.

FY2022 performance

Our EMS performance was 0.2 minutes better than last year. The plateau in response time is due to a larger geographic coverage. With a number of private EMS providers having closed down in the current economic climate, Netcare 911 has had to travel to further reaches, which require longer travelling times. In the second half of FY2022, the collection of response time data was enhanced, using system generated data from a tracking service to report our first vehicle on the scene irrespective of dispatch time.

Narrative overviews continued

Caring for people following severe physical trauma continued

2 Netcare 911: Transporting patients following physical trauma to the best place

Measure	FY2022	FY2021	FY2020
<i>A higher score is better</i>			
% of Priority 1 trauma patients transported to accredited Level I or II trauma centres	57.3%	51.1%	60.5%

System	The Geopal EPRF, a Netcare designed information management system.
Measurement	A patient's condition is captured by the EMS team on the EPRF. Their destination is captured by the Emergency Operations Centre (EOC) when the EMS crew drops the patient off at an emergency department and recorded by the crew on the EPRF. Should a patient be transferred to another facility for specialised treatment after being stabilised at a local facility, the transfer is not included in the measure.

FY2022 performance

The percentage of Priority 1 polytrauma patients transported to Level I and II trauma centres improved as a result of EMS teams identifying polytrauma conditions correctly and transporting patients to the appropriate hospitals for the specialised care they need. This measure is impacted by trauma facility availability and medical insurance network limitations.

3 Netcare Hospital Division: Transporting patients with the most severe life-threatening physical injuries

Measure	FY2022	FY2021	FY2020
<i>A higher score is better</i>			
% of Priority 1 trauma patients with an ISS >15 transported by HEMS to an accredited Level I trauma centre	55.0%	51.3%	47.6%

System	Data is captured in the Medibank data registry, a third-party IT system.
Measurement	An injury severity score (ISS) >15 is used to identify the most severe patients and is aligned with international standards ¹ . Results are reported as a percentage of the patients with life-threatening physical injuries.

FY2022 performance

Encouragingly, there has been a 7.2% improvement in this measure, as a result of the commitment of our managers based at Netcare's Level I trauma centres to improving patient outcomes. Among their efforts is the sharing of evidence-based data with non-trauma specialised systems, funders and EMS that supports the use of rapid HEMS transportation to Level I trauma centres.

1. Thompson, L., Hill, M., Lecky, F. and Shaw, G., 2021. Defining major trauma: a Delphi study. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 29(1), pp.1-20.

4

Netcare Hospital Division: Treating patients with the most severe life-threatening physical injuries at Level I trauma centres

Measure

A higher score is better

% of Priority 1 trauma patients with an ISS >15 or isolated major single system injury treated at TSSA accredited Level I trauma centres

FY2022

FY2021

FY2020

39.0%

53.2%

55.3%

System

Data is captured in the Medibank data registry, a third-party IT system.

Measurement

An ISS of >15 or isolated major single system injury are used to identify the most severe patients, which aligns with international standards¹. Results are reported as a percentage of the Priority 1 physical trauma patients.

FY2022 performance

Disappointingly, the proportion of severe Priority 1 trauma patients being treated at the most appropriate facility has decreased. We have a long history of managing a trauma system designed to get the right patient to the right hospital at the right time. The impact of the COVID-19 pandemic on healthcare delivery systems has disrupted the trauma system design with some patients having been transported to the closest and not the most appropriate facility. Some patients have experienced delayed referrals to Level I trauma centres. We have renewed our focus on improving in this care area and remain committed to offering each patient the best opportunity for survival and recovery after severe physical trauma.

1. Thompson, L., Hill, M., Lecky, F. and Shaw, G., 2021. Defining major trauma: a Delphi study. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 29(1), pp.1-20.

5

Netcare Hospital Division: Improved independence for patients following polytrauma

Measure

A higher score is better

Average weekly improvement in everyday activities (Beta) score

FY2022

FY2021

FY2020

10.38

8.25

6.86

System

ODIE, a third-party software system designed for rehabilitation by Rita Henn and Partners, the multi-disciplinary therapeutic practice at Netcare Rehabilitation Hospital.

Measurement

The Beta score for each patient is reported on admission, repeated weekly and then measured again at discharge. Beta scores measure the degree of assistance required by polytrauma patients to carry out everyday activities in relation to self-care, continence, mobility, transfers (e.g. getting from a wheelchair into a bed), communication and cognitive function. Each of the six Beta score areas are added together for a total score.

FY2022 performance

The upward trend in the Beta score continues with a 26% improvement in the everyday activities for this patient group. This may be partially explained by the variation in the severity of the injuries of the patients admitted over the years.

Narrative overviews continued

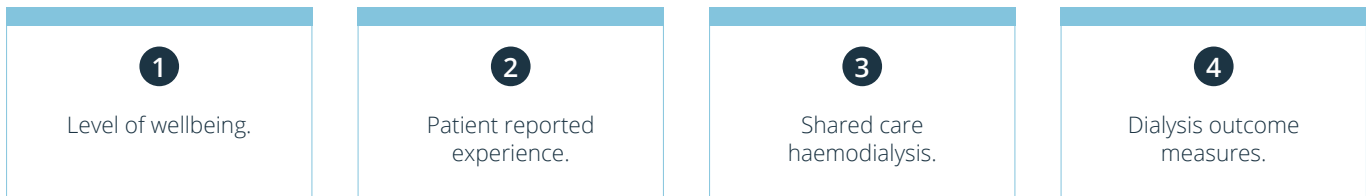
Caring for people on long-term haemodialysis

People whose kidneys have failed require long-term haemodialysis to filter waste and fluid from their blood. We use PROMs to measure the impact of a patient’s condition and treatment on their physical and mental activities. Their responses are used to establish realistic goals based on what matters most to them. Patient reported experience measures (PREMs) determine how patients experience the care they receive in our dialysis units. This data is used to improve our person centred care that is individualised and co-created.

This person centred approach is strengthened by our shared care programme in which patients can choose to take an active role in their treatment, performing one or more of the tasks required for their haemodialysis. A patient’s involvement and engagement in their care improves both their dialysis outcome and their treatment experience, supporting their independence and building their self-confidence to care for themselves.

We monitor the effectiveness of a patient’s haemodialysis with blood tests to understand the effectiveness of the dialysis and identify early signs of potential complications such as bone and mineral disorders, anaemia and inadequate nutrition.

Our measures for long-term haemodialysis care



1 National Renal Care: Level of wellbeing for patients on long-term haemodialysis

Measure	FY2022	FY2021	FY2020
<i>A higher score is better</i>			
% of patients who report that their physical wellbeing is within the recommended range	71.5%	69.8%	70.7%
% of patients who report that their mental wellbeing is within the recommended range	91.1%	90.3%	89.8%

System	National Renal Care’s custom developed Patient Care System. Migrated to nephroOn from July 2022.
Measurement	The measure is based on the survey and reporting standards of the RAND 36-item Short Form Health Survey. The results are compared with the Dialysis Outcomes and Practice Patterns Study’s (DOPPS) recommended range, an international disease registry. The surveys are conducted twice a year.

FY2022 performance

Pleasingly, the results have improved for both physical and mental wellbeing, attributed to ongoing focus on patient wellbeing, the recovery of those patients who suffered from COVID-19 and patient adaptation to changes implemented in units to ensure a safe dialysis environment. Our EMR platform for this division, nephroOn, was launched in May 2022, providing our patients with access to rich healthcare data, ranging from diets to personalised exercise programmes, which helps their decision-making on how to improve their quality of life and physical and mental wellbeing.

2 National Renal Care: Patient reported experience of dialysis unit employees

Measure		FY2022	FY2021	H2 2020 ¹
<i>A higher score is better</i>				
Dialysis unit staff always show respect for what you had to say	% of respondents who rated their experience as always in the last three months	72.5%	65.9%	70.9%
Dialysis unit staff always listen carefully		69.3%	61.7%	68.9%
Dialysis unit staff always explain in a way you understand		68.9%	60.6%	65.5%

1. National Renal Care migrated to Survey Monkey in the second half of FY2020.

System	Survey Monkey.
Measurement	The CAHPS in-centre haemodialysis survey link is sent to the patient's mobile phone, on which patients can complete the survey. Patients who are unable to access the link can use their dialysis unit's call phone to complete the survey. The surveys are conducted twice a year.

FY2022 performance

We focus on delivering compassionate, kind and empathetic care to our patients. National Renal Care introduced applied compassion training for all its healthcare providers during the year, which pleasingly, is reflecting in the improved PREM scores across all three measures.

3 National Renal Care: Shared care haemodialysis

Measure		FY2022	FY2021	FY2020
<i>A higher score is better</i>				
NEW % of haemodialysis units in which patients perform at least one of their haemodialysis treatment tasks		91.4%	76.1%	84.6%

System	Consolidated monthly reports (excel).
Measurement	The measurement is based on standard monthly reporting by National Renal Care's haemodialysis units.

FY2022 performance

Shared care improved 15.3% from FY2021, reflecting the willingness of patients to be more involved in their own care once again, following the reluctance to do so during the pandemic.

Narrative overviews continued

Caring for people on long-term haemodialysis continued

4 National Renal Care: Dialysis outcome measures

Measure <i>A higher score is better</i>	FY2022	FY2021	FY2020
Monitoring for nutritional insufficiency: % of patients on long-term haemodialysis whose latest albumin results are within the recommended range	85.0%	86.3%	85.8%
Monitoring for anaemia: % of patients on long-term haemodialysis whose latest haemoglobin results are within the recommended range	55.5%	56.0%	53.8%
Monitoring for bone & mineral disorder: % of patients on long-term haemodialysis whose latest calcium results are within the recommended range	69.5%	69.1%	68.5%
Monitoring for bone & mineral disorder: % of patients on long-term haemodialysis whose latest phosphate results are within the recommended range	46.7%	47.2%	48.1%

System	National Renal Care's custom developed Patient Care System. Migrated to nephroOn from July 2022.
Measurement	Blood tests are conducted in line with the South African Renal Guidelines and the most recent results are reported according to the definitions and methodology published by the Kidney Disease Outcome Quality Initiative and DOPPS.

FY2022 performance

While calcium results have slightly improved, the remaining three measures have marginally deteriorated.

Low albumin levels are caused by inadequate protein intake and infection is a strong predictor of poor clinical outcomes¹. The diet for most dialysis patients is challenging. We offer telehealth dietary consultations facilitated by a dietician to help dialysis patients. In addition, National Renal Care's app provides education and recipes to assist and support patients in achieving wellness and targeted dialysis outcomes.

The unavailability and changes of phosphate binders in the South African market remains a challenge in managing phosphate and bone disease in dialysis patients.

1. Manzano, A.M. 2001. Hypoalbuminemia in dialysis. Mar-Apr, 53(2), pp 152-158. Online Available from <https://pubmed.ncbi.nlm.nih.gov/11421111/> Accessed 27 September 2022.

Caring for people requiring physical rehabilitation

Physical rehabilitation helps people who have lost abilities that they need for everyday life following an injury or illness. It involves relearning skills to move and care for oneself independently while at home. It may also extend to learning how to manage successfully in the community, and for some, returning to work. A patient's successful return to their home after rehabilitation is an internationally recognised measure of the success of a physical rehabilitation programme¹. Patients who cannot be discharged home are usually transferred to a care facility.

Netcare Hospital Division: Improved independence for patients requiring physical rehabilitation

Measure <i>A higher score is better</i>	FY2022	FY2021	FY2020
Patients discharged home			
Strokes: % of patients discharged to their home environment	96.7%	94.9%	88.6%
Spinal cord injury: % of patients discharged to their home environment	79.1%	97.7%	98.8%
Amputees: % of patients discharged to their home environment	100.0%	100.0%	97.0%
Acquired brain injury: % of patients discharged to their home environment	89.7%	91.8%	91.1%
Improvement in everyday activities			
Stroke: average weekly improvement in everyday activities (Beta) score	5.88	6.67	5.90
Spinal cord injury: average weekly improvement in everyday activities (Beta) score	5.31	4.27	5.17
Amputees: average weekly improvement in everyday activities (Beta) score ²	4.69	3.34	3.40
Acquired brain injury: average weekly improvement in everyday activities (Beta) score	6.12	6.53	5.44

Improved independence for patients following polytrauma: PG 25.

System	ODIE, a third-party software system designed for rehabilitation by Rita Henn and Partners, the multi-disciplinary therapeutic practice at Netcare Rehabilitation Hospital.
Measurement	A patient's destination on discharge is recorded. The Beta score for each patient is reported on admission, repeated weekly and measured again at discharge. Each of the six Beta score areas are added together for a total score.

FY2022 performance

The outcomes for those discharged home in FY2022 are generally good with the exception of patients with spinal cord injuries which decreased 19%. This is most likely due to the increase in patients with complete high cervical lesions, which results in extensive paralysis. Despite the 24.4% improvement in the Beta score for these patients, independence was insufficient to allow the patient's family to provide long-term care; often a result of the family's social circumstances.

Some general improvements were achieved for improved independence in performing everyday activities. The 11.8% decrease in the stroke score is likely explained by the fact that patients admitted following a stroke were slightly more severe this year. This falls within expected variation and further analyses will be performed to ensure standards are maintained.

1. Stineman, M.G., Maislin, G., Fiedler, R.C. and Granger, C.V., 1997. A prediction model for functional recovery in stroke. *Stroke*, 28(3), pp.550-556.

2. Amputees generally score perfect scores in all areas of daily activities except for mobility and self-care. Their expected improvement scores are therefore in a narrower range

Person centred care

Person centred care is an approach to healthcare that puts the patient first. By focusing on what is important to patients, we empower them to become active partners in their healthcare journey, while also ensuring that our service offering is aligned with each person's unique circumstances, needs and preferences. We use structured, validated questionnaires to ask about a person's unique experiences. This section reports the perception of care results that have not been included in the narrative overviews.

Perception of care

All Netcare divisions collect and use data on patients' perception of their care to shape ongoing care and service improvements. In our public reporting, we report patient feedback on their interactions with the people directly involved in their care. Reporting at a construct or question level provides transparency on what is being measured.

As mentioned in the perception of care section on page 07, the Hospital Division has introduced a new PFS, which is based on the premise that patient satisfaction is achieved when a patient's experience exceeds their expectations. The survey uses constructs and a 10-point satisfaction scale to pose expectation statements to patients. Patients indicate whether

the service was better or worse than their expectations using a scale where zero represents 'much worse than expected' and 10 represents 'much better than expected'.

A key component of patient care in our mental health facilities is group therapy, which is delivered in partnership with the Centre of Psychotherapy Excellence (COPE). On discharge, our patients are asked about the people who cared for them as well as how the group therapy has benefitted them.


People living with cancer are treated primarily using surgery, chemotherapy or radiotherapy, or a combination of these modalities. We monitor our patients' experiences with our chemotherapy nurses and radiation therapists, with whom they have frequent contact.

In this section we report patient perception of care for the divisions below

1
Netcare Hospital Division.

2
Netcare Akeso.

3
Netcare Cancer Care.

 Patient reported experience of dialysis unit employees: PG 27.



1

Netcare Hospital Division

Measure		November 2021 to September 2022
<i>A higher score is better</i>		
Nurse care		
NEW Nurses' display of compassion when caring for patients	Average rating on a 10-point scale	8.11
NEW Nurses communicated in an understandable way when discussing aspects of a patient's care		7.95
NEW Overall satisfaction with nursing care received		8.01
Doctor care		
NEW Doctors' display of kindness and compassion when caring for patients	Average rating on a 10-point scale	8.84
NEW Doctors communicated in an understandable way when discussing aspects of a patient's care		8.83
NEW Doctors kept patients informed about their care during their hospital stay		8.56

Quality of care

System	A central Netcare database that collates patient responses directly from the PFS. Once entered, the results cannot be manipulated.
Measurement	The PFS link is sent to patients via email and/or SMS 48 hours after they are discharged from a Netcare hospital. Patients can complete the survey either on their mobile phone or desktop computer

FY2022 performance

We are pleased with how the new PFS is performing in its first year. The nursing results have shown month-on-month improvement; largely attributed to Care4YOU and a nurse resilience programme, both aimed at addressing the emotional burnout experienced by our nurses following the COVID-19 pandemic (see pages 53 and 54 for more details). Our doctor results have been stable over this first year of using the new PFS, scoring above 8.5 across all three measures.

Person centred care continued

Perception of care continued

2 Netcare Akeso

Measure		FY2022	FY2021	FY2020
<i>A higher score is better</i>				
Nurse care				
Nurses always treat you with courtesy and respect	% of respondents who rated their experience as always	83.8%	79.9%	81.1%
Nurses always listen carefully		81.5%	77.5%	78.8%
Nurses always explain in a way you can understand		83.0%	79.2%	81.0%
Doctor care				
Doctors always treat you with courtesy and respect	% of respondents who rated their experience as always	93.8%	93.8%	94.2%
Doctors always listen carefully		92.9%	92.8%	92.7%
Doctors always explain in a way you can understand		92.3%	92.1%	92.1%
Therapist care				
Therapists always treat you with courtesy and respect	% of respondents who rated their experience as always	89.3%	87.6%	87.3%
Patient perception of group therapy				
% of patients who said they strongly agree that they had learnt new skills in group therapy to help them change the direction of their lives		82.4%	81.8%	81.3%

Measurement

A paper version of the hospital CAHPS-aligned survey is made available to patients before they leave the mental health facility. Their responses are captured in a secure online portal and the data from each facility is consolidated centrally. Unique to Netcare Akeso, we ask patient's about their perception of the skills they learnt in group therapy.

FY2022 performance

At a time when the number of admissions to Netcare Akeso are increasing, we are pleased with the average 4.9% improvement in the nursing PREM results. Our doctors continue to perform well in their patient feedback and the therapist result has improved by 1.9%. It is worth noting that the 36-bed Netcare Akeso Richards Bay, which opened in May 2022, has received positive results similar to our established facilities. For the group therapy-related question, we have achieved an improvement over the past three years.

3 Netcare Cancer Care

Measure		FY2022	FY2021	FY2020
<i>A higher score is better</i>				
Chemotherapy nurse care				
Chemotherapy nurses treated you with courtesy and respect	% of respondents who rated their experience as always	99.4%	92.6%	94.3%
Chemotherapy nurses listen carefully to you		98.5%	98.6%	97.3%
Chemotherapy nurses explain things in a way that is easy to understand		98.3%	98.6%	95.0%
Radiotherapy therapists care				
Radiation therapists treated you with courtesy and respect	% of respondents who rated their experience as always	97.9%	94.7%	93.8%
Radiation therapists listen carefully to you		99.2%	96.1%	96.1%
Radiation therapists explain things in a way that is easy to understand		96.3%	95.4%	95.0%

System	A central Netcare database that collates patient responses directly from a survey. Once entered, the results cannot be manipulated.
Measurement	The questions used in the chemotherapy and radiotherapy PFS are based on the survey and reporting standards of the CAHPS Cancer Care Survey drug therapy and radiation therapy subsets. The surveys are completed anonymously by patients while waiting for their chemotherapy or radiation treatments.

FY2022 performance

We congratulate our chemotherapy nurses and radiotherapists for maintaining their high performance, a testament to their dedication to delivering quality person centred care. Particularly pleasing is the improvement in the results for patients reporting being treated with courtesy and respect; a 7.3% improvement for our chemotherapy nurses and a 3.4% increase for our radiotherapists. Our radiotherapists improved performance across all three measures.

A contributor to these results is the frequency of cancer treatments, which supports relationship building between patients and our employees. In addition, the Guestology concept, introduced in FY2021, encourages the idea of creating magic in healthcare by managing Netcare Cancer Care from a guest's point of view.

Best practice

To achieve best practice, we measure whether we are doing the right thing, at the right time, in the right way, for the right person and are achieving the best possible results¹. This section reports the best practice results that have not been included in the narrative overview.

Best time

We closely monitor the transport of patients with cardiac chest pain or the signs and symptoms of a stroke to a hospital with the specialised services, specialists and technologically advanced equipment needed to rapidly diagnose and treat their condition. The EMS crew determine the best hospital for a patient from the hospitals available to them in the surrounding area.

For patients seriously ill with an infection, the time from when an antibiotic is prescribed by the doctor to when the first dose is given is critical for the best possible results².

Our measures for best time

1 Transporting patients to the best place.	2 Timely administration of antibiotics for severe infections.
--	---

1 Netcare 911: Transporting patients to the best place

Measure	FY2022	FY2021	FY2020
<i>A higher score is better</i>			
% of patients with cardiac chest pain transported to hospitals with a cardiac catheterisation laboratory	81.1%	85.0%	81.3%
% of patients with stroke symptoms transported to hospitals with specialised stroke facilities	63.0%	63.6%	60.6%

System	The Geopal EPRF, a Netcare designed information management system.
Measurement	A patient's condition is captured by the EMS team on the EPRF. Their destination is captured by the EOC when the crews drop off the patient at the emergency department and recorded by the crew on the EPRF. A patient may be transferred to another facility for specialised treatment after being stabilised at a local facility, this transfer is not included in the measure.

FY2022 performance

There has been a slight decrease in cardiac patients being taken to facilities with a cardiac catheterisation laboratory. This is attributed to patients requesting to be taken to a facility of their personal choice, a patient's medical scheme network option limiting admission to certain hospitals or lack of a suitable facility within a reasonable timeframe.

1. Sofaer, S. and Hibbard, J., 2010. Best practices in public reporting no. 2: maximizing consumer understanding of public comparative quality reports: effective use of explanatory information. Rockville, MD: Agency for Healthcare Research and Quality.
 2. Kumar, A., Roberts, D., Wood, K.E., Light, B., Parrillo, J.E., Sharma, S., Suppes, R., Feinstein, D., Zanotti, S., Taiberg, L. and Gurka, D., 2006. Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. *Critical care medicine*, 34(6), pp.1589-1596.

2 Netcare Hospital Division: Timely administration of antibiotics for severe infections

Measure	FY2022	FY2021	FY2020
<i>A higher score is better</i>			
% of patients who receive their first dose of their first antibiotic within one hour of prescription (hang time)	80.6%	82.6%	88.0%

System	An antimicrobial and infection control surveillance system – the Netcare infection management tool (IMT), implemented in August 2022.
Measurement	Pharmacists review a sample of patient charts to ascertain the time taken for patients to receive their first dose of their first antibiotic.

FY2022 performance

Adherence to this measure decreased by 2% but remains above the 80% target. The transition from the third-party system to the Netcare IMT may have impacted the results as users adapted to the new system. When CareOn is implemented across all Netcare hospitals, the accuracy of our reporting on antibiotic prescription and administration data is expected to improve.



Best practice continued

Best way

Clinical pharmacy is a new and fast-growing branch of pharmacy. Working in collaboration with doctors, nurses and the patient, pharmacists apply their knowledge to recommend individualised medicine treatment for patients on high-risk medicines or with conditions requiring specialised pharmacology expertise. The recommendation considers the best clinical benefit of the medicine, its efficient administration and is specific to the patient and their condition.

The Netcare anticoagulant safety and stewardship programme was established five years ago and was the foundational component of our clinical pharmacy programme. The programme has since been extended to outpatients.

Netcare Hospital Division: Individualised medicine treatment

Measure	FY2022	FY2021	FY2020
High-risk medicines review			
NEW % of patients' medicine charts reviewed for which medicine adjustments were recommended by pharmacists	21.7%	17.6%	14.0%
NEW % of medicine adjustments made following discussion on pharmacists' recommendations	85.2%	79.3%	60.7%
Anticoagulant medicines review			
NEW % of anticoagulant medicines reviewed for which medicine adjustments were recommended by pharmacists	6.9%	6.0%	5.6%
NEW % of anticoagulant medicine adjustments made following discussion on pharmacists' recommendations	74.6%	76.9%	51.3%

System	Clinical pharmacy patient care round SharePoint dashboard.
Measurement	The targeted list of patient charts requiring review, the recommendation made and the adjustments made are recorded in the clinical pharmacy patient care ward round dashboard. The measurement is based on the definitions and methodology from the Institute for Healthcare Improvement (IHI) methodology for reporting pharmacy interventions.

FY2022 performance

Pharmacists play an important role in supporting doctors with safe medicine prescribing. Generally, our FY2022 results show improvement from prior years, some of which we attribute to an integrated pharmacist approach, including face-to-face interactions and virtual training when a ward round is completed. Ward rounds were introduced this year.

Safest care

We have adopted local and international standards in measuring patient safety and encourage our employees to report all safety-related incidents. We adopt a non-punitive approach, supported by a just culture, when reviewing reported incidents. This supports our learning on how to prevent incidents and encourages honest reporting. Our employees are encouraged to create an environment that pays attention to identifying risks and preventing harm while at the same time caring for all stakeholders with compassion and competence.

Infection prevention

Every effort is made to prevent infections from developing during a hospital admission. Special attention is given to patients with diseases that affect their body's ability to fight an infection. We have numerous programmes to prevent and detect infections, from compliance to hand hygiene protocols, proactive monitoring of infections and pathology test results to the use of ultraviolet robots to clean and disinfect rooms. As mentioned, the new Netcare IMT app was implemented in August 2022 at which time two pathology services, National Health Laboratory Service and Vermaak and partners that together account for more than 30% of microbiological results for nine of our hospitals, were not available on the app. Therefore, the results for August and September 2021 are incomplete and not reported.

Netcare Hospital Division: Infections linked to care

Measure <i>A lower score is better</i>	October 2021 to July 2022	FY2021	FY2020
Infected operation wounds (SSI): surgical site infections per 100 major surgeries	0.05	0.05 ¹	0.08 ¹
Urinary tract infections (CAUTI): catheter associated urinary tract infections per 100 catheters inserted	0.30	0.30 ¹	0.38 ¹
Bloodstream infections (CLABSI): bloodstream infections per 100 central lines inserted	0.94	0.92 ¹	0.86 ¹

¹ The previous periods' results for SSI have been restated following a change in the methodology from reporting on major surgeries to all surgeries. CAUTI and CLABSI results have changed following a reconciliation of data between our third-party provider and our data warehouse.

System	Third-party infection reporting system and Netcare billing system, SAP, to calculate the number of surgeries and devices inserted.
Measurement	Specialist infection prevention and control nurses investigate possible infections based on pathology results. The measures are based on the definitions published by the Center for Disease Control and Prevention's National Healthcare Safety Network.

FY2022 performance

There was no significant change in the SSI, CAUTI and CLABSI rates in FY2022 when compared to the COVID-19 pandemic years.

Safest care continued

Antibiotic stewardship

Antibiotic resistance is a global problem that is made worse when antibiotics are prescribed superfluously or in error, causing them to be less effective and resulting in common infections becoming more difficult to treat. Urgent action is required to ensure that common infections and minor injuries do not cause death and disability because of ineffective antibiotics. Netcare has a well-established antibiotic stewardship programme, which when implemented consistently and at scale, has a demonstrable impact on reducing antibiotic utilisation. The programme is a collaboration between doctors, nursing staff, infection control teams, hospital leadership and microbiologists. Each hospital participating in the programme has an Antibiotic Stewardship Programme Committee that meets quarterly.

Using infection markers and clinical responses to treatment, our pharmacists regularly review the antibiotic therapy being used to treat patients using patient charts. If anything potentially inappropriate is identified, they discuss this with the doctor and recommend a suitable alternative.

Netcare Hospital Division: Use of antibiotics

Measure	FY2022	FY2021	FY2020
Use of antibiotics in hospitals – defined daily dose per 100 bed days	82.8	98.7	90.6

System	Netcare billing system, SAP, for antibiotic billing data.
Measurement	The measure is based on the WHO's methodology – the defined daily dose, which is the assumed average maintenance dose per day of a drug used for its main indication in adults. This measure includes adult patients for in-hospital and day case admissions and excludes antifungal agents.

FY2022 performance

We have reported an impressive 16.1% decrease in overall antibiotic consumption for FY2022, with 45 out of 49 hospitals achieving a year-on-year improvement. The antibiotic stewardship programme and its targeted interventions have been re-stabilised following the pandemic, and the introduction of pharmacist bedside reviews in hospital wards, have both contributed to this performance.

Netcare Hospital Division: Antibiotic prescription review

Measure	FY2022	FY2021	FY2020
<i>A higher score is better</i>			
% of patients receiving the right antibiotic for their infection	98.9%	99.5%	99.1%
% of patients receiving the right antibiotic dose for their infection	98.9%	99.2%	99.1%
% of patients receiving the right antibiotic duration for their infection	98.0%	98.8%	98.1%

System	An antimicrobial and infection control surveillance system – the Netcare IMT, implemented in August 2022 (a third-party system was used prior to this).
Measurement	Pharmacists review patient charts and capture compliance to these measures. The measures use principles recommended by the WHO and the National Department of Health's strategic framework on antimicrobial resistance in SA.

FY2022 performance

Adherence to these three key foundational antibiotic stewardship measures has remained relatively consistent over the past three years. Targeted interventions remain a key priority for optimal performance in all aspects of antibiotic therapy.

Medicine safety

Used to treat diseases and/or alleviate symptoms, medicine forms a key element of patient treatment plans. When accidentally administered in error or incorrectly, it can result in harm to patients. Our medication practices are closely monitored to ensure that medicine is used appropriately and safely, and to identify any opportunities for improvement in our safety procedures. Patient education is an important component of the medication process, especially when new medicine has been prescribed.

Netcare Hospital Division, Netcare Akeso and Netcare Medicross: Preventing medicine-related patient harm

Measure

A lower score is better

	FY2022	FY2021	FY2020
Netcare Hospitals: medicine-related events that result in any harm to a patient per 100 admissions	0.02	0.01	0.02
Netcare Akeso: medicine-related events that result in any harm to a patient per 100 admissions	0.04	0.02 ¹	0.07 ¹
Netcare Medicross: medicine-related events that result in any harm to a patient per 10 000 visits to a doctor or dentist	0.02	0.01	0.04

1. These results have been restated following a data review.

System	Netcare designed information management system, the incident management system (IMS) ² and divisional billing systems for the admission and visit data.
Measurement	The hospital measurements are based on the definitions and methodology from the IHI, and Netcare Medicross centres are aligned to the WHO technical series on safer primary care: medication errors.

2. In FY2022, Netcare Akeso migrated their incident reporting from their previous platform to Netcare's IMS platform. The results for this period have been reported from both systems.

FY2022 performance

For Netcare hospitals, the rate of patient harm is higher than FY2021 and in line with FY2020. This is likely a result of hospital activity returning to normal, education to encourage the reporting of incidents and our increased focus on medication safety as we recover from the impact of COVID-19.

For Netcare Akeso, the FY2022 rate has also increased, attributed to increased reporting following awareness and training sessions with employees. Three quarters of the incidents reported were captured following these sessions. This is positively viewed and we expect improved reporting to inform improvement processes in FY2023.

The implementation of the Netcare Medicross EMR, Medicross HEAL, has fully digitised the prescribing and administering of medication processes by doctors and nurses. We are pleased to note that this has had no impact on the rate of medicine incidents resulting in patient harm.

Safest care continued

Fall prevention

A patient's illness and condition, medication side effects, and unfamiliarity with a hospital environment can make them vulnerable to falling. Special precautions are taken if a patient is at risk, this includes working with the patient and their family. At Netcare Akeso facilities, patients are highly mobile, often moving from one area to another during the day. Slips and falls in these facilities generally result in minor injuries such as abrasions and bruises.

Netcare Hospital Division and Netcare Akeso: Falls that result in injury

Measure	FY2022	FY2021	FY2020
<i>A lower score is better</i>			
Netcare hospitals: falls that result in any injury per 100 admissions (age >=18 years)	0.13	0.13	0.11
Netcare Akeso: falls that result in any injury per 100 admissions	0.45	0.42	0.57

System	Netcare designed information management system, the IMS ¹ and Netcare billing system, SAP, for admission data.
Measurement	Patients are reviewed for the possibility of falling using the Morse fall scale, an international standard. Nurses measure risk of falling on admission, daily thereafter and should a patient's condition change. The measure is based on the definitions and methodology published by the National Quality Forum and the Agency for Healthcare Research and Quality (AHRQ).

FY2022 performance

The rate of falls for both the Hospital Division and Netcare Akeso have remained stable. Our improvement initiative for wheelchair-bound patients – the use of lap trays and safety belts – has resulted in less falls in this patient group. Patients can underestimate the risk of falling associated with their condition and often prefer to retain their independence. Ongoing challenges therefore include patients not requesting assistance when getting out of bed or patients walking alone. In Netcare Akeso an analysis of the causes of falls was undertaken and the results shared with management to identify appropriate interventions.

1. In FY2022, Netcare Akeso migrated their incident reporting from their previous platform to Netcare's IMS platform. The results for this period have been reported from both systems.

Pressure lesion prevention

Netcare patients are regularly reviewed for the possibility of developing hospital acquired pressure lesions (HAPLs) using international standards, the adapted Norton scale in wards and the Cubin Jackson scoring scale in critical care units. When necessary, appropriate preventative precautions are taken.

Netcare Hospital Division: Developing a severe pressure lesion

Measure

A lower score is better

	FY2022	FY2021	FY2020
Stage III and IV HAPLs per 100 admissions of three days or longer (age >=18 years, obstetrics, and burns >=20% of body surface excluded)	0.02	0.03 ¹	0.02 ¹

1. Restated as the length of stay calculation has been changed from a billing rule to counting each day in hospital as one day.

System	Netcare designed information management system, the IMS ² and Netcare billing system, SAP, for additional data.
Measurement	The measure is based on the definitions and methodology published by the AHRQ.

FY2022 performance

The decrease in HAPLs is attributed to two factors; the reduction in the number of patients admitted with COVID-19 (their critical condition and treatment placed them at a higher risk of developing HAPLs) and an increased focus on accurate assessment, treatment and reporting of any issue observed on a patient's skin.

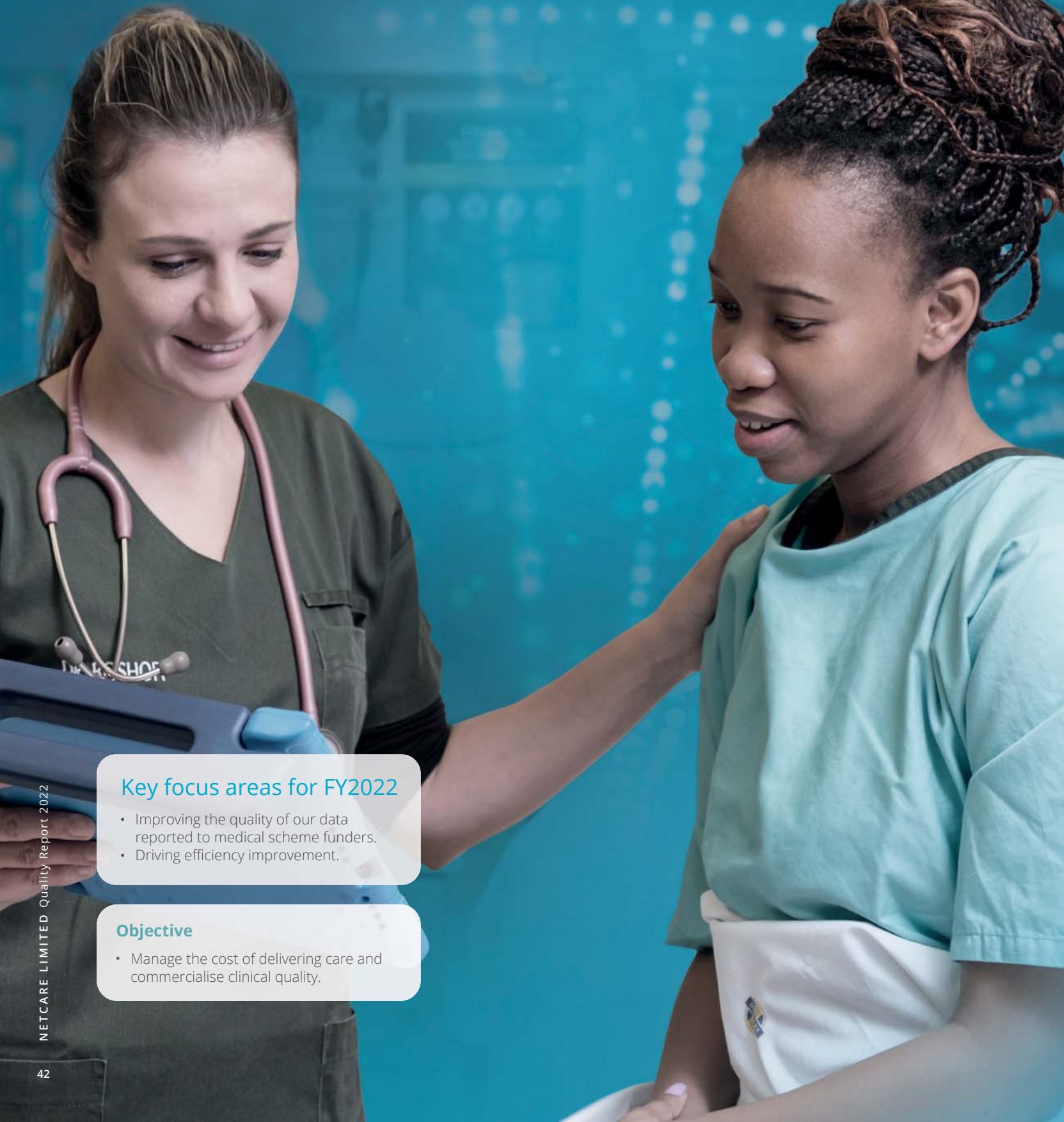
2. In FY2022, Netcare Akeso migrated their incident reporting from their previous platform to Netcare's IMS platform. The results for this period have been reported from both systems.



Clinical commercial

Clinical commercial

43 Private medical funders



Key focus areas for FY2022

- Improving the quality of our data reported to medical scheme funders.
- Driving efficiency improvement.

Objective

- Manage the cost of delivering care and commercialise clinical quality.

Private medical funders

Our ability to leverage our analytical and clinical expertise and measurable quality of care outcomes stands us in good stead when engaging with funders. This supports our strategy to deliver patient centric cost-effective care, develop competitive proposals and collaborate on improvement opportunities. We are committed to addressing foundational elements that can improve efficiency and to measuring condition-specific quality and cost outcomes to inform collaborative person centred improvement initiatives. Our high-cost medicine programme provides a framework for the use of expensive medicines that may not be covered or only partially covered by medical schemes, and has proven to be a key cost control measure for the Group.

FY2022 highlights

Medical scheme networks

Netcare remains well-represented in network options. We secured participation as an anchor hospital provider in a large acute network that was put out to tender for 2023, and were not successful in tendering for a large acute low-cost network. Netcare Akeso was successful across three networks.

Quality of care measures

16

Quality of care measures and data definitions that are used in our quarterly medical scheme reports were reviewed and updated – five patient safety measures, six sentinel adverse events, four quality measures and one efficiency measure.

Digitisation of our ecosystem

154

Hospitals, mental health facilities, medical and dental centres and renal care units digitised, which in time will address the fragmentation of care. Digitisation will minimise duplication of tests or diagnostic procedures, especially in the referral from primary care to tertiary care, and improve our delivery of high-quality cost-effective care based on completeness of data and big data analytics.

Funder engagement

<p>How we engage</p>	<ul style="list-style-type: none"> • Day-to-day interventions on patient coding and case management. • Dedicated relationship managers. • Quarterly quality of care reports as per contractual agreements. • Contract and tariff negotiations.
<p>Their concerns</p>	<ul style="list-style-type: none"> • Measurable quality of care and patient experience outcomes. • Utilisation trends. • Cost-effective care and our efficiency initiatives. • Participation in scheme options with restricted hospital networks. • Value-based care contracting. • A balanced service offering to satisfy member needs.

FY2022 performance

- The FY2021 quality report, published as part of the integrated reporting suite, and our redesigned quality of care website were welcomed by funders, particularly the transparency of our reporting.
- We updated our quarterly quality reports to contracted medical schemes to align with our public reporting, where possible, and migrated this reporting process to our cloud platform. The new automated reporting process has the capability to extract scheme-specific data.
- We asked a key funder to review our electronic health code index, which supports accurate coding and assesses cost per event, to understand the impact it has had over the past two years.

Private medical funders continued

COVID-19 analysis

After severe acute infection of SARS-CoV-2 (COVID-19) a percentage of patients may present with Long COVID, defined by the WHO as a post COVID-19 condition occurring in individuals with a history of probable or confirmed COVID-19 infection, and who three months from the onset of the disease present with symptoms that last for at least two months and cannot be explained by an alternative diagnosis.

Given the lack of clarity around the long-term impact of COVID-19 on healthcare resource utilisation, and in particular repeat hospital admissions, Netcare conducted an analysis on the one year readmission rates among the 50 067 patients admitted to our hospitals with the diagnosis of COVID-19 between 1 March 2020 and 31 August 2021. Of these patients, 392 (0.78%) were readmitted to a Netcare hospital within a year of discharge, 68% of which were within 180 days of discharge.

Diagnosis	0 to 90 days (% of total cases)	> 90 days (% of total cases)	Total
Stroke	145 (55.5%)	117 (44.7%)	66.8% (n = 262)
Transient ischemic attack	21 (27.6%)	55 (72.4%)	19.4% (n = 76)
Renal failure/dysfunction	15 (55.6%)	12 (44.4%)	6.9% (n = 27)
Post-COVID-19 condition	16 (72.7%)	6 (27.3%)	5.6% (n = 22)
Ischaemic cardiomyopathy	2 (40%)	3 (60%)	1.3 (n = 5)
Totals	199 (50.8%)	193 (49.2%)	392 (100%)

While the impact of long COVID will continue to be felt for years to come, our findings, which are consistent with recently published international data, suggests that the disease burden associated with COVID-19 will not translate into a significant higher rate of hospital admissions.

Looking forward

We look forward to ongoing engagement with medical schemes on our efficiency and quality of care results, which will be further enhanced as we build various models using our clinical and billing data to identify areas of excellence and improvement opportunities.



Governance

Governance

- 47 Clinical governance
- 48 Safety, health, environment and quality

Key focus areas for FY2022

- Reviewing the clinical governance and contractual framework and completing the annual credentialing process for doctors.
- Implementing a standardised medical surveillance programme to monitor and manage employee health.
- Implementing an occupational health and safety (OHS) incident management system with improved reporting.

Objective

- Improve and strengthen the regulatory framework governing clinical practice.

Clinical governance

Our new clinical governance framework identifies, manages and minimises operational and clinical risks impacting patient safety. It regulates the relationship between Netcare and the independently contracted healthcare workers (ICHWs) who provide clinical services to our patients. The framework comprises the terms and conditions for granting admitting, practising and treating privileges, and the clinical governance committees that are responsible for ensuring that ICHWs practice within their regulatory and legislative framework and are held accountable to the highest professional, ethical and legal standards in line with the Health Professions Council of South Africa (HPCSA) guidelines.

The Netcare Clinical Practice Committee reviews matters related to the conduct, impairment and credentials of ICHWs, and oversees the suspension and revocation of privileges, should this be required. An independent multi-disciplinary panel of

experts in various fields supports the committee. The PABs are hospital-based governance structures, serving as advisory and communication forums between healthcare practitioners and hospital management.

FY2022 performance

- The new clinical governance framework was implemented in the Hospital Division.
- We reviewed the terms of reference of our clinical governance structures to improve their effectiveness, including those of the PABs to ensure standardisation in the composition and the functioning of PABs across our hospital network.
- The Netcare Clinical Practice Committee reviewed 48 cases (FY2021: 37). One practitioner's privileges were revoked where conduct was not in keeping with Netcare's values.
- We launched a digital credentialing¹ platform for specialists and other healthcare professionals practising in the Hospital Division in January 2022, achieving a 91% participation rate.
- We leveraged the FY2022 doctor credentialing process to collect all doctor data into a central database. Once the data is verified, it is made accessible to the internal stakeholders and Group programmes and projects, such as CareOn, which need the data, avoiding multiple requests for the same information. The quality of this data is monitored monthly to ensure compliance with clinical governance standards and HPCSA requirements. This data collection process will also be used to develop enhanced webpages from which doctors can market their services.
- The admitting and practising terms and conditions for specialists and other healthcare professionals in the Hospital Division were revised, informed by feedback from PABs and professional associations. For example, we partnered with the South African Society of Anaesthesiologists to develop terms and conditions for our anaesthetist partners.

1. Credentialing is the process to ensure that only persons that are suitably qualified and registered with the HPCSA are allowed to provide clinical services to patients in Netcare.

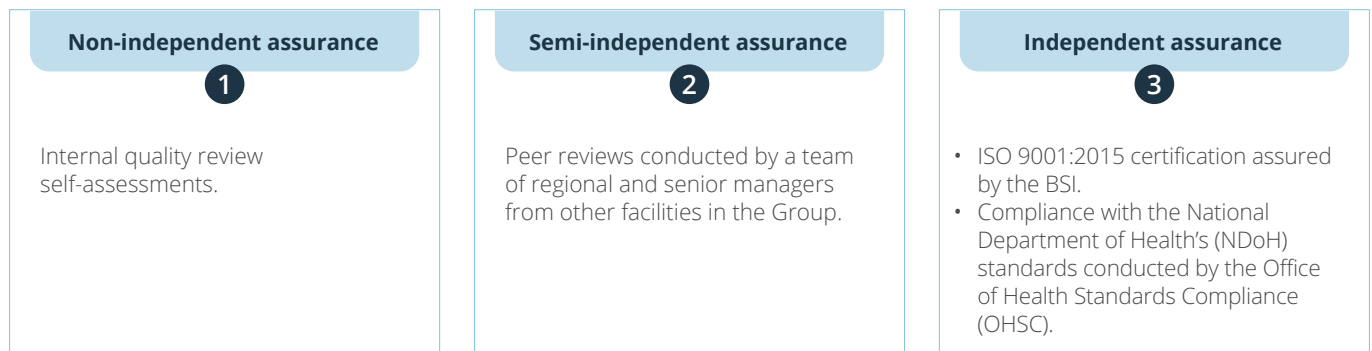
Looking forward

In FY2023, the new clinical governance framework will be implemented in other Netcare divisions and we will identify opportunities to simplify the annual doctor credentialing process, and extend it to other divisions.

Safety, health, environment and quality

Our SHEQ activities are supported by the SafeCyte digital platform, which is used to manage the governance structures for quality management, OHS and integrated waste management to ensure regulatory compliance. We continue to do extensive work to standardise our SHEQ operational procedures and practices across the Group. SHEQ is overseen by the Consistency of Care Board Committee.

Our quality management system comprises the following three levels in our combined assurance approach.



FY2022 performance

Occupational health and safety

- We developed a comprehensive medical surveillance programme based on occupational risk exposure profiles and including a comprehensive vaccination strategy to manage risk of exposure to hazardous biological agents (HBA). We began implementing the programme in March 2022 and expect to complete the roll out over the next three to five years based on risk stratification.
- Some 9 807 employees were screened for tuberculosis (TB) using digital screening questionnaires.
- Employee health and wellness awareness days were hosted at site level throughout the year.
- A new employee incident management system was successfully implemented across all divisions, supporting better reporting, trend identification and benchmarking (from FY2023 onwards).
- Compliance to legislation and the standard operating procedures for OHS (measured in internal self-assessments and/or peer reviews) was 86% for the Group overall. Assessments covered the Hospital Division, Netcare Medicross and National Renal Care. Netcare 911 measures its OHS compliance separately as part of its quarterly audits.

Absenteeism

1 101 865

hours of absenteeism.

FY2021: 1 118 679 hours

Medical surveillance and incident reporting

6 111

medicals conducted as part of our medical surveillance programme.

Target: 4 700

OHS incidents

2 940

OHS incidents recorded with 84% reported for the Hospital Division.

2% were categorised as high to major risk, 32% as moderate risk, 52% as minor risk and 14% as insignificant risk.

OHS training

4 823

employees received OHS training.

FY2021: 1 500

OHS incident	Group total	Hospital Division	Netcare 911	Netcare Akeso	Netcare Medicross	National Renal Care	Netcare Education
Exposure to COVID-19 ¹	2 034	1 730	66	90	5	143	0
Exposure to TB/other infectious diseases	10	5	0	0	5	0	0
HBA exposure: sharps injuries	169	146	10	0	6	7	0
HBA exposure: splashes	18	15	0	0	0	3	0
Exposure to hazardous chemical agents	35	33	1	0	1	0	0
Incident resulting in an injury	673	536	103	11	14	8	1
Radiation incident	1	1	0	0	0	0	0
Total	2 940	2 466	180	101	31	161	1

Note: data includes incidents for employees and third-party contractors. Netcare 911 and Netcare Education were onboarded to SafeCyte's employee incident reporting functionality in FY2022.
1. From February 2022, only definitive work-related exposures were included.

Safety, health, environment and quality continued

FY2022 performance

Integrated waste management

- For the Hospital Division and pharmacy operations, healthcare risk waste (HCRW) totalled 4 881 tonnes, 30% lower than the HCRW generated in FY2021 mostly due to the reduction in COVID-19 cases and improved segregation. 16.5 tonnes of PVC was recycled compared to 10 tonnes in FY2021 and 51% above target.
- We continued to focus our efforts on reducing HCRW, providing training for four SHEQ regional managers on integrated waste management and training over 40 hospital-based waste officers on waste governance, recycling and waste beneficiation.
- We implemented waste performance tracking dashboards at all hospital sites.

Quality management system

- The Hospital Division's internal quality review tools were replaced by the private sector inspection tools published by the OHSC in March 2022. The tools have been digitised, over 300 000 line items reviewed for compliance and the relevant employees trained.
- The internal self-assessment tools for Netcare Medicross were finalised.
- Internal quality reviews were conducted in 295 facilities across all divisions with a compliance target of 90%.
- The BSI conducted annual surveillance audits to ensure we comply with ISO 9001: 2015 requirements, meeting international best practice standards. ISO 9001 certification was granted until 2024.
- Netcare Occupational Health is implementing ISO 45001 at six sites. Site audits have been completed and employee training is in progress.

Internal quality reviews (compliance scores)	2022	2021
Hospital Division	90%	88%
Netcare 911 ¹	94%	93%
Netcare Cancer Care ¹	94%	92%
Netcare Akeso (first baseline)	80%	–
Netcare Medicross	89%	90%
National Renal Care	95%	96%

1. The internal quality review process was only digitised in FY2022.

Looking forward

We will continue to implement the medical surveillance programme, targeting 7 900 medicals over the course of FY2023. Based on accurate employee incident reporting, we will initiate quality improvement programmes to address pertinent risks. To support quality improvement initiatives, formal training will be delivered in FY2023 to enhance capacity in all divisions to conduct formal quality improvement programmes.

Accreditation

Group-wide

- **British Standards Institution:** certified for fifth consecutive year, including Netcare Akeso for the first time (2022).
- **Netcare Education (registered with the Department of Higher Education):** all formal programmes and institutions are accredited by the South African Nursing Council (SANC)* and other programmes are accredited by the Council on Higher Education*.

Hospital Division

- **28 Netcare emergency departments (Level I = 3, Level II = 6, Level III = 19):** accredited by the Trauma Society of South Africa*.
- **Netcare Milpark Hospital Breast Care Centre:** re-accredited in 2019 by the National Accreditation Programme for Breast Centres (a certification administered by American College of Surgeons).
- **Netcare Park Lane Hospital Radiology:** full accreditation by the American College of Radiology, the largest representative body for radiology worldwide. This is Africa's first and only breast imaging centre of excellence.
- **Netcare Pretoria East Hospital's haematology centre:** re-accredited in January 2019 by the Joint Accreditation Committee for haematopoietic stem cell transplant.

Netcare Cancer Care

- **Five Netcare managed chemotherapy units:** re-accredited by the South African Oncology Consortium*..
- **Netcare Medical Physics Division:** holds ISO/IEC17020:2012 accreditation as an inspection body performing quality control on x-ray equipment.
- **Dosimeter Services (Pty) Ltd:** holds ISO/IEC 17025:2017 accreditation as a testing laboratory.

National Renal Care

- **12 National Renal Care facilities:** accredited by the Health Professionals Council of South Africa* for training clinical technology students.
- **18 National Renal Care facilities:** accredited by SANC* for training nephrology nursing students (based on the legacy SANC programme as the new accreditation has not started yet).

* South African accreditations.



#WeCare

Key focus areas for FY2022

- Rolling out the Care4YOU programme (compassion journey and digital gratitude cards) over and above Independent Counselling and Advisory Services (ICAS), eCare and onsite social workers.

Objective

- Look after our workforce and be true to the philosophy of the **Quadruple Aim**.

#WeCare

53 Our people



Our people

Better health and care outcomes delivered most efficiently depend on the professional and personal resilience of healthcare professionals. Our strategy to deliver patient centred health and care that is digitally enabled and data driven aims to make the lives of our people and partners on the frontline easier so that we improve patient experience and deliver the interrelated outcomes of the **Quadruple Aim**.

Our heightened focus on the wellness of our people, particularly their psychosocial wellbeing, after a series of incredibly difficult and traumatic years remains at the forefront of our human capital initiatives.

FY2022 highlights

Living and working with compassion programme

>14 400

Permanent employees and around 8 860 contractors and service providers in the Hospital Division have worked through module 1 of the Care4YOU compassion training, a key lever in the achievement of our consistency of care priorities.

The roll out of the programme is a collaborative effort between Consistency of Care, the Nursing division and hospital management leadership teams.

Leadership teams have leveraged Care4YOU with their own creative ideas to entrench a culture of compassion, kindness and mindfulness at their hospitals.

Employee support

2 243

FY2021: 2 810

Employees and their immediate family members were provided with counselling interventions.

59

FY2021: 126

Training events, counselling sessions and motivational speaking sessions delivered to 409 employees (last year's interventions were webinars).

Compassion training

A second cohort of Netcare leaders have been enrolled on the Applied Compassion Training course offered by the Centre for Compassion and Altruism Research at Stanford University. These leaders represent each Netcare division so that we can leverage their compassion learning Group-wide. To successfully complete the programme each participant must develop and deploy a compassion-related project during the course of the year.

Employee engagement

We place considerable importance on effective employee engagement and development to encourage innovation, critical thinking, proactiveness, continuous development and life-long learning to drive employee motivation and equip them to deliver on our consistency of care strategy.

Our people

<p>How we engage on wellness</p>	<ul style="list-style-type: none"> • Employee engagement assessments. • Employee wellbeing programme (counselling and advice, managerial support programme and a health and wellness service). • Care4YOU programme to drive compassionate care and self-compassion. • CareCall, a professional and confidential personal support service that provides telephonic counselling, face-to-face counselling, group trauma debriefing, and advice and information on everyday challenges and issues. The service is available 24 hours a day, 365 days a year. • The managerial support programme, comprised of workshops and training designed to assist our managers to effectively engage with their teams, deal with and resolve conflict and to identify and support employees experiencing specific challenges. • eCare, an online health and wellness service that delivers a high impact, personalised service to employees via email and the internet. • Training and development sessions focused on emotional impact, team building, conflict resolution and communication skills.
<p>Their concerns</p>	<ul style="list-style-type: none"> • A safe workplace to work. • Onsite health and safety procedures, including medical surveillance. • Assistance with high levels of stress, trauma and burnout as a result of COVID-19.

Our people continued

FY2022 performance

Care4YOU

In September 2021, we launched Care4YOU, a dual-faceted programme that seeks to replenish employee reserves and resilience, and embed behaviours relating to compassion, kindness and mindfulness as a way of living and working at Netcare.

Part 1: Compassion training

Compassion training is delivered through a blended learning approach and includes Care4YOU theoretical content available in printed form or through our eLearning platform, experiential workshops and toolbox talks. It is designed to teach employees to practice compassion for themselves and share that compassion with others – both patients and colleagues. It also recognises individuals for acting with compassion and aims to build confidence. Trained compassion ambassadors drive the initiative and record employees' experiences of Care4YOU and any barriers to adoption.

Impact and feedback

The self-compassion work is providing a safe and compassionate means to process COVID-19 related trauma and any other unprocessed personal matters. We are working closely with ICAS, Netcare Akeso and our enterprise and supplier development partner¹ to provide appropriate support and counselling guidance for employees and to help unburden our compassion ambassadors.

Our compassion ambassadors are reporting that the compassion teaching is gaining traction and becoming part of our daily language. Feedback from employees has been incredibly positive with much appreciation for our focus on self-care and self-compassion and requests have been received for more learning initiatives. The extension of the programme to contracted workers and those working night shifts is also highly appreciated and has created a sense of inclusivity in the provision of care. Insights gained from feedback have been used to enhance learning, address barriers to adoption and ensure that content is accessible and clearly communicated.

A key finding from the Care4YOU work is the need to ensure a flow of compassion from leadership through to our employees and then onto our patients.

Advances made in FY2022

- Support sessions were introduced for our compassion ambassadors to provide support and protect them from fatigue and burnout.
- Rolled out the tailored Care4YOU programme for leaders to the Hospital Division's regional and site managers.
- Similar compassion interventions were introduced for Netcare 911's EOC and Netcare Education.
- A digital learning process was piloted to support compassion learning, providing convenience for employees and enabling consistent and sustainable teaching of compassion across the Group. The compassion journey will be digitised in FY2023.

FY2022 performance

Part 2: Digital gratitude card platform

The digital gratitude card programme is a powerful personal motivator, which reinforces compassionate behaviours, positively impacting the patient experience. It allows patients to express gratitude to the employees and teams who have cared for them. Cards are delivered to the mobile device of the acknowledged employees and posted on gratitude boards displayed in wards. During the year, a number of improvements were made to the platform to improve user experience and increase touchpoints along the patient journey to grow the response rate.

Compassion journey

Module 1 roll out completed in the Hospital Division.

1 833

employees have completed the optional module 2, which reinforces the learnings of module 1, delving deeper into the principles of compassion.

3 626

employees have completed module 3 – deepens understanding around self-compassion, common humanity and the spirit of Ubuntu (humanity to others).

385

compassion ambassadors spearhead the programme.

FY2021: 395

Gratitude programme

Completed the roll out of the digital gratitude card programme to all hospitals.

15 075

gratitude cards from patients have been sent to our employees and teams since the launch of the pilot programme in October 2021.

96%

of the messages received from patients had positive sentiments (excellent or good experience).

While the majority of 'thank you' cards are addressed to our clinical employees, pleasingly, support staff have also been thanked for their effort and service.

1. Dube and Pottas provides individual and group counselling sessions for frontline workers (trauma debriefing, emotional and supportive counselling, coping skills and self-care strategies, and referral for further support, where required).

Looking forward

Our challenge will be to maintain the positive impacts of Care4YOU in high-pressure environments where staffing shortages can leave nurses feeling overworked and social pressures are resulting in increased demand for mental health care. Additional compassion training modules will be delivered to the Hospital Division in FY2023, reinforced with the digital learning platform, which in time will support the easy replication of the programme for other divisions. A key focus will be to incorporate Care4YOU into our business-as-usual processes to ensure the sustainability of the programme and its long-term impact. We will also continue to focus on the Care4YOU programme for leaders to address the feedback received from employees, both in the compassion training and the employee engagement survey.

We intend to comprehensively market the gratitude programme to patients to enable greater uptake, develop public digital boards to display gratitude cards, and encourage gratitude flows between peers and from managers to employees.



Providing YOU with the best and safest care.

