

NETCARE LIMITED

Quality Report

for the year ended 30 September 2021

Consistency of Care



Providing YOU with the best and safest care



NETCARE



Contents

- 01 Our reporting suite
- 02 Group Medical Director's review
- 04 Guiding frameworks

OUR BUSINESS

- 08 Our purpose and promise
- 10 What we do
- 12 Our strategy

PERCEPTION OF CARE

- 16 Our patients
- 19 Our healthcare practitioners

QUALITY OF CARE

- 26 Narrative overviews
 - 26 Caring for newborn babies
 - 30 Caring for people with severe physical trauma
 - 34 Caring for people on long-term haemodialysis
 - 36 Caring for people with cancer
- 38 Person-centred care
- 40 Best practice
 - 40 Best outcomes
 - 41 Best times
- 42 Safest care
 - 42 Infection prevention
 - 45 Fall prevention
 - 46 Pressure lesion prevention

GOVERNANCE

- 50 Safety, health, environmental sustainability and quality
- 54 Clinical governance
- 55 Research

#WECARE

- 58 #WeCare

Our reporting suite

Our strategic pillars

| | |
|--|-------------------------------|
|  | Consistency of care |
|  | Disruptive innovation |
|  | Transformation of our society |
|  | Organic growth |
|  | Integration |
|  | Investment |
|  | Environmental sustainability |

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.

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

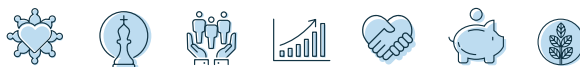
Integrated report

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 relevant 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)TM (King IV)^{*}



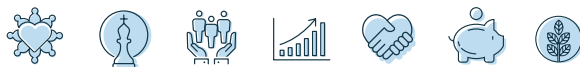
Supplementary reports

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, and its full remuneration policy and implementation report; of particular interest to shareholders, debt providers and regulators. The report complies with the JSE Listings Requirements and the Companies Act.

Reporting framework applied: King IV



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



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.



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



Additional information

- King IV application register
- GRI content index
- TCFD content index
- Notice of annual general meeting and proxy form
- Hospital listing

Group Medical Director's review



“Despite the enormous pressure that the COVID-19 pandemic had placed on our healthcare workforce, the physical and psychosocial toll paid by our frontline heroes and the huge losses we individually and collectively have suffered, our people have demonstrated resilience, dedication and agility. We thank them for their unwavering commitment, calibre and daily acts of courage and compassion.”

Dr Anchen Laubscher, Group Medical Director

The quality of our care and the consistency with which we are able to deliver it, underpin our licence to operate. Netcare's consistency of care strategy and related objectives are well established. They are designed to achieve consistently excellent clinical services so that we deliver on our promise to provide the best and safest person-centred health and care (of body and mind) to our patients. Over the past three years, we have progressed the processes and mechanisms needed to measure our performance and ensure accountability for the strategy, both at a Group and service platform level. Our perception and quality of care outcomes and governance framework are covered in this report, which cover pillars 1, 2, and 4 of our consistency of care's five pillar strategy outlined below.

COVID-19 has exerted enormous pressure on our employees who have had to work long hours providing compassionate health and care to our patients in unconventional ways. Despite these pressures, our people have demonstrated resilience, dedication and agility, persevering despite long shifts, exhaustion, anxiety and stress. The psychosocial toll paid by our frontline employees – in constantly confronting illness and, very sadly, the death of patients, colleagues and family members – should not be underestimated and we thank our people for their unwavering commitment, calibre and daily acts of courage and compassion.

Towards the end of 2020, we added a fifth pillar to our consistency of care strategy – #WeCare – which reflects the

fourth element of the **Quadruple Aim**, a model which has been part of the Netcare operational philosophy for years. The importance of the **Quadruple Aim**, and particularly the need to look after our healthcare workers, has never been clearer given the pain, suffering, exhaustion and loss felt by our people during COVID-19. This year a number of initiatives have been strengthened to support the health, safety and wellness of both our clinical and non-clinical employees.

Despite another difficult year, and two COVID-19 surges, the structures put in place in 2020 to manage the pandemic, gave us room this year to renew our focus on the strategic consistency of care activities that had been delayed during the first year of the pandemic. We made good progress in the perception of care portfolio of work, including the development and implementation of a new patient feedback survey and initiatives to improve patient satisfaction as well as a critical review of our engagement with our healthcare practitioners.

We first published our quality of care outcomes in 2019 with new measures added in both subsequent years. We added 27 new measures in FY2021 bringing the total number of publicly reported measures to 85. The quality of care report, starting on page 22, is of key importance to a number of stakeholders, namely our patients, employees, healthcare practitioners, funders, investors and regulatory authorities. A version of the quality of care report, including quality of care measures monitored and reported on internally, was

The pillars of our consistency of care strategy

We aim to fulfil the Netcare promise made to our patients in a consistently excellent manner

| 1 | 2 | 3 | 4 | 5 |
|--|--|--|---|---|
| Perception of care | Quality of care | Clinical efficiency | Clinical governance | #WeCare |
| How our patients perceive the care they receive (includes doctor engagement, compassion-based training and measuring patient experience) | Our clinical performance as measured by our outcomes | Cost efficiency and our funder relationships | Clinical governance; safety, health, environmental sustainability and quality (SHEQ) management; and research | How we support the health and wellness of our workforce |
| PG 14 | PG 22 | Funders in the integrated report | PG 48 | PG 56 Our people in the integrated report |
| Supported by Group-level clinical and SHEQ teams with decentralised resources across our service platforms | | | | |
| Enabled by the Netcare digitisation strategy and informed by data driven decision-making | | | | |
| Measured by accountability instruments at the Group and service platform levels | | | | |

developed for use by senior leadership (Clinical Outcomes Index) and quarterly quality reports are provided to funders as per our contractual agreements. The value of care work is encapsulated in pillars 1, 2 and 3 (perception, quality and clinical efficiency). It also informs the development of our alternative reimbursement model.

During the year, we completed the digitisation of our SHEQ processes. The digitisation of our occupational health and safety (OHS) practices and procedures on SafeCyte across all our service platforms is starting to enable data driven decision-making and will simplify the OHS risk assessments and, strengthen legal and operational compliance.

The digitisation and availability of data pertaining to healthcare risk waste (HCRW) will greatly assist our efforts towards zero waste to landfill by FY2030, driving an increase in recycled waste supporting various innovative programmes such as the My Walk Made with Soul project implemented at 20 of our facilities (see page 52).

The British Standards Institution (BSI) has recertified Netcare (excluding Akeso Clinics), awarding the Group ISO 9001:2015

accreditation for the third consecutive year. Akeso Clinics will be included in the ISO audit for the first time in FY2022.

Across all aspects of our consistency of care strategy, our digitisation, and the analytics and reporting it supports, is providing useful and understandable information that is accessible to our patients, healthcare practitioners, funders and employees.

I would like to thank the clinical and SHEQ teams across the Group for their commitment and care towards the work outlined in this report, and the achievements to date in spite of COVID-19's heavy impact. Thanks must also go to the Executive Committee and the Board for their support and for the time and attention they have given to our work and the reporting thereof.

Stay safe!

Dr Anchen Laubscher

What does person-centred health and care mean for us?

| Person centred | | | Health and care | |
|--|--|---|--|---|
| Putting patients first and at the centre of everything we do | We recognise patients as individuals, and that every patient's journey is unique | Patients are seen as partners, and encouraged to actively participate in managing their own health and care needs | Committed to providing high quality care | Expanded mind shift to include wellbeing and wellness |

Guiding frameworks

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

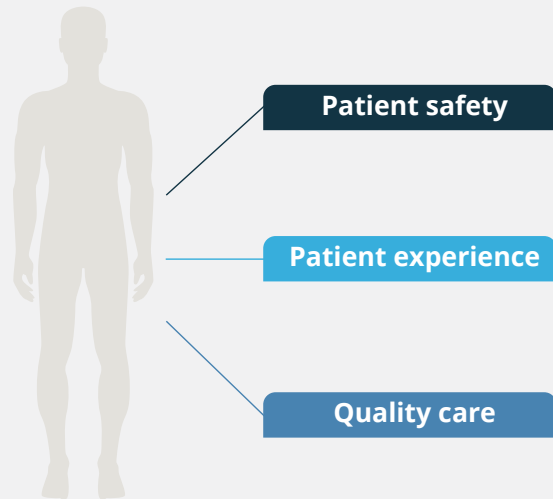
The Quadruple Aim¹



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. Bodenheimer et al elaborated on this model by adding a fourth element which addressed the importance of looking after the health and wellness of the healthcare workforce.

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 equation

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

- **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).



Our business

- 08 Our purpose and promise
- 10 What we do
- 12 Our strategy





Our purpose and promise

Our purpose

Providing YOU with the best and safest care

Our promise

We promise to care for you, and about you, in a manner that places you and your family at the centre of everything we do. We recognise that you are an individual with unique needs and expectations. We recognise the importance of your family and loved ones in your healing process. We are here to ensure that we provide you with the best and safest care, when you need it and in a way that we would wish for our loved ones.

Our values

Our core value is **CARE**. We care about the **DIGNITY** of patients and all members of the Netcare family. We care about the **PARTICIPATION** of our people and partners in everything that we do. We care about **TRUTH** in all our actions. We engage everyone with empathy and respond with acts of **COMPASSION** in all interactions with our patients and their families.

Our first duty to protect the sanctity of life and our irrevocable commitment to care defines the value we create for individuals and society, today and for the future.

Our purpose matters to our people, our patients and society

Our people have lived our purpose and our values even under the hardship, exhaustion and loss we have faced due to COVID-19. Patients and the public alike have recognised their critical contribution, alongside all healthcare workers, to the safety, health and wellbeing of individuals and communities. This has served to reaffirm for healthcare workers their calling and purpose. In a time of unprecedented difficulty, this affirmation has bolstered our confidence that our strategy is appropriate, and our purpose never more meaningful and inspiring.

We serve people in their time of need

We combine compassion, expertise and technology to provide each and every patient with the best and safest quality care, giving them the confidence they need when they need it most and helping them make good health decisions at every stage of their life journey. We call it person-centred health and care, digitally enabled and data driven.

We are committed to pushing out the boundaries of healthcare

Our strategy aims to reinvent our business, to create a world-class healthcare ecosystem, home to the biggest hearts and brightest minds and deepest expertise in the country, and able to play a meaningful role in the lives of more South Africans, more often.

We are dedicated to providing a consistent standard of exceptional care

Our values and our strategy make caring for people and society intrinsic to all our decisions and actions. This is how we create value for our stakeholders and for the healthcare system of which we are an integral part, now and for the future.



What we do



PRIVATE HOSPITALS ▶



53 acute hospitals
10 005 beds
15 cancer care centres
12 day clinics
12 mental health hospitals
891 beds



Services

- Multi-disciplinary acute medical institutions, including centres of excellence, rehabilitation, day clinics for non-acute procedures and care, and emergency and trauma departments.
- Institutional pharmacies for direct supply, management and dispensing of medicine.
- >10 000 appointments facilitated through Netcare **appointmed**^{TM1}.
- Dedicated acute mental health facilities.

Differentiators

- A number of accredited facilities, with 29 accredited trauma units. Netcare Milpark, Netcare St Anne's and Netcare Union hospitals are the only accredited Level I² trauma hospitals in SA³.
- Netcare Rehabilitation Hospital (our first fully digitised hospital).
- An integrated multi-disciplinary approach to mental healthcare focusing on dialectical behavioural therapy.

1. Netcare **appointmed**TM is our free telephonic appointment service.
 2. Capable of providing leadership and total care for every aspect of injury, from prevention through rehabilitation, and have 24-hour availability of all major specialties with a trauma surgeon as director. Our trauma units are accredited by the Trauma Society of South Africa.
 3. The full list of our accredited facilities can be found on page 53.

EMERGENCY SERVICES ▶



82 emergency bases

223 ambulances and emergency response vehicles, including helicopters

>470 000 calls a year managed by the Emergency Operations Centre (EOC)

Services

- Pre-hospital emergency services, including specialised helicopter ambulances, intensive care unit (ICU) ambulance service (patient transfer between medical facilities) and an ICU-configured jet ambulance service (national and international patient transfer).
- National EOC with geolocation capabilities.
- Contracted services to industrial clients and corporates for health, safety and risk management.
- Contracted to manage the emergency services of client medical schemes.

Differentiator
The only emergency service in Africa that is fully digitised.

PRIMARY CARE ▶



68 primary healthcare facilities

>111 000 lives covered by occupational health services

Services

- Family medical and dental clinics providing access to general practitioners (GPs), dentists, radiology, pathology, pharmacy and allied healthcare practitioners.
- Sub-acute facility.
- Occupational health, travel and wellness services to contracted employer groups.
- >3 000 appointments facilitated through Netcare **appointmed™**.

Differentiator
The largest primary healthcare provider in the private sector with a national footprint, and providing a comprehensive basket of primary care services.

RENAL CARE ▶



69 renal dialysis facilities

956 dialysis stations

Services

- Dialysis services to patients with compromised kidney function.

Differentiator
Largest provider of dialysis services in SA.



>1 080 partner GPs

>170 optometrists

Products

- Prepaid vouchers for GPs, optometrists and dentists.
- Prepaid all-inclusive in-hospital procedures.
- Accident and trauma cover and gap cover.

Differentiator
Trusted partner network of healthcare practitioners across the country supporting NetcarePlus vouchers.

EMPLOYEES WELLNESS ▶



>1 000 clients

>1 700 000 lives covered

Services

- A holistic offering of people-focused solutions, preventative care and counselling services that mitigate risks and puts business and employee wellbeing first.

Differentiator
Leading provider of employee health and wellness programmes.

TRAINING FACILITIES ▶



5 nursing education colleges

2 emergency and critical care colleges

4 National Renal Care training academies

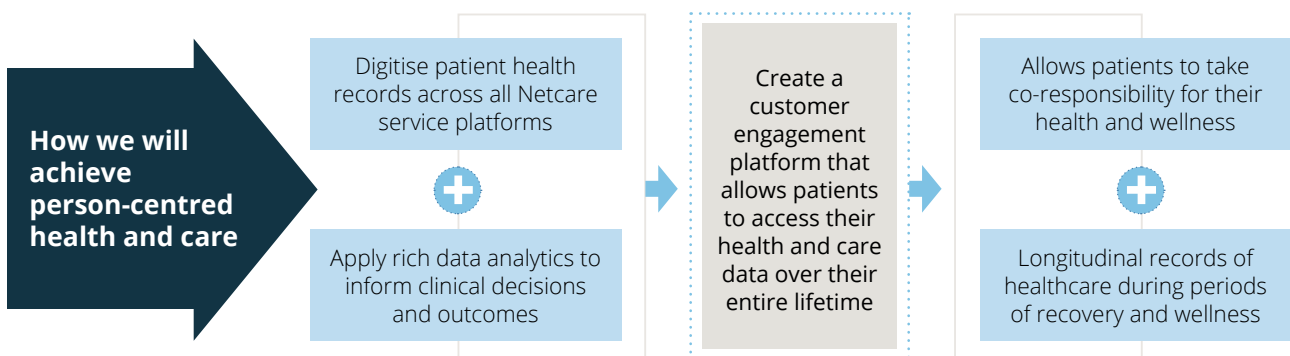
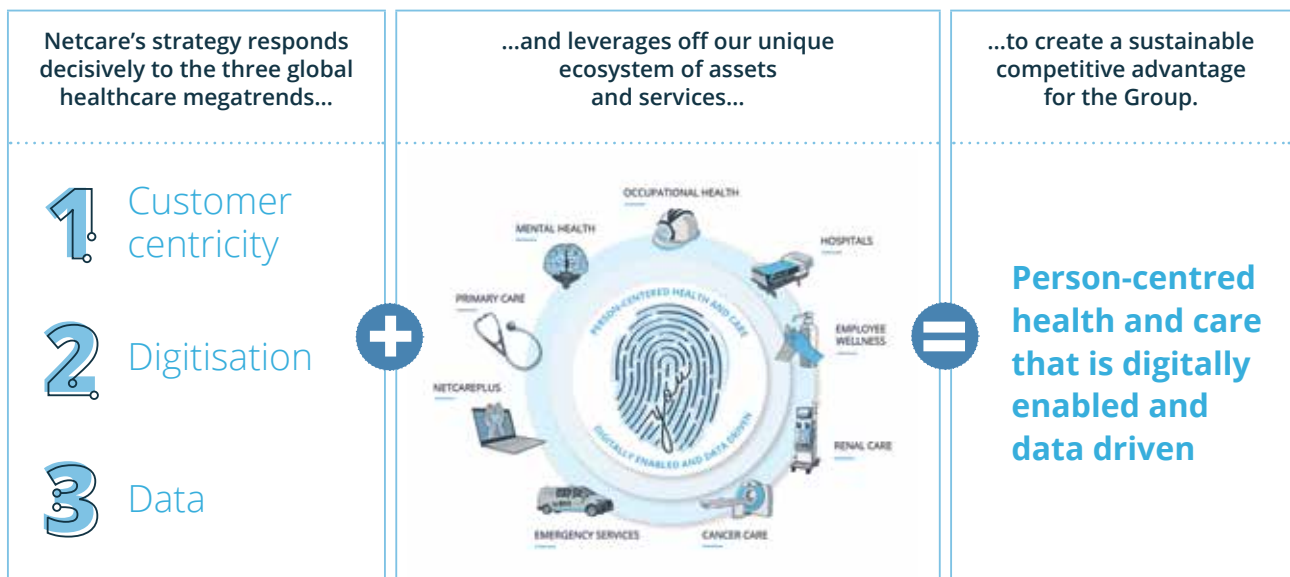
13 National Renal Care facilities accredited to train clinical technology students.

18 National Renal Care facilities accredited to train nephrology nursing students

Differentiator
The largest private provider of training for healthcare workers in SA.

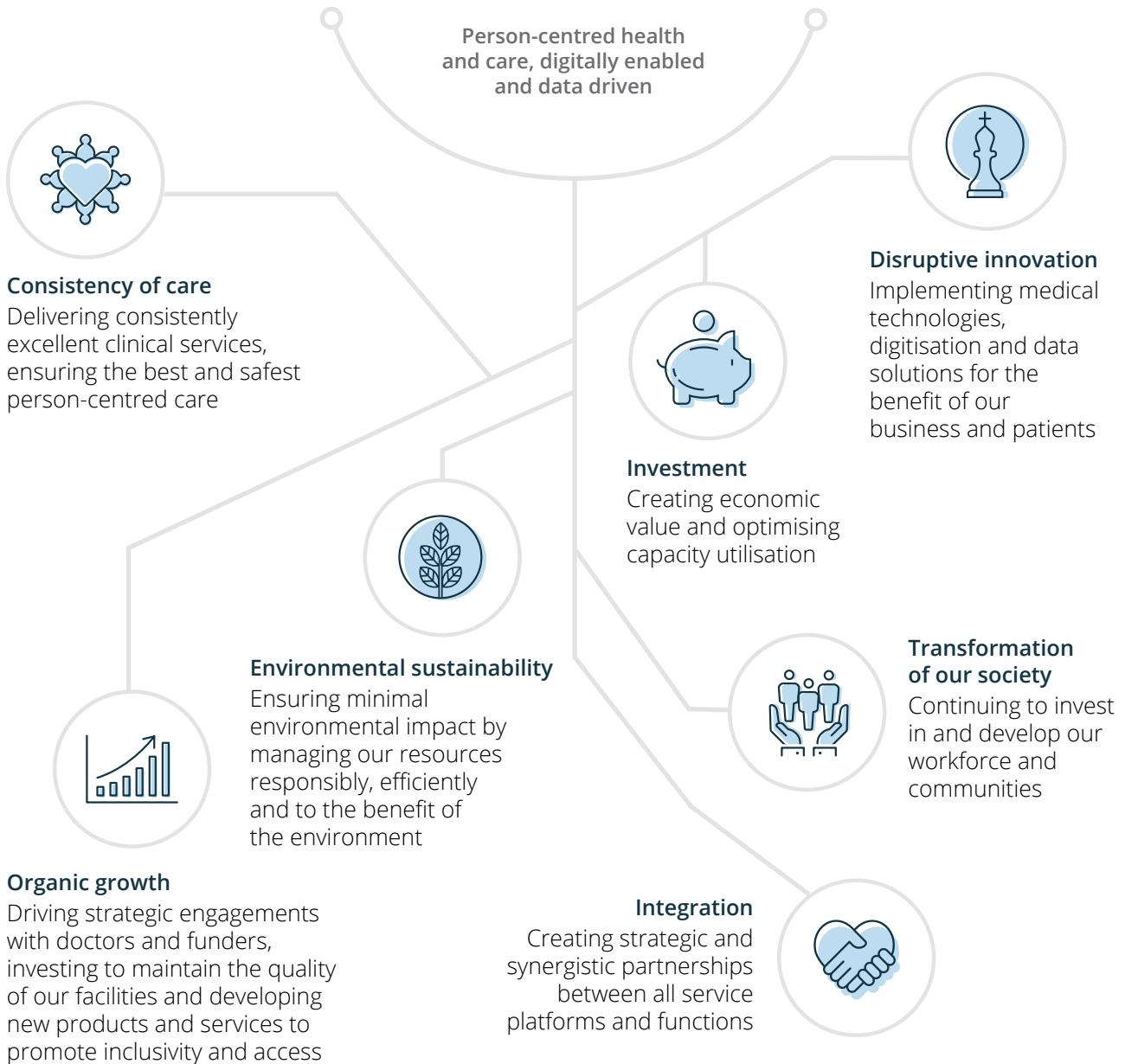
Our strategy

We are reinventing how we deliver health and care; moving Netcare from the siloed and episodic approach typical of traditional healthcare to providing seamless and integrated services across all our platforms, enabled by digitisation and informed by rich data. Over the medium term, we expect to achieve a care offering that is highly differentiated in SA, driving above market growth and earning enhanced returns for our shareholders. Achieving our strategy will also deepen the socioeconomic and environmental value we create for our stakeholders and society in the long term.



Our strategic pillars

Each of our strategic pillars has clearly defined objectives, plans and projects that in combination will achieve our intended strategic outcomes. Leading our sector in environmental sustainability has become core to our approach and has now been elevated to a standalone pillar, aligned to the criticality of this aspect of ESG for global wellbeing.



Perception of care

16 Our patients

19 Our healthcare practitioners

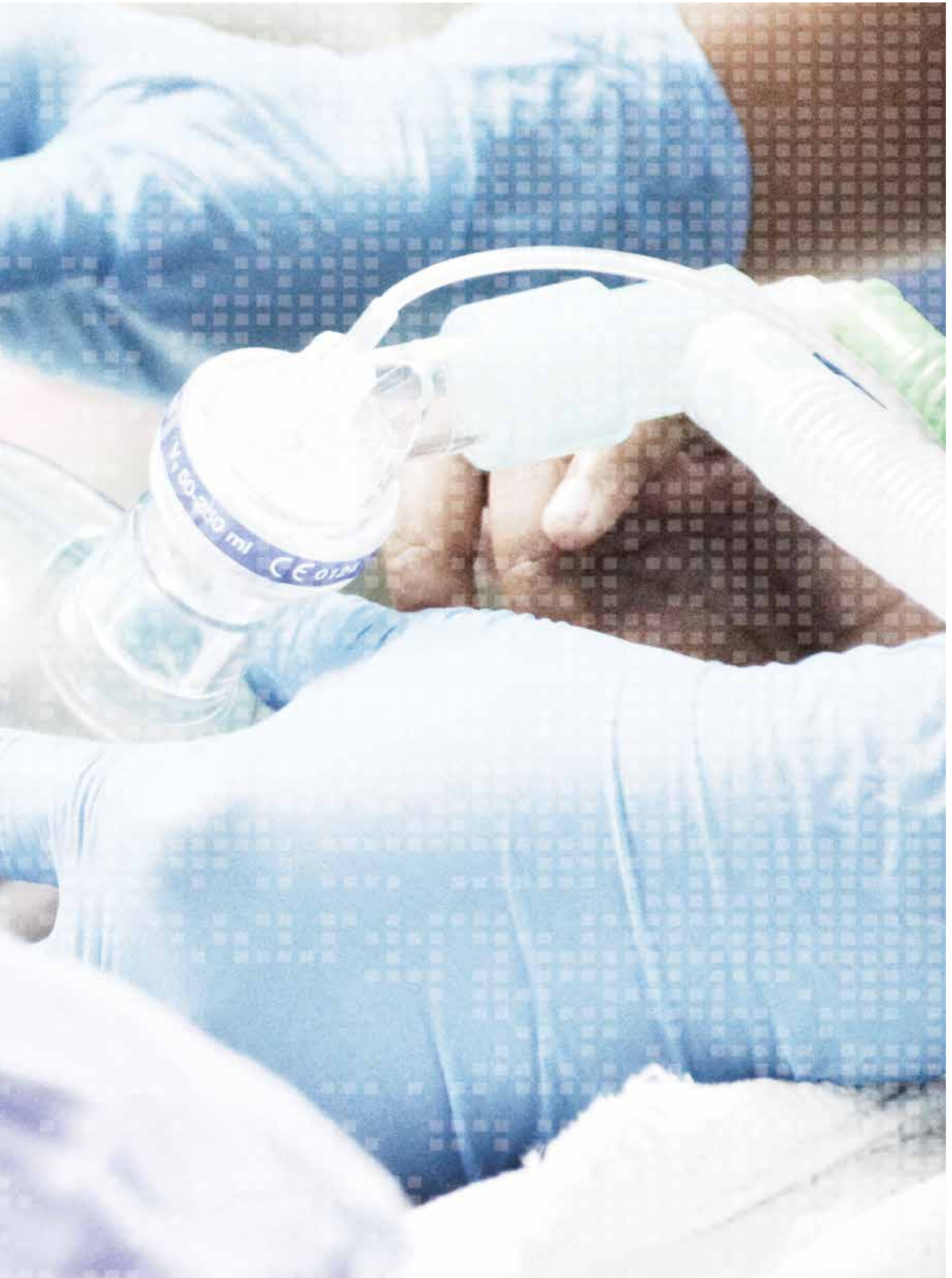
To meet our consistency of care strategy, it is critical that our engagement with our patients, employees, doctors, allied healthcare practitioners and funders is appropriate, sufficiently frequent and aligned to our strategic objectives. Our digital strategy is already starting to redefine how we engage with these stakeholders, with improved engagement expected when all electronic medical record (EMR) projects across our service platforms are completed.

Objective

To improve patient satisfaction and perception of care delivered

Ask Afrika Orange Index

Medicross was placed first in the 2021 Ask Afrika Orange Index® service excellence awards for its commitment to consistent quality of service delivery across its national network of medical and dental centres. This is the first time that Medicross has been presented with the award. Netcare was placed third.



OUR BUSINESS

PERCEPTION OF CARE

QUALITY OF CARE

GOVERNANCE

#WECARE

Our patients

Engaging with our patients and their loved ones in a meaningful, caring and understanding way, empowers them to be involved in and partner with us on the patient's journey to health. We are dedicated to ongoing improvement in this care dimension. In addition, feedback from patients is critical in helping us assess how we are delivering against our promise to provide the best and safest care.


Patient feedback should not only focus on operational aspects and complaints. Over the years we have received positive feedback from patients through letters and cards, indicating that it is just as important to enable patients to acknowledge those who care for them. This expression of gratitude has an encouraging impact on our people, and helps to positively reinforce behaviours that lead to patient satisfaction.


| Patients | How we engage with them | Topics of discussion, and their concerns and expectations |
|---|---|--|
| <p>Medically insured, self-pay, government-funded and foreign patients.</p> | <ul style="list-style-type: none"> • Person-centred care teams in each hospital. • An online patient satisfaction survey on our website and a post discharge email survey. • A bespoke complaint management system, CareNet, including an online form with context-specific categories. The per-hospital complaint rate dashboard is refreshed every 30 minutes. • A customer care team that operates a central contact centre, and manages direct contact with the hospital, regional or corporate offices, corporate website and social media platforms. All of these mechanisms interface with CareNet. • Various digital initiatives that enhance patient experience and perception of care, including Netcare appointmed™. • Patient focus groups and listening forums. | <ul style="list-style-type: none"> • Seamless and continuous access to high quality and safe healthcare, uninterrupted by resource constraints and service disruption. • An excellent patient experience and consistent quality of care delivered by competent and professional nurses who provide the best and safest care. • Access to world-class doctors and services across all our operations. • Fully funded and/or affordable healthcare services. • Data privacy and protection, ensuring that their highly sensitive personal data is secure. |

How EMRs will benefit our patients







Providing our patients with easy access to their health and care data (records and results) over their entire lifetime and covering all our service platforms, will empower them to take co-responsibility for their health and wellness and make informed decisions, supporting real participatory health.

Additional content

 **Narrative overviews and person-centred care:** PG 26 and 38 respectively.

 **Integrated report – our patients:** PG 112.

Digitising the person-centred health and care journey

| | | |
|--|--|---|
| <p>Netcare appointmed™</p> <p>Operational</p>  <p>A free telephonic service for patients and general practitioners (GPs) to make appointments with healthcare practitioners and specialists at Netcare hospitals, Akeso Clinics and Medicross medical and dental centres.</p> | <p>Digital pre-admissions</p> <p>Operational</p>  <p>Online hospital pre-admission for elective procedures before the day of admission. 39% of our medical and surgical admissions are pre-admissions.</p> | <p>Netcare 911 Locate Me</p> <p>Operational</p>  <p>Accessed through the Netcare mobile application, the service uses automated SMS geolocation to identify and auto-populate a caller's address, reducing call handling time and increasing accuracy of location.</p> |
| <p>Netcare VirtualCare (telehealth)</p> <p>Operational</p>  <p>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.</p> | <p>CARE4YOU</p> <p>Roll out underway</p>  <p>Improves the levels of compassion with which patients are cared for and enables patients to express their gratitude to those who have cared for them (see page 58).</p> | <p>Patient feedback survey</p> <p>Operational</p>  <p>Collects patient feedback data to measure what matters to patients. This is used to inform our interventions to improve perception of care and treatment.</p> |

Our patients continued



FY2021 performance

Compassionomics

- Ten employees from across our service platforms took part in the Applied Compassion Training course at Stanford University, enabling them to take on the role of ambassadors for compassion. Each participant designed a unique project which will be integrated into the compassion-based training programmes implemented in the Group.

Patient feedback survey

- Conducted an extensive review of our in-hospital patient feedback survey with the assistance of external strategy and research consultants. We engaged with stakeholders across the Group and reviewed historical data. This culminated in a new in-hospital patient feedback survey that has replaced the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The survey is more reflective of what matters to our patients and is aligned to our values and the behaviors we seek to encourage in our people, and see reflected in a patient's experience. Following a successful pilot, the independently validated tool has been implemented at all Netcare hospitals. The tool also measures patient expectations, allowing us to understand if their experience exceeded their expectations, achieving true patient satisfaction.
- Reviewed our patient feedback portals and enabled patients to access the patient feedback survey web link through email and SMS.
- Improved our algorithm for sending a survey so that patients receive the survey link within 48 to 72 hours of discharge while the memory of their stay is still fresh in their minds.
- The number of patients who complete the survey has increased. Considering both quantitative scores and rich qualitative free-text responses, we can now use artificial intelligence (AI) to assess the key themes arising from patient feedback and use this insight to drive targeted improvement initiatives.
- Developed surveys to evaluate the oncology nurse navigation service, obtaining feedback from both patients and oncologists on their experiences of this unique service.
- An electronic customer satisfaction survey is being developed for Netcare Occupational Health with a paper-based version in place as an interim measure.

Gratitude card programme

- As part of the CARE4YOU initiative, we developed and launched the gratitude card programme, which allows patients to send short thank you notes to our people, wards and hospitals. Patients can send cards to nurses, cleaning and catering employees, reception staff, porters and security personnel. Patients are invited to join the platform upon admission, and are able to send as many gratitude cards as they want throughout their stay. This programme is being extended to allow visitors and family members to share their thanks, and to allow doctors to receive messages of thanks. This programme is operational in nine Netcare hospitals with roll out to remaining hospitals scheduled for FY2022.

Patient engagement

- Launched the Family Connect line during the second COVID-19 surge, using contracted social workers at facility level to facilitate communication with the families and loved ones of admitted patients. Netcare **appointmed**™ acts as intermediary; ensuring that callers are registered as next of kin and then contacts the social worker at the hospital who facilitates the appropriate communication. 55 social workers delivered over 50 000 counselling interventions during the second and third COVID-19 waves, assisting our employees and our patients and their families.
- Hosted the first national virtual support group, in collaboration with the Cancer Society of South Africa (CANSA), in June 2021 with a further two meetings held since then, continuing to provide support to cancer patients and their families despite COVID-19 restrictions.
- National Renal Care launched a patient-centred mobile application that assists patients to establish nephrologist-guided exercise programmes to help manage health issues associated with chronic kidney disease. It also provides them with access to our healthcare partners as well as information on a wide variety of wellness-related topics. From FY2022, patient EMRs will be uploaded onto the application to allow them to engage, participate and manage their dialysis treatment and progress.

Our healthcare practitioners

We are proud to have as partners in healthcare delivery, a large and broad array of healthcare practitioners, with many exemplary qualifications and achievements. Clinicians are key partners in delivering to patients; they impact directly on patient experience, the cost of care and quality of care outcomes.

Engaging with them and partnering with them to deliver care is key to our ability to deliver on our promise and achieve organic growth. It is imperative that we understand their needs and what we must do to meet these needs and improve our value proposition to them.

This year a key focus has been to support our healthcare practitioners, as the three COVID-19 surges have left many burnt out and fatigued from the physical, emotional and mental strain.


| Healthcare practitioners | How we engage with them | Topics of discussion, and their concerns and expectations |
|--|--|--|
| <p>Specialists across all clinical disciplines, GPs, dentists, psychologists, radiologists, pathologists and therapists.</p> | <ul style="list-style-type: none"> • A comprehensive framework for contractual management and governance supported by the Clinical Practice Committee and its independent panel of clinicians. The panel reviews clinical matters across the Group. • Physician Advisory Boards (PABs) in the Hospital division and morbidity and mortality meetings. • Personalised clinical information (PCI) tool, which benchmarks doctors against their peers on quality of care, perception scores and efficiency outcomes. • Netcare Cancer Care's multi-disciplinary team meetings, attended by surgeons, oncologists, navigators and other healthcare practitioners to plan care for patients. • The head practitioner in each primary care facility and the Practitioners' Association – responsible for addressing medical and dental matters with primary healthcare providers and allied healthcare practitioners. • A National Acute Manager responsible for building relationships with nephrologists at National Renal Care. • Continuous professional development forums across all service platforms. • Digital Advisory Boards enabling doctors to provide input on the development of specialised CareOn¹ applications. • Our virtual online platforms, including One Netcare, the doctor's portal, Netcare appointmed™ and Virtual Care (telehealth platform). | <ul style="list-style-type: none"> • Protecting the sustainability of the private healthcare sector. • Netcare's inclusion in restricted provider networks. • Access to cutting-edge medical equipment and advanced technology and treatment protocols. • Clinical quality leadership. • Quality and properly maintained facilities and medical equipment. • Availability of beds. • Professional development and training. • Uninterrupted utilities enabling the best and safest patient care. |

How EMRs will benefit our healthcare practitioners

EMRs will enable healthcare practitioners to better collaborate across disciplines and remotely access patient charts and test results in real time, enabling more informed decision-making based on accurate information. Coordinated care will provide more efficient treatment.

1. CareOn is the Hospital division's EMR project.

Additional content

 **Integrated report – doctor partnerships:** PG 121.

Our healthcare practitioners continued



FY2021 performance

- Engaged with doctors on the cost effectiveness of their care based on the PCI reports, which provide year-on-year comparative data. The tool enables effective two-way evidence-based engagement on clinical outcomes, patient experience scores and aspects that add to total cost per event. PCIs are updated quarterly.
- Critically reviewed our engagement with our healthcare practitioners using quantitative and qualitative focused analytical techniques to enhance our doctor engagement framework and strategy. A number of initiatives are underway to meaningfully involve and partner with our healthcare practitioners in our strategy of person-centred health and care.
- Piloted a neuroscience-based compassion training module for our healthcare practitioners across service platforms as well as for patient-facing administrative and pharmacy employees.
- The One Netcare website will include individualised clinician webpages that our healthcare practitioners can use to differentiate themselves. These webpages allow clinicians to publish their additional qualifications, focus areas, research and publications, as well as their practicing hours and contact details. An improved search functionality on our website will provide access to healthcare practitioner information, allowing our healthcare practitioners to reach a broader patient group and assisting patients to find the right doctor for their needs.
- National Renal Care hosted a nephrologist workshop to introduce its healthcare partners to its new EMR system, nephroOn.
- Continued to deploy Resident Medical Officers rolled out in the first COVID-19 wave in certain Netcare hospitals. The care delivery model supports resident doctors in their treatment of patients in critical care during surges or when they need to self-isolate. The model ensures 24/7 cover for all critical care patients and allows doctors to have sufficient down time.
- Looking forward we will develop a management system that will provide a single, holistic and comprehensive view of healthcare practitioner data as well as a single coordinated touch point for engagement with doctors. This data, and access to it, will be governed by the Clinical Data Council.





Source: Perreira, Tyrone, et al. "Physician Engagement: A Concept Analysis." *Journal of Healthcare Leadership*, vol. Volume 11, no. 11, July 2019, pp. 101-13, doi:10.2147/jhl.s214765.

Quality of care

| | |
|----|---|
| 26 | Narrative overviews |
| 26 | Caring for newborn babies |
| 30 | Caring for people with severe physical trauma |
| 34 | Caring for people on long-term haemodialysis |
| 36 | Caring for people with cancer |
| 38 | Person-centred care |
| 40 | Best practice |
| 40 | Best outcomes |
| 41 | Best times |
| 42 | Safest care |
| 42 | Infection prevention |
| 45 | Fall prevention |
| 46 | Pressure lesion prevention |

The measurement of our clinical performance supports our objective to deliver consistently excellent care outcomes and demonstrates our value to patients and funders.

Objectives

To demonstrate our ability to:

1. Set meaningful measures
2. Provide accurate and meaningful quality of care data
3. Publish clinical research



OUR BUSINESS

PERCEPTION OF CARE

QUALITY OF CARE

GOVERNANCE

#WECARE

Quality of care

Our outcomes are measured using a rigorous process aligned with international standards and in accordance with good data science practice. Local and international benchmarks are used when there is sufficient information and context for it to be considered a valid comparison.

Our internal processes are overseen by Consistency of Care Committees at Board and service platform levels. The Clinical Data Council is responsible for coordinating the collection of all clinical data across all service platforms, ensuring that clinical data collection, reports and analysis align, and ensuring the accuracy and completeness of all datasets. In addition to the improved communication and engagement with patients, digitisation will have a profound impact on enhancing patient safety.

For the purposes of this report the following definitions apply:

- **Patient reported outcome measures (PROMs):** monitor our patients' health, wellbeing and quality of life at a particular point in time. PROMs are designed to ensure that a patient's voice is heard, quantified and can be compared to normative data for health and wellbeing outcomes over time, and with other professionals, institutions and countries.
- **Patient reported experience measures (PREMs):** monitor patients' feedback on their interactions with, and perception of, a healthcare system. The insights gained are used to shape the direction and content of ongoing care and service improvements. All our service platforms collect data on patient experience.

Changes in our quality of care outcomes reporting

A total of 27 new measures have been added to this year's report and are clearly marked. Of the 68¹ measures reported in FY2020, four measures have been retired: the overall healthcare acquired infections rate and all three PROMs for Akeso Clinics. We have expanded Netcare Cancer Care's PROMs to 12 measures from six in FY2020. A new feature is the inclusion of narrative overviews for four topics, namely caring for newborn babies, persons with severe physical trauma, persons on long-term haemodialysis and cancer patients.

All PROMs have been reported in the narrative overviews section, and all remaining quality of care measures not covered in this section are reported separately thereafter.

| | Integrated report | Website |
|------------------------------------|-------------------|---------|
| Total measures published in FY2020 | 68 ¹ | 65 |
| Measures retired or updated | 10 | 10 |
| New measures added | 27 | 29 |
| Total measures published in FY2021 | 85 | 84 |

1. Restated to reflect only the number of measures reported in the integrated report (excluding those on the website).

The results in this report may differ from those published in FY2020 where additional data became available after publication or where there have been minor changes in methodology. These changes have been applied retrospectively to past outcomes and are clearly noted with an asterisk, with the reason for the change explained.

Progress on strategic initiatives



FY2021 performance

- Enhanced our quality of care reporting on the Netcare website, including a quality overview specifically developed for investors. We are redesigning our quality of care webpage to cater for the clinical information needs of our diverse target audience. Looking forward, we will redefine how quality of care is reported, moving away from the staid governance approach to a more consumer friendly set of measures that are easily understood.
- Launched the Clinical Outcomes Index (COI) for senior leadership – an automated dashboard of quality of care results, updated monthly. It includes the measures we use internally at service platform level, those we publicly report and those we are contractually obliged to report to funders quarterly, benchmarked against the measures reported by our competitors. It also allows comparisons between Netcare hospitals. An audit trail of the monthly updates is maintained. The first release covers the Hospital division’s patient safety measures (infection prevention and control (IPC)), clinical pharmacy and nursing. In FY2022, we will deliver the next COI release which will include antibiotic stewardship, sentinel adverse events and patient experience.



Narrative overviews

Caring for newborn babies

Our key focus areas for the care of newborn babies include:

| | | | |
|--|---|--|---|
| Screening the hearing of all newborn babies in our hospitals | Promoting breast feeding, particularly for very low birth weight (VLBW) babies who are prone to necrotising enterocolitis (NEC) – a serious disease that can develop in babies when the inner lining of their gut becomes damaged | Maintaining normal temperatures for newborn babies | Monitoring for late infections in VLBW babies |
|--|---|--|---|

The measures reported from the Vermont Oxford Network¹ (VON), in relation to newborn babies, now include benchmarks for South Africa (SA), which were added to VON's database in 2021. Being able to compare our data within a South African context is an important milestone in our quality of care reporting and this data driven approach is motivating our healthcare workers to achieve improvement. During the year, much focus was placed on helping our healthcare workers understand the importance of applying the VON definitions correctly to provide a clinically accurate picture. For measures where we benchmark against VON, we have aligned to the VON reporting period which is the calendar year. The international VON benchmark is reported with the South African benchmark when the latter is available.

Universal newborn hearing screening

(Hospital division)

An estimated four to six in every 1 000 South African children are born with, or develop, hearing loss within their first weeks of life. In 2019, Netcare in partnership with HI HOPES² launched the first national Universal Newborn Hearing Screening (UNHS) programme. The programme aims to identify hearing loss in infants early, so that it can be addressed and its impact on early childhood development minimised.

The programme is based on the 1:3:6 formula recognised as international best practice. The formula recommends screening be done 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.

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|---------------|---------------|
| <i>A higher score is better (applies to the first and last measures only)</i> | | | |
| Percentage of newborn babies screened in participating Netcare hospitals | 80.1% | 66.9% | 75.3% |
| Percentage of newborn babies screened who were referred for further testing | 15.3% | 13.8% | 14.7% |
| Number of newborn babies referred for further testing | 3 528 | 2 900 | 1 105 |
| NEW Percentage of newborn babies referred for further testing who were tested | 26.4% | Not available | Not available |

Measurement

Screeners in SA use the Hi-Five Netcare UNHS application (app), initially developed for Netcare, to log and manage data. The app also allows screeners to follow up on newborn babies referred for further testing as well as those who are ultimately diagnosed with hearing loss.

1. An international information platform that collates and benchmarks quality of care results for newborn babies admitted to neonatal intensive care units (NICUs) from participating hospitals. Netcare and other NICUs in the public and private sector in SA contribute to VON. VON has two datasets which hospitals may choose to participate in – one for VLBW babies and one for all babies admitted to an NICU. Netcare participates in both datasets; however many hospitals in SA participate only in the VLBW dataset therefore a SA benchmark is not always available.

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



FY2021 performance

The significant increase in newborn babies screened in FY2021 is due to the improvements made to our screening processes and data management system. Netcare continues to be close to the first world benchmark of between 12% and 15% of babies screened referred for further testing. The new indicator is a key measure of whether a hearing impairment diagnosis is achieved by three months (the next stage in the UNHS 1:3:6 formula). With only 26.4% of newborn babies who are referred for further testing actually screened a second time, this means that a number of babies who are likely to have some form of hearing impairment may not be receiving early treatment. A pilot programme with Netcare **appointmed™** has been started to improve the number of rescreens following hospital discharge. While it is still early, the initial results are promising. Increasing the number of babies who attend a second screening will be our focus for FY2022.

Breastmilk for newborn babies (Hospital division)

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 an NICU. Breastfeeding remains the gold standard in neonatal nutrition, typically using mothers’ own milk (MOM); however, for babies without access to MOM, donor breastmilk is better for their health than formula or other milk substitutes. We operate five Ncelisa Human Milk Banks with 36 collection points for mothers to donate excess breastmilk. This milk is provided free of charge to public and private hospitals.

| Indicator | 2020 | 2019 | 2018 | 2020 VON median |
|--|---------------|--------|---------------|-----------------|
| <i>A higher score is better</i> | | | | |
| Percentage of babies discharged from NICU on breastmilk only | 47.3%* | 44.7%* | Not available | 21.6% |

* Restated as the reporting period was changed to the calendar year to align with VON benchmarks.

Measurement

This measure is based on VON definitions.



Calendar year performance

In 2020, we outperformed the global VON benchmark for babies discharged from NICU on breastmilk only with an improvement against our 2019 score.

| Indicator | FY2021 | FY2020 | FY2019 |
|--|------------|--------|--------|
| <i>A higher score is better</i> | | | |
| Number of babies fed with donor breastmilk | 698 | 688 | 593 |
| Number of mothers donating their excess breastmilk | 185 | 191 | 209 |

Measurement

Donor breastmilk is tracked in the NICU feed system from donor to recipient, recording all the details needed to match age-appropriate donor breastmilk to recipient babies. This is aligned with the South African Department of Health’s draft regulations and international protocols on the management of breastmilk banks.



FY2021 performance

COVID-19 impacted the amount of time parents were able to spend with their newborn babies in hospital and this reduction in contact between lactating mothers and their babies led to a greater number of women being unable to maintain lactation, reducing our pool of donors at a time when demand for donor milk was increasing. Fortunately, while the number of donors decreased over the financial year, the number of babies fed increased slightly.

Narrative overviews continued

Reducing the rates of NEC

(Hospital division)

NEC is more common in very sick or preterm babies. Babies fed on breastmilk only are less likely to develop this serious disease. As the mortality rate for babies with this disease is high, the monitoring for early signs of NEC means we can intervene to help reduce the incidence of this disease.

| Indicator | 2020 | 2019 | 2020 VON benchmark | 2020 VON SA |
|--|---------------|--------|--------------------|---------------|
| <i>A lower score is better</i> | | | | |
| Percentage of newborn babies admitted to an NICU who develop NEC | 2.4%* | 3.0%* | 1.0% | Not available |
| Percentage of newborn babies (birth weight 501 grams to 1 500 grams) admitted to an NICU who develop NEC | 10.3%* | 12.0%* | 4.8% | 8.0% |

* Restated as the reporting period was changed to the calendar year to align with VON benchmarks.

Measurement

These measures are based on VON definitions.



Calendar year performance

There was a reduction in NEC rates in 2020, largely attributable to better application of the VON definitions, providing a more accurate baseline from which we can pursue improvement going forward. The reduction may also be partially attributable to the increased use of donor milk and breastfeeding in NICUs, as babies fed only breastmilk are less likely to develop the disease.

Maintaining a normal temperature after birth

(Hospital division)

Neonatal hypothermia (a low body temperature for newborn babies) is associated with higher mortality and morbidity, and maintaining a neutral thermal environment is essential for achieving better outcomes.

| Indicator | 2020 | 2019 | 2020 VON benchmark |
|---|---------------|--------|--------------------|
| <i>A higher score is better</i> | | | |
| Percentage of babies whose temperature was normal within the first hour of admission to an NICU | 58.0%* | 55.8%* | 73.2% |

* Restated as the reporting period was changed to the calendar year to align with VON benchmarks.

Measurement

This measure is based on VON definitions.



Calendar year performance

To prevent the spread of COVID-19 infection, theatres were split into COVID-19 and non-COVID-19 zones which meant that babies were delivered in operating theatres that were not optimised to keep their temperatures within normal range. In some instances, babies also had to be transported longer distances to NICUs and were therefore exposed to unregulated environments for longer periods of time. In addition, limited visitation meant that babies were kept in theatres longer than usual, so that their fathers could spend more time with them, before they were transported to NICUs. Despite these challenges, our score has improved slightly since 2019. While this is encouraging, we have fallen short of the VON benchmark which we aim to equal or better.

Reducing late infections in very low birth weight babies


(Hospital division)

Preterm babies, especially those with a VLBW, are extremely vulnerable due to their immature immune systems. Added risks are the invasive technological measures required to ensure their survival and the NICU environment. All of these factors increase their risk of late infections (those acquired after three days of life). Preventing and treating these infections reduces mortality, morbidity and the time they must stay in the NICU.

| Indicator <i>A lower score is better</i> | 2020 | 2019 | 2020 VON benchmark | 2020 VON SA |
|--|--------------|-------|--------------------|-------------|
| NEW Percentage of newborn babies with a positive microbiology culture from directly sampled cerebrospinal fluid or blood after three days of life from VON listed micro-organisms | 12.0% | 16.3% | 11.0% | 14.4% |

Measurement

This measure is based on VON definitions for newborn babies with a birth weight of between 501 grams to 1 500 grams.



Calendar year performance

There was a substantial decrease in late infections between 2019 and 2020; ascribed to heightened awareness of infection prevention, including hand hygiene, among healthcare workers and parents brought about by COVID-19. An improvement in the care delivered as well as better application of the VON definitions are also factors. Given this decrease and compared to the VON benchmarks, it is a realistic expectation that in the next calendar year, we will achieve either an equal or lower score, which is encouraging.

Reducing late infections in very low birth weight babies (Hospital division)


Viruses, bacteria or other micro-organisms that cause disease are often responsible for infections in newborn babies. The type of micro-organisms causing infection has changed over time, due to enhanced technology and the babies we care for having lower birth weights.

We monitor three VON listed micro-organisms causing infections after three days of life, namely, coagulase negative staphylococcal infections (CoNS), which is responsible for most late onset infections and fungi (yeasts) as well as gram negative neonatal bacterial sepsis, resulting in a bacterial sepsis and/or meningitis within three days of life. Early diagnosis and treatment result in better outcomes for ill babies.

| Indicator <i>A lower score is better</i> | 2020 | 2019 | 2020 VON benchmark | 2020 VON SA |
|---|-------------|------|--------------------|-------------|
| NEW Percentage of babies with a positive CoNS culture, sign/s of a generalised infection and treated with five or more days of intravenous antibiotics | 4.5% | 8.2% | 4.5% | 3.6% |
| NEW Percentage % of babies with a positive culture after three days of life for a VON defined fungus | 4.3% | 3.9% | 0.9% | 3.2% |
| NEW Percentage of babies with a positive culture after three days of life for a VON defined bacterial sepsis and/or meningitis | 6.5% | 9.7% | 7.0% | 10.6% |

Measurement

These measures are based on VON definitions for newborn babies with a birth weight of between 501 grams to 1 500 grams.



Calendar year performance

CoNS and late bacterial sepsis and/or meningitis rates decreased substantially between 2019 and 2020, accounting for the overall reduction in late infection rates as shown in the table at the top of this page. For these two measures, VON benchmarks indicate that we are performing adequately in this area. However, the increase in fungal infections in our NICUs is of concern, accordingly, we will review our adherence to commonly accepted practices relating to central line insertion (a way in which infection can be introduced to babies in the NICU). Antibiotic stewardship is also an important component of minimising all late infections, particularly fungal infections. We are reviewing our antibiotic stewardship programme in those NICUs where the incidence of fungal infections is above the VON benchmark.

Narrative overviews continued

Caring for persons with severe physical trauma

For people with severe physical trauma, timeous treatment at the most appropriate facility impacts their recovery from their injuries. We do our utmost to achieve the best outcomes both in terms of our emergency care and specialised physical rehabilitation care. Our key focus areas include:

| | | | |
|--|--|---|--|
| Emergency medical services response time | Survival rate of Priority 1 patients (patients with severe life-threatening physical injuries) | Pain management while being transported to hospital | Improved independence for patients following polytrauma (severely injured patients with two or more severe injuries in at least two areas of the body) |
|--|--|---|--|

Netcare 911 response time (Netcare 911)

Shorter times between emergency medical services (EMS) receiving a call for assistance and their arrival on scene and initiation of emergency care is associated with improved outcomes for patients¹. EMS response time is a primary indicator of EMS service delivery effectiveness.

Indicator

A lower score is better

| | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|--------|
| How quickly Netcare 911 responds (median time in minutes from answering a call to arriving on scene) | 17.20 | 16.40 | 15.85 |

Measurement

Data for this measure is collected from Netcare 911 telephony, dispatch and electronic patient report forms. The measurement is based on the international and South African standard for measuring EMS effectiveness.



FY2021 performance

Over the past two years, COVID-19 has negatively impacted Netcare 911's call-to-scene time. However, the average response time to Priority 1 cases is 15.3 minutes. Factors that have played a role in the overall slower response times include:

- Additional information required from callers by the Emergency Operations Centre (EOC) to ensure that response teams have the correct information to protect their own safety.
- Response teams have to don the appropriate personal protective equipment (PPE) prior to their arrival on scene.
- Netcare response teams having to cover longer distances to service patients due to the capacity constraints of some peripheral service providers.
- Vehicle availability, which during the third COVID-19 wave was also affected by long waiting times at hospitals (at times between four to six hours) which sometimes include COVID-19 tests prior to admission.

Our focus in the year ahead, will be to monitor the stages of emergency response in greater detail and adapt our protocols and procedures for the slower stages to decrease response time.

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

Transporting Priority 1 patients to the best place (Netcare 911)

To improve the survival odds for high-risk patients, we endeavour to transport them to Level I and II accredited trauma centres (depending on the availability of facilities in the area).

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|---------------|
| <i>A higher score is better</i> | | | |
| Percentage of Priority 1 trauma patients transported to Level I and II accredited trauma centres | 51.1% | 60.5% | Not available |

Measurement

Data pertaining to the patient's condition is captured by EMS teams on the Geopal electronic patient report form (EPRF), a Netcare designed system. The patient's destination is captured by the EOC and recorded on the EPRF by the team. Once stabilised at a local facility, a patient may be transferred to another facility for specialised treatment where this is needed – this transfer is not included in the above measurement.



FY2021 performance

During COVID-19, Level I and II trauma centres were required to divert resources to non-trauma cases, resulting in some Priority 1 patients being transported to Level III trauma centres for stabilisation. Accordingly, our result for transporting Priority 1 patients to the best facilities has dropped compared to FY2020. Given that there are limited accredited facilities is SA, in many areas there is no option but to take patients to closer facilities; therefore, we have decided to review how we measure this aspect of EMS care going forward.

Survival prospects of the most severe Priority 1 trauma patients (Hospital division)

Patients with the most severe physical trauma injuries requiring immediate life-saving care, have better survival prospects when treated in a Trauma Society of South Africa (TSSA) accredited Level I trauma centre. Netcare operates the only three TSSA accredited Level I trauma centres in SA (Netcare Milpark, Netcare Union and Netcare St Anne's hospitals). From 2015 to 2019, Netcare Milpark and Netcare Union hospitals¹ demonstrated a 76% reduction in the mortality of patients with the most severe physical injuries².

Direct transfer of these patients to these facilities has been shown to improve survival, outcomes and cost. Transfer by helicopter emergency medical service (HEMS) is based on best practice evidence³ and strict quantifiable criteria are applied to activate a HEMS transfer (including survivability and the fastest route, impacted by distance, time of the day and weather).

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|---------------|
| <i>A higher score is better</i> | | | |
| NEW Percentage of Priority 1 trauma patients with an ISS >15 transported by HEMS to an accredited Level I trauma centre | 51.3% | 47.6% | Not available |
| NEW Percentage of Priority 1 trauma patients with an ISS >15 or isolated major single system injury treated at accredited Level I trauma centre | 53.2% | 55.3% | 61.1% |

Measurement

Data on the survival of Priority 1 patients is captured in the Medibank data registry, a third-party system. The criteria used to identify the most severe patients are aligned with international standards⁴.

1. St Anne's Hospital was not a TSSA accredited Level I trauma centre in the period 2015 to 2019.

2. An injury severity score (ISS) above 15 or an isolated major single system injury.

3. Godfrey, A., Loyd, J.W. EMS Helicopter Activation. Statpearls, September 2020. Available online: <https://www.ncbi.nlm.nih.gov/books/NBK513336/>.

4. Thompson, L., Hill, M., Lecky, F., Shaw, G. Defining major trauma: a Delphi study. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine volume 29, Article number: 63 (2021).

Narrative overviews continued



FY2021 performance

As a result of COVID-19 lockdown restrictions, the overall call volume for severe trauma reduced during the first half of 2021. Over the past two years, the proportion of the most severe Priority 1 physical trauma patients transported by HEMS has been stable, meaning that there is good balance between survival and the efficient use of resources. The overall proportion of the most severe patients taken to a Level I trauma centre has been stable over the past two years; however, there has been variation across individual hospitals. Netcare Milpark Hospital has seen a reduction in transfers of the most severe Priority 1 patients from 82.6% in FY2019 to an average 60.7% in the subsequent years, attributable to industry and border closures. At Netcare St Anne's Hospital, on the other hand, the most severe cases increased from 31.5% in FY2019 to 49.1% in FY2021, likely due to increased regional referrals and the introduction of a 24-hour HEMS service.

Managing pain pre-hospital

(Netcare 911)

As pain is a common motivator for people requesting an ambulance, we measure how timeously and well Netcare 911 manages this need for the patients they transport.

Indicator

A higher score is better

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

FY2021

FY2020

FY2019

69.2%

64.4%

61.1%

Measurement

The measure compares pain scores initially reported by patients on scene and those reported after receiving treatment. Scores are captured in the EPRF.



FY2021 performance

Education interventions and new medications have positively impacted our pain management score for FY2021. This together with an increased number of ambulances crewed by advanced life support paramedics who are able to administer new analgesic medications, mean that this score is expected to increase in the coming months. The PREM on pain management is 67.7%, which correlates with this PROM.

Improved independence in everyday activities for patients with polytrauma (Hospital division)

Patients with polytrauma often require rehabilitative therapy after discharge from acute care so that they can return to independent functioning. The Netcare Rehabilitation Hospital assists patients to restore these functions and measures the degree of assistance required by these 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. The score is used to measure a patient's weekly progress, determine their potential to gain further independence and customise their rehabilitation programme to achieve this.

Indicator

A higher score is better

| | FY2021 | FY2020 | FY2019 |
|--|--------|--------|--------|
| Average weekly improvement in everyday activities (beta) score | 8.25 | 6.86 | 6.20 |

Measurement

The beta score measures the amount of assistance a patient requires in performing their everyday activities. It is calculated on admission and upon discharge and reported as an average improvement in beta score per week. Data is captured on a clinical data system, ODIE, a third-party software system designed for rehabilitation.



FY2021 performance

Average weekly improvement is influenced by length of stay. The improvement in FY2021 is likely due to a reduction in length of stay by 10 days, thus the beta score improvement occurred over a shorter period of time.



Narrative overviews continued

Caring for people on long-term haemodialysis

When kidneys fail, patients require long-term haemodialysis to filter waste and fluid from their blood. Careful monitoring of blood results is needed to understand the effectiveness of the dialysis and identify early signs of potential complications such as bone and mineral disorders, anaemia and inadequate nutrition.

National Renal Care's PROMs measure the extent to which the health and wellbeing of patients on long-term dialysis impacts their physical and mental activities. Responses are used to establish realistic goals based on what matters most to the patient. PREMs determine how patients are experiencing the care they receive in our dialysis centres. Both the PROM and PREM surveys are conducted twice a year.

Dialysis outcomes (National Renal Care)

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|--------|
| <i>A higher score is better</i> | | | |
| Percentage of patients whose latest calcium results are within the recommended range (detects potential bone and mineral disorder) | 69.1% | 68.5% | 67.6% |
| Percentage of patients whose latest phosphate results are within the recommended range (detects potential bone and mineral disorder) | 47.2% | 48.1% | 47.7% |
| Percentage of patients whose latest haemoglobin results are within the recommended range (detects anaemia) | 56.0% | 53.8% | 52.6% |
| % of patients whose latest albumin results are within the recommended range (detects nutritional insufficiency) | 86.3% | 85.8% | 85.3% |

Measurement

Blood tests are conducted in accordance with the South African Renal Guidelines. The results are reported according to the definitions and methodology published by the Kidney Disease Outcome Quality Initiative and the Dialysis Outcomes and Practice Patterns Study, an international disease registry.



FY2021 performance

Dialysis outcomes have improved in three measures since 2020, reflecting our commitment to continuous quality improvement. Elevated phosphate levels are frequently associated with patients' diets, which National Renal Care is addressing by offering patients virtual telehealth consults to help them manage their diet.

Level of wellbeing for patients on long-term haemodialysis (National Renal Care)

| Indicator | FY2021 | FY2020 | FY2019 |
|---|--------------|--------|--------|
| <i>A higher score is better</i> | | | |
| Percentage of patients who report that their physical wellbeing is within the recommended range | 69.8% | 70.7% | 66.7% |
| Percentage of patients who report that their mental wellbeing is within the recommended range | 90.3% | 89.8% | 87.2% |

Measurement

The health and wellbeing surveys are based on the RAND 36-item Short Form Health Survey and results are compared with the recommended range provided by the Dialysis Outcomes and Practice Patterns Study (the international disease registry).



FY2021 performance

The long-term effects of COVID-19 in dialysis patients are yet to be clearly understood, with some patients recovering completely and others continuing to experience symptoms after their initial recovery. As a result these patients have been advised to follow stricter precautions. Despite these more stringent social distancing protocols, and the impact that this has on physical and psychosocial wellbeing, health and wellbeing scores have not materially changed, with the scores for mental wellness having actually improved over the past six months. This outcome is likely to be partly attributable to the ongoing support, education and guidance provided by National Renal Care.

Patient reported experience of dialysis centre healthcare workers (National Renal Care)

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|---------------|
| <i>A higher score is better</i> | | | |
| Dialysis centre staff always show respect for what you say (% of patients who rated their experience as always over the last three months) | 65.9% | 70.9% | Not available |
| Dialysis centre staff always listen carefully (% of patients who rated their experience as always over the last three months) | 61.7% | 68.9% | Not available |
| Dialysis centre staff always explain in a way you understand (% of patients who rated their experience as always over the last three months) | 60.6% | 65.5% | Not available |

Measurement

We use the Consumer Assessment of Healthcare Providers and Systems (CAHPS) in-centre haemodialysis survey.



FY2021 performance

COVID-19 has resulted in far-reaching disruptions to our care delivery models and measures to prevent COVID-19 transmission in our facilities have impacted patient experience. National Renal Care's scores for all PREM indicators have dropped since FY2020. Data gleaned from patient feedback surveys is used to inform focused improvement initiatives to improve patient experience as we aim to improve every patient interaction to exceed expectations and deliver care with compassion and respect.

Narrative overviews continued

Caring for people with cancer

We use both PROMs and PREMs, structured questionnaires to assist us in providing individualised, person-centred care during a person's cancer journey with us.

The PROMs ask about a patient's level of health, wellbeing and quality of life. The PREMs provide feedback on a patient's perception of the care they receive from our chemotherapy nurses and radiation therapists, with whom they have frequent contact during their treatment phase. These survey results allow us to identify opportunities to adjust a patient's journey for their unique circumstances.

Patient reported outcomes – level of wellbeing, pain and distress (Netcare Cancer Care)

The PROMs used by our nurse navigators ask about the intensity of symptoms commonly encountered by cancer patients. The table below focuses on three questions, wellbeing, their overall physical, mental, emotional, social and spiritual comfort, happiness and health; pain which can be both a sensory and emotional experience for a patient with cancer and is experienced differently by each patient; and distress, an unpleasant physical, mental, emotional, social or spiritual experience affecting the way a person thinks, feels and acts.

In FY2020, we reported the assessment results for all patients in our nurse navigation programme, irrespective of where they were in their cancer journey. For FY2021, we have enhanced our reporting to two specific points in a cancer journey: at the time of diagnosis and at their first assessment during treatment.

| Indicator | FY2021 | FY2020 ¹ | FY2019 |
|--|--------------|---------------------|---------------|
| At diagnosis | | | |
| <i>A higher score is better</i> | | | |
| NEW Percentage of patients reporting the best possible feeling of wellbeing | 35.7% | 42.5% | Not available |
| NEW Percentage of patients reporting no pain | 50.0% | 70.0% | Not available |
| NEW Percentage of patients reporting no distress | 30.6% | 62.5% | Not available |
| At diagnosis | | | |
| <i>A lower score is better</i> | | | |
| NEW Percentage of patients reporting severe discomfort or unhappiness | 3.1% | 7.5% | Not available |
| NEW Percentage of patients reporting severe pain | 6.1% | 0 | Not available |
| NEW Percentage of patients reporting severe distress | 8.2% | 2.5% | Not available |
| At first assessment during treatment | | | |
| <i>A higher score is better</i> | | | |
| NEW Percentage of patients reporting the best possible feeling of wellbeing | 45.4% | 29.7% | Not available |
| NEW Percentage of patients reporting no pain | 54.9% | 77.3% | Not available |
| NEW Percentage of patients reporting no distress | 40.7% | 61.7% | Not available |
| At first assessment during treatment | | | |
| <i>A lower score is better</i> | | | |
| NEW Percentage of patients reporting severe discomfort or unhappiness | 7.2% | 4.7% | Not available |
| NEW Percentage of patients reporting severe pain | 5.0% | 2.0% | Not available |
| NEW Percentage of patients reporting severe distress | 7.2% | 2.0% | Not available |

1. As these are new measures, the FY2020 results are reported for the second half of the year only.

Measurement

The Edmonton Symptom Assessment System is used to rate patients’ levels of wellbeing and pain on a scale of zero to 10. For the best results, the score is zero out of 10, for the severe results the score is from 7 to 10 out of 10. The National Comprehensive Cancer Network Distress Thermometer is used to rate levels of distress also on a scale of zero to 10.



FY2021 performance

At admission, other than the improvement in the worst possible feeling of wellbeing indicator, all scores were negatively impacted between the second half of FY2020 and FY2021. There was also a sharp increase in the percentage of patients reporting severe pain and distress during this time. Given that this dataset is still new, it is difficult to ascertain the reasons for these scores; however, the long-term nature of the pandemic and the associated chronic stress, could be a factor. Similarly, at their first assessment during treatment, patients indicated a reduced feeling of wellbeing, and more patients reported higher levels of severe pain and extreme distress.

Patient reported experience

(Netcare Cancer Care)

Cancer patients are treated primarily through chemotherapy¹ or radiotherapy². In these treatment units we monitor our patients’ experiences to identify where we may improve on the quality of our care and to minimise their anxiety.

Indicator

A higher score is better

| | FY2021 | FY2020 | FY2019 |
|---|--------------|--------|--------|
| Chemotherapy units | | | |
| NEW Chemotherapy nurses treated you with courtesy and respect (% of patients who rated their experience as always) | 92.6% | 94.3% | 97.7% |
| NEW Chemotherapy nurses listen carefully to you (% of patients who rated their experience as always) | 98.6% | 97.3% | 97.4% |
| NEW Chemotherapy nurses explain things in an understandable way (% of patients who rated their experience as always) | 98.6% | 95.0% | 95.7% |
| Radiotherapy units | | | |
| NEW Radiation therapists treated you with courtesy and respect (% of patients who rated their experience as always) | 94.7% | 93.8% | 93.4% |
| NEW Radiation therapists listen carefully to you (% of patients who rated their experience as always) | 96.1% | 96.1% | 97.7% |
| NEW Radiation therapists explain things in an understandable way (% of patients who rated their experience as always) | 95.4% | 95.0% | 96.3% |

Measurement

We monitor patients’ experiences of treatment using the CAHPS cancer care survey, which is completed by patients anonymously. To ensure patient safety and reduce common touch points during COVID-19 waves, the iPads used to collect the satisfaction surveys were withdrawn for April 2020 and again for three months during the second wave (June to August 2021). The responses are delivered directly to a Netcare database and cannot be manipulated once entered.



FY2021 performance

Scores for the majority of the questions remain high and have improved; barring the slight decrease for scores related to chemotherapy nurses treating patients with respect.

1. A systemic anti-cancer treatment that uses medications to destroy cancer cells. It can be administered in a variety of ways but is typically administered by chemotherapy nurses in specialised chemotherapy units. It is prescribed by medical specialists and the type of chemotherapy prescribed is dependent on a patient’s medical history and specific cancer type. Chemotherapy is usually administered in cycles, with each cycle lasting a few months.
 2. Radiation therapy (radiotherapy) uses high energy rays to treat cancer. The rays damage the cancer cells and stop new cancer cells being formed. Radiation therapy is typically administered in small daily doses over a few weeks, by a specialist treatment team that includes a radiation therapist.

Person-centred care

Care that is aligned with a person's unique circumstances, needs and preferences

Perception of care

(Hospital division and Akeso Clinics)

The publicly reported PREMs are based on the Hospital CAHPS survey. We report on how patients experience their interactions with the people directly involved in their care. Reporting at a question level provides transparency on what is being measured.

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|---------------|
| <i>A higher score is better</i> | | | |
| Hospital division | | | |
| Nurses always treat you with courtesy and respect (% of patients who rated their experience as always) | 79.1% | 77.2% | 77.3% |
| Nurses always listen carefully (% of patients who rated their experience as always) | 70.2% | 68.4% | 68.5% |
| Nurses always explain in a way you understand (% of patients who rated their experience as always) | 69.7% | 67.4% | 67.3% |
| Doctors always treat you with courtesy and respect (% of patients who rated their experience as always) | 91.5% | 90.6% | 90.3% |
| Doctors always listen carefully (% of patients who rated their experience as always) | 86.9% | 86.7% | 86.3% |
| Doctors always explain in a way you understand (% of patients who rated their experience as always) | 86.8% | 84.6% | 84.2% |
| Akeso Clinics | | | |
| Nurses always treat you with courtesy and respect (% of patients who rated their experience as always) | 79.9% | 81.1% | 84.4% |
| Nurses always listen carefully (% of patients who rated their experience as always) | 77.5% | 78.8% | 81.5% |
| Nurses always explain in a way you understand (% of patients who rated their experience as always) | 79.2% | 81.0% | 83.5% |
| Doctors always treat you with courtesy and respect (% of patients who rated their experience as always) | 93.8% | 94.2% | 94.3% |
| Doctors always listen carefully (% of patients who rated their experience as always) | 92.8% | 92.7% | 93.2% |
| Doctors always explain in a way you understand (% of patients who rated their experience as always) | 92.1% | 92.1% | 92.6% |
| NEW Therapists always treat you with courtesy and respect (% of patients who rated their experience as always) | 87.6% | 87.3% | Not available |

Measurement

The Hospital division monitors patients' experiences of treatment using the Hospital CAHPS survey (responses are delivered directly to a Netcare database and cannot be manipulated once entered). For Akeso Clinics, a paper version of the hospital CAHPS-aligned survey is used and responses are captured in a secure online portal. The data from each mental health facility is consolidated centrally.



FY2021 performance

In our hospitals, the scores pertaining to our nurses increased, even when compared with pre-pandemic scores. Given the physical barriers to patient interaction, we view this as a testament to the commitment of our nurses to providing the best care, even in these challenging times. The scores for doctors remained stable in FY2021, a positive result given the pressure they have been dealing with as a result of COVID-19. As reported on page 19, we are working on improving how we engage with our doctors and how we can offer them further support in terms of their wellbeing and how they engage with our patients.

At Akeso Clinics, scores for nurses have continued to decrease with the pressures relating to COVID-19 as well as increased activity levels and a higher employee turnover, which placed additional pressure on our teams, more than likely playing a role. Programmes to address burnout are underway. Doctor scores remained high and our therapist scores have been stable over the past two years.

Patient perception of learning new skills (Akeso Clinics)

Therapy programmes are central to Akeso Clinics’ treatment and are provided by social workers, occupational therapists, clinical and counselling psychologists, addiction counsellors and other therapy that involves music, art and exercise. The programmes aim to equip patients with new coping skills that will help them when they are discharged from hospital.

Indicator

A higher score is better

| | FY2021 | FY2020 | FY2019 |
|---|--------------|--------|---------------|
| NEW Percentage of patients who said they strongly agree that they had learnt new skills to help them change the direction of their lives | 81.8% | 81.3% | Not available |

Measurement

A unique question on new skills learnt to help a patient change the direction of their life has been added to the hospital CAHPS-aligned survey for Akeso Clinics. The responses are captured in a secure online portal. The data from each mental health facility is consolidated centrally.



FY2021 performance

Scores have been consistent over the past two years.



Best practice

Care that has been proven to work and is recognised as appropriate and effective

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.

Best outcomes

Improved independence for patients requiring physical rehabilitation

(Hospital division)

Physical rehabilitation is for persons who, following an injury or illness, have lost abilities that they need for the activities of everyday life. It usually involves relearning old skills and learning some new ones. A patient's successful return to their home after rehabilitation is an internationally recognised measure of the success of a physical rehabilitation programme². Focused rehabilitation goals and targeted interventions are used to prepare patients for their return home. Patients who cannot be discharged home are usually transferred to a care facility. We measure the weekly progress of these patients to understand their potential recovery and customise rehabilitation programmes to support this.

Indicator

A higher score is better

| | FY2021 | FY2020 | FY2019 |
|---|---------------|--------|--------|
| Patients discharged home | | | |
| Strokes: percentage of patients discharged to their home environment | 94.9% | 88.6% | 89.3% |
| Acquired brain injury: percentage of patients discharged to their home environment | 91.8% | 91.1% | 84.0% |
| Spinal cord injury: percentage of patients discharged to their home environment | 97.7% | 98.8% | 92.4% |
| Amputees: percentage of patients discharged to their home environment | 100.0% | 97.0% | 92.8% |
| Improved functional independence | | | |
| Stroke: average weekly improvement in beta score | 6.67 | 5.90 | 3.98 |
| Acquired brain injury: average weekly improvement in beta score | 6.53 | 5.44 | 5.00 |
| Spinal cord injury: average weekly improvement in beta score | 4.27 | 5.17 | 4.40 |
| Amputees: average weekly improvement in beta score | 3.34 | 3.40 | 2.30 |

Measurement

Data on the patient's destination on discharge and beta score are captured on a clinical data system, ODIE, a third-party software system designed for rehabilitation. The beta score is used to measure the amount of assistance a patient needs to carry out their everyday activities³. It is calculated on admission and upon discharge and reported as an average improvement in beta score per week.



FY2021 performance

Patients continue to be successfully discharged to their home environment. The 3% increase seen in amputee discharges is likely due to the higher functional independence of this amputee group on admission to our rehabilitation facility. The increase in discharges for stroke patients may be due to COVID-19, with families viewing frail care facilities as potentially dangerous and having more time to care for their elderly relatives while working from home.

Beta scores for people with acquired brain injuries have improved this year, likely due to cases being more severe on admission (eight points lower than in FY2020); this allows for greater scope in improvement. Stroke patient outcomes have shown steady improvement over the past two years, in line with our enhanced therapeutic programme. This therapeutic programme for stroke patients will be expanded to other patients requiring rehabilitation. During the year, there was a 5% increase in quadriplegic patients admitted, which may have impacted our score for spinal cord patients as these patients have less scope for beta score improvement.

1. Adapted from Agency for Healthcare Research and Quality (AHRQ).

2. Reference: 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.

3. We use the beta score to measure the assistance a person needs to carry out their everyday activities in six areas: self-care, continence, mobility, transfers (e.g. from a wheelchair to a bed), communication and cognitive function.

Best time

Transporting patients to the best place (Netcare 911)

We closely monitor the transport of patients with cardiac chest pain or symptoms of a stroke to a hospital with the specialised services (specialists and technologically advanced equipment) needed to rapidly diagnose and treat their condition. Patients' medical scheme networks and the availability of specialised hospitals in an area impact this measure. The transfer of a patient to a specialised facility after stabilisation at a closer facility is not included in these results.

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|---------------|
| <i>A higher score is better</i> | | | |
| Percentage of patients with cardiac chest pain transported to hospitals with a cardiac catheterisation laboratory | 85.0% | 81.3% | Not available |
| Percentage of patients with signs and symptoms of a stroke transported to hospitals with specialised stroke services | 63.6% | 60.6% | Not available |

Measurement

A patient's condition and destination are captured by the EMS team on the EPRF and their destination is captured by the EOC when the patient arrives at a hospital.



FY2021 performance

Following employee awareness retraining, we have improved compliance with both cardiac and stroke patient transportation to the appropriate facilities.

Administering antibiotics for severe infections (Hospital division)

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 results¹.

| Indicator | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|--------|
| <i>A higher score is better</i> | | | |
| Percentage of patients who receive their first dose of antibiotics within one hour of prescription | 82.6% | 88.0% | 86.0% |

Measurement

Pharmacists review a sample of patient charts to determine the time taken for the patient to receive their first dose of their first antibiotic and capture their findings on Bluebird®, a third-party antimicrobial surveillance system.



FY2021 performance

Compliance has decreased slightly, likely due to the impact of COVID-19 waves on hospital resources. Pharmacists continue to monitor compliance weekly and work collaboratively with nursing teams to ensure optimal compliance. Teams also conduct a review of ward stock levels for appropriate antibiotic agents.

1. Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Crit Care Med. 2006;34:1589-96. Kumar A, Roberts D, Wood KE, et al.

Safest care

Care that protects patients from error and harm

We have adopted local and international standards in measuring the safety of our care and encourage our employees to report all safety-related incidents. A non-punitive approach is adopted to promote reporting on safety incidents to enable analysis and develop preventive measures.

Infection prevention

Infections related to care (Hospital division)

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, including observing compliance to hand hygiene protocols, proactive monitoring of infections and pathology test results, and the use of ultraviolet robots to clean and disinfect rooms. COVID-19 has heightened the importance of these programmes.

| Indicator <i>A lower score is better</i> | FY2021 | FY2020 | FY2019 |
|---|-------------|--------|---------------|
| Infected operation wounds (SSI): surgical site infections per 100 major surgeries (including caesarean sections) | 0.04 | 0.09* | 0.19* |
| Urinary tract infections (CAUTI): catheter associated urinary tract infections per 100 catheters inserted | 0.19 | 0.36* | 0.61* |
| Bloodstream tract infections (CLABSI): Bloodstream infections per 100 central lines inserted | 0.56 | 0.78* | Not available |

* Restated following a review of data and methodology.

Measurement

Specialist infection prevention and control nurses investigate possible infections based on pathology results reported in Bluebird®. The Netcare billing system is used to calculate the number of major surgeries and devices inserted. The measures are based on the definitions published by the Centers for Disease Control and Prevention's National Healthcare Safety Network.



FY2021 performance

Decreases in infections are largely attributable to COVID-19 and the associated reduction in surgeries resulting in less pressure on theatres, increased use of PPE and more stringent environmental cleaning protocols. The decrease in CLABSI rate is pleasing given that COVID-19 patients are frequently immunocompromised and fragile.

Antibiotic stewardship (Hospital division)

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 as a result of ineffective antibiotics. We have a well-established antibiotic stewardship programme to promote the responsible use of antibiotics.

Using infection markers and clinical responses to treatment, our pharmacists regularly review an 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.

| Indicator <i>A higher score is better</i> | FY2021 | FY2020 | FY2019 |
|--|--------------|--------|--------|
| Use of antibiotics Use of antibiotics in hospitals – defined daily dose per 100 bed days | 98.7 | 90.6* | 80.1* |
| Antibiotic prescription review Percentage of patients receiving the right antibiotic for their infection | 99.5% | 99.1% | 98.0% |
| Percentage of patients receiving the right antibiotic dose for their infection | 99.2% | 99.1% | 99.3% |
| Percentage of patients receiving the right antibiotic duration for their infection | 98.8% | 98.1% | 97.8% |

* Restated following a review of data and methodology.

Measurement

Antibiotic use is measured using billing data and is based on the WHO’s methodology, the defined daily dose (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 antifungals. The results of the antibiotic prescription reviews are captured on Bluebird®. Prescriptions are evaluated in accordance with WHO principles and the NDoH’s strategic framework on antimicrobial resistance in SA.



FY2021 performance

There is a direct correlation between the increase in antibiotic use across the Hospital division and COVID-19 surge periods, which has impacted this measure for FY2021. Global literature highlights the inappropriate use of broad spectrum antibiotics for the prevention of non-confirmed secondary bacterial infections in patients with COVID-19, a phenomena that we have also observed. To mitigate this risk in future surges, we have drafted and circulated a guideline to pharmacy teams on the appropriate use of antibiotics in COVID-19 cases.

Our antibiotic prescription reviews indicate that antibiotics use remains stable. Vigilance and continual improvement will remain key focus areas.

Safest care continued

Medicine safety

(Hospital division, Akeso Clinics and Medicross)

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

Indicator

A lower score is better

| | FY2021 | FY2020 | FY2019 |
|---|-------------|--------|--------|
| Hospitals: medicine-related events that result in any harm to a patient per 100 admissions | 0.01 | 0.02* | 0.02* |
| Akeso Clinics: medicine-related events that result in any harm to a patient per 100 admissions | 0.03 | 0.07 | 0.27 |
| Medicross: medicine-related events that result in any harm to a patient per 10 000 visits to a doctor or dentist | 0.01 | 0.04 | 0.04 |

* Restated following a review of data and methodology.

Measurement

Details of incidents are reported on the Netcare incident management system for the Hospital division and Medicross, and in an incident register on a secure electronic portal for Akeso Clinics. Measurements for hospitals and Akeso Clinics are based on the definitions and methodology of the Institute for Healthcare Improvement measure. Medicross measurement is aligned to the WHO Technical Series on Safer Primary Care: Medication Errors.



FY2021 performance

In FY2021, we recorded reductions in the number of medicine-related incidents across all three service platforms. Some of the improvement in the Hospital division can be attributed to improved analysis by pharmacy teams on the severity of incidents. However, it should be noted that with the focus on COVID-19, the tracking and monitoring of medication-related incidents was not maintained at the same levels as prior years. This is being addressed through team engagements to encourage better reporting and ensure a common understanding of the various effects of medicine errors. In Medicross, the decline in number of events is probably due to reduced activity. For FY2021, Medicross reported one medication error (an administration error which did not cause harm to the patient). The root cause has been identified and corrected.

Fall prevention

A patient’s illness and condition, medication side effects and unfamiliarity with a hospital environment can make them vulnerable to falling. Patients are reviewed for the possibility of falling using the Morse fall scale, an international standard. Nurses use the scale to review patients on admission, daily thereafter, and when a patient’s condition changes. Special precautions are taken if a patient is at risk, including working with the patient and their family. For Akeso Clinics, patients are highly mobile, often moving from one area to another during the day. Slips and falls in these facilities are generally minor.

Falls that result in injury (Hospital division and Akeso Clinics)

| Indicator | FY2021 | FY2020 | FY2019 |
|---|-------------|--------|--------|
| <i>A lower score is better</i> | | | |
| Hospitals: falls that result in any injury per 100 admissions (age >=18 years) | 0.13 | 0.11* | 0.11* |
| Akeso Clinics: falls that result in any injury per 100 admissions | 0.42 | 0.57** | 0.70** |

* Restated following a review of data and methodology.
 ** Restated as the age limit of >=18 years has been removed.

Measurement

For the Hospital division, the details of incidents are reported in the Netcare incident management system. The billing system is used for admission data. The measure is based on the definitions and methodology published by the National Quality Forum and the Agency for Healthcare Research and Quality. For Akeso Clinics, incident details are captured in an incident register on a secure electronic portal. The measure is based on the description provided by the WHO.

FY2021 performance

Falls in our hospitals increased in FY2021. Reasons for this include:

- The need for nurses to don PPE before attending to patient calls, resulting in longer response times and patients getting out of bed before nurses arrive to assist.
- Patients waiting for COVID-19 results are cared for in a single room with the door closed to prevent the spread of the virus and impeding nurses’ ability to see when a patient is trying to get out of bed on their own.

Hospitals are conducting root cause analyses to understand how we can improve this measure.

Safest care continued

Pressure lesion prevention

Developing a severe pressure lesion

(Hospital division)

Netcare patients are regularly reviewed for the possibility of developing hospital acquired pressure lesions¹ (HAPLs) using international standards; the adapted Norton scale in wards and the Cubin Jackson scoring scale in critical care units.

Indicator

A lower score is better

Stage III and IV hospital acquired pressure lesions (reaching muscle and bone) per 100 admissions of three days or longer (includes patients 18 years and older and excludes burns $\geq 20\%$ of body surface)

FY2021

FY2020

FY2019

0.03

0.02*

0.02*

* Restated following a review of data and methodology.

Measurement

Details of these incidents are reported on the Netcare incident management system. The billing system is used to provide any additional data required. The measure is based on the definitions and methodology published by the Agency for Healthcare Research and Quality.



FY2021 performance

While the increase in HAPLs is of concern, it is also understandable as treating COVID-19 often requires continuous positive airway pressure treatment using tight fitting masks that can cause pressure lesions on the face. In addition, some patients could not quickly be transferred to pressure relieving mattresses as either their deterioration was rapid and required quick transfer to higher care wards without preparation or their condition was not stable enough to transfer them onto the mattresses. To address this, COVID-19 patients are now assigned pressure relieving mattresses on admission whenever possible. During surges, this was made worse as some patients were having to wait more than 24 hours in Emergency departments before they could get a bed due the demand on capacity and occupancy of facilities.

1. Localised damage to the skin and/or underlying soft tissue that can develop in patients who are at risk, usually over a bony prominence or related to the use of a medical or other device.

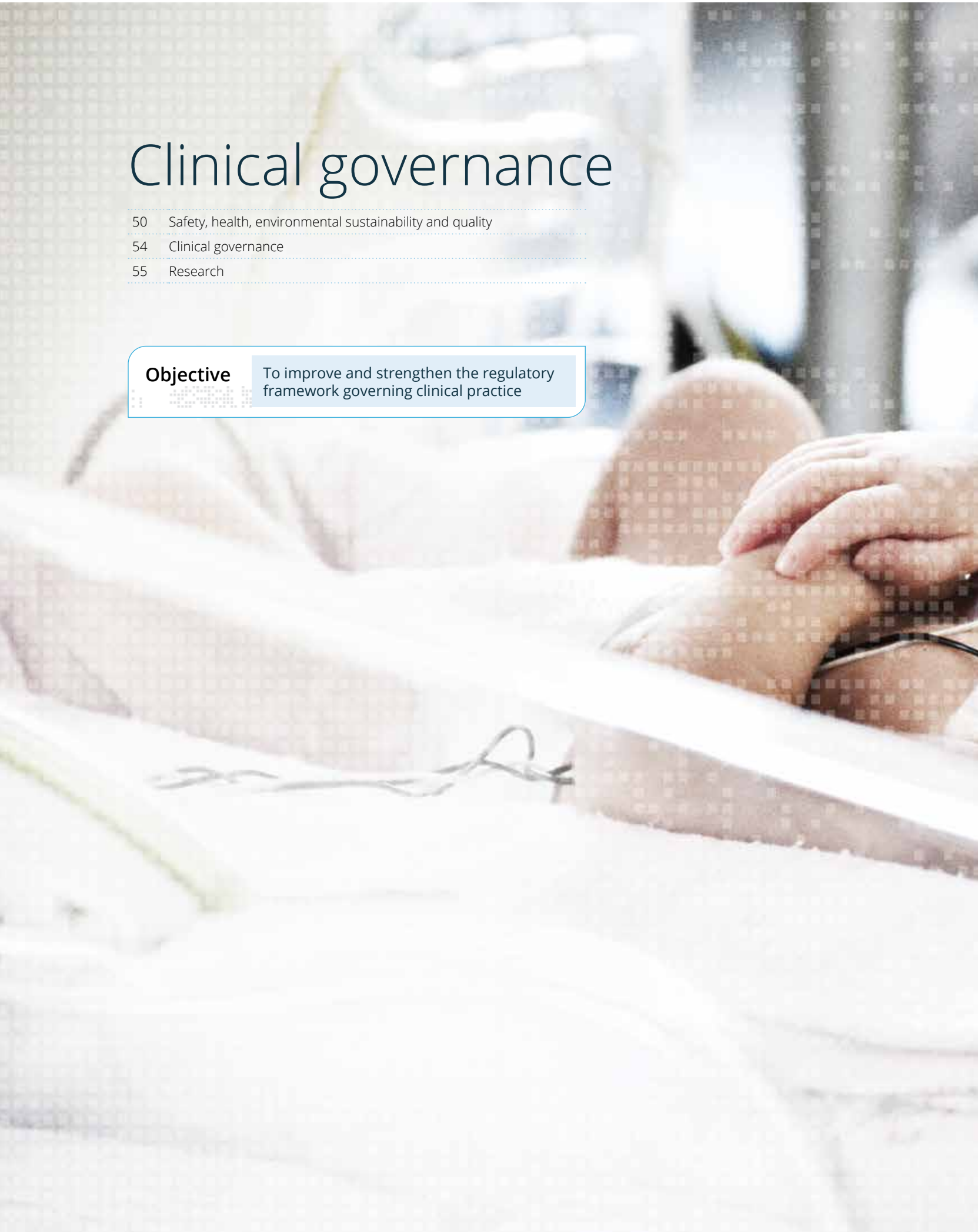


Clinical governance

- 50 Safety, health, environmental sustainability and quality
- 54 Clinical governance
- 55 Research

Objective

To improve and strengthen the regulatory framework governing clinical practice





OUR BUSINESS

PERCEPTION OF CARE

QUALITY OF CARE

CLINICAL GOVERNANCE

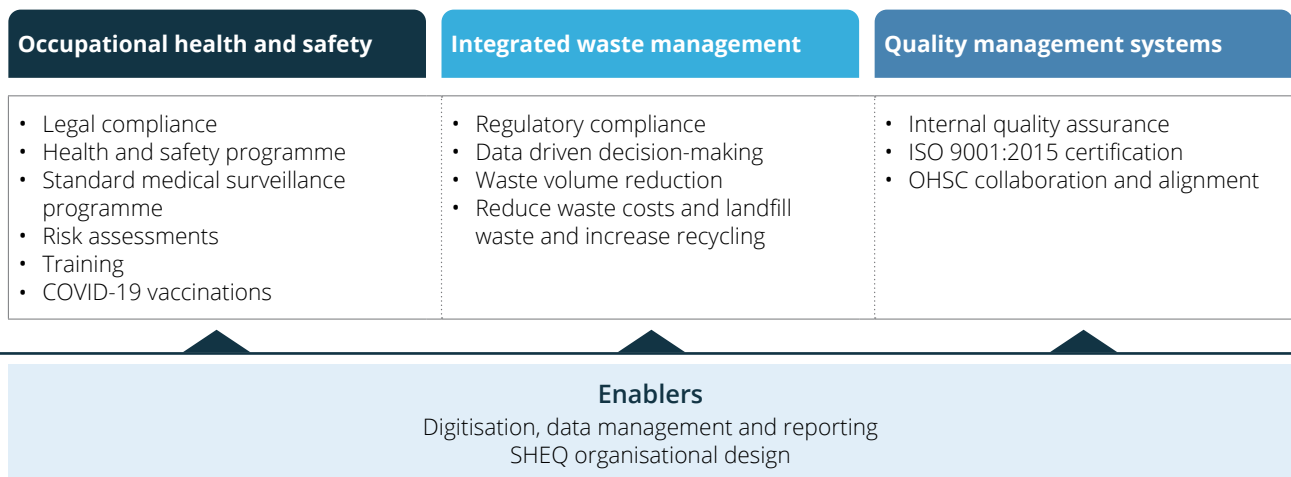
#WECARE

Safety, health, environmental sustainability and quality management

During the year, we continued the Group-wide project to standardise and digitise SHEQ practices across all our service platforms to strengthen legal and operational compliance. We focused on three key areas, namely OHS, integrated waste management and quality management systems. The SHEQ function is now well established and our focus is to embed the more efficient operational approaches that SafeCyte (our SHEQ information management system) supports.

SafeCyte provides information at a facility level and assists with simplifying legal compliance processes, particularly for the Department of Labour and Employment who require evidence of compliance during their OHS site inspections. The system tracks incidents of non-conformance, only closing them when remediation has occurred. All OHS activities have been digitised (risk assessments, legal appointments, the functioning of our Health and Safety Committees and incident reporting) with electronic OHS records replacing paper-based records. The integrated waste management processes have also been digitised as well as waste plans for the Hospital division.

Our quality assurance is twofold: using both internal self-assessments and external assurance. The internal reviews are an integral part of our quality assurance process. The reviews score our documentation, processes and outcomes against set standards, and identify areas needing focused improvement. Internal assurance is undertaken by a trained team of independent subject matter experts. In FY2020, internal self-assessments were put on hold due to COVID-19. BSI and the NDoH's Office of Health Standard Compliance serve as external assurers.





FY2021 performance

Occupational health and safety

| | |
|--|---|
| Around 85% of our employees have been vaccinated (vaccination is voluntary) | Provided hospital treatment or suitable quarantine accommodation for employees at our expense |
| Recorded 1 118 679 hours of absenteeism (FY2020: 1 155 570 hours) | 4 726 workers compensation claims have been submitted to the Compensation for Occupational Injuries and Diseases Fund since the start of the pandemic, with 4 269 claims being from the Hospital division. |

- Reviewed the organisational structure to ensure the efficient and adequate resourcing of the SHEQ function. Four regional SHEQ managers have been appointed to assist with SHEQ strategy implementation and additional occupational health nurse practitioners are being appointed to execute the medical surveillance programme across all service platforms.
- Provided mandatory OHS training to 1 351 employees between May 2021 and October 2021. A 99% pass rate was achieved. This excludes informal health and safety training provided online or by external service providers (around 200 employees trained). We also provided vaccination education and information to our employees and hosted pop-up vaccination sites at our facilities for ease of access for our staff and associated healthcare practitioners.
- Compliance to the Group's standardised agenda and standard operating procedures for OHS Committees was 84% overall, covering the Hospital division, Medicross and National Renal Care. Improvement plans are in place to reach our target of 90% compliance. OHS Committee performance assessments will be extended to Netcare 911 and Akeso Clinics in FY2022.
- Enhanced our employee incident and management reporting. This will help to identify incident trends and inform targeted improvement initiatives.
- Implemented a SHEQ risk assessment methodology supported by training. Assessments were conducted at facility level. Compliance to the prescribed risk assessment methodology and implementation of controls was measured with the Hospital division, Medicross and National Renal Care. Targeted improvement plans are being implemented.
- We are developing a comprehensive occupational health plan for the Group, which will include a customised medical surveillance programme for each service platform based on workplace exposure risk. Programmes have already been developed for the Hospital division, Cancer Care and National Renal Care. The medical surveillance plan will be rolled out over three years, starting with high-risk clinical staff during the first year.
- 19% of employees who were assessed in our COVID-19 surveillance programme (baseline medicals), were deemed to be vulnerable and at higher risk for developing complications if they contract COVID-19. These employees have been accommodated appropriately.
- Implemented digital tuberculosis screening and surveillance using SafeCyte, removing the manual screening of paper-based questionnaires to identify employees at risk.
- Netcare 911 appointed a full-time coach for our drivers to conduct driving assessments and improve driver skill and awareness. The Accident Review Committee assesses all company motor vehicle accidents to inform improvement and identify common root causes. Netcare 911 achieved a record low accident cost in FY2021.
- Provided transport and overnight accommodation for our employees in KwaZulu-Natal impacted by the July 2021 riots, and supplied staple foods for the families of those employees who were unable to source their own. Also at this time, nursing managers and unit managers were used in clinical areas to care for patients as well as employees sent from Gauteng to KwaZulu-Natal.

Safety, health, environmental sustainability and quality management continued




FY2021 performance continued

| Employee incidents | Occupational disease (COVID-19) | Injuries on duty | Sharps and splash incidents |
|---------------------|---------------------------------|------------------|-----------------------------|
| Hospital division | 2 861 | 588 | 123 |
| Akeso Clinics | 75 | 10 | 0 |
| Medicross | 83 | 23 | 7 |
| National Renal Care | 328 | 2 | 5 |
| Total | 3 347 | 623 | 135 |

Reported for period October 2020 to September 2021. Netcare 911 in being onboarded to SafeCyte's employee incident reporting functionality.

Integrated waste management

- HCRW volumes increased significantly in FY2021 as a result of COVID-19, with associated cost increases. For the same reason, recycling volumes dropped to prevent the risk of cross contamination. Addressing this will be a key focus for FY2022. A waste volume and cost dashboard has been developed to direct waste management improvement (reduce cost and increase recycling) while maintaining fastidious regulatory compliance. It will be used by Waste Officers at our facilities.
- Since 2018, the My Walk Made with Soul project has diverted over 49 000 kilograms of our high-quality PVC waste (including drip bags and oxygen masks and tubing) from incineration or being sent to landfill to make 63 586 pairs of school shoes for underprivileged children (over 31 500 pairs of shoes donated to date). The solution supports education, job creation, enterprise development and environmental improvement.
- Building on the success of the My Walk Made with Soul project, an initiative was started in November 2021 to collect and recycle empty vials and ampules from Netcare sites and the conversion of HCRW to a standard where the end product may be reused safely. The treated HCRW is being palletised into a brick-like product, which is sterile and poses no risks for human handling or the environment.

 **Environmental sustainability:** PG 168 of the integrated report.
ESG report.

Quality management systems

Internal quality assurance

- Digitised the internal quality review (self-assessment) tools.
- Conducted internal quality reviews for the Hospital division, Medicross and National Renal Care. The Hospital division achieved an 89% compliance rate (49 facilities), Medicross at 90% compliance (40 facilities) and National Renal Care at 96% (102 facilities). The digitised internal quality review functionality will be rolled out to Akeso Clinics and Netcare 911 in FY2022. Peer reviews between our facilities (which provide more valuable insight) will be reinstated in FY2022, although this will depend on future COVID-19 surges.
- Standardised the processes and policies of a quality management system for Akeso Clinics. The auditing process to establish a baseline from which to develop improvement plans is underway.
- We are developing a plan to ensure that each new site acquired for Netcare Occupational Health is assessed against ISO 9001 so that intervention plans can be developed to achieve compliance across all sites in FY2022. Compliance with ISO 45001 is planned for FY2023.

External quality assurance

- The BSI audits currently underway will provide us with ISO certification for a further three years to 2025 with interim annual surveillance audits to ensure compliance.
- In February 2021, the OHSC submitted draft copies of the private hospital inspection tools to the Hospital Association of South Africa (HASA) for comment. The OHSC will use these tools in its inspections of our facilities against the NDoH's Core Standards. OHSC will provide independent training to each hospital group in SA following which a pilot test of the tools will take place. Inspections are expected to start in the first half of 2022 and we are ensuring the readiness of our facilities.



Accreditation

Group-wide

- **British Standards Institution:** currently reauditing our ISO 9001:2015 certification (see page 52).
- **Netcare Education (registered with the Department of Higher Education):** programmes are accredited by the Council on Higher Education*, and Netcare Education holds full programme and institutional accreditation by the South African Nursing Council (SANC)*.

Hospital division

- **29 Netcare Emergency departments (Level I = 3, Level II = 5, Level III = 21):** accredited by the Trauma Society of South Africa*. The remaining Emergency departments will be accredited in 2021 (delayed due to COVID-19). During 2020, Netcare Pholoso Hospital achieved Level II trauma accreditation.
- **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's breast MRI and mammography services:** accredited by the American College of Radiology in 2017 and 2019 respectively.
- **Netcare Pretoria East Hospital's haematology centre:** re-accredited in January 2019 by the Joint Accreditation Committee for haematopoietic stem cell transplant.

Level I trauma centres

Netcare Milpark

Netcare Union

Netcare St Anne's

Level II trauma centres

Netcare Unitas

Netcare Sunninghill

Netcare Garden City

Netcare St Augustine's

Netcare uMhlanga

Netcare Pholoso

Netcare Cancer Care

- **Four Netcare managed chemotherapy units:** re-accredited by the South African Oncology Consortium*.
- **Netcare Medical Physics Centre of Excellence:** holds ISO/IEC 17020:2012 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

- **13 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.

* South African accreditations.

Clinical governance

To promote good clinical governance, we have implemented a robust credentialing process¹ for all our independent contracted healthcare practitioners. This ensures that only persons who are qualified and registered to practice are providing clinical services to patients at Netcare. It holds our healthcare practitioners accountable to the highest professional, ethical and legal standards. In addition to safeguarding patient safety, this process mitigates against the risk of medico legal suits and reputational harm.

The Clinical Practice Committee is responsible for promoting good clinical governance, and deals primarily with matters relating to the conduct, credentialing and impairment of healthcare practitioners.



FY2021 performance

Clinical governance framework

- Continued to standardise our clinical governance framework and clinical contractual agreements across our service platforms to support the more effective management of the credentialing process. New and current healthcare practitioners will be required to sign the revised agreements. An annual review will be undertaken to ensure that all healthcare practitioners continue to comply with our requirements and submit their documentation that requires annual renewal. Non-compliance will be managed by the Clinical Practice Committee. The credentialing process started in October 2021, and once the review of all agreements has been completed, a project will be launched to digitise the agreements.
- Established an independent panel of experts in various fields of clinical medicine (representative across university affiliations and demographics) to provide clinical practice advisory services to the Clinical Practice Committee. The panel will also conduct peer reviews and make recommendations regarding evidence-based clinical guidelines, policies and protocols.
- Implemented new terms of references for our PABs to standardise the manner in which they function. The PABs provide operational and clinical guidance to hospital management and doctors, and contribute to clinical governance decision-making at hospital level.
- Akeso Clinics is developing a clinical governance framework for psychiatrists and allied professionals at all its clinics. This will be supported by their Clinical Practice Forum.
- We are developing a centralised clinical governance system for Netcare Occupational Health. Audits have already been undertaken to identify opportunities to strengthen management and leadership at site level.

Data management and governance

- Appointed data owners and data stewards responsible for ensuring data quality in their respective lines of business. This includes defining data standards and driving the change needed to implement these standards at the point where data is created.
- Recruited skilled resources across various data disciplines (data governance, data engineering and data science and analytics) to support solutions development.
- In FY2022, we will continue improving data quality and advancing our data platform to ultimately become the single source of data for all analytics.

1. Our relationships with healthcare practitioners are governed by multiple contractual agreements. Credentialing covers Health Professionals Council of South Africa (HPCSA) registrations, admitting and practising privileges, terms and conditions of clinical practice and indemnity insurance.

Research

Our newly established multi-disciplinary Clinical Research Collaborative is tasked with developing datasets that can be used to analyse and interpret data. The collaborative works closely with the Clinical Data Council.

A study has been undertaken to understand the severity of illness and mortality of admitted patients in the second COVID-19 surge compared to the first (published in May 2021 on MedRxiv). The study considered the demographic and clinical characteristics, and the outcomes of patients admitted during these waves at a Netcare hospital in the Eastern Cape. The study showed that:

| | | | | |
|---|---|---|---|---|
| Significantly less patients were admitted to ICU and/or were mechanically ventilated in the second wave | The total length of hospital stay was the same in both the first and second waves | Overall mortality was not significantly higher during the second wave; however, the ICU mortality was | Those that died in the second wave were older | The Beta variant was slightly more severe than the original variant |
|---|---|---|---|---|

The study is being updated to include patients from the third wave. The research provides valuable insight to doctors and healthcare workers on their performance in treating COVID-19 patients.

We have collaborated with the National Institute for Communicable Diseases to assess the impact of COVID-19 on healthcare utilisation. The results show that the nationwide lockdown in March 2020 led to marked declines in total patient volumes and encounters for communicable diseases, injuries, chronic diseases, and acute illnesses. Non-respiratory hospitalisations, even for acute illnesses such as heart attacks and strokes remained considerably low. Emergency departments exhibited similar trends; however, GP visits, particularly for chronic illnesses and HIV/Aids were less impacted. The study has been submitted for publication to the Lancet Public Health Journal.

Other highlights for FY2021

| | | |
|---|--|---|
| Netcare 911 established a working group to support research in the pre-hospital environment, with one publication already achieved. | The Primary Care division conducted two research investigations; one related to diabetes care and the other an analysis of dental and medical earnings published by the Council for Medical Schemes, which will inform future business planning. | National Renal Care presented its COVID-19 experience at the Baxter Virtual Africa Symposium and provided a display of posters at the Institute for Healthcare Improvement: Africa Forum. |
|---|--|---|



#Wecare





OUR BUSINESS

PERCEPTION OF CARE

QUALITY OF CARE

GOVERNANCE

#WECARE

#WeCare

Engaging with our employees, and acknowledging their extraordinary efforts, has been critical over the past two years.

Over and above our employee wellbeing programme delivered through Independent Counselling and Advisory Services (ICAS), a special psychosocial support initiative was introduced in our hospitals in FY2021 to provide frontline workers with a comprehensive care programme and to serve as a mechanism to retain staff during these challenging times. In addition, a new working model was introduced to provide temporary assistance to our frontline teams, in areas experiencing high patient volumes of very ill patients. This included extra personnel (clinical associates, emergency medical services staff and care workers) as well as the recruitment of students and volunteers in both clinical and non-clinical disciplines. Recruits were also used to facilitate the Family Connect Line. All recruits worked under guidance and supervision.



CARE4YOU

CARE4YOU uses positive psychology to drive behaviours of compassion, kindness and empathy as a way of living and working at Netcare. The programme is designed to recognise individual and team performance, and enable all employees (clinical and non-clinical staff) to experience both the giving and receiving of compassion.

By September 2021, CARE4YOU has been implemented at nine hospitals with 395 managers and compassion ambassadors trained to spearhead the programme. 2 121 employees have been enrolled on the blended programme, which includes theoretical content and experiential workshops. CARE4YOU training will also be provided to non-permanent staff, including security, cleaning, catering and agency nursing personnel. A second module of CARE4YOU will be developed to build resilience and deliver exercises to develop mindful compassion in the workplace. Our goal is to use this platform to create a culture of continuous learning and development in compassion.

The feedback from employees indicates that the programme is valuable, healing, motivating and empowering. The impact of this initiative will be measured by the scores received from our patient feedback surveys.

We intend to roll out the CARE4YOU programme and associated compassionomics workshops across all Netcare hospitals in FY2022 and continue to reinforce the CARE4YOU message at sites where the programme is already in place.

Our paramedics have not escaped the levels of mental strain brought about by COVID-19. Netcare 911 launched an enhanced mental wellness programme in partnership with Akeso Clinics, which includes group therapy sessions. Netcare Cancer Care has also launched a wellness programme to equip staff with the skills to manage distress and relationships, promote self-care and practice mindfulness. All nurse navigators are required to attend sessions with Akeso Clinics counsellors once a month.

Medicross has introduced listening forums for employees to collectively reflect on the hardships endured during the COVID-19 surge periods. The forums provide a supportive environment where employees can express their thoughts, feelings and concerns. The sessions are used to gauge the overall morale in our medical and dental centres and to discuss worrying issues. Leaders also use the platform to explain why certain policy decisions have been made.

National Renal Care provides its employees with a peer support programme to encourage coping through shared experience. It also hosts virtual feedback sessions to give employees based in the regions the opportunity to share how they are feeling, to address any pressing needs and to inform staff of important news and updates, as well as regional quality leadership forums focusing on wellbeing, building resilience and leadership during COVID-19.



www.netcare.co.za

Investor relations: ir@netcare.co.za