2023

Netcare Limited
Quality Report

for the year ended 30 September 2023

Providing **YOU** with the best and safest care.

NETCARE

Contents

Our reporting suite

Integrated report

Primary report to stakeholders available in print and online

Provides material information on the Group's strategy to create a sustainable competitive advantage and deliberate social, economic and environmental value; in particular how Netcare creates and preserves enterprise value and mitigates its erosion over time, in relation to the six capitals. The integrated report contextualises and connects material information and data that is 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 <IR> Framework (January 2021).
- King Report on Corporate Governance for South Africa (2016)™ (King IV)[1].

Strategic pillars covered:

Supplementary reports

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

Shareholder report

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

Reporting framework applied:
- King IV.

Strategic pillars covered:

### 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, investors, analysts, regulators and broader society.
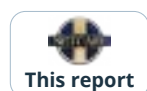
Reporting frameworks applied:
- King IV.
- Global Reporting Initiative (GRI) Standards (core option).
- Task Force on Climate-related Financial Disclosures (TCFD).

Strategic pillars covered:
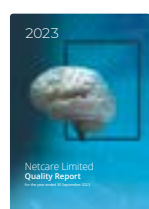
Quality report

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.

This report

Strategic pillars covered:

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.

Strategic pillars covered:

Additional information

- GRI content index.
- TCFD content index.
- Notice of AGM and proxy form.

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**.

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

Group medical director's review

We place people at the heart of our consistency of care strategy. For our patients, this means making every effort to provide a positive experience when receiving care at our facilities. In accordance with the *Quadruple Aim* philosophy, we also strive to provide the best and safest person centred care, requiring us to consistently deliver excellent clinical outcomes.

Dr Anchen Laubscher

Our consistency of care strategy

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

1	2	3	4	5
Perception of care PG 6	**Quality of care** PG 16	**Clinical commercial** PG 38	**Governance** PG 42	**#WeCare** PG 48
Improve our patient satisfaction and perception of care delivered.	Demonstrate our ability to provide accurate and meaningful quality of care measures and results, and to use them to inform focused improvement initiatives.	To manage the cost of delivering care and to commercialise clinical quality.	To improve and strengthen the regulatory framework governance clinical practice.	To look after the health and wellness of our people, in accordance with the Quadruple Aim.

How our patients perceive the care they receive from Netcare nurses and doctors is a key determinant of their experience. Our new patient feedback survey has continued to provide valuable insight into those factors that have the greatest impact on patient experience, enabling us to be responsive in addressing areas of suboptimal performance, while also identifying and learning from facilities that are performing well.

Over the course of this year, we continued to invest in compassion training to empower our employees with the tools they need to not only be compassionate towards patients, but also towards themselves and their colleagues. Based on learnings from Stanford University's Applied Compassion Training programme, the success of this initiative is evidenced by the improvement in our nurse compassion score despite operational challenges in the second quarter of the year. Survey results for patients' perception of care by doctors have also remained consistently high.

As pivotal partners in delivering best and safest care, our doctors play an outsized role in attracting patients to Netcare facilities. A key measure of doctors' satisfaction with Netcare is whether they would recommend our facilities to their colleagues as a workplace of choice, and we are pleased to report that we improved against this measure during the year.

Measuring and monitoring our clinical performance shows us where we are succeeding, and where we need to improve. During the year, the scope of work that falls under the quality pillar of our consistency of care strategy expanded substantially. A significant number of new measures were added to our Quality of Care Index to meet internal reporting and funder obligations and, pleasingly, the index was verified by Internal Audit, demonstrating the integrity of our data processes.

Our public reporting (both in this report and on our quality of care website) demonstrates our deep commitment to transparency and accountability to our patients and other stakeholders on the quality of care they can expect to receive. For FY 2023, we have increased the number of measures reported in our quality report from 81 to 83. We have also developed additional clinical frameworks that incorporate clinical and efficiency data models for conditions or procedures representative of the services Netcare provides. We believe that our clinical modelling work will be of value to various stakeholders, particularly our patients and medical funders.

Ensuring the safest care requires that we continuously identify and mitigate operational and clinical risks to patient safety. This year, we extended our clinical governance framework beyond

the Hospital Division to Netcare Akeso, Netcare Medicross, Netcare Cancer Care and National Renal Care. Additionally, we rolled out our digital credentialling process to these divisions, with Netcare 911 to be added in FY 2024. Credentialling ensures that all healthcare practitioners working in our facilities are suitably qualified and registered with the relevant regulatory bodies.

Internal and independent assurance processes, overseen by our Safety, Health, Environment and Quality (SHEQ) function, provides verification that we are effectively managing associated risks and regulatory compliance. We again conducted internal quality reviews during the year, with the majority of divisions either improving or maintaining their performance. As part of its process to assess all private healthcare groups in SA, the Office of Health Standards Compliance (OHSC) inspected 11 Netcare facilities as at the end of FY 2023. We are pleased to report that all achieved an 'excellent' grading – the highest possible – providing an additional level of quality assurance of our Hospital Division's standards. Similarly, we have maintained our ISO 9001:2015 certification for the sixth year running.

We continue to see the benefits of our various digitisation projects, which have enabled many of the initiatives outlined in this report. I would like to extend my gratitude to the many teams across the Group – those working in the digital and data space, our SHEQ teams, the clinical team that leads our quality and safety work, and the healthcare professionals who have chosen Netcare as their place of work and who partner with us in delivering clinical services – for living our values and helping us realise our promise to our patients. We also thank the Executive Committee and Board their ongoing support of our consistency of care strategy.
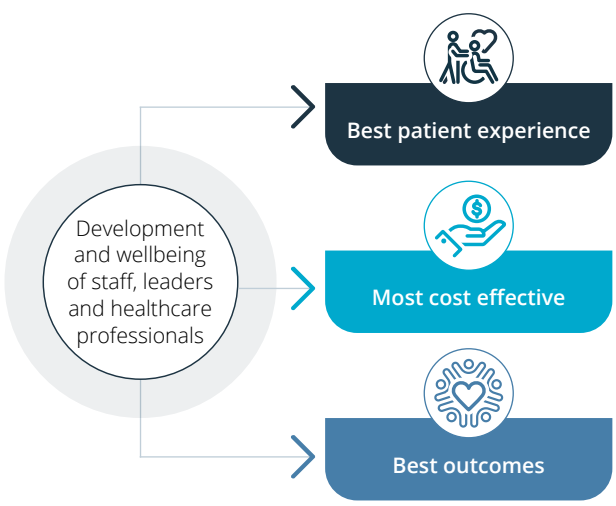
Dr Anchen Laubscher
Group Medical Director

Guiding frameworks

Our consistency of care strategy is guided by the following internationally recognised healthcare models.
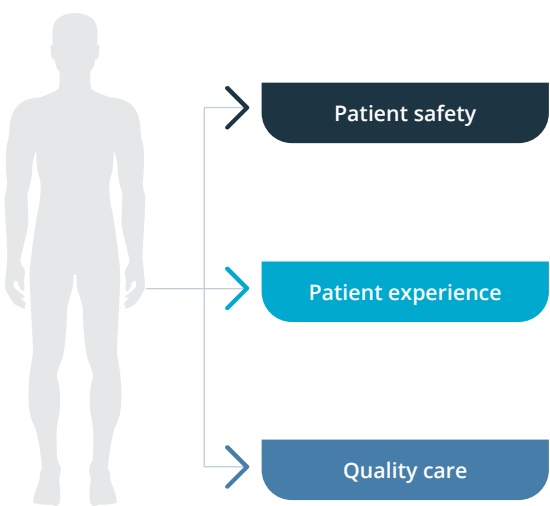
The Quadruple Aim[1]

Development and wellbeing of staff, leaders and healthcare professionals

→ **Best patient experience**

→ **Most cost effective**

→ **Best outcomes**

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

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

The Cleveland Clinical Model[2]

→ **Patient safety**

→ **Patient experience**

→ **Quality care**

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[3]

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

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

3. Source: Porter, M. E. (2010). What is value in health care? New England Journal of Medicine, 363(1), 2477–2481.

Perception of care

Key focus areas for FY 2023

Our patients

- Continuing our investment in the Care4YOU programme to embed compassion and enhance the patient experience (▤ see page 49).
- Achieving the targeted outcomes of our consistency of care balanced scorecard (BSC).
- Analysing the data received from the Netcare Hospital Division PFS[1], now in its second year of use.
- Advancing our digital engagement with patients.
- Developing and rolling out Summary of Care reports, which provide patients with their discharge summaries and electronic prescriptions.

Doctor partnerships

- Fostering collaborative partnerships based on person centric engagement with doctors.
- Driving the Netcare Hospital Division and Netcare Akeso's doctor recruitment strategy.

Objective
Improve our patient satisfaction and perception of care delivered.

1. Patient feedback survey.

Our patients

Netcare creates value for most stakeholders when we improve clinical outcomes, reduce costs and maximise a patient's positive experience of their health and care at our facilities. Person centred health and care is tailored to an individual, recognising and respecting their autonomy and involving them as an active participant in decisions about their care. Our consistency of care strategy strives for excellence both in quality and safety of care in a way that promotes and upholds person centredness, and is achieved using the data derived from our digital platforms to inform our clinical and strategic decision-making.

> **Who they are**
> Medically insured, self-pay, government-funded and foreign patients.

Quality of our relationships

We measure the quality of our relationships with our patients using the results from our patient feedback surveys (▤ see page 8). As we progress our vision of a digital healthcare experience across our ecosystem that is tailored to a patient and their specific health and care needs, and entrench compassion as a way of working at Netcare, we expect to see improvements in patient experience.

Key value indicators for FY 2023

Patient reported experience measures (PREMs)	Nurse compassion score	Satisfaction with hospital stay score
17 out of 17	**8.18**	**7.93**
PREMs improved, excluding the six PREMs for Netcare Cancer Care[1].	Average nurse compassion score for the year against an FY 2022 baseline score of 7.92.	Average patient overall satisfaction with hospital stay score for the year.
FY 2022: 12	**FY 2022: 8.11**	**FY 2022: 7.88**

Patient engagement

Compassionate engagement with our patients and their loved ones, and providing them with the information and the tools they need to participate in their journey to health, form the foundation for establishing life-long relationships with our patients, in turn, supporting our strategic priority to grow market share.

How we engage

- Person centred care teams.
- Digital PFS (quantitative and free-text responses).
- Summary of Care reports.
- CareNet (complaint management system) with dashboards refreshed every 30 minutes for every hospital.
- MyNetcare Online (patient portal).
- Various digital initiatives that enhance patient experience and perception of care (Netcare **appoint**med™, online pre-admissions and the Netcare and National Renal Care mobile apps).
- Patient focus groups and listening forums.
- NetcarePlus service centre and outsourced call centres.
- 'ONE Netcare' website and social media platforms.

Their needs, expectations and interests

- High-quality, safe healthcare.
- An excellent patient experience.
- Competent and professional healthcare practitioners.
- Advanced medical equipment.
- Post care event and discharge information.
- Affordable healthcare services.
- Ability to treat patients across the distribution of medical scheme network options.
- Data privacy and protection of their highly sensitive personal data.
- High levels of medical ethics from all healthcare practitioners.
- The ability to operate without disruption to care caused by utility or service disruptions during municipal infrastructure failures or load shedding.

1. Where no comparatives are available as a new PFS for patients receiving radiotherapy and chemotherapy was implemented in FY 2023.

Our patients continued

Summary of Care reports

Our Summary of Care reports are constructed within regulatory guidelines and comprise minimum criteria that have been benchmarked against patient and doctor expectations to ensure that they are of value to both stakeholder groups. Summary of Care reports have been implemented for Netcare 911, Netcare Cancer Care and National Renal Care patients, available on MyNetcare Online and the Netcare App. The pilots of the Netcare Medicross and Netcare Akeso Summary of Care reports are underway. Implementations are supported by change management initiatives to prepare divisions and doctors for the roll out. In FY 2024, Summary of Care pilots will be launched in the Hospital Division and emergency departments.

*⋯⋯ The Netcare App: PG 111 of the **integrated report**.*

Digital patient engagement

We are building a digital ecosystem that is engaging and transactional across key touchpoints to attract and engage new and existing patients and convert them into longstanding customers. MyNetcare Online, our patient portal, and the Netcare App will in time aggregate all aspects of a patient's healthcare data from across our ecosystem to provide a personalised, intuitive and user-centric digital healthcare experience.

During the year, we enhanced MyNetcare Online and Netcare **appoint**med™ to simplify the user journey and added webpages to the Netcare Hospital Division tab. National Renal Care launched a refreshed website in March 2023.

Patient feedback

FY 2023 represents the second year of the Netcare Hospital Division's new PFS. The validated PFS aligns to our core values and the behaviours we seek to encourage in our people and see reflected in the patient experience. PFS responses are tracked for each hospital so that we can quickly identify and assist hospitals that are underperforming, and recognise and learn from those that are performing well.

PFS responses	PFS completion rate	PFS response rate	
52 237 responses received.	**91% completion rate.**	**12% response rate** of surveyable discharges*.	**16% response rate** to email invitation.
FY 2022: 42 758#	FY 2022: 91%	**FY 2022: 13%**	**FY 2022: 18%**

Note: metrics are for the Netcare Hospital Division.
 #   Measured from November 2021 to September 2022.
*   An average survey response rate of between 10% and 30% is considered acceptable[1].

Our investigations show that nursing performance and the hospital environment (level of comfort, facilities and cleanliness) have the greatest impact on a patient's overall satisfaction with their stay at a Netcare hospital.

1. https://peoplepulse.com/resources/useful-articles/survey-response-rates/; https://blog.surveyplanet.com/average-survey-response-rate-what-is-a-good-survey-response-rate; https://www.genroe.com/blog/acceptable-survey-response-rate-2/11504
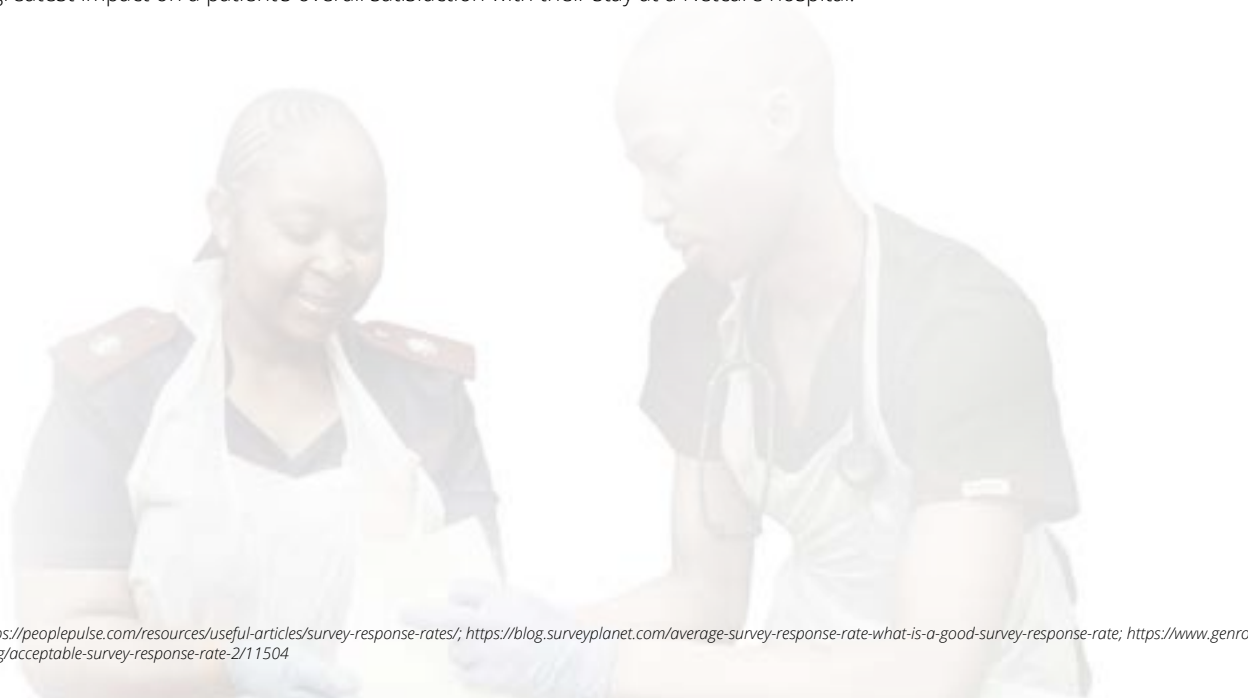
Patient perception of care

Perception of care is one of the key pillars of the consistency of care portfolio.

All Netcare divisions use structured, validated questionnaires to ask about a person's unique experience. For our public reporting we report patients' feedback on their interactions with the people directly involved in their care. Reporting is at a construct level, which enables patients to rate their experience in relation to their expectation, allowing us to more accurately understand their perception of care, as satisfaction is only reached when experience exceeds expectation.

Netcare Hospital Division

Over the past two years, we have focused on the nurse compassion score of the Netcare Hospital Division PFS given the impact that nurse performance has on a patient's overall satisfaction. Operational pressures such as the OHSC[1] audits and the simultaneous deployment of many projects across hospitals led to a decline in the nurse compassion score in the second quarter of FY 2023.

Following a period of intense intervention through the Care4YOU programme and the increased visibility of nurse leaders in units and wards, the nurse compassion score

reached an all-time high of 8.33 in July 2023, settled at an average 8.23 in the final quarter of the year, and ended the year on 8.18. We believe that with continued effort, investment and support, our focus on compassion will continue to deliver tangible results that positively impact patience experience.

Care4YOU: PG 49 in this report.

Patient feedback results relating to doctors perform consistently well. We continue to closely monitor feedback on patients' experience with doctors and intend to include targeted feedback in the personalised clinical information tool. This will assist clinicians in identifying areas where patient experience could be improved.

The PFS is sent to patients 48 hours following a patient's discharge from a Netcare hospital[2]. The survey scale is from zero, which represents 'much worse than expected' to ten, 'much better than expected'. Responses are captured directly into the Netcare database and cannot be manipulated once entered. A higher score is better.
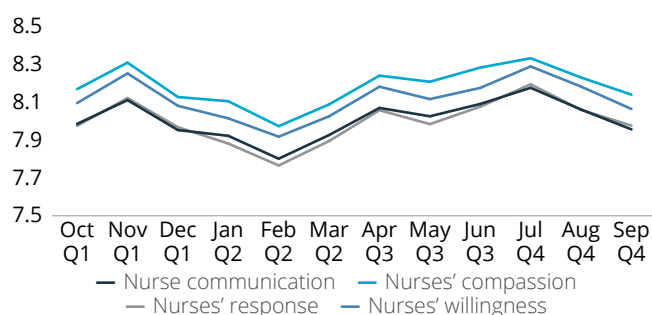
The rollout of the new PFS to all Netcare hospitals was completed by November 2021. Results for the previous period are thus reported for the 11 months ending September 2022.
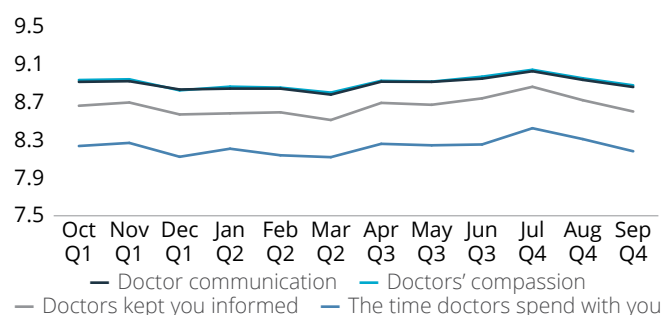
NETCARE hospitals

Measure#	Measure definition	**Person centred care**	
		FY 2023	Nov 2021 – Sep 2022
Nursing care			
Nurses' display of compassion when caring for patients	Average rating on a scale from 0 to 10	**8.18**	8.11
Nurses communicated in an understandable way when discussing aspects of a patient's care	Average rating on a scale from 0 to 10	**8.00**	7.94*
Overall satisfaction with nursing care received	Average rating on a scale from 0 to 10	**8.07**	8.01
Doctor care			
Doctors' display of kindness and compassion when caring for patients	Average rating on a scale from 0 to 10	**8.91**	8.84
Doctors communicated with you in an understandable way when discussing aspects of a patient's care	Average rating on a scale from 0 to 10	**8.89**	8.82*
Doctors kept patients informed about their care during their hospital stay	Average rating on a scale from 0 to 10	**8.65**	8.56

\# A higher score is better.
* Result updated due to more data becoming available after reporting period.

Patient feedback on nursing care over the year

Legend: — Nurse communication — Nurses' compassion — Nurses' response — Nurses' willingness

Patient perception of pain management: PG 32 in this report.

Patient feedback on doctor care over the year

Legend: — Doctor communication — Doctors' compassion — Doctors kept you informed — The time doctors spend with you

1. Office of Health Standards Compliance.
2. Netcare Umhlanga Eye and Constantia Day Clinic included.

Our patients continued

Netcare Akeso

Our Netcare Akeso mental health facilities gather patient feedback via a paper version of the hospital Consumer Assessment of Healthcare Providers and Systems (CAHPS)®, which is made available to patients before they leave the facility. Their responses are captured in a secure online portal and consolidated centrally. Patients are also surveyed about their perception of the benefits of group therapy sessions.

Patient perception of care

Netcare Akeso has developed a new PFS aligned with the Netcare Group based around compassion and satisfaction. It will be implemented in FY 2024.

Measure#	Measure definition	Person centred care		
		FY 2023	FY 2022	FY 2021
Nurse care				
Nurses always treat you with courtesy and respect	% of patients who responded, who rated their experience as always	**86.7%**	83.8%	79.9%
Nurses always listen carefully	% of patients who responded, who rated their experience as always	**84.3%**	81.5%	77.5%
Nurses always explain in a way you can understand	% of patients who responded, who rated their experience as always	**85.9%**	83.0%	79.2%
Doctor care				
Doctors always treat you with courtesy and respect	% of patients who responded, who rated their experience as always	**94.6%**	93.8%	93.8%
Doctors always listen carefully	% of patients who responded, who rated their experience as always	**93.6%**	92.9%	92.8%
Doctors always explain in a way you can understand	% of patients who responded, who rated their experience as always	**93.0%**	92.3%	92.1%
Therapist care				
Therapists always treat you with courtesy and respect	% of patients who responded, who rated their experience as always	**91.8%**	89.3%	87.6%

\#   A higher score is better.

The improvement in results for our nursing and therapy teams is attributable to the rollout of initiatives that improve employee wellness, such as Care4YOU and nurse resilience programme, and are above the pre-COVID-19 pandemic results. This can be attributed to the FY 2023. The results for doctor care remain consistent and are similar to those before the COVID-19 pandemic.

Patient perception of group therapy

Group therapy is a key part of patient care at our Netcare Akeso facilities, delivered in partnership with the Centre of Psychotherapy Excellence. Our survey includes a question specific to their experience of group therapy, aligned with the CAHPS® methodology.

Measure#	Measure definition	Person centred care		
		FY 2023	FY 2022	FY 2021
You learnt new skills in the group to help you change the direction of your life	% of patients who responded about their experience with strongly agree	**85.9%**	82.4%	81.8%

As shown above, results for the therapeutic programme results have continued to improve. This feedback highlights the value to patients of our group therapy programmes. Based on this positive feedback, we extended our therapeutic programme for patients who have been discharged, the Netcare Akeso Graduate Programme, to all Netcare Akeso facilities.

Netcare Cancer Care

Netcare Cancer Care introduced a new PFS in at the start of FY 2023 for patients receiving radiotherapy and chemotherapy. Patients have the opportunity to complete the survey while waiting for their treatment. The cancer care PFS has been informed by both the CAHPS® Cancer Care Survey drug therapy and radiation therapy subsets and the Netcare Hospital Division's independently validated PFS. The survey scale runs from zero ("much worse than expected") to 10 ("much better than expected").

Feedback on radiation therapists is collected in the second week of a patient's radiation therapy and on chemotherapy nurses in each cycle of a patient's chemotherapy treatment. Responses are captured directly into the Netcare database and cannot be manipulated once entered.

NETCARE cancer care

Measure#	Measure definition	Person centred care
		Jan – Sep 2023
Radiation therapist care		
Radiation therapists display of kindness and compassion in response to your emotional and physical needs	Average rating on a scale from 0 to 10	**9.87**
Radiation therapists communicated in an understandable way when discussing aspects of your care	Average rating on a scale from 0 to 10	**9.83**
Radiation therapists greeted you with courtesy and respect	Average rating on a scale from 0 to 10	**9.89**
Chemotherapy nurse care		
Chemotherapy nurses display of kindness and compassion in response to your emotional and physical needs	Average rating on a scale from 0 to 10	**9.72**
Chemotherapy nurses communicated in an understandable way when discussing aspects of your care	Average rating on a scale from 0 to 10	**9.75**
Chemotherapy nurses greeted you with courtesy and respect	Average rating on a scale from 0 to 10	**9.76**

\# A higher score is better.

The introduction of the new PFS rating scale means the results for FY 2023 are not directly comparable to previous years. However, PFS scores for the year – all above 9.7 out of ten – are considered excellent. We experienced some technical challenges with the new PFS, which is why results are only reported from January 2023.

Patient safety framework

We have implemented a patient safety framework to standardise the reporting, management and monitoring of patient safety incidents across the Group. We have completed a comprehensive review of our patient safety governance structures, policies, procedures and reporting at Group, regional and facility levels. This will inform the design requirements for an appropriate digital platform that will automate the reporting of patient safety incidents.

Doctor partnerships

Doctors are pivotal partners in the delivery of best and safest care, having a direct impact on patient experience, the cost of care and clinical outcomes. They are also the largest driver of patient volumes, with specialists in particular, enabling our expansion into higher demand disciplines.

Who they are

Doctors: independent specialists across all clinical disciplines, including physicians, surgeons, GPs, psychiatrists, anaesthesiologists, radiologists, dentists, nephrologists, pathologists and other specialists.

Allied healthcare professionals: psychologists, radiographers, dental hygienists, occupational therapists, physical therapists etc.

Quality of our relationships

We partner with a large and broad array of doctors and allied health professionals in mutually beneficial relationships. Our doctor engagement survey allows us to assess the quality of our doctor partnerships, with the FY 2022 survey as the baseline from which to measure improvements. A strategy has been formulated to address the 'pain points' identified in the doctor engagement survey, which will require the concerted efforts of multiple departments and divisions. A large focus of our work for FY 2024, will be to identify the tools that have the greatest impact and provide the most value when engaging with doctors. Once our interventions have been entrenched, we expect further improvements in the survey outcomes.

Key value indicators for FY 2023

Doctors who would recommend Netcare

6.99

Our score for doctors who would recommend Netcare to a colleague as a workplace of choice.

FY 2022: 6.79

Digitisation

38

Hospitals digitised to date, providing doctors with remote access to patients as well as one source of patient information to aid shared decision-making within multi-disciplinary teams. As we advance our digitisation, medicolegal risk and savings on medical malpractice insurance premiums will be realised based on availability and application of data, with some headway already made in FY 2023. In time, doctors will have a longitudinal view of their patients' medical history across the Netcare ecosystem.

FY 2022: 21

Doctor engagement

Doctors, and particularly specialists, play a crucial role in attracting patients to our facilities and are therefore a key driver of revenue and organic growth. Effective engagement with doctors and allied healthcare professionals ensures that we provide an attractive value proposition that meets their needs and builds strong collaborative relationships, ultimately benefiting our patients.

How we engage

- **Netcare Hospital Division:** various structures that support the sharing of information on quality of care such as PCI tools[1], events that focus on specific topics and new developments, and well-established Physician Advisory Boards.
- **Netcare Akeso:** clinical governance engagements.
- **Primary Care Division:** Netcare Medicross Managing Practitioners Forum, quarterly Medical and Dental Practitioners Association meetings, engagement survey, etc.
- **National Renal Care:** national relationship manager.
- **Online platforms:** online doctor portal, Netcare **appoint**med™ and VirtualCare (telehealth platform).

Their needs, expectations and interests

- Netcare's inclusion in restricted provider networks.
- Qualified and experienced nurses.
- Regular and transparent communication.
- Marketing of doctor services.
- Cutting-edge medical equipment, advanced technology, well maintained medical equipment and facilities, and advanced treatment protocols.
- Clinical leadership and shared accountability.
- Continuous professional development.
- Enterprise development support.
- Uninterrupted supply of electricity and water.

The response rate for the 2023 doctor engagement survey was 6.7%, which is below the 10% to 15% considered suitable for this type of survey. The low response rate is due to technical difficulties experienced with the digital survey and a larger denominator which includes the credentialing process. Nevertheless, as we do for patient feedback, we adopt the principle of 'every response counts'.

The survey focused on two areas; the strength of our doctor relationships and whether doctors would recommend Netcare as a workplace of choice.

Strength of our doctor relationships

A score of 3.02 for doctors likely to move their practice from Netcare, influenced by increasing competitor activity (a lower score is better).

FY 2022: 3.10

Overall improvement

Overall we **improved in four** out of 18 constructs of the doctor engagement survey

Initiatives to improve doctor engagement in FY 2023 included:
- Increased resourcing to support one-on-one doctor engagement.
- 'Waxing Clinical' events to discuss nursing, quality of care and various topics on a broad range of clinical disciplines.
- Doctor engagement sessions on the Summary of Care implementations.
- Various structures to share information on the quality of care and support continuous professional development.

Physician Advisory Boards

169 Physician Advisory Board meetings (hospital governance structures) that serve as advisory and communication forums between healthcare practitioners and hospital management.

FY 2022: 166

Emergency and trauma

214 emergency and trauma morbidity and mortality meetings.

FY 2022: 152

322 emergency and trauma medical education meetings.

FY 2022: 160

Other

Five Waxing Clinical events.

FY 2022: 2

1. *Personalised clinical information tools that support one-on-one engagement with doctors.*

We are using the data from the credentialing process (see page 43) to build a comprehensive and accurate central database of healthcare practitioners practising at Netcare, and will use this information in the future to market doctors and their services. We will also grow the 'Waxing Clinical' events platform to engage on topics relevant to doctors and Netcare.

Personalised clinical information tool

The PCI tool provides doctors with their personal quality information, patient experience scores and elements contributing to total cost of an admission (length of stay, medical and surgical consumables, theatre utilisation, prostheses, etc.). With this information we can effectively engage with doctors on enhancing efficiencies through data driven decision-making and provide doctors with insight into where patient experience could be improved.

In FY 2023, we developed two focused PCI prototypes for selected procedures. The focused PCI tool compares a doctor's performance on key quality and efficiency measures against that of their peers practising in the same discipline as well as targeted feedback from patients. The focused approach and more granular information supports more meaningful comparisons, truer identification of outliers and will deepen our engagements with doctors on our efficiency and quality imperatives. With this focused approach, we aim to gain doctor support in partnering with us to enhance our clinical and efficiency data models to ultimately inform improvement initiatives and commercial contracting.

Clinical data modelling: PG 19 in this report.

Netcare Medicross

Netcare Medicross rolled out a number of engagement initiatives in FY 2023 to strengthen its stakeholder relationships. A forum was held for managing practitioners from all clinical departments to share information on the health landscape, the Netcare ecosystem and Netcare Medicross as well as to provide a better understanding of NHI. Throughout the year, operational and clinical newsletters, clinical guidance documentation and quarterly meetings were used to share information on business initiatives, address doctor concerns and gain doctor support for our business strategy. We also conducted monthly continuous professional development (CPD) accredited webinars that addressed various topics.

A doctor engagement survey across both our medical and dental practices achieved an average response rate of 32%. The survey revealed that the majority of doctors are interested in growing their practice and expanding their scope of expertise; an area to which the Group will lend its support going forward. The average doctor recommend score was 7.1 out of ten. The 'Netcare Medicross nursing and dental staff contribution to best patient care' construct scored 8.4; the most important administrative support provided according to the doctors surveyed. Partnership collaboration and communication are areas for improvement.

A qualitative analysis of the survey results additionally revealed the following key insights: the Group practice provides for clinical support and creates a safe and caring culture; practitioners believe that Medicross should further build its brand image; support for greater focus on driving improvements in digital platforms including booking and billing, as well as administrative support and customer care.

Quality of care

Key focus areas for FY 2023
- Expanding the Quality of Care Index from the Netcare Hospital Division to two additional divisions: Netcare Akeso and Netcare Medicross.
- Developing additional clinical data models.

Objective
To demonstrate our ability to provide accurate and meaningful quality of care measures and results, and to use them to inform focused improvement initiatives.

Introduction

Our quality of care measures add value for patients and funders. For the Group, they provide a baseline for understanding the efficacy of our initiatives and treatments over time and a benchmark against which to compare our performance. They also encourage teams to address negative deviations and engender pride when outstanding results are achieved.

We drive improved performance against our quality of care measures through interventions designed to achieve the best outcomes for our patients. Many interventions that relate to these prevalent medical conditions drive positive outcomes that extend beyond our patients and healthcare workers, to benefit society more broadly.

Measures are aligned with international standards and good data science practice. Our internal processes are overseen by Consistency of Care Committees at Board and divisional levels. The Clinical Data Council collects data from across all divisions and ensures the accuracy and completeness of all datasets.

Local and international benchmarks are used when there is sufficient information and context to support valid comparisons. It should be noted that comparability in quality of care measurement is notoriously difficult due to differences in operating models, variations in definitions applied between healthcare providers, and challenges with the adequacy of case mix adjustment.

Quality of care reporting is deployed extensively across the Group, from detailed internal reporting to monitor performance and inform improvement initiatives, to quality reports for private medical funders (📄 see the *Clinical commercial* section on page 38), and our public reporting. Our publicly reported measures can further be divided into three quality domains, as indicated for each set of measures that follows.

Person centred

Person centred health and care prioritises an individual's unique needs, preferences, values, and goals. It recognises and respects a person's autonomy and involves them as an active participant in decisions about their care. This approach aims to provide care that is tailored to an individual's specific circumstances and to enhance their overall wellbeing and satisfaction with their healthcare experience.

Best practice

To achieve best practice, we measure whether we are doing the right thing, at the right time, in the right way, for the right person and are achieving the best possible results[1].

Safest care

We have adopted local and international standards to measure the safety of our care and encourage our employees to report all safety related incidents. A non-punitive approach, supported by a just culture, when reviewing reported incidents is important for our learning and to encourage reporting. Our people are encouraged to treat patients in an environment that pays attention to identifying risk and preventing harm while caring for all with compassion and competence.

Internal reporting

The Quality of Care Index is an automated dashboard of externally reported quality measures, updated monthly. In FY 2023, we expanded the index from the Netcare Hospital Division to two additional divisions: Netcare Akeso and Netcare Medicross.

The index supports the standardisation and governance of our measures for public reporting and reporting to funders. We require 55 new quality of care items to be added to the index with 24 of these being required for reporting to medical scheme funders. A total of 46 new items were completed by year-end, above our target of 41, with all obligations to funders met. The automation of the index continues to be valuable to our public and funder reporting teams.

In FY 2023, the Quality of Care index was verified by Internal Audit, with all measures reconciling to the data rules and independently verified from external data sources to the Quality of Care Index.

Public reporting

Our public reporting ensures that we are transparent and accountable to our stakeholders about the quality of care Netcare delivers. For FY 2023 we are reporting 83 measures (FY 2022: 81 measures), with four new measures added, two retired, and seven replaced.

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1. *Sofaer, S. and Hibbard, J., 2010. Best practices in public reporting no. 2: maximizing consumer understanding of public comparative quality reports: effective use of explanatory information. Rockville, MD: Agency for Healthcare Research and Quality.*

Introduction continued

	Quality report	Website
FY 2022 measures		
Published	81	80
FY 2023 measures		
Retained	72	71
Retired and replaced	7	7
Added	4	4
Retired	2	2
FY 2023 public reporting	**83**	**82**

The seven measures retired and replaced are:
- Netcare 911's response time measure, which previously was the median response time for all patients, has been refined to priority one patients (those with the most severe life threatening injuries) only (📄 page 24).
- Netcare Cancer Care's patient feedback surveys in their radiation and chemotherapy units, which have been replaced with new surveys. (📄 page 11).

The four new measures are:
- The percentage of Netcare emergency departments (EDs) meeting the European Stroke Organisation (ESO) standards of care for identifying and treating strokes (📄 page 27).
- The number of EDs achieving ESO Angel Awards for outstanding levels of stroke care (📄 page 27).
- Netcare Medicross rate of falls that result in any injury (📄 page 36).
- National Renal Care percentage of patients on whether dialysis unit employees always cared about them as a person (📄 page 29).

Two measures from Netcare Rehabilitation Hospital regarding improved independence for patients following an amputation have been retired. The reliability of these measures was impacted negatively by various factors, including low patient volumes and varying proportions of patients with multiple amputations.

The quality of care website was updated to reflect the changes described above, and to update definitions and technical information.

📄 ····· *Quality of care measures: PG 20 in this report.*

📄 ····· *Measures relating to patient perception of care by nurses and doctors in the Netcare Hospital Division, Netcare Akeso and Netcare Cancer Care: PG 9 in this report.*

Clinical data modelling

We seek to deliver the highest value for every healthcare interaction a patient has with us. Value is realised when we improve clinical outcomes, reduce costs, and maximise a patient's positive experience. This year we developed clinical frameworks that incorporate clinical and efficiency data models for three conditions. In addition to the potential benefits of clinical modelling for our patients, we are also leveraging them to inform engagement and contracting with our funders.

In acknowledgement that modelling is always an incomplete representation of real events, we are cautious in ensuring a sound understanding of both the clinical framework being modelled and the limitations of the data. We verify and test the results of clinical models with clinicians who actually conduct the procedures or manage the cases being modelled.

Model development starts with selecting conditions or procedures representative of the services Netcare provides, with the aim to identify how we can unlock value in each case, being clinical quality outcomes and cost mitigation. We then quantify a rich array of source data for input into the model, including considerations such administrative clinical data, comorbidities and clinical severity.

Quality of care measures

The sections that follow consolidate our quality of care measures under the following topics:

Caring for maternal and child health

Reducing preventable maternal and neonatal mortality and morbidity is a global priority and a key objective of health policy in SA[1]. While there have been steady gains in reducing this disease burden, rates remain well above national and international targets[2]. We work continuously to improve maternal and child health outcomes at Netcare facilities, informed by robust data collection which provides the insights we need to drive improvement.

Netcare's integrative approach to supporting maternal and child health is informed by the Mother Baby Friendly Initiative (MBFI), which is the local implementation of the World Health Organisation's (WHO) Baby Friendly Hospital Initiative (BFHI). The MBFI places at its centre the protection, promotion and support of breastfeeding and sets out specific interventions in this regard. MBFI principles inform our initiatives to achieve the best outcomes for mothers and their babies.

Netcare's integrated approach to promoting the best outcomes for newborns prioritises the following aspects of care:

> **Breastmilk for newborn babies (🗎 PG 21)**
>
> **Reducing necrotising enterocolitis rates (🗎 PG 22)**
>
> **Maintaining a normal temperature for newborn babies (🗎 PG 22)**
>
> **Reducing late infections in very low birthweight babies (🗎 PG 23)**
>
> **Screening newborn babies' hearing (🗎 PG 23)**

Some of our quality of care measures in this section are reported with reference to the Vermont Oxford Network (VON), an independent, international platform that allows us to benchmark the performance of our neonatal intensive care units (ICUs). VON measures are reported by calendar year (CY). All other figures are reported by Netcare's financial year (FY).

Netcare contributes data to VON on all babies admitted to our neonatal ICUs, including very low birthweight babies (VLBWs)[3]. These data are used to drive quality improvement, educate our employees and advance research on the quality, safety and value of care for newborns and their families. Quality improvement at every hospital is important as it supports Netcare's commitment to consistency in quality of care outcomes, and national efforts to reduce this disease burden.

1. *South African Department of Health: South African maternal, perinatal, and neonatal health policy, published 21 June 2021.*
2. *Odendaal, W. et al., 2022. Early reflections on Mphatlalatsane, a maternal and neonatal quality improvement initiative implemented during COVID-19 in South Africa. Global Health: Science and Practice, 10(5).*
3. *Babies with a birthweight 500 to 1 500 grams.*

Breastmilk for newborn babies

Measure#	Measure definition	Best practice			
		CY 2022	CY 2021	CY 2020	VON CY 2022
Feeding newborn babies with breastmilk only	% of neonatal ICU babies discharged on breastmilk only	**37.4%**	47.8%	47.3%	21.6%

\#   *A higher score is better.*

Breastfeeding remains the gold standard in neonatal nutrition, and we uphold the WHO's maternal and neonatal care view that breastmilk provides immunological benefits for all babies and, more importantly, for at-risk babies admitted to a neonatal ICU. To help mothers achieve successful lactation we assist and teach them how to express their breastmilk within one hour of delivery. When this practice is routinely implemented, the incidence of successful lactation increases.

The measure is based on the VON methodology and definition. While there was a decrease in babies discharged home on breastmilk only, we observed an increase in babies discharged home on a combination of human milk and fortifier or formula. This is aligned with international VON experience, where the proportion of babies discharged on human milk and fortifier or formula is greater than those discharged on breast milk only. The proportion of babies discharged on formula only has been consistent over the period.

Measure#	Measure definition	Best practice		
		FY 2023	FY 2022	FY 2021
Feeding newborn babies donor breastmilk	Number of babies being fed with donor breastmilk	**670**	649	698
Feeding newborn babies donor breastmilk	Number of mothers donating their excess breastmilk	**187**	181	185

\#   *A higher score is better.*

For babies without access to their mother's milk, donor breastmilk is preferred. Netcare operates five Netcare Ncelisa human milk banks with 35 collection points for mothers to donate excess breastmilk. This milk is provided free of charge to public and private hospitals.

Donor breastmilk is tracked in the neonatal ICU feed system from donor to recipient, recording all details relevant to matching age appropriate donor breastmilk to the recipient babies. This is aligned with the draft regulations of the National Department of Health and international protocols on the management of breastmilk banks.

Breastmilk banking is well established at our hospitals. The number of donors recruited, and babies fed has remained consistent over the periods. We have agreements with public sector hospitals to receive milk, but they do not recruit donors. Plans are underway to provide Rahima Moosa Mother and Child Hospital with a milk bank. By replicating the success of our existing five milk banks we believe that we can increase our donor pool at that site. Ultimately, this will increase the volumes of milk processed, thereby increasing the number of babies who receive donor breastmilk.

Netcare Ncelisa human milk banks: PG 110 of the ESG report.

Quality of care measures *continued*

Reducing necrotising enterocolitis rates

NETCARE hospitals

		Best practice			
Measure#	**Measure definition**	**CY 2022**	CY 2021	CY 2020	SA 2022 benchmark	VON 2022 benchmark
NEC rates – all newborn babies	% of newborn babies admitted to neonatal ICU who develop NEC	**1.0%**	2.2%	2.4%	Not available	1.0%
NEC rates – babies with a birthweight 501 to 1 500 grams	% of newborn babies (501 – 1 500 grams) admitted to neonatal ICU who develop NEC	**3.4%**	11.0%	10.3%	7.5%	4.8%

 #   A lower score is better.

Necrotising enterocolitis (NEC) is a serious disease of the inner lining of a baby's gut and has a high mortality rate. It is more common in very sick or preterm babies. Babies fed on breastmilk only are less likely to develop NEC. We actively monitor for the risk and early signs of NEC so we can act early to reduce the incidence of this disease.

Given the multitude of causes that can lead to NEC, we focus on two processes that can reduce NEC rates: improving neonatal resuscitation, which improves oxygenation to all organs, and maintaining normal temperature, which improves oxygen delivery to the bowel. NEC measures are based on the VON methodology and definitions. The reduction in NEC rates brings us in line with the VON benchmarks.

Maintaining a normal temperature for newborn babies

NETCARE hospitals

		Best practice			
Measure#	**Measure definition**	**CY 2022**	CY 2021	CY 2020	VON 2022 benchmark
Maintaining a normal temperature for newborn babies	% of babies whose temperature was normal within the first hour of admission to neonatal ICU	**63.6%**	59.6%	58.0%	74.0%

 #   A higher score is better.

Neonatal hypothermia, a low body temperature in newborn babies, is associated with higher mortality and morbidity. Maintaining a neutral thermal environment is thus an essential component of improving a baby's clinical outcome. The measure is based on the VON methodology and definition.

Our ongoing improvement is attributable to the consistent focus on this measure in all our neonatal ICUs. We continue to benchmark our admission temperatures against VON, and have a quality improvement plan to increase the number of babies who maintain a normal temperature within the first hour of birth.

Reducing late infections in very low birthweight babies

NETCARE hospitals

					Safest care	
Measure#	Measure definition	CY 2022	CY 2021	CY 2020	SA 2022 benchmark	VON 2022 benchmark
Late infections in babies with a birthweight of 501 to 1 500 grams	% of babies with a positive microbiology culture from directly sampled cerebrospinal fluid or blood for VON defined pathogens	15.4%	18.2%	12.0%	14.3%	11.5%
Late coagulase-negative staphylococci (CoNS) infection	% of babies with a positive CoNs culture, sign/s of a generalised infection and treated with >= 5 days of intravenous antibiotics	1.8%	5.0%	4.5%	2.2%	4.6%
Late fungal infection	% of babies with a positive culture for a VON defined fungus	6.5%	9.9%	4.3%	3.8%	0.9%
Late bacterial sepsis and/ or meningitis	% of babies with a positive culture for a VON defined bacteria	10.3%	9.9%	6.5%	11.1%	7.4%

\# A lower score is better.

Preterm babies – especially VLBW babies – are extremely vulnerable to acquiring infections due to immaturity of their immune systems. Invasive technological measures required for their survival and the neonatal ICU environment also increase infection risk. 'Late' infections are those acquired after three days of life.

Every effort is made to prevent infections. Should an infection develop, early identification and effective treatment contributes to a better outcome. We therefore monitor which micro-organisms are causing infections so we can be responsive in our care and improvement initiatives. Measures are based on the VON methodology and definitions.

The overall reduction in late infections was driven by significant reductions in CoNS and fungal infections. Although the overall late infection measure remains above the VON benchmark, the decrease is encouraging and is attributable to our ongoing focus on infection prevention and control measures.

Screening newborn babies' hearing

NETCARE hospitals

			Best practice	
Measure	Measure definition	FY 2023	FY 2022	FY 2021
Screening newborn babies' hearing	% of babies screened in our participating hospitals#	85.5%	83.4%	80.1%
Screening newborn babies' hearing	% of babies screened referred for a follow up screening test	12.3%	15.6%	15.3%
Screening newborn babies' hearing	Number of babies referred for a follow up screening test	2 874	3 752	3 528
Screening newborn babies' hearing	% of babies referred for follow up screening who had the second test#	31.1%	31.5%	26.4%

\# A higher score is better.

An estimated four to six in every 1 000 SA children are born with, or develop, hearing loss within their first weeks of life. In 2019 Netcare, in partnership with HI HOPES[1], launched the first national Universal Newborn Hearing Screening (UNHS) programme in SA. The programme aims to identify hearing loss in infants early to mitigate its impact on early childhood development, using international best practice – the 1:3:6 early hearing detection and intervention formula. The aim is to screen by one month, diagnose hearing loss by three months, and start early intervention by six months. Screening is undertaken every day at 35 Netcare hospitals.

The continued improvement in the percentage of newborns being screened for hearing defects is attributable to our commitment to best practice principles such as rigorous data management and quarterly quality assurance. The decrease in first screen referrals, which remains within our target parameters of 10 to 15%, is indicative of a maturing programme with rigorous screening protocols.

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

Caring for people needing emergency care

For people requiring emergency care, including severe physical trauma, cardiac symptoms or suspected stroke, timeous treatment at the most appropriate facility can greatly improve recovery from their injuries. We do our utmost to achieve the best outcomes, both in terms of our emergency care, and specialised physical rehabilitation.

When considering the high rates of injuries and violence in SA, it is necessary to acknowledge both the critical need for and heightened demands placed on emergency medical services. Leading causes include interpersonal violence, road accidents and suicide, affecting predominantly the younger and most productive segments of society. Non-natural causes account for 53% of deaths in persons aged 20 to 39 years[1].

Netcare applies an integrated trauma system approach which encompasses all aspects of trauma, from prevention to post-rehabilitation. The goal of trauma systems is to decrease the risks and burden of injury to individuals and society. The effectiveness of our approach is demonstrated in its impact on survival rates. Netcare data has shown that priority one trauma patients with the most severe physical injuries have a 76% reduction in their mortality rate when treated at Trauma Society of South Africa (TSSA) accredited Level I trauma centres.

Netcare's integrated trauma system approach aims to promote the best outcomes through:

> **Timeous treatment**
> of people with the
> **most severe physical trauma**
> at the
> **most appropriate facility**
> together with
> **specialist physical rehabilitation**

Timeous emergency medical services response for priority one patients

NETCARE 082 911
24HR EMERGENCY MEDICAL SERVICES

Best practice

Measure#	Measure definition	FY 2023
NEW Timeous Netcare 911 response for P1 patients	Average time in minutes for P1 patients from when the call is received to the first EMS provider arriving at the scene	**19.4 minutes**

A higher score is better.

Priority one (P1) is a classification used in emergency medical services (EMS) to identify patients with the most critical and life threatening conditions. These patients require immediate medical attention and prompt intervention to increase their chances of survival. Response time is internationally and locally recognised as the primary indicator of EMS service delivery effectiveness.

In prior years, we reported the median response time for all patients. The measure has now been replaced with results for P1 patients only, as it is these patients who see the greatest improvement in outcomes with a timeous response.

Quality improvements during the year included incorporating additional steps in the Emergency Operations Centre (EOC) to provide as much clinical information as possible, and to further ensure that scene location and vehicle selection were of the highest accuracy. In FY 2024, the focus will be to reduce system lags that contributed to longer times in resource allocations.

1. *The third Injury Mortality Survey: A national study of injury mortality levels and causes in South Africa in 2020/21, p. 22.*

Transporting priority one patients following physical trauma to the best place

NETCARE 082 911
24HR EMERGENCY MEDICAL SERVICES

		✦ Best practice		
Measure#*	**Measure definition**	**FY 2023**	FY 2022	FY 2021
P1 polytrauma patients transported	% of P1 polytrauma patients with shock score >1 transported to accredited Level I or II trauma centres	**51.5%**	57.3%	51.1%

 #   A higher score is better.
*   Interhospital transfer numbers are not included in this measure.

To improve the survival prospects for P1 polytrauma patients, we endeavour to transport them to hospitals with Level I or II accredited trauma centres. These hospitals have the specialists and technologically advanced equipment to rapidly diagnose and treat these patients. A patient may be transferred to another facility for specialised treatment after being stabilised at a local facility.

Accreditation of trauma centres is provided by the TSSA. Level I trauma centres are defined as those regional resource centres with the highest level of capability, and the ability to handle high volumes of the most severe trauma cases. Level II trauma centres have many of the same capabilities as Level I centres but are not expected to be able to handle similar patient volumes. There are four Level I trauma centres in SA, and Netcare operates a further seven centres accredited with Level II status. The Level I trauma centres are:
• Netcare Milpark Hospital
• Netcare Alberton Hospital
• Netcare Christiaan Barnard Memorial Hospital
• Netcare St Anne's Hospital

In SA, hospitals are not required to obtain trauma centre accreditation and thus may have the specialists and equipment required for Level I or II trauma centres, but will not be reflected in this measure. This may explain the deterioration in performance this year. In FY 2024, this measure will be revised to only include those patients transported within the Netcare ecosystem, where accurate trauma accreditation levels are available.

Timeous transport and treatment for patients with the most severe life threatening physical injuries

NETCARE hospitals

		✦ Best practice		
Measure#	**Measure definition**	**FY 2023**	FY 2022	FY 2021
Most severe life threatening physical injuries patients transported via HEMS	% of patients with an Injury Severity Score (ISS) >15 transported via HEMS to an accredited Level I trauma centre	**68.0%**	55.0%	51.3%
Most severe life threatening physical injuries treated at Level I trauma centres	% of patients with an ISS >15 treated at TSSA accredited Level I trauma centres	**32.7%**	39.0%	53.2%

 #   A higher score is better.

P1 patients who are treated as quickly as possible at an accredited Level I trauma centre have a better prospect for survival. Helicopter emergency services (HEMS) are available to transport patients requiring urgent or more specialised care. Appropriate pre-hospital triage that follows best practice on survivability, the fastest route, distance, time of the day, and weather, are considered when activating a helicopter transfer.

There has been a 23.6% increase in critically injured patients transported to Level I trauma centres by helicopter, thereby shortening their time from injury to receiving definitive care. A focus on outreach and raising awareness of how operating within a trauma system improves patient outcomes, are required to improve the early referral of patients from Level II and III trauma centres.

Transporting patients with cardiac chest pain to the best place

Measure#*	Measure definition	Best practice FY 2023	FY 2022	FY 2021
Patients with cardiac chest pain transported	% of patients with cardiac chest pain transported to hospitals with a cardiac catheterisation laboratory	74.0%	81.1%	85.0%

\# A higher score is better.
* Interhospital transfer numbers are not included in this measure.

We closely monitor patients with cardiac chest pain during transport to a hospital with a cardiac catheterisation laboratory, to rapidly diagnose and treat their condition. Netcare 911 has finalised its cardiac telemetry programme, which allows for electrocardiogram (ECG) recordings to be sent to the receiving cardiologist in real time. The reduction in performance in FY 2023 is attributable to more incidents occurring further away from a hospital with a cardiac catheterisation laboratory, with patients thus transported to hospitals without this facility. Some patients were subsequently transferred to a cardiac facility after being stabilised (transfers are not included in this measure).

Improved independence of patients requiring physical rehabilitation

Measure#	Measure definition	Best practice FY 2023	FY 2022	FY 2021
Improvement in everyday activities				
Improved independence for patients following polytrauma	Average weekly improvement in everyday activities (Beta) score	7.28	8.71*	8.25
Improved independence for patients following a traumatic spinal cord injury	Average weekly improvement in everyday activities (Beta) score	3.63	5.38	
Improved independence for patients following an acquired brain injury	Average weekly improvement in everyday activities (Beta) score	5.61	6.12	6.53
Patients discharged home				
Patients discharged home following a traumatic spinal cord injury	% discharged to their home environment	95.9%	95.9%	
Patients discharged home following an acquired brain injury	% discharged to their home environment	95.6%	89.7%	91.8%

\# A higher score is better.
* This result was updated due to more data becoming available after the end of the reporting period.

People who are unable to perform activities of daily life following illness, injury or polytrauma require physical rehabilitation, often relearning old skills and acquiring new abilities. Rehabilitation practitioners at Netcare Rehabilitation Hospital work in multi-disciplinary teams to develop individualised rehabilitation programmes unique to each patient's condition and ability, also taking into consideration their home environment. The goal is to empower patients to live as independently as possible at home.

A Beta score – representing the average weekly improvement in patients' ability to perform every activities – is first calculated on admission, setting a baseline from which improvement can be measured. Data is captured electronically in a clinical data system specifically developed for rehabilitation.

The lower Beta scores in FY 2023 are attributable to higher employee turnover, given the importance of staffing stability in effective rehabilitation. Colleagues at non-Netcare practices have reported experiencing similar challenges. The ultimate aim is for patients undergoing rehabilitation to be discharged home successfully. The discharge home rate remains consistent, with a pleasing improvement in the rate for acquired brain injury patients.

In FY 2023 we revised the inclusion criteria for our spinal cord injury measures to only those who acquired their injury due to trauma.

Caring for people following a stroke

A stroke occurs when there is a bleed into or a block in the blood supply to a part of the brain, which deprives it of oxygen and nutrients. A stroke is a medical emergency and requires urgent intervention, as it may cause lasting brain damage. Netcare divisions strive to ensure optimal patient outcomes, including rapid response and transport to an ED with specialised stroke facilities, timely diagnosis and treatment on arrival, definitive hospital treatment, and multi-disciplinary rehabilitation.

*Timeous emergency medical services response for priority one patients: PG 24 in **this report**.*

Transporting patients with stroke symptoms to the best place

		Best practice		
Measure#*	**Measure definition**	**FY 2023**	FY 2022	FY 2021
Patients with stroke symptoms transported	% of patients with stroke symptoms transported to hospitals with specialised stroke facilities	**54.2%**	63.0%	63.6%

\# A higher score is better.
* Interhospital transfer numbers are not included in this measure.

We closely monitor the transport of patients with signs and symptoms of a stroke to an ED that meets the standards of care required to rapidly diagnose and treat strokes. A patient may be transferred to another hospital after being stabilised at a local hospital for specialised treatment. The reduction in this measure for FY 2023 is believed to be partly due to some patients being transported to the nearest hospital, rather than those meeting the standards of care required to rapidly diagnose and treat strokes. Ongoing training is in place. In FY 2024, this measure will be revised to only include those patients transported within the Netcare ecosystem, where EDs meeting the Registry of Emergency Stroke Care Quality (RES-Q) standards of care could assist with identifying the EDs best positioned to manage these patients.

Meeting European Stroke Organisation standards for care

		Best practice		
Measure#	**Measure definition**	**Jul – Sep 2023**	Apr – Jun 2023	Jan – Mar 2023
NEW Meeting ESO standards for treating strokes	% EDs meeting RES-Q standards of care for identifying and treating strokes	**100%**	96.8%	56.2%
NEW Achieving ESO Angel Awards for outstanding stroke care	Number of EDs achieving ESO Angel Awards for outstanding stroke care	**9**	7	5

\# A higher score is better.

Given the importance of timeous recognition, diagnosis, and treatment of stroke patients in minimising brain damage and improving their chances of a better recovery, Netcare EDs are voluntarily registered with and submit data to RES-Q. This initiative, which falls under the European Stroke Organisation's Enhancing and Accelerating Stroke Treatment Project (ESO East), provides a set of standards for providing the full spectrum of diagnostic and interventional services to identify and treat strokes, 24 hours a day.

The measure for meeting ESO standards for stroke care is based on compliance with ten ESO East internationally benchmarked parameters for diagnosing and treating strokes in EDs. All Netcare EDs met the RES-Q standards of care, which sets the foundation for consistent, quality patient care in an organised stroke system. The ESO Angel Awards use data submitted to RES-Q to recognise outstanding levels of stroke care.

Quality of care measures continued

Improved independence for patients following a stroke

Measure#	Measure definition	**Best practice** FY 2023	FY 2022	FY 2021
Patients discharged home				
Patients discharged home following a stroke	% discharged to their home environment	**97.3%**	96.7%	94.9%
Improvement in everyday activities				
Improved independence for patients following a stroke	Average weekly improvement in everyday activities (Beta) score	**5.51**	5.75*	6.67

\#   A higher score is better.
*   This result was updated due to more data becoming available after the end of the reporting period.

Each person experiences a stroke differently. Physical rehabilitation involves relearning skills to be able to move and care for oneself independently. Results show a continued increase in the percentage of patients discharged home to their residence and not frail care. In terms of improved independence, a weekly Beta score above 4.2 is accepted as clinically significant[1, 2].

In FY 2023 we had more patients with milder strokes and thus required less improvement in their Beta scores prior to discharge home to their residence. This combined with unusually high employee turnover experienced in the physical rehabilitation sector has largely contributed to the deterioration in the Beta score. Nonetheless, we consider this to be a good result.

······ *Improved independence of patients requiring physical rehabilitation: PG 26 in **this report**, for more on the Beta score.*

1.   *Werner, R.A., 1994. Predicting outcome after acute stroke with the Functional Independence Measure. Topics in stroke rehabilitation, 1(3), pp.30-39.*
2.   *Bottemiller, K.L., Bieber, P.L., Basford, J.R. and Harris, M., 2006. FIM scores, FIM efficiency, and discharge disposition following inpatient stroke rehabilitation. Rehabilitation Nursing, 31(1), pp.22-25.*

Caring for people on long-term haemodialysis

People whose kidneys have permanently failed require long-term haemodialysis to filter waste and fluid from their blood. Our patients participate in co-creating their care plans and provide regular feedback on their health, wellbeing, and experience with our dialysis unit employees. This person centred approach is strengthened by digital enablement of our patient journey and our shared care programme, in which patients can choose to take an active role in their haemodialysis treatment. Treatment effectiveness is monitored through blood tests.

Level of wellbeing for patients on long-term haemodialysis

Measure#	Measure definition	Person centred care		
		FY 2023	FY 2022	FY 2021
Physical wellbeing of patients on long-term haemodialysis	% of patients who report that their physical wellbeing is within the recommended range	**72.3%**	71.5%	69.8%
Mental wellbeing of patients on long-term haemodialysis	% of patients who report that their mental wellbeing is within the recommended range	**92.9%**	91.1%	90.3%

 # A higher score is better.

National Renal Care uses patient-reported outcome measures to gain insight into the perceived impact of kidney disease and its treatment on a patient's quality of life, including their physical and mental wellness. Their responses are used to establish realistic individualised treatment goals based on what matters most to them. Surveys are conducted twice a year.

Patient involvement in making decisions around their optimal health and functioning is supported by the National Renal Care patient app, through which they can access their clinical data and other educational and lifestyle resources, to assist patients and their families to better understand and manage their condition. The effectiveness of this person centred approach is reflected in the continued improvement in the self-reported physical and mental wellbeing of our patients.

Patient perception of care by dialysis unit employees

Measure#	Measure definition	Person centred care		
		FY 2023	FY 2022	FY 2021
Dialysis unit employees always show respect for what you had to say	% of patients who responded who rated their experience as always in the last three months	**77.8%**	72.5%	65.9%
Dialysis unit employees always listen carefully	% of patients who responded who rated their experience as always in the last three months	**76.6%**	69.3%	61.7%
Dialysis unit employees always explain in a way you can understand	% of patients who responded who rated their experience as always in the last three months	**77.4%**	68.9%	60.6%
NEW Dialysis unit employees always care about you as a person	% of patients who responded who rated their experience as always in the last three months	**78.1%**	67.3%	64.2%

 # A higher score is better.

Quality of care measures *continued*

A positive and compassionate patient experience is important in creating a person centred participatory healthcare environment and impacts the quality, effectiveness, and safety of our care. Patient perception surveys are conducted twice a year, and this year we have extended our reporting to patients' experience of being treated as a person.

Our patient experience results continue to improve, after being negatively impacted during the COVID-19 pandemic. The easing of pandemic restrictions and National Renal Care's compassion training to empower dialysis unit employees with the resources to provide care that is based on empathy, respect, and dignity in support of patients' wellness journey, are central to our improved performance.

Shared care haemodialysis

Measure[#]	Measure definition	Best practice		
		FY 2023	FY 2022	FY 2021
Shared care haemodialysis	% of haemodialysis units in which patients perform at least one of their haemodialysis treatment tasks	**97.2%**	91.4%	76.1%

[#] *A higher score is better.*

Shared care empowers patients to become actively involved in their treatment by performing one or more of the tasks required for their haemodialysis. A patient's involvement and engagement in their own care improves both their dialysis outcome and their treatment experience, facilitating independence and building self-confidence and optimism to care for themselves. In FY 2023, National Renal Care renewed its focus on patients becoming more involved in their own care, contributing to the increase in this measure.

Dialysis outcome measures

Measure[#]	Measure definition	Best practice		
		FY 2023	FY 2022	FY 2021
Albumin – monitoring for nutritional insufficiency	% of patients on long-term haemodialysis whose latest albumin results are within the recommended range	**85.3%**	85.0%	86.3%
Haemoglobin – monitoring for anaemia	% of patients on long-term haemodialysis whose latest haemoglobin results are within the recommended range	**56.5%**	55.5%	56.0%
Calcium – monitoring for a bone and mineral disorder	% of patients on long-term haemodialysis whose latest calcium results are within the recommended range	**70.3%**	69.5%	69.1%
Phosphates – monitoring for a bone and mineral disorder	% of patients on long-term haemodialysis whose latest phosphate results are within the recommended range	**48.5%**	46.7%	47.2%

[#] *A higher score is better.*

Blood test results are needed to monitor the effectiveness of dialysis and to identify early signs of potential complications such as inadequate nutrition, anaemia, and bone and mineral disorders. These four measures form part of the National Renal Care patient app's key markers for living longer and leading a better quality of life, giving patients the information they need to monitor and participate in their health journey.

National Renal Care's focus on continuous quality improvement is reflected in the stability of the clinical markers over time. An example of how the app empowers patients to actively participate in their health is the assistance it provides in achieving their phosphate treatment goal, by providing dietary advice on reducing phosphate intake and reminding patients to take their phosphate binder medication.

Caring for people with pain

Pain is the most common reason for patients to seek medical treatment. Each person's experience of pain is unique to them. Timeous, appropriate pain management is important for a person's quality of life, outcome, and experience of care. Across the Netcare Group, we engage with patients on their experience of pain and how effectively we manage it.

Managing pain pre-hospital

NETCARE 082 911 24HR EMERGENCY MEDICAL SERVICES		Best practice		
Measure#	Measure definition	FY 2023	FY 2022	FY 2021
Managing pain pre-hospital	% of patients with pain scores of 6 or higher out of 10, whose pain is reduced to less than 6	76.2%	72.3%	69.2%

\# A higher score is better.

We measure how well Netcare 911 manages a patient's pain while being transported to hospital. Patient reported pain is captured by the EMS team when they arrive on scene and again after treatment has been initiated.

Recent regulatory amendments have enabled paramedics and emergency care practitioners (ECPs) to provide a wider range of analgesic medications to manage patients' pain. This, together with the increased number of paramedics and ECPs employed by Netcare and a higher number of advanced life support ambulances deployed in various operating regions, contributed to the improvement in this measure.

Managing pain in the emergency department

NETCARE hospitals		Best practice		
Measure#	Measure definition	FY 2023	FY 2022	FY 2021
Managing pain in the emergency department	% of patients reporting pain who answered 'yes, definitely', employees tried to help reduce their pain	67.7%	65.9%*	67.5%*

\# A higher score is better.
* These results have been restated following a change to the consolidation date used.

More than 75% of patients presenting to an ED are experiencing pain[1]. The goal of pain management in an ED is not to completely eradicate a patient's pain, but to reduce their pain to an acceptable level until they are admitted to hospital or are able to go home.

Netcare EDs have a dedicated pain management pathway for patients presenting with moderate pain, which starts in triage. Patients are surveyed via email after discharge from an ED. The improvement in patients responding that employees tried to help reduce their pain is partly attributable to the pain management pathway.

Timeous administration of pain medication

NETCARE hospitals		Best practice	
Measure#	Measure definition	Oct 2022 – Mar 2023*	FY 2022
Timeous administration of pain medication	Average time in minutes between prescribed time for patients' medication and the time it was administered (hang time)	50.3	34.8

\# A lower score is better.
* Results are not available for the second half of FY 2023 due to an interruption in business processes.

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

Quality of care

Quality of care measures continued

Effective pain management requires that pain medication is administered timeously. The time at which a patient receives their pain medication is recorded via our electronic medical record system, which enables us to track prescription, dispensing and preparation. In this period it was active at 21 Netcare hospitals.

There was an increase in the average hang time compared to FY 2022. This may be attributable to variability in the adoption of medication management via our electronic medical record system by both pharmacy and nursing employees. We will continue to monitor this closely and take corrective action where necessary.

Patient perception of pain management

NETCARE hospitals

Person centred care

Measure#	Measure definition	FY 2023	Nov 2021 – Sep 2022*
How well your pain was managed during your stay	Average rating on a scale from 0 to 10	**8.76**	8.72

\# A higher score is better.
* New PFS rolled out to all hospitals by November 2021.

Controlling pain helps speed up recovery and can reduce the risk of developing complications after surgery. Patients are also better able to participate in physical therapy. Developing individualised pain management plans requires good communication between patients, doctors and nurses, which helps keep patients as pain-free as possible. Patients' pain is assessed at regular intervals while in hospital, aligned to their pain medication schedule.

Our PFS includes a question on how well patients perceive their pain was managed. Results for FY 2023 show a slight improvement in patients' experience of how well their pain was managed.

Effective and responsible use of antibiotics

Antibiotics are an essential tool for treating infections. However, antibiotic resistance is a major global concern and is exacerbated by excessive or unnecessary prescription.

Timeous administration of antibiotics for severe infections

		Best practice		
Measure#	**Measure definition**	**FY 2023**	FY 2022	FY 2021
Timeous administration of antibiotics for severe infections	% of patients who receive their first dose of their first antibiotic within one hour of prescription (hang time)	**61.3%**	80.6%	82.6%

A higher score is better.

Starting treatment of a serious infection with a prescribed antibiotic as soon as possible can be a critical factor in ensuring the best possible patient outcomes[1]. To monitor hang time, pharmacists review a sample of patient charts and capture their findings electronically.

The lower performance is attributable to improved data accuracy and the further rollout of our digitisation strategy in our hospitals. We are also implementing collaborative quality improvement initiatives between our pharmacy and nursing teams, which we expect will impact this result favourably in FY 2024.

Antibiotic stewardship

Urgent action is required to ensure that common infections and minor injuries do not cause death and disability in the future because of antibiotic resistance. Netcare has a well-established antibiotic stewardship programme to promote the responsible use of antibiotics.

Use of antibiotics

		Safest care		
Measure#	**Measure definition**	**FY 2023**	FY 2022	FY 2021
Use of antibiotics	Defined daily dose per 100 bed days	**85.2**	91.9*	106.4*

A lower score is better.
*   These results changed following a review of the data rules used in calculating the defined daily dose.

The Netcare Hospital Division monitors antibiotic prescription of all adult patients, both for in-hospital and day case admissions (excluding antifungal agents and Bactrim). The defined daily dose is the assumed average maintenance dose per day of a drug used for its main indication in adults. The reduction in the defined daily dose is attributable to greater vigilance and adherence to antibiotic stewardship processes, and our clinical pharmacists' renewed focus on strengthening stewardship programmes across our hospitals.

1. *Kumar, A., Roberts, D., Wood, K.E., Light, B., Parrillo, J.E., Sharma, S., Suppes, R., Feinstein, D., Zanotti, S., Taiberg, L. and Gurka, D., 2006. Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Critical care medicine, 34(6), pp.1589-1596.*

Quality of care measures continued

Antibiotic prescription review

NETCARE hospitals

		Safest care		
Measure#	**Measure definition**	**FY 2023**	FY 2022	FY 2021
Right antibiotic	% of patients receiving the right antibiotic for their infection	**98.9%**	98.7%*	99.0%*
Right antibiotic dose	% of patients receiving the right antibiotic dose for their infection	**98.7%**	98.9%	99.0%*
Right antibiotic duration	% of patients receiving the right antibiotic duration for their infection	**96.1%**	97.5%*	97.7%*

A higher score is better. Day theatres are excluded.
* These results changed following a review of the data rules and the alignment of systems.

Using infection markers and clinical responses to treatment, our pharmacists regularly review the antibiotic therapy used to treat patients, with any concerns raised with the treating clinician and a suitable alternative recommended. Pharmacists review patient charts and capture compliance electronically.

The measures form the foundation of Netcare's antibiotic stewardship programme and are based on principles recommended by the WHO and the National Department of Health's strategic framework on antimicrobial resistance in SA. Performance is monitored weekly. Our performance against these measures has been sustained, and we continue to strengthen our antibiotic stewardship interventions where required.

Individualised medication treatment

Clinical pharmacists work in collaboration with doctors, nurses, and patients to apply their pharmacology knowledge to recommend individualised medication treatment for patients on high-risk medication, or with conditions requiring specialised pharmacology expertise. The recommendation considers the best clinical benefit of the medication and its efficient administration and is specific to a particular patient and their condition. The Netcare anticoagulant safety and stewardship programme is well established and was the foundation of our clinical pharmacy programme.

NETCARE hospitals

		Best practice		
Measure	**Measure definition**	**FY 2023**	FY 2022	FY 2021
High risk medication review				
Adjustments recommended by pharmacists	% of patients' medication charts reviewed, for which medication adjustments were recommended	**20.5%**	21.7%	17.6%
Adjustments made following discussion with the doctors	% of medication adjustments made following discussion on pharmacists' recommendations	**82.8%**	85.2%	79.3%
Anticoagulant medication review				
Adjustments recommended by pharmacists	% of anticoagulant medication reviewed, for which medication adjustments were recommended	**7.4%**	6.9%	6.0%
Adjustments made following discussion with the doctor	% of anticoagulant medication adjustments made following discussion on pharmacists' recommendations	**75.8%**	74.6%	76.9%

The targeted list of patient prescriptions requiring review, interventions recommended, and adjustments made, are recorded electronically. Performance has remained relatively consistent over the past two years, a result of normalising and maturing our processes following the COVID-19 pandemic. Our digitisation strategy has added value in providing efficient access to patient clinical information and improved communication within the multi-disciplinary healthcare team.

Patient safety while under our care

Patient safety is a key priority while under our care. This includes minimising in-hospital infections and the risk of injuries associated with falls or pressure lesions, as well as preventing harm due to the incorrect administration of medicines.

Infection prevention

NETCARE hospitals

			Safest care	
Measure#	Measure definition	**FY 2023**	Oct 2021 – Jul 2022	FY 2021
Infected operation wounds	Surgical site infections (SSI) per 100 surgeries	**0.12**	0.05	0.05
Urinary tract infections	Catheter associated urinary tract infections (CAUTI) per 100 catheters inserted	**0.32**	0.30	0.30
Bloodstream infections	Central line associated bloodstream infections (CLABSI) per 100 central lines inserted	**2.79**	0.94	0.92

 #   A lower score is better

We make every effort to keep patients safe from infections acquired while admitted to our facilities. This is especially important for patients with compromised immunity. We have numerous programmes to prevent and detect infections, including hand hygiene protocols, proactive monitoring of infections and pathology test results, and using robots equipped with ultraviolet lights to clean and disinfect rooms.

Pathology results are recorded electronically. Based on these results, specialist infection prevention and control nurses investigate possible infections. In our new digital platform, the Infection Management Tool, we have enhanced our alert functionality for potential infections, which has improved our ability to identify and report SSIs. The increase in SSI is largely attributable to this increased detection capability. CAUTIs have remained relatively stable over the period. The near-tripling in CLABSIs is in line with international experience starting with the COVID-19 pandemic. Our improved reporting capability also contributed to this increase. We are closely monitoring performance of the Infection Management Tool and our data as we transition to the new platform.

📄······ *Reducing late infections in very low birthweight babies: PG 23 in* **this report**.

Preventing medication-related patient harm

NETCARE hospitals   NETCARE akeso   NETCARE medicross

			Safest care	
Measure#	Measure definition	**FY 2023**	FY 2022	FY 2021
Preventing medication related patient harm – Netcare Hospital Division	Medication related events that result in any harm to a patient per 100 admissions	**0.02**	0.02	0.01
Preventing medication related patient harm – Netcare Akeso	Medication related events that result in any harm to a patient per 100 admissions	**0.06**	0.04	0.02
Preventing medication related patient harm – Netcare Medicross	Medication related events that result in any harm to a patient per 10 000 visits to a doctor or dentist	**0.04**	0.02	0.01

 #   A lower score is better. Day theatres are excluded.

We closely monitor our medication practices to support safe and appropriate medication use and to identify opportunities for improvement to promote safe prescribing, dispensing and administration of medication. Educating our patients on safe use of medication is an important part of this process. Details of incidents are recorded electronically.

The Netcare Hospital Division's performance for the year remained stable. The increase in events in Netcare Akeso is attributable to higher vigilance in identifying, correcting and reporting incidents, and we undertook extensive training during FY 2023 on preventing errors in medication substitution and administration. Netcare Medicross continues to encourage adherence to safe administration practices and controls, to reduce medication errors and improve patient safety.

Quality of care measures continued

Fall prevention

			Safest care		
NETCARE hospitals — **NETCARE akeso** — **NETCARE medicross**					
Measure#	**Measure definition**	**FY 2023**	FY 2022	FY 2021
Falls that result in injury – Netcare Hospital Division	Falls that result in any injury per 100 admissions (age ≥18 years)	**0.13**	0.13	0.13
Falls that result in injury – Netcare Akeso	Falls that result in any injury per 100 admissions (age ≥18 years)	**0.35**	0.46*	
Falls that result in injury – Netcare Medicross	Falls that result in any injury per 10 000 visits to a doctor or dentist	**0.04**	0.07	0.06

A lower score is better. Day theatres are excluded.
* This result has been updated as the measured population is now patients with age >=18 years only.

A patient's illness and condition, medication side effects, and unfamiliarity with a hospital environment can make them vulnerable to falling. Patients admitted to our facilities are assessed using an international standard to determine their risk of falling. We take special precautions with patients assessed as at risk, which includes working with the patient and their family. Details of incidents are captured electronically.

Netcare hospitals conduct risk assessments at admission and daily. Patients at risk of falling wear red identity bands and, where possible, are cared for in the same room, close to the nursing station. The Netcare Hospital Division's rate of falls has again remained stable.

Netcare Akeso focuses on training nurses on which medications have sedation side effects, in addition to conducting fall risk assessments. In FY 2023, the measure for Netcare Akeso was updated to only include adults 18 years or older, to align with the Netcare Hospital Division's reporting. Even when accounting for this change in methodology, Netcare Akeso's rate of falls resulting in injury decreased 24% year-on-year, which is partially attributable to infrastructure projects at some facilities to improve spatial movement and enhance safety features.

Netcare Medicross's renewed focus on falls prevention assisted in lowering their rate of falls in the year. This includes actively identifying and addressing potential hazards and creating awareness on the importance of fall prevention in our communities, in line with its primary care objective of promoting health and wellbeing.

Pressure lesion prevention

			Safest care		
NETCARE hospitals					
Measure#	**Measure definition**	**FY 2023**	FY 2022	FY 2021
Developing a severe pressure lesion	Stage III or IV HAPLs per 100 admissions of three or more days. (age>=18 years, obstetrics, and burns >=20% of body surface excluded)	**0.01**	0.02	0.03

Patients admitted to hospital, particularly those admitted to critical care units, are at risk of developing hospital acquired pressure lesions (HAPLs). Patients admitted to Netcare hospitals are reviewed regularly for the risk of developing HAPLs using international standards, and preventative actions taken where necessary. This includes risk assessment on admission and per shift to ensure that skin integrity is maintained, caring for patients at risk of pressure lesions on pressure relieving mattresses and regular pressure care by nursing employees.

Incident reports are captured electronically. HAPL rates reduced by 41% year-on-year, which are now below pre COVID-19 pandemic levels.

Clinical commercial

Key focus areas for FY 2023
- Driving efficiency improvements.
- Enhancing our value-based care offering to enhance our medical scheme funder value proposition.

Objective
To manage the cost of delivering care and to commercialise clinical quality.

Private medical funders

Our funder strategy is to deliver patient centric cost-effective care, develop competitive proposals and collaborate on improvement opportunities.

Who they are
National and international private medical funders, together with the Compensation Fund for Occupational Injuries and Diseases.

Quality of our relationships
Our ability to leverage our analytical and clinical expertise and measurable quality of care outcomes stands us in good stead when engaging with medical schemes. In addition to contractual reporting, we also share our data with medical schemes.

Our relationships with medical schemes are well established and mutually beneficial; however, a natural tension exists with schemes wishing to contain utilisation and cost. This is further exacerbated with the ongoing deterioration in medical scheme risk pools. As a result, we continue to experience an arbitrage between the annual escalation in tariffs[1] versus operating expenses, most of which rise significantly above CPI, placing pressure on our EBITDA margins.

Quality of care measures

23 quality of care measures were reported in our automated quality report to medical funders, released quarterly. In FY 2023, funders required additional measures for mental health and day theatres, and for the first time received a mental health readmissions report.

Private medical funder engagement

Our relationships and engagements with funders allow us to present competitive proposals to secure our participation in network opportunities, which in turn, enable us to preserve and grow patient volumes and attract and retain doctors.

How we engage

- Day-to-day interventions on patient coding and case management.
- Dedicated relationship managers.
- Quarterly quality of care reports as per contractual agreements.
- Contract and tariff negotiations.

Their needs, expectations and interests

- Measurable quality of care, safety and patient experience outcomes.
- Cost-effective care: efficiency and optimisation improvement initiatives.
- Utilisation trends.
- Participation in scheme options with restricted hospital networks.
- Value-based care contracting.
- A balanced service offering to satisfy member needs.
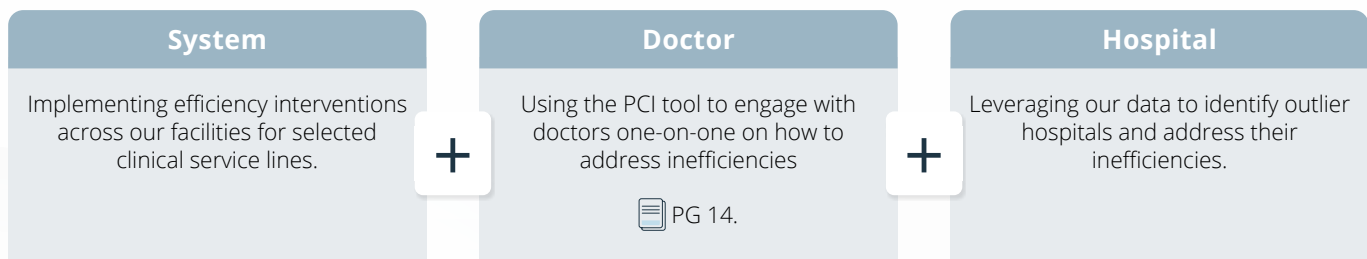- Combatting medical fraud.

1. Tariffs have not aligned with CPI since 2019.

Private medical funders continued

Quality measures and efficiencies

Cost efficiency is a priority for all medical schemes in tariff negotiations and when selecting hospitals for network plans. To some extent, efficiency mitigates the lower tariffs associated with restricted provider network arrangements. In FY 2023, we established the Efficiency Committee with representatives from across the Netcare Hospital Division to drive nine workstreams to shift the efficiency dial for the Group. Clinical frameworks, incorporating quality and efficiency data models, for three clinical conditions which are widely represented across our hospitals were developed during the year, adding to our first data model implemented last year. These models are also being used to inform funder contracting.

Our three-level approach to efficiency

System		Doctor		Hospital
Implementing efficiency interventions across our facilities for selected clinical service lines.	**+**	Using the PCI tool to engage with doctors one-on-one on how to address inefficiencies 📄 PG 14.	**+**	Leveraging our data to identify outlier hospitals and address their inefficiencies.

Clinical and efficiency data modelling

Our digitally enabled and data driven strategy is already contributing positively to Netcare's years of investment in measuring quality outcomes. We aim to show intellectual leadership in the measurement of quality of care, applying rigorous modelling methodologies, reporting results transparently and continuing to improve and develop our data collection processes. Our newly developed risk-adjusted clinical and efficiency data models will enable us to identify areas of excellence, measure and track quality outcomes, and better understand the drivers of costs for each condition. Building on these models, together with efficiency and cost analytics, we are developing strategies to inform system-wide interventions at our facilities for the selected clinical offerings. The next step will be to automate data extraction, risk modelling and the production of the clinical and efficiency data model outputs.

📄 ······ *Clinical data modelling: PG 19 in* **this report**.

Value-based care

We adopt a proactive approach to value-based care. Measuring the three elements of value-based care (efficiency, patient experience and quality) ensures that our healthcare interventions, treatments and services are effective, efficient and person centred.

Drawing on our clinical and efficiency data models and international and local experience, we enhanced our value-based care competency in FY 2023 to support more focused and proactive engagements with medical schemes.

Network participation

Netcare remains well-represented in network options. We review and evaluate all available provider network opportunities, and are intentional in targeting anchor partner status for some networks and greater participation in others. Our proposals are carefully considered against retaining doctors and balancing patient volumes against Group profitability and margin. The Tariff Committee assesses our proposals, ensuring that they are commercially viable.

In FY 2023, we were successfully appointed as co-anchor on one of the two major tenders up for renewal in restricted provider network arrangements, where previously we had filler status. While we were not given anchor status in the remaining value network tender, we were granted filler status at six hospitals. Our geographic footprint, coupled with the NetcarePlus GapCare products, enables us to retain a steady portion of patients in these types of networks.

Governance

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Key focus areas for FY 2023

- Extend the clinical governance framework across the Group, beyond the Netcare Hospital Division.
- Roll out the digital credentialling process to other divisions within the Group.
- Continue implementing the medical surveillance programme across the Group.
- Reduce the generation of healthcare risk waste in our facilities.

Objective
To improve and strengthen the regulatory framework governance clinical practice.

Clinical governance

Our clinical governance framework identifies, manages and minimises operational and clinical risks to patient safety. It regulates the relationship between Netcare and its independently contracted healthcare practitioners who provide clinical services to our patients.

The governance framework, implemented in the Netcare Hospital Division in FY 2022, was extended to cover Netcare Akeso, Netcare Medicross, Netcare Cancer Care and National Renal Care. This included a review of the terms of reference of the Clinical Governance Committees for Netcare Akeso and Netcare Medicross to ensure alignment with the framework.

Credentialing

Our credentialing processes ensure that all healthcare practitioners practising at Netcare are suitably qualified and registered with the HPCSA[1] or relevant regulatory body. The new digital credentialing process was extended beyond the Netcare Hospital Division in FY 2023 to include Netcare Akeso, Netcare Medicross, Netcare Cancer Care and National Renal Care. For FY 2023, 92% of healthcare practitioners across the five divisions were credentialled. The quality of this data is monitored monthly. The recredentialing of all healthcare practitioners will take place annually, and digital credentialing for Netcare 911 will commence in FY 2024.

Clinical Governance Committees

Our Clinical Governance Committees ensure that healthcare practitioners practise within their regulatory and legislative framework, and are held accountable to the highest professional, ethical and legal standards. The Netcare Hospital Division, Netcare Akeso, Netcare Medicross and Netcare Cancer Care all have their own Clinical Governance Committees.

At the Group level, the Netcare Clinical Practice Committee reviews matters related to the conduct, impairment and credentials of healthcare practitioners and oversees the suspension and revocation of privileges, should this be necessary. An independent multi-disciplinary panel of 11 experts in various fields of clinical medicine supports the committee, advising on matters related to clinical practice, conducting peer reviews and making recommendations regarding evidence-based clinical guidelines, policies and protocols.

Netcare Clinical Practice Committee

73 cases reviewed by the Netcare Clinical Practice Committee with most cases resolved.

FY 2022: 49[2]
FY 2021: 37

Independent panel

Eight cases referred to the independent panel for peer review.

FY 2022: three
FY 2021: one

Privileges revoked

Five healthcare practitioners' privileges revoked for unsafe clinical practice and conduct not in keeping with Netcare's values.

FY 2022: one
FY 2021: zero

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1. *Health Professions Council of South Africa.*
2. *Restated to rectify a reporting error.*

Safety, health, environment and quality

Netcare's Safety, Health, Environment and Quality (SHEQ) function provides internal and independent assurance processes throughout the Group and safeguards Netcare by managing SHEQ risks and regulatory compliance in a manner that contributes to long-term business sustainability. SHEQ is overseen by the Consistency of Care Board Committee.

Our SHEQ activities are supported by the SafeCyte digital platform, which is used to manage the governance structures for quality management, occupational health and safety (OHS) and integrated waste management. This ensure regulatory compliance.

Quality management system (QMS)

Our QMS comprises the following three levels in our assurance approach:

Non-independent assurance **1**	Semi-independent assurance **2**	Independent assurance **3**
Internal quality review (self-assessments).	Peer reviews conducted by a team of regional and senior managers from other facilities in the Group.	ISO 9001:2015 certification assured by the British Standards Institute (BSI) and compliance with the National Department of Health's standards, as conducted by the Office of Health Standards Compliance (OHSC).

Internal quality reviews

Internal reviews are an essential mechanism to ensure compliance with our quality standards and direct the implementation of improvement processes. Operational managers have also highlighted the benefit of these reviews in assisting employees in understanding their contribution to quality and the causes of non-compliance. An effective quality review process also improves the Group's state of readiness for independent assurance processes.

Internal quality reviews were conducted in 275 (FY 2022: 295) facilities across all divisions with a compliance target of 90%. Quality management was supported by formal training across all divisions on implementing quality improvement programmes.

Internal quality reviews (compliance scores)	FY 2023	FY 2022	FY 2021
Netcare Hospital Division	96%	90%	88%
Netcare 911	95%	94%	93%
Netcare Cancer Care	97%	94%	92%
Netcare Akeso	94%	80%*	–
Netcare Medicross	89%	89%	90%
National Renal Care	94%	95%	96%

* *First baseline.*

Independent assurance

In FY 2023, the OHSC commenced with inspections of all private healthcare groups in SA to assess compliance with regulated norms and standards. As at the end of FY 2023, 11 Netcare facilities had been inspected, and all have been certified as compliant, achieving the highest possible grading (excellent). Obtaining the OHSC Certificate of Compliance is the first step to participate in the National Health Insurance (NHI) fund. The inspection also adds an additional level of independent quality assurance and verification of the Netcare Hospital Division's standards.

Netcare has again been certified ISO 9001:2015 compliant, for the sixth consecutive year. The BSI conducted audits in a sample of 24 facilities and noted Netcare's high quality standards. This verification not only provides external assurance that the ISO standard is maintained, it also is fundamental in identifying quality risks and opportunities to direct continuous improvement throughout the Group.

Occupational health and safety (OHS)

Medical surveillance programme

10 236

medicals conducted as part of our medical surveillance programme (target: 7 900)

FY 2022: 6 111 (target: 4 700)

All divisions continue to implement Netcare's comprehensive risk-based employee medical surveillance programme. The target is to have all employees included in the programme by FY 2025.

OHS incidents

976

OHS incidents recorded, of which 21% rated as insignificant risk, 58% as minor risk, 21% as moderate, and less than 1% high to major risk.

FY 2022: 2 940

Improving safety practices requires that employee incidents are reported and managed. Netcare promotes a "safe to report" culture to encourage employees to report incidents, to ensure we have robust data to inform safety interventions.

OHS incident	Group total	Netcare Hospital Division	Netcare 911	Netcare Akeso	Netcare Medicross	National Renal Care
Exposure to COVID-19	**41**	33	6	1	1	0
Exposure to TB/other infectious diseases	**6**	6	0	0	0	0
Hazardous biological agent (HBA) exposure: sharps injuries	**183**	151	20	1	5	6
HBA exposure: splash injury	**35**	28	6	0	1	0
Exposure to hazardous chemical agents	**42**	33	3	1	0	5
Incident/accident resulting in injury	**667**	533	103	11	6	14
Radiation incident	**1**	1	0	0	0	0
Exposure to cytotoxic or antineoplastic drugs	**1**	1	0	0	0	0
Total incidents	**976**	786	138	14	13	25

OHS training

5 235

Employees received OHS training.

FY 2022: 4 823

Absenteeism

947 437

Hours of absenteeism from work (all causes, including illness, injury, etc.).

FY 2022: 1 101 865 hours

*Occupational health and safety: PG 77 of the **ESG report**.*

Integrated waste management

Waste governance is managed on SafeCyte and a data management dashboard is used to track waste volumes at hospitals.

For healthcare risk waste (HCRW) – which is waste generated in the provision of healthcare that is considered hazardous – we have set a target of below 2.21 kilograms per patient day (kg/ppd) for FY 2023. Essential to reducing HCRW volumes is improving waste segregation practices (such as not disposing non-hazardous waste with hazardous waste) at the point of generation, and identifying what HCRW can be repurposed or recycled, to also remove it from the HCRW stream.

HCRW recycling and repurposing initiatives were piloted and implemented at various Netcare hospitals, with the aim of improving efficiencies and reducing the impact on the environment. This has resulted in HRCW being reduced to 2.07 kg/ppd for FY 2023; well below our target. These initiatives included education around waste management practices, establishing clear policies and procedures for health risk wate management, improving waste segregation practices and ensuring proper placement and labelling of waste containers.

> Healthcare risk waste
> **2.07 kg/ppd**
> Target: 2.21 kg/ppd

#WeCare

Key focus areas for FY 2023
- Completing the digitalisation of Care4YOU programme content.
- Continued rollout of Care4YOU programme modules and introduction of new modules.

Objective
To look after the health and wellness of our people, in accordance with the *Quadruple Aim*.

Our people

The efficient delivery of the best health and care outcomes depends on the professional and personal resilience of healthcare professionals. We aim to make the lives of our people and partners on the frontline of healthcare delivery easier, which then reflects in their ability to provide improved patient experience and deliver the interrelated outcomes of the *Quadruple Aim*.

Who they are

Nurses, paramedics, pharmacists, IT specialists, management teams, the teams that facilitate our operational management systems, contracted employees, and the labour unions that represent our employees.

Engaging with our people

Effective employee engagement encourages innovation, critical thinking, proactiveness, continuous development and life-long learning to motivate and equip our people to deliver our strategic priorities. It also helps us assess the lived experience of our people at Netcare so that we can implement targeted programmes that enhance the Group as an employer of choice in an environment of fierce competition for skills.

How we engage

- Employee engagement surveys.
- Onsite Workplace Transformation Committees.
- Employee wellbeing programme and employee wellbeing days.
- Leadership in Touch Forums.
- Our online diversity and inclusion programme.
- Care4YOU programme to drive compassion.
- Change management interventions.
- Contract and annual salary negotiations and national consultative forums with trade unions.
- Confidential SHOUT Line to report racism, sexism, discrimination, harassment and human rights violations.

Their needs, expectations and interests

- A safe, caring and supportive working environment.
- Assistance with high levels of stress and burnout.
- Appropriate remuneration, reward and recognition.
- An inclusive and representative workplace with equal opportunities for development and career advancement.
- Trusted and supportive leadership.
- Fair labour practices.
- Access to systems for reporting unethical behaviour.
- Trade unions: Netcare's financial position, funder relations, the impact of load shedding, employee wellness, digitisation, and medical benefits.

Care4YOU

Our patient experience work continues to focus on Care4YOU. Galvanised by the preliminary findings of the investigation into the drivers of patients' experience of nursing compassion and satisfaction with their stay at a Netcare facility, we believe that embedding the value of compassion in Netcare will continue to positively impact on our employees, driving an improved patient experience and employee engagement. We are currently investigating how best to offer compassion-based training to our clinicians.

Care4YOU: PG 74 of the **ESG report***.*

Our people continued

Compassion training

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

In FY 2023, we successfully completed the digitisation of programme content, and commenced the rollout of modules 3 and 4. Content for modules 5 and 6 has already been developed, for rollout in FY 2024. Module 1 was rolled out in Netcare Akeso.

Modules 1 2

rolled out to **27 526** Netcare and third-party employees in the Netcare Hospital Division, Netcare 911, and Netcare Akeso.

Module 3

rolled out to **11 518** Netcare and third-party employees in the Netcare Hospital Division.

Module 4

rolled out to **2 165** employees in the Netcare Hospital Division.

The primary measure of patients' experience of compassion at Netcare is the nurse compassion score. The gradual decline in this score around the middle of FY 2023, while continuing what appears to be a seasonal trend, could partly be explained by the impact of multiple operational pressures. Through the redoubled efforts of site leadership and Care4YOU facilitators, we were able to reverse the decline.

Nurse compassion score

8.18

FY 2022: 8.11

Nurse compassion score
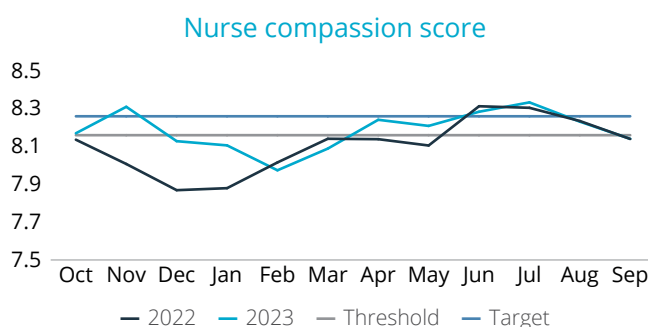
*Patient perception of care: PG 9 in **this report**.*

Gratitude platform

The digital gratitude card programme is a powerful personal motivator, which reinforces compassionate behaviours, positively impacting the patient experience. It allows patients to express gratitude to employees and teams who have cared for them.

Gratitude platform

36 555

cards received

FY 2022: 17 242