



NETCARE

# Netcare Limited

## Quality Report

for the year ended 30 September 2024



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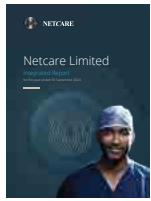
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# Our reporting suite

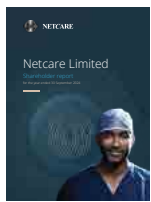


## Integrated report

Primary report to stakeholders, which 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.

### Key regulatory and reporting frameworks applied:

- International <IR> Framework (January 2021).
- King Report on Corporate Governance for South Africa (2016)<sup>1</sup> (King IV)<sup>1</sup>.
- Companies Act 71 of 2008, as amended (Companies Act).
- JSE Listings Requirements.
- International Financial Reporting Standards (IFRS).
- United Nations Sustainable Development Goals (UN SDGs).



## 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. The report is of particular interest to shareholders, investors, debt providers and regulators.

### Key regulatory and reporting frameworks applied:

- King IV.
- Companies Act.
- JSE Listings Requirements.
- IFRS.

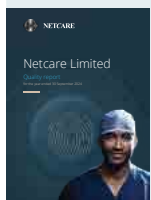


## Environmental, social and governance report

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

### Key regulatory and reporting frameworks applied:

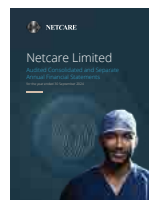
- King IV.
- Global Reporting Initiative (GRI) Standards.
- Task Force on Climate-related Financial Disclosures (TCFD).
- UN SDGs.
- UN Global Compact.
- Climate and water CDP.
- dtic Codes<sup>2</sup>.



## Quality report

Sets out the Group's consistency of care strategy and includes clinical outcomes data and measurement requirements. The report is of particular interest to patients, doctors, private medical funders and regulators.

**THIS REPORT**



## 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.

### Key regulatory and reporting frameworks applied:

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


## Additional information

- [GRI content index](#).
- [TCFD content index](#).
- [Notice of AGM and proxy form](#).
- [Hospital listing \(downloads tab\)](#).

Our reports can be accessed at [www.netcare.co.za/Netcare-Investor-Relations](http://www.netcare.co.za/Netcare-Investor-Relations) or readers can use the links available on this page.

We welcome your feedback to enhance the quality of our integrated report and supplementary information. Please email your feedback to [investor.relations@netcare.co.za](mailto:investor.relations@netcare.co.za).

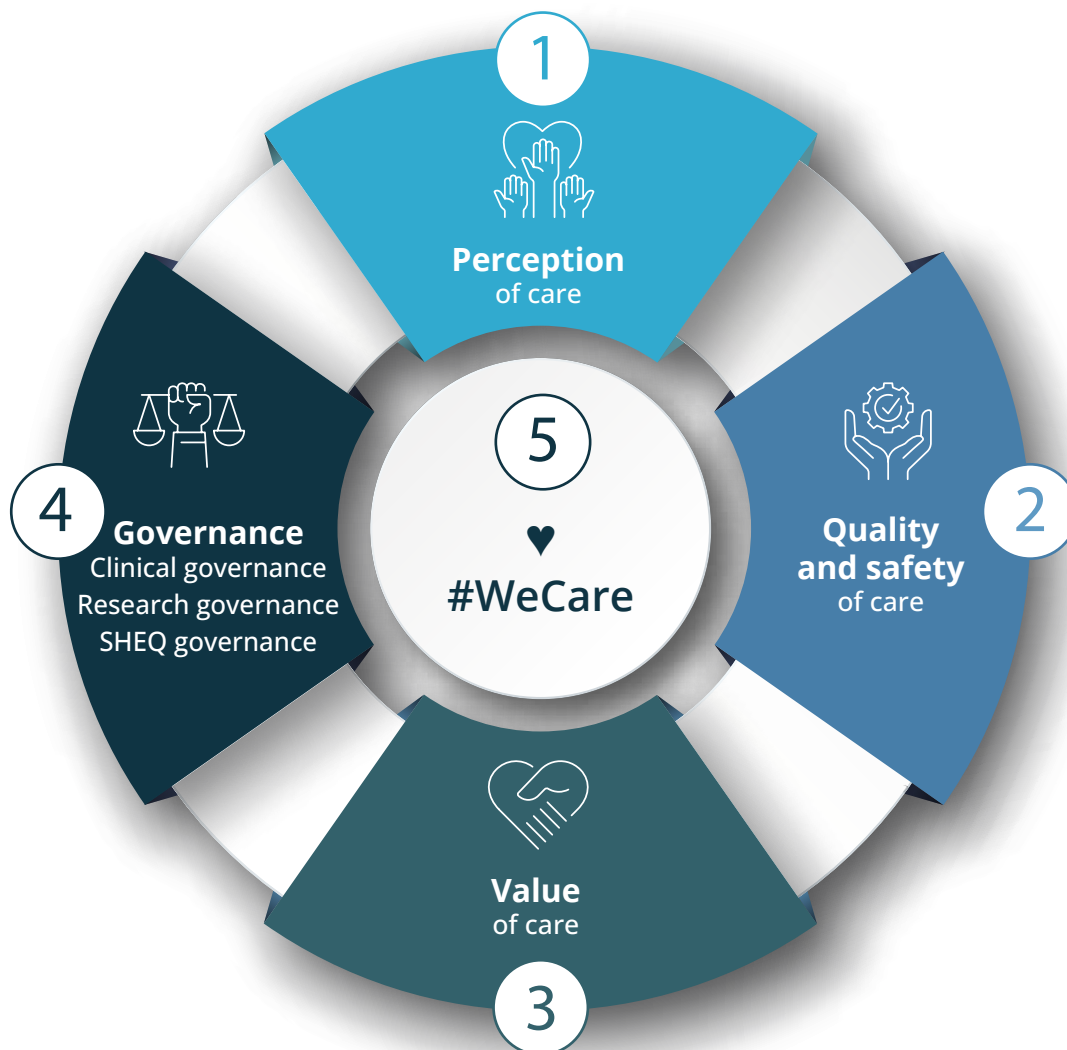
1. King IV: copyright and trademarks are owned by the Institute of Directors in Southern Africa NPC and all of its rights are reserved.  
2. dtic Codes: Department of Trade, Industry and Competition's Broad-based Black Economic Empowerment Codes of Good Practice.



**Dr Anchen Laubscher**

Our well-established consistency of care strategy is the cornerstone of our commitment to realise the Netcare promise for each patient who entrusts us with their health and care. Aligned with the *Quadruple Aim* philosophy, the strategy is designed to achieve consistently excellent and clinically efficient healthcare services and prioritises person centredness for both body and mind.


## The five pillars of our consistency of care strategy





The quality report is structured along the five pillars of our consistency of care strategy. Evident in this year's report is the immense impact of the Group's investment in digital technologies and data capabilities on our work to improve patient experience and outcomes, and on realising clinical efficiencies in the care we provide.

Compassion remains the grounding force in our work as we seek to enhance our patients' and their families' perception of the care they receive. Central to this is acknowledging our patients as active and informed participants in their health journey. This year we launched CareNotes™, generated by CareOn, which provides personalised information and guidance following treatment at a Netcare hospital or emergency department. It offers steps patients can take to promote their recovery and wellbeing and includes information on taking prescribed medication. Our Summary of Care reports, launched in FY 2023 and completed across seven divisions in FY 2024, provide patients with a full record of the care they received, which they can provide to their personal general practitioner or other medical practitioners involved in their care, to support the continued day-to-day management of their health. We are engaging with both clinicians and patients on how we can make these reports even more informative and useful.

A specific project undertaken during FY 2024 was to better understand the relationships between the various constructs in our patient feedback survey, using multivariate analysis to elucidate the drivers of patients' likelihood to recommend Netcare and their overall satisfaction with the care they received. We are also leveraging the power of large language models to efficiently analyse the sentiments expressed in free-text survey responses. The insights gained from these analyses are presented on  page 8.

The statistically significant increase in our nurse compassion score over the last three years is testament to the positive impact of our focus on compassionate care. We continue to provide compassion-based training through our Care4YOU programme. This extends beyond our patient-facing staff – our nurses and pharmacists – who are at the coalface of providing care, to our support staff, porters, cleaners, caterers and ward hostesses, as well as our leadership teams in the Hospital Division and inward-facing employees at our Head Office and Shared Services Centre. Compassion underpins how we engage with our patients, how we interact with each other, and also how we care for ourselves. We continue to invest in building our people's resilience and overall wellbeing, in a challenging socioeconomic environment.

The work we are doing in our quality and safety of care pillar has continued to evolve in step with the rollout of the Group's digitisation strategy, which was completed during the year. We continue to refine the processes and mechanisms necessary to measure our performance and ensure accountability at Group and divisional levels. Leveraging the data from our advanced digital platforms, we are maturing our measures and enhancing our ability to make evidence-based clinical and strategic decisions.

To better identify and monitor improvement initiatives, our analytic innovation workstream is making our data more accessible and decision useful. Real-time data from CareOn is being used to identify patients at risk of developing sepsis eight to ten hours before onset, allowing for early intervention and improved outcomes. Likewise, our Big Data analytics platform will provide clinical analysis and reporting as well as accurate and auditable outcome measures, helping us to identify where we can improve clinical efficiency as well as the quality and safety of care we provide.

The insights gained through our measures of patient experience, quality and safety and clinical efficiency inform how we can enhance the value of care. For funders, beyond clinical outcomes, the sepsis prediction algorithm noted above not only ensures better patient outcomes, but by avoiding increased length of stay or costly complications, is aligned to our funders' focus on clinical efficiency and cost optimisation. We are also undertaking a centrally coordinated clinical efficiency project that uses our data to create individualised programmes at hospital level to achieve the most efficient cost per acute care event, thus operationalising clinical efficiency in a manner that is focused, data driven and integrated across teams.

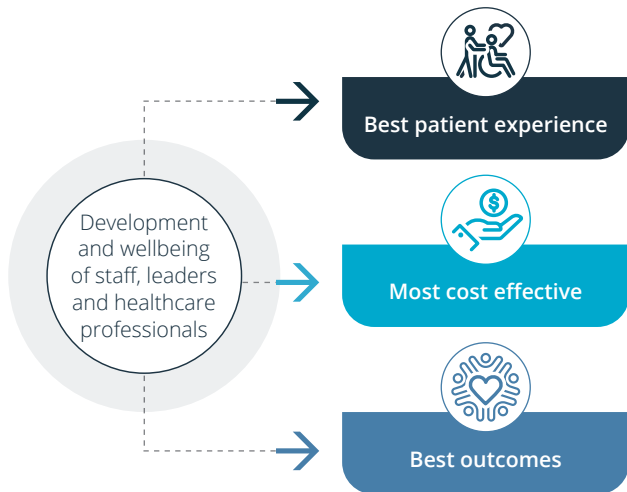
We continuously identify and mitigate risks to patient safety through our clinical governance framework, which regulates the relationship between Netcare and independently contracted healthcare workers who provide clinical services in our facilities. This year we continued to strengthen this framework, which now includes independent midwives who provide obstetric services. Also, given the opportunities to leverage our data in clinical research, we developed terms of reference for the Netcare Research Operations Committee, to ensure the requisite level of oversight as we advance clinical excellence and innovation. Governance of safety, health, environment and quality (SHEQ) ensures that our facilities are of the highest quality standards, as evidenced by our retention of ISO 9001:2015 certification for the ninth consecutive year.

Having laid our digital foundation, we are confident that we will deepen our ability to provide person centred care that is digitally enabled and data driven. In FY 2024, we have further matured and expanded our suite of quality measures reported publicly, demonstrating the decisive and integrated response of the consistency of care strategy to our country's burden of disease and illness. On behalf of the consistency of care team, I would like to thank the many role players and teams across the Group, with special reference to our clinician colleagues, whose partnership and efforts have supported us in delivering on our consistency of care strategy.

**Dr Anchen Laubscher**  
Group Medical Director

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

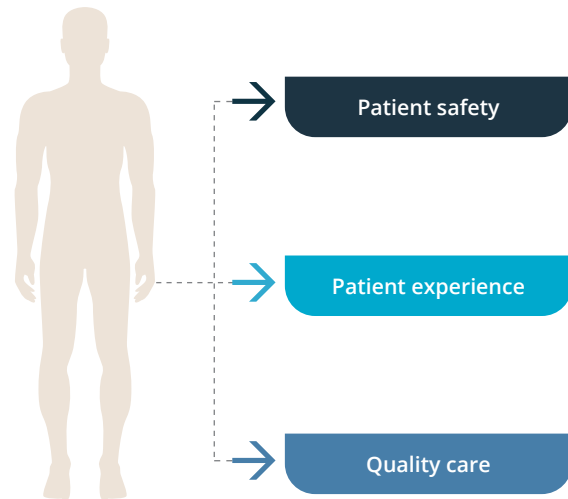
## The Quadruple Aim<sup>1</sup>



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<sup>2</sup>

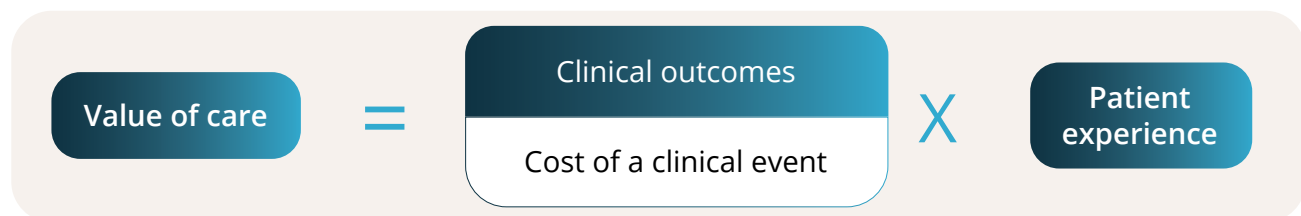


To deliver care that is person centred and cares for the whole person, we must:

- 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<sup>3</sup>



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

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



# 01

## Perception of care

### **Objective:**

To improve patient satisfaction and perception of care delivered

### **Key focus areas for FY 2024**

#### **Our patients**

- Completed redesigned PFS for Netcare Medicross and Netcare Akeso.
- Undertook data modelling on patient feedback survey to understand key patient satisfaction drivers and inform data driven target setting.

#### **Doctor partnerships**

- Launched two new webinar platforms.
- Established a Practitioner Advisory Board for GPs and dentists practicing at Netcare Medicross.

Enhanced and personalised patient experiences are achieved when patients have access to the information and tools they need to be active and empowered participants in decisions about their care, and when they and their loved ones experience compassionate and meaningful engagement from their care providers. This person centred health and care approach sets the foundation from which to establish lifelong relationships with our patients. For Netcare, this will allow us to grow the embedded value of our offering and supports our strategic priority to grow market share.

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

## Quality of our relationships

We measure patient experience by analysing the results from our patient feedback surveys. As the Group operationalises the data driven phase of its strategy, our engagement with our patients will become progressively more person centred, and we expect to see improvements in patient experience.

### Key value indicators for FY 2024

<p><b>Patient reported experience measures (PREMs)</b></p> <p style="text-align: center;"><b>14</b> out of 23</p> <p>PREMs improved, including the six PREMs for Netcare Cancer Care.</p> <p style="text-align: center;">FY 2023: 17 out of 17</p>	<p><b>Nurse compassion score</b></p> <p style="text-align: center;"><b>8.26</b></p> <p>Average nurse compassion score for the year.</p> <p style="text-align: center;">FY 2023: 8.16*</p>	<p><b>Satisfaction with hospital stay score</b></p> <p style="text-align: center;"><b>8.04</b></p> <p>Average patient overall satisfaction with hospital stay score for the year.</p> <p style="text-align: center;">FY 2023: 7.89*</p>
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\* Netcare Cancer Care was excluded from FY 2023 data and the Hospital Division from FY 2022 data due to only having one year of data available and no comparatives.

## 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 lifelong relationships with our patients.

How we engage	Their needs, expectations and interests
<ul style="list-style-type: none"> <li>Person centred care teams.</li> <li>Digital PFS<sup>1</sup> (quantitative and free-text responses).</li> <li>Summary of Care reports across seven divisions.</li> <li>CareNet (complaints management system) with dashboards refreshed every 30 minutes for every hospital.</li> <li>MyNetcare Online (patient portal).</li> <li>Netcare App and <b>appointmed</b><sup>TM</sup>.</li> <li>Various digital initiatives that enhance patient experience and perception of care.</li> <li>Patient focus groups and listening forums.</li> <li>NetcarePlus service centre and outsourced call centres.</li> <li>ONE Netcare website and social media platforms.</li> </ul>	<ul style="list-style-type: none"> <li>Consistently excellent quality and safety of care.</li> <li>An excellent and engaging patient experience.</li> <li>Post care event and discharge information that allows active and informed participation in the recovery journey.</li> <li>Competent, compassionate and professional healthcare practitioners.</li> <li>The highest level of medical ethics from all healthcare practitioners.</li> <li>Our ability to treat patients across the distribution of medical scheme network options.</li> <li>Data privacy and protection of their highly sensitive personal data.</li> <li>Availability of medicines and consumables through sustainable and effective supply-chain management.</li> <li>Affordable healthcare services.</li> <li>The latest technology and high quality medical equipment.</li> <li>Centres of excellence.</li> <li>Continuation of care during utility interruptions.</li> </ul>

1. Patient feedback surveys.



# Our patients continued

## Summary of Care reports

Our Summary of Care reports provide patients with access to a full summary of the care they have received from Netcare. In FY 2024, we completed the roll out of Summary of Care reports for the Hospital Division and emergency departments, Netcare Akeso and Netcare Medicross, having previously implemented the reports for Netcare 911, Netcare Cancer Care and National Renal Care. We are now working at applying generative AI to help 'de-jargonise' complex medical terminology, making it easier for patients to understand and engage with the information we give them. Patients are able to provide their GPs with this record of their treatment.

We have been intentional in driving doctor and administrative staff participation in the Summary of Care design and development process, to ensure the comprehensiveness and completeness of the Summary of Care reports. Projects are underway to elicit feedback from specialists, GPs and patients on how we can further improve the Summary of Care reports.


## Digital patient engagement

Providing our patients with easier, digital access to our facilities and seamless access to their digital health records across our delivery platforms was a crucial first step towards person centred health and care. Having completed this digital foundation, our objective is to provide patients with a

personalised, intuitive and user-centric digital healthcare experience. Our digital ecosystem will educate and empower patients, and offer them a simpler, more convenient omni-channel experience that meets their needs when, where and how they prefer.

In May 2024 we launched CareNotes™, generated by CareOn, to provide patients with evidence-based information on how to effectively take their prescribed medication and/or take care of their wellbeing after treatment at a Netcare hospital or emergency department. Patients can access their CareNotes™ on the Netcare App or MyNetcare Online. We also improved the ONE Netcare website and enhanced our Google search engine optimisation, resulting in higher website traffic and improved engagement and conversion rates, and launched a new and enhanced Netcare **appointmed™** page on the ONE Netcare website.

We have observed an increase in the number of appointments made via Netcare **appointmed™**. In FY 2025, we will drive online pre-admissions through the Netcare App as the preferred channel.

 — The Netcare App: [page 97](#) of the Integrated report.

### PFS responses

78 703 responses received.

FY 2023: 52 237

### PFS completion rate

91% completion rate.

FY 2023: 91%

### PFS response rate

15% response rate of surveyable discharges\*.

FY 2023: 10%#

### 19% response rate

to email invitation.

FY 2023: 13%#

*Note: metrics are for the Hospital Division.*

\* An average survey response rate of between 10% and 30% is considered acceptable.

# Restated due to removal of some facilities.

## Patient feedback

Perception of care is a key pillar of the consistency of care portfolio. All Netcare divisions use structured, validated questionnaires to ask about a person's unique experience, which are aligned to our core values and the behaviours we seek to encourage in our people and see reflected in the patient 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.

## Getting the most out of our data

Our focus in FY 2024 was on deepening our understanding of patient feedback, to further enhance patient experience. Through our partnership with New Way Insight, we carried out detailed analyses of the relationships between the various constructs in the PFS and the 'Likelihood to Recommend' construct, as well as key driver analyses to identify which constructs drive 'Overall Satisfaction' and 'Likelihood to Recommend'.

Structural equation modelling found that the hospital environment has overtaken nursing as the domain with the strongest relationship to 'Likelihood to Recommend'. This reflects the impact of the Care4YOU programme and the consequent improvements in nurse compassion scores. The key driver analysis revealed that hospital comfort and cleanliness, as well as nurse compassion, are areas in which Netcare performs well, whereas areas identified for improvement include hospital food, noise levels, communication with next of kin and the discharge process. These findings will inform improvement initiatives and target setting over the next year.

We are also investigating the use of large language models to more efficiently analyse our qualitative data. During the year, our data analysis team conducted an analysis of over 200 000 free text responses using an in-house large language model. Following multiple iterations to enhance the model's accuracy and efficiency, we have deployed a test dashboard with a small group of stakeholders, whose feedback will be used to further test and improve the model. Early findings reveal a decrease in negative sentiment towards nurses over the past three years, which correlates with the quantitative improvement in nursing score over the same period.



Hospital Division



Person centred care

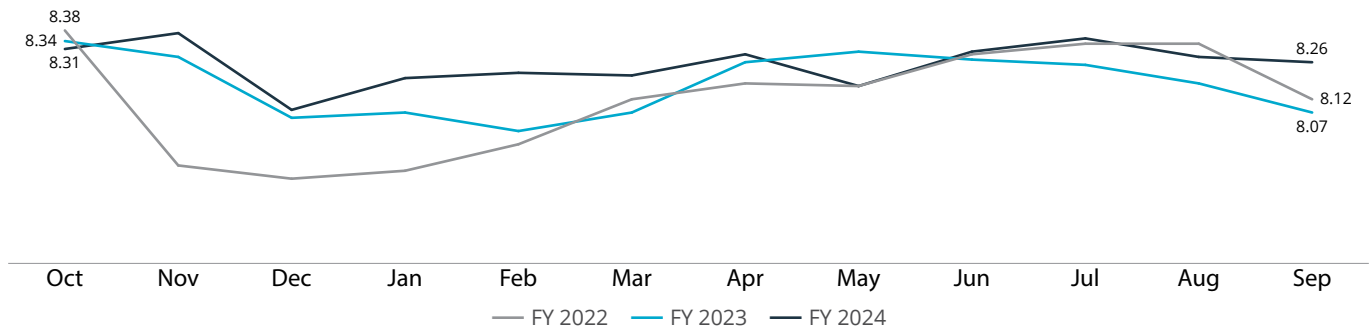
Measure#	Measure definition	FY 2024	FY 2023	Nov 2021 – Sep 2022**
<b>Nursing care</b>				
Nurses' display of compassion when caring for patients	Average rating on a scale from 0 to 10	<b>8.26</b>	8.16*	8.10*
Nurses communicated in an understandable way when discussing aspects of a patient's care	Average rating on a scale from 0 to 10	<b>8.10</b>	7.98*	7.93*
Overall satisfaction with nursing care received	Average rating on a scale from 0 to 10	<b>8.17</b>	8.04*	7.99*
<b>Doctor care</b>				
Doctors' display of kindness and compassion when caring for patients	Average rating on a scale from 0 to 10	<b>8.94</b>	8.90*	8.83*
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	<b>8.92</b>	8.88*	8.82
Doctors kept patients informed about their care during their hospital stay	Average rating on a scale from 0 to 10	<b>8.68</b>	8.64*	8.55*

# A higher score is better.  
 \* Results restated after refining the population to acute hospitals only.  
 \*\* The rollout of the new PFS to the Hospital Division was completed by November 2021.

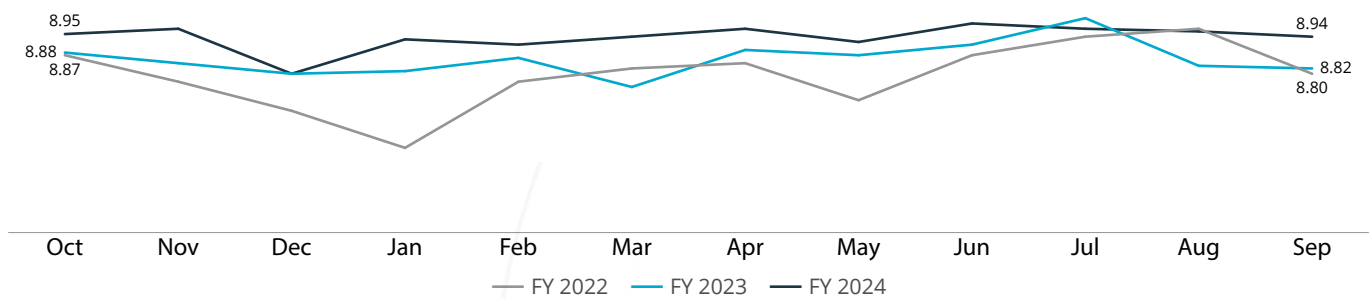


2. <https://peoplepulse.com/resources/useful-articles/survey-response-rates/>; <https://blog.surveypplanet.com/average-survey-response-rate-what-is-a-good-survey-response-rate/>; <https://www.genroe.com/blog/acceptable-survey-response-rate-2/11504>

## Nurses' display of compassion when caring for you



## Doctors' display of kindness and compassion when caring for you



The high degree of engagement with the Hospital Division's PFS is encouraging, giving us confidence in the reliability of this data. The PFS is sent to patients 48 hours following their discharge from an acute Netcare hospital. 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.

The continued improvement in our nurse compassion score over the past three years is attributable to the Care4YOU programme with its intense focus on compassion. Research shows that compassionate healthcare systems tend to have

better patient experience overall<sup>1</sup>, and this is reflected in the improvement in other experience measures as well.

Patients' feedback on their experience with doctors has also steadily improved over the three-year period, despite there being no specific intervention in this regard. We believe this improvement is due to the effect of introducing compassion into the broader Netcare system through our nursing team. This measure of patients' experience of doctors' care is expected to improve even further once programmes are introduced focusing on doctor compassion more directly.

1. Trzeciak, S., Booker, C., and Mazzarelli, A. (2019). *Compassionomics: the revolutionary scientific evidence that caring makes a difference*. Pensacola, FL: Studer Group.

Netcare Akeso



Person centred care

Measure <sup>#</sup>	Measure definition	Oct 2023 – Apr 2024 <sup>*</sup>	FY 2023	FY 2022
<b>Nursing care</b>				
Nurses always treat you with courtesy and respect	% of patients who responded, who rated their experience as always	<b>87.9%</b>	86.7%	83.8%
Nurses always listen carefully	% of patients who responded, who rated their experience as always	<b>85.5%</b>	84.3%	81.5%
Nurses always explain in a way you can understand	% of patients who responded, who rated their experience as always	<b>86.3%</b>	85.9%	83.0%
<b>Doctor care</b>				
Doctors always treat you with courtesy and respect	% of patients who responded, who rated their experience as always	<b>95.1%</b>	94.6%	93.8%
Doctors always listen carefully	% of patients who responded, who rated their experience as always	<b>93.7%</b>	93.6%	92.9%
Doctors always explain in a way you can understand	% of patients who responded, who rated their experience as always	<b>93.2%</b>	93.0%	92.3%
<b>Therapist care</b>				
Therapists always treat you with courtesy and respect	% of patients who responded, who rated their experience as always	<b>91.3%</b>	91.8%	89.3%
<b>Patient perception of group therapy</b>				
You learnt new skills in the group to help you change the direction of your life	% of patients who responded, who rated their experience as strongly agree	<b>86.9%</b>	85.9%	82.4%

<sup>#</sup> A higher score is better.

<sup>\*</sup> Results reported up to the final month in which the previous PFS was used (April 2024).

Netcare Akeso introduced a new, more sensitive PFS in May 2024, aligned with the Hospital Division's in-hospital PFS. The PFS centres around compassion and satisfaction and is suited to Netcare Akeso's mental healthcare context. This new survey replaces the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) survey previously in use, and its results will be reported in FY 2025. The Netcare Akeso PFS is made available to patients before they leave the facility, with their responses captured on a secure online portal.

Netcare Akeso's person centred care approach is evident in the continued improvement in its patient experience measures. Face-to-face feedback sessions with staff and patients, where concerns and complaints are validated and addressed, allows us

to prioritise and address what is important to patients and attend to concerns in a timely manner. This, coupled with the personal relationships our nurses and therapists develop with our patients, has resulted in the continued improvement in our performance.

Group therapy is a key part of patient care at Netcare Akeso facilities and is delivered in partnership with the Centre of Psychotherapy Excellence. Patient feedback shows consistent improvement in patients' experience of group therapy. Post discharge groups have now been established at all Netcare Akeso facilities where patients meet weekly and strengthen their ability to use the tools they learnt while integrating back into their home and work environments.

## Netcare Cancer Care

NETCARE  
cancer care



Person centred care

Measure#	Measure definition	FY 2024	Jan – Sep 2023
<b>Radiation therapist care</b>			
	Radiation therapists' display of kindness and compassion in response to your emotional and physical needs	Average rating on a scale from 0 to 10	
		<b>9.85</b>	9.87
	Radiation therapists communicated in an understandable way when discussing aspects of your care	Average rating on a scale from 0 to 10	
		<b>9.88</b>	9.83
	Radiation therapists greeted you with courtesy and respect	Average rating on a scale from 0 to 10	
		<b>9.87</b>	9.89
<b>Systemic anticancer therapy (SACT) nurse care</b>			
	SACT nurses' display of kindness and compassion in response to your emotional and physical needs	Average rating on a scale from 0 to 10	
		<b>9.68</b>	9.72
	SACT nurses communicated in an understandable way when discussing aspects of your care	Average rating on a scale from 0 to 10	
		<b>9.71</b>	9.75
	SACT nurses greeted you with courtesy and respect	Average rating on a scale from 0 to 10	
		<b>9.71</b>	9.76

# A higher score is better.

The Netcare Cancer Care PFS has been informed by both the CAHPS® Cancer Care Survey drug therapy and radiation therapy subsets and the Hospital Division's independently validated PFS. The survey scale runs from zero ("much worse than expected") to ten ("much better than expected").

The high average ratings achieved for radiation therapist and SACT nurse care reflects our commitment to providing person centred care, which continues to be at an exceptionally high standard. 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. Patients have the opportunity to complete the survey while waiting for their treatment. Responses are captured directly into the Netcare database and cannot be manipulated once entered.

## Netcare Medicross

Netcare Medicross, in collaboration with New Way Insights, completed the redesign of their PFS, which will be rolled out in FY 2025. The pilot process has been completed, and target setting for FY 2025 has commenced.

## National Renal Care


**Person centred care**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023	FY 2022
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 3 months	<b>73.8%</b>	76.2%*	72.5%
Dialysis unit employees always listen carefully	% of patients who responded who rated their experience as always in the last 3 months	<b>69.0%</b>	72.7%*	69.3%
Dialysis unit employees always explain in a way you can understand	% of patients who responded who rated their experience as always in the last 3 months	<b>67.7%</b>	71.6%*	68.9%
Dialysis unit employees always care about you as a person	% of patients who responded who rated their experience as always in the last 3 months	<b>71.8%</b>	74.9%*	67.3%

<sup>#</sup> A higher score is better.

\* These results have been restated due to more data becoming available after the end of the previous reporting period.

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. Online CAHPS® in-centre haemodialysis surveys are conducted twice a year.

National Renal Care's performance across the four measures has declined compared to FY 2023 but is comparable to FY 2022. The lower results are attributable to a 70% increase in patients who answer "usually" instead of "always", from 4.5% in FY 2023 to 8.55% in FY 2024. We will continue to provide compassion training to improve patients' perception of care.



# Doctor partnerships

The Hospital Division PFS shows that 35%<sup>1</sup> (FY 2023: 36%) of our patients are admitted at a Netcare facility because their doctor is based there. Playing a crucial role in attracting patients to our facilities, doctors (particularly specialists) are a key driver of revenue and organic growth. They are also pivotal partners in the delivery of best and safest care, have a direct impact on patient experience, the cost of care and clinical outcomes, and specialists in particular, are key enablers of our expansion into higher demand disciplines. We aim to provide doctors with an attractive value proposition that meets their needs and builds strong collaborative relationships between them and Netcare that benefit our patients.

**Who they are**

**Doctors:** independent specialists across all clinical disciplines, including physicians, surgeons, general practitioners, psychiatrists, anaesthesiologists, radiologists, dentists, 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. The digital doctor engagement survey conducted in 2022 and 2023 allowed us to assess the quality of the Hospital Division's doctor partnerships. A strategy was formulated and implemented to address the 'pain points' identified in the doctor engagement survey, requiring the concerted efforts of multiple departments and divisions. Once our interventions have been entrenched, we expect further improvements in the survey outcomes, which will be conducted again in FY 2026.

## Doctor engagement

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. We have grown our engagement touch points and continue to invest in developing better engagement and alignment with our clinician body.

How we engage	Their needs, expectations and interests
<ul style="list-style-type: none"> <li>• Doctor engagement surveys.</li> <li>• Online doctor portal.</li> <li>• <b>Hospital Division:</b> Various structures that support the sharing of information on quality of care (PCI tools<sup>2</sup> and well-established Physician Advisory Boards etc.).</li> <li>• <b>Netcare Akeso:</b> Clinical governance engagements.</li> <li>• <b>Primary Care Division:</b> Netcare Medicross Managing Practitioners Forum, Practitioner Advisory Board, and Medical and Dental Practitioners Association meetings.</li> <li>• <b>National Renal Care:</b> National relationship manager.</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to treat patients across the distribution of medical scheme network options through Netcare's inclusion in restricted provider networks.</li> <li>• Enterprise development support.</li> <li>• Marketing of doctor services.</li> <li>• CareOn and our electronic medical records.</li> <li>• Data privacy and protection of highly sensitive personal and clinical data.</li> <li>• Access to our wealth of digitally produced clinical data for analysis and research.</li> <li>• Availability of medicines and consumables through sustainable and effective supply-chain management.</li> <li>• Cutting-edge medical equipment, advanced technology, well maintained and modern medical equipment and facilities, and advanced treatment protocols.</li> <li>• Qualified and experienced nurses.</li> <li>• Clinical leadership and shared accountability.</li> <li>• Continuous professional development.</li> <li>• The ability to provide care without disruption caused by utility or service disruptions.</li> <li>• A collaborative working environment.</li> <li>• Administrative efficiency and strong business support functions (Netcare Medicross).</li> </ul>

1. Result restated after refining the population to acute hospitals only. This metric increases to 58% (FY 2023: 60%) when the results are filtered for those who selected only one option.  
 2. Personalised clinical information tools that support one-on-one engagement with doctors.



We continued with our 'Waxing Clinical' webinars and launched two new webinar platforms: Healthy Dose to better market our doctors and Health Check to communicate more regularly with doctors on Netcare initiatives. Growing these two new platforms will be a focus for FY 2025.

Physician Advisory Boards	Emergency and trauma	Other
<p>157 Physician Advisory Board meetings (hospital governance structures) that serve as advisory and communication forums between healthcare practitioners and hospital management.</p> <p>FY 2023: 169</p>	<p>201 emergency and trauma morbidity and mortality meetings.</p> <p>FY 2023: 214</p> <p>346 emergency and trauma medical education meetings.</p> <p>FY 2023: 322</p>	<p>Ten Waxing Clinical events.</p> <p>FY 2023: 5</p>

### Digital doctor engagement

Having digitised all Netcare delivery platforms, the benefits for doctors include remote access to real-time, accurate clinical data 24/7, improved quality of care outcomes, and one source of patient information to aid shared decision-making within multi-disciplinary teams. In time, doctors will have a longitudinal view of their patients' medical history across the Netcare ecosystem.

Our Big Data analytics platform, scheduled for completion December 2024, will provide doctors practising within our facilities access to anonymised data on quality of care outcomes, and clinical practices and pathways to support their clinical studies. We believe this data driven approach will provide doctors practicing at Netcare with the opportunity to become key contributors to clinical research and to the maintenance of the highest standards of medicine and surgery in South Africa.

### Personalised clinical information tool

The personalised clinical information (PCI) tool provides doctors with information on their personal quality outcomes, patient experience scores and elements contributing to total cost of an admission. In addition, we have developed five focused, discipline-specific PCI tools (three this year and two in FY 2023), which compare a doctor's performance on key quality and clinical efficiency measures against that of their peers practising in the same discipline. The tool also includes targeted patient feedback.

The more focused approach provides granular information that supports more meaningful, data driven engagement with

doctors, and presents a truer identification of outliers and how they can become more efficient and improve the patient experience. These tools allow us to partner with doctors to enhance our clinical and efficiency data models, inform improvement initiatives and support evidence-based commercial contracting. The focused PCIs are generated from our discipline-specific clinical and efficiency data models.

— Clinical data modelling: [page 19](#) in this report

### Netcare Medicross

The most recent Netcare-facilitated doctor engagement survey for Netcare Medicross was conducted in FY 2023. The survey revealed that the majority of doctors are interested in growing their practices and expanding their scope of expertise. The average doctor recommend score was 7.1 out of ten. The 'Netcare Medicross nursing and dental staff contribution to best patient care' construct, considered to be the most important administrative support Netcare provides to doctors, scored 8.4. Partnership collaboration and communication are areas for improvement. An independent consumer research survey was conducted in FY 2024 and covered Netcare Medicross GPs and dentists, providing good insight.

In FY 2024, we also established a Practitioner Advisory Board for GPs and dentists practicing at Netcare Medicross. The doctor engagement survey will be repeated in FY 2025, having last been conducted in FY 2023.



# 02

## Quality and safety of care

**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

**Key focus areas for FY 2024**

**Quality of care index**

- Continued work on the governance and automation tool for externally reported quality measures.

**Data and digital**

- Completed additional clinical data models.
- Launch of Big Data analytics platform in December 2024.
- Developed a sepsis risk prediction algorithm.

**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. As demonstrated in the sections that follow, many of these interventions result in 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.

Our publicly reported measures can further be divided into three quality domains, as indicated for each set of measures that follow.

## 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<sup>1</sup>.

## 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.

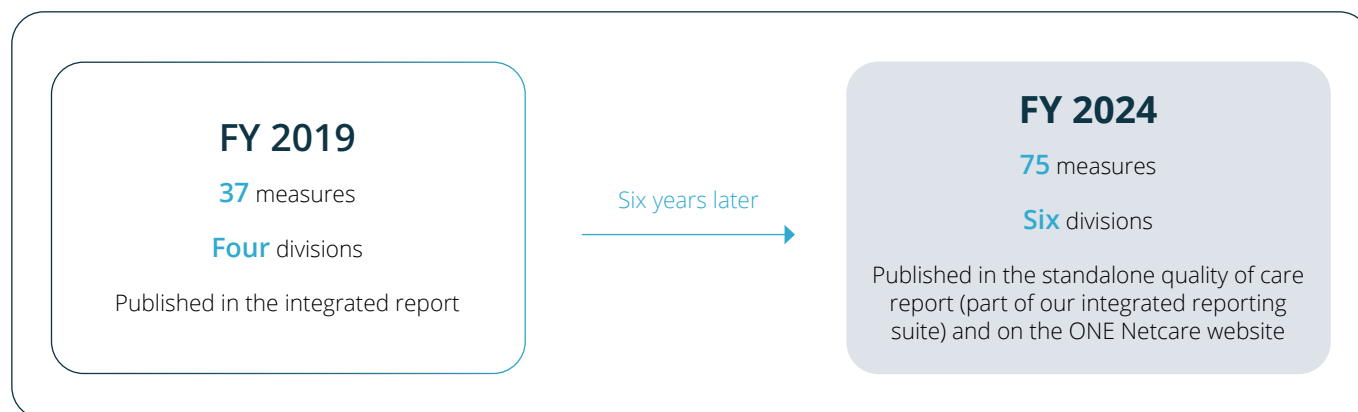
1. Sofaer, S. and Hibbard, J. (2010). Best practices in public reporting no. 2: maximizing consumer understanding of public comparative quality reports: effective use of explanatory information. Rockville, MD: Agency for Healthcare Research and Quality.

## Internal reporting

The Quality of Care Index is the governance and automation tool that supports our public reporting as well as our contractually bound quarterly reports to private medical funders. It covers the Hospital Division, Netcare Akeso Netcare Medicross and Netcare Cancer Care, and is updated monthly. The index supports the standardisation and governance of our measures for public reporting and reporting to funders.

## Public reporting

We are in the sixth year of publicly reporting our quality of care measures and results. During this time our measures have continued to progress and change as a result of the impact of our digitisation and data strategy and the maturation of the measures we report.



Of the measures reported in FY 2023, 67 are unchanged. Two new measures were added: an overall hospital acquired infection (HAI) rate and the percentage of patients with polytrauma discharged home from the Netcare Rehabilitation Hospital. Our digitisation strategy has resulted in two infections related to hospital care measures being refined, nine measures being retired for FY 2024 (to be reintroduced in FY 2025), and one measure retired while it is re-evaluated. Maturing our measures resulted in four Netcare 911 measures being refined. The ongoing rollout of new patient feedback surveys across the Group resulted in one emergency department measure being retired and replaced.

	Quality report	Website
<b>FY 2023 measures</b>		
Published	83	82
<b>FY 2024 measures</b>		
Retained	67	66
New	2	1
Refined	6	6
Retired and replaced	1	1
Retired	10	10
<b>FY 2024 public reporting</b>	<b>75</b>	<b>74</b>

**We seek to deliver the highest value for every healthcare interaction a patient has with us. Our clinical modelling is foundational to identifying factors that can be leveraged to improve quality and safety of care, reduce costs, and drive efficiency. In addition to the potential benefits of clinical models 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, at the coalface of care, conduct the actual the procedures or manage the cases being modelled.

In FY 2024 we completed five risk-adjusted clinical and efficiency data models, which are already providing useful insights into the drivers of patient volumes, length of stay, and complication and readmission rates. Findings have been used to develop focused clinical information reports for outlier clinicians, and to inform surgical efficiency projects.



## Sepsis risk prediction algorithm

Sepsis is a serious and life threatening condition that occurs when the body's immune system has an extreme response to an infection, causing damage to its own tissues and organs. Up to 20% of deaths globally are related to sepsis<sup>1</sup>. Early identification and treatment of patients with sepsis reduces both mortality rates and length of stay.

We have developed an algorithm called qSOFA predict (quick Sequential Organ Failure Assessment), that identifies patients who are at risk of developing sepsis within the next eight to ten hours. The algorithm uses real-time heart rate, respiratory rate, blood pressure and oxygen saturation to calculate this probability. The qSOFA predict algorithm was successfully tested in a proof-of-concept study at Netcare St Anne's and Netcare Unitas hospitals. All doctors who participated found that the algorithm provided them with additional clinical utility and that in certain cases it impacted positively on patient care.

We are now in the process of integrating the algorithm into CareOn. Once integrated, the algorithm will be used across all hospitals as part of a large observational study to track its impact on sepsis rates and clinical outcomes. The regulatory approval for the algorithm's use was obtained from the South African Health Products Regulatory Authority (SAHPRA) in November 2024.

## Big data analytics platform

We are implementing a world class Big Data analytics platform that will realise the potential of our data for driving competitive differentiation; provide clinical analysis and reporting as well as accurate and auditable outcome measures; augment clinical decision-making at the bedside; and identify where we can improve our quality of care and clinical efficiency. Enterprise data architecture was completed for six data domains in FY 2024, with the target to add another six domains in FY 2025, enriching the platform with a range of clinical, safety, patient outcome and financial data points.

The onboarding of business units will provide them with direct access to the Big Data analytics platform, enabling them to identify, plan and monitor data driven clinical improvement projects that enhance patient safety, quality of care and efficient overall cost per event. They also gain access to a powerful tool that supports the publication of clinical research. We continue to explore and test various analytic techniques, to understand how we can derive maximum insight from our data to solve business problems.

1. Rudd, K.E. et al. (2020). Global, regional, and national sepsis incidence and mortality, 1990-2017: analysis for the Global Burden of Disease Study. *Lancet*. 395(10219):200-211. doi: 10.1016/S0140-6736(19)32989-7.



# Quality of care measures

Our consistency of care strategy responds decisively and intentionally to South Africa's burden of disease. The sections that follow consolidate our quality of care measures under the following topics:

<b>Caring for maternal and child health</b>	Breastmilk for newborn babies	 PG 22
	Reducing necrotising enterocolitis rates	 PG 23
	Maintaining a normal temperature for newborn babies	 PG 24
	Reducing late infections in very low birthweight babies	 PG 24
	Screening newborn babies' hearing	 PG 25
<b>Caring for people with injuries</b>	Timeous response and treatment at the most appropriate facility for P1 patients	 PG 27
	Timeous transport and treatment of patients with the most severe life-threatening injuries	 PG 27
	Improved independence of patients requiring physical rehabilitation	 PG 28
<b>Caring for people with non-communicable diseases</b>	Level of wellbeing for patients on long-term haemodialysis	 PG 29
	Shared care haemodialysis	 PG 30
	Dialysis outcome measures	 PG 30
	Transporting patients with stroke symptoms to the best place	 PG 31
	Meeting the European Stroke Organisation standards for care	 PG 31
	Improved independence for patients following stroke	 PG 32
	Transporting patients with cardiac chest pain to the best place	 PG 32
<b>Caring for people with communicable diseases</b>	Hospital-acquired infections	 PG 33
	Use of antibiotics	 PG 34
	Antibiotic prescription review	 PG 34
<b>Caring for people with pain</b>	Managing pain pre-hospital	 PG 35
	Managing pain in the emergency department	 PG 35
	Patient perception of pain management	 PG 36
<b>Patient safety while under our care</b>	Preventing medication-related patient harm	 PG 37
	Preventing falls that may result in any patient harm	 PG 37
	Preventing pressure lesions	 PG 38

Our quality of care measures relating to patients' perception of care at Netcare are discussed in the Perception of care section starting on  page 7.

## Caring for maternal and child health

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

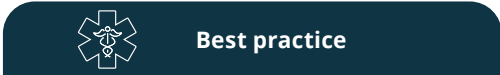
Netcare's integrative approach to supporting maternal and child health is informed by the Mother Baby Friendly Initiative (MBFI); the local implementation of the World Health Organization's (WHO) Baby Friendly Hospital Initiative (BFHI). The MBFI places at its centre the protection, promotion and support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

Some of the measures reported in this section reference 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 as at Netcare's financial year end (FY, being 30 September). The CY 2023 data has been finalised by VON.

Netcare contributes data to VON on all neonates admitted to our ICUs, including very low birthweight (VLBW) babies<sup>3</sup>. These data are used to drive quality improvement, educate our staff, 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 improves Netcare's overall outcomes for newborn babies and contributes to national improvement.

### Breastmilk for newborn babies



Measure <sup>#</sup>	Measure definition	CY 2023	CY 2022	CY 2021	VON CY 2022
Feeding newborn babies with breastmilk only	% of neonatal ICU babies discharged on breastmilk only	<b>47.2%</b>	37.4%	47.8%	21.6%

<sup>#</sup> A higher score is better.

Breastfeeding remains the gold standard in neonatal nutrition and immunity, 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 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 VON methodology and definition.

Netcare continues to exceed the VON benchmark for this measure. The MBFI is well-entrenched in our maternity units and drives awareness of the importance of breastfeeding among our employees. This increased awareness contributed to the significant increase in the CY 2023 result compared to CY 2022, nearing the high achieved in CY 2021.

1. South African maternal, perinatal, and neonatal health policy: South African National Department of Health, 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.

Measure#	Measure definition	FY 2024	FY 2023	FY 2022
Feeding newborn babies donor breastmilk	Number of babies being fed with donor breastmilk	765	670	649
Feeding newborn babies donor breastmilk	Number of mothers donating their excess breastmilk	240	187	181

\* A higher score is better.

For babies without access to their mother's milk, donor breastmilk is the next best nutritional alternative. Netcare operates six (FY 2023: five) Netcare Ncelisa human milk banks with 36 (FY 2023: 35) collection points for mothers to donate excess breastmilk.

In July 2024, a Ncelisa milk bank was opened at the Rahima Moosa Mother and Child Hospital, our first in the public sector. The larger donor pool and increased volumes of milk being processed has allowed us to increase our feeding period for eligible babies from two to three weeks, and to open our weight eligibility for public sector babies with birth weights from 1 000 to 1 300 grams.

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 (DoH) and international protocols on the management of breastmilk banks.

— Netcare Ncelisa human milk banks: [page 114](#) of the ESG report.

### Reducing necrotising enterocolitis rates

Measure#	Measure definition	CY 2023	CY 2022	CY 2021	SA CY 2023	VON CY 2023
NEC rates – all newborn babies	% of newborn babies admitted to neonatal ICU who develop NEC	1.1%	1.0%	2.2%	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	5.4%	3.4%	11.0%	6.4%	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. Our NEC measures are based on the VON methodology and definition, and the results have been finalised by VON.

We have sustained the reduction in NEC rates for all neonatal ICU babies recorded for CY 2022, which remains comparable to the VON benchmark. There was an increase in NEC rates for VLBW babies to 5.4%, which although still below the South African benchmark falls short of the VON benchmark. We continue to address the factors that contribute to the development of NEC, particularly feeding babies with breastmilk only, improving neonatal resuscitation, and providing a neutral thermal environment.

# Quality of care measures continued

## Maintaining a normal temperature for newborn babies



**Best practice**

Measure#	Measure definition	CY 2023	CY 2022	CY 2021	VON CY 2023
Maintaining a normal temperature for newborn babies	% of babies whose temperature was normal within the first hour of admission to neonatal ICU	<b>75.7%</b>	63.6%	59.6%	75.4%

# 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 outcomes, given its association with fewer complications and shorter hospital stays. The measure is based on the VON methodology and definition, and the results have been finalised by VON.

We are pleased that, for the first time since contributing to the VON platform, Netcare's performance for newborn thermoregulation has exceeded the VON benchmark: a 35.4% improvement over the past five years. This demonstrates the ongoing commitment of our employees working in neonatal ICUs.

## Reducing late infections in very low birthweight babies



**Safest care**

Measure#	Measure definition	CY 2023	CY 2022	CY 2021	SA CY 2023 benchmark	VON CY 2023 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	<b>18.6%</b>	15.4%	18.2%	13.0%	11.0%
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	<b>5.5%</b>	1.8%	5.0%	2.5%	4.5%
Late fungal infection	% of babies with a positive culture for a VON defined fungus	<b>6.9%</b>	6.5%	9.9%	3.3%	0.8%
Late bacterial sepsis and/or meningitis	% of babies with a positive culture for a VON defined bacteria	<b>12.6%</b>	10.3%	9.9%	9.7%	7.0%

# A lower score is better.

Preterm babies – especially babies with a very low or extremely low birthweight (ELBW, weighing less than 1 000 grams) – are highly vulnerable to acquiring infections due to the 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.

We have experienced an increase in the proportion of babies born in our facilities who are categorised as ELBW, who are at even greater risk for acquiring late onset infections. This increase contributed to the deterioration in performance in CY 2023. We remain committed to decreasing the number of babies who acquire an infection while in one of our neonatal ICUs.

## Screening newborn babies' hearing



Best practice

Measure#	Measure definition	FY 2024	FY 2023	FY 2022
Screening newborn babies' hearing	% of babies screened in our participating hospitals#	<b>83.8%</b>	85.5%	83.4%
Screening newborn babies' hearing	% of babies screened referred for a follow up screening test	<b>10.6%</b>	12.3%	15.6%
Screening newborn babies' hearing	Number of babies referred for a follow up screening test	<b>2 235</b>	2 874	3 752
Screening newborn babies' hearing	% of babies referred for follow up screening who had the second test#	<b>33.3%</b>	31.1%	31.5%

# A higher score is better.

An estimated four to six in every 1 000 children in South Africa are born with, or develop, hearing loss within their first weeks of life. In 2019 Netcare, in partnership with HI HOPES<sup>1</sup>, 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 screening by one month, diagnosing hearing loss by three months, and early intervention started by six months. Screening is undertaken every day at 35 Netcare hospitals.

Screeners capture the data in the Hi-Five Netcare UNHS app, which was custom developed for Netcare. The app supports the UNHS process through data management and monitoring the follow-up of any newborn referred for further care and ultimately diagnosed with hearing loss.

The newborn hearing screening rate has been relatively stable over the last three years, starting from a base of 75.3% when UNHS was first introduced at Netcare hospitals in 2019. The reduction in first screen referrals continues and remains within the international target of 10 to 15%; an indication of a maturing programme with rigorous screening protocols. The percentage of babies who undergo a second screening test has started to increase, in line with our objectives.

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

## Caring for people with injuries

**For people suffering from severe physical trauma, timeous treatment at the most appropriate facility can greatly improve recovery from their injuries. Central to this is the concept of "the right patient to the right hospital at the right time". We do our utmost to achieve the best outcomes, both in terms of our emergency care, and specialised physical rehabilitation.**

When considering the high trauma burden in South Africa – estimated at over 30 000 trauma-related deaths annually<sup>1</sup> – it is necessary to acknowledge both the critical need for and heightened demands placed on emergency medical services (EMS). 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<sup>2</sup>.

Netcare applies an integrated trauma system approach which encompasses all aspects of trauma, from prevention to 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 (P1) 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.

The steps in our integrated trauma system approach to promote the best outcomes for people with injuries are:



1. Moodley, N. B., Aldous, C., & Clarke, D. L. (2014). An audit of trauma-related mortality in a provincial capital in South Africa. *South African Journal of surgery*, 52(4), 101-104. <https://dx.doi.org/10.7196/sajs.1995>  
 2. *The third Injury Mortality Survey: A national study of injury mortality levels and causes in South Africa in 2020/21*, p. 22.



## Timeous response and treatment at the most appropriate facility for P1 patients with injuries


**Best practice**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023
Timeous Netcare 911 response for P1 patients <sup>#</sup>	Average time in minutes for P1 patients from when the call is received to the first EMS provider arriving at the scene	<b>18.5 minutes</b>	19.4 minutes
P1 polytrauma patients transported in Netcare <sup>~</sup>	% P1 polytrauma patients with shock score >1 transported to accredited Level I or II Netcare trauma centres	<b>62.6%</b>	61.7%*

<sup>#</sup> A lower score is better.

<sup>~</sup> A higher score is better.

\* This result is restated following a revision of the methodology to only include those patients transported within the Netcare ecosystem, where accurate information on trauma accreditation levels is available.

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.

Level I or II accredited trauma centres have the specialists and technologically advanced equipment to rapidly diagnose and treat these patients. Accreditation of trauma centres is provided by the TSSA. A patient may be transferred to a Level I or II centre for specialised treatment after being stabilised at a local facility. These transfers are not included in the measure.

There are four Level I trauma centres in South Africa, 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 FY 2024, the average response time to P1 cases improved 4.6% to 18.5 minutes (FY 2023: 19.4 minutes). This improvement is largely attributable to the Emergency Operations Centre's (EOC) ongoing geolocation optimisation of the accuracy of scene location and vehicle selection. This data will be used in predictive models to strategically position vehicles in pre-identified locations that minimise response times to P1 calls.

There has been a slight improvement in trauma patients being transported to Level I and II accredited trauma facilities. In collaboration with the Netcare trauma division, Netcare 911 is involved in both community and hospital outreaches in which the importance of the trauma pathway is emphasised.

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


**Best practice**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023	FY 2022
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	<b>62.0%</b>	68.0%	55.0%
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	<b>30.0%</b>	32.7%	39.0%

<sup>#</sup> A higher score is better.

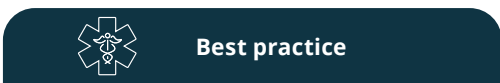
# Quality of care measures continued

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 an 8.8% reduction in the number of patients transported via HEMS. This is attributable to the increased scrutiny by medical schemes of the cost of HEMS transport, as well as extreme weather conditions nationally, which prevents HEMS from being deployed.

The lack of understanding of the benefit of a dedicated trauma system, coupled with dedicated service provider agreements, influence to which hospital a patient is transported. This can result in severely injured patients not being treated at facilities with a specialised and dedicated multi-disciplinary trauma team.

## Improved independence of patients requiring physical rehabilitation



Measure#	Measure definition	FY 2024	FY 2023	FY 2022
<sup>NEW</sup> Patients discharged home following polytrauma	% discharged to their home environment	<b>100%</b>	98.7%	
Patients discharged home following an acquired brain injury	% discharged to their home environment	<b>93.8%</b>	90.4%	89.7%
Patients discharged home following a traumatic spinal cord injury	% discharged to their home environment	<b>98.7%</b>	95.9%	95.9%

# 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 in their home environment, where the familiar environment and support of loved ones promotes ongoing recovery, and to be best positioned to integrate effectively into society after severe injury or illness. Being home instead of at a care facility is also more cost effective for patients. Netcare Rehabilitation Hospital continues to train staff on processes that enable patients to be discharged home



## Caring for people with non-communicable diseases

**People with non-communicable diseases (NCDs) require a comprehensive, patient-centred approach that focuses on long-term management and improves their quality of life. NCDs such a diabetes, cardiac failure, chronic renal failure, stroke, and chronic respiratory conditions, arise from a variety of factors, including genetics, lifestyle choices, and environmental influences.**

Effective care involves regular monitoring, patient education, lifestyle changes, and adherence to prescribed treatments. Multidisciplinary teams, including healthcare providers, nutritionists, and mental health specialists, work together to develop personalised care plans tailored to each patient's specific needs. Early detection and consistent management help prevent complications, improve outcomes, and reduce healthcare resource utilisation.

Beyond medical treatment, emotional and psychological support is critical for patients managing chronic conditions. Individuals often face mental and emotional challenges that can impact their ability to follow treatment plans and maintain their overall health. By promoting a holistic approach to NCD care, Netcare is focused on enhancing patient outcomes and improving patients' quality of life.

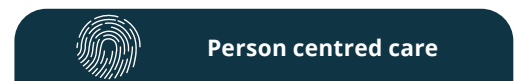
### Caring for people on long-term haemodialysis

An individual whose kidneys have permanently failed requires long-term haemodialysis to filter waste and fluid from their blood. Patients treated at National Renal Care (NRC) dialysis units participate in co-creating their care plans and provide regular feedback on their health, wellbeing, and experience of care.

This person centred approach is strengthened by the digital enablement of their journey in our care. NRC's innovative mobile application, designed to assist patients to improve their clinical markers and quality of life, has changed the nature of the therapeutic relationship, increased patient's access to their clinical data and provided the opportunity to be active partners in their care. The Summary of Care, accessed in the mobile application, provides patients with a monthly report on their dialysis prescription and their recent pathology test results, with the goal to improve clinical markers, quality of life and experience.

— The NRC App: [page 98](#) of the integrated report.

### Level of wellbeing for patients on long-term haemodialysis



Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023	FY 2022
Physical wellbeing of patients on long-term haemodialysis	% of patients who report that their physical wellbeing is within the recommended range	<b>72.9%</b>	72.3%	71.5%
Mental wellbeing of patients on long-term haemodialysis	% of patients who report that their mental wellbeing is within the recommended range	<b>92.6%</b>	92.9%	91.1%

<sup>#</sup> A higher score is better.

NRC uses patient reported outcome measures to gain insight into the 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.

The physical and mental outcome measure results have been stable over the three-year period. The NRC mobile app empowers patients and their families to be well-informed and active participants in their care, giving them access to their clinical data and other educational and lifestyle resources.

## Shared care haemodialysis



Best practice

Measure#	Measure definition	FY 2024	FY 2023	FY 2022
Shared care haemodialysis	% of haemodialysis units in which patients perform at least one of their haemodialysis treatment tasks	<b>100%</b>	97.2%	91.4%

# 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 – a step towards home dialysis.

Ongoing improvement in this measure over the three-year period is attributable to the continuous emphasis of shared care and the co-creation of treatment regimens in our dialysis units. Participation in co-created care prioritises the patient's voice, ultimately leading to a more holistic and effective healthcare experience, supporting improved clinical outcomes.

## Dialysis outcome measures



Best practice

Measure#	Measure definition	FY 2024	FY 2023	FY 2022
Albumin - monitoring for nutritional insufficiency	% of patients on long-term haemodialysis whose latest albumin results are within the recommended range	<b>86.1%</b>	85.3%	85.0%
Haemoglobin - monitoring for anaemia	% of patients on long-term haemodialysis whose latest haemoglobin results are within the recommended range	<b>55.2%</b>	56.5%	55.0%
Calcium - monitoring for a bone and mineral disorder	% of patients on long-term haemodialysis whose latest calcium results are within the recommended range	<b>69.5%</b>	70.3%	69.5%
Phosphates - monitoring for a bone and mineral disorder	% of patients on long-term haemodialysis whose latest phosphate results are within the recommended range	<b>48.5%</b>	48.5%	46.7%

# A higher score is better.

Blood test results are used 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 NRC 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.

Our performance against the four measures has remained stable over the three-year period. Close monitoring of these key clinical markers, identifying results not within the target range and implementing improvement plans is key to maintaining and improving the outcomes of a patient's dialysis treatment. Dialysis patients have access to their latest results via the NRC app, as well as information on what it means for their health if results are not within target range, and actions that can be taken to improve the results.

— Patient perception of care by dialysis unit employees : [page 13](#) of this report.

## Caring for people following 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 emergency department with specialised stroke facilities, timely diagnosis and treatment on arrival, definitive hospital treatment, and multi-disciplinary rehabilitation.

### Transporting patients with stroke symptoms to the best place


**Best practice**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023
Patients with stroke symptoms transported in Netcare	% of patients with stroke symptoms transported to Netcare hospitals with specialised stroke facilities	<b>92.7%</b>	88.0%*

<sup>#</sup> A higher score is better.

\* These results have been restated following a revision of the methodology to only include those patients transported within the Netcare ecosystem, where accurate information on facilities having specialised stroke services is available.

We closely monitor the transport of patients with signs and symptoms of a stroke to an emergency department 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. These interhospital transfers are not included in the measure.

The proportion of stroke patients transported to a stroke-ready facility has increased 4.3% in FY 2024, in line with our efforts to optimise the stroke care pathway within Netcare 911. Netcare 911 is voluntarily registered with and submits data to the Registry of Emergency Stroke Care Quality (RES-Q), which provides set standards for stroke care and measures performance against international stroke standards. Netcare 911 in KwaZulu-Natal was the first pre-hospital division in South Africa to receive a platinum EMS stroke award. Subsequently, Netcare 911 Gauteng and Western Cape have also received EMS stroke awards.

### Meeting European Stroke Organisation standards for care


**Best practice**

Measure <sup>#</sup>	Measure definition	Jul – Sep 2024	Apr – Jun 2024	Jan – Mar 2024
Meeting ESO standards for treating strokes	% EDs meeting RES-Q standards of care for identifying and treating strokes	<b>100%</b>	100%	100.0%
Achieving ESO Angel Awards for outstanding stroke care	Number of EDs achieving ESO Angel Awards for outstanding stroke care	<b>13</b>	11	8

<sup>#</sup> A higher score is better.

Given the importance of timeous recognition, diagnosis, and treatment of stroke patients to minimise brain damage and improve their chances of a better recovery, Netcare emergency departments 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.

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 emergency departments. All Netcare emergency departments met the RES-Q standards of care in FY 2024. Since FY 2022, 15 Netcare emergency departments (41%) have received ESO Angel Awards for above excellent care and outcomes related to stroke services.

## Improved independence for patients following a stroke



**Best practice**

Measure#	Measure definition	FY 2024	FY 2023	FY 2022
Patients discharged home following a stroke	% discharged to their home environment	<b>99.3%</b>	97.3%	96.7%

# A higher score is better.

Each person experiences a stroke differently. Physical rehabilitation involves relearning skills to be able to move and care for oneself independently. There has been continued improvement in the percentage of patients discharged to their residence and not frail care. This indicates the value and the role of specialised multidisciplinary rehabilitation and care co-ordination for successful transition and discharge home for patients following a stroke. Recognising the rising cost of frail care facilities, Netcare Rehabilitation Hospital emphasises the critical elements for a safe discharge home. This includes family and carer training and education as early as possible following admission, trial periods at home and home equipment recommendations.

## Caring for people with cardiac disease

### Transporting patients with cardiac chest pain to the best place



**Best practice**

Measure#	Measure definition	FY 2024	FY 2023
Patients with cardiac chest pain transported	% of patients with cardiac chest pain transported to hospitals with a cardiac catheterisation laboratory	<b>80.3%</b>	79.2%*

# A higher score is better.

\* These results are restated following a revision of the methodology to only include those patients transported within the Netcare ecosystem, where accurate information on facilities with cardiac catheterisation laboratories is available.

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. Electrocardiogram (ECG) machines in our EMS vehicles transmit data in real time to our emergency operations centre to support close monitoring of these patients.

The transport of patients to Netcare hospitals with cardiac catheterisation laboratories continues to improve. Thrombolytic medication has been introduced into the Netcare 911 critical care division and, under guidance from a doctor, this life saving medication can be administered to patients in the pre-hospital setting. This reduces the time to reperfusion of the heart muscle, improving clinical outcomes.

## Caring for people with communicable diseases

**Communicable diseases are caused by various infectious agents and can be transmitted through various means such as direct contact, respiratory droplets, or contaminated surfaces. Effective care involves timely diagnosis, appropriate medical treatment, and the implementation of measures to limit the spread of infection. In hospital settings, where patients may be more vulnerable due to preexisting conditions or weakened immune systems, preventing the transmission of communicable diseases is of paramount importance.**

Meticulous infection control protocols are essential to preventing hospital-acquired infections (HAIs). This includes isolating patients with infectious diseases, enforcing proper hand hygiene, and ensuring the consistent use of personal protective equipment by healthcare workers. Additionally, maintaining sanitised environments and adhering to standard precautions are critical for limiting the spread of infection. Netcare monitors for HAIs, which may arise from exposure to resistant pathogens or lapses in infection control. Through comprehensive infection prevention strategies, vigilant monitoring, and staff education, Netcare has worked tirelessly to ensure the safe management of communicable diseases while reducing the risk of further infections within our hospitals.

### Infection prevention

#### Hospital-acquired infections


**Safest care**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023
<sup>NEW</sup> Hospital-acquired infections	HAIs per 100 admissions	<b>2.43</b>	3.07*
Surgical site infections	Surgical site infections (SSI) per 100 surgeries	<b>0.19</b>	0.12
Urinary tract infections	Catheter associated urinary tract infections (CAUTI) per 100 catheters inserted	<b>0.40</b>	0.36*
Bloodstream infections	Central line associated bloodstream infections (CLABSI) per 100 central lines inserted	<b>3.93</b>	2.99*

<sup>#</sup> A higher score is better.

\* These results are restated following a revision in methodology.

HAIs are infections that patients develop while they are receiving treatment for other conditions within a healthcare setting. We make every effort to keep patients safe from these infections. 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.

HAIs are reported from pathology results in Netcare's infection management tool (IMT), which has a real-time direct integration with all laboratories. A rules engine alerts specialist infection prevention nurses to investigate and categorise possible infections. Results are reported starting from FY 2023, given that our data and processes have now stabilised following the migration to the IMT.

HAIs have reduced 20.8% over the two-year period. This is a significant improvement, especially when compared to international standards. The WHO reported in 2022 that in wealthier countries, about seven out of every 100 hospital admissions may result in an infection, while in lower- to middle-income countries, this number can be as high as 15 out of 100 admissions<sup>1</sup>.

We have continued to improve our ability to identify infections due to specific medical interventions such as surgery, urinary catheters, or the use of central lines (tubes placed in a large vein to give medications, fluids, nutrients, or blood products). We are confident that this improved detection is responsible for the increase observed in SSI, CAUTI and CLABSI in FY 2024. Improved detection capabilities contribute to more effective treatment and prevention.

1. World Health Organisation, 2022. *Global report on infection prevention and control*, p. xii



# Quality of care measures continued

## 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. 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 (ABS) programme.

### Use of antibiotics



Measure#	Measure definition	FY 2024	FY 2023	FY 2022
Use of antibiotics	Defined daily dose per 100 bed days	<b>82.2</b>	85.3*	92.0*

# A lower score is better.

\* These results are restated following a revision of the methodology.

The 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.

A reduction in antibiotic use across the Hospital Division has been achieved and sustained in FY 2024. This can be attributed to a mandatory end date for antibiotic prescriptions completed on CareOn, as well as strengthened ABS vigilance across the division with the introduction of a dedicated clinical pharmacy unit.

### Antibiotic prescription review



Measure#	Measure definition	FY 2024	FY 2023	FY 2022
Right antibiotic	% of patients receiving the right antibiotic for their infection	<b>99.2%</b>	98.9%	98.8%*
Right antibiotic dose	% of patients receiving the right antibiotic dose for their infection	<b>98.3%</b>	98.7%	98.9%
Right antibiotic duration	% of patients receiving the right antibiotic duration for their infection	<b>98.8%</b>	96.1%	97.4%*

# A higher score is better.

\* These results changed following a minor source data change.

Using infection markers and clinical responses to treatment, digital clinical pharmacists regularly review the antibiotic therapy used to treat patients. Any concerns are raised with the treating clinician and a suitable alternative recommended. With the introduction of the centralised digital clinical pharmacy unit, dedicated specialised resources review patient charts via the CareOn and IMT systems and capture compliance electronically. For high risk patients, reviews are conducted daily.

The measures form the foundation of Netcare's ABS programme and are based on principles recommended by the WHO and the National DoH's strategic framework on antimicrobial resistance in South Africa. The improved performance in FY 2024 is attributable to the consistent and focused attention of our digital clinical pharmacists on these principles.

## 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, outcomes, 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


**Best practice**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023
Managing pain pre-hospital	% of patients with severe pain, whose pain is reduced post-intervention	<b>93.9%</b>	91.1%*

<sup>#</sup> A higher score is better.  
\* These results are restated following a revision of methodology.

We measure how well Netcare 911 manages a patient's pain while being transported to hospital. The WHO's pain ladder classifies severe pain as a rating between six and ten. A patient's pain score is captured by the EMS team when they arrive on scene and again after treatment has been initiated. Our results show that the proportion of patients who report a reduction in pain following the administration of pain medications continued to improve in FY 2024.

Regulatory amendments have enabled paramedics and emergency care practitioners to provide a wider range of analgesic medications to manage patients' pain pre-hospital. Where previously only medication to treat severe pain was available, our EMS team can now provide medication for any pain, from mild to severe.

### Managing pain in the emergency department


**Best practice**

Measure <sup>#</sup>	Measure definition	May – Sep 2024
Managing pain in the emergency department	% of patients reporting pain who answered 'yes, definitely', employees tried to help reduce their pain	<b>73.3%</b>

<sup>#</sup> A higher score is better.

More than 75% of patients presenting to an emergency department are experiencing pain<sup>1</sup>. Emergency departments serve a diverse and wide range of patients with varying degrees of pain, from minor injuries to severe trauma. Each patient may require a unique approach to pain management based on their condition, medical history, age, and other factors. The goal of pain management in an emergency department 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.

The previous patient experience survey used for these results was retired and a new emergency department PFS introduced, for which results are reported for the period May to September. We will continue to closely monitor performance against this measure in the new emergency department PFS.

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

# Quality of care measures continued

## Patient perception of pain management



Measure#	Measure definition	FY 2024	FY 2023	Nov 2021 – Sep 2022
How well your pain was managed during your stay	Average rating on a scale from 0 to 10	<b>8.81</b>	8.75*	8.71*

# A higher score is better.  
 \* Results restated after refining the population to acute hospitals only.

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.

In line with the improvements observed more broadly for measures of patients' perception of care from nurses and doctors (see page 10), patients' perception of pain management also continues to improve. These improvements are attributable to our focus on compassion training within our facilities.



## Patient safety while under our care

Ensuring patient safety during care events is of critical importance. We have adopted local and international standards to measure the safety of our care and encourage our staff 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.

### Preventing medication-related patient harm


**Safest care**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023	FY 2022
Preventing medication related patient harm – Hospital Division	Medication related events that result in any harm to a patient per 100 admissions	<b>0.01</b>	0.01*	0.01*
Preventing medication related patient harm – Netcare Akeso	Medication related events that result in any harm to a patient per 100 admissions	<b>0.03</b>	0.06	0.04
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	<b>0.00</b>	0.00*	0.01*

<sup>#</sup> A lower score is better. Day theatres are excluded.

\* These results are restated following a revision of the methodology.

We closely monitor our medication practices to support safe and appropriate medication use, and to identify opportunities for improvement that 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.

In the Hospital Division, medication safety remains a priority with regular assessments and improved communication of targeted prevention strategies. This approach has heightened staff awareness and reporting. We will focus on further reducing preventable harm by leveraging the Group's digital and data assets.

For Netcare Akeso, reported incidents reduced 50% between FY 2023 and FY 2024, attributable to the increased vigilance, improved processes and the quality of care provided by nursing teams after nearly two years of training and focus on preventing medication related harm.

Netcare Medicross continues to report a low rate of medication incidents, with no incidents reported in FY 2024. The division continues to promote a medication safety culture, which includes following and adhering to standardised safe administration practices and controls, and co-checking medication against prescriptions. Together these practices reduce errors and improve patient safety.

### Preventing falls that result in any patient harm


**Safest care**

Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023	FY 2022
Falls that result in injury – Hospital Division	Falls that result in any injury per 100 admissions (age ≥18 years)	<b>0.12</b>	0.13	0.13
Falls that result in injury – Netcare Akeso	Falls that result in any injury per 100 admissions (age ≥18 years)	<b>0.40</b>	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	<b>0.04</b>	0.01*	0.03*

<sup>#</sup> A lower score is better. Day theatres are excluded.

\* These results are restated following a revision of the methodology.

# Quality of care measures continued

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 international standards 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.

The Hospital Division continues to focus on fall prevention, with incremental improvements year-on-year. Focus areas include fall risk assessments on admission and taking precautionary measures, such as keeping high-risk patients together for close monitoring, ensuring patients' identity bands specify those at higher risk, and regularly reviewing individual patients' fall risk.

The year-on-year variability in fall-related injuries in Netcare Akeso is attributable to improved reporting and better classification of incidents following staff training. Most falls resulted in minor injuries, with 1% of falls classified as severe. Netcare Akeso continues to emphasise fall prevention by monitoring patients and ensuring physical support following the administration of medications with sedative components.

For Netcare Medicross, the number of incidents remains low. The division's staff identify and assist those patients most vulnerable and at risk of falls, and its ongoing falls prevention campaign focuses on educating staff about fall risk and advising patients on creating a safe home environment.

## Preventing pressure lesions

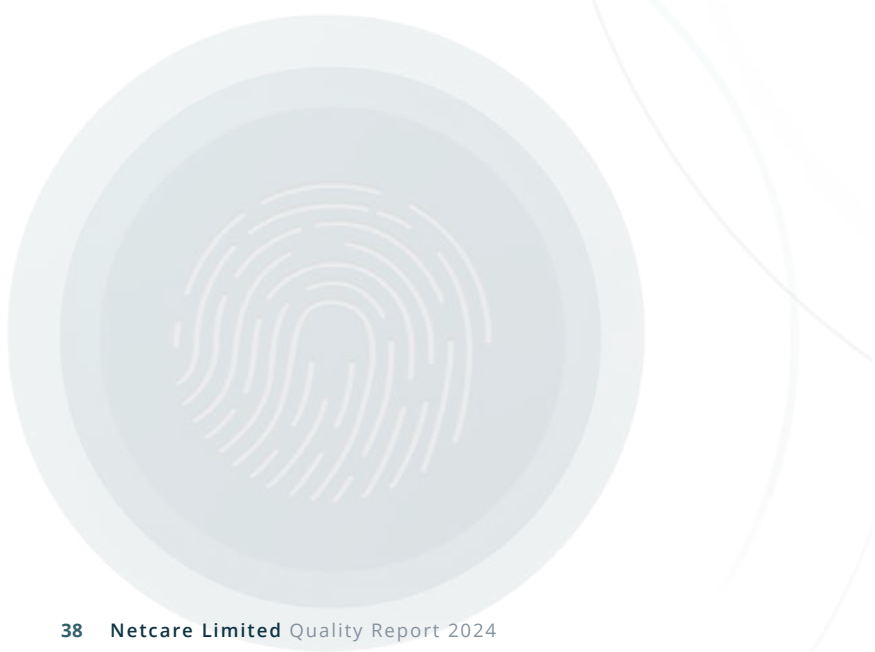


Measure <sup>#</sup>	Measure definition	FY 2024	FY 2023	FY 2022
Developing a severe pressure lesion	Stage III or IV HAPLs per 100 admissions of three or more days. (age ≥ 18 years, obstetrics, and burns ≥ 20% of body surface excluded)	0.01	0.01	0.02

<sup>#</sup> A lower score is better.

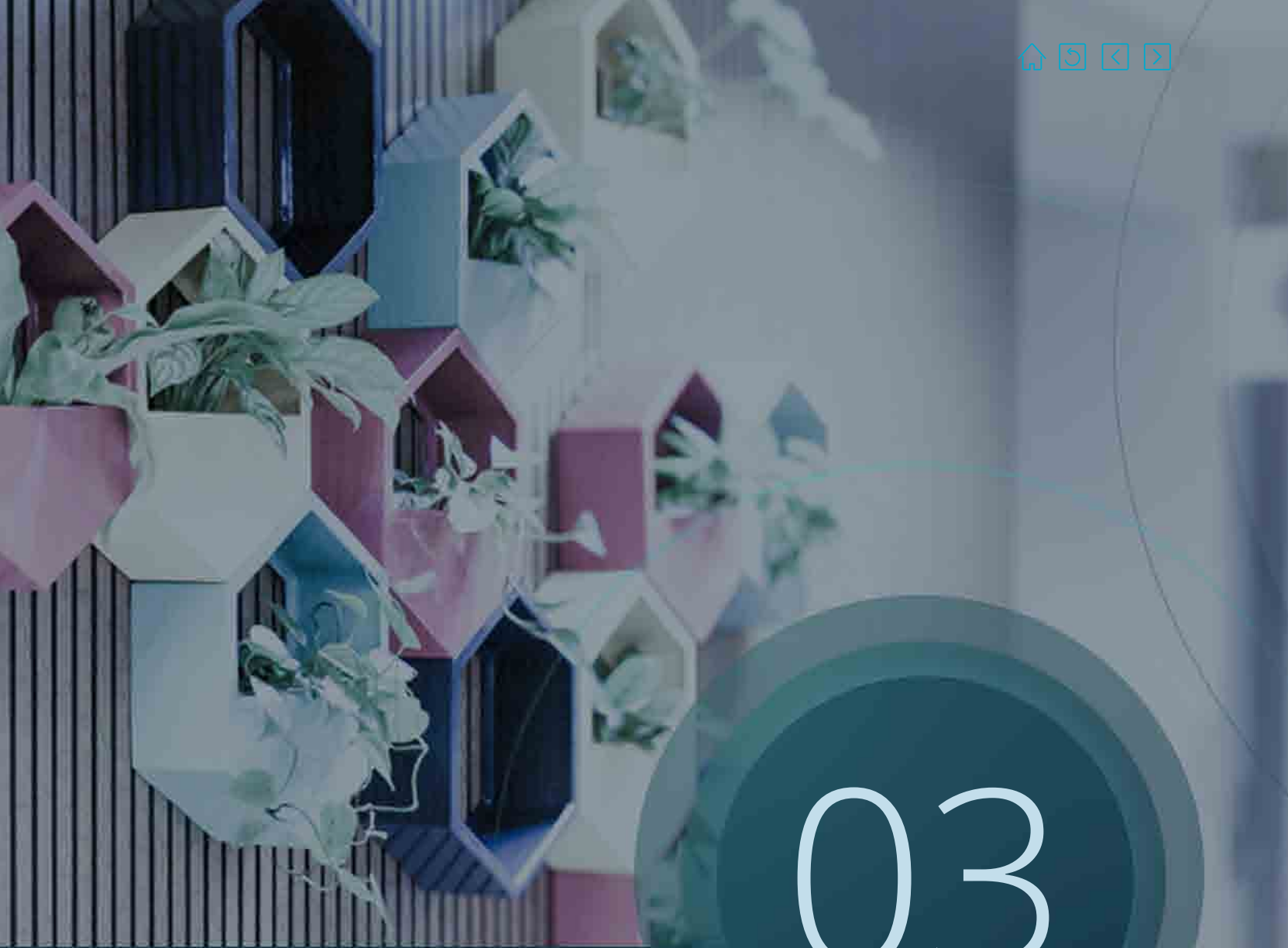
Patients admitted to hospital, particularly those admitted to critical care units, are at risk of developing hospital acquired pressure lesions (HAPLs). Patients admitted to Netcare hospitals are reviewed regularly for the risk of developing HAPLs using international standards, and preventative actions 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. The rate of HAPLs has been stable over the past two years, attributable to the continued focus on patient risk assessment.









# 03

## Value of care

**Objective:**

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

**Key focus areas for FY 2024**

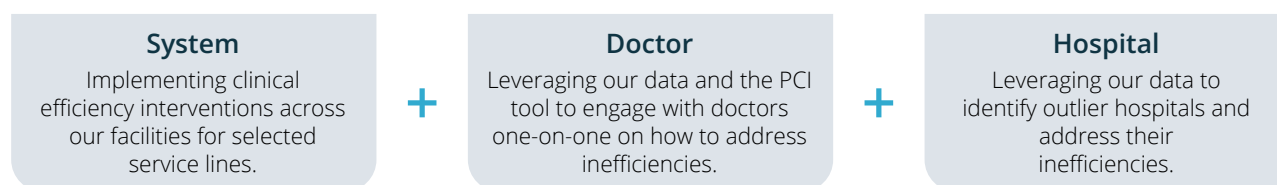
- Continue to leverage our digitisation initiatives to improve clinical efficiency.
- Engage with funders on value and quality of care performance.



**We adopt a proactive approach to improving the value of care. Measuring the three elements that drive value of care – quality, patient experience and clinical efficiency – 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 continued to enhance the value of care we provide in FY 2024, which has enabled more focused and proactive engagements with clinicians and medical schemes.**

The commercial relevance of reducing costs and improving the quality and safety of care we provide has become increasingly evident as our work on quality of care matures and the funder landscape evolves. Clinical efficiency is a priority for all medical schemes during tariff negotiations and when selecting hospitals for network plans. Netcare applies clinical efficiency enhancements at the following three levels:

## Our three-level approach to efficiency



The clinical efficiency programme benchmarks our usage patterns and identifies efficiencies at system, hospital and doctor levels to carefully manage the cost of delivering high-quality care. The funder relations and consistency of care teams are driving this programme in close collaboration with the Hospital Division. The programme comprises a number of projects and is being implemented with appropriate governance and oversight, resources, and tangible deliverables across all hospitals.

To further support clinical efficiency, our focus has shifted to operationalising our clinical efficiency initiatives in a manner that is focused, data driven and integrated across teams. We continue to develop methodologies and engage with funders' value-based care models to improve value of care. In addition to our ongoing work on developing clinical and efficiency data models (page 19), key activities during FY 2024 included developing our Big Data analytics platform and sepsis risk prediction algorithm (page 20), as well as the new centrally coordinated clinical efficiency programme for the Hospital Division, and a new electronic funders portal. The new electronic funders portal will be specifically designed for funders to seamlessly engage with Netcare on case management and billing. Funders will have secure access to all relevant clinical information and authorisations in near real time.

Complete and accurate data together with big data analytics will improve our delivery of high-quality care that is also cost effective, furthering our aim to be leaders in health innovation and clinical efficiency. For example, we have identified a strong association between improved clinical outcomes and higher case volumes, with higher case volumes associated with low cost providers. We are thus prioritising higher case volumes to drive improved quality outcomes and efficiency. In time, our digital platforms and data analytics will address the fragmentation of care across our divisions – minimising the duplication of tests and diagnostic procedures, especially in the referral from primary to tertiary care.

# Private medical funders

Our relationships and engagements with private medical funders allow us to present competitive proposals to secure our participation in their hospital networks which, in turn, enables us to preserve and grow patient volumes and attract and retain doctors. In addition to competitive proposals, delivering patient centric cost-effective care, and collaborating with medical schemes on improvement opportunities, are also key aspects of our funder strategy.

## Quality of our relationships

The increasing maturation of our ability to leverage our analytical and measurable clinical expertise and quality of care outcomes stands us in good stead when engaging with medical schemes. These relationships are well-established and mutually beneficial; however, a natural tension exists with schemes driving utilisation and cost containment. 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 versus operating expenses, most of which rise significantly above inflation.

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

**Quality of care measures**  
**28** quality of care measures were reported in our automated quality report to medical funders, released quarterly.

How we engage	Their needs, expectations and interests
<ul style="list-style-type: none"> <li>• Day-to-day interventions on patient coding and case management.</li> <li>• Dedicated relationship managers.</li> <li>• Quarterly quality of care reports as per contractual agreements.</li> <li>• Contract and tariff negotiations.</li> </ul>	<ul style="list-style-type: none"> <li>• Measurable quality of care, safety and patient experience outcomes.</li> <li>• Cost-effective care: clinical efficiency and optimisation improvement initiatives.</li> <li>• Utilisation trends.</li> <li>• Participation in scheme options with restricted hospital networks.</li> <li>• A balanced service offering to satisfy member needs.</li> <li>• Value-based care contracting.</li> <li>• Ensuring high levels of medical ethics, and combatting medical fraud, waste and abuse.</li> </ul>

— Private medical funders : **page 107** of the integrated report.

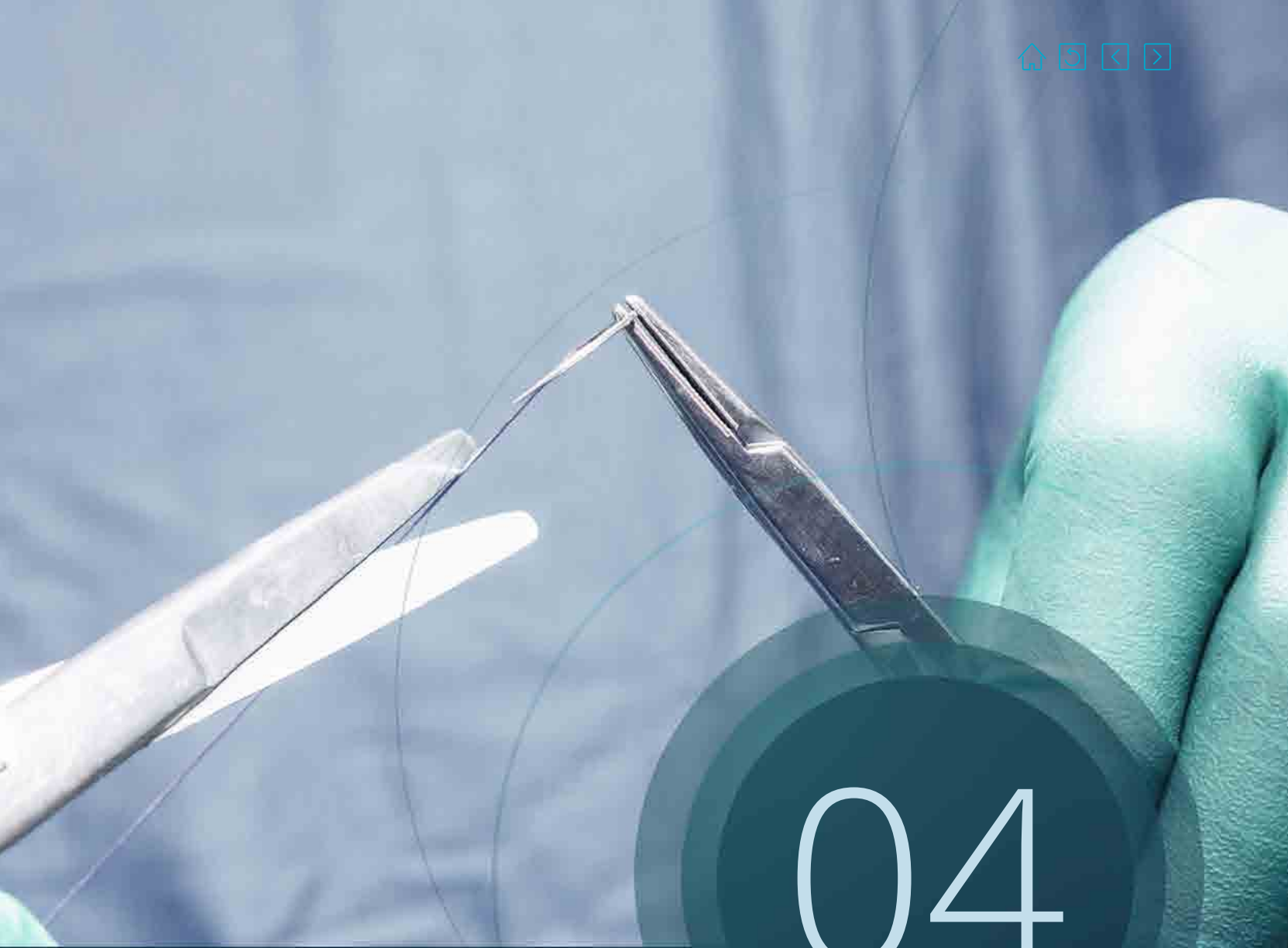
## Network participation

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 the proposals, ensuring that they are commercially viable.

In FY 2024, we were successfully appointed as co-anchor on six of the seven major tenders up for renewal in restricted provider network arrangements. Our geographic footprint coupled with the NetcarePlus GapCare products, enables us to retain a steady portion of patients in these types of networks.







# 04

## Governance

### **Clinical governance objective**

To improve and strengthen the regulatory framework governing clinical practice

### **SHEQ governance objective**

To inform the integrated quality management, occupational health and safety, and waste management framework

### **Key focus areas for FY 2024**

- Continued credentialling independently contracted healthcare workers in all Netcare divisions.
- Rolled out the digital credentialling process to other divisions within the Group.
- Continued the medical surveillance programme across the Group.
- Further reduced overall healthcare risk waste volumes.



**Netcare’s clinical governance framework aims to regulate the relationship between Netcare and the independently contracted healthcare workers (ICHW) who provide clinical services to patients in our facilities. It comprises the admitting, practising and treating privileges terms and conditions, clinical governance committees and the credentialling process.**

We continued to strengthen our clinical governance framework in FY 2024, based on the lessons learnt and experiences gained since its implementation in FY 2022. We updated the terms and conditions governing Netcare’s relationship with ICHWs in the Hospital Division and expanded the scope of the framework to include independent midwives who provide obstetric services in some of our maternity units.

We also revised the terms and conditions of the Netcare Clinical Practice Committee (NCPC) and the Independent Panel of Clinicians (IPoC) to ensure alignment to recent changes introduced by the Health Professions Council of South Africa (HPCSA). We also initiated a review of our research governance framework, which included the development of the Netcare Research Operations Committee terms of reference and the appointment of new members to the committee.

### Credentialling

The primary objective of the credentialling process is to ensure that only clinicians suitably qualified and registered with their respective professional councils are allowed to provide clinical services in Netcare facilities. This year, credentialling of ICHWs was initiated in April 2024 to align with health workers’ annual registration renewal with the HPCSA.

All doctors and health workers at the Hospital Division, Netcare 911, Netcare Akeso, Netcare Medicross, Netcare Cancer Care and National Renal Care are required to undergo credentialling annually. For FY 2024, 97% of ICHWs were credentialled (FY 2023: 92%). We also took the opportunity to issue advanced digital signatures to eligible doctors on CareOn, to ensure only authorised doctors can access patient records and prescribe medication.

### 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 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 monitors 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

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

FY 2023: 73  
FY 2022: 49

#### Independent panel

**Three cases referred** to the independent panel for peer review.

FY 2023: eight  
FY 2022: three

#### Privileges revoked

**Three healthcare practitioners’** privileges revoked for unsafe clinical practice and conduct not in keeping with Netcare’s values.

FY 2023: five  
FY 2022: three

**Netcare’s safety, health, environment and quality (SHEQ) function provides internal and independent assurance processes through 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.**

The key focus areas for SHEQ in FY 2024 were to retain ISO 9001:2015 (quality management systems) certification, ensuring compliance to the Office of Health Standard Compliance (OHSC) inspections, continuation of medical surveillance implementation, and reducing healthcare risk waste (HCRW) volumes in the Hospital Division.

## Quality management system

Our quality management system (QMS) comprises the following three levels of assurance:



## Internal quality and peer reviews

Internal quality reviews are a critical component of our quality management framework, ensuring compliance with our quality standards and facilitating continuous improvement. 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 improves the Group’s state of readiness for independent assurance processes.

Self-assessments were conducted in 274 (FY 2023: 275) facilities across all divisions with an average Group compliance score of 94.4%.

Internal quality reviews (self-assessment compliance scores)	FY 2024	FY 2023	FY 2022
Hospital Division	<b>92%</b>	96%	90%
Netcare 911	<b>95%</b>	95%	94%
Netcare Cancer Care	<b>98%</b>	97%	94%
Netcare Akeso	<b>95%</b>	94%	80%
Netcare Medicross	<b>91%</b>	89%	89%
National Renal Care	<b>95%</b>	94%	95%

Peer reviews were reintroduced in FY 2024, using a strategic sampling approach to prioritise facilities undergoing ISO 9001:2015 recertification audits and ensure regional representation. The average score for peer reviews at the selected sampled facilities was 88.36%.

## Independent assurance

The OHSC was established under the National Health Amendment Act of 2013 with the objective to protect and promote the health and safety of users of health services in South Africa. The OHSC monitors and enforces compliance with regulations applicable to different categories of health establishments, as prescribed by the Minister of Health in terms of section 78 of the National Health Act, 2003 (Act no. 61 of 2023). In FY 2024, 31 Netcare facilities were inspected by the OHSC, all receiving an ‘excellent’ grading and achieving compliance certification. All hospitals that receive a compliance certificate will be eligible to participate in the proposed National Health Insurance (NHI) programme.

The Netcare Group again achieved ISO 9001:2015 recertification in FY 2024, for the ninth consecutive year, affirming our dedication to quality excellence. ISO 9001:2015 is a globally recognised standard that specifies requirements for quality management systems.

## Occupational health and safety

Netcare is committed to providing a safe working environment and promoting employee wellbeing, given the impact of work-related injuries on employees' health, productivity and absenteeism. Our approach to OHS is to anticipate, recognise, evaluate and control for hazards in our work environments that threaten these commitments. OHS is integrated into our SHEQ system and is overseen by the Consistency of Care Committee. Compliance is managed through our digital SHEQ compliance system, SafeCyte.

Our comprehensive medical surveillance programme, launched in FY 2022, continues to provide health assessments for our employees to promote their health and wellbeing, as well as the early detection of disease. Through this programme, our dedicated occupational health nurses have uncovered hidden health conditions such as hypertension, diabetes, mental health disorders and cancers. The introduction of the Netcare Occupational Health Care@Work digital application in February 2024 further transformed our medical surveillance, enabling in-depth workforce health analysis and data driven decision-making.

In collaboration with Netcare Occupational Health, Netcare Akeso, the Group OHS team and the Netcare Medical Scheme, we launched our integrated employee wellbeing programme in April 2024, providing various health assessments and screenings. The initial roll out was phased, with our human resources teams facilitating implementation via our employee wellbeing days. Anonymised data generated by the programme is captured on Care@Work.

### OHS incidents

**1 054**

OHS incidents recorded, of which 24% (FY 2023: 20%\*) rated as insignificant risk, 66% as minor risk (FY 2023: 60%\*), 9% as moderate (FY 2023: 19%\*), and 1% high to major risk (FY 2023:1%\*)

FY 2023: 1 004\*

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.

\* Total number of incidents and % risk severity reported in FY 2023 restated due to late reporting.

### SHEQ training

**3 665**

employees received SHEQ training

FY 2023: 5 235

### Absenteeism

**1 027 480**

total hours of sick leave

FY 2023: 947 437

### Medical surveillance

**13 892**

medicals conducted

FY2023: 10 236

FY 2024 OHS incident reporting	Group total	Hospital Division	Netcare 911	Netcare Akeso	Netcare Medicross	National Renal Care
Exposure to COVID-19	3	3	0	0	0	0
Exposure to TB/other infectious diseases	11	9	2	0	0	0
Hazardous biological agent (HBA) exposure: sharps injuries	216	191	10	1	4	10
HBA exposure: splash injury	46	35	9	0	0	2
Exposure to hazardous chemical agents	39	36	2	0	1	0
Incident/accident resulting in injury	738	597	106	9	16	10
Radiation incident	0	0	0	0	0	0
Exposure to cytotoxic or antineoplastic drugs	1	1	0	0	0	0
<b>Total incidents</b>	<b>1 054</b>	872	129	10	21	22

— Occupational health and safety: [page 77](#) of the ESG report.



## Integrated waste management


**Netcare's integrated waste management programme aims to prevent, minimise, recycle, treat and dispose of healthcare waste in a manner that is safe for people and the environment. We focus on tracking waste generated per patient day, increasing landfill diversion, identifying cost saving measures, and identifying alternatives to landfills and incineration.**

Healthcare risk waste (HCRW) generated per patient day is a common metric used to assess the efficiency and environmental impact of a healthcare facility's waste management practices. Additionally, monitoring kilograms per patient day (kg/pd) of HCRW is crucial for safety, environmental management, cost control, and regulatory compliance. Tracking the amount of waste generated per patient enables hospitals to identify trends in waste generation and areas where waste can be reduced, to encourage efficient use of resources and better waste segregation practices.

### Hospital Division HCRW

**1.89 kg/pd**

Target: 2.03 kg/pd

 — Waste: **page 61** of the ESG report.





# 05

## #WeCare

**Objective:**

To look after the health and wellness of our workforce

**Key focus areas for FY 2024**

- Commenced rollout of Care4YOU module 6.
- Care4YOU programme being extended to Netcare Medicross and human resources.

# 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, support and management teams, the teams that facilitate our operational management systems, contracted employees, and the labour unions that represent our employees.

## Engaging with our people

We prioritise employee engagement, particularly in our approach to connecting employees and employee performance, retention and wellbeing. Effective engagement also encourages innovation, critical thinking, proactiveness, continuous development and lifelong learning to motivate and equip our employees to deliver our strategic priorities. Based on employee feedback, we implement targeted programmes to enhance the workplace as we strive to distinguish ourselves as an employer of choice in a competitive skills market.



#WeCare

## Care4YOU

Our Care4YOU programme remains our flagship initiative for enhancing our patients' experience of compassionate care. The programme recognises our people for acting with compassion; builds confidence, mindfulness and resilience; and harnesses our employees' intrinsic motivation to care for others by providing them with the tools and support to practice compassion for themselves and others. The programme is delivered via two platforms – the Living and Working Compassionately Journey, and our digital gratitude platform.

— Care4YOU: [page 76](#) of the ESG report.

## Compassion training

The Living and Working Compassionately Journey is delivered through a blended learning approach and includes Care4YOU theoretical content, experiential workshops and toolbox talks. The programme comprises six modules that are based on learnings from Stanford University's Applied Compassion Training programme:

Rollout progress	
<b>Modules 1 and 2</b> introduce the principles and practices of compassion.	Rolled out to all Netcare and Hospital Division, Netcare Akeso, Netcare 911, Netcare Education and the Netcare Shared Services Centre.  Commenced roll out to Netcare Medicross and Netcare Head Office.
<b>Module 3</b> deepens understanding around self-compassion, common humanity, and the spirit of Ubuntu (humanity to others).	Rolled out to all Netcare and third-party employees in the Hospital Division, Netcare Akeso, Netcare 911, Netcare Education and the Netcare Shared Services Centre.
<b>Module 4</b> teaches how to exercise the principles of compassion and humanity in the context of power imbalances.	Rolled out to <b>7 720</b> Netcare and third-party employees in the Hospital Division and Netcare Akeso.  Commenced roll out to the Netcare Shared Services Centre.
<b>Module 5</b> focuses on developing the skills needed to build and maintain compassionate relationships.	Rolled out to <b>3 663</b> Netcare and third-party employees in the Hospital Division.  Commenced roll out to Netcare Akeso.
<b>Module 6</b> equips employees with the skills needed to resolve conflict in a civil, respectful and dignified manner.	Rolled out to <b>450</b> leadership team members and compassion ambassadors in the Hospital Division.

We measure our impact and progress using the nurse compassion score. See page 8.

## Gratitude platform

Our gratitude platform allows patients, visitors and other employees to thank individuals and teams at Netcare for acts of compassion, motivating and reinforcing compassionate behaviours that positively impact patient and employee experiences. Gratitude cards are delivered to the mobile devices of the acknowledged employees and posted on gratitude boards displayed in the wards. We measure this programme's impact and progress through the number of cards received and the sentiments of the cards submitted. Negative sentiments received through this platform are managed through our complaints management process. Plans are in place to integrate the gratitude platform into the Netcare App.

## Gratitude platform

**28 758**

cards received

FY 2023: 36 555



