

# PURSuing OUR PURPOSE



2023 CORPORATE PROFILE

**40** YEARS OF  
EXCELLENCE

# OUR PURPOSE IS TO ENHANCE THE QUALITY OF LIFE



‘Pursuing our purpose’ speaks to the significance of our work – the very reason for our existence – and the efforts we make to realise it every day.

At Mediclinic, our purpose is to enhance the quality of life. We do this by helping our clients with health challenges, but also by supporting them as they seek to bolster their daily wellbeing. We make life better for our employees by ensuring that work is a rewarding experience and the workplace a supportive and enabling environment. We take steps to tread lightly on the earth and act fairly in our business so that wherever we operate the way of life is improved.

We believe strongly in our purpose and we know that it takes committed action to turn ambitions into reality. That is why this publication not only looks at what we have done in the past year in pursuit of our purpose, but what we plan to do in the future.





## ABOUT THIS PROFILE

### Scope, boundary and cycle

We produce this annual Corporate Profile in respect of the 2022 calendar year ('CY22') and the financial year ended 31 March 2023 ('FY23'). It contains information on the operations of our subsidiaries in Switzerland, South Africa and Namibia, and the Middle East (collectively, the 'Group'), as well as on our clinical, and environmental, social and governance ('ESG') performance.

Our sustainable development reporting was prepared in accordance with the Global Reporting Initiative Sustainability Reporting Standards 2016 ('GRI Standards') and the United Kingdom ('UK') non-financial reporting regulations.

### Assurance

The Group follows various other voluntary external accreditation, certification and assurance initiatives, complementing the Group's combined assurance model, as discussed on page 119.

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MESSAGE FROM THE GROUP  
CHIEF EXECUTIVE OFFICER



“

I find it only fitting that in the year we celebrate our 40<sup>th</sup> anniversary as MedClinic, we embark on an exciting journey with new owners Remgro and SAS, part of MSC. This partnership will propel our already great company forward as we grow, prosper and pursue our purpose of enhancing the quality of life.

**Dr Ronnie van der Merwe,**  
Group Chief Executive Officer

MESSAGE FROM THE GROUP  
CHIEF EXECUTIVE OFFICER

# TOWARDS A NEW HORIZON

This year, we celebrate Mediclinic's 40<sup>th</sup> anniversary. In a world where the pace of change is constantly accelerating, we have illustrated resilience and gained experience in navigating challenges and creating opportunities. As we look back at the past year, there have been many accomplishments we are proud of and we continue to make progress in delivering on our strategy, which supports future growth and an enhanced client experience.

COVID-19's impact on our operations lessened during the year, especially in Southern Africa and the Middle East. As we transitioned into a post-pandemic environment, the efforts of our nurses, doctors and partners, combined with our exceptional clinical protocols, enabled us to safely meet the ongoing demand for our broad offering of healthcare services.

The most notable development during the year was when Remgro – our founding shareholder – and SAS – part of Mediterranean Shipping Company ('MSC'), one of the world's leading providers of cargo shipping and cruise line services – formed a partnership to jointly acquire Mediclinic and take the Group private. The process was finalised on 26 May 2023. Not only are our new owners serious about making a significant impact on healthcare, they also give us access to exceptional skills, resources and global connectivity. This will propel our already great company forward as we grow, prosper and pursue our purpose of enhancing the quality of life.

Our organisation's resilience, the trust we have built with our clients and partners, and our ability to seize opportunities are only possible as a result of our exceptional employees. I attach great value to their skills, experience and commitment – all of which will help us increase our meaningful contribution to healthcare in the year ahead. We will continue to be guided by our purpose as we steer Mediclinic towards a new horizon of opportunity and growth for employees, clients, doctors and partners.

Keep well.



**Dr Ronnie van der Merwe**  
Group Chief Executive Officer

## OUR VALUES IN ACTION

### CLIENT CENTRED

We determine clients' needs, involve them in decisions, actively manage their experiences and deliver on promises.

# 186 700+

client surveys received in the past year

### TRUSTING AND RESPECTFUL

Our employees treat others with courtesy and kindness, embrace diversity, provide and welcome feedback, and respect privacy.

# 133

nationalities employed across five geographies

### PATIENT SAFETY FOCUSED

We prioritise clients' safety, identify and manage risks, and accurately record and securely store patient information.

# 150+

clinical indicators measured

### PERFORMANCE DRIVEN

We set objectives and measure progress, honour decisions and address challenges, complaints and inefficiencies.

# 85/100

Press Ganey® inpatient overall mean score

### TEAM ORIENTATED

We support colleagues, collaborate on problem-solving and decision-making, encourage team spirit and create opportunities for idea sharing.

# 158

employees participated in first-ever hackathons

# CELEBRATING MILESTONES OVER 40 YEARS



## 40 YEARS OF EXCELLENCE

### SOLID FOUNDATIONS IN SOUTHERN AFRICA

#### 1983 IN THE BEGINNING

The Rembrandt Group (today Remgro Ltd) commissioned Dr Edwin Hertzog to investigate the feasibility of private hospitals in South Africa. As a result, Mediclinic was founded to provide multidisciplinary healthcare facilities that could act as a single destination for doctors and patients.

#### 1984-1985 FIRST PATIENTS

Through the purchase of existing hospitals, Mediclinic established itself in Cape Town and Johannesburg and we began to provide our unique brand of quality care.



Dr Edwin Hertzog,  
Mediclinic founder



## 40 YEARS OF MILESTONES

Panorama Hospital,  
Southern Africa



### ● 1986 DEFINING MOMENTS

Mediclinic listed on the JSE in South Africa and the first facility built by the Group, Panorama Hospital in Cape Town, welcomed patients.

### ● 1988 MEDICAL INNOVATIONS

At this newly established subsidiary, insights from our doctors and employees informed the design and manufacture of medical equipment.

### ● 1989 STEADY GROWTH

Within five years, Mediclinic grew to more than eight hospitals where over 2 600 full-time employees looked after 1 600 beds.

### ● 1992 HOMETOWN HOSPITAL

Our Stellenbosch Hospital opened its doors in the town where the idea for Mediclinic was born. Today, Stellenbosch is the base for our Group Services.

## EXPANDING THE FOOTPRINT

### ● 1995-1996 CONFIDENCE IN PRIVATE CARE

We made our ambitions clear with the acquisition of Medicor, a South African group of 11 hospitals, two of them in Namibia. This effectively doubled our operations: in 20 hospitals, close to 4 500 employees cared for more than 2 900 beds. The following year, we added a further four hospitals with the takeover of Hydromed.

### ● 1997 NURSES FOR THE FUTURE

In the first year of our formal training programme for nurses, the intake of students numbered a few dozen. Today, we train more than 1 000 nurses every year.

### ● 1998 GROWING THE GROUP

We acquired Auckland Health Limited, adding another 11 hospitals to Mediclinic's footprint.

## 40 YEARS OF MILESTONES

### 2000 NEW ROUTES TO CARE

With the establishment of emergency assistance company ER24, we acquired a 50% stake, enabling Mediclinic to provide care even before clients arrive in hospital.

### 2003 SUPPORTING OUR DOCTORS

We established Practice Relief, providing practice management services to affiliated doctors in Southern Africa.

## TRANSFORMATIVE DEVELOPMENT

### 2005 ALERT READY

We purchased the balance of interest in ER24, cementing our position as provider of emergency medicine.

### 2006 EYE ON DUBAI

The first step towards expansion in the Middle East took place with an agreement for a stake in Emirates Healthcare, owner of the largest private hospital in Dubai.

### 2007 TRUE MULTINATIONAL

Our acquisition of the Hirslanden group of 13 hospitals in Switzerland secured Mediclinic's status as a leading private hospital group. With the purchase of the controlling interest in Emirates Healthcare earlier in the year, it set the scene for our truly multinational Group. Across three divisions – in Southern Africa, Switzerland and the Middle East – we had around 17 000 employees and 8 320 beds.

### 2008 MILESTONE MOMENTS

As Mediclinic marked its 25<sup>th</sup> birthday, there was cause for celebration. In Dubai Health Care City, our City Hospital opened as a model for multidisciplinary care of international standards. We also published our inaugural report on clinical performance, the first such report for the private hospital industry in South Africa.



Stellenbosch Hospital,  
Southern Africa

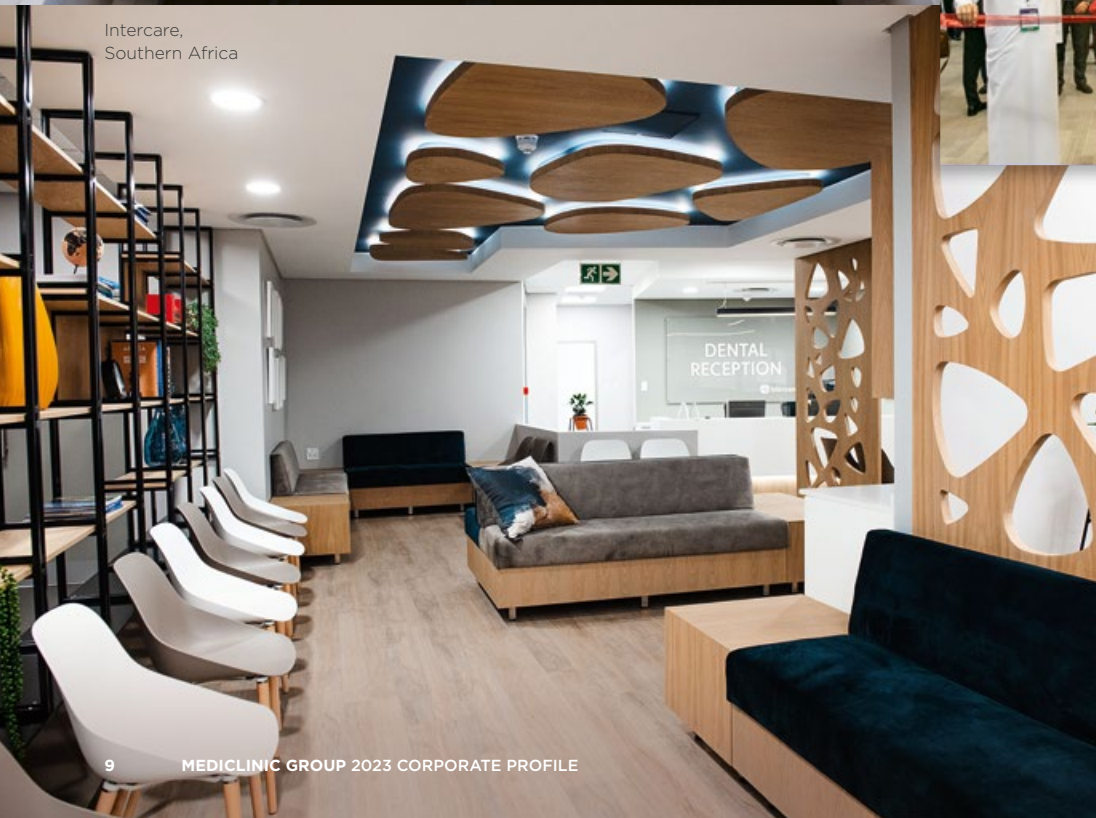


Klinik im Park,  
Switzerland



Parkview Hospital,  
the Middle East

## 40 YEARS OF MILESTONES

Al Noor Hospital,  
the Middle EastIntercare,  
Southern Africa

### 2011-2012 A NEW IDENTITY

We formally changed the Company name from the original Medi-Clinic to the current name, with new branding rolled out to create a uniform feel across the Group.

### 2015-2016 LONDON CALLING

We continued to expand our geographical footprint, obtaining a minority stake in Spire Healthcare, a leader in the UK. We also listed on the London Stock Exchange by way of a reverse takeover of Al Noor Hospitals Group plc. The business combination further increased our presence in the Middle East by three hospitals and 29 clinics.

### ACROSS THE CONTINUUM OF CARE

#### 2017 ALL-IN-ONE SERVICE

In Southern Africa, we purchased a stake in Intercare, a group that runs multidisciplinary medical and dental centres, forging closer connections between primary and secondary care points.

#### 2018 MAJOR PLAYER IN THE MIDDLE EAST

Parkview Hospital, our largest greenfield construction project by value, opened in Dubai. We acquired a stake in the holding company for Bourn Hall Fertility Clinic in the Middle East and added two Dubai-based clinics.

#### 2019 DIVERSIFYING

Across our geographies, we moved to add facilities that would support our clients throughout their health journey. We acquired the specialised mental health hospital, Denmar, in Southern Africa, opened a dedicated paediatric outpatient clinic in the Middle East and, in Switzerland, entered into a partnership with the University Hospitals of Geneva to establish day case clinics.

## 40 YEARS OF MILESTONES

- **2020 BROADENING HORIZONS**

We formed a strategic partnership with the Al Murjan Group to establish a new acute care hospital in Jeddah. As the COVID-19 pandemic spread, we launched telemedicine solutions.

- **2021-2022 BUILT AROUND THE CLIENT**

Our precision medicine offering, which uses genetic analysis for tailored prevention and treatment, launched in Switzerland and the Middle East. We also kept clients at the centre with the introduction of our own apps in these geographies and the establishment of dialysis centres in Southern Africa. By harnessing technology, we brought clients care where needed, like in Switzerland, with the DOMO Go smartwatch supporting home care. Remote patient monitoring enabled our hospital-at-home pilot in Southern Africa and a hybrid care model for chronic disease management in the Middle East.

- **2023 MEDICLINIC OF TODAY**

Our journey comes full circle as Mediclinic's entire share capital is acquired by a consortium of Remgro and SAS, part of MSC. Forty years after being founded as a private hospital group, Mediclinic is again a private company, now offering services to address all healthcare needs - prevention, treatment, recovery and enhancement - both physically and virtually. Every day we unite more than 37 000 employees in pursuit of our purpose: enhancing the quality of life.

- ▶ **JOURNEY WITH OUR LEADERS**

Drs Edwin Hertzog and Ronnie van der Merwe trace Mediclinic's path to becoming an international healthcare group and beyond.



OPERATIONS AT A GLANCE

# A UNIQUELY INTEGRATED INTERNATIONAL HEALTHCARE PARTNER

We are a diversified international private healthcare services group, established in South Africa in 1983, with divisions in Switzerland, Southern Africa (South Africa and Namibia) and the Middle East.



**SWITZERLAND**

Hirslanden, the largest private healthcare provider in Switzerland, is recognised for clinical excellence and outstanding client experience.

[www.hirslanden.ch](http://www.hirslanden.ch)

**SOUTH AFRICA AND NAMIBIA**

Mediclinic Southern Africa, one of the three largest private healthcare providers in the region, boasts highly specialised acute care infrastructure and has a relentless focus on offering value to all its partners and clients.

[www.mediclinic.co.za](http://www.mediclinic.co.za)

**THE MIDDLE EAST**

Mediclinic Middle East is established as a leading healthcare provider in the United Arab Emirates ('UAE') with a trusted brand and strong reputation in this developing region, offering clinical care of internationally recognised standards.

[www.mediclinic.ae](http://www.mediclinic.ae)

**THE UK**

We have a 29.7% stake in Spire Healthcare Group, a leading independent hospital group with 39 hospitals and eight clinics.

[www.spirehealthcare.com](http://www.spirehealthcare.com)

**OUR OPERATIONS**

**74**  
Hospitals<sup>1</sup>

**11 667**  
Beds

**5**  
Subacute hospitals<sup>2</sup>

**21**  
Day case clinics<sup>4</sup>

**5**  
Mental health facilities<sup>3</sup>

**24**  
Outpatient clinics<sup>5</sup>

**Notes**

- <sup>1</sup> Provides patient treatment with specialised medical and nursing staff, and medical equipment.
- <sup>2</sup> Provides comprehensive goal-orientated inpatient care designed for a patient who has had an acute illness, injury or exacerbation of a disease process.
- <sup>3</sup> Provides specialised treatment of serious mental disorders.
- <sup>4</sup> Provides elective procedures, surgical procedures and planned medical procedures, but admits and discharges patients on the same day.
- <sup>5</sup> Provides consultations (by general practitioner, specialist or allied healthcare professional) with no theatre facilities.

## OUR LEADERSHIP



**DR RONNIE VAN DER MERWE**  
Group Chief Executive Officer

Nationality: South African

Ronnie joined Mediclinic in 1999 and served as Chief Clinical Officer before his appointment as Group Chief Executive Officer ('CEO') in June 2018. He was an executive director of Mediclinic International Ltd from 2010 up to the reverse takeover of Al Noor Hospitals Group plc. Ronnie has extensive knowledge of Mediclinic's operations. He established the Clinical Services, Clinical Information, Advanced Analytics, Health Information Management and central Procurement functions at Mediclinic, driving growth.

**Qualifications:** MBChB (Stellenbosch University), DA (SA) (College of Anaesthetists of South Africa), FCA (SA) (Fellowship of the College of Anaesthetists of South Africa), Advanced Management Program (Harvard Business School).



**JURGENS MYBURGH**  
Group Chief Financial Officer

Nationality: South African

As a qualified chartered accountant with extensive investment banking experience, Jurgens takes a balanced approach to financial management and growth. Since joining Mediclinic as Group Chief Financial Officer ('CFO') in August 2016, he has driven a structured approach to capital allocation with an emphasis on free cash flow and return on investment. Previously, he served as CFO at Datatec Ltd. He qualified with KPMG and, in 2001, joined The Standard Bank of South Africa Ltd, where he was appointed as Head of Mergers and Acquisitions in 2009.

**Qualifications:** BCom Hons Accounting (University of Johannesburg), Stanford Executive Program, registered with the South African Institute of Chartered Accountants ('SAICA').



**KOERT PRETORIUS**  
Group Chief Operating Officer

Nationality: South African

Koert joined Mediclinic in 1998 as Regional Manager for the central region of our operations in Southern Africa and, in 2003, took on the role of Chief Operating Officer of the Mediclinic Group. He was appointed CEO of our Southern Africa operations in 2008 and served as an executive director of Mediclinic International Ltd from 2006 up to the acquisition of Al Noor Hospitals Group plc. Since April 2022, he holds the position of Group Chief Operating Officer.

**Qualifications:** BCompt in Accounting Science (University of the Free State), Master of Business Leadership (Unisa).



**GERT HATTINGH**  
Group Chief Governance Officer

Nationality: South African

Gert joined Mediclinic in 1991 as Group Accountant. He served in various management positions across the Group and was appointed as Company Secretary in 2000 and Group Services Executive in 2011. Subsequent to the acquisition of Al Noor Hospitals Group plc in February 2016, he holds the position of Group Chief Governance Officer.

**Qualifications:** BAcc Hons (Stellenbosch University), Advanced Management Program (Harvard Business School), registered with the SAICA.



**DR DIRK LE ROUX**  
Group Chief Information Officer

Nationality: South African

Dirk joined Mediclinic in August 2014 as the Group Information and Communications Technology ('ICT') Executive and was appointed to his current position of Group Chief Information Officer that same month. Prior to joining Mediclinic, he served in various managerial roles, including as Managing Director of ThinkWorx Consulting, Chief Information Officer at Media24 (Pty) Ltd, General Manager of IT Strategy and Risk at Absa Bank Ltd and Head of IT at the Development Bank of Southern Africa.

**Qualifications:** DComm in Informatics (University of Pretoria), MBA *cum laude* (North-West University), PgDip in Data Metrics (Unisa), BEng in Civil Engineering (University of Pretoria).



**MAGNUS OETIKER**  
Group Chief Strategy Officer

Nationality: Swiss

Magnus worked for Hirslanden in various management positions from 2000 to 2016. He served on our Swiss operations' executive committee from 2008 in various roles while also taking responsibility for human resources ('HR') management, funder relations and strategy. During his last two years, he acted as Chief Strategy Officer. In 2016, he joined a family-owned company in Switzerland with interests in healthcare, real estate and catering as CEO. In February 2018, he was appointed Mediclinic's Group Chief Strategy and HR Officer, with the role subsequently refined to focus purely on strategy.

**Qualifications:** BSc in Business Administration (Zurich University of Applied Sciences), Executive MBA (University of Zurich).

OUR LEADERSHIP



**HUMSHA RAMGOBIN**

Group Chief Human Resources Officer  
Nationality: South African

Humsha joined our operations in Southern Africa in 2022 as Chief Human Resources Officer and was appointed as Group Chief Human Resources Officer in August 2023. She is a seasoned HR professional with over 25 years of experience, 15 of which in executive roles within the consumer goods, retail and financial services sectors. She has served in various executive roles focusing on optimising operating models and structures, creating more effective ways of working; streamlining efficiencies; centralising group functions; and creating centres of excellence.

**Qualifications:** BA in Social Work (University of KwaZulu-Natal), BA Honours in Industrial Organisational Psychology (Unisa), Associate Coaching Certificate (UCT Graduate School).



**DR RENÉ TOUA**

Group Chief Clinical Officer

Nationality: South African

René is a medical practitioner with extensive experience in private and public healthcare. She started her career in primary healthcare, established a geriatric private primary care practice and worked in emergency medicine, including at an academic trauma unit, for several years. She joined Mediclinic in 2006 and held the positions of Regional Clinical Manager, and Clinical Data and Information Manager for our operations in Southern Africa. Subsequently, she served as the Group General Manager: Clinical Performance. She was appointed Group Chief Clinical Officer with effect from July 2018.

**Qualifications:** MBChB (Stellenbosch University), MPhil in Emergency Medicine (Patient Safety and Clinical Decision Making) (University of Cape Town), PgCert in Project Management (Stellenbosch Business School).



**DR TYSON WELZEL**

Group Chief Innovation Officer

Nationality: German and South African

Before joining the Group, Tyson fulfilled clinical and academic roles, acquiring extensive experience in private and public healthcare. He is also a founder of the Centre of Expertise ('CoE') in Emergency Medicine in Bern. In 2016, he joined Mediclinic, taking responsibility for clinical governance and health technology assessments, before being appointed as Group General Manager: Innovation in 2019. He subsequently joined the Group Executive Committee in October 2020 as Group Chief Innovation Officer.

**Qualifications:** MBChB (University of Cape Town), European Masters in Disaster Medicine (University of Eastern Piedmont), MMedSc in Clinical Epidemiology (Stellenbosch University), Masters in International Management (McGill University).



**DR DANIEL LIEDTKE**

Chief Executive Officer: Hirslanden

Nationality: Swiss

Daniel joined the Hirslanden Klinik St. Anna in Lucerne in 2001. He held various clinical and managerial positions at Hirslanden prior to his appointments as Hospital Manager of Klinik Hirslanden in Zurich in 2008 and as Chief Operating Officer of our Swiss division in 2015. In January 2019, he was appointed as CEO.

**Qualifications:** Doctor of Business Administration (Charles Sturt University), Executive Master of Science in Health Service Administration, Osteopath DO (Swiss Conference of Cantonal Health Directors, 'GDK'), BSc in Physiotherapy (Swiss State diploma), automotive electronics engineer ('EFZ', Swiss State diploma).



**GREG VAN WYK**

Chief Executive Officer: Mediclinic Southern Africa  
Nationality: South African

Greg joined Mediclinic in 2013 as Chief HR Officer for Southern Africa following many years in leadership positions across the fields of HR and strategy. Prior to Mediclinic, he served as Group HR Director at BMW South Africa, led HR and strategy at Land Bank, and held the position of Associate Director in Human Capital at Deloitte. He was appointed as CEO of our Southern Africa operations in April 2022.

**Qualifications:** BA (Law) (University of Johannesburg), Diploma in Education (Bechet, now Edgewood).



**HEIN VAN ECK**

Chief Executive Officer: Mediclinic Middle East  
Nationality: South African

Hein is a healthcare actuary who joined our Southern Africa operations in 2005 from the health insurance industry to head up business development. He moved to the Middle East in 2014 and, in 2016, was appointed to the Middle East executive committee as Chief Strategy Officer. He has held many leadership positions over a healthcare career spanning more than 20 years, with local and global healthcare experience in the fields of strategy, business development, funder relations, pricing, revenue cycle management and growth. In January 2023, he was appointed as CEO of our operations in the Middle East.

**Qualifications:** BSc Actuarial Science (Stellenbosch University), FASSA (Fellow of Actuarial Society of South Africa), FIA (Fellow of the Institute and Faculty of Actuaries, London).



Care for our client is ingrained into three of Mediclinic's organisational values: being client centred, trusting and respectful, and patient safety focused.





STRATEGY ROADMAP

# OUR VISION

Be the partner of choice that people trust for all their healthcare needs

ENABLED BY

## OUR STRATEGY



- 1 Become an integrated healthcare provider across the continuum of care
- 2 Transform our services, operations and client experience through innovation and digitalisation
- 3 Be relevant by offering innovative health and care solutions
- 4 Evolve as a data-driven organisation
- 5 Achieve operational excellence consistently
- 6 Grow in existing markets and expand into new markets

ENGAGING

## OUR KEY STAKEHOLDERS



CLIENTS



EMPLOYEES, ALUMNI AND POTENTIAL APPLICANTS



GOVERNMENTS AND AUTHORITIES



HEALTHCARE INSURERS



MEDICAL PRACTITIONERS

See page 18

## OUR APPROACH TO SUSTAINABILITY

### OUR PURPOSE

Enhancing the quality of life

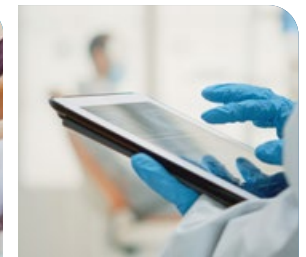
### THROUGH OUR COMMITMENT TO



CONSERVE



CONNECT



COMPLY

See page 73

### REINFORCED BY

### OUR VALUES



Client centred



Trusting and respectful



Patient safety focused



Performance driven



Team orientated

See page 5

# HOW WE OPERATE

We are driven by our purpose – it motivates us every day and aligns more than 37 000 employees

To deliver our purpose, we rely on our capabilities and resources...

## TALENT AND EXPERTISE

across more than 18 different job functions enable us to leverage skills and experience on a global scale for current and future success

## NATURAL RESOURCES

are managed responsibly to minimise our impact on the environment, contain operating costs and ensure ongoing access to water and energy supplies

## TECHNOLOGY

### Digital competencies

transform services to offer seamless, integrated client journeys

### Data

improves our decision-making and allows us to offer better care

### Medical technology

enables traditional surgical procedures to be done in less invasive ways in and out of hospital

### Automation

drives productivity and efficiency gains, empowering our employees to prioritise valued-added activities

## PARTNERSHIPS AND COLLABORATIONS

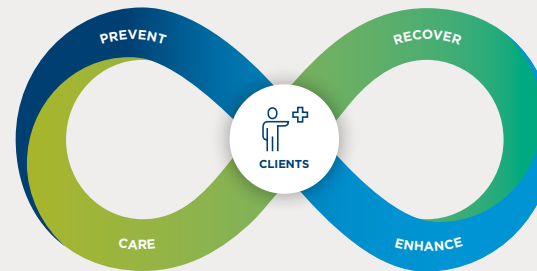
facilitate rapid product and service delivery, so we can meet the changing needs of clients

## INTERNATIONAL PERSPECTIVE

enables us to identify emerging trends and opportunities, standardise our approach to key functions and processes, and benchmark internally

...enabling us to grow the business of today and the business of tomorrow...

Growing our integrated healthcare offering by expanding across the continuum of care and improving coordination across physical and virtual care settings



Improving our current value to clients through access to the most appropriate care in the most appropriate setting



Investing in regional expansion of existing operations and bolt-on investments

See **Clinical services** on page 20 for more on our services and geographical footprint

...while creating value that benefits all our stakeholders

## PARTNER TO CARE

- Improving the health and wellbeing of our employees
- Improving overall access to quality healthcare

845 000+ inpatient and day case admissions in FY23

## PARTNER TO CREATE

- Creating jobs, delivering training and imparting skills
- Helping educate and prepare future healthcare workers
- Contributing to the economy

24 public-private partnerships ('PPPs')

## PARTNER TO IMPROVE

- Enhancing clinical outcomes and client experience
- Building and implementing scalable, replicable operations
- Optimising efficiency and resource use
- Minimising environmental impact

2030 Commitment to achieving carbon neutrality and zero waste to landfill by 2030

See page 18 for more on the value we create for stakeholders

# HIGHLIGHTS

 <p>Vergelegen</p>	<p><b>FEBRUARY 2022</b></p>  <p>Opened Vergelegen Day Case Clinic</p>	<p><b>MARCH 2022</b></p>  <p>Launched Mediclinic at Home</p> <p>See page 44</p>	<p><b>MAY 2022</b></p>  <p>Opened OPERA Bern Day Case Clinic</p>	 <p>OPERA Bern</p>	 <p>Held first of three hackathons, one for each geography</p> <p>See page 93</p>	
	<p><b>JUNE 2022</b></p>  <p>Hosted the Hirslanden Doctors' Summit as a hybrid event</p>	<p><b>JUNE 2022</b></p>  <p>Opened Enhance by Mediclinic cosmetic centre and launched Mediclinic Perform for sports medicine</p>	<p><b>AUGUST 2022</b></p>  <p>Acquired the Crescent Clinic, a mental health facility</p> <p>See page 36</p>	<p><b>SEPTEMBER 2022</b></p>  <p>Launched new continuous learning platform, which was phased in across divisions</p> <p>See page 96</p>	<p><b>SEPTEMBER 2022</b></p>  <p>Laid the foundation stone for a new day case clinic with the University Hospitals of Geneva</p>	<p><b>SEPTEMBER 2022</b></p>  <p>Signed a contract for high-reliability training with Joint Commission International (JCI)</p> <p>See page 40</p>
<p><b>OCTOBER 2022</b></p>  <p>Acquired Artisan Biomed to establish Mediclinic Precise in the geography</p> <p>See page 22</p>	<p><b>OCTOBER 2022</b></p>  <p>Reopened Me'aisem Outpatient Clinic</p>	 <p>Me'aisem</p>	<p><b>NOVEMBER 2022</b></p>  <p>Launched an Arabic version of MyMediclinic 24x7 app</p>	<p><b>NOVEMBER 2022</b></p> <p>11% of all appointment bookings in the Middle East are made through the MyMediclinic 24x7 app</p>	 <p>MyMediclinic 24x7</p>	
	<p><b>DECEMBER 2022</b></p>  <p>Launched the Hospital at Home pilot at our Hermanus Hospital</p>	 <p>MEDICLINIC PRECISE</p>	<p><b>FEBRUARY 2023</b></p>  <p>Mediclinic Precise launched to the public</p>	 <p>Reem Mall</p>	<p><b>MARCH 2023</b></p>  <p>Opened Reem Mall Outpatient Clinic in one of the UAE's newest and largest shopping centres</p>	

# SIGNIFICANT STAKEHOLDERS

Resilient stakeholder relationships drive our potential to make a positive impact.



## CLIENTS

Our business is built on our clients' wellbeing. Client surveys and dedicated client-experience employees contribute towards strengthened long-term relationships.

[See page 42](#)



## COMMUNITIES

Mutual understanding builds trust in our high-quality healthcare services. We foster trust in communities through corporate social investment ("CSI") initiatives and healthcare awareness campaigns.

[See page 104](#)



## EMPLOYEES, ALUMNI AND POTENTIAL APPLICANTS

Our employees are at the heart of our ability to maintain high standards and achieve our sustainability goals. We engage with them actively and continuously to improve their overall employee experience.

[See page 90](#)



## FINANCIAL INSTITUTIONS

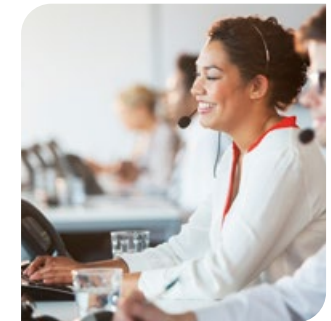
Third-party funding enables us to open and maintain healthcare facilities. We engage financial institutions through forums and workshops.



## GOVERNMENTS AND AUTHORITIES

Legislative and regulatory compliance safeguards our ability to offer services and operate facilities. We support national health efforts and participate in conferences and seminars to forge closer ties.

[See page 112](#)



## HEALTHCARE INSURERS

Privately insured patients constitute our largest client base. Accordingly, we engage funders through annual tariff negotiations and discussions on alternative reimbursement models. Furthermore, we publish an annual overview of our approach to quality and affordability of care.

## SIGNIFICANT STAKEHOLDERS



In pursuing our purpose, strategy and success, we consider our stakeholders to ensure we are doing the right thing.



### INDUSTRY ASSOCIATIONS

We leverage association memberships to ensure active participation in national conversations. Alongside representation on government bodies, we participate in research and conferences.



### INDUSTRY PARTNERS

Whether through introduction by advisers or encounters at industry events, we forge partnerships and joint ventures to expand across the continuum of care.

See page 64



### MEDIA

The media's role as an intermediary between Mediclinic and stakeholders aids us in responding proactively to industry-related news and sustaining a professional reputation. We hold press conferences, issue media releases and maintain a reputable social media presence.



### MEDICAL PRACTITIONERS

Physicians enable our continued success and quality-of-care improvements. We arrange regular meetings, research days and networking events; moreover, practitioners participate in hospital clinical committees.

See page 52



### PROFESSIONAL SOCIETIES

We rely on society support in improving value-based healthcare. Some of our affiliated specialists serve on their executive committees, while meetings promote collaboration.



### SUPPLIERS

We need a sustainable, uninterrupted supply chain and ethically sourced products. Factory visits, business reviews, contract negotiations and trade fairs enable close ties.

See page 109

A grayscale photograph of two surgeons in an operating room. They are wearing surgical masks, hairnets, and scrubs. One surgeon is adjusting a large overhead light fixture, while the other is focused on a surgical procedure. The scene is brightly lit by the overhead lights.

# CLINICAL SERVICES

The approach to healthcare is evolving. When Mediclinic was founded 40 years ago, our clients depended on us for acute treatment. Today, they seek a partner to accompany them through life and champion their wellbeing and health – regardless of time or location.

We harness data, technology and innovation to expand across the continuum of care and offer services that prevent, treat, recover and enhance in both the physical and virtual sphere. As a single, integrated healthcare provider with an international perspective, we are committed to greater care coordination and data sharing to achieve optimal clinical outcomes.

That is why we are the partner of choice that people can trust for all their healthcare needs.

**PURSUING OUR PURPOSE...**  
WITH PRECISION MEDICINE

# UNLOCKING THE GENETIC CODE



Our current priority is launching whole exome sequencing in mid-2023, starting with selected wellness and women's health testing panels.

**Dr Ramzy Ross,**  
Director: Shared Allied Services  
for the Middle East



'The response has been positive: clinicians have been excited about and receptive to the launch of our service. For some, there was the impression that genetic testing for personalised medicine is still far into the future, but it has arrived,' says Dr Lindsay Petersen, Chief Operations Officer: Mediclinic Precise for Southern Africa, our latest geography to introduce precision medicine. Throughout the continuum of care, we now harness the power of genetic analysis to understand or predict the personal risk for disease, determine appropriate preventive measures and offer treatment tailored to the individual.

In Switzerland, we launched precision medicine in February 2021, opening our own genetic laboratory in November 2021. 'Our portfolio focuses on common causes of disease; for instance, cardiogenetics (which looks at cardiac diseases like familial hypercholesterolaemia) and oncogenetics (for example, breast and prostate cancer). Other services include pharmacogenetics (determining how effective a drug will be for an individual), prenatal/preconception testing for parents-to-be and medical checkups or precautionary genetic tests for healthy adults,' says Dr Niowi Näf, Chief Strategy Officer for our Swiss operations.

In the Middle East, precision medicine services were due to start in 2020, following the completion of our in-house laboratory. However, the pandemic forced a delay with a shift in focus to COVID-19 testing, so it was in June 2021 that we completed our first genetic screening: a non-invasive prenatal test ('NIPT'). From a blood draw, this test screens for chromosomal abnormalities like Down syndrome in the unborn baby from as early as nine weeks.

With over 7 000 babies born annually across our hospitals in the Middle East, it made sense to focus on reproductive genetics from the outset. In addition to NIPTs, we focus on pre-implantation genetic testing alongside *in vitro* fertilisation ('IVF'). 'Our current priority is launching whole exome sequencing in mid-2023, starting with selected wellness and women's health testing panels. These cover areas from cardiovascular and metabolic health to a comprehensive cancer screening panel for 110 clinically relevant cancer-associated genes, including common cancers such as breast, ovarian and prostate,' says Dr Ramzy Ross, Director: Shared Allied Services for the division.

In Southern Africa, we are taking a staggered approach to introducing our services.

'We launched with an ancestry test to get the conversation going about genetic testing,' says Lindsay. In October 2022, acquisition of an 80% stake in Artisan Biomed paved the way for precision medicine and additional services for 2023 include NIPTs, pharmacogenetics and genetic tests for common genetic conditions and rare disease. Like in our other geographies, Mediclinic Precise in Southern Africa makes use of next-generation sequencing and microarray technology, which interrogate multiple genes or variants within a single test.

## FROM THE LAB TO THE REAL WORLD

Taking genetic analysis out of a research environment and into a clinical one where it can benefit individuals is an ongoing process. 'Genetics is still considered a medicine of the future and sustained efforts are made to continuously educate doctors and nurses on indications and benefits,' says Niowi. This is having the desired effect, as is evidenced by the constant growth in our number of referring doctors in Switzerland.

Lindsay adds that the medical community continues to learn more about the potential for precision medicine as an increasing number of tests are performed.



## PURSUING OUR PURPOSE... WITH PRECISION MEDICINE

For under-represented population groups, in particular, precision medicine has the power to enable invaluable insights into disease susceptibility. As recently as 2019, 78% of data in genome-wide association studies, which identify connections between genetic variants and disease risk, came from predominantly European populations<sup>1</sup>. With the rich diversity in Southern Africa, it is important to educate our clients about the value of contributing data, which is only possible with their consent. 'As an individual of mixed ancestry and a mom, I would share my dataset without hesitation, given the future benefit for healthcare,' says Lindsay. In the UAE, the Emirati Genome Project similarly stands to benefit from the genetic analysis done by Mediclinic Precise.

In the Middle East, we continue to work closely with our technology partners, healthcare funders and suppliers to ensure our services become increasingly accessible and affordable. As a result, we have achieved double digit percentage growth when comparing the four months to April 2023 with the same period last year. Further, we are continually working to improve clinician and client experience. 'We are now delivering some of the fastest test turnaround times in the region, without compromising on quality or outcomes. In some cases, such as NIPT, this translates to being up to 70% faster when compared with private laboratories in the region. This contributes to improved clinician and client experiences via the more efficient delivery of care – another factor that makes us an attractive partner,' says Ramzy.



**As an individual of mixed ancestry and a mom, I would share my dataset without hesitation, given the future benefit for healthcare.**

**Dr Lindsay Petersen,**  
Chief Operations Officer: Mediclinic  
Precise for Southern Africa

To support doctors, our Swiss operations offer standard and fast-track turnaround times, including the possibility of ultrashort turnaround times for emergencies, as well as clinically oriented reporting.

### CLIENTS AT THE CENTRE

Although we continually take significant steps to enhance our technological capabilities, the ultimate focus always remains on our clients. For this reason, genetic counselling is a mainstay of our precision medicine offering. 'Genetic counselling as part of a pre- and post-testing approach is crucial because it helps clients understand the potential implications of doing a test and what the results may reveal. Learning that you, or your unborn baby, is at risk of having a specific condition can be life-changing, so this process needs to be managed with considerable care and compassion,' says Ramzy.

It is also vital to interpret the test result for the individual, explains Lindsay. Having a genetic variant that may predispose

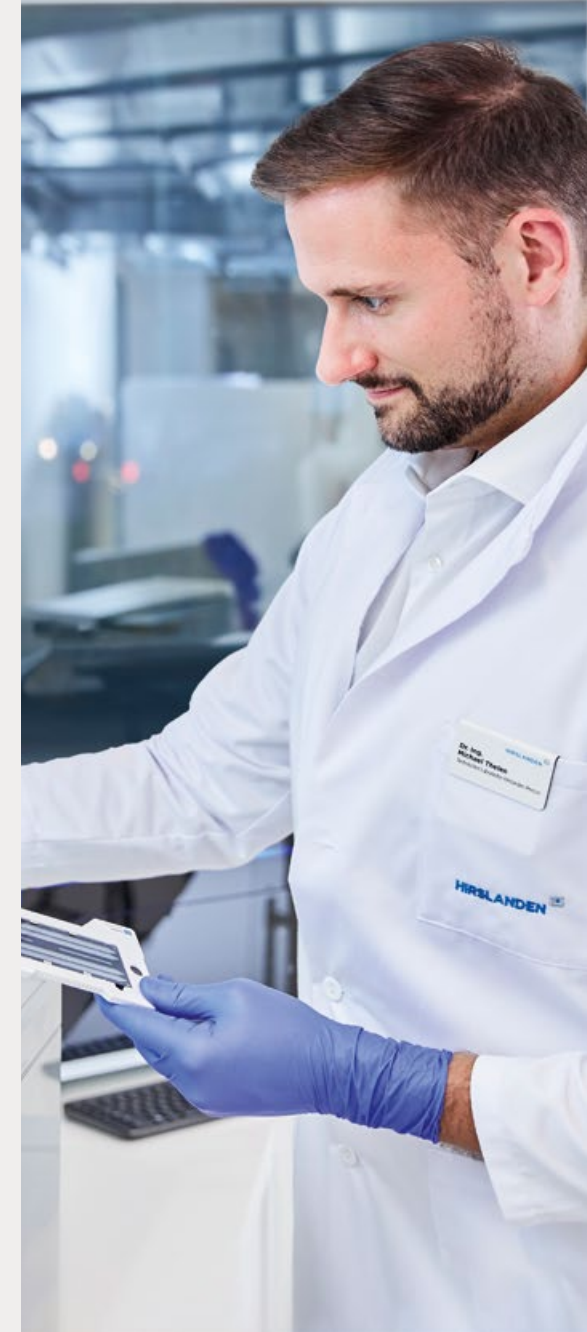
an individual to a disease does not automatically mean the person will develop that disease – there could be a number of factors such as environment, diet or exercise that limit or even prevent its onset. Often, clients who undergo genetic testing are motivated to change their lifestyles to maintain or enhance their overall wellbeing. A key focus for the team in Southern Africa is to provide clinical interpretive support for doctors and patients alike, guiding decisions on the most appropriate genomics test based on the client's symptoms and history.

'It is not only the client themselves who benefits either but the whole family,' says Niowi, giving the example of a breast cancer gene that would predispose sons to prostate cancer. Armed with this type of information, family members can take preventive measures and start precautionary screening at an earlier age.

'Medicine is trending towards becoming increasingly personalised,' says Ramzy. As related technology and approaches such as artificial intelligence ('AI') continually evolve, consumers will have increasingly reliable data from multiple, integrated sources (including genetics). This will help further tailor treatments as well as reduce the risk of ill health in the first place. A healthier tomorrow awaits.

#### Note

<sup>1</sup> 'The missing diversity in human genetics', Cell, Volume 177, Issue 1, 2019.



# MILESTONES

2022

## FEBRUARY



Orthopaedic surgeons performed the first Robotic Surgical Assistant® ('ROSA®') knee replacement at our Bloemfontein Hospital. It is now one of five Mediclinic hospitals in Southern Africa to offer the ROSA® technique, which uses computerised simulation for precise planning and a mini-camera with optical trackers to accurately position the implant.

## APRIL



**Hudson Wilson became the youngest recipient of a liver transplant in Africa at just eight weeks old. The procedure, which was performed at our joint venture, Wits Donald Gordon Medical Centre, was made possible through a living donation.**

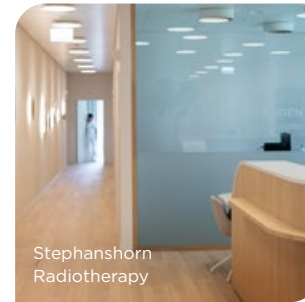


Hudson Wilson

## MAY



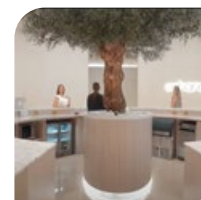
Advanced medicine got a boost with the establishment of two new centres. The St.Gallen Neurocentre ('Neurozentrum St.Gallen') at Klinik Stephanshorn offers specialist neurological care, while the Mittelland Abdominal Centre ('Bauchzentrum Mittelland') at Hirslanden Klinik Aarau brings together gastroenterologists and visceral surgeons for interdisciplinary treatment. We also began work on a countrywide network for interdisciplinary lung cancer treatment and thoracic surgery, and the Lung Centre was opened in Geneva. Furthermore, we launched a cardiac surgery programme at Clinique des Grangettes, which saw the introduction of the minimally invasive TAVI (transcatheter aortic valve implantation) procedure in June.

Stephanshorn  
Radiotherapy

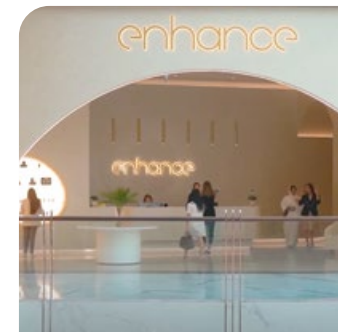
## JUNE



**Support and services for cancer patients in St.Gallen grew with the opening of Stephanshorn Radiotherapy, a standalone unit of Klinik Stephanshorn. Its location in the Neudorf Centre makes it convenient for clients of the Eastern Switzerland Tumour and Breast Centre, which opened the same month and whose specialists carry out their treatment at Klinik Stephanshorn.**



To help clients achieve optimal wellbeing, we opened Enhance by Mediclinic, a standalone aesthetics and wellness clinic in Dubai. Ensuring the high clinical standards associated with Mediclinic, Enhance offers cutting-edge treatment in fields such as aesthetic dermatology, plastic surgery and cosmetic dentistry.



Under the Mediclinic Perform brand, the Sports Medicine and Rehab Centre at Parkview Hospital officially opened. It is the first of its kind within a hospital environment and integrates treatment to address sports injuries and performance as well as musculoskeletal complaints. State-of-the-art facilities include a gait analysis lab and an antigravity treadmill.



**The team at City Hospital reached the milestone of 500 successful robotic surgeries.**

## MILESTONES

### JULY



With the launch of the Aquilion ONE/PRISM CT machine at City Hospital, we became the first in the Middle East to offer CT scans powered by AI. The CT machine's advanced properties enable medical imaging in a fraction of the time: an entire heart in one beat and whole brain perfusion imaging in one minute.



We enhanced our precision medicine offering with a new screening test for chromosomal abnormalities in the embryo prior to implantation. A month later, we added human leukocyte antigen testing for the diagnosis of certain autoimmune disorders.

### AUGUST



**Following inspections held over the course of two months, all seven our hospitals and their cluster outpatient clinics earned JCI accreditation again. The JCI Gold Seal of Approval™ signals that our facilities meet the highest standard of quality and safety in delivering care. The laboratory at City Hospital was successfully reaccredited by the College of American Pathologists ('CAP'); all our laboratories in the Middle East also hold ISO 15189 certificates of quality and competence for medical laboratories.**



### SEPTEMBER



Just one year after its foundation, the Bern Prostate Cancer Centre ('Prostatakrebszentrum Hirslanden Bern') at Salem-Spital passed the rigorous audit of the German Cancer Society. The certification guarantees high-quality oncological care based on an interdisciplinary approach and the latest scientific findings. In the same month, the Aarau Cham Zug Breast Centre ('Brust Zentrum Aarau Cham Zug') and Lake Zurich Breast Centre ('Brustzentrum Zürichsee') were certified by the Swiss Cancer League; the Stephanshorn Breast Centre ('Brustzentrum Stephanshorn') a month later.



The launch of the Gender Medicine module as part of the Joint Medical Master offered by Klinik St. Anna and the University of Lucerne broke new ground. The module considers sex and gender in hospitals, from identifying bias to providing medical care, and is the first of its kind in Switzerland.



Klinik Hirslanden became one of four hospitals in Switzerland to treat multiple myeloma with CAR T-cell immunotherapy. This cutting-edge treatment turns the client's own T-lymphocytes into cancer-fighting cells through genetic engineering.



Africa's first vascular robotics suite was unveiled at Wits University Donald Gordon Medical Centre, which we manage. The unit is one of only two worldwide to employ a robot for endovascular surgery, a specialist procedure that uses microscopic incisions and thin tubes to repair blood vessels.

### OCTOBER



The Bern Joint Centre ('Gelenkzentrum Bern') opened at Salem-Spital, providing specialist expertise in orthopaedic surgery and traumatology of the musculoskeletal system. Hirslanden Bern focuses on innovation with robot-assisted surgical technique; earlier in the year, Klinik Permanence acquired an Omnibotics knee robot, bolstering our robotic offering in Bern.



## MILESTONES

## NOVEMBER



Several of our hospitals ranked among the 'Best specialist hospitals' in Switzerland for 2023, according to research by Statista and two Swiss publications. Nine Hirslanden hospitals are represented in the field of orthopaedics, while four hospitals received recognition for cardiology.



With the opening of our Comprehensive Cancer Centre at Airport Road Hospital, we brought together oncology, nuclear medicine and radiotherapy to provide advanced treatment options at a single destination. The centre draws on close ties with similar centres in Dubai and Switzerland to offer oncology patients the latest therapies and an interdisciplinary approach.

Airport Road Hospital



## DECEMBER



**For the first time worldwide, a pregnant woman was treated with ADAMTS13 protease produced in a laboratory. The enzyme plays a role in blood clotting – the woman had consulted doctors at Klinik Hirslanden after suffering a stroke. Genetic tests confirmed a rare blood disorder, but following treatment with biotechnologically produced ADAMTS13 protease, the mother's condition stabilised and she gave birth to a healthy child.**

## 2023

## JANUARY



The Actif+ Centre at Clinique Bois-Cerf celebrated 20 years of specialist care in sports medicine and treatment aimed at achieving good physical condition. The centre is home to a multidisciplinary team that includes physiotherapists, osteopaths, occupational therapists, sports instructors and massage therapists. In recognition of its work in the field of sports medicine, one of its key competencies, Clinique Bois-Cerf was certified as a Sport Medical Base by the National Olympic Committee.



## FEBRUARY



**In a first for Africa, individuals with atrial fibrillation – the most common heart rhythm disorder in people over the age of 60 – were treated with pulsed field ablation at Panorama Hospital. The new technology harnesses electrical pulses to restore a normal heartbeat and can be administered in under two minutes.**



Panorama Hospital

## MARCH



Confirmation of Klinik Hirslanden's high standards in cellular therapy came with JACIE reaccreditation. The Joint Accreditation Committee ISCT-Europe and EBMT ('JACIE') promotes high-quality care in haematopoietic stem cell transplantation and accreditation is valid for four years.



NEWSWEEK PUBLISHES AN ANNUAL RANKING  
IN TERMS OF THE PREVIOUS CALENDAR YEAR

# WORLD'S BEST HOSPITALS FOR 2023

80 000+ MEDICAL EXPERTS PARTICIPATED IN SURVEY  
2 300+ HOSPITALS RANKED

**2/250** Two of our facilities  
among the 250 premier  
hospitals worldwide

**No 75** Klinik Hirslanden (CY22: 144)

**No 139** Hirslanden Klinik Aarau (CY22: 151-250)

## TOP 30 HOSPITALS IN SWITZERLAND

**No 4** Klinik Hirslanden (CY22: 5)

**No 7** Hirslanden Klinik Aarau (CY22: 8)

**No 11** Klinik St. Anna (CY22: 17)

**No 15** Klinik Im Park (CY22: 15)

**No 19** Clinique des Grangettes (CY22: 22)

**No 24** Klinik Stephanshorn (CY22: 29)

**No 25** Klinik Beau-Site (CY22: 28)

**No 30** Clinique La Colline (new entry)



## TOP 30 HOSPITALS IN THE UAE

**No 4** City Hospital (CY22: 3)

**No 9** Parkview Hospital (CY22: 10)

**No 19** Airport Road Hospital (CY22: 16)

**No 30** Welcare Hospital (new entry)

## SOUTHERN AFRICA

Designated the top hospital  
group by Rapport Readers'  
Choice 2022, City Press Brand  
Choice 2021

### Note

<sup>1</sup> Patient-reported outcome  
measures ('PROMs').



- Peer recommendation: national 49%
- Peer recommendation: international 5%
- Patient experience 14.5%
- Hospital quality metrics 29%
- Implementation of PROMs<sup>1</sup> 2.5%

# HOW WE CREATE VALUE

## THE VALUE EQUATION

We have more than 115 healthcare facilities in three geographies, offering a wide range of services across the continuum of care. Although our divisions operate in unique legal, regulatory and economic environments, we pursue the same Group strategic goals.



## CLIENT EXPERIENCE

We keep clients and their experience at the heart of everything we do

[See page 46](#)

### OUR AMBITIONS FOR 2023

- Scale client advisory groups across all divisions
- Pilot a new patient-reported experience measure
- Improve Net Promoter Score® ('NPS®') result
- Embed client centricity behaviours through training and coaching

### IN 2022

- Launched training initiative on key principles of great client experiences
- Established patient advisory groups
- Progressed measurement of client experience in integrated care solutions and virtual care

## CLINICAL OUTCOMES

We actively pursue superior clinical performance and the best clinical outcomes

[See page 61](#)

### OUR AMBITIONS FOR 2023

- Further reduce the number of never events and adverse obstetric outcomes
- Improve patient safety by reducing the rate of falls with serious injury and improving medication safety
- Test and pilot a multifunctional care plan as part of care coordination

### IN 2022

- Reduced the number of adverse obstetric outcomes
- Made headway with the reduction of never events
- Expanded patient-reported outcome measures
- Progressed standardisation of obstetric and surgical care
- Laid groundwork for an enhanced intensive care and emergency centre ('EC') strategy in Southern Africa

## COST

We offer care in the most appropriate care setting at the most appropriate cost

### OUR AMBITIONS FOR 2023

- Pilot the early recovery process ('ERP') framework and implement the Hirslanden Motion (spinal ERP) project
- Optimise the average length of stay for relevant cases

### IN 2022

- Quantified and reduced variation in clinical care outcomes with implementation of dashboard and various initiatives
- Quantified and reduced cost of care complications
- Expanded fast-track orthopaedics in Switzerland
- Piloted home care in Southern Africa

## A BETTER TOMORROW

Our mission to improve our value aligns specifically with Goal 3: (Good health and wellbeing) of the Sustainable Development Goals ('SDGs') developed by the United Nations ('UN').

**EXAMPLE OF OUR CONTRIBUTION:**  
40 facilities participate in Vermont Oxford Network ('VON'), a non-profit collaboration to improve neonatal care globally with data-driven quality improvement and research

See pages 129-131



**SUSTAINABLE DEVELOPMENT GOALS**

### KEY PRINCIPAL RISKS

Risks are those factors that could prevent us from realising our healthcare mission and achieving our strategic goals. From a clinical perspective, the following factors could hinder our objectives of providing cost-efficient, quality care and outstanding client experiences.

#### Pandemics and infectious diseases

A pandemic occurs when an infectious disease rapidly infects many people and spreads to multiple countries and continents. These risks refer to our ability to respond effectively to the potential adverse clinical, operational and business effects caused by a pandemic or infectious disease.

#### Patient safety, quality of service and operational stability

These risks firstly relate to all clinical risks associated with the provision of clinical care resulting in undesirable clinical outcomes. They further refer to the quality of service and the stability of operations, including incidents of poor service or where operational events could lead to business interruptions.

### RISK MITIGATION

- Hospital and business incident response planning
- Central coordination of task teams and clinical governance
  - ▢ See page 53
- Monitoring
- Accreditation processes
  - ▢ See page 120
- Clinical governance processes
- Monitoring of clinical performance indicators
  - ▢ See page 122
- Focus on quality management processes
- Stakeholder engagement and disclosure strategies
- Clinical audits
- Client experience surveys (both internal and external)
  - ▢ See page 46
- Complaints monitoring
- Training programmes and supervision of service levels

OUR OPERATIONS

# SWITZERLAND

FACILITIES



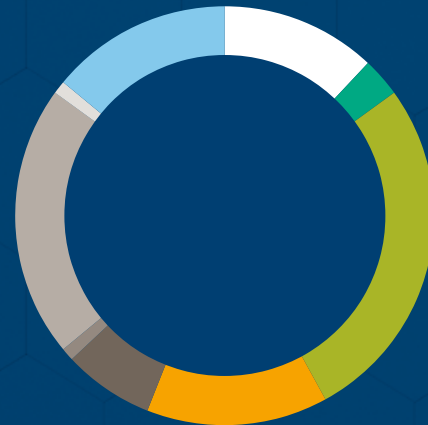
**17**  
hospitals



**5**  
day case clinics

SPECIALTY SPLIT<sup>1</sup>

- Cardiology 12%
- General medicine 3%
- General surgery 27%
- Internal medicine 14%
- Obstetrics and gynaecology 7%
- Oncology 1%
- Orthopaedics 21%
- Paediatrics 1%
- Radiology 14%



Care settings<sup>1</sup>

- Inpatient 80%
- Day cases 4%
- Outpatient 16%



HEALTHCARE SERVICES

- ✓ DIAGNOSTICS
- ✓ ROUTINE ELECTIVE PROCEDURES
- ✓ SPECIALISED TREATMENTS
- ✓ EMERGENCY CARE
- ✓ ADVANCED TECHNOLOGY
- ✓ PRECISION MEDICINE
- ✓ CLIENT APP: HIRSLANDEN
- ✓ RESEARCH AND TRAINING

WORLD-CLASS CARE

- 6 certified breast cancer centres
- Comprehensive Cancer Centre at Klinik Hirslanden
- Prostate cancer centre at Klinik Hirslanden and Salem-Spital
- Tumour centre at Klinik St. Anna
- Certified stroke centre at Klinik Hirslanden
- 4 cardiac centres
- CAR-T therapy at Klinik Hirslanden
- Robotic surgery at 9 hospitals
- CyberKnife at Klinik Hirslanden
- Nuclear medicine at 5 hospitals

QUALITY ASSURANCE

- ISO 9001:2015 certification for all participating facilities
- ISO 13485 certification for reprocessing of medical devices - 4 facilities
- German Cancer Society certification - 6 cancer centres
- JACIE accreditation - Klinik Hirslanden
- Swiss Cancer League certification - 2 breast cancer centres
- Swiss Cancer League and Swiss Society for Senology certification - Lake Zurich Breast Centre
- Swiss Federation of Clinical Neuro-Societies ('SFCNS') certification (2020-2023) - Klinik Hirslanden Stroke Centre

Notes

<sup>1</sup> Based on FY23 revenue.

<sup>2</sup> Reflecting inpatient and day case admissions only. In Switzerland, major trauma, neonatal intensive care and advanced critical care handled by cantonal and university teaching facilities.



## OUR OPERATIONS

### SWITZERLAND

#### Hospitals

##### Canton of Aargau

- 1 Hirslanden Klinik Aarau<sup>1</sup>

##### Canton of Appenzell Ausserrhoden

- 2 Klinik Am Rosenberg

##### Canton of Basel-Landschaft

- 3 Klinik Birshof

##### Canton of Bern

- 4 Klinik Beau-Site
- 5 Klinik Linde<sup>1</sup>
- 6 Klinik Permanence
- 7 Salem-Spital<sup>1</sup>

##### Canton of Geneva

- 8 Clinique des Grangettes<sup>1</sup>
- 9 Clinique La Colline

##### Canton of Lucerne

- 10 Klinik St. Anna<sup>1</sup>
- 11 St. Anna in Meggen

##### Canton of St.Gallen

- 12 Klinik Stephanshorn<sup>1</sup>

##### Canton of Vaud

- 13 Clinique Bois-Cerf
- 14 Clinique Cecil<sup>1</sup>

##### Canton of Zug

- 15 Andreaklinik Cham Zug<sup>1</sup>

##### Canton of Zurich

- 16 Klinik Hirslanden<sup>1</sup>
- 17 Klinik Im Park<sup>1</sup>

#### Day case clinics

##### Canton of Bern

- 1 OPERA Bern

##### Canton of Lucerne

- 2 St. Anna im Bahnhof

##### Canton of St.Gallen

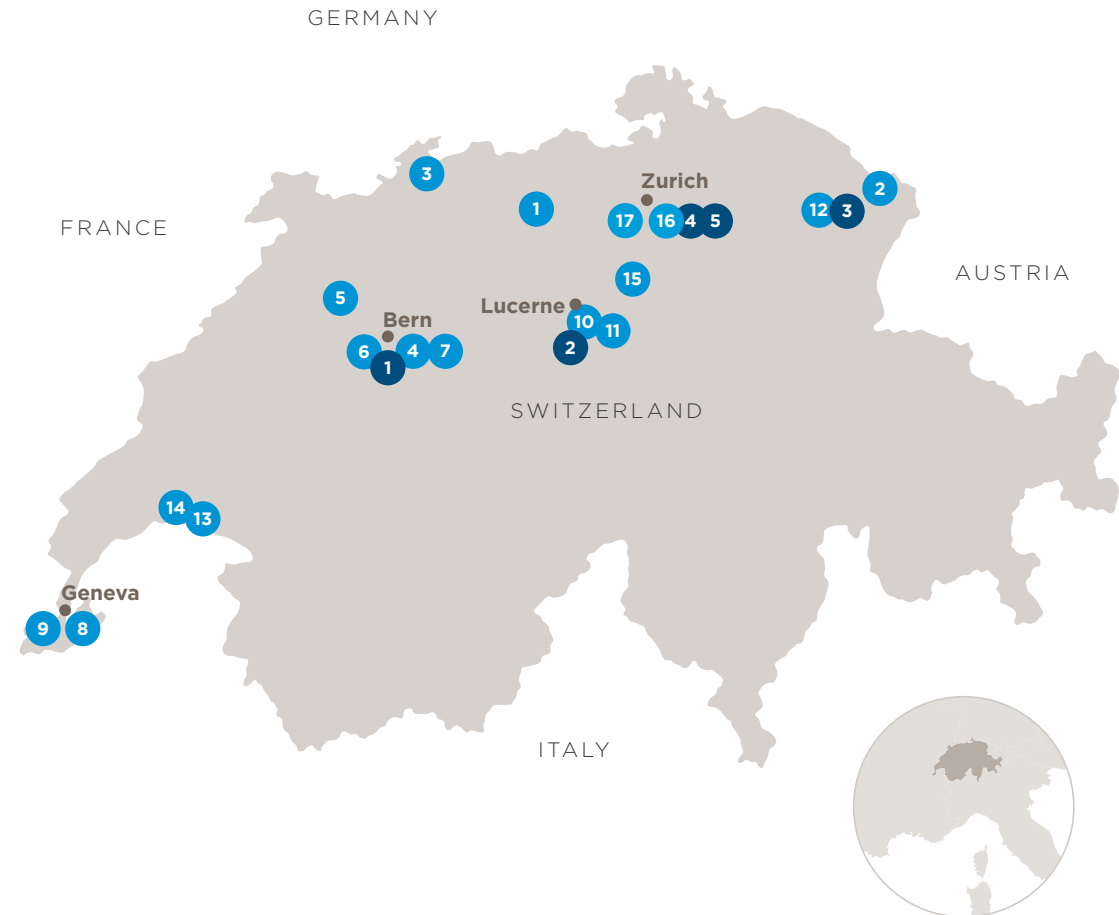
- 3 OPERA St.Gallen

##### Canton of Zurich

- 4 Operationszentrum Bellaria
- 5 OPERA Zumikon

#### Note

<sup>1</sup> Hospital with obstetrics department.



**PURSUING OUR PURPOSE...**  
THROUGH FALL PREVENTION



Employees at Klinik Hirslanden put the QUMEA app to use.

# WATCHFUL EYES THAT NEVER REST

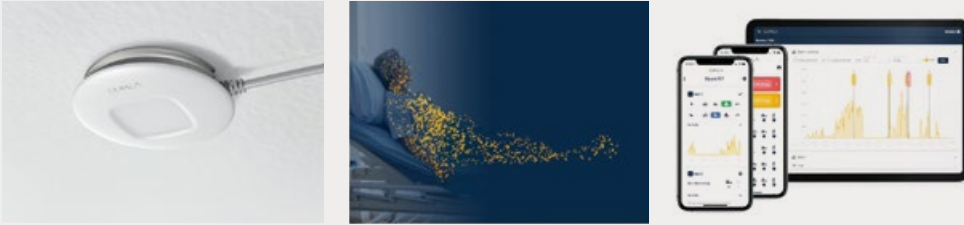
Falls are the most frequently reported safety event in hospitals and can result in injuries ranging from superficial scrapes to life-threatening trauma (or fatalities). It is estimated that in 1-3% of cases, falls result in fractures, which can be devastating for both patient and carers. 'Severe falls are rare, but they have a major negative impact on the individual outcome, the length of stay, resource use and also the costs of a case,' says Dr Rudolf Moos, Head of Clinical Services for Klinik Hirslanden in Zurich. Because of the impact of falls, every single case is reported via the Group's safety event management system, and analysed and discussed in order to take preventive measures.

The challenge with preventing falls is that they occur unexpectedly and hospital patients have a lot of risk factors. Not only can medication such as sedatives and anaesthesia impair a person, but many individuals also suffer from neurological conditions, such as dementia or stroke, that affect their clarity of mind, strength and/or balance. 'To compound matters, most falls occur when the person is unattended. It is impossible to ensure permanent surveillance and many clients would not want it anyway,' he says.

Faced with this dilemma of how to keep an eye on clients without intruding on their privacy, our Swiss operations found a novel solution: the QUMEA system, which uses 3D radar technology and AI to detect the potential for falls. Installed above a client's bed, the QUMEA sensor transmits and receives electromagnetic signals that are 100 times weaker than WiFi radio waves. The motion data is sent directly to the Cloud, where AI maps the person's position and analyses it. The sensitivity level of the sensor can be set according to each client's condition within the QUMEA app. When the system recognises a risky situation according to the specific setup (e.g. signs of rising), it sends an alert to nurses through the app, enabling personnel to intercept the person and provide the necessary assistance.

The innovative and ultrasensitive sensor tracks heat signals, so no images or video signals have to be recorded. This has the advantage that no personal data needs to be transmitted or stored. 'It is a discreet solution compared with other interventions such as video cameras or personal patient sitters, leaving the client a lot of privacy,' says Rudolf. It also promises first-rate usability, thanks to individual monitoring modes per bed

## PURSUING OUR PURPOSE... THROUGH FALL PREVENTION



It is a discreet solution, leaving the client a lot of privacy.

**Dr Rudolf Moos, Klinik Hirslanden**

that allow sensitivity levels and alerts to be tailored to each person.

To determine the feasibility of this product, we ran a pilot from April to July 2022 at Klinik Hirslanden. We installed 17 QUMEA sensors in our Privé ward to test the usability and reliability of the solution as well as the degree of acceptance from clients and nurses. Our employees consistently reported that the system is easy to use, reliable and useful in practice. The intuitive software makes the system straightforward to operate and quick to integrate into the daily routine. For nurses working in unfamiliar patient settings, it provides an additional safety measure.

Before activating the sensors, we ask for client permission and explain how the system works. On the whole, the feedback from clients and their relatives has also been

very positive. Having this continuous but inobtrusive supervision offers them an added sense of security and comfort.

Since falls are rare and the pilot ran for only four months, it was not enough time to show a significant reduction in falls. However, the system reduced the need for patient sitters in our pilot ward by around 50%. 'Private sitters are very costly and sometimes hard to find in urgent cases. These sensors are always available and cost much less once installed,' he says. In cases where sitters are not yet clearly indicated, the system offers our employees additional safety.

As a result of the pilot, we have decided to add sensors to five Klinik Hirslanden wards with the highest use of patient sitters, with around 100 hospital beds being covered from May 2023. Our investigation into the system's efficacy is ongoing and we are tracking its impact on the number of falls and the use of private sitters. The QUMEA system also shows potential for the identification of pressure sores and nocturnal hypoglycaemia – an exciting opportunity to be explored further. In our pursuit to improve patient safety and experience, we are just as vigilant as these new sensors.

The discreet Qumea sensor is a valuable tool in the care arsenal.



OUR OPERATIONS

# SOUTHERN AFRICA

FACILITIES<sup>1</sup>

 **50**  
hospitals

 **5**  
subacute  
hospitals

 **5**  
mental  
health  
facilities

 **14**  
day case  
clinics

 **42**  
emergency  
transport bases  
and 23 industrial  
site bases in  
South Africa

SPECIALTY SPLIT<sup>2</sup>

- Cardiology 8%
- General medicine 7%
- General surgery 16%
- Internal medicine 31%
- Obstetrics and gynaecology 9%
- Oncology 2%
- Orthopaedics 18%
- Paediatrics 9%

HEALTHCARE SERVICES

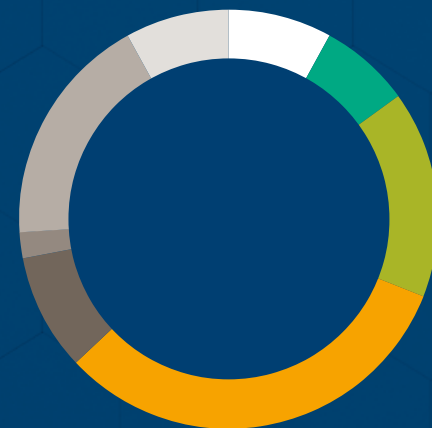
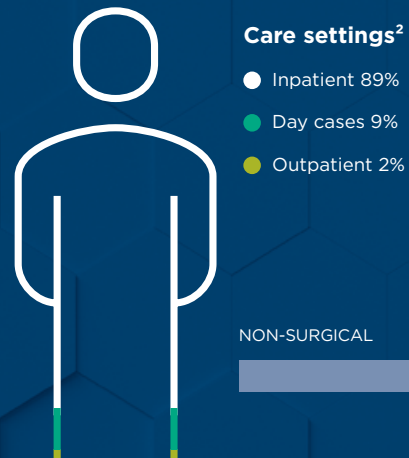
- ✓ ROUTINE ELECTIVE PROCEDURES
- ✓ SPECIALISED TREATMENTS
- ✓ EMERGENCY CARE
- ✓ TRANSPLANT MEDICINE
- ✓ ADVANCED TECHNOLOGY
- ✓ PRECISION MEDICINE
- ✓ CLIENT APP: MEDICLINIC BABY
- ✓ RESEARCH AND TRAINING

WORLD-CLASS CARE

- Solid Organ Transplant Centre at Wits Donald Gordon Medical Centre in partnership with Wits University
- Haematology and Bone Marrow Transplant Centre at our Constantiaberg Hospital
- 45 ECs
- Arthroplasty network
- 9 cardiac centres
- 2 electrophysiology centres
- Robotic surgery at 14 hospitals
- 36 neonatal intensive care units ('NICUs') for high-risk infants, 34 of which form part of VON<sup>4</sup>
- 9 renal centres – 6 for chronic dialysis

QUALITY ASSURANCE

37 hospitals participate in COHSASA<sup>5</sup> accreditation programme<sup>6</sup>



## 40 MEDICLINIC MILESTONE

In 1995, the year COHSASA was registered, Louis Leipoldt Hospital was the first to earn accreditation for achieving the body's health and safety standards.

Notes

- <sup>1</sup> Includes Intercare facilities.
- <sup>2</sup> Based on FY23 revenue.
- <sup>3</sup> Reflecting inpatient and day case admissions only.
- <sup>4</sup> The two NICUs not on VON have only one bed each.
- <sup>5</sup> Council for Health Service Accreditation of Southern Africa ('COHSASA').
- <sup>6</sup> Accreditation is limited to the largest hospitals caring for the more complex cases. These hospitals undergo regular reaccreditation surveys on a rotational basis, the findings of which are shared with the hospitals and the Southern Africa Corporate Office. Learning points emerging from findings inform focus areas for improvement initiatives, which also benefit smaller non-participating hospitals. In addition, the smaller facilities adhere to all regulatory requirements and industry standards.

OUR OPERATIONS

SOUTHERN AFRICA

Hospitals

Free State

- 1 Mediclinic Bloemfontein
- 2 Mediclinic Hoogland
- 3 Mediclinic Welkom

Gauteng

- 4 Intercare Medfem Hospital
- 5 Mediclinic Emfuleni
- 6 Mediclinic Heart Hospital
- 7 Mediclinic Kloof
- 8 Mediclinic Legae
- 9 Mediclinic Medforum
- 10 Mediclinic Midstream
- 11 Mediclinic Morningside
- 12 Mediclinic Muelmed
- 13 Mediclinic Sandton
- 14 Mediclinic Vereeniging
- 15 Wits Donald Gordon Medical Centre<sup>1</sup>

KwaZulu-Natal

- 16 Mediclinic Newcastle
- 17 Mediclinic Pietermaritzburg
- 18 Mediclinic Victoria

Limpopo

- 19 Mediclinic Lephalale
- 20 Mediclinic Limpopo
- 21 Mediclinic Thabazimbi
- 22 Mediclinic Tzaneen

Mpumalanga

- 23 Mediclinic Ermelo
- 24 Mediclinic Highveld
- 25 Mediclinic Nelspruit

Namibia

- 26 Mediclinic Otjiwarongo
- 27 Mediclinic Swakopmund
- 28 Mediclinic Windhoek

Northern Cape

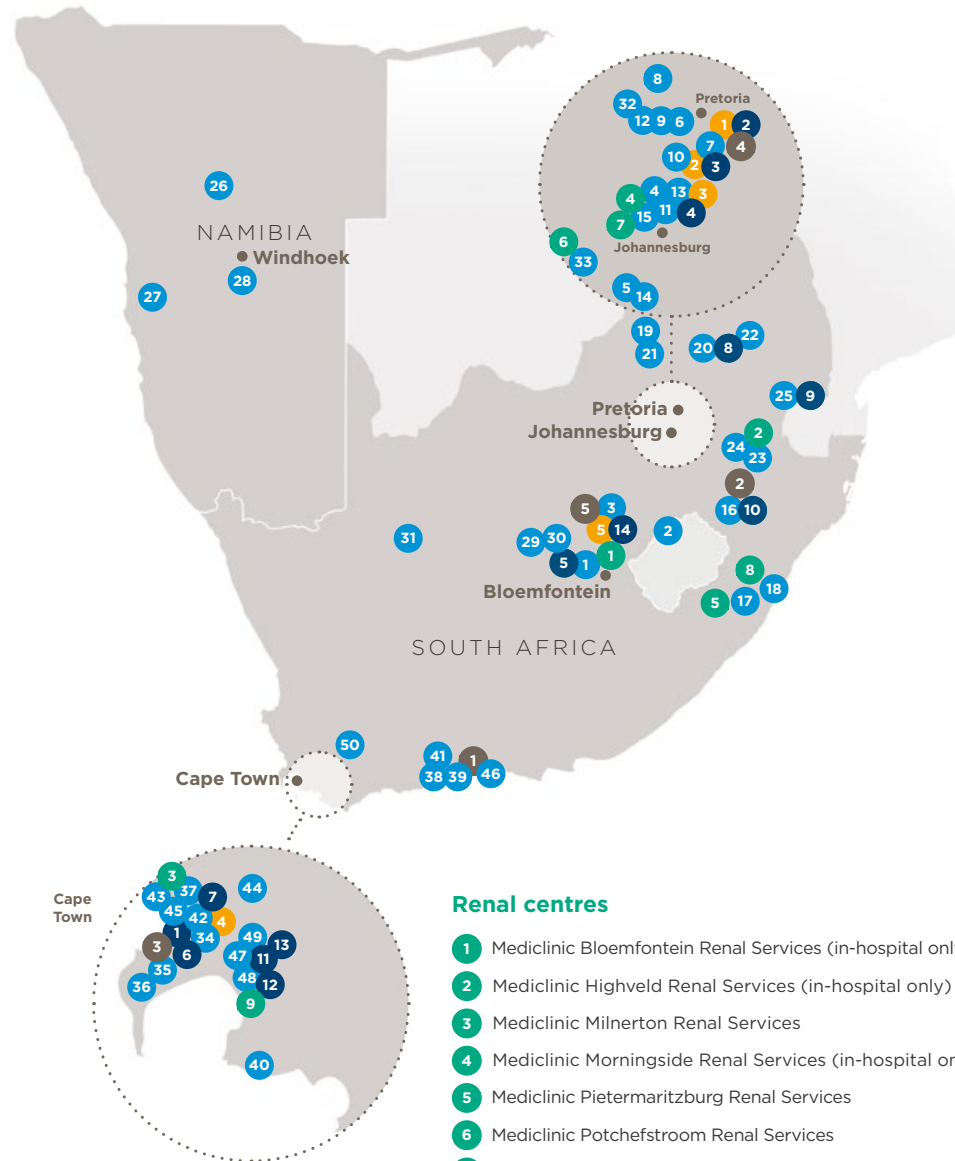
- 29 Mediclinic Gariep
- 30 Mediclinic Kimberley
- 31 Mediclinic Upington

North West

- 32 Mediclinic Brits
- 33 Mediclinic Potchefstroom

Western Cape

- 34 Mediclinic Cape Gate
- 35 Mediclinic Cape Town
- 36 Mediclinic Constantiaberg
- 37 Mediclinic Durbanville
- 38 Mediclinic Geneva
- 39 Mediclinic George
- 40 Mediclinic Hermanus
- 41 Mediclinic Klein Karoo
- 42 Mediclinic Louis Leipoldt
- 43 Mediclinic Milnerton
- 44 Mediclinic Paarl
- 45 Mediclinic Panorama
- 46 Mediclinic Plettenberg Bay
- 47 Mediclinic Stellenbosch
- 48 Mediclinic Vergelegen
- 49 Mediclinic Winelands Orthopaedic Hospital
- 50 Mediclinic Worcester



**Note**  
<sup>1</sup> Associated company being equity accounted (Mediclinic Southern Africa holds 49.9%).

Renal centres

- 1 Mediclinic Bloemfontein Renal Services (in-hospital only)
- 2 Mediclinic Highveld Renal Services (in-hospital only)
- 3 Mediclinic Milnerton Renal Services
- 4 Mediclinic Morningside Renal Services (in-hospital only)
- 5 Mediclinic Pietermaritzburg Renal Services
- 6 Mediclinic Potchefstroom Renal Services
- 7 Mediclinic Soweto Renal Services (chronic cases only)
- 8 Mediclinic Victoria Renal Services
- 9 Mediclinic Vergelegen Renal Services

Subacute hospitals

- 1 Intercare Hazeldean Subacute and Rehabilitation Hospital
- 2 Intercare Irene Subacute and Rehabilitation Hospital
- 3 Intercare Sandton Subacute and Rehabilitation Hospital
- 4 Intercare Tyger Valley Subacute Hospital
- 5 Welkom Medical Centre Subacute Hospital

Mental health facilities

- 1 George Neuro Clinic
- 2 Kintsugi Psychiatric Hospital
- 3 Mediclinic Crescent Mental Health Services
- 4 Mediclinic Denmar Mental Health Services
- 5 Mediclinic Welkom Medical Centre - Psychiatric Clinic

Day case clinics

- 1 Intercare Century City Day Hospital
- 2 Intercare Hazeldean Day Hospital
- 3 Intercare Irene Day Hospital
- 4 Intercare Sandton Day Hospital
- 5 Mediclinic Bloemfontein Day Clinic
- 6 Mediclinic Cape Gate Day Clinic
- 7 Mediclinic Durbanville Day Clinic
- 8 Mediclinic Limpopo Day Clinic
- 9 Mediclinic Nelspruit Day Clinic
- 10 Mediclinic Newcastle Day Clinic
- 11 Mediclinic Stellenbosch Day Clinic
- 12 Mediclinic Vergelegen Day Clinic
- 13 Mediclinic Winelands Day Clinic
- 14 Welkom Medical Centre Day Clinic

**PURSUING OUR PURPOSE...**  
THROUGH MENTAL HEALTHCARE



Depression is one of the leading reasons for not being able to work, while suicide ranks under the top five causes of death among young people.

# A SPACE TO HEAL

The need for mental healthcare has never been more pressing. According to the World Health Organization ('WHO'), about one in every eight people lives with a mental disorder.

The COVID-19 pandemic had an outsize impact on the state of mental health: during the first year alone, anxiety and depressive disorders increased by more than 25%. 'And it is almost as if things are snowballing post-COVID-19,' says Dewald de Lange, General Manager: Mental Health Services in Southern Africa. People now have to deal with a global recession, geopolitical insecurity and a worsening climate crisis. At the same time, the changing social environment, with more people working from home and fewer opportunities for personal contact, has resulted in greater isolation and less support in maintaining a stable mental state.

Not getting the appropriate treatment and support can be devastating. Depression is one of the leading reasons for not being able to work, while suicide ranks under the top five causes of death among young people.

Our focus on providing care for mental health therefore could not be timelier. In Southern Africa, we now operate five mental health facilities that together provide more than

330 beds. Two of these are standalone facilities, with the latest added in August 2022. 'Our flagship mental health hospital is Denmar Hospital, the largest private psychiatric facility in South Africa and one that is at the forefront of mental health technology,' he says.

Among the specialised treatment offered at Denmar is the use of transcranial magnetic stimulation ('TMS'). In difficult-to-treat depression, electroconvulsive therapy can make a marked difference, but it requires anaesthesia and time in hospital for observation. While TMS also affects the central nervous system, it is a lot less invasive, so a session can be administered in a lunch hour. 'This is a modern approach to addressing mental health issues, with treatment that can fit within the client's lifestyle.'

Our specialist mental health facilities bring together a range of medical professionals to provide holistic care in individual and group sessions. Expert treatment is made possible by psychiatrists, psychologists, occupational therapists, dietitians, qualified psychiatric nurses and pharmacists that specialise in psychotherapeutic medicine. 'In a dedicated facility, we can deploy much more comprehensive treatment,' he says.

## PURSUING OUR PURPOSE... THROUGH MENTAL HEALTHCARE



Our mental health strategy involves building out the care pathways between acute and mental health facilities to support our clients holistically.

**Dewald de Lange, General Manager: Mental Health Services for Southern Africa**

‘We also found that having patients together improves peer support and they can deal with problems as a collective. It takes away those feelings of isolation and stigmatisation,’ says Dewald.

Despite offering the highest levels of treatment, our mental health facilities do not feel like standard acute care hospitals. They are more akin to wellness retreats, with garden space, inviting lounges and gym facilities. ‘We have an open atmosphere where people are not confined to their rooms. It is really a space for rejuvenation.’ Sessions may include art therapy to help the individual identify issues or breathing exercises to deal with stressful situations. Treatment has a strong focus on developing coping mechanisms that a client can rely on in day-to-day life once discharged.

Food is not served at the bedside but in a dining room and we ensure that tasty, nutritious meals complement the prescribed medication. Frequently, psychotherapeutic drugs can stimulate the appetite and some medication can be less effective when taken with lactose products.

### HOLISTIC SUPPORT

Knowing that treatment is supported by trusted expertise offers our clients peace

of mind, but our focus on mental health also ensures that the appropriate care can be accessed more quickly. ‘Recently, 80% of EC admissions over a weekend in one of our acute care hospitals were due to self-harm or suicide attempts. Because we have a network of mental health facilities, we can provide a second stage intervention in a dedicated environment. We are therefore not only treating the physical aspect and sending the client home.’

In many cases, physical and mental health are intricately intertwined and by developing across the continuum of care, we can provide the necessary integrated services to our clients. More than a third of patients who undergo a heart bypass will experience depression<sup>1</sup>, a risk factor for cardiac readmission in the subsequent six months. Life-threatening diagnoses such as cancer can similarly cause depression, which can negatively impact on treatment. Many of the mothers who deliver their babies in our maternity wards deal with postpartum depression afterwards – estimates for South Africa as a whole range from 16% to 47%<sup>2</sup>.

‘Our mental health strategy involves building out the care pathways between acute and mental health facilities to support our clients holistically. We need to inform and

upskill our doctors so they can initiate that secondary intervention in the acute hospital and direct clients to our mental health units as needed,’ says Dewald. Empowering our practitioners with information is one part of the strategy; the other involves educating clients about medical aid benefits. In South Africa, psychiatric treatment is covered as a prescribed minimum benefit that can be divided up into hospital treatment and outpatient sessions. ‘People are not necessarily aware that medical aids pay for a certain amount of psychiatric intervention through hospital admission – up to 21 days, in fact.’

With our growing network and an increased focus on mental health, we have put the elements in place to provide seamless care throughout a client’s health journey. The goal is to enable our clients to thrive – an ambition that is aptly captured by the name of our Kintsugi Psychiatric Hospital in Newcastle. It comes from the Japanese art of mending bowls with gold lacquer, which leaves the item not only as strong as before, but even more beautiful. It is in facing mental distress and working on healing that a better future lies.

### Notes

<sup>1</sup> ‘Risk of depression after coronary artery bypass grafting’, European Heart Journal Open, volume 2, issue 2, March 2022.

### TOP THREE MENTAL HEALTH CONDITIONS WE TREAT

- Major depressive disorders
- Bipolar disorder
- General anxiety

### FASTEST GROWING MENTAL HEALTH CONDITION

Dietary disorders  
– among both  
young girls  
and boys



OUR OPERATIONS

# THE MIDDLE EAST

FACILITIES

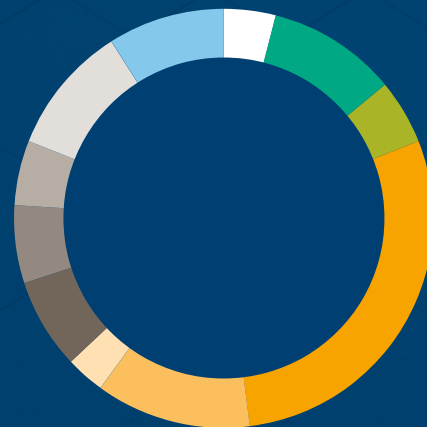
 **7** hospitals

 **2** day case clinics

 **24** outpatient clinics

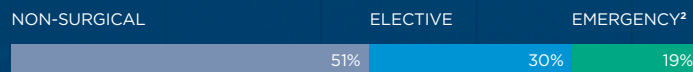
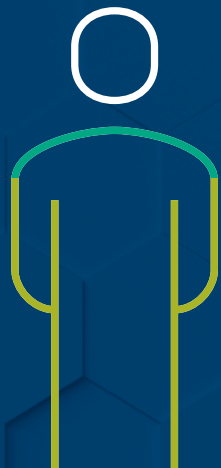
SPECIALTY SPLIT<sup>1</sup>

- Cardiology 4%
- General medicine 10%
- General surgery 5%
- Internal medicine 29%
- Laboratory 12%
- Nursing and allied health professions 3%
- Obstetrics and gynaecology 7%
- Oncology 6%
- Orthopaedics 5%
- Paediatrics 10%
- Radiology 9%



Care settings<sup>1</sup>

- Inpatient 22%
- Day cases 12%
- Outpatient 66%



HEALTHCARE SERVICES

- ✓ **OUTPATIENT CARE**
- ✓ **VIRTUAL CARE: Telemedicine**  
Remote patient monitoring  
Chronic disease management
- ✓ **COSMETIC CENTRE**
- ✓ **IVF**
- ✓ **DIAGNOSTICS**
- ✓ **ROUTINE ELECTIVE PROCEDURES**
- ✓ **SPECIALISED TREATMENTS**
- ✓ **HOME CARE**
- ✓ **EMERGENCY CARE**
- ✓ **PRECISION MEDICINE**
- ✓ **CLIENT WEB PORTAL AND APP: MYMEDICLINIC 24X7**
- ✓ **RESEARCH**
- ✓ **MEDICAL EDUCATION: Undergraduate | Postgraduate**

Notes

- <sup>1</sup> Based on FY23 revenue.
- <sup>2</sup> Reflecting inpatient and day case admissions only.
- <sup>3</sup> Al Jowhara Hospital does not have a catheterisation laboratory and does not offer interventional cardiology.
- <sup>4</sup> European Association for the Study of Obesity ('EASO').

**WORLD-CLASS CARE**

- Comprehensive Cancer Centre in the North Wing adjacent to City Hospital
- 7 cardiology units<sup>3</sup>
- 2 cardiac centres
- Robotic surgery at City Hospital
- Stroke centre at City Hospital
- 6 NICUs for high-risk infants that participate in VON
- Care Collaboration Centre at Al Noor Hospital

**QUALITY ASSURANCE**

- CAP accreditation – City Hospital laboratory
- EASO<sup>4</sup>'s Collaborating Centres for Obesity Management accreditation – specialised unit at 3 hospitals
- ISO 15189:2012 certification for 9 laboratories
- JCI accreditation for all facilities, including Dubai Bourn Hall (IVF)
- JCI Clinical Care Programme certification – diabetes clinical programme at Welcare Hospital, acute coronary syndrome programme at City Hospital and Airport Road Hospital, and breast cancer programme at City Hospital
- American Heart Association/MENA Stroke Organisation – Certified Comprehensive Stroke Centre at City Hospital
- Surgical Review Corporation CoE accreditation – specialised bariatric unit at Airport Road Hospital and specialised minimum invasive gynaecology surgery unit at Welcare Hospital



## OUR OPERATIONS

### THE MIDDLE EAST

#### Hospitals

- 1 Mediclinic Airport Road Hospital
- 2 Mediclinic Al Ain Hospital
- 3 Mediclinic Al Jowhara Hospital
- 4 Mediclinic Al Noor Hospital
- 5 Mediclinic City Hospital
- 6 Mediclinic Parkview Hospital
- 7 Mediclinic Welcare Hospital

#### Day case clinics

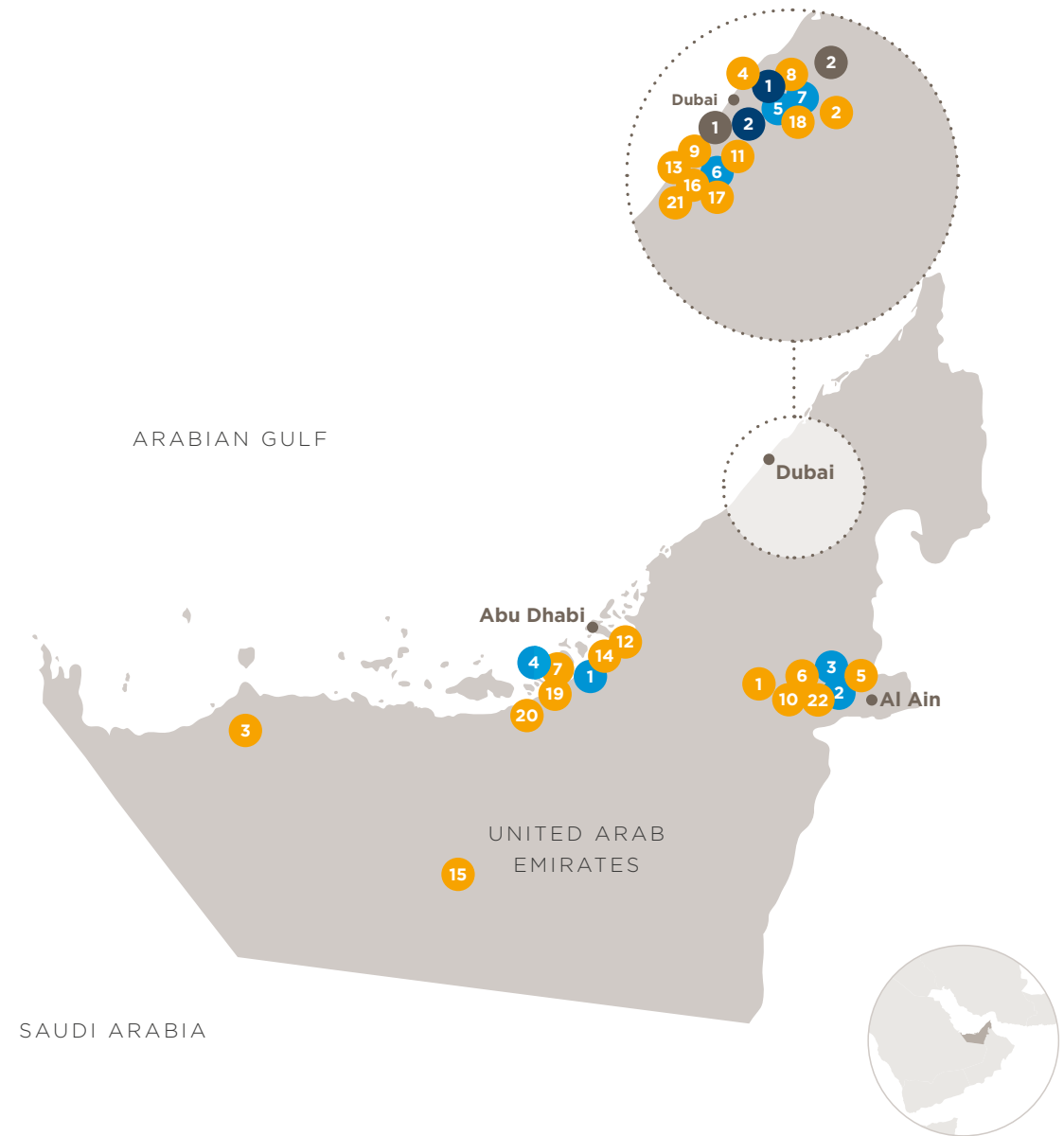
- 1 Mediclinic Deira
- 2 Mediclinic Dubai Mall

#### Public-private partnerships

- 1 Al Barsha Dialysis Centre
- 2 Al Tawar Dialysis Centre

#### Outpatient clinics

- 1 Bourn Hall Al Ain
- 2 Bourn Hall Dubai
- 3 ENEC
- 4 Enhance by Mediclinic
- 5 Mediclinic Al Bawadi
- 6 Mediclinic Al Madar
- 7 Mediclinic Al Mamora
- 8 Mediclinic Al Qusais
- 9 Mediclinic Al Sufouh
- 10 Mediclinic Al Yahar
- 11 Mediclinic Arabian Ranches
- 12 Mediclinic Baniyas
- 13 Mediclinic Ibn Battuta
- 14 Mediclinic Khalifa City
- 15 Mediclinic Madinat Zayed
- 16 Mediclinic Meadows
- 17 Mediclinic Me'aisem
- 18 Mediclinic Mirdif
- 19 Mediclinic Mussafah
- 20 Mediclinic Reem Mall
- 21 Mediclinic Springs
- 22 Mediclinic Zakher



**PURSUING OUR PURPOSE...**  
WITH HIGH-RELIABILITY TRAINING

# TRUSTED TO CARE, TIME AND AGAIN

What does it take to be considered a high-reliability organisation ('HRO') in healthcare? Recording no surgical site infections over a period? Preventing all falls? For Dr Zakoullah Khan, Senior Corporate Medical Director in our Middle East division, high reliability is about more than safety statistics – it is about an enduring commitment to safe clinical care that is characterised by a collective mindfulness.

In September 2022, we announced that our operations in the Middle East would embark on a high-reliability journey with JCI, becoming the first healthcare provider in the UAE to do so. The word choice of 'journey' is apt: on the path to becoming an HRO, the process truly is more important than the destination.

'There is no end date to this,' Zakoullah says. 'There is no such thing as receiving a certificate because we have not had a fall for six months.' Instead, it is about fundamentally changing the organisation's perception of patient safety.

High reliability has its roots in aviation and nuclear power – high-risk industries but with vanishingly few accidents. In contrast, healthcare is far from achieving the goal of zero preventable harm.

## PURSUING OUR PURPOSE... WITH HIGH-RELIABILITY TRAINING



Transparency is key to achieving high reliability – unless people know what is happening, they cannot change.

**Dr Zakaullah Khan, Senior Corporate Medical Director for the Middle East**

Around the world, every year seven million people suffer significant complications from unsafe surgical procedures alone, according to the WHO.

To tackle this challenge, JCI investigated the attributes of HROs in other fields and determined the principles that enable them to achieve exemplary safety records. This led to the development of a framework that focuses on three domains: a leadership committed to zero harm, a safety culture where staff can speak up and a workforce empowered with improvement tools.

### IMPLEMENTING THE PRINCIPLES

Through our collaboration with JCI, we are taking a structured approach to ensure our operations in the Middle East have all these elements in place. The process involves assessing where we stand, developing action plans, implementing these plans and reassessing the organisation's preparedness. 'What JCI has done is tell us how mature we are as an organisation in terms of patient safety and where our problem areas lie,' explains Zakaullah.

'The journey towards high reliability has refocused our efforts and we have made

patient safety an agenda point at every standing meeting, from meetings for the executive committee and senior leadership through to the smallest daily huddle.'

To begin with, we are implementing high-reliability principles in three of our biggest clusters, with each comprising a hospital in the range of 200-275 licensed beds and several satellite clinics. Every cluster now has a multidisciplinary taskforce to focus on high reliability. Expert-led workshops for leadership, which were followed by targeted training on patient safety, focused on high-reliability behaviours as well as change management methods and tools such as robust process improvement.

Although this journey has begun with the three larger hospital clusters, our goal is to roll out learnings across the geography and the Group. As part of the process we have already expanded the Good Catch programme, which encourages employees to report near misses – incidents that had the potential for an adverse outcome, but no harm resulted. By consistently reporting these occurrences we gain insight into what can be done to

prevent serious adverse events. It is a shift from being reactive to being more proactive.

Since we embarked on this process in the Middle East, reporting of incidents has improved, which is invaluable. 'Transparency is key to achieving high reliability – unless people know what is happening, they cannot change,' says Zakaullah. For this reason we also encourage anonymised reports of incidents and solutions so that all employees benefit from the lessons drawn.

### THE ROUTE TO ZERO HARM

When Mediclinic Middle East merged with the Al Noor Hospital Group in 2016, the size of our operations increased substantially – as did the potential for harm alongside it. 'We suddenly became quite big and we went from having no never events to several in a year. That prompted us to take action,' he says.

A pilot study called Project 90, which targeted nine indicators for zero levels, led to a white paper on quality improvements and ultimately the HRO journey with JCI. 'In actual fact, the training with JCI has come in at quite a late stage. We have

already done a lot of preparation to get to this point. The high-reliability initiative has come from the whole quality team and we are very excited about it,' he says.

'The big difference that the focus on high reliability has brought into the organisation is to put patient safety and quality on every single plate.' To illustrate, Zakaullah uses the example of fall prevention: it is not only the responsibility of nurses, but also the cleaner who mops floors and puts out warning signs or the receptionist who notices a spill and cleans it up.

Reflecting on the journey to this point and the implications for improved patient safety, Dr Zakaullah Khan is optimistic. 'We might not achieve zero potential harm in the coming five years, but we will have changed the mindset of our employees. For us, success is about how we think.'

# CONNECTING TO OUR CLIENTS

The people who entrust us with their care merit our respect, consideration and protection. Through increased engagement and collaboration, we continuously measure and improve client experience. Patient surveys and dedicated client-experience employees contribute towards strengthened long-term relationships.



## PATIENT OR CLIENT?

I carefully considered the nature of the relationship between Mediclinic and those who make use of our services within an evolving healthcare landscape. A patient is a person receiving medical care; a client is a person who receives advice. The latter implies a level of trust and a long-term relationship that extends beyond mere treatment. We want our patients to interact with Mediclinic beyond the conventional treatment process, rather as a client who turns to us to enhance their quality of life.

**Dr Ronnie van der Merwe,**  
Group Chief Executive Officer

## WHAT MATTERS TO THEM

- Easy access to safe, quality and cost-effective healthcare via world-class facilities and technology
- Appropriate care settings
- Treatment information
- The right to make decisions on their care
- Client experience
- Personal data and patient rights
- Timeous communication
- Operational efficiency
- Courteous, empathetic and personalised care







## ADDRESSED THROUGH

- Systematic patient rounds during hospital stay
- Dedicated employees attend to guest relations at Swiss facilities
- Patient experience managers at Southern African facilities
- Dedicated employees attend to client complaints in the UAE
- 24-hour helplines
- Press Ganey® patient experience index surveys
- NPS® feedback
- Health awareness days and campaigns
- Client-centred product and programme development
- Corporate events
- Client advisory groups
- Managing client complaints in a manner that is consistent with our values

## OUR CLIENTS



## PATIENT SNAPSHOT

		SWITZERLAND	SOUTH AFRICA	THE MIDDLE EAST
Average patient age		57.1 years  (FY22: 56.2 years)	43.0 years  (FY22: 43.4 years)	35.3 years  (FY22: 37.6 years)
Average inpatient length of stay (in calendar days)		4.19 days  (FY22: 4.31 days)	4.57 days  (FY22: 4.88 days)	2.84 days  (FY22: 3.05 days)
Main medical issues	Burden of disease	<ul style="list-style-type: none"> <li>• Mainly chronic diseases commonly associated with lifestyle and old age</li> <li>• Very small burden of communicable (infectious) diseases and trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Mainly communicable (infectious) diseases</li> <li>• Chronic diseases more prevalent in insured population, followed by communicable diseases and trauma</li> </ul>	Chronic lifestyle diseases and communicable (infectious) diseases
	Underlying chronic medical conditions may significantly impact the level of care received and/or length of stay			
	Most common chronic diseases <sup>1</sup>	<ul style="list-style-type: none"> <li>• Dysrhythmias</li> <li>• Hyperlipidaemia</li> <li>• Chronic renal disease</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes mellitus</li> <li>• Hypertension</li> <li>• Hyperlipidaemia</li> </ul>	<ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Hyperlipidaemia</li> <li>• Diabetes mellitus</li> </ul>

## Note

<sup>1</sup> The ranked list was generated based on a South African-regulated chronic disease list, which does not perfectly apply to the Swiss setting and coding standards. Comparability is thus limited.

**PURSUING OUR PURPOSE...**  
THROUGH HOME-BASED CARE

# MEDICLINIC AT HOME

Critical medical care has long been associated with large, gleaming hospitals but now health interventions are coming to a more intimate space: the home. Home-based healthcare and hospital-at-home services range from primary care like nurses' visits to acute care in a household setting, including remote patient monitoring and telemedicine. Across our operating geographies, we are bringing Mediclinic into the home through innovative pilot projects and new investments.

Behind the need for healthcare at home lies three developments: an ageing population, advances in technology and consumer preference. Worldwide the number of people aged 65–80 is expected to increase by nearly 40% in the next seven years. While modern medicine makes it possible for people to live longer than before, it also necessitates keeping a closer eye on individuals' health. In Europe, more than a third of adults over the age of 65 reported living with at least two chronic conditions<sup>1</sup>. Thanks to cutting-edge technology it is possible to monitor signs of developing disease so doctors can take action sooner rather than later. How and where those healthcare interventions take place is increasingly being determined by our clients. The consumer of today wants healthcare that fits into their life rather than the other way around.

## HEALTHCARE THROUGH A WATCH

Among the countries where we operate, Switzerland has the oldest population, with an average life expectancy of 84. In 2021, we therefore acquired a 10% stake in DOMO Health, a Swiss pioneer in the use of digital tools to improve clients' quality of life at home.

We now offer our clients the DOMO Go smartwatch, which not only records health data but also provides a direct connection to the Hirslanden Healthline and a 24/7 emergency call centre. Thanks to a speaker integrated into the watch, which features an emergency button and can also automatically trigger calls in urgent situations, the user can get medical advice and even have emergency services dispatched to their location. For older people, this provides peace of mind, more autonomy and the ability to manage their health and safety.

Continuously tracking vital signs offers medical professionals key insights into a person's health, says Stéphan Studer, Chief Operating Officer for our Swiss operations. 'For individuals with heart failure, an increase in respiration rate and a decrease in physical activity are signs of a potential cardiac decompensation. In the case of neurological disorders, sleep quality is a good indicator of whether the treatment is working,' he explains.



## PURSuing OUR PURPOSE... THROUGH HOME-BASED CARE

At Klinik Hirslanden in Zurich, we are running new services for Hospital at Home with DOMO Health's digital solutions. Following discharge, a shared treatment plan is provided to the home care professionals and connected medical devices enable nurses to collect vital signs. Clients can provide their specialist with health readings and use the app to consult the Hirslanden Healthline or call for help. The treating doctor improves their description of the client's medical history and gets direct feedback on whether treatment achieves the intended outcome such as better sleep quality or recovery from heart failure.

Hospital-at-home programmes have been shown to be effective in treating a wide range of medical conditions including heart failure, pneumonia and chronic obstructive pulmonary disease, among others. They can help to reduce healthcare costs by avoiding unnecessary hospitalisations and providing more efficient care. Implementing this offering is one way we are expanding along the continuum of care to provide services throughout a client's health journey.

### ADMISSION INTO THE HOME

Technology is also an enabling factor of our hospital-at-home pilot in Southern Africa, Mediclinic at Home. Supported by 24/7 remote patient monitoring and clinician oversight, certain clients can be 'admitted' into the virtual ward in their own homes rather than a hospital ward. The pilot, run in collaboration with Discovery Health Medical Scheme, South Africa's largest healthcare insurer, offers their members the option to receive acute care at home for nine



conditions, among them cardiovascular, respiratory, endocrine and musculoskeletal conditions.

'Strict clinical and social inclusion and exclusion criteria have been carefully developed in collaboration with doctors to limit patient risk and promote safety. Professional nurses monitor clients' vital signs around the clock and deliver care in the home on a daily basis,' says Corné Heyns, Chief Strategy Officer for our operations in Southern Africa. AI continually analyses health readings and risk stratifies each individual, informing the monitoring agents if a person is on a positive or negative trajectory. Should a threshold be breached, an alert triggers immediate response with readmission into the hospital environment.

For our clients, home admission brings multiple benefits. Patients who receive treatment at home experience less stress, can rest more appropriately and have a



Thanks to a speaker integrated into the DOMO Go smartwatch, the user can get medical advice and even have emergency services dispatched. For older people, this provides peace of mind, more autonomy and the ability to manage their health and safety.

lower risk of hospital-related complications such as hospital-acquired infections. In older adults, in particular, there is a reduced risk of developing confusion and delirium because of the familiar environment. This all contributes to improved client satisfaction and better clinical outcomes.

### CONTINUITY OF CARE

Putting the client at the centre of care is equally true for Mediclinic in the Middle East. Our offering, which brings clients clinic-type services in the comfort of home, spans from nurse visits for wound care, medication administration and tracheostomy management to house calls by specialists. We even provide physiotherapy, occupational therapy and speech therapy in the home. The acquisition of Ayadi Home Healthcare has enabled us to expand our reach even further.

'Receiving healthcare at home from an integrated provider like Mediclinic enables the client to have access to a wide range

of healthcare services within the same network and of the same standard, ensuring effective and efficient continuity of care. As a side benefit, clients who suffer from a phobia of clinical settings can receive healthcare without the stress of being in a hospital environment thanks to our virtual clinic remote services,' explains Dr Weam Awwad, who heads up homecare services for the geography.

We initially launched homecare in the UAE in response to a request from the Abu Dhabi Department of Health during the COVID-19 pandemic. Our hybrid model – which encompasses teleconsultations, nurse home visits and wellness coaching – played a crucial role in helping diabetic clients manage their disease when in-person care was disrupted. It illustrated the value of the service, which has been expanded to look after ventilated patients. Today, our homecare offering also has a preventive aspect, helping clients proactively manage chronic disease and avoid hospital admissions.

It might seem unusual for a healthcare provider with its roots in private hospitals to launch services that keep people out of hospital. 'But for Mediclinic it is all about client experience,' points out Corné. 'If home-based care promotes a better experience and improved outcomes, we want to bring it to our clients.'

#### Note

<sup>1</sup> 2020 Survey of Health, Ageing and Retirement in Europe.

# CLIENT EXPERIENCE

Client experience refers to a wide spectrum of interactions our clients have with us. These may be related to care or administration (i.e. settling accounts, scheduling appointments). Patient experience is a subsection of client experience and relates to the experience of a patient in most settings across the continuum of care.

We measure patient experience continuously in order to gain greater insight into what matters most to our clients. This enables us to adjust our care services to answer their evolving needs.

## 40 MEDICLINIC MILESTONE

In 2014, we introduced a standardised patient experience index across our operations, using the internationally recognised Press Ganey® survey system.

### THE YEAR IN GROUP NUMBERS

NPS® INPATIENT	55	(FY22: 52) ▲	NPS® AMBULATORY SURGERY	77	(FY22: 78) ▼
NPS® EMERGENCY CENTRE	38	(FY22: 33) ▲	NPS® OUTPATIENT	41	(FY22: 57) ▼

	PRESS GANEY® INPATIENT SURVEY	PRESS GANEY® EMERGENCY CENTRE SURVEY	PRESS GANEY® AMBULATORY SURGERY SURVEY	PRESS GANEY® OUTPATIENT SURVEY
Overall mean score (out of 100)	85.01 (FY22: 84.99) ▲	79.13 (FY22: 77.83) ▲	91.33 (FY22: 91.34) ▼	80.62 (FY22: 81.31) ▼
Total participating facilities	72 (FY22: 72) ▶	42 (FY22: 42) ▶	20 (FY22: 20) ▶	26 (FY22: 25) ▲
Total surveys collected	104 900 (FY22: 85 014) ▲	30 349 (FY22: 22 225) ▲	8 273 (FY22: 6 819) ▲	43 200 (FY22: 47 790) ▼

### NPS®

We successfully implemented NPS® at Mediclinic in 2021 as part of our strategy for an enhanced client experience. By measuring loyalty and experience, this metric enables us to gauge the overall sentiment of our clients and identify areas for improvement, ensuring that we consistently deliver the highest quality of care and service. Over the past year, we have expanded the use of NPS® to encompass all client interactions across the continuum of care, allowing us to gather valuable feedback at every touchpoint. The insights gained have enabled us to make data-driven decisions, address concerns promptly and optimise the client experience. We remain dedicated to leveraging the power of NPS® to strengthen our client relationships and drive sustainable growth for Mediclinic.



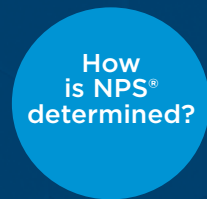


## CLIENT EXPERIENCE

'How likely are you to recommend us to a friend, family member or colleague?'

NOT AT ALL LIKELY ←

→ EXTREMELY LIKELY



$$\% \text{ promoters} - \% \text{ detractors} = \text{NPS}^{\text{®}}$$

## PRESS GANEY<sup>®</sup>

At Mediclinic, measuring and improving client experience is an integral part of our commitment to providing exceptional healthcare services. We employ a comprehensive approach to understand and evaluate client satisfaction, using renowned industry experts such as Press Ganey<sup>®</sup> to benchmark and publicly report on patient experience at a divisional level. Through surveys conducted after discharge, we capture feedback on a wide range of crucial aspects for insight into clients' needs and preferences. This holistic evaluation ensures that we have a comprehensive understanding of the entire patient journey, allowing us to adapt and enhance our care services accordingly. By listening attentively to our clients and continuously striving to exceed their expectations, we aim to provide an outstanding and personalised experience at every touchpoint.

### What do we survey?



TABLE 1: NPS<sup>®</sup> FOR THE FINANCIAL YEAR

		GROUP	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Inpatient	FY22	52	68	50	50
	FY23	55	70	49	45
Emergency centre	FY22	33	Not measured	34	14
	FY23	38	Not measured	39	16

INTERPRETING THE SCORE

-100-0	Needs improvement
0-30	Good
31-70	Great
71-100	Excellent

TABLE 2: PRESS GANEY<sup>®</sup> INPATIENT RESULTS FOR THE 2023 FINANCIAL YEAR

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST	
Participating since	February 2017	October 2014	October 2014	
Total participating facilities	17	48	7	
Total surveys collected	30 900  (FY22: 27 924)	70 976  (FY22: 55 051)	3 024  (FY22: 2 039)	
Likelihood of recommending the hospital/clinic	91.9%  (FY22: 92.1%)	84.9%  (FY22: 84.9%)	82.8%  (FY22: 84.5%)	
Mean score out of 100	Overall	89.0  (FY22: 88.9)	83.4  (FY22: 83.1)	83.0  (FY22: 83.1)
	Admissions	91.7  (FY22: 91.5)	85.7  (FY22: 85.4)	83.4  (FY22: 85.0)
	Nurses	90.3  (FY22: 90.5)	83.0  (FY22: 82.2)	84.9  (FY22: 86.1)
	Physicians	92.6  (FY22: 92.6)	88.9  (FY22: 88.8)	87.9  (FY22: 88.8)
	Tests and treatments	89.7  (FY22: 89.9)	83.8  (FY22: 83.6)	84.8  (FY22: 84.3)
	Personal issues	89.3  (FY22: 89.3)	83.0  (FY22: 82.5)	83.9  (FY22: 85.2)
	Discharge	88.5  (FY22: 88.9)	83.1  (FY22: 82.9)	82.6  (FY22: 82.1)

## CLIENT EXPERIENCE

TABLE 3: PRESS GANEY® EMERGENCY CENTRE RESULTS FOR THE 2023 FINANCIAL YEAR

		SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST <sup>1</sup>
Participating since		Not participating	April 2020	April 2020
Total participating facilities			38	4
Total surveys collected			29 207 <span style="color: green;">▲</span> (FY22: 20 824)	1 142 <span style="color: red;">▼</span> (FY22: 1 401)
Likelihood of recommending the hospital/clinic			79.6% <span style="color: green;">▲</span> (FY22: 78.5%)	68.6% <span style="color: red;">▼</span> (FY22: 68.9%)
Mean score out of 100	Overall		79.3 <span style="color: green;">▲</span> (FY22: 78.2)	73.8 <span style="color: green;">▲</span> (FY22: 73.0)
	Arrival		77.8 <span style="color: green;">▲</span> (FY22: 76.2)	70.6 <span style="color: red;">▼</span> (FY22: 72.3)
	Nurses		83.1 <span style="color: green;">▲</span> (FY22: 82.0)	79.0 <span style="color: green;">▲</span> (FY22: 77.4)
	Doctors		83.7 <span style="color: green;">▲</span> (FY22: 82.8)	78.5 <span style="color: green;">▲</span> (FY22: 77.1)
	Tests		75.3 <span style="color: green;">▲</span> (FY22: 74.8)	65.2 <span style="color: red;">▼</span> (FY22: 65.8)

TABLE 4: PRESS GANEY® AMBULATORY SURGERY RESULTS FOR THE 2023 FINANCIAL YEAR

		SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Participating since		April 2020	April 2020	April 2020
Total participating facilities		2	9	9
Total surveys collected		1 781 <span style="color: green;">▲</span> (FY22: 1 740)	5 775 <span style="color: green;">▲</span> (FY22: 4 277)	717 <span style="color: red;">▼</span> (FY22: 802)
Mean score out of 100	Overall	91.6 <span style="color: green;">▲</span> (FY22: 91.2)	91.7 <span style="color: red;">▼</span> (FY22: 92.1)	87.6 <span style="color: red;">▼</span> (FY22: 87.7)
	Nurses	92.8 <span style="color: red;">▼</span> (FY22: 92.9)	92.5 <span style="color: red;">▼</span> (FY22: 93.1)	86.5 <span style="color: red;">▼</span> (FY22: 87.0)
	Care provider	91.3 <span style="color: green;">▲</span> (FY22: 90.8)	90.8 <span style="color: green;">▲</span> (FY22: 90.6)	90.5 <span style="color: green;">▲</span> (FY22: 89.4)
	Personal issues	89.0 <span style="color: green;">▲</span> (FY22: 88.5)	90.0 <span style="color: red;">▼</span> (FY22: 90.8)	87.2 <span style="color: green;">▲</span> (FY22: 86.4)

TABLE 5: PRESS GANEY® MEDICAL PRACTICE RESULTS FOR THE 2023 FINANCIAL YEAR

		SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Participating since		Not participating	Not participating	October 2014
Total participating facilities				26
Total surveys collected				43 200 <span style="color: red;">▼</span> (FY22: 47 790)
Likelihood of recommending the hospital/clinic				80.8% <span style="color: red;">▼</span> (FY22: 81.9%)
Mean score out of 100	Overall			80.6 <span style="color: red;">▼</span> (FY22: 81.3)
	Access			78.4 <span style="color: red;">▼</span> (FY22: 79.4)
	Nurse/assistant			83.1 <span style="color: red;">▼</span> (FY22: 83.6)
	Care provider			85.8 <span style="color: red;">▼</span> (FY22: 85.9)
	Personal issues			86.0 <span style="color: red;">▼</span> (FY22: 86.1)

## Note

<sup>1</sup> Reflecting EC units at Dubai hospitals only; Abu Dhabi units were not surveyed.



## HEALTH AWARENESS

Our promise to provide 'Expertise you can trust' extends to educating the public on health matters so our clients can take charge of their own wellbeing.

### FOCUS ON KIDNEYS

Many people realise too late that their kidneys are in trouble – it is possible to lose 90% of one's kidney function before experiencing symptoms. As we run a pioneering kidney transplant programme and world-class dialysis centres in the Middle East, we fully appreciate the importance of looking after these organs. In 2022, we therefore shared vital information on kidney health through expert videos, personal accounts on social media and public awareness days.



### MOVEMBER FOR MEN'S HEALTH

As November rolled around, a wide variety of moustaches adorned the faces of our employees – some female colleagues even sported fake ones. It was all to bring attention to the prevention, early detection and treatment of prostate and testicular cancer. Urologists from various hospitals offered health tips for men, while social media posts promoted regular checkups.

### CHAT TO AN EXPERT

In 2022, the Hirslanden app expanded the service of its chat facility, which puts users in touch with experienced professionals who can answer their pressing questions. Using the app, clients can now also chat to physiotherapists about movement and musculoskeletal issues; other experts include doctors, midwives and paediatricians.



### HEALTHCARE AT HAND

A core team of our medical professionals perform their duties not in theatres and wards but next to the side of a sports pitch or in a field hospital at a race. In Southern Africa, the Mediclinic Corporate Events team comprises sports and emergency physicians, nurses and paramedics who provide immediate intervention to save lives and limbs. In 2022, we offered specialised care at sporting events that ranged from the National U18 Craven Week rugby tournament to the Cape Town Cycle Tour.

## NOTABLE DAYS IN 2022

**5 May** World Hand Hygiene Day put the spotlight on this vital measure that prevents up to 50% of avoidable infections. In Southern Africa, we shared an article on the importance of washing hands with our more than 165 000 followers on LinkedIn. Our Swiss employees used gifts of hand sanitiser, cream and treatments to issue a call to action: 'A high five for clean hands'.

**17 September** World Patient Safety Day was an opportunity to rededicate our efforts to achieving zero preventable harm. In Switzerland, our hospitals signalled their commitment to patient safety by lighting up some facilities in orange, the colour chosen by the WHO to draw awareness to the issue.

**17 November** World Prematurity Day was celebrated with purple cupcakes and balloons by former patients and their parents at our flagship facility in the Middle East. In Southern Africa, we invited clients to share their stories on social media under the hashtag #ProudPremis. Both geographies participate in the VON initiative to improve neonatal care for infants with very low weight at birth.

**PURSuing OUR PURPOSE...**  
THROUGH COMMUNITY-BASED CLINICS



I am contributing towards making the community a healthier place.

**Nokuthula Kwinda**, professional nurse

# NURSES TAKE THE LEAD

'Being able to service this community is a great privilege,' says Nokuthula Kwinda, the nurse-owner of Unjani Clinic Middelburg, one of several new private clinics made possible by Mediclinic's Southern Africa operations. As primary healthcare facilities, the clinics offer high-quality care in communities where doctors are few and far between.

The need to improve access to healthcare in South Africa is indisputable. The overburdened state facilities service more than 80% of the population and there is just one doctor for every 1 000 people. Patients commonly encounter long waiting times or have to travel considerable distances for medical attention.

Around 16 million South Africans are employed but do not have health insurance, putting them in a particularly difficult position. Without medical aid, going to a private general practitioner ('GP') is expensive, while getting healthcare through the state takes time they can ill afford. Unjani Clinics fill this gap. Operated by professional nurses, they provide essential care at a more affordable fee of ZAR300 per consultation, medication included.

Nokuthula Kwinda,  
Unjani Clinic Middelburg

The clinics are typically situated in rural and semi-rural areas where residents do not have easy access to healthcare. Because the nurse-owners are drawn from the community, they know the people who look to them for care. Their clients are working people who cannot sacrifice a day from their jobs, pregnant women and moms seeking care for their kids, and people with chronic conditions who need regular medication. When they go to an Unjani Clinic for their primary healthcare needs, it frees up capacity in the state sector so others can get help more quickly.

'In Unjani Clinics, we have found a partner that is also committed to improving access to healthcare,' says Gale Shabangu, the Chief Transformation Officer for our operations in Southern Africa. 'In this way, we as Mediclinic can meaningfully contribute towards ensuring that more and more people get access to healthcare at minimal cost.' Backing the initiative is the non-profit organisation ('NPO'), Unjani Clinics, which identifies suitable professional nurses and helps them establish their own clinics.

## PURSuing OUR PURPOSE... THROUGH COMMUNITY-BASED CLINICS

The NPO depends on funding from companies like Mediclinic to finance the facilities and initial operating costs. The clinics are managed and owned by black female nurses, a segment of society sidelined from economic opportunity for too long. 'Unjani Clinics help me focus on my core skill, which is nursing. They assist with legalities and practical business assistance, while I focus on my clients,' explains Nokuthula.

Like the other Unjani Clinics, Nokuthula's clinic in Middelburg is housed in a refurbished shipping container. It has been cleverly designed to include a reception, two consulting rooms, medicine storage area and a small bathroom, with everything in place to provide fundamental care such as diagnosis and treatment of minor ailments, wound care, family planning, baby immunisations, and HIV counselling and testing. Thanks to its location in the community, Unjani Clinic Middelburg offers clients convenience and accessibility, along with affordability and trustworthy treatment.

### TRANSFORMING COMMUNITY CARE

Unjani means 'How are you?' in Xhosa and Zulu – a clue to the relationship the clinics look to develop with community members. By making it simpler and less costly to get risk indicators like cholesterol and blood pressure levels checked, Unjani Clinics enable residents to take charge of their health. Clients can also get referrals for more specialised treatment, fast-tracking the healthcare process. Previously, many people would have put medical appointments off until things got serious. Now the nurse's presence and standing in society promote an ongoing conversation around health. 'I am contributing towards making the community a healthier place as I am able to offer health education,' says Nokuthula.

The clinics impact the community positively not only through improved healthcare but by unlocking economic opportunity. We support Unjani Clinics with funding that is split between a grant for operational expenses and an interest-free loan for infrastructure. The development loan is repayable over five years, empowering the

The vehicle ER24 donated to tow the Unjani Clinic Komani health pod



This initiative also prepares us to serve different clients in different modes, adapting to the evolving healthcare landscape.



nurse-owners to get their business off the ground and build a sustainable future. With every clinic holding the potential for five jobs, these 'nursepreneurs' plough back into their communities. 'In addition to expanding access to healthcare, we develop entrepreneurs and enable job creation. Those three aspects are perfectly aligned to Mediclinic's goal of meaningful transformation,' says Gale.

The first three clinics that were opened with our support started operations in 2020 and are already financially sustainable. Thanks to their success, we opened a further four Unjani Clinics in 2022. We also funded two health pods, i.e. fully kitted trailers that enable nurses to operate mobile health clinics in outlying areas, which were deployed in March 2023.

The service provided by Unjani Clinics continues to evolve. Through Intercare, the healthcare organisation in which Mediclinic holds an ownership stake, the clinics offer on-demand virtual GP consultations. If the nursing practitioner determines a need,

she can connect her client with an Intercare doctor online to obtain additional diagnostic and therapeutic care in real time. This allows the clinics to broaden their scope of care and provide clients with a cost-effective and convenient solution.

From Mediclinic's perspective, the clinics enable us to reach a clientele in areas where we do not have hospitals. This initiative also prepares us to serve different clients in different modes, adapting to the evolving healthcare landscape. It is a journey of growth, of helping people take their health into their own hands and build sustainable futures.

Mokgadi Madiba, Unjani Clinic Sebokeng, and Mediclinic's Gale Shabangu



# CONNECTING TO OUR MEDICAL PRACTITIONERS

Capable and committed medical professionals enable us to achieve the best outcomes for our clients and maintain high standards of healthcare. To succeed in our initiatives that improve the quality of care, we require the support and engagement of treating and referring physicians. In Switzerland and Southern Africa, we mostly partner with independent medical practitioners, while in the Middle East, the majority is employed by Mediclinic.

## WHAT MATTERS TO THEM

- Quality facilities, equipment and nursing care to ensure client safety and satisfaction
- Involvement in strategic clinical issues and the implementation of electronic health records ('EHRs')
- Opportunities for continued professional development
- Adaptability to meet the needs of an evolving healthcare industry

## ADDRESSED THROUGH

- Participation in hospital clinical committees
- Continuous professional education events
- Participation in hospital boards
- Networking and know-how exchange events in Switzerland
- Dedicated practitioner portals in Switzerland and Southern Africa
- Biannual engagement events and annual research event in the Middle East

## FAST FACT

We partner with more than 5 600 medical practitioners in Switzerland and Southern Africa.

## MEDICAL PRACTITIONERS

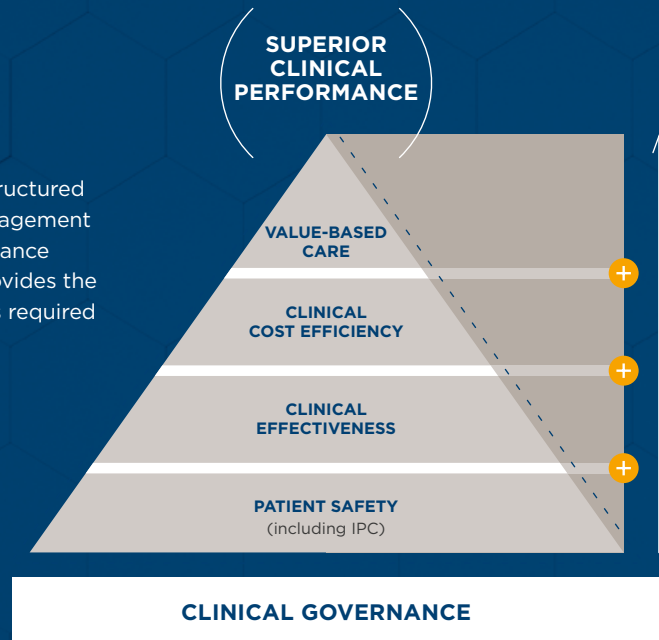
	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Most admitting medical practitioners self-employed</li> <li>• Medical practitioners working in the fields of hospital-based specialties, such as anaesthetics, internal medicine and emergency medicine, employed at some hospitals</li> <li>• In most instances, radiology, nuclear medicine and radiation oncology services owned and operated by hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Admitting medical practitioners, excluding emergency medicine practitioners within certain ECs, self-employed and practise independently</li> <li>• Radiology, laboratory and oncology services provided by independent practices</li> </ul>	<ul style="list-style-type: none"> <li>• Most of the medical practitioners who work in the facilities employed by Mediclinic</li> <li>• Laboratory and radiology services owned and operated by Mediclinic</li> </ul>
<b>Clinical quality</b>	<ul style="list-style-type: none"> <li>• Treating and admitting medical practitioners registered with Swiss Government's registry for medical professions</li> <li>• Affiliation follows strict entry criteria and comprehensive credentialing process, assisted by clinical committee</li> <li>• Medical practitioners evaluated at least annually on case numbers, infections, re-operations and liability cases</li> <li>• Abnormalities investigated by hospital management</li> <li>• Anonymous means to report performance problems, which hospital management teams and medical practitioner committees address</li> <li>• Insufficient performance improvements lead to deaccreditation</li> </ul>	<ul style="list-style-type: none"> <li>• Treating and admitting medical practitioners registered with the Health Professions Council of South Africa ('HPCSA') or Health Professions Council of Namibia ('HPCNA')</li> <li>• Medical practitioners work within scope of defined clinical disciplines as determined by HPCSA/HPCNA registration</li> <li>• Performance and clinical outcomes monitored by Clinical Performance Committees ('CPCs') comprised of medical practitioners working at hospital, hospital general managers, and regional and Corporate Office teams</li> </ul>	<ul style="list-style-type: none"> <li>• All medical practitioners licensed with the relevant authority in the UAE (Dubai Health Authority, Department of Health)</li> <li>• Standardised performance appraisal process includes reviewing feedback from peers and patients, clinical key performance indicators, incidents and quality-related complaints</li> <li>• Clinical privileges reviewed annually and depend on medical practitioner's activity during the past year and additional skills obtained</li> <li>• Comprehensive incident reporting and concerns addressed by medical directors and Clinical Quality Patient Safety Committees that meet monthly</li> <li>• All client complaints investigated</li> <li>• Immediate action taken if problem arises, including counselling, remedial action, review of privileges or, if appropriate, termination of privileges</li> </ul>

# CLINICAL GOVERNANCE

To ensure the best possible outcomes for clients, we use a simple yet powerful clinical performance framework built on a sound clinical governance foundation – collectively, the clinical management model.

**FIGURE 1: MEDICLINIC CLINICAL MANAGEMENT MODEL**

The model supports a structured approach to clinical management through a clinical governance foundation layer that provides the structures and processes required for clinical performance.



## STRENGTHENING THE ACCOUNTABILITY FRAMEWORK

To improve efficiency and enable seamless integration of information flow, Mediclinic pursues Ward-to-Board accountability. To this end, the CPC has been replicated at divisional and hospital level. By aligning the committees and reviewing divisional differences, we gain valuable information on organisational accountability pathways and structure. In addition, clinical services and governance committees call on independent experts to act as ‘positive dissenters’ where possible.

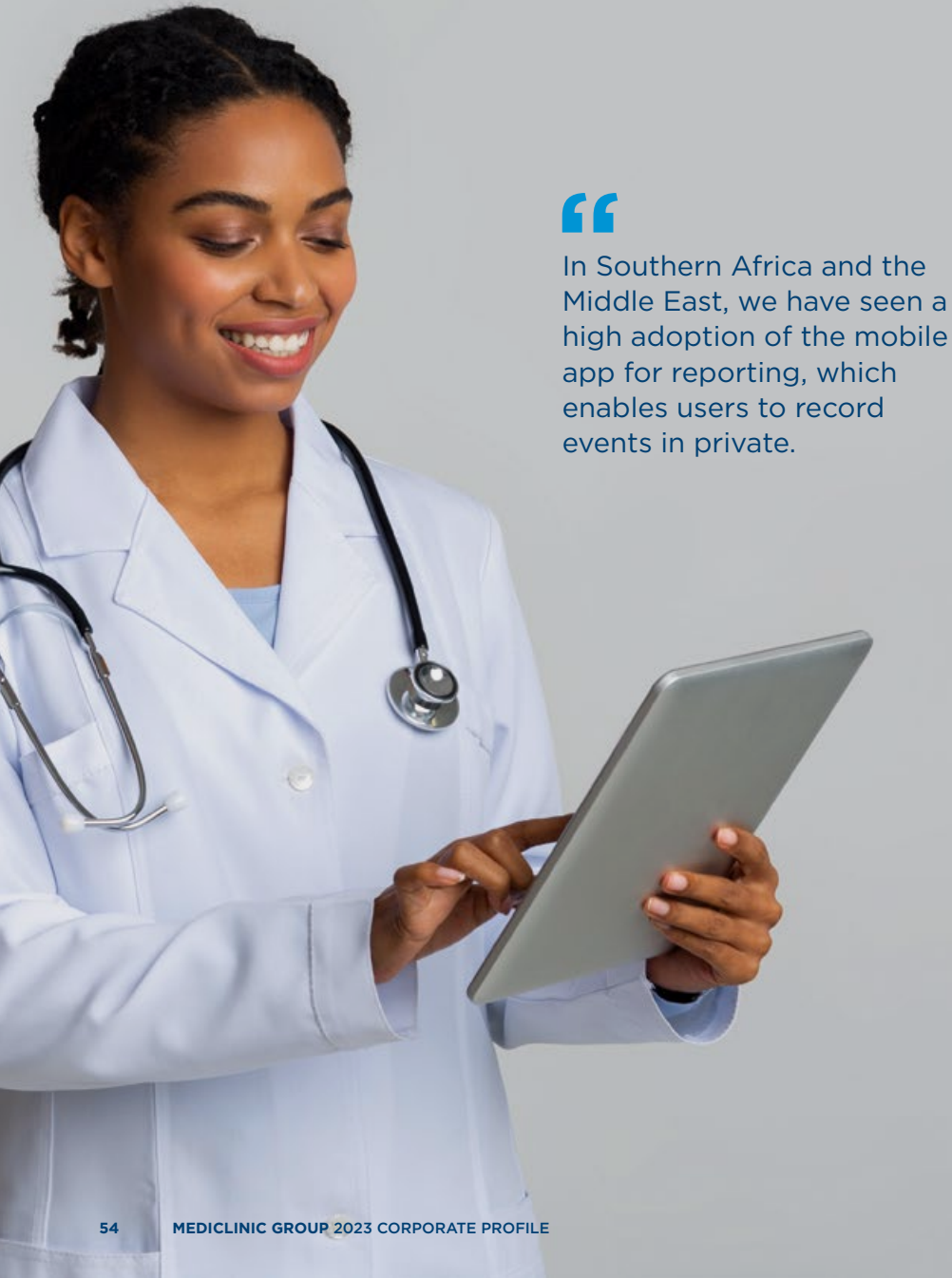
**FIGURE 2: GROUP CLINICAL PERFORMANCE AND GOVERNANCE STRUCTURE**



**TABLE 6: DIVISIONAL CPC SUMMARY**

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Meetings held	4	4	4
Summary	<ul style="list-style-type: none"> <li>External consultant added to divisional CPC</li> <li>Quality boards established at each facility</li> </ul>	Subcommittees active at 43 hospitals	Hospitals and clinics divided into clusters, each with a clinical quality and patient safety committee, which meets regularly

**PURSUING OUR PURPOSE...**  
BY REPORTING SAFETY EVENTS



“

In Southern Africa and the Middle East, we have seen a high adoption of the mobile app for reporting, which enables users to record events in private.

# FIRST DO NO HARM

'To err is human – to fail to learn is inexcusable.' The words of Professor Liam Donaldson, the WHO envoy for patient safety, sum up the thorny issue of harmful events in healthcare. It is true that things can go awry even on a highly skilled doctor's watch and that the most professional nurse can make a mistake on occasion. It is when healthcare providers do not have the systems in place to learn from events that patient safety is put at risk. This is precisely the role that our Group-wide digital safety event management system has been designed to fulfil.

The system enables users to report events quickly and confidentially using an online interface, also accessible from personal mobile phones. A framework of questions ensures all events across the Group are captured according to the same classification. In the past, every geography had its own approach, which meant information was fragmented and required manual work. The digital reporting system streamlines the process and provides comparable data – fundamental to achieving the same high standards throughout Mediclinic.

Developed in 2020 in collaboration with The Patient Safety Company ('TPSC') and rolled out during 2021, the safety management system saw its first full calendar year of use in 2022. 'We now have better visibility of safety events and it has led to overall better reporting and managing of events. Over the course of the year, we have also seen an increase in reporting,' says Maatje Wessels, Group Manager: Clinical Performance and Nursing. What this indicates is that users are becoming more comfortable and confident with the system, laying the foundation for capturing invaluable insights into safety events.

The feedback from users – mainly Mediclinic nurses, but also independent doctors and other healthcare workers – is that the reporting form is easy to use, which facilitates increased reporting. In Southern Africa and the Middle East, we have seen a high adoption of the mobile app for reporting, which enables users to record events in private. Reporters feel psychologically safe to share, which has led to the emergence of events rarely reported on in the past.



## PURSUING OUR PURPOSE... BY REPORTING SAFETY EVENTS



For the first time, our subsidiary responsible for emergency transport, ER24, has been able to report safety events in the same manner as our other clinical operations.

In Switzerland, reporting was exclusively done anonymously in the past. With the use of the current system, we are encouraged to note that most reporters in Switzerland opt not to report anonymously, a sign that the safety culture is growing in strength. What has been highly heartening is a rise in reporting by doctors, particularly in the Middle East. Globally, the majority of safety events are reported by nurses.

For the first time, our Southern Africa subsidiary responsible for emergency transport, ER24, has been able to report safety events in the same manner as our other clinical operations. In December 2022, we added a feedback module for ER24, enabling the recording of compliments and complaints from clients, which contributes further valuable data.

### FROM INCIDENTS TO INSIGHTS

Because the TPSC system is automated, it enhances the smooth running of our facilities by triggering actions for specific types of events. In all divisions, a safety event related to the abduction of a child or a minor requires immediate action, while in Switzerland and

the Middle East, incidents such as equipment failure have to be reported within 24 hours otherwise facilities face steep fines. Now when such incidents are recorded, the system immediately sends a notification to the responsible persons.

The system also sends an alert to the relevant hospital manager whenever an event of a certain harm level is recorded. Based on data for our Southern Africa operations, we have found that only around 2% of all reported events require a comprehensive investigation. However, tracking all events to understand the full picture of potential harm empowers our clinical managers to be proactive. Visibility of safety events has expanded to include relevant middle and senior management at hospital, regional and corporate level, enabling our leaders to make informed decisions about future clinical strategy.

In 2022, we carried out various enhancements to the safety management system, increasing the list of never events to include more definitions used by the UK's National Health Service and updating the definitions of serious reportable



events. Because the categorisation of safety events is embedded into the TPSC system, it removes some of the guesswork to ensure harm levels are accurately captured. 'Thanks to using the system, there is more consistency in the way events are classified,' says Maatje.

A further enhancement has been the integration of an after-action review. Originally developed by the American military and used by the WHO, the after-action review considers what was supposed to happen, what actually happened and how to account for the difference in order to learn from it. This review process is used by line managers to discuss the event with the team looking after the client. They do a physical walkthrough of events leading up to the incident in order to recognise contributing factors, improve situational awareness and identify solutions to prevent similar events in future. Because the TPSC system holds managers accountable for implementing this learning process, it tangibly improves the safety of our clients.

Our use of the safety event management system over the past year has laid the

groundwork for further analysis. In 2022, we created the baseline for the future, essentially building a master data list for our indicator reports, says Maatje. With a full year of data available, we can drill down for deeper analysis into the contributing factors that surround safety events. Our focus for the future is to use visual analytics and develop dashboards that enable users to rapidly identify commonalities and take action. Improving patient safety is not a matter of working harder, but of working smarter. Simply put, we need to learn from our mistakes and to do so, we have to understand where things can go wrong. Our digital safety management system is proving the key to answering that question.





We integrated Group Research into our Innovation and Digital Health Transformation Hub in April 2022 to provide centrally shared services that enable better clinical decision-making and aid clinical standardisation.

## GAINING GREATER INSIGHT THROUGH RESEARCH

We integrated Group Research into our Innovation and Digital Health Transformation Hub in April 2022 to provide centrally shared services that enable better clinical decision-making and aid clinical standardisation. Two researchers have been added to the department. Research outputs are divided into three functions:

### HORIZON SCANNING

- Proactive scanning of new concepts
- Evaluation
- Presentation
- Involvement in projects

### RESEARCH (CLINICAL, USER EXPERIENCE, MARKET ANALYSIS)

- Group research strategy
- Coordination of divisional research activities, collaboration, synergies and shared solutions
- Primary and secondary digital transformation and innovation project research
- Commissioned research

### HEALTH TECHNOLOGY ASSESSMENT ('HTA')

- Evidence search
- Technology review
- Clinical effectiveness comment/informed opinion
- Economic evaluation (budget impact analysis)

Human subjects research is conducted in all geographies, making Mediclinic an attractive partner for multinational, multisite studies.

In Switzerland, the clinical trials unit ('CTU') sits within the Hirslanden Quality of Life Foundation, which aims to promote and finance medical research in Switzerland and around the world. Our Swiss operations form part of the Clinerion global research network.

The Southern Africa research office, which falls within the Clinical Services department, launched its new research strategy in April 2022 with the introduction of a research coordinator. Policies and activities for Mediclinic and ER24 were combined to create a unified approach to research.

Our research office in the Middle East is a member of the TriNetX global research network and has grown to include a dedicated consultant for oncology trials. Researchers have access to a health research ethics committee and research advisory group. We have a collaborative research agreement in place with the Mohammed Bin Rashid University ('MBRU').



## SIXTH ANNUAL MEDICLINIC MIDDLE EAST RESEARCH CONFERENCE

### MIDDLE EAST RESEARCH CONFERENCE

We actively promote and celebrate research activities at the annual conference. This has grown into a two-day event, with the most recent one held on 16 and 17 March 2023 in Dubai. The conference drew over 500 registrations from Mediclinic attendees as well as external participants. Even more encouraging was the high number of abstracts submitted from around the world.

### IDENTIFYING THE BEST-VALUE TECHNOLOGY

To ensure capital is allocated strategically and investments in equipment and interventions are sound, we use HTAs. These measure clinical and cost effectiveness and the broader impact of healthcare treatment and tests on those who plan, provide or receive care. Research focuses on evidence of a technology's effectiveness by comparing it to the current standard intervention.

### SCOUTING FOR INNOVATIVE SOLUTIONS

Horizon scanning identifies technology and system innovations that could disrupt or cause significant shifts in healthcare. This covers new (and new uses of existing) diagnostic tests and procedures, healthcare delivery innovations, medical devices, mental and behavioural health interventions, pharmaceuticals, public health and health promotion activities, rehabilitation interventions and therapeutic interventions.

In October 2022, the Mediclinic Group Research function launched a Horizon Scanning function in order to proactively identify innovative concepts, organisations, technologies and inspirational opportunities. These are evaluated and presented to the key business stakeholders in a monthly report. The function uses the ITONICS innovation management platform to collate information and allow team members to interact with the results.



We launched a Horizon Scanning function in order to proactively identify innovative concepts.

### HTAS COMPLETED

FY22: 4

FY23: 9

### FY22

- Brainlab Curve image-guided surgical navigation
- Extracorporeal membrane oxygenation (ECMO) - update
- Retcam retinopathy of prematurity screening
- Transnasal humidified rapid insufflation ventilatory exchange (THRIVE)

### FY23

- High-intensity focused ultrasound (HIFU) - update
- HeiQ synbiotic cleaner
- Spinal surgery imaging, navigation and robotic systems
- Continuous blood glucose monitoring - use of client's own devices in hospital
- TMS for psychiatric management
- Targeted temperature management for cardiac arrest
- Acthera hard-shelled liposomes for targeted delivery of thrombolytic drugs
- Guidelines for hospital management staffing ratios
- Precision medicine: guidelines and scores for genetic counselling and testing

**PURSUING OUR PURPOSE...**  
WITH RESEARCH



According to research, nearly a third of elderly patients will develop delirium during their hospital stay. Delirium is not only distressing for the individual; it is stressful for family members, increases nursing time and sends healthcare costs skyrocketing.

**PURSUING OUR PURPOSE...**  
WITH RESEARCH



# INSIGHTS TO SAFEGUARD THE BRAIN



Participating in this initiative with healthcare organisations from across the world gives us access to a broader pool of knowledge.

**Dr Joana Berger-Estilita**, consultant in anaesthesiology

Under the best of circumstances, general anaesthesia has the elements for a disorienting experience. The person 'goes to sleep' in the operating theatre and regains consciousness in a completely different space, with the sensation that no time at all has passed. But what might be momentarily disconcerting for some people can turn into an extreme state of bewilderment for others. According to research, nearly a third of elderly patients (29-31%<sup>1</sup>) will develop delirium during their hospital stay.

Although the onset of this mental confusion is sudden, the impact can be prolonged. A person who experiences delirium is more likely to also face a longer hospital stay, increased complications, impaired mental abilities over the long term and a higher likelihood of death. Delirium is not only distressing for the individual; it is stressful for family members, increases nursing time and sends healthcare costs skyrocketing.

A recent study showed that 25% of admitted patients develop postoperative delirium, resulting in associated healthcare costs of \$44 291<sup>2</sup> (around £34 000) per person. Since delirium is the most common surgical complication in adults older than 65, it is a pressing concern when it comes to improving patient safety and experience.

'A large part of Salem-Spital's core business relates to surgery and older adults with several health issues make up a significant percentage of our clients. These patients have features that make them especially susceptible to a delirium episode,' says Dr Joana Berger-Estilita, consultant in anaesthesiology and critical care with our Swiss operations. Aside from advanced age and multiple co-morbidities, other risk factors include impaired vision and/or hearing, depression, a history of drug or alcohol abuse, malnutrition and dementia.

To complicate the picture, infections such as pneumonia or a urinary tract infection can trigger delirium. Other contributing factors include dehydration, electrolyte imbalance, acute kidney injury and liver failure. Medical care itself can also precipitate this confused mental state, for example, the use of bladder catheters, physical restraints and anaesthesia in combination with opioids, among other drugs.

'Delirium usually occurs at a time point – some hours or even days after surgery – when the responsible clinicians are not present any more. The vast majority of physicians, nurses and administrators lack systematic feedback on postoperative delirium and other complications of anaesthesia,' she says. To get a more detailed view of the effect on patients, Salem-Spital partnered with the Safe Brain Initiative ('SBI'), a research-based quality initiative for decreasing delirium associated with surgery.

## PURSUING OUR PURPOSE... WITH RESEARCH



Understanding what the client is experiencing and whether their needs are being met plays a vital role in avoiding mental confusion.

### UNDERSTANDING PRIORITIES

SBI is an international non-profit that assists healthcare providers with the monitoring and continuous improvement of patient pathways around surgery. It provides participants with a framework for focusing on delirium prevention, runs masterclasses on implementing the initiative, enables systematic analysis through an online dashboard and brings together findings from across its network.

‘Participating in this initiative with healthcare organisations from across the world gives us access to a broader pool of knowledge and expertise. We enhance our insights through access to a larger, more diverse patient population and develop a more comprehensive understanding of healthcare interventions. It also enables us to share best practice across organisations and benchmark our performance against other hospitals,’ says Joana.

The backbone of SBI’s approach is a focus on patient-reported outcome measures. These are standardised questionnaires that measure

how individuals view their health status at a specific time. In the case of SBI, the two-minute questionnaire is administered three times: before surgery, upon waking and once again when the client is ready to leave the recovery room for the ward. The questions relate to SBI’s 18 core recommendations, all non-invasive by nature, which play a role in detecting and preventing negative outcomes from anaesthesia by reducing the load of precipitating factors.

Understanding what the client is experiencing and whether their needs are being met plays a vital role in avoiding mental confusion. SBI’s recommendation to enable communication is a case in point. Finding out ahead of the operation whether the client uses glasses or a hearing aid enables the nursing team to ensure these aids are immediately to hand upon waking. A person’s senses are crucial for reorientation, so this straightforward intervention can help stave off delirium. Similarly, by ensuring that a client can have a sip of water or get a warming blanket if they are feeling cold, nurses can impact the patient experience directly. The theatre environment

can be quite daunting, which contributes to stress levels; the very act of asking the person to rate their comfort levels humanises the experience, Joana explains.

It was the social aspect of the research that struck a chord with her when she first came across SBI in June 2022. After attending a masterclass in September last year, Joana designed a pilot to implement SBI’s methods at Salem-Spital. This involved evaluating the feasibility and effectiveness of the questionnaire, obtaining ethical approval and conducting training sessions. Explanatory videos and a blended learning format helped to ensure all stakeholders were familiar with the quality measure being tested. During the month-long pilot, our nurses provided feedback on data collection, made recommendations for additional training and gave suggestions on how to engage clients more effectively.

Nurses found the SBI quality measure helpful in improving patient outcomes, streamlining workflows and reducing errors. For employees in the recovery room, where

clients go directly after surgery for monitoring of vital signs, it meant they had access to more patient information, which enhanced their ability to provide quality care. Thanks to the positive response, the SBI initiative is continuing throughout 2023, with an analysis of the first 1 000 patients midway through the year. We are also looking into expanding this quality improvement project to other hospitals.

In the meantime, as one of the 10 SBI centres in Europe, Salem-Spital is contributing to important research. ‘We are working on our first scientific publication, which shows that if you implement the SBI questionnaire for eight months, you see a clear decrease in length of stay and of delirium. When clients are genuinely involved and their preferences are listened to and acted upon, outcomes improve,’ says Joana.

#### Notes

<sup>1</sup> ‘Occurrence and outcome of delirium in medical inpatients: a systematic literature review’, *Age Ageing*, July 2006.

<sup>2</sup> ‘One-year Medicare costs associated with delirium in older patients undergoing major elective surgery’, *JAMA Surgery*, May 2021.

# EVALUATING CLINICAL PERFORMANCE

## CLINICAL INDICATORS

Each aspect of the clinical performance framework – patient safety, clinical effectiveness, clinical cost efficiency and value-based care – builds on the previous one.

We measure more than 150 clinical indicators monthly in line with a standardised set of definitions and classifications. Many of these outcome indicators are self-reported, while others are derived from administrative data. These indicators are monitored for trends and used to identify opportunities for improvement. The hospitals closely monitor their results and compare themselves with other hospitals in the same division.

Clinical indicator improvements during the year include the roll-out of standard safety event reports, enabled by implementation of the TPSC software across the Group; the implementation of a standard taxonomy for complaint classification; the refinement of existing indicator definitions; and the expansion of categories.

## BENCHMARKING

We use benchmarking to compare results internally as well as against industry leaders. However, there is limited international standardisation of clinical outcome measures, which limits opportunities for external benchmarking. Where comparable, facilities and divisions are benchmarked against each other to identify excellence, best practices and opportunities for improvement. Additionally, we track facility performance over time. In the selection of new clinical indicators, we give preference to measures tied to international standards and with comparable external benchmarks.



TABLE 7: COMPARABLE BENCHMARKS OF INTERNATIONAL CLINICAL QUALITY<sup>1</sup>

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
VON	n/a	✓	✓
SAPS II	✓	n/a	n/a
SAPS 3	n/a	✓	✓
The Initiative on Quality Medicine ('IQM')	✓	n/a	n/a
Catheter-associated urinary tract infections ('CAUTI'), central line-associated bloodstream infections ('CLABSI') and ventilator-associated pneumonia ('VAP'), as per Centres for Disease Control and Prevention definitions	Selected patient groups only	✓	✓
Press Ganey® patient experience index	✓	✓	✓
NPS®	✓	✓	✓
INDICATOR SUBSETS			
Weighted adverse outcome score ('WAOS') <sup>2</sup>	✓	✓	✓
Adverse outcome score ('AOS') <sup>2</sup>	✓	✓	✓
Severity index ('SI') <sup>2</sup>	✓	✓	✓

### Notes

<sup>1</sup> Not all comparable benchmarks are included in the report.

<sup>2</sup> WAOS, AOS and SI are weighted scores to quantify a subset of adverse events in lower-risk deliveries.

 See our clinical performance results on pages 122-132

**PURSUING OUR PURPOSE...**  
THROUGH MULTIDISCIPLINARY CARE

# RACE AGAINST TIME

“

A tiny proportion of people have a deficiency of DPD, a specific enzyme that breaks down the drug used in her chemotherapy.

**Dr Saeed Rafii,**  
consultant medical oncologist



Consultant medical oncologist Dr Saeed Rafii recounts how the dedication of Mediclinic employees made a life-or-death difference for one client.

The WhatsApp message from my patient was deeply worrying: she was experiencing diarrhoea up to 10 times a day. A 31-year-old woman with a young son, she was under my care for rectal cancer. A colonoscopy had found a large mass in her rectum and our multidisciplinary specialist team had opted to use radiotherapy and chemotherapy to shrink the tumour prior to surgery. If the growth was too large at the time of surgery, she could lose her sphincter, and we wanted her to achieve the best oncological outcome without a colostomy bag for the rest of her life.

She had completed radiotherapy and now, on day nine of oral chemotherapy in mid-November 2022, she was severely ill. She had to get to hospital straightaway. At the time I was on leave in the UK so I contacted one of my colleagues, Professor Samuel Ho, a gastroenterologist, to have

her admitted to City Hospital in Dubai – the same hospital where she was being treated at the Comprehensive Cancer Centre. I was concerned her symptoms were signs of a toxic reaction to the chemotherapy drug.

A tiny proportion of people – less than 1% of the population – have a deficiency of DPD, a specific enzyme that breaks down the drug used in her chemotherapy. As a result, the drug accumulates to toxic levels in the body, with devastating effects. Due to the rarity of the enzyme deficiency, the multiple gene mutations that can cause various levels of deficiency and the impact of test turnaround time on starting chemotherapy, DPD testing is not always a routine practice.

At the hospital, investigations found that she not only had a severely inflamed bowel, but also a very low blood count. The chemotherapy had suppressed her bone

marrow to such an extent that she had to be kept in isolation in ICU. We could not even allow her son in due to the risk of infection. The established management was to provide supportive care through intravenous fluids as well as medicines to treat the diarrhoea and bone marrow suppression.

I arrived back in Dubai on her second day in hospital and went straight from the airport to ICU. Our patient was not responding to the treatment – in fact, her condition was deteriorating. I knew there was a medicine called uridine triacetate ('UTA') that could counter the high toxin levels in her system. However, because it was fairly new, it was not yet registered in the UAE. It was also expensive – around £60 000 – and had to be administered within 96 hours of symptoms developing. Although we did not know if she definitely had DPD deficiency, we were running out of time and had to act quickly.



## PURSuing OUR PURPOSE... THROUGH MULTIDISCIPLINARY CARE



The whole team rallied to obtain the unlicensed medicine in time. While the pharmacy placed the order and logistics arranged for shipping, finance released funds for payment.

Despite the late hour – around nine o'clock at night – I called our hospital's acting medical director, Dr Nahida Amin Ali. When I explained that this unlicensed medicine, UTA, could save the patient's life, she did not hesitate but told me to go ahead and order it from the UK.

The whole team rallied to obtain the unlicensed medicine in time. While the pharmacy placed the order and logistics arranged for expedited shipping, finance released funds for payment. In parallel, City Hospital raised an urgent request with the Dubai Health Authority for emergency approval to import an unlicensed medicine. The insurance team started the process of obtaining authorisation from the client's health fund – even though by this stage the hospital had already ordered and paid for the drug. When we received the one-time emergency licence, the way was cleared to bring the medicine into the country. Within 22 hours of placing the order, we could administer the life-saving drug to the patient.

It took almost a week for the medicine to neutralise the accumulated toxin in her system. After 10 days in ICU, she could be moved to a general medical ward and a few days later she was discharged. In February 2023, she went on to have robotic surgery and Dr Roger Gerjy, Director of Robotic Surgery, successfully removed the cancerous

mass. One of the latest approaches in oncology is a circulating tumour DNA test, which picks up tiny fragments of cancer DNA in the blood. Although this innovative test is far from standard practice, we managed to obtain one for our client a month later. It showed there was no residual tumour DNA in her body – an extremely good outcome.

If my patient had gone to a general hospital, this story could have gone very differently. But because she came to City Hospital and was treated at the Comprehensive Cancer Centre, she got the right care at the right time. It speaks to the professionalism of the hospital's doctors that this rare enzyme deficiency could be suspected and the commitment of the entire team who went above and beyond to obtain the unlicensed medicine in time. Part of the Comprehensive Cancer Centre's approach is multidisciplinary meetings where a range of experts come together to formulate the best treatment for every client. In a complicated case like this, we can call urgent meetings at any time of the day and night and my colleagues rally to deliver the best outcome for our patients. Looking back now I can see how much people cared. Professionalism, teamwork, communication and dedication made it possible to save her life.



# CONNECTING TO OUR PARTNERS

We partner with leading organisations to complement existing services and expand our offering across the continuum of care. We also invest in the workforce of tomorrow in light of the continued global shortage of healthcare employees to secure the future of healthcare.

## WHAT MATTERS TO THEM

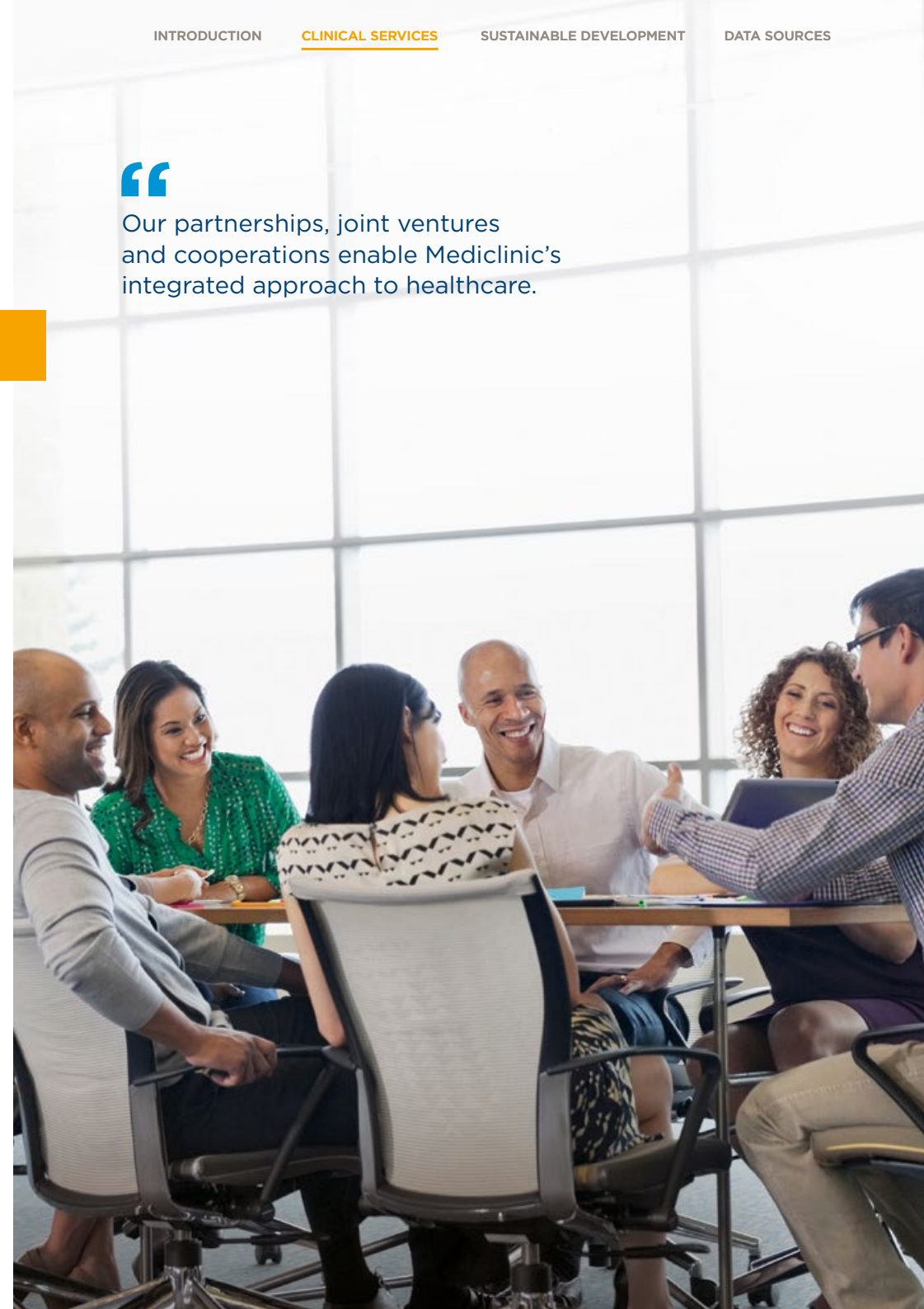
- Cultural alignment
- An understanding of respective strengths and weaknesses
- A comprehensive and objective understanding of operations
- Well-defined and mutually beneficial operational and financial frameworks
- Collaboration

## ADDRESSED THROUGH

- Cooperation and PPPs
- Industry conferences and events
- Direct engagement based on industry knowledge and market reputations
- Introductions through advisors
- Agreements for learning opportunities

“

Our partnerships, joint ventures and cooperations enable Mediclinic's integrated approach to healthcare.



## PARTNERSHIPS



We have signed a Memorandum of Understanding ('MoU') with Abu Dhabi University, focusing primarily on research collaboration.

[www.adu.ac.ae](http://www.adu.ac.ae)



Our MoU with Al Ain University of Science and Technology facilitates academic collaboration and creates learning and development opportunities for Emiratis.

This partnership paves the way for students enrolled in Pharmacy and Dietetics undergraduate programmes to experience clinical accompaniment in various Mediclinic facilities across the UAE.

[aau.ac.ae/en](http://aau.ac.ae/en)



Our partnership with Bern University of Applied Sciences provides internships for the master modules Clinical Assessment and Advanced Nursing Practice in Primary Care in the Nurse Practitioner Programme. During the pilot implementation, which commenced in December 2019, certain physicians are acting as supervisors.

[www.bfh.ch](http://www.bfh.ch)



We have a long-term strategic partnership with DOMO Health to drive innovative digital health solutions such as hospital-at-home services, strengthen the link between clinical and home care, and provide a unique client experience. Our Swiss operations hold a minority share in DOMO Health and a seat on its board.

[safety.domo.health/en](http://safety.domo.health/en)



An MoU with Fatima College of Health Sciences facilitates academic collaboration and creates learning and development opportunities for Emiratis. The agreement paves the way for students enrolled in Nursing, Health Emergency (paramedics), Pharmacy, Radiography and Physiotherapy to experience on-the-job training in various Mediclinic facilities across the UAE.

[www.fchs.ac.ae](http://www.fchs.ac.ae)



Founded in 2020, Heartbase is a network of cardiology practices in Switzerland that expands the existing primary care offering with state-of-the-art outpatient cardiology at various locations. Hirslanden holds a minority share in Heartbase and a seat on its board.

[www.heartbase.ch](http://www.heartbase.ch)



An MoU with Higher Colleges of Technology primarily facilitates placements in the nursing and allied health professions.

[hct.ac.ae](http://hct.ac.ae)



We have signed an MoU with Khalifa University, principally to collaborate on research.

[www.ku.ac.ae](http://www.ku.ac.ae)



Hirslanden Klinik Aarau and Klinik Barmelweid cooperate closely in the treatment of clients, creating an integrated treatment network in the western part of the canton of Aargau. The cooperation includes accompanying psychosomatic treatments, pneumological services and rehabilitation.

[www.barmelweid.ch](http://www.barmelweid.ch)

## PARTNERSHIPS




Hirslanden and Medbase combine their expertise in outpatient and inpatient medicine, and invest together in integrated medical care close to people's homes. By establishing a partnership-based network, Hirslanden and Medbase consistently place people at the centre of their entire healthcare journey. Medbase excels in outpatient primary care and preventive medicine at all levels, while Hirslanden is Switzerland's largest medical network, specialising in acute specialist medical care and diagnostics. Together, we complement each other's strengths along the integrated care pathway.

[www.medbase.ch](http://www.medbase.ch)



In line with the partnership with MBRU, all our Dubai facilities are approved training sites for medical undergraduate students. Signed on 13 December 2021, the new and updated Master Affiliation Agreement includes an enlarged governance framework with a board comprising members from both MBRU and Mediclinic. It also provides for a joint academic council with a subcommittee structure made up of seven specialised committees instead of one. These new committees will enhance joint efforts to advance education in Dentistry, Nursing and Midwifery, as well as other health disciplines. The affiliation with MBRU Postgraduate Medical Education was formalised on 28 September 2022 and added as an addendum to the Master Affiliation Agreement. We also have a 'no objection' certificate from the Dubai Health Authority for advanced practice setting, which allows for the placement of residents and fellows in our Dubai facilities.

[www.mbruniversity.ac.ae](http://www.mbruniversity.ac.ae)



We have joined forces with the See-Spital Foundation to further develop medical care on the left bank of Lake Zurich in a way that is close to home, of high quality and sustainable. While the medical services at See-Spital will be expanded and deepened by our partner clinicians, doctors from See-Spital can perform specialised procedures at our Klinik Im Park Hospital.

[see-spital.ch/zentren-und-partner/hirslanden](http://see-spital.ch/zentren-und-partner/hirslanden)




Klinik Im Park has a partnership with Spital Lachen in the specialist area of cardiac medicine. Spital Lachen with its large outpatient centre and Klinik Im Park as a tertiary centre together offer the entire spectrum of cardiology and cardiac surgery. The partnership improves access to highly specialised doctors and the range of medical specialties through the exchange of specialist staff. Hirslanden holds a minority share in Spital Lachen and a seat on its board.

[www.spital-lachen.ch](http://www.spital-lachen.ch)




In partnership with Spital Männedorf AG, our Swiss operations have built and operate a radiotherapy centre for the treatment of cancer patients. Within the region of Lake Zurich, Pfannenstiel and Rapperswil, clients benefit from radiotherapy close to home.

[www.spitalmaennedorf.ch](http://www.spitalmaennedorf.ch)




Hirslanden and the Spitäler Schaffhausen collaborate to provide comprehensive urological treatment and cardiac care to patients in Schaffhausen. In the field of urology, surgeries are performed at Klinik Hirslanden in Zurich, with pre- and post-operative care at the cantonal hospital in Schaffhausen. Patients of the Spitäler Schaffhausen receive cardiac care in outpatient diagnostics in Schaffhausen and complex interventions are performed at Klinik Hirslanden. Since January 2023, Klinik Im Park and Spitäler Schaffhausen jointly utilise a da Vinci Xi surgical robot, sharing the financing, utilisation and maintenance costs while enhancing collaboration.

[www.spitaeler-sh.ch](http://www.spitaeler-sh.ch)



In partnership with Stellenbosch University, we offer medical students the opportunity to complete their training in Internal Medicine under the supervision of accredited full-time specialists working at Mediclinic hospitals. Following the pandemic, participation resumed in 2023.

[www.sun.ac.za](http://www.sun.ac.za)

## PARTNERSHIPS



Hôpitaux  
Universitaires  
Genève



Hirslanden and the University Hospitals of Geneva founded a day case clinic in 2019. This pioneering partnership aims to provide a state-of-the-art facility that offers improved comfort for patients and healthcare teams while helping to reduce healthcare costs. By establishing this day case clinic, Hirslanden and the University Hospitals of Geneva can allocate their existing operating theatres for complex procedures requiring hospitalisation. The opening of the biggest day case clinic in Switzerland is scheduled for 2025. The clinic's operation will be managed by a joint-stock company, with both partners holding equal shares and a board of directors composed of six members.  
[chirurgie-ambulatoire.ch/en](http://chirurgie-ambulatoire.ch/en)



In collaboration with University of Johannesburg, we accommodate students for clinical training and also share knowledge on academic matters.  
[www.uj.ac.za](http://www.uj.ac.za)



In partnership with the universities of Lucerne and Zurich, Klinik St. Anna trains medical students from the Joint Medical Master Programme. In the 2022 academic year, almost 130 students participated in this programme. In addition, a partnership between University of Zurich and Klinik Hirslanden offers medical students the opportunity to complete their training in several perioperative medicine modules. In 2022, the partnership assisted around 100 students.  
[www.unilu.ch](http://www.unilu.ch)  
[www.uzh.ch](http://www.uzh.ch)



In 2022, we established a partnership with University of Nicosia in Cyprus to facilitate medical studies. For the first four years, students can study medicine in English in Nicosia, followed by practical training in years five and six at several of our Swiss hospitals and selected partners. The degree is fully recognised in Switzerland, as well as throughout Europe and North America, and is independent of the Swiss admission restriction. Thanks to this newly established cooperation, we have gained nine medical students.  
[med.unic.ac.cy](http://med.unic.ac.cy)



We have signed an MoU with University of Sharjah, primarily focused on placements for nursing and allied health professions.  
[www.sharjah.ac.ae](http://www.sharjah.ac.ae)



We have an agreement to provide financial support to health science students at University of the Western Cape. The university will apply for approval to use Mediclinic facilities for student placements.  
[UWC.ac.za](http://UWC.ac.za)



We have a partnership with Wits University and also manage Wits University Donald Gordon Medical Centre, the only private specialist training facility in South Africa and the largest and most successful solid organ transplant centre in the country.  
[www.dgmc.co.za](http://www.dgmc.co.za)

## FAST FACT

Our cooperations with the universities of Lucerne, Nicosia and Zurich involve around 250 lecturers, the majority of them partner doctors of our Swiss operations.



# SUSTAINABLE DEVELOPMENT

Our promise to provide ‘Expertise you can trust’ extends to every aspect of our operations. As we seek to build healthier and happier societies for a better future, we strive to attain the highest standards in sustainability.

To ensure we can continue to deliver our unique brand of healthcare well into the future, we take action to minimise our environmental impact, build rewarding relationships and maintain good governance. In every life we touch, we endeavour to remain true to our purpose.

# OUR HIGHLIGHTS

## 2022 CLIMATE LEADER

The *Financial Times* and Statista identified us as one of Europe's Climate Leaders for reducing Scope 1 and 2 carbon emissions over a five-year period. Mediclinic was one of just four healthcare companies to make the list, ranking in second place with Rhön-Klinikum for the industry.

## EXTERNAL RECOGNITION

-  Ranked under the top 20 in the GfK Swiss Reputation Ranking, the only health brand to be included
-  Recognised as the top South African hospital group by Kantar Most Valued BrandZ and Brand Finance Top 50 South African Brands
-  Awarded Superbrand status by the UAE Superbrands Council for the seventh time in eight years


## SUSTAINABILITY RATINGS, REVIEWS AND PRINCIPLES




## 40 MEDICLINIC MILESTONE

When the JSE launched its socially responsible investment index in 2004, the first for an emerging market, we were proud to be listed.

## FOR THE PLANET

- **CHF720 000 in environmentally friendly lighting** installed in several Swiss hospitals
- **Best in country award** at the International Federation of Healthcare Engineering Awards for a 30% reduction in energy use at Gariep Hospital, Southern Africa
- **18% reduction in use of harmful anaesthetic gases** in the Middle East
- **Circular economy projects implemented**  See pages 84–85

## FOR PEOPLE

- **New working groups** to strengthen employee engagement in Switzerland
- **169 pro bono surgeries** to the value of over ZAR10m carried out in Southern Africa  See pages 106–108
- **Transformation booklet on diversity and inclusion** published in Southern Africa
- **132 students** welcomed for clinical clerkships in Dubai facilities, with a further 313 medical and allied health students in Abu Dhabi and Al Ain





# OUR APPROACH TO SUSTAINABILITY

## MEDICLINIC'S SUSTAINABLE DEVELOPMENT MISSION STATEMENT

We are committed to ensuring that every day we improve sustainability by managing our resources responsibly and efficiently to the benefit of our stakeholders and the environment.

### HEALTHCARE WITH HEART

To achieve true health in the lives we touch, we go beyond our healthcare services. In the way we do business, in our working relationships and in our footprint on the planet, we not only seek to avoid negative impacts, but to actively enhance the quality of life. Our approach to ESG is integral to our operations and forms part of our daily efforts.

Even though we have come a long way on our sustainability journey, we realise there is still some distance to go. For this reason we consistently monitor our impact and continually investigate ways to improve. Our focus for the coming year is to ensure our ESG strategy aligns with international best practice.

### Our strategy rests on three pillars:

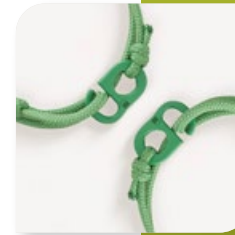
**Conserve** - we protect natural resources and limit our impact on the planet

**Connect** - we forge strong relationships that add value and unlock the potential of our employees

**Comply** - we uphold ethical values and conduct business in a responsible manner

Because we operate across diverse geographies, each has custom plans that enable us to focus on local issues. Together, we forge a path to greater wellbeing.

## SUSTAINABILITY IN OBJECTS



In Switzerland, attendees at our Leadership Summit each received a #TOGETHERBAND representing Goal 3 (Good health and wellbeing) of the UN SDGs. The band's string is derived from marine plastic debris, while the clasp is Humanium Metal, upcycled from illegal weapons. The band was a visible reminder to prioritise sustainable development during the conference.



This hybrid vehicle used by ER24, which combines a petrol engine with an electric motor, is bringing us closer to our goal of becoming carbon neutral. In Southern Africa, where the infrastructure for renewable energy is still under development, it helps us move in the right direction and enables us to cut down on CO<sub>2</sub> emissions.



Introduced at all retail coffee shops in our Middle East facilities, this reusable cup is helping Mediclinic reduce waste to landfill. Made from bamboo, a biodegradable and recyclable material, the washable cup eliminated an estimated 2 782 disposable cups in the first four months following launch. That amounts to 70kg of CO<sub>2</sub> emissions averted - the equivalent of not burning 35kg of coal.

OUR APPROACH

**SUPPORTING THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS**



The UN has developed a set of goals as a blueprint to shape a more sustainable tomorrow. Our purpose and strategic priorities align with several SDGs.



**GOAL 3: GOOD HEALTH AND WELLBEING**

Our healthcare services enable the goals to reduce maternal mortality (SDG 3.1), end preventable deaths of newborns and children (SDG 3.2), reduce deaths from non-communicable disease (SDG 3.4), grow the health workforce (SDG 3.c) and strengthen the capacity to manage national and global health risks (SDG 3.d).

**EXAMPLE OF OUR CONTRIBUTION:**

Proactive and continuous investment in the future health workforce

[See page 105](#)



**GOAL 12: RESPONSIBLE CONSUMPTION AND PRODUCTION**

Our approach to managing resources responsibly and efficiently contributes to decreasing our material footprint (SDG 12.1) and reducing waste generation (SDG 12.5). We are transparent about our practices and steps taken to improve, publishing our environmental data annually (SDG 12.6). We are making progress on our target of having zero waste to landfill by 2030. Our procurement teams select and engage with high-performing suppliers that support our purpose to enhance the quality of life.

**EXAMPLE OF OUR CONTRIBUTION:**

Circular economy initiatives

[See page 84](#)



**GOAL 5: GENDER EQUALITY**

Mediclinic is committed to advancing gender equality in leadership roles (SDG 5.5).

**EXAMPLE OF OUR CONTRIBUTION:**

Target for gender diversity at management level

[See page 101](#)



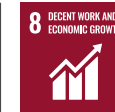
**GOAL 13: CLIMATE ACTION**

We are taking action to strengthen our capacity for managing climate-related risks (SDG 13.1) and reduce our contribution to climate change (SDG 13.3). Our goal of becoming carbon neutral by 2030 sees us curtailing greenhouse gas ('GHG') emissions every year.

**EXAMPLE OF OUR CONTRIBUTION:**

Investment in renewable energy sources

[See page 80](#)



**GOAL 8: DECENT WORK AND ECONOMIC GROWTH**

We are doing more for our clients and employees by transforming our services through innovation and digital transformation (SDG 8.2) and providing equal pay for equal work (SDG 8.5). We take steps to ensure the safety of the working environment (SDG 8.8).

**EXAMPLE OF OUR CONTRIBUTION:**

Employee health and safety governance in all geographies

[See page 99](#)



**GOAL 16: PEACE, JUSTICE AND STRONG INSTITUTIONS**

Through our structures and policies governing business conduct, we support the moves to reduce corruption and bribery in all their forms (SDG 16.5).

**EXAMPLE OF OUR CONTRIBUTION:**

Confidential ethics lines in all geographies

[See page 115](#)

## SUSTAINABILITY MODEL



### CONSERVE

#### Minimising environmental impact

##### SUPPORTS STRATEGIC GOALS

- Achieve operational excellence consistently

##### OUR ENVIRONMENTAL TARGETS

- **2030** zero waste to landfill
- **2030** carbon neutral

##### IN 2022

- **94%** of our Swiss hospitals used hydropower
- **22** photovoltaic ('PV') systems at our Southern Africa hospitals
- **41 608MWh** (CY21: 38 554MWh) of clean energy procured for all facilities in Abu Dhabi
- Circular economy initiatives piloted or investigated in all geographies



### CONNECT

#### Building stakeholder trust

##### SUPPORTS STRATEGIC GOALS

- Become an integrated healthcare provider across the continuum of care
- Transform our services, operations and client experience through digitalisation
- Be relevant by offering innovative health and care solutions

##### OUR SOCIAL AMBITIONS

- Achieve at least 40% female and at least 40% male representation at senior management and executive level throughout the organisation
- Be among the top three employers of choice in each of our markets

##### IN 2022

- **15.4%** increase in clients surveyed since last year
- **1.9%** increase in female representation at senior management and executive level since last year



### COMPLY

#### Being an ethical and responsible corporate citizen

##### SUPPORTS STRATEGIC GOALS

- Transform our services, operations and client experience through digitalisation
- Evolve as a data-driven organisation
- Achieve operational excellence consistently

##### OUR GOVERNANCE GOALS

- Introduce online learning on conflict of interests and contract management
- Develop material on the acceptance of gifts, donations and sponsorships

##### IN 2022

- Internal audit on implementation of selected Group policies
- Employee awareness campaigns on information and cybersecurity, and data privacy



## OUR APPROACH

# OUR FOCUS AREAS

## DETERMINING WHAT MATTERS MOST

The ESG Committee reviews the Group's material sustainability issues annually. This is done to ensure our management initiatives target the sustainable development matters that are most significant to Mediclinic and directly affect our ability to create long-term value for significant stakeholders. The assessment is informed by the following considerations:

- **Relevance** – Are our prior-year sustainability focus areas still relevant?
- **Risk** – Which ESG impacts/risks can we influence or control, taking into account the views of stakeholders?
- **Resources** – How dependent are we on the six capitals (financial, manufactured, human, intellectual, social and relationship, and natural), as identified by the International Integrated Reporting Framework?
- **Reference** – What guidance do the GRI Standards and the Sustainability Accounting Standards Board's materiality map for healthcare provide on determining sustainability issues?
- **Requirements** – What are the developments in non-financial reporting, sustainability megatrends and global initiatives such as the UN Global Compact Principles and the 17 UN SDGs?

See page 72 for more on our SDG contributions

**40 MEDICLINIC MILESTONE**  
In 2010, we published our first GRI disclosure index, making our sustainability information traceable and transparent.



## MINIMISING ENVIRONMENTAL IMPACT

- Climate change
- Carbon emissions
- Energy efficiency
- Waste management
- Environmental management system
- Biodiversity
- Water use

## BUILDING STAKEHOLDER TRUST

- Client value proposition
- Employee experience, including wellbeing
- Diversity and inclusion
- Human rights
- CSI
- Supply chain

## BEING AN ETHICAL AND RESPONSIBLE CORPORATE CITIZEN

- Anti-corruption
- Ethics
- Healthcare infrastructure
- Protection of information assets

## OUR APPROACH

# A BETTER WORLD FOR ALL

Every day we work on making these sustainability features part of our lived reality.

1



## FOR THE PLANET

**Climate resilience:** We curb global warming by reducing waste and GHG.

**Positive power:** We use energy efficiently and switch to clean sources.

**Becoming carbon neutral:** We work to eliminate CO<sub>2</sub> emissions.

**No more waste:** We refuse unsustainable products and reduce, reuse, recycle and recover wherever possible.

**Growing the circular economy:** We redesign our ways of operating to keep materials in use for longer.

**Safeguarding water:** We use water responsibly to preserve this precious resource.

**Understanding our environmental impact:** We monitor data and manage our practices to protect biodiversity.

2

## FOR PEOPLE

**Unlocking potential at work:** We offer fair, rewarding jobs and opportunities to engage, develop and excel.

**Wellbeing for our people:** We ensure Mediclinic is a safe environment where employees can thrive.

**A welcoming workplace:** We champion diversity and inclusion in the workforce.

**Respectful relationships:** We defend the rights and dignity of all people.

**Delighting our clients:** We provide cost-efficient, quality care and outstanding client experiences.

**Community care:** We support the places where we operate.

**Sustainable purchasing:** We build a supply chain that benefits people and the planet.

3



## FOR TRUST

**Just behaviour:** We uphold high ethical standards in all our interactions.

**Doing business honourably:** We abide by the law and prevent corruption.

**Secure data:** We protect our technology, information assets and users.

**Trustworthy healthcare settings:** We invest in facilities and equipment to provide high-quality experiences.





# CONSERVE

## MINIMISING ENVIRONMENTAL IMPACT

Preserving the health of the planet is essential to help our clients lead healthier lives, reduce costs and risks, and protect the wellbeing of our communities. We continuously consider technology and update our practices to become a carbon-neutral organisation.

### THE YEAR IN GROUP NUMBERS<sup>1</sup>

Total Scope 1 & 2 CO<sub>2</sub> emissions  
in tonnes (t)

**205 281** ▼

(CY21: 211 969)

Total water usage in  
megalitres (ML)

**1 721** ▲

(CY21: 1 685)

Total energy consumption  
in gigajoule (GJ)

**1 327 553** ▲

(CY21: 1 284 086)

Total waste diverted from  
landfill in tonnes (t)

**5 665** ▲

(CY21: 5 563)

#### Note

<sup>1</sup> Data reported in line with the 2023 Carbon Footprint Report and succeeds the data provided in the 2022 Sustainable Development Report. We have no operations in the UK and report on the data of the geographic regions in which we operate.



## CONSERVE

### KEY DEVELOPMENTS IN 2022

- ✓ Developed environmental dashboards for the Middle East and Southern Africa to monitor progress on targets
- ✓ Finalised roadmap to become carbon neutral in the Middle East
- ✓ Procured 41 608MWh of clean energy in the Middle East
- ✓ Installation of six PV systems at hospitals in Southern Africa
- ✓ Conducted ultrasonic testing in Southern Africa to prevent gas leaks
- ✓ Finalised waste management tenders in Southern Africa to ensure proper disposal and unlock cost savings
- ✓ Awareness campaigns on energy and water savings and waste minimisation

### RISKS TO THE BUSINESS

- Business interruptions
- Increased operational costs
- Reputational damage
- Impact of carbon tax and climate change legislation
- Fines and penalties

### RISK MITIGATION

- Sustainable Development Strategy with firm goal to become carbon neutral and have zero waste to landfill
- Risk management process and systems of internal control embedded in the Group
- Annual review of policies governing risk management, sustainable development, environment and waste management

# 40

## MEDICLINIC MILESTONE

In 2014, we were the first hospital group in the world to receive CDP Global A List ranking for environmental performance.



## MINIMISING THE IMPACT OF CLIMATE CHANGE ON THE BUSINESS

Global warming poses a concrete risk to our operations, the environment and society, and we have a responsibility to reduce its impact. Responsible resource use can be a strategic advantage for Mediclinic, enabling us to contain operating costs and ensure ongoing access to water and energy supplies.

The collection of quality data is key to us implementing projects that counter climate change. We have made significant progress in the capturing and retention of environmental data across the Group.

## CONSERVE

# BECOMING CARBON NEUTRAL BY 2030

Our commitment to carbon-neutral status is supported by a sound strategy. Emission-reduction activities help save costs, secure energy supply and leave a healthy planet for posterity. We therefore invest in energy-efficient equipment and obtaining renewable energy where possible.

The boundary for carbon neutrality covers Scope 1 and 2 emissions. Our strategy to eliminate Scope 2 emissions includes the use of renewable or clean energy, as well as the reduction in electricity usage by change in behaviour and investing in energy-efficient technology.

Although we are moving forwards, we acknowledge there is a long way to go, with critical elements still to be delivered.



### FAST FACT

409t CO<sub>2</sub> emissions saved through the use of hydropower and a district heating system in Switzerland

### CARBON EMISSIONS

With the assistance of external consultants, our divisions measure their carbon footprint using the GHG Protocol. These measurements cover:

- Scope 1 emissions: direct emissions from Mediclinic-owned or -controlled equipment (stationary fuels); air-conditioning and refrigeration gas refills; anaesthetic and other gas consumption; and emergency response, fleet and pool vehicles (mobile fuels).
- Scope 2 emissions: indirect emissions from purchased electricity.
- Scope 3 emissions: indirect emissions in the supply chain; business travel activities; employee commuting; upstream and downstream third-party distribution; office paper consumption; electricity transmission; and distribution losses and waste.
- Non-Kyoto Protocol GHG emissions, such as from Freon, which is used in air-conditioning and refrigerant equipment.

### ANAESTHETIC GASES

During 2022, our Middle East operations exceeded expectations by reducing the total anaesthetic agent usage by 18%, instead of the targeted 10%. We are striving to emulate this in Southern Africa. Control strategies include elimination, substitution, engineering control, gas capturing technologies (under investigation), ultrasonic leak testing, administrative controls, and education and awareness. Currently, no immediate action is required in Switzerland due to the use of less harmful gases.



### REDUCING THE IMPACT OF ANAESTHETIC GASES

Anaesthesia is an indispensable part of the surgeries and procedures carried out across our hospitals and day case clinics. However, not all anaesthetic gases are equal when it comes to their environmental impact. One of the most common gases, desflurane, is one of the most harmful. Using one cylinder of desflurane has the same global warming effect as burning 440kg of coal. In the Middle East, our medical professionals are taking action, switching to other, less harmful gases. In 2022, our operations surpassed the target set and reduced the use of desflurane by 34%, contributing to an overall decrease in anaesthetic agent usage of 18%.





**PURSUING OUR PURPOSE...**  
BY CUTTING OUT CARBON

# OUR ROADMAP TO CARBON NEUTRALITY

These strategies apply to both Southern Africa and the Middle East unless otherwise stated. Our research is ongoing and the roadmap will be reviewed and updated annually to reflect new developments.

## 2022 CARBON FOOTPRINT

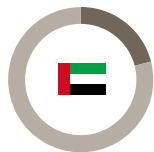
**Switzerland**  
Our operations are close to carbon neutral and we are working on a roadmap to clear away residual emissions.

### Southern Africa



- Direct emissions 13%
- Emissions from purchased electricity 87%

### The Middle East



- Direct emissions 21%
- Emissions from purchased electricity 79%

**Notes**  
Conditions specific to the Middle East:  
<sup>1</sup> Investigation into capture technology for N<sub>2</sub>O underway.  
<sup>2</sup> Not applicable.  
<sup>3</sup> Investigation underway.  
<sup>4</sup> No emergency vehicles used.  
<sup>5</sup> Incinerators not used.  
<sup>6</sup> No plan yet for gas refills of fire suppressants.

## REDUCE BY

- Limiting use of harmful medical gases<sup>1</sup>
- Limiting service provider deliveries
- Reusing and recycling packaging
- Behavioural change around electricity use
- Work-from-home offering to limit travel<sup>2</sup>
- Environmental strategy for third parties

## REPLACE WITH

- Hydrogen-powered generators<sup>3</sup>
- Hybrid/electric vehicles
- Hydrogen-powered emergency vehicles<sup>4</sup>
- Newster frictional heat treatment for waste<sup>5</sup>
- Green fuel for service providers
- PV installations
- Energy-efficiency projects
- Renewable energy

## REMOVE

- Capture and safe disposal of fugitive gases<sup>6</sup>
- Capture technology for medical gases



Reduction in CO<sub>2</sub> emissions with current solutions



## BY 2030



Projected annual savings in electricity



Investment in energy efficiency and solar panels



**CARBON NEUTRAL**  
**2030**

## CONSERVE



We are focusing on improved operational efficiency of technical installations, the introduction of various new energy-efficient and renewable technologies, and behavioural change.

### ENERGY CONSUMPTION

Electricity is the largest contributor to our carbon footprint. Healthcare facilities require significant energy with medical equipment and air-filtration and -conditioning units running continuously in our hospitals. To reduce energy use, we are focusing on improved operational efficiency of technical installations, the introduction of various new energy-efficient and renewable technologies, and behavioural change.

The main sources of direct energy are gas and diesel oil, motor gasoline, liquefied petroleum gas and natural gas. Indirect energy sources refer to electricity.

### REGIONAL INFORMATION

#### SWITZERLAND

- Purchased electricity mainly from European hydroelectricity<sup>1</sup> for all but one hospital and the Corporate Office
- All hospitals registered as CO<sub>2</sub>-reduced businesses and monitored annually by the Energy Agency of the Swiss Private Sector
- Double and triple glazed windows to prevent energy loss
- Induction cooktops for reduced energy use

#### SOUTHERN AFRICA

- Agreement to purchase renewable energy, starting with two facilities
- Renewable energy through 22 PV systems
- Solar panels for water heating
- Energy audits concluded at 10 facilities
- Five certified energy auditors

#### THE MIDDLE EAST

- Purchased clean energy for all facilities in Abu Dhabi
- PV installation at one hospital, another nearing completion
- Chiller replacement at two hospitals
- Double and triple glazed windows to prevent energy loss
- Inkjet printers for reduced emissions

#### Note

<sup>1</sup> In Switzerland, our market-based hydroelectricity emissions are assumed to be zero, with a Certificate of Origin to support this assumption.



### HARNESSING SOLAR POWER

In Southern Africa and the Middle East, where sunshine is ample, we are running an ongoing project to install PV systems for renewable energy. Each system consists of solar panels combined with an inverter to convert generated electricity into usable current. Last year, we added six PV installations at hospitals in Southern Africa and one in the Middle East, with another one slated for completion in early 2023. A further nine installations are in progress in Southern Africa and seven more planned for the Middle East. Already our hospitals with PV systems have increased the renewable energy generated on site by 66%. In 2023, we will investigate combining solar panels with absorption chillers for more energy-efficient cooling at Airport Road Hospital in Abu Dhabi.



CONSERVE

# HAVING ZERO WASTE TO LANDFILL BY 2030

Our Group Waste Management Policy outlines our objectives to refuse, reduce, reuse, recycle and recover. We follow stringent protocols to ensure waste management within the Group complies with all applicable legislation and regulations. During the 2022 calendar year, there were no incidents at our facilities or offices leading to significant spills.

## TOWARDS A WORLD WITHOUT WASTE

Our allies: Clients | Communities | Employees | Government | Medical practitioners | Non-governmental organisations ('NGOs') | Partners | Suppliers

	Rethink	Refuse	Reduce	Reuse	Recycle	Recover
WHAT	Employing circular economies to prevent waste	Stopping waste at the source	Decreasing amount of waste produced	Giving items another lease on life	Collecting waste materials to be turned into new products	Generating energy from waste materials
HOW	Johnson & Johnson MedTech collects surgical tools and reuses the component materials 	Plastic water bottles replaced with water dispensers 	DocuSign enables electronic signing so documents do not have to be printed	Packaging materials are reused and redundant furniture and IT equipment donated 	Collection of recyclable materials such as paper, cans, and unavoidable and uncontaminated plastics 	In Switzerland, food waste is processed to biogas 
2022	<b>6 446</b> tools diverted from disposal in Switzerland 	<b>82 500</b> water bottles eliminated in Switzerland	<b>28</b> trees' worth of paper <sup>1</sup> conserved across the Group 	<b>41</b> NGOs and community organisations enabled with remaindered materials in Southern Africa	Separate bins in facilities to facilitate recycling 	<b>5</b> Swiss hospitals recover food waste for gas production

**Note**  
<sup>1</sup> Since implementation in CY21.

## CONSERVE



### FAST FACT

To divert waste from landfill in Southern Africa, we are targeting increased recycling of healthcare general waste, with a goal of 77% by 2030.

### REGIONAL INFORMATION

#### SWITZERLAND

- In-theatre projects to eliminate recyclable waste from healthcare risk waste ('HCRW') where possible
- HCRW transported by licensed companies and incinerated at waste stations
- Compactors for recycled paper
- On-site baling of cardboard
- Processed food waste to biogas

#### SOUTHERN AFRICA

- Finalised waste management tenders to address new requirements
- HCRW transported and treated by licensed companies through autoclave sterilisation or electrothermal deactivation
- Newster technology<sup>1</sup> implemented at one hospital
- Paper bags for retail pharmacies
- Polystyrene food containers eliminated at 80% of hospitals

#### THE MIDDLE EAST

- Improved waste management: taskforce, scales, on-site sorting trials
- HCRW, chemical waste handled by approved environmental service providers
- Implemented food waste reduction initiatives
- Recycling of cooking oil
- Single-use plastic bags replaced with biodegradable options

#### Note

<sup>1</sup> Newster sterilisers use patented frictional heat treatment technology for the sustainable processing of HCRW.



### MINIMISING WASTE

One way we are reducing waste is by literally scaling down the final volume of it. In 2022, we installed waste compactors at four hospitals in the Middle East, decreasing the volume of waste to landfill by up to three times. Because there is less waste by volume, its removal needs fewer trips by the garbage collection trucks, which means fewer carbon emissions. We also end up saving water as we do not need to use waste skips, which require regular cleaning.



**PURSUING OUR PURPOSE...**  
BY ELIMINATING WASTE

# OUR ROADMAP FOR ZERO WASTE TO LANDFILL

The current plan will see us decrease landfilled waste by 71% by 2030. Research to resolve the remainder is ongoing and we envision annual updates to the roadmap.



## OUR WASTE

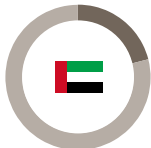
- **HCRW** (healthcare risk waste) e.g. needles, gloves, vaccine vials - disposed according to law
- **HCGW** (healthcare general waste) e.g. paper, plastic, food - majority to landfill, scope for recycling and reduction

### Southern Africa



- HCRW 44%
- HCGW 56%

### The Middle East



- HCRW - 21%
- HCGW - 79%

## OUR SOLUTIONS

### 1 WASTE MANAGEMENT TENDER



Collection of reliable data



Standardised payments for recycling



Cost savings

### 2 RECLASSIFICATION OF GLASS VIALS AS HCGW<sup>1</sup>



CURRENT HCRW



### RECLASSIFICATION ENABLES RECYCLING

Glass can be recycled an unlimited number of times

1t recycled glass = 670kg CO<sub>2</sub> emissions eliminated<sup>2</sup>



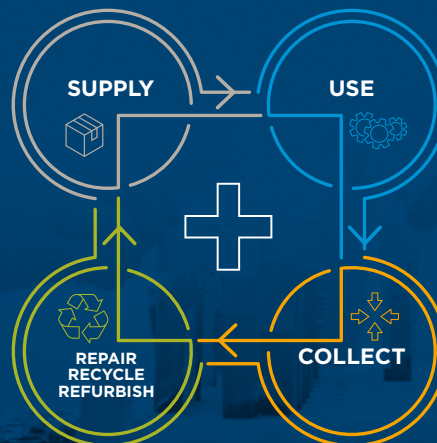
### 3 INCREASED RECYCLING OF HCGW



FROM 24% TO 77%

### 4 CIRCULAR ECONOMY INITIATIVES

Collaborating with suppliers to remove items from waste cycle so products and materials can remain in circulation



### 5 WASTE REDUCTION STRATEGIES AND ASSOCIATED IMPACT



Changing behaviour  
5-10%



New technology  
15-20%



Waste management  
70-80%

#### Notes

<sup>1</sup> Approval required from applicable regulators but City of Cape Town has endorsed the concept in principle.

<sup>2</sup> 'Why Glass Always Has a Happy CO<sub>2</sub> Ending', 2010, The European Container Glass Federation

## CONSERVE

### UNLOCKING CIRCULAR ECONOMIES

Our Group Sustainable Development Strategy recognises the value of circular economies to reduce waste. Our procurement and environmental teams continuously engage with suppliers and other partners to keep products and materials in circulation.

In partnership with Johnson & Johnson MedTech, we implemented circular processes for single-use medical devices and packaging not being recycled. Feasibility studies to determine stakeholder readiness will be scalable to include single-use medical devices and products from other suppliers.

#### FAST FACT

90 refurbished laptops used for nursing students in Southern Africa



### REGIONAL INFORMATION

SWITZERLAND

SOUTHERN AFRICA

THE MIDDLE EAST

#### JOHNSON & JOHNSON MEDTECH STUDIES

Pilot for collection and recycling of single-use medical devices at four hospitals, with the project to extend to one hospital per region from CY23.

Pilot for isolation and recycling of uncontaminated aluminium foils at one hospital, with roll-out planned for all hospitals.

Investigations for isolation and recycling of uncontaminated aluminium foils.

#### EXISTING CIRCULAR APPROACHES

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Printer cartridges recycled</li> <li>• Discarded material and equipment donated</li> <li>• Food waste recovered for gas production</li> <li>• Reuse of empty chemical containers</li> </ul> | <ul style="list-style-type: none"> <li>• Printer cartridges recycled</li> <li>• Redundant equipment and decommissioned linen and towels donated</li> <li>• On- and off-site composting of food waste</li> <li>• Reuse of empty chemical containers</li> </ul> | <ul style="list-style-type: none"> <li>• Printer cartridges recycled</li> <li>• Donation of decommissioned uniforms</li> <li>• Reuse of empty chemical containers</li> </ul> |
|--|---|--|

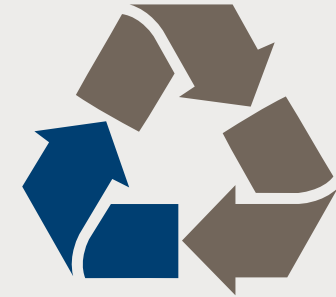
#### UNDER INVESTIGATION

- Energy generation from treatment of HCRW through frictional heating technology
- Recycling of empty medication vials and intravenous bags
- Energy generation from intravenous bag waste
- Hospital drop-off points for recycling of uniforms, e-waste
- Recycling of sharps containers post-sterilisation
- Reclamation of refrigerant agents

**PURSUING OUR PURPOSE...**  
WITH CIRCULAR ECONOMIES



# REIMAGINING MEDICAL WASTE



**33%** of healthcare  
waste originates  
in operating theatres

For surgeons, painstaking work in difficult-to-reach places is part of the job. Fortunately, surgical staplers enable precision surgery in spaces that are not readily accessible. Bariatric, colorectal and thoracic surgeons, in particular, have come to depend on these medical tools that comprise a metal shaft with manoeuvrable tip for closing incisions. Typically, these sterile tools are used only once.

We partnered with Johnson & Johnson MedTech to find a solution to the growing problem of medical tool waste. Rather than disposing of surgical devices after use, the idea is to retain them and close the resource loop. Made from high-quality materials like surgical steel, titanium, aluminium and chrome steel, medical tools are ideally suited to being

recycled. Implementing a circular process makes it possible to reuse up to 100% of the materials without incurring the costs and CO<sub>2</sub> emissions associated with producing them from scratch.

At the beginning of 2022, we launched a pilot project at two of our Swiss hospitals to determine the feasibility of a circular process. As part of the process, the medical tools need to be separated from other waste and collected in a special box for the supplier – this places an additional responsibility on theatre nurses, but our people rose to the challenge.

Using the existing supply channel, Johnson & Johnson Medtech collects the tools after use. They are then decontaminated and

dismantled, and the composite materials recycled. The supplier tracks the process through specially developed software which not only captures the quantity of tools collected and recycled material unlocked, but also the amount of CO<sub>2</sub> saved.

This information is available to us through regular reports as well as live updates. Continuous monitoring makes it possible to analyse the process and improve even further. 'This high level of transparency enables us to quickly adjust and continue to improve our CO<sub>2</sub> balance in the long term,' says Claudia Hollenstein-Humer, Head of Sustainability for our Swiss operations.

Over the course of 2022, the project collected 6 446 surgical tools, amounting to more than

700kg of what used to be considered waste. Now, however, it is over 700kg of valuable materials, comprising both metals and plastics, which can be recycled for further use. At the same time, an estimated 2 145kg of CO<sub>2</sub>e was saved. With tangible results from the pilot project, we are investigating the roll-out to further hospitals.

Embracing the circular economy is an invaluable step in our journey to achieving zero waste to landfill and becoming carbon neutral. Just like the various parts of an ecosystem are intricately linked, so the success of circular projects depends on close collaboration. Our partnership with Johnson & Johnson MedTech has demonstrated that while it does not necessarily require great effort to make a noticeable impact, teamwork is key.



Over the course of 2022, the project collected 6 446 surgical tools, amounting to more than 700kg of what used to be considered waste.

## CONSERVE

## OUR ENVIRONMENTAL MANAGEMENT SYSTEM

We align our environmental management procedures with international best practices and national legislation to provide assurance regarding the environmental quality, safety and reliability of our processes and services. Moreover, we have opted to implement the ISO 14001:2015 environmental management system ('EMS') in all our hospitals.

### REGIONAL INFORMATION

#### SWITZERLAND

- EMS implementation on hold due to resource constraints
- All hospitals but one part of H+ programme for occupational health and safety ('OHS')

#### SOUTHERN AFRICA

- 43 of 50 hospitals ISO 14001-certified by British Standards Institute
- Conducted ISO 14001 gap audits at 37 facilities, with average score of 85% compliance with EMS requirements

#### THE MIDDLE EAST

- EMS implementation in progress at five hospitals
- Annual environmental, health and safety audits at all facilities

## USING AND REUSING WATER RESOURCES SUSTAINABLY

Good quality fresh water is essential for hygiene, quality care and infection prevention and control ('IPC'). Initiatives across Mediclinic support sustainable water usage and we benefit from the expertise gained across our divisions as they address water-use challenges unique to each geography. To ensure constant improvement, we are benchmarking consumption and implementing water-saving strategies Group-wide.

### REGIONAL INFORMATION

#### SWITZERLAND

- Operational water quantity and quality risk assessments in progress
- Wastewater treated directly by local municipalities
- Water-flow limiters on taps, water-saving valves in toilets
- Replaced kitchen dishwashers

#### SOUTHERN AFRICA

- Completed operational water quantity and quality risk assessments
- Installed bulk water storage facilities
- Water-saving instruments in washers, washing machines and autoclaves
- Recycling of autoclave water at certain facilities

#### THE MIDDLE EAST

- Operational water quantity and quality risk assessments in progress
- Reduction in cistern water and automatic flushing
- Sensor taps in units
- Condensation water from autoclaves in central sterile services department used for irrigation

See Mediclinic's CDP Water Security Disclosure Project report at [www.mediclinic.com](http://www.mediclinic.com) for more information

## 40 MEDICLINIC MILESTONE

Twenty years ago, in 2003, Vergelegen Hospital in Somerset West achieved ISO 14001 certification, becoming the first hospital in Africa to do so.

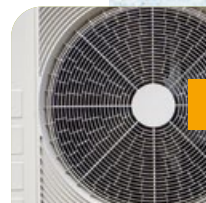
### PROTECTING BIODIVERSITY

Keeping ecosystems intact is an essential measure in limiting climate change. The ISO 14001:2015 EMS provides a clear understanding of how our activities impact biodiversity, enabling us to take corrective measures. For each new building project, we undertake an environmental impact assessment to determine whether a more comprehensive assessment is required. In 2022, no new building projects required an environmental impact assessment. None of our owned, leased and managed facilities are in, or adjacent to, protected areas or areas of high biodiversity value.

During 2023, the Swiss environmental team will develop a biodiversity roadmap to ensure the protection of natural resources within their reach.

### FAST FACT

40 boreholes across Southern Africa for secure water supply



#### RECLAIMING WATER

Since August 2022, we reclaim condensate water from air-conditioning and sterilisation units at Al Jowhara Hospital in the Middle East. In a month, we can unlock an average of 18kL in this way – enough water for a three-person household. Initially, this water served for outdoor cleaning, but the addition of a filtration step means it is now also suitable for wash basins.



**PURSUING OUR PURPOSE...**  
WITH WATER RECOVERY

# LAUNDRY SERVICES MAKING WAVES

“

The water recovery system is an important step towards greater sustainability at Panorama Hospital.

**Tersia Bester,**  
Support Services Manager

No matter the time of day, the laundry at Panorama Hospital in Cape Town, South Africa, is a hive of activity. To ensure the 400-bed licensed hospital always has clean bedding, sterilised theatre linen, towels and scrubs, five washing machines run hour in and hour out. Every 60–90 minutes, depending on whether that specific cycle is a normal one or one intended to deal with infectious items, the machines take a new load, washing more than 7 000 items in a 24-hour cycle.

‘Having clean and hygienic linen is essential for hospitals. It provides a safe environment for patients and prevents the spread of infection,’ says Tersia Bester, Panorama: Support Services Manager. ‘In addition to patient safety, having fresh and clean linen enhances the client experience in all our facilities.’

The exacting hygiene standards in hospitals mean that a highly operational and functional laundry is essential. Under typical operating

conditions, the laundry can use up to 42kL of water a day, with all the outflow running into the facility’s sewerage system. The hospital was determined to find a better way to save this natural resource.

In 2022, our Panorama Hospital commissioned an investigation into recovery of the laundry’s wastewater. Because the water that drains away contains detergents, it is turbid and likely to cause limescale build-up, which makes it difficult to be reused without being treated first. Given hygiene concerns, it was also imperative that all biological presence be eliminated.

Our technical partner, Hidro-Tech, collected samples from several wash cycles to evaluate the effect of different materials washed.

The firm then set out to develop a recovery system that would provide water of sufficient quality and would operate in an automated process while limiting the quantity of chemical

substances used. The solution was a three-step physicochemical process that uses the process of flocculation, which causes fine particles in the water to come together and then settle to the bottom as sediment. The supernatant, i.e. the clear water at the top, is disinfected by means of ozone treatment and UV irradiation, after which it is filtered. The result is clean water and a process that allows for an almost perpetual reuse of the water.

The benefits of the water recovery system are multiple. By treating and recycling wastewater, the hospital saves a precious resource and simultaneously avoids discharging waste. The bottom line benefits as well, as the use of municipal water within the laundry is projected to reduce by 85–90%.

‘The water recovery system is an important step towards greater sustainability at Panorama Hospital. This innovation in our laundry process plays a crucial role in preserving this precious natural resource,’ says Tersia. As a healthcare provider, it is our responsibility to promote health and that means protecting our environment to keep it healthy too.



**85–90%** projected reduction  
in municipal water use



# CONNECT

## BUILDING STAKEHOLDER TRUST

Our employees, affiliated doctors, suppliers and industry partners form the foundation that enables us to offer our services to clients and communities.

### THE YEAR IN GROUP NUMBERS


Press Ganey® inpatient experience index grand mean score (out of 100)

**85.01**   
(FY22: 84.99)


Press Ganey® day case clinic patient experience index grand mean score (out of 100)

**91.33**   
(FY22: 91.34)

Total absenteeism rate<sup>2</sup>

**3.7%**   
(CY21: 3.8%)

Female representation in senior and middle management roles<sup>1</sup>

**39.7%**   
(FY22: 36.8%)

Contribution to CSI

**£5.4m**  
(CY21: £7.9m)

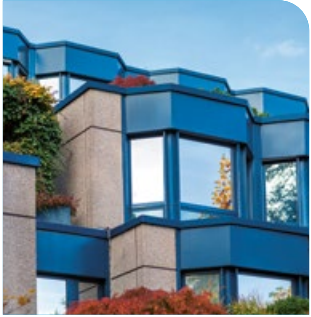
#### Notes

<sup>1</sup> Disclosed on a financial-year basis.

<sup>2</sup> Actual days lost expressed as a percentage of total days scheduled to be worked by the workforce during the reporting period.



## CONNECT



Klinik Im Park, Switzerland

**KEY DEVELOPMENTS IN 2022**

- ✓ Enhanced the employee value proposition in support of our employer brand through various attraction initiatives
- ✓ Expanded scarce skills talent pools
- ✓ Developed a Group-guiding framework and approach to employee wellbeing, tailored to local needs and delivery
- ✓ Implemented a Group-wide learning academy as platform to enable Group- and division-specific learning strategies
- ✓ Repositioned formal performance management as a consistent, continuous conversation, consisting of daily value-adding moments to the organisation and employee
- ✓ Progressed gender diversity at senior and executive management levels, exceeding the 2022 target and progressing well to reach the overall Group target
- ✓ While still a listed entity, improved our ranking on the FTSE 350 Women's Leaders from 176<sup>th</sup> to 36<sup>th</sup> position and named as part of the FTSE Top 50 companies for female representation on boards
- ✓ Achieved Employment Equity targets aligned to broad-based black economic empowerment ('B-BBEE') in Southern Africa
- ✓ Progressed well with the HR-related Emiratisation targets, aligned to the comprehensive Middle East Emiratisation strategy, through dedicated initiatives
- ✓ Continued our investment in the future workforce
- ✓ Developed Procurement Philosophy to guide suppliers



While still a listed entity, we improved our ranking on the FTSE 350 Women's Leaders from 176<sup>th</sup> to 36<sup>th</sup> position and were named as part of the FTSE Top 50 companies for female representation on boards.

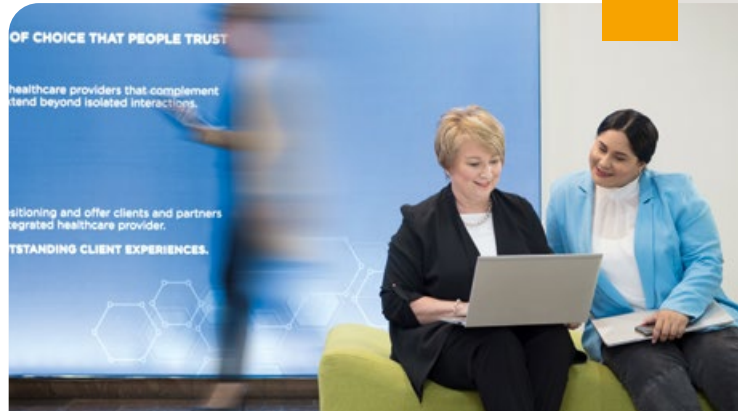
**RISKS TO THE BUSINESS**

- **Poor employee engagement and wellbeing**
- **Inability to recruit and retain healthcare practitioners to meet business demand due to global scarcity**
- **Ageing nursing workforce with decreasing entrants to profession**
- **Medical malpractice liability**
- **Reputational damage**
- **Inability to continue business due to inadequate supplies**

**RISK MITIGATION**

- Group Sustainable Development Strategy with social objectives
- Implementation of Mediclinic Diversity and Inclusion Strategy
- Attraction and retention initiatives aligned to divisional context to address nursing shortage
- Effective and consistent execution of employee engagement action plans
- Extensive training and skills development programmes
- Establishment of a Group learning academy giving all employees access to leading learning content to support performance and career advancement
- Continued implementation of a Group learning architecture to support Group strategy
- Entrenchment of succession planning and development strategy towards identified key roles
- CSI initiatives monitored by senior management with feedback to ESG Committee
- Group purchasing organisation ('GPO') established to secure products at reduced prices
- Five-year Group procurement vision to optimise end-to-end supply chain performance

CONNECT



CONNECTING TO OUR PEOPLE

The exceptional talent and dedication of our employees enable our current and future success. Guided by our organisational values, their behaviour is what drives value and maintains our reputation of 'Expertise you can trust'.

We engage our employees through surveys, focus groups, conferences, performance reviews, formal recognition, employee wellbeing programmes and regular communication to build a workplace that is supportive, rewarding, safe and fair.

WHAT MATTERS TO THEM

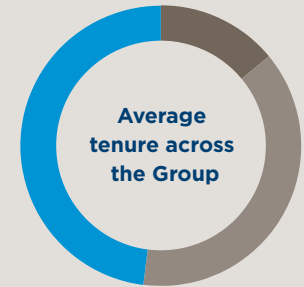
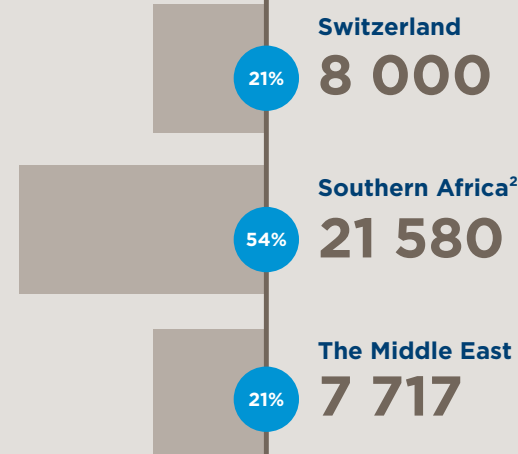
- Employment opportunities
- Recognition and fair remuneration
- Flexible work arrangements
- An ethical, safe, fair and healthy working environment
- Career development and progression
- Optimal employee engagement by being part of a diverse, productive team that is empowered by an inclusive environment

ADDRESSED THROUGH

- Recruitment and retention strategies
- Consistent support of engagement initiatives
- Progress in diversity goals and an inclusive approach
- Commitment to employee wellbeing
- Consistent review of employee turnover and addressing where relevant

EMPLOYEE OVERVIEW

FULL-TIME EQUIVALENTS<sup>1</sup> ('FTE') PER GEOGRAPHY AT 31 MARCH 2023



**±£143m**

average total Group monthly employee benefit and contractor cost

**63%**

of full-time employees across the Group involved in client care

Notes

<sup>1</sup> Number of full-time employees who could have been employed if reported number of hours worked by part-time employees had been worked by full-time employees instead.

<sup>2</sup> Includes one employee based in the UK.

## CONNECTING TO OUR PEOPLE

### RECRUITMENT

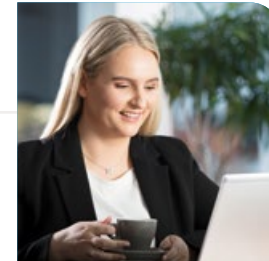
The healthcare industry has a very competitive employer market. We continuously monitor regional and global trends to anticipate any changes needed to our recruitment and selection approach. Our recruitment practices aim to optimise attraction of scarce and critical skills through targeted employer branding initiatives.

### RETENTION

We optimise retention by providing opportunities for a diverse workforce to thrive and by creating an inclusive environment. Our retention strategies include employee wellbeing and investment in career growth and development through implementation of global learning frameworks and systems.

### MATERNITY AND PATERNITY LEAVE

Benefits to new parents are tailored according to local best practice and labour legislation, but include proactive consultations to prepare for the financial implication of their absence and continuous engagement during their leave to optimise post-leave retention.



#### WHY DO WE HAVE A GLOBAL RECRUITMENT MANAGEMENT SYSTEM?

- Through a global career site, we can elevate our employer brand and employee value proposition through consistent recruitment marketing.
- Our employees have access to international career opportunities.
- We can launch recruitment campaigns to support specific scarce skills initiatives.
- We offer all candidates a consistent and professional experience through a standardised recruitment process.
- We can monitor process efficiency and proactively support and mitigate the risk of not being able to attract the required skills when needed.

**TABLE 1: MATERNITY AND PATERNITY LEAVE**

	MATERNITY LEAVE			PATERNITY LEAVE			CHILDCARE
	MONTHS	FULLY PAID	PARTIALLY PAID	DAYS	FULLY PAID	PARTIALLY PAID	
<b>SWITZERLAND</b>							
< 1 year's service	4		✓	10	✓		Own at two facilities and subsidised at others
> 1 year's service		✓					
<b>SOUTHERN AFRICA<sup>1</sup></b>							
	4		✓	5	✓		Own at two facilities
<b>THE MIDDLE EAST</b>							
< 1 year's service	3		For 33 working days	7	✓		n/a
> 1 year's service		For 33 working days					

**Note**

<sup>1</sup> Ten weeks' leave for surrogacy or adoption on the same basis as maternity leave. Parental leave provided for fathers and same-sex partners.

## CONNECTING TO OUR PEOPLE

### REMUNERATION, REWARDS AND BENEFITS

Our employees are remunerated fairly and in a manner that supports our Group strategy while attracting, retaining and motivating scarce skills.

In line with our value of high performance, we reward eligible employees for achieving strategic objectives through a combination of short- and long-term incentives, with additional benefits offered in line with local practices and regulatory compliance.



TABLE 2: BENEFITS OFFERED TO PERMANENT EMPLOYEES

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Retirement fund <sup>1</sup>	✓	✓	n/a <sup>2</sup>
Medical scheme, insurance	✓	✓	✓
Performance-related incentives and bonuses	✓	✓	✓
Nursing bonus for nursing staff and retention bonus for pharmacists <sup>3</sup>	n/a	✓	n/a
Indemnity cover/liability insurance for nursing/medical employees <sup>4</sup>	✓	✓	✓
Flexi-time for qualifying employees	✓	✓	✓
Flexible leave benefit	✓	✓	n/a

#### Notes

<sup>1</sup> Includes life and disability insurance, funeral cover and pension-backed mortgage loans.

<sup>2</sup> Governed by legislation; death and disability cover offered.

<sup>3</sup> Offered due to local skills shortage.

<sup>4</sup> And other employees, where required.

### RETIREMENT FUND BENEFITS

#### REGIONAL INFORMATION

##### SWITZERLAND

- Contribution fund with defined benefits at pension
- Variable employee contribution: 8.5–13.75% or 10–16.25%
- Corresponding variable Company contribution: 10–16.25%

##### SOUTHERN AFRICA

- Defined contribution fund
- Variable employee contribution: 5–7.5%
- Corresponding variable Company contribution: 6–9%

##### THE MIDDLE EAST

- Regulated and limited by legislation to severance pay
- UAE and Gulf Cooperation Council ('GCC') nationals must enrol in national and GCC country pension scheme, respectively
- Total contribution of up to 20% of pensionable salary required for every Emirati and GCC national

**PURSUING OUR PURPOSE...**  
WITH INNOVATION CHALLENGES



# HACKING THE FUTURE



3 HACKATHONS | 23 MENTORS | 158 EMPLOYEES | 25 CONCEPTS

Rainbow-hued play dough. Bright marker pens, colourful paper and glue. These are not the typical tools of healthcare professionals. But that was the point of our first-ever Mediclinic hackathons, which challenged participants to think out of the box.

And while these playful elements helped to get the creative juices flowing, our overall ambition for these events meant it was anything but a game. The goal: to come up with novel ideas, develop feasible solutions and build the Mediclinic of tomorrow. With the innovation challenges, we offered our employees an opportunity to step outside their day-to-day world for a fresh look at pressing issues in healthcare.

'The hackathons form part of our strategy to focus on innovation and unlock the abilities of our people. How often do employees get

the chance to contribute to solving a major business challenge and even become part of driving that solution? Giving people at all levels of Mediclinic that opportunity is something that sets us apart,' says Dr Tyson Welzel, Group Chief Innovation Officer.

In May and June 2022, each of our geographies ran a hackathon, the first of what will be an annual event. Mediclinic employees from diverse backgrounds and various units came together to form multidisciplinary teams. For 36 hours, expert facilitators led a carefully structured programme that involved deepening empathy with end users, defining the particular design challenge, ideating solutions, rapidly testing ideas and building prototypes. All three events culminated in teams pitching their proposals to a panel of expert judges.

Every aspect of our hackathons was carefully considered to optimise idea generation and refine solutions during the events. To help make the most of the opportunity, we partnered with innovation experts and start-up incubators that have experience in unlocking creative thinking and troubleshooting idea development. We also had a range of industry and subject matter experts available for participants to consult.

#### THE VALUE OF HACKATHONS

Several major trends are reshaping the healthcare industry, among them scientific advancements, increased use of technology and AI, healthcare provision outside of hospital, and an increase in demand against a shortage of healthcare professionals. To ensure Mediclinic remains at the forefront, we concentrated on a different issue in each geography. In Switzerland, our hackathon

teams brainstormed solutions for lifestyle genomics, while participants in Southern Africa looked at ways to optimise nursing capacity. Meanwhile the focus for the Middle East was client engagement.

The value of hackathons is that we obtain varied perspectives on crucial organisational challenges and develop a range of creative solutions in a short timeframe, enabling us to fast-track our performance.

But it is not just about fresh ideas and the potential benefit to the way we do business. The entire process promotes cooperation, with colleagues strengthening cross-departmental ties. It deepens employee engagement and encourages our people to stretch themselves in new ways. In essence, hackathons speak to our values of being team orientated and performance driven.

## PURSuing OUR PURPOSE... WITH INNOVATION CHALLENGES



The Middle East

These events are also invaluable in instilling an innovative mindset and start-up mentality within the organisation. For Mediclinic's innovation focus to bear fruit, we cannot merely take a top-down approach. We must also nurture the creative powers of our 37 000 change agents – our employees – to catalyse innovation at the core of what we do. 'We firmly believe every employee has a role to play in helping us pursue our purpose,' says Tyson.

Participants in the hackathons came away feeling motivated and enlightened. 'It was great to dive into design thinking and get an idea of how I might be able to use it practically in my daily work,' commented Philile Hlengwa about our Southern Africa hackathon. The highlight for Shelton Hikwa

was the fact that Mediclinic is willing to invest so much in helping its employees evolve with the times to better care for clients.

### A CULTURE OF INNOVATION

The winning team from each geography travelled to Barcelona for an innovation safari, visiting one of the world's leading hubs for digital health and attending a course on nudging and behavioural economics. During the four-month accelerator programme that followed, the winning teams could dedicate one day a week to refining and testing their hackathon idea, with a further two weeks for developing their pitch to our Group Executive Committee. The Southern Africa team's technological solution to optimising nursing capacity carried the day and has since entered development.

Our hackathons are carefully structured opportunities to make paradigm shifts in the way we care for people and exemplify our commitment to innovation. In 2021, we established a radical innovation hub in Switzerland that serves as a think tank to identify and develop new opportunities. We build relationships with universities, start-ups and innovation labs to deliver next-generation solutions – not only in health, but also in operations and sustainability. In addition, we have dedicated managers in each geography that focus on digital transformation and innovation. At Mediclinic, the future of healthcare has already begun.

### LOOK BEHIND THE SCENES



- ▶ Switzerland
- ▶ Southern Africa
- ▶ The Middle East



## CONNECTING TO OUR PEOPLE

### TRAINING AND DEVELOPMENT

Every team member's growth is valued and we are dedicated to providing accessible learning opportunities that can optimally enable employee performance and support career growth.

#### TRAINING

REGIONAL INFORMATION		
SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
<b>INVESTMENT<sup>1</sup></b>		
5.6% of payroll (CY21: 5.3%)	<ul style="list-style-type: none"> <li>3.1% of payroll (CY21: 3.8%)<sup>2</sup></li> <li>299 605 hours<sup>3</sup>, equating to 19.4 hours/employee</li> </ul>	<ul style="list-style-type: none"> <li>0.6% of payroll (CY21: 0.7%)</li> <li>165 372 hours<sup>3</sup>, equating to 2.15 hours/employee</li> </ul>
<b>LEADERSHIP TRAINING</b>		
Leadership training interventions completed by 148 <sup>4</sup> (CY21: 439) employees	<ul style="list-style-type: none"> <li>24 students registered for Advanced Diploma in Health Services Management and Leadership</li> <li>39 students registered for Fundamentals in Health Services Management and Leadership</li> <li>30 students registered for Business Management learnerships</li> <li>36 managers attended Leadership Academy week</li> </ul>	<ul style="list-style-type: none"> <li>107 managers and team leaders successfully completed Management Development Programme</li> <li>204 managers and team leaders completed Situational Leadership course</li> <li>61 team leaders from the Patient Admin group completed Mentorship Programme</li> </ul>

#### Notes

<sup>1</sup> Variation in percentage spend per division due to difference in training cost in each geography. In Southern Africa, training spend includes all costs related to the six registered nursing and paramedic learning centres.

<sup>2</sup> Reduction due to an increase in overall employees as a result of business growth, as well as non-expenditure of Public Health Enhancement Fund funding.

<sup>3</sup> Reflects time spent on employee development training, including knowledge, behaviour and skills. Overall reduction in hours per employee in the Middle East due to EHR training in all facilities being completed and shift to online learning.

<sup>4</sup> Reduction in learning activities due to high organisational demand and budget constraints.

Leaders are empowered through a variety of activities, including academic interventions, exposure to divisional and Group projects, stretch assignments, job rotations (also including inter-group), inclusion in strategic leadership dialogues, mentoring and coaching, and online learning resources. The management and leadership development processes are now designed and will continue to evolve based on a standardised Group approach, with divisional nuances as needed to support specific geographical contextual requirements.

### PERFORMANCE MANAGEMENT

During this critical talent process, line managers and employees align expectations and goals to ensure the focused and deliberate contribution of each employee to the team and, ultimately, the Group and divisional goals. The process is continuing its transformation from a less formal process to continuous performance conversations. The focus shifts to manager and leader enablement to optimise the quality of conversations in support of individual and team performance required for organisational success. Managers are held accountable for specific measurable objectives. These objectives are aligned to those of a function and, ultimately, a division, contributing to organisational achievement of the Group strategic goals.

### SUCCESSION PLANNING

With a standardised Group approach to the annual talent review process for key roles, we are able to monitor and actively address bench strength to support leadership continuity to key roles. Collaboration happens at Group and divisional level to ensure alignment and direct insight into divisional development opportunities that can support successor growth.

The enterprise succession management system enables all role players to monitor, influence and report on progress through accurate and integrated records of all succession- and development-related actions. This dynamic tool offers flexible views on talent pools and successors' readiness for key roles despite the substantial number of employees reviewed and supported. A new focus is to enhance the system through automation initiatives for transactional processing of data and preparation of material for Talent Review Committees. The saved capacity allows us to strengthen support to the business, thereby accelerating development progress and increasing quality outcomes.

Accurate records also enable internal talent mapping where talent is reviewed. Talent pools for senior operational and clinical roles are supplemented through talent searches to ensure that no high-potential talent or top performers are overlooked in the process. The new focus on being a future-focused skills-based organisation will also enable the identification of talent for specific development opportunities.

The Group Talent Review Committee actively reviews the bench strength, development momentum and diversity of pipelines biannually to ensure the health of this important process. Leadership accountability for results is integrated in variable pay strategy to increase the focus on this priority for 2023.

**PURSUING OUR PURPOSE...**  
THROUGH CONTINUOUS  
LEARNING

**MEDICLINIC**  
ACADEMY

# THE PATH TO EMPOWERMENT

**94% of employees would remain at a company that invests in their career development<sup>1</sup>**

Mediclinic has always been an employer that values learning and invests consistently in the development of employees. Our hospitals are training grounds for medical students and trainee nurses and we offer a myriad of courses, workshops and coaching sessions throughout our operations. In 2022, we took this further by making continuous learning available to each and every employee. Our new learning academy puts our people in control of their own career and personal growth, directly supporting our goal to enhance the employee experience of all.

'The Mediclinic Academy (Hirslanden Academy in Switzerland) is a central hub where our employees can access a variety of learning initiatives: not only in-house modules and online courses, but blended learning that

includes instructor-led training, coaching, quality circle discussions, exposure initiatives and many more,' says Karin Walters, Group General Manager: Talent Management. A key component of the Academy is a partnership with LinkedIn Learning to the value of over £316 000 per year, which places more than 18 000 best-in-class courses on business, creative, technical and self-development topics at employees' fingertips.

The learning portal is available on mobile for employees who do not have offices with personal computers, like many nurses. LinkedIn Learning materials range from nano tips of five minutes that can be watched before a meeting to comprehensive learning programmes that lead to certification. Our partnership with LinkedIn enables us to track learning and

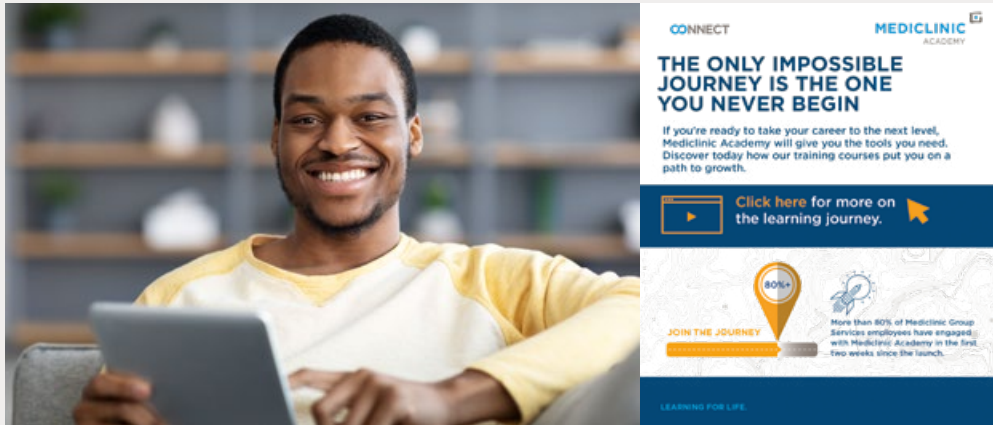
skills development trends and benchmark against other organisations. 'We find a lot of value in the industry-specific insights and the collaboration platforms where we can proactively identify content requirements,' she says.

Underpinned by a new learning management system ('LMS'), the Academy has an important role to play in achieving our strategic goals. In the past, Mediclinic had a variety of learning providers and systems; now we can deliver valuable training at scale and in a standardised format, supporting the Group and functional goals while contextualising input for each geography. 'It is an opportunity to create impact across the Group and weave a golden thread through carefully curated learning material,' says Karin.

**LinkedIn Learning by numbers**

**78% of Fortune 100 companies use the platform**  
**2 000 approved accreditations with professional societies**  
**±60 courses added weekly**  
**13 languages supported in content**

## PURSuing OUR PURPOSE... THROUGH CONTINUOUS LEARNING



The LMS captures a record of learning so management can see where more support is needed. 'We help people in a very practical way, from setting up access to the Academy on their phones to showing them how to download material using free WiFi during working hours.' In fact, the Group Operational Committee has committed to allowing every employee 30 minutes of learning a week during working hours, with the invitation to go beyond this time in their private capacity thanks to unrestricted access to content. 'We are fortunate to have extremely strong sponsorship from Group leadership. The Academy is a very visible investment in our employees, a way to empower our people and show they belong to a team who values learning.'

'The Academy puts our employees in the driving seat of their development journey,'

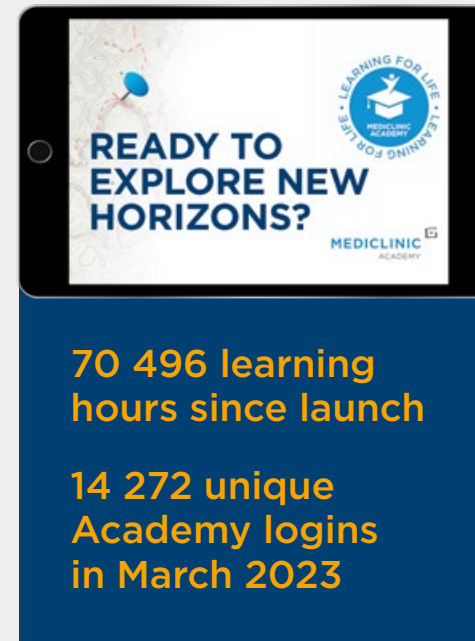
says Magnus Oetiker, Group Chief Strategy Officer. 'We have democratised and individualised the experience by handing over access and ownership of learning to our employees.' Rather than prescribe courses, we show employees what they can learn and how they can grow, providing the necessary resources and tools for self-directed development. The Academy also fosters team development by creating a space for collaboration. Employees can share courses they enjoy with their colleagues and initiate conversations around topics that support their team's objectives.

There are no limitations on the LinkedIn courses, so an employee could use the platform to further their knowledge with a view to a future role, but equally to find support for a personal issue – for instance, a parent could find ways to help a child with



We have more than 37 000 people working for us. These colleagues engage their hearts, minds and hands every day to work towards our purpose of enhancing the quality of life. It is our responsibility to enable every person to give their best. It is our mission to create awareness of this resource and establish a culture where learning is a habit for life, so every employee gets maximum benefit. There is value for everyone, either through upskilling themselves in a work context or to grow as an individual.

**Karin Walters**, Group General Manager: Talent Management



anxiety or an employee can support a spouse in managing burnout.

'The value of the Academy for us lies in the engagement, health and wellbeing, and optimal skills development of our people. We know that employees who are engaged do their best at work, which allows us as an organisation to achieve our objectives. If we can save even 1% in employee turnover or absenteeism, we will have a huge return on the initial investment,' says Karin. More importantly, we will have supported employees who work in a physically and emotionally demanding environment and given them the tools to thrive. We see it as staying true to our purpose.

#### Note

<sup>1</sup> LinkedIn Workplace Learning Report 2018.

## CONNECTING TO OUR PEOPLE

### LABOUR RELATIONS

All policies and procedures are maintained according to applicable local labour legislation. New employees are orientated on employment policies (i.e. misconduct, incapacity, and disciplinary and grievance procedures), which are also available internally.

The minimum notice period for significant operational changes, as provided for in the employment contract, is:

- Switzerland: three months;
- Southern Africa: one month; and
- The Middle East: two months for administrative employees and three months for medical practitioners, nurses and other clinical employees and managers.

Workplace disruption (i.e. industrial action) is addressed according to policy and guidelines to minimise the impact on healthcare services. Union representation is rare in Switzerland and Southern Africa, and not present in the Middle East. In most cases, an elected workplace forum meets regularly with facility management to ensure sound labour relations.

### EMPLOYEE EXPERIENCE

We believe creating a consistently positive employee experience contributes to better financial results, improved clinical outcomes and increased patient safety, and is also central to becoming an employer of choice.

We encourage and enable continuous engagement across the entire organisation through various methods, including:

- employee experience initiatives and resultant action plans;
- training and performance optimisation;
- access to supporting resources such as interactive call centres;
- occupational health clinics and wellbeing programmes; and
- ethics lines.

### WELLBEING

We offer a wide variety of initiatives, services (on-site and off-site) and activities tailored to local considerations. These cover different aspects of employee wellbeing, including occupational health and wellness, as well as physical, community and environmental, intellectual, emotional and mental, and financial wellness. Occupational health services are also provided and the health, safety and cleanliness of all our facilities adhere to health and safety policies and procedures aligned to national regulations.

### HOW DO WE MANAGE OVERTIME?

Divisional and facility operational requirements determine working hours. Our HR function, line managers and employees manage overtime collaboratively to actively reduce excessive working hours, especially for those involved in direct client care.



Creating a consistently positive employee experience contributes to better financial results, improved clinical outcomes and increased patient safety, and is also central to becoming an employer of choice.



### TUBERCULOSIS AND HIV/AIDS

We offer HIV/AIDS diagnosis and support to affected employees in accordance with local regulations.

Our recruitment policies conform to local legislation. In Switzerland and Southern Africa, the HIV/AIDS status of new recruits is not considered during appointment; in the UAE, foreigners planning to work in the country are tested for tuberculosis and HIV/AIDS as part of the visa application process (and thereafter every two years).

Southern Africa has high prevalence and risk relating to tuberculosis and HIV/AIDS, warranting additional initiatives. Policies address IPC measures, diagnosis and support. An HIV/AIDS programme offers:

- education and awareness campaigns;
- voluntary counselling and testing;
- early intervention for reported exposure;
- treatment and monitoring; and
- continuous support.

Access to antiretroviral drugs is managed as a PPP with the Department of Health and certain healthcare insurance companies and schemes.

## CONNECTING TO OUR PEOPLE

### REGIONAL INFORMATION SAFETY

Health and safety governance



- Committees at facility level and Corporate Office
- Corporate function

Sharps injury management and safety procedures



- Discussed at monthly OHS committee meetings at hospitals
- Standing agenda point

Vaccinations



- Hepatitis B
- Annual flu
- Hepatitis B
- Annual flu
- Pertussis (pending signoff)
- Hepatitis B
- Annual flu

Audits



- See Independent assurance on page 119

Supplier compliance



Mandatory consideration for vendor selection and evaluation

Inspections



- Planned and unplanned visits by authorities evaluate OHS at facilities
- Planned and unplanned visits by authorities evaluate OHS at facilities
- Evaluated by Department of Labour, Department of Health and Office of Healthcare Standards Compliance
- Annual licensing by authorities subject to inspection with safety aspect

Air composition, temperature and humidity



- Compliance with Swiss Labour Law standards
- Compliance with local legislation

### REGIONAL INFORMATION WELLBEING

Wellbeing committee



- Select facilities
- For Corporate Office
- Introduced at each locality (hospital) by adding to an existing committee, now retitled Employment equity, skills, development and employee wellbeing
- Responsible for all employees

Part-time work arrangements<sup>1</sup>



Remote work arrangements<sup>1</sup>



Affordable, healthy on-site catering



Purchase of additional leave



Free fitness facilities at some locations



Transport and accommodation for frontline workers during COVID-19 pandemic, if required



- For qualifying employees

Occupational health services and primary care



- At most facilities

Family planning



- Based on local government agreements

Occupational health audits



Wellbeing awareness drives and/or programmes



- In planning

Confidential counselling



Free employee assistance helpline



#### Note

<sup>1</sup> Offered to qualifying employees.

### INJURIES AND ABSENTEEISM

The Group has not reported any work-related fatalities for five consecutive years.

#### Total work-related injuries<sup>1</sup>

Group

1 579 CY21: 4 146

Switzerland

582 CY21: 737

Southern Africa

966 CY21: 3 211

The Middle East

31 CY21: 198

#### Note

<sup>1</sup> Includes injury-on-duty and COVID-19-related infection while on duty; reduction contributable to lessening impact of COVID-19 during CY22.

## PURSUING OUR PURPOSE... THROUGH EMPLOYEE WELLBEING



# THE WHOLE PACKAGE

It is just after lunchtime at the Mediclinic Corporate Office in Stellenbosch, South Africa, and colleagues are gathered in the airy canteen area. But it is not small talk on everyone's lips – it is the very real issue of depression and psychiatrist Dr Chris van den Berg is providing insight.

The talk is one in a series of Wellness Wednesdays, a monthly focus on themes related to physical and mental health as well as work-life fulfilment. It is part of our strategy for holistic wellbeing that goes beyond typical health and safety initiatives like vaccination drives to consider employee welfare in its entirety.

Although Mediclinic has always offered a range of activities to support wellbeing, it was time to integrate the various aspects. 'We wanted to pull all the threads together and agree on what wellbeing looks like for Mediclinic from a Group perspective,' explains Therese Wilken, Group Manager: Attraction and Retention. 'In 2022, we therefore created a Group Wellbeing CoE consisting of a representative from each division and myself. Together we formalised a framework for employee wellbeing that rests on six pillars.'

These are:

- **Occupational health and wellness:** Ensuring a safe workplace where employees can remain free from disease and injury
- **Physical wellness:** Establishing healthy behaviour in areas like sleep, diet and activity to ensure sustained energy, strength and flexibility
- **Community and environmental wellness:** Fostering a well-developed support system and protecting our planet
- **Intellectual wellness:** Promoting intellectual and creative stimulation and opportunities for career growth
- **Emotional and mental wellness:** Cultivating ways to effectively cope with life and build satisfying relationships
- **Financial wellness:** Supporting financial management in harmony with personal values and goals

For us, wellbeing is not just about avoiding poor health outcomes, but about actively setting up ways for employees to flourish. 'We see wellbeing as integral to helping each employee fulfil their potential. If any aspect is lacking, it has an impact. For example, if I am worried about my finances, I may be distracted at work, which has implications for client experience and patient safety. That is why a holistic focus is so critical,' says Therese.

With the Group framework in place, each geography is free to implement initiatives relevant to its needs. This can range from weight-loss programmes, activity trackers and meat-free days in the cafeteria to confidential, independent 24-hour helplines. The CoE not only tracks activities to enable sharing of best practices, but also identifies trends from exit interviews to address pressing needs.

We have placed a strong focus on internal communication in an effort to destigmatise certain issues and the concept of reaching out for help. 'To promote awareness of mental health, one of our colleagues shared their personal story of dealing with the suicide of a family friend,' says Therese. 'Our emphasis on holistic wellbeing is helping employees to understand the value of support and how this can facilitate personal development. It is about the total picture one needs to be complete.'

Because wellbeing is highly personal, it can be a challenge to define and measure. 'From a metrics perspective, we look at our engagement and client satisfaction index levels. We have also leveraged existing channels to get the voice of employees. This bottom-up feedback process is important

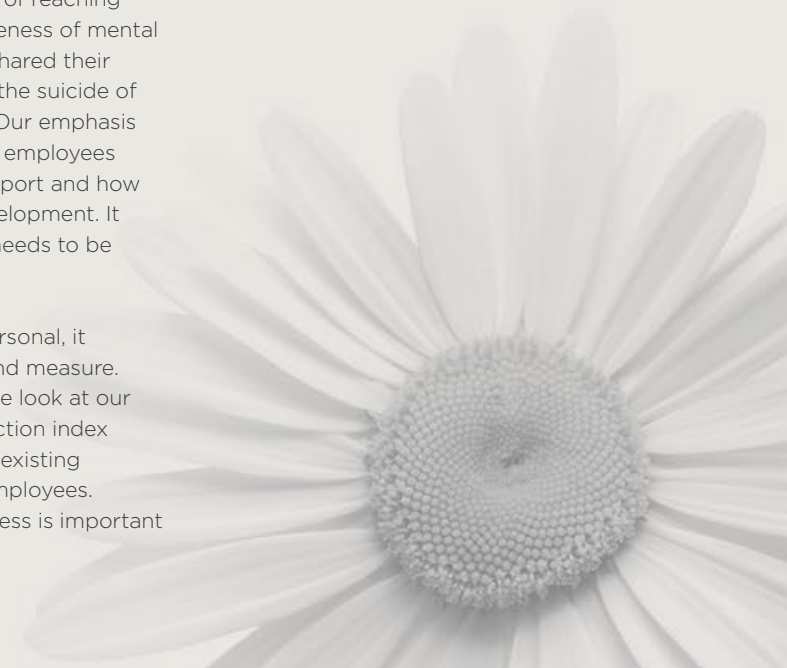


Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

### WHO definition

to ensure we are meeting employees' needs and not merely management's perspective of what they need,' she says.

In 2023, the CoE will be incorporating events from the international wellbeing calendar like SleepSeptember's call to action to get sufficient rest. Another key focus will be communicating the wellbeing pillars so everyone at Mediclinic understands how the various aspects support work-life fulfilment. Through the wellbeing framework, we are enhancing the quality of life – for our people, just as for our clients.



CONNECTING TO OUR PEOPLE

# DIVERSITY AND INCLUSION

## WHY DO WE EMBRACE IT?



Our employees are happier and more engaged, increasing productivity and goal achievement.



We harness different perspectives and experiences to unlock problem-solving and innovation capabilities.



When our employees are engaged, they help attract talent, convincing potential applicants that we are an employer of choice.

Our dedication to diversity and inclusion is strongly endorsed by the organisation's leadership and we allocate financial resources for the effective implementation of our long-term Diversity and Inclusion Strategy.

## AT ORGANISATIONAL LEVEL

Over the past year, the Board and Group Executive Committee actively monitored progress on gender diversity at senior management level. In this, we have uniform gender and generational focus areas across all geographies, supplemented by division-specific diversity priorities.

## OUR TARGETS

### GROUP

At least 40% female and at least 40% male representation at senior management and executive level throughout the organisation

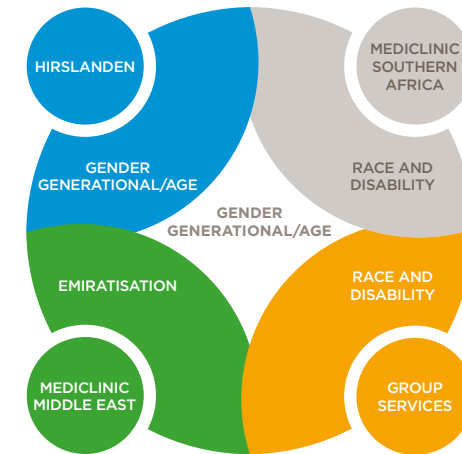
### SOUTHERN AFRICA

Racial representation aligned with B-BBEE employment equity targets per occupational level

### THE MIDDLE EAST

An Emiratisation target of 10% Emirati representation by 2026

FIGURE 1: DIVISIONAL DIVERSITY FOCUS AREAS



GROUP PERMANENT EMPLOYEE COMPOSITION BY GENERATION (AGE) AND GENDER (AT 31 DECEMBER 2022)



- Female: 74.6%
- Male: 25.4%
- Traditionalists: Born 1945 or earlier (> 77 years) 0.0%
- Baby Boomers: Born 1946-1964 (58-76 years) 7.4%
- Generation X: Born 1965-1979 (43-57 years) 32.2%
- Millennials: Born 1980-1996 (26-42 years) 55.9%
- Generation Z: Born 1997 and later (< 26 years) 4.5%

## CONNECTING TO OUR PEOPLE

### GENDER PAY GAP

An in-depth gender pay gap analysis was conducted in December 2021 to understand the state of gender pay equity within the organisation and to support our Diversity and Inclusion Strategy. Average hourly salaries at each level were reviewed by gender across each division.

The analysis revealed that the gender pay gap as experienced at 1 December 2021 is a result of fewer women holding senior positions within the Company compared with men. At the time of the analysis, 74% of our permanent employees were women.

Traditionally, nursing is a profession composed of mostly females. At Mediclinic, female nursing employees account for just more than 40% of the workforce.

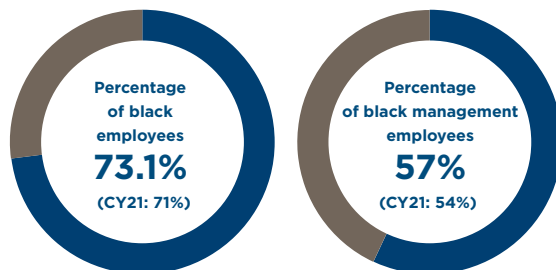
#### Equal pay for equal work and work of equal value

In addition, an equal pay analysis across the Group showed that there are no inexplicable differences between employees performing the same job at the same job level. The analysis demonstrated that at Mediclinic, men and women receive equal pay for equal work.

### TRANSFORMATION (SOUTH AFRICA)

In South Africa, we are committed to a transformation strategy that delivers transformative benefits beyond mere compliance by aligning our efforts in a transparent and deliberate manner to our values and the national priority for transformation. Practical contributions are led by the divisional executive committee, with transformation champions across the business.

### PERCENTAGE OF BLACK EMPLOYEES



In this geography, diversity and inclusion fuel our performance in areas of B-BBEE. They also drive our approach to enhance access to quality healthcare and collaborate with other stakeholders to achieve this goal. We are dedicated to improving our Level 4 B-BBEE compliance. In the past year, we have seen improvements across the elements, most notably in management control and skills development.

Mediclinic Southern Africa's current one-year Employment Equity Plan was approved for 2023.





## CONNECTING TO OUR PEOPLE

TABLE 3: SUMMARISED EMPLOYMENT EQUITY REPORT TOTALS<sup>1</sup>

Occupational level	MALE				FEMALE				FOREIGN NATIONALS		Total
	A <sup>2</sup>	C <sup>2</sup>	I <sup>2</sup>	W <sup>2</sup>	A <sup>2</sup>	C <sup>2</sup>	I <sup>2</sup>	W <sup>2</sup>	Male	Female	
Top management	0	1	1	10	1	0	0	2	0	0	15
Senior management	1	2	2	34	1	0	0	9	0	0	49
Professionally qualified and experienced specialists and mid-management	28	49	14	169	52	57	30	261	6	2	668
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents	414	168	40	259	2 079	909	224	2 024	131	171	6 419
Semi-skilled and discretionary decision-making	935	388	60	192	3 854	1 192	138	708	4	16	7 487
Unskilled and defined decision-making	93	61	4	12	61	46	11	2	1	0	291
Total permanent employees	1 471	669	121	676	6 048	2 204	403	3 006	142	189	14 929

### Notes

<sup>1</sup> In respect of all South African employees, encompassing Mediclinic Group Services, Medical Innovations and Mediclinic Southern Africa (incl. the wholly owned subsidiary ER24).

<sup>2</sup> A = African, C = Coloured, I = Indian, W = White.

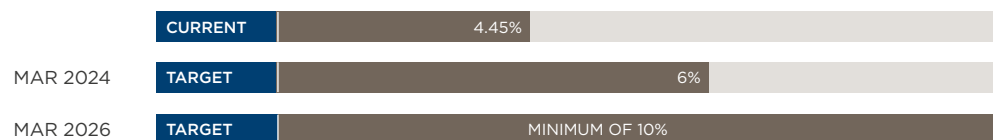
### EMIRATISATION (THE MIDDLE EAST)

In our dedicated efforts to appoint and retain Emiratis in a sustainable manner, we consider the cost of salaries, retention challenges and continued preference of Emiratis to work in sectors with highly flexible working hours and limited shift work requirements.

We continue to target appointments to positions where we have available vacancies at volumes required to achieve UAE Government quotas. We do, however, focus on development and training prior to placement in the work environment given the limited work experience of fresh graduates.

As part of its team of eight, our divisional executive committee in the Middle East has one Emirati who guides and leads our goals in this regard.

### OUR TARGET FOR MEDICLINIC MIDDLE EAST



### PROGRESS CY22

- Launched UAE National Learning Academy to train and develop UAE nationals for the workplace
- Targeted recruitment and selection
- Implemented competitive remuneration strategies, including retention incentives for UAE nationals
- Accelerated and supported career development and progression programmes for UAE nationals
- Partnered with key academic institutions in the UAE, focusing on internship and residency programmes for clinical training (physician and allied health)

### FOCUS AREAS CY23

- Emirati Learning Academy for those interested in a career in healthcare administration launched in May in Abu Dhabi and Dubai
- University outreach programme to target new graduates
- Accelerated career development and planning with assigned coaches to navigate career progression
- Close collaboration with UAE Government to address healthcare challenges related to Emiratisation
- Retention strategies that include comprehensive wellbeing programme and management development opportunities
- Launched Emirati retention scheme

## CONNECT

# CONNECTING TO OUR COMMUNITIES

We care for our neighbours by acting responsibly in our operations and having a positive impact on their lives. Earning their trust plays an important part in the sustainability of our business.

We help to build better communities by investing in social initiatives, providing training in healthcare careers and respecting human rights in our business.

### WHAT MATTERS TO THEM

- Values
- Community development
- Employment opportunities
- Improved health outcomes

### ADDRESSED THROUGH

- Future workforce
- Protection of human rights
- CSI



## CONNECTING TO OUR COMMUNITIES

### FUTURE WORKFORCE

To secure healthcare for tomorrow, we actively invest in training opportunities for healthcare students and support of applicable studies.

#### REGIONAL INFORMATION

##### SWITZERLAND

- Trained 1 185 students (CY21: 1 747) in several job functions, 150 predominantly as junior medical practitioners and 1 035 in healthcare professions
- Awarded 66 internships and 1 035 apprenticeships
- Provision of nursing training positions
- Lectures at external academic institutions
- Collaboration with universities for medical student training
- Development of several new optional and mandatory internal clinical and operational e-learning material
- Award-winning e-learning material on clinical hygiene referenced in Elsevier-published article
- Sale of e-learning material to other hospitals
- Expanded individual and team coaching/mentoring offers



##### SOUTHERN AFRICA

- Awarded 45 bursaries for nursing, pharmacy, clinical technology and paramedic students, with employment offered upon completion
- Awarded five bursaries for medical practitioners doing specialist studies
- Training and Development function is registered as a Private Higher Education Institution, with 59 students (CY21: 145) completing undergraduate programmes and 13 students (CY21: 1) completing the Advanced Diploma in Health Services Management and Leadership
- Post-graduate nursing programmes at other institutions completed by two students
- Registration of 65 employees for learnership programmes at other institutions (CY21: 58)
- Funded 97 external learners for learnership programmes at other institutions
- Provided placement opportunities for 24 interns of various disciplines to complete their programmes

##### THE MIDDLE EAST

- Trained 132 students as part of affiliation agreement with MBRU (CY21: 129)
- Placed 243 medical and allied health undergraduates (CY21: 49)
- Appointed 20 medical interns for internship programme (CY21: 5)
- 17 Paediatric Medicine residencies with Al Jalila Children's Hospital
- One Neurology residency with MBRU
- Representation on advisory boards with various tertiary institutions
- Representation on Abu Dhabi Department of Health National Taskforce for Medical Education
- Awarded 20 post-graduate learnerships, 375 undergraduate internships and 18 residency apprenticeships
- Supported standardisation of patient administration processes through development of online learning and assessments
- Implemented Dental4Windows training as part of new EHR functionality
- Rolled out various clinical courses, including Maternity Fundamentals, Obstetrics Emergency, Critical Care Orientation, Neonatal Critical Care Orientation, Advanced Foetal Heart Rate Monitoring and Advanced Trauma Life Support

## CONNECTING TO OUR COMMUNITIES

### HUMAN RIGHTS

We are committed to conducting business in a manner that respects and promotes human rights and dignity. This commitment is entrenched in our Code of Business Conduct and Ethics ('Ethics Code') and we undertake to:

- avoid and not contribute to any indirect adverse human rights impacts linked to our operations or services by our suppliers or other business relations;
- respect clients' rights, including but not limited to privacy, confidentiality, dignity, no discrimination, comprehensive health status and treatment information, a second opinion, access to medical records, self-determination and participation, refusal of treatment and the right to complain;
- value diversity and equal opportunities for all employees; and
- not tolerate any form of unfair discrimination, such as access to employment, career development, training or working conditions based on gender, age, religion, nationality, race/ethnic origin, language, health status, family status, disability, sexual orientation or any other form of differentiation.

During the year, there were no significant incidents of discrimination or violations involving rights of indigenous peoples in the Group.

### MODERN SLAVERY AND HUMAN TRAFFICKING

The Mediclinic Modern Slavery and Human Trafficking Statement details the steps we have taken to prevent such abuses, including any direct form of forced labour or child labour in our business or indirectly through our supply chain.

➤ See the Mediclinic Modern Slavery and Human Trafficking Statement at [www.mediclinic.com](http://www.mediclinic.com) for more information

### CORPORATE SOCIAL INVESTMENT

We contribute to the wellbeing of our communities by investing in sustained initiatives that address socio-economic issues. CSI activities are structured around the improvement of healthcare through training and education, sponsorships, donations, employee volunteerism, PPPs and joint ventures.

CSI focus areas are determined per geography to address the needs of the specific region.

### REGIONAL INFORMATION

#### SWITZERLAND

- Spent CHF3.0m (CY21: CHF2.6m), which includes:
  - Health education and awareness campaigns
  - Quality of Life Foundation
  - Medical partner in sporting events
  - Free public access to Hirslanden Healthline to the value of CHF164 000
  - COVID-19 helpline for physicians and employees to the value of CHF10 000

#### SOUTHERN AFRICA

- Spent ZAR55m (CY21: ZAR20.9m), which includes:
  - Donated furniture and equipment to the value of ZAR3.5m
  - ZAR41.5m in emergency medical services and transport for indigent patients by subsidiary ER24
  - 169 *pro bono* surgeries to the value of ZAR10.2m to reduce surgical backlog in state facilities
  - Learner trauma counselling by ER24

#### THE MIDDLE EAST

- Spent AED381 500 (CY21: AED4.4m), which includes:
  - Sponsorship of office space for the Emirates Cancer Society
  - Sponsorship of the Road and Transport Authority's annual Road Safety campaign
  - Support of local schools for children with special needs
  - Donation of medical equipment to the Pakistani Association in Dubai
  - Sponsorship of and medical services for sporting clubs



**PURSUING OUR PURPOSE...**  
WITH *PRO BONO* SURGERY

# STANDING TALL

The first thing one notices about 16-year-old Noxolo Makhaza is the sparkle in her eye. But until October 2022, it would likely have been her curved spine.

Scoliosis, a condition frequently associated with the adolescent growth spurt, twists the spine and causes uneven hips and shoulders as well as an asymmetrical chest wall. 'The children's presenting complaint is often the way they walk: they walk skew and they are very self-aware, so they wear big jackets and jerseys,' says Dr Alberto Puddu, orthopaedic spinal surgeon at Grey's Hospital in Pietermaritzburg, South Africa.

Aside from causing chronic back pain in later life, the spine's contortion can deform the chest cavity, preventing the lungs and heart from developing properly in extreme cases. However, for a young teen, the change in appearance can be just as devastating.

“

Aside from causing chronic back pain in later life, the spine's contortion can deform the chest cavity, preventing the lungs and heart from developing properly in extreme cases.

'I found it difficult to run or jump and I had pain when I slept. But most of all I always wanted to change the way I looked,' says Noxolo, who was diagnosed in October 2021. Since she was a state patient, there was no guarantee when her spine could be corrected.

Grey's Hospital is the only governmental tertiary facility for a catchment area of more than 4.5 million people. Although it has the necessary expertise and facilities for specialised procedures, it has to prioritise emergency and life-threatening cases. 'It is a logistical problem. When you get one slate a week for all spinal surgery cases and there are emergencies, the scoliosis operations get pushed back,' explains Alberto. 'Theatre time is one challenge, the other is time in ICU. We can schedule a patient for theatre but if there is no ICU bed available afterwards, the surgery gets cancelled.'



Dr Alberto Puddu and  
Noxolo Makhaza

## PURSUING OUR PURPOSE... WITH *PRO BONO* SURGERY



For both surgeon and patients, it is demoralising when treatment is delayed – in some cases for up to four years. Scoliosis is ideally treated while the spine's curves are more flexible and more easily corrected; treatment for adults is more challenging. Spinal surgery for the condition is a long and complicated operation that entails putting metal rods and screws into the vertebrae. It requires a theatre with skilled nurses and excellent post-operative care. So Dr Alberto Puddu reached out to our nearby Pietermaritzburg Hospital for assistance. The solution to clearing his surgical backlog: a PPP between Mediclinic and Grey's Hospital.

Mediclinic provides the theatre and bed in ICU or high care, as well as covering the costs of consumables and nursing. 'It is very important to me that the client has the best care,' says Meshach Naidu, Hospital General Manager at

Pietermaritzburg Hospital. Coming from a nursing background, he knows the impact attentive, client-centred care can make on clinical outcomes. In the case of the scoliosis patients – seven in 2022, with a balance of 19 scheduled in 2023 – one-on-one postoperative care ensures their pain is effectively managed.

For us, the goal is to help clear the waiting list of young scoliosis sufferers. 'We want to give with purpose and leveraging our expertise and resources to address the surgical backlogs in public hospitals is the right thing to do,' says Bob Govender, Industry Affairs Executive for our operations in Southern Africa. This is not the only initiative to benefit state patients: in 2022, our facilities in the geography carried out 169 *pro bono* surgeries, ranging from cataract procedures to cleft palate operations. Lancet Laboratories supports the scoliosis



initiative with testing, while several anaesthetists donate their time and expertise. ER24 provides transport back to Grey's Hospital once the individual's pain is under control. After a few days of recovery in the state hospital, the person starts walking again. 'These kids are amazing; they bounce back quickly and within a week they will be discharged. It is very rewarding to work with patients like these who have no other resort,' says Alberto.

'When they come to their follow-up consults, the children are walking upright and full of confidence, the girls are wearing tank tops. Noxolo, who was our very first case operated at Mediclinic, is dancing now,' he says.

At first glance the risks of such a complex operation would seem to outweigh the benefits of better self-esteem, but the



The children that we are doing the surgery for are our future – they could be the next nurses, physiotherapists, doctors.

**Meshach Naidu, Pietermaritzburg Hospital**

fall-out from scoliosis extends beyond appearance. Kids who are teased at school will avoid attending and can develop serious educational difficulties. 'A previous patient of mine was failing at school, but now she is in the middle of her class. The surgery did not improve her brain, it just gave her an opportunity at confidence.'

'For me, it has been very touching to be able to contribute and see the person living a good life,' says Meshach. 'The children that we are doing the surgery for are our future – they could be the next nurses, physiotherapists, doctors. I feel so blessed that we are able to play a part.'

# CONNECTING TO OUR SUPPLIERS

Expert, responsible suppliers enable us to offer our high-quality healthcare services in a way that improves wellbeing for people and the planet. We understand the importance of partnerships in improving our value proposition and believe in transparency and fairness in our long-term relationships.

We collaborate with suppliers to not only ensure the quality and reliability of products, but to maintain our standards for sustainable sourcing, human rights, ethics and the environment.

## WHAT MATTERS TO THEM

- Ethical behaviour
- Fair and transparent negotiations
- Timeous payment

## ADDRESSED THROUGH

- Optimised supply chain
- Protection of environmental and human rights



## OPTIMISED SUPPLY CHAIN

### OUR TARGET

We aim to realise effective savings through a strong governance, safety and control framework over all procurement in the Group. For this we harness standardised procedures and information management through a simplified human interface. We have implemented a collaborative multi-stakeholder engagement model to reduce the costs of consumables and supplies. Our goal is to align all key enablers through a system-driven approach that focuses on overall value creation and sustainability.

## SUPPLY CHAIN ROADMAP

2025 TARGETS			
Standardise procurement processes, master data management and systems support	Implement e-procurement solution to cover all Group spend	Improve management and analytics for all Group spend	Support end-to-end procurement processes
PROGRESS			
Mediclinic Procurement Shared Services ('MPSS') established, and service catalogue completed	Completed global blueprint for standardised procedures of indirect procurement  Coupa e-procurement solution in Switzerland on track to include last three hospitals	Optimal utilisation of Group spend information and management of key procurement metrics  Developed materials utilisation dashboards to increase visibility of supply chain costs	Future structure design completed and transition in geographies progressing well
FY24 FOCUS AREAS			
Phased transition of divisional processes to MPSS  Implement technologies to gain process automation and efficiencies	Expand global blueprint to include all Group spend in alignment with Group Finance Transformation project	Implement second phase of spend management project to increase depth of supply chain cost analyses, including consumption and cost-per-event analyses	Implement phased transition plan

## CONNECTING TO OUR SUPPLIERS

### FAST FACT

98% of procurement is done through local suppliers

Our Supply Chain Risk Management Policy and Ethics Code provide a supplier selection framework that aligns with our purpose and culture while delivering high-quality products and services.

We strive to do business with third parties who are socially and environmentally responsible and influence our suppliers and service providers to limit negative impacts. Suppliers are reviewed during onboarding and regularly thereafter to ensure they comply with ISO 9000 and/or ISO 13485 quality management certification, relevant ISO certification of the products utilised, CE Medical Device Regulation certification<sup>1</sup> and/or certification by the Food and Drug Administration of the United States of America.

Centralised procurement prevents employees and medical practitioners from influencing decisions at hospital level. Employees involved in purchasing are bound by strict ethical principles and corporate policies on gifts and invitations to ensure impeccable standards of integrity and provide annual declarations on conflict of interests, if any.

➤ See the Mediclinic Supply Chain Management Philosophy at [www.mediclinic.com](http://www.mediclinic.com) for more information

### REGIONAL INFORMATION

#### SWITZERLAND

- Central logistics platform for daily distribution
- Cooperation with German SANA hospital buying group to strengthen negotiations
- Utilisation of hystrix digital marketplace for savings

#### SOUTHERN AFRICA

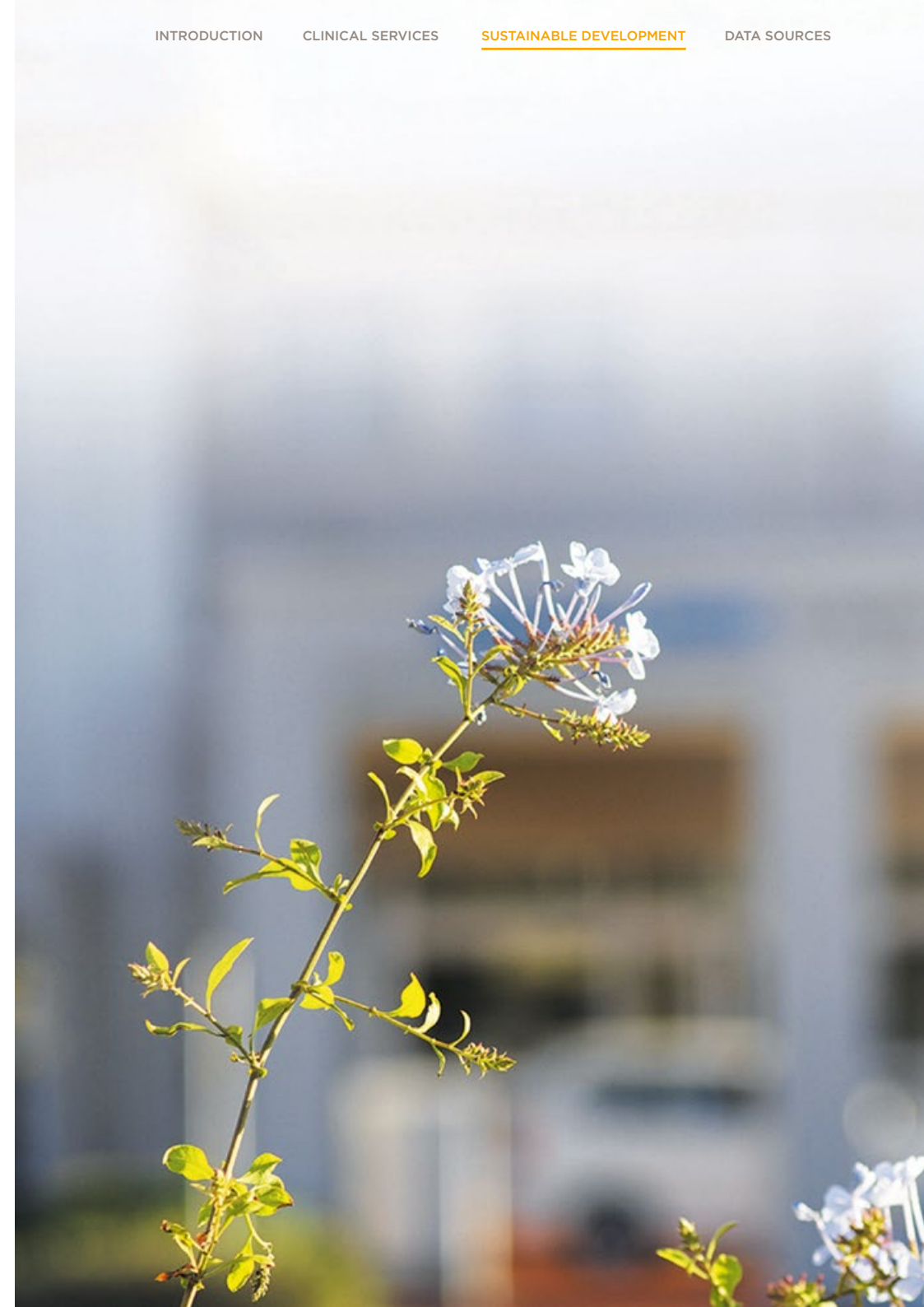
- Centralised and standardised procurement department
- Preferential procurement strategy based on supplier B-BBEE status
- Enabled category specialisation for capital procurement

#### THE MIDDLE EAST

- Central logistics platform for daily distribution
- Development of retail pharmacy structure to include home deliveries

#### Note

<sup>1</sup> CE marking is a certification mark that indicates conformity with health, safety and environmental protection standards for products sold within the European Economic Area ('EEA'); also found on products sold outside the EEA that are manufactured in, or designed to be sold in, the EEA.





**PURSuing OUR PURPOSE...**  
THROUGH SUPPLY CHAIN MANAGEMENT



# A HEALING SPACE

Ensuring that all the elements are in place for world-class care and a stay that supports recovery is the work of our procurement department.

## WHAT GOES INTO A RESTORATIVE HOSPITAL ROOM?



**MEDICAL TO NON-MEDICAL PROCUREMENT SPLIT**

- Medical 70%
- Non-medical 30%

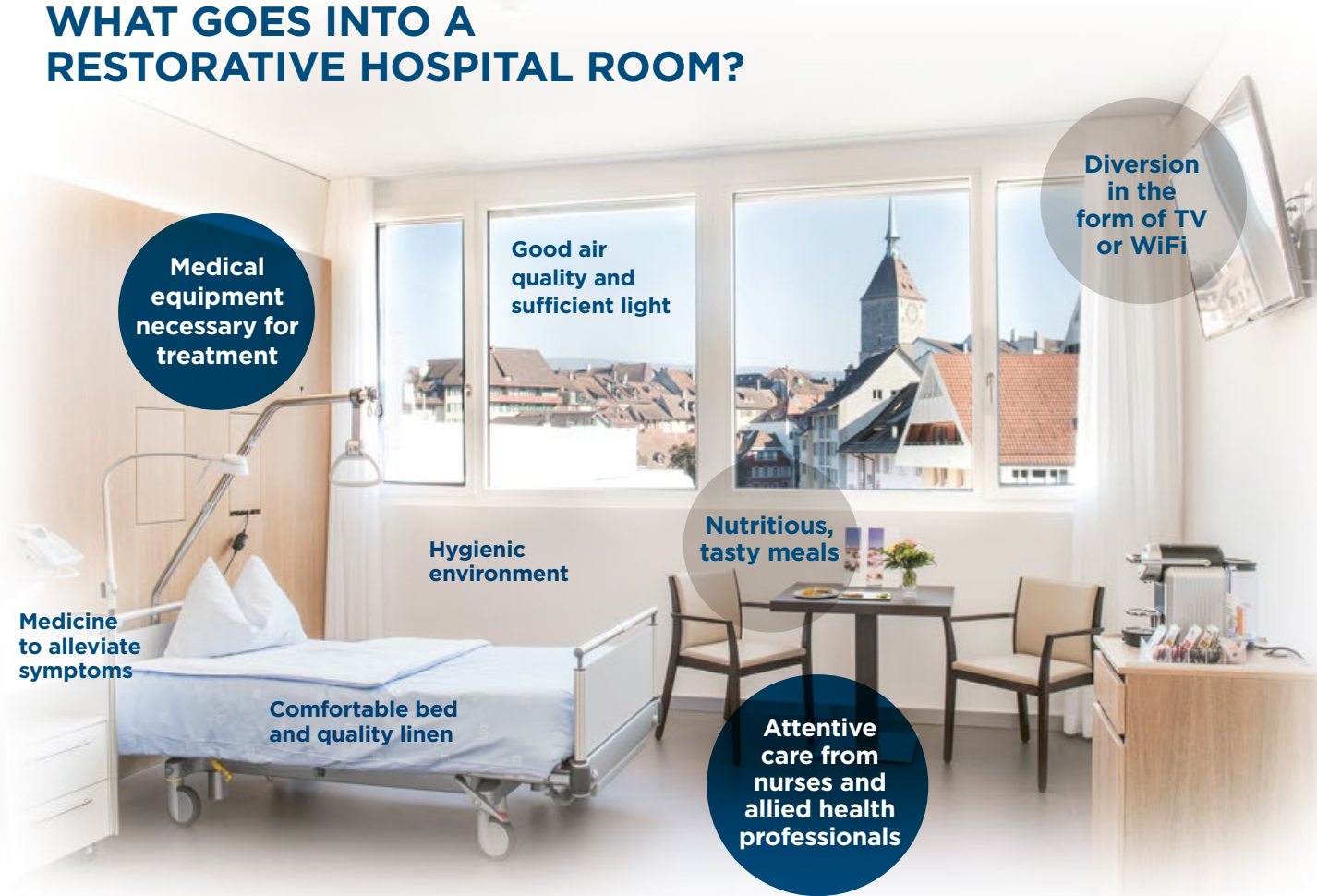
**NON-MEDICAL PROCUREMENT INCLUDES:**

Real estate e.g. property, furniture and air conditioning

Facility management e.g. utilities, cleaning and waste management

Hospitality services e.g. catering and laundry

ICT e.g. telephone systems, audiovisual equipment and internet



**116**  
procurement employees across the Group

**64 850**  
suppliers and service providers

**520 000**  
products and services procured



- Medicine 25%
- Surgical instruments, implants and consumables 65%
- Equipment 10%

## CONNECT

# CONNECTING TO GOVERNMENTS AND AUTHORITIES

In our field, full compliance with laws and regulations is essential, so we engage at all levels of government as part of our normal business practice. Through collaborative partnerships, we enable state institutions to expand their care delivery. Our commitment to quality care, underpinned by sustainable development, supports governmental goals for healthcare, employment and the environment.

### WHAT MATTERS TO THEM

- Adherence to healthcare legislation and regulations
- Participation in initiatives and collaboration on issues such as skills shortages
- Affordable access to quality healthcare

### ADDRESSED THROUGH

- Regular meetings with the authorities
- PPPs to enable healthcare, training and research
- Participation in conferences and seminars
- Representation on industry bodies and government boards
- Engagement with senior country leaders





# COMPLY

## BEING AN ETHICAL AND RESPONSIBLE CORPORATE CITIZEN

We endeavour to conduct business with transparency, honesty and integrity, applying sound governance and compliance principles across the Group to foster an ethical culture.

### THE YEAR IN GROUP NUMBERS

Calls to ethics lines<sup>1</sup>

**166** ▼

(CY21: 187)

Investment in equipment replacement and property upgrades<sup>2</sup>

**£104m** ▲

(FY22: £95m)

Investment in capital projects and new equipment<sup>2</sup>

**£99m** ▲

(FY22: £84m)

Expenditure on repair and maintenance<sup>2</sup>

**£66m** ▼

(FY22: £67m)

#### Notes

<sup>1</sup> Three high-priority cases were reported during the year. These were subsequently investigated and closed.

<sup>2</sup> Capital expenditure was audited by external auditor PricewaterhouseCoopers ('PwC'). Amounts are disclosed on a financial year basis.



Our governance structures support an environment in which the Group's organisational values are embraced and lived daily by encouraging a culture of transparency and vigilance.



## COMPLY

### KEY DEVELOPMENTS IN 2022

- ✓ Conducted a Group-wide privacy culture survey and implemented data privacy online learning programme
- ✓ Conducted division-specific privacy compliance surveys to ensure adherence to key controls
- ✓ Implemented extended, comprehensive information security policies and controls, including an Executive Ransomware Response Plan
- ✓ Modernised the protection of end-point devices
- ✓ Developed a contract clause library to ensure aligned contracting across the Group
- ✓ Implemented data leak/loss prevention controls and measures

### RISKS TO THE BUSINESS

- Fines and possible prosecution
- Reputational damage
- Inability to continue business due to legal and non-regulatory compliance
- Financial damage caused by poor governance
- Cyber incidents
- Data privacy breaches
- Poor facility conditions

### RISK MITIGATION

- Visible ethical leadership
- Regular fraud and ethics feedback to management, the Board and relevant committees
- Independent, confidential ethics lines
- Group Risk Management and Compliance, and Internal Audit functions
- Annual review of policies governing ethics, competition law compliance, risk management, data privacy and information security
- Data privacy awareness campaigns and e-learning
- Key financial controls
- Planned facility maintenance and upgrades
- Facility audits

## SUSTAINING EFFECTIVE AND TRANSPARENT GOVERNANCE

### GROUP TAX STRATEGY

Our Tax Strategy outlines our commitment to comply with all relevant legislation, rules, regulations, and reporting and disclosure requirements, maintaining mutual trust and respect in our dealings at all times.

➤ See our Tax Strategy at [www.mediclinic.com](http://www.mediclinic.com)

### COMPLIANCE WITH CONSUMER PROTECTION LAWS

We adhere to all applicable consumer protection legislation. No significant complaints or breaches were reported during the 2022 calendar year.

### GOVERNANCE OF ADVERTISING

#### REGIONAL INFORMATION

##### SWITZERLAND

- Adherence to applicable legislation and guidelines
- Marketing and communication governance complies with ISO 9001:2015 international management standard (audited annually)

##### SOUTHERN AFRICA

- Marketing and communication governance process
- Social media policies guide response to negative incidents, and manage and protect the business reputation

##### THE MIDDLE EAST

- Healthcare advertising regulated by the UAE Ministry of Health in Dubai and the Department of Health in Abu Dhabi, with advertisements requiring prior approval
- Communication policy

## COMPLY

# PREVENTING BRIBERY AND CORRUPTION

We are committed to ethical standards, with our Ethics Code guiding honourable business conduct.

We have independent ethics lines for whistleblowers to report concerns confidentially or anonymously. Over the years, the majority have been grievance-related calls. Only in exceptional cases has information exposed unethical, corrupt or fraudulent behaviour. Information on our ethics lines forms part of onboarding materials for all new recruits and suppliers.

The Group's Anti-bribery Policy and Guidelines govern the offering of gifts, hospitality and entertainment; approval is given only if a proper business case exists without reputational risk. This policy prohibits the direct sponsorship of supplier and/or third-party events, ensuring all such sponsorships are administered and overseen by management in the relevant division.

▶ See our Ethics Code at [www.mediclinic.com](http://www.mediclinic.com)

In the 2022 calendar year, we observed no consequential incidents of non-compliance with the Ethics Code, Anti-bribery Policy or any applicable legislation concerning corruption, bribery or antitrust, with no significant fines imposed. Additionally, Mediclinic was not subject to any significant fines or non-monetary sanctions for non-compliance with laws or regulations in the social or economic arena.

# MAINTAINING HIGH-QUALITY HEALTHCARE INFRASTRUCTURE

To ensure the best overall experience for both clients and employees, we continuously invest in innovation and digital transformation, new equipment to expand and refurbish our facilities, replacement of existing equipment, and repair and maintenance of property and equipment.

Our facilities can be high-risk environments in which complex treatment processes are executed using sophisticated equipment and techniques. Independent accreditation ensures we adhere to international standards, thereby reducing the risk of harm.

Louis Leipoldt Hospital,  
Southern Africa



## COMPLY

## PROTECTING INFORMATION ASSETS

We have an effective information security programme to protect our technology, information assets and users. Our operations span multiple geographies, necessitating an adequate international data network and Group approach to threat management.

Cyberattacks are an increasingly sophisticated and evolving danger to sensitive data. Attackers frequently employ new methods powered by social engineering and AI to circumvent traditional data security controls.

Due to the importance of our information assets, numerous initiatives revolve around their protection, including a Group Information Security Shared Service Centre, an international standards-based Information Security Policy and Control Architecture, a constantly evolving Cyber Incident Response Plan, and a user awareness programme. We conduct regular external audits and vulnerability assessments.

As we embrace new technologies and digitise the business further, we continually enhance our security practices and culture by:

- embedding the Group-wide Information Security Management System;
- introducing or refining measures to address key risks; and
- instilling safe cyber behaviour through employee education.



Due to the importance of our information assets, numerous initiatives revolve around their protection. We conduct regular external audits and vulnerability assessments.

### DATA PRIVACY

We protect stakeholders' personal data through an extensive Group-wide data privacy project, which ensures compliance with all relevant data protection legislation in our countries of operation, including the European Union's General Data Protection Regulation ('GDPR').

REGIONAL INFORMATION			
	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Compliant with GDPR framework	✓	✓	✓
Compliant with local legislation	✓	✓	✓
Refined data breach incident management process	✓	✓	✓
Compulsory division-specific privacy training	✓		✓

### OTHER JURISDICTIONS

All our registered entities in other jurisdictions comply with relevant data privacy legislation as well as the principles of GDPR.



**PURSUING OUR PURPOSE...**  
WITH INTERNAL AUDITS

# THE INDEPENDENT VIEW

Glenn Ho, Group General Manager: Internal Audit, explains how the diverse and versatile team's scrutiny provides insight and foresight.



Mediclinic's internal auditors  
Back: Michelle Skippers, Muhammad Owais, Koenie Strumpher.  
Middle: Valerie Lichtman, Ursula Thomet, Nangamso Flatela, Hanan Aloum.  
Front: Susan Ebersohn, Glenn Ho.

## What drives your passion for internal auditing?

The opportunity to be the trusted advisor of management and key stakeholders. Internal Audit is able to bring an independent view on risks, controls and governance processes. It can assess the same facts that are available to management and provide insights to add value from that information.

## What are the characteristics of a successful internal auditor?

An internal auditor needs a combination of skills: the ability to work with a wide range of personalities, a strong analytical mind, being a team player, knowing when to ask for help and impeccable integrity.

## You established the Internal Audit function at Mediclinic. What does it do?

Carrying out internal auditing provides assurance to management and other

key stakeholders such as our clients.

Our work identifies issues proactively before they materialise as risks to the organisation. These issues can span from the financial, such as the monitoring of the cash conversion process, to the clinical, confirming adherence to policies and procedures that ensure patient safety. The function provides a useful training ground for future senior managers. Internal auditors have the opportunity to see the wood for the trees and this perspective makes for effective managers. Our Group Chief Operating Officer, Koert Pretorius, started his career as an internal auditor!

## How does Internal Audit help Mediclinic achieve strategic objectives?

It looks at the Group's risk profile and uses a combined assurance approach to ensure our controls are adequate and effective. Controls

manage the risks that are stumbling blocks to our strategic objectives. If the risks can be effectively managed, then the probability of achieving our strategic objectives is much greater.

With ESG becoming more important to all stakeholders, sustainability is a key focus. Large companies often have many initiatives that measure and monitor sustainability – these may be siloed or there may be gaps in the assurance process. At Mediclinic, we applied a combined assurance map to the sustainability assurance process to identify areas that provide optimal assurance on a particular risk front and other areas that would benefit from additional assurance. As a result, there was a renewed Company focus on the accuracy and reliability of the process to gather and collate non-financial data such as carbon emission information from third-party service providers.

## PURSuing OUR PURPOSE... WITH INTERNAL AUDITS



Internal auditors have the opportunity to see the wood for the trees and this perspective makes for effective managers.

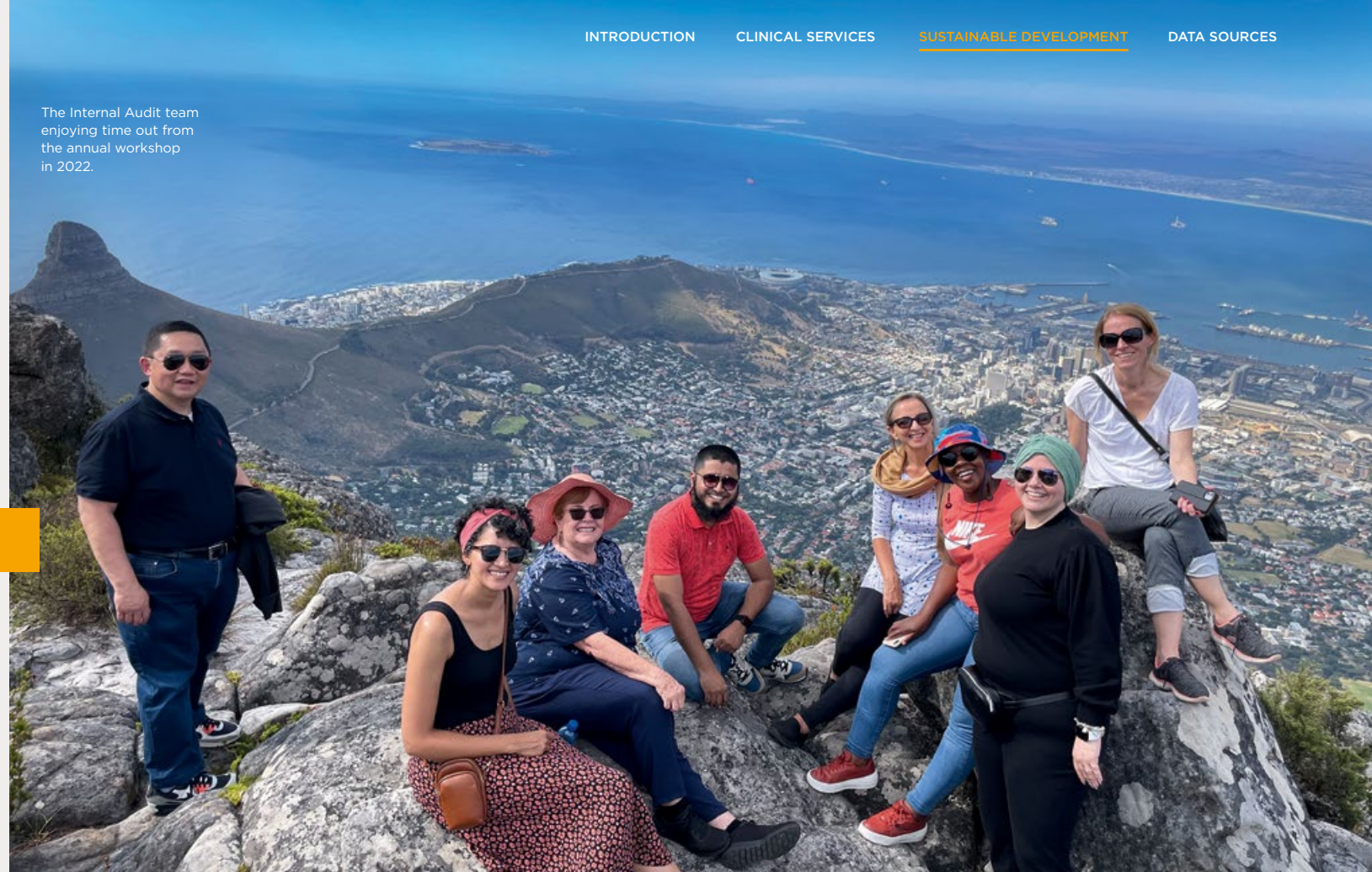
**Glenn Ho, Group General Manager:  
Internal Audit**

### What does the day-to-day work of Mediclinic's internal auditors entail?

The team is involved with core hospital financial and operational processes to ensure that revenue and inventory are properly accounted for and that compliance with key laws and regulations is achieved. The increased reliance on information technology for services such as EHRs and teleconsultations means that the scope of our audits also includes ICT audits. The clinical audit team reviews employee performance in addressing the key clinical risk areas at hospital level. In many instances, management may need assistance in getting an independent view on certain processes, whether it is assurance or confirmation of certain expectations.

Our Internal Audit team also interrogates decisions during major transformational

The Internal Audit team enjoying time out from the annual workshop in 2022.



projects. We have the advantage of not being directly involved in the process and are therefore able to give independent and unique insights.

### How does the team stay informed?

Internal auditors are required to update their knowledge as part of their continuing professional education, whether by attending

webinars and conferences or doing their own research. At Mediclinic, we hold an annual workshop where thought leaders provide insights and best practices on business issues and audit procedures.

Team members also share observations from their audits and this knowledge becomes a collective insight across the Group.

### What do you find most rewarding about your job?

The ability to help management improve their processes and in so doing have a positive impact on the business. It is also extremely gratifying to watch the growth of the Internal Audit team members.





# ASSURANCE











## SUSTAINABILITY ASSURANCE

Our Internal Audit function verified a selection of the ESG data contained in this report. In this, it relies on the integrity of information received from the divisions and recalculates and confirms information contained in the data sources. The following data was verified:

- carbon emissions, energy usage, waste and water use;
- employee numbers, age, gender, training and turnover, as well as employment equity;
- CSI expenditure; and
- number of calls made to ethics lines.








INDEPENDENT ASSURANCE			
Assurance output		Processes assured	Provider/ Standard
B-BBEE verification		B-BBEE	Empowerlogic, accredited by South African National Accreditation System
Compliance with Abu Dhabi Occupational Health and Safety Management System ('OHSMS') and local OHSMS regulator standards in all Abu Dhabi hospitals		Abu Dhabi OHSMS framework	Abu Dhabi Public Health Center, Department of Health OHS standards




INDEPENDENT ASSURANCE			
Assurance output		Processes assured	Provider/ Standard
External carbon emissions assurance of all three divisions	   	Carbon emissions data and calculations	External Energy and Water Consultancy, ISO 14064-3
External carbon footprint calculation based on carbon emissions data of all three divisions	   	Carbon footprint calculation in accordance with the GHG Protocol	Carbon calculated, GHG Protocol
ISO 14001:2015 external certification of 43 facilities	 	Environmental management system	British Standards Institute, accredited by UK Accreditation Service

## ASSURANCE







### CLINICAL ACCREDITATIONS, CERTIFICATIONS AND INITIATIVES














To provide the necessary independent assurance over the quality and reliability of our healthcare services, processes and facilities, we follow a combined assurance model with assurance between management, internal audit and external accreditation and certification.

ACCREDITATION			
<b>COHSASA &amp; INTERNATIONAL SOCIETY FOR QUALITY ASSURANCE IN HEALTHCARE ('ISQua')</b>		COHSASA accredits all of our participating hospitals in Southern Africa. Accreditation assessments are based on detailed hospital standards and are validated by ISQua.	cohsasa.co.za
<b>COLLEGE OF AMERICAN PATHOLOGISTS</b>		In 2022, the laboratory at City Hospital in Dubai was reaccredited by the CAP, which evaluates the entire spectrum of laboratory test disciplines against the most scientifically rigorous customised requirements.	cap.org
<b>EUROPEAN ASSOCIATION FOR THE STUDY OF OBESITY'S COLLABORATING CENTRES FOR OBESITY MANAGEMENT</b>		EASO's Collaborating Centres for Obesity Management initiative is a network of accredited multidisciplinary treatment centres. Accreditation is in accordance with accepted European and academic guidelines. Parkview, City and Welcare hospitals are accredited specialised obesity management units.	easo.org/coms-2/
<b>GENERAL CIVIL AVIATION AUTHORITY ('GCAA')</b>		At the aviation medicine clinic of Airport Road Hospital, aeromedical specialists authorised by the GCAA perform medical exams for flight crew and airline personnel.	gcaa.gov.ae
<b>JOINT ACCREDITATION COMMITTEE ISCT-EUROPE &amp; EBMT</b>		Accreditation body JACIE was founded by the European Organisation for Blood and Marrow Transplantation (EBMT) and the International Society for Cell & Gene Therapy (ISCT), the two leading international scientific organisations in stem cell transplantation. Klinik Hirslanden, which has held JACIE accreditation since 2017, is the only private hospital in Switzerland to do so.	ebmt.org/ accreditation/ about-jacie

ACCREDITATION			
<b>JOINT COMMISSION INTERNATIONAL</b>		JCI is a leader in healthcare accreditation and the author and evaluator of rigorous international standards in quality and patient safety. Most of our facilities in the UAE are accredited. In addition, the diabetes clinical programme at Welcare Hospital, the acute coronary syndrome programme at City and Airport Road hospitals, and the breast cancer programme at City Hospital are accredited.	jointcommissioninternational.org
<b>SURGICAL REVIEW CORPORATION</b>		Surgical Review Corporation is a non-profit, patient safety organisation that accredits the top hospitals and ambulatory surgical centres in the world. The fundamentals of an accreditation are intrinsic to the delivery of safe and effective care. The specialised bariatric unit at Airport Road Hospital was accredited as a CoE in 2020, and the specialised minimum invasive gynaecology surgery unit at Welcare Hospital in 2022.	surgicalreview.org
CERTIFICATION			
<b>AMERICAN HEART ASSOCIATION/ MENA STROKE ORGANISATION</b>		The American Heart Association Middle East and North Africa ('MENA') aims to increase the quality of stroke care in the MENA region by connecting all the components of acute care into a smoothly integrated system. City Hospital is a certified Comprehensive Stroke Centre.	menastroke.org

## ASSURANCE

CERTIFICATION			
<b>GERMAN CANCER SOCIETY</b>		Certification by the German Cancer Society ("DKG") reassures clients of high-quality treatment. Six of our Swiss breast cancer centres are certified by the DKG. Furthermore, several of our prostate cancer centres are also certified. In 2022, the Bern Prostate Cancer Centre at Salem-Spital successfully passed the DKG's audit and is now recognised as a certified cancer centre.	krebsgesellschaft.de
<b>ISO 9001:2015</b>		This independent international certification shows the organisation meets world-class specifications for quality, safety and efficiency. All our participating Swiss hospitals were ISO 9001:2015-certified in 2022.	iso.org
<b>ISO 13485:2016</b>		Klinik Hirslanden, Clinique Cecil, Clinique Bois-Cerf and Klinik St. Anna meet the high requirements for the reprocessing of medical devices and are ISO 13485-certified.	iso.org
<b>ISO 15189:2012</b>		All laboratories operating within our hospital and clinic facilities are ISO 15189:2012-certified.	iso.org
<b>SWISS CANCER LEAGUE &amp; SWISS SOCIETY FOR SENOLOGY</b>		The Swiss Cancer League is a non-profit organisation with the aim of ensuring more people can be treated successfully. A cancer centre must meet about 100 criteria in order to pass external certification. In 2022, the Lake Zurich Breast Centre was awarded the quality label of the Swiss Cancer League and the Swiss Society for Senology. The Breast Centre Stephanshorn was also certified by the Swiss Cancer League for the third time, making it a full 10 years of holding the quality label. Also gaining certification again was the Aarau Cham Zug Breast Centre.	krebssluga.ch
<b>SWISS FEDERATION OF CLINICAL NEURO-SOCIETIES</b>		SFCNS promotes collaboration between clinical neuro-societies in Switzerland to enhance interdisciplinary knowledge and overall impact of all its disciplines. The Stroke Centre at Klinik Hirslanden is certified by SFCNS.	sfncs.ch/portrait.html

INITIATIVES			
<b>HIGH-RELIABILITY ORGANISATION</b>		In 2022, we implemented the principles of an HRO through an agreement with JCI.	jointcommissioninternational.org
<b>IQM</b>		IQM promotes further improvements in medicine through innovative and efficient procedures, thereby setting new standards in quality. In Switzerland, quality measurements using routine data are based on the Swiss Inpatient Quality Indicators (CH-IQI). Our Swiss division has been applying these quality management criteria since 2012.	initiative-qualitaetsmedizin.de
<b>NET PROMOTER SCORE®</b>	   	Net Promoter Score® measures customer experience and predicts business growth.	netpromoter.com
<b>PRESS GANEY®</b>	   	Press Ganey® strengthens patient-provider relationships through real-time feedback and performance benchmarks, leveraging state-of-the-art survey methodology. All three divisions use the Press Ganey® platform to measure and report on patient experience.	pressganey.com
<b>VERMONT OXFORD NETWORK</b>	  	VON is a non-profit collaboration to improve neonatal care globally with data-driven quality improvement and research. Currently, 34 facilities in Southern Africa and six in the Middle East participate.	public.vtoxford.org

Key:  = Switzerland  = Southern Africa  = The Middle East

# DATA

## CLINICAL PERFORMANCE

### DISCREPANCIES

The section that follows from page 123 provides a summary of the events that occurred in the divisions during the year. As the effect of actions becomes evident over time, the data changes, resulting in indicators which fluctuate slightly after the reporting period. These changes can typically be contributed to one or more of the following operational reasons:

- reclassification of an event after investigation;
- delay in receiving infection test results (e.g. microbiology culture results);
- delay in data capturing;
- delay in billing days and patient counts;
- finalisation of accounts (e.g. accounts for complex cases); and/or
- discharge of patients to palliative care facilities.

Our new safety event management system, implemented in 2020, provides a more detailed and comprehensive safety event taxonomy, which enables enhanced definition of certain existing indicators and the introduction of supplementary information such as harm levels per event. An increase in the number of reported events is noted in line with the ease of reporting through the system and the ability to report anonymously.

The scope of services and delivery model of each division differ significantly. Note the following when reviewing the clinical performance results reported on pages 123–132:

- All indicators are reported for the calendar year to ensure complete and comparable results.

- Figures in this Corporate Profile may differ from those disclosed in the **2022 Clinical Services Report** where additional data became available after publication or where criteria changed (see alongside).
- Statistical significance is determined for a subset of the indicators and calculated by determining whether there is a statistical difference when values from prior periods are compared (see below).
- Not all indicators are directly comparable due to regulatory requirements, e.g. Simplified Acute Physiological Score ('SAPS') II is measured in Switzerland while SAPS 3 is measured in Southern Africa and the Middle East.
- Different inherent patient population demographics in addition to the proportional distribution and range of services per division should be considered when indicators are compared across divisions.
- The current reported clinical performance is less impacted by the COVID-19 burden.

### KEY TERMS

#### IPC bundles

IPC bundles are sets of evidence-based practices which, when performed consistently, significantly improve patient outcomes and prevent device-related and procedure-related healthcare-associated infection ('HAI').

#### Statistical significance

Statistical significance is determined to identify special causes that highlight best practices or areas for improvement rather than random change in outcomes.

Statistical significance in this report is calculated by performing a hypothesis test. The indicators reported represent the means of their respective distributions and the hypothesis test examines if the means for successive years are different distribution (null hypothesis) or not (alternative hypothesis). A year-on-year difference in clinical performance is deemed to be statistically significant if the p-value for the appropriate statistical test exceeds a 5% critical limit. This result allows us to conclude if a change in the measured indicator can be attributed to normal statistical variation or is the result of a change in an external or environmental factor. The test statistic for the hypothesis test and the distribution of the test statistic are dependent on the type of data being reported on.

### THE MIDDLE EAST

#### Adverse events

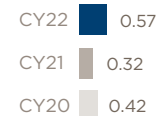
Rate per 1 000 patient days

- Statistically significant

#### Hospital-associated pressure ulcers



#### Falls



#### Medication errors



Where variation in the current year's data is found to be statistically significant compared with prior reporting periods, the applicable data in the graph is marked with an orange dot and an explanation is provided, if available (see example above). In these instances, it is unlikely that the changes in the numbers are due to chance.

## CLINICAL PERFORMANCE

### PATIENT SAFETY

Achieving patient safety requires a collective commitment to building a patient safety culture. This means each employee focuses on reporting and learning from patient safety events. An open culture where teams are comfortable discussing patient safety events and concerns is fostered through the inclusive completion of systems analysis of serious reportable events in hospitals. Fundamental to this is the 'just culture' (Frankl framework), wherein employees involved in adverse events are treated fairly. The result is an informed culture: teams learn from patient safety events to mitigate future incidents. Moreover, they also learn from one another when things go right by sharing best practices.

### NEVER EVENTS

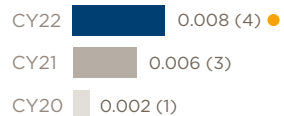
We adhere to the WHO surgical safety checklist to ensure standard practices are followed, increase teamwork and communication during surgery, decrease the risk of errors and prevent adverse events.

The implementation of the surgical safety checklist remains a key focus area. We report on only a subset of surgical and procedural never events at present, focusing on the correct identification of patients, procedures and sites, and the prevention of retained foreign objects.

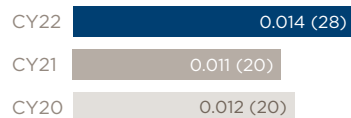
#### FIGURE 1: NEVER EVENTS<sup>1</sup>

● Statistically significant

##### Switzerland



##### Southern Africa



##### The Middle East



#### Note

<sup>1</sup> The never event rate is reported to the third decimal to negate the obscuring effect of rounding.

### ADVERSE EVENTS

An important aspect of improving quality and safety in patient care is preventing adverse events that could harm patients, including hospital-associated pressure ulcers, falls and medication errors.

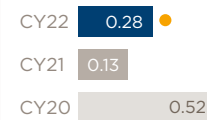
#### SWITZERLAND

#### FIGURE 2: ADVERSE EVENTS

Rate per 1 000 patient days

● Statistically significant

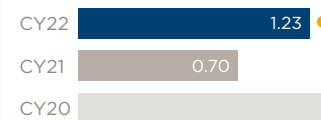
##### Hospital-associated pressure ulcers



##### Falls



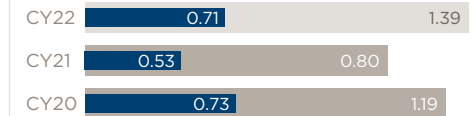
##### Medication errors



#### FIGURE 3: FALLS BREAKDOWN

Rate per 1 000 patient days

■ Falls without injury  
■ Falls with injury



The 115.38% increase in the hospital-associated pressure ulcer rate from 0.13 in 2021 to 0.28 in 2022 is statistically significant. The change in patient demographics due to COVID-19 and improved reporting contributed to the increase in the rate.

The fall rate increased by 57.89% from 1.33 in 2021 to 2.10 in 2022, which is statistically significant.

The division commenced reporting on medication errors in 2018. The 75.71% increase in the medication error rate from 0.70 in 2021 to 1.23 in 2022 is statistically significant and was influenced by improved reporting through the electronic safety reporting system and a focus on improving medication safety.

## CLINICAL PERFORMANCE

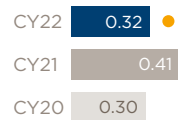
### SOUTHERN AFRICA

#### FIGURE 4: ADVERSE EVENTS

Rate per 1 000 patient days

● Statistically significant

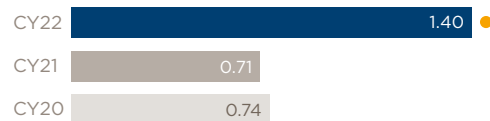
##### Hospital-associated pressure ulcers



##### Falls



##### Medication errors



#### FIGURE 5: FALLS BREAKDOWN

Rate per 1 000 patient days

■ Falls without injury  
■ Falls with injury



The rate of hospital-associated pressure ulcers decreased by 21.95% from 0.41 in 2021 to 0.32 in 2022. The fall rate increased by 3.57% from 1.12 in 2021 to 1.16 in 2022. Medication errors per 1 000 patient days increased by 97.18% from 0.71 in 2021 to 1.40 in 2022. The changes reported are statistically significant, except for the fall rate.

Additional mechanisms involving pharmacists for reporting near-miss medication events related to prescription and dispensing have been implemented. These show where pharmacists intervene with regard to appropriate prescription of antibiotics and other medication, and where dispensing errors are corrected before medication is given to the patient. Pharmacists are also well placed to identify certain administration errors which may not have been identified by nursing employees in the wards. This reporting is supplementary to the safety event management system, quantitative, and dependent on time availability of pharmacists. The data collection to date has been used to guide hospitals to identify specific areas for quality improvement and prevention of medication errors, and to provide a measurement tool to track progress.

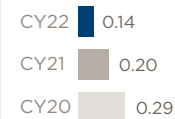
### THE MIDDLE EAST

#### FIGURE 6: ADVERSE EVENTS

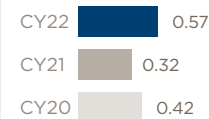
Rate per 1 000 patient days

● Statistically significant

##### Hospital-associated pressure ulcers



##### Falls



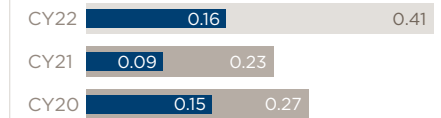
##### Medication errors



#### FIGURE 7: FALLS BREAKDOWN

Rate per 1 000 patient days

■ Falls without injury  
■ Falls with injury



The decrease in the hospital-associated pressure ulcer rate by 27.70% from 0.20 in 2021 to 0.14 in 2022 is not statistically significant. All patients are risk-assessed for pressure injuries, and appropriate preventive measures are implemented.

The 78.13% increase in the fall rate from 0.32 in 2021 to 0.57 in 2022 is not statistically significant. Fall awareness and prevention remain focus areas for our Middle East facilities.

The medication error rate increased by 46.94% from 8.99 in 2021 to 13.21 in 2022 – a statistically significant change. There is a continued focus on medication management. Both outpatient and inpatient medication errors are reported and classified as prescription, dispensing and administration errors. Focused medication audits and physician education and training are ongoing in all facilities. Medication management policies and double-checking of medication before dispensing are continuously reinforced.

## CLINICAL PERFORMANCE

### INFECTION PREVENTION AND CONTROL

Preventing infection is paramount to patient safety. Activities include standardising processes around infection control based on international best practices; implementing care bundles around the prevention of surgical site infections ('SSIs'), VAP, CLABSI and CAUTI; and running surveillance projects with multilayer methodology.

Each division has central IPC specialists who standardise infection control policies and procedures for the respective geography. Each facility has IPC team members who receive regular training and monitor compliance to the IPC bundles and any infections.

### HEALTHCARE-ASSOCIATED INFECTIONS

#### SWITZERLAND

The device-associated and procedure-specific HAI rate remained stable in 2022. As these conditions are rare, the calculated rates can be sensitive to single events.

#### SOUTHERN AFRICA

##### FIGURE 8: HAI

Rate per 1 000 patient days

- Statistically significant



Southern Africa has a high burden of infectious diseases, unlike Switzerland and the Middle East, necessitating a continued focus on the identification of infectious diseases and community-acquired infections upon admission and the prevention of HAI.

The 9.95% decrease in the HAI rate from 2.01 in 2021 to 1.81 in 2022 is statistically significant. Hospitals continue to focus on interventions to improve compliance and on the five moments of hand hygiene as outlined by the WHO.

### THE MIDDLE EAST

#### FIGURE 9: HAI

Rate per 1 000 patient days



The 36.47% decrease in the HAI rate from 0.85 in 2021 to 0.54 in 2022 is not statistically significant. There is a continued focus on current IPC practices in the division, with a specific focus on the implementation of care bundles in the critical care units ('CCUs') and compliance with antibiotic prophylaxis guidelines.

## CLINICAL PERFORMANCE

### DEVICE-ASSOCIATED INFECTIONS

#### SWITZERLAND

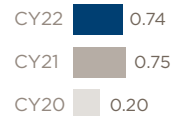
##### FIGURE 10: DEVICE-ASSOCIATED INFECTIONS

Rate per 1 000 device days

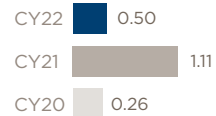
###### VAP



###### CLABSI



###### CAUTI



The CLABSI rate decreased by 1.33% from 0.75 in 2021 to 0.74 in 2022, and the CAUTI rate decreased by 54.95% from 1.11 in 2021 to 0.50 in 2022.

The VAP rate increased by 23.96% from 4.34 in 2021 to 5.38 in 2022 – not a statistically significant change.

### SOUTHERN AFRICA

##### FIGURE 11: DEVICE-ASSOCIATED INFECTIONS

Rate per 1 000 device days

● Statistically significant

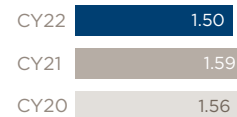
###### VAP



###### CLABSI



###### CAUTI



The VAP, CLABSI and CAUTI device-associated infection rates all decreased during the year: VAP by 11.93% from 3.52 in 2021 to 3.10 in 2022, CLABSI by 25.73% from 3.77 in 2021 to 2.80 in 2022, and CAUTI by 5.66% from 1.59 in 2021 to 1.50 in 2022. The decrease in the CLABSI rate is statistically significant.

##### FIGURE 12: SSIs

Rate per 1 000 theatre cases



The 15.25% increase in the rate of SSIs from 2.23 in 2021 to 2.57 in 2022 is not statistically significant.

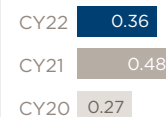
### THE MIDDLE EAST

##### FIGURE 13: DEVICE-ASSOCIATED INFECTIONS

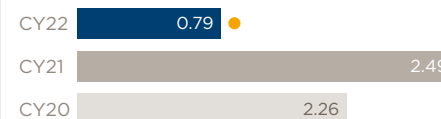
Rate per 1 000 device days

● Statistically significant

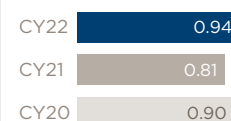
###### VAP



###### CLABSI



###### CAUTI

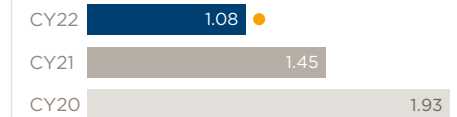


The CAUTI rate increased by 16.05% from 0.81 in 2021 to 0.94 in 2022. The CLABSI and VAP rates decreased by 68.27% from 2.49 in 2021 to 0.79 in 2022 (a statistically significant change) and by 25.00% from 0.48 in 2021 to 0.36 in 2022, respectively.

##### FIGURE 14: SSIs

Rate per 1 000 theatre cases

● Statistically significant



The 25.52% decrease in the SSI rate from 1.45 in 2021 to 1.08 in 2022 is statistically significant. SSIs remain a focus area for improvement in the division. Perioperative evidence-based interventions are implemented, including SSI care bundles, standardised antibiotic prophylaxis guidelines and preoperative skin preparation protocols.



## CLINICAL PERFORMANCE

### ANTIMICROBIAL STEWARDSHIP SWITZERLAND

The burden of resistant germs in Switzerland is low. Colonisation of patients with multidrug-resistant organisms is monitored on a monthly basis. Antibiotic consumption is reported to the Society of Pharmacists and benchmarked against other Swiss hospitals.

### SOUTHERN AFRICA

Considering the high burden of infectious diseases in Southern Africa, it is critical to effectively manage antimicrobial resources and prevent multidrug resistance. Antimicrobial resistance increases with growing utilisation; therefore, our hospitals in Southern Africa monitor total antimicrobial utilisation in defined daily doses ('DDD').

### FIGURE 15: ANTIMICROBIAL UTILISATION INDICATORS

#### DDD

Rate per 100 patient days



#### Undesired agents utilised for surgical prophylaxis

Percentage of undesired prophylaxis (%)



#### Prolonged treatment

Rate per 1000 exposures



The undesired surgical prophylaxis rate increased by 1.27% from 3.15% in 2021 to 3.19% in 2022. These indicators are based on administrative and billing data and are continuously updated and refined.

In 2022, the total antimicrobial usage and prolonged treatment exposure rate decreased by 9.26% and 16.53%, respectively.

Improvement in the utilisation of antimicrobials is driven by retrospective audits and feedback interventions by the clinical and ward pharmacists in each hospital. Their interventions include discussions with the prescribing medical practitioner to improve appropriate dose, duration and frequency of antimicrobials, and to stop or change antimicrobials as soon as investigations demonstrate the causative organism's resistance profile.

### THE MIDDLE EAST

Adult and paediatric antibiotic guidelines and the antibiotic stewardship programme were standardised across the division. Antibiotic guideline compliance is monitored continuously.

## CLINICAL PERFORMANCE

### CLINICAL EFFECTIVENESS

Clinical effectiveness measures whether the indication for the treatment was correct, any complications occurred and the care was rendered timeously. We participate in various international comparable outcome databases, and the divisions continuously measure and refine a set of internal indicators.

### MORTALITY SWITZERLAND

#### FIGURE 16: INPATIENT MORTALITY RATE

Percentage of admissions (%)

● Statistically significant



The inpatient mortality rate decreased by 9.62% from 1.04 in 2021 to 0.94 in 2022.

### ADULT CRITICAL CARE MORTALITY – SAPS II

We participate in the mandatory dataset for CCUs in Switzerland. SAPS II is a physiological mortality prediction model that utilises patient attributes to calculate an expected mortality value. The expected mortality rate is compared with the actual mortality rate to calculate a mortality index.

TABLE 1: SAPS II MORTALITY INDEX

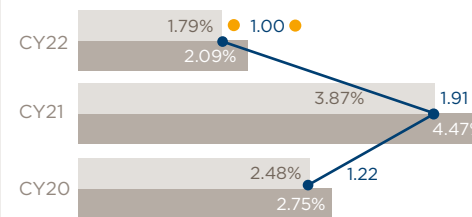
	CY20	CY21	CY22
Cases	5 684	5 574	5 703
Average age of patients (years)	68.54	67.38	68.19
SAPS II expected mortality rate (%)	19.64	18.59	17.69
Actual mortality rate (%)	6.49	6.84	5.79
SAPS II mortality index	0.33	0.36	0.33
Average length of stay in CCU (days)	2.7	2.8	2.5
Percentage of ventilated patients (%)	33.48	41.56	41.94

### SOUTHERN AFRICA

#### FIGURE 17: INPATIENT MORTALITY

● Statistically significant

■ Crude mortality rate  
■ Expected mortality rate  
■ Mortality index



The division's mortality index decreased by 47.64% from 1.91 in 2021 to 1.00 in 2022, which is statistically significant and is in line with a 53.75% reduction in the crude mortality rate after the pandemic.

### ADULT CRITICAL CARE MORTALITY – SAPS 3

TABLE 2: SAPS 3 MORTALITY INDEX

	CY20	CY21	CY22
Cases	22 309	24 011	22 326
Average age of patients (years)	61.89	60.75	62.93
SAPS 3 expected mortalities (cases)	4 374	5 307	4 085
Actual mortalities (cases)	5 044	7 783	4 089
SAPS 3 expected mortality rate (%)	19.61	22.10	18.30
Actual mortality rate (%)	22.61	32.41	18.31
SAPS 3 mortality index	1.15	1.47	1.00
Average SAPS 3 score	52.08	53.91	50.84

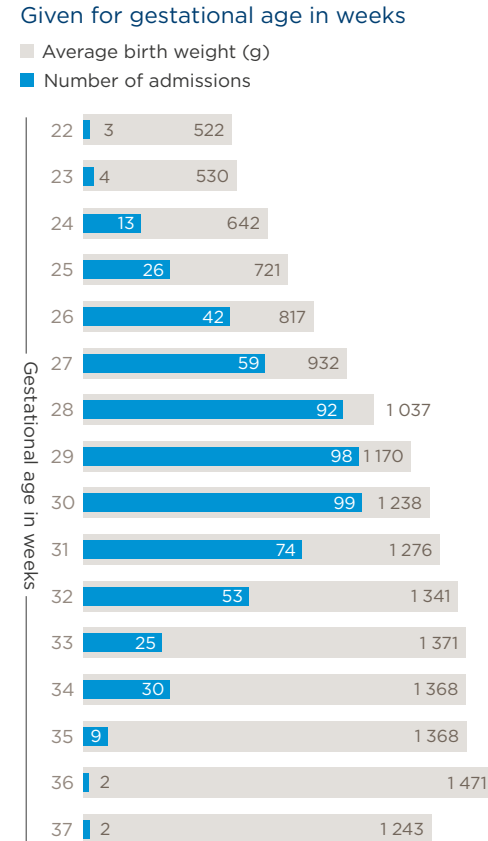
## CLINICAL PERFORMANCE

### NEONATAL MORTALITY AND VERMONT OXFORD NETWORK

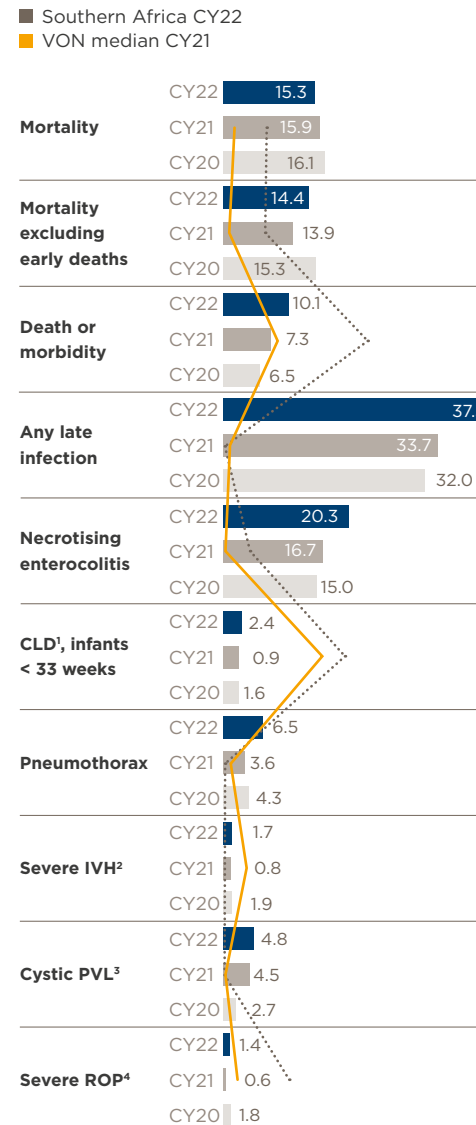
In Southern Africa, we have contributed to VON since 2001 and currently have 34 hospitals registered on the network. VON is an international initiative aimed at improving the quality of infant care by collecting and benchmarking outcome data across the globe. There are currently over 1 300 participating centres worldwide.

Although the division captures data on all infants admitted to participating neonatal CCUs, included in this report are the very low birth weight ("VLBW") newborns, including neonates who weigh 401-1 500g at birth or fall into a gestational age range of 22-29 weeks. Most cases in 2022 were at 28-30 weeks' gestation and weighed more than 1 000g.

**FIGURE 18: AVERAGE BIRTH WEIGHT, GESTATIONAL AGE AND ADMISSIONS FOR VLBW INFANTS IN CY22**



**FIGURE 19: NEONATAL KEY PERFORMANCE MEASURES (%)**



**Notes**

- <sup>1</sup> Chronic lung disease.
- <sup>2</sup> Intraventricular haemorrhage.
- <sup>3</sup> Periventricular leukomalacia.
- <sup>4</sup> Retinopathy of prematurity.

Increases were seen in most of the indicators. A neonatal intensive care forum has been established to support the neonatal units in improving outcomes.

In the coming year, the division's neonatal strategy will focus on training neonatal nurses to ensure preterm or ill babies are offered the best possible care. In addition, VON has created a comparison report to enable comparison against the VON database, the division only, and participating South African NICUs – a first for South Africa.

## CLINICAL PERFORMANCE

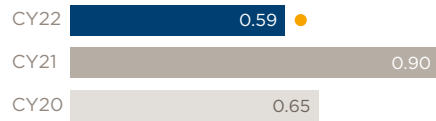
### THE MIDDLE EAST

The mortality rate in the UAE is still low when compared with our other geographies due to patient demographics and age profile. The overall acuity level of inpatient admissions and complexity of procedures are also much lower in the UAE.

### FIGURE 20: INPATIENT MORTALITY RATE

Percentage of admissions (%)

● Statistically significant



The 34.44% decrease in the mortality rate from 0.90% in 2021 to 0.59% in 2022 is statistically significant.

### ADULT CRITICAL CARE MORTALITY – SAPS 3

TABLE 3: SAPS 3 MORTALITY INDEX

	CY20	CY21	CY22
Cases	2 743	1 373	<b>2 229</b>
Average age of patients (years)	58.9	53.8	<b>55.4</b>
SAPS 3 expected mortalities (cases)	104	66	<b>84</b>
Number of mortality cases	117	110	<b>115</b>
SAPS 3 expected mortality rate (%)	3.8	4.8	<b>3.8</b>
Actual mortality rate (%)	4.3	8.0	<b>5.2</b>
SAPS 3 mortality index	1.13	1.68	<b>1.36</b>
Average SAPS 3 score	40.76	42.49	<b>40.53</b>

The SAPS 3 mortality index decreased by 19.05% in 2022. All ICUs in the division participate in the SAPS 3 mortality prediction model to measure critical care outcomes.

### NEONATAL MORTALITY AND VERMONT OXFORD NETWORK

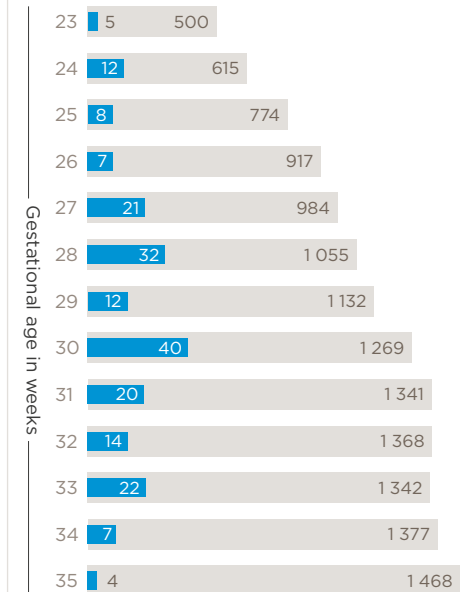
Participation in the VON database is well entrenched, with six hospitals registered on the network. This is an important initiative to measure performance and improve the quality of care delivered to patients.

Although all infants admitted to neonatal CCUs are included in the programme, reporting focuses on all infants eligible for the VLBW database. When interpreting data, it must be considered that as the information is expressed as a percentage, a small sample size of VLBW cases can skew results when compared with the larger number of babies in the network database. Most cases during the period 2020–2022 were at 30 weeks' gestation and weighed more than 1 200g.

### FIGURE 21: AVERAGE BIRTH WEIGHT, GESTATIONAL AGE AND ADMISSIONS FOR VLBW INFANTS CY20–CY22

Given for gestational age in weeks

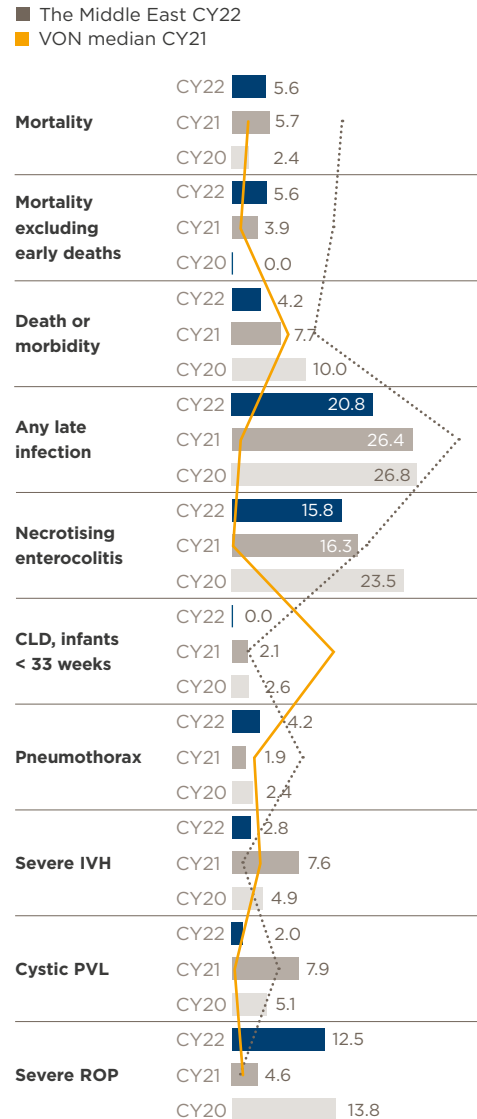
■ Average birth weight (g)  
■ Number of admissions



The number of VLBW cases admitted to neonatal CCUs is low and the outcomes are in line with the majority of VON's key performance indicators, with the exception of death or morbidity, CLD and ROP. Death or morbidity refers to all infants that had one or more of the listed complications and is driven in this instance by the CLD and ROP rates. ROP screening remains a focus for all infants at risk.

## CLINICAL PERFORMANCE

**FIGURE 22: NEONATAL KEY PERFORMANCE MEASURES (%)**



## READMISSION, RE-OPERATION AND EXTENDED STAY

**TABLE 4: VARIANCES IN DIVISIONAL READMISSION RATE CALCULATIONS**

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
	Reported initially as a 15-day unscheduled readmission rate as defined by the International Quality Indicator Project; however, changed to an all-cause readmission rate during 2021. The 15-day interval was chosen according to the 18-day readmission criteria of the Swiss diagnostic-related grouping system to provide input to the case management process. The change in definition led to an increase in the reported readmission rate.	Reported as a 30-day all-cause readmission rate which refers to patients readmitted within 30 days of the first admission, whether the second admission is related to the first admission or not, and whether it is planned or unplanned.	Reported as a 30-day unplanned readmission rate.

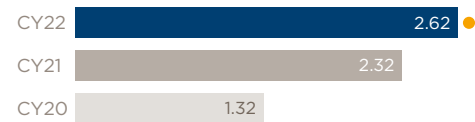
## CLINICAL PERFORMANCE

### SWITZERLAND

**FIGURE 23: READMISSION AND RE-OPERATION RATES (%)**

● Statistically significant

**Readmission rate (%)**



**Re-operation rate (%)**



The 12.9% increase in the readmission rate from 2.32 in 2021 to 2.62 in 2022 is statistically significant. The 7.3% decrease in the re-operation rate from 1.09 in 2021 to 1.01 in 2022 is not statistically significant.

Every readmission case is reviewed at hospital level by a member of the quality management team to ensure continuous improvement.

### SOUTHERN AFRICA

**FIGURE 24: READMISSION RATE (%)**

● Statistically significant



The 4.48% increase in the readmission rate from 6.92% in 2021 to 7.23% in 2022 is statistically significant.

The extended stay index is calculated using the average length of stay of patients in hospital divided by an average expected length of stay of the same patient group. The expected length of stay is calculated based on the diagnoses and procedures for which patients are admitted.

**FIGURE 25: EXTENDED STAY INDEX**



The 2.96% decrease in the extended stay index from 1.35 in 2021 to 1.31 in 2022 is not statistically significant.

### THE MIDDLE EAST

**FIGURE 26: READMISSION RATE (%)**



The 7.83% increase in the readmission rate from 1.66% in 2021 to 1.79% in 2022 is not statistically significant. Chemotherapy administration, wound care, false labours, maternity-related conditions, lithotripsies, dialysis and removal of an implant are excluded in the calculations. The most common reasons for readmission were non-infectious surgical complications, same/worsening symptoms, medical complications and postoperative infections.

**FIGURE 27: RE-OPERATION RATE (%)**



The 26.09% decrease in the re-operation rate from 0.23% in 2021 to 0.17% in 2022 is not statistically significant.

# SUSTAINABILITY

## RESTATEMENT NOTICE

During 2020, we centralised the compilation and reporting of our environmental data. In 2022, the decision was made to report per geography and not per division to align with other reporting requirements. The impact of this decision entails the inclusion of Mediclinic Group Services and Medical Innovations under Southern Africa.

## MINIMISING ENVIRONMENTAL IMPACT

		CY22	CY21	CY20	CY19	CY18
<b>CARBON EMISSIONS (tonnes CO<sub>2</sub>e)</b>						
<b>Scope 1 &amp; 2</b>						
Group <sup>1</sup>	Total Scope 1 & 2	<b>205 281</b>	211 969	226 048	239 960	214 537
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	<b>5.74</b>	6.25	n/a	n/a	n/a
Switzerland	<b>Scope 1:</b> Direct emissions <sup>2</sup>	<b>7 303</b>	6 670	4 780	5 232	5 566
	<b>Scope 2:</b> Indirect emissions from purchased electricity	<b>745</b>	646	595	562	650
	Total Scope 1 & 2	<b>8 048</b>	7 316	5 374	5 795	6 216
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	<b>1.00</b>	0.94	0.72	0.78	0.90
Southern Africa	<b>Scope 1:</b> Direct emissions <sup>3</sup>	<b>27 545</b>	22 215	22 083	21 047	22 422
	<b>Scope 2:</b> Indirect emissions from purchased electricity	<b>136 752</b>	154 982	151 053	157 370	143 338
	Total Scope 1 & 2	<b>164 297</b>	177 197	173 136	178 417	165 760
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	<b>8.04</b>	9.32	10.96	11.25	10.43
The Middle East	<b>Scope 1:</b> Direct emissions <sup>4</sup>	<b>9 714</b>	5 771	3 869	2 959	4 191
	<b>Scope 2:</b> Indirect emissions from purchased electricity	<b>23 222</b>	21 686	43 379	52 789	38 371
	Total Scope 1 & 2	<b>32 936</b>	27 456	47 248	55 748	42 562
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	<b>4.48</b>	3.86	6.97	9.76	7.56

		CY22	CY21	CY20	CY19	CY18
<b>CARBON EMISSIONS (tonnes CO<sub>2</sub>e)</b>						
<b>Scope 3 indirect emissions (from supply chain, business travel and waste removal)</b>						
Group <sup>5</sup>		<b>72 768</b>	59 585 <sup>6</sup>	54 278	58 978	51 855
Switzerland		<b>7 365</b>	5 809	143	219	1 218
Southern Africa		<b>50 211</b>	42 495	39 576	44 589	42 981
The Middle East		<b>15 192</b>	11 282	14 559	14 170	7 656
<b>Non-Kyoto Protocol emissions (out of Scope emissions)</b>						
Group		<b>2 711</b>	3 122	5 815	3 289	5 761
Switzerland		<b>0</b>	0	0	0	0
Southern Africa		<b>1 563</b>	2 292	3 180	1 233	2 200
The Middle East		<b>1 148</b>	830	2 635	2 056	3 561
<b>DIRECT AND INDIRECT ENERGY CONSUMPTION (GJ)</b>						
<b>Total energy consumption</b>						
Group	Total GJ	<b>1 327 553<sup>7</sup></b>	1 284 086	1 188 023	n/a	n/a
	GJ/FTE	<b>37.10</b>	37.84	36.02	n/a	n/a
Switzerland	Total GJ	<b>298 056</b>	296 876	260 807	269 320	258 608
	GJ/FTE	<b>37.28</b>	38.00	35.09	n/a	n/a
Southern Africa	Total GJ	<b>664 469</b>	662 447	652 818	681 667	658 009
	GJ/FTE	<b>32.53</b>	34.84	35.05	n/a	n/a
The Middle East	Total GJ	<b>365 027</b>	324 764	271 656	266 989	188 312
	GJ/FTE	<b>49.61</b>	45.70	40.08	n/a	n/a

### Notes

- Decrease in total Scope 1 and 2 emissions due to the installation of PV systems in Southern Africa.
- Bulk fuel oil purchases, due to availability concerns for heating in winter, caused an increase in Scope 1 emissions in Switzerland.
- Increase in Scope 1 emissions in Southern Africa due to increase in diesel consumption during load shedding.
- Increase in Scope 1 emissions for the Middle East due to diesel consumption at Airport Road Hospital for domestic hot water and low-temperature hot water usage with diesel boilers. This diesel consumption was not reported previously.
- Increase in Scope 3 emissions due to increase in business travel and employee commuting emissions and the inclusion of emissions for municipal water supply (1 113.17 tCO<sub>2</sub>e) and wheel-to-tank emissions (4 341.92 tCO<sub>2</sub>e) for the first time.
- Emissions for purchased office paper and upstream transportation and distributions excluded from total for comparative reasons.
- Increase in total energy consumption due to increase in diesel consumption in Southern Africa due to load shedding, diesel used in boilers for domestic hot water and low-temperature hot water reported for the first time (see 'Direct energy purchased') and the installation of additional PV systems in Southern Africa (see 'Direct energy produced').

## SUSTAINABILITY

	CY22	CY21	CY20	CY19	CY18	
<b>DIRECT AND INDIRECT ENERGY CONSUMPTION (GJ)</b>						
<b>Direct energy produced</b>						
Group	9 119	4 620	3 021	n/a	n/a	
Switzerland	2 993	3 063	1 584	n/a	n/a	
Southern Africa	6 127	1 557	1 437	11 240	2 862	
The Middle East	0	0	0	0	0	
<b>Direct energy purchased</b>						
Group	314 240	266 344	224 524	249 033	254 428	
Switzerland	113 829	117 147	86 932	105 670	108 957	
Southern Africa	159 550	117 940	103 132	125 684	111 972	
The Middle East	40 860	31 257	34 398	17 679	33 499	
<b>Indirect energy consumed</b>						
Group	1 004 194	1 013 123	960 478	957 702	847 638	
Switzerland	181 235	176 665	172 290	163 650	149 650	
Southern Africa	498 792	542 950	548 249	544 742	543 175	
The Middle East	324 167	293 507	237 258	249 310	154 813	
<b>WATER USAGE</b>						
<b>Total water usage from utilities</b>						
Group	kL <sup>1</sup>	1 721 162	1 684 707	1 647 749	1 705 085	1 726 734
	kL/FTE	48.10	49.65	50.18	n/a	n/a
Switzerland	kL	354 175	344 500	366 648	367 898	377 255
	kL/FTE	44.29	44.09	49.33	n/a	n/a
Southern Africa	kL	1 079 496	1 086 815	1 029 058	1 093 002	1 107 916
	kL/FTE	52.68	57.16	55.25	n/a	n/a
The Middle East	kL	287 491 <sup>2</sup>	253 391	252 042	244 185	241 563
	kL/FTE	39.07	35.66	37.19	n/a	n/a

	CY22	CY21	CY20	CY19	CY18
<b>WASTE (tonnes)</b>					
<b>Total waste generated</b>					
Group	16 566	17 843	14 276	n/a	n/a
Switzerland	4 000	4 043	1 371	n/a	n/a
Southern Africa	7 935	8 363	7 892	n/a	n/a
The Middle East	4 631	5 437	5 006	n/a	n/a
<b>Healthcare risk waste</b>					
Group	4 901	5 246	4 766	4 222	n/a
Switzerland	331	375	352	353	n/a
Southern Africa	3 606	3 741	3 438	3 120	3 068
The Middle East	964	1 130	976	750	n/a
<b>Total waste to landfill</b>					
Group	6 000	7 034	6 882	n/a	n/a
Switzerland <sup>3</sup>	0	0	0	0	0
Southern Africa	2 596	3 034	3 094	2 964	3 068
The Middle East	3 404	4 000	3 781	n/a	n/a
<b>Total waste diverted from landfill</b>					
Group	5 665	5 563	2 629	2 484	1 898
Switzerland	3 669	3 668	1 019	847	403
Southern Africa	1 733	1 588	1 360	1 386	1 301
The Middle East	262	307	249	251	194

**Notes**

<sup>1</sup> Water usage increased slightly compared with CY21. Although business returned to normal in CY22, hospitals were still coping with COVID-19 pandemic requirements.

<sup>2</sup> Increase in water consumption mainly due to the opening of a new wing at Airport Road Hospital in April 2021.

<sup>3</sup> No waste to landfill as all waste is incinerated.



## SUSTAINABILITY

	CY22	CY21	CY20	CY19	CY18
<b>WASTE (tonnes)</b>					
<b>Total waste recycled</b>					
Group	2 106	1 994	1 914	1 892	1 707
Switzerland	569	485	595	417	284
Southern Africa	1 274	1 202	1 070	1 224	1 229
The Middle East	262	307	249	251	194
<b>Organic waste recovered</b>					
Group	863	879	714	592	191
Switzerland	404	493	424	430	119
Southern Africa	459	386	290	162	72
The Middle East	0	n/a	n/a	n/a	n/a
<b>Total waste diverted from landfill (%)</b>					
Group	34.2	31.1	13.4	n/a	n/a
Switzerland	91.7	90.7	43.4	n/a	n/a
Southern Africa	21.8	19.0	13.6	n/a	n/a
The Middle East	5.7	5.7	5.0	n/a	n/a

## BUILDING STAKEHOLDER TRUST

	CY22	CY21	CY20	CY19	CY18	
<b>EMPLOYEES</b>						
<b>Full-time equivalents<sup>1</sup></b>						
Group	36 063	33 683	33 530	33 508	33 258	
Hirslanden	8 208	7 996	7 815	8 303	7 633	
Mediclinic Southern Africa	20 075	18 230	18 497	19 053	19 795	
Mediclinic Middle East <sup>2</sup>	7 619	7 321	7 071	6 152	5 830	
Mediclinic Group Services <sup>3&amp;4</sup>	160	136	147	n/a	n/a	
<b>EMPLOYEE RETENTION</b>						
<b>New appointments vs terminations based on permanent employee turnover<sup>5</sup></b>						
Group	Appointments	5 926	3 925	3 326	4 489	5 004
	Terminations	4 945	4 560	3 723	4 261	3 604
Switzerland <sup>6</sup>	Appointments	1 845	1 578	1 675	1 653	1 767
	Terminations	1 851	1 638	1 450	1 733	1 670
Southern Africa	Appointments	2 615	1 340	834	1 971	2 073
	Terminations	2 005	2 086	1 694	1 736	1 143
The Middle East	Appointments	1 466	1 007	817	865	1 164
	Terminations	1 089	836	579	792	791

**Notes**

<sup>1</sup> Number of full-time employees who could have been employed if reported number of hours worked by part-time employees had been worked by full-time employees instead.

<sup>2</sup> Increase from CY20 to CY21 largely attributable to overall business growth.

<sup>3</sup> Includes Mediclinic Group Limited's one employee based in the UK.

<sup>4</sup> Some data not available as reporting on Mediclinic Group Services commenced only in CY19.

<sup>5</sup> Employee retention has started to normalise after the significant impact of the COVID-19 pandemic in CY20, which resulted in fewer opportunities, economic uncertainty, and widespread retrenchments and salary reductions.

<sup>6</sup> Prior-year data excluded select French hospitals in Switzerland and, as such, is not comparable with CY21.

## SUSTAINABILITY

		CY22	CY21	CY20	CY19	CY18
<b>EMPLOYEE RETENTION</b>						
<b>Controllable employee turnover rate by geography (%)</b>						
Group		5.8	6.2	5.9	8.1	n/a
Switzerland <sup>1</sup>		5.0	4.8	7.8	10.0	6.9
Southern Africa		5.9	6.9	5.6	7.6	7.6
The Middle East		6.8	5.7	4.3	7.2	6.7
<b>Controllable employee turnover rate by gender (%)</b>						
Group	Male	6.8	7.2	7.2	n/a	n/a
	Female	5.4	5.6	5.5	n/a	n/a
Switzerland <sup>1</sup>	Male	5.1	5.8	8.1	10.2	7.4
	Female	5.0	4.5	7.7	10.0	6.7
Southern Africa	Male	10.0	10.8	8.4	10.6	10.3
	Female	4.9	5.9	4.9	6.9	7.1
The Middle East	Male	5.2	4.9	5.3	6.5	7.2
	Female	7.8	6.3	3.7	7.8	6.3
<b>Controllable employee turnover rate by age (%)</b>						
Group	< 30 years	9.3	9.1	9.2	n/a	n/a
	30-50 years	5.9	6.2	5.8	n/a	n/a
	> 50 years	2.9	3.0	3.6	n/a	n/a
Switzerland <sup>1</sup>	< 30 years	8.9	8.3	12.1	15.6	10.0
	30-50 years	4.3	4.5	7.3	9.0	6.1
	> 50 years	3.6	2.7	5.7	8.3	6.5
Southern Africa	< 30 years	9.1	10.9	8.1	9.2	9.7
	30-50 years	6.2	7.2	6.0	8.0	7.9
	> 50 years	2.5	2.9	1.9	5.1	5.6
The Middle East	< 30 years	11.0	6.3	3.7	11.1	7.8
	30-50 years	7.0	5.8	4.5	7.1	6.6
	> 50 years	2.2	4.9	3.5	4.6	6.6

		CY22	CY21	CY20	CY19	CY18
<b>EMPLOYEE RETENTION</b>						
<b>Return rate after maternity leave<sup>2</sup></b>						
Group	Employees on maternity leave	1 251	1 269	1 327	1 356	1 187
	Employees returned to work	371	352	349	343	342
Switzerland <sup>3</sup>	Employees returned to work	344	326	318	n/a	n/a
	Retention rate (%)	92.7	92.6	91.1	n/a	n/a
	Employees on maternity leave	589	668	744	748	613
Southern Africa	Employees returned to work	547	619	744	719	593
	Retention rate (%)	92.9	92.7	100	96	97
The Middle East	Employees on maternity leave	291	249	234	265	232
	Employees returned to work	269	225	233	250	229
	Retention rate (%)	92.4	90.4	99.6	94	99

**Notes**

<sup>1</sup> Prior-year calculations excluded select French hospitals in Switzerland. Their inclusion in CY21 impacted the retention rate and, as such, prior-year rates are not comparable with CY21.

<sup>2</sup> Data supplied for permanent employees.

<sup>3</sup> Pre-CY20, approximately 34% of Hirslanden employees were not captured on the central HR system; as such, some data is not available or non-comparable with prior periods.

## SUSTAINABILITY

		CY22	CY21	CY20	CY19	CY18
<b>EMPLOYEE ENGAGEMENT</b>						
<b>Your Voice employee engagement survey participation rate (%)</b>						
Group		82	84	77	83	82
Hirslanden		62	69	65	71	78
Mediclinic Southern Africa		93	89	78	87	80
Mediclinic Middle East		88	91	94	94	92
Mediclinic Group Services <sup>1</sup>		95	97	97	94	n/a
<b>Your Voice employee engagement index (%)</b>						
Group	Engaged <sup>2</sup>	49	45	45	46	45
	Not engaged <sup>3</sup>	42	44	45	44	45
	Actively disengaged <sup>4</sup>	9	11	10	10	10
Hirslanden	Engaged <sup>2</sup>	46	44	44	46	45
	Not engaged <sup>3</sup>	46	48	48	46	47
	Actively disengaged <sup>4</sup>	8	8	8	8	8
Mediclinic Southern Africa	Engaged <sup>2</sup>	51	45	43	46	44
	Not engaged <sup>3</sup>	40	43	45	44	45
	Actively disengaged <sup>4</sup>	9	12	12	10	11
Mediclinic Middle East	Engaged <sup>2</sup>	48	47	51	45	47
	Not engaged <sup>3</sup>	41	42	40	45	43
	Actively disengaged <sup>4</sup>	11	11	9	10	10
Mediclinic Group Services <sup>1</sup>	Engaged <sup>2</sup>	65	54	54	56	n/a
	Not engaged <sup>3</sup>	29	40	41	38	n/a
	Actively disengaged <sup>4</sup>	6	6	5	6	n/a
<b>Your Voice employee engagement grand mean score (out of five)</b>						
Group		4.05	3.98	3.98	3.99	3.98
Hirslanden		4.01	3.98	3.99	4.00	4.01
Mediclinic Southern Africa		4.07	3.96	3.93	3.97	3.94
Mediclinic Middle East		4.04	4.00	4.09	4.00	4.02
Mediclinic Group Services <sup>1</sup>		4.33	4.23	4.20	4.21	n/a

		CY22	CY21	CY20	CY19	CY18
<b>DIVERSITY AND INCLUSION</b>						
<b>Permanent employees by age (%)</b>						
Group	< 30 years	13.6	13.9	14.6	16.2	18.3
	30-50 years	66.6	66.1	65.8	65.1	62.7
	> 50 years	19.8	19.9	19.6	18.7	19.0
Hirslanden	< 30 years	19.3	20.0	19.7	19.1	26.4
	30-50 years	54.4	53.7	53.9	55.1	50.2
	> 50 years	26.3	26.4	26.4	25.8	23.3
Mediclinic Southern Africa	< 30 years	12.1	12.3	13.9	16.6	15.1
	30-50 years	68.5	67.9	67.0	65.5	65.9
	> 50 years	19.4	19.8	19.1	17.9	19.0
Mediclinic Middle East	< 30 years	9.2	8.9	9.3	11.3	12.9
	30-50 years	78.9	80.1	79.9	78.4	75.9
	> 50 years	11.9	11.1	10.8	10.3	11.2
Mediclinic Group Services <sup>1</sup>	< 30 years	5.6	10.2	8.4	n/a	n/a
	30-50 years	69.4	67.9	68.5	n/a	n/a
	> 50 years	25.0	21.9	23.1	n/a	n/a

**Notes**

<sup>1</sup> Some data not available as reporting on Mediclinic Group Services commenced only in CY19.

<sup>2</sup> 'Engaged' employees are loyal and psychologically committed to the organisation. Compared with other employees, they are more productive and more likely to stay with the organisation, and they consistently have their performance-related workplace needs met.

<sup>3</sup> 'Not engaged' employees may be productive, but they are not psychologically committed. They have some of their performance-related workplace needs met, but many remain unmet.

<sup>4</sup> 'Actively disengaged' employees are physically present, but psychologically absent. They are unhappy with their work situation, and most of their performance-related needs are not met.

## SUSTAINABILITY

		CY22	CY21	CY20	CY19	CY18
<b>DIVERSITY AND INCLUSION</b>						
<b>Permanent employees by generation<sup>1</sup> (%)</b>						
Group	Traditionalists	0.0	0.0	0.01	0.02	n/a
	Baby Boomers	7.4	8.9	10.2	11.2	n/a
	Generation X	32.2	33.5	34.5	34.9	n/a
	Generation Z	4.5	3.2	2.0	1.3	n/a
	Millennials	55.9	54.4	53.3	52.6	n/a
Hirslanden	Traditionalists	0.0	0.0	0.02	0.1	n/a
	Baby Boomers	10.6	12.3	14.3	11.2	n/a
	Generation X	34.9	35.0	35.3	34.9	n/a
	Generation Z	9.3	7.3	5.4	1.3	n/a
	Millennials	45.3	45.4	45.0	52.6	n/a
Mediclinic Southern Africa	Traditionalists	0.0	n/a	n/a	n/a	n/a
	Baby Boomers	7.2	8.8	9.9	10.5	n/a
	Generation X	32.8	34.6	35.4	35.6	n/a
	Generation Z	2.3	1.1	0.6	0.4	n/a
	Millennials	57.6	55.5	54.1	53.4	n/a
Mediclinic Middle East	Traditionalists	0.0	0.0	0.02	n/a	n/a
	Baby Boomers	3.6	4.3	5.2	5.9	n/a
	Generation X	26.8	28.9	30.7	31.8	n/a
	Generation Z	2.4	0.9	0.3	0.3	n/a
	Millennials	67.1	65.9	63.8	62.0	n/a
Mediclinic Group Services	Traditionalists	0.0	n/a	n/a	n/a	n/a
	Baby Boomers	7.5	8.1	8.4	n/a	n/a
	Generation X	52.5	50.7	53.8	n/a	n/a
	Generation Z	0.6	n/a	n/a	n/a	n/a
	Millennials	39.4	41.2	37.8	n/a	n/a

		CY22	CY21	CY20	CY19	CY18
<b>DIVERSITY AND INCLUSION</b>						
<b>Permanent employees by gender (%)</b>						
Group	Male	25.4	25.8	25.5	25.2	25.5
	Female	74.6	74.2	74.5	74.8	74.5
Hirslanden	Male	24.1	23.9	23.7	23.5	23.3
	Female	75.9	76.1	76.3	76.5	76.7
Mediclinic Southern Africa	Male	19.0	19.3	19.2	19.1	20.3
	Female	81.0	80.7	80.8	80.9	79.7
Mediclinic Middle East	Male	39.5	41.5	41.7	42.1	42.7
	Female	60.5	58.5	58.3	57.9	57.3
Mediclinic Group Services <sup>2</sup>	Male	41.9	41.6	40.6	n/a	n/a
	Female	58.1	58.4	59.4	n/a	n/a
<b>WELLBEING</b>						
<b>Total work-related injuries<sup>3</sup></b>						
Group		1 579	4 146	5 752	1 482	555
Switzerland		582	737	914	564	555
Southern Africa		966	3 211	4 293	915	n/a
The Middle East		31	198	545	3	0
<b>Absenteeism due to injuries in business days (including day of injury)<sup>4</sup></b>						
Group		21 917	40 979	54 536	16 180	n/a
Switzerland		12 632	13 063	13 385	10 676	n/a
Southern Africa		8 860	26 052	35 947	5 473	4 570
The Middle East		425	1 864	5 204	31	0
<b>Occupational diseases<sup>5</sup></b>						
Group		7	6	18	24	n/a
Switzerland		0	0	0	0	0
Southern Africa		7	6	18	24	n/a
The Middle East		0	0	0	0	0

**Notes**

<sup>1</sup> Some data not available as reporting on generation commenced only in CY19.

<sup>2</sup> Some data not available as reporting on Mediclinic Group Services commenced only in CY19.

<sup>3</sup> Data includes injury-on-duty and COVID-19-related infection while on duty.

<sup>4</sup> Total work-related injuries are comprised of work-related injuries, COVID-19 disease and non-COVID-19 work-related diseases.

<sup>5</sup> Excludes work-acquired COVID-19.

## SUSTAINABILITY

	CY22	CY21	CY20	CY19	CY18
<b>WELLBEING</b>					
<b>Work-related fatalities<sup>1</sup></b>					
Group	0	0	0	0	n/a
Switzerland	0	0	0	0	0
Southern Africa	0	0	0	0	n/a
The Middle East	0	0	0	0	0
<b>Total absenteeism due to injuries and sickness in hours<sup>2</sup></b>					
Group	2 255 476	2 276 943	2 423 243	775 136	908 820
Switzerland	929 292	773 855	740 482	629 236	744 374
Southern Africa	1 010 974	1 284 863	1 499 645	129 704	148 163
The Middle East	315 210	214 489	183 116	16 196	16 283
<b>Absenteeism rate<sup>3</sup> (%)</b>					
Group	3.7	3.8	3.9	n/a	n/a
Switzerland	6.25	5.3	5.3	4.4	4.3
Southern Africa	3.51	4.2	4.7	2.5	2.9
The Middle East	1.90	1.4	1.2	0.8	0.7

**Notes**

<sup>1</sup> Excludes COVID-19-related fatalities.

<sup>2</sup> Data includes injury-on-duty, COVID-19-related leave and sick leave.

<sup>3</sup> Actual days lost expressed as a percentage of total days scheduled to be worked by the workforce during the reporting period.

## BEING AN ETHICAL AND RESPONSIBLE CORPORATE CITIZEN

	CY22	CY21	CY20	CY19	CY18
<b>CALLS TO ETHICS LINES<sup>1</sup></b>					
Group	166	187	148	154	131
Switzerland	8	14	16	27	28
Southern Africa	118	132	115	118	83
The Middle East	40	41	17	9	20
	<b>FY23</b>	<b>FY22</b>	<b>FY21</b>	<b>FY20</b>	<b>FY19</b>
<b>INVESTMENT IN CAPITAL PROJECTS AND NEW EQUIPMENT<sup>2</sup></b>					
Group (£'m)	99	84	72	108	148
Switzerland (CHF'm)	60	61	43	51	55
Southern Africa (ZAR'm)	460	303	400	582	506
The Middle East (AED'm)	110	100	88	174	376
<b>INVESTMENT IN EQUIPMENT REPLACEMENT AND PROPERTY UPGRADES<sup>2</sup></b>					
Group (£'m)	104	95	54	84	83
Switzerland (CHF'm)	63	68	38	43	40
Southern Africa (ZAR'm)	712	654	302	730	506
The Middle East (AED'm)	61	41	36	46	76
<b>EXPENDITURE ON REPAIR AND MAINTENANCE<sup>2&amp;3</sup></b>					
Group (£'m)	66	67	61	68	53
Switzerland (CHF'm)	45	55	50	48	41
Southern Africa (ZAR'm)	345	292	257	286	262
The Middle East (AED'm)	44	49	37	35	33

**Notes**

<sup>1</sup> Three high-priority cases were reported during the year. These were subsequently investigated and closed.

<sup>2</sup> These figures are audited annually by PwC. Amounts are disclosed on a financial-year basis.

<sup>3</sup> The FY20 expenditure on repair and maintenance has been re-presented to be consistent with the expense-by-nature income statement presentation.

# GLOSSARY OF TERMS

TERM	MEANING
AI	artificial intelligence
AOS	adverse outcome score
B-BBEE	broad-based black economic empowerment
Board	the board of directors of Mediclinic Group Limited
CAP	College of American Pathologists
CAUTI	catheter-associated urinary tract infection
CCU	critical care unit
CEO	chief executive officer
CFO	chief financial officer
CLABSI	central line-associated bloodstream infection
CLD	chronic lung disease
CO <sub>2</sub> e	carbon dioxide equivalent
CoE	Centre of Expertise
COHSASA	Council for Health Service Accreditation of Southern Africa
Company	Mediclinic Group Limited
Controllable employee turnover	Controllable employment terminations for all permanent employees are determined by a subset of 12 criteria, but specially exclude a subset of six criteria such as death, contract expiry, absconding, poor health, retirement or personal reasons
CPC	Clinical Performance Committee
CSI	corporate social investment
CTU	clinical trials unit
CY21	the calendar year ended 31 December 2021
CY22	the calendar year ended 31 December 2022
DDD	defined daily dose
DKG	German Cancer Society (Deutsche Krebsgesellschaft)
EASO	European Association for the Study of Obesity
EC	emergency centre
EEA	European Economic Area
EMS	environmental management system
ERP	early recovery process

TERM	MEANING
ESG	environmental, social and governance
Ethics Code	Company's Code of Business Conduct and Ethics
FTE	full-time equivalent
FY22	the financial year ended 31 March 2022
FY23	the financial year ended 31 March 2023
GCAA	General Civil Aviation Authority of the UAE
GCC	Gulf Cooperation Council
GDPR	General Data Protection Regulation of the European Union
GHG	greenhouse gas
GP	general practitioner
GPO	group purchasing organisation
GRI Standards	the GRI Sustainability Reporting Standards issued in 2016 by the Global Sustainability Standards Board, which represent global best practice for reporting publicly on a range of economic, environmental and social impacts
Group	Mediclinic Group Limited and its subsidiaries, including its divisions in Switzerland, Southern Africa and the Middle East
Group Executive Committee	the executive committee of Mediclinic Group Limited
HAI	healthcare-associated infection
HCGW	healthcare general waste
HCRW	healthcare risk waste
Hirslanden	the Group's operations in Switzerland, trading under the Hirslanden brand, with Hirslanden AG as the intermediary holding company of the Group's operations in Switzerland
HPCNA	Health Professions Council of Namibia
HPCSA	Health Professions Council of South Africa
HR	human resources
HRO	high-reliability organisation
HTA	health technology assessment
ICT	information and communications technology
IPC	infection prevention and control
IQM	Initiative on Quality Medicine

## GLOSSARY

TERM	MEANING
ISO	International Organisation for Standardisation
ISQua	International Society for Quality in Healthcare
IVF	<i>in vitro</i> fertilisation
IVH	intraventricular haemorrhage
JACIE	Joint Accreditation Committee ISCT-Europe and EBMT, the accreditation body for stem cell transplantation
JCI	Joint Commission International, an international quality measurement accreditation organisation, aimed at improving quality of care
JSE	the stock exchange of South Africa based in Johannesburg
LMS	learning management system
MBRU	Mohammed Bin Rashid University of Medicine and Health Sciences in Dubai
Mediclinic	Mediclinic Group Limited
MENA	Middle East and North Africa
Middle East	the Group's operations in the Middle East, trading under the Mediclinic brand, with Mediclinic Middle East Holdings (registered in Jersey) as the intermediate holding company of the Group's operations in Dubai and Abu Dhabi
MoU	memorandum of understanding
MPSS	Mediclinic Procurement Shared Services
MSC	Mediterranean Shipping Company
NGO	non-governmental organisation
NICU	neonatal intensive care unit
NIPT	non-invasive prenatal test
NPO	non-profit organisation
NPS®	Net Promoter Score®
OHS	occupational health and safety
OHSMS	occupational health and safety management system
PPP	public-private partnership
PROMs	patient-reported outcome measures
PV	photovoltaic, converting sunlight into electrical energy
PVL	periventricular leukomalacia
PwC	PricewaterhouseCoopers LLP, Mediclinic's independent external auditor

TERM	MEANING
ROP	retinopathy of prematurity
ROSA®	Robotic Surgical Assistant®
SAICA	South African Institute of Chartered Accountants
SAPS	Simplified Acute Physiological Score
SBI	Safe Brain Initiative
SDGs	Sustainable Development Goals of the United Nations
SFCNS	Swiss Federation of Clinical Neuro-Societies
SI	severity index
Southern Africa	the Group's operations in South Africa and Namibia, trading under the Mediclinic brand, with Mediclinic Southern Africa (Pty) Ltd as the intermediary holding company of the Group's operations in South Africa and Namibia
Spire	Spire Healthcare Group plc
SSI	surgical site infection
TMS	transcranial magnetic stimulation
TPSC	The Patient Safety Company
UAE	the United Arab Emirates
UK	the United Kingdom of Great Britain and Northern Ireland
UN	the United Nations
UTA	uridine triacetate
VAP	ventilator-associated pneumonia
VLBW	very low birth weight
VON	Vermont Oxford Network
WAOS	weighted adverse outcome score
WHO	World Health Organization

# COMPANY INFORMATION

Mediclinic Group Limited  
(incorporated and registered in England and Wales)  
Company number: 08338604

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