

OBJECTIVES OF THE ORGANISATION:

- To provide a comprehensive Palliative Care programme, by Palliative Care Trained Registered Nurses, assisted by the Interdisciplinary team.
- To place trained Home Based Carers, from the community, in the community to deliver a comprehensive, quality, palliative home based care service including family empowerment through education.
- To provide supervision by Professional Nurses to Home Based Carers to enable them to fulfil their duties.
- To continually monitor and evaluate the service given to ensure a high standard of care is delivered.
- To seek solutions and partnerships to achieve equal access to quality health care for everybody in the district.

GOALS OF THE ORGANISATION FOR 2009-2010:

- To provide a comprehensive, quality, palliative (holistic symptom management) home based care service in an area from Langebaan to Dwarskersbos, to those in the community who need it and to grow the patient base. Start and OVC programme. Provide for TB patients– within our scope of operation.
- To promote family and patient empowerment in respect of care and the management of their illness through education, with on-going support.
- Increase funding income by R600 000.00 to include adjusted salaries as per current salaries which are not market related. Find funders who fund palliative care activities. Employ a full-time fundraiser.
- Accreditation with Hospice Palliative Care Association (HPCA) for credibility which leads to funding – by end 2010.
- Grow the volunteer base to broaden representivity and be inline with the demographics of the district. This includes the Board.
- Source office accommodation.
- Ensure staff compliment is maintained with qualified personnel. Utilise all staff training available from HPCA.

Services provided by the Organization: The package of service and the approach our organization is using in the provision of the services

The approach to our service is:

- Holistic
To achieve this we have a caring team, which consists of a Palliatively Trained Patient Care Manager; a Doctor with a particular interest in palliative care, 1 Palliative Trained Registered nurse, 2 Registered Nurses (one of whom will complete the Palliative Care Short Course for Registered Nurses 2010), 3 additional Registered Nurses who supervise the chronic home based care patients, a Social Worker and 7 Home Based Carers. The service runs 24 hours per day, 365 days per year as a Registered Nurse is always on call after hours.
- Interdisciplinary
Once a week we have a palliative patient round which is attended by the Doctor, Registered Nurses and the Social Worker. The objective is to formulate a care plan for all new patients in order to address their specific needs and to re-evaluate the care provided to the rest of the palliative patients. This meeting also concentrates on on-going training.

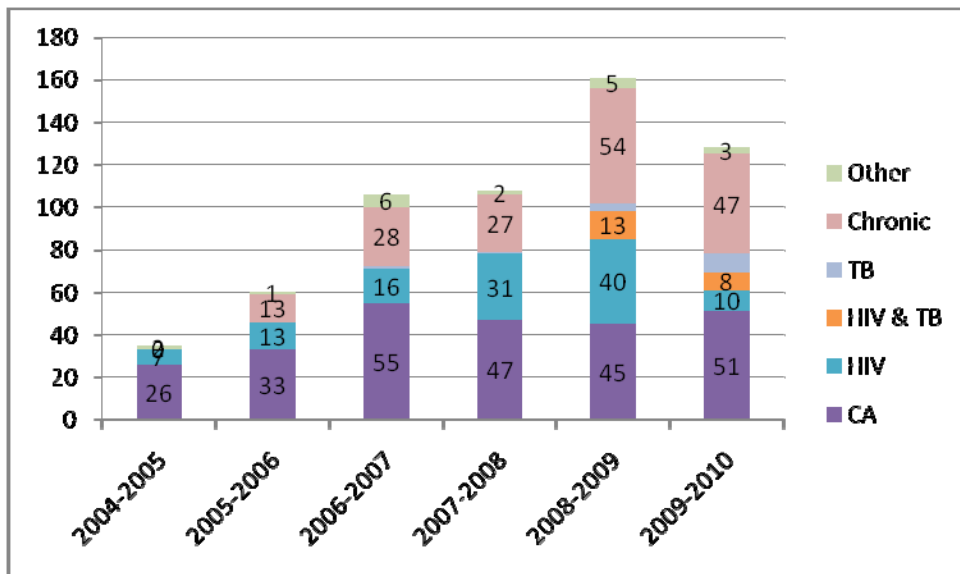
- Home Based Carers
A Home Based Carers meeting takes place monthly and is attended by all categories of nursing staff and the Social Worker as required. This meeting includes:
 - Re-evaluation of patient care plans
 - Training sessions pertaining to aspects of care as identified by the Home Based Carers
 - Submission of written reports and replenishment of stock
 - Care for the carer support, provided by either the Patient Care Manager or the Social Worker.
- Day Hospice Service
Day Hospice is a service provided as part of the Palliative Care Program, to improve quality of life and is held every second week. Day Hospice provides appropriate care for non bed-bound patients and their families and provides a forum for interaction with other patients in a supportive environment. Family members caring for a patient benefit as they have a morning “off” to attend to other needs. An additional benefit to the organisation is that the Registered Nurses see their “well” patients in one place on one morning, which is more economically viable and ensures that the majority of the Registered Nurses’ time and resources are spent with the imminently terminal patients.

Together with our core business of the Palliative Home Care Program, we have in place additional services such as;

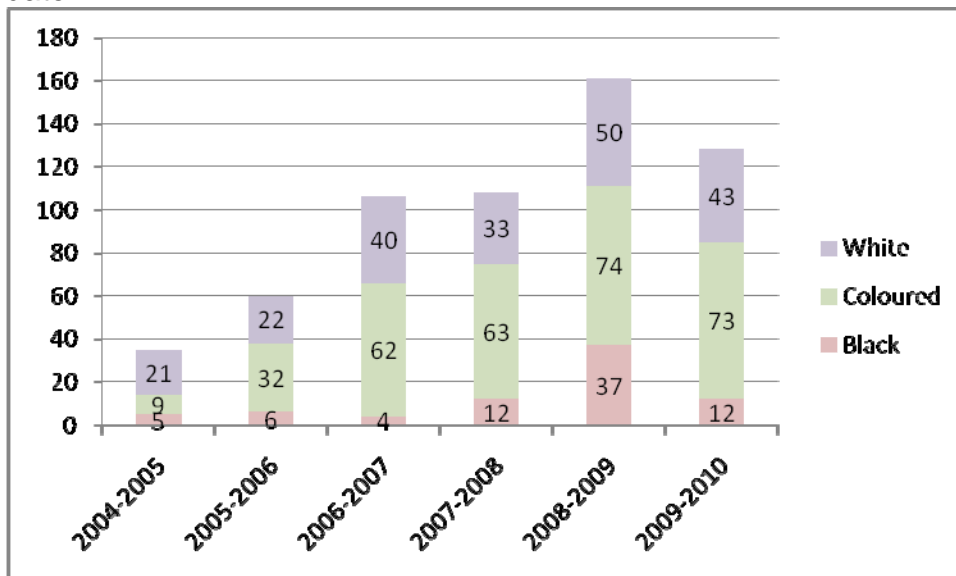
- Facilitating access to grants
- Individual counselling
- Family counselling
- Support group
- Spiritual counselling
- Planning care for orphans and vulnerable children
- Providing care for orphans and vulnerable children
- Nutritional program
- Bereavement service

Our core business is the care of patients in the community. The Annual patient satisfaction report revealed that the performance of our staff deserves praise. This satisfaction was confirmed by the HPCA audit, which was conducted in August 2009. New patient referrals for the year were 128. These consist of 40% cancer patients, 14% HIV/AIDS, and 46% chronic and patients with other diseases.

Diag. 1: Graph representing the percentage breakdown of patients by diagnosis 2004 to date:



Diag. 2: Graph representing the percentage breakdown of patients by race; 2004 to date



Networking and Marketing;

- Networking with the Hospitals, Municipal Clinics, local GP's, Specialists and all other NGO's providing care within our community - ongoing
- We are supported by the Weslander where we are regularly featured covering events and activities of the Hospice - ongoing.
- Maintain a database of all donors, members, interested parties and companies and keep them regularly informed of Hospice matters via a quarterly newsletter-ongoing
- A pamphlet on our services is distributed regularly
- We have a website <http://www.sthelenahospice.co.za>.
- We have street banners which are displayed at various events in the various towns of our Municipal District

- All the staff are involved in promotional talks at churches, service organisations and the radio - ongoing
- We are involved in teaching and education as part of our mission statement – ongoing
- Bereaved families are invited to attend our annual Remembrance Service; a service which is held in one of the local churches and supported by other denominations.

Our service delivery speaks for itself and being able to maintain good quality palliative holistic community based care will ensure the continuation of St Helena Sandveld Hospice. Our patients and their families are the best advocates of our service through promotion of the service via word of mouth; a slogan often repeated is: 'By the community, for the community.'

Community involvement

The target group and beneficiaries are involved with the NGO:

- Volunteers from the community assist in fundraising and marketing and services provided by the organisation.
- Bereaved families are invited to attend our annual Remembrance Service; a service which is held in one of the local churches and supported by other denominations

Monitoring and Evaluation

The activities are monitored and evaluated monthly, quarterly and annually so that the impact of the service can be measured including cost effectiveness.

Monitoring and Evaluation systems;

- St Helena Sandveld Hospice is part of the HPCA (Hospice Palliative Care Association of South Africa). Accreditation process is currently in progress. We are currently rated a four-star Hospice.
- Monthly Quality Improvement and Risk Management meetings, attended by one Board member, the Patient Care Manager, Administration Manager, Social Worker and the Volunteer Services Coordinator. In addition to these persons, one Registered Nurse and one Home Based Carer attend these meetings, and are rotated 6 monthly to give other members of clinical staff an opportunity to be involved.
- Annual audits of the financial statements are carried out by external auditors; Members of staff from DOH performed Monitoring and Evaluation of our organisation October 2009.
- Internal audits of personnel and procedures are conducted and are part of our Quality Improvement Plan.

Sustainability

The organizations' plan to continue with the service after the government and donor funding have been withdrawn:

The Hospice is funded by donations and grants from the community, individuals, corporations, international funders and the Charity shop. Donor funding will have a great influence on the expansion of the service delivery both qualitatively and quantitatively. Withdrawal of the funding would mean scaling down of the project and renegotiating with other possible funders for the continuation of the service delivery.

Financial statements:

Total revenue has increased almost commensurate with increased costs. Refer the attached financial report.

Organisational Successes:

- St Helena Sandveld Hospice has been providing palliative care to our community for 6 years and during this time has experienced growth in patient numbers as well as expansion of various services that constitute a fully functional palliative care service.
- Our Quality Improvement Project has been successful in meeting the monthly targets in order to achieve our goals.
- Two registered nurses have been employed as of March and May 2010 respectively, to care for the increasing number of palliative and chronic patients
- We are a lot more visible in the community
- The local doctors, clinics and hospitals are referring patients on a regular basis.
- To date, we have cared for 598 patients. This translates into 598 direct beneficiaries and approximately 1495 indirect beneficiaries.
- Successful fundraising events have been held; namely the West Coast Fossil Park MTB Ride and a Spinathon.
- NLDTF have provided a new car. This has now alleviated the pressure we had that all clinical staff had a vehicle and that a vehicle was available for the Social Worker as well.
- The Vredenburg shop has become well established and we are in a situation where we are well known to the public.
- A fundraising committee has been formed. This core group is coordinated by the newly appointed Fundraising and PR Manager. Each member of the group will take on a different facet of the fundraising activities. Each committee member will have the backing of more volunteers if required, which will be arranged via the Volunteer Services Coordinator. There is Board representation on this committee.

Challenges:

- Sustainability and future funding
- Five other NGO's in our area receive similar funding – this has resulted in a decrease in patient referrals.
- Personnel: In reporting on the staff situation, there are changes taking place in the environment in which we work which will impact on our ability to continue to provide an expanding service. As a non profit organisation we have traditionally not paid our staff market-related salaries, relying on being able to offer a rewarding job and more flexible working conditions. The shortage of nursing services in the country and pay increases awarded in the government sector have significantly raised the level of competition in the industry. Part time work in the manufacturing industry as well as government health care at inflated salaries has also reduced the pool of available personnel. We have, nevertheless, been fortunate to retain a highly motivated and competent staff.

Our Volunteer Services Coordinator is well known to all our volunteers and continues to recruit more as needed.

- The rising crime rate has not left us untouched. We have experienced theft from cars left on the premises, theft of volunteers' personal belongings from the shop and shop lifting has also become a major problem. This of course raises concerns for the safety of our volunteers and staff.

Way forward:

- We will continue to work closely with the adult and paediatric ARV clinics.
- Our staff continues to visit the clinics regularly to find out which patients require our service. This has strengthened our partnerships with the clinics and other local NGO's.
- We will expand the Bereavement Service; this will be achieved by training appropriate members of the community in bereavement care. All members of the Bereavement Team will be supervised and supported by the Social Worker.
- The Hospice continues to operate from the premises we rent for the shop activities and the mobile offices parked on the premises. With the increase in patients, there has also been an increase in staff and our office accommodation is inhibiting functionality. A long term objective is to obtain permanent premises for the office accommodation.

Chairman's Report: Financial Year ending 31 July 2010

Before presenting my report, just to remind ourselves why we are here, I would like to quote from researchers at the Yale School of Public Health in New Haven, who found that patients who die in ICUs and hospitals experience far more physical and emotional distress than patients who die at home with hospice. For decades, we have seen better outcomes for patients and families who use hospice, but here we also find clear evidence that leaving hospice is also costly financially. Patients who stayed with hospice incurred about one fifth the cost of Hospital care. A recent study by the Dana-Farber Cancer Institute found that patients with cancer who died in ICUs or hospitals experienced more physical and emotional distress at the end of life. Their caregivers also suffered more emotional stress from the experience.

Financial situation.

You will see from the financial statements that our current situation is quite healthy, The Treasurer will present the financial statements in detail, but I would like to make a few comments. We have again managed to end the year with a surplus. During the year Tom Tromp handed over his responsibilities as treasurer to JP Stuyck and we are fortunate to have had these two dedicated accountants to steer us through the hurdles of keeping our books in good order. We would not have been in this position without the work done by Felicity Holmes over the years. The seeds of applying for corporate funds take months and sometimes years to bear fruit and her efforts in this regard are now apparent. We have been fortunate to have two grants approved by the Lotteries board, and not reflected in the accounts is an amount of R 300 000 for the next financial year. As usual our main expenditure is on salaries for our staff and related costs. In line with government and other local industries, a substantial increase was given in January this year as your board feels it is important to keep our remuneration on a par with the competition. Our main sources of funds are still the corporate donors, LOTTO, the shop and overseas funding through the HPCA.

Despite the current relatively encouraging situation, if grants are not renewed, next year will be a very difficult one for fund raising.

Staff

On behalf of all the members of the hospice and of our patients, I would like to thank our staff for their continued dedication to the service they provide. With the resignation of Sister Haley at the end of last year, Sister Jill Snyman has taken on the position of Patient Care Manager. I think her heart is still with the patients, but she has tackled her new responsibilities with her usual efficiency and we are very grateful to her for leading the activities of our core business. I would like to also welcome Sister Miriam Cloete who took over many of Jill's patients, and Denisia Saal helping with our chronic patients. I would also like to welcome the new home based carers who have joined the staff, Abrie Smit Hendrika Julius, Elsie Booy and Rosalia Carsten. Christie du Toit joined us as fund raiser and PRO. I am sure we will see the results of her activities as the New Year progresses. Many of you will know Dédé Ludeke who took over as shop manager and volunteer coordinator. Under her guidance our volunteer numbers have increased and the shop has consistently performed over budget with a turnover of around R 15 000 per month.

Dalena Maartens - Social Worker joined in August 2009 and has expanded the scope of our social services.

During the year it became apparent that we needed to give the Hospice more direction and management of the day to day activities. The board decided to appoint a general manager reporting to the chairman of the board, and we were very pleased to obtain the services of Monica Fölscher to take up this position.

We continue to try to keep our staff up to date in their careers and they have attended various courses, each in their own field of expertise, during the year. Sister Brand is currently qualifying as a palliative trained sister. Mrs Holmes is assisting the HPCA on their Organisational Development Sub-committee and has been training new establishments in this regard.

Patient Care

Your Hospice continues to serve the community from Langebaan to Dwarskersbos and inland to Hopefield. The high quality of the service provided is borne out by the annual satisfaction survey conducted amongst patients and we are very proud of the work done by our palliative sisters, our registered nurses and our home based carers. The total number of new patients taken on during the year has decreased since our last report, but the number of patients looked after each month has increased from around 140 last year to around 180 this year.

There has been a marked drop in the number of HIV cases. This is not necessarily a reflection on the incidence of HIV in the general population, but rather the influence of the anti retroviral treatment available, meaning that fewer HIV patients are in need of palliative care. If we look at numbers rather than percentages, the number of cancer patients has increased from 45 to 51. The day hospice continues to function and thanks to our volunteers who are largely responsible for looking after the patients. Thanks to the West Coast Baptist Fellowship for the use of their premises. We are still supported by Dr Con Neethling who advises the nursing staff on clinical matters, but regret that he has resigned from the board.

General

Your Hospice continues to operate from the premises we rent for the shop activities and the mobile office parked on the premises. With the increase in patients, there has also been an increase in staff and we were obliged to rent another mobile office to accommodate everyone. The accommodation situation is far from ideal and our long term aim is still to find our own permanent premises. The Vredenburg shop has become well established and we would not want to move from the premises which are well known to the public. The Saldanha shop had to be closed after a few months as it was not profitable, but we still believe that with the right location, we should be able to make a go of it.

Before concluding with my report, I would like to express some thanks;

Firstly, to members of the board who have attended regular meetings and played an active part in the management of the Hospice.

Secondly, to all our financial supporters, from large corporate donors to those who gave many small donations of cash and goods for sale in the shop and to those who have supported the fund raising projects we have held.

Thirdly, to all our volunteers who have helped in the shop and with our patient care. They are all an essential part of our organisation and we could not do without them.

Fourthly, to the Saldanha Rotary Club, founders of the Hospice, who have given us much needed moral support as well as considerable financial support through the Rotary Foundation and overseas clubs.

Last, but most importantly, to our staff who have provided the service for which our hospice was established.

Malcolm McGregor

Chairman

October 2010