CEO report to AGM
2023

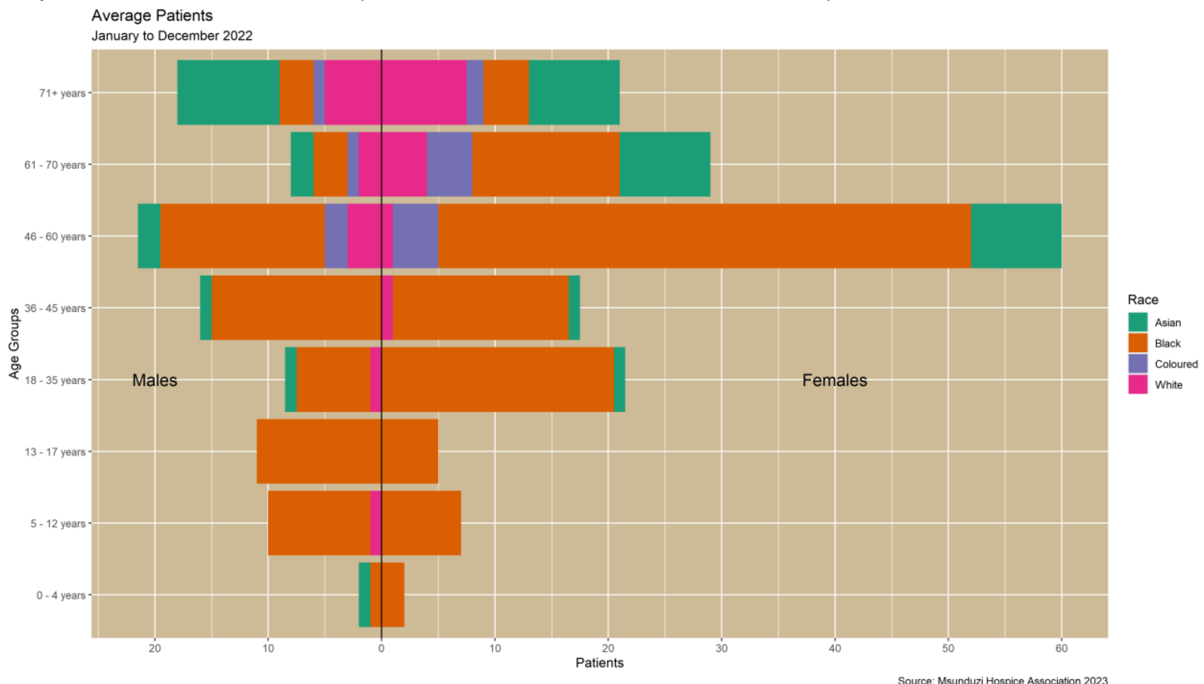
Good afternoon. Can you believe that this is our 40th AGM. We celebrate (albeit, very quietly) our 40th anniversary this year. Anniversaries and birthdays are special occasions in our lives, some we celebrate with vibrancy and great fan fair (21st, weddings etc.). Some we celebrate quietly with respectful silence (death). But each in their own way is celebrated, or perhaps commemorated. Ours, this year, is commemorated quietly. It becomes necessary to become quiet at times and find places of silence. Silence is where creativity lives and success and health. Silence is where we meditate and become one with ourselves, with the world, with whatever might give meaning to our lives. In the silence we reflect on the change that we have lived through, the changes that are happening, and the changes that may happen shortly.

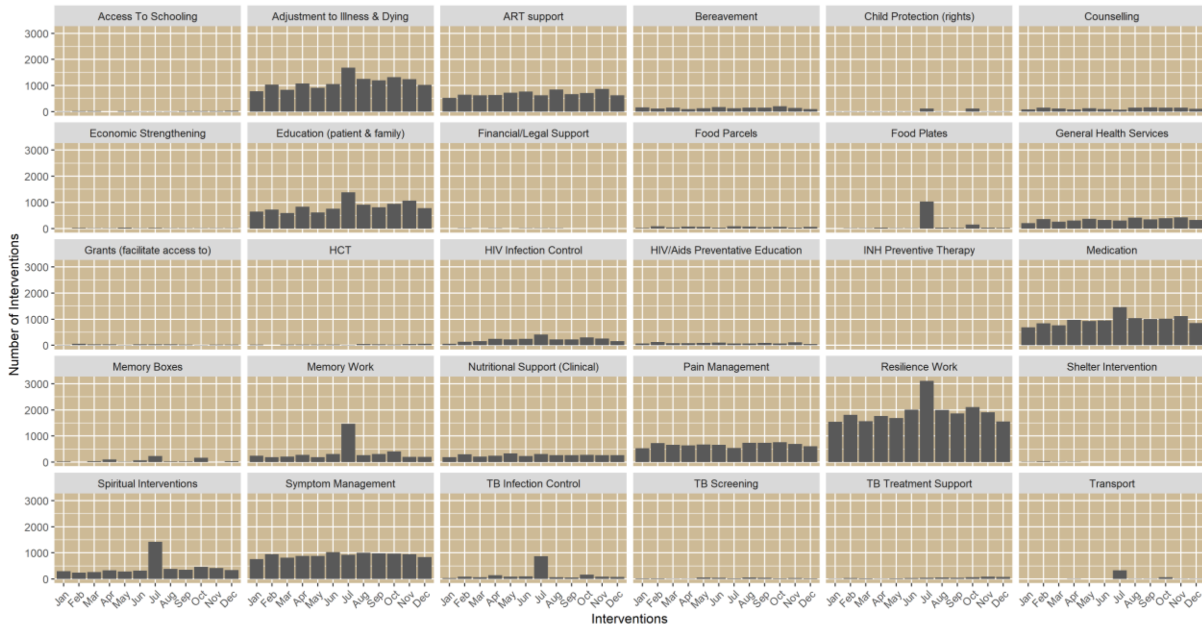
This is a journey that many of our patients take. A journey from the noise of treatment to the silence of being. The silence of acceptance. Acceptance does not mean giving up, acceptance is about becoming comfortable with one's illness/diagnosis. This is the journey that we are privileged to help our patients along. We call this resilience.

One of our nurses was complaining to me, just the other day, how angry she was that a patient had been admitted to hospital and had undergone so many invasive treatments. Unnecessary treatments. When at the end of the day a simple means of nourishment and some treatment for the various symptoms she was experiencing was necessary.

The message for me is clear, can we remain ourselves in the midst of all the noise around us? Can we remain true to the essential elements of Palliative Care in the midst of change and distraction and struggle?

In order to deliver quality palliative Care, to find and support our patients and their families with what they need, this is imperative. In 2022 we have provided care as follows.



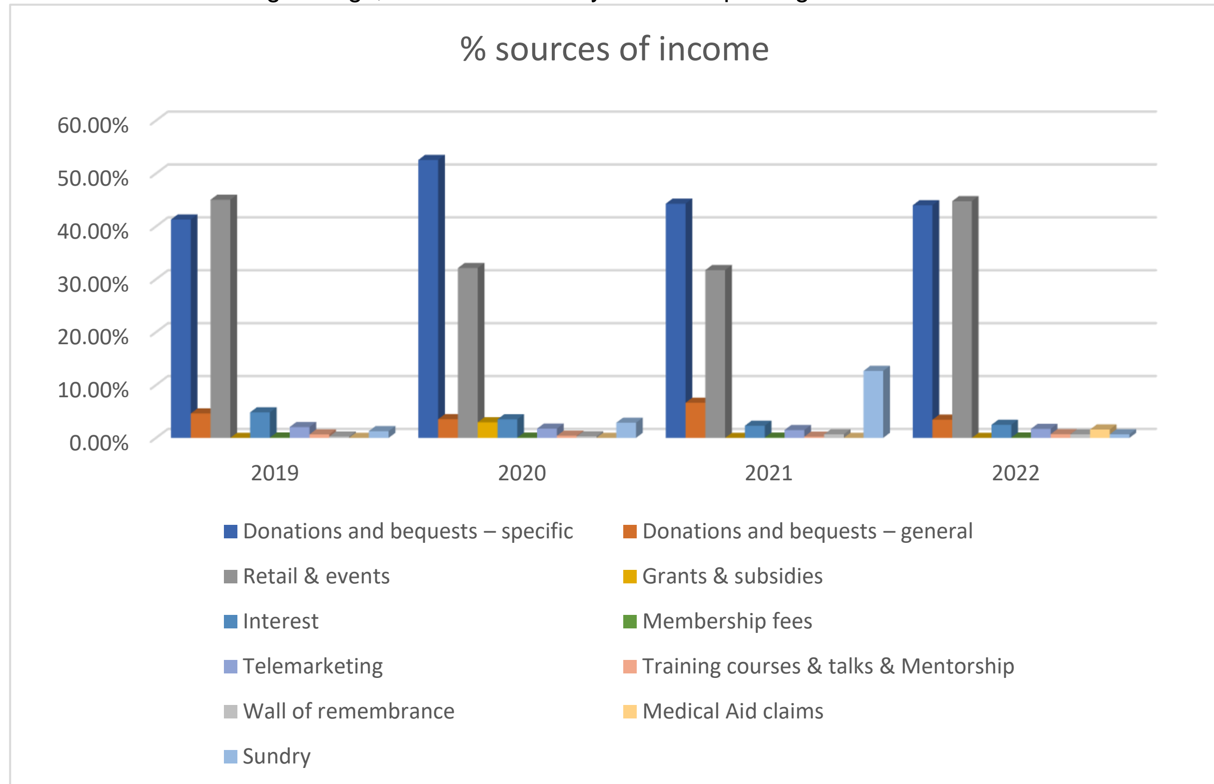



This has been a challenge. Challenging in many ways, not least because of the serious financial challenges that we currently face. Being unable to provide increases, being unable to provide bonuses, being unable to replace staff and yet expecting the service to remain the same very high quality is not easy and adds to the noise and detracts from the silence of care. It distracts from the essential elements I was speaking of earlier.

Watching how these impact on the lives of our staff has been very painful. Workloads have been expanded without compensation. Demands on staff have increased in particular around fund raising, event organisation and related matters.

In addition to these, we continue to provide services, we continue to raise funds, but we have not been able to review and make changes that (possibly) might make our lives easier or extend the scope of the work that we do. Our failure to successfully apply for PEPFAR funding in 2022 was a great source of pain for me, personally, as well as for the organisation. However, it has made us sit up and reflect on things. Our application this year has been submitted and hopefully, will result in a better outcome. The point of this, is that we need to review how we work and the financial difficulties we are currently experiencing make it necessary to review our operations, in particular our care services and how they

are delivered. Doing things, the same way and expecting different outcomes is foolish.




Other sources of income are the training and mentorship services that we provide. The training focuses mainly on Palliative Care related topics and basic Home-Based Care. In 2022 we provided Home-Based Care training to 237 people and Introduction to Palliative Care for Care givers to 32 people. This training is provided at a cost per person and contributes towards our income. Mentorship services are provided mainly by myself and other senior staff and focus on organisational development and the implementation of the Palliative Healthcare Standards which I was involved in developing.

In a similar vein it is worth noting that Msunduzi Hospice finds itself in a very elevated position. We are one of only 6 Palliative Care sites in South Africa to be accredited by Cohsasa. The first to be accredited under the revised, 4th edition of the Palliative Healthcare standards. This is a remarkable achievement, in particular in the light of the serious financial stress we currently face.

Along with this, we had some reasonable success in 2022 claiming from medical aids (2020 – R185810.00; 2021 – R121900.00; 2022 – R107790.00). This is an avenue that we need to continue to explore and develop. However, we have very few medical aid patients and we need to possible consider a special team of health care professionals who work with medical aid patients only. We should also consider admission fees or assessment fees, or simply, charging for our services. Why should our care

be free? Once again, changing things up.

Claims from medical aids

**Income from medical aids:**

- Now specified on the AFS – previously included in Sundry Income.
- 2020 = R185,810.00.
- 2021 = R121,900.00.
- 2022 = R107,790.00.

**In 2022:**

- Cost of care per beneficiary – R700.00 per month
- Cost of care per patient – R1,270.00 per month

**Payments received:**

- Discovery medical aid – R1,600.00 per day – Home-Based Care
- Average of other medical aids – R500.00 per day – Home-Based Care.

**The economics make sense:**

- One Discovery visit pays for the care of that patient for the month.
- Every other visit pays for someone who is not on medical aid.
- Other medical aids – after 3 visits, the 4th pays for patients not on medical aid.

At the moment about 10% of our patients in any given month are on medical aid. This is well below the national average of about 16% of the population (2021). Where are the remaining 6%? Do they not live in Msunduzi? Are they not wanting our services? If so, why? These are challenges that we need to unpack and find ways to engage. Excluding Discovery (for the moment), medical aids will pay out of the risk portion of the fund for a visit by a registered nurse on average R500.00. We work on a cost per beneficiary of about R700.00 per month (this includes family members). After one visit, during the second visit, the cost of that patient's care has been met. Discovery pays about 3x this amount and also pay for social workers. This makes perfect sense and yet we continuously fail to access these medical aids and medical aid patients. This is a revenue source that we must tap into urgently.

It is no secret that the financial situation of the organisation is desperate. In a special meeting of the board and management, in September 2022, this was discussed, and the beginnings of plans made. Some of those plans included the withholding of the annual bonus for 2022, the moratorium on the replacement of non-key staff within the organisation (allowing a natural process of staff attrition). There were a few other steps put in place in the early part of 2023, such as not paying any increases. These measures have had some success, but this success is limited. We have managed to slow the serious downward trend of the financial reserves but not stop it. There is only so much that we can cut from our expenses, the real objective is to increase the income. We have had very limited success in this regard.

The Save Hospice, Hospice Hero, "Adopt a patient" campaign has had some success, more than anticipated when it was launched in January this year. However, it suffers from a lack of marketing skills and reach within the community. Assistance in this regard is desperately needed.

What does 2023 hold for us? I would like to refer to a saying by Osho on knowledge and growth. 'Knowledge is certain; the search for personal knowing is very, very hazardous. Nobody can guarantee it. … Danger will be there, sacrifice will be there; you will be moving every day into the unknown, into the uncharted, and there will be no map to follow, no guide to follow. Yes, there are millions of dangers, and you can go astray, and you can get lost, but that is the only way one grows. Insecurity is the only way to grow, to face danger is the only way to grow, to accept the challenge of the unknown is the only way to grow.' (Osho, Dang Dang Doko Dang -Ch7, 1977).

It is time to switch things up. To cut our patient numbers is inevitable but not before we make a serious effort to change the way in which we reach our patients. The use of Enrolled Nurses instead of Registered Nurses, the use of social auxiliary workers in the place of social workers. To streamline the care that we provide and to move the greater portion of our less-intensive patients into support groups

and adherence clubs, possibly more Day Care type groups for different patients in different areas of the community. If the cost of care to one beneficiary in one month is R700.00 (using draft AFS from 2022) it makes sense to see as many patients in one consultation/visit as possible. The end result should a lean and effective care programme which can be sustained on the income made from the shops and the events that the organisation hosts. We are not there yet. Funding, and grants can then be directed towards more specific projects with timelines and limited employment of staff on fixed term contracts.

All of this to be achieved in a context of increasing work load, fewer funders, and a generally poorer community. This is a challenge. It is, however, a challenge that we need to rise to meet, or we will probably sink and drown. The picture is not pretty, and the road ahead is not easy. Talking to some of my colleagues at the Palliative Care conference a few weeks ago this becomes evident. Salary cuts, retrenchments, restrictions on services, introduction of paid for services are all the order of the day. While I am not in a position to make some of these calls and decisions, the board will be required to work closely on many of them and advise and guide our way forward.

I asked a question earlier about the essential elements of Palliative Care. Palliative Care is described in many ways the most common refer to supportive care provided during a patient's illness from the point of diagnosis through to death, irrespective of whether curative treatment can be provided alongside. Other definitions refer to the supportive care provided to the patient and the family through death and then into the grieving process. Others take a more technical approach and break the essential elements down into a series of activities (pain control, symptom management, emotional care, social care, spiritual care etc.) I would like to say that the essential element of all Palliative Care can be summed up in the words of the following poem by John Roedel:

Listening is breathwork

I inhale your story

I exhale compassion

I inhale your words

I exhale understanding

I inhale your suffering

I exhale gentleness

Empathy is the deliberate act

Of breathing for someone else

Who can't find their own air

Whether we do this with one patient/family a month or 250 (as we at the moment). This is our vocation.

Thank you.

Warren Oxford-Huggett