

Gauteng Multi-Hospital Palliative Care Project – Chris Hani Baragwanath Academic Hospital

Reporting period: April 2023 – March 2024

ANNUAL REPORT



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Report Preamble

Executive Summary

This report is created for the April 2023 – March 2024 reporting period. The structure of the report starts with an executive summary of the project and then moves on to the project performance in the past year. The performance is reported according to the components of palliative care services provided for patients at Chris Hani Baragwanath Academic Hospital and Charlotte Maxeke Johannesburg Academic Hospital. The report concludes by sharing the lessons learned over the reporting period, the sustainability plan, and goals and objectives for the next year.



Palliative care was first established at Chris Hani Baragwanath Academic Hospital at the Department of Internal Medicine and has grown over the years. Through funding from the Bristol Myers Squibb Foundation, palliative care services were expanded to Helen Joseph Hospital, and then in January 2022 at Charlotte Maxeke Johannesburg Academic Hospital. Since then, palliative care services, comprising of clinical, psychosocial, and spiritual care have been rendered at the three institutions. Unfortunately, services have been discontinued at HJH due to funds running out in June 2023. In this report, we share the performance of the project at the two remaining institutions for the April 2023 – March 2024 reporting period (CHBAH & CMJAH).

Introduction

The Gauteng Centre of Excellence for Palliative Care has been operating since 1999 when services were initially established by the Internal Medicine Department. The unit has since expanded and support services are provided in other hospitals in Johannesburg through private funding. Paediatric Palliative care services were funded by Stephen Lewis Foundation, but services stopped in March 2023 when funding was expended.

Through funding from the Bristol Myers Squibb Foundation, support was provided to the National Department of Health, and through the Johannesburg Multi hospital Palliative Care project, assistance for the implementation of palliative care services was provided at three hospitals in Johannesburg, Gauteng province. Services have been established at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH), stabilized at Helen Joseph Hospital (HJH), and strengthened at Chris Hani Baragwanath Academic Hospital (CHBAH), while providing support at the Soweto Comprehensive Cancer Centre (SCCC). The mandate of the Gauteng/Wits Centre for Palliative Care is to improve access to palliative services in Gauteng provide in accordance with the National Policy Framework and Strategy for Palliative Care. Currently, the focus has been on CHBAH, CMJAH, and Helen Joseph Hospital with support from BMSF. Since project inception, we have endeavored to provide palliation to patients facing life-threatening and life-limiting illnesses to improve their quality of life, dignity, and comfort throughout their illness.

During the reporting period, the team officially launched palliative care services at CMJAH. The event took place in October 2023 and various stakeholders from Gauteng province and beyond attended the launch. More details are provided in the body of the report. Services have also unfortunately been discontinued at HJH due to diminished funds. There has been interest in resuscitating the project from HJH management and they have conducted a scoping exercise to map the services at CHBAH into their setup.

Goal and Objectives of the Palliative Care Unit

Goal

To provide equitable quality care to all patients and families facing life-threatening illnesses.

Objectives

1. To provide holistic care to all patients and families facing life threatening illnesses.
 - 1.1. To improve physical challenges faced by palliative care patients.
 - 1.2. To improve patients and family social and emotional issues.
 - 1.3. To address spiritual challenges that patients and families face
2. To improve the capacity of health professionals to provide palliative care.
 - 2.1. To conduct training for undergraduate students at Wits University.
 - 2.2. To conduct training for postgraduate students at Wits University.
 - 2.3. To conduct in-service training for health professionals.
 - 2.4. To conduct training on spirituality.
3. To conduct research and publish
4. To conduct advocacy and awareness on palliative care.
5. To collaborate with different stakeholders to expand palliative care reach.

Background of services provided at CHBAH

The palliative care unit at CHBAH has continued to provide services within the hospital and surrounding areas. Patients are referred from the different wards, Soweto Comprehensive Cancer Centre (SCCC), different clinics and outpatient departments, while some patients are walk-ins. Daily, team members are allocated to different wards, palliative care outpatient unit and different special clinics (Hematology, breast, gynecology, SCCC) to provide palliative care services.

Objectives of the report

This report covers the period from April 2023 to March 2024 and provides:

- Summaries of the overall services provided at the hospital.
 - Clinical
 - Psychosocial
 - Spiritual

- Summary of project achievements
- Collaborations
- Challenges
- Lessons learned and plans for the next year.

This report will highlight key achievements, challenges, and other important milestones as the team strives to improve access to palliative care as a component of Universal Health Coverage.

Gauteng Centre of Excellence for Palliative Care Organogram

The Gauteng Centre of Excellence for Palliative Care structure of employees is depicted in the organogram (Figure 1). Most of the staff is funded by the hospital (Director, Medical Officer, Assistant manager, operational manager, 5 Professional nurses, 1 social worker, 2 admin clerks and cleaner). Other team members (1 social worker, 1 social auxiliary worker, 4 spiritual counsellors (chaplains), 1 patient navigator, driver, 2 professional nurses, 3 retired nurses) are privately funded.

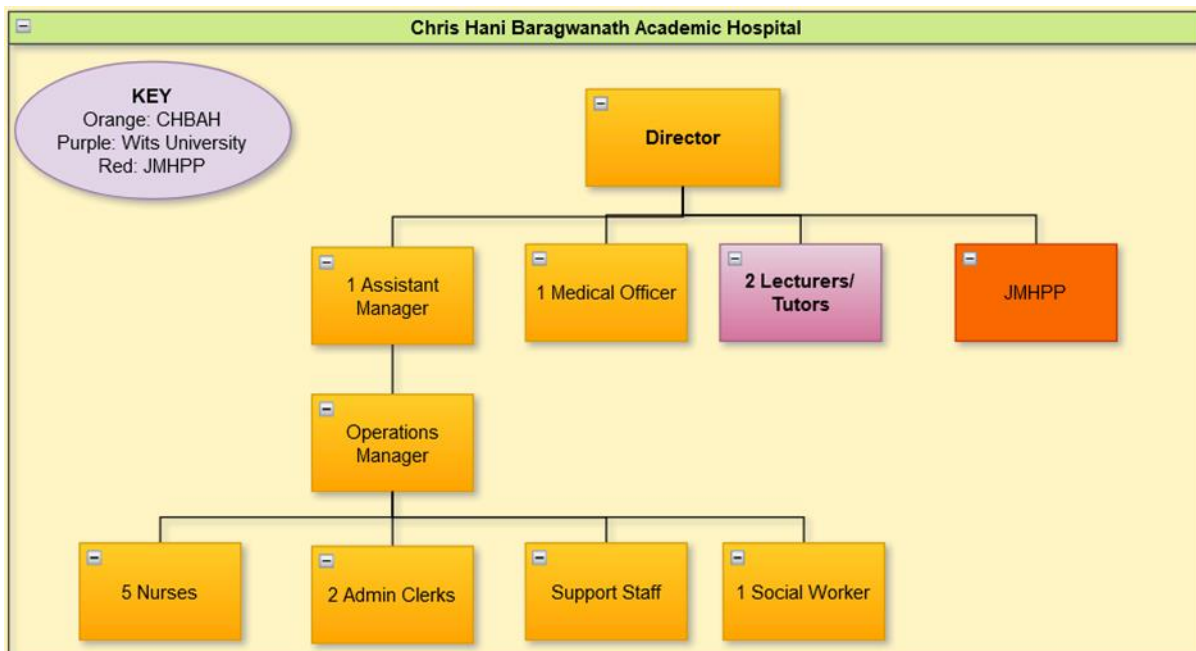


Figure 1: CHBAH Palliative Care Unit organogram

The Johannesburg Multihospital Palliative Care Project organogram is shown below. All personnel under this project are funded through the Bristol Myers Squibb Foundation.

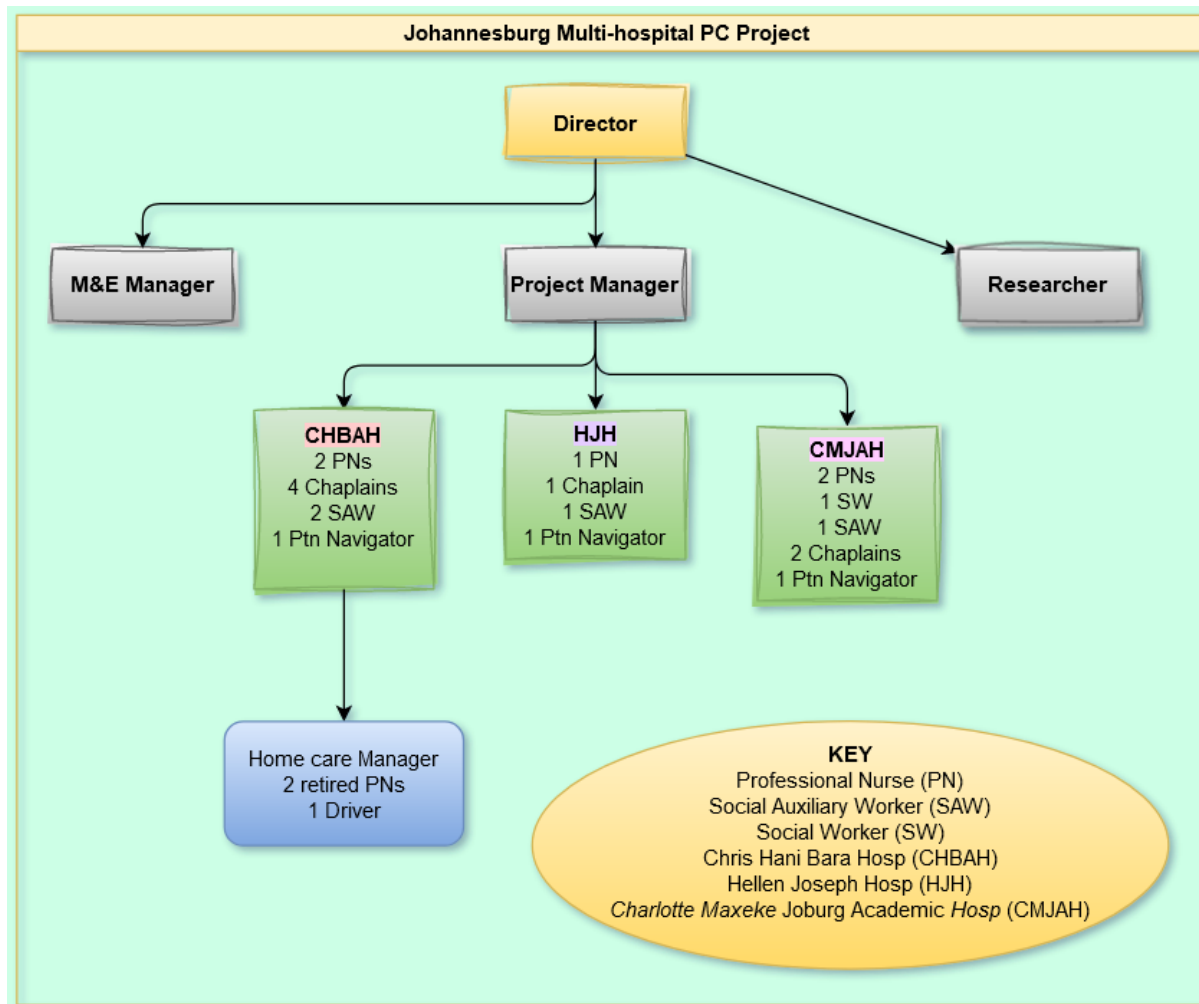


Figure 2: JMHP organogram

Profile of patients seen at the Palliative Care Unit

During the period since inception to October 2023, **37%** of patients receiving services at the palliative care unit were **cancer patients**. Those patients with **cancer and HIV formed 39%** of the total population of patients seen. Patients who had a **co-infection of HIV and other illnesses form 12%** of the population, and **12%** was also recorded for patients receiving palliative care due to diseases classified as “other diseases”. Other diseases include diseases such as stroke, diabetes, hypertension, COPD and renal disease.

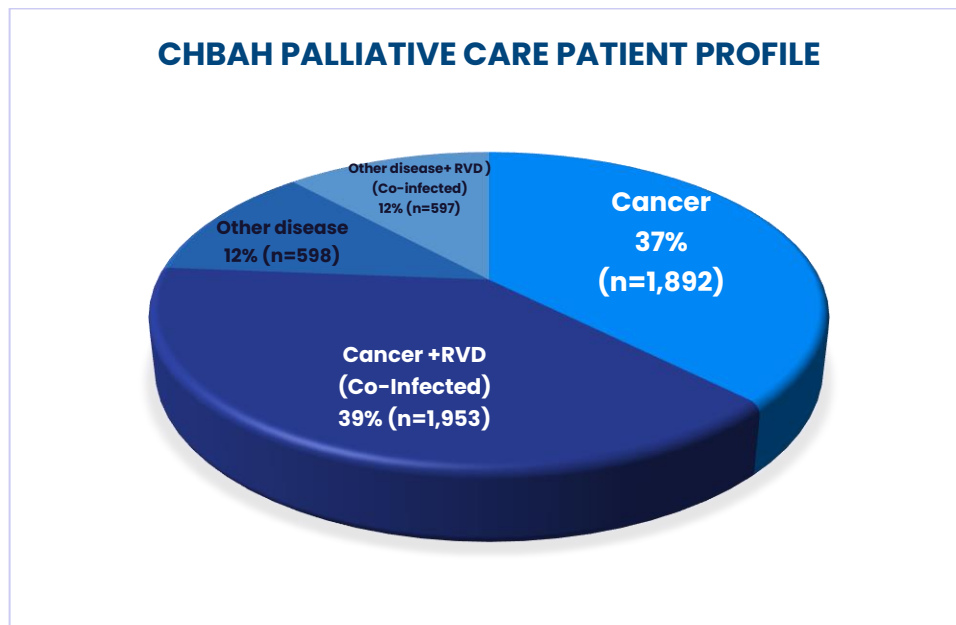
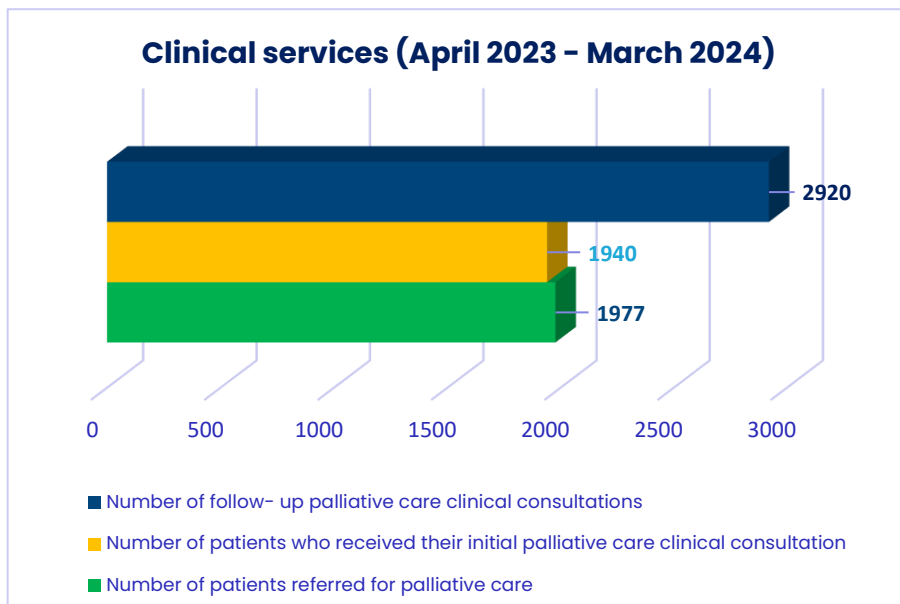


Figure 3: CHBAH patient profile (Inception to October 2023)

Palliative care services delivery at Chris Hani Baragwanath Academic Hospital (CHBAH)

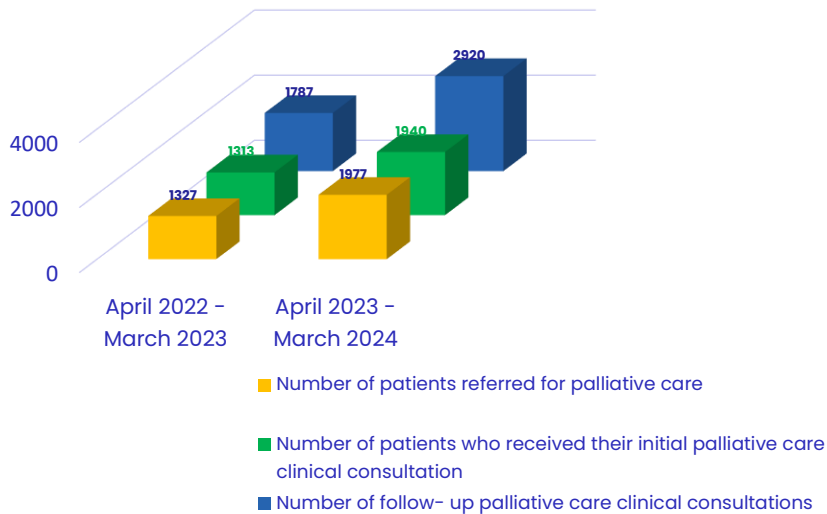
Clinical services rendered at CHBAH



During the reporting period, the palliative care team provided clinical services to patients eligible for palliative care services. A total of **1,977** patients were referred for palliative care from different wards and clinics, and **1,940** patients received their initial clinical consultation. Over the year, **2,920** patients received follow-up consultations. Overall, **4,860** patients received palliative care clinical services during the year.

Figure 4: Clinical services at CHBAH

Comparison of patients seen for clinical services (April 2022 – March 2023 vs April 2023 – March 2024)



Comparing the April 2022 – March 2023 vs the April 2023 – March 2024 period, the number of patients seen for clinical services at the palliative care department has increased. All the domains for clinical consultations, such as referrals, initial consultations, and follow-ups have improved in the reporting period. This is an indication of increased buy-in towards palliative care leading to improved referral numbers.

Figure 5: Comparison of clinical services at CHBAH

Psychosocial services rendered at CHBAH

The team providing psychosocial services at CHBAH consists of one social worker and two social auxiliary workers, with the social worker employed through the hospital and the social auxiliary workers employed through the BMSF fund. Part of the team's responsibilities includes seeing palliative care patients who need social services in the wards and providing social services such as assessment and counselling, crisis intervention, tracing and reunification of families, family support, hospice placements, and bereavement services. The team facilitates disability grants and aid applications and assists with the transfer of child support grants when the need arises or in case of disease progression or death. The team is also responsible for conducting support groups and educating patients, families, and communities. The team also conducts home visits when required. Social workers are a connection between the patients and community resources such as the Department of Home Affairs through aiding with ID applications, Pro-bono, and Legal Aid which assist patients with drafting of wills and legal advice. The team has also liaised with banks to open and confirm accounts for grant application purposes. The social workers also link patients with social welfare services, police stations, old age homes, and rehabilitation/substance abuse treatment centers such as SANCA and Empilweni. The team is also responsible for assisting

patients and families navigate end-of-life care planning and understand their treatment plans and options. Over the reporting period, the team has successfully reunited patients with their families through tracing.

Psychosocial services (April 2023 – March 2024)

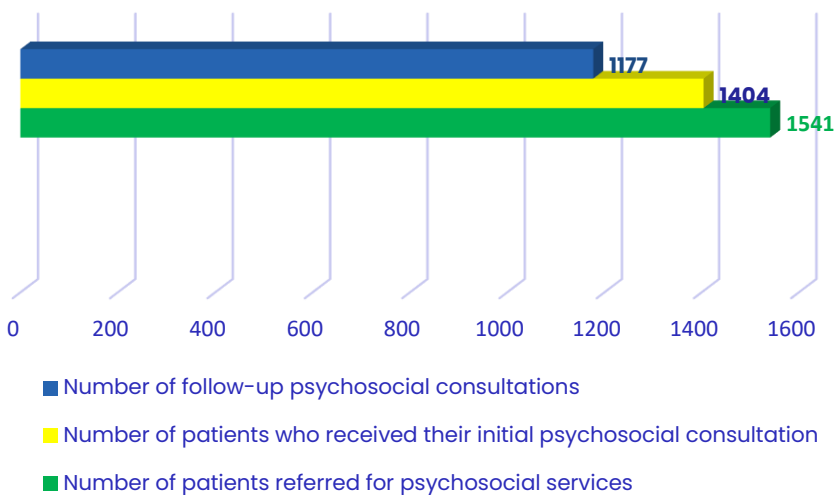


Figure 6: Psychosocial services at CHBAH

Comparison of patients seen for psychosocial services (April 2022 – March 2023 vs April 2023 – March 2024)



Figure 7: Comparison of psychosocial services at CHBAH

Throughout the year, a total of **1,541** patients were referred for psychosocial services, **1,404** received their initial psychosocial consultations and **1,177** were follow ups. In total, **2,581** patients received psychosocial services throughout the year. Common interventions are facilitating IDs for patients to enable grants applications, family reunification through family meetings, support groups and healing services, and providing psychosocial support through counselling services

For the two reporting periods, we saw a slight improvement in the numbers for psychosocial consultations between the domains for psychosocial services. We continue to anticipate more patients receiving psychosocial support as more awareness of palliative care services is made at the hospital.

Spiritual services rendered at CHBAH

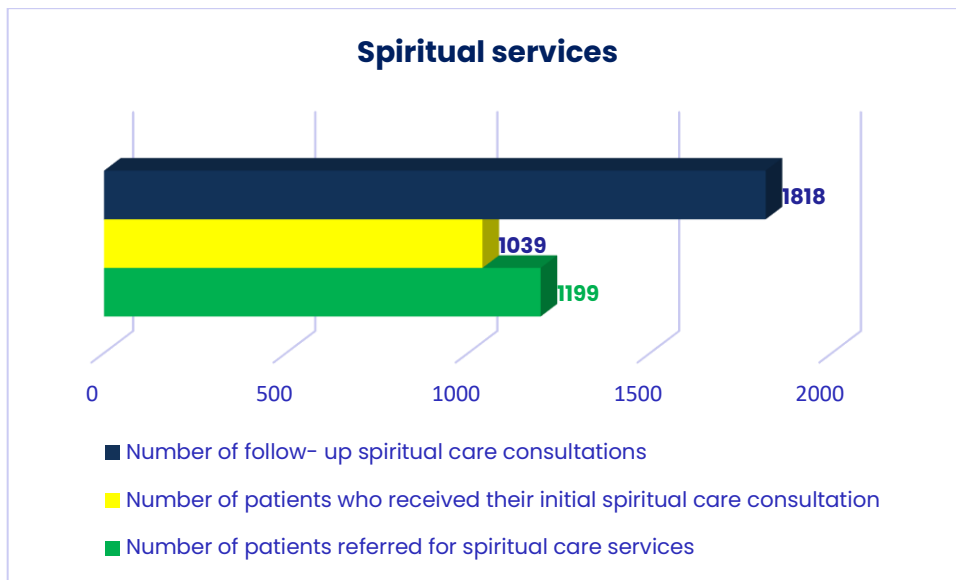


Figure 8: Spiritual services at CHBAH

Spiritual care is an important component of palliative care. During the reporting period, **1,199** patients were referred for spiritual care services, **1,039** received their initial spiritual care consultations and **1,818** received follow-ups. Altogether, **2,238** patients received a spiritual service at CHBAH.

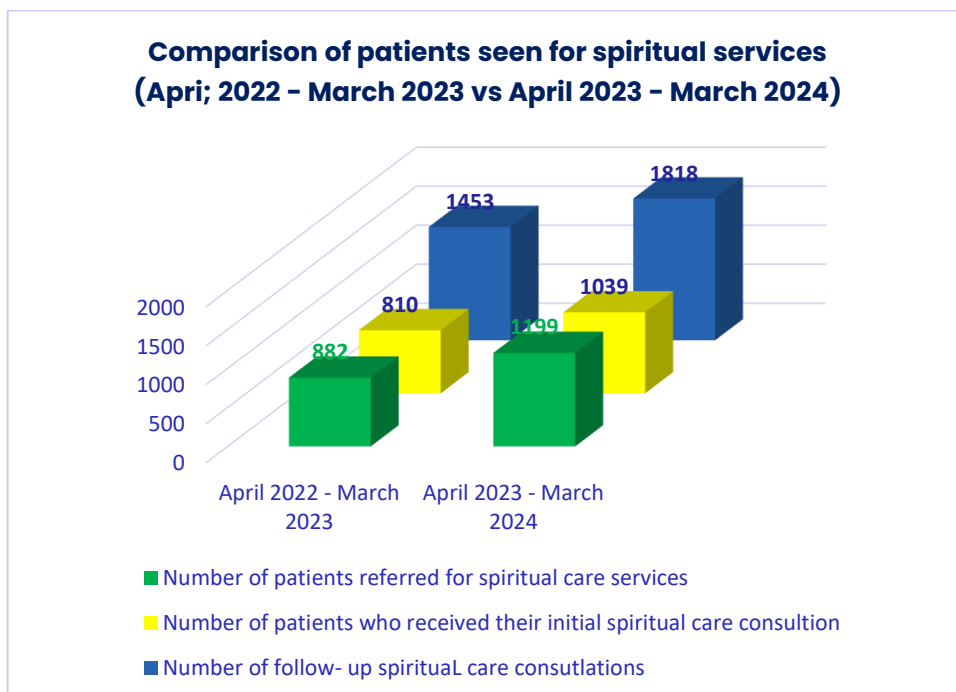


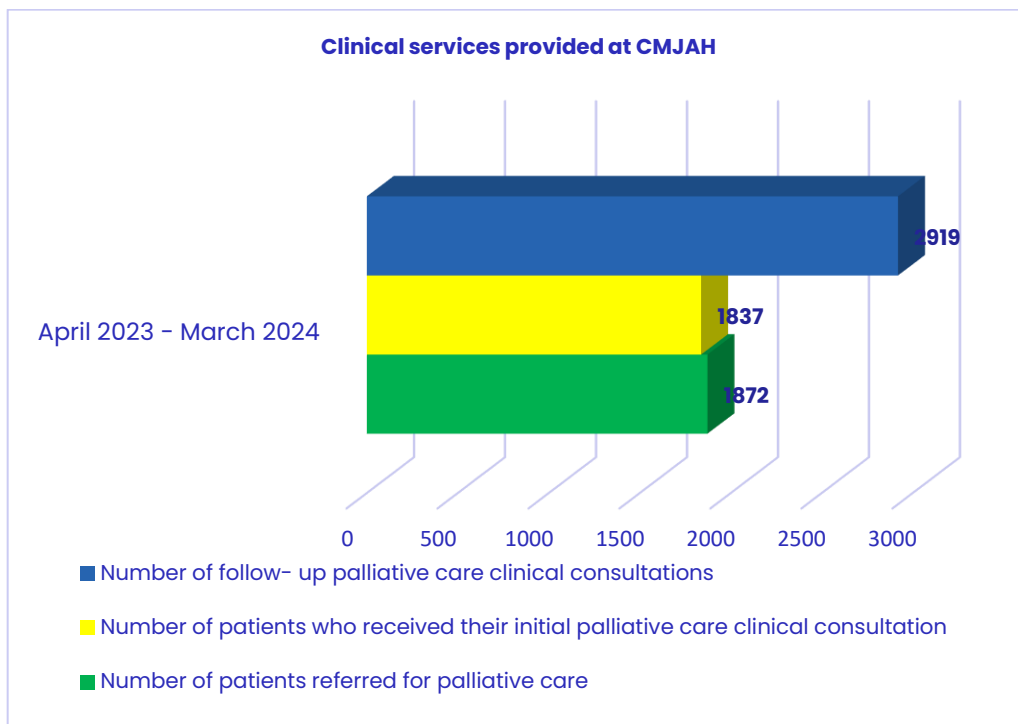
Figure 9: Comparison of spiritual services at CHBAH

Comparing the spiritual services provided over the two years, we noted that the numbers increased during the 2023-2024 reporting period. Patients commonly ask “Why me?” or why God has neglected them during illness. This results in them defaulting from treatment. Through spiritual support, patients are guided in navigating spirituality and illness, and team members provide support in making sure patients are connected with their spiritual leaders as and when there is need.

Palliative care services delivery at Charlotte Maxeke Johannesburg Academic Hospital

Palliative care services at Charlotte Maxeke Johannesburg Academic Hospital started officially in January 2022. Officially, as part of the BMSF Grant, CMJAH submits reports under the Gauteng Centre of Excellence for Palliative Care. The following section of this report provides details of the services rendered at CMJAH during the April 2023 – March 2024 reporting period.

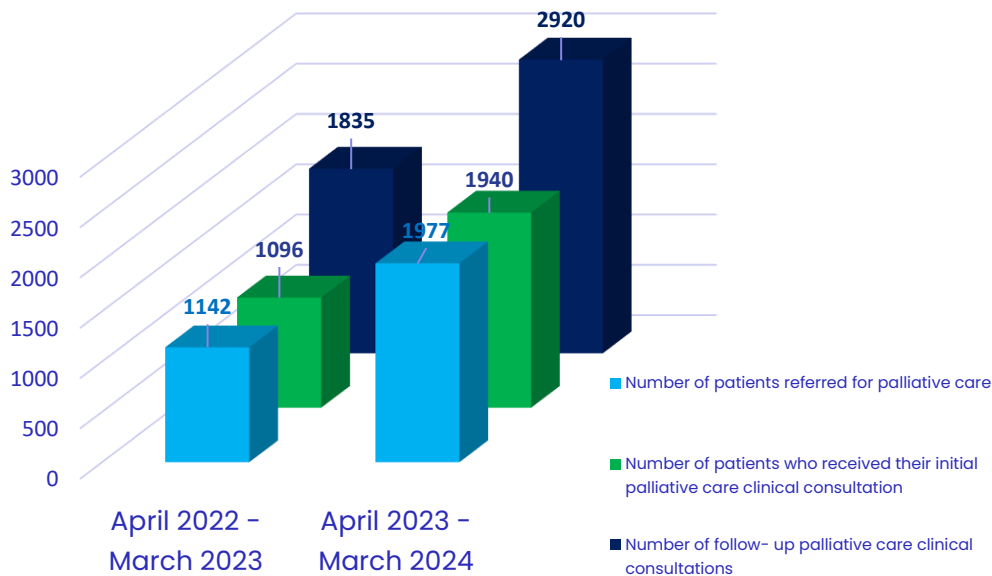
Clinical services at CMJAH



There has been a great improvement as palliative care services became an integral part of services at CMJAH. During the reporting period, **1,872** patients were referred for clinical services at CMJAH. There was a total of **1,837** patients who received an initial consultation and **2,919** patients received follow-up consultations. In total, **4,756** patients received a clinical palliative care service at CMJAH.

Figure 10: Clinical services at CMJAH

Comparison of patients seen for clinical services (Apr 2022 – Mar 2023 vs Apr 2023 – Mar 2024)

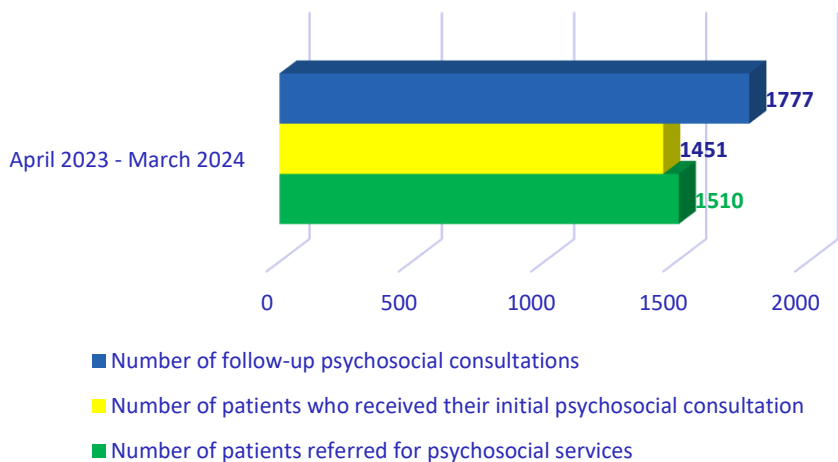


The numbers for clinical services rendered during the reporting period increased across all the domains at CMJAH. This followed awareness activities and presentations that the team engaged in throughout the year.

Figure 11: Comparison of clinical services at CMJAH

Psychosocial services rendered at CMJAH

Psychosocial services CMJAH



During the reporting period, **1,510** patients were referred for psychosocial services. A total of **1,451** patients had their initial psychosocial consultation and **1,777** patients received follow ups. Overall, **3,228** patients received psychosocial services during the reporting period.

Figure 12: Psychosocial services at CMJAH

Comparison of patients seen for psychosocial services (April 2022 – March 2023 vs April 2023 – March 2024)



Figure 13: Comparison of psychosocial services at CMJAH

Comparing between the two reporting periods, the numbers steadily increase over the two years.

Spiritual services rendered

Spiritual services CMJAH

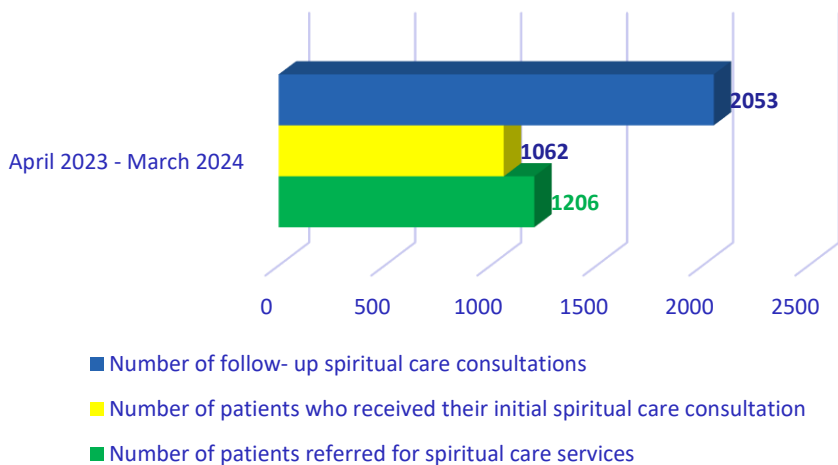


Figure 14: Spiritual services at CMJAH

A total of **1,206** patients were referred for spiritual services, while **1,062** received their initial spiritual care consultations and **2,053** received follow up sessions. All in all, **3,115** patients received palliative care spiritual services during the reporting period.

Comparison of patients seen for spiritual services (April 2022 – March 2023 vs April 2023 – March 2024)



Figure 15: Comparison of spiritual services rendered

Comparing with the previous year, we saw a slight improvement in the number of patients who received spiritual services this year at CMJAH.

Home care services rendered

Home care services

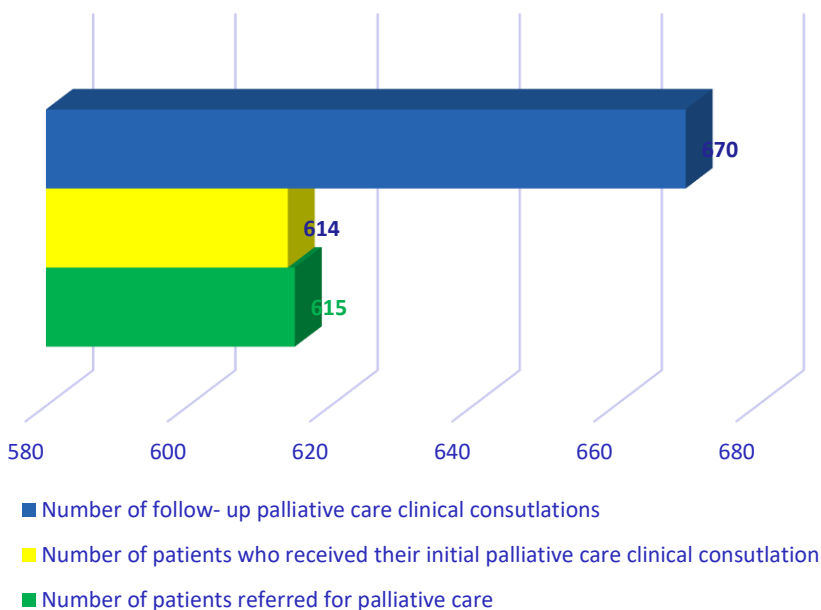


Figure 16: Home care services

The home care team provides clinical, psychosocial and spiritual services in Region D & G of the city of Johannesburg. Services are provided by a team of three retired nurses, two spiritual chaplains, a driver, one employed through the grant, and the other through Move for Transformation, and one social worker employed through Afia Tai. Over the course of the year, **615** patients were referred for home care services. A total of **614** patients received their initial palliative care consultation and **670** patients were follow ups.

Providing support to patients through survivorship programs.

Kgothatsa-Botshelo support group continues to support palliative care patients through patient and family support groups. During the reporting period, two support group meetings were conducted at CHBAH, which had a total attendance of 196 participants.

The support groups are aimed at;

- Offering supportive care to patients, families, and communities
- Healing families through healing services
- Bereaving, families, and communities
- Educating and creating awareness
- Encouraging positive relationships among members who are experiencing the same health conditions and those who are affected/Carers.
- Identifying cases for proper referral channels.

The team has been able to capacitate CMJAH to conduct their support groups, with the first support group at CMJAH conducted on the 5th of August 2023.



Image 1: Support group in progress



Another crucial aspect of survivorship support is the healing service, which is scheduled to be conducted every other month. Through healing service, families and caregivers who have lost their loved ones come together and share experiences as well as receive spiritual care support. During the reporting period, one healing service session has been conducted, with plans to increase the number of sessions in the second half of the year to meet targets.

Activities conducted throughout the year

Benchmarking of services at CHBAH from HJH

Following the closure of services at HJH due to funds ending, the management at HJH sent some personnel to benchmark palliative care services at CHBAH. The team at CHBAH shared their standard operating procedures with HJH in an effort to increase sustainability and replicate services at HJH.

CMJAH launch of palliative care services

We successfully managed to officially launch palliative services at CMJAH. Various cadres and stakeholders in Gauteng province attended the launch and gave their insights into the palliative care mandate in the province. Also in attendance was representatives from BMSF (Ms Christable Semondile, Afia Tai, UKZN) who engaged in conversations and dialogues regarding a way forward with palliative care with the hospital management. The event was covered by Soweto TV and interviews with selected representatives were conducted and aired on Soweto TV. Attending delegates had their questions about palliative care addressed and made commitments to attempt implementation in their various institutions. From CMJAH, all the representatives from the departments were invited and given more information on what palliative care at the hospital entails. The CMJAH CEO committed to ensuring that palliative care access is expanded across hospitals in Gauteng. Below are images from the PC launch:



Image 2: Launch of palliative care services at CMJAH (Ms. Christable Semondile from BMSF in Frame 2)

Social services at CHBAH

Some interventions provided under psychosocial care were family meetings, telephonic consultations, IEC material distribution and providing patient transport. Patients in need were given petty cash to cover some of their requirements. The team was able to come up with sustainable ways of referring patients to services such as social welfare, SASSA and hospices. The challenges faced were refusal to attend family meetings by some patients and no response for telephonic calls needed for consultations and continuation of care. There were also challenges with continuing care from patients that were coming out of prison.

Psychosocial support stakeholder meetings

The team organized a stakeholder meeting to ensure positive referral flow and fast-tracking of palliative cases.



Image 3: Social workers' stakeholder meeting

Some of the stakeholders that were invited to the meeting included;

- Department of Home Affairs- Assistance with ID Applications.
- Department of Social Development- Continued supportive care after discharge.
- SASSA- For Grants Applications.
- Pro bono- Assistance with Drafting of Wills.
- Legal Aid – Assistance with drafting of will and Legal advice.
- FNB- To assist patients with bank accounts in the hospital for SASSA grant applications.
- Immigration –to assist with non-South African patients who want to go back to their homeland but are unable to due to financial constraints (only in a case where the patients are not critically ill).
- SAPS- to assist with signing of SASSA forms and certification stamps.
- Child welfare-To assist with children after discharge.
- POWA-To refer for counselling when patients have experienced abuse (Physical, Emotional, Psychological, Sexual and Financial).
- Empilweni Rehabilitation/treatment Centre for substance abuse- Assist patients and family members who are struggling with substance abuse. Such as patients who turn to substance as a coping mechanism or family members who are abusing the patient due to substance abuse.
- Department of Education- Palliative Care also caters for children and sometimes the children are admitted during exams or miss out on class work and homework while in the hospital. The children also experience bullying at school due their health conditions

especially if they have impacted physical structures. With the involvement of the Department of Education, some of these challenges can be mitigated.

An elderly abuse event was conducted, with a purpose to address gender-based violence (GBV) and provide health education on cancer and palliative care in older age. Part of the program involved addressing elderly abuse in the context of caregivers bringing the elderly to hospitals and treating hospitals as placement centres. A total of 358 elderly people and caregivers were seen.

Training and capacity building

The palliative care centre is strengthening the capacitation of health care workers through its training program. Through the health care professionals training, participants attend a five-day contact class and after five days of theory learning, they are tasked to submit a case portfolio that demonstrates all the key elements of palliative care. These portfolios are submitted as soon as learners feel that they have comprehensively rendered quality palliative care services to the patient and their families. Training for Ward Based Outreach Teams (WBOTs) follows a different approach, where participants are trained for five days by the retired nurses but do not have to submit portfolios of evidence.

Undergraduate training

Training was conducted for all GEMP 4 starting from January –November 2023. Trainings was also conducted for the second-year Clinical Associate group. Four Family Medicine Registrars rotated through the Department at CHBAH. A total of 114 healthcare professionals received in-service training on the Palliative Care Approach for Health professionals: 60 in Gauteng, 54 in KwaZulu Natal. A further 49 volunteers were trained in the Introduction to Spirituality and Chaplaincy in Palliative Care.



Image 4: Introduction to spirituality and chaplaincy in palliative care training

Training for staff from the MEC's office

Through the Gauteng Centre of Excellence for Palliative Care, training was provided to staff from the MEC of Health's office, comprising FBO leaders. The MEC for health attended part of the training and made commitments to improve implementation efforts for palliative care throughout Gauteng Province.



Image 5: Training of staff from the MEC's office

Community Health Care Workers training

Training continues to happen in other districts as well outside of Gauteng Province. The Director for the Centre of Excellence for Palliative Care led the provision of training in KwaZulu Natal to teams from Zululand district.

Palliative care training

Palliative care is facing a major challenge of lack of awareness of its value in minimizing suffering and improving the quality of life of patients among Health Care Professionals (HCP) and the public. Another challenge for the dissemination of palliative care as a mainstream discipline of health care is the shortage of qualified and well-trained health care professionals and support staff. The shortage of qualified and well-trained manpower is not limited to physicians, but it involves all other health care professionals such as nurses, pharmacists, health promoters, chaplains, social workers, and other members of multidisciplinary teams. The short course to the palliative care approach has been bridging the gap and has increased the understanding of palliative care concepts such as palliation, symptom management, and bereavement. During this reporting period, a training for health care workers was conducted, and various cadres, such as psychologists, nurses, doctors, and health promotion workers were trained, with the hope that they will advocate for palliative care at their various institutions. At Pre assessment, the participants had an average score of 52%, however, at post assessment, the average score increased to 61%.



Image 6: Palliative care training for healthcare workers

Teaching program for local and international medical students

As part of the Wits University School of Clinical Science, the training of medical students has continued. In addition to training medical students, Dr Ratshikana was invited to share her experiences in providing palliative care to cancer patients in Soweto. The discussion topic for the Stanford University students was "Where Does it Hurt?": Medicine and Suffering in Global Context. The invitation to present during the lecture came from Prof Karl Lawrence, who paid a visit to the palliative care team last year from Stanford University.



Image 7: Dr Ratshikana teaching at Stanford University

Capacity building courses for palliative care personnel

The palliative care team members were enrolled for various capacity building courses, through the Wits Academic Advance program. This was done as an incentive for the work that they are doing, and to improve on their already acquired skills. The clinical staff were encouraged to enrol for Good Clinical Practice courses, while other personnel, such as spiritual chaplains, were encouraged to enrol for emotional intelligence courses. These courses have improved the morale of the team and they have become more skilled to conduct their day-to-day activities. Two MSc students have also received bursaries and have submitted their research project at the Wits University School of Public Health. They are set to graduate in July 2024. The topics for research covered by the students are;

1. Barriers to and enablers for availability and integration of palliative care into routine services at Charlotte Maxeke Johannesburg Academic Hospital and,
2. Factors associated with timely referral of cancer patients for palliative care services at Chris Hani Baragwanath Academic Hospital, Johannesburg

Conferences attended

1. *Palliative care conference*

In April 2023, members of the palliative care team, consisting of a social worker, a spiritual chaplain, clinicians, and management attended the South Africa Palliative Care Conference. This conference was a first-of-its-kind collaboration between the Association of Palliative Care Practitioners of South Africa (PALPRAC), Palliative Care for Children SA (PATCHSA), and the Hospice Palliative Care Association of South Africa (HPCA). The conference aimed to draw together a broad diversity of practitioners for important conversations and shared learning with a focus on the imperative for palliative care to be inclusive, relevant, and sustainable. The theme of the conference was “Palliative care is everyone’s business”. Dr Ratshikana presented on the tertiary model of care for palliative care and on the impact of palliative care on the quality of life of patients with cancer in Johannesburg, South Africa. She was also part of the panel discussions on the existential exploration of palliative care in a South African cultural context, and on another panel called “Doing it differently: Remodelling palliative care in South Africa.”



Image 8: Attendees of the South Africa Palliative Care Conference

At the conference, DrRatshikana gave a comment on contextualised care, which was featured in an online news platform called the Daily Maverick. A quote from her statement is shown below; “The spirituality we are taught in palliative care is a Western spirituality. It doesn’t address my patient’s

needs... so I have (tools) that are contextualised, that address the situation for our patients. That's what palliative care is all about," she said.

2. Pain SA conference

Dr Ratshikana was invited to speak at the 2023 Congress of painSA conference where she presented on the topic called "Progress on the WHO resolution on palliative care since it was adopted by SA in 2017". She shared on the work currently being conducted, in collaboration with the National Department of Health on implementation.

3. Presidential Health Compact Conference

In 2019, the President Cyril Ramaphosa signed off the Presidential Health Compact to address challenges facing the health of South Africa. Dr Ratshikana attended the presidential health compact conference, which had the aim of improving the quality, safety and quantity of health services provided with a focus on primary health care. Part of the priorities of the conference were to increase/improve access to palliative care across all levels of care in the public sector.

REDCap conference

4. REDCap conference

The M&E manager and Project manager attended a REDCap conference, which was an intensive five-day training workshop for using the database, and a learning and sharing platform.

5. Palliative care spiritual care seminar

This was a virtual seminar hosted by SANERELA +, a South African Network of Religious Leaders living and affected by HIV-AIDS to discuss palliative care and its place in spirituality.



Image 9: Palliative and Spiritual Care Seminar

Other conferences and workshops attended, where presentations were made are shown below:

1. Female Academic Leadership Fellowship Symposium

August 2023 Presentation topic: Spiritual care: Needs and benefits for advanced cancer patients in Soweto

2. South Africa Congress of Oncology 31-August – 3 September 2023 (Cape town)

Presentation topic: Spiritual care A patient experience

3. Sustainable Emergency Care in Africa Conference 18 October 2023 (Midrand)

Presentation topic: Palliation in the Emergency Department: a sustainable solution to end-of-life care

4. Congress of pain South Africa

Presentation topic: Progress on the WHO resolution on palliative care since it was adopted by SA in 2017

5. *UKZN-MLCCP Symposium 27-28 September 2023 (Durban)*
6. *Spirituality and Chaplaincy in Palliative Care Symposium Conference 14 September 2023 (SANAC) Pretoria*
7. *Hospice Symposium Conference 14 October 2023 Sandton.*

Collaboration with the Wits University School of Physiotherapy

An important aspect of palliative care involves rehabilitation for patients with life-threatening/limiting illnesses. As such, collaboration was made with the Wits School of Physiotherapy to conduct research on the following topics;

1. What are the rehabilitation needs of cancer patients across 3 hospitals i.e. (Chris Hani Baragwanath Academic Hospital, Charlotte Maxeke Johannesburg Academic Hospital, and Helen Joseph Hospital)
2. What is the functional ability of cancer patients across the 3 hospitals?

An article is currently being developed to answer these research questions and will be published in a peer-reviewed journal.

Sustainability

Community involvement

We have successfully involved the community through engagements with Ward Based Outreach Teams. We conduct monthly meetings with WBOT managers to discuss how to synergise efforts for palliative care in the community. Currently, we are in the process of procuring equipment for the medical bags that are used by the WBOTs in the community. We have also provided cancer screening tools to be used by the WBOTs in the community.

We have also partnered with a community-based organisation called “Ebuhlanti”, which is a black-owned media production company dedicated to initiating dialogues using mass media. They assisted with covering the launch of palliative care services at CMJAH.

Beneficiary involvement

Through the palliative care project, we have managed to support our beneficiaries by creating opportunities for them to share their experiences with palliative care with other patients. We have employed palliative care patients and beneficiaries from the Soweto Comprehensive Cancer Centre in various positions, including case navigators.

Government involvement and support

During the reporting period, various engagement efforts with the government have been made. The Director for palliative care presented at the Gauteng EXCO meeting where the Member for the Executive Council (MEC) for health and the Head of Department committed to roll out palliative care in Gauteng. Engagements are continuing.

Other engagements are:

1. Provincial task team which comprises key personnel from the GDoH provincial office
2. District task teams for Johannesburg district and Soweto cluster which comprises teams from HJH and CHBAH and Department of Health key personnel.

Other funding sources and support

Through continued engagements with the government, we hope to acquire some funding for palliative care and sponsoring for allied health roles that are not part of the DoH structure but are crucial for palliative care.

The team has also been involved in opportunity scanning exercises and responding to various request for proposals from other funding agencies such as NHI. We have also established relationships with Stanford University and are working together on various research projects. We are currently in the process of applying for ethics approval for a research project we are co-

authoring titled “mHealth Promoting Access to Improve Cancer Experience (mPAICE) Project”. Through this project, we will be able to have evidence of collaboration which will enable the two organisations to apply for funding jointly.

Other sustainability efforts

Dr Ratshikana was invited to speak at Radio 702 and presented a Master Class on palliative care. 702 is a commercial FM radio station based in Johannesburg, South Africa with an estimated listenership of 774 000 listeners. During the masterclass, she shared on the impact of palliative care on patient outcomes and the importance of spirituality in palliative care. From this engagement, a lot of interest was created for palliative care, which will hopefully open doors for collaborations with other stakeholders. Below are images from the broadcast interview:



Image 10: Dr Ratshikana with Relebogile Mabotja at Radio 702.

Other features included SAFM, Islamic Radio and engaged with Soweto TV through the community-based organisation “Ebuhlanti”.

CONCLUSION

During the reporting period, we noted a vast improvement in the performance of the teams. Our numbers significantly improved and most of the set targets were surpassed. In this reporting period, services at HJH were unfortunately discontinued due to funds running out. Hospital management at HJH has been engaged, and we still maintain hope that the services will be resuscitated soon. We experienced many successes, including addition of a professional nurse to the CMJAH palliative care team paid for through hospital funds, obtaining ethical approval for research, positive relationship building, and buy-in from hospital management and other external stakeholders. We also witnessed increased interest in palliative care from various stakeholders in the province and beyond. We are hoping to capitalise on the milestones reached so far and create more opportunities for collaborations. The tone for this has been set from the speaking engagements, meetings, and workshops attended, where the work that is being done at CHBAH and CMJAH was showcased. Though we are approaching the last six months of the current project, we still have outstanding activities, especially in research and documentation of the work that we have conducted since the project started. The focus for the next six months will be publishing our work in peer-reviewed journal articles.

PLANS FOR THE NEXT 6 MONTHS

- Document work conducted for the duration of the project through research. We also plan on engaging with the Wits University to upload our activities on the university website.
- Follow up on commitments for implementation of palliative care in the province made through the office of the MEC for Health in Gauteng.
- Strengthen partnerships with other partners and stakeholders.
- Wrap up on outstanding activities.

Patient Stories

1. Success Story at CMJAH

A memorable moment for the palliative care team at CMJAH happened in October 2023 with an 18-year-old male diagnosed with Testicular cancer which metastasized to the lung. The patient suffered a lot from the lung metastasis from severe respiratory challenges. The team ensured that the patient's pain was well controlled, and that the patient was very comfortable. The patient's pain was well controlled by MST and Morphine syrup. The medication assisted with the respiratory challenges as shown in research. As the patient is a young adult he qualified for a "Reach for a dream" which was completed. He received a play PlayStation Five and a chance to meet his favorite soccer player over video call and a future face-to-face meet and greet. This dream occurred while he was still admitted as the patient was unable to leave due to outstanding medical procedures. The patient's mother was called for a family meeting where the patient prognosis was discussed. The patient's mother appreciated the services received through palliative care and asked the team why these services were not given to her and her son from diagnosis. The patient was constantly counselled spiritually, and he got a chance to discuss his end-of-life plans/ wishes. The patient often said that after prayer he would feel calmer and became closer to God more than he ever was. The patient unfortunately passed on before being discharged due to an infection he caught in the hospital. At all times he appreciated the team and called them for assistance whenever he needed it. The patient's mother called after the patient's passing to express her gratitude to the team.



Image 11: CMJAH success story

Success story at CHBAH

A 67-year-old woman was diagnosed with Breast Cancer which has metastasised to the spine, rendering her immobile. She had been seeking services at CHBAH, unfortunately her condition was not thoroughly explained to her. Her condition was getting worse, and she stopped seeking services and was absconding treatment. She was referred for spiritual care and mentioned that she was angry with God. From the family side, her daughter had mentioned her lesbian sexuality to her, and she could not accept this. The spiritual care team managed to ensure that she understood her diagnosis and fostered reconciliation between her and her daughters. Through spiritual interventions, she ended up taking her medication, and eventually accepted her child's sexuality. The family members were then capacitated to give care and support for her, which improved her treatment outcome.