

# Social Report

## 2018-2019

The individual comes first



”  
*(...) At first glance, the people here are ordinary, but they're rather extraordinary. (...) There's nothing they can't do; they always have a kind word and a smile. They give comfort and advice. There is no indifference in them. (...) I planted three trees in the garden of the hospice. It is my gratitude that will grow here.*

p. Joanna

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## LADIES AND GENTLEMEN!

We are pleased to present the second social report of the St. Christopher's Oncology Hospice Foundation. As we have adopted a two-year reporting cycle, this document covers our activities in 2018-2019. I hope it reflects our consistent drive to set standards in palliative care and shows that at the center of our interest invariably remains the individual - whether this is a patient, family member, friend, employee or volunteer, a donor to our hospice, or a resident of Ursynów.

The publication has been delayed due to the pandemic, as during this period we have been even more concerned than before about the health and safety of our patients and employees. At the same time, it coincides with the 30th anniversary of our institution. Therefore, it is a good opportunity to look back on our activities, analyze what we have accomplished, and set goals for the future. For those who are learning about our hospice for the first time, it will serve as a showcase of a place we build with empathy and sensitivity to others, where we provide professional services with the support of the best medical knowledge and good practices as well as using our decades of experience. It will also present us as an important reference center for palliative care in Poland, conducting in-house research and developing training activities.

The reported period was an exceptional one for us because we decided to impose order on certain processes within the organization. We invited our employees and volunteers to create a mission and vision. We wanted to do this together because I think it is important that we all perceive the hospice through the prism of shared and coherent values, be involved in the development of Hospice Plus, and identify with this place every day, taking care of patients and their families, taking responsibility for administrative, marketing, and fundraising issues. Therefore, in 2019 we were focused on our internal stakeholders, which does not mean that we were inactive in other outward-facing areas. Yet patients and ensuring dignity for them in the final stage of life remained at the center of our focus. 2019 also saw the beginning of the process of creating standards for patient care, an issue we will cover in the next report.

Everyday life in a hospice is inextricably linked with life and death. This makes it hard to talk about our activities, and discussions often brush up against taboo subjects. We do everything in our power to reduce this fear, which is often a barrier preventing others from learning about or supporting us. However, we are pleased that those who dared to take that step have stayed with us for the long haul and are working with us to build a home for patients and their families. I thank them for bringing so much joy to our hospice, for attracting others and supporting us with their skills and wallets, that they include both individual and corporate volunteers, individual donors, and sponsors among them. In many cases, we enjoy valuable long-term collaboration.

30 years is both a long and a short time; we continue to hunger for more because we still have plenty of ideas for improving care and for educational initiatives. For this, however, partnership with responsible businesses is crucial. I believe that this report will show our potential and readiness to work together toward the implementation of the Sustainable Development Goals, and we extend a sincere invitation to all companies and socially committed organizations to join us in that work.

Last but not least, I would like to mention that although our organization has a strictly social purpose, we also consider environmental issues in our activities, such as biodiversity. I would like to thank everyone involved in the creation of this report, especially our employees. Thanks to them we can identify with our mission and vision every day. I believe that the direction we have chosen will soon allow us to create and implement a comprehensive CSR strategy.

Dorota Jasińska-Wiśniewska  
President of the Board of the Foundation



# ABOUT US

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# ABOUT US

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ST. KRZYSZTOF ONCOLOGICAL HOSPICE FOUNDATION (OHF) IN URSYNÓW IS A LARGE HOME FILLED WITH A WARM, FAMILY ATMOSPHERE.

Since 1990, OHF has been providing free assistance to people experiencing the end of their illness with cancer who need care, understanding and a sense of security. We also support the families of the sick, particularly those in mourning. Assistance to patients receiving treatment in the ward is also provided with the support of volunteers.

**Our hospice provides services to all who need professional medical, psychological, physiotherapy and spiritual care. Specialists in palliative medicine, psychological and spiritual support allow patients to continue their treatment and live their lives without pain, no matter how much time they have left.**

OHF is a place where we care about a life with dignity for patients. We help to enjoy every moment of life up to its final moments. Our experience shows that by providing comprehensive care to patients and trying to preserve the shape of everyday life they became accustomed to leading at home, we often improve the quality of their and their families' lives.

**” The circumstances of the pandemic have demonstrated the importance of time in consciously reaching the conclusion of life. We try to give families as much of it as possible, both on the ward and in their homes. This is one of our most important tasks.**

**Beata Kalinowska,  
Acting Home Care Coordinator**

**St. Christopher's Oncology Hospice Foundation headquarters is in Warsaw, 105 Pileckiego Street.**



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Almost throughout 30 years Foundation has established **its own standards, relying most of all on the needs of an individual**: patients, their families, as well as OHF's employees and volunteers.

*I always explain to a patient's family what is the core nature of the hospice. Through such a conversation they start to understand the meaning of this place and of our job. They become more peaceful, are more willing to trust, they stop being afraid of the hospice.*

**Ewa Bochner, MD**  
Head Physician of Stationary Hospice

This is owing to many years of experience and knowledge that we can provide our patients with a higher standard of care than the one commonly available. This is also thanks to the contribution of Foundation's administration employees who by virtue of different types of activities organise materials and financials to meet hospice's needs.

## FOUNDATION ACTIVITIES GO BEYOND THE FIELD OF HOSPICE. WE GIVE FROM OURSELVES MUCH MORE!

The Programme, with which we go beyond a standard understanding of hospice is **HOSPICE PLUS**. We strive to become a model institution of palliative care in Poland and a recognizable high-value brand. **We want to set best standards of palliative care, build complementary sets of good practices in all areas of work at OHF.** It is important for us to constantly improve the care of patients and their families. We also strive to change social attitude in terms of reception and understanding of hospice movement, terminal diseases, and process of dying.

The **Hospice Plus** programme is implemented in all domains of our activity. We seek the highest quality of every-day existence for our patients, their loved ones, and our personnel and volunteers.



# MISSION AND VISION

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In 2018-2019 we focused our attention on constructing our mission and vision as a response to real, contemporary needs of environment.

## YEAR 2019 WAS TIME OF BROADER, DEEPER AND MORE ANALYTICAL DIALOGUE WITH PERSONNEL.

We replaced previous mission and vision statements with those which were worked out in the summer 2019 by OHF team during communication workshops. We wanted our entire personnel to identify themselves with the mission and vision as they create this place, and they know it best. For this reason, we have invited 31 individuals for creative work in groups. In this way the proposals of the mission and vision statements were brought into existence, which were then passed for voting. Everyone was eligible to cast a vote. Finally, the winning versions of statements have become effective since December 2019.

### MISSION

Our mission is to provide comprehensive care for a palliative patient and his/her family from the time of admission to bereavement process. Our services are provided by a highly qualified team consisting of doctors, nurses, psychologists, physiotherapists, medical carers, volunteers and ecclesiastics. The quality of care is the most important to us, therefore we are constantly developing our research and educational activity. We specialise in conducting trainings for various professional groups. We actively cooperate with many universities.

### VISION

We strive to gain financial independence and become an international research and educational authority in the field of palliative care. We will constantly expand our activities by new areas. We want to determine and heighten standards of patient care, both medical as well as physical and psychological ones. Our aim is to make our society empathetic to the needs of patients, charm away the image of a hospice as a place associated with death, and instead promote it as a space where patients are surrounded with warmth and professional care.



## AREAS OF HOSPICE OPERATION

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PALLIATIVE  
MEDICINE

TREATING PAIN IN  
CHRONIC DISEASES

AT-HOME MEDICAL  
CARE

PHYSIOTHERAPY OF  
ONCOLOGICAL PATIENTS

PSYCHO-ONCOLOGY

EDUCATION

GERIATRICS

OHF focuses its activities on palliative care. With 38 beds, we are the biggest ward of palliative medicine in Mazovia and one of the biggest in Poland. We operate a stationary and at-home hospice. Patient care is delivered by the team consisting of doctors, nurses, medical carers, physiotherapists and psychologists. The Palliative Care Clinic operates here as well. The additional area of OHF's operations is educational and training activity for doctors, nurses, and medical carers, and we run internships for students.

# AMOUNT OF PATIENTS AND PROVIDED VISITS IN 2018-2019

Home Hospice	Stationary Hospice	Palliative Medicine Clinic
<p><b>Amount of patients</b></p> <p>664 (2018) 621 (2019)</p>	<p><b>Amount of patients</b></p> <p>358 (2018) 319 (2019)</p>	<p><b>Amount of patients</b></p> <p>87 (2018) 78 (2019)</p>
<p><b>Amount of person days/visits</b></p> <p>46977 (2018) 55478 (2019)</p>	<p><b>Amount of person days/visits</b></p> <p>11881 (2018) 12447 (2019)</p>	<p><b>Amount of person days/visits</b></p> <p>206 (2018) 316 (2019)</p>
<p><b>Psychologist</b></p> <p>186 (2018) 2953 (2018) 202 (2019) 3051 (2019)</p> <p>Amount of patients (orange) Amount of visits (teal)</p>	<p>650 (2018) 3310 (2018) 144 (2019) 4181 (2019)</p> <p>Amount of patients (orange) Amount of visits (teal)</p>	<p><i>Nor applicable</i></p>
<p><b>Physiotherapist</b></p> <p>76 (2018) 307 (2018) 77 (2019) 343 (2019)</p> <p>Amount of patients (orange) Amount of visits (teal)</p>	<p>132 (2018) 1970 (2018) 119 (2019) 2170 (2019)</p> <p>Amount of patients (orange) Amount of visits (teal)</p>	<p><i>Not applicable</i></p>

# OHF BOARD AND COUNCIL

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**The Council** of the Oncology Hospice Foundation consists of eight members. It is created by the funders - founders of the OHF and people whose presence in the Council is recognized as supportive of achieving the Foundation's goals.



## COUNCIL MEMBERS:

- Hanna Tchórzewska-Korba, PhD / **Chairwoman of the Council**
- Jerzy Drążkiewicz PhD
- Eng. Jerzy Górnicki
- Eng. Witold Ignaczuk
- Jerzy Jarosz MD, PhD
- attorney Romana Perestaj
- Maria Tyszkiewicz (Maja Komorowska)
- Marek Rafalski, PhD

## OHF BOARD AND COUNCIL

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The **Management Board** is composed of four members, including the president. The Management Board manages the Foundation's activities, represents it outside and is responsible for the implementation of the adopted programs, annual executive plans of the Foundation as well as all organizational, financial and economic matters.

### BOARD MEMBERS:



**DOROTA JASIŃSKA-WIŚNIEWSKA**  
president



**EWA BOCHNER, MD**



**RAFAŁ KRAJEWSKI, PhD**



**KAROLINA WŁOSTOWSKA, PhD**

# OHF BOARD AND COUNCIL



## CURRENT ORGANISATION CHART



# HOSPICE PLUS

OHF'S ACTIVITIES GO FAR BEYOND THE STATIONARY HOSPICE AREA.  
**WE CHALLENGE OURSELVES!**

Our Hospice Plus program goes beyond the standard understanding of hospice. We strive to become a model of palliative care in Poland and a recognizable, high-value brand. We want to set the best standards for palliative care and build complementary sets of good practices in all areas of OHF work. We want to improve the level of care we provide to patients and their families. We also aim to change social attitudes towards not only the hospice movement, but also illness and dying. We have set up the Hospice Plus program with the message that people are friends. We have been acting in this spirit for 30 years, spreading the idea of supporting OHF among various groups (individual and business) of potential donors. Our plans are ambitious, long-term and future-oriented, which is why we implement the Hospice Plus program in all areas of our work.



OHF

VALUE

**The most important element of the OHF value chain is rational and effective contracting of our medical services. Thanks to this, we can carry out the mission of the Foundation and provide help to as many patients as possible.** This process includes both signing contracts with the public payer, Narodowy Fundusz Zdrowia (National Health Fund), as well as creating and selling (as part of the activities of InspiroMed sp. z o. o.) commercial medical services as an addition to the standard offer. The last element of the process is fundraising and marketing activities supporting the implementation of statutory and development goals of the organization. We include all the stakeholders in the value chain, respecting the principles of ethics and fair cooperation because only then can our business have a positive impact on the environment.

PRECAUTIONARY PRINCIPLE

In its activities, OHF applies the precautionary principle, thus, trying to eliminate any risk that could affect the patients of the Foundation. It is possible thanks to the implemented standards and internal procedures.

# ETHICS AND HUMAN RIGHTS – OUR APPROACH

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At OHF, we provide services based on the Universal Declaration of Human Rights and industry practices regarding the care and treatment of patients, as well as services related to the Foundation's activities. Our medical team: nurses and medical guardians perform their professional duties on the basis of the internal Decalogue and OHF's standards.

## OHF DECALOGUE

- 1. Be present and helpful.**
- 2. Be kind and considerate.**
- 3. Be understanding and knowledgeable.**
- 4. Be courageous and considerate.**
- 5. Be empathetic.**
- 6. Inspire and offer trust.**
- 7. Create the atmosphere of warmth and safety.**
- 8. Put the patient's needs above yours.**
- 9. Respect and support - create bonds.**
- 10. Be authentic - be yourself!**



Patient care staff follows the European Association for Palliative Care's (EAPC) philosophy.

The basic values resulting from it are:

- patient's autonomy,
- patient's dignity,
- building a collaborative relationship between the patient and the team,
- the best quality of the patient's life,
- neither hastening nor delaying death,
- efficient communication,
- social education,
- multidisciplinary and multitasking approach,
- supporting patients and their families in suffering and loneliness.

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In 2018, Oncology Hospice **Foundation (OHF) had started development of its own strategy focused not only on the mission and vision**, but also on best practices, exceeding standard requirements in our area.

OHF guarantees right to care and support from the interdisciplinary medical team, which is ready and equipped to counteract and mitigate the pain and to enhance quality of patient's life. Our team relies on our expertise knowledge and practical skills by taking coordinated and strongly focused care about the patient, his caregivers and family. We adjust our service toward patient's needs and latest medical trends and practices.

In 2019, OHF had started working on internal best practices, to translate our goals defined already in our mission and vision into practical guideline.

## **OUR STANDARDS ARE BUILT OUT OF BELOW KEY PILLARS:**

- The subjectivity and autonomy of the person with advanced disease, his caregiver and the family supported by our care is the main principle that guides whole activities of OHF. We must recognize the unique character of the cooperation, available resources, and existing limitations, moreover, accept all differences in the non-judgmental and non-discriminatory way.
- Our care is focused on the needs of the patient, caregivers, and family in a tailored way; does not omit any of the beforehand mentioned people. Patient has the leading role, and we respect his needs and social roles.
- Our care covers adults of all ages and stages of life, based on the recognition of their unique physical, mental, social, existential and spiritual needs.
- Care and support are implemented through the close cooperation of members of an interdisciplinary medical team. They focus on cooperation with the patient, caregiver and family, with the support of other units of the OHF organization.
- The people concerned (patients, caregivers and families) have the right to make informed decisions about all aspects of care, to the extent they expect.
- OHF care is carried out by maintaining a therapeutic relationship including the first when it is required in the course of the disease, care at the end of life, accompaniment in dying and death, as well as a period of mourning for the family.



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- Health is understood as a state of physical, mental, social, and spiritual well-being that changes dynamically during life, which final stage, perceived as a natural process is death.
  - Each patient and caregiver or family define his/her own acceptable quality of life in all medical and non-medical aspects. OHF care supports people in achieving the optimal level of health and well-being during the disease and in the last period of life; especially by recognizing the value of life, rebuilding relationships with loved ones broken by disease, building a sense of being and rebuilding a sense of integrity.
  - The period of life with an advanced stage of disease, the period of the end of life and our accompanying in them, can be an opportunity for personal and spiritual development for each affected individual - a sick person, caregiver/family, member of an interdisciplinary team.
  - As much as possible suffer-free life, as well as a peaceful, dignified death in the conditions and surroundings preferred by the patient - are the key rights of every person.
  - Provided OHF care bases on the latest available knowledge and best practices, medical personnel actively uses gained knowledge, skills and attitudes and constantly improves them.
  - OHF as an organization and all its representatives work to create a social change in the perception of palliative care, death and dying.
  - The ethical principles of autonomy, respect for rights, dignity, honesty, truthfulness, and communication principles are an integral part of the services provided and their development.

**The above-mentioned pillars have their direct impact on all procedures both in terms of the activities of the OHF authorities and on the basic levels of its activity: medical activities, financial management, fundraising activities, and finally in shaping relations with the social environment.**

In case of activities related to the search for support, we follow the best practices included in the International Statement of Ethical Principles in Fundraising and Ethical Declaration of Fundraising.



# STRATEGY AND RESULTS

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# FINANCIALS

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**The financial situation of OHF is monitored by the management board and council, and financials are analysed annually by an external auditor.** This enables to make conscious decisions to ensure long-term care for patients and decide about direction of Foundation's advancement. The complex activity of OHF also requires to react constantly to changing job market, regulations and medical standards, as well as new ways of acquiring capital or optimising costs. In comparison with 2017, the period of 2018-2019 brought the increase of income as well as costs associated with operation of the entire Foundation. The level of income at PLN 10,3 mln in 2017<sup>(1)</sup> increased to ca. PLN 11,5 mln in subsequent years – this is mainly a result of funding from public sources belonging to NHF (National Health Fund). On the other hand, the costs of 2017 in the amount of ca. PLN 10,5 mln increased to PLN 11,1 mln and PLN 12,3 mln respectively for 2018 and 2019. This, in turn, was caused by a significant increase in salaries as well as services pricing at the market which could not be ignored by OHF while keeping in mind our endeavour to maintain the highest quality of patients' care.

**The biggest challenge the Foundation is facing is to ensure stable funding for its basic operations, especially for the stationary hospice.** From one year to another, the costs of running specialised medical care facility are increasing, becoming more and more disproportionate versus the revenues guaranteed by the biggest payors of the Foundation.

*„ Therefore, the organisation undertakes its own fundraising activities, and its donors circle continues to expand. Thanks to engagement of this additional capital OHF so successfully combines the social mission with professional care. However, operating at the health market creates the growing challenges for the Foundation. It is becoming more and more difficult to cope with salaries pressure and increasing prices of services and goods (including medicines), and the coming years may turn out to be extremely difficult economically, if the highest quality of provided care is still a priority.*

**Maciej Antosik**  
OHF Financial Director

(1) For the detailed data for 2017 see First Social Report OHF 2017

# STRATEGY AND RESULTS

The below table presents financial data relating to revenues in 2018-2019.

## Revenues in 2018-2019. in PLN

Breakdown by type of activity	2018	2019
<b>Total revenues, including<sup>(1)</sup>:</b>	<b>11 586 156.92</b>	<b>11 417 792.59</b>
— unpaid public benefit activity	10 886 820.20	11 000 367.02
— paid public benefit activity	211 371.96	196 000.99
— economic activity <sup>(2)</sup>	458 389.68	193 572.64
— financial revenues, other operating revenues	29 575.08	27 851.94

Breakdown by source of revenues	2018	2019
<b>Public sources, including:</b>	<b>7 894 879.16</b>	<b>8 289 984.54</b>
— National Health Fund	7 478 261.58	7 799 150.51
— subsidy from Warsaw City's budget	345 000.00	345 000.00
— subsidy from the National Bureau for Drug Prevention	0.00	88 000.00
— Ministry of Health (residency program)	71 617.58	57 834.03
<b>Individual donations, including:</b>	<b>2 415 535.50</b>	<b>2 198 333.77</b>
— 1% of personal income tax	788 049.83	916 712.77
— direct payments	1 126 722.54	1 037 888.60
— public collections	211 793.69	243 732.40
— inheritances, legacies	288 969.44	0.00
— other (e.g., sponsored purchase of equipment)	39 200.22	36 620.00
<b>Institutional donations</b>	<b>309 235.72</b>	<b>364 273.74</b>
<b>Material donations</b> (from various sources)	<b>267 169.82</b>	<b>147 774.97</b>
<b>Economic activity</b>	<b>458 389.68</b>	<b>193 572.64</b>
<b>Paid activity</b>	<b>240 947.04</b>	<b>223 852.93</b>

(1) Profit and Loss Statement items in Financial Statements.

(2) Includes inflows from InspiroMed sp. z o. o.

# FINANCIALS

Below we present data relating to expenses incurred by the organization in 2018-2019.

## Expenses in 2018-2019.

*in PLN*

Breakdown by type of activity	2018	2019
<b>Total expenses, including:</b>	<b>11 152 650.26</b>	<b>12 308 754.53</b>
— unpaid public benefit activity	7 983 350.94	9 074 465.54
— paid public benefit activity	375 504.20	406 233.24
— economic activity	396 855.88	85 865.94
— financial expenses, other operating expenses	35 794.61	61 793.88
— administrative expenses	2 361 144.63	2 680 395.93

*Administrative expenses amounted to 21,2% of total expenses in 2018 and 21,8% of total expenses in 2019.*

Breakdown by type of expenses	2018	2019
<b>Salaries (total expenses), including:</b>	<b>7 009 642.72</b>	<b>7 420 649.87</b>
— employment contract (gross)	4 230 919.11	4 695 670.64
— contract of mandate (gross)	1 851 026.23	1 748 675.74
— social insurance and benefits	927 697.38	976 303.49
<b>Services, including:</b>	<b>2 311 324.33</b>	<b>2 920 665.21</b>
— contracts for services	933 809.85	1 245 806.80
<b>Consumption of materials and energy</b>	<b>1 286 956.39</b>	<b>1 329 469.30</b>
<b>Amortization and depreciation</b>	<b>455 382.90</b>	<b>519 213.79</b>
<b>Taxes and charges</b>	<b>27 275.08</b>	<b>29 393.38</b>
<b>Other</b>	<b>26 274.23</b>	<b>27 569.10</b>
<b>Financial expenses, other operating expenses</b>	<b>35 794.61</b>	<b>61 793.88</b>

(3) Those expenses include: investments, development, accounting, legal service, costs of management, among others.

# FINANCIALS

## Detailed distribution of donations obtained in 2018–2019

in PLN

Breakdown per donation type	2018	2019
<b>Donations in total</b>	<b>2 991 941.04</b>	<b>2 710 382.48</b>
<b>Actions and campaigns, including:</b>	<b>1 501 966.21</b>	<b>1 475 493.57</b>
<b>1%</b>	<b>788 049.83</b>	<b>916 712.77</b>
<b>Fields of Hope</b>	<b>115 719.63</b>	<b>130 733.63</b>
<b>Auction of Kindness</b>	<b>230 634.50</b>	<b>87 513.00</b>
<b>Action 18,60</b>	<b>250 609.11</b>	<b>290 582.65</b>
<b>Charm Away the Hospice</b>	<b>9 909.25</b>	<b>7 305.34</b>
<b>In Lieu of Flowers</b>	<b>81 576.94</b>	<b>18 804.94</b>
<b>Collections in churches</b>	<b>25 466.95</b>	<b>23 841.24</b>

### Additional sources of donations in 2018:

- Sales of donation certificates – **PLN 6 101**
- Payments from individual donors (in total) – **PLN 424 542,90**
- Payments from institutional donors – **PLN 309 235.72**
- Payments via website fho.org.pl (PayU payments) – **PLN 44 900**
- Material collections – **PLN 267 169.82**
- Inheritances – **PLN 288 969**
- Collection during Ursynowski St Nicolas' Day – **PLN 4 281.25**
- Wielka Ursynowska Run – **PLN 4 012.43**
- Facebook payout – **PLN 13 109.83**

### Additional sources of donations in 2019:

- Sales of donation certificates – **PLN 4 205.52**
- Payments from individual donors (in total) – **PLN 444 061.57**
- Payments from institutional donors – **PLN 364 273.74**
- PayU payments – **PLN 132 171.48**
- Material collections (and donations of services) – **PLN 147 774.97**
- Collection during Ursynowski St Nicolas' Day – **PLN 2 830.11**
- Wielka Ursynowska Run – **PLN 3 396.40**
- Facebook payout – **PLN 38 552.82**

### Financial help obtained from the state:

Foundation obtains donations from the Health Policy Office of Warsaw City Hall for the stationary palliative care for patients in a terminal phase of a cancerous disease from Warsaw area as well as for the non-medical activities supporting patients and their families, also during the bereavement period.

**Amount: PLN 345 000**

## DEVELOPMENT GOALS

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**Oncology Hospice Foundation is an institution which is constantly developing in many domains, most of all, in terms of patient and family care. Therefore, we initiated a process to develop standards in this field,** also taking into account the number of patients and entire logistics connected with providing professional medical and paramedical services, as well as in relation to raising funds for creating and maintaining this unique place and individuals working here.

As every organisation, we think long term. Among our short term goals, we can list those that are related to our daily activities, such as:

- building volunteering at patient's home,
- re-equipping the hospice with modern medical equipment,
- building and strengthening OHF's image and credibility,
- developing a role of an expert in palliative care,
- strengthening OHF's organisational culture.

We care about developing services focusing on long-term care and creating 'school of dying'. We plan to extend hospice, reclaim the green area for constructing a bigger building with modern infrastructure, for a higher number of patients. In short-term perspective, we want to modernize the existing building, including replacing the heating, and installing solar panels.

The goals above are related to realization of sustainable development goals which we talk about separately in the next section.

” *Our goal and the highest good are patients and their loved ones. Environment in which we operate can move in the favourable or unfavourable direction for us. We strive despite the odds to maintain the high level of care, and protect a patient from feeling any inconveniences. Our goal remains permanently the same – well-being of an individual – both a patient and those who accompany them on their last journey. We want to be close, to help, to react to individual, often strongly personalised, needs of our patients and their families. We desire that the hospice is a home – friendly, warm, safe place, as well as a modern medical centre using contemporary achievements of palliative medicine so that OHF is associated with a place of the highest standard of care.*



**Dorota Jasińska,**  
CEO

## DEVELOPMENT GOALS

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An important aspect for OHF is the continuation and promotion of the idea of „Give a Moment” campaign. OHF initiated it in 2012. The premise of the campaign is to embed a mindset in the community that passing away – dying does not have to bring fear, **that an individual can experience the process of dying in the conscious way, with dignity, in a friendly environment. Death does not have to be a taboo topic – we should learn how to go through this process consciously and to enjoy every good moment till the finale.**

The idea of „Give a Moment’ campaign came live thanks to young 35 year old woman, who was a hospice patient, but also and most of all, a wife and a mother.

Monika Luck decided to devote her last months of life to do something good. She made her image and surname public to make people aware and encourage them to take action. She demonstrated that a hospice experience consists of good moments, people, smile and invaluable every-day help. She is the first and main character of ‚Give a Moment’ campaign.



### SUSTAINABLE DEVELOPMENT STRATEGY

In the reported period, we were not able to fully implement sustainable development strategy for 2018-2021, which was announced in our first social report OHF. Our current activities and personnel changes beclouded this vision, and the activities realized in the CSR field remained at the level of previously taken actions of cyclical or event type. We are fully aware how it is important to continue realisation of previously determined sustainable development goals and we will strive to achieve it.

### SUSTAINABLE DEVELOPMENT GOALS

We are public benefit organisation. We feel responsible for what we do and what influence we have on the community. The activities we are running oblige us to face every-day challenges on which our future is dependent. We want to set the highest standards of hospice care.



# SUSTAINABLE DEVELOPMENT GOALS

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## SDG 3 GOOD HEALTH AND WELLBEING



As a hospice, we provide services to anyone who needs professional medical, psychological, physiotherapeutic, or spiritual care. Thanks to palliative medicine specialists, the support of psychologists and a clergyman, patients continue their treatment and live without pain, no matter how much life they are left with. Every day we take care of dignity of our patients' lives and we help them enjoy every moment.

Providing comprehensive care and opportunity to fill the patients' time with various activities, we often witness how the lives of patients and their relatives change for the better. It happens that our support contributes to the patient's life extension, and most importantly, its quality remains at the highest possible level, until the very last moments.

## SDG 4 QUALITY EDUCATION



As a public benefit organization that cares for its charges, we believe that educating the society on hospice care is our duty. We trust that this is the way we can change the world around us and build better future. We try to make people sensitive to the needs of others, caring for their dignified life and respect their will until their last moments.

As part of our educational activities, we take part in initiatives such as the Odczarowanie Hospicjum family picnic or the Pola Nadziei program for children and young people. We also share our knowledge and experience in the field of palliative care by conducting research and teaching activities.

## SDG 8 DECENT WORK AND ECONOMIC GROWTH



In our everyday life, we are all guided by principles such as cooperation, joint ownership and responsibility. We responsibly approach our most important task: patient care. We care about their safety, while bearing in mind the needs of our employees, without whom our development would not be possible. As a public benefit organization, we consciously implement our vision while respecting rights of all included in the value chain.

# SUSTAINABLE DEVELOPMENT GOALS

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## SDG10 REDUCED INEQUALITIES



We are aware of the social inequalities that surround us. In our hospice, we are open to the socially excluded. Anyone who meets the formal conditions can be looked. Social status, origin, gender, religion, or beliefs do not matter to us. We care for all of them equally. In addition, through all our activities outside the hospice, we fight the social exclusion of terminally ill people.

## SDG 15 LIFE ON LAND



Our location among greenery in Warsaw's Ursynów is obliging. Having a garden, we take care of the plants and small animals that find their home here. This provides patients with beautiful surroundings for relaxation (patio dedicated to patients) and rest. Our diverse flowers and trees are the perfect habitat for bees.

We have our own beehives from which we obtain honey that can be purchased as a contribution to support the foundation. Every year, we also make sure that our area is yellow with daffodils, which we distribute every spring in street as part of the Fields of Hope fundraising initiative.

## SDG 17 PARTNERSHIPS FOR THE GOALS



We realize that changing the world for the better requires time, effort, and commitment of many entities. That is why we actively participate in many national and international initiatives related to the hospice movement and pain management. In addition, we partner our own projects: we conduct our research and teaching projects in partnership with medical and non-medical universities.

# CHALLENGES FOR 2020

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## FUNDING

Functioning of our hospice would not be possible without financing of services by the National Health Fund. **Therefore, every year, applying for public payer funds is a challenge and necessity for us**, as we are aware how important it is for our operations, e.g. delivering professional care for our patients. We are one of the biggest hospice in Mazovia, we have the largest number of patients under our care, **therefore the cost of services and facility maintenance is one of the largest in the region**. For this reason, the contract with NHF has a respectively higher value compared to other institutions, although it is still the level that requires support from other sources, for the care to be provided by the highest standards. A certain degree of independence from the payer is still within the sphere of our ambitions, which is why we are very much involved in fundraising initiatives and seek donors both individually and in the business sphere.



## ACTIVITY IN NGO FORMULA AND HOSPICE

We are public benefit organization, and we use the boon which are available for such organizations, e.g. including the possibility of annual sourcing from 1% of personal tax donations. There are more than 9 000 organizations in the NGO world, which means that each of them fights for the budget and needs it to run its statutory activities. We have distinct profile, different goals and range of our operations. For this reason, we strive to find our place in the third sector and be visible by sharing experience in the field of volunteering or establishing standards of care, even though the specificity of our work is associated with diseases, old age or dying. At the same time, we remember that we remain a medical institution and we focus on the highest quality of medical and paramedical services, which are made up by professional equipment and competent team. Thus, we operate according to strictly defined principles, meeting necessary requirements in the area of health care.



## RESOURCES

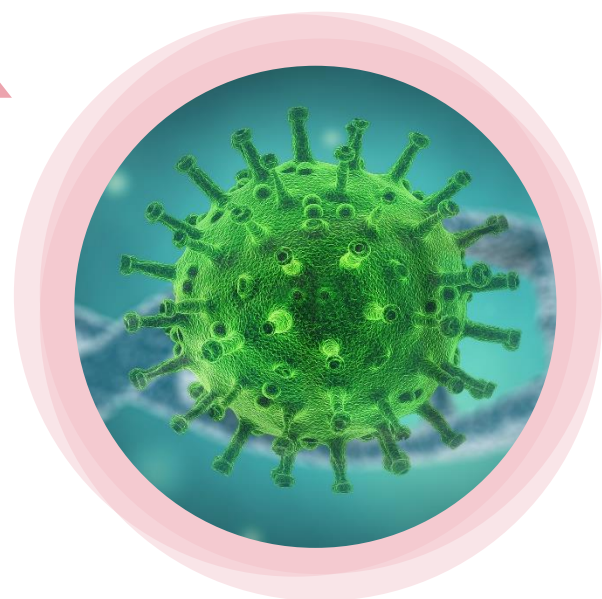
Staff shortages in the health care in Poland have been a tender spot for some time already. In the hospice we are also struggling with this issue. We want to ensure that our patients and their families obtain highest quality care, by employing the necessary specialists, however they are scarce. Therefore, it will remain our challenge to keep full-time medical personnel. Medical market is very competitive, and we need specialists for whom the work in favour of our patients gets the top priority.

# CHALLENGES FOR 2020

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## CORONA VIRUS

We are publishing this report in the time of COVID-19 pandemic. Our caretakers are in the increased risk group therefore we put heightened emphasis on their safety. This requires increased financial inputs from our side with regard to protecting our patients and our personnel as well as effectively reacting to any unpredictable crisis situations originating from the pandemic. Having already acquired certain level of experience and established practices of action in present epidemiological situation, we have created standards of action, protection of patients and personnel.



” *The hospice is the medical centre. Our mission is to protect a patient, and also we need to protect ourselves – especially medical and caring personnel. Limited personnel and financial resources are applicable to us as well. Consequently, this directly affects the level of resources in our pharmaceutical unit. Obviously, this is about personal protection equipment for personnel and patients. We are charged with responsibility for our patients’ lives in the time of COVID-19, the quality of life for families who want to be as close to the patient as possible.*

*Our task and priority is to support employees of the hospice and to take care of their comfort in the workplace. They have their families and need for sense of security. They also feel, experience the increase of responsibility for the quality of life of a large number of people! For more than 6 months of the pandemic, there were several hundred patients under our care, who received from us as highest care as possible! It is not easy for us to implement those restrictive procedures such as limiting number of visits for loved ones, however, this results from concern and need for protecting the weakest.*



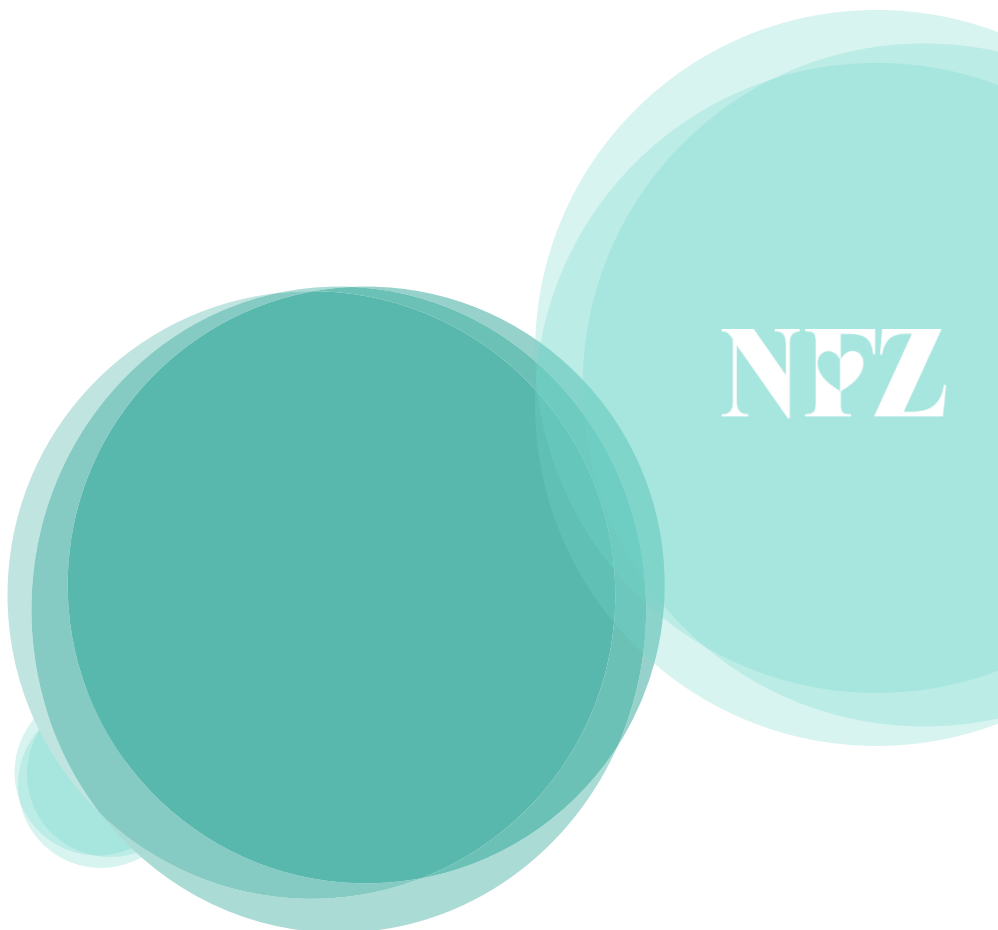
**Karolina Chojka-Bartoszko,**  
strategy and development director

# NATIONAL HEALTH FUND

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Recent years brought many positive changes in the way how funding and financing of such services as palliative and hospice care is organized. A services pricing system was introduced, which resulted in the increase in funds for services within this range.

There is no doubt that a certain breakthrough took place in financing subjective services in years 2017-2018, when – as a result of pricing of such services as palliative and hospice care completed by the Agency for Health Technology Assessment and Tariff System (AOTMiT) – the increase in rates occurred – from the previous level of PLN 220 per person-day at palliative care ward/stationary hospice to ca. PLN 343. The pricing was developed based on reliable and precise methodology of micro-costing analysis, which was conducted at the representative medical facilities in 2014.<sup>(1)</sup>



(1) Rates are determined on fixed basis for the period of 5 years, therefore they fail to consider not only the dynamics but also the fact of changes within a particular type of costs: from media, through medical products and medical goods, external services, to labour costs.

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**IN COMPARISON WITH THE LEVELS FROM YEARS AHEAD OF 2018 THESE RATES ARE HIGHER BY ca. 50%.**

Many signals coming from the medical services market for palliative and hospice care point out to the second, less optimistic phenomenon. **There is and increasing gap between real costs of services at palliative care wards/stationary hospices or in palliative care clinics, and the rates the service providers obtain from the payer, NHF.**

Supreme Audit Office's report, published in September 2019, on the availability of palliative and hospice services also indicates that those services are considerably underfunded.

Currently, **total costs e.g., in palliative care wards (stationary hospices) exceed PLN 440–450 per person-day.** It means that the difference between revenues and expenses – e.g. underfunding cost – exceed PLN 100 per person-day for a patient's stay at a stationary hospice. To illustrate the scale of the issue: for a ward providing care for 30 patients the underfunding per month amounts to PLN 90 000, which results in the deficit of not less than PLN 1 mln per year.

**Oncological Hospice Foundation** has negotiated the level of the purchased services with National Health Fund on the basis of concluded contracts for the amount of ca. PLN 7.5 mln <sup>(1)</sup> in 2018 and ca. PLN 7,8 mln <sup>(2)</sup> in 2019. Agreement with NHF was concluded for the period from 1<sup>st</sup> July, 2018 to 30<sup>th</sup> June, 2023.

(1) Details vide table: Revenues.

(2) As above

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It is worth noticing, the price increase of energy and utilities in general, but also medical devices and medicinal products, which, according to the data published by the Central Statistical Office of Poland – GUS (goods and services price index) for the years 2016–2019, exceeded a total of 6%. In fact, the growth rate of e.g., the prices of medicinal products in that period was much higher, which is not insignificant, as the participation of them in the overall structure of the costs of the medical entity is not less than 10%.

Additionally, this year and in 2019, the minimum wage increased, which mainly applies to non-medical support staff and groups such as medical caretakers or paramedics. This is one of the reasons, why, as a member of the Private Medicine Employers' union, we take an active part in works on legislative solutions in palliative and hospice care, as well as in lobbying the National Health Fund in favour of service providers' interests regarding the issue of palliative and hospice care. In 2019, we initiated a dialogue on the change of rate due to under-funding of services, and we are waiting for further course of action.



## OTHERS ABOUT US

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” *St. Christopher’s Oncology Hospice Foundation is a place where patients receive help in their last moments. My mother was there for five months. Home hospice Doctor instructed us to move to stationary hospice. My mother was feeling a lot of pain during days and nights, the ambulance kept coming every other day but it wasn’t helping. At the beginning I was very worried about my mothers stay at the hospice. But she received help there and was taken good care of. I am grateful to staff and Doctors for their dedication in my mothers last days THANK YOU*

**Renata B.**  
Patients’ family FHO

” *I’m very grateful for all the care that the staff of home hospice provided to my father during last months of his life. Full of empathy, always cheerful they were like a sunbeam lighting up his last days. Once again, thank you for your support towards him and the whole family.*

**Małgorzata P.**

” *It’s a great place, if that can be said, given the circumstances. I didn’t feel like I have abandoned my mother but rather that I left her in good, caring hands that enabled her to peacefully pass away with dignity.*

**Marcin M.**

” *Couple of months ago, my father passed away but only now I have the strength to write about it. Together with my mother we wanted to express our gratitude towards the wonderful Doctors, the nurses and the rest of the staff for care and great respect for the patient and the dedication shown at first in the home hospice, and then in the stationary hospice. In the St. Christopher’s Oncology Hospice Foundation work people with passion and vocation, who are patient and kind. When my father was still alive, he was very grateful for being surrounded by caring people that were aware of his needs and took care of his well-being. Till his last moments, he fought and was present. Thanks to you it was easier for him to say goodbye to our world. Thank you.*

**p. Elżbieta**  
Patients’ family FHO



## SCIENTIFIC AND DIDACTIC INITIATIVES, I.E. OUR EXPERTS TRAIN SPECIALISTS

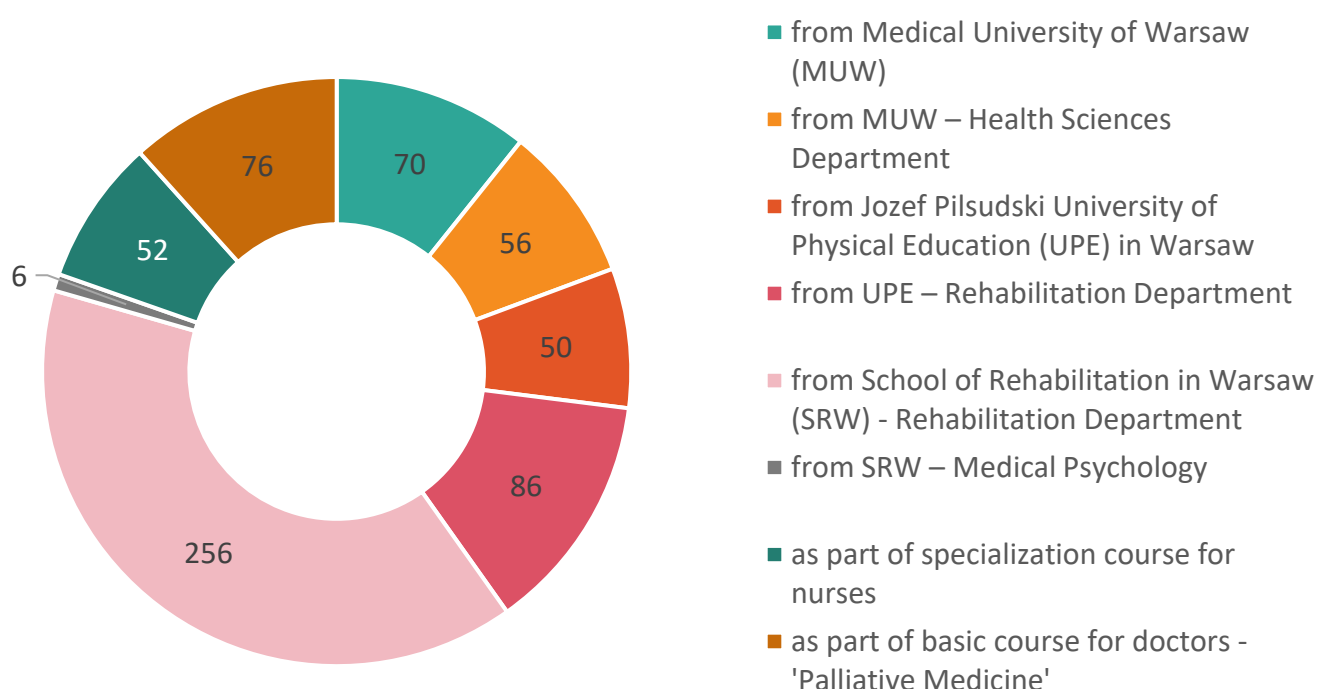
We are eager to share our knowledge and experience with young doctors. Therefore, we take dozens of trainees under our wings per year. These are doctors of various specializations, including: geriatrics, pulmonology, general practitioners, surgeons, rheumatologists. Supervision over trainees is mainly undertaken by the head physician of the facility, Ewa Bochner.

We are happy that we can transfer good standards to the younger generation and build awareness on how in reality the palliative care can be delivered in Poland.

### IN 2018, WITHIN THE ACTIVITIES OF OUR SCIENTIFIC AND DIDACTIC CENTER, WE HAVE REALISED THE FOLLOWING:

- **specialization course** in the field of nursing in palliative care for 24 people,
- **oncology specialization** for 25 nurses – trainings in Palliative Medicine Clinic (organized by The Warsaw District Chamber of Nurses and Midwives),
- **general practitioner specialization** for 30 nurses – trainings in stationary hospice (organized by Medical University of Warsaw),
- **palliative specialization** for 30 nurses,
- **medical internships within geriatrics and general practice specialization** for 7 people,
- **basic course for doctors on palliative medicine** (course with accreditation by Regional Medical Chamber in Warsaw): spring edition – 55 attendees, autumn edition – 56 attendees.

Scientific and didactic activities in St. Christopher's Oncology Hospice Foundation are coordinated by OHF's Scientific and Didactic Centre, which cooperates with OHF's Non-Public Health Care Facility where required. Trainings and professional courses constitute an important area of OHF's activity. Educational activities conducted by the Centre constitute paid public benefit activity. Within above-mentioned activities, in 2018 medical personnel of Non-Public Health Care Facility conducted trainings and practical classes as part of courses and post-graduate trainings for 652 people:



# ABOUT REPORT

This report was prepared based on the Global Reporting Initiative (GRI) guidelines, version G4. Due to the relevance of the reporting organisation, some disclosures below are reported only partly.

## Profile disclosures

Disclosure Number	Disclosure Title	Page Number
[G4-1]	Statment form senior decision-maker	4
<b>ORGANIZATION PROFILE</b>		
[G4-3]	Name of the organization	6
[G4-4]	Activities, brands, products, and services	7, 8, 11-19
[G4-5]	Location of headquarters	6
[G4-6]	Location of operations	7
[G4-7]	Ownership and legal form	10
[G4-8]	Markets served	7
[G4-9]	Scale of the organization	17-22, 46, 47
[G4-10]	Information on employees and other workers	52
[G4-11]	Collective bargaining agreements	In OHF there are no collective bargaining agreements in place.
[G4-12]	Supply chain	23
[G4-13]	Significant changes to the organization and its supply chain	No significant changes, changes related to OHF's operational activities are indicated in G4-22.
[G4-14]	Precautionary Principle or approach	23
[G4-17]	Entities included in the consolidated financial statements	10
<b>MATERIAL TOPICS IDENTIFIED</b>		
[G4-18]	Defining report content and topic Boundaries	93
[G4-19]	List of material topics	42-45
[G4-20]	Explanation of the material topic and its Boundary	All topics listed in G4-19 are material for the entire OHF group, and its Boundaries are described within G4-19.
[G4-21]	Explanation of the material topic and its Boundary	All topics listed in G4-19 are material for the entire OHF group, and its Boundaries are described within G4-19.
[G4-22]	Restatments of information	9 – in 2019 creating mission and vision statements together with personnel. 22- personnel changes (incl. natural personnel turnover, returns from maternity leaves).

[G4-22]	Restatements of information	30, 31 - in 2019 establishing organizational standards, which aim to put into practice goals defined in the mission and vision. 73-89 – presentation of all OHF’s initiatives together with results in period of 2018 and 2019 to demonstrate range and variety of activities, mainly related to fundraising
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[G4-23]	Changes in reporting	This is second social report. Since the reporting cycle is biennial all data relate to period of 2018-2019 and are comparable. No significant changes.
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Disclosure number	Disclosure Title	Page Number
<b>STAKEHOLDER ENGAGEMENT</b>		
[G4-24]	List of stakeholder groups	24-25
[G4-25]	Identifying and selecting stakeholders	26-27
[G4-26]	Approach to stakeholder engagement	27
[G4-27]	Key topics and concerns raised	27
<b>REPORT PROFILE</b>		
[G4-28]	Reporting period	Reporting period covered: 2018-2019
[G4-29]	Date of most recent report	2017
[G4-30]	Reporting cycle	Reporting will be prepared in biennial cycle.
[G4-31]	Contact point for questions regarding the report	93
[G4-32]	GRI content index	90-92
[G4-33]	External assurance.	Report was not subject to external assurance.
<b>GOVERNANCE</b>		
[G4-34]	Governance structure	20
[G4-35]	Delegating authority	20, 21
[G4-36]	Executive-level responsibility for economic, environmental, and social topics	21, 22
[G4-37]	Consulting stakeholders on economic, environmental, and social topics	26, 27
[G4-38]	Composition of the highest governance body and its committees	20, 21
<b>ETHICS</b>		
[G4-56]	Values, principles, standards, and norms of behaviour	28-31
<b>MANAGEMENT APPROACH</b>		
G4-DMA	Explanation of the material topic and its Boundary	42-45

## Economic performance

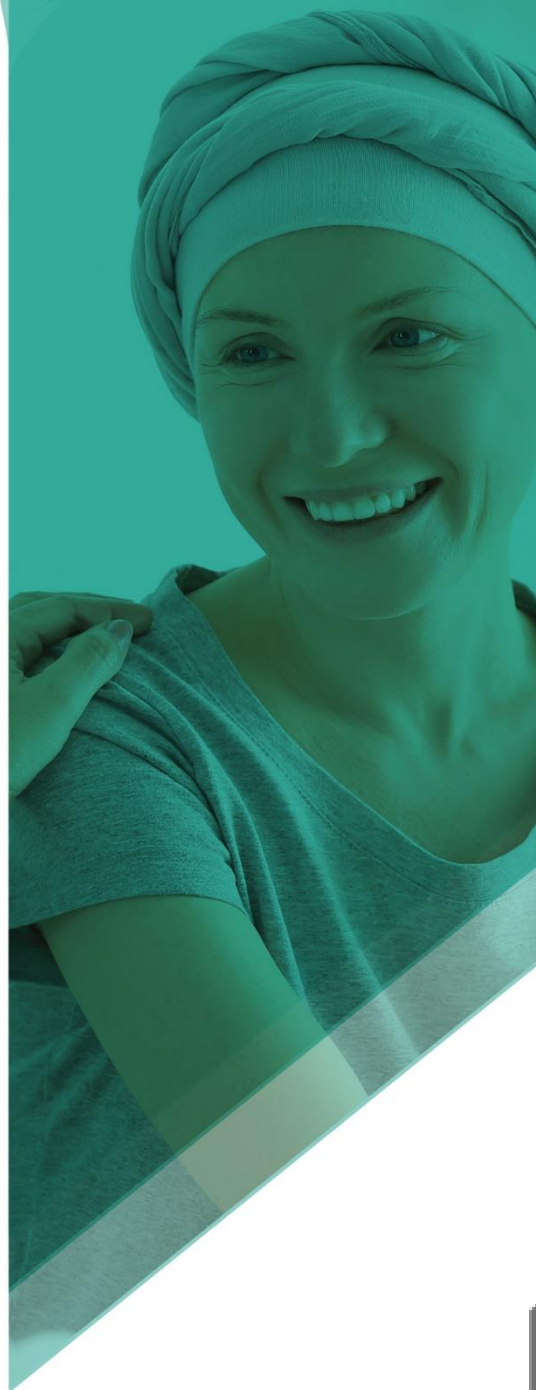
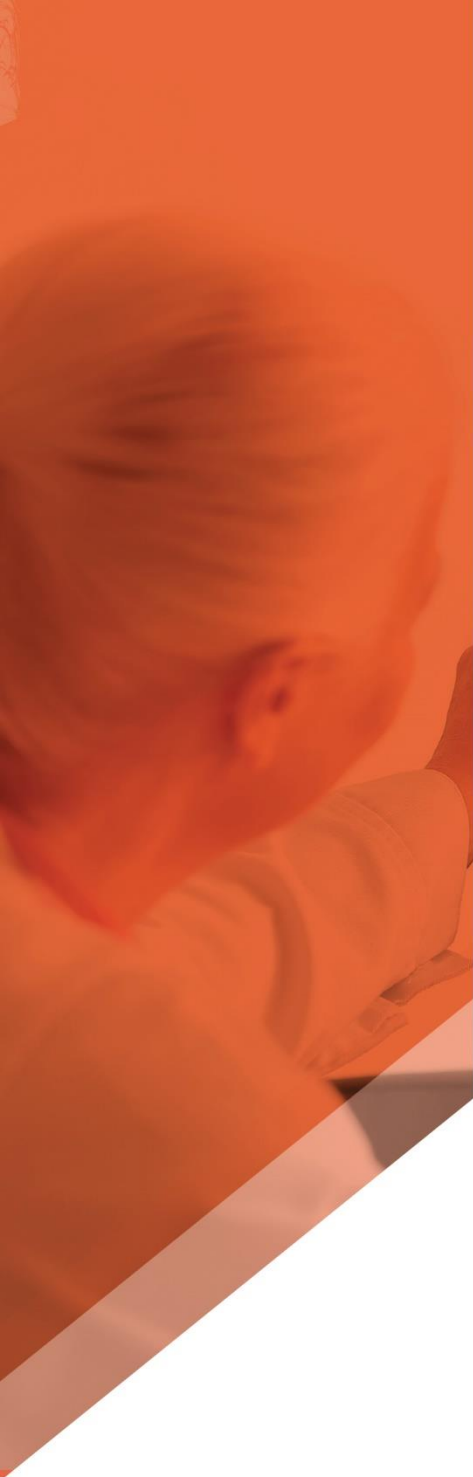
Disclosure number	Disclosure Title	Page
ECONOMIC PERFORMANCE		
[G4-EC1]	Direct economic value generated and distributed	39-40
[G4-EC4]	Financial assistance received from government	41
[G4-EC7]	Infrastructure investments and services supported	57-69, 73-89

## Environmental compliance

Disclosure number	Disclosure Title	Page
[G4-EN29]	Non-compliance with environmental laws and regulations	No fines or sanctions related to breaches of environmental laws and regulations.

## Social compliance

Disclosure number	Disclosure Title	Page
G4-HR7	Security personnel trained in human rights policies or procedures	All our employees handling personal data have been trained on data protection and data processing, apart from that 100% of employees have been trained on Health and Safety principles as well as fire protection.
G4-SO1	Operations with local community engagement, impact assessments, and development programs	Engaging schools and pre-schools from Ursynów district in the action „Fields of Hope”, which aims to raise awareness among young people on the role of a hospice.
G4-SO5	Confirmed incidents of corruption or action taken	No confirmed incidents of corruption.
G4-SO6	Political contribution	No political contribution.
G4-SO7	Legal action for anti-corruptive behaviour, anti-trust, and monopoly practices	No incidents of corruptive behaviour, trust or monopoly practices.
G4-SO8	Non-compliance with laws and regulations in the social and economic area	No fines for non-compliance with laws and regulations.
G4-PR2	Incidents of non-compliance concerning the health and safety impacts of products and services	No incidents of non-compliance.
G4-PR8	Substantiated complaints concerning breaches of customer privacy and losses of customer data	No substantiated complaints.
G4-PR9	Non-compliance with laws and regulations in the social and economic area	No fines for non-compliance with laws and regulations.



### **About the report:**

This is OHF's second social report. It covers the activities of 2018-2019.

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Additional information:

Data on the number of patients under the care of OFH were obtained from the KS-PPS programme, through which FHO settles accounts with the National Health Fund, and the e-care programme.

We are grateful to the Credit Suisse team for their support in the design and layout and translation of the report. We thank them for their openness, creativity and time flexibility within the framework of competence volunteering.

A word of gratitude goes also to Ms. Renata Wrzecion for proofreading.

Thanks are also due to Izabela Salamacha for advice and editorial and content-related support in the preparation of the report.