

# CARING WITH DIGNITY & COMFORT



ASSISI HOSPICE  
雅西西慈怀病院

ANNUAL REPORT 2008

# Contents

Assisi Hospice Annual Report 2008



**ASSISI HOSPICE**

雅西西慈怀病院

## *Patron*

*Ms Ho Ching*

## *Our Vision*

*To be the Leader and Centre of Excellence for Compassionate and Personalised Palliative Care.*

## *Our Mission*

*The Assisi Hospice is a Catholic Charity providing Integrated High Quality Palliative Care to In-patient, Home Care, and Day Care Adult and Paediatric Cancer Patients as well as to other Patients with Palliative Care needs.*

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<b>Name of Charity</b>	: Assisi Hospice
<b>Unique Entity No.</b>	: S86CC0299K
<b>Official Address of Charity</b>	: 820 Thomson Road, Singapore 574623
<b>Financial Year</b>	: 1 January to 31 December 2008
<b>website</b>	: <a href="http://www.assisihospice.org.sg">www.assisihospice.org.sg</a>

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**Assisi Hospice is grateful to the following for their support in producing this Annual Report:**

Olivegrin The Design Company, Xpress Print, Rave Photography and Writer Ms Chan Seet Fun.  
Special thanks to Mr Christopher Long, Mr Peter Tan, Ms Chong May Lin and Brother Oliver Tham for sharing their experiences with us.

*With your continued support, I am confident that we will be able to provide even better and expanded hospice and palliative care for our community for many years to come.*

**BEING KIND TO THE POOR IS LIKE LENDING TO THE LORD;  
HE WILL REWARD YOU FOR WHAT YOU HAVE DONE.** Proverbs 19:17

Despite the current economic downturn, Assisi Hospice has been blessed generously by donors and volunteers who continue to give so that Assisi is able to carry out its mission of caring for people in our community who are facing life-limiting illnesses, as well as for their families. This generosity, support and commitment towards our cause has helped more than 1000 patients and families to focus on what matters most during this difficult period in their lives. Assisi is privileged to partner families to provide hospice and palliative care for their loved ones.

To ensure that the funds entrusted to Assisi are put to use as intended and safe-guarded, in 2008 we have strengthened corporate governance in two ways. Firstly, we amended some parts of our Constitution to be in line with the good practices recommended in the Code of Governance. Secondly, we invited people with the necessary skills and experience in corporate governance to join various standing committees of the Board. These members will not only help to further strengthen systems and processes, but also offer suggestions to improve resource utilization at Assisi.

Assisi will have to evolve in many ways to meet the growing demand for hospice and palliative care services, both residential and in the community. Some of these will entail changing our mindsets on how services have to be integrated in order to provide for the complex needs of patients and their families; developing clinical competencies of our medical, nursing and allied health staff; redesigning processes for better service delivery; and promoting the Franciscan values of reverence for life and preserving the dignity of the dying.

We are glad that the Minister for Health, Mr Khaw Boon Wan, started the conversation on the increasing need for hospice and palliative care service in Singapore. This has brought to the foreground the urgency to build capacities and capabilities that are much needed in this sector of the healthcare industry. Assisi Hospice will tap on the additional support given to step up our capabilities and expand our services, so as to serve more patients and further enhance our standard of care.

As we brace ourselves as a charity and a community for a challenging 2009, we look to your unwavering support and encouragement to continue this journey of care that started 40 years ago. My appreciation goes to our Board and Board Committee members, individual and corporate donors, volunteers, staff, as well as corporate and community partners, both past and present, for your contributions over the years in bringing Assisi Hospice to where it is today. With your continued support, I am confident that we will be able to provide even better and expanded hospice and palliative care for our community for many years to come.



Mr Ronny Tan  
Chairman

*To meet the needs of the service expansion at the hospice, we have increased our staff strength in the areas of nursing, medical social support, volunteer management, physiotherapy and occupational therapy.*

YEAR 2008 IS ANOTHER YEAR OF GROWTH FOR ASSISI HOSPICE, as we expanded our services to meet the needs of the community.

For the year, we received 424 In-Patients who stayed a total of 10,137 patient days, representing an increase of 2.6% compared to 2007. With the additional nurses we recruited, our Home Care team looked after 518 adults and five paediatric patients in 2008, making a total of 4,740 home visits, 7.5% more than the year before.

Our Adult Day Care Centre, which provides patients with a comfortable and therapeutic environment, saw a significant 24% rise in demand for its services. However, the number of children using our Children's Day Care services decreased compared to 2007, as we gladly saw more of them returning to school after responding well to treatment.

To meet the needs of the service expansion at the hospice, we have increased our staff strength in the areas of nursing, medical social support, volunteer management, physiotherapy and occupational therapy. We have also continued to invest in staff development, both by sending staff for external development programmes as well as introducing a number of new in-house training initiatives. During the year, we sent 1 Nursing Officer and 2 Medical Social Workers for overseas attachments and training under the Health Manpower Development Programme by the Ministry of Health. The staff who returned from their training stint brought back best practices and new ideas which have further enhanced the quality and standard of care at the hospice.

We are proud that our staff have done well and have been recognised. Our Senior Medical Social Worker, Ms Peh Cheng Wan, was awarded the 2008 Healthcare Humanity Award for her dedication to supporting the psycho-social and emotional needs of our patients and their loved ones. Our Medical Director, Dr Tan Yew Seng, was also approached by the Lien Foundation to work with a young caregiver



Mr Khoo Chow Huat  
Chief Executive Officer

to publish her account of how she looked after her dying father. The book, "Life Before Death — Diary of a Caregiver", which was sponsored by the Lien Foundation, will no doubt provide insight and comfort to those in similar situations.

Besides staff, our volunteers also play an integral role for the hospice. To further increase volunteer participation, coordinate and maximise volunteer efforts, and see to the needs of our volunteers, we have recruited a full-time Volunteer Programme Executive. This past year, we were blessed with an influx of fresh ideas and specialist contributions from our volunteers. With their help, Assisi Hospice now offers Expressive Therapy, Art Therapy and Animal Therapy. These exciting developments were presented at the Singapore Palliative Care Conference 2008 as examples of how close collaboration with volunteers can yield significant benefits for patients.

Year 2009 marks the 40th anniversary of Assisi Hospice in providing care to the community. We hope that the hospice will continue to receive the same level of support from everyone, notwithstanding the current difficult economic environment. With the growing awareness of palliative care, we anticipate a further increase in demand for our services. We will be enhancing our day care programmes, with the introduction of a new rehabilitation programme for Adult Day Care, and a new school room and a revamped educational curriculum for the Children Day Care. We will also be further expanding our home care team to meet the increasing demand for the service.

We would like to thank our Board and Board Committee Members for their wisdom and guidance, our volunteers for contributing their time and effort and our donors for helping us stay viable. We will continue to strive to do our best for our patients and ensure that we remain accessible to all patients in need of our care. At Assisi, all patients are assured of dignity and quality care.

*With the growing awareness of palliative care, we anticipate a further increase in demand for our services.*

## Board Of Directors

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**RONNY TAN**

Chairman, wef  
1 March 2008

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**ANITA FAM SIU PING**

Board Member  
Since 30 November 2005

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**BROTHER MICHAEL BROUGHTON**

Board Member  
Since 1 January 2007

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**DR PREMARANI KANNUSAMY**

Board Member  
Since 1 August 2007

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**DR CYNTHIA GOH**

Board Member  
Since 24 May 2004

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**FRANCIS HENG**

Board Member  
Since 4 January 2008

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**LAU BENG LONG**

Board Member  
Since 1 January 2001

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**SISTER BARBARA PEREIRA, FMDM**

Board Member  
Since 4 January 2008

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**MICHAEL TAN**

Board Member  
Since 4 January 2008

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**SISTER FLORENCE WONG, FMDM**

Board Member  
Since 1 January 2002

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**SISTER PAULINE SEWELL, FMDM**

Board Member  
Since 1 January 2000

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**WILLIAM CHEE FOOK ONN**

Board Member  
Since 30 November 2005

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*Lord, make me  
an instrument of your peace.*

St Francis of Assisi

**ASSISI HOSPICE IS COMMITTED TO THE PRACTICES THAT ENSURE GOOD GOVERNANCE AND MANAGEMENT WITH SPECIFIC REFERENCE TO THE PRINCIPLES OF THE CODE OF GOVERNANCE FOR CHARITIES AND INSTITUTIONS OF A PUBLIC CHARACTER (IPCS). ASSISI HOSPICE TAKES GREAT EFFORT IN IMPROVING ITS GOVERNANCE AND MANAGEMENT PRACTICES AND IS MAKING STEADY PROGRESS.**

## **1. Board Governance**

- 1.1 The Board oversees Assisi Hospice's business affairs. The key matters for board oversight include:
    - (a) approving broad policies, strategies and objectives of the Hospice.
    - (b) monitoring management performance.
    - (c) overseeing the processes for evaluating the adequacy of internal controls, financial reporting and compliance.
    - (d) approving annual budgets.
    - (e) assuming responsibility for corporate governance.
  - 1.2 To assist in the execution of its responsibilities, the board has established 5 Board committees, namely, the Nomination and Remuneration Committee (NRC), the Audit Committee (AC), the Fund-Raising Committee (FRC), Programme and Services Committee (PSC) and the Finance Committee .
  - 1.3 The board meets four times a year. The frequency of meetings and the attendance of each director at every board meeting are disclosed in this Report.
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## **2. Board Composition and Balance**

- 2.1 The Board comprises 12 directors, all of whom are independent directors.
  - 2.2 Each director has been appointed on the strength of his/her calibre, experience and potential to contribute to the Hospice.
  - 2.3 The Board considers that the present Board size facilitates effective decision-making and is appropriate for the nature and scope of the Hospice.
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## **3. Chairman and CEO**

- 3.1 The roles of the Chairman and CEO are separate and their responsibilities are clearly defined to ensure a balance of power and authority within the Hospice.
  - 3.2 The Chairman manages the business of the Board and the Board committees, and monitors the translation of the Board's decisions and wishes into executive action.
  - 3.3 The Chairman approves the agendas for Board meetings, and exercises control over the quality, quantity and timeliness of information flow between the Board and management.
  - 3.4 The CEO manages the business of the Hospice, and implements the board's decisions. The CEO is assisted by a Management Team.
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#### **4. Board Membership**

- 4.1 All members of the Board are appointed by the Congregational Leader and her Council, acting on behalf of the FMDM Congregation.
  - 4.2 The Chairman is appointed for a term of three years by the Congregational Leader and her Council. A member may serve as the Chairperson for two consecutive terms. Under special circumstances, this could be extended to a third and final term.
  - 4.3 The Board members are appointed for a term of three years. A member may serve for two consecutive terms. Under special circumstances, this could be extended to a third and final term with the exception of the Finance Committee Chairman whereby there shall be a maximum term limit of four consecutive years.
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#### **5. Nomination and Remuneration Committee (NRC)**

- 5.1 The NRC is chaired by Mr Ronny Tan, the Chairman of the Hospice. It comprises five members, including the NRC Chairman, all of whom are independent and non-executive directors.
  - 5.2 The NRC recommends all appointments and re-appointments of directors to the Board and Board committees. All appointments and re-appointments to the board are approved by the Congregational Leader and her Council.
  - 5.3 The NRC ensures that the Board members provide the diversity of expertise and experience required to meet the Hospice's mission and goals.
  - 5.4 The NRC also decides how the Board's performance may be evaluated and proposes objective measures of performance.
  - 5.5 Frequency of meetings: at least twice a year
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#### **6. Audit Committee (AC)**

- 6.1 The AC is chaired by Mr Lau Beng Long and comprises four members, including the AC Chairman. One member is an independent and non-executive director and the other an independent advisor.
  - 6.2 The AC reviews the scope and results of the internal and external audits and evaluates with the respective auditors the adequacy of the systems of internal and accounting controls, risk management and compliance.
  - 6.3 The annual audit of the Hospice's financial accounts is carried out by an approved firm, KPMG.
  - 6.4 The internal audit is performed by an approved firm, Deloitte & Touche.
  - 6.5 Frequency of meetings: at least twice a year
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## **7. Finance Committee (FC)**

- 7.1 The FC is chaired by Mr Francis Heng and comprises four members, including the FC Chairman.
  - 7.2 The FC advises the Board on all financial matters. Specifically, the Committee reviews the annual budget before it is tabled to the Board.
  - 7.3 The FC also ensures compliance with the Code of Governance with regards to financial matters.
  - 7.4 The FC reviews and recommends suitable investment policies to the Board for endorsement.
  - 7.5 Frequency of meetings: As and when required, subject to at least once a year
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## **8. Fund-Raising Committee (FRC)**

- 8.1 The FRC is chaired by Mrs Jeannie Tien and comprises six members, including the FRC Chairperson.
- 8.2 The FRC is responsible for the entire fund-raising effort of Assisi.
- 8.3 The FRC decides the policy of the fund-raising functions, and its normal work-plan.
- 8.4 The FRC reviews and approves the budget for all internal fund-raising activity.
- 8.5 The FRC will have a post evaluation report of each fund-raising activity.
- 8.6 Frequency of meetings: Four times a year

NOTE: In August 2008, the Board approved the merger of FRC and the Fund Raising Organising Committee (FROC). The Chairman of FROC, Mrs Jeannie Tien will chair the FRC.

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## **9. Programme and Services Committee (PSC)**

- 9.1 The PSC is chaired by Ms Anita Fam and comprises four members, including the PSC Chairperson, all of whom are independent and non-executive.
  - 9.2 The PSC is responsible for the entire programme and service content of Assisi and monitors its effectiveness, ensuring that the goals and objectives are being met.
  - 9.3 Frequency of meetings: Four times a year
- 

## **10. Conflict of Interest**

- 10.1 Board members operate under a conflict of interest disclosure process.
  - 10.2 Annual conflict of interest disclosure statements are undertaken by all members.
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## 11. Reserve Policy

11.1 The Board established a Reserve Policy of not more than five years of operating expenditure to meet its operational needs.

## 12. Disclosure and Transparency

12.1 Annual reports are prepared which include up-to-date information on its programmes, activities, performance and finances as well as a listing of the Board's key office-bearers.

12.2 Audited financial information is available at Assisi's website as required by the Commissioner of Charities.

The members' attendance at the Board Meetings for the period January to December 2008 is shown below:

Name of Directors	Number of Board Meetings	Attendance	Remarks
J Y Pillay Chairman	1	1	Term ended 28 Feb 2008
Ronny Tan	4	4	Chairman, wef 1 Mar 2008
Sister Pauline Sewell, FMDM	4	4	
Lau Beng Long	4	3	
Sister Florence Wong, FMDM	4	4	
Dr Cynthia Goh	4	4	
William Chee Fook Onn	4	4	
Anita Fam Siu Ping	4	4	
Dr Premarani Kannusamy	4	2	
Brother Michael Broughton	4	2	
Francis Heng	4	4	
Michael Tan	4	4	
Sister Barbara Pereira, FMDM	4	3	

## LIST OF COMMITTEE MEMBERS:

### Nomination and Remuneration Committee

- Mr Ronny Tan (Chairman)
- Mr Lau Beng Long
- Sister Pauline Sewell, FMDM
- Sister Barbara Pereira, FMDM
- Dr Cynthia Goh

### Audit Committee

- Mr Lau Beng Long (Chairman)
- Mr Ronny Tan
- Mr Michael Tan
- Mrs Mimi Ho

### Finance Committee

- Mr Francis Heng (Chairman)
- Mr Ronny Tan
- Mr Michael Tan
- Mr Joseph Wong

### Fund Raising Committee

- Mrs Jeannie Tien (Chairman)
- Dr Rita Yeoh Joo Seang
- Mrs Olivia Menon
- Mrs Sharon Ho
- Mr Yeo Lee Hock
- Sister Agnes Tan, FMDM

### Programme and Services Committee

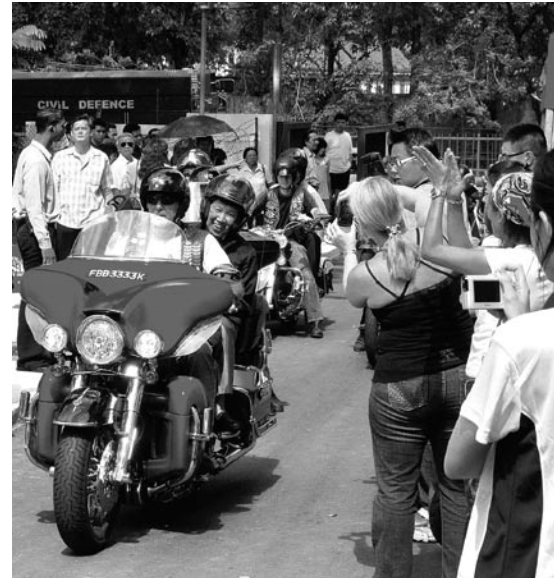
- Ms Anita Fam (Chairman)
- Mr William Chee
- Dr Cynthia Goh
- Dr Premarani Kannusamy

*We are also grateful to the organisations that were willing to finance, and even coordinate, the fulfilment of our patients' wishes. With their help, many of our patients have had their wishes come true.*

THE YEAR 2008 WAS A VERY GOOD YEAR for Assisi Hospice in terms of community giving and partnership. We started the year with a massive island-wide appeal to more than a million households. By the end of the year, the effort reaped nearly \$400,000 for Assisi Hospice. Our annual signature projects — the Charity Fun Day, Charity Dinner and Christmas Light-Up — also surpassed their targets, raising a total of \$2.4 million.

In addition, many caring individuals and organisations also helped to spearhead ten other projects that collectively raised over \$400,000. We are grateful to them for undertaking such selfless projects. Especially touching was the contribution from a 15-year-old student who had almost lost her sight due to an illness. Her years of suffering had given her a great empathy for the sick and she decided to donate the proceeds from her solo dance concert, which raised a tidy sum of \$22,000.

We are also grateful to the organisations that were willing to finance, and even coordinate, the fulfilment of our patients' wishes. With their help, many of our patients have had their wishes come true. These included staying at a five-star hotel with the family, going overseas on holiday for the first time and flying abroad to visit their aged parents one last time. Of course, we are also indebted to President S R Nathan for including Assisi Hospice as one of the beneficiaries of the President's Star Charity.



Mrs Jeannie Tien  
Chairman  
Fund Raising Committee



Assisi Hospice is dependent on community support and every day, we count our blessings that we have many generous supporters who contribute in one way or another. We realise that 2009 may be a lean year for many and we are all the more grateful to the individuals and organisations who continue to support Assisi Hospice, in spite of the economic downturn.

On our part, my fellow committee members and I pledge to work harder than ever to ensure favourable responses to Assisi Hospice events. We are fortunate to have the unwavering support of our board members, management, staff, volunteers, and the FMDM sisters who never fail to pray for us. It is our honour to serve Assisi Hospice, a truly worthy mission much needed by many.

FROM LEFT:  
Patron, Ms Ho Ching arrives on a Harley at the Charity Fun Day; Mr Ivan Lee, General Manager of Pan Pacific Singapore receiving a token of appreciation from Minister Tharman at the Charity Dinner; MP Hri Kumar with little Ivan at the Christmas light-up

*Looking ahead, it will be crucial for us to build on the impetus of training and development to assure quality care even as we surge ahead to serve more patients and their families.*

I AM PLEASED TO REPORT THAT 2008 HAD BEEN ANOTHER VERY ACTIVE YEAR for Assisi Hospice. The various hospice services remained well sought after, which is attributable to a significant extent, to the hospice's philosophy of serving our patients and their families holistically across the spans of the illness trajectories and care settings.

The inpatient service recorded high utilization and its overall occupancy remained at 85% despite scheduled renovations in the wards. The day care program was expanded and enhanced so that both outpatients and inpatients may benefit from the various social, physical and therapeutic activities. As a result, the day care service saw an increase of 24% in the units of service utilized in 2008.

In the home care service, the rising demands on the service necessitated a review of what constituted a manageable staff caseload to ensure quality care provision in a sustainable manner. The development of another home care team was undertaken, although the recruitment of trained hospice home care staff had been challenging. Meanwhile, there were some critical moments where we had to make a carefully deliberated but nonetheless reluctant decision to divert excess referrals to other agencies. Ultimately, we felt that it was neither to the patients' interests nor our staff to push beyond our capacities and compromise the quality of care.

But Assisi Hospice could not have achieved what it planned without a dedicated, compassionate and trained workforce. Training and staff development were therefore the major foci in 2008. The Assisi Training Committee, which comprised professional staff members at various levels, was inaugurated to develop, coordinate and provide feedback on training programs at the hospice. Two of our senior staff also successfully applied for overseas training stints under the auspices of the Health Ministry's Health Manpower Development Plan — Nursing Officer Mary Stevens had a clinical attachment at St John of God Murdoch Community Hospice, Murdoch, Western Australia, while Senior Medical Social Worker Peh Cheng Wan was enrolled in the Social Work Fellowship in Palliative and End-of-Life Care at the Department of Pain Medicine & Palliative Care, Beth Israel Medical Center, New York.

And while the hospice has been a regular training site for medical students, nurses and doctors, Assisi Hospice was also accredited in 2008 by the Joint Committee on Specialist Training as an advance



Dr Tan Yew Seng  
Medical Director

specialty training site for doctors who intend to sub-specialize in Palliative Medicine. Apart from our roles in medical and nursing education, Assisi Hospice had also hosted at various times, attachments and training stints for undergraduates or graduates in social work, counseling and psychology.

The psychosocial support services at Assisi Hospice deserved mention for having reached new milestones in 2008. There were 2 new additions to the team, a counselor and a social worker to make a complement of 5 employed staff. This team had enabled Assisi Hospice to provide care at a much deeper level than ever before. And as recognition for the extraordinary work that our senior medical social worker Ms Peh Cheng Wan was doing for our patients and families, as well as her contributions to Assisi, she was awarded the Healthcare Humanity Award.

Looking ahead, it will be crucial for us to build on the impetus of training and development to assure quality care even as we surge ahead to serve more patients and their families. We have already undertaken the review and mapping of our core processes in 2008, which will provide the framework to guide our future developments. Currently, we have in our consideration, plans to develop the physical infrastructure of the hospice as well. In tandem, these directions will enable Assisi Hospice to respond not just to the growing numbers of patients and their families, but also to patients and families with increased acuity, complexity and multiplicity of problems, i.e. those with the most challenging needs. Additionally, such efforts will contribute to the systematic developments that will eventually transform Assisi Hospice into a nurturing environment for hospice professionals to fulfill their roles in the hospice and in wider context of society.

Senior Medical Social Worker Peh Cheng Wan, winner of the 2008 Healthcare Humanity Award with the CEO, Mr Khoo



Staff Nurse Lee Heong Buckland (left) and Resident Physician Dr Caroline Lim.



ABOVE, FROM LEFT: Nursing Officer Bedah Bte Samath with Senior Staff Nurses Saida Bte Mohd Aripin, Long Kiew Joon and Tai Yun.

ABSENT FROM PHOTO: Nursing Officer Lai Mee Horng and Senior Staff Nurse Lim Mooi Hong.



**THE ASSISI HOSPICE CARE TEAM LIVES UP TO ITS REPUTATION** of providing compassionate and personalised palliative care. Whatever it takes, regardless of the patient's background or religious beliefs, the team makes sure that terminally-ill patients, and their loved ones, are at ease.

"They are so caring. They sit down and listen to you. They want to know how you feel. It's not just a cursory thing when they visit. They make sure you are okay emotionally as well. They are very reassuring," said home care patient, Mr Christopher Long.

Mr Long, 53, found out that he had cancer in July 2008. A former security manager, he had to stop working soon after the diagnosis. After going through chemotherapy, he was put on various medications to help with pain and symptom relief.

He also gets a visit from the Home Care Team about twice a month. They chart his progress and regulate his meds and each visit lasts about 30 minutes to an hour. They usually call to make an appointment before they drop in, but if the need arises, he can call them up too.

"It feels good just to know that they have a 24-hour number. If you find yourself breaking out into a cold sweat or something like that, you can call. Someone will listen to you and advise you on whether you should go to A&E," he said.

"It is very depressing to learn that you have fourth stage cancer and that you only have months to live. You look at everything differently. But when

*They are so caring.  
They sit down and  
listen to you. They  
make sure you are okay  
emotionally as well.  
They are very reassuring.*

*Home Care patient Christopher Long*



you are feeling miserable, they talk to you. It may seem like just words of encouragement, but it makes a very big difference. For patients who have lost hope, they provide comfort," he added.

And when the Home Care Team heard that his mother's HDB flat, where he often bunks in, was gutted in a fire, they did everything they could to help. Besides replacing his meds, they also sourced for a free TV set to replace the one that was destroyed.

He said, "They respond to all the changes in your situation. It's not easy to find the kind of care that they provide. They are tremendously valuable to patients. I think they do a smashing job."



ABOVE: Home Care nurse Tai Yun with the mother of the patient.

**TRAINING**

- St. Luke's Hospital 2nd Wound Conference: Stoma & Wound Care
- Patient Education & Health Literacy
- Process Mapping

**NEW RECRUITS**

- Saida Bte Mohd Aripin joined on 2nd October 2008 as a Senior Staff Nurse, Paediatric Palliative Care Programme
- Bedah Bte Samath joined on 10th November 2008 as a Nursing Officer

**TOTAL STAFFING**

- 2 Nursing Officers
- 3 Senior Staff Nurses
- 1 Paediatric Senior Staff Nurse



*We let them know that they are not alone. We give our patients the best hope and the best care that we can.*

Staff nurse Oliver Tham

**ASSISI HOSPICE'S IN-PATIENT SERVICE PROVIDES** round-the-clock care to patients who need symptom management or who choose the hospice as the place where they want to spend their final days. It also caters to patients who need respite care or who have care-giver issues.

"Besides giving patients their meds for pain and symptom management, we also look into the psycho-social aspects of their well-being. They see us every day and sometimes they tell us what's going on in their personal lives. If necessary, we refer them to our Medical Social Worker," says Staff Nurse Oliver Tham.

He added that nursing staff also keep an eye on how the patients' family members are coping. And in cases where the patient does not have any close relatives to lean on, the support from ward staff is even more important.

"We let them know that they are not alone. We give our patients the best hope and the best care that we can. A lot of people, including the family members of some patients, think that a hospice is a death house. That is very wrong. It is a life-giving place," he said.

He even encourages anyone who is interested in finding out more about hospice care to drop in. "Come and see for yourself. I will take you through our wards so that you can see what hospice care is all about. It's beautiful, remarkable work. Every day, when I go home, I feel fulfilled because it was a day well-lived, in service to others," he said.



#### TRAINING

- Monthly lectures on Palliative Care, Management of Ventilator and Tracheostomy
- Journal Club
- Annual Palliative Care Conference
- Overseas attachment to hospices in Perth under the Health Manpower Development Programme by Ministry of Health

#### NEW RECRUITS

- 2 Staff nurses
- 3 Patient Care Assistants
- 1 Ward Clerk/ Patient Care Assistant

#### TOTAL STAFFING

- 1 Nursing Officer
- 3 Senior Staff Nurses
- 9 Staff Nurses
- 2 Enrolled Nurses
- 2 Senior Patient Care Assistants
- 14 Patient Care Assistants
- 1 Ward Clerk
- 5 Housekeepers

FROM LEFT: Enrolled Nurse Khaing Myat Myat, Staff Nurse Lee Heong Buckland, Housekeeper Tanggamal d/o Suppaiya, Patient Care Assistant Linda Longue, Staff Nurse Oliver Tham, Nursing Officer S. Mary Stevens, Patient Care Assistant Banumathi, Senior Staff Nurse Liew Swee Fong, Patient Care Assistant Herlina Boru Butar Butar and Staff Nurse Zhang Ruan Ying.

ABSENT FROM PHOTO: Senior Staff Nurses Mary Lee and Rosmah Bte Hamid, Staff Nurses Tan Lay Koon, Vasendamallika, Zechariah Yeo, Kang Xia, Chuah Bee Cheng, Norma Abellanosa, Enrolled Nurse Khin Mya Kyaw, Senior Patient Care Assistants S Maithili and Kanaga Ledanan d/o A, Patient Care Assistants Philomena, Siti Radiziyah, Parudia d/o Sangaran, Sophi S Devi, Thamirasi K Ramu, Khin San Wai, Catherine Alimpungat Andia, Catherine Mayola, Nina Mortos Alveyra, Kris Dianne Apuda and Ma San Win Htay, Ward Clerk Cheryl Jovita and Housekeepers Tracy Mui, Mahasvari d/o Arumugam, Lim Siew Huey and Rose Ang.

**ASSISI HOSPICE PROVIDES DAY CARE SERVICES** for both adults and children. The Day Care Centres arrange for transport to and from the patients' homes and also provides meals. There is also the occasional outing and mini performance, courtesy of volunteers. In addition, the Centres have regular therapy sessions and fun activities that we encourage our patients to engage in.

### Physiotherapy

The morning physiotherapy exercises help our patients maximise their physical potential by building up their strength and stamina, which enables them to become more independent and boosts their quality of life in general. And the afternoon programme, with structured activities of a physical, cognitive, social, recreational and functional nature, helps build our patients' self-esteem and sense of control.

### Art Therapy

Two art therapy interns, who were doing the Masters in Art Therapy programme at LaSalle College of Arts, were attached to the Day Care Centres. Francene Langford and Yesmin Chan shared their knowledge and gave our patients the opportunity to be creative, to express themselves and to explore personal issues through art.

### Massage Therapy

Besides our regular Japanese volunteers who continue to give foot and shoulder massage on Thursdays, we now have a new volunteer who comes once a week to provide Swedish massage.

### Taekwondo

The Assisi Taekwondo Warriors did very well at the 2nd National Taekwondo Poomsae Competition, held at Toa Payoh Sports Stadium. They brought back 12 gold medals, three silver medals and a bronze medal. It was heart-warming to see our young patients, including those with brain tumours and neurological deficits, competing with able-bodied youngsters.



TOP: (from left) Senior Staff Nurse Lau Kwai Chan, Therapy Aide Belinda Poon and Day Care Manager Grace Sim.

ABOVE: Assisi Taekwondo Warriors in action

## Day Care



### Outings and Other Activities

Our patients are appreciative of the activities and outings organised by volunteers and sponsors. Many have commented that they would not have had the chance to visit so many different places if not for the sponsored trips.

**CHINESE NEW YEAR** During the Chinese New Year period, our patients enjoyed a visit to plant nurseries and flower shops, where they admired the festive blooms. A donor made sure that each patient was given a pot of flowers. Our patients also tucked into a nine-course Chinese dinner catered by the Yan Wan Dian Chinese Temple, enjoyed some 'Ge-Tai' singing and went home with an Ang Pow each. The Rotary Club Singapore (West) sponsored a steam boat lunch and gave out Ang Pows to our patients too.

**OUTINGS** Students from SJ1 international raised funds to take 15 adult patients to the Singapore Flyer and the Wan Boo Sow Charity Fund sponsored an outing

to Bishan Junction 8, where our patients were treated to morning tea and a movie, followed by a Dim Sum lunch. The Wan Boo Sow Charity Fund also sponsored a trip to Underwater World in Sentosa for our adult patients and a bowling trip for our children. The children also enjoyed excursions to Lilliput Singapore at East Coast Park and MacRitchie Reservoir Park, which were organised by volunteers. In addition, they were invited to Sporty Joe's Gym, where our national gymnasts train. The children had great fun, especially on the trampolines. They also enjoyed themselves at our Charity Fun Fair, which some of our adult patients also attended. Each person was given \$50 worth of Fun Fair tickets by kind donors.

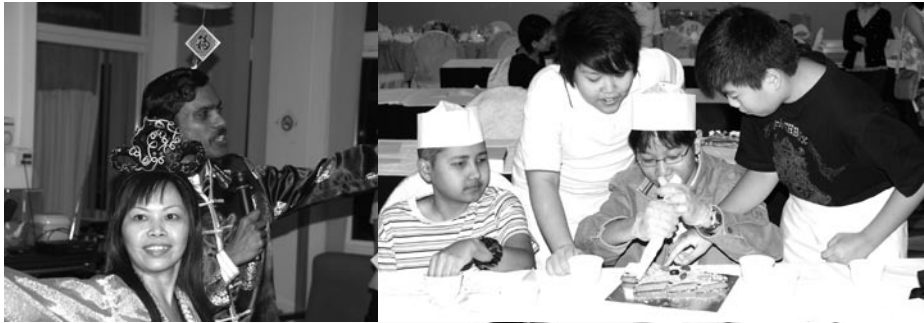
**VISITS** The Japanese Ambassador to Malaysia and the Japanese Ambassador to Singapore paid us a visit. And so did a group of students and teachers from Nanyang Polytechnic, who were preparing for a humanitarian mission in Vietnam. Our patients enjoyed an afternoon of fun and games, while the students gained some valuable experience before their trip.

**PERFORMANCES** Students from various schools and Junior Colleges dropped in throughout the year to entertain our patients with games, dances and musical performances. In addition, there was a Shamisen recital by a renowned



TOP (from left): Driver Nawi Bin Yahya, Driver cum Therapy Aide Thomas Sim and Part-time Driver David Chew.

LEFT: Day Care volunteers (Seated from left): Wong Kwai Mei, Angela Kwek, Theresa Klyne and Paul Koh; (Standing from left): See Luan Johnson, Irene Ho, Sally Ooi, Jasmine Ee and Cecilia Hong.



CLOCKWISE FROM TOP LEFT:  
City Developments Ltd staff  
presenting a Mid-Autumn  
Festival play; Assisi Day  
Care children having fun  
decorating gingerbread  
at Pan Pacific Singapore;  
Shamisen recital by Japanese  
musician Matsumoto Baisho;  
Sr Veronica Yao, FMDM,  
teaching a child in the  
Day Care



Japanese musician and his wife, who enthralled our adult patients with classical and popular Japanese music. There was also a group of 12 Japanese university students, all dressed in kimonos, who performed a traditional dance for our patients. And during the Christmas season, many groups of volunteers from various organisations came round for carols and games.

**FUN AT ASSISI** A number of our adult Day Care patients attended a special dinner in the Assisi garden to celebrate Mid-Autumn Festival together with our in-patients. Staff from City Developments Limited decorated the garden, brought in food for dinner and organised games for the patients. Our younger patients enjoyed the annual sleepover at the Children's Day Care Centre, which was followed by a trip to Pan Pacific Hotel for a fun-filled session of decorating gingerbread men.

**TOTAL STAFFING:**

- 1 Manager
- 1 Senior Staff Nurse
- 1 Therapist
- 1 Therapy Aide
- 1 Programme Assistant
- 1 Driver cum Therapy Aide
- 2 Drivers (1 Part-time only)
- 1 Housekeeper

*“After being diagnosed with cancer, my mum became depressed. She couldn't accept it and was almost suicidal. Her mental state took a toll on our family and we were at a loss as to how to help her. We were relieved when we found out about Assisi's Day Care Centre. The staff put her at ease and she took an instant liking to the programmes. She feels at home here and is now more positive. We really appreciate what the Centre has done for her.*

— Ms Koh Yang Kim, daughter of patient

RETIREE PETER TAN VOLUNTEERS AT ASSISI HOSPICE'S IN-PATIENT ward. Said the former banker, "It has taught me to be humble. Forget about your past. Whatever position you've held, when you are here, you carry trays when it's makan time. You should not feel that it's beyond you to do it. I have even seen a patient volunteering to help others. I was very touched."

Besides helping with breakfast, he also reads to patients and occasionally accompanies them on outings and to other hospitals for their medical appointments. He said, "The nurses will let me know what to do for the day - who to go and talk to, or who just needs someone to hold their hand or just to be there. Sometimes, just the physical presence of another person helps. And it really makes your day to see a patient smile."

But he noted that every patient is different and it pays to be sensitive. Some patients will refuse help and some will be adamant about feeding themselves even if it takes a long time for them to do it. "You just have to respect each patient as a person. They have their dignity too," said Mr Tan, who lost his father and a younger sister to cancer.

"I've learned a lot by coming here. I've learned that the patients' family members take comfort in the fact that they are courageous in their acceptance of their situation. I've also learned that life is unpredictable. Some patients seem fine, but when you come back the following week, they are already gone. It makes you thankful for each day and reminds you not to take things for granted," he said.

*I've learned a lot by coming here. I've learned that the patients' family members take comfort in the fact that they are courageous in their acceptance of their situation. I've also learned that life is unpredictable.*

— Retiree Peter Tan



**HOMEMAKER CHONG MAY LING HAS BEEN VOLUNTEERING** at Assisi Hospice for over five years. She used to spend most of her time with the younger children at the Children's Day Care Centre, but when she realised that the older ones sometimes don't get as much attention as the little ones, she started to engage them in board games like Scrabble.

"As you spend time with them, some of the children will share with you the fears that they have, such as going for injections. In a way, they show you

*As you spend time with the children, they will share with you the fears that they have. In a way, they show you how to face adversity. Being a volunteer here makes me very conscious that life is very fragile. It makes me appreciate my life.*

— Homemaker Chong May Ling

how to face adversity. Being a volunteer here makes me very conscious that life is very fragile. It makes me appreciate my life," she said.

When she's not helping out at the Day Care Centre, she also works together with other volunteers on fund-raising activities, which she believes have enabled her to grow a "thicker skin". She said, "If you don't ask, you don't get. Most people are willing to give. Even people who need the money for themselves are willing to part with some.

When they know what it (Assisi Hospice) is about, they will not say no."

She added, "The Children's Day Centre is a home away from home for the children. And whether they are bald, or need a wheelchair, or tubes, or a colostomy bag, they know that when they come here, the other children will accept it. It's their comfort zone, a place where everyone else empathises with them. And that's why it's important to keep it funded and to keep it going."



#### TOTAL NUMBER OF VOLUNTEERS:

- 144

#### SPECIAL EVENTS AND AWARDS:

- **Volunteer Appreciation Dinner:** Held on 11 October 2008
- **Long Service Awards (10 years):** 17 volunteer recipients
- **Long Service Awards (5 years):** 22 volunteer recipients

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#### THE INVALUABLE HELP GIVEN BY THE VOLUNTEERS:

##### In-patient Ward

- Befriend patients.
- Help feed patients, change bed sheets and wheel patients for walks and to the Day Centre.
- Work with Therapy Aides to provide physiotherapy to patients.
- Organise outings and accompany patients on outings and hospital appointments.

##### Adult Day Care

- Help with transport arrangements.
- Conduct or facilitate activities for patients.
- Serve lunch and tea.
- Help keep the Day Care Centre clean.

##### Children's Day Care

- Read stories and help children with their school work.
- Teach arts and crafts and conduct simple baking/cooking lessons.
- Serve lunch and tea.
- Help keep the Children's Day Care area clean.

##### Projects and Events

- Help canvass for funds.
- Provide expertise and logistical support for projects and events.

##### Others

- Provide free dental consultations.
- Provide Shiatsu Massage.
- Help with the gardening.
- Clean the wheelchairs and the store room.
- Take on ad hoc admin work.

##### Volunteer Groups: (from churches, schools and corporate organisations)

- Give musical recitals, perform dances and sing carols.
- Play games with patients.
- Teach arts and crafts.

OPPOSITE: Peter Tan

LEFT: Chong May Ling

## Clinical Pastoral Care

### CLINICAL PASTORAL CARE IS A KEY ASPECT OF THE HOLISTIC CARE

that Assisi Hospice provides. Pastoral Care addresses the interconnections between physical, psychological and spiritual well-being and responds to the diverse concerns of our patients and those who care for them. We offer prayers, spiritual guidance, counselling and bereavement support. At the same time, we let our patients know that faith visitors may visit them at the hospice to provide sacramental ministry according to their religious beliefs.

### Supporting Our Patients and Their Loved Ones

Pastoral Carers respect the dignity, culture, beliefs, practices and spiritual needs of each person during what is known as the accompaniment process in which patients explore the meaning of their lives. Pastoral Carers help patients and their families and friends address their spiritual and emotional struggles through empathetic listening.

### Bereavement

The Pastoral Care team reaches out with compassion and understanding during bereavement, supporting the grieving person through accompaniment, ritualisation of loss, specialist bereavement programmes and where possible, attendance at funeral services. There are also support groups for patients, families and staff, which are part of the aftercare services provided by the Pastoral Care team.

### Memorial Services

The entire team collaborates with the other departments at Assisi to hold Inter-faith Memorial Services in March, July and November each year. Families whose loved ones died in the hospice are invited to the services, which give them the opportunity to celebrate the life of the deceased, to pray for them and to experience the solidarity of being with other families. If so inclined, grieving families can request accompaniment for a further six weeks to help them with the adjustment period.

### Staff Support

In order to foster an environment where the natural caring attributes of everyone at Assisi Hospice can be nurtured and affirmed, the Pastoral Care team provides free counselling services and spiritual accompaniment to all staff and their families.

### TOTAL STAFFING:

- 3 Religious Pastoral Carers
- 3 Lay Pastoral Carers



*Pastoral Care addresses the interconnections between physical, psychological and spiritual well-being and responds to the diverse concerns of our patients and those who care for them.*

TOP (from Left): Sr Bernadette Yeo, FMDM, Geraldine Goh and Sr Christine Chua, IJ.  
ABSENT FROM PHOTO: Sr Agnes Tan, FMDM (Co-ordinator), Rose Goh and Elaine Tee.



NUMBER OF PATIENTS SERVED IN 2008

	In-Patient Adults	In-Patient Children	Day Care Adults	Day Care Children	Home Care Adults	Home Care Children	Total
Patients Carried Forward from 2007	27	0	18	69	123	2	239
New Admissions	358	2	33	14	351	3	761
Re Admissions	37	0	7	0	44	0	88
Total Patients Served in 2008	422	2	58	83	518	5	1088

AGE PROFILE OF PATIENTS ADMITTED

Age Group	In-Patient Adults		In-Patient Children		Day Care Adults		Day Care Children		Home Care Adults		Home Care Children		Total	
		%		%		%		%		%		%		%
< 20	0	0.0	2	100	0	0.0	14	100	0	0.0	3	100	19	2.2
21 - 30	1	0.3	0	0	0	0.0	0	0	5	1.3	0	0	6	0.7
31 - 40	8	2.0	0	0	0	0.0	0	0	12	3.0	0	0	20	2.4
41 - 50	39	9.9	0	0	3	7.5	0	0	30	7.6	0	0	72	8.6
51 - 60	85	21.5	0	0	10	25.0	0	0	70	17.7	0	0	165	19.4
61 - 70	93	23.5	0	0	12	30.0	0	0	78	19.7	0	0	183	21.5
71 - 80	104	26.3	0	0	11	27.5	0	0	112	28.4	0	0	227	26.7
81 - 90	52	13.2	0	0	3	7.5	0	0	62	15.7	0	0	117	13.8
> 90	13	3.3	0	0	1	2.5	0	0	26	6.6	0	0	40	4.7
TOTAL	395	100	2	100	40	100	14	100	395	100	3	100	849	100

## Statistics

### RELIGION OF PATIENTS

Religion Type	In-Patient Adults		In-Patient Children		Day Care Adults		Day Care Children		Home Care Adults		Home Care Children		Total	
		%		%		%		%		%		%		%
BUDDHIST	117	29.6	2	100	17	42.5	3	21.4	130	32.7	0	0.0	269	31.6
CHRISTIAN	99	25.1	0	0	7	17.5	4	28.6	83	21.3	0	0.0	193	22.8
ROMAN CATHOLIC	48	12.1	0	0	5	12.5	3	21.5	56	14.0	1	33.3	113	13.3
TAOISM	32	8.1	0	0	2	5.0	0	0.0	56	14.2	1	33.3	91	10.7
FREE THINKER	27	6.8	0	0	2	5.0	0	0.0	27	6.8	0	0.0	56	6.6
MUSLIM	16	4.1	0	0	1	2.5	1	7.1	25	6.2	0	0.0	43	5.1
HINDU	8	2.0	0	0	1	2.5	1	7.1	8	2.0	0	0.0	18	2.1
SIKHISM	2	0.5	0	0	0	0.0	0	0.0	2	0.5	0	0.0	4	0.5
OTHERS	46	11.7	0	0	5	12.5	2	14.3	8	2.3	1	33.3	62	7.3
TOTAL	395	100	2	100	40	100	14	100	395	100	3	100	849	100

### SOURCE OF REFERRALS

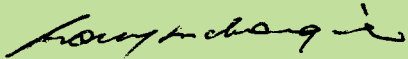
Referral Sources	In-Patient Adults		In-Patient Children		Day Care Adults		Day Care Children		Home Care Adults		Home Care Children		Total	
		%		%		%		%		%		%		%
Singapore General Hospital	164	41.5	1	50.0	17	42.5	0	0.0	101	25.6	0	0.0	283	33.4
Tan Tock Seng Hospital	63	15.9	0	0.0	3	7.5	0	0.0	59	14.9	0	0.0	125	14.7
National University Hospital	39	9.9	0	0.0	8	20.0	4	28.6	59	14.9	2	66.7	112	13.2
National Cancer Centre	31	7.8	0	0.0	4	10.0	0	0.0	62	15.7	0	0.0	97	11.4
Hospices	22	5.6	0	0.0	2	5.0	0	0.0	6	1.5	0	0.0	30	3.5
Private Hospitals & Medical Centres	17	4.3	0	0.0	1	2.5	1	7.1	30	7.6	0	0.0	49	5.8
Changi General Hospital	13	3.3	0	0.0	0	0.0	0	0.0	20	5.0	0	0.0	33	3.9
Alexandra Hospital	12	3.0	0	0.0	0	0.0	0	0.0	16	4.1	1	33.3	29	3.4
GP - Private	5	1.3	0	0.0	0	0.0	0	0.0	11	2.8	0	0.0	16	1.9
KK Hospital	5	1.3	1	50.0	0	0.0	5	35.7	7	1.8	0	0.0	18	2.1
Community Hospitals	1	0.3	0	0.0	2	5.0	0	0.0	0	0.0	0	0.0	3	0.4
Children's Cancer Foundation	0	0.0	0	0.0	0	0.0	2	14.3	0	0.0	0	0.0	2	0.2
Others	23	5.8	0	0.0	3	7.5	2	14.3	24	6.1	0	0.0	52	6.1
TOTAL	395	100	2	100	40	100	14	100	395	100	3	100	849	100

## In Our Opinion:

- a) the financial statements set out on pages 27 to 48 are drawn up so as to give a true and fair view of the state of affairs of Assisi Hospice (the Hospice) as at 31 December 2008 and the results of the financial activities and cash flows of the Hospice for the year ended on that date in accordance with Singapore Financial Reporting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Hospice will be able to pay its debts as and when they fall due.

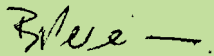
The Board of Directors has, on the date of this statement, authorised these financial statements for issue.

## On Behalf Of The Board Of Directors



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**Ronny Tan Chong Tee**  
Chairman



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**Sister Pereira Barbara Anne, FMDM**  
Director

14 May 2009

## Independent Auditors' Report

The Board of Directors of the Hospice — Assisi Hospice

We have audited the financial statements of Assisi Hospice (the Hospice), which comprise the balance sheet as at 31 December 2008, statement of financial activities and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes, as set out on pages 27 to 48.

### Management' Responsibility For The Statements of Account

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the Charities Act, Chapter 37, Charities (Institutions of A Public Character) Regulations 2007 and Charities (Institutions of A Public Character) (Amendment) Regulations 2008 (collectively known as the Rules) and Singapore Financial Reporting Standards. Management has acknowledged that its responsibility includes:

- (a) devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair statements of financial activities and balance sheets and to maintain accountability of assets;
- (b) selecting and applying appropriate accounting policies; and
- (c) making accounting estimates that are reasonable in the circumstances.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the

circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion:

- (a) the financial statements of the Hospice are properly drawn up in accordance with the Charities Act, Chapter 37, Charities (Institutions of A Public Character) Regulations 2007, Charities (Institutions of A Public Character) (Amendment) Regulations 2008 and Singapore Financial Reporting Standards to present fairly, in all material respects, the state of affairs of the Hospice as at 31 December 2008 and the results of financial activities and cash flows of the Hospice for the year ended on that date; and
- (b) nothing has come to our attention to cause us to believe that:
  - (i) the funds were not used in accordance with the objects of the Hospice;
  - (ii) the issue of tax deductible receipts were not accounted for;
  - (iii) management has not, in all material aspects, complied with the conditions applicable to the Hospice under the Rules; and
  - (iv) the Hospice did not comply with Regulation 15 of the Charities (Institutions of a Public Character) (Amendment) Regulations 2008.



**KPMG LLP**

Public Accountants and Certified Public Accountants

Singapore

14 May 2009

	Note	2008 \$	2007 \$
<b>Non-current asset</b>			
Property, plant and equipment	3	1,836,561	1,925,934
<b>Current assets</b>			
Trade and other receivables	4	909,088	329,942
Cash at bank and in hand	5	16,209,960	13,333,132
		17,119,048	13,663,074
<b>Total assets</b>		<b>18,955,609</b>	<b>15,589,008</b>
<b>Funds</b>			
Restricted funds			
Children Camp Fund	6	1,878	2,034
Development Fund	7	1,508,308	1,552,599
Renovation Fund	8	23,124	28,141
Medical Equipment Fund	9	34,286	44,903
Occupational Therapy Fund	10	3,020	10,000
Motor Vehicle Fund	11	72,496	121,610
Paediatric Palliative Care Programme	12	698,943	722,626
Unrestricted funds			
Accumulated Fund		15,469,085	12,505,812
<b>Total funds</b>		<b>17,811,140</b>	<b>14,987,725</b>
<b>Current liability</b>			
Trade and other payables	13	1,144,469	601,283
<b>Total liability</b>		1,144,469	601,283
<b>Total funds and liability</b>		<b>18,955,609</b>	<b>15,589,008</b>

The accompanying notes form an integral part of these financial statements.

# Statement Of Financial Activities

Year ended 31 December 2008

	Note	Unrestricted Fund 2008 \$
<b>Incoming resources</b>		
Incoming resources from generated funds:		
Voluntary income		
• Donation from general public		1,549,772
• Donation from Mount Alvernia Hospital	14	428,896
Income from fund-raising activities		3,562,204
Incoming resources from charitable activities		
• Government grants		1,180,341
• Patient fees		815,919
• Amortisation of funds	15	90,208
Other incoming resources	16	366,305
<b>Total incoming resources</b>		<b>7,993,645</b>
<b>Resources expended</b>		
Cost of generating funds		171,944
Charitable activities		4,196,319
Governance costs		662,109
<b>Total resources expended</b>		<b>5,030,372</b>
<b>Net incoming/(outgoing) resources</b>	<b>17</b>	<b>2,963,273</b>
<b>Total funds brought forward</b>		<b>12,505,812</b>
<b>Net incoming resources for the year</b>		<b>15,469,085</b>

Restricted Fund 2008	Total Funds 2008	Unrestricted Fund 2007	Restricted Fund 2007	Total Funds 2007
\$	\$	\$	\$	\$
228	1,550,000	1,388,017	249,000	1,637,017
-	428,896	428,896	-	428,896
-	3,562,204	2,992,991	-	2,992,991
-	1,180,341	1,274,429	-	1,274,429
-	815,919	752,307	-	752,307
(90,208)	-	94,896	(94,896)	-
-	366,305	279,201	-	279,201
<b>(89,980)</b>	<b>7,903,665</b>	<b>7,210,737</b>	<b>154,104</b>	<b>7,364,841</b>
-	171,944	154,051	-	154,051
49,878	4,246,197	3,726,285	17,217	3,743,502
-	662,109	607,025	-	607,025
<b>49,878</b>	<b>5,080,250</b>	<b>4,487,361</b>	<b>17,217</b>	<b>4,504,578</b>
<b>(139,858)</b>	<b>2,823,415</b>	<b>2,723,376</b>	<b>136,887</b>	<b>2,860,263</b>
<b>2,481,913</b>	<b>14,987,725</b>	<b>9,782,436</b>	<b>2,345,026</b>	<b>12,127,462</b>
<b>2,342,055</b>	<b>17,811,140</b>	<b>12,505,812</b>	<b>2,481,913</b>	<b>14,987,725</b>

*A separate statement of recognised gains and losses has not been prepared as the net incoming/(outgoing) resources would be the only component of this statement.*

The accompanying notes form an integral part of these financial statements.

# Cash Flow Statement

Year ended 31 December 2008

	Note	2008 \$	2007 \$
<b>Operating activities</b>			
Net incoming resources for the year		2,823,415	2,860,263
Adjustments for:			
Depreciation of property, plant and equipment		234,740	320,977
Gain on disposal of property, plant and equipment		(44,487)	-
Interest income		(224,427)	(277,727)
		2,789,241	2,903,513
Changes in working capital:			
Trade and other receivables		(625,771)	157,103
Trade and other payables		543,186	(57,036)
<b>Cash flows from operating activities</b>		2,706,656	3,003,580
<b>Investing activities</b>			
Purchase of property, plant and equipment		(145,367)	(184,542)
Proceeds from disposal of property, plant and equipment		44,487	-
Placement of time deposits with financial institutions		(3,392,645)	(2,965,311)
Interest received		271,052	273,418
<b>Cash flows from investing activities</b>		(3,222,473)	(2,876,435)
<b>Net (decrease)/increase in cash and cash equivalents</b>		(515,817)	127,145
Cash and cash equivalents at beginning of the year		1,474,549	1,347,404
<b>Cash and cash equivalents at end of the year</b>	5	958,732	1,474,549

The accompanying notes form an integral part of these financial statements.



The financial statements were authorised for issue by the Board of Directors on 14 May 2009.

## 1 Domicile And Activities

Assisi Hospice (the Hospice), a charitable organisation registered in the Republic of Singapore, is owned and operated by the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood in Malaya, a Roman Catholic Religious Order, and has its principal place of business at 820 Thomson Road, Singapore 574623.

The principal activities of the Hospice are to provide in-patient nursing services for chronically sick and terminally ill patients as well as day care and home care services.

The Hospice is approved as an institution of a public character ("IPC") under the provisions of the Income Tax Act. The Hospice is registered as a charity under the Charities Act, Chapter 37 since 27 February 1985.

## 2 Summary Of Significant Accounting Policies

### 2.1 Basis Of Preparation

The financial statements have been prepared in accordance with Singapore Financial Reporting Standards (FRS).

The financial statements have been prepared on the historical cost basis except for certain financial assets and financial liabilities which are measured at fair value.

The financial statements are presented in Singapore dollars which is the Hospice's functional currency. All financial information is presented in Singapore dollars, unless otherwise stated.

The preparation of financial statements in conformity with FRS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

### 2.2 Foreign Currencies

Transactions in foreign currencies are translated to the functional currency of the Hospice at the exchange rate at the date of the transaction.

Monetary assets and liabilities denominated in foreign currencies at the reporting date are retranslated to the functional currency at the exchange rate at the reporting date. Non-monetary assets and liabilities denominated in foreign currencies that are measured at fair value are retranslated to the functional currency at the exchange rate at the date on which the fair value was determined.

Foreign currency differences arising on retranslation are recognised in the statement of financial activities.

## Notes To The Financial Statements

These notes form an integral part of the financial statements

### 2.3 Property, Plant And Equipment

Property, plant and equipment are stated at cost less accumulated depreciation and impairment losses.

Depreciation on property, plant and equipment is recognised in the statement of financial activities on a straight-line basis over the estimated useful lives of each part of an item of property, plant and equipment.

The estimated useful lives are as follows:

Building	50 years
Renovations	5 years
Furniture and fittings	5 years
Office and other equipment	4 years
Motor vehicles	4 years
Plant and machinery	4 years
Medical equipment	6 years
Computer equipment	3 years

Assets under construction are stated at cost. Expenditure relating to assets under construction are capitalised when incurred. No depreciation is provided until the assets under construction are completed and the related property, plant and equipment are available for use.

Depreciation methods, useful lives and residual values are reviewed, and adjusted as appropriate, at each reporting date.

### 2.4 Financial instruments

#### ***Non-derivative financial instruments***

Non-derivative financial instruments comprise trade and other receivables, cash and cash equivalents and trade and other payables.

Non-derivative financial instruments are recognised initially at fair value plus, for instruments not at fair value through profit or loss, any directly attributable transaction costs. Subsequent to initial recognition, non-derivative financial instruments are measured as described below.

A financial instrument is recognised if the Hospice becomes a party to the contractual provisions of the instrument. Financial assets are derecognised if the Hospice's contractual rights to the cash flows from the financial assets expire or if the Hospice transfers the financial asset to another party without retaining control or transfers substantially all the risks and rewards of the asset. Regular way purchases and sales of financial assets are accounted for at trade date, i.e., the date that the Hospice commits itself to purchase or sell the asset. Financial liabilities are derecognised if the Hospice's obligations specified in the contract expire or are discharged or cancelled.

Cash and cash equivalents comprise cash balances and time deposits with financial institutions with maturity of 3 months or less from the date of placement.

### ***Impairment Of Financial Assets***

A financial asset is assessed at each reporting date to determine whether there is any objective evidence that it is impaired. A financial asset is considered to be impaired if objective evidence indicates that one or more events have had a negative effect on the estimated future cash flows of that asset.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount, and the present value of the estimated future cash flows discounted at the original effective interest rate.

Individually significant financial assets are tested for impairment on an individual basis. The remaining financial assets are assessed collectively in groups that share similar credit risk characteristics.

All impairment losses are recognised in the statement of financial activities.

An impairment loss is reversed if the reversal can be related objectively to an event occurring after the impairment loss was recognised. For financial assets measured at amortised cost, the reversal is recognised in the statement of financial activities.

### **2.5 Impairment - Non-Financial Assets**

The carrying amounts of the Hospice's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the assets' recoverable amounts are estimated.

An impairment loss is recognised if the carrying amount of an asset or its cash-generating unit exceeds its estimated recoverable amount. A cash-generating unit is the smallest identifiable asset group that generates cash flows that largely are independent from other assets and groups. Impairment losses are recognised in the statement of financial activities unless it reverses a previous revaluation, credited to equity, in which case it is charged to equity. Impairment losses recognised in respect of cash-generating units are allocated to reduce the carrying amount of the assets in the unit (group of units) on a pro rata basis.

The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or cash-generating unit.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

## Notes To The Financial Statements

These notes form an integral part of the financial statements

### 2.6 Employee Benefits

#### ***Defined Contribution Plans***

Obligations for contributions to defined contribution plans are recognised as an expense in the statement of financial activities as incurred.

#### ***Short-Term Benefits***

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided.

A provision is recognised for the amount expected to be paid under short-term cash bonus or profit-sharing plans if the Hospice has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be measured reliably.

### 2.7 Incoming Resources

#### ***(i) Patient fees***

Provided it is probable that the economic benefits will flow to the Hospice, and that the income and expenses, if applicable, can be measured reliably, income from patients and related services is recognised when the services are rendered.

#### ***(ii) Government subvention***

Government subvention is recognised in the statement of financial activities when the right to receive payment is established.

#### ***(iii) Donation income***

Donations are recognised as income in the accounting period in which they are received or receivable.

#### ***(iv) Interest income***

Interest income from time deposits are recognised as it accrues, using the effective interest method.

#### ***(v) Amortisation of fund balances***

The cash received for the specific funds, which are used for property, plant and equipment purchases, are treated as deferred income in nature and amortised over the useful life of the property, plant and equipment by crediting to the statement of financial activities an amount so as to match the related annual depreciation expenses of property, plant and equipment purchased under these funds.

## 2.8 Resources Expended

Resources expended comprise the following:

### **(i) Costs of generating funds**

Costs of generating funds include the costs of activities carried out to generate incoming resources, which will be used to undertake charitable activities.

### **(ii) Charitable activities**

Charitable activities include both direct and related support costs relating to general running of the Hospice in generating funds and service delivery.

### **(iii) Governance costs**

Governance costs include those costs associated with meeting constitutional and statutory requirements of the Hospice. It includes related staff cost, audit and professional fees related to the governance infrastructure and in ensuring public accountability of the Hospice.

## 2.9 Funds Structure

Unrestricted funds are available for use at the discretion of the management in furtherance of the general objectives of the Hospice.

Restricted funds are subjected to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

## 2.10 Income Tax Expense

Income tax expense comprises current and deferred tax. Income tax expense is recognised in the statement of financial activities except to the extent that it relates to items recognised directly in equity, in which case it is recognised in equity.

Current tax is the expected tax payable on the taxable income for the year, using tax rates enacted or substantively enacted at the reporting date, and any adjustment to tax payable in respect of previous years.

Deferred tax is recognised using the balance sheet method, providing for temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for taxation purposes. Deferred tax is not recognised for the temporary differences arising on the initial recognition of assets or liabilities in a transaction that is not a business combination and that affects neither accounting nor taxable profit. Deferred tax is measured at the tax rates that are expected to be applied to the temporary differences when they reverse, based on the laws that have been enacted or substantively enacted by the reporting date. Deferred tax assets and liabilities are offset if there is a legally enforceable right to offset current tax liabilities and assets and they relate to income taxes levied by the same tax authority on the same taxable entity.

A deferred tax asset is recognised to the extent that it is probable that future taxable profits will be available against which temporary differences can be utilised. Deferred tax assets are reviewed at each reporting date and are reduced to the extent that it is no longer probable that the related tax benefit will be realised.

## Notes To The Financial Statements

These notes form an integral part of the financial statements

### 3 Property, Plant And Equipment

	Building	Renovations	Furniture And Fittings
	\$	\$	\$
<b>Cost</b>			
At 1 January 2007	2,233,287	1,134,591	110,811
Additions	-	57,309	12,850
At 31 December 2007	2,233,287	1,191,900	123,661
Additions	-	19,660	18,310
Disposals	-	-	-
At 31 December 2008	2,233,287	1,211,560	141,971
<b>Accumulated Depreciation</b>			
At 1 January 2007	621,874	932,155	97,105
Depreciation charge for the year	44,666	102,854	5,130
At 31 December 2007	666,540	1,035,009	102,235
Depreciation charge for the year	44,787	94,911	7,540
Disposals	-	-	-
At 31 December 2008	711,327	1,129,920	109,775
<b>Carrying Amount</b>			
At 1 January 2007	1,611,413	202,436	13,706
At 31 December 2007	1,566,747	156,891	21,426
At 31 December 2008	1,521,960	81,640	32,196

Office And Other Equipment	Motor Vehicles	Plant And Machinery	Medical Equipment	Computer Equipment	Assets Under Construction	Total
\$	\$	\$	\$	\$	\$	\$
95,924	332,176	379,392	47,370	45,733	-	4,379,284
1,280	66,188	15,915	19,199	11,801	-	184,542
97,204	398,364	395,307	66,569	57,534	-	4,563,826
26,840	4,098	16,900	21,485	24,120	13,954	145,367
(700)	(152,659)	-	-	(2,881)	-	(156,240)
123,344	249,803	412,207	88,054	78,773	13,954	4,552,953
82,665	258,491	264,693	27,281	32,651	-	2,316,915
5,635	51,038	93,310	7,625	10,719	-	320,977
88,300	309,529	358,003	34,906	43,370	-	2,637,892
6,429	34,601	25,127	10,347	10,998	-	234,740
(700)	(152,659)	-	-	(2,881)	-	(156,240)
94,029	191,471	383,130	45,253	51,487	-	2,716,392
13,259	73,685	114,699	20,089	13,082	-	2,062,369
8,904	88,835	37,304	31,663	14,164	-	1,925,934
29,315	58,332	29,077	42,801	27,286	13,954	1,836,561

During the year, the Hospice acquired property, plant and equipment with an aggregate cost of \$145,367 (2007: \$184,542), of which nil (2007: \$66,188) and \$11,020 (2007: \$19,200) were acquired using donations received under Motor Vehicle Fund and Medical Equipment Fund respectively.

The following items have been included in the carrying amount of property, plant and equipment of the Hospice:

	Note	2008 \$	2007 \$
Carrying amount of building purchased under Development Fund	7	1,508,308	1,552,599
Carrying amount of major renovations purchased under Renovation Fund	8	1,542	6,559
Carrying amount of medical equipment purchased under Medical Equipment Fund	9	34,286	33,883
Carrying amount of motor vehicle purchased under Motor Vehicle Fund	11	54,402	84,685

#### 4 Trade Receivables

	2008 \$	2007 \$
Trade receivables	238,248	114,009
Allowance for doubtful trade receivables	(4,615)	(4,615)
Net receivables	233,633	109,394
Government subvention due from Ministry of Health	370,607	-
Donation receivables	139,480	57,298
	743,720	166,692
Deposits	3,500	21,810
Prepayments	76,660	9,607
Interest receivable	85,208	131,833
	909,088	329,942

The Hospice's primary exposure to credit risk arises through its trade receivables and amount due from Ministry of Health. Concentration of credit risk relating to the trade receivables is limited due to the Hospice's many varied customers who are normally individuals. There is no significant risk exposure is expected to arise from the amount due from Ministry of Health. The Hospice's historical experience in the collection of accounts receivable falls within the recorded allowances. Due to these factors, management believes that no additional credit risk beyond the amounts provided for collection losses is inherent in the Hospice's trade receivables.



**Impairment losses**

The ageing of receivables at the reporting date is:

	<b>Gross 2008</b>	<b>Impairment Losses 2008</b>	<b>Gross 2007</b>	<b>Impairment Losses 2007</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Not past due	565,686	-	84,073	-
30 days	28,022	-	15,110	-
60 days	29,510	-	21,582	-
90 days	14,414	-	16,584	-
90 days and above	110,703	(4,615)	33,958	(4,615)
	748,335	(4,615)	171,307	(4,615)

Based on historical default rates, the Hospice believes that no impairment allowance is necessary in respect of trade receivables not past due or past due, except for specifically identified amounts. These receivables are mainly arising by customers that have a good record with the Hospice.

**5 Cash At Bank And In Hand**

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
Cash at bank and in hand	674,988	646,878
Time deposits with financial institutions	15,534,972	12,686,254
	16,209,960	13,333,132
Less: Time deposits with financial institutions with maturity of more than 3 months from the date of placement	(15,251,228)	(11,858,583)
Cash and cash equivalents	958,732	1,474,549

The weighted average effective interest rate per annum relating to cash and cash equivalents at the balance sheet date is 1.52% (2007: 2.16%). Interest rates reprice at intervals of one, three, six, nine and twelve months.

Included in the time deposits with financial institutions with maturity of more than 3 months from the date of placement are balances of \$843,517 (2007: \$904,187) which are subject to usage restriction imposed by the donors. These balances include the donation for specified use imposed by the donor (Note 13) and these belonging to unrestricted funds (notes 6 to 12).

## 6 Children Camp Fund

	2008	2007
	\$	\$
The fund is represented by:		
<b>Current Assets</b>		
Cash and cash equivalents	1,878	2,034

This fund was set up in 2004 for the purpose of organising activities for the children. During the year, the Hospice has utilised the fund to organise activities amounting to \$156 (2007: \$1,533).

## 7 Development Fund

This fund was set up in 1991 for the purpose of development of a new premise for the Hospice. The fund is amortised to statement of financial activities over 50 years, which is consistent with the useful life of building.

## 8 Renovation Fund

	2008	2007
	\$	\$
The fund is represented by:		
<b>Non-current Assets</b>		
Renovations	1,542	6,559
<b>Current Assets</b>		
Cash and cash equivalents	21,582	21,582
	23,124	28,141

This fund was set up in 1998 for the purpose of renovations. The capital portion of the fund is amortised to statement of financial activities over 5 years, which is consistent with the useful life of renovations.

## 9 Medical Equipment Fund

	2008	2007
	\$	\$
The fund is represented by:		
<b>Non-current Assets</b>		
Medical equipment	34,286	33,883
<b>Current Assets</b>		
Cash and cash equivalents	-	11,020
	34,286	44,903

This fund was set up in 2002 for the purchase of medical equipment. The capital portion of the fund is amortised to statement of financial activities over 6 years, which is consistent with the useful life of medical equipment.

During the year, the Hospice has utilised the fund to purchase medical equipment amounting to \$11,020 (2007: \$19,200).

## 10 Occupational Therapy Fund

This fund was set up in 2004 for the purpose of providing occupational therapy services to day centre patients. During the year, the Hospice has utilised the fund for its object amounting to \$6,980 (2007: Nil).

## 11 Motor Vehicle Fund

	2008	2007
	\$	\$
The fund is represented by:		
<b>Non-current Assets</b>		
Motor vehicles	54,402	84,685
<b>Current Assets</b>		
Cash and cash equivalents	18,094	36,925
	72,496	121,610

This fund was set up in 2006 to fund the purchase of motor vehicles and the daily running cost of the Hospice's motor vehicles. During the year, the Hospice has utilised the motor vehicles fund for maintenance of motor vehicles amounting to \$18,831 (2007: \$15,684).

The capital portion of the fund is amortised to statement of financial activities over 4 years, which is consistent with the useful life of motor vehicles.

## 12 Paediatric Palliative Care Programme

The Paediatric Palliative Care Programme was established in 2005 primarily for the training of doctors, nurses and allied healthcare workers to provide paediatric palliative care to the terminally ill children and their families.

During the year, the Hospice has utilised the programme to sponsor its staff to attend courses and seminars on paediatric palliative care amounting to \$23,911 (2007: Nil).

**13 Trade And Other Payables**

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
Amount due to Mount Alvernia Hospital	670,850	70,137
Subvention received in advance	-	145,281
Patients' deposits	850	1,650
Trade payables	82,532	45,420
Accrued operating expenses	290,237	238,795
Deferred donation income	100,000	100,000
	<b>1,144,469</b>	<b>601,283</b>

Outstanding balance with Mount Alvernia Hospital is unsecured, interest-free and repayable on demand.

Deferred donation income relates to donation for specified use imposed by the donor.

**14 Donation From Mount Alvernia Hospital**

Donation from Mount Alvernia Hospital represents amounts waived by Mount Alvernia Hospital in respect of support costs charged to the Hospice (Note 17).

# Financial Statements

Year ended 31 December 2008

## 15 Changes In Funds

	Children Camp Fund	Development Fund	Renovation Fund	Medical Equipment Fund	Occupational Therapy Fund	Motor Vehicle Fund	Paediatric Palliative Care Programme	Total
	\$	\$	\$	\$	\$	\$	\$	\$
At 1 January 2007	3,567	1,596,890	44,479	42,023	10,000	163,441	484,626	2,345,026
Donation received	-	-	-	11,000	-	-	238,000	249,000
Utilisation of fund	(1,533)	-	-	-	-	(15,684)	-	(17,217)
Amortisation to statement of financial activities	-	(44,291)	(16,338)	(8,120)	-	(26,147)	-	(94,896)
At 31 December 2007	2,034	1,552,599	28,141	44,903	10,000	121,610	722,626	2,481,913
Donation received	-	-	-	-	-	-	228	228
Utilisation of fund	(156)	-	-	-	(6,980)	(18,831)	(23,911)	(49,878)
Amortisation to statement of financial activities	-	(44,291)	(5,017)	(10,617)	-	(30,283)	-	(90,208)
At 31 December 2008	1,878	1,508,308	23,124	34,286	3,020	72,496	698,943	2,342,055

## 16 Other Incoming Resources

	2008	2007
	\$	\$
Interest income from time deposits	224,427	277,727
Gain on disposal of property, plant and equipment	44,487	-
Other income	97,391	1,474
	366,305	279,201

## 17 Net Incoming/(Outgoing) Resources

The following items have been included in arriving at net incoming/(outgoing) resources:

	2008	2007
	\$	\$
Supplies and consumables	135,641	135,428
Depreciation of property, plant and equipment	234,740	320,977
Repairs and maintenance	57,502	68,749
Mount Alvernia Hospital support costs to the Hospice	(a) 428,896	428,896
Agency manpower services	341,610	385,138
Utilities	96,664	76,541
Staff costs	2,866,299	2,363,263
Contributions to defined contribution plan, included in staff costs	247,984	207,448
Gain on disposal of property, plant and equipment	(44,487)	-
Audit fees paid to auditors of the Hospice	20,323	23,448

(a) Mount Alvernia Hospital charges the Hospice for its share of the administrative costs in respect of services rendered by Mount Alvernia Hospital to the Hospice.

During the financial year, the Hospice received sponsorships from various donors to be used in its fund-raising events in 2008.

Valuation exercises had been carried out by management for the purpose of determining the value of the sponsorships received. Based on management's assessment, they are of the opinion that due to the nature of the sponsorships received, the exact value cannot be reliably or reasonably quantified. Thus, the sponsorships received have not been recognised as their values cannot be estimated reliably.

## 18 Income Taxes

The Hospice is an approved charity organisation under the Charities Act, Chapter 37 and an institution of a public character under the Income Tax Act, Chapter 134. No provision for taxation has been made in the financial statements as the Hospice is a registered charity with income tax exemption with effect from year of assessment 2008.

# Financial Statements

Year ended 31 December 2008

## 19 Financial instruments

Risk management is integral to the whole business of the Hospice. The Hospice has risk management policies and guidelines which set out its overall business strategies, its tolerance for risk and its general risk management philosophy.

### **Credit Risk**

The Hospice has a credit risk policy in place and the exposure to credit risk is monitored on an ongoing basis with the objective of limiting the Hospice's credit exposure.

Cash and time deposits are placed with banks and financial institutions which are regulated.

At balance sheet date, there is no significant concentration of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the balance sheet.

### **Liquidity Risk**

The Hospice monitors its liquidity risk and maintains a level of cash and cash equivalents deemed adequate by management to finance the Hospice's operations and to mitigate the effects of fluctuations in cash flows.

### **Interest Rate Risk**

The Hospice's exposure to changes in interest rates relates primarily to interest-earning financial assets. Interest rate risk is managed by the Hospice on an ongoing basis with the primary objective of limiting the extent to which net interest income could be impacted from an adverse movement in interest rates.

### **Sensitivity Analysis**

For the variable rate financial assets, a change of 10 bp in interest rate at the reporting date would increase (decrease) profit or loss by the amounts shown below. This analysis assumes that all other variables, in particular foreign currency rates, remain constant.

	Profit Or Loss			
	2008		2007	
	10 bp increase	10 bp decrease	10 bp increase	10 bp decrease
	\$	\$	\$	\$
Time Deposits	14,372	(14,372)	12,686	(12,686)

There is no impact to equity.

### **Foreign Currency Risk**

The financial assets and liabilities of the Hospice are primarily denominated in Singapore dollars. At the balance sheet date, the Hospice has no significant exposure to foreign currency risk.

### **Fair Values**

The carrying amounts of financial assets and liabilities with maturity of less than one year (including trade and other receivables, cash and cash equivalents, and trade and other payables) are assumed to approximate their fair values because of the short period to maturity.



## 20 **Related Parties**

### *Key management personnel compensation*

Key management personnel compensation comprised:

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
Short-term employee benefits	308,346	266,106

Number of key management in remuneration bands:

	<b>2008</b>	<b>2007</b>
\$100,000 to \$150,000	2	1
Below \$100,000	-	2 *
	2	3

*\* Inclusive of a person who has resigned and left during the year.*

The directors did not receive compensation for their services rendered to the Hospice.

Other than disclosed elsewhere in the financial statements, the transactions with related parties are as follows:

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	313,791	318,370

Mount Alvernia Hospital is also owned and operated by the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood in Malaya.

# Financial Statements

Year ended 31 December 2007

## 21 New Accounting Standards And Interpretations Not Yet Adopted

The Hospice has not applied the following accounting standards (including its consequential amendments) and interpretations that have been issued as of the balance sheet date but are not yet effective:

- FRS 1 (revised 2008) *Presentation of Financial Statements*
- FRS 23 *Borrowing Costs*
- FRS 103 (revised 2008) *Business Combinations and FRS 27 (amended 2008) Consolidated and Separate Financial Statements*
- FRS 108 *Operating Segments*
- Amendments to FRS 32 *Financial Instruments: Presentation and FRS 1 Presentation of Financial Statements - Puttable Financial Instruments and Obligations Arising on Liquidation*
- Amendments to FRS 39 *Financial Instruments: Recognition and Measurement - Eligible Hedged Items*
- Amendments to FRS 101 *First-time Adoption of Financial Reporting Standards and FRS 27 Consolidated and Separate Financial Statements — Cost of an Investment in a Subsidiary, Jointly Controlled Entity or Associate*
- Amendments to FRS 102 *Shared-based Payment - Vesting Conditions and Cancellations*
- Improvements to FRSs 2008
- INT FRS 113 *Customer Loyalty Programmes*
- INT FRS 115 *Agreements for the Construction of Real Estate*
- INT FRS 116 *Hedges of a Net Investment in a Foreign Operation*
- INT FRS 117 *Distribution of Non-cash Assets to Owners*

The initial application of these standards and interpretations is not expected to have any material impact on the Hospice's financial statements. The Hospice has not considered the impact of accounting standards issued after the balance sheet date.

## 22 Comparative Information

In accordance with the requirements of Recommended Accounting Practice to Accounting and Reporting by Charities, the Hospice has presented, with effect from the financial year ended 31 December 2008, the amalgamated financial statements of the Hospice's Restricted and Unrestricted Accumulated Fund.

# Franciscan Missionaries Of The Divine Motherhood



**ST FRANCIS AND ST CLARE WERE BOTH PASSIONATELY COMMITTED** to a radical Gospel life which attracted many followers in their time and continues to attract many today.

St Francis is characterised by a life of radical simplicity and gospel joy; witnessing to God's love for all people and all creation by loving and reverencing each and every person he met from lepers to Sultans and Popes to the ordinary townspeople. He showed similar reverence for all of creation calling them 'sister' and 'brother'... "All praise to You, My God for Sister Water and Brother Fire" (Canticle of Creation).

St Clare — the first Franciscan Woman calls us by her contemplative stance and strong sense of servant leadership invites us today to live in that same spirit, attentive to the Spirit of God within each one.

## **Our Charism and Mission**

As Franciscan Missionaries of the Divine Motherhood (FMDM) we are called to proclaim with our lives the joy and freedom of the Gospel. Our charism encourages us to conceive, birth, and nurture the life of Christ — which is a life of love — in our hearts, in our communities, and in our society. We are one in mission although our ministries are diverse.

## **Blessings to All**

We pray upon all our patients and their families, our benefactors, our staff and volunteers, our friends and our families, this most ancient and beautiful of all biblical blessings, imparted by Saint Francis on Mount Alvernia in 1224:

*May the Lord bless you and keep you.*

*May he show his face to you  
and be gracious unto you.*

*May he turn his countenance to you  
and give you peace.*

(Numbers 6: 24-26)

# The Humble Beginnings of the Franciscan Missionaries of the Divine Motherhood

The history of the Franciscan Missionaries of the Divine Motherhood (FMDM) Sisters in Singapore began in 1949, at the request of the Singapore Government. The Sisters were approached to staff and run the Tuberculosis wards of Tan Tock Seng Hospital.

As early as 1952 the “dream” to build a Catholic Hospital in Singapore began to grow in the hearts and minds of the Sisters. In October 1956 land was purchased on “Thomson Hill” as it was known. On 4 March 1961, Mount Alvernia Hospital was declared open by the late Mr. Lee Kong Chian.

Assisi Hospice took its roots in 1969 when Khoo Block was built and opened as a wing of Mount Alvernia Hospital, for indigent chronically ill patients. In 1982, the Khoo Foundation further sponsored renovations, which enabled response to the growing need for Hospice beds and Respite Care.

Finally, with further help from the Lee Foundation and Reuben R N Estate, Assisi Hospice was transferred to a beautiful setting formerly functioning as the Sisters’ Convent, which they vacated for that purpose in 1992.

- Extracted from the FMDM Archive of Records