ASSISI HOSPICE

41 years

CARING HEARTS, TOUCHING LIVES

1969 - 2010

ASSISI HOSPICE

FMDM

ANNUAL REPORT 2010

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Name of Charity:	Assisi Hospice
Unique Entity No.:	S86CC0299K
Official Address of Charity:	820 Thomson Road, Singapore 574623
Financial Year:	1 January to 31 December 2010
website:	www.assisihospice.org.sg

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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 compassionate, personalised and quality Palliative Care to adults and children with life limiting illnesses through our Inpatient, Home and Day Care services

Our Service Values

Service

We accept our positions as servants to those who are in need of our care by providing a healing experience, in an environment that is comfortable, welcoming and assuring

Reverence for Life

We cherish life and respond to all beings with respect and compassion, by enhancing and preserving the dignity of all beings throughout life, and at its natural cessation in death

Humility

We employ our skills, opportunities and talents humbly in the service of our fellow beings by improving ourselves as individuals and as a team to serve others better

Joyfulness

We rejoice in life and all the experiences that each day brings by sharing joyfulness with our patients, their families, and anyone in touch with the Hospice

Stewardship

We manage the resources and relationships that are entrusted upon us wisely, fairly and responsibly by allocating our resources to serve those most in need

ASSISI HOSPICE

Message from The Chairman

For the past 41 years, Assisi Hospice founded and owned by the Franciscan Missionaries of the Divine Motherhood Sisters, has responded to the healthcare needs of the under privileged in our community. The religious sisters started Assisi Home in 1969 as a response to the chronic sick and Assisi Hospice in the 1980s when cancer became prevalent in Singapore. Today, the Board of Directors ensures that Assisi remains steadfast in its role as a healthcare charity providing quality and compassionate palliative care to people facing a life threatening illness and their family, regardless of their social and financial status, as well as, their religious beliefs.

In order for Assisi to fulfill its social mission, it has to be supported by the tenets of good governance, strong stewardship and responsible leadership together with the practice of our core values. To perform these functions, the Board and the various sub-committees are represented by people with a wide range of qualifications and professional experiences. These individuals have sacrificed their time and shared their talents for the development and betterment of end-of-life care in Singapore. I thank them for another year of hard work and commitment in serving with me on this worthwhile and meaningful mission.

In 2010, we saw the retirement of Sr Florence Wong from the Board after the completion of her term. Mr Lau Beng Long remained as an observer in his capacity as the Healthcare Advisor to the FMDM Sisters after completing his term. In December, Mrs Jeannie Tien stepped down as a Board Director and Chairman of the Fundraising Committee. We are indebted to Mrs Tien and her Fundraising Committee for raising $5.63 million alone in 2010. The continuing generosity of our donors and support from our volunteers is a testament that quality palliative care makes a difference to a person requiring end-of-life care and their family.

In December 2010, the Board promoted Assisi's Administrator to the post of the Executive Director. The purpose of this exercise was to strengthen the structure of Assisi and positioned it for future development in its services. The CEO of Mt Alvernia Hospital continues to provide an oversight on Assisi's governance, policies, strategic projects and joint services whereas the Executive Director is responsible for Assisi's day-to-day operations and community outreach efforts.

The Economic Intelligence Unit's Quality of Death Index commissioned by the Lien Foundation was published in July 2010. This study scored 40 nations on 24 indicators in the 4 categories of basic end-of-life healthcare environment, availability, cost and quality of end-of-life care. On the overall scale, Singapore was placed 18 out of 40 nations. Some of the key findings include the need for more public funding, greater recognition and support and more palliative care training for the hospice sector. As Assisi embraces the challenges in the provision of palliative care to the people who need it most, we require the unwavering support from our donors and volunteers, cooperation of regulators and other agencies, diligence of the Board and staff and most importantly, trust of our patients and their family for being their partner on this journey.

Thank you for your contributions in 2010. With you as our friends and champions, I look forward to our 42nd year.

Ronny Tan
Chairman

Message from The Chief Executive Officer

The Year in Review

In 2010, Assisi provided palliative care to more than 1000 people who were facing life threatening illnesses through our inpatient, day care and home care services, ensuring that they and their families were supported and comforted at a time of great need.

During the year, the biggest challenge faced by Assisi was in staff recruitment, particularly of healthcare professionals, largely due to the industry-wide shortage. In keeping with our mission to deliver care of the highest quality to our patients, we have to make the difficult decision to curtail admissions occasionally throughout the year due to the staffing shortfall. This has resulted in a 7% dip in the number of people we served, as compared to 2009. Nevertheless, the activities at our adult day care centre continued to grow, with 2% higher units of service compared to 2009.

Roadmap 2015

Assisi started the year by putting in place Roadmap 2015, our 5-year strategic plan. The roadmap, which was put together with inputs from Board members, management and staff, encapsulates the aspirations and work of Assisi for the next 5 years, focusing on 3 distinctive qualities of "Caring", "Care" and "Be Cared".

"Caring" refers to our extraordinary brand of caring for our patients and families. With our unique caring attributes, the community will be attracted to receive care at, work in, and support the hospice. Fundamental to this brand was the exercise to inculcate our five Service Values – Service, Reverence for Life, Humility, Joyfulness, and Stewardship – to all staff.

"Care" is the type of care provided by Assisi and this shall be personalised, evidence-based and state of the art. Initiatives under this quality include staff development, clinical governance and hospice development, with hospice development covering both infrastructural development and use of information technology to further enhance the delivery of care at our hospice.

"Be Cared" expresses Assisi's need for support from the community to do our work. Hence, Assisi has to establish a certain level of social presence, relevance and goodwill in our community.

Collaboration

In line with the quality of "Be Cared", Assisi has stepped up our community engagement efforts, including collaborations and partnerships with other organisations. Our belief is that community participation is critical to our focus in delivering holistic palliative care centred on the patients and their families.

Started in end 2009, Project Rebuild is an on-going 3-year collaborative effort between Assisi and the Lien Centre for Palliative Care with the goal of building capacity and capability in grief and loss support for the community. This project is funded by the Tote Board Community Healthcare Fund and the Lien Centre for Palliative Care.

In January, Assisi signed a Memorandum of Understanding (MOU) with the Singapore Polytechnic whereby its Centre for Applications in Rehabilitation Engineering (SP Care) would work closely with the healthcare professionals in Assisi to develop assistive

technology devices for Assisi's patients. Some of these devices were the Picture to Speech Communicator and the reclining shower wheelchair, which have shown great promises in enhancing patient care in the hospice setting.

In December, Assisi and Tan Tock Seng Hospital's Department of Palliative Care sealed our long standing partnership with the signing of a MOU. Besides formalising the working relationship between the two institutions, the MOU has helped to further strengthened Assisi's clinical governance.

Assisi will continue to seek collaborative opportunities in Singapore and across the region to improve our services for the betterment of the community that we serve.

Helping Assisi to Make a Difference

2010 was an exceptional year for fundraising. A total of $5.63 million was raised, an increase of 9.6% from 2009. One of our patients bequeathed to Assisi her apartment and that raised $400,000. As government subsidy and patient revenue contributed approximately 40% of our operating expense, Assisi had the onerous task of raising the other 60% through donations. We are indebted to the generosity of our donors, both individuals and organizations, as well as the many tireless volunteers who gave their talents and time in support of our fundraising activities. Other than fundraising, there was greater volunteer participation in all areas. The volunteer pool grew by 18% by end 2010 and there was a wide representation of volunteers from all ages and walks of life.

We want to thank our staff for their dedication and hard work. The team has always strived to meet the special health and psychosocial emotional needs of our patients and their families. Our Clinical Director, Dr Tan Yew Seng, was awarded the Healthcare Humanity Award 2010 by President S R Nathan in recognition of his selfless and outstanding contributions to patient care and staff development.

We also acknowledge the guidance and support rendered by the Franciscan Missionaries of the Divine Motherhood Sisters, Board of Directors and members of the various Board Committees in making Assisi a mission focused and well governed organisation.

Finally and most importantly, we thank our patients and their families for the trust they placed in us by allowing our team to be their partners on this journey and giving us the opportunity to make a difference in their lives.

Khoo Chow Huat
CEO

"Caring" refers to our extraordinary brand of caring for our patients and families."

"Care" is the type of care provided by Assisi and this shall be personalised, evidence-based and state of the art.

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Board of Directors

BACK ROW (form left):
- Mr Gerard Koh,
- Mr Francis Heng,
- Dr Cynthia Goh,
- Sr Florence Wong FMDM,
- Sr Barbara Pereira FMDM,
- Mr Lau Beng Long (Healthcare Advisor to FMDM),
- Mr Michael Tan

FRONT ROW (from left):
- Ms Anita Fam,
- Mrs Jeannie Tien,
- Mr Ronny Tan (Chairman),
- Mrs Jennifer Yeo,
- Associate Professor Premarani Kannusamy

Senior Staff

From Left to Right:

Grace Sim (Manager, Day Care & Rehab)
Peh Cheng Wan (Senior Medical Social Worker)
Bedah Bte Samath (Nursing Officer, Home Care)
Lai Mee Horng (Nursing Officer, Home Care)
Sagaiyamary Stevens (Senior Nursing Officer, Inpatient)
Irene Chan (Executive Director)
Dr Tan Yew Seng (Clinical Director)
Ronita Paul (Donor Resource Manager)
Sr Chad McCollum (CPC Coordinator)
Geraldine Lee (Public Affairs Manager)
Sharon Soon (Nurse Manager)

Assisi Hospice is committed to 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 five Board committees, namely, the Nomination and Remuneration Committee (NRC), the Audit Committee (AC), the Fundraising Committee (FRC), Programme and Services Committee (PSC) and the Finance Committee (FC).

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.

2. BOARD COMPOSITION AND BALANCE

2.1 The Board comprises of 11 directors, all of whom are non-executive.

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.

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.

Governance Report

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.

5. NOMINATION AND REMUNERATION COMMITTEE (NRC)

5.1 The NRC is chaired by Mr Ronny Tan, the Chairman of the Hospice. It comprises of five members, including the NRC Chairman.

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 once a year.

6. AUDIT COMMITTEE (AC)

6.1 The AC is chaired by Mr Michael Tan and comprises of four members, including the AC Chairman.

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.

7. FINANCE COMMITTEE (FC)

7.1 The FC is chaired by Mr Francis Heng and comprises five members, including the FC Chairman.

7.2 The FC advises the Board on all financial matters. The committee carries out a mid-year review of the actual results and reviews the annnual 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 3 times a year.

8. FUNDRAISING 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 fundraising effort of Assisi Hospice.

8.3 The FRC ensures compliance to the fundraising policy and decides on the annual work plans.

8.4 The FRC reviews and approves the budget for all internal fundraising activities.

8.5 The FRC will have a post evaluation report of each fundraising activity.

8.6 Frequency of meetings: four times a year.

9. PROGRAMME AND SERVICES COMMITTEE (PSC)

9.1 The PSC is chaired by Ms Anita Fam and comprises four members, including the PSC Chairperson.

9.2 The PSC is responsible for the entire programme and service content of Assisi Hospice and monitors its effectiveness, ensuring 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.

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 Hospice's website as required by the Commissioner of Charities.

Governance Report

The Board Members' attendance at Board Meetings for the period January to December 2010 is shown below:

Name of Directors	Number of Board Meetings	Attendance
Mr Ronny Tan (Chairman)	4	4
Ms Anita Fam	4	4
Sr Florence Wong FMDM	4	4
Dr Cynthia Goh	4	2
A/Prof Premarani Kannusamy	4	3
Mr Francis Heng	4	3
Mr Michael Tan	4	4
Sr Barbara Pereira FMDM	4	4
Mrs Jeannie Tien	4	3
Mrs Jennifer Yeo	4	3
Mr Gerard Koh	4	3
Mr Lau Beng Long (Healthcare Advisor to FMDM)	4	3

ASSISI HOSPICE BOARD COMMITTEE 2010

Nomination and Remuneration Committee

* Mr Ronny Tan (Chairman)
* Mr Lau Beng Long
* Sr Barbara Pereira FMDM
* Dr Cynthia Goh
* Mr Gerard Koh

Audit Committee

* Mr Michael Tan (Chairman)
* Mr Ronny Tan
* Ms Mimi Ho
* Mr Paul Lee

Finance Committee

* Mr Francis Heng (Chairman)
* Mr Michael Tan
* Mr Joseph Wong
* Ms Catherine Loh
* Ms Maureen Ding

Fundraising Committee

* Mrs Jeannie Tien (Chairman)
* Dr Rita Yeoh (Senior Advisor)
* Mrs Olivia Menon
* Mr Yeo Lee Hock
* Ms Sharon Ho
* Sr Agnes Tan FMDM

Programme and Services Committee

* Ms Anita Fam (Chairman)
* Mr Lau Beng Long
* Dr Cynthia Goh
* A/Prof Premarani Kannusamy

Report from The Clinical Director

In 2010, Assisi Hospice had more than a thousand admissions through its inpatient, home care and day care services. More importantly, it continued to provide a comprehensive array of clinical, paraclinical and spiritual care to terminally ill patients and their families. For a voluntary welfare organisation like Assisi Hospice to maintain such the wide spectrum of services can be challenging organisationally and financially. However, this epitomizes the hospice's determination to manifest a care philosophy that acknowledges and responds to the myriad needs of terminally ill patients and their families.

While this holistic care philosophy benefited all our patients and their families, it had a poignant significance in the care of the younger patient. In 2010, 13% of the admissions involved patients who were between the ages of 20-50 years. These patients and their families struggled not only with the disease but also with lost dreams and aspirations, as well as practical issues involving the lost or dilemmas of the breadwinner, inadequate financial reserves and care-givers, and the care of bereaved dependents such as young children and elderly parents. In caring for needy cases like these, both the individual staff and organisation had to be committed to serve.

And to embed this culture of care, a milestone in 2010 was the introduction of the Assisi Core Service Values. These universal values were rooted in the Franciscan tradition, and comprised Service, Reverence for Life, Joyfulness, Humility and Stewardship. These values were excellent reminders of our purpose at the hospice, and provided clinical and non-clinical staff the sound grounding and guidance to meet challenging work circumstances. The service values were first introduced to the managers and heads of departments who in turn systematically involved all levels of staff through a number of small group workshops to propagate the messages to the rest of the staff, co-facilitated by Mission Awareness Coordinator, Sister Linda.

Another major project that took place in 2010 was the Singapore Community Bereavement Project (later renamed "Project REBUILD), which was a three year project to build capacity for bereavement support and collect data, funded by the Tote Board. I am pleased to report that in its second year in 2010, the curriculum for training counsellors in bereavement had been crafted and customised to be culturally responsive. Further, a public and a professional forum were organised that drew overwhelming responses.

But the journey in 2010 was not all that smooth either. There were critical times where the hospice was confronted by space constraints and more obstinately, the difficulty in hiring trained manpower to expand or to replace attrition. Unfortunately, there were even short spells when these constraints compelled the temporary diversion of patient admissions away from some of the services. The renovation and reconfiguration of the former pastoral care centre resolved some of the space constraints. As for manpower, the search for potential candidates was extended to the region. In addition, the predicament

had spurred the hospice towards further developing its training capability in palliative care. This would be a natural extension of its existing roles, as it was already providing training attachments for local and regional nursing, medical and social work students as well as nurses, medical officers and specialist trainees in palliative medicine.

A major reorganisation also occurred at the last quarter of 2010. In the clinical area, the position of Clinical Director was created to better guide the development, coordination and integration of the services at Assisi Hospice.

Looking back, 2010 will probably be remembered as a period when the hospice consolidated its capabilities in doing what it was mandated – providing good care to hospice patients and their families. During this time, it also re-laid its structures, sought new directions and adopted novel and additional roles. All these would prepare it well to move ahead to continue its mission in the years to come.

Dr Tan Yew Seng
Clinical Director

Fundraising Report

In 2010, we were blessed with total donations of $ 5,631,905 which was higher than the previous year's $5,139,654, an increase of 9.6%. Included in the amount were the proceeds from the sale of a flat and insurance policy, totaling $472,000, both of which are generous bequests of our late patient.

We received $3,155,053 from 5570 individual donors. The number of regular donors also increased by 32% when compared with 2009. Assisi is indebted to all donors who made it possible for us to continue our mission.

We were well supported for our 3 major fundraising events in 2010, and were prudent with our costs:

		Amount Raised	Expenses	Cost/Income Ratio
1	Charity Fun Day- 29 May	$ 780,416	$61,006	7.8
2	Charity Dinner - 30 Oct	$1,212,789	$34,280*	2.8
3	Christmas Light Up - 03 Dec	$738,863	$40,272	5.5

*Food and facilities were sponsored by our ardent supporter the Pan Pacific Group in Singapore

The **Charity Fun Day** attracted an even larger crowd than before with 10,000 visitors. It was actively supported by our regular volunteers as well as from our corporate volunteers, such as the City Developments Ltd, CBM Pte Ltd, Sembcorp Industries Ltd, Pan Pacific Group of Hotels and St Joseph's Institution International. These volunteers helped to ensure the smooth running of the event, and with their support we raised $780,416, surpassing the original target of $600,000.

Our **Annual Charity Dinner** was graced by DPM Teo Chee Hean and Mrs Teo. It was a lively affair. The air was charged as there was the challenge for outright donations to hit $50,000 by 8.30pm so that the Attorney General, Mr Sundaresh Menon would sing a song. There was also an anonymous donor who pledged to match all donations up to $150,000. The guests did not disappoint the donor and the pledge was met. The event was also supported by corporate sponsors for food and facilities, wines, printing and items for auction.

The **Christmas Light Up** heralded the start of the Christmas season in Assisi. Sembcorp Industries Ltd, our corporate partner for this event brought joy to the Hospice as we celebrated the occasion together with our patients and their families, well wishers, board members and staff. Mrs Joy Balakrishnan was our guest of honour and she lit up the spectacular Christmas tree on site.

We have been most blessed with wonderful partners in City Developments Limited, CBM Pte Ltd, Sembcorp Industries Ltd, St Joseph's Institution International, the Pan Pacific Group in Singapore as well as the Singapore Totalisator Board. They have been our committed partners for multiple projects

At the end of 2010, we saw the retirement of our Fundraising Committee. We thank them for their years of dedication and hardwork to raise the much needed funds. Their commitment and perseverance have made it possible for the continuation of this mission.

To all our donors, supporters, partners and volunteers, we pray for you and yours that you will be blessed abundantly as you give of yourselves to provide for the sick, dying and needy in our community.

Charity Dinner

Charity Fun Day


Charity Fun Day


Christmas Light-up

End of life can be a time to love and cherish

When Peter Michael James was first diagnosed with cancer, he and his family went through the same anguish that every family encounters in such a situation. But with their faith in God and love for each other, Peter persevered to undergo the necessary treatment, finding strength in the support from his wife and their three children.

Peter coped well with his initial treatments. However when his condition worsened, Josephine was referred to the Assisi Hospice Home Care team to support the care that he needed at home.

From her first encounter with Assisi Hospice's Home Care team, Josephine, was taken in by the emotional support and sincerity she felt from the team.

"I was finally able to discuss things with the doctors and nurses about my husband's medical condition in a way that I was never able to do with the specialist he was seeing," she says. Rather than being talked to, she felt that the Assisi team listened to her questions and concerns, and helped to explain things to her patiently. Also the 24-hour hotline gave her comfort and confidence that help would be available should she be at a lost on Peter's care at home.

Peter carried on with the required treatment and surgery, but over time the care Peter needed was more than Josephine could manage. There were suggestions to admit Peter at the Assisi Hospice as an in-patient, but Josephine's first reaction was, "My husband would never forgive me for putting him in a hospice".

Her children were also angry with the idea.

It was a difficult decision. However, in speaking with a close friend whose mother had stayed at the Assisi Hospice, Josephine and Peter agreed that it would be best.

Josephine was thankful for that decision. She felt in many ways that she too was looked after by the healthcare team.

On her second night with Peter at Assisi Hospice, the nurses assured her they would take care of Peter and convinced her to go home to rest. She says, "That night was the first night in a long, long time that I was able to have a good night's sleep, confident that Peter would be well taken care of."

She also appreciated the time a nurse saw her struggle to feed Peter and came forward to take over the feeding, advising her to rest. Then there was the senior nurse who brought her a blanket without her requesting for one.

There were many other instances of care which Josephine received from Assisi's healthcare team. This included the nuns and Pastoral Care team who came daily to give Holy Communion and to pray with Peter. This brought them both great comfort and peace of mind.

Then there was the doctor took pains to contact Peter's oncologist and stopped the chemotherapy which no longer serve its purpose, helping the family save a lot of money.

When faced with the decision to take a new job offer or not, a counselor helped Josephine to see things from a different perspective and she decided it would be more important to spend as much time as she could with Peter, allowing "a huge burden" to be lifted from her shoulders.

Josephine adds that even after Peter passed away, the help from Assisi Hospice did not stop. Assisi's social worker went to visit her and helped her with the tedious paperwork required for her insurance claim.

For Josephine, the care that she and Peter received at the Assisi Hospice came from one big family working and supporting each other to provide sincere care for the patients and their families. She says that from her first encounter with the Assisi Hospice, right to the memorial service, "everything was just beautiful".

The family had struggled to cope with the physical and emotional upheaval of caring for a loved one who was dying. The loving care and support which Assisi Hospice provided them brought peace of mind that enabled them to focus on spending quality time together, to love and cherish whatever time they had left with Peter, and to build beautiful memories.

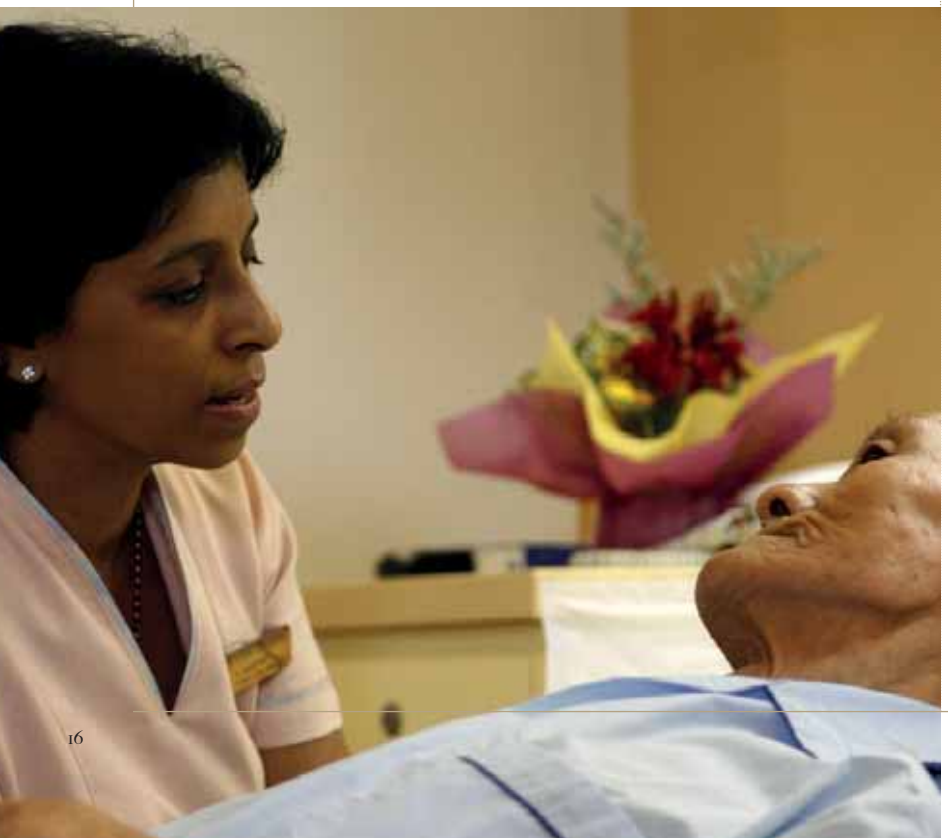
From left to right:
Gerard, Peter, Josephine, Brian and daughter Nicole in the front.

Inpatient Care

The Inpatient Service provided palliative care to 448 patients and their families in 2010 with an average occupancy rate of 83%. In April and September, the occupancy rates exceeded 90%. It was indeed a busy year for St Margaret and St John wards.

Headed by the Nurse Manager, the Inpatient Nursing Unit had one Nursing Officer, one Clinical Educator, 15 Staff nurses and 20 Patient Care Assistants. There was one doctor per ward under the supervision of the Clinical Director and every patient was matched with a social worker or counselor. The Physiotherapist spent about 2/3 of his time in the ward together with a Therapy Aide. The Clinical Pastoral Service was available for all patients upon request.

About 16% of Assisi's patients were aged 50 years or younger. The inpatient unit served 5 paediatric patients in 2010. One patient stayed for a week of intensive rehabilitation. The week of hard work by this young patient and her dedicated parents supported by the team resulted in the bed and wheelchair bound patient being able to walk aided. It was certainly an occasion for celebration. Another 2 paediatric patients were ventilator supported. All our paediatric patients and their family had access to our family suite or a single room. This enabled the family to spend as much time as they liked with the young patient.



2010 was an intensive year of in-house training particularly for the Patient Care Assistants (PCAs) under the care of the Clinical Educator. All PCAs attended the modular training programme with periodic assessments. Many improved with some delivering excellent results, including the older PCAs. Some of the staff nurses attended external wound care courses and one completed the Basic Certificate in Palliative Nursing.

One of our long serving nurses, Staff Nurse Lee Heong has been serving our patients at the Assisi Hospice for the past 13 years. Working with patients who are all terminally ill, she has had to manage a roller coaster ride of mixed emotions constantly. While there will always be sadness when many of the patients pass away, she still finds much joy working at the hospice.

With her patients, she finds joy when she is able to help relieve their pain, when she sees them laugh or enjoy their food or when patients' families come to thank her for her support. She enjoys her work at the Assisi and loves her patients, her colleagues and the 'sense of peace' that is in the air.

"Love, in sickness and in health"..... this is Mr & Mrs Tan Chowe Teck's love story....

In 2002, 73-year-old Mr Tan and his wife were both diagnosed with cancer. Mr Tan's cancer affected his liver while Mrs Tan had thyroid cancer.

With surgery and treatment, Mrs Tan's condition remained stable, but Mr Tan was not so fortunate. Despite medications, treatments and surgery he did not improve. Medical bills piled up and his savings were depleted. Mr Tan had little choice but to downgrade his home and sell his possession to cope with his long-term medical expenses.

But Mr Tan remained positive. He finally managed to get some help from the government and charity organizations. Both he and his wife were also referred to Assisi Hospice Day Care.

In 2007, Mr Tan suffered a relapse and his cancer had spread to his lungs and his legs, and he was forced to use a walking stick. Mrs Tan took care of him, and despite her own health issues and being fed through a tube, she cooked for her husband. But her condition gradually declined.

It was then that Mr Tan made a remarkable decision. He loved his wife so much that he was determined to learn to walk again without assistance so that his hands could be freed to help his wife with her household chores. But above all, he wanted to be able to hold her arm and support her as she walked.

With the Assisi Hospice's rehabilitation programme, Mr Tan underwent regular physiotherapy and worked hard to achieve his goal. And this he did, taking care of his wife till her last breath.

Mr Tan has since passed away. Right up to the day that he died, Mr Tan was able to walk on his own.

This is one way Assisi Hospice can help dignify the lives of the sick and dying, whether or not they are able to afford such care on their own.

The Assisi Hospice continues to work at building strong rehabilitation programs, amongst others, that cater for regular and individualised physiotherapy to maximise the potential of each patient despite their life threatening condition.

Photographer's afterthoughts

When I was shooting at Assisi Hospice, I saw how the staff and volunteers went about taking care of the patients. I was very moved by their unconditional love and concern which went beyond normal human relationship. It was pure altruism and compassion.

Sometimes loneliness is more unnerving than a terminal illness. Here, everyone is like one happy family, caring for one another, hanging in there for each other…. I believe love can make one cherish life, and perhaps even help prolong life.

Photographs and excerpts were taken from the photo diary "Departure" which was a collaborative effort of the Lien Foundation, Singapore Hospice Care and Adamsapple as part of the Life Before Death initiative.

"But above all, he wanted to be able to hold her arm and support her as she walked."

Our Day Care Centre continued to serve patients to meet their medical, rehabilitation and social needs. The demand for such services saw an increase in attendance in 2010, resulting in the Adult Centre running at maximum capacity for many months.

On the flip side, the Children's Centre saw a decline with fewer new referrals and the continual discharge of our children who were well enough to get back to mainstream school.

Day Care patients, whose medical conditions are fairly stable, continue to be reviewed by our in-house doctors monthly. For those needing closer medical attention, our doctors would tend to them whenever needed. The medical care provided helps patients better manage their symptoms and be more comfortable.

Our rehabilitation programmes are managed by a team comprising of a physiotherapist, an occupational therapist and two therapy assistants. These programmes are specifically tailored to the individual needs of each patient, with the aim to help them achieve their maximum potential for improvement. We are proud to have succeeded in helping many of our patients get up from their wheelchairs to be able to walk with the help of a walking frame or a walking stick. To a patient, this is truly a new lease of life. It provides them with a sense of dignity to be able to do the most basic functions which many of us take for granted, even though it may not be for much longer.

Dental screening for our Day Care patients is scheduled monthly with the continued generous support of Dr Ng Poh Leng, our volunteer dentist at Assisi. We are also grateful to Dr Anthony Goh for the use of his dental clinic at Mt Alvernia, during their lunch break, whenever Dr Ng needed to carry out dental treatment for our patients.

Our Day Care Centre is like a second home for many of our patients. Here they find companionship with our staff, volunteers and each other, and enjoy activities like cooking, playing games and singing karaoke.

Festivities

Chinese New Year brought much celebration and cheer to Assisi Hospice. Many groups visited our patients, bearing their well wishes, New Year goodies and Ang Pows. Our patients were also invited to steamboat reunion meals and 'Lo Hei' lunches which brought much joy and gaiety to all. On top of that they had the traditional performance treat of Lion Dances performed by professionals as well as the little ones from Holy Trinity Kindergarten, who brought much laughter and smiles to all present.

Mid-Autumn Festival was celebrated and co-hosted with City Development Limited, a long standing supporter of Assisi Hospice. Day Care patients, who usually went home at 3pm, stayed on for a sumptuous buffet dinner and a lively entertaining programme which lasted till 8pm.

Outings

A group of 20 patients, with 9 on wheelchairs, visited the Singapore Garden Festival, accompanied by 18 helpers. One of our kind donors had generously sponsored the buffet lunch at the Joaquim Restaurant at Suntec City. It was a very pleasant trip for all the patients and they enjoyed the beautiful flower displays and the landscape gardens after the lunch.

Then there was the visit to Universal Studios when 50 tickets were given to the Assisi Children and their parents for a visit on the third day of its opening. A total of 23 children went, some who were still with the children's centre, as well as former patients who have since entered mainstream school. They had a thrilling day and had much fun screaming their lungs out during some of the rides. Children and parents were totally exhausted by the end of the day, but it left many of them with exciting memories .

Student Attachments

Over the years, the Day Care Centre has seen many medical students engage with our patients and learn from our doctors, as part of their learning experience.

This year, we also had an occupational therapist, interested in palliative care, who was on attachment for a week. She gained a better understanding of the role of rehabilitation in palliative care and was further encouraged to pursue this area in her career development.

Besides that we had an Art Therapy intern from LaSalle College, who was doing her Masters in Art Therapy. She spent 4 months with us and contributed greatly in meeting the psychosocial needs of the patients with her work.

Eunice was a Home Care patient with us. When she first heard the news of her lung cancer, she was devastated. But soon she picked herself up and came to terms with her illness.

Eunice found strength in herself and in her God, with the support of her sister, cousins, friends, mentors and colleagues.

"For life is short, we should work hard, play hard and die hard too. Cancer is not the end of the world. It's a beginning to another stage of life."

Edward was also a Home Care patient. He had Biventricular Heart Failure.

A man of few words, but his demeanour reflected the courage and strength he held in the face of his illness.

He was proud of his past work and had an air of confidence about him when he wore his uniform.

For several years, Edward took pains to prepare his daughter for the inevitable. His daughter was well-aware of the situation and seemed mature beyond her years.

Although his illness left him with much fatigue and discomfort, he stood strong and remembered with pride and joy the life he lived.

Photographs and excerpts were taken from the photo diary "Departure" which was a collaborative effort of the Lien Foundation, Singapore Hospice Care and Adamsapple as part of the Life Before Death initiative.

Home Care

The Assisi Home Care team continues to provide 24-hour palliative care service for patients whose families are able to care for them at home.

2010 saw 2 staff leaving, but we recruited 3 more in the positions of Senior Staff Nurse, Staff Nurse and an Admin Officer.

Staff training continues to be an important focus for our team. Seminars and workshops which our staff attended included:

- Behavioural Pain Assessment for People with Advanced Dementia
- Wound Care Workshop
- Palliative Care Nurses Seminar – Beyond Words; which explored the role of Creative Therapies in Palliative Care
- On-the-Job Training Workshops
- Workshops addressing Grief & Bereavement
- Neurological Palliative Care
- Service Value
- Drug Act

The Assisi Home Care Team continues to live up to its founding mission and reputation of providing compassionate and personalised palliative care, focused at providing comfort and support for patients and their families in the final phase of their own / loved one's life. While we aim to do our best for our patients, we have oftentimes found that there is much more our patients can teach us .

Mr CNT was a 67 year old cancer patient, who was referred to the Assisi Home Care in July 2010. He had a tumour the size of a golf ball below his right armpit and his cancer had spread to his lungs. Besides this, CNT also suffered from blindness, hearing loss and other medical conditions like high cholesterol, an enlarged prostate and severe sclerosis of his upper spine.

CNT was single and stayed in a one room rented flat which he shared with his flat mate, who was also blind. He had no other next of kin and he was on public assistance.

With CNT's severe hearing and visual impairment, it was difficult to gain much medical history from him or to confirm his consent to proceed with an amputation surgery he needed. Finally the health care team managed to communicate with him using touch. They informed him that he required an amputation of the right upper limb.

However, CNT refused as he did not want to lose the use of his right hand which provided him with much independence. He wanted to be able to do his own laundry, cooking and care for himself.

CNT was an amazingly independent person, despite his physical and health constraints. He was able to cook, boil water, do his own laundry and shower himself even though his tumour was increasing in size similar to that of a football. Even though this restricted his movements he never allowed it to stop him from doing things on his own.

He was even able to take his own medication by feel and touch of the packaging and careful placement of their location. So the Home Care team took extra precaution to ensure his things were not moved around even when staff and volunteers were dispatched to help clean his house.

One of our senior nurses recalled her first visit to his home:

"I was delayed by another patient by 30 mins and upon arriving at CNT's home, found him squatting at the gate with his ear against it listening out for my footsteps. My tears just flowed looking at his deformed body squatting and waiting for me."

A senior nurse from the Home Care team providing medical support to a patient at home.

"I touched him and let him feel my stethoscope, to let him know that I was a nurse and here to tend to him. He invited me into his home. It was unkempt. His bed sheets were dirty. The floor of his home and the sink were filthy."

They learnt that his PUB bills had not been paid for years and that he and his flat mate were living on small amounts of water from pails each day.

Soon the Assisi team of social workers and volunteers were activated to clean his house and help was provided to settle his PUB bills. His living condition started to improve with the team's efforts and regular visits. They also managed to get his permission to duplicate a set of his house keys for easy access so that he did not have to squat at his gate each time the team was coming.

They also managed to find a way to help him hear through the use of headphones and a microphone and he was able to communicate with the team a lot easier and confirmed his Advanced Care Plan.

The Home Care team who looked after CNT was very touched by him and his positive outlook despite his condition. He never failed to give the team a bright warm smile and even cracked jokes when visited.

CNT's condition deteriorated in November 2010 but he wanted to continue living at home and the Home Care team did their best to continue to provide care for him at his apartment till he had to be admitted as an In-Patient at the Assisi Hospice for his final days. Mr Chiew has since passed away.

Clinical Pastoral Care

2010 was an exciting year of change for the Clinical Pastoral Care (CPC) department.

In October, the CPC Coordinator, Sr Chad McCollum, FMDM, returned to Ireland. The leadership of the team was handed over to Ms Rose Goh, the first trained lay person to lead the department. The team has since grown to include two male CPC counsellors.

Amidst the changes, we continue our integral role of being part of the multi-disciplinary team at Assisi. We journey with In-patients and their caregivers, provide support for Assisi staff, assist in memorial services and other religious rites and services that are meaningful to those we encounter.

Regardless of faith beliefs, we provide a listening ear and a compassionate presence to be companions on the journey through life. At times, this is in addressing the spiritual and psycho-social issues that may be affecting them, which can only be realized when there is a great sense of trust and support after building meaningful relationships.

In this past year, we have witnessed many encounters of reconciliation within individuals, amongst people and the issues that surround the human spirit. These encounters only prompt us to celebrate the gift of the human person and encourage us in our work each step of the way.

Testimonials from families on CPC fulfilling the wishes of patients give us joy in our work. This includes a loving husband whose wish was to celebrate his wife's birthday in his last days since they did not get an opportunity to do so the previous year. A party was organized and that marked a beautiful day down memory lane for the couple.

Our experiences also revolve round the religious realm where there may be outstanding issues regarding the religious beliefs of the individuals and families that we meet. In facilitating the desire of individuals who need to reconcile themselves with their God, or strengthen themselves in their faith beliefs, we will endeavour to facilitate the necessary processes so as to attain the peace within the self to walk the journey. Being there for all religions exposes us to the richness of each faith belief.

As we continue to walk in our sacred journey and embrace the spiritual needs of patients and families, we recognize the gift they are to us in our ministry and we hope that in turn, we are gifts to them in our presence and in our ministry.

The Clinical Pastoral Care team is led by their Manager, Rose Goh and includes Senior Clinical Pastoral Care Counsellors Sr Christine Chua and Sr Bernadette Yeo, and Clinical Pastoral Care Counsellors, Andrew Joseph Ng, William Lim and Elaine Tee.

From left: Sr Christine Chua, Elaine Tee, Rose Goh, Andrew Joseph Ng, Sr Bernadette Yeo and William Lim

"No words can express my heartfelt appreciation of one of your pastoral care counsellor's regular visits to comfort, encourage and accompany Boon Kheng during the last stage of his life at the Assisi Hospice. She gave me great emotional support and strength during the darkest moments of my life while I was caring for my late husband"

Lee Mey Fong, wife of the late Lam Boon Kheng

Project REBUILD

In 2010, Assisi Hospice played an instrumental role in the birth of Project REBUILD. The project is a collaborative effort between Assisi Hospice and Lien Centre for Palliative Care, funded by the Tote Board Community Healthcare Fund and the Lien Centre for Palliative Care.

Project REBUILD aims to provide professionals in the community with the required knowledge and skills on managing grief and bereavement so that early intervention will be possible, preventing the lead-up to bereavement-related problems in the community. This project is a first attempt to coordinate research, education and clinical services for bereavement care in Singapore.

Officially launched in December 2009, the priority in 2010 was to recruit and train trainers on curriculum development for grief and bereavement.

The training of the trainers were supported by Professor Cecilia Chan and Dr Alicia Pon from the University of Hong Kong, both of whom were actively involved in a similar project developed by the Centre of Behavioural Health at their University.

To create awareness of Project REBUILD and its value to the community, the Assisi team organized an educational forum in conjunction with World Hospice and Palliative Care Day on 09 October 2010. The 1-day forum was split into 2 half-day sessions. The morning session targeted healthcare professionals and addressed current debates on prolonged grief disorder in DSM-V. The afternoon had the general public focused on the "Preparation for a Good Farewell." There were engaging panel discussions with the audience at both sessions.

The overwhelming attendance, engaging discussions and feedback from the audience, seem to indicate a high interest of both professionals and the general public for educational events and discussion platforms on grief and bereavement.

Feedback showed that over 90% of the professionals agreed that the forum helped to clarify the current debates surrounding the medicalisation of grief, and a similar proportion of the general public agreed that the forum helped in providing useful ways to support those who cared for a bereaved individual. This confirmed the direction we were heading with the need for more awareness and training in bereavement services.

Development of a Referral System

Towards the end of 2010, Project REBUILD embarked on an initiative involving Assisi Hospice and the "Help Every Lone Parent" Family Service Centre (HELP FSC) to develop a referral system. This system is designed to help with the referral of bereaved individuals and families from acute hospitals or hospices to Family Service Centres for the continuing support needed in the community.

At Assisi Hospice, family members are assessed for potential risks of complications both before and after the passing of their loved ones. This helps with the planning for bereavement care for patients' family, a conventionally neglected group of individuals in the palliative care setting in Singapore.

It is evident that more needs to be done for the community at large to provide support to families of patients who have passed, and Assisi's work in Project REBUILD aims to be the catalyst in achieving that goal.

To all the doctors, nurses and volunteers at Assisi Hospice :

My family and I would like to thank you for all the kind words, support and help that you rendered during my brother's last days at the hospice. We appreciate it immensely and I know my brother would have felt the same way. It takes a wonderful person to treat others with such dignity and care and we will always remember the outstanding care and support we received from you.

Thank you, with all our heart.

Our Medical Social Work (MSW) department operated with two Senior Social Workers, two Social Workers and an Administrative Officer for most part of 2010. In September, two more Social Workers were recruited specifically for Project REBUILD – the community bereavement project.

The MSW department provides psychosocial and emotional support services to the Inpatient, Home Care and Day Care patients and their family. The team actively assesses these needs, makes arrangement for community support and provides interventions such as suicide risk assessment and counseling.

Training is an important function in the MSW department. In 2010, the department continued with the monthly individual and group supervision sessions with a third party supervisor. These sessions not only developed the skills of the social workers but also provide a platform for processing their emotions and thoughts that they have picked up in the course of their work. This ensures a safe practice environment. In addition, there were fortnightly in-house training sessions such as the Art-of-Care and the Balint Group. One of our social workers completed her Masters of Social Science in Professional Counselling supported by the Health Manpower Development Programme (HMDP).

One of the key projects championed by the MSW department in 2010 was the Assisi 'Kopitiam', an idea initiated by our social workers and a group of social work interns. Soon, other volunteers were recruited to run the make-shift "kopitiam". The idea was to create a coffee shop ambience for many of our elderly patients who would have missed their leisurely chats with friends over a cup of coffee and kaya toast. Much effort went into creating an authentic 'kopitiam' feel, with cups, plates, spoons and selection of food that mimic those seen at traditional coffee shops. Initiatives as such help to normalise the hospice stay for many patients. As the saying goes, "if our patients cannot go for such an activity/event, we will bring the activity/event to Assisi."

The MSW department, together with volunteers, organised small group outings for the inpatients to enhance the quality of their stay in Assisi. These outings included a visit to Chinatown during the Chinese New Year, lunch at Vivo City food court and Changi Airport Terminal 3.

Then there was Aunty Lucy. Everyone remembers Aunty Lucy and Uncle Yang.

Aunty Lucy was an inpatient who was cared for by her devoted husband, Uncle Yang. Aunty Lucy disclosed that her 'marriage' to Uncle Yang was not officiated in Church and by a priest. Her last wish was to be married in "the eyes of God".

In April, the social worker, together with their extended family including those from Malaysia and some volunteers, planned a special solemnization of their marriage officiated by a priest in Assisi. The room was decorated beautifully with traditional Chinese wedding symbols and a simple spread of food. Uncle Yang even wore a white shirt and tie for the occasion. The bride, respondent with bliss, had many beautiful pictures taken. These remained as cherished memories for Uncle Yang when Aunty Lucy passed on.

Our Volunteers

During 2010, a total of 201 volunteers were recruited of which 105 were students and 96 were adults. This is a growth of 18%. We are grateful for the support from the community as volunteers certainly make a difference in the lives of our patients and their families. We also welcome on board Max Ong, the Senior Volunteer Programme Executive in March.

Volunteers' Training Programme

A total of 11 volunteer orientation and training programmes were conducted. This is a mandatory 6-hour programme for volunteers who wished to be involved in direct patient care services. This programme provides the volunteers with an overview of the hospice movement, Asissi's Vision, Mission and Service Values. In addition, other aspects of care such as infection control, understanding the last stage of a patient's life, patient transferring techniques and tips on the first encounter with palliative patients were taught.

A Snapshot of Our Volunteers' Contributions

In Assisi, volunteers of different ages and backgrounds can be found serving in all our services. These volunteers have given themselves so generously to Assisi, our patients and families – they have certainly been a precious gift to us.

Volunteers in Day Care and Inpatient services participate in direct patient care such as assisting in activities of daily living, e.g. bathing and changing together with our nursing team, providing support to patients who lack mobility, massages, befriending and simply sitting with them. Trained and experienced volunteers in the Inpatient service help to feed patients who are too weak to feed themselves. Over food, the volunteers bring companionship to our patients and create an avenue for social interaction and emotional support.

Patients enrolled in our Home Care service were oftentimes accompanied by volunteers for hospital visits. This brings much relief to family members who had to work, as well as, to patients who did not have families. For some of our single elderly patients living on their own, volunteers were organized to spring clean their homes.

Besides direct patient care and services, volunteers were instrumental in helping Assisi in other areas of work such as maintenance of mobility equipment, cleaning of storerooms and administrative support work such as data entry.

Assisi received great support from our corporate volunteers in 2010. These organisations span from local and overseas schools, faith based groups and corporations.

City Development Ltd (CDL) continued to be Assisi's co-organiser for our Charity Fun Day with a strong showing from many of the companies under their umbrella. CDL was also our partner in Assisi's annual mooncake festival. Their contributions made it possible for families in need to celebrate this traditional Chinese festival and together with other volunteers and staff, brought joy to many patients and their family in Assisi.

Other notable organisations that supported Assisi in 2010 included the Pan Pacific Singapore, Sembcorp Industries, St Joseph's Institution International, Rotary Club, and the trainee teachers from the National Institute of Education.

Assisi has also established long term partnership with the United World Colleage of SE Asia with 6 students form the College befriending our inpatients every fortnight during their school term. These young people and their teacher bring much cheer to our patients.

Language is of no barrier when love and care abound. This was evident in the volunteering efforts of the Korean students from the Kkottongnae Hyundo University. The University has been sending their students to Assisi for the past three years for their overseas' volunteering stint of at least 10 days.

Asssisi Salutes All Volunteers

We honoured our volunteers at our Staff and Volunteers' Family Day in December. This was a day for staff and volunteers to come together with our families for food, music and fellowship. There was a free flow of food, entertainment, massages, family portrait service. At Assisi, our volunteers are a part of our team.

The volunteers at Assisi Hospice have given much of themselves to our mission. Yet in their humility and generous gift of themselves, they often thank us for the opportunity to serve. Such is the graciousness and sincerity of our volunteers whom we have the privilege to work with.

Mr Paul Koh, a volunteer with Assisi since 2008, had initially planned to serve as a volunteer for 3 months.

Now 2 years into this service, he shared how rewarding and fulfilling the work has been for him. "It has opened my eyes and my heart to be able to empathise more with patients. I see how simple things can make them so happy…. like holding their hand or just chatting with them and giving them a listening ear."

Another strong corporate supporter for several years is Sembcorp with their team of volunteers. One of the team leads in this volunteer group, Mr Chen Ru De, shares how touched he is with the care provided to our patients. "Having witnessed what the patients endure in their illness and to see how the Assisi team sincerely cares for every patient's comfort and peace of mind, I am personally very moved. As a team, we are inspired and driven by a purpose to do our part to help. Volunteering has helped me to grow and learn from the staff and other volunteers."

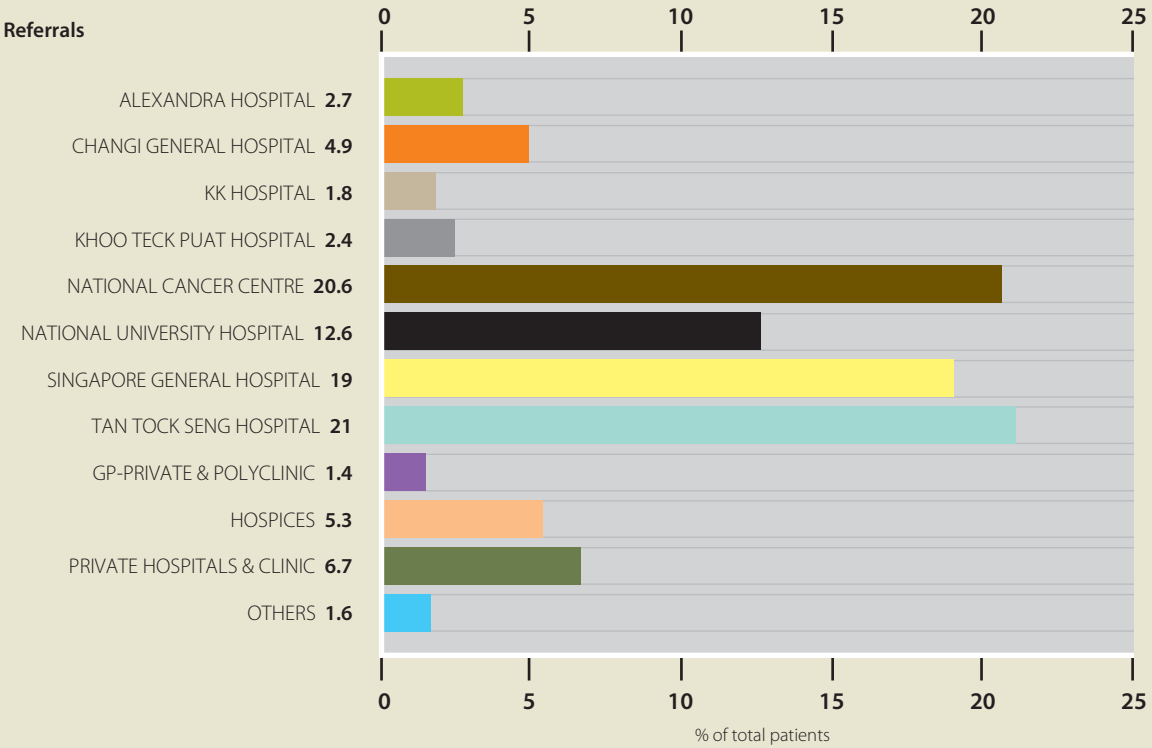
To our volunteers we say, "Thank you for your steadfast dedication and commitment to Assisi."

Statistics

Number of patients Served in 2010

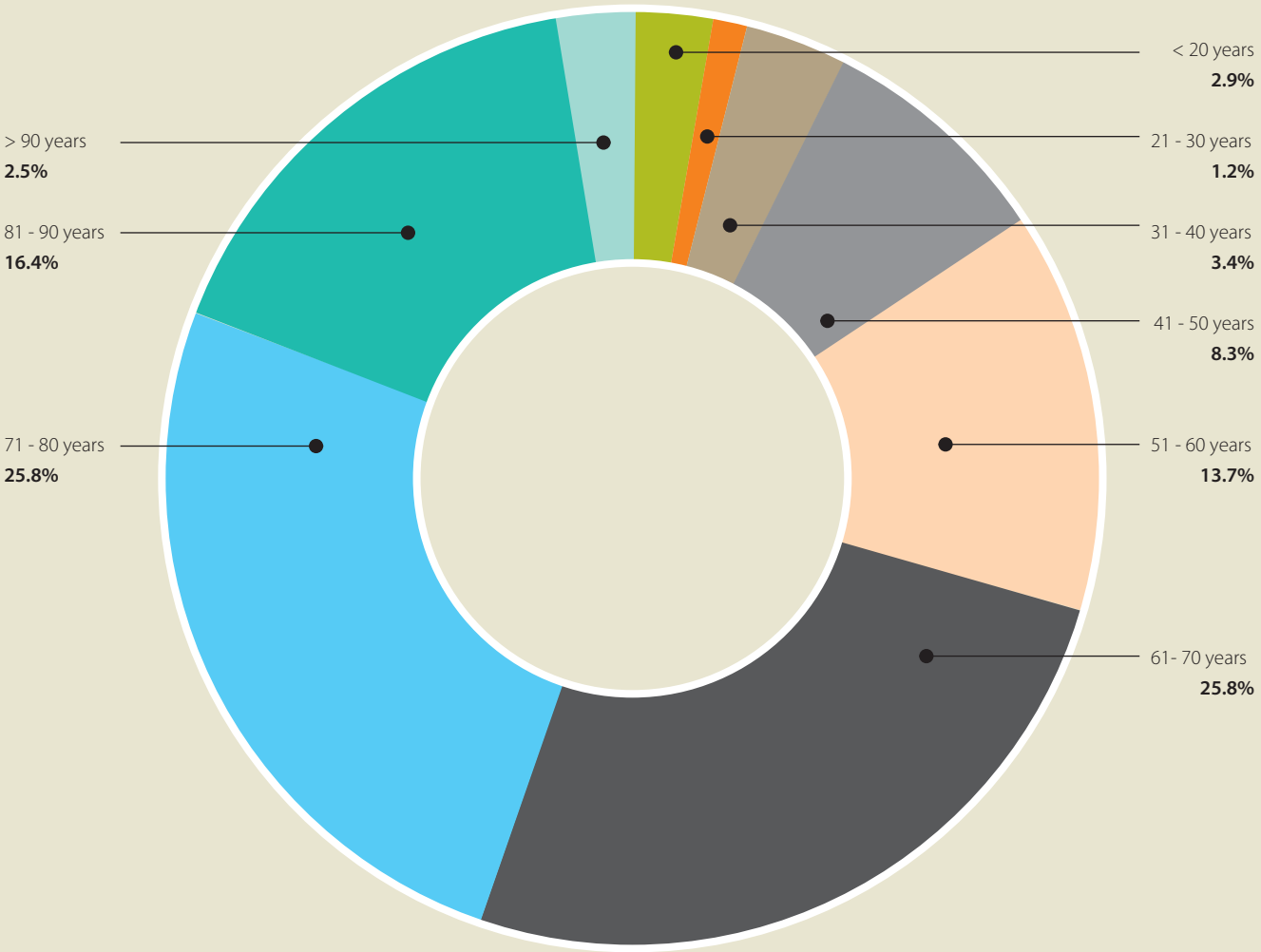
	Inpatient Adults	Inpatient Children	Day Care Adults	Day Care Children	Home Care Adults	Home Care Children	Sum Total
Patients Carried Forward From 2009	27	1	31	35	76	0	170
New Admissions	341	4	45	11	383	8	792
Re-Admissions	27	0	10	2	57	1	97
TOTAL	**395**	**5**	**86**	**48**	**516**	**9**	**1059**

Source of Referrals



Statistics

Age Profile of Patients Admitted



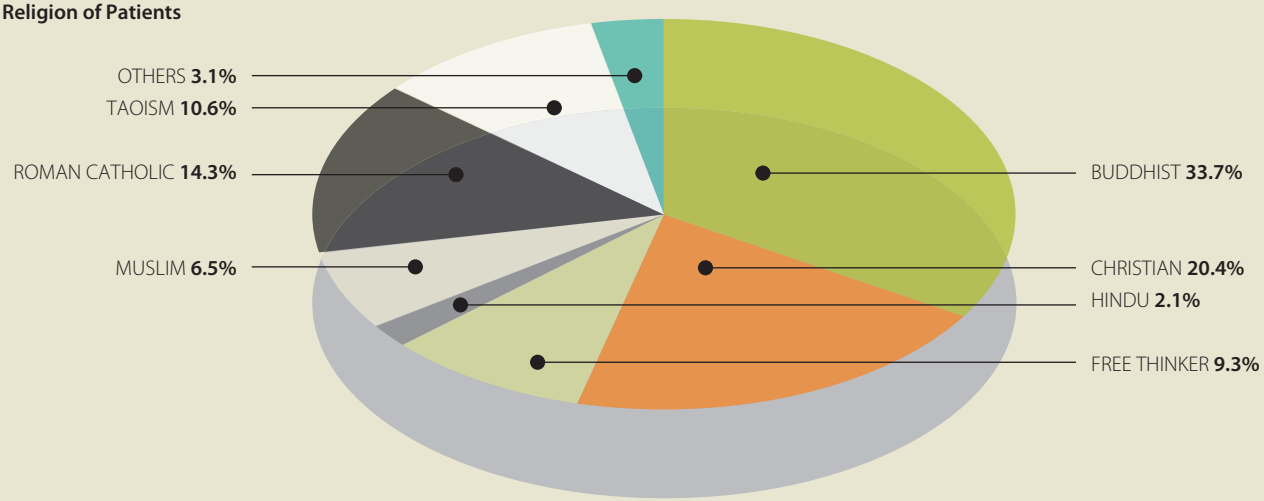
Age group %

Statistics

Ethnic Groups of Patients

	Inpatient Adults		Inpatient Children		Day Care Adults		Day Care Children		Home Care Adults		Home Care Children		Sum Total	
ETHNIC GROUP	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Chinese	326	88.6	3	75.0	48	87.3	8	61.5	385	87.5	7	77.8	777	87.4
Eurasian	4	1.1	0	0.0	0	0.0	0	0.0	2	0.5	0	0.0	6	0.7
Indian	21	5.7	0	0.0	6	10.9	0	0.0	17	3.9	1	11.1	45	5.1
Malay	10	2.7	1	25.0	0	0.0	2	15.4	23	5.2	1	11.1	37	4.2
Others	7	1.9	0	0.0	1	1.8	3	23.1	13	2.9	0	0.0	24	2.7
TOTAL	**368**	**100**	**4**	**100**	**55**	**100**	**13**	**100**	**440**	**100**	**9**	**100**	**889**	**100**

Religion of Patients



Statement by Board of Directors

Year ended 31 December 2010

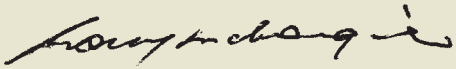
In our opinion:

(a) the financial statements set out on pages 37 - 59 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 2010 and the results, changes in funds 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



Ronny Tan Chong Tee
CHAIRMAN

Sister Pereira Barbara Anne, FMDM
DIRECTOR

18 May 2011

Independent Auditors' Report

The Board of Directors of the Assisi Hospice

We have audited the accompanying financial statements of Assisi Hospice (the Hospice), which comprise the balance sheet as at 31 December 2010, the statement of comprehensive income, statement of changes in funds and cash flow statement for the year then ended , and a summary of significant accounting policies and other explanatory information, as set out on pages 37 - 59.

The Hospice is a segment of the Singapore operations of the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood (Malaya) (FMDM). FMDM is the corporate legal entity, with operations in the region. In Singapore, the operations comprise the following segments: the regional office in Singapore, the Convents, Mount Alvernia Hospital and the Hospice.

Management's responsibility for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view 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, and for 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 profit and loss accounts and balance sheets and to maintain accountability of assets.

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 about 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 of financial statements that give a true and fair view 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, the financial statements of the Hospice are properly drawn up in accordance with the provisions of the Rules and Singapore Financial Reporting Standards to give a true and fair view of the state of affairs of the Hospice as at 31 December 2010 and the results, changes in funds and cash flows of the Hospice for the year ended on that date

Report on other legal and regulatory requirements

During the course of our audit, nothing has come to our attention to cause us to believe that:

(a) the Hospice did not comply with Regulation 15 of the Charities (Institutions of a Public Character) Regulations; and

(b) the donation moneys have not been used in accordance with the objectives of the Hospice as an institution of a public character.

KPMG LLP
Public Accountants and Certified Public Accountants

Singapore
18 May 2011

Balance Sheet

As at 31 December 2010

	Note	2010 $	2009 $
Non-current asset			
Property, plant and equipment	4	1,824,140	1,817,862
Current assets			
Trade and other receivables	5	286,876	777,469
Cash and cash equivalents	6	22,609,512	19,139,166
		22,896,388	19,916,635
Total assets		24,720,528	21,734,497
Funds			
Restricted funds			
Children Camp Fund	7	1,878	1,878
Development Fund	8	1,419,727	1,464,017
Renovation Fund	9	21,582	21,582
Medical Equipment Fund	10	47,315	23,492
Singapore Community Bereavement Project Fund	11	10,613	–
Motor Vehicle Fund	12	4,137	26,131
Paediatric Palliative Care Programme	13	633,587	633,587
Patient Assistance Fund	14	12,734	–
Unrestricted funds			
Accumulated Fund		21,277,288	18,690,467
Total funds		23,428,861	20,861,154
Current liability			
Trade and other payables	15	1,291,667	873,343
Total liability		1,291,667	873,343
Total funds and liability		24,720,528	21,734,497

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

Statement of Comprehensive Income

Year ended 31 December 2010

Financial activities	Note	Unrestricted Funds 2010 $	Restricted Funds 2010 $	Total Funds 2010 $
Incoming resources				
Incoming resources from generated funds:				
Voluntary income				
- Donation from general public		1,669,735	27,281	1,697,016
- Donation from Mount Alvernia Hospital	16	588,000	–	588,000
- Grant/Sponsorship received		2,082	222,967	225,049
Income from fund-raising activities		3,909,737	25,152	3,934,889
Incoming resources from charitable activities				
- Government grants		1,392,430	–	1,392,430
- Patient fees		743,819	–	743,819
- Amortisation of funds		72,549	(72,549)	–
Other incoming resources	17	147,050	–	147,050
Total incoming resources		**8,525,402**	**202,851**	**8,728,253**
Resources expended				
Cost of generating funds		153,774	–	153,774
Charitable activities		5,688,555	221,965	5,910,520
Governance costs		96,252	–	96,252
Total resources expended		**5,938,581**	**221,965**	**6,160,546**
Net incoming/(outgoing) resources for the year	18	**2,586,821**	**(19,114)**	**2,567,707**
Other comprehensive income		–	–	–
Total comprehensive income for the year		**2,586,821**	**(19,114)**	**2,567,707**

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

Unrestricted Funds 2009 $	Restricted Funds 2009 $	Total Funds 2009 $
1,374,326	–	1,374,326
428,896	–	428,896
119,976	–	119,976
3,765,328	–	3,765,328
1,982,157	–	1,982,157
582,817	–	582,817
86,910	(86,910)	–
305,584	–	305,584
8,645,994	**(86,910)**	**8,559,084**
224,384	–	224,384
5,100,064	84,458	5,184,522
100,164	–	100,164
5,424,612	**84,458**	**5,509,070**
3,221,382	**(171,368)**	**3,050,014**
–	–	–
3,221,382	**(171,368)**	**3,050,014**

Statement of Changes in Funds

Year ended 31 December 2010

	RESTRICTED FUNDS				
	Unrestricted Fund	**Children Camp Fund**	**Development Fund**	**Renovation Fund**	**Medical Equipment Fund**
	$	**$**	**$**	**$**	**$**
At 1 January 2009	15,469,085	1,878	1,508,308	23,124	34,286
Total comprehensive income for the year	3,221,382	–	–	–	–
Utilisation of fund	–	–	–	–	–
Amortisation to statement of comprehensive income	–	–	(44,291)	(1,542)	(10,794)
At 31 December 2009	18,690,467	1,878	1,464,017	21,582	23,492
Total comprehensive income for the year	2,586,821	–	–	–	–
Donation/Grant received	–	–	–	–	32,100
Utilisation of fund	–	–	–	–	–
Amortisation to statement of comprehensive income	–	–	(44,290)	–	(8,277)
At 31 December 2010	**21,277,288**	**1,878**	**1,419,727**	**21,582**	**47,315**

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

RESTRICTED FUNDS						
Occupational Therapy Fund $	Singapore Community Bereavement Project Fund $	Motor Vehicle Fund $	Paediatric Palliative Care Programme $	Patient Assistance Fund $	Total Restricted Funds $	Total Funds $
3,020	–	72,496	698,943	–	2,342,055	17,811,140
–	–	–	–	–	–	3,221,382
(3,020)	–	(16,082)	(65,356)	–	(84,458)	(84,458)
–	–	(30,283)	–	–	(86,910)	(86,910)
–	–	26,131	633,587	–	2,170,687	20,861,154
–	–	–	–	–	–	2,586,821
–	222,967	–	–	20,333	275,400	275,400
–	(212,354)	(2,012)	–	(7,599)	(221,965)	(221,965)
–	–	(19,982)	–	–	(72,549)	(72,549)
–	**10,613**	**4,137**	**633,587**	**12,734**	**2,151,573**	**23,428,861**

Cash Flow Statement

Year ended 31 December 2010

	Note	2010 $	2009 $
Cash flows from operating activities			
Net incoming resources for the year		2,567,707	3,050,014
Adjustments for:			
Depreciation of property, plant and equipment	4	179,016	185,024
Loss on disposal of property, plant and equipment	17	2,568	50
Interest income	17	(119,602)	(145,254)
		2,629,689	3,089,834
Changes in working capital:			
Trade and other receivables		479,510	103,690
Trade and other payables		418,324	(271,126)
Cash flows from operating activities		3,527,523	2,922,398
Cash flows from investing activities			
Purchase of property, plant and equipment		(187,862)	(167,075)
Proceeds from disposal of property, plant and equipment		–	700
Placement of time deposits with maturity of more than 3 months with financial institutions		(3,530,332)	(3,147,476)
Interest received		130,685	173,183
Net cash from investing activities		(3,587,509)	(3,140,668)
Net decrease in cash and cash equivalents		(59,986)	(218,270)
Cash and cash equivalents at 1 January		740,462	958,732
Cash and cash equivalents at 31 December	6	680,476	740,462

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

The financial statements were authorised for issue by the Board of Directors on 18 May 2011.

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 (FMDM), a Roman Catholic Religious Order, and has its principal place of business at 820 Thomson Road, Singapore 574623.

The Hospice is a segment of the Singapore operations of FMDM. FMDM is the corporate legal entity, with operations in the region. In Singapore, the operations comprise the following segments: the regional office in Singapore, the Convents, Mount Alvernia Hospital and the Hospice.

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 BASIS OF PREPARATION

2.1 Statement of compliance

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

2.2 Basis of measurement

The financial statements have been prepared on the historical cost basis.

2.3 Functional and presentation currency

The financial statements are presented in Singapore dollars which is the Hospice's functional currency.

2.4 Use of estimates and judgements

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.

3 SIGNIFICANT ACCOUNTING POLICIES

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

3.1 Foreign currency transactions

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 financial activities.

3.2 Property, plant and equipment

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

Cost includes expenditure that is directly attributable to the acquisition of the asset. Purchased software that is integral to the

functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

The cost of replacing a component of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the component will flow to the Hospice and its cost can be measured reliably. The carrying amount of the replaced component is derecognised. The costs of the day-to-day servicing of property, plant and equipment are recognised in profit or loss as incurred.

Depreciation on property, plant and equipment is recognised in the 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.

3.3 Financial instruments

Non-derivative financial assets

The Hospice initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets are recognised initially on the trade date, which the Hospice becomes a party to the contractual provisions of the instrument.

The Hospice derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Hospice is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the Hospice has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospice has the following non-derivative financial assets: loans and receivables.

Loans and receivables

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Loans and receivables comprise trade and other receivables, and cash and cash equivalents.
Cash and cash equivalents comprise cash at bank and in hand.

Non-derivative financial liabilities

The Hospice initially recognised financial liabilities on the trade date, which the Hospice becomes a party to the contractual provisions of the instrument.

The Hospice derecognises a financial liability when its contractual

obligations are discharged, cancelled or expired.

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the Hospice has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospice has the following non-derivative financial liabilities: trade and other payables.

Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Sub-sequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

3.4 Impairment

Non-derivative financial assets

A financial asset not carried at fair value through the financial activities is assessed at the end of each reporting period to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event has a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Hospice on terms that the Hospice would not consider otherwise, and indications that a debtor or issuer will enter bankruptcy.

The Hospice considers evidence of impairment for receivables at both a specific asset and collective level. All individually significant receivables are assessed for specific impairment. All individually significant receivables found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Receivables that are not individually significant are collectively assessed for impairment by grouping together receivables with similar risk characteristics.

In assessing collective impairment, the Hospice uses historical trends of the probability of default, timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

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 asset's original effective interest rate. Losses are recognised in the financial activities and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised through the unwinding of the discount. When a subsequent event causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through the financial activities.

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, then the asset's recoverable amount is estimated.

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. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets (the cash-generating unit, or CGU).

An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in the financial activities. Impairment losses recognised in respect of CGUs are allocated to reduce the carrying amounts of the other assets in the unit (group of units) on a pro rata basis.

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, if no impairment loss had been recognised.

3.5 Employee benefits

Defined contribution plans

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

Short-term employee benefits

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

A liability 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 estimated reliably.

3.6 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 financial activities when the right to receive payment is established.

(iii) Jobs Credit Scheme

Cash grants received from the government in relation to the Jobs Credit Scheme are recognised as income upon receipt.

(iv) Donation income

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

(v) Interest income

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

(vi) 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 financial activities an amount so as to match the related annual depreciation expenses of property, plant and equipment purchased under these funds.

3.7 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.

3.8 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.

3.9 New standards and interpretations not adopted

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 January 2010, and have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Hospice.

4. PROPERTY, PLANT AND EQUIPMENT

	Building	Renovations	Furniture and fittings	Office and other equipment
	$	$	$	$
Cost				
At 1 January 2009	2,233,287	1,211,560	141,971	123,344
Additions	–	33,369	1,475	–
Transfer	–	13,954	–	–
Disposals	–	–	(3,951)	(698)
At 31 December 2009	2,233,287	1,258,883	139,495	122,646
Additions		108,162	22,114	9,495
Disposals	–	–	(3,950)	–
At 31 December 2010	2,233,287	1,367,045	157,659	132,141
Accumulated depreciation				
At 1 January 2009	711,327	1,129,920	109,775	94,029
Depreciation charge for the year	44,666	42,789	8,746	9,251
Disposals	–	–	(3,951)	(698)
At 31 December 2009	755,993	1,172,709	114,570	102,582
Depreciation charge for the year	44,666	30,651	8,818	8,722
Disposals	–	–	(3,950)	–
At 31 December 2010	800,659	1,203,360	119,438	111,304
Carrying amount				
At 1 January 2009	1,521,960	81,640	32,196	29,315
At 31 December 2009	1,477,294	86,174	24,925	20,064
At 31 December 2010	1,432,628	163,685	38,221	20,837

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

Motor vehicles $	Plant and machinery $	Medical equipment $	Computer equipment $	Assets under construction $	Total $
249,803	412,207	88,054	78,773	13,954	4,552,953
57,252	8,480	45,149	21,350	–	167,075
–	–	–	–	(13,954)	–
(57,000)	(11,948)	(8,302)	–	–	(81,899)
250,055	408,739	124,901	100,123	–	4,638,129
–	6,450	27,877	8,177	5,587	187,862
–	–	(10,433)	(11,998)	–	(26,381)
250,055	415,189	142,345	96,302	5,587	4,799,610
191,471	383,130	45,253	51,487	–	2,716,392
36,092	13,114	15,710	14,656	–	185,024
(57,000)	(11,948)	(7,552)	–	–	(81,149)
170,563	384,296	53,411	66,143	–	2,820,267
35,281	13,138	17,997	19,743	–	179,016
–	–	(7,865)	(11,998)	–	(23,813)
205,844	397,434	63,543	73,888	–	2,975,470
58,332	29,077	42,801	27,286	13,954	1,836,561
79,492	24,443	71,490	33,980	–	1,817,862
44,211	17,755	78,802	22,414	5,587	1,824,140

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

	Note	2010 $	2009 $
Carrying amount of building purchased under Development Fund	8	1,419,727	1,464,017
Carrying amount of medical equipment purchased under Medical Equipment Fund	10	15,215	23,492
Carrying amount of motor vehicle purchased under Motor Vehicle Fund	12	4,137	24,119

5 TRADE RECEIVABLES

	2010 $	2009 $
Trade receivables	144,296	155,328
Allowance for doubtful trade receivables	(21,841)	(4,615)
Net receivables	122,455	150,713
Government subvention due from the Ministry of Health	–	408,249
Other receivables	67,687	138,411
	190,142	697,373
Deposits	16,300	3,500
Interest receivable	46,196	57,279
Loans and receivables	252,638	758,152
Prepayments	34,238	19,317
	286,876	777,469

Loans and receivable are financial assets with fixed and determinable payments that are not quoted in an active market. No loans were extended as at 31 December 2010.

The Hospice's primary exposure to credit risk arises through its trade receivables and amount due from the 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 expected to arise from the amount due from the 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 loans and receivables at the reporting date is:

	Gross 2010 $	Impairment losses 2010 $	Gross 2009 $	Impairment losses 2009 $
Not past due	152,128	–	637,161	–
30 days	32,631	–	11,330	–
60 days	20,578	–	6,901	–
90 days	2,367	–	7,972	–
90 days and above	66,775	(21,841)	99,403	(4,615)
	274,479	(21,841)	762,767	(4,615)

The change in impairment loss in respect of loans and receivables during the year is as follows:

	2010 $	2009 $
At 1 January	4,615	4,615
Impairment loss recognised	104,248	–
Impairment loss utilised	(87,022)	–
At 31 December	21,841	4,615

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

6 CASH AT BANK AND IN HAND

	2010	2009
	$	$
Cash at bank and in hand	680,476	740,462
Time deposits with financial institutions	21,929,036	18,398,704
	22,609,512	19,139,166
Less: Time deposits with financial institutions with maturity of more than 3 months from the date of placement	(21,929,036)	(18,398,704)
Cash and cash equivalents in cash flow statement	680,476	740,462

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.57% (2009: 0.82%). 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 $812,494 (2009: $763,059) which are subject to usage restriction imposed by the donors. These balances include the donation for specified use imposed by the donor (note 15) and those belonging to restricted funds (notes 7 to 14).

7 CHILDREN CAMP FUND

	2010	2009
	$	$
The fund is represented by:		
Current asset		
Cash and cash equivalents	1,878	1,878

This fund was set up in 2004 for the purpose of organising camping activities for the children. During the year, the Hospice did not utilise the fund to organise activities.

8 DEVELOPMENT FUND

	2010 $	2009 $
The fund is represented by:		
Non-current asset		
Building	1,419,727	1,464,017

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

9 RENOVATION FUND

	2010 $	2009 $
The fund is represented by:		
Current asset		
Cash and cash equivalents	21,582	21,582
	21,582	21,582

This fund was set up in 1998 for the purpose of renovation for space meant for patients' activities. The unutilised fund is for furnishing one of the patient's room. During the year, the Hospice did not utilise the fund for renovations.

10 MEDICAL EQUIPMENT FUND

	2010 $	2009 $
The fund is represented by:		
Non-current asset		
Medical equipment	15,215	23,492
Current assets		
Cash and cash equivalents	32,100	–
	47,315	23,492

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

11 SINGAPORE COMMUNITY BEREAVEMENT PROJECT FUND

	2010	2009
	$	$
The fund is represented by:		
Current asset		
Cash and cash equivalents	10,613	–

This fund was set up during the year to build capacity and capability in the provision of bereavement services in Singapore. The Hospice in collaboration with the Lien Centre for Palliative Care, has been awarded a $1.19 million grant from the Tote Board with another $240,000 grant from the Lien Centre for Palliative Centre for the next three years.

During the year, the Hospice received grant amounting to $222,967, of which $212,354 has been utilised for bereavement services. The amount disbursed to the Hospice is based on the Hospice's quarterly submission of the Hospice's forecast cost for bereavement services in Singapore.

12 MOTOR VEHICLE FUND

	2010	2009
	$	$
The fund is represented by:		
Non-current asset		
Motor vehicles	4,137	24,119
Current asset		
Cash and cash equivalents	–	2,012
	4,137	26,131

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 $2,012 (2009: $16,082).

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

13 PAEDIATRIC PALLIATIVE CARE PROGRAMME

	2010	2009
	$	$
The fund is represented by:		
Current asset		
Cash and cash equivalents	633,587	633,587

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.

In 2009, the Hospice has utilised the fund mainly for the services of a paediatric staff nurse, courses and seminars on paediatric palliative care amounting to $65,356.

14 PATIENT ASSISTANCE FUND

	2010	2009
	$	$
The fund is represented by:		
Current asset		
Cash and cash equivalents	12,734	–

The Patient Assistance Fund was set up during the year to assist lower income needy patients and their families with immediate needs such as, transportation including ambulance, food and milk feeds, consumables and any other needs as deemed necessary.

During the year, the Hospice has utilised the fund to help the needy patients amounting to $7,599.

15 TRADE AND OTHER PAYABLES

	2010	2009
	$	$
Government subvention received in advance	116,551	–
Amount due to Mount Alvernia Hospital	420,620	412,630
Patients' deposits	400	850
Trade payables	47,799	72,233
Accrued operating expenses	606,297	283,630
Liabilities at amortised cost	1,191,667	769,343
Deferred donation income	100,000	104,000
	1,291,667	873,343

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.

16 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 18).

17 OTHER INCOMING RESOURCES

	2010	2009
	$	$
Interest income from time deposits	119,602	145,254
Jobs credit grant	30,016	160,380
Loss on disposal of property, plant and equipment	(2,568)	(50)
	147,050	305,584

18 NET INCOMING/(OUTGOING) RESOURCES

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

	2010	2009
	$	$
Supplies and consumables	179,210	165,217
Depreciation of property, plant and equipment	179,016	185,024
Repairs and maintenance	65,766	57,284
Mount Alvernia Hospital's support costs to the Hospice (a)	588,000	428,896
Agency manpower services	576,964	289,712
Utilities	120,140	100,406
Staff costs	3,482,303	3,247,638
Contributions to defined contribution plan, included in staff costs	292,142	292,197
Impairment charge on receivables	104,248	–

(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 2010.

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.

Tax deductible donations received amounted to $4,317,605 (2009: $4,077,528) for the year ended 31 December 2010.

19 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.

20 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 the reporting 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.

The total contractual undiscounted cash flows of the Hospice's non-derivative financial liabilities are the same as its carrying amounts and are repayable within one year.

Interest rate risk

The Hospice's exposure to changes in interest rates relates primarily to interest-earning financial assets (comprising mainly time deposits placed with financial institutions). 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

The Hospice has no variable rate financial assets. Accordingly, no sensitivity analysis was presented.

Foreign currency risk

The financial assets and liabilities of the Hospice are primarily denominated in Singapore dollars. At the reporting 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.

21 RELATED PARTIES

Key management personnel compensation

As defined in FRS 24 Related Party Disclosures, key management personnel of the Hospice are those having authority and responsibility for planning, directing and controlling the activities of the Hospice. The Board of Directors and management team are considered key management personnel of the Hospice.

Key management personnel compensation comprised:

	2010	2009
	$	$
Short-term employee benefits	381,761	333,423

Number of key management in remuneration bands:

	2010	2009
$100,000 to $150,000	2	2
	2	2

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:

	2010	2009
	$	$
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	340,524	327,087

ASSISI
HOSPICE

The logo is made up of Mary and Child symbol and modern text lock up. Mary graciously offers her Son to the world. She is not keeping him to herself in a tender embrace.

The Christ-child in his turn - inseparable from his mother- has his arms outstretched to reach out and to welcome all peoples. It is a missionary attitude the FMDM Sisters have chosen to imitate and supports Assisi Hospice's mission.

The Assisi Green connotes "life" and the respect for it. The Brown is similar to the FMDM shade of brown. Together the 2 colours form the core identity of Assisi Hospice.

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)

ASSISI HOSPICE

Caring for Life

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