



ASSISI
HOSPICE
Caring for Life



ANNUAL
REPORT 2012

Caring for Life
43^{years}

FRANCISCAN VALUES

Assisi Hospice, established in 1969 by the Franciscan Missionaries of the Divine Motherhood Sisters, dedicates her work to caring for the sick, the dying and the poor. Our guiding principles in living our mission of care takes root in the Franciscan values as lived by our Patron Saint, St Francis of Assisi.

Francis was born the son of a wealthy merchant, but he gave up his life of comfort to follow God's calling to lead a life of brotherly love and peace, caring for the poor, the sick and the marginalised. He was a lover of nature and revered all forms of life as God's creation.

At Assisi Hospice we strive to emulate the example set by our Patron Saint in serving all who are in need of our care, with humility and joy, treating everyone with respect and compassion.

We care not only for our patients, but also their families, to provide support in their physical, emotional, psychosocial and spiritual needs. We welcome people of all faiths, age, race and financial position. No one will ever be denied of our care because of who they are or what they can afford.

The life and teachings of St Francis have much relevance to us at Assisi, as we come face-to-face with a multitude of people from all walks of life, who are in need of our support and care.

May we continue to serve this mission in the spirit of St Francis as we live out his prayer:

The Prayer of Saint Francis

*"O Lord, make me an instrument of Thy Peace.
Where there is hatred, let me sow love
Where there is injury, pardon
Where there is discord, harmony
Where there is doubt, faith
Where there is despair, hope
Where there is darkness, light, and
Where there is sorrow, joy.
Oh Divine Master, grant that I may not so much seek
to be consoled as to console
to be understood as to understand
to be loved as to love.
For it is in giving that we receive
It is in pardoning that we are pardoned,
and it is in dying that we are born to Eternal Life."*



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Assisi Hospice

Unique Entity No.:
201208993Z

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820 Thomson Road, Singapore 574623

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Our Patron

Ms Ho Ching

Our Vision

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

Our Mission

The Assisi Hospice is a Catholic Charity
providing 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.



MESSAGE FROM THE CHAIRMAN

Living till the very last

Despite a greying population, the issue of palliative care remains a difficult topic, especially in an Asian culture. The subject of death is seldom talked about but one that we must all face more than once in our life, because dying is not only at the end of our own journey, we also face death with our family and friends in their life journeys. If we do not come to terms with it, death would seem daunting; a last battle that can be fraught with fear and unimaginable pain. But if we accept it as a natural part of life, then we can move on and it is possible to take positive steps to alleviate the pain, make peace and plans that lead to fewer regrets.

The new Assisi Hospice has been a movement of faith, founded on love and firm belief that end-of-life care is not futile. Convicted that it is possible to bring much-needed help and professional service to the community, the Assisi Hospice Philosophy of Care was crystallised during the year of planning. The new and bigger hospice will be significant in two regards – one, it

will be purpose-built with medical facilities and specialised wards for patients; two, it will be a living space where life is lived to the fullest possible. At the end of one's life, most desire only the simple pleasures of life - the company of loved ones, open spaces and nature to uplift spirits, to soothe and comfort. Turning our attention also to caregivers and bereaved families, much thought and effort will continue to be invested in our programming for holistic care. This is a paradigm shift from being just patient-focused to a wider, more inclusive family focus. It is a fresh vision that we move forward with, that will hopefully set new directions for hospice care in Singapore.

We are happy that A/Prof Premarani Kannusamy, having served on the Board for 5 years, has decided to dedicate herself in a full-time role as CEO at the end of 2012. Palliative care is largely nursing and tending to patients' needs. A/Prof Prema, with her years of experience in nursing and patient care, has come at the right time to help the hospice ramp up and build its service capacity and capability. The baton was passed on to her from Executive Director, Ms Irene Chan,

who left in November 2012, after 5 years of service that culminated in the kick-off for plans to re-develop the hospice. We thank Irene for her many contributions.

During the year, we also welcomed to our Board two new members. Mr Paul Lee, a member of the Audit Committee since April 2010, stepped up to be its Chairman. Mr Jeffrey Seah brings with him extensive experience in media and communications which will be assets in guiding the Hospice in our push for community engagement and public education.

Community support is one of the key enablers for us to live up to our Franciscan values. The generosity of individuals, foundations and corporations has enabled us to serve all regardless of race, religion or financial situation. Besides financial contributions, there are many ways to support the cause such as being a volunteer or an advocate. It is imperative that we come together as a community and not let those of us facing death or their families feel alone and forgotten. As a community, we must take care of each other. Truly therein lies the essence of joy in giving and caring for life.

“
**As a community,
we must take care
of each other.
Truly therein lies
the essence of
joy in giving and
caring for life.**
”

RONNY TAN
Chairman





Seizing the moment with an eye on the horizon

That is what we do every day at the hospice, and it makes us acutely aware of the value of life and appreciate the blessings of each moment.

Assisi Hospice is a place where patients come to live and often, their families and friends gather and spend quite a lot of time here as well. They simply wish to be able to make the best of whatever time they have left with each other. We are here to support them and seize each moment with them. How it all starts is with a conversation. Most people will shy away from speaking about what kind of death they want, but we

**A/PROF PREMARANI
KANNUSAMY**

Chief Executive Officer

encourage them to do so. Patients and families need to be able to talk and we facilitate the conversation when needed. Talk of desires does not lead to disappointments and loss of hope. Those only happen when things are left unsaid. Conversations bring about understanding and good closure.

We have been working hard on capacity-building to be ready for Year 2016, when the new Assisi Hospice will be ready. What we are building de-classifies hospices and makes it a separate segment on its own. It is not a hospital and it is not a nursing home. What is more, we need to clear the misconception and encourage the public to understand that end-of-life care is less about 'waiting for the last day' and more about 'living to the last day'. Adding to that, it is not only about caring for the patient, but caring for the family as well. In a nutshell, palliative care is really about living life to the fullest possible.

To stay relevant and responsive, we have to be a listening organisation for our patients and the community in order to understand and anticipate their needs. To this end, we have decided to offer specialised Palliative Dementia and Paediatric Wards in

our new Assisi Hospice. Given that these wards require purpose-built facilities and staff, coupled with the need to look into programme and operational workflow designs, these are tremendous challenges. With an aging population, however, a Palliative Dementia Ward is urgently needed and the sooner we start, the faster we will learn to meet growing demands in the future. Above that, through our experience of providing care for paediatric patients, we have observed that their parents and siblings spend extensive amounts of time in the hospice. As such, we need a dedicated Paediatric Ward to take care of their needs, which is also in keeping with our commitment to provide holistic care.

Many caregivers acknowledge that there are positive aspects of looking after others. However, a considerable proportion also experience poor psychological, social, financial, physical, and even spiritual well-being. Some will suffer very much from grief. Many family caregivers have unmet needs. That is why we have embarked on building a new hospice that breaks away from the tradition of being only patient-focused; we will widen our scope to include providing support for caregivers and bereaved families.

Our aspiration is to set the stage for the future of hospice care in Singapore. This will not be possible without the strong support of the community, which we are extremely grateful to have received throughout the years. This dependable source of strength, manifested in the form of generous donations and selfless volunteerism, has enabled us to sustain our mission of providing compassionate, personalised and quality palliative care to patients. With the imminent establishment of the new hospice and the additional expenses as a necessary part of the project, the donations received in 2012 were exceptionally timely. The importance of your continuous contributions, which can be life-transforming for patients, family members and caregivers, cannot be emphasised enough.

People live on in our memories. Together, we can make it possible for good memories to be formed even during the end of our days with our loved ones.

BOARD OF DIRECTORS



Mr Ronny Tan
Chairman



Ms Anita Fam
Deputy Chairman



Sr Barbara Pereira
FMDM



Sr Cyrilla M Baptist
FMDM



Dr Cynthia Goh



Mr Francis Heng



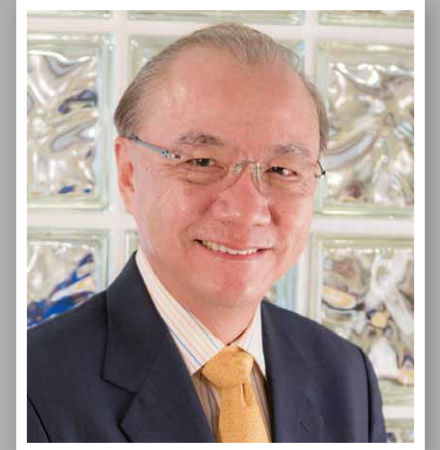
Mr Gerard Koh



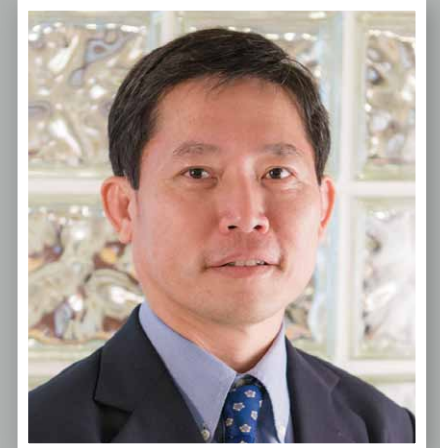
Mr Jeffrey Seah
(w.e.f. 15/8/12)



Mr Lau Beng Long



Mr Michael Tan



Mr Paul Lee
(w.e.f. 14/5/12)

GOVERNANCE REPORT

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 six Board committees, namely, the Nomination and Remuneration Committee

(NRC), Audit Committee (AC), Programme and Services Committee (PSC), Finance Committee (FC), Medical Advisory Committee (MAC) and Hospice Development Committee (HDC).

- 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 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.

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 five members, including the NRC Chairman.

- 5.2 The NRC recommends all appointments and re-appointments of the directors to the Board, Board Committees and Senior Management. All appointments and re-appointments to the Board are approved by the Congregational Leader and her Council.
- 5.3 The NRC reviews the composition of the Board and the Board Committees annually and 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 The NRC ensures the Board’s renewal by nominating changes to the Board composition, including the re-nomination of existing directors whose terms expire and where appropriate, to FMDM directly.

- 5.6 Frequency of meetings: as and when required, subject to at least once a year.

6. Audit Committee (AC)

- 6.1 The AC is chaired by Mr Paul Lee and comprises four members, including the AC Chairman.
- 6.2 The AC ensures that a review of the effectiveness of the organisation’s material internal controls, including financial and compliance controls, and that risk management is conducted periodically.
- 6.3 The AC ensures compliance with the Code of Governance for Charities and IPCs.
- 6.4 The AC meets with the external and internal auditors at least twice annually and reviews the independence of the external and internal auditors annually.
- 6.5 The annual audit of the Hospice’s financial accounts is carried out by an approved firm, KPMG.
- 6.6 The internal audit is performed by an approved firm, Deloitte & Touche.

6.7 Frequency of meetings: at least twice a year.

7. Finance Committee (FC)

7.1 The FC is chaired by Mr Michael Tan and comprises six members, including the FC Chairman.

7.2 The FC advises the Board on all financial matters. Specifically, the Committee reviews the annual budget before it is tabled to the Board. The FC will also carry out a mid-year review of the actual results.

7.3 The FC also ensures compliance with the Code of Governance with regard to financial matters.

7.4 The FC reviews and recommends suitable investment policies to the Board for endorsement before submitting them to the General Council in UK for approval.

7.5 Frequency of meetings: at least three times a year.

8. Programme and Services Committee (PSC)

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

8.2 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.

8.3 Frequency of meetings: at least four times a year.

9. Medical Advisory Committee (MAC)

9.1 The MAC is chaired by Dr Cynthia Goh and comprises four members, including the MAC Chairperson.

9.2 The MAC advises the Board on medical, nursing and allied health matters relating to the delivery of patient care and on the maintenance of good clinical governance.

9.3 The MAC reviews and approves policies and procedures to maintain a high level of patient care, as well as monitors and evaluates the quality and appropriateness of the care provided.

9.4 The MAC identifies and resolves problems that may have arisen in connection with the care provided and makes recommendations to improve the quality of care.

9.5 The MAC oversees the continuing professional education programmes of the staff.

9.6 Frequency of meetings: at least once every six months.

10. Hospice Development Committee (HDC)

10.1 The HDC is chaired by Mr Francis Heng and comprises eight members, including the HDC Chairperson.

10.2 The HDC establishes and oversees the development plan for the proposed new hospice to be sited next to the existing premises.

10.3 The HDC is responsible for the development of the new hospice into a holistic, operationally-efficient, patient- and family-centric and community-inclusive hospice.

10.4 The HDC reviews the architectural plans and designs, financial projections, project costs and approves major revisions to the development plan within the approved budget.

10.5 The HDC monitors the implementation progress of the proposed development

of the new hospice and makes necessary recommendations to the Board.

10.6 Frequency of meetings: at least once every three months.

11. Conflict of Interest

11.1 Board members operate under a conflict of interest disclosure process.

11.2 Annual conflict of interest disclosure statements are undertaken by all members.

12. Reserve Policy

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

13. Disclosure and Transparency

13.1 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.

13.2 Audited financial information is available at Assisi Hospice’s website, as required by the Commissioner of Charities.

Assisi Hospice Board Committees 2012

Nomination and Remuneration Committee

- Mr Ronny Tan (Chairman)
- Mr Lau Beng Long
- Sr Barbara Pereira
- Mr Francis Heng
- Mr Gerard Koh

Programme and Services Committee

- Ms Anita Fam (Chairperson)
- Dr Cynthia Goh
- Mr Lau Beng Long
- A/Prof Premarani K
- Dr Tan Yew Seng

Audit Committee

- Mr Paul Lee (Chairman)
- Mr Michael Tan
- Mr Ronny Tan
- Mrs Mimi Ho

Medical Advisory Committee

- Dr Cynthia Goh (Chairperson)
- Mrs Helen Yeo
- Dr Cosmas Chen
- Dr Wu Huei Yaw

Finance Committee

- Mr Michael Tan (Chairman)
- Mr Francis Heng
- Mr Joseph Wong
- Ms Catherine Loh
- Ms Maureen Ding
- Ms Kwok Wai Ling

Hospice Development Committee

- Mr Francis Heng (Chairman)
- Dr Chng Nai Wee
- Mr Edward D’Silva
- Mr Lau Beng Long
- Ms Ow Peck Har
- Mr Billy Wong
- Ms Mavis Seow
- Mr Hoong Bee Lok

The Board Members’ attendance at Board Meetings for the period January to December 2012 is shown below:

Name of Directors	Number of Board Meetings	Attendance
Mr Ronny Tan	4	3
Ms Anita Fam	4	4
Sr Barbara Pereira	4	4
Sr Cyrilla M Baptist	4	3
Dr Cynthia Goh	4	3
Mr Francis Heng	4	3
Mr Gerard Koh	4	4
Mr Jeffrey Seah (w.e.f. 15/8/12)	2	2
Mr Lau Beng Long	4	2
Mr Michael Tan	4	3
Mr Paul Lee (w.e.f. 14/5/12)	3	3
A/Prof Premarani K (till 30/10/12)	3	2



REPORT FROM THE MEDICAL DIRECTOR

The year 2012 may probably be well remembered as a year of challenges that culminated in significant breakthroughs.

Expectedly, there was no let-up in the demand for inpatient, day care and home care services. The inpatient service recorded a 4% increase in occupancy in 2012, even though there was a spell when some of the wards had to be partially closed because of its proximity to the construction site at the Mount Alvernia Hospital campus. However, it was notable that the total number of admissions to the inpatient service was somewhat lower than in 2011. This was probably contributed by an increased length of stay among some of our patients. Notwithstanding, most of the patients continued to have fleeting passages in the hospice, with 50% of all inpatients discharged within 15 days of admission and 95% discharged within 3 months. More significantly, the fact that more than a hundred approved referrals had to be withdrawn while waiting for

inpatient beds further reinforced the hospice's decision to expand.

Day care activity experienced a 15% increase in services, with better transport planning, as well as better space utilisation. We are also very pleased to announce the arrival of the new Palliative Rehabilitation Manager, Mr Akhtar Muneem, who joined us in September 2012. Akhtar was the head of rehabilitation at the medical college in Kashmir, India, and has spent the last 16 years providing specialised care in helping patients achieve a better quality in life, which is the aim of our care for all our patients here.

Home care service was initially affected by significant staff constraints, which led to fewer admissions in 2012. However, the smaller team still persevered and actually made 9% more visits to serve patients in 2012. We are certainly fortunate to have a dedicated group of core staff, who were ready to put in the extra hours to help see us through the leaner times.

In reflecting on the challenges faced by the hospice, I am inexorably reminded of the parallels in the experiences of our patients and their families. A common theme that is

unmistakable in both situations is that of change and dealing with change. The hospice patients and their families often experience immense changes in their lives; they may be faced with deteriorating physical conditions, emotional upheavals, re-calibration of their hopes and aspirations, altered relationships and roles, and even changes to their sense of self and the way they think the world works. Finally, comes the inevitable transition from life into death. Such changes, as patients and families can readily attest, are often uncomfortable, if not distressing.

However, it is not uncommon to observe that those who can take change in their stride and find new meaning in its midst, they do not just cope better, but they may indeed find the capacity to embrace the vicissitudes of change with peace and equanimity. On the other hand, patients who defiantly protect their "sameness", who fight against change, either disavowing its need, challenging it or avoiding it, may finally be overrun by bitterness and pointlessness until the inevitable takes over.

In a similar way, the time has come for the hospice to remake itself to provide even better care for even more patients and their families.

We are now at the final stages of planning for the new hospice. Since the end of 2012, staff recruitment has taken on a new pace. The new and diverse staff population will herald new relationships and new ways of working and management. New training plans and initiatives are firmed up, especially in the areas of communications, palliative rehabilitation and nursing to enhance these critical areas of care. Once again, these are times of incredible changes that challenge our world views, aspirations and incumbent roles. It is, however, heartening that the changes in the hospice have remained firmly grounded in the service of patients and families; rather than any individual's needs for sameness or difference, personal morality or spirituality, or by some preconceived notion of advancement. Such a beacon had been instrumental in helping us stay our course, through doubt and disparage.

And as the dust finally settles and the hospice finds its new ground, we may eventually recognise 2012 as a critical turning point in the development of the hospice.

DR TAN YEW SENG
Medical Director



PATIENT STORY: Mr Roland Ang

“United for Love”...that just about sums up the relationship of Mr and Mrs Ang and the staff members at Assisi Hospice. Whether Inpatient, Home Care or the Day Centre, everyone was touched by the couple, who were Uncle Roland and Auntie Eunice to all. Uncle Roland passed away on July 2012 but fond memories are still cherished.

Dr Naing and Senior Staff Nurse Christine from the Home Care team supported and took care of Uncle Roland and Auntie Eunice for more than a year. Through counselling, his initial desires to end his life changed to that of a quest for an engaged life, despite his illness. The once-active Uncle Roland was breathless and missed being outdoors. But he was lucid and alert.

It was comforting for Auntie Eunice to know that help was available 24-hours if needed (although she would never want to disturb anyone unless it was an absolute emergency). It was good to be able to get medical help without needing to always take Uncle Roland to the hospital. Home Care Nurse Christine, used to make Uncle Roland laugh a lot. Both she and Dr Naing would also chat with Auntie Eunice and assure her of their support and friendship. They would often encourage Uncle Roland to go to the Day Centre

– but for many months they were unheeded. Finally, it was Uncle Roland’s love for the outdoors, being active and independent, wanting the chance to get out of the house that made him agree to go to the Day Centre.

When Uncle Roland started coming to the Day Centre twice a week, it was a relief for Auntie Eunice. It enabled her to have some breathing space to run her errands – like grocery shopping and buying food that Uncle Roland liked to eat. She was never able to leave him alone at home because she continued to worry about his frame of mind, his forgetfulness, or what he was to do should he become confused when he was home alone. Knowing he was cared for at Day Care gave her peace of mind to take a breather; for a change she was able to do what she liked to do. On days when Uncle Roland was too ill, he would be warded as an inpatient so that he could be given 24-hour care. Again, that was a relief for Auntie Eunice because she was always confident that he would be well taken care of.

Overall, it was helpful to Auntie Eunice that Assisi Hospice had the 3 services of Home Care, Day Care & Inpatient Care that could support Uncle Roland’s care needs at the different stages of his illness. As a

main caregiver, Auntie Eunice feels that she learned a lot from the doctors and nurses who took the trouble to answer all her questions and explain Uncle Roland’s conditions to her.

“I don’t know what I would have done without the help from the Assisi team. I am really very grateful for all the support Roland and I have received. The doctors and nurses are all very dedicated to caring for the patients.”

“
I have learned
more about how
to give and take.
I have learned
a different
perspective of life
and I am no longer
afraid of death.

Mrs Eunice Ang

”



INPATIENT CARE

Assisi Hospice continues to provide 24-hour care at the hospice for patients who are unable to be cared for at home. Here at the hospice, doctors, nurses, social workers and pastoral care counsellors provide palliative care that encompasses the management of medical symptoms plus support for the emotional and spiritual self.

Our aim for every patient who comes through our door is firstly to make them physically as comfortable as possible, managing the pain and symptoms that come with their illness. When we can alleviate their suffering, we can better support their emotional and spiritual realms, to improve their quality of life and give them a peaceful end to life's journey.

We know we have achieved the purpose of our work when families take the time to express their gratitude for the care received. The family members of the late Maria Tan had several written messages in a thank you card for the hospice team, which include:

“Your dedication has been most impressive. You have touched all our hearts and no words can express our gratitude and appreciation. God Bless.”

“Nurses are unsung heroes, God-sent angels. Thank you for your great care, support and encouragement.”

“Many thanks to the wonderful doctors and nurses who took care of granny. Assisi Hospice is indeed a place where every day is precious and beautiful for granny and us! Thank you!”



“We would like to express our heartfelt thanks and appreciation to all the doctors, nurses, medical social workers, clinical pastoral care, physiotherapists, volunteers and all the staff. We are truly grateful and thankful to all of you for taking care of Justin.”

Parents of Justin

It is indeed our privilege to have been able to care for and journey with our patients and their families during this very trying and private time in their lives. We are humbled to have been called to serve in this mission of care.

PATIENT STORY:

Mr Manogaran s/o Sannasi

Mr Manogaran s/o Sannasi, Mano as he is affectionately addressed, was admitted to Day Care in March 2012. Having undergone surgery for his cancer, Mano was weak and his muscles were deconditioned, resulting in a tendency to fall. He needed assistance with activities of daily living, making it necessary for him to come to the Day Centre.

Initially upset and worried about passing on and leaving his wife behind, Mano was often in low spirits and he was both tired and weak from his medical condition. Communication was difficult because he could not speak and that left him feeling even more depressed and unwilling to engage with others. However, the staff members were determined right from the beginning, and today, Mano is willing to engage, using sign language and writing to communicate. He constantly tells stories about himself and his life experiences through writing. He enjoys his time at the Day Centre and feels lonely when he goes home. A Catholic, Mano finds peace in the hospice chapel. He attributes his strength and positive attitude to his faith in God.

Mano thinks it is good to have the 2-way transport to and from Assisi

Hospice. At the Day Centre, Mano undergoes physiotherapy that has improved his mobility significantly and enabled him to overcome his struggles with his daily activities. He enjoys the social interaction with the other patients and activities such as games and craft work. Mano especially enjoys the outings organised for patients at the hospice.

Today, Mano is fairly independent and able to carry out every day functions without assistance. He is able to walk unassisted and is even able to swallow liquids and eat soft food. He has no sense of taste or smell, but he is still really happy to be off the Nasogastric (NG) tube feeding. At the Hospice, even the smallest mercies of life are not taken for granted and the staff celebrates with each individual person in their care.

Mano is also grateful for the financial help that the hospice has provided by waiving his charges at the Day Centre and heavily subsidising his Inpatient care on the occasions when he had to be warded. Assisi Hospice has helped to bring back dignity and joy in living, as well as a desire to move forward.

“
I am very happy
to be here at
Assisi. So many
people care and
look after me here
– doctors, nurses,
physiotherapy
team, medical
social workers,
volunteers, etc.
If I don't come
to Day Care, staff
will call to ask
if I am ok.
”



DAY CARE

Our Day Care has a planned programme of activities designed to promote well-being through social and health-related services in a safe, supportive and cheerful environment. The Day Centre's goals are focused on enriching the participants' lives, building upon their skills, knowledge, unique abilities and strengths.

Our interdisciplinary rehabilitation team provides a safe, therapeutic and confidential environment for the patients. Each plan of treatment is individualised and based on each person's overall prognosis, potential to regain function, desire and motivation to participate in the programme. Patients have provided feedback that their ability and motivation increased through the positiveness they feel in Day Care. Lifestyle changes, support from the different health-care professionals, opportunities to socialise and have conversations, the removal of time constraints and the caring atmosphere all contribute to their ability to accomplish more.





Each Day Care patient has the opportunity to take part in a wide variety of creative activities. With the help of our dedicated staff and volunteers, many patients who say they have no creative or art abilities have found new skills they didn't know they had. Artworks produced are put up and many are proud to see their pieces displayed for all to see. This complementary therapy aids relaxation, eases stress, tension, pain, depression and anxiety.

A Wii Gaming System has been put in place to help with patient physical therapy exercises. The controls used in playing Wii games are similar to many physical therapy movements and the gaming aspect helps to direct the patient's attention away from the challenges that come with therapy. The Wii improves muscle strength and also lets one engage in activities that help with balance and coordination. A wonderfully fun way to work out.

Outings

Our patients also enjoyed several outings during the year. Among them was a day out on 17 August to Gardens by the Bay. This brought some relief to our patients as they enjoyed the opportunity to visit a new Singapore attraction. Another outing was to the Marina Barrage on 7 December through the kindness of our sponsors. Beyond viewing the dam and water reservoir, our sponsors had planned a full programme of lunch, games, singing and dancing, which our patients enjoyed to their fullest. Other than just bringing the patients out, such trips are opportunities for family and our volunteers to mingle and interact. The smiles on the faces of our patients said it all.



PATIENT STORY: Mr Toh Bok Swee

Mr Toh stands out from the crowd. This is not because of his physique – Mr Toh was gauntly thin, frail and suffering from breathlessness when he first came to the Day Centre. It is his fortitude that never fails to shine forth.

Straightforward and pragmatic, Mr Toh lives with a caring son at home, “My son needs to go out to work, and so the Day Centre is where I spend time..... grateful for such a place.” Compassionate care and respect is what Mr Toh appreciates at the hospice. The team reviews him closely while he continues his treatment at the National Cancer Centre. And Mr Toh moves about with dignity, helping out where he can – bringing in the newspapers for the other patients, helping to pack goodie bags donated by generous donors. He even has a little gardening plot filled not only with luscious greens and flowers, but also with the best herbs for use in cooking by the hospice. It all started because he saw that the hospice did not have good Pandan leaves to make dessert. He wanted to give the best to the hospice and the people. The ever social Mr Toh is an inspiration to others.

Overcoming pain and challenges that would have left most depressed and afraid, Mr Toh forced himself to eat food and he was stoic in his discipline to carry out whatever physiotherapy that was given to him. He worked very hard at getting better. Nowadays, you can see him enjoying the activities and even dancing whenever there are performances or events by volunteers. The way he sees it, if the staff are putting in so much effort and volunteers take their time to come, the least one should do is to appreciate them. So his philosophy is to abandon self-consciousness and just let go to show enjoyment. When asked if he had always enjoyed dancing and group activities, Mr Toh will give you an emphatic “no”, but he would also grin and add,

“All the activities are designed to help us get better. But most people are too shy or just simply being sad. If just one person would stand up and show he’s having a good time, the others would follow. So why not let that person be me? Just do it. It always works out best for every one.”

“
I’ve got a garden
in the Hospice...
Time flies here at
the hospice.
”





HOME CARE

Some patients prefer to be cared for at home and their families make the choice with them to enable them to stay at home. They need a strong network of support services to help them cope by providing them with appropriate information, medical attention, home care training and guidance, even psychosocial support. Together with our doctors and nurses who are available round-the-clock, our dedicated multi-disciplinary team of physiotherapists, medical social workers and clinical pastoral care counsellors are on hand to provide the necessary support to patients and families in their caregiving role.

“We would like to express our gratitude and thanks to the Assisi team. The team provided highly professional support and delivered with

much warmth and humanity care to my father”.

Mr Joseph Toh's son,
Bernard Toh

“You addressed the patient and family concerns

with sensitivity and kindness. All these brought to us much peace of mind and comfort during this tiring period”.

Dily, daughter-in-law of
Mr Lee Hee Seng



Mr Tan Kuan San getting a check-up

“We are indebted to the gentle and kind work you do for your patients and their family”.

Family of Maria Theresa

“My wife had received very attentive care and treatments from the Assisi team. You all gave her confidence and calm - without your care and concern, we might not have been able to cope”.

Chew Han Luan,
husband of Mdm Margareta

Mr Johari Bin Talip reviewing his medications



Mdm Yap Gah Choo being advised by the medical team

PSYCHOSOCIAL SUPPORT

The Psychosocial Support team at Assisi Hospice plays a significant role in the lives of our patients and their families by providing psychosocial and emotional support to those in our care. They actively assess the needs of our patients and families, and work towards ensuring that adequate support is provided within the community, be it for their financial, social or emotional needs.

The team also engages the family in meetings, together with the doctor, to discuss matters relating to the patient's medical condition, expected stages of deterioration and risks so that informed decision can be made on appropriate medical interventions.

The work of our Medical Social Workers and Counsellors centres on helping patients come to terms with their illness and supporting families cope with the impending loss of a loved one. They form close relationships with the patients and journey with them during this trying time to support end-of-life issues and aim to fulfil any final wishes as well as desires that can help bring more peace and meaning to their lives.

The team has facilitated legacy-building projects, sometimes working with volunteers to create

videos, photographs and journals for patients who want to leave these precious memories to their family and friends, to celebrate the life they had together in love and laughter. They also help patients who want to create their 'emotional will' to journal personal messages to their loved ones.

There were also times when patients had called on the psychosocial team to help facilitate the communication between them and a family member, with whom they have strained relations, so that they could rebuild the ties that have been broken and bring for them that much-needed peace we all hope to close our lives with.

Often, the one most significant important area of support that we can give to our patients is to truly open our eyes and our ears to hear their needs – the spoken and the unspoken. If we are able to understand their inner-most thoughts, feelings and desires, it will enable us to provide and bring the much-needed comfort during their end-of-life care. Together with a multi-disciplinary team of caregivers, this is what we strive to give to all our patients and their families.



CLINICAL PASTORAL CARE

Spiritual support during the challenging moments of terminal illness has been the forte of the Clinical Pastoral Care (CPC) department. Regardless of religious faith belief, the CPC counsellor reaches out to the terminally-ill patients and their loved ones who are trying to make meaning out of their experiences at that time.

Through the course of the year, CPC has grown in strength and scope as we continue to work in tandem with our other care disciplines to provide the holistic support for patients and their families.

At the end of one's life, nothing remains to be more important than having a friend and a companion on the journey, to bounce off thoughts and emotions, as well as to share the many feelings that cross the human spirit. Indeed, this has been the experience of the CPC department this year.

“Everyone is like a friend and Assisi Hospice environment is one of the most conducive for a terminally-ill patient and his family. The Clinical Pastoral Care Department has been professional and dedicated. Even after Philip had passed on, William continued to reach out at the funeral service to our family. We have felt him more as a friend than as a pastoral staff of Assisi Hospice.”

Family of the late Philip Liew



“On behalf of Jeremiah, I would like to thank each and everyone; the doctors, nurses, sisters, management staff, CPC staff, social workers and all in the Day Care for their love, understanding and patience. Without the love shown by each of you, it would not have been such a beautiful and peaceful farewell. CPC has helped Jeremiah very much on his faith journey. I am grateful to have met the team who has given to Jeremiah and myself so much support, care and love through those trying times.”

Susan Lim, Spouse of the late Jeremiah Chian

PROJECT REBUILD

“Project REBUILD”, a 3-year collaborative effort between Assisi Hospice and the Lien Centre for Palliative Care, started in 2009 and was completed in 2012. It is a first attempt to bring together education, clinical services and research for bereavement care in Singapore. REBUILD is an acronym that stands for Rally and Empower the Bereaved to Unite In Loss after Death and is created to represent the vision of the project.

2012 marked the end of the pilot phase of Project REBUILD which, over 3 years, focused on recruitment of trainers, curriculum development and training of the trainers to increase the capacity and capability of local helping professionals to support people in grief and bereavement.

Completion of the pilot phase also meant that Singapore now has a set of curriculum and training materials on grief and bereavement that is developed locally and tailored to the needs of the helping professionals who support bereaved individuals in Singapore. This was presented in the Singapore Palliative Care Conference 2012 titled “Walking

the corridors of uncertainty: Managing grief and bereavement”.

38 helping professionals from restructured hospitals, intermediate and long-term care institutions and voluntary welfare organisations completed the 1-year training programme for Project REBUILD. They found that the programme significantly improved their knowledge and skills, and it built their confidence and ability to manage and support bereaved individuals.

To mark the end of Project REBUILD, a group of the participants who benefited from the training programme came together to organise the 3rd Project REBUILD educational forum. For the first time, a Chinese public forum was added and this was in response to past requests from the first two educational forums. Having the beneficiaries of the training programme share their knowledge was another step closer towards the realisation of the vision of the project that is to build a community safety net for all bereaved individuals in Singapore.

Given the encouraging achievements from the pilot phase of the project, Assisi Hospice will be consolidating the body of work with plans to re-launch the Project REBUILD training programme and the annual educational forums.



“One of the interesting points of the program was the opportunity to learn how to be a good bereavement worker. We were asked to get in touch with our own loses and there were a lot of experiential exercises to help us look within ourselves to find out how we feel about our own deaths.”

Participant from an intermediate and long-term care institution

“Overall the whole course was really good, I think there is a fine balance between video shows, handouts, resources, and even the different lecturers...very good, I enjoyed the course.”

Participant from a voluntary welfare organisation

“I got more than expected. My team in the hospital is trying to improve our skills and assessment. When we get the readings, we will be discussing them after we have read them, like what we are going to do, are we going to come up with our framework for our own hospital and things like that...I think it was very fruitful for us.”

Participant from a re-structured hospital

Rally and Empower the Bereaved to Unite In Loss after Death

FUNDRAISING

To support the building and development of the new Assisi Hospice, appeals were made to existing donors and efforts vested to reach out to new donors. We were very blessed as donors responded fervently and total donations amounted to \$7.89m in 2012 (Donations in 2011: \$5.2m).

We continued to be prudent in our spending and achieved low overall cost/income ratio of 5.9 for our 3 major fundraising events.

We are humbled by the commitment and generosity of our sponsors, donors and volunteers. An indomitable force, their staunch support has enabled us to achieve all our targets, helped us keep costs low and made fundraising at Assisi Hospice successful and fun.

Charity Fun Day - Sunday, 17 June 2012

The event went off to a roaring start with the thundering of Harley Davidsons up SJI International's driveway to usher in the Guest-of-Honour, Acting Minister for Community Development Youth and Sports, Mr Chan Chun Sing, and our Patron, Ms Ho Ching. Our affable VIPs walked the entire grounds, met the crowd and gamely posed for photos with those who came to

General donations	\$2,587,000
Fundraising activities by Assisi Hospice	\$3,094,000
Donation to New Hospice Development	\$1,510,000
Fundraising activities by supporters	\$ 702,000
Total	\$7,893,000

		Amount Raised	Expenses	Cost/Income Ratio
1	Charity Fun Day – 17 Jun 2012	\$888,352	\$67,263	7.6
2	Charity Dinner – 04 Nov 2012	\$991,029	\$50,243	5.1
3	Christmas Light Up – 30 Nov 2012	\$533,030	\$24,215	4.5
	Total	\$2,412,411	\$141,721	5.9

enjoy the funfair. A big 'Thank you' to Minister Chan and our Patron for being such good sports!

An event of such a large scale could not have taken place so smoothly without the help of both our corporate and individual sponsors, as well as our hardworking donors and volunteers who spared no effort to ensure the seamless running of the event. For many, it was a long 4-month journey to Charity Fun Day, with planning which started as early as February.

We are happy to report increased volunteer support from:

Schools

- a) Students of our venue sponsor, SJI International, helped provide logistical support, in addition to organising a game stall.
- b) Anglo-Chinese Junior College students, fresh from their successful Fun-O-Rama, had recycled many of their fun games to add to the merry-making.
- c) Young ladies of St Anthony's Convent showed us that there was nothing too difficult for them to



do. From helping to carry tables and chairs, to fixing banners and posters 8-feet high perched atop ladders, they made their helpful presence felt everywhere.

- d) Hwa Chong and Raffles Institution students helped with the sale of tickets at sponsored sites.
- e) Nanyang Primary School students showcased their newly-acquired balloon sculpturing expertise, which they learnt for their own funfair, putting the skill to good use.

New Corporate Sponsors and Donors

New corporate sponsors came forward and added new dimension to our funfair. Their staff members offered logistical support and provided much needed relief to our other volunteer stallholders, as well as assisted with funfair ticket sales.

Amid the good food and festivity, the mood of the event was set by the People's Association with their Chingay Parade characters, as well as the People's Association dance/exercise item led by their Chief Executive Officer, Mr Yam Ah Mee.



The elation of funfair patrons and our regular stallholders meeting again after a year was indescribable – they screamed, hugged and exchanged warm greetings. This convivial spirit of the reunion joy is what we look forward to experiencing every year.

Charity Dinner – Sunday, 4 November 2012

Assisi Hospice was blessed to have the continued support of the Pan Pacific Hotel. Our Annual Charity Dinner 2012 was hosted by Pan Pacific Hotel's General Manager, Mr Scott Swank, and graced by the Minister for Education, Mr Heng Swee Keat. Our Patron, Ms Ho Ching, as well as the Archbishop of Singapore, His Grace Nicholas Chia, were among our distinguished guests. We were honoured to receive Minister Heng's commendation for our efforts to promote experiential learning and volunteerism in schools.

The light-hearted mood was set by the ever-affable Ms Irene Ang, who entertained our guests with her witty

banter. Being the gracious good sports that they were, our guests engaged in a friendly competition as they attempted to outbid each other during a very exciting auction. Another highlight of the evening was the fascinating illusion performance, which kept the audience enthralled.

Our guests enjoyed delectable food, paired with good wine from our faithful supporter, Vinum Fine Wines. Other donors/sponsors for the auction included Asmara Bali, Hour Glass, JP Capital Private Limited, our host, Pan Pacific Hotel, as well as Mr Michael Tan. We also thank local artists Ruth Chua, Suzanne Leong, Sathyapriya Subramaniam and Claire Wee for their contributions.

Christmas Light Up – 30 November 2012

The year-end festive celebration would not have been complete without our very own Christmas Light Up at our car park. Donors and sponsors supported the event wholeheartedly, knowing that for some of our patients, it would

be their last Christmas, so it was exceptionally meaningful.

Our Guest-of-Honour, Dr Lily Neo, and our special guest, Ms Annie Abraham, took on the microphone and entertained our patients with their rendition of popular songs.

The event brought plenty of joy to our patients, their families and our well-wishers. Many joined in the dance and gave our sponsor for the event, Sembcorp, high-fives for the specially-selected gifts and the mini fireworks display. Everyone was touched by the efforts and sacrifices made by the men and women in blue from Sembcorp Group. Their thumbs up for our sponsors said it all!

Other notable collaborations during the year included:

- **A staging of Cantonese opera** from Wuchuan City, China. Mrs Jeannie Tien's sponsorship helped raise \$218,305 from 2 nights of opera performed by a troupe specialising in Nan Pai opera art. Our donors contributed generously so that senior citizens from various parts of Singapore could

come to enjoy the performance. We thank the People's Association for helping to facilitate this.

- **Chef Tony of Marina Mandarin** and the donation of his cookbook 'To Be A Chef', for our fundraising. The demand for his cookbook was so high that it had to be sent for an additional print run. Encouraged by this, Chef Tony is looking at other areas to help Assisi Hospice in 2013.

- **An Evening of Classical Music** by Dr Aloysius Leong, together with his students from the Australian International School. We thank them, as well as the venue sponsor, the Church of the Risen Christ, Toa Payoh.

We would like to express our gratitude to our wonderful partners - City Developments Limited, CBM Private Limited, Sembcorp Industries Limited, St Joseph's Institution International, the Pan Pacific Group in Singapore, Tung Lok Group, YHS (Singapore) Private Limited, as well as the Singapore Totalisator Board. With their help,

we have come a long way.

Special appreciation also goes to:

- the golfing fraternity of Keppel Club, SICC and Tractors Singapore
- students from many schools and colleges for putting in countless hours helping at the hospice and at our events
- schools and their leaders who helped to fundraise (Anglo-Chinese Junior College, Catholic Junior College, Hwa Chong Institution, Raffles Institution and Temasek Junior College)
- our volunteers, who served in so many ways
- our very generous and supportive donors

As we plan for a new hospice, we know we will need many more new friends/sponsors/donors.

We need the continued support of the community and we hope that there will be more planned giving so as to sustain this meaningful work of enabling our patients and their families to live life to the fullest possible.

Please continue to pray and support our cause. We pray for you and your families to be blessed abundantly.

OUR VOLUNTEERS

To all our volunteers, a big Thank You and blessings to you.

Warm hands and hearts

Volunteers contribute many, many hours of their time and effort doing a myriad of things from serving meals, feeding patients, helping them in rehabilitation, sending patients for medical reviews, even cleaning up patients' homes which are bed-bug infested, to providing emotional support as befrienders.

The year 2012 saw an increase in adult and student volunteers. While adult volunteers come forward having been touched by the good work we do, students have been coming to serve and to learn more about palliative care. Some of these students are the best witnesses to explain the nature and meaning of volunteering at Assisi Hospice.

18-year-old student, Khoo Chun Yuet, started volunteering on 21 May 2011 and has been active since. In his own words, he said, "Hospice work has taught me many lessons

and greatly changed my perception of life. Since being involved, I have been challenged to communicate with patients afflicted with diseases such as late stage cancer and Alzheimer's disease. Through befriending these elderly patients, I have come to understand the lack of purpose and meaning that such patients can feel when terminally ill and further confined in a room with few people to talk to and virtually no form of entertainment other than the TV and books. Most of the patients feel depressed about their current condition and are sometimes difficult to relate because they are not in the mood

to talk or they do not wish to divulge their emotions to strangers like new volunteers. However, I can sense that deep down inside their hearts, they long for someone familiar to talk to and pour out their sorrows."

There are many ways to contribute, even if you do not have a lot of time to give. You can help by being a fundraiser or help out at events. Some of our supporters offer to organise events themselves. During the month of December, a total of eleven different groups came to provide cheer in the form of entertainment and also presented our patients with gifts and delicious food. Deloitte & Touche Risk Management Services sponsored and helped conduct an outing for our patients to Marina Barrage. We welcome more ideas and offers of help.



PROJECT NEXT DOOR

Affectionately named 'Project Next Door', the initial deliberation over the need for a new hospice with larger capacity started in 2008, after which the Ministry of Health (MOH) approached Assisi Hospice on the possibility of building it on the adjoining state-owned site vacated by the Society of Moral Charities (SOMC).

Upon receiving support from MOH, a task force was formed to work out the development proposal for the new hospice. The task force comprises members of the Board, staff and volunteers such as architects Ms Angela Tseng and Ms Yean Tan, Ms Chong Pik Wan from KKH, and Ms Ow Peck Har from SingHealth, who has also gone on to serve on the Hospice Development Committee. Detailed discussions and negotiations with MOH took place over the next 3 years.

The green light came on 14 December 2011, with an in-principle approval of the project and a capital grant. Events swiftly followed. The Building Fundraising Committee and Hospice Development Committee

were constituted as ad-hoc sub-committees of the Board. Tender for the Multi-Disciplinary Team of Consultants was conducted and a vigorous process to shortlist and select the final team was carried out. New Space Architects Private Limited was chosen to be the architect and lead consultant of the Multi-Disciplinary Team of Consultants.

The planned facilities include 5 adult inpatient wards, inclusive of a dementia-friendly ward, totalling 80 beds and 5 paediatric beds. Each ward will have 16 beds in single-, double- and quadruple-sharing rooms, all fitted with piped-in oxygen and vacuum suction systems. Because there is nothing like a good scrub and shower to refresh and uplift the spirits of a bed-bound person, the rooms will be equipped with bathrooms that can accommodate shower trollies.

The psychosocial needs of patients and their families will be attended to by trained therapists in special therapy rooms in the new Centre for Palliative Care Education and Therapy (CPET). To celebrate life,

patients will be encouraged to have meals together in the family dining rooms and even spend time together in the living areas and healing gardens. Activities like mahjong sessions, group rehabilitation, massages, karaoke and performances by volunteers will be organised for the more mobile inpatients and Day Care patients coming from their homes, at a much bigger Day Care Centre.

With plans to increase the number of Home Care teams from the current 2 to 5, space will be set aside to accommodate the expansion. As the amount of medication is expected to triple in volume, a pharmacy will also be set up.

An Ambulatory Treatment Unit will be provided for home-based patients who need interventions like blood transfusions and taps (drainage of body fluids using a catheter, etc).

The target date of completion is early 2016.

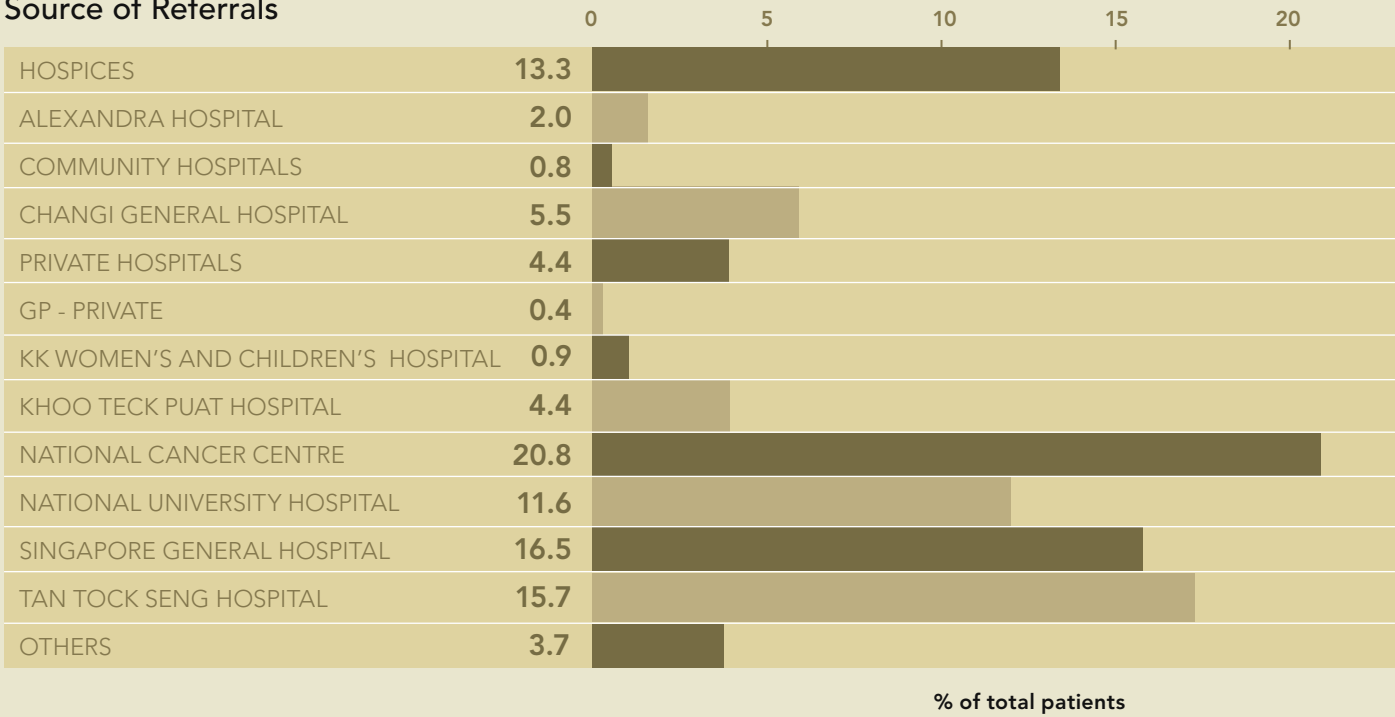


STATISTICS

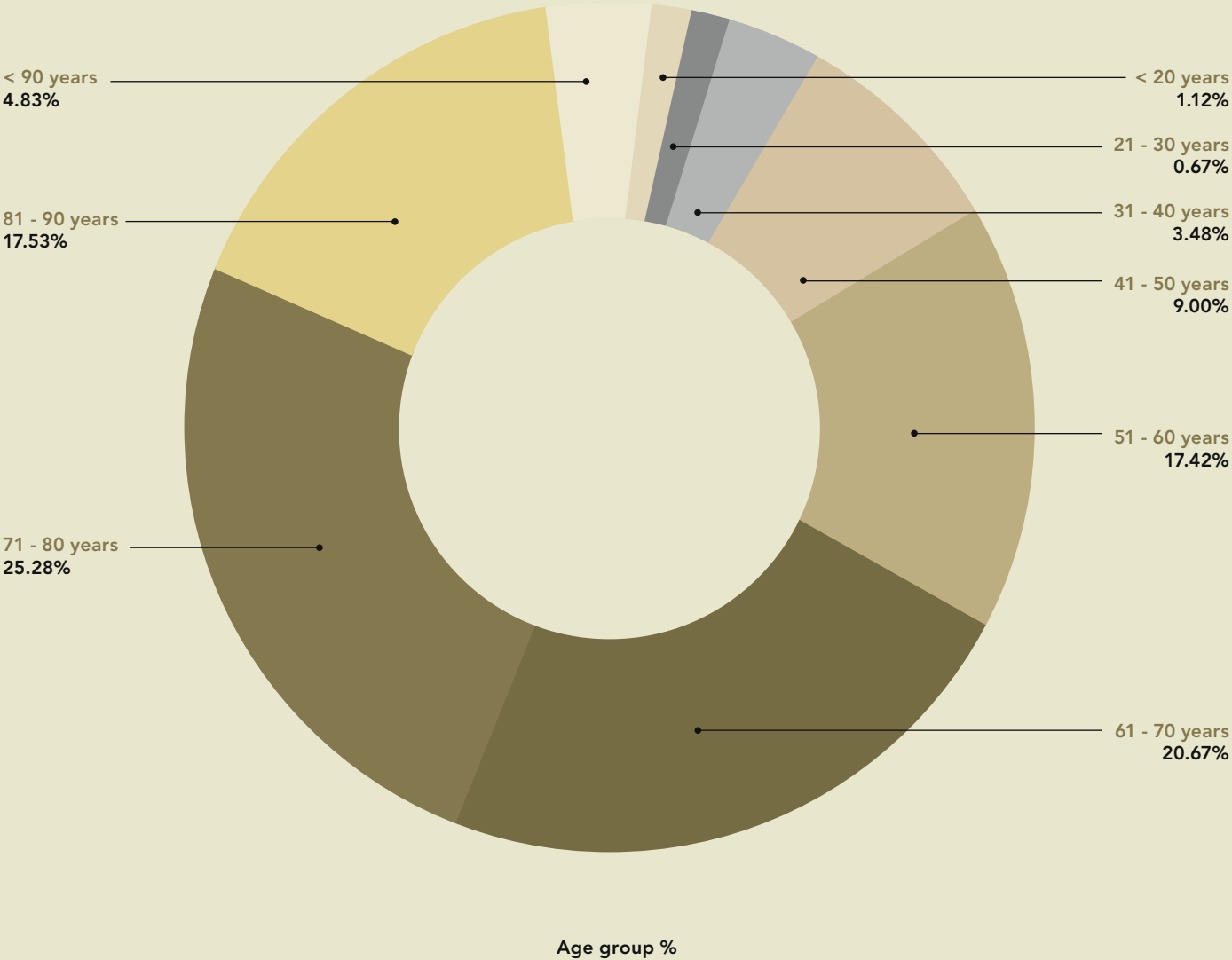
Number of patients served in 2012

	Inpatient Adults	Inpatient Children	Day Care Adults	Day Care Children	HomeCare Adults	Home Care Children	Sum Total
Patients Carried Forward From 2012	33	0	28	1	125	3	190
New Admissions	332	3	57	0	409	6	807
Re-Admissions	36	0	9	0	37	1	83
Total	401	3	94	1	571	10	1080

Source of Referrals

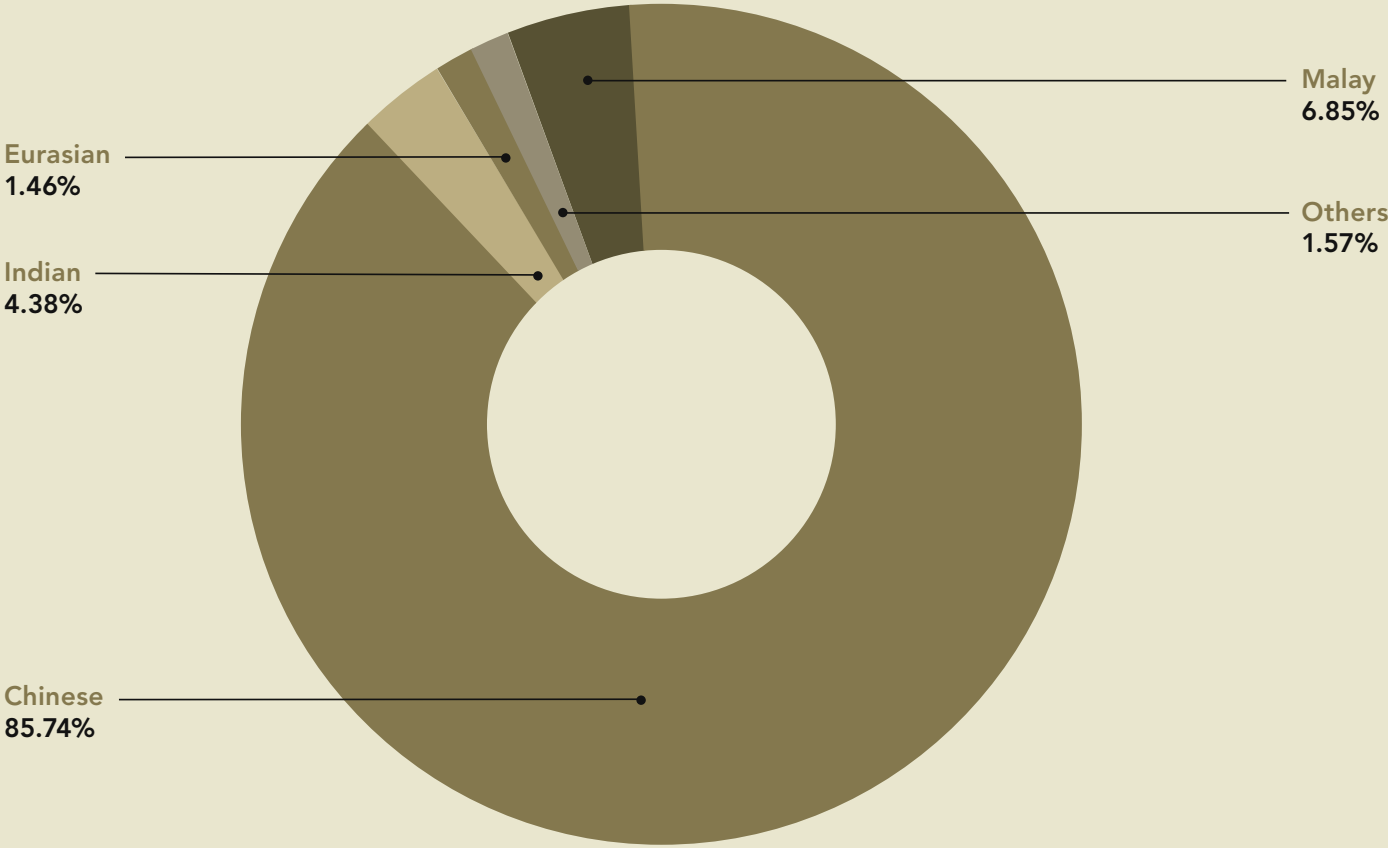


Age Profile of Patients

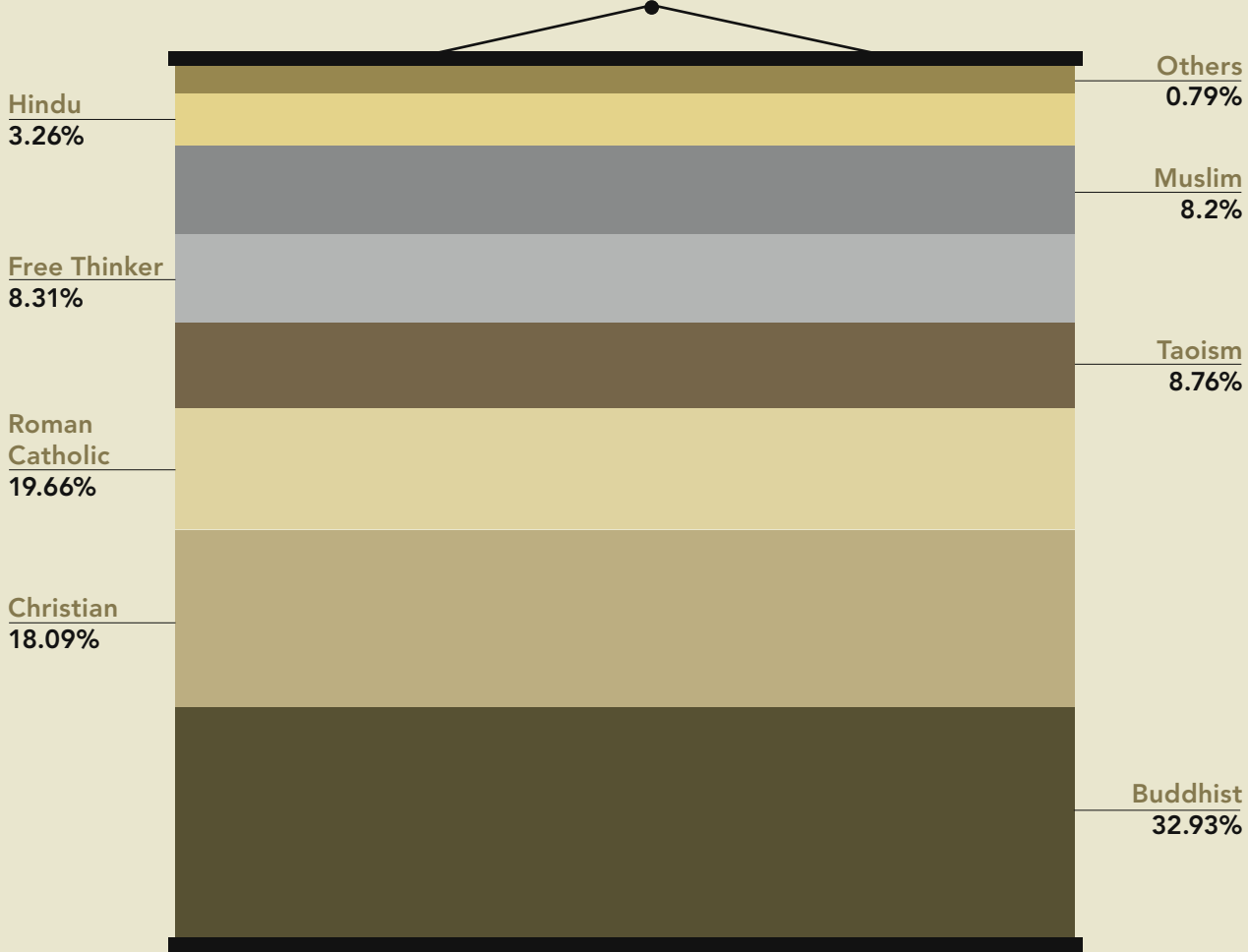


STATISTICS

Ethnic Groups of Patients



Religion of Patients





PROFORMA FINANCIAL REPORT

Report on the proforma financial statements

Assisi Hospice (the Company) is a charitable organisation registered in the Republic of Singapore and has its principal place of business at 820 Thomson Road, Singapore 574623.

The Company was incorporated under the Singapore Companies Act, Chapter 50 on 11 April 2012 as a company limited by guarantee. Prior to incorporation, Assisi Hospice was a segment of the Singapore operations of the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood in Malaya (FMDMM), a Roman Catholic Religious Order. The Company

commenced operations on 1 July 2012, when the assets and obligations, and business were transferred from the previous hospice, bearing the same name, at \$nil consideration after approval was obtained from the Ministry of Health. There were no activities between 11 April 2012 (date of incorporation) and 1 July 2012 (date of transfer of assets and obligations, and business).

The Hospice adopted the Singapore Charities Accounting Standards (CAS) for the financial period beginning 11 April 2012. Prior to that, the Hospice adopted the Singapore Financial Reporting Standards (SFRS).

The financial statements of the Hospice for the period 1 January 2012 to 30 June 2012

(pre incorporation as a company limited by guarantee) and 11 April 2012 to 31 December 2012 (post incorporation as a company limited by guarantee) respectively were audited and KPMG, the auditors, issued unqualified opinions for these financial statements.

The accompanying set of unaudited proforma financial statements, combining the results for the full year 2012 (pre incorporation and post incorporation), have been compiled by management from the audited financial statements for illustrative purposes only.

PROFORMA BALANCE SHEETS

	Note	31/12/2012	31/12/2011
		\$	\$
Non-current assets			
Property, plant and equipment		1,923,254	1,920,654
Investments	a.	8,868,598	-
		10,791,852	1,920,654
Current assets			
Investments	a.	508,150	-
Trade and other receivables		694,951	706,032
Cash at bank and in hand		4,626,598	2,314,737
Time deposits with financial institutions		15,694,937	21,532,164
		21,524,636	24,552,933
Total assets		32,316,488	26,473,587
Funds			
Restricted funds			
Community Silver Trust Fund		1,698,413	-
Development Fund		1,127,741	1,375,436
Medical Equipment Fund		74,994	41,444
Paediatric Palliative Care Programme		633,587	633,587
Patient Assistance Fund		19,882	30,836
Project Next Door Fund		1,738,700	232,900
Renovation Fund		10,725	5,431
Respectance Fund		218,882	225,000
Unrestricted funds			
Accumulated Fund		25,591,759	22,819,543
Staff Welfare Fund		225,768	-
Total funds		31,340,451	25,364,177
Current liability			
Trade and other payables		976,037	1,109,410
Total liability		976,037	1,109,410
Total funds and liability		32,316,488	26,473,587

Note a:

INVESTMENTS

Investments are recognised at cost, plus any directly attributable transaction cost, less any accumulated impairment losses. Investments comprise quoted bonds.

	31/12/2012
	\$
Non-current	
At 11 April 2012 (date of incorporation)	-
Additions	8,868,598
Carrying value at the end of the period	8,868,598
Current	
At 11 April 2012 (date of incorporation)	-
Additions	508,150
Carrying value at the end of the period	508,150

Debt securities as at 31 December 2012 have stated interest at rates ranging from 0.25% to 3.63% per annum, and mature in 1 to 30 years.

PROFORMA STATEMENT OF FINANCIAL ACTIVITIES
YEAR ENDED 31 DECEMBER 2012

Financial activities	Unrestricted Funds 2012	Restricted Funds 2012	Total Funds 2012
	\$	\$	\$
Incoming resources			
Incoming resources from generated funds:			
Voluntary income			
- Donation from general public	2,523,204	1,569,256	4,092,460
- Donation from Mount Alvernia Hospital	588,000	-	588,000
- Grant/Sponsorship received/receivable	413,932	2,257,057	2,670,989
Income from fund-raising activities	3,800,485	-	3,800,485
Incoming resources from charitable activities			
- Government grants	1,597,619	-	1,597,619
- Patient fees	821,826	-	821,826
- Amortisation of funds	-	-	-
Other incoming resources	107,520	-	107,520
Total incoming resources	9,852,586	3,826,313	13,678,899
Resources expended			
Cost of generating funds	289,653	-	289,653
Charitable activities	6,490,507	848,023	7,338,530
Governance costs	74,442	-	74,442
Total resources expended	6,854,602	848,023	7,702,625
Net incoming/(outgoing) resources for the year			
	2,997,984	2,978,290	5,976,274
Other comprehensive income			
	-	-	-
Total comprehensive income for the year	2,997,984	2,978,290	5,976,274

Financial activities	Unrestricted Funds 2011	Restricted Funds 2011	Total Funds 2011
	\$	\$	\$
Incoming resources			
Incoming resources from generated funds:			
Voluntary income			
- Donation from general public	1,698,099	254,614	1,952,713
- Donation from Mount Alvernia Hospital	588,000	-	588,000
- Grant/Sponsorship received/receivable	138,034	307,233	445,267
Income from fund-raising activities	3,061,149	232,900	3,294,049
Incoming resources from charitable activities			
- Government grants	1,486,088	-	1,486,088
- Patient fees	686,189	-	686,189
- Amortisation of funds	54,299	(54,299)	-
Other incoming resources	119,983	-	119,983
Total incoming resources	7,831,841	740,448	8,572,289
Resources expended			
Cost of generating funds	146,898	-	146,898
Charitable activities	6,057,357	347,387	6,404,744
Governance costs	85,331	-	85,331
Total resources expended	6,289,586	347,387	6,636,973
Net incoming/(outgoing) resources for the year			
	1,542,255	393,061	1,935,316
Other comprehensive income			
	-	-	-
Total comprehensive income for the year	1,542,255	393,061	1,935,316

PROFORMA STATEMENT OF CHANGES IN FUNDS
YEAR ENDED 31 DECEMBER 2012

	← UNRESTRICTED FUNDS →							← RESTRICTED FUNDS →									
	Accumulated Fund	Staff Welfare Fund	Total Unrestricted Funds	Children Camp Fund	Community Silver Trust Fund	Development Fund	Medical Equipment Fund		Motor Vehicle Fund	Paediatric Palliative Care Programme	Patient Assistance Fund	Project Next Door Fund	Renovation Fund	Respectance Fund	Singapore Community Bereavement Project Fund	Total Restricted Funds	Total Funds
	\$	\$	\$	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
At 1 January 2011	21,277,288	-	21,277,288	1,878	-	1,419,727	47,315		4,137	633,587	12,734	-	21,582	-	10,613	2,151,573	23,428,861
Total comprehensive income for the year	1,542,255	-	1,542,255	-	-	-	-		-	-	-	-	-	-	-	-	1,542,255
Donation/Grant received	-	-	-	-	-	-	-		-	-	29,614	232,900	-	225,000	307,233	794,747	794,747
Transfers	-	-	-	(1,878)	-	-	-		-	-	1,878	-	-	-	-	-	-
Utilisation of fund	-	-	-	-	-	-	-		-	-	(13,390)	-	(16,151)	-	(317,846)	(347,387)	(347,387)
Amortisation to statement of comprehensive income	-	-	-	-	-	(44,291)	(5,871)		(4,137)	-	-	-	-	-	-	(54,299)	(54,299)
At 31 December 2011	22,819,543	-	22,819,543	-	-	1,375,436	41,444		-	633,587	30,836	232,900	5,431	225,000	-	2,544,634	25,364,177
Donation/Grant received	9,774,586	78,000	9,852,586	-	2,000,000	-	39,375		-	-	9,080	1,505,800	8,001	7,000	257,057	3,826,313	13,678,899
Transfers	(179,885)	179,885	-	-	-	-	-		-	-	-	-	-	-	-	-	-
Utilisation of fund	(6,822,485)	(32,117)	(6,854,602)	-	(301,587)	(247,695)	(5,825)		-	-	(20,034)	-	(2,707)	(13,118)	(257,057)	(848,023)	(7,702,625)
Total comprehensive income for the year	2,772,216	225,768	2,997,984	-	1,698,413	(247,695)	33,550		-	-	(10,954)	1,505,800	5,294	(6,118)	-	2,978,290	5,976,274
At 31 December 2012	25,591,759	225,768	25,817,527	-	1,698,413	1,127,741	74,994		-	633,587	19,882	1,738,700	10,725	218,882	-	5,522,924	31,340,451

PROFORMA STATEMENTS OF CASH FLOWS
YEAR ENDED 31 DECEMBER 2012

	2012	2011
	\$	\$
Cash flows from operating activities		
Net income for the year	5,976,274	1,935,316
Adjustments for:		
Depreciation of property, plant and equipment	359,256	183,741
Loss on disposal of property, plant and equipment	2,030	(111)
Interest income	(107,520)	(119,872)
	6,230,040	1,999,074
Changes in working capital:		
Trade and other receivables	12,743	(429,268)
Trade and other payables	(133,373)	(182,257)
Net cash from operating activities	6,109,410	1,387,549
Cash flows from investing activities		
Interest received	105,858	129,984
Placement of time deposits with maturity of more than three months with financial institutions	5,837,227	396,872
Proceeds from disposal of property, plant and equipment	101	155
Purchase of property, plant and equipment	(363,987)	(280,299)
Purchase of investments	(9,376,748)	-
Net cash (used in)/from investing activities	(3,797,549)	246,712
Net increase in cash and cash equivalents	2,311,861	1,634,261
Cash and cash equivalents at 1 January	2,314,737	680,476
Cash at bank and in hand at end of year	4,626,598	2,314,737

Blessings to all...

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

May the Lord bless you and keep you.

May He show His face to you and be gracious unto you.

May He turn His countenance to you and give you peace.

(Numbers 6:24-26)



The 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 support Assisi Hospice's mission.

The green colour in the logo connotes "life". The brown is similar to the FMDM shade of brown. Together the 2 colours form the core identity of Assisi Hospice.



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Caring for Life



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