



IMPACT & SUSTAINABILITY REPORT 2023



FRANCISCAN VALUES AT THE HEART OF OUR PALLIATIVE CARE

The timeless ethos of Franciscan values as translated to our service values, bring life and completeness to the contemporary articulation of sustainability in organisational practice through considerations of ESG (Environment, Social and Governance).

We will continue to build a community of colleagues, volunteers and stakeholders that shares the desire to build right relationships and to develop our best abilities in service to the needs of our patients and families.

Our core values reflect our respect for all life and indeed the environment that sustains humanity. The Assisi Hospice is a purpose built, Platinum Green Mark, facility that provides a life-affirming environment. We are committed to continuous improvements and sustainability in our operational practices.

Assisi Hospice serves the unmet needs of the community; we belong to the community and exist only with the support of our stakeholders. It is imperative that we pursue the expressed standards of clinical and corporate governance, as a foundation of our accountability to all whom we serve.

This inaugural report provides an added way for us to engage broadly and to underscore our commitment to continuous improvement. We hope you enjoy the report!

Team Assisi

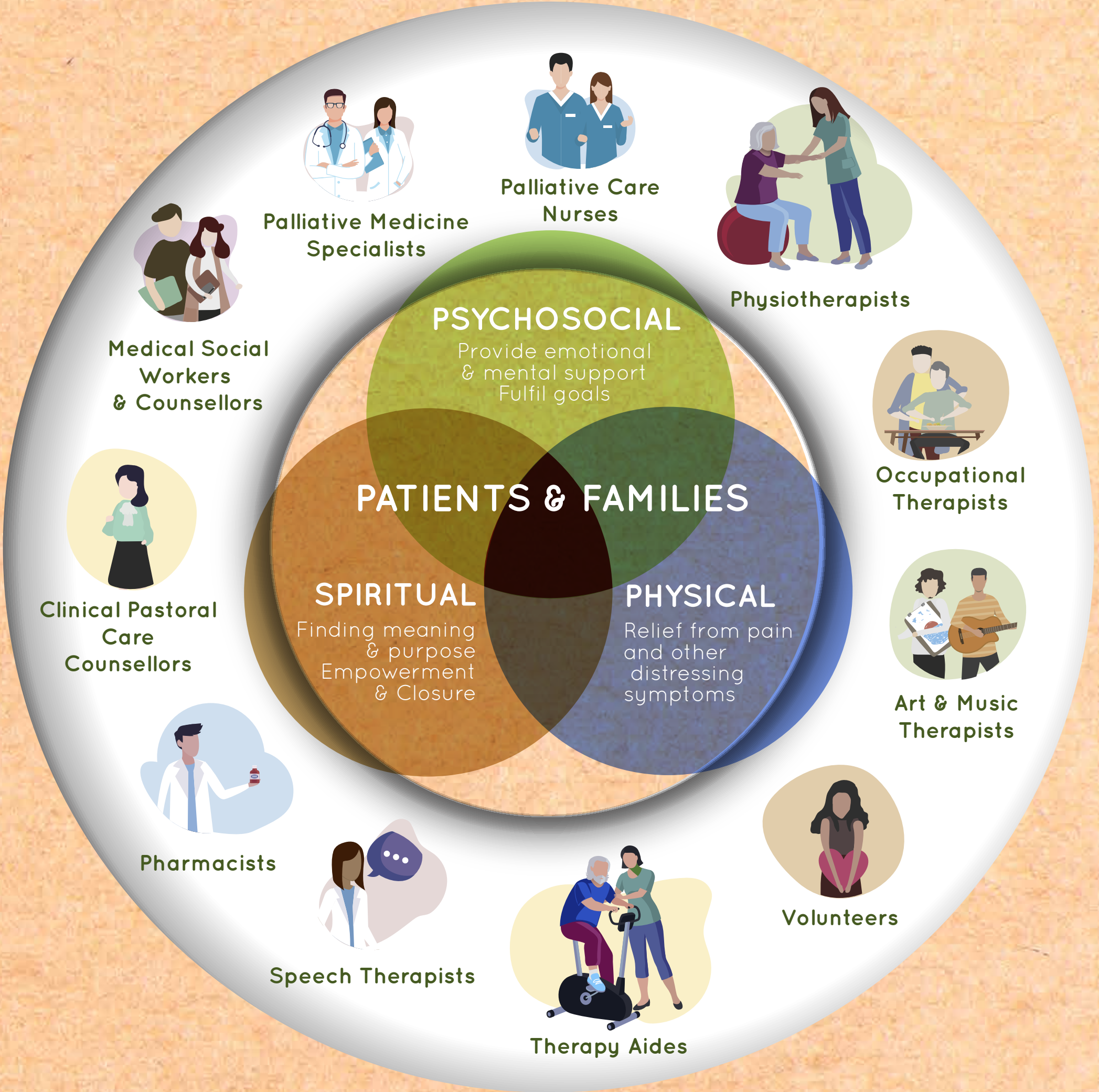
REVERENCE FOR LIFE
We cherish life and respond to all beings with respect and compassion, by enhancing and preserving the dignity of all beings throughout life, and at its natural cessation in death.

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.

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.

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.

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.



SERVICE PROVISION THAT REFLECTS WHAT PATIENTS & FAMILIES NEED

Our interdisciplinary approach and collaborative service for all patients & families who are part of the care team. Patients & families are cared for seamlessly across all services and professional teams. Close collaboration with our patients' care community which includes their primary doctors & care teams, referring physicians, other social service agencies, other healthcare institutions.

INPATIENT CARE

For patients who need specialist care and cannot be cared for at home. The clinical team manages their symptoms and pain so they can be as physically comfortable as possible. Our purpose-built hospice provides a homely, cosy and life-giving environment for patients and families to spend time together with privacy and dignity.

HOME CARE

For patients who prefer to and can be cared for at home. Our team of doctors, nurses, and medical social workers support families in caring for the patient at home as long as they can, by helping them manage the symptoms of advanced illnesses. Our team is contactable on the phone, 24 hours a day, every day, to address any urgent concerns.

DAY CARE

We provide a safe and supportive environment where each patient has a customised therapeutic programme that involves both individual and group activities. Patients benefit from clinical care together with social and recreational opportunities, and regular outings. Patients also have access to our Home Care team should they need support at home.

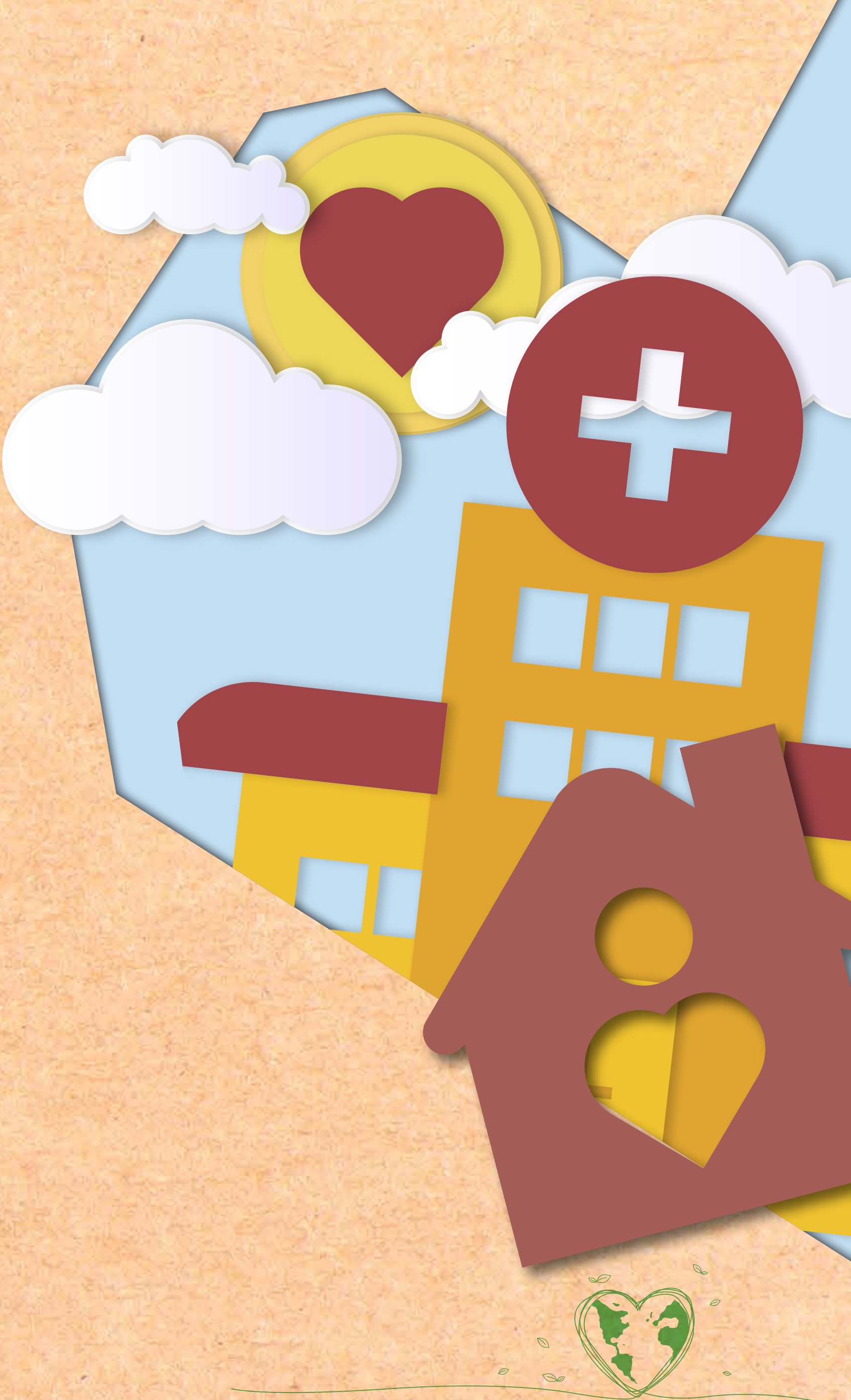
The Allied Health Team, of physiotherapists, occupational therapists and therapy aides, supports patients for their rehabilitative needs so they may optimise their physical function and ability to engage within their communities.

Our medical social workers, creative therapists and clinical pastoral care counsellors offer a support system to help patients and their families to manage their psychosocial, emotional and spiritual needs.

The Grief & Bereavement Team provides support to bereaved families and caregivers.

Palliative care is a crucial part of integrated, people-centred health services. Relieving serious health-related suffering, be it physical, psychological, social, or spiritual, is a global ethical responsibility.

Source: World Health Organisation



GROWING NEEDS OF THE COMMUNITY

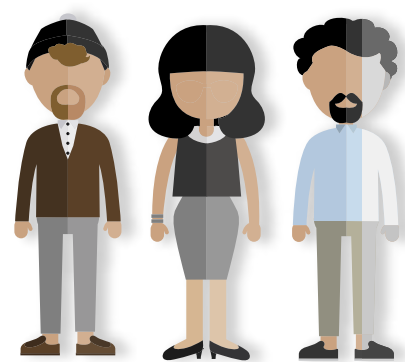
Singapore population

- Upward trend in proportion of individuals with chronic illnesses such as kidney, heart, neurological diseases.
- In 2023, 40% of decedents in Singapore received specialist palliative care services.
- This is lower than the estimated demand (69-82% of deaths) in high income countries.

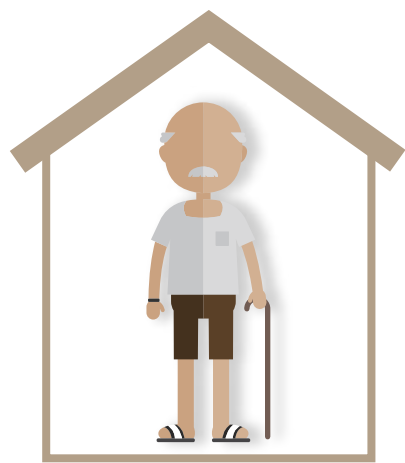
SINGAPORE'S AGEING POPULATION IN 2030



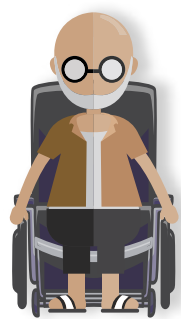
An estimated
1 IN 4
Singapore citizens
will be aged 65
and above.



For every senior
above 65 years old,
there will be
2.7
working adults in
the population.



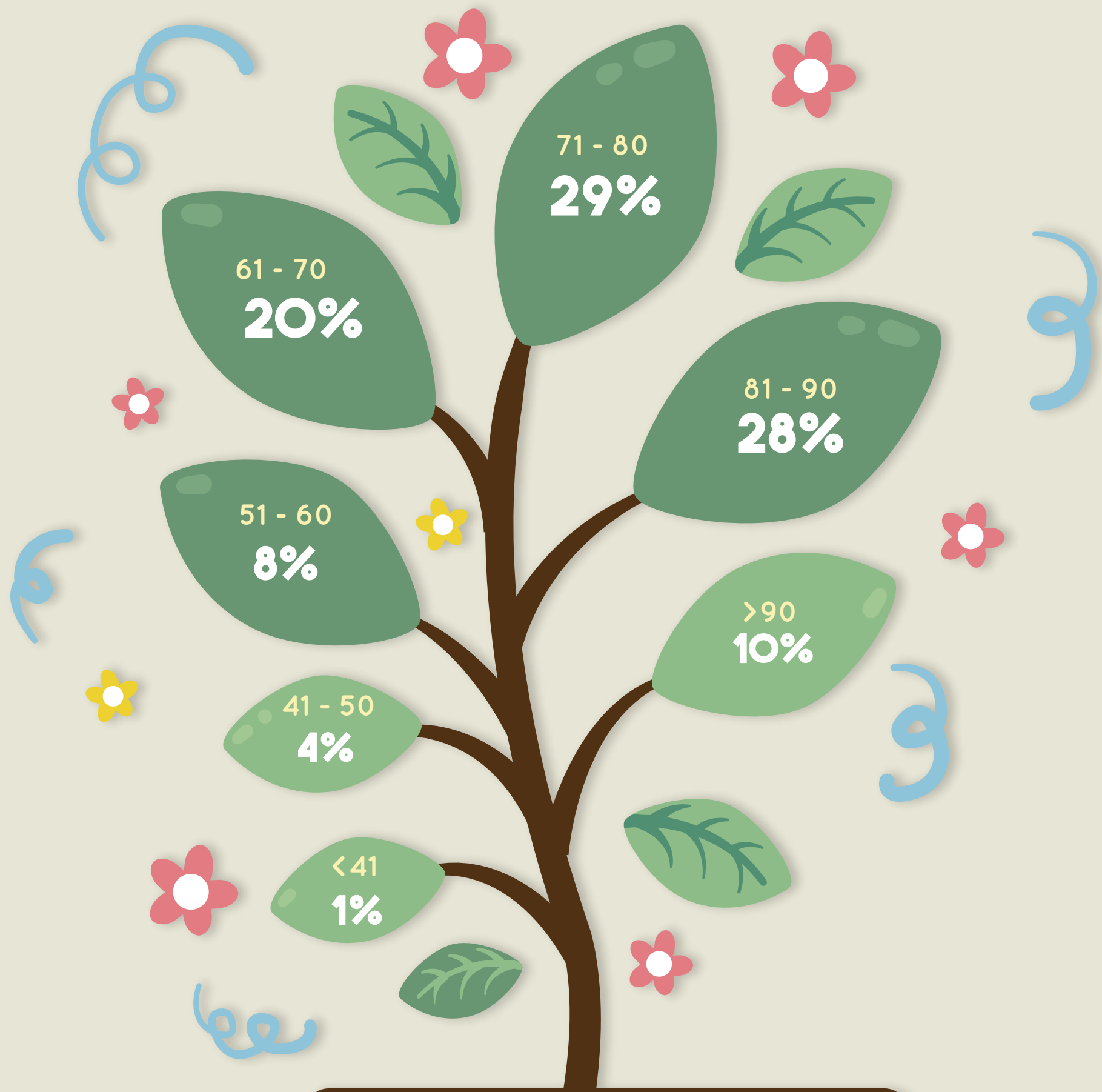
An estimated
83,000
seniors will
live alone.



About
100,000
seniors will
have at least
mild disability.

Source: 2023 ACTION PLAN FOR SUCCESSFUL AGEING

Palliative care teams have the expertise to help the ageing population live well with good quality of life.



ASSISI'S PATIENT AGE PROFILE

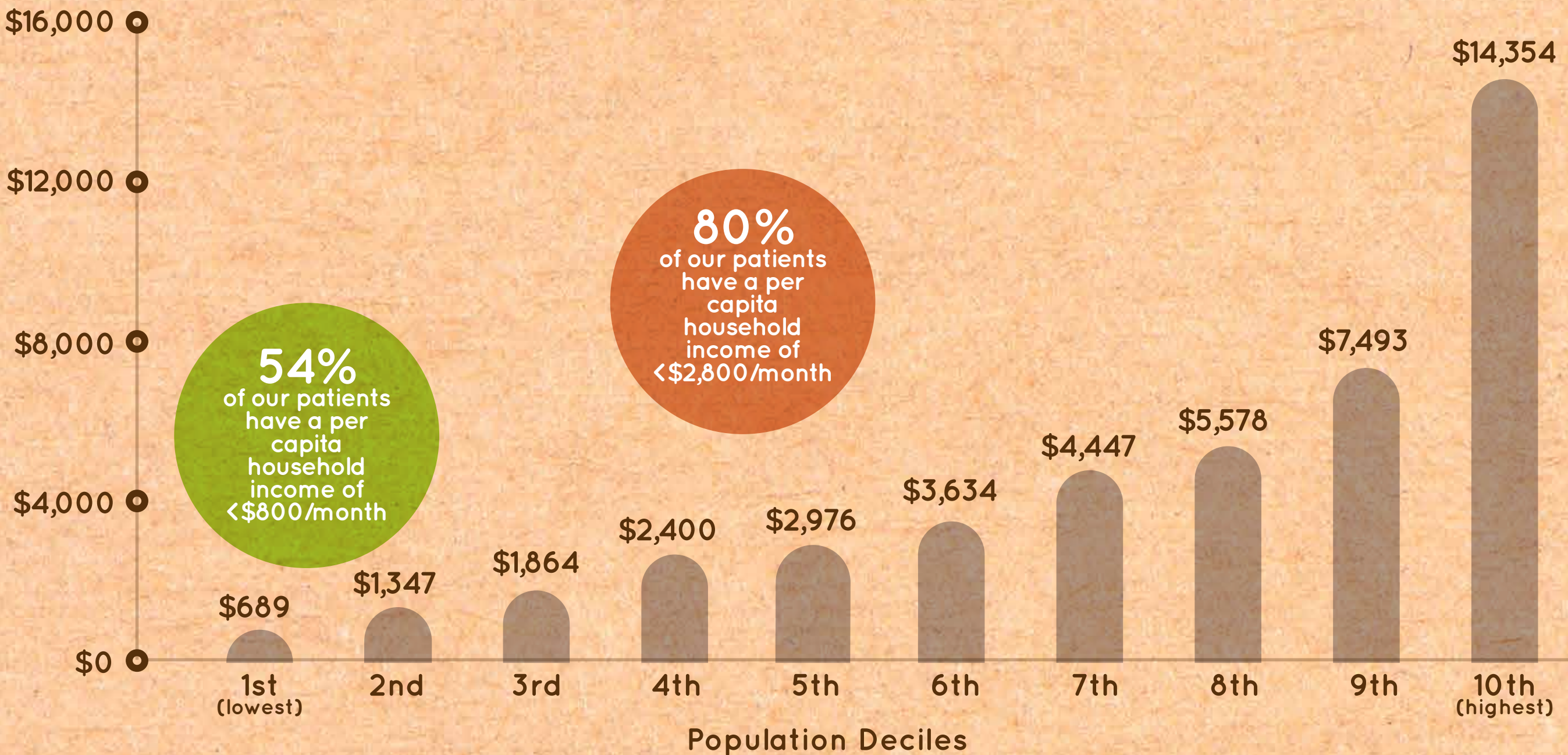
Assisi Team has the **level of activity, programmes and professional skills** to support **all age groups** across the **complexity of palliative care needs**; for **cancer and chronic illnesses**.



ASSISI'S ROLE IN THE COMMUNITY

SERVE ALL WHO NEED US. SERVE THE VULNERABLE & POOR

Nominal Average Monthly Household Income per Member by Income Group (2022)



Ensure access to care:
Specific identification and outreach to marginalised groups like foreigners, prisoners, stateless.
Community advocacy & engagement.

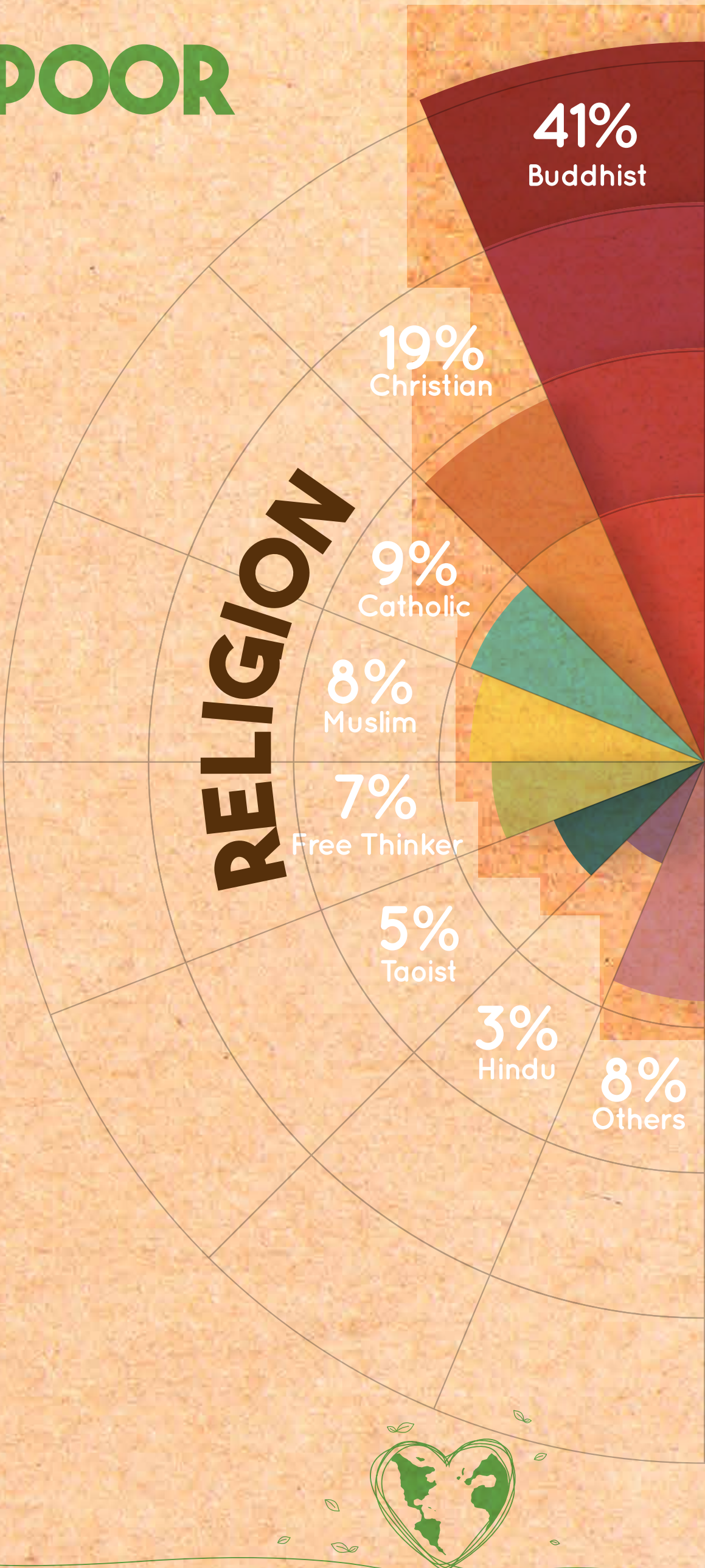
Ensure affordability:
All patients and families receive the financial and practical support needed to journey with dignity.

Home Care is provided free for everyone.

Inpatient Care is very affordable with multiple streams of financial support.

Day Care is provided for only \$10 a day.

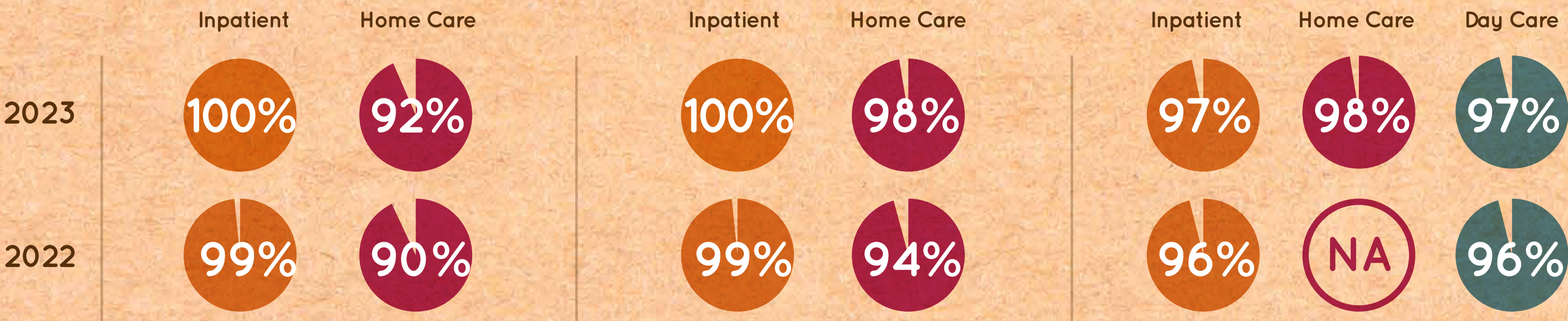
Bereavement Care is free to all.



% of patients who passed on at their Preferred Place of Death (PPOD)

% of patients who were engaged with Advanced Care Planning (ACP)

Caregivers rating ≥ 7 on Caregiver Satisfaction Survey



GROWTH IN SERVICE TO THE COMMUNITY

We develop new service programmes to meet changing needs.

Added-commitment to grow our Home Care service further.

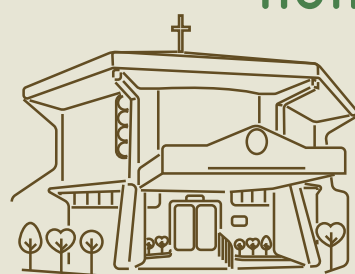
Covid-19 pandemic hits our nation. We do everything we can to care for more patients as our healthcare system tries to provide more care for everyone.

DISCERN WHAT OUR COMMUNITY NEEDS. TRANSFORM OURSELVES TO ACHIEVE IT.

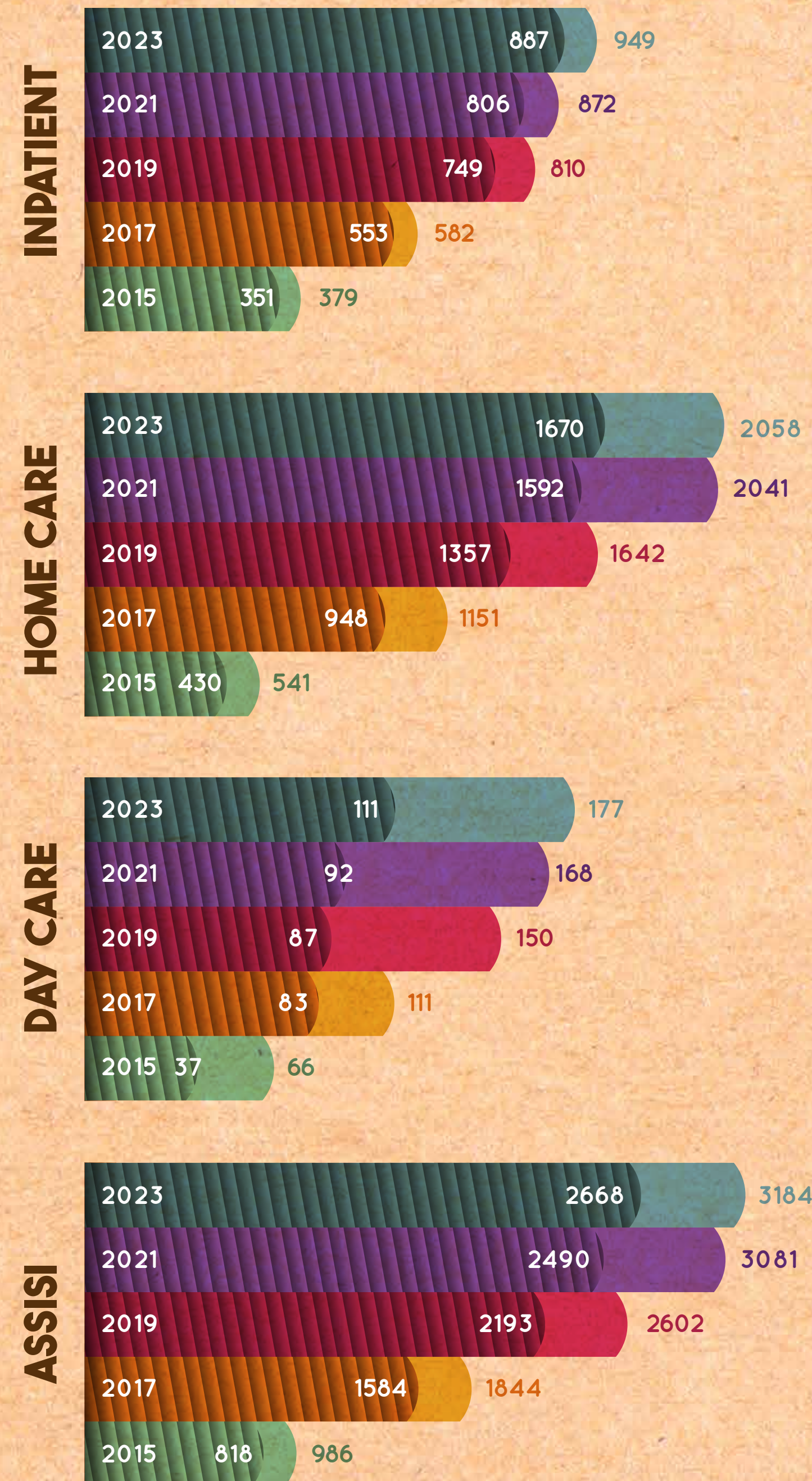
Assisi's 50th Anniversary! Continue to discern what the community needs.

Move to our new purpose-built hospice. Provide care and love to many more patients and families.

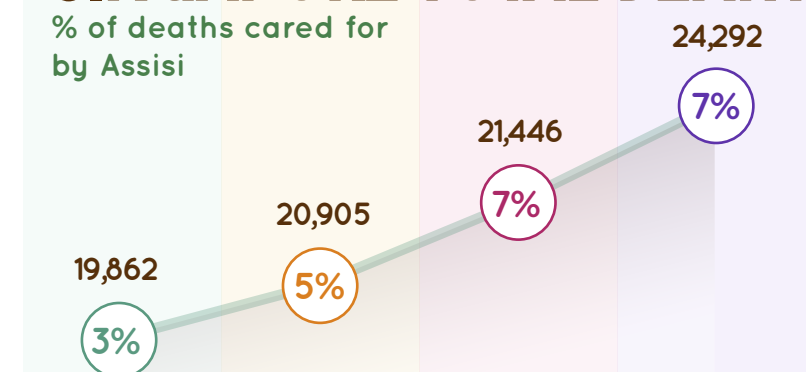
Firm up plans for our new building. We hear from our patients & families that they prefer to be cared for at home.



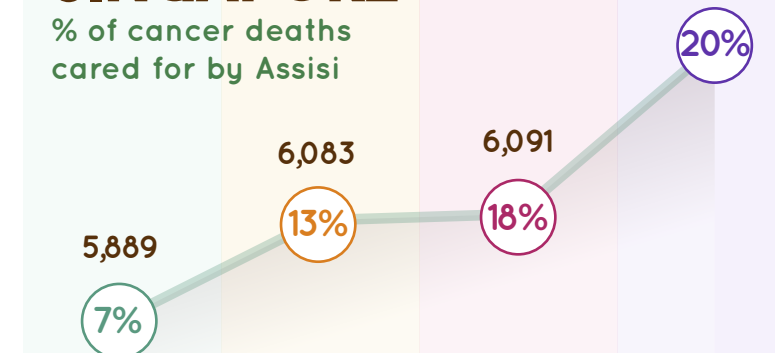
Total patients under care
Total new admissions



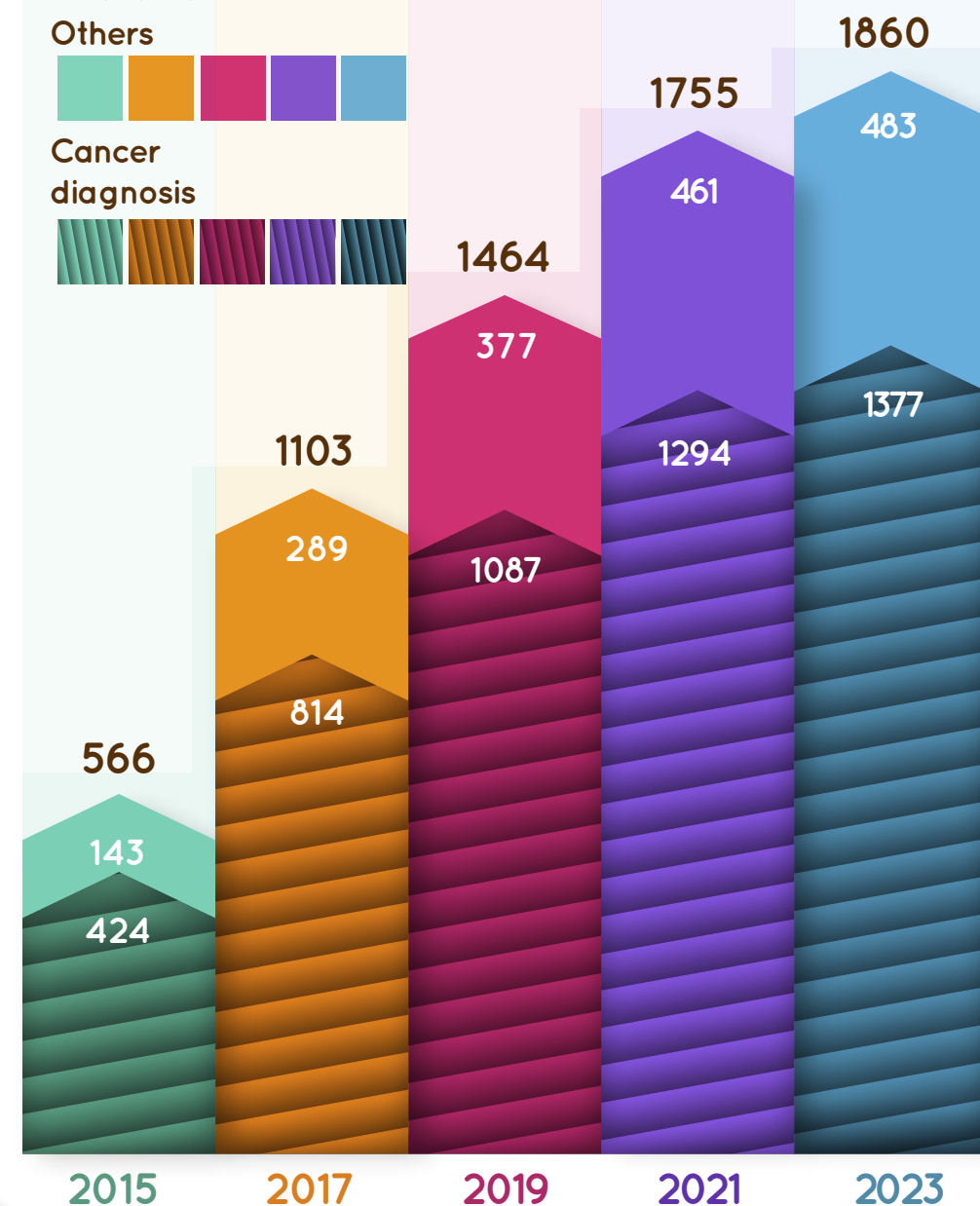
SINGAPORE TOTAL DEATHS



TOTAL CANCER DEATHS SINGAPORE



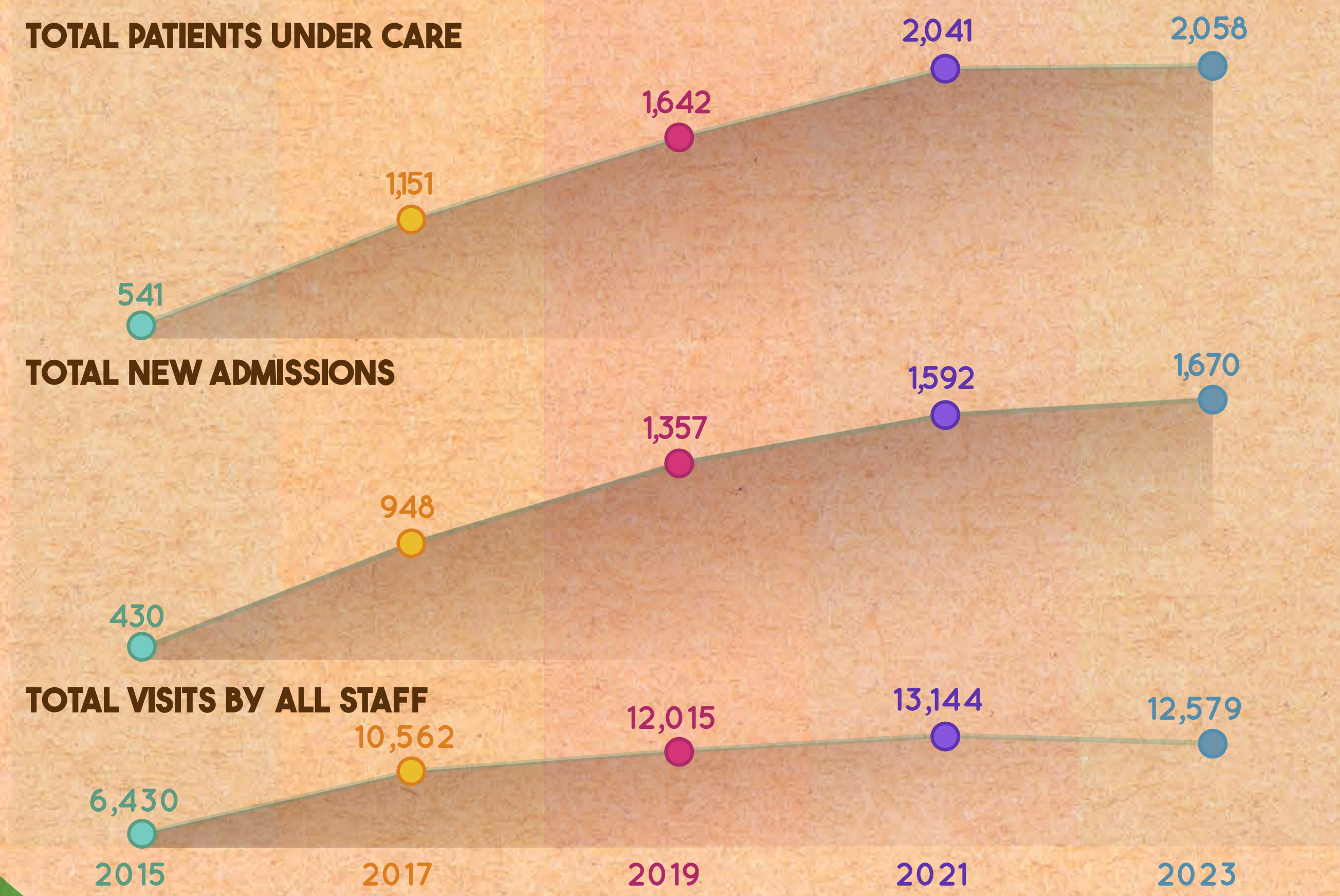
PATIENTS WHO PASSED ON UNDER THE CARE OF THE ASSISI TEAM



GROWING HOME CARE TO HELP PATIENTS WHERE THEIR HEARTS ARE

Home Care helps to bring care to the comfort space of our patients. Assisi team is committed to increase our team’s capacity so our patients may be cared for in their familiar space and be together with their loved ones.

Home Palliative Care is preferred by patients and Assisi Hospice will actively engage in building a caring community around patients with chronic illnesses. Home Palliative Care is a humane and indeed sustainable way to provide care for patients and families in the comfort and dignity of their own familiar surroundings.



Our team is growing



GRIEF & BEREAVEMENT PROGRAMME

– FINDING THE PATH AHEAD

GRIEF & BEREAVEMENT SUPPORT

It is necessary to support bereaved families and loved ones. The experience of losing a loved one can be devastating and can bring about drastic changes to routines and ways of life.

Bereavement care is available for families and loved ones of our current or late patients to support them in coping with grief and gradually adjust to life after loss. The Bereavement Care Team comprises professional counsellors and therapists who specialise in grief work and understand the needs of the bereaved. Our services include individual grief and bereavement counselling, bereavement support groups and outreach to the bereaved.

No. of bereavement support group sessions:

14



We reached out to

792

families in the first month after their loss.

No. of clients who receive counselling support:

116

No. of sessions of counselling support provided:

562



CONNECTING PATIENTS WITH THEIR COMMUNITIES THROUGH OUR PALLIATIVE DAY CARE & REHABILITATION SERVICE

Individuals with serious illness often have difficulties in community participation due to physical impairment, caregivers' lack of confidence in managing their loved ones, or availability of resources such as oxygen concentrators.

Our physiotherapist and occupational therapist conducted

360 home visits to support living at home.

11 personal mobility devices were prescribed to our patients to enable them to move about in the community independently and comfortably.

1,328 hours of time was dedicated by **33** volunteers to befriend our patients, keeping them socially engaged.

12 corporate communities were engaged to bring in a variety of activities to our patients, empowering patients to regain a sense of normalcy despite their illness.

73 volunteers along with day care staff provided island-wide and door-to-door transport service to ensure access to day care.

20% of our patients are oxygen dependent and lack the ability to move about freely and with ease.

140 patients participated in outings and visited more than **10** different local places of interest such as Bird Paradise, Botanic Gardens, Peranakan Museum and more.

This was made possible by the support of **16** staff and **131** volunteers.



BUILDING A CARING COMMUNITY FOR NOW AND THE FUTURE – VOLUNTEERS

Our patients and families continue to develop relationships throughout their journey. **VOLUNTEERS ARE INTEGRAL TO PALLIATIVE CARE AT ASSISI.** They engage with our colleagues, patients and caregivers, providing precious expressions of support and much needed practical help.

154

volunteers come to Assisi each month to bring joy to patients

273

new volunteers started training in 2023, so that they can serve as part of this caring community

1/4

are committed volunteers who each contribute at least 48 hours of volunteering service each year

48HR

734

volunteers supported in patient-facing roles in 2023

23,790

hours of service

90

long service volunteers who have been supporting our service for more than 5 years

Building a community where we develop right relationships and recognise the uniqueness and giftedness of each individual throughout life.



12

volunteer-led regular service programmes to provide engagement options for patients

397

sessions of volunteer-led engagements to bring joy to patients and families

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.

617

Vigil Hours were provided under Assisi's No One Dies Alone (NODA) programme so that patients who have no family or friends are accompanied in life's final journey

The NODA team journeyed with 39 patients



TALENT DEVELOPMENT & COMMITMENT TO NURTURE OUR TEAM

Every team member has an annually reviewed personal Learning & Development plan that provides the appropriate training and opportunity for skills development.

We hope to be able to serve more patients and families and to do this with continuous improvements in our service and care.

The various awards received by team members and the effort dedicated to Quality Improvement initiatives reflect our spirit of continuous learning and service improvement.

NURSES' MERIT AWARD 2023

Loh Soon Yue
Senior Nurse Clinician

COMMUNITY CARE MANPOWER DEVELOPMENT AWARDS 2023

Nurliyana Binte Mohamed Soffe
Senior Staff Nurse, pursuing Master of Nursing

Chermaine Ooi Tsu Lynn
Senior Staff Nurse, pursuing Bachelor in Nursing

Wong Zhi Wen Lucas
Senior Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

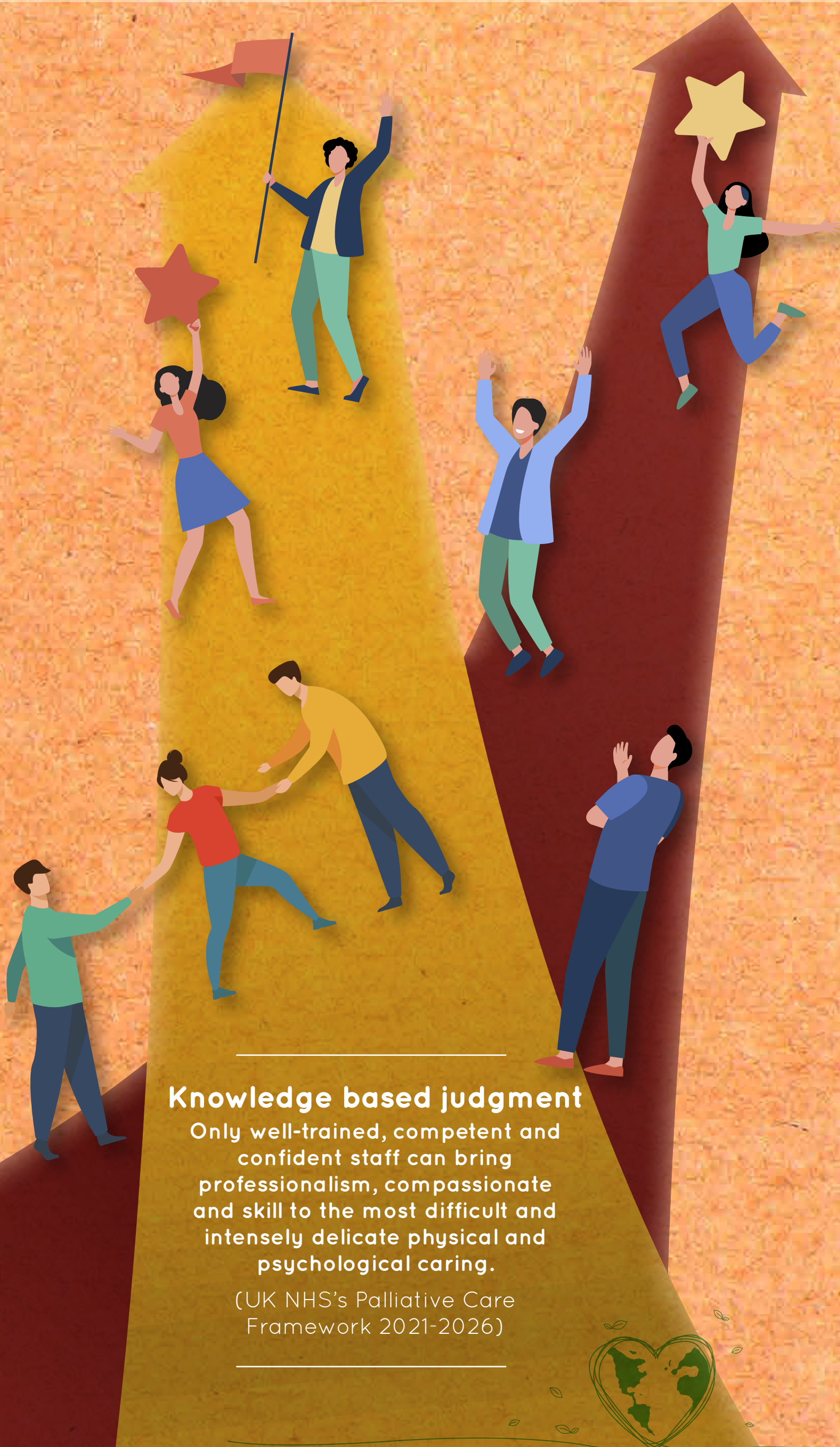
Juwita Binte Jumahat
Senior Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

Shu Weifan
Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

Muhammad Shah Bin Mohamed Alui
Senior Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

Lee Lai Siang
Senior Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

Dr. Daniel Lim Kai Chong
Resident Physician, pursuing Graduate Diploma in Palliative Medicine Programme



Knowledge based judgment

Only well-trained, competent and confident staff can bring professionalism, compassionate and skill to the most difficult and intensely delicate physical and psychological caring.

(UK NHS's Palliative Care Framework 2021-2026)



GIVING BACK TO THE HEALTHCARE COMMUNITY

– LEARNING TOGETHER

Our healthcare professionals and corporate colleagues actively engage with the healthcare community to share knowledge and to learn from our interactions. As much as our team members provide the community with learning opportunities, we in turn stay relevant and well-tuned to the healthcare community.



| NURSING STUDENTS ATTACHMENT | | |
|---|---------------------|----------------------------|
| | NO. OF PARTICIPANTS | DURATION (DAYS) OF PROGRAM |
| NYP Advance Diploma in Oncology | 27 | 15 |
| NYP Advance Diploma in Urology | 30 | 5 |
| NYP Advance Diploma in Palliative Care | 19 | 15-20 |
| NP Specialist Diploma in Palliative Care Nursing | 9 | 3-5 |
| NUS APN Internship | 2 | 20 |
| TOTAL | 87 | |
| ALLIED HEALTH/MEDICAL SOCIAL WORK STUDENTS ATTACHMENT | | |
| | NO. OF PARTICIPANTS | DURATION (DAYS) OF PROGRAM |
| NUS Social Work | 2 | 60 |
| SIT Physiotherapist | 1 | 25 |
| Lasalle College of the Arts students | 4 | 85 |
| University of Melbourne (Music Therapist) | 1 | 20 |
| TOTAL | 8 | |

| MEDICAL STUDENTS ATTACHMENT | | |
|--|---------------------|----------------------------|
| | NO. OF PARTICIPANTS | DURATION (DAYS) OF PROGRAM |
| Duke-NUS Medical School Y4 | 38 | 2 |
| Duke-NUS Medical School Y4 - Elective | 1 | 5 |
| NTU LKC School of Medicine Y4 | 42 | 1 |
| NUS Yong Loo Lin School of Medicine Y3 | 18 | 1 |
| NUS Yong Loo Lin School of Medicine - Elective | 1 | 10 |
| NUS Faculty of Dentistry | 23 | 0.5 |
| University of Adelaide - Elective | 2 | 20 |
| TOTAL | 125 | |

| HEALTHCARE PROFESSIONALS ATTACHMENT | | | | |
|--|---------------------|----------------------------|--|--|
| | NO. OF PARTICIPANTS | DURATION (DAYS) OF PROGRAM | | NO. OF PARTICIPANTS DURATION (DAYS) OF PROGRAM |
| SNLP (MOH Singapore Nursing Leadership Program) | 13 | 5-8 | NUS Doctor of Pharmacy (Pharm.D.) | 4 25 |
| SGH Community Nursing | 15 | 5.5 | Tzu Chi Medical Social Worker | 1 10 |
| LCPC- Assisi PCCN (Palliative Care Course for Nurses) | 70 | 5 | AIC IHH (Integrated Home Health) Project | 4 3-5 |
| Compassionate discharge training (Nurses) | 10 | 1 | Ad-hoc Doctor requests | 3 1-2 |
| GDPM (LCPC-SHC Postgraduate Course in Palliative Medicine) | 17 | 2 | Mount Miriam Cancer Hospital (Malaysia) | 1 20 |
| SingHealth Family Medicine Residency | 20 | 5 | GreenPasture Hospital (Nepal) | 1 5 |
| SingHealth Internal Medicine Residency | 1 | 5 | Bhutan Fellowship | 1 60 |
| | | | Rachel House (Indonesia) | 1 3 |
| | | | TOTAL | 162 |

Palliative care teams have the skills to support patients and families wholistically when they are most vulnerable. The Assisi Team’s outreach to current and future healthcare professionals is our contribution to building wholistic patient management skills in the wider healthcare community – we all have a role to play in supporting the needs of our ageing population.



GOOD GOVERNANCE & STEWARDSHIP OF RESOURCES

A foundation of good governance and stewardship of resources is an essential part of accountable, relevant and responsive service to the community.

Assisi Hospice has won the Charity Transparency Award every year since its inception in 2016. (There was an award hiatus in 2020/2021 due to Covid-19.) We won the award again in 2023. The Charity Transparency Awards was introduced by the Charity council in 2016 to recognise Charities with good disclosure practices.

In 2017, Assisi Hospice received the Charity Governance Award – Special Commendation Award for Operational Efficiency. The award affirmed that Assisi Hospice established exemplary practices in service delivery, organisational performance, CEO performance and Board effectiveness.

In 2019, Assisi won the prestigious **Charity Governance Award** for a Large Charity. This is the highest-level award and the winner demonstrates the highest standards in areas of corporate governance and management, clarity of strategy, risk management, transparency, operational efficiency and compliance.



TRANSFORMATIVE JOURNEY OF CARE A MISSION WITH A HOSPICE

Discern what the community needs and transform ourselves to meet those needs.

The Assisi Team will continue to innovate to meet the needs of the community. We actively collaborate with other care teams within the healthcare ecosystem to provide seamless care to patients and families.

In 1992 the FMDM Sisters gave up their beautiful convent so that we could serve more patients.

Assisi was founded in 1969 by the Franciscan Missionaries of the Divine Motherhood (FMDM). We had a ward in Mount Alvernia Hospital.

In 2016 we saw that the community wanted to be cared for at home. We grew from managing 430 new home care patients a year in 2015 to 1,357 in 2019.

We celebrated our 50th Anniversary in 2019.

In 2023, with the new National Strategy for Palliative Care, we commit to continued growth of our Home Care service.

In January 2017 we moved to our purpose-built hospice. Designed to be a life-giving space filled with natural light, cosy and homely. We grew from managing 351 new inpatient admissions in 2015, to 749 admissions in 2019.

SASB – HEALTHCARE DELIVERY STANDARDS

The Sustainability Accounting Standards Board (SASB) is an independent standards-setting organisation that has developed voluntary industry-specific standards for companies to disclose consistent and decision-useful Environmental, Social and Governance (ESG) information for investors.

SASB Standards are designed to identify and standardise disclosure for the sustainability issues most relevant to investor decision-making in each of 77 industries.

A few of the metrics are relevant only to the American healthcare industry. Where applicable, a comparable Singapore standard is reflected.

SASB HEALTH CARE DELIVERY STANDARDS – ELEVEN AREAS OF DISCLOSURE

| TOPIC | | CODE/METRIC | ASSISI HOSPICE DISCLOSURE |
|-------|---|---|--|
| 01 | Energy Management | (1) Total energy consumed, (2) percentage grid electricity and (3) percentage renewable. | 6,288GJ in 2023. In Q1 2024 solar panels will be installed to provide for 5-7% of our total energy usage. |
| 02 | Waste Management | Total amount of medical waste percentage (a) incinerated, (b) recycled or treated and (c) landfilled. | Total amount of waste in 2023 was 140,360kg. 100% incinerated. Waste management vendor is licensed by Singapore's National Environment Agency (NEA) for disposal of waste by incineration. |
| | | Total amount of (1) hazardous and (2) non-hazardous pharmaceutical waste, percentage (a) incinerated, (b) recycled or treated and (c) landfilled. | Total amount of biohazard waste in 2023 was 13,440L. 100% incinerated. Our biohazard waste vendor is licensed by the NEA for disposal of biohazard waste by incineration. |
| 03 | Patient Privacy & Electronic Health Records | Percentage of patient records that are Electronic Health records (EHR) that meet 'meaningful use' requirements. <i>(This is an American specific standard).</i> | Patients across all three services are on EHR with harmonised clinical management and outcome measures. The Home Care Team is further enabled with a mobile application for quick access to patient information when out in the field. |
| | | Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII). | Assisi complies fully with Singapore's Personal Data Protection Council (PDPC) requirements. Our policy and procedures covering confidentiality of all PHI and PII and meets all requirements for a healthcare institution. |
| | | (1) Number of data breaches, (2) percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI. | Assisi Hospice had no data breaches in 2023. |
| | | Total amount of monetary losses as a result of legal proceedings associated with data security and privacy | No breaches of data security and privacy in 2023. |
| 04 | Access for Low-income patients | Discussion of strategy to manage the mix of patient insurance status | In Singapore the equivalent measure is the National Means Test System (NMTS); where subsidies for patient care are applied according to per capita household income. 54% of Assisi's patients fall under the lowest income tier. The Assisi mission is to serve the vulnerable and the poor. |
| | | Amount of Medicare Disproportionate Share Hospital (DSH) adjustment payments received | Not applicable to the Singapore context. |



| TOPIC | | CODE/METRIC | ASSISI HOSPICE DISCLOSURE |
|-------|---|---|---|
| 05 | Quality of Care & Patient Satisfaction | Average Hospital Value-Based Purchasing Total Performance Score and domain score, across all facilities | Not applicable to the Singapore context. |
| | | Number of Serious Reportable Events (SREs) as defined by the National Quality Forum (NQF) | Singapore equivalent: SREs as defined by the Singapore Ministry of Health (MOH). In the Singapore context, SRE reporting is mandatory only for tertiary healthcare institutions; as part of good clinical governance Assisi applies the same criteria for internal reporting of serious events. Assisi had no SREs in 2023. |
| | | Hospital-Acquired Condition (HAC) Score per hospital. <i>(This is an American specific standard).</i> | The MOH requires all healthcare institutions to report cases of infectious transmissions as specified by MOH. Assisi had no reportable cases of infectious transmissions in 2023. |
| | | Excess readmission ratio per hospital | Not applicable to the Singapore context. |
| | | Magnitude of readmissions payment adjustment as part of the Hospital Readmissions Reduction Program (HRRP) | Not applicable to the Singapore context. |
| 06 | Management of Controlled Substances | Description of policies and practices to manage the number of prescriptions issued for controlled substances. | The licensing requirements of the MOH determine the required practices on controlled substances and Assisi is audited on both the institution's written policies and actual practices. Assisi is in full compliance at each licensing audit which occurs every 2 years. The recent audit in July 2023 reflected full compliance. |
| | | Percentage of controlled substance prescriptions written for which a prescription drug monitoring programme (PDMP) database was queried. <i>(This is an American specific standard).</i> | Not applicable to the Singapore context. |
| 07 | Pricing & Billing Transparency | Description of policy or initiatives to ensure that patients are adequately informed about price before undergoing a procedure | All patients/caregivers are provided with financial counselling with clear statement of costs and all applicable funding support. This is a MOH requirement. |
| | | Discussion of how pricing information for services is made publicly available | Not applicable to the Singapore context for hospice service providers. |
| | | Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) that these represent | Not applicable to the Singapore context for hospice service providers. |
| 08 | Employee Health & Safety | (1) Total recordable incident rate (TRIR) and (2) days away, restricted, or transferred (DART) rate | The Singapore Ministry of Manpower (MOM) requires reporting of workplace injuries under the Workplace Injury Compensation Act (WICA). In 2023 Assisi Hospice reported 9 occasions where staff had a workplace injury, with a total of 23 days of medical leave as a result. For 8 staff, this resulted in a total of 9 days of medical leave; about 1 day of medical leave per staff. One staff was provided with 14 days of medical leave as she slipped and fell. |
| 09 | Employee Recruitment, Development & Retention | (1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non-physician healthcare practitioners, and (c) all other employees | The turnover rate for 2023: (a) physicians: voluntary = 0%; involuntary = 0%, (b) non-physician healthcare practitioners: voluntary = 7%; involuntary = 0%, (c) all other employees: voluntary = 7.5%; involuntary = 1.5%. |
| | | Description of talent recruitment and retention efforts for health care practitioners | Talent recruitment and retention efforts for all staff at Assisi are specifically detailed in policies and procedures, with oversight provided by the Human Resource Committee (HRC), a Board level sub-committee. |
| 10 | Climate Change Impacts on Human Health & Infrastructure | Description of policies & procedures to address: (1) the physical risks because of an increased frequency and intensity of extreme weather events, (2) changes in the morbidity and mortality rates of illnesses and diseases associated with climate change and (3) emergency preparedness and response. | In the Singapore context, haze and heat are potential environmental hazards for our patients. Assisi's management of indoor air quality and airflow complies in excess of the Building and Construction Authority's (BCA) requirements for healthcare facilities licensed by the MOH. Patients' rooms have both fans and localised aircondition temperature controls for comfort. |
| 11 | Fraud & Unnecessary Procedures | Total amount of monetary losses as a result of legal proceedings associated with Medicare and Medicaid fraud under the False Claims Act | No history of fraud or insurance claims relating to fraud. |

* Assisi conducts annual internal audits (with an external audit firm) on a 3 year cycle covering key aspects of its internal business * Assisi publishes its annual audited financials on the website. KPMG is the current appointed auditor. * Assisi is audited by the MOH licensing unit every 2 years for each of its three services. * All streams of funding grants from government agencies as well as donations management are audited by agency appointed auditors.

