

ASSISI HOSPICE
40 years
OF DIGNITY & COMFORT



ASSISI HOSPICE
雅西西慈怀病院

SERVICE | REVERENCE FOR LIFE | HUMILITY | JOYFULNESS | STEWARDSHIP

CONTENTS



ASSISI HOSPICE

雅西西慈怀病院

Name of Charity : Assisi Hospice
Unique Entity No. : S86CC0299K
Official Address of Charity : 820 Thomson Road,
Singapore 574623
Financial Year : 1 January to 31 December 2009
website : www.assisihospice.org.sg

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for their support in producing this Annual Report:

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and Rave Photography.

Special thanks to Mdm Karen Sng, Ms Lee Geok Hua and
Dr Ng Poh Leng for sharing their experiences with us.

Patron

Ms Ho Ching

Our Vision

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

Our Mission

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

Chairman's Message	1
Chief Executive Officer's Report	2
Board of Directors	5
Governance Report	6
Fund Raising Chairman's Report	10
Medical Director's Report	12
Day Care	14
In-Patient Care	18
Patient's Story	19
Clinical Pastoral Care	20
Home Care	21
Volunteer's Sharing	22
Statistics	24
Financial Report	27

“Each one should use whatever gift he has received to serve others, faithfully administering God’s grace in its various forms.”

1 Peter 4:10



RONNY TAN

In 2009, Assisi Hospice was the recipient of many gifts of donations and talents from our supporters and volunteers, which enabled us to continue in our mission: caring for our terminally ill patients and their families. Despite the difficult economic climate and the outbreak of H1N1, my Board and I are grateful for the generosity of our benefactors. I believe this is largely due to the foundation of trust and faithfulness laid by the FMDM Sisters. Their presence and good works in Singapore over the last 60 years have stood Assisi in good stead. We were able to ride out challenges with little adverse impact on our hospice and palliative care services for both adults and children.

Our benefactors come from all walks of life. In April 2009, the Order of Malta Singapore Association, a lay religious order devoted to the exercise of Christian virtues and charity, raised almost \$120,000 through the play, “The Prodigal Son”. A group of well-wishers, in conjunction with the Business Times and the Singapore Financial Women’s Association, raised nearly \$300,000 in November, doubling their initial target.

Some of our benefactors blessed us with their time and talents. More volunteers came forward, from individuals, corporations, schools, clubs and religious organizations. The volunteers helped us make a difference in the lives of many of our patients and their families.

To ensure that Assisi continues to achieve its mission and fulfills the promises made to our benefactors and beneficiaries, I am grateful for having a committed Board of Directors to govern and steer Assisi. In 2009, we bid farewell to Brother Michael Broughton, Sr Pauline Sewell and Mr William Chee, who collectively served Assisi for 13 years with much passion. We welcomed to the Board three outstanding individuals with illustrious careers and a zeal to serve: Mrs Jeannie Tien, Mrs Jennifer Yeo and Mr Gerard Koh. In addition, we are indebted to the individuals who sit on our various sub-committees. Their inputs have certainly strengthened our corporate governance and contributed to the development of our services.

As the size of the average family decreases and our population grows older, the number of people with life threatening illnesses and end of life issues needing support and care will continue to increase. Hence, the hospice mission started by the FMDM Sisters 40 years ago will be even more relevant today. Assisi, relying on the support of volunteers, donors and well wishers, will continue to serve those most in need of hospice and palliative care in Singapore. To all our supporters, board and sub-committee members, volunteers and staff, I thank you on behalf of the FMDM Sisters for your unwavering support, commitment and hard work that saw us through 2009. I am confident that you will continue to journey with us as we grow in capability and capacity for this mission.

Ronny Tan
Chairman

KHOO CHOW HUAT



2009 WAS A SIGNIFICANT YEAR FOR ASSISI HOSPICE AS WE COMMEMORATED OUR 40TH ANNIVERSARY AND THE FRANCISCAN MISSIONARIES OF THE DIVINE MOTHERHOOD'S (FMDM) 60TH YEAR IN SINGAPORE.

To mark these milestones, a choral presentation entitled "Celebrating Simplicity" was organised at the Church of St Mary of the Angels in September. It was a time to remember the contributions of the FMDM Sisters, who responded to a call to help out in government hospitals 60 years ago. They set up Mount Alvernia Hospital and Assisi Hospice, and later developed them to meet the growing needs of the people. Indeed Assisi is proud to be associated with a rich tradition of caring and giving as started by the FMDM Sisters.

Service Values

In 2009, Assisi embarked on the journey of establishing our Service Values. After much consultation, the five values selected were Service, Reverence for Life, Humility, Joyfulness and Stewardship. They were chosen from the life and work of our Patron Saint, St Francis of Assisi. He was an embodiment of respect and love for all of God's creation; compassion for the sick and marginalised in the community and living an inspiring yet humble and simple life. These values will govern how we work in Assisi, articulate what we stand for and guide our decisions. Over the years, we hope that they will form the culture and language for all of us who serve in Assisi.

The Year in Review

In the light of the challenging operating environment brought on by the recession and the H1N1 pandemic, it had been all in all a good year for the hospice. We saw an increase in demand for three of our services: In patient (3%), Adult Day Care (11%) and Home Care visits (20%). Our Children Day Care Service did not do as well as expected as some children were discharged as they no longer require this support. We lost two of these children due to the recurrence of their illness and for the rest, they were ready for the mainstream schools.

It was a great year for one of our medical social workers, Mr Fong Yee Leong, who was awarded the Healthcare Humanity Award 2009 by President S R Nathan. The award is given to outstanding healthcare workers who are inspirational role models who go the extra mile to offer care and comfort to the sick.

And once again, the children from our Children's Day Centre have done us proud, chalking up an impressive tally of 12 golds, 4 silvers and a bronze at the 3rd National Taekwondo Poomsae Championships. This was a better result than the year before, despite tougher competition with the number of participants almost doubling from about 600 in 2008 to more than 1,100 in 2009.

Last year, we launched the Assisi Cocktail in September, with help from veteran media professional Ms Jennifer Lewis and her friends. The event was aimed at expanding our support base and we invited prominent corporate leaders and professionals to Assisi so that we could share with them what we do here. We are glad that the participants found the session to be informative and meaningful. Some have since offered to work with us on potential projects. Given the positive feedback and support, we have made the Cocktail a regular event.

While we look to the future, we also look back on how far we have come and how many corporate entities and individuals we are indebted to, including those who have served as Board Directors, members of the various sub-committees, volunteers and staff members. Your generosity and passion are very much appreciated. Let us continue on this journey together and reach out to all those in our community who are in need of hospice and palliative care.

Khoo Chow Huat
Chief Executive Officer

OUR SERVICE VALUES

SERVICE

We accept our positions as servants to those who are in need of our care. We strive to provide a healing experience for everyone who becomes connected with the hospice, in an environment that makes them feel welcome, comfortable and safe.

REVERENCE FOR LIFE

We cherish life and respond to our patients with respect and compassion. We enhance and preserve the dignity of our patients throughout their lives, and in death.

HUMILITY

We employ our skills and talents humbly in the service of our fellow human beings. We improve ourselves as individuals and work as a team in order to serve others better.

JOYFULNESS

We rejoice in life and all the experiences that each day brings. We share this joyfulness with our patients, their families, our colleagues and all those who are connected with the hospice.

STEWARDSHIP

We manage the resources and relationships that are entrusted with us wisely, fairly and responsibly. We allocate our resources to serve those most in need.

*“Assisi Hospice has been doing
good work for 40 years,
with little publicity.
But each year Assisi helps many
patients and their families
and we want to thank Assisi
for the good work done
and appreciate the efforts of
their dedicated staff
and volunteers.”*

- Prime Minister Lee Hsien Loong
(at the Assisi Hospice 40th Anniversary Charity Dinner
on 8 Nov 2009 at Pan Pacific Singapore)



FROM LEFT: Sr Barbara Pereira,
PM Lee and children from
Assisi Children's Centre



STANDING (from left): Mr Gerard Koh, Mr Francis Heng, Dr Cynthia Goh, Sr Florence Wong FMDM, Sr Barbara Pereira FMDM, Mr Lau Beng Long, Mr Michael Tan
SEATED (from left): Ms Anita Fam, Mrs Jeannie Tien, Mr Ronny Tan (Chairman), Mrs Jennifer Yeo, Associate Professor Premarani Kannusamy

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

1. Board Governance

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

2. Board Composition and Balance

- 2.1 The Board comprises 12 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 directors to the Board and Board committees. All appointments and re-appointments to the board are approved by the Congregational Leader and her Council.
- 5.3 The NRC ensures that the Board members provide the diversity of expertise and experience required to meet the Hospice's mission and goals.
- 5.4 The NRC also decides how the Board's performance may be evaluated and proposes objective measures of performance.
- 5.5 Frequency of meetings: at least twice a year

6. Audit Committee (AC)

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

7. Finance Committee (FC)

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

8. Fund-Raising Committee (FRC)

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

9. Programme and Services Committee (PSC)

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

10. Conflict of Interest

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

11. Reserve Policy

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

12. Disclosure and Transparency

- 12.1 Annual reports are prepared which include up-to-date information on its programmes, activities, performance and finances as well as a listing of the Board's key office-bearers.
- 12.2 Audited financial information is available at Assisi's website as required by the Commissioner of Charities.

The members' attendance at the Board Meetings for the period January to December 2009 is shown below:

Name of Directors	Number of Board Meetings	Attendance	Remarks
Ronny Tan	4	4	
Lau Beng Long	4	3	
Sister Florence Wong FMDM	4	4	
Dr Cynthia Goh	4	4	
Anita Fam Siu Ping	4	4	
A/Prof Premarani Kannusamy	4	4	
Francis Heng	4	3	
Michael Tan	4	4	
Sister Barbara Pereira FMDM	4	3	
Jeannie Tien	4	3	
Brother Michael Broughton FSC	2	1	Resigned on 17 May 2009
Jennifer Yeo	2	2	Joined on 12 August 2009
Gerard Koh	2	2	

ASSISI HOSPICE BOARD COMMITTEE 2009:

Nomination and Remuneration Committee

- ◆ Mr Ronny Tan (Chairman)
- ◆ Mr Lau Beng Long
- ◆ Sister Barbara Pereira FMDM
- ◆ Dr Cynthia Goh
- ◆ Mr Gerard Koh

Audit Committee

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

Finance Committee

- ◆ Mr Francis Heng (Chairman)
- ◆ Mr Ronny Tan
- ◆ Mr Michael Tan
- ◆ Mr Joseph Wong
- ◆ Ms Catherine Loh

Fund-Raising Committee

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

Programme and Services Committee

- ◆ Ms Anita Fam (Chairman)
- ◆ Dr Cynthia Goh
- ◆ A/Prof Premarani Kannusamy
- ◆ Mr William Chee



JEANNIE TIEN



2009 WAS A YEAR OF TREMENDOUS GRACES FOR ASSISI HOSPICE AND THANKFULLY, WE WERE ABLE TO END THE YEAR ON A POSITIVE NOTE.

Our Charity Fun Day survived the H1N1 outbreak and raised a net sum of S\$626,789, which surpassed our target. Held on 2 May 2009 at St Joseph's Institution International, the event attracted more than 10,000 patrons, who patiently acceded to a temperature screening. At the event, Sr Jane Bertelsen FMDM launched our "Adopt a limited edition Teddy Bear" drive, aimed at increasing our GIRO donor base. Sr Jane had flown in from the FMDM Motherhouse in the UK and we were delighted that she could experience the generosity of the people in Singapore, firsthand. At the end of our Charity Fun Day, 98 teddy bears were adopted by donors. With close to 100 new sign-ups, our GIRO donor base contributed a total of \$234,800 by the end of 2009.

And as the economy improved during the course of the year, we managed to raise more of the funds that we need to run Assisi. Our Annual Charity Dinner, which commemorated the 40th Anniversary of Assisi Hospice, raised over \$1.1million. The event was graced by Prime Minister Lee Hsien Loong and our Patron, Ms Ho Ching. It was an exhilarating night, with an auction and a showcase of comedic and musical performances by Singapore's favourite artistes, Adrian Pang, Selena Tan, Pamela Oei, Sebastian Tan and Hossan Leong. Especially memorable was their feet-tapping closing number, "I will follow Him", which they performed wearing nun habits.



Our Christmas Light-Up closed the year with a celebration with our patients and their family members, and a spectacular light-up of a 30-foot tree. This annual event raised \$556,960.

And although we saw a significant drop in fund raising by the corporate sector in 2009, we are grateful to the many individuals and groups for responding to the call for support. The Gunong Sayang Association donated the proceeds from its Matinee on 25 October 2009 to Assisi. Ayer Pasang Ayer Surut raised \$15,317. Project Stallion, a charity luncheon at the Singapore Turf Club, initiated by a group of friends, raised \$297,393. The Knights of Malta organised the second run of the play, The Prodigal Son, and donated \$119,585 to Assisi. Project Intan, a concert held in the heritage home of Alvin Yapp, raised \$34,361 for the purchase of medical and rehabilitation equipment.

But perhaps the most touching fund raiser of the year was “The Empty Box”, conceptualised, written, illustrated and beautifully packaged by a group of young talents from Yellow Octopus. The Empty Box is a Christmas tale that invites readers to fill the box with good deeds. Yellow Octopus raised \$9,700 towards the purchase of food vouchers for our needy patients.

We congratulate two of our long-standing supporters, Mr Bernard Oh of AMC for winning

the Good Samaritan Award 2009 conferred by the Rotary Club of Singapore and Mr Alvin Yapp for being awarded the “Outstanding Young Person of Singapore Award 2009 for Personal Improvement and/or Accomplishment” by the Orchid Jayceettes of Singapore.

It was a year of many challenges and great uncertainty. But our fund raising team and volunteers remained focused on the cause and continued to work hard to canvass for funds. We are touched by the generosity of all our donors and sponsors and would especially like to thank City Developments Ltd, CBM Pte Ltd, St Joseph’s Institution International, Pan Pacific Singapore, the Tote Board and Sembcorp.

Our kind donors have yet again helped us through another year, enabling us to provide comfort to those in need of hospice care. Thank you for supporting us through this difficult period. Together with the FMDM Sisters, we pray upon you and your family abundant graces and blessings.

Jeannie Tien
Chairman, Fund Raising Committee

FAR LEFT (from left):

Mr Ronny Tan, Chairman of Assisi Hospice; Mr Ivan Lee, General Manager of Pan Pacific Singapore; Sr Barbara Pereira, Regional Leader FMDM; Prime Minister Lee Hsien Loong; Mrs Jeannie Tien, Fund Raising Committee Chairman; Ms Ho Ching, Patron of Assisi Hospice; Mr Lau Beng Long, Chairman of Mount Alvernia Hospital (MAH) and Mr Khoo Chow Huat, CEO of Assisi Hospice and MAH

THIS PAGE, LEFT (from left):

Mrs Jane Tharman (Guest of Honour); Mr Ronny Tan (Chairman of Assisi Hospice); Mr Tang Kin Fei (Sembcorp Group President/CEO)

CENTRE: Patron Ho Ching attempting to dunk the Chairman, Mr Ronny Tan at the Charity Fun Day.

RIGHT: Sr Jane Bertelsen greeting a child with cancer

THE YEAR STARTED WITH THE IMPLEMENTATION OF THE DIGNITY IN CARE INITIATIVES ACROSS THE SERVICES.

The initiatives began with a slew of educational and training activities that attuned the staff to the conservation of dignity in our patients as one of the core purpose of our care. This was followed by the introduction of dignity therapy, a ward audit as well as workshops for the staff at their own departments. I am pleased to report that the staff participated enthusiastically and some departments even come up with staff-initiated programs to address the patients' needs for dignity.

Another key development was the review of our assessment and reassessment processes. In 2009, we revised our assessment form, and also introduced the Progress of Care charts. The new documents not only helped in streamlining the care processes and documentation, it also laid the foundations for a more systematic collection of outcomes data that would enable the audit of the care processes, and may also serve as useful indicators on the performance of the hospice clinical services.

Training continued to be emphasized as the cornerstone for the development of the hospice. In 2009, we were indeed fortunate that FMDM Sister, Mary Angelin, a specialist palliative care nurse trained in the UK, joined the hospice. She was instrumental for setting up an elaborate and meticulous assessment of competency system and for introducing a structured training program for the Patient Care Assistants (PCAs). The PCAs play an indispensable role in the care of the patients, engaging in direct and close



DR TAN YEW SENG

contact personal care at the wards, such as the bathing, dressing, feeding, toileting, and transferring. As a result of the new training programs, the PCAs felt more empowered in their work, and the positive patient and family feedback followed only naturally.

Still in the area of training, the hospice applied successfully for Health Manpower Development Plan (HMDP) funding for special training programs for 3 hospice staff. Senior medical social worker Mr Fong Yee Leong was funded for a training attachment to McKay Hospice in Taiwan for three months. Medical social worker Ms Jayne Leong obtained funding for her Masters in Social Science (Professional Counselling) course locally. I too had a short hospice attachment at San Diego Hospice, visited various hospices and hospitals in the United States and attended the Harvard Medical School Program in Palliative Care Education and Practice. There were plans to train our pediatric nurse to support the pediatric palliative care program, but they were derailed by the outbreak of H1N1. Fortunately, the team could continue to serve the pediatric patients and their families and we actually ended the year with more referrals to the home care program compared with 2008.

Speaking of the H1N1 outbreak, Assisi rose to the challenge with the response plan that was implemented expeditiously with full participation from staff at all levels. I am pleased to report that care for the patients and families were maintained in spite of the restrictions and constraints imposed by infection control procedures.

In 2009, Assisi Hospice was awarded S\$1.48 million in funding from the Tote Board and Lien Centre for Palliative Care to build bereavement support capacity



in Singapore. The Singapore Community Bereavement Project is a 3 year program based at Assisi Hospice, in collaboration with the Lien Centre. Among its objectives include producing a training curriculum customized to our multicultural community, devising and testing assessment tools, collecting critical data and training workers in the community to better help families cope with bereavement.

With strong support of the community, the referrers, the patients and families, Assisi Hospice looks set to play an even more vibrant role as a community hospice care provider. To meet the needs and expectations of this role, we have also started exploring the possibilities of increasing our capacity. We can look forward to even more exciting times for the hospice.

Dr Tan Yew Seng
Medical Director

FROM LEFT: Fong Yee Leong (Senior Medical Social Worker), Paul Tan See Hoe (Medical Social Worker), John Ng Han Wei (Medical Social Worker - Locum), Peh Cheng Wan (Senior Medical Social Worker), Dr Tan Yew Seng (Medical Director), Dr Rachel Wong (Medical Officer) and Dr Hoh Sek Yew (Resident Physician)



SEATED (from left): Jareal Bantilan (Physiotherapist) and Grace Sim (Manager)
STANDING (from left): Belinda Poon (Therapy Aide), Thomas Sim & Nawi Bin Yahya (Drivers cum Therapy Aides), David Chew (Part-time Driver) and Lau Kwai Chan (Senior Staff Nurse)

There have been quite a few exciting changes at the Adult Day Centre. Firstly, our patients now have a rehabilitation gym. The area that was previously used as the school room for the children has been converted into a gym. The conversion was made possible by the generous donors from Project Intan. We now conduct morning group exercises and individualised rehabilitation in the new gym. We have also hired a full-time physiotherapist to ensure that patients get the most out of their exercises and the gym equipment.

Also thanks to Project Intan donors, we were able to purchase 20 new recliners for patients to lounge in. And with funds raised by the Singapore Island Country Club, we replaced our 9½-year-old van with a new one to ferry our patients.





We have also converted a storage area into a multi-purpose clinic that offers privacy to patients undergoing treatment. The clinic is used by our doctors, nurses, massage therapist and volunteer dentist.

Children's Centre

At the Children's Centre, we relocated the school room to a newly renovated room which boasts of a cheerful wall mural and filled with new educational toys kindly sponsored by Harvest Resources and Training Centre. They have also developed a new curriculum and provided a permanent part-time teacher to help the children attain their developmental milestones.

Another group of well-wishers donated three HP touch screen computers, which were installed in October. The group also organised a training programme for the children. The children received weekly computer training and have become so adept that they have taken to creating short videos to bring home to their parents as Christmas gifts.

In-house Events

Day care and in-patients were treated to a sumptuous Chinese New Year steam boat lunch prepared and cooked by staff and volunteers, and sponsored by the Rotary Club. The patients were also given oranges and

angpows and treated to a performance by a Chinese orchestra troupe.

During the mid-Autumn festival, 20 of our Day Care patients stayed back for the evening celebrations, which were co-organised and sponsored by City Developments Ltd. Family members of a few patients joined in the festivities too, in-patients who were able to sit in wheelchairs participated as well. Everyone enjoyed the sumptuous dinner, dance performances and sing-a-longs. Mooncakes and lanterns were also distributed as gifts to the patients.

Staff from SATA delivered a talk on H1N1 on Oct 1 and representatives from the Tsao Foundation delivered a talk on tuberculosis on Oct 29. Seniors from the Senior Health Talk Shop came to deliver hands-on sessions on exercise and nutrition. These sessions and talks were all well received by patients.



We have also converted a storage area into a multi-purpose clinic that offers privacy to patients undergoing treatment.



Special Events

Our Day Care patients actively participated in the Assisi Charity Fun Day by making handicrafts for sale as contributing to our fund raising efforts gave them much joy. One of our adult patients attended the fair with his wife and they both had a good time. With tickets donated by well-wishers, 17 of our Day Care children enjoyed themselves at the Fair too.

We hosted a mini National Day Parade (NDP), organised by the Singapore Hospice Council and NDP

organising committee, for all hospices in Singapore. A total of 61 patients enjoyed a thrilling Precision Drill by the Military Police and the 25-pounder gun drill. Patients also jotted down their dreams for Singapore, took the pledge and sang the NDP theme song.

Our 13 Assisi Taekwondo Warriors, aged between seven and 21, took part in the 3rd National Taekwondo Poomsae Championships, held at Yishun Sports Hall on June 14. The Warriors did Assisi proud as they won 12 Gold, 4 Silver and a Bronze medal in the individual and mixed pair events.

Visits and Activities

Student nurses from NYP and students from CHIJ St Nicholas came to our Day Centre to perform songs and interact with the adult day care patients. A group of 25 pre-school kids from Just Kids Montessori also visited our adult Day Care patients.

And the group from the YMCA who performed for the adults the previous year returned during the Chinese New Year period with a big birthday cake to celebrate the birthdays of patients who were born in January.

Singapore Defence Technology volunteers catered a buffet lunch for our Day Care patients and In-patients, and also organised individual photo shoots. They also helped give our patients a quick makeover for the shoot. The photos were framed and presented to the patients on the same day. Not only were the patients impressed by the results, so were their family members.

Rotary Club Central, along with a group of Interact Club students from Victoria Junior College, visited the adult and children Day Centres. They catered a buffet lunch and the students put up a puppet show for the children and played Bingo with the adults. Both Day Care and In-patients were also given gifts of biscuits and chocolate.

Outings

Just before the Chinese New Year, tour agency Travellers DMC sponsored a trip to Chinatown. Our Adult Day Care patients and In-patients were ferried to Chinatown for an early dim sum lunch at Yam Cha Restaurant. After lunch, they were brought around Chinatown to browse the Chinese New Year goods and soak in the festive atmosphere.

Travellers DMC also took 17 Day Care patients and two In-patients to Jurong Bird Park. Most of the patients had not been to the Bird Park before and were amazed by the many tricks that the birds were able to perform. They also provided the patients with lunch and tea, and used their own vans to pick up the patients from their homes and to take them home.

The Wan Boo Sow Charity Fund sponsored a trip for 17 Day Care patients, who enjoyed a lovely lunch at Ah Yat Restaurant, followed by a trip down memory lane to the National Museum.

And the children from Day Care had a wonderful time decorating gingerbread men and gingerbread houses at Pan Pacific Hotel during



the Christmas season. The children also went to Bakerzin for a baking and cake decoration workshop organised by a regular volunteer and her friends. Dressed in chef whites, the children cooked up a storm and were especially thrilled to bring their muffins home to show their parents. On another occasion, the children enjoyed lunch and fun party games at McDonalds, on an outing that was organised and sponsored by City Developments Limited.



Our In-patient team grew slightly over the past year, with five new hires and three resignations. The team comprises a nursing officer, 15 staff nurses, 16 patient care assistants and a ward clerk. This team is led by Nurse Manager, Sharon Soon, who joined us in September.

Training

To ensure continual staff development, Assisi conducted monthly lectures on palliative care. Other in-house training sessions included a workshop on "Safety in the Workplace" and talks on "Fatigue" and "When Young Adults Die".

Our staff also attended Journal Club meetings at various hospices and restructured hospitals to keep abreast of the latest developments. In addition, two of our nurses attended the Wound Care Conference.

have also helped with the bed-making and ensuring that our patients' hygiene needs are met. Perhaps most importantly, they provide good company and encourage our patients to take part in the activities at our Day Centre.

Visits

Eight third-year medical students, six post-graduate oncology students and five students from the Advanced Diploma in Oncology Nursing course came to our ward for field visits. We also provided a work attachment opportunity for a student nurse from Auckland, New Zealand.

Volunteers

Our volunteers have continued to lend their support, helping us serve meals and feed patients. They

ABOVE:

SEATED (from left): Linda Longue (PCA), Ma San Win Htay (Enrolled Nurse), Sr. Angelin G. (Clinical Educator), Siti Radziyah (PCA) and Tan Lay Koon Patricia (Staff Nurse)

STANDING (from left): Catherine A. Andia (PCA), S. Mary Stevens (Nursing Officer), Khin San Wai (PCA), Vasendamallika (Staff Nurse), Kris Dianne Apuada (PCA), Cheryl Jovita (Ward Clerk) and Sharon Soon (Nurse Manager)



LEFT: Ms Lee giving her mom a comforting hug



Ms Lee Geok Hua's 68-year-old mother was diagnosed with final stage colon cancer in May 2008. "Of course, it was difficult news for us to receive. But my mum took it very gracefully. She accepted it," said Ms Lee, 50, who quit her job to spend more time with her mother when her condition worsened.

The family also decided to switch Mrs Lee from Home Care to In-Patient Care so that she would have access to round-the-clock palliative care.

"The doctors recommended that she be admitted, so that any urgent needs could be addressed promptly. There had been a few times when we panicked at home and had to call the 24-hour helpline when she started vomiting or getting breathless. We are not trained. She gets better care here. Her days are numbered. We know that. It is sad to see a loved one go. But she is in good hands, with good doctors, nurses and staff, and with her family around her," said Ms Lee.

*The people here are very kind.
The nurses, including the student
nurses, have been very helpful
and caring.*

She is also grateful that AH not only looks after the patients, they take care of the patient's families as well. She said, "It has been a tiring time for my father. They have really helped him and he is very happy with the level of care. The people here are very kind. The nurses, including the student nurses, have been very helpful and caring. They even call my parents 'Ah Kong' and 'Ah Mah'. They show respect to old folks. They don't just carry out their duties. They provide loving care and attention."



*As the day dawns
You are here
As the morning warms
You are here
As the noonday pulses
You are here
As the afternoon drowns
You are here
As the evening dims
You are here
As the night cradles me
You are here
Never abandoning me,
I can reach for you and
You are here*

It has been a busy year for the Clinical Pastoral Care (CPC) department. As part of the multi-disciplinary team at Assisi, we visit In-patients, provide support to Assisi staff, attend team meetings twice weekly, help with memorial services and run the bereavement and caregivers' support groups.

Regardless of their faith, we provide a listening ear and a compassionate presence to our patients and their caregivers. We address our patients' spiritual and religious needs and help them explore their sense of meaning and purpose in life. Patients are encouraged to explore their beliefs, values and concerns about life and death. We help them articulate their hopes and fears and affirm their lives and their worth as human beings, whilst gently addressing issues they want to resolve.

We know how privileged we are to journey with patients and families who let us into their worlds and allow us to walk with them. In some instances, we have helped bring families together to start the process of healing from misunderstandings that have gone on for years. We have journeyed spiritually with some patients and helped them arrive at a peaceful place of acceptance. Others, we have supported with our presence as they worked towards coming to terms with their situation.

Each journey is sacred, unique and borne out of the paths our patients have chosen in life. And each day, they show us that all of us have our own inner resources.



TOP LEFT (from left): Elaine Tee (CPC Counsellor), Sr Chad McCollum, FMDM (CPC Coordinator), Sr Bernadette Yeo, FMDM (Senior CPC Counsellor), Geraldine Goh (Senior CPC Counsellor), Rose Goh (Senior CPC Counsellor) and Sr Christine Chua, IJ (Senior CPC Counsellor)

Our Home Care Team continues to live up to our founding mission and reputation of providing compassionate and personalised palliative care by putting patients at ease in their final months. We believe that making our patients as comfortable as possible and helping them, and their families, deal with the end of life issues are just as important as symptom management. We encourage our patients to make peace with themselves and their families and hope that in some small way, we are making a difference in their lives.

Going The Extra Mile

When we heard that one of our terminally-ill patients wanted to leave something that his family could remember him by, we helped him complete a photo journal, a visual autobiography that he could give to his children and wife. We arranged for a photographer to be attached to them for a few days to capture the precious little moments of their family life. This enabled our patient to fulfil his last wish and it also encouraged the whole family to spend more quality time together, something that they had not been doing in a long time.

Training

Our staff attended seminars on “The Spiritual Journey of Death and Dying from Perspectives of Different Religions”, “Palliative Care - One Voice in Palliative Nursing” and “Optimising Cancer Pain Management”.

We also sent two staff nurses on a one-year “Cancer and Palliative Care For Community Hospice Nurses” programme and one of our nursing officers attended

a one-year course leading to a Graduate Certificate in Health (Palliative Care) at Flinders University.

A Sharing

AH’s holistic approach to patient care and the staff’s genuine concern for patient welfare convinced retiree Karen Sng to spend her free time volunteering with the Home Care team.

Said Mrs Sng, 55 a trained counsellor, “Every Monday, they hold multi-disciplinary team meetings that include doctors, nurses, medical social workers, counsellors... everyone involved in the care of the patients. They looked into not just the medical needs of their patients, but also the social, emotional and psychological aspects of the patients’ situations. It is a team effort. Everyone plays an important role. It is fantastic. I’m very impressed by the concerns and passion they have for their patients. And I can see that a lot of patients really appreciate the care they are being provided.”

As a volunteer counsellor, Mdm Sng looks into the “psychological and emotional part” of a patient’s journey. Sometimes, she makes house calls together with a member of the Home Care team. But sometimes, she visits the patients on her own.

“It is very demanding and draining. That’s why self-care and good support are so important. If you care for yourself, then you can take care of others. I constantly meet up with my supervisors, who are always available to talk things through,” she said.

“Most home care patients and their families are very appreciative of these home visits. And when I see the patients come to terms with their own death, being able to talk openly about it with their loved ones and being at peace that is indeed very rewarding for me,” she added.



FROM LEFT: Lai Mee Horng
(Nursing Officer), Long Kiew Joon
(Senior Staff Nurse) and Bedah
Bte Samath (Nursing Officer)



Volunteer dentist Dr Ng Poh Leng, 49, is happy to help. Rather than “going to some other country to do voluntary work every other year”, she takes time out every week to help AH patients.

When she drops in to provide on-site dental care, she does what she can for the patients, given the limited dental instruments and equipment available at the hospice. Sometimes, she opens up one of her two clinics, which she runs with her husband, for AH patients and treats them there instead.

As palliative dental care was relatively new to her when she started volunteering in March 2009, she had to do some research to prepare for it. “You have to take into account their health conditions. They are ill and on medication. There will be a lot of things that you cannot carry out. So you make do and you ease their pain,” she said.

But reading up could not quite help prepare her for what the experience would feel like. At the beginning, she found the going quite tough. “I asked myself: “What am I doing here?” But the doctors were very nice. They came to

*The nurses here smile.
They make their patients smile.
The doctors know their patients
and address them by name.
I like that.*

speak to me. It took me some time, but I’ve come to realise that if I don’t do it, then who can help them?”

She also found the “positive vibe” at AH to be a strong motivating factor. “The nurses here smile. They make their patients smile. The doctors know their patients and address them by name. I like that. And I try to supplement that with whatever I can contribute,” she said.

Prayer of St Francis:

*Lord make me an instrument of your peace,
Where there is hatred let me sow love.
Where there is injury, pardon.
Where there is doubt, faith.
Where there is despair, hope.
Where there is darkness, light.
And where there is sadness, joy.*

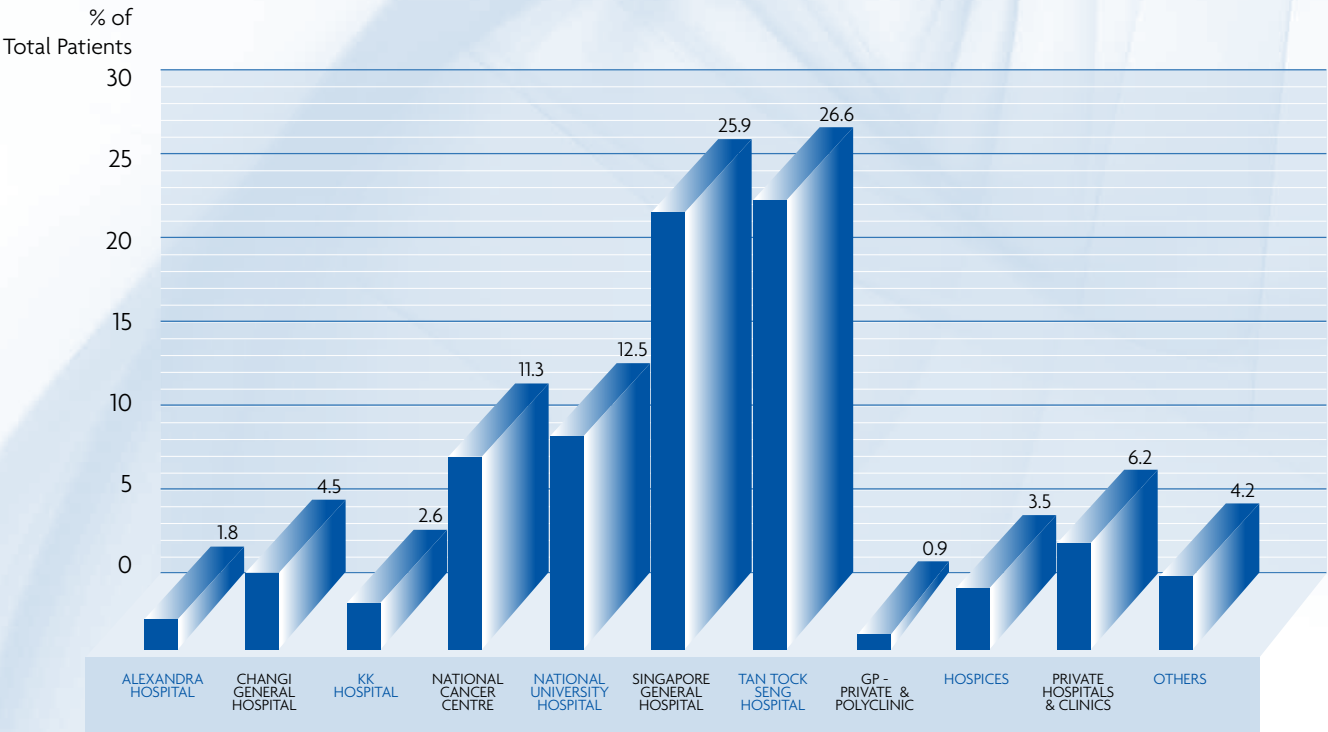
*O divine master
grant that I may not so much seek
to be consoled as to console;
to be understood as to understand;
To be loved as to love
For it is in giving that we receive -
it is in pardoning that we are pardoned.
And it's in dying that we are born to eternal life.
Amen*



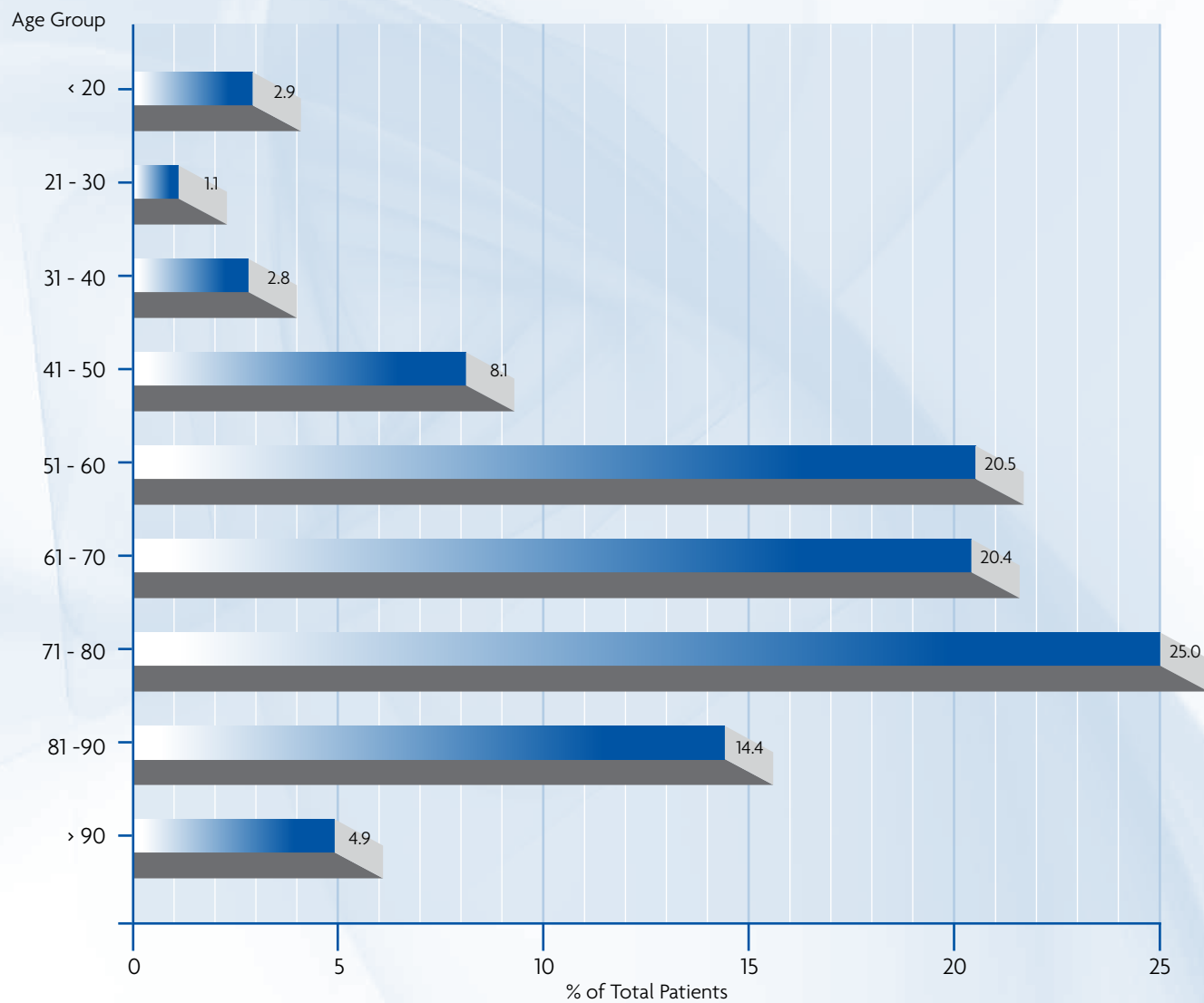
Number of Patients Served in 2009

	Inpatient Adults	Inpatient Children	Day Care Adults	Day Care Children	Home Care Adults	Home Care Children	Sum Total
SUMMARY							
Patients Carried Forward from 2008	28	1	21	42	111	2	205
New Admissions	365	1	42	19	368	5	800
Re-Admission	55	0	12	1	64	1	133
TOTAL	448	2	75	62	543	8	1138

Source of Referrals



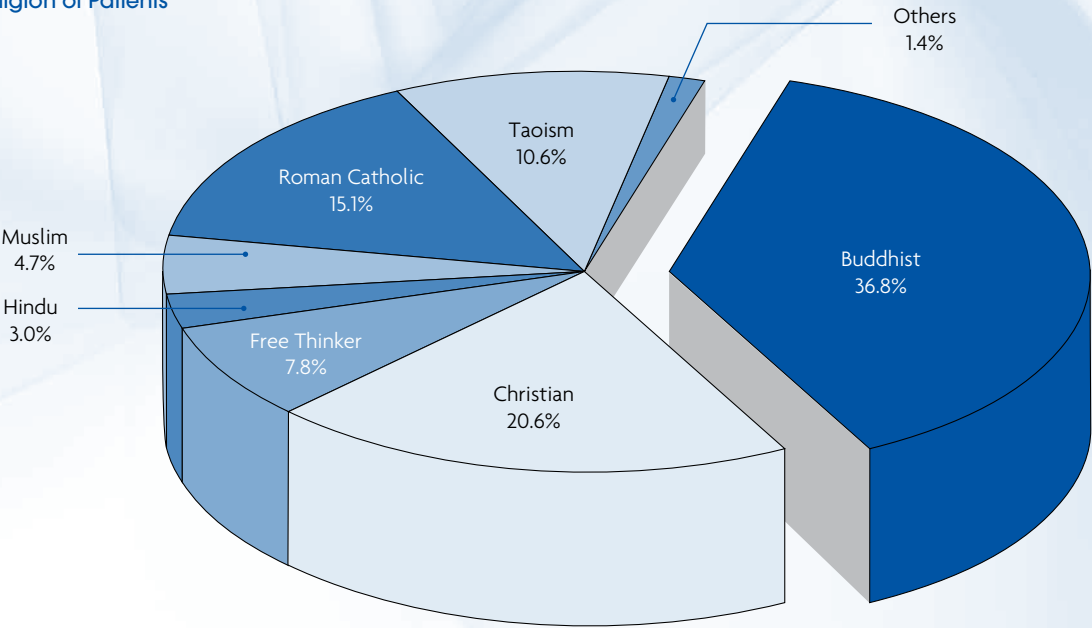
Age Profile of Patients Admitted



Ethnic Groups of Patients

ETHNIC GROUP	Inpatient Adults		Inpatient Children		Day Care Adults		Day Care Children		Home Care Adults		Home Care Children		Sum Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Chinese	377	89.8	1	100	49	90.7	13	65	373	86.3	6	100	819	87.8
Eurasian	8	1.9	0	0.0	0	0.0	0	0.0	7	1.6	0	0.0	15	1.6
Indian	19	4.5	0	0.0	4	7.4	2	10	21	4.9	0	0.0	46	4.9
Malay	11	2.6	0	0.0	1	1.9	1	5	24	5.6	0	0.0	37	4.0
Others	5	1.2	0	0.0	0	0.0	4	20	7	1.6	0	0.0	16	1.7
TOTAL	420	100	1	100	54	100	20	100	432	100	6	100	933	100

Religion of Patients



In Our Opinion:

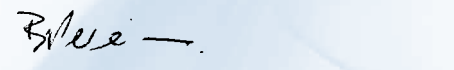
- (a) the financial statements set out on pages 29 to 48 are drawn up so as to give a true and fair view of the state of affairs of Assisi Hospice (the Hospice) as at 31 December 2009 and the results of the financial activities and cash flows of the Hospice for the year ended on that date in accordance with Singapore Financial Reporting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Hospice will be able to pay its debts as and when they fall due.

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

On behalf of the Board of Directors



Ronny Tan Chong Tee
Chairman



Sister Pereira Barbara Anne, FMDM
Director

12 May 2010

The Board of Directors of the Hospice - Assisi Hospice

We have audited the financial statements of Assisi Hospice (the Hospice), which comprise the balance sheet as at 31 December 2009, the statement of financial activities and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes, as set out on pages 29 to 48.

Management's Responsibility For The Financial Statements

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

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

Auditors' Responsibility

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

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

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

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

Opinion

In our opinion:

- (a) the financial statements of the Hospice are properly drawn up in accordance with the Charities Act, Chapter 37, Charities (Institutions of a Public Character) Regulations 2007, Charities (Institutions of a Public Character) (Amendment) Regulations 2008 and Singapore Financial Reporting Standards to present fairly, in all material respects, the state of affairs of the Hospice as at 31 December 2009 and the results of financial activities and cash flows of the Hospice for the year ended on that date; and
- (b) nothing has come to our attention to cause us to believe that:
 - (i) the funds were not used in accordance with the objects of the Hospice;
 - (ii) the issue of tax deductible receipts were not accounted for;
 - (iii) management has not, in all material aspects, complied with the conditions applicable to the Hospice under the Rules; and
 - (iv) the Hospice did not comply with Regulation 15 of the Charities (Institutions of a Public Character) (Amendment) Regulations 2008.



KPMG LLP

Public Accountants and Certified Public Accountants

Singapore

12 May 2010

As At 31 December 2009

	Note	2009 \$	2008 \$
Non-Current Assets			
Property, plant and equipment	4	1,817,862	1,836,561
Current Assets			
Trade and other receivables	5	777,469	909,088
Cash at bank and in hand	6	19,139,166	16,209,960
		19,916,635	17,119,048
Total Assets		21,734,497	18,955,609
Funds			
Restricted funds			
Children Camp Fund	7	1,878	1,878
Development Fund	8	1,464,017	1,508,308
Renovation Fund	9	21,582	23,124
Medical Equipment Fund	10	23,492	34,286
Occupational Therapy Fund	11	-	3,020
Motor Vehicle Fund	12	26,131	72,496
Paediatric Palliative Care Programme	13	633,587	698,943
Unrestricted funds			
Accumulated Fund		18,690,467	15,469,085
Total Funds		20,861,154	17,811,140
Current Liability			
Trade and other payables	14	873,343	1,144,469
Total Liability		873,343	1,144,469
Total Funds And Liability		21,734,497	18,955,609

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

Statement Of **FINANCIAL ACTIVITIES**

Year Ended 31 December 2009

	Note	Unrestricted Fund 2009 \$	Restricted Fund 2009 \$
Incoming Resources			
Incoming resources from generated funds:			
Voluntary income			
- Donation from general public		1,374,326	-
- Donation from Mount Alvernia Hospital	15	428,896	-
- Grant/Sponsorship received		119,976	-
Income from fund-raising activities		3,765,328	-
Incoming resources from charitable activities			
- Government grants		1,982,157	-
- Patient fees		582,817	-
- Amortisation of funds	16	86,910	(86,910)
Other income resources	17	305,584	-
Total Incoming Resources		8,645,994	(86,910)
Resources Expended			
Cost of generating funds			
		224,384	-
Charitable activities			
		5,100,064	84,458
Governance costs			
		100,164	-
Total Resources Expended		5,424,612	84,458
Net Incoming/(Outgoing) Resources	18	3,221,382	(171,368)
Total Funds Brought Forward		15,469,085	2,342,055
Total Funds Carried Forward		18,690,467	2,170,687

Total Funds 2009	Unrestricted Fund 2008	Restricted Fund 2008	Total Funds 2008
\$	\$	\$	\$
1,374,326	1,549,772	228	1,550,000
428,896	428,896	-	428,896
119,976	97,391	-	97,391
3,765,328	3,562,204	-	3,562,204
1,982,157	1,180,341	-	1,180,341
582,817	815,919	-	815,919
-	90,208	(90,208)	-
305,584	268,914	-	268,914
8,559,084	7,993,645	(89,980)	7,903,665
224,384	171,944	-	171,944
5,184,522	4,751,140	49,878	4,801,018
100,164	107,288	-	107,288
5,509,070	5,030,372	49,878	5,080,250
3,050,014	2,963,273	(139,858)	2,823,415
17,811,140	12,505,812	2,481,913	14,987,725
20,861,154	15,469,085	2,342,055	17,811,140

A separate statement of changes in funds has not been prepared as the net incoming/(outgoing) resources would be the only component of this statement.

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

CASH FLOW STATEMENT

Year Ended 31 December 2009

	Note	2009 \$	2008 \$
Cash Flows From Operating Activities			
Net incoming resources for the year		3,050,014	2,823,415
Adjustments for:			
Depreciation of property, plant and equipment		185,024	234,740
Loss/(Gain) on disposal of property, plant and equipment		50	(44,487)
Interest income		(145,254)	(224,427)
		3,089,834	2,789,241
Changes in working capital:			
Trade and other receivables		103,690	(625,771)
Trade and other payables		(271,126)	543,186
Cash Flows From Operating Activities		2,922,398	2,706,656
Cash Flows From Investing Activities			
Purchase of property, plant and equipment		(167,075)	(145,367)
Proceeds from disposal of property, plant and equipment		700	44,487
Placement of time deposits with maturity of more than 3 months with financial institutions		(3,147,476)	(3,392,645)
Interest received		173,183	271,052
Net Cash From Investing Activities		(3,140,668)	(3,222,473)
Net Decrease In Cash And Cash Equivalents		(218,270)	(515,817)
Cash and cash equivalents at 1 January		958,732	1,474,549
Cash And Cash Equivalents At 31 December	6	740,462	958,732

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

The financial statements were authorised for issue by the Board of Directors on 12 May 2010.

1 Domicile And Activities

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

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

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

2 Basis Of Preparation

2.1 Statement of compliance

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

2.2 Basis of measurement

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

2.3 Functional and presentation currency

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

2.4 Use of estimates and judgements

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

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

3 Significant Accounting Policies

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

3.1 Foreign currencies

Transactions in foreign currencies are translated to the functional currency of the Hospice at the exchange rate at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the reporting date are retranslated to the functional currency at the exchange rate at the reporting date. Non-monetary assets and

These notes form an integral part of the financial statements.

liabilities denominated in foreign currencies that are measured at fair value are retranslated to the functional currency at the exchange rate at the date on which the fair value was determined.

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

3.2 Property, plant and equipment

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

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

The estimated useful lives are as follows:

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

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

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

3.3 Financial instruments

Non-derivative financial instruments

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

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

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

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

3.4 Impairment

Financial assets (including receivables)

A financial asset is assessed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event had a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

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

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

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

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in the statement of financial activities and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised through the unwinding of the discount. When a subsequent event causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through the statement of financial activities.

Non-financial assets

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

The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets (the cash-generating unit, or CGU).

These notes form an integral part of the financial statements.

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

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

3.5 Employee benefits

Defined contribution plans

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

Short-term benefits

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

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

3.6 Incoming resources

(i) Patient fees

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

(ii) Government subvention

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

(iii) Donation income

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

(iv) Interest income

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

(v) Amortisation of fund balances

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

3.7 Resources expended

Resources expended comprise the following:

(i) Costs of generating funds

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

(ii) Charitable activities

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

(iii) Governance costs

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

3.8 Funds structure

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

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

3.9 New standards and interpretations not yet adopted

New standards, amendments to standards and interpretations that are not yet effective for the year ended 31 December 2009 have not been applied in preparing these financial statements. The initial application of these standards, amendments to standards and interpretations is not expected to have any material impact on the Hospice's financial statements. The Hospice has not considered the impact of accounting standards issued after the reporting date.

These notes form an integral part of the financial statements.

4 Property, Plant And Equipment

	Building	Renovations	Furniture And Fittings	Office And Other Equipment
	\$	\$	\$	\$
Cost				
At 1 January 2008	2,233,287	1,191,900	123,661	97,204
Additions	-	19,660	18,310	26,840
Disposals	-	-	-	(700)
At 31 December 2008	2,233,287	1,211,560	141,971	123,344
Additions	-	33,369	1,475	-
Transfer	-	13,954	-	-
Disposals	-	-	(3,951)	(698)
At 31 December 2009	2,233,287	1,258,883	139,495	122,646
Accumulated Depreciation				
At 1 January 2008	666,540	1,035,009	102,235	88,300
Depreciation charge for the year	44,787	94,911	7,540	6,429
Disposals	-	-	-	(700)
At 31 December 2008	711,327	1,129,920	109,775	94,029
Depreciation charge for the year	44,666	42,789	8,746	9,251
Disposals	-	-	(3,951)	(698)
At 31 December 2009	755,993	1,172,709	114,570	102,582
Carrying Amount				
At 1 January 2008	1,566,747	156,891	21,426	8,904
At 31 December 2008	1,521,960	81,640	32,196	29,315
At 31 December 2009	1,477,294	86,174	24,925	20,064

Motor Vehicles	Plant And Machinery	Medical Equipment	Computer Equipment	Assets Under Construction	Total
\$	\$	\$	\$	\$	\$
398,364	395,307	66,569	57,534	-	4,563,826
4,098	16,900	21,485	24,120	13,954	145,367
(152,659)	-	-	(2,881)	-	(156,240)
249,803	412,207	88,054	78,773	13,954	4,552,953
57,252	8,480	45,149	21,350	-	167,075
-	-	-	-	(13,954)	-
(57,000)	(11,948)	(8,302)	-	-	(81,899)
250,055	408,739	124,901	100,123	-	4,638,129
309,529	358,003	34,906	43,370	-	2,637,892
34,601	25,127	10,347	10,998	-	234,740
(152,659)	-	-	(2,881)	-	(156,240)
191,471	383,130	45,253	51,487	-	2,716,392
36,092	13,114	15,710	14,656	-	185,024
(57,000)	(11,948)	(7,552)	-	-	(81,149)
170,563	384,296	53,411	66,143	-	2,820,267
88,835	37,304	31,663	14,164	-	1,925,934
58,332	29,077	42,801	27,286	13,954	1,836,561
79,492	24,443	71,490	33,980	-	1,817,862

During the year, the Hospice acquired property, plant and equipment with an aggregate cost of \$167,075 (2008: \$145,367), of which \$Nil (2008: \$11,020) was acquired using donations received under Medical Equipment Fund.

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

	Note	2009	2008
		\$	\$
Carrying amount of building purchased under Development Fund	8	1,464,017	1,508,308
Carrying amount of major renovations purchased under Renovation Fund	9	-	1,542
Carrying amount of medical equipment purchased under Medical Equipment Fund	10	23,492	34,286
Carrying amount of motor vehicle purchased under Motor Vehicle Fund	12	24,118	54,402

5 Trade Receivables

	2009	2008
	\$	\$
Trade receivables	155,328	238,248
Allowance for doubtful trade receivables	(4,615)	(4,615)
Net receivables	150,713	233,633
Government subvention due from Ministry of Health	408,249	370,607
Donation receivables	138,411	139,480
	697,373	743,720
Deposits	3,500	3,500
Interest receivable	57,279	85,208
Loans and receivables	758,152	832,428
Prepayments	19,317	76,660
	777,469	909,088

Loans and receivable are financial assets with fixed and determinable payments that are not quoted in an active market. No loans were extended as at 31 December 2009.

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

Impairment losses

The ageing of receivables at the reporting date is:

	Gross 2009	Impairment Losses 2009	Gross 2008	Impairment Losses 2008
	\$	\$	\$	\$
Not past due	576,382	-	565,686	-
30 days	11,330	-	28,022	-
60 days	6,901	-	29,510	-
90 days	7,972	-	14,414	-
90 days and above	99,403	(4,615)	110,703	(4,615)
	701,988	(4,615)	748,335	(4,615)

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

6 Cash At Bank And In Hand

	2009	2008
	\$	\$
Cash at bank and in hand	740,462	674,988
Time deposits with financial institutions	18,398,704	15,534,972
	19,139,166	16,209,960
Less: Time deposits with financial institutions with maturity of more than 3 months from the date of placement	(18,398,704)	(15,251,228)
Cash and cash equivalents	740,462	958,732

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.82% (2008: 1.52%). Interest rates reprice at intervals of one, three, six, nine and twelve months.

Included in the time deposits with financial institutions with maturity of more than 3 months from the date of placement are balances of \$763,059 (2008: \$843,517) which are subject to usage restriction imposed by the donors. These balances include the donation for specified use imposed by the donor (note 14) and those belonging to restricted funds (notes 7 to 13).

7 Children Camp Fund

	2009	2008
	\$	\$
The fund is represented by:		
Current Assets		
Cash and cash equivalents	1,878	1,878

This fund was set up in 2004 for the purpose of organising activities for the children. During the year, the Hospice did not utilise the fund to organise activities. In 2008, the Hospice had utilised the fund to organised activities amounting to \$156.

8 Development Fund

	2009	2008
	\$	\$
The fund is represented by:		
Non-current Assets		
Building	1,464,017	1,508,308

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

9 Renovation Fund

	2009	2008
	\$	\$
The fund is represented by:		
Non-current Assets		
Renovations	-	1,542
Current Assets		
Cash and cash equivalents	21,582	21,582
	21,582	23,124

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

10 Medical Equipment Fund

	2009	2008
	\$	\$
The fund is represented by:		
Non-current Assets		
Medical equipment	23,492	34,286
	23,492	34,286

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

The fund was fully utilised in 2008 for the purchase of medical equipment amounting to \$11,020.

11 Occupational Therapy Fund

	2009	2008
	\$	\$
The fund is represented by:		
Current Assets		
Cash and cash equivalents	-	3,020

This fund was set up in 2004 for the purpose of providing occupational therapy services to day centre patients. During the year, the Hospice has utilised the fund for its object amounting to \$3,020 (2008: \$6,980).

12 Motor Vehicle Fund

	2009	2008
	\$	\$
The fund is represented by:		
Non-current Assets		
Motor vehicles	24,119	54,402
Current Assets		
Cash and cash equivalents	2,012	18,094
	26,131	72,496

This fund was set up in 2006 to fund the purchase of motor vehicles and the daily running cost of the Hospice’s motor vehicles. During the year, the Hospice has utilised the motor vehicles fund for maintenance of motor vehicles amounting to \$16,082 (2008: \$18,831).

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

13 Paediatric Palliative Care Programme

	2009	2008
	\$	\$
The fund is represented by:		
Current Assets		
Cash and cash equivalents	633,587	698,943

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

During the year, the Hospice has utilised the fund mainly for the services of a paediatric staff nurse, courses and seminars on paediatric palliative care amounting to \$65,356 (2008: \$23,911).

14 Trade And Other Payables

	2009	2008
	\$	\$
Amount due to Mount Alvernia Hospital	412,630	670,850
Patients' deposits	850	850
Trade payables	72,233	82,532
Accrued operating expenses	283,630	290,237
Deferred donation income	104,000	100,000
	873,343	1,144,469

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

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

15 Donation From Mount Alvernia Hospital

Donation from Mount Alvernia Hospital represents amounts waived by Mount Alvernia Hospital in respect of support costs charged to the Hospice (note 18).

16 Changes In Funds

	Children Camp Fund	Development Fund	Renovation Fund	Medical Equipement Fund	Occupational Therapy Fund	Motor Vehicle Fund	Paediatric Palliative Care Programme	Total
	\$	\$	\$	\$	\$	\$	\$	\$
At 1 January 2008	2,034	1,552,599	28,141	44,903	10,000	121,610	722,626	2,481,913
Donation received	-	-	-	-	-	-	228	228
Utilisation of fund	(156)	-	-	-	(6,980)	(18,831)	(23,911)	(49,878)
Amortisation to statement of financial activities	-	(44,291)	(5,017)	(10,617)	-	(30,283)	-	(90,208)
At 31 December 2008	1,878	1,508,308	23,124	34,286	3,020	72,496	698,943	2,342,055
Utilisation of fund	-	-	-	-	(3,020)	(16,082)	(65,356)	(84,458)
Amortisation to statement of financial activities	-	(44,291)	(1,542)	(10,794)	-	(30,283)	-	(86,910)
At 31 December 2009	1,878	1,464,017	21,582	23,492	-	26,131	633,587	2,170,687

17 Other Incoming Resources

	2009	2008
	\$	\$
Interest income from time deposits	145,254	224,427
Jobs credit grant	160,380	-
(Loss)/Gain on disposal of property, plant and equipment	(50)	44,487
	305,584	268,914

18 Net Incoming/(Outgoing) Resources

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

	2009	2008
	\$	\$
Supplies and consumables	165,217	135,641
Depreciation of property, plant and equipment	185,024	234,740
Repairs and maintenance	57,284	57,502
Mount Alvernia Hospital's support costs to the Hospice (a)	428,896	428,896
Agency manpower services	289,712	341,610
Utilities	100,406	96,664
Staff costs	3,247,638	2,866,299
Contributions to defined contribution plan, included in staff costs	293,807	247,984
Audit fees paid to auditors of the Hospice	17,199	20,323

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

During the financial year, the Hospice received sponsorships from various donors to be used in its fund-raising events in 2009.

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

Tax deductible donations received amounted to \$4,077,528 (2008: \$4,061,925) for the year ended 31 December 2009.

19 Income Taxes

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

20 Financial Instruments

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

Credit risk

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

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

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

Liquidity risk

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

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

Interest rate risk

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

Sensitivity analysis

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

	Profit or Loss			
	2009		2008	
	10 bp increase	10 bp decrease	10 bp increase	10 bp decrease
	\$	\$	\$	\$
Time deposits	17,074	(17,074)	14,372	(14,372)

There is no impact to equity.

Foreign currency risk

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

Fair values

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

21 Related Parties

Key management personnel compensation

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

Key management personnel compensation comprised:

	2009	2008
	\$	\$
Short-term employee benefits	333,423	308,346
Number of key management in remuneration bands:	2009	2008
\$100,000 to \$150,000	2	2
	2	2

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

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

	2009	2008
	\$	\$
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	327,087	313,791

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

22 Comparative Information

During the current year, the Hospice modified the statement of financial activities classification of support costs from governance costs to charitable activities to reflect more appropriately the nature of support costs. Comparative amounts were reclassified for consistency, which resulted in \$554,821 being reclassified from governance costs to charitable activities.



- F M D M -
 60
 years
 presence in
 Singapore
 1949 - 2009

Franciscan Missionaries Of The Divine Motherhood 60 Years of Presence In Singapore (1949 to 2009)

The sisters of the Franciscan Missionaries of the Divine Motherhood (FMDM) commemorated 60 Years of Presence in Singapore on 12 October 2009. A thanksgiving mass was celebrated by Archbishop Nicholas Chia with 16 other priests, together with over 200 guests. Also present was the FMDM Congregational Leader, Sr Teresa Mitchell, who came from England to celebrate with the Sisters here.

True to their mission, a Choral Concert entitled "Celebrating Simplicity" was held on 11 September 2009 with donations dedicated to Assisi Hospice. The Concert showcased the Life of St Francis and traced the history of the FMDM Sisters in Singapore since their arrival in 1949. The Choir, comprising Dr Timothy Lee, the Sisters, doctors, staff and friends of both Mount Alvernia Hospital and Assisi Hospice, made its debut in front of the Minister for Prime Minister's Office, Mr Lim Boon Heng with Mrs Lim, and over 500 guests.

The Concert began with Minister Lim handing a lighted candle to Sr Barbara Pereira, Regional Leader of the FMDM Sisters, as a call to the Sisters to continue their work in Singapore. This was significant as the work of the Sisters had begun at the request of the Singapore Government, which had sought the Sisters' help in looking after the tuberculosis ward in the former Tan Tock Seng Hospital at Mandalay Road.

The Sisters went on to build Mount Alvernia Hospital in 1961. They also managed the Villa Francis Home for the Aged from 1977 to 2001 and established Assisi Hospice as a home in 1969 and then as a comprehensive hospice in 1992 to serve the needy and terminally ill.

In the 1990s, the Sisters handed over the administration of both the hospital and hospice to secular professionals so as to dedicate themselves to the Pastoral and Spiritual needs of the people they serve.



BLESSINGS TO ALL

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

*May the Lord bless you
and keep you.*

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

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

(Numbers 6: 24-26)