



ASSISI  
HOSPICE  
*Caring for Life*



*"He will cover you with His feathers,  
and under His wings you will find  
refuge; His faithfulness will be your  
shield and rampart."*

PSALM 91:4

# In Solidarity

Annual Report 2020

## Franciscan Values

Assisi Hospice was established in 1969 by the Franciscan Missionaries of the Divine Motherhood. We dedicate our efforts to providing palliative care for all who are vulnerable. Our guiding principles in caring for the sick and the poor take root in Franciscan values, as lived by our Patron Saint, St Francis of Assisi.

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

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



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

The life and teachings of St Francis have much relevance to us at Assisi, as we come face-to-face with diverse individuals from all walks of life, who need our support, love and care.

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



### THE PRAYER OF SAINT FRANCIS

*Lord, make me an instrument of Thy 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 sorrow, joy.*

*Oh Divine Master,*

*grant that I may not so much seek*

*to be consoled as to console*

*to be understood as to understand*

*to be loved as to love.*

*For it is in giving that we receive*

*It is in pardoning that we are pardoned,*

*and it is in dying that we are born to Eternal Life.*



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# Our Vision, Mission & Service Values

## Our Patron

Ms Ho Ching

## Our Vision

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

## Our Mission

The Assisi Hospice is a  
Catholic charity providing  
compassionate, personalised  
and quality palliative care to  
adults and children with life-  
limiting illnesses through our  
inpatient, home and day care  
services.

## Our Service Values



### 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.



### 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.



### 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.



### 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.



### 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.



# Message from Sister Jane

Congregational Leader

Franciscan Missionaries of the Divine Motherhood



**A**s I look back, the extraordinary paradox of life strikes me profoundly. When I wrote my message 12 months ago, we were reflecting on a wonderful year of celebration marking Assisi Hospice's 50 years of ministry in Singapore contrasted with what was becoming more and more apparent by the day that we were in the grip of a global pandemic. This time last year none of us could have imagined how every aspect of our lives, our families, our work, our communities would be affected.

Even though I am 10,000 kilometres from Singapore and, of course, have not been able to travel, I am grateful for technology which has enabled me to stay in touch with the ministry of Assisi Hospice over this year. I share a few observations.



*Whilst many of us focused (on instruction from our governments) on protecting ourselves and our families, Team Assisi looked outwards; selflessly looking to the needs of those they serve and creatively, generously, bravely and untiringly responded to them.*

Whilst everything else stopped around us, Sister Death (St Francis always referred to death as his sister) continues to visit so many of our loved ones. The eternal cycle of birth, growth, life and death continues to touch and shape our lives. The ministry of Assisi in Caring for Life to the very last breath and beyond had to continue.

Whilst many of us focused (on instruction from our governments) on protecting ourselves and our families, Team Assisi looked outwards; selflessly looking to the needs of those they serve and creatively, generously, bravely and untiringly responded to them. For me, the whole team in Assisi is a living example of the power of the self-giving love which lies at the heart of our Catholic Health Care Ministry. I am also absolutely convinced that the transformative effect of that energy of love and service extends (like a stone thrown into a pond) in circles far beyond the immediate patient and their family particularly at a time when there has been so much anxiety, fear and uncertainty across the whole community.

I see Assisi's ministry as a living example of all that Pope Francis speaks about in his most recent encyclical Fratelli Tutti. He is writing in the context of the Covid-19 pandemic and how we are called to respond as sisters and brothers to all. He writes:

*It is my desire that, in this our time, by acknowledging the dignity of each human person, we can contribute to the rebirth of a universal sense of fraternity. Fraternity between all men and women..... No one can face life in isolation... We need a community that supports and helps us, in which we can help one another. How important it is to dream together... By ourselves, we risk seeing mirages, things that are not there. Dreams, on the other hand, are built together. Let us dream, then, as a single human family, as fellow travellers sharing the same flesh, as children of the same earth which is our common home, each of us bringing the richness of his or her beliefs and convictions, each of us with his or her own voice, brothers and sisters all. (FRATELLI TUTTI, PARAGRAPHS: 7,8)*

Assuring each and everyone associated, in any way, with Assisi Hospice the support in prayer and gratitude of our FMDM community and thank you for being that presence of Christ amongst us.



# Message from Ms Anita Fam

Chairman  
Board of Directors



*On 1 April 2020, the Ministry of Health (MOH) announced the Inpatient Hospice Palliative Care Service (IHPCS) framework, which extends MediShield Life coverage to all our patients...*

*This is the result of active championing and discussions over the years, to recognise that everyone deserves to spend their last days in comfort and dignity, and that palliative care is an integral part of healthcare.*



As Covid-19 brings challenges to Singapore's healthcare services, economy and livelihoods, Assisi Hospice has been steadfast in our compassionate service to patients who require palliative care. 2020 was a year of profound uncertainties. Despite all the challenges, we thank God for His protection and provision which carried us through the year of pandemic. By holding on to his Mission of Love and our values of service, we not only continued to meet the needs of our patients, but served more patients and their loved ones.

On 1 April 2020, the Ministry of Health (MOH) announced the Inpatient Hospice Palliative Care Service (IHPCS) framework, which extends MediShield Life coverage to all our patients. To our patients, this means that the poorest of the poor who qualify for maximum government subsidy after Means Testing pay only \$17 per day. For Assisi, this supports our Inpatient operating costs.

This is the result of active championing and discussions over the years, to recognise that everyone deserves to spend their last days in comfort and dignity, and that palliative care is an integral part of healthcare. It is indeed God's timing and provision that these efforts bore fruit in this challenging year, which

sheltered Assisi financially and provided relief for us from the impact of the global economic storm due to the pandemic. I would like to thank MOH for their support, and my fellow Board Directors and all involved in rallying for the cause with me and being such strong advocates for palliative care over the years.

In response to God's overflowing providence, we plan to extend our work by purposefully helping others in the sector grow in their care for the needy, offering a hand in practical ways. We would like to share in each and every way we can, from clinical expertise to how we can be a team with a clear mission.

I would like to thank my fellow Board Directors, our CEO, Ms Choo Shiu Ling, management and staff, funders, volunteers, supporters and friends who have held on together and journeyed with us. I would also like to express my deepest appreciation to Mr Edward D'Silva and Mrs Sylvia Lee who stepped down from the Board last year, for all their hard work through the years.

All glory to God for His protection and provision, and may we continue in faith and obedience in our journey of love to serve our community of patients and families with compassion.

May God bless each and every one of you.

# Message from Ms Choo Shiu Ling

Chief Executive Officer



*Through the experience of the year, I have been constantly inspired by the resilience and endeavour of the Assisi Team, how they somehow managed to provide love and care, often with amazing joy and lightness, even as they faced their own challenges. I have seen how caregivers managed extremely tough circumstances, and still hold space for their loved ones.*



**2**020 is a year where I have experienced thankfulness beyond measure.

Being part of a palliative care team has helped me to understand that at the end of life, the measure of our being and shared humanity is our response to the difficulties and challenges experienced, and how we choose to continue to care for those around us.

The pandemic has presented us with circumstances which forced absurdly difficult choices, pressed upon us to make decisions impacting all aspects of our lives and livelihoods for which we can barely comprehend the future consequences. A spiky virus has exacted an incalculable cost.

For sure, there were those around us whom we wished could have responded in ways more aligned to our own thinking. My thought is that we can choose how we respond to differences, compensate for gaps if possible, and make a best attempt somehow to better the situation rather than add oil to fire.



Through the experience of the year, I have been constantly inspired by the resilience and endeavour of the Assisi Team, how they somehow managed to provide love and care, often with amazing joy and lightness, even as they faced their own challenges. I have seen how caregivers managed extremely tough circumstances, and still hold space for their loved ones.

This message comes with a deep and heartfelt thankfulness for all our staff, volunteers, caregivers, families, patients, supporters, and donors, who continue with determination to choose to love, to give, and to make each day a bit better for those around them.



*Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus.*

PHILIPPIANS 4:6-7



# Board of Directors



**Ms Anita Fam**  
Chairman



**Mr Paul Lee**  
Deputy Chairman



**A/Prof Cynthia Goh**  
Director



**Mr Thomas Teo**  
Director (till 30/06/20)



**Mr Jeffrey Seah**  
Director



**Mr Edward D'Silva**  
Director (till 30/06/20)



**Ms Lynna Chandra**  
Director



**Mr Tony Mallek**  
Director



**Mr Linus Tham**  
Director



**A/Prof Philip Yap**  
Director



**Mrs Sylvia Lee**  
Director (till 30/06/20)



**Prof Philip Choo**  
Director



**Ms Beatrice Chen**  
Director



**Ms Fiona Rankine**  
Director



**Mr Nagaraj Sivaram**  
Director (w.e.f. 01/07/20)



**Ms Jacqueline Wong**  
Director (w.e.f. 01/07/20)



**Mr Jeff Cheong**  
Director (w.e.f. 01/07/20)



**Ms Trillion So**  
Director (w.e.f. 16/11/20)

# Management Team



Top row from left:

**Mr Andy Tham** Head, Operations

**Dr Peh Tan Ying** Head, Medical

**Ms Ann Neo** Head, IT

**Ms Juliet Ng** Head, Communications  
& Community Engagement

**Ms Katherine Tan** Head, Human Resource

**Ms Jennifer Lum** Head, Finance

Bottom row from left:

**Ms Karen Poon** Mission Director

**Ms Peh Cheng Wan** Head, Psychosocial  
Support Services

**Ms Chiew Cheng Fong** Director, Nursing

**Ms Choo Shiu Ling** Chief Executive Officer

**Dr Alethea Yee** Clinical Director

**Mr Max Yeoh** Senior Manager, Day Care  
& Allied Health

*Note:  
Photo was digitally created.  
Safe-distancing rules were strictly  
adhered to during photography.*

# Assisi Hospice Board Committees 2020

## Nominations Committee (NC)

**Ms Anita Fam** (Chairperson)

**Mr Paul Lee**

**Mrs Sylvia Lee** (till 30/06/20)

**Ms Jacqueline Wong** (w.e.f. 01/07/20)

## Investment Committee (IC)

**Mr Tony Mallek** (Chairperson)

**Mr Paul Lee**

**Ms Catherine Loh**

**Ms Celestine Khoo**

**Ms Mimi Ho**

**Ms Tina Thai** (w.e.f. 01/07/20)

## Audit Committee (AC)

**Mr Thomas Teo** (Chairperson)  
(till 30/06/20)

(Member) (w.e.f. 01/07/20)

**Mr Nagaraj Sivaram** (Chairperson)  
(w.e.f. 01/07/20)

**Ms Angela Ee**

**Ms Pat Lynn Leong**

**Mr Linus Tham**

**Ms Tina Thai**

## Programmes And Services Committee (PSC)

**A/Prof Cynthia Goh** (Chairperson)

**Mr Christopher Chong**

**Ms Lynna Chandra**

**A/Prof Philip Yap**

**Ms Terina Tan**

**Dr Vasanthi Rajalingam**

**Ms Beatrice Chen**

**Dr Lim Su-Fee**

## Community Engagement Committee (CEC)

**Ms Fiona Rankine** (Chairperson)

**Mr Jeffrey Seah**

**Ms Neeta Lachmandas**

**Ms Penny Shone**

**Ms Susanna Kulatissa**

**Mrs Susie Koh**

**Ms Lynna Chandra**

**Mr Jeff Cheong** (w.e.f. 01/07/20)

## Fundraising Committee (FRC)

(dissolved w.e.f. 27/02/20)

**Mr Jeffrey Seah** (Chairperson)

**Ms Fiona Rankine**

**Mrs Susie Koh**

## Finance Committee (FC)

**Mr Paul Lee** (Chairperson) (till 31/12/20)

**Ms Celestine Khoo**

**Mr Christopher Leong**

**Ms Martina Wong**

**Mr Tony Mallek**

**Ms Trillion So** (w.e.f. 16/11/20)

## Building Management Committee (BMC)

**Mr Edward D'Silva** (Co-Chairperson)  
(till 01/03/20)

**Mr Linus Tham** (Chairperson)  
(w.e.f. 02/03/20)

**Mr Hoong Bee Lok** (Co-Chairperson)  
(till 01/03/20)

(Deputy Chairperson) (w.e.f. 02/03/20)

**Mr Chan Heng Lim**

**Mr Andrew Ang**

## Human Resource Committee (HRC)

**Mrs Sylvia Lee** (Chairperson)  
(till 30/06/20)

**Ms Jacqueline Wong** (Chairperson)  
(w.e.f. 01/07/20)

**Mr Gerard Koh**

**Ms Lynna Chandra**

**Ms Sharon Teo** (till 01/05/20)

**Mr Linus Tham** (till 30/06/20)

**Prof Philip Choo** (w.e.f. 01/07/20)

**Mr Samir Bedi** (w.e.f. 01/07/20)

**Ms Ong Yin Chin** (w.e.f. 01/07/20)

## Strategic Resource Committee (SRC)

**Ms Anita Fam** (Co-Chairperson)

**Mr Jeffrey Seah** (Co-Chairperson)

**Ms Catherine Loh**

**Ms Fiona Rankine**

**Mr Jeff Cheong**

**Ms Leanne Robers**

**Ms Lee Hwee Chin**

**Mr Paul Lee**

**Ms Penny Graham**

**Mr Rovik Robert**

**Mr Thomas Teo**





## The Board Members' attendance at Board Meetings for the period January to December 2020:

Name of Directors	Number of Board Meetings invited to attend	Attendance	Absent
Ms Anita Fam	4	4	0
Mr Paul Lee	4	4	0
A/Prof Cynthia Goh	4	4	0
Mr Edward D'Silva (till 30/06/20)	4	4	0
Mr Jeffrey Seah	4	1	3
Mr Linus Tham	4	4	0
Ms Lynna Chandra	4	4	0
Prof Philip Choo	4	3	1
A/Prof Philip Yap	4	4	0
Mrs Sylvia Lee (till 30/06/20)	2	2	0
Mr Thomas Teo (till 30/06/20)	2	2	0
Mr Tony Mallek	4	4	0
Ms Beatrice Chen	4	4	0
Ms Fiona Rankine	4	3	1
Mr Nagaraj Sivaram (w.e.f. 01/07/20)	2	2	0
Ms Jacqueline Wong (w.e.f. 01/07/20)	2	2	0
Mr Jeff Cheong (w.e.f. 01/07/20)	2	2	0
Ms Trillion So (w.e.f. 16/11/20)	0	0	0

### Non-Board Level Committees

#### Facility Medifund Committee (FMC)

**Ms Linda Auyong**  
(Chairperson)  
**Ms Jacqueline Khoo**  
**Sr Linda Sim**  
**Ms Rose Lu**

#### Ethics Advisory Panel (EAP)

**A/Prof Lalit Krishna** (Chairperson)  
**A/Prof Chan Mei Yoke**  
**Mr Christopher Chong**  
**A/Prof Lai Siang Hui**  
**Ms Terina Tan**  
**Fr James Yeo**

All information is correct and up-to-date as of 31 December 2020.

# Governance Report

*Assisi Hospice is committed to practices that ensure good governance and management with specific reference to the principles of the Code of Governance for Charities and Institutions of a Public Character (IPC). Assisi Hospice places an ongoing priority on improving its governance and management practices.*

### Charity Transparency Award

Assisi Hospice has been a proud recipient of the Charity Transparency Awards in 2016, 2017, 2018 and 2019. The Charity Transparency Award was introduced by the Charity Council in 2016 to recognise charities with good disclosure practices. The award aims to emphasise that transparency and good disclosure practices are important pillars of good governance.

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

In 2019 Assisi Hospice received the 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.

For 2020, there was a hiatus for the Charity Transparency and Governance Awards.

### Conflict of Interest

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

### Reserve Policy

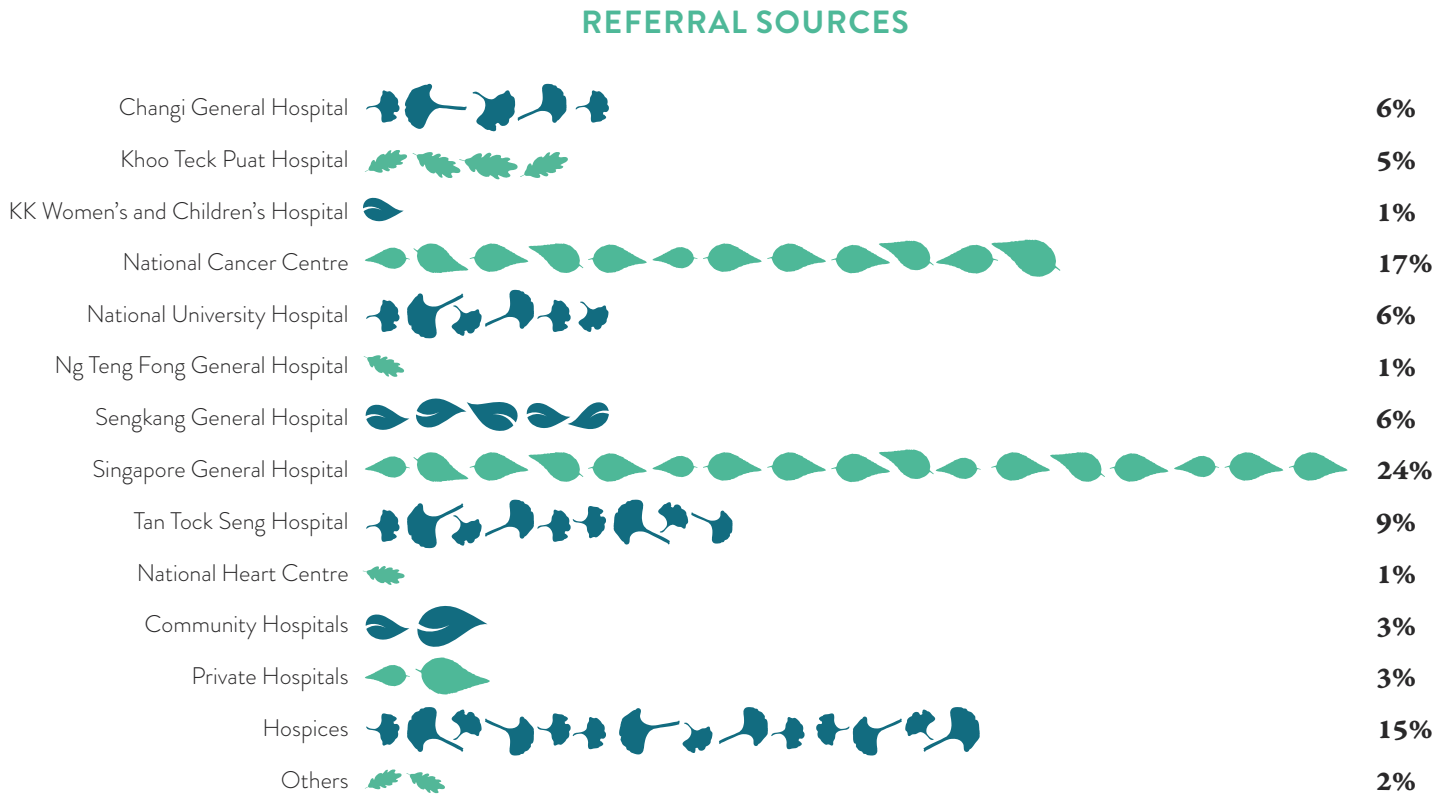
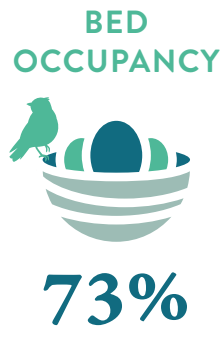
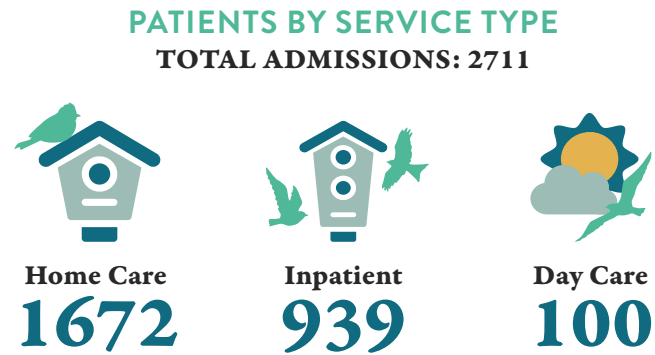
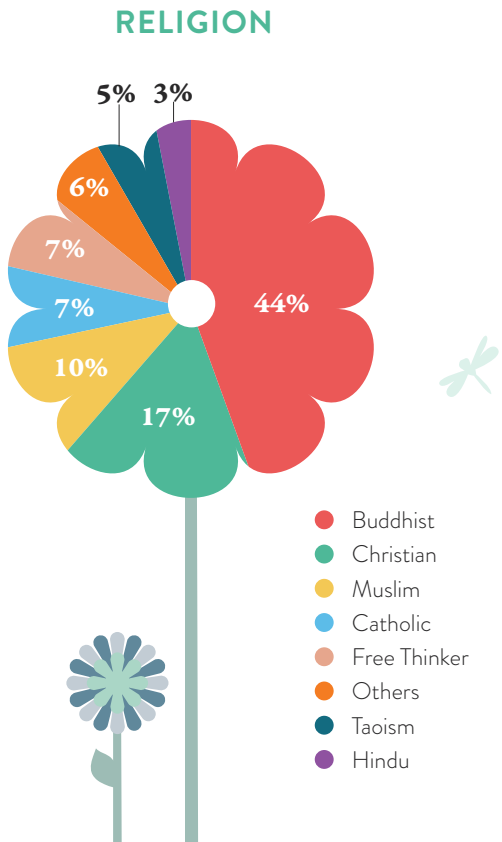
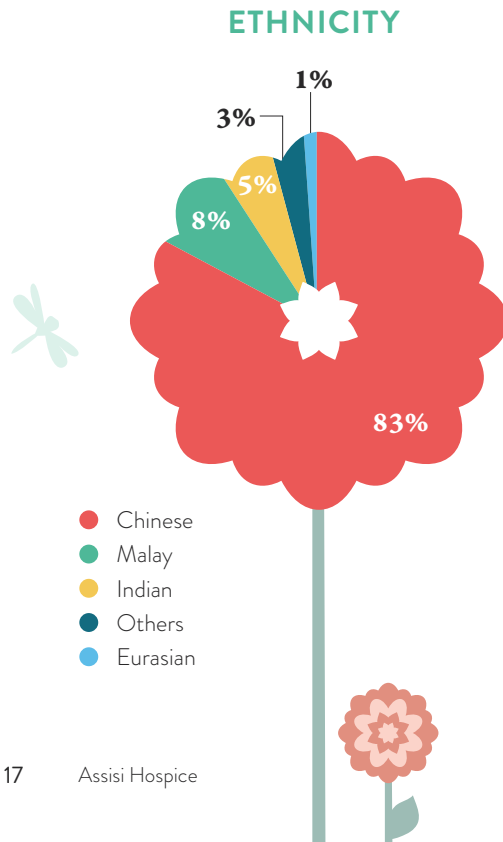
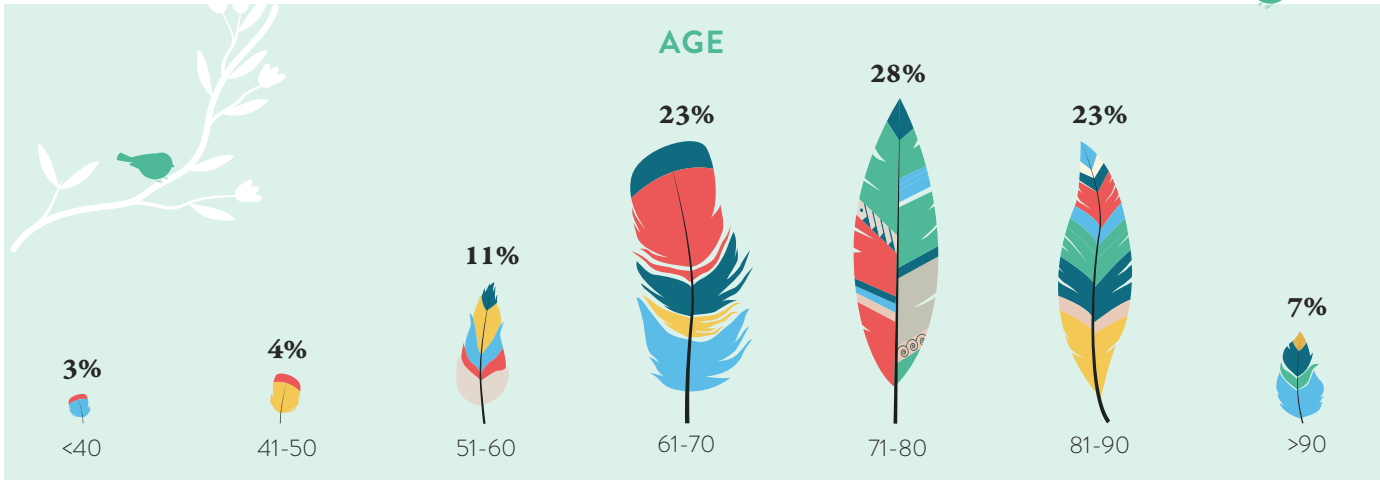
The Board established a Reserve Policy of not more than three years of operating expenditure to meet its operational needs.

### Disclosure and Transparency

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



# Patient Profile



# We Serve the Poor and Lonely

**52%**  
of our patients are  
poorest of the poor  
and means tested to the  
lowest income level.

No. of pro bono  
funerals (inpatient):  
**18**

In addition to our substantive  
subsidies for palliative healthcare  
for the majority of our patients:

We provided **55** patients with financial  
support in areas like ambulance transfers,  
transport, supermarket vouchers.

We provided **24** patients with cash in  
hand for daily living while waiting for formal  
financial assistance from other agencies.

No. of patients under  
No One Dies Alone programme:  
**40**

No. of vigil hours:  
**707**



# Year 2020 Solidarity in Service

## January - April Outbreak of Covid-19

- All staff masked up to continue to serve.
- Assisi Team served onsite, segregated into smaller teams for risk management to ensure service continuity and to manage an increased patient load.
- With borders closed, our foreign staff could not travel back to their homes. Our Malaysian housekeepers who commuted daily from Johor Bahru made quick decisions overnight, and came to work on 17 March with their luggage and stayed on this side of the border.
- Increase in admissions to free up acute hospitals' resources to attend to Covid-19 patients.



Our team continued to serve patients, with masks on.

## April - June Circuit Breaker

- Home Care service continued with new clinical protocols to manage the uncertainty and prevalence of Covid-19 infections in the community.
- We saw even more Home Care patients despite the new added clinical protocols, unavailability of meals or a place to rest while on the road, and transport constraints.
- Day Care Centre closed; but we were whitelisted to provide service onsite for those with no support at home. Our Care Team continued to support our patients who were at home through regular phone/Zoom calls, videos by our therapists and customised care packs consisting of materials for physiotherapy, occupational, art and music therapy.
- Inpatient service continued to allow visitors 24/7 and for caregivers to spend the night, despite severe restrictions in all other healthcare institutions. Staff increased their level of support to ensure patients and caregivers were able to have maximum interaction and comfort despite the stringent circuit breaker measures.

## June - December Post Circuit Breaker

- No One Dies Alone volunteers continued to journey with lonely patients.
- Staff took on added roles and continued patient engagement in place of volunteers.
- Many foreign colleagues' living arrangements were disrupted to enforce safe distancing between healthcare institutions.



Staff engage patients through games via Zoom.

- Day Care Centre re-opened and patients received much-needed face to face therapeutic programmes.
- Important family celebrations - Mid-Autumn Festival and Christmas Light-Up celebrations for patients and families continued with the stringent safe distancing measures in place.
- We continued to support staff as a priority when they were faced with very anxious families trying to cope with difficult circumstances exacerbated by the pandemic.



Patients and families create beautiful memories during Mid-Autumn.

# Staying Steadfast

By holding on to His Mission of Love, our care for patients and their loved ones continued despite the challenges.



## Inpatient Care – Support During Challenging Times



### Mary

“During this Covid-19 period, I got to know a married couple in their 30s, John and Mary (names have been changed). Mary was diagnosed with breast cancer shortly after their wedding. Despite going through treatment and chemotherapy, her cancer spread. She became Assisi Hospice’s Home Care patient.

During the circuit breaker period, her condition deteriorated. The cancer had spread to her brain and she was sometimes delirious. Both were Malaysians and had no family support in Singapore. They lived together in a rented room in a flat. Eventually John found it too overwhelming to take care of Mary alone and had to admit her into our Inpatient ward.

With a short prognosis, Mary told John that she wished to pass away in Malaysia, with her family by her side. However, travel was prohibited during this period.

I helped John to explore the option of sending Mary to Malaysia, to enable him to make an informed decision. I called up the hospices near their hometown and in JB to check if they could admit Mary. We managed to find hospices with the appropriate facilities. However, John would have to be quarantined for 14 days upon reaching Malaysia and would

not be able to visit Mary at the hospice there, even though Mary would be able to meet up with her family. Eventually, they decided not to make the trip back.

When Mary was getting very weak, I discussed with John on the final arrangements for Mary, including finding a funeral director, getting ready the clothes and shoes she would be wearing, finding a wig (Mary had lost her hair after chemotherapy). John felt very lost and overwhelmed with the tasks, and I supported him by going through the things he needed to prepare and making a checklist for him, to enable him to take his mind off this and focus on spending time with Mary. The next day after all the preparations were done, Mary passed on.

I attended Mary’s wake to provide support to John, and also as a closure for myself.”

**Eliada Yap, Senior Nurse Manager**

*Eliada Yap, Senior Nurse Manager, provided support for patients and their caregivers.*



### Mr Wada Shojiro

“With a twinkle in his eye, he asked for sake. ‘It makes me relaxed and happy!’ he said.

Mr Wada Shojiro was 77 when he was diagnosed with advanced stomach cancer in July 2020. By then the cancer had spread to his lymph nodes and bones.

Wada had lived in Singapore for 27 years. He was estranged from his wife and daughter who were both in Japan. However, he was blessed with many close friends here.

Wada was first admitted to Assisi Hospice as an inpatient on 14 August 2020. He quickly endeared himself to the team with his warmth and cheeky sense of humour. He was aware his time was short and was prepared to go – he simply wished to be given good care and symptom control in order not to suffer. He shared that to him, the best quality of life – was to be able to smoke and drink sake!

One of Wada’s requests was to go on home leave. He used to work in a jewellery shop and wanted to procure some raw materials to complete a necklace for a customer. He also wanted to get his favourite sake and Japanese food. However, Covid-19 restrictions meant that he was unable to go on home leave. Instead, we enlisted the help of his close friend, Bibiana, to get the materials Wada had needed. Additionally, our medical social worker made a trip to the Japanese supermarket and helped to buy Wada’s favourite sake and food.



During his stay in Assisi, Wada suffered from low back pain which hindered his movement and activities. This was due to the cancer which had spread to his spine. He was started on morphine and after some dose titration, we achieved excellent pain control which rendered him pain-free even when ambulating and going about his normal daily activities.

After remaining well and stable after a month, Wada was discharged home with arrangements made for him to attend Assisi Day Care to keep him engaged and active. However, after the first attendance, he developed an intermittent fever and was unable to attend Day Care thereafter due to Covid-19 restrictions. We put Wada under our Home Care team to continue our care for him.

In September, our Home Care doctor found that he had become more confused, forgetful and lethargic, and had been eating and drinking poorly. Earlier, Wada had shared that he did not wish to return to hospital for any reason and preferred to be cared for in a hospice when he was no longer able to care for himself. The decision was hence made to re-admit him to the hospice.

Bibiana and our Care team agreed that symptom control and comfort were of utmost importance. A set of blood investigations was performed in the hope that correction of any reversible blood abnormalities could improve his symptoms. These revealed a worsening kidney function and low sodium from dehydration. The medical team started him on an intravenous drip and adjusted his medications to keep him comfortable, including switching from morphine to fentanyl for pain control. Despite a 5-day trial

of hydration, Wada showed no improvement in his symptoms or overall condition, hence the drip was discontinued. He was started on fentanyl infusion, which was actively titrated to keep his pain under control. He was also closely monitored for other symptoms and signs of discomfort, and remained very comfortable until the end.

Wada passed away peacefully on 21 October 2020. Despite the challenges imposed by Covid-19, we are grateful to have been able to fulfil his wishes through the collective efforts of our staff and Wada's friends. These went a long way towards bringing him immense joy and meaning. It was our privilege to have been able to care for Wada and honour his wishes to be well cared for in a hospice until the end.

Sake has taken on a new meaning for me forever."

**Dr Peh Tan Ying, Head, Medical**

*Mr Wada Shojiro celebrating his birthday in Assisi Hospice.*



We served  
**25%**  
more patients  
in our Inpatient  
service in  
2020.



With the pandemic, many of our patients and their families had to cope with additional complex challenges and make very difficult choices. The story of Mary and John is just one example. Our Inpatient service continued to care for patients and their families according to their needs by creatively exploring possible options while managing the unprecedented constraints.

We also played our part in the healthcare system by admitting more patients to our inpatient service. This helped to free up beds in the acute hospitals, so they could be better utilised to care for Covid-19 patients. We served 25% more patients in our Inpatient service in 2020 compared to 2019.

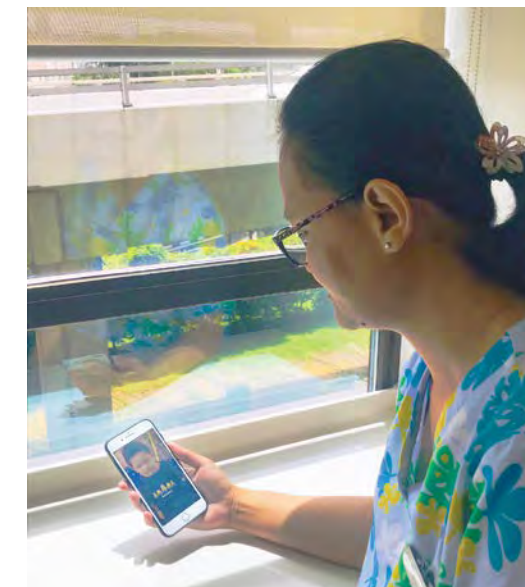
However, manpower was tight as we had staff who had to be on Stay Home Notice or Leave of Absence. Our staff gave up rest days and annual leave to take on the added patient load, and some roles of our volunteer-carers who could no longer come due to the Covid-19 restrictions. Many of our staff are foreigners, and with travel restrictions, they will not see their families, and their babies and young children who are in their home countries, for an extended period. Those commuting daily from their accommodation in neighbouring Malaysia were no longer able to do so and had to choose to stay on in Singapore to earn a living. Despite being away from their loved ones, they continued to do their part to serve joyfully and provide comfort and love to our patients and families.

Assisi Hospice is thankful to the Estate of Dr Lim Boon Tiong for supporting us in patient care. The contribution supported continuity

of care despite the many disruptions we faced in 2020. We also want to thank Mind the Gap 200 Fund for supporting important roles, such as Infection Control, which is greatly needed during a pandemic.



*Our nurses continued to do their part to serve joyfully and provide comfort and love to our patients.*



*Our staff had to depend on video calls to keep in touch with families in their home countries.*







## Home Care – Supporting Patients’ Wishes to Stay at Home



### Love in Difficult Times

“I feel that we are the ‘front frontline staff’. We enter their houses even before they step into the hospital. We are facing risks ahead of others.

I was caring for an elderly lady, Mdm T, who was happily married with her husband and with four adult children. Mdm T had cervical cancer and we had been caring for her for a year. She deteriorated and was admitted to a hospital. She was very depressed in the hospital due to the limitation of visitors and she couldn’t see her husband to whom she was very attached.

Thankfully, with our Home Care support, she could be discharged and cared for at home, and could continue to see her husband every day. Through the worst of Covid-19 in 2020, we continued with active follow up visits to support her care at home. She was very cheerful and always smiling when I visited her. Through caring for her, I learnt about what true love looks like in difficult times.”

**Linda Chew, Home Care nurse**



We served  
**23%**  
more patients  
through our  
Home Care  
service in  
2020.

Our Home Care service is essential to our patients and their families. We enabled a larger number of patients to be cared for in their own homes during these challenging times. We served 23% more patients through our Home Care service in 2020 compared to 2019.

Our Care Team helps to manage their symptoms, reducing the need for them to seek treatment in the hospitals or even having to be admitted to hospitals. This proved challenging with Covid-19 as the main strategy employed to curb disease transmission is early identification and rapid isolation of confirmed cases. The government recommends that all medically unstable patients with suspected pneumonia be referred to hospital for evaluation and treatment. However, pneumonia is often the terminal event in patients with life-



*Our Home Care Team visited patients with full personal protective equipment to support care at the end-of-life.*

limiting illnesses. Without Covid-19 testing, it can be difficult for the Home Care team to assess clinically if the pneumonia is secondary to Covid-19, or part of dying from the underlying illnesses. Referring these patients to hospital not only places undue pressure upon the acute sector, but also deprives patients of their wish to be cared for and to pass away at home with family and loved ones. Yet, nursing a dying patient at home without knowing that he/she is a Covid-19 positive case has public health implications. To manage this conundrum, for actively dying patients at home with signs of pneumonia but no apparent risk factors for Covid-19, and whose preferred place of death is at home, our Home Care team would visit with full personal protective equipment (PPE) and adopted newly established clinical protocols to support care at the end of life.

For Home Care patients with risk factors for Covid-19 but were stable, the Home Care team would suspend home visits to reduce the risk of transmission. Support was provided via phone calls or videoconferencing for 14 days after the exposure history before a home visit was allowed. Telehealth in pre-Covid-19 times had become the norm for Home Care but this was usually in the form of phone consultations to complement home visits. During the circuit breaker, there was a trend of increased phone calls for assessment and advice, with a corresponding trend of reduced home visits from January to May 2020. Occasionally, families would send videos of patients to provide our Care Team with a better visual understanding of the patient’s condition.



*During the circuit breaker, our Home Care nurse no longer had the luxury of stopping for a rest or quick lunch at a coffeeshop or hawker centre in between visits.*

Besides the discomfort of wearing full PPE during home visits, our Home Care team faced challenges like the “no dine-in” regulation during circuit breaker period, which impacted their daily lives greatly. They no longer had the luxury of stopping for a rest or quick lunch at a coffeeshop or hawker centre in between home visits. Some also came across drivers who refused to ferry them after realising they were healthcare workers. We are proud of our Home Care team who braved the challenges and persisted in caring for our patients amidst the challenging and evolving circumstances.



## Day Care – Continuity of Care Through Creative Ways



### Madam Chia

“Our mum, Madam Chia, suffers from advanced stage Parkinson’s Disease. We learned about Assisi Day Care service in late 2019 through our late dad’s palliative oncologist. Our mum started attending the Assisi Day Care Service beginning January 2020. She is extremely happy with the Assisi Day Care team. She is meaningfully engaged at Day Care. She feels very cared for and enjoys the many activities at Assisi Day Care, especially the physiotherapy/ occupational therapy exercises. She likes craft work, too. Recently, she was thrilled that her art work has been selected to be printed on insulated tumblers in Treasure Cove. Our mum was showcasing the tumbler to our aunt when she visited our mum during the Lunar New Year festive holiday. That she could contribute in this little way, despite being confined in her wheelchair and bed, made her feel a sense of accomplishment. We could see the sparkle of joy in her eyes.

We were sad when our mum told us that Assisi Day Care had to close temporarily due to the Covid-19 circuit breaker measures announced on 3 April 2020. We were worried that our mum’s very limited upper body physical mobility may deteriorate during the disruption in attendance. My mum felt a little lost during



*Our mum started attending the Assisi Day Care Service beginning January 2020. She is extremely happy with the Assisi Day Care team. She is meaningfully engaged at Day Care.*

the circuit breaker period. She missed Assisi Day Care a lot and kept asking me when she could return. She also feared that she would lose the momentum on her physiotherapy exercises.

Mdm Chia with her daughter, Sherlyn.



Nonetheless, we felt very supported by the team at Assisi Day Care during the circuit breaker period. We received calls regularly from the team who reached out to check on our mum’s well-being. And this fabulous, innovative team also specially made some fun videos to keep our mum occupied and active. Music & Movement by Sheena (occupational therapist), home exercise programs, kopi art & craft work by Calvin (art therapist), singing by Trudy (music therapist) and cooking lessons with Nana (Sheena) were programmes that kept our mum active and happy. My mum also received care packs from the team.

Sheena regularly supported our mum with one-to-one zoom sessions, to monitor how her Parkinson’s condition had affected her in her daily activities while staying at home. The dedication put in by Sheena and the entire team was remarkable. We were so very grateful for this super dedicated and caring team.

Our mum was extremely happy to return to Assisi Day Care when the centre reopened in June 2020 under the Covid-19 Phase 2 period.

The competency of your team is awe-inspiring! The work you do is so significant. Each of you execute your work with so much love. We are so very thankful for the level of care all of you administer to our mum. We are deeply touched by your dedication. A very BIG THANK YOU!”

**Sherlyn Wong, daughter of patient 76-year-old Mdm Chia Jiak Huang**



Mdm Chia enjoys art therapy at the Day Care Centre.



*The competency of your team is awe-inspiring! The work you do is so significant. Each of you execute your work with so much love. We are so very thankful for the level of care all of you administer to our mom. We are deeply touched by your dedication. A very BIG THANK YOU!”*



Our Day Care service continued to bring therapy, joy and cheer to our patients while maintaining safe distancing, till 3 April 2020. After the circuit-breaker measures were announced, we had to close our Day Care Centre.

Even so, our Care Team continued to support our patients who were at home. We made regular calls to gain close understanding of family circumstances, family dynamics and provided specific intervention. We offered other practical support that was necessary to continue with their clinical care plan, ensuring that care was not disrupted. Our physiotherapists, occupational therapists, music and art therapists prepared video sessions of music and art therapy, and rehabilitative exercises for circulation to our patients. We followed up with phone calls after the sessions to keep them engaged and to provide support. We also prepared customised care packs to be delivered to our patients' homes, consisting of different activity kits according to their interest group. For example, for our patients in our Men's Shed group, we prepared materials for them to continue creating at home under the video guidance of our art therapist. Our physiotherapist prepared customised rehabilitative exercises for each individual patient.



Group exercise session after Day Care Centre reopened.



### Knowing Patients Well

*Dear doctors, medical social worker and nurses at St Mark Ward,*

*Thank you very much for the care you provided to my aunt, Madam Soh Chwee Gim during her 3-month stay at Assisi Hospice. She had nothing but compliments for all of you. Everyone extended compassion and genuine concern for her, right to the very end.*

*I am especially thankful for the little anecdotes of my aunt that the nurses shared with me. I am amazed by how well each of you know your patients. Your dedication towards your patients has touched me deeply.*

**Blessings,  
Jasmine and family**



### Precious Moments Together

*Dear Sisters and friends,*

*Our late Dad Mr Lee Teck Chee William had the privilege to be cared for by the Assisi Hospice team from mid-December to 26 December when he passed away peacefully surrounded by his children.*

*The Hospice's nursing staff and doctors offered our Dad exemplary care, laced with patience, gentleness and compassion. Dad was also blessed to receive prayers from your pastoral team and our family members who were with him round the clock were also supported by the volunteers who came around with their Christmas care trolley of drinks and snacks. Your spacious and comfortable ward was a pleasant and peaceful environment for us all to spend precious moments as we prepared for Dad's final send-off.*

**Sincerely,  
Gerard Lee  
on behalf of my family**



Our art therapist working with our patient when Day Care Centre reopened.

For patients who had inadequate support to remain at home all the time, we continued to bring them in when needed. Our Home Care team of doctors, nurses and social workers also made home visits to our Day Care patients when necessary.

When our Day Care Centre reopened in June 2020 with infection control measures in place, our patients and Care Team were delighted to see one another again, and to resume their therapy sessions and loving interactions.





# Cherishing Bonds

We know that loving relationships are what we cherish, especially during the end-of-life. In times when segregation and isolation are key to containing the pandemic, we strive to help our patients and families maintain their cherished bonds despite numerous challenges.



### Mdm Yeo

Our patient, Mdm Yeo Choo Hoon, used to stay alone and 小黑 (Blackie) was her faithful companion for 10 years since she was a puppy. Mdm Yeo was very sad when her previous dog passed on and initially did not want another dog, but her friend gave Blackie to her, hoping that Blackie would bring her comfort and joy.

After Mdm Yeo's admission to Assisi Hospice in late June, she missed Blackie greatly. Special permission was sought for Blackie to drop by for a visit on 21 July, and both were ecstatic to be reunited with each other at Assisi. Mdm Yeo said, "Even though Blackie is in good hands under my friend's care, I really miss her. It is so good to see her again."

At Assisi Hospice, we provide palliative care for patients and families that preserves their dignity and quality of life. Besides medical care, we provide psychosocial, emotional and spiritual care for our patients too. When our medical social worker spoke to Mdm Yeo, she realised that Mdm Yeo missed Blackie very much, but she thought that Blackie would not be allowed in the Hospice and especially during a pandemic. We knew that Blackie would bring great joy and comfort to Mdm Yeo, hence we worked out a way to bring Blackie safely into the ward to visit Mdm Yeo.



### Care for Family

*Having spent several nights with my mother at her bedside in St Clare Ward, I was comforted to see and learn of the love your staff shown not only to my mother, but to my siblings, brothers-in-law and nieces. I commend you all for the noble cause you have dedicated your profession to. I am inspired by your dedication! Thank you all for all that you've done for mama.*

KM Tan



Mdm Yeo missed Blackie greatly, and was excited to be reunited with Blackie.



### Mr Ho Tiew Khin

Mr Ho Tiew Khin, 81-year-old retired banker, was cared for in Assisi Hospice from 30 March 2020 to 7 April 2020.

Mr Ho suffered from heart condition and went through a series of treatments before he exhausted all possible active interventions.

Mr Ho was a loving husband to his wife, Mdm Nancy, for 48 years. They also had three beautiful daughters and together they shared a very close bond as a family. The loss of their beloved husband and father was devastating for them.

The very day Mr Ho passed away was also the first day that Singapore entered the circuit breaker period. Mdm Nancy found herself experiencing intense grief, breaking into tears several times a day, sometimes randomly, and at times triggered by memories she saw everywhere in the house. For many months, she struggled with the reality of the loss of her life partner, and her yearning for his return was overwhelming. Words could not describe the void she felt from deep within. One of her daughters who was staying with her was trying very hard to juggle coping with her own grief, working from home during the circuit breaker, as well as looking out for her mother. It was extremely distressing for the daughter, as there was almost no personal space for her to process her own grief.

Assisi Hospice is blessed with resources and support that allowed our bereavement care counsellor to reach out to support Mdm Nancy



Mr Ho and Mdm Nancy in Assisi, captured on Polaroid.



*Mdm Nancy was able to have someone listen to her, as she shared her feelings and thoughts repeatedly.*

on a regular basis through home visits even during the circuit breaker period, with stringent infection control measures in place. Having face-to-face interaction and support from us during the time she needed it most was of great significance and importance to Mdm Nancy in her acute grief. It would not have been the same using technology such as phone calls, text messages or video calls.

Mdm Nancy was able to have someone listen to her, as she shared her feelings and thoughts repeatedly. She gained new insights and made new meaning of her losses, and found hope and reason to continue living.

In Mdm Nancy's own words, "the grieving process is like taking a roller coaster ride". She was no longer too harsh on herself and learned to live with her grief, continuing her bond with her late husband in her own ways, and was more receptive of what life had in store for her.

Grieving makes us human and where there is love, there is grief. Mdm Nancy's grief journey was made less lonely and more bearable with the ongoing support from our bereavement care counsellor.

### Ensuring Continued Visitation from Loved Ones

The patients under our care are critically ill with life-limiting illnesses. At this time in their lives, cherished bonds of love and friendship are more important than ever. During usual times, there are no restrictions on the number of visitors and visitors can visit 24/7. For our inpatients, the circuit breaker measures during the Covid-19 pandemic meant fewer visitors. As we are a spacious purpose-built hospice with over 60% of our beds in single rooms, we could allow two out of four designated visitors per patient at any one time even during the circuit breaker. We also chose to continue with no restriction in visiting hours. Visitors can be onsite 24 hours and spend the night with their loved ones. After circuit breaker, the control measures were gradually relaxed to any four visitors at any one time.

To ensure that visitation continued, and for patients, staff and visitors to stay safe, we introduced added infection control measures and adjusted our clinical care processes and protocols. Our team understood what patients and families needed and sought to find solutions that would allow our service values to continue.

To support family members who may be unable to visit due to the restrictions, the use of phone and video calls have

been encouraged. These have been well received and are facilitated by staff, especially for patients who may need technical advice and assistance.

Due to the infection control measures and increase in inpatient load, there was also an increase in the load for housekeeping duties. However, due to the closing of the borders, our Malaysian support staff living in Johor Bahru were unable to travel to Singapore to work. For those who were willing to stay in Singapore, we provided accommodation for them. Many of them had to leave their children and family in Malaysia for an extended period. If not for their sacrifice, professionalism, and commitment, we would not have been able to function normally. We are so thankful and blessed to have them in the Assisi family.



Our medical social worker helping a patient to video call his family.



Over  
**60%**  
of our beds are in single rooms, so we could allow two out of four designated visitors per patient at any one time even during the circuit breaker. Visitors could also be onsite 24 hours.



## Volunteers Continue to Journey With Lonely Patients

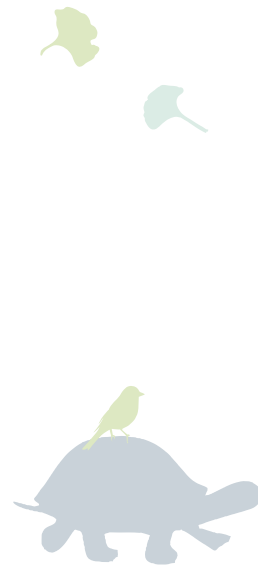
It was 9am on Day 19 of the circuit breaker. Assisi No One Dies Alone (NODA) programme volunteer Lydia, received a WhatsApp alert on her mobile phone, informing her that a vigil had been activated for NODA patient Mr Lee.

She quickly readied herself to take the first vigil slot, taking care to ensure that she had her Assisi volunteer pass with her, including the letter that allowed her to travel to Assisi Hospice during the circuit breaker, when community movement was greatly restricted, so that she could support dying patients who had no one by their side.

The journey to the hospice was quick, with the roads empty as only those working in essential services were allowed to be out

of their homes. Along the way, she received timely reminders from the Assisi Volunteer Management team on the infection control measures that had been put in place to ensure the well-being of the patients, staff and others within the hospice. Lydia was one of our volunteers who continued to support vigil and befriending service to lonely patients under the NODA programme at Assisi Hospice during the circuit breaker. These volunteers were trained and had to be tested on infection control and use of personal protective equipment (PPE) to ensure that they were well equipped to continue to provide comfort to patients, while keeping themselves and everyone at Assisi Hospice safe.

Covid-19 has been challenging for many of our volunteers. Many of our regular volunteers who were actively serving at



Our volunteers were trained and had to be tested on infection control and use of personal protective equipment.



Assisi Hospice for years suddenly found their volunteering activity curtailed as family members expressed concern about their activity in a healthcare organisation during a pandemic. Suddenly, they were put in a position where they had to choose between their love of volunteering and the need to reassure their families. This was especially so for those who have elderly family members who are deemed to be more vulnerable to the Covid-19 virus.

However, many volunteers chose to continue volunteering. Strict infection control measures were put in place. Volunteers not only had to be familiar with the infection control measures in place, they also had to undergo strict assessment on critical processes such as proper hand-hygiene and wearing of personal protective equipment. Some volunteers commented that they were comfortable to return to serve even during the pandemic because they felt assured knowing that Assisi Hospice had put in place the relevant measures to minimise the risk to everyone. Hence, they felt safer volunteering at Assisi Hospice compared to activities in other places such as buying groceries from the supermarket.

We are thankful to our volunteers for continuing to provide comfort to our patients while keeping safe. Volunteers are an integral part of palliative care and are especially treasured for their ability to be present with our patients.

Our volunteers continued to support vigil and befriending service to lonely patients under the NODA programme at Assisi Hospice during the circuit breaker.



## Tender Loving Care

*My beloved husband was warded on 16 November till 8 December when he passed away peacefully in the morning. Throughout this period, my husband was treated with respect and TLC (tender loving care), my family included.*

*We were constantly informed & updated on his medical condition & advised on what we can do to keep him as comfortable as possible.*

*The music therapist brought much comfort & joy in the midst of our grief with her music & most angelic voice.*

*The pastoral team tended to our spiritual & emotional needs & a listening ear as well.*

*The team helped fulfil my wish of bringing Richard to the chapel one last time before he passes on to eternal life.*

*All the nurses will do their best to cheer us up with a kind word, a smile or even a joke to crack us up (laughter is the best medicine). When they do their routine checks at night, they try to be as quiet as possible so that we can get some sleep.*

*I've also witnessed how they bring joy & cheer to the patients in the morning by singing and dancing.*

*My husband, Richard is blessed indeed to be able to live the last days of his earthly life at AH & we, his family have been touched by your kindness and compassion.*

**Warmest Regards,  
The family of Richard A.  
Angela, Claire, Edmund, Eugene, Ethan & Elise**



## Caring for Volunteers

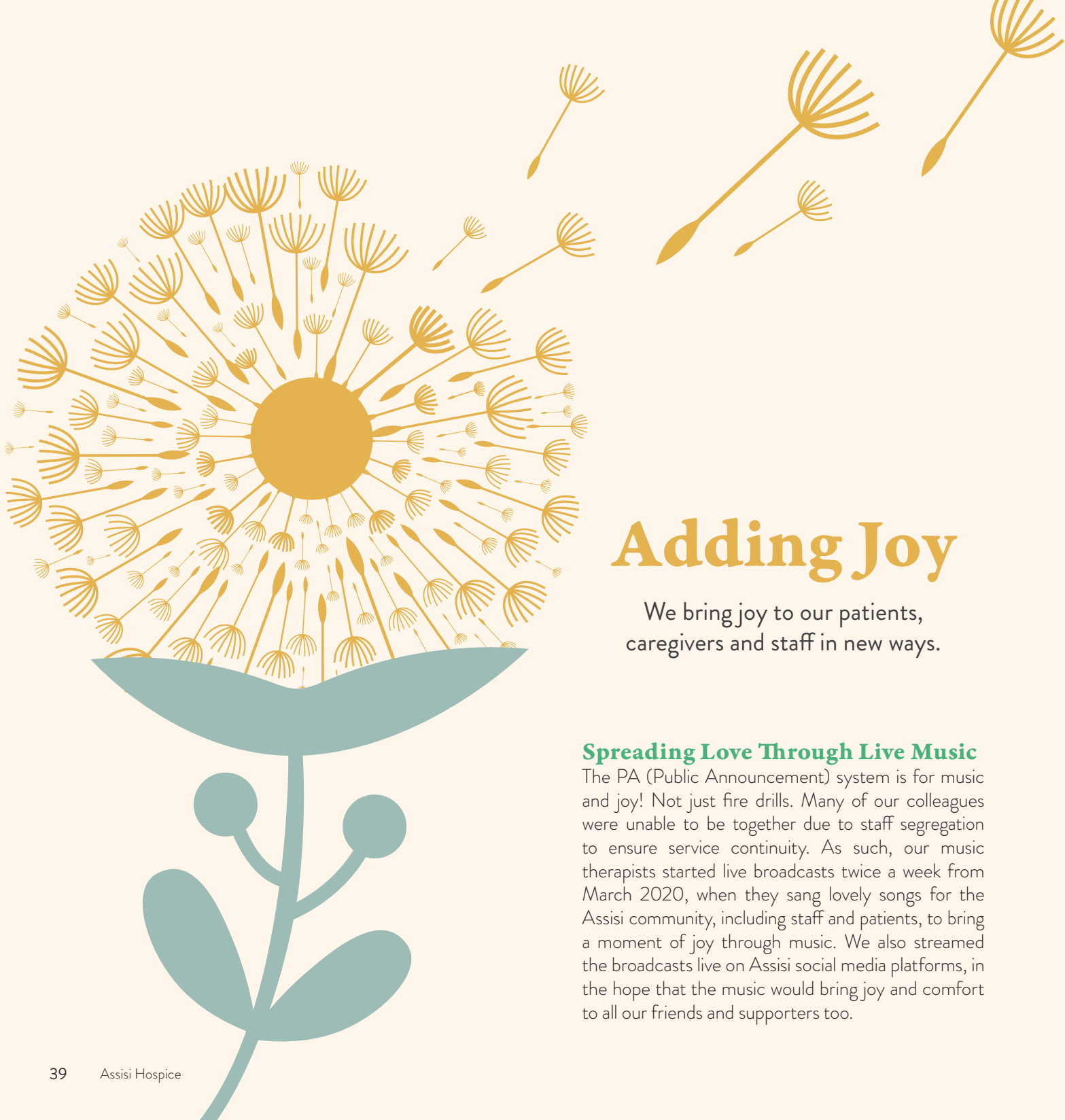
*I would like to share with you the kindness shown by the night shift nurses when I was vigiling for a patient on 20 January. Not only were they attentive to the patient throughout the night, they were equally caring towards me.*

*As the room had an additional cold air booster, it was colder than the norm. They enquired as to how I was coping and if I needed a blanket. As the night progressed, their offer of a hot drink and sandwiches showed the extent of hospitality and care.*

*It was truly an inclusive Team Assisi culture of working together with volunteers.*

**From,  
Lydia Tan (Assisi Volunteer)**





## Adding Joy

We bring joy to our patients, caregivers and staff in new ways.

### Spreading Love Through Live Music

The PA (Public Announcement) system is for music and joy! Not just fire drills. Many of our colleagues were unable to be together due to staff segregation to ensure service continuity. As such, our music therapists started live broadcasts twice a week from March 2020, when they sang lovely songs for the Assisi community, including staff and patients, to bring a moment of joy through music. We also streamed the broadcasts live on Assisi social media platforms, in the hope that the music would bring joy and comfort to all our friends and supporters too.



Our music therapists Trudy Chua (left) and Tammy Lim (right) brought joy and music over the PA system; their lovely voices filled the hospice for a few minutes, twice a week.



*Our therapists received song dedications from one team to another, among teammates and even from our volunteers to our colleagues. These heart-warming messages of encouragement lifted our spirits.*



### Back to Happy Self

From spiritual care to nursing care to volunteers, I am so grateful to all of you. Thank you for making my father this happy. I haven't seen him so happy in years. He has suffered greatly and despite his very debilitating situation, I'm starting to see glimpses of his happy, healthy, past self in recent weeks. You all are truly God's angels. Thank you so very much!

**Sandra Chu**

To foster a spirit of solidarity and hope, our music therapists also put up two song dedication lunchtime concerts for colleagues and volunteers via YouTube in April and June 2020. Our therapists received song dedications from one team to another, among teammates and even from our volunteers to our colleagues. These heart-warming messages of encouragement lifted our spirits.

## Patients Sharing Joy Through Art and Music



### Art Garden in the Ward

Being a man of few words, art was a way for 69-year-old Mr Mahfudz Mohamed to connect with others. During his stay in Assisi Hospice, he created beautiful artworks during his art therapy sessions over a period of one month. Our art therapist and medical social worker worked with him to curate his works and displayed them in an art exhibition, which he named “My Little Garden”, at a cosy nook in the ward in April 2020. It featured his perspective on beautiful flowers, represented in different shapes and colours, with different media. Mr Mahfudz hoped that we could all take time to stop, slow down and appreciate the flowers amidst the busyness of life.

Mr Mahfudz was the fifth child in a family of eight children. His father was a policeman and his family used to stay in the police headquarters near Tekka Market. He was a student of Sang Nila Utama Secondary School, which was the first Malay-medium secondary school established in Singapore. As a teenager, he developed an interest in art and was ecstatic when his classmates or friends’ parents took an interest in his works and were even willing to pay to buy them. He honed his skills and took art classes twice a week at an art school.

After graduation, he worked as a technician at Singapore Telecom. However, he did not give up his interest in art and continued to paint, and even sold his works to his colleagues.

He said, “I am not good at making small talk. But when I show people my paintings and they say it is nice, this is how I make friends.” Mr Mahfudz also used his talent and creativity to bring joy to his family, especially during festive seasons like Hari Raya. He would sew border designs on cushion covers and bedsheets to add to the festive cheer, while his mother and sisters cooked dishes like mutton rendang and ayam masak merah (chicken in spicy tomato sauce).



Mr Mahfudz enjoyed painting in his room at Assisi.

His father passed on when he was in his 20s, and his mother passed on five years ago. Four years ago, he was diagnosed with metastatic prostate cancer. He was staying with his 79-year-old eldest sister in a two-room rental flat. As he became wheelchair bound, his sister found it challenging to take care of him.

He was admitted into Assisi Hospice in March 2020. He took part in art therapy sessions, sometimes with other patients. He said, “It is fun and the art group therapy sessions allow me to make friends with other patients. I am very happy to be able to share my art with other patients through the exhibition.” He passed away peacefully on 6 May 2020.



### Art Lifts Her Spirits and Creates Memories

For our patient 54-year-old Mdm Wan Petom Bte Haris, art brings happiness to her heart and has also helped her and her 11-year-old son to create memories together.

Diagnosed with cancer in 2017, she was first introduced to art therapy at the National Cancer Centre in 2018. Being a chef for her entire career, drawing and painting were areas she had never tried before. But her interest grew, and she would learn about different art techniques on YouTube while working with different mediums at home.



Mdm Wan receiving flowers from her son at the mini art exhibition.

She was admitted to Assisi Hospice in July 2020. She continued to explore her interest with the help of our art therapist. As her son also loved drawing, she held a mini art exhibition at our ward, showcasing both her and her son’s artworks, creating precious memories together.

Additionally, her favourite art piece “Princess to the Ballroom” was selected for an external art exhibition at Fullerton Hotel featuring artworks by professional artists, to raise awareness for Assisi Hospice and art therapy in hospice care.



Princess to the Ballroom by Mdm Wan.



*“Art helps me to forget the pain of my illness.”*



### Final Days Filled with Favourite Things

Dear lovely and dedicated team of St Mark Ward,

Thank you very much for taking care of our father and husband, Mr Woo Yew Wai, during the last leg of his journey (26 December 2019 - 8 February 2020)!

Your unwavering support really provided much comfort, and filled his final days with his favourite things - heartfelt music, delicious hawker food and of course, friendship. He managed to pass peacefully and with dignity.

Sincerely,  
The Wee family





### Encouraging Others Though Music

49-year-old Sally Low was diagnosed with colon cancer in 2018. In 2019, she discovered the cancer had spread and there was a tumour in her brain. She had two brain operations and underwent radiation therapy. When she was admitted to Assisi Hospice in April 2020, she was initially sceptical about music therapy, but when she saw some seniors happily participating in music therapy, she thought, “Music made them happy.”

She discovered her interest in music when our music therapist Tammy Lim started engaging in one-to-one music therapy sessions with her. She remembered once when Tammy was playing music and asked her to close her eyes, to tell her what she saw in her mind, and to draw it. She said, “I saw flowers blooming in the night and I drew that.”

She liked Xinyao but did not play any instruments, and never thought that she would one day be able to write lyrics. She also learned to play ukulele from Tammy. She said,



*“Music therapy discovered my potential in music, and I grew in self-confidence.”*

She held a concert for our patients and staff via YouTube in May 2020, where she showcased the songs she wrote, and shared her journey to encourage other patients.



Sally with our music therapist Tammy Lim.  
Sally's story was covered in the Chinese paper zbNOW.



### Volunteers and Volunteer Management Team Bringing Virtual Well-wishes

We aim to bring human connection to our patients in creative ways. Both our volunteers and patients had expressed that they missed interacting with each other. To encourage our volunteers to continue their service of love and care even though they could not be physically present with our patients during the circuit breaker period, we launched the “Mr Postman Tuesdays” initiative. Volunteers sent their well-wishes to our patients and staff; these were consolidated and delivered weekly by Mr Postman (our volunteer management staff) to the intended recipients.

Options included e-messages and craft/origami gifts. Some volunteers also became E-befrienders and interacted with patients via Zoom.

Assisi's Treat Trolley programme, where volunteers pushed a trolley laden with delicious snacks and drinks into the wards for patients and their tired caregivers to indulge in, was a highlight that our patients looked forward to every Thursday afternoon. During the circuit breaker, we continued to bring cheer to our patients through a new format of the Treat Trolley. Our volunteers continued to lift our patients' spirits through our staff by donating to fulfil our patients' food wish list, and sending notes of well-wishes. We also launched our “Paw E-Befriender” programme. Our regular therapy dog volunteers e-met our patients to bring them joy.



Our regular therapy dog volunteer e-met our patients.



### Finding Peace and Rest

*My father, Teo Soo Meng was at Assisi Hospice for around 3 weeks in January/February 2020. He was surrounded by kind and generous souls in the ward. On the first day upon admission in the Hospice from a hospital, he immediately felt uplifted from his depressed mood. He even asked me in a good mood, “How do you find this place?” He switched on the TV, watched the fishes in the tank, walked to the gardens, went to chapel a couple of times.*

*The hospital and his home of residence unfortunately were not conducive for him to find peace and rest. But at the hospice, he found them. As a result, he managed to pass away peacefully.*

**Tze Yin & family**

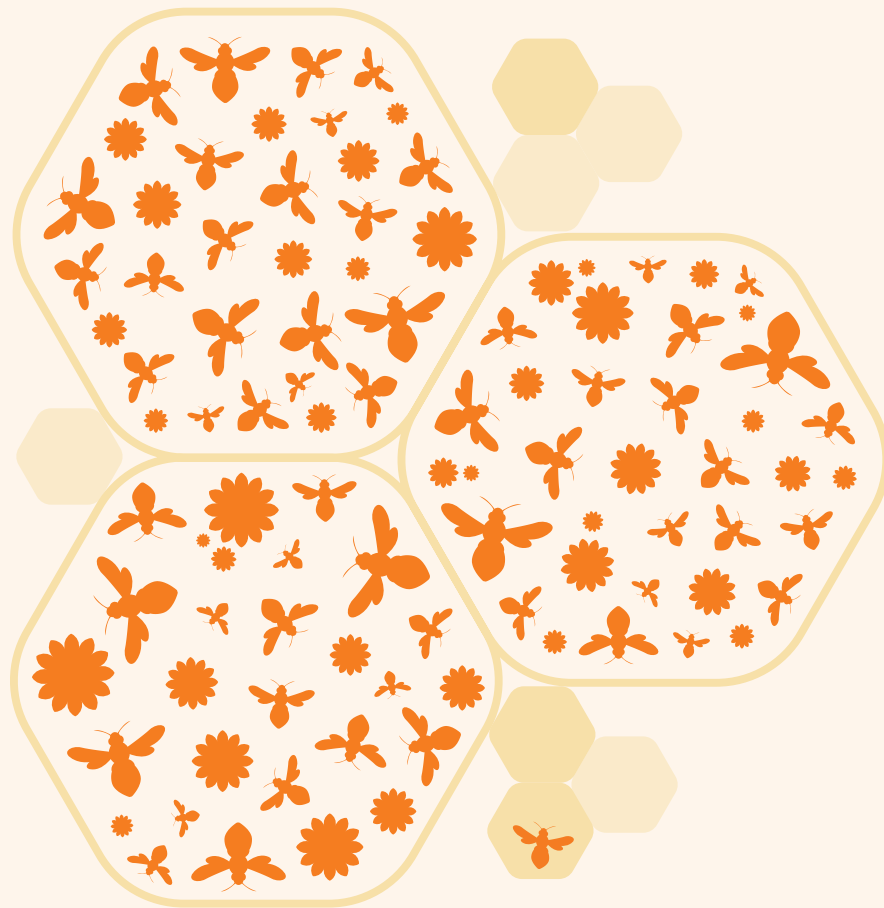


Mr Postman (our volunteer management staff) delivers volunteers' well-wishes and origami to patients.



# Enabling Family Moments

Festive celebrations with loved ones bring excitement and anticipation, and a sense of normalcy in times of illness. We were happy to continue enabling creation of lovely memories, even during a pandemic when celebratory events were challenging to execute.



## Basking in the Moonlight

Our Courtyard was transformed into a sea of orange “moon flowers” to reflect the magical Mid-Autumn moonlight! Our patients and their caregivers had a memorable night celebrating Mid-Autumn Festival on 17 September 2020, making their very own “moon flowers” and taking a leisurely stroll amongst them.



Top:  
Our patient and caregiver  
enjoying the moon flowers.

Bottom:  
Our friends from City  
Developments Limited  
continued their yearly  
tradition of celebrating Mid-  
Autumn with our patients.

Despite the Covid-19 pandemic, our friends from City Developments Limited continued their yearly tradition of celebrating Mid-Autumn with our patients, with infection control measures in place. They brought festive cheer by joining our Day Care patients in the “moon flower” making and distributing mooncakes at the Inpatient wards. Friends from The TENG Ensemble made our moon flower stroll more magical with live rendition of classics like “城里的月光”.





## Christmas Light-Up 2020

Our patients and their families ushered in the Christmas season together here in Assisi on 4 December 2020, with our yearly tradition of lighting up our beautiful 11-metre-tall giant Christmas tree. For many of them, this Christmas was one to cherish because it was likely their last Christmas together.

With infection control measures in place, they enjoyed an energetic cheerleading performance by adorable children from Albirex Singapore Cheer Dance School. They were also serenaded by a performance of the song “Silent Night” using special handbells by the Senior Boleh Chimes Choir, formed by our Day Care patients, and Christmas songs by staff from Assisi Hospice and Mount Alvernia Hospital. The evening ended with the light-up of our giant Christmas tree and sparkly fireworks.



An energetic cheerleading performance by adorable children from Albirex Singapore Cheer Dance School.

We would like to thank our co-organiser, Sembcorp Industries for their strong support and continuing their tradition of bringing Christmas cheer to our patients by distributing goodie bags and spending time doing Christmas crafts with our patients.

## Final Song Together

Dear music therapist,

Our memorable days spent in the hospice was to be able to put together a piece of music that I wrote for Dick during his final days. Having Dick to sing along and putting this piece into recording is most rewarding to me. I have never dreamt of writing music under such circumstances. If not for your nudging, I may not have had the presence of mind and confidence to even get started with writing to express my thoughts through music. You helped to rearrange, smoothen out the music, and gave us the opportunity to sing together with recording done in ideal settings. It was a dream come true for Dick and me. Dick was really touched to have a piece of music completed in memory of him. During the recording, he sang with so much enthusiasm. I had never heard him singing like this before. Even though he wasn't feeling too well that day, he still insisted on doing the recording at the studio. I knew he was doing this for me so that I could still hear his voice from this recording for many years to come. This is priceless and meant a lot to me. Sadly, he began to lose his speech gradually the next day after the recording. Looking back, I may not have gotten his voice recorded in time if you did not encourage me to get started. I am grateful!

Joanne Tan



Group President & CEO of Sembcorp Industries Mr Wong Kim Yin launched the Christmas Light-Up, witnessed by Assisi Hospice Chairman Ms Anita Fam, CEO Ms Choo Shiu Ling and Clinical Director, Dr Alethea Yee.



Our patient spending precious moments with her loved one.

## Empowering Care

On behalf of my family, I am writing to thank the Assisi home team that helped us with managing my late father's end-of-life care. They were very professional and advised our family how to manage my late father to ensure that he was as comfortable as possible. They knew that there were a few medical professionals among our immediate family and were unfazed by this, partnering us in delivering the necessary care. The Home Care nurse left a mobile number that we could call 24/7, and this was really reassuring for our family.

I was surprised that the team was prepared to empower the caregivers with the necessary subcutaneous drugs for administration, leaving very clear instructions for use. These drugs proved to be very important in helping my late father be comfortable during the last hours.

Despite being a medical professional, I was not entirely confident that we could provide a smooth and comfortable end-of-life care for my late father at home. With this experience and the assistance rendered by Assisi team, we were able to achieve this and my father passed on peacefully on 22 June.

Yours sincerely,  
Dr Tan BS



## Building Our People

We build ourselves to serve others better.

## Awards

We are happy to share that our colleagues have been honoured in these awards.

### Healthcare Humanity Awards 2020 Samantha Soh, Senior Medical Social Worker

The Healthcare Humanity Awards are given to outstanding healthcare workers who are inspirational role models for going the extra mile to offer care and comfort to the sick and infirm.

Samantha leads the Psychosocial Support Services Day Care team. She speaks a few languages, namely English, Mandarin, Malay and Cantonese, helping to bridge the communication gap between the care staff and patients. She is also proficient in sign language which aids communication with hearing-impaired patients. Before joining Assisi as a staff, Samantha was already actively volunteering as a Volunteer Carer, assisting the nurses in various aspects of care duties in the wards and Day Care Centre. Samantha has a special talent which she uses to add joy and delight to many patients and families here – she is professionally qualified as a Make-Up Artist. There were numerous occasions where Samantha provided make-up and hairstyling for our patients and families for urgent functions like wedding solemnisations, tea ceremonies, birthdays, family portraits, hospice functions. Each person is transformed by the magic of her hairstyling and make-up. The images captured on film provided beautiful memories to those who continue living.



Samantha Soh, Senior Medical Social Worker

She said,

*“This vocation to serve and outreach has filled my life with meaning and purpose. I believe in making a difference in someone’s life, even with the slightest gesture or word.”*



### Community Care Excellence Award 2020 (Silver Award) Linda Chew, Senior Staff Nurse, Home Care

The Community Care Excellence Award 2020 recognises outstanding individuals who have displayed excellent service standards and made significant contributions both within and outside their organisation. The Community Care Excellence Award is organised by Agency for Integrated Care (AIC).

Linda is conscientious and meticulous in her work. Being a Home Care nurse for more than 4 years, Linda is very adaptable to changes. She takes changes in her stride and perseveres to deliver good palliative care to patients.

As a trained preceptor, Linda precepts newly joined nurses and students on attachment with our Home Care Service. Besides clinical work, Linda has participated in multiple quality improvement projects.



### Training

Our staff are precious to us. We hope to help each individual develop their expertise with a long-term perspective of their contribution to healthcare in Singapore. Our Franciscan values and the ethos of palliative care guide us in developing the perspective that we all share the same space and are responsible for the well-being of one another to grow and develop to our fullest potential.

Training and coaching are structured and personalised in Assisi. We planned individual training roadmaps and formalised leadership

development to enhance professional and personal development for all staff. We also developed more specialised training programmes.

In the year of the pandemic, training remained international and went virtual. 18 staff attended the virtual International Symposium on Dignified and Compassionate End of Life Care, 1 staff attended the virtual 16<sup>th</sup> World Congress of Music Therapy conducted in South Africa, 18 staff attended the virtual International Forum on Quality & Safety in Healthcare Conference conducted in

Copenhagen and 23 staff attended virtual Alzheimer's Disease International Conference conducted in UK.

In palliative care, patients and families are often facing challenging times in their lives. Effective communication skills are essential to provide timely care and comfort to them. From July to September 2020, most of our clinical and patient-facing staff, including nurses, doctors and creative therapists went through a series of Communications Training, which was specially developed and curated to meet the needs of our staff, including general communication in healthcare, needs specific to palliative care and complexities of patient and family interactions.

Conducted by our Psychosocial Support Team, our staff started with understanding themselves and how they communicate, and moved on to communication micro-skills and attending skills, which allowed participants to reflect on their existing communication skills, identify areas they wish to enhance and expand their repertoire of communication tools. A higher-level training conducted by external trainers is in the pipeline, to equip staff with skills to manage challenging situations like responding to patient or family requesting for euthanasia and addressing family conflicts. We look forward to equipping ourselves to serve better!

### Sharing expertise with the wider community

Our nurturing goes beyond our staff. 27 clinical personnel were attached to Assisi in 2020. They comprised of 13 local students (9 medical, 4 allied health students), 2 doctors and 12 clinical professionals.

Though fewer attachments happened in 2020 due to the pandemic, we continued to share our expertise with the community virtually. At Assisi Hospice, we use music therapy to enhance our patients' quality of life and to promote a sense of dignity, through the power of music. Our senior music therapist, Ms Tammy Lim, is trained in the Bonny Method of Guided Imagery and Music (GIM), which is a form of depth psychotherapy that uses selected sequences of classical music to explore one's inner world and help patients work on significant life issues. To enable therapists and social workers to bring the benefits of music to more people, Assisi Hospice collaborated with Atlantis Institute for Consciousness and Music in the United States and presented a 40-hour GIM training in November last year. The primary trainers were Dr Nicki Cohen from Texas, US and Mr Santiago Villa from Columbia, with Ms Tammy Lim as the assistant trainer. 12 music therapists, art therapist, psychologist, social worker and music educator from Singapore, Malaysia, Thailand and United States, including 2 of our staff, participated and developed foundation level skills in GIM.



*The participants of the Bonny Method of Guided Imagery and Music training were from Singapore, Malaysia, Thailand and United States.*



# Engaging Community

The community meeting place has shifted largely to the virtual platform during this pandemic. We have evolved in the ways we engage with our supporters, meeting them where they are.

## Assisi Fun Day Goes Virtual

With safe-distancing being the new norm since Covid-19, we held the E-Edition of our well-loved annual fundraising event – Assisi Fun Day from 5-15 November 2020. Members of the public could “shop for good” and purchase interesting products and yummy food from renowned F&B brands at [www.assisifunday.sg](http://www.assisifunday.sg). All proceeds from e-stall sales went towards providing care and comfort for patients with terminal illnesses and their families.

Besides regular and new supporters of Assisi Fun Day who contributed their merchandise for a good cause, family members of Assisi Hospice’s former and current patients, Board of Directors and staff also brought together their gifts and talents to form a line-up of food and product stalls and online shows.

Yuen Sing Kit is a family member of our former patient. His father, Mark Yuen, suffered from a type of skin cancer that affected his eye and was admitted to Assisi Hospice eight years ago. Before admission, Sing Kit’s mother, who was a retired nurse, took care of him at home. Although it was manageable during the initial period, caring for him began to take its toll as his father “got increasingly frustrated” and they did not know how to help him prepare for what was to come.

Sing Kit noticed that his father’s outlook changed after admission to Assisi. He appeared calmer, and would often share that the nurses and doctor taking care of him were patient and helpful. Sing Kit’s father also enjoyed the activities like karaoke singing with his wife at the Day Care Centre. Sing Kit said, “My father was not an expressive person, but you could sense that his outlook was much more positive.”

Sing Kit’s father passed on in Assisi Hospice after a three-month stay. Moved by the care his father received, their family has been supportive of Assisi’s fundraising efforts. Sing Kit’s mother has attended the annual Assisi Fun Day for the past seven years, rain or shine. When Sing Kit heard that Assisi Fun Day was going online, he sponsored an e-stall for Ali Nachia Briyani Dam owned by the family of the famous football player Rafi Ali.

He said,

*“Rafi Ali is my childhood friend. I am glad to be able to support Assisi and his business at the same time.”*

Aminurrashid Bin Hasnordin, owner of The Social Outcast, a charcoal-grilled burgers stall, decided to support Assisi Fun Day by setting up an e-stall as he was touched by the care his father is receiving. His father, 69-year-old Hasnordin Bin Babjee, was diagnosed with prostate cancer and came under the care of Assisi Hospice’s Home Care service in September last year. The Care Team helped with his medication and managed his pain, and assisted with his walking frame and wheelchair loan. Amin said, “With this help, he does not need to go to A&E too often, which is a huge relief for the family as he is afraid to get warded.”

*Sing Kit (middle, second row) and his family celebrated his father’s birthday at Assisi Hospice with the help of our Care Team.*





To engage our online audience more effectively, we produced a publicity video and online video content for the Assisi Fun Day website. Our patient Matlisah Bin Chela, nurse Andrea Evangeline Lim and long-time volunteer Nick Mowe came together to star in a video promoting Assisi Fun Day. In the segment “Shows for Good” available on the Assisi Fun Day website, our Chairman Anita Fam also contributed by demonstrating, in a series of videos, her quick and easy recipes for tuna and otah puffs, and egg tarts. Mya Nyien Soe, a senior staff nurse who has been with Assisi for the past eight years, showed how to prepare lahpet, a pickled tea leaf salad from her home country of Myanmar. Despite her nervousness in doing a cooking demonstration video for the first time, she was grateful for the opportunity to share what she had to raise funds for Assisi.

We are grateful for the support of donors, volunteers and corporate organisations in our journey of love in serving our community of patients and families with compassion.



*Our Chairman Anita Fam contributed by demonstrating, in a series of videos, her quick and easy recipes for tuna and otah puffs, and egg tarts.*

**We would like to thank the following partners:**

City Developments Limited and  
their partners

Dr P Thiagarajan

Equinix Singapore Pte Ltd

Hong Leong Finance Ltd

Howden Insurance Brokers (S)  
Pte Ltd

Les Amis Group

Millennium and Copthorne Hotels Ltd

Mount Alvernia Executive Team

Mr Kenneth Li

Mr Yuen Sing Kit

Ms Mary Tay

Ms Ng Wan En Christina

Octava Foundation

Pavilion Capital

Tung Lok Millennium Pte Ltd

**Patients’ Work for Assisi Shop on Lazada  
Received Good Response From Public**

Our patients were touched by the overwhelming support of our Assisi Shop on Lazada and were overjoyed that they could give back to Assisi with the work of their hands! In the two weeks in August 2020 leading up to Teacher’s Day, over 100 handmade products by our patients were sold, raising over \$750 for Assisi Hospice. To show our appreciation to our patients for their labour of love and to celebrate the wonderful response, we organised a simple ceremony and showered them with special “VIP” medals and flowers.

Our patient, Mr Mohamad Shariff Bin Buang, is a member of Men United (Assisi’s Men Shed). He said, “Sometimes, the cutting and sawing of wood into the desired shape is challenging, but I really enjoy Men United as I like to learn new things.”

We would also like to say a big thank you to all our supporters! For those of you who have not bought these beautiful products, do head over to the Assisi Shop (<https://www.lazada.sg/assisi-shop>) to show your support for our patients!



*Our patients showered with special “VIP” medals (left).*

*Products handmade by patients were hot favourites as Teacher’s Day gifts (right).*

**Father of Late Patient Swam for Assisi**

Robert Tan is the father of our former patient, Hawk Tan. Hawk was diagnosed with bladder cancer and became a Home Care patient of Assisi Hospice end May 2019. He passed on in July 2019 at the age of 46. Hawk’s son, 11-year-old Jared, initiated a fundraising project to raise funds for Assisi’s patients, with the support of Robert and his wife, Jenny. Robert and Jenny had planned to go on a 1,200 km pilgrimage walk in Japan, which had to be cancelled due to the pandemic. However, Robert then swam a total of 1,280 laps instead, starting from September 2020 and completing his last lap on his 80<sup>th</sup> birthday. This initiative raised \$48,000 for Assisi Hospice. A big thank you to Robert and his family for their love and support for our patients and their families.



*Mr Robert Tan swam to raise funds for Assisi.*

**Patient Raised Funds with Creation  
“Heart of Gold”**

24 year-old Eileen Wong suffered from renal disease and came under the care of Assisi Hospice in 2019. During her time at Assisi, Eileen was very engaged with our art therapy programme. She shared about her lost opportunities as a young person and how art therapy had allowed her to reclaim just that. This journey helped to reinstate her identity as an individual with a voice, apart from just being a recipient of healthcare services.

Eileen passed away on 19 June 2020. During one of the therapy sessions, she had shared that she wished to give back to Assisi through her work. She raised \$20,000 for Assisi Hospice through her creation “Heart of Gold”, which is currently on display at the Singapore General Hospital Transplant Centre where she also used to be a patient. She hopes that others can find inspiration and the true strength of their own heart through her creation.

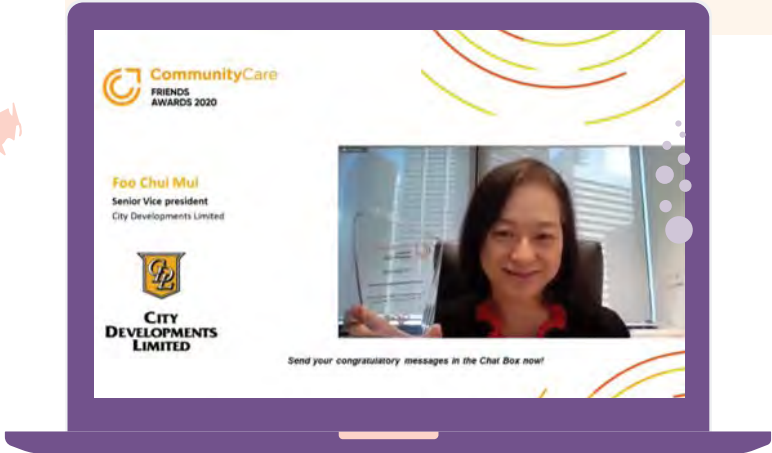


Eileen raised funds for Assisi through her creation “Heart of Gold”.

**CDL Wins Friends of  
Community Care Award 2020**

Our long-term supporter City Developments Limited (CDL) was one of the 10 winners of the inaugural FOCC (Friends of Community Care) award 2020. The FOCC award was introduced by the Agency for Integrated Care (AIC) to acknowledge and show recognition to partners for their unwavering support for the sector.

CDL has been a faithful supporter of Assisi Hospice over 21 years and is the co-organiser of our signature event Assisi Fun Day, bringing together their subsidiaries and partners to help raise funds for Assisi Hospice. CDL staff have also been organising activities and volunteering together, bringing joy and warmth to our patients.



CDL was one of the 10 winners of the inaugural FOCC award 2020.

**Financial  
Statements**





# Directors’ statement

Year ended 31 December 2020

We hereby submit this annual report to the members of the Company together with the audited financial statements for the financial year ended 31 December 2020.

In our opinion:

- (a) the financial statements set out on pages 65 to 96 are drawn up, so as to give a true and fair view of the balance sheet of the Company as at 31 December 2020 and the financial activities and cash flows of the Company for the year ended on that date, in accordance with the provisions of the Companies Act, Chapter 50, the Charities Act, Chapter 37 and other relevant regulations (‘the Charities Act and Regulations’) and Charities Accounting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Company 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.

## Directors

The directors in office at the date of this statement are as follows:

Fam Siu Ping Anita  
Anthony Mallek  
Beatrice Chen Bea Chuan  
Choo Wee Jin Philip  
Jeffrey Cheong Hwee Han  
Linus Tham Wai Chung  
Lynna Chandra  
Nagaraj Sivaram  
Philip Yap Lin Kiat  
Rankine Fiona Audrey  
Seah Ting Han Jeffrey  
Trillion So  
Wong Yit Yeng (Huang YueYing)

Under Article 9 of its Memorandum of Association, the members of the Company guarantee to contribute a sum not exceeding \$1 each to the assets of the Company in the event of it being wound up. The members of the Company are Sister Leonida Lee Siew Lian, Sister Anne Goh Bee Kew, Sister Jane Margaret Bertelsen, and Sister Helena Mc Evilly.

## Directors’ interests

The Company has no share capital and its member’s liability is limited by guarantee.

Neither at the end of, nor at any time during the financial year, was the Company a party to any arrangement whose objects are, or one of whose objects is, to enable the directors of the Company to acquire benefits by means of the subscription to or acquisition of debentures of the Company or any other body corporate.

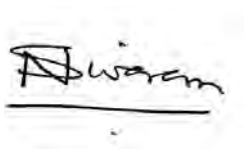
## Auditors

The auditors, KPMG LLP, have indicated their willingness to accept re-appointment.

On behalf of the Board of Directors



**Fam Siu Ping Anita**  
*Director*



**Nagaraj Sivaram**  
*Director*

17 June 2021

# Independent auditors’report

Members of the Company  
Assisi Hospice (A Company Limited by Guarantee)

## Report on the financial statements

### Opinion

We have audited the accompanying financial statements of Assisi Hospice (the Company), which comprise the balance sheet as at 31 December 2020, the statement of financial activities and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on pages 65 to 96.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Companies Act, Chapter 50 (‘the Act’), the Charities Act, Chapter 37 and other relevant regulations (‘the Charities Act and Regulations’) and Charities Accounting Standards so as to give a true and fair view of the state of affairs of the Company as at 31 December 2020 and of the financial activities and cash flows of the Company for the year ended on that date.

### Basis for opinion

We conducted our audit in accordance with Singapore Standards on Auditing (‘SSAs’). Our responsibilities under those standards are further described in the ‘Auditors’ responsibilities for the audit of the financial statements’ section of our report. We are independent of the Company in accordance with the Accounting and Corporate Regulatory Authority *Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities* (‘ACRA Code’) together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Other information

Management is responsible for the other information contained in the annual report. Other information is defined as all information in the annual report other than the financial statements and our auditors’ report thereon. We have obtained all other information prior to the date of this auditors’ report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of management and directors for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Act, the Charities Act and Regulations and Charities Accounting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The directors’ responsibilities include overseeing the Company’s financial reporting process.

### Auditors’ responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.
- Obtain an understanding of internal controls relevant to the audit 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 Company’s internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.



# Independent auditors’ report (cont’d)

Members of the Company  
Assisi Hospice (A Company Limited by Guarantee)

## Report on the financial statements (cont’d)

- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors’ report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors’ report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

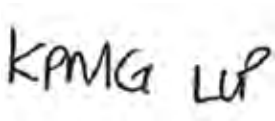
We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

## Report on other legal and regulatory requirements

In our opinion, the accounting and other records required be kept by the Company have been properly kept in accordance with the provisions of the Companies Act and the Charities Act.

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

- (a) the Company has not used the donation moneys in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Company has not complied with the requirements of Regulation 15 (fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations.



**KPMG LLP**  
*Public Accountants and  
Chartered Accountants*

**Singapore**  
17 June 2021

# Balance sheet

As at 31 December 2020

## Non-current assets

Property, plant and equipment  
Investments

## Current assets

Inventories  
Trade and other receivables  
Cash and cash equivalents

## Total assets

## Funds

Restricted funds  
Community Silver Trust Fund  
Medical Equipment Fund  
Paediatric Palliative Care Programme  
Patient Assistance Fund  
Project Next Door Fund  
Respectance Fund  
Singapore Ireland Fund  
Gym Tonic Fund  
Ingot In-Patient Fund  
President's Challenge Fund  
Endowment Fund  
Unrestricted funds  
Accumulated Fund  
Staff Welfare Fund  
Salaries Adjustment Fund  
Building Fund  
Sinking Fund

## Total funds

## Current liabilities

Trade and other payables

## Total liabilities

## Total funds and liabilities

Note	2020 \$	2019 \$
4	48,473,135	51,246,983
5	71,602,427	40,081,794
	120,075,562	91,328,777
6	49,384	35,376
7	20,048,739	10,644,320
8	41,643,021	58,210,820
	61,741,144	68,890,516
	181,816,706	160,219,293
9	18,468,337	13,993,281
10	–	52,045
11	608,281	632,260
12	129,868	188,260
13	–	870,469
14	16,987	38,160
15	34,451	33,702
16	8,962	18,956
17	7,760	7,760
18	–	–
19	35,176,737	20,000,000
	57,691,148	50,637,755
20	897,336	734,604
21	–	1,809,897
22	47,257,965	50,066,287
23	16,407,065	16,500,000
	176,704,897	155,583,436
24	5,111,809	4,635,857
	5,111,809	4,635,857
	181,816,706	160,219,293

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

# Statement of financial activities

Year ended 31 December 2020

Note	2020				2019			
	Total Unrestricted Funds	Total Restricted Funds	Endowment Fund	Total Funds	Total Unrestricted Funds	Total Restricted Funds	Endowment Fund	Total Funds
	\$	\$	\$	\$	\$	\$	\$	\$
As at 1 January	119,748,543	15,834,893	20,000,000	155,583,436	129,777,512	17,263,643	–	147,041,155
Income								
Income from generated fund								
Voluntary income								
- Donation - General	6,819,845	165,000	–	6,984,845	5,676,686	72,281	–	5,748,967
- Donation in kind	8,000	–	–	8,000	–	–	–	–
- Donation - Mount Alvernia Hospital	588,000	–	–	588,000	588,000	–	–	588,000
- Government Grant/ Sponsorship received/ receivable	4,569,440	12,803,100	–	17,372,540	2,896,531	6,635,152	–	9,531,683
	11,985,285	12,968,100	–	24,953,385	9,161,217	6,707,433	–	15,868,650
Fundraising activities	5,435,102	–	–	5,435,102	8,443,755	–	–	8,443,755
Investment income	3,526,968	–	176,737	3,703,705	1,560,956	–	–	1,560,956
	20,947,355	12,968,100	176,737	34,092,192	19,165,928	6,707,433	–	25,873,361
Income from charitable activities								
- Government grants	10,317,773	–	–	10,317,773	7,927,624	–	–	7,927,624
- Patient fees	6,277,335	–	–	6,277,335	2,534,230	–	–	2,534,230
	16,595,108	–	–	16,595,108	10,461,854	–	–	10,461,854
Total income	37,542,463	12,968,100	176,737	50,687,300	29,627,782	6,707,433	–	36,335,215
Expenditure								
Cost of generating funds								
- Fundraising expenses	223,341	–	–	223,341	429,481	–	–	429,481
- Investment expense	185,912	–	–	185,912	161,003	–	–	161,003
	409,253	–	–	409,253	590,484	–	–	590,484
Charitable activities								
- Salaries and related costs	8,741,193	6,733,396	–	15,474,589	6,791,783	6,186,187	–	12,977,970
- Contributions to defined contribution plan	1,368,513	182,680	–	1,551,193	1,079,935	105,815	–	1,185,750
- Programme expenses	10,533,758	1,488,086	–	12,021,844	11,791,016	1,142,996	–	12,934,012
	20,643,464	8,404,162	–	29,047,626	19,662,734	7,434,998	–	27,097,732

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



# Statement of financial activities (cont'd)

Year ended 31 December 2020

	Note	2020				2019			
		Total Unrestricted Funds	Total Restricted Funds	Endowment Fund	Total Funds	Total Unrestricted Funds	Total Restricted Funds	Endowment Fund	Total Funds
		\$	\$	\$	\$	\$	\$	\$	\$
<b>Governance costs</b>									
- Professional fees	28	51,725	–	–	51,725	55,872	–	–	55,872
- Insurance		50,974	–	–	50,974	43,498	–	–	43,498
- Others		6,154	107	–	6,261	5,234	114	–	5,348
		108,853	107	–	108,960	104,604	114	–	104,718
<b>Total expenditure</b>		21,161,570	8,404,269	–	29,565,839	20,357,822	7,435,112	–	27,792,934
<b>Net income/(expenditure) before tax expense</b>		16,380,893	4,563,831	176,737	21,121,461	9,269,960	(727,679)	–	8,542,281
Income tax expense	30	–	–	–	–	–	–	–	–
<b>Net income/(expenditure) for the year</b>	29	16,380,893	4,563,831	176,737	21,121,461	9,269,960	(727,679)	–	8,542,281
<b>Transfers</b>									
- Gross transfer between funds	9/ 10/ 19	(14,848,928)	(151,072)	15,000,000	–	(19,298,929)	(701,071)	20,000,000	–
- Fund close out	13	973,006	(973,006)	–	–	–	–	–	–
		(13,875,922)	(1,124,078)	15,000,000	–	(19,298,929)	(701,071)	20,000,000	–
<b>Net movement in funds</b>		2,504,971	3,439,753	15,176,737	21,121,461	(10,028,969)	(1,428,750)	20,000,000	8,542,281
<b>As at 31 December</b>		122,253,514	19,274,646	35,176,737	176,704,897	119,748,543	15,834,893	20,000,000	155,583,436

For details on movement in financial activities of the individual funds, please refer to Note 34.

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

# Statement of cash flows

Year ended 31 December 2020

## Cash flows from operating activities

Net income for the year

Adjustments for:

Depreciation of property, plant and equipment

Write-off of property, plant and equipment

Interest income from time deposits

Interest income from investments

Interest income from time deposits - Endowment Fund

Gain on disposal of investments

Changes in:

- Trade and other receivables

- Trade and other payables

- Inventories

## Net cash from operating activities

## Cash flows from investing activities

Interest received from time deposits

Interest received from investments

Proceeds from disposal of property, plant and equipment

Purchase of property, plant and equipment

Proceeds from disposal of investments

Purchase of investments

## Net cash used in investing activities

## Net (decrease)/increase in cash and cash equivalents

Cash and cash equivalents at beginning of the year

## Cash and cash equivalents at end of the year

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

Note	2020 \$	2019 \$
	21,121,461	8,542,281
4	3,387,570	3,678,914
	53	1,130
	(400,457)	(770,367)
	(658,558)	(736,202)
	(176,737)	–
	(2,467,953)	(54,387)
	20,805,379	10,661,369
	(9,597,286)	4,974,233
	475,952	379,516
	(14,008)	(8,068)
	11,670,037	16,007,050
	593,324	596,245
	840,354	747,123
	434	–
	(614,209)	(370,641)
	57,313,336	21,588,441
	(86,371,075)	(22,909,032)
	(28,237,836)	(347,864)
	(16,567,799)	15,659,186
	58,210,820	42,551,634
8	41,643,021	58,210,820

# Notes to the financial statements

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 17 June 2021.

## 1. Domicile and activities

Assisi Hospice (the Company) is a charitable organisation registered in the Republic of Singapore and has its principal place of business at 832 Thomson Road, Singapore 574627.

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

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

## 2. Basis of preparation

### 2.1 Statement of compliance

The financial statements have been prepared in accordance with the Charities Accounting Standards (CAS).

### 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 Company's functional currency.

### 2.4 Use of estimates and judgements

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

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

## 3. Significant accounting policies

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

### 3.1 Foreign currency transactions

Transactions in foreign currencies are translated to Singapore dollars at the exchange rate at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are translated to the functional currency at the exchange rate at that date. Non-monetary assets and liabilities denominated in foreign currencies that are measured at fair value are translated to the functional currency at the exchange rate at the date that the fair value was determined. Foreign currency differences arising from translation are recognised in the statement of financial activities.

### 3.2 Property, plant and equipment

#### *Recognition and measurement*

Items of property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

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

Any gain or loss on disposal of an item of property, plant and equipment is recognised in the statement of financial activities.

#### *Subsequent costs*

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

#### *Depreciation*

Depreciation is based on the cost of an asset less its residual value. Significant components of individual assets are assessed and if a component has a useful life that is different from the remainder of that asset, that component is depreciated separately.

Depreciation is recognised as expenditure 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 for the current and comparative years are as follows:

Building	30 years
Renovations	3 years
Furniture and fittings	5 years
Office and other equipment	4 to 10 years
Motor vehicles	4 years
Plant and machinery	4 to 10 years
Medical equipment	6 years
Computer equipment	3 to 10 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 Trade and other receivables

Trade and other receivables excluding prepayments are initially recognised at their transaction price, excluding transaction costs, if any. Transaction costs are recognised as expenditure in the statement of financial activities as incurred.

Prepayments are initially recognised at the amount paid in advance for the economic resources expected to be received in the future.

After initial recognition, trade and other receivables excluding prepayments are measured at cost less any accumulated impairment losses. Prepayments are measured at the amount paid less the economic resources received or consumed during the financial period.

3.4 Cash and cash equivalents

Cash and cash equivalents comprise cash balances and time deposits with financial institutions.

3.5 Investments

Investments are recognised at cost less any accumulated impairment losses.

3.6 Inventories

Inventories comprising medical supplies, are measured at the lower of cost and net realisable value. Cost is calculated using weighted average cost formula and comprises all costs of purchase and other cost incurred in bringing the inventories to their present location and condition. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs necessary to make the sale.

3.7 Trade and other payables

Trade and other payables excluding accruals are recognised at their transaction price, excluding transaction costs, if any, both at initial recognition and at subsequent measurement. Transaction costs are recognised as expenditure in the statement of financial activities as incurred. Accruals are recognised at the best estimate of the amount payable.

3.8 Employee benefits

Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense in the statement of financial activities as incurred.

Short-term employee benefits

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

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

3.9 Income

Income are included in the statement of financial activities when the following three factors are met:

- the Company becomes entitled to the income;
- the management are virtually certain that they will receive the income; and
- the monetary value can be measured with sufficient reliability.

Patient fees

Provided it is probable that the economic benefits will flow to the Company, 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. Revenue excludes goods and services taxes or other taxes.

Government grants

The Company’s income comprises grants from the government to meet the Company’s operating expenses and to fund the Company’s capital expenditure.

Grants from the government are recognised as income in the statement of financial activities where there is reasonable assurance that they will be received and the conditions attached to them will be complied with. Where uncertainty exists as to whether the Company can meet the conditions, the grants that are received are deferred as a liability until there is sufficient evidence that the conditions attached can be met.

***Donation and fundraising income***

Donations and revenue from fundraising are recognised as income in the accounting period in which they are received or receivable.

***Donation in kind***

Donation in kind are recorded as donation income at an amount equivalent to the estimated value of the items donated when the value can be reasonably and reliably estimated.

***Investment income***

Investment income comprises interest income on funds invested, and net realised gains/losses on disposal of investments. Interest income is recognised on an accrual basis, using the effective interest method.

**3.10 Expenditure**

All expenditure are accounted for on an accrual basis and has been classified under headings that aggregate all cost related to that activity. Cost comprises direct expenditure including direct staff costs attributable to the activity. Where costs cannot be wholly attributed to an activity, they have been apportioned on a basis consistent with the use of resources. These include overheads like utilities, amortisation of leasehold improvements and support costs.

***Costs of generating funds***

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

***Charitable activities***

Charitable activities include both direct and related support costs relating to general running of the Company for service delivery.

***Governance costs***

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

**3.11 Impairment**

(i) Inventories

The Company assesses at each reporting date whether any inventories are impaired. The Company makes the assessment by comparing the carrying amount of each item of inventory with its selling price less costs to complete and sell. If an item of inventory is impaired, the Company reduces the carrying amount of the inventory to its selling price less costs to complete and sell. The Company recognises the reduction as impairment loss immediately in the statement of financial activities.

(ii) Financial assets

*Trade and other receivables*

At the end of each reporting period, the Company assess whether there is objective evidence of impairment of trade and other receivables. If there is objective evidence of impairment, the Company recognises an impairment loss immediately in the statement of financial activities.

An impairment loss in respect of trade and other receivables is calculated as the difference between its carrying amount and the undiscounted future cash flows that the Company expects to receive from trade and other receivables. Losses are recognised in the statement of financial activities.

*Investments*

Impairment loss in respect of investments is calculated as the difference between its carrying amount and the best estimate of the amount that the Company would receive from investment if it was to be sold at the reporting date. Impairment losses are recognised in the statement of financial activities.

**3.12 Funds structure**

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

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

The endowment fund is a restricted fund and an expendable endowment fund.



## 4. Property, plant and equipment

	Building	Renovations	Furniture and fittings	Office and other equipment	Motor vehicles	Plant and machinery	Medical equipment	Computer equipment	Assets under construction	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Cost</b>										
At 1 January 2019	48,054,952	–	623,860	2,565,126	288,030	6,618,852	716,693	3,167,720	60,480	62,095,713
Additions	–	–	17,825	34,164	105,091	–	100,142	113,419	–	370,641
Write-off	–	–	–	(13,658)	–	–	–	(1)	–	(13,659)
Reclassification	–	–	–	–	–	–	–	60,480	(60,480)	–
At 31 December 2019	48,054,952	–	641,685	2,585,632	393,121	6,618,852	816,835	3,341,618	–	62,452,695
Additions	–	5,962	7,400	–	–	–	54,500	155,598	390,749	614,209
Disposals	–	–	(2,900)	–	–	–	–	–	–	(2,900)
Write-off	–	–	(27,461)	–	–	–	(1,557)	(14,559)	–	(43,577)
Reclassification	–	–	–	–	–	–	–	303,820	(303,820)	–
At 31 December 2020	48,054,952	5,962	618,724	2,585,632	393,121	6,618,852	869,778	3,786,477	86,929	63,020,427
<b>Accumulated depreciation</b>										
At 1 January 2019	3,203,663	–	268,368	589,911	164,036	1,323,197	254,178	1,735,974	–	7,539,327
Depreciation charge for the year	1,601,832	–	115,210	305,640	62,221	663,048	125,969	804,994	–	3,678,914
Write-off	–	–	–	(12,529)	–	–	–	–	–	(12,529)
At 31 December 2019	4,805,495	–	383,578	883,022	226,257	1,986,245	380,147	2,540,968	–	11,205,712
Depreciation charge for the year	1,601,832	–	112,541	304,686	77,481	663,048	130,267	497,715	–	3,387,570
Disposals	–	–	(2,466)	–	–	–	–	–	–	(2,466)
Write-off	–	–	(27,412)	–	–	–	(1,555)	(14,557)	–	(43,524)
At 31 December 2020	6,407,327	–	466,241	1,187,708	303,738	2,649,293	508,859	3,024,126	–	14,547,292
<b>Carrying amounts</b>										
At 31 December 2019	43,249,457	–	258,107	1,702,610	166,864	4,632,607	436,688	800,650	–	51,246,983
At 31 December 2020	41,647,625	5,962	152,483	1,397,924	89,383	3,969,559	360,919	762,351	86,929	48,473,135

## 5. Investments

Money market securities  
Quoted debt securities  
Quoted equity securities  
Collective investment schemes  
Exchange-traded index put options

Investment interest receivable

The Company appointed Lion Global Investors Limited (LGI) and Fullerton Fund Management Company Ltd (FFMC) as fund managers on 17 August 2018 to manage its investments in accordance with the Company's approved investment mandate. The Company injected an additional capital of \$10 million with FFMC on 1 October 2020. In addition, the \$20 million seed money from the Endowment fund was invested with FFMC and LGI at \$10 million each on 16 November 2020.

The movements of the investments are as follows:

	2020 \$	2019 \$
At 1 January	39,971,383	38,596,405
Additions	86,371,075	22,909,032
Disposals	(54,845,383)	(21,534,054)
	71,497,075	39,971,383

As at 31 December 2020, the Company's investments in debt securities bear interest rates ranging from 1.65 % and 5.38% (2019: 1.85% and 4.70%). Among the investments held by the Company, \$61,064,049 (2019: \$28,380,875) of the investments relates to investment assets in Singapore. As at reporting date, the aggregate market value of these investments is approximately \$75,379,427 (2019: \$41,786,295). The exchange-traded index put options are traded on the US Chicago Board Options Exchange and are entered into to hedge the equity exposure of the portfolio.

## 6. Inventories

Medical supplies

## 7. Trade and other receivables

	2020 \$	2019 \$
Trade receivables	1,235,113	154,504
Allowance for doubtful trade receivables	(54,450)	(50,000)
Net receivables	1,180,663	104,504
Goods and Services Tax (GST) receivable	–	17,256
Amount due from Ministry of Health	18,318,507	9,526,853
Fund receivable from third parties	7,080	262,222
Other receivables	17,044	46,585
Deposits	285,900	277,986
Interest receivable	136,588	329,455
Prepayments	102,957	79,459
	20,048,739	10,644,320

The Company's primary exposure to credit risk arises through its trade receivables and fund receivable from third parties. Concentration of credit risk relating to the trade receivables is limited due to the Company's many varied patient. No significant risk exposure is expected to arise from the fund receivable from third parties. The Company'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, if any, is inherent in the Company's trade receivables.

## 8. Cash and cash equivalents

	2020 \$	2019 \$
Cash at bank	13,035,082	7,330,639
- Cash balance held with fund managers	1,972,254	538,662
- Cash at bank and in hand	11,062,828	6,791,977
Time deposits with financial institutions	28,607,939	50,880,181
- Held by the Company	28,607,939	50,880,181
Cash and cash equivalents	41,643,021	58,210,820

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.83% (2019: 1.56%). Interest rates are re-priced at intervals of three, six, nine and twelve months.

Included in the cash and cash equivalents is an aggregate of \$6,574,190 (2019: \$9,273,441) which is subject to usage restriction imposed by the donors, and \$15,000,000 (2019: \$20,000,000), which is the seed money for the Endowment Fund (see note 19). The amount of \$6,574,190 (2019: \$9,273,441) includes the donations for specified use imposed by the donors (see restricted funds in notes 9 to 18).

## 9. Community Silver Trust Fund

	2020 \$	2019 \$
Balance at 1 January	13,993,281	14,464,874
Grant from the Community Silver Trust	12,700,456	6,561,452
Expenditure	(8,120,828)	(6,927,693)
Fund Transfer	(104,572)	(105,352)
Balance at 31 December	18,468,337	13,993,281
The fund is represented by:		
Amount due from Ministry of Health	12,700,456	6,561,452
Cash and cash equivalents	5,767,881	7,431,829
	18,468,337	13,993,281

The Community Silver Trust is a scheme whereby the government will provide a matching grant of one dollar for every donation dollar raised by eligible organisations. The objectives are to encourage more donations and provide additional resources for the service providers in the Intermediate and Long Term Care Sector and to enhance capabilities and provide value-added services to achieve affordable and higher quality care.

Expenditure incurred for the year ended 31 December 2020 includes utilisation of \$6,751,076 (2019: \$6,002,005) for staff related costs for doctors, nurses and allied healthcare workers.



10. Medical Equipment Fund

The fund is represented by:

Cash and cash equivalents

2020 \$	2019 \$
–	52,045

This fund was set up in 2002 for the purchase of medical equipment.

During the year, the Company utilised \$52,045 (2019: \$5,656) from the fund, of which \$46,500 (2019: \$Nil) was transferred to Accumulated Fund for the purpose of purchasing medical equipment.

11. Paediatric Palliative Care Programme

The fund is represented by:

Cash and cash equivalents

2020 \$	2019 \$
608,281	632,260

The Paediatric Palliative Care Programme was established in 2005 to provide paediatric palliative care to the terminally ill children and their families.

During the year, the Company utilised \$23,979 (2019: \$Nil) from the fund to provide paediatric palliative care to the terminally ill children.

12. Patient Assistance Fund

The fund is represented by:

Cash and cash equivalents

2020 \$	2019 \$
129,868	188,260

The Patient Assistance Fund was set up in 2010 to assist lower income needy patients and their families with immediate needs such as, transportation including ambulance, food and milk feeds, consumables and any other needs as deemed necessary.

During the year, the Company received donations amounting to \$Nil (2019: \$9,000) and utilised \$58,392 (2019: \$101,708) from the fund to help needy patients.

13. Project Next Door Fund

The fund is represented by:

Cash and cash equivalents

2020 \$	2019 \$
–	870,469

This fund was set up in 2011 for the purpose of developing a new hospice building with inpatient capacity of 85 beds. The construction and shift of operations to the new hospice building was completed in January 2017.

During the year, the Company received grants amounting to \$102,644 (2019: \$ Nil) and utilised \$107 (2019: \$114) from the fund. In addition, the Company has transferred \$973,006 (2019: \$466,919) to the Accumulated fund in relation to expenses paid out of the Company’s Accumulated Funds for the Project Next Door.

This fund has been closed during the year after the remaining government grant from the Ministry of Health has been received in relation to the Project Next Door.

14. Respectance Fund

The fund is represented by:

Cash and cash equivalents

2020 \$	2019 \$
16,987	38,160

The Respectance Fund was set up in 2011 with the desire to respect and fulfil the preference of our patients to die in their own homes. This fund also provides short-term financial help for needy families whose primary breadwinner is facing death.

During the year, the Company utilised \$21,173 (2019: \$24,420) from the fund to help needy families.

15. Singapore Ireland Fund

	2020 \$	2019 \$
The fund is represented by:		
Cash and cash equivalents	34,451	33,702

The fund was set up in 2015 with the objective to support palliative nursing care training. During the year, the Company returned \$749 (2019: \$Nil) to the fund due to write back of training related expenses and utilised \$Nil (2019: \$22,042) from the fund.

16. Gym Tonic Fund

	2020 \$	2019 \$
The fund is represented by:		
Cash and cash equivalents	8,962	18,956

The objective of the fund is to support palliative nursing care training through purchasing advanced gym equipment and software to improve the functional abilities of patients.

During the year, the Company has allocated \$Nil (2019: \$24,000) into the Gym Tonic Fund from the advance received from Lien Foundation (see note 23). In addition, the Company utilised \$9,994 (2019: \$9,874) from the fund.

17. Ingot In-Patient Fund

	2020 \$	2019 \$
The fund is represented by:		
Cash and cash equivalents	7,760	7,760

This fund was established in 2018 with the objective to computerise the inpatient clinical records and to enable the clinical team to access patient health information electronically.

During the year, an amount of \$Nil (2019: \$49,700) was allocated from the advance received from Lien Foundation to the Ingot In-Patient Fund (see note 23). The Company utilised \$Nil (2019: \$5,667) from the fund and transferred \$Nil (2019: \$128,800) to the Accumulated fund for the purpose of enhancements to the Ingot Inpatient system.

18. President’s Challenge Fund

	2020 \$	2019 \$
The fund is represented by:		
Cash and cash equivalents	–	–

This fund was established in May 2020 with the objective to subsidise the manpower costs to provide palliative care to the Day Care patients.

During the year, the Company received grants amounting to \$165,000 and fully utilised amounts of \$165,000 from the fund to subsidise the Day Care manpower costs.

19. Endowment Fund

	2020 \$	2019 \$
The fund is represented by:		
Investments	20,000,000	–
Cash and cash equivalents	15,176,737	20,000,000
	35,176,737	20,000,000

The fund was set up with the objective to create a new ongoing source of income to enhance the long term financial viability to cater for organisational expansion and growth.

During the year, the fund was increased to \$35 million and yielded \$176,737 in returns.



20. Staff Welfare Fund

	2020 \$	2019 \$
The fund is represented by:		
Cash and cash equivalents	897,336	734,604
The fund was set up in 2012. The objective of the fund is to offer a one-off financial aid for the death of a spouse, child or parent of any staff, to help staff when there is an urgent and unexpected need, to set aside some funds for group activities and subscription of corporate membership to places of interest for staff.		
During the year, the Company received donations and grants amounting to \$163,304 (2019: \$80,942) and utilised \$572 (2019: \$Nil) from the fund for staff activities.		

21. Salaries Adjustment Fund

	2020 \$	2019 \$
The fund is represented by:		
Cash and cash equivalents	–	1,809,897
The fund was from Ministry of Health for the Intermediate and Long-Term Care (ILTC) sector salary adjustment exercise for healthcare professionals. The grant aims to narrow the salary gap between the healthcare professionals in the public acute sector and ILTC sector. The grant is for the period from April 2012 to March 2020.		
During the year, the Company received grants amounting to \$726,272 (2019: \$1,377,125) and fully utilised \$2,536,169 (2019: \$2,888,980) from the fund.		

22. Building Fund

	2020 \$	2019 \$
The fund is represented by:		
Property, plant and equipment	47,257,965	50,066,287

During the year, the Company incurred depreciation expense of \$2,808,322 (2019: \$2,913,688), included within programme expenses.

The hospice building held by the Company is for general and not restricted purpose.

23. Sinking Fund

	2020 \$	2019 \$
The fund is represented by:		
Cash and cash equivalents	16,407,065	16,500,000
This fund was established in 2018 with the objective to meet the needs of replacing systems and maintaining the building over a 10-year period.		
During the year, the Company utilised \$92,935 (2019: \$ Nil) from the fund for replacements and maintenance to the building.		
The fund together with the accumulated fund are represented by cash and cash equivalents and investments.		

24. Trade and other payables

	2020 \$	2019 \$
Amount due to Mount Alvernia Hospital	69,913	82,756
Patients’ deposits	25,269	800
Trade and other payables	506,787	466,970
Advance received from Lien Foundation	151,986	151,986
Accrued operating expenses	4,239,087	3,932,913
GST payable	104,325	432
Management fee payable	14,442	–
	5,111,809	4,635,857

The outstanding balance to Mount Alvernia Hospital is unsecured, interest-free and repayable on demand.

Advance received from Lien Foundation will be used for future Lien Foundation approved projects. During the year, the Company received the approval from Lien Foundation to transfer \$Nil (2019: \$49,700) to Ingot In-Patient Fund (see note 17) and \$Nil (2019: \$24,000) to Gym Tonic Fund (see note 16).

25. Donation from Mount Alvernia Hospital

Donation from Mount Alvernia Hospital of \$588,000 (2019: \$588,000) represents amounts waived by Mount Alvernia Hospital in respect of support costs charged to the Company.

In addition, included in the fundraising activities is an amount of \$Nil (2019: \$30,000) donated by Mount Alvernia Hospital during a Charity Dinner.

26. Investment income and investment expense

	2020 \$	2019 \$
Interest income from time deposits	400,457	770,367
Interest income from investments	658,558	736,202
Interest income from time deposits - Endowment Fund	176,737	-
	1,235,752	1,506,569
Gain on investments	2,467,953	54,387
<b>Investment income</b>	3,703,705	1,560,956
Investment expense	(185,912)	(161,003)
<b>Investment expense</b>	(185,912)	(161,003)
<b>Net investment income</b>	3,517,793	1,399,953

Investment expense relates to management fees paid to the fund managers and portfolio fees and accounting fees paid to the custodian bank.

27. Charitable activities

	Programme expenses \$	Salaries and related costs \$	Contributions to defined contribution plan \$	Total \$
<b>2020</b>				
Hospice services	5,122,657	6,892,914	756,836	12,772,407
Day care services	1,637,416	1,049,345	169,602	2,856,363
Home care services	715,415	2,981,746	442,075	4,139,236
Total	7,475,488	10,924,005	1,368,513	19,768,006
Less: Funded by CST Operating Expense Matching Grant	-	(4,562,540)	-	(4,562,540)
	7,475,488	6,361,465	1,368,513	15,205,466
<b>2019</b>				
Hospice services	5,772,775	5,715,542	471,625	11,959,942
Day care services	1,897,032	925,698	95,066	2,917,796
Home care services	992,154	2,326,015	253,170	3,571,339
Total	8,661,961	8,967,255	819,861	18,449,077
Less: Funded by CST Operating Expense Matching Grant	-	(4,589,011)	-	(4,589,011)
	8,661,961	4,378,244	819,861	13,860,066

28. Professional fees

	2020 \$	2019 \$
External audit fees	26,175	29,992
Internal audit fees	25,550	25,200
Others	-	680
	51,725	55,872



29. Net income/(expenditure) for the year

The following items have been included in arriving at net income/(expenditure) for the year:

	Note	2020 \$	2019 \$
Supplies and consumables		1,162,017	1,001,933
Write-off of property, plant and equipment		53	1,130
Depreciation of property, plant and equipment	4	3,387,570	3,678,914
Repairs and maintenance		422,272	394,890
Mount Alvernia Hospital’s support costs	(a)	497,100	486,600
Agency manpower services		2,310,154	2,324,062
Utilities		325,107	311,928
Staff costs		15,474,589	12,977,970
Contributions to defined contribution plans		1,551,193	1,185,750

(a) Mount Alvernia Hospital charges the Company for services rendered by Mount Alvernia Hospital to the Company.

30. Income taxes

The Company 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 Company is a registered charity with income tax exemption.

31. Tax deductible donations

Tax deductible donations amounting to \$6,431,476 (2019: \$7,234,669) were received during the year.

The Company enjoys a concessionary tax treatment whereby qualifying donors are granted 250% tax deduction for the donations made to the Company.

32. Commitments

As at 31 December 2020, the Company’s capital commitments amounted to \$Nil (2019: \$423,618).

33. Related parties

Key management personnel compensation

Key management personnel of the Company are those having authority and responsibility for planning, directing and controlling the activities of the Company. The Board of Directors and executive management team are considered key management personnel of the Company.

Key management personnel compensation comprised:

	2020 \$	2019 \$
Short-term employee benefits	2,430,728	2,204,106

In compliance with the Code of Corporate Governance for Charities and Institutions of a Public Character, the annual remuneration of the Company’s three highest paid staff fall into the following band(s):

	2020 \$	2019 \$
\$200,000 to \$300,000	1	1
\$300,000 to \$400,000	2	2

The directors did not receive any compensation for their services rendered to the Company. There are no paid staff who are close members of the family of the Chief Executive Officer or any Board members. Other than disclosed elsewhere in the financial statements, the transactions with related parties are as follows:

	2020 \$	2019 \$
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	(32,465)	(35,540)

34. Funds

	Unrestricted Funds									Restricted Funds									
	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Building Fund \$	Sinking Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Respectance Fund \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	Temasek Foundation Cares Fund \$	Ingot IP Fund \$	Total Restricted Funds \$	Endowment Fund \$	Total Funds \$
As at 1 January 2019	56,322,123	653,662	3,321,752	52,979,975	16,500,000	129,777,512	14,464,874	57,701	632,260	280,968	1,337,502	62,580	55,744	4,830	274,657	92,527	17,263,643	-	147,041,155
Income																			
Income from generated fund																			
Voluntary income																			
- Donation - General	5,676,686	-	-	-	-	5,676,686	-	-	-	9,000	-	-	-	-	63,281	-	72,281	-	5,748,967
- Donation - Mount Alvernia Hospital	588,000	-	-	-	-	588,000	-	-	-	-	-	-	-	-	-	-	-	-	588,000
- Grant/ Sponsorship received/ receivable	1,441,960	77,446	1,377,125	-	-	2,896,531	6,561,452	-	-	-	-	-	-	24,000	-	49,700	6,635,152	-	9,531,683
	7,706,646	77,446	1,377,125	-	-	9,161,217	6,561,452	-	-	9,000	-	-	-	24,000	63,281	49,700	6,707,433	-	15,868,650
Fundraising activities	8,440,259	3,496	-	-	-	8,443,755	-	-	-	-	-	-	-	-	-	-	-	-	8,443,755
Investment income	1,560,956	-	-	-	-	1,560,956	-	-	-	-	-	-	-	-	-	-	-	-	1,560,956
	17,707,861	80,942	1,377,125	-	-	19,165,928	6,561,452	-	-	9,000	-	-	-	24,000	63,281	49,700	6,707,433	-	25,873,361
Income from charitable activities																			
- Government grants	7,927,624	-	-	-	-	7,927,624	-	-	-	-	-	-	-	-	-	-	-	-	7,927,624
- Patient fees	2,534,230	-	-	-	-	2,534,230	-	-	-	-	-	-	-	-	-	-	-	-	2,534,230
	10,461,854	-	-	-	-	10,461,854	-	-	-	-	-	-	-	-	-	-	-	-	10,461,854
Total income	28,169,715	80,942	1,377,125	-	-	29,627,782	6,561,452	-	-	9,000	-	-	-	24,000	63,281	49,700	6,707,433	-	36,335,215

Unrestricted Funds										Restricted Funds										
	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Building Fund \$	Sinking Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$		Patient Assistance Fund \$	Project Next Door Fund \$	Respectance Fund \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	Temasek Foundation Cares Fund \$	Ingot IP Fund \$	Total Restricted Funds \$	Endowment Fund \$	Total Funds \$
Expenditure																				
Cost of generating funds																				
- Fundraising expenses	429,481	-	-	-	-	429,481	-	-	-		-	-	-	-	-	-	-	-	-	429,481
- Investment expense	161,003	-	-	-	-	161,003	-	-	-		-	-	-	-	-	-	-	-	-	161,003
	590,484	-	-	-	-	590,484	-	-	-		-	-	-	-	-	-	-	-	-	590,484
Charitable activities																				
- Salaries and related costs	4,378,244	-	2,413,539	-	-	6,791,783	5,925,074	-	-		-	-	-	-	-	261,113	-	6,186,187	-	12,977,970
- Contributions to defined contribution plan	819,861	-	260,074	-	-	1,079,935	76,931	-	-		-	-	-	-	-	28,884	-	105,815	-	1,185,750
- Programme expenses	8,661,961	-	215,367	2,913,688	-	11,791,016	925,688	5,656	-		101,708	-	24,420	22,042	9,874	47,941	5,667	1,142,996	-	12,934,012
	13,860,066	-	2,888,980	2,913,688	-	19,662,734	6,927,693	5,656	-		101,708	-	24,420	22,042	9,874	337,938	5,667	7,434,998	-	27,097,732
Governance costs																				
- Professional fees	55,872	-	-	-	-	55,872	-	-	-		-	-	-	-	-	-	-	-	-	55,872
- Insurance	43,498	-	-	-	-	43,498	-	-	-		-	-	-	-	-	-	-	-	-	43,498
- Others	5,234	-	-	-	-	5,234	-	-	-		-	114	-	-	-	-	-	114	-	5,348
	104,604	-	-	-	-	104,604	-	-	-		-	114	-	-	-	-	-	114	-	104,718
Total expenditure	14,555,154	-	2,888,980	2,913,688	-	20,357,822	6,927,693	5,656	-		101,708	114	24,420	22,042	9,874	337,938	5,667	7,435,112	-	27,792,934
Net income/(expenditure) before tax expense	13,614,561	80,942	(1,511,855)	(2,913,688)	-	9,269,960	(366,241)	(5,656)	-		(92,708)	(114)	(24,420)	(22,042)	14,126	(274,657)	44,033	(727,679)	-	8,542,281
Income tax expense	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	13,614,561	80,942	(1,511,855)	(2,913,688)	-	9,269,960	(366,241)	(5,656)	-		(92,708)	(114)	(24,420)	(22,042)	14,126	(274,657)	44,033	(727,679)	-	8,542,281
Gross Transfer between funds	(19,298,929)	-	-	-	-	(19,298,929)	(105,352)	-	-		-	(466,919)	-	-	-	-	(128,800)	(701,071)	20,000,000	-
Net Movement in funds	(5,684,368)	80,942	(1,511,855)	(2,913,688)	-	(10,028,969)	(471,593)	(5,656)	-		(92,708)	(467,033)	(24,420)	(22,042)	14,126	(274,657)	(84,767)	(1,428,750)	20,000,000	8,542,281
As at 31 December 2019	50,637,755	734,604	1,809,897	50,066,287	16,500,000	119,748,543	13,993,281	52,045	632,260		188,260	870,469	38,160	33,702	18,956	-	7,760	15,834,893	20,000,000	155,583,436





Unrestricted Funds										Restricted Funds										
	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Building Fund \$	Sinking Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$		Patient Assistance Fund \$	Project Next Door Fund \$	Respectance Fund \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	President's Challenge Fund \$	Ingot IP Fund \$	Total Restricted Funds \$	Endowment Fund \$	Total Funds \$
Expenditure																				
Cost of generating funds																				
- Fundraising expenses	223,341	-	-	-	-	223,341	-	-	-		-	-	-	-	-	-	-	-	-	223,341
- Investment expense	185,912	-	-	-	-	185,912	-	-	-		-	-	-	-	-	-	-	-	-	185,912
	409,253	-	-	-	-	409,253	--	-	-		-	-	-	-	-	-	-	-	-	409,253
Charitable activities																				
- Salaries and related costs	6,361,465		2,379,728			8,741,193	6,584,201	-	-		-	-	-	-	-	149,195	-	6,733,396	-	15,474,589
- Contributions to defined contribution plan	1,368,513					1,368,513	166,875	-	-		-	-	-	-	-	15,805	-	182,680	-	1,551,193
- Programme expenses	7,475,488	572	156,441	2,808,322	92,935	10,533,758	1,369,752	5,545	23,979		58,392	-	21,173	(749)	9,994	-	-	1,488,086	-	12,021,844
	15,205,466	572	2,536,169	2,808,322	92,935	20,643,464	8,120,828	5,545	23,979		58,392	-	21,173	(749)	9,994	165,000	-	8,404,162	-	29,047,626
Governance costs																				
- Professional fees	51,725	-	-	-	-	51,725	-	-	-		-	-	-	-	-	-	-	-	-	51,725
- Insurance	50,974	-	-	-	-	50,974	-	-	-		-	-	-	-	-	-	-	-	-	50,974
- Others	6,154	-	-	-	-	6,154	-	-	-		-	107	-	-	-	-	-	107	-	6,261
	108,853	-	-	-	-	108,853	-	-	-		-	107	-	-	-	-	-	107	-	108,960
Total expenditure	15,723,572	572	2,536,169	2,808,322	92,935	21,161,570	8,120,828	5,545	23,979		58,392	107	21,173	(749)	9,994	165,000	-	8,404,269	-	29,565,839
Net income/(expenditure) before tax expense	20,929,315	162,732	(1,809,897)	(2,808,322)	(92,935)	16,380,893	4,579,628	(5,545)	(23,979)		(58,392)	102,537	(21,173)	749	(9,994)	-	-	4,563,831	176,737	21,121,461
Income tax expense	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	20,929,315	162,732	(1,809,897)	(2,808,322)	(92,935)	16,380,893	4,579,628	(5,545)	(23,979)		(58,392)	102,537	(21,173)	749	(9,994)	-	-	4,563,831	176,737	21,121,461
Transfer																				
Gross Transfer between funds	(14,848,928)	-	-	-	-	(14,848,928)	(104,572)	(46,500)	-		-	-	-	-	-	-	-	(151,072)	15,000,000	-
Fund close out	973,006	-	-	-	-	973,006	-	-	-		-	(973,006)	-	-	-	-	-	(973,006)	-	-
	(13,875,922)	-	-	-	-	(13,875,922)	-	(46,500)	-		-	(973,006)	-	-	-	-	-	(1,124,078)	-	-
Net Movement in funds	7,053,393	162,732	(1,809,897)	(2,808,322)	(92,935)	2,504,971	4,475,056	(52,045)	(23,979)		(58,392)	(870,469)	(21,173)	749	(9,994)	-	-	3,439,753	15,176,737	21,121,461
As at 31 December 2020	57,691,148	897,336	-	47,257,965	16,407,065	122,253,514	18,468,337	-	608,281		129,868	-	16,987	34,451	8,962	-	7,760	19,274,646	35,176,737	176,704,897

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## Assisi Hospice

832 Thomson road, Singapore 574627

Tel: 6832 2650

Fax: 6356 9036

[www.assisihospice.org.sg](http://www.assisihospice.org.sg)

