



**COMMITTED**  

---

**TO EVERY**  

---

**INDIVIDUAL**  

---

**NAME: DOVER PARK HOSPICE**

**DOCUMENT TYPE: ANNUAL REPORT**

**YEAR:**

**2019**

**2020**





**BECAUSE**  

---

**EVERY**  

---

**MOMENT**  

---

**MATTERS,**  

---

**EVEN IN THE TIME OF COVID-19.**

**DESPITE UNPRECEDENTED CHALLENGES,  
THE ESSENCE OF OUR CARE REMAINS  
THE SAME.**

**WE CONTINUE TO PROVIDE UTMOST CARE  
AND SUPPORT TO OUR PATIENTS AND THEIR  
FAMILIES USING DIFFERENT CREATIVE WAYS.**



# COMING TOGETHER IN UNPRECEDENTED TIMES

We stand united in the face of adversity, empowering and supporting one another.

Providing whole patient care is our mantra and our multidisciplinary team works in solidarity to provide the care needed for our patients at different trajectories of their illnesses.





**BALANCING  
SAFETY  
WITH  
COMPASSION**

We adapt to change so as to uphold the safety and wellbeing of our patients in the midst of the evolving pandemic situation.



# DELIVERING HOLISTIC CARE WHILE MAINTAINING NORMALCY

We get to know each patient beyond their illness, maintaining normalcy and finding ways to make their remaining days more meaningful.

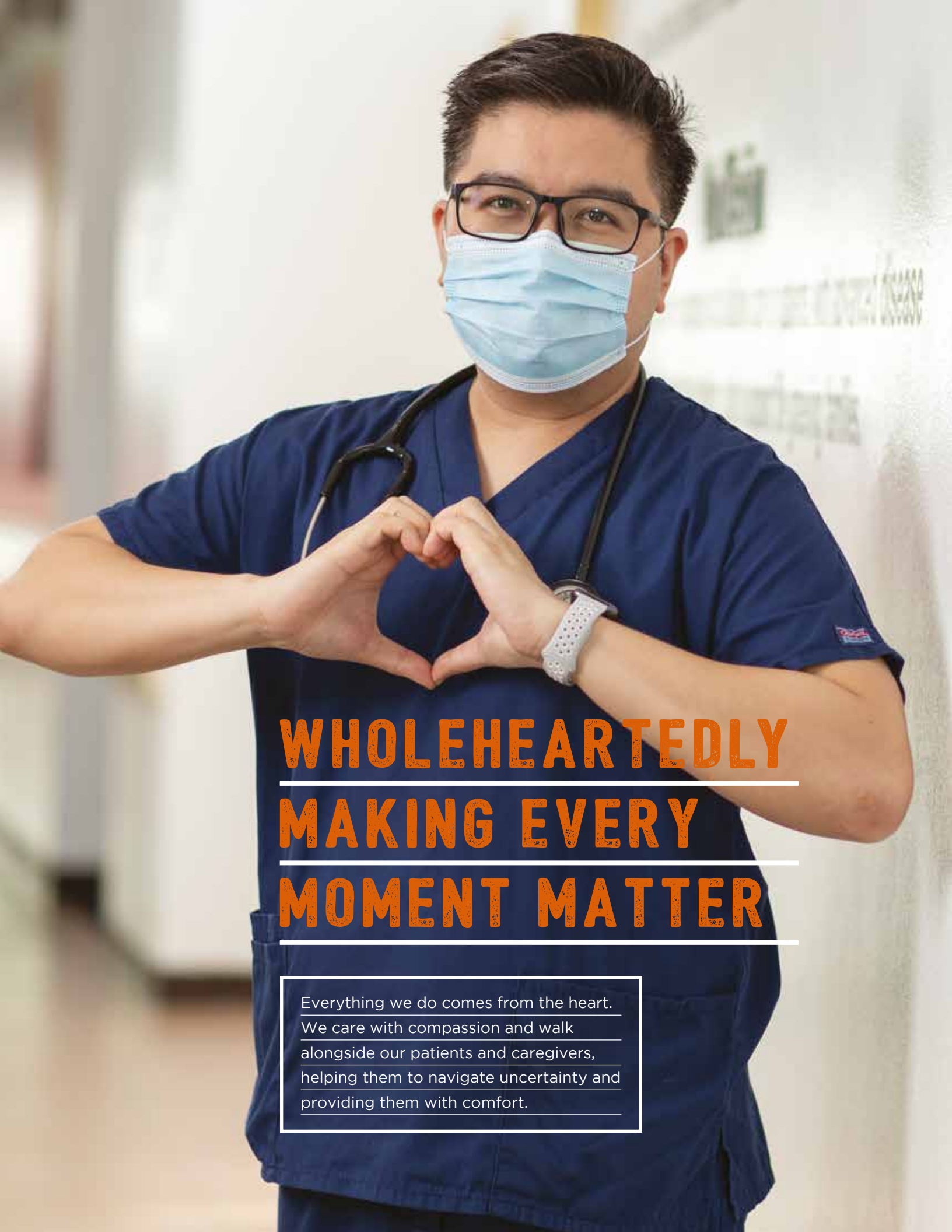




# PERSEVERING TO THE END

No obstacle is insurmountable. We journey together with our patients through their ups and downs so they can live their last days in comfort and with dignity.





**WHOLEHEARTEDLY  
MAKING EVERY  
MOMENT MATTER**

Everything we do comes from the heart.  
We care with compassion and walk  
alongside our patients and caregivers,  
helping them to navigate uncertainty and  
providing them with comfort.



# CONTENTS

---

<b>Our Mission, Vision and Core Values</b>	<b>8</b>
<b>Message from the Chairman</b>	<b>10</b>
<b>Message from the CEO</b>	<b>12</b>
<b>Adapting to Changes in the Time of COVID-19</b>	<b>14</b>
<b>DPH Clinical Programmes and Services</b> Adopting a Whole Person Approach to Palliative Care	<b>20</b>
<b>Statistics</b> – Inpatient, Home Care, Programme Dignity, Day Care	<b>28</b>
<b>Patient Story</b> – Mr Tan Geok Chuan	<b>36</b>
<b>DPH Research and Training</b> Advancing Evidence-Based Research in Caring for Patients	<b>38</b>
<b>Patient Story</b> – Mr Kathappan s/o Muthu	<b>48</b>
<b>Community Engagement</b> Building a Community of Care and Support	<b>50</b>
<b>FY 2019-20 Donors List</b>	<b>54</b>
<b>Patient Story</b> – Mr Tan Mia Hiok	<b>60</b>
<b>Governing Council</b>	<b>62</b>
<b>Corporate Information</b>	<b>66</b>
<b>Statement of Corporate Governance</b>	<b>68</b>
<b>FY 2019-20 Financial Highlights</b>	<b>79</b>

## **OUR MISSION**

**TO PROVIDE COMFORT,  
RELIEF OF SYMPTOMS  
AND PALLIATIVE CARE TO  
PATIENTS WITH ADVANCED  
DISEASE REGARDLESS OF  
AGE, RACE OR RELIGION,  
AND TO SUPPORT THE  
GRIEVING FAMILIES.**



# **OUR VISION**

---

**TO BE THE CENTRE OF EXCELLENCE  
FOR PALLIATIVE CARE SERVICES,  
EDUCATION AND RESEARCH.**

# **OUR CORE VALUES**

---

**EXCELLENCE, TEAM WORK AND  
COMPASSIONATE CARE**



# MESSAGE FROM THE CHAIRMAN



As Singapore's first purpose-built hospice, we have come a long way from our humble beginnings as a ground-up initiative by volunteers to give comfort and dignity to people living with life-limiting illnesses. Over the years, our astute Executive Committee and Council have played a vital role in steering the ship; setting out principles and best practices in cultivating good governance and sustainable fiscal growth. I am proud to share that we were awarded the Charity Transparency Award last year as an affirmation of our consistent efforts in transparency and good governance practices.

With the vast experience and expertise of the Council, we also reviewed our strategic plans at our annual Governing Council and Management Retreat in May this year to re-align ourselves to meet the needs of a changing healthcare landscape and an ageing population, and to include terminally-ill non-cancer patients with frailty or chronic conditions.

## EXPANSION OF OUR HOME CARE SERVICE

In January this year, we integrated Programme Dignity, our pilot home care programme inception in 2014 and Singapore's first palliative home care programme that serves terminally-ill patients with advanced dementia, into our Dover Park Home Care service, with the service provided at no cost.

We will also embark on Programme IMPACT (Programme of Integrated Management and Palliative Care for the Terminally Ill Non-Cancer Patients) with Tan Tock Seng Hospital in August this year to extend our home care service to patients with end stage organ failure.

On the research front, we were awarded the Intermediate and Long-term Care (ILTC) research grant from the Agency for Integrated Care (AIC) to study the characteristics of our home care patients associated with their final place of care in June 2019.

## OPENING OF OUR DAY CARE

Our Day Care was officially opened by Dr Amy Khor, Senior Minister of State for Health on 30 October 2019. This provides an additional option for patients in choosing their preferred place of care, supporting them to continue staying at home and at the same time, enabling caregivers to be gainfully employed or have respite from their caregiving duties.



### **COPING WITH THE FALLOUT FROM COVID-19**

Palliative care services are under-resourced at the best of times. As the healthcare system becomes strained due to COVID-19, providing safe and effective end-of-life care will become especially vital yet more difficult.

With the onslaught of COVID-19, I am proud and appreciative of the dedication of both the clinical and non-clinical teams, who readily stepped up to take on more responsibilities and quickly adapted to the fast-evolving COVID-19 situation, putting in place precautionary measures for the safety of our patients.

I am heartened to learn how the team worked creatively; helping patients and families connect with one another through technology; continuing rehabilitative therapy at the patient's bed; celebrating different festivities, to name a few, with one goal in mind – making every moment matter for our patients and their family members.

### **BEYOND COVID-19**

With the outlook fraught with uncertainty, we will have to be more innovative moving forward. With telecommuting and virtual meetings as the new normal, we will need to rethink the way we engage our key partners, strengthen relations and further our mission. While we need to adapt to the new normal, more importantly, we need to transform how we operate to deliver more efficient and effective palliative care beyond COVID-19.

As the move to our new home at the Integrated Care Hub, HealthCity Novena, draws closer, we have been building up our infrastructure and resources to serve a bigger patient base. To this end, we have recently upgraded our human resource, finance and new day hospice modules. Other than systems, we continue to support our staff in upskilling themselves through Masters and postgraduate programmes so as to better care for our patients and enhance our operations. It is an honour that we were awarded the SkillsFuture Employer Award 2019, the only non-profit organisation in this year's list. With the enhanced systems and people in place, I am confident we are well poised for the move.

As I look back over the 11 years that I have been on the Council, I am convinced that none of our work would be possible without the commitment, determination, professionalism and *heart* of our employees – our most valued asset. Along with the immense support of our many volunteers, donors and community partners, I am positive that we will emerge stronger and nimbler after the pandemic.

The theme of this year's Annual Report is centred on COVID-19, where we showcase the grit, fortitude and perseverance of both our clinical and non-clinical teams, not forgetting our volunteers and donors who stood by us to make every moment matter for our patients and caregivers. We hope you will be inspired by the

indomitable spirit of our patients in their battle against their illnesses, through their stories.

On this note, I would like to extend my deepest appreciation to all staff, volunteers, donors, community partners and council members for their collective efforts and unwavering support in the past year and especially during such difficult times. We look forward to more meaningful collaborations as we enhance care for our patients and help them make the most of their last days.



**ROBERT CHEW**  
Chairman

# MESSAGE FROM THE CEO



2019 was a busy, but fulfilling year for us. The opening of our Day Care in October 2019 marked a major milestone as we extended our services to provide holistic and seamless palliative care to our patients as they transition through the different trajectories of their illnesses. With our Inpatient Care, Home Care and Day Care, we ensure our patients and caregivers are best supported and cared for in different care settings at the right time and place. Recognising the pivotal role of caregivers, our Day Care emphasises respite for caregivers, supporting them in caring for their loved ones round the clock.

## **A BOOST FOR RESEARCH**

In bolstering our research efforts, we are grateful to have received a gift of \$800,000 from the estate of the late Irene Tan Liang Kheng. With the establishment of the Irene Tan Liang Kheng Palliative Care Research Fund that supports research for the advancement of

palliative care, we can better serve our patients and caregivers with evidence-based knowledge and practices that are instrumental in enhancing care and shaping policies for them.

## **RECOGNISING EXCELLENCE**

Our dedicated clinical staff continued to excel in their respective roles and I would like to congratulate them once again, for garnering several awards/accolades such as the Community Care Manpower Development Award, the Healthcare Humanity Award and the Nurses' Merit Award. I would also like to commend our nurses who continue to upgrade themselves. This year, four of our nurses have graduated from nursing diploma and degree courses.



### **PALLIATIVE CARE IN THE TIME OF COVID-19**

Though the healthcare system is burdened by COVID-19, the focus of palliative care has not changed. It remains a 'whole-person' approach spanning medical, psychosocial, emotional, social and spiritual care, but using different and creative ways to engage patients and deliver essential care with infection control and safety measures in place.

When we implemented some of the precautionary measures in February this year, we faced challenges in having to balance the safety of our critically ill patients with compassionate care. Visiting hours were cut short and conversations with patients and bereaved families who lost their loved ones at this extremely challenging time became more difficult than ever.

In countering these challenges, our clinical team innovated by leveraging technology to connect patients and their families through video calls. Our music therapist also conducted her sessions with some patients using video calls. On some occasions, we facilitated video calls between our volunteers and patients who missed one another during the circuit breaker period.

In light of safe distancing, volunteer activities were cancelled and outdoor activities were suspended. Nonetheless, our Rehabilitation team continued to maintain normalcy by 'bringing the garden' to the patients' beds to lift their spirits, to overcome restrictions on patient movement. Volunteers continued to engage our patients by collecting materials and making videos for therapy, and through card making, tele-befriending and virtual pet therapy sessions.

Our home care team also embarked on telemedicine, using video consultation for non-critical cases while ensuring continuum of care and safety for patients and staff.

### **ADAPTING TO THE NEW NORMAL**

This crisis is global in scale and none of us has been left untouched. While the pandemic has hit us unexpectedly, it has given us the opportunity to review and re-evaluate what we do, how we do it and why we do it. It has allowed us to be innovative in providing better care for our patients and supporting caregivers, during this difficult time. More importantly, the team came together, to ride the storm and has emerged stronger and more united than before.

Inevitably, the outbreak has also posed many challenges to our major fundraising efforts and volunteering activities. But, we are heartened to see how quickly people have rallied around vulnerable groups and shown their appreciation to frontline workers in one way or another. In adapting to the new environment, we are doing more online donation appeals and events to raise funds.

We are especially grateful for the immense support from kind individuals, as well as community and corporate partners who have cheered us on with donations of masks, lunch sets and care packs in the last few months.

While the COVID-19 situation is uncertain, we remain steadfast in delivering quality care to our patients, thinking ahead as we adjust to the new normal, navigating the uncertainties together.



**TIMOTHY LIU**  
Chief Executive Officer



**ADAPTING TO**

---

**CHANGES IN**

---

**THE TIME OF**

---

**COVID-19**

---



Since the COVID-19 outbreak in January 2020, we have adapted to the evolving situation by implementing precautionary measures to ensure the safety and wellbeing of our patients, visitors and staff amid the pandemic.

Our screening team, comprising our non-clinical colleagues, stepped up to undertake screening duties while our clinical colleagues maintained normalcy and delivered care to our patients using creative ways, such as bringing activities to the patient's bed and leveraging technology to keep them connected with their loved ones while working in split teams.

“  
**WE REMAIN STEADFAST  
IN PROVIDING THE BEST  
CARE FOR OUR PATIENTS  
AND SUPPORTING  
CAREGIVERS, MAKING  
EVERY MOMENT MATTER,  
IN THE NEW NORMAL.**  
”

With all volunteer activities cancelled at our hospice grounds, our dedicated volunteers continued to spread positive vibes and bring smiles to our patients through the videos they made.

While the COVID-19 situation is uncertain, we remain steadfast in providing the best care for our patients and supporting caregivers, making every moment matter, in the new normal.

In early February, two volunteer representatives from DPH Jade Group distributed goodie bags and mandarin oranges to our patients, in place of the annual Chinese New Year celebrations at the hospice.

Due to split team arrangements, our music therapist recorded and sang “世上只有妈妈好” (Mum is the Best in the World) with our patient, the late Mr Yap Hai Peng, for his mum on Mother’s Day, via an online music therapy session, assisted by a medical social worker.



Our nurse gave out goodie bags and mandarin oranges gifted to our patients by Novena Neighbourhood Committee.



Our Social Work & Psychosocial Services team prepared and gave out origami flowers to our patients and colleagues through the project - 'Flower Power', initiated and coordinated by our art therapist, to enliven the hospice.



An inpatient, the late Mr Kua Thuan Hock, indulged in a spot of gardening at his bed with the help of our occupational therapists.



A heartfelt video from Gurmit Singh, our ambassador, to encourage and thank DPH staff for their selfless work.

Care packs and goodie bags including masks, mask ear guards, hand sanitisers and sponsored bento lunches were generously donated by our friends and partners.



Our volunteers produced a heartwarming video with a compilation of all their wishes to bring cheer to our colleagues.



In celebration of Parents' Day, our nurse distributed handmade cards to our patients, which were specially made by our creative volunteers.



Screening station set up at the beginning of the outbreak.



In supporting our patients and caregivers during the COVID-19 pandemic, our Home Care team ran a pilot teleconsultation programme for 17 stable Home Care and Programme Dignity patients in May 2020, with support from AIC.



Our first swabbing exercise for all staff conducted in May 2020, as part of the national effort to test all healthcare workers for COVID-19.



Celebrated the Dragon Boat festival with patients from different wards, making dumplings through video conference.





**DPH CLINICAL  
PROGRAMMES  
AND SERVICES**

**ADOPTING A  
WHOLE PERSON  
APPROACH TO  
PALLIATIVE CARE**



Every patient is unique, with diverse needs at different phases of their illness. At DPH, we journey together with our patients at different trajectories of their illness, ensuring continuum of care throughout their last days.

Palliative care is more than just the care of a patient's physical needs. It is about a whole person approach - caring for the physical, psycho-emotional and spiritual wellbeing of the patient. Our multidisciplinary team comprising doctors, nurses, medical social workers, physiotherapists, occupational therapists, a speech therapist, art and music therapists, and pharmacists work together to individualise care plans focusing on the needs of each patient. We recognise that patients, their families and loved ones are a unit and caring for our patients includes supporting their loved ones as well. We work with caregivers to empower them, equipping them with the necessary skills and knowledge.

As an integrated palliative care provider, we remain committed to building capabilities and capacities and continue to expand the network of community partners such as specialists from hospitals who serve as our Visiting Consultants and our dedicated group of volunteers, to serve more people with palliative care needs.

As we continually expand our delivery of patient care, treating our patients with respect and preserving their dignity remain the main tenets of our service.

## OUR SERVICES

### Inpatient Care

As their condition deteriorates, some patients with advanced illnesses may face increasing symptoms such as pain and breathlessness which do not allow them to be cared for at home. Many are admitted to hospitals with acute decline in function. With inpatient hospice care, patients with a prognosis of less than three months receive round-the-clock medical and nursing care complemented by our palliative rehabilitation and psychosocial care team, to ensure they and their caregivers are also supported psychologically and emotionally, thereby enhancing their quality of life. Some of the patients are able to be discharged home when their symptoms stabilise and with caregiver training. Since April 2020, short-term inpatient care of up to one month has been extended to patients with a prognosis of less than one year.

### Home Care

Most patients with limited prognosis wish to be cared for at home for as long as they are able to. Based on our experience, many find comfort in a familiar environment and in the company of their loved ones. To fulfil the wishes of patients

with advanced illnesses (with a prognosis of less than a year) to spend their remaining days at home, our home care team provides medical and nursing care, while empowering caregivers with the knowledge and training to care for them.

In line with the national focus on increasing community support, DPH Home Care leverages services and resources in the community to provide physical and financial support to patients. As subsidised care and the loan of certain equipment are largely based on household income, we help patients and caregivers to navigate and tap on suitable financial assistance schemes in purchasing nursing consumables. In some instances, we help low income families to source for donations of nursing equipment and consumables as well.

Other than supporting their financial and emotional needs, our psychosocial team also provides link-up services connecting socially-isolated elderly patients and caregivers with community partners to strengthen their social support. This helps in providing continued social engagements and respite care to caregivers.

## PROGRAMME DIGNITY

In recognition of the unmet needs and importance of palliative care for the rapidly growing population of individuals with advanced dementia, Programme Dignity was piloted in 2014 as an integrated home care programme specifically catering for advanced dementia patients.

Spearheaded and led by Dr Allyn Hum, a Senior Consultant in Palliative Care at Tan Tock Seng Hospital, together with a group of geriatricians and palliative care physicians, the programme allows patients with advanced dementia and their caregivers to be specially cared for at home in a familiar environment. The team develops customised care plans for patients, teaching caregivers to manage symptoms such as breathlessness, pain and to observe for signs of distress, which is particularly important as this vulnerable group of patients is unable to articulate their needs.

A published study of the programme revealed all-around improvement in their quality of life, with lower utilisation of healthcare services, reduced frequency of hospital admissions and emergency room visits. Those who need to be admitted typically have a shorter hospital stay after enrolment in Programme Dignity. Patients also experience less pain and lower incidence of neuropsychiatric challenges after Programme Dignity intervention.

This programme, as an evidence-based model of care for advanced dementia patients, has led to award winning research, with findings published in international journals.

## DAY CARE

Due to their underlying illnesses, patients with advanced illnesses may be socially isolated and physically deconditioned staying at home. Our Day Care provides an option for patients to engage in social and therapy-based activities, in a different, but safe environment outside their homes, thereby enhancing their psychosocial and physical wellbeing. This is achieved through individual and group sessions involving art and music therapy as well as physiotherapy and occupational therapy. With the help of our regular volunteers, we also organise leisure activities such as mahjong, board games and gardening that promote social engagement. Our team of committed doctors and nurses also monitor and manage patients' symptoms pro-actively and pre-emptively. Together, through regular multidisciplinary meetings, we tailor our care plan to meet the goals and needs of each individual and their loved ones.

Caregivers play an active and pivotal role in caring for their loved ones at home. Our Day Care differentiates itself through increased caregiver engagement, providing respite and catering to their needs to help them better cope with the daily stressors of caregiving.

## OUR MULTIDISCIPLINARY TEAM

### Medical, Nursing and Pharmacy teams

Our medical team is led by specialist palliative care physicians in all our services. We work closely with specialists from hospitals in patient management so that our patients can transit and receive timely care at various settings like hospitals, daycare, inpatient hospices and in their homes.

Our pharmacy team comprises a full-time pharmacist and a pharmacy technician. Their participation in patient care has ensured delivery of best medication practices. They have been involved in operational practice improvements to minimise medication errors. Such improvements have been rolled out in areas such as labelling of medication, inventory management of pharmacy stores and ward areas. Our pharmacy team also plays a role in providing holistic clinical care by contributing medication related input and reconciling patients' medications upon admission and discharge.

Not only is nursing the backbone of healthcare, it is also a vital part of palliative care. Besides its primary role in monitoring patients, managing pain, administering medication and providing personal care, our palliative care trained nurses play an integral role in providing comfort to patients and their families, alleviating the fears and anxiety arising from their illnesses.



Being a training centre in Singapore, our team of doctors and nurses plays key roles in palliative care education in Singapore. Through internal training, we ensure standards in care not only in building capabilities but advocating for best practices and care for patients with advanced illnesses. Our medical and nursing leaders are also part of the national workgroups advising on policy and spearheading changes.

#### **SOCIAL WORK AND PSYCHOSOCIAL SERVICES**

Our Social Work and Psychosocial Services team comprising medical social workers, an art therapist, a music therapist, as well as a care coordinator, supports our patients by taking care of their bio-psycho-social and spiritual needs through case management. We work closely with our palliative rehabilitation team to organise activities such as "Namaste Care", which incorporates the use of loving touch and a calming environment to make a connection with patients to relieve stress and tension. Our popular "Lim Kopi" sessions, where the quintessential coffee shop experience is re-created at our premises, brings some joy to our patients as they

reminisce a part of their lives that is much missed. In addition, our art and music therapists use platforms such as "Art Studio" and "Musik-Inc" to encourage patients to express their emotions or reflect on significant events in their lives. Through these activities, we help to make lasting memories for both the patients and their family members.

Palliative care does not stop at the point when a patient passes on, but continues beyond in providing emotional and bereavement support to family members during such difficult times. With our "Rose for Remembrance" events, we provide a platform for families to celebrate and honour their loved ones with fond memories.

#### **PALLIATIVE REHABILITATION**

Maintaining one's mobility and independence in end-of-life care is critical in boosting the self-esteem and preserving the dignity of our patients. By addressing symptoms such as pain, fatigue, lack of appetite and helping to strengthen mobility and increase range of movement, our rehabilitation team comprising physiotherapists and occupational therapists enables patients to remain independent as much as possible which in turn positively impacts their emotional wellbeing. This allows them to fulfil their last wishes such as going on outings or the ability to sit up to have a meal with their family, making their last days meaningful and memorable.

“

**AS WE CONTINUALLY EXPAND OUR DELIVERY OF PATIENT CARE, TREATING OUR PATIENTS WITH RESPECT AND PRESERVING THEIR DIGNITY REMAIN THE MAIN TENETS OF OUR SERVICE.**

”

# KEY HIGHLIGHTS

# 1

## HEALTHCARE HUMANITY AWARDS 2020

Resident Physician Dr Martin Lee, Senior Staff Nurse in the Home Care team Ang Boon Yang, and our volunteer Muhammad Agus bin Othman won the Healthcare Humanity Award 2020. The awards give recognition to outstanding healthcare workers, caregivers and volunteers who go the extra mile to offer care and comfort to the sick and elderly.

# 2

## NURSES' MERIT AWARD 2019

On 17 July 2019, Staff Nurse Lydia Quah Mei Hwei received the Nurses' Merit Award 2019, which recognises those who have displayed consistent and outstanding performances for the past three years, been involved in professional development and made contributions to promote the nursing profession.



# 3

## COMMUNITY CARE MANPOWER DEVELOPMENT AWARD (CCMDA) 2019

Our CEO Timothy Liu and three of our staff received awards from Guest-of-Honour, Dr Amy Khor, Senior Minister of State for Health, at the Community Care Manpower Development Award (CCMDA) 2019 presentation on 18 September 2019. Staff Nurse Muhammad Ikiluddin from Home Care is pursuing a part-time Bachelor of Science (Nursing) degree course at Curtin University (Singapore). Senior Staff Nurse Me Me Oo from Inpatient Care completed the Specialist Diploma in Palliative Care Nursing course at Ngee Ann Polytechnic. Senior Physiotherapist, Roxanne Foo also received the award and is currently pursuing a Master of Science in Palliative Care degree at King's College London.





# 4

## OFFICIAL OPENING OF DOVER PARK DAY CARE



Another major milestone was reached with the official opening of our Day Care on 30 October 2019. Officiated by Dr Amy Khor, Senior Minister of State for Health, the guests were given a tour of the Day Care facility and viewed a showcase of some of our Day Care activities. Besides social-based activities, the Day Care provides therapy-based and rehabilitative sessions to meet patients' physical and psychosocial needs.

# 5

## COMPLETION OF NATIONAL COLLABORATIVE PRESCRIBING PROGRAMME BY APN SYLVIA LEE



Advanced Practice Nurse (APN) Sylvia Lee successfully completed The National Collaborative Prescribing Programme, which was co-hosted by the NUS Alice Lee Centre for Nursing Studies and the Department of Pharmacy, and the graduation ceremony was held on 20 November 2019. The 14-week programme prepares APNs and pharmacists to prescribe medication under a Collaborative Practice Agreement with a medical practitioner. APN Sylvia Lee, together with former Singapore Hospice Council Chairman Dr Angel Lee, and DPH Medical Director, Dr Ong Wah Ying, is now also part of the Ministry of Health Community Collaborative Prescribing Subcommittee which oversees the Collaborative Prescribing Community implementation framework for the prescription of drugs by APNs in the community setting. Dr Yee Choon Meng, Consultant and Head of Dover Park Home Care is the collaborating physician.

# 6

## GRADUATION FROM NURSING COURSES

Senior Staff Nurse Me Me Oo and Staff Nurse Roi Lai from our Inpatient team graduated from the Specialist Diploma in Palliative Care Nursing programme while Staff Nurse Elaine Yip from the Home Care team graduated from the Advanced Diploma in Palliative Care Nursing programme. These programmes are conducted by Ngee Ann Polytechnic in collaboration with Dover Park Hospice and the National Cancer Centre. In addition, Senior Staff Nurse Mirza Abdul Halim Rafi from Inpatient Care graduated from the Bachelor of Nursing degree course at Curtin University (Singapore).

# 7

## PROGRAMME IMPACT

Dover Park Home Care team is in discussion with Tan Tock Seng Hospital to continue Programme IMPACT (Programme of Integrated Management & Palliative Care for the Terminally ill Non-Cancer Patients) in August 2020. Programme IMPACT is an ongoing Home Care service which was started in Tan Tock Seng Hospital in 2017 to care for patients with end stage organ failure.



# 8

## PROGRAMME DIGNITY

Programme Dignity, Singapore's first palliative home care programme specially for those with advanced dementia, was integrated with Dover Park Home Care programme in January 2020. Piloted in October 2014, the programme which allows patients with advanced dementia to be specially cared for at home in a familiar environment, has seen close to 590 patients (as of 30 June 2020).

Since 2018, the learning points from Programme Dignity have been translated into the Geri-Pall Workshop conducted in Singapore and Khon Kaen, Thailand that teaches specialist trainees, consultants and healthcare providers across all healthcare sites about the care of individuals suffering from advanced dementia.

# 9

## "SPIRITUAL CARE 101" TALK

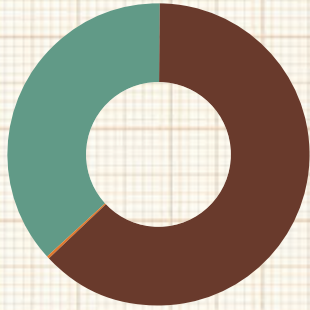
On November 21, 2019, a group of religious leaders attended the "Spiritual Care 101" talk where they exchanged ideas and discussed ways they could work together in supporting our patients' spiritual needs. Insights were also shared on helping patients and caregivers identify and respond to spiritual distress.

# 10

## PALLIATIVE REHABILITATION SERVICE

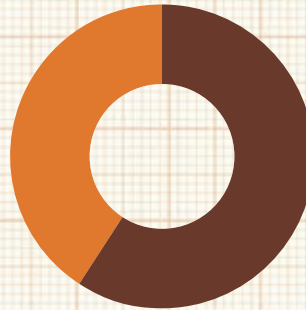
To meet the increased need for Palliative Rehabilitative services, our Palliative Rehabilitation team was strengthened with the recruitment of Senior Principal Occupational Therapist, Grace Sim, who has extensive experience in palliative day care in October 2019.

# INPATIENT



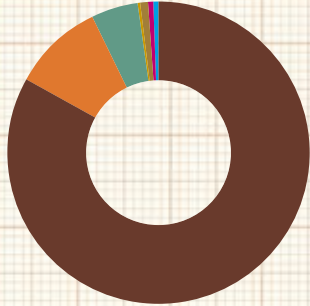
## BY REFERRAL

<b>Admitted (63.0%)</b>	355
<b>Rejected (0.2%)</b>	1
<b>Withdrawn (36.8%)</b>	207
<b>Total</b>	<b>563</b>



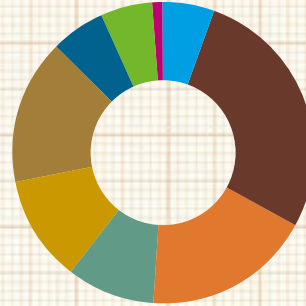
## BY GENDER

<b>Male (59.4%)</b>	211
<b>Female (40.6%)</b>	144
<b>Total</b>	<b>355</b>



## BY RACE

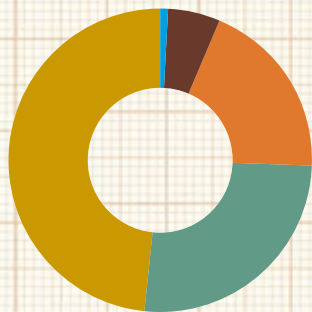
<b>Chinese (83.0%)</b>	295
<b>Malay (9.8%)</b>	35
<b>Indian (5.1%)</b>	18
<b>Boyanese (0.3%)</b>	1
<b>Sikh (0.9%)</b>	3
<b>Eurasian (0.6%)</b>	2
<b>Filipino (0.3%)</b>	1
<b>Total</b>	<b>355</b>



## LENGTH OF STAY

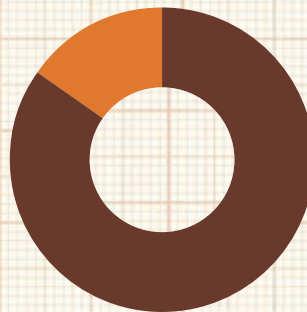
<b>Less than 1 day (5.6%)</b>	20
<b>1 – 7 days (27.6%)</b>	98
<b>8 – 14 days (18.0%)</b>	64
<b>15 – 21 days (9.3%)</b>	33
<b>22 – 30 days (11.5%)</b>	41
<b>31 – 60 days (15.5%)</b>	55
<b>61 – 90 days (5.9%)</b>	21
<b>More than 90 days (5.6%)</b>	20
<b>Not discharged during FY19 (0.9%)</b>	3
<b>Total</b>	<b>355</b>
<b>Average</b>	<b>28</b>





**AGE GROUP**

<b>Below 20 (0%)</b>	0
<b>20 – 45 (0.9%)</b>	3
<b>46 – 55 (5.6%)</b>	20
<b>56 – 65 (19.2%)</b>	68
<b>66 – 75 (26.2%)</b>	93
<b>Above 75 (48.2%)</b>	171
<b>Total</b>	<b>355</b>



**BY DIAGNOSIS**

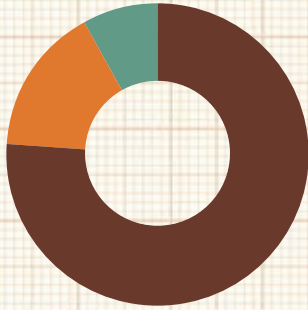
<b>Cancer (84.8%)</b>	301
<b>Non-Cancer (15.2%)</b>	54
<b>Total</b>	<b>355</b>

**BY REFERRAL**

Hospitals	423
Community Hospitals and Nursing Homes	19
Dover Park Home Care/ Programme Dignity	99
Other Home Care	20
Others	2
<b>Total</b>	<b>563</b>

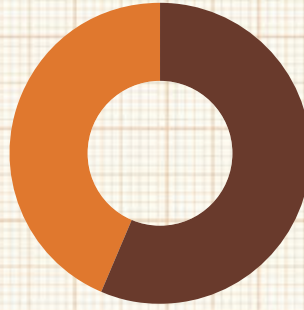


# HOME CARE



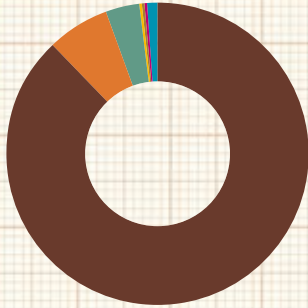
### BY REFERRAL

<b>Admitted (76.2%)</b>	342
<b>Rejected (15.8%)</b>	71
<b>Withdrawn (8.0%)</b>	36
<b>Total</b>	<b>449</b>



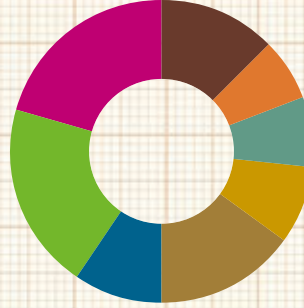
### BY GENDER (ADMITTED)

<b>Male (56.4%)</b>	193
<b>Female (43.6%)</b>	149
<b>Total</b>	<b>342</b>



### BY RACE (ADMITTED)

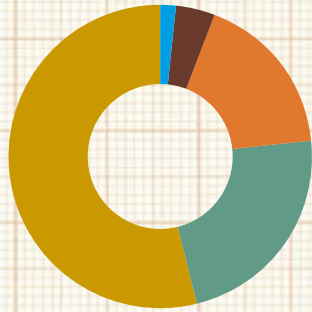
<b>Chinese (88.0%)</b>	301
<b>Malay (6.4%)</b>	22
<b>Indian (3.8%)</b>	13
<b>Sikh (0.3%)</b>	1
<b>Javanese (0.3%)</b>	1
<b>Eurasian (0.3%)</b>	1
<b>Other races (0.9%)</b>	3
<b>Total</b>	<b>342</b>



### LENGTH OF STAY (ADMITTED)

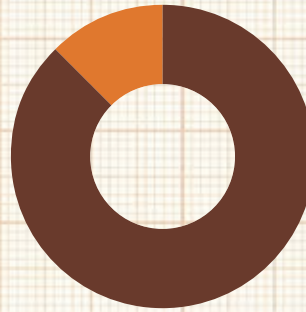
<b>Less than 1 day (0%)</b>	0
<b>1 – 7 days (12.6%)</b>	43
<b>8 – 14 days (6.7%)</b>	23
<b>15 – 21 days (7.6%)</b>	26
<b>22 – 30 days (8.2%)</b>	28
<b>31 – 60 days (14.9%)</b>	51
<b>61 – 90 days (9.6%)</b>	33
<b>More than 90 days (19.9%)</b>	68
<b>Not discharged during FY19 (20.5%)</b>	70
<b>Total</b>	<b>342</b>
<b>Average</b>	<b>84</b>





**AGE GROUP (ADMITTED)**

<b>Below 20 (0%)</b>	0
<b>20 – 45 (1.8%)</b>	6
<b>46 – 55 (4.1%)</b>	14
<b>56 – 65 (17.5%)</b>	60
<b>66 – 75 (22.8%)</b>	78
<b>Above 75 (53.8%)</b>	184
<b>Total</b>	<b>342</b>

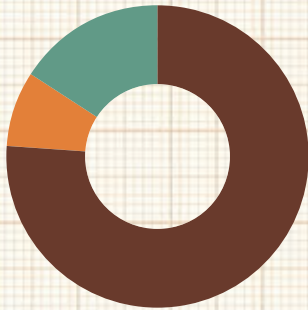


**BY DIAGNOSIS (ADMITTED)**

<b>Cancer (87.7%)</b>	300
<b>Non-Cancer (12.3%)</b>	42
<b>Total</b>	<b>342</b>

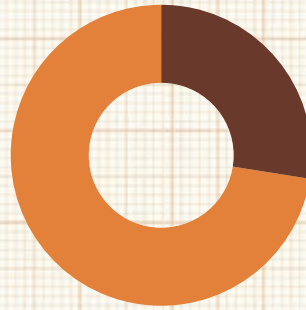


# PROGRAMME DIGNITY



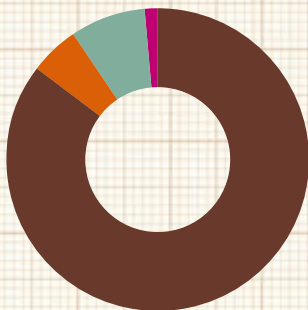
## BY REFERRAL

<b>Admitted (63.9%)</b>	76
<b>Rejected (10.1%)</b>	12
<b>Withdrawn (26.0%)</b>	31
<b>Total</b>	<b>119</b>



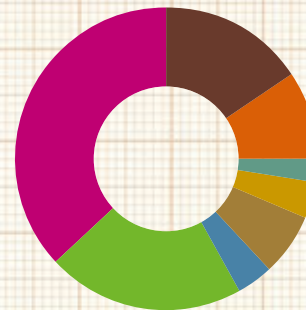
## BY GENDER (ADMITTED)

<b>Male (27.6%)</b>	21
<b>Female (72.4%)</b>	55
<b>Total</b>	<b>76</b>



## BY RACE (ADMITTED)

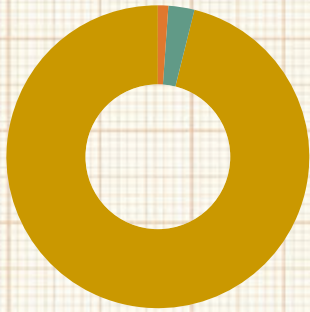
<b>Chinese (85.5%)</b>	65
<b>Malay (5.3%)</b>	4
<b>Indian (7.9%)</b>	6
<b>Eurasian (1.3%)</b>	1
<b>Total</b>	<b>76</b>



## LENGTH OF STAY (ADMITTED)

<b>Less than 1 day (0%)</b>	0
<b>1 – 7 days (15.8%)</b>	12
<b>8 – 14 days (9.2%)</b>	7
<b>15 – 21 days (2.6%)</b>	2
<b>22 – 30 days (3.9%)</b>	3
<b>31 – 60 days (6.6%)</b>	5
<b>61 – 90 days (3.9%)</b>	3
<b>More than 90 days (21.0%)</b>	16
<b>Not discharged during FY19 (36.8%)</b>	28
<b>Total</b>	<b>76</b>
<b>Average</b>	<b>108.4</b>



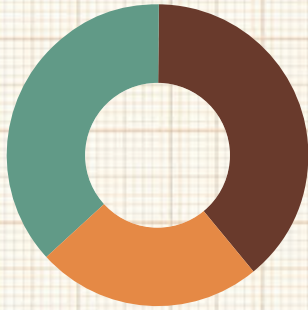


**AGE GROUP (ADMITTED)**

<b>Below 20 (0%)</b>	0
<b>20 – 45 (0%)</b>	0
<b>46 – 55 (0%)</b>	0
<b>56 – 65 (1.3%)</b>	1
<b>66 – 75 (2.6%)</b>	2
<b>Above 75 (96.1%)</b>	73
<b>Total</b>	<b>76</b>

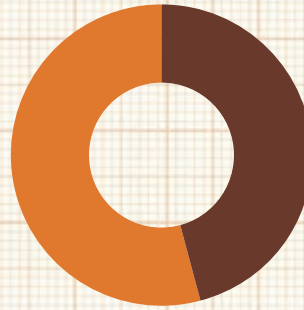


# DAY CARE



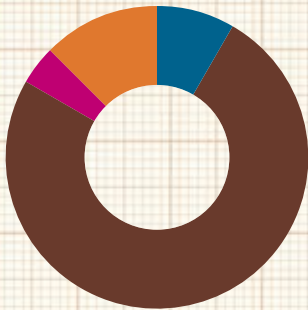
## BY REFERRAL

<b>Admitted (38.7%)</b>	24
<b>Rejected (24.2%)</b>	15
<b>Withdrawn (37.1%)</b>	23
<b>Total</b>	<b>62</b>



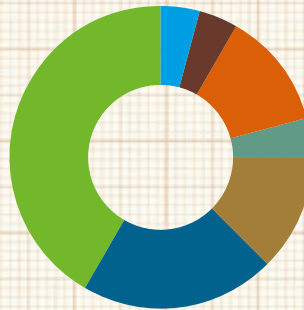
## BY GENDER

<b>Male (45.8%)</b>	11
<b>Female (54.2%)</b>	13
<b>Total</b>	<b>24</b>



## BY RACE

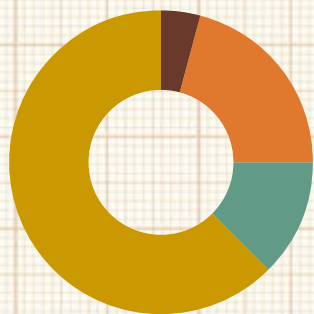
<b>Boyanese (8.3%)</b>	2
<b>Chinese (75.0%)</b>	18
<b>Eurasian (4.2%)</b>	1
<b>Malay (12.5%)</b>	3
<b>Total</b>	<b>24</b>



## LENGTH OF STAY

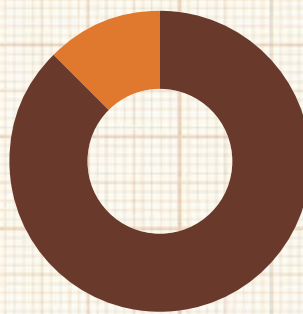
<b>Less than 1 day (4.2%)</b>	1
<b>1 – 7 days (4.2%)</b>	1
<b>8 – 14 days (12.5%)</b>	3
<b>15 – 21 days (4.2%)</b>	1
<b>22 – 30 days (0%)</b>	0
<b>31 – 60 days (12.5%)</b>	3
<b>61 – 90 days (20.8%)</b>	5
<b>More than 90 days (41.7%)</b>	10
<b>Not discharged during FY19 (0%)</b>	0
<b>Total</b>	<b>24</b>
<b>Average</b>	<b>93</b>





**AGE GROUP**

<b>Below 20 (0%)</b>	0
<b>20 – 45 (0%)</b>	0
<b>46 – 55 (4.2%)</b>	1
<b>56 – 65 (20.8%)</b>	5
<b>66 – 75 (12.5%)</b>	3
<b>Above 75 (62.5%)</b>	15
<b>Total</b>	<b>24</b>



**BY DIAGNOSIS**

<b>Cancer (87.5%)</b>	21
<b>Non-Cancer (12.5%)</b>	3
<b>Total</b>	<b>24</b>



# A FILIAL SON AND A LOVING FATHER TILL THE VERY END

*Mr Tan Geok Chuan*





When Mr Tan Geok Chuan was diagnosed with liver cancer in early 2018 at the age of 59, the news did not come as a complete shock to him.

Mr Tan's family had a history of liver cancer and he had lost both his mother and younger brother to liver cancer several years earlier. He too had suffered from hepatitis and liver cirrhosis for a long time. Mr Tan felt that he was very unlucky as he believed "bad luck comes in threes" and he had already undergone three major operations in the previous five years as he was afflicted by other health problems as well.

A family man with two grown-up children, Mr Tan had once run a successful business with about 30 staff, offering traditional Thai massage services. However, he was forced to close his business after about 10 years due to spiralling overhead costs and worked as a masseur thereafter.

Upon his doctor's advice, Mr Tan underwent an operation to remove the tumour. He thought he was out of the woods, however, a scan six months later revealed that the cancer was back and he had to undergo chemotherapy. A subsequent scan some months later revealed that the cancer had spread. This time, he was given a prognosis of two months.

Sad and disappointed upon hearing this news, Mr Tan chose to go home. His wife, a dedicated caregiver always by his side providing emotional support, remained committed to looking after him. However, when she was at work, there was no one to stay home with Mr Tan. Hence, she had to rely on a closed-circuit television camera to monitor him.

Mr Tan came under the care of our Home Care team in October 2019. Our nurse and medical social worker checked in on him frequently to monitor his condition and manage his symptoms, and gave Mrs Tan advice on how best to take care of him at home.

Mr Tan's condition deteriorated further after about a month, and our Home Care team recommended that he be admitted to our hospice as it was increasingly difficult for Mrs Tan to care for him. As a hospice volunteer, Mrs Tan agreed that he should receive round-the-clock care as an inpatient. However, Mr Tan was adamant about spending his last days at home. In respecting Mr Tan's wish, our Home Care team continued to care for him and were readily available to help when Mrs Tan called for assistance. Our medical social worker also arranged for a nurse to assist in taking care of Mr Tan at night.

Even though he was in considerable pain in the few weeks prior to his passing, Mr Tan never complained and kept his faith. As a devout Taoist, he had come to terms with his condition and only wished not to be a burden to his family. One of his last wishes was to make a trip to Thailand to visit a revered monk, but he was already too frail at that point to travel.

Mr Tan also hoped to arrange for his late father's niche to be repositioned to a 'better location' at eye level in the columbarium before he passed on. He had not been able to afford this at the time of his father's death and had felt deep remorse over the years. He felt more at peace with himself after this had been arranged.

Mr Tan had expressed his wish to attend his daughter's wedding and our Home Care team arranged for a wheelchair for him. He was very happy to be able to attend the wedding dinner in Singapore, just two weeks before he passed away.

Mr Tan passed away peacefully at home on November 17, 2019, just a few hours after his daughter had held her wedding dinner in Malaysia the previous night. Although he was not able to attend, it was as if he had willed himself to live on just so she could complete her wedding celebrations. He was truly a filial son and a loving father till the very end.



**DPH RESEARCH  
AND TRAINING**

**ADVANCING  
EVIDENCE-BASED  
RESEARCH IN  
CARING FOR  
PATIENTS**



As a purpose-built hospice, we pride ourselves in delivering quality evidence-based palliative and end-of-life care and have been collaborating with other institutions on research studies since the early 2010s. Through our research, we gain insights into the challenges life-limiting diseases place not only on patients, but also on caregivers, clinicians and the healthcare system. This evidence-based knowledge helps us better care for our terminally ill patients, while serving to inform policy makers in the allocation of resources and formulation of guidelines that may eventually translate to better patient care and caregiver support.

With growing needs in palliative care from cancer to non-cancer illnesses such as end-stage organ failure and dementia, we design and conduct high-quality studies in these areas so as to have a greater impact on our patients and caregivers.

Training and education are imperative for healthcare professionals in providing quality palliative care to patients. In line with our goal of being the centre for excellence for research and education, we remain focused on our efforts to increase capabilities in end-of-life care by offering training programmes to the healthcare community. We offer clinical attachments for medical and nursing students and year-round training opportunities to doctors, nurses and allied health professionals to support their professional development. Field visits are also organised to facilitate knowledge sharing with partners in the healthcare sector.

In addition to building capabilities in the sector, we strive to establish a culture of lifelong learning for our staff by providing a myriad of upgrading opportunities. E-learning courses are available for staff to enhance their skills while weekly talks and tutorials are conducted to share insights and the latest developments in palliative care to elevate the level of care offered to our patients.

“

**WITH GROWING NEEDS IN PALLIATIVE CARE FROM CANCER TO NON-CANCER ILLNESSES SUCH AS END-STAGE ORGAN FAILURE AND DEMENTIA, WE DESIGN AND CONDUCT HIGH-QUALITY STUDIES IN THESE AREAS SO AS TO HAVE A GREATER IMPACT ON OUR PATIENTS AND CAREGIVERS.**

”

# KEY HIGHLIGHTS

## RESEARCH

# 1

### 16TH WORLD CONGRESS OF THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (EAPC)



In May 2019, 5 DPH staff participated in the 16th World Congress of the European Association for Palliative Care (EAPC), a highly anticipated international research congress in Berlin. Resident Physician, Dr Erwin Francisco's study on "Antibiotic Use in Advanced Dementia Patients Near End of Life: Comfort or Conflict" was selected out of 1,400 abstract submissions for oral presentation, alongside eminent researchers in the field.

# 2

### CLINICAL OUTCOMES OF PROGRAMME DIGNITY PUBLISHED IN JOURNALS

The clinical outcomes of Programme Dignity were published in journals. Our article "Advanced Dementia: an integrated homecare programme" was published in the journal "BMJ Supportive and Palliative Care" in May 2019. Our research paper, "Comfort and Satisfaction with Care of Home-Dwelling Dementia Patients at the End of Life" was published in the "Journal of Pain and Symptom Management" in December 2019.

Both research papers can be accessed at

<https://www.palc.org.sg/research/our-publications/journals/>



# 3

## INTERMEDIATE AND LONG-TERM CARE (ILTC) RESEARCH GRANT

In June 2019, DPH was awarded the Intermediate and Long-term Care (ILTC) research grant administered by the Agency for Integrated Care (AIC) to study the characteristics of our homecare patients associated with their final place of care.

# 4

## JOINT RESEARCH STUDIES WITH TAN TOCK SENG HOSPITAL AND NTU LKCMEDICINE

Through research grants administered by PalC awarded in September 2019, Medical Director, Dr Ong Wah Ying and Resident Physician, Dr Chia T-Yunn were separately invited to collaborate with investigators from Tan Tock Seng Hospital and NTU LKCMedicine in two research studies on "Evaluating Clinical Benefits and Healthcare Utility Impact of a Novel Palliative Rehabilitation Service for Patients with Chronic Breathlessness – The Integrated Care for Advanced REspiratory Disorders (ICARE) Programme" and "Movie Reflection for Junior Doctors Working in Palliative Care Units" respectively.

# 5

## SINGAPORE HEALTH AND BIOMEDICAL CONGRESS 2019

DPH participated in the Singapore Health and Biomedical Congress in October 2019 and our poster "Impact of a specialised palliative homecare programme for advanced dementia: Comfort and satisfaction with care at the end-of-life" by Senior Research Executive, Ms Tay Ri Yin, won the Silver Award in the Health Services Research category. Our poster "Antibiotic Use in Advanced Dementia at the End of Life: Comfort or Conflict?" was also presented by Resident Physician, Dr Erwin Francisco.



## TRAINING

# 6

### VISIT BY HELPING HAND (HONG KONG)



On 16 May 2019, 27 staff from "Helping Hand", a charity that provides personalized residential care and leisure services for seniors in Hong Kong, were hosted during a short visit. A mini tour was conducted to give them a better understanding of our daily activities while insights into Advance Care Planning in Singapore and real-life experiences relating to end-of-life services were also shared.

# 7

### VISIT BY 53 LEADERS FROM THE COMMUNITY CARE SECTOR



53 leaders from the Community Care sector were hosted for a learning visit on 17 October 2019 to gain insights into hospice operations and end-of-life care, as part of the Agency for Integrated Care's IGNITE programme. In addition to discussing developments in Palliative Care and some of the challenges faced in managing a hospice, a site tour was also conducted.



# 8

## VISIT BY PARTICIPANTS IN 15TH IGNITING LEADERS PROGRAMME

On 16 January 2020, participants in the 15<sup>th</sup> Igniting Leaders Programme (ILP), a course organised by Healthcare Leadership College (HLC), were hosted as part of a learning journey to gain a better understanding of the types of services available to support patients and the elderly in the community care setting and the challenges service providers faced in developing these services.

# 9

## FIELD VISITS FOR STUDENTS AND HEALTHCARE PROFESSIONALS

Hosted 188 students and healthcare professionals both local as well as from China, Hong Kong, Japan, Korea, Taiwan and the United Kingdom.

# 10

## TRAINING COURSES FOR HEALTHCARE PROFESSIONALS, STUDENTS, STAFF AND VOLUNTEERS

- Provided training for 131 healthcare professionals through 5 different palliative care courses.
- Conducted clinical attachments for 303 local and overseas students and professionals from the medical, nursing and allied health sectors.
- Launched 9 new e-learning courses on topics such as those pertaining to patient care for staff, volunteers and participants on clinical postings.



**THE PALLIATIVE  
CARE CENTRE  
FOR EXCELLENCE  
IN RESEARCH  
AND EDUCATION  
(PaIC)**





A tripartite collaboration was established by Dover Park Hospice, Nanyang Technological University (NTU) Lee Kong Chian School of Medicine and National Healthcare Group (NHG) to form the Palliative Care Centre for Excellence in Research and Education (PaC) in October 2017. Through this collaboration, PaC leverages on the strengths, capabilities and capacities of its partner institutions to advance palliative care research and education in order to contribute to the growing base of evidence that drives the care of our patients.

PaC aims to advance palliative care research, particularly in non-cancer illnesses, expanding the evidence base for patient centred care to meet the needs of an ageing population. As more individuals prefer to pass away at home, PaC also aims to study the effectiveness of community palliative care models, to better care for patients living at home, and to support their caregivers who provide the majority of the care.

One of AIC's Lead Training Providers since July 2018, PaC develops and delivers quality, evidence-based palliative care training and education programmes on end-of-life care to build and empower healthcare providers. Through these programmes which raise palliative care awareness, knowledge and skill, healthcare providers are better equipped to provide disease-specific, needs-based palliative care for patients and their caregivers, allowing patients to live their final days with dignity.

“

**PaC AIMS TO ADVANCE  
PALLIATIVE CARE RESEARCH,  
PARTICULARLY IN NON-CANCER  
ILLNESSES, EXPANDING THE  
EVIDENCE BASE FOR PATIENT  
CENTRED CARE TO MEET THE  
NEEDS OF AN AGEING POPULATION.**

”

# KEY HIGHLIGHTS

# 1

## THE IRENE TAN LIANG KHENG PALLIATIVE CARE RESEARCH FUND



In March 2020, the Palliative Care Research Grant was renamed the Irene Tan Liang Kheng Palliative Care Research Fund with part of a donation from her estate. Mr Tan Hsuan Heng, nephew and trustee of the estate of the late Irene Tan Liang Kheng gifted the donation of \$800,000 to PalC. This generous donation will help support research for the advancement of palliative care and increase the capacity of the healthcare community in caring for terminally ill patients. A portion of the fund will also be used for self-care educational programmes for palliative care nurses.

# 2

## PALC COURSES

10 courses covering various areas in palliative care such as pain management, coping with bereavement, and the psychosocial, spiritual, legal and ethical aspects of end-of-life care were organised and attended by a total of 325 healthcare professionals.



# 3

## INTRODUCTION OF NEW COURSES

Two new courses made their debut in 2019. "Palliative Care in Advanced Non-cancer Conditions" as well as "Family Dignity Intervention: Psycho-Socio-Spiritual Care for Terminally-ill Patients and their Families" were organised and attended by 73 healthcare professionals in total.

# 4

## SINGAPORE HEALTH & BIOMEDICAL CONGRESS 2019

We participated in the Singapore Health and Biomedical Congress 2019 organised by the National Healthcare Group on 11 October 2019, leading the Palliative Care track themed "It Takes a Kampung" where insights were shared on the "whole care" approach adopted in palliative medicine.



# 5

## ASIA PACIFIC HOSPICE NETWORK (APHN) WEBINAR

We hosted an Asia Pacific Hospice Network (APHN) webinar on "Palliative Care in ICUs" with Dr Poi Choo Hwee, Senior Consultant, Department of Palliative Care, Tan Tock Seng Hospital, as the speaker on 18 November 2019. This was part of a series of collaborative webinars hosted by APHN that are accessed by member organisations across the Asia Pacific region.

# PERSEVERING IN THE FACE OF ADVERSITY

*Mr Kathappan s/o Muthu*





An avid golfer in his younger days, Mr Kathappan s/o Muthu recalls the 40 years he spent as a golf coach with much fondness.

To help support his family, he started working as a caddie when he was just 10 years old where some of the expatriate golfers he interacted with taught him how to play the game. As he had a flair for golf, he started playing professionally when he was 20, participating in prestigious tournaments such as the Singapore Open and the Malaysia Open. As he did not wish to leave his wife and children frequently to travel overseas for tournaments, he decided to give up playing professionally to become a golf coach four years later.

“The interaction with my students and the joy I got from seeing them picking up the necessary skills are what I miss most about my days as a golf coach. Many think golf is a difficult game to pick up, but my instructions were easy to follow so my students were able to pick up the skills without much difficulty,” he shared proudly.

With age catching up, Mr Kathappan eventually gave up coaching but still returned to his first love as a golf course supervisor, a role he retired from about 10 years ago. He subsequently became a security officer.

About three years ago, Mr Kathappan was admitted to hospital for further tests due to a persistent fever. He was distraught to learn that he had liver cancer. He has since undergone chemotherapy, however, his prognosis is not good.

Despite his condition, Mr Kathappan continues to work as a security officer. He is the sole breadwinner as his children are unable to work. His wife, who has been his pillar of support all these years, still cooks delicious meals for him, despite her own health problems. They met when she was in her teens, and have been happily married for 55 years.

Mr Kathappan has been under the care of our Home Care team since September 2019. They have been checking in on him regularly to monitor his condition. Our medical social worker has helped him obtain financial assistance, which has helped ease his financial burden. The team also provides him with emotional and psychological support, as he continues his fight with cancer.

“As a cancer patient, I often have bad nightmares that affect me emotionally but the Home Care

team always lends a listening ear. This helps me feel much better,” he said.

“Last year, my wife, son and I went for an outing to Suntec City arranged by the Home Care team. It was truly a memorable experience,” he added nostalgically.

Despite his condition, Mr Kathappan’s only hope is to carry on working so he can provide for his family for as long as possible. He has been trying alternative therapies such as traditional medicine and food to help manage his illness.

A devoted and selfless family man, Mr Kathappan’s resilience and perseverance that were built up over his years as a golfer, golfing coach and in battling cancer, are definitely traits worth emulating by all.

“

**A DEVOTED AND SELFLESS FAMILY MAN,  
MR KATHAPPAN’S RESILIENCE AND  
PERSEVERANCE THAT WERE BUILT UP OVER  
HIS YEARS AS A GOLFER, GOLFING COACH  
AND IN BATTLING CANCER, ARE DEFINITELY  
TRAITS WORTH EMULATING BY ALL.**

”



**COMMUNITY  
ENGAGEMENT**

**BUILDING A  
COMMUNITY  
OF CARE  
AND SUPPORT**



“

**WE STRIVE TO INCREASE THE AWARENESS AND UNDERSTANDING OF END-OF-LIFE CARE THROUGH OUR OUTREACH EFFORTS AND TO ADVOCATE THE IMPORTANCE OF SUCH CARE ESPECIALLY FOR PEOPLE WHO ARE TERMINALLY ILL AS WELL AS THEIR CAREGIVERS.**

”

At DPH, we believe in building a community of care and support where people from different walks of lives come together in caring for our patients.

Engaging the community, our Volunteer Management, Fundraising and Communications & Outreach teams continue to forge relationships with new partners and volunteers while strengthening ties with the old, building a community of care

where individuals, members of the community and corporate partners come together to reinforce each other's efforts in making every moment count for our patients.

In addition, we strive to increase the awareness and understanding of end-of-life care through our outreach efforts and to advocate the importance of such care especially for people who are terminally ill as well as their caregivers.

# KEY HIGHLIGHTS

# 1

## DPH CHARITY GOLF 2019



About 105 golfers teed off for a good cause at our biennial DPH Charity Golf which took place at The Singapore Island Country Club (Bukit Course) on 24 April 2019.

The event concluded with a dinner graced by Mr Tan Kwang Cheak, Chief Executive Officer of Agency for Integrated Care (AIC) as Guest-of-Honour. More than S\$258,000 was raised, thanks to the generosity of our sponsors and supporters.

# 2

## EVERY MOMENT MATTERS 2019



We expressed our appreciation to 45 community partners at our annual Every Moment Matters (EMM) event held at our new Day Care on 3 July 2019, hosted by DPH Ambassador Gurmit Singh. The event was attended by long-term community partners, those that have recently joined us as well as other guests who wanted to find out more about Dover Park Hospice and how they can collaborate with us to enhance the quality of life for our terminally-ill patients. A dialogue session entitled "Care in the Community" was also held as part of the programme.

# 3

## SUNFLOWER GALA BALL 2019



Our annual Sunflower Gala Ball with the theme "Jam, Jive, Jazz" was held at The Ritz-Carlton Millenia on 17 August 2019. Graced by Guest-of-Honour Mr Gan Kim Yong, Minister for Health, and DPH patron, Dr Tony Tan Keng Yam who was our special guest, the event raised more than S\$1.1 million in support of our patient care programmes.



# 5

## “FUTURE-PROOFING PALLIATIVE & BEREAVEMENT CARE IN THE COMMUNITY” PUBLIC FORUM



# 4

## ANNUAL YEAR-END FUNDRAISING MAILER



More than 8,700 copies of our creatively designed annual year-end mailer were sent out as part of our yearly fundraising drive, thanks to the hard work of our dedicated volunteers. More than S\$300,000 was raised through this campaign.

Ms Linda Hart, our active volunteer and group leader of the Sapphire Befrienders Group was invited to be a panelist at a public forum, “Future-Proofing Palliative and Bereavement Care in the Community” on 13 January 2020. Organised by Tan Tock Seng Hospital, the forum highlighted the important role of volunteers and the community in supporting patients and their loved ones in palliative and bereavement care.

# 6

## VOLUNTEER ACTIVITIES

About 1,200 activities were conducted by our 420 devoted volunteers across 18 different volunteer groups for our patients in Home Care, Day Care and Inpatient Care.

# 7

## FUNDS RAISED FOR THE YEAR

As a result of the generous support of donors, a total of close to S\$2.6 million was raised for the Financial Year 2019-2020 to help provide our patients with quality end-of-life care.

# DONORS

# LIST

**WE WOULD LIKE TO EXPRESS OUR DEEPEST APPRECIATION TO OUR DONORS - CORPORATIONS, ORGANISATIONS AND INDIVIDUALS FOR THEIR CONTRIBUTIONS (\$1,000 AND ABOVE) IN THE PAST YEAR. THANK YOU FOR SUPPORTING OUR CAUSE IN PROVIDING QUALITY PALLIATIVE CARE AND BRINGING COMFORT TO OUR PATIENTS AND THEIR FAMILIES DURING THEIR DIFFICULT TIMES. WE ARE PRIVILEGED TO HAVE YOUR SUPPORT.**

## INDIVIDUALS

### A

Ang Poh Jiok  
Ang Woon Kai  
Au Oi Leng  
Aw Kian Heng  
Aw Sen Harn

### B

Boey Wen Ching, Lydia

### C

Caers Lucas Henri R.  
Chan Ah Choo  
Chan Bee Leng  
Chan Guek Cheng, Noreen  
Chan Kin Ming  
Chan Wai Fen

Chan Wai Leong  
Chang Yoong Hui, Joyce  
Chan-Lien Margaret  
Chay Oh Moh  
Cheah Suan Beng, Nicholette Agnes  
Chen Dan, Diane  
Chen Jie'An, Jared  
Cheng Hong Wing, Alfred  
Cheng Yoke Ping  
Cheong Wei Kok, Bernard  
Chew Robert  
Chey Chor Wai  
Chia Fan Tat  
Chia Lay Hoon  
Chia Mok Leng  
Chia Piah Yam  
Chia Soo Hien  
Chia Weng Kaye  
Chiang Khim Kee  
(IMO-Chiang Teng Guan)

Chin Chi Onn, Colin  
Chin Khan Sang  
(IMO-Tan Kok Kong)  
Chin Lee Ting, Verena  
Chin Yau Seng  
Chionh Chye Luay  
Chng Bee Leng  
Chng Chee Kiong  
Chng Hwee Hong  
Choe Fook Cheong @ Alan Choe  
Chok Soo Hoon, Mildred  
Chong Yu Moi  
Choo Bee Li  
Choo Chiau Beng  
Choo Wan Ling (Dr)  
Chow Goon Chau, Patricia  
Chow Harry  
Chua Choon Hock  
(IMO-Phang Hong King)  
Chua Jiak Hwee



Chua Kim Chiu  
Chua Lee Ngoh, Annie  
Chua Pei Ling, Eileen  
Chua Yong Kwang, Kevin (Dr)

## D

Daljeet Singh Sidhu (Dr)

## E

Edmund Lin and Trina Ling-Lin  
Estate of Chong Yok Moi  
Estate of Irene Tan Liang Kheng  
Estate of Tan Kay Guan  
Eu Oy Chu (Dr)

## F

Fan Yue Soon, Charles  
Foo Jong Wey  
Foo Marlene  
Foo Yee Ling

## G

Gan Ser Khoon  
Go Puay Wee  
Goh Cheong Hock  
(IMO-Goh Teck Chye)  
Goh Eng Kee  
Goh Eng Kuang, Danny  
Goh Ing Nam  
Goh Pheck Suan, June (Dr)  
Goh Pi Lee, Beverly (Dr)  
Goh Timothy  
Gwee Chwee Kee, Rupert

## H

Heng Hock Mui  
(IMO-Heng Yee Koon)  
Heng Kelvin

Ho Liam Juan  
Ho Mui Peng  
Ho See Cheng  
Ho Siok Hwa, Eileen  
Ho Vee Leung  
Ho Vui Min  
Hon Sook Chern  
Huang Ching-Kuei  
Hun Sue Fong, Lydia  
(IMO-Hun Tong Phong)  
Hun Sue Hwee, Vivian  
(IMO-Hun Tong Phong)  
Hun Tock Juan, Ronnie  
(IMO-Hun Tong Phong)

## J

James Best (Dr)  
Jay Sadhana Shiven  
Julia & Robert Quek

## K

Kamsiah Bte Abdul Hamid  
Kang Wee San, Jessie  
Khan Yeow Wai, Robert  
Kho Kwang Mui (Dr)  
Khoo Chwee Tin  
Khoo Linda  
Khoo Siok Puay  
Khoo Whee Leng  
Khoo Whee Luan  
Koh Ah Soon  
Koh Choon Kiat  
Koh Guan Teck  
(IMO-Koh Chek Huat)  
Koh Kok Ong  
Koh Kok Tian  
Koh Tieh Koun (Dr)  
Koh Tse Hsien (Dr)  
Kwek Kon Yew (Dr)

## L

Lai Kuan Hoe, Leslie  
Lai Ling Ling  
Lam Kah Hoe  
Lam Yi Young  
Lars Sorensen  
Lau Hong Choon (Dr)  
Lau Kim Choo  
Lau Mei Hwa  
Lee Aik Seow  
Lee Ang Seng  
Lee Angel (Dr)  
Lee Beng Hooi  
Lee Chiang  
Lee Chin Cheng  
Lee Deborah  
Lee Ee Ling, Tina  
Lee Kiow Seng  
Lee Swee Chan  
Lee Teng Suan  
Lee Tuck Wah, Philip  
Lee Yi Qian, Cheryl  
Leong Eng Keong  
Leong Kwok Weng  
Leong Say Boon  
Leow Fan Siew  
Li Qianwen  
Lian Whye Meng  
Lim Ai Nah  
Lim Chee Hoe  
(IMO-Lim Yock San)  
Lim Chee Kham  
Lim Chee Liang  
(IMO-Lim Kiat Keng)  
Lim Chew Meng, Vincent  
Lim Chiaw Chang  
Lim Chin Hu  
Lim Choon Hong  
Lim Feng, Philip  
Lim Fung Yen, Jeremy (Dr)  
Lim Hock Chee  
Lim Joo Boon  
Lim Juay Hiong

Lim Kai Kuang  
Lim Kay Yew  
(IMO-Lim Yong Kwang)  
Lim Kian Tho, Jerry (Dr)  
Lim Kong Eng  
Lim Mei Yin  
Lim Ser Yong (Dr)  
Lim Siok-Mei  
Lim Su-Yin  
Lim Swee Eng  
Lim Wan Chin, Maria  
(IMO-Lim Khim Meng)  
Lim Wen Phei (Dr)  
Liu Wei Hai, William  
Lock Yin Mei  
Loh Choon Ngan  
Loh Seet Yoong  
Loi Oi Kuan  
Loke Yuen Kin, Ruby  
Loo Choon Meng  
Low Chee Wah  
Low Chor Chor  
Low Sze Chuan  
Lum Mun Hung, Jack  
Lum Wai Kit, Fabian  
Lye Chee Yoong, Kevin

## M

Ma Kar Kui, Anthony  
Mary Martha Katherine Campos  
Moeez H Nakhoda

## N

N. Thanabalen  
Neo Li Yun  
Neo Sing Hwee  
Ng Bee Lay  
Ng Cheong Bian  
Ng Chih Wei  
Ng Ching Kok, Anson  
Ng Eng Tiong  
Ng Han Yang, Hans

Ng Kuo Pin  
Ng Lai Hong  
Ng Lo-Peng, Natalie  
Ng Say Khoon, Adrian  
Ng Sok Keng, Joyce  
Ng Tze Luen, Adrian (Dr)  
Ng Wai Chuin  
Ngooi Chan Soon

## O

Oh Kai Ling  
(IMO-Goh Soo Hoon)  
Oh Kok Chye  
(IMO-Oh Yong Guat)  
Ong Ai Hua  
Ong Beng Huat  
Ong Hwee Hwee  
(IMO-Ong Kuwi Seng)  
Ong Joo Ee  
Ong Kah Seng, Isaac  
Ong Kuwi Seng  
Ong Mong Siang  
Ong Siew Chin  
(IMO-Ong Teow Bee)  
Ong Siew Ching  
Ong Wah Ying (Dr)  
Ong Woon Sing

## P

Pang Jenny  
Pang Sze Kang, Jonathan (Dr)  
Peck Quee Bock  
(IMO-Peck Tang Poh)  
Peh Libby Tin nee Tin Chun Moon  
Pek Tiong Khuan  
Pemberton Tania  
Poh Bee Li  
Poh Seok Ming  
Poi Choo Hwee (Dr)  
Poon Wing Loong  
Pun Boon Li, Pamela  
Purnima Kodanda

## Q

Quek Ser Pheng  
Quek Yi Ting, Lydia

## R

Ravi Seshadri @ Srinivasan (Dr)  
Rohan Kamis

## S

Sadanand Varma  
Saw Cheow Hin  
Seah Chee Hua  
Seah Chee Hwee  
Seah Gek Beng  
(IMO-Low Whee Koon)  
Seah Kian Peng  
(IMO-Low Whee Koon)  
Seah Soo Kiong  
(IMO-Seah Kian Moh)  
Seet Iris  
Seow Wooi Fen  
Shi Soon Heng  
Sia Seow Yong  
(IMO-Sia Mok Quee)  
Sie Suh-Ting  
Sim Hua Soon  
Sim Ye Lin, Deborah  
Sin Kam Hong  
Sin Wai Chu  
Siow Fung Wai Ying  
Siow Hua Ming (Dr)  
Siow Kon Sang nee Lily Seet  
Sng Tai Liat  
Sng Tiong Yee  
Soh Why Yu  
(IMO-Ngu Chin Luang)  
Suresh Nair



## T

Tan Ai Noi  
(IMO-Tan Kia Cheap)  
Tan Angela Gabiano  
Tan Ann (Dr)  
Tan Bee Kim  
Tan Chin Lu  
Tan Eng Cheow, Victor  
Tan Geok Khim  
Tan Hean Beng, Tommy  
Tan Hong Beng  
Tan Hsing Ying  
(IMO-Tan Ping Chye)  
Tan Hui Cheng  
Tan Jhu Hwa, Kenneth  
Tan Jit Hui, Charles  
Tan Joo Ean  
Tan Kek Seng  
Tan Kian Wee  
Tan Kok Huan  
Tan Lee Eng  
Tan Li Ling  
Tan Nguan Chee  
Tan Shirley  
Tan Siok Lan  
Tan Siong Lu @ Tan Siang Lu  
Tan Soo Hwee  
Tan Tat Ming  
Tan Tee Jim  
Tan Tor Khoong, Kenneth  
Tan Wei Fang, Geraldine  
Tan Whei Mien, Joy  
Tan Yang Guan  
Tan Yap Phang  
Tan Yin Ying  
Tang Kok Foo (Dr)  
Tang Wai Kok  
(IMO-Tang Pok Ming)  
Tay Chek Khoon  
Tay Chin Chye  
Tay Jin Ying  
Tay Kwong Soong

Tay Poh King, Angeline  
Tea Han Guat  
Teh You Leong, Lawrence  
Teng Kim Wei, Jennifer  
Teng Lee Chan  
(IMO-Woo Yin Cheng)  
Teo Beng Teck  
Teo Cher Cheong  
Teo Guan Hoe  
Teo Li-Ming  
Teo Miang Yeow  
Tham Kui Seng  
Tham Sai Choy  
The Family of Late Lim Eng Tuan  
The Family of Late Ong Tee Kiang  
The Late Ho Soo Hai  
The Late Ho Thian Choo, Joyce  
The Late Ng Yeong Chew  
The Late Quek Choon Huay  
The Late Tan Kong Beng  
The Late Tan Meoy Nee  
The Late Tan Siew Eng  
The Late Teo Chew How  
The Late Toh Li Keong  
The Late U Kyaw Mya Thein  
The Late Yue Chin  
Tin Keng Seng  
Tiong Shu  
Tiong Siew Geok  
Tjio Shan  
Tng Hian Huat, Victor  
(IMO-Wong Choy Lui, Lily)  
Toh Hoon Meng, Bernard  
Toh Kean Meng, Melvin (Dr)  
Toh Soon Huat  
Tong Ah San, Harry  
(IMO-Tan Siang Cheng, Stella)

## V

Varinata Tiffany

## W

Wan Fook Weng  
Wang Chew Juat  
(IMO-Cheng Kiam Wah)  
Wang Jonathan  
Wee Chuan Heng, Mervin  
Wee Eden  
(IMO-Wee Heng Guan)  
Wee Hian Woon  
Wong Chit Sieng  
Wong Jenny (Dr)  
Wong Keen Mun  
Wong Kit Yee, Karmen  
Wong Mei Gin  
Wong Pak Kwong, Benjamin  
Wong Siu Ching, Cindy  
Wong Sui Yee  
Wong Wai Yin  
Woo Yern Yee, Gordon  
Wu Huei Yaw (Dr)

## X

Xiao Li

## Y

Yang Yuen Tsy, Caroline  
Yao Yiling, Rachel  
(IMO-Yew Moon Cheong)  
Yap Boh Wei (Dr)  
Yap Siew Moi  
Yeang Xian Wei (Dr)  
Yeo Basil  
Yeo Lik Seng  
Yeo Loo Peng  
Yeo Teck Guan  
Yeo Tiam Chye  
Yip Yue Lee  
Yong Chin Hwee  
Yong Swee Lan, Irene  
(IMO-Vaithilingam Daisy Kiruvai)  
Yuen Wei Yi, Gerard

## ORGANISATIONS

### A

Accenture Pte Ltd  
Aegis Portfolio Managers Pte Ltd  
Akeles Consulting Pte Ltd  
Allen & Gledhill LLP  
Amber Electronics Pte Ltd  
Amitabha Buddhist Centre  
Antara Koh Private Limited  
ASL Aviation Group Pte Ltd  
(IMO-Ann Lim nee Tan Leng Kim)

### B

Bank Pictet & Cie (Asia) Ltd  
Beauty One International Pte. Ltd.  
Beaver Contromatic Pte. Ltd.  
Bethesda (Pasir Ris) Kindergarten  
Borneo Motors (Singapore) Pte Ltd

### C

Capital Airconditioning  
International PL  
Caramel Food Products Pte Ltd  
Catalent Pharma  
Catalyst Asia Pte. Ltd.  
Cellresearch Corporation Pte Ltd  
Char Yong (Dabu) Foundation  
Limited  
Chew How Teck Foundation  
ComfortDelGro Corporation Limited  
Concept Power Pte Ltd

### D

Deutsche Bank AG  
Dong Yi Enterprise Pte Ltd  
DP Architects Pte Ltd  
DPH Crystal Group  
DPH Diamond Group

DPH Jade Group  
Dr D.Y.H. Poon & Associates Medical  
Duke Bakery Pte Ltd

### E

En-Naeem Mosque Kindergarten  
Erabelle Pte Ltd  
Eu Yan Sang (Singapore) Pte Ltd  
Expats Furniture Rental Pte Ltd

### F

Fonda Global Engineering Pte Ltd  
Frasers Property Retail Management  
Pte Ltd

### G

GNS Storage Pte Ltd

### H

Halliburton Completions Mfg Pte Ltd  
Hong Leong Foundation  
Hotel Grand Central Limited  
Hotel Properties Limited  
HSBC Institutional Trust Services

### I

Isaac Manasseh Meyer Trust Fund  
Isetan Singapore Limited

### J

JU-I Properties Pte. Ltd.  
Jurong Port Pte Ltd

### K

Kajima Overseas Asia (Singapore)  
Pte Ltd

Kanlian Ferry Pte Ltd  
Keppel Care Foundation Limited  
Kong Meng San Phor Kark See  
Monastery  
Kuan Im Tng Temple (Joo Chiat)  
Kwan Im Thong Hood Cho Temple

### L

La Source Singapore Pte Ltd  
Lee Kim Tah Foundation  
Lee Kim Tah Holdings Limited  
Low Keng Huat (Singapore) Limited

### M

Mangala Vihara (Buddhist Temple)  
Meidong Boutique  
Million Lighting Co Pte Ltd  
Mitsubishi Electric Asia Pte Ltd

### N

Neoasia (S) Pte Ltd  
Newman Corporate Services Pte Ltd  
Nexcomm Asia Pte. Ltd.  
NTUC Fairprice Foundation Limited  
NTUC FairPrice Co-operative Ltd

### P

Paradise Group Holdings Pte Ltd  
Passion Restaurants Pte. Ltd.  
Pavilion Capital International  
Pte. Ltd.  
Pei Hwa Foundation Limited  
President's Challenge  
Prive Clinic Pte. Ltd.

### Q

Q&M Dental Group (Singapore) Ltd



## R

Robert Khan & Co Pte Ltd  
RSM Chio Lim LLP

## S

SBS Transit Ltd  
Schroder Investment Mgt  
(Singapore) Ltd  
SINCL Pte Ltd  
Singapore Buddhist Youth Mission  
Singapore Press Holdings Limited  
Singapore United Estates (Pte) Ltd  
St Andrew's Junior School  
Sunray Woodcraft Construction  
Pte Ltd

## T

T. S. Lee & Sons (Pte) Ltd  
Tai Pei Foundation  
Tampines Chinese Temple  
Tan Chin Tuan Foundation  
The Federation of Trade Fair Traders'  
Association (2016)  
The Hokkien Foundation  
The Ngee Ann Kongsi  
The PWC Singapore Foundation  
c/o Community Foundation of  
Singapore  
Think Masters & Associates Pte Ltd  
TL Whang Foundation Limited  
Tote Board and Singapore Turf Club  
Trends N Trendies Pte Ltd

## U

UK Online Giving Foundation

## V

Vincar Pte Ltd  
Virtual HR Solutions Pte Ltd

## W

Waypoints Private Limited  
Web Synergies (S) Pte Ltd  
Wing Huat Loong (Pte) Ltd  
Wing Ship Marine Services Pte Ltd  
Woh Hup (Private) Limited

If we have inadvertently left out any donor, please accept our sincere apologies for the oversight.



**MAKING**  

---

**EACH DAY**  

---

**COUNT**  

---

*Mr Tan Mia Hick*



When Mr Tan Mia Hiok, a 65-year-old home care patient of Dover Park Hospice received news of his cancer in May 2019, he accepted it calmly.

A divorcee with no savings, Mr Tan lived in a two-room flat with his cousin. A happy-go-lucky person who took things easy in life, Mr Tan had worn many different hats. He was a *karung guni* man who bought and resold junk, a dishwasher, a cleaner and a newspaper deliveryman during his younger days. He was also a cook during National Service. Mr Tan continued to find joy in cooking despite his illness. He cooked for himself and his cousin every day with *laksa* and curry being his best dishes.

When Mr Tan found out that he had only 9 months left to live, he was not afraid. "I know cancer is not curable and only the symptoms can be managed. So, I have decided to let nature take its course. Death is something which everyone has to face someday. So, what is there to be afraid of?"

Mr Tan's carefree outlook in life has taught us the importance of living life one day at a time. "If I crave any type of food, I will buy it without any hesitation and enjoy it. If I have difficulty walking long distances, I stop to give myself a break and learn to pace myself."

Despite his resilience, Mr Tan's journey was not an easy one. He had to cope with the side effects of radiotherapy and rely on various

medications to manage his pain and symptoms. Nevertheless, he continued to motivate and encourage other cancer patients to remain positive and take each day as it comes. To Mr Tan, each day was a day of hope and he was always grateful to be able to wake up to a brand new day.

In December 2019, Mr Tan came under the care of Dover Park Home Care team. A team comprising a doctor, nurse and medical social worker provided home medical, nursing and psychosocial care to him in the comfort of his home. "Every two to three days, I will receive a call from a nurse who regularly checks in on me. My social worker has also supported me emotionally with her frequent visits."

In February 2020, Mr Tan's condition deteriorated unexpectedly and he was hospitalised. He became weaker, and his gait unsteady. To fulfil his wish to remain comfortably at home, Dover Park Home Care engaged a private nurse to care for him at home upon his discharge. We also made transport arrangements for his medical appointments and successfully helped him to apply for financial assistance.

Mr Tan passed away peacefully on 28 February 2020, five days after he was admitted to Dover Park Hospice as an inpatient.

“

**I KNOW CANCER IS NOT CURABLE  
AND ONLY THE SYMPTOMS  
CAN BE MANAGED. SO, I HAVE  
DECIDED TO LET NATURE TAKE  
ITS COURSE. DEATH IS SOMETHING  
WHICH EVERYONE HAS TO FACE  
SOMEDAY. SO, WHAT IS THERE TO  
BE AFRAID OF?**

”

# GOVERNING COUNCIL



**MR ROBERT CHEW**  
CHAIRMAN  
28<sup>TH</sup> GOVERNING  
COUNCIL & INVESTMENT  
COMMITTEE

DATE OF LAST ELECTION  
19 August 2017

OCCUPATION  
Partner  
iGlobe Partners



**MS ANGELENE CHAN**  
VICE CHAIRMAN  
CHAIRMAN, BUILDING  
& DEVELOPMENT  
COMMITTEE

DATE OF LAST ELECTION  
19 August 2017

OCCUPATION  
Chief Executive Officer  
DP Architects Pte Ltd



**MR CHEY CHOR WAI**  
HONORARY SECRETARY

DATE OF LAST ELECTION  
11 August 2018

OCCUPATION  
Consultant



**MS CHENG YOKE PING**  
ASSISTANT HONORARY  
SECRETARY

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Partner  
Rajah and Tann Singapore



**MS WOO E-SAH**  
HONORARY TREASURER

DATE OF LAST ELECTION  
11 August 2018

OCCUPATION  
Partner  
RSM Singapore



**MS ONG AI HUA**  
ASSISTANT HONORARY  
TREASURER

DATE OF LAST ELECTION  
19 August 2017

OCCUPATION  
Company Group Chairman, Asia Pacific  
The Janssen Pharmaceutical  
Companies of Johnson & Johnson





**PROF HO YEW KEE**  
**CHAIRMAN**  
**AUDIT, RISK &**  
**GOVERNANCE COMMITTEE**

DATE OF LAST ELECTION  
11 August 2018

OCCUPATION  
Associate Provost  
(Skills Future & Staff Development)  
Singapore Institute of Technology



**DR TANYA TIERNEY**  
**CHAIRMAN**  
**COMMUNICATIONS &**  
**OUTREACH COMMITTEE**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Assistant Dean  
Nanyang Technological University,  
Lee Kong Chian School of Medicine



**DR KWA CHONG TECK**  
**CO-CHAIRMAN**  
**FUNDRAISING COMMITTEE**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Senior Adviser  
National Dental Centre Singapore



**DR KAREN SOH**  
**CO-CHAIRMAN**  
**FUNDRAISING COMMITTEE**

DATE OF LAST ELECTION  
11 August 2018

OCCUPATION  
Medical Director  
Prive Clinic



**MR TAN KIM KWANG**  
**CHAIRMAN**  
**HUMAN RESOURCE**  
**COMMITTEE**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Consultant



**COL (RETIRED) RUPERT GWEE**  
**CHAIRMAN**  
**INFORMATION TECHNOLOGY**  
**COMMITTEE**

DATE OF LAST ELECTION  
11 August 2018

OCCUPATION  
Director  
Ministry of Home Affairs



**A/PROF JEREMY LIM**  
**CHAIRMAN**  
**MEDICAL PROFESSIONAL**  
**AUDIT COMMITTEE**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Director  
Global Health Program,  
Saw Swee Hock School of Public  
Health, National University of  
Singapore



**MS KEMMY LIM**  
**CHAIRMAN**  
**VOLUNTEERS COMMITTEE**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Adjunct Lecturer  
Singapore Polytechnic



**MS DIANE CHEN DAN**  
**MEMBER**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Senior Vice President  
Financial Planning & Analysis, Group  
Finance, Sembcorp Industries Ltd



**MS MARLENE FOO**  
**MEMBER**

DATE OF LAST ELECTION  
11 August 2018

OCCUPATION  
Retired



**MR PAUL D. GAGNON**  
**MEMBER**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Consultant



**DR LIONEL LEE**  
**MEMBER**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Retired





**DR SEET JU EE**  
**MEMBER**

DATE OF LAST ELECTION  
24 August 2019

OCCUPATION  
Consultant  
National University Hospital



**DR WU HUEI YAW**  
**MEMBER**

DATE OF LAST ELECTION  
19 August 2017

OCCUPATION  
Senior Consultant  
Palliative Care, Tan Tock Seng Hospital Pte Ltd

# HONORARY COUNCIL MEMBERS



**DR SEET AI MEE**  
**HONORARY  
COUNCIL MEMBER**

DATE OF LAST ELECTION  
Not Required

OCCUPATION  
Retired



**DR JERRY LIM**  
**HONORARY  
COUNCIL MEMBER**

DATE OF LAST ELECTION  
Not Required

OCCUPATION  
Retired Doctor

# CORPORATE INFORMATION

## Registration

Dover Park Hospice ("DPH") is registered as a Social Service Agency (previously referred to as Voluntary Welfare Organisation) in accordance with the Singapore Societies Act, Chapter 311. The Hospice is registered as a charity under the Singapore Charities Act, Chapter 37. The Hospice is approved as an Institution of a Public Character (IPC) under the provisions of the Income Tax Act. The Hospice's tax exempt status has been extended for 3 years from 1 October 2017 to 30 September 2020.

## Registered Address

10 Jalan Tan Tock Seng,  
Singapore 308436

## Unique Entity Number

S92SS0138D

## Auditors

External Auditor: KPMG LLP  
Internal Auditor: Deloitte & Touche  
ERM Auditor (biennial): Deloitte & Touche

## Banker

DBS Bank Ltd

## Fund Manager

UOB Asset Management Ltd

## Governing Council Members

### Chairman of the 28<sup>th</sup> Governing Council & Investment Committee

Mr Robert Chew

### Vice Chairman of the 28<sup>th</sup> Governing Council & Chairman, Building & Development Committee

Ms Angelene Chan

### Honorary Secretary

Mr Chey Chor Wai

### Assistant Honorary Secretary

Ms Cheng Yoke Ping

### Honorary Treasurer

Ms Woo E-Sah

### Assistant Honorary Treasurer

Ms Ong Ai Hua

### Chairman, Audit, Risk & Governance Committee

Prof Ho Yew Kee

### Chairman, Communications & Outreach Committee

Dr Tanya Tierney

### Co-Chairman, Fundraising Committee

Dr Kwa Chong Teck

Dr Karen Soh

### Chairman, HR Committee

Mr Tan Kim Kwang

### Chairman, IT Committee

Col (Ret), Rupert Gwee

### Chairman, Medical Professional Audit Committee

A/Prof Jeremy Lim

### Chairman, Volunteers Committee

Ms Kemmy Lim

## Members

Ms Diane Chen Dan

Ms Marlene Foo

Mr Paul D. Gagnon

Dr Lionel Lee

Dr Seet Ju Ee

Dr Wu Huei Yaw

## Honorary Council Members

Dr Seet Ai Mee

Dr Jerry Lim

## Property Trustees

Mr Robert Chew

Mr Chey Chor Wai



### General Declaration

#### Nomination and Appointment of Council Members

All Council members were nominated and appointed to Council at the 27<sup>th</sup> Annual General Meeting held on 24 August 2019. All Council members declared that they are neither undischarged bankrupts nor have they been convicted of any offence in a court of law.

#### Governance Evaluation Checklist

DPH falls under the Advanced Tier of Guidelines for purposes of the Code of Governance (Code) for Charities and Institutions of a Public Character as the Advanced Tier covers larger IPCs with gross annual receipts or total expenditure of \$10 million or more in each of its two immediate preceding financial years. DPH has complied with the relevant guidelines as stipulated in the Code. Full checklist can be obtained at the Charity Portal ([www.charities.gov.sg](http://www.charities.gov.sg)) and page 76 of this report.

#### Conflict of Interests

All Council members and staff of DPH are required to read, understand the conflict of interest policy in place and make full disclosure of any interests, relationships, and holdings that could potentially result in a conflict of interest. When a conflict of interest, real or perceived arises, Council members/staff will not participate in decision making and approvals of transactions to which they have a conflict of interest.

### Privacy Policy

To ensure that personal information is secure, DPH enforces the Privacy and Security guidelines according to the Personal Data Protection Act 2012.

DPH takes precautions to safeguard personal information against loss, theft, misuse, as well as against unauthorised access, collection, use, disclosure, copying, modification, disposal, or similar risks. DPH imposes very strict sanction controls and only authorised staff on a need-to-know basis is given access to or will handle personal data. DPH provides regular training to all staff on this Policy and to keep them abreast of any new developments in privacy laws and regulations in Singapore.

Please visit DPH website at [www.doverpark.sg](http://www.doverpark.sg) for further details on the data protection policy.

# STATEMENT OF CORPORATE GOVERNANCE

Dover Park Hospice (DPH) as an Institution of a Public Character (IPC) is committed to good governance and management practices as it seeks to comply with the Charity and IPC regulations and Code of Governance for Charities and Institutions of a Public Character (Code). The Council takes the view that it is in the best interest of DPH to practise a high standard of corporate governance. DPH is also committed to improving its governance and management practices as a responsible IPC. DPH falls under the Advanced Tier of Guidelines for the purposes of the Code.

## 1. The Governing Council

### 1.1 Council Governance

The Council of DPH is the Board and its primary role is to ensure compliance with DPH's Constitution and all relevant laws and regulations. The Council ensures that DPH is well run and continues to operate in an effective, credible and sustainable manner. Its primary responsibility is to promote the long term interest of DPH in accordance with its mission.

### 1.2 The Council's roles and responsibilities include:

1. Overseeing the mission and strategy development process
2. Ensuring compliance with all regulations pertaining to good governance
3. Accounts for DPH's performance so that the efforts and resources deliver the desired outcome and benefits to the patients, their families and the community that DPH serves
4. Monitoring the prudent use of funds and to ensure financial sustainability of DPH in the long term
5. Evaluating the performance of top management
6. Devising and soliciting philanthropic giving

## 2. Council Composition and Membership

1. The Council comprises of 2 Honorary Council members and 20 Council members. No staff members sit in the Council.

2. In recognition of the Founding members' contributions to DPH, the 2 Honorary Council members need not have to stand for election at General Meetings. They are allowed to attend all meetings but they do not have any voting rights.
3. The Council Chairman ensures that the Council consists of individuals with the relevant complementary core competencies so that they are able to bring to Council a degree of diversity, viewpoints, expertise and experiences.
4. All Council members are required to declare their conflict of interest at the earliest opportunity.
5. All Council members are volunteers and are not remunerated for their services at DPH.
6. The Council ensures that there is a good balance between continuity, renewal and compliance with regulatory requirements.
7. There is a formalised process for the appointment/re-appointment of Council members.
8. Council members are required to perform an annual self-evaluation to assess Council's performance and effectiveness.
9. All Council members are elected at DPH's Annual General Meeting to be held in August. They are required to stand in for re-election at least once every 2 years.
10. Under the Constitution of DPH, no Council members shall serve more than 6 consecutive years. However, they may be re-nominated after a break of at least one year.
11. The Honorary Treasurer and Assistant Honorary Treasurer have a 2-year term. They may be re-appointed to that position after a break of one year.

## 3. Chairman and Chief Executive Officer (CEO)

1. The roles of the Chairman and CEO are separate and their responsibilities are defined to ensure a balance of power and authority within DPH.
2. The Chairman manages the governance of the Council and the sub-committees to set the strategic direction, vision and mission of DPH.



3. The Chairman approves the agenda for Council meetings and exercises control over the quality, quantity and timeliness of information flow between the Council and management.
4. The CEO manages the business of DPH and implements the Council's decisions. The CEO is assisted by a management team.

#### 4. Council's Evaluation

1. The Council has implemented Council's Evaluation on Governance since 2016 to examine the Council's performance and find ways to improve its effectiveness. The self-assessment questionnaire provides the Council the opportunity to self-reflect and provide necessary feedback for improvements.

#### 5. Enterprise Risk Management (ERM)

1. The Council appoints the Audit, Risk and Governance Committee (ARGC) to oversee the risk management. The ARGC reviews the overall adequacy and effectiveness of risk management and internal control systems.
2. The Management is responsible for the effective implementation of risk management strategies, policies and processes to facilitate the achievement of DPH's operational and strategic objectives. Key risks are identified, addressed and reviewed on an ongoing basis and mitigated risks where possible.
3. The CEO will report to the ARGC on the progress of the ERM on a periodic basis. Thereafter, the ARGC will report to the Council.

#### 6. Council Meetings

1. The Council meets quarterly during the work year that starts from August to July of each year. The Council has met on the following dates:
  - 24 August 2019
  - 14 January 2020
  - 24 March 2020
  - 21 July 2020

The Council members' attendance at the Council meetings for the period of August 2019 to July 2020 are as follow:

S/No	Name of Council Members	No of Meetings in the work year	No of Meetings attended
1.	Mr Robert Chew	4	4
2.	Ms Angelene Chan	4	3
3.	Mr Chey Chor Wai	4	3
4.	Ms Cheng Yoke Ping	4	4
5.	Ms Woo E-Sah	4	3
6.	Ms Ong Ai Hua	4	4
7.	Prof Ho Yew Kee	4	4
8.	Dr Tanya Tierney	4	3
9.	Dr Kwa Chong Teck	4	4
10.	Dr Karen Soh	4	2
11.	Mr Tan Kim Kwang	4	4
12.	Col (Ret) Rupert Gwee	4	4
13.	A/Prof Jeremy Lim	4	3
14.	Ms Kemmy Lim	4	3
15.	Ms Diane Chen Dan	4	3
16.	Ms Marlene Foo	4	2
17.	Mr Paul D. Gagnon	4	3
18.	Dr Lionel Lee	4	4
19.	Dr Seet Ju Ee	4	3
20.	Dr Wu Huei Yaw	4	4

2. In view of Covid-19 and safe distancing measures, some of the Council meetings were held via video conferencing.

#### ROLES AND RESPONSIBILITIES OF SUB-COMMITTEES

##### 7. Audit, Risk and Governance Committee (ARGC)

1. The ARGC is established to provide audit oversight by reviewing the quality, timeliness and effectiveness of the hospice's financial reporting process, internal controls, internal and external audit, risk environment and governance.
2. KPMG LLP was appointed as the external auditor whereas Deloitte and Touche was appointed as the internal auditor as well as the ERM auditor. These auditors report directly to the ARGC.
3. Audit partners in charge of DPH are changed every five years.
4. The ARGC meets at least 3 times a year.

#### **8. Appointment and Nomination Committee (ANC)**

1. The ANC is responsible for evaluating suitable candidates for DPH's Council as well as the sub-committees under the Council.
2. To ensure that new Council members have sufficient knowledge about palliative care, the CEO provides an induction programme to all new Council members. Suitable courses from the National Council of Social Services (NCSS) on Governance are forwarded to Council members for their participation as deemed necessary.
3. The ANC meets at least once a year.

#### **9. Building and Development Committee (BDC)**

1. The BDC obtains user requirements from the various hospice stakeholders for endorsement by EXCO and Council before submitting to the Hospital Planning Committee (HPC).
2. The BDC works with HPC on user requirements, legal arrangements, costs and funding matters and inputs from EXCO and Council for inclusion in the Building Design Brief for DPH at the Integrated Care Hub (ICH).
3. The BDC liaises with the building consultant and contractor(s) on the Building Design Brief and monitors the progress of the building project and timeline.
4. The BDC meets at least 4 times a year.

#### **10. Communications and Outreach Committee (COC)**

1. The COC sets the overall communication policies, protocols and guidelines for DPH.
2. The COC sets the objectives, strategies and KPIs and provides advice on the development of a comprehensive digital and social media strategy.
3. The COC meets at least 4 times a year.

#### **11. Executive Committee (EXCO)**

1. The EXCO oversees the operations of DPH.
2. Both the CEO and Medical Director report to the EXCO and update them on the operations and development of DPH.

3. The EXCO reviews and approves all matters such as annual budget, strategies and policies before they are tabled for Council's approval.
4. The EXCO meets at least 6 times a year.

#### **12. Fundraising Committee (FRC)**

1. The FRC provides strategic directions for fundraising in ensuring that all fundraising activities comply with regulatory requirements.
2. The FRC also provides guidance to the management in hosting major events such as Charity Golf and Gala Dinner.
3. The FRC meets up to 5 times a year.

#### **13. Human Resource Committee (HRC)**

1. The HRC is responsible for establishing the Human Resource policies, manpower needs and practices of DPH so that they are in line with the vision and mission of DPH.
2. The HRC recommends and sets remuneration of key staff to be approved by the Council.
3. The HRC meets at least 4 times a year.

#### **14. Information Technology Committee (ITC)**

1. The ITC formulates and drives the implementation of an integrated Information and Technology Strategy which will be consistent with and supporting the national Information Technology (IT) efforts led by MOH Holdings.
2. The ITC helps DPH to leverage IT in enhancing various aspects of its operations such as patients' records and management, knowledge management and other areas that IT may determine as useful.
3. The ITC meets at least 4 times a year.

#### **15. Investment Committee (IC)**

1. The IC sets the objectives, strategies and policies on the management of investments. They oversee DPH's investible funds.
2. An Investment Policy Statement (IPS) governs the management of the investible funds and it is approved by the Council upon recommendation by IC.

3. The IC ensures that the Fund Manager manages the DPH investible funds in accordance with the IPS.
4. The IC meets at least 4 times a year.

#### 16. Medical Professional Audit Committee (MPAC)

1. The MPAC oversees the quality and assurance of the professional medical and nursing services provided by DPH.
2. The MPAC monitors the clinical quality and governance to ensure proper policies and procedures are in place to provide the highest standard of patient care.
3. The MPAC also encourages clinical research, in-house research proposals and monitors the research activity.
4. The MPAC meets at least 4 times a year.

#### 17. Volunteers Committee (VC)

1. The VC ensures that volunteers activities meet the vision and mission of DPH so as to benefit both the patients and DPH.
2. The VC meets at least 5 times a year.

#### 18. Whistle-blowing Policy

1. DPH has a whistle-blowing policy to allow staff, suppliers, contractors, partners and other stakeholders to raise concerns or report malpractices and misconducts to the Chairman of the Audit, Risk and Governance Committee. The policy aims to encourage the reporting of such matters in good faith, with the confidence that persons making such reports will be treated fairly and with due follow-up action. All whistle-blower reports, including the identity of the whistle-blower will be treated with confidentiality. There is no known whistle-blower report in the financial year ended 31 March 2020.

#### 19. Reserve Policy

1. The Council has established a reserve policy for DPH by using the unrestricted net liquid assets available to meet expenditure obligations as a reserve measurement. This policy is disclosed in the Audited Financial Statements under Capital Management.

#### 20. Disclosure and Transparency

1. The Annual report is prepared to include information on its programmes, financial, governance, Council and the Management.
2. Audited Financial Statements are available on DPH website and information on DPH's financials can also be found in the Commissioner of Charities website.
3. For the financial year ended 31 March 2020, Council members were not remunerated for their services to the Hospice. There is no staff serving as Council members.
4. The annual remuneration of the Hospice's three highest paid staff is disclosed in the bands of \$100,000 are as follows:

Remuneration Bands	FY 2020	FY 2019
\$100,001 to \$200,000	1	2
\$200,001 to \$300,000	1	1
\$300,001 to \$400,000	1	-

5. There is no paid staff who is a close member of the family of the Chief Executive Officer or Council members receiving more than \$50,000 in remuneration during the financial year.
6. In the financial year ended 31 March 2020, the Hospice did not make any loan or grant to any third parties.



# OUR COMMITTEES

## DOVER PARK HOSPICE COMMITTEES

### 1. Appointment and Nomination Committee

- Mr Robert Chew (Chairman)
- Ms Angelene Chan
- Mr Chey Chor Wai

### 2. Audit, Risk and Governance Committee

- Prof Ho Yew Kee (Chairman)
- Mr Low Chee Wah (Vice Chairman)
- Mr Tham Chee Soon
- Mr Wilson Tan

### 3. Building and Development Committee

- Ms Angelene Chan (Chairman)
- Dr Lionel Lee (Vice Chairman)
- Mr Loh Hai Yew
- Mr Kenneth Sim
- Ms Woo E-Sah
- Dr Wu Huei Yaw
- Mr Timothy Liu (Management)
- Dr Ong Wah Ying (Management)

### 4. Communications and Outreach Committee

- Dr Tanya Tierney (Chairman)
- Mr Lester Lee
- Ms Ai Ling Sim-Devadas
- Mr Andy Seet
- Mr Jack Ang
- Mr Alfred Low
- Mr Danny Yeo
- Ms Genevieve Kuek
- Ms Manisha Tank
- Ms Siti Rohanah Binte Mohammad

### 5. Executive Committee

- Mr Robert Chew (Chairman)
- Ms Angelene Chan (Vice Chairman)
- Mr Chey Chor Wai (Honorary Secretary)
- Ms Cheng Yoke Ping (Assistant Honorary Secretary)
- Ms Woo E-Sah (Honorary Treasurer)
- Ms Ong Ai Hua (Assistant Honorary Treasurer)

### 6. Fundraising Committee

- Dr Kwa Chong Teck (Co-Chairman)
- Dr Karen Soh (Co-Chairman)
- Mr Gilbert Cheah (Stepped down on 9 March 2020)
- Dr June Goh
- Ms Joy Tan
- Ms Kemmy Lim (Stepped down on 20 September 2019)
- Mr Kenneth Tan
- Dr Penelope Wong (Stepped down on 17 January 2020)
- Ms Shan Tjio
- Ms Shauna Teo (Appointed on 30 April 2019)
- Ms Tiffany Varinata

### 7. Human Resource Committee

- Mr Tan Kim Kwang (Chairman)
- Dr Kwa Chong Teck (Vice Chairman)
- Mr Anthony Chee
- Mr Robert Chew
- Mr Robert Goh
- Ms Ong Ai Hua
- Dr Seet Ju Ee

### 8. Information Technology Committee

- Col (Retired) Rupert Gwee (Chairman)
- Mr Paul D. Gagnon (Vice Chairman)
- Mr Lester Lee
- Mr Shee Gim Leng
- Mr Ying Shao Wei

### 9. Investment Committee

- Mr Robert Chew (Chairman)
- Mr Tan Seng Hock (Vice Chairman)
- Mr Freddy Orchard
- Mr Guan Ong
- Mr Ho Hin Wah
- Mr Joel Cheng
- Ms Lissa Toh

### Endowment Fund Trustees

- Ms Jacqueline Khoo
- Dr Seet Ai Mee
- Prof Tay Boon Keng (Appointed on 25 July 2017)

#### **10. Medical Professional Audit Committee**

- A/Prof Jeremy Lim (Chairman)
- Dr Angel Lee (Vice Chairman)
- Dr Gilbert Fan
- Dr Kwa Chong Teck
- Dr Jerry Lim
- Dr Robert Lim
- Dr Tay Miah Hiang
- Dr Tiew Lay Hwa
- Dr Uma Rajan
- Dr Wu Huei Yaw
- Mr Wu Tuck Seng
- Mrs Nellie Yeo

#### **11. Medifund Committee (Appointed by MOH)**

- Prof Ho Yew Kee
- Dr Ian Leong
- Ms Maureen Fung
- Ms Jenny Bong (Appointed on 1 April 2020)

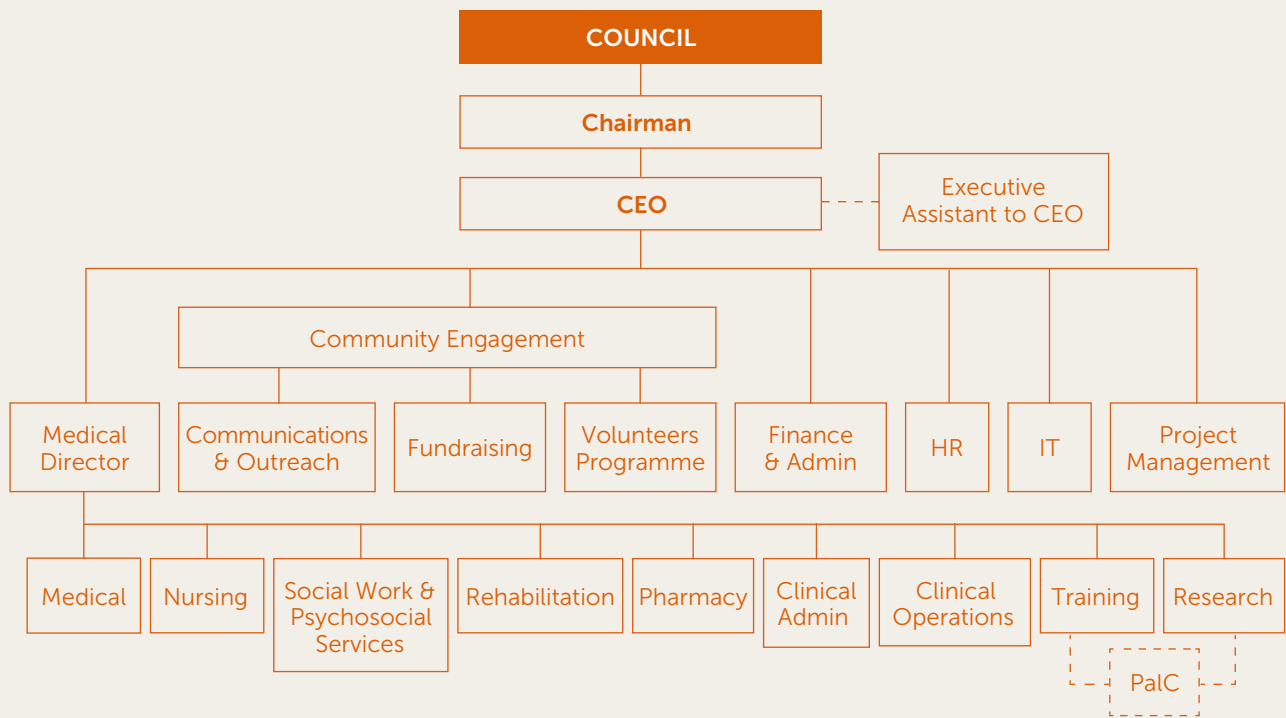
The Medifund Committee was appointed by MOH for a tenure of 3 years from 1 April 2019 to 31 March 2021.

#### **12. Volunteers Committee**

- Ms Kemmy Lim (Chairman)
- Mr Raymond Chiang
- Mr Muhammad Agus Bin Othman
- Mr Lester Lee
- Ms Janice Phua
- Mr Gilbert Lew
- Mr Sia Ooi Kong
- Ms Chan Choo Lin
- Ms Mabel Pek
- Ms Ler Yu-Min
- Mrs Pearl Lim
- Mr Bernard Yeo
- Mr Xavier Lim
- Ms Linda Hart
- Mdm Cheok Boon Kiew
- Mr Anthony Lim Jun Hong
- Dr Tanya Tierney
- Ms Cheah Li Yean
- Ms Yeo Tze Yee (Appointed on 5 December 2019)

# OUR ORGANISATION STRUCTURE

## Council Structure



Note: The Palliative Care Centre for Excellence in Research and Education (PalC) is a tripartite collaboration among Dover Park Hospice, Nanyang Technological University (NTU) Lee Kong Chian School of Medicine and National Healthcare Group.



# OUR MANAGEMENT

## **Chief Executive Officer**

Mr Timothy Liu (Date of Appointment: 7 March 2016)

## **Medical Director**

Dr Ong Wah Ying

## **Senior Consultants**

Dr Allyn Hum

Dr Joseph Ong Yew Jin

## **Consultant, Head of Home Care**

Dr Yee Choon Meng

## **Principal Resident Physician**

Dr Yea Kok Chin (Date of Appointment: 23 April 2020)

## **Resident Physicians**

Dr Erwin Phillip Francisco

Dr Hoh Sek Yew

Dr Martin Lee

Dr Chia T-Yunn

## **Director of Nursing**

Ms Chin Soh Mun

## **Head, Social Work & Psychosocial Services**

Ms Cheong Ee May Deidre Adele

## **Manager, Finance & Administration**

Mr Steven Foo (Last Day: 31 May 2020)

## **Acting Manager, Finance & Administration**

Ms Karen Tan (Date of Appointment: 1 May 2020)

## **Manager, Communications & Outreach**

Ms Jenny Goo

## **Manager, Fundraising**

Mr Alex Ho

## **Manager, Information Technology**

Mr Kwok Wing Kit

## **Manager, Human Resource**

Ms Teresa Tang

## **Manager, Volunteer Programme**

Ms Tok Shou Wee

## **Manager, Project Management**

Mr Kenneth Chan (Date of Appointment: 1 October 2019)

## **Manager, Training**

Ms May Siu (Last Day: 25 July 2020)

## **Staff-in-charge, Research**

Ms Tay Ri Yin

# GOVERNANCE EVALUATION CHECKLIST

## ADVANCED TIER

S/N	Code guideline	Code ID	Response
<b>Board Governance</b>			
1.	<b>Induction and orientation</b> are provided to incoming governing board members upon joining the Board.	1.1.2	Complied
	<b>Are there governing board members holding staff<sup>1</sup> appointments? (skip items 2 and 3 if "No")</b>		No
2.	Staff does <b>not chair</b> the Board and does <b>not comprise more than one third</b> of the Board.	1.1.3	NA
3.	There are written job descriptions for the staff's executive functions and operational duties, which are distinct from the staff's Board role.	1.1.5	NA
4.	The Treasurer of the charity (or any person holding an equivalent position in the charity, e.g. Finance Committee Chairman or a governing board member responsible for overseeing the finances of the charity) <b>can only serve a maximum of 4 consecutive years</b> .  If the charity has not appointed any governing board member to oversee its finances, it will be presumed that the Chairman oversees the finances of the charity.	1.1.7	Complied
5.	All governing board members must submit themselves for <b>re-nomination and re-appointment</b> , at least once every 3 years.	1.1.8	Complied
6.	The Board conducts <b>self evaluation</b> to assess its performance and effectiveness once during its term or every 3 years, whichever is shorter.	1.1.12	Complied
	<b>Is there any governing board member who has served for more than 10 consecutive years? (skip item 7 if "No")</b>		No
7.	The charity discloses in its annual report the <b>reasons for retaining the governing board member who has served for more than 10 consecutive years</b> .	1.1.13	NA
8.	There are <b>documented terms of reference</b> for the Board and each of its committees.	1.2.1	Complied
<b>Conflict of Interest</b>			
9.	There are documented procedures for governing board members and staff to declare actual or potential <b>conflicts of interest</b> to the Board at the earliest opportunity.	2.1	Complied
10.	Governing board members <b>do not vote or participate</b> in decision making on matters where they have a conflict of interest.	2.4	Complied
<b>Strategic Planning</b>			
11.	The Board <b>periodically reviews and approves the strategic plan</b> for the charity to ensure that the charity's activities are in line with the charity's objectives.	3.2.2	Complied
12.	There is a documented plan to <b>develop the capacity and capability</b> of the charity and the Board monitors the progress of the plan.	3.2.4	Complied


S/N	Code guideline	Code ID	Response
<b>Human Resource and Volunteer<sup>2</sup> Management</b>			
13.	The Board approves <b>documented human resource policies</b> for staff.	5.1	Complied
14.	There is a <b>documented Code of Conduct</b> for governing board members, staff and volunteers (where applicable) which is approved by the Board.	5.3	Complied
15.	There are processes for regular supervision, appraisal and professional development of staff.	5.5	Complied
<b>Are there volunteers serving in the charity? (skip item 16 if "No")</b>			Yes
16.	There are <b>volunteer management policies</b> in place for volunteers.	5.7	Complied
<b>Financial Management and Internal Controls</b>			
17.	There is a documented policy to seek the Board's approval for any loans, donations, grants or financial assistance provided by the charity which are not part of the charity's core charitable programmes.	6.1.1	Complied
18.	The Board ensures that <b>internal controls for financial matters</b> in key areas are in place with <b>documented procedures</b> .	6.1.2	Complied
19.	The Board ensures that reviews on the charity's internal controls, processes, key programmes and events are regularly conducted.	6.1.3	Complied
20.	The Board ensures that there is a process to <b>identify, and regularly monitor and review</b> the charity's <b>key risks</b> .	6.1.4	Complied
21.	The Board approves an <b>annual budget</b> for the charity's plans and regularly monitors the charity's expenditure.	6.2.1	Complied
<b>Does the charity invest its reserves, including fixed deposits? (skip item 22 if "No")</b>			Yes
22.	The charity has a <b>documented investment policy</b> approved by the Board.	6.4.3	Complied
<b>Fundraising Practices</b>			
<b>Did the charity receive cash donations (solicited or unsolicited) during the financial year? (skip item 23 if "No")</b>			Yes
23.	All collections received (solicited or unsolicited) are <b>properly accounted for</b> and <b>promptly deposited</b> by the charity.	7.2.2	Complied
<b>Did the charity receive donations in kind during the financial year? (skip item 24 if "No")</b>			Yes
24.	All donations in kind received are <b>properly recorded</b> and <b>accounted for</b> by the charity.	7.2.3	Complied
<b>Disclosure and Transparency</b>			
25.	The charity discloses in its annual report – (a) the number of Board meetings in the financial year; and (b) the attendance of every governing board member at those meetings.	8.2	Complied
<b>Are governing board members remunerated for their services to the Board? (skip items 26 and 27 if "No")</b>			No
26.	<b>No</b> governing board member is involved in setting his own remuneration.	2.2	NA
27.	The charity discloses the <b>exact</b> remuneration and benefits received by each governing board member in its annual report.  OR The charity discloses that no governing board member is remunerated.	8.3	Complied



S/N	Code guideline	Code ID	Response
	<b>Does the charity employ paid staff? (skip items 28, 29 and 30 if “No”)</b>		Yes
28.	No staff is involved in setting his own remuneration.	2.2	Complied
29.	The charity discloses in its annual report – (a) the total annual remuneration for <b>each of its 3 highest paid staff</b> who each has received remuneration (including remuneration received from the charity’s subsidiaries) <b>exceeding \$100,000</b> during the financial year; and (b) whether any of the 3 highest paid staff also serves as a governing board member of the charity.  The information relating to the remuneration of the staff must be presented in bands of \$100,000. <u>OR</u> The charity discloses that <b>none</b> of its paid staff receives more than \$100,000 each in annual remuneration.	8.4	Complied
30.	The charity discloses the number of paid staff who satisfies all of the following criteria: (a) the staff is a close member of the family <sup>3</sup> belonging to the Executive Head or a governing board member of the charity; (b) the staff has received remuneration exceeding \$50,000 during the financial year.  The information relating to the remuneration of the staff must be presented in bands of \$100,000. <u>OR</u> The charity discloses that there is <b>no</b> paid staff, being a close member of the family <sup>3</sup> belonging to the Executive Head or a governing board member of the charity, who has received remuneration exceeding \$50,000 during the financial year.	8.5	Complied
<b>Public Image</b>			
31.	The charity has a <b>documented communication policy</b> on the release of information about the charity and its activities across all media platforms.	9.2	Complied

**Notes:**

- <sup>1</sup> Staff: Paid or unpaid individuals who are involved in the day-to-day operations of the charity, e.g. an Executive Director or Administrative personnel.
- <sup>2</sup> Volunteer: Persons who willingly give up time for charitable purposes, without expectation of any remuneration. For volunteers who are involved in the day-to-day operations of the charity, they should also abide by the best practices set out in the Code applicable to ‘staff’.
- <sup>3</sup> Close member of the family: Those family members who may be expected to influence, or be influenced by, that person in their dealings with the charity. In most cases, they would include:
  - That person’s children and spouse;
  - Children of that person’s spouse; and
  - Dependants of that person or that person’s spouse.



**FY2019/2020**

**FINANCIAL**

---

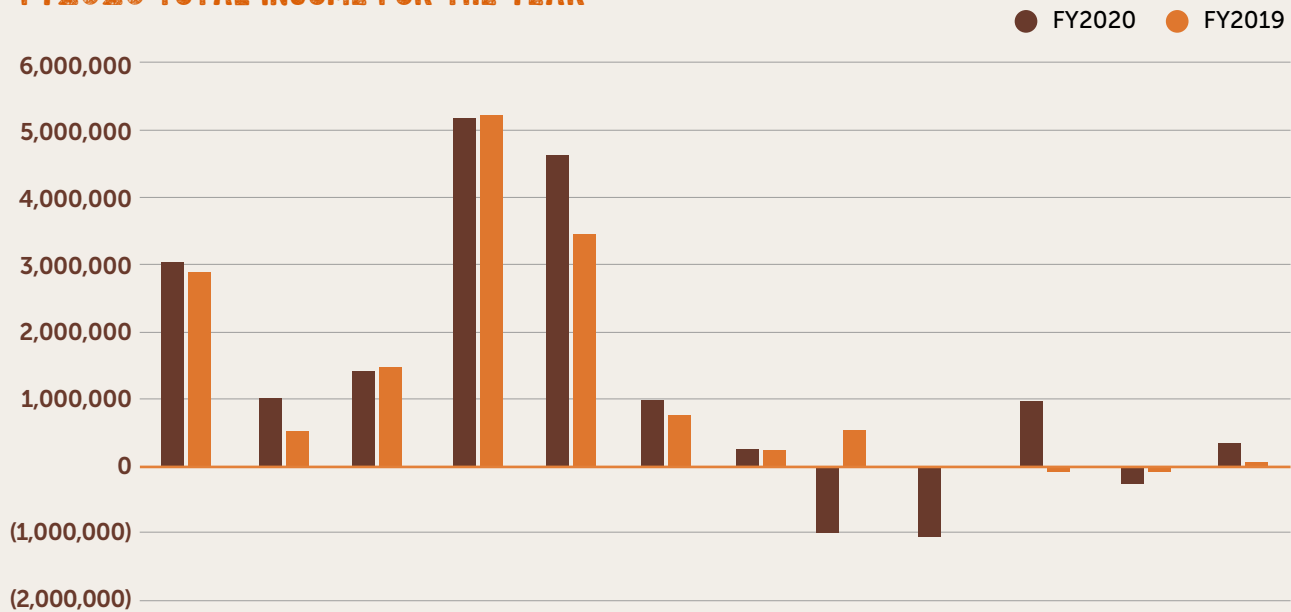
**HIGHLIGHTS**

---

# TOTAL INCOME FOR THE YEAR

	FY 2020	FY2019
Voluntary Income & Income from Fundraising Activities	3,024,467	2,881,705
Investment Income	996,873	504,209
Patients' Fees	1,394,966	1,457,043
Government Subvention Grant	5,155,726	5,211,932
Other Grants	4,612,909	3,441,754
Amortisation of Deferred Capital Grants	969,652	751,590
Others	233,411	224,959
Fair Value (Losses)/Gains on Financial Assets at FVTPL - Investments	(973,371)	526,773
Fair Value (Losses)/Gains on Financial Assets at FVTPL - Forward Exchange Contracts	(1,048,398)	5,994
Unrealised Foreign Exchange Gains/(Losses)	952,706	(19,292)
Realised Foreign Exchange Losses	(252,267)	(68,374)
Gains on Disposal of Financial Assets	334,612	48,045
	<b>15,401,286</b>	<b>14,966,338</b>

## FY2020 TOTAL INCOME FOR THE YEAR



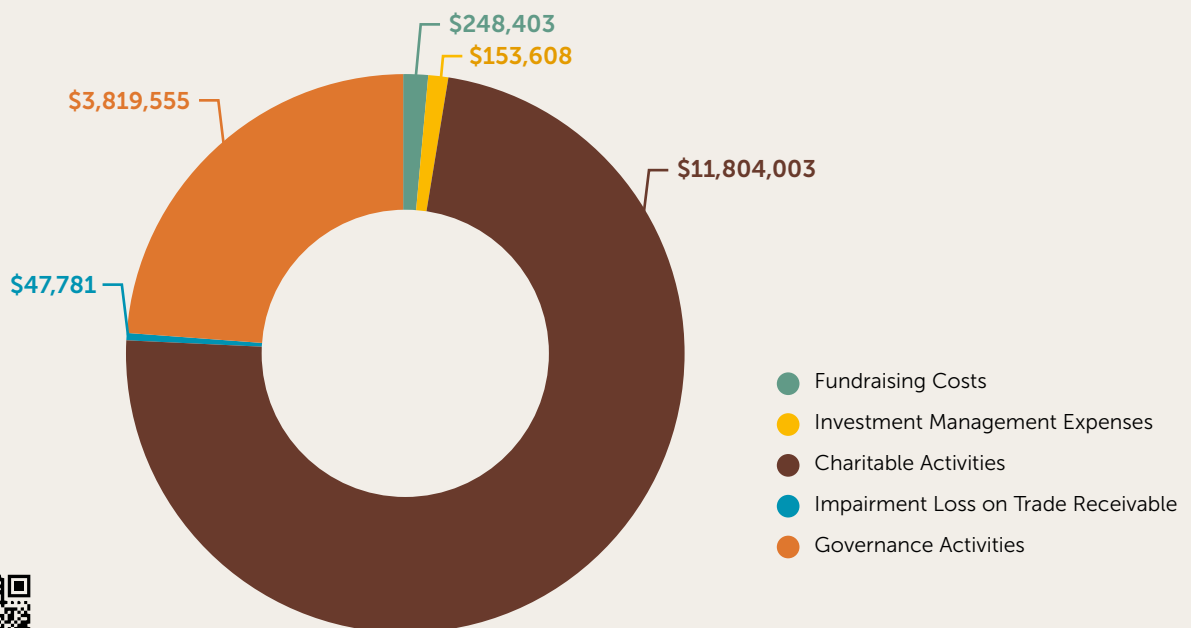
	Voluntary Income & Income from Fundraising Activities	Investment Income	Patients' Fees	Government Subvention Grant	Other Grants	Amortisation of Deferred Capital Grants	Others	Fair Value (Losses)/ Gains on Financial Assets at FVTPL- Investments	Fair Value (Losses)/ Gains on Financial Assets at FVTPL- Forward Exchange Contracts	Unrealised Foreign Exchange Gains/ (Losses)	Realised Foreign Exchange Losses	Gains on Disposal of Financial Assets
FY 2020	3,024,467	996,873	1,394,966	5,155,726	4,612,909	969,652	233,411	(973,371)	(1,048,398)	952,706	(252,267)	334,612
FY 2019	2,881,705	504,209	1,457,043	5,211,932	3,441,754	751,590	224,959	526,773	5,994	(19,292)	(68,374)	48,045



# TOTAL EXPENDITURE FOR THE YEAR

	FY 2020	FY2019
Fundraising Costs	248,403	204,194
Investment Management Expenses	153,608	134,195
Charitable Activities	11,804,003	11,137,838
Impairment loss on trade receivable	47,781	18,600
Governance Activities	3,819,555	2,872,896
	<b>16,073,350</b>	<b>14,367,723</b>

## FY2020 TOTAL EXPENDITURE FOR THE YEAR



Scan this QR code for full FY2019-20 Financial Report.

### Explanatory Notes

#### 1. Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Hospice which is the provision of inpatient and home care services to the terminally ill. The total costs of charitable expenditure include an apportionment of support costs.

#### 2. Governance activities

Governance activities comprise all costs attributable to the general running of the Hospice in providing the governance infrastructure and in ensuring public accountability. These costs include costs related to constitutional and statutory requirements, and include an apportionment of overhead and support costs.

The full set of audited financial statements can be downloaded from our website at [www.doverpark.org.sg](http://www.doverpark.org.sg).



# 对每 一个人的 承诺

名称: 托福园

文件类型: 年度报告

年:

2019

2020

**因为**  
**每一刻**  
**都很**  
**珍贵，**

即使在2019冠状病毒疾病的时期。

尽管面临着前所未有的挑战，我们护理的本质仍然保持不变。

我们将继续以不同的创新方式为病友及看护者提供最大的关怀和支持。



# 在这前所未 有的时期 团结一致

我们在逆境中团结一致、互相鼓励、互相支持。

为病友提供全程疗护是我们的口号。我们的多学科团队团结合作，为不同病程的病友提供所需的护理。



A healthcare worker in a blue scrubs and a light blue surgical mask is using a white non-contact thermometer to check the temperature of a patient. The patient is also wearing a light blue surgical mask. The healthcare worker has a blue lanyard with a badge around her neck. The background is a blurred white wall with some text.

# 在安全与 慈怀之间 取得平衡

我们适应变化，以在不断变化的疫情中  
维护病友的安全和福祉。



# 在保持正常 状态也同时 提供整体 疗护

我们对每一位病友的了解不仅仅局限于他们的疾病。在保持正常状态也同时设法使他们剩下的日子过得更有意义。





# 坚持到底

没有什么障碍是无法克服的。  
我们与病友一起经历生活的  
起起伏伏，使他们能够舒适  
而有尊严地度过最后的日子。



# 全心全意 做好每一刻

我们所做的一切都是发自内心的。  
我们以慈怀，与病友和看护者并肩而行，  
帮助他们克服不确定性，带给他们安慰。

# 内容

---

托福园的使命、愿景和核心价值观	90
主席寄语	92
执行总监寄语	94
适应2019冠状病毒(COVID-19)时期的变化	96
托福园临床计划和服务 以全人的方式提供慈怀疗护	102
统计数据 – 住院护理、居家护理、 “尊严计划”、日间护理	110
病友故事 – 陈玉泉先生	118
托福园研究与培训 推进病友疗护的循证研究	120
病友故事 – Kathappan s/o Muthu先生	130
社区参与 建立一个关怀与支援的社区	132
病友故事 – 陈名旭先生	136
2019-20 财年 财务摘要	138



## **我们的使命**

**不论年龄、种族或宗教信仰，为患有晚期疾病的病友提供舒适、症状缓解和慈怀疗护，并对悲伤的家人提供支持。**



# 我们的愿景

成为卓越的慈怀疗护服务、  
培训和研究中心。

# 我们的核心价值观

卓越、团队合作和富有慈怀的看护。



# 主席寄语



作为新加坡首个专门设立的慈怀疗护医院。最初由义工发起的一项倡议，给予患有生命限制性疾病的病友安慰和尊严，如今已经取得了长足的进展。多年来，我们的执行委员会和管理委员会在掌舵方面发挥了重要的角色；制定良好治理和可持续财政增长的原则和最佳实践。我很荣幸地与你们分享，我们在2019年获得了Charity Transparency Award，这对我们在管理和财政透明度和良好治理实践方面是一贯努力的肯定。

今年5月，我们举行了年度执行委员会与管理委员会务虚会检讨了我们的策略计划，对其重新调整以应对不断变化的医疗保健环境和人口老龄化的需求，包括虚弱与非癌症临终或慢性疾病的病患。

## 扩展居家护理服务

今年1月，我们已将2014年开始试行的“尊严计划” (Programme Dignity)，这也是新加坡首项于晚期失智症临终慈怀居家护理计划，综合于我们的居家护理服务，提供免费服务。

我们也将于今年8月与陈笃生医院展开非癌症末期病患综合管理及慈怀疗护计划 (Programme IMPACT)，将居家护理服务延伸至末期器官衰竭病患。

在研究方面，我们在2019年6月获得了护联中心 (AIC) 的中长期护理 (ILTC) 研究拨款，以促进我们的居家护理病友与其最终护理的设置特征相关的研究。

## 开设日间护理中心

在2019年10月30日，卫生部高级政务部长许连碯博士出席了我们的日间护理中心开幕。这是为病友提供额外的选择，让他们可以挑选他们最终护理的设置例如继续留在家中，同时也使看护者继续就业或得有喘息护理。



## 应对2019冠状病毒(COVID-19)疫情

慈怀疗护服务在最佳时机资源不足。随着冠状病毒，提供安全及有效的临终关怀也变得更加重要和困难。

在冠状病毒的冲击下，我为临床团队和非临床团队的敬业精神感到骄傲和感激。他们欣然承担更多的责任，并迅速适应冠状病毒的发展，为我们的病友做好安全预防措施。

我很欣慰得知团队是如何有创意地开展工作的；通过科技帮助病友和家属保持联系，在病友床前继续进行复建治疗；庆祝不同的节日等等，目的只有一个 - 让我们的病友及其家属的每一刻都很珍贵。

## 冠状病毒(COVID-19)之后

由于冠状病毒的情况不确定，我们在前进的道路上必须更加创新。随着远程办公和虚拟会议成为新常态，我们将需要重新思考我们与主要伙伴合作的方式，加强关系，推进我们的使命。虽然我们需要适应新常态，但更重要的是，我们需要改造我们的运作方式，以在冠状病毒之后提供更高效率的慈怀疗护。

随着我们搬迁到我们的新家 - 诺维娜“健康城”(HealthCity Novena)综合疗护中心的日期日益临近，我们加强了我们的设施和资源，以照护更多的病友。我们也提升了人力资源、财务和新的日间慈怀疗护模块。除了系统，我们还支持员工通过硕士和研究课程提升自己的技能，以更好地照护我们的病友和增强我们的业务能力。我们很荣幸地获得2019年“技能创前程雇主奖”(SkillsFuture Employer Award 2019)，成为今年榜单中唯一的非营利机构。随着系统和人员的增强，我相信我们已做好了准备。

回顾我担任管理委员的11年里，我深信，如果没有员工的承诺、决心、专业精神和爱心，以及众多义工、捐助者和社区伙伴的大力支持，我们的工作是无法完成的。我确信，在这场大流行病之后，我们将变得更加强大和灵巧。

今年的年报主题以冠状病毒为中心，展示了我们临床和非临床团队的勇气、毅力和坚持不懈的精神，同时也不忘我们的义工和捐助者的贡献。我们也希望大家能通过病友的故事和不屈不挠的精神而鼓舞。

在此，我谨向所有工作人员、义工、捐助者、社区伙伴、合作伙伴和执行委员会与管理委员致以最深的谢意，特别在如此困难的时刻，感谢你们在过去一年的团体努力和坚定的支持。我们期待有更多有意义的合作，以加强对病友的疗护，帮助他们度过最后的时光。



周永明  
主席

# 执行总监 寄语



2019年是个忙碌但充实的一年。2019年10月，日间护理的开业是我们一个重要的里程碑，随着服务的扩展，为我们的病友在疾病的不同病程中提供整体和无缝的慈怀疗护。通过我们的住院、居家和日间护理，以确保我们的病友和看护者在不同的护理环境中，得到最好的支持和疗护。看护者所扮演的重要角色，我们的日间护理强调于给看护者喘息护理，支持他们24小时照顾亲人。

## 促进研究

我们很感激收到了已故的陈联卿夫人的遗产捐赠80万元，成立陈联卿慈怀疗护研究基金，支持慈怀疗护的研究，使我们能够更好地为病友和看护者提供循证研究的知识和实践，这也对疗护和制定政策有很大帮助。

## 认可卓越

我们敬业的临床工作人员继续发挥各自的角色，在此再次祝贺他们获得多项奖项和荣誉，如社区疗护人力发展奖、仁心奖和护士优秀奖。我还要表扬我们的护士，她们不断的提升自己。今年，我院有4名护士从护理文凭和学位课程毕业。



## 2019冠状病毒(COVID-19)时期的 慈怀疗护

尽管医疗保健系统受到冠状病毒的打击，慈怀疗护的重点并没有改变。它仍然是一个以“整体性”的模式，涵盖医疗上、社会心理上、情感上、社交上和精神上的疗护，但使用不同的和有创造性的方法接触与病友互动，并继续提供感染控制和安全措施的基本疗护。

今年2月我们实施了一些预防措施时，我们面临的挑战是在重病病友的安全和关怀之间取得平衡。探视时间的缩短，在这个极具挑战性的时刻，与病友和痛失亲人的亲属的对话变得比以往更难。

为了应对这些挑战，我们的临床团队创新地利用技术，如通过视频通话连接病友及其家属。我们的音乐治疗师也会与一些病友通过视频通话进行治疗。在某些情况下，我们还促成了相互想念的义工与病友之间在无法见面的时期进行视频通话。

鉴于安全距离的要求，我们取消了义工活动和暂停了户外活动。尽管如此，我们的康复团队还是继续维持院里的一切运作，把“花园搬迁到病友的床位”，让他们精神振奋，克服了病友活动的限制。义工们也继续通过收集材料、制作治疗视频、制作卡片、远程交友和虚拟宠物治疗等方式让我们的病友参与。

我们的居家护理团队也开始了远程医疗，在保证疗护连续性和病友与团员的安全的前提下，对非危急病例采用视频会诊。

### 适应新常态

这场危机是全球性的，我们没有一个人不受影响。虽然这场大流行病对我们的打击出乎意料，但它也给了我们机会，让我们重新审视、重新评估和重组我们的工作方式。它使我们在这个困难时期，以创新的思维方式，打破常规，更好地照顾我们的病友和看护者。最重要的是，全体团队团结一致，共度难关，变得更加强大和团结。

疫情的爆发也不可避免地给我们的主要募捐工作和义工活动带来了许多挑战。但是，我们欣喜地看到，人们迅速地凝聚起对弱势群体的帮助，并以各种方式向前线人员表示感谢和打气。我们也尝试做更多的网上捐款呼吁和活动。

在我们的工作中，我们非常感谢个人、社区伙伴和企业伙伴的大力支持，为我们捐赠了口罩、午餐和爱心包。

虽然冠状病毒的形势依然不明朗，但我们依然坚定不移地为病友提供优质的疗护服务，在新常态来临之际，加强对他们的疗护，共同度过这不确定性的时期。



廖泉添  
执行总监



**适应2019  
冠状病毒  
(COVID-19)  
时期的变化**



自2020年1月，2019冠状病毒疫情发生以来，托福园随着冠状病毒的发展，实施预防措施，确保病友、访客和工作人员在疫情中的安全和福祉。

我们的筛查小组由非临床同事组成，承担起筛查工作，而我们的临床同事则维持一切运作状态，在分组工作的同时，通过有创意的方式为病友提供护理，将活动带到病友的床前和使用科技让他们与亲人保持联系。

“  
**我们仍然坚定不移地  
为病友提供最好的  
疗护，让每一刻都  
变得珍贵。**

”

由于我们临终关怀医院的所有义工活动都被取消，我们敬业的义工们通过他们制作的视频继续地为我们的病友带来微笑。

虽然冠状病毒形势不明朗，但在新常态下，我们仍然坚定不移地为病友提供最好的疗护，让每一刻都变得珍贵。

二月初，托福园翡翠组的两位义工代表向我们的病友分发了礼品袋和桔子，庆祝春节。

在团队的分组安排，我们的音乐治疗师在母亲节当天，通过音乐治疗和医疗社会工作者的协助下，与我们的病友，已故的 Yap Hai Peng 先生一起为他的妈妈录制演唱了一首《世上只有妈妈好》。



我们的护士派发了由诺维娜邻里委员会赠送给病友的礼品袋和桔子。



通过“花之力”计划，我们的社工及社会心理服务团队折叠纸花给我们的病友和同事，为托福园增添欢乐和活力。



一位已故住院病友 Kua Thuan Hock 先生在我们的职业治疗师的协助下，在床前沉浸在园艺的乐趣中。



我们的大使 Gurmit Singh 通过一段感人的视频顾励并感谢托福园员工的无私的贡献。鼓励并感谢托福园员工的无私的贡献。

我们的朋友和合作伙伴慷慨地捐赠了关怀包和礼品袋，例如口罩、口罩钩、洗手液和赞助便当。



我们的义工们制作了一段温馨的视频，把欢乐带给同事们。



为庆祝母亲节，我院护士分发由我们的义工特别制作的手工卡片给病友。



疫情爆发所设立的筛查站。

为了在冠状病毒期间照顾我们的病友和看护员，  
我们的居家护理团队在护联中心的支持下，  
于 2020 年 5 月为 17 名稳定的居家护理和“尊严  
计划”病友开展了一项远程医疗咨询计划。



我们在 2020 年 5 月对全体员工进行了第一项冠状病毒拭子采集。这是一项全国性医护人员的冠状病毒测试。



不同病区的病友通过视频会议一起制作粽子来庆祝  
端午节。







托福园临床  
计划和服务

**以全人的方式**  
**提供慈怀疗护**

每个病友都是独一无二的，在疾病的不同阶段有着不同的需求。因此在托福园，我们与病友在不同的病程中共度难关，确保他们在最后的日子里获得持续的疗护。

慈怀疗护不仅仅照顾病友身体上的需求。它采用“整体性”模式，全面照顾病友在身体、心理、情感和精神等多个方面的健康。我们的多学科团队包括医生、护士、医疗社工、物理治疗师、职业治疗师、语言治疗师、艺术与音乐治疗师以及药剂师等，共同为每位病友制定个人化的疗护计划。我们意识到，病友、其家人和亲人是不可分割的整体，对病友的关怀也应包括对其亲人的支持。因此，我们与看护者积极合作，强化他们的看护能力，帮助他们掌握必要的技能和知识。

作为综合性的慈怀疗护服务机构，我们将继续致力于提升我们的能力与规模，并继续扩大社区合作伙伴联系（例如担任我们客座顾问的医院专科医生和我们的义工团队），来照顾更多有慈怀疗护需求的人。

随着我们为病友提供疗护服务的规模不断扩大，尊重和维护他们的尊严始终是我们的主要宗旨。

### 住院疗护

随着病情的恶化，一些晚期疾病病友可能会面临越来越多的症状，如疼痛、呼吸困难等，这使他们无法在家中得到所需要的照顾。许多人因急性功能衰退而入院。通过临终关怀医院的疗护，预后不足3个月的病友可获得24小时医疗和护理，加上由我们的慈怀复健和社会心理护理团队提供的补充疗护，可确保他们及其看护者也能够获得心理和情感上的支持，从而提高其生活质量。部分病友在症状稳定且其看护者接受过适当培训后，就可以出院回家。自2020年4月起，预后不足一年的病友可获得一个月以内的短期住院疗护。

### 居家护理

大多数预后有限的病友都希望自己能在家中接受护理。根据我们的经验，许多人在熟悉的环境和亲人的陪伴下可获得慰藉。为了实现晚期疾病病友（预后不到一年）在家中度过余生的愿望，我们的居家护理团队在提供医疗和护理的同时，也为看护者提供照顾病友所需的护理知识和培训。

为了配合全国对提升社区支援的重视，托福园居家护理使用社区的服务和资源，为病友提供物质和财务支援。由于资助护理服务和某些仪器贷款主要基于家庭收入，因此，我们也协助病友和看护者了解及使用适合的经济援助计划来购买护理用的消耗品。在某些情况下，我们也帮助低收入家庭寻求募集护理设备和消耗品。

除了支援他们在经济和情感上的需要外，我们的社会心理团队也提供联系服务，将社会隔离的年长病友和看护者与社区伙伴联系起来，以增强他们的社会支持。这有助于为看护者提供持续性社会联系，并帮助其获得喘息机会。

## “尊严计划”

由于意识到快速增长的晚期失智症病友在慈怀疗护方面的需求及其重要性，我们在2014年开始试行“尊严计划”，专门为晚期失智症病友提供综合性居家护理。

该计划由陈笃生医院慈怀疗护高级顾问Allyn Hum医生和一组老年医学专家及慈怀疗护医生牵头，旨在帮助晚期失智症病友及其看护者在熟悉的环境中得到妥善照顾。由于有些病友无法表达自己的需求，因此该团队为病友制定了个人化的护理计划，教导看护者如何处理呼吸困难、疼痛等症状，并观察病友是否存在不适迹象。

一项针对该计划的公开研究表明，病友的生活质量得到全面改善，医疗服务的使用率降低，住院治疗和急诊室就诊的次数有所减少。而那些需要住院的病友在加入“尊严计划”后，通常会缩短其住院时间。自从推出了“尊严计划”，病友的疼痛有所减少，精神方面问题的发生率也降低了。

该计划已成为晚期失智症病友的循证护理模式，其相关研究屡获殊荣，研究成果多次在国际医疗期刊上发表。

## 日间护理

由于基础疾病的原因，晚期疾病病友可能会与社会隔离，并且长期待在家里也会使身体状况恶化。因此我们的日间护理为病友提供了另一种选择，让他们能够在家外、一个不同但安全的环境中参加社交和治疗活动，从而改善他们的社会心理和身体健康。这是通过一系列的个人和小组课程来实现，此类课程涉及艺术和音乐治疗以及物理和职业治疗。在义工的帮助下，我们还定期组织麻将、棋牌游戏、园艺等休闲活动，来促进病友的社会交往。我们尽心尽责的医生和护士团队也积极主动地监测和管理病友的症状。此外，我们还通过定期举行的多学科会议，共同制定疗护计划，为病友设立护理目标。

看护者在照顾病友的过程中扮演着重要角色。我们日间护理服务的特别之处就在于能够提高看护者的参与度，为看护者提供短暂的休息并满足他们的需求，从而帮助他们更好地应对日常护理工作的压力。

## 我们的多学科团队

### 医疗、护理和药学团队

我们的医疗团队均由专业的慈怀疗护医生带领。我们与医院的病友管理专家密切合作，帮助我们的病友能够在医院、日间护理、住院临终关怀和家中等各种环境中及时进行转运和接受疗护。

我们的药学团队包括一名全职药剂师和一名药剂师助理。他们参与病友疗护，可以确保采用最佳的药物治疗方法。此外，他们也参与操作实践的改进，从而最大限度地减少用药错误。这些改进措施已在药品标签、药房和病房区的库存管理等方面得到推广。此外，药剂师在提供整体临床疗护方面也发挥着积极作用，他们在病友入院和出院时提供与药物有关的信息，并对病友的药物进行调整。

护理不仅是我们的医疗保健的基础，也是慈怀疗护的重要组成部分。我们接受过慈怀疗护训练的护士除了承担监测病友、管理疼痛、施用药物和提供个人疗护等主要职责外，也安慰病友及其家属、减少他们因疾病而产生的恐惧和焦虑。



作为新加坡的慈怀疗护培训中心，我们的医生和护士团队在新加坡的慈怀疗护教育领域扮演着重要角色。透过内部培训，我们不仅在能力建设方面确保护理标准，而且倡导最佳实践，并积极对晚期疾病病友进行疗护。同时，我们的医疗护理领导者也是国家工作组的成员，为制定政策提供建议并引领变革。

### 社会工作和社会心理服务

我们的社会工作和社会心理服务团队由医疗社会工作者、艺术治疗师、音乐治疗师和护理协调员组成，通过病例管理，为病友提供生理、心理、社交和精神等多方面的支持。我们与慈怀复健团队紧密合作，举办“Namaste Care”等活动，使用爱的触动和平静的环境，与病友建立联系，以缓解其压力和紧张情绪。在托福园，我们广受欢迎的“Lim Kopi”活动以典型的咖啡店体验带给了我们的病友欢乐，让他们回忆起生活中值得怀念的时光。此外，我们的艺术和音乐治疗师也选用“Art Studio”和“Musik-Inc”等平台，鼓励病友表达自己的情感或回忆生活中的重要事件。通过这些活动，我们帮助病友及其家属留下永恒的记忆。

慈怀疗护并不止于病友去世的那一刻，而是在这种困难时期继续为家属提供情感和丧亲支持。通过托福园的“玫瑰缅怀”活动，我们为家属提供了一个平台，让他们用美好的回忆来颂扬和纪念他们已故的亲人。

### 慈怀复健

在临终疗护期间保持病友的活动能力和独立性，对于提高病友的自尊心和维护其尊严至关重要。我们的复健团队由物理治疗师和职业治疗师组成，通过疼痛、疲劳、食欲不振等症状以及帮助加强病友的活动能力和增加活动范围，使病友尽可能地保持独立性，从而对他们的情绪产生积极影响。这能够帮助他们

实现最后的愿望，例如外出郊游，或是能够坐起来和家人共同进餐，让他们最后时光变得别具意义且难以忘怀。

“

**随着我们为病友提供疗护服务的规模不断扩大，尊重和维护他们的尊严始终是我们的主要宗旨。**

”

# 年度亮点

# 1

## “2020年仁心奖” (HEALTHCARE HUMANITY AWARD 2020)

住院医生Martin Lee、居家护理团队资深护士长Ang Boon Yang 和我们的义工Muhammad Agus bin Othman荣获“2020年仁心奖”。该奖项旨在表彰为病友和年长人士提供关怀和安慰付出额外心力的优秀医护人员、看护者和义工。

# 2

## “2019年护士优异奖” (NURSES' MERIT AWARD 2019)

2019年7月17日，护士Lydia Quah Mei Hwei 荣获“2019年护士优异奖”，该奖项旨在表彰在过去三年中所表现突出，积极参与专业发展，并为促进护理专业发展做出贡献的护士。



# 3

## “2019年社区护理人力资源发展奖” (COMMUNITY CARE MANPOWER DEVELOPMENT AWARD 2019)

在2019年9月18日举行的“2019年社区护理人力资源发展奖”颁奖典礼上，我们的执行总监Timothy Liu和其他三名员工从颁奖嘉宾卫生部高级政务部长Amy Khor博士手中接过奖项。来自居家护理部门的高级护士Muhammad Ikliluddin目前正在科廷大学(新加坡) Curtin University (Singapore) 兼职攻读理科学士(护理学)学位课程。住院护理部的高级护士Me Me Oo已完成了义安理工学院 (Ngee Ann Polytechnic) 的慈怀疗护专业文凭课程。高级物理治疗师Roxanne Foo也获得了该奖项，她目前正在伦敦国王学院(King's College London)攻读慈怀疗护学硕士学位。



# 4

## 托福园日间护理中心的开幕典礼



2019年10月30日，卫生部高级政务部长Amy Khor博士正式为我们的日间护理中心正式开业，标志着我们另一个里程碑。来宾们参观了中心的日间护理设施，也观看了我们展示的日间护理活动。除了以社交为基础的活动外，日间护理还将提供治疗与复健，以兼顾病友的生理和心理需求。

# 5

## 高级执业护士SYLVIA LEE 顺利完成“全国医护协作处方计划课程”(NATIONAL COLLABORATIVE PRESCRIBING PROGRAMME)



高级执业护士 (Advanced Practice Nurse) Sylvia Lee顺利完成了由新加坡国立大学Alice Lee护理研究中心和药理学系联合开办的“全国医护协作处方计划课程”，并于2019年11月20日参加了毕业典礼。这项为期14周的课程帮助高级执业护士和药剂师掌握执业所需的技能，即依据与医生签订的 Collaborative Practice Agreement 开具药物。高级执业护士Sylvia Lee 与新加坡慈怀理事会主席Angel Lee 医生与托福园医疗主任Ong Wah Ying 医生也成为了新加坡卫生部 Community Collaborative Prescribing Subcommittee，该委员会负责管理高级执业护士在慈怀疗护社区环境中开具药物的合作处方社区框架。此外，托福园顾问兼居家护理主管Yee Choon Meng医生是该合作医生。



# 6

## 护理专业毕业

住院部的高级护士Me Me Oo和护士Roi Lai已顺利完成慈怀护理专业文凭课程，而居家护理部的高级护士Elaine Yip也完成了慈怀疗护护理专业高级文凭课程。这些课程由义安理工学院(Ngee Ann Polytechnic)、托福园以及新加坡国立癌症中心合作开办。此外，住院部的高级护士Mirza Abdul Halim Rafi也已完成科廷大学(新加坡) Curtin University (Singapore)的理学士(护理学)课程。

# 7

## “IMPACT计划”

托福园居家护理团队正与陈笃生医院谈论，将于2020年8月继续实施“IMPACT计划”(Programme IMPACT)(针对非癌症末期病友的综合管理及慈怀疗护计划)。“IMPACT计划”是陈笃生医院于2017年开始实施的一项持续性居家护理服务，旨在照顾终末期器官衰竭的病友。

# 8

## “尊严计划”

“尊严计划”是新加坡首项专门为晚期失智症病友提供的慈怀疗护居家护理计划，并于2020年1月与托福园居家护理计划综合。该计划于2014年10月开始试行，帮助晚期失智症病友在家里熟悉的环境中得到特别照顾，截至2020年6月30日已照顾了近590名病友。

自2018年，“尊严计划”的学习要点已转化为在新加坡和泰国孔敬进行的Geri-Pall研讨会，旨在为医疗、医疗护理的专科医生、顾问和医疗服务提供者提供关于如何护理晚期失智症病友的指导。

# 9

## “心灵护理入门”讲座

2019年11月21日，多位宗教领袖参加了“心灵护理入门”讲座，他们在活动中积极交流，讨论如何共同努力地支持病友心灵方面的需求。此外，他们还分享了如何帮助病友和看护者识别以及应对心灵上的困扰。

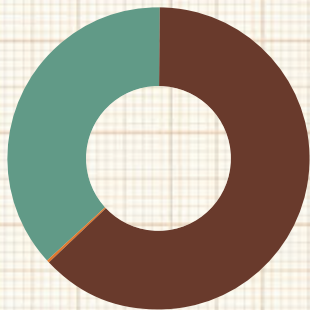
# 10

## 慈怀复健服务

为了满足对慈怀复健服务日益增长的需求，我们加强了慈怀复健团队，聘用了在慈怀日间护理方面拥有丰富经验的高级首席职业治疗师 Grace Sim。

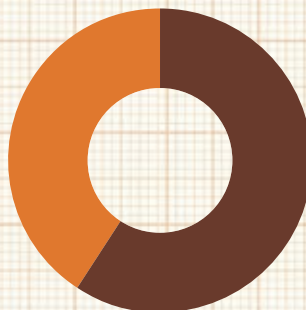


# 住院护理



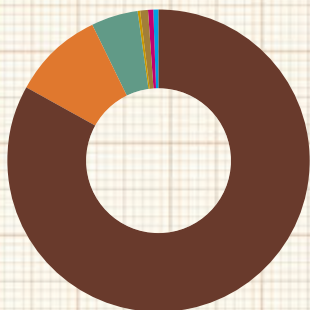
## 转介

入院 (63.0%)	355
拒绝 (0.2%)	1
撤回 (36.8%)	207
<b>总计</b>	<b>563</b>



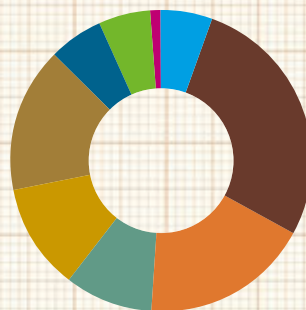
## 性别

男性 (59.4%)	211
女性 (40.6%)	144
<b>总计</b>	<b>355</b>



## 种族

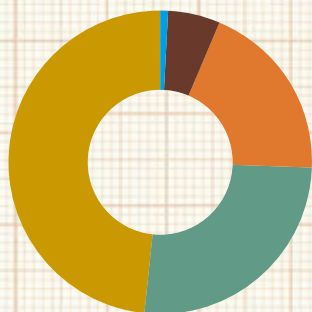
华人 (83.0%)	295
马来人 (9.8%)	35
印度人 (5.1%)	18
波亚尼人 (0.3%)	1
锡克人 (0.9%)	3
欧亚人 (0.6%)	2
菲律宾人 (0.3%)	1
<b>总计</b>	<b>355</b>



## 住院时长

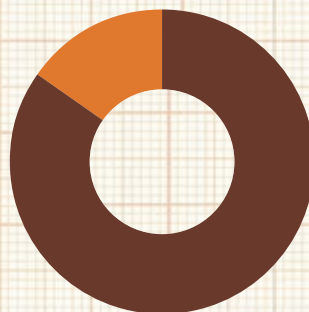
不到1天 (5.6%)	20
1-7天 (27.6%)	98
8-14天 (18.0%)	64
15-21天 (9.3%)	33
22-30天 (11.5%)	41
31-60天 (15.5%)	55
61-90天 (5.9%)	21
90天以上 (5.6%)	20
2019财年结束时尚未出院 (0.9%)	3
<b>总计</b>	<b>355</b>
<b>平均</b>	<b>28</b>





**年龄组**

20岁以下 (0%)	0
20 - 45岁 (0.9%)	3
46 - 55岁 (5.6%)	20
56 - 65岁 (19.2%)	68
66 - 75岁 (26.2%)	93
75岁以上 (48.2%)	171
<b>总计</b>	<b>355</b>



**确诊病情**

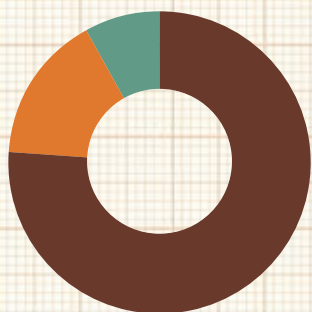
癌症 (84.8%)	301
非癌症 (15.2%)	54
<b>总计</b>	<b>355</b>

**转介来源**

医院	423
社区医院和疗养院	19
托福园居家护理 / 尊严计划	99
其他居家护理	20
其他	2
<b>总计</b>	<b>563</b>

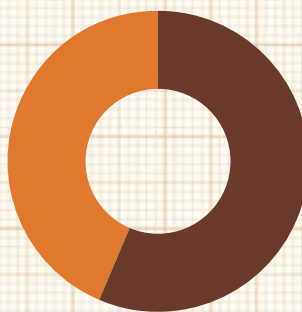


# 居家护理



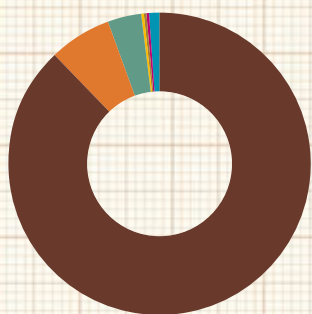
## 转介

入院 (76.2%)	342
拒绝 (15.8%)	71
撤回 (8.0%)	36
<b>总计</b>	<b>449</b>



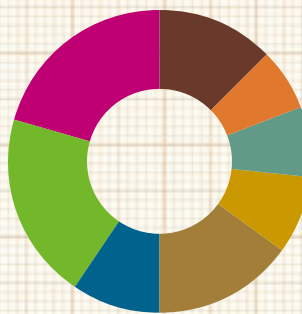
## 性别 (入院)

男性 (56.4%)	193
女性 (43.6%)	149
<b>总计</b>	<b>342</b>



## 种族 (入院)

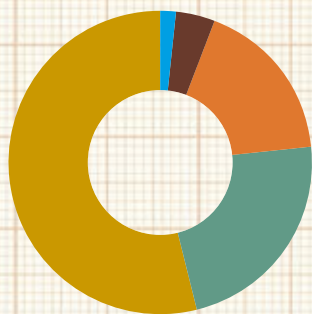
华人 (88.0%)	301
马来人 (6.4%)	22
印度人 (3.8%)	13
锡克人 (0.3%)	1
爪哇人 (0.3%)	1
欧亚人 (0.3%)	1
其他 (0.9%)	3
<b>总计</b>	<b>342</b>



## 住院时长 (入院)

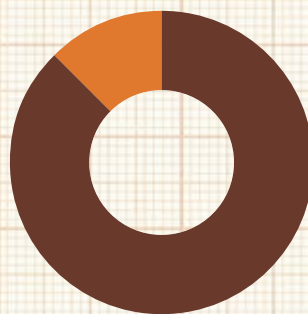
不到 1 天 (0%)	0
1 - 7 天 (12.6%)	43
8 - 14 天 (6.7%)	23
15 - 21 天 (7.6%)	26
22 - 30 天 (8.2%)	28
31 - 60 天 (14.9%)	51
61 - 90 天 (9.6%)	33
90 天以上 (19.9%)	68
2019 财年结束时尚未出院 (20.5%)	70
<b>总计</b>	<b>342</b>
<b>平均</b>	<b>84</b>





**年龄组 (入院)**

20岁以下 (0%)	0
20 - 45岁 (1.8%)	6
46 - 55岁 (4.1%)	14
56 - 65岁 (17.5%)	60
66 - 75岁 (22.8%)	78
75岁以上 (53.8%)	184
<b>总计</b>	<b>342</b>

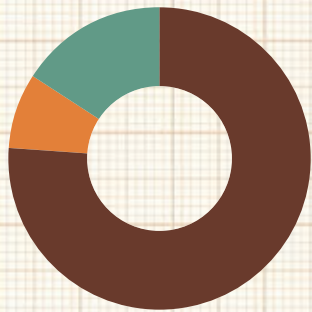


**确诊病情 (入院)**

癌症 (87.7%)	300
非癌症 (12.3%)	42
<b>总计</b>	<b>342</b>

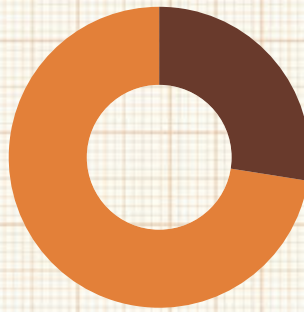


# 尊严计划



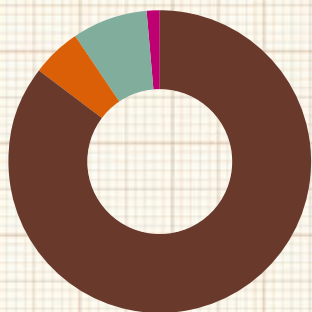
## 转介

入院 (63.9%)	76
拒绝 (10.1%)	12
撤回 (26.0%)	31
<b>总计</b>	<b>119</b>



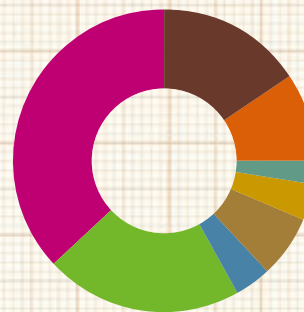
## 性别 (入院)

男性 (27.6%)	21
女性 (72.4%)	55
<b>总计</b>	<b>76</b>



## 种族 (入院)

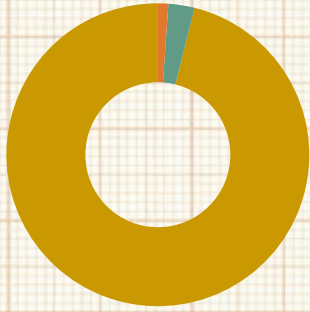
华人 (85.5%)	65
马来人 (5.3%)	4
印度人 (7.9%)	6
欧亚人 (1.3%)	1
<b>总计</b>	<b>76</b>



## 住院时长 (入院)

不到 1 天 (0%)	0
1 - 7 天 (15.8%)	12
8 - 14 天 (9.2%)	7
15 - 21 天 (2.6%)	2
22 - 30 天 (3.9%)	3
31 - 60 天 (6.6%)	5
61 - 90 天 (3.9%)	3
90 天以上 (21.0%)	16
2019 财年结束时尚未出院 (36.8%)	28
<b>总计</b>	<b>76</b>
<b>平均</b>	<b>108.4</b>

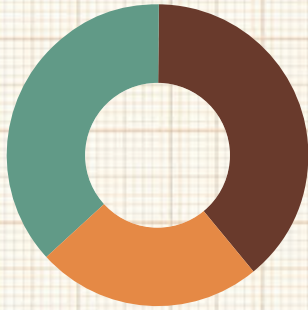




年龄组 (入院)	
20 岁以下 (0%)	0
20 - 45 岁 (0%)	0
46 - 55 岁 (0%)	0
56 - 65 岁 (1.3%)	1
66 - 75 岁 (2.6%)	2
Above 75 (96.1%)	73
<b>Total</b>	<b>76</b>

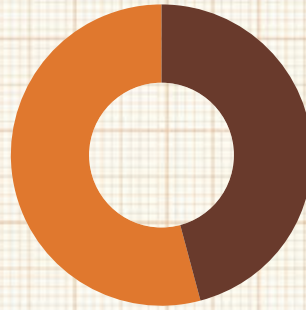


# 日间护理



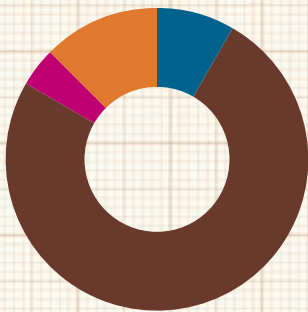
## 转介

入院 (38.7%)	24
拒绝 (24.2%)	15
撤回 (37.1%)	23
<b>总计</b>	<b>62</b>



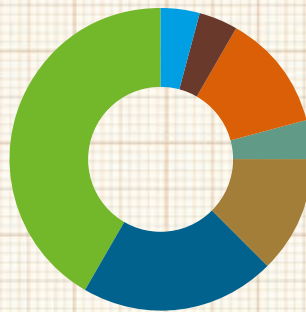
## 性别

男性 (45.8%)	11
女性 (54.2%)	13
<b>总计</b>	<b>24</b>



## 种族

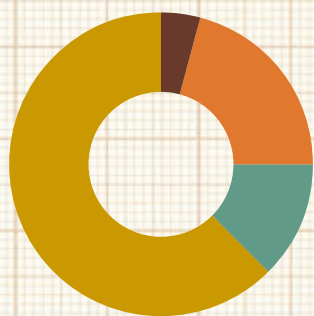
波亚尼人 (8.3%)	2
华人 (75.0%)	18
欧亚人 (4.2%)	1
马来人 (12.5%)	3
<b>总计</b>	<b>24</b>



## 住院时长

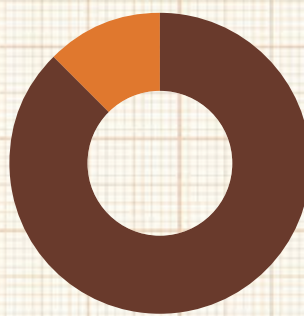
不到1天 (4.2%)	1
1 - 7天 (4.2%)	1
8 - 14天 (12.5%)	3
15 - 21天 (4.2%)	1
22 - 30天 (0%)	0
31 - 60天 (12.5%)	3
61 - 90天 (20.8%)	5
90天以上 (41.7%)	10
2019 财年结束时尚未出院 (0%)	0
<b>总计</b>	<b>24</b>
<b>平均</b>	<b>93</b>





**年龄组**

<b>20 岁以下 (0%)</b>	0
<b>20 - 45 岁 (0%)</b>	0
<b>46 - 55 岁 (4.2%)</b>	1
<b>56 - 65 岁 (20.8%)</b>	5
<b>66 - 75 岁 (12.5%)</b>	3
<b>75 岁以上 (62.5%)</b>	15
<b>总计</b>	<b>24</b>



**确诊病情**

<b>癌症 (87.5%)</b>	21
<b>非癌症 (12.5%)</b>	3
<b>总计</b>	<b>24</b>



# 慈父孝子

---

# 一生一世

---

陈玉泉先生





2018年初，59岁的陈玉泉先生被确诊为肝癌，然而他却对这个消息并不完全感到震惊。

陈先生的家族有肝癌病史，几年前他的母亲和弟弟都因肝癌去世。他也长期患有肝炎和肝硬化。陈先生相信“祸不单行”的说法，觉得自己很倒霉，因为他还受到其他健康问题的困扰，之前的5年里他已经做了3次大手术。

陈先生家庭美满，有两个已成年的子女。他曾经是一个成功的生意人，经营着一家拥有约30名员工的按摩店，提供传统的泰式按摩服务。然而，由于营业成本不断攀升，他在大约10年后被迫关门，此后做起了按摩师。

在医生的建议下，陈先生接受了切除肿瘤的手术。他以为自己已经脱离了危险，然而，却在半年后的一次扫描发现癌症又复发了，他不得不接受化疗。几个月后的再次扫描显示，癌症已经扩散。这一次，医生告知他的预后是两个月。

听到这个消息后，陈先生深感伤心失望，并且选择回家。他的妻子是一位尽心尽责的看护者，一直在他身边提供情感支持，以及悉心照顾他。但是，当她上班的时候，家里没有人陪陈先生。因此，她只能依靠闭路电视摄像头来照看他。

陈先生于2019年10月开始接受我们居家护理团队的照顾。我们的护士和医疗社工经常去看望他，以监测他的病情和控制他的症状，并给陈太太一些如何在家照顾他的建议。

大约一个月后，陈先生的病情进一步恶化。对陈太太来说，要照顾他也越来越困难，于是我们的居家护理团队建议他住进我们的慈怀疗护医院。作为慈怀疗护医院的义工，陈太太也认为他应该接受24小时的住院疗护。然而，陈先生却执意要在家度过最后的日子。为了尊重陈先生的意愿，我们的居家护理团队继续照顾他，并在陈太太需要时随时提供帮助。我们的医疗社工还安排了一名护士在晚上协助照顾陈先生。

尽管在去世前的几个星期里，陈先生相当痛苦，但他从不抱怨，坚守信念。作为一名虔诚的道教信徒，他已经接受了自己的病情，也只希望不要成为家人的负担。他的最后一个愿望是到泰国去拜访一位受人尊敬的僧人，但他当时已经很虚弱，无法出国旅行。

陈先生还希望在去世前，将先父的龛位安排到骨灰堂内与视线齐平的更好位置。父亲去世时，他无法负担这些，因此这些年来，他深深地感到悔恨。然而，在安排好这一切后，他觉得自己的心态更加平和了。

陈先生也表示希望参加女儿的婚礼，所以我们的居家护理团队为他安排了一辆轮椅。在他去世前两个星期，他非常开心还能出席在新加坡举行的婚宴。

2019年11月17日，就在女儿前晚在马来西亚举行婚宴后几个小时，陈先生在家中安详离世。虽然他没能出席，但他仿佛是为了让她完成婚庆，才会意志坚定地活下去。终其一生，他是一位真正的孝子，也是一位慈父。



**托福园研究与培训**

# **推进病友疗护 的循证研究**



作为首个专门建立的慈怀疗护医院，我们以提供优质的循证慈怀和临终疗护为荣，并自2010年代初开始便与其他机构合作进行研究。通过我们的研究，我们深入了解生命限制性疾病不仅对病友，而且对看护者、临床医生和医疗系统都带来挑战。这些以证据为基础的知识有助于我们更好地照顾临终病友，同时也为政策制定者分配资源和制定指导方针提供信息，最终可能转化为更好的病友疗护和看护者支持。

从癌症到终末期器官衰竭、失智症等非癌症疾病，慈怀疗护的需求不断增加，而我们在这些领域设计并开展高质量的研究，以便对病友和看护者产生更大的影响。

“

**从癌症到终末期器官衰竭、失智症等非癌症疾病，慈怀疗护的需求不断增加，而我们在这些领域设计并开展高质量的研究，以便对病友和看护者产生更大的影响。**

”

培训和教育是医护人员为病友提供优质慈怀疗护的必要条件。根据我们作为卓越的研究和教育中心的目标，我们将继续专注于通过为医疗保健社区提供培训计划来提高临终关怀的能力。我们为医学和护理专业的学生提供临床实习，并为医生、护士和联合保健专业人员提供全年的培训机会，以支持他们的专业发展。此外，还组织了实地考察与医疗部门的合作伙伴分享知识。

除了建立部门的能力，我们也提供提升的机会，努力为员工建立终身学习的文化。我们为员工提供电子学习课程，以提升他们的技能，同时每周举办讲座和辅导班，分享慈怀疗护的见解和最新发展，以提升我们为病友提供的护理水平。

# 年度亮点

## 研究

# 1

### EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (EAPC) 第16届世界大会



2019年5月，5名托福园员工参加了在柏林举行的EAPC第16届世界大会。住院医生Erwin Francisco的研究报告“Antibiotic Use in Advanced Dementia Patients Near End of Life: Comfort or Conflict”从1,400份提交的摘要中脱颖而出，与该领域的知名研究人员一起进行口述展示。

# 2

### 在医学期刊上发表的 尊严计划临床结果

尊严计划的临床结果在医学期刊上发表。我们的文章“Advanced Dementia: an integrated homecare programme”于2019年5月发表在“BMJ Supportive and Palliative Care”。托福园的研究论文“Comfort and Satisfaction with Care of Home-Dwelling Dementia Patients at the End of Life”发表在2019年12月的“Journal of Pain and Symptom Management”。

这两篇研究论文可在以下网站查阅：

<https://www.palc.org.sg/research/our-publications/journals/>



# 3

## 中长期护理 (ILTC) 研究补助金

2019年6月，托福园获得了由护联中心 (AIC) 管理的中长期护理 (ILTC) 研究补助金，以研究我们的居家护理病友与其最终护理设置相关的特征。

# 4

## 与陈笃生医院及南大李光前医学院的联合研究

通过慈怀疗护研究与培训中心管理的研究资助，医疗主任 Ong Wah Ying 医生和住院医生 Chia T-Yunn 分别受邀与陈笃生医院和南大李光前医学院的研究人员合作，于2019年9月进行两项研究 – “Evaluating Clinical Benefits and Healthcare Utility Impact of a Novel Palliative Rehabilitation Service for Patients with Chronic Breathlessness – The Integrated Care for Advanced REspiratory Disorders (ICARE) Programme” 和 “Movie Reflection for Junior Doctors Working in Palliative Care Units”。

# 5

## “2019年新加坡卫生与生物医学大会”

托福园在2019年10月参加了“新加坡卫生与生物医学大会”，我们的海报 “Impact of a specialised palliative homecare programme for advanced dementia: Comfort and satisfaction with care at the end-of-life” 由高级研究员 Tay Ri Yin，获得了 Health Services Research category 银奖。住院医生 Erwin Francisco 也呈现了 “Antibiotic Use in Advanced Dementia at the End of Life: Comfort or Conflict?” 的海报。



## 培训

# 6

### 伸手助人协会(香港) 来访



2019年5月16日，我們接待27名來自香港伸手助人协会的员工- 为长者提供个人化居家护理及休闲服务的慈善机构。我们举办了参观活动，让他们更好地了解我们的日常活动，同时也分享了新加坡的预先护理计划与临终服务有关的真实经验。

# 7

### 53名社区护理部门领导参观考察



2019年10月17日，作为护联中心IGNITE计划的一部分，我们接待了来自社区护理部门的53名领导人进行学习探访，以深入了解慈怀疗护业务和临终关怀。除了讨论慈怀疗护的发展和管理临终关怀医院所面临的一些挑战外，也参观了托福园。



# 8

## 第15届 IGNITING LEADERS 计划参与者的来访

2020年1月16日，我们接待了由Healthcare Leadership College (HLC) 组织的第15届 Igniting Leaders 计划 (ILP) 的参与者，作为学习之旅的一部分，使他们更好地了解可用于支援社区护理环境中的病友和年长人士的服务类型，以及服务提供者在开发这些服务时所面临的挑战。

# 9

## 学生和卫生保健专业人员的实地考察

接待了188名本地以及来自中国、香港、日本、韩国、台湾和英国的学生和卫生保健专业人员。

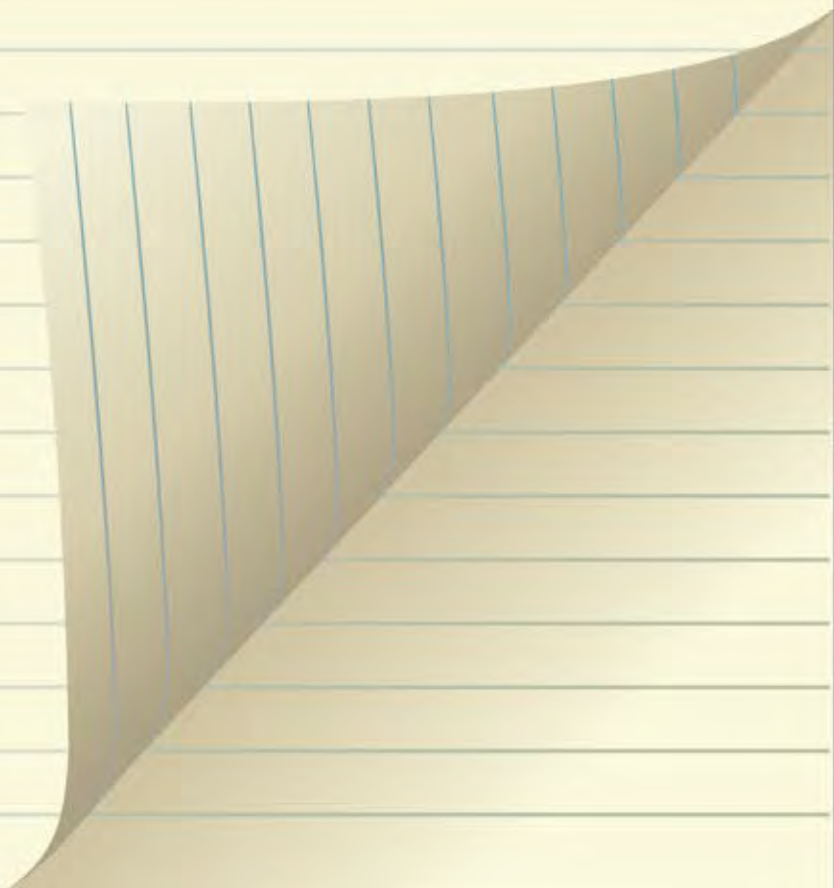
# 10

## 卫生保健专业人员、学生、工作人员与义工的培训课程

- 我们通过5项不同的关怀疗护的课程为131名卫生保健专业人员提供了培训。
- 为303名来自医疗、护理和专职卫生部门的本地和海外学生及专业人员开展了临床实习。
- 推出了9个新的电子学习课程，主题包括为工作人员、义工和临床岗位的参与者提供与病友护理有关的课程。



**慈怀疗护**  
**研究与**  
**培训中心**  
**(PaIC)**



成立于2017年10月，托福园、南洋理工大学李光前医学院 (NTU Lee Kong Chian School of Medicine)和国立健保集团(National Healthcare Group)三方合作成立了慈怀疗护研究与培训中心(PalC)。通过这项合作，PalC应用其合作伙伴机构的优势和能力来推进慈怀疗护的研究和教育，从而不断推动我们病友疗护的循证研究做出贡献。

PalC旨在推进慈怀疗护研究，特别是在非癌症疾病方面，扩大以病友为中心的疗护循证研究，以满足人口老龄化的需求。由于越来越多的人选择在家中度过最后的日子，PalC也旨在研究社区慈怀疗护模式的有效性，更好地照顾住在家中的病友，并为提供大部分护理的看护者提供支援。

自2018年7月以来，作为护联中心的首要培训供应者之一，PalC开发并提供优质的、基于证据的慈怀疗护培训和教育课程，以建立和增强医疗服务提供者的能力。通过这些提高慈怀疗护意识、知识和技能的课程，医疗服务提供者能够更好地为病友及其看护者提供针对疾病和有需要的慈怀疗护，使病友有尊严地度过最后的日子。

“

**PalC旨在推进慈怀疗护研究，特别是在非癌症疾病方面，扩大以病友为中心的疗护循证研究，以满足人口老龄化的需求。**

”



# 年度亮点

# 1

## “陈联卿慈怀疗护研究基金”成立



2020年3月，慈怀疗护研究基金更名为“陈联卿慈怀疗护研究基金” (Irene Tan Liang Kheng Palliative Care Research Fund)，部分资金来自其遗产捐赠。已故的陈联卿夫人的侄子兼遗产受托人Tan Hsuan Heng 先生将80万新元捐赠给慈怀疗护研究与培训中心。这笔慷慨的捐款将有助于慈怀疗护的研究，并提高医疗界对临终病人的护理能力。该基金的一部分也将用于慈怀疗护护士的自我护理教育方案。

# 2

## PalC课程

共有325名医护人员参与了已举办的10个PalC课程，涵盖了慈怀疗护的各个领域，如疼痛管理、应对丧亲之痛、临终关怀的社会心理、精神、法律和伦理方面。

# 3

## 新课程介绍

2019年有两门新课程首次亮相。Palliative Care in Advanced Non-cancer Conditions 以及 Family Dignity Intervention: Psycho-Socio-Spiritual Care for Terminally-ill Patients and their Families 的活动，共有73名医护人员参加。

# 4

## “2019年新加坡卫生与生物医学大会”

我们于2019年10月11日参加了由国立健保集团举办的“2019年新加坡卫生与生物医学大会”，主导了主题为 - “It Takes a Kampung” 的慈怀疗护讨论，在会上分享了对慈怀医学所采用整体疗护方法的见解。



# 5

## ASIA PACIFIC HOSPICE NETWORK (APHN) 网络研讨会

我们于2019年11月18日举办了主题为“重症监护病房 (ICU) 中的慈怀疗护”的 APHN网络研讨会，由陈笃生医院慈怀疗护部高级顾问 Poi Choo Hwee 医生担任主讲人。这是APHN主办的一系列合作网络研讨会的一部分，整个亚太地区的成员组织都可以参加。

# 在逆境中 坚持不懈

*Kathappan s/o Muthu 先生*





Kathappan s/o Muthu先生年轻时是一位狂热的高尔夫爱好者，他回忆起40年来的高尔夫教练生涯，感慨万千。

为了帮助养家糊口，他在10岁的时候就开始当球童。在此期间，他接触到的一些外籍球手教会了他如何打球。由于他对高尔夫有天赋，20岁时就开始打职业球赛，参加了新加坡公开赛、马来西亚公开赛等著名赛事。但由于他不愿意经常离开妻子和孩子去国外参加比赛，四年后他决定放弃打职业球赛，并成了一名高尔夫教练。

“与学生们的互动，以及看到他们掌握必要的技能而获得的喜悦，是我对作为高尔夫教练的日子最怀念的事情。很多人认为高尔夫是一项很难掌握的运动，但因为我的指示容易理解，所以我的学生们都能轻松掌握球技。”他自豪地分享道。

随着年龄的增长，Kathappan先生最终放弃了教练工作，但还是以高尔夫球场主管重操旧业。那是他在大约10年前退休的岗位。随后，他成为了一名安保人员。

大约三年前，Kathappan先生因持续发烧被送进医院做进一步检查。得知自己得了肝癌时，他悲痛欲绝。此后，他接受了化疗，但他的预后并不乐观。

尽管病情严重，Kathappan先生仍继续担任安保人员。他是家里唯一的经济支柱，因为他的孩子无法

工作。这些年来，妻子一直是他的支柱，尽管自己的身体不太好，但仍然为他做好吃的饭菜。他们是在她十几岁的时候认识的，至今已经结婚55年了。

Kathappan先生自2019年9月起由我们的居家护理团队照顾。他们定期探访他，并监测他的身体状况。我们的医疗社工也帮助他获得了经济援助，减轻了他的经济负担。在他继续与癌症抗争的过程中，团队还为他提供了情感和心理学上的支持。

“作为一名癌症患者，我因为经常做恶梦而影响了我的情绪，但托福园居家护理团队总能耐心地倾听。这让我感觉好多了。”他说。

“去年，我和妻儿在居家护理团队的安排下去新达城游玩。那真是一次难忘的经历。”他怀念地补充道。

尽管病情严重，但Kathappan先生唯一的希望就是继续工作，以便尽可能长久地养家糊口。他一直在尝试传统药物和食物等替代疗法来帮助控制病情。

Kathappan先生是一位忠诚无私的顾家男人，他多年来作为高尔夫球手、高尔夫球教练和抗击癌症过程中所积累的坚韧不拔精神和毅力，绝对是值得所有人效仿的特质。

“

**Kathappan先生是一位忠诚无私的顾家男人，他多年来作为高尔夫球手、高尔夫球教练和抗击癌症过程中所积累的坚韧不拔精神和毅力，绝对是值得所有人效仿的特质。**

”



**社区参与**

**建立一个  
关怀与支援  
的社区**

“

**我们也通过外联的工作提高人们对临终关怀和临终护理的认识和理解。**

”

在托福园，我们的信念是建立一个充满关怀与支援的社区，让来自社会各界的人们协力帮助我们的病友。

通过社区互动，我们的义工管理、筹款和传讯及外联团队继续与新的合作伙伴和义工建立合作关系，同时也加强与旧有合作伙伴的

联系，建立一个关怀与支援的社区使病友的每一刻都过得充实。

此外，我们也通过外联工作提高人们对临终关怀和临终护理的认识和理解。



# 年度亮点

# 1

## 托福园2019慈善 高尔夫球赛



2019年4月24日，在新加坡岛乡村俱乐部(武吉球场)举行的两年一度托福园慈善高尔夫球赛活动中，约有105名高尔夫球手为公益事业挥杆。护联中心(AIC)执行总监 Tan Kwang Cheak先生以贵宾身份出席了晚宴。在赞助商和支持者的慷慨解囊，我们筹得超过258,000新元。

# 2

## “寸刻珍贵”2019



2019年7月3日，在托福园新的日间护理中心举行的年度“寸刻珍贵”(EMM)活动中，我们向45位社区合作伙伴表达谢意，而该活动由托福园大使Gurmit Singh主持。参加活动的有长期社区伙伴、新加入的伙伴，以及其他希望更了解如何与我们合作以提高我们临终病友的生活质量的伙伴。我们也举行了题为“社区中的关怀”的对话环节。

# 3

## 2019年向日葵慈善晚宴



我们的年度向日葵慈善晚宴于2019年8月17日在丽思卡尔顿美年酒店举行，主题为“Jam, Jive, Jazz”。卫生部长颜金勇先生和托福园赞助人陈庆炎博士作为荣誉嘉宾出席了活动。这个晚宴筹集了超过110万新元。

# 5

## “FUTURE-PROOFING PALLIATIVE & BEREAVEMENT CARE IN THE COMMUNITY”的公众论坛



我们的积极义工，也是蓝宝石交友小组的负责人，Linda Hart女士受邀参加2020年1月13日举行的“Future-Proofing Palliative and Bereavement Care in the Community”公众论坛。这论坛是由陈笃生医院主办，强调了义工和社区在支持病友及其亲人的慈怀与丧亲疗护方面的重要性。

# 6

## 义工活动

我们的420名义工在18个不同的义工小组中，为我们的病友(包括居家护理、日间护理和住院护理)参与了大约1,200项活动。

# 7

## 全年筹集的资金

在捐助者的慷慨支持，2019-2020财政年度共筹集了近260万新元，以提供优质的临终护理。

# 4

## 年度年终筹款邮件



在我们义工的辛勤工作下，我们发出了超过8,700份的年终邮件。通过这次的活动，我们筹得超过30万新元。



# 活着珍惜 每天每刻

陈名旭先生



2019年5月，当托福园65岁的居家护理病友陈名旭先生接到他患了癌症的消息时，他平静地接受了这个现实。

离婚后的陈先生没有任何积蓄，并和表妹住在一套两房式组屋里。陈先生是一个乐天派，他轻松面对生活，也从事过很多不同的工作。他年轻时是一个买卖旧货的加龙古尼(karung guni)，还做过洗碗工、清洁工、送报工。他在国民服役期间还是一名厨师。陈先生虽然患病，但仍能在烹饪中找到乐趣。他每天给自己和表妹做饭，其中叻沙和咖喱是他最擅长的菜肴。

当陈先生发现自己只剩下9个月的生命时，他并不害怕。“我知道癌症是无法治愈的，只能控制症状。所以，我决定顺其自然。死亡是每个人总有一天要面对的事情。所以，有什么好怕的？”

陈先生无忧无虑的人生观，教会我们过好生活每一天的重要性。“如果我很想吃任何一种食物，我会毫不犹豫地买来享用它。如果长距离行走有困难，我就会停下来让自己休息一下，学会控制好自己的节奏。”

陈先生虽然坚韧不拔，但这一路走来并不容易。他必须应对放射治疗的副作用，并依靠各种药物来控制疼痛和症状。尽管如此，他仍不断激励和鼓励其他癌症患者保持积极乐观的态度，过好每一天。对陈先生来说，每一天都是充满希望的一天，他总是庆幸自己能够在崭新的一天醒来。

2019年12月，陈先生接受了托福园居家护理团队的照顾。一个由医生、护士和医疗社工组成的团队在他的家中为他提供了家庭医疗、护理和社会心理护理。“每隔两三天，我就会接到一个护士的电话，她会打来定期检查我的情况。我的社工也经常来探望我，并且在情感上支持我。”

2020年2月，陈先生的病情突然恶化，需要住院治疗。他变得虚弱，步履不稳。但为了实现他舒适地待在家里的愿望，托福园居家护理团队聘请了一名私人护士，让陈先生出院后能依然地在家受到照顾。我们还为他安排运输送他到医院，并成功帮助他申请了经济援助。

陈先生以住院病人身份入住托福园5天后，于2020年2月28日安详离世。

“

**我知道癌症是无法治愈的，  
只能控制症状。所以，我决定  
顺其自然。死亡是每个人  
总有一天要面对的事情。  
所以，有什么好怕的？**

”



**2019-20财年**

# **财务摘要**

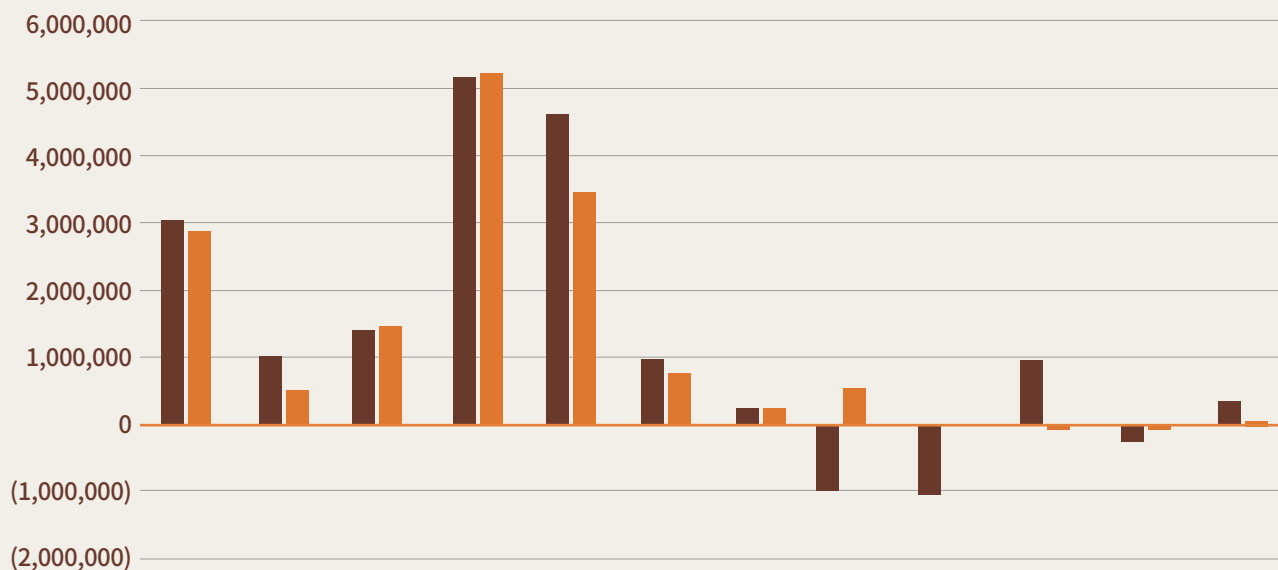
---

# 年度总收入

	2020 财年	2019 财年
捐赠收入和来自筹款活动的收入	3,024,467	2,881,705
投资收入	996,873	504,209
患者费用	1,394,966	1,457,043
政府津贴	5,155,726	5,211,932
其他津贴	4,612,909	3,441,754
递延资本拨款的摊销	969,652	751,590
其他	233,411	224,959
金融资产市值折投资(折耗)/收益	(973,371)	526,773
金融资产市值期货外汇合约(折耗)/收益	(1,048,398)	5,994
未对现外汇收益/(折耗)	952,706	(19,292)
已对现外汇折耗	(252,267)	(68,374)
处置金融资产的收益	334,612	48,045
	<b>15,401,286</b>	<b>14,966,338</b>

## 2020财年 年度总收入

● 2020财年 ● 2019财年



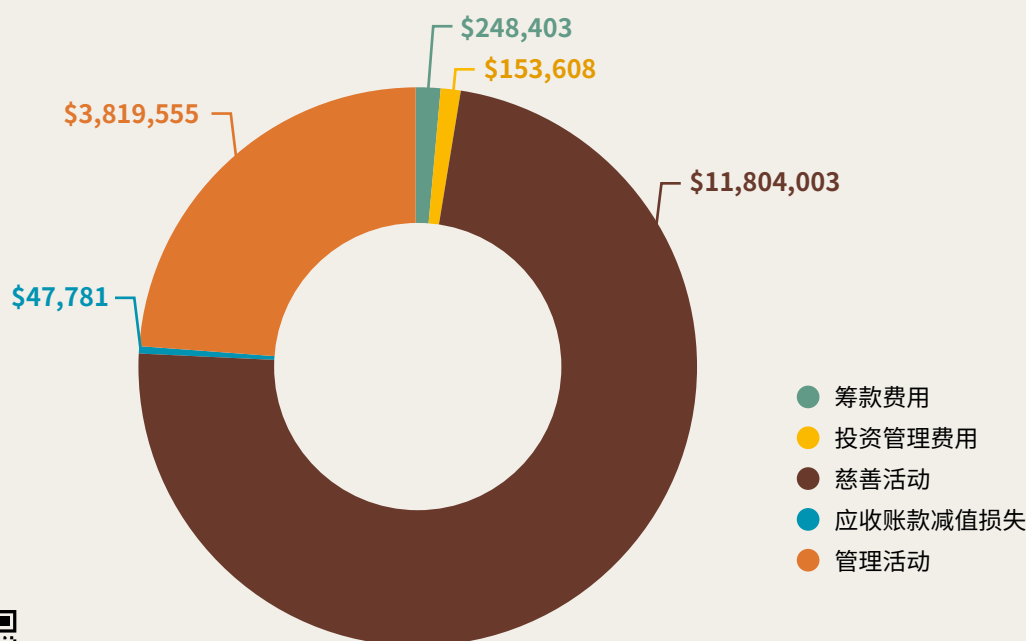
	捐赠收入和来自筹款活动的收入	投资收入	患者费用	政府津贴	其他津贴	递延资本拨款的摊销	其他	金融资产市值折投资(折耗)/收益	金融资产市值期货外汇合约(折耗)/收益	未对现外汇收益/(折耗)	已对现外汇折耗	处置金融资产的收益
<b>FY 2020</b>	3,024,467	996,873	1,394,966	5,155,726	4,612,909	969,652	233,411	(973,371)	(1,048,398)	952,706	(252,267)	334,612
<b>FY 2019</b>	2,881,705	504,209	1,457,043	5,211,932	3,441,754	751,590	224,959	526,773	5,994	(19,292)	(68,374)	48,045



# 年度总支出

	2020 财年	2019 财年
筹款费用	248,403	204,194
投资管理费用	153,608	134,195
慈善活动	11,804,003	11,137,838
应收账款减值损失	47,781	18,600
管理活动	3,819,555	2,872,896
	<b>16,073,350</b>	<b>14,367,723</b>

## 2020财年 年度总支出



扫此二维码取得  
2019-20财年完整财务报表

### 备注

#### 1. 慈善活动

慈善活动的费用包括托福园为提供慈怀疗护服务所产生的所有费用，即为重症晚期疾病患者提供住院和居家护理服务所产生的费用。慈善开支的总费用包含支持费用的拨款。

#### 2. 管理活动

管理活动费用包含在提供管理基础设施和确保公共问责制方面、与托福园一般运作有关的所有费用。这些费用包括与章程或其他法律要求相关的费用，而且包含日常开支和支持费用的拨款。

如欲查阅已审计的全套财务报表，可从我们的网站 [www.doverpark.org.sg](http://www.doverpark.org.sg) 下载。



10 JALAN TAN TOCK SENG,  
SINGAPORE 308436

TEL: 6500 7272 FAX: 6254 7650  
EMAIL: INFO@DOVERPARK.ORG.SG

WWW.DOVERPARK.ORG.SG

 @DOVERPARKHOSPICE  @DOVERPARKHOSPICE





10 JALAN TAN TOCK SENG,  
SINGAPORE 308436

TEL: 6500 7272 FAX: 6254 7650  
EMAIL: INFO@DOVERPARK.ORG.SG

WWW.DOVERPARK.ORG.SG

 @DOVERPARKHOSPICE  @DOVERPARKHOSPICE