

JOURNEY TOGETHER



DOVER PARK HOSPICE
Every Moment Matters

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Highlighting our range of clinical programmes and services

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2. ADVANCING RESEARCH AND TRAINING WITH INNOVATION

Focusing on research and education for better provision of healthcare

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A Caregiver's Story

Sebastian Lim recounts his father's final journey and the help that he received from healthcare staff along the way.



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Radiating with Positivity

Madam Tan displays true grit and strength by continuing to remain positive even in the face of her terminal illness.



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Taking Things in his Stride

Mr Iman, who was diagnosed with metastatic lung cancer, shares his hopes and dreams for his wife and son.



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**We cannot
change the
outcome, but
we can affect
the journey.**

ANN RICHARDSON

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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
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**

OUR CARE VALUES

Dignity till the very end
Compassion as a way of life
Alive despite end of life
Respect choices of patients
Essential Care

Message from the Chairman

It has been a difficult 12 months for our country and Dover Park Hospice has had its share of challenges dealing with Covid-19. Nonetheless, the team has risen to the occasion- navigating the many disruptions and caring for patients with even higher standards! As the first matter to raise to members, I would like to place on record our deepest appreciation for Timothy Liu, Dr Mervyn Koh (and previously Dr Ong Wah Ying) and the entire Dover Park Hospice team of staff and volunteers.

I first became involved in palliative care in the late 1990's when I attended a post-graduate course in palliative medicine as a young trainee surgeon and subsequently volunteered as a home hospice physician. Since then, the sector has matured and flourished beyond what any of us could have wished for, and much credit to enlightened policy makers, 110% committed clinicians, passionate champions and advocates. Dover Park Hospice has similarly done well and it is with pride and optimism that we can look forward to celebrating our 30th anniversary next year.



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However, there is still much more to be done. Far too many Singaporeans are still not fully aware of the benefits of appropriate end-of-life care for themselves and their loved ones, and too many Singaporeans, despite expressing a heartfelt desire to pass on in the comfort and familiarity of home in the tender embrace of loved ones, die in hospitals.

Furthermore, palliative care had its origins in cancer care but the same philosophy of dignity, care and compassion in the last stages of life equally apply to other illnesses. We have many programmes currently for other life-limiting diseases and must redouble efforts to expand these so that the non-cancer patients will likewise benefit from palliative care.

TO A NEW HORIZON

The pandemic has forced us to explore and adopt new care models including use of technology in home care and technology-enabled home hospice care is an area of focus for us. Our home care teams have pioneered new approaches and we can care for many more patients in hybrid models of in-person and virtual care. Being digitally connected will also enable innovative community partnerships to further enhance care for our patients.

These new models of care, coupled with our expansion to 100 beds when we move into the new Integrated Care Hub next year, will be central to our aspirations that “Every moment matters” for everyone. The new premises will boost not just many more single rooms, enabling a “home away from home” so that our patients can enjoy more comfort and rest but also more sophisticated clinical infrastructure including telemedicine monitoring and care facilities.

Our home care teams have pioneered new approaches and we can care for many more patients in hybrid models of in-person and virtual care. Being digitally

EDUCATION, RESEARCH AND TRAINING

On the educational and research fronts, we must redouble our efforts. Alone we can only do so much as a modest service provider. But education and research permit us to multiply our impact- teaching provides us the platform to build up community capacity to touch the lives of so many more than we could ourselves, and research lays the foundation for improving care, not just for our patients in Singapore but all around the world.

In these endeavours, we are incredibly privileged to partner with the National Healthcare Group and LKCMedicine. We could not wish for better allies in the academic mission and working in unison, we in Dover Park Hospice can share the lessons of our three decades of experience much more effectively.

Community is key to what makes Dover Park Hospice ‘Dover Park Hospice’ and despite ongoing social distancing measures, our fundraising team pushed forward with our annual Charity dinner in August 2020 by going virtual. It was innovative and heartfelt, with our guests enjoying the dinner and programmes in the comfort of their homes with families and friends. However, we unfortunately could not engage fully our volunteers – individuals and corporate partners who were not able to come to the hospice for much of the last year. With widespread vaccination and gradual easing of safe distancing measures, we certainly look forward to having them back, bringing a semblance of normalcy

connected will also enable innovative community partnerships to further enhance care for our patients.

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for our patients, caregivers and staff.

This year’s theme for the Annual Report is “Journey Together”. The report details how the team rode out the storm together, captures reflections on how the pandemic has impacted our work and how we have learnt from the last 12 months and stand ready to continue delivering quality palliative care in the new normal.

It is an honour to serve alongside all of you- our Dover Park Hospice staff, volunteers, donors and patients’ caregivers. I look forward to many more years of working together.

Thank you for all you do.



DR JEREMY LIM
Chairman

Message from the CEO



We are more than a year into the pandemic and the past year has dramatically shifted the way we work, giving us an introspective view on the way we deliver holistic care to our patients with resilient strategies to support and maintain operations during a pandemic.

As Singapore found itself in the grip of COVID-19, Dover Park Hospice adapted and acted quickly and decisively to protect our patients, caregivers and staff, always putting safety first. To our foreign staff who were unable to visit their loved ones in their home country and some whose homeland is under political turmoil, we are deeply indebted and grateful for their sacrifice and dedication to continue to serve with excellence.

Technology has been a lifeline in the midst of the pandemic. Over the past few years, we have been digitising and enabling our systems to be available in the cloud. This has helped us to move into the work from home mode very quickly during the pandemic.

Our Home Care team was one of the service providers that pioneered the use of teleconsultation to support patients with stable conditions at home and ensure the continuum of care. Our inpatient team's innovative spirit had also helped to keep patients connected with their loved ones during Circuit Breaker last year. We have also cut down on the use of paper and digitalised

our Finance, procurement and HR systems to improve overall work efficiency and flow of work. We stayed connected with our donors with an enhanced donation microsite and met with our volunteers on a regular basis online to keep them abreast of the Hospice's volunteering activities in the new normal. As part of our job atomisation effort, we have also set up the Operations and Facilities Department to better streamline facilities, equipment, contract services and the Integrated Care Hub project in order to enable the clinical team to do more patient-facing work.

HOSPICE WITH HOSPITALITY

Making every moment matter for our patients at every point of their final journey underpins the foundation of the work we do. Hospice with Hospitality was conceptualised to look at enhancing patients' and caregivers' experience from the moment they have been referred to us, all the way to discharge. A new team, Patient Services, that is responsible for admission, financial counselling and patient billings was set up in the first quarter of 2021 to enable patients and their family members to transit smoothly and efficiently into hospice care.

D'CARE

*Dignity till the very end;
Compassion as a way of life;
Alive despite end of life;
Respect Choices of patients;
Essential Care.*

Our new values D'CARE reinforces our Mission and Vision to provide comfort, relief of symptoms and palliative care to patients regardless of age, race or religion and support grieving families and encapsulates why we do what we do at the Hospice.

NEW MEDICAL DIRECTOR

With the appointment of Dr Mervyn Koh, Senior Consultant, Department of Palliative Medicine from Tan Tock Seng Hospital as our new Medical Director last November, we are well-poised to serve more complex and diverse groups of patients, such as people with end-stage renal failure, lung diseases and other non-cancer conditions. On behalf of the Hospice, I would like to extend my appreciation to previous Medical Director, Dr Ong Wah Ying for her leadership as Medical Director in the past 4 years and her commitment in care of our patients in the past 14 years.

CONSTANTLY STRIVING FOR EXCELLENCE

Dover Park Hospice is synonymous to quality palliative care and the continual awards and accolades given to our clinical staff are a testament to the team's dedicated work and commitment in delivering quality palliative care. I am especially proud of our Director of Nursing, Ms Chin Soh Mun for her win in the 'President's Awards for Nurses 2020', the highest accolade in Singapore's nursing profession. I would also like to congratulate our clinical staff who had received awards and accolades, namely the Community Care Excellence Awards, Community Care Manpower Development and Healthcare Humanity Awards that recognise service excellence. As an organisation that believes in continuous learning, I would like to applaud our colleagues who have upskilled and expanded their capabilities in their area of expertise.

DOVER PARK HOSPICE BEYOND COVID-19

While we anticipate the return to normalcy at the Hospice for our

patients and staff in the new normal, the reality is that we may not fully go back to the life or work before the pandemic. It is pivotal that we reflect on the lessons learnt and opportunities presented by the pandemic to deliver care safely and efficiently beyond COVID-19. Moving forward, flexibility and adaptability will be part of our organisational DNA.

A notable milestone that we have achieved as one organisation was when more than 80% of our staff were vaccinated earlier this year. It was a moment of jubilation and a display of the Dover Park Hospice spirit and unity among the staff and our vendors coming together as one. Routine tests for all staff are now being conducted every two weeks in line with the Ministry of Health directives.

With the dust quite settled alongside a robust national vaccination programme and with the gradual reopening of Singapore's economy, we certainly look forward to welcoming our volunteers and corporate partners back in the Hospice safely, to engage and interact with our patients in person. We are grateful to our volunteers, donors, corporate partners and community partners who have joined us in our journey amid the pandemic. Because every moment matters and especially so in the time of COVID-19.



TIMOTHY LIU
Chief Executive Officer



**WORKING
TOGETHER**

SIDE

From left: Quek Yanting (Nurse Manager), Dr Yea Kok Chin (Principal Resident Physician, Home Care), Dr Martin Lee (Senior Resident Physician, Inpatient)

Note: All staff photos were taken individually

Clinical Programmes and Services

At Dover Park Hospice, we serve patients of every age, gender, race, religion and from all walks of life. Each of them has unique needs due to their various illnesses, which we strive to do our utmost best to cater to. We believe that every patient should receive dignified care in their final journey, and we will walk together with all our patients through the course of their illness.

Palliative care goes beyond caring for a patient's physical needs. It encompasses a holistic

approach in caring for their physical, psycho-emotional and spiritual wellbeing. Through our multidisciplinary team of doctors, nurses, medical social workers, physiotherapists, occupational therapists, speech therapists, art and music therapists, pastoral counsellor as well as pharmacists, they come together to provide individualised care plans for our patients.

As an integrated palliative care provider, we are dedicated to building capabilities and

BY SID E

Palliative care goes beyond caring for a patient's physical needs. It encompasses a holistic approach in caring for their physical, psycho-emotional and spiritual wellbeing.

capacities to grow our network of community partners. These will include specialists from partnering hospitals who double up as our visiting consultants, as well as our dedicated group of volunteers, to serve people with palliative care needs.

While we remain committed to delivering patient care of the highest quality, we also continue to uphold treating our patients with respect whilst preserving their dignity as the core of our service.

Our Services

INPATIENT CARE

Many patients with advanced illnesses may experience symptoms such as chronic pain and breathlessness as their condition deteriorates. This makes it difficult for them to be cared for at home as caregivers may be unsure about how to help alleviate these symptoms.

As a result, a large number of them end up being admitted to hospitals due to their debilitating physical functions. With our inpatient hospice care, patients with a prognosis of less than 12

months will be given 24-hour medical and nursing care, along with support from our palliative rehabilitation, and social work and psychosocial care team, to ensure that they and their loved ones are supported both psychologically and emotionally. Training is also provided to caregivers and with time, some patients are able to be discharged once their symptoms have stabilised and when their loved ones have the capacity to care for them in the comfort of their homes.

HOME CARE

Most patients express their desire to be cared for at home, as they find comfort in a familiar environment and wish to be surrounded by the company of their loved ones during their final moments. To fulfil the wishes of patients with a prognosis of less than a year, our Home Care team provides medical and nursing care to patients at their homes at no cost. At the same time, the team supports caregivers through sharing of knowledge and training, empowering them to care for their loved ones.

In line with the national focus on increasing overall community support in healthcare, Dover Park Home Care leverages on the available services and resources to provide physical and financial aid to patients who need extra support.

Other than supporting their financial and emotional needs, our psychosocial team provides services to help socially-isolated elderly patients and their caregivers to connect with community partners to reinforce their social network and support system. This allows for continual social engagement and the provision of much-needed respite care for full-time family caregivers.



From left: Sui Hniang (Senior Enrolled Nurse), Ye Htet Hein (Senior Nursing Aide), Goh Ken Keow (Cook)

PROGRAMME DIGNITY

In 2014, Programme Dignity was started to meet the needs of individuals with advanced dementia. With Singapore's ageing population, Programme Dignity was a first-of-its-kind programme that specifically caters to this group of patients through its integrated home care programme.

The programme allows advanced dementia care patients to be specially cared for at home in a familiar environment, through the development of individualised care plans and imparting caregivers with the skills needed to manage symptoms and signs of distress. This is especially pertinent as this vulnerable group of patients requires specialised care due to their inability to vocalise and articulate their needs and wants. With Programme Dignity, it allowed

patients to live out their remaining days with a better quality of life.

PROGRAMME IMPACT (INTEGRATED MANAGEMENT AND PALLIATIVE CARE FOR TERMINALLY-ILL NON-CANCER PATIENTS)

In August 2020, Dover Park Hospice Home Care team collaborated with Tan Tock Seng Hospital on Programme IMPACT to provide home palliative care to patients with end stage organ failure. The team has cared for 28 patients diagnosed with end stage kidney failure and patients with frailty by March 2021.

Moving ahead, the Home Care team will extend its services to patients with end stage heart failure and lung diseases in the second half of 2021 to continue supporting these patients in the comfort of their homes.

DAY CARE

Social isolation is common in people with advanced illnesses as they gradually begin to lose their physical mobility and spend long periods of time at home. Our Day Care provides the option for our clients to engage in social and therapist-based activities in a safe environment outside of their homes to enhance their psychosocial and physical wellbeing to manage daily activities and continue to live in the community.



From left:
Michelle Lau
(Medical Social
Worker, Home
Care), Katherine
Lim (Nurse
Clinician, Home
Care), Elaine
Yip (Senior Staff
Nurse, Home
Care)

From left:
Wai Wai Htat (Nursing Aide,
Day Care), Nant Naung Khar
Yi (Nursing Aide, Day Care)

Note: All staff photos were taken individually

Some activities include individual and group sessions that involve art and music therapy, as well as physiotherapy and occupational therapy. With the help of our regular volunteers, we also organise familiar leisure activities that meet the interests of our Day Care clients, such as mahjong, board games and gardening. We also ensure that our team of medical professionals are on standby to regularly monitor and manage their symptoms proactively. Through regular multidisciplinary meetings, we then tailor our care plan to meet the goals and needs of each patient and their loved ones.

Caregivers play a critical part in caring for their loved ones at home. Our Day Care sets itself apart from other services by placing special focus on catering to the needs of the caregivers as well, providing respite and helping them to better cope with their caregiving responsibilities.

Our Multidisciplinary Team

MEDICAL, NURSING AND PHARMACY

We have a proficient medical team that is led by specialist palliative care physicians in all of our services. At the same time, we work closely with industry partners and specialists in patient management to provide care to our patients regardless of where they are – be it hospitals, day care, inpatient hospices or their own homes.

Our pharmacy team comprises of a full-time pharmacist and a pharmacy technician. Their support in patient care has ensured the delivery of the best medication practices at DPH, minimising medication errors. At the same

time, overall improvements have been made in medication labelling and inventory management in pharmacy stores and wards. The team also plays an important role in providing holistic clinical care by contributing medication-related inputs and reconciling patients' medications upon admission and discharge.

Nurses are the backbone of a healthcare team, and palliative care is no exception. Besides their primary role in monitoring patients, managing distress symptoms, administering medication and providing personalised care, our palliative care trained nurses play an essential role in providing support and comfort to both our patients and their families, easing their fears and anxiety during the patients' final journeys.



From left: Gillian Ong (Senior Medical Social Worker/Senior Art Therapist), Chew Li Sien (Medical Social Worker, Inpatient), Camellia Soon (Music Therapist), Kay Chew Lin (Pastoral Counsellor)

Working in tandem with our training and education arm, our dedicated team of doctors and nurses remains a big part of palliative care education in Singapore. Through consistent internal training, we ensure that the standards of palliative care are continually boosted to advocate for best practices for our patients with advanced illnesses. Our medical and nursing leaders are also involved in national workgroups on policy planning, spearheading palliative care-related changes in Singapore.

SOCIAL WORK AND PSYCHOSOCIAL SERVICES

Our Social Work and Psychosocial Services team comprises of medical social workers, art therapists, music therapist and pastoral counsellor, all of whom support our patients by caring for their psycho-social and spiritual needs. The team works closely with the palliative rehabilitation team to organise various activities for our patients.

Palliative care endures through the passage of time and continues beyond life. We view the journey of life after death with great importance and hence, continue to provide emotional support to bereaved families and walk with them through their grief.

PALLIATIVE REHABILITATION

Maintaining patients' mobility and functional status through to the end-of-life care helps to reduce suffering by restoring a sense of independence, which is critical in boosting their self-esteem and dignity.

Through palliative rehabilitation, our team of occupational therapists, physiotherapists, and therapy assistants come alongside our patients to address symptoms like pain, fatigue, lack of appetite, and strengthen our patients' mobility and range of movement to encourage engagement both physically and cognitively. The team hopes to empower each patient with the capabilities to optimise participation and retain a semblance of control in their lives in the face of terminal illness, positively impacting their emotional wellbeing and quality of life.



From left: Grace Sim (Senior Principal Occupational Therapist), Jasmine Tsoi (Senior Occupational Therapist), Lorenz Fabian Jocson (Senior Therapy Assistant)

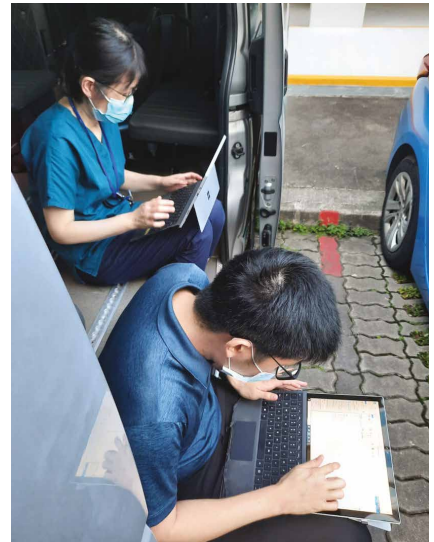
KEY HIGHLIGHTS



Home Care SINGAPORE PATIENT ACTION AWARDS 2020

Nominated by our Home Care Service, Ms Victoria Jane Goh received the Singapore Patient Caregiver Award (Individual Award) on 6 November 2020.

The Singapore Patient Action Awards is a dedicated platform that recognises and honours extraordinary role models who demonstrate exemplary qualities of care and are passionate about making a positive difference to healthcare.



Home Care CONTINUUM OF CARE FOR HOME PALLIATIVE CARE IN TIME OF COVID-19

Our Home Care team working side by side and under the pandemic restrictions during the *Circuit Breaker* last year to continue supporting patients and their family at home.

Home Care **CHAMPIONING THE USE OF TELEHEALTH FOR HOMECARE IN TIME OF COVID-19**



In providing continuum of care for its patients in time of the pandemic, Dover Park Hospice Home Care of doctors, nurses, medical social workers and therapists started the use of teleconsultation with patients who are in stable condition. As of March 2021, the team had conducted 113 teleconsultations including a survey with 17 patients/ caregivers on users' experience. 100% of the patients/ caregivers shared they would continue to use teleconsultation in the future.

Palliative Rehabilitation Services ADAPTING TO VIRTUAL REHABILITATION SERVICES

Over 2,700 therapy sessions were conducted to optimise mobility and engagement between the team and patients.

Using virtual platforms such as Zoom, the Palliative Rehabilitation Services team continued with its group exercise and activity engagement with our inpatients and Day Care clients. Our volunteers also bravely stepped up to learn some of the exercises like seated Tai Chi and cognitive activities to optimise therapeutic engagement with our patients in the Day Care.

PILOT AND ENHANCEMENT OF NEW PROGRAMMES

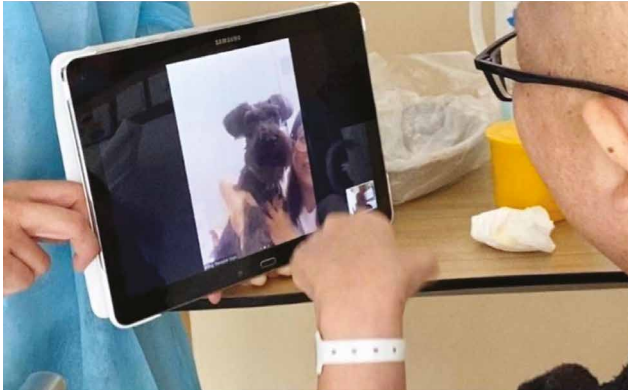
Palliative Rehabilitation Services

Project Braveheart was set up in December 2020 with the aim to build a pool of resources and interventions to engage the inpatients with declining cognitive abilities and increased sensory needs. These interventions include calming lights, music, companion toys, sensory and fidget apron etc. The team will continue to optimise and evaluate the effectiveness of these interventions to enhance our patient care.



Palliative Rehabilitation Services/ Dover Park Day Care/ Social Work and Psychosocial Services

Piloted in January 2021, the Restitutive-Integrative-Supportive-Empowering (R.I.S.E.) Programme is a joint programme by Dover Park Day Care, Tan Tock Seng Hospital Palliative and Respiratory Medicine and Ren Ci Community Hospital that seeks to provide a space for rehabilitation for individuals with limiting lung conditions and empower them with the needed skills, abilities and tools to reintegrate into their communities and to be better equipped in self-management of their breathlessness and symptoms.

KEY
HIGHLIGHTS**Social Work and Psychosocial Services**
USE AND EXTENSION OF VIRTUAL THERAPY TO PROVIDE CARE

Due to the split team arrangement, therapies such as Music and Art Therapy were shifted from in-person to online platforms to engage our inpatients. Together with volunteers from the Ruby group, our Medical Social Workers also conducted virtual pet therapy sessions for our patients.

With the sessions well received by the patients, the virtual music and pet therapies were extended to our Home Care patients to improve patients' quality of life.

Nursing
NURSING AWARDS, EDUCATION AND TRAINING

Our nurses have received various awards, educational achievements and training sponsorships in 2020.

Our Director of Nursing, Ms Chin Soh Mun was awarded the President's Award for Nurses 2020, the highest accolade in Singapore's nursing profession that recognises nurses who have shown outstanding performance and contributions to patient care delivery, education, research and administration.

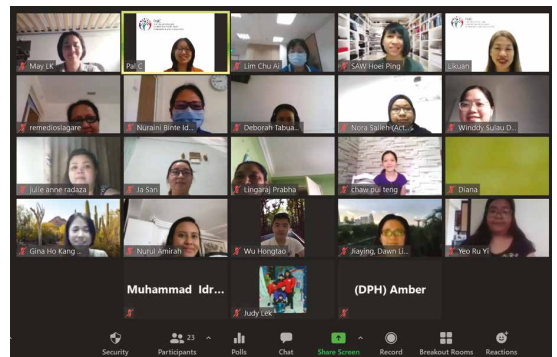
Senior Staff Nurse Katherine Lim was awarded the Community Care Manpower Development Awards (CCMDA) for Graduate Diploma in Community Health Nursing programme at NUS.

Senior Staff Nurse Lee Jing Ru graduated with a Masters in Nursing (APN) in June 2020 and is currently doing a one-year internship at Tan Tock Seng Hospital. Staff Nurse Chaw Pui Teng and Ja San completed the Certificate in Basic Palliative Care course in November 2020. Senior Staff Nurse Khin Zin Wai and Cho Cho Win graduated from the Specialist Diploma in Palliative Care course in 2020.

Nurse Clinician Lydia Quah attended the online International Forum on Quality & Safety in Healthcare (Copenhagen) from 2-6 November 2020.



Ms Chin Soh Mun, Director of Nursing



Staff Nurse Chaw Pui Teng and Ja San attended the Certificate in Basic Palliative Care course via Zoom



Nursing
COVID-19 VACCINATIONS FOR STAFF

We marked an important milestone in our fight against COVID-19 with our in-house vaccination exercise for more than 80% of our staff and vendors between 27 January – 19 February 2021.



Awards
**HEALTHCARE
HUMANITY AWARDS
2020**

Our Senior Resident Physician, Dr Martin Lee and former Home Care Nurse and Assistant Nurse Manager, Day Care, Ang Boon Yang, were awarded the Healthcare Humanity Awards for their dedicated and selfless contributions at work.

Established in 2004, the Healthcare Humanity Awards have been given to outstanding healthcare workers who are inspirational role models for going the extra mile to offer care and comfort to the sick and infirmed.



Awards
**COMMUNITY CARE EXCELLENCE
AWARDS 2020**

Lydia Quah, Senior Staff Nurse and Nurse Clinician, and Dr Martin Lee, Senior Resident Physician were the recipients of the Community Care Day Excellence Awards (Gold) and Community Care Day Excellence Award 2020 (Silver) respectively.

Established in 2014, the Community Care Excellence Awards aim to recognise the contributions of individuals and project teams who have demonstrated exemplary service and commitment in delivering quality care to their clients in the community care sector.

REFLECTIONS FROM THE DEPARTMENTS



2020 had been a year of fighting the pandemic, navigating uncertainties and balancing safety with compassion as the whole hospice worked in tandem to ensure the safety and wellbeing of our patients, caregivers, peers and colleagues. Special mention goes to previous Medical Director, Dr Ong Wah Ying who had worked tirelessly with the Emergency Management Team to keep the virus at bay.

Looking back in the past 8 months since I assumed the role of Medical Director, the picture that emerges is one of gratitude. I was honoured to be given this opportunity to ride through the storm with an impeccable team at Dover Park Hospice and working with our community partners to ensure smooth transition of care for our patients at different trajectories of their illnesses during unprecedented times. It was humbling to see the care team going the extra mile and doing their utmost to fulfil the wishes of some of the patients and most importantly, reclaim a semblance of normalcy at the hospice. We are also grateful for the support of our volunteers and corporate partners who continue to encourage and cheer our patients and staff on with care packs.

As the global pandemic ensues, we will continue to remain vigilant and adhere to safe management measures to keep our patients, visitors and staff well and safe. There is much to look forward to as we gear up for the new normal and the move to our new home at the Integrated Care Hub next year. With everyone's tenacity and devotion, we will continue to provide quality care and support our patients to live well till the end.

DR MERVYN KOH, MEDICAL DIRECTOR



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The past year can be described as a roller coaster ride, with occasional rays of hope amidst a sea of uncertainty. Many had hoped that the pandemic would be over quickly and life returned to what it was before. Staff, patients, families and society as a whole were willing to limit their freedom for the promise of stopping the COVID-19 virus transmission. But we were disappointed. And then (although some were skeptical) we looked to the vaccines as the new hope. Yet still, the end of the tunnel is not quite in sight. In this, we may say that it's akin to what some of our patients and their families experience in their own journeys, not quite fully knowing what the future would bring.

We are only now recognising and experiencing the impact in a way never observed in human history; because of globalisation the spread of COVID-19 has been fast and furious. Many of our staff as well as patients have families in other countries; although we in Singapore, have been reasonably successful in controlling the spread of the virus for now, our staff and patients have personally experienced the pain of grief and loss, of freedom and familiar routines, and of isolation and lack of familiar support because of prolonged separation and death.

How then do we cope and continue to look after those in our care? What anchors us in this sea of uncertainty and change? For some, it is their faith and spirituality. For others, it is the fact that we are all in this together. Perhaps it is to open our eyes, minds and hearts daily to the people and things, no matter how small, that we can be grateful for; to remind ourselves of our inner resources or resilience we have shown in other difficult situations, and not be afraid of asking and receiving support from one another. But come what may, it is not time to give up on hope.

"For it is in giving that we receive." – Saint Francis of Assisi

DR JOSEPH ONG, SENIOR CONSULTANT (INPATIENT)



REFLECTIONS FROM THE DEPARTMENTS

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Despite the challenges in observing safe management measures and with the rise in community infections, the Home Care team was efficiently guided by a new infection control protocol and selflessly trudged on to continue caring for patients who wished to remain at home towards the end of their lives. I am proud of our team for being one of the pioneers to champion the use of telehealth for palliative patients, in substitution of physical home visits. Recognising the increased need for palliative care with Singapore's ageing population and increasing incidence of chronic diseases, the team has also expanded to care for diverse group of patients with end-stage organ failure, such as end-stage heart failure and lung diseases.

Looking back on the past year, the team had been through ups and downs especially working in unprecedented times, where we continue to care for the patients at home while being cautious not to bring the virus back home to our family members. The journey has been tough, but the team stayed positive, encouraged and supported one another throughout. The camaraderie is now stronger than ever.

DR YEE CHOON MENG, CONSULTANT, HEAD OF HOME CARE



Since we opened our doors in 2019, our Day Care has provided a comfortable and safe environment for our clients to make new friends and continue their day-to-day activities with dignity. In spite of the temporary closure of the Day Care during the Circuit Breaker last year and Heightened Alert in May this year, we continued to provide medical, social and psycho-social care for our clients to ensure they continue to be cared for despite the pandemic.

Though I have joined Dover Park Hospice 7 months ago, I am proud to be working alongside my team for always doing their best to enhance our clients' quality of life. Their selfless commitment and the care they have delivered are much appreciated by the clients. We aim to receive more clients who will be able to benefit from the service in the coming months.

CHONG YUNN LING,
NURSE MANAGER,
DAY CARE



It was the second day of Lunar New Year when Singapore detected its first COVID-19 case in January 2020. I was back in office, pulling out our 'Pandemic Preparedness Plan' and the rest is history.

COVID-19 has definitely made an impact to the nursing department, where we stepped up in enhancing the work processes and infection control such as hand hygiene practices, mass COVID-19 swabs and vaccinations for all staff to ensure the safety and wellbeing of our patients and colleagues.

Despite the challenging year, the nursing department has much to celebrate. The team had worked hard and achieved a myriad of triumphs. Many of our nurses have also achieved notable scholarships, met their educational goals and received distinguished awards for their dedication and outstanding contribution at work. On a personal and professional level, 2020 had been a special year for me. I am grateful to receive one of the highest accolades in nursing – the President's Award for Nurses – with the immense support of my colleagues and friends in the healthcare sector.

In the coming months, the team will be busy as we continue to build staff capabilities through education and cross-training with external hospital partners, coupled with our move to Integrated Care Hub to provide better care for our patients.

CHIN SOH MUN, DIRECTOR OF NURSING

REFLECTIONS
FROM THE
DEPARTMENTS

Amid the global lockdown in early 2020, medication supplies around the world were disrupted and Singapore was no exception. One of the toughest challenges that the Pharmacy team faced was to secure adequate medications to meet the needs of our patients.

The split team model was implemented to minimise cross-over of ward staff. Through such times, my team learnt how to communicate and delegate roles more effectively so that all the essential duties could be fulfilled.

Looking back, the Pharmacy team has grown a lot through this pandemic. Though we were met with challenges, we emerged stronger, more resourceful and better connected to our local community partners. We derived our driving force from the commitment and responsibility to help patients stay comfortable at the end of life. It was gratifying that we overcame 2020 and we are ready to face future challenges as a department.

PEH ZI XIN, SENIOR PHARMACIST,
PHARMACY



The past year has brought unprecedented challenges due to the pandemic and the Social Work and Psychosocial Services team had to continuously grapple and adjust to the changing measures in the way we care and support our patients and their next-of-kins. While working in split teams, we thought of creative ways to engage our patients through virtual therapy sessions. We conducted our music therapy and art therapy sessions with our inpatients through a virtual platform facilitated by medical social workers.

While our volunteers were still unable to come to the Hospice due to safe management measures, our medical social workers facilitated virtual pet therapy sessions with our volunteers, bringing comfort and happiness to our patients through this collective effort. As such, I am proud to share that the virtual pet and music therapies have been extended to our Home Care patients too. While these alternatives are unable to fully replace in-person care, they were well-received and improved our patients' quality of life. Looking forward, our team hopes to focus on fostering closer working relationships with our community partners to promote palliative care in Singapore.

MARTHA NG, HEAD, SOCIAL WORK & PSYCHOSOCIAL SERVICES





Despite having numerous changes and obstacles in the past year, the Palliative Rehabilitation unit has continued to grow in strength with five full-time staff, comprising of occupational therapists, a physiotherapist and therapy assistants. Leading from many years of experience, Senior Principal Occupational Therapist, Ms Grace Sim, helmed and guided the palliative rehabilitation team exceptionally well in the heat of the pandemic. The team had to re-define therapy service delivery while working in split teams and quickly adapted to utilising online platforms such as *Zoom* to continue group exercise and activity engagement in both inpatient and day care. I am very encouraged by how each member of the team have displayed resilience and strength this past year and even expanded the possibilities of optimising mobility and engagement for our clients' varied needs through 2 new programmes – Project Braveheart and R.I.S.E.

This could not have been possible without the undying support of our volunteers who have helped our staff to conduct seated Tai-Chi, group exercise and activities for our day care clients. They have kept in touch and maintained social connections with us, even through online means, which have been so precious and essential amidst the safe distancing measures. For that, we are immensely grateful.

As we cautiously emerge from these pandemic times, the team hopes to continue leading by example in displaying how rehabilitation may reduce suffering for individuals approaching the end of life - through maximising function, participation and value adding to their quality of life. I am personally excited for the plans ahead for DPH and hope that with the gradual easing of restrictions in the months ahead, we may continue to enhance our service standards and reach to explore new frontiers in journeying alongside those we are privileged to care for, towards the end of life.

ROXANNE FOO, SENIOR PHYSIOTHERAPIST,
PALLIATIVE REHABILITATION

CAREGIVER SEBASTIAN LIM
GIVES AN ACCOUNT OF
HIS LATE FATHER, MR LIM
AH TEE'S FINAL JOURNEY
AND EXPRESSES HIS
GRATITUDE TOWARDS THE
HELPFUL HEALTHCARE
STAFF THAT HE HAS MET
ALONG THE WAY.

My dad passed away peacefully at home on 2 July 2021. Hopefully and truthfully, we believed he had left with no regrets to a better place.

I would like to express my heartfelt thanks to several healthcare staff that came into his life during his last journey.

My dad first saw a doctor from Ang Mo Kio Polyclinic on 19 April 2021, where he was referred to the A&E department at Tan Tock Seng Hospital (TTSH). He was subsequently discharged with outpatient appointments, but on 25 April, he suddenly asked me to bring him back to the hospital, claiming that he felt pain each time he lifted up his right arm. I knew that it was a request that could not be ignored, and true enough, he was admitted to the hospital for further checks. On 28 April, a consultant broke the news to us.

It turned out to be terminal stage gall bladder cancer that had spread to the surrounding organs. The prognosis was 3 to 6 months – plus a further 3 months if he underwent another form of treatment, of which he was later deemed unsuitable after an angiogram was done.

We couldn't bear to break the news to him and instead told him that he had a growth lump near his liver and gallbladder. Dad being dad was 'garang' about it and wanted to have it cut off but was advised against it by the consultant.

He was discharged according to his wishes during the first week of

May but unfortunately he started experiencing weakness in his limbs and also lost control of his bowels. He had to be admitted to the hospital again on 18 May, where it was confirmed that he had suffered a minor stroke at home.

Dad, no matter how much he wanted to go home, always thought about my mum. Even after I broke the news and asked for his approval to send him to the

The outlook was not optimistic but it would prolong my dad's life until he got to see my sister who was rushing back from Japan. It was an advice we never once regretted taking, and one we would be forever grateful for. Although my dad's condition was declining, his vitals remained stable until a terminal discharge was made and he was arranged to go home. Because of this, my sister managed to see him one last time before his passing.

I would like to take the opportunity to express our heartfelt gratitude to the medical social worker, Li Sien and the medical team from Dover Park Hospice, for going out of their way to contact the quarantine officer, before liaising with TTSH to send my dad home in his condition. All these were done within a short period of time and they even arranged for the Dover Park Home Care team to check on him.

I would also like to thank the quarantine officer from The People's Association, for his prompt responses throughout the liaison regardless of when we contacted him. I am also grateful to the medical officer at TTSH for his efforts

in updating our dad's condition daily, as well as highlighting our concerns and helping to appeal for the visitation rights, and providing immediate response to our dad's terminal discharge request and co-ordination with the palliative care team.

Thank you all so much.

“爸爸，一路好走，你说的我都记得，放心吧。”



The late Mr Lim Ah Tee

hospice instead of back home, he understood and told the social worker that he couldn't bear to burden Mum.

On 14 June, he was admitted to Dover Park Hospice. It was also here where he suffered his second stroke, a major one which affected his swallowing and later caused an infection of his lungs. The doctors at the hospice advised us to send my dad back to TTSH.

Patient Statistics



NUMBER OF PATIENTS ADMITTED



GENDER
FEMALE/ MALE

Inpatient

353

145 208

Home Care

*(Programme Compassion,
Programme Dignity and
Programme Impact)*

478

270 208

Day Care

20

5 15



LENGTH OF STAY
(AVERAGE DAYS)



AVERAGE
AGE



% OF LOW INCOME
PATIENTS

26

75.2

71.1

71

80.4

53.8

138

75.0

70.0

RADIATING WITH POSITIVITY

At Dover Park Day Care, Madam Tan conscientiously lends a hand and helps the staff to assist other clients in need from simple gestures like handing over a serviette to other clients and checking in on staff if they have had their lunch.

Madam Tan Kiak Wah, a 67 years old widow was diagnosed with Stage 4 lung cancer in September 2018. She also has psychosomatic disorder, reactive depression and mild cognitive impairment and lives alone in a rental flat. While she is able to handle basic care needs by herself, she requires supervision in medication.

With community services such as meals-on-wheels that has supported her for many years, Madam Tan is able to continue living at home on her own. Maintaining Madam Tan's psychosocial wellbeing is equally crucial.

Madam Tan was referred to Dover Park Day Care in August 2020 by our Home Care team and has been attending the centre five times a week, with two-way transportation provided for her. She was referred to us as she lives alone, and coming to Day Care would provide her an environment where she will be able to socialise with others who have similar conditions with a multidisciplinary team who can readily review her condition when needed.

Due to her history of being unyielding to medication and her temperamental nature, it was initially difficult to steward Madam Tan's care. Slowly but surely though, the team eventually noticed positive changes in her. She actively participates in social activities such as group exercises, games such as Bingo conducted by the volunteers over tele-visits, *Namaste Care* and reminiscence activities. She takes her medication on time with regular supervision and pill boxing service provided by the Day Care team. Recently, she started calling the Day Care staff to

inform them whenever she was feeling unwell and unable to attend the session.

At Dover Park Day Care, Madam Tan conscientiously lends a hand and helps the staff to assist other clients in need from simple gestures like handing over a serviette to other clients and checking in on staff if they have had their lunch. Her diligence and compassion have led to strong bonds being built between her, the staff and other clients.

Since her first day, we have seen Madam Tan blossom. Her positivity has radiated beyond her actions, and she appears more cheerful nowadays, as compared to when she first joined

us. Her nurturing spirit has spurred us as staff and we are proud of her improvement since stepping into Day Care.



Madam Tan (left) with Dover Park Day Care Nurse Manager, Chong Yunn Ling

ADVANCING RESEARCH AND TRAINING WITH INNOVATION



From left:
Joyce Tan
(Senior
Executive,
Education and
Research,
PaC),
Rozenne Choo
(Research
Assistant),
Amber Ho
(Senior
Executive,
Training)

Note: All staff photos were taken individually

DOVER PARK HOSPICE RESEARCH AND TRAINING

Since our humble beginnings as a purpose-built hospice, we pride ourselves in delivering quality end-of-life care with the expertise of our clinical staff. Alongside that, we have been progressively collaborating with other renowned institutions on a variety of research studies since the 2010s. These research enable us to gain insights into the trends and challenges faced by patients with life-limiting diseases, their caregivers and the healthcare system.

Singapore's increasingly ageing population implies a growing demand for palliative care. From cancer to non-cancer illnesses such as end-stage organ failure and dementia, we aim to design and conduct top-notch studies with robust methodologies in order to produce

that includes e-learning courses, weekly professional sharing, journal clubs and tutorials. By keeping our staff abreast with the latest developments and best practice in palliative care, it contributes to improving the quality of care for our patients.

THE PALLIATIVE CARE CENTRE FOR EXCELLENCE IN RESEARCH AND EDUCATION

The Palliative Care Centre for Excellence in Research and Education (PaC) was established in October 2017 as a tripartite collaboration by Dover Park Hospice, Nanyang Technological University (NTU) Lee Kong Chian School of Medicine and National Healthcare Group (NHG). Through this collaboration, PaC leverages on the strengths, capabilities and capacities of its partner institutions to spearhead and advance palliative care research and education programmes for healthcare professionals

Leverages on the strengths, capabilities and capacities of all of its partner institutions to be leader in spearheading and advancing palliative care research and education programmes

outcomes that can ultimately be translated into policy and practice to better support our patients and caregivers.

Continual training and education form the crux of healthcare – they are the lynchpins for healthcare professionals to consistently provide the best quality of care. As we strive to become the centre of excellence for research and education in end-of-life care, we remain dedicated in our efforts to continue offering carefully planned training programmes to the healthcare community. At the same time, we offer clinical attachments for medical and nursing students, as well as training opportunities for doctors, nurses and allied health professionals to support their professional development all year round. In the healthcare sector, knowledge sharing is paramount for the medical staff. With this in mind, we also organise field visits with notable partners.

While we continue to develop capabilities and make headway in the healthcare sector, we also wish to create a culture of lifelong learning for our staff. This is done through providing a range of upskilling opportunities

in order to better serve patients and their caregivers.

In particular, PaC seeks to develop palliative care research in non-cancer illnesses and expand the evidence base for patient-centred care, so as to meet the individualised needs of an ageing population. In line with an increasing number of patients expressing their wishes to spend their final days at home, PaC also aims to study the effectiveness of community palliative care models to meet the changing demographic and complex needs of patients including caregivers of both cancer and non-cancer conditions.

Since July 2018, PaC has been appointed as one of Agency for Integrated Care's (AIC) Learning Institute Community Care Sector. The role entails providing quality, evidence-based palliative care training and education programmes on end-of-life care to help build and nurture capabilities, capacities and connectedness amongst the healthcare professionals in the community. These programmes empower and equip healthcare providers with the relevant skills to deliver quality palliative care, thereby ensuring that patients journey through their final days with dignity.

Key Highlights

PaIC

Appointed as a Learning Institute under AIC Learning Institutes Network 2.0

For the second time in a row, PaIC has been appointed as a Learning Institute to provide training under the Agency for Integrated Care Learning Institutes Network 2.0

PaIC



Virtual International Symposium, "Dignified and Compassionate End of Life Care"

PaIC successfully hosted a 5-day virtual international symposium titled "Dignified and Compassionate End of Life Care". The symposium brought together internationally-renowned scholars and clinicians in the fields of thanatology, palliative and bereavement care. This hugely successful webinar saw an average of 500 log-ins daily from 29 June to 3 July 2020.



PaIC

387 healthcare professionals attended 8 online courses on pain management, coping with bereavement and psychosocial, spiritual, legal and ethical aspects of end-of-life care organised by PaIC.

PaIC

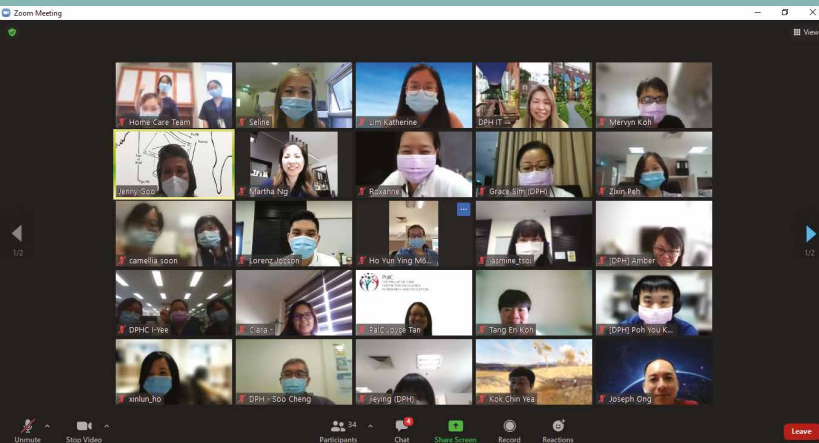
Published the study “Comfort and Satisfaction with Care of Home-Dwelling Dementia Patients at the End of Life” in the Journal of Pain and Symptoms Management, and “Integrated palliative homecare in advanced dementia: reduced healthcare utilisation and costs” in BMJ Supportive & Palliative Care in May 2020.

A study to develop a prognostication model for patients with advanced dementia, “Prognostication in Home-Dwelling Patients with Advanced Dementia: The Palliative Support DEMentia Model (PaIS-DEM)” was also published in the Journal of the American Medical Directors Association in December 2020.

Training

Training Courses for Healthcare Professionals and Staff

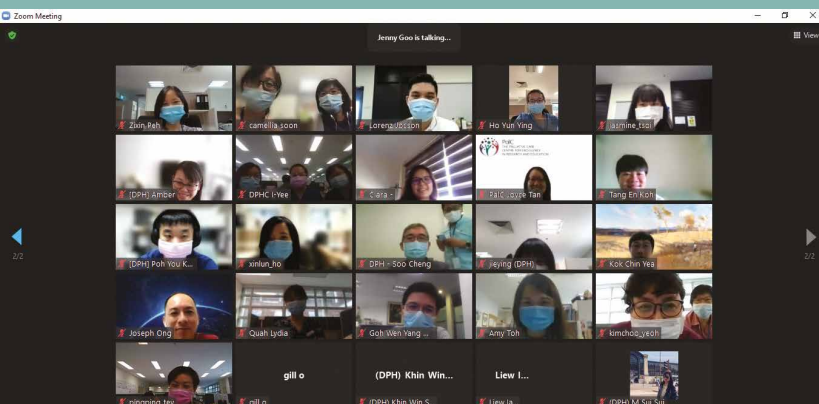
Due to pandemic restrictions, Dover Park Training provided 3 virtual courses – “Care at the End of Life”, “Certificate in Basic Palliative Care for Registered Nurses” and “Certificate in General Basic Palliative Care for Allied Health Professionals”. A total of 133 healthcare professionals attended these 3 courses.



Training

Dover Park Hospice Journal Club

Due to COVID-19 safe management measures, our Journal Club was suspended since January 2020. The fortnightly sessions resumed via Zoom in July 2020 where we conducted 9 sessions with sharing from external speakers and our clinical team.



REFLECTIONS FROM THE DEPARTMENTS



When COVID-19 hit our shores in January 2020, we have to suspend our on-site training courses and clinical attachments due to safe management measures and restrictions on cross-institutional movement. As a result, we leveraged on virtual platforms to pandemic proof our training courses and this has been met with great response and participation from healthcare professionals.

The pandemic has undoubtedly posed challenges to in-person learning especially in the healthcare sector where social distancing has become a norm. At the same time, it has underscored the importance of harnessing technology in trainings as we continue with e-learning in the new normal. The past year has been an arduous journey for the team as we grappled with the constant changes of the virus, but it was also a fruitful year, teaching us versatility and resilience, achieving our goals together as a team.

TAN LI KUAN, MANAGER, TRAINING





The year 2020 could easily be defined by the upheaval that the pandemic caused. All areas of healthcare had to adapt to the restrictions and challenges imposed by the pandemic caused by COVID-19. PaLC, as with other educational and research institutes, had to rethink the medium of delivery of its educational workshops and conduct of research to ensure the safety of its team and workshop/research participants. In spite of the pandemic, PaLC remained committed to the elevation of the standards of palliative care within the community despite the trying times. There is now, more than ever a need to increase and upscale the capacity of the healthcare community to care for patients with life limiting disease, including COVID-19.

The tenacity and courage of the PaLC team (Li Kuan, Joyce and Riyin) shone through, with the move of most of its workshops to a digital, online platform. The worry of the lack of familiarity and engagement with participants through this medium of learning was overcome by the willingness of the faculty to adapt to the new challenge, with the result that blended learning has redefined through the use of digital technology. The Dignity Symposium was successfully held in this manner over 5 days, a webinar bringing together world-renowned grief and bereavement experts with participants from around the world to share and uplift each other during these times. PaLC also adapted its research activities to meet the current social restrictions, continuing with the disbursement of 3 intramural grants and the sharing of knowledge accrued through ongoing research with publications throughout the year.

2020 was an unexpected and tumultuous year, but it has also shone brightly the strength of the human spirit, how adaptable and resilient we all can be. PaLC will continue to innovate and grow despite the continued challenges, and will persevere to improve the quality of life of our patients who remain our inspiration.

DR ALLYN HUM, DIRECTOR, THE PALLIATIVE CARE CENTRE
FOR EXCELLENCE IN RESEARCH AND EDUCATION



TAKING THINGS IN HIS STRIDE

"I hope that my son can eventually go on to study at a polytechnic – he has my full support and encouragement. It has been a long journey for him so far and it has definitely not been easy for him to take care of both myself and my wife, but young people are stronger and I believe in him."

- Mr Mohd Iman Palmer

Mr Mohd Iman Palmer was 60 years old when he was diagnosed with metastatic lung cancer.

When the doctor first broke the news to him together with a bleak prognosis, it was too much for him to bear. He broke down and cried.

Yet he soon learned that things can happen in life that are not within his control. The best he could do in the face of such adversity was to take things in his stride.

"When I first found out (about the cancer), I kept thinking about it. But after a while, I realised that life is about looking ahead. I have to accept what's happening inside my body and move on."

As his condition took a turn for the worse, he stopped going to work at the warehouse in January this year to focus on his treatment plans. He was then referred to Dover Park Home Care on 31 March to help manage his symptoms while undergoing chemotherapy.

Being the sole breadwinner of his family, they soon ran into financial difficulty, which was made worse when his wife suffered an injury to her ligament that made her unable to move around freely. In order to make ends meet, his son had to put his studies on hold to go to work upon completion of his national service.

Mr Iman counts himself fortunate to have a sensible son, "He just takes in everything. He would always ask me how I am every day, what do I want. When my wife tells him to do things, he never hesitates. He is still a young boy, but he is strong and active."

He also elaborated on how he makes sense of his debilitating illness while grappling with pain, using dreams as his escape from reality. "Everybody has pain, but you just have to learn to accept it and take each day as it comes. I know that I have to be brave and channel my pain elsewhere. I watch television, I laugh and I dream. In my dreams there's no pain and it helps me cope."

As a religious man, Mr Iman was candid about how he perceived the meaning of life and attributed a large part of it to destiny. "Everyone has a



Mr Iman (left) and his family

different life span. I accept that mine is shorter because of my cancer. But it is so important to do what you like. Along the way, we should treasure what we have and not be afraid of life. I just take each day as it comes and continue to use my strength to go forward – it is all part of life's journey."

He acknowledged how important familial support was for him, where his wife would always be around to support him all the way. To remain in positive spirits, he would spend time reminiscing his past – good memories from school and army days where he enjoyed hanging out with his friends.

Dover Park Home Care team consisting of a doctor, nurse and social worker would take turns to visit Mr Iman at his home about once a week based on his care needs. He always looks forward to their visits, stressing that it was vital for patients to talk about other things such as current affairs in order to keep their minds off their illnesses.

Despite the limited time that Mr Iman has, he treasures every moment with his wife and son, hoping that they would live on well even after he has departed. "I hope that my

son can eventually go on to study at a polytechnic – he has my full support and encouragement. It has been a long journey for him so far and it has definitely not been easy for him to take care of both myself and my wife, but young people are stronger and I believe in him."

"I want my son to be independent, strong and disciplined, so that he does not have to depend on other people. Whatever problems that occur along the way, he

should learn to tackle them on his own and actively try to solve them. I hope he makes many good friends along the way and concentrates on his studies as he has an entire life ahead of him. At the end of the day, I just wish that he will be happy and become a good person."

"I also hope that my wife will continue to eat well and take care of herself, doing the things that she likes to do. I will miss them so much."

Mr Iman continues to be placed under the care of Dover Park Home Care, and his immediate wish is to be able to get out of his house and move around once the Covid-19 situation gets under control.



**CONNECTING
WITH THE
PEOPLE**

Clockwise from left: Vanessa Choo (Senior Executive, Fundraising), June De Guzman (Admin Assistant, Finance, Admin & Patient Services), Tiffany Ng (Executive Assistant), Teo Soo Cheng (Senior Executive, Operations & Facilities), Sitoh Tuck Cheong (Financial Consultant), Neo Yue Feng (Senior Executive, Volunteer Programme), Pearlne Goh (Senior Executive, Finance, Admin & Patient Services), Han Hui Kah (Executive, Human Resource), Ng Junjie (Senior Executive, IT)



At Dover Park Hospice, we believe that service excellence in healthcare is key to ensuring that the needs of our patients and their loved ones are being catered to throughout their journey with us. Caring for our patients is our primary focus, and it is not limited to providing quality and holistic clinical services. It includes recognising and surpassing organisational boundaries to collate, respond and act to improve the experiences of our patients and their loved ones across the end-of-life journey.

End-of-life care does not start and stop in our wards, but runs across all departments and members of staff. To ensure that we continuously improve and move towards holistic and integrated palliative care, our non-clinical team works behind the scenes in order to continually make targeted improvements towards enhancing patients' experience. Comprising of Finance, Admin & Patient Services, Human Resources, Communications and Outreach, Fundraising, Volunteer

Programmes, IT, Facilities and Operations departments, together, the team believes in forging a sturdy foundation to provide person-centred care that meets the needs of our patients and their loved ones.

In engaging the community, our Volunteer Programme, Fundraising and Communications & Outreach teams work together to deepen close ties with our existing partners and volunteers, as well as to reach out to other prospective groups to budding partnerships. The continual efforts to build a thriving and sustainable community of care with volunteers, donors, and corporate partners have brought their strengths to the table, reinforcing the totality of everyone's efforts in making every moment matter for our patients. Furthermore, our teams are in a continuous venture to increase the awareness of end-of-life care through various outreach efforts and advocate the importance of palliative care, in providing comfort to individuals who are terminally ill and their caregivers.

“

Caring for our patients is our primary focus, and it is not limited to providing quality and holistic clinical services. It includes recognising and surpassing organisational boundaries to collate, respond and act to improve the experiences of our patients and their loved ones across the end-of-life journey.

”

KEY HIGHLIGHTS



SINGAPORE PATIENT ACTION AWARDS 2020 (VOLUNTEERS)

On 6 November 2020, Dover Park Hospice's Opal Group was awarded the the Singapore Patient Action Awards (Volunteers).

The Singapore Patient Action Awards (SPAA) is a dedicated platform that recognises and honours extraordinary role models who demonstrate exemplary qualities of care and are passionate about making a positive difference to healthcare.

OUR MOVE TO INTEGRATED CARE HUB HEALTHCITY NOVENA IN Q4 2022



Photo credit: MOH Holdings



DOVER PARK HOSPICE VIRTUAL RUN 2020

To commemorate the efforts of our fellow frontline healthcare workers in the fight against COVID-19, our colleagues and volunteers had collectively completed 3,800km, exceeding the initial target of 2,020km and raised a total of \$3,500 between 15 December 2020 to 14 January 2021.

HOSPICE WITH HOSPITALITY

To enhance our patients' experience with us, we have set up a new Patient Services team under the Finance and Admin department in the first quarter of 2021. The Patient Services team handles patient admission, financial counselling and patient billings to allow our patients and their loved ones to smoothly transition into palliative care.



Personalised Welcome Bear from Dover Park Hospice.



DOVER PARK HOSPICE VIRTUAL SUNFLOWER CHARITY DINNER 2020



Due to strict COVID-19 restrictions, our signature fundraising event – Dover Park Hospice Sunflower Gala Ball was moved online this year and renamed “Virtual Sunflower Charity Dinner”. It took place on 18 September 2020, where close to 250 guests attended the virtual dinner. A curated 3-course dinner and welcome packages containing themed party accessories were delivered to each guest's home so they could dress up for the occasion.

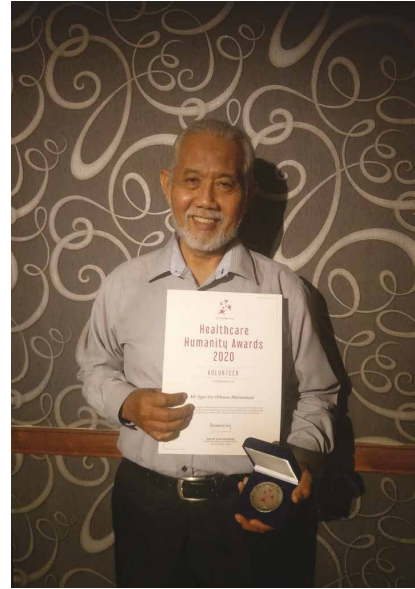
The dinner was also attended by Guest-of-Honour, Deputy Prime Minister Heng Swee Keat that raised over \$1 million with the generosity of our donors, sponsors and guests.

KEY HIGHLIGHTS

HEALTHCARE HUMANITY AWARDS 2020

This year, our volunteer, Mr Muhammad Agus Bin Othman from the Diamond Group was a recipient of Healthcare Humanity Awards 2020 (Volunteer Category).

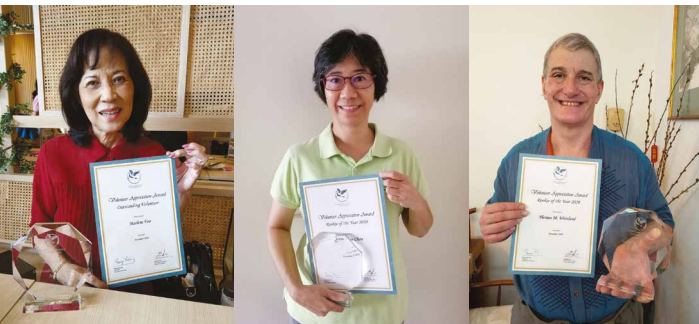
Since 2004, the Healthcare Humanity Awards have been given to outstanding healthcare workers who are inspirational role models for going the extra mile to offer care and comfort to the sick and infirmed. The Awards serve to underscore that healthcare is a noble profession and not merely a job. They also aim to raise public recognition and respect for the healthcare profession.



INTERNATIONAL VOLUNTEER DAY 2020

In celebrating International Volunteer Day, we appreciated our volunteers for their efforts and contributions through a video collage.

At the same time, the special Dover Park Hospice Volunteer Awards 2020 were presented to Ms Seow Mein Chou and Mr Thomas Weinland for Rookie of the Year, Ms Marlene Foo (Outstanding Volunteer of the Year) and Topaz Group (Outstanding Volunteer Group of the Year).



From left: Marlene Foo, Seow Mein Chou, Thomas Weinland



Topaz Group

ANNUAL YEAR-END FUNDRAISING MAILER

This year's annual Year End Mailer campaign came with a creatively designed website, where donors could send their well-wishes along with their donations.

As part of the campaign, we also received specially decorated cards from the children of Student Care @Children's Society and MindChamps Preschool@The Brooks II for our patients.

Volunteers also played a big part in helping to send our creatively designed donation cards to almost 9,000 addresses. More than \$280,000 was raised by the end of this campaign.



Pet tele-visit



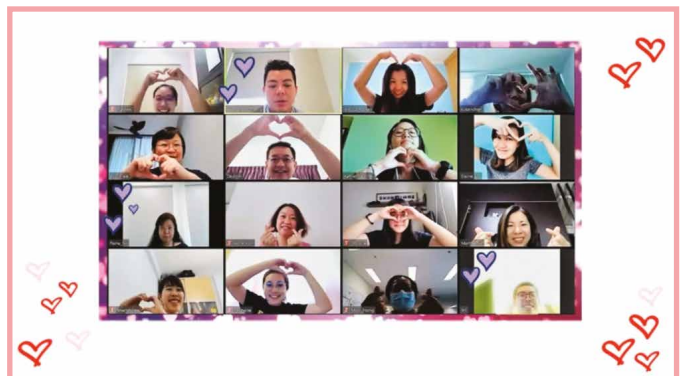
VOLUNTEER ACTIVITIES

Due to COVID-19 restrictions, our volunteers continued to support our patients and staff through non-patient activities such as conducting befriending sessions through Zoom, going on virtual outings with some patients, gardening at the Hospice and sending videos and e-cards to our patients and staff to show their support when majority of the volunteer activities were suspended in 2020.

EVERY MOMENT MATTERS 2020

In light of COVID-19, we were not able to organise our annual partners' appreciation event 'Every Moment Matters 2020' (EMM 2020). Nonetheless, we continued to show appreciation to our partners and donors in the form of a video montage, to thank them for their unwavering support throughout these years.

Special thanks to Amitabha Buddhist Centre and Singapore Soka Association for their unwavering support for the past 20 years.



REFLECTIONS FROM THE DEPARTMENTS

“

CCOVID-19 has definitely changed the way we work. From split teams and remote working, reviewing and arranging for patient-facing staff's accommodation, mass COVID-19 swabbing and vaccination to name a few, these have become the new normal for us.

In lifting the spirits of our colleagues and overcoming pandemic fatigue, the HR team constantly finds ways to keep our colleagues engaged and re-energised through care packs, bento lunch and encouraging messages. Support was also put in place for managers. Together with the CEO, HR spent time with the new leaders to build the next generation of high-EQ leadership. As a team, we learnt the importance of resilience and flexibility.

TERESA TANG, MANAGER,
HUMAN RESOURCE



“

Covid-19 has presented us with a lot of challenges, one of them is the need to digitalise our processes and upgrade our finance system due to work from home arrangement.

Communication between team members during work-from-home is vital, and this was more evident during the annual audit of the financial year. As our auditors were unable to be physically present during the annual audit, the team met virtually most of the time and scanned large amounts of documents, which were mentally and emotionally taxing. Despite the circumstances, I am proud that we have pulled through the annual audit together as a team, and encouraged one another through this difficult period.

In early 2021, we expanded and welcomed the patient services team (formerly known as Clinical Admin) into the department to manage patient admission, financial counselling and patient billings.

All in all, the journey through the pandemic was not easy. However, with the bond we share as a team and the hard work of everyone, I believe we will emerge stronger beyond COVID-19.

KAREN TAN, MANAGER, FINANCE,
ADMIN & PATIENT SERVICES

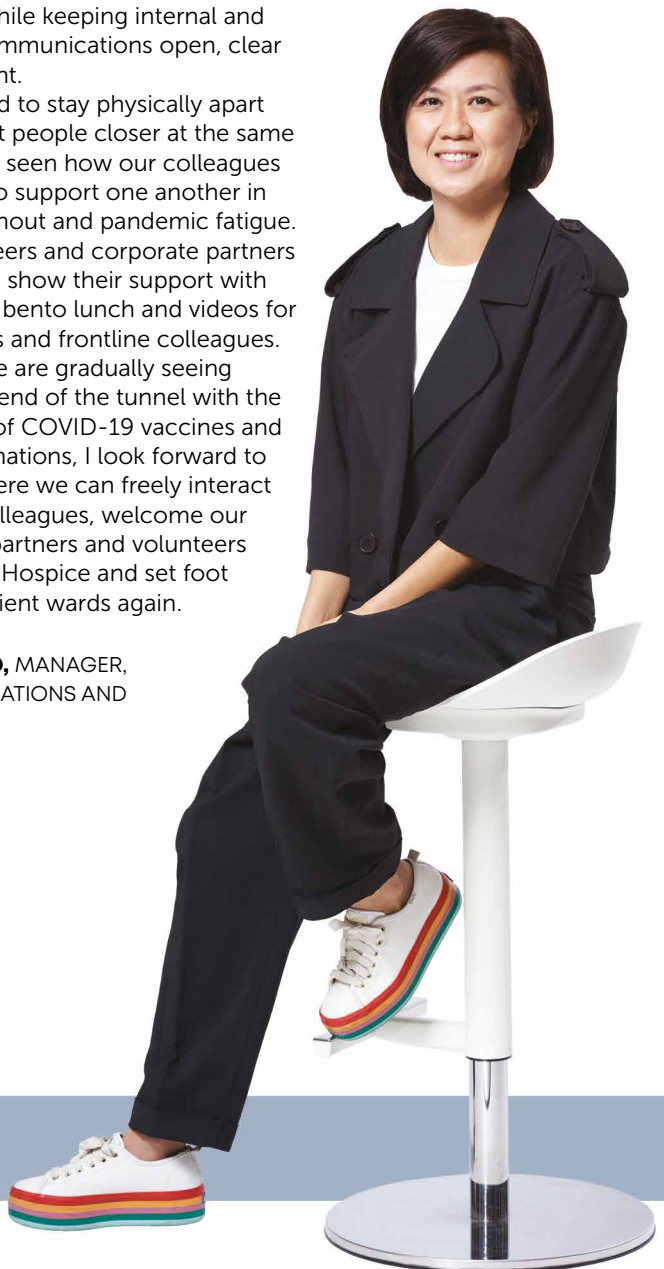
“

2020 is a year like no other. The coronavirus has swept the world and sent cities into lockdown. As uncertainty loomed over the healthcare system with the spread of the virus in Singapore, it was crucial to be prepared and to stay abreast of how the virus is evolving, while keeping internal and external communications open, clear and constant.

The need to stay physically apart has brought people closer at the same time. I have seen how our colleagues reach out to support one another in time of burnout and pandemic fatigue. Our volunteers and corporate partners continue to show their support with care packs, bento lunch and videos for our patients and frontline colleagues.

While we are gradually seeing light at the end of the tunnel with the availability of COVID-19 vaccines and mass vaccinations, I look forward to the day where we can freely interact with our colleagues, welcome our corporate partners and volunteers back at the Hospice and set foot in our inpatient wards again.

JENNY GOO, MANAGER,
COMMUNICATIONS AND
OUTREACH



REFLECTIONS FROM THE DEPARTMENTS



2020 has been an eventful year that tested the fundraising team to go beyond our abilities. While the onslaught of COVID-19 had greatly disrupted our physical fundraising activities, the team persevered and innovated quickly to digital fundraising such as moving our annual signature Sunflower charity dinner online and raised over \$1million with the generosity and support of our donors, sponsors and guests.

Despite the trying time for corporate companies with the economic uncertainties, we are touched by their continued support in sending care packs and sponsored lunch for the staff and goodie bags for our patients. With Singapore's gradual opening and ease in COVID-19 restrictions in the later part of this year, we look forward to meeting our donors and corporate partners in person in the new normal.

ALEX HO, MANAGER, FUNDRAISING



In the past year, it was heart-warming to see how our volunteers have persistently adapted and continued to support our patients and staff despite the uncertainties that come with the pandemic. I was personally moved by their selflessness and their unwavering spirit, and at how we can count on them no matter rain or shine. Despite the halt in most volunteering activities that requires volunteers' physical presence, we have innovated and gone on to adapt to virtual means to provide the best for our patients. Most importantly, we could not have done all that we did in the last year without our volunteers who continually go above and beyond for our patients. We look forward to resuming more volunteering activities and welcome more volunteers back later this year to connect and bring cheer to everyone at the Hospice.

TOK SHOU WEE, MANAGER, VOLUNTEER PROGRAMME





The Operations and Facilities team had an eventful year, with an expanded team and revisions made to the team structure, with provisions allowing for extensions in project management, building and facilities, and bio-medical engineering support services. I am happy to share that the move to ICH is on schedule and the Temporary Occupation Period is expected to be in late 2021, which will kickstart several activities for the team. With an anticipated increase in patients in all of our services, we expect to evolve our existing processes to maintain the standards expected for our patients. The year ahead will be busier than ever, but we look forward to new beginnings to ensure a smooth transition to our new home.

**KENNETH CHAN, MANAGER,
OPERATIONS AND FACILITIES**



The Circuit Breaker last year has changed the way IT department worked. We have to find ways to support both administrative staff who worked from home and clinical team on site, keeping in mind social distancing measures. It was a struggle for IT to provide both in-house and at-home services but we made it happen.

Virtual platforms such as Zoom and Microsoft Teams have become the default meeting place but personally, I think nothing can replace face-to-face meetings to ensure messages and instructions are accurately communicated.

COVID-19 has certainly posed challenges to the IT team especially when meetings have to be shifted online and I want to thank our colleagues for their understanding and support. I hope we can better support our colleagues with the easing of restrictions as we plan for our shift to the Integrated Care Hub.

KWOK WING KIT, MANAGER, IT

DONORS

LIST

Deepest appreciation to our individual and corporate donors for their contributions (\$1,000 and above) in the past year. Thank you for your continued support towards our cause and see our patients through their difficult times.

Individuals

A

Ahmad Fawzi Ayuby
Akashnee Thompson
Alistair John MacDonald
Ang Peng Tiam (Dr)
Au Oi Leng
Aung Tin

B

Badufle Benoit Roger Andee
Boh Chek Kwong
Boon Suan Lee

C

Caers Lucas Henri R.
Chan Boon Kheng
Chan Guek Cheng, Noreen (Dr)
Chan Kin Ming
Chan Wai Fen
Chan Wai Leong
Chang Kai Pong
Chang Mun Loong
(IMO-Kwan Bee Took)
Chang Shern Hin
Chang Yoong Hui, Joyce

Chan-Lien Margaret
Cheah Li Yean
Chee Yam Cheng (Dr)
Chen Dan, Diane
Cheng Christopher
Cheng Yoke Ping
Cheong Fook Onn, Andrew
Cheong Yan Yan, Ann (Dr)
Chew Chui Yoke, Yvonne
(IMO-Loke Siew Him)
Chew Robert
Chia Lay Hoon
Chia Nam Toon
Chia Piah Yam
Chia Soo Hien
Chia Tai Tee
(IMO-Chia Yong Chua)
Chia Wai Kong @ Sik Wai Kong
Chia Wei Hong
Chia Yi Xue
Chim Siew Kiah
Chin Chi Onn, Colin
Chin Kim Tham
Chin Yau Seng
Chiu Huey Ching
Chng Chee Kiong

Chng Hup Jeng
Chng Peng
Choe Fook Cheong @ Alan Choe
Chong Kit Lin
Chong Patrick
Choo Bee Li
Choo Chiau Beng
Choo Wan Ling (Dr)
Chow Joo Ming
Chow Lee Ling
(IMO-Lee Bee Yok)
Chow Yuen Yong, Alvin
Chua Choon Hock
Chua Chwee Hong
Chua Kim Chiu
Chua Jacqueline
Chua Yeow Khiang
Clair Ngoi

E

Elena Okorochenko
Eng Hsi Ko, Peter
Estate of Frank George Newman
Estate of Irene Tan Liang Kheng
Estate of Lian Ah Moi
Estate of Tong Pui Ying

Estate of Yap Peng Cheong
Eu Oy Chu (Dr)

F

Fae Sugiharto
Fong Yeng Chung, Frank
Fong Siew Teng
(IMO-Kwek Bee Tin)
Foo Marlene
Foo Yee Ling

G

Gagnon Douglas Paul
Gan Soh Har
Go Puay Wee
Goh Cheong Hock
(IMO-Goh Teck Chye)
Goh Ing Nam
Goh Pheck Suan, June (Dr)
Goh Lee Kian
Goh Miaw Hui
Goh Pi Lee, Beverly (Dr)
Goh Toh Wee, Thomas
Gwee Chwee Kee, Rupert

H

Hee Geok Lin
Hee Siew Fong
Heng Hock Mui
(IMO-Heng Yee Koon)
Hochstadt Herman Ronald
Ho Bee Tat
Ho Chui Fong
Ho Mui Peng
Ho See Keng
Ho Seong Kim
Ho Siok Hwa, Eileen
Ho Vee Leung
Ho Vui Min
Ho Yew Kee (Prof)
Ho Yook Hwa
(IMO-Aw Chow Kwai)

Hoong Kar Mei, Cindy
Hui Kok Fai
(IMO-Cheong Ngee Seng)

J

James Best (Dr)
Janie Darmadi
Jim Rogers
Julia & Robert Quek

K

Kaan Sheung Kin
Kannan PS
Kapde Tushar
Khoo Lee Jin
Khoo Linda
Khoo Whee Leng
Khoo Whee Luan
Ko Chee Wah
Koh Ban Heng
Koh Choon Kiat
Koh Kok Ong
Koh Leng Leng
Kong Yuet Peng
Kuah Hoe Sim
(IMO-Chua Lee Kheng)
Kueh Hwee Ping
Kwek Choon Lin, Winston
Kwek Kon Yew (Dr)
Kwik Wan Ling, Regina

L

Lai Jiunn Heng (Dr)
Lai Ling Ling
Lai Mun Kwong
Lai Voon Min
Lam Kah Hoe
Lao Tong Seng
Lau Hong Choon (Dr)
Lau Kim Choo
Lau Mei Hwa
Lee Ang Seng

Lee Ban Hock
Lee Beng Hooi
Lee Chin Cheng
Lee Chong Kwee
Lee Choon Bok
Lee Chung Huat
Lee Eddie
Lee Eng Thye
Lee Fong Ee, Sharon
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Lee Joyce
(IMO-Lim Hiang Jee)
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Lee Lai Cheng, Alicia
(IMO-Chew Ah Toh)
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Lee Swee Chan
Lee Tua Bah, Vincent
Leo Rong Wen
Leong Eng Keong
Leong Sai Keong
Leong Wai Leng
Leong Yee Mei
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(IMO-Ho Siew Fong)
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Li YingYao
Lian Bee Leng
Liew Chee Kong, Sonny
Liew Kim Swee
Liew Kum Chong
Lim Bee Yan, Agnes
Lim Chee Khiam
Lim Chew Meng, Vincent
(IMO-Tan Kim Eng)
Lim Chin Hu
Lim Chin Leong
Lim Feng, Philip
Lim Fon Kui
Lim Hock Chee
Lim Hong Kheng
Lim Joo Hoe

DONORS
LIST

Lim Kemmy
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 Lim Shouk Gaem, Jeanette
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 (IMO-Lee Eng Seng)
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 Loo Choon Meng
 Loo Eunice
 Loo Sui An, Gillian
 Lum Wai Kit, Fabian
 Lye Chee Yoong, Kevin

M

Ma Kar Kui, Anthony
 Mak Chee Kiong
 Meow Im Kok Yuen
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 Moi Lai Chen, Regina

N

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 New Lee Ping
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 Ng Han Yang, Hans
 Ng Huey Ling

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 Ng Wai Chuin
 Ng You Zhi
 Ng Yuet Hoong, Audra
 Ngo Cheng Siong
 (IMO-Ngo Ah Hung)
 Ngo Get Ping
 Ngo Hwee Ngah

O

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 Ong Beng Huat
 Ong Beng Teck, Roland
 Ong Chu Poh
 Ong Kah Seng, Isaac
 Ong Kim Yan
 Ong Meng Hui
 (IMO-Ong Kim Ling)
 Ong Mong Siang
 Ong Siew Ching
 Ong Yeng Fang
 (IMO-Lau Sok Hun)
 Oo Kian Kwan, Kenneth (Dr)
 Oxborrow Michael Anthony

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 Peh Chong Eng
 (IMO-Wong Swee Yong)
 Phang Chin Hin, Thomas
 Phua Poh Boon (Dr)
 Poh Bee Li
 Poh Leong Ching
 Poi Choo Hwee (Dr)
 Poon Yuen Lin
 (IMO-Poon Wai Kai)
 Pun Boon Li, Pamela
 (IMO-Seet Long Neo)

Q

Qua Chem Yin
 Quek Yi Ting, Lydia

R

Rin Huei Yen
 Rin Nan Yoong
 Rohan Kamis

S

Schevielyn Veloso
 Seah Chee Hua
 Seah Chee Hwee
 Seah Kah Siang, Elton
 Seet Iris
 Seow Wooi Fen
 Seow Yim Peng, Dora
 Serene Sorensen
 Shee Gim Leng
 Shi Soon Heng
 Sim Guek Neo, Elizabeth
 Sim Meimei, Yolyn
 Sin Kam Hong
 Siow Fung Wai Ying
 Siow Hua Ming (Dr)
 Siow Kon Sang nee Lily Seet
 Soejono Varinata
 Soh Hui Hian, Karen (Dr)
 Soh Tian Geh, Louisa
 Soo Ding Xuan, Alvy
 Suchad Chiaranussati
 Sujatha Das Gollapalli

T

Tamilarasan S/O Pichaikannu
 (IMO-Pichaikannu S/O Kandasami)
 Tan Ann (Dr)
 Tan Cassandra
 (IMO-Ng Ah Lee)

Tan Cheng Kian
Tan Chwee Teck, Patrick
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Tan Geok Leng
Tan Hean Beng, Tommy
Tan Hui Cheng
Tan Hsuan Heng
Tan Jin Hwee
Tan Kian Wee
Tan Kim Kwang
Tan Kok Hiang
(IMO-Chua Ka Saek)
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Tan Li-Ming, Judith Joy
Tan Nguan Chee
Tan Shirley
Tan Sim Hock
Tan Siok Lan, Anne
Tan Soo Hwee
Tan Tee Jim
Tan Wee Keong, Kasper
Tan Wei Ching (Dr)
Tan Wei Fang, Geraldine
Tan Yang Guan
Tan Yap Phang
Tan Yew Beng
Tan Yew Loong
(IMO-Kuek Ser Tong)
Tan Yu-Ling, Jackie (Dr)
(IMO-Tan Beng Swee)
Tang Shan Ren, Sara
Tay Chek Khoon
Tay Kwong Soong
Tee Hiok Yim
Teng Kim Wei, Jennifer
Teo Cher Cheong
Teo Liang Yeok
Teo Li-Ming (Dr)
Teo Miang Yeow
Teo Sheau Yun, Vivie
(IMO-Teo Cheng Chua)

Teo Wen Li
(IMO-Yeo Ai Hoon, Jolly)
Teow Kiok Liang
Tham Kui Seng
Tham Kum Ying (Dr)
The Late Ang Hui Kiang
The Late Chia Ming Hang
/ Yeo Ah Nee
The Late Teow Kah Kim
The Late Wong Siew Kheng
Theresjah Irawati Wijardie
Thia Siang Eng, Camilla
Tien Sing Cheong
Tin Ah Poon
Tin Keng Seng
Ting Pin Sing
Tiong Shu
Tiong Siew Geok
Tiu Ting Yik, Wendy
Tjio Hans
Tjio Shan
Too Adam
Tseng Charles

V
Varinata Tiffany
Veloso Gerson Yip

W
Wang Chew Juat
(IMO-Cheng Kiam Wah)
Wang Jonathan
Wang Ming Chang (Dr)
Wee Cheng Hwa
(IMO-Koh Geok Bit)
Wee Chuan Heng, Mervin
Wong Chee Kuong
Wong Cheong Phong
Wong Chit Sieng
Wong Keen Mun

Wong Kit Yee, Karmen
Wong Mei Gin
Wong Mei Hwa
Wong Pak Kwong, Benjamin
Wong Siu Ching, Cindy
Wong Wai Mun
Wong Wai Yin
Wong Weng Sun
Wong Yuet May
Woo Yern Yee, Gordon
Wu Huei Yaw (Dr)

X
Xiao Li
Xu Xinyu
(IMO-Tan Chay Khim)

Y
Yang Yuen Tsy, Caroline
Yap Boh Wei (Dr)
Yap Hon Lok
(IMO-Yap Hai Peng)
Yap Lian Eng (Dr)
Yap Poh Tee
Yaw Chee Ming
Yeang Xian Wei (Dr)
Yeo Cheow Tong
Yeo Lay Yong
Yeo Lik Seng
Yeo Song Care
Yeo Suat Kee, Jessie
Yeo Swan Thong, Vincent
Yeow Ban Chuan
Yong Chee Fah (Dr)
Yuen Wei Yi, Gerard
Yulies Irawari

Z
Zee Pui Man, Jean

DONORS LIST

Organisations

A

Access Direct Pte Ltd
Akeles Consulting Pte Ltd
Alliance Steel Pte Ltd
Amber Electronics Pte Ltd
Ang Yew Seng Funeral Parlour
Antara Koh Private Limited
Arie Darma Enterprises (S) Pte Ltd
Autodesk Asia Pte Ltd

B

BDO LLP
Beauty One International Pte Ltd
Beaver Contromatic Pte Ltd
Borneo Motors (Singapore) Pte Ltd
Bukit Timah Golf Complex Pte Ltd

C

Catalent CTS (Singapore) Pte Ltd
Cellresearch Corporation Pte Ltd
Chew How Teck Foundation
Ciena Communications Singapore Pte Ltd
Continent & Island International Co PL

D

Dollar Land Singapore Pte Ltd
Dovechem Industries Pte Ltd
DP Architects Pte Ltd
DPH Crystal Group
DPH Diamond Group
DPH Jade Group
Duke Bakery Pte Ltd

E

Erabelle Pte Ltd
Eu Yan Sang (Singapore) Pte Ltd

F

Fabric's Life Laundry Service
Falcon House Capital Management Pte Ltd
Focus Network Agencies (S) Pte Ltd
Franklin Templeton
Frasers Property Retail Management Pte Ltd
Freshmart Singapore Pte Ltd

G

Geonamics (S) Pte Ltd
GNS Storage Pte Ltd
Golden Pagoda Buddhist Temple

H

Hong Leong Foundation

I

Isaac Manasseh Meyer Trust Fund
Isetan Singapore Limited

J

Jurong Country Club

K

Kah Hong Pte Ltd
Kajima Overseas Asia (Singapore) Pte Ltd
Kanlian Ferry Pte Ltd
Khong Guan Biscuit Factory (S) Pte Ltd
Khoo Teck Puat Foundation
Kwan Im Thong Hood Cho Temple

M

Mellford Pte Ltd

N

National Council of Social Service
Nectar Care Service (Singapore)
Nera Telecommunications Ltd
Newman Corporate Services Pte Ltd
Nexcomm Asia Pte. Ltd
NTUC Fairprice Foundation Limited
NTUC FairPrice Co-operative Ltd

O

Odyssey Technical Solutions (S) Pte Ltd
Olam International Limited

P

Pei Hwa Foundation Limited

Q

Q&M Dental Group (Singapore) Ltd

R

RSM Chio Lim LLP

S

SBS Transit Ltd
SCHURTER (S) Pte Ltd
Senawang Tankers Pte Ltd
SINCL Pte Ltd
Singapore Press Holdings Foundation
Singapore Swimming Club
Singapore United Estates (Pte) Ltd
Source Manufacturing Pte Ltd
SymAsia Singapore Fund - QQCK Foundation

T

Tampines Chinese Temple
Tara Buddhist Centre
The Canary Diamond Company Pte Ltd
The Ireland Funds Singapore
The Community Foundation of Singapore
Tote Board and Singapore Turf Club
Trailblazer Foundation Ltd
Transcend Solutions Pte Ltd
Trends N Trendies Pte Ltd

U

UK Online Giving Foundation
Union Energy Corporation Pte Ltd
Unitrio Trading Pte Ltd
U-Want Services Pte Ltd

W

Web Synergies (S) Pte Ltd
Wing Ship Marine Services Pte Ltd
W'ray Construction Pte Ltd

Y

Ya Kun International Pte Ltd

Governing Council



A/PROF JEREMY LIM
Chairman
29th Governing Council

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Director
Global Health Program
Saw Swee Hock School of Public
Health, National University of
Singapore
Co-founder & CEO, AMILI



MS ANGELENE CHAN
Vice Chairman
Chairman, Building
& Development
Committee

DATE OF LAST ELECTION
19 August 2017

OCCUPATION
Chairman
DP Architects & its Group of
Companies



MR CHEY CHOR WAI
Honorary Secretary

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Consultant



MR LOW CHEE WAH
Chairman
Audit, Risk &
Governance Committee

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
CEO
Frasers Property Retail



MR PAUL GAGNON
Chairman
Communications &
Outreach Committee

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Consultant



DR KWA CHONG TECK
Co-Chairman
Fundraising Committee

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Senior Adviser
National Dental Centre Singapore



MS CHENG YOKE PING
**Assistant Honorary
Secretary**

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Partner
Rajah & Tann Singapore



MS DIANE CHEN DAN
Honorary Treasurer

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Market CFO, China
Financial Planning & Analysis,
Group Finance
Sembcorp Industries Ltd



MS ONG AI HUA
**Assistant Honorary
Treasurer**

DATE OF LAST ELECTION
19 August 2017

OCCUPATION
Head of Government Affairs
& Policy
Johnson & Johnson Asia Pacific



DR KAREN SOH
**Co-Chairman
Fundraising Committee**

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Medical Director
Laser Clinics Singapore



MR TAN KIM KWANG
**Chairman
Human Resource
Committee**

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
HR Director
Ezion Holdings Limited



MR SHEE GIM LENG
**Chairman
Information Technology
Committee**

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Dy CIO, HTA
DD Development & Services
(Homeland Security & Enforcement)
Policing Programme Management
Centre, HTX

Governing Council



MR ROBERT CHEW
Chairman
Investment Committee

DATE OF LAST ELECTION
19 August 2017

OCCUPATION
Partner
iGlobe Partners



DR LIONEL LEE
Chairman
Medical Professional
Audit Committee

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Retired



DR TANYA TIERNEY
Chairman
Volunteers Committee

DATE OF LAST ELECTION
24 August 2019

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



MS MARLENE FOO
Member

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Retired



DR MARK CHAN
Member

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Senior Consultant
Geriatric Medicine
Tan Tock Seng Hospital



MS WOO E-SAH
Member

DATE OF LAST ELECTION
22 August 2020

OCCUPATION
Partner
RSM Singapore

Honorary Council Members

| | |
|---|--|
|  |  |
| <p>DR SEET AI MEE Honorary Council Member</p> <p>DATE OF LAST ELECTION Not Required</p> <p>OCCUPATION Retired</p> | <p>DR JERRY LIM Honorary Council Member</p> <p>DATE OF LAST ELECTION Not Required</p> <p>OCCUPATION Retired Doctor</p> |
| | |

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 2020 to 30 September 2023.

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 29th Governing Council

A/Prof Jeremy Lim

Vice Chairman of the 29th 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 Diane Chen Dan

Assistant Honorary Treasurer

Ms Ong Ai Hua

Chairman, Audit, Risk & Governance Committee

Mr Low Chee Wah

Chairman, Communications & Outreach Committee

Mr Paul Gagnon

Co-Chairman, Fundraising Committee

Dr Kwa Chong Teck

Dr Karen Soh

Chairman, HR Committee

Mr Tan Kim Kwang

Chairman, IT Committee

Mr Shee Gim Leng

Chairman, Investment Committee

Mr Robert Chew

Chairman, Medical Professional Audit Committee

Dr Lionel Lee

Chairman, Volunteers Committee

Dr Tanya Tierney

Members

Ms Marlene Foo

Dr Mark Chan

Ms Woo E-Sah

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 28th Annual General Meeting held on 22 August 2020. 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) and page 68 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 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 18 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 the 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 member 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:
 - 22 August 2020
 - 1 December 2020
 - 23 March 2021
 - 19 July 2021

The Council members' attendance at the Council meetings for the period of August 2020 to July 2021 are as follow:

| S/No | Name of Council Members | No of Meetings in the work year | No of Meetings attended |
|------|-------------------------|---------------------------------|-------------------------|
| 1. | A/Prof Jeremy Lim | 4 | 4 |
| 2. | Ms Angelene Chan | 4 | 3 |
| 3. | Mr Chey Chor Wai | 4 | 4 |
| 4. | Ms Cheng Yoke Ping | 4 | 4 |
| 5. | Ms Diane Chen Dan | 4 | 3 |
| 6. | Ms Ong Ai Hua | 4 | 2 |
| 7. | Mr Low Chee Wah | 4 | 1 |
| 8. | Mr Paul Gagnon | 4 | 4 |
| 9. | Dr Kwa Chong Teck | 4 | 3 |
| 10. | Dr Karen Soh | 4 | 1 |
| 11. | Mr Tan Kim Kwang | 4 | 4 |
| 12. | Mr Shee Gim Leng | 4 | 4 |
| 13. | Mr Robert Chew | 4 | 3 |
| 14. | Dr Lionel Lee | 4 | 4 |
| 15. | Dr Tanya Tierney | 4 | 3 |
| 16. | Ms Marlene Foo | 4 | – |
| 17. | Dr Mark Chan | 4 | 4 |
| 18. | Ms Woo E-Sah | 4 | 2 |

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

Statement Of Corporate Governance

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 oversees, builds and strengthens DPH's current branding and communication policies, protocols and guidelines.
2. The COC provides insight and counsel on the communications strategies that support the achievement of the communications and outreach objectives with respect to enhancing the presence of DPH in all media platforms (traditional and digital media), and align with the corporate mission and vision.
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 RESOURCES 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 4 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 2021.

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 2021, 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 2021 | FY 2020 |
|------------------------|---------|---------|
| \$100,001 to \$200,000 | – | 1 |
| \$200,001 to \$300,000 | 3 | 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 2021, the Hospice did not make any loan or grant to any third parties.

Our Committees

Dover Park Hospice's Committees

1. APPOINTMENT AND NOMINATION COMMITTEE

- A/Prof Jeremy Lim (Chairman)
- Ms Angelene Chan
- Mr Chey Chor Wai

2. AUDIT, RISK AND GOVERNANCE COMMITTEE

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

3. BUILDING AND DEVELOPMENT COMMITTEE

- Ms Angelene Chan (Chairman)
- Dr Lionel Lee (Vice Chairman)
- Mr Loh Hai Yew
- Mr Kenneth Sim
- Dr Wu Huei Yaw
- Mr Timothy Liu (Management)
- Dr Ong Wah Ying (Management: Stepped down on 30 November 2020)
- Dr Mervyn Koh (Management: Appointed on 1 December 2020)
- Mr Kenneth Chan (Management)

4. COMMUNICATIONS AND OUTREACH COMMITTEE

- Mr Paul Gagnon (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 Koid
- Dr Tanya Tierney

5. EXECUTIVE COMMITTEE

- A/Prof Jeremy Lim (Chairman)
- Ms Angelene Chan (Vice Chairman)
- Mr Chey Chor Wai (Honorary Secretary)
- Ms Cheng Yoke Ping (Assistant Hon Secretary)
- Ms Diane Chen Dan (Honorary Treasurer)
- Ms Ong Ai Hua (Assistant Hon Treasurer)

6. FUNDRAISING COMMITTEE

- Dr Kwa Chong Teck (Co-Chairman)
- Dr Karen Soh (Co-Chairman)
- Dr June Goh
- Ms Joy Tan
- Mr Kenneth Tan
- Ms Shan Tjio
- Ms Shauna Teo
- Ms Tiffany Varinata
- Mr Johnny Lam (Appointed on 7 December 2020)
- Mr Alex Tan Tiong Huat (Appointed on 31 December 2020)

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

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

9. INVESTMENT COMMITTEE

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

Endowment Fund Trustees

- Ms Jacqueline Khoo
- Dr Seet Ai Mee
- Prof Tay Boon Keng

10. MEDICAL PROFESSIONAL AUDIT COMMITTEE

- Dr Lionel Lee (Chairman)
- Dr Angel Lee (Vice Chairman)
- Dr Gilbert Fan
- Dr Robert Lim
- Dr Tiew Lay Hwa
- Dr Uma Rajan
- Dr Wu Huei Yaw
- Mr Wu Tuck Seng
- Mrs Nellie Yeo
- Dr Alan Ong

11. MEDIFUND COMMITTEE (APPOINTED BY MOH)

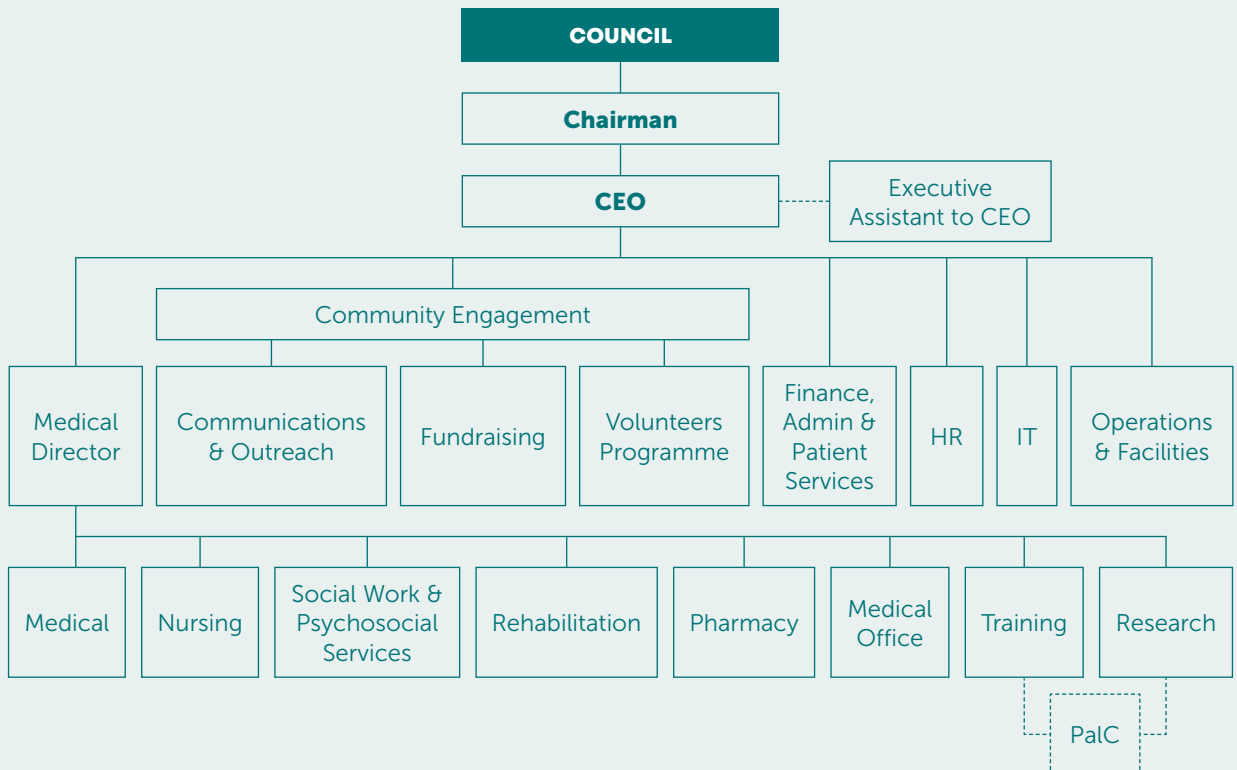
- Prof Ho Yew Kee (Chairman)
- Dr Ian Leong
- Ms Jenny Bong

12. VOLUNTEERS COMMITTEE

- Dr Tanya Tierney (Chairman)
- Mr Raymond Chiang
- Mr Muhammad Agus Bin Othman
- Ms Janice Phua
- Mr Gilbert Lew
- Mr Sia Ooi Kong
- Ms Chan Choo Lin
- Ms Ler Yu-Min
- Mrs Pearl Lim
- Mr Bernard Yeo
- Ms Linda Hart
- Ms Cheah Li Yean
- Ms Yeo Tze Yee
- Ms Lim Guek Har

Our Organisational Structure

Council Structure



Note:

The Palliative Care Centre for Excellence in Research and Education (PaIC) 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
(Last Day: 30 November 2020)
Dr Mervyn Koh
(Date of Appointment: 1 December 2020)

SENIOR CONSULTANT

Dr Allyn Hum
Dr Joseph Ong Yew Jin

CONSULTANT, HEAD OF HOME CARE

Dr Yee Choon Meng

PRINCIPAL RESIDENT PHYSICIAN

Dr Yea Kok Chin

SENIOR RESIDENT PHYSICIAN

Dr Martin Lee
(Date of Appointment: 1 July 2020)

RESIDENT PHYSICIANS

Dr Hoh Sek Yew
Dr Chia T-Yunn

DIRECTOR OF NURSING

Ms Chin Soh Mun

HEAD, SOCIAL WORK AND PSYCHOSOCIAL SERVICES

Ms Cheong Ee May Deidre Adele
(Last Day: 3 March 2021)

ACTING HEAD, SOCIAL WORK AND PSYCHOSOCIAL SERVICES

Ms Martha Ng
(Date of Appointment: 4 March 2021)

MANAGER, FINANCE, ADMIN AND PATIENT SERVICES

Ms Karen Tan
(Date of Appointment: 1 January 2021)

MANAGER, COMMUNICATIONS AND 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, OPERATIONS AND FACILITIES

Mr Kenneth Chan
(Date of Appointment: 1 January 2021)

MANAGER, TRAINING

Ms Tan Li Kuan
(Date of Appointment: 1 January 2021)

STAFF-IN-CHARGE, RESEARCH

Ms Tay Ri Yin

Governance Evaluation Checklist

Advanced Tier

| S/N | Code guideline | Code ID | Response |
|-----------------------------|--|---------|----------|
| Board Governance | | | |
| 1. | Induction and orientation are provided to incoming governing board members upon joining the Board. | 1.1.2 | Complied |
| | Are there governing board members holding staff¹ appointments? (skip items 2 and 3 if "No") | | No |
| 2. | Staff does not chair the Board and does not comprise more than one third 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) can only serve a maximum of 4 consecutive years. 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 re-nomination and re-appointment , at least once every 3 years. | 1.1.8 | Complied |
| 6. | The Board conducts self evaluation to assess its performance and effectiveness once during its term or every 3 years, whichever is shorter. | 1.1.12 | Complied |
| | Is there any governing board member who has served for more than 10 consecutive years? (skip item 7 if "No") | | No |
| 7. | The charity discloses in its annual report the reasons for retaining the governing board member who has served for more than 10 consecutive years. | 1.1.13 | NA |
| 8. | There are documented terms of reference for the Board and each of its committees. | 1.2.1 | Complied |
| Conflict of Interest | | | |
| 9. | There are documented procedures for governing board members and staff to declare actual or potential conflicts of interest to the Board at the earliest opportunity. | 2.1 | Complied |
| 10. | Governing board members do not vote or participate in decision making on matters where they have a conflict of interest. | 2.4 | Complied |

| S/N | Code guideline | Code ID | Response |
|---|--|---------|----------|
| Strategic Planning | | | |
| 11. | The Board periodically reviews and approves the strategic plan 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 develop the capacity and capability of the charity and the Board monitors the progress of the plan. | 3.2.4 | Complied |
| Human Resource and Volunteer² Management | | | |
| 13. | The Board approves documented human resource policies for staff. | 5.1 | Complied |
| 14. | There is a documented Code of Conduct 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 |
| Are there volunteers serving in the charity? (skip item 16 if "No") | | | Yes |
| 16. | There are volunteer management policies in place for volunteers. | 5.7 | Complied |
| Financial Management and Internal Controls | | | |
| 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 | NA |
| 18. | The Board ensures that internal controls for financial matters in key areas are in place with documented procedures . | 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 identify, and regularly monitor and review the charity's key risks . | 6.1.4 | Complied |
| 21. | The Board approves an annual budget for the charity's plans and regularly monitors the charity's expenditure. | 6.2.1 | Complied |
| Does the charity invest its reserves, including fixed deposits? (Skip item 22 if "No") | | | Yes |
| 22. | The charity has a documented investment policy approved by the Board. | 6.4.3 | Complied |

Governance Evaluation Checklist

| S/N | Code guideline | Code ID | Response |
|------------------------------------|--|---------|----------|
| Fundraising Practices | | | |
| | Did the charity receive cash donations (solicited or unsolicited) during the financial year? (skip item 23 if "No") | | Yes |
| 23. | All collections received (solicited or unsolicited) are properly accounted for and promptly deposited by the charity. | 7.2.2 | Complied |
| | Did the charity receive donations in kind during the financial year? (skip item 24 if "No") | | Yes |
| 24. | All donations in kind received are properly recorded and accounted for by the charity. | 7.2.3 | Complied |
| Disclosure and Transparency | | | |
| 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 |
| | Are governing board members remunerated for their services to the Board? (skip items 26 and 27 if "No") | | No |
| 26. | No governing board member is involved in setting his own remuneration. | 2.2 | NA |
| 27. | The charity discloses the exact remuneration and benefits received by each governing board member in its annual report. <u>OR</u> The charity discloses that no governing board member is remunerated. | 8.3 | NA |
| | Does the charity employ paid staff? (skip items 28, 29 and 30 if "No") | | 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 each of its 3 highest paid staff who each has received remuneration (including remuneration received from the charity's subsidiaries) exceeding \$100,000 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 none of its paid staff receives more than \$100,000 each in annual remuneration. | 8.4 | Complied |

| S/N | Code guideline | Code ID | Response |
|---------------------|--|---------|----------|
| 30. | <p>The charity discloses the number of paid staff who satisfies all of the following criteria:</p> <p>(a) the staff is a close member of the family³ belonging to the Executive Head⁴ or a governing board member of the charity;</p> <p>(b) the staff has received remuneration exceeding \$50,000 during the financial year.</p> <p>The information relating to the remuneration of the staff must be presented in bands of \$100,000.</p> <p><u>OR</u></p> <p>The charity discloses that there is no paid staff, being a close member of the family³ belonging to the Executive Head or a governing board member of the charity, who has received remuneration exceeding \$50,000 during the financial year.</p> | 8.5 | Complied |
| Public Image | | | |
| 31. | <p>The charity has a documented communication policy on the release of information about the charity and its activities across all media platforms.</p> | 9.2 | Complied |

Notes:

- 1 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.
- 2 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'.
- 3 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.

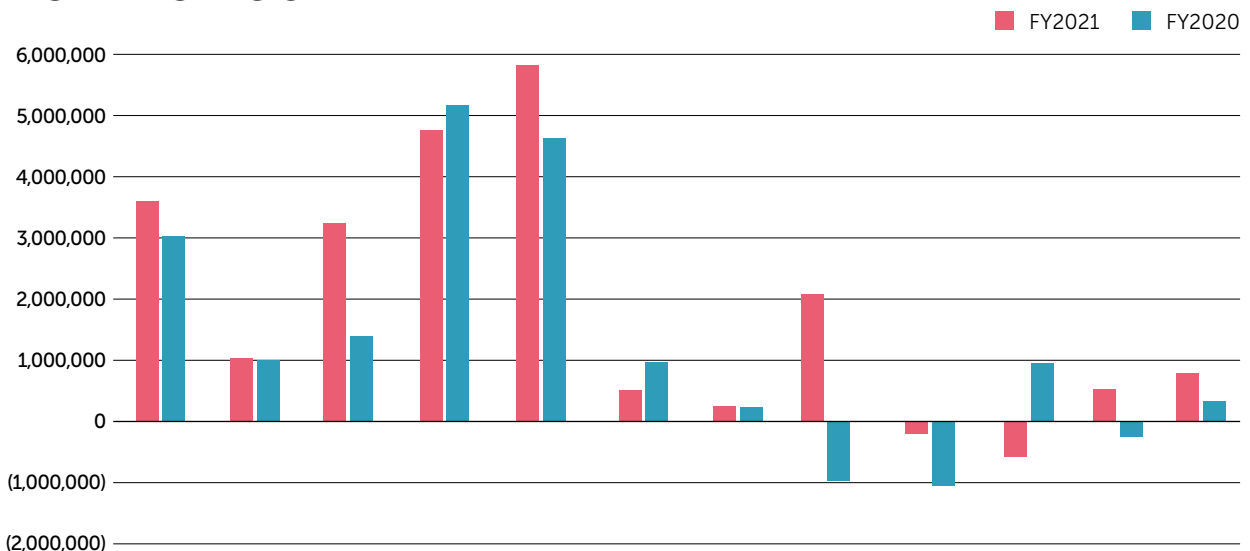
FY2020/2021

FINANCIAL HIGHLIGHTS

Total Income For The Year

| | FY 2021 | FY 2020 |
|---|-------------------|-------------------|
| Voluntary Income & Income from Fundraising Activities | 3,586,930 | 3,024,467 |
| Investment Income | 1,037,184 | 996,873 |
| Patients' Fees | 3,227,293 | 1,394,966 |
| Government Subvention Grant | 4,752,165 | 5,155,726 |
| Other Grants | 5,807,168 | 4,612,909 |
| Amortisation of Deferred Capital Grants | 517,153 | 969,652 |
| Others | 256,278 | 233,411 |
| Fair Value gains/(losses) on Financial Assets at FVTPL - Investments | 2,076,319 | (973,371) |
| Fair Value losses on Financial Assets at FVTPL - Forward Exchange Contracts | (194,824) | (1,048,398) |
| Unrealised Foreign Exchange (Losses)/Gains | (579,414) | 952,706 |
| Realised Foreign Exchange Gains/(Losses) | 532,548 | (252,267) |
| Gains on Disposal of Financial Assets | 787,653 | 334,612 |
| | 21,806,453 | 15,401,286 |

FY2021 Total Income for the Year

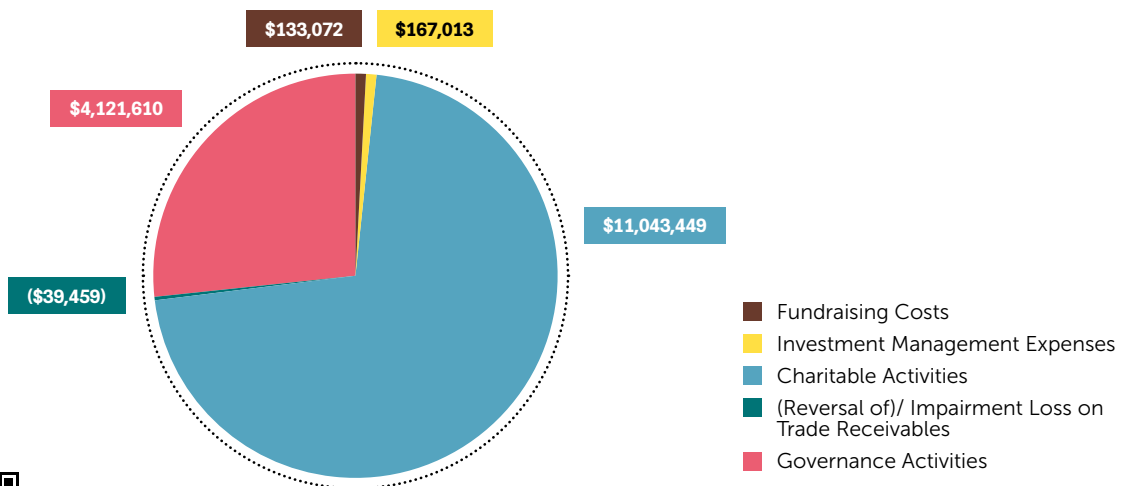


| | Voluntary Income & Income from Fundraising Activities | Investment Income | Patients' Fees | Government Subvention Grant | Other Grants | Amortisation of Deferred Capital Grants | Others | Fair Value Gains/(Losses) on Financial Assets at FVTPL - Investments | Fair Value Losses on Financial Assets at FVTPL - Forward Exchange Contracts | Unrealised Foreign Exchange (Losses)/Gains | Realised Foreign Exchange Gains/(Losses) | Gains on Disposal of Financial Assets |
|---------|---|-------------------|----------------|-----------------------------|--------------|---|---------|--|---|--|--|---------------------------------------|
| FY 2021 | 3,586,930 | 1,037,184 | 3,227,293 | 4,752,165 | 5,807,168 | 517,153 | 256,278 | 2,076,319 | (194,824) | (579,414) | 532,548 | 787,653 |
| 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 |

Total Expenditure For The Year

| | FY 2021 | FY 2020 |
|---|-------------------|-------------------|
| Fundraising Costs | 133,072 | 248,403 |
| Investment Management Expenses | 167,013 | 153,608 |
| Charitable Activities | 11,043,449 | 11,804,003 |
| (Reversal of)/ Impairment Loss on trade receivables | (39,459) | 47,781 |
| Governance Activities | 4,121,610 | 3,819,555 |
| | 15,425,685 | 16,073,350 |

FY2021 Total Expenditure for the Year



Scan this QR code for full
FY2020-21 Financial Report.

Explanatory Notes

1. Surpluses

During the financial year, Dover Park Hospice received higher patient fees of approximately \$1.8 million. This is largely due to the introduction of the new Inpatient Hospice Palliative Care Service (IHPCS) framework that enabled the Hospice to claim from Medishield. In addition, the grant income from the Job Support Scheme (JSS) as part of government's assistance for COVID-19 had amounted to \$1.2 million. Despite a tough year, Dover Park Hospice had a surplus due to the support from generous and supportive donors who had provided estate donations of close to \$1 million.

With guidance from Dover Park Hospice Investment Committee and as the stock market recovered, our realised and fair value gains for our reserves had also generated about \$2.6 million regaining grounds. There will be more challenges in the years ahead.

2. 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.

3. 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.

Life Folder

It is essential to plan ahead of time when it comes to end-of-life planning. Through this Life Folder, we hope this checklist can help you to plan and keep a record of your personal information on how you wish to be honoured during the end of your life.

YOUR PERSONAL DATA AND DOCUMENTS

- Prepare a list of passwords that includes phone, tablet, computer, email, social media accounts, etc.**
You may use a password software like LastPass for ease of transfer to a trusted family member or friend.
- Take note of what you wish to do with your social media accounts after you pass on.**
There are different settings for each social media platform.
- Document your bank account information (including PIN number/password), and safe-deposit box locations if any.**
- Make a list of all life insurance policies and beneficiaries, including information on funeral insurance or pre-paid burial plot/ niche, if applicable.**
- Make your CPF nomination.**
- Make your HDB nomination if your HDB flat is not under joint tenancy ownership.**
- Make/Include your will.**
Remember to keep it up to date as much as possible.
- Document all your bills and state the due dates and amounts.**
Note down how statements are received and payments made. Identify which bills are ongoing and which have an end date.

YOUR HEALTHCARE

- Create an Advanced Care Plan (ACP)**
Plan for future healthcare options through a series of voluntary, non-legally binding conversations with your family and a qualified ACP facilitator. You will be guided to understand, reflect upon and discuss your goals, values and beliefs before indicating your preferences regarding future healthcare treatments and care options.
- Make copies of your ACP to be given to your healthcare providers or trusted family/friends.**
- Inform your family if you have drafted an Advanced Medical Directive.**

YOUR POSSESSIONS

- Designate significant items to be given away to specific people.**
Consider doing so as soon as you are able to, rather than detailing it in your will.
- Discard any items you own that you would not want others to find, or include instructions about disposing of sensitive items, e.g. your journals, for a trusted friend or family member.**
- Identify the location of any cash you have stored for emergencies, and provide instructions on how you wish to allocate the cash or use it.**
- Do up a "Where to Find..." document such as deed to your house, car keys, credit cards/ATM cards, etc. indicating the location of important things your loved ones might need after you pass on.**

YOUR LEGACY

- Write your own obituary.**
Doing so will allow you to decide how you wish to be remembered.
- Write down instructions for your final disposition.**
Do you prefer burial or cremation? Where would you prefer your final resting place to be?
- Plan for your funeral/ remembrance ceremony.**
Who would you like to speak or give an eulogy at your funeral? What music and decorations would you like to include? Write down and share your preference.
- Leave a message for loved ones.**
You can do so through a letter, video or other ways which will be meaningful to the person receiving it.

SECURE YOUR LIFE FOLDER

- Print or email a copy of your Life Folder to a trusted friend or family members.**

Estate Planning

| WHEN SHOULD I PLAN & APPLY | WHAT TO EXECUTE AT EACH STAGE IN LIFE | |
|--|--|---|
| <p>When I am well with mental capacity</p> <ul style="list-style-type: none"> - Advanced Care Planning - Lasting Power of Attorney - Will Planning - CPF Nomination | <p>When I am unwell without mental capacity</p> <ul style="list-style-type: none"> - Advanced Care Planning - Lasting Power of Attorney <ul style="list-style-type: none"> • Personal welfare¹ • Property & affairs² | <p>After death</p> <ul style="list-style-type: none"> - Will Planning - CPF nomination |

1. For example: living arrangements; handling of personal correspondences, social activities

2. For example: handling of properties such as buying, selling, renting and mortgaging; financial matters

| | Advanced Care Planning (ACP) | Lasting Power of Attorney (LPA) | Will Planning | CPF Nomination |
|--------------|---|--|--|---|
| FOR WHO | Anyone regardless of age | Person who is 21 years old & above | Person who is 21 years old & above | CPF member who is 16 years old & above |
| WHAT IS THIS | <ul style="list-style-type: none"> - Open conversations between you, your loved ones and healthcare providers on your future preferred care options. - Enables people to know your preferred treatment plans should you become seriously ill one day, and is unable to speak for yourself. - Not a legal document. | <ul style="list-style-type: none"> - Voluntary appointment of one or more persons ('donee(s)') to make decisions and act on your behalf should you lose mental capacity one day. - This is a legal document. | <ul style="list-style-type: none"> - A will is a legal document which states your last wishes relating to your assets and loved ones after you pass on. - This will include: <ul style="list-style-type: none"> • All your assets and liabilities, such as your debts. • Beneficiaries of your assets • Guardians to care for your children until they turn 21 • Executor(s) of your will | <ul style="list-style-type: none"> - Allow you to make a nomination to receive your CPF monies after you pass on. - You may change your nomination by completing the CPF Nomination Form. This form must be signed in the presence of 2 witnesses above 21 years old. |
| HOW | A formal ACP can be done at available ACP centres, whereby an ACP facilitator will take you through the process. | <ul style="list-style-type: none"> - Choose your donee(s) and what decision powers to grant them. - Approach any LPA certified issuers to complete the LPA application forms. - Submit completed LPA forms by post. | You can make a will online by yourself, or approach a wills lawyer to ensure your will is valid and your assets are distributed in accordance with your wishes. | Log on to <i>mycpf</i> Online Services with your SingPass to make an online nomination. Your nomination will be processed by CPF Board in the presence of both witnesses. CPF Board will notify you via SMS and/or email on the status of your nomination. |





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