

EVERY MOMENT MATTERS

DOVER PARK HOSPICE
ANNUAL REPORT 2016 - 2017



DOVER PARK HOSPICE
Every Moment Matters



Care is more than just medicine.



**YEARS OF
CREATING MOMENTS
THAT MATTER**

A leader and authority in Palliative Care, offering the highest standard of holistic care for our patients and their families.



DOVER PARK HOSPICE

Every Moment Matters

Vision

To be the centre of excellence for palliative care services, education and research

Mission

To provide comfort, relief of symptoms and palliative care to patients with advanced diseases regardless of age, race or religion, and to support the grieving families

Our Logo

The DPH logo features two forms - the Circle of Life and the Dove. The Circle represents the passage of life - the Trials and experience from a life well-lived; a wisdom and certainty that comes with age; a personification that death is but the natural completion of life's cycle.

Significantly, the Circle is not enclosed, allowing the Dove to soar free from the Circle and take flight towards another realm, full of hope and dignity. A subtle shadow in the background hints at the care and compassion that has supported this journey.

A series of artistic brushstrokes blend three key colours - Teal, Sky Blue and Dove Grey to form images depicting the Circle and Dove, signifying the graceful transition into timeless serenity.

How We Make Every Moment Matter.

We help OUR PATIENTS and THEIR FAMILIES navigate their journey of unknowns and uncertainty. At Dover Park Hospice, our inter-disciplinary teams of healthcare professionals provide **holistic care** to patients and their circle of **care**, while equipping them with **knowledge**, providing them with utmost care, and **empowering** them to make the best choices for themselves. We involve patients in decision-making and accommodate their care choices.

Dover Park Hospice’s Philosophy of Care encompasses an inter-disciplinary, holistic (physical, emotional & spiritual) model that provides full support to patients, no matter where they are – in the Hospice, at Home, or at a future Day Care facility.

TABLE OF CONTENTS

06	Chairman’s Message	76	管理委员会主席寄语
08	CEO’s Message	78	执行总监寄语
10	Governing Council	80	25年如一日，创造珍贵时刻
13	Corporate Information	81	2017 - 2018年主要活动
14	Corporate Governance	82	创造更多珍贵的片刻
17	Our Committees	84	无私奉献
18	Our Management	85	临床队伍
20	Making Moments Matter: 25 Years	86	感谢的话语
21	Major Events 2017-2018	88	人力资源
22	A New Chapter	90	筹款
24	FY2016/2017 Highlights	91	参与和宣传
	25 Making a Difference	94	企业社会责任（CSR）活动
	26 Words of Gratitude	96	媒体中的托福园
	28 Human Resource	98	托福园的访客
	30 Information Technology	100	表彰和奖励
	31 Fund-raising	101	社会工作和社会心理服务
	34 Corporate Social Responsibility (CSR)	102	护理服务
	36 Dover Park Hospice in the Media	104	晚期失智症患者的“尊严计划”
	38 Visits to Dover Park Hospice	108	在患者的护理人员眼中，我们的表现如何？
40	Clinical and Training	109	培训
	41 Clinical Team	110	我们的义工团体
	42 Recognition and Awards	111	志愿服务大事记
	43 Social Work & Psycho-social Services (SWPS)		
	44 Nursing Services		
	45 Dover Park Home Care Report		
	46 Home Care Statistics		
	48 Programme Dignity		
	49 Programme Dignity Statistics		
	52 How did we fare in the eyes of our patients’ caregivers?		
	53 Training & Development		
	54 Admissions and Referrals		
60	Community Outreach		
62	Volunteerism		
66	Donors		
72	Financial Highlights		



CHAIRMAN'S MESSAGE

25 Years of Creating Moments that Matter

Celebrating a Milestone and the Triumph of the Human Spirit

Dover Park Hospice will be turning 25 in September 2017. Since it was established in 1992 as Singapore's very first purpose-built hospice, DPH has come a long way. Throughout the years, it has tirelessly and continually forged to be the best Palliative Care provider. As a leader and authority in Hospice Care, DPH will continue to provide its unique brand of holistic, multi-disciplinary care as it continues its journey for the next 25 years and beyond.

To continually execute our excellent Philosophy of Care within the community, DPH has been actively seeking partnership and collaboration with corporations and educational institutions in the past year. Through our community, corporate and institutional outreach, CSR, and fund-raising initiatives, we have been working with organisations just to name a few) like NTU Lee Kong Chian School of Medicine, NUS Yong Loo Lin School of Medicine, Yew Tee Community Club Chinese Orchestra (YTCCCO), SAP, Owling Enterprises Pte Ltd, ASL Aviation Group Pte Ltd, Kajima Overseas Asia Pte Ltd, and many others.

Advancing Hospice Care in Singapore

We continue to engage and involve our partners/communities to garner more support – CSR activities, donations, Volunteers, and whatever resources – particularly in preparing for our imminent move to the Integrated Care Hub (ICH), which will be part of HealthCity Novena, from 2022.

Earlier this year, on 21 March 2017, a ground-breaking ceremony was conducted for the up-and-coming ICH. Occupying four floors of the 17-storey ICH, DPH will be expanding and doubling its in-patient capacity to 100 beds, as well as incorporating a Day Care Centre then. Expanding our reach to the community and increasing



**YEARS OF
CREATING MOMENTS
THAT MATTER**

“ We will get more involved, and together with our supporters, staff, and volunteers, we will go the distance to make every moment matter. ”

our capacity to extend our services across Singapore, we will continue to work very closely with Tan Tock Seng Hospital (TTSH) and the National Healthcare Group (NHG), to provide seamless, family-friendly palliative care and comfort to our terminally-ill patients.

Adding Life to Days

DPH will expand its Home Palliative Care and Home Care for Advanced Dementia to cater to the increasing demands of a fast-ageing society with increased needs. Home Palliative care needs to grow from 3,800 places (in 2011) to 6,000, in 2020. In 2012, about 28,000 people in Singapore aged 60 and older had dementia. This number is expected to soar to 80,000 by 2030. Our Home Care for Advanced Dementia Programme was started in October 2014. The number of patients who have benefitted from this Home Care programme has increased to 310 patients from 80 when it first started.

Relying on Generosity

As we continue expanding our patient intake and home care services, our operating expenditure has also increased steadily from \$12.4 million in FY2015/2016 to \$12.9 million in FY2016/17. DPH relies heavily on donations. Donations enable DPH to be an integral part of Singapore's care continuum in Palliative and Hospice care, as it continues to train future generations of Palliative Care doctors, nurses, Allied Healthcare staff and caregivers. Last FY, donations totalled \$2.45 million, a decrease of about \$1.03 million from \$3.47 million in FY2015/16. This will be another challenging year in fund-raising as many uncertainties still linger ahead of a global economic slowdown, while the needs of our patients have increased.

Dover Park Hospice would like to extend our sincere appreciation to all our friends, donors, volunteers, sponsors, and partners, for your steadfast support

of our compassionate cause. Your contributions are encouraging and energising our numerous initiatives.

In the new FY and beyond, we seek your continual support as we work towards enhancing and expanding our services for even more patients with advanced terminal illnesses. We will get more involved, and together with our supporters, staff, and volunteers, we will go the distance to make every moment matter for our patients and their families.

Prof Lionel Lee
Chairman, Governing Council

CEO'S MESSAGE

A year of Change & Growth

Financial Year 2016/17 was an exciting and transitional year for DPH: With the appointment of a new CEO and also the hand-over from Dr. Wu Huei Yaw, who has helmed the position for three years, to our home-grown Dr. Ong Wah Ying as the new Medical Director, while Dr. Wu returns to Tan Tock Seng Hospital to head up a new service pilot.

Growing our Services and Capacity

These developments helped lay the groundwork for the preparation of our growth and eventual move into the new Integrated Care Hub (ICH) by 2022 with 100 beds and a Day Care facility. A lot of background and ongoing work was done to make our new home well-designed and space well considered to ensure the distinctiveness of DPH in an integrated building. But more importantly, it is to continue to create space like living, dining, quiet, and activity areas that are conducive for patients and families to create moments that matter. Management, together with input from our Council, has also put together a 5-year plan that helps DPH navigate through the rapidly-changing Healthcare landscape.

Integrating Processes, increasing Productivity

Administratively, we have been working to improve services and processes in many areas. One such effort is implementing an Enterprise Risk Management system to continually monitor existing and future risks with recommendations from KPMG. We have also conducted a Value Stream Mapping exercise that helped to streamline processes for patients; from admission to billing and discharge, reduced the number of steps, did away with print outs. The results testified that even though the number of referrals had increased for In-patient, Home Care, and Programme Dignity, the average manpower time required for bill verification per month reduced between 31% to 50.8%. Credit to our Home Care, in-patient, and IT colleagues who have made this possible.

We look forward to another busy year to continually improve to meet the needs of our patients and to bring the good work of DPH to reach to a wider audience in celebration of our 25th Anniversary from September 2017.



Timothy Liu
Chief Executive Officer



We look forward to another busy year to continually improve to meet the needs of our patients and to bring the good work of DPH to reach to a wider audience in celebration of our 25th Anniversary from September 2017.



**YEARS OF
CREATING MOMENTS
THAT MATTER**

Dover Park Hospice, as a leader and authority in Palliative Medicine (a medical sub-specialty) adopts a holistic approach, incorporating medical, nursing, psychosocial, cultural, and spiritual care to provide maximum support and care to our patients and their circle of care (family, friends and loved ones).

We believe that our Hospice In-patient & Home Care services give meaning and purpose at the final chapter of a person's life. At Dover Park Hospice, we adopt a non-judgmental approach in fulfilling our philosophy of care to all patients.

Together with our Team who will provide the knowledge and care, we help our patients and their circle of care navigate their journey of unknowns and uncertainty. We empower them to make the best choices so as to help our patients live in comfort and with dignity. We make their moments matter.

GOVERNING COUNCIL

GOVERNING COUNCIL



Prof Lionel Lee
Chairman
Governing Council
Date of Last Election
27 August 2016
Occupation
Executive Vice Dean, Admin
Lee Kong Chian School of Medicine



Mr Robert Chew
Vice Chairman
Date of Last Election
22 August 2015
Occupation
Managing Partner,
iGlobe Partners



Mr Chey Chor Wai
Honorary Secretary
Date of Last Election
22 August 2015
Occupation
Consultant



Prof Ho Yew Kee
Chairman, Audit
& Governance Committee
Date of Last Election
27 August 2016
Occupation
Associate Provost,
SkillsFuture & Staff Development
Singapore Institute of Technology



Mr Lester Lee
Co-Chair, Communications &
Outreach Committee
Date of Last Election
22 August 2015
Occupation
Director,
Optimal E-Marketing



Dr Tanya Tierney
Co-Chair, Communications
& Outreach Committee
Date of Last Election
27 August 2016
Occupation
Assistant Dean,
Lee Kong Chian School of Medicine



Mr Low Chee Wah
Assistant Hon
Secretary/Chairman,
Building & Development Committee
Date of Last Election
27 August 2016
Occupation
Head,
Retail & Commercial
Frasers Centrepoint



Ms Diane Chen Dan
Honorary Treasurer
Date of Last Election
27 August 2016
Occupation
Senior Vice President, Finance
Sembcorp Industries Ltd



Mr Tan Seng Hock
Assistant Hon Treasurer/Chairman,
Investment Committee
Date of Last Election
22 August 2015
Occupation
Chief Executive Officer,
Aegis Portfolio Managers Pte Ltd



Dr June Goh
Co-Chair, Fundraising Committee
Date of Last Election
22 August 2015
Occupation
Senior Consultant & Director,
Neuro-Anaesthesia,
Singapore General Hospital



Ms Joy Tan
Co-Chair, Fundraising Committee
Date of Last Election
22 August 2015
Occupation
Partner,
Wong Partnership



Dr Seet Ju Ee
Chairperson, Human
Resource Committee
Date of Last Election
27 August 2016
Occupation
Senior Consultant, Pathology,
National University Hospital



Col (Retired) Rupert Gwee
Chairman,
Information Technology Committee
Date of Last Election
27 August 2016
Occupation
Director,
Ministry of Home Affairs



Dr Jeremy Lim
Chairman,
Medical Professional
Audit Committee
Date of Last Election
27 August 2016
Occupation
Partner,
Oliver Wyman



Ms Marlene Foo
Chairperson,
Volunteers' Committee
Date of Last Election
22 August 2015
Occupation
Retired





Ms Kemmy Lim
Member
Date of Last Election
27 August 2016
Occupation
Adjunct Lecturer,
Singapore Polytechnic



Mr Tan Yong Soon
Member
Date of Last Election
22 August 2015
Occupation
Adjunct Professor,
Lee Kuan Yew School of
Public Policy
National University of
Singapore



Ms Cheng Yoke Ping
Member
Date of Last Election
22 August 2015
Occupation
Partner,
Rajah & Tann
Singapore LLP



A/Prof Chin Jih Jing
Member
Date of Last Election
22 August 2015
Occupation
Deputy Chairman,
Medical Board & Senior
Consultant Geriatrician
Tan Tock Seng Hospital
Pte Ltd



Dr Kwa Chong Teck
Member
Date of Last Election
27 August 2016
Occupation
Senior Advisor,
National Dental Centre
Singapore

HONORARY COUNCIL MEMBERS



Dr Seet Ai Mee
Honorary Council Member
Date of Last Election
Not Required
Occupation
Retired



Dr Jerry Lim
Honorary Council Member
Date of Last Election
Not Required
Occupation
Retired Doctor

CORPORATE INFORMATION

Registration

Dover Park Hospice (the Hospice) is registered as a 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 from 1 October 2014 to 30 September 2017.

Registered Address

10 Jalan Tan Tock Seng,
Singapore 308436

Unique Entity Number

S92SS0138D

Auditors

KPMG LLP

Banks

General Account

- DBS Bank Ltd
- Overseas Chinese Banking Corporation
- UBS AG, Singapore

Endowment Fund

- DBS Bank Ltd
- Overseas Chinese Banking Corporation

Fund Manager of the Endowment Fund

- Lion Global Investors Ltd (Terminated 8 Dec 2016)
- UOB Asset Management Ltd (Appointed 8 Dec 2016)

Governing Council Members

Chairman

Prof Lionel Lee

Vice Chairman

Mr Robert Chew

Honorary Secretary

Mr Chey Chor Wai

Assistant Honorary Secretary & Chairman, Building & Development Committee

Mr Low Chee Wah

Honorary Treasurer

Ms Diane Chen Dan

Assistant Honorary Treasurer & Chairman, Investment Committee

Mr Tan Seng Hock

Chairman, Audit & Governance Committee

Prof Ho Yew Kee

Co-Chairpersons, Communications & Outreach Committee

Mr Lester Lee

Dr Tanya Tierney

Co-Chairpersons, Fundraising Committee

Dr June Goh

Ms Joy Tan

Chairperson, HR Committee

Dr Seet Ju Ee

Chairman, IT Committee

Col (Ret), Rupert Gwee

Chairman, MPAC

Dr Jeremy Lim

Chairperson, Volunteers' Committee

Ms Marlene Foo

Members

Ms Kemmy Lim

Mr Tan Yong Soon

Ms Cheng Yoke Ping

A/Prof Chin Jih Jing

Dr Kwa Chong Teck

Honorary Council Members

Dr Seet Ai Mee

Dr Jerry Lim

General Declaration

Nomination and appointment of Council Members

All Council members were nominated and appointed to Council at the 24th Annual General Meeting held on 27 August 2016. 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

Since FY 2013/14, Dover Park Hospice 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 of \$10 million and more in each of its two immediate preceding financial years. Dover Park Hospice has complied with the relevant guidelines as stipulated in the Code. Full checklist can be obtained at the Charity Portal (www.charities.gov.sg).

Conflict of Interests

All Council Members and employees of the Hospice are required to read and 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/employees will not participate in decision making and approvals of transactions to which they have a conflict of interest.

CORPORATE GOVERNANCE

Dover Park Hospice (DPH) as an Institution of 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 (Code) for Charities and Institutions of Public Character (Code). Council takes the view that it is in the best interest of DPH in practising 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.

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 oversight includes:

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

2. Council Composition and membership

1. Council comprises of 2 Honorary Council members and 20 Council members.
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. 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 first Council meeting after the annual election;
5. Council ensures that there is a good balance between continuity, renewal and compliance with regulatory requirements.
6. There is a formalised process for the appointment/reappointment of Council members.
7. Council members are required to perform an annual self-evaluation to assess its performance and effectiveness.
8. All Council members are elected at DPH's Annual General Meeting to be held in August. They are required to resubmit themselves for re-election at least once every 2 years.
9. Under the Constitution of DPH, no Council members shall serve more than 6 consecutive years. However, they may be re-nominated after a break of at least one year.
10. 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 agendas for Council meetings and exercises control over the quality, quantity and timeliness of information flow between the Board 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. Council delegates the oversight of risk management to the Audit & Governance Committee (AC).

2. The AC reviews the overall adequacy and effectiveness of risk management and internal control systems.
3. 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 the risk where possible.
4. The CEO will report to the AC on the progress of the ERM on a periodic basis, thereafter, the AC will report to the Council.

6. Council Meetings

1. Council meets quarterly. The Council work year starts from August to July each year. Council met on the following dates:
 - 27 August 2016
 - 22 November 2016
 - 28 March 2017
 - 25 July 2017
2. The Council members' attendance at the Council meetings for the period August 2016 to July 2017 are as follow:

S/N	Name of Council Members	No. of meetings attended
1	Prof Lionel Lee	3/4
2	Robert Chew	4/4
3	Chey Chor Wai	3/4
4	Low Chee Wah	3/4
5	Diane Chen Dan	2/4
6	Tan Seng Hock	3/4
7	Prof Ho Yew Kee	4/4
8	Lester Lee	3/4
9	Dr Tanya Tierney	2/4
10	Dr June Goh	4/4
11	Joy Tan	2/4
12	Dr Seet Ju Ee	3/4
13	Rupert Gwee	2/4
14	Dr Jeremy Lim	3/4
15	Marlene Foo	4/4
16	Cheng Yoke Ping	4/4
17	A/Prof Chin Jing Jih	1/4
18	Dr Kwa Chong Teck	3/4
19	Kemmy Lim	4/4
20	Tan Yong Soon	2/4

7. Audit & Governance Committee (AC)

1. The AC provides audit oversight by reviewing the quality, timeliness and effectiveness of the financial reporting process and internal controls. In addition, it also assumes the role of risk management oversight for DPH. It considers the types of risk faced by DPH and the risk mitigations being implemented by management.
2. KPMG LLP was appointed as the external auditors whereas Nexia TS was appointed as the internal auditors. These auditors report directly to the AC.
3. Audit partners in charge of DPH are changed every five years.
4. The AC 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 program to all new Council members. Suitable courses from NCSS on Governance are forwarded to Council members for their participation as deemed necessary.
3. The ANC meets at least once a year.

9. Communication & Outreach Committee (COC)

1. The COC sets the overall communication policy, protocol and guidelines for DPH.
2. The COC sets the objectives, strategies and KPIs and provides advice on the development of a comprehensive digital and social media strategy.
3. The COC meets at least 5 times a year.

10. Executive Committee (EXCO)

1. EXCO provides oversight to 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. 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.

11. Fundraising Committee (FR)

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

12. Human Resources Committee (HR)

1. The HR 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 HR meets at least 4 times a year.

13. Information Technology Committee (IT)

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

14. Investment Committee (IC)

1. The IC sets the objectives, strategies and policies on the management of investments. They provide oversight to DPH's investible funds.
2. An Investment Policy Statement (IPC) 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 Managers manages the DPH investible funds in accordance with the IPC.
4. The IC meets at least 4 times a year.

15. Medical Professional Audit Committee (MPAC)

1. MPAC provides oversight to the Quality and Assurance of the professional medical and nursing services provided by DPH.
2. 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. MPAC also encourages clinical research, in-house research proposals and monitors the research activity.
4. The MPAC meets at least 4 times a year.

16. Volunteers' Committee (VC)

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

17. 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 relevant authority in DPH. 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 are no known whistle-blower reports in the financial year ended 31 March 2017.

18. Conflict of Interest

1. All Council members disclose any conflict of interest at the first Council meeting by signing the Declaration of Conflict of Interest Form.
2. All Council members are expected to report any conflict of interest which may arise after the first Council meeting.
3. Management and all staff with procurement function are required to disclose to Human Resource Department any conflict of interest at the beginning of the year. With effect from 1 Jan 2018, all staff are required to declare their conflict of interest to the Human Resource Department at the beginning of the year.

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. Annual reports are prepared to include information on its programmes, financial, governance, Council and Management staff.
2. Audited Financial Statements is available in DPH's website and information on DPH financials can be found in the Commissioner of Charities website.
3. The Code of Governance Evaluation Checklist can also be found in the Commissioner of Charities' website.

OUR COMMITTEES

Dover Park Hospice's Committees**1. Appointment and Nomination Committee**

- Prof Lionel Lee (Chairman)
- Mr Robert Chew
- Mr Chey Chor Wai

2. Audit and**Governance Committee**

- Prof Ho Yew Kee (Chairman)
- Ms Cheng Yoke Ping
- Ms Phyllis Kum
- Mr Low Chee Wah
- Ms Ong Ai Hua

3. Building and**Development Committee**

- Mr Low Chee Wah (Chairman)
- Ms Angelene Chan (Vice Chair)
- Mr Lester Lee
- Mr Timothy Liu
- Ms Joy Tan
- Dr Ong Wah Ying
- Ms Woo E-Sah
- Dr Wu Huei Yaw

4. Communications**and Outreach Committee**

- Mr Lester Lee (Co-Chair)
- Dr Tanya Tierney (Co-Chair)
- Mr Jack Ang
- Mr Andrew Cheng
- Ms Ai Ling Devadas
- Ms Siti Rohanna Koid
- Ms Genevieve Kuek
- Mr Alfred Low
- Mr Andy Seet

5. Executive Committee

- Prof Lionel Lee (Chairman)
- Mr Robert Chew (Vice Chairman)
- Mr Chey Chor Wai (Honorary Secretary)

- Mr Low Chee Wah (Assistant Hon Secretary)
- Ms. Chen Dan, Diane (Honorary Treasurer)
- Mr Tan Seng Hock (Asst Hon Treasurer)

6. Fundraising Committee

- Dr June Goh (Co-Chair)
- Ms Joy Tan (Co-Chair)
- Mr Gilbert Cheah
- Dr Kwa Chong Teck
- Ms Jacqueline Chua
- -stepped down on 13/07/17
- Dr Karen Soh
- Ms Kemmy Lim
- Dr Penelope Wong
- Ms Shan Tjio
- Ms Stephanie Cheah
- Ms Tiffany Varinata

7. Human Resource Committee

- Dr Seet Ju Ee (Chairperson)
- Ms Cheng Yoke Ping
- Mr Robert Chew
- Mr Robert Goh
- Dr Kwa Chong Teck
- Ms Ong Ai Hua
- Mr Tan Kim Kwang

8. Information Technology Committee

- Col (Retired) Rupert Gwee (Chairman)
- Mr Paul D. Gagnon
- Mr Robin Koh
- Mr Lester Lee
- Mr Shee Gim Leng

9. Investment Committee

- Mr Tan Seng Hock (Chairman)
- Mr Guan Ong (Vice Chairman)
- Mr Robert Chew
- Mr Chey Chor Wai
- Mr Freddy Orchard

Investment Trustees

- Ms Jacqueline Khoo
- Dr Seet Ai Mee
- Mr Wong Pakshong

10. Medical Professional Audit Committee

- Dr Jeremy Lim (Chairman)
- Dr Angel Lee (Vice-chairman) - appointed on 1 September 2016
- A/Prof Chin Jing Jih
- Dr Gilbert Fan
- Dr Kwa Chong Teck - appointed on 1 September 2016
- Dr Jerry Lim
- Dr Robert Lim
- Dr Uma Rajan
- Dr Tay Miah Hiang - appointed on 1 September 2016
- Dr Tiew Lay Hwa
- Mr Wu Tuck Seng
- Adj A/Prof Nellie Yeo
- A/Prof. Edwin Low - stepped down on 31 August 2016

11. Volunteers Committee

- Ms Marlene Foo (Chairperson)
- Ms Kemmy Lim (Vice Chairperson)
- Mr Raymond Chiang
- Mr KC Ang
- Ms Lynda Sonya Eaw
- Mr Muhammad Agus Bin Othman
- Ms Kemmy Lim
- Mr Lester Lee
- Ms Janice Phua
- Mr Gilbert Lew
- Mr Sia Ooi Kong
- Ms Dawn Chia
- Ms Chan Choo Lin
- Ms Mabel Pek
- Ms Pearl Lim
- Mr Bernard Yeo
- Mr Tan Soon Thiam
- Ms Tan Guat Bee
- Ms Lily Han
- Ms Jessica Tay
- Dr Tanya Tierney
- Ms Cheah Liyeon

OUR MANAGEMENT



*DPH – An integral part of
Singapore's care continuum.*

All of our patients are supported by various professional teams. Our doctors and nurses are specially trained in palliative medicine and are seasoned administrators.

**Senior Management
Chief Executive Officer**
Mr Timothy Liu
(Appointed from 7 March 2016)

Medical Director
Dr Ong Wah Ying

Senior Consultant
Dr Allyn Hum

Consultant
Dr Yang Sze Yee

Associate Consultant
Dr Tricia Yung

Trainee Registrar
Dr Beverly Siew

Resident Physicians
Dr Hoh Sek Yew
Dr Erwin Phillip Francisco
Dr Martin Lee

Head, Nursing Services
Ms Chin Soh Mun

**Head, Social Work
& Psycho-Social Services**
Ms Chee Wai Yee

Manager, Administration & Finance
Mr Steven Foo

Manager, Community Outreach
Mr Allard Mueller

Manager, Corporate Communications
Mr Ian Yip

Assistant Manager, Fund-raising
Ms Michelle Too

Manager, Information Technology
Mr Kwok Wing Kit

Manager, Human Resource
Ms Violet Cheong

Manager, Volunteer Programme
Ms Tok Shou Wee

Manager, Training & Development
Ms May Siu

MAKING MOMENTS MATTER 25 YEARS



Making Moments Matter 25 Years
Come September 2017, Dover Park Hospice (DPH) will turn 25.

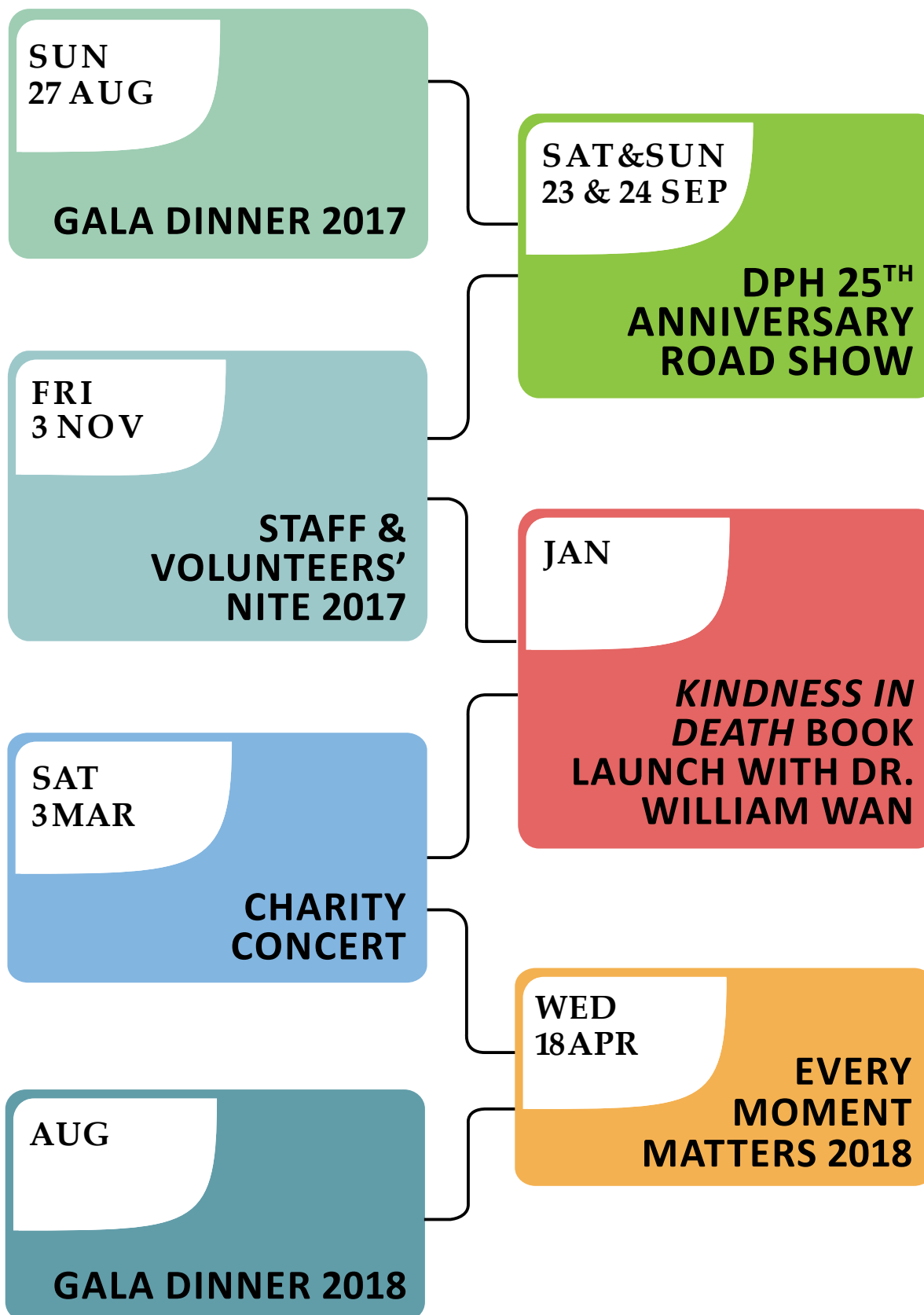
Throughout the years, DPH has grown from strength to strength. We are the sum of passion for hospice care among our founders, volunteers and staff against all odds to realise our vision for a hospice that celebrates life.

Today we are proud to be a leading hospice in advancing palliative medicine and hospice care in Singapore. In everything we do, we find tremendous meaning in our work, adding life to days for more than 11,000 dying patients so that they and their families find peace in their heart.

Our celebration will commence with Gala Dinner 2017. We are honoured to mark this occasion with one of our earliest advocates and Patron, President Tony Tan Keng Yam as our Guest-of-Honour. He officiated the opening of DPH and the Hospice Centre on 19 April 1997, and we are privileged to have him commemorate the 25th Anniversary with us.



MAJOR EVENTS 2017 - 2018



A NEW CHAPTER



*Creating more
Moments that Matter.*

DPH'S EXPANSION AT ICH – CREATING MORE MOMENTS THAT MATTER

When Dover Park Hospice (DPH) moves into the Integrated Care Hub (ICH), in HealthCity Novena in 2022, it will bring family-friendly care and comfort to terminally-ill patients.

Working closely with Tan Tock Seng Hospital (TTSH) and the National Healthcare Group (NHG), DPH will provide integrated palliative care for these patients. The new DPH will have 100 beds, double its current size.

To help the terminally-ill patients live in comfort and dignity, the new 4-storey facility within HealthCity Novena is designed to be more home-like, with more family spaces in serene surroundings so that patients can spend meaningful moments with their families. Providing family-friendly care has always been part of DPH's philosophy of care. Besides taking care of patients' pain, discomfort, and other symptoms, psycho-social care is equally important.

Moving to the new facility in ICH, which has more space, will enable DPH to make care more family-friendly by including:

- A roof top garden, sensory wall, horticulture and sand therapy enclave for family time
- More space for family, dining activities, and quiet counselling rooms
- Day Activity Centre for Hospice Day Care

By being physically linked to TTSH, it will enable both DPH and TTSH to integrate care and operational processes better. This will enable easy transfer of patients between the institutions and more convenient access for DPH patients to go for their follow-up appointments without the need for an ambulance.

Construction work on the new Dover Park Hospice started after 21 March 2017, following the ground-breaking of the ICH site.

ICH Ground-breaking Ceremony on 21 March 2017 ▶

Photos courtesy of and provided by Tan Tock Seng Hospital (TTSH)



FY2016/2017 HIGHLIGHTS



Going the extra mile...

MAKING A DIFFERENCE

Better Care, Better Community ... Dover Park Hospice, a special place that incorporates our unique brand of holistic care - medical, nursing, psychosocial, social, emotional, and spiritual - helps our patients live in comfort and with dignity. We help patients to live well and make every moment better.



DPH FUND-RAISING FAST FACTS

A VISUAL INTRODUCTION

11,000

Number of terminally-ill patients and families supported by DPH through a programme of active and compassionate service since 1992.

**\$12.9
million**

Operating
Expenses

50

bed facility to host our in-patients at any one time



No. of Donation boxes
islandwide

101



HomeCare



Inpatient

A \$325 per bed day includes:

- Accommodation
- Medical and nursing care
- Physiotherapy services
- Meals
- Standard medication



80%
About
of DPH's patients are
heavily subsidised, paying
only nominal sums.



A support team of nurses, doctors and
counselors / social workers



On call service 24 hours a day, seven days a week



Pain and symptom control, psychosocial and
spiritual support



Regular review by a nurse, and visits by the doctor when
medical attention is needed



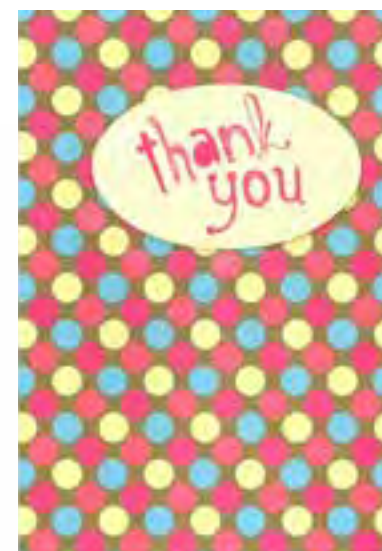
Training of family members and caregivers to ensure the
patient's comfort at home, as well as loan of medical and
nursing equipment whenever possible, such as wheelchair,
walking aid and commode

WORDS OF GRATITUDE



Dearest Dr. Yang, Dr. Martin, Dr Hoh,
Elaine and Jana

Thank you so much for your love
and care for my late father;
and my family too. All of you
have made a difference in my
lives and I'm glad that I make
that call. You guys make me
feel that 人间真的 有 温情!
谢谢! From: [Name]



Dover Park Team:

We would like to thank you and your support team from bottom of our hearts for the care, concern, personal attention and professional services rendered to our beloved father. You all had played a vital role in his last journey with dignity and making his last days as comfortable for him as you did. We knew he was in great pain but you were always there to do whatever you could to relieve as much of that pain as you could. Our father's illness is ruthless, merciless and very tough for him and family members but a good doctor and nurse like you have made us a little less rough.

Please accept our heartfelt thanks for the human caring and emotional support you gave us. You are one-in-a-million doctors and nurses with good medical skills and we are fortunate that you were here to see our dad through. Thank you once again for everything your team did to our father during his last few precious weeks that we were able to spend quality time with him and gave us life-long remembrance.

From:
Family of [Name]



HUMAN RESOURCE

Dover Park Hospice, as a leader and authority in Palliative Care, believes in equipping our future professional care-givers to better care for our patients, as well as increasing our capacity to extend our services across Singapore. We celebrate our staff who have worked hard to achieve the various milestones in their lives and in their professions.

Nurses Day Merit Award 2016

Staff Nurse Ms. Pamela Koh Wen Xin won the Ministry of Health (MOH) Nurses' Merit Award 2016. As a relatively young nurse, Pamela is an exemplary figure for her peers to emulate. Her display of confidence and commitment at work, and her compassion and empathy towards patients has earned her many commendations and much heartfelt appreciation from family members.

Pamela continues to upgrade herself professionally after graduating with a Diploma in Health Science (Nursing) from Ngee Ann Polytechnic (2010). She went on to attain a Bachelor of Science (Nursing) from Curtin University (2013) and Specialist Diploma in Palliative Care Nursing (2015). She was also one of the trainers to deliver a module in the Certificate in Basic Palliative Care Nursing in April 2016.

In addition, she is also a member of the Clinical and Environment Audit team, and volunteers her time at DPH events beyond her normal scope of work.

Outstanding Social Worker Award 2016

Ms. Chee Wai Yee, head of Social Work and Psychosocial Services, was one of the four recipients of the top honours. The Award was organised by the Singapore Association of Social Workers, and supported by the Ministry of Social and Family Development and Exxon Mobil Asia Pacific Pte Ltd, to recognise those who have made outstanding professional contributions to the lives of clients and the community under their care.



Healthcare Humanity Awards 2017 (administered by the National Healthcare Group)

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.

This year, Ms. Chin Soh Mun, Head of Nursing Services, was the recipient of the award in the Staff category. Ms. Chin has an unwavering passion for serving patients in the best way she can, even after working in the healthcare industry for more than 30 years. She would conduct her daily ward rounds and roll up her sleeves to help at the wards whenever help is needed. She often goes the extra mile and beyond her call of duty to demonstrate the ethos of Palliative Care, which is to honour the patients' wish, and ensure that they live their last days with dignity and quality care.

Intermediate and Long-Term Care (ILTC) Manpower Development Awards 2016

The ILTC training awards are MOH's, AIC's, and Temasek Cares Foundation's commitment to increase the capabilities within the ILTC sector, through opportunities for continuous upgrading and professional development of staff working in the ILTC sector.

There were four recipients of the Social and Health Manpower Development Programme (SHMDP) funding



▲ CEO Timothy Liu receiving the ILTC Excellence Awards 2016 on behalf of DPH in Sep 2016. Six of our staff won the Individual Award - Silver Award.

for their pursuit of the Specialist Diploma in Palliative Care Nursing:

- Ms. Catherine Chua Siew Poh, Nurse Manager
- Ms. Lee Jing Ru, Staff Nurse Ms. Lee Jing Ru
- Ms. Zhao Mei Juan, Staff Nurse
- Mr. Mirza Abdul Halim Bin Mohamed Rafi, Staff Nurse

ILTC Excellence Awards 2016

The Award is organized by AIC to recognise individuals who have displayed excellent quality service to their clients in the community. The following DPH staff were recipients of the award:

- Dr. Beverly Siew Pik Toh, Trainee Registrar
- Ms. Lim Mooi Hong, Senior Staff Nurse
- Ms. Lee Jing Ru, Staff Nurse
- Mr. Ladrado Jason Inocencio, Nursing Aide
- Ms Sally Gui Kian Wee, Senior Medical Social Worker
- Ms. Lim Li Ling, Senior Medical Social Worker

DPH Employees of the Year Award 2016

This award recognises and rewards the outstanding service of an employee who has made exemplary contributions during the year. The employee must demonstrate exemplary performance of activities in the area of CUSTOMER FOCUS, PERSONAL COMMITMENT, and TEAM WORK. Recipients for this award were:

- Mr. Kwok Wing Kit, Information and Technology Manager
- Ms. Sun Lili, Enrolled Nurse

DPH Employee Long Service Award (LSA) 2016

The following staff received the award in recognition of their loyalty and commitment to DPH:

20-Year LSA

- Ms. Joyce Lee Lee Cheng, Assistant Manager, Patient Affairs

10-Year LSA

- Dr. Ong Wah Ying, Medical Director

5-Year LSA

- Dr. Hoh Sek Yew, Resident Physician
- Ms. Nancy Lee Ah Choo, Manager, Human Resource
- Mr. Steven Foo Jong Wey, Manager, Finance & Admin
- Ms. Kyu Kyu Khaing, Senior Enrolled Nurse
- Ms. Tin Tin Mu, Staff Nurse
- Ms. Khawng Nyoe, Senior Enrolled Nurse
- Ms. Khin Mar Naing, Senior Enrolled Nurse
- Ms. Nang Khin Htwe, Enrolled Nurse
- Ms. Ohn Mar, Enrolled Nurse
- Ms. Thida Min, Enrolled Nurse

INFORMATION TECHNOLOGY

Benefits of Improvements in System & Etc

In FY2016/17, IT focused on two main areas:

- Improvement in Integrated Hospice Management System (IHMS) processes
- Network Infrastructure

Under the IHMS application, a Value Stream Mapping (VSM) exercise was conducted to review the Referrals, Admission, Discharge and Transfer (RADT) processes to Billing process. All stakeholders (Clinical Administrative, Nurses, Social Workers, Finance, and IT) were involved throughout the entire exercise to gain a better understanding of all users' pain points in their current processes using the existing clinical system.

After the VSM exercise, several changes were effected, following recommendations to further improve the processes within the clinical system, and to streamline work processes.

Thereafter, the refined referral process and the re-iterated patient summary has been deployed for use. A sub-prescription module was also introduced for doctors, so as to ease their review process of any prescriptions to their patients.

Various reports were also standardised and made official by using DPH's official letterhead format, as well as implementing the use of e-signatures on selected forms. Like the afore-mentioned, the Home Care e-signature house visit logs will be actualised in the near future as it is undergoing more stringent checks prior to use. Another area in-progress is the enhancing of itemised billing and loaning of equipment electronically, which are undergoing stringent checks by internal stakeholders before they are launched for use.

Under the network infrastructure, IT implemented a two-tier firewall protection protocol, which can protect internal services on its Local Area Network (LAN) from hacking/ attacking from the perimeter firewall. With the improvement of wireless (Wi-Fi) signal within DPH, it will enable the Hospice to provide our patients and their visitors a more satisfactory experience when accessing the Internet.



FUND-RAISING

Care is more than just medicine. At Dover Park Hospice, we undertake various fund-raising initiatives throughout the year with our friends, partners, and supporters. A large proportion of the Hospice's expenses are met by kind donations from individual and corporate donors to provide essential services for our patients and their families. Make a difference, Make every moment matter.

DPH held its annual fund-raising Sunflower Gala Ball, at The Ritz-Carlton, Millenia Singapore, on 19 August 2016, which was attended by close to 600 guests. Minister for Culture, Community and Youth, Ms. Grace Fu, attended the Ball as our Guest-of-Honour. This signature fund-raising Gala Ball helped raise close to \$1 million.

Themed "POP Art!", DPH collaborated with Raffles College of Higher Education to design and produce vibrant costumes for our in-house GEMS Showchoir, represented by DPH Volunteers. Guests were wowed by their impressive performance and also by the mini runway segment, which showcased each individual costume brilliantly.



▲ DPH Showchoir, GEMS, performing during the Gala Ball





February 2017

About 30 CCK Cyclists cycled to DPH from Choa Chu Kang Sports Stadium, for their "Cycle with Love" campaign. They also bought and donated \$1,000 worth of medical supplies for our patients.



La Putri held a charity drive benefiting DPH, for which \$4,000 were raised. The charity drive lasted for three weeks.



January 2017 ▲

The National University of Singapore Society (NUSS) steered a donation drive for DPH, during the Lunar Chinese New Year season. Donation boxes were placed at Kent Ridge, Bukit Timah, and Suntec City locations, with over \$1,000 raised.



December 2016

Mr Tew See Mong, CEO, SEED Global Investment presented Mr Timothy Liu, CEO, Dover Park Hospice with a donation of \$52,800.

SEED Global Investment raised a total of \$26,400 in less than a month, or 88% of their original target of \$30,000 and matched dollar for dollar through their online campaign on giving.sg.



June 2016

Owling Enterprises Pte Ltd, who owns Hooters in Singapore and Taiwan, held an internal fund-raising event in celebration of the re-opening of their family restaurant, Hooters Singapore at Clarke Quay. This charity drive raised funds for DPH through the sale of paintings, hampers, and a friendly singing competition among three Hooters employees.



April 2016

A total of 27 West Spring Secondary School students paid a visit to DPH to learn more about what the Hospice does. These students then shared with their schoolmates about DPH in their charity bazaar, where they helped raise \$1,200 for DPH.

CORPORATE SOCIAL RESPONSIBILITY (CSR)

Long-time CSR partner with DPH, SAP, conducted several activities throughout the last FY.



SAP Asia

On 10 February 2017, 17 SAP employees visited DPH and brought the Lunar New Year festive cheer to our patients, with gifts and ang baos.

Earlier in 2016, on 9 December 2016, volunteers from SAP's Corporate Social Responsibility Team came to DPH and spent several hours entertaining our patients with carolling, as well as visiting and presenting our patients with gifts. They also presented a donation of \$5,000 to DPH Medical Director, Dr. Ong Wah Ying.

On 14 September 2016, 15 staff members from SAP's Corporate Social Responsibility team paid DPH a visit to celebrate the Mid-Autumn Festival with our patients. The Group helped decorate the Hospice, with traditional paper lanterns. Thereafter, it visited the wards, presenting musical treats to our patients, distributing goodie bags filled with snacks and teabags, and gave out Mid-Autumn Festival must-haves like Piglet Cookies (豬仔餅) and Mooncakes (月餅) to our patients.



Kajima Overseas Asia Pte Ltd

On 17 January 2017, nine staff members from Kajima Overseas Asia Pte Ltd helped to usher in the Year of "Fire Rooster." They visited our patients and distributed goodie bags, filled with essential items.



Singapore Polytechnic, ASL Aviation Group - Happy Hour

In November 2016, DPH engaged two separate groups of volunteers; staff from ASL Aviation Group Pte Ltd (ASL) and students from Singapore Polytechnic International Business (SP), for our Friday Happy Hour segments. ASL came back for another round of Happy Hour on Friday, 25 November 2016. This time, they brought with them seven staff members to make fresh juices for our patients, family members, and staff.



Earlier in September 2016, five staff members from ASL Aviation Group Pte Ltd (ASL) joined our DPH Happy Hour Volunteers to go into the wards to distribute cakes and drinks that they had generously sponsored.



Anglo-Chinese Junior College School Choir

On 13 December 2016, Esplanade organised a visit for 16 students from the Anglo-Chinese Junior College School Choir, together with their teachers, to sing Christmas carols for our patients, at DPH.



Victoria School Students

In June 2016, three different groups of Secondary 4 Victoria School students volunteered at the Hospice for three consecutive Wednesdays. Accompanied by their teachers for their school's Values in Action (ViA) programme, the energetic and spontaneous students helped out in various tasks such as stock taking, area-cleaning around the Hospice, van-washing, and performing on the piano for our patients and staff to enjoy.

DOVER PARK HOSPICE IN THE MEDIA



On 20 January 2017 evening, Episode 6 of “Please Remember That I Love You (别忘了, 我爱你)” aired on Channel 8. This episode featured two of DPH’s former Programme Dignity’s Home Care patients, Mr. Lee and Mr. Wong, as well as Dr. Allyn Hum, Senior Consultant, who oversees Programme Dignity for Advanced Dementia, and Programme Dignity Senior Staff Nurse, Ms. Felicia Lam.



#caretogobeyond

Published on Jul 27, 2016

Spreading #happynurse this Nurses’ Day with a special song composed by local duo Jack and Rai.

Just for you, nurses!

On 17 January 2017, The New Paper (on p. 15) reported a special Nurses’ anthem “With You,” an MV that was posted on YouTube, on 1 August 2016, and composed by local duo Jack and Rai, featuring DPH’s very own Staff Nurse Mr. Mirza Abdul Halim Rafi, as well as other 11 nurses from other institutions, has attracted over 1.3 million views. Staff Nurse Mirza was also featured in this article.

On 10 January 2017, Channel 8’s segment, Tuesday Report (星期二特写), featured our very own Home Care Nurse, Senior Staff Nurse Mr. Ang Boon Yang. It showcased his role, the responsibilities he bears, as well as they relationships that he has painstakingly built with his patients.



Senior Staff Nurse Mr. Ang Boon Yang was featured in a special issue of Lifewise (by the National Healthcare Group; NHG) in its Sept/Oct 2016 issue, which focused on Palliative Care. The feature highlighted how Boon Yang assists and supports families who wish to help their loved ones spend their last days at home, as well as what he does on a daily basis during work.



On 5 July 2016, Dr. Allyn Hum’s article, “Help dementia patients live - and die - with dignity” was published on Section A20, in The Straits Times. In this article, Dr. Hum wrote that “by 2030, 80,000 Singaporeans are expected to have the disease [Dementia]. Many will suffer in silence amid poor quality of life. Palliative care in advanced dementia can help.” It is expected that the number of Dementia sufferers “will increase with Singapore’s ageing population, as the odds of developing dementia increase as one grows older. Singapore’s economic, social and healthcare burden from dementia is estimated at \$1.4 billion annually.”

VISITS TO DOVER PARK HOSPICE



On Wednesday, 7 September 2016, DPH hosted 20 nursing leaders from universities in Hebei and Tianjin, China, and their affiliated hospitals. Their visit was part of the Temasek Foundation-Ngee Ann Polytechnic Nursing for Leaders and Specialists Programme.

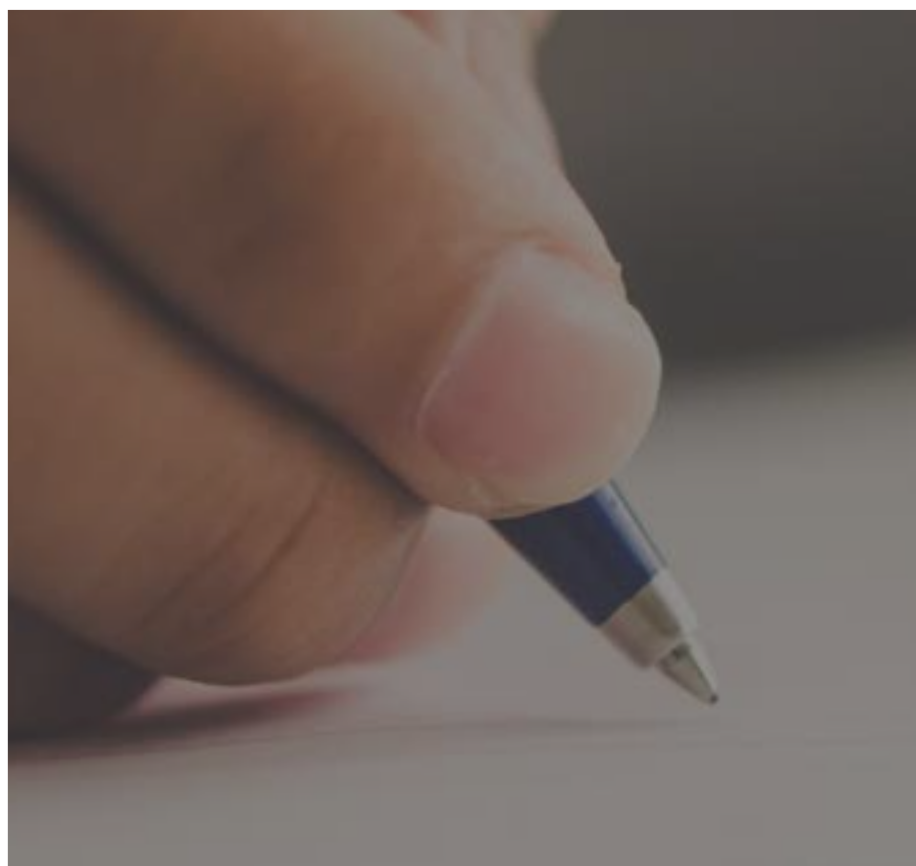


On 12 August 2016, Mr Chee Hong Tat, Minister of State (Health and Communications & Information) and Mr. Chan Heng Kee (Permanent Secretary, Ministry of Health) visited the Hospice. Mr. Chee and Mr. Chan met up with DPH's Council Chairman, Prof. Lionel Lee, Vice Chairman, Ms. Ong Ai Hua; and our CEO, Mr. Timothy Liu, Medical Director, Dr. Wu; and Consultant, Dr. Ong Wah Ying. Mr. Chee and Mr. Chan also took the time to tour the Hospice and visit patients and staff at the wards.



On 28 April 2016, two top St. Christopher's Hospice (U.K.) executives visited DPH. Prof. Heather Richardson, Joint Chief Executive, and Ms. Ruth Sheridan, Director for Supportive Care, of St Christopher's Hospice, conducted their first-ever visit to Singapore and tour at the Hospice and HCA Hospice. Prof. Richardson and Ms. Sheridan were in Singapore to conduct a Masterclass on the future of hospice and palliative care for the 7th Ageing Asia Innovation Forum 2016, held at the Amara Hotel. St Christopher's is regarded as the founding hospice of the modern hospice movement. Opened in 1967, it has spearheaded a philosophy of palliative care that others across the U.K. and beyond have adopted, adapted and integrated into their local plans. It serves a diverse population of 1.5 million people in South East London, reaching some of England's most deprived areas.

CLINICAL AND TRAINING



We believe in equipping our staff and future professional caregivers to care for our patients better.

CLINICAL TEAM

Our clinical team of doctors, nurses and allied health professionals embrace a philosophy of care which encompasses the physical, emotional, and spiritual well-being of our patients and their circle of care. We help our patients and their circle of care navigate their journey of unknowns and uncertainty. We empower them to make the best choices so as to help our patients to live in comfort and with dignity. We help them to live well and to make every moment matter.

until end of December 2016, when he left his secondment at Dover Park Hospice and returned full-time to Tan Tock Seng Hospital (TTSH). He is currently our Visiting Consultant.

Dr Tricia Yung (full-time since September 2016) and Dr Ho Si Yin (part-time since January 2017) are both Associate Consultants from TTSH who are seconded to us after Dr. Juliana Oei left in May 2016.

Dr. Beverly Siew, our Registrar-in-Training, who won the ILTC Excellence Awards – Individual Award (Silver) in September 2016, was into her second year in her advanced specialist training in palliative care. DPH recruited Dr Martin Lee as a Resident Physician in August 2016.

Medical and Therapy Services

We continue to be an educational site to Residency Programmes, including Family Medicine, Geriatric Medicine, and Internal Medicine. Rehabilitation Residency was also included during this FY.

DPH also added Lee Kong Chian School of Medicine to its list of undergraduate attachments starting October 2016, in addition to Yong Loo Lin medical undergraduates.

In March 2017, DPH recruited a new Physiotherapist Assistant, Ms Tan Siew Khim, although we still continue to engage services from Occupational and Physiotherapy department, at TTSH. Involvement



Staff Movement

Dr. Ong Wah Ying, who served as an Adjunct Assistant Professor at the Yong Loo Lin School of Medicine (NUS) and an Honorary Treasurer with the Singapore Hospice Council, took over from Dr. Wu Huei Yaw as Medical Director in September 2016. Dr. Wu continued his role as a part-time Senior Consultant

of Volunteers in our rehabilitation programmes has allowed us to reach out to even more patients.

Since April 2016, we have started three monthly research meetings to ensure that DPH continued to produce and participate in quality research work. This provided a platform whereby new research ideas could be discussed, and also enabled monitoring of the progress of existing research projects.

RECOGNITION AND AWARDS

- Head, Nursing Services Chin Soh Mun received the 2016 ELNEC Award of Excellence in recognition of outstanding commitment to promote excellent palliative care in Asia. The award was given by City of Hope Research Institute and American College of Nursing.
- Senior Enrolled Nurse Khin Mar Naing was upgraded to Staff Nurse role in March 2017.
- Nursing Aide Janice Peralta Jubilo was upgraded to Enrolled Nurse in March 2017.
- Staff Nurse Lee Jing Ru won the top student award for her study in Specialist Diploma in Palliative Care. The award was sponsored by DPH.
- DPH celebrated the Nurses' Day on 27 July 2016 at HCA Auditorium. A total of four staff members received their awards, sponsored by Head, Nursing Services: They were (Nurse of the Year) Staff Nurse May Moe Tun and Enrolled Nurse Ja San; Nursing Aide Zayar Khun Chit (Nursing Aide of the Year); and SHCA Naing Naing Win (Healthcare Assistant of the year).
- During the DPH Staff & Volunteer Night held in November 2016, Enrolled Nurse Sun Lili received the Employee of the Year Award (2017).
- Staff Nurse Lee Jing Ru and Nursing Aide Ladrado Jason Inocencio were awarded the ILTC Excellence - Silver award in September 2016.



May 2016

Senior Staff Nurse Ms. Lim Mooi Hong from the DPH Home Care team, was awarded the Healthcare Humanity Awards

November 2016

Ms Chee Wai Yee, Head, Social Work and Psychosocial Services, was awarded with the Outstanding Social Worker Award 2016 by DPH patron, Dr. Tony Tan Keng Yam, President of the Republic of Singapore.



25 August 2016

Five DPH staff members received awards during the Agency for Integrated Care's (AIC) Intermediate and Long-Term Care Services (ILTC) Manpower Development Award Ceremony 2016, held at the Lifelong Learning Institute (LLI). The staff included Sister Halijah Binte Jantan, Nurse Educator (for ILTC-UP Award for her Bachelor of Nursing) Nurse Manager, Sister Catherine Chua; together with Staff Nurses, Ms. Lee Jing Ru; Ms. Zhao Mei Juan; and Mr. Mirza Abdul Halim Rafi (for the Social & Health Manpower Development Programme (SHMDP) Award for their Specialist Diploma in Palliative Care Nursing).

SOCIAL WORK & PSYCHO-SOCIAL SERVICES (SWPS)

The Psycho-social Services Team of seven Social Workers, one Music Therapist, and one Art Therapist offered various modalities of social and therapeutic interventions to support the care of our patients and their families. In addition to providing individual care, the Team also organized group activities for both patients and families receiving home hospice care and in-patient care.

A total of three group outings, benefiting 29 patients, 91 family members and caregivers were organized by social workers for patients and families receiving home hospice care. For patients warding in our 50-bed facility, the art therapist piloted an open group of eight sessions, offering creative arts activities for 15 patients and two caregivers. This pilot has since become a regular fortnightly group activity - Creative Arts Wellness Studio, which started in March 2017. A monthly caregiver's support meeting was also started in March 2017 to reach out to caregivers.

Support was not only extended to caregivers when patients were under the Hospice's care. Social Workers, with the help of Volunteers, continued to follow up with bereaved family members. A total of three memorial services, Rose for Remembrance, were organized - April 2016, October, 2016 and March 2017 - for bereaved family members to remember and honour their loved ones. We were able to reach out to 420 participants through these memorial services.

The Social Work Team also hosted A/P Amy Chow, HMDP Visiting Expert 2016, to conduct a one-day workshop on developing bereavement care services. Response was overwhelming with a total of 75 participants from the restructured hospitals, ILTC, and social services organizations at the Lee Kong Chian School of Medicine.

In terms of professional development, awards, and recognition, Ms. Chee Wai Yee, Head of Department, won the Outstanding Social Worker Award in 2016. Senior Medical Social Workers Ms. Lim Li Ling and Ms. Sally Gui were recognized for their exemplary work and received the ILTC-Excellence Silver Award. Together with Ms. Dawn Khoo, they have completed the Palliative Care Course for Social Work, a mark of standard in the provision of quality palliative care.



Nurses' Day Awards 2016

Staff Nurse Pamela Koh Wen Xin received the MOH Nurses' Day Award 2016 in recognition for her consistent good work performance and positive work attitude.

Singapore Garden Festival - Community in Bloom Award 2016

On 31 July 2016, DPH Gardening Group Struck GOLD when Dover Park Hospice's Community Garden was awarded the Community in Bloom (CIB) 2016 Awards - Gold, at the Singapore Garden Festival, which is a biennial event organised by NParks. DPH was one of 73 organisations who participated in the competition.



Community Partnership Involvement

- Nurses from several nursing homes participated in the AIC initiatives on Service Quality Toolkit Workgroup and the Quality Indicators for ILTC sectors
- Nursing collaborated with Department of Alice Lee Center for nursing studies to conduct research study in September 2016
- Staff Nurse Mirza was featured in The Straits Times and for the MOH Project, Care to go Beyond

NURSING SERVICES

Manpower

Nursing Manpower for FY2016/17

For in-patient services, the team comprised the Head of Nursing Services, two Nurse Managers, one Nurse Clinician, 25 Staff Nurses, 16 Enrolled Nurses, 14 Nursing Aides, and eight Health Care Assistants.

Continuous Learning & Education

In the earlier part of the FY, Staff Nurses (SNs) were trained on the use of NIKKI pumps by Senior Staff Nurse Felicia Lam and APN Sylvia Lee. Almost 100% staff nurses were trained and assessed. The Graseby Pumps, which were used before, were all removed as they are no more in production.

For new recruits to DPH, we organized the End-of-Life Nursing Education Consortium (ELNEC) training in July 2016.

In May 2016, two Staff Nurses Ms. Pamela Koh and Ms. Li Xueling, received their Certificate for Specialist Diploma in Palliative Care Nursing at Ngee Ann Polytechnic.

In addition, three nurses from in-patient care received the ILTC/HMDP award from AIC to enhance their career development with the Specialist Diploma in Palliative Care nursing course. All three nurses; Nurse Manager Catherine Chua, Staff Nurse Lee Jing Ru, and Staff Nurse Mirza Abdul Halim, completed their studies in January 2017.

Our nursing project, "Improving Breakthrough Pain Assessment in a Residential Hospice," was accepted and published in the Singapore Nursing Journal (September–December 2016, Volume 43).



▼ Photo courtesy of Laura Lewis



DOVER PARK HOME CARE REPORT



The Home Care Team comprised of a consultant (part-time), one resident physician, one nursing clinician, two advanced practice nurses (part-time), four nurses, two medical social workers and two administrative

staff. The team served 282 Home Care patients. In addition, both Home Care and Programme Dignity staff served all patients under two services. Value stream mapping in 2016 has led to increased efficiency in billing processes. Laptops have been upgraded to lighter and more efficient surfacepros which can allow for electronic signatures. Important information technological processes have been refined to provide easier access to patient data with the help of the information technology (IT) team.

We have collaborated with the volunteer department and the psychosocial team to arrange for 3 sponsored outings to Suntec City for Home Care patients. 27 patients and

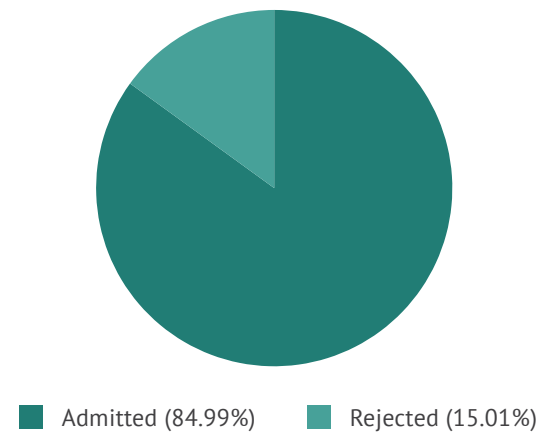
more than twice the number of family members attended the 3 outings.

Senior Staff Nurse Boon Yang was featured as a home hospice nurse in the Tuesday Report documentary regarding nurses in early 2017. Nursing Clinician Susan Chan and Advanced Practice Nurse Sylvia Lee have been involved in national workgroups and committees. Susan is involved in the Workgroup for grief and bereavement. Sylvia is a member of the Singapore Nursing Board APN Accreditation Committee, MOH APN Development Committee (APN in Committee subgroup) and the 12th Asian Pacific Hospice Conference scientific committee.

HOME CARE STATISTICS

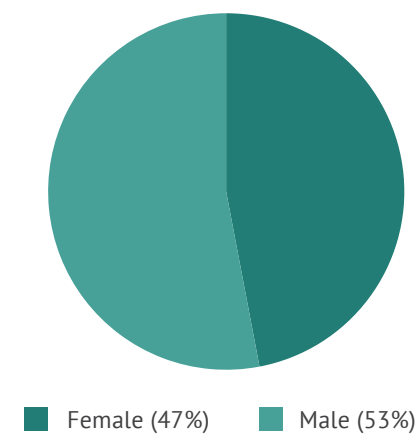
REFERRALS

Status	No.
Admitted	300
Rejected	53
Grand Total	353



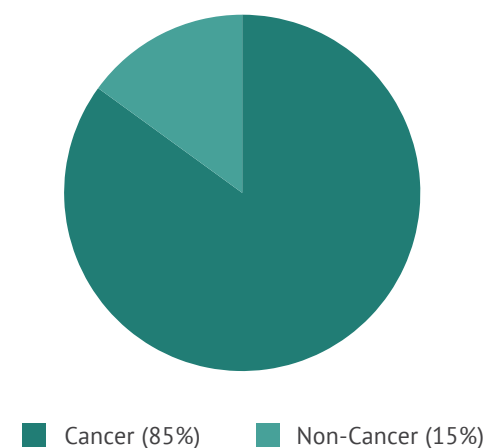
REFERRALS BY GENDER

Gender	No.
Female	141
Male	159
Grand Total	300



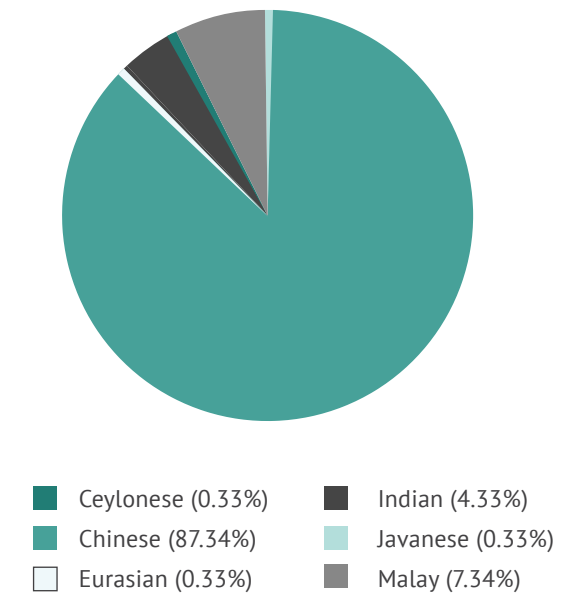
REFERRALS BY DIAGNOSIS

Diagnosis	No.
Cancer	255
Non-Cancer	45
Grand Total	300



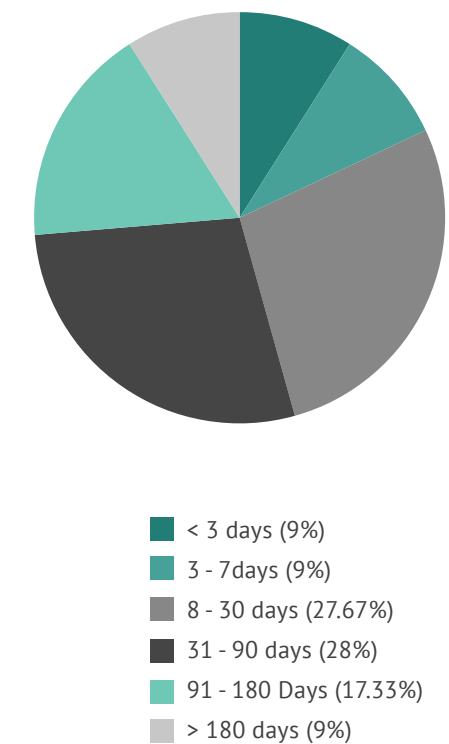
REFERRALS BY RACE

Range	No.
Ceylonese	1
Chinese	262
Eurasian	1
Indian	13
Javanese	1
Malay	22
Grand Total	300



LENGTH OF STAY

Range	No.
< 3 days	27
3 - 7days	27
8 - 30 days	83
31 - 90 days	84
91 - 180 Days	52
> 180 days	27
Grand Total	300
Average Length of Stay	64.50



PROGRAMME DIGNITY FOR ADVANCED DEMENTIA

(FORMERLY KNOWN AS PROJECT DIGNITY, UNTIL JULY 2016)

The Programme, funded by Temasek Cares Foundation, started from October 2014 and comprised the following healthcare professionals:

- A resident physician;
- A consulting geriatric physician/palliative physician;
- A nurse clinician;
- A medical social worker;
- A research assistant; and
- A programme executive

In the past year, the team regularly visited patients at home and provided after-office support with an on-call team. Programme Dignity, an integrated service, provided care that is co-ordinated between Tan Tock Seng Hospital, Dover Park In-patient Service, and a patient's home.

The Programme has moved into its final year of the three-year funding from Temasek Cares Foundation. In FY2016/17, a total of 130 beneficiaries have benefited from the palliative dementia Home Care programme. The average length of service (LOS) of such patients was 104 days.

Even within the DPH Home Care Division, another team of doctors and nurses, who typically are not tasked to look after Dementia patients, are also learning how to identify and care for those suffering from Dementia, from their Programme Dignity counterparts. This transfer of knowledge and skills in the area of Advanced Dementia helped bolster the Home Care team's expertise.

The in-patient hospice team also developed their skills and approach to advanced-stage dementia patients, using dementia-specific tools such as the Pain Assessment in Advanced Dementia (PAINAD) and Comfort Assessment in Dying with Dementia Scale (CAD-EOLD) to measure pain levels, as well as to enhance care and support for this vulnerable group of patients.

The Programme Dignity Home Care team has also submitted several abstracts this past FY2016/17.

Research assistant, Ms. Tay Ri Yin's poster, "Symptom Prevalence and Quality of Life of Advanced Dementia Patients in a Home Care Setting: A Prospective Cross-sectional Study," was displayed at the 9th World Research Congress of the European Association for Palliative Care (EAPC) Conference, from 9 - 11 June 2016.

Medical Social Worker, Ms. Koh Tang En, also shared her work on "Prevalence of Familial Caregiver Burden in Advanced Dementia," with her poster, at the 8th International



Conference on Social Work in Health and Mental Health, held in Singapore, from 19 to 23 June 2016.

In addition, two abstracts by Nurse Clinician, Ms. Felicia Lam ("Comfort and Satisfaction for Advanced Dementia Patients in a Home Care Setting: A Prospective, Cross-sectional Study"), and Programme Dignity's Executive, Ms. Yoong Jia Horng ("Programme Dignity – Developing a Palliative Home Care Service for Patients with Advanced Dementia") were accepted for the 21st International Congress on Palliative Care, in Montreal, Canada, held 18 to 21 October 2016.

An article, "Help Dementia Patients to Live, and Die with Dignity," written by Programme Director of Programme Dignity, and Senior Consultant Geriatric Physician and Palliative Care physician at Tan Tock Seng Hospital, Dr. Allyn Hum, was published on The Straits Times, on 5 July 2016, as well as for the September 2016 issue of Hospice Link (pp. 8, 9). Her article was also published in NHG-Lifewise (Sept-Oct issue no. 65, pp. 18, 19).

Programme Dignity also worked with ThreeSixZero Productions for a 6-episodes dementia documentary series, "Do You Know Who I Am?" This series was aired on MediaCorp Channel 8, and helped educate and raise awareness about caring for individuals suffering from dementia.

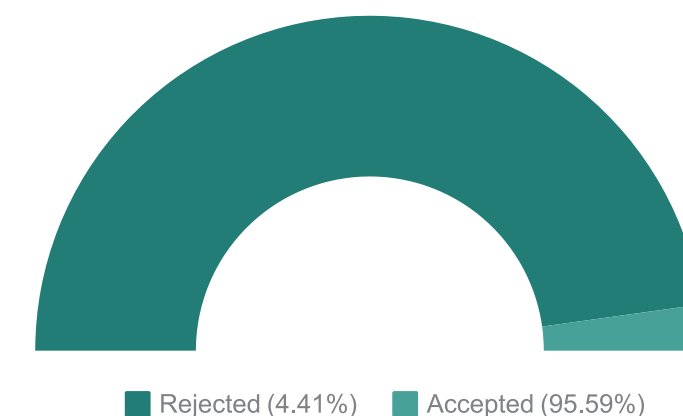
This was the second year that Temasek Foundation Cares-Programme Dignity had been running. Since its implementation, there has been evidence of tangible improvements in patients' well-being at the end of life, as well as rational healthcare utilization, with more plans of care being honoured. As a result, more patients have been able to spend their last few months at home, cared for and supported by their families.

Programme Dignity has been able to increase public awareness of advanced dementia that good care can be delivered to patients, in a manner that dignifies them.

PROGRAMME DIGNITY FOR ADVANCED DEMENTIA (FORMERLY KNOWN AS PROJECT DIGNITY, UNTIL JULY 2016)

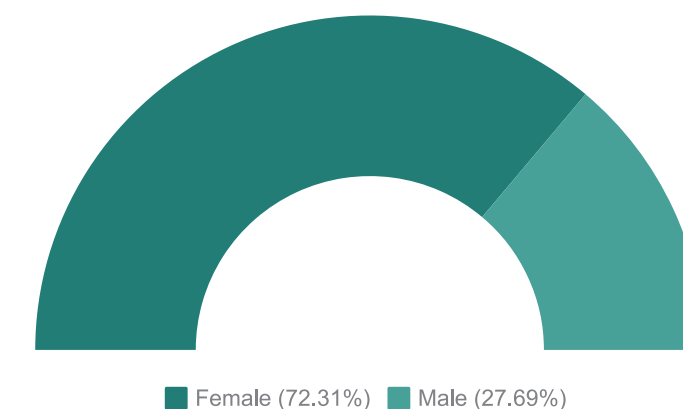
OUTCOME OF REFERRALS

Outcome	Total
Admitted	130
Rejected	6
Grand Total	136



REFERRALS BY GENDER

Gender	Total
Female	94
Male	36
Grand Total	130

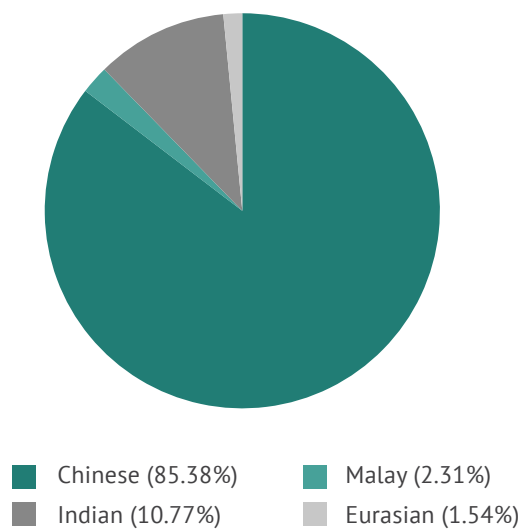


PROGRAMME DIGNITY STATISTICS

(FORMERLY KNOWN AS PROJECT DIGNITY, UNTIL JULY 2016)

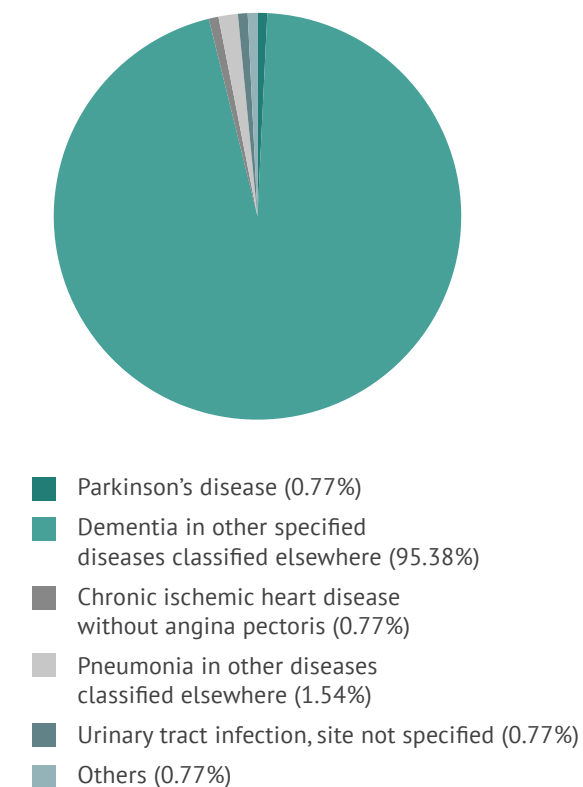
REFERRALS BY RACE

Race	Total
Chinese	111
Malay	3
Indian	14
Eurasian	2
Grand Total	130



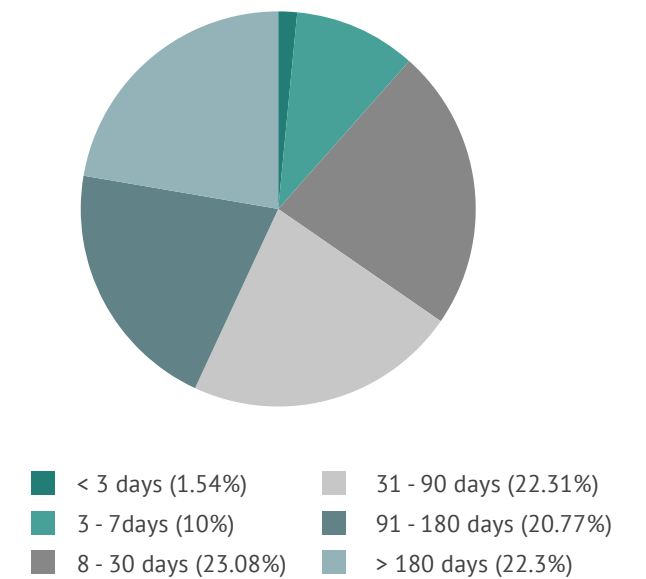
PRIMARY DIAGNOSIS

Primary Diagnosis	Total
Parkinson's disease	1
Dementia in other specified diseases classified elsewhere	124
Chronic ischemic heart disease without angina pectoris	1
Pneumonia in other diseases classified elsewhere	2
Urinary tract infection, site not specified	1
Others	1
Grand Total	130



LENGTH OF STAY

Range	Days
< 3 days	2
3 - 7days	13
8 - 30 days	30
31 - 90 days	29
91 - 180 Days	27
> 180 days	29
Grand Total	130
Average Length of Stay	104.61



HOW DID WE FARE IN THE EYES OF OUR PATIENTS' CAREGIVERS?

To evaluate the care that we provide to our patients, we conducted a regular, 6-monthly caregivers' mortality follow-back survey. This survey questionnaire was adapted from Toolkit of Instruments to measure End-of-Life Care, developed by Dr Joan M. Teno, MD, MS.

The results of the survey for FY2015/16 showed that the satisfaction level of our patients' caregivers (on a scale from 1-10; 10 being the best) was consistently high in all the 5 domains:



**Emotional support
for family**



Patient's dignity



Symptom control



**Communication with
patient and family**



Overall care

SOME POSITIVE FEEDBACK FROM OUR PARTICIPANTS IN 2017 MARCH RUN OF CERTIFICATE IN BASIC PALLIATIVE CARE COURSE



I learned a lot from the different perspectives of palliative care. Many of the speakers were very experienced, qualified and passionate about palliative care. I was very inspired by many of them. Attending the course also helped me look beyond patients' physical needs.

– **Tan Siew Ling Caroline,**
St Luke's Hospital, Home Nursing



During my ward attachments, I learnt how to provide psychosocial services to patients and families throughout all phases of the cancer continuum, including prevention, diagnosis, survivorship, terminal care and bereavement. I am very grateful to participate in patient's activities, sing a song, foot therapy for patient and assist volunteers for cutting of the patient's hair.

– **Mi Shwe Yin Kyawt, St Luke's Hospital**



I will recommend other colleagues to participate in this palliative care course. It is a great introduction course.

– **Anonymous**



TRAINING & DEVELOPMENT



Staff Training

Dover Park Hospice continued to place great emphasis on the continuous professional development of our staff, by sending our staff to courses and conferences; to upgrade and update their knowledge and skills to serve our patients better.

Besides sending our staff to various short courses and workshops, we also supported staff in pursuing professional certification, namely, four staff nurses in Specialist Diploma in Palliative Care Nursing, one Home Care staff in Graduate Diploma in Healthcare Management, and seven staff in four other certification courses. We also supported 13 staff members to attend seven conferences (local and overseas) in total.

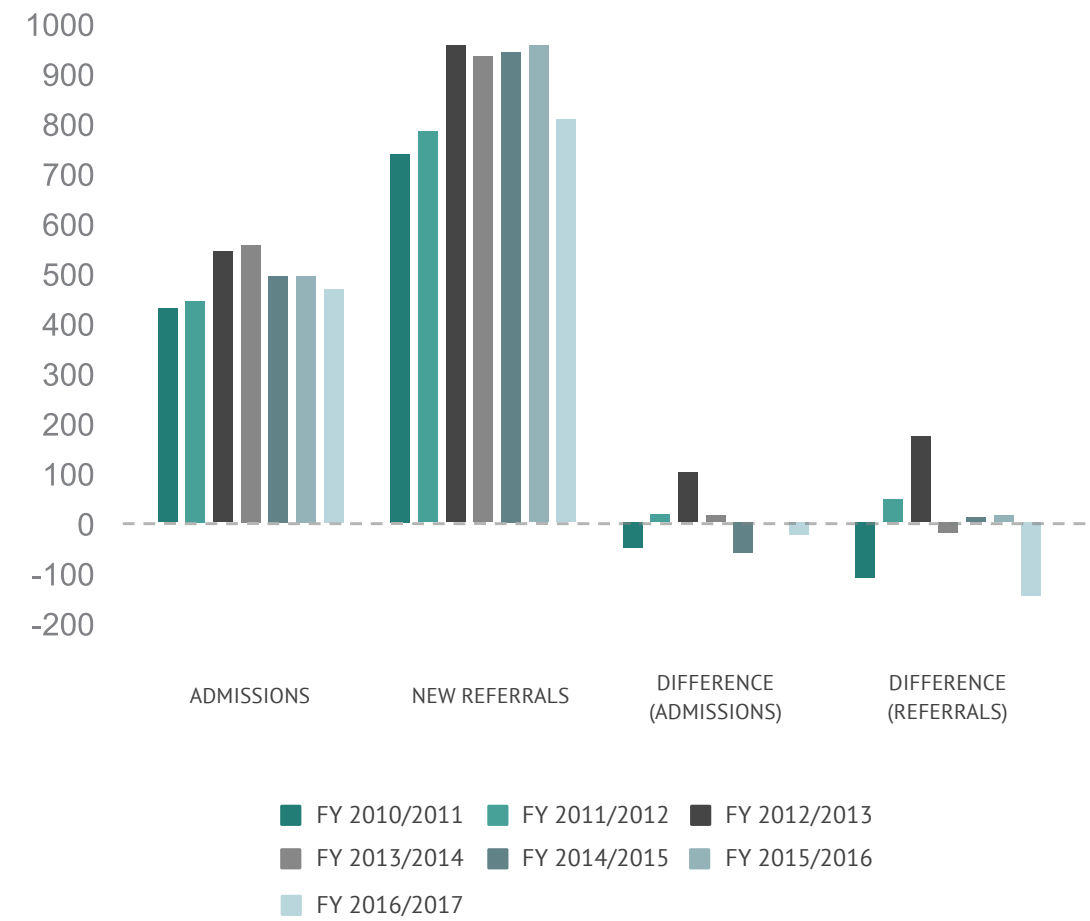
Training for External Healthcare Personnel

We trained 185 healthcare personnel through our courses, and conducted clinical attachment for 237 medical students, 132 nursing students, four Allied Health students, and eight in-service nurses, including two from Sarawak.

We also hosted 203 guests from various organisations, who requested to visit us to learn more about palliative care and what we do in Dover Park Hospice.

INPATIENT STATISTICS
SUMMARY OF ADMISSIONS AND
REFERRALS FOR THE PAST 7 YEARS

FY	ADMISSIONS	NEW REFERRALS	DIFFERENCE (ADMISSIONS) YEAR-ON-YEAR	DIFFERENCE (REFERRALS) YEAR-ON-YEAR
FY 2010/2011	428	737	-	-
FY 2011/2012	443	782	15	45
FY 2012/2013	542	954	99	172
FY 2013/2014	555	932	13	-22
FY 2014/2015	493	941	- 62	9
FY 2015/2016	493	954	0	13
FY 2016/2017	467	806	-26	-148

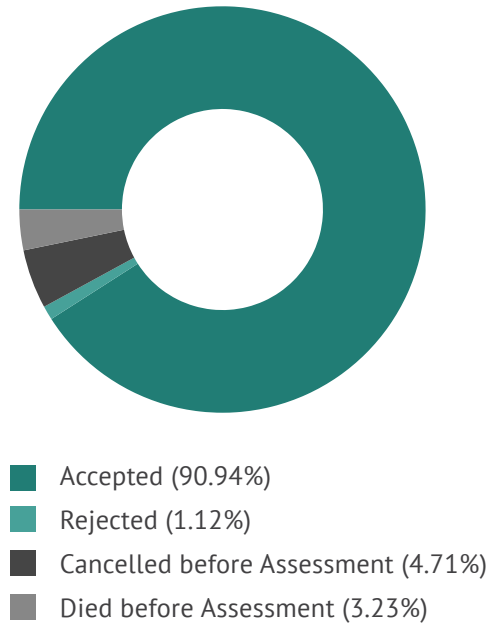


SOURCE OF REFERRALS

SOURCE	TOTAL
AGAPE METHODIST HOSPICE	1
ANG MO KIO COMMUNITY HOSPITAL	1
ASSISI HOMECARE	1
BRIGHT VISION HOSPITAL	1
CHANGI GENERAL HOSPITAL	20
DOVER PARK HOME CARE	63
FARRER PARK HOSPITAL @ CONNEXION	1
GLENEAGLES HOSPITAL	3
HCA HOSPICE CARE	37
INSTITUTE OF MENTAL HEALTH	1
KANDANG KERBAH WOMEN'S & CHILDREN'S HOSPITAL	6
KHOO TECK PUAT HOSPITAL	24
MOUNT ELIZABETH HOSPITAL	5
MOUNT ELIZABETH NOVENA HOSPITAL	1
NATIONAL CANCER CENTRE	53
NATIONAL UNIVERSITY HOSPITAL	113
NG TENG FONG GENERAL HOSPITAL	50
OTHERS	1
PARKWAY CANCER CENTRE	1
PROGRAMME DIGNITY	18
RAFFLES HOSPITAL	2
REN CI COMMUNITY HOSPITAL	1
SENGKANG HEALTH	1
SENGKANG HOSPITAL	1
SINGAPORE CANCER SOCIETY HOMECARE	13
SINGAPORE GENERAL HOSPITAL	124
SINGAPORE PRISON SERVICE (CLUSTER A)	1
ST ANDREW'S COMMUNITY HOSPITAL	19
ST LUKE'S HOSPITAL	1
TAN TOCK SENG HOSPITAL	225
YISHUN COMMUNITY HOSPITAL	17
Grand Total	806

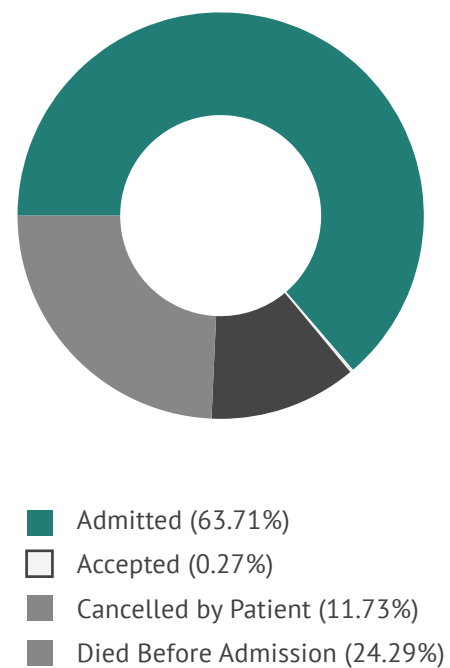
INPATIENTS OUTCOME OF REFERRALS

Outcome	Total
Accepted	733
Rejected	9
Cancelled Before Assessment	38
Died Before Assessments	26
Total Referrals	806



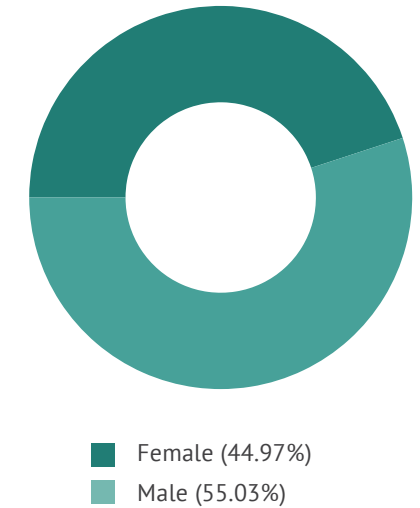
INPATIENTS OUTCOME OF ACCEPTED PATIENTS

Outcome	Total
Admitted	467
Accepted	2
Cancelled by Patient	86
Died Before Admission	178
Total Referrals	733



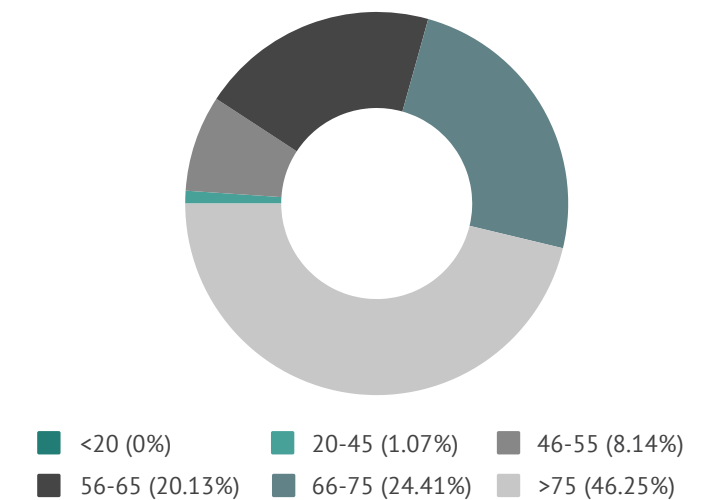
INPATIENTS ADMITTED BY GENDER

Outcome	Total
Female	210
Male	257
Grand Total	467



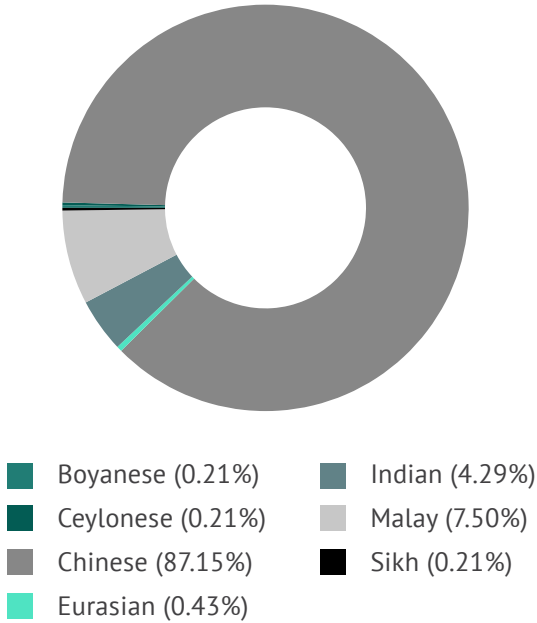
INPATIENTS ADMITTED BY AGE GROUP

Age Group	Total
<20	0
20-45	5
46-55	38
56-65	94
66-75	114
>75	216
Grand Total	467



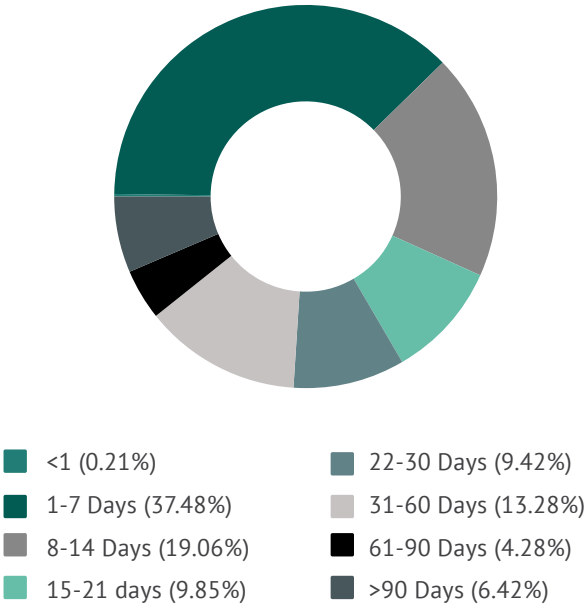
INPATIENTS ADMITTED BY ETHNIC GROUP

Outcome	Total
Boyanese	1
Ceylonese	1
Chinese	407
Eurasian	2
Indian	20
Malay	35
Sikh	1
Total Referrals	467



INPATIENTS LENGTH OF STAY

Range	Total
<1	1
1-7 Days	175
8-14 Days	89
15-21 days	46
22-30 Days	44
31-60 Days	62
61-90 Days	20
>90 Days	30
Grand Total	467



INPATIENTS BY DIAGNOSIS

Diagnosis	No.
Cancer	397
Non-Cancer	70
Grand Total	467



COMMUNITY OUTREACH



Taking engagement and connection to new levels.

ENGAGEMENT AND OUTREACH

Community Outreach, these days, is not limited to having a booth somewhere in any community. In the technologically-advanced age, more and more Singaporeans have been spending time online. As such, digital space is one other platform whereby DPH may "meet" and engage them. This philosophy led to the birth of DPH eNews and CRM system.

Every Moment Matters at Dover Park Hospice
Building on the first installment of Every Moment Matters @ Dover Park Hospice (which was held on 12 January 2015), the second installment of Every Moment Matters 2016 was held on 12 April 2016 at The Pod@National Library. This event enabled numerous organisations to learn about how they could engage in meaningful Corporate Social Responsibility (CSR) activities with DPH.



VOLUNTEERISM



*Time, commitment,
devotion and energy.*

OUR VOLUNTEER GROUPS



AQUAMARINE

Volunteers from Moulmein CCC

AMETHYST

Singing Group that performs for patients on the second and fourth Saturdays of each month from 11am to Noon

CRYSTAL

Creates craft items for fund-raising purposes

DIAMOND

A Malay-centric Group that organises the monthly birthday celebrations for patients and annual Hari Raya celebrations

EMERALD

Takes our patients out for excursions to various places of interests every Thursday morning

GARNET

Volunteer Ambassadors who support DPH in public awareness efforts

GEMS

In-house show choir consisting of DPH staff and volunteers that perform for patients and at DPH events

JADE

Chinese-based Group which organises celebratory events for patients during Lunar New Year and Mid-Autumn festival

LAPIS

Befriends patients and their family members as well as outreach during Vesak Day celebrations at Amitabha Buddhist Centre

OPAL

Provides massage service to patients to ease their aches and pains

PEARL

Prepares nutritious home-cooked soups for patients on the third Wednesday of each month

RUBY

Brings pets to interact with patients under Pets Therapy Programme on the second Monday and fourth Saturday of each month

SAPPHIRE

English Speaking Group which focuses on befriending, and providing music for patients' listening pleasure

SOKA

Prepares local delights of Kopi & Roti for patients on the second and third Sundays of each month

SUNSTONE

Provides hairdressing / grooming services for patients on Tuesday mornings

TANZANITE

Young volunteers from Lee Kong Chian School of Medicine (LKCMedicine)

TOPAZ

Gardening Group which helps maintain the lush greenery at DPH

TURQUOISE

Volunteers for Home Care Services

VOLUNTEERISM HIGHLIGHTS

Dover Park Volunteers - Spreading Love

Dedicated, thoughtful, and sincere – Dover Park Hospice Volunteers have always been exemplary in devoting their time, energy and resources towards brightening up the lives of its patients.

Many thanks to our 400 active volunteers who form the 18 DPH Volunteer groups, named after precious stones, for their unflinching commitment and tireless service in creating lasting memories for our patients and their families.



A snapshot of our Volunteers at work...



DONORS



Get Involved: Donate and Make a Difference.

APPRECIATION

Dover Park Hospice wishes to express our appreciation to all corporations, organisations, and individuals, for their generous support for the past year. Due to space constraints, we can only list donors who have contributed \$1,000 and above. Nevertheless, we thank all our donors for contributing towards Dover Park Hospice's compassionate cause of providing care and comfort to terminally-ill patients and their families during their difficult times and helping to make "Every Moment Matter." It is indeed a privilege to have your support.

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

INDIVIDUALS

A

Ang Boon Kiat
Ang Jwee Herng
Angela G Tan
Au Oi Leng
Avanesh Sharma
Aw Zhen Ling & Aw Pey Ling

B

Bey Soo Khiang

C

Chai Tat Boon (IMO-Chia Ang Ee)
Chai Wei Khuan
Chan Bee Leng
Chan Guek Cheng, Noreen (Dr)
Chan Wai Fen
Chan Wai Leong
Chan Wing Seng
Chay Oh Moh
Cheah King Mun, Clifford
Cheang Eng Cheng, Joseph
Chee Siew Wee
Chen Dan, Diane
Chen Jie'An, Jared
Cheng Yoke Ping
Cheng Yong Liang
Cheong Fook Onn, Andrew
Chew Hwee Koon

Chew Kia Ngee
Chew Robert
Chew Woong Yee, Alice
Chey Chor Wai
Chia Lay Hoon
Chia Nam Toon
Chia Piah Yam
Chia Sok Mui
Chin Chi Onn, Colin
Chin Yau Seng
Ching Hwee Hong
Chng Chee Kiong
Chng Peng
Choe Fook Cheong, Alan
Chong Kwong Ki (IMO-Chong Nam Kit)
Chong Siak Ching
Chong Tzu Chew
Choo Chieh Chen, Helen
Choo Hock Heng
Chow Kwok Weng
Choy Choong Tow, Patrick
Chua Boon Yong
Chua Eng Him
Chua Jiak Hwee
Chua Lai Poh @ Jacqueline Chua
Chuah Yoong Yoong
KC Chan, Nicholas

D

Daljeet Singh Sidhu
Dilhan Pillay Sandrasegara

E

Edwin Joseph Jesunesan
Eng Hsi Ko, Peter
Eu Oy Chu

F

Fabrice Desmarescaux
Faizal Bin Suhari
Fam Teck Yin (IMO-Fam Chak Mak)
Family of Late Chua Moi Joon
Fang Eu Lin
Fong Yeng Chung, Frank
Foo Jong Wey
Foo Kwee Joen, Junie
Fun Wai Ching, Rena

G

Gail Lien Wang
Gan Soh Har
Goh Ann Nee
Goh Cheong Hock (IMO-Goh Teck Chye)
Goh Eng Heng
Goh Guat Lan, Josephine

Goh Jen Kiang, Michael
Goh Jen Kiat, Andrew
Goh Jen Sen, Aaron
Goh Peng Ee (IMO-Goh Yew Seng Joseph)
Goh Pheck Suan, June (Dr)
Goh Pi Lee, Beverly
Goh Teck Hock
Gwee Chwee Kee, Rupert

H

Heng Chine Huat, Kelvin
Ho Kok Tong
Ho Siok Hwa, Eileen
Ho Tian Yee
Hochstadt Herman Ronald
Hoon Tin Hua (IMO-Bian Guat Yong)
How Kim Fwee, David (IMO-Ho Khen Yen)
Hsu Chin-Ying, Stephen
Hui Choon Wai

J

James Best
Joseph Grimberg

K

Kang Susanna
Kapde Tushar
Kee Chin Wah Patrick
Kevin Hang Chi (IMO-Quek Bee Heong)
Kho Kwang Mui
Khoo Chwee Tin
Khoo Soo Gua, Christopher
Khoo Tiam Hock, Vernon
Ko Hui Kuan
Koh H C, Adrian
Koh Kok Tian
Koh Lay Cheng
Koh Soo Yong (IMO-Low Guan Ting)
Koh Tieh Koun
Koh Tse Hsien
Koh Yong Huay
Kwang Yee Ling
Kwek Choon Lin, Winston
Kwek Eik Sheng
Kwek Geok Luan

L

Lai Jiunn Herng
Lai Mun Kwong
Lam Kah Hoe
Lam Kun Kin
Lam May Cheng, Jo-Anne
Lam Yi Young
Latha E K, Mathew
Lau Kim Choo
Lau Mei Hwa

Lee Ang Seng
Lee Cheng Chye
Lee Chia Poh, Alvin
Lee Chye Beng
Lee Ee Ling, Tina
Lee Geok Ling (IMO-Lee Soon Thong)
Lee I Wuen (Dr)
Lee Kim Hock, Lionel (Prof)
Lee Kiow Seng
Lee Onn Kei, Angel (Dr)
Lee Pheng Hean, Bryce
Lee Po Nicola
Lee Soon Teck
Lee Teck Joo, Micky
Lee Tuan
Lee Wee Jean
Lee Xue Ling, Cheryl
Lee Yvonne (IMO-Lee Thiam Chye)
Leong Hon Kheong
Leong Hong Sheng
Leong Soo Lai
Leong Wai Leng
Leong Yow Kheong
Leow Fan Siew
Li Qianwen
Lien Jown Leam
Liew Oon
Lily Heinrichs
Lim Chew Meng, Vincent
Lim Chin Juay
Lim Chye Huat, Bobby
Lim Guek Har
Lim Han Ngee
Lim Hock Chee
Lim Hock Choon (IMO-Sin Lai Har)
Lim Hong Kheng
Lim Hui Mien, Sharon
Lim Jing Yi
Lim Kay Choo
Lim Khoon Hwee, Winston
Lim Kian Tho, Jerry (Dr)
Lim Kong Eng
Lim Leong Keow
Lim Lu-yi, Louis
Lim Mei Yin
Lim Ngiat Keow (IMO-Wong Siah Ngong)
Lim Seok Bin, Zann
Lim Ser Yong
Lim Siew Hiang
Lim Siew Ling
Lim Siok Mei
Lim Su Yin
Loh Lee Hong
Loi Teck Shu
Lok Cheung Yee
Loo Kim Lian (IMO-Tan Chiu Tien)
Low Eng Heng
Low Ngiap Jong, Jeann

Low Sze Chuan
Low Tut Choon
Lum Ruen Zi
Lum Wai Kit, Fabian

M

Ma How Soon
Manoj E Charlene
Margaret Chan-Lien
Mei Wan Kwee, Melissa
Moeez H Nakhoda

N

Ng Boon Seng, Kevin
Ng Cheong Bian
Ng Han Yang, Hans (IMO-Chua Ah Chow, Choy Bee Yeok, Choy Poh Choo)
Ng Kien (Huang Qin)
Ng Kuo Pin
Ng Lai Hong
Ng Lei Piar
Ng Sock Hoon
Ng Tian Huat
Ngoi Seng Piaw

O

Oh Kim Hong, Tracey
Oh Poh Lan Yvette
Ong Ai Hua
Ong Bee Yong, Lynda
Ong Beng Huat
Ong Ching Khiam, Tammy
Ong Felix (Dr)
Ong Hong Peck, Agnes
Ong Joon Lim, Wilson
Ong Joseph
Ong Kim Ling (IMO-Ong Eng Hung)
Ong Mong Siang
Ong Siew Ching
Ong Siew Tin
Ong Wah Ying (Dr)
Oxborrow Michael Anthony

P

Pang Sze Kang, Jonathan
Pascal Guy Demierre
Pavada Vasandakumari Deborah
Peh Gim Hong
Peh Libby Tin nee Tin Chun Moon
Pek Tiong Khuan
Png Kim Chiang
Poh Bee Li
Poh Beng Wee
Poh Loo Heng (IMO-Tay Ah Chwee)
Poh Zi Ming (IMO-Ther Min Lern)
Poi Choo Hwee

Poon Yew Hee, Donald
Prakasam S.A. Soosai
Puah Bee Khim (IMO-Ng Lai Seng)
Puah Li Fang

Q

Quek Robert
Quek Shiou Yong
Quik Lee Lee (IMO-Khoo Choon Tin)

R

Rin Huei Yen
Rin Su Tsen
Rob Burrough

S

Sadanand Varma
Seah Chee Hua
Seah Chee Hwee
Seet Iris
Seet Ju Ee (Dr)
Seow Peter
Siew Mei, Alice
Sim Aik Hong (IMO-Tan Toh Soon)
Sim Guek Neo, Elizabeth
Sim Tiong Puay
Sin Wing Yew
Siow Fung Wai Ying
Sng Tiong Yee
Song Lee Choo
Stefanie Yuen Thio
Sujatha Das Gollapalli
Sum Wai Fun, Adeline
Suyanto Gondokusumo
Syn Li Min Mark

T

Tan Ann (Dr)
Tan Bee Kim
Tan Cheng Kian
Tan Chin Lu
Tan Eng Seong, Phillip
Tan Guong Ching
Tan Hean Beng, Tommy
Tan Hee Wee
Tan Hong Beng
Tan Hwee Bin
Tan Jin Siong
Tan Joe Boy
Tan Kheng Leng, Anderson
Tan Khuan Seng
Tan Kok Huan
Tan Lee Lee, Judy
Tan Nguan Chee
Tan Peck Hong, Yvonne
Tan Pek Har, Helen

(IMO-Tan Thean Lye)
Tan Peng Chuan
Tan Poh Ann, Anne
Tan Poh Hong
Tan Siew Hwa
Tan Sim Hock
Tan Siok Lan
Tan Siong Lu
Tan Soo Hwee
Tan Suat Wah, Catherine
Tan Tee Jim
Tan W T Clarence
Tan Wei Wei
Tan Whei Mien, Joy
Tan Yang Guan
Tan Yew Huat
Tan Yin Ying
Tan Yoke Tong
Tang Kian Cheong
Tang See Chim
Tay Chek Khoon
Tok Lye Huat, Kelvin
Tay Chin Chye
Tay Lai Peng
Tay Liam Wee
Tay Poh King, Angeline
Teng Kim Wei, Jennifer
Teo Chee Hean
Teo Guan Hoe
Teo Juniati
Teo Khiam Chong
Teo Miang Yeow
Teo Ming Quan, Mark (IMO-Sim Ah Keow)
Teo Rachael
Teo Soon Chye, Anthony
Tew See Mong
Tham Kui Seng
The Late Chan Siew Foen Ada
The Late Chew Swee Khim
The Late Choo Chay Huang
The Late Mdm Chan Lai Fong
The Late Ong Kwee Kai
The Late Ong Phua
The Late Tan Khee Beet
The Late Thong Kok Cheong
Thia Jong Ping
Thum Beryl (IMO-Tan Ah Hong)
Tin Keng Seng
Ting Cheng Leng
Tiong Shu
Tiong Siew Geok
Tung Yui Fai

W

Wan Fook Weng
Wang Chan Foo
Wang Chew Juat (IMO-Cheng Kiam Wah)
Wee Kim Choo, Elizabeth
Wong Bor Horng
Wong Chit Sieng
Wong Chung Jeu
Wong Ee Kay, Geoffrey
Wong Fong Fui
Wong Hian Hwee, Constance
Wong Keen Mun
Wong Lin Beh (IMO-Lim Teck Eng)
Wong Mei Gin
Wong Ming
Wong Orianana
Wong Siu Ching, Cindy
Wong Weng Sun
Wong Yih Jiun (IMO-Wong Wei Kong)
Wong Yuet Ngan (IMO-Wong Sui Wah)
Wu Huei Yaw (Dr)
Wu Pei Ling, Celia (IMO-Grace Kim Pau Siw)

Y

Yang Yuen Tsyr, Caroline
Yap Guat Eng
Yap Keng Yong
Yap Poh Suan
Yap Siew Moi
Yap Yon Ting
Yaw Chee Ming
Yee Kong Seng, Francis
Yee May Yoke
Yeo Basil
Yeo Boon Inn
Yeo Lik Seng
Yeoh Khwai Hoh, Patrick
Yeow Chee Keong
Yik Fiona
Yip Shee Keen
Yip Yue Lee
Yong Kon Yoon
Yong Swee Lan (IMO-Daisy Vaithillingam)
Yue Yean Feng
Yuen Wei Yi, Gerard
Yui Vivien

Z

Zhou Songkai, Nicholas

ORGANISATIONS

A

Access Direct Pte Ltd
Aecom Singapore Pte Ltd
Aegis Portfolio Managers Pte Ltd
Aggregate Asset Management Pte Ltd
Akeles Consulting Pte Ltd
Allalloy Dynaweld Pte Ltd
Amitabha Buddhist Centre
AM Aerospace Supplies Pte Ltd
Antara Koh Pte Ltd
Arie Darma Enterprises (S) Pte Ltd
ASL Aviation Group Pte Ltd

B

Bank Pictet & Cie (Asia) Ltd
Beaver Contromatic Pte Ltd
Bintai Kindenko Pte Ltd
Boardroom Limited

C

Captial International Inc
Char Yong (Dabu) Foundation Limited
Clydesbuilt (Holland Link) Pte Ltd
ComfortDelGro Corporation Limited
Community Foundation of Singapore
Courts Asia Limited
Crystal Group

D

DBS Bank Ltd
Dong Yi Enterprise Pte Ltd
DP Architects Pte Ltd

E

Erabelle Pte Ltd
Expats Furniture Rental Pte Ltd

F

Fabric's Life Laundry Service
Focus Investments Pte Ltd

G

GNS Storage Pte Ltd
Goh Foundation Limited

H

Hatim Investment Holdings Pte Ltd
Heng, Leong & Srinivasan LLC

Hermes Singapore (Retail) Pte Ltd
Ho Bee Foundation
Hong Seng Sports Industries Pte Ltd

I

Isaac Manasseh Meyer Trust Fund

J

Jardine Lloyd Thompson Pte Ltd
Jean Yip Salon Pte Ltd
Jurong Port Private Limited
JYTT International Pte Ltd

K

Kajima Overseas Asia Pte Ltd
Kapps Consulting Pte Ltd
Kuan Im Tng Temple (Joo Chiat)
Kwan Im Thong Hood Cho Temple

L

Lee Foundation
Lee Kim Tah Foundation
Linyi Investments Private Limited
Lion Global Investors Limited

M

Mangala Vihara (Buddhist Temple)
ME Holdings Pte Ltd
Mellford Pte Ltd
Million Lighting Co Pte Ltd
Mizuho Bank Ltd

N

Nakano Singapore Pte Ltd
National Healthcare Group Pte Ltd
Netpoleon Solutions Pte Ltd
Newman Corporate Services Pte Ltd
Nexcomm Asia Pte Ltd
Nexia TS Pte Ltd
Ngee Ann Deveopment Pte Ltd
NTUC Fairprice Foundation

O

Owling Enterprises Pte Ltd

P

Pei Hwa Foundation Limited
PricewaterhouseCoopers LLP
Prive Clinic Pte Ltd

R

RSM Chio Lim LLP

S

Sanford Marketing Services Pte Ltd
SAP Asia Pte Ltd
Schroder Investment Mgt
(Singapore) Ltd
Schurter (S) Pte Ltd
Seaquest Enterprise Pte Ltd
Seed Global Investment Pte Ltd
SG Sagawa Ameroid Pte Ltd
Shanghai Chong Kee Furniture &
Construction Pte Ltd
Sim & Yeo Co Pte Ltd
Sincere Medical & Dental Clinic
Singapore Buddhist Youth Mission
Singapore Polytechnic
Singapore Press Holdings Limited
Singapore United Estates Pte Ltd
Sun Holdings Ltd
Sunray Woodcraft Construction Pte Ltd
Sunscreen (Singapore) Pte Ltd
SymAsia Singapore Fund

T

Tai Pei Foundation
Tampines Chinese Temple
Tang's Engineering Pte Ltd
Techniques Air-Conditioning &
Engineering Pte Ltd
Teck Hien Engineering Pte Ltd
The Ngee Ann Kongsi
The Shaw Foundation Pte
Tiong Aik Construction Pte Ltd
Tote Board and Singapore Turf Club
Transcend Solutions Pte Ltd
Transurban Properties Pte Ltd
Trends N Trendies Pte Ltd
Tri-Harvest International Pte Ltd

U

U-Want Services Pte Ltd

V

Viva Industrial Trust Management Pte
Ltd

W

Web Structures Pte Ltd
West Spring Secondary School

William Secure Solutions Pte Ltd
Wing Ship Marine Services Pte Ltd
Wong Partnership LLP

Z

Zap Piling Pte Ltd

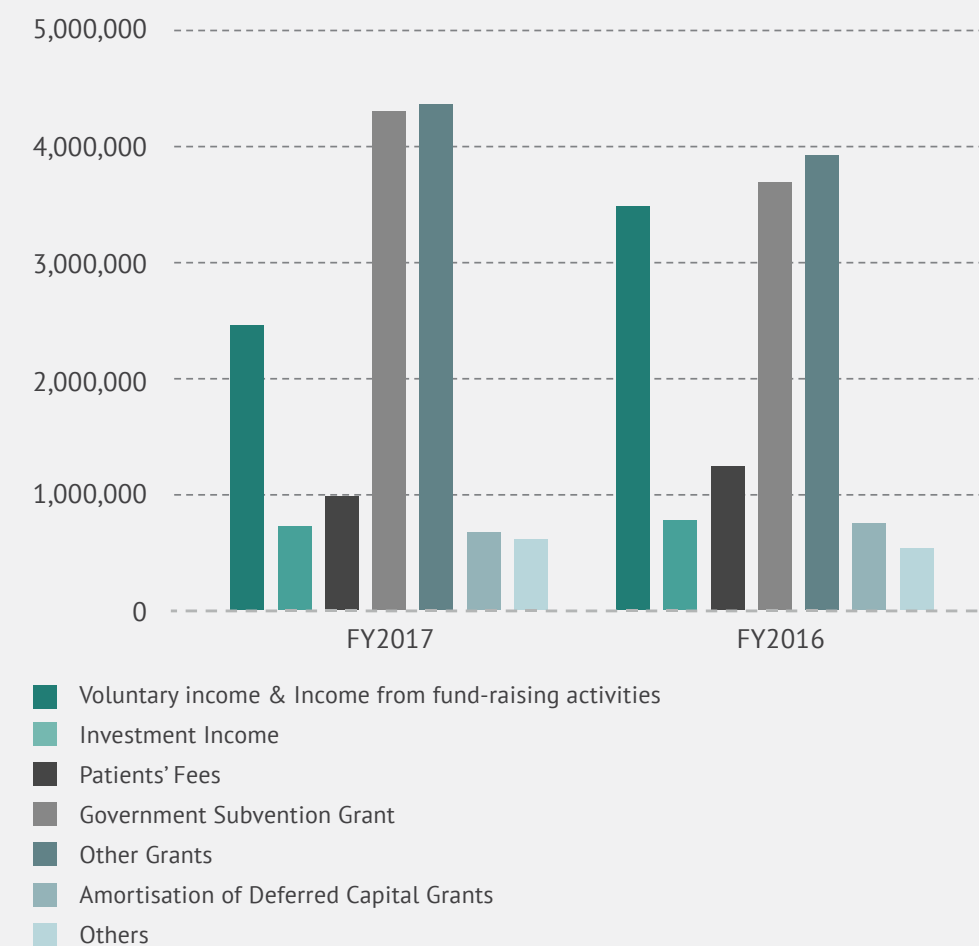
FINANCIAL HIGHLIGHTS



An outlook on the financial horizon.

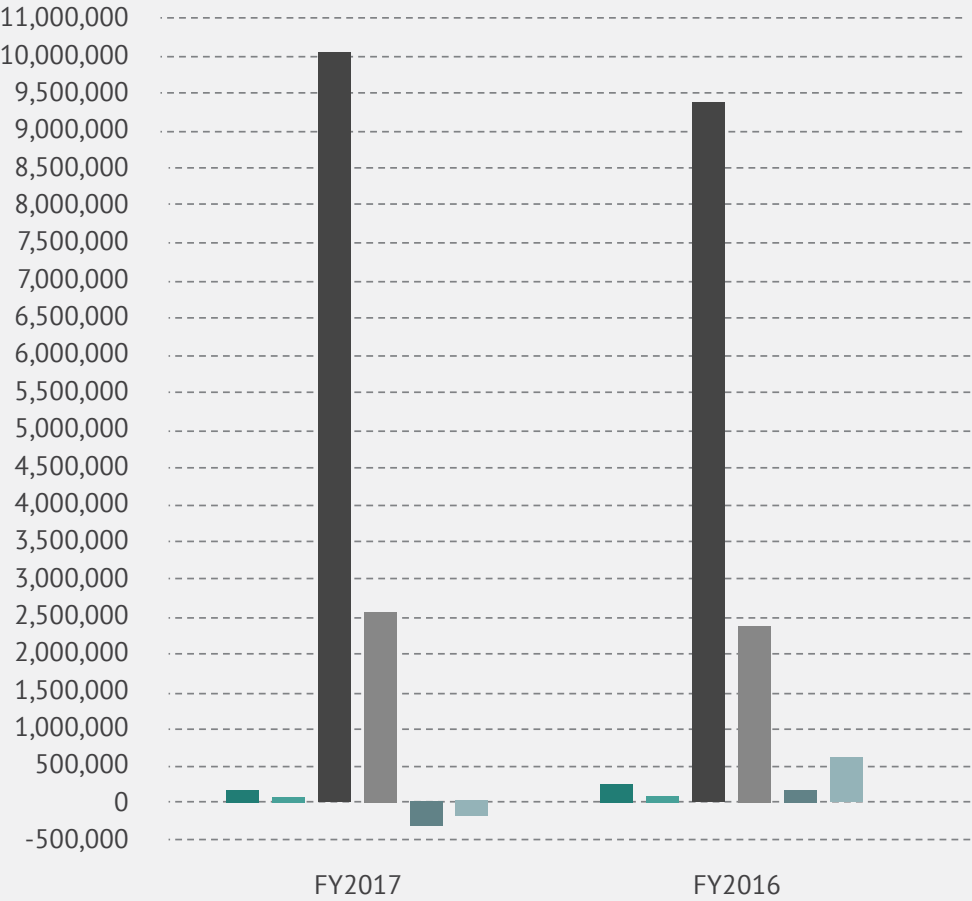
TOTAL INCOME FOR THE YEAR

	FY 2017	FY 2016
Voluntary income & Income from fund-raising activities	2,448,878	3,472,000
Investment Income	723,171	771,167
Patients' Fees	974,798	1,233,261
Government Subvention Grant	4,298,336	3,684,467
Other Grants	4,358,137	3,915,789
Amortisation of Deferred Capital Grants	669,960	741,582
Others	604,344	532,775
	14,077,624	14,351,041



TOTAL EXPENDITURE FOR THE YEAR

	FY 2017	FY 2016
Fundraising Costs	175,994	365,222
Investment Management Expenses	90,137	124,499
Charitable Activities	10,013,690	9,464,395
Governance Activities	2,610,536	2,456,934
Fair value (gains)/losses on financial assets	(377,114)	203,958
(Gains)/losses on disposal of financial assets	(216,304)	642,581
	12,296,939	13,257,589



- Fundraising Costs
- Investment Management Expenses
- Charitable Activities
- Governance Activities
- Fair value (gains)/losses on financial assets
- (Gains)/losses on disposal of financial assets

EXPLANATORY NOTES

1. **Charitable activities**

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

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

The full set of audited financial statements can be downloaded from our website at www.doverpark.org.sg.

管理委员会主席 寄语

25年如一日，
创造珍贵的寸刻

庆祝成长的里程碑

2017年11月，托福园将步入第25个年头。她成立于1992年，是新加坡第一所专门设立的慈怀疗护医院。到今天，我们已经经历和成长了许多。在过去的这些年里，全体成员一直不懈努力，旨在为患者提供最好的慈怀疗护。即使现在，乃至下一个25年甚至更远的时间，托福园作为慈怀疗护的领军机构，仍将继续我们独特的疗护理念，提供多专业综合式慈怀疗护服务。

为了不断地在社区内推行我们卓越的疗护理念，在过去的一年里，托福园一直积极寻求与企业和教育机构的合作与协作。通过我们自己的社区宣传、企业社会责任(CSR)计划和筹款活动，托福园已与李光前医学院、杨潞龄医学院、油池民众俱乐部华乐团(YTCCCO)、SAP公司、OWLING ENTERPRISES PTE LTD公司、ASL AVIATION GROUP PTE LTD公司、KAJIMA OVERSEAS ASIA PTE LTD公司等机构（仅列举一部分）建立并保持了合作关系。

在新加坡推行慈怀疗护和临终关怀

为了获得更多支持，我们不断开展和参与本院合作伙伴/社区之间的互动，如企业社会责任活动、捐赠活动、义工活动以及任何其他资源，为托福园迁入即将落成的综合护理中心（ICH）做准备。从2022年开始，综合护理中心将成为诺维娜健康城的一部分。

该综合护理中心的动土仪式于今年早些时候，即：2017年3月21日举行。项目竣工后，综合护理中心将包含17个楼层，托福园将占用其中4个楼层。届时，我们的收治能力将扩大一倍，达到100个床位。之后，还将合并一个日托中心。在扩大对社区的覆盖面，增强我们在新加坡的服务能力的同时，我们将继续与陈笃生医院（TTSH）和国立健保集团（NHG）密切合作，为我们的晚期患者提供无缝的居家式慈怀疗护和慰藉。



25年如一日，
创造珍贵的寸刻

我们将广招更多的支持者、员工和义工，并与他们一起努力，推动慈怀疗护事业进一步发展，让患者享受存在寸刻的珍贵！

为成千上万名病危患者赋予生命

尽管如此，我们将仍然需要拓展本院的晚期失智症患者居家护理“尊严计划”（PROGRAMME DIGNITY），以适应快速老龄化社会日益增长的需求。居家慈怀疗护的需求从2011年的3800个增加到2020年的6000个。2012年，新加坡大约有2.8万60岁及以上的人口患老年失智症。预计到2030年这个数字将达到8万。

我们的尊严计划之居家护理计划于2014年10月启动。今年是实施该项计划的第3年，也是淡马锡慈善基金会资助的最后一年。在过去一个财年里，尊严计划为更多无法离开家门的晚期失智症患者提供了慈怀疗护。受益于该项居家护理计划的患者人数已经增加到每年310，而计划开始实施时，只有80人。

由于我们不断采取扩大措施，加大员工培训力度，以照顾更多的患者，我们的运营支出也在不断增加，从2015/2016财年的124万新元增长到了2016/2017财年的129万新元。

作为一个非盈利机构，托福园的运营在很大程度上依赖于各界捐款。有了捐款，托福园才可以不断地培训未来一代又一代的慈怀疗护医生、护士、治疗师，社工和看护者。上一财年，我们收到的捐款总额为347万新元，较2015/2016财年的245万新元略有增长，增幅为103万新元。今年的筹款工作又将是一个挑战，因为许多不确定性因素仍然存在，加上全球经济放缓，而我们患者的需求却保持不变。

创造更多珍贵的寸刻

我代表托福园管理委员会和在托福园创造更多珍贵寸刻的工作人员，向我们所有的朋友、捐助者、义工、赞助者及合作伙伴表示衷心的感谢，感谢你们对本院的慈怀事业给予了坚定不移的支持。你们的贡献将鼓励和激励我们不断采取措施，推动该项事业的发展。

在新的财年及以后的日子，我们希望能够继续获得您的支持，以便我们不断提升服务水平、扩大服务范围，从而为更多的晚期患者给予关怀。我们将扩招更多的支持者、员工和义工，并与他们一起努力，推动慈怀疗护事业进一步发展，让患者享受存在寸刻的珍贵！

Prof Lionel Lee
李金福教授（准将）
管理委员会主席

执行总监 寄语

一年的变化与成长

2016/2017财年对托福园来说，是一个令人兴奋的过渡年：新一任执行总监廖泉添先生的任命和三年来一直担任医务总监的余辉耀（WU HUEI YAW）医生完成了与新任医务总监王华燕（ONG WAH YING）医生的岗位交接。余辉耀医生将回到陈笃生医院，担任一项实验性服务的主治医生。

我院服务与能力的提升

这些人事更动为我们的成长奠定了基础，也有助于我们为最终迁入新的综合护理中心（INTEGRATED CARE HUB）而做好准备。到2022年迁入新的综合护理中心时，我们将拥有100个床位和一个日托中心。目前我们做了许多幕后及进展中的工作，旨在让我们的新家有良好的设计，充分考虑空间问题，以确保托福园在整座建筑中与众不同。但更重要的是，我们需要进一步设置对患者及其家属有利的空间，如：起居室、餐厅、休息室和活动区域等，以便为患者营造更多珍贵的寸刻。我们将管理层和管理委员会的意见结合起来，形成了一个五年计划，这将有助于托福园在瞬息万变的医疗保健领域继续前行。

整合流程、提高生产力

在管理方面，我们一直致力于在许多领域提升服务质量和改进流程。其中一项工作是实施企业风险管理体系，以便根据毕马威会计事务所（KPMG）的建议持续监测现有的和未来的风险。我们还执行了流程改进。该项工作帮助我们为患者建立了从入院到缴费，再到出院的流水线式服务流程，减少了操作步骤，取消了打印输出。结果证明，虽然住院部、居家护理和尊严计划的收治人数有所增加，但是每月核对账单所需的平均人力时间减少31%至50.8%之间。感谢我们的居家护理部、住院部和信息技术部的同事们，是他们的努力，使得这一切成为可能。

我们希望未来又是忙碌的一年，这样便于我们继续提升和改进自己，从而更好地满足患者需求。从2017年8月起庆祝本院成立25周年时，我们希望把托福园的功绩与更多人分享。



Timothy Liu

廖泉添
执行总监



我们希望未来
又是忙碌的一
年，这样便于
我们继续提升
和改进自己，
从而更好地满
足患者需求，
并为托福园带
来良好的工作
业绩。



25年如一日，
创造珍贵的寸刻

托福园，作为慈怀医疗（一个医疗专业）领域的领军机构，采用整合的方法，将医疗、护理、心理照护、社会照护、文化照护和心灵照护融为一体，为我们的患者及其家属、朋友和所爱的人提供最大的关爱和支持。

我们相信我们提供的住院及居家护理慈怀疗护服务能够使一个人在生命的最后阶段，过得更有尊严、更有意义。在托福园，我们一视同仁对待所有的患者，给予关爱。

我们的团队一起提供信息和护理，帮助我们的患者及其家人度过前面未知和不确定性的旅程。我们引导他们做出最好的选择，帮助患者舒适而有尊严的生活，并珍惜自己存在的每一寸刻。

25年如一日， 创造珍贵寸刻

在即将到来的2017年11月，
托福园将步入第25个年头

在过去这些年里，托福园不断发展壮大。我们凝聚了来自托福园创始人、义工和全体员工对慈怀护理事业的热情，克服一切不利因素，实现了“寸刻珍贵”的慈怀护理愿景。

今天，托福园已经成为新加坡姑息治疗和慈怀护理的领军机构，我们为此感到骄傲。在我们的工作中，我们每做一件事，都会发现它的重大意义。从创院至今，我们已经为11000多名病危患者赋予生命，帮助患者本人及其家属找到了内心的平静与安宁。

我们的庆祝活动将以2017年的年度庆祝晚宴为开端。很高兴能邀请到我们最早的支持和赞助人之一，新加坡共和国总统陈庆炎博士。他将作为荣誉嘉宾来和我们一起参加庆祝活动。陈总统早在1997年4月19日主持了托福园和慈怀中心的开业仪式。这次能与我们一起庆祝托福园成立25周年，我们真的倍感荣幸！



2017 - 2018年主要活动

8月27日
星期日

2017年庆祝晚宴

9月23和24日
星期六和星期日

托福园
25周年嘉年华

11月3日
星期五

2017年 员工和
志愿者晚会

1月

WILLIAM WAN博士
发布《善待死亡》一书

3月3日
星期六

慈善音乐会

4月18日
星期三

2018年寸刻珍贵活动

8月

2018年庆祝晚宴



创造更多 珍贵的寸刻



*Creating more
Moments that Matter.*

托福园走进综合护理中心 - 创造更多珍贵的寸刻

当托福园在2022年迁入诺维娜健康城内的综合护理中心时，她将为晚期患者带来居家式环境的慈怀疗护和慰藉。

托福园与陈笃生医院（TTSH）和国立健保集团（NHG）密切合作，可为这些患者提供全面的慈怀疗护。托福园迁入新址之后，将拥有100个床位，规模也将比目前扩大一倍。

为了帮助晚期患者舒适而有尊严地生活，新迁入诺维娜健康城内的托福园四层设施将采用更有家居特点的设计，在宁静的环境中留出更多家庭空间，以便患者可以与家人共度意义非凡的珍贵时光。提供居家护理一直是托福园护理理念的一部分。除了在患者疼痛、不适和有其他症状时提供照护以外，社会-心理和心灵关怀同样重要。

迁入位于综合护理中心的新址之后，托福园将拥有更大的空间，从而可以提供更具家居特点的护理服务，包括：

- 屋顶花园、感应墙、园艺空间和砂疗法，让患者体验居家生活时光
- 更大的家庭空间、餐饮活动和安静的咨询室
- 慈怀日托中心的展能中心

由于实现了与陈笃生医（TTSH）实体链接，托福园将使得国立健保集团（NHG）和陈笃生医院（TTSH）更好地整合护理和手术流程。而且，这也将便于患者在两所医院之间转院，更便于医院接触托福园的患者，对其进行跟进复诊，无需使用救护车。

托福园新址的建设工作于2017年3月21日综合护理中心工地的动土仪式之后开始。

2017年3月21日综合护理中心的破土动工仪式 ▶

照片由陈笃生医院（TTSH）提供



无私奉献

更好的护理、更好的社区...，托福园 -- 一个特别的地方！这里有我们独特的慈怀疗护 - 医疗、护理、心理照护、社会照护、情感照护和心灵照护融为一体，帮助患者舒适且有尊严地生活。有了我们的陪伴，患者将会生活得更好，并为其生存的每一个瞬间赋予生命！



托福园筹资活动快报

介绍

托福园通过实施积极的、富有同情心的服务计划，从创院至今为

1.1万名

晚期患者及其家属提供了支持。

1290万
新元元

运营支出

50

可同时收治50名住院患者



全国范围内有个捐款箱

101



居家护理



住院

每床位日325新元，包括：

- 住宿
- 医疗和护理服务
- 理疗服务
- 餐饮
- 规范用药



托福园大约 **80%** 的患者享受高额补贴，自己只需支付数额很小的费用。



支持小组由护士、医生，社会工作者组成；



“24小时/7天”服务；



提供疼痛和症状控制、社会心理和精神支持；



有护士进行定期检查，需要就医时，医生随时进行诊断；



提供家属和看护人员培训，确保患者获得与家里一样的舒适度；可借用我们的医疗和护理设备，如：轮椅、助行器和便桶等。

临床队伍

我们由医生，护士，治疗师和社工等专业人员组成的临床队伍信奉这样一种护理理念，即：为患者及其家人提供身体，情感和心灵福祉。帮助我们的患者及其家人度过前面未知和不确定性的旅程。我们引导他们做出最好的选择，帮助患者舒适而有尊严的生活，并为自己存在的每一个瞬间赋予生命。

人员调动

2016年9月，在杨潞龄医学院（NUS）担任兼职助理教授并在新加坡慈怀理事会担任名誉司库的王华燕医生 接替余辉耀医生担任医务总

TRICIA YUNG医生（2016年9月开始担任全职职务）和HO SI YIN医生（2017年1月担任兼职职务）均是来自陈笃生医院（TTSH）的初级顾问医生。在2016年5月JULIANA OEI医生离开之后，两位医生开始为我们提供支援。

BEVERLY SIEW医生,我们的实习专业医生，获得了 ILTC优异奖-个人奖项（银质奖章）。过去的一年 是他参加慈怀疗护高级专业人员培训的第二年。2016年8月，托福园聘请MARTIN LEE医生作为本院的常驻医生。

医疗服务

我们继续作为实习项目（包括家庭科、老年科和内科医学）的教育基地。康复住院医生也是本财年所包含的项目。

除了杨潞龄医学院的医学本科生外，从2016年10月起，我们还将李光前医学院列入托福园的毕业生实习名单中。

2017年3月，托福园新招聘了一名物理治疗助理 TAN SIEW KHIM女士，但是我们仍然继续采用陈笃生医院（TTSH）智能治疗和理疗科的服务。为我们的康复计划广招义工也有助于我们援助更多的患者。



监。余辉耀医生在2016年12月在托福园借调离开，回到陈笃生医院（TTSH）担任全职职务以前，一直担任兼职高级顾问医生。目前他是我们的客座顾问医生。

自 2016年4月起，我们已经启动了三个月度研究会议，以确保托福园能够继续 提供和参与质量研究工作。这就提供了一个可以借以讨论新的研究构想的平台，也使得我们能够监督现有研究项目的进展情况。

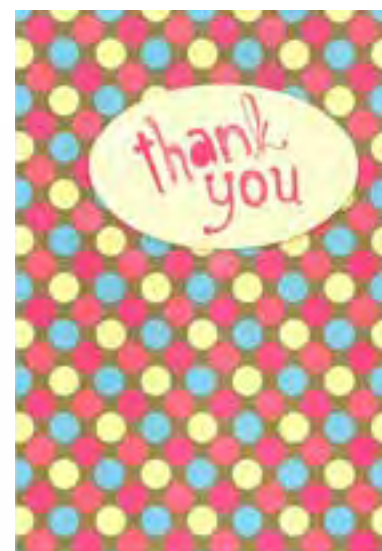
感谢的 话语



尊敬YANG医生、MARTIN医生、HOH医生、ELAINE和JANA:

感谢你们对我先父及家人的关爱和照顾。你们做了在我的生命中最重要的事。我很高兴自己做了那样一个决定。你们的所作所为让我感到人间真的有温情！谢谢！

病患家属



托福园团队:

由衷地感谢你们及支持团队对我们敬爱的父亲给予了关怀、照顾以及特别的关注和专业的服务。感谢你们在先父生命最后的日子发挥了重要作用，竭尽所能让他生活得舒适而有尊严。

我们知道先父承受着极大的病痛，但是你们总是想尽一切办法为他缓解痛苦。疾病的折磨残酷无情，熬过那样的日子，对先父自己和我们家人来说都非常艰难。是因为遇到了你们这样的好医生和好护士，才让我们的痛苦得到一些缓解。

请接受我们最真诚的感谢！谢谢你们在我们痛苦的时候给予了照顾和支持！这真的非常令人感动！你们掌握可出色的医疗技能，你们是万里挑一的医生和护士！有你们来这里照顾我们的父亲，是我们的荣幸！再次感谢你们在先父生命的最后几周所做的一切努力！感谢你们让我们安心地陪父亲走完最后一程，留下了终生难忘的回忆！

病患家属



人力资源

作为慈怀疗护领域的领军机构，托福园相信未来配备的专业的看护人员将能够更好地为患者提供帮助；同时，通过我们不断提高自身能力，一定能将服务范围扩大到整个新加坡。我们的员工，通过自身努力实现了其生活和职业生涯中的各个里程碑，我们在此表示祝贺！

2016年护士节优异奖

护士 PAMELA KOH WEN XIN女士获得了卫生部（MOH）颁发的2016年优异奖。PAMELA虽然年龄较小，但她为同龄人树立了榜样。她在工作中讲诚信、恪守承诺，对患者有爱心和同情心，因此赢得了众多嘉许，患者家属也纷纷表示感谢。

PAMELA毕业于义安理工学院（2010年），并取得了健康科学（护理）文凭。之后，她继续提升自己的专业水平，获得了澳大利亚科技大学颁发的理学学士（护理）学位（2013年）和慈怀疗护专业文凭（2015年）。2016年4月，她还作为一名培训人员，在基础慈怀疗护证书项目中，提供了一个模块的培训。

此外，她也是临床和环境小组的成员。除了正常工作之外，她还甘愿花时间参与托福园组织的其他活动。

2016年优秀社工奖

CHEE WAI YEE女士，社会工作和社会心理服务部的负责人，四名最高荣誉获得者之一。该奖项由新加坡社会工作者协会设立，得到了社会及家庭发展部和埃克森美孚亚太私人有限公司的支持，旨在表彰那些在照顾客户和社区人员的生活方面做出杰出专业贡献的社会工作者。



2017年仁心奖（国立健保集团设立的奖项）

仁心奖最初设立于2004年，旨在表彰那些为病人和体弱者提供更多护理和慰藉服务，起到榜样作用的杰出护理人员。

今年，护理服务部的负责人-CHIN SOH MUN护理服务总监获得了员工级仁心奖。CHIN女士已经在医疗行业工作了30多年，但是工作热情丝毫未减，她总是以最佳的方式为患者提供服务。CHIN女士每天循环查房，无论患者何时需要帮助，她都会全力以赴。除了自己的工作范围以外，她还经常主动向患者提供帮助，给予慈怀疗护，尊重患者意愿，保证他们在生命最后的日子得到很好的照顾，过得更有尊严。

2016年中长期护理（ILTC）人力资源发展奖

中长期护理（ILTC）培训奖是卫生部、护联中心（AIC）和淡马锡慈善基金会出资设立的奖项，旨在通过为中长期护理行业的员工提供不断深造和专业发展的机会来提高整个中长期护理行业的能力。

社会和卫生人力资源发展计划（SHMDP）共有四名获奖者，奖励资金用于资助他们通过深造获得慈怀疗护专科文凭：



▲ 执行总监廖泉添于2016年9月代表托福园接受2016年中长期护理（ILTC）优异奖。我们有6名员工获得了个人奖项 - 银质奖章。

- 护士长CATHERINE CHUA SIEW POH女士
- 护士LEE JING RU女士
- 护士ZHAO MEI JUAN女士
- 护士MIRZA ABDUL HALIM BIN MOHAMED RAFI先生

2016年中长期护理（ILTC）优异奖

该奖项是护联中心设立的，旨在表彰那些为社区客户提供卓越护理服务的个人。获得该奖项的托福园员工有：

- 实习住院医生BEVERLY SIEW PIK TOH医生
- 高级护士LIM MOOI HONG女士
- 护士LEE JING RU女士
- 护理员LADRIDO JASON INOCENCIO先生
- 高级社会医疗工作者SALLY GUI KIAN WEE女士
- 高级社会医疗工作者LIM LI LING女士

获得2016年年度奖的托福园员工

该奖项是为表彰本年度提供了杰出服务、起到榜样作用的优秀员工而设立的。获奖员工必须在客户聚焦、个人承诺和团队工作领域的活动中有示范性表现。2016年度的获奖者有：

- 信息技术经理KWOK WING KIT先生
- 护士助理SUN LILI女士

2016年托福园员工长期服务奖（LSA）

我们对以下员工颁发了该奖项，以表彰他们对托福园的忠诚和贡献：

20年长期服务奖

- 患者事务处助理经理JOYCE LEE LEE CHENG女士

10年长期服务奖

- 医务总监ONG WAH YING医生

5年长期服务奖

- 住院内科医生HOH SEK YEW医生
- 人力资源部经理NANCY LEE AH CHOO女士
- 财务行政经理STEVEN FOO JONG WEY先生
- 高级护士助理KYU KYU KHAING女士
- 护士TIN TIN MU女士
- 高级护士助理 KHAWNG NYOE女士
- 高级护士助理KHIN MAR NAING女士
- 护士助理NANG KHIN HTWE女士
- 护士助理OHN MAR女士
- 护士助理THIDA MIN女士



▲ 托福园GEMS舞动合唱团在慈善舞会上的表演



筹款

护理所需要的，不仅仅是药物。在托福园，我们常年与本院的朋友、合作伙伴和支持者进行各种筹款活动。这里的大部分开支是靠企业和个人捐助的善款来满足。这些善款用来为我们的患者及其家属提供基本的服务。“为病患创造珍贵的寸刻”是我们的宗旨。

托福园于2016年8月19日在新加坡丽思卡尔顿美年酒店举办了“太阳花”年度筹款慈善晚宴，近600名嘉宾参加了本次晚宴。文化、社区及青年部长傅海燕部长作为我们的贵宾也参加了本次活动。本次签名筹款慈善晚宴，帮助我们筹集近1百万新元的资金。

托福园与莱佛士高等教育学院合作，以“流行艺术”为主题，为以托福园义工为代表的内部GEMS 舞动合唱团设计和制作了充满活力的服饰。合唱团的精彩表演令客人赞叹不已，迷你跑道部分也给客人留下了深刻印象。团队成员出色地展现了每一款服饰的杰出设计。

参与和宣传

目前的社区宣传不仅限于每个社区内的某一处。

在这个科技发达的时代，越来越多的新加坡人把时间花在网络上。因此，数字空间是托福园借以满足自身需求和开展自身业务的另一个平台。这一理念促成了托福园电子新闻和义工和捐献者管理系统的诞生。

托福园的“寸刻珍贵”（EMM）活动

EMM项目第一阶段在托福园展开（2015年1月12日启动）；EMM项目的第二阶段将于2016年4月12日在国家图书馆的 THE POD展开。本次活动将会使更多的机构了解到他们应如何与托福园一起开展有意义的企业社会责任（CSR）活动。



2017年2月

大约30名CCK骑行者从CHOA CHU KANG体育场骑行到托福园，开展他们的“为爱骑行”运动。此外，这些骑行者还为我们的患者购买和捐赠了价值1000新元的医疗用品。



LA PUTRI举办了为托福园谋福利的慈善活动，本次活动持续了三周之久，筹集资金4000新元。



2017年1月 ▲

新加坡国立大学社团（NUSS）在农历春节期间为托福园组织了捐款。他们分别在肯特岗、武吉知马和新达城放置了捐款箱，筹集资金1000多新元。



2016年12月

SEED GLOBAL INVESTMENT公司执行总监TEW SEE MONG先生向托福园执行总监廖泉添先生呈递5.28万新元的捐款。在不到一个月的时间里，SEED GLOBAL INVESTMENT公司共筹集了2.64万新元，或者说，完成了其3万新元初始目标的88%，并通过其在GIVING.SG网站的线上活动进行了一新元对一新元的兑换。



2016年6月

在新加坡和台湾拥有餐馆的OWLING ENTERPRISES PTE LTD公司，举办了一次内部筹款活动，以庆祝其在新加坡的家庭式餐馆在CLARKE QUAY重新开业。本次慈善活动通过在三家餐馆的员工中出售绘画、礼品篮和组织唱歌友谊赛，为托福园筹集资金。



2016年4月

27名伟源中学的学生访问了托福园，旨在了解更多关于慈怀疗护工作的内容。之后，这些学生在其慈善义卖市场与他们的同学们分享了关于托福园的情况，帮助托福园筹集资金1200新元。

企业社会责任（CSR）活动

托福园的长期CSR伙伴-SAP公司在上一财年举办了多次活动



亚洲SAP公司

2017年2月10日，17名SAP公司员工访问了托福园，给我们的患者带来了礼物和红包，并与他们一起欢度农历新年。

2016年早些时候和2016年12月9日，来自SAP企业社会责任小组的共31名义工来到托福园看望我们的患者，并给他们带来了礼物，与其一起欢唱，让患者们在愉快的气氛中度过了几个小时。此外，他们还向托福园的医务总监王华燕医生呈递了5000新元的捐款。

2016年9月14日，SAP企业社会责任小组的15名工作人员来到托福园，与我们的患者一起庆祝中秋佳节。该团队还利用纸灯笼帮助托福园进行了募捐。之后，小组成员走进病房，向我们的患者发放了装有零食和茶叶袋的礼包，以及中秋节必备品“猪仔饼”和“月饼”等。



鹿岛建设海外亚洲总部

2017年1月17日，鹿岛建设海外亚洲总部的9名员工来我园庆祝鸡年。他们慰问了我院患者，向其发放了装有节日必备品的礼包。



爱尔兰ASL航空集团- 快乐时光

2016年11月，托福园接待了两个不同的义工团队。一个是来自爱尔兰ASL航空集团（ASL）的员工团队，另一个是来自新加坡理工学院国际商务专业（SP）的学生团队。两个团队来到托福园，与我们的患者一起共度周五的“快乐时光”。2016年11月25日，ASL团队再次来到我院，参加了周五的“快乐时光”活动。这一次，该团队增加了7名工作人员，为我们的患者、家属和员工制作了新鲜的果汁。



2016年9月初，来自爱尔兰ASL航空集团（ASL）的5名工作人员加入了我们的托福园快乐时光义工团队。他们走进病房，为患者发放了其慷慨赞助的蛋糕和饮料。



英华初级学院（ACJC）学校合唱团

2016年12月13日，滨海艺术中心组织16名来自英华初级学院合唱团的学生及其老师访问了托福园，为我们的患者演唱了圣诞颂歌。



维多利亚中学师生

2016年6月，三个不同的维多利亚中学中四学生团队来到托福园，做了连续三周的义工。陪同学生一起参加志愿活动的还有学校负责实施“价值在于行动”计划的老师。在老师的陪同下，这些充满活力的学生辅助完成了各项工作，如：实物盘点、托福园周围区域的清洁以及货车的清洗。此外，他们还为我们的患者和员工弹奏了钢琴曲。

媒体中的托福园



2017年1月20日晚上，电视剧《别忘了，我爱你》第6集在第8频道播出。这一集的主演人员是托福园原尊严计划的居家护理患者李先生和黄先生，以及负责监督晚期失智症患者的尊严计划实施情况的资深顾问医生 ALLYN HUM医生和尊严计划的高级护士FELICIA LAM女士。



#超越护理

发布于2016年7月27日

用一首由本地二人组合乐队JACK AND RAI创作的、特别的歌曲来庆祝今年的护士节。专门送给你，我们的白衣天使！

2017年1月17日，《新报》（第15页）报道了一首特别的护士歌曲“在一起”。这是一首MV歌曲，2016年8月1日发布在YOUTUBE上，其创作者是本地二人组合乐队JACK AND RAI。歌曲颂扬了托福园自己的护士MIRZA ABDUL HALIM RAFI和来自其他机构的11名护士。自发布以来，已经有130万人浏览。这篇文章中还对注册护士 MIRZA进行了介绍。

2017年1月10日，第8频道的《星期二特写》介绍了本院自己的居家护理资深注册护士ANG BOON YANG先生。文中描述了他的职务、所承担的责任和他通过努力与患者建立的关系。



2016年9月/10月这一期的《LIFEWISE》（生活指南）（国立健保集团发布；NHG）是慈怀疗护为主题的专刊。文章以资深注册护士ANG BOON YANG先生为主人公，展现了BOON YANG如何帮助和支持患者家属陪伴他们所爱的患者在家里度过最后的日子，同时也展现了BOON YANG一天的工作内容。



2016年7月5日， ALLYN HUM医生的题为“帮助痴呆患者有尊严地生与死”发表于《海峡时报》的第A20期。在这篇文章当中， HUM 医生写到：“到2030，预计有 8万新加坡人会患这种疾病（失智症）。许多人将会沉默地忍受低劣的生活。对晚期失智症患者的慈怀疗护可能会对其有所帮助”。预计失智症患者的数量“将会随着新加坡人口的老齡化而上升，因为一个人患失智症的几率， 随着年龄的增大而增大。新加坡每年要为失智症患者承担的经济、社会 and 医疗保健负担 预计达14亿新元”。

托福园的访客



2016年9月7日，星期三，托福园接待了来自中国河北和天津几所大学及其附属医院的20名护理管理人员。他们的本次来访是淡马锡基金会-义安理工学院管理者和专业人员护理计划内容的一部分。



2016年8月12日，政务部长（健康、通信和信息部）徐芳达先生和卫生部常务秘书 陈庆基先生访问了托福园。徐先生和陈先生会见了托福园的管理委员会主席李金福教授和副主席黄爱华女士；我院的执行总监廖泉添先生、医务总监余辉耀医生；以及顾问医生王华燕医生。徐先生和陈先生还花时间参观了托福园的环境，走进病房慰问了我们的患者和工作人员。



2016年4月28日，英国圣克利斯朵夫慈怀疗护医院（ST CHRISTOPHER HOSPICE）的两名最高层管理访问了托福园。圣克利斯朵夫安宁医院的联合执行总监HEATHER RICHARDSON教授和支持性护理主任RUTH SHERIDAN女士首次来到新加坡，参观访问了托福园和HCA慈怀疗护。HEATHER RICHARDSON教授和RUTH SHERIDAN女士来新加坡参加在安国酒店举办的2016年第7届亚洲养老创新论坛，他们将在论坛上进行关于临终关怀和慈怀疗护之未来发展的大师级讲座。圣克利斯朵夫安宁医院被看作是现代慈怀疗护的创始机构。该所医院创办于1967年，它率先实施了慈怀疗护理念。这种理念已经被英国乃至其他国家的其他医院所采纳、调整并融入当地的医疗体系。圣克利斯朵夫安宁医院服务于伦敦东南部150万多样化人口，包括某些英格兰的最贫困地区。

表彰和奖励

- HNS CHIN SM 被授予2016 年ELNEC 优异奖，以表彰其在推动亚洲卓越慈怀护理方面做出的突出贡献。该奖项由“希望之城”研究所和美国护士学院设立。
- 高级护士助理KHIN MAR NAING于2017年3月晋升为护士职务。
- 护理员 JANICE PERALTA JUBILO于2017年3月晋升为护士助理。
- 注册护士 LEE JING RU获得了最佳学生奖，以表彰她在慈怀护理专业文凭方面的学习成果。该奖项由托福园出资设立。
- 托福园于2016年7月27日在慈怀护理礼堂举办了护士节庆祝活动。共有四名工作人员获得了护理服务部主管资助的奖励。他们是（年度优秀护士）注册护士 MAY MOE TUN和护士助理 JA SAN；护士助理ZAYAR KHUN CHIT (年度优秀护理员)；和合约注册护士NAING NAING WIN (年度优秀健康服务助理)。
- 在2016年11月举办的托福园员工和义工晚会上，注册护士 SUN LILI被授予2017年度优秀雇员奖。
- 2016年9月，注册护士 LEE JING RU 和 护士助理LADRIDO JASON INOCENCIO被授予 中长期护理（ILTC）优异奖-银质奖章



2016年5月

来自托福园居家护理团队的资深注册护士 LIM MOOI HONG女士被授予“仁心奖”。

2016年11月

社会工作和社会心理服务部的负责人CHEE WAI YEE女士，被托福园的赞助人、新加坡总统陈庆炎博士授予“2016年优秀社工奖”。



2016年8月25日

护联中心（AIC）在终身学习学院（LLI）举办的“2016年ILTC人力资源发展奖”颁奖仪式上，5名托福园的工作人员获奖。他们是：护理员HALIJAH BINTE JANTAN、护理教育者（ILTC-UP 奖旨在表彰其获得护理学士学位）护士长、护理员 CATHERINE CHUA；以及护士LEE JING RU女士；ZHAO MEI JUAN女士；和MIRZA ABDUL HALIM RAFI先生（社会和保健人力资源发展计划（SHMDP）奖旨在表彰其获得慈怀护理专业文凭）。



2016年护士节优秀护士奖

注册护士 PAMELA KOH WEN XIN 被卫生部授予2016年度护士节优秀护士奖，旨在表彰其始终如一的良好工作表现和积极的工作态度。

新加坡花园节 - 2016年花园社区奖

2016年7月31日，在新加坡花园节，托福园园艺组获得金牌奖，同时，托福园的社区花园被授予2016年花园社区（CIB）奖-金奖。新加坡花园节是NPARKS组织的两年一度的活动。本院是参加比赛的73个单位之一。



社区伙伴的参与

- 来着多家疗养院的护士参加了ILTC行业关于服务质量工具包工作组和质量指标的AIC 活动。
- 与ALLICE LEE CENTER的相关部门协作进行的护理学习研究于2016年9月举行。
- 在《海峡时报》上登载了注册护士 MIRZA 的事迹，同时在卫生部的项目“超越护理”中也进行了报道。

社会工作和社会心理服务

社会-心理服务团队，由7名社会工作者、一名音乐治疗师和一名艺术治疗师组成。他们提供了各种社会和心理治疗，以支持对患者及其家属的护理工作。除了提供个人护理以外，该团队还为接受居家慈怀护理和住院疗护的患者和家属组织了小组活动。

共组织了3次集体出游，有29名患者、91名家属和看护者参加。在社会工作者的组织下，患者及其家属得到了居家慈怀疗护。对于住院的50名患者，艺术治疗师带领一个开放式小组进行了8次活动，为15名患者和2名看护人员提供了创造性艺术体验。这种引导活动已经成为每两周一次的定期活动-创意艺术健康工作室。此项活动开始于2017年3月。此外，从2017年3月开始，我们还启动了月度看护人员支持会议，以便为看护人员提供帮助。

对患者的慈怀疗护，不仅仅是看护人员的工作。社会工作者，在义工的帮助下，持续关注丧亲家属的状态。我们分别在2016年4月、2016年10月和2017年3月举行了三次以“回忆的玫瑰”为主题的纪念活动。通过这三次纪念活动，我们帮助了420名参与者。

社会工作小组还主持了2016年HMDP访问专家AMY CHO副教授，开展了为期一天的关于开发丧亲护理服务的研讨会。为了积极响应本次活动，来自政府医院、中长期护理和社会服务组织的75名与会者参加了在李光前医学院的研讨会。

在专业发展、奖励和表彰方面，部门负责人CHEE WAI YEE女士在2016年被授予优秀社会工作者奖。高级社会医疗工作者LIM LI LING女士和SALLY GUI女士获得了中长期护理优异奖银牌奖，该奖项旨在表彰他们起到模范作用的工作表现。此外，她们还和DAWN KHOO女士一起完成了慈怀护理社会工作课程。这是提供优质慈怀疗护服务的其中一项标准。

护理服务

人力资源

2016/2017财年护理服务人力资源

住院患者服务团队由一名护理服务总监、2名护士长、1名临床护士长、25名护士、16名护士助理、14名护理员和8名健康护理助理组成。

持续的学习和教育

在本财年早期，由资深注册护士FELICIA LAM 和资深临床护士长SYLVIA LEE组织了关于使用NIKKI注射泵的培训。几乎对全部的护士进行了培训和评估。以前使用的GRASEBY注射泵全部被拆除，因为这种注射泵目前已经停产。

对于托福园的新招聘人员，我们在2016年7月组织了“临终护理教育基金会(ELNEC)”的培训。

2016年5月，两名注册护士，即：PAMELA KOH女士和LI XUELING女士收到了义安理工学院颁发的慈怀疗护专业文凭。

此外，3名住院患者护理部的护士获得了护联中心颁发的ILTC/HMDP奖，以鼓励他们继续深造，参加慈怀疗护专业文凭课程。这三名护士、护士长CATHERINE CHUA、注册护士LEE JING RU和注册护士MIRZA ABDUL HALIM均在2017年1月完成了课程的学习。

新加坡护理杂志（2016年9月 - 12月，第43期）接受并刊登了我们的“改进住院患者临终关怀突破性疼痛评估”的护理论文。



▼ Photo courtesy of Laura Lewis



托福园居家护理报告



居家护理团队由一名顾问医生（兼职）、一名常驻医生、一名临床护士长，两名高级护士（兼职）、四名护士、两名社会工作者和两名行政人员组成。

该团队为282名居家护理患者提供服务。此外，居家护理服务和尊严计划下的员工要为两个服务项目的所有患者提供服务。2016年的流程改进工作房提高了计费流程的效率。笔记本电脑已升级为SURFACE PROS版本，重量更轻、效率更高，而且可以使用电子签名。在信息技术（IT）团队的帮助下，重要的信息技术流程得到了改进，可以更容易地获取患者数据。

我们与义工部和社会心理团队合作，为居家护理患者安排了3次赞助去往新达城的出游。27名患者和超过患者人数两倍的家属参加了这3次出游。

在2017年上半年关于护士的《星期二特写》纪录片中，资深注册护士ANG BOON YANG在片中分享了在社区行医的点点滴滴。临床护士长、SUSAN CHAN及资深临床护士长SYLVIA LEE已加入全国家工作小组和委员会。SUSAN加入了悲伤与丧亲工作小组，SYLVIA是新加坡护士管理委员会资深护士认证委员会、卫生部资深林场护士发展委员会（委员会资深临床护士长小组）和第十二届亚洲及太平洋区慈怀疗护会议科学委员会的成员。

晚期失智症患者的“尊严计划”

该计划由淡马锡慈善基金会出资，于2014年10月开始实施。计划团队由以下人员组成：

- 一名常驻医生；
- 一名老年科/慈怀疗护专科顾问医生；
- 一名临床护士长；
- 一名社会医疗工作者；
- 一名研究助理；和
- 一名计划执行干事

去年，该团队定期慰问在家里疗养的患者，并与一个待命团队一起提供了工作时间外的支持。尊严计划是一个综合服务项目，提供的护理由陈笃生医院、托福园住院服务部和患者家里三方协作完成。

今年是接受淡马锡慈善基金会三年资助的最后一年。在2016/2017，共有130名受益人受益于老年痴呆慈怀居家护理计划。对此类患者的平均疗护期(LOS)为104天。

甚至在托福园居家护理部门内部，其他团队里通常不负责照看老年失智症患者的医生和护士，也能通过其参加尊严计划的同事学习到如何识别和照顾那些患有老年失智症的病人。这种晚期老年失智症领域的知识和技能的传递，有助于增加居家护理团队的专业知识。

住院慈怀疗护小组也通过使用用来测定疼痛程度的失智症特殊工具，如：晚期失智症患者疼痛评估量表(PAINAD)和失智症患者死亡舒适度评估量表(CAD-EOLD)来发展其护理技能和掌握相关方法，以此来提升对这一弱势患者群体的护理和支持。

尊严计划居家护理小组也已经提交了几份关于2016/2017财年的摘要。

在2016年6月9日~11日举行的欧洲安宁疗护协会第9届世界研讨会上，公开展示了研究助理TAY RI YIN女士题为“居家护理环境下晚期失智症患者的症状发生率和生活质量：前瞻性横断面研究”的招贴。

在2016年6月19日~23日于新加坡举行的第8届身体和精神健康社会工作国际会议上，社会医疗工作者KOH TANG EN女士也在其题为“晚期失智症患者居家

看护人员的患病率”招贴中分享了她的工作内容。

此外，临床护士长FELICIA LAM女士（“居家护理环境下晚期失智症患者的舒适度和满意度：前瞻性横断面研究”）和尊严计划执行者YOONG JIA HORNG女士（“尊严计划 - 为晚期失智症患者开发居家慈怀疗护服务”）的两篇摘要，在2016年10月18日至21日于加拿大的蒙特利尔举行的第21届国际姑息医学大会上被采纳。

由陈笃生医院（TTSH）的尊严计划主管、老年科高级顾问和慈怀疗护医生ALLYN HUM 医生撰写的题为“帮助失智症患者有尊严地生与死”这篇文章，刊登在2016年7月5日的《海峡时报》和《慈怀通讯》2016年9月的期刊上（第8、9页）。此外，他的文章还曾刊登在NHG-LIFEWISE（生活指南）(9/10月期刊65号第18、19页)上。

尊严计划还与THREESIXZERO PRODUCTIONS合作，制作了6集以失智症为主题的纪录片《你知道我是谁》。该片在MEDIACORP8频道播出，具有教育意义，而且提高了公众关心照顾失智症患者的意识。

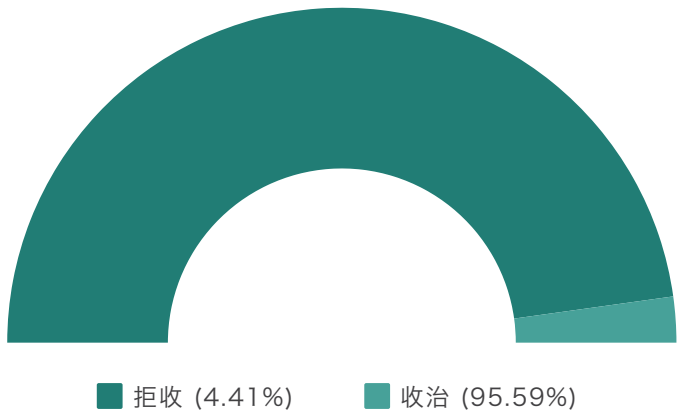
这是淡马锡基金会资助尊严计划的第二年。有证据表明：自从该项计划实施以来，通过采用多项护理方案和实际应用医疗保健手段，切实改善了病危患者的福祉。因此，更多的患者在其家人的照护和支持下，在家里度过了生命的最后几个月。

尊严计划让公众提高了对晚期失智症患者的认识，使他们了解到可以以尊重患者的方式给予他们很好的照顾。

晚期失智症患者的“尊严计划”

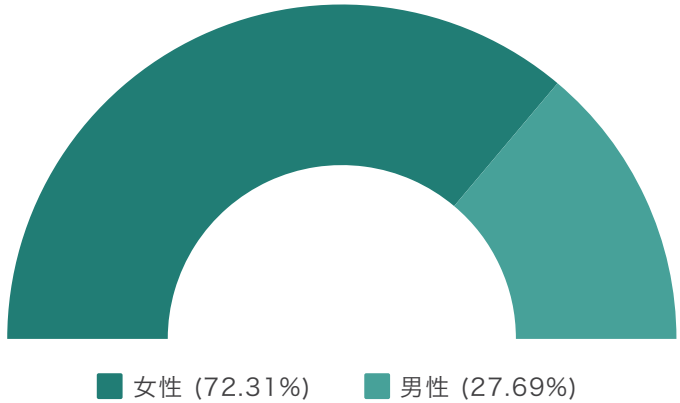
患者安排结果

成果	人数
收治	130
拒收	6
总计	136



按性别统计的患者安排结果

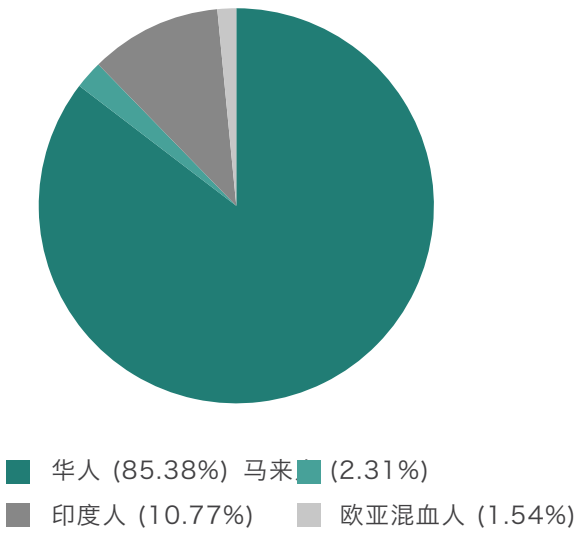
性别	人数
女性	94
男性	36
总计	130



晚期失智症患者的“尊严计划”

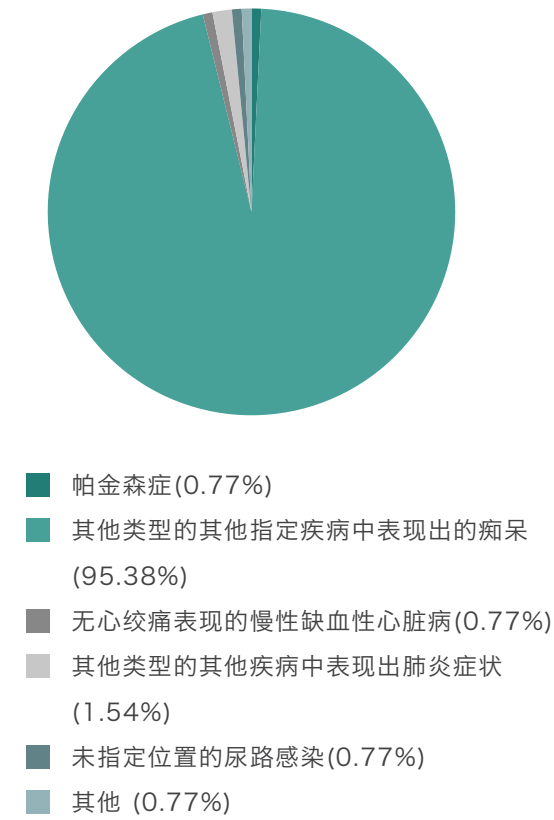
按种族统计的患者安排结果

种族	人数
华人	111
马来人	3
印度人	14
欧亚混血人	2
总计	130



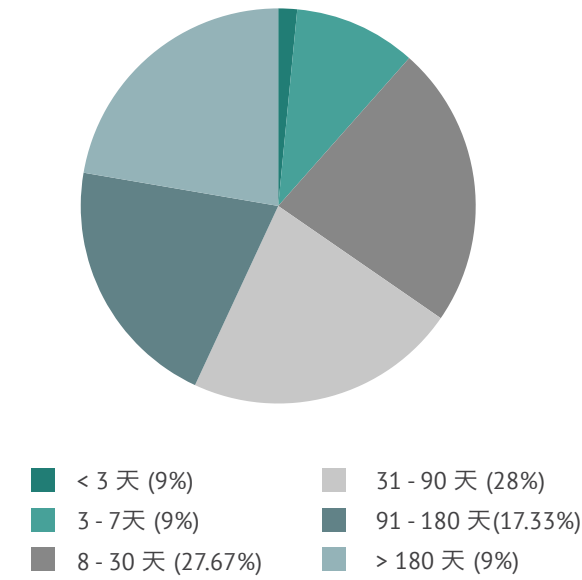
初步诊断

初步诊断	人数
帕金森症	1
其他类型的其他指定疾病中表现出的痴呆	124
无心绞痛表现的慢性缺血性心脏病	1
其他类型的其他疾病中表现出肺炎症状	2
未指定位置的尿路感染	1
其他	1
总计	130



疗护期

范围	人数
< 3 天	2
3 - 7天	13
8 - 30 天	30
31 - 90 天	29
91 - 180 天	27
> 180 天	29
总计	130
平均疗护期	104.61



在患者的护理人员眼中，我们的表现如何？

为了评估我们为患者提供的护理质量，我们定期对6个月护理人员所看护的患者的死亡率进行了跟踪调查。该调查问卷是根据JOAN M. TENO博士（医学博士、理科硕士）开发的、用于评定慈怀疗护的工具包改编的。

2015 / 2016财年的调查结果表明，所有5个领域的患者护理人员满意度（1-10分，10分为最佳）均一直居高不下。



对家人的感情支持



患者尊严



病情控制



与患者及其家属的沟通



综合护理

我们的一些获得了基础慈怀疗护课程证书的参与者于2017年3月做出的积极反馈

我从不同的角度对慈怀疗护有了很多了解。许多发言者在慈怀疗护方面有着丰富的经验，而且他们资质很高、对该项事业非常有热情。这使我倍受鼓舞。参加本次课程还让我看到了患者的非物质需求。

– Tan Siew Ling Caroline, 圣路加医院居家护理组

在临床实习期间，我了解到如何在全方位癌症照护的各个阶段包括（预防、诊断、存活、慈怀疗护和丧亲阶段）为患者及其家属提供社会心理学服务。非常感谢托福园让我有机会参加患者的活动，为患者唱歌、提供足部治疗，并辅助义工为患者剪头发。

– Mi Shwe Yin Kyawt, 圣路加医院

我会建议其他同事也来参加慈怀疗护课程。这是一种很好的入门课程。

– 匿名者

培训



员工培训

托福园始终高度重视员工持续不断的专业发展，派他们参加培训课程和相关会议，使其提升和更新自身知识和技能，以便能够更好地为患者提供服务。

除了派员工参加各种短期课程和研讨会以外，我们还支持员工参加专业认证。托福园有4名取得慈怀疗护护理专业文凭，1名护理管理专业文凭和7名工作人员获得其他四门认证课程的文凭。我们还支持13名工作人员先后参加了7次会议（本地和海外会议）。

外部医护人员培训

我们通过本院课程，培训了185名医护人员，并为237名医学专业的学生、132名护理专业的学生、4名联合健康项目的学生以及8名在职护士（其中2名护士来自沙捞越）安排了临床实习。

此外，我们还接待了来自不同组织，希望来我们这里了解更多的慈怀疗护知识，参观我们托福园的运作模式的203名访客。

我们的义工团体



海蓝宝石

来自毛淡棉市CCC的义工

紫水晶

一个歌唱组合，他们负责在每月第二个和第四个周六的上午11点到中午12点为患者表演。

水晶石

针对每个周六下午2点到4点的筹资活动制作艺术品和手工艺品。

钻石

一个以马来人为中心的团队，每月为患者庆祝生日，并组织一年一度的开斋节庆祝活动。

绿宝石

每周四上午带着我们的患者到不同景点，体验短途旅游。

石榴石

在提高公众意识方面对托福园给予支持的义工。

宝石

由托福园的员工和义工组成的内部舞蹈合唱团，负责在托福园组织的活动中为患者表演节目。

翡翠

主要由华人组成的团队，在农历新年和中秋节期间，为患者组织庆祝活动。

青金石

与患者及其家人建立友谊，并在阿弥陀佛佛教中心的卫塞节庆祝活动中展开宣传工作。

猫眼石

为患者提供按摩服务，缓解其痛苦和疼痛。

珍珠

在每个月的第三个星期三为患者准备家常营养汤。

红宝石

在每个月的第二个星期一和第四个星期六将宠物带到托福园，与参与宠物治疗计划的患者进行互动。

蓝宝石

讲英语的团队，任务是与患者建立友谊，为他们提供音乐，使其享受音乐带来的快乐。

SOKA

在每个月的第二个和第三个周日为患者准备本地美食-咖啡和烘面包（KOPI & ROTI）。

太阳石

在每周二的上午为患者提供美发和梳理服务。

坦桑黝帘石

来自李光前医学院的(LKCMEDICINE)年轻义工。

黄宝石

园艺团队，帮助维护托福园茂盛的绿色景观。

绿松石

居家护理服务义工。

志愿服务大事记

托福园 - 爱心传播 专注、体贴、真诚

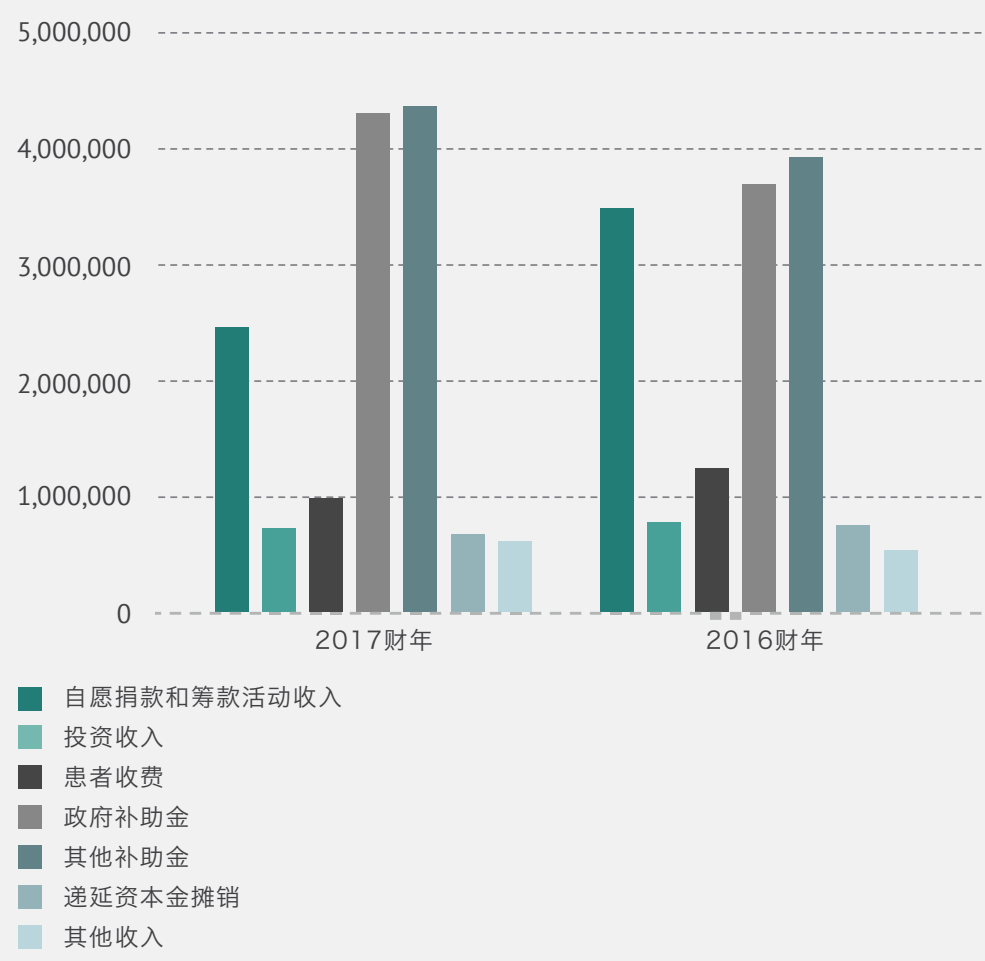
— 托福园义工是传播爱心的典范，他们一直奉献着自己的时间、精力和资源来为患者增添生活的欢乐。

非常感谢我们来自18个托福园团队的400名积极的义工，他们以宝石命名，甘于奉献、不知疲倦，为我们的患者及其家人留下了永久的美好回忆。



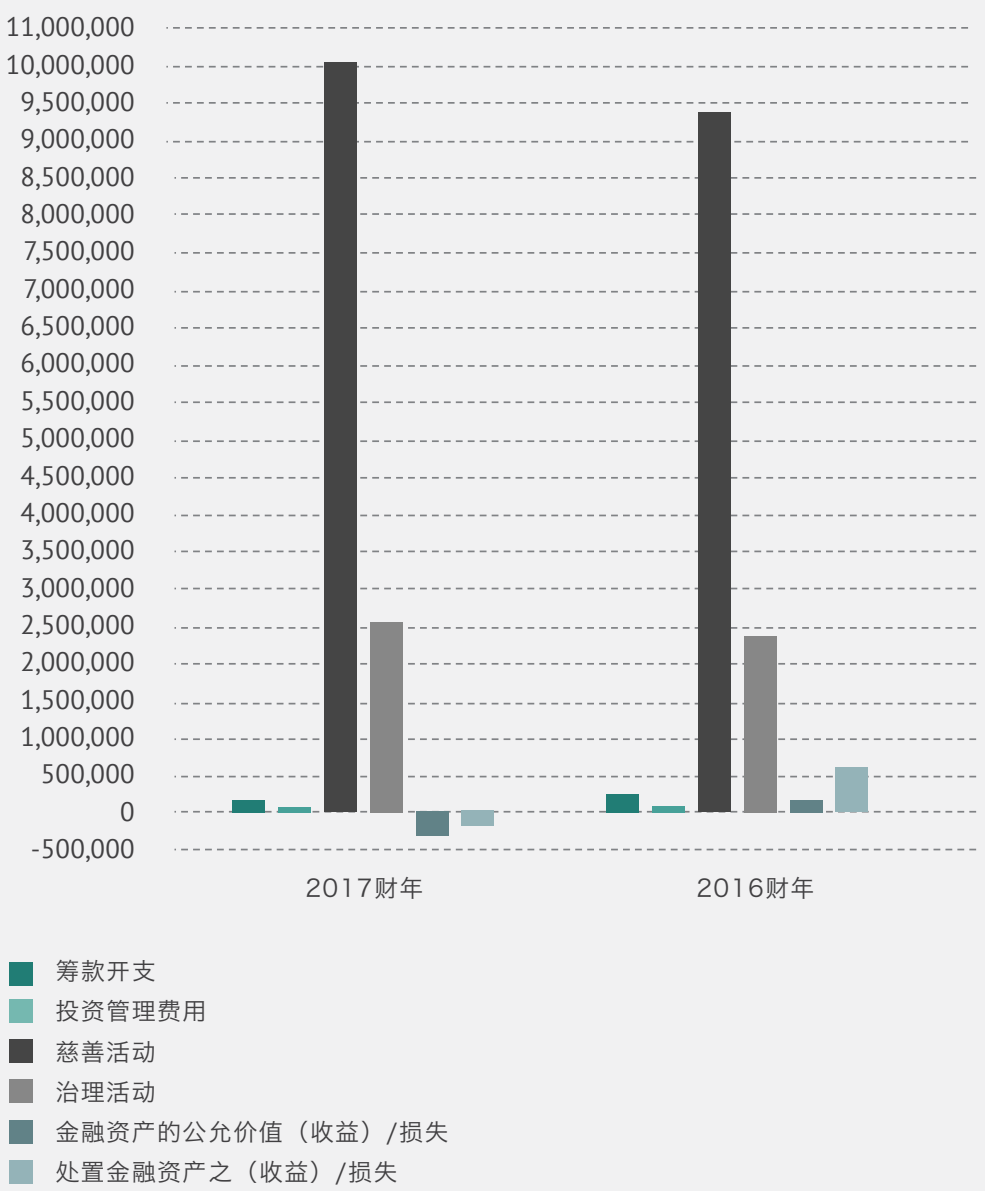
年度总收入

	2017财年	2016财年
自愿捐款和筹款活动收入	2,448,878	3,472,000
投资收入	723,171	771,167
患者收费	974,798	1,233,261
政府补助金	4,298,336	3,684,467
其他补助金	4,358,137	3,915,789
递延资本金摊销	669,960	741,582
其他收入	604,344	532,775
	14,077,624	14,351,041



年度总支出

	2017财年	2016财年
筹款开支	175,994	365,222
投资管理费用	90,137	124,499
慈善活动	10,013,690	9,464,395
治理活动	2,610,536	2,456,934
金融资产的公允价值（收益）/损失	(377,114)	203,958
处置金融资产之（收益）/损失	(216,304)	642,581
	12,296,939	13,257,589



DOVER PARK HOSPICE

UEN Number: S92SS0138D

(Registered under the Singapore Societies Act, Chapter 311)

Charity Registration Number: 1019

(Registered under the Singapore Charities Act, Chapter 37)

Financial Statements

Year ended 31 March 2017

*Dover Park Hospice
Corporate information
Year ended 31 March 2017*

CORPORATE INFORMATION

Registration

Dover Park Hospice (the Hospice) is registered as a 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 from 01 October 2014 to 30 September 2017.

Registered Address

10 Jalan Tan Tock Seng
Singapore 308436

Governing Council Chairman

Prof. Lee Kim Hock, Lionel

Honorary Treasurer

Ms. Chen Dan, Diane

Assistant Honorary Treasurer

Mr. Tan Seng Hock

Members

Ms. Cheng Yoke Ping
A/Prof. Chin Jing Jih
Ms. Foo, Marlene
Dr. Goh Pheck Suan, June
Col. (Ret) Gwee Chwee Kee, Rupert
Prof. Ho Yew Kee
Dr. Kwa Chong Teck
Mr. Lee Keng Kok, Lester
Ms. Lim Boon Hong, Kemmy
Dr. Lim Fung Yen, Jeremy
Dr. Seet Ju Ee
Ms. Tan Whei Mien, Joy
Mr. Tan Yong Soon
Dr. Tanya Tierney

Vice Chairman

Mr. Chew, Robert

Honorary Secretary

Mr. Chey Chor Wai

Assistant Honorary Secretary

Mr. Low Chee Wah

Honorary Council Members

Dr. Seet Ai Mee
Dr. Lim Kian Tho, Jerry

*Dover Park Hospice
Statement by Governing Council
Year ended 31 March 2017*

*KPMG LLP
16 Raffles Quay #22-00
Hong Leong Building
Singapore 048581*

*Telephone +65 6213 3388
Fax +65 6225 0984
Internet www.kpmg.com.sg*

STATEMENT BY GOVERNING COUNCIL

In our opinion, the financial statements set out on pages 121 to 149 present fairly, in all material respects, the financial position of the Hospice as at 31 March 2017 and the financial performance, changes in funds and cash flows of the Hospice for the year then ended in accordance with the provisions of the Singapore Charities Act and Singapore Financial Reporting Standards.

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

On behalf of the Governing Council

Prof. Lee Kim Hock, Lionel
Chairman, Governing Council

Ms Chen Dan, Diane
Honorary Treasurer, Governing Council

25 July 2017

INDEPENDENT AUDITORS' REPORT

Members of Dover Park Hospice
(Registered under the Singapore Societies Act, Chapter 311 and Singapore Charities Act, Chapter 37)

Report on the audit of the financial statements

Opinion

We have audited the financial statements of Dover Park Hospice ('the Hospice'), which comprise the statement of financial position as at 31 March 2017, the statement of comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and notes to the financial statement, including a summary of significant accounting policies, as set out on pages 117 to 145.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the the Singapore Societies Act, Chapter 311 ('the Singapore Societies Act'), the Charities Act, Chapter 37 and other relevant regulations ('the Charities Act and Regulations') and Financial Reporting Standards in Singapore ('FRSs') so as to present fairly, in all material respects, the state of affairs of the Hospice as at 31 March 2017 and the results, changes in funds and cash flows of the Hospice for the year ended on that date.

Basis for opinion

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

Other information

Management is responsible for the other information contained in the annual report. Other information is defined as all information in the annual report other than the financial statements and our auditors' report thereon.

We have obtained the Corporate Information, Statement by Governing Council and Financial Highlights prior to the date of this auditors' report.

*Dover Park Hospice
Independent auditors' report
Year ended 31 March 2017*

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

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditors' report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of management and Governing Council for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the provisions of the Charities Act and Regulations and Financial Reporting Standards in Singapore ('FRSs'), and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Governing Council is responsible for overseeing the Hospice's financial reporting process.

Auditors' responsibilities for the audit of the financial statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.

*Dover Park Hospice
Independent auditors' report
Year ended 31 March 2017*

- Obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospice's internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospice's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Hospice to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Report on other legal and regulatory requirements

In our opinion:

- a. the accounting and other records required to be kept by the Hospice have been properly kept in accordance the provisions of the Societies Regulations enacted under the Societies Act, the Charities Act and Regulations; and
- b. the fund-raising appeal held during the period 1 April 2016 to 31 March 2017 has been carried out in accordance with Regulation 6 of the Societies Regulations issued under the Societies Act and proper accounts and other records have been kept of the fund-raising appeal.

*Dover Park Hospice
Independent auditors' report
Year ended 31 March 2017*

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

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

KPMG LLP
Public Accountants and
Chartered Accountants

Singapore
25 July 2017

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

STATEMENT OF FINANCIAL POSITION

As at 31 March 2017

	Note	2017 \$	2016 \$
Non-current asset			
Property, plant and equipment	4	3,485,518	4,251,214
Current assets			
Financial assets - Investments	5	15,722,983	16,897,133
Grants and other receivables	6	1,282,789	1,133,863
Cash and cash equivalents	7	24,221,793	19,615,048
		41,227,565	37,646,044
Total assets		44,713,083	41,897,258
Funds of the Hospice:			
Restricted fund - Endowment fund	8(i)	21,912,190	20,792,630
Restricted fund - Donations	8(ii)	184,000	-
Unrestricted fund - Accumulated fund	8(iii)	14,534,271	14,057,146
Total funds		36,630,461	34,849,776
Non-current liability			
Deferred capital grants	9	2,065,849	2,389,201
Current liability			
Trade and other payables	10	6,016,773	4,658,281
		8,082,622	7,047,482
Total liabilities		44,713,083	41,897,258

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

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

ANNUAL REPORT 2016 - 2017

STATEMENT OF CHANGES IN FUNDS

Year ended 31 March 2017

	Unrestricted fund – Accumulated fund \$	Restricted fund – Donations \$	Restricted fund – Endowment fund \$	Total funds \$
At 1 April 2015	12,691,039	–	21,065,285	33,756,324
Total comprehensive income for the year	1,366,107	–	(272,655)	1,093,452
Net incoming resources for the year, representing total comprehensive income for the year	1,366,107	–	(272,655)	1,093,452
Total comprehensive income for the year net of transfer	14,057,146	–	20,792,630	34,849,776
At 31 March 2016	14,057,146	–	20,792,630	34,849,776
At 1 April 2016	14,057,146	–	20,792,630	34,849,776
Total comprehensive income for the year	584,325	76,800	1,119,560	1,780,685
Net incoming resources for the year, representing total comprehensive income for the year	584,325	76,800	1,119,560	1,780,685
Transfer from unrestricted fund to restricted fund (Note 8ii)	(107,200)	107,200	–	–
Total comprehensive income for the year net of transfer	477,125	184,000	1,119,560	1,780,685
At 31 March 2017	14,534,271	184,000	21,912,190	36,630,461

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

ANNUAL REPORT 2016 - 2017

STATEMENT OF COMPREHENSIVE INCOME

Year ended 31 March 2017

2017

*Dover Park Hospice
Financial statements
Year ended 31 March 2017
2016*

Financial activities/income and expenditure	Note	Unrestricted fund – Accumulated fund	Restricted fund – Donations	Restricted fund – Endowment fund	Total funds	Unrestricted fund – Accumulated fund	Restricted fund – Endowment fund	Total funds
Incoming resources								
<i>Incoming resources from generated funds</i>								
Voluntary income	11	879,854	120,530	–	1,000,384	1,554,457	–	1,554,457
Income from fund-raising activities	11	1,448,494	–	–	1,448,494	1,917,543	–	1,917,543
Investment income	12	105,699	–	617,472	723,171	94,054	677,113	771,167
Others		604,344	–	–	604,344	532,753	22	532,775
		3,038,391	120,530	617,472	3,776,393	4,098,807	677,135	4,775,942
Charitable activities								
Patient fees		974,798	–	–	974,798	1,233,261	–	1,233,261
Government subvention grant		4,298,336	–	–	4,298,336	3,684,467	–	3,684,467
Other grants	13	4,358,137	–	–	4,358,137	3,915,789	–	3,915,789
Amortisation of deferred capital grants		669,960	–	–	669,960	741,582	–	741,582
		10,301,231	–	–	10,301,231	9,575,099	–	9,575,099
		13,339,622	120,530	617,472	14,077,624	13,673,906	677,135	14,351,041
Resources expended								
<i>Cost of generating funds</i>								
Fundraising costs	14	(175,994)	–	–	(175,994)	(365,222)	–	(365,222)
Investment management expenses	15	–	–	(90,137)	(90,137)	–	(124,499)	(124,499)
		(175,994)	–	(90,137)	(266,131)	(365,222)	(124,499)	(489,721)
<i>Charitable activities</i>	16	(9,969,960)	(43,730)	–	(10,013,690)	(9,464,395)	–	(9,464,395)
<i>Governance activities</i>	17	(2,610,536)	–	–	(2,610,536)	(2,456,934)	–	(2,456,934)
		(12,756,490)	(43,730)	(90,137)	(12,890,357)	(12,286,551)	(124,499)	(12,411,050)
Net incoming resources before investment gains and losses	13	583,132	76,800	527,335	1,187,267	1,387,355	552,636	1,939,991
Fair value gains/(losses) on financial assets at fair value through income and expenditure		1,193	–	375,921	377,114	(21,248)	(182,710)	(203,958)
Gains/(losses) on disposal of financial assets		–	–	216,304	216,304	–	(642,581)	(642,581)
Net incoming resources for the year and total comprehensive income for the year		584,325	76,800	1,119,560	1,780,685	1,366,107	(272,655)	1,093,452

Dover Park Hospice
Financial statements
Year ended 31 March 2017

STATEMENT OF CASH FLOWS

Year ended 31 March 2017

	Note	2017 \$	2016 \$
Cash flows from operating activities			
Net incoming resources for the year		1,780,685	1,093,452
Adjustments for:			
Amortisation of deferred capital grants	9	(669,960)	(741,582)
Depreciation of property, plant and equipment	4	1,120,534	1,218,922
Dividend income		(289,310)	(366,284)
Interest income		(433,861)	(404,883)
Net changes in fair value of financial assets		(377,114)	203,958
Property, plant and equipment written off		11,958	10,545
(Gains)/losses on disposal of financial assets		(216,304)	642,581
		926,628	1,656,709
Changes in working capital:			
Grants and other receivables		(178,719)	362,791
Trade and other payables		1,341,726	(616,621)
Net cash from operating activities		2,089,635	1,402,879
Cash flows from investing activities			
Dividend received		289,310	366,284
Interest received		463,654	377,999
Proceeds from disposal of financial assets		10,990,006	10,487,047
Purchase of financial assets		(9,222,438)	(10,109,620)
Purchase of property, plant and equipment	4	(366,796)	(263,921)
Fixed deposits (net)		(53,071)	(3,882,045)
Net cash from/(used in) investing activities		2,100,665	(3,024,256)
Cash flows from financing activity			
Capital grants received	9	346,608	223,164
Net cash from financing activity		346,608	223,164
Net increase/(decrease) in cash and cash equivalents		4,536,908	(1,398,213)
Cash and cash equivalents at beginning of the year		12,999,519	14,397,732
Cash and cash equivalents at end of the year	7	17,536,427	12,999,519

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

Dover Park Hospice
Financial statements
Year ended 31 March 2017

NOTES TO THE FINANCIAL STATEMENTS

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Hospice's Governing Council on 25 July 2017.

1 Domicile and activities

Dover Park Hospice (the Hospice) is a society registered with the Registrar of Societies under the Singapore Societies Act, Chapter 311, and has its registered office at 10 Jalan Tan Tock Seng, Singapore 308436.

The Hospice has been registered as a charity under the Singapore Charities Act, Chapter 37 since 20 April 1994.

The principal activities of the Hospice are those relating to the provision of inpatient and home care services to the terminally ill.

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 from 1 October 2014 to 30 September 2017.

2 Basis of preparation

2.1 Statement of compliance

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

2.2 Basis of measurement

The financial statements have been prepared on the historical cost basis except as otherwise disclosed below.

2.3 Functional and presentation currency

The financial statements are presented in Singapore dollars which, is the Hospice's functional currency.

2.4 Use of estimates and judgements

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

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

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The selection of critical accounting policies, the judgements and other uncertainties affecting application of those policies and the sensitivity of reported results to changes in condition and assumptions are factors to be considered when reviewing the financial statements. The Hospice believes the following critical accounting policies involve the most significant judgements and estimates used in the preparation of the financial statements.

Useful lives of property, plant and equipment

Property, plant and equipment are stated at cost and depreciated on a straight-line basis over their estimated useful lives. The estimated useful lives represent the estimate of the periods that management expects to derive economic benefits from these assets. In estimating these useful lives and in determining whether subsequent revisions to useful lives are necessary, the management considers the likelihood of technical obsolescence arising from changes in technology, asset utilisation and anticipated use of the assets.

Recognition of grant income

Grants are accounted for on an accrual basis in the statement of comprehensive income when there is reasonable assurance that the Hospice has complied with all the terms and conditions attached to the grants and that there is reasonable certainty that the grants will be received. In assessing the recognition of grant income, the management considers the criterion for each individual grant to ascertain all grant income in the statement of comprehensive income are presented appropriately.

Measurement of fair values

A few of the Hospice's accounting policies and disclosures requires the measurement of fair values, for both financial and non-financial assets and liabilities.

The Hospice has an established control framework with respect to the measurement of fair values.

When measuring the fair value of an asset or a liability, the Hospice uses observable market data as far as possible. Fair values are categorised into different levels in a fair value hierarchy based on the inputs used in the valuation techniques as follows:

- **Level 1 :** quoted prices (unadjusted) in active markets for identical assets or liabilities.
- **Level 2 :** inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- **Level 3 :** inputs for the asset or liability that are not based on observable market data (unobservable inputs).

If the inputs used to measure the fair value of an asset or a liability fall into different levels of the fair value hierarchy, then the fair value measurement is categorised in its entirety in the same level of the fair value hierarchy as the lowest level of input that is significant to the entire measurement (with Level 3 being the lowest).

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

The Hospice recognises transfers between levels of the fair value hierarchy as of the end of the reporting period during which the change has occurred.

Further information about the assumptions made in measuring fair values is included in note 20.

2.5 Changes in accounting policies

On 1 April 2016, the Hospice adopted the new or amended FRS and interpretations to FRS ("INT FRS") that are mandatory for application from that date. The adoption of these new or amended FRS and INT FRS did not result in substantial changes to the Hospice's accounting policies and had no material effect on the amounts reported for the current or prior financial years.

3 Significant accounting policies

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

3.1 Funds structure

The Accumulated fund is available for use at the discretion of the Governing Council in furtherance of the Hospice's objects.

The Restricted fund of donations is subjected to restrictions on its expenditure by the donor or through the terms of an appeal.

The Endowment fund was established under Article 14 of the Dover Park Hospice Constitution. The objectives of and restrictions over the Endowment fund are stated in note 8 to the financial statements.

3.2 Property, plant and equipment

Recognition and measurement

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

Cost includes expenditure that is directly attributable to the acquisition of the asset, costs directly attributable to bringing the asset to a working condition for their intended use, and the cost of dismantling and removing the items and restoring the site on which they are located when the Hospice has an obligation to remove the asset or restore the site.

Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

Low value assets costing less than \$1,000 individually are written off in the period of outlay.

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

Dover Park Hospice
Financial statements
Year ended 31 March 2017

The gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised net within other income/other expenses in statement of comprehensive income.

Subsequent costs

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

Depreciation

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

Depreciation is recognised as an expense in the statement of comprehensive income on a straight-line basis over the estimated useful lives of each component of an item of property, plant and equipment unless it is included in the carrying amount of another asset.

Depreciation is recognised from the date that the property, plant and equipment are installed and are ready for use, or in respect of internally constructed assets, from the date that the asset is completed and ready for use.

The estimated useful lives for the current and comparative years are as follows:

	2017	2016
Building	25 years*	25 years*
Facilities improvement	11 years*	11 years*
Office equipment	5 years	5 years
Plant and equipment	5 years	5 years
Medical equipment	5 years*	5 to 10 years
Furniture and fittings	5 years	5 years
Motor vehicles	10 years	10 years
Computer equipment	3 years	3 years

*The Hospice is expected to move to the new site at the Integrated Care Hub ("ICH") by 2021. The Hospice has accelerated the depreciation of its existing building and facilities improvement in 2015. The Hospice performed another assessment of change of useful lives of remaining plant and equipment in the current financial year. Accordingly, the existing building, facilities improvement and medical equipment are expected to be fully depreciated by 2021.

This resulted in an increase of actual and expected depreciation expenses amounting to \$9,083 each from 2017 to 2021.

Depreciation methods, useful lives and residual values are reviewed at each financial year-end and adjusted if appropriate.

Dover Park Hospice
Financial statements
Year ended 31 March 2017

3.3 Financial instruments

Non-derivative financial assets

The Hospice initially recognises loans and receivables on the date that they are originated. All other financial assets (including assets designated at fair value through income and expenditure) are recognised initially on the trade date, which is the date that the Hospice becomes a party to the contractual provisions of the instrument.

The Hospice derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred, or it neither transfers nor retains substantially all of the risks and rewards of ownership and does not retain control over the transferred asset. Any interest in transferred financial assets that is created or retained by the Hospice is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Hospice has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospice classifies non-derivative financial assets into the following categories: financial assets at fair value through income and expenditure and loans and receivables.

Financial assets at fair value through income and expenditure

A financial asset is classified at fair value through income and expenditure if it is classified as held for trading or is designated as such upon initial recognition. Financial assets are designated at fair value through income and expenditure if the Hospice manages such investments and makes purchase and sale decisions based on their fair value in accordance with the Hospice's documented risk management or investment strategy. Attributable transaction costs are recognised in the statement of comprehensive income as incurred. Financial assets at fair value through income and expenditure are measured at fair value, and changes therein, which takes into account any dividend income, are recognised in the statement of comprehensive income.

Loans and receivables

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Loans and receivables comprise grants and other receivables and, cash and cash equivalents.

Cash and cash equivalents comprise cash balances and bank deposits with maturities of three months or less from the acquisition date that are subject to an insignificant risk of changes in their fair value, and are used by the Hospice in the management of its short-term commitments.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

Non-derivative financial liabilities

Financial liabilities are recognised initially on the trade date, which is the date that the Hospice becomes a party to the contractual provisions of the instrument. The Hospice derecognises a financial liability when its contractual obligations are discharged, cancelled or expire.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Hospice has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospice classifies non-derivative financial liabilities into the other financial liabilities category. Such financial liabilities are initially measured at fair value less any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

Other financial liabilities comprise trade and other payables.

3.4 Impairment

Non-derivative financial assets

A financial asset not carried at fair value through income and expenditure is assessed at the end of each reporting period to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event(s) has occurred after the initial recognition of the asset, and that the loss event(s) has an impact on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets (including equity securities) are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Hospice on terms that the Hospice would not consider otherwise, indications that a debtor or issuer will enter bankruptcy and economic conditions that correlate with defaults or the disappearance of an active market for a security.

Loans and receivables

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

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

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in the statement of comprehensive income and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised. When the Hospice considers that there are no realistic prospects of recovery of the asset, the relevant amounts are written off. If the amount of impairment loss subsequently decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, then the previously recognised impairment loss is reversed through statement of comprehensive income.

Non-financial assets

The carrying amounts of the Hospice's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. An impairment loss is recognised if the carrying amount of an asset or its related cash-generating unit (CGU) exceeds its estimated recoverable amount.

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

Impairment losses are recognised in the statement of comprehensive income. Impairment losses recognised in respect of CGUs are allocated to reduce the carrying amounts of the other assets in the CGU (group of CGUs) on a pro rata basis.

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

3.5 Employee benefits

Contribution to Central Provident Fund

Obligations for contributions to Central Provident Fund are recognised as an expense in the statement of comprehensive income as incurred.

Short-term accumulating compensated absences

Short-term accumulating compensated absences are recognised when employees render services that increase their entitlement to future compensated absences.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

Short-term employee benefits

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid under short-term cash bonus if the Hospice has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

3.6 Deferred capital grants

Grants from the government received by the Hospice to construct, furnish and equip the Hospice and to purchase depreciable assets are taken to the deferred capital grants account. Deferred capital grants are recognised in the statement of comprehensive income over the periods necessary to match the depreciation of the assets purchased or donated, with the related grants.

3.7 Operating leases

Where the Hospice has the use of assets under operating leases, payments made under the leases are recognised in the statement of comprehensive income on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

3.8 Incoming resources

- (i) Donations are recognised as income when the following three criteria are met:
- Entitlement – normally arises when there is control over the rights or other access to the resource, enabling the Hospice to determine its future application;
 - Certainty – when it is virtually certain that the income will be received; and
 - Measurement – when the monetary value of the income can be measured with sufficient reliability.

(ii) Grants are accounted for on an accrual basis in the statement of comprehensive income when there is reasonable assurance that the Hospice has complied with all the terms and conditions attached to the grants and that there is reasonable certainty that the grants will be received.

(iii) Membership subscriptions are recognised on an accrual basis.

(iv) Revenue from rendering services is recognised when the services are rendered.

3.9 Investment income

Investment income comprises interest income on funds invested, dividend income, gains on disposal of financial assets and foreign exchange gain that are recognised in the statement of comprehensive income. Interest income is recognised as it accrues, using the effective interest method. Dividend income is recognised on the date the Hospice's right to receive payment is established.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

3.10 Resources expended

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

(i) Costs of generating funds

The costs of generating funds are those costs attributable to generating income for charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the Hospice's objects.

(ii) Costs of charitable activities

The costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Hospice. The total costs of charitable activities include an apportionment of support costs.

(iii) Costs of governance activities

The costs of 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.

3.11 New standards and interpretations not yet adopted

A number of new standards and amendments to standards are effective for annual periods beginning after 1 April 2016, and earlier application is permitted; however the Hospice has not early applied the following new or amended statements in preparing these statements. For those new standards and amendments to standards that are expected to have an effect on the financial statements of the Hospice in future financial periods, the Hospice is assessing the transition options and the potential impact on its financial statements, and to implement these standards. The Hospice does not plan to adopt these standards early.

Applicable to 2018 financial statements

FRS 115 Revenue from Contracts with Customers

FRS 115 establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It also introduces new cost guidance which requires certain costs of obtaining and fulfilling contracts to be recognised as separate assets when specified criteria are met.

When effective, FRS 115 replaces existing revenue recognition guidance, including *FRS 18 Revenue*.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

FRS 115 is effective for annual periods beginning on or after 1 January 2018, with early adoption permitted. FRS 115 offers a range of transition options including full retrospective adoption where an entity can choose to apply the standard to its historical transactions and retrospectively adjust each comparative period presented in its 2018 financial statements. When applying the full retrospective method, an entity may also elect to use a series of practical expedients to ease transition.

The Hospice currently recognises revenue based on the different types of services rendered. Under FRS 115, the Hospice is required to identify distinct performance obligations ("PO") in bundled arrangements (if any) and account for each PO separately, unless it can be demonstrated that the Hospice provides a significant integrated service; and the services within the contract are highly dependent on or highly integrated with other services.

The Hospice is currently gathering data to assess the impact on the financial statements.

The Hospice plans to adopt the standard when it becomes effective in 2018 using the retrospective approach with practical expedients.

FRS109 Financial Instruments

FRS 109 replaces most of the existing guidance in FRS 39 *Financial Instruments: Recognition and Measurement*. It includes revised guidance on classification and measurement of financial instruments, a new expected credit loss model for calculating impairment on financial assets, and new general hedge accounting requirements. It also carries forward the guidance on recognition and derecognition of financial instruments from FRS 39.

The Hospice has performed preliminary assessment of the impact of FRS 109 on its financial statements. Overall, the Hospice does not expect a significant change to the classification and measurement basis arising from adopting FRS 109.

The Hospice is currently gathering data to quantify the potential impact of FRS109 on impairment loss of trade receivables and plans to adopt the new standard on the required effective date in 2018 without restating comparative information.

Applicable to 2019 financial statements

FRS116 Leases

FRS 116 eliminates the lessee's classification of leases as either operating leases or finance leases and introduces a single lessee accounting model. Applying the new model, a lessee is required to recognise right-of-use (ROU) assets and lease liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. It also substantially carries forward the lessor accounting requirements in FRS 17 Leases. Accordingly, a lessor continues to classify its leases as operating leases or finance leases, and to account for these two types of leases using the FRS 17 operating lease and finance lease accounting models respectively. However, FRS 116 requires more extensive disclosures to be provided by a lessor. When effective, FRS 116 replaces existing lease accounting guidance, including FRS 17, INT FRS 104 *Determining whether an Arrangement contains a Lease*, INT FRS 15 *Operating Leases – Incentives*, and INT FRS 27 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

The Hospice has performed preliminary assessment of the impact of FRS 116 on its existing operating lease arrangements as a lessee. Based on the preliminary assessment, the Hospice expects these operating leases to be recognised as ROU assets with corresponding lease liabilities under the new standard. Such current operating lease commitments on an undiscounted basis amount to approximately \$196,914 as at 31 March 2017 (note 22).

The Hospice plans to adopt the standard when it becomes effective in 2019.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

	Managed internally----->		Managed by fund manager	
	Accumulated fund \$	Endowment fund \$	Endowment fund \$	Total \$
2017				
Quoted equity securities	-	-	3,757,900	3,757,900
Quoted debt securities	516,185	-	8,181,489	8,697,674
Quoted preference shares	540,498	-	257,761	798,259
Unit trusts	-	-	2,469,150	2,469,150
	1,056,683	-	14,666,300	15,722,983
2016				
Quoted equity securities	-	2,258,485	3,446,976	5,705,461
Quoted debt securities	522,540	522,540	9,352,392	10,397,472
Quoted preference shares	532,950	261,250	-	794,200
	1,055,490	3,042,275	12,799,368	16,897,133

Fixed income securities bear coupon rates as at year end ranging from 1.11% to 5.75% (2016: 2.00% to 5.75%). All financial assets are denominated in Singapore dollar.

During the financial year, funds from the internally managed Endowment Fund amounting to \$3,249,870 were transferred to an external fund manager.

6 Grants and other receivables

	2017 \$	2016 \$
Grants receivable from Ministry of Health	432,381	263,685
Grants receivable from Temasek Care	274,018	356,775
Deposits	94,253	74,053
Interest receivable	82,331	112,124
Other receivables	365,234	283,865
	1,248,217	1,090,502
Loans and receivables	34,572	43,361
Prepayments		
	1,282,789	1,133,863

5 Financial assets – Investments

**Investments at fair value
through income and
expenditure**

2017

Quoted equity securities
Quoted debt securities
Quoted preference shares
Unit trusts

2016

Quoted equity securities
Quoted debt securities
Quoted preference shares

4 Property, plant and equipment

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

	Building \$	Facilities improvement \$	Office equipment \$	Plant and equipment \$	Medical equipment \$	Furniture and fittings \$	Motor vehicles \$	Computer equipment \$	Total \$
Cost									
At 1 April 2015	4,538,567	3,391,018	23,596	131,705	789,115	163,588	327,428	789,584	10,154,601
Additions	-	5,400	-	-	74,198	13,464	-	170,859	263,921
Write-offs	-	-	-	-	(69,741)	(4,494)	-	(6,816)	(81,051)
At 31 March 2016	4,538,567	3,396,418	23,596	131,705	793,572	172,558	327,428	953,627	10,337,471
Additions	-	-	3,982	1,607	130,058	-	-	231,149	366,796
Write-offs	-	-	-	-	(79,178)	-	-	(93,003)	(172,181)
At 31 March 2017	4,538,567	3,396,418	27,578	133,312	844,452	172,558	327,428	1,091,773	10,532,086
Accumulated depreciation									
At 1 April 2015	2,166,812	1,377,136	15,233	90,095	505,592	120,387	102,545	560,041	4,937,841
Depreciation for the year	474,351	403,637	3,719	15,958	70,917	19,087	28,110	203,143	1,218,922
Write-offs	-	-	-	-	(60,095)	(3,595)	-	(6,816)	(70,506)
At 31 March 2016	2,641,163	1,780,773	18,952	106,053	516,414	135,879	130,655	756,368	6,086,257
Depreciation for the year	474,351	403,637	2,646	11,642	79,892	18,699	28,110	101,282	1,120,534
Write-offs	-	-	-	-	(67,220)	-	-	(93,003)	(160,223)
At 31 March 2017	3,115,514	2,184,685	21,598	117,695	529,086	154,578	158,765	764,647	7,046,568
Carrying amounts									
At 1 April 2015	2,371,755	2,013,882	8,363	41,610	283,523	43,201	224,883	229,543	5,216,760
At 31 March 2016	1,897,404	1,615,645	4,644	25,652	277,158	36,679	196,773	197,259	4,251,214
At 31 March 2017	1,423,053	1,211,733	5,980	15,617	315,366	17,980	168,663	327,126	3,485,518

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

7 Cash and cash equivalents

	2017 \$	2016 \$
Cash at bank and in hand	10,579,695	8,068,578
Fixed deposits with financial institutions	13,642,098	11,546,470
Cash and cash equivalents in statement of financial position	24,221,793	19,615,048
Less: Fixed deposits with maturity more than 90 days at year end	(6,574,323)	(6,521,252)
Less: Cash at bank in Medifund Account	(111,043)	(94,277)
Cash and cash equivalents in statement of cash flows	17,536,427	12,999,519

The effective interest rates per annum for fixed deposits as at year end ranged from 0.65% to 1.00% (2016: 0.65% to 1.00%) and reprice at intervals of one to twelve months.

Included in cash and cash equivalents is \$5,443,051 (2016: \$1,352,724) held on behalf of the Hospice by an external fund manager. The Hospice considers this amount as cash and cash equivalent as it is able to utilise this amount for its operating requirements on short notice.

An account of \$nil (2016: \$120,990) held on behalf of the Hospice by an external fund manager is included in cash at bank and in hand. It acts as collateral to equity derivatives future contracts invested by the fund manager for the Hospice for hedging purposes.

Included in cash at bank and in hand is \$111,043 (2016: \$94,277) held on behalf of the Medifund Account.

8 Funds of the Hospice

(i) Restricted fund - Endowment fund

The Endowment fund is represented by the following:

	2017 \$	2016 \$
Financial assets	14,666,300	15,841,643
Grants and other receivables	136,080	87,708
Cash and cash equivalents	7,109,810	4,873,077
Trade and other payables	–	(9,798)
	21,912,190	20,792,630

The Endowment fund comprises:

	2017 \$	2016 \$
Capital account	20,000,000	9,786,146
Accumulated surplus	1,912,190	11,006,484
	21,912,190	20,792,630

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

The Endowment fund was established on 1 September 1996 under Article 14 of the Dover Park Hospice Constitution. It comprises the capital account and accumulated surplus. The Capital of the Endowment Fund shall be \$20,000,000 under revised Trust Deed signed by the Hospice and 3 trustees on 27 July 2016. According to Article 14, the accumulated surplus of the Endowment fund may be applied by the Governing Council for the purposes of the Hospice. No capital of the Endowment fund shall be expended without the approval of members of the Hospice at a general meeting.

The purpose of the Endowment fund is to provide a constant stream of income to the Hospice to supplement the Accumulated fund, the amount of which is subject to uncertainty.

(ii) Restricted fund – Donations

These funds comprise the cumulative operating surplus arising from the restricted income and expenditure account for specific purposes. Restricted funds used in purchase of property, plant and equipment are transferred to unrestricted funds.

The Restricted fund is represented by donations from the following:

	2017 \$	2016 \$
Deutsche Bank fund	50,581	–
Kuan Im Tng Temple/ Seed Global Investment fund	72,800	–
Respectance fund	39,269	–
Others	21,350	–
	184,000	–

Deutsche bank fund – This fund is set aside to assist the special needs of patients and their families for non-medical items that are not funded under government schemes.

Kuan Im Tng Temple/Seed Global Investment fund – This fund is set aside to purchase a new van. The purpose of the van is for transportation of bulky medical equipment, wheelchairs and for patients and medical staff to travel between the medical facilities and the patients' home more easily.

Respectance fund – This fund is set aside to help the needy patients who wish to die in their own home and family whose primary breadwinner has passed away. By having this fund, it helps to improve the quality of life for the patients and support their families.

These restricted funds are represented by cash and cash equivalents amounting to \$184,000 (2016: \$nil).

Restricted funds amounting to \$107,200 was reclassified from unrestricted fund during the year.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

(iii) Unrestricted fund - Accumulated fund

The Accumulated fund is represented by the following:

	2017	2016
	\$	\$
Property, plant and equipment	3,485,518	4,251,214
Financial assets	1,056,683	1,055,490
Grants and other receivables	1,146,709	1,046,155
Cash and cash equivalents	16,927,983	14,741,971
Deferred capital grants	(2,065,849)	(2,389,201)
Trade and other payables	(6,016,773)	(4,648,483)
	14,534,271	14,057,146

Capital management

The capital structure of the Hospice consists of the Restricted fund - Endowment fund, Restricted fund - Donations and the Unrestricted fund - Accumulated fund. The Hospice's primary objective in capital management is to maintain the size of the capital account in its Endowment fund whilst having sufficient funds to continue to provide palliative care services through the Unrestricted fund.

Pursuant to the Code of Governance for Charities and Institutions of a Public Character Guideline 6.4.1, the Governing Council has established a reserve policy ("Reserve Policy") for the Hospice. In setting the Reserve Policy, the Governing Council is of the view that it is more reasonable to use net liquid assets available to meet expenditure obligations as a reserve measurement instead of the full unrestricted funds. Unrestricted net liquid assets available to meet expenditure obligations is calculated as the sum of the financial assets, grants and other receivables, cash and cash equivalents less trade and other payables relating to the unrestricted fund. The reserves of the Hospice provide financial stability and the means for the development of its operations and activities. The Hospice intends to maintain the reserves at a level sufficient for its operating needs and the Governing Council regularly reviews the amount of reserves that are required to ensure that they are adequate to fulfil its continuing obligations.

	2017	2016
	\$	\$
Unrestricted funds		
Financial assets	1,056,683	1,055,490
Grants and other receivables	1,146,709	1,046,155
Cash and cash equivalents	16,927,983	14,741,971
Trade and other payables	(6,016,773)	(4,648,483)
Total unrestricted net liquid assets	13,114,602	12,195,133
Total operating expenditure	12,756,490	12,286,551
Ratio of net liquid assets to total operating expenditure	1.03	0.99

There were no changes in its approach to capital management during the year.

9 Deferred capital grants

	2017	2016
	\$	\$
At 1 April	2,389,201	2,907,619
Capital grants received during the year	346,608	223,164
Amortisation for the year	(669,960)	(741,582)
At 31 March	2,065,849	2,389,201

Deferred capital grants comprise government grants and solicited donations received for the purpose of constructing, furnishing and equipping the Hospice.

10 Trade and other payables

	2017	2016
	\$	\$
Trade payables	789,743	353,406
Accrued operating expenses	972,227	754,284
Advance membership subscriptions	1,415	1,224
Employees' short-term accumulating compensated absences	123,380	101,833
Deferred income - grants received from Community Silver Trust Fund	3,810,299	3,324,906
Other payables	319,709	122,628
	6,016,773	4,658,281

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

<u>Community Silver Trust</u>	2017	2016
	\$	\$
Balance at beginning of year	3,324,906	3,842,819
Add:		
- Matching grants from Community Silver Trust	2,942,904	1,539,348
- Interest earned	33,401	26,777
Less: Utilisation		
- Operating expenditure	(2,151,505)	(1,883,130)
- Capital assets	(339,407)	(200,908)
Balance at the end year	3,810,299	3,324,906

The unutilised grants received from CST can be used towards improving capabilities of the Hospice.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

11 Incoming resources from generated funds

	2017	2016
	\$	\$
Tax exempt receipts	2,168,363	2,731,783
Non-tax exempt receipts	280,515	740,217
	<u>2,448,878</u>	<u>3,472,000</u>

Included in non-tax exempt receipts for 2016 was a donation amounting to \$97,000 that was received from National Council of Social Services on 17 April 2015. The donation was used to defray the cost of the Hospice's service contract for its Home Care Consultant. There was no such donation in 2017.

12 Investment income

	Unrestricted fund Accumulated Fund \$	Restricted fund Endowment Fund \$	Total \$
2017			
Interest income from banks	50,939	15,014	65,953
Income from fixed income securities	54,760	313,148	367,908
Dividend income	–	289,310	289,310
	<u>105,699</u>	<u>617,472</u>	<u>723,171</u>
2016			
Interest income from banks	39,144	6,148	45,292
Income from fixed income securities	54,910	304,681	359,591
Dividend income	–	366,284	366,284
	<u>94,054</u>	<u>677,113</u>	<u>771,167</u>

13 Net incoming resources

The following items have been included in arriving at net incoming resources:

	2017	2016
	\$	\$
Other grants		
Grants income from Community Silver Trust	2,151,505	1,883,130
Grants income from Ministry of Health	1,712,210	1,592,072
Others	494,422	440,587
	<u>4,358,137</u>	<u>3,915,789</u>
Resources expended		
Depreciation of property, plant and equipment	(1,120,534)	(1,218,922)
Staff costs	(9,532,089)	(8,838,889)
Contributions to Central Provident Fund included in staff costs	(738,103)	(631,403)
Operating lease expenses	(262,553)	(262,553)

14 Fundraising costs

	2017	2016
	\$	\$
Auction items	41,000	53,143
Charity gala, food and beverages	79,203	150,373
Staff costs	7,548	43,600
Others	48,243	118,106
	<u>175,994</u>	<u>365,222</u>

15 Investment management expenses

	2017	2016
	\$	\$
Management fee	48,067	59,055
Investment charges	34,127	50,479
Other charges	7,943	14,965
	<u>90,137</u>	<u>124,499</u>

16 Charitable activities

	2017	2016
	\$	\$
Depreciation of property, plant and equipment	950,339	1,032,120
Staff costs	7,957,703	7,323,305
Operating lease expenses	228,421	228,421
Patient care expenses	616,305	626,941
Other operating expenses	260,922	253,608
	<u>10,013,690</u>	<u>9,464,395</u>

17 Governance activities

	2017	2016
	\$	\$
Depreciation of property, plant and equipment	170,195	186,802
Staff costs	1,566,838	1,471,984
Operating lease expenses	34,132	34,132
Other operating expenses	839,371	764,016
	<u>2,610,536</u>	<u>2,456,934</u>

Staff costs under governance activities include cost of staff of the Hospice who are also involved in general running of the Hospice. It is not practicable to allocate their time accurately so as to apportion their salaries to fundraising and charitable activities.

Dover Park Hospice
Financial statements
Year ended 31 March 2017

18 Remuneration of employees

In compliance with the Code of Corporate Governance for Charities and Institutions of a Public Character - Guideline 8.3, the annual remuneration of the Hospice's three highest paid staff who each received remuneration exceeding \$100,000, in the following bands in the year are as follows:

	2017	2016
Number of employees in bands:		
\$100,001 to \$200,000	2	1
\$200,001 to \$300,000	–	2
\$300,001 to \$400,000	1	–

The Hospice entered into a service agreement for the purchase of medical consultancy services from Tan Tock Seng Hospital Pte Ltd which commenced on 1 July 2008. The service fees paid and payable to Tan Tock Seng Hospital Pte Ltd amounted to \$1,112,108 (2016: \$1,180,869).

The Hospice receives services from its volunteers. The volunteers are not remunerated for their services.

The total number of employees as at financial year end is 124 (2016: 118).

19 Income tax expense

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

20 Financial instruments

Financial risk management

Overview

Risk management is integral to the whole operation of the Hospice. The Hospice has a system of controls in place to create an acceptable balance between the cost of risks occurring and the cost of managing the risks. The Governing Council continually monitors the Hospice's risk management process to ensure that an appropriate balance between risk and control is achieved.

The Hospice is exposed to credit risk, liquidity risk and market risk. This note presents information about the Hospice's exposure to each of these risks, the Hospice's objectives, policies and procedures and processes for measuring and managing risks. Further quantitative disclosures are included in these financial statements.

Credit risk

Credit risk is the potential financial loss resulting from the failure of a counterparty to settle its financial and contractual obligations to the Hospice, as and when they fall due.

Dover Park Hospice
Financial statements
Year ended 31 March 2017

The Hospice's exposure to credit risk arises principally from grants and other receivables, and investments in fixed income securities and non-cumulative, non-convertible preference shares.

The ageing of loans and receivables (excluding cash and cash equivalents) as at 31 March is:

	2017 \$	2016 \$
Not past due	1,215,060	1,058,157
Past due 1 – 30 days	9,618	4,280
More than 30 days	23,539	28,065
	1,248,217	1,090,502

The Hospice may establish an allowance for impairment that represents its estimate of incurred loss in respect of patient fees receivable and other receivables. The main component of this allowance is a specific loss component that relates specifically to individually significant exposures. There are no allowances for impairment arising from these amounts.

The allowance accounts are used to record impairment losses unless the Hospice is satisfied that no recovery of the amount owing is possible; at that point, the amount considered irrecoverable is written off against the allowances directly.

Cash and fixed deposits are placed with banks and financial institutions which are regulated. Investments and transactions involving financial instruments are allowed only with counterparties that are of high credit worthiness.

As at year end, significant concentration of credit risk relates to cash at bank and fixed deposits placed with financial institutions in Singapore and financial assets held on behalf by a custodian. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

On investment activities, the Investment Committee limits investments to bonds with at least an investment grade of BBB/Baa2 credit rating or above by Standard & Poor's or Moody's or equivalent, such as those rated by independent rating units of the fund managers. The fixed income securities comprise mainly government securities and corporate bonds with the above mentioned ratings.

Liquidity risk

Liquidity risk is the risk that the Hospice will not be able to meet its financial obligations as they fall due. The Hospice's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Hospice's reputation.

Typically, the Hospice ensures that it has sufficient cash on demand to meet expected operational demands excluding the potential impact of extreme circumstances that cannot reasonably be predicted.

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

The following are the contractual maturities of financial liabilities, including estimated interest payments and excluding the impact of netting agreements:

	Carrying amount \$	Total contractual cash flows \$	Within 1 year \$
Non-derivative financial liabilities			
2017			
Trade and other payables*	2,206,474	(2,206,474)	(2,206,474)
2016			
Trade and other payables*	1,333,375	(1,333,375)	(1,333,375)

* Excludes deferred income

Market risk

Market risk is the risk that changes in market prices, such as interest rates, foreign exchange rates and equity prices will affect the Hospice's income or value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return on risk.

Price risk

Price risk arises mainly from quoted equity securities, quoted debt securities, quoted preference shares and unit trusts. Price risk is the risk that the fair value or future cash flows of an investment will fluctuate because of changes in market prices, including changes in market interest rates, whether those changes are caused by factors specific to the individual investment or its issuer, or factors affecting all similar investments traded in the market.

Sensitivity analysis

The Hospice's investments are designated as fair value through income and expenditure investments. A 10% increase or decrease in the underlying prices at the reporting date would increase or decrease income by \$1,572,298 (2016: \$1,689,713) respectively. This analysis assumes that all other variables remain constant.

Foreign currency risk

The Hospice has minimal exposure to foreign currency risk as most transactions are denominated in Singapore dollars.

ACCOUNTING CLASSIFICATION AND FAIR VALUES

The carrying amounts and fair values of financial assets and financial liabilities, including their levels in the fair value hierarchy are as follows. It does not include fair value information for financial assets and financial liabilities not measured at fair value if the carrying amount is a reasonable approximation of fair value.

		Carrying amount				Fair value			
		Held-for- trading \$	Other Loans and receivables \$	Financial liabilities \$	Total \$	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
2017									
Financial assets not measured at fair value									
Grants and other receivables*	6	-	1,248,217	-	1,248,217				
Cash and cash equivalents	7	-	24,221,793	-	24,221,793				
		-	25,470,010	-	25,470,010				
Financial assets measured at fair value									
Financial assets - Investments	5	15,722,983	-	-	15,722,983	13,253,833	2,469,150	-	15,722,983
Financial liabilities not measured at fair value									
Trade and other payables**	10	-	-	(2,206,474)	(2,206,474)				
2016									
Financial assets not measured at fair value									
Grants and other receivables*	6	-	1,090,502	-	1,090,502				
Cash and cash equivalents	7	-	19,615,048	-	19,615,048				
		-	20,705,550	-	20,705,550				
Financial assets measured at fair value									
Financial assets - Investments	5	16,897,133	-	-	16,897,133	16,897,133	-	-	16,897,133
Financial liabilities not measured at fair value									
Trade and other payables**	10	-	-	(1,333,375)	(1,333,375)				

* Excludes prepayment

** Excludes deferred income

*Dover Park Hospice
Financial statements
Year ended 31 March 2017*

The following summarises the significant methods and assumptions used in estimating the fair values of financial instruments of the Hospice.

Investments

The fair values of financial assets at fair value through income and expenditure is determined by reference to their quoted bid prices (Level 1 fair value) at the reporting date, or when such information is unavailable, based on the number of subscribed units multiplied by the net asset value price quoted by external fund manager (Level 2 fair value).

Other financial assets and liabilities

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

21 Related party transactions

Key management personnel remuneration

Key management personnel of the Hospice are those persons having the authority and responsibility for planning, directing and controlling the activities of the Hospice. The senior management are considered as key management personnel of the Hospice.

Key management personnel remuneration recognised in the statement of comprehensive income is as follows:

	2017 \$	2016 \$
Key management personnel - short-term employee benefits	662,356	702,797

The Hospice is governed by the Governing Council. All members of the Governing Council are volunteers and received no monetary remuneration for their contribution to the Hospice.

Other related party transactions

Other than as disclosed elsewhere in the financial statements, transactions with related parties carried out in the normal course of business on terms agreed between the parties are as follows:

	2017 \$	2016 \$
Donations received from Governing Council members	122,280	105,300
Corporations in which certain members of the Governing Council have control or significant influence	–	14,038
Maintenance of server contract	–	–

22 Commitments

At the reporting date, the Hospice had the following commitment for future minimum lease payments under a non-cancellable operating lease for operation with a term of more than one year:

	2017 \$	2016 \$
Payable:		
Within one year	196,914	262,552
After one year but within five years	–	196,914
	196,914	459,466

The operating lease commitment mainly relate to the tenancy of the Hospice's land area. The lease runs for a period of three years with an option to renew the lease after that date.



DOVER PARK HOSPICE
Every Moment Matters

10 JALAN TAN TOCK SENG, SINGAPORE 308436

+65 6500 7272

UEN: S92SS0138D

WWW.DOVERPARK.ORG.SG

 DOVERPARKHOSPICE

 DOVERPARKHOSPICE

 WWW.DOVERPARK.ORG.SG