

DPH Chairman's Report

Welcome to the Dover Park Hospice's 33rd AGM.

The last time that we were all gathered together, we were in the middle of a phase of settling down into the Integrated Care Hub (ICH) and running the Integrated Palliative Care Programme (IPCP) in partnership with the National Healthcare Group (NHG).

I came in as Chairman then, with the view that these pioneering developments should be optimized for learning and to prepare DPH for the future.

Part of my intent was to review the Council's responsibilities, set Council meeting expectations, and encourage the Sub-Committee Chairs to take the opportunity to review their terms of reference and membership so that DPH would benefit from refreshed support. I wanted to work on succession planning, so that we would always have a strong Council and a strong Management Team who communicated openly and frequently.

I have spent much of my first hundred days with our CEO, Dr Liew Li Lian, working out what we needed to enhance for better governance and sharper strategy. I hope to ensure that we remain at the forefront of hospice care, able to take on the challenges of the future.

I have spent much time getting to know all our Council members, and discovering how their Sub-Committees contributed to DPH. There were many ideas and thoughts shared with me, in deep and delightful conversation. Because of these, I was able to consolidate what really mattered and have a clear direction moving forward.

Expanding Our Reach Nation-Wide

Over 2024, our three clinical services have expanded and are now available to patients nationwide. We have done so using a mix of approximately 50% government funding, and another 50% from patient revenue and funds raised.

We have completed the IPCP pilot, which showed encouraging care outcomes indicating that a dyadic relationship between a hospital and a hospice can put patients in the right hands in a timely, high-quality, and cost-effective manner compared to the status quo.

The final evaluation report of the IPCP pilot has been submitted to the Ministry of Health (MOH) and we now wait with bated breath to hear of the next steps. I am optimistic that MOH will see the transformative value of this pilot and continue to support us in expanding to serve more Singaporeans.

Balancing Cost and Care

In FY25, we admitted 1,086 patients into our Home Care service, compared to 865 in FY24. This represents a 25.6% increase. Our Day Care admissions grew by 75% from 32 patients

in FY24 to 56. Our inpatient wards saw a 12.5% growth in volume, up from 416 in FY24 to 468. 70% of our patients were able to spend their final days peacefully in a place of their choice. There were 178 patients whose journeys took them through more than one of our three services, highlighting the changing needs of palliation progressively.

The total income in FY25 was \$28.6m, with expenses of \$25.4m. You will hear more about our financial details from our Honorary Treasurer, but I wish to highlight the generous support of the Community Silver Trust (CST), a multi-year, multi-phasic matching grant, and the Community Care Salary Enhancement (CCSE) scheme, which has allowed us parity with the compensation packages of the public hospitals. These and other grants have contributed to the fuel that allowed us to continue to grow and serve.

Working together, our Council, Sub-Committees and our Executive Team have done so much this year.

Patient-Centered Innovation

In our wards, we have rolled out multiple initiatives to create safer care, such as the Safety Huddle handover practice to highlight such patients with fall risk, suicide risk, potential aggression, or in danger of rapid deterioration. Patients with impending deterioration began to be assessed using the Respiratory Distress Observation Scale (RDOS).

The introduction of a Medication Safety Vest for nurses ensured uninterrupted concentration on medication administration. One major root cause of errors in medication came from distractions to nurses – but mostly because they were not clearly identified as Do Not Disturb. This was enhanced by our Closed Loop Medication Management System (CLMMS) using Automated Dispensing Cabinets (ADCs), a new in-house unit-dose packaging system, and software enhancements to deliver a 53.1% improvement in the average time taken by nurses to count Controlled Drugs per shift.

The ward meals service and process for pressure-relief mattresses were streamlined to save time and effort. We adapted TTSH's Liquid Nursing scheduling for inpatient nurses which created 2 extra days of rest per month per nurse.

Caregivers were welcomed into the care team, starting with the patients in single rooms where one caregiver could stay for a full 24 hours by the bedside. To support our staff, the team had refreshed training for volunteers in patient-facing roles, and recategorised volunteers with limited interaction with patients for new condensed 1-day training – for example, Haircutting and Happy Hour – thus removing unnecessary hours while ensuring effectiveness and patient safety.

Technology To Enhance Care And Mitigate Risk

In Jan 2025, we added a second telco line to enhance our internet connectivity resiliency. We have implemented backup technology to ensure 100% of sensitive

stakeholder and patient data backups are immutable – they cannot be easily meddled with by hackers.

Two artificial intelligence (AI) agents are being trialed to capture “live” speech-to-text, reducing clinical documentation paperwork for our social workers and Home Care team.

We took this opportunity to draft the very first DPH AI Ethics and Guidelines document. We have also prepared for certification with the Data Protection Trustmark (DPTM), demonstrating our commitment to accountable data protection.

HR processes were digitalised for hiring, preparation of journals, time management system, and P-files.

Reaching Out To Partners In Care

Our team spearheaded the first Community of Practice (COP) gathering of palliative social workers, bringing together the three largest hospices in Singapore, namely Hospice Care Association, Assisi Hospice, and DPH, to share and learn.

We collaborated with Touch Community Case Management Service (CCMS) to extend care for vulnerable patients with complex health and social needs

Our volunteers shone at the National Healthcare Group’s POP Marketplace (part of NHG’s POPCollect Work Plan Seminar), showcasing three initiatives - Project Lim Kopi, the DPH Experience, and Breakfast For Caregivers, which won Best Innovative Solution.

Bridges For Knowledge Exchange

We have hosted many colleagues in palliative care.

Among them were international expert Dr Hideyuki Kashiwagi of the Department of Palliative Care, Aso-lizuka Hospital, Japan, Dr Ednin Hamzah, the CEO of Hospis Malaysia and Dr Roger Strong, a renowned palliative care Advanced Practice Nurse with almost 40 years of experience and an expert in telehealth.

We hosted a visit from Thailand for the Faculty of Medicine, Vajira Hospital, and from Hong Kong by the Haven of Hope Sister Annie Skau Holistic Care Centre (SASHCC), to name two.

We continue to accept external engagements to share and learn. For example, Senior Medical Social Worker Ms Koh Tang En presented at the McGill International Palliative Care Congress 2024 in Montreal, conducted a webinar for the Silver School of Social Work students by invitation from the University of New York, and facilitated a workshop entitled "Dialogue of a Palliative Care Worker in Singapore".

We actively support the Singapore Hospice Council's "Live well. Leave Well" Festival with our booth, and added on a Namaste Care Workshop, a talk on Healthcare Financing in Palliative Care, and an art therapy guided workshop.

Our PalC (Palliative Care Centre for Excellence in Research and Education) had conducted 10 courses attended by 285 healthcare professionals. We have welcomed 193 trainee doctors, nurses and allied health professionals this year. Some of them have written vividly on the unforgettable experiences they have gained with us.

Moving Forward With All Our People

I am happy that our staff came together to design new uniforms, which included medical scrub suits for inpatient nurses and doctors in line with DPH's corporate colours and easily identifiable by rank and seniority. Home and Day Care teams opted for Dri-Fit polo tee-shirts. Our staff managed to do so more cheaply, saving us between \$2-7 per individual uniform set.

Our staff attrition rate was 9% in 2024 against our historical rates of 11% in 2023 and 12% in 2022.

We continue to arrange annual health screening for our staff, and have added a new chain of clinics for occupational health with over 10 locations across Singapore. This new chain offers greater convenience and allows us to retrieve medical reports directly from their portal.

Continuing Good Governance

Our Governing Council has continued its good work supported by a well-rounded set of sub-committees representing all aspects of enterprise and governance areas.

We will continue to refresh and renew our Governing Council membership with passionate members with different experiences and expertise.

The Road Ahead

As we continue to expand, we face several challenges.

One of the most significant challenges is ensuring that DPH secures our fair share of talent. The other pressing challenge is funding.

Both of these are concerns of the Governing Council.

While we have been fortunate and blessed to have staunch donors, we cannot rest on our laurels. Instead, we must diversify our fundraising efforts and continue to find new ways to appeal to our supporters.

We will be enhancing our ICH premises to bring it closer to the homeliness and warmth that we were accustomed to at the old site. We must continue to seek operational savings and refine our procurement practices.

Conclusion

The next few years will be very important for DPH. Whether the IPCP becomes mainstreamed, and depending on our abilities to fundraise, there are still many more patients who deserve a good death, and many more families who need bereavement support and closure.

I am confident that our Governing Council and Executive Team will lead DPH into an even stronger position in the years ahead.

Thank you.

A handwritten signature in black ink, appearing to read 'Chey Chor Wai', with a stylized, cursive script.

Chey Chor Wai
Chairman
33rd Governing Council