



IMPACT & SUSTAINABILITY REPORT 2024



Continuously Learn & Evolve to Better Serve the Community

We all live in current times where our circumstances change constantly due to the impact of our physical, social, and economic environment.

As a community, we are faced with the opportunities to thrive as well as new challenges that need to be addressed.

The Assisi Team puts in best effort to stay relevant so that we may discern and meet the needs of the community. With our approach described here, we will continue to develop our capabilities to serve where we may be of best help.

Philosophy of Care

Patients play an active role in their own care

- Patients have expertise regarding their own needs. We actively seek their input and perspectives when developing their care plan.

Interdisciplinary Care

- Each team member is empowered to contribute their expertise and wisdom through effective team platforms for good patient care.

Principles of Service

Service that is valued by the community

- We discern what the community needs and transform ourselves to achieve it.

Service that is valuable to the healthcare ecosystem

- We proactively reflect the common goals expressed in the National Strategy for Palliative Care (2023-2027).
- We are a good partner to other care teams in collaborating to deliver high quality palliative care to patients & families.

Foundational Values

For our team members and all whom we serve

Franciscan Way

- Every individual is created equal and is deeply valued.
- We reach out to serve the sick and vulnerable.

Building Community with Care and Love

We seek to build a compassionate community around our staff, patients, families and volunteers.

Our Values

Service

- We accept our positions as servants to those who are in need of our care by providing a healing experience, in an environment that is comfortable, welcoming and assuring.

Reverence for Life

- We cherish life and respond to all beings with respect and compassion, by enhancing and preserving the dignity of all beings throughout life, and at its natural cessation in death.

Joyfulness

- We rejoice in life and all the experiences that each day brings by sharing joyfulness with our patients, their families, and anyone in touch with the Hospice.

Humility

- We employ our skills, opportunities and talents humbly in the service of our fellow beings by improving ourselves as individuals and as a team to serve others better.

Stewardship

- We manage the resources and relationships that are entrusted upon us wisely, fairly and responsibly by allocating our resources to serve those most in need.



Grow Capabilities in Delivery of Palliative Care for Wider Impact

Specific areas of focus were applied

In mid-2023 we committed to grow our Home Care service by another 50% over 3 years, and to meet the increasingly complex needs of our population who present with multiple co-morbidities across all our services.

We will grow our service size AND our quality of care.

Focus on Team Capabilities

We took reference from the UK NHS's Palliative Care Framework (2021-2026) which states the need for 'Knowledge Based Judgement' where 'Only well-trained, competent and confident staff can bring professionalism, compassion and skill to the most difficult and intensely delicate physical and psychological caring'.

Team Structure and Development

In the past 2 years various teams were structured to:

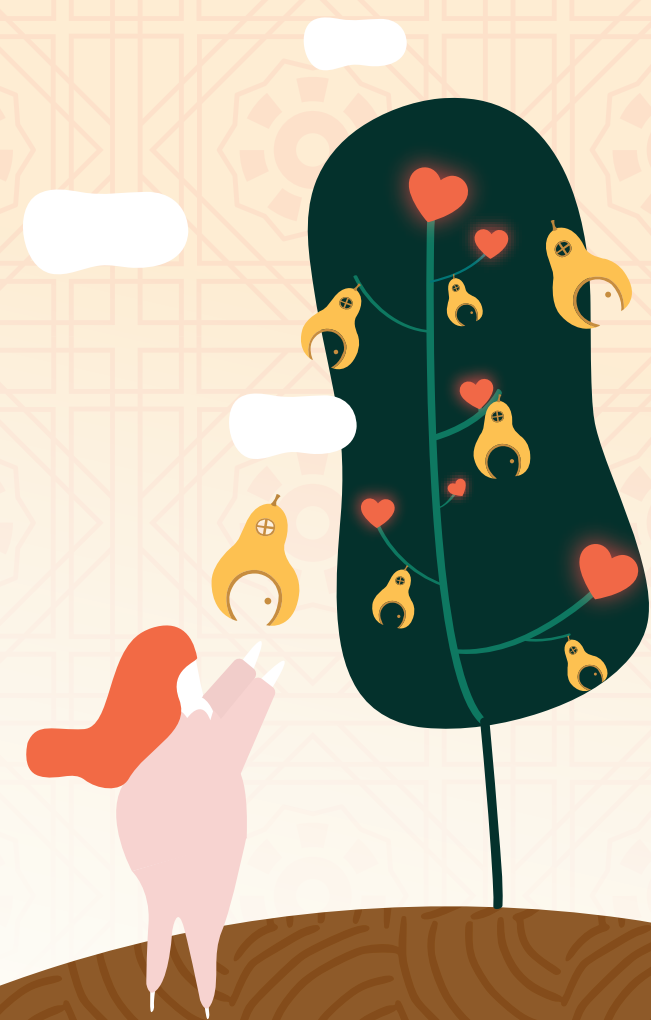
- Provide stronger leadership for clinical service delivery.
- Create an effective pipeline for future leaders.
- Deepen continuous learning culture to meet ever more diverse and complex needs.

Team Composition

- In 2024 we achieved the goal of significantly shifting the composition of skills and capabilities of team. This is an ongoing journey.
- We adhere to the acute hospitals' nurse staffing ratios.
- The Inpatient nursing team comprise 75% registered nurses (RNs) with majority, beyond diplomas, holding degrees and/or post-grad qualifications relevant to palliative care.
- All Home Care nurses are senior registered nurses (RNs) with 85% holding degrees and post-grad qualifications relevant to palliative care.

Active Engagement with the Healthcare Community

- Each team member is actively encouraged to reach out and participate in collaborative efforts for better patient care.
- Staying relevant to the community ensures we continuously learn amongst peers to provide better care for our patients and families.



Service Provision that Reflects What Patients & Families Need

Our interdisciplinary approach and collaborative service for all patients & families who are part of the care team. Patients & families are cared for seamlessly across all services and professional teams.

Close collaboration with our patients' care community which includes their primary doctors & care teams, referring physicians, other social service agencies, other healthcare institutions.



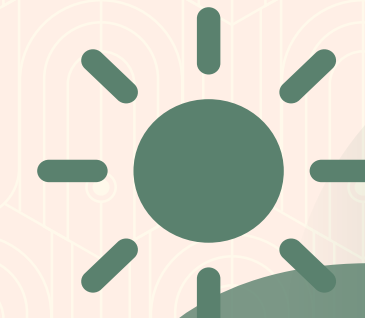
Inpatient Care

For patients who need specialist care and cannot be cared for at home. The clinical team manages their symptoms and pain so they can be as physically comfortable as possible. Our purpose-built hospice provides a homely, cosy and life-giving environment for patients and families to spend time together with privacy and dignity.



Home Care

For patients who prefer to and can be cared for at home. Our team of doctors, nurses, and medical social workers support families in caring for the patient at home as long as they can, by helping them manage the symptoms of advanced illnesses. Our team is contactable on the phone, 24 hours a day, every day, to address any urgent concerns.



Day Care

We provide a safe and supportive environment where each patient has a customised therapeutic programme that involves both individual and group activities. Patients benefit from clinical care together with social and recreational opportunities, and regular outings. Patients also have access to our Home Care team should they need support at home.

The Allied Health Team, of physiotherapists, occupational therapists and therapy aides, supports patients for their rehabilitative needs so they may optimise their physical function and ability to engage within their communities.

Our medical social workers, creative therapists and clinical pastoral care counsellors offer a support system to help patients and their families to manage their psychosocial, emotional and spiritual needs.

The Grief & Bereavement Team provides support to bereaved families and caregivers.

Palliative care is a crucial part of integrated, people-centred health services. Relieving serious health-related suffering, be it physical, psychological, social, or spiritual, is a global ethical responsibility.

Source: World Health Organisation



Ensuring Access & Affordability While Ensuring Sustainability in Service Growth

Assisi's role in ensuring affordability

Inpatient Care

Before 1 October 2024, 50% of our patients paid an out-of-pocket fee (Medisave covered) of \$17 per day. From 1 October 2024, 70% of our patients pay \$15 per day.

Home Care

Home Care service is free for everyone.

The Assisi Team will leverage on the improved MOH Funding to serve even more patients & families. We will continue to fundraise to ensure affordability and thus access for all who need our care.

Day Care

Day attendance is a flat rate of \$10 for everyone. This includes door to door transport, medical reviews, therapeutic programmes, outings etc.

Grief & Bereavement Care

This service is free for everyone.

Assisi Service

Assisi's role in ensuring accessibility

Inpatient Care

We continue to increase the capabilities and adjust the skill-mix of our inpatient team so that we may receive patients with increasingly complex needs; ensuring they find comfort and dignity of care in our homely inpatient space rather than at the acute hospital.

Home Care

In 2023 we committed to grow our Home Care service size by 50% by end 2026; this will allow us to care for many more patients in their preferred home environment.

Day Care

We increase the capabilities of our team to support patients with complex needs due to chronic illnesses and cancer so that they may live well with dignity.

MOH Funding Framework

With the effort of advocacy by the palliative care community, MOH revised its funding framework.

MOH Funding for Inpatient, Homecare and Day Care has improved.

Our Patient Outreach in 2024

Patients By Service Type

We provide care for patients across the continuum of Home Care, Inpatient and Day Care, allowing patients and family members to journey with a clinical team they are familiar with, and to receive care in the way that they need. We extend our bereavement care services to any bereaved individual who needs support to cope with grief and reintegrate into life after loss.

819

Total new admissions

866

Total patients under care

Inpatient Care



147

Total new admissions

223

Total patients under care

Day Care



1605

Total new admissions

2092

Total patients under care

Home Care

125

Total clients who received counselling support

Grief & Bereavement



Delivering Care for Complex Needs – Transform how Nurses Learn and Grow

Entrustable Professional Activities (EPA) Introduced in 2024

This approach is used to train doctors and we have adopted it for our nurses.

We adopted EPA for training and assessment to bridge the gap between competency acquisition and real-world clinical responsibilities where circumstances are dynamic and professionals need to apply higher-order clinical judgement to care for patients holistically.

We overhauled our internal training programme to build a confident and capable team to deliver the type of care needed for ever more complex healthcare needs. EPA was implemented for all new Home Care nurses in May 2024. It will also be implemented for all new Inpatient nurses in 2025. Concurrently, the ongoing training programme for existing nurses was also reviewed.

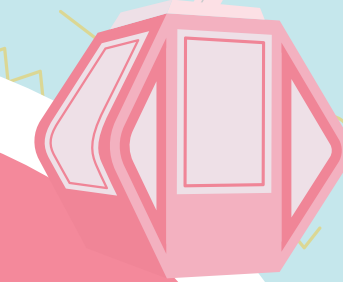
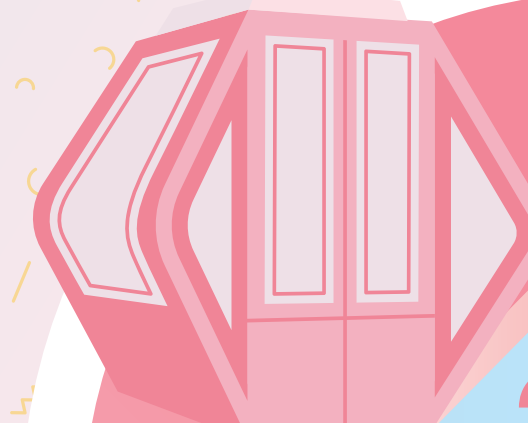
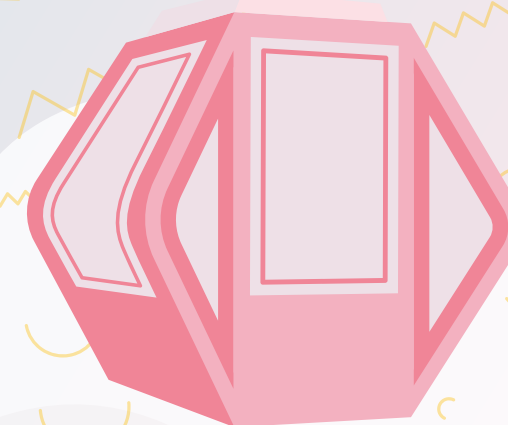
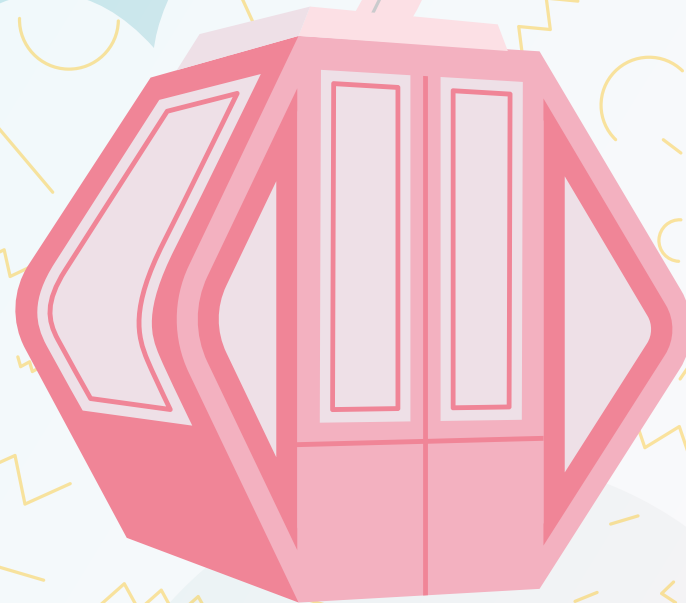
Continuous improvement is a critical foundation to how we learn and deliver ever better care.



Rehabilitation & Day Care – Active Living for Patients with Chronic Illness

Palliative care has much to offer for individuals with chronic progressive illness such as advanced chronic obstructive pulmonary disease and end stage renal failure. Often, they present with progressive decline in their health status, increasing symptoms and increased reliance on carers. While literature has acknowledged the need to integrate palliative care for these patients, barriers to palliative care remain especially in the community.

To bridge this gap, the STEP programme was initiated at Day Care specifically for patients with chronic progressive respiratory diseases to improve patients' health related quality of life by achieving timely control of symptoms, optimisation of function and psychological well-being.



155

volunteers and

19

staff were involved to support community integration through outings.

160

patients participated in these outings and visited

12

places such as Gardens by the Bay, Sentosa and Geylang Serai.

260

home visits were conducted by the physiotherapist and the occupational therapist to support patients and caregivers in coping with care at home.

29

corporate communities were engaged with our patients through meaningful activities such as music and craft.

38

patients were admitted under STEP programme at Day Care over the past year and

37%

of them are oxygen dependent.

93%

of inpatients admitted received palliative rehabilitation and

50%

were reviewed at least 3 times a week, enabling them to move and engage in activities despite being at the end of life.



Grief & Bereavement – Covering the community

Grief and Bereavement Care is an intrinsic component of end-of-life care. Our programme has evolved from one-on-one counselling to equipping the community with the resources to help bereaved individuals. We have built a community of persons, Grief Cafes, where individuals come to share freely about their grief. We also conduct educational talks with the public, so more community members are enabled to support a friend or kin who is bereaved. We also developed a Chinese version of our guidebook, Grief Compass, to better support our diverse population. We aim to empower both the bereaved and the broader community to navigate the complexities of grief together.

No. of clients who received
counselling support

125

No. of external
referred clients

36

No. of counselling
sessions provided

446

No. of families who received
the Grief Compass

731

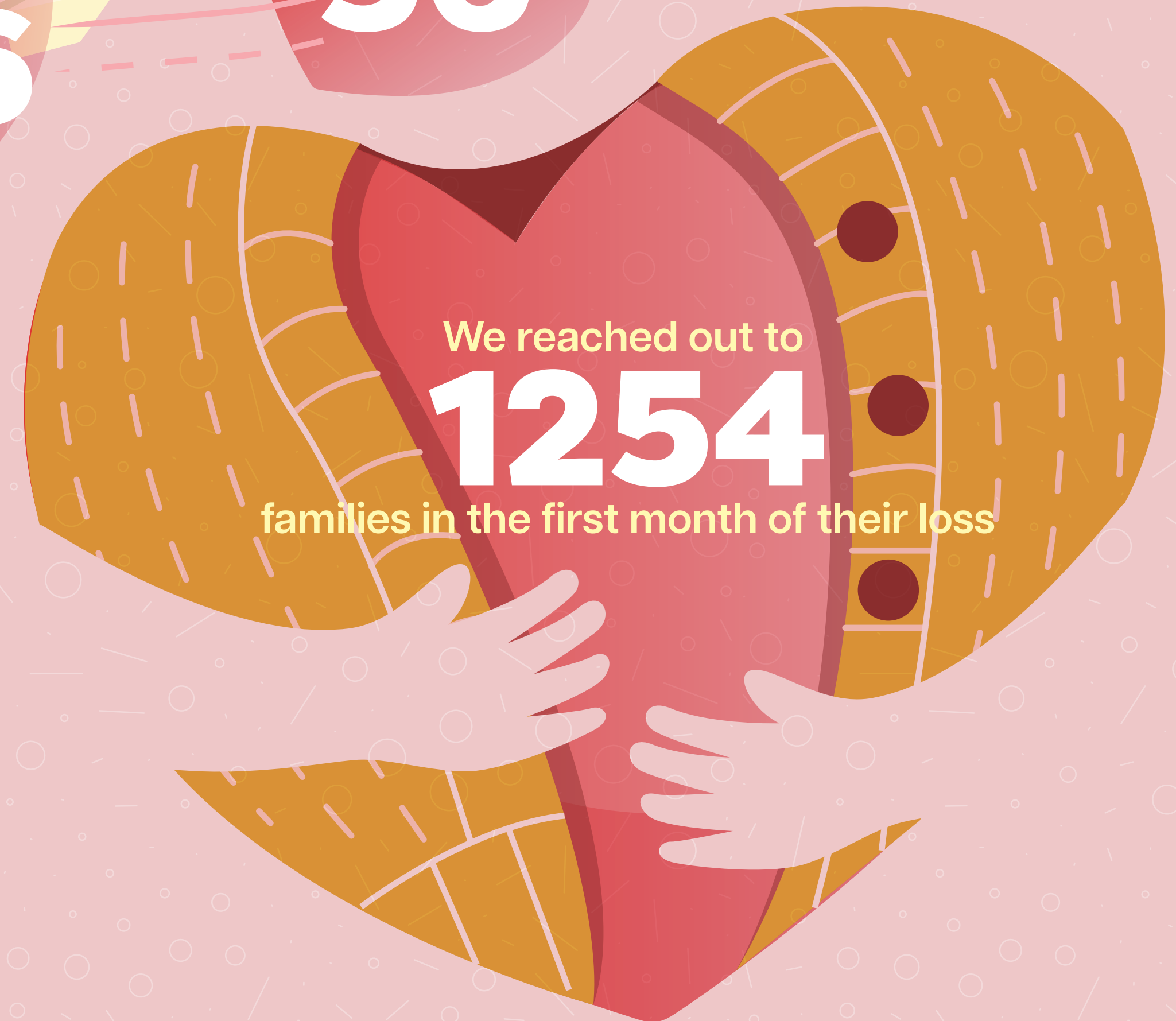
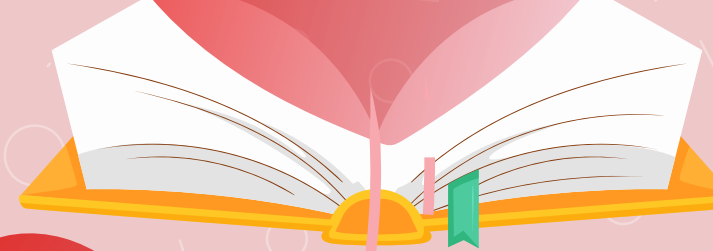
No. of attendances
at Grief Cafes

110

We reached out to

1254

families in the first month of their loss



Leverage on Technology & Digital Transformation

In 2024 we achieved all the elements of our journey of digital transformation which began in 2021.

To deliver high-touch palliative care in an increasingly complex environment, it is necessary to best leverage on technology to enable the Assisi Team.

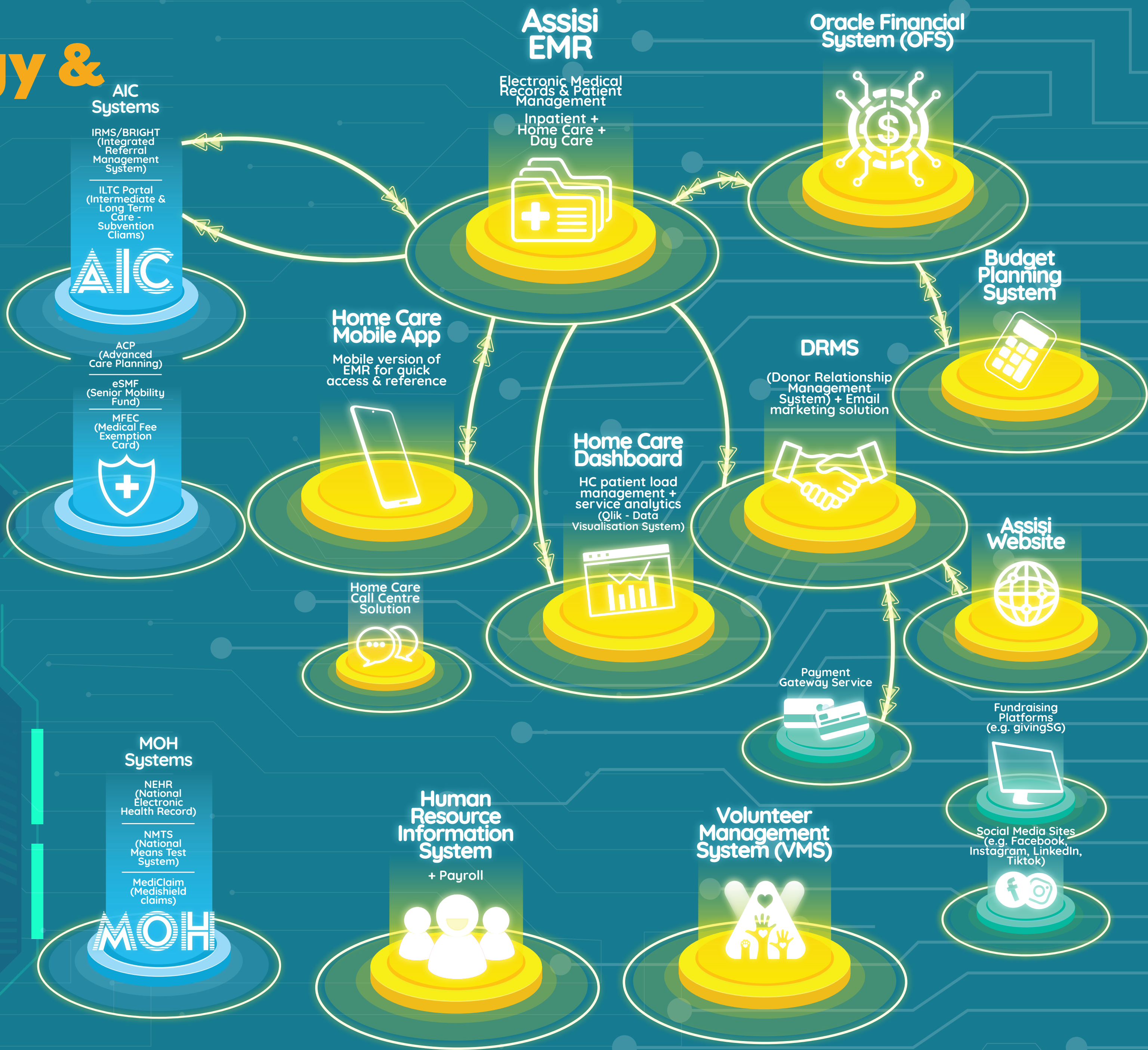
Key Elements:

'Single source of truth' for patients' electronic medical records across all services to ensure accountability, clinical governance and traceability.

Analytical tools and metrics to provide real-time or updated clinical and corporate dashboards.

Consolidation and integration of data sources support scalability in developing useful clinical and corporate dashboards.

Donor Relationship Management System (DRMS) for better communication and outreach to best engage our donors who graciously support us.



Volunteers – Touching the lives of patients

Assisi volunteers are providers of care and compassion for our patients. They are integral to our care for patients and families.



A community where we develop right relationships and recognise the uniqueness and giftedness of each individual throughout life.

13 regular volunteer-led service programmes to provide engagement options for patients.

436 sessions of volunteer-led engagements to bring joy to patients and families.

Reverence for Life

We cherish life and respond to all beings with respect and compassion, by enhancing and preserving the dignity of all beings throughout life, and at its natural cessation in death

609 Vigil Hours were provided under Assisi's No One Dies Alone (NODA) programme so that patients who have no family or friends are accompanied in life's final journey.

The NODA team journeyed with

38 patients.



Van Escort volunteers supported our door-to-door service and enabled access for our Day Care patients who attended

2480 day care sessions.



On average, each patient experienced 31 instances of volunteer care (ie. nursing support, meal service, befriending) during their stay in Assisi Inpatient ward.

31

instances of volunteer care (ie. nursing support, meal service, befriending) during their stay in Assisi Inpatient ward.



Learn Share Grow Together

Assisi celebrated our 55th Anniversary with Assisi Learning Festival throughout the year. The team's various subject experts presented four symposiums on Volunteering, Spiritual Care, Allied Health and Music Therapy and shared our knowledge with the sector. This series was offered free to all participants as Assisi Hospice's gift to the community to empower Singapore's ILTC sector to do more and build a compassionate society.

Volunteer and Care Symposium (March)

5 talks and 2 workshops by USA expert speaker and Assisi team members over 4 days.

Topics included:

- Inspiring Community Support for EOL Patients
- Building a Sustainable NODA Programme
- Coping with Grief & Loss for Caregivers
- Culture & Religion in Palliative Care

170 participants



from

51

organisations

Spiritual Care @ Assisi (July)

1 Talk and 1 workshop by Pastoral Care team.

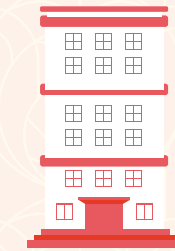
Topics included:

- Delivery of Spiritual care in healthcare settings
- Wounded healer workshop to explore how individuals can be in touch with one's spiritual being.

144 participants



from 53



organisations



Allied Health Symposium (August)

3 talks and 2 workshops

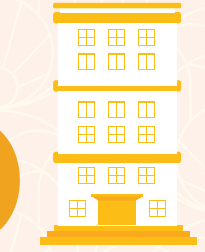
Topics included:

- Community-Based Interdisciplinary approach to supporting Patients with Chronic Progressive Respiratory Disease.
- Caring for Patients With Neurological Conditions – A Neuropalliative Approach
- Music and Art therapy workshops

119 participants



from 50



organisations

Music You and I (August)

1 full-day workshop by 5 music therapist from various health-care organisations.

- Demonstrated how four main music methods can be used to enhance the physical and emotional well-being of patients.

33 participants



from 24



organisations

Giving back to the healthcare community - Learning together

We are not just a provider of care, but also an active participant in the larger healthcare community. Our healthcare professionals and corporate colleagues share their knowledge, and also benefit from the insights and innovations that emerge from our collaborative efforts.

Allied Health/Medical Social Work Students Attachment

	No. of Participants	Duration (days) of program
CHIJ Secondary Toa Payoh - Art Therapist	1	1
Chulalongkorn University - Music Therapist	1	46
Lasalle College of the Arts - Art Therapist	2	92
Lasalle College of the Arts - Music Therapist	1	1
NUS - Music Therapist	1	1
Singapore Institute of Technology - student	4	3
Singapore Institute of Technology - OT	4	23
Singapore Institute of Technology - PT	1	23
University of Melbourne- Music Therapist	1	1
National University of Singapore	3	46
Total	19	

Nursing Students Attachment

	No. of Participants	Duration (days) of program
NYP Advanced Diploma in Nursing	38	5
NYP Advanced Diploma in Nursing (Gerontology)	28	5
NYP Advanced Diploma in Nursing (Oncology)	22	5
NP SDPCN	4	5
Total	92	

Medical Students Attachment

	No. of Participants	Duration (days) of program
Duke-NUS Medical School	55	2
NTU Lee Kong Chian School of Medicine	60	1
NUS Faculty of Dentistry	45	1
NUS Yong Loo Lin School of Medicine	2	10
Yale-NUS College	1	5
Others - Job Shadowing	7	1 - 7
Total	170	

Healthcare Professionals Attachment

	No. of Participants	Duration (days) of program
NUS Faculty of Dentistry	1	3
NIE	1	46
Graduate Diploma in Palliative Medicine (GDPM)	17	2
SNLP (MOH Singapore Nursing Leadership Program)	13	2 - 5
APN Intern	4	23
LCPC- Assisi PCCN (Palliative Care Course for Nurses)	72	2
NUS Doctor of Pharmacy (Pharm D)	6	23
SingHealth Advanced Internal Medicine Residency	10	5
SingHealth Advanced Internal Medicine Residency	23	5
St Luke's	4	2
NUHS Residency	1	69
Others	3	2
HMDP	1	2
Total	156	

Palliative care teams are uniquely equipped with the skills to manage physical, emotional, and spiritual needs, providing comfort and dignity when patients are most vulnerable. Through our outreach to current and future healthcare professionals, we strive to equip them with the knowledge and skills necessary to offer holistic care to patients. By giving back to the healthcare community, we aim to create a ripple effect that goes beyond the walls of our hospice.

Overseas groups / organisations:

10 VISITS

ASSISI HOSPICE VISITS

22 VISITS

Local groups / organisations:



Good Governance & Stewardship of Resources

A foundation of good governance and stewardship of resources is an essential part of accountable, relevant and responsive service to the community.

Assisi Hospice has won the Charity Transparency Award every year since its inception in 2016. (There was an award hiatus in 2020/ 2021 due to Covid-19.) We won the award again in 2024.

The Charity Transparency Awards was introduced by the Charity Council in 2016 to recognise charities with good disclosure practices.

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

In 2019, Assisi won the prestigious Charity Governance Award for a Large Charity. This is the highest-level award and the winner demonstrates the highest standards in areas of corporate governance and management, clarity of strategy, risk management, transparency, operational efficiency and compliance.



CHARITY
GOVERNANCE
AWARDS 2019

CHARITY
TRANSPARENCY
AWARDS 2016 - 2024

2016

2024

SASB – Healthcare Delivery Standards

The Sustainability Accounting Standards Board (SASB) is an independent standards-setting organisation that has developed voluntary industry-specific standards for companies to disclose consistent and decision-useful Environmental, Social and Governance (ESG) information for investors.

SASB Standards are designed to identify and standardise disclosure for the sustainability issues most relevant to investor decision-making in each of 77 industries.

A few of the metrics are relevant only to the American healthcare industry. Where applicable, a comparable Singapore standard is reflected.

SASB Health Care Delivery Standards - Eleven areas of disclosure.

	Topic	Code/Metric	Assisi Hospice Disclosure
01	Energy Management	(1) Total energy consumed, (2) percentage grid electricity and (3) percentage renewable.	5,583GJ in 2024. Since solar panels activated in March 2024, this has contributed about 1% of our total energy usage.
02	Waste Management	Total amount of medical waste percentage (a) incinerated, (b) recycled or treated and (c) landfilled. Total amount of (1) hazardous and (2) non-hazardous pharmaceutical waste, percentage (a) incinerated, (b) recycled or treated and (c) landfilled.	Total amount of waste in 2024 was 115,669kg. 100% incinerated. Waste management vendor is licensed by Singapore's National Environment Agency (NEA) for disposal of waste by incineration. Total amount of biohazard waste in 2024 was 20,880L. 100% incinerated. Our biohazard waste vendor is licensed by the NEA for disposal of biohazard waste by incineration.
03	Patient Privacy & Electronic Health Records	Percentage of patient records that are Electronic Health records (EHR) that meet 'meaningful use' requirements. (This is an American specific standard). Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII). (1) Number of data breaches, (2) percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI. Total amount of monetary losses as a result of legal proceedings associated with data security and privacy	Patients across all three services are on EHR with harmonised clinical management and outcome measures. The Home Care Team is further enabled with a mobile application for quick access to patient information when out in the field. Assisi complies fully with Singapore's Personal Data Protection Council (PDPC) requirements. Our policy and procedures covering confidentiality of all PHI and PII and meets all requirements for a healthcare institution. Assisi Hospice had no data breaches in 2024. No breaches of data security and privacy in 2024.
04	Access for Low-income patients	Discussion of strategy to manage the mix of patient insurance status Amount of Medicare Disproportionate Share Hospital (DSH) adjustment payments received	In Singapore the equivalent measure is the National Means Test System (NMTS); where subsidies for patient care are applied according to per capita household income. 70% of Assisi's patients fall under the lowest income tier. The Assisi mission is to serve the vulnerable and the poor. Not applicable to the Singapore context.

	Topic	Code/Metric	Assisi Hospice Disclosure
05	Quality of Care & Patient Satisfaction	<p>Average Hospital Value-Based Purchasing Total Performance Score and domain score, across all facilities</p> <p>Number of Serious Reportable Events (SREs) as defined by the National Quality Forum (NQF)</p> <p>Hospital-Acquired Condition (HAC) Score per hospital. (This is an American specific standard).</p> <p>Excess readmission ratio per hospital</p> <p>Magnitude of readmissions payment adjustment as part of the Hospital Readmissions Reduction Program (HRRP)</p>	<p>Not applicable to the Singapore context.</p> <p>Singapore equivalent: SREs as defined by the Singapore Ministry of Health (MOH). In the Singapore context, SRE reporting is mandatory only for tertiary healthcare institutions; as part of good clinical governance Assisi applies the same criteria for internal reporting of serious events. Assisi had no SREs in 2024.</p> <p>The MOH requires all healthcare institutions to report cases of infectious transmissions as specified by MOH. Assisi had no reportable cases of infectious transmissions in 2024.</p> <p>Not applicable to the Singapore context.</p> <p>Not applicable to the Singapore context.</p>
06	Management of Controlled Substances	<p>Description of policies and practices to manage the number of prescriptions issued for controlled substances.</p> <p>Percentage of controlled substance prescriptions written for which a prescription drug monitoring programme (PDMP) database was queried. (This is an American specific standard).</p>	<p>The licensing requirements of the MOH determine the required practices on controlled substances and Assisi is audited on both the institution's written policies and actual practices. Assisi is in full compliance at each licensing audit which occurs every 2 years for each of the 3 services. The audit in August 2024 reflected full compliance.</p> <p>Not applicable to the Singapore context.</p>
07	Pricing & Billing Transparency	<p>Description of policy or initiatives to ensure that patients are adequately informed about price before undergoing a procedure</p> <p>Discussion of how pricing information for services is made publicly available</p> <p>Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) that these represent</p>	<p>All patients/caregivers are provided with financial counselling with clear statement of costs and all applicable funding support. This is a MOH requirement.</p> <p>Not applicable to the Singapore context for hospice service providers.</p> <p>Not applicable to the Singapore context for hospice service providers.</p>
08	Employee Health & Safety	<p>(1) Total recordable incident rate (TRIR) and (2) days away, restricted, or transferred (DART) rate</p>	<p>The Singapore Ministry of Manpower (MOM) requires reporting of workplace injuries under the Workplace Injury Compensation Act (WICA). In 2024 Assisi Hospice reported 13 occasions where staff had a workplace injury, with a total of 96 days of medical leave as a result. For 12 staff, this resulted in a total of 21 days of medical leave. One staff was provided with 75 days of medical leave for wrist pain.</p>
09	Employee Recruitment, Development & Retention	<p>(1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non-physician healthcare practitioners, and (c) all other employees</p> <p>Description of talent recruitment and retention efforts for health care practitioners</p>	<p>The turnover rate for 2024: (a) physicians: voluntary = 1 FTE; involuntary = 0%, (b) non-physician healthcare practitioners: voluntary = 7%; involuntary = 0%, (c) all other employees: voluntary = 12%; involuntary = 7%.</p> <p>Talent recruitment and retention efforts for all staff at Assisi are specifically detailed in policies and procedures, with oversight provided by the Human Resource Committee (HRC), a Board level sub-committee.</p>
10	Climate Change Impacts on Human Health & Infrastructure	<p>Description of policies & procedures to address: (1) the physical risks because of an increased frequency and intensity of extreme weather events, (2) changes in the morbidity and mortality rates of illnesses and diseases associated with climate change and (3) emergency preparedness and response.</p>	<p>In the Singapore context, haze and heat are potential environmental hazards for our patients. Assisi's management of indoor air quality and airflow complies in excess of the Building and Construction Authority's (BCA) requirements for healthcare facilities licensed by the MOH. Patients' rooms have both fans and localised aircondition temperature controls for comfort. Air purifiers are also installed in all patient areas.</p>
11	Fraud & Unnecessary Procedures	<p>Total amount of monetary losses as a result of legal proceedings associated with Medicare and Medicaid fraud under the False Claims Act</p>	<p>No history of fraud or insurance claims relating to fraud.</p>

* Assisi conducts annual internal audits (with an external audit firm) on a 3 year cycle covering key aspects of its internal business processes.

* Assisi publishes its annual audited financials on the website. KPMG is the current appointed auditor.

* Assisi is audited by the MOH licensing unit every 2 years for each of its three services.

* All streams of funding grants from government agencies as well as donations management are audited by agency appointed auditors.