



KWONG WAI SHIU HOSPITAL

廣惠肇留醫院

Since 1910

Always Professional, Always Caring



always professional. always caring



2012

ANNUAL REPORT

Kwong Wai Shiu Hospital

VISION, MISSION & QUALITY POLICY

愿景, 宗旨与品质方针

VISION

Our vision is to be a highly regarded healthcare institution by promoting the well-being and dignity of the people we serve through compassion, charity and the delivery of quality standards of professional care.

MISSION

Kwong Wai Shiu Hospital is a charitable organisation, established to provide healthcare services to the sick and poor in Singapore regardless of race, language or religion.

QUALITY POLICY

To provide quality healthcare services that meet our customers' satisfaction. We are therefore committed to achieve clinical excellence, service efficiency and provide compassionate patient care.

愿景

通过爱心, 善心和专业的医疗服务, 改善病患的健康, 让医院成为卓越的医疗机构

宗旨

广惠肇留医院是一所慈善机构, 不分种族, 宗教信仰, 阶级为患上痼疾人士提供医药治疗。

品质方针

我们的品质方针为提供高素质的医疗服务以满足顾客的需求。我们致力与建立卓越的医疗护理体系, 确保高服务效率并积极关怀病人。

Contents

02	Patron's Message
03	Chairman's Message
04	CEO's Message
05-06	Governing Council Members
07	Board of Directors
08	Hospital Information
09-11	Integrated Healthcare Services
12-13	Manpower Development
14-16	Community Outreach
17-19	Fundraising and Volunteers
20	Strategic Direction
21	Operations Statistics
22-25	Financial Report

PATRON'S MESSAGE 名誉赞助人献词



Through the decades, Kwong Wai Shiu Hospital has weathered through changes and growth. However, its primary focus has never wavered: dedication to helping the needy residents entrusted to their care.

In the face of Singapore's ageing population, preparation of the current and future hospital's workforce is necessary to provide effective quality care. The Hospital responded to the government's call for workplace skills upgrading in the Intermediate and Long Term Care (ILTC) sector to boost productivity and care services. This investment in knowledge and skill development of staff is necessary especially those who often are the front line providers in nursing homes.

Besides manpower development, the Hospital has also taken steps to put operational and organizational efficiencies in place so as to better focus on their core objective – delivering quality care to residents.

I would like to commend the committed board members who in 2012, have continued to provide strong support to the hospital every step of the year. To the many generous donors, volunteers and staff members - you are the backbone of this hospital. Your belief, passion and dedication have kept this hospital going strong. Thank you.

With the talent and dedication of KWSH staff, volunteers and partners in health care, together with the support of the generous donors, I am confident that Kwong Wai Shiu Hospital can continue to help more needy people in the community, and deliver quality care and services to those it proudly serves.

在过去的几十年，广惠肇留医院经历了许多变化，可是，她最初的理念却从不曾动摇，即是为那些有需要的贫苦人士提供援助。

随着新加坡人口的日益老化，医院也未雨绸缪，为医护人员提供培训计划以便能提供优质的医疗服务。为能更有效的提高生产力，医院也响应了政府为中长期护理领域提升技能的号召，为医护人员提供职场培训。从长远来看，知识与技能的培训计划，对那些必须在前线服务的员工来说，是不可或缺的。

除了人力资源的发展，为了能提供更优质的护理服务，院方也在行政与营运方面积极地进行改革。

与此同时，我也要表彰董事部的全体董事，在过去的一年继续对医院给予强而有力的支持。我也衷心的感谢所有捐助者，义工与员工们，你们是医院的栋梁，使得医院能继续茁壮成长。

医院拥有了这些无私奉献的员工，义工与慷慨解囊的善长人翁，我相信广惠肇留医院能继续为社区那些需要帮助的人士提供更优质的医疗服务。

WONG KAN SENG

CHAIRMAN'S MESSAGE

主席献词



Quality is a continuous process — a perpetual search for ways to improve and is inspired by our vision and mission.



Quality is a continuous process — a perpetual search for ways to improve and is inspired by our vision and mission. Placing the care of the resident at the centre of every organizational decision reflects our goal to consistently strive to be a better nursing home; higher quality is exemplified by our attitude and culture to value innovation and transformation.

We have always endeavoured to chart a steady course by focusing on our delivery of quality care and services to the needy while managing our operations efficiently and cost effectively and we want to continue to do so.

Last year, in planning for our redevelopment which is slated to be completed in 2016 and which will see our bed count rise from 350 to 622, the Board and management not only placed quality and operational efficiency as a priority, but also to progressively improve the skills of the medical and non-medical staff. The Hospital's redevelopment project has already been submitted to the Ministry of Health and we are now waiting for its approval.

KWSH continues to benefit from the range and diversity of skills of our Board of Directors. Each member generously offers their time and expertise to ensure the organization is successful.

We are also indebted to the many supporters and donors who have raised funds, provided goods or services in kind or donated their time and talents this year.

On behalf of our Hospital, we wish to convey our appreciation to each of you for your unwavering support and confidence in our mission.

在与时俱进，推广医院的宗旨和愿景的同时，精益求精，提高服务素质，致力于建立卓越医疗护理是医院品质方针。这须持续性的管理项目，在人口老龄化，国人寿命延长和病人渴望高素质服务的大环境下，尤显重要。

医院经已提呈扩建计划方案，现正在等待卫生部的批准。去年，在筹划2016年扩建完成疗养床位从350张增至622张的日后运作时，董事部和管理层把优良素质和运作效率列为优先作业，也渐进的在培养及提升医疗与非医疗人员的技能。

医院董事们持续的作出无私付出，在不同领域给予支持与指导，注入时间和个人经验，配合员工们的努力，作好准备把医院带上更高层次，继续为有需要的年长国民服务，为国家作出贡献。

医院深庆获得广大公众的任可与支持，捐款和捐赠物品。义工们更投入个人宝贵时间和才华，为医院和病人举办活动。

我谨代表广惠肇留医院，衷心的感谢各界人士坚定不移的支持和赋予我们秉承医院宗旨的信心。

LEE KWOK KIE, PATRICK
PBM

CEO'S MESSAGE

总裁献词



Back row from left: Toh Mei Kwan (Rehabilitation Manager), Brandon Soh (Project Director), Tan Kok Hwa (IT Manager), Dr. Ow Chee Chung (CEO), TT Pang (Asst. CEO/Executive Secretary to Board), Phoebe Teo (Fundraising Manager).

Front row from left: Poh Seok Ching (HR Manager), Lyn Edel Yip (Director of Nursing), Genevieve Koh (Director of Operations), Gui Boh Tang (Asst. Director of Nursing), Loo Hwee Ling (Finance Manager).

Our society is changing. People are living longer and the elder care sector is growing significantly. As our government seek to fulfil their growing obligations to this sector of the population within their fiscal constraints, our value proposition as a health care service provider has never been clearer.

Thus, the theme of this year's annual report highlights our commitment to **QUALITY**. I trust that the following initiatives reflected in this year's annual report will illustrate our resolution to stay ahead of the curve, to focus on our tradition of caring and to find additional opportunities where we can improve quality outcomes. We are committed to implementing best practices that reinforce our philosophy of care.

In 2012, KWSH continued to forge new collaborations with organizations and strengthened our outreach to the community through various activities. Internally, we have taken steps to put operational and organizational efficiencies in place to keep us focused on our core business and objective of delivering quality care to our residents.

We anticipate more progress on our redevelopment plans during the year ahead and a range of new initiatives to ensure that we continue to improve and innovate in the delivery of quality care services.

On behalf of the management team, I would like to thank our team members for their hard work and commitment, our donors and volunteers for their continued support and the Board of Directors for their invaluable counsel and support.

社会在变革，人类的寿命随之不断延长，针对老年人的医疗护理需求也在明显上升。政府希望用有限财政资源来完成他们提高人民健康水平的任务，而我们作为一家医疗服务机构，愿景也无比明确。

因此，我院在今年的年度报告中着重强调了对医疗品质的承诺。我相信报告中所列举的下列举措将充分证明我们保持行业领先地位的信心，传承关爱生命传统的决心，以及不断发现更多行之有效的改善病人治疗效果和生活品质方法的恒心。我们致力于为患者提供最佳的医疗护理服务，严格贯彻我们的医护理念。

2012年KWSH与相关组织开展了新一轮的合作，通过各项活动加强社会影响力。事实上在医院内部，我们已采取了一系列有效措施，专注于我院核心目标和重点服务项目的建设，向大众传递高品质的医疗护理理念。

我们期望在未来一年内，医院的扩建项目能取得更大进展，通过一系列新举措，进一步提高和完善我院的医疗护理品质。

我谨代表管理团队，对大家的辛勤工作和奉献精神，资助者和自愿者长久以来的支持，以及董事会成员给予我们工作上的指导和支持表示由衷感谢。

DR. OW CHEE CHUNG (CEO)

GOVERNING COUNCIL MEMBERS



CHAIRMAN 主席

Mr Lee Kwok Kie, Patrick PBM 李国基
Chairman, Sing Lun Holdings Ltd



(from left to right)

VICE CHAIRMEN 副主席

Dr Cheong Wai Kwong 张伟光
Consultant Dermatologist, Specialist Skin Clinic (S) Pte Ltd

Mr Chia Weng Kaye PBM 谢永祺
Managing Director, Chuen Cheong Food
Industries (Pte) Ltd

Mr Tang Kin Fei 邓健辉
Group President & CEO, Sembcorp Industries Ltd

BOARD ADVISOR 董事会顾问

Dr Leong Heng Keng BBM(L), K.St.J. 梁庆经
Chairman, Leung Kai Fook Medical Co Pte Ltd



HONORARY SECRETARY 总务

Mr Hoong Kong Fatt 洪广发
FCPA Singapore, K.F Hoong & Company

ASST HONORARY SECRETARY 副总务

Ms Cheong Sooi Peng 张瑞平
Director, TCK Investment Pte Ltd



Mr Ng Siew Quan 吴绍均
Partner, Pricewaterhouse
Coopers LLP



Mr Loh Keng Fai, Winston
鲁劲辉
Managing Director,
Winstonnage Agencies Pte Ltd



Mr Ng Yok Kuan 吴毓均
General Manager
Chiu Teng Construction Co Pte Ltd



Mr Wan Shung Ming 尹崇明
Executive Director,
Tin Seng Goldsmith Pte Ltd

Mr Lam Yew Choong 林耀松
Executive Director,
Seng Lee Tobacco Factory (Pte) Ltd



Mr Pan Tien Chor 潘天佐
Property Consultant

Mr Loh Weng Whye 罗永威
Director, BH Global Marine Ltd



86th BOARD OF DIRECTORS (2011 – 2013)

第八十六届董事会 (2011 – 2013)

Trustee 财产受托人

Cheong Wai Kwong 张伟光
Chia Weng Kaye PBM 谢永祺
Kok Pak Weng, Willie 郭伯荣
Lam Yew Choong 林耀松
Lee Kwok Kie, Patrick PBM 李国基
Leong Mun Sum PBM 梁文琛
Lo Hock Ling PBM 卢鹤龄
Ng Siew Quan 吴绍均
Tang Kin Fei 邓健辉
Wan Shung Ming 尹崇明

Legal Advisors 法律顾问

Choo Si Sen JP, BBM 朱时生
Loh Lin Kok 罗连国

Honorary Chairman 永远名誉主席

Leong Heng Keng BBM(L), K.St.J. 梁庆经
Lun Yue Sheong JP, BBM(L) 伦与常

Honorary Directors 永远名誉董事

Chang Weng Fei PBM 曾荣辉
Chow Chong Fatt 周松发 (Deceased)
Chui Pui Cheng 徐沛清
Ho Choy Shing 何财胜
Kok Yoke Chuan 郭玉泉 (Deceased)
Lam Chew Kuan PBM 林超群
Leong Siew Kwai 梁少逵
Sin Leong PBM 洗良
Sum Lai Yan 岑礼恩
Wong Kok Wah 黄国华
Yik Mun Hung 易文铿
Yip Ho Meng 叶浩明

Committee

Finance Committee 财务委员会

Treasurer 财政 Ng Siew Quan 吴绍均
Asst Treasurer 副财政 Ng Yok Kuan 吴毓均
Loh Keng Fai, Winston 鲁劲辉

Development Committee 发展委员会

Chairman 主任 Lee Kwok Kie, Patrick 李国基
Vice-Chairman 副主任 Cheong Wai Kwong 张伟光

Investment Committee

Chairman 主任 Lam Yew Choong 林耀松
Vice-Chairman 副主任 Kwong Kin Mun 邝健文

Fundraising Committee

Chairman 主任 Lee Kwok Kie, Patrick 李国基
Vice-Chairman 副主任 Ho Kwok Choi 何国才
Seow Lee Kian, Terene 萧丽娟

Medical Advisory Committee

Chairman 主任 Cheong Wai Kwong 张伟光

Board Advisor 董事会顾问

Leong Heng Keng BBM(L), K.St.J. 梁庆经

Chairman 主席

Lee Kwok Kie, Patrick PBM 李国基

Vice Chairman 副主席

Cheong Wai Kwong 张伟光
Chia Weng Kaye PBM 谢永祺
Tang Kin Fei 邓健辉

Honorary Secretary 总务

Hoong Kong Fatt 洪广发

Asst Honorary Secretary 副总务

Cheong Sooi Peng 张瑞平

Board Members

Chan Cheak Tin 陈爵天
Chan Chiu Kok 陈沼阁
Chan Kim Ying 陈剑英
Chen Wei Ching, Vincent 陈伟清
Robert Chew 周永明
Chia Weng Soon 谢永信
Ching Kwok Choy 程国材
Chong Kar Shin 张家胜
Chong Kit Cheong 钟杰章
Chou Yik Lin 周奕年
Choy Kum Seng 蔡金成 (Deceased)
Chui Fook Wah 崔福华
Fong Yue Kwong 方遇光
Foong Khai Leong 冯启良
Ho Kwok Choi BBM, S.B.St. J 何国才

Ho Nai Chuen PBM 何乃全
Hooi Kok Wai PBM 许国威
Kok Pak Weng, Willie 郭伯荣
Kwong Kin Mun 邝健文
Lai Ha Chai PBM 黎富荣
Lee Fook Hong 李福鸿 (Deceased)
Lee Pui Luin, Anne 李佩銮
Lee Cheuk Yin 李焯然
Lee Kuo Chuen, David 李国权
Lee Kuo Yao 李国耀
Lee Leng Hoe, Lilian 李玲好
Leong Heng Leun 梁庆纶
Leong Mun Sum PBM 梁文琛
Leong Sin Kuen 梁善权
Leong Sin Yuen 梁善源
Lo Hock Ling PBM 卢鹤龄
Lo Wei Min, Pearlyn 卢慧敏
Loh Soo Har PBS 罗素夏
Lum Kok Seng, David 林国城
Lum Kwan Sung, Raymond PBM 林均城
Moh Swee Cheong, Doris 毛瑞庄
Pang Kok Yeng 彭国殷
Poon Tien Sheu 潘天仕
Seng Lup Chew 成立超
Seow Choke Meng PBM 萧作鸣
Seow Lee Kian, Terene 萧丽娟
Sew Weng Cheong, Lawrence 萧永祥
Tang Sheung Ching 邓尚正
Wong Hoo Tung 黄河东
Wong Mong Hong 黄梦雄
Wong Yum Fook, Billy 黄金福
Yong Wai Khuan 翁伟坤

Building & Planning Committee

Chairman 主任 Wan Shung Ming 尹崇明
Vice-Chairman 副主任 Wong Yum Fook, Billy 黄金福

Property Management Committee

Chairman 主任 Pan Tien Chor 潘天佐
Vice-Chairman 副主任 Leong Sin Yuen 梁善源

Audit Committee

Chairman 主任 Chen Wei Ching, Vincent 陈伟清
Vice-Chairman 副主任 Lo Wei Min, Pearlyn 卢慧敏

Human Resource Committee

Co-Chairman 联合主席 Chia Weng Kaye 谢永祺
Christophane Foo 符传心

Medifund Committee

Chairman 主任 Seow Lee Kian, Terene 萧丽娟

HOSPITAL INFORMATION

Registration

The Hospital is incorporated in Singapore under the Kwong Wai Shiu Hospital Ordinance (Chapter 366). The Kwong Wai Shiu Hospital is registered as a charity (Unique Entity/No: T08CC3024J) under the Charities Act, Chapter 37.

Registered Address	:	705, Serangoon Road, Singapore 328127
Charity Registration Number	:	T08CC3024J
Charity Registration Date	:	27. 12. 1982
IPC Status	:	01/07/2012 to 30/06/2015
IPC Number	:	HEF 0029/G

Conflict of Interests

Conflict of interests arises whenever the personal or professional interests of board members, staff or volunteers interfere with the performance of their official duties or with their decision-making on matters related to the Hospital. Conflict of interest situations include those actual potential or perceived.

Policy and Procedure

- (a) The Conflict of Interest policy should be read and understood by all board members and staff. A Conflict of Interest Disclosure Statement is to be routinely declared by every board member upon assuming office of commencement of work, and will be reviewed every two years.
- (b) Transactions with parties with whom a conflicting interest exists may be permitted only if all of the following are observed:
 - (i) The conflicting interest is to be fully disclosed;
 - (ii) The person with the conflict of interest is excluded from the discussion, voting and approval of such a transaction;
 - (iii) Competitive bids or comparable valuation is to be obtained; and
 - (iv) The board or a duly constituted committee thereof has determined that the transaction is in the best interest of the organization.
- (c) In the event of chanted circumstances, disclosure involving board members will be undertaken on an ad hoc basis. This should be made to the board chairman (or if he/she is the one with the conflict), then to the board vice-chairman, who shall bring these matters to the board or a duly constituted committee.
- (d) The board members or a duly constituted committee thereof shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair and reasonable to the Hospital. The decision of the remaining board members on these matters shall rest in their sole discretion, and the concern must be the welfare of the Hospital and the advancement of its purpose.
- (e) All decisions made by the board or a duly constituted committee thereof on such matters shall be minuted and filed.
- (f) Any disclosure of interest made by board members where they may be involved in a potentially conflicting situation (s), must be recorded, filed and updated appropriately by all specified parties.

INTEGRATED HEALTHCARE SERVICES

综合医疗服务

In working towards the provision of holistic care for our residents here at KWSH, it is vital that team members step out of their silos. This collegiality has enabled them to work towards being more integrated in caring for our residents. During the year, collaboration efforts have been made between the Rehabilitation, Nursing and Traditional Chinese Medicine departments. By leveraging on each department's strengths, we are able to ensure that holistic care is always provided for our residents. All these are done in an effort to have good outcomes for our patients

Our team of dedicated staff aspires to meet the nursing and medical needs. It is our priority to ensure that all our residents' basic needs are adequately met and that they are comfortable during their stay in our Hospital. The team works in unity to provide comprehensive and holistic care for our residents and clients; and constantly looking at new ways to improve patient care. These include the following:

1

Patient Care Project:



In increasing the quality of care towards our residents, our Nursing department together with our Rehabilitation department has completed a project on improving

Residents' Lung Function by sitting residents out of bed in a structured and regular way.

2

Installation of Ceiling Hoists:

Our Hospital carried out the installation of ceiling hoists on 15 November 2012. This project was meant for us to evaluate the use of such systems and to allow us to better define the specific requirements of such systems in our new Hospital. With the ceiling hoist system, it will transform how we care for our patients as the hoists will



improve safety and maneuverability during patient handling thus enabling us to ensure that the patient's and staff's well-being remains paramount on a daily basis.

3

Empowered Nurse:

The nurses form the backbone and key pillar of resident care in the wards. To empower and level up the competencies of both the staff nurses and enrolled nurses; structured training courses were conducted for all of them. In addition, a series of medical protocols were put up to guide the care of the residents.

4

Implementation of New Devices:

In a continuous effort to increase the effectiveness and quality of our rehabilitation services, new devices such as Motomed and virtual reality were introduced to compliment the conventional methods of treatment.

5

Patient Education:

Achieving and maintaining a healthy lifestyle requires active patient participation; to empower patients to actively engage in promoting their own health. A talk was given by our TCM physician to our Rehabilitation Centre clients. This was done by leveraging on our published Soup Book to share the myriad of benefits in consuming traditional Chinese Nourishing soups. Attendees of the talk were educated on the benefits of each herb and the talk ended with an opportunity for each of them to savour a bowl of soup made from a recipe taken from the book.

Through the various quality improvement projects, we were able to achieve good patient outcome results in all the quality indicators. The key indicators achieved include:



PREVENTION OF FALL
<1 per 1000 patients' day



PREVENTION OF PRESSURE ULCER
<1 per 1000 patients' day



NOSOCOMIAL INFECTION
<3.5 per 1000 patients' day

Besides the above, the nursing administration is in the midst of working on the 5 years nursing roadmap to bring the nursing service to new heights with better career path and development for the nursing care staff. In the pipeline, we also look forward to developing and implementing effective and integrated post acute care policies so that patients receive essential nursing care in the most appropriate setting for them to recover and safely return home.

Rehabilitation is an essential component of care to improve the client's functional status to the maximum level medically possible, and hence allow them to remain active in the community. Our rehabilitation center is also concerned for the psychosocial needs of the clients. We incorporate social and recreational activities such as handicraft, cooking and art therapy for clients to enhance their social well being and also to encourage them to interact with one another in the center.

Our TCM Centre currently has 7 staff physicians and 100 volunteer physicians. In 2012, we took in 33 newly registered physicians as new intern physicians. The new interns worked under the guidance of TCM advisers, Physician Chia Chay Puay and Mr Ngoh Tian Lock who have been training new interns since 2005. They are divided into small groups and mentored by senior physicians on duty on every Wednesday night. Apart from routine consultations and treatment sessions, lectures and case studies are also presented at the end of every consultation session.

我院专业的医疗团队会尽力满足病人的各种治疗护理需求。确保病人住院期间基本需求得到满足，为病人营造一个舒适的就医环境，一直是我们的首要任务。为此，全院上下将共同合作，为病患和被照顾者提供全面综合的医疗服务，所以我们将继续求新求变，寻求新的治疗方法来改善病人的护理效果。主要涉及以下方法：

1 住院患者基础护理服务项目：

为了提高患者的护理质量，我院住院部和康复中心合作开发了一项新项目，在全面了解肺功能结构的基础上，通过结构化和固定方式让患者离开病床保持坐姿，从而改善病人的肺功能。

2 移动辅助系统投入和安装：

我院在2012年12月15日安装了天花板移动辅助系统。这一实验项目将协助我院评估这类设备的效果，有否便利员工和节省人力，病人移动时的安全性和可操作性，从而将移动辅助系统引进扩建医院病房的可能性。

3 强化医护人员培训：

护士是病房内所有患者的支柱和核心力量。为了强化和提高职业护士和助理护士的职业素养，我们一直坚持对他们进行系统性的培训。除此之外，一系列医疗程序也被纳入到护士的行为规范。

4 新设备的安装和使用：

通过全院上下的不懈努力，我院康复中心的治疗效果和医疗品质有了显著提高，各种新设备，例如Motomed智能下肢运动系统和虚拟现实技术的引进和投入，已开始应用于常规治疗方案中，并取得了令人可喜的效果。

5 病人的健康教育：

如何养成并保持健康的生活方式，这需要病人的积极配合；病人的积极参与有利于病人身心健康的恢复。例如我院中医师为康复中心病人举办的讲座，配合《养身之汤》一书的出版，分享了许多中国传统滋补汤羹的食用价值。参与者们不但了解了每种草药的价值，还亲自品尝了按书中配方所制的汤羹。

通过不断地改革和创新，我们对病人所有的护理指标均实现了实质的突破。从以下数据可以清晰地反映出：

- 病人摔倒率 < 1/1000病人天数
- 病人褥疮率 < 1/1000病人天数
- 病人住院病菌感染率 < 3.5/1000病人天数

除此以外，本院护理管理工作在未来5年的发展中，将把护理服务带到了全新的水平，并为本院护理人员的职业发展道路规划新的方向。同时本院的后续医疗护理服务也在酝酿和筹备中，希望通过实施有效的后续护理服务可以让病人在最恰当的时机接受到全面护理，让病人尽早康复，平安返家。

康复治疗是病人改善健康状态的一种有效方法，并且是目前医学领域所能实现的最高水平的治疗方法，通过这种康复治疗，病人痊愈后依然可以保持积极活跃的身心状态再次融入社会。我们的康复中心同样关注病人的心理需求。我们将社交和娱乐活动相融合，定期举行一些适合病人参加的手工、烹饪和艺术活动，提升他们的社会幸福感，加强康复中心内病人之间的相互交流和互动。

我院中医门诊中心现拥有7名职业医师和100名义工医师。2012年，我院新引进了33名拥有执业注册医师资格的见习医师。这些见习医生在中医顾问、谢斋培医师和吴添禄师傅的指导下工作，其中吴添禄师傅从2005年开始就一直为见习医师进行培训。他们被分成多个小组，并在每周三晚上值班时接受资深医师的辅导。除了日常的交流咨询和会诊讨论外，在每次讨论的结束前还会进行医学讲学和病例分析。



MANPOWER DEVELOPMENT

人才发展战略

KWSH emphasizes the importance of continuous education and training of our staff in order to upgrade their knowledge and skills. Hence, we have been continuously sending our staff for various trainings, seminars and conferences to upgrade their skills and knowledge to meet our service needs and standards to be in line with our mission to provide holistic quality care with love and dedication for the needy elderly.

Our nurses and physiotherapists continue to undergo various training courses to hone their level of proficiency to meet the increase in demand from residents with more complex needs. While our nurses are sent for external courses related to geriatrics, on-job training also forms an integral part of the nurses' work life and is conducted by Registered Nurses.



1 ITE Skill Certification (ISC) Healthcare - Homecare - 2012

9 Patient Care Assistants have successfully passed the examinations conducted in Dec 2012 and were awarded with their ITE ISC Healthcare (Homecare) Certificate.

From June to December 2012, the 9 Patient Care Assistants not only attended classroom theory lessons and on-job trainings, they were also actively participating in discussions and presentation to demonstrate their understanding of what has been taught.

Certificate in Community Gerontology Nursing (CCGN) by Hua Mei Training Academy-Tsao Foundation .

3 of our staff (Nurse Educator Cecilia, Staff Nurse Zhu Ya Zhen and Li Jing) were sent for this 6 month part-time course. They not only enhanced their knowledge and skills but also learnt about the holistic case management of an elderly person.

In this course, they also acquired the End of Life Nursing Education Course certification.

2 In order to improve basic communication skills for our foreign staff, weekly Hokkien and English lessons are conducted internally in the Hospital.

3 PT May Yu Mon attended Neuro Development Training (NDT) course in Sep 2012 and was awarded as a certified NDT therapist. There are 3 certified NDT therapists in KWSH – PT May Yu Mon, Sr PPT Toh Mei Kwan and locum PT Jenny Tan.



广惠肇留医院着重于内部员工的再教育和培训，所以，我们会让员工参加各种培训研讨班和讨论会，从而提升他们的专业技能和知识，满足我院的服务需求和标准，与我们的使命相接轨，用爱心和奉献精神提供全面高质量的服务。

我们的医护人员和理疗师也持续的接受各种专门培训来提升他们的专业级别，以满足不同需求的老年人。同时我们的护士也必须接受一系列涉及老年学护理的培训。在职培训是我院护士的必修课，由注册护士督管。

1 2012 - ITE 技能认证 (ISC) 医疗护理- 居家护理

2012年12月，我院9名看护助理成功通过了由ITE ISC举办的医疗护理- 居家护理考试并获得了相关资格认证。

从2012年6月到12月，这9名看护助理不仅参加了理论课程和在职培训，还积极参加各项研讨会，展示自己的学习成果。

由Hua Mei Training Academy _Tsao Foundation 组织的社区老年医学护理认证 (Certificate in Community Gerontology Nursing)

我院3名员工 (护士导师Cecilia, 护士Zhu

Ya Zhen和Li Jing) 参加了为期6个月的培训课程，不仅提高了其专业知识和技能，还全面学习了病例管理学方面的知识。

在这次培训结束时，他们还获得了临终关怀护理教育课程 (End of Life Nursing Education Course) 证书。

2 为了便于我院外籍员工进行交流沟通，我院每周会定期举行闽南语和英语的培训课程。

3 PT May Yu Mon在2012年9月参加了Neuro Development Training (NDT) 课程，并且获得了NDT 临床治疗师认证。在广惠肇留医院，共有3名治疗师获得了NDT临床治疗师认证，分别是PT May Yu Mon, Sr PPT Toh Mei Kwan 和 locum PT Jenny Tan。

COMMUNITY OUTREACH

Developing Multi-sector Collaborations

社区拓展 开展多部门合作

The provision of good holistic geriatric care for the population is only possible through collaborative efforts of various healthcare professional groups, agencies and organizations.

In 2012, KWSH continued to foster camaraderie amongst different organizations through more collaborative work, leveraging on each other's knowledge to work on best practices.

1 Collaboration with Nanyang Polytechnic's (NYP) Physiotherapist students on their final year project of research study

A team of NYP PT final year students recruited a group of community dwelling elderly from the Whampoa Health Carnival which the KWSH Rehabilitation department participated last year for their research project. Their study examines the relationship between compliance of the elderly towards a home based exercise programme & its effects in falls prevention. Their research aims to develop a new modality to increase one's adherence to exercise program, thereby improving treatment outcome

KWSH has also been providing an avenue for healthcare students for clinical attachments. This has provided our senior nurses with opportunities to educate and share experiences with the students on Geriatric care.

2 Singapore Institute Technology – United Manchester University

- 10 Bachelor of Health Sciences Registered Nurses with SIT-UOM were on clinical attachment to our Hospital for 10 days over a period of 3 months.
- The goal of the attachment was to understudy and develop clinical Nursing pathways and intervention for Gerontology Nursing.

3 Institute Technical Education (ITE) – Nitec in Nursing

- 65 ITE students (1st year in Nitec Nursing) were attached to our nursing wards.
- The students actively participated in some of the basic nursing care for residents as well as spent time interacting with the residents.





On the external front, we continued to forge new collaborations with organizations and strengthened our outreach to the community through various activities.

“East Meets West” Health Carnival - Ang Mo Kio Community Centre

- 22 July 2012 - A group of 20 TCM Physicians comprising of staff and volunteers from our TCM Centre participated in the “East Meets West” Health Carnival organised by the Ang Mo Kio Community Centre Women’s Executive Committee.
- At the carnival, free TCM consultations were provided by our physicians to the participants.

Falls screening and Falls Prevention Talk - Whampoa Community Club

- 29 July 2012 - Our Rehabilitation Department joined by a group of dedicated volunteers and 30 physiotherapy and occupational therapy students from NYP took part in the Whampoa Health Carnival organised by the Whampoa Community Club.
- 150 adults aged 65 and above took part in the Falls Risk Assessment conducted by our team.
- Participants were also invited to join the Falls Prevention Talk where bilingual advice on home safety and falls prevention was provided.

102nd Anniversary event

- 01 December 2012 - 800 elderly visitors from the nearby communities together with the volunteers and patients from the hospital joined in the carnival celebration and were treated to a variety of activities.
- Free health screenings such as Falls Risk Assessment by our rehabilitation team, Bone Density Test and Balance Screening by Singapore General Hospital, Glucose Check by Diabetes Society of Singapore and TCM Consultations by our TCM Centre were made available to the participants who had registered earlier.



优质全面的疗养服务只有通过专业的医疗护理团队、相关机构和组织的多方合作才能最终实现。

2012年广惠肇留医院继续与相关组织保持密切合作，通过互相协作，发挥各自所长，采取最佳的治疗护理方案。

与新加坡南洋理工学院（NYP）物理治疗专科的最后一年级学生开展毕业课题研究

来自南洋理工学院物理治疗专科的最后一年级学生，从黄埔区健康嘉年华活动中招募了一批老年志愿者以进行研究工作。广惠肇留医院康复中心也参与了他们的研究项目，仔细分析了居家老人的家中训练计划和预防跌倒二者之间的关系。此项研究旨在为老人研发出一种新的物理疗法，制定出一项可让老人进行长期锻炼的康复计划，从而改善治疗效果。

与此同时，广惠肇留医院也为医疗护理专科的学生提供了临床实习的机会。我院资深护士也借此机会，与这些学员们分享老年人的医疗护理经验。

新加坡科技学院 - 英国曼彻斯特大学

• 10名从新加坡科技学院 - 英国曼彻斯特大学获得健康科学学士学位的医护人员来到我院进行了10天到3个月不等的老年医学临床实习。

• 临床实习的目的是为了让刚走出校园的医护人员获得实践机会，学习临床护理路径和参与治疗过程。

新加坡工艺教育学院（ITE）- 护理专业

• 65名经过1年护理课程学习的ITE学生来到我院护理病房进行实习。

• 学员们积极参加了一系列针对病人开展的基础护理学习项目，并与他们进行了互动。

向外，我们积极与相关组织开展了新一轮的合作，并通过各项活动加强社会影响力。

宏茂桥民众联络所 - “中西合并”健康生活嘉年华活动

• 2012年7月22日，我院中医门诊中心（TCM Centre）的20名医师和义工参加了宏茂桥民众联络所妇女执行委员会举办的“中西合并”健康生活嘉年华的活动。

黄埔民众俱乐部 - 跌倒风险评估测试和预防老年人跌倒讲座

• 2012年7月29日，我院康复中心的治疗师和30名南洋理工学院物理和职能治疗科的学生参加了由黄埔民众俱乐部主办的黄埔区健康嘉年华活动。

• 150名65岁及以上老人参加了跌倒风险评估测试。

• 此外老人们也被邀请参加了预防老年人跌倒的知识讲座，并用双语向老人提供家中安全指南和预防跌倒方面的教育。

102 周年庆典

• 2012年12月1日，800名来自邻里社区的老人、志愿者以及住院病人参加了此次周年庆典，并出席了丰富多彩的庆祝活动。

• 免费健康体检，包括由我院康复治疗团队进行的跌倒风险评估测试、新加坡中央医院提供的骨质密度检查和平衡能力测试；新加坡糖尿病学会提供的血糖检查以及我院中医门诊中心提供的中医咨询项目。



FUNDRAISING

慈善筹款

Donations continue to be a vital source of funding for operations and improving service quality. A key part of our donations comes from our fundraising events. These events provide a unique opportunity to engage with our supporters and raise money - and have fun doing it! Some people joined as event participants or volunteers, while others joined us as sponsors or donors. Not only did the generosity of these companies and individuals help us reach our goal this year, but they also provided an opportunity for us to help more needy elderly people. We truly appreciate the time, initiative and effort put in by companies and individuals to support what we do. Their continued support will help us greatly as we seek to improve our facilities and provide quality medical care for the needy elderly, while faced with increasing operating costs.

爱心善款是保证我院正常运营的重要资金来源，同时也为优化服务质量提供了财务基础。善款主要来自我们的慈善募捐活动。这类募捐活动将我们与社会各界的支持者们紧密联系在一起，不管是活动参与者还是志愿者，亦或是赞助商或捐助者，大家不分彼此，乐在其中才是关键！。企业和各界人士的慷慨捐助不仅帮助我院实现了年度目标，同时也帮助了更多有需要的老年人。我们真诚感谢为此类活动付出时间、行动和努力的企业和各界人士。面对运营成本的不断增加，这项努力不仅帮助我们改善设备、提高医疗护理品质，也为成千上万有需要的老人们带来了希望。

Fundraising Events held in 2012: 2012年慈善筹款活动:



10 March 2012 - In a collaborative effort made together with Red Sun, 100.3FM and Made In Candy, a fundraising event was held at our Hospital. Red Sun being our main sponsor, also engaged radio stations 100.3FM, 97.2FM and 95.8FM to promote a three-month telepoll campaign which started from 27 February 2012. Listeners of the stations were encouraged to make their donations through this telepoll.



2012年3月10日 - Red Sun, 100.3FM和Made In Candy共同参加了在我院举办的筹款活动。

红日新加坡私人有限公司也赞助从2012年2月27日开始,通过100.3, 97.2 和95.8三大电台举办为期3个月的电话筹款活动。

Amount raised:
筹得款项:

S\$72,248



16 October 2012 - Semcorp Industries (Semcorp) sponsored a team of seven of its employees to run in one of the world's most challenging races: the Kalahari Augrabies Extreme Marathon in South Africa. In conjunction with this, Semcorp ran a campaign to raise funds for charity from its business partners, employees and companies as part of their Corporate Social Responsibility efforts.



2012年10月16日 - 胜科工业 (Semcorp Industries) 赞助了一支7名员工组成的队伍, 参与一项世界最严峻横越南非卡拉哈里沙漠的超级马拉松赛事。为了配合此项赛事, 胜科开展了一项慈善筹款活动, 呼吁商业伙伴、员工们捐款, 作为其社会责任的努力。

Amount raised:
筹得款项:

S\$448,761



Charity Golf 2012 – 10 July 2012
高尔夫慈善赛



Mid-Autumn Festival 2012 – 16 September 2012
中秋节

Amount raised:
筹得款项: S\$420,302

Amount raised:
筹得款项: S\$728,321



Charity Concert 2012 – 13 December 2012

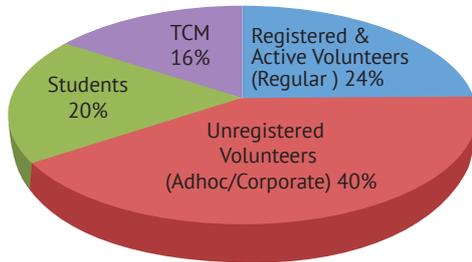
慈善音乐会

Amount raised:
筹得款项:

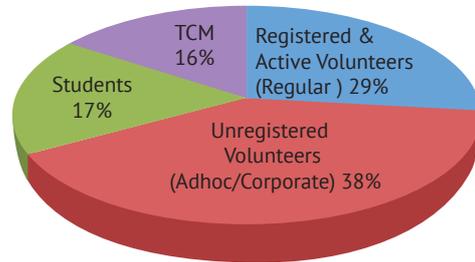
S\$1,932,820

VOLUNTEERS

义工和捐助者



VOLUNTEER STATISTICS (YR 2011)
Based on a total of 7350 volunteers



VOLUNTEER STATISTICS (YR 2012)
Based on a total of 7583 volunteers

Volunteers are an integral part of enhancing the residents' stay here. In addition to nursing and medical care, we are also concerned for the psychosocial needs of the residents whereby we involve them in a variety of activities.

We aim to create a socio friendly living environment for the residents. This is made possible with joint efforts from our volunteers and our staff. Through their compassion and commitment, they bring "the community" into our nursing home and support residents with a wide range of initiatives and activities.

KWSH has been fortunate to receive support from various multi-sectorial groups which provides lively entertainment to our elderly residents; free sumptuous lunch or dinner; excursions to spectacular places around Singapore; or simply befriending services which turn their ordinary day into a more meaningful one.

义工为那些需要长期护理的人士提供了重要的帮助。除了护理和医疗保健服务，我们同样关注病人的心理需求，并将他们的这种需求融入到丰富多彩的娱乐活动中。

我们的目标是为了帮助病人创建一种社会化友好型的生活方式。相信通过我们的义工和工作人员的共同努力必将实现这一目标。用他们的爱心和承诺，将这种“生活方式”引入到我们的疗养院中，配合各项措施和社交娱乐活动来支持病患康复。

我们很幸运，长期以来一直受到社会各阶层人士的慷慨捐助：向我们的老人提供生动的娱乐节目；免费的餐饮（午餐或晚餐）；带领他们游览新加坡的著名景点；仅仅是一个善良友好的举动，将原本普普通通的一天变成意义非凡的一天。



STRATEGIC DIRECTION

策略方向



For 102 years, we have fulfilled our mission and realized our vision. We have continuously reviewed and reinvented ourselves to make our services relevant and appropriate for the community.

In order for us to be more effective in reaching out to our residents, Kwong Wai Shiu Hospital will look into strengthening and streamlining our care plans and internal processes to achieve better outcomes for our patients.

The redevelopment plan for the Hospital will indeed be our largest and most ambitious project to reinvent ourselves to better serve the elderly and community. We have completed our proposal and submitted it to the Ministry of Health. This project will be Kwong Wai Shiu Hospital's next major milestone.

102年来，我们实现了医院在不同阶段赋予的使命，确定了医院的愿景。未来我们还将不断重新评估和与时俱进，使我们的服务符合社会的发展和需要。

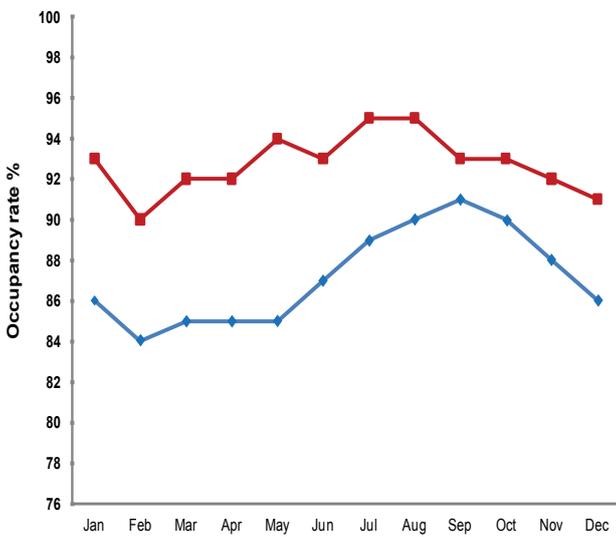
为了更有效地帮助我们的病人，医院将继续精简和巩固我们的护理方案，为我们的病人争取更好的医护效果。

医院的扩建计划将是我们最具代表性的项目，为此，我们将继续求新求变，重新塑造自己，以为更优质的服务满足广大的老年人群体。我们已将扩建计划提交给卫生部。这一项目将是广惠肇留医院下一个重要的里程碑。

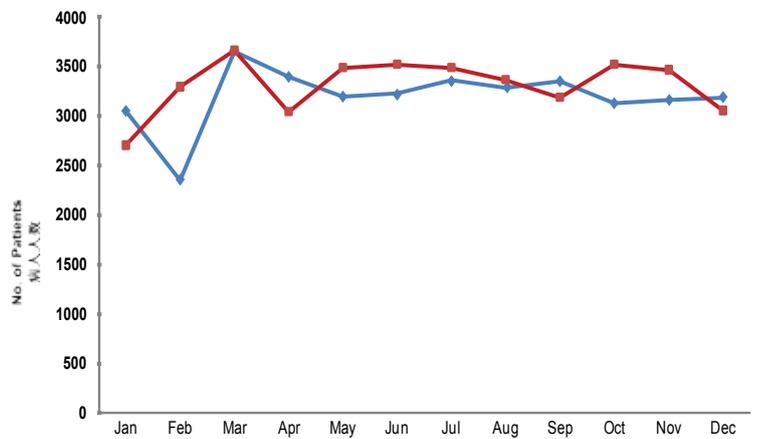
OPERATIONS STATISTICS 运作统计

2011 2012

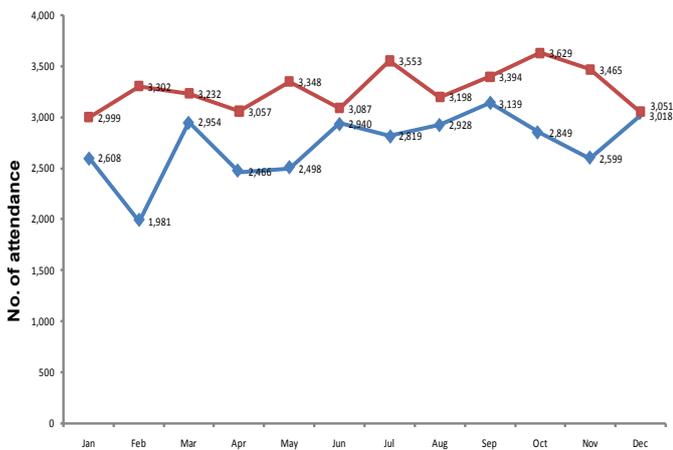
Nursing Home Occupancy Rate



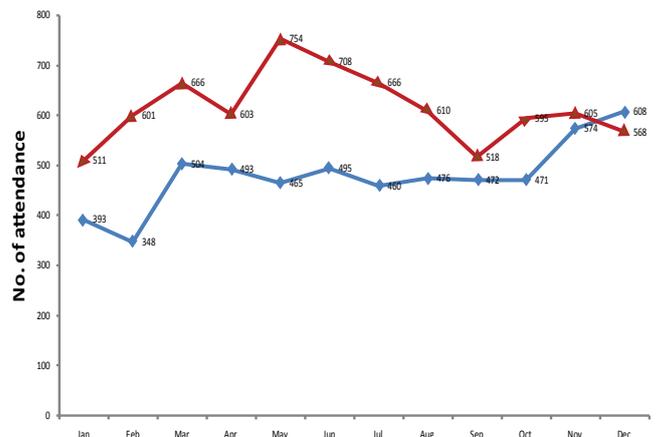
TCM Centre Patient Statistic



Rehabilitation Centre Nursing Home Statistics



Day Rehabilitation Monthly Statistics



We recorded a growth of 19.9% increase in inpatient sessions and 28.6% for our day rehabilitation.

FINANCIAL REPORT

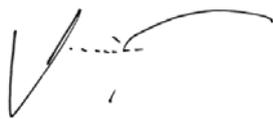
财务报告

STATEMENT BY THE BOARD OF MANAGEMENT

In the opinion of the management, the accompanying financial statements are drawn up so as to give a true and fair view of the state of affairs of the Hospital as at 31 December 2012 and the results, changes in funds and cash flows of the Hospital for the reporting year ended on that date and at the date of this statement there are reasonable grounds to believe that the Hospital will be able to pay its debts as and when they fall due.

The Board of Management has authorised these financial statements on the date of this statement.

On Behalf of the Board of Management,



Lee KWOK KIE, Patrick
Chairman



Hoong Kong Fatt
Honorary Secretary



Ng Siew Quan
Treasurer

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF KWONG WAI SHIU HOSPITAL (Unique Entity Number: T08CC3024J) (Registered under the Charities Act, Cap. 37)

Report on the Financial Statements

We have audited the accompanying financial statements of Kwong Wai Shiu Hospital ("the Hospital"), which comprise the statement of financial position as at 31 December 2012, and the statement of financial activities, statement of changes in funds and statement of cash flows for the reporting year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Ordinance of the Hospital, the Charities Act, Chapter 37 and Singapore Financial Reporting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair statement of financial activities and statement of financial position and to maintain accountability of assets.

Independent Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of financial statements that give a true and fair view 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the accompanying financial statements are properly drawn up in accordance with the Ordinance of the Hospital, the Charities Act, Chapter 37 and Singapore Financial Reporting Standards so as to give a true and fair view of the state of affairs of the company as at 31 December 2012 and the results, changes in funds and cash flows of the Hospital for the reporting year ended on that date.

Report on Other Legal and Regulatory Requirements

In our opinion, the accounting and other records required by the above regulations to be kept by the Hospital have been properly kept in accordance with these regulations.

During the course of our audit, nothing came to our attention that caused us to believe that during the reporting year :

- (a) The use of the donation moneys was not in accordance with the objectives of the Hospital as required under regulation 16 of the Charities (Institutions of a Public Character) Regulations; and
- (b) The Hospital has not complied with the requirements of regulation 15 (Fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations.



RSM Chio Lim LLP
Public Accountants and
Certified Public Accountants
Singapore

28 March 2013

Partner in charge of audit: Derek How Beng Tiong
Effective from year ended 31 December 2009

FINANCIAL REPORT

STATEMENT OF FINANCIAL ACTIVITIES

Year Ended 31 December 2012

	Notes	Unrestricted Fund		Restricted Fund	Total \$
		General Fund \$	Fair Value Reserve \$	Building Fund \$	
2012					
INCOMING RESOURCES					
Charitable activities income		3,934,832	-	-	3,934,832
Voluntary income		4,006,975	-	320,559	4,327,534
Fund-raising activities		7,562,430	-	-	7,562,430
Investment income		628,667	-	-	628,667
Interest income		222,238	-	-	222,238
Rental income		2,474,985	-	-	2,474,985
Other income	4	5,471,766	-	-	5,471,766
Total incoming resources		24,301,893	-	320,559	24,622,452
RESOURCES EXPENDED					
Charitable activities expenses	5	8,800,869	-	-	8,800,869
Fund-raising expenses		414,138	-	-	414,138
Rental expenses		981,934	-	-	981,934
Loss on disposal of available-for-sale financial assets		5,970	-	-	5,970
Other operating and administration expenses	6	5,266,535	-	-	5,266,535
Total resources expended		15,469,446	-	-	15,469,446
Net incoming resources		8,832,447	-	320,559	9,153,006
OTHER COMPREHENSIVE INCOME					
Available-for-sale financial assets	12	-	1,069,188	-	1,069,188
Total Comprehensive Income		8,832,447	1,069,188	320,559	10,222,194

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

STATEMENT OF FINANCIAL ACTIVITIES

Year Ended 31 December 2012

	Notes	Unrestricted Fund		Restricted Fund	Total \$
		General Fund \$	Fair Value Reserve \$	Building Fund \$	
2011 INCOMING RESOURCES					
Charitable activities income		5,030,527	-	-	5,030,527
Voluntary income		3,984,183	-	616,570	4,600,753
Fund raising activities		5,580,099	-	-	5,580,099
Investment income		658,252	-	-	658,252
Interest income		124,752	-	-	124,752
Rental income		2,367,848	-	-	2,367,848
Gain on disposal of available-for-sale financial assets		6,834	-	-	6,834
Other income	4	4,943,065	-	-	4,943,065
Total incoming resources		22,695,560	-	616,570	23,312,130
RESOURCES EXPENDED					
Charitable activities expenses	5	9,308,812	-	-	9,308,812
Fund raising expenses		310,564	-	-	310,564
Rental expenses		989,669	-	-	989,669
Investment expenses		8,203	-	-	8,203
Other operating and administration expenses	6	5,367,062	-	-	5,367,062
Total resources expended		15,984,310	-	-	15,984,310
Net incoming resources		6,711,250	-	616,570	7,327,820
OTHER COMPREHENSIVE INCOME					
Available-for-sale financial assets	12	-	(1,443,815)	-	(1,443,815)
Total Comprehensive Income		6,711,250	(1,443,815)	616,570	5,884,005

STATEMENT OF CHANGES IN FUNDS

Year Ended 31 December 2012

	2012 \$	2011 \$
Opening Balance at beginning of the reporting year	68,881,296	62,997,291
Surplus for the reporting year	10,222,194	5,884,005
Closing Balance at end of the reporting year (Note 20)	79,103,490	68,881,296

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

STATEMENT OF FINANCIAL POSITION

As at 31 December 2012

		2012 \$	2011 \$
ASSETS			
NON-CURRENT ASSETS			
Property, Plant and Equipment	10	1,198,572	1,230,558
Investment Properties	11	16,234,871	16,553,345
Available-for-sale Financial Assets	12	19,137,294	14,307,187
Investment in Subsidiary	13	-	-
Total Non-Current Assets		36,570,737	32,091,090
CURRENT ASSETS			
Inventories	14	109,390	198,894
Trade and Other Receivables	15	2,067,098	1,817,383
Other Assets	16	685,666	151,469
Cash and Cash Equivalents	17	47,503,650	36,926,818
Total Current Assets		50,365,804	39,094,564
Total Assets		86,936,541	71,185,654
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	18	2,254,439	1,942,673
Other Liabilities	19	5,578,612	361,685
Total Current Liabilities		7,833,051	2,304,358
Net Assets		79,103,490	68,881,296
THE FUNDS OF THE HOSPITAL			
UNRESTRICTED FUNDS			
Sinking Fund	20	200,000	200,000
Project Development Fund	20	28,000,000	28,000,000
General Fund	20	49,510,857	40,678,410
Fair Value Reserves	20	405,504	(663,684)
Total Unrestricted Funds		78,116,361	68,214,726
RESTRICTED FUNDS			
Building Fund	20	987,129	666,570
Total Restricted Funds		987,129	666,570
Total Funds		79,103,490	68,881,296

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

STATEMENT OF CASH FLOWS

Year Ended 31 December 2012

	2012 \$	2011 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Net incoming resources for the year	9,153,006	7,327,820
Adjustments for:		
Depreciation of Property, Plant and Equipment	427,873	324,736
Depreciation of Investment Properties	331,324	337,823
Investment Income	(628,667)	(658,252)
Interest Income	(222,238)	(124,752)
Loss on Disposal of Property, Plant and Equipment	19,741	-
Loss/(Gain) on Disposal of Available-for-sale Financial Assets	5,970	(6,834)
Operating Cash Flow before Changes in Working Capital	9,087,009	7,200,541
Inventories	89,504	(14,782)
Trade and Other Receivables	(249,715)	14,083
Other Assets	(534,197)	(115,020)
Trade and Other Payables	311,766	(969,732)
Other Liabilities	5,216,927	(621,136)
Cash restricted in use	(5,226,208)	613,737
Net Cash Flows From Operating Activities	8,695,086	6,107,691
CASH FLOWS FROM INVESTING ACTIVITIES		
Coupon received	488,825	338,761
Dividends received	139,842	319,491
Interest received	222,238	124,752
Purchase of Property, Plant and Equipment	(417,077)	(251,762)
Disposal of Property, Plant and Equipment	1,449	-
Purchase of Investment Property	(12,850)	(261,750)
Purchase of Available-for-sale Financial Assets	(11,816,234)	(7,361,753)
Disposal of Available-for-sale Financial Assets	8,049,345	16,952,171
Net Cash Flows (Used in)/From Investing Activities	(3,344,462)	9,859,910
Net Increase in Cash and Cash Equivalents	5,350,624	15,967,601
Cash and Cash Equivalents, Statement of Cash Flows, Beginning Balance	36,609,814	20,642,213
Cash and Cash Equivalents, Statement of Cash Flows, Ending Balance (Note 17A)	41,960,438	36,609,814

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

NOTES TO THE FINANCIAL STATEMENTS

31 December 2012

1. General

The Hospital is a charity registered under the Charities Act, Chapter 37.

The Hospital is incorporated and domiciled in Singapore under the Kwong-Wai-Shiu Hospital Ordinance (Chapter 366). The address of the Hospital's registered office is 705, Serangoon Road, Singapore 328127.

The financial statements are presented in Singapore Dollars. The financial statements were approved and authorised for issue by the board of management on the date indicated in the statement by the Board of Management.

The principal activities of the Hospital are to establish and maintain a public hospital and nursing home.

In pursuance of the Hospital's objectives, the general policy adopted by the hospital is the provision of relief to financially needy persons irrespective of race or religion.

The Hospital's assets are held for purposes of meeting its charitable objectives.

2. Summary of Significant Accounting Policies

Accounting Convention

The financial statements have been prepared in accordance with the Singapore Financial Reporting Standards ("FRS") and the related Interpretations to FRS ("INT FRS") as issued by the Singapore Accounting Standards Council and the Companies Act, Chapter 50. The financial statements are prepared on a going concern basis under the historical cost convention except where an FRS requires an alternative treatment (such as fair values) as disclosed where appropriate in these financial statements. Other comprehensive income comprises items of income and expense (including reclassification adjustments) that are not recognised in the income statement, as required or permitted by FRS. Reclassification adjustments are amounts reclassified to profit or loss in the income statement in the current period that were recognised in other comprehensive income in the current or previous periods. The Hospital is also subject to the provisions of the Charities Act, Chapter 37.

Basis of Presentation

Consolidated financial statements are only prepared as required by Singapore Financial Reporting Standard No.27 Consolidated and Separate Financial Statements, where the subsidiary is significant.

Basis of Preparation of the Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The estimates and assumptions are reviewed on an ongoing basis. Apart from those involving estimations, management has made judgements in the process of applying the Hospital's accounting policies. The areas requiring management's most difficult, subjective or complex judgements, or areas where assumptions and estimates are significant to the financial statements, are disclosed at the end of this footnote, where applicable.

2. Summary of Significant Accounting Policies (Continued)

Revenue recognition

The revenue amount is the fair value of the consideration received or receivable from the gross inflow of economic benefits during the period arising from the course of the ordinary activities of the Hospital and it is shown net of goods and services tax, and subsidies.

(i) **Patient Service Charge**

Revenue from patient service is recognised when the services are performed.

(ii) **Donations**

Revenue from cash donations and fund-raising projects are recognised as and when received except for advance donation received. Donation received in advance for future fund raising projects are deferred and recognised as incoming resources as and when the fund raising projects are held.

(iii) **Interest Income**

Interest revenue is recognised on a time-proportion basis using the effective interest rate that takes into account the effective yield on the asset.

(iv) **Investment income**

Dividend from equity instrument is recognised as income when the entity's right to receive payment is established.

(v) **Rental income**

Rental revenue is recognised on a time-proportion basis that takes into account the effective yield on the asset on a straight-line basis over the lease term.

(vi) **Government Grants**

Government grants to cover a particular expenditure or programme are accounted for as incoming resources upon receipt of notification of the grant award, which normally coincides with the year when the related expenses, for which the grant is intended to cover, are incurred. The corresponding asset (grants receivable account) is also recognised then. A government grant is recognised at fair value when there is reasonable assurance that the conditions attaching to it will be complied with and that the grant will be received. A grant in recognition of specific expenses is recognised as income over the periods necessary to match them with the related costs that they are intended to compensate, on a systematic basis. A grant related to depreciable assets is allocated to income over the period in which such assets are used in the project subsidised by the grant.

Gifts In Kind

A gift in kind is included in the statement of financial activities based on an estimate of the fair value at the date of the receipt of the gift of the non-monetary asset or the grant of a right to the monetary asset. The gift is recognised if the amount of the gift can be measured reliably and there is no uncertainty that it will be received.

Goods donated as property, plant and equipment are recorded at values based on a reasonable estimate of their fair value. Assets which are donated for resale, distribution or consumption are recorded when received. No value is ascribed to volunteer services.

2. Summary of Significant Accounting Policies (Continued)

Employee Benefits

Contributions to defined contribution retirement benefit plans are recorded as an expense as they fall due. The entity's legal or constructive obligation is limited to the amount that it agrees to contribute to an independently administered fund which is the Central Provident Fund in Singapore (a government managed retirement benefit plan). For employee leave entitlement, the expected cost of short-term employee benefits in the form of compensated absences is recognised in the case of accumulating compensated absences, when the employees render service that increases their entitlement to future compensated absences; and in the case of non-accumulating compensated absences, when the absences occur. A liability for bonuses is recognised where the entity is contractually obliged or where there is constructive obligation based on past practice.

Income Tax

Being an approved Institution of a Public Character, the Hospital is exempt from tax on income and gains falling within section 13U(1) of the Income Tax Act to the extent that these are applied to its charitable objects. No tax charges have arisen in the Hospital.

Foreign Currency Transactions

The functional currency is the Singapore dollar as it reflects the primary economic environment in which the entity operates. Transactions in foreign currencies are recorded in the functional currency at the rates ruling at the dates of the transactions. At each end of the reporting year, recorded monetary balances and balances measured at fair value that are denominated in nonfunctional currencies are reported at the rates ruling at the end of the reporting year and fair value dates respectively. All realised and unrealised exchange adjustment gains and losses are dealt with in profit or loss except when recognised in other comprehensive income and if applicable deferred in equity such as for qualifying cash flow hedges. The presentation is in the functional currency.

Property, Plant and Equipment

Depreciation is provided on a reducing balance basis to allocate the gross carrying amounts of the assets less their residual values over their estimated useful lives of each part of an item of these assets. The annual rates of depreciation are as follows:

Leasehold improvements	-	Over the remaining period of the lease of 26 months
Office and medical equipments	-	15% to 20%
Furniture and fittings	-	10%
Motor vehicles	-	20%
Computers	-	100%

An asset is depreciated when it is available for use until it is derecognised even if during that period the item is idle. Fully depreciated assets still in use are retained in the financial statements.

2. Summary of Significant Accounting Policies (Continued)

Property, Plant and Equipment (Continued)

Property, plant and equipment are carried at cost on initial recognition and after initial recognition at cost less any accumulated depreciation and any accumulated impairment losses. The gain or loss arising from the derecognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item and is recognised in profit or loss. The residual value and the useful life of an asset is reviewed at least at each end of the reporting year and, if expectations differ significantly from previous estimates, the changes are accounted for as a change in an accounting estimate, and the depreciation charge for the current and future periods are adjusted.

Cost also includes acquisition cost, any cost directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management. Subsequent cost are recognised as an asset only when it is probable that future economic benefits associated with the item will flow to the entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit or loss when they are incurred.

Investment Property

Investment property is property owned to earn rentals or for capital appreciation or both, rather than for use in the production or supply of goods or services or for administrative purposes or sale in the ordinary course of business. It includes an investment property in the course of construction. After initial recognition at cost including transaction costs the cost model is used to measure the investment property using the treatment for property, plant and equipment, that is, at cost less any accumulated depreciation and any accumulated impairment losses. An investment property that meets the criteria to be classified as held for sale is carried at the lower of carrying amount and fair value less costs to sell. For disclosure purposes, the fair values are determined periodically on a systematic basis by external independent valuers having an appropriate recognised professional qualification and recent experience in the location and category of property being valued. The annual rate of depreciation is 2% on reducing balance basis over the terms of the lease. Depreciation is not provided for investment property under construction.

Government Grants

A government grant is recognised at fair value when there is reasonable assurance that the conditions attaching to it will be complied with and that the grant will be received. A grant in recognition of specific expenses is recognised as income over the periods necessary to match them with the related costs that they are intended to compensate, on a systematic basis. A grant related to depreciable assets is allocated to income over the period in which such assets are used in the project subsidised by the grant. The interest saved from government loans is regarded as additional government grant.

2. Summary of Significant Accounting Policies (Continued)

Leases

Whether an arrangement is, or contains, a lease is based on the substance of the arrangement at the inception date, that is, whether (a) fulfilment of the arrangement is dependent on the use of a specific asset or assets (the asset); and (b) the arrangement conveys a right to use the asset. Leases are classified as finance leases if substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. At the commencement of the lease term, a finance lease is recognised as an asset and as a liability in the statement of financial position at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease. The discount rate used in calculating the present value of the minimum lease payments is the interest rate implicit in the lease, if this is practicable to determine, the lessee's incremental borrowing rate is used. Any initial direct costs of the lessee are added to the amount recognised as an asset. The excess of the lease payments over the recorded lease liability are treated as finance charges which are allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability. Contingent rents are charged as expenses in the periods in which they are incurred. The assets are depreciated as owned depreciable assets. Leases where the lessor effectively retains substantially all the risks and benefits of ownership of the leased assets are classified as operating leases. For operating leases, lease payments are recognised as an expense in profit or loss on a straight-line basis over the term of the relevant lease unless another systematic basis is representative of the time pattern of the user's benefit, even if the payments are not on that basis. Lease incentives received are recognised in profit or loss as an integral part of the total lease expense. Rental income from operating leases is recognised in profit or loss on a straight-line basis over the term of the relevant lease unless another systematic basis is representative of the time pattern of the user's benefit, even if the payments are not on that basis. Initial direct cost incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

Impairment of Non-Financial Assets

Irrespective of whether there is any indication of impairment, an annual impairment test is performed at the same time every year on an intangible asset with an indefinite useful life or an intangible asset not yet available for use. The carrying amount of other non-financial assets is reviewed at each end of the reporting year for indications of impairment and where an asset is impaired, it is written down through profit or loss to its estimated recoverable amount. The impairment loss is the excess of the carrying amount over the recoverable amount and is recognised in profit or loss. The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs to sell and its value in use. 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. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash-generating units). At each end of the reporting year non-financial assets other than goodwill with impairment loss recognised in prior periods are assessed for possible reversal of the impairment. 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 or amortisation, if no impairment loss had been recognised.

2. Summary of Significant Accounting Policies (Continued)

Financial Assets

Initial recognition and measurement and derecognition of financial assets:

A financial asset is recognised on the statement of financial position when, and only when, the entity becomes a party to the contractual provisions of the instrument. The initial recognition of financial assets is at fair value normally represented by the transaction price. The transaction price for financial asset not classified at fair value through profit or loss includes the transaction costs that are directly attributable to the acquisition or issue of the financial asset. Transaction costs incurred on the acquisition or issue of financial assets classified at fair value through profit or loss are expensed immediately. The transactions are recorded at the trade date.

Irrespective of the legal form of the transactions performed, financial assets are derecognised when they pass the “substance over form” based on the derecognition test prescribed by FRS 39 relating to the transfer of risks and rewards of ownership and the transfer of control.

Subsequent measurement:

Subsequent measurement based on the classification of the financial assets in one of the following four categories under FRS 39 is as follows:

1. Financial assets at fair value through profit or loss: As at end of the reporting year date there were no financial assets classified in this category.
2. Loans and receivables: Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Assets that are for sale immediately or in the near term are not classified in this category. These assets are carried at amortised costs using the effective interest method (except that short-duration receivables with no stated interest rate are normally measured at original invoice amount unless the effect of imputing interest would be significant) minus any reduction (directly or through the use of an allowance account) for impairment or uncollectibility. Impairment charges are provided only when there is objective evidence that an impairment loss has been incurred as a result of one or more events that occurred after the initial recognition of the asset (a ‘loss event’) and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated. The methodology ensures that an impairment loss is not recognised on the initial recognition of an asset. Losses expected as a result of future events, no matter how likely, are not recognised. For impairment, the carrying amount of the asset is reduced through use of an allowance account. The amount of the loss is recognised in profit or loss. An impairment loss is reversed if the reversal can be related objectively to an event occurring after the impairment loss was recognised. Typically the trade and other receivables are classified in this category.
3. Held-to-maturity financial assets: As at end of the reporting year date there were no financial assets classified in this category.

2. Summary of Significant Accounting Policies (Continued)

Financial Assets (Continued)

4. Available-for-sale financial assets: These are non-derivative financial assets that are designated as available-for-sale on initial recognition or are not classified in one of the previous categories. These assets are carried at fair value. Changes in fair value of available-for-sale financial assets (other than those relating to foreign exchange translation differences on monetary investments) are recognised in other comprehensive income and accumulated in a separate component of equity under the heading revaluation reserves. Such reserves are reclassified to profit or loss when realised through disposal. When there is objective evidence that the asset is impaired, the cumulative loss is reclassified from equity to profit or loss as a reclassification adjustment. A significant or prolonged decline in the fair value of the investment below its cost is considered to be objective evidence of impairment. If, in a subsequent period, the fair value of an equity instrument classified as available-for-sale increases and the increase can be objectively related to an event occurring after the impairment loss, it is reversed against revaluation reserves and is not subsequently reversed through profit or loss. However for debt instruments classified as available-for-sale impairment losses recognised in profit or loss are subsequently reversed if an increase in the fair value of the instrument can be objectively related to an event occurring after the recognition of the impairment loss. The weighted average method is used when determining the cost basis of publicly listed equities being disposed of. For non-equity instruments classified as available-for-sale the reversal of impairment is recognised in profit or loss. These financial assets are classified as non-current assets unless management intends to dispose of the investments within 12 months of the end of the reporting year. Usually non-current investments in equity shares and debt securities are classified in this category but it does not include subsidiaries, joint ventures, or associates. Unquoted investments are stated at cost less allowance for impairment in value where there are no market prices, and management is unable to establish fair value by using valuation techniques except that where management can establish fair value by using valuation techniques the relevant unquoted investments are stated at fair value. For unquoted equity instruments impairment losses are not reversed.

Cash and Cash Equivalents

Cash and cash equivalents include bank and cash balances, and on-demand deposits. For the statement of cash flows the item includes cash and cash equivalents less cash subject to restriction that form an integral part of cash management.

Financial Liabilities

Initial recognition, measurement and derecognition:

A financial liability is recognised on the statement of financial position when, and only when, the entity becomes a party to the contractual provisions of the instrument and it is derecognised when the obligation specified in the contract is discharged or cancelled or expires. The initial recognition of financial liability is at fair value normally represented by the transaction price. The transaction price for financial liability not classified at fair value through profit or loss includes the transaction costs that are directly attributable to the acquisition or issue of the financial liability. Transaction costs incurred on the acquisition or issue of financial liability classified at fair value through profit or loss are expensed immediately. The transactions are recorded at the trade date. Financial liabilities including bank and other borrowings are classified as current liabilities unless there is an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting year.

2. Summary of Significant Accounting Policies (Continued)

Financial Liabilities (Continued)

Subsequent measurement:

Subsequent measurement based on the classification of the financial liabilities in one of the following two categories under FRS 39 is as follows:

1. Liabilities at fair value through profit or loss: As at end of the reporting year date there were no financial liabilities classified in this category.
2. Other financial liabilities: All liabilities, which have not been classified as in the previous category fall into this residual category. These liabilities are carried at amortised cost using the effective interest method. Trade and other payables and borrowings are usually classified in this category. Items classified within current trade and other payables are not usually re-measured, as the obligation is usually known with a high degree of certainty and settlement is short-term.

Fair Value of Financial Instruments

The carrying values of current financial instruments approximate their fair values due to the short-term maturity of these instruments and the disclosures of fair value are not made when the carrying amount of current financial instruments is a reasonable approximation of the fair value. The fair values of non-current financial instruments may not be disclosed separately unless there are significant differences at the end of the reporting year and in the event the fair values are disclosed in the relevant notes. The fair value of a financial instrument is derived from an active market or by using an acceptable valuation technique. The appropriate quoted market price for an asset held or liability to be issued is usually the current bid price without any deduction for transaction costs that may be incurred on sale or other disposal and, for an asset to be acquired or liability held, the asking price. If there is no market, or the markets available are not active, the fair value is established by using an acceptable valuation technique. The fair value measurements are classified using a fair value hierarchy of 3 levels that reflects the significance of the inputs used in making the measurements, that is, Level 1 for the use of quoted prices (unadjusted) in active markets for identical assets or liabilities; Level 2 for the use of inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices); and Level 3 for the use of inputs for the asset or liability that are not based on observable market data (unobservable inputs). The level is determined on the basis of the lowest level input that is significant to the fair value measurement in its entirety. Where observable inputs that require significant adjustment based on unobservable inputs, that measurement is a Level 3 measurement. The maximum exposure to credit risk is: the total of the fair value of the financial assets; the maximum amount the entity could have to pay if the guarantee is called on; and the full amount of any payable commitments at the end of the reporting year.

Inventories

Inventories are measured at the lower of cost (first in first out method) and net realisable value. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale. A write down on cost is made where the cost is not recoverable or if the selling prices have declined. Cost includes all costs of purchase, costs of conversion and other costs incurred in bringing the inventories to their present location and condition.

2. Summary of Significant Accounting Policies (Continued)

Funds

Fund balances restricted by outside sources are so indicated and are distinguished from unrestricted funds allocated to specific purposes if any by action of the management. Externally restricted funds may only be utilised in accordance with the purposes established by the source of such funds or through the terms of an appeal and are in contrast with unrestricted funds over which management retains full control to use in achieving any of its institutional purposes. An expense resulting from the operating activities of a fund that is directly attributable to the fund is charged to that fund. Common expenses if any are allocated on a reasonable basis to the funds based on a method most suitable to that common expense.

Provisions

A liability or provision is recognised when there is a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. Provisions are made using best estimates of the amount required in settlement and where the effect of the time value of money is material, the amount recognised is the present value of the expenditures expected to be required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to passage of time is recognised as interest expense. Changes in estimates are reflected in profit or loss in the reporting year they occur.

Critical Judgements, Assumptions and Estimation Uncertainties

The critical judgements made in the process of applying the accounting policies that have the most significant effect on the amounts recognised in the financial statements and the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting year, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting year are discussed below. These estimates and assumptions are periodically monitored to ensure they incorporate all relevant information available at the date when financial statements are prepared. However, this does not prevent actual figures differing from estimates.

Investments available-for-sale impairment tests:

The management treats investments available-for-sale as impaired when there has been a significant or prolonged decline in the fair value below cost. The determination of what is "significant" or "prolonged" requires significant judgement.

Allowance for doubtful accounts:

An allowance is made for doubtful accounts for estimated losses resulting from the subsequent inability of the patients and tenants to make required payments. If the financial conditions of the patients and tenants were to deteriorate, resulting in an impairment of their ability to make payments, additional allowances may be required in future periods. Management specifically analyses accounts receivables and analyses historical bad debt, patient and tenants financial conditions, current economic trends and changes in patient and tenants payment terms when evaluating the adequacy of the allowance for doubtful accounts. Management also consider whether subsidy can be obtained from patient own fund, patient admission deposit and other sources. At the statement of financial position date, the receivables carrying amount approximates the fair value and the carrying amounts might change materially within the next financial year but these changes would not arise from assumptions or other sources of estimation uncertainty at the statement of financial position date.

Critical Judgements, Assumptions and Estimation Uncertainties (Continued)

Useful lives of plant and equipment:

The estimates for the useful lives and related depreciation charges for plant and equipment is based on commercial and other factors which could change significantly as a result of innovations and competitor actions in response to market conditions. The depreciation charge is increased where useful lives are less than previously estimated lives, or the carrying amounts written off or written down for technically obsolete or assets that have been abandoned. It is impracticable to disclose the extent of the possible effects. It is reasonably possible, based on existing knowledge, that outcomes within the next financial year that are different from assumptions could require a material adjustment to the carrying amount of the balances affected. The carrying amount of the class of assets at the end of the reporting year affected by the assumption is \$1,193,427 (2011: \$1,194,543).

3. Related Party Relationships and Transactions

FRS 24 defines a related party as a person or entity that is related to the reporting entity and it includes (a) A person or a close member of that person's family if that person: (i) has control or joint control over the reporting entity; (ii) has significant influence over the reporting entity; or (iii) is a member of the key management personnel of the reporting entity or of a parent of the reporting entity. (b) An entity is related to the reporting entity if any of the following conditions apply: (i) The entity and the reporting entity are members of the same group. (ii) One entity is an associate or joint venture of the other entity. (iii) Both entities are joint ventures of the same third party. (iv) One entity is a joint venture of a third entity and the other entity is an associate of the third entity. (v) The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. (vi) The entity is controlled or jointly controlled by a person identified in (a). (vii) A person identified in (a) (i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).

It is not the practice for the trustees/office bearers, or people connected with them, to receive remuneration, or other benefits, from the Hospital for which they are responsible, or from institutions connected with the Hospital.

All board members and staff members of the Hospital are required to read and understand the conflict of interest policy in place and make full disclosure of interests, relationships and holding that could potentially result in conflict of interests. When a conflict of interest situation arises, the members or staffs shall abstain from participating in the discussion, decision making and voting on the matter.

3.1. Key management compensation:

	2012 \$	2011 \$
Salaries and other short-term employee benefits	800,434	744,538

The above amounts are included under employee benefits expense.

Number of key management in remuneration bands:	2012	2011
Above \$200,000	1	1
\$100,001 - \$200,000	3	3
Less than \$100,000	4	3

Key management personnel comprise the Chief Executive Officer and the direct reporting senior officers. The board members did not receive any compensation during the year. There were no transactions with a corporation in which the above key management personnel have an interest.

3.2. Other receivables from and other payables to related parties:

The movements in other receivables from and other payables to a related party are as follows:

	Subsidiary 2012 \$	Subsidiary 2011 \$
Other receivables:		
Balance at beginning of year	19,333	4,586
Amounts paid out and settlement of liabilities on behalf of another party	2,049	14,747
Balance at end of year – debit	21,382	19,333
4. Other Income	2012 \$	2011 \$
Government grant income from special employment credit	46,231	2,212
Singapore government grants	5,324,982	4,886,236
Other income	100,553	54,617
	5,471,766	4,943,065
5. Charitable Activities Expenses		
Western Medication	407,219	443,445
Medical Supplies	491,041	401,059
Laundry	195,878	190,824
Food for patients	383,494	358,402
Electricity and gas	373,047	331,793
Traditional Chinese Medicine Expenses (TCM)	246,007	217,803
Consultancy and professional fees	496,787	1,042,498
Staff costs	4,791,765	4,831,164
Contributions to defined contribution plan	354,439	346,841
Other staff related costs	77,138	103,478
Foreign worker levy and expenses	679,253	645,219
Other charitable related expenses	304,801	396,286
	8,800,869	9,308,812

	2012 \$	2011 \$
6. Other Operating and Administration Expenses		
Depreciation of property, plant and equipment	425,910	324,736
Non-claimable GST expenses	301,837	321,894
Printing and stationery	70,602	90,324
Small assets expensed off	69,835	143,308
Consultancy fees	212,794	177,769
Leased land rental	1,699,380	1,699,380
Repair and maintenance	129,126	208,921
Staff costs	1,518,007	1,660,323
Contributions to defined contribution plan	189,998	181,840
Other staff related costs	27,378	52,321
Other expenses	621,668	506,246
	5,266,535	5,367,062
7. Employee Benefits Expense		
Staff Costs	6,309,772	6,491,487
Contributions to defined contribution plan	544,437	528,681
	6,854,209	7,020,168
8. Items in the Statement of Financial Activities		
The statement of financial activities includes the following charges:		
External audit fees	56,505	36,000
9. Tax Deductible Donation Receipts		
The Hospital enjoys a concessionary tax treatment whereby qualifying donors are granted 2.5 times tax deduction for the donations made to the Hospital. This status was renewed for 3 years with effect from 1 July 2012 under the Health Endowment Fund Scheme.		
The Hospital issued tax deductible receipts for donations collected	9,177,853	6,959,328

10. Property, Plant and Equipment

	Leasehold Improvements \$	Office and Medical Equipments \$	Motor Vehicles \$	Computers \$	Furniture & Fittings \$	Total \$
Cost:						
At 1 January 2011	67,819	1,721,206	433,550	315,681	1,478,259	4,016,515
Additions	18,000	174,582	-	48,180	11,000	251,762
At 31 December 2011	85,819	1,895,788	433,550	363,861	1,489,259	4,268,277
Additions	-	187,213	81,380	144,274	4,210	417,077
Disposal	-	(50,613)	-	(1,150)	(33,840)	(85,603)
At 31 December 2012	85,819	2,032,388	514,930	506,985	1,459,629	4,599,751
Accumulated Depreciation:						
At 1 January 2011	18,838	1,115,886	168,468	315,681	1,094,110	2,712,983
At 31 December 2011	30,966	153,056	53,017	48,180	39,517	324,736
Depreciation for the year	49,804	1,268,942	221,485	363,861	1,133,627	3,037,719
Disposal	30,870	158,351	58,689	144,274	35,689	427,873
At 31 December 2012	-	(40,337)	-	(1,150)	(22,926)	(64,413)
At 31 December 2012	80,674	1,386,956	280,174	506,985	1,146,390	3,401,179
Net book value:						
At 1 January 2011	48,981	605,320	265,082	-	384,149	1,303,532
At 31 December 2011	36,015	626,846	212,065	-	355,632	1,250,558
At 31 December 2012	5,145	645,432	234,756	-	313,239	1,198,572

The depreciation expense has been charged to other operating and administrative expenses in the statement of financial activities.

11. Investment Properties

	Properties \$
2012:	
At Cost:	
At beginning of the year	18,496,497
Additions	12,850
At end of the year	18,509,347
Accumulated Depreciation:	
At beginning of the year	1,943,152
Depreciation for the year	331,324
At end of the year	2,274,476
Net book value:	
At beginning of the year	16,553,345
At end of the year	16,234,871
Fair value:	
Fair value at end of the year	79,300,000
Rental and service income from investment properties	2,474,985
Direct operating expenses (including maintenance) arising from investment property that generated rental income during the period	981,934
2011:	
At Cost:	
At beginning of the year	18,234,747
Additions	261,750
At end of the year	18,496,497
Accumulated Depreciation:	
At beginning of the year	1,605,329
Depreciation for the year	337,823
At end of the year	1,943,152
Net book value:	
At beginning of the year	16,629,418
At end of the year	16,553,345
Fair value:	
Fair value at end of the year	58,396,304
Rental and service income from investment properties	2,367,848
Direct operating expenses (including maintenance) arising from investment property that generated rental income during the period	990,550

The depreciation expense is charged to rental expenses in the statement of financial activities.

The investment properties are leased out under operating leases.

The fair value is determined periodically on a systematic basis at least once yearly. The fair value was based on a valuation made by Chambers Valuers & Property Consultants Pte Ltd, a firm of independent valuers, based on reference to market evidence of transaction prices for similar properties. The fair value is regarded as the lowest level for fair value measurement as the valuation includes inputs for the asset that are not based on observable market data (unobservable inputs).

12. Available-for-sale Financial Assets

	2012 \$	2011 \$
Investments at available-for-sale at fair value through Other Comprehensive Income		
Movements during the year:		
Fair value at beginning of the year	14,307,187	25,334,586
Additions	11,816,234	7,361,753
Disposals	(8,055,315)	(16,945,337)
Increase (Decrease) in fair value through Other Comprehensive Income	1,069,188	(1,443,815)
Fair value at end of year		
Fair value at end of year	19,137,294	14,307,187
Balance is made up of:		
Quoted equity shares in corporations shares, at fair value	3,091,031	2,537,766
Bonds, at fair value	777,000	-
	3,868,031	2,537,766
Funds held with Fund Managers:		
Quoted investments:		
Real estate investment trust	12,032	16,496
Debt securities	15,255,915	11,752,925
	15,267,947	11,769,421
Cash and bank balances	1,316	-
Fair value at end of year	15,269,263	11,769,421
Total investment securities	19,137,294	14,307,187
	2012 \$	2011 \$
Unquoted equity shares at cost	-	-

13. Investment in Subsidiary

In 2009, KWS Hospital Management Corporation Limited was incorporated as a public company limited by guarantee. Kwong Wai Shiu Hospital is the subscriber of KWS Hospital Management Corporation Limited and has control over KWS Hospital Management Corporation Limited. Accordingly, KWS Hospital Management Corporation Limited is deemed to be a subsidiary of Kwong Wai Shiu Hospital. However, the financial statements of KWS Hospital Management Corporation Limited were not consolidated as it was immaterial to Kwong Wai Shiu Hospital.

14. Inventories

	2012 \$	2011 \$
Chinese refined medicine	35,803	29,086
Western medicine	23,385	24,569
Medical and surgical supplies	24,387	93,543
Auction items	25,815	51,696
Balance at end of year	109,390	198,894
Cost of inventories recorded as an expense in the Statement of Financial Activities	1,232,307	1,182,627

15. Trade and Other Receivables

Trade receivables:

Trade receivables – Patients	1,106,532	906,658
Receivables – Properties	98,204	76,506
Less allowance for impairment	-	(1,000)

Sub total	1,204,736	982,164
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Other receivables:

Deposits to secure services	510,043	485,772
Fixed deposits interest and bond coupon receivables	327,314	183,776
Subsidiary (Note 3)	21,382	19,333
Other receivables	3,623	146,338

Sub total	862,362	835,219
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Total trade and other receivables	2,067,098	1,817,383
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Movements in above allowance for receivables – properties:

Balance at beginning of the year	1,000	52,951
Charged for trade receivables to statement of financial activities included in rental expenses	-	5,190
Reversed for allowance to statement of financial activities included in rental expenses	-	(6,071)
Written off during the year	(1,000)	(51,070)

Total trade and other receivables	-	1,000
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16. Other Assets

Hospital Redevelopment – deferred expense (1)	523,112	66,719
Prepayments	162,554	84,750
	685,666	151,469

(1) The deferred expense account relates to costs incurred in connection with the redevelopment of the Hospital.

17. Cash and Cash Equivalents

	2012	2011
	\$	\$
Not restricted in use	41,960,438	36,609,814
Restricted in use	5,543,212	317,004
Cash at end of year	47,503,650	36,926,818
Interest earning balances	36,951,641	32,750,000

The rate of interest for the cash on interest earning balances is between 0.05% and 1.05% (2011: 0.045% and 1.28%).

17A. Cash and Cash Equivalents in the Statement of Cash Flows:

Balance as shown above	47,503,650	36,926,818
Cash restricted in use (1)	(5,543,212)	(317,004)
Cash and cash equivalents for statement of cash flows purposes at end of year	41,960,438	36,609,814

(1) Includes the following:

- \$4,753,660 (2011: \$ Nil) relating to monies received under Community Silver Trust Fund and
- \$789,552 (2011: \$317,004) relating to monies received on behalf of Medifund (Note 19).

18. Trade and Other Payables**Trade payables:**

Outside parties and accrued liabilities	1,483,097	1,067,295
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Other payables:

Deposits received from patients and tenants	707,931	813,371
Other payables	63,411	62,007

Subtotal	771,342	875,378
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Total trade and other payables	2,254,439	1,942,673
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19. Other Liabilities

Community Silver Trust – Fund (1)	4,753,660	-
Community Silver Trust – Deferred Income (2)	26,400	-
Medifund from Ministry of Health	789,552	317,004
Prepaid rentals from tenants	9,000	44,681

	5,578,612	361,685
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(1) Community Silver Trust (“CST”) fund relates to monies received under Community Silver Trust donation matching grant programme. The Hospital receives a matching grant of one dollar for every donation dollar raised subject to an annual grant cap of \$15 million. The funding agreement with CST is from 1 April 2011 to 31 March 2013, with an option to renew for a further period of one year. Any remaining fund shall be refunded to the CST in the event CST ascertains that the Hospital has not used the grant according to the approved use of the CST or not satisfactorily utilised the grant provided.

(2) Amounts under the CST fund utilised for plant and equipment additions are taken to the deferred income grant account, and are credited to the statement of financial activities over the periods necessary to match the depreciation of the corresponding plant and equipment.

20. Fund Account Balances

	Unrestricted Fund				Restricted Fund		Total \$
	Sinking Fund \$	Project Development Fund \$	General Fund \$	Fair Value Reserves \$	Building Fund \$		
Cost:							
Balance as at 1 January 2011	200,000	28,000,000	34,017,160	780,131	-		62,997,291
Net surplus/(deficit) for the financial year	-	-	6,711,250	(1,443,815)	616,570		5,884,005
Transfer from General Fund to Building Fund	-	-	(50,000)	-	50,000		-
Balance as at 31 December 2011	200,000	28,000,000	40,678,410	(663,684)	666,570		68,881,296
Net surplus for the financial year	-	-	8,832,447	1,069,188	320,559		10,222,194
Balance as at 31 December 2012	200,000	28,000,000	49,510,857	405,504	987,129		79,103,490
	(i)	(ii)			(iii)		

(i) Sinking Fund was set aside solely for the purpose of any possible major repairs on the hospital premise in Kwong Wai Shiu Hospital.

(ii) Project Development Fund (PDF) was set aside from General Fund to provide for the purpose of Hospital Development.

(iii) Building Fund was set aside solely for the purpose of Hospital Redevelopment.

21. Reserves Policy

Unrestricted Funds

Ratio of Reserves (excluding Project Development Fund) to Annual Operating Expenditure

	2012 \$	2011 \$
Unrestricted Funds	78,116,361	68,214,726
Ratio of Reserves (excluding Project Development Fund) to Annual Operating Expenditure	3.2	2.5

The reserves of the Hospital provide financial stability and the means for the development of the Hospital's activities. The Hospital intends to maintain the reserves at a level sufficient for its operating needs. The management reviews the level of reserves regularly for the Hospital's continuing obligations.

22. Financial Instruments: Information on Financial Risks

22A. Classification of Financial Assets and Liabilities

The following table summarises the carrying amount of financial assets and liabilities recorded at the end of the reporting year by FRS 39 categories:

	2012 \$	2011 \$
Financial assets:		
Trade and other receivables	2,067,098	1,817,383
Available-for-sale investments	19,137,294	14,307,187
Cash and cash equivalents	47,503,650	36,926,818
At end of year	68,708,042	53,051,388
Financial liabilities:		
Trade and other payables at amortised cost	2,254,439	1,942,673
At end of year	2,254,439	1,942,673

Further quantitative disclosures are included throughout these financial statements.

22B. Financial Risk Management

The main purpose for holding or issuing financial instruments is to raise and manage the finances for the entity's operating, investing and financing activities. The main risks arising from the entity's financial instruments are credit risk, interest risk, liquidity risk, foreign currency risk and market price risk comprising interest rate and currency risk exposures. The management has certain practices for the management of financial risks. The guidelines set up the short and long term objectives and action to be taken in order to manage the financial risks. The guidelines include the following:

1. Minimise interest rate, currency, credit and market risk for all kinds of transactions.
2. Maximise the use of "natural hedge": favouring as much as possible the natural offsetting of sales and costs and payables and receivables denominated in the same currency and therefore put in place hedging strategies only for the excess balance. The same strategy is pursued with regard to interest rate risk.
3. All financial risk management activities are carried out and monitored by directors.
4. All financial risk management activities are carried out following good market practices.

The Board of Management has also appointed external investment managers to invest and manage the moneys in accordance with the prudent guidelines set out by the management.

22. Financial Instruments: Information on Financial Risks (Continued)

22B. Financial Risk Management (Continued)

There is also an investment committee. The Board of Management and the investment committee receive periodic reports on the state of the investments and the investment markets.

22C. Fair Values of Financial Instruments : Fair value measurements recognised in the statement of financial position

The financial assets and financial liabilities at amortised cost are at a carrying amount that is a reasonable approximation of fair value.

The fair value measurements are classified using a fair value hierarchy that reflects the significance of the inputs used in making the measurements. The levels are: Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities; Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and Level 3 inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Balances recognised at fair value in the Statement of Financial Position included available-for-sale financial assets of \$19,137,294 (2011: \$14,307,187). They were measured at level 2 of the fair value hierarchy.

22D. Credit Risk on Financial Assets

Financial assets that are potentially subject to concentrations of credit risk and failures by counterparties to discharge their obligations in full or in a timely manner consist principally of cash balances with banks, cash equivalents, receivables and asset held for sale. The maximum exposure to credit risk is the fair value of the financial instruments at the end of the reporting year. Credit risk on cash balances with banks and derivative financial instruments is limited because the counter-parties are banks with acceptable credit ratings. For credit risk on receivables an ongoing credit evaluation is performed of the debtors' financial condition and a loss from impairment is recognised in the income statement. There is no significant concentration of credit risk, as the exposure is spread over a large number of counter-parties and patients. The exposure to credit risk is controlled and compliance is monitored by management.

The average credit period generally granted to trade receivable patients is about 30 days (2011: 30 days). However, many patients are given a longer period of credit depending on their circumstances. The exposure to credit risk is controlled by setting limits on its exposure to individual patients.

- (a) Ageing analysis of the age of trade receivable amounts that are past due as at the end of reporting year but not impaired:

	2012 \$	2011 \$
Trade receivables:		
Less than 30 days	155,993	173,514
31-60 days	16,965	35,638
61-90 days	86,191	96,896
Over 90 days	767,669	399,956
At end of year	1,026,818	706,004
Trade receivables:		
Over 90 days	-	1,000
At end of year	-	1,000

Other receivables are normally with no fixed terms and therefore there is no maturity. There is no concentration of credit risk with respect to trade receivables, as the Hospital has a large number of patients.

22. Financial Instruments: Information on Financial Risks (Continued)

22E. Liquidity Risk

The liquidity risk is managed on the basis of expected maturity dates of the financial liabilities.

All financial liabilities of the Hospital are due within one year.

The Hospital has sufficient cash balances to support cash commitments from their existing liabilities. The Hospital does not have any banking facilities.

22F. Interest Rate Risk

The interest rate risk exposure is mainly from changes in fixed rate of the Hospital's fixed deposits. The interest from financial assets including cash balances is not significant.

22G. Foreign Currency Risk

There is no significant exposure to foreign currency risk.

22H. Equity Price Risk

There are investments in equity shares or similar instruments. As at end of financial year, some equity shares were held that are investment in companies listed on the Singapore Stock Exchange and other stock exchanges. As a result, such investments are exposed to both currency risk and changes in fair value risk.

Sensitivity analysis:

A hypothetical 10% decrease in the fair value of quoted equity shares would have an adverse effect on financial activities

	2012 \$	2011 \$
	310,306	255,426

23. Capital Commitments

Estimated amounts committed at the end of the reporting year for future capital expenditure but not recognised in the financial statements are as follows:

	2012 \$	2011 \$
Commitments to purchase plant and equipments and renovations work	-	56,503

24. Operating Lease Income Commitments

At the end of the reporting year the total of future minimum lease income commitments under non-cancellable operating leases are as follows:

	2012 \$	2011 \$
Not later than one year	1,784,848	1,621,688
Later than one year and not later than five years	506,123	872,978
Rental income for the year	2,474,985	2,367,848

Operating lease income commitments are for the investment properties. The lease rental income terms are negotiated for an average term of one to two years.

25. Operating Lease Payment Commitments

	2012 \$	2011 \$
Not later than one year	1,777,153	1,713,934
Later than one year and not later than five years	2,074,002	298,171

Rental expense for the year	1,711,904	1,710,601
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26. Contingent Liabilities

The Hospital has undertaken to provide continued financial support to its subsidiary with net capital deficit of \$22,987 (2011: \$16,879).

27. Changes and Adoption of Financial Reporting Standards

For the reporting year ended 31 December 2012 the following new or revised Singapore Financial Reporting Standards were adopted. The new or revised standards did not require any modification.

FRS No.	Title
FRS 12	Deferred Tax (Amendments to) – Recovery of Underlying Assets (*)
FRS 107	Financial Instruments: Disclosures (Amendments to) - Transfers of Financial Assets (*)

(*) Not relevant to the entity.

28. Future Changes in Financial Reporting Standards

The following new or revised Singapore Financial Reporting Standards that have been issued will be effective in future. The transfer to the new or revised standards from the effective dates is not expected to result in material adjustments to the financial position, results of operations, or cash flows for the following year.

FRS No.	Title	Effective date for periods beginning on or after
FRS 1	Amendments to FRS 1 – Presentation of Items of Other Comprehensive Income	1 Jul 2012
FRS 1	Amendment to FRS 1 Presentation of Financial Statements (Annual Improvements)	1 Jan 2013
FRS 16	Amendment to IAS 16 Property, Plant and Equipment (Annual Improvements)	1 Jan 2013
FRS 19	Employee Benefits (Revised)	1 Jan 2013
FRS 27	Consolidated and Separate Financial Statements (Amendments to)	1 Jul 2012
FRS 27	Separate Financial Statements (Revised)	1 Jan 2014
FRS 28	Investments in Associates and Joint Ventures (Revised) (*)	1 Jan 2014
FRS 32	Amendment to FRS 32 Financial instruments: Presentation (Annual Improvements)	1 Jan 2013
FRS 107	Amendments to FRS 32 and 107 titled Offsetting Financial Assets and Financial Liabilities (*)	1 Jan 2013
FRS 110	Consolidated Financial Statements	1 Jan 2014
FRS 111	Joint Arrangements (*)	1 Jan 2014
FRS 112	Disclosure of Interests in Other Entities (*)	1 Jan 2014
FRS 110	Amendments to FRS 110, FRS 111 and FRS 112	1 Jan 2014
FRS 113	Fair Value Measurements	1 Jan 2013
INT FRS 120	Stripping Costs in the Production Phase of a Surface Mine (*)	1 Jan 2013

(*) Not relevant to the entity.

We are very grateful to the following groups and organisations who had been with us this year and made our residents smile and happy :

Corporations/Associations

企业和协会组织

1. The Arena Entertainment Pte Ltd
2. A&J Creative Danceworld
3. Regency Steel Asia Pte Ltd
4. Western Hairdressing & Beauty Salon
5. Hair Time Unisex Salon
6. Institute of FengshuiBazi
7. Artrend Design
8. IPP Financial Advisers Pte Ltd
9. IHS Consultancy
10. Maybank
11. The Hongkong and Shanghai Banking Corporation Ltd
12. Standard Chartered Bank
13. Microsoft Regional Sales Corporation
14. Cheers Holdings (2004) Pte Ltd
15. Staff of Jurong ShipyardPte Ltd
16. Medica Singapore Pte Ltd
17. Robinsons & Co (Singapore) Pte Ltd
18. Singapore General Hospital, Dept. of Ortho Surgery
19. John Little Pte Ltd
20. Singapore Press Holdings Limited
21. Singapore Telecommunications Limited
22. Dynamic Electronics Co Ltd
23. Income Revenue Authority of Singapore
24. Microsoft Legal and Corporate Affairs
25. Altitude Alliance & Associates

Schools

学校

1. Anglo Chinese (Independent) School
2. Hong Wen School
3. Nan Hua High School
4. Nanyang Girls' High
5. Balestier Hill Secondary School
6. Geylang Methodist Girls School
7. Raffles Institution
8. School of the Arts, Singapore (Sota)
9. Tanjong Katong Secondary
10. Yangzheng Primary School
11. Hwa Chong Institution
12. ITE, Balestier
13. 121 Boys' Brigade Company ACSI
14. Nanyang Junior College
15. Paya Lebar Girls Methodist School (Primary)
16. Alice Lee Centre for Nursing Studies
17. Yong Loo Lin School of Medicine
18. National University of Singapore

We wish to express our sincere thanks and appreciation to all our donors, volunteers and well-wishers for their encouragement and support. We look forward to your continuous generosity and compassion as we journey on to build a better place for the needy and elderly in Singapore.

我们衷心感谢所有的捐献者,义工及各界人士的爱护与关怀. 我们祈望您继续支持本院, 共同成长.

ABOUT KWSH

Please contact us for more details
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Kwong Wai Shiu Hospital (KWSH), one of Singapore's oldest healthcare institutions, was founded in 1910 by a group of Cantonese merchants to provide free medical services to poor immigrants from China. Initially, KWSH's in patient services were only available to the Cantonese, although outpatient services were accessible to all. In 1974, the Constitution of KWSH was amended to include the admission of people of all races into its in patient facilities. Since then the hospital is committed to providing affordable and quality healthcare services to the sick and needy, regardless of race, language or religion.

In the last century, KWSH has evolved from a basic in-patient and outpatient establishment to a modern healthcare institution, recognized in Singapore for its nursing and geriatric care. At 103 years old, the hospital presently has a 350 bed nursing home, with facilities that include a Rehabilitation Centre and a Traditional Chinese Medicine Centre that serves thousands every month. KWSH has embarked on a redevelopment plan which will transform it into Singapore's largest single site nursing home operator in 2016.

In recent years, fees collected by the Hospital have not been sufficient to cover the operating expenses incurred. Despite this, the hospital has upheld its legacy of compassion and continued to charge fees nominally. At the same time, it strives ceaselessly to keep up with the changing healthcare demands.

Many of the Hospital's patients come from low income families. Their hospital charges are heavily subsidized by the Hospital's charity funds. As a charitable hospital, KWSH is highly dependent on the public's support and donations to meet the increasing healthcare expenses much needed to care for the beneficiaries.

广惠肇留医院成立于1910年，是一间历史悠久的慈善医院，当时由一群广东商人创办，其办院目的是为了给广东籍移民提供免费的住院和门诊医疗服务。

103年后，医院目前拥有350张病床的住院服务，配合康复医疗和传统中医门诊服务。医院筹划扩展在2016年成为我国最大的独立疗养院。

医院的营运向来都入不敷出，但仍然秉承治病，行医为善的传统，提供廉宜的医疗服务。

多数病人的医药费都由我们资助。身为一所非盈利的医院，我们靠的是社会人士的鼎力支持及善款以维持庞大的常经费。