

HCA HOSPICE CARE

SOCIAL IMPACT REPORT 2013



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SOCIAL IMPACT AND NVPC

Givers increasingly see philanthropy as a form of social investment and more are asking about the impact of non-profit organisations' (NPOs') work. The debate on how impact should be defined and how to measure it has been wide-ranging, with no prevailing consensus.

The National Volunteer & Philanthropy Centre (NVPC) believes that measuring and expressing social impact will become increasingly important for NPOs as funders become more impact-oriented in their thinking. NVPC's analysis thought leadership was started in 2011 to help NPOs analyse and express their organisational effectiveness and social impact. Today, NVPC provides social impact assessment like this report and other bespoke analysis services for NPOs and funders.

NVPC's position on Social Impact

NVPC believes that both quantitative and qualitative approaches should be taken to assessing impact, as quantitative information alone could inadvertently cause other critical aspects of an organisation to be overlooked (e.g. clients' experiences). NVPC also believes that impact assessment should be an exercise that is owned by the NPO and executed with clear objectives in mind.

NVPC's methodology has been influenced by the work of New Philanthropy Capital (www.thinknpc.org) and Charting Impact (www.chartingimpact.org). NVPC's approach is adapted from Charting Impact's five questions designed to help organisations communicate their impact in a strategic and concise manner.

ABOUT THE REPORT

The Social Impact Report assesses HCA's work along the following parameters:

- Clarity of the impact it wants to achieve and its strategy to achieve it.
- Possession of and plans to build resources required to achieve its desired impact.
- Evidence of desired impact achieved through results tracking measures and processes; as well as demonstration of impact at community and national levels.
- Ability and readiness to sustain and grow its impact in the long run.

In producing this report, NVPC used the following sources of information:

- Annual reports and audited financial statements from financial years 2008 to 2012; and selected classified documents in the recent 5 years.
- In-person interview with HCA's CEO and Medical Director, Dr R. Akhileswaran and an email interview with HCA's board president, Dr Seet Ai Mee in 2013.
- On-site observations of HCA's Young Caregivers (yCG) workshop and forum theatre initiative in 2013.
- Inputs from Singapore Hospice Council and National Council of Social Service.

NVPC also engaged in further information requests and clarifications with HCA's staff. HCA has reviewed the 2013 Social Impact Report for factual accuracy.

In 2011, NVPC produced an [Independent Charity Analysis report](#) on HCA that assessed the organisation along the parameters of Programmes, Finance, Governance/Leadership and Organisational impact.¹ This is different from the 2013 Social Impact Report that primarily looked at HCA's impact.

An online version of this Report is also available on NVPC's website.

TERMS USED IN THE REPORT

Hospice and Palliative Care

Singapore Hospice Council explains hospice and palliative care in the following way²:

“A holistic approach to caring for patients going through the last stages of their lives. It aims to meet all needs (physical, emotional, psychosocial and spiritual) so as to alleviate suffering and maximise quality of life for patients and their loved ones... Palliative care is generally provided for patients who have been diagnosed with just months to live, but it can also be provided for patients in the early stages of their illnesses.”

Home Hospice Care

Home hospice care is hospice care provided in the comfort of the patient's own home. Typically, home hospice care will include symptom control, caregiver support and psychosocial support.

HCA is the largest provider of home hospice care in Singapore. Its multidisciplinary home care teams (comprising a doctor, four to five nurses, a medical social worker and a social work assistant) visit patients in their homes to:

- Provide medical prescriptions to control the symptoms and alleviate pain,
- Coach families on how to care for their loved one at home, and
- Assist patients and their families in emotionally coping with death, grief and loss

Day Hospice Care

Day hospice care caters to the needs of patients away from home and is suitable for patients who can walk or move around in a wheelchair safely, and do not require round-the-clock nursing care.

HCA runs a day hospice care that is staffed with nurses and supported by volunteers to care for the patients. Nurses conduct physiotherapy to help patients strengthen their abilities to complete routine activities such as eating, bathing, dressing without help. This helps to improve the patient's confidence and overall quality of life. With the help of volunteers, the centre also conducts singing and music therapy, art and craft sessions, pet therapy, and organises social outings for patients to visit places of interest.

¹ The online version of this report can be accessed on the NVPC website at this link:

http://www.nvpc.org.sg/knowledge/charity_reports/report_detail/artmid/1026/articleid/388/hca-hospice-care.aspx

² Singapore Hospice Council. Hospice and Palliative Care. Retrieved 26 February 2014 from:

<http://www.singaporehospice.org.sg/SHC%20Brochure/SHCbrochure%20English.pdf>.

WORK AT A GLANCE

| | | | | | |
|------------------------------|---|--|---|---|---|
| Vision | To be the centre of excellence for Hospice Home Care | | | | |
| Mission | Ensuring the best quality of life for our patients by delivering professional palliative care and providing compassionate support for their families Nurturing the dedicated individuals who make our work possible and serve our community through continued learning and development | | | | |
| Target Group | Persons with life-limiting illness (prognosis of less than 12 months) | | Family members and caregivers of patients | | School-going youth aged 11 - 18 years |
| | Adults | Children & Youth | | | |
| Programme | Home Hospice Care | Day Hospice Care | Caregiver Training & Support | Bereavement support | Young Caregivers Programme |
| Programme Description | Home hospice care provided by multidisciplinary teams of doctors, nurses and medical social workers | Run rehab & social programmes Medical reviews | Caregiver training sessions Information/referral Psycho-social support (e.g. counselling) | Sunflower Remembrance Day (Memorial Service) Bereavement Counselling | Workshops designed for primary, secondary and tertiary levels. Service learning projects at the Day Hospice Care Centre Forum Theatre Initiative |
| Outcomes | Patients pass away in the comfort of their homes with most/all symptoms controlled | Patients improve in their ability to complete daily routine tasks without help | Families/caregivers are trained to care for their loved ones, and receive psycho-social support so they can better cherish the final days of their loved ones | | The youth learn about palliative care and basic care giving skills, preparing a future generation of caregivers. They learn to treasure life and their loved ones. |

CORPORATE PROFILE



Vision

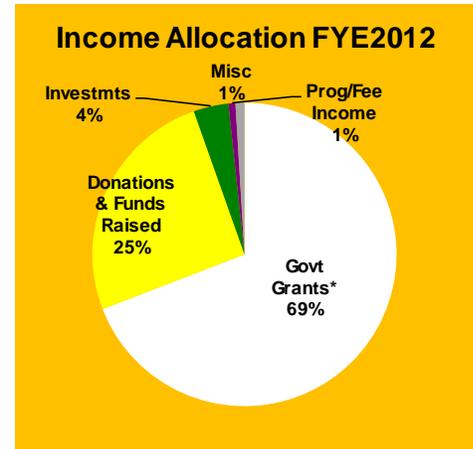
“To be the Centre of Excellence for Hospice Home Care”

Client Type

| No of Clients Served ^a | FYE 2011 | FYE 2012 | % Δ |
|-----------------------------------|----------|----------|-----|
| Home care patients | 3,249 | 3,580 | +10 |
| Day care patients | 270 | 207 | -23 |
| Family & caregivers trained | 557 | 533 | -4 |

Finance

| Year ^d | FYE 2011 | FYE 2012 | % Δ |
|-------------------------------------|----------|----------|-----|
| Income (\$'000) | 5,929 | 6,610 | +11 |
| Expense (\$'000) | 4,936 | 5,483 | +11 |
| Surplus/Deficit (\$'000) | 992 | 1,127 | +14 |
| Surplus/Deficit % of Expense | 20% | 21% | +5 |
| Reserve Ratio ^c (months) | 21 | 21 | 0 |

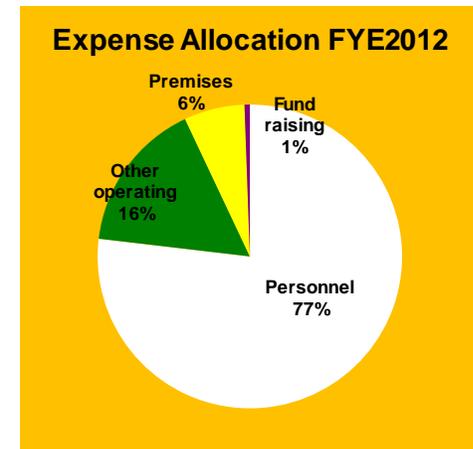


Governance/Leadership

| | |
|------------------------|--|
| CEO/ED Name | Dr R. Akhileswaran |
| Chairman | Dr Seet Ai Mee |
| Chairman Tenure | 2003 – Present ^d (10 years) |
| Board Size | 17 ^e |
| Salary Info Disclosure | Yes |

Organisation

| | |
|-------------------------|--|
| Registered Charity | Yes |
| Registered IPC | Yes |
| Sector | Health |
| Regulator | Ministry of Health |
| No of Years Operating | 24 |
| No of Employees | Approximately 90 ^e |
| Recognition/Endorsement | <ul style="list-style-type: none"> Centre of Specialisation in palliative care (2008) NCSS-appointed national agency for palliative caregivers training and support (2004) |



Information in the two charts was taken from HCA's 2011/2012 financial report.

^a Only selected client groups represented. Clients of psychosocial support, students reached through HCA's public education programme, and clients of HCA's paediatric palliative care pilot programme are not included.

^b FYE refers to financial year end. HCA's FYE is end of March.

^c HCA defines reserve ratio as total unrestricted reserve ÷ total operating expense.

^d The frequency of council elections was changed from biennial to annual in 2006. Dr Seet was re-elected as President since 2003.

^e Based on verbal update by HCA in July 2013

SOCIAL IMPACT REPORT

(I) Aim and Strategy

Vision and Desired Impact

HCA Hospice Care's (HCA's) vision is to be a centre of excellence for hospice home care, locally and globally. HCA's desired impact is helping patients to achieve a "good death". This means that the patient passes on at home with most or all symptoms controlled, both patient and family accept the inevitable, and the family is involved and supported in the care process. HCA's social objective is to increase the awareness of palliative care and basic caregiving skills among the youth.

Organisational Strategy

HCA has in place a strategy to realise its desired impact which its management reviews annually. Every 3 to 5 years, HCA conducts an organisational-level strategic review. HCA's two strategic thrusts can be presented as:

- Delivering high quality, holistic palliative care by continually building the capabilities of its medical and allied health teams.
- Raising public awareness and understanding of palliative care to increase the acceptance of its service and its place in society.

(II) Ability to Realise Desired Impact

Professional and competent team

HCA endeavours to hire the best for the job for palliative care. Beyond skill sets, Dr Akhileswaran looks for passion and compassion in candidates. HCA ensures that its salary compensation is competitive with hospitals to recruit the best for the job. In recent years, HCA adjusted salaries based on a Hay Group review it commissioned in 2012.

There is strong emphasis on training and development to continually hone staff capabilities. Doctors and nurses attend weekly case discussions, and clinical teams meet every other week to discuss actual cases. HCA formed partnerships with top medical centres in the world such as MD Anderson Cancer Center³ and Silver Chain, Australia⁴ so that its doctors learn from the best. HCA's investment in its people has paid off with 10 Healthcare Humanity Awards since the awards started in 2004.

Strategic and Dedicated Leadership

HCA's CEO and Medical Director, Dr Akhileswaran, champions the focus on staff development which is the organisation's key focus. Recognised for his leadership, he was among the first scholars awarded by Tote Board to attend Harvard Business School's management training in 2008.⁵ In recent years, Dr. Akhileswaran has strengthened its second-tier leadership by adding a deputy medical director and a chief operating officer to HCA's management team.

Dr Akhileswaran works with a committed and engaged board of directors (HCA calls the "Council"). The Council meets every two months to assess organisational performance via key parameters⁶, and the executive committee meets every month. Every council member is involved in at least one working sub-committee and potential members are expected to join a sub-committee before joining the Council.

³ According to the U.S. News & World Report's annual "Best Hospitals" survey, MD Anderson Cancer Center was ranked top hospital for cancer care for 7 years running in the United States.

⁴ Silver Chain is one of the largest in-home health and care providers in Australia, with over 100 years of operating experience. Its home hospice service is similar in size to HCA's programme. HCA launched its learning exchange with Silver Chain in 2009/2010.

⁵ 17 scholars have been awarded the Tote Board scholarship since its launch in 2008 to 2012. Dr Akhileswaran is the only one from the palliative care sector to be awarded.

⁶ Such as human resource parameters (e.g. training and development spending) and medical service parameters (e.g. doctors' visits).

Stable Government and Community Support

The Ministry of Health (MOH) and the National Council of Social Service (NCSS) has financially supported HCA's home care service for over 10 years. However, these grants only cover between 70% and 80% of HCA's annual operating cost.⁷ In FY2012, HCA's total operating expense was \$7.2 million.

HCA does not charge for its home hospice service as its management believes that palliative care should be accessible to all and does not wish to introduce the stress of cost at a very challenging time of the family. Thus, HCA depends on donations rather than fee revenue to cover the rest of its expense, and it has not been let down. Donations and fundraising income make up 21% to 25% of HCA's annual income.⁸ More than half of this amount are from unsolicited donations, a large portion of which are made by persons related in some way to HCA's patients.

HCA also works closely with volunteers who bring comfort to patients through acts of service such as preparing the daily meals at the HCA's day hospice centre, and organising activities and outings. In the FY2012, HCA recorded a total of 4,200 volunteer hours. Going forward, stronger partnerships and community support will help HCA to sustain and expand the impact of its work.

(III) Achieved Impact Results

Help patients achieve a "good death"

Most Singaporeans want to die at home⁹ but less than a third who passes on does so.¹⁰ As the largest provider of home hospice care in Singapore, HCA helps people with life-limiting illness pass on in the comfort of their own homes through professional palliative care.

- HCA covers 73% of all home care patients in Singapore (as of March 2012). It serves 800 to 850 patients at any given time, which is 3 to 4 times more than other home hospice services.
- HCA's patient volume and number of patient referrals from hospitals has risen steadily by almost a third in the last 10 years (FY or Financial Year¹¹ 2001 - 2011).¹² Since 1989, HCA has reached over 52,000 patients.¹³
- HCA helps more than half of its patients pass on at home. Its home death rate rose from 49% in FY2004 to above 50% in FY2005, and remained above 55% every year in FY2006 - 2012. In FY2012, this rose to 58%. HCA has set itself a target to help 60% of all its patients pass on at home.
- HCA helps patients cope with their final days comfortably by alleviating their symptoms, and supporting patient and family with professional advice and care. In FY2012, HCA reported that 99.6% of patients who died at home, passed away symptom free.
- Almost all patients/caregivers feedback in FY2010 and FY2011 recorded above average satisfaction levels¹⁴ (100% in FY2010, 99.8% in FY2011, 95% in FY2012).¹⁵

⁷ In FY2010, 2011 and 2012, government grants made up 70% to 80% of annual expense. Source: Audited financial reports for FY2010, 2011 and 2012.

⁸ Source: Audited financial reports for FY2010, 2011 and 2012.

⁹ According to a 2008-09 survey commissioned by the Lien Foundation, 80% of those surveyed replied "no/not sure" to the question of whether they would be open to the idea of dying in a hospice, as they don't want to "waste the final moments of their life [there]".

¹⁰ In 2012, 60% of all deaths occurred in hospitals and only 27% in residences. Source: 2012 Singapore Demographic Bulletins.

¹¹ HCA's financial year starts on 1st April.

¹² HCA patient volume rose from 2,759 in FY2001 to 3,580 in FY2011, a rise of 30%. Patient referrals rose from 2,192 in FY2001 to 2,954 in FY2011, a rise of 35%. HCA started with a patient volume of 224 in FY1990.

¹³ This is as of March 2013.

¹⁴ Patients/caregivers registered at least 3.5 on a 5-point scale on their feedback forms.

¹⁵ HCA's home care teams request (but not require) feedback from patient/caregivers after 3 home visits. Survey participation rate was 88% (FY2010), 98% (FY2011) and 99% (FY2012).

Help caregivers cope with care

HCA runs workshops on caregiving skills. Home care teams also support caregivers by asking how they are coping and checking their readiness to handle issues that can be anticipated at every home visit. This helps to reduce caregiver anxiety and volume of panic calls at night.

- Almost 100% of the caregivers surveyed two weeks after completing HCA's caregiver training in FY2012 and FY2011 reported being able to apply the skills they learned to caregiving at home.¹⁶ The level of training satisfaction has also been high. In FY2012, 95% of all surveys registered above average satisfaction levels.¹⁷ This was 100% in FY2010 and FY2011.
- From FY2006 to FY2012, HCA increased its training frequency from every month to almost every week in response to demand. The numbers trained rose 70% from 360 in FY2006 to 620 in FY2012.
- HCA organises a memorial event thrice a year for family members to help them come to terms with their loved ones' passing. Started in 2004, the event benefits 200 to 250 people annually.

Raise palliative care awareness and influencing social attitudes among the young

HCA's Young Caregivers Programme (yCG) aims to sensitize the youth to the needs of the elderly sick and learn about palliative care. It won the 2010 NCSS Innovation Award (Special Mention) and stands out as the most far-reaching youth education programme among hospices in Singapore.

- Outreach more than doubled from about 5,000 students in 2004 to 12,400 students in 2012. Since 2004, yCG has reached 67,000 youths from about 170 educational institutions.¹⁸ Schools have expressed strong interest in the programme and 29 schools have partnered yCG for at least 4 years.
- In 2011 and 2012, almost all student feedback showed that they learned something new from the workshops. About 30% to 40% of the students participated in a service learning project at HCA's day hospice centre following the yCG workshops. Of these, 90% (in 2011) and 93% (in 2012) reported being able to apply what they learned and felt that they positively impacted the elderly.

Build capability in palliative care sector in Singapore

HCA's established work in home hospice care has led it to be a contributor of palliative care knowledge.

- HCA has contributed to the training of doctors, nurses and students through attachment programmes.¹⁹ HCA's doctors and nurses have been involved in teaching programmes run by the Singapore Hospice Council and tertiary institutions such as the National University of Singapore, Singapore Management University and Nanyang Polytechnic.
- HCA shares its learning with practitioners at local and international conferences. In 2011, two HCA nurses presented their research at the APHN Palliative Care conference in Malaysia. HCA also presented on its yCG programme at the 2011 Australian Palliative Care Conference.

Influence National Policy on palliative care

- HCA's Medical and Deputy Medical Directors were involved in developing the 2012 National Strategy for Palliative Care. HCA's senior doctors and nurses also sit on national committees at the Ministry of Health and the Agency for Integrated Care overseeing the development of adult and paediatric palliative care in Singapore.

¹⁶ The survey participation rate was 78% in FY2011 and 76% in FY2012.

¹⁷ Caregivers registered at least 3.5 on a 5-point scale on their feedback forms.

¹⁸ This is as of March 2013.

¹⁹ E.g. in FY2011, HCA hosted two senior palliative care nurses from Hong Kong on a 1-week attachment.

(IV) Potential to Sustain and Grow Impact

HCA is improving its service and outreach to create more impact for the community

The demand for home hospice care is expected to rise with a rapidly ageing population, higher prevalence of chronic diseases and continuing efforts by the government to promote home and community-based care. HCA is positioned to play an increasingly vital role in meeting this growing need.

HCA plans to increase the impact of its work in the community. Having built 4 satellite centres to be closer to patients in the community, HCA now plans to build day hospice centres near these satellites to allow more patients access to day care. HCA has also been trying to improve collaborations with General Practitioners to extend the continuity of care for its patients in the community.

HCA plans to grow the impact of its service on patients by building clinical collaborations with public hospitals to enable more seamless transition of care. It is also developing a dedicated palliative care service for children/youth with life limiting illnesses (called "Star PALS"), currently being piloted.

HCA is planning to grow its manpower to increase its impact

Human resource is key to sustaining and increasing impact. HCA has managed to significantly increase the number of doctors and nurses in the last 5 years²⁰ and is looking to recruit more. To lead new initiatives, its management identifies and grooms employees with interest and potential to take on leadership roles. As an example, a day hospice assistant was trained to lead its new day hospice centre.

HCA recognises the importance of working with the community to extend the social impact of its work. For example, HCA partnered volunteers to organise outings and other activities to promote social wellness when it first started the Star PALS programme.

HCA learns from research results to adapt to new needs and leverages new technology

HCA takes a learning approach that involves research, needs assessment and pilot testing when designing new programmes. This allows it to discover new areas of need and inform programme design. For example, HCA studied the care of dying children in a joint research with KK Women's and Children's Hospital that found a significant need for paediatric palliative care, leading it to pilot the service in 2012.

In the face of personnel shortage and high service demand, HCA adapted its processes to improve service efficiency. As an example, HCA was the first adopter of the e-mobile medical information system sponsored by Lien Foundation to reduce the physical load of patient files and improve its efficiency.

(V) Challenges Ahead

A key challenge of HCA is to build a leadership pipeline by attracting, retaining and grooming high potential individuals on both medical and non-medical fronts. The building of more hospitals and a low, albeit rising, awareness of the end-of-life care sector, will make the competition for talent even stiffer.

To achieve its vision, HCA will be challenged to increase its impact at a sector level, and demonstrate more bold and ambitious leadership for home hospice care in Singapore and beyond.

²⁰ HCA reported raising the number of its doctors from 5 to 8; and its nurses from 11 to 31 in 2008 to 2013.

SUMMARY OF KEY POINTS

(I) Aim and Strategy

- HCA's vision is to be a centre of excellence for hospice home care, locally and globally. HCA desires to help patients achieve a “good death”.
- HCA's strategic thrusts include (i) delivering high quality holistic palliative care by continual training and development and (ii) raising public awareness and acceptance of palliative care.

(II) Ability to Realise Desired Impact

- HCA has built a professional and competent team to deliver high quality, holistic palliative care through careful hiring and a strong emphasis on training and development.
- HCA has strong leadership at executive and board levels, and has recently strengthened its senior management in preparation of leadership succession in the future.
- HCA has built strong partnerships with the government and the community that support its work.

(III) Achieved Impact Results

- HCA is the largest home hospice provider in Singapore, covering 72% of all home hospice patients in Singapore. It has served over 52,000 patients since its establishment. It has helped more than half of all the patients it serves annually to pass on at home since 2004.
- HCA's Young Caregiver Programme is the widest and most established youth education programme on palliative care among hospices in Singapore. 30% to 40% of students who attended yCG in 2011 to 2012 joined a service learning project and at least 90% of them felt they could apply what they learned and make a positive impact on the elderly.
- HCA has contributed to the building of capabilities in the sector by training others and sharing knowledge at local and international platforms. HCA has also influenced national policy on palliative care through its involvement in the 2012 national strategy for palliative care.

(IV) Potential to Sustain and Grow Impact

- HCA is positioned to play an increasingly vital role in meeting the need for home hospice care as the population ages rapidly and chronic illnesses become more prevalent.
- People are HCA's key resource to creating social impact. To increase its impact, HCA plans to continue building its staff strength, groom employees to lead new initiatives and partner volunteers to extend the social impact of its work.
- HCA's learning-based approach to programme design allows it to discover new areas of need and inform effective design of interventions. HCA has shown an ability to adapt to meet new needs and leverage technology to improve its service.

(V) Challenges Ahead

- In a competitive hiring environment, building a leadership pipeline will become more challenging.
- HCA will also be challenged to increase its impact at a sector level, and demonstrate more bold and ambitious leadership for home hospice care in Singapore and beyond.

KEY RESULTS

| 1. HOME HOSPICE CARE | | |
|---|---------|---------|
| | FY11-12 | FY12-13 |
| No of patients | 3,580 | 3,570 |
| Patient referrals (No.) | 2,954 | 2,899 |
| Patient referrals (% of total) | 83% | 81% |
| Home Death Rate (HCA's target: 60%) | 56.1% | 56.6% |
| Patient and caregiver satisfaction (from Patient Satisfaction Survey) | | |
| % of patients and caregivers that returned survey forms | 98.0% | 99.2% |
| % of survey results that show 3.5 satisfaction rating and above | 99.8% | 95.0% |

| 2. PSYCHOSOCIAL SUPPORT | | |
|--|---------|---------|
| | FY11-12 | FY12-13 |
| Caseload | 1,303 | 1,420 |
| No of caregivers who attended HCA's memorial event ("Sunflower Remembrance Day") | 205 | NA |
| No of families who attended | 83 | NA |

| 3. PALLIATIVE CAREGIVERS TRAINING PROGRAMME | | |
|---|---------|---------|
| | FY11-12 | FY12-13 |
| No. of caregiver training sessions | 56 | 59 |
| No. of caregivers trained | 533 | 620 |
| Feedback received (No.) | 522 | 615 |
| Feedback received (% of all participants) | 98% | 99% |
| Those who scored > 3.5 points (No of survey respondents.) | 521 | 584 |
| Those who scored > 3.5 points (% of survey respondents) | 100% | 95% |
| Post-training calls made (No) | 416 | 469 |
| Post-training calls made (% of all caregivers trained) | 78% | 76% |
| Caregivers who reported being able to apply what they learned (% of all post-training calls made) | 100% | 100% |

| 4. YOUNG CAREGIVERS PROGRAMME (yCG) | | |
|---|-------------|-------------|
| | 2011 | 2012 |
| Students who attended yCG workshop (No.) | 9,817 | 12,422 |
| Students who participated in service learning project after workshop (No.) | 3,263 | 4,740 |
| Students who participated in service learning project after workshop (% of total who attended yCG workshops) | 33% | 38% |
| Students who attended yCG workshops and reported gaining new knowledge and understanding: | | |
| Students who submitted feedback forms (No.) | 9,665 | 12,416 |
| Students who submitted feedback forms & indicated gaining new knowledge/understanding (No.) | 9,361 | 12,152 |
| Students who submitted feedback forms & indicated having gained new knowledge/understanding (%) | 97% | 98% |
| Students who participated in a service learning project and reported being able to apply the knowledge gained from workshop and to make a positive impact on elderly: | | |
| Students who submitted feedback forms (No.) | 12,416 | 3,147 |
| Students who submitted feedback forms and indicated being able to apply learning and create impact (No.) | 12,152 | 2,936 |
| Students who submitted feedback forms and indicated being able to apply learning and create impact (% of all who submitted feedback forms) | 90% | 93% |

If you wish to learn more about HCA and ways to support this organisation, contact HCA at 6251 2561 or info@hcahospicecare.org.sg.

If you wish to learn more about NVPC's charity analysis services and social impact reports, please contact NVPC's Informed Giving Team at 6550 9595 or charityanalysis@nvpc.org.sg.

National Volunteer & Philanthropy Centre

www.nvpc.org.sg

6550 9595

6 Eu Tong Sen Street, #04-88 The Central, Singapore 059817

HCA Hospice Care

www.hca.org.sg

6251 2561

12 Jalan Tan Tock Seng, Singapore 308 437

