Ang Mo Kio - Thye Hua Kwan Hospital

Tapestry of Impact
Annual Report 2025/26



太和观 THK
ANG MO KIO
THYE HUA KWAN HOSPITAL
太和观医院

Ang Mo Kio – Thye Hua Kwan Hospital proudly presents

Tapestry of Impact.

Our 2025/2026 Annual Report concludes the 3-year volume that *Threaded by Passion* started and *Weaved with Purpose* continued.

In this edition, we exemplify the different virtues that our patients, people and partners share in common. Every highlight and contribution is meticulously weaved and threaded together to create vibrant narratives of resilience, excellence, compassionate care, collaboration and vision. Altogether, they form an inspiring tapestry, the fabric of AMK – THKH, encapsulating our impactful journey from 2023 to present.

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The Tapestry of Resilience

Every tapestry in the Ang Mo Kio – Thye Hua Kwan hospital is testament to the enduring spirit of our patients' determination to recover and our stalwarts' long-serving dedication.

We have persevered through every milestone and obstacle and stood the test of time. With robust governance and a stable financial position, we emerge from yet another year stronger – this is our ***Tapestry of Resilience.***



Our Mission & Values

Our Tapestry of Resilience is woven with our AMK – THKH mission, with which we are committed:



To serve our patients and their families in their journey back to community through passion with action.



To heal, rehabilitate, and empower and inspire hope amongst our patients and their families through the provision of quality care in an environment of continuous learning and growth.



To be a helping hand to the underprivileged and those who need help.

Making our tapestry even sturdier, we thread in our values:

Professionalism	**Integrity**	**Collaboration**
Passion in Action	**Empathy**	**Respect**

Chairman's Message

"AMK – THKH continued to make steady progress in 2025, strengthening our care capabilities while preparing for a changing healthcare landscape. As a community hospital under the stewardship of Thye Hua Kwan Moral Society, we remain anchored by three things: good governance, quality care and our responsibility to the community.

I would like to thank our Board of Directors for its guidance, our staff for their dedication, our partners and volunteers for their support, and most importantly, our patients and their families for the trust they place in AMK – THKH. Together, their contributions form the many threads of our Tapestry of Impact."



Mr. Lee Kim Siang

Chairman of the Board

Ang Mo Kio – Thye Hua Kwan Hospital

Anchored by Strong Governance

Trust is fundamental to any healthcare institution, and particularly so for a community hospital operated by a voluntary welfare organisation. We therefore place strong emphasis on transparency, accountability and responsible stewardship.

I am pleased that AMK – THKH has continued to meet the governance requirements under the Code of Governance for Charities and Institutions of a Public Character. This provides a strong foundation for the Hospital to serve our patients responsibly and to steward the resources entrusted to us.

Good governance is not simply about compliance. It is about ensuring that the organisation remains worthy of the confidence placed in it by our patients, donors, partners and the wider community.

Bringing Care Closer to the Community

Over the past year, AMK – THKH continued to broaden access to care. Our Family Clinic attained CHAS accreditation, while our Community Health Centre became part of the Central-North Primary Care Network.

These developments enable us to support residents not only when they require hospital care, but also in the management of their ongoing health needs closer to home.

We also continued to strengthen our existing services. Renovation of Dialysis Centre I commenced, which will increase our dialysis capacity by 40% and enable us to serve more patients with renal care needs. Our Day Rehabilitation Centre was relocated to Level 1, expanding the rehabilitation footprint while strengthening accessibility and safety.

In 2026, AMK – THKH will take another step forward in community care as an Integrated Community Care Provider for the Ang Mo Kio Sub-region 1 and Bedok Sub-region 4. Together with our community care partners, we will provide a broader range of services to support seniors to age well in the community. We will also introduce Enhanced Home Personal Care (HPC+), extending support to patients in their homes who require assistance with activities of daily living.

These developments reflect an important evolution in our role: care should not be confined to the hospital, but should follow the needs of the people we serve.

A Community Hospital, Within the Community

Our connection with the community extends beyond clinical services.

Throughout 2025, our dietitians conducted nutrition talks at Thye Hua Kwan Active Ageing Centres, while our clinical teams worked with the THK – AAC at Yio Chu Kang to provide health screening for more than 60 seniors in conjunction with the International Day of Older Persons.

Our nurses also participated in a Community Improvement Walk, contributing their clinical perspectives to efforts to create safer and more senior-friendly neighbourhoods.

These initiatives may appear modest individually, but together they reflect our belief that a community hospital has a responsibility to contribute to the health and wellbeing of the community around it.

The Strength of Our Volunteers

Our volunteers remain an important part of the AMK – THKH family. More than 100 individual volunteers and 40 educational and corporate volunteer groups contributed over 4,500 hours to support our patients in 2025.

Increasingly, our focus is not only on the number of volunteer hours, but on the quality and relevance of what volunteers contribute. Activities such as taichi and board games complement rehabilitation and provide opportunities for social engagement and mental stimulation. We have also continued to make these activities more accessible to patients with different levels of mobility.

Our partnerships with corporates have similarly evolved, with organisations seeking longer-term and more meaningful ways to contribute their time, skills and expertise.

Looking Ahead

The healthcare landscape will continue to evolve, but our responsibility remains constant: To serve our patients with integrity, compassion and care, and to use the resources entrusted to us wisely.

AMK – THKH enters the next chapter with a strong foundation – supported by our Board, our people, our partners, volunteers, donors and the community we serve.

I am confident that, together, we will continue to strengthen this Tapestry of Impact and ensure that AMK – THKH remains a trusted community hospital for the years ahead.



CEO's Message

"2025 was a year of continued progress for AMK – THKH. We cared for more patients, strengthened our clinical capabilities, expanded our partnerships and continued to improve the way care is delivered. At the same time, we began preparing for a fundamental shift in how healthcare is funded and how value is defined.

As we look ahead, our ambition is not simply to do more. It is to deliver better outcomes for our patients, at the right time, in the right setting and at an appropriate cost."



Mr. Ardi Saban Hardjoe

Chief Executive Officer

Ang Mo Kio – Thye Hua Kwan Hospital

Sustaining Care, Enhancing Experiences

In 2025, AMK – THKH cared for more than 2,000 inpatients, delivered over 16,000 haemodialysis sessions across our dialysis centres and provided more than 13,000 rehabilitation sessions at our Day Rehabilitation Centre. These numbers represent more than activity. They represent thousands of individuals and families who have entrusted part of their recovery and wellbeing to us.

Over the past three years, our average rehabilitation efficiency has improved by about 50%, reflecting our continued efforts to help patients achieve meaningful functional gains through more effective rehabilitation.
We have also invested in technology to improve the experience of our patients and visitors. Our digital chatbot supports visitor engagement and patient education, while temi robots have been introduced to support inpatient orientation and reinforce safety messages during hospitalisation. Technology, however, is only useful when it improves care. Our focus remains on using it to support our people, simplify processes and enhance the experience of those we serve.

Excellence through Our People

The quality of AMK – THKH ultimately rests on the people who deliver care every day.

Our staff continued to receive recognition for their contributions, including six recipients at the Agency for Integrated Care's Community Care Manpower Development and Excellence Awards and 124 recipients at the SingHealth Quality Service Awards. Speech Therapist Jorain Lim was also recognised with the Superstar Award, placing her among a small group of healthcare professionals recognised through the award.

Beyond individual accolades, our teams continued to innovate and share their work internationally. Our nurses presented their work at international forums, while Walking Stronger, our lower-limb rehabilitation initiative, received the Rehabilitation Innovation of the Year award at the 13th Eldercare Innovation Awards. Our Stroke Support Management Programme also returned for a second run and received recognition at Hospital Management Asia for its community involvement.

Awards are encouraging, but they are not the end goal. What matters is whether the ideas behind these achievements translate into better care and better outcomes for our patients.

Partnerships that Extend Our Impact

We cannot deliver the breadth of care our patients need alone. Our partnerships with organisations across healthcare, education and the wider community have become an increasingly important part of our work.

Our long-standing partnership with BNP Paribas is one example. What began as corporate volunteering has evolved into a sustained partnership, including regular monthly arts sessions that provide our patients with meaningful engagement during their recovery.

Our partnership with the Institute of Technical Education, now in its 25th year, has similarly evolved. With our Workplace Training Centre accreditation, our nurses are able to conduct training for healthcare assistants, contributing to the development of clinical capabilities across the wider healthcare sector.

These partnerships demonstrate what can happen when organisations bring together their respective expertise and capabilities around a common purpose. The impact is greater than what any one organisation could achieve alone.

A New Paradigm: Appropriate Value-Based Care

Perhaps the most important development is the change taking place in how we think about care.

AMK – THKH is moving towards appropriate value-based care (AVBC), where success is not defined simply by the number of patients treated, the number of services delivered or the number of days a patient stays with us. For a community hospital, value means helping a person regain function, independence and confidence, while ensuring that care is appropriate to their needs and delivered at an optimal cost.

This requires us to look beyond individual episodes of care. It means strengthening our care pathways, measuring outcomes more meaningfully, reducing unnecessary variation, and working more closely with partners across the continuum of care. It also means recognising that the right outcome is not always achieved within the walls of the hospital. For many patients, success is being able to return home safely, remain independent and continue their recovery in the community.

This is why our investments in stroke and renal care, rehabilitation, Home Health and community-based services are increasingly connected. We are building greater continuity across the patient journey rather than viewing each service as a separate episode.

Care that Remains Accessible

Value must also include accessibility.

In my conversations with patients and families, I am often reminded that recovery is not only a medical journey. For some, it is also an emotional and financial challenge, particularly when recovery takes longer than expected.

Our Patient Welfare Fund provides assistance to patients who face financial difficulties during their recovery. The Fund is made possible through the generosity of our public and corporate donors, who enable us to bridge critical gaps and ensure that financial circumstances do not become an unnecessary barrier to appropriate care. As our funding environment evolves, our commitment to compassionate and accessible care will remain unchanged.

Preparing AMK – THKH for What Comes Next

The transition towards value-based care will require more than changes in funding. It will require us to rethink how we organise care, how we measure outcomes, how we use our resources and how we work with partners.

Our physical environment must evolve alongside our care model. We have therefore commenced a refurbishment blueprint beginning with our Day Rehabilitation Centre and Dialysis Centre, followed progressively by our inpatient wards and public spaces. These are not simply infrastructure projects. They are part of our preparation for the future, creating environments that support better care, better patient experiences and more effective use of our resources.

This Annual Report also marks the conclusion of a three-year trilogy. Looking back, I am proud of the many threads that our people have strengthened in clinical care, rehabilitation, renal services, technology, community care and partnerships.

The next chapter will be different.

Our task is no longer simply to build on what we have done. It is to bring these threads together into a more connected model of care, one that measures success by the outcomes that matter to our patients and by the value we create for the community. That is the journey ahead for AMK – THKH. And I am confident that, with the commitment of our people and the support of our Board, partners, donors and community, we are ready for it.

Advisor & Board of Trustees



Dr. Koh Poh Koon
Member of Parliament,
Tampines GRC
Advisor



Prof. Lim Pin
DUBC
Chairman



Mr. Herman Hochstadt
PPA(E), PPA(G), BBM
Member

Our Board of Directors



Mr. Lee Kim Siang
BBM (L), BBM, PBM
Founding Chairman
Appointed on 22 nd Feb 2002

CURRENT OCCUPATION:
Founding Chairman
THYE HUA KWAN MORAL SOCIETY



Er. Ong Ser Huan
Board Member
Appointed on 26 th August 2006

CURRENT OCCUPATION:
Chairman
ENKON INTERNATIONAL
CONSULTING ENGINEERS PTE LTD



Dr. Jayaram Lingamanaicker
Board Member
Appointed on 31 st July 2008

CURRENT OCCUPATION:
Cardiologist
LIFELINE HEART CENTRE



Prof. Philip Choo Wee Jin
BBM, PPA(E), PPA(P), PBS
Board Member
Appointed on 18 th August 2015

CURRENT OCCUPATION:
Senior Advisor
NATIONAL HEALTHCARE GROUP



Mr. John Teo Woon Keng
Board Member
Appointed on 13 th September 2016

CURRENT OCCUPATION:
Executive Director
ASIA PACIFIC LOTTERY
ASSOCIATION LIMITED
(INCORPORATED IN SINGAPORE)



Prof. Low Cheng Hock
MBBS, FRACS, FRCS, MMed,
PMB, BBM, PPA(E), PPA(P)
Board Member
Appointed on 10 th July 2017

CURRENT OCCUPATION:
Senior Consultant
TAN TOCK SENG,
DEPARTMENT OF SURGERY



Mr. Richard Eu Yee Ming
Board Member
Appointed on 5th June 2018

CURRENT OCCUPATION:
Group Chairman
EU YAN SANG INTERNATIONAL LIMITED



Mr. Ching Chiat Kwong
Board Member
Appointed on 5th June 2018

CURRENT OCCUPATION:
Executive Chairman and CEO
OXLEY HOLDINGS LIMITED



Mr. Richard Tan Cheong Su
Board Member
Appointed on 28th September 2018

CURRENT OCCUPATION:
Vice President, Operations, Serviced Suites
PAN PACIFIC HOTELS GROUP



Mr. Koh Juay Meng
PBM
Board Member
Appointed on 1st June 2019

CURRENT OCCUPATION:
Businessman



Prof. Alex Siow Yuen Khong
Board Member
Appointed on 1st June 2020

CURRENT OCCUPATION:
Senior Exec. Ed. Fellow
SCHOOL OF COMPUTING, NATIONAL UNIVERSITY OF SINGAPORE (NUS)



Ms. Tan Khiaw Ngoh
Board Member
Appointed on 9th January 2023

CURRENT OCCUPATION:
Director
SINGAPORE LAND GROUP LIMITED



Dr. Abdul Razakjr Bin Omar
Board Member
Appointed on 9th January 2023

CURRENT OCCUPATION:
Senior Consultant Cardiologist, Medical Director
SPECIALIST CARE GROUP, MOUNT ELIZABETH HOSPITAL, SINGAPORE



Assoc. Prof. Teng Su Ching
Board Member
Appointed on 14th May 2025

CURRENT OCCUPATION:
President
LOVINGHEART MULTI SERVICE CENTRE, ACTIVE AGEING CENTRES, & SG CARES VOLUNTEER CENTRE



Ms. Pauline Sim Seo Lian
Board Observer
Appointed on 1st April 2026

CURRENT OCCUPATION:
Group CHRO (Advisory)
CATHODIC PROTECTION TECHNOLOGY PTE LTD



Mr. Lawrence Ng Kok Kiang
Board Observer
Appointed on 1st April 2026

CURRENT OCCUPATION:
CEO
THYE HUA KWAN MORAL SOCIETY

Our Management Team



Mr. Ardi Saban Hardjoe
Chief Executive Officer
Joined on 5 th February 2020

26 years of dedicated experience in management, administration, and executive leadership within the healthcare and social welfare sectors, coupled with a qualified social worker's background



Ms. Zeng Meilian
Chief Financial Officer
Joined on 19 th February 2018

26 years of in-depth, experience in the healthcare, finance and audit sectors, and an accredited Chartered Accountant of Singapore



Dr. Derek Lim
Director, Medical Services
Joined on 15 th June 2012

21 years as a doctor, 11 years as a consultant family physician, and 8 years in management leadership role at AMK – THKH



Ms. Minakshi Pandey
Director, Allied Health
Joined on 7 th November 2017

20 years of allied health experience, 11 years in management and leadership roles and a registered physiotherapist specialising in geriatric care



Ms. Sng Yan Ling
Director, Patient Engagement & Corporate Services
Joined on 15 th November 2023

37 years of experience in education, health and social services, with more than 21 years in senior management roles



Ms. Lyn Edel Yip
Director, Nursing Services
Joined on 16 th September 2024

State registered nurse with more than 31 years of experience in both the private and public healthcare sectors



Mr. Lee Jin Hwui
Director, Human Resource
Joined on 14 th October 2025

25 years spanning public transport, higher education, and now healthcare/ social service, with a current focus on ILTC workforce transformation and regulatory compliance



Mr. Raymond Lim
Director, Operations
Joined on 13 th April 2026

15 years of experience in operations, renal, management and leadership roles in healthcare



Mr. Michael Soh
Assistant Director, Management Information Systems
Joined on 1 st July 2024

9 years of IT experience in healthcare and over 10 years in retail pharmacy sectors

Our Corporate Governance & Financial Reports

Corporate Governance Report

Ang Mo Kio – Thye Hua Kwan Hospital (the Hospital), was incorporated in Singapore on 22 February 2002 under the Companies Act, Chapter 50 (Registration Number: 200201385C).

The Hospital is also a Charity registered under the Charities Act, Chapter 37 (Charity Registration Number: 01589), and an approved institution of a Public Character under the Singapore Income Tax Act, Chapter 134.

The Hospital has its principal place of registered office at 1 North Bridge Road, #23-03, High Street Centre, Singapore 179094.

Independent Auditor: Deloitte & Touche LLP

Bankers: Oversea-Chinese Banking Corporation, Development Bank of Singapore, United Overseas Bank, Malayan Banking Berhad, Standard Chartered, BNP Paribas Singapore (Wealth Management), Deutsche Bank AG,

Investment Advisers: Bank of Singapore, BNP Paribas Singapore (Wealth Management), Maybank Asset Management Singapore Pte. Ltd.

Board Selection and Recruitment

The Hospital recruits and nominates 14 - 16 Directors. The Board members recruited are qualified individuals with different backgrounds and specialisations, collectively bringing considerable knowledge, judgement, and experience to the Board. Board members elect among themselves various positions in the Board, including the Chairman. The Board reviews the composition and size regularly to ensure its appropriateness. Board members serve on a voluntary basis and are not remunerated for their services. There is no Hospital staff on the current Board.

Board of Directors

The Board's role is to provide overall leadership for the strategic direction of the Hospital's operations. In line with corporate governance, the Hospital has renewed the Board membership in this financial year. All Board members of the Hospital have accepted their roles without remuneration and are committed to serve the Hospital and to bring a better level of healthcare services to our patients and the community. Under the guidance of our Chairman and the Board members, the Hospital has undergone more stringent reviews of processes that are good corporate governance.

Board Roles and Responsibilities

The roles and responsibilities of the Board of Directors are to:

- Provide overall strategic direction to the Hospital's management team.
- Review and approve new services and programs propose by the Hospital's management.
- Review and approve business or operational proposals recommended by the Hospital's management team.
- Approve the annual budget for the charity's plans, and regularly review and monitor its income and expenditures
- Recommend, recruit and review the appointment of members for the various Sub-Committees / Board of the Hospital.
- Oversee the business and affairs of the Hospital and monitor the performance of the Management against pre-agreed targets.
- Assume full responsibility for the corporate governance framework of the Hospital and provides oversight in the proper conduct of the Hospital's business.
- Give advice and directions on any major fund raising activities organised by the Hospital.
- Other duties as assigned by the Chairman.

In performing its duties, the Board of Directors have maintained effective working relationships with the Hospital's Management.

Board Training and Development

Board members are required to possess and demonstrate the core competencies necessary for effective governance and strive to attend suitable training or development courses to develop these competencies, as necessary.

Board Members Re-Nomination and Re-Appointment Process and Evaluation of Board's Effectiveness

In line with corporate governance, the Hospital renews the Board memberships every financial year. The Board conducts an annual self-evaluation to assess its performance and effectiveness. The Hospital also carries out annual online governance evaluation on the extent of its compliance with the essential guidelines in The Code of Governance for Charities and IPCs ("the Code") via the charity portal. The level of compliance by the Hospital can be viewed at www.charities.gov.sg.

Attendance at Board of Directors' Meetings FY 2025/26

Salutation	Board Member	Meeting Attendance	Year of First Appointment	Years Served
Mr.	Lee Kim Siang *(Board Chairman)*	4/4	2002	24
Er.	Ong Ser Huan	4/4	2006	20
Dr.	Jayaram Lingamanaicker	4/4	2008	18
Prof.	Philip Choo Wee Jin	3/4	2015	11
Mr.	John Teo Woon Keng	3/4	2016	10
Prof.	Low Cheng Hock	4/4	2017	9
Mr.	Richard Tan Cheong Su	3/4	2018	8
Mr.	Richard Eu Yee Ming	3/4	2018	8
Mr.	Ching Chiat Kwong	3/4	2018	8
Mr.	Koh Juay Meng	4/4	2019	7
Prof.	Alex Siow Yuen Khong	3/4	2020	6
Dr.	Abdul Razakjr Bin Omar	4/4	2023	3
Ms.	Tan Khiaw Ngoh	4/4	2023	3
Prof. (Hon)	Teng Su Ching	4/4	2025	1

Five Board members have served for ten years or more. The Board has reviewed and concluded that the Hospital will benefit from these Board members through their expertise and in-depth knowledge of the Hospital's history, operations, growth potential, and strategic directions as they continue to provide invaluable insights and guidance.

Standing Board Committees

The Board delegated its powers to the following committees and made standing orders and terms of reference to regulate the duties of the committees to oversee its management and operations and attain objectives of the Hospital:

	Chairman	Vice-Chairman	Members
Audit Committee	Er. Ong Ser Huan		Mr. Koh Juay Meng Mr. Colin Wang
Building Committee	Prof. Choo Wee Jin Philip		Dr. Jayaram Lingamanaicker Mr. Richard Eu Yee Ming Er. Ong Ser Huan
Establishment and Remuneration Committee	Ms. Pauline Sim Seo Lian		Er. Ong Ser Huan Prof. (Hon) Teng Su Ching Mr. Lawrence Ng
Finance Committee	Mr. John Teo Woon Keng		Mr. Lee Kim Siang Dr. Jayaram Lingamanaicker Er. Ong Ser Huan
Investment Committee	Mr. Philip Tan Eng Seong		Mr. Lee Kim Siang Mr. John Teo Woon Keng
Medical Advisory Board	Prof. Chin Jing Jih	Prof. Pang Weng Sun	Prof. Low Cheng Hock Prof. Ng Han Seong Prof. Tay Boon Keng Prof. Goh Lee Gan Dr. Chan Peng Chew Mark Dr. Lee Kheng Hin
Facility MediFund Committee (FMC)/ Facility Financial Assistance (FAS) Committee	Dr. Abdul Razakjr Bin Omar		Mr. Fang Tan Kin Ricky Dr. Tan Tee Yong Mr. Thiruthakka Devan S/o K Perumal Mr. Julian Teoh
Nomination Committee	Mr. Lee Kim Siang		Mr. Lawrence Ng Ms. Lee Soon Hong
Programmes Committee	Dr. Jayaram Lingamanaicker		Mr. Lee Kim Siang Prof. Philip Choo Wee Jin Mr. Koh Juay Meng
Technology Committee	Prof. Alex Siow Yuen Khong		Mr. Koh Juay Meng Mr. Alvin Ong
Tender Committee	Mr. Koh Juay Meng		Ms. Tan Khiaw Ngoh Mr. Richard Tan Cheong Su

The Audit Committee

The Audit Committee ("AC") will assist the Board in fulfilling the following oversight responsibilities. The AC will review the financial reporting process, the system of internal control, management of financial risks and the audit process. In performing its duties, the AC will maintain effective working relationships with the Board of Directors, Management and the internal and external auditors. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks.

The Building Committee

The Building Committee ("BC") will assist the Board in reviewing and guiding all matters pertaining to the Hospital-wide renovations. The BC shall:

- Review and support renovation policies and parameters to the Board as proposed by the management.
- Receive, discuss, and support the annual execution plan for Hospital-wide renovations as well as any amendments to the plan as brought forward by management.
- Monitor and advise the Board on significant change orders during construction and progress on the Hospital-wide renovation works.
- Review project finances.

Additionally, the BC shall have the following additional general duties and responsibilities:

- Report to the Board on material matters arising at the BC meetings.
- Maintain minutes or other records of meeting and activities of the BC.
- Conduct an annual evaluation of the Subcommittee in which the BC reviews the BC performance for the preceding year for the purpose, among other things, of assessing whether the BC fulfilled the purposes and responsibilities stated in the Terms of Reference herein.
- Review and assess the adequacy of these Terms of Reference at least every two years and submitting any proposed amendments to these Terms to the Board for approval.
- Provide an orientation for new committee members.
- Perform such other functions and tasks as may be assigned from time to time by the Board.

The Establishment and Remuneration Committee

The Establishment and Remuneration Committee ("ERC") will assist the Board in fulfilling the following oversight responsibilities. The ERC will review the human resource policies, Hospital's establishment headcount and all remunerations matters. In performing its duties, the ERC will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks. The duties of the ERC shall be to:

- Review and approve the Hospital's human and resource policies.
- Review and approve the Hospital's Establishment headcount.
- Review and approve the Hospital's staff appraisal system.
- Review and make recommendations to the Board of Directors on the job descriptions of the Hospital's key staff, for example, the CEO.
- Review and make recommendations to the Board of Directors on the terms of employment and total remuneration package of the Hospital's key staff, for example, the CEO.
- Review the ongoing appropriateness and relevance of the staff remuneration policy.
- Review and approve the Hospital's staff service increments, annual wage supplement and performance bonuses.
- Review and make recommendations to the Chairman of the Board of Directors on any remuneration payable to any Board members. No individuals shall be involved in any decisions as to their own remunerations.

The Finance Committee

The Finance Committee ("FC") will assist the Board in fulfilling the following oversight responsibilities. The FC shall review and approve significant financial planning, management and financial reporting matters of the Hospital. In performing its duties, the FC will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks. The duties of the FC shall be to:

- Review and approve the Hospital's annual capital and operating budgets.
- Review and approve the Hospital's ad-hoc budgets on major projects.
- Review and approve any fee revision by the Hospital.
- Review and approve any major fund-raising activities organised by the Hospital.
- Review the Hospital's financial statements regularly.
- Review and approve the Hospital's financial policies.
- Review and make recommendations on financial priorities.
- Review and make recommendations on the Hospital's financial reporting to ensure compliance with statutory regulations and guidelines.

The Investment Committee

The Investment Committee ("IC") will assist the Board in fulfilling the following oversight responsibilities. The IC shall review and approve significant investments of the Hospital. In performing its duties, the IC will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks. The duties of the IC shall be to:

- Oversee all investment management of the Hospital.
- Review and approve the Hospital's investment policies.
- Engage the services of registered investment managers/ independent investment consulting firm who possess the necessary specialised research facilities and skill to meet the investment objectives and guidelines of the invested funds.
- Review and evaluate investment managers'/ investing consultant firm's performance, fees and services against competitive providers.
- Oversee and ensure that the investment managers/ investment consulting firm adhere to any policies adopted by the Hospital.
- Review and approve investment assets in accordance with agreed upon guidelines and restrictions.
- Review and evaluate investment results.

The Medical Advisory Board

The Medical Advisory Board ("MAB") will assist the Board in fulfilling the following oversight responsibilities with regard to clinical matters. In performing its duties, the MAB will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each MAB member will obtain an understanding of the detailed responsibilities of MAB membership as well as the Hospital's business, operations and risks. The duties of the MAB shall be to:

- Make recommendations on Medical and Professional matters and policies to the Board of Directors.

- Advise the Board on the development of medical services to the Hospital.
- Monitor and evaluate medical standards to ensure quality in patient care using guidelines, protocols and QA programmes.
- Advise the Board on Ethical Issues in relation to the Hospital's clinical policies and patient care services.
- Review accreditation guidelines and make decisions on accreditation issues.

The Facility MediFund Committee

The Facility MediFund Committee ("FMC") will assist the Board to consider and approve MediFund and Financial Assistance Scheme applications for eligible patients, and to administer payments out of the Hospital's account. The FMC and FASC will review the applications and ensure that applicants fulfil the eligibility criteria prescribed under guidelines issued by the Ministry of Health.

The Nomination Committee

The Nomination Committee ("NC") will assist the Board in fulfilling the following responsibilities. The NC shall review and approve the Board structure and Committees of the Hospital. In performing its duties, the NC will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks. The duties of the NC shall be to:

- Review and approve the Hospital's Board Structure and Committees.
- Recruit and make recommendations on new members of the Board and its Committees.
- Review and make recommendations on term limits of members of the Board and its Committees.
- Review and make recommendations on terms of reference of members of the Board and its Committees.
- Review and renew the Board Members annually.

The Programmes Committee

The Programmes Committee ("PC") will assist the Board in fulfilling the following oversight responsibilities. The Committee shall review and approve new programmes and services of the Hospital. In performing its duties, the Committee will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks. The duties of the PC shall be to:

- Review and approve the Hospital's new programmes and services.
- Provide advisory role to the Hospital with regard to the running of these programmes and services.
- Review reports and updates of these programmes and services.

The Technology Committee

The Technology Committee ("TEC") will assist the Board in fulfilling the following oversight responsibilities. The Committee will review and approve IT strategies, IT projects and cyber security strategies of the Hospital. In performing its duties, the Committee will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks. The duties of the TEC shall be:

- Make recommendations to the Board with respect to major technology related projects and IT investments that require the Board's approval.
- Review, evaluate and make recommendations to the Board as to scope, direction, quality, investment levels and execution of the Hospital's technology strategies.
- Monitor the quality and effectiveness of the Hospital's technology security, and periodically review, appraise and discuss with management the quality and effectiveness of the Hospital's information technology security, data privacy and disaster recovery capabilities.
- Assess and advise the Hospital's Senior Management Team with respect to existing trends in information technology and new technologies, applications and systems that relate to or affect the Hospital's technology strategy or programmes.
- Appraise and review the financial, strategic and operational benefits of the proposed major technology related projects, including impact on the Hospital's performance, growth and competitive position.
- Report to the Board on decisions taken and make recommendations to the Board for its approval when this is deemed necessary.

The Tender Committee

The Tender Committee ("TC") will assist the Board in fulfilling the following oversight responsibilities. The TC will take part and give advice to the Hospital on the tendering and awarding of contracts for procurement of services and supplies. In performing its duties, the TC will maintain effective working relationships with the Board of Directors and Management. To perform his or her role effectively, each committee member will obtain an understanding of the detailed responsibilities of committee membership as well as the Hospital's business, operations and risks. The duties of the TC shall be to:

- Review and approve the Hospital's procurement policies and procedures to ensure that Hospital's interests are protected.
- Oversee to ensure compliance with the Hospital's procurement policies and procedures.
- Review and approve the awarding of contracts for procurement of services and supplies.
- Give advice on the terms and specifications of contracts to protect the Hospital's interest.

Remuneration and Benefits

Board members serve on a voluntary basis and receive no remuneration for their services.

Remuneration of Three Highest Paid Staff

Remuneration Band	Number of Staff
$400,001 to $500,000	1
$300,001 to $400,000	2

Number of paid staff who are close members of the family of the Board members, who each receives remuneration exceeding $50,000 during the year, in bands of $100,000.

Remuneration Band	Number of Staff
$400,001 to $500,000	1

Our Environmental, Social and Governance (ESG) Priorities

AMK – THKH is committed to responsible stewardship across our Environmental, Social and Governance (ESG) priorities. As we develop and refine our ESG framework, we are proud to present our ESG reporting, backed by a strong governance oversight.

Environmental	Social	Governance
AMK – THKH is focused on reducing our footprint in daily operations. · Reduced use of paper and increased pace of digitalisation – consolidated invoices, digital feedback form, volunteer management portal. · Improved energy efficiency and enhanced visibility for patients – transitioning from fluorescent to LED lighting in the hospital wards. · Reduction of approximately 15% electricity consumption since 2023. · Ongoing repurposing of hospital bed parts from beds that are beyond repair.	AMK – THKH is committed to providing a safe, supportive workplace while making impact on the community. · Adopts and adheres to the tripartite framework in fair employment practices. · Creates a safer and healthier work environment. · Vaccination drives, fruit days; Employee Assistance Programme and mental wellbeing activities. · Engages the community in action. · ≥50 unique educational institutions and corporates volunteered with us. · ≥25% of individual volunteers aged 55 years & above.	AMK – THKH is committed to providing a safe, supportive workplace while making impact on the community. · Maintains confidential whistleblowing channels and PDPA-aligned data protection controls in its handling of private information. · Achieved 100% and timely annual declaration of Conflict of Interest. · Complied with all principles and guidelines based on the Charity Portal's Code of Governance 2023. · Conferred the Charity Transparency Award in 2024.

Governance Evaluation

The Hospital carried out an online governance evaluation on the extent of its compliance with the essential guidelines in The Code of Governance for Charities and IPCs ("the Code") via the charity portal in September 2025.

The Corporate Governance Committee is pleased to report that the Hospital and Board have complied with all principles and guidelines of the Code.

The level of compliance by the Hospital can be viewed at www.charities.gov.sg.

The Board also conducts an annual self-evaluation to assess its performance and effectiveness.

SN	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.
Principle 1: The charity serves its mission and achieves its objectives.				
1	Clearly state the charitable purposes (For example, vision and mission, objectives, use of resources, activities, and so on) and include the objectives in the charity's governing instrument. Publish the stated charitable purposes on platforms (For example, Charity Portal, website, social media channels, and so on) that can be easily accessed by the public.	1.1	**Yes**	-

2	Develop and implement strategic plans to achieve the stated charitable purposes.	1.2	**Yes**	-
3	Have the Board review the charity's strategic plans regularly to ensure that the charity is achieving its charitable purposes, and monitor, evaluate and report the outcome and impact of its activities.	1.3	**Yes**	-
4	Document the plan for building the capacity and capability of the charity and ensure that the Board monitors the progress of this plan. "Capacity" refers to a charity's infrastructure and operational resources while "capability" refers to its expertise, skills and knowledge.	1.4	**Yes**	-
Principle 2: The charity has an effective Board and Management.				
5	The Board and Management are collectively responsible for achieving the charity's charitable purposes. The roles and responsibilities of the Board and Management should be clear and distinct.	2.1	**Yes**	-
6	The Board and Management should be inducted and undergo training, where necessary, and their performance reviewed regularly to ensure their effectiveness.	2.2	**Yes**	-
7	Document the terms of reference for the Board and each of its committees. The Board should have committees (or desig nated Board member(s)) to oversee the following areas*, where relevant to the charity: a. Audit b. Finance * Other areas include Programmes and Services, Fund-raising, Appointment/ Nomination, Human Resource, and Investment.	2.3	**Yes**	-
8	Ensure the Board is diverse and of an appropriate size, and has a good mix of skills, knowledge, and experience. All Board members should exercise independent judgement and act in the best interest of the charity.	2.4	**Yes**	-
9	Develop proper processes for leadership renewal. This includes establishing a term limit for each Board member. All Board members must submit themselves for re-nomination and reappointment, at least once every three years.	2.5	**Yes**	-
10	Develop proper processes for leadership renewal. This includes establishing a term limit for the Treasurer (or equivalent position). For Treasurer (or equivalent position) only: a. The maximum term limit for the Treasurer (or equivalent position like a Finance Committee Chairman, or key person on the Board responsible for overseeing the finances of the charity) should be four consecutive years. If there is no Board member who oversee the finances, the Chairman will take on the role.	2.6	**Yes**	-

10	i. After meeting the maximum term limit for the Treasurer, a Board member's reappointment to the position of Treasurer (or an equivalent position may be considered after at least a two-year break. ii. Should the Treasurer leave the position for less than two years, and when he/she is being re-appointed, the Treasurer's years of service would continue from the time he/she stepped down as Treasurer.			
11	Ensure the Board has suitable qualifications and experience, understands its duties clearly, and performs well. a. No staff should chair the Board and staff should not comprise more than one-third of the Board.	2.7	**Yes**	-
12	Ensure the Management has suitable qualifications and experience, understands its duties clearly, and performs well. a. Staff must provide the Board with complete and timely information and should not vote or participate in the Board's decision-making.	2.8	**Yes**	-
13	The term limit for all Board members should be set at 10 consecutive years or less. Re-appointment to the Board can be considered after at least a two-year break. For all Board members: a. Should the Board member leave the Board for less than two years, and when he/she is being re-appointed, the Board member's years of service would continue from the time he/she left the Board. b. Should the charity consider it necessary to retain a particular Board member (with or without office bearers' positions) beyond the maximum term limit of 10 consecutive years, the extension should be deliberated and approved at the general meeting where the Board member is being re-appointed or re-elected to serve for the charity's term of service. (For example, a charity with a two-year term of service would conduct its election once every two years at its general meeting). c. The charity should disclose the reasons for retaining any Board member who has served on the Board for more than 10 consecutive years, as well as its succession plan, in its annual report.	2.9a 2.9b 2.9c	**Yes**	-
14	For Treasurer (or equivalent position) only: d. A Board member holding the Treasurer position (or equivalent position like a Finance Committee Chairman or key person on the Board responsible for overseeing the finances of the charity) must step down from the Treasurer or equivalent position after a maximum of four consecutive years.	2.9d	**Yes**	-

14	i. The Board member may continue to serve in other positions on the Board (except the Assistant Treasurer position or equivalent), not beyond the overall term limit of 10 consecutive years, unless the extension was deliberated and approved at the general meeting – refer to 2.9.b.			
Principle 3: The charity acts responsibly, fairly and with integrity.				
15	Conduct appropriate background checks on the members of the Board and Management to ensure they are suited to work at the charity.	3.1	**Yes**	-
16	Document the processes for the Board and Management to declare actual or potential conflicts of interest, and the measures to deal with these conflicts of interest when they arise. a. A Board member with a conflict of interest in the matter(s) discussed should recuse himself/herself from the meeting and should not vote or take part in the decision-making during the meeting.	3.2	**Yes**	-
17	Ensure that no Board member is involved in setting his/her own remuneration directly or indirectly.	3.3	**Yes**	-
18	Ensure that no staff is involved in setting his/her own remuneration directly or indirectly.	3.3	**Yes**	-
19	Establish a Code of Conduct that reflects the charity's values and ethics and ensure that the Code of Conduct is applied appropriately.	3.4	**Yes**	-
20	Take into consideration the ESG factors when conducting the charity's activities.	3.5	**Yes**	-
Principle 4: The charity is well-managed and plans for the future.				
21	Implement and regularly review key policies and procedures to ensure that they continue to support the charity's objectives. a. Ensure the Board approves the annual budget for the charity's plans and regularly reviews and monitors its income and expenditures (For example, financial assistance, matching grants, donations by board members to the charity, funding, staff costs and so on).	4.1a	**Yes**	-
22	Implement and regularly review key policies and procedures to ensure that they continue to support the charity's objectives. b. Implement appropriate internal controls to manage and monitor the charity's funds and resources. This includes key processes such as: i. Revenue and receipting policies and procedures; ii. Procurement and payment policies and procedures; and iii. System for the delegation of authority and limits of approval.	4.1b	**Yes**	-

23	Seek the Board's approval for any loans, donations, grants, or financial assistance provided by the charity which are not part of the core charitable programmes listed in its policy. (For example, loans to employees/ subsidiaries, grants or financial assistance to business entities).	4.2	**Yes**	-
24	Regularly identify and review the key risks that the charity is exposed to and refer to the charity's processes to manage these risks.	4.3	**Yes**	-
25	Set internal policies for the charity on the following areas and regularly review them: a. Anti-Money Laundering and Countering the Financing of Terrorism (AML/CFT); b. Board strategies, functions, and responsibilities; c. Employment practices; d. Volunteer management; e. Finances; f. Information Technology (IT) including data privacy management and cyber-security; g. Investment (obtain advice from qualified professional advisors if this is deemed necessary by the Board); h. Service or quality standards; and i. Other key areas such as fund-raising and data protection.	4.4	**Yes**	-
26	The charity's audit committee or equivalent should be confident that the charity's operational policies and procedures (including IT processes) are effective in managing the key risks of the charity.	4.5	**Yes**	-
27	The charity should also measure the impact of its activities, review external risk factors and their likelihood of occurrence, and respond to key risks for the sustainability of the charity.	4.6	**Yes**	-
Principle 5: The charity is accountable and transparent.				
28	Disclose or submit the necessary documents (such as Annual Report, Financial Statements, GEC, and so on) in accordance with the requirements of the Charities Act, its Regulations, and other frameworks (For example, Charity Transparency Framework and so on).	5.1	**Yes**	-
29	Generally, Board members should not receive remuneration for their services to the Board. Where the charity's governing instrument expressly permits remuneration or benefits to the Board members for their services, the charity should provide reasons for allowing remuneration or benefits and disclose in its annual report the exact remuneration and benefits received by each Board member.	5.2	**Yes**	-
30	The charity should disclose the following in its annual report: a. Number of Board meetings in the year; and b. Each Board member's attendance.	5.3	**Yes**	-

31	The charity should disclose in its annual report the total annual remuneration (including any remuneration received in the charity's subsidiaries) for each of its three highest-paid staff, who each receives remuneration exceeding $100,000, in incremental bands of $100,000. Should any of the three highest-paid staff serve on the Board of the charity, this should also be disclosed. If none of its staff receives more than $100,000 in annual remuneration each, the charity should disclose this fact.	5.4	**Yes**	-
32	The charity should disclose in its annual report the number of paid staff who are close members of the family of the Executive Head or Board members, and whose remuneration exceeds $50,000 during the year. The annual remuneration of such staff should be listed in incremental bands of $100,000. If none of its staff is a close member of the family of the Executive Head or Board members and receives more than $50,000 in annual remuneration, the charity should disclose this fact.	5.5	**Yes**	-
33	Implement clear reporting structures so that the Board, Management, and staff can access all relevant information, advice, and resources to conduct their roles effectively. a. Record relevant discussions, dissenting views and decisions in the minutes of general and Board meetings. Circulate the minutes of these meetings to the Board as soon as practicable.	5.6a	**Yes**	-
34	Implement clear reporting structures so that the Board, Management, and staff can access all relevant information, advice, and resources to conduct their roles effectively. a. The Board meetings should have an appropriate quorum of at least half of the Board, if a quorum is not stated in the charity's governing instrument.	5.6b	**Yes**	-
35	Implement a whistle-blowing policy for any person to raise concerns about possible wrongdoings within the charity and ensure such concerns are independently investigated and follow-up action taken as appropriate.	5.7	**Yes**	-
Principle 6: The charity communicates actively to instil public confidence.				
36	Develop and implement strategies for regular communication with the charity's stakeholders and the public (For example, focus on the charity's branding and overall message, raise awareness of its cause to maintain or increase public support, show appreciation to supporters, and so on).	6.1	**Yes**	-
37	Listen to the views of the charity's stakeholders and the public and respond constructively.	6.2	**Yes**	-
38	Implement a media communication policy to help the Board and Management build positive relationships with the media and the public.	6.3	**Yes**	-

Policy on Conflict of Interest

Objectives

1. This policy defines the administrative procedures on the governing practices for the undertaking and disclosure on Conflict of Interest.

Scope

2. This policy shall apply to the Board members, Staff and volunteers being engaged by Ang Mo Kio-Thye Hua Kwan Hospital (AMK-THKH).

Guiding Principles

3. AMK-THKH places emphasis on preventing Conflict of Interest and safe guarding the interest of AMK-THKH, its members, its Staff and its patients.

4. AMK-THKH's members and Staff will act in the best interest of AMK-THKH and avoid situations where there may be real, potential or perceived Conflict of Interest, which may arise where a member's personal or family interest conflicts with those of AMK-THKH.

5. Such conflicts can potentially create problems that may result in the following:

   5.1. Cause damage to the AMK-THKH's reputation which may lead to its inability to sustain operations;

   5.2. Influence the members' judgement and compromise objectivity when conducting AMK-THKH's affairs;

   5.3. Restrict free discussion, thus resulting in decisions or actions that are not in the interests of AMK-THKH; and

   5.4. Risk the impression that AMK-THKH has acted improperly.

6. This policy aims to prevent Conflict of Interest and to safeguard the members/AMK-THKH's integrity and accountability.

Operating Guidelines

7. The Conflict of Interest policy should be read and understood by all Board members and Staff and volunteers upon the commencement of their term of office or employment.

8. Definition

   8.1. "Members" refers to Board members, Staff or volunteers being engaged by AMK-THKH.

   8.2. "Interest" means any commitment, investment, relationship, obligation, or involvement, financial or otherwise that may influence a person's judgement. This would include:

      8.2.1. Direct interest – ownership in the name of the member;

      8.2.2. Indirect interest – ownership beneficially held through another investment, estate, trust or other intermediary;

      8.2.3. Vested interest – personal stake or involvement, which may not include an expectation of financial gain; and

      8.2.4. Deemed interest – a member is deemed to have an interest which his/her spouse/domestic partner holds an interest.

   8.3. Conflict of interests arises whenever the personal or professional interests of members interfere with the performance of their official duties or with their decision-making on matters related to the AMK-THKH. Conflict of interest situations include those actual, potential or perceived. When such Conflict of Interest situation arises, the integrity, fairness and accountability of the person may be affected, which could impede the best interest of AMK-THKH.

8.4. Conflict of interest situations may include but are not limited to those stipulated in Annex A of the "Conflict of Interest" Disclosure form.

8.5. When in doubt, members should consult his/her Supervisor or the Board of Directors and declare any potential Conflict of Interest.

Declaration of Interests

8.6. Given the objectives of this policy, the following must be declared:

8.6.1. Board and management members are required to declare their interests, and any gifts or hospitality received in connection with their role in the AMK-THKH; and

8.6.2. Staff and volunteer members to declare when the transaction to be effected may result in a Conflict of Interest.

8.7. A declaration of interest form is provided for this purpose. The types of interest to be declared will include, but not limited to the following:

8.7.1. Members who have friends or other personal or business relationships must carefully consider whether those relationships create Conflict of Interest with their entrusted role in the AMK-THKH. Examples include, but not limited to the following:

i. Hiring a relative or friend as a Staff or vendor,

ii. Buying or selling goods or services from/to a family business for which others might compete,

iii. Having a personal relationship where there is an immediate reporting relationship,

iv. Volunteering and/or having memberships in any other VWOs, or

v. Receiving goods/services as beneficiaries.

8.8. Members must disclose any outside activities, financial interest or relationship that may pose a real, potential or perceived Conflict of Interest. Disclosures are to be made to the Board/Senior Management/Supervisor(s) and Head of HR, with the required approval obtained before accepting any position as an officer or director of an outside business.

8.9. The Conflict of Interest policy should be read and understood by all members upon the commencement of their term of office or employment. Declarations of interests are required to be submitted to AMK-THKH upon assuming office or commencement of work. AMK-THKH shall be informed or any subsequent changes in personal or professional interests.

8.10. In situations where members are not sure what to declare, or whether/when the declaration needs to be updated, they are strongly encourage to err on the side of caution or seek advice from the Board/Senior Management/Supervisors.

8.11. Disclosure involving Board members should be made to the Board Chairman (or if he/she is the one with the conflict, to the Board Vice-Chairman) who shall bring these matters to the Board of Directors. Disclosure involving Staff or volunteers are to be made to the Board/Management and Head of HR. Disclosures will be reviewed and approval should be obtained before permitting transactions with parties with whom a conflicting interest exists.

8.12. As and when actual, potential or perceived conflicts occur, the Board members shall make a declaration of his/her interest for that specific instance in writing (Conflict of Interest Disclosure Form) and excuses himself / herself from decision-making.

8.13. Transactions with parties with whom a conflicting interest exists may be permitted only if all of the following are observed:

8.13.1. The conflicting interest is to be fully disclosed;

8.13.2. The person with the Conflict of Interest is to abstain from the discussion, voting and approval of such a transaction;

8.13.3. Competitive bids or comparable valuation is to be obtained; and

8.13.4. The Board of Directors has determined that the transaction is in the best interest of the Hospital though there may be a Conflict of Interest.

8.14. All disclosure of interest made by the members and decisions made by the Board/Senior Management of the Hospital on such matters must be recorded, updated and filed with the Head of HR.

9. Violations

9.1. Any violation will result in disciplinary action up to and including dismissal, or expulsion from being a volunteer member of the AMK-THKH.

10. The declaration of interests needs to be updated in written form at least annually and also when any changes occur, personnel involved in the procurement process (particularly in the evaluation and selection/award of vendors) should also declare any Conflict of Interest in the purchase transaction and if necessary be replaced by another Staff.

11. A register of interests shall be used to record disclosed interests and maintained by the HR Department.

12. The Board members holds the ultimate responsibility and is always accountable to public trust, they should uphold and maintain a standard of conduct such as the avoidance of Conflict of Interest to fulfil public trust responsibilities. Therefore, Board members must lead by example, attitude and act of personal integrity.

Procedures

13. If the Board needs to make a decision on an issue where the Board member(s) has/have an interest, it is the responsibility of the Board member(s) to:

13.1. Identify the potential Conflict of Interest;

13.2. Not participate in discussion of the program or motion being considered; and

13.3. Not vote on the issue.

14. If the Board needs to make a decision on an issue where the Board member(s) has/have an interest, it is the responsibility of the Board to ensure that:

14.1. All decisions are made by vote, with a two-thirds majority required based on the presence of a quorum; and

14.2. Interested board members must not vote on matters affecting their own interests.

15. It is the responsibility of the Board to:

15.1. Determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorised as just, fair and reasonable to the AMK-THKH. The decision of the remaining Board members on these matters shall rest in their sole discretion, and their concern must be the welfare of the AMK-THKH and the advancement of its purpose.

15.2. Record and filed all decisions made by the Board during the meeting.

16. It is the sole responsibility of any member of AMK-THKH to report any possible real, potential or perceived Conflict of Interest. If it is an oversight of AMK-THKH, the member shall promptly inform the AMK-THKH that he/she has been put in such a position of Conflict of Interest.

17. No member of AMK-THKH shall derive any personal profit or gain, directly or indirectly, by reason of his/her participation with AMK-THKH. Each individual shall disclose to AMK-THKH any personal interest which he / she may have in any matter pending before the Hospital and shall refrain from participation in any decision on such matter.

18. Any member of AMK-THKH or of a client organisation or vendor of AMK-THKH shall identify his/her affiliation with such agency or agencies; further, he shall not participate in the decision affecting that agency.

19. Any member of AMK-THKH or its Business Partners shall refrain from obtaining any list of clients for personal or private solicitation purposes at any time during the term of their affiliation.

20. Any member who is also a user of AMK-THKH's services, or the carer of someone who uses the AMK-THKH services shall not be involved in decisions that directly affect the service received by the person he / she cares for. He/she shall declare his / her interest at the earliest opportunity and withdraw from any subsequent discussion. The same applies if the conflict concerns any other reason(s).

21. A member of AMK-THKH may, however, participate in discussions from which he/she may indirectly benefit, for example where the benefits are universal to all users.

22. The Board of AMK-THKH shall have the right to suspend any involvement of any member when it comes to their attention that a potential actual or perceived conflict has arose, but has not been voluntarily disclosed by the relevant member.

Whistleblowing Policy

This Policy addresses the commitment of Ang Mo Kio – Thye Hua Kwan Hospital Ltd ("the Hospital") to integrity and ethical behaviour by helping to foster and maintain an environment where employees can act appropriately, without fear of retaliation.

To maintain these standards, the Hospital encourages its employees who have concerns about suspected serious misconduct or any breach or suspected breach of laws or regulations that may adversely impact the Hospital, to come forward and express these concerns without fear of punishment or unfair treatment.

Scope of Whistle-Blowing Policy

1. Any activity or conduct or omission by an employee or officer of Ang Mo Kio - Thye Hua Kwan Hospital Ltd.
2. These will include but are not limited to:
    a. Fraud or suspected fraud, theft and dishonest acts
    b. Profiteering as a result of insider knowledge
    c. Accepting or giving bribes
    d. Intimidation, discrimination or harassment of staff and other persons during the course of work
    e. Misappropriation of funds
    f. Disclosure of confidential information to outside parties
    g. Conflict of interest in business dealings with external parties

Channel and Structure for Whistle Blowing

1. Only disclosed reporting (i.e., disclosure where the whistle-blower identifies himself/ herself) will be handled and investigated.
2. The channels for reporting such concerns or matters shall be to the Audit Committee Chairman or members.
3. Any reports to the Audit Committee should be in writing addressed to the Chairman – Audit Committee, in a sealed envelope via the Head, Finance Officer or Chief Executive Officer.
4. The Audit Committee may appoint independent Committee or personnel to investigate or assist in reviewing the reported case.
5. Where the matter reported is proven to be fraud, misappropriation of funds or bribery, the Audit Committee shall report to the Board of Directors.

Confidentiality of Whistle-blower & Whistle-blowee Identities

1. The whistle-blower's identity will be kept confidential unless required by the court or other regulatory authorities to disclose the identity.
2. The identity of the whistle-blower will be kept confidential until there is sufficient evidence to support that it is a genuine case.

Protection for Whistle-blower

1. The Hospital will not tolerate victimisation of the whistle-blower. Disciplinary action will be taken against those who victimise the whistle-blower.

Protection for the Hospital & Whistle-blower

1. Information pertaining to the whistle-blowing case will be kept confidential and restricted to the group of designated officers in charge of the investigation. This is to prevent unnecessary leakage of information which could result in potential legal suits if there is insufficient evidence to support the case.
2. The Hospital shall ensure that all whistle-blowers will not be convicted of any wrongdoing or unduly penalised until the case facts are proven to be genuine and sufficient evidence are in place to support the case.
3. Reporting with malicious intent shall not be tolerated.

Policy on Volunteer Management

The Volunteer Management Team has established protocols for volunteering at the Hospital which is guided by SOPs for Recruitment, Selection, Orientation, Training as well as Data Management. Application to volunteer opportunities will be channelled to the Volunteer Management Team who will conduct the selection process. Suitable volunteers will be invited for either in-person or phone interview before being deployed to the suitable programmes.

Recruitment

The Hospital recruits volunteers through outreach programmes such as networking sessions; brochures/ forms; the Hospital's website; publishing volunteering opportunities at NCSS and NVPC websites; reaching out to schools and companies for VIA and CSR projects; social media such as Instagram and Facebook.

Interview

The Volunteer Management Team will interview all prospective volunteers to ascertain their skills, interests and attitudes. An overview of the Hospital's programmes, services, and volunteer opportunities will also be provided to the candidates. Successful volunteers may be required to attend orientation or training sessions where appropriate.

Orientation and Training

A comprehensive orientation programme will be conducted to induct them to the hospital, prepare them with the basic knowledge and skills.

Data Maintenance

Volunteers' data will be updated by themselves; recorded, compiled, updated and kept for 5 years. The Hospital shall observe the strictest confidentiality in maintaining the database of volunteers in accordance with the Personal Data Protection Act of Singapore unless the volunteer has provided consent for collection, use or disclosure.

Policy and Guidelines for Volunteers

Volunteers shall contribute without expectation of financial or other form of remuneration from the Hospital and agree to follow all relevant protocols. They may be reimbursed for pre-approved expenses established by the respective departments in the Hospital. Volunteers are covered by insurance in accordance with the guidelines of the Hospital.

Financial Management & Internal Controls

Documented procedures are in place for financial matters in key areas including procurement procedures and controls, receipting, payment procedures and controls, and a system for the delegation of authority and limits of approval.

Restricted Funds

Patient Welfare Fund (PWF)

The Patient Welfare Fund was set up by the Company to provide further financial assistance to the needy patients. This fund further assists the needy patients with the settlement of their outstanding hospital bills. This fund also allows the hospital's patients an alternative avenue for further financial aid to the retrofitting of their homes and purchasing of furniture to enable the patients to have a safe home environment upon discharge of the patients, as well as assisting the needy patients to purchase wheelchairs, walking aids and other necessities relating to the welfare of the patients.

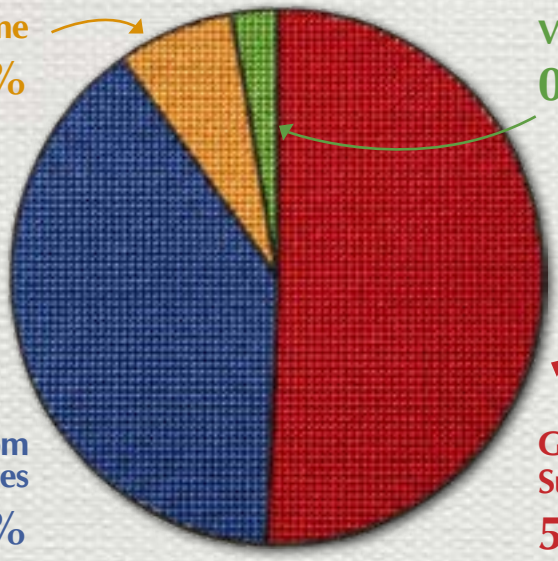
The total amount of PWF utilised in FY 2025/ 26 is $16,269 and the number of cases benefitted is 42.

Sinking Fund

The Sinking Fund was set up by the Company for the purpose of major replacements or acquisition of property, plant and equipment.

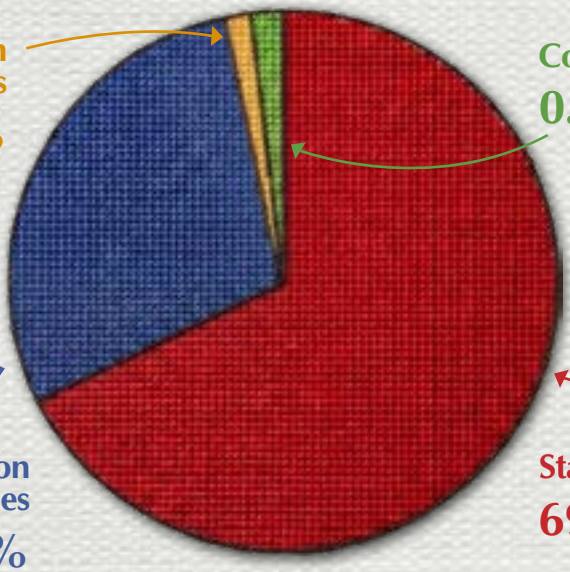
	2026	2025
	$	$
Patient welfare fund	243,398	258,087
Sinking fund	3,638,000	3,638,000
	3,881,398	3,896,087

Our Financial Performance



INCOME

$102,326,678



EXPENDITURE

$84,055,747

The reserve ratio is 2.43 times based on audited operating expenditure.

Reserves have been set aside to provide financial stability and means for development of the Hospital's principal activity.

The Hospital targets to maintain its reserves minimally equivalent to 3 years of its budget expenses.

Financial Statements
Statement of financial position as at 31 March 2026

	2026	2025
	$	$
ASSETS		
Current assets		
Cash and bank balances	94,195,044	77,431,307
Trade and other receivables	17,038,154	25,542,674
Inventories	256,843	250,404
Investments in financial assets	26,508,734	24,732,554
	137,998,775	127,956,939
Non-current assets		
Property, plant and equipment	3,686,226	2,862,812
Right-of-use assets	627,424	4,361,570
Investment property	14,799,881	12,782,163
Intangible assets	80,779	110,419
Investments in financial assets	60,157,305	50,407,780
Trade and other receivables	1,012,555	1,012,555
	80,364,170	71,537,299
Total assets	218,362,945	199,494,238
LIABILITIES, FUNDS AND RESERVES		
Current liabilities		
Trade and other payables	12,139,049	10,725,393
Lease liabilities	672,364	3,923,288
Deferred government grants	1,149,912	1,475,318
	13,961,325	16,123,999
Non-current liability		
Lease liabilities	-	672,364
Funds and reserves		
Restricted funds	3,881,398	3,896,087
Unrestricted funds	193,338,062	175,052,442
Fair value reserve	7,182,160	3,749,346
	204,401,620	182,697,875
Total liabilities, funds and reserves	218,362,945	199,494,238
Net assets of Medifund	836,553	596,941
Members Guarantee		
4 (2025 : 4) members of $100 each	400	400

STATEMENT OF COMPREHENSIVE INCOME
Year ended 31 March 2026

	2026				
	Accumulated Fund (unrestricted)	Fair Value Reserve (unrestricted)	Patient Welfare Fund (restricted)	Sinking Fund (restricted)	Total Funds
	$	$	$	$	$
Incoming resources:					
Incoming resources from generated funds:					
- Donation income	540,948	-	1,580	-	542,528
- Investment income	4,757,791	-	-	-	4,757,791
Incoming resources from charitable activities	97,026,359	-	-	-	97,026,359
Total incoming resources	102,325,098	-	1,580	-	102,326,678
Resources expended:					
Costs of generating funds:					
- Donation expenses	(160,134)	-	-	-	(160,134)
Charitable activities:					
- Other costs	(83,782,936)	-	(16,269)	-	(83,799,205)
- Finance costs from lease liabilities	(96,408)	-	-	-	(96,408)
	(83,879,344)	-	(16,269)	-	(83,895,613)
Total resources expended	(84,039,478)	-	(16,269)	-	(84,055,747)
Surplus (Deficit) for the year	18,285,620	-	(14,689)	-	18,270,931
Other comprehensive income:					
Items that will not be reclassified to income or expenditure:					
Equity investments at FVOCI – net change in fair value	-	3,414,252	-	-	3,414,252
Total items that will not be reclassified to income or expenditure	-	3,414,252	-	-	3,414,252

	2026				
	Accumulated Fund (unrestricted)	Fair Value Reserve (unrestricted)	Patient Welfare Fund (restricted)	Sinking Fund (restricted)	Total Funds
	$	$	$	$	$
Items that are or may be reclassified subsequently to income or expenditure:					
Debt investments at FVOCI – net change in fair value	-	(51,074)	-	-	(51,074)
Debt investments at FVOCI – reclassified to income or expenditure	-	69,636	-	-	69,636
Total items that are or may be reclassified subsequently to income or expenditure	-	18,562	-	-	18,562
Total comprehensive income (loss) for the year	18,285,620	3,432,814	(14,689)	-	21,703,745
Total funds brought forward	175,052,442	3,749,346	258,087	3,638,000	182,697,875
Total funds carried forward	193,338,062	7,182,160	243,398	3,638,000	204,401,620

	2025				
	Accumulated Fund (unrestricted)	Fair Value Reserve (unrestricted)	Patient Welfare Fund (restricted)	Sinking Fund (restricted)	Total Funds
	$	$	$	$	$
Incoming resources:					
Incoming resources from generated funds:					
- Donation income	452,124	-	20,094	-	472,218
- Investment income	5,125,710	-	-	-	5,125,710
Incoming resources from charitable activities	87,844,405	-	-	-	87,844,405
Total incoming resources	93,422,239	-	20,094	-	93,442,333
Resources expended:					
Costs of generating funds:					
- Donation expenses	(136,976)	-	-	-	(136,976)
Charitable activities:					
- Other costs	(75,274,430)	-	(40,530)	-	(75,314,960)
- Finance costs from lease liabilities	(228,644)	-	-	-	(228,644)
	(75,503,074)	-	(40,530)	-	(75,543,604)
Total resources expended	(75,640,050)	-	(40,530)	-	(75,680,580)
Surplus (Deficit) for the year	17,782,189	-	(20,436)	-	17,761,753
Other comprehensive income:					
Items that will not be reclassified to income or expenditure:					
Equity investments at FVOCI – net change in fair value	-	2,853,693	-	-	2,853,693
Total items that will not be reclassified to income or expenditure	-	2,853,693	-	-	2,853,693

	2025				
	Accumulated Fund (unrestricted)	Fair Value Reserve (unrestricted)	Patient Welfare Fund (restricted)	Sinking Fund (restricted)	Total Funds
	$	$	$	$	$
Items that are or may be reclassified subsequently to income or expenditure:					
Debt investments at FVOCI – net change in fair value		136,886	-	-	136,886
Debt investments at FVOCI – reclassified to income or expenditure	-	78,594			78,594
Total items that are or may be reclassified subsequently to income or expenditure	-	215,480	-	-	215,480
Total comprehensive income (loss) for the year	17,782,189	3,069,173	(20,436)	-	20,830,926
Total funds brought forward	157,270,253	680,173	278,523	3,638,000	161,866,949
Total funds carried forward	175,052,442	3,749,346	258,087	3,638,000	182,697,875

TAKING ON CHALLENGES WITH OPTIMISM

Our Business Office Head Mrinalini



"Challenges exist at work all the time. I've always had support to overcome them, and I'm always looking forward to what happens next."

Mrinalini (Lini) Suthanthiraraj,
Acting Assistant Manager, Finance, Business Office Unit

For many AMK – THKH staff who grab lunch at the nearby food centre or coffeeshops, it would not be uncommon to bump into Lini, who greets each colleague with a brilliant smile and a personable disposition. Perhaps then, no one was surprised when Lini's name was put forth to lead the Business Office unit two years ago.

Lini joined AMK – THKH in 2017 and was first in the Finance Department before taking over the Business Office unit about two years ago. The transition brought her from working behind the scenes to becoming one of the first faces that patients and their next-of-kins encounter upon admission, as her team initiates financial counselling.

For Lini and her Business Office teammates, financial counselling goes beyond explaining bills. She guides patients and their families through hospital charges, subsidies, and payment options in a comprehensible manner, enabling them to make informed decisions amidst the stress of hospitalisation and its expenses. This is also when they put on a perceptive but compassionate lens – when a patient hesitates over the admission deposit or exhibits signs of financial strain, Lini and her team initiates a gentle conversation to gain a deeper understanding of their circumstances. Even when individuals are reluctant to seek assistance, they would work discreetly with Medical Social Workers to ensure that support for these patients is readily available.

While the Business Office is one of the earliest touchpoints during patients' hospital admission, it is also one of the last upon discharge, where they settle their bills at. Functionally, the Business Office is also an integral unit in AMK – THKH's operational ecosystem, handling several documents including patient admission lists, vendors' invoice, and post-discharge payment. This probably explains why Lini could build an amicable relationship with many colleagues, as she frequently liaises with different teams and stakeholders when clarifications are needed, so that patients' journey in the hospital could proceed smoothly.

Despite the fast-paced nature of her work, Lini confidently looks to the future and aims to complete her ACCA qualification and deepen her expertise in financial reporting standards, while streamlining workflows to improve organisational efficiency. Even so, Lini does not forget about the friends she has made at AMK – THKH and she looks forward to building stronger relationships with her colleagues.

With an optimistic outlook, a signature smile and chuckle, Lini remarks, "They say it's better to make more friends than enemies, then I must be the luckiest person to have many friendly colleagues at this workplace!"

Our Long-Serving Staff

Every year, we celebrate colleagues who have dedicated significant durations of service with AMK – THKH. From 5, 10, to even 30 years, these colleagues do not just mark their career milestones with us, but also their own life milestones they have experienced alongside us. Whether it is starting out at our hospital or starting a new family, earning a raise or raising their own children, as they have grown, so too has AMK – THKH. Their enduring commitment has strengthened our Tapestry of Resilience, inspired generations of colleagues and ensured that every patient continues to receive quality and compassionate care. We thank them for the memorable journey we have shared together.

15 Years of Service			
Er Boon Kwang Gilbert	Service Registrar	Medical Services	Medical Services
Bienna Lou Pati Enonaria	Assistant Nurse Clinician	Nursing Services	Ward 1
Ocampo Rio Del Rosario	Nurse Manager	Nursing Services	Ward 1
10 Years of Service			
Misola Connie Marie Abenes	Principal Occupational Therapist	Allied Health	Day Rehabilitation Centre
Rema Santhy D/O P Kumaran	Senior Therapy Assistant	Allied Health	Therapy Services
Kumuthavally D/O Krishnasamy	Senior Therapy Assistant	Allied Health	Therapy Services
Panneer Selvam Sutharani	Principal Physiotherapist	Allied Health	Therapy Services
Satiyahkala D/O Jeganadan	Therapy Assistant	Allied Health	Therapy Services
Ng Yi Lin	Senior Occupational Therapist	Allied Health	Therapy Services
Masdiah Bte Mohd Ismail	Business Office Executive	Finance	Business Office
Lim Kenneth Howard Buenaventura	Senior Network Administrator	Management Information Systems	Management Information Systems
Lo Wai Hym	Senior System Administrator	Management Information Systems	Management Information Systems
Kaliyaperumal Kavitha	Resident Physician	Medical Services	Medical Services
Wijekoon Wijekoon Mudiyanselage Nalin Chandana	Resident Physician	Medical Services	Medical Services
Dene Tan Cheah Min (Dene Chen Jiamin)	Secretary	Medical Services	Medical Services
Cobarrubias Rosemarie Misiera	Clinical Instructor	Nursing Services	Learning Hub
Ramos Jissele Pamela Ravanera	Staff Nurse	Nursing Services	Ward 1
Khin Myo Myo San	Senior Enrolled Nurse	Nursing Services	Ward 1
Tabula Marilyn Fernandez	Senior Staff Nurse	Nursing Services	Ward 1 - South Wing
Macedono Elizabeth Ribunal	Staff Nurse	Nursing Services	Ward 1 - South Wing
Pascual Marife Sanchez	Senior Staff Nurse	Nursing Services	Ward 1 - South Wing
Gallego Genny Maderada	Staff Nurse	Nursing Services	Ward 1 - South Wing
Requina Rashiel Bautista	Assistant Nurse Clinician	Nursing Services	Ward 1 - South Wing
Tugade Grace Mae Ferrer	Staff Nurse	Nursing Services	Ward 1 - South Wing
Sitchon Ozelle Grace Pacheco	Staff Nurse	Nursing Services	Ward 1 - South Wing
Khin Myo Thant	Healthcare Assistant	Nursing Services	Ward 1 - South Wing

Geroche Michelle Tugade	Senior Staff Nurse	Nursing Services	Ward 3
Rappa Madelene Christina	Senior Enrolled Nurse	Operations	Home Healthcare Team
Siti Salamah Binte Mohamad Saleh	Liaison Officer	Operations	Referrals & Admissions Office
5 Years of Service			
Lim Yu Ni, Jorain	Speech Therapist	Allied Health	Therapy Services
Koh Wei Ken, Kenneth (Xu Weigen)	Executive (Volunteer Management)	Executive Office	Executive Office
Loke Choon Wai	Senior Procurement Manager	Executive Office	Procurement Services
Zhuo Zhenmin	Senior Procurement Executive	Executive Office	Procurement Services
Tan Lay Cheng	Secretary	Finance	Business Office
Lin Sixuan	Resident Physician	Medical Services	Medical Services
Guaring Arvie Jan Balon	Staff Nurse	Nursing Services	Ward 1
Monponbanua Annielyn Lee	Enrolled Nurse	Nursing Services	Ward 1
Repeso Adrian Bjorne Mahilum	Healthcare Assistant	Nursing Services	Ward 1
Koh Geok Cheng (Xu Yuqing)	Assistant Manager	Nursing Services	Ward 1
Castaneda Greatchen Puller	Senior Staff Nurse	Nursing Services	Ward 1
Surigao Melody Competente	Enrolled Nurse	Nursing Services	Ward 1
Gapo Aimei Resa Rose Pestano	Healthcare Assistant	Nursing Services	Ward 1
Iyoy Carrie Kathleen Valdez	Staff Nurse	Nursing Services	Ward 1 - South Wing
Cathrine Elaine Lastimoso Tubio	Healthcare Assistant	Nursing Services	Ward 1 - South Wing
Flores Diana Maica Lebanan	Senior Healthcare Assistant	Nursing Services	Ward 1 - South Wing
Jadulco Philip Coquilla	Enrolled Nurse	Nursing Services	Ward 1 - South Wing
Chiva Tresha Ann Terence Manalo	Enrolled Nurse	Nursing Services	Ward 1 - South Wing
Mi Lawi Maw	Staff Nurse	Nursing Services	Ward 3
Ramos Marie Charmaine Pare	Staff Nurse	Nursing Services	Ward 3
Anical Neliza Joyce Godoy	Enrolled Nurse	Nursing Services	Ward 3
Babon Rachel Anne Mendoza	Enrolled Nurse	Nursing Services	Ward 3
Natuil Archibelle Maybanting	Healthcare Assistant	Nursing Services	Ward 3
Yorda Jocelyn Gordo	Healthcare Assistant	Nursing Services	Ward 3
Fanugao La Neille Mae Fran	Enrolled Nurse	Operations	Dialysis Centre
Swe Zin Nyine	Staff Nurse	Operations	Dialysis Centre
Simon Teo Lian Seng	Senior Store Assistant	Operations	Operations
Tan Lay Chen	Senior Administrative Assistant	Operations	Referrals & Admissions Office
Tan De Qi	Liaison Officer	Operations	Referrals & Admissions Office

"Congratulations, Helene! Thank you for your dedication, hard work, and care for our clients and the team. It's been a pleasure working with you over the years. Your kindness, support, and cheerful nature have made a difference to everyone around you. Wishing you good health, happiness, and many more fulfilling years ahead. You truly deserve this recognition!"

Connie Misola
Principal Occupational Therapist,
Helene's Supervisor, 10 Years of Service



"My 20-year journey at AMK – THKH has been filled with growth, learning and purpose. From joining as Therapy Assistant from Philippines to serving as Senior Therapy Support Associate today, I'm proud to have contributed to the rehab journey of many clients. Thank you to my colleagues, supervisors and heads for their encouragement and support throughout the years. I look forward to continuing to serve with compassion and dedication and be part of a team dedicated to making a difference in our patients' lives."

Helene Grace P. Granada
Senior Therapy Support Associate,
20 Years of Service

"I'm honoured and grateful to receive this Long Service Award. Thank you to the organisation, management, colleagues, patients, and families who have been part of my journey. Over the years, I have learned that teamwork, compassion, and continuous learning make a difference in the care we provide. I look forward to continuing to serve with dedication and supporting one another in delivering the best care possible."

Mdm. Ong Eng (Wendy)
Service Ambassador, Nursing Services,
30 Years of Service

"My sincere appreciation to my supervisors and colleagues for their guidance, encouragement, and collaboration, which have enriched my career. Over the years, I've had the privilege of caring for many patients and witnessing their progress as they regained mobility, independence, and confidence. Being part of their rehabilitation journey has been deeply meaningful and remains one of the most fulfilling aspects of my career.

I'm truly thankful for the many opportunities that have enabled me to learn, grow, and develop professionally and personally. The experiences, relationships, and memories gained during my time at AMK – THKH will always hold a special place in my heart."

Mazlan Bin Senawi
Senior Therapy Support Associate,
20 Years of Service



"Thank you for the 30 years of invaluable contribution to AMK – THKH, you've been such an inspiration for your passion, commitment and dedication to help our patients and the community. We are truly grateful for your loyalty and service.

Congratulations on this well-deserved achievement!"

Thelma Bautista
Senior Nurse Manager,
Ward 1 South, Mdm. Ong's Supervisor

"Thank you for your dedication to patient care over the years. Your passion has made a difference to many lives. I also appreciate your positive influence on our team and your willingness to support your colleagues. It's been a privilege to witness your professionalism that you bring to your work every day. Congratulations on this milestone – I look forward to continuing to work alongside you and wish you many more fulfilling years ahead."

Ng Yi Lin
Senior Occupational Therapist,
Mazlan's Supervisor
10 Years of Service

Commemorating Special Occasions

Allied Health Awareness Day

Every October, the Allied Health Department at AMK – THKH organises a themed occasion to honour our allied health staff, raise awareness about their profession and the impact they have on patients' lives. For 2025, the theme was *Synergy: Allied and Amplified*. Revolving around the theme inspired by rock bands and musicians, each team put up a booth showcase of their work. For instance, speech therapists taught breathing techniques and vocal projection, while occupational therapists conducted a mini-challenge with the xylophone to assess participants' physical and cognitive abilities, similar to how they assist patients in regaining their ability to play a musical instrument.







Nurses' Day

As Singapore commemorated 140 years of nursing, AMK – THKH organised our annual Nurses' Day celebrations with the theme *Nursing in the Age of AI: Human Touch in the Digital World*. Through a series of performances put up by nurses from the different wards and units, the message was clear – as technology helps our everyday tasks, nursing and patient care remain a human-driven occupation.

Among other activities lined up on Nurses' Day 2025 were flower distribution to the nurses in the wards, as well as the award presentation for best preceptors and long-serving staff.







FINDING STRENGTH THROUGH TOUGH BATTLES
Our Caregiver and Patient Family Danny, Mrs. Tan and James



"It's not easy to be trying to cope with my own health and at the same time be there for Mum. It's like learning how to walk again."

Danny Tan,
Home Health Patient

What happens when the caregiver becomes the one who requires care instead? For Danny Tan, this scenario was the least expected but one he had to experience.

For more than a decade, he has been the primary caregiver to his mother, Mrs. Tan, who lives with dementia. In 2015, he made the decision to leave his full-time employment so he could spend more time caring for her while pursuing his passion as an artist from home. What began as a difficult decision soon became a vocation that he had settled into with conviction.

"When Mum was diagnosed with early dementia, I thought to myself, I ***want*** to take care of her. I ***want*** to spend more time with her," emphasises Danny.

Shortly after becoming his mother's full-time caregiver, things took an unexpected turn when Danny was diagnosed with stomach cancer. He underwent an operation that removed not only his stomach but also his pancreas and spleen, spending several weeks in hospital before returning home to a new normal that he had to adjust to. Without a pancreas nor a stomach, Danny developed insulin-dependent diabetes, and he had to relearn how to eat, chewing food slowly and thoroughly.

By then, AMK – THKH's Home Health Team was no stranger to Danny's family. His mother was already receiving wound management care from the team through regular visits from our Home Health nurses and doctors. As Danny became noticeably thinner, the team recognised his need for medical attention and extended their home healthcare to him too.

Through their fortnightly visits, they taught him how to inject insulin correctly and supervised his injection technique until he was confident. They also monitored his glucose and blood pressure and helped him understand how to manage fluctuating blood sugar levels safely.

Danny's own caregiver and partner, James, has also been by the family's side, taking care of grocery shopping and errands, and accompanying Danny through chemotherapy and helping him cope with its side effects. As Danny was recovering, James looked after Mrs. Tan, ensuring her daily needs were met. Danny, however, could not fully relinquish his desire to care for his mother despite his own ordeal. Even if he could only care in the form of an affectionate kiss to his mother, Danny remains assured when he knows her wellbeing is looked after. "She became my strength instead of a liability somehow... Sometimes I wonder if she's not around, will I have the strength to carry on?" Danny ponders.



Through the journey, Danny, James, Mrs. Tan, their domestic helper and our Home Health Team have grown into one close-knit family. Danny describes James as an important pillar of support to himself and his mother, while James coordinates with their domestic helper on chores and simple caregiving tasks.

The Home Health Team continues to visit Danny and Mrs. Tan routinely, ensuring they are coping well and providing medical advice where needed. "We're very glad when the Home Health Team and the doctor are coming… there are more pairs of eyes you get," James explains, "the regular checks are important, as there's a professional who could give the kind of perspective [which we might not have]."

Today, cancer may still be part of Danny's journey, but he remains undaunted. A home-based, full-time artist, he continues to paint and draw inspiration from his surroundings and in his own journey. Supported by our Home Health team, Danny and his mother receive professional care and assured support at home. Danny could now enjoy his favourite nonya kuehs albeit in moderation, "You can take the boy out of the Peranakan home, but you can never take the Peranakan out of the boy," James jokes.

Surrounded by love, compassion and care from family and friends, Danny's household is an inspiration to all to remain resilient and connected despite life's toughest fights.



The Tapestry of Excellence

Our staff weave the ***Tapestry of Excellence.***

Here, we amplify our staff who have been recognised for their innovation, service and steadfast care commitment to improving patient outcomes. Guided by professionalism and their quest for continuous learning, we celebrate their efforts and pursuit of excellence.



Making Impact on Senior Care

Walking Stronger – The Next Phase

In the last edition of our Annual Report, we shared that the Physiotherapist team had embarked on an initiative to improve gait training for inpatients. This has redeveloped into Walking Stronger, a physiotherapy programme that incorporates conventional rehabilitation with the AlterG anti-gravity treadmill.

The Walking Stronger programme was implemented on 30 inpatients; those who have been introduced to the AlterG machine reported an improvement in their walking speed dramatically by 2.8m/s, compared to 0.05m/s for patients who only had overground walking training. There were also significant improvements in the former patients' Berg Balance Scale scores, standing balance as well as walking endurance results.

Riding on Walking Stronger's success, the team has already developed a Lower Limb Rehabilitation Programme (LLRP) to focus on lower limbs strengthening exercises.

The LLRP uses HUR machines (pneumatic resisted exercises using a set of exercise machines), specific standing balance training, and gait training on the AlterG treadmill. The pilot was conducted on 24 patients from May to July 2025 and resulted in reduced length of stay, improved functional outcomes, and patient satisfaction, There are plans to scale up LLRP in 2026.



The HUR machine will be utilised in the follow-up to Walking Stronger

Shaping the Ageing Discourse

The annual World Ageing Festival is Asia's most influential ageing industry event, bringing together stakeholders from the elder and community care sectors to drive dialogue, collaboration and innovation across the silver economy landscape. It comprises the Ageing Asia Innovation Forum, the Asia Pacific Eldercare Innovation Awards, and the Ageing Asia Innovation Exhibition.

Our CEO Ardi Hardjoe, was invited to speak on two topics at the Innovation Forum. Sharing on Navigating the Silver Tide: Innovative and Inclusive Approaches to Community Senior Care in a Rapidly Evolving Landscape, he unpacked insights on the ageing landscape and the approaches to managing the tide from the perspective of a community hospital and care provider. On Strategic Innovations in Dementia Care, CEO shared how a Progressively Lowered Stress Threshold (PLST) model was applied at our sister subsidiary THK Nursing Home, and the learnings and challenges of implementation.



WALKING STRONGER TOGETHER
Our Physiotherapist Sutha



"I always believe that physiotherapy encompasses more than the physical, it also involves the psychological too. If patients could enjoy their present rehabilitation, they'd also be inspired to recover sooner."

Sutharani (Sutha) Selvam,
Principal Physiotherapist

Since joining AMK – THKH over a decade ago, Principal Physiotherapist Sutha has consistently demonstrated her clinical expertise and compassionate nature in her work. As a physiotherapist by profession and a people person at heart, she has always found fulfilment in building meaningful relationships with patients as she guides them towards their recovery.

This belief was the cornerstone of the Walking Stronger project that she leads. Project Walking Stronger stemmed from a prevalent challenge where patients' aspiration for recovery was hindered by fears: fear of falling, pain, or exercise which would be too strenuous following illness, surgery, or stroke.

By incorporating the AlterG anti-gravity treadmill and allowing patients to walk in a safer, lower-impact and "zero gravity" environment, patients could train with less stress on their lower limbs, build confidence, and gradually increase the intensity and frequency of their rehabilitation. What started as a pilot programme evolved into a well-structured initiative supported by inclusion and exclusion criteria, outcome measures, and training for more physiotherapists and therapy assistants. It ultimately won the Innovation of the Year – Rehabilitation title at the 13th Eldercare Innovation Awards 2025.

Still, the true reward for Sutha is in patients' reckoning of their own rehabilitation progress, and this perspective often shapes the way she engages them. When patients struggle to acknowledge their improvement, she kindly reminds them of how far they have come from the start when they required assistance with standing, transferring, or walking.

She attempts to personalise each exercise regime to the patients' goals to encourage them to keep up with their rehabilitation.

Sutha believes that some patients often equate success with achieving near-full mobility, but by managing their expectations, they begin to celebrate even the smallest victories.

As a senior member of the physiotherapy team, Sutha believes in creating a safe space for younger therapists to try new ideas, learn continuously and persevere when things do not work out immediately. Her advice to them is to keep learning and adapting. Outside work, Sutha practises yoga and always encourages others to keep moving, walking after dinner and staying active and healthy. She is also an avid gardener, having grown a few plants and herbs at home.

Through her clinical work, leadership, and commitment to innovation, Sutha continues to help patients overcome their fears, rebuild their confidence, and take significant strides towards their recovery.

Elevating Our Therapy Assistants

AMK – THKH embarked on a structured peer-led training for our inpatient therapy assistants with the objective of ensuring their clinical competence and professional development. The programme offered them a systematic environment to learn from each other through practical lessons, with topics curated to hone their skills and build clinical knowledge.

Between late 2024 and 2025, the sessions contributed to a 60% increase in their work performance during a patient management audit. Patient falls reduced by more than 30% while incidents of staff injuries fell by 50%. Senior Therapy Assistants who were appointed as mentors also reported improved confidence and empowerment as they become coaches to their peers.

This structured peer-led model was encapsulated into a poster and presented at the Allied Health Conference 2025.



A Banner Year for Nursing Poster Showcases

Our Nursing Services department participated in seven poster projects in two worldwide healthcare events in 2025: the BMJ International Forum on Quality & Safety in Healthcare in Helsinki, as well as the International Council of Nurses Congress in Singapore. AMK – THKH showcased our nursing-led quality and safety improvement initiatives and innovations on these global platform.

More importantly, we had the opportunity to glean the latest insights in nursing education and capability development as well as practical quality improvement approaches, while sharing our own models for scaling and replicability by peer organisations globally.

BMJ International Forum on Quality & Safety in Healthcare

Two of the posters presented at Nursing Quality Day in 2024 were accepted and presented at the BMJ Forum 2025:

- A Structured Guide to Enhance the Caregiver Training Process in an Intermediate and Long-term Care Setting
- Flipped and Impactful Off-the-job Training



ICN Congress

Five posters were accepted and presented at the ICN Congress 2025:

- Optimising Shift Handover Efficiency: Empowering Enrolled Nurses and Healthcare Assistants
- Enhancing Hydration Practices of Elderly Patients in Transitional Care Facility
- Enhancing Adherence and Optimisation of Oral Nutritional Supplement in Community Hospital
- A Structured Guide to Enhance Caregiver Training Process
- A Systematic Approach to Falls Prevention in a Community Hospital



INSPIRING THE NEXT GENERATION
Our Nurse Clinician Sathya



"I began my nursing career in Singapore twenty years ago when I came to Singapore. Adapting to a new healthcare environment was not easy, but I was determined to grow in this profession. My early experience shaped my passion for guiding younger nurses and showed me the value of strong mentorship and teamwork in healthcare. Today, I am a Wound Nurse consultant and Acting Nurse Clinician at Ang Mo Kio – Thye Hua Kwan Hospital."

Sambandam Sathya,
Nurse Clinician, Ward 1 South

Sathya, a dedicated nurse, worked closely with patients in the Stroke Unit. She drove stroke education projects, developing pictorial guides and monitoring tools to enhance the care of patients with hemiplegia. Her collaboration with caregivers further supported patients' reintegration into the community after rehabilitation.

Subsequently, Sathya pursued specialised training in wound management, becoming a Wound Nurse consultant managing complex wound care. Additionally, she contributed to staff development by conducting training sessions and assessing clinical skills, ensuring consistent and high-quality nursing practices.

As a Clinical Instructor, Sathya supervised nursing students from various institutions. She served as a preceptor and NGEMR (Epic) superuser, providing training for new nurses on digital documentation and patient care systems.

During the COVID-19 pandemic, Sathya demonstrated remarkable resilience and adaptability by leading the ward team in caring for patients with respiratory conditions. Her unwavering dedication and leadership during this challenging time exemplified the importance of these qualities.

"Nursing, to me, is not just a profession, it is a purpose. I strive to empower my juniors, uplift patient care, and adapt to the changing needs of our healthcare system. I am proud to contribute to a future where compassion, competence, and innovation go hand in hand in nursing."

AMK - THKH is proud to celebrate Sister Sathya as an inductee to the Nurses' Merit Award 2025. Established by the Ministry of Health since 1976, the award recognises nurses who have displayed exceptional performance, participated in professional development, and contributed to raising the nursing profession in Singapore.



"Thank you for going the extra mile and very often putting others before yourself. You demonstrate what nurses do and stand for: compassion and humanity. Well done, Sathya!"

Lyn Edel Yip, Director, Nursing Services

Spurring the Future of Community Care

AMK – THKH had a strong showing at the Community Care Manpower Development and Excellence Awards 2025 (CCMDA and CCEA). The CCMDA is conferred to applicants who have a passion to serve in the community care sector, while the CCEA celebrates outstanding individuals who have gone the extra mile in displaying exceptional service standards. They have also made significant contributions both within and out of their organisation.

Partnering with the Agency of Integrated Care (AIC), AMK – THKH is dedicated to offering a dynamic work environment with attractive opportunities for recognition and growth, where our healthcare workers are nurtured to excel and thrive through their meaningful work.

We are proud of our rising community care heroes of 2025:

CCEA Recipients (Individual Award – Silver)



Pei Kok Kheong
Occupational Therapist



Zulasmira Binte Zulkifli
Medical Social Worker



Ng Zhii Yee
Senior Dietitian



Khoo Chai Ling
Medical Social Worker

CCMDA Recipients



Seow Cheng Sin
Staff Nurse



Ballesteros Carmela Lodrino
Staff Nurse



Service that Shines

The SingHealth Quality Service Awards

AMK – THKH has done it once again – we are honoured to receive 71 Silver, 36 Gold and 17 Star awards, reeling in a total of 124 awards at the SingHealth Quality Service Awards (SHQSA) 2026. The SHQSA is Singapore's premier, dedicated platform that recognises healthcare professionals from across the sector who have delivered quality care and exceptional patient experience.



Speech Therapist Jorain Lim at SHQSA 2026

A Star tier awardee must have secured a Gold tier award in the previous year, while a Gold tier winner must also have won a Silver tier award. The highest honour at SHQSA, the Superstar Award, is given only to a select few professionals who have consistently delivered excellent care and service in their profession through the years. Among the 5,100 accolades presented at SHQSA this year, only 14 Superstar recipients were chosen, and one of them is our very own Speech Therapist, Jorain Lim.

Congratulations to Jorain and all our healthcare professionals who have shone bright in our patients and visitors' lives, and we hope they will continue to chase after the stars and stay excellent in their service!

SAFE SWALLOWS, JOY FOLLOWS
Our Superstar Speech Therapist Jorain



"As a food lover, I'm always fascinated by the thoughtfulness of its nutrition and preparation, and I hope people would feel the same about their food too. But as a speech therapist, if I cannot feed you safely, I cannot broaden that perspective for you."

Jorain Lim,
Speech Therapist

A lesser-known fact about our SHQSA Super Star, Jorain Lim, is that she is also an unabashed food enthusiast. Her deep appreciation for food, particularly Korean dishes, intertwines with her calling as a Speech Therapist where she helps patients regain not only the ability to swallow safely, but also the joy to consume foods they love.

Jorain's interest in speech therapy first sparked during her volunteering experience at a nursing home. While interacting with residents, she witnessed a patient choking on food and saw how a Speech Therapist was called in to assess the resident's swallowing. Up until that point, like many others, she had associated speech therapy primarily with communication. That pivotal encounter exposed Jorain to her future profession and its crucial role in ensuring safe eating and drinking, a function that is fundamental and vital to an individual's independence and overall quality of life.

Later in her career, Jorain would encounter a 94 year-old inpatient, Popo, who had difficulties swallowing food. Her experience working with Popo ascertained her belief in the speech therapy function. Although Popo did not expect to regain her ability to swallow food due to her advanced age, she was willing to collaborate with Jorain if she could find any way to assist her. Jorain worked on Popo's safe swallowing step by step as she fed her favourite Putien mee sua – she would slowly introduce the soup base to Popo's meals, before progressing further with smaller portions of noodles and ingredients. Popo was eventually discharged and regained her swallowing ability, and she would bring Putien mee sua and look for Jorain whenever she came back to AMK – THKH for her outpatient rehabilitation sessions.

Jorain frequently experiments with cooking methods to make modified-texture diets more appealing. When she noticed that the thickness of fluids prepared for patients was not always consistent with the speech therapist's recommendations, she began collecting data to better understand the issue. What started as a curiosity and a search for answers evolved into a project involving staff education and practical tools to guide nurses in the accurate preparation of thickened fluids accurately. This project clinched an award at Hospital Management Asia 2024.

Over the years, Jorain's patients and their families have also shaped the way she views life and recovery. Like life, rehabilitation also comes with detours and varying progress. Sometimes, the journey simply takes longer and requires trust, patience, and a dose of optimism.

"I don't like to refer to patients who transfer to community settings as moving 'downstream' from the community hospital," Jorain opines, "If anything, I see it as a positive 'upstream' as we support their recovery of both body and mind, to achieve their functional goals."

The Tapestry of Compassion and Care

Our patients are at the heart of AMK – THKH, so it is only fitting that we now delve into our care services, explore how we refine these touchpoints to improve patient outcomes, and highlight the support available to them, including from our generous donors.

Because when different groups of people come together to form a patient-centric ecosystem, they also craft a ***Tapestry of Compassion and Care.***



Our Core Services

Sub-Acute Care

Comprehensive and personalised medical care provided to patients with complex medical conditions, offering a higher level of support and rehabilitation to aid in their recovery and enhance overall health outcomes.

Inpatient Rehabilitation

Personalised care plans designed to help patients regain physical mobility. Rehabilitation services focus on those recovering from strokes, fractures, and other debilitating conditions.

Chronic Sick Care

Ongoing maintenance and specialised nursing care for patients with complex and advanced chronic conditions including those with tracheostomies needing regular suctioning or individuals with severe pressure ulcers.

Transitional Care

Supporting patients transitioning from our hospital to other long-term care facilities.

Stroke Care

Care for patients recovering from stroke including rehabilitation, hemiplegic shoulder care, caregiver education and ongoing support to enhance recovery and quality of life.

Renal Care

Care for renal conditions including haemodialysis and peritoneal dialysis. Peritoneal dialysis training for patients transitioning from haemodialysis.

Non-Invasive Ventilatory Support Care

Support and management of patients with tracheostomy and home ventilators as well as non-invasive ventilation machines such as Bilevel Positive Pressure (BIPAP) and Continuous Positive Airway Pressure (CPAP).

Wound Care

A wide spectrum of wound care for patients, ranging from acute post-surgical wounds to chronic vascular wounds. Our wound care-certified nurses are trained in surgical debridement and the use of various wound products, including VAC dressing. Our goal is to accelerate healing and provide optimal comfort for our patients.

Our Care Facilities and Services

Transitional Care Facility



Our 98-bedded Transitional Care Facility (TCF) supports patients transitioning from public hospitals to other long term care facilities or awaiting nursing home placements. The TCF also manages clinically stable elderly patients but have underlying chronic conditions or comorbidities, providing continuity of care until they are right-sited and alleviating the burden on acute hospitals.

TOTAL NO. OF ADMISSIONS:
674

TOTAL NO. OF BED DAYS:
30,641

AVERAGE LENGTH OF STAY (ALOS):
47

Day Rehabilitation Centre

Our Day Rehabilitation Centre (DRC) provides continuous rehabilitation to patients after their hospital discharge. In April 2026, the DRC expanded its space to Level 1, conveniently located just a short walk from the hospital's entrance.

This strategic expansion enables us to optimise our rehabilitation facilities more effectively and in the long-term, segregate inpatient and outpatient day rehabilitation to ensure the safety of our patients during contingency situations. Our dedicated team of physiotherapists, occupational therapists, speech therapists, and dietitians continues to offer a comprehensive range of services tailored to meet the diverse rehabilitative needs of our patients, helping them regain their independence and mobility, and enabling them to reintegrate into their daily lives.



PURPOSE OF DRC VISIT	NO. OF VISITS	PATIENTS SERVED
ACTIVE REHABILITATION	8,016	262
MAINTENANCE EXERCISE	5,640	111
OUTPATIENT APPOINTMENTS	205	22
TOTAL	13,861	395

Dialysis Centres



With 34 haemodialysis stations in both our dialysis centres, AMK – THKH has been an accessible dialysis provider within the area since we became the first community hospital to provide outpatient haemodialysis in 2017. As end-stage kidney failure becomes more prevalent among the elderly, AMK – THKH commenced on an expansion of Dialysis Centre I in early 2026 to allow more patients to dialyse onsite while undergoing rehabilitation treatment.

TOTAL NO. OF UNIQUE PATIENTS SERVED:
555

TOTAL NO. OF PATIENTS SERVED (CUMULATIVE COUNT):
2,496

TOTAL NO. OF DIALYSIS SESSIONS:
16,017

Home Health Services

Overseen by the Home Health Team, our comprehensive home healthcare services support patients in transitioning from hospital to home, and back to the community. To address patients' diverse needs, the team offers a wide range of services, such as wound management, medication management, physiotherapy, insertion of nasogastric tubes, and tube feeding.



Home medical services

Doctors prescribe medication, perform minor procedures and help clients manage chronic illnesses such as diabetes mellitus and chronic kidney disease.

TOTAL NO. OF VISITS:	443
TOTAL NO. OF PATIENTS:	389
TOTAL NO. OF VIDEO CONFERENCING SESSIONS:	51



Home nursing services

Nurses provide care such as wound care management and peritoneal dialysis (PD) nursing care.

TOTAL NO. OF VISITS:	30,700
TOTAL NO. OF PATIENTS:	786
TOTAL NO. OF VIDEO CONFERENCING SESSIONS:	1445



Home therapy services

Therapists continue with exercises for rehabilitation, advice on home modification and continued training for caregivers at home.

TOTAL NO. OF VISITS:	869
TOTAL NO. OF PATIENTS:	983

Community Health Centre

TOTAL NO. OF REFERRING GP CLINICS:

9*

TOTAL NO. OF PATIENT REFERRALS:

41*

**DATA FROM JANUARY TO MARCH 2026*



AMK – THKH reopened the Community Health Centre (CHC) to the public in January 2026 to complement the Central-North Primary Care Network (PCN) with diabetic care, foot screening as well as retinal photography services. CHC's operating hours have been extended to Tuesdays, Thursdays and Saturdays. Walk-in patients are now accepted, subject to private rates.

Thye Hua Kwan Family Clinic



Since its reopening as Thye Hua Kwan Family Clinic in April 2024, the clinic has continued to provide comprehensive general practitioner services, including acute medical care, chronic disease management, vaccinations, health and radiography diagnostic screenings. Eligible patients are now able to access the clinic's services with subsidies through the CHAS, Pioneer Generation, and Merdeka Generation schemes.

TOTAL NO. OF PATIENTS SERVED:

1,372

TOTAL NO. OF PATIENT VISITS TO THK FAMILIY CLINIC:

3,438

With a dedicated care team and an expanded range of services on the horizon, patients can look forward to receiving comprehensive and affordable family physician care at our clinic.

TRANSFORMING GENERAL PRACTITION INTO HOLISTIC FIRST-IN-LINE CARE

Our Family Physician Dr. Tan

"My vision is to bridge the gap in services provided among GP clinics and going the extra mile as a family physician. Even for a common condition such as an upper respiratory tract infection, a comprehensive consultation makes a big difference."

Dr. Tan Liat Leng,
Associate Consultant



Dr. Tan Liat Leng joined AMK – THKH in 2024, bringing with him a breadth of knowledge across medical disciplines and departments, from psychiatry to dermatology, and paediatric to palliative medicine. With a Masters and Fellowship in family medicine, he developed a practice philosophy centered on providing integrated care that specialists often cannot. Still, it is his long-running experience as a family physician that makes him an ideal candidate to drive Thye Hua Kwan Family Clinic.

Previously a tenant within our premise, the clinic was set to close due to low footfall amidst the pandemic. However, AMK – THKH decided to take over the clinic ownership after receiving feedback from long-time patients and residents near the hospital, who expressed their desire to continue receiving care at a familiar and convenient location. With their feedback in mind and a personal vision of operating THK Family Clinic, Dr. Tan now faces the task of serving the community's GP needs while broadening its patient base.

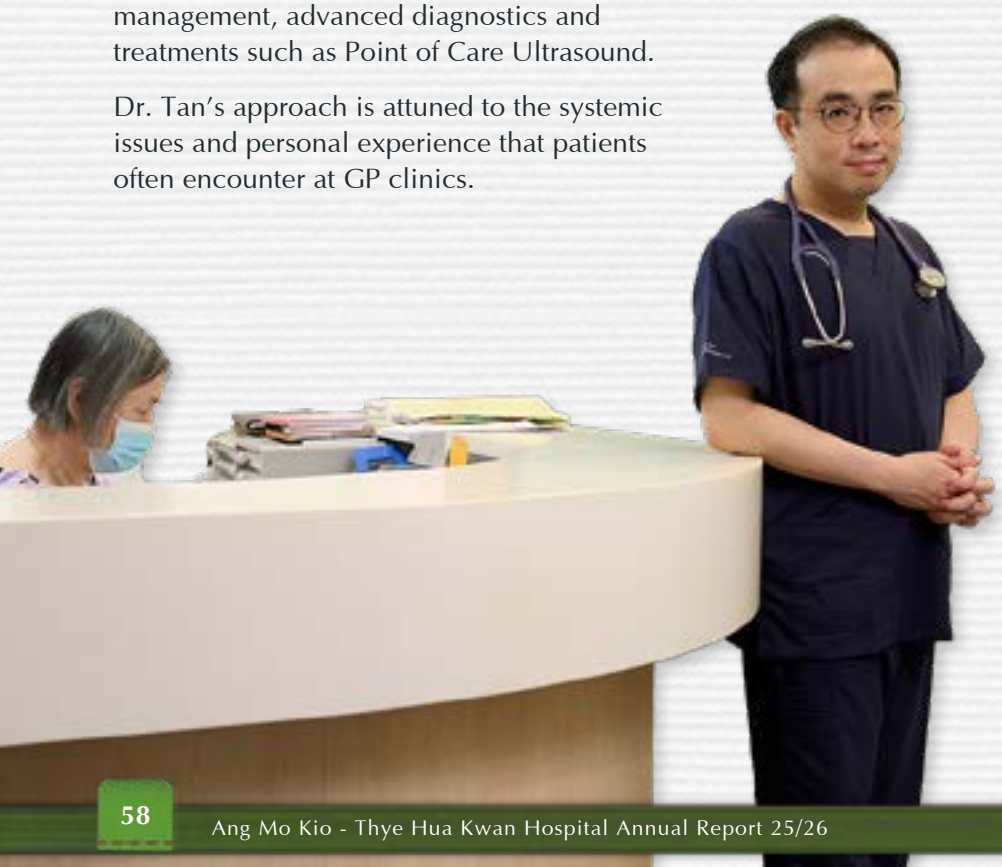
To this end, Dr. Tan envisions 'GP Plus' – going beyond the usual provisions of most general practitioners. This is underscored by a two-prong transformational approach: conducting outreaches to the community, such as giving external talks, as well as upskilling clinic assistants and integrating niche services which leverage his personal expertise and provide the clinic an edge over polyclinics. Some of these services include geriatric assessments for elderly with multiple chronic conditions, STI screening and management, advanced diagnostics and treatments such as Point of Care Ultrasound.

Dr. Tan's approach is attuned to the systemic issues and personal experience that patients often encounter at GP clinics.

For example, Singapore's surprisingly high asthma fatality rate is cited as an example of a failure in patient education – Dr. Tan believes upskilling clinic assistants to handle tasks like inhaler technique counselling could better help patients navigate asthma management. On the other hand, some patients lament the transactional, 'come-and-go' dynamic during their consultations. Dr. Tan therefore allocates more time for patient interactions, which sometimes uncover complex and critical health issues. Dr. Tan believes that addressing these gaps and guiding patients through their personal issues is what transcends a general practitioner into a family physician, and aligns with the Ministry of Health's vision of 'One Singaporean, One Family Doctor'.

Outside the clinic, Dr. Tan's personal interests are just as eclectic as his clinical background. He practises taichi, picks up pickleball and enjoys exploring new cafeterias in search of a good cup of coffee. His commitment to his profession has also taken him beyond Singapore, where he volunteers annually in remote villages in Nepal, providing primary healthcare to communities with limited access to medical services. A lover of classical music and choral singing, he values moments of quiet reflection, which also helps him listen and treat every patient with empathy and respect.

"Family Medicine is like an art," Dr. Tan describes, "but every patient is first a human, and it is important to accord each of them with care that is individualised and dignified."



With Thye Hua Kwan Family Clinic now under the Healthier SG initiative, we encourage every individual aged 40 and above to enrol into the programme and craft a personalised Health Plan with our care team.

Visit https://www.healthhub.sg/app to register.

SHAPING THOUGHTFUL PATIENT EXPERIENCES
Our Patient Service Associate Ben



"Every fish has its own place in an aquarium. It's the same in any workplace. When everyone respects one another and works together, we can create a flourishing environment for our patients."

Ben Tan,
Senior Patient Service Associate,
Patient Experience & Corporate Services

Since joining AMK – THKH in 2022, our Senior Patient Service Associate Ben Tan has encountered numerous changes within the hospital, the Service Quality team that he is a part of, and in his own development. Most significantly, he earned a promotion in 2025 and has witnessed a shift in his role from merely handling enquiries and admissions, into one that puts patients' experience at its core.

Having previously ventured into entrepreneurship and spent 15 years in customer service within the utilities sector, Ben's role at AMK – THKH taps on his strengths in fostering harmonious and cordial relationships with patients and visitors. His previous work travels to China, India and Indonesia have also given him cross-cultural working experience and some conversational Bahasa proficiency. Even among his colleagues, Ben consistently greets them with a friendly head nod and smile every day.

These days, Ben's responsibilities revolve largely around proactive patient engagement and service improvements. Among these initiatives are improving patients' meal experience, which involves regular patient meal sampling, tracking food safety incidents, and identifying ways to build patients' feedback into their overall food experience. Ben is also instrumental in the development of the Customer Relationship Management (CRM) system, which enables a systematic management of patient feedback and engagement.

These days, Ben and his team members are often seen at the wards interacting with newly admitted patients to identify needs and manage expectations at the onset.

This engagement has proactively picked up patients including some who may not be eating well, those who may have depressive moods, and others who have financial challenges. From this subtle "screening", the team highlights these cases to the Medical Social Worker (MSW), nurses, or doctors for their respective follow-through to ensure these patients do not fall through the cracks.

Ben attributes his keenness of identifying patient needs and his compassionate nature to his pastime of rearing freshwater aquarium fish and gardening. In fact, he maintains an aquarium and potted plants on his work desk! He is most proud of how his small tank of six fishes grew into four populous schools of close to 40 fishes through his years at AMK – THKH. "I have green fingers and I love the colour green, but I love fishes and I love to eat fish!" Ben jokes.

Throughout Ben's time at AMK – THKH, he has also picked up a passion in social work, having realised how much social factors play in patients' recovery. Through on-the-job experience and observing his colleagues at work, Ben has been inspired to commence a bachelor's degree in social work at the Singapore University of Social Sciences in late 2025. Seeing his dedication to patient satisfaction and excellence at work, AMK – THKH offered Ben a scholarship to pursue his professional aspiration. Just as he has nurtured a thriving aquarium, Ben looks forward to a meaningful journey with AMK – THKH for the long-term and contributing more meaningfully to the care ecosystem.

The next time you see our passionate Senior Patient Associate Ben Tan at the reception area, do not be shy to give him a shoutout!

Our Fundraising Efforts in 2025/26

Ang Mo Kio – Thye Hua Kwan Hospital's fundraising efforts are primarily supported by Thye Hua Kwan Moral Society and complemented by donations received through online donation platforms such as Giving.SG and Give.Asia.

We are also grateful for the donations from members of the public, as well as patients and their families, many of whom choose to give back after experiencing the care and support provided by our hospital.

Our Donors

Whether it is a nominal monthly contribution or a one-off gesture, AMK – THKH truly appreciates all our donors. Your compassion and altruism have helped to improve the lives of our patients and those in need.

We extend our heartfelt gratitude to these contributions of significant amounts.

DONOR NAME	DONATION AMOUNT ($)
Teo Kiang Ang	20,000.00
Toh Kon Sing	15,000.00
The Family of Late Goh Ah Meoy	10,000.00
Jack Investment Pte Ltd	10,000.00
Heng Siew Eng	8,000.00
C J Management and Development Pte Ltd	8,000.00
Thomson Shin Min Foundation	5,000.00
Shirley Lim	5,000.00

DONOR NAME	DONATION AMOUNT ($)
RSM SG Assurance LLP	5,000.00
Chow Joo Ming	5,000.00
Lim Eng Khiang	5,000.00
Chia Soo Hien	5,000.00
Doreen Tan	5,000.00
GS Technology Pte Ltd	5,000.00
Lim Eng Lian	5,000.00

Receipts of Donation

Donations, other than those specified above, are recognised in the period of receipt.

Donated property, plant and equipment received costing less than $1,000 are written off in the period of receipt. The corresponding donation income is recognised in the statement of comprehensive income in the period of receipt. Donated property, plant and equipment received costing more than $1,000 are capitalised and depreciated over their useful lives so as to match the related amortisation of the deferred income.

In the financial year 2025/26, we have received a total donation income of $542,528 which included $1,580 for the Patient Welfare Fund (restricted). The overall fundraising efficiency ratio is at 29.52%.

Tax-exempt receipts of $468,270 (2025: $399,288) were issued during the same financial year.

In the future, our fundraising plan includes call-to-actions in our periodic newsletters, online campaigns, reaching out to corporate donors and setting up a Fundraising Committee.

RESTORING HOPE WITH COMPASSION
Our Patient Mr. Misadi



"I thought I had no one left in this world. But the kindness I received here showed me that I wasn't forgotten."

Mr. Misadi Bin Hisham,
Patient

Widowed at 62 and estranged from his own daughters, Mr. Misadi had been living alone in a sheltered home with three other strangers and no one to lean on.

Struggling with kidney failure and having his right foot amputated due to gangrene, he has been confined to a wheelchair and requires dialysis treatment. Consequently, Mr. Misadi could no longer take on full-time employment. A kind friend offered him part-time work as a packer for a few days in a week, giving him just enough financial sustenance to get by. Yet without CPF, savings nor other long-term support, every day felt uncertain.

Mr. Misadi's life collapsed further when he was admitted to Tan Tock Seng Hospital due to severe health complications. He was then transferred to AMK – THKH in 2025 where he underwent outpatient rehabilitation and VAC dressing wound care for five months.

During that period, his wheelchair broke down and was forced to leave his sheltered home due to a bedbug infestation. He suddenly found himself without a mobility aid and without a home. As a food lover, meal times became a bitter reminder of what was taken away from Mr. Misadi as he was suddenly placed on a strict diet due to his illness and he struggled to adapt to the meal plan. For a period of time, it almost seemed like there was no end to his despair.

Our care professionals observed Mr. Misadi to be quiet and introverted. He even refused to shower altogether when nurses insisted on helping him do so. Thankfully, we managed to walk him through this difficult time step by step. With donations to our Patient Welfare Fund, we were able to provide Mr. Misadi with a motorised wheelchair for his commute, and a commode chair to be used when showering. That was the first step to restoring his sense of independence and dignity – today, he is able to transfer himself from bed to wheelchair and care for himself albeit with some assistance.

His hefty hospital bills were eventually settled and we managed to secure his placement in a 1-room HDB rental flat.

Surrounded by a team of nurses, therapists and staff who supported and encouraged him throughout the way, Mr. Misadi's optimism was gradually restored, and he began to open up to the people around him, including Medical Social Worker Betty Kong who was in charge of his case. Even as challenges remained, the support that Mr. Misadi received made him realise that he is never too far away from help.



Every day, patients like Mr. Misadi remind us of the disadvantaged and less abled among us. For others like Mr. Misadi, even a modest donation can go a long way to helping them get care and restore hope and dignity. Your gift will be the light in their moments of darkness, and if you would like to make a contribution to our Patient Welfare Fund, we invite you to do so through our available platforms and payment methods, available at the end of this Report.

Our Support Groups

Our Care and Counselling Team oversees support groups for our stroke and dialysis patients and their caregivers. These groups provide psycho-emotional boosters for patients who may be in distress while coping with their conditions, and caregivers who may experience burnout.

Renal Support Group

Our Renal Support Group (RSG) started in 2024 for haemodialysis or peritoneal dialysis patients and caregivers to connect with each other and build a strong support system. Participants gather once a month for a variety of activities and programmes, such as sharing on dialysis-related topics, exercises, and outings.

Having held its sessions for two years, the RSG intends to open its sessions in 2026 to residents of Ang Mo Kio Zone 1 who are on dialysis treatment. As AMK – THKH steps up as an Integrated Community Care Partner within the zone, we would also engage with other care partners to expand the activities and awareness of the RSG.





Stroke Self Management Programme

Launched in 2023, our Stroke Self Management Programme (SSMP) aims to empower stroke patients and caregivers with useful advice to better manage their condition, covering topics such as self-monitoring, recognising risk factors and symptoms, and adopting healthy lifestyle habits.

Some of the topics are also conducted by speakers who have survived and managed their own stroke episodes too. SSMP was recognised at Hospital Management Asia 2025 held in Ho Chi Minh City, Vietnam with an Excellence Award for Best in Community Involvement.





"I found this programme to be highly informative, offering valuable insights into stroke and the importance of rehabilitation. The speakers were engaging, and the overall organisation was top-notch. I appreciate the efforts of the trainers in helping us understand how to prevent secondary strokes." - **Mr. Ten Tien Ming,** *SSMP Participant*



KEEPING REHABILITATION SEAMLESS
Our Day Rehabilitation Centre Head Connie

"In our DRC, there will always be someone ready to help you. If you're a patient who is overwhelmed during your recovery, or if you're a colleague who's having a bad day, there's someone in the Centre looking out for you. I think that's what's unique in this unit."

Connie Misola,
Principal Occupational Therapist,
Day Rehabilitation Centre Unit Head

The Day Rehabilitation Centre (DRC) is a fixture of AMK – THKH for our outpatient rehabilitation patients. As they advance in their recovery, whether progressing from immobile to ambulant, or regaining their ability to perform an activity of daily living, their recovery would have been supervised by our Principal Occupational Therapist (OT) Connie.

Connie started her career at AMK – THKH over a decade ago as a Senior OT to our inpatients before being deployed to the DRC as the main occupational therapist in the facility. For the past five years, she took on the dual challenges of managing the DRC as its Head while still practicing professionally as an OT.

Two crucial figures play a significant role in the complex planning behind the DRC's operations: a minimum Centre utilisation rate as mandated by the Agency for Integrated Care (AIC), as well as an optimal patient-to-therapist ratio. With these considerations, Connie meticulously manages patient waitlists and referrals from the AIC, plans out therapy schedules and staffing, including identifying staff covers when additional manpower is required. Furthermore, Connie ensures that the Centre is not overcrowded, so that every patient could recover in a pleasant and welcoming environment.

As an OT, Connie connects well with her patients. She understands that inpatient rehabilitation requires more compassion and patience, as they might be mentally adjusting to their current medical state while physically struggling to regain their activities of daily living.

Connie memorably recalls patient Mr. Ravi (featured in Annual Report 2023/24 *Threaded by Passion*) whom she worked with and witnessed his regain of functions, including playing the djembe drum, an activity he truly loved. "Instead of focusing only on therapy exercises, I try to spend time to listen to patients, encourage them, and understand the life they lost and wish to regain," she explains. Connie's dedication to patient care and delivering high service standards has earned her a Star Award at the SHQSA.

As the leader of the DRC, Connie also extends her thoughtfulness and supportive nature to her teammates. Working with a compact team of therapists, she encourages them to be forthright when they are stressed and arranges schedules to give them breathing space. At the same time, she makes clear of her expectation that every patient should be seen thoroughly and satisfied with their rehabilitation session.

"It helps that the DRC has an open-concept layout," she says, "so when a colleague is seen struggling physically with a task, someone would jump in to help." Together, the DRC has consistently achieved 100% compliance in its biennial audits, a feat that Connie is proud of in her time overseeing the facility.

Looking into the future, Connie hopes to enhance the DRC's capabilities and capacity. Ultimately, she envisions the hospital becoming a therapy hub to serve the community and the sector, where our staff is equipped with enough expertise and credibility to be sought after by patients and as locums by other care institutions.

Our Care Highlights



Helping Stroke Patients Grasp their Recovery

In 2025, AMK – THKH's Therapy Services team rolled out the I-GRASP-IT programme to a target group of stroke patients with upper limb motor deficit to empower them to self-engage in the rehabilitation process and carry out self-exercise regimes to maximise their recovery outcomes. This would also better prepare the patients and their caregivers in their rehabilitation journey as they transit from hospital to home.

The "I-GRASP-IT" is an upper limb evidence-based practice adapted from the original GRASP (Graded Repetitive Arm Supplementary Programme) v2.1 by the University of British Columbia. Widely utilised around the world as well as in Singapore, I-GRASP-IT primary focus is on skill training to promote self-management by encouraging active participation in upper limb exercise regimens, carefully curated by occupational therapists to target patients' range, strength, and coordination levels.

A key facet of the I-GRASP-IT programme is a toolkit with different components and a manual of exercises that patients could read and perform on their own, during their free time.

Our therapist assistants would also guide our patients as they familiarise with the manual's exercises.

Of the patients enrolled in I-GRASP-IT at AMK – THKH who completed both pre- and post-stroke Upper Limb Capacity Scale (SULCS) assessments, approximately 62% showed improvement in their SULCS scores. The mean SULCS score also increased from 3.21 to 4.76 post-programme – this is statistically significant as it implies that most patients who took part in the programme showed improvement in their upper limb muscle strength.

Moving ahead, we will continue to enroll eligible stroke patients into I-GRASP-IT, and in 2026, the programme will expand into a collaboration with SIT for a research study.



Preparing Thickened Liquids 2.0 – Nutritional Supplements

In AMK – THKH's previous Annual Report *Weaved with Purpose*, we explored the Speech Therapists' project on the preparation of thickened fluids, and how it helped patients overcome dysphagia (difficulty with swallowing), a symptom not uncommon among stroke patients.

This intervention has been extended to inpatients' oral nutritional supplements, which were been found to be prepared inconsistently, with clumps forming in the solution as a result of insufficient stirring time.

To overcome this challenge, the Speech Therapist team recommended electric stirrers to prepare the supplements. Having tested different stirrers for durability, ease of cleaning and minimal infection risks, the team then educated the ward nurses in-person and provided an instructional video to reinforce their training and achieve even textures for the supplements.

After a positive pilot run, the Speech Therapist team plans for all nursing staff to adopt this method for everyday use on patients who require modified fluids and oral nutritional supplements, further ensuring patients' swallow safely and consume optimal nutrition.



Advancing Our Renal Care

Throughout the past year, AMK – THKH continued to make progress as an accessible haemodialysis provider and a strategic partner in the national agenda to promote peritoneal dialysis.

Dialysis Centre I Expansion

Our Dialysis Centre I started capacity expansion works in early 2026, with construction expected to complete by late 2026. It is poised to add **14 dialysis stations** on top of 34 existing stations at Dialysis Centre I and II, increasing our dialysis capacity by about 40%.



Artist's impression of the expanded Dialysis Centre I.

Peritoneal Dialysis Home Support Programme

Our Peritoneal Dialysis (PD) Home Support Programme approached its third year to support patients transitioning from haemodialysis to PD modality.

The Programme handholds patients on their PD journey through the course of a year with routine visits from our Home Health Team and aims to mitigate risks such as fluid overload or peritonitis.

In addition, the home visits check on patients' technique and psycho-social wellbeing. To date, we have onboarded 153 PD Home Support patients, with 39 new patients in 2025/26.

Peritoneal Dialysis Training



While the national target of peritoneal dialysis take-up is 30%, the current average stands at 15-20%. AMK – THKH is accelerating this modality option, with our pool of four PD-trained nurses among the frontline of this movement. Previously, patients who dialyse at other facilities while transitioning to PD would receive training at Tan Tock Seng Hospital (TTSH), subject to available appointment slots. With AMK – THKH partnering TTSH as an alternative PD training provider, this helps free up bottlenecks at TTSH and allows patients to start PD training much earlier.

To date, AMK – THKH's team of four PD-trained nurses are responsible for **training more than half of TTSH's patients (57%).**

The Road Ahead

As AMK – THKH continues to move upstream in PD training capability, we project to increase the patient take-up from TTSH by a further 5-10% in 2026-27. AMK – THKH is also planning a project that would enable our Home Health Team to accompany our patients from the beginning of their PD journey – as early as their PD training phase. As patients receive training by AMK – THKH nurses and are followed-through by our Home Health Team from the get-go, we could better identify any learning gaps between what patients have been trained and how they dialyse at home, as well as patient-specific issues that should be addressed.

Introducing the Home Health Team earlier would also provide a more seamless care experience for PD patients, as they get to familiarise and build rapport with their care team for the next phase of their dialysis.

Compliments from Our Patients and Families



"Thank you for taking good care of me. I specifically remember asking to be transferred to AMK – THKH [from the acute hospital], and I wasn't disappointed."

Mdm. Sim Aik Yee,
Patient

We thank every patient and next-of-kin who has shared compliments about our staff and service. Your kind words motivate us to keep up our good work and help create an environment of graciousness and compassion.

"My husband recently suffered a stroke and was transferred to AMK – THKH for physiotherapy after receiving initial treatment at the hospital. I am grateful to the medical staff at AMK – THKH for their care. Special thanks to Dr. Lu Hualong; who meticulously monitored my husband's condition and patiently comforted him; gradually alleviating his suicidal thoughts. I would also like to thank Occupational Therapist Lim Jia Yi. She is highly professional and dedicated; doing everything she could to support my husband through physiotherapy and making his recovery process much smoother."

Agnes Heng,
Wife of patient Yong Lam Chong

"I am writing to commend the exceptional assistance I received following my recent discharge. While your professional care was greatly appreciated, I was particularly moved by the actions of your sister Khin Mar Ni. She kindly went beyond any expectation to help me with my belongings. Her compassion and willingness to help significantly eased my transition home. Her actions reflect wonderfully on the values of your team. Thank you for everything. Sincerely, Chong Yeok Lan, Ward 1 Bed 1216."

Chong Yeok Lan,
Patient

"My aunt Lilian Loh was hospitalised at AMK – THKH from December 2025 to February 2026. During this time she was supported by Medical Social Worker Gan Hui Ying. My aunt commended Hui Ying on how fast and efficient she is at getting things done - whether within the ward or outside; such as liaising with the maid agency to help my aunt employ her first maid or in navigating the healthcare system to successfully apply for various subsidies. My aunt mentioned that Hui Ying is also very reassuring during her anxious moments. I am very grateful for her support; especially since my aunt does not own a mobile phone. Hui Ying has kindly helped keep me updated on my aunt's progress and facilitated a much faster communication between us."

Louisa Loh,
Niece of patient Lilian Loh

"I came for my eye and leg check at the Community Health Centre. Nurse Regine was very gentle and reassuring during both my appointment. she explained each step clearly which made me feel less nervous. I appreciated her patience and attention to detail as she made sure I was comfortable the whole time. It was also a very pleasant experience because she remembered doing my screening two years ago which made me feel valued and cared for. She did everything gently and professionally and I was really happy to see her again."

Ng Jenn Yeu,
Patient

"My family and I would like to send our compliments to social work Ms. Betty Kong for her great help; she is very helpful and meticulous and guided us though Mr. Tan's application to an affordable nursing home. Application to the waitlist went smoothly and hopefully all goes well. I wish Betty all the best; be well and happy. Her kindness is appreciated by his family. Sincerely, on behalf of patient Mr. Tan Thiam Peng, Ward 3 East Bed 3120."

Cheo Hong Choo,
Wife of patient Tan Thiam Peng

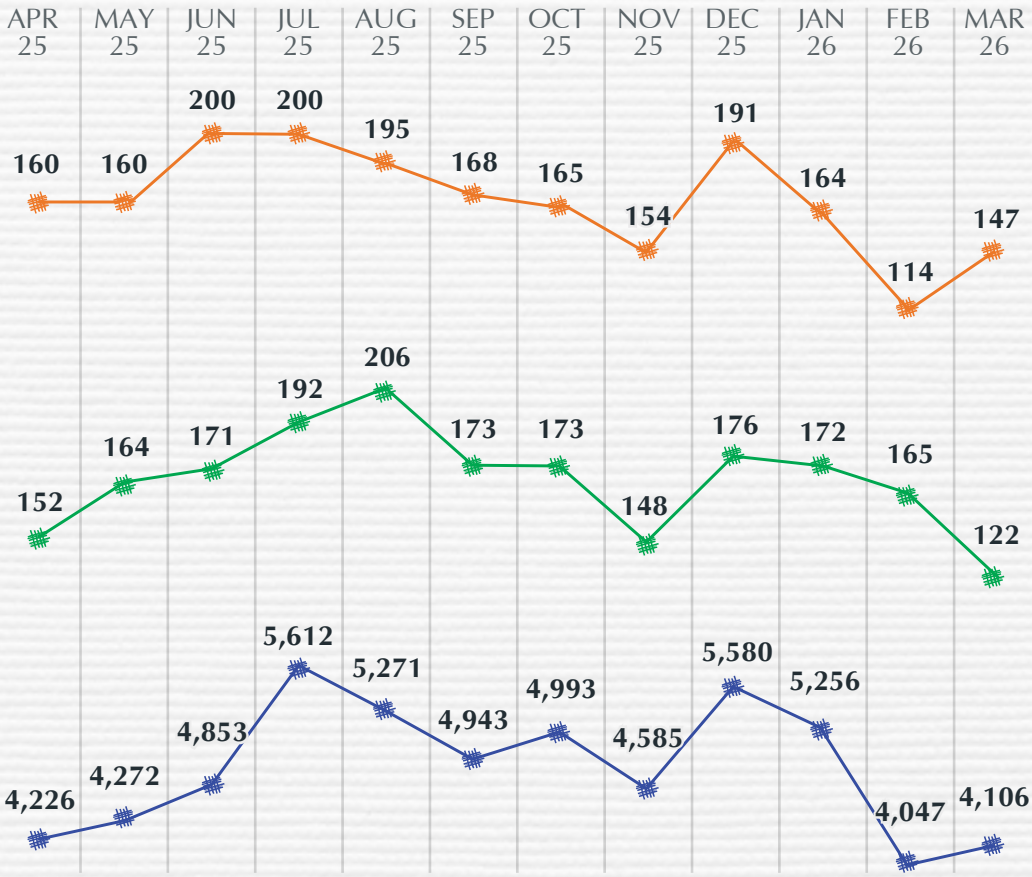
At a Glance: Care Statistics

Inpatient Statistics

NO. OF ADMISSIONS
2,018

NO. OF DISCHARGES
2,014

NO. OF INPATIENT DAYS
57,744



Inpatient Demographics

TOTAL NO. OF PATIENTS (BY GENDER)

54%
1,088
MALE

46%
930
FEMALE



TOTAL NO. OF PATIENTS (BY AGE)

91%
1,830
AGE 60 AND ABOVE

9%
188
AGE 59 AND BELOW



TOTAL
2,018

Top 10 Medical Conditions



325
(17.35%)
Fall-related Diagnoses



245
(13.08%)
Stroke, Intracranial Haemorrhage



165
(8.81%)
All Source Infections



161
(8.60%)
Fractures



108
(5.77%)
Other Non-fracture Orthopaedic Diagnosis, including Arthritis



75
(4.00%)
Peripheral Vascular Disease and Complications



72
(3.84%)
Other Non-stroke Neurological Conditions Complications



51
(2.72%)
Functional Decline



42
(2.24%)
Cancer



35
(1.87%)
Cardiac Conditions



594
(31.71%)
Other diagnoses

Patient Discharge Destinations



1,149
Home

259
Intermediate and Long-Term Care Services

601
Acute Hospital

5
Others

TOTAL NO. OF PATIENTS DISCHARGED (100%)

2,014

The Tapestry of Collaboration

A tapestry's beauty is accentuated by the collective vibrancy of every segment. Just as each fabric on the tapestry complements the other, our good work is made possible through the synergy with our partners, volunteers and the community.

In the ***Tapestry of Collaboration,*** we shine a spotlight on communities who have amplified our work beyond the walls of our institution, and those who have devoted their time volunteering at our hospital.



Collaborations with the Community

Every Grain for the Community

AMK – THKH was a beneficiary and facilitator of Project R.I.C.E.+ in 2025, championed by youth leaders from the Singapore Red Cross. The project, conceived in 2017, began as an initiative to collect and redistribute rice to beneficiaries. Over time, it expanded to encompass a wider range of daily essentials, becoming the Project R.I.C.E.+ that it is today.

In support of this project, AMK – THKH activated our volunteers, corporate partners, and Home Health nurses to distribute these supplies to our low-income patients across the island.

The distribution was a success – our patients were touched by the community's thoughtfulness as volunteers showed up at their doorsteps, while our volunteer pool had a rare insight of what we do beyond the walls of the hospital. In total, over 180 volunteers were involved, contributing over 700 volunteer hours and delivering over 620 ration bags of rice and essentials.

AMK – THKH looks forward to continuing our involvement and collaborating with our partners and community when Project R.I.C.E.+ resumes in 2027.





Commemorating International Day of Older Persons



To mark the International Day of Older Persons (IDOP) in October 2025, AMK – THKH partnered with Thye Hua Kwan – Active Ageing Centre (THK – AAC) at Yio Chu Kang Block 645 to bring complimentary health screening to more than 60 seniors, all aged above 60.

The THK – AAC space saw seniors waiting their turn to get their blood tests done, blood pressure and Body Mass Index (BMI) checked. They also underwent fall-risk assessment using the Timed Up-and-Go (TUG) assessment, which offered many a clear first sense of how steady they were on their feet. Throughout the morning, our physiotherapists spent time with the seniors explaining what the results meant and shared practical tips on reducing fall risks at home.

Our doctors and nurses also offered personalised guidance on how best to stay healthy and confident as they age based on their lifestyle, habits and diet, and shared on medication safety.

Public education is key to supporting older persons in staying healthy, active and connected. As a community hospital, AMK – THKH remains committed to expanding such collaborations to keep our seniors safe, informed and cared for.



A Walk to Remember

The next time you spot a senior-friendly or dementia-friendly infrastructure pop up around Yio Chu Kang and its surrounds, this may well be an enhancement that was consulted with our nurses at AMK – THKH, who collaborated with the Ministry of Health Office for Healthcare Transformation (MOHT) in a Community Improvement Walk in early 2026.

Covering Yio Chu Kang Zone 9 and Kebun Baru Community Club, the Walk was joined by Member of Parliament for Yio Chu Kang SMC Mr. Yip Hon Weng. It also involved multiple community partners and agencies to identify environmental touchpoints that could affect residents' health and enhance the neighborhood's safety and accessibility.

Our nurses provided a clinical perspective which could enhance the town's environment and further integrate senior-friendly and dementia-friendly considerations and facilities into its planning. This could be especially helpful as Yio Chu Kang consists of about 40% residents aged 65 and above, and is Singapore's first dementia-friendly estate[1].

The Community Improvement Walk and town improvement form part of MOHT's Healthy Precinct Framework and support Healthier SG and ageing-in-place initiatives.

[1] Agency for Integrated Care, Centre for Liveable Cities, & Singapore University of Technology and Design. (2023). Creating a dementia-friendly neighbourhood: A Yio Chu Kang pilot project. Centre for Liveable Cities.







GALVANISING IMPACT
Our Corporate Partner BNP Paribas



"Our commitment to society is a core value at BNP Paribas, and our partnership with AMK – THKH brings this to life.

Through years of dedicated volunteering, our staff have gained the invaluable opportunity to serve the community and make a tangible difference. We are proud to stand alongside AMK – THKH in their mission."

Johnathan Tay,
Vice President,
Trade & Supply Chain Management &
Co-Chairperson of CSR Committee,
BNP Paribas

Since late 2024, AMK – THKH has been expanding how corporate partners engage with our hospital and patients. Conventionally, corporate partners attend one of a few activities on our volunteering calendar. However, a few have expressed interest in partnering with our hospital for the longer horizon, rather than a one-off corporate social responsibility.

Our volunteer management team has offered these corporates two more avenues of volunteerism – first, they may volunteer through skills-based engagement; for example, upskilling our staff to improve our operational efficiency. Second, they may adopt a bespoke volunteer programme proposed by our team and tailored to their volunteering capacity in mind. In doing so, they may supply manpower or sponsor a vendor to execute the programme.

As showcased in *Threaded by Passion* (Annual Report 2023/24), they conducted a Design Thinking workshop to help our staff improve professionally.

Last year, they also adopted an arts programme for our patients with Carbapenem-resistant Enterobacterales (CRE).

Due to infection control measures, these CRE patients have been unable to participate in our mainstay volunteer activities. Through the monthly arts session facilitated by BNP Paribas, we have helped engage a new category of patients and made volunteer activities more inclusive, and have benefitted more than 50 CRE patients to date.

There is value for corporates to partner with AMK – THKH through such similar, long-running engagement, apart from making impact on patients and the community. A programmatic approach allows volunteering resources to be more efficiently and effectively utilised. Furthermore, for corporate partners who wish to make greater impact on AMK – THKH but do not know how to, our team could map our patient needs to their expertise or volunteering capacity and propose a mutually beneficial arrangement.







At a Glance:

Our Volunteer Programme in 2025/26



NEW VOLUNTEERS ON BOARD IN 2025/26

63

ACTIVE VOLUNTEERS

127

VOLUNTEERING HOURS TO PATIENTS CONTRIBUTED

4,902

EDUCATIONAL INSTITUTIONS & CORPORATE VOLUNTEERS

43

TOTAL MAINSTAY VOLUNTEER ACTIVITIES

16

TOTAL CORPORATE VOLUNTEER SESSIONS

32

New Volunteer Activities

Our Volunteer Management team introduced two new activities for our patients in 2025.

Seated Yoga

An intimate setting specially for patients to do gentle and accessible stretches while on the wheelchair.

Percussion

For patients to reignite their love for music or even pick up a new skill, the percussion session promises to connect participants through the shared love of music.

Moving ahead, we plan for the instructor-volunteers and others with unique skills to train fellow volunteers, so that they could learn something new and better support each other.

Volunteer Appreciation Day 2026

Held annually, the Volunteer Appreciation Day is AMK – THKH's gesture of recognition of our volunteers, who have been contributing their time and effort to the hospital. We took the volunteers to Mandai Bird Paradise for a day trip and lunch, where they were joined by our CEO, who presented certificates of appreciation and personally thanked every volunteer at the gathering.

As the number of volunteers and activities grew, the occasion provided an update on happenings in their community. Volunteers got to learn what other activities were in store and plans for the team in the year ahead. The volunteers also had a chance to mingle with each other.





If you have a desire to make an impact on our patients through volunteerism, visit https://caring.amkh.org.sg or scan the QR code.



Our Volunteers' Testimonials

MARINA BAY Sands SINGAPORE

The most fulfilling part shared by the team was being able to bring joy and laughter to the elderly during their rehabilitation. Seeing them smile and actively participate in the Bingo game made them feel that even small interactions can brighten their day and support their emotional wellbeing.

TE College East

One of the most fulfilling aspects of the volunteer experience was witnessing the joy and excitement on the faces of the elderly during the Bingo game. Seeing them actively engaged, focused, and even competitive brought a deep sense of purpose and satisfaction. The simple act of calling out numbers became a shared moment of connection between students and patients. It was heartwarming to see inter-generational bonding take place so naturally, and to know that our presence, even if brief, made a meaningful difference in their day.

One challenge was the language barrier with some elderly participants, which made communication a bit difficult. To overcome this, we became more aware of our non-verbal communication and relied more on hand signals and gestures to engage them effectively. It was a good learning experience in adapting our approach to connect better.

VITAL shared services

The most fulfilling aspect was seeing participants' genuine joy during our activities. What struck us most was how these simple activities created meaningful connections and a real sense of community. Being able to contribute to that feeling of belonging made the entire volunteer experience deeply fulfilling.

There were occasional language barriers, but these were easily overcome by the non-explanatory games. Despite these challenges, they made the experience more meaningful as we learned to adapt together, ultimately strengthening the community we were building.

The meaningful impact on participants and the genuine connections formed through our activities encourage some of us to continue. The supportive organisation and positive community atmosphere make volunteering rewarding.

PUMA

Engaging directly with the patients and being able to contribute positively to their day was very meaningful. It was fulfilling to see their smiles and know that our presence made a difference.

UPLIFTING OUR VOLUNTEERING COMMUNITY

Our Volunteer Management Lead



"Even if I get to see patients for only two hours every day, I appreciate the fleeting time I get to spend with them.

I'd like to think we've made a small difference in the patients' lives when some of them look forward to the volunteer sessions."

Natasha Idrus,
Assistant Manager, Volunteer Management

At 29, our Volunteer Management Lead Natasha may be one of the youngest managers at AMK – THKH. Despite her youth, she possesses a profound sense of compassion for patients and people, coupled with a wealth of experience beyond her years.

Previously working in an Active Ageing Centre, Natasha has always wanted to be in eldercare, which also ties in with her education in gerontology. Her move to AMK – THKH stays faithful to her career path, and she now gets to support elderly patients through organising and curating volunteer activities.

In a span of just two years, Natasha has witnessed how our volunteers have shifted from the back seat to the steering wheel, as they now drive an array of activities for patients ranging from games to seated taichi exercise sessions. These programmes have also become more focused on patient interaction and directly boosting their psycho-emotional wellbeing. She also notes how activities have become more inclusive, with the introduction of bedside volunteer activities to support less ambulant patients. "Where I was at previously, all I had to do was to make the elderly happy," Natasha notes, "now, we're impact-minded. All our activities have some form of evidence-backed benefits and help optimise patients' rehabilitation potential."

Natasha fondly remembers a volunteer, who had unpredictable work shifts, committing to Project R.I.C.E.+ last year and enlisting his nieces and nephews to help. His support for ad-hoc events amidst his odd schedules, demonstrates the lasting impact volunteers can have. "These volunteers remind me that even the smallest ripple could cause a tidal shift in patients' mood and wellbeing," Natasha says.

Natasha and her team are still looking to expand the volunteer team. In recruiting new volunteers onboard, she notes that there is hardly a fixed set of requirements to join the team, and that our volunteers come from all walks of life. Rather, the team helps volunteers identify their skills or hobbies that could be tapped onto when they are at AMK – THKH.

As a first-time expectant mother, Natasha has reasons aplenty to look forward to in the future. Natasha notes that raising a child, just like looking after an elderly patient, requires the collaborative care and attention from many people. Already, her volunteers are excited about her pregnancy and have already shown support in their own ways, such as coming earlier and helping her set up for activities. "I suppose motherhood and leading a volunteer management team are similar in some ways," she quips, "your brain's always thinking five steps ahead, looking after the interests of your patients like you would your children."

Nursing Collaborations

Wound Roadshow: A Showcase of Regional Woundcare Innovations





Our Nursing Services department organised an inaugural Nurses' Wound Roadshow in November 2025. The structured educational and engagement initiative served as a platform to bridge the knowledge gap between acute and community care settings, promote standardisation of wound care practices, and foster a culture of continuous learning and innovation within our nursing practice.

Graced by Guest-of-honour Mdm. Rahayu Mahzam, Minister of State for Health and Minister of State for Digital Development and Information, the Roadshow integrated talks led by experts across regional healthcare institutions, interactive learning stations and vendor-supported demonstrations, and an innovative wound-themed escape room activity.

With an increased awareness of digital tools and wound care resources, our nurses are even more motivated to adopt innovative and evidence-based practices, creating a momentum for future wound education initiatives and collaborative networking.

Fostering an Aspiring Generation of Nurses

AMK – THKH has been supporting nursing students' final year projects and clinical placements over the years, through our partnerships with Nanyang Polytechnic and the Institute of Technical Education.

Led by our Assistant Nursing Directors who were once alumnae of their respective institutions, these collaborations have helped elevate competencies among future nurses and provided platforms for our own staff to upskill through knowledge sharing and mentorship.



HEALING FOR THE SENSES
Final Year Projects with Nanyang Polytechnic

For long-staying patients undergoing stroke rehabilitation, their inpatient stay could be overwhelming to their senses. With their comfort and psycho-emotional wellbeing in mind, AMK – THKH's Nursing Services team, together with final year nursing students from Nanyang Polytechnic (NYP), collaborated on four multi-sensory projects in 2025 to uplift our patients' mood.

Together with staff mentors Nurse Manager Mary Ann Losa, Nurse Manager Rio Ocampo, Assistant Nurse Clinician Bienna Enonaria, Staff Nurse Carmella Balestros and Senior Staff Nurse Zhou Henan, some of the projects rolled out were: *ReTune*, structured sessions combining instrument-making and music-based activities, using music as a therapy and stimulation to promote patients' motor skills and encourage social interaction; *SensiHug*, a multi-sensory therapeutic blanket using tactile, visual and olfactory stimuli to provide patients with emotional comfort and enhance stroke rehabilitation outcomes.





Left: SensiHug: A multi-sensory therapeutic blanket that stroke patients could hold to stimulate their senses.

Right: Final year NYP students with their ReTune project prototypes, together our nurses and Assistant Nursing Director Nur Maizura, who is an NYP alumnus.

"Our collaboration with AMK – THKH reflects NYP's emphasis on applied learning and real-world experience through meaningful industry partnerships.

We are grateful for AMK – THKH's shared belief in this value and their support of our learners, and we are proud that this partnership has yielded practical, innovative solutions now integrated into their care of clients."

Dr. Andy Ong,
Assistant Director (Industry & Innovation),
School of Heath & Social Sciences,
Nanyang Polytechnic



A New Era of Partnership with the Institute of Technical Education

AMK–THKH has collaborated with the Institute of Technical Education (ITE) for over 20 years, dating back to when nursing education in Singapore transitioned from the Ministry of Health's School of Nursing to ITE. After a hiatus of two years, we resumed taking in their nursing students in 2026, continuing a partnership that has been established since 2000.

In early 2026, we expanded this partnership further, obtaining a Workplace Training Centre (WTC) accreditation to conduct three ITE Skills Certificate in Health Care programmes.

The WTC accreditation enables AMK – THKH to conduct structured workplace training for healthcare assistants in the intermediate and long-term care (ILTC) institutions, leading to a nationally recognised certification pathway. This training allows them to their nursing academic pursuits through programmes offered at ITE College East.

The ITE Skills Certificate programmes are part of the offerings conducted by the Nursing Education team, which has opened up other courses such as venipuncture and peripheral IV cannulation, and clinical preceptorship, to aspiring and incumbent nursing professionals from our hospital and the public. The benefits of these programmes are twofold, as they strengthen our internal training capacity while enhancing the sector's capability in different fields of nursing care.

FROM PIONEERING NITEC NURSING STUDENT TO TRAILBLAZING LEADERSHIP
Our ADON Jocelyn

"I remember seeing an advertisement for the first batch of Nitec Nursing on the newspaper. I cut it out and told my mother that I wanted to enrol in the course – who knew it'd become a lifelong commitment to nursing!"

Jocelyn Ng,
Assistant Director (Nursing Education), Nursing Services



Jocelyn started her career journey as an enrolled nurse at AMK – THKH back in 2000, recalling her grandfather's rehabilitation journey giving her "the first tinkle" to be a part of healthcare. Incidentally, her grandfather was admitted to Ang Mo Kio Community Hospital, or Ang Mo Kio – Thye Hua Kwan Hospital as it was called back then.

After taking a study break and another stint as a nurse educator at a nursing home, she found herself drawn back to AMK – THKH twice.

Today, Jocelyn is an Assistant Director of Nursing at AMK – THKH, where she works with her colleagues in multi-disciplinary teams to foster a culture of continuous learning and professional development. She also analyses our nurses' learning needs and develops programmes to uplift their competence.

Over the years, Jocelyn has also participated in multiple workgroups and sat in various committees, including for WorldSkills Singapore, a biannual, national skills competition to discover and recognise the most technically-skilled youths in Singapore. In 2015, Jocelyn won the prestigious President's Award for Nurses, becoming the only nurse from the ILTC sector to receive the award that year from then-President Tony Tan.
A decade later, Jocelyn was inducted to the President's Challenge ITE Inspire Fellowship.

Jocelyn's career journey is inspiring to many ITE nursing students and graduates. Since graduating from the first Nitec Nursing cohort, Jocelyn has also attained a Diploma in Nursing, an Advanced Diploma in Gerontology, a Bachelor in Nursing, and a Master's in Education. Armed with these qualifications and a desire to serve, Jocelyn has dedicated herself to advancing eldercare in Singapore.

With a $10,000 award that comes with her Fellowship, Jocelyn endeavours to launch a dynamic online platform that bridges the gap between ITE students, graduates, and alumni in the healthcare industry. The platform aims to equip these younger professionals to connect with their seniors for guidance and advice, as well as to build their network and share best practice on nursing.



Congratulations Jocelyn, for making an impact in our local nursing scene and doing AMK – THKH proud!



Mr. Tay Wei Sern,
Deputy Director, School of Health Sciences, Institute of Technical Education

Jocelyn was Mr. Tay's nursing student in 2000.

"Over the last two and a half decades, ITE and AMK – THKH have journeyed together through the evolution of enrolled nurse education in Singapore.

From the National Certificate in Nursing programme, to Nitec in Nursing and Higher Nitec in Nursing, and most recently the Work-Study Diploma in Nursing, AMK – THKH has remained a trusted and steadfast partner of ITE in shaping nursing professionals for the nation.

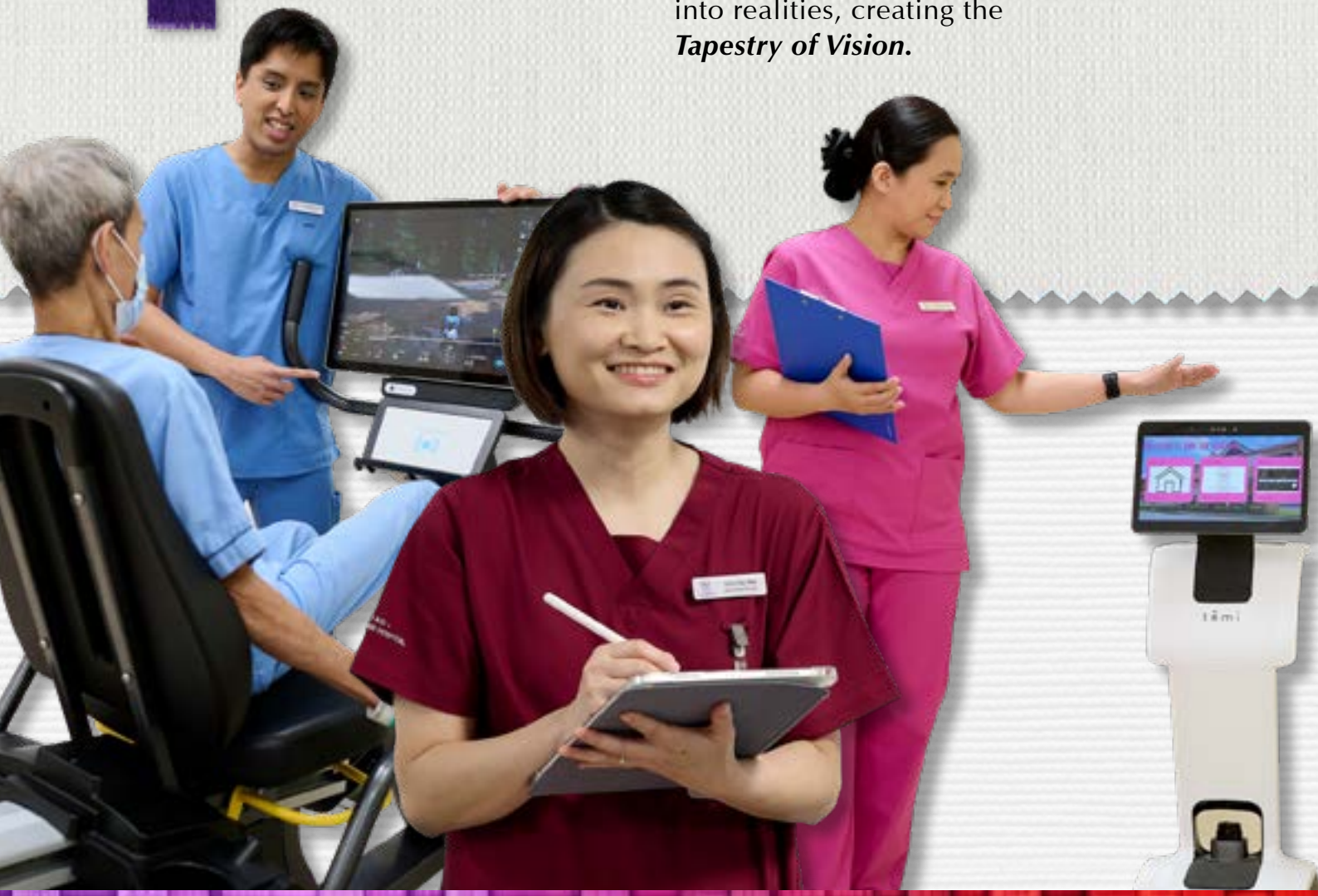
We are proud that AMK – THKH is the first healthcare institution to partner ITE School of Health Sciences in [the WTC initiative].

We look forward to strengthening our partnership and continuing our shared mission of developing a skilled, compassionate and future-ready healthcare workforce."

The Tapestry of Vision

From our year in retrospect, we now look forward to many more innovative projects that we have embarked on. While we face the challenges of a super-aged society and rising healthcare costs, these initiatives will chart new growth and pathways of impact for AMK – THKH.

With optimism and fortitude, we continue weaving possibilities into realities, creating the ***Tapestry of Vision.***



Unlocking Opportunities for Integrated Care

The Ministry of Health rolled out the Integrated Community Care Provider (ICCP) initiative in 2025, activating a wide range of community care partners including hospitals, home care providers, nursing homes, senior care and active ageing centres, to deliver a suite of baseline services for seniors to support their rehabilitation and ageing in the community.

With 84 sub-regions across Singapore, each ICCP will work with the partners within the sub-region to care for seniors through a needs assessment, developing a long-term care plan and ensuring that their needs are addressed.

AMK – THKH has been appointed ICCP of Ang Mo Kio sub-region 1 and Bedok sub-region 4, together with partners Asian Women's Welfare Association (AWWA) Senior Care Centre, Methodist Welfare Services (MWS) Active Ageing Centre, and Touch Community Services Enhanced Home Personal Care.

Our wide-reaching network is augmented by our affiliation with Thye Hua Kwan, which could be brought in to provide services for seniors where needed.



Introducing Social Prescription

AMK-THKH has been advocating care beyond the walls of our hospital, recognising the importance of a seamless transition for continuity of care in the community setting. Simultaneously, it is evidenced that social determinants such as one's living environment, social network and community connectedness bear considerable impact on health outcomes.

We have introduced Social Prescribing into our care to alleviate risks of isolation and loneliness. In doing so, patients who are identified to benefit from post-discharge support are connected to community resources.

This aspect of discharge planning starts upon admission, where patients are engaged within days of settling in and encouraged to participate in volunteer-driven activities. Our Care and Counselling team follows up with deeper conversations and subsequently link these patients to the community assets.

As ICCP rolls out, we hope to extend the Social Prescribing efforts with our community partners for a model of care that would address physical, mental and social health of our patients.

Improving Patient Touchpoints

AMK – THKH rolled out a few patient experience improvements in 2025, aimed at addressing common enquiries and helping our clinical teams optimise their resources as they care for patients. These touchpoints combine a mix of forward-looking and traditional mediums.



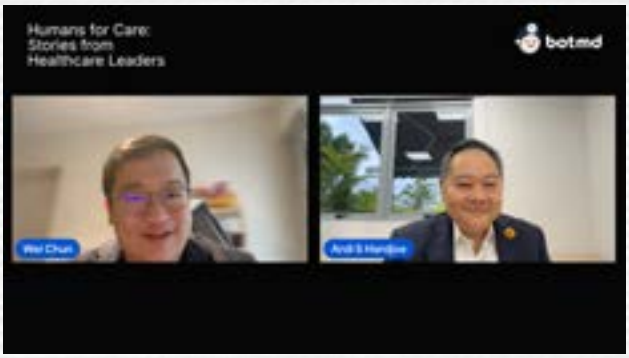
Patient Handbook

Our Service Quality team published a patient admission handbook for inpatients and their next-of-kin, providing key information such as patient visiting hours, a day's schedule in the wards, as well as discharge planning information. The handbook is available in print and digital formats.

Stay Safe and Wind Down with temi Robot

Our temi Robots were busy in the wards in 2025 reminding our staff and patients to stay safe. On specific periods of the day, temi would play media with safety messages, such as a song about the five moments of handwashing hygiene (with lyrics composed by our own staff), or a series of safety tips that are announced alongside calm, instrumental music during patients' afternoon tea breaks.





"AI should surface tiny insights at various points of care; it is a reliable colleague… it should be aligned to patient outcomes, which should be their journey towards better rehabilitation."

AMK – THKH's CEO Ardi Hardjoe, in an interview with Wei Chun, Regional Sales Manager of BotMD.

BotMD

AMK – THKH partnered with BotMD to launch a few digital solutions for inpatients. Patients who are admitted to our hospital are encouraged to sign up for the Health Education Journey, which would deliver health information such as renal care, rehabilitation and stroke management tips to their mobile phones.

Our website also enlisted BotMD's artificially intelligent (AI) chatbot, helping visitors navigate frequently asked questions on WhatsApp while sending out periodic safety tips.

In view of the variety of functions that BotMD had facilitated, from patient care education to services, AMK – THKH in patient care and in our workflows, our CEO had the opportunity to share about AI and its role in healthcare settings in an online interview with BotMD.



Our Home Health Team

Our Home Health Team, consisting of medical, nursing and therapy staff, support AMK – THKH in bridging the gap between hospital-to-home care services and help patients receive personalised care in the familiar environment of their homes.

Enhanced Home Personal Care

From 2026, AMK – THKH's Home Health Team would provide Enhanced Home Personal Care (HPC+), catered to patients at home who are frail, home-bound, or require assistance with their (iznstrumental) activities of daily living. Aligned with the Agency of Integrated Care's directive, HPC+ consists of four different modules ranging from housekeeping, personal care, custodial support, as well as fall and movement monitoring. The service offers patients closer rapport and oversight, as well as support for caregivers when they need respite or assistance with more demanding care tasks. It is designed to help seniors stay safe and comfortable at home, while reducing reliance on institutional care.

At a Glance: Our Home Health Team

6
NEW HOME HEALTH NURSES (23 NEW NURSES SINCE 2023-24)

39
TOTAL NUMBER OF NEW PD HOME SUPPORT PATIENTS (+34%)

153
TOTAL NUMBER OF PD HOME SUPPORT PATIENTS SUPPORTED TO DATE

61
TOTAL NUMBER OF NEW AMK – THKH PATIENTS REFERRED TO HOME HEALTHCARE

From 2026: Enhanced Home Personal Care

AMK – THKH's Home Health Team will commence Enhanced Home Personal Care (HPC+). Home patients can look forward to receiving care services through four modules.

Housekeeping services including:

Light and heavy housekeeping, e.g. floor sweeping, cleaning of fans, windows and toilets.

Personal Care services including:

Assistance in activities of daily living, such as personal hygiene and feeding.

Custodial Support services including:

Reminders on medication, bills and finance-related chores, transportation escort.

Fall & Movement Response Monitoring services including:

24/7 monitoring through techonology for inactivity or falls to provide emergency help.

DIGNITY THROUGH AGEING WELL
Our Home Health Patient Mr. Haji Ali



Mr. Haji Ali Bin Ahmat, 73, has lost all vision in his right eye, and has about 50% of his vision remaining in his left. Once a nurse and a lifting supervisor in his youth, his diminishing vision forced him into retirement. Living with multiple health conditions such as diabetes, hypertension, gout and a chronic lung condition, he has been staying in a humble one-room rental flat shared with his wife, Mrs. Haji Ali, for decades. She would be Mr. Haji Ali's caregiver and the only person he entrusted to look after every detail in his life. More than a companion who ensured his physiological needs were cared for, Mrs. Haji Ali was his soulmate whom he deeply loved.

"My friends call me a flirt because I like to hold my wife's hand wherever I go," Mr. Haji Ali recalls.

On most days, Mrs. Haji Ali would cook and help her husband with the cocktail of medication he needs to manage his health. Mr. Haji Ali would also require assistance in travelling between his home and healthcare facilities to receive treatments, as doctors assessed that he is medically unfit to travel independently on public transport. The couple managed to tide through daily living and expenditures with visits from Mr. Haji Ali's stepchildren and support from different grants and social and community agencies, including our Home Health Team who provided him with home nursing care.

That all changed in late 2025, when Mrs. Haji Ali passed away. She took her last breath on the bed with Mr. Haji Ali by her side. The passing of his lifelong companion and sole caregiver had devasted Mr. Haji Ali and left him in despair, as he depleted his meagre savings to lay her to rest. As his relationship with his stepchildren grew distant and he has no child of his own, Mr. Haji Ali was left to rely on the monthly financial assistance he received, which was further reduced as he became the sole household occupant.

These days, breakfast for Mr. Haji Ali is often a banana sandwiched between a single piece of white bread. Despite his medical conditions, he could make do with what he can afford to eat and very often gets by with just one meal.

Even as Mr. Haji Ali sold away some of his personal possessions to afford transport expenses, he continues to miss medical appointments. Without anyone to assist him with mobility, he could not take public transport to his appointments, including crucial ones for dressing his diabetic wound. Consequently, Mr. Haji Ali resorted to stretching his dollar and skipping his medication to save money.

After a few years of receiving AMK – THKH's home nursing service, our MSW Zulasmira assessed Mr. Haji Ali to be eligible for additional home support, with zero out-of-pocket expenditure. Through the service and its care professionals, Mr. Haji Ali gets assistance in his activities of daily living and light household chores, as well as help with packing his medication and monitoring of his medical conditions from our Home Health Nurse. Zulasmira also reached out to the relevant social services to further aid Mr. Haji Ali with support and resources that he needs. With more frequent check-ins from our care team, he is able to manage his daily living with independence and avoid unnecessary hospital admissions.

Through donations to our Patient Welfare Fund, our care team helped to purchase a motorised scooter for Mr. Haji Ali and accompany him to his training sessions. With a personal mobility aid to help Mr. Haji Ali's commute, he is now better able to participate in community activities, and has even become an active volunteer at community centres around the area. In turn, his volunteer network at the centres provide him with emotional and moral support.

Through this Annual Report, we have surfaced a few patients with stories of resilience, compassion and dignity. Mr. Haji Ali is but one example of how our donors' generosity could leave a long-lasting impact on our patients. Our Patient Welfare Fund helps support out-of-pocket expenses for patients, from transportation to medical appointments, wound dressings and care necessities, to purchasing hospital beds and commodes for continued care at home. In Mr. Haji Ali's circumstance, the Fund can help him with out-of-pocket expenses of $60–$110 per week in transport costs and care necessities.

Making a Donation

Should you wish to make a donation, we invite you to do so through the following means. To ensure your contribution is processed seamlessly, we kindly request that you insert the reference code **AR2526** accordingly in the respective donation platform.

CHEQUE DONATIONS

Kindly make your cheque payable to Ang Mo Kio – Thye Hua Kwan Hospital Ltd. We kindly request that you insert a reference code **AR2526** at the back of the cheque at the bottom right corner.



PAYNOW DONATIONS

With your bank app, select 'PayNow'.

Scan the QR code or key in our UEN number: 200201385CHEF

Enter your donation amount.

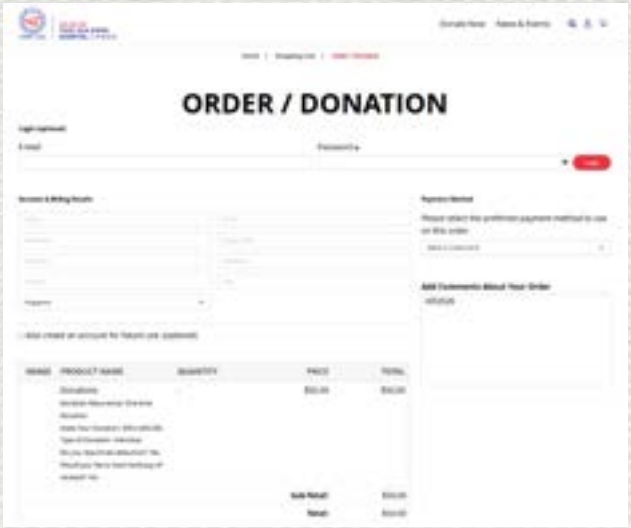
Under the reference code in the transaction, kindly input **[AR2526]** followed by your NRIC number, e.g. [AR2526] S1234567A.

Select transfer now to make the donation.

WEBSITE DONATIONS

If you would like to make a donation to Ang Mo Kio – Thye Hua Kwan Hospital, you may visit donation.amkh.org.sg. Alternatively, scan the QR code to take the first step towards making a difference.

We kindly request that you input the reference code **AR2526** in the box 'Add Comments About Your Order'.



























From Passion to Purpose to Impact: A Trilogy Concludes

Three years ago, we began with *Threaded by Passion*, where a single red thread intertwined with others to form a vibrant ball of yarn — a metaphor for AMK – THKH and the people whose lives and work are connected with ours.

The next year, *Weaved with Purpose* took us further. The yarn was woven with our DNA and carried us across different care settings, while introducing the people who share, shape and strengthen who we are.

In *Tapestry of Impact*, we paused to look at how these many threads have come together over the past three years.

Guided by our strategic blueprint, individual efforts have connected, grown and gathered momentum, creating an impact that reaches beyond any one person, team or care setting. Three years. Three stories. One continuing journey.

As we close this trilogy, we are reminded that a tapestry is never truly finished. New threads will be added, new connections will be formed, and new stories will unfold.

We carry forward what we have woven together, continuing to care, connect and create impact for our patients, residents, staff and community.

The next chapter begins.



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Support Our Patients

