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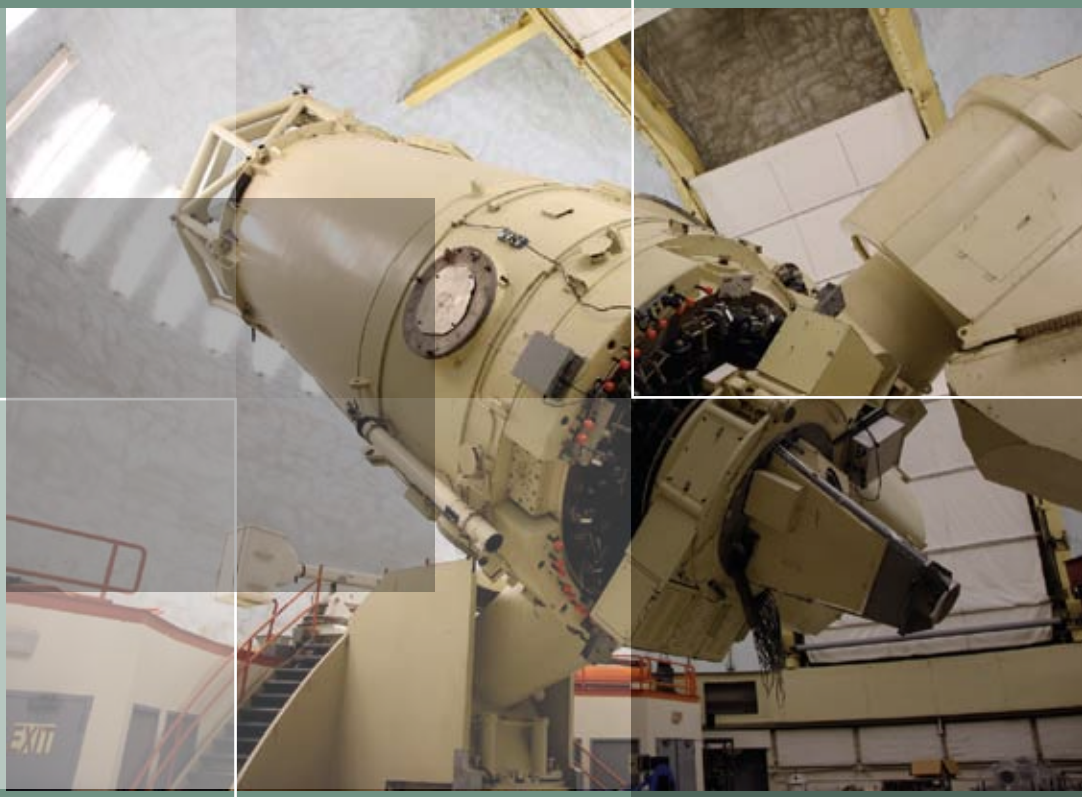
Associação Nacional de Hospitais Privados



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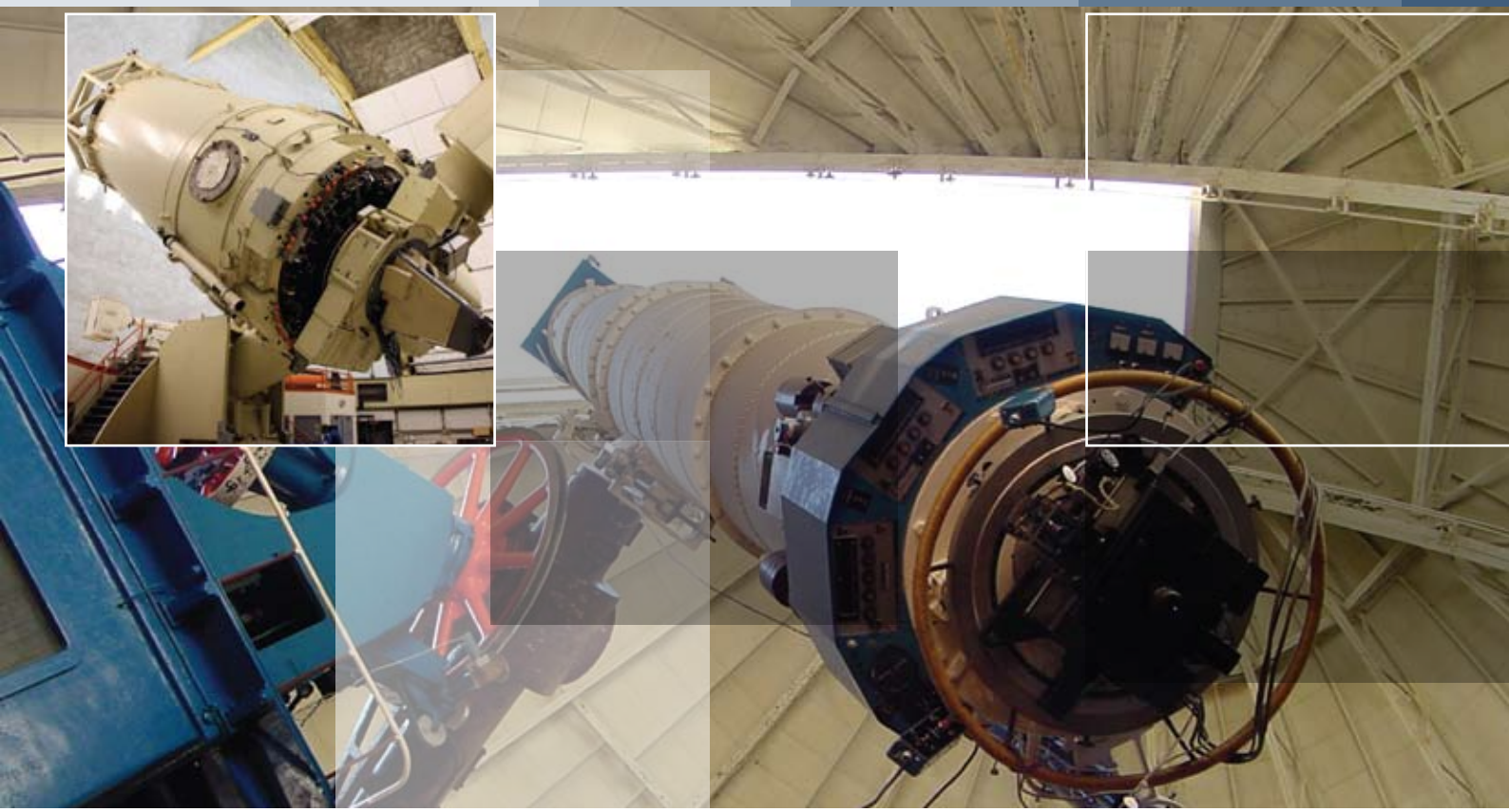

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LETTER TO READERS

The Supplementary Health Sector has exhibited considerable growth in the last decade. According to information from the National Supplementary Health Agency (ANS), today, health plan users total over 42 million people. The sector brought in revenue of more than R$ 62 billion in 2009.

Based on this information, it is possible to observe the need to create evaluation tools of the sector to measure the production of these health services, and to establish goals to be reached.

ANAHP, understanding the need to seek alternative that serve as benchmarking for the segment, created the ANAHP System of Hospital Indicators (SINHA) and the Best Care Practices Project (PMPA), to offer member hospitals and the market, formerly with a shortage of information on the sector, with indicators that would stimulate care quality improvement and economic/financial processes and human resources.

The publication of the Association's indicators has undergone several changes over the years. In 2009, there was the launch of 'Observatório ANAHP' first edition, which marked the consistency of the Integrated System of Hospital Indicators (SINHA) and of the indicators of the Best Care Practices Project (PMPA). The initiative demonstrated a very positive repercussion of the market and also stressed the importance of ANAHP as a reference for the sector. Today we present 'Observatório ANAHP' second edition, featuring the special participation of economist Lucas Callegari. specialized in panoramas of the health sector.

With almost ten years of existence, I consider this a time of extreme importance to the Association, in which we are consolidating the grid of proposed Programs and Projects, after the preparation and development of our modern Corporate Governance Model. ANAHP has actively been taking part in initiatives targeting the improvement of the sector, such as the implementation of the 'ANS Clinical Guidelines Project' cooperation agreement, active participation in the Workgroup that is discussing the Reform of the Remuneration Model of the Sector, besides its activities in the Committee of Standardization of Information in Supplementary Health (COPISS).

The year 2010 will also be marked by major political changes, not only in relation to our governors, but also in the Supplementary Health Sector. In May of this year, Maurício Ceschin was appointed Chief Executive Officer of ANS and took on the duties previously conceded to Fausto Pereira dos Santos, who remained in the position for six years, performing work that made an important contribution for our country's private health.

I believe that this will be a year with attention focused on the sector as a whole. We hope that 'Observatório ANAHP' will perform its role once again and be an important query and reference tool for the market, since the Association believes in and values the accessibility of information and the transparency of relations.

I am also grateful for the participation of our members and all those involved in the production of this content.

I wish everyone an enjoyable read!

Henrique Moraes Salvador Silva
Chairman of the Deliberative Council

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EXCHANGING EXPERIENCES

"Men on their side must force themselves for a while to lay their notions by and begin to familiarize themselves with facts "

Francis Bacon. English statesman. philosopher and essayist

One of the greatest riches that we have in our hospitals is the ability to be always mindful of the changes that occur in our day-to-day routine, whether in the market, in the needs of our customers, in our desire to develop, and particularly, to the considerable cultural and operational diversity that means we are working in a national perspective, with institutions from different Brazilian cities and states.

The exchange of ideas and experiences with colleagues, physicians, managers, suppliers with different origins, cultural and institutional backgrounds gives us the chance to always, at any time, be seeing different practices and comparing them with ours, and realizing what we can improve in our activity. Catering in a qualified manner to a customer, patient, physician, colleague, visitor or service provider, creating the sensation that we are inside a protected world, and always concentrating on doing our best.

We acclaim and encourage this exchange of experiences and undertake to encourage it for ever and ever. We believe that we will thus be contributing to the perpetuity of ANAHP and our chance to be harbored at all times by an exemplary institution, concerned about the health of the Brazilian citizen and never failing to make a contribution to the market and to our partners.

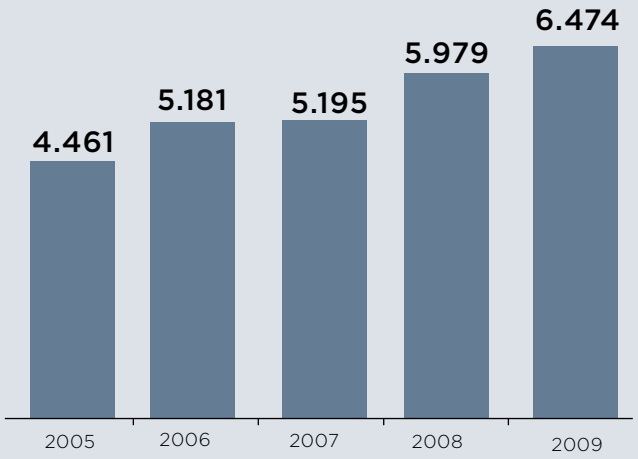
Everything that was written above serves basically to introduce the topic of Observatório ANAHP, which is the subject matter of this editorial. We could simply affirm that this publication reflects, with the purity of a mirror, our values: Associative Spirit, Entrepreneurship, Social Responsibility and Management of Excellence. In leafing through its pages, the more attentive reader will verify each and every one of these values, plus transparency and the desire to inform the market. When we take a standpoint, it often becomes irrelevant that we are, on certain occasions, competitors in the same market. Yet our desire to present ourselves not as rivals, which we are not, but rather profoundly committed to knowledge disseminated as the only means of fulfilling our Institutional Vision, becomes clear. "To be recognized as the representative institution of hospitals of excellence in the private sector, leading the empowerment process of the Brazilian health system". Finally, it is fitting here to mention the enormous recognition of all those that made this work possible, especially the members of the Deliberative Board of ANAHP, those of the Editorial Board of Observatório, the employees and technical experts of

ANAHP and our institutional partners. We should also stress the importance of our sponsors, which very generously understand and value our Association. Last but not least, we are grateful for the support of all the previous managements that meant so much to our Entity and to the ANAHP leaders – to whom, for their commitment and detachment, we owe what we are and will be in the future.

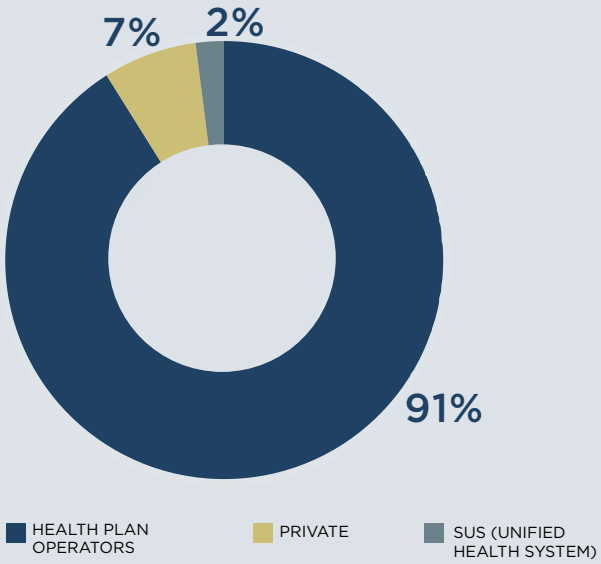
Francisco Balestrin
Editor

ANAHP IN NUMBERS

GROWTH OF GROSS REVENUE
(IN MILLIONS OF R$)



REVENUE BY TYPE OF PAYMENT SOURCE. 2009

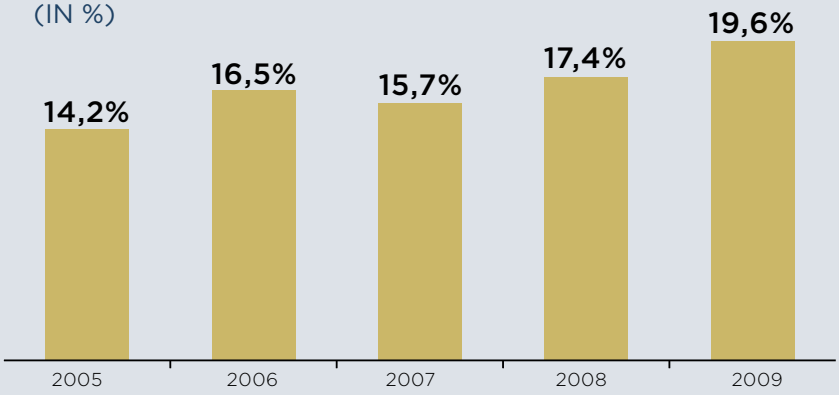


The gross revenue of the hospitals that took part in the study reached

6,5 billion

Brazilian reals in 2009. up 8.8% over the previous period

EBITDA
(IN %)



7.247 hospital beds installed

at the beginning of 2010, ANAHP represents 6% of all the NON-SUS private hospital beds existing in Brazil.

ANAHP's hospitals are responsible for around **9%** of the total hospitalizations of the Supplementary Health Sector.

11,4% of the total expenses of the total care expenses of the health plan operators.

In Brazil. **131** hospitals had an ONA (National Accreditation Organization) accreditation certificate, of which **23%** are members. Among those with international accreditation, the participation is even higher. In April members represented **70%** of the total.

NUMBER OF ACCREDITATIONS AT HOSPITAL INSTITUTIONS

APRIL 2010

TYPE OF ACCREDITATION	ANAHP	BRAZIL	% ANAHP
NATIONAL	**30**	**131**	**23%**
ONA	30	131	23%
Accredited (ONA I)	3	35	9%
Fully Accredited (ONA II)	7	53	13%
Accredited with Excellence (ONA III)	20	43	47%
INTERNATIONAL	**14**	**20**	**70%**
Accreditation Canada	6	6	100%
Joint Commission International - JCI	7	12	58%
NIAHO	1	2	50%
IN PROGRESS [1]	4	N/D	N/D

[1] By 2011, all the member hospitals should have ONA III or International Accreditation.

Source: ANAHP – Survey with Member Hospitals. 2010; ONA at www.ona.org.br; Accreditation Canada at www.iqg.com.br; JCI at www.cbacred.org.br; and NIAHO at www.dnv.com.br.

QUALITY ASSURANCE OF ANAHP HOSPITAL INFORMATION

The indicators of Observatório ANAHP are determined at its member hospitals. The data is part of an information system built with a basis on the 'Integrated System of ANAHP Hospital Indicators' (SINHA) and the 'Best Care Practices Project' (PMPA). This information system appraises the hospitals' performance using economic and financial data, operating data, people management and data on quality indicators of the care processes, offered by the health institutions. The ANAHP information system is a beacon of information and data for the private medicine market and serves as a benchmark for the sector. It is a driver for a market that is undergoing profound transformations and that is becoming increasingly competitive.

INTEGRATED SYSTEM OF ANAHP HOSPITAL INDICATORS (SINHA)

SINHA was created in order to offer ANAHP members periodic and organized indicators that can be used as a management tool, to stimulate the improvement of financial, operating and human resources performances of institutions. Over time the data produced by the program has become referential, used to keep track of the sector's evolution.

To furnish the starting point for the project that would systematize the periodic gathering of information, ANAHP contracted Centro Paulista de Economia da Saúde (CPES), an entity associated with the Universidade Federal de São Paulo (UNIFESP) that, besides teaching activities, had already carves its name in research and consultancy.

The current base of indicators, created by the partnership between CPES and ANAHP, has a methodology that guarantees the reliability of each item of information discovered, standardized data, a secure and agile information discovery system, and also allows periodicity of data gathering for construction of a historical series.

The economic and financial, operating and human resources data are gathered on a quarterly basis via the Internet, using software with a cryptographic base that guarantees security in information transmission. The data received is consolidated by CPES generating a base of indicators on the installed capacity of the institutions, data on production (exams, surgeries, hospital admissions etc), human resources (hours of training, academic level, among others), economic and financial data (revenue, EBITDA margin, expenses etc) and information about the payment sources.

Each fact provided by the hospitals is endorsed by CPES, taking into consideration the historical series. An indicator that is not consistent with previous periods is checked at it´s origin and, if not corrected, is removed from the sample base. Once consolidated, the information is sent to ANAHP, preserving the hospitals' identity. ANAHP and other members do not have access to the specific data of each institution. According to Jorge Padovan, from CPES, right from the start "confidentiality was essential to guarantee the supply of data". Also, each institution only receives the data relating to its performance, if it maintains the frequency of sending at least 75% of the information requested for tabulation and analysis.

BEST CARE PRACTICES PROJECT (PMPA)

An innovative initiative that does not yet have an equivalent in Brazil, the 'Best Care Practices Project' was created in 2003, to develop instruments for the evaluation and monitoring of the evolution of quality in care provision of the ANAHP hospitals. The idea was to standardize clinical protocols among the member institutions, focusing on complex pathologies, with a basis on guidelines established by the Brazilian Medical Association (AMB) and by the Federal Council of Medicine (CFM).

To implement the program, ANAHP hired S&T Consulte Saúde, a consulting firm specialized in the implementation

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A equipe da L+M GETS já atendeu mais de 270 clientes entre cooperativas médicas, operadoras de planos de saúde, consultórios, clínicas e hospitais e realizou mais de 800 projetos. No total foram mais de 1 milhão de m² de arquitetura, ambientação, estrutura, instalações e tecnologia médica, e já entregou mais de 500 mil m² em obras.

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of clinical protocol programs. S&T Consulte developed a specific methodology for implementation, and subsequent monitoring, of the clinical protocols.

On a monthly basis, the technical teams of each hospital involved in the 'Best Care Practices Project' fill out a worksheet with a series of data. For each indicator there are technical specifications that are disseminated among the group of hospitals. The goal is refinement and to attain precision in the information gathered. Every year there are three to four meetings with technical directors for an evolution of the institutions evaluation, focused on the historical indicators series. Moreover, the hospitals receive an analysis on their performance.

The agreement between S&T Consulte and ANAHP prevents the disclosure of the individual data of each hospital. According to the managing partner of the consulting firm, Denise Schout, confidenciality should be guaranteed, as the information is of strategic importance to the hospitals.

S&T CONSULTE SAÚDE: SPECIALIZED IN CARE MANAGEMENT

Founded in 1998, S&T Consulte Saúde advises health services, mainly hospitals and healthcare providers, in the analysis of healthcare information, aiming at the continuous improvement of the quality of care at these institutions. It also develops clinical, epidemiological and management studies and has vast experience in the profile evaluation of the services demand, subsidizing the planning and the management of health organizations.

The company uses databases of the healthcare information extracted from the information systems of any type of platform and prepares a diagnosis of the use and consistency of institutional information, identifying the need for standardization of data and of indicators, which enables the monitoring of the everyday performance of the business and contributes to continuously respond to strategic issues of the organization.

Its team is formed by physicians, nurses, pharmacists, dental surgeons and architects specialized in epidemiology, preventive medicine, hospital administration and management of health services.

www.stconsulte.com.br

CPES HAS A GROUP OF EXCELLENCE IN HEALTH ECONOMICS

Centro Paulista de Economia da Saúde (CPES – São Paulo Health Economics Center) has its origin in Grupo Interdepartamental de Epidemiologia Clínica (GRIDEC – Interdepartmental Group of Clinical Epidemiology) founded in 1985 by teaching staff of Escola Paulista de Medicina with the objective of generating scientific research of quality, aiming at the improvement of health systems. With the need to create a structure to deepen research in the area of Health Economics, the Interdepartmental Group of Health Economics was created in 1999, giving rise to CPES.

CEPS currently has professionals with an academic background and experience in management and in research in health, coming from Unifesp, from the Universidade de São Paulo (USP) and from Universidade Estadual do Rio de Janeiro (UERJ), relying on masters and professionals from the public and private health system. The group features teachers with specialization courses in a wide range of medical areas, doctoral and post-doctoral degrees in the areas of health management, epidemiology and health economics, besides having economists and administrators with extensive professional and academic experience in the sector.

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PRIVATE HEALTH MARKET GROWS 4.9% IN 2009

Hardly affected by the crisis, the sector recorded exceptional growth and maintained tendencies of previous years, such as the continuous increase of group plans and the consolidation process of medical and hospital operators

The performance of the Brazilian supplementary health market came as a surprise in 2009, year in which Brazil's Gross Domestic Product (GDP) exhibited a downslide for the first time in 18 years, as a consequence of one of the most severe crisis that has ever hit the international economy. Even though the number of users remained practically stagnant during the first six months, the fact is that the Supplementary Health sector responded well to the recovery of the Brazilian economy as of the 2nd quarter, ending 2009 with an expansion of 4.9% in the number of beneficiaries. However, the 42.9 million users still represent only 22.4% of the population, which shows that despite the progress obtained, this market has tremendous growth potential.

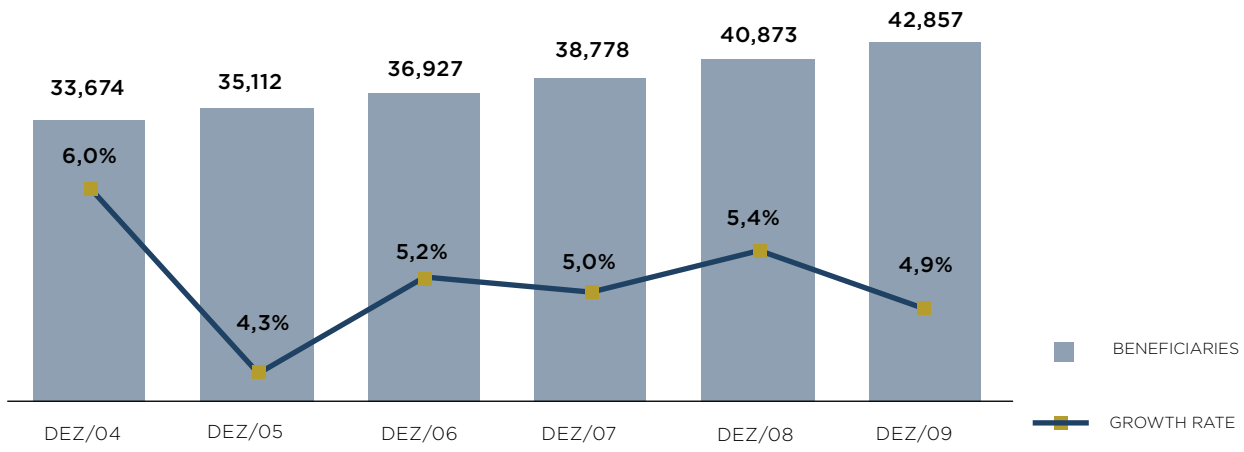
INTERNATIONAL SCENARIO

In 2009, the world experienced the most profound recession since the postwar period. The collapse of the international financial system, at the end of the previous year, led to a strong credit contraction that, in turn, affected the performance of the world economy, particularly developed economies. In the United States. the GDP fell back 2.6% and in Japan the downslide was 5%. The Eurozone also suffered strong retraction, with the GDP down 4.1%. Among emerging nations, Russia was the worst affected, with a downslide of 7.9%, while the crisis was less pronounced in countries such as Brazil, India and China. In these markets, the dynamism of domestic demand, and the anti-cyclic economic policies contributed to cushion the crisis impacts.

Between the end of 2009 and the beginning of this year, the international economy began to resume its former pace. But recovery has not been homogeneous. The differences reflect the characteristics of each country, as well as the size of the stimulus packages that these economies wrote off at the peak of the crisis and their level of debt. It is likely that the American economy, in spite of the high level of debt, will recover more quickly than the European economy, given its prominent innovation capacity.

In April, the International Monetary Fund's projections were of expansion of 4.2% of the world GDP in 2010, with the American economy growing 3.1% and the Eurozone 1%. Among emerging nations the forecast is for an increase of 5.5% for Brazil, of 8.8% for India, 10% for China and 5.4% for other emerging Asian countries.

→ **GROWTH OF THE NUMBER OF BENEFICIARIES**
(IN MILLIONS)



Source: ANS - Caderno de Informação da Saúde Suplementar - March-2010.

BRAZILIAN ECONOMY

According to the Brazilian Institute of Geography and Statistics (IBGE), the Brazilian GDP reached R$ 3.143 trillion in current values in 2009, down 0.2% in comparison to 2008. Although it has been a better performance than that attained by many countries, it also meant the first negative annual result of the Brazilian economy since 1992. As the Brazilian population grew 0.9%, the country's GDP per capita ended up dropping 1.2%, to R$ 16.414. The industry and stock raising felt the crisis more strongly and presented, respectively, a decline of 5.5% and 5.2%. Now the services sector, with greater weight in the economy, recorded expansion of 2.6%, insufficient to avoid the GDP downslide.

The outlook for 2010 consists of resumption of the high level of growth. At the beginning of May, according to the Focus weekly survey, conducted at financial institutions, the forecast for the Gross Domestic Product (GDP) growth was of 6.06%.

However, some facts have caused concern among analysts that monitor and study the performance of the Brazilian economy: the continuous rise in the government's current expenditures, the risk of inflation rise in view of the internal growth, the low level of investments of the Brazilian economy and the rise of the deficit in current transactions, in spite of the high level of international reserves that the country has managed to generate over the past few years.

THE SUPPLEMENTARY HEALTH SECTOR

After the breakout of the economic crisis, specialists expected a reduction of the growth rate of the health sector in 2009. Although some deceleration did occur, the performance of the sector came as a surprise. According to the Brazilian National Supplementary Health Agency (ANS), at the end of 2009, 42,857 million people had medical and hospital health plan in Brazil, 4.9% higher than in 2008. The sector ended up close to the growth pace of the previous years – between 2005 and 2008, the average was 5.0%.

After exhibiting stagnation in the first six months of the year, the number of users increased in the second half of 2009, when the private health market showed dynamism and responded strongly to the recovery of income and employment, particularly formal employment, of the economy. At the end of the second half of the year, there was an acceleration of the pace of expansion, reaching 2.2% increase in the last quarter of 2009.

According to analysts, the outlook for 2010 is favorable for the sector. The continuity of growth of formal employment and the expansion of income should contribute toward the expansion of the number of people with health plans. There are those that estimate an increase of 4.8% in 2010, reaching 43.9 million beneficiaries at the year end.

RATE OF COVERAGE AND GROWTH POTENTIAL

The highest expansion rates in the number of beneficiaries were reached by the Northeastern and Northern region. In 2009, the quantity of users covered by health plans increased 7.3% in the two regions. With a lower degree of coverage, these regions present greater market potential. For the same reason, the Midwestern region also has excellent expansion potential, with the exception of the Federal District, which has a far higher rate of coverage than the other states. Incidentally, in Brazil it is only lower than those of the states of São Paulo and Rio de Janeiro.

At the end of 2009, 22.4% of the Brazilian population had a health plan, as opposed to 21.6% in December 2008. In all the

→ NUMBER OF BENEFICIARIES AND RATE OF COVERAGE, BY LOCATION AND LARGE REGIONS

REGION	RATE OF COVERAGE (IN %)								N° OF BENEFICIARIES		
	Total		Capital		Metropolitan Region		Interior		In thousands		Growth Rate
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	
North	8,6	9,1	20,3	21,2	18,9	19,9	3,2	3,7	1.297	1.393	7,3%
Northeast	9,4	9,9	26,2	27,5	20,8	22,0	4,6	5,0	4.964	5.327	7,3%
Midwest	13,9	14,5	24,1	23,9	21,2	19,2	7,6	8,9	1.900	2.018	6,2%
South	20,4	21,7	44,3	46,7	29,0	31,0	16,4	17,8	5.617	6.012	7,0%
Southeast	33,8	34,7	54,1	55,1	42,5	43,4	26,8	28,0	27.094	28.106	3,7%
Brazil	21,6	22,4	39,9	40,1	32,8	33,8	15,9	16,9	40.873	42.857	4,9%

Source: ANS. TABNET.

regions of the country there was growth of the coverage rate. The highlight was the Southern region, where the coverage rate rose from 20.4% to 21.7%, an increase of 1.3 percentage point, whereas the coverage rate in the population residing in the capital cities rose 2.4 percentage points, to 46.7%. In the Northeast the increase was 0.5 percentage point to 9.9% last year. The Northern region reached 9.1%, in comparison with 8.6% in 2008, while in the Southeast the growth was 0.9%.

The percentage of the Brazilian population that has private health plans is still low if compared with other countries. In the United States and in France, for example, the degree of coverage reaches, respectively 70% and 80%. These data reveals that the national market growth potential is very high. The dynamism of the sector compared to the recent performance of the Brazilian economy proves that, when there is an increase of income and of formal employment in the country, there is a substantial increment of the number of beneficiaries. The recovery of the Brazilian economy, as of mid-2009, also restored the classes C and D families purchasing power. This group benefited from the rate of unemployment reduction, increase of personal credit, and a social inclusion government policy.

The movement already influences the strategies of various sectors of the Brazilian economy such as retail, food industry, banks, consumer electronics, etc. In the Supplementary Health market it is no different. Operators have begun to create specific products to cater to the "more popular" segment. The penetration of this population in the Supplementary Health market will entail a lower average ticket and an increase in the quantity of events. The ANAHP hospitals need to prepare to respond to this segment needs, which will be responsible for the highest percentage of growth of our market.

CONCENTRATION

In December 2009, the 42.9 million beneficiaries were served by 1,091 health care providers. However, the vast majority of users are concentrated at few companies. At the end of last year, the two largest providers answered for 10.3% of the total beneficiaries, while those that occupied the first 22 places in the ranking were responsible for 40.6% of the total users. These numbers did not present major changes compared to the previous year. In 2008, the two companies that led the market held 10.0% of the users and the top 22 had 40.0%.

In recent years the tendency has been that of continuous decrease of the number of providers, and, as a result, greater market concentration. ANS has contributed to the consolidation movement by promoting changes in the regulatory framework. If price control for individual plans already affected the providers' margins, and consequently, their ability to continue in the market, other measures of the regulatory agency in recent years have contributed to increase the difficulty for them.

In 2008, for instance, the Agency launched a new version of the List of Procedures and Events in Health. The measure expanded the demands of minimum coverage for health plans users. New items, such as contraceptive procedures, new technologies for exams, certain surgeries, Etc, were included. This coverage expansion undoubtedly produced an impact on providers costs, particularly smaller ones.

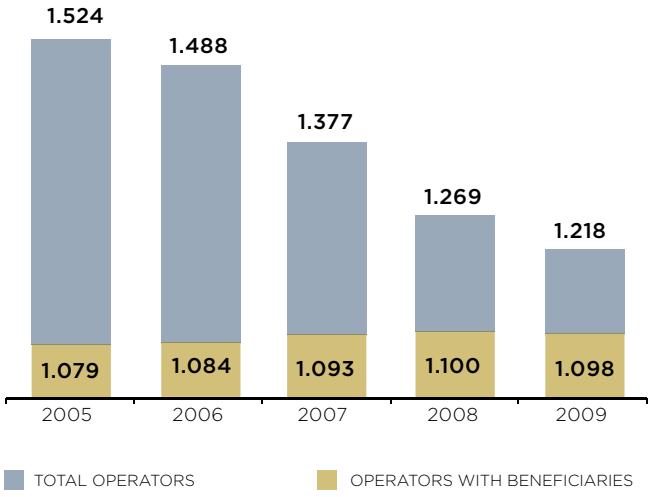
The outlook for the next few years is of continuity of the consolidation process, as of the 1,218 medical and hospital operators registered at the end of 2009, 120 did not have beneficiaries and only 85 had more than 100,000 beneficiaries in their portfolios, a number considered minimal to ensure financial sustainability to these organizations.

→ LEVEL OF CONCENTRATION OF HEALTH CARE PROVIDERS

N° OF OPERATORS	SHARE %	N° OF BENEFICIARIES	SHARE %
2	0,2	4.393.896	10,3
6	0,5	8.934.212	20,8
12	1,1	13.185.273	30,8
22	2,0	17.410.019	40,6
38	3,5	21.495.306	50,2
71	6,5	25.787.285	60,2
119	10,9	30.035.280	70,1
1.091	100,0	42.856.872	100,0

Source: ANS - Caderno de Informação da Saúde Suplementar - March-2010.

→ GROWTH OF THE NUMBER OF MEDICAL AND HOSPITAL OPERATORS



Source: ANS - Caderno de Informação da Saúde Suplementar - March-2010.

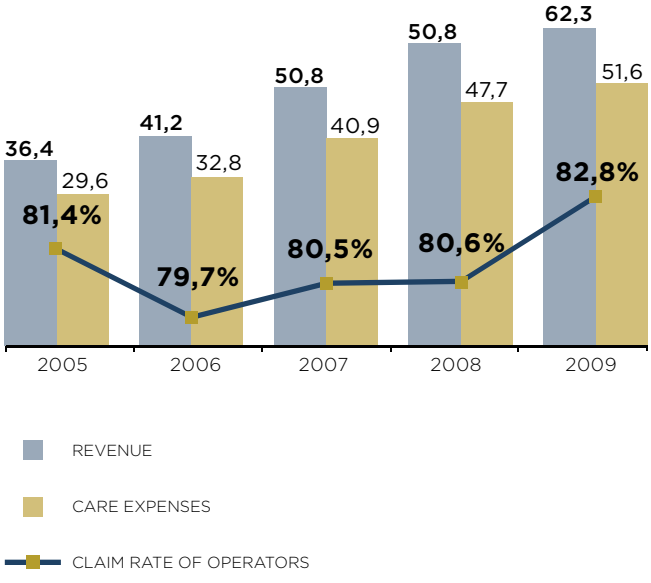
INCREASE OF CLAIMS RATE

In 2009, health care providers revenue grew 5.4%, reaching R$ 63.3 billion. As already addressed, the number of users experienced expansion of 4.9%. Thus we can infer that the value of the average ticket of the sector recorded slight growth, reaching R$ 119.32 per month per beneficiary. According to specialists, although the sector has resisted the crisis, the low variation might indicate a search for lower priced plans, besides growth of group plans that usually have a lower per capita cost than individual plans.

On the other hand, the growth of care expenses was 8.8% higher than that of revenue. The result was growth of the claims ratio, which reached 82.8% against 80.6% in 2008. This rate was the highest in recent years. According to operators, the health plan "defensive use" related to the prospect of unemployment, swine flu and the harsher winter contributed to the increase, besides the impacts caused by the List of Procedures, expanded as of mid-2008. For 2010, with the effect of a new List of Procedures in the middle of the year, there will be another pressure on the claims rate, which means an intensification of business negotiations with service providers.

→ REVENUE, CARE EXPENSES AND CLAIM RATE OF OPERATORS

(IN BILLIONS OF R$)



Source: ANS - Caderno de Informação da Saúde Suplementar - March-2010.

CORPORATE GOVERNANCE AT ANAHP INCREASES PARTICIPATION OF MEMBERS

Corporate Governance improvement process at the association advances and management is now based on processes

ANAHP consolidates its new Corporate Governance (CG) model in 2010. The project, which has been evolving since it was founded, has brought about advances for the entity and should contribute toward the dissemination of CG concepts among the members, at similar entities and to the health market in general. But the pursuit of best CG practices is not exclusive to ANAHP, as it is an increasingly compulsory topic among members. A survey conducted in March, during the VIII Meeting of ANAHP Leaders, revealed, for example, that 80% of hospital leaders consider CG one of the three priorities of their institutions.

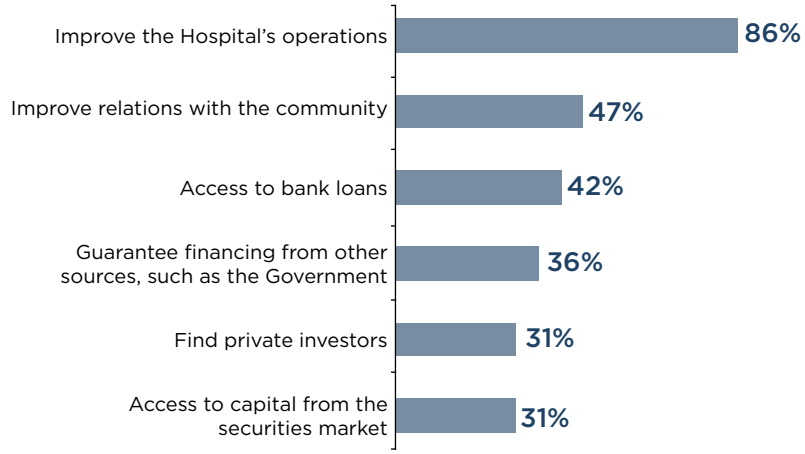
The survey, the details of which can be observed in the graphs below, showed that the ANAHP hospitals, in turn, are tuned into a movement that has become more accentuated in Brazil in recent years. The adoption of good CG practices was leveraged in the country, partly by the initial public offerings (IPO) on the stock exchange, but mainly by the companies need for capital, whether they target profit or not. Moreover, long-term vision, seeking institutional longevity and its sustainability commitments, created solid reasons for this true "positive wave".

The phenomenon has occurred regardless of companies size and also had as precursors, non-profit entities that are members of ANAHP. It is appropriate to remember that, according to the Brazilian Institute of Corporate Governance (IBGC), good governance practices have the purpose of increasing the value of the corporation, facilitating its access to capital and contributing to its perpetuity.

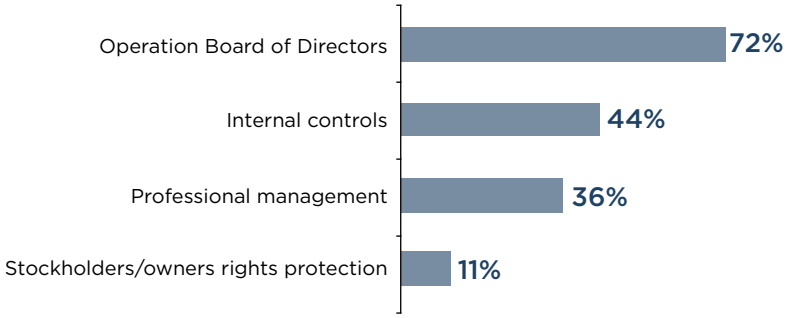
The result of the survey answered by 90% of the leaders reflects the profile of the ANAHP hospitals, which stand out in the Brazilian hospital sector due to their pioneer spirit in the deployment of modern management techniques and quality improvement practices. However, they acknowledge that there is still a great deal to be done, since 64% of the interviewees confessed that at their hospitals the CG policies and their practices require improvement.

According to the survey, when questioned about which CG practices should be improved, 64% chose the Board of Directors of the hospitals. For this question, the interviewees could choose more than one answer; hence it is worth emphasizing that 36% also indicated Internal Controls and 28% Professional

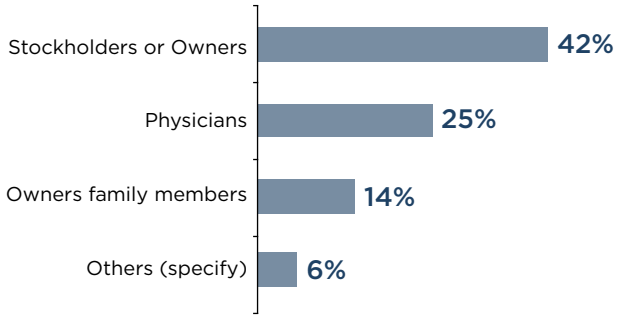
→ OBJECTIVES OF THE DEPLOYMENT OF CORPORATE GOVERNANCE, 2010.



→ OPPORTUNITIES FOR IMPROVEMENT, 2010.

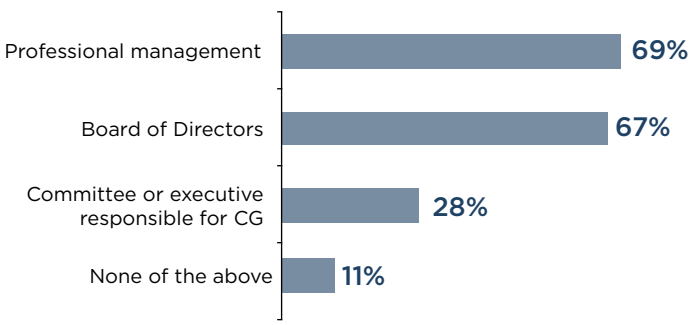


→ COMPANY MAIN EXECUTIVES, 2010.

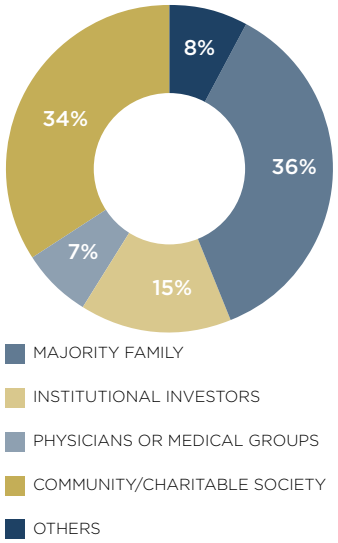


→ COMPANY ORGANIZATIONAL PROFILE , 2010.

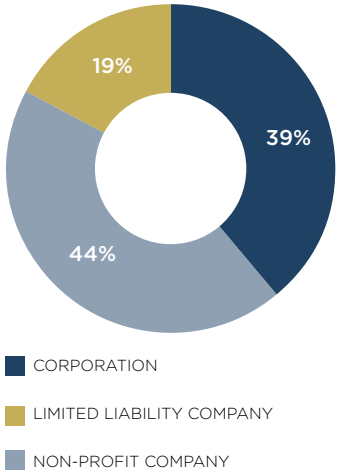
(% OF AFFIRMATIVE ANSWERS)



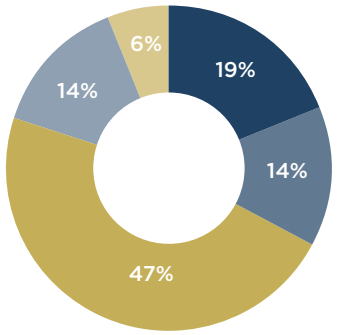
→ OWNERSHIP OF ANAHP HOSPITALS, 2010.



→ HOSPITALS BY LEGAL STRUCTURE, 2010.



→ N° OF STOCKHOLDERS OR OWNERS, 2010.



Management as other areas that require governance refinement. But there are those that see that their CG model in relation to the operation of the Board of Directors should be incremented. Of the surveyd subjects, 34% approve practices in this area. The Internal Controls area was cited by 21% of the interviewees and Professional Management by 16%.

CORPORATE GOVERNANCE AND ANAHP

The idea of perfecting ANAHP's Corporate Governance originated at the beginning of 2008, when the Association senior management at that time felt motivated by the need to improve the management, besides making eligibility items clearer, optimizing governance aspects and defining new ways for a greater member participation.

In the same year, 2008, ANAHP formed a Statutory Reform Committee that, based on a survey among members, suggested improvements, including the implementation of territorial representation, with a three year term of office. From then on, for every four members from the same region of the country, one vacancy was allocated for representation on the Deliberative Council. Regarding the admission rules for new members, the quality criteria was maintained and reiterated. Today, to become an ANAHP member, candidates must have ONA III, JCI, Accreditation Canada or NIAHO accreditation. Some restrictions were also maintained, including the admission of hospitals that mostly cater to a clientele not related to supplementary medicine and of those that are direct or indirectly controlled by health plan operators.

The following steps meant even more important changes: when the entity adopted Strategic Management and of Organizational Architecture models, always focused on management improvement.

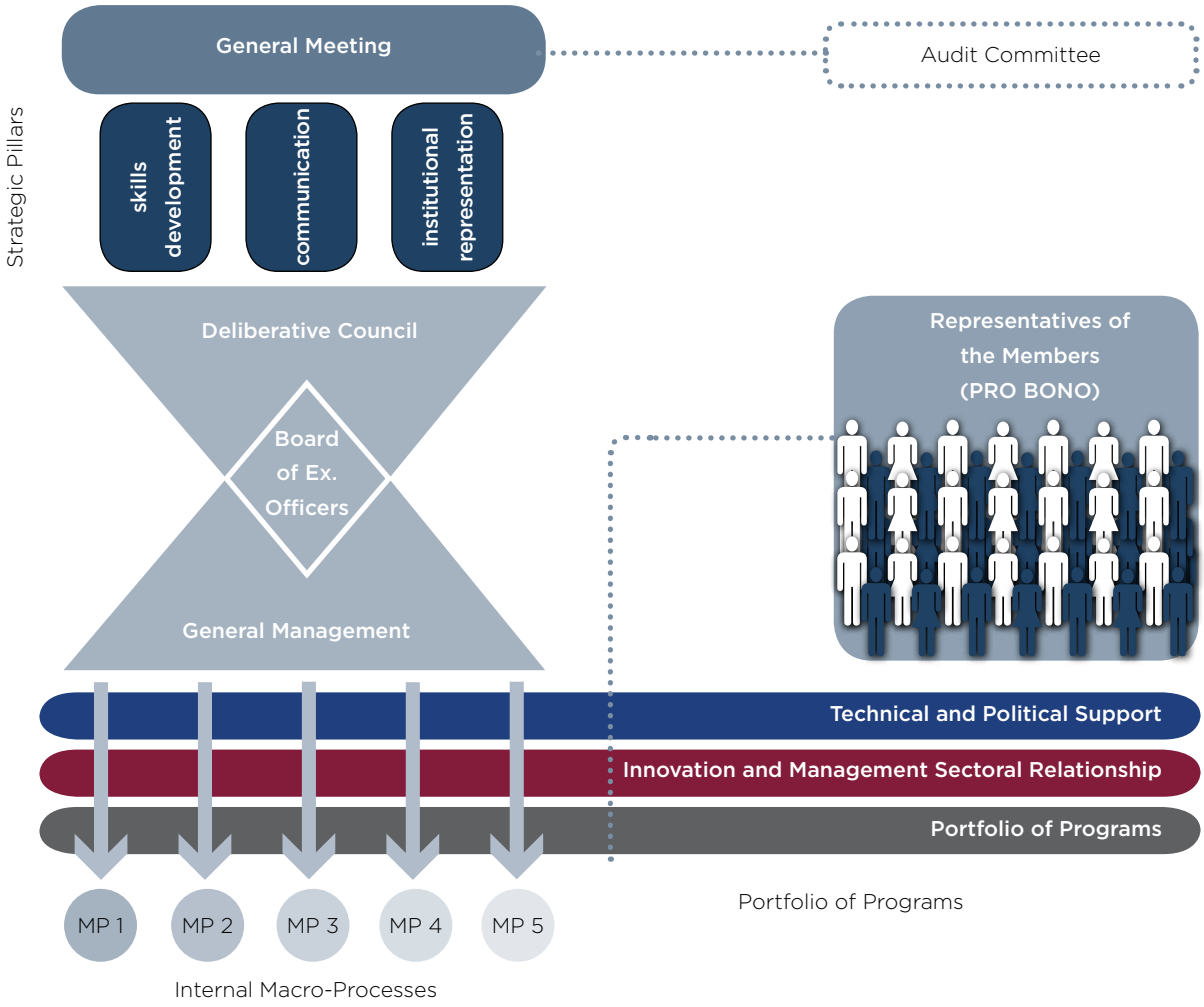
The strategic planning model was designed by Fundação Dom Cabral, together with workgroups of members, which defined the creation of a strategic map, setting out the guidelines for the economic and financial area, processes management, relationship with the market and people training. The map also defined as goals the attainment of excellence services delivery to members and partners, besides the promotion of training of people involved with the association.

ORGANIZATIONAL ARCHITECTURE

The consulting firm Deloitte was hired to, also working with ANAHP internal groups, propose a new model of tactical and operating management to be operated by an executive officer (CEO), invested with the tools and the powers of attorney necessary for his performance and having the strategic planning as a source. Among the consulting firm's suggestions it is worth mentioning that of ANAHP following the best practices of Corporate Governance; the adoption of a clear definition of the responsibilities among the Deliberative Council, the Board of Executive Officers and General Management; and the implementation of a process-oriented management model, where there are no functional positions, but persons in charge of procedures present across the organization. Thus, management ceases to be based on people, who despite being important for their personal work, do not guarantee a legacy of longevity and procedural reproducibility to the Institution (see figure of the organizational architecture model).

Three large programs were defined within this new Organizational Architecture: Technical and Political Support, Sector Relationship and Innovation and Management. Thirteen strategic projects were derived from these, which are commissioned by specific workgroups (see Programs and Projects project). Taking part in these workgroups are management members, board members, and especially, members representatives, adding value to the Programs and their Projects, in work with an associative spirit.

→ ORGANIZATIONAL ARCHITECTURE MODEL - ANAHP



→ PROGRAMS AND PROJECTS – ANAHP

PROGRAMS	PROJECTS	
TECHNICAL AND POLITICAL SUPPORT	Political Representation	
	Regulatory Agencies Representation	
	Trade Associations Representation	
INNOVATION AND MANAGEMENT	Clinical Staff Organization	Management Models
	Best Care Practices	Sustainability
	Care Organization	People Management
SECTORIAL RELATIONSHIP	Health Care Providers Relationship	
	Suppliers Relationship	
	Remuneration Models	
	Sector Ethics	

SURVEY EXAMINES THE LATEST TECHNOLOGICAL ADVANCE IN THE SUPPLY AREA AND HOSPITAL PHARMACY

Hospitals adopt automation to guarantee drug traceability

Traceability is the process whereby products can be located through the bar code technology, or electronic chip, guaranteeing the origin and the path that this product took in the productive chain until arrival at the end customer, in our case, the hospital and the patient.

Both for manufacturers and for hospitals, the implementation of this process often involves investments for adaptation of physical area, technological innovation and equipment, yet this investment is reflected in the guarantee of the origin of the medications and health products that are essential for patient care quality.

The use of this technology is a global trend and the ANAHP hospitals are aligned in this regard.

Some of the member hospitals were pioneers in the deployment of the technology, adopting as a product identification reference the GS1 Datamatrix standard.

GS1 DataMatrix was chosen by the GS1 Healthcare Interest Group as the most adequate symbology for printing and automated reading of information on reduced size packaging. This code can contain up to 3,200 characters, including batch, validity and series, information that is essential for the supply area management. Through the Supplier Relationship Project, work was initiated targeting a closer relationship with the pharmaceutical industry with the goal of establishing the same product identification standard through the entire hospital supply chain.

Some suppliers implemented the technology and it can be noticed that more and more new companies are adopting GS1 DataMatrix for product identification.

The hospitals that implemented the technology refer to the productivity gain, the processes improvement and the refinement of inventory management as the main benefits of this innovation, consistent with the quality requirements of the hospital and patient safety accreditation programs.

This trend culminated in the publication of Law 11,903, in January 2009, which created the National System for Control of Medications, with the objective of tracking all the drugs manufactured, dispensed and sold in the country. According to the legislation, the drugs should be monitored throughout the productive chain. By law, control should be performed through an identification system, with the use of technologies for the capture, storage and electronic transmission of data. The adoption of the identification and traceability system will occur gradually, over a period of three years from the publication of the law.

In February 2010, ANAHP conducted a survey with its members to identify the stage of automation of the supply area and pharmacy of the institutions.

The survey involved 32 institutions and determined that 97% of these have automation in the supply area, with the use of barcode scanners or data collectors.

STRUCTURE OF THE PHARMACY AND SUPPLY AREA

All the hospitals develop Pharmaceutical Assistance activities, while 95% monitor errors with drugs, drug interaction and adverse events, among others, with an average 4 to 10 active pharmacists. Sixty-five percent of the Hospitals have pharmacists working in the supply area developing standardization activities involving drugs and health products,qualification of suppliers and inventory management.

Among the survey participants, 95% have drug traceability and 50% health products traceability.

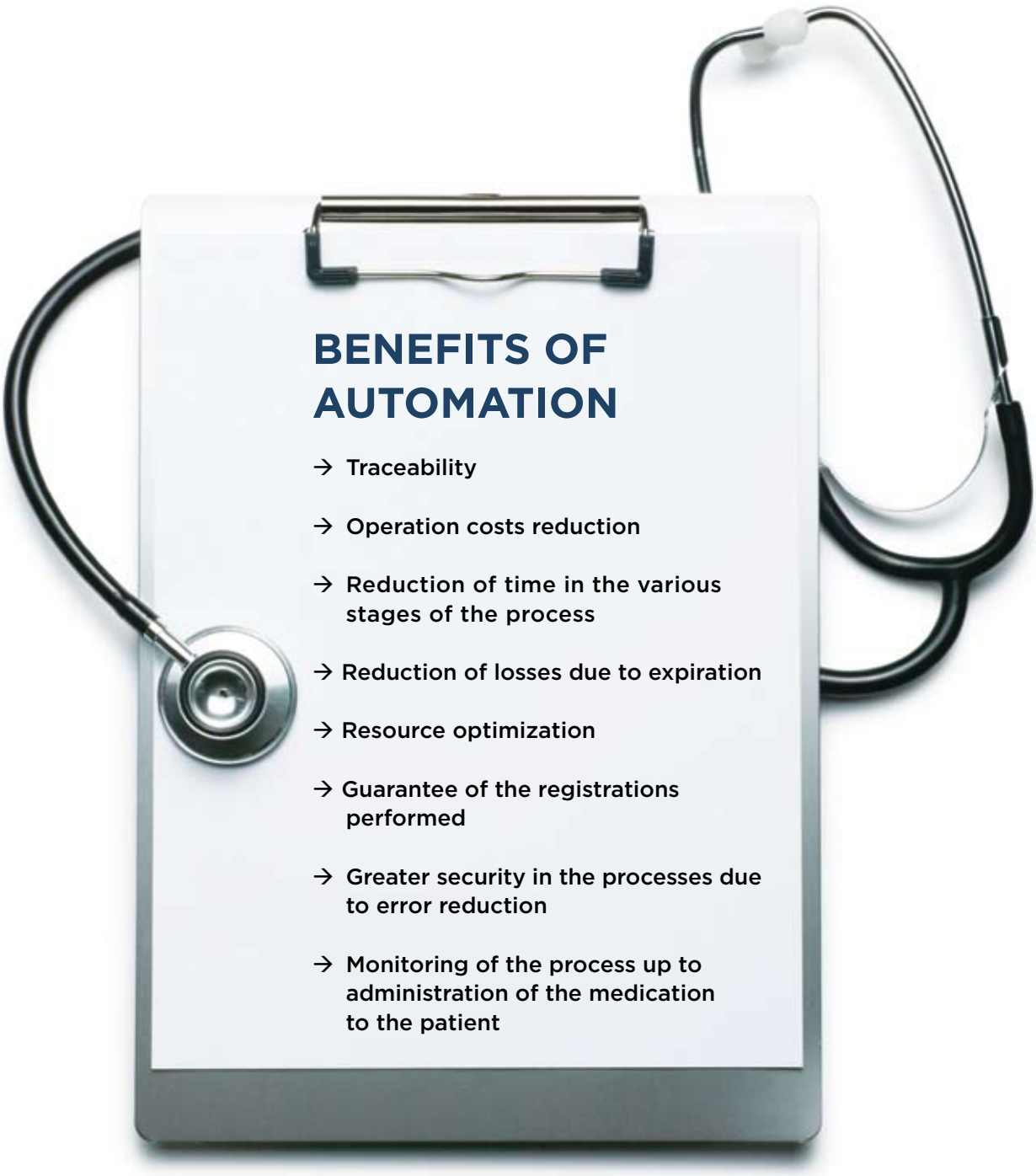
DRUG DOSES UNITIZATION

About 80% of the hospitals in the survey perform doses unitization, whereas on average 50,000 doses/month are processed manually. This process has losses that can be as high as 1% caused by breakages, damage or expiration date. All the hospitals investigated unitized solid pharmaceutical forms, yet only half of them fractions oral liquids and 32% injectable products. The codification of drugs is performed internally, in most cases, not using the codes generated by the manufacturers. In this specific case, just the manufacturer's code is used when the adopted standard is GS1 Datamatrix. If this is not the standard, each hospital has to generate a specific code including batch and validity information.

PRODUCT DATA FILE AND SUPPLIERS QUALIFICATION

As mentioned above, 65% of the hospitals have pharmacists working in the supply sector, standardizing drugs and health products, qualifying suppliers and performing inventory management. For the classification of drugs, 78% of the hospitals follow some classification system, of which the most frequent is the Anatomical Therapeutic Chemical (ATC). For health products, the classification most widely broadcast among the hospitals is the United Nations Products and Services Code (UNSPSC). According to the survey, 40% of the institutions adopt this system.

The ANAHP survey also determined that the hospitals assess and qualify suppliers using their own or common methodologies, such as the Supplier Evaluation and Qualification Group (GAFO).



AUTOMATION

Among ANAHP hospitals, six are technically prepared to receive the GS1 Datamatrix code and the two-dimensional reading technology, which allows the identification and capture of information on the products, enabling traceability, through the manufacturer's code.

The use of barcode scanners or data collectors for product admission occurs in 50% of the hospitals from the survey. Upon receipt, the barcode reading is performed mainly through the secondary packaging, both in the case of medications and of health products.

Today the EAN-13 and GS1-128 codes are still the most common in the market, even though they do not contemplate product expiration date and manufacturing batch.

E-COMMERCE

Of the hospitals that took part in the survey, 87.5% make use of electronic commerce tools for medication and health products acquisition. According to the hospitals, about 60% of their purchases are made via electronic commerce.

Há apenas uma palavra que diferencia o mercado de saúde hospitalar brasileiro atual e o de 10 anos atrás: **BIONEXO**

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HOSPITALS INVEST IN CARE MANAGEMENT

Developing a care information culture, ANAHP hospitals invest in quality, safety, teaching, research and management of clinical staff to deal with high complexity and to save lives

Offering high level care standards, with cutting-edge equipment and structure for high complexity, ANAHP hospitals invest heavily in clinical information, quality and safety. The institutions excel due to the role they play in physicians education in several areas of medicine and in the training and specialization of health professionals: nursing, physiotherapy, and others. Management geared towards safety and participation in research differentiate these institutions as a reference for the health sector.

An annual survey updated in January 2010, as part of the 'Best Care Practices Project', reveals that the hospitals bank on clinical records as an essential tool to evaluate and to monitor the quality of services. This year the team in charge also evaluated quality and safety, clinical staff management and the teaching and research activities existing at the hospitals. Thirty-two member hospitals took part in the survey.

The information related to the structure of the hospitals evidences infrastructure (n° of hospital beds, ICU and semi-intensive beds, diagnosis and treatment equipments) and type of care of high complexity, such as high-risk pregnancy, cardiology and oncology procedures and transplants. The supply of beds in Intensive Care Units is significant. There are 1,013 adult ICU beds, 127 pediatric ICU beds and 321 neonatal ICU beds, around 20% of the beds installed. In addition, the hospitals offer 334 Semi-intensive Care beds, which increases the capacity for use of the Intensive Care Units, and at present, constitute innovation in the hospitals' structure. This kind of bed has an impact on the early rehabilitation of patients and presents a growth trend, keeping abreast of a similar movement in health service systems of more developed countries such as England and the United States.

In relation to the type of care, all the hospitals are qualified to perform neurosurgery, 28 (87.5%) perform bariatric surgeries and 53% (17 hospitals) take part in the country's transplant system, having performed kidney, liver, heart, lung and pancreas, bone marrow and cornea transplants, in 2009.

As regards to oncology procedures, 84% (27 hospitals) offer

chemotherapy and 31% radiotherapy.

The emergency rooms of these hospitals also has characteristics focused on high complexity as, besides regular clinic, surgical practice and orthopedics, 25 have a rear-guard with neurosurgery. Among the members, 71% (23) deal with emergencies in gynecology, 66% (21) in pediatrics and 56% (18) in obstetrics. Some units also have emergency care for cardiology, ophthalmology, otorhinolaryngology, oncology and vascular surgery.

The diagnostic and therapeutic support services back up the clinical decision in the same standard of complexity. At 94% of the hospitals we have Tomography, Hemodynamics and Substitutive Renal Therapy, and 84% of the institutions have Magnetic Resonance. Among the hospitals, 78% (25) have linked Rehabilitation services. Day hospital services for surgical procedures and specialized treatments are offered at 72% (23) of the hospitals.

CARE INFORMATION

Information culture is one of the paradigms of complex organizations management. Catering to patients with severe health issues that require highly complex care, calls for an investment in quality assurance and reliability of care. For this purpose, it is essential to have precise and detailed clinical records and information systems adapted to this type of sophisticated clinical management. According to this year's survey, at 97% of the hospitals there is a diagnosis clinical record upon patient discharge, whereas in 58% main and secondary diagnoses. This detailing makes it possible to more easily identify patients with chronic diseases such as hypertension, diabetes, obesity and others, which helps in the management of this kind of patient, with a greater risk in care.

Of the 32 hospitals that took part in the survey, 30 already have established routines for medical record audits, evaluating items such as consent term, medical evolution, nursing evaluation, surgery report and discharge summary. Investing in medical record audits is a commitment greatly valued by the accreditation systems, as it demonstrates a commitment to patients, and transparency of organizations in the records of medical care and procedures performed. The institutions also monitor the emergency response file, the clinical history, the medical prescription and the anesthesia consent form.

Another aspect evaluated is the existence of clinical protocols, which evidence greater standardization in the care offered. At 94% (30) of the institutions there are institutional protocols deployed and monitored. The main ones are driven at: Thoracic Pain (Acute Myocardial Infarction), Stroke, Sepsis, Heart Failure, Community-Acquired Pneumonia, Ventilator-Associated Pneumonia, Prevention of Surgical Infection, Hypertensive Crisis, Ulcer Prevention, Deep Vein Thrombosis and Care to underweight Newborns.

TEACHING AND RESEARCH

One of the essential aspects of a health organization is the competence and continuous technical training of the professionals that work there. ANAHP's hospitals have invested in organizing teaching and research activities: 16 hospitals have Teaching and Research Institutes and 13 have Study Centers. Of the 26 hospitals with teaching and research activities, 65% (17) offer accredited medical residency programs for the following specialties: Intensive Medicine, Cardiology, General Surgery, Orthopedics and Traumatology, Anesthesiology, Radiotherapy, Radiology, Image Diagnosis, Oncology, Mastology, Endoscopy, among others. Specialization and extension activities are also developed for physicians, nurses, physiotherapists, surgical technologists, nurse technicians and others.

As institutions of excellence in research, 15 institutions coordinate clinical trials, with 530 projects approved last year. Special emphasis is placed on the cutting-edge role in research with three units with a Training Center in Experimental Surgery and four featuring a Realistic Simulation Center.

CARE QUALITY

All the hospitals have safety programs coordinated by the quality sector or by the risk management sector. Consistent with the assumption of excellence in management, 94% (30) of the hospitals are accredited. In addition, 31% of the institutions also have certification for specific areas such as:

Pathological Anatomy, Clinical Analyses, Diagnostic Imaging and Interventionist Cardiology.

The organizations' investment in health care quality improvement is potentialized by participation in national and international quality programs. Some national examples, such as Sentinel hospital project, created by the Brazilian Health Sanitry Surveillance Agency (Anvisa), in partnership with health institutions to monitor the use of products with safety and quality; besides others like the hospital infection monitoring system of São Paulo State or the System of Standardized Indicators for Hospital Management (SIPAGEH).

In the international sphere they take part in programs such as the campaign for prevention of adverse events to protect '5 Million Lives', organized by the Institute is Healthcare Improvement (IHI). A project geared toward risk management that started in the United States, and has currently been disseminated to several countries. They also take part in other international projects such as International Quality Indicator Project (IQIP), and the Program for Safe Surgery, sponsored by the World Health Organization (WHO). Seven hospitals have international partnerships that materialize in human resource training, exchange of experiences and multicentric clinical research.

As evidence of refined clinical management, 78% use benchmarking of ANAHP and of national institutions and international appraisal systems such as NHSN and JCI.

CLINICAL STAFF MANAGEMENT

In the survey conducted, 31 hospitals have the figure of technical director with the role of clinical practices and operation manager of the hospital. This clinical staff management experience was systematized in the book 'Gestão do Corpo Clínico: a experiência dos hospitais ANAHP' (ed. Medbook), which addresses the experiences of these managers in dealing with the care practice at these hospitals.

Most hospitals have an open clinical staff with freelance physicians and a small group of salaried professionals. The outsourced medical services at these hospitals are: Emergency Room, Intensive Care Unit, Anesthesia, Blood Bank, Clinical Analyses, Pathological Anatomy and Diagnostic Imaging. About 50% of the hospitals monitor the service agreements with a specific instrument.

One of the accreditation elements is the performance appraisal of the physicians. Appraisal of the open and closed (salaried) clinical staff is implemented at around half the hospitals. The criteria used in general are: résumé, active participation in the institutional training programs, clinical performance indicators, adherence to institutional clinical protocols and evaluation of patients in the satisfaction surveys.

The hospitals have approved clinical regulations. These documents contain rules on work at the hospitals, besides criteria for accreditation and disaccreditation of professionals when non-compliance with the established rules is identified.

This evaluation process takes into account the criteria of good practice and medical ethics and follows the standards advocated in the clinical guidelines developed from the best national scientific evidence, and mainly, international evidence. Adherence to clinical protocols and the quest for increasingly effective results with greater quality and less damage to the patients, can be evaluated in the data and information from the 'Care Quality' section presented as of page 46.

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Na foto, crianças atendidas pela Obra do Berço, em São Paulo

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REVENUE GROWTH OF THE HOSPITALS REFLECTS EXPANSION OF THE SUPPLEMENTARY HEALTH MARKET

Total turnover of member hospitals taking part in the study reached R$ 6.5 billion

OVERALL REVENUE OF ANAHP HOSPITALS

In spite of the problems faced by the Brazilian economy in 2009, which culminated in the decrease of 0.2% of the Gross Domestic Product (GDP), Supplementary Health market grew significantly, attaining an increase of 4.9% in the number of beneficiaries. According to the ANS, the total amount of the remunerations of the medical and hospital operators was R$ 62.3 billion, up 5.4% over 2008. This exceptional performance, if analyzed in the Brazilian macroeconomic context of the period, was also reflected in the overall revenue of ANAHP hospitals, which reached R$ 6.5 billion in 2009, 8.3% higher than the prior year. The

average revenue per hospital grew 15% in 2009, confirming the strong growth of the segment in the year.

Considering that 91% of the revenue of ANAHP hospitals originates from health plan operators, in 2009 this revenue represented 11.4% of the total care expense of the medical and hospital operators, which reached R$ 51.8 billion. It is important to emphasize that this participation has not presented alterations since 2007, as in the last two years the pace of expansion of the turnover of ANAHP hospitals was practically equal to the increase of the care expenditures of the operators.

DISTRIBUTION OF OVERALL REVENUE BY NATURE

The phenomenon observed in 2008, growth of supplies share (hospital materials, medications and medicinal gases) continued in 2009, with this group of revenues having reached 50.9% of the total revenues of ANAHP hospitals in 2009, with growth of 2.3 percentage points in relation to 2008. On the other hand, the daily rates and charges continue losing their share of the hospitals' revenue, reaching 29.4% in 2009, reduction of 0.9 percentage point in the year. It is worth observing that in some regions of the country this distortion is even more accentuated, like in the Northeast region, where the supplies share reached 53.7% of the revenues of ANAHP hospitals from the region. The share of Auxiliary Diagnosis and Therapy Services (SADT's) has remained relatively constant within the period analyzed.

This imbalance in the composition of hospital revenues reflects the growing difficulties in their business relationship with the operators to define fair values for the care services, reflected in the amounts of daily rates and charges. The continuous advance of technological innovations of supplies is another determinant factor of the increase of revenues with this group of services.

DISTRIBUTION OF OVERALL REVENUE BY PAYMENT SOURCE

The revenue with health plan operators represented 91% of the hospitals' revenue in 2009, a share similar to that of the previous years. Insurance Companies are those with the largest share, with 40.7% of the hospitals' turnover. Next in line are Self-managed plans with 23% and Group Medicines with 16.8%. Self-managed plans, which had been losing their share of ANAHP hospitals Total Revenue, recovered part of this loss in 2009 and consolidated their position as the second largest partner of ANAHP hospitals. It is interesting to notice that these two categories of medical and hospital operators are those that, due to their characteristics, do not invest in own units for the delivery of services to their beneficiaries. Now Group Medicines and Medical Cooperatives, which have been losing their share of Overall Revenue, are the categories that, in recent years, have been investing in the verticalization process of their activities. This hospital revenue distribution by category of medical and hospital operator is far different from the distribution for the whole market of Supplementary Health, in which Medical Cooperatives and Group Medicines hold 66% of the total revenues, against 27.2% at ANAHP Hospitals.

An aspect that helps understand the reason for the greater share of Insurance Companies in the revenue of ANAHP hospitals is the fact that a large number of member hospitals is located in the Southeastern region, which concentrates the highest number of beneficiaries of this medical and hospital operator category.

ANAHP HOSPITALS AVERAGE PRICES GROWTH

As already addressed in the Observatório ANAHP previous edition, the calculation of services rendered average prices requires caution. The complexity of the activity is the main cause of the difficulty. After all, the hospitals care for patients with a wide variety of pathologies, of many different clinical states and ages, and with commercial price lists that are also different for each Health Plan that forms their commercial portfolio. Moreover, when the survey involves a group of hospitals, it is necessary to also bear in mind that these institutions have heterogeneous profiles and are located in regions with different socioeconomic situations. Taking these challenges into account, SINHA defined two indicators to "measure" the prices of the hospital services: Average Revenue by Patient-day and Average Revenue by Departure. This data has been collected since 2002. In 2009, after two years of downslide, the Net Average Revenue by Patient-day recovered part of the loss of previous years and reached R$ 2,488. However, the analysis of this indicator shows that between 2005 and 2009, its growth was 11.12%,

→ ANAHP HOSPITALS AVERAGE PRICES GROWTH

YEAR	TOTAL REVENUE (in millions of R$))	N (sample)	AVERAGE REVENUE BY HOSPITAL (in millions of R$)
2005	4.461,1	34	131,2
2006	5.180,9	33	157,0
2007	5,195,1	33	157,4
2008	5.979,3	34	175,9
2009	6.473,7	32	202,3

→ GROWTH OF THE DISTRIBUTION OF REVENUE BY NATURE (IN%)

NATURE OF REVENUE	2005	2006	2007	2008	2009
Daily Rates and Charges	32,9%	31,7%	33,1%	30,3%	29,4%
Hospital Inputs [1]	44,4%	44,8%	46,3%	48,6%	50,9%
SADT	11,6%	12,0%	11,1%	12,6%	11,6%
Others related to service	3,4%	3,0%	2,9%	2,5%	3,2%
Other related to operations	7,7%	8,5%	6,6%	6,0%	4,8%

[1]Hospital Inputs include: hospital materials. medications and medicinal gases

→ DISTRIBUTION BY REGION OF THE REVENUE BY NATURE - 2009

NATURE OF REVENUE	MIDWEST	NORTHEAST	SOUTH	SOUTHEAST	ANAHP
Daily Rates and Charges	30,3%	16,7%	21,6%	32,0%	**29,4%**
Hospital Inputs[1]	51,7%	53,7%	48,2%	50,7%	**50,9%**
SADT	11,6%	21,3%	14,2%	10,0%	**11,6%**
Others related to services	3,4%	1,7%	4,6%	3,3%	**3,2%**
Others related to operations	3,0%	6,5%	11,4%	4,0%	**4,8%**

[1] Hospital Inputs include: hospital materials, medications and medicinal gases
Source: SINHA – ANAHP, 2009

a percentage far lower than that of the variation of the IGP-M (General Market Price Index) in the period, of 22.21% and also, far below the adjustment authorized by ANS for individual health plans, of 44.84%, for the same period. Now the Net Average Revenue per Departure reached R$ 10,239 in 2009. Also for this indicator, the analysis for the period of 2005 to 2009 shows that its variation, of 24.9%, was far lower than the variation of the adjustments authorized by ANS for individual plans.

DISTRIBUTION OF EXPENSES OF ANAHP HOSPITALS

In the period analyzed, from 2005 to 2009, there were no significant variations in the structure of costs and expenses of ANAHP hospitals. Personnel expenses and supplies (hospital materials, medications and medicinal gases), are the main components of hospital expenses.

As already observed in the Observatório ANAHP previous edition, the comparison of the structures of expenses and revenues of the hospitals, shows a major difference. While the revenue from supplies corresponded in 2009 to 50.9% of the revenue, the cost of them represented 30.9% of the same hospitals.

AVERAGE COLLECTION PERIOD AND RATE OF DISALLOWANCES

The Average Collection Period of the member hospitals started growing again in 2009, after presenting a downslide in the previous year. In 2009, for ANAHP hospitals, the average was 70.7 days, against 69.2 days in 2008. The result of 2009 was slightly better than that of 2007, when the average term was 71.8 days. Between 2005 and 2009 there was an increase of 3.09 days in the average collection period. For the hospitals from the Northeastern region the increase was 11.4 days and for those from the Southern region, 10.6 days. It is worth emphasizing the relative stability for hospitals located in the Southeastern region, with a variation of 1.16 days between 2005 and 2009. The hospitals located in the Southern region are those with the longest term for collection. In that region, the average was 93 days in 2009.

Long Average Collection Periods, such as those observed at ANAHP hospitals, in its business relationship with the medical and hospital operators, have a direct impact on the hospitals' financial costs, with implications in their working capital requirements.

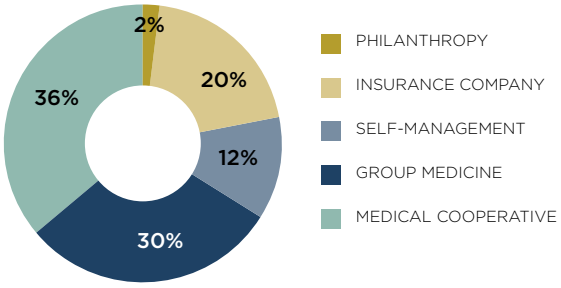
Disallowances, a discount in the prices of services effectively rendered, defined unilaterally by the operators, came to

→ DISTRIBUTION OF THE OVERALL REVENUE BY PAYMENT SOURCE (IN%)

PAYMENT SOURCE	2005	2006	2007	2008	2009
Health Plan Operators	89,0%	91,0%	90,0%	91,0%	91,0%
Insurance Company	43,6%	42,1%	42,0%	41,8%	40,7%
Self-management	15,8%	23,1%	20,8%	19,4%	23,0%
Group Medicine	19,0%	16,0%	18,6%	18,4%	16,8%
Medical Cooperative	10,6%	9,8%	8,6%	11,4%	10,4%
Private	9,0%	7,0%	8,0%	7,0%	7,0%
SUS	2,0%	2,0%	2,0%	2,0%	2,0%

Source: SINHA – ANAHP, 2009

→ REVENUE FROM REMUNERATIONS OF MEDICAL AND HOSPITAL CARE PLAN OPERATORS, ACCORDING TO THE CATEGORY OF THE OPERATOR



Source: ANS: Caderno de Informação da Saúde Suplementar, March- 2010

2.8% in 2009, a decrease in relation to the prior year, when they reached 3.3%. The region with the highest Rate of Disallowances was the Midwest, which reached 5.5%. The region that presented the lowest rate was the Northeast, with 1.1%. It is important to emphasize that this indicator may present distortions, as there is no uniformity in the criterion of accounting by the hospitals, since some consider disallowance when it is performed or informed, while others only admit them upon the conclusion of their negotiation. Improvement in accounting may bring this rate up.

→ GROWTH OF THE NET AVERAGE REVENUE BY PATIENT-DAY[1] (IN R$)

GEOGRAPHICAL REGION	2005	2006	2007	2008	2009
MIDWEST	970	982	993	1.127	1.681
NORTHEAST	2.807	2.234	2.056	2.118	2.476
SOUTH	1.404	1.453	1.546	1.600	1.768
SOUTHEAST	2.559	2.607	2.604	2.713	3.220
ANAHP	**2.238**	**2.304**	**2.141**	**2.118**	**2.488**

(1) The median was adopted for this chart instead of the mean, due to statistical criteria

EBITDA

EBITDA is an important indicator of financial performance of organizations, which expresses the cash generation capacity based on their operating activity. EBITDA is even more relevant as a performance indicator for ANAHP hospitals, as the entity assembles several non-profit hospitals, to which the concepts of profitability on own capital or even on investments, make little sense, as they are organizations that cannot, under the legislation, distribute their results. To these non-profit entities, from the economic and financial point of view, cash generation is their main focus. In 2009, the average EBITDA margin of the ANAHP hospitals reached 19.6%, 2.2 percentage points higher than the prior year, when it reached 17.4%.

→ GROWTH OF NET AVERAGE REVENUE BY DEPARTURE (1) (IN R$)

GEOGRAPHICAL REGION	2005	2006	2007	2008	2009
MIDWEST	3.483	3.973	4.270	5.110	7.192
NORTHEAST	8.922	9.564	8.758	9.276	8.814
SOUTH	6.725	7.668	7.679	7.423	8.153
SOUTHEAST	8.613	9.192	8.344	9.305	12.742
ANAHP	**8.196**	**8.386**	**8.322**	**9.170**	**10.239**

(1) The median was adopted for this chart instead of the mean, due to statistical criteria

Source: SINHA – ANAHP, 2009

→ GROWTH OF THE DISTRIBUTION OF EXPENSES (IN%)

NATURE OF THE EXPENSE	2005	2006	2007	2008	2009
Personnel Cost	35,5%	37,1%	37,5%	36,8%	37,3%
Hospital inputs (1)	30,4%	29,6%	30,5%	30,1%	30,9%
Other Inputs	3,8%	4,3%	3,9%	3,6%	3,7%
Technical and Operating Contracts	9,5%	7,6%	8,3%	8,3%	7,1%
Support and Logistics Contracts	3,9%	3,5%	3,7%	4,2%	4,2%
Utilities	3,1%	3,7%	3,3%	3,0%	2,7%
Maintenance and Technical Assistance	1,9%	1,9%	2,2%	2,1%	2,1%
Depreciation	4,8%	4,6%	4,7%	5,0%	5,1%
Others	7,1%	7,7%	5,9%	6,9%	6,8%

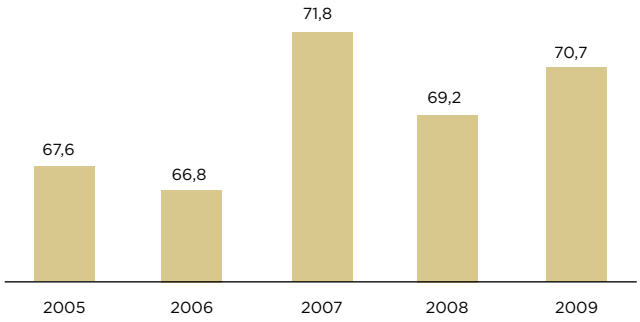
(1) Hospital Inputs include: hospital materials, medications and medicinal gases

→ DISTRIBUTION OF EXPENSES BY GEOGRAPHICAL REGION - 2009 (IN%)

NATURE OF EXPENSE	MW	NE	SW	SE	ANAHP
Personnel Cost	28,9%	39,4%	37,8%	37,4%	**37,3%**
Hospital Inputs (1)	27,4%	31,2%	30,3%	31,1%	**30,9%**
Other Inputs	0,9%	3,8%	4,5%	3,8%	**3,7%**
Technical and Operating Contracts	7,4%	6,3%	9,0%	6,9%	**7,1%**
Support and Logistics Contracts	6,0%	2,6%	5,3%	4,3%	**4,2%**
Utilities	3,1%	3,3%	2,5%	2,6%	**2,7%**
Maintenance and Technical Assistance	1,1%	2,7%	1,9%	2,1%	**2,1%**
Depreciation	10,8%	3,3%	4,8%	5,1%	**5,1%**
Other	14,4%	7,4%	4,0%	6,6%	**6,8%**

(1) Hospital Inputs include: hospital materials, medications and medicinal gases

→ GROWTH OF THE AVERAGE COLLECTION PERIOD (IN DAYS)



→ GROWTH OF THE AVERAGE COLLECTION PERIOD BY REGION (IN DAYS)

GEOGRAPHICAL REGION	2005	2006	2007	2008	2009
Midwest	60,74	45,09	67,80	66,56	67,86
Northeast	52,42	52,44	66,71	61,79	63,83
South	82,44	103,69	113,45	95,39	93,03
Southeast	70,51	67,03	65,33	67,42	69,35
ANAHP	**67,60**	**66,81**	**71,79**	**69,19**	**70,69**

→ GROWTH OF THE RATE OF DISALLOWANCES BY REGION (% ON NET REVENUE)

GEOGRAPHICAL REGION	2005	2006	2007	2008	2009
Midwest	5,0%	4,1%	5,8%	6,3%	5,5%
Northeast	4,9%	3,2%	2,4%	1,3%	1,1%
South	5,2%	7,8%	4,2%	5,6%	3,1%
Southeast	3,0%	3,2%	3,2%	2,9%	2,7%
ANAHP	**3,8%**	**3,9%**	**3,4%**	**3,3%**	**2,8%**

Source: SINHA – ANAHP, 2009

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SURGICAL PATIENTS REPRESENT 65.2% OF DEPARTURES

The share of major surgeries reaches 22.8%, against 20.3% in the previous year

After indicating an increase of the use of installed capacity in 2008, in 2009 there was a decrease of Surgeries per Operating room. The mean value determined was 931 procedures, as opposed to 952 in the previous year. The median came to 896, remaining practically stable in relation to 2008. The Rates of Surgeries by Departure reached a mean of 65.2%, 6.1 percentage points above that reached in the prior year. With the strong expansion, ANAHP hospitals reverted a downtrend observed in the previous two years and came very close to the level of 2006, when the mean percentage of Rates of Surgeries by Departure reached 65.3%. The median was 65.6% in 2009, 5.6 percentage points above that reached in the previous period. The downslide of Rates of Surgeries by Departure in 2007 and 2008 can be attributed to the increase of the number of hospital admissions of clinical patients in comparison to surgical patients. That being the case, there might have been an inverse movement last year.

In 2009, the share of Major Surgeries grew among ANAHP hospitals to 22.9%, against 20.3% in the previous year. Minor and Medium Surgeries dropped, respectively, to 25.6% and 33.8%. The share of the types of surgery presents variation among regions. In the hospitals located in the Southern region, Outpatient Surgeries, with a weight of 32.6%, and Major Surgeries, with 29.8%, represented more than 62% of the total. At the institutions located in the Northeast, Minor (33.9%) and Medium (31%) procedures prevailed. While in the Southeast Major Surgeries had a weight of 22.6% and Medium surgeries of 38.6%, a profile similar to that of hospitals located in the Midwest, where the weight of Major surgeries was 22.1% and of Medium surgeries also 38.6%.

The survey revealed that the average number of births by room grew 4% in 2009, with 545 against 523 births in 2008. In relation to 2006, there was an accumulated expansion of 10%. However, the median had a downslide of 12% in relation to 2008, with 456 procedures, a volume just 2% above that of 2006.

ANAHP hospitals performed 21.5 million exams in 2009, up 20% over the prior year. The average growth rate of the volume of exams in the group of hospitals is 7.7% since 2005. The quantity of Exams by Hospitalization has remained stable in recent years.

In 2009, the mean was 25 and the median reached 23.3 exams.

The exams distribution has not presented important variations in recent years, and the shares of internal and external have fluctuated around 57% and 43%, respectively. However, in the Southeastern region internal exams have a greater weight, 63.7%, a percentage above the Northeast, with 45%, and Southern region, with 40.5%. The number of consultations by room, in 2009, confirmed the growth trend observed in previous years, which indicates continuous increase of the use of the installed capacity. In 2009, the increment was 13%, reaching an average 9.1 thousand events.

In relation to the distribution of consultations, those performed in the Emergency Room (urgent cases and emergencies) have prevailed over outpatient cases (elective). Emergency Room Consultations reached a share of 66.9% in 2009, fluctuating only 0.5 percentage points in relation to the previous year, yet was 7.1 points higher than that of 2005, when it had a weight of 59.7%, revealing a tendency for increase of share.

The mean value of the Rate of Hospital Admissions via Emergency was slightly lower than 2008, reaching 35%, while the median presented an increase of 2.1 percentage points, from 32.8% to 34.9%. The mean value of Emergency Consultations that Generate Hospitalization has remained stable, reaching an average of 6.6% in 2009, 0.3 percentage points higher than the preceding period. However, the median of the same indicator shows an unaccentuated downtrend. Last year it came to 4.6%, against 5.0% in 2008, and 5.4% in 2007.

The Rate of Occupancy of Beds in ICUs reached a mean value of 74.2% in 2009, three percentage points above that recorded in 2008. The median, in turn, reached 73.5%, two percentage points above the previous year and confirming the tendency for an increase of the use of installed capacity.

→ SURGERIES BY ROOM BY YEAR

	2006	2007	2008	2009	Variation 2008/2009
Mean	823	856	953	931	-2%
Median	789	784	897	896	0%
N (sample)	31	31	35	34	-3%

→ RATE OF SURGERIES BY DEPARTURE (IN %)
(EXCEPT FOR OUTPATIENT SURGERIES)

	2006	2007	2008	2009	Variation 2008/2009
Mean	65,3	60,2	59,1	65,2	6,1 p.p.
Median	64,0	63,0	60,0	65,6	5,6 p.p.
N (sample)	25	26	26	29	12%

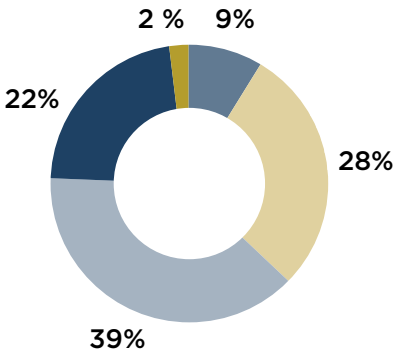
→ RATE OF SURGERIES BY EXTENSION (IN %)
(WEIGHTED AVERAGE)

Extension	Anesthetic Level	2005	2006	2007	2008	2009
Outpatient	qualquer	12,8	12,9	12,3	11,4	12,2
Minor	0 e 1	24,0	25,9	27,4	26,2	25,6
Medium	2 e 3	35,6	34,5	33,2	36,7	33,8
Major	4 e 5	22,0	21,2	21,4	20,3	22,9
Special	6, 7 e 8	5,6	5,5	5,6	5,4	5,5

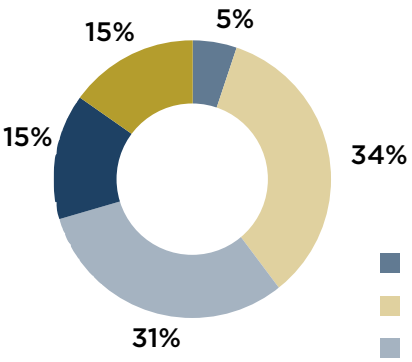
Source: SINHA – ANAHP, 2009

→ RATE OF SURGERIES BY EXTENSION, 2009

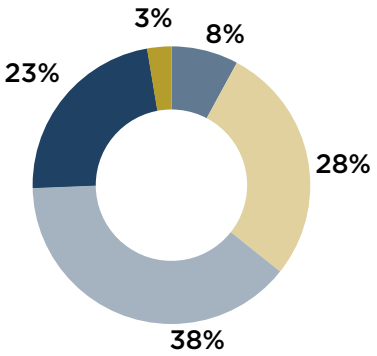
MIDWEST REGION



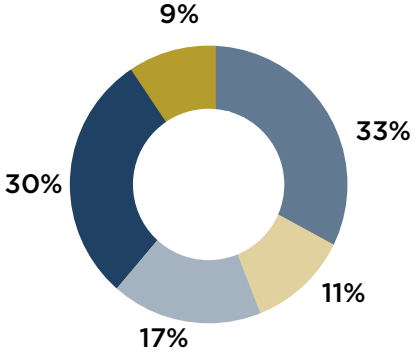
NORTHEAST REGION



SOUTHEAST REGION



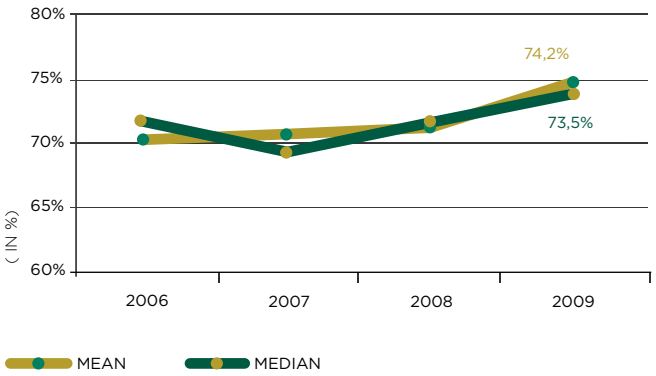
SOUTH REGION



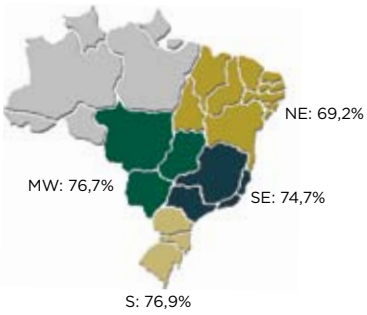
→ RATE OF OCCUPANCY ICU

(IN %)

	2006	2007	2008	2009	Variation 08/09
Mean	70,2	70,3	71,2	74,2	3,0 p.p.
Median	71,6	69,3	71,5	73,5	2,0 p.p.
N (sample)	30	30	31	32	3%



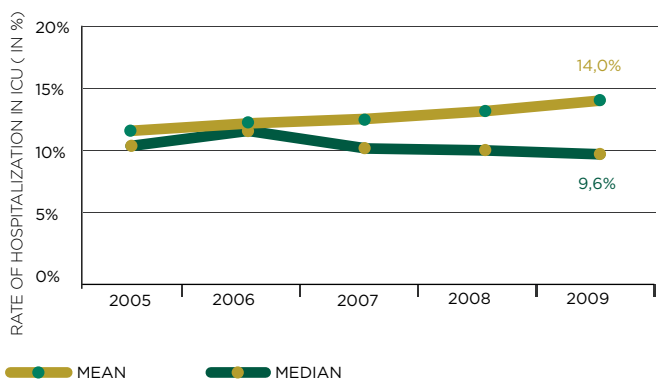
MEDIAN BY REGION
(2009)



→ RATE OF HOSPITALIZATION IN ICU

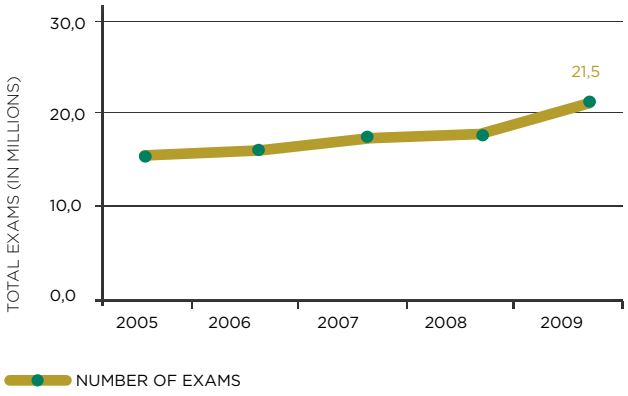
(IN %)

	2005	2006	2007	2008	2009	Variation 08/09
Mean	11,3%	12,0%	12,6%	13,1%	14,0%	0,9 p.p.
Median	10,5%	11,6%	10,1%	9,8%	9,6%	-0,2 p.p.
N (sample)	32	31	34	36	34	-6%



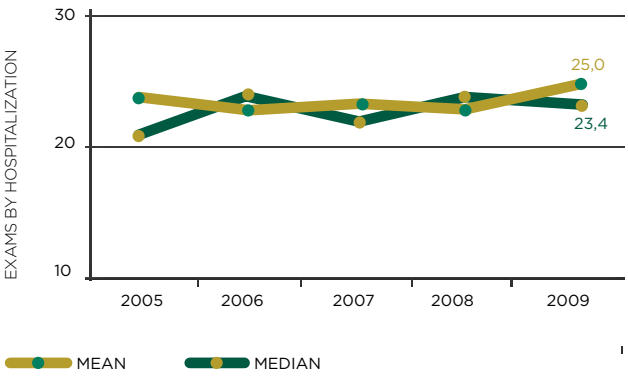
→ TOTAL EXAMS
(IN MILLIONS OF EXAMS)

	2005	2006	2007	2008	2009	Variation 08/09
N° Exams	16,0	16,3	17,5	18,0	21,5	20%
N (sample)	32	32	33	33	34	3%

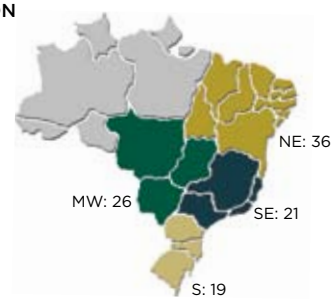


→ EXAMES POR INTERNAÇÃO

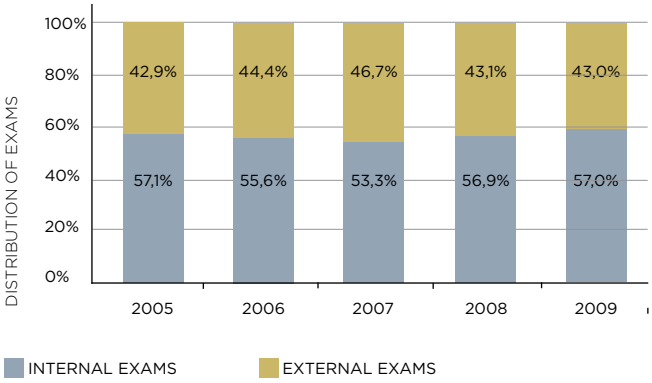
	2005	2006	2007	2008	2009	Variation 08/09
Mean	24,0	23,3	23,4	23,0	25,0	8%
Median	21,1	24,2	21,8	23,8	23,4	-2%
N (sample)	32	32	32	32	31	-3%



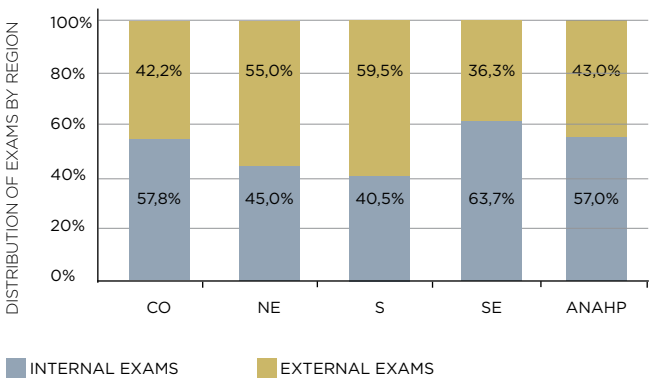
MEDIAN BY REGION
(2009)



→ DISTRIBUTION OF EXAMS

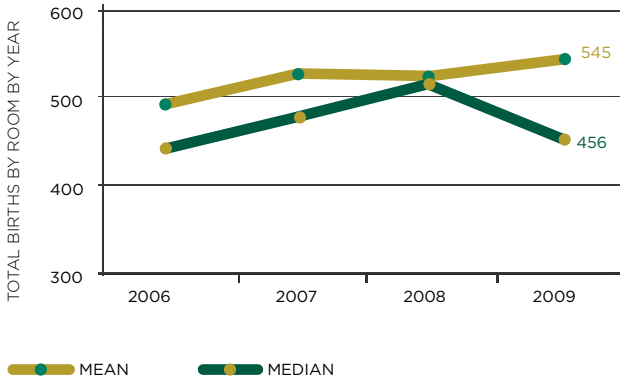


→ DISTRIBUTION OF EXAMS BY REGION, 2009



→ TOTAL BIRTHS BY ROOM BY YEAR

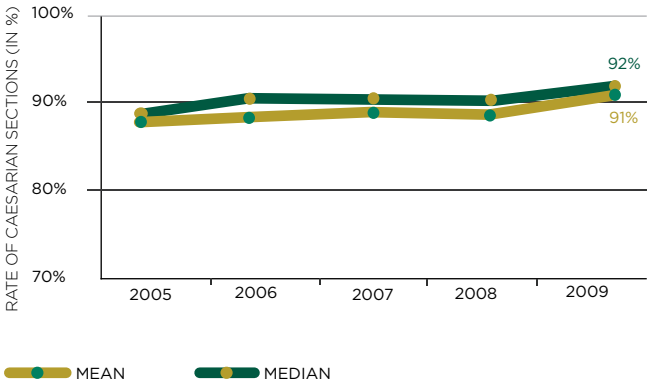
	2006	2007	2008	2009	Variation 08/09
Mean	496	529	523	545	4%
Median	446	478	517	456	-12%
N (sample)	20	20	20	21	5%



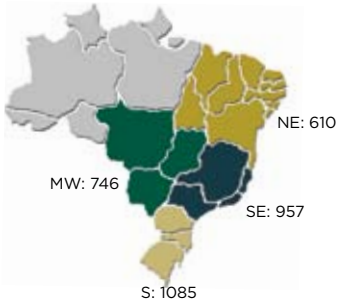
→ RATE OF CAESERIAN SECTIONS

(IN %)

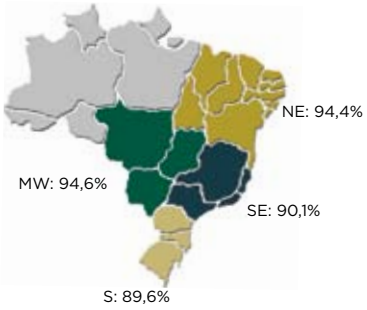
	2005	2006	2007	2008	2009	Variation 08/09
Mean	88,2	88,6	89,2	89,0	91,4	2,4 p.p.
Median	89,3	90,7	90,8	90,6	91,8	1,2 p.p.
N (sample)	23	23	24	24	25	4%



MEDIAN BY REGION
(2009)

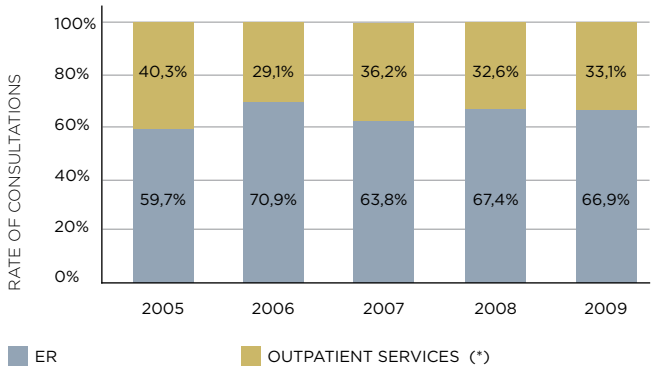


MEDIAN BY REGION
(2009)



→ RATE OF CONSULTATIONS

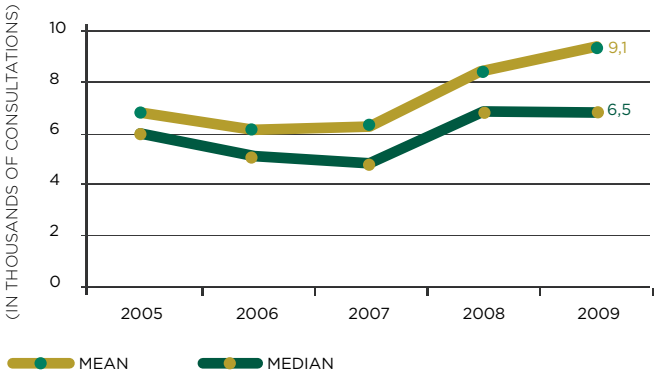
(MEDIAN)



(*) Consultations held at outpatient clinics or medical center

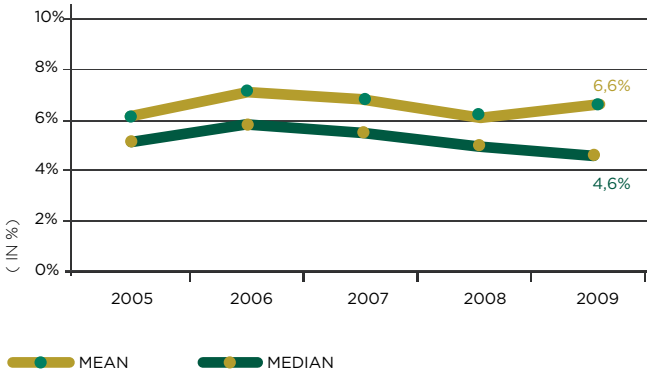
→ CONSULTATIONS BY ROOM BY YEAR

	2005	2006	2007	2008	2009	Variation 08/09
Mean	6,5	5,9	6,0	8,1	9,1	13%
Median	5,7	4,9	4,7	6,6	6,5	-1%
N (sample)	28	27	27	33	31	-6%



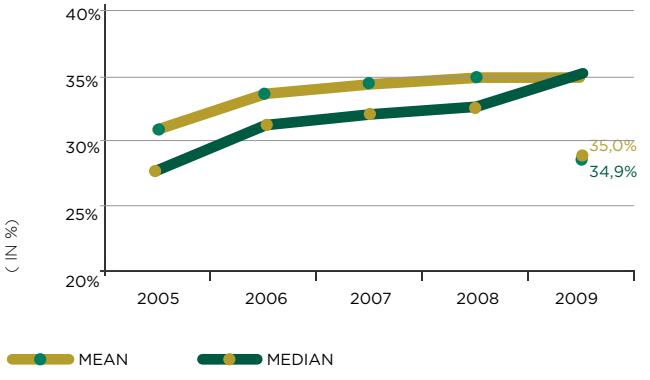
→ EMERGENCY CONSULTATIONS THAT GENERATE HOSPITALIZATION (IN %)

	2005	2006	2007	2008	2009	Variation 08/09
Mean	6,2	7,1	6,9	6,3	6,6	0,3 p.p.
Median	5,2	5,8	5,4	5,0	4,6	-0,4 p.p.
N (sample)	26	27	28	31	32	-3%

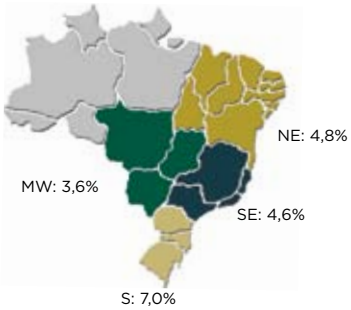


→ TAXA DE INTERNAÇÃO EM EMERGÊNCIA (IN %)

	2005	2006	2007	2008	2009	Variation 08/09
Mean	31,1	33,8	34,5	35,1	35,0	-0,1 p.p.
Median	27,8	31,2	31,9	32,8	34,9	2,1 p.p.
N (sample)	29	30	32	34	33	-3%



MEDIAN BY REGION
(2009)



Source: SINHA - ANAHP - DEZ-09

HOSPITALS INVEST IN HUMAN RESOURCES

There is a global trend, in spite of all the technological increments that occur with any company, of valuation, education and professional upskilling of people. Firms, particularly service providers, have started to consider human resources as their main assets, which might signify an important market differential.

In health the movement has proven evident with the growing modification of the Personnel Department systems for the concept of People Management. The data gathered over these years, in SINHA, largely confirms the transformations of this scenario.

In 2009, the nurse per hospital bed ratio presented growth. Last year, the average number of hospitals was 0.59 against 0.55 in the previous year, an increase of 8%. By the median the increase was even greater, of 18%, climbing from 0.50 to 0.59. In relation to 2006, when the rate was 0.42%, there was an increase of 40%.

The ratio of nursing auxiliaries and technicians by hospital bed increased slightly from 2.05 to 2.17 in 2009. There was no change in the mean turnover rate in relation to 2008, remaining at 17.5%. The median presented a downslide of 0.6 percentage point, to 15.2% In 2009.

The absenteeism rate reached a mean value of 2.1% in 2009, equal to that obtained by the hospitals in 2008. The median, in turn, indicated a small increase from 1.3% to 1.9%. The absenteeism rate was already at a high level in 2008. It is important to emphasize that the median behavior in previous years seemed to indicate a downtrend. With the 2009 data the trend was not confirmed. Nevertheless, it is worth emphasizing that part of the hospitals has a low rate of absenteeism, unlike some institutions, at which the rate remains high, which has been affecting the mean value of the ANAHP group.

After presenting a downslide in 2007 and 2008, the rate of workplace accidents with medical leave reverted the trend and started rising once again last year, reaching an average of 18, against 16.4 reached in the previous period. The median of this rate indicated an even higher increase, from 11.0 to 15.8 events, a difference of 44%.

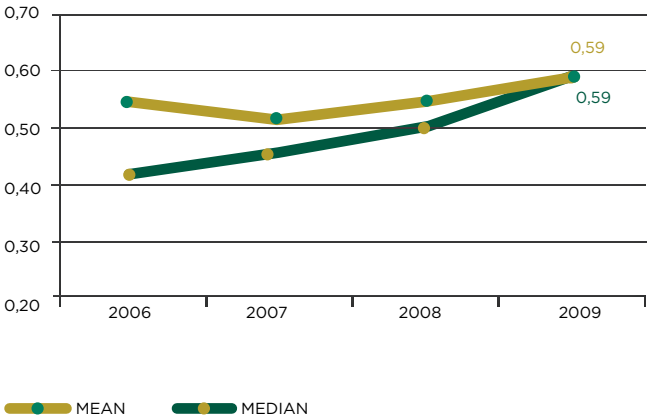
In 2009, the hospitals offered an average of 23.4 hours of training, a time very close to that of the previous year, when the average was 23.8 hours. However, the years in which the most hours of training were spent were 2007, with a total 28 hours and 2006, with 26 hours. The median indicates that the peak occurred in 2006, when it reached 27.4 hours.

From then on there was a continuous downslide, reaching 18.9 hours last year, a difference of 8.5 days in relation to three years before.

Between 2005 and 2008, employees with complete secondary education increased their participation in the total headcount, going from 54.7% to 65.5%. In the same period, the representation of employees with complete primary education went from 17.2% to 9.6%. In comparison with the previous year, in 2009 the distribution of the level of education remained stable, with people with complete higher education representing 18.1% of the total, those with complete secondary education with 64%, and those with complete primary education with 9.4%

→ NURSE/HOSPITAL BED RATIO

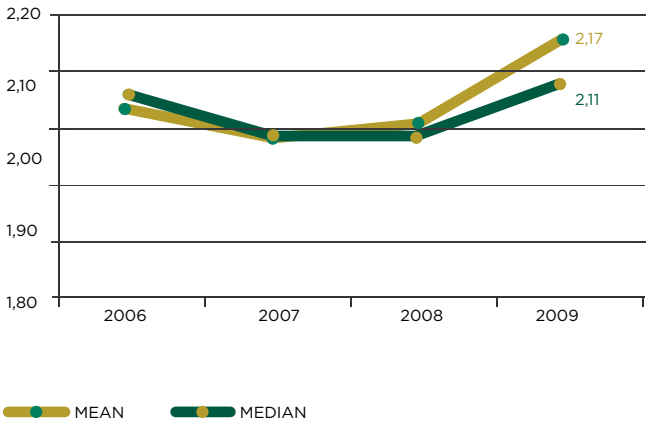
	2006	2007	2008	2009	Variation 08/09
Mean	0,54	0,51	0,55	0,59	8%
Median	0,42	0,46	0,50	0,59	18%
N (sample)	32	31	34	35	3%



Source: SINHA - ANAHP - DEZ-09

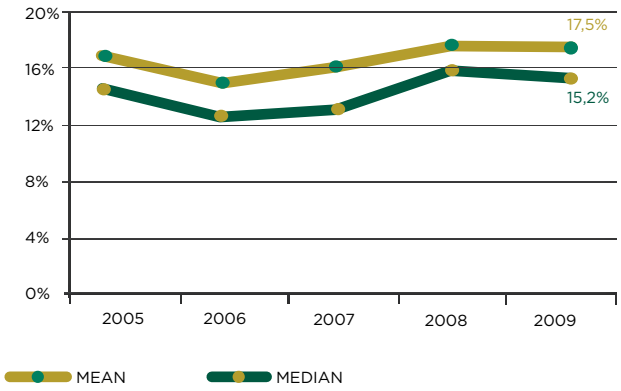
→ RATIO OF NURSING AUXILIARIES AND TECHNICIANS BY HOSPITAL BED

	2006	2007	2008	2009	Variation 08/09
Mean	2,07	2,03	2,05	2,17	6%
Median	2,09	2,03	2,04	2,11	3%
N (sample)	32	31	34	35	3%



→ TURNOVER RATE
(IN %)

	2005	2006	2007	2008	2009	Variation 08/09
Mean	16,6%	14,9%	16,0%	17,5%	17,5%	0,0 p.p.
Median	14,5%	12,4%	13,0%	15,8%	15,2%	-0,6 p.p.
N (sample)	34	33	32	34	34	0%

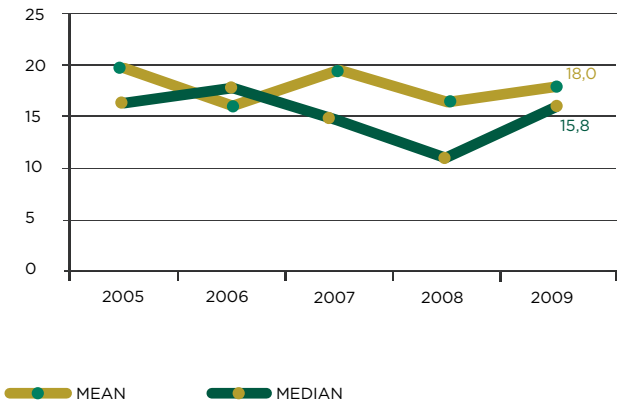


→ ABSENTEEISM RATE
(IN %)

	2005	2006	2007	2008	2009	Variation 08/09
Mean	1,2%	1,8%	1,9%	2,1%	2,1%	0,0 p.p.
Median	0,8%	1,6%	1,4%	1,3%	1,9%	0,6 p.p.
N (sample)	30	29	28	30	33	10%

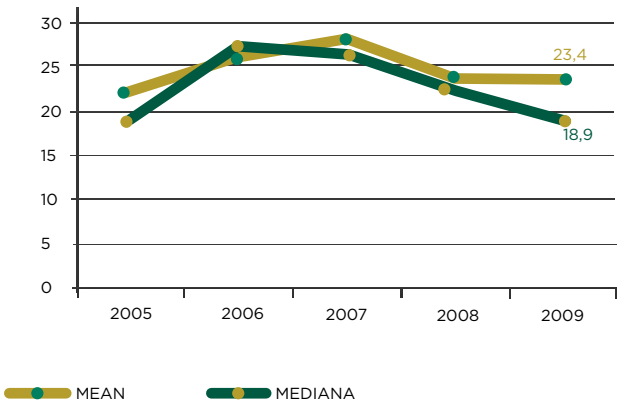
→ WORKPLACE ACCIDENTS WITH MEDICAL LEAVE
(NUMBER OF ACCIDENTS PER 1,000,000 HOURS)

	2005	2006	2007	2008	2009	Variation 08/09
Mean	19,4	16,3	19,4	16,4	18,0	10%
Median	16,2	17,6	14,7	11,0	15,8	44%
N (sample)	32	25	25	31	30	-3%



→ HOURS OF TRAINING
(IN HOURS PER YEAR)

	2005	2006	2007	2008	2009	Variation 08/09
Mean	22,0	26,0	28,0	23,8	23,4	-2%
Median	18,8	27,4	26,4	22,8	18,9	-17%
N (sample)	31	31	29	34	32	-6%

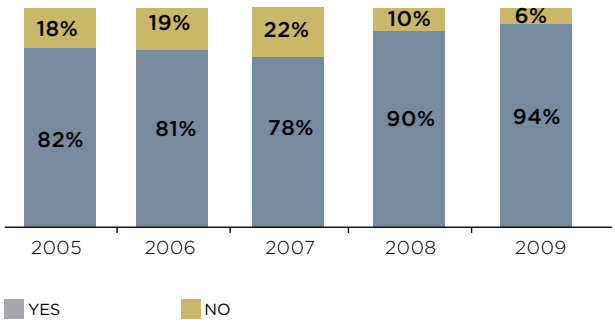


→ LEVEL OF EDUCATION
(IN%)

Education	2005	2006	2007	2008	2009
Complete Postgraduate course	4,0	4,9	4,4	4,3	4,6
Complete College or University Education	17,4	18,7	18,0	17,6	18,1
Complete Secondary Education	54,7	58,2	62,1	64,5	64,0
Primary Education	17,2	13,3	11,8	9,6	9,4
Primary Education	6,6	4,9	3,8	4,0	3,8
N (sample)	21	21	24	24	33

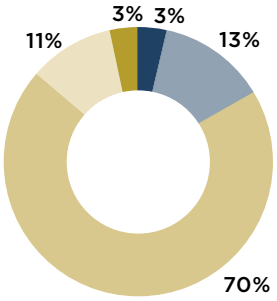
→ PROGRAM FOR INCLUSION OF EMPLOYEES WITH SPECIAL NEEDS - PNES

Does it have a program?	2005	2006	2007	2008	2009
No	18%	19%	22%	10%	6%
Yes	82%	81%	78%	90%	94%
N (sample)	28	32	32	30	31

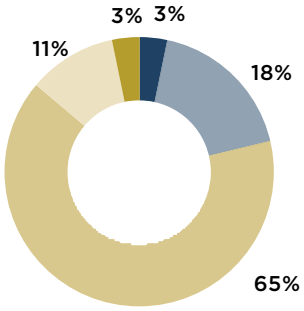


→ LEVEL OF EDUCATION BY REGION, 2009

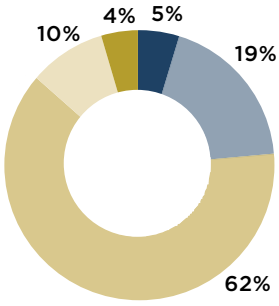
MIDWEST REGION



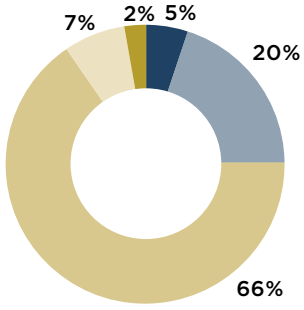
NORTHEAST REGION

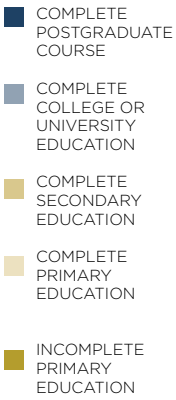


SOUTHEAST REGION



SOUTHERN REGION





ENCOURAGE, SUPPORT AND DISSEMINATE EXCELLENCE OF CLINICAL PRACTICE AT MEMBER HOSPITALS AND IN THE HEALTH MARKET

The Best Care Practices Project (PMPA) is an initiative of ANAHP at the member hospitals, in place since 2003. The Project scope is to encourage, support and disseminate the excellence of the Clinical Practice at the member hospitals and in the health market. Using a standardized methodology for deployment of clinical protocols, based on recommendations extracted from the clinical guidelines, certain diseases were selected for which the magnitude of the problem in our field had considerable relevance. According to the best scientific evidence, there were also secondary prevention actions that would influence the health care results in such a way as to make them more cost effective.

The protocol deployment process was driven at Acute Myocardial Infarction, Stroke, Community-Acquired Pneumonias, Sepsis, Chronic Calculous Cholecystitis, Inguinal Hernia and Uterine Myoma. For the last three health problems, they identified the cases in which the surgical indication was elective. The guideline selection work, discussion with teams at the hospitals, organization of the flows, disclosure and deployment of the protocols took place between 2004 and 2005. The data and indicators to be monitored for tracking of the clinical protocols at the hospitals were selected and standardized in 2006, while in 2007 they started the gathering and analysis of the selected data and indicators. The work process, since 2006, has been of continuous refinement through periodic meetings (3 to 4 a year) with the hospitals technical teams, where they have been discussing the quality of information and results, seeking to recommend actions for greater quality and safety in the care processes, guaranteeing better results for patients.

The indicators reflect key points of medical care, based on clinical criteria confirmed in literature and extracted from the same clinical guidelines that serve as a reference for the clinical protocols implemented.

The monitoring of the indicators makes it possible to evidence the quality of processes in care and the results of the clinical practice management work at ANAHP hospitals, and also represent a pioneer initiative in the transparency of information in the private sector.

The monitoring system deployed since January 2007 represents the first health care quality management system

for tracers diseases existing in the country.

A survey conducted annually and updated in January 2010, answered by 32 member hospitals, makes it possible to characterize the profile of ANAHP hospitals in relation to the installed structure. In the representative sample, these establishments contribute with 2% of the private health organizations with NON-SUS (private institutions not financed by government - Unified Health System) hospitalization. Altogether, they have 7,247 operational beds, which corresponds to around 6% of the NON-SUS private hospital beds existing in the country. That is, there are few services that account for a significant supply of beds for hospitalization, concentrated in the Southeast, South and Midwest regions of the country (Brazil. CNES. 2010).

In this study, the volume of hospitalizations was 469,112 hospital departures in the year of 2009. The volume is higher than that presented in the tables with the PMPA results, as three hospitals that replied were taken over in the second half of the year 2009 and started to send data to the PMPA as of 2010.

Considering the hospitalization rate, estimated on the National Household Sample Survey (PNAD, 2003) basis, for the group of members having the population with the greatest purchasing power (monthly family income = 10 to 20 and more than 20 minimum salaries), at 7 to 15% per year (varying in accordance with the age bracket, with 9% for children under 4 years of age, 4% for the group from 5 to 19 years, 7% for 20 to 39 years, 8% between 40 and 64 years and 15% for individuals over 65 years of age). The data from the National Supplementary Health Agency (ANS) evidences a hospitalization rate of 13% for the years 2007 and 2008. The Supplementary Health coverage from this source is 21% of the Brazilian population, corresponding to around 40,211,019 inhabitants. Therefore it is possible to estimate a demand of around 5,227,432 hospital admissions for the sector, in 2009. Based on the study, ANAHP hospitals contributed with about 9% of the total hospitalizations of the sector.

In terms of structure, they all have reference in Neurosurgery and Intensive Care beds, with a supply of 1,013 Adult ICU beds and 127 Pediatric ICU beds. Maternity with Neonatal ICU beds is present in 18 hospitals, with 716 obstetrical beds and 321 Neonatal ICU beds. In this sample, 17 hospitals perform transplants, of which the most frequent are:

Kidney, Liver, Bone Marrow and Heart. Bariatric Surgery is performed at 88% of the hospitals. In the area of Clinical Oncology, 84% (27 hospitals) have treatment with Chemotherapy and 31% (10 hospitals) in Radiotherapy.

All the hospitals have an Emergency Care service with the following specialties: 90% (29 hospitals) work with Medical Practice, Surgical Practice and Orthopedics; 25 Neurosurgery; 23 Gynecology; 21 Pediatrics and 18 Obstetrics. Besides these specialties, some hospitals also offer Cardiology, Ophthalmology, Otorhinolaryngology and Vascular Surgery.

Regarding Diagnostic and Therapeutic Support, 94% have Tomography and Hemodynamics and Substitutive Renal Therapy, 84% Magnetic Resonance, 72% Day Hospital and 78% Rehabilitation. This structure require that 85% of the hospitals are size 4 (according to Ministry of Health administrative ruling 2,224/2002) and the rest size 3 (specialized hospitals), a network of services of high complexity with a diagnosis structure and cutting-edge treatment.

Of ANAHP's hospitals, 77% have ONA and 23% JCI accreditation. It is worth emphasizing that four hospitals present more than one kind of accreditation. In general the hospitals have been accredited for about 3 to 4 years, whereas the first has been accredited for 11 years.

The vast majority develops teaching and research activities, which entails additional demands in the training of the clinical team.

The hospitals morbidity profile is analyzed on an annual basis, according to clinical and epidemiological variables. The demand profile satisfied by the hospitals, in comparison with 2005, changed in an important way. On one hand due to the significant improvement of clinical records. On the other, due to the epidemiological and clinical changes (severity) of the patients treated.

A reduction of approximately 70% was observed between 2005 and 2009 in the absence of diagnostic records in the information systems (Table 1). In 2008, the variation observed can be attributed to the set of hospitals that sent data in that period. Another item of data to be monitored to evaluate the quality of diagnostic records in the information system, is the proportion of cases included in the chapter on poorly defined symptoms, signs and conditions, which in 2009 corresponded to 6% of the hospital departures.

It is possible to assume that part of the records without diagnosis began to be classified with nonspecific diagnosis,

which is also a non-conformity. The goal expected for this group of patients with nonspecific syndromic diagnosis is 2%. The hospitals have invested in qualification of the Medical File Services for better diagnosis coding, at the same time as the incentive and monitoring of the correct and detailed completion of records and charts by the hospital's medical teams.

In the period analyzed, 21 hospitals sent data every year. The percentage observed between 2009 and 2005 was 15%, or an average of 3% per year.

In relation to the age bracket, 25 to 27% of the demand for these services corresponds to patients over 60 years of age. It is emphasized that although the group above 90 years of age represents just 1% of demand, it grew 32% in the period (Table 2). This age group requires complex management, has a greater risk of complications and generally calls for a longer stay. The predominant demand of the hospitals is female, due to the importance of the perinatal care offered. However, excluding this group, the demand for hospitalization is mainly observed among male patients.

The six main diagnostic groups, corresponding to 61% of hospital departures, are, in decreasing order: Pregnancy, Birth and Puerperium, Genitourinary System diseases, Digestive System diseases, Circulatory System diseases, Tumors and Cancer and Respiratory System diseases. Growth in volume of treatments of these cases is observed over time, with special emphasis on Genitourinary System diseases, Pregnancy and Respiratory System diseases. The latter, partly resulting from the impact of the H1N1 influenza epidemic at the member hospitals from the South and Southeast of the country (Table 1. Graph 1). Another aspect to be emphasized is the growth of the volume of Lesions and Osteomuscular cases, indicating the significant increase of Orthopedic care at ANAHP hospitals. In graph 2 (Table 1), it is possible to analyze the average length of stay, going from the databases of the hospitals according to Diagnostic. Diseases of the Respiratory and Circulatory Systems present longer average length of stay, with 5.8 and 5.6 days respectively.

In relation to the Payment Sources (graph 3), insurance companies and group medicines presented greater growth in the period analyzed. The international operators still represent a small volume, but have increased their contribution enormously in the last three years.

The PMPA keeps track of data and indicators sent monthly by the member hospitals. The spreadsheet is standardized as is the technical sheet of each item of data and indicator to be collected. Consistency and supervision of data is performed at the hospitals systematically, which confers reliability and quality to the records inputted. The feedback is individualized, quarterly and performed at the PMPA meetings. The spreadsheets sent by the hospitals are consolidated secretly.

We present below some of the indicators that are being monitored:

→ Care Performance Indicators

•Occupancy Rate, Average Length of Stay, Institutional Mortality Rate and Surgical Mortality Rate

→ Quality and Safety Indicators

•Rate of Density of Incidence of Hospital Infection (HI) in ICU and Neonatal ICU

•Rate of Density of Incidence of HI associated with Central Venous Catheter (CVC) in ICU

•Rate of Infection of Surgical Site

→ Clinical Indicators for the Selected Pathologies - guidelines

•Acute Myocardial Infarction; Ischemic Cerebral Vascular Accident; Community-Acquired Pneumonia (adults and children); Sepsis

•Videolaparoscopic Colecistectomy; Inguinal Herniorrhaphy; Abdominal Hysterectomy

One of the relevant elements of a sample of hospitals data analysis, which guarantees the consistency of information, is adherence to the monitoring system, regardless of the number of participating hospitals that send data. The participation of the institutions grew in these 36 months, rising from 25 to 32 hospitals. The performance and quality and safety indicators present greater completeness, when compared with those of selected pathologies. The greatest limitation factor is the degree of development of the monitoring system for some protocols at the hospitals and the difficulties in data extraction from some hospital information systems.

CARE PERFORMANCE INDICATORS

The occupancy rate in the period increased as did the volume of hospital departures. When we analyze the occupancy rate, we come across a contradiction. Hospitals, particularly in the South and Southeast, have been investing in the expansion of physical areas, so that the supply of beds on the short and medium term will be about 30% above the current supply. Two aspects contribute toward this contradiction impression. The growing volume of elective procedures, entailing a short stay, fights for space with the pressure of hospitalizations of severe cases, generally urgent cases for clinical treatment that require beds in the intensive care or semi-intensive care. This means, practically, that emergencies on one hand and surgical scheduling on the other, overburden intensive care units and wards, demanding highly efficient hospital bed management. Some hospitals are full up by morning and on business days and empty on the weekends. The information on operational beds-day is not yet precise for some hospitals, overestimating the supply in the operation. That is, beds blocked on account of technical or administrative issues are counted when they are not actually available for hospitalization.

Even if these repairs are performed, the performance indicators point to growth of the volume of care provision (increase of hospital departures), with an increase of the occupancy rate, increase of the bed turnover, decrease of the substitution interval (time that the bed takes to be occupied again) and length of stay (graphs 4, 5, 6, 7, 8 and 9). This last indicator is of key importance for care quality monitoring, especially when analyzed in relation to a given diagnosis. Going from the guidelines, there are standards considered more adequate, both in relation to the average minimum and maximum stays, to the effect of

→ TABLE 01

NUMBER OF HOSPITAL DEPARTURES ACCORDING TO MAIN DIAGNOSIS GROUPED BY THE CHAPTER OF CID (10TH REVISION) AND AVERAGE LENGTH OF STAY – TMP, 2005 TO 2009

CHAPTER OF CID	2005 (29)			2006 (28)			2007 (32)			2008 (25)			2009 (28)		
	Nº	%	ALS	Nº	%	ALS	Nº	%	ALS	Nº	%	ALS	Nº	%	ALS
Pregnancy	36.521	10,6	2,8	36.866	11,4	2,7	51.983	12,4	2,8	61.023	16,6	2,9	53.570	13,1	2,7
Genitourinary	29.242	8,5	2,4	29.101	9,0	2,4	39.122	9,3	2,5	37.673	10,2	2,2	45.306	11,1	2,4
Digestive	32.954	9,6	3,1	30.639	9,5	3,0	38.959	9,3	2,9	34.317	9,3	2,8	41.549	10,2	3,0
Circulatory	38.400	11,2	5,2	36.308	11,2	5,4	45.644	10,9	5,2	37.402	10,2	5,2	41.232	10,1	5,6
Neoplasias	30.062	8,8	4,8	27.342	8,5	4,6	34.718	8,3	4,8	29.648	8,1	4,2	35.419	8,7	4,2
Respiratory	23.397	6,8	5,3	23.531	7,3	5,8	28.945	6,9	5,9	26.440	7,2	5,6	31.954	7,8	5,8
Symptoms	14.269	4,2	4,4	16.778	5,2	4,2	22.080	5,3	4,2	21.713	5,9	4,4	24.517	6,0	4,7
Osteomuscular	17.715	5,2	3,0	16.742	5,2	3,2	20.884	5,0	3,1	21.299	5,8	2,9	23.325	5,7	2,9
Lesions	14.868	4,3	4,0	15.307	4,7	4,0	20.372	4,8	3,9	19.747	5,4	3,6	21.302	5,2	3,7
Factors	6.796	2,0	2,5	5.869	1,8	2,2	22.809	5,4	2,7	28.461	7,7	2,6	14.429	3,5	2,3
Infectious Diseases	7.920	2,3	5,1	9.158	2,8	5,6	10.081	2,4	5,9	8.607	2,3	5,7	9.040	2,2	6,0
Perinatal	7.409	2,2	6,2	6.753	2,1	7,2	10.567	2,5	6,6	11.948	3,3	6,6	8.495	2,1	7,7
Nervous System	8.366	2,4	5,4	7.150	2,2	5,5	8.663	2,1	5,6	6.815	1,9	5,7	8.129	2,0	6,2
Endocrinal	7.149	2,1	4,0	6.441	2,0	4,6	8.339	2,0	4,4	6.656	1,8	4,2	7.611	1,9	4,4
Skin	3.320	1,0	5,0	3.340	1,0	4,9	4.548	1,1	5,0	4.055	1,1	4,4	4.487	1,1	5,4
Congenital	2.596	0,8	6,1	2.415	0,7	6,6	3.137	0,7	5,1	2.943	0,8	5,1	3.080	0,8	6,7
Eyes and appendages	3.363	1,0	0,5	3.359	1,0	0,5	3.656	0,9	0,9	2.978	0,8	0,6	2.852	0,7	0,7
Blood	1.765	0,5	5,1	1.668	0,5	4,9	2.004	0,5	4,9	1.812	0,5	4,8	1.917	0,5	5,3
Inner Ear	1.317	0,4	1,8	1.366	0,4	1,8	1.704	0,4	1,9	1.471	0,4	2,2	1.597	0,4	2,1
External causes	204	0,1	5,5	490	0,2	3,7	1.840	0,4	1,4	479	0,1	6,1	1.498	0,4	3,0
Mental	971	0,3	8,2	1.057	0,3	12,9	1.282	0,3	9,2	1.003	0,3	10,9	1.110	0,3	10,0
No information	54.447	15,9	4,1	41.612	12,9	3,9	38.806	9,2	2,5	1.086	0,3	7,7	25.107	6,2	2,7
TOTAL	**343.051**	**100**	**4,3**	**323.292**	**100**	**4,6**	**420.143**	**100**	**4,2**	**367.576**	**100**	**4,4**	**407.526**	**100**	**4,5**

N.B.: Values between brackets represent the number of hospitals from the sample.

Source: ANAHP - Projeto Melhores Práticas Assistenciais. 2009.

→ TABLE 02

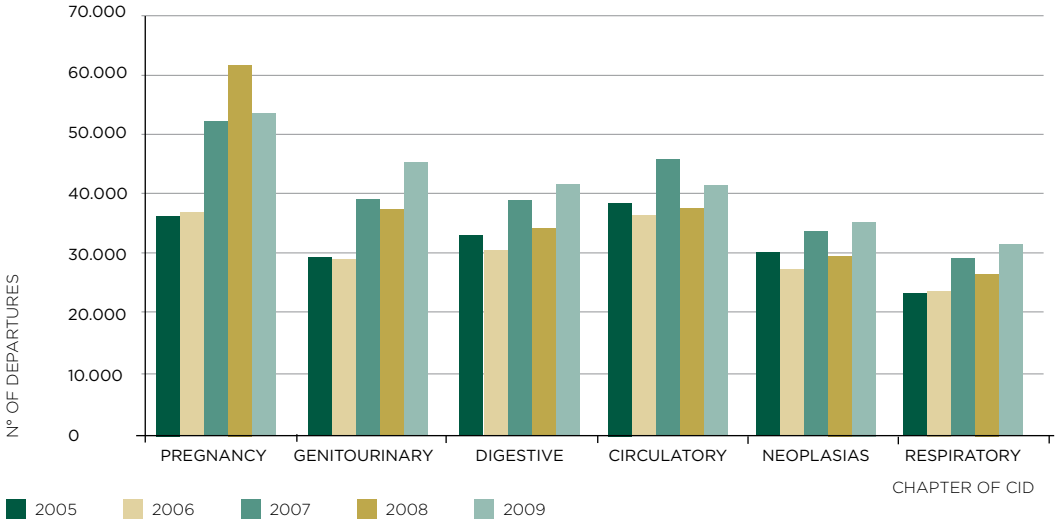
NUMBER OF HOSPITAL DEPARTURES ACCORDING TO AGE BRACKET, 2005 TO 2009

AGE BRACKET	2005		2006		2007		2008		2009	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
< 15	43.974	12,8	42.939	13,3	69.538	16,6	65.681	17,9	52.218	12,8
15 to 29	54.202	15,8	51.559	15,9	61.294	14,6	58.045	15,8	64.052	15,7
30 to 44	84.148	24,5	80.000	24,7	98.950	23,6	99.720	27,1	110.584	27,1
45 to 59	67.173	19,6	61.854	19,1	70.656	16,8	62.369	17,0	77.343	19,0
60 to 74	54.603	15,9	49.606	15,3	55.997	13,3	46.598	12,7	59.052	14,5
75 to 89	34.734	10,1	33.434	10,3	35.239	8,4	30.548	8,3	38.478	9,4
> or = 90	3.855	1,1	3.880	1,2	4.059	1,0	3.690	1,0	4.637	1,1
Ignored	362	0,1	20	0,0	24.410	5,8	925	0,3	1.162	0,3
TOTAL	**343.051**	**100,0**	**323.292**	**100,0**	**420.143**	**100,0**	**367.576**	**100,0**	**407.526**	**100,0**

Source: ANAHP - Projeto Melhores Práticas Assistenciais, 2009..

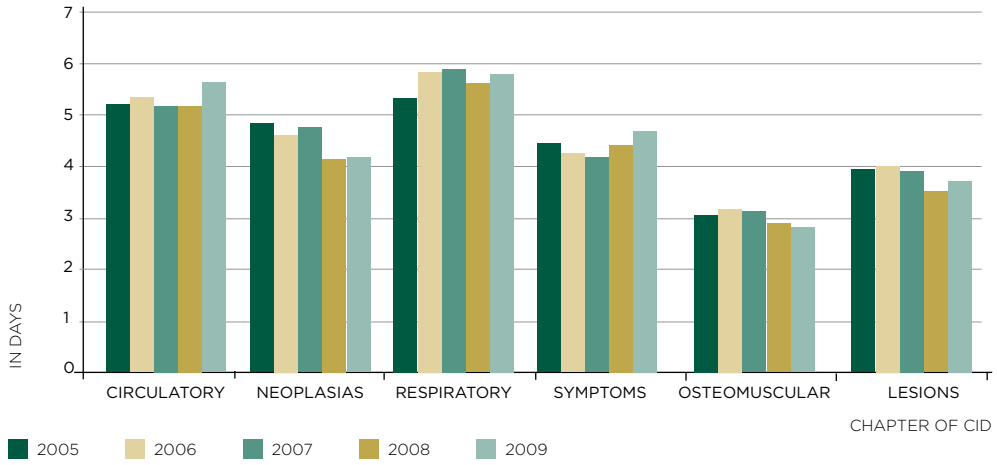
→ GRAPH 01

NUMBER OF HOSPITAL DEPARTURES ACCORDING TO THE MAIN DIAGNOSES - 2005 TO 2009



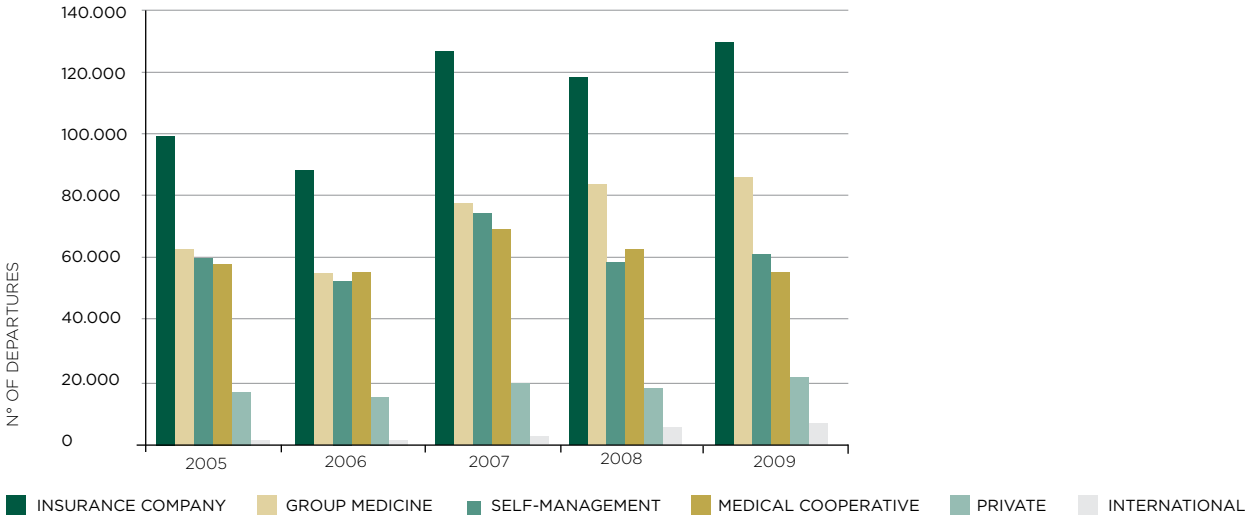
→ GRAPH 02

AVERAGE LENGTH OF STAY ACCORDING TO MAIN DIAGNOSES – CHAPTER OF CID (10TH REVISION) - 2005 TO 2009



→ GRAPH 03

NUMBER OF HOSPITAL DEPARTURES ACCORDING TO MAIN PAYMENT SOURCES -2005 TO 2009



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

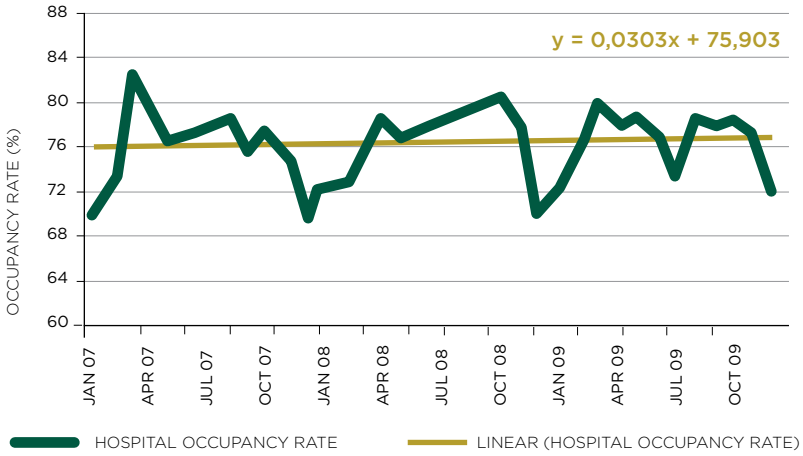
guaranteeing greater safety and quality in the care of patients. The average stay has a linear downtrend, although discrete, which reflects efficiency in hospital bed management. Emphasis is placed on the increase of severity and complexity of patients, whether by aging of demand, or prevalence of comorbidities in cases. The rate of resident patients (graph 10) increased, indicating the necessity of alternatives for care in relation to chronic patients, the rearguard of which still needs to be better set out in the system.

The movement of the hospitals was 65% surgical during the year of 2009, ranging between 62 and 68% (graph 11). The number of surgeries per patient was 1.14, ranging from 1.02 to 1.20 (graph 12). The rate of surgeries per patient indirectly reflects the complexity of surgical procedures. The greater the number of surgeries per patient, the lesser the complexity of procedures.

Regarding results, the Institutional mortality rate presents a discrete decrease (rates went from an annual average of 1.56 in 2007, to 1.55 in 2008 and 1.54 in 2009), as does the operative mortality rate (graph 13 and 14). It is important to emphasize that the more efficient management of cases (lower average stay), in association with lower institutional and operative mortality rates, indicates better care provision results.

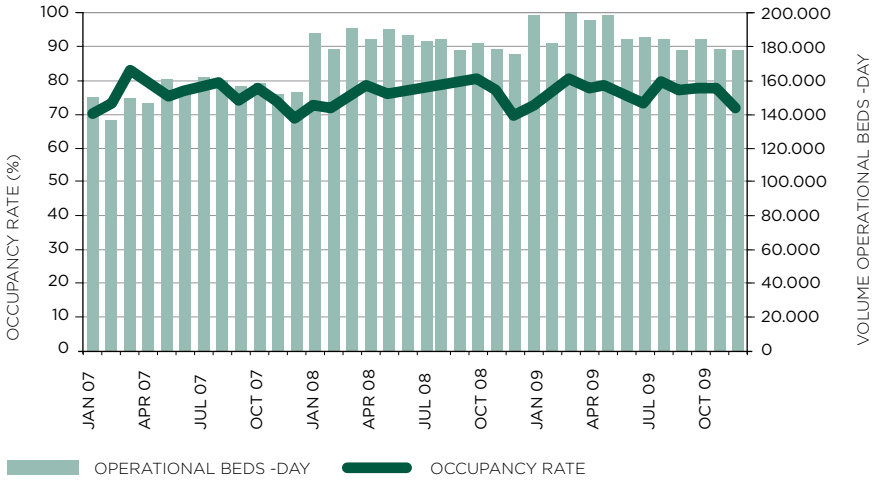
→ GRAPH 04

OCCUPANCY RATE AND LINEAR TREND, 2007 TO 2009



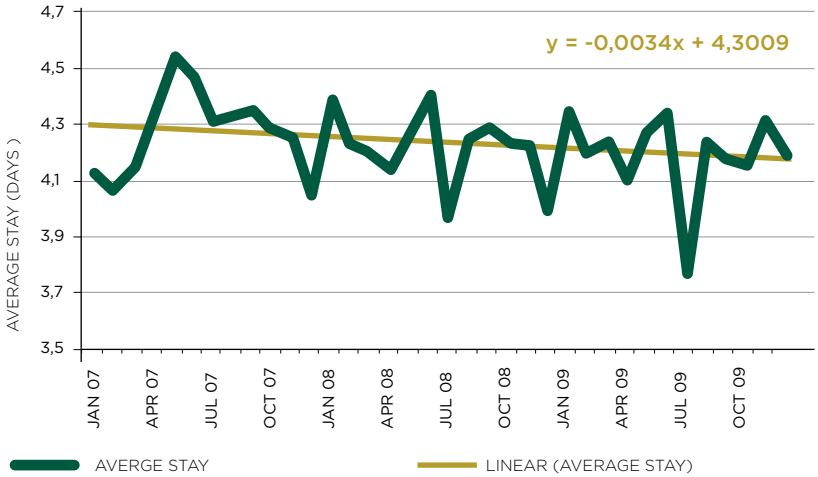
→ GRAPH 05

OCCUPANCY RATE AND N° OF OPERATIONAL BEDS-DAY, 2007 TO 2009.



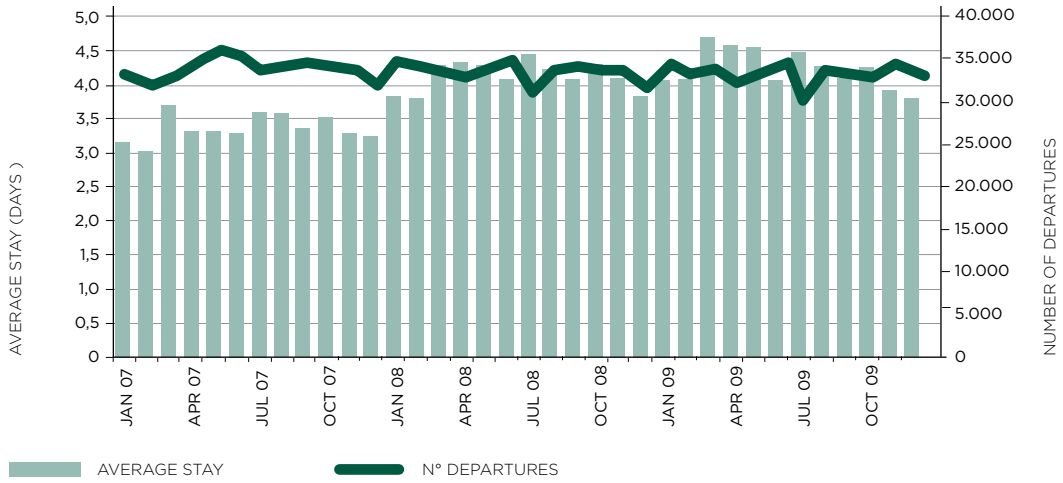
→ GRAPH 06

AVERAGE STAY AND LINEAR TREND, 2007 TO 2009

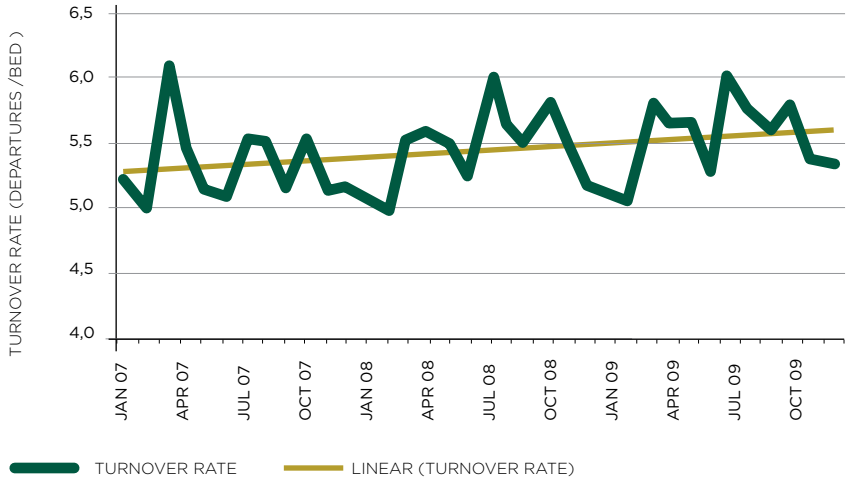


Source: ANAHP: Projeto Melhores Práticas Assistenciais. 2009.

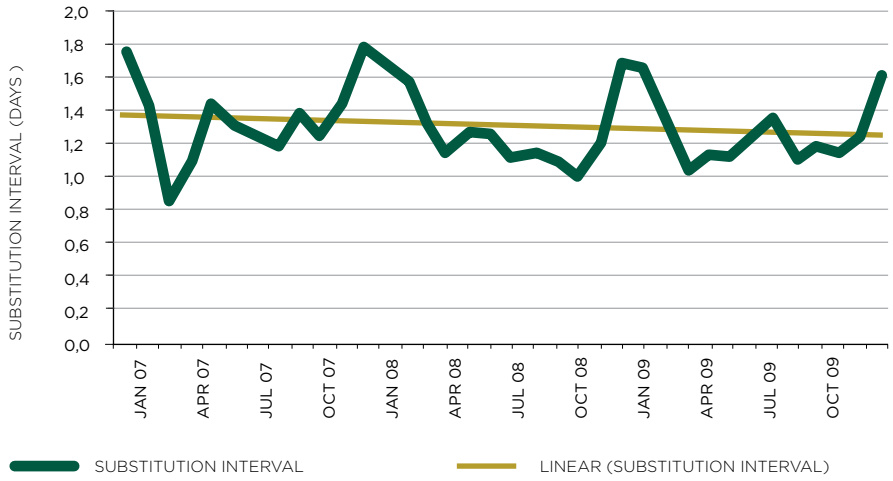
→ GRAPH 07
AVERAGE STAY AND NUMBER OF DEPARTURES, 2007 TO 2009



→ GRAPH 08
TURNOVER RATE AND LINEAR TREND



→ GRAPH 09
SUBSTITUTION INTERVAL RATE AND LINEAR TREND, 2007 TO 2009



Source: ANAHP: Projeto Melhores Práticas Assistenciais. 2009.

→ TABLE 03

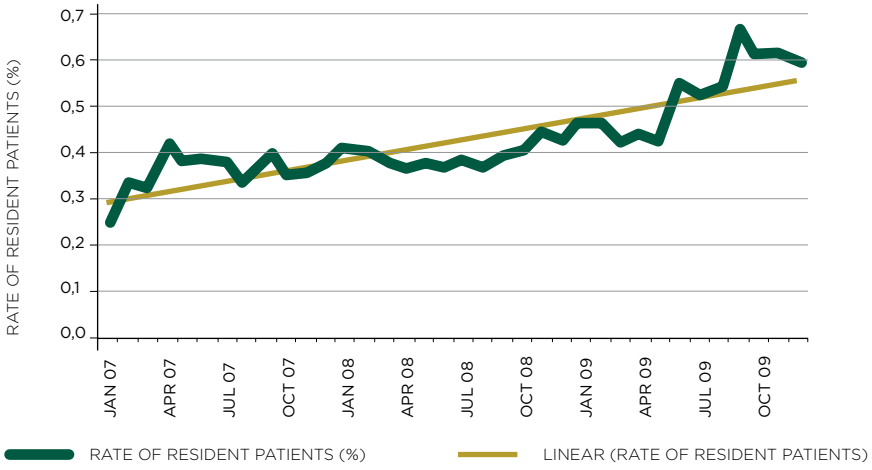
NUMBER OF HOSPITAL DEPARTURES ACCORDING TO GENDER - 2005 TO 2009

GENDER	2005		2006		2007		2008		2009	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Female	203.750	59,4	192.606	59,6	239.983	57,1	227.413	61,9	245.290	60,2
Male	139.221	40,6	130.566	40,4	163.383	38,9	140.129	38,1	162.127	39,8
Ignored	80	0,0	120	0,0	16.777	4,0	34	0,0	109	0,0
TOTAL	**343.051**	**100,0**	**323.292**	**100,0**	**420.143**	**100,0**	**367.576**	**100,0**	**407.526**	**100,0**

Source: ANAHP: Projeto Melhores Práticas Assistenciais. 2009.

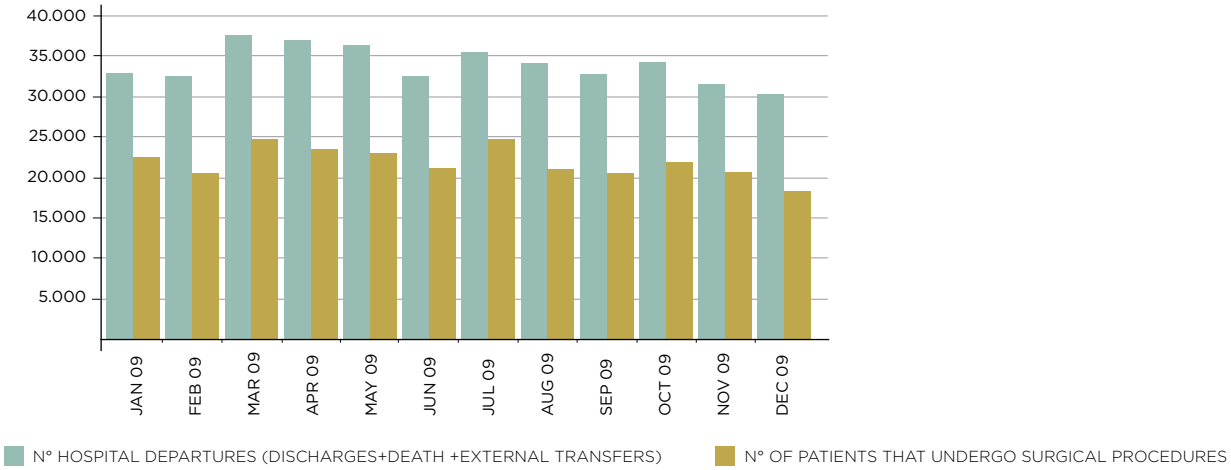
→ GRAPH 10

RATE OF RESIDENT PATIENTS IN HOSPITAL (> 90 DAYS OF HOSPITALIZATION) AND LINEAR TREND, 2007 TO 2009.



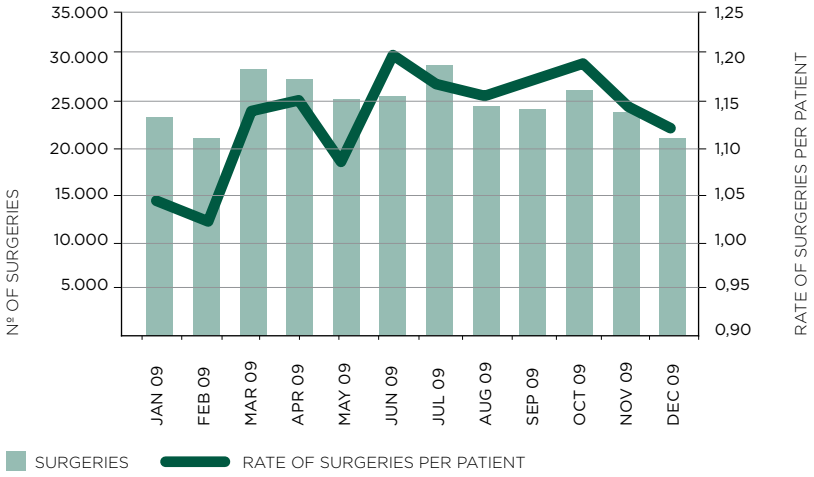
→ GRAPH 11

NUMBER OF DEPARTURES AND NUMBER OF PATIENTS THAT UNDERGO SURGERY, 2009

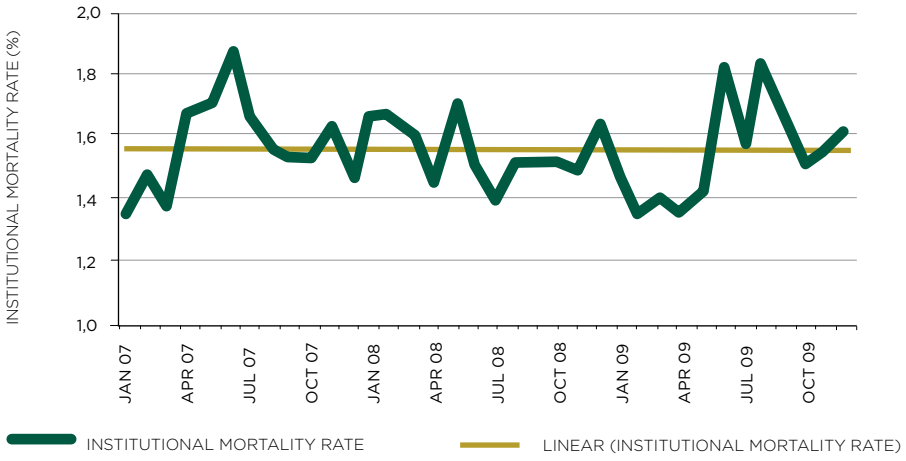


Source: ANAHP: Projeto Melhores Práticas Assistenciais. 2009.

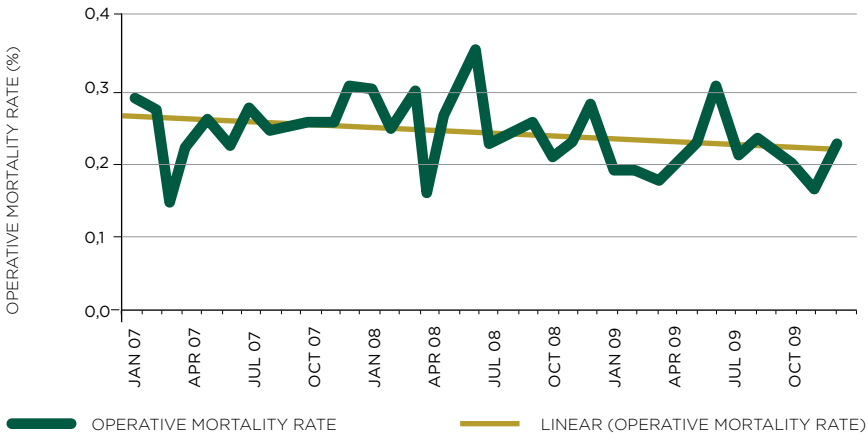
→ GRAPH 12
NUMBER OF SURGERIES AND RATE OF SURGERIES PER PATIENT, 2009



→ GRAPH 13
INSTITUTIONAL MORTALITY RATE AND LINEAR TREND, 2007 TO 2009



→ GRAPH 14
OPERATIVE MORTALITY RATE AND LINEAR TREND, 2007 TO 2009



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

QUALITY AND SAFETY INDICATORS

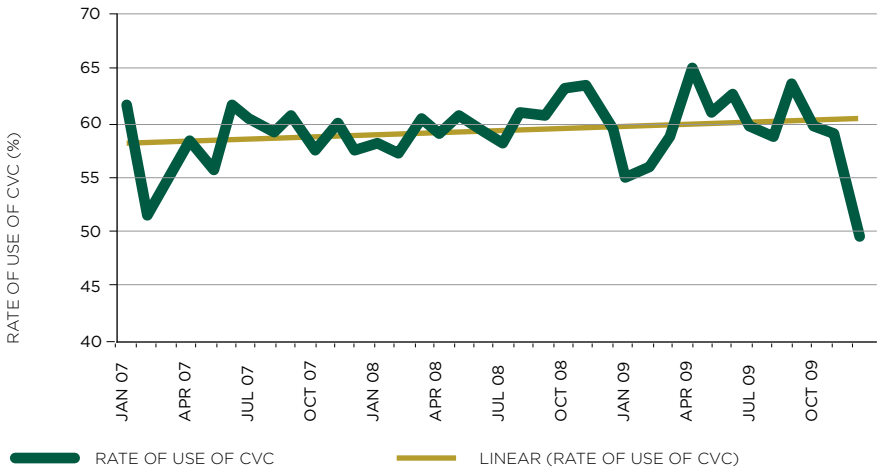
Evidence of safety in the healthcare environment lies in the hospital infection indicators. The Hospital infection incidence density rate is directly related to the rate of use of invasive procedures in the intensive care units. An uptrend is observed, although slight, in the rate of use of central venous catheter in the adult intensive care units (graph 15).

On the other hand, increases are therefore to be expected in the hospital infection incidence density rate in intensive care units, and in the hospital infection incidence density rate associated with use of central venous catheter.

At the member hospitals a linear trend of

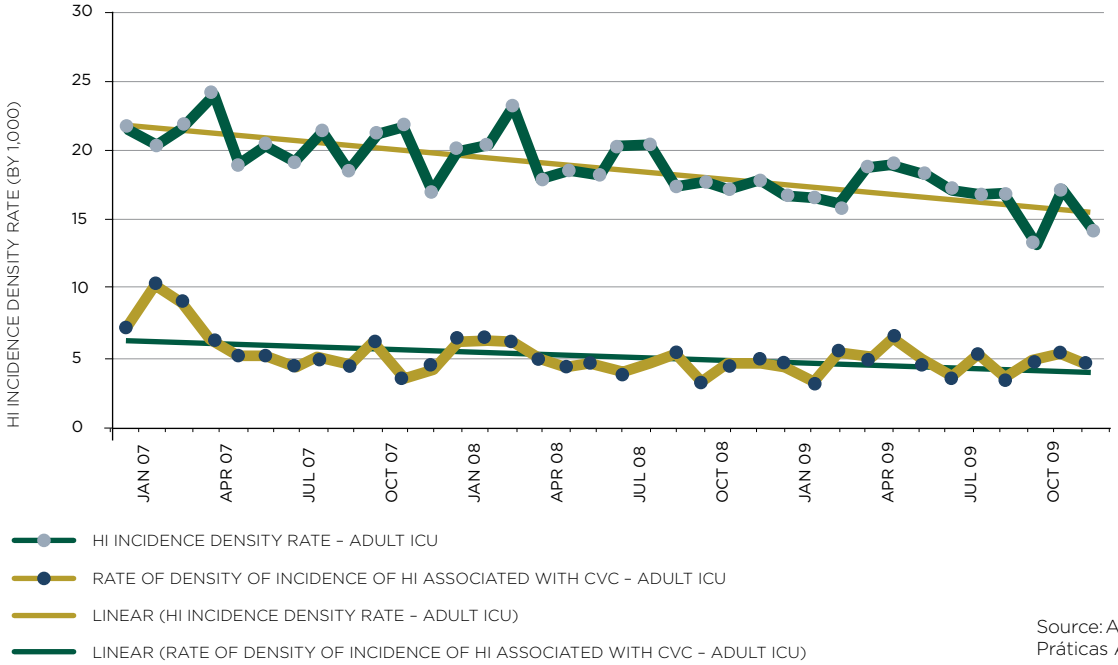
→ GRAPH 15

RATE OF USE OF CENTRAL VENOUS CATHETER IN ADULT ICUS, 2007 TO 2009



→ GRAPH 16

HI INCIDENCE DENSITY RATE IN ADULT ICUS AND RATE OF DENSITY OF INCIDENCE OF HI ASSOCIATED WITH CVC IN THE ADULT ICUS AND RESPECTIVE LINEAR TRENDS, 2007 TO 2009



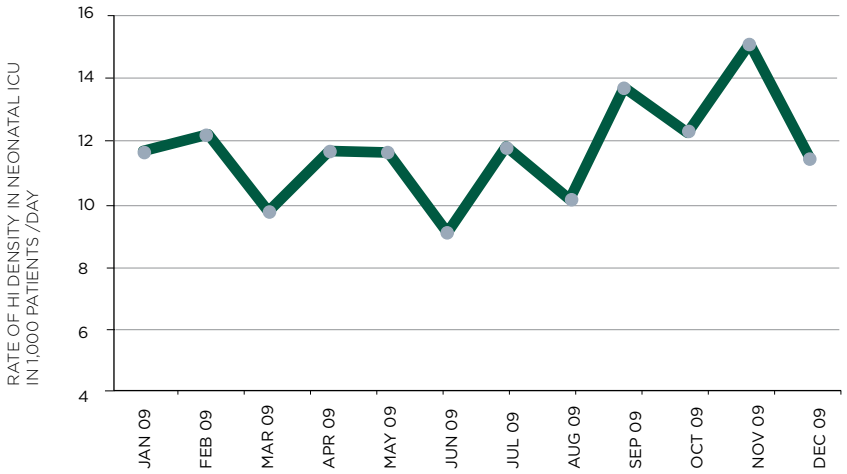
Source: ANAHP: Projeto Melhores Práticas Assistenciais. 2009.

decrease of hospital infection incidence density rates was observed in the Adult Intensive Care Units and slightly less accentuated trend in the hospital infection incidence density rate associated with central venous catheter (graph 16).

These results evidence that the quality of care provided at ANAHP hospitals has improved. The parameters of hospital infection indicators used as a goal are respectively 18/1,000 patients-day for hospital infection incidence density rate in the Adult ICU and 3.5/1,000 catheters-day for incidence density rate associated with central venous catheter.

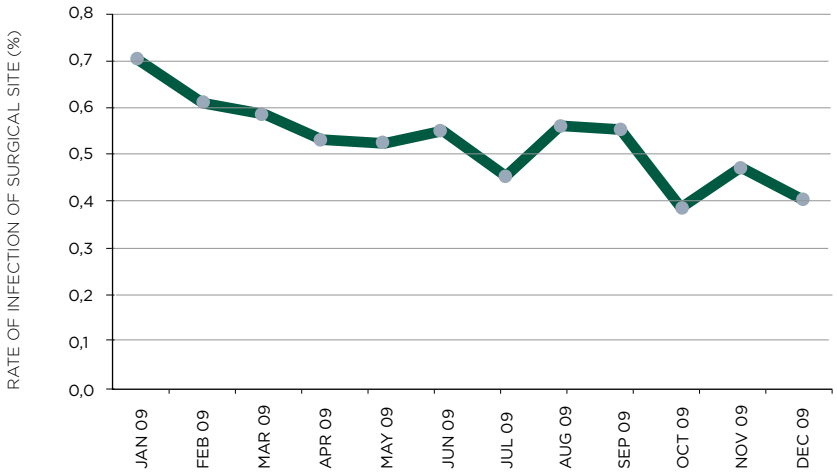
→ GRAPH 17

HOSPITAL INFECTCION INCIDENCE DENSITY RATE IN NEONATAL ICUS, 2009



→ GRAPH 18

RATE OF INFECTION OF SURGICAL SITE, 2009



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

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→ TABLE 4
CARE PERFORMANCE, QUALITY AND SAFETY INDICATORS

INDICATORS	2007	2008				
			JAN	FEB	MAR	
N° of Beds Installed	5.513	6.272	6.718	6.721	6.774	
N° of Operational Beds	5.047	6.040	6.436	6.453	6.491	
Operational Beds -day	1.824.735	2.187.619	197.786	180.640	199.017	
N° of Operating Theaters	286	331	357	357	356	
N° of Patients-day	1.387.365	1.675.829	142.675	137.263	159.813	
N° Hospital departures	323.830	396.564	32.741	32.602	37.648	
N° of Patients staying for 90 days or more	1.140	1.552	149	151	158	
N° of Deaths >= 24hrs	5.054	6.121	481	437	527	
Nº Total de Óbitos	6.426	7.927	627	569	699	
N° of Patients Undergoing Surgical Procedures	215.608	258.941	22.355	20.638	25.084	
Total N° of Surgeries	ND	ND	23.206	21.033	28.657	
N° of Surgical Deaths	525	657	40	38	44	
N° of Hospital Infections – Adult ICU	3.576	4.296	335	301	331	
N° of Hospital Infections associated with Central Venous Catheter – Adult ICU	582	660	48	37	66	
N° of patients-day – Adult ICU	174.433	223.795	19.557	18.264	20.824	
N° of catheters-day – Adult ICU	101.223	134.285	10.747	10.217	12.209	
N° of Hospital Infections – Neonatal ICU	ND	ND	80	73	69	
N° of patients-day – Neonatal ICU	ND	ND	6.779	5.993	6.927	
N° of Clean Surgeries	ND	ND	12.001	11.416	13.436	
N° of Infections at Surgical Site	ND	ND	84	69	78	
Occupancy Rate (%)	76,0	76,6	72,1	76,0	80,3	
Average Stay (in days)	4,3	4,2	4,4	4,2	4,2	
Hospital Infection Density Rate – Adult ICU (in 1,000 patients-day)	20,6	19,1	17,1	16,5	15,9	
Rate of Density of HI Incidence Associated with Central Venous Catheter - Adult ICU (in 1,000 catheters-day)	5,9	4,9	4,5	3,6	5,4	
Hospital Infection Density Rate – Neonatal ICU (in 1,000 patients-day)	ND	ND	11,8	12,2	10,0	
Rate of Infection at Surgical Site (%)	ND	ND	0,7	0,6	0,6	
Rate of Institutional Mortality (>= 24h) (%)	1,6	1,5	1,5	1,3	1,4	
Rate of Operative Mortality (up to 7 days after the Surgical Proc.) (%)	0,2	0,3	0,2	0,2	0,2	
Turnover Rate (Departures/Beds)	5,3	5,5	5,1	5,1	5,8	
Substitution Interval Rate (in days)	1,4	1,3	1,7	1,3	1,0	
Rate of Resident Patients in Hospital (> 90 days) (%)	0,35	0,39	0,46	0,46	0,42	
Rate of Use of CVC - Adult ICU (%)	58,0	60,1	55,0	55,9	58,6	
Rate of Surgical Procedures by Departures (%)	ND	ND	68,3	63,3	66,6	
Rate of Surgeries by Patient	ND	ND	1,04	1,02	1,14	

Source: ANAHP - Projeto Melhores Práticas Assistenciais, 2009.

	2009									
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL
	6.822	6.679	6.446	6.239	6.223	6.245	6.239	6.241	6.090	**6.453**
	6.519	6.409	6.161	5.940	5.927	5.866	5.917	5.927	5.680	**6.144**
	194.132	197.630	183.371	184.291	183.684	176.510	183.250	177.188	177.015	**2.234.514**
	357	351	345	319	319	319	320	314	289	**333,6**
	151.788	155.879	141.840	135.526	145.226	137.470	143.420	137.675	127.866	**1.716.441**
	36.849	36.434	32.614	35.868	34.165	32.815	34.309	31.845	30.418	**408.308**
	162	153	179	189	184	217	209	194	182	**2.127**
	496	515	589	555	621	545	515	489	489	**6.259**
	662	655	670	653	742	630	601	558	528	**7.594**
	23.732	23.130	21.345	24.880	21.111	20.528	22.255	20.768	18.545	**264.371**
	27.280	25.141	25.606	29.136	24.495	24.169	26.540	23.948	20.894	**300.105**
	48	51	65	52	49	43	44	35	43	**552**
	345	377	319	297	280	272	224	260	217	**3.558**
	60	77	50	40	50	35	45	48	34	**590**
	18.274	19.922	17.473	17.478	16.703	16.313	16.680	15.463	15.112	**212.063**
	11.812	12.097	10.993	10.390	9.827	10.402	9.966	9.160	7.607	**125.427**
	82	81	67	70	67	85	77	87	71	**909**
	7.030	6.955	7.348	5.913	6.507	6.198	6.234	5.764	6.221	**77.869**
	12.516	12.883	11.713	13.864	11.589	11.126	14.451	11.240	8.656	**144.891**
	66	67	64	63	64	62	55	52	35	**759**
	78,2	78,9	77,4	73,5	79,1	77,9	78,3	77,7	72,2	**76,8**
	4,1	4,3	4,3	3,8	4,3	4,2	4,2	4,3	4,2	**4,2**
	18,9	18,9	18,3	17,0	16,8	16,7	13,4	16,8	14,4	**16,7**
	5,1	6,4	4,5	3,8	5,1	3,4	4,5	5,2	4,5	**4,7**
	11,7	11,6	9,1	11,8	10,3	13,7	12,4	15,1	11,4	**11,8**
	0,5	0,5	0,5	0,5	0,6	0,6	0,4	0,5	0,4	**0,5**
	1,3	1,4	1,8	1,5	1,8	1,7	1,5	1,5	1,6	**1,5**
	0,2	0,2	0,3	0,2	0,2	0,2	0,2	0,2	0,2	**0,2**
	5,7	5,7	5,3	6,0	5,8	5,6	5,8	5,4	5,4	**5,5**
	1,1	1,1	1,3	1,4	1,1	1,2	1,2	1,2	1,6	**1,3**
	0,44	0,42	0,55	0,53	0,54	0,66	0,61	0,61	0,60	**0,52**
	64,6	60,7	62,9	59,4	58,8	63,8	59,7	59,2	50,3	**59,1**
	64,4	63,5	65,4	69,4	61,8	62,6	64,9	65,2	61,0	**64,7**
	1,15	1,09	1,20	1,17	1,16	1,18	1,19	1,15	1,13	**1,13**

SELECTED PATHOLOGIES INDICATORS (MARKERS)

→ ACUTE MYOCARDIAL INFARCTION

Circulatory system diseases are the first cause of death in all Brazilian regions and corresponded to the mortality coefficient of 162.9 per 100,000 inhabitants in 2007. Acute Myocardial Infarction is the second cause of death in Brazil and the first in the Southeast and Southern regions, among circulatory system diseases. At ANAHP hospitals they have represented between 10 and 11% of the hospitalization demand in recent years. Technological advances were determinants in mortality reduction, especially when the case is quickly identified and angioplasty is performed within up to 90 minutes after the patient's arrival at hospital.

The recording of cases of the Acute Myocardial Infarction protocol monitored in the PMPA has improved over time, either in the precision of information or in the type of detailing of care quality indicators. This improvement is due to the hospitals' investment in the more precise identification of cases and in the type of information sent to the PMPA. In 2007, 15 hospitals informed details, totaling 2061 cases of Acute Myocardial Infarction. During 2007 we held several discussions with revision of the method of identification of cases to make the records more trustworthy. In 2008, we received information from 20 hospitals and in 2009, from 25.

The number of cases recorded in 2008 totaled 1395 and in 2009, 1776 with 505 cases of infarction with ST segment elevation, information that began to be collected separately as of 2009. Since 2008 the recording of cases has become more trustworthy, one of the reasons for the decrease in the number of cases monitored.

The results of the Best Care Practices Project of 2009 indicate an average time of 110 minutes (min. 69min and max. 155min.) between arrival and performance of primary angioplasty for cases of Acute Myocardial Infarction with ST segment elevation. In graph 19 it is possible to see one of the impacts of the adoption of clinical protocols; less variability in healthcare results. Even if the door-to-balloon time is above that recommended, which is 90 minutes, we can observe a linear downtrend of results and a significant difference in the variability of this indicator, between 2008 and 2009. In relation to the primary angioplasty rate, excluding the first two months of the year, the mean value observed was 74.5%, with variation between 47.5% and 90.9% (graph 20).

The average stay for cases of AMI in 2009 was 7.0 days, ranging from 5.2 to 9.4 days. The value recommended as standard, according to international guidelines, is from 6 to 8 days. It is also possible to observe a decrease of variability in the comparison with previous years, keeping track of the performance of the other AMI indicators (graph 21).

The rate of aspirin upon discharge presents an uptrend (graph 22), with 53.6% (min. 43.6% and max. 69.9%) of the cases receiving aspirin upon discharge in 2009. This finding is below that recommended yet compatible with other national studies. In the USA the results point toward this indicator for the 80 to 85% range.

The mortality rate presents results with a downtrend, although discrete, with average of 6.9% (min. 4.3% and max. 10.5%) within the limits expected for this kind of patient (graph 23). It is worth emphasizing that the national data indicates a mortality rate ranging between 10 and 15%. Knowledge of the population, speedy access to the health service and prompt identification of cases in Emergency Care contribute to lower mortality rates, which also indirectly evidences a reduction of the social cost of this disease in the system.

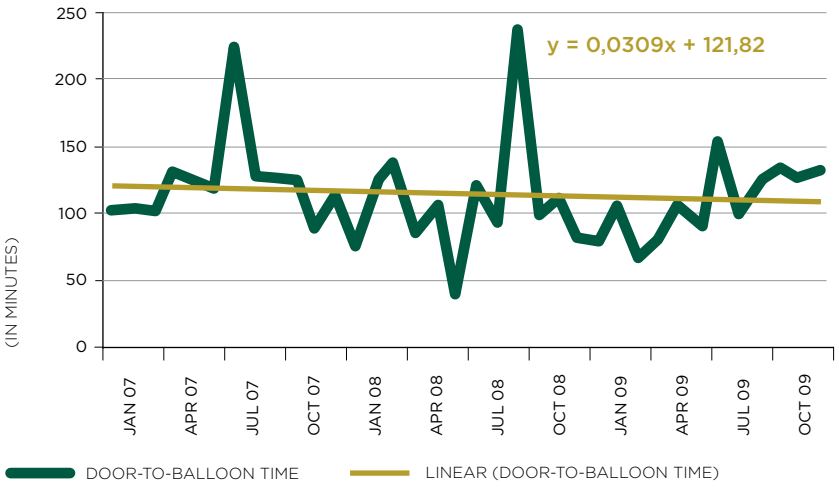
→ ISCHEMIC CEREBRAL VASCULAR ACCIDENT

Cerebrovascular diseases represent the first cause among diseases of the circulatory system in Brazil, and in the South and Southeast regions the second, after ischemic diseases in which Acute Myocardial Infarction is predominant. Among cerebrovascular diseases, Ischemic Cerebral Vascular Accident (ICVA) is responsible for roughly 70% to 75% of cases. The aging of the population contributes to a greater incidence of cases, keeping abreast of the increase in the prevalence of systemic arterial hypertension in the population over 50 years of age.

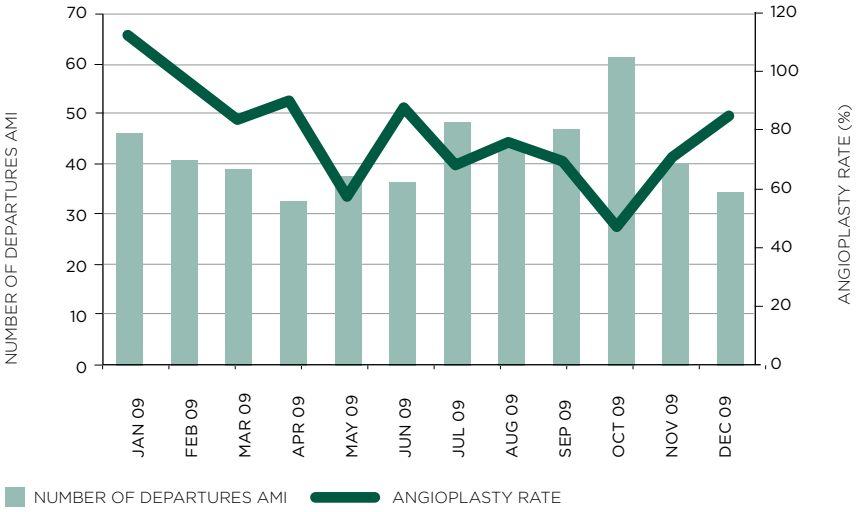
The immediate visit to the health service when symptoms first appear and the fast identification of cases at the entrance to the emergency service are determinant elements in the patient's immediate evolution and in quality of life after hospitalization. Tomography performance is also an indicator widely used internationally to evaluate the health service system.

Diagnosis standardization, unlike what happens in Acute Myocardial Infarction, is lower, especially in our field. Several ANAHP hospitals have well structured programs to deal with these cases, which means that the information gathered is more trustworthy, yet the number of hospitals that send this

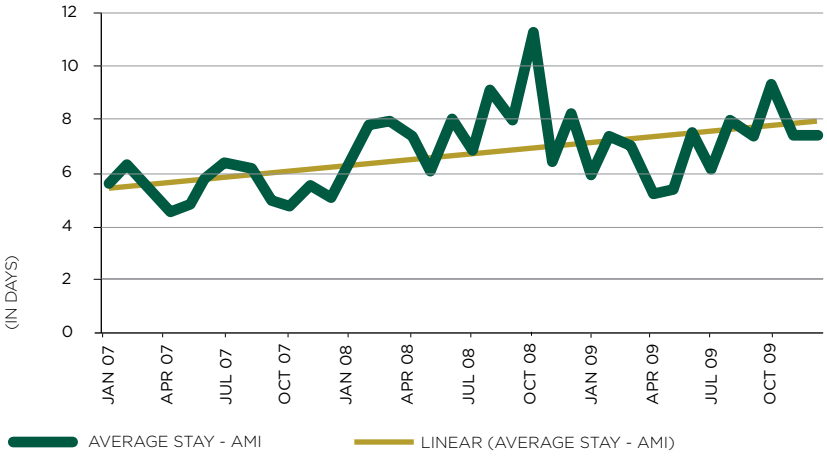
→ GRAPH 19
DOOR-TO-BALLOON TIME AND LINEAR TREND, 2007 TO 2009



→ GRAPH 20
NUMBER OF DEPARTURES AND ANGIOPLASTY RATE IN PATIENTS WITH AMI WITH ST SEGMENT ELEVATION 2009



→ GRAPH 21
AVERAGE STAY OF PATIENTS WITH AMI AND LINEAR TREND, 2007 TO 2009



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

indicator is lower, remaining at the level of 20 hospitals since 2008.

The number of recorded cases has grown, going from 1,516 in 2007, to 1,620 In 2008 and 1,856 in 2009. Last year we began to identify cases eligible for thrombolisis, which corresponded to 57 cases in 2009.

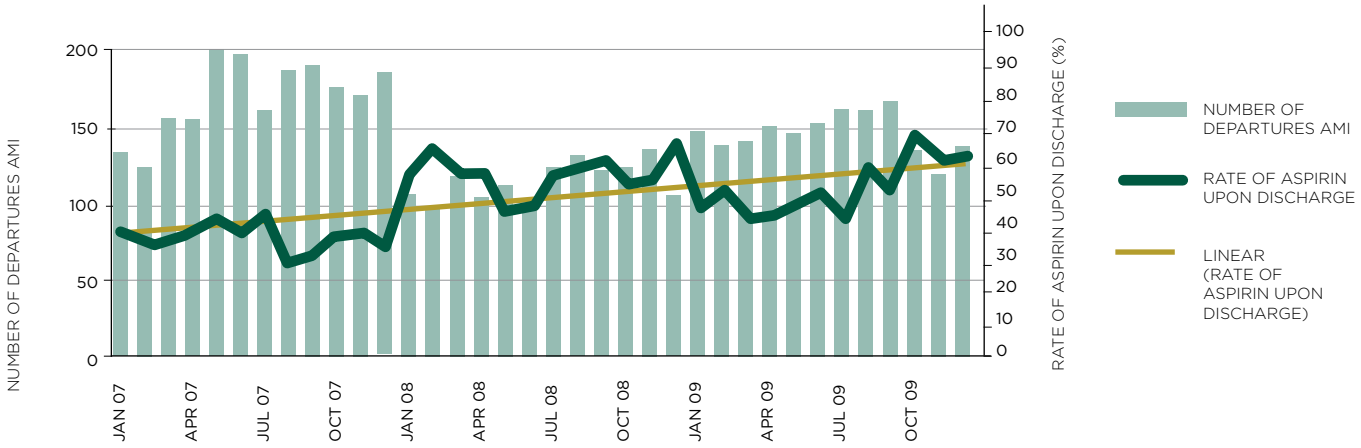
A downtrend is identified for the door-to-tomography time (door-CT), with mean value of 122 minutes observed in 2007, of 102 minutes in 2008 and of 97 minutes in 2009. The linear trend in the period is a downslide as presented in graph 24. The recommended goal is 30 minutes according to standards of best practices (AHRQ - www.ahrq.gov - and Projeto Diretrizes - Brazilian Medical Association). These findings indicate the necessity for greater investments with interventions at the hospitals and teams to make the results more adequate. The average stay for this type of patient exhibits a growth trend in the period, whereas the average in 2009 is 11 days (graph 26). One of the elements that influence the Average Stay is the rehabilitation rearguard, which has a heterogeneous structure among the hospitals. The mortality rate in 2009 was 8%. A discrete growth trend is observed in the series. In 2007 and 2008 the Mortality Rate was 7.6%.

Considering this, the increase of the number of cases was 15% between 2009 and 2008.

The length of stay grew 5.7% and the mortality rate observed was 5.3% in the same period. It is possible to assume that these variations should be related to the greater severity of cases (age and comorbidity - hypertension and diabetes). The increase of the length of stay for treatment of these cases might be indicating an improvement in the care provided to patients.

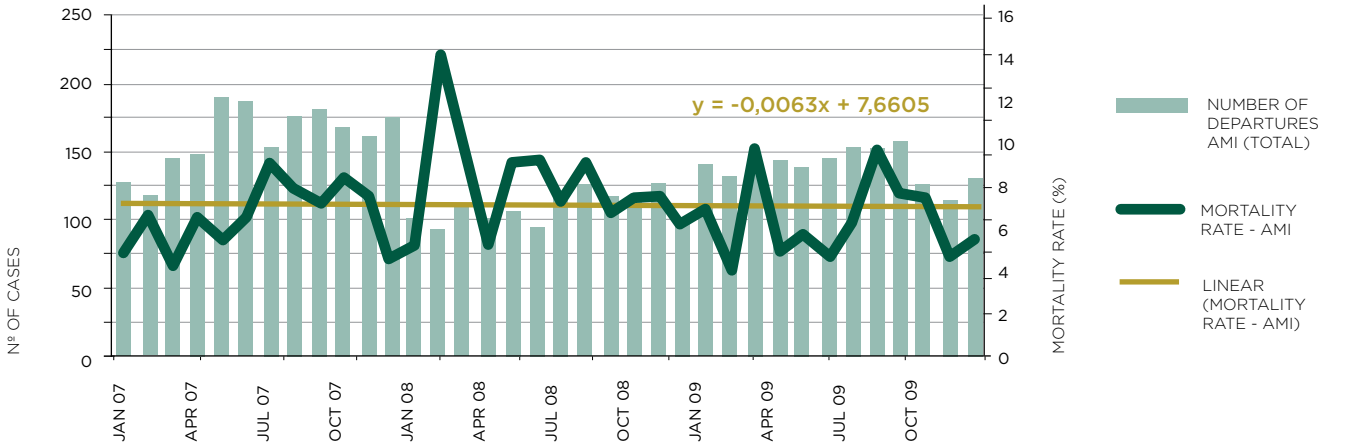
→ GRAPH 22

RATE OF ASPIRIN UPON DISCHARGE OF PATIENTS WITH AMI, ITS LINEAR TREND AND THE NUMBER OF DEPARTURES, 2007 TO 2009.



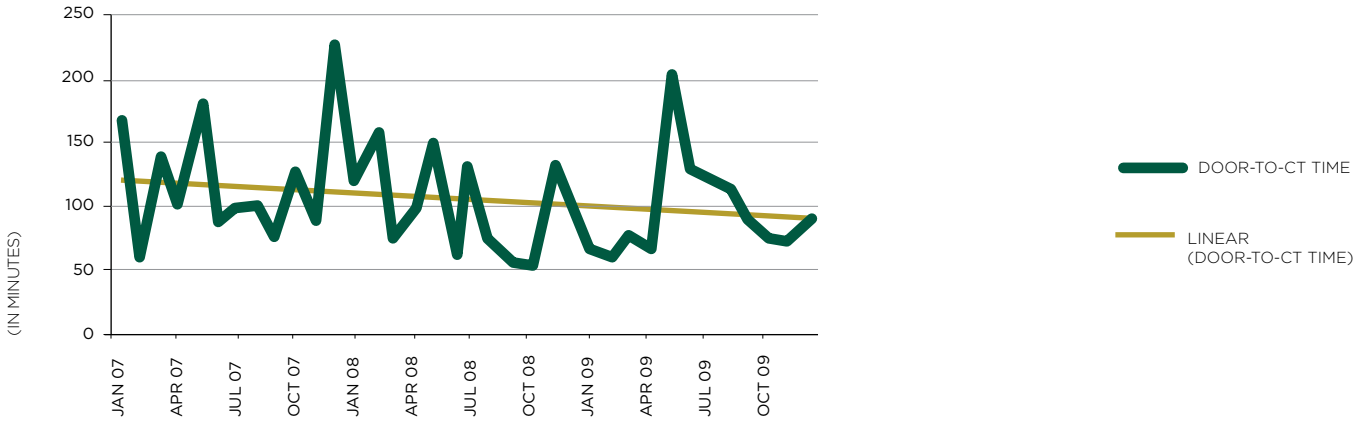
→ GRAPH 23

NUMBER OF CASES OF AMI, MORTALITY RATE (%) AND LINEAR TREND, 2007 TO 2009



→ GRAPH 24

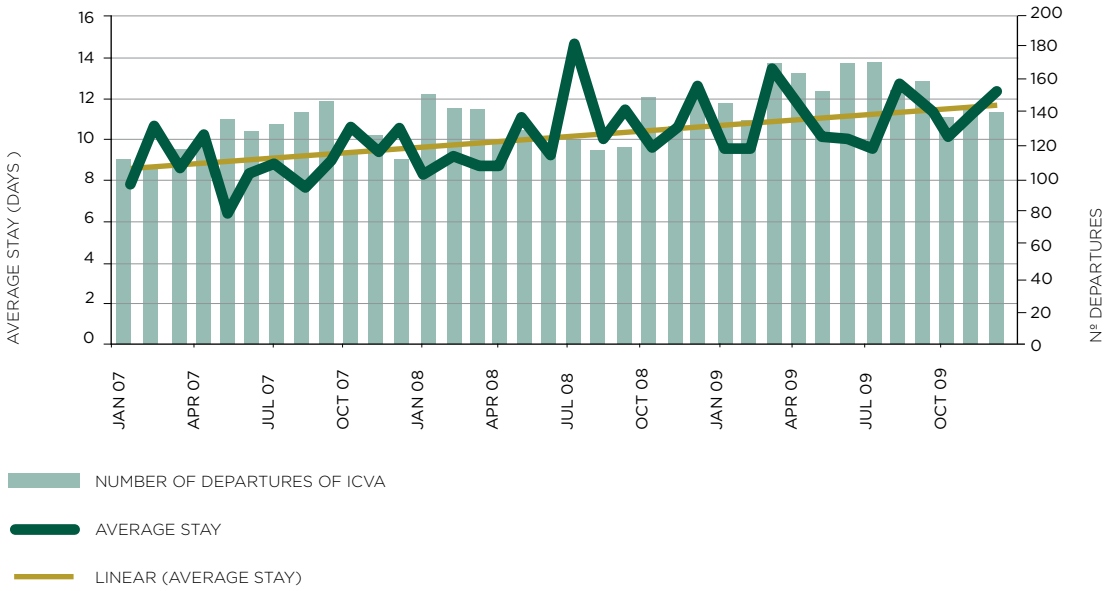
DOOR-TO-CT TIME OF PATIENTS WITH ICVA AND LINEAR TREND, 2007 TO 2009



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

→ GRAPH 25

NUMBER OF DEPARTURES, AVERAGE STAY AND LINEAR TREND OF PATIENTS WITH ICVA, 2007 TO 2009.



→ COMMUNITY-ACQUIRED PNEUMONIA (CAP) IN CHILDREN (UNDER 13 YEARS OF AGE)

Community-Acquired Pneumonia in Children has been exhibiting decreasing hospitalization rates in our field, with predominance of outpatient supervision for the vast majority of cases. Nevertheless, there are precise hospitalization indications. Of the 21 hospitals that have pediatric care, 15 routinely inform CAP data and indicators in children under 13 years of age. At these hospitals a variation is observed in the volume of hospital admissions between 2007 and 2009. A total 2,225 cases of CAP in children were hospitalized in 2007, with 1,775 in 2008 and 2,115 cases in 2009. The number of hospitals that informed the data remained the same throughout the period. Seasonal variation is observed, with a peak in August 2007 and 2009 and in May 2008. The average stay was 5.1 days (min. 3.4 and max. 7.7), above that recommended by AHRQ (graph 27). The adequate antibiotic therapy rate for treatment of pneumonia in children presents a linear uptrend, having varied from 23.3% to 45.4% in 2009. Management, as recommended, merits special attention and has been one of the aspects prioritized in the management of the hospitals' clinical teams (graph 28). The mortality rate values should be below 1%, according to standards recommended by international guidelines. At ANAHP hospitals, the rate was 0.9%.

→ COMMUNITY-ACQUIRED PNEUMONIA (CAP) IN ADULTS

The volume of Community-Acquired Pneumonia (CAP) cases in Adults dropped in 2008 and resumed its growth in 2009. It is possible to observe the impact of cases of H1N1 influenza, especially in August, which is in line with the increase of hospitalizations of cases of this influenza with a profile of Severe Acute Respiratory Syndrome (SARS). Between 2007 and 2009, 17 to 19 hospitals informed CAP data and indicators in adults. In 2009, 4,789 cases of CAP were recorded in adults, with 3,104 over the age of 60.

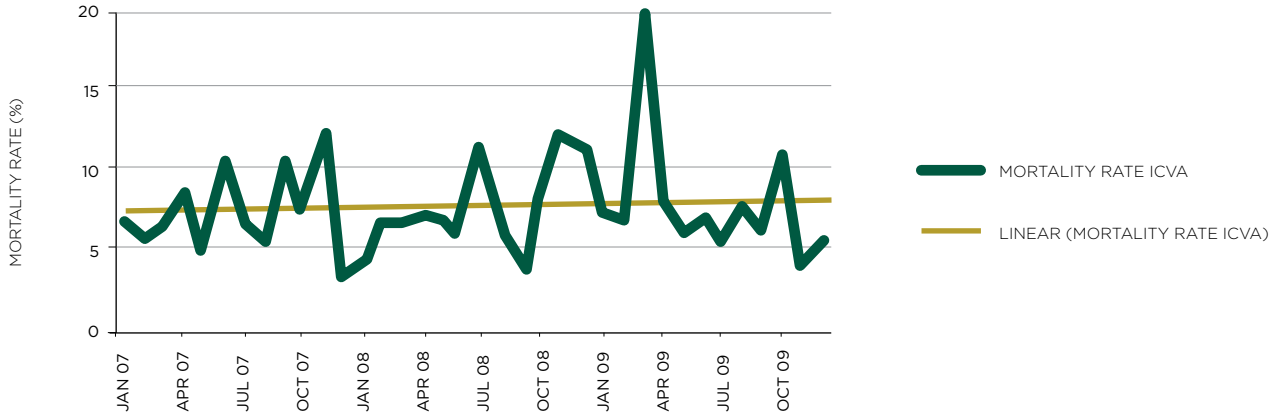
The average stay has increased since 2007, and was 9.9 days in 2009. As of 2008 less variation is observed in the average stay, indicating greater standardization in the handling of these cases (graph 29). To characterize the group at risk for pneumonia better, in January 2009 the hospitals started to identify the volume of cases over 60 years of age with CAP. In graph 30 it is possible to perceive the contribution of these cases, among the total group of cases of CAP in adults. It is important to emphasize that they represent about 70 to 75% of the cases, except in July, August and September 2009, which became 54 to 58% of the cases of CAP in adults, reflecting the H1N1 influenza epidemic, as mentioned above.

The age of the inpatients and respective severity of their condition imply an Average Stay differentiated by age. For those over 60 years of age an average stay of 11.6 day was observed (min. 9.3 and max. 16 days), while for adults under 60, the Average Stay was 7 days (min. 5.1 and max. 10.7 days).

The Mortality Rate grew discretely

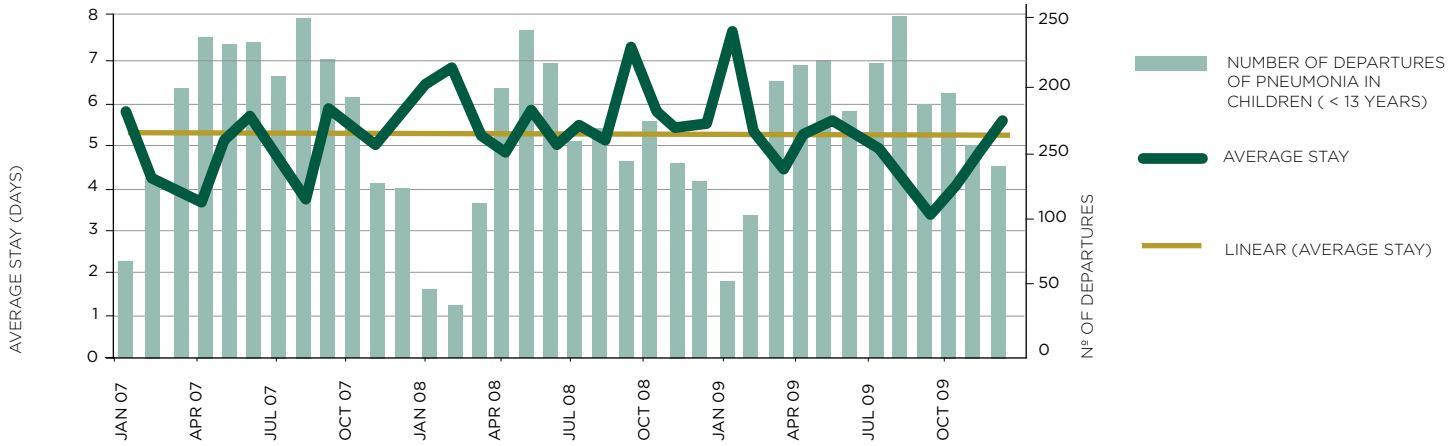
→ GRAPH 26

MORTALITY RATE OF PATIENTS WITH ICVA AND LINEAR TREND, 2007 TO 2009.



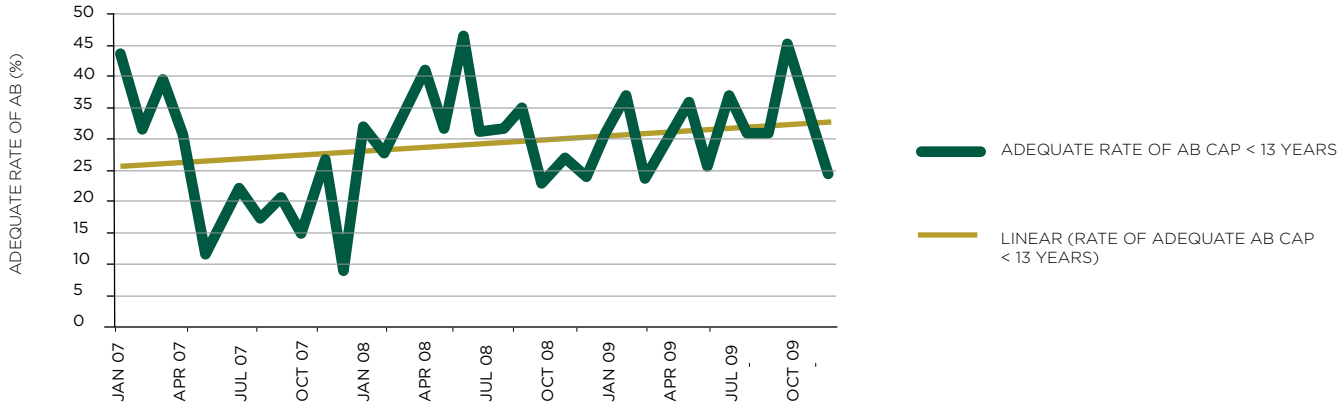
→ GRAPH 27

AVERAGE STAY OF PATIENTS < 13 YEARS WITH CAP, LINEAR TREND AND N° OF DEPARTURES, 2007 TO 2009.



→ GRAPH 28

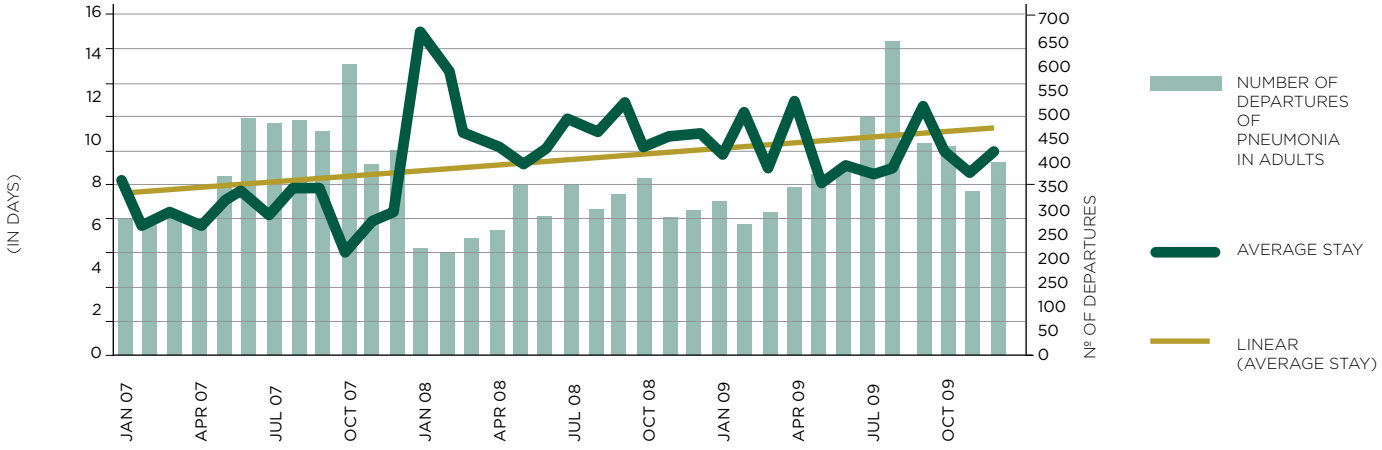
RATE OF USE OF ADEQUATE ANTIBIOTIC THERAPY IN PATIENTS <13 YEARS WITH CAP, LINEAR TREND AND NUMBER OF DEPARTURES, 2007 TO 2009.



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

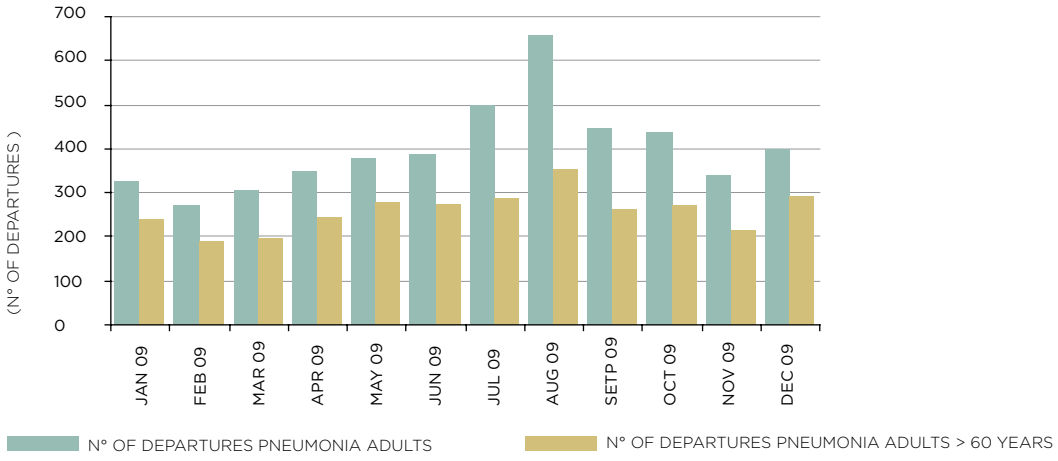
→ GRAPH 29

AVERAGE STAY OF ADULT PATIENTS WITH CAP, ITS LINEAR TREND AND NUMBER OF DEPARTURES, 2007 TO 2009.



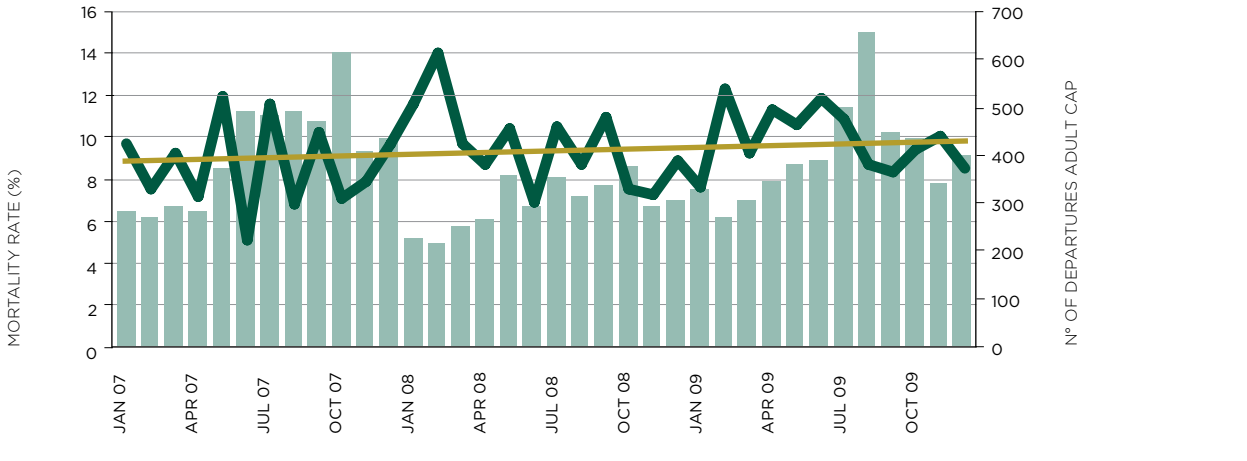
→ GRAPH 30

NUMBER OF DEPARTURES OF (COMMUNITY-ACQUIRED) PNEUMONIA IN ADULTS AND IN THE GROUP OF INDIVIDUALS OVER 60 YEARS OF AGE, 2009.



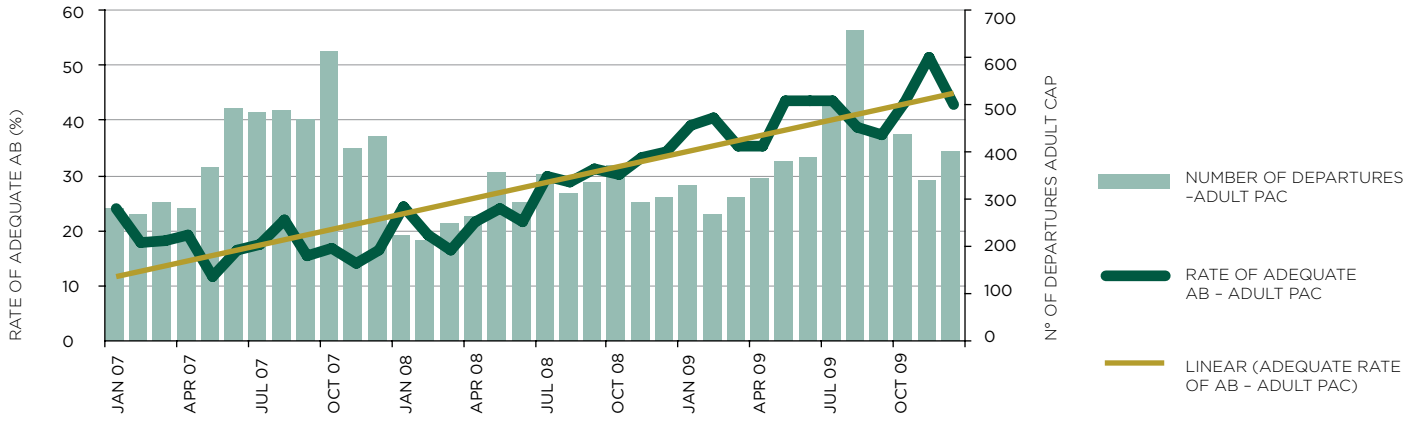
→ GRAPH 31

MORTALITY RATE OF ADULT PATIENTS WITH CAP, ITS LINEAR TREND, 2007 TO 2009.



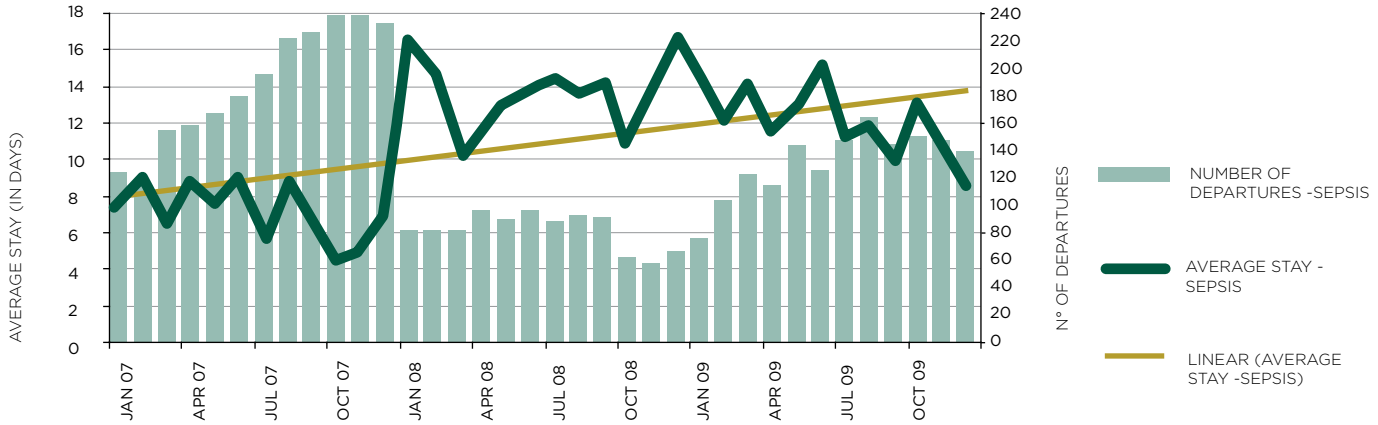
→ GRAPH 32

ADEQUATE ANTIBIOTIC THERAPY USE RATE IN ADULT PATIENTS WITH CAP, ITS LINEAR TREND AND NUMBER OF DEPARTURES, 2007 TO 2009.



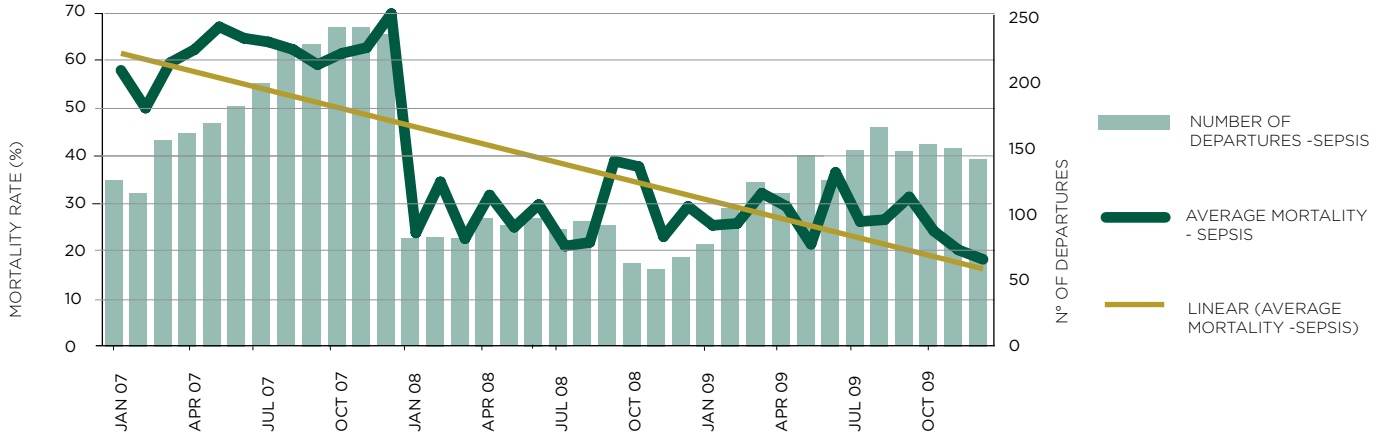
→ GRAPH 33

AVERAGE STAY OF PATIENTS WITH SEPSIS, ITS LINEAR TREND AND THE NUMBER OF DEPARTURES, 2007 TO 2009



→ GRAPH 34

MORTALITY RATE OF PATIENTS WITH SEPSIS, ITS LINEAR TREND AND THE NUMBER OF DEPARTURES, 2007 TO 2009.



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

having varied in the 36 months between 5.1 and 14% (graph 31). The mean in 2009 was 9.9%, which is below the value recommended by AHRQ.

In relation to the adequate antibiotic therapy rate (graph 32), investments were made in the improvement of records on this information in 2007 and 2008. A linear uptrend is observed with variation in 2009 from 35% to 51% for adaptation of antibiotic therapy in these cases.

As already emphasized, this pathology merits an investment in the pursuit of better healthcare results.

Twenty-one hospitals informed data and indicators for Septicemias. In 2009 (1,579 cases) an increase of the number of cases of Sepsis recorded is observed in comparison with 2008 (984 cases). The average length of stay at the hospitals ranged from 8.9 to 15.2 days, in 2009, with values below those observed in 2008 (graph 33). These findings are in line with the standard recommended by AHRQ and by the Latin American Sepsis Institute (ILAS).

The mortality rate observed presents linear downtrend with average value of 26% during the year 2009. This result is below that expected by the standards, which is from 30 to 50%.

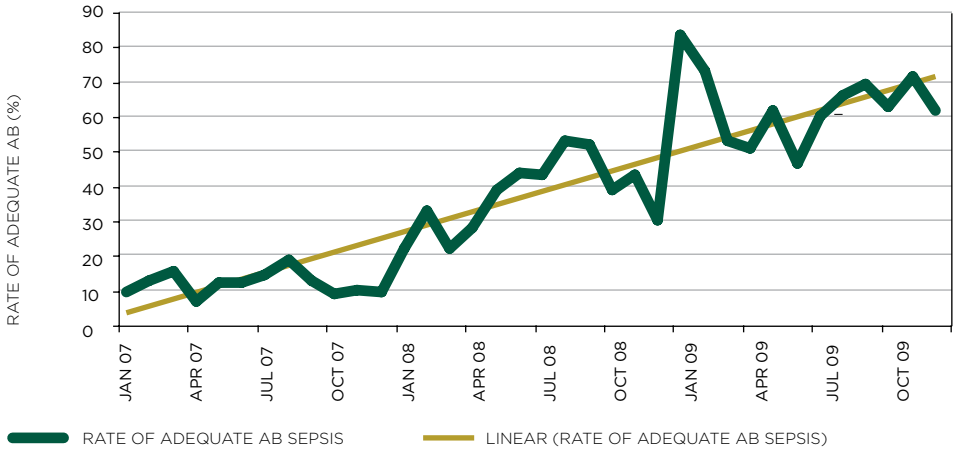
The lower variability in the Mortality Rate and the significant increase in the adequate antibiotic therapy rate reflect the hospitals' heavy investment in the deployment of safety actions and in the pursuit of excellence in the handling of this kind of case.

This impact on the average stay and on mortality, determines a lower cost for the system of health services and diminishes the social impact of this disease in our field.

→ SEPTICEMIAS (SEPSIS)

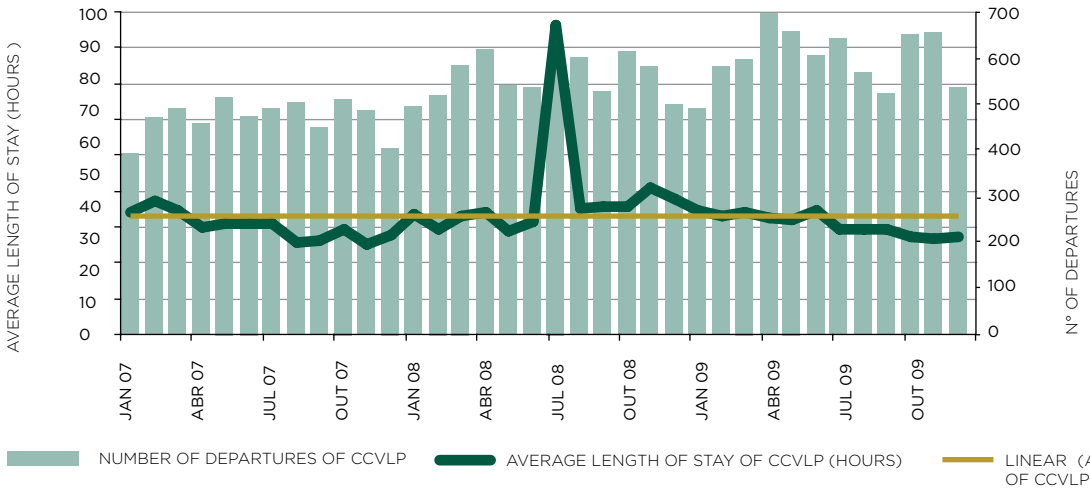
→ GRAPH 35

ADEQUATE ANTIBIOTIC THERAPY USE RATE IN PATIENTS WITH SEPSIS AND LINEAR TREND, 2007 TO 2009



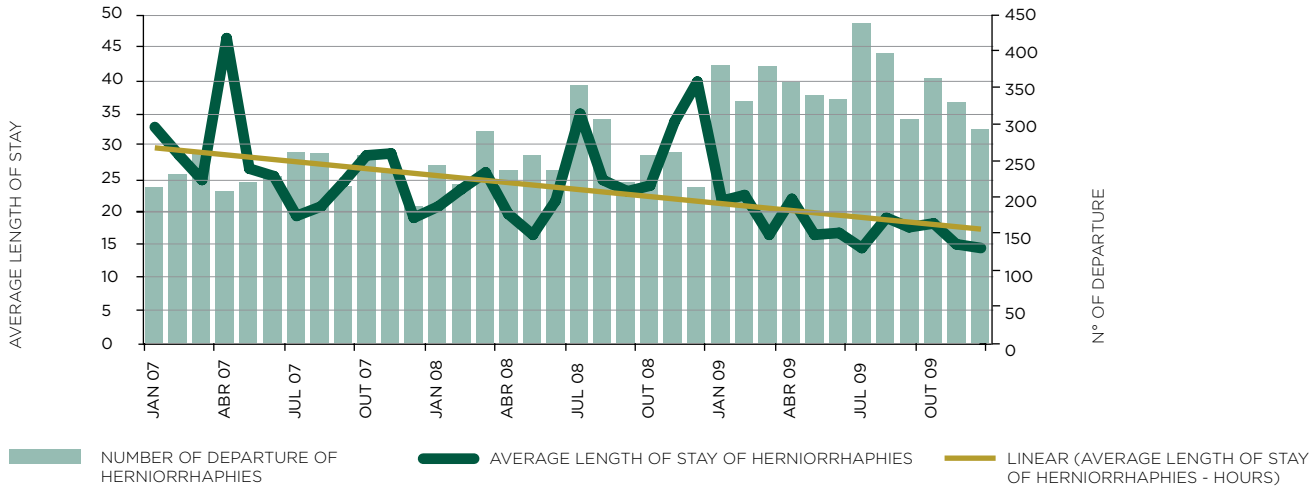
→ GRAPH 36

AVERAGE LENGTH OF STAY (HOURS) OF PATIENTS UNDERGOING CCVLP?, ITS LINEAR TREND AND THE NUMBER OF DEPARTURES, 2007 TO 2009.



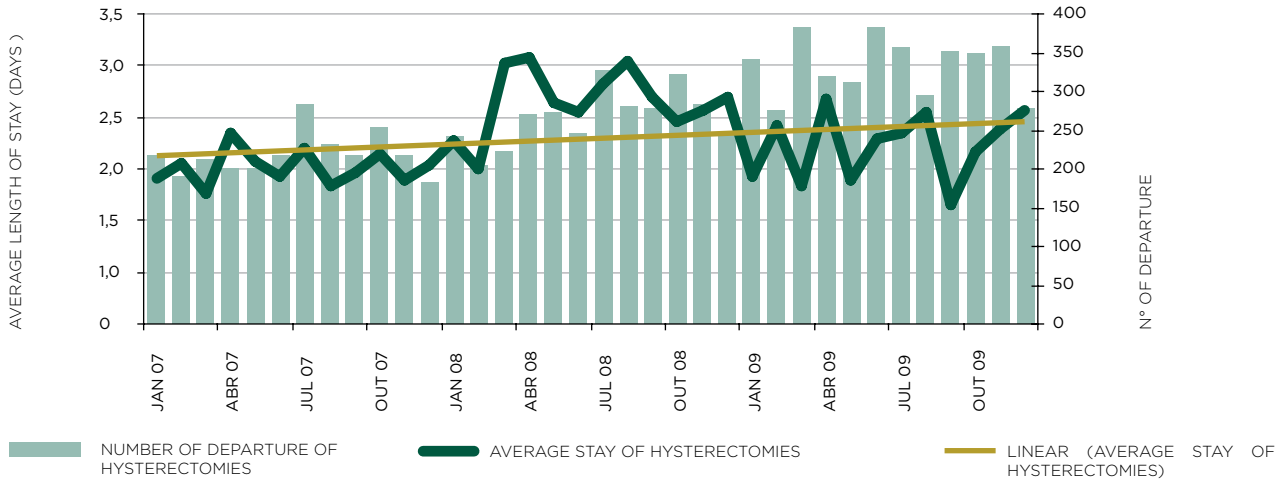
→ GRAPH 37

AVERAGE LENGTH OF STAY OF PATIENTS UNDERGOING ELECTIVE INGUINAL HERNIORRHAPHY (HOURS), ITS LINEAR TREND AND NUMBER OF DEPARTURES, 2007 TO 2009



→ GRAPH 38

AVERAGE STAY OF PATIENTS UNDERGOING ELECTIVE HYSTERECTOMY, ITS LINEAR TREND AND THE NUMBER OF DEPARTURES - 2007 TO 2009.



Source: ANAHP: Projeto Melhores Práticas Assistenciais, 2009.

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→ TABELA 5
PATOLOGIAS SELECIONADAS - 2007 A 2009.

PATHOLOGIES	INDICATORS	2007	2008	JAN	FEB	MAR
ACUTE MYOCARDIAL INFARCTION	Average stay – AMI (days)	5,4	7,9	5,9	7,2	7,1
	Door-to-balloon time (minutes)	127	111	82	107	69
	Mortality Rate - AMI (%)	7,1	8,6	7,4	4,3	10,6
	Rate of angioplasty in AMI (%)	28,3	42,1	34,9	29,3	23,2
	Rate of aspirin upon discharge in AMI (%)	38,3	58,0	47,0	53,6	44,4
ISCHEMIC CEREBRAL VASCULAR ACCIDENT	Average stay – ICVA (days)	9,1	10,4	9,5	9,5	13,6
	Door-to-CT time (minutes)	121,5	102,0	68,1	57,9	76,5
	Door-to-thrombolysis time (minutes)	ND	ND	21,1	20,0	33,2
	Mortality Rate – ICVA (%)	7,7	7,7	7,4	6,7	19,9
	Tomography rate in ICVA (%)	22,0	36,7	57,4	52,6	40,9
PNEUMONIA IN CHILDREN	Average stay -PNM < 13 years (days)	4,9	5,6	7,7	5,4	4,5
	Mortality Rate - PNM < 13 years (%)	0,5	1,0	5,6	-	-
	Rate of adequate AB in PNM < 13 years (%)	22,6	33,2	31,5	36,9	23,3
PNEUMONIA IN ADULTS	Average stay - PNM adults (days)	7,1	11,1	9,7	11,9	9,2
	Mortality Rate - PNM adults (%)	8,5	9,4	7,6	12,3	9,2
	Rate of adequate AB in PNM adults	17,2	26,8	39,0	40,5	35,3
	Average stay -PNM > 60 years (days)	ND	ND	9,3	12,0	11,0
	Mortality Rate - PNM > 60 years (%)	ND	ND	8,7	16,4	12,7
	Average stay - PNM adults (Except for > 60 yrs) (days)	ND	ND	10,9	11,7	5,8
	Mortality Rate - PNM adults (Except for > 60 yrs) (%)	ND	ND	4,6	2,5	2,8
SEPSIS	Average stay in Sepsis (days)	6,9	13,6	14,7	12,1	14,2
	Mortality Rate in Sepsis (%)	61,7	27,7	25,0	25,2	31,7
	Rate of adequate AB in Sepsis (%)	12,2	37,6	82,9	72,8	52,8
SURGICAL	Average stay in VLP Cholecystectomy (hours)	34	43	39	37	38
	Average stay in ing. Herniorrhaphy (hours)	27	26	22	23	16
	Average stay in Hysterectomy (days)	1,5	2,2	1,4	1,9	1,3

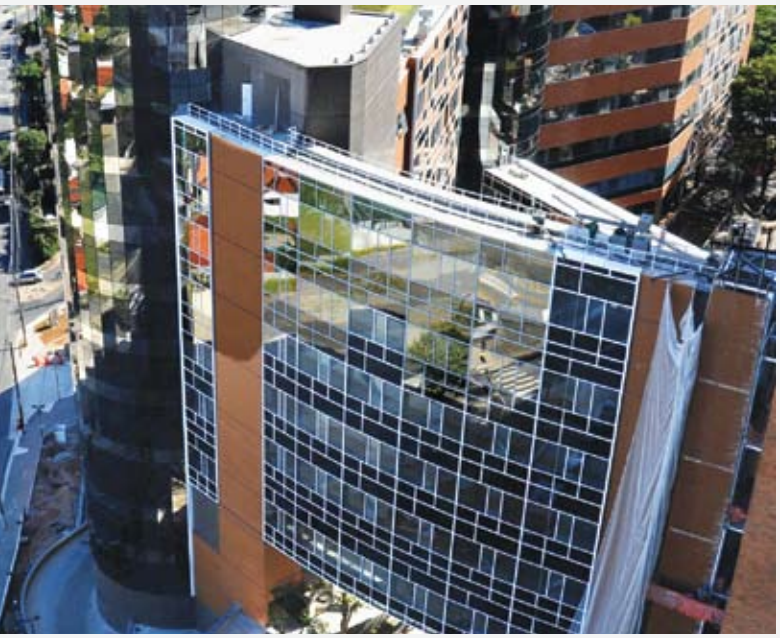
Source: ANAHP - Projeto Melhores Práticas Hospitalares, 2009.

	2009									
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL
	5,2	5,4	7,6	6,3	8,1	7,4	9,4	7,4	7,5	**7,0**
	84	108	93	155	101	125	135	129	134	**110**
	5,2	6,1	5,2	6,7	10,5	8,3	8,1	5,0	5,8	**7,0**
	19,6	15,0	20,8	20,1	20,4	19,5	21,3	24,0	20,9	**22,3**
	45,1	49,7	52,6	43,3	59,9	53,3	69,9	62,0	62,6	**53,3**
	12,1	10,2	10,2	9,6	12,8	11,9	10,3	11,5	12,2	**11,1**
	68,1	202,9	127,9	117,3	112,2	87,5	74,7	77,9	89,2	**96,7**
	20,1	22,5	46,5	6,6	14,8	31,4	61,0	15,0	31,9	**27,0**
	8,4	5,8	7,0	5,7	7,8	6,3	10,9	4,2	5,6	**8,1**
	44,6	48,7	40,7	50,0	50,0	50,0	46,7	46,9	54,9	**48,4**
	5,4	5,6	5,2	4,9	4,2	3,4	3,9	5,0	5,6	**4,9**
	0,5	0,5	0,6	0,5	0,8	1,1	0,5	-	0,7	**0,6**
	29,8	35,8	26,1	36,6	31,3	31,2	45,4	35,0	24,5	**32,3**
	12,2	8,4	9,2	8,7	9,1	11,9	9,7	8,9	9,9	**9,8**
	11,3	10,6	11,9	10,8	8,7	8,3	9,4	10,0	8,5	**9,8**
	35,3	43,5	43,6	43,7	38,7	37,5	43,2	51,3	42,8	**41,2**
	15,1	9,5	10,7	11,4	11,7	16,0	12,2	9,8	10,4	**11,6**
	16,0	14,1	15,3	16,0	13,3	13,0	18,0	13,4	10,7	**13,9**
	5,4	5,5	5,5	5,1	6,2	6,0	5,7	7,4	8,5	**6,6**
	0,0	1,0	3,5	3,8	3,3	1,6	4,8	4,1	2,8	**3,0**
	11,6	12,9	15,2	11,1	12,0	9,9	13,2	10,8	8,6	**12,0**
	28,9	21,0	36,0	25,9	26,2	31,0	23,8	19,6	17,9	**25,8**
	50,9	61,5	46,4	59,9	65,9	69,0	62,3	70,9	61,4	**62,6**
	36	36	38	33	33	33	30	30	30	**34**
	22	17	17	14	19	18	18	15	14	**18**
	2,2	1,4	1,8	1,9	2,1	1,1	1,7	1,9	2,1	**1,7**

INSTITUTIONAL PROFILE OF ANAHP HOSPITALS

ALBERT EINSTEIN - SP
ALIANÇA - BA
ANCHIETA - DF
BANDEIRANTES - SP
BARRA D'OR - RJ
BRASIL - SP
COPA D'OR - RJ
ESPERANÇA - PE
HCOR - SP
MÃE DE DEUS - RS
MATER DEI - MG
MEMORIAL SÃO JOSÉ - PE
MERIDIONAL - ES
MOINHOS DE VENTO - RS
MONTE SINAI - MG
NIPO-BRASILEIRO - SP
NOSSA SENHORA DAS GRAÇAS - PR
NOSSA SENHORA DE LOURDES - SP
NOVE DE JULHO - SP
OSWALDO CRUZ - SP
PORTUGUÊS - BA
PRÓ-CARDÍACO - RJ
REAL PORTUGUÊS - PE
QUINTA D'OR - RJ
SAMARITANO - SP
SANTA CATARINA - SP
SANTA GENOVEVA - GO
SANTA JOANA - SP
SANTA JOANA - PE
SANTA LUZIA - DF
SANTA ROSA - MT
SÃO CAMILO - POMPÉIA - SP
SÃO JOSÉ - RJ
SÃO LUCAS - SP
SÃO LUIZ - ITAIM - SP
SÍRIO-LIBANÊS - SP
VITA CURITIBA - PR
VITA VOLTA REDONDA - RJ
VITÓRIA APART - ES
VIVALLE - SP

HOSPITAL ISRAELITA ALBERT EINSTEIN



Headquartered in the city of São Paulo, Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE) operates in three integrated areas: healthcare, social responsibility and the generation and broadcasting of knowledge. The healthcare activities are concentrated at Hospital Israelita Albert Einstein, founded in 1970, and also in the area of diagnostic and preventive medicine, which contribute toward the sustainability of social responsibility and educational and research actions.

Instituto Israelita de Responsabilidade Social Albert Einstein works on its own programs or together with public health managers to help satisfy healthcare, technological or competence requirements of the community. Education and research activities are performed at Instituto Israelita de Ensino e Pesquisa Albert Einstein and confer innovation to other areas of SBIBAE.

Every year we renew the purpose of improving the care provided to people, in the services delivered by Hospital Israelita Albert Einstein and in Diagnostic and Preventive Medicine, in the actions of Instituto Israelita de Responsabilidade Social and in the generation and dissemination promoted by Instituto Israelita de Ensino e Pesquisa.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the Clinical Staff	Mixed	
Accreditations	JCI	
Date founded	1970	
DATA AND INDICATORS		
Total beds installed	(dec/09)	530
Total operational beds	(dec/09)	495
ICU Beds	(dec/09)	32
Physicians registered	(dec/09)	4.833
Active employees	(dec/09)	7.624
Emergency room consultations	(2009)	8.589
Outpatient consultations	(2009)	134.949
Hospitalizations	(2009)	39.366
Surgeries (except births)	(2009)	29.316
Births	(2009)	3.154
Exams	(2009)	1.705.023
Gross revenue (in millions of R$)	(2009)	967,6

RECENT HIGHLIGHTS

Among relevant actions in 2009, Hospital Israelita Albert Einstein implemented its new model of Philanthropy, based on Decree 5,895/06, with investments of R$ 101 million, enabling the growth of primary health care services in the city of São Paulo. In partnership with the Family Health Strategy, there was growth of 27.9% in the number of patients received compared to 2008; while in relation to the procedures performed at the Outpatient Medical Care units (AMA), which are under the management of Einstein, there was expansion of 78.4% over the previous year. The institution also adopted the Six Sigma Methodology, was reaccredited by the Joint Commission International and concluded the implementation of its Hospital Management System (SGH). Moreover, it continued with its expansion plan, with investments surpassing R$ 325 million, allocated to the purchase of land, buildings and medical equipment, with the official opening of the "Vicky e Joseph Safra" pavilion, which brought the health market a new concept in care provision, based on outpatient medicine, and deployed a New Model of Care in Medical Consulting Rooms.

For 2010, the planning of Hospital Israelita Albert Einstein involves the conclusion of the auditorium and administrative building, official opening of the Perdizes unit, addition of another 100 beds to the Morumbi unit and start of the construction work of the new Alphaville unit, humanization and physical environment focused on the necessity of patients and families from the deployment of the Planetree philosophy. It should enlarge the supply of diagnostic services, expand the area of non-degree courses and promote the growth of care provided to the public service, through partnerships with the federal, state and municipal governments.

ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA

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HOSPITAL ALIANÇA

With 100% national capital, belonging to the insurer group Aliança da Bahia, Sociedade Anônima Hospital Aliança was founded in December 1981, with its business purpose consisting in rendering of medical and hospital services, as well as the construction of hospitals and supplementary facilities and alike across Brazil.

In October 1990 there was the official opening of Hospital Aliança, part of a complex formed by the hospital itself and a medical center, strategically located in the neighborhood of Rio Vermelho, in the city of Salvador (Bahia state), in an area of 55.5 thousand m2, with parking for 800 vehicles. After successive expansions performed since its opening, it now features 213 clinical, surgical and ICU hospital beds, a medical center with 77 doctors' offices, equipped with a conventions center, emergency care service, diagnostic imaging and laboratory services.

RECENT HIGHLIGHTS

Maintaining the goal of excellence in the promotion and maintenance of health, since 2009 the company has been preparing for new physical expansions, technological upgrades, the implementation of new processes, a program for management by competence and strategic planning and budget, scheduled for conclusion in 2010.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	In progress	
Date founded	1990	
DATA AND INDICATORS		
Total beds installed	(dec/09)	213
Total operational beds	(dec/09)	203
ICU Beds	(dec/09)	42
Physicians registered	(dec/09)	2.563
Active employees	(dec/09)	1.491
Emergency room consultations	(2009)	64.733
Outpatient consultations	(2009)	n/a
Hospitalizations	(2009)	9.899
Surgeries (except births)	(2009)	Não informado
Births	(2009)	1.884
Exams	(2009)	626.973
Gross revenue (in millions of R$)	(2009)	180,5

HA S.A. HOSPITAL ALIANÇA

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Rio Vermelho
Salvador-BA
41920-900
(71) 2108-5828
www.hospitalalianca.com.br

HOSPITAL ANCHIETA

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII	
Date founded	1995	
DATA AND INDICATORS		
Total beds installed	(dec/09)	174
Total operational beds	(dec/09)	152
ICU beds	(dec/09)	36
Physicians registered	(dec/09)	902
Active employees	(dec/09)	672
Emergency room consultations	(2009)	170.299
Outpatient consultations	(2009)	67.891
Hospitalizations	(2009)	9.678
Surgeries (except births)	(2009)	4.075
Births	(2009)	1.170
Exams	(2009)	518.555
Gross revenue (in millions of R$)	(2009)	73,8

Área Especial 8, 9 e 10
Setor C Norte
Taguatinga Norte
Taguatinga-DF
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(61) 3353-9260
www.hospitalanchieta.com.br

In 1992,a new company was registered in the Federal District: Hospital Anchieta, designed and built in an avant-garde manner in three years, and focused on health promotion. Accordingly, in September 1995, Hospital Anchieta opened its doors, already in full operation and with the solidity to overcome possible obstacles, common to a venture of globalized vision.

To reach the current level, Hospital Anchieta considered it necessary to provide conceptual and practical consistency to the entire project, implementing Total Quality Management. From then on, the constant investments made Anchieta a reference in health in the Federal District, becoming the first Latin American Hospital to receive ISO 9001:2000 certification; the first from the Midwest to achieve Accreditation by Excellence Level III, with recertification in 2009 by the ONA; and the only one in the Federal District to receive the gold trophy of the Federal District Quality Program - PQDF.

Anchieta also stands in a privileged position for having received the Silver certificate, granted by the Brazilian Society of Clinical Pathology (SBPC); for being Top of Mind in 2005, 2006 and 2008; for having received the title of Entrepreneur of the Heart and for being the only one in the Midwest region to obtain Gold Standard in Sterilization, granted by 3M.

Nowadays, there are more than 900 physicians treating patients in a wide range of specialties and approximately 700 collaborators working to keep up the Anchieta standard of care, becoming a health referential and consolidating a background of national and international recognition for its participation in the improvement of quality of life among community members.

RECENT HIGHLIGHTS

In March 2010, continuing with the expansion project, Hospital Anchieta opened its new ICU, in which it invested about R$ 23 million. The ICU has world-class quality standards, and with 36 beds and a built-up area of approximately 2.5 thousand m2, offers hospital beds in individualized spaces. Information panels and rooms for conversations with health professionals were meticulously prepared. Special attention was also made available to health professionals, which permeates these environments on a daily basis.

The new ICU project is part of the Strategic Planning for 2012, which defined investments in the infrastructure. The first job was commenced in the Emergency Room, which after the renovation, started to deal with a growing demand with more agility. The new 3rd floor wings were also restructured and have rooms equipped with modern and functional apparatuses, facilitating the work of the medical and assistential team when caring for patients.

Maintaining its commitment to excellence in care, Hospital Anchieta invests continually in the training of physicians and managers. For this reason, it implemented the Manager of Excellence Programs and scheduled the Sector of Excellence program for 2010.

The institution also invested in social responsibility actions, geared toward community development. Programs such as Dr. Mirim, Estande Itinerante, Curso de Gestantes, and others, and that have already catered to over eight thousand people from the community, broadcast the concepts of preventive health, of love of life.

HOSPITAL BANDEIRANTES

In 2010, Hospital Bandeirantes celebrates its 35th anniversary with two areas of activity: public medicine and Supplementary Health. In addition, it pays close attention on socio-environmental responsibility, with programs recognized at the City Council of São Paulo, such as Socorrista Mirim.

The institution excels in the areas of cardiovascular care and hemodynamics, oncology, liver transplants and specialized surgeries, such as urology and orthopedics.

This year it concluded the new 15 thousand m2 building, which meant a change of the standard of hotel management and of high tech medical equipment, including Bandeirantes among the most important hospitals in the country, with 290 beds, of which 68 are in the ICU, and totaling 30 thousand m2 of area. The new Oncology Center features two linear accelerators, brachytherapy and a 16-channel PET SCAN, placing the institution in the position of one of Brazil's main centers in the specialty. Hospital Bandeirantes has National Accreditation Organization (ONA) certification, and is working towards its International Accreditation.

The Saúde Bandeirantes Group, of which it is a member, manages 1,020 thousand beds and five hospitals. The private network, represented by Hospital Bandeirantes and Hospital Leforte, totals 400 beds. The group also has management agreements with SUS and the state government of São Paulo, at Glória hospital, located in the city of São Paulo; Lacan, a hospital in São Bernardo do Campo; and Regional do Vale do Paraíba, in Taubaté. These public institutions total 620 beds.

RECENT HIGHLIGHTS

In 2009 there was a strategic repositioning with the creation of Grupo Saúde Bandeirantes (GSB). The launch of the new visual identity, as well as Mission, Vision and Values of GSB, mobilized directors, managers and collaborators from all the units around the adoption of a single culture.

Another of last year's highlights was the start of activities of Block A of Hospital Bandeirantes, with a differentiated architectural design, concept of hotel management and cutting-edge technology, Oncology Center, Magnetic Resonance and Nuclear Medicine with PET SCAN.

In October 2009, GSB opened the new Hospital Leforte, in the Morumbi district in São Paulo, commencing the private network expansion process.

Also in 2009, Hospital Bandeirantes was one of the finalists of the Top Hospitalar award in the Sustainability category. To this effect, two new actions reinforced the practice of socio-environmental responsibility at the institution: the Recicle-se (recycle) campaign, geared toward rational waste disposal and that increased the quantity of segregated recyclable materials by 25%, and Respeite a Vida (respect life), a campaign that involved the units of GSB in pursuit of awareness of the negative effects of smoking. The adhesion of schools and companies to Campanha Óleo Aqui, a campaign targeting the collection and recycling of used cooking oil, also deserves special emphasis. For 2010, the goal is the definitive consolidation of Grupo Saúde Bandeirantes in the Premium segment.

GENERAL INFORMATION

CARACTERIZAÇÃO DO HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONA III	
Date founded	1975	
DATA AND INDICATORS		
Total beds installed	(dec/09)	264
Total operational beds	(dec/09)	228
ICU beds	(dec/09)	56
Physicians registered	(dec/09)	2.444
Active employees	(dec/09)	1.110
Emergency room consultations	(2009)	65.434
Outpatient consultations	(2009)	42.153
Hospitalizations	(2009)	10.912
Surgeries (except births)	(2009)	7.224
Births	(2009)	N/A
Exams	(2009)	495.145
Gross revenue (in millions of R$)	(2009)	143,0

HOSPITAL BANDEIRANTES

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www.hospitalbandeirantes.com.br

HOSPITAL BARRA D'OR

A pioneer in the concept of hospital hotel management, Hospital Barra D'Or offers the latest technology to a favorable environment that alleviates the distress of those seeking the hospital service.

Located in Barra da Tijuca, in the city of Rio de Janeiro (RJ), it was officially opened in March 1998. It was the first hospital inaugurated in the D'Or Chain, which has its origin in the Labs group, which in turn has its original activities related to cardiologic and ultrasound exams.

Barra D'Or was designed by a group of physicians, engineers and architects. The hospital offers a light ambience, with lively colors and smooth lines, which combined with safe and personalized care, and highly specialized professionals, make all the difference.

It has a Hospitalization Unit, Semi-intensive care, Cardiac intensive care, Neonatal ICU, Intensive Care, Emergency, Day Hospital and Therapeutic Room beds.

The determination in offering a service of excellence in the health area motivated the Hospital's participation in certification processes, and today the unit has international certification from Accreditation Canada and is certified by the National Accreditation Organization (ONA III).

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONA III Accreditation Canada	
Date founded	1998	
DATA AND INDICATORS		
Total beds installed	(dec/09)	224
Total operational beds	(dec/09)	248
ICU Beds	(dec/09)	89
Physicians registered	(dec/09)	1.500
Active employees	(dec/09)	1.486
Emergency room consultations	(2009)	93.022
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	19.104
Surgeries (except births)	(2009)	6.817
Births	(2009)	960
Exams	(2009)	801.888
Gross revenue (in millions of R$)*	(2009)	1.111,0

(*) Consolidated value of the group

RECENT HIGHLIGHTS

The hospital altered the environment and changed the Postoperative sector to provide even better service. Modern facilities, more beds, closeness to the Surgical Center and a new model of medical care was deployed, aiming to guarantee more agility and greater comfort for patients.

A new ICU was also inaugurated, increasing the capacity for hospitalization in intensive care units.

At the end of 2009, the Hospital reaffirmed its quality and safety in health care, obtaining international recertification from Accreditation Canada.

BARRA D'OR HOSPITAL

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HOSPITAL E MATERNIDADE BRASIL

Hospital Brasil originated in the 60s, when a group of 10 physicians from ABC Paulista decided to create a hospital in the city of Santo André capable of offering physicians from the region services with the same level of quality as the best hospitals in São Paulo. Hospital e Maternidade Brasil was opened in 1970 with 50 beds and two operating rooms. Since then it has been presenting quantitative and qualitative gains.

In 1987, the institute accepted the invitation of the State Department of Health, to take part in the study that paved the way for the deployment of Hospital Infection Control Commissions all over the state, having one of the first of these commissions in the State of São Paulo at the time.

Since 1991 it has been taking part in quality programs, and was part of the first group of hospitals that obtained the compliance seal of the Hospital Quality Control Program (CQH), of Associação Paulista de Medicina (São Paulo Association of Medicine) and of the Regional Council of Medicine.

In 2001, it was founding partner of Instituto Paulista de Excelência em Gestão (IPEG), becoming its sponsor and also taking part in its quality programs.

In 2007 it implemented a new hospital management system and adopted software geared toward the health sector, using systems targeting management information, cost and results management and electronic patient records.

It is currently the largest hospital from ABC Paulista, with 249 active beds, of which 44 are for intensive care; a Surgical Center with 10 rooms, an obstetrics center with four rooms, and a hospital area of 30 thousand m2. Every month it performs over 40 thousand consultations, 1.5 thousand surgeries/births, 1.7 thousand hospital admissions and around 100 thousand exams.

RECENT HIGHLIGHTS

In 2009, Hospital e Maternidade Brasil started a process for co-management of Hospital São Caetano, located in São Caetano do Sul (SP), which was once the largest hospital from the ABC region, but that currently works with 120 active beds, of which 12 are for intensive care and six operating theaters. The administrative processes of the two hospitals are being integrated, and management computerization is in the final phase, including adoption of electronic records at Hospital São Caetano, integrated with the system of Hospital e Maternidade Brasil.

Also in 2009, Hospital e Maternidade Brasil received the Top of Brands award from Universidade Metodista de São Paulo, as the most well-known brand in the ABC region, in the category of Hospitals, besides winning the gold medal in Prêmio Paulista de Qualidade em Gestão (PPQG – São Paulo Management Quality Award).

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONA II	
Date founded	1970	
DATA AND INDICATORS		
Total beds installed	(dec/09)	262
Total operational beds	(dec/09)	249
ICU beds	(dec/09)	44
Physicians registered	(dec/09)	1.360
Active employees	(dec/09)	1.459
Emergency room consultations	(2009)	227.316
Outpatient consultations	(2009)	280.757
Hospitalizations	(2009)	20.437
Surgeries (except births)	(2009)	16.058
Births	(2009)	2.616
Exams	(2009)	1.132.342
Gross revenue (in millions of R$)	(2009)	234,8

Hospital e Maternidade Brasil

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www.hospitalbrasil.com.br

HOSPITAL COPA D'OR

Hospital Copa D'Or belongs to the D'Or chain and was founded in May 2000 with the objective of uniting cutting-edge technology, highly qualified professionals and five-star services. A place where people would find safety and comfort to take care of their health.

Located in the neighborhood of Copacabana, south end of Rio de Janeiro (RJ), Hospital Copa D'Or is known for its high standard of quality and identified as one of the most important centers of medicine in the country. Excellent services, technical competence, constant investments in technology and state-of-the-art treatments, performed with respect and kindness, are its main traits. Hospital Copa D'Or was the first private hospital from Rio de Janeiro to be certified by the Joint Commission International (JCI), and can be compared with the best hospitals in the world.

High complexity medicine is a distinguishing point and for this reason, it maintains a medical team of the highest academic standard, with education and specializations at the most expressive educational institutions from the area of health, in Brazil and abroad.

There are more than 200 beds available, distributed around the sectors of Hospital Admission, Intensive Care, Semi-intensive Care, Pediatrics, Emergency - adult and pediatric, Coronary Unit and Day Clinic.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	JCI	
Date founded	2000	
DATA AND INDICATORS		
Total beds installed	(dec/09)	193
Total operational beds	(dec/09)	221
ICU beds	(dec/09)	90
Physicians registered	(dec/09)	1.500
Active employees	(dec/09)	1.641
Emergency room consultations	(2009)	97.817
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	28.387
Surgeries (except births)	(2009)	7.950
Births	(2009)	N/A
Exams	(2009)	846.026
Gross revenue (in millions of R$)*	(2009)	1.111,0

(*) Consolidated value of the group

RECENT HIGHLIGHTS

Hospital Copa D'Or, which was already a reference in high complexity treatments, has enlarged its area of services. Customers can count on more beds for hospitalization, as the area has been expanded, gaining a new floor with 19 rooms.

COPA D'OR HOSPITAL

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www.copador.com.br

HOSPITAL ESPERANÇA

Hospital Esperança was built on the banks of the Capibaribe river, in the capital of Pernambuco state, also already known nationwide as the second medical hub in Brazil. It achieved rapid growth and consolidated the position of one of the most advanced hospital complexes from the country due to the humanized treatment that can be perceived in the panoramic view from all the apartments, suites, ICUs, Surgical Block and restaurant. This differential arises from the fact that the institution transmits to patients, companions and its clinical staff, the sensation of being in a hotel rather than in a hospital.

But there are other factors involved, associated with items strongly defended by the complex: innovation, precision, respect and progress. The entire work philosophy and all the Quality Policies are focused on the care and safety of patients. For this purpose, strategic sectors such as General ICU, SMC (sterilized material center), Surgical Block and HICC, were certified by ISO 9001:2000 and today, the institution as a whole is preparing for accreditation by ONA. The objective is for Esperança to become the first hospital from the Northeast to be accredited at the level of excellence, making a name for itself worldwide for the rendering of health services.

In addition to the patients, the Hospital also seeks to promote the general well-being of its collaborators through technical and professional investments as well as sustainability, taking them to a level of satisfaction and motivation, in order to obtain effective gains of productivity and excellence in customer service, translating the company's commitment to the community and the environment.

RECENT HIGHLIGHTS

As a result of the joint venture with Rede D'Or in 2008, new operational processes have begun to be deployed and developed at Hospital Esperança, which is benefiting from the corporative advantages of the chain, added to a professional management model focused on quality, safety and excellence in the provision of care to patients. Investments to the tune of R$ 25 million started to be made for the construction of a new Diagnostic Center and restructuring of Emergency to handle complex cases, with the expansion of the number of hospital beds. The hospital also acquired new cutting-edge equipment in the area of Diagnostic Imaging, such as the 64-channel Multislice Tomography and High-Field Magnetic Resonance.

A further R$ 10 million were invested in the construction of an annex building to house support areas such as the storeroom, production pharmacy, invoicing and audit department. Hotel Management and Gastronomy are also part of the new investments, all to guarantee the well-being of patients and their families.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	IN PROGRESS	
Date founded	2000	
DATA AND INDICATORS		
Total beds installed	(dec/09)	197
Total operational beds	(dec/09)	161
ICU beds	(dec/09)	44
Physicians registered	(dec/09)	857
Active employees	(dec/09)	1.212
Emergency room consultations	(2009)	74.424
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	6.899
Surgeries (except births)	(2009)	5.923
Births	(2009)	1.919
Exams	(2009)	59.904
Gross revenue (in millions of R$)	(2009)	Not Informed

HOSPITAL ESPERANÇA

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(81) 3302-2020
www.hospitalesperanca.com.br

HOSPITAL DO CORAÇÃO - HCOR

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	JCI	
Date founded	1976	
DATA AND INDICATORS		
Total beds installed	(dec/09)	260
Total operational beds	(dec/09)	229
ICU Beds	(dec/09)	40
Physicians registered	(dec/09)	933
Active employees	(dec/09)	1.930
Emergency room consultations	(2009)	36.820
Outpatient consultations	(2009)	937.343
Hospitalizations	(2009)	11.298
Surgeries (except births)	(2009)	4.643
Births	(2009)	N/A
Exams	(2009)	1.248.100
Gross revenue (in millions of R$)	(2009)	223,3

Hospital do Coração HCor

Rua Desembargador Eliseu Guilherme, 147
Paraíso
São Paulo-SP
04004-030
(11) 3053-6611
www.hcor.com.br

Officially opened in 1976, Hospital do Coração - HCor is a charitable and non-profit entity, maintained by Associação do Sanatório Sírio. It is one of the main centers of excellence in cardiology from Latin America. It is also a reference in other specialties, such as sports medicine, orthopedics, urology, neurology, pediatric cardiology and others. The institution also features a modern Diagnostic Center. In the scientific area, HCor appears as an idealizer and driver of new national and international technologies, treatments and research in the health area, by means of several sectors of the hospital that act in synergy with the HCor Teaching and Research Institute (IEP).

Among the philanthropic projects developed by HCor, one of the highlights is cardiologic care for underprivileged children with cardiopathies. Over 1.2 thousand outpatient consultations and 300 surgeries are performed on an annual basis. With one of the most advanced structures in the country for highly complex procedures, HCor's pediatric cardiology sector has become one of the main references of the specialty. In 2008, HCor intensified its philanthropic activities, when it joined the "Institutional Support to the Unified Health System (SUS)" arrangement, in partnership with the Ministry of Health through 22 projects benefiting the whole population.

Reinforcing its excellence in quality, Hospital do Coração was reaccredited in 2009 by the Joint Comission International (JCI), with total conformity in 98.33% of the 1,138 thousand measurement elements, in compliance with the maximum rates in quality standards.

RECENT HIGHLIGHTS

In 2009, HCor reaffirmed its excellence in the healthcare with the official opening of a new building interlinked to its main building, adding another 5.2 thousand m2 to its hospital complex, attaining 44 thousand m2, with 31 new Day Hospital apartments, besides new facilities for the services of gastroenterology, arrhythmias and hemodynamics, orthopedics and sports medicine, Instituto do Joelho (Knee Institute), among others. The Hospital also launched the Teaching, Training and Simulation Center (CETES-HCor), a modern center of education and simulation of clinical and emergency cases in the area of health. Also in 2009, HCor initiated new services in the neurosurgery specialty, including an innovative neurological checkup. IEP-HCor idealized and coordinated a clinical study that was the first of its kind in Brazil, in the area of prevention of nephropathy.

For 2010, HCor scheduled the roll-out of new products and services, aligned to the needs of health plans. One of the highlights is the Cosmetic and Reparative Plastic Surgery service. Among the major projects implemented, special emphasis is placed on that of Digital Teleelectrocardiography, in partnership with the Ministry of Health, across Brazil. This network will benefit a large number of municipalities and will be able to provide a second opinion by cardiologists from HCor's team in the interpretation of electrocardiograms performed in SAMU's ambulances all over the country, returning the report to the mobile units in a few minutes, with the medical conduct to be adopted by the team in the ambulances.

HOSPITAL MÃE DE DEUS

Congregação das Irmãs Missionárias de São Carlos Borromeo-Scalabrinianas is the sponsoring institution of Hospital Mãe de Deus, opened on June 1, 1979. At present, Hospital Mãe de Deus is among the health institutions that grow most in quality, volume of services and care products made available to the community. It has a team of highly qualified professionals, a specialized clinical staff and the best technological resources for health. Known for its innovative management model, Mãe de Deus transfers technical knowledge to hospitals from other Brazilian states and municipalities in the state of Rio Grande do Sul, through agreements signed with the Ministry of Health and the Health Secretariat of Rio Grande do Sul State.

Hospital Mãe de Deus belongs to Sistema de Saúde Mãe de Deus, which also includes the Clinical Center, Mãe de Deus Center and the Radiotherapic Oncology Center (COR Mãe de Deus), located in Porto Alegre. Hospital Mãe de Deus also sustains an important hospital and outpatient care network that prioritizes the delivery of services to SUS. These hospitals are located in zones with a major shortage of health resources: Capão da Canoa (Hospital Santa Luzia), Torres (Hospital N.Sa. dos Navegantes) and Campo Bom (Hospital Dr.Lauro Réus). In 2009, Sistema de Saúde Mãe de Deus incorporated new Hospitals in the municipalities of Taquara and Santo Antônio da Patrulha and opened an important mental health network geared toward the alcohol and drug dependency in Porto Alegre. Sistema de Saúde Mãe de Deus currently has a total 960 beds.

RECENT HIGHLIGHTS

With the mission of guaranteeing complete and integrated solutions in health, with scientific, technological and human development, Hospital Mãe de Deus carried out a set of actions in 2009. The goal was to continuously improve the supply of services to society ranging from the expansion of the physical area to the repositioning of the Mãe de Deus brand in the market. The social project Mãe de Deus was consolidated with the structuring of the Social Action Directorate and with the incorporation of the new hospitals, which made it possible to increase services to SUS users, which represented 70% of the care provided in 2009.

Last year the institution implemented technological management qualification through the organization of the medical specialties at institutes, deployment of Telemedicine in Cerebral Vascular Accident (CVA) and improvement in the imaging services at the hospitals that cater to SUS. It also opened its PET-CT and formed a partnership between Laboratório Mãe de Deus and Diagnósticos da América (DASA), and launched its expansion project based on the Mãe de Deus growth model. With the creation of the "Management Office", it guaranteed a structure focused on the international accreditation process.

In the people management area, significant advances occurred with the restructuring of HR processes, implementation of the Joven Aprendiz project, award granted by Projeto Acolher related to the inclusion of physically handicapped people and expansion of the work and activity of Universidade Corporativa, through arrangements the State Department of Health for specialization courses in Health Management, launch of community action courses and deployment of e-learning.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONA III	
Date founded	1979	
DATA AND INDICATORS		
Total beds installed	(dec/09)	417
Total operational beds	(dec/09)	380
ICU beds	(dec/09)	53
Physicians registered	(dec/09)	3.800
Active employees	(dec/09)	2.004
Emergency room consultations	(2009)	58.463
Outpatient consultations	(2009)	79.001
Hospitalizations	(2009)	16.997
Surgeries (except births)	(2009)	15.673
Births	(2009)	1.777
Exams	(2009)	1.422.294
Gross revenue (in millions of R$)	(2009)	208,0

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Menino Deus
Porto Alegre-RS
90880-480
(51) 3230-6000
www.maededeus.com.br

HOSPITAL MATER DEI

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONA III	
	NIAHO	
Date founded	1980	
DATA AND INDICATORS		
Total beds installed	(dec/09)	339
Total operational beds	(dec/09)	339
ICU beds	(dec/09)	70
Physicians registered	(dec/09)	2.524
Active employees	(dec/09)	1.409
Emergency room consultations	(2009)	245.041
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	19.913
Cirurgias (exceto partos)	(2009)	23.168
Births	(2009)	2.019
Exams	(2009)	890.373
Gross revenue (in millions of R$)	(2009)	190

MATER DEI HOSPITAL

Rua Mato Grosso, 1100
Santo Agostinho
Belo Horizonte-MG
30190-081
(31) 3339-9000
www.materdei.com.br

Opened in June 1980, Hospital Mater Dei operates in Belo Horizonte (Minas Gerais). An institution of reference in Minas Gerais and one of the most modern in the country, its philosophy is based on three basic principles: the scientific, the cultural and the humanistic principle. Its mission is "Commitment to quality of life".

It is a general hospital, accredited with excellence by the National Accreditation Organization (ONA) since 2004. In conformity with standard ISO 9001/2000, it holds international certification through the seal of Raad voor Accreditatie (RvA), a Dutch accreditation board, and also from the National Integrated Accreditation is Healthcare Organizations (NIAHO). It has a semi-open clinical staff, which assembles over 30 medical specialties and all the diagnostic and therapeutic support services, functioning 24 hours. It directly employs 1.4 thousand people and has more than 2.5 thousand health professionals, including physicians, psychologists, physiotherapists, phonoaudiologists and dental surgeons.

The Hospital is formed by two blocks and five external units. It has 339 beds, of which 50 are exclusively for ICU and 20 beds for Pediatric Intensive Care Unit (PICU); It also has mobile ICUs, equipped to offer ICU support before arrival at the Hospital. The Surgical Center is equipped with state-of-the-art apparatuses, allowing several surgical procedures, from the most common to the most complex, such as liver or kidney transplants, cardiac surgeries and neurosurgery.

RECENT HIGHLIGHTS

NIAHO accreditation, granted after a judicious audit process, performed at the beginning of July 2009, proved that Mater Dei was on the same level as the best health centers in the world. The audit was systemic and critically evaluated aspects that involve the safety and quality of care, as well as patients' rights and the conditions of the physical environment of the institution. This process was carried out by four American and Brazilian auditors, all associated with DetNorske Veritas (DNV), a certifier qualified to recognize titles/bestow titles on of health institutions that fulfill the criteria required by the standards of each accreditation.

The hospital then became the first to have the title outside the United States, and adding ISO 9001:2008 certification, obtained by means of the RvA seal, is the only one from Brazil to hold two certifications of quality in the international scope, besides already having accreditation by excellence from ONA.

Between the end of 2009 and the beginning of 2010, Mater Dei organized a major expansion in the oncology unit, tripling the physical space, with individual beds, making the structure more comfortable and providing more privacy for patients undergoing chemotherapy. Moreover, the unit is equipped with the most modern resources and medications available for oncology treatment. It has the capacity for seventy treatment cycles per day, which can be performed in an agile manner, in a peaceful environment, guaranteeing safety and well-being for patients. The clinical staff also began to rely on a greater number of professionals, with a multidisciplinary background. Besides oncologists, nurses and aids, the team also provides psychological care to patients and their families.

HOSPITAL MEMORIAL SÃO JOSÉ

Founded on June 2, 1989, the Hospital complex Memorial São José is located in Recife (Pernambuco). The institution, controlled by the Fernandes Vieira group, arose with the purpose of always seeking quality of services and of challenging the market with technological innovations and procedures of high complexity.

Installed in a complex of six buildings, it has cutting-edge equipment and a diagnosis center that is among most complete in Brazil. All this allows its patients to perform any exam or procedure in the actual hospital. Its structure allows Hospital Memorial São José to be in the forefront of services in the area of health in the country. It has 151 beds, besides the multidisciplinary emergency service, with pediatric emergency, adult, pediatric, neonatal and coronary ICUs, three surgical centers, of which one is exclusively for Memorial Mulher, a new concept in maternity intended for pregnant women and their babies. It offers the Day Hospital service for procedures that do not need more than 12 hours of hospitalization and another 15 medical units with a wide range of specialties.

All the investments made by Hospital Memorial São José in physical area and in state-of-the-art technology, are accompanied by the constant professional upskilling of its medical and managerial team. Memorial São José was the first hospital in Brazil to have ISO 9001:2000 in nursing, in 1999.

RECENT HIGHLIGHTS

In 2009, Hospital Memorial São José invested R$ 10 million in the change of the facade of its complex and in the purchase of cutting-edge medical equipment. Part of the expenses were also allocated to the addition of another 33 beds, of which 25 are general and eight for the Day Hospital, reaching the current 151 beds. Moreover, three new clinics were opened with the standard of excellence, consolidating the hospital complex as one of the most respected in Brazil.

With the Specialized Oncology and Hematology Center (NEOH), the Cooperative of Obstetricians and Gynecologists from Recife (COGIRE) and Memorial Oftalmo, the medical center enlarged its facilities, further expanding its medical services.

For the year 2010 it has plans to continue with investments in the expansion of beds in the same order of magnitude.

In pursuit of best market practices in management, human relations, technology and scientific progress, Hospital Memorial São José contracted the consulting firm Instituto de Desenvolvimento Gerencial (INDG) for the preparation of its Strategic Planning and to implement the Management by Guidelines system (GPD), aiming to monitor and control all the internal processes through planning, goals, indicators and corrective actions. The forecast is that the first phase of the project will be concluded at the end of 2010.

Memorial São José and Hospital Santa Joana, another unit of the Fernandes Vieira Group, started the project for obtainment of International Accreditation from the Joint Commission International (JCI). This project aims to guarantee that patients receive the most modern standards of excellence in services and products. The conclusion of this project is also expected to occur at the end of 2010.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	in progress	
Date founded	1989	
DATA AND INDICATORS		
Total beds installed	(dec/09)	151
Total operational beds	(dec/09)	151
ICU beds	(dec/09)	29
Physicians registered	(dec/09)	525
Active employees	(dec/09)	750
Emergency room consultations	(2009)	57.887
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	8.858
Surgeries (except births)	(2009)	5.923
Births	(2009)	1.011
Exams	(2009)	89.485
Gross revenue (in millions of R$)	(2009)	Not Informed

MEMORIAL SÃO JOSÉ HOSPITAL E CLÍNICAS

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Recife-PE
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(81) 3216-2222
www.hospitalmemorial.com.br

HOSPITAL MERIDIONAL

Excellence in healthcare. This is the sentence that best defines Hospital Meridional, located in Cariacica, metropolitan region of Vitória (Espírito Santo). It was founded in 2001, when 14 physicians perceived the opportunity to build a hospital complex of high quality and problem-solving capacity.

Hospital Meridional has a social view of health, always seeking to contribute toward the construction of a more human reality by means of principles such as cordiality, respect, ethics and technical competence.

It was the first institution from the state of Espírito Santo to receive the hospital accreditation certificate from the National Accreditation Organization (ONA), in 2005. It is a reference in high complexity services, and the pioneer in liver transplants. It also excels in heart transplants. It has a transplants center dedicated exclusively to the preparation and monitoring of transplant candidate patients, patients that have had transplants, and their families.

These and so many other achievements have ranked Meridional among the top medical centers in the country. All this with the aim of offering health and well-being through humanized services, with infrastructure and advanced technology.

In recent years the institution became a reference in highly complex procedures and accomplished several scientific advances, such as the 24-hour neurological service and the 100% digital diagnostic center. It currently has a built-up area of 14.8 thousand m2.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONA III	
Date founded	2001	
DATA AND INDICATORS		
Total beds installed	(dec/09)	152
Total operational beds	(dec/09)	128
ICU beds	(dec/09)	42
Physicians registered	(dec/09)	368
Active employees	(dec/09)	586
Emergency room consultations	(2009)	88.618
Outpatient consultations	(2009)	49.397
Hospitalizations	(2009)	7.132
Surgeries (except births)	(2009)	4.668
Births	(2009)	67
Exams	(2009)	399.414
Gross revenue (in millions of R$)	(2009)	57,0

RECENT HIGHLIGHTS

For Hospital Meridional, last year was that of consolidation of the institution's constant scientific development. In the organ transplant area, Hospital Meridional carried out a rare procedure in liver transplant.

Also in 2009, the institution performed the first pediatric liver transplant and a domino hepatic transplantation (when the liver is removed from a patient that will receive another and used for another patient). In the same year, Hospital Meridional received a visit from Prof. Dr. Wing Kim Syn, from Birmingham University, who invited the institution to take part in research on hepatic steatosis in obese individuals and carcinoma of the liver.

The cardiac surgery team from Meridional was also invited to present an unprecedented surgical technique of mitral valve replacement in the United States, Slovenia, France and England.

The Meridional also started the Dentistry Residency Course in Maxillofacial Surgery and Traumatology, and had its first neurology resident graduate. After the acquisition of another two hospitals and having initiated the construction of one more, Hospital Meridional formed the Meridional de Saúde Group, proving its competence in business management in the health sector.

HOSPITAL MERIDIONAL
Gente de bem com a vida

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Trevo de Alto Lage
Cariacica-ES
29151-920
(27) 3346-2000
www.hospitalmeridional.com.br

HOSPITAL MOINHOS DE VENTO

Located in Porto Alegre (Rio Grande do Sul), Hospital Moinhos de Vento originated in the colony of German immigrants that since the 19th century wanted to have a hospital where they would be seen by professionals with an understanding of their original language and respect for their religious individuality. The construction project was put into practice in 1912 by Liga das Sociedades Germânicas do Rio Grande do Sul and by Ordem Auxiliadora das Senhoras para o Estrangeiro, from Germany. In October 1927 they officially opened Hospital Alemão, due to the arrival of seven German ladies trained by the House of Deaconesses of Wittenberg. This team was prepared to provide medical care and to handle the education of professionals at the Nursing School created in the actual Hospital. Right from the start of their activities, a line was traced for the hospital: service to all patients, regardless of race, religious creed, nationality or color, preserving the German culture, language and values in Rio Grande do Sul.

In 1942, Hospital Alemão changed its name to Hospital Moinhos de Vento, the same name as the neighborhood where it was located. To deal with the growing demand by the community of Rio Grande do Sul, Hospital Moinhos de Vento underwent various expansions. These days it modernizes constantly, developing training and qualification programs for its professionals. The practice of innovative medical techniques transformed the Institution into a Center of Excellence.

Hospital Moinhos de Vento has two clinical centers, a hospital block, education and research institute, medical care unit - Hospital Moinhos de Vento Iguatemi, and in its social area features three basic healthcare units and an emergency clinic.

Hospital Moinhos de Vento was the first from the Southern region to achieve Accreditation, granted by the Joint Commission International (JCI), and the fourth in the country. In 2008, the Hospital was accredited for the third time, reaffirming its commitment to the quality of the services rendered.

RECENT HIGHLIGHTS

After the development of the hospital's new strategy, adopted in 2008 and of the widespread communication with events involving employees, clinical staff and other stakeholders, in 2009 hospital began to perform the ramification of its strategy in its healthcare and support units. From then on, 22 units of the institution used the methodology and started to have their strategic contribution panels and panels of processes or critical activities. In order to contribute to this ramification methodology and to manage of strategy as a whole, in 2009 the hospital also acquired the SA system that will allow greater transparency of data and a better analysis by managers of their contributions to the strategy, thus about better supervision by the executive committee of the result of the units during the meetings for analysis of the panels of contribution of the areas, which will occur every quarter.

In 2009, the hospital also worked with a new process management methodology, already applied in the commercial, financial and authorization center areas. In 2010 the initiative will be disseminated to all the healthcare and support units of the institution

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	JCI	
Date founded	1927	
DATA AND INDICATORS		
Total beds installed	(dec/09)	338
Total operational beds	(dec/09)	139
ICU beds	(dec/09)	71
Physicians registered	(dec/09)	3.979
Active employees	(dec/09)	2.244
Emergency room consultations	(2009)	20.902
Outpatient consultations	(2009)	63.965
Hospitalizations	(2009)	18.244
Surgeries (except births)	(2009)	16.136
Births	(2009)	3.323
Exams	(2009)	147.186
Gross revenue (in millions of R$)	(2009)	225,1

HOSPITAL MOINHOS DE VENTO

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Moinhos de Vento
Porto Alegre-RS
90035-001
(51) 3314-3434
www.moinhos.net

HOSPITAL MONTE SINAI

Located in Juiz de Fora (Minas Gerais), Hospital Monte Sinai was created to be a center of excellence in health in Zona da Mata Mineira. Since its official opening, in March 1994, it has banked on investments in hospital services of high complexity, cutting-edge technology applied to medicine and architectural innovation. The hospital also became a synonym of medical and scientific pioneer spirit and quality-oriented management. Increasing resources, values of hospitality and qualification of the healthcare staff, it is already a reference for more than 2 million people in the region where it operates.

Pioneer spirit, based on the high qualification of the clinical staff, is another characteristic that brought qualified professionals to Monte Sinai, as well as the best techniques available in the country. To offer a high standard of hospital care, it invests in the comfort and safety of patient. Using the most advanced technology in its intensive care centers, and even expanding the supply of beds, the structure is focused on healthcare targeting the patient with high problem-solving ability.

Management is based on the principles of the National Quality Foundation. It was the first hospital accredited by the National Accreditation Organization (ONA) in Minas Gerais, in 2003. It was also the first Gold band hospital center in the Prêmio Mineiro de Qualidade (quality award), in 2006. At present the Hospital is working on its processes and results in the maintenance of ONA III accreditation and is preparing for adaptation to international certifications.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONA III	
Date founded	1994	
DATA AND INDICATORS		
Total beds installed	(dec/09)	224
Total operational beds	(dec/09)	190
ICU beds	(dec/09)	30
Physicians registered	(dec/09)	1.054
Active employees	(dec/09)	630
Emergency room consultations	(2009)	30.453
Outpatient consultations	(2009)	29.130
Hospitalizations	(2009)	11.934
Surgeries (except births)	(2009)	11.914
Births	(2009)	565
Exams	(2009)	Not informed
Gross revenue (in millions of R$)	(2009)	59,8

RECENT HIGHLIGHTS

Several structural changes were made up to the end of 2009 in the areas that will provide support to the future Complexo Hospitalar Monte Sinai. The hospital installed the new Storeroom and the Pharmacy, HR, Quality, Supplies, Occupational Safety, Property Security and the new Launderette, which doubled its installed area and working capacity, with an average of two tons/day of clothes processing. The Refractive Surgery Center was opened at the beginning of the year, with a cutting-edge apparatus for corrections of problems such as myopia, astigmatism and others. Besides expanding the facilities of the Service, Hemodynamics acquired new equipment with high image definition, which emits less radiation and optimizes results in the specialty, guaranteeing more safety for the patient.

The Hospital opened a new building in 2009 and another floor of apartments and collective accommodation. To offer more comfort to patients, it moved the hospital admission reception to the new structure, separating it from Emergency and Outpatient Reception. It was the year that also marked the start of the construction work on Centro Médico Monte Sinai. Two new blocks connected to the Hospital by a suspended bridge will feature 292 consulting rooms, from 36 to 50 m2, 24 stores, a fitness center, 562 parking places, an auditorium with 250 seats, three conference rooms, a foyer for scientific events, a food court and independent entrances to each tower. The whole building has air conditioning, acoustic insulation and elevators for patients on stretchers. The work will complete Complexo Hospitalar Monte Sinai, which will be one of the largest in the country.

MONTE SINAI
HOSPITAL E MATERNIDADE

Rua Vicente Beguelli, 315
Dom Bosco
Juiz de Fora-MG
36025-550
(32) 3239-4555
www.hospitalmontesinai.com.br

HOSPITAL NIPO-BRASILEIRO

The Hospital Pre-construction commission was formed in June 1983, with Mr. Tadashi Takenaka acting as chairman. The land with 5.3 m2 was donated by JAMIC - Japanese government agency. The total cost for construction of the Hospital was US$ 5.5 million. Of this sum, US$ 3.5 million would be subsidized by the Japanese Government and the rest covered with funds raised in Brazil, by means of contributions by members of the Nikkei community, donations from legal entities and Enkyo's own resources.

June 18, 1988, 80th anniversary of Japanese immigration in Brazil, was the opening date of Hospital Nipo-Brasileiro. The event was attended by Prince Ayanomiya, from Japan, José Sarney, President of the Republic at the time, and other Brazilian and Japanese authorities. The hospital started operating on September 19 with 30 beds installed. In 1995, the second stage of construction was delivered with the opening of pavilhão R. Jinnai. The Diagnostic Center was opened on August 1, 2004, integrating sectors such as endoscopy, chemotherapy, spirometry and others.

Today Hospital Nipo-Brasileiro has 221 beds, divided into private rooms and ward, two general ICUs, a neonatal ICU and coronary ICU, surgical center with six rooms, maternity, pediatrics and nursery offering the community modern technological resources for the full recovery of patients. It stands out as a center of reference in minimally invasive procedures, adopting advanced video and angioplasty techniques. The optimization of the institution is continuous, and HNB receives physicians from other countries and sends members of its teams for training, courses and internships in Brazil and abroad.

RECENT HIGHLIGHTS

In 2009, the hospital extended its services to a region of strong demand, opening Unidade Avançada Itaquera. The advanced unit contains 16 consulting rooms with the specialties, exams and supporting activities, offering a complete outpatient service.

It also opened a new space for the Outpatient Clinic, in Liberdade, scheduled to start operating in 2010.

In addition, HNB deployed new services such as bariatric surgery, and surgical treatment for patients with morbid obesity.

Other improvements can be mentioned such as another room for ultrasonography and also a new diagnostic resource through capsule endoscopy. This exam is useful to detect diseases of the digestive tract, particularly those of the small intestine that is normally not reached by the habitual endoscopic methods.

In 2009, HNB continued with socio-educational activities through medical and dental care for underprivileged children, income generation activities for families, lectures for pregnant women and groups for adolescents, training and promoting the emancipation of the families receiving services.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONAII	
Date founded	1988	
DATA AND INDICATORS		
Total beds installed	(dec/09)	221
Total operational beds	(dec/09)	221
ICU beds	(dec/09)	33
Physicians registered	(dec/09)	414
Active employees	(dec/09)	1.327
Emergency room consultations	(2009)	303.378
Outpatient consultations	(2009)	295.432
Hospitalizations	(2009)	14.822
Surgeries (except births)	(2009)	12.295
Births	(2009)	2.492
Exams	(2009)	360.982
Gross revenue (in millions of R$)	(2009)	175,8

HOSPITAL NIPO-BRASILEIRO
BENEFICÊNCIA NIPO-BRASILEIRA DE SÃO PAULO

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www.hospitalnipo.org.br

HOSPITAL NOSSA SENHORA DAS GRAÇAS

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONA II	
Date founded	1950	
DATA AND INDICATORS		
Total beds installed	(dec/09)	238
Total operational beds	(dec/09)	194
ICU beds	(dec/09)	33
Physicians registered	(dec/09)	1.004
Active employees	(dec/09)	1.152
Emergency room consultations	(2009)	89.014
Outpatient consultations	(2009)	42.948
Hospitalizations	(2009)	14.025
Surgeries (except births)	(2009)	7.807
Births	(2009)	1.969
Exams	(2009)	592.263
Gross revenue (in millions of R$)	(2009)	87.5

HOSPITAL NS DAS GRAÇAS

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(41) 3240-6060
www.hnsg.org.br

Nossa Senhora das Graças (HNSG), founded in 1950 by Irmas Filhas da Caridade de São Vicente de Paulo, is a general hospital, located in Curitiba (Paraná). The institution is a national and international reference in high complexity treatments, such as Bone Marrow Transplant and Oncology. It is one of the largest hospital centers among the activities of Irmãs Filhas da Caridade de São Vicente de Paulo in the five continents. When it started its activities, HNSG had only 100 beds and just over 18 physicians. Nowadays it has an advanced technology park, advanced diagnosis and treatment center, besides units specialized in intensive and surgical care. It has already obtained several awards, investing in quality management in order to offer a standard of excellence to its customers. Consolidating its position as a hospital complex, it currently gathers together more than 2500 people, consisting of physicians, collaborators, Vincentian Sisters and partners.

In 2004, after experiencing a difficult time, Hospital Nossa Senhora das Graças redefined the directions of its market positioning, modifying its administration model, and adopting governance practices adapted to the characteristic of the entity, which permitted the institutional growth attained in recent years.

RECENT HIGHLIGHTS

During the year 2009, Hospital Nossa Senhora das Graças experienced important milestones and advances in its history. Constantly upgrading routines, services, infrastructure and technology, over the last year it reformulated important sectors, including the Hematology and Bone Marrow Transplant Service (TMO), which was totally prepared to perform Marrow Transplants between unrelated patients. HNSG is an international reference for hematology treatment and bone marrow transplants and receives patients from all over the world. The new sector features modern facilities and humanized decoration, with an exclusive semi-intensive care unit and restricted access control. Moreover, the service answers to a thorough hospital infection control process, with special restrictions for health professionals and families, affording safety and peace of mind for patients.

Another highlight is the consolidation of the administrative management of Hospital Materno Infantil Dr. Jeser Amarante Faria, from Joinville (Santa Catarina). Over a year ago, HNSG took over, as a social organization, after winning a bid, this important institution that caters to patients - mothers and youths from 0 to 18 years of age - in operations of medium and high complexity by the Unified Health System. It has since potentialized the knowledge accumulated in almost 60 years of life and put it to work in favor of the population of Joinville. Advanced management techniques were implemented in this period with maximum transparency, aligned to healthcare needs, in conformity with ethical and Christian principles.

HOSPITAL NOSSA SENHORA DE LOURDES

With activities in a wide range of health service segments, Grupo Nossa Senhora de Lourdes is a medical and hospital complex, located in the neighborhood of Jabaquara, south end of São Paulo, formed by 10 associated companies. The group began with the founding, in 1958, of Hospital Nossa Senhora de Lourdes by physician Dr. Cícero Aurélio Sinisgalli.

After 35 years of existence as a district hospital, Hospital Nossa Senhora de Lourdes became a Center of Reference in Health as of the 90s, forming Grupo Nossa Senhora de Lourdes and, by means of the association with physicians from its clinical staff, opened its associated companies.

Nowadays it has 2 thousand employees, 2.5 thousand physicians in a structure that aggregates 330 beds. It has cutting-edge technology equipment, a physical structure of a high standard and qualified human resources, which provide agile and efficient service in all areas.

Its management administration system is based on the principles of modern administration with corporate governance, systems based on controls and processes geared toward quality and strategic planning controlled by BSC.

The companies that form the group are: Hospital Nossa Senhora de Lourdes, Hospital da Criança (1998), Centro Diagnóstico (1997), Angiodinâmica (1992), Lithocenter (1991), Saúde Medicol (1980), Hospclean (1993), CMI – Centro de Medicina Integrada (1994), Interlar Home Care (1999) and Escola Nossa Senhora de Lourdes (2000).

RECENT HIGHLIGHTS

At the beginning of 2010, the executive presidency of the Group was occupied by Fábio Sinisgalli, who has already been nominated twice for the Top Hospitalar award in the category of hospital administrator. Dr. Cícero Aurélio Sinisgalli, founder of the institution, is the chairman of the Advisory Council.

Anchored mainly in the expansion of Hospital Nossa Senhora de Lourdes, which was enlarged in 2008, Grupo Nossa Senhora de Lourdes ended 2009 with gross revenue of R$ 250 million, 22% higher than that of the prior year. For 2010 the goal is to grow another 16%, with a forecast of R$ 290 million.

The quest for quality is the main goal for this year, which foresees national projection and consolidation as a modern hospital complex of quality. In 2010, Hospital Nossa Senhora de Lourdes and Hospital da Criança will be confirmed as the main businesses of the Group. Besides the conclusion of the works on the new building and the installation of a new surgical center with 15 rooms and the Oncology Center.

Another strategic objective is to ensure the retention of qualified human capital, thus guaranteeing the excellence of services rendered, attested by the maintenance of the certification obtained from the National Accreditation Organization (ONA III) for Hospital Nossa Senhora de Lourdes and Hospital da Criança.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII	
Date founded	1958	
DATA AND INDICATORS		
Total beds installed	(dec/09)	330
Total operational beds	(dec/09)	275
ICU beds	(dec/09)	55
Physicians registered	(dec/09)	2.500
Active employees	(dec/09)	2.000
Emergency room consultations	(2009)	235.000
Outpatient consultations	(2009)	173.000
Hospitalizations	(2009)	13.400
Surgeries (except births)	(2009)	13.000
Births	(2009)	N/A
Exams	(2009)	170.000
Gross revenue (in millions of R$)	(2009)	250,0

HOSPITAL NOSSA SENHORA DE LOURDES

Rua das Perobas, 344
Jabaquara
São Paulo-SP
04321-120
(11) 5018-4000
www.nsl.com.br

HOSPITAL NOVE DE JULHO

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII Accreditation Canada	
Date founded	1955	
DATA AND INDICATORS		
Total beds installed	(dec/09)	278
Total operational beds	(dec/09)	278
ICU beds	(dec/09)	60
Physicians registered	(dec/09)	3.800
Active employees	(dec/09)	1.409
Emergency room consultations	(2009)	97.349
Outpatient consultations	(2009)	42.761
Hospitalizations	(2009)	16.027
Surgeries (except births)	(2009)	15.589
Births	(2009)	N/A
Exams	(2009)	903.250
Gross revenue (in millions of R$)	(2009)	250,0

Founded in 1955, in São Paulo, Hospital 9 de Julho is one of the most important private health institutions in the country. With a turnover of around R$ 230 million in 2008, 1.5 thousand collaborators and 3.8 thousand physicians registered, the institution stands out on account of excellence in customer care, professional efficiency and high problem-solving ability. Today the hospital complex is comprised of 27 thousand m2 and 279 beds, of which 60 are in the Intensive Care Units.

A reference in high complexity medicine, Hospital 9 de Julho has focused its investments on emergency care and traumas and on the creation of Specialties Centers, such as the Oncology Center, Pain and Functional Neurosurgery Center, Gastroenterology, Kidney and Sports Medicine Center.

RECENT HIGHLIGHTS

Among the movements that can be emphasized for the management area, we can mention:

• Deployment of the Strategic Management System - Interact;
• Inclusion of care provision indicators in the BSC Strategic Map;
• Obtainment of international certification Accreditation Canada;
• Structuring of the Clinical Staff Management Program;
• Creation of a Budget Management Module. Among expansions and renovations:
• Nine hospitalization units with 8 beds and 3 VIP suites (50 m2 each);
• Construction of integrated space for Study, Education and Training Center;
• New H9J auditorium (capacity for 80 people) and creation of new Medical Space
• Remodeling of 2 hospitalization floors (total of 35 private rooms);
• Creation of new ICU with 10 beds and Renovation in the Diagnostic Investigation Service.

2010

• Expansion Emergency Room;
• Creation of 24 new hospital beds and remodeling of hospitalization floors;
• Renovation of the Imaging area (Radiology, Tomography and Resonance);
• Creation of Center of Medical Specialties (16-story building).

HOSPITAL NOVE DE JULHO

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Bela Vista
São Paulo-SP
01409-902
(11) 3147-9999
www.h9j.com.br

HOSPITAL ALEMÃO OSWALDO CRUZ

Founded in 1896, by German speaking immigrants, Hospital Alemão Oswaldo Cruz was idealized with the purpose of serving the community and of reciprocating the warm welcome from the Brazilian people. Since the beginning, the institution has sustained its vocation of caring for people, combining a welcoming attitude with precision, reflected in the excellence of full service to the health chain, which embodies education, prevention, diagnosis, treatment and rehabilitation, offering more results to patients and the community.

With five large focal areas - circulatory, digestive, musculoskeletal and oncologic diseases and care for the elderly – the Hospital develops a line of permanent evolution that enables it to be a reference in its areas of activity. Recognition as one of the best health institutions in Brazil is a reflection of the work of its competent clinical staff and of the professionals that comprise the scope of collaborators of the hospital and one of the most well-trained medical care teams in the country.

Its headquarters, in Paraíso, feature 273 beds distributed over the 72 thousand m2 of built-up area.

In 2007, the institution was recertified by the National Accreditation Organization (ONA III), the highest degree of national certification granted to a hospital institution. In the sphere of the European community, the Hospital also achieved Telemedicine for the Mobile Society (Have), German certification that positions it as a reference in world-class hospital services for Europeans traveling to Brazil.

In 2009, the institution was certified by the Joint Commission International (JCI), which positions it alongside the best health institutions in the world.

RECENT HIGHLIGHTS

With the constant concern about expanding the activities pursued by the institution, the year 2009 was marked by conclusion of the project and the start of construction of the new building on hospital land. New centers - Prostate Institute, Diabetes Center, Geriatrics and Gerontology Institute and Center of Excellence in Bariatric and Metabolic Surgery also started operating.

The plans for expansion and modernization of Oswaldo Cruz in 2010 involve investments of R$ 60 million. This amount will be invested in the continuity of the construction work of the new building, in the modernization of equipment and facilities, in maintenance works that guarantee the excellence of the operation, and in new activities.

The investments for 2010 will also target technologies that result in the refinement of processes of the institution. A new hospital management system should be implemented that should afford more safety and better performance in the execution of the Hospital's duties. The system should be operative at the beginning of 2011. Besides the new Campo Belo unit, covering 1.9 thousand m2, which should be opened at the beginning of the second half of 2010. Designed to cater to the areas of reference of the Institution, it will have two operating theaters for minor and medium procedures. The hospital has also started the preparation of the physical area where the Center for Care of Breast Health will operate, together with Maternidade Pro Matre/Santa Joana. The new service should be inaugurated in the first half of 2010.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONA III	
	JCI	
Date founded	1896	
DATA AND INDICATORS		
Total beds installed	(dec/09)	273
Total operational beds	(dec/09)	307
ICU beds	(dec/09)	34
Physicians registered	(dec/09)	4.253
Active employees	(dec/09)	1.653
Emergency room consultations	(2009)	56.313
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	17.046
Surgeries (except births)	(2009)	28.793
Births	(2009)	N/A
Exams	(2009)	157.175
Gross revenue (in millions of R$)	(2009)	384,4

Hospital Alemão OSWALDO CRUZ
Aqui, tecnologia e carinho trabalham juntos.

Rua João Julião, 331
Paraíso
São Paulo-SP
01313-020
(11) 3549-1000
www.hospitalalemao.org.br

HOSPITAL PORTUGUÊS

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAI	
Date founded	1857	
DATA AND INDICATORS		
Total beds installed	(dec/09)	341
Total operational beds	(dec/09)	N/A
ICU beds	(dec/09)	86
Physicians registered	(dec/09)	1.490
Active employees	(dec/09)	2.341
Emergency room consultations	(2009)	1.879
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	12.791
Surgeries (except births)	(2009)	1.028
Births	(2009)	N/A
Exams	(2009)	6.553
Gross revenue (in millions of R$)	(2009)	162,8

One of the oldest and most traditional hospital organizations from the state of Bahia and from Brazil started operating 153 years ago. Sociedade Portuguesa de Beneficiência was created in January 1857, with Mr. Marcos José dos Santos as its first president.

Subsequently founded by citizens of Portuguese origin as well, Sociedade de Beneficiência Dezesseis de Setembro joined up with Sociedade Portuguesa de Beneficiência to form Sociedade de Beneficiência Dezesseis de Setembro. D. Luiz I, King of Portugal, later assigned it the title of Royal (Real), whereby its name became Real Sociedade de Beneficiência Dezesseis de Setembro. In 1866, thanks to its benefactors, the first building of Hospital Português was opened in Alto do Bonfim. In 1931 the Hospital was transferred to Avenida Princesa Isabel, place where the city started to develop. During these 153 years, many units, new technologies, teaching and research actions were inaugurated, in addition to community actions, keeping abreast of the advances of medicine and preserving the care philosophy that marks the history of the Institution. Hospital Português was the stage of great feats in medicine in the state of Bahia, contributing to the optimization of healthcare for the community.

RECENT HIGHLIGHTS

In 2009 it opened Maternidade Santamaria that started operating with differentials such as personalized care, high technology, comfort and specialized teams of obstetricians, nurses, anesthetists and neonatologists. Maternidade Santamaria, situated in an annex building of Hospital Português, contains 26 obstetrics rooms; Obstetric Center, with three spacious rooms, two of which have a viewing window, for the family to watch the birth; a room specially prepared for humanized births - according to criteria advocated by the Ministry of Health - and a post-anesthesia recovery center, with three monitored observation boxes. The Maternity Unit also features a Neonatal ICU with ten beds, initially, but with a capacity for 21, with two isolation beds. All this without mentioning that the Unit is based on the support of the specialists of the Institution, in an agile and efficient manner, as a footbridge was built to connect the Hospital to the reserve beds of the Maternity Unit, kept for possible eventualities, thus offering more safety and peace of mind to women in labor.

Hospital Português

Av. Princesa Isabel, 914
Barra Avenida
Salvador-BA
40140-901
(71) 3203-5555
www.hportugues.com.br

HOSPITAL PRÓ-CARDIACO

Hospital Pró-Cardíaco was founded on November 9, 1959, following a cardiac emergency room model, initially having an electrocardiograph, a rented ambulance and the skill of its professionals, as its main assets.

Currently with 110 beds for clinical and surgical hospitalization, its activities have always been geared toward high complexity. The hospital has always sought the institutional improvements of Brazil and foreign countries as benchmarking, adding healthcare quality and innovation. It ended up achieving a prominent position in the national scenario as premium hospital in its life story of excellence in healthcare results. The emergency, intensive care and coronary units contributed to these results.

Over the course of its history it has achieved important milestones, including: the first Coronary Unit of a private hospital in Rio de Janeiro (1968); the first hemodynamics in a private hospital;(1980) and the construction of an intensive care center with modern technology and transdisciplinary healthcare an equipped Surgical Center (1988).

It was also responsible for the first Chest Pain Unit in the country (1995), a differential of Hospital Pró-Cardíaco, having represented an important advance in the provision of care to patients. The systematization of healthcare and the early stratification of patients with chest pain decrease unnecessary and prolonged hospitalization and avoids the release of patients with potentially severe cases. In 2003 it started pioneer work with stem cells in ischemic cardiopathy. In 2007, Hospital Pró-Cardíaco was accredited by the National Accreditation Organization (ONA III), and in the following year, it received the Award of Merit in Science and Technology from the Brazilian Cardiology Society, which reflects the important scientific contributions of the clinical staff and of the cardiovascular investigators of the institution.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONAIII	
Date founded	1958	
DATA AND INDICATORS		
Total beds installed	(dec/09)	110
Total operational beds	(dec/09)	110
ICU beds	(dec/09)	19
Physicians registered	(dec/09)	550
Active employees	(dec/09)	839
Emergency room consultations	(2009)	7.996
Outpatient consultations	(2009)	74
Hospitalizations	(2009)	4.379
Surgeries (except births)	(2009)	1.658
Births	(2009)	N/A
Exams	(2009)	27.575
Gross revenue (in millions of R$)	(2009)	138,9

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Rua Dona Mariana, 219
Botafogo
Rio de Janeiro-RJ
22280-020
(21) 2131-1449
www.procardiaco.com.br

HOSPITAL QUINTA D'OR

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONA III Accreditation Canada	
Date founded	2002	
DATA AND INDICATORS		
Total beds installed	(dec/09)	233
Total operational beds	(dec/09)	243
ICU beds	(dec/09)	118
Physicians registered	(dec/09)	1.200
Active employees	(dec/09)	1.802
Emergency room consultations	(2009)	68.333
Outpatient consultations	(2009)	17.002
Hospitalizations	(2009)	18.304
Surgeries (except births)	(2009)	6.782
Births	(2009)	300
Exams	(2009)	632.294
Gross revenue (in millions of R$)*	(2009)	1.111,0

(*) Consolidated value of the group

Officially opened in September 2001, Hospital Quinta D'Or is located in front of Quinta da Boa Vista, in the city of Rio de Janeiro. It belongs to the Rede D'Or chain, and originated from the renovation of an old hospital called Hospital São Francisco de Paula. In the recovery of the building they restored spaces of the historical construction and the whole structure was modernized, preserving features such as the spacious private rooms and the natural lighting of the corridors, which create a cozy and humanized environment. With a strategic location, it has already become a reference in quality of response to clinical and surgical emergencies in the region where it is present.

High complexity medicine is a distinguishing aspect at Hospital Quinta D'Or, which for this reason maintains a medical team of the highest academic standard, with education and specializations at the most expressive educational institutions from the area of health in Brazil and abroad. The open clinical staff ensures medical care in several specialties, with total quality and the recognition of the various medical societies.

With the intention of ensuring high levels of quality and safety, the Hospital takes part in certification processes, through the international certifier Accreditation Canada, and the National Accreditation Organization (ONA).

There are more than 200 beds available and distributed around the Hospital Admission, Intensive Care, Semi-Intensive Care, Pediatric, Maternity, Emergency - adult and pediatric, and Hemodynamic sectors.

RECENT HIGHLIGHTS

In July 2009, Hospital Quinta D'Or opened the Center for Surgical Treatment of Obesity, which offers a complete package for patients that require surgical treatment of obesity, inside a hospital environment, where it is possible to perform exams and to provide pre- and post-surgical care. A new Nephrology service was also deployed.

At the end of 2009 the Hospital was recertified by Accreditation Canada, reaffirming its quality and safety in the care of patients.

At the beginning of 2010 it opened a new area for the Coronary Unit. In addition, a new building is in the final phase of deployment, which will serve to house the Oncology Center of the D´Or chain. The new center will occupy 700 m2 of built-up area in the expansion of Hospital Quinta D'Or and will have a multidisciplinary team. It will offer the most modern techniques in chemotherapy, radiotherapy and supplementary exams for early diagnoses and tracking, besides having the most innovative technology in radiosurgery: Novalis™, the only apparatus in the state and the second in the country.

QUINTA D'OR HOSPITAL

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São Cristóvão
Rio de Janeiro-RJ
20941-150
(21) 3461-3600
www.quintador.com.br

REAL HOSPITAL PORTUGUÊS

Real Hospital Português de Beneficiência (RHP) is located in Recife (Pernambuco) and was founded in 1855, by the Portuguese physician José D'Almeida Soares Lima Bastos, president of the Portuguese Cabinet of Reading of Recife at the time, as a center of resistance to treat the victims of the cholera epidemic that was ravaging the country. In the following year, through a charter, aiming to externalize the support of the Portuguese nation to the Institution, the King of Portugal placed the hospital from Recife under his "Royal Protection". In 1907, a charter granted by D. Carlos I bestowed the title of Royal, to Hospital Português de Beneficiência in Pernambuco.

Nowadays, RHP is considered the most complete center of medical excellence in the North and Northeast of Brazil. In relation to the medical services and in the hotel management that it offers to customers, it is the institution with the greatest complexity and the most well equipped in these regions, combining tradition and modernity.

The hospital complex is comprised of: Real Hospital do Coração (RHC), Edif. Egas Moniz (general emergency service - Real Vida and hospitalization), Real Mater (maternity), Infante (pediatric unit), Edif. Arnóbio Marques (consulting rooms), Edif. José Maria Matos (parking, consulting rooms and administration), Ambulatório de Beneficiência Maria Fernanda and Unidade Avançada de Boa Viagem. In addition, there are over 50 specialized clinics and three laboratories operating inside RHP.

An Administrative Board, formed by members of the RHP Association, is in charge of the management of Real Hospital Português. Every two years the Board members elect the Provider, leader who assumes the power to make decisions inside the Hospital and establishes future which direction it will take.

RECENT HIGHLIGHTS

The year 2009 was one of considerable success for all the areas of Real Hospital Português: success in terms of technology, infrastructure and institutional recognition. The institution acquired the first positron emission tomography scanner in Pernambuco (PET/CT), equipment that revolutionizes the diagnosis and the therapeutic indication of cancer.

It restructured the endoscopy service, enlarging the facilities and obtaining new colonoscopy and high endoscopy equipment, besides Pernambuco's first pediatric probe. It also opened the new restaurant Paço Real, with the capacity to serve 600 meals during opening hours. It also started the construction of the new 15-story building João de Deus, with 220 beds that will be used for the oncology unit and for hepatic transplantations. The construction work should be finished in November 2010.

It deployed electronic patient records with digital certification, guaranteeing more security in patient information safekeeping, mobility to access data from any place and agility in the diagnosis time, which signified improvements in the delivery of services to patients.

Real Hospital Português also won the Talentos award, granted by Portugal's Ministry of Foreign Affairs and by the General Management of Consular Affairs and Portuguese Communities for having excelled in its area of activity.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONA I	
Date founded	1855	
DATA AND INDICATORS		
Total beds installed	(dec/09)	580
Total operational beds	(dec/09)	580
ICU beds	(dec/09)	139
Physicians registered	(dec/09)	10.993
Active employees	(dec/09)	3.450
Emergency room consultations	(2009)	187.450
Outpatient consultations	(2009)	81.244
Hospitalizations	(2009)	22.895
Surgeries (except births)	(2009)	23.236
Births	(2009)	3.665
Exams	(2009)	417.920
Gross revenue (in millions of R$)	(2009)	281.3

Av. Agamenon Magalhães, 4760
Paissandú
Recife-PE
52050-910
(81) 3616-1122
www.rhp.com.br

HOSPITAL SAMARITANO

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	JCI	
Date founded	1894	
DATA AND INDICATORS		
Total beds installed	(dec/09)	201
Total operational beds	(dec/09)	201
ICU beds	(dec/09)	49
Physicians registered	(dec/09)	1.207
Active employees	(dec/09)	1.495
Emergency room consultations	(2009)	132.153
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	15.000
Surgeries (except births)	(2009)	11.044
Births	(2009)	300
Exams	(2009)	1.123.896
Gross revenue (in millions of R$)	(2009)	231,0

HOSPITAL SAMARITANO SÃO PAULO

Rua Conselheiro Brotero, 1486
Higienópolis
São Paulo-SP
01232-010
(11) 3821-5300
www.samaritano.org.br

Since its creation, in 1894, Hospital Samaritano has been a philanthropic institution focused on charity and ecumenism. On January 25, 2010, on the same day and in the same month that São Paulo was founded, the Samaritano celebrated 116 years of a career totally geared toward the promotion and maintenance of quality of life for people.

During its history, the Samaritano crumbled paradigms, shaped professionals and promoted changes in the style of caring and curing, offering the best treatments, with maximum comfort and safety. Hospital Samaritano is a reference in humanization on account of the medical care provided by its multidisciplinary team. Thinking of individuals with life threatening progressive diseases, in 2009 the institution created a Program for Palliative Care, in which a group of consultants acts in providing care of a physical, emotional, social or spiritual nature to patients.

The excellence of Hospital Samaritano in caring for the health of the community is acknowledged internationally. The hospital has been a member of the American Hospital Association since 1977. In addition, in 2004 the high standard of quality earned Hospital Samaritano accreditation by the Joint Commission International (JCI), the most important certifier of quality standards for health institutions in the world. The hospital was also reaccredited by JCI in 2007.

It recently started the construction of a new and modern hospital complex, which will feature a 19-story building covering 60 thousand m2. The construction work should be completely finished in 2011 and the capacity of the entire complex will be 300 beds. The first stage of construction should be delivered in the first half of 2010 already.

RECENT HIGHLIGHTS

The year 2009 was a milestone in the deployment of new technologies at the institution. In April a new hospital management system was implemented that represented a major advance in the optimization of internal processes and in the creation of an electronic record of patients. Moreover, the medication distribution and dispensation processes of the Pharmacy of Hospital Samaritano experienced a revolution, after the deployment of the vertical carrousel Kardex and of Pyxis – which allows the emergency distribution of medications in strategic areas.

To ensure first-rate medical care, Hospital Samaritano relies on a multidisciplinary committee that evaluates the benefits generated by the acquisition of new equipment that offers high resolution in diagnoses and agility in treatment.

The senior management of the institution adopted the commitment of offering support to the poorer population and improving their quality of life through the creation and implementation of more than 20 projects associated with SUS in the three government spheres. In an arrangement with the State Government of São Paulo, it is developing a program for the recovery of 16 Santa Casa hospitals and public maternity units, located in the interior of the state and on the coast of São Paulo, which involves the development of management systems, performance appraisal tools and deployment of new operating processes at these institutions. Furthermore, in 2009 it inaugurated Projeto Jovem Samaritano, first public clinic for the treatment of male adolescents addicted to alcohol and drugs.

Hospital Samaritano entered into an agreement with the Federal Government for the development of and support to healthcare management of units of Fundação Oswaldo Cruz, in Rio de Janeiro, and of hospitals from the northern, northeastern and Midwestern regions of the country.

HOSPITAL SANTA CATARINA

A reference of quality in the rendering of healthcare services in Brazil, Hospital Santa Catarina (HSC) was founded in February 1906, on Avenida Paulista, in the city of São Paulo, by Associação Congregação de Santa Catarina (ACSC).

Second largest philanthropic institution in the country, according to Kanitz & Associados, ACSC has 28 'houses', including Santa Catarina, which sets aside a significant part of its turnover for several actions in the areas of health, education, social and pastoral welfare.

With 52 thousand m2, 320 general beds and 58 Maternity beds, HSC currently has 2 thousand employees, around 5 thousand registered physicians and a modern infrastructure, to provide full and humanized care. It also has 25 rooms distributed around three Surgical Centers, where approximately 1.7 thousand hospitalizations, 350 births and 1.5 thousand surgeries are performed per month.

Isolated from other treatment units, the Maternity unit has highly qualified professionals and a complete infrastructure to cater to the needs of physicians, pregnant women and newborns, providing peace of mind, well-being and a sense of security.

Considered one of the best hospitals in the country in services of high complexity, such as neurosurgeries, cardiac surgeries and provision of care to premature children, Hospital Santa Catarina has a 24-hour Emergency Service and five intensive care units: Neurological, Cardiac, Pediatric, Neonatal and General ICUs, all with individual beds, windows and natural lighting, planned to improve the quality of life of patients.

RECENT HIGHLIGHTS

For Hospital Santa Catarina, 2009 was a year of renewal. With the arrival of the new chief executive officer, Manoel Ricardo Navarro Borges, HSC initiated a plan of changes and achievements. Last September the hospital opened the Collaborators' Space, reserved for rest, reading and leisure of professionals that work at the company. Three months afterwards it concluded the construction work of block B, intended to modernize its facade and infrastructure. The financial area was also restructured, which meant that the Hospital started 2010 with a financial reserve of more than R$ 20 million, favoring important investments, such as the demolition of block D, for construction of a new building, renovation in the areas of Emergency Care and the purchase of modern equipment. In 2010, HSC is also planning to reposition itself among the best three hospitals in São Paulo, focusing its training on care of high complexity combined with the tradition of humanization in service rendering.

Other new features involve the renovation and modernization of the restaurant and opening of the Oncology Center with the start of radiotherapy activities, which will start functioning with all the necessary services in the second half of 2010.

In 2009, Hospital Santa Catarina transferred R$ 37 million to the social works of Associação Congregação de Santa Catarina.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII Accreditation Canada	
Date founded	1906	
DATA AND INDICATORS		
Total beds installed	(dec/09)	327
Total operational beds	(dec/09)	320
ICU beds	(dec/09)	88
Physicians registered	(dec/09)	5.000
Active employees	(dec/09)	2.000
Emergency room consultations	(2009)	125.500
Outpatient consultations	(2009)	5.263
Hospitalizations	(2009)	19.300
Surgeries (except births)	(2009)	17.991
Births	(2009)	4.000
Exams	(2009)	1.151.447
Gross revenue (in millions of R$)	(2009)	312.4

Hospital Santa Catarina

Av. Paulista, 200
Bela Vista
São Paulo-SP
01310-000
(11) 3016-4133
www.hsc.org.br

HOSPITAL SANTA GENOVEVA

Hospital Santa Genoveva located in Goiânia (Goiás) is one of the traditional private health services in the state. Classified as a general hospital, It is considered a reference in cardiac surgery, bariatric surgery, general surgery, neurology and orthopedics, besides being the only private hospital in Goiás to perform organ transplants (heart, kidneys, pancreas-kidneys). Its founder, Dr. Francisco Ludovico, also created the faculty of medicine of Universidade Federal de Goiás.

The hospital arose in 1964, inside a copse in a privileged space of environmental preservation with native woods. With more than 10 thousand m2 of built-up area, it has 148 beds distributed among private rooms, wards, ICU, nursery, Day Clinic and emergency unit. Besides the Surgical Center with six rooms, and with all the intrinsic diagnostic and diagnosis services such as: Hemodynamics, Radiology, Tomography, Ultrasonography, Endoscopy, Colonoscopy, Ergometrics, Echography, Holter, Map, Laboratory of Clinical Analyses and 24-hour Emergency.

The hospital is the only one in the state accredited by the National Accreditation Organization (ONA). Promoting life in all its values, based on knowledge, technology and on the self-sustainable management model, with social and environmental responsibility, is the reason for the hospital's existence to our internal and external customers.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAI	
Date founded	1970	
DATA AND INDICATORS		
Total beds installed	(dec/09)	148
Total operational beds	(dec/09)	148
ICU beds	(dec/09)	19
Physicians registered	(dec/09)	111
Active employees	(dec/09)	327
Emergency room consultations	(2009)	22.400
Outpatient consultations	(2009)	75.445
Hospitalizations	(2009)	7.472
Surgeries (except births)	(2009)	2.178
Births	(2009)	74
Exams	(2009)	32.054
Gross revenue (in millions of R$)	(2009)	30,7

RECENT HIGHLIGHTS

The achievement of the ONA accreditation certificate, brought major gains in the delivery of services to patients, medical team and collaborators. More than R$ 500 thousand were invested in physical structure, geared toward the expansion and renovation of the Food and Nutrition Unit, multidisciplinary rest, private rooms and wards. The institution also Invested in training, by means of the program of continued education, post graduation and specialization in the area of health (Fundação Getulio Vargas). The institution also maintained the medical residencies in cardiology, general surgery, general practice and anesthesiology, authorized by the Ministry of Education and Culture (MEC).

HOSPITAL SANTA GENOVEVA
Dr. Francisco Ludovico

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Setor Santa Genoveva
Goiânia-GO
74670-430
(62) 3264-9000
www.santagenoveva.com.br

HOSPITAL E MATERNIDADE SANTA JOANA

The history of Hospital e Maternidade Santa Joana began 62 years ago, when twelve recently graduated physicians, who worked at the second Surgical Unit for Women of Santa Casa de São Paulo, decided to open a new unit for their private patients, thus creating Casa de Saúde Santa Joana.

As time passed the maternity unit became a meeting point for professionals from the area and the pioneer initiative of the Study Center of Hospital e Maternidade Santa Joana, which has been organizing high level scientific events in the area of perinatology for 15 years now, took shape. Hospital e Maternidadade Santa Joana is currently part of the largest private group of maternity units in Latin America, Grupo Santa Joana.

In 2000, Grupo Santa Joana commenced its expansion and acquired Maternidade Pro Matre Paulista, in São Paulo, and in 2009, the Group joined Maternidade Perinatal, with units in Laranjeiras and in Barra da Tijuca, in Rio de Janeiro. Today, the four units together deal with an average 30 thousand births per year and figure among the leaders in the national ranking of Maternity Units.

RECENT HIGHLIGHTS

For 2010, Santa Joana is preparing an expansion that will enlarge the current structure from 25 thousand m2 to 41.5 thousand m2 and will add another 15 Surgical and Obstetric Center rooms, 22 post-anesthesia recovery beds, 40 private rooms and three delivery rooms for natural births. The institution is also planning to increase the activity of its hospital reserve, by means of a new diagnostic center.

Since it was founded, Santa Joana has maintained its commitment to the academic world, by believing in the importance of dissemination of medical knowledge. One of the examples of this is the fact that the residents of Escola Paulista de Medicina da UNIFESP spend their fourth year of medical residency in the Neonatal ICU of Santa Joana in pursuit of specialization. Anesthesiology residents from the University of Washington also spend part of their specialization period inside the anesthesiology department of the hospital.

For the fourth year running, Santa Joana obtained the maximum level from the National Accreditation Organization (ONA III). Moreover, the group's maternity units were pioneers seven years ago in their adhesion to the Vermont Oxford Network.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Hospital Não-Filantrópico		
Organization of the clinical staff	Open	
Accreditations	ONA III	
Date founded	1948	
DATA AND INDICATORS		
Total beds installed	(dec/09)	342
Total operational beds	(dec/09)	342
ICU beds	(dec/09)	86
Physicians registered	(dec/09)	5.622
Active employees	(dec/09)	2.164
Emergency room consultations	(2009 | 4° tri)	8.392
Outpatient consultations	(2009 | 4° tri)	5.418
Hospitalizations	(2009)	21.915
Surgeries (except births)	(2009)	7.165
Births	(2009)	12.521
Exams	(2009)	N/A
Gross revenue (in millions of R$)	(2009)	Not informed

SANTA JOANA
HOSPITAL E MATERNIDADE

Rua do Paraíso, 450
Paraíso
São Paulo-SP
04103-000
(11) 5080-6000
www.hmsj.com.br

HOSPITAL SANTA JOANA

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	In process	
Date founded	1979	
DATA AND INDICATORS		
Total beds installed	(dec/09)	151
Total operational beds	(dec/09)	148
ICU beds	(dec/09)	47
Physicians registered	(dec/09)	670
Active employees	(dec/09)	1.228
Emergency room consultations	(2009)	86.487
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	16.138
Surgeries (except births)	(2009)	7.323
Births	(2009)	1.323
Exams	(2009)	159.647
Gross revenue (in millions of R$)	(2009)	108,6

HOSPITAL SANTA JOANA
A CIDADE EM BOAS MÃOS

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Graças
Recife-PE
52011-000
(81) 3216-6666
www.santajoana.com.br

Commitment to excellence in patient care, combining specialized knowledge with new technologies. It was with this guideline that Hospital Santa Joana, located in Recife (Pernambuco), was officially opened in 1979. Three decades later, the recognition of customers and of the medical class, achieved over the years, is the result of courage and determination of breaking down paradigms and of bringing new world concepts of hospital medicine to Recife. Boldness and innovative dauntlessness are marks that have accompanied Santa Joana since it was founded.

The hospital was conceived and designed to revolutionize the hospital medicine services existing in the Northeast, and to offer comfort combined with excellence in quality of care and state-of-the-art technology.

The hospital stood out in the technological area, and is the first from Latin America to have a three-dimensional biplane angiography scanner for the performance of neurological and cardiologic interventions. Over the course of its history, the institution has developed a policy of permanent investments in state-of-the-art technology and development of its human resources.

It always strives to offer physicians and patients the most modern items available in the various segments. For this reason, Santa Joana is today a reference in several specialized services of high complexity, such as Angiography and Hemodynamics, Oncology, Neurology, Neurosurgery, Trauma Orthopedics, Clinical and Surgical Cardiology, Neonatology and Diagnostic Preventive Medicine.

RECENT HIGHLIGHTS

Last year, when it celebrated its 30th anniversary, Hospital Santa Joana developed a large set of planned actions aiming to consolidate its position among the most modern hospital centers in the country. Among the examples, it is important to emphasize the expansion and renovation of the Oncology Unit, which has always been a reference in health care and services and that became more modern, with differentiated and friendly architecture. In addition it created the Reception Center, an innovative service of hospital hotel management, which includes differentiated services such as a beauty parlor, DVD rental for pediatrics, and others. It created the Customer Care Service, for records of patient care provision, aimed at guaranteeing differentiated service and further promoting the well-being of patients and families.

It also acquired state-of-the-art equipment, such as open magnetic resonance of high resolution, 64-channel multislice Ct- tomography scanner, Acuson Antares and X-300 ultrasound, nuclear medicine with 3 items of equipment, including Spect –CT, besides its plans for acquisition of PET CT.

It also planned the construction of the new ICU that will occupy a whole floor of the main building and the enlargement of the Hospital Complex through physical expansion, with a 20% increase in the number of beds, creation of new support areas and consulting rooms, besides a shoulder and knee unit. It also began to invest more heavily in the preparation of the process of obtainment of the Certification of International Hospital Accreditation by JCI, to increasingly refine the quality of its services, supported by the Brazilian Accreditation Consortium (CBA). Initiated in 2008, the project has been strongly developed through adaptation of processes to the standards of the International manual, development and training of human resources of the institution.

HOSPITAL SANTA LUZIA

To offer protective services for health and quality of life, inspired by individual and collective needs, and to care for people in an all-encompassing manner, with human and technological competence. This is the mission of Hospital Santa Luzia and also what best defines its performance in the health segment.

Founded in 1971, Hospital Santa Luzia is a general hospital of high complexity, which has established a constant pursuit of excellence and quality of services throughout its history, and thus maintains the seal of the National Accreditation Organization (ONA II). The focus on the improvement of processes led to the obtainment of the Certificate of Quality of Medical and Hospital Care (CQH), bestowed upon the first hospital outside the state of São Paulo.

With four decades of tradition in the market, the institution has always sought to remain modern. Proof of this commitment is the new Emergency Care Unit opened in February 2010, as a result of the growing demand. With a contemporary layout, the space was trebled, reaching 1,725 m2, and features modern furnishing, a central air conditioning system, individual observation boxes and spacious consulting rooms. The project also involved the expansion of the Diagnostic Imaging Center and a new space for the laboratory.

The intelligent dynamics of the Emergency Care unit makes service delivery more agile and confers greater safety to the care provided to the inhabitants of Brasilia.

RECENT HIGHLIGHTS

The recent years were marked by heavy investments and organizational growth. Tuned into the scientific and technological advances of medicine, at the beginning of 2009 HSL acquired the Multi Slice Tomography Scanner, an important investment in the Diagnostic Imaging unit for the improvement of medical and hospital care.

Aiming to guarantee safety for internal and external customers, keeping risks inherent to the service rendered under control, the hospital consolidated the Risk Management Group (GGR) in the same year, minimizing problems that direct or indirectly affect people and the organization. Also in 2009, the institution proved it was allied to the concept of prevention by creating Viva Mais magazine, a publication that produces subjects within the topics of health, well-being and quality of life.

In 2010 it opened the Emergency Room. At a pace of expansion, the second stage of the construction work will be delivered by the end of the year and includes the areas of medication, reanimation and minor surgical procedures, as well as another hospital wing.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONAII	
Date founded	1971	
DATA AND INDICATORS		
Total beds installed	(dec/09)	145
Total operational beds	(dec/09)	142
ICU beds	(dec/09)	49
Physicians registered	(dec/09)	4.553
Active employees	(dec/09)	1.066
Emergency room consultations	(2009)	140.826
Outpatient consultations	(2009)	73.448
Hospitalizations	(2009)	4.656
Surgeries (except births)	(2009)	15.423
Births	(2009)	2.248
Exams	(2009)	795.663
Gross revenue (in millions of R$)	(2009)	141,2

Hospital Santa Luzia

SHLS – Q 716 Conj. "E" lote 5
Setor Hospitalar Local Sul
Brasília-DF
70390-903
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www.hsl.com.br

HOSPITAL SANTA ROSA

Located in Cuiabá (Mato Grosso), Hospital Santa Rosa (HSR) is a modern and innovative hospital center that attains audacious rates of development year after year.

Founded in October 1997, HSR is the result of entrepreneurship and of insight that sought to offer high class hospital services to a state that theretofore had few options in this segment.

Today it is a complete hospital center occupying two buildings in a prime region of the city, which serves patients from all over Mato Grosso and Rondônia, investing in effective specialized medicine in procedures of medium and high complexity. It was the first institution from the state to perform kidney transplants, autologous bone transplantations and Parkinson's disease surgeries, besides being the only hospital from Mato Grosso with Certification in Hospital Accreditation from the National Accreditation Organization (ONA).

Pioneer spirit and innovation are key concepts in the management of HSR, which became a reference for the stringent processes of excellence that it deployed and has maintained since it was founded.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONA II	
Date founded	1997	
DATA AND INDICATORS		
Total beds installed	(dec/09)	Not informed
Total operational beds	(dec/09)	128
ICU beds	(dec/09)	Not informed
Physicians registered	(dec/09)	865
Active employees	(dec/09)	569
Emergency room consultations	(2009)	51.440
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	7.123
Surgeries (except births)	(2009)	6.895
Births	(2009)	228
Exams	(2009)	499.827
Gross revenue (in millions of R$)	(2009)	Not informed

RECENT HIGHLIGHTS

Always prioritizing the development and refinement of intellectual capital, HSR kept its focus on leadership with training and management by processes, realigning its strategies and deployment management in pursuit of excellent results. Its priority, human capital, reflected investments in the entire, multiprofessional technical team, with training programs of medical residency in general surgery, in trauma orthopedics and in physiotherapy.

Another feat achieved with this dedication and involvement was the launch of Revista Científica do Hospital Santa Rosa – Revista Coorte, magazine, which legitimates the technical and intellectual production of the Hospital, opening its pages to the community as a whole. Besides increasing its investments in social responsibility, with the creation of Instituto Santa Rosa.

HSR also expanded its hospitalization and ICU beds during this period, investing in modern and equipped facilities. Everything to guarantee the best care and to satisfy the demand for a service of the best quality.

So many investments resulted in awards, certifications (ONA II) and recognition that was both technical (Senai Prêmio Quali - MT Gold Category) and popular (Top of Mind Award 2009), consolidating its position as the most memorable specialty hospital from the region.

HOSPITAL SANTA ROSA

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www.hospitalsantarosa.com.br

HOSPITAL E MATERNIDADE SÃO CAMILO - POMPÉIA

Hospital e Maternidade São Camilo Pompéia is a philanthropic hospital belonging to the Rede de Hospitais São Camilo de São Paulo hospital chain, the purpose of which is to contribute toward the maintenance of another 39 hospitals of Sociedade Beneficente São Camilo (SBSC) spread around the country, which render health care services to poor communities in the regions where they are installed. In 2009, SBSC's hospitals performed 206.6 thousand hospitalizations, 1,538 million consultations and 4,929 million exams. SBSC also has 27 day care nurseries, three socio-educational centers, two halfway houses, two hostels and two rest homes all over Brazil.

The hospital's history marks the arrival of Provincia Camiliana in Brazil. Idealized by Padre Inocente Radrizzani, Ambulatório São Camilo, officially opened in 1928, was the cornerstone for the construction of the hospital complex. After undergoing a series of renovations and expansions over time, the outpatient clinic was transformed into Hospital e Maternidade São Camilo Pompeia, on January 23, 1960.

Located on the west side of the city of São Paulo, Pompéia Unit is a general hospital with the capacity for elective and emergency care, transplants, and other surgeries of high complexity. With a modern and secure infrastructure, it currently has 314 beds and a clinical staff of approximately 4 thousand registered physicians, which provide humanized care with quality to around 1 million people per year.

In addition to the Pompéia Unit, Rede de Hospitais São Camilo de São Paulo is also comprised of the Santana (230 beds) and Ipiranga (116 beds) units.

RECENT HIGHLIGHTS

In 2009, one of the hospital's highlights was the opening of the Teaching and Research Institute (IEP). The structuring of this institute boosted the hospital's investments in education, fostered the creation of research groups and allowed greater synergy in the exchange of knowledge, scientific work and experiences among professionals from the three units of the São Camilo chain. Another highlight was the participation of São Camilo in the 21st Annual Forum for Quality Development in Assistance to Patients, organized by the Institute for Healthcare Improvement (IHI), in Orlando (USA). The Pompeia Unit presented two papers on the improvement in mechanical ventilation-associated pneumonia and prevention of sepsis associated with the use of central venous catheter.

The first quarter of 2010 was historical for the Pompéia Unit with obtainment of International Canadian Accreditation from Accreditation Canada. To achieve this result, the hospital conducted an ample review of all the administrative and healthcare processes and protocols, with the purpose of guaranteeing quality and safety in the care provided to patients. Following the same assumption, the hospital proceeded with the deployment of the "Lean Six Sigma" methodology in its internal processes.

Other milestone was the official opening of a hospital building of the Pompeia Unit. The hospital invested R$ 31 million in the new wing, which features 77 beds and a modern Medical Center capable of dealing with more than 40 medical specialties. The enlargement is part of the expansion project intended to bring the total number of beds of the three Units of the São Camilo chain up to 700 by 2012.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII	
	Accreditation Canada	
Date founded	1960	
DATA AND INDICATORS		
Total beds installed	(dec/09)	220
Total operational beds	(dec/09)	220
ICU Beds	(dec/09)	66
Physicians registered	(dec/09)	3.872
Active employees	(dec/09)	1.446
Emergency room consultations	(2009)	238.966
Outpatient consultations	(2009)	87.524
Hospitalizations	(2009)	15.200
Surgeries (except births)	(2009)	10.684
Births	(2009)	911
Exams	(2009)	1.029.552
Gross revenue (in millions of R$)	(2009)	239,0

SÃO CAMILO
HOSPITAL E MATERNIDADE
POMPÉIA • SANTANA • IPIRANGA

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www.saocamilo.com

CASA DE SAÚDE SÃO JOSÉ

Care that aggregates professionalism, humanization and solidarity with technical quality, management and technological equipment comparable with that of the best high complexity centers in the world. This is a description of the work carried out at Casa de Saúde São José (CSSJ), which arose in 1923 and is now one of the most well-known hospitals in the country.

In fact, human beings are the target of all the social actions developed and supported by São José, which is maintained by Associação Congregação de Santa Catarina (ACSC), the largest philanthropic institution in Brazil in the health segment. This means to say that 100% of the hospital's net revenue helps to subsidize the provision of care to millions of people in a state of social risk through 27 clinics all over the country. To ensure the credibility achieved by the company in its history that covers over 80 years, CSSJ works to provide continuity to the recognized standard of excellence of its services and to make the culture of quality one of the main objectives of the institution, always mindful of the possibilities of continuous improvements in its processes.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII	
Date founded	1923	
DATA AND INDICATORS		
Total beds installed	(dec/09)	239
Total operational beds	(dec/09)	227
ICU beds	(dec/09)	45
Physicians registered	(dec/09)	5.712
Active employees	(dec/09)	1.124
Emergency room consultations	(2009)	6.609
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	19.905
Surgeries (except births)	(2009)	20.795
Births	(2009)	3.003
Exams	(2009)	631.533
Gross revenue (in millions of R$)	(2009)	192,7

RECENT HIGHLIGHTS

CSSJ, which has the most traditional maternity unit in the state of Rio de Janeiro with around three thousand births, recently opened the Surgical Center for Women, a unit geared especially toward female procedures. With investments of R$ 2.5 million, the new center has the capacity to perform all the gynecological surgical procedures, besides up to 500 births per month, approximately double its current average.

After undergoing a complete restructuring, which includes new facilities and equipment for its five operating rooms, besides two rooms especially designed for normal births, the unit is introducing a major new feature: the implementation, in April, of the 24-hour full-time emergency unit for pregnant women, which will have obstetricians on duty. The pre-delivery rooms, even more modern, will have a tacograph for the monitoring of women in labor and of the fetus, while they wait for the exact moment of the birth. The hospital has also created a post-anesthesia recovery room and a new living room for the physicians. "The maternity unit is one of our most traditional services, and for this reason, we invest so that families living in Rio and physicians can continue to opt for the comfort and safety that we offer", declares the chief executive officer of the hospital, Artur Hummel.

Casa de Saúde São José
Porque a vida é sagrada

Rua Macedo Sobrinho, 21
Humaitá
Rio de Janeiro-RJ
22271-080
(21) 2538-7626
www.cssj.com.br

HOSPITAL SÃO LUCAS

With important presence in the market of Supplementary Health in the interior of São Paulo State, Hospital São Lucas is one of the main medical and hospital service providers, with quality and safety, in Ribeirão Preto and region, particularly in procedures of high complexity. Opened in January 1969, it has 56 beds, a clinical staff of 50 physicians and around 100 employees.

Throughout its existence, São Lucas has conducted its activities believing that, for a company from this branch to develop and consolidate its position, it is essential to act with high standards of quality and rigid ethical principles, with full awareness of its social responsibility and of its role as a health service provider, always concerned about the satisfaction and safety of and respect for its customers. These values have always paved its actions and guaranteed its commitments.

It is a privately held corporation with Dr. Pedro Antônio Palocci as the majority stockholder and president of the group since May 2008.

In October 2001, it became the 7th hospital in Brazil and the first in the interior of the country to receive Hospital Accreditation Certification, bestowed by the National Accreditation Organization (ONA).

RECENT HIGHLIGHTS

In 2009, the hospital decided to review its Strategic Planning. It reviewed all the health care and administrative processes and routines, with the introduction of Management by Care and Business Units.

These business units are the centers of revenue and have administrative autonomy to increment and adapt the services to the Institution's Mission and Vision.

Investments were made for the consolidation and creation of strategies in the area of quality and risk management that guarantee to Grupo São Lucas Ribeirânia, of which Hospital São Lucas is a member, attitudes of excellence for the hospital community. Some important initiatives were the mapping of processes, the deployment of indicators and of medical care protocols, already used in the most modern centers of world reference.

Among medium and long-term achievements started in 2009, it is possible to emphasize the beginning of the renovations of the private rooms for adaptation of the structure to the Healthcare Environment concept. Other actions that were important for the processes of the institution were the implementation of the Functional Organization Chart, in the concept of business units for all the companies of the group; the internalization of the People Management sector, focusing on the mapping of competences; restructuring of jobs and salaries and on performance appraisal; besides the acquisition of equipment for the Surgical Center, creating new service opportunities, focused on patients of high complexity.

The main highlight for 2010 is the partnership formed with Einstein Medicina Diagnóstica, which allows the four units of the RD laboratory, of the São Lucas Ribeirânia group, to perform all the exams in the laboratory of this highly esteemed entity from São Paulo. Einstein will bring to Ribeirão Preto and especially to the patients of Grupo São Lucas Ribeirânia all its experience of quality and services.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAII	
Date founded	1969	
DATA AND INDICATORS		
Total beds installed	(dec/09)	91
Total operational beds	(dec/09)	100
ICU beds	(dec/09)	26
Physicians registered	(dec/09)	942
Active employees	(dec/09)	452
Emergency room consultations	(2009)	44.865
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	5.012
Surgeries (except births)	(2009)	9.104
Births	(2009)	N/A
Exams	(2009)	157.724
Gross revenue (in millions of R$)	(2009)	41,5

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Vila Seixas
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14015-130
(16) 4009-0020
www.hslucas.com.br

HOSPITAL SÃO LUIZ – ITAIM

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII	
Date founded	1938	
DATA AND INDICATORS*		
Total beds installed	(dec/09)	804
Total operational beds	(dec/09)	804
ICU beds	(dec/09)	102
Physicians registered	(dec/09)	9.100
Active employees	(dec/09)	3.990
Emergency room consultations	(2009)	557.000
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	226.300
Surgeries (except births)	(2009)	36.600
Births	(2009)	10.600
Exams	(2009)	424.200
Gross revenue (in millions of R$)*	(2009)	682,0

(*) Consolidated value of the group

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São Paulo-SP
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(11) 3040-1100
www.saoluiz.com.br

Founded in 1938 by the physicians Alceu de Campos Rodrigues, Renato Fairbanks Barbosa and Paulo Gomes Carneiro, Hospital e Maternidade São Luiz arose as a polyclinic with 12 beds in Itaim Bibi, a neighborhood of the city of São Paulo. In 1940, it became the first emergency room in the region. Twenty years later, it was already a hospital with 80 beds for the community. In 1983 the hospital opened the maternity unit, and eleven years later, the diagnostic center. In 2000, starting of the expansion policy, it opened the Morumbi unit, and in 2008, it opened its third unit. Under the name of Anália Franco, it is the largest hospital from the chain in extension, with 46 thousand m2. It is the first high class hospital from the east side of São Paulo, generating more than a thousand jobs for the region.

Today São Luiz has 803 beds and is a national reference as a general hospital, maternity unit and Neonatal ICU. It maintains a general hospital infection rate of 2.3%, extremely low for national and international standards, obtained on account of the efficient epidemiological surveillance developed by the members of the Hospital Infection Control Service (SCIH). In the surgical area, it has invested in excellence with cutting-edge equipment. It also is a reference in gynecological, urologic, neurological, cardiovascular and orthopedic surgery. It developed one of the best hospital hotel managements in the country and its chain has an arrangement with more than seventy medical care companies and plans.

São Luiz has also been the official hospital of the Formula 1 Brazilian Grand Prix since 2001, with the best technology available in the market, precision and quality of care. São Luiz is also the official hospital of national car racing competitions, such as the races of all the Stock Car categories held in São Paulo.

RECENT HIGHLIGHTS

In 2009, despite the international economic crisis, São Luiz obtained significant growth, particularly at the Anália Franco unit. It consolidated corporate governance, bringing executives to the presidency and senior management with experience in several businesses. It implemented programs aiming at efficiency of processes and took the Lean Six Sigma methodology to the surgical centers to improve the flow and to eliminate waste. The income/expense cycle was analyzed and a plan was generated for constant improvements.

In 2010, besides the continuity of the abovementioned projects, the hospital is also planning to intensify specific training for areas such as nursing, hotel management, nutrition and administration, aiming to refine the hospitality concept. The goal is to offer all the services property and to create channels of communication so that patients and companions can enjoy more convenience and receive a warmer welcome from the institution.

The investment will amount to R$ 75 million, with special emphasis on physical enlargement and the increase of care provision capacity of the emergency room, and on the modernization of the maternity unit, located in the Itaim unit, besides the technological and equipment modernization of the three units.

HOSPITAL SÍRIO-LIBANÊS

Sociedade Beneficiente de Senhoras Hospital Sírio-Libanês was founded in 1921 by a group from the Syrian/Lebanese community, headed by Dona Adma Jafet, mother of the Honorary Chairwoman of the Society, Violeta Basílio Jafet. The objective was to raise funds to erect a hospital that would cater to the population involving all the social classes. These ladies mobilized around the idea of a hospital that would gather the best resources for medical practice without losing sight of the human aspect. Donations guaranteed the start of the construction work in 1930, on a plot of land measuring 17 thousand m2.

Hospital Sírio-Libanês currently develops integrated actions of social welfare, health, teaching and research. The institution is a world reference in health care and knowledge. By means of Philanthropy, it invests in support to the institutional development of the Unified Health System (SUS). Proof of this was the signing in 2008 of the Projects for Support to the Institutional Development of SUS, executed with the Ministry of Health, which features 19 nominated projects amounting to R$ 114 million.

The Teaching and Research Institute generates and disseminates knowledge to the scientific community. By means of the Hospital it provides care, with the help of technology and of a team that believes in humanism.

In 2008 it expanded the Intensive Care Unit, with an investment of R$ 22 million. With 40 individual beds, it was designed to incorporate technological advances for the next 15 years and to prioritize concepts of quality, safety and humanist care to patients. In the same year it acquired the surgical robot Da Vinci, the first and most modern surgical robotic system in the world and the only one with navigation software in 3D. Besides the acquisition of Da Vinci, Instituto Hospital Sírio-Libanês also launched the first Center for Training and Development of Robotic Surgery in Latin America in Da Vinci system, in which it trains professionals from Brazil and other countries. Thus HSL acquired a second robot, which is used exclusively for teaching.

RECENT HIGHLIGHTS

After almost nine decades installed in the same place, in the Bela Vista region, as an integral part of its expansion plan, in 2009, Hospital Sírio-Libanês enlarged its area of activity to the neighborhood of Itaim, located on the south side of the city of São Paulo. The medical center will have a Diagnostic Center, an Oncology Center and Endoscopy Service as well as a Day Hospital.

In 2010, the institution took its first step in the consolidation of its philanthropic activities. It launched its Umbilical Cord and Placenta Blood Bank in partnership with Amparo Maternal. The initiative, in partnership with the Ministry of Health, is one of the 19 philanthropic projects focused on care provision, education and research.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
Not-for-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	JCI	
Date founded	1921	
DATA AND INDICATORS		
Total beds installed	(dec/09)	349
Total operational beds	(dec/09)	333
ICU beds	(dec/09)	44
Physicians registered	(dec/09)	2.961
Active employees	(dec/09)	3.765
Emergency room consultations	(2009)	54.766
Outpatient consultations	(2009)	34.555
Hospitalizations	(2009)	15.642
Surgeries (except births)	(2009)	15.914
Births	(2009)	N/A
Exams	(2009)	2.037.582
Gross revenue (in millions of R$)	(2009)	660,8

HOSPITAL SÍRIO-LIBANÊS

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HOSPITAL VITA CURITIBA

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII Accreditation Canada	
Date founded	1996	
DATA AND INDICATORS		
Total beds installed	(dec/09)	152
Total operational beds	(dec/09)	150
ICU beds	(dec/09)	42
Physicians registered	(dec/09)	1.207
Active employees	(dec/09)	522
Emergency room consultations	(2009)	109.137
Outpatient consultations	(2009)	28.073
Hospitalizations	(2009)	10.180
Surgeries (except births)	(2009)	8.889
Births	(2009)	N/A
Exams	(2009)	87.284
Gross revenue (in millions of R$)	(2009)	62,4

Officially opened in March 1996, Hospital Vita Curitiba was acquired by Vita Participações in June 2000. It has a built-up area of 18 thousand m2 on land measuring approximately 102 thousand m2. It currently has 152 beds and about 520 employees. Every month it performs an average 9 thousand emergency consultations, 850 hospitalizations and 750 surgeries. It is characterized as being a general hospital with open clinical staff, handling several medical specialties.

Vita Curitiba is one of the most modern hospital complexes in the country and the most important in Paraná, characterized by high complexity medical care. The Hospital has five perfectly structured vocational areas: Cardiology, Neurology, Orthopedics, Pediatrics and Emergency Medicine. Its structure offers the following services: Hospitalization Unit, General ICU, Coronary ICU, Pediatric ICU, Neurological ICU, One Day Hospital, Surgical Center, 24-hour Emergency Room, Center of Medical Consulting Rooms, Diagnostic Support and Treatment Service.

RECENT HIGHLIGHTS

In 2009 Hospital Vita Curitiba continued with the work started in the previous year to boost profitability, focused on high and medium complexity, undertaking important actions for reduction of operational costs - increase of complexity at the Surgical Center, increase of occupancy in Critical Care, deployment of strategic services with medical staff available around the clock (Neurology, Cardiology, Pediatrics, Pediatric Surgery and Orthopedics). It is also important to stress:

• Pediatrics Service - enlargement of the Pediatric ICU from five to ten beds;

• Structuring of the Quality process with a focus on the management of risk and medical care safety for patients;

• Implementation of the Multidisciplinary Risk Management Committee, the hospital started to identify and manage the main health care risks (fall, nutritional, pressure ulcer, sepsis, bleeding, drug-related and aggression) and other actions;

• Review and reintroduction of care provision protocols;

• Deployment of the Fast Response Team;

• Admission in Emergency Room with risk stratification;

• Check list and laterality protocols in the Surgical Center merited special emphasis.

HOSPITAL VITA CURITIBA

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www.hospitalvita.com.br

HOSPITAL VITA VOLTA REDONDA

Greatest reference in private health care for the population of the southern region of Rio de Janeiro, Hospital Vita Volta Redonda is celebrating its 57th anniversary in 2010. It is a general hospital with 104 beds and focus on care of high complexity. It has a modern diagnostic center, medical center of specialties, general ICU, intensive cardiology unit, and Surgical Center with eight rooms with cutting-edge technological resources. It also sports a specialized clinical staff, formed by professionals and high performance multidisciplinary teams.

Hospital Vita Volta Redonda has standardized healthcare systems, administrative and assistential processes, backed by advanced technological and management resources, which makes it possible to expedite services, establish quality control methods, rationalize costs and always reinvest in the improvement of the services rendered.

In 2008, the Surgical Center of Hospital Vita Volta Redonda underwent an important renovation, which besides modernizing the HVAC system, main objective of the construction work, also made it possible to increase the number of operating rooms from six to eight. The work was finalized in the record time of two months, without any surgery having been cancelled or unscheduled.

In the 2nd half of 2008, the hospital created the Management and Assistential Safety Center (NGSA), reinforcing the hospital's philosophy for the pursuit of healthcare quality and its alignment with the quality programs in which it takes part.

After being the first hospital in the state of Rio de Janeiro to achieve the maximum level of hospital accreditation granted by the National Accreditation Organization (ONA), as of 2009 it began to go after an even greater prize, the international seal of Accreditation Canada.

RECENT HIGHLIGHTS

In August 2009 it opened the Cardio Intensive Unit with 12 beds, intended for the treatment of critical cardiac patients, besides those undergoing heart surgery. It has a multiprofessional team formed by physicians, nursing, physiotherapy, nutritionist and others. Aiming at medicine of excellence, it adopts several multiprofessional protocols such as: treatment of decompensated CCI, acute myocardial infarction and others. It manages results of its protocols on a monthly basis. The hospital adopts the model of management by processes and in 2009, using quality tools, reviewed several processes, including:

• Definition of protocols of the critical and non-critical units based on best practices;

• Use in its units of practices ratified worldwide, such as the care bundles (suggested by IHI - Institute for Healthcare Improvement);

• Management of the units' results through consolidation of operation, financial, process and care provision indicators;

• Mapping of processes, such as patient hospitalization flow (from admission to discharge), flow of medications, surgical process, management of ortheses, prostheses and special materials (OPSM) and others.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII	
Date founded	1953	
DATA AND INDICATORS		
Total beds installed	(dec/09)	104
Total operational beds	(dec/09)	104
ICU beds	(dec/09)	27
Physicians registered	(dec/09)	322
Active employees	(dec/09)	366
Emergency room consultations	(2009)	78.761
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	6.925
Surgeries (except births)	(2009)	4.514
Births	(2009)	N/A
Exams	(2009)	424.406
Gross revenue (in millions of R$)	(2009)	47,5

HOSPITAL VITA VOLTA REDONDA

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VITÓRIA APART HOSPITAL

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Open	
Accreditations	ONAIII	
Date founded	2001	
DATA AND INDICATORS		
Total beds installed	(dec/09)	221
Total operational beds	(dec/09)	221
ICU beds	(dec/09)	43
Physicians registered	(dec/09)	1.000
Active employees	(dec/09)	990
Emergency room consultations	(2009)	93.764
Outpatient consultations	(2009)	N/A
Hospitalizations	(2009)	12.505
Surgeries (except births)	(2009)	12.492
Births	(2009)	650
Exams	(2009)	N/A
Gross revenue (in millions of R$)	(2009)	49,4

Vitória Apart Hospital, located in the municipality of Serra, in the metropolitan region of Vitória (Espírito Santo), was officially opened in July 2001. Its track record is marked by the reference in medicine of high complexity in Espírito Santo, offering the structure and the technical competence equivalent to the best centers in the country.

With its hotel management concept, the customer is treated as a guest and not as a patient, aggregating services like comfort, practicality, safety and infrastructure of a mini shopping mall.

The hospital is distinguished by some services, such as its organ transplant service (liver, kidneys and cornea). Is the only private institution from the state with a Burn Treatment Center. There is also the neurosurgery service, with medical care ranging from emergency cases through to the immediate interventionist procedures required for the reversal of possible sequelae.

The institution recently began the expansion works. With the proposal of making a name for itself as an increasingly complete hospital, the new unit will cover about 12 thousand m2 and have four floors. There will be 140 new beds, of which 100 will be used for conventional hospitalization and 40 for the ICU, totaling 380 beds by the end of 2010.

The expansion works and the re-adaptation of support areas, such as pharmacy, laundry and nutrition, will increase the hospital's care capacity by around 50%. The hospital's emergency room will operate on the first floor, doubling its care provision capacity. It will feature 20 beds and another 20 vacancies for medical care in reclining chairs, in urgent non-severe cases. The second and third floors will be designed exclusively for clinical and surgical hospitalization, while the fourth floor will be used for the new ICU. The floor will be connected to another building of the complex where the Surgical Center is located.

RECENT HIGHLIGHTS

Vitória Apart Hospital is characterized by pioneer spirit in surgeries and services in Espírito Santo. Its highlights include the program for transplantation of organs and tissues by the Unified System (SUS), commenced in July 2009; the cardiac videosurgery procedure; and the reverse shoulder surgery, performed for the first time in Espírito Santo.

Accreditation at the State Department of Health for transplants of organs and tissues such as liver, kidneys and corneas, was marked by the performance of a rare surgery: a double liver and kidney transplant. Unprecedented cardiac videosurgery, a state-of-the-art procedure in international sphere, occurred in October 2009. The technique is indicated for the mitral and aortic valve replacement and plasty and interatrial communication in the heart, and presents advantages over the conventional method. The operation can be executed with the patient's chest closed, reducing the thoracic incision from 30 to three centimeters; the patient leaves the Surgical Center conscious and hospitalization lasts from two to three days.

Vitória apart Hospital

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HOSPITAL VIVALLE

Headquartered in São José dos Campos, Hospital Vivalle started operating in 1980, as Clínica GastroClínica and in 2000 began its activities as a Hospital Unit. It changed its name to Hospital Vivalle in 2006, a brand that has been gaining significance all over the Vale do Paraíba region.

Today its structure features a 24-hour clinical and orthopedic emergency care unit, an oncology center, a Surgical Center very well equipped for the performance of surgeries of all levels and in several specialties. A humanized ICU with eight beds, besides the Sterilized Material Center, with high technology equipment for the performance of hospital infection control.

To guarantee first-rate treatment, Hospital Vivalle provides its patients with the comfort and convenience of a hotel from the facilities through to the food offered, with the concept of hospital gastronomy.

The same professionalism and humanization of care offered at Hospital Vivalle can be seen at Centro Médico Vivalle, which has a highly esteemed clinical staff and health professionals, providing differentiated care in consultations and treatments of various specialties. It has a complete structure that combines the concept of hotel management with the most advanced technology for evaluation, control, prevention and maintenance of the physical well-being of the patient.

In 2008, Hospital Vivalle launched the Master Plan, which forecasts growth of 300% in 5 years. The project was drawn up with the help of market surveys and of an external consulting firm, which detected repressed demand in the Vale do Paraíba region. In this expansion process, the hospital is planning on investing R$ 51 million in expansion works and new equipment. With the conclusion of the master plan estimated for the year 2012, the Hospital will go from 3.5 thousand to 14 thousand m2 and will have 160 beds and employ more than 380 people. The project will continue with the strategic guideline plotted during the brand transition phase, from the enlargement of the physical space to the incorporation of new equipment and state-of-the-art technologies, targeting the consolidation of the institution as a general hospital of national reference.

RECENT HIGHLIGHTS

In 2009 the hospital concluded Phase 0 of the Master Plan, which increased the number of hospitalization and emergency care beds by 30%. An exclusive reception for patient admission, comfort area and new rooms for employees were also delivered in this phase of the project, in addition to improvements in the area of emergency care and ICU. With the construction work finalized, Vivalle will have a Diagnostic Imaging Center with a new space for the Teaching and Research Institute (IEP Vivalle) and will expand the Surgical Center and the ICU.

In the same year Vivalle also launched Pró Saúde Vivalle exclusively for the corporate market, a product based on the hospital's experience in assistential medicine that offers a highly qualified professional infrastructure, which allows the total management of the occupational and assistential medical information of companies. Pró Saúde Vivalle offers the following services: coordination and management of a Program for Medical Control of Occupational Health (PCMSO); specialized evaluations; occupational medical exams; supply of materials and medications and speeches on education in occupational health and safety.

GENERAL INFORMATION

CHARACTERIZATION OF HOSPITAL		
For-profit Hospital		
Organization of the clinical staff	Mixed	
Accreditations	ONAII	
Date founded	2000	
DATA AND INDICATORS		
Total beds installed	(dec/09)	53
Total operational beds	(dec/09)	53
ICU beds	(dec/09)	8
Physicians registered	(dec/09)	800
Active employees	(dec/09)	230
Emergency room consultations	(2009)	32.541
Outpatient consultations	(2009)	12.303
Hospitalizations	(2009)	3.851
Surgeries (except births)	(2009)	3.114
Births	(2009)	N/A
Exams	(2009)	N/A
Gross revenue (in millions of R$)	(2009)	40,8

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