Annual Publication - Edition 09

OBSERVATÓRIO 2017

anahp

Anahp Facts and Figures

REPRESENTATIVENESS

28.3 billion

gross revenues from 80 member hospitals in December 2016

86 members in April 2017

21% of the total clinical expenditures in private health care in 2016

50% of expenses from admissions to health management organization in 2016

20,239 beds in December 2016

8% of the total private beds available in Brazil

4,701 ICU beds in December 2016

11% of total ICU beds in Brazil

8.1 million visits to the Emergency Department in 2016

3% decrease over the previous year

ACCREDITATIONS 2016

Anahp Hospitals hold

26% of the national accreditations

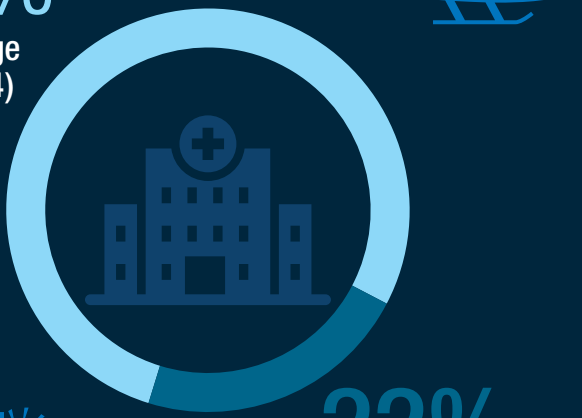
48% of the international accreditations in Brazil

	BRAZIL	ANAHP	% ANAHP
ONA – National Accreditation Organization	257	48	18.7%
ACI – Accreditation Canada International	48	14	29.2%
JCI – Joint Commission International	32	25	78.1%
NIAHO – National Integrated Accreditation for Healthcare Organizations	5	2	40.0%

Source: Designed by Anahp based on information from SINHA/Anahp.

Anahp Hospitals

78% are large (level 4)



22% are medium-sized (level 3)

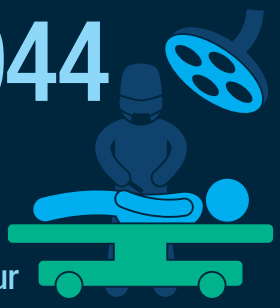
In 2016

66,702,033
tests performed

1,404,573
hospital admissions

948.944
surgeries

108
surgeries per hour



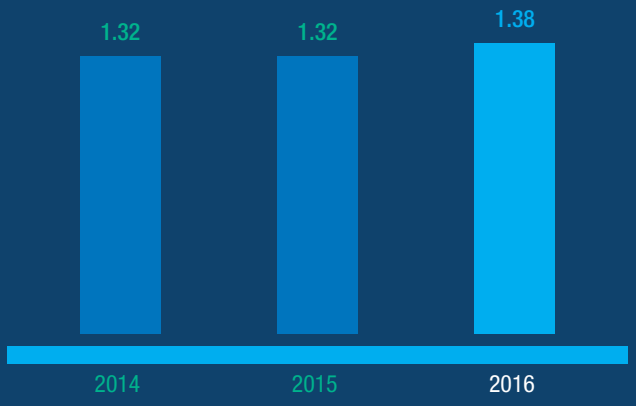
50%
of them have an education and research center

Over **140,000**
jobs in member hospitals

2014	114,721
2015	134,790
2016	140,503

SLIGHT INCREASE IN RATE OF SURGICAL PROCEDURES
(per patient submitted to surgical procedures)

ALL ANAHP HOSPITALS



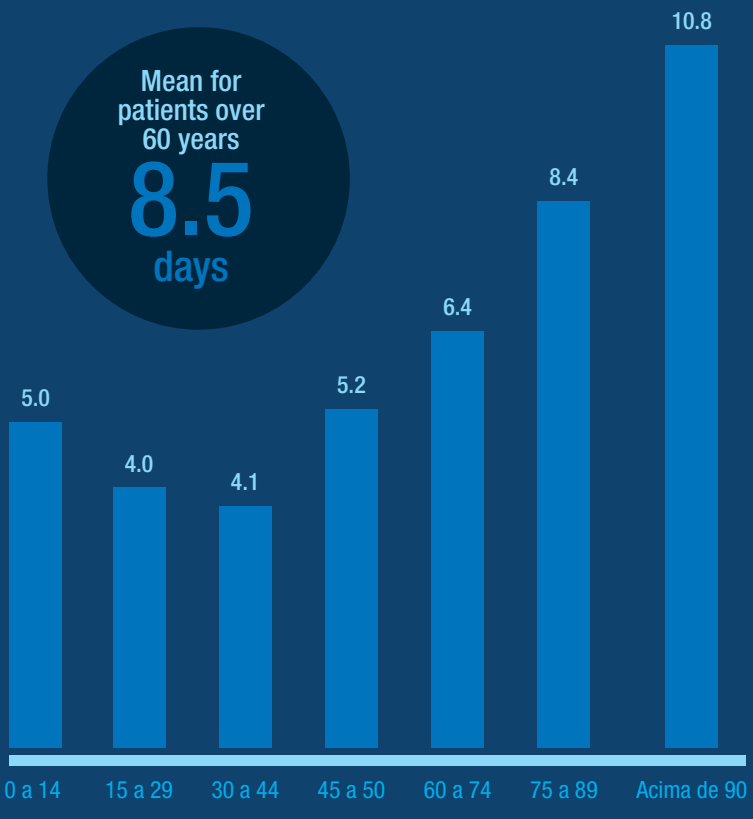
Slight increasing trend

Source: Designed by Anahp based on information from SINHA/Anahp.

MEAN LENGTH OF STAY BY AGE RANGE (days)

ALL ANAHP HOSPITALS

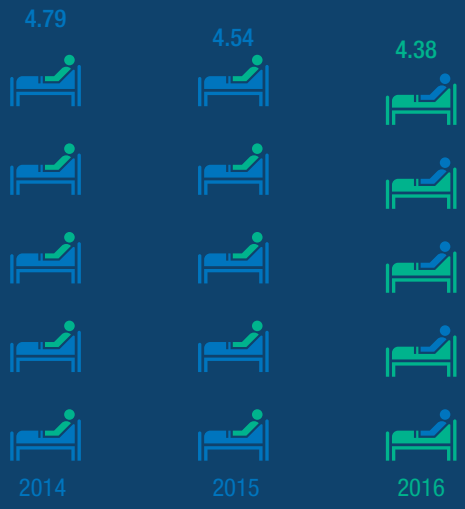
Mean for patients over 60 years **8.5** days



Source: Designed by Anahp based on information from SINHA/Anahp.

THE MEAN LENGTH OF STAY IN ANAHP HOSPITALS (days)

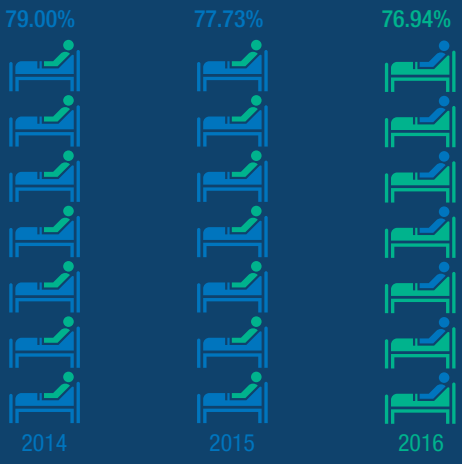
ALL ANAHP HOSPITALS



Tendency of reduction

TGENERAL OPERATIONAL OCCUPANCY RATE

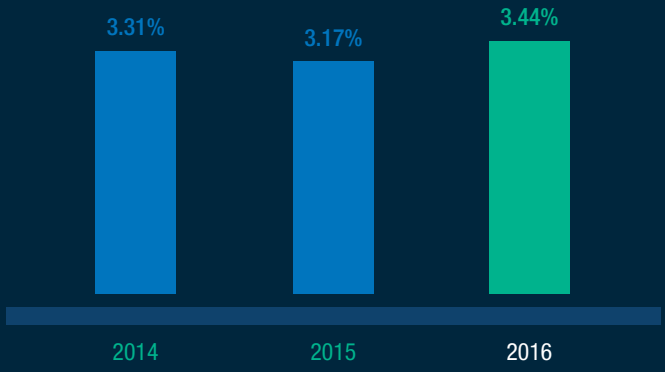
ALL ANAHP HOSPITALS



Source: Designed by Anahp based on information from SINHA/Anahp.

DENIAL RATES – SINHA

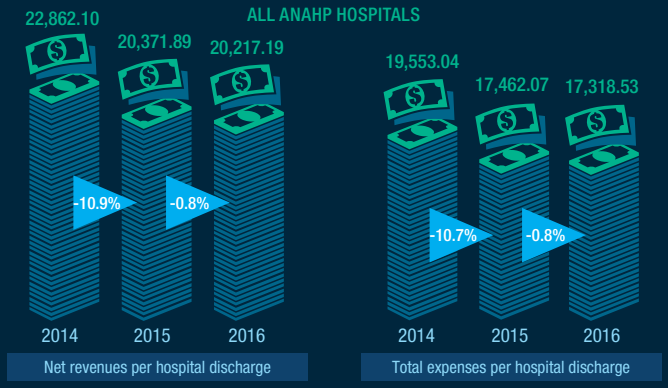
ALL ANAHP HOSPITALS



Fonte: Elaborado pela Anahp a partir de informações do SINHA/Anahp.

NET REVENUES AND TOTAL EXPENSES PER HOSPITAL DISCHARGE

ALL ANAHP HOSPITALS



Actual variation (discounting inflation) SINHA

DISTRIBUTION OF TOTAL EXPENSES ACCORDING TO TYPE OF EXPENSES (%)

ALL ANAHP HOSPITALS

Type of expenses	2014	2015	2016
Cost with Personnel	46.4%	47.5%	45.8%
Supplies	41.1%	39.2%	39.1%
Medication	14.3%	14.8%	14.0%
Materials	10.2%	9.0%	8.5%
Implants and Special Materials	12.3%	10.9%	11.4%
Medical gases	0.4%	0.5%	0.5%
Other supplies	3.8%	3.9%	4.8%
Utilities	2.4%	3.2%	3.1%
Maintenance and Services	2.4%	2.4%	2.4%
Other expenses	7.8%	7.7%	9.6%
Total	100.0%	100.0%	100.0%

Source: Designed by Anahp based on information from SINHA/Anahp.

DISTRIBUTION OF REVENUES PER TYPE (%)

ALL ANAHP HOSPITALS

Source of revenue	2014	2015	2016
Daily rates and taxes	19.3%	20.6%	19.4%
Medication	22.9%	22.9%	22.8%
Materials	17.9%	17.9%	20.1%
Implants and Special Materials	10.0%	8.8%	8.2%
Medical gases	2.5%	2.6%	2.3%
SADT/ Diagnostic Services	13.2%	12.9%	12.9%
Other revenues from services	3.2%	2.7%	2.6%
Donations	0.0%	0.0%	0.0%
Other operating revenues	11.0%	11.6%	11.7%
Total	100,0%	100,0%	100,0%

Source: Designed by Anahp based on information from SINHA/Anahp.

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Letter to the reader

In Observatório Anahp 2016, we presented a perspective that described severe political and economic hardship, which had impacted different economic sectors, including health. The mean rate of unemployment, measured by the National Survey of Sampled Homes (*Pesquisa Nacional por Amostra de Domicílios* – Pnad), carried out by the Brazilian Institute of Geography and Statistics (IBGE), went up to 8.5% in 2015, after having reached the record of 6.8% in 2014. As a consequence, private health care lost about 1 million beneficiaries of medical-hospital plans.

The consequences of this scene were even more devastating to the country in 2016. The drop in economic activity for the second consecutive year maintained the increase in unemployment rates, and the total number of unemployed people went up from 8.6 million in 2015 to 11.8 million in 2016.

Increased unemployment and more informal jobs resulted in a new reduction of mean income, which went down from R$2,076 in 2015 to R$2,029 in 2016 (-2.3%). According to data from *Agência Nacional de Saúde Suplementar* (ANS – National Agency of Private Healthcare), between 2015 and 2016, the private healthcare sector lost 1.4 million beneficiaries of medical-hospital plans.

In view of this situation, 2016 was an year of caution, reduced investments, contract renegotiation and decreased expenses. By doing so, the hospital industry could maintain its financial balance even after a second consecutive year of economic retraction and increased unemployment.

The 9th edition of Observatório Anahp clearly shows how hospitals have readjusted expenses and investment plans, which explains the improvement in income and net margins in 2016, after decreases of 11.67% in 2014 to 10.66% in 2015, going up to 11.10% in 2016 (even though still lower than the amounts observed before the economic crisis).

Net income per patient-day increased 18.1% in 2016, whereas total expenses per patient-day increased 15.4% in the same period. It is important to highlight that the figures reflect both the increase in prices and the changes in patients' profile.

Net income per hospital discharge increased 10.2% in 2016, whereas total expenses per hospital discharge increased 10.1% in the same period. Discounting the effects of the increase in prices of health and personal care, there was a real drop of 0.8% in net income per hospital discharge and total expenses per hospital discharge in 2016.

The indicators in this edition of Observatório Anahp have shown that, in view of the timid increase in important income lines, hospitals have worked hard to curb the increased expenses:

- The share of costs with personnel, which amounted to 45.8% of the total hospital expenses, went down compared to 2015, which indicates fewer hiring processes and less headcount turnover.
- Hospital supplies, which amounted to about 40% of total expenses in 2016, presented a decreasing share over total hospital expenses.
- The supply chain areas in hospitals have worked tirelessly to reduce mean expenses with hospital supplies, even considering the increase in product prices.
- The share of income resulting from daily rates and tax decreased in 2016, which forbid the modification of price lists with healthcare plans.
- The income from implants, prostheses and materials has also decreased, as a result of joint actions between service providers and healthcare plans to reduce the amounts of these items.
- There has been stability in the share of income from medications over the total revenues and increase in share of income from materials, whereas the other items from total revenues have been practically stable between 2015 and 2016.

Thus, data have indicated that income levels have followed

In 2016, revenues followed the inflation of the health industry, whereas expenses were managed to deal with the effects of the economic crisis.

the inflation rates in healthcare, whereas the expenses were managed to face the economic crisis, so as to ensure quality of care and financial sustainability of private hospitals.

Even though recession has led to a decrease in the main economic-financial indicators, it is essential to emphasize the continuity of operational management efficiency of Anahp hospitals and the high standards of patient quality and safety indicators. Operational occupancy rate at about 80%, reduced mean length of stay and reduced rate of long-term care patients have evidenced these relevant improvements.

Concerning clinical indicators, there has been improvement in hospital infection rates, stability in completeness of medical records and increase in compliance with the key clinical protocols.

In 2016, Ethics has been part of many discussions at Anahp. Many initiatives have been started, such as the creation of a Compliance Strategic Committee, surveys to identify the maturity of ethical compliance actions and integrity of member hospitals, and the publication of the compliance manual, with basic recommendations for health care organizations. This edition brings the detailed work we have developed and includes the results of the risk map of the hospital sector, designed based on the perceptions of our leaders about the main issues impacting the industry.

This edition also shares with readers the results and the perspectives of Anahp Pilot Project DRG (classification methodology of related diagnostic groups), which started in 2014 and has recently been completed. Readers will have the opportunity to get to know the methodology in details, its main purposes, overall results and which were the main challenges to the hospitals participating in the initiative.

Measure customers' satisfaction is an increasingly common practice among companies. In retail, for example, the need to continuously assess customers' opinions is a must. However, concerning health care, is it possible to measure the satisfaction level of patients? A survey carried out by Associação Nacional de Hospitais Privados (Anahp) in 2016 showed that it is indeed possible. More than it, it has shown That Brazilian private hospitals provide good experiences to their patients, even though there is still a long way to go to reach higher satisfaction levels. The insights from this initiative will also be presented on the following pages of the 9th edition of Observatório Anahp.

Once again, Observatório Anahp has a genuine objective of contributing to the market and to quality of care, restating our commitment with transparency and the constant search for sustainability of the healthcare system.

We would like to thank the generous contribution of the Editorial Board and the unmatched dedication of the technical team at Anahp, who has been intensively working for the past months for this publication to support the Brazilian healthcare market.

Enjoy your reading.

Francisco Balestrin

Chairman of the Board of Anahp

Articles

This section of Observatório Anahp features in article format the results of the most important initiatives carried out by Anahp in 2016.

Anahp pilot project DRG

The methodology may be used for hospital management in analyzing clinical care performance, costs, and outcomes. In addition, it provides comparisons of services, hospitals and physicians. The pilot project developed by Anahp included 18 hospitals, located in different regions of the country.

The discussion whether to use Diagnostic Related Groups – DRG tool or not has definitely been incorporated into the Brazilian private health industry. Thus, it requires technical and well-balanced analyses.

Developed in 1960 by a group of researchers from Yale University (Fetter and Thompson), in the United States, DRG is a classification system that correlates types of patients seen in the hospitals with the resources used during their hospital stay. By grouping clinically similar patients, the methodology provides more accurate analysis of indicators such as mean length of stay, mortality and utilization of resources compared to other centers and hospitals and the market average for patients with the same profile. It enables the identification of areas in which the hospital is more efficient and those that require further improvement, considering the fact that they are far from the target.

The methodology may be used as a powerful tool for hospital management in analyzing clinical care performance, costs, and outcomes. In addition, it provides comparisons of services, hospitals and physicians.

Initially, the development of the system focused on monitoring the quality of care and the use of hospital services. In the end of the 70´s, it was adapted to be used as a basis for hospital pay in the USA, and since the 80´s it has been used as a compensation tool based on service complexity. The use of DRGs as payment modality has led to the misunderstanding that the methodology was developed to be used primarily for service payment and not for the classification of patients for hospital performance measurement. This biased understanding has been widely disseminated in Brazil. It is important to point out that in some countries, before being adopted as a tool for payment, DRG has been used for hospital performance assessment for a long time. In general, it is a process that takes 5 to 10 years.

Based on DRGs, it is possible to characterize and identify the profile of patients in a hospital (case mix). The cases' profile is used to determine the relative performance (length of stay, mortality, costs, etc.) of a hospital in relation to the level of complexity of patients treated in it. Without knowing the hospital profile, we may consider that hospital A has higher prices than hospital B, for example. However, when we look closely to the profile of each hospital, it may be possible to understand that because hospital A has more severe cases than hospital B, their costs are compatible.

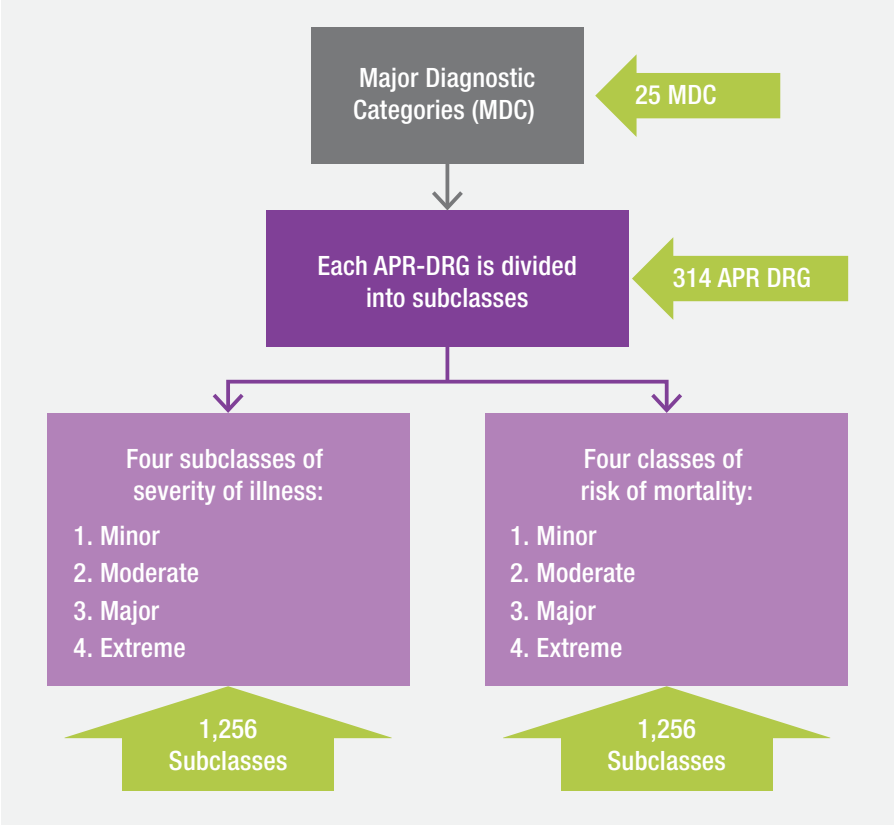
Another significant advantage of the methodology is that each DRG equals to a hospital product. Measuring the products enables the use of a management approach based not only on supplies management, but also quality of care and efficacy and efficiency of hospital operation. It can also provide performance comparison of different teams working in the same hospital.

GET TO KNOW THE METHODOLOGY

Before reading the results of the pilot project applied by Anahp participating hospitals, it is important to understand how patient classification is made by the methodology.

The system used in the study was APR-DRG3M (All-Patient Refined DRG). This system initially groups the patients in 25 Major Diagnostic Categories (MDC), which are later subdivided into 314 DRGs and then classified into 4 levels of disease severity and 4 levels of mortality, generating 1,258 possible combinations in each of these two categories.

To implement a DRG classification system, the main challenge is building a consistent database.



Major Diagnostic Categories (MDC) – This group is based on principal diagnosis, by organ or system, and not etiology, and is related with topography of the illness. Thus, there are 25 major diagnostic characteristics. Next, patients are grouped into 314 DRGs.

Severity of illness (SOI) – It refers to the extent of the physiologic decompensation or loss of function of an organic system. This breakdown by level of severity and risk of mortality is based on clinical and statistical criteria designed by specialists in each DRG:

1. Minor
2. Moderate
3. Major
4. Extreme

Risk of Mortality (ROM) – It estimates the likelihood of death to each severity and each DRG, also based on criteria defined by specialists, divided into the same four levels:

1. Minor
2. Moderate
3. Major
4. Extreme

It is important to highlight that the identification process of DRGs requires some basic information, the so-called Minimum Dataset, which internationally has been subject to data standardization to be included in patient medical records. This topic is also constantly addressed and studied by the Ministry of Health and the National Agency of Private Health (ANS).
The Minimum Dataset in Brazil should contain the following items, which coincide with those accepted by the National Committee of Vital Health and Statistics in the USA and the recommendations of the European Commission:

1.	Hospital identification
2.	Patient identification
3.	Date of birth
4.	Gender
5.	Address
6.	Payer
7.	Date of admission
8.	Reason for admission
9.	Main diagnoses
10.	Secondary diagnoses (as many as found in the medical chart)
11.	Comorbidities
12.	Surgical and obstetric procedures
13.	Other performed procedures (mechanical ventilation longer than 72 hours, invasive procedures, hemotherapy, etc.)
14.	Weight at birth (for newborns)
15.	Gestational age (for newborns)
16.	Date of discharge
17.	Reason for discharge (discharge home, death or external transfer)
18.	Identification of the physician responsible for discharge

Among the items included in the international standards, there are two which are fundamental for the construction of DRG system, strongly impacting quality and utilization of the information resulting from grouping: Appropriately codified diagnoses and the procedures. Quality and richness of information contained in both directly interfere in the complexity and may change the type of resulting DRG.

In some countries, before being adopted as a tool for payment, DRG has been used for hospital performance for a long time.

PILOT PROJECT DRG ANAHP

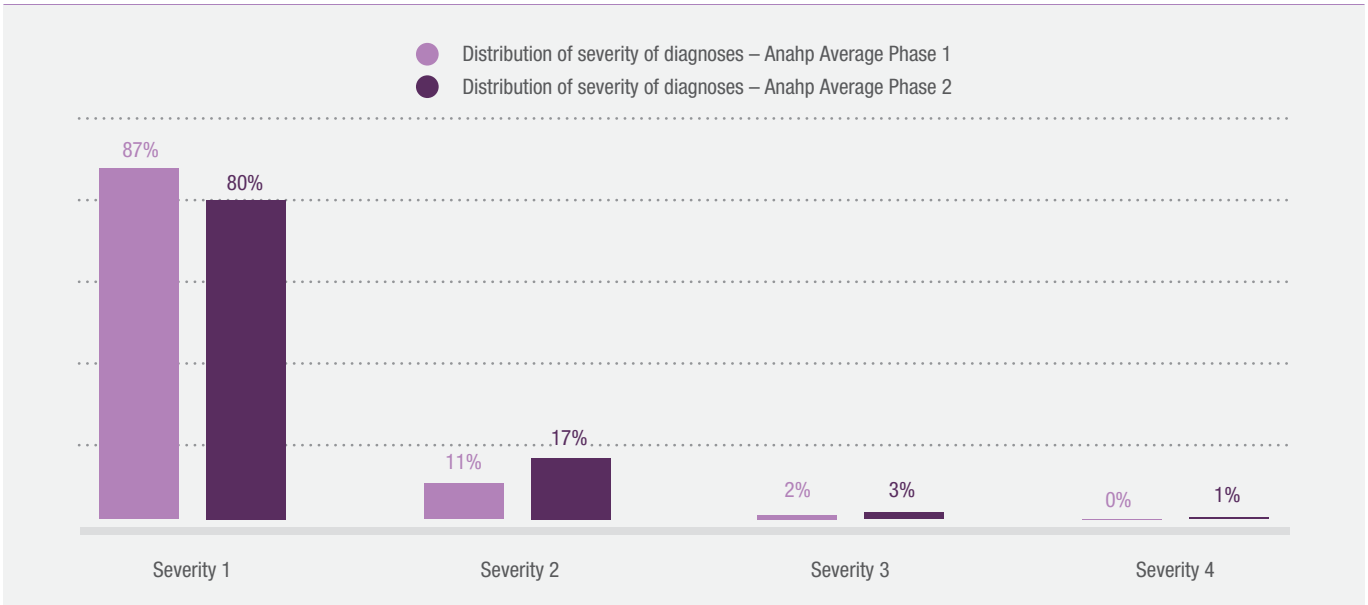
The project considered the need to contribute with technical knowledge for the discussion of DRG use in Brazil and realized that the methodology could give greater transparency to health care in the country. By measuring the critical variables it is possible to identify opportunities of quality and cost improvement related with patient treatment. Thus, Anahp, in partnership with 3M – one of the leading companies in health information systems and widely experienced in implementing DRG, have developed a pilot project, which included 18 hospitals located in different regions of the country. The main challenge was to build a consistent database in the hospitals, enhancing the understanding about the DRG classification system.

In the first stage of Anahp pilot project, which included hospital information from July/2014 to June/2015, we have realized that the classification results did not necessarily coincide with the complexity of care of the participating hospitals. The gap was due to the quality of collected information.

It is important to point out that the payment model currently in practice in the private health care sector is fee for service. Rarely do hospitals document different comorbidities (diagnoses) of the patient in the medical record. Most hospital information systems adopted in Brazil have few fields for recording patient diagnoses. The entire system has been built to correctly identify the procedures and used resources.

In the second stage of the pilot project, the collected data comprised July/2015 to June/2016 and we could observe improvement of data quality, based on severity scores 2, 3 and 4. After critical analysis of the data, it was observed that the complexity of Anahp hospitals was slightly more accurate on DRGs severity.

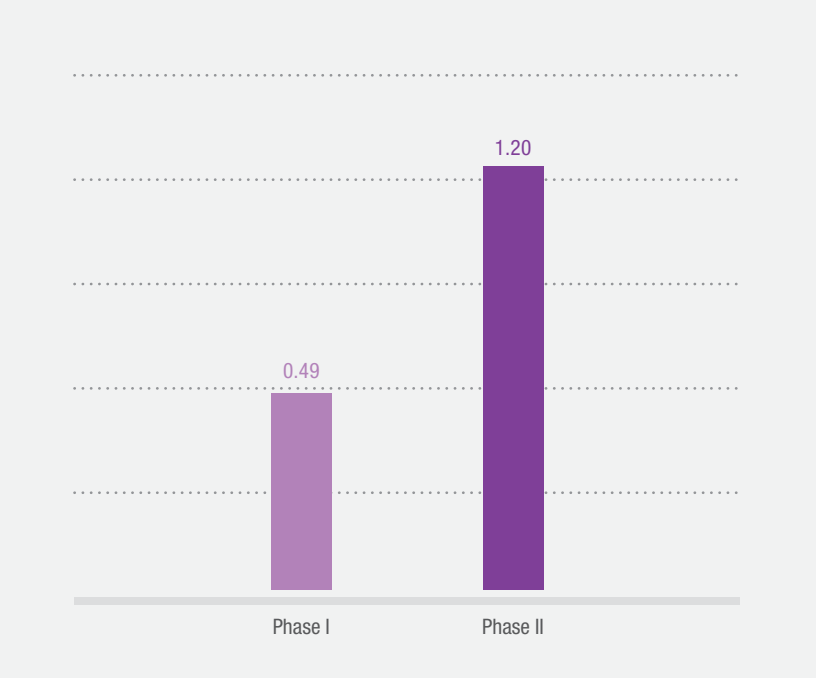
Distribution of severity of diagnoses – Anahp Average



Source: Prepared by Anahp based on information from DRG Pilot Project held in partnership with 3M.

More careful data mining and adaptation of necessary information were instrumental to have slight increase in the average number of secondary diagnoses and procedures (submitted to SUS). It is important to notice that secondary diagnoses are essential to define DRGs severity of a hospital. The lower the number of secondary diagnoses, the more underestimated is the severity of cases observed in the organization. Despite the small progress in information about secondary diagnoses and procedures in both stages of the project, many different analyses were made for Anahp participating hospitals, including length of stay, mortality and operating efficiency related to billing, plus the possibility of benchmarking. In other words, the methodology proved to be robust and highly applicable, even considering the low number of documented diagnoses.

Average of valid secondary diagnoses



Source: Prepared by Anahp based on information from DRG Pilot Project held in partnership with 3M.

In the state of Maryland, USA, some hospitals have, on average, 15 diagnoses per hospital admission.

CHALLENGES

The main challenge to hospitals is improving the consistency of data for grouping diagnoses and for the correct characterization of the case mix, so that they can effectively determine whether the used resources per classified patient are appropriate. Moreover, it requires continuous improvement, in which information provided by the methodology can be used and interpreted by the organizations to implement further improvement in practices and processes, leading to better relation between the used resources and clinical results. Therefore, it contributes to value generation and greater operating efficiency.

BENEFITS OF THE METHODOLOGY – VALUE PROPOSITION

DRG classification system contains elements that provide the following:

- The hospitals can identify the set of resources used in each DRG to treat patients in the same group. In other words, it contains information about predictability of actual costs of each DRG.
- Support the improvement of resource allocation in hospitals providing, for example, planning of use of surgical rooms, estimating the use of beds, estimating the demand for subsequent years.
- Hospitals in some region can identify the production lines and care to which they are more competent and/or the areas that they require performance improvement.
- Make comparisons about mean length of stay observed for each DRG among hospitals of the same region, in-between regions and countries.
- Implement new management models of hospital services, based on production lines, organizing the hospital in a matrix format and favoring the assessment of service efficiency and effectiveness.

TAKING THE FIRST STEP

Step-by-step guidance for implementation of DRG classification system:

1. Improve clinical documentation
2. Codify correctly (train codifiers)
3. Train in DRG methodology
4. Prepare the Minimum Dataset
5. Implement the DRG tool
6. Analyze the discharge data and create a dashboard
7. Use data to improve processes (management)

CONCLUSIONS

The results of the DRG pilot project of Anahp hospitals showed the following:

1. The risk of implementing DRG in the short run as a fee for service modality, with data shortage.
2. Confirmed previous experiences of using the tool to improve clinical management and operating efficiency.
3. Show that the appropriate use of the DRG tool requires investment and engagement of the organization, planning short, medium and long-term actions.
4. The organization has the challenge to incorporate the methodology into its culture.

Countries that have implemented DRG and currently use it as a tool for compensation purposes have taken years to fully deploy it. The accuracy of information necessary for diagnosis classification is key and, considering what we saw at Anahp pilot project, Brazil still had a long way to go. The initial investment should be on using DRG as a tool for managing service performance. Next, the organization can think about moving on to adopt it as a payment model.

ATTENTION: It is important to highlight that DRG is not a methodology focused on reducing health costs. It is no surprise that health costs in the United States have reached 19% of the GDP, even when DRG is widely used as the payment model.

STAY TUNED

DRG has been a topic of discussion in many forums and the National Agency of Private Health (ANS), through its Workgroup on Compensation and the Committee for Standardization of Private Health Information (COPISS – Comitê de Padronização das Informações em Saúde Suplementar), have deepened into the topic and carried out studies to identify the minimum required parameters to transform the model into a transparent model of communication between providers and payers, based on the adopting of patient grouping system, such as DRG.

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Anahp Compliance Strategic Committee focuses on the development of a corporate risk map for the hospital industry

A survey among Anahp members has revealed that only 43% of the hospitals have implemented or are implementing a risk map, which should be used to guide the strategic planning and compliance actions of the organizations.

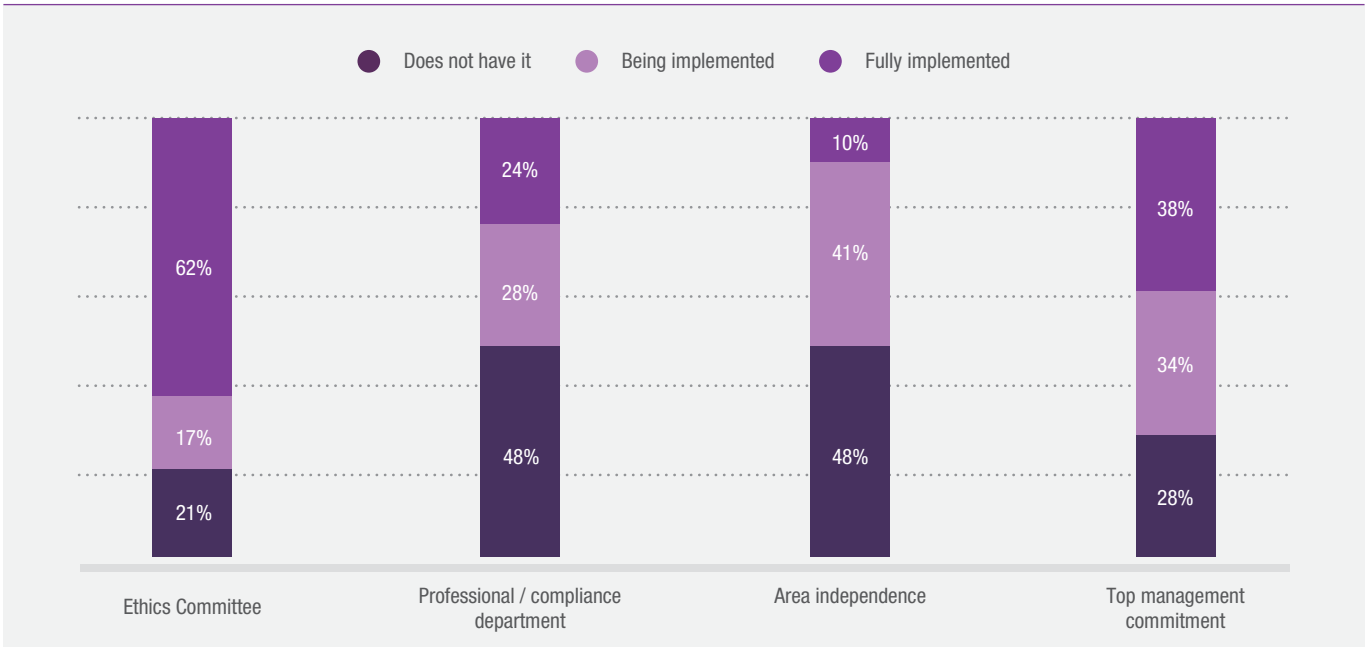
Brazil is going through serious thinking about corporate management, moral consciousness and ethical behavior. In recent years, the country has witnessed many cases of corruption involving companies that apparently had clearly and well established compliance rules and other initiatives to mitigate inappropriate practices. The health care industry has not been left unaffected. Many scandals have made the news, especially in the past three years, with examples such as the case nicknamed the “Mafia of Implants and Devices”.

As an attempt to discuss further this key topic in the highly complex and fragmented setting of health care, in 2016 Anahp created the Compliance Strategic Committee, comprised of representatives of the associate members, to propose strategies, policies, rules and procedures guided to disseminating and adopting the culture of compliance at the corporate and clinical levels of health care organizations.

UNDERSTANDING COMPLIANCE AT THE HOSPITAL INDUSTRY

The first initiative of the Committee was to identify the current status of compliance among the associated organizations. A multiple choice questionnaire was devised, including seven strategic pillars – compliance structure; code of conduct, policies and procedures; risk map; continuous monitoring and auditing; communication and training program; channel for reporting, and the appropriate feedback structure, which was applied in April and May 2016. Among the key results of the survey, answered by 29 member associations of Anahp, very few leaders showed commitment with the compliance structure in their organizations.

Compliance structure



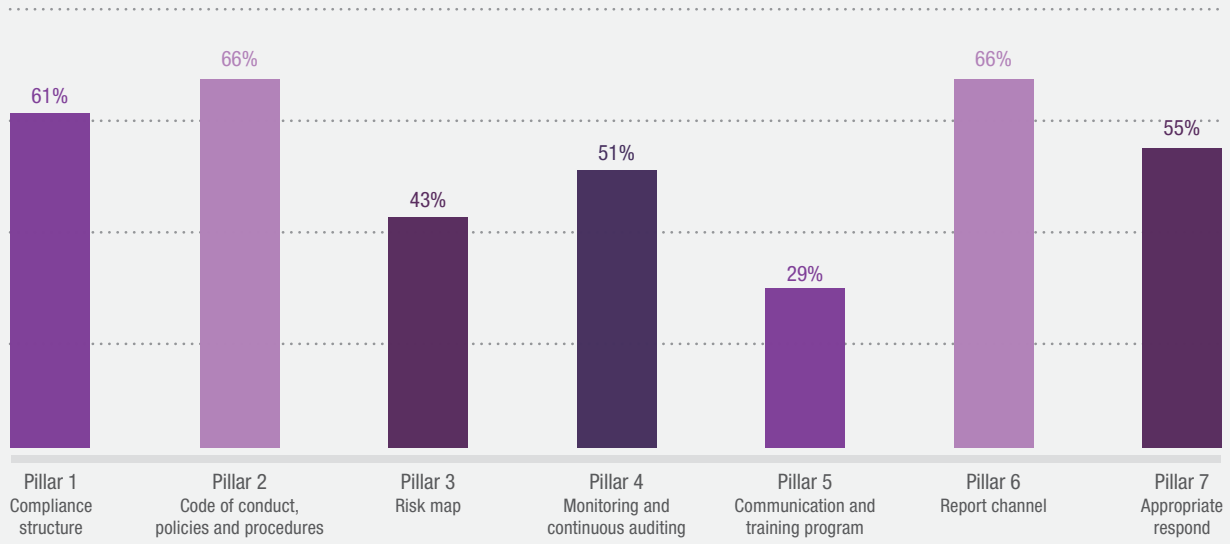
Source: Study conducted by ANAHP Compliance Strategic Committee.

The overall results for the other pillars of the survey showed that despite the fact that over 60% of the hospitals have implemented or are about to implement compliance structures and code of conduct, policies and procedures, there are few actions directed to training and communicating these initiatives in the organization. In addition, only 43% of the hospitals have or are working on implementing a risk map, which should guide the strategic planning and the compliance actions of the organizations.

Among the results of the survey, there has been low commitment of leaders with the compliance structure in the organizations.

Only 43% of hospitals have implemented or are implementing the risk map.

Strategic pillars



Source: Study conducted by ANAHP Compliance Strategic Committee.

In 2016, after the completion of the survey, the Committee realized the need to develop a guiding manual with basic and key elements for designing a compliance and ethics program in the organizations. Named Anahp Compliance Program Manual, it was published in November 2016 during 4th Conahp – Congresso Nacional de Hospitais Privados (National Congress of Private Hospitals) whose main topic was Ethics: Sustainability of healthcare system.

Aligned with the initiatives of the Compliance Strategic Committee and fulfilling Anahp's purpose of discussing Ethics in 2016, a second survey about Ethics and Integrity was applied by Anahp in partnership with Instituto Ethos, whose results confirmed what was observed in the Committee's initial survey and the discussions held in the association.

The survey carried out by Instituto Ethos in partnership with Anahp focused on topics such as governance and conduct; accountability; anticorruption practices; competition practices; responsible political involvement, and management system, in a study that reported the practices of 26% of the members. The diagnosis has portrayed positive and negative issues. Among the positive ones, 88% of the hospitals have a reporting channel, 75% have dedicated areas to deal with these issues, and 69% have specific rules and documents in their organizations. Among the negative issues, 63% of them do not have one person or area ultimately responsible for compliance, and 81% do not classify suppliers.

A NEW CHALLENGE

After detecting that the risk map was not common among the survey respondents, which probably reflected the reality of most associate organizations, the Compliance Strategic Committee worked in partnership with risk consulting services Deloitte to develop a risk map of the hospital industry to build awareness of member hospitals about the importance of having a management tool and stimulate this practice among Anahp members.
In March, during 15° *Encontro de Líderes Anahp* (Anahp Leaders' Meeting), the organizers carried out an activity to detect the perception of Anahp leaders concerning the key risks in the industry.
As mentioned before, a risk map is a management tool, as it consolidates the main issues of the industry through a graphic representation. It includes the issues that should be constantly monitored so as to be avoided.
It is important to bring the concept of risk in a broader perspective for the hospital industry. On a daily basis, clinical risks are highly prevalent and we deal very responsibly and in an organized fashion with this issue. However, to maintain the business structure, we should take in consideration all potential risks to the sector, the business and others that are part of the nature of any company, regardless of the area.

Thus, it is important to analyze which are the events the hospital sector is exposed to, including internal and external factors.
The activity tried to focus on this point, bringing to the table in a pre-structured fashion the main risks observed in any organization. Examples were presented for each risk category and executives were asked about their perception of impact and vulnerability.
Impact is related with the economic-financial performance of the organization and vulnerability is related with the quality of internal controls of the activity.
See below the risk map assessed by the leaders:

GOVERNANCE		
Compliance with the Rules	Anti-Ethical Conduct / Fraud	Accreditations and certifications
Communication and Dissemination	Relationship with the Society	Merger and Acquisition
Reputation and Image	Social responsibility	Relationship with the Medical Staff
FINANCIAL		
ASSET MANAGEMENT	**MARKET**	**LIQUIDITY**
Asset Management	Applications	Opportunity Cost
Revenue Cycle	Interest Rates	Cash Flow
		Revenue Concentration

The methodology describes risk as the likelihood of an event to happen (randomly, future and regardless of human will) and categorize them by their nature, as follows:

- **Strategic:** Associated with a decision-making of the top management;
- **Operational:** Associated and potentially resultant from failures, deficits or inappropriate actions of internal processes, people and systems, in addition to external events, such as natural disasters, strikes and terrorist attacks;
- **Regulatory:** Associated with sector regulation, rules, requirements, laws;
- **Financial:** Associated with exposure to financial operations of the organization.

STRATEGIC				
BUSINESS MODEL				POLITICAL AND ECONOMIC
Competition and Market	Organizational Structure	Knowledge Management	Technological Innovation	Governmental Change
Planning and Budget	Business Continuity	Education and Research	Trademarks and Patents	Economic / Demographic Context
Public and Private Service Development	Investments	Performance and Risk Indicators		Public Policy
OPERATIONAL				REGULATORY
CLINICAL STAFF	PROCESS	PERSONNEL	INFORMATION AND TECHNOLOGY	Regulatory Agencies and Trade Associations
Customer Care	Contract Dispositions	Capacity building	Access and Confidentiality	Accounting and Financial Practices
Hospital Infection Control	Outsourcing and Partnership	Personnel Dependency	Availability	Legal
Patient Safety	Loss and/or Obsolescence	Limit of Authority	Information Integrity	Labor
Support Services	Facility Security	Talent Retention		Tax / Fiscal
Clinical Practices	Service Provision	Employee Satisfaction		Civil
Medical Practices	Operational Capacity			Environmental
Patient / Client Satisfaction	Effluents and Atmospheric Emissions			Licenses and Permits

It is important to stress that each organization has its own risk map, and this model can and should be customized to each one's reality, aligned to strategies and values of each organization.
The main purpose of assessing risks and understanding their levels of impact and vulnerability is to prioritize actions. There are different responses to risks and we know that not all risks are one single problem only and, increasingly more common, risks are perceived as opportunities. By knowing about the risks, the organizations may decide to avoid or accept them. Risks are hardly ever eliminated. Eliminate them would require stop working.

- **Avoid the risk:** Decision of not getting involved and act by withdrawing from a risk situation;
- **Accept the risk:** In this case, there are four possibilities
  1. **Retain:** Keep the risk at the current level;
  2. **Reduce:** Adopt actions to minimize vulnerability and impact;
  3. **Transfer or share:** Actions that want to reduce the impact and vulnerability by transferring or, in some cases, sharing part of the risk;
  4. **Explore:** Increase the level of exposure, enabling a competitive advantage.

Risk management is under the responsibility of all staff.

Upon presenting an initial risk map of the segment, the Compliance Strategic Committee is searching for constant alignment with the concepts and supports the members to find actions aligned with the best control practices, which would minimize the level of exposure. Therefore, the main priorities among Anahp member organizations are the following issues:

1. **Anti-ethical conduct/fraud** – Medical clinical staff, resident physicians, staff, clients or suppliers noncompliant with the ethical standards by acting inappropriately for his/ her own benefit or of the hospital. It includes Operational Fraud, Bidding Crimes, Corruption, Conflict of Interest, Fraudulent Research Projects, Donations and Harassment.
2. **Reputation and Image** – Degradation of hospital reputation and image before its own clinical staff, patients, staff members, suppliers, regulating agencies and investors. It includes patient safety, corruption involving implants and prostheses, medical compensation and generalized hospital infection.
3. **Patient Safety** – Accidents that happen owing to noncompliance with health guidelines or internal rules.
4. **Hospital Infection Control** – Absence of mechanisms for collecting and monitoring hospital infection rates to avoid all forms of hospital infections and to maintain an epidemiology surveillance system to eradicate it and instruct about the correct procedures.
5. **Access and Confidentiality** – Unauthorized access to data and information, inappropriate definition and/or implementation of safety parameters and unprotected critical information against disclosure of information about the patient, theft of information by staff, employees, service providers and clinical staff.
6. **Continuity of business and availability** – Impossibility to recover from operations (software, information technology, qualified labor, certificates, facility, etc.) and/ or interruption of hospital activities.
7. **Labor** – Practices are not compatible with laws and labor agreements, discrimination or differentiation in the way staff is treated.
8. **Environmental** – environmental deficits resulting from activities which are not aligned with legally defined health, occupational safety and environmental rules.
9. **Effluents and atmospheric emissions** – Errors of treatment of effluents or atmospheric emissions, which impact the staff, the environment and the community.

We know that the more we discuss the topic, the more we will progress in understanding it. Risk management is a continuous activity and it is necessary to understand the risk, develop a plan to mitigate exposure, execute the plan and monitor the effectiveness of the plan. It is worth mentioning that risk management is under the responsibility of all staff of a company.

NEXT STEPS

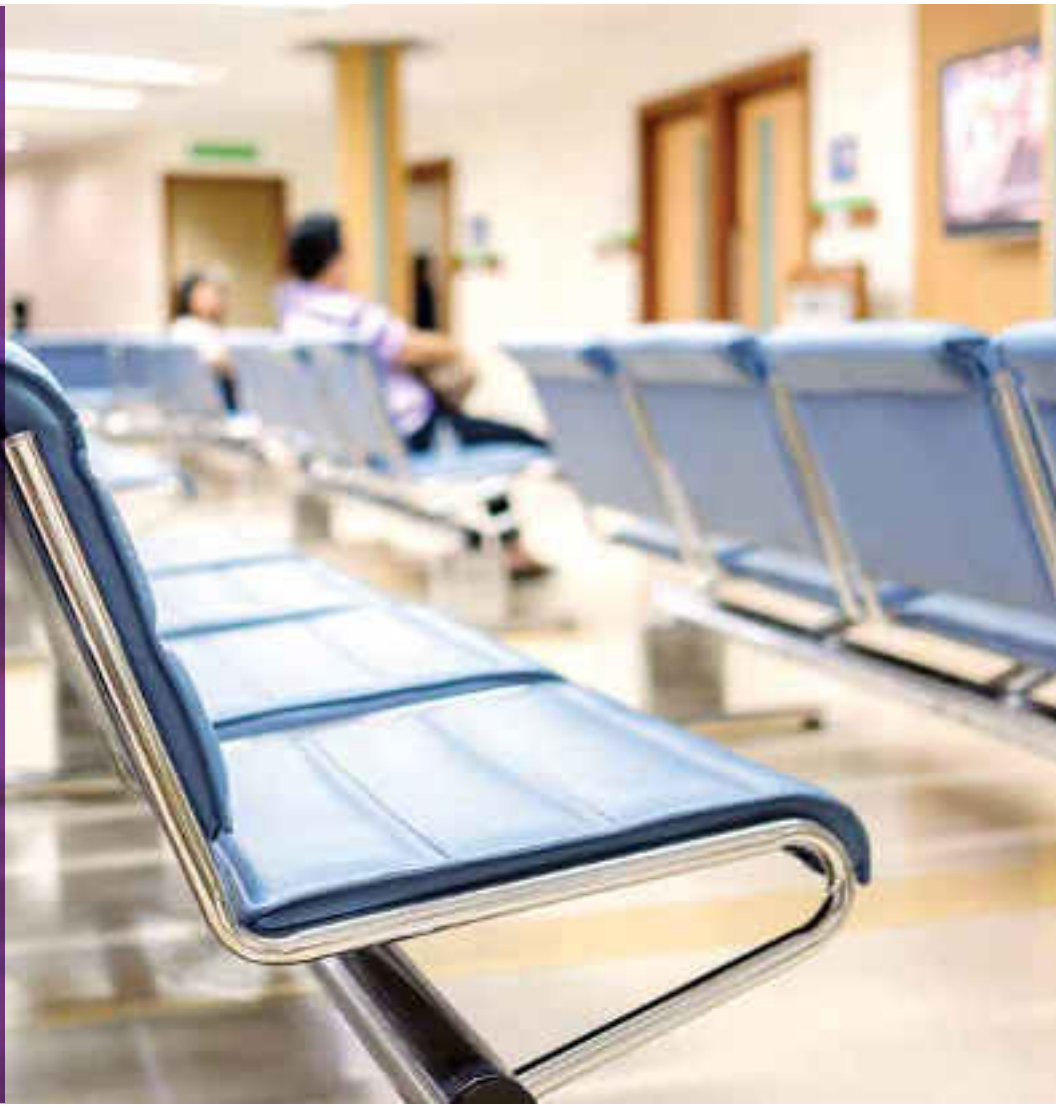
The leaders that were part of the initiative will execute this exercise throughout 2017 taking these discussions about the main perceived risks in the industry to be assessed by their internal teams. At the same time, by having the results of the surveys and the perceptions of member hospitals about the risks, the Committee will support the members by providing guidance about the priority topics, in addition to proposing the best practices and ways to control risk mitigation, contributing to the improvement of the health industry.

Unique survey carried out by Anahp addresses satisfaction levels of Brazilian users with private hospitals

Bain & Company carried out the survey that included 18 Anahp member hospitals. It is a pioneer initiative to measure the opinion of patients

Measuring costumers' satisfaction is an increasingly common practice among companies. By identifying the key factors that make customers more or less satisfied, companies can purposely direct their efforts. Based on the analysis of this information, companies from different areas have more input to enhance their practices and improve customers' experience.
In retail, for example, the need to continuously assess customers' opinions is a must. However, concerning health care, is it possible to measure the satisfaction level of patients? A survey carried out by Associação Nacional de Hospitais Privados (Anahp), in partnership with Bain & Company showed that it is indeed possible. More than it, it has shown That Brazilian private hospitals provide good experiences to their patients. Nevertheless, there is still a long way to go to reach higher satisfaction levels.

Creating promoters depends on good customer care and long waiting times lead to increase in detractors.



The satisfaction score of Brazilian people with their hospitals has reached

59%

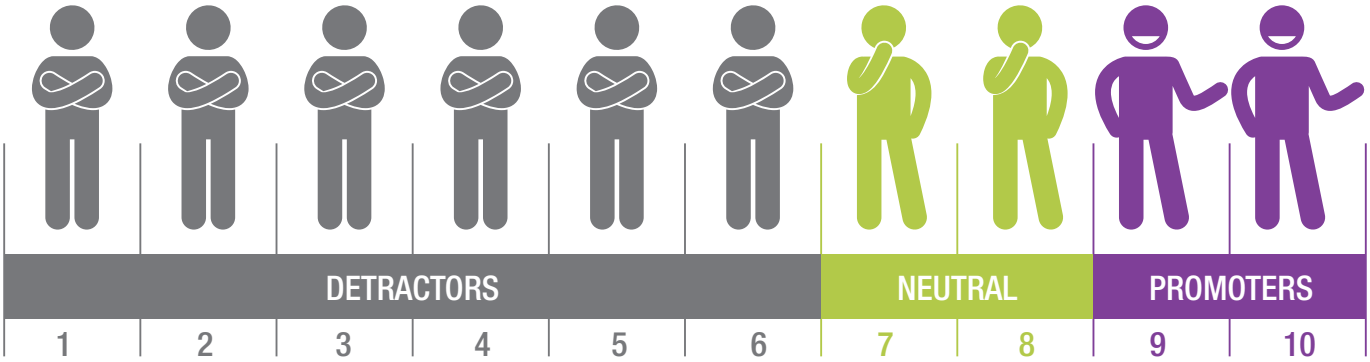
A total of 14,000 patients were assessed using Net Promoter Score (NPS), which is the most used tool to measure customer satisfaction in companies. Three factors can explain the superiority of NPS and its widely adoption: It is the metrics that better represent the behaviors and actions of consumers. It is an indicator that portrays the expected value of each client, considering that the revenues for NPS leaders increase twice faster than the competitors and their cost to serve is 15% lower. It is the Net Promoter System that provides performance improvement.

Considering that NPS can predict the behavior of patients, the study has identified that the satisfaction rate of Brazilians with private hospitals is 59% and it has also shown that the organizations that score higher also present increase in number of patients seen. Even considering this rate, there has been a significant NPS variation from 24% to 87% among the surveyed hospitals.

METHODOLOGY

Performed in the past twelve months, the survey included 18 private hospitals from different regions in Brazil. To assess the satisfaction with the provided services, 14,000 patients received questionnaires. They scored the hospitals from 0 to 10 based on the following question: “How likely is it you would recommend the hospital to a friend or colleague?”
Based on the responses, the numbers were divided into three categories: Promoters (scores 9 to 10), neutral (scores 7 to 8) and detractors (below 6). Finally, the satisfaction rate was measured based on the percentage difference between promoters and detractors. The survey included only the organizations that had at least 200 valid answers.

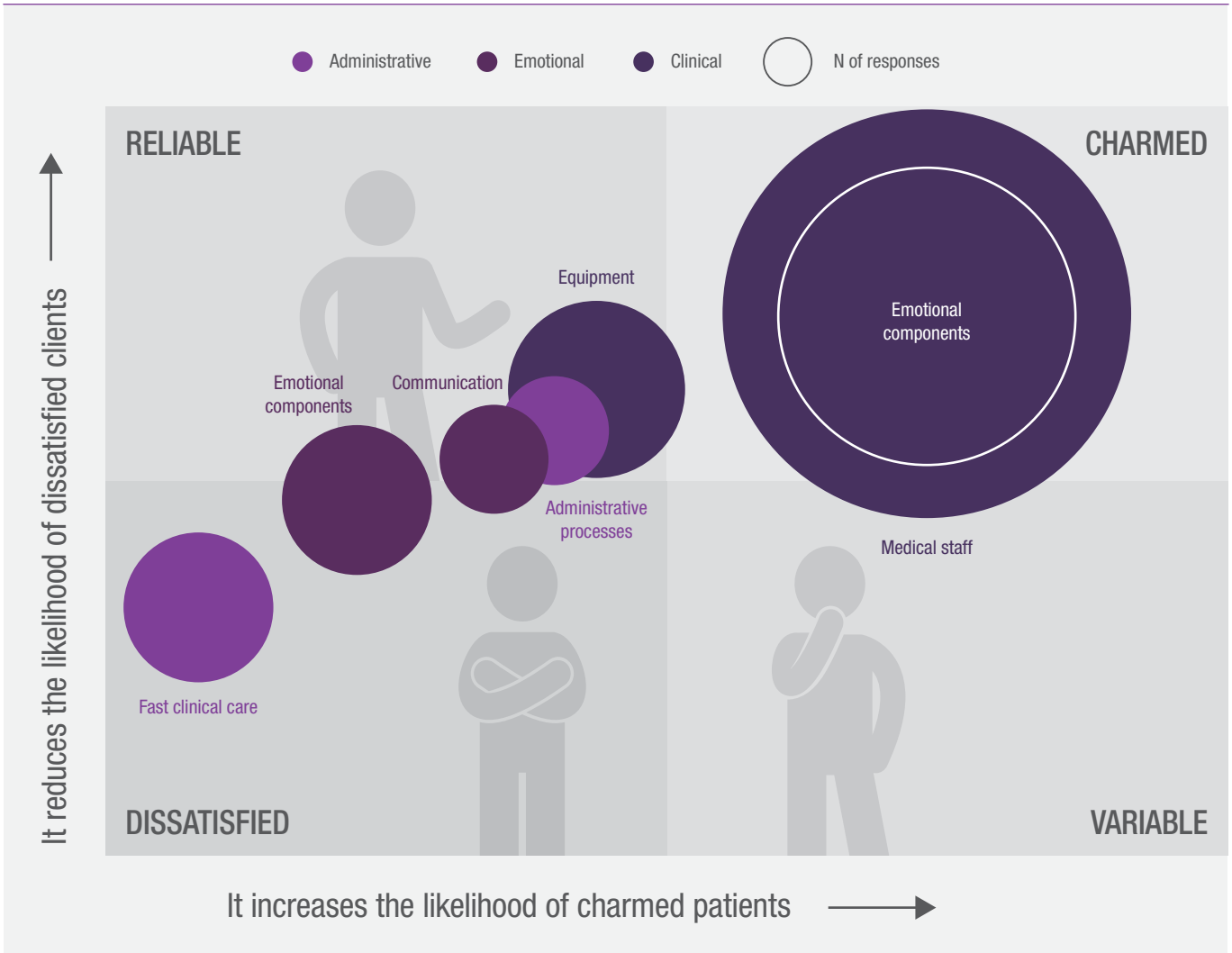
The metrics comprises three categories: promoter (score 9 or 10), neutral (score 7 or 8) and detractor (below 6).



In the survey, the main contact points with the hospital were analyzed, to understand the factors that generated positive perceptions. It included pre-hospital contact (scheduling and communication before visiting the hospital), in-hospital experience (registration, waiting time, execution of procedure, patient education and discharge process), and post-hospital monitoring (instructions and monitoring after hospital discharge).

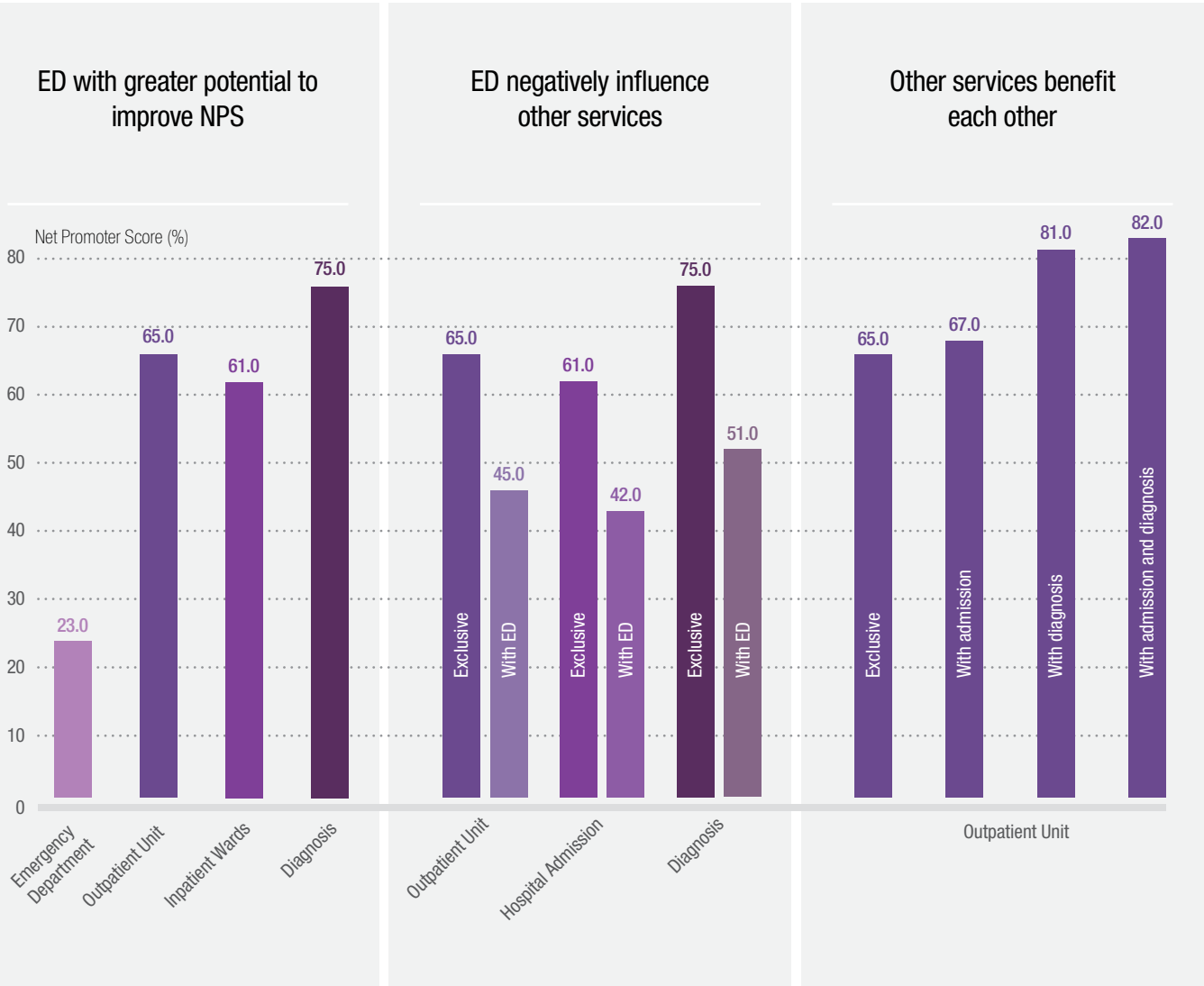
The chart below shows on the horizontal axis all aspects that can engage the patient, transforming him/ her into a hospital promoter. On the vertical axis we can see the aspects that may dissatisfy customers and transform them into detractors. The left lower corner shows the factors related only with the generation of detractors, whereas on the right upper corner there are those related with generation of promoters. On the right lower corner there are those that can create both detractors and promoters (no factor was classified in this quadrant in this survey), whereas on the left upper corner there are the items that are not relevant root causes for promotion nor detraction. The circles show the number of times that each factor was mentioned by the patients, so as to explain not only the impact but also the frequency of mentioning.

Clinical factors are more important to create promotion, whereas administrative and emotional factors create detraction.



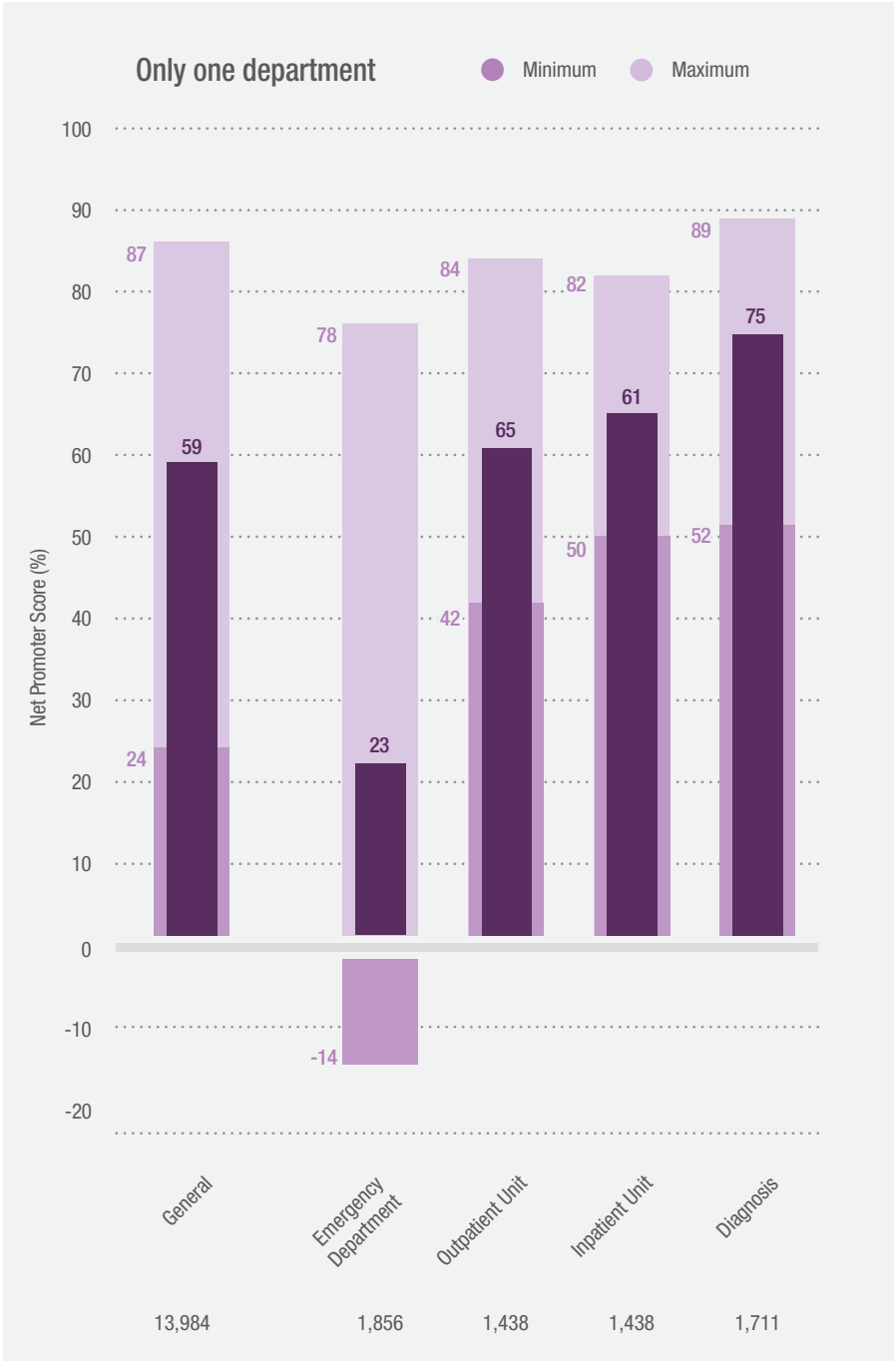
The discrepancy is primarily related with Emergency Department results, whose maximum score was aligned with the average for all hospitals, but which presents minimum score and mean much lower than the other services. Such fact indicates the potential to seek for operational excellence in this service.
It is interesting to notice that the Emergency Department is not only the service that has the greatest potential for NPS improvement, but it is also the only one that does not affect the general impression about the hospital for patients that use more than one service. For example, patients who have visited the Outpatient Center and the Emergency Department showed NPS score 20 percentage points (pp) lower than those that have visited only the Outpatient Center. The difference is 19 pp for hospital admission and 24 pp for diagnostic unit. Patients who have used more than one service are always more satisfied with the hospital than those who have been just to one. For example, the average NPS of patients who have used only the outpatient center and the diagnostic center is, respectively, 65% and 75%, but patients who have used both the outpatient and diagnostic centers show average NPS of 81%. This increase in satisfaction rate is valid for any combination of services, provided that it does not include the Emergency Department. This issue has reinforced the importance of focusing on operational excellence of the Emergency Department to improve the results of the overall hospitals.

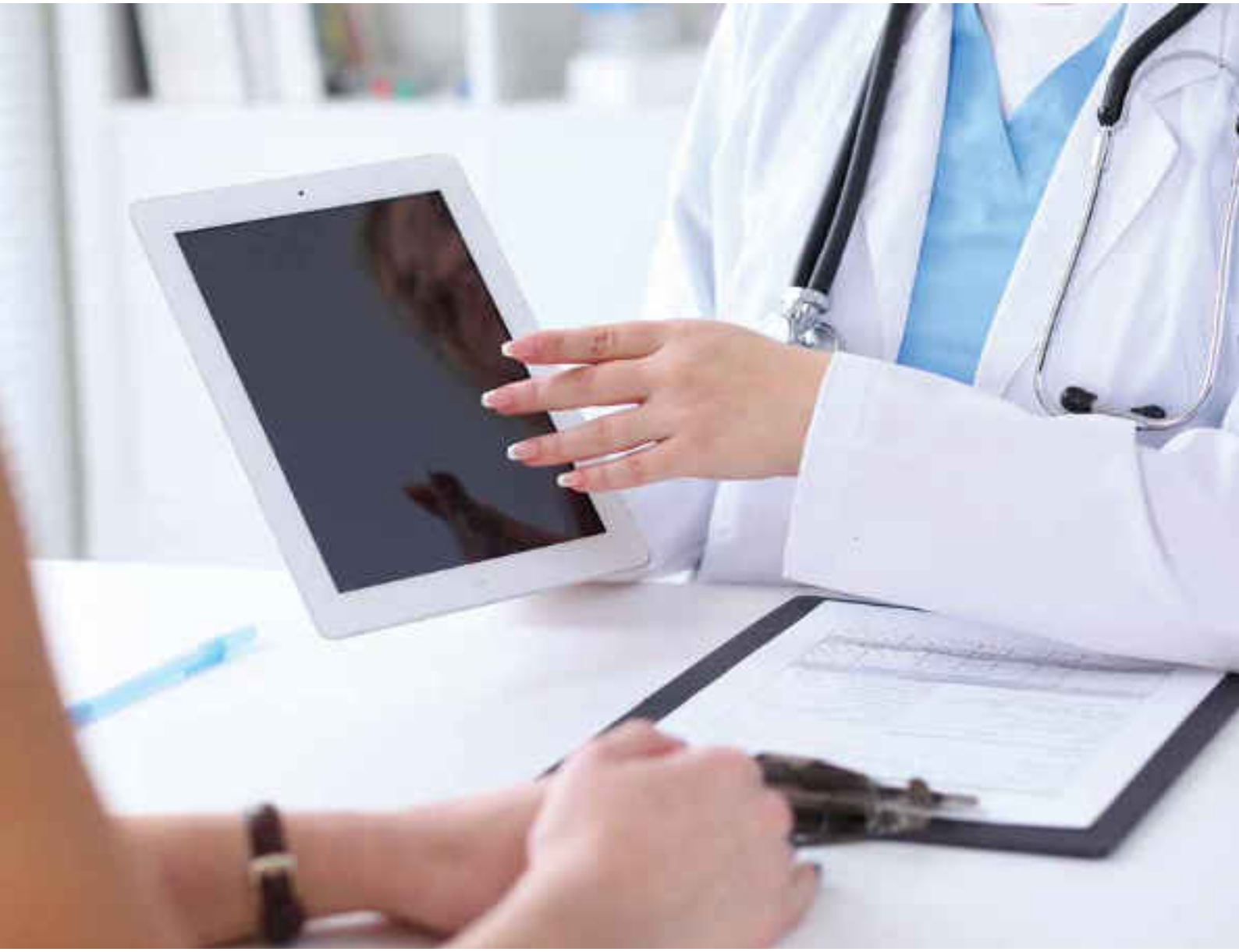
Patients who use more than one service are always more satisfied with the hospital than those who use one simple department.



The analysis has also shown that even the top hospitals in satisfaction rates have room for improving specific services, as there has been variation of performance among different areas of the hospitals. For example, the leading hospitals in hospital stay and outpatient center, which showed NPS of 41% and 50%, respectively, may have far lower values for the Emergency Department. Compared to global players, there is room for improvement in all surveyed hospitals: Global NPS surveys show hospitals in the USA and South Africa with NPS score above 94%.

Surveys outside Brazil have shown NPS scores above 94% in the USA and South Africa.



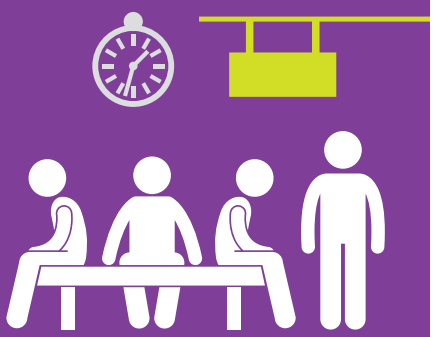


Naturally, good execution of procedures is a factor that creates promoters, which also applies for good education about the procedures. In other words, the patients want to understand what is being done and the required next steps. Education on medication and pre-hospital communication also have major impact on generation of promoters, reinforcing the importance of good communication.
Comparing specialized and general hospitals (for example, focused on specific procedures and high complexity), the results are similar except for two issues: The discharge process becomes a generator of promoters as it is perceived as being relevant to patients, and pre-hospital care (telephone and online contact) losses its relevance as the patient is constantly at the hospital for treatment.
To understand how these players have created their promoters, the survey focused on patient satisfaction, reasons for their answers and patient experiences under two different perspectives: Different interfaces between the hospital and the patient and the evaluation factors of each service. The main hospital promoting factors for the patients are quality of care and clinical factors, such as the quality of professionals, physicians and nurses. Patients mentioned waiting as the main detraction factor, followed by quality of care.

As quality of care has been mentioned both as a promotion factor and a detraction factor, a deeper analysis was performed to understand the reasons mentioned by patients when they refer to quality of care. Clinical factors have proved to be the most important ones, both for promotion and detraction, but the weight is significantly different, going from 52% in promotion to 35% in detraction. Concerning other factors such as quality of processes and emotional components, the level has been 29% and 31% in detraction, respectively, whereas in promotion the rates have been 24% and 23%. Concerning the factors that create detractors, the most impact has come from waiting time for the procedure and, as less relevant, administrative processes within the hospital, such as patient registration. Patients' expectations are relatively high as they are using a private hospital, so they do not expect to see some barriers that seem to belong only to public healthcare system.

Another factor that has influence in decision making of a hospital is an indication: 60% of the interviewees have decided for a hospital based on the indication of a physician, family member or friend. Administrative factors, such as waiting lines and level of registration, have been reasons for dissatisfaction, as they are considered as obstacles.

Patients perceive waiting lines and administrative processes as obstacles that prevent them from accessing health when they need it the most.

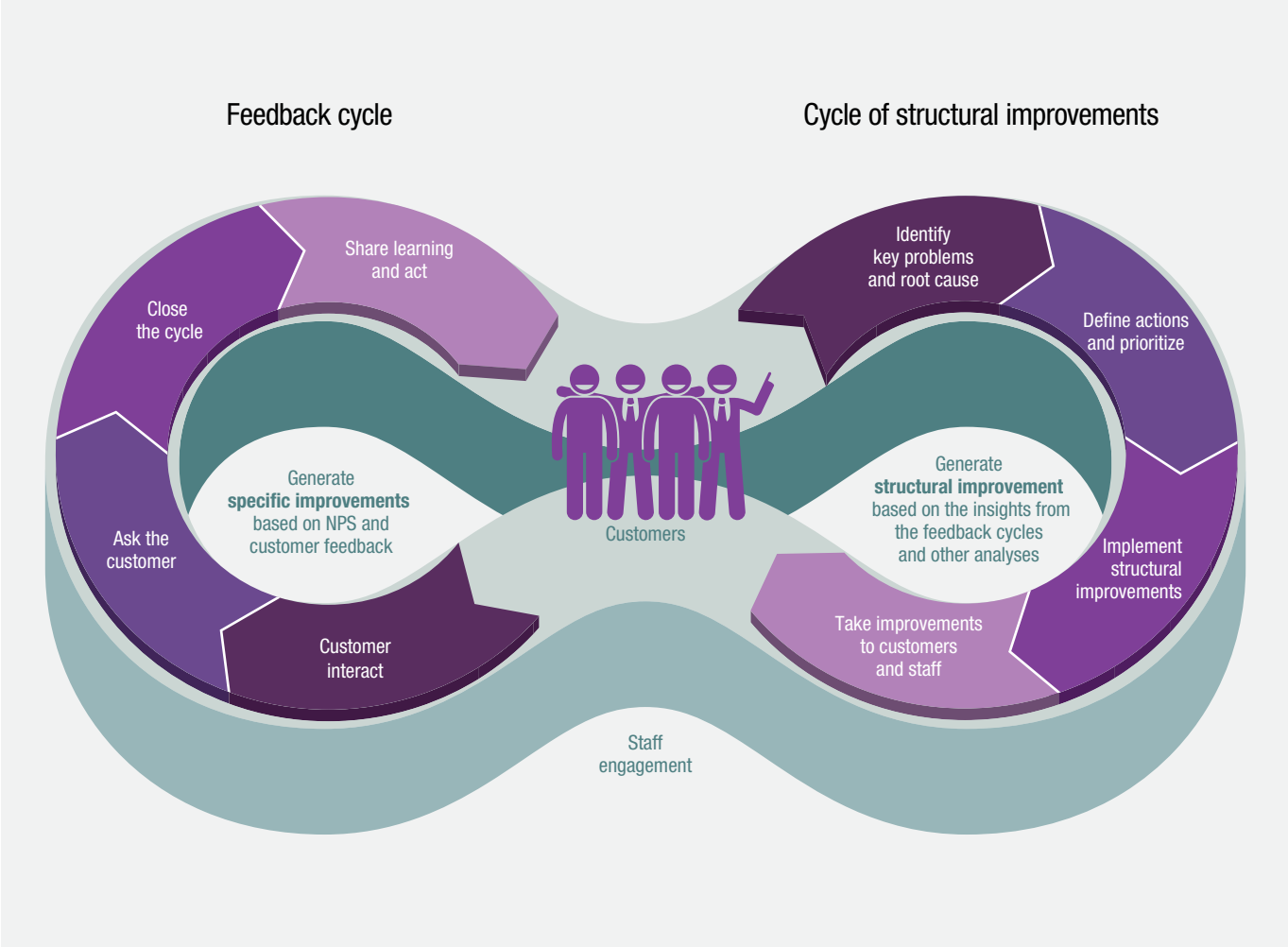


OPPORTUNITIES

To capture the economic potential related with NPS improvement, there are four strategies proposed to be used: Estimate the impact of NPS improvement in revenues, understand the difference in satisfaction of patients in comparison with reference hospitals, prioritize the strategies to size this difference and create a continuous cycle of improvement in patient satisfaction.

After defining these strategies, the consulting services guide the health organizations to perform actions that can translate the potential gains provided by NPS. Thus, the first step is to quantify the potential growth of the hospital, in case it can reach the same satisfaction levels as the reference hospitals. The next step is to understand the reason for the main difference in satisfaction of the patients in comparison with the reference hospitals. These levels should be realistically defined, respecting the status of each organization. Concerning the improvement strategic actions, the hospital has to prioritize those of greater impact and lower level of complexity, such as medication education, telephone scheduling and post-hospital monitoring. At the same time, the organizations should put into practice the higher complexity activities, which are also equally important to NPS, such as management systems that continuously use the insights of patients, based on feedback cycles, structural improvements and employees' engagement.

Patients want to be cared for: execution, communication and waiting lines as key factors for NPS.



Note on Methodology

To form the data presented by Observatório Anahp three primary information sources have been used.

SISTEMA INTEGRADO DE INDICADORES HOSPITALARES ANAHP (SINHA – INTEGRATED SYSTEM OF HOSPITAL INDICATORS)

Data submitted monthly

SINHA was created in 2003 to provide periodic and organized information to the member hospitals about financial, operational, human resources and clinical performance data of Anahp members, supporting managers in strategic planning and decision making. Eventually, the system has gained more importance in the industry, becoming one of the main market references in hospital indicators after the annual publication of Observatório Anahp, as of 2008.

In 2016, SINHA went through an important process of review. Financial, clinical, people management and sustainability variables used to be inputted by hospitals directly in Watcher system. As of 2017, they should be inputted into SINHA platform. Moreover, as a result of the discussions triggered by Anahp workgroups, some indicators have been reformatted and included in the new version of the system.

Variables and indicators have standardized technical forms, available for reference in the system. Inputted data are validated by technical directors and/or responsible people of each area in the hospitals. In 2016, there were 231 variables and 181 indicators from 62 hospitals that contributed with data to SINHA.

Hospitals submit their data voluntarily and they can choose which indicators will be shared, resulting in oscillations in number of participating organizations in each indicator. In addition, new members start to gradually submit data to the database.

Individual reports are sent to each hospital containing their respective results, so that they can benchmark with Anahp group of hospitals. As of 2017, the platform will also enable the inclusion of new modalities of indicators – such as IT and Supplies, for example, segmentation of indicators by size, state and region and number of beds, among others. It provides a comprehensive analysis of the industry trends, and each hospital can compare itself against the average indicators of the groups of hospitals with similar structures.

ANNUAL REGISTRATION OF HOSPITALS

Information concerning structure, production of selected areas, clinical information, characteristics of quality and safety programs in the hospitals, management of clinical staff, teaching and research and philanthropy activities. This survey is made annually with all member hospitals.

INPATIENT DATA FROM HOSPITAL DATABASES

Information requested to member hospitals on an annual basis including hospital discharges and the variables for each hospital encounter.

Number of patient record	
Number of encounter	
Date of birth	Gender
Zip code	District
City	State
Description of payer	
ANS code of payer	
Care site – admission unit	
CRM of physician responsible for admission	
Admission date (dd/mm/year)	Time of admission (hh:min)
Date of hospital discharge (dd/mm/year)	Time of hospital discharge (hh:min)
Main diagnosis ICD 10th edition – four digits (only one diagnosis) at hospital discharge	
Secondary diagnosis 1 – ICD 10th edition – four digits (only one diagnosis) at hospital discharge	
Secondary diagnosis 2 – ICD 10th edition – four digits (only one diagnosis) at hospital discharge	
Performed procedure 1 (SUS code or AMB code)	
Description of Procedure 1	
Date of surgical procedure 1 (if procedure is surgical)	
Performed procedure 2 (SUS code or AMB code)	
Description of Procedure 2	
Date of surgical procedure 2 (if applicable)	
Weight of newborn at birth	
Type of discharge (discharge home, death or external transfer)	
Date of ICU admission (if there is ICU stay)	
Date of ICU discharge (internal transfer, discharge home or death)	
Number of ICU encounters	
Origin of patient (Emergency department, Home, Medical Office, other)	
Amount billed	

These are the data that serve to build the clinical, epidemiological and care profile of each hospital and the group of Anahp member hospitals. In 2016, there were 50 participating hospitals.
The systematic collection provides a detailed analysis of the production, performance results, and consumption patterns of provided services.

PARTICIPATING HOSPITALS: RELEVANT MODIFICATIONS IN RECENT YEARS

In December 2016, Anahp had 80 associated hospitals, 10 of which had joined the organization in that year. The inclusion of new members in recent years has contributed to greater representativeness of private hospitals in Brazil. In this edition, the information of the 23 hospitals that formed the Control Group is no longer presented. Anahp has had the data of a broad sample of hospitals since 2014 and we want to provide representative and comprehensive information that pictures the reality of all member hospitals.

It is important to bear in mind that the analysis of indicators is made by Nucleo de Estudos e Analises (NEA – Center of Studies and Analyses), maintaining the confidentiality of hospital information. This edition shows data of 62 hospitals that submitted information to SINHA (clinical, people management, economic-financial and sustainability data) and not all hospitals have necessarily submitted data to all variables.

Despite hospitals' variability, it was possible to reach consistency by analyzing the tendency of indicators in the group of members. Data availability has also provided to hospitals more detailed monitoring of the indicators, a process that tends to improve with the use of the new SINHA platform.

Analyses and indicators are presented as follows:

- Clinical and epidemiological profile of patients
- Structure and annual production – hospital characterization according to the complexity criteria, enabling the comparison of similar structures.
- Clinical Performance
  – Operational management
  – Quality and Safety
  – Institutional Protocols
- Institutional Performance
  – People Management
  – Economic-Financial Management
  – Sustainability

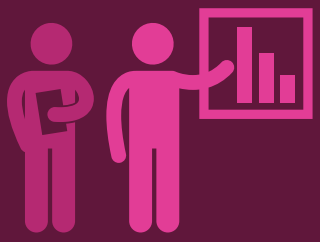
Market Profile

This section features the analyses of the private healthcare market and clinical and epidemiological profile of Anahp member hospitals.

Executive Summary

HEALTH CARE ECONOMIC SCENE

GDP decrease for the second consecutive year



Increase in unemployment rate and drop in income level

Exclusion of formal jobs

One more reduction in number of health plan beneficiaries

2014	50.4 million
2015	49.3 million
2016	47.9 million

-2.5 MILLION health plan beneficiaries within 2 years

Decrease in generation of jobs in healthcare centers

in 2014
107,235

in 2015
49,715

in 2016
35,649

However, among the main economic sectors, health care services was the only one to open job offers in 2015 and 2016.

Inflation decrease

Decrease in interest rates

Brazilian Real valuation

Perspectives of new growth pickup in 2017 and 2018

CLINICAL AND EPIDEMIOLOGICAL PROFILE

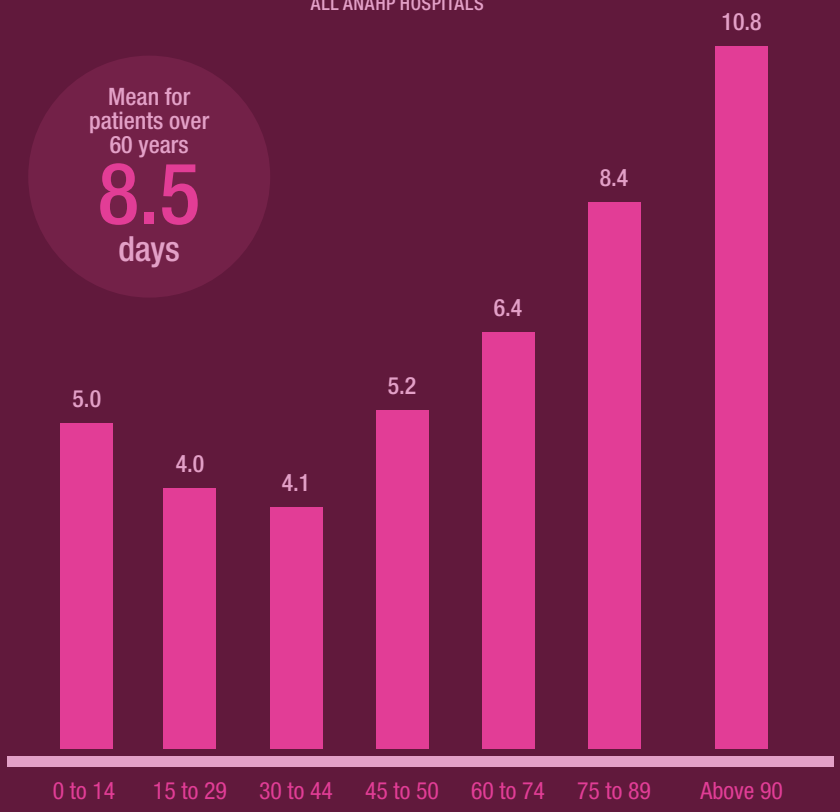
Population aging tends to increase the demand for health services.

At Anahp hospitals, the median age of patients between 2008 and 2016 went up from **37 years** to **42 years**

MEAN LENGTH OF STAY BY AGE RANGE (DAYS)

ALL ANAHP HOSPITALS

Mean for patients over 60 years **8.5** days



Source: Designed by Anahp based on information from SINHA/Anahp.

LIFE EXPECTANCY

69.8 years — 2000

75.5 years — 2015

ANNUAL DISTRIBUTION OF HOSPITAL DISCHARGES

by main diagnosis grouped by ICD chapter

ALL ANAHP HOSPITALS

	2011	2016
Neoplasm	8.9%	13.3%
Genital urinary	9.9%	11.9%
Pregnancy	12.7%	10.3%

There were **1,404,573** hospital admissions in 2016

Population aging should apply pressure to hospital care costs in upcoming years

Healthcare insurance plan price adjustments have systematically overcome the average increase in cost of living of the population.

The Domestic Gross Product (GDP) in Brazil, main indicator of economic performance in the country, dropped more than 7% during 2015-2016 (-3.8% in 2015 and -3.6% in 2016). The decrease in economic activity for the second consecutive year maintained the increase in unemployment rates observed since 2015. After reaching a historic record of 6.8% in 2014, the mean rate of unemployment, measured by the National Survey of Sampled Homes (Pesquisa Nacional por Amostra de Domícilios – Pnad), carried out by the Brazilian Institute of Geography and Statistics (IBGE), went up to 8.5% in 2015, and reached 11.5% in 2016 (Graph 1). The employed population went down from 92.1 million people in 2015 to 90.4 million in 2016, whereas the unemployed population went up from 8.6 million to 11.8 million in the same period.

The reduction in the employed population has been followed by a proportional decrease in formal employment terms. The share of formally employed people in the population with jobs decreased from 39.7% in 2014 to 38.7% in 2015 and 37.9% in 2016 (Graph 2). By the same token, the share of people without formal employment contracts (informal jobs, domestic workers and self-employed people) increased proportionally. According to data from *Cadastro Geral de Empregados e Desempregados* (Caged – General Registry of Employed and Unemployed Workers), 1.3 million formal jobs were eliminated in 2016. The previous year had already witnessed the exclusion of 1.5 million formal jobs.

Increased unemployment and more informal jobs resulted in a new reduction of mean income, which went down from R$ 2,076 in 2015 to R$ 2,029 in 2016 (-2.3%). As a consequence, the private healthcare market which had been driven by the generation of jobs, formal employment contracts and increased income since 2014, have been faced with decrease in number of medical-hospital plan beneficiaries for the second consecutive year. According to ANS (National Agency of Private Healthcare) data, the number of beneficiaries decreased from 50.4 million in 2014 to 49.3 million in 2015 and 47.9 million in 2016. In other words, between 2014 and 2016, the reduction in number of healthcare plan beneficiaries reached 2.5 million people.

The increase in unemployment rates and informal jobs has led to reduction in average income and decrease in number of beneficiaries of medical-hospital insurance plans.

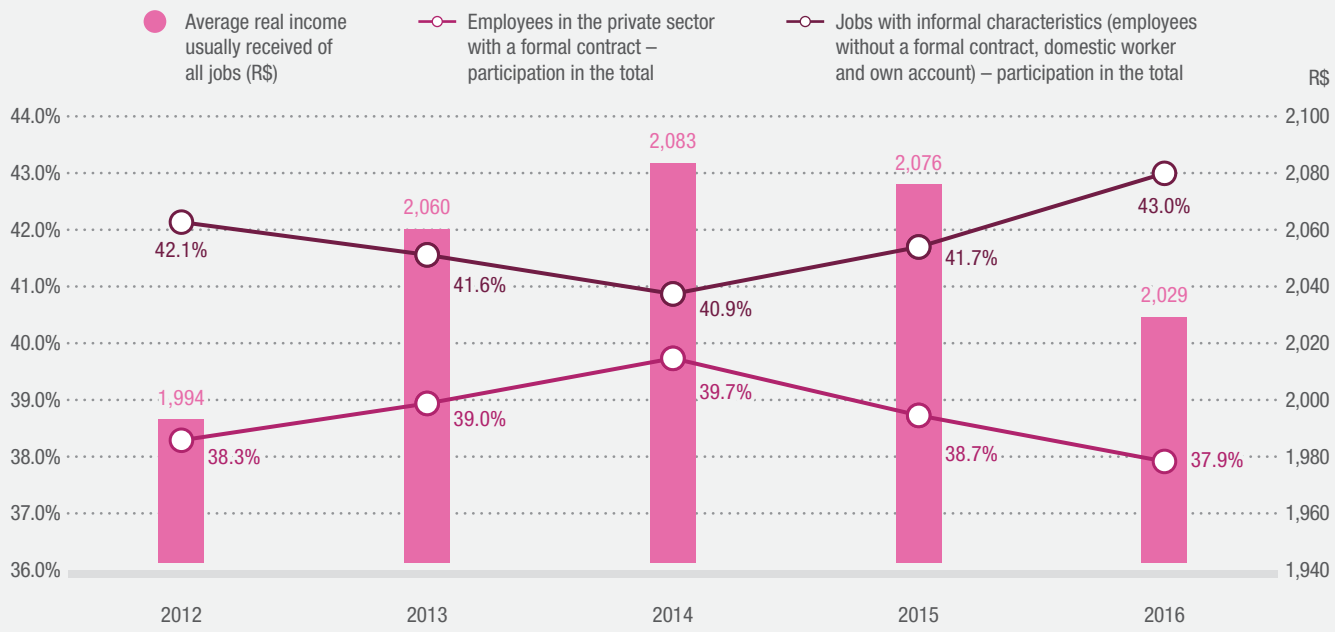
GRAPH 1

Job market and private healthcare market – Unemployment rate vs. number of medical-hospital insurance plan beneficiaries – Brazil 2010-2016

Source: Pnad Contínua/IBGE and ANS. Prepared by: Anahp.

GRAPH 2

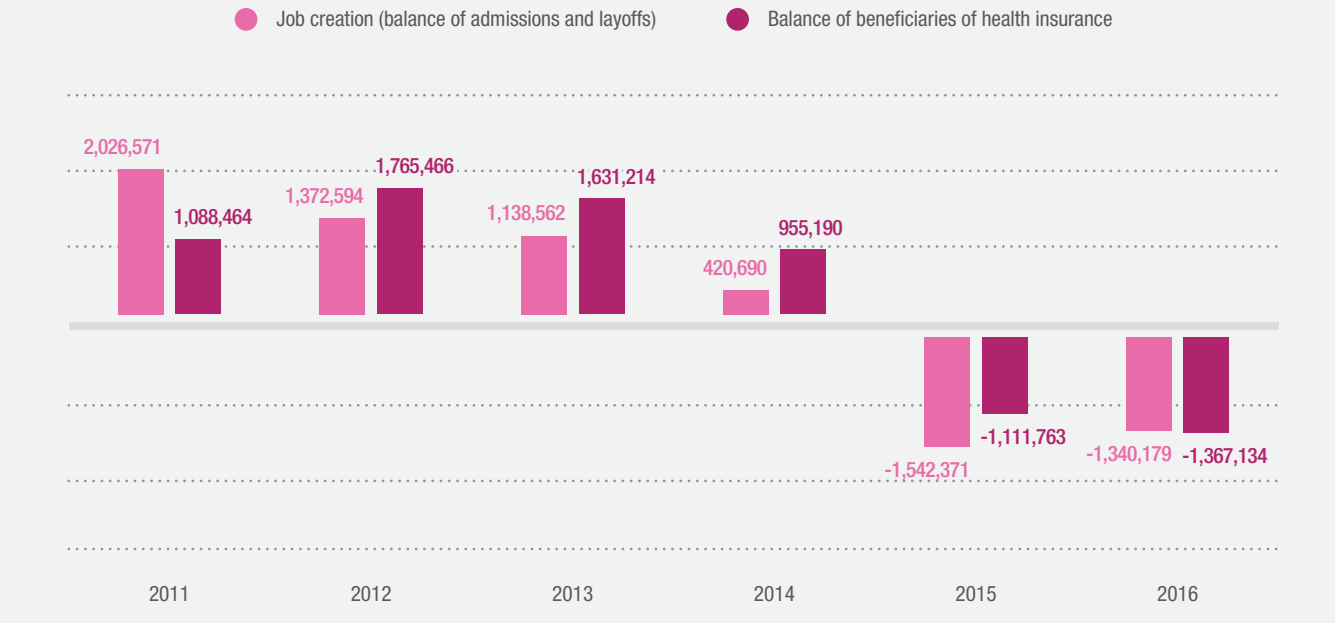
Job market – Employed population by type of employment contract (total share) and current average income – Brazil 2012-2016



Source: Pnad Contínua/IBGE. Prepared by: Anahp.

GRAPH 3

Job market and private healthcare market – Job generation (hiring – dismissal balance) vs. Net balance of medical-hospital plan beneficiaries – Brazil 2011-2016

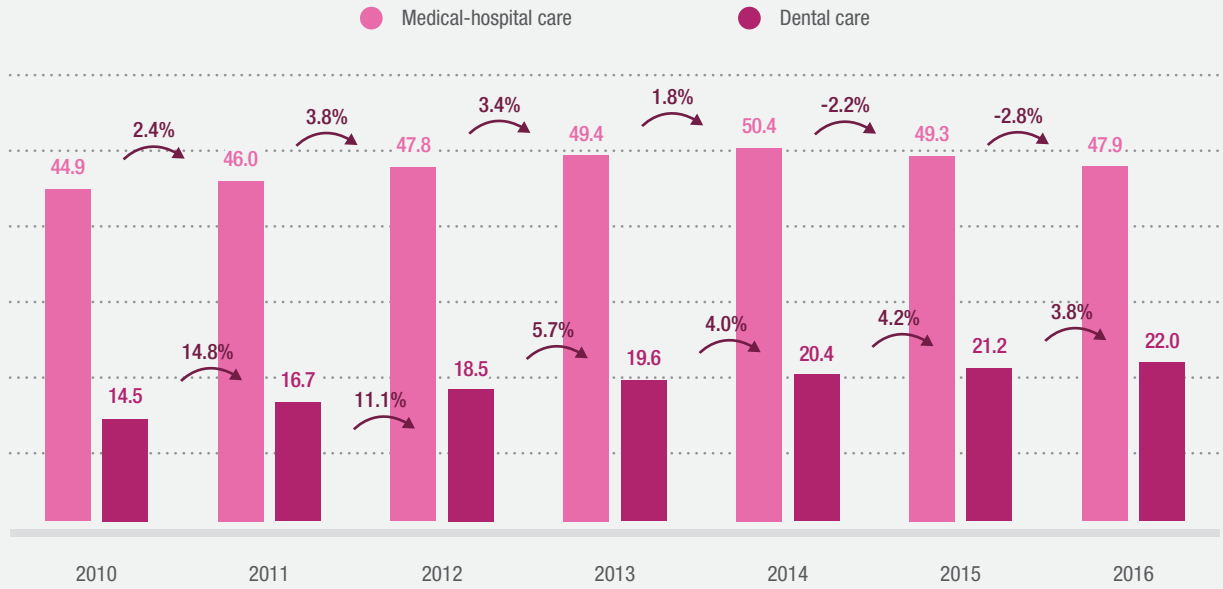


Source: CAGED/ Ministry of Labor and Employment Prepared by: Anahp.

Unemployment alone, however, cannot explain the reduction of medical-hospital beneficiaries. In view of the adverse economic conditions and the need companies have to reduce costs, part of the lost beneficiaries may have resulted from discontinuation of medical benefit offered by some companies. At the same time, there are indications of migration from medical-hospital plans in the same providers or to a new provider for lower per capita premium plans, which indicates the drop in income available to families and budget difficulties of contracting companies. As much as possible, the companies maintained the benefit, even though they decided for a cheaper product (Graph 4).

GRAPH 4

Beneficiaries of medical-hospital plans (million) and growth rate (%) – 2010 to 2016

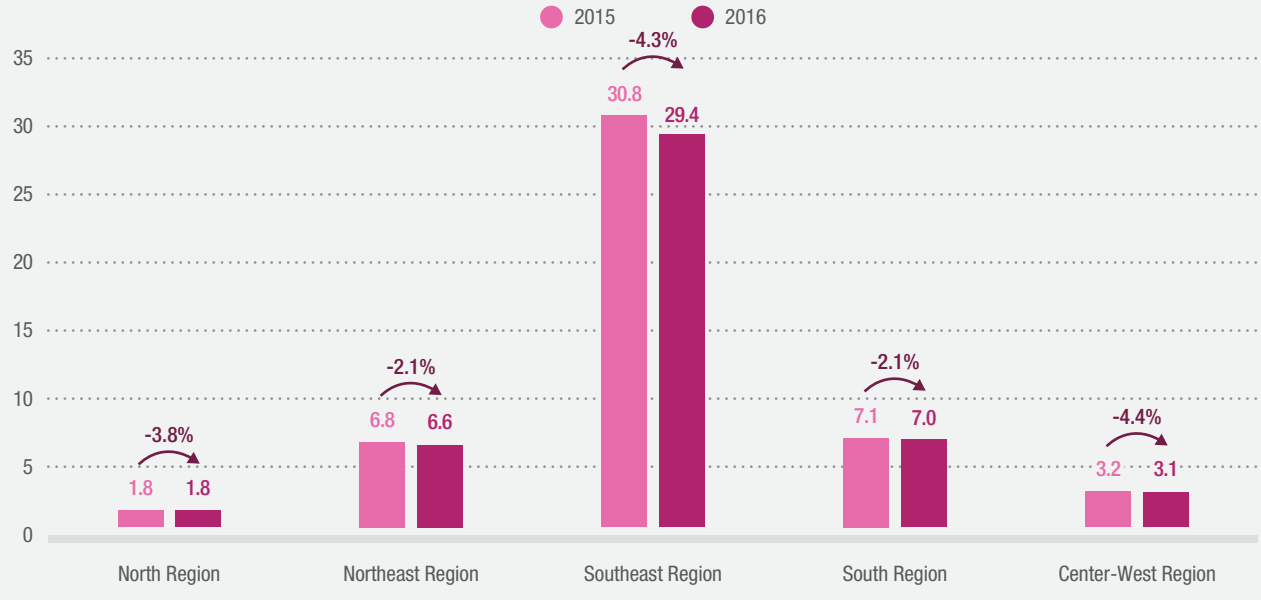


Source: ANS. Prepared by: Anahp.

Differently from 2015, when the number of beneficiaries still increased in South and Center-West regions of the country despite the national drop, all regions showed decrease in 2016 (Graph 5), following the job decrease in all regions and states of the country.

GRAPH 5

Beneficiaries of medical-hospital plans by region (million) and growth rate (%) – 2014 to 2015

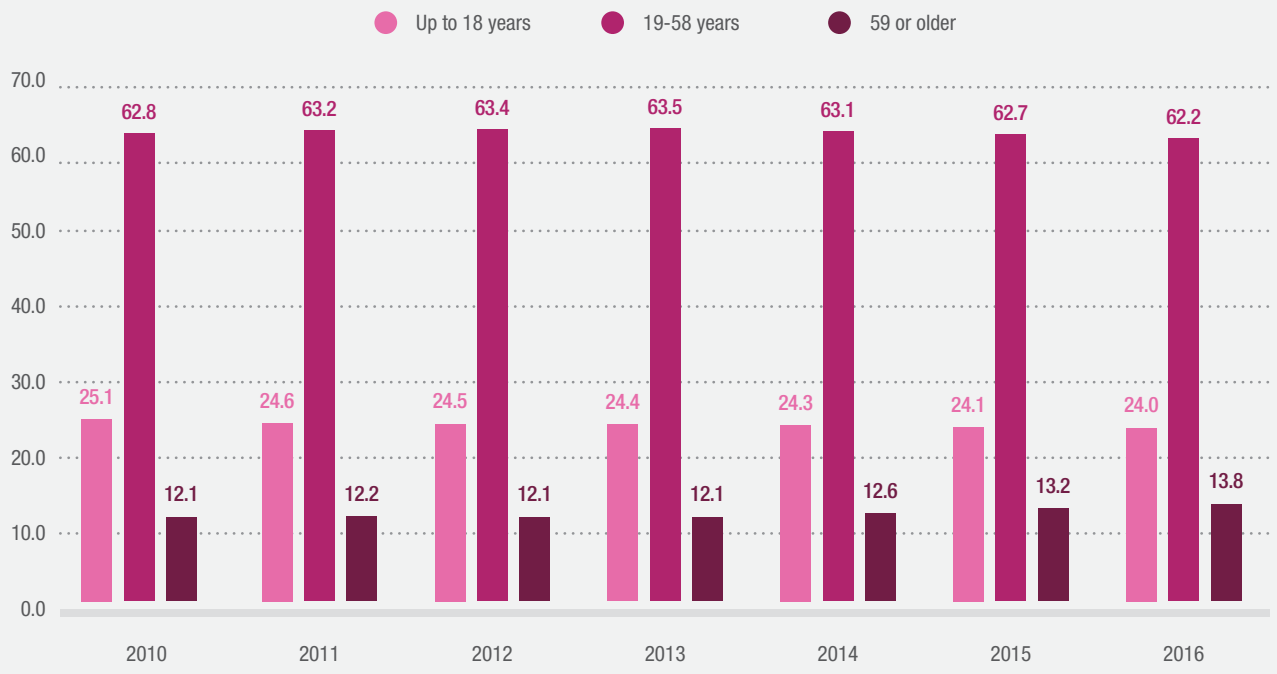


Source: ANS. Prepared by: Anahp.

When we take into account the number of beneficiaries by age range, we can see that the population in active age range still represents most of the market (Graph 6). However, the serviced population has aged, which portrays the demographic changes in course and, in special, there has been increased unemployment.

GRAPH 6

Distribution of beneficiaries by age range (%) – Brazil 2010-2016



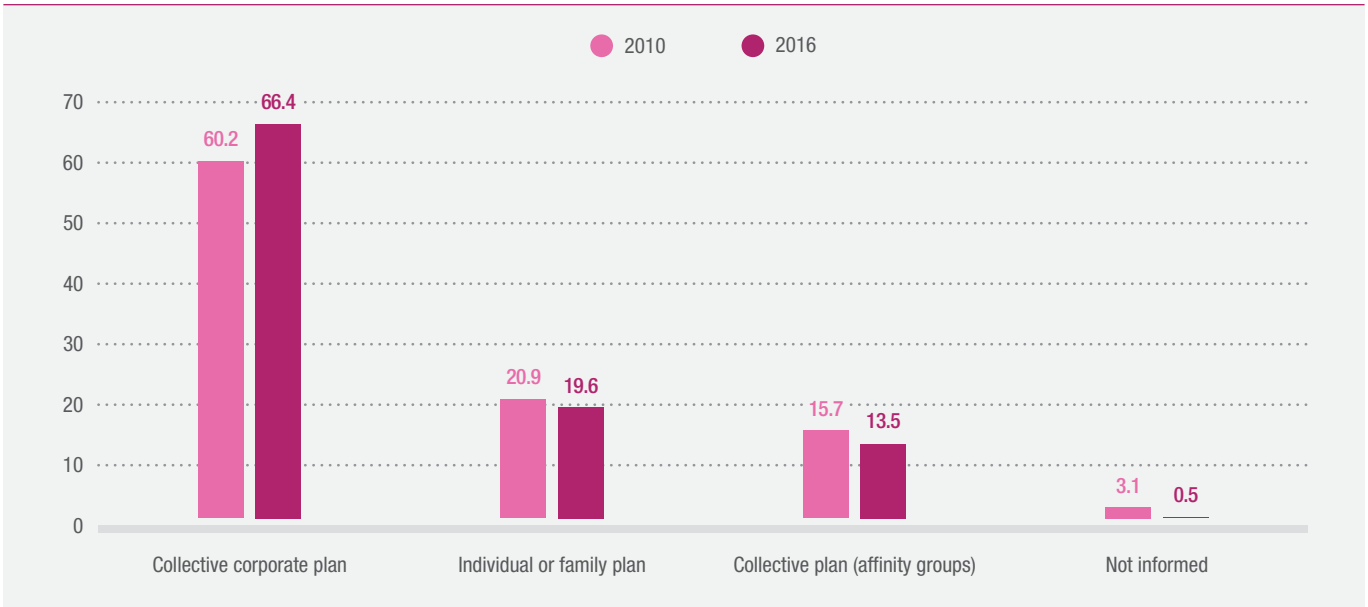
Source: ANS. Prepared by: Anahp.

The insured population has been aging, primarily due to the ongoing demographic changes and the increase in unemployment rates.

The high share of economically active population is due to market concentration on corporate collective plans. Between 2010 and 2016, the number of beneficiaries in corporate collective plans increased from 60.2% to 66.4%. The participation of beneficiaries in affinity group plans had a slight decrease going from 15.7% in 2010 to 13.5% in 2016. Owing to the regulation in effect in the market, individual plans have shown a trend of retraction. In the end of 2016, this modality amounted to 19.6%, against 20.9% in 2010 (Graph 7).

GRAPH 7

Beneficiaries of medical-hospital insurance plans by type of contract (total %) – 2010 and 2016

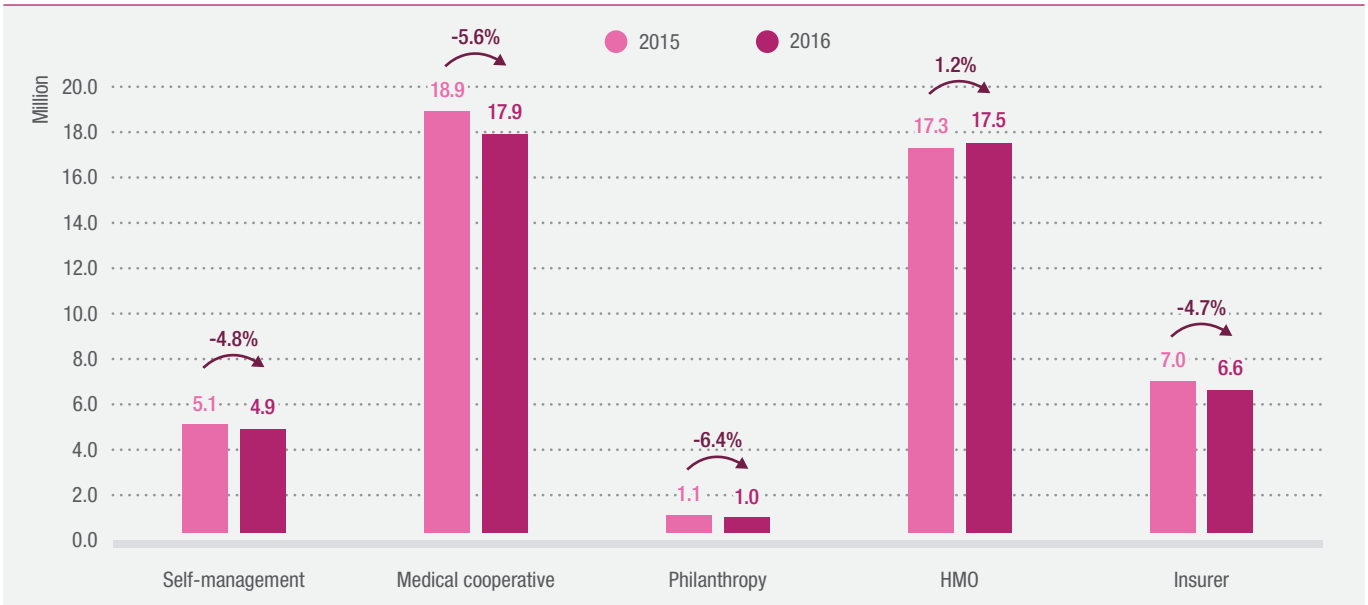


Source: ANS. Prepared by: Anahp.

The analysis of beneficiaries by healthcare plan modality indicated a slight increase in HMOs in 2016, whereas there was decrease for the second consecutive year in insurances, which is also explained by increased unemployment rates (Graph 8). Moreover, for the second year there has been decrease in beneficiaries of medical cooperatives, which may be explained by the economic crisis and the financial management issues of Unimed Paulistana and other cooperatives.

GRAPH 8

Beneficiaries of medical-hospital insurance plans by modality (million) and growth rate (%) – 2015 to 2016



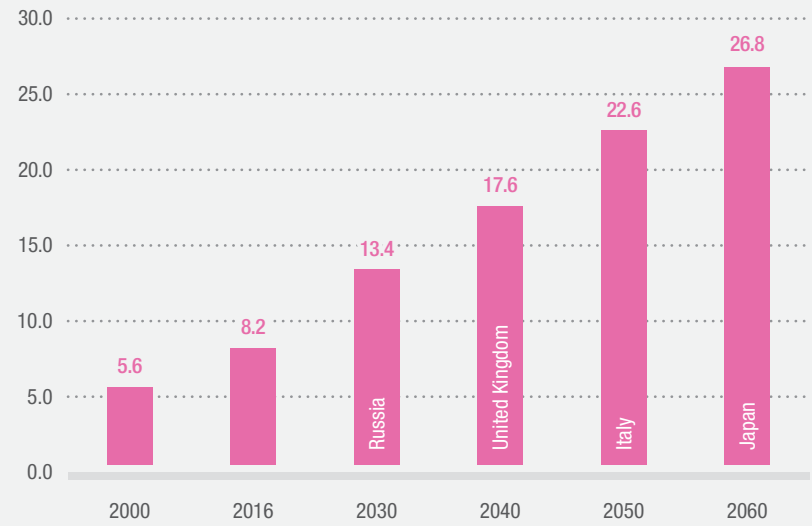
Source: ANS. Prepared by: Anahp.

PROFILE OF HEALTHCARE INSURANCE PLAN BENEFICIARIES: KEY TRENDS

According to IBGE population projects, the number of elderly people (65 years and over) amounted to 8.2% of the total population in 2016, over 5.6% in 2000. International comparisons have indicated that the Brazilian population is still relatively young, but is going through a gradual process of aging. By 2040, the elderly population in Brazil will have reached the level currently observed in the United Kingdom (17.6%). By 2050, the population profile will be similar to that of Italy today (22.6%) and by 2060, we should reach the current population profile in Japan (26.8%). According to IBGE, life expectancy at birth went up from 69.8 years in 2000 to 75.5 years in 2015.

GRAPH 9

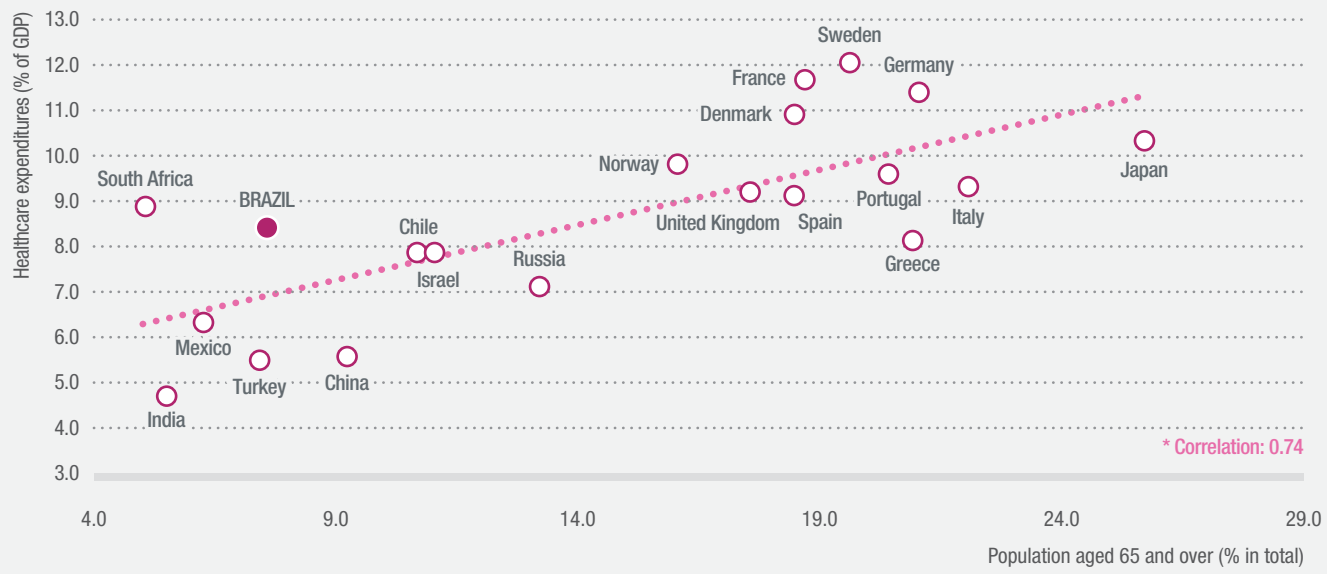
Population 65 years and over (total %) – IBGE projections for Brazil compared to recent data of selected countries



Source: IBGE and WHO. Prepared by: ANAHP

GRAPH 10

Health care expenses (GDP %) vs. Population aged 65 years and over (total %) – 2014



Source: WHO. Prepared by: ANAHP
** Correlation is a statistical measure that indicates the relation between two variables. The result should be analyzed based on proximity to 1, that is, the closer it is to 1, the stronger the relation between the terms.*

Population aging tends to increase the demand for health services. As shown by Graph 10, there is a strong positive correlation between the share of elderly in the population and healthcare expenses (measured in relation to GDP), that is, the higher the share of elderly in the population, the higher the share of health expenses over income. WHO has data on 176 countries and, on average, the demand for health as GDP proportion grows one percentage point for each 5 percentage points of elderly population increase. Based on such results, the healthcare demand in Brazil would reach 10% over the GDP by 2050 and 11% by 2060.

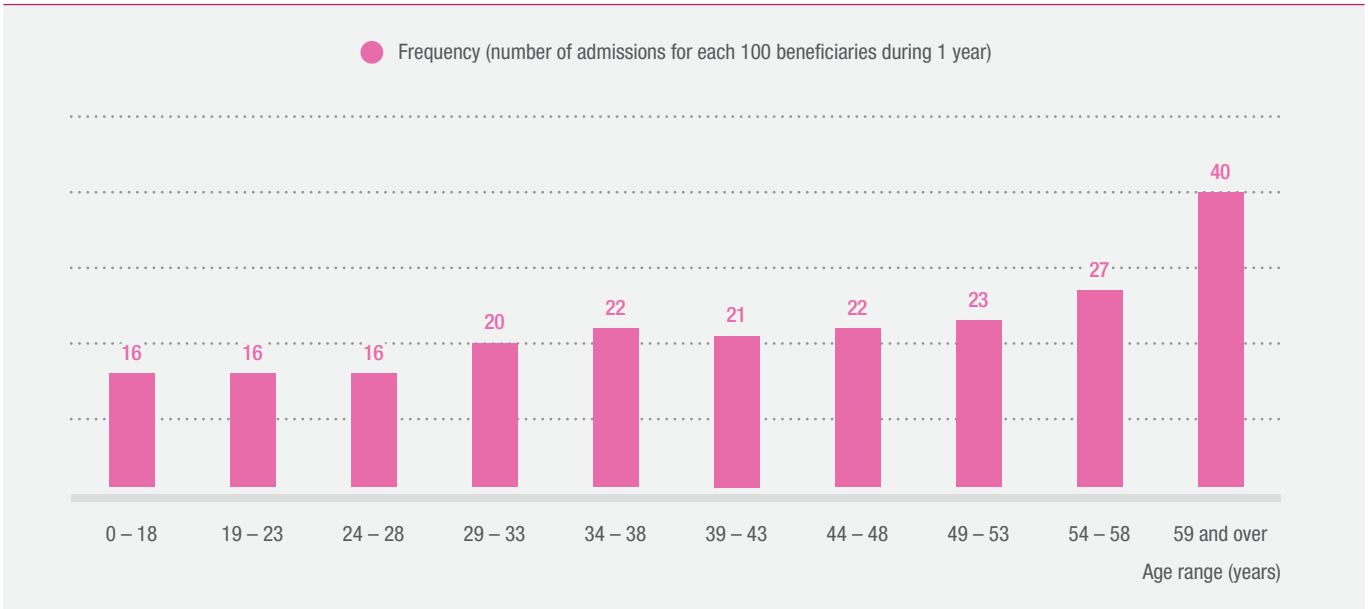
Life expectancy at birth went up

from **69.8** *years in 2000* → *to* **75.5** *years in 2015*

Frequency of hospital admission, for example, increases with aging, going from 16 admissions for each 100 Beneficiaries in the age range 0 to 28 years to 40 admissions for each 100 Beneficiaries aged 59 years and over, according to data provided by ANS in 2014 (Graph 11). Consequently, the mean hospital stay expenses per admission increases with aging, reaching R$ 5,911 in the age range 59 years and over (Graph 12).

GRAPH 11

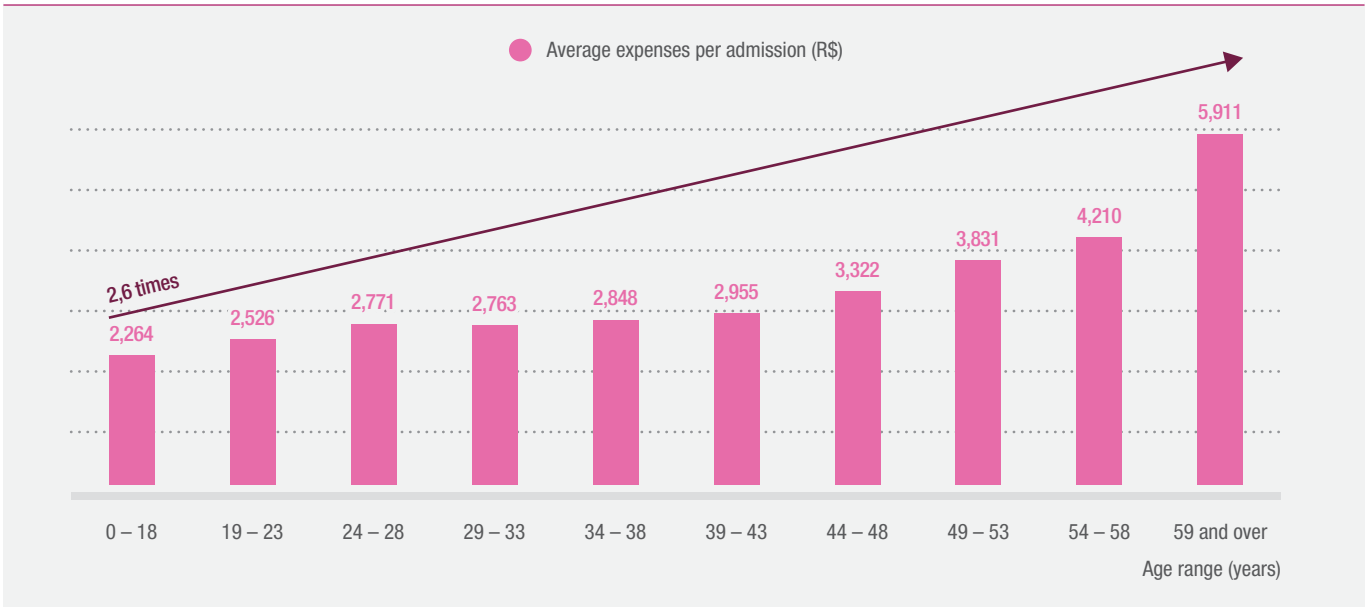
Frequency of hospital admission by age range – 2014



Source: ANS. Prepared by: Anahp.

GRAPH 12

Mean expenses per hospital admission by age range – 2014

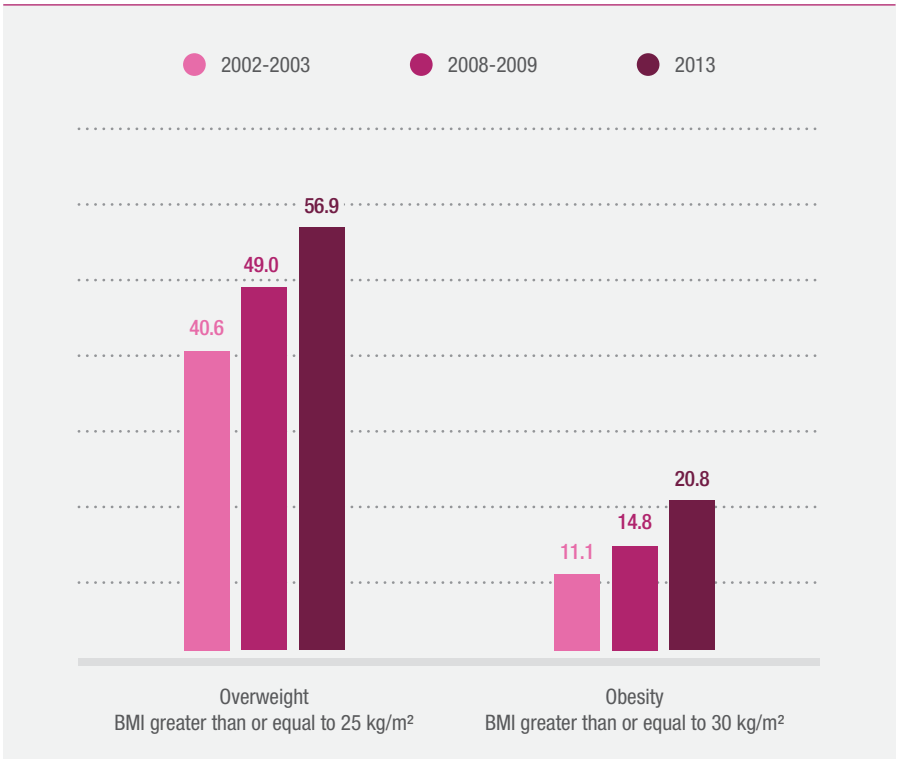


Source: ANS. Prepared by: Anahp.

Moreover, there are challenges related with the active population as well, which corresponds to the majority of beneficiaries in healthcare plans. Overweight and obesity are significant risk factors for diseases such as hypertension, diabetes and cancer. PNS 2013 (National Health Survey) carried out an assessment of the nutritional status of the adult population in Brazil based on Body Mass Index (BMI) – weight in kilogram divided by height in square meter, demonstrating a progressive increase in overweight (BMI 25 Kg/m² and over) in our country in the last decade. The adult population (over 20 years of age) with overweight went up from 40.6% in 2003 to 49.0% in 2008. In 2013, 56.9% of the adult population presented overweight. Moreover, 20.8% of the adult population is considered obese (BMI 30 Kg/m² and over). Obese people represent almost one third of the total men with overweight and more than one third of the women with overweight (Graph 13).

GRAPH 13

Prevalence of overweight and obesity in the population aged 20 years and over (%) – Brazil, 2002-2003, 2008-2009 and 2013



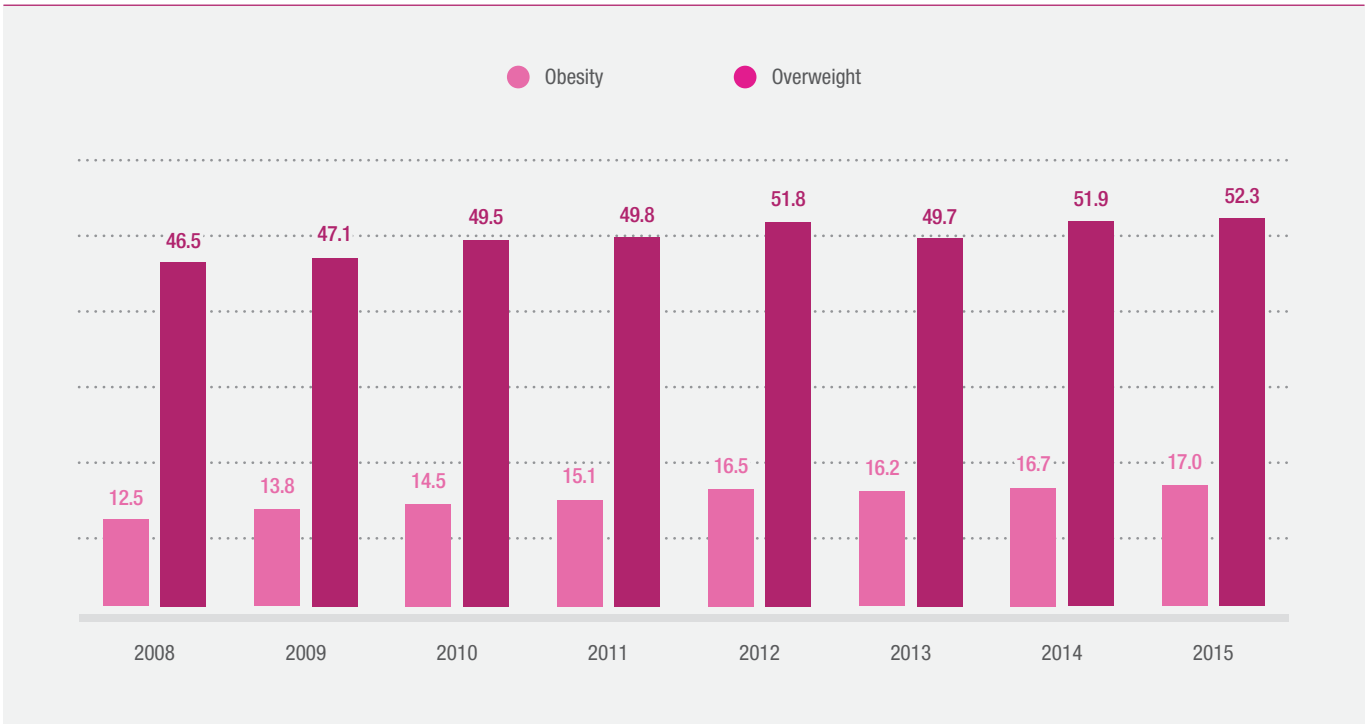
Source: Prepared by Anahp based on information from POF (Pesquisa de Orcamentos Familiares – Family Budget Survey) 2002-2003/2008-2009 and PNS 2013 (IBGE).

A survey reported by ANS with 30,549 beneficiaries aged 18 years and over from all capital cities of Brazil showed that the proportion of obese patients among healthcare plan users went up 4.5 percentage points in seven years: From 12.5% in 2008 to 17% in 2015. If we consider all users who are above the ideal weight, the rate reaches 52.3%.

Prevention actions focused on some diseases are still not enough to reach the entire served population.

GRAPH 14

Prevalence of excessive weight and obesity among beneficiaries of healthcare plans in Brazil above 18 years (total %)



Source: ANS. Prepared by: Anahp.

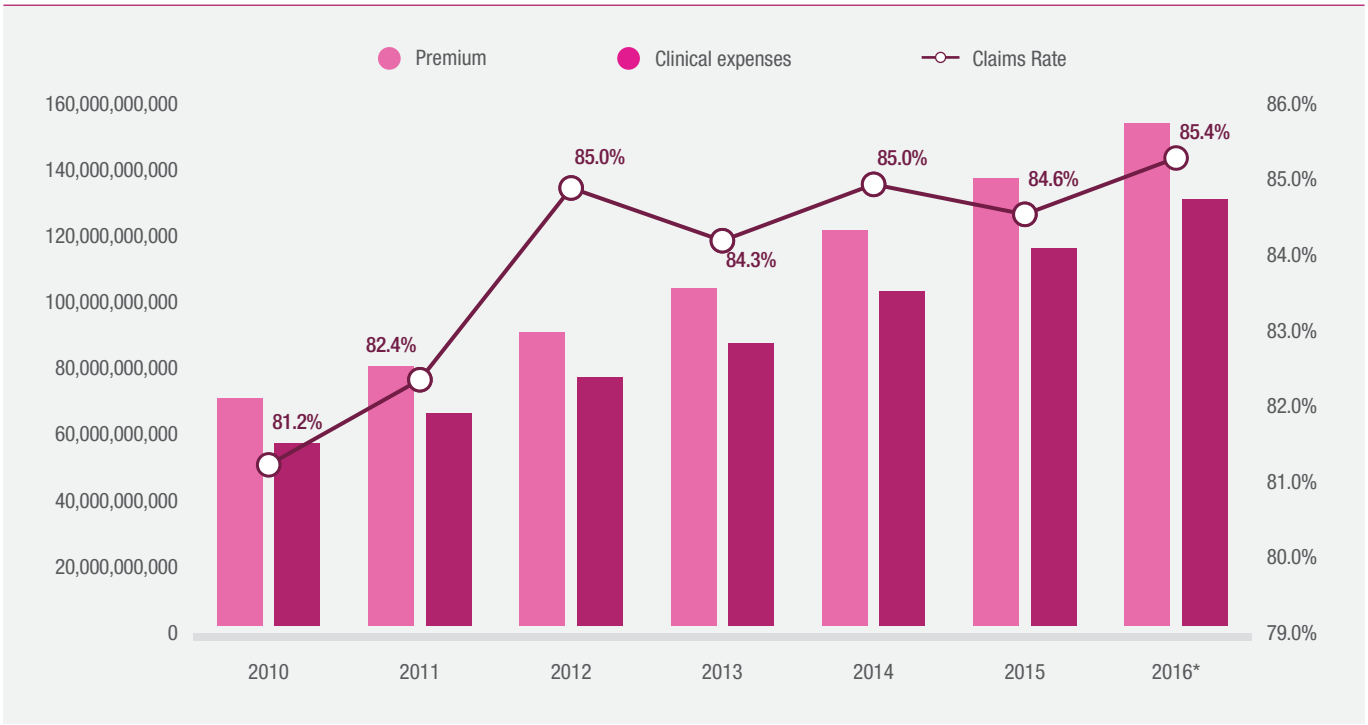
Even though healthcare plan managers have adopted some disease prevention programs for some time now, such actions are still not enough to reach the serviced population. Thus, the epidemiological transition process requires restructuring of the healthcare services so as to promote appropriate care to the Brazilian population. Hospitals should certainly play a key role in building this new care model that contributes to preventing diseases and improving people's quality of life.

RECEIVED PREMIUM

According to Anahp estimates, there has been increase in the amounts paid as premium from medical-hospital healthcare plans by 2016 in 11.7%, whereas clinical expenses expanded by 12.8%. Part of the observed increase in expenses, despite the decrease in number of beneficiaries, may have been associated with anticipation of medical visits and tests due to fear of losing the job and, consequently, the healthcare coverage. According to the growth rate of expenses and income, clinical claim rate was maintained at 85% in 2016. In other words, last year, for each R$ 100 paid as fees by beneficiaries, R$ 85 returned as service provision.

GRAPH 15

Received premium, clinical expenses (in current Reals), and claims rate (%) of medical-hospital plans



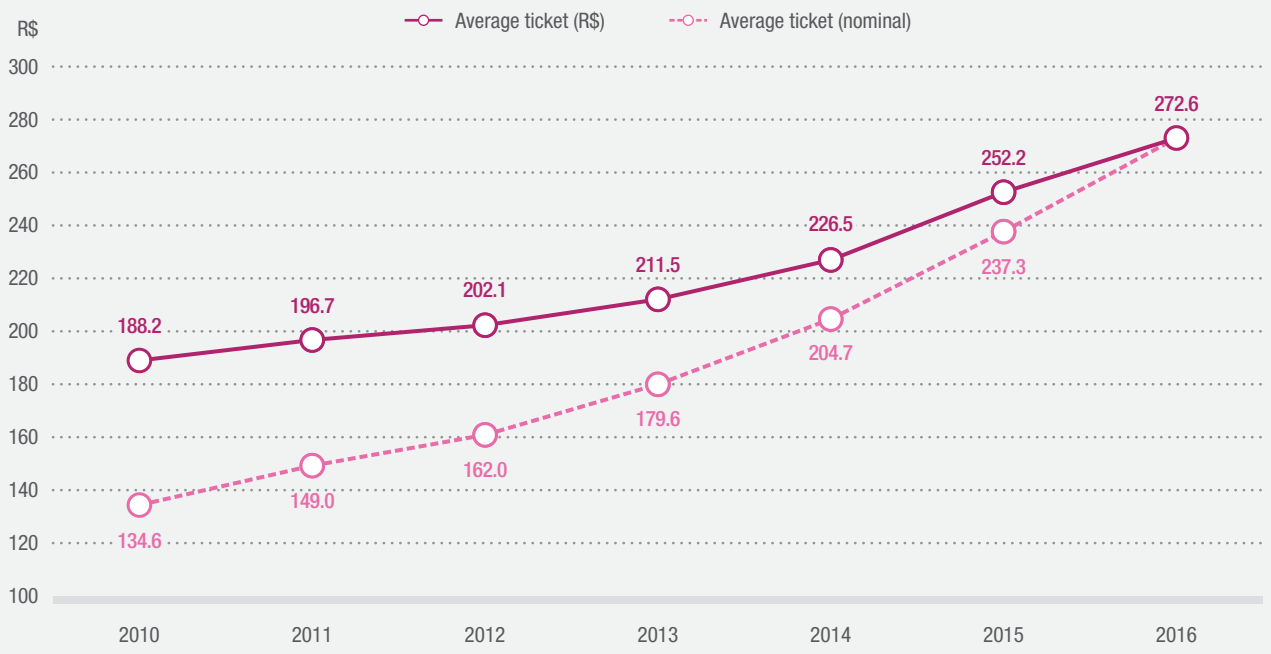
Source: ANS Prepared by: Anahp.
*Note: * estimate for 2016 at Anahp based on accumulated growth by September 2016 over 2015.*

The average ticket – total income from premiums divided by number of beneficiaries, grew 15% in nominal values, reaching R$ 272.6 in 2016 (Graph 15). The growth exceeds the inflation measured by IPCA (6.3%) and the 13.6% increase authorized by ANS for plan operators in 2016 (Graphs 18 and 19).

[1] *ANS Data published up to the 3rd quarter of 2016 until closure of Observatório. Source: ANS TABNET. Visited on February 20, 2017. http://www.ans.gov.br/perfil-do-setor/dados-e-indicadores-do-setor*
[2] *ANS Data published up to the 3rd quarter of 2016 until closure of Observatório. Source: ANS TABNET. Visited on February 20, 2017. http://www.ans.gov.br/perfil-do-setor/dados-e-indicadores-do-setor*

GRAPH 16

Monthly average ticket in nominal terms (current Reals) and in current terms in 2016 prices (after discounting IPCA inflation) – 2010 to 2016

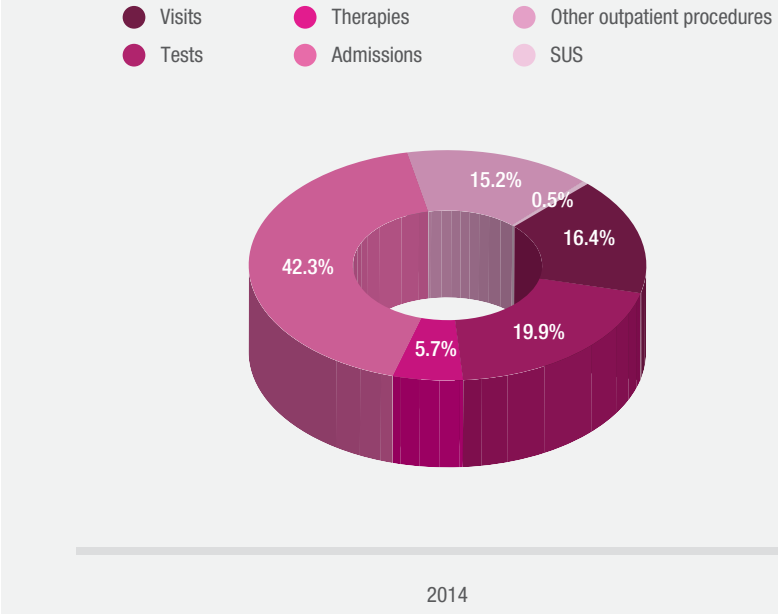


Source: ANS. Prepared by: Anahp.

Concerning the breakdown of clinical expenses of healthcare providers, admissions amount to the largest share (42.3% according to the latest data available).

GRAPH 17

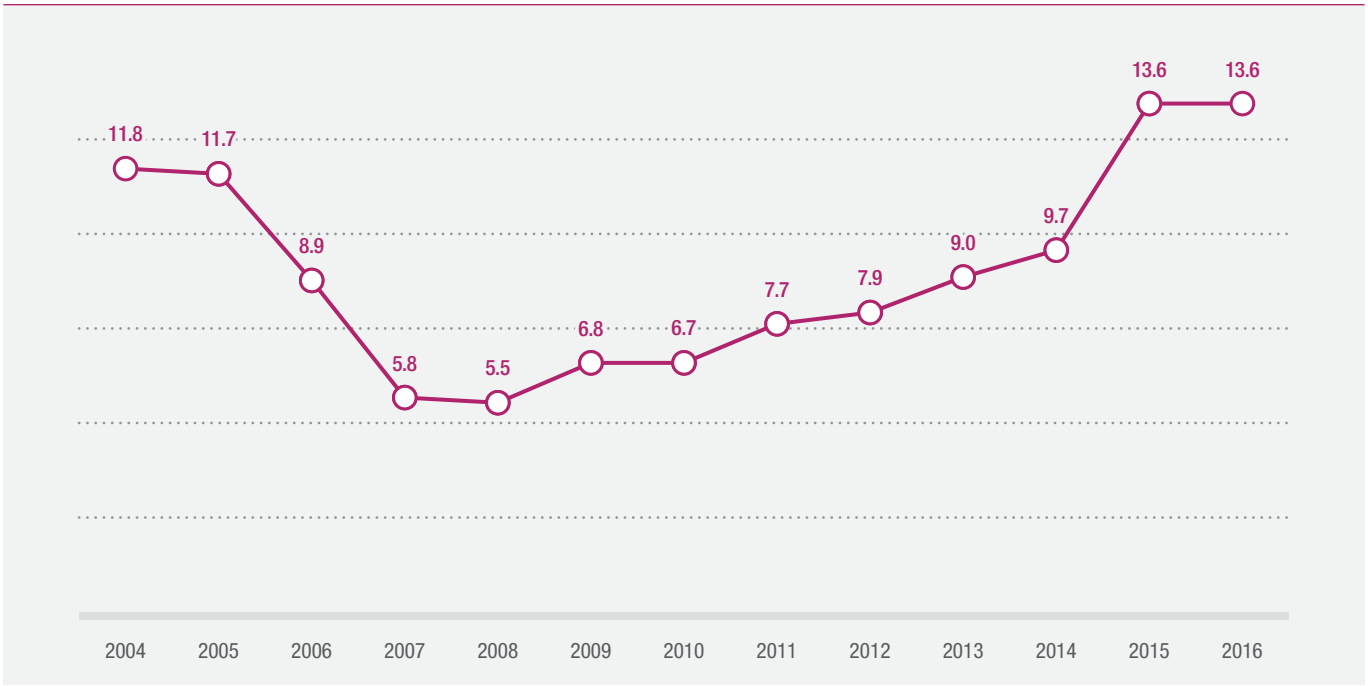
Clinical expenses of private healthcare plans according to expense items – 2014



Source: DIOPS/ANS. Data from 2014 obtained by the Citizen Information System (SIC – Sistema de Informações ao Cidadão). Prepared by: Anahp.

GRAPH 18

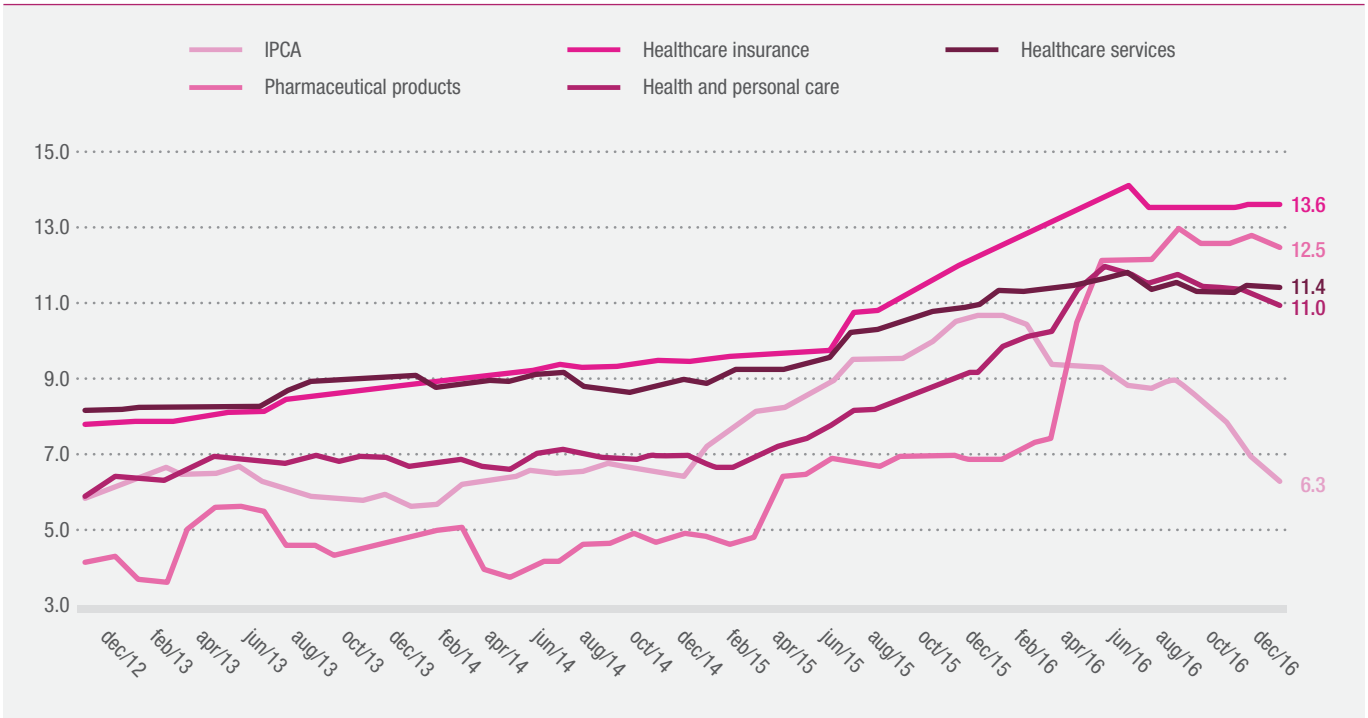
Historical data of the readjustment ceiling for individual insurance plans authorized by ANS (%) – 2004 to 2016



Source: ANS. Prepared by: Anahp.

GRAPH 19

Price variation accrued for the past 12 months (%) – 2012 to 2016



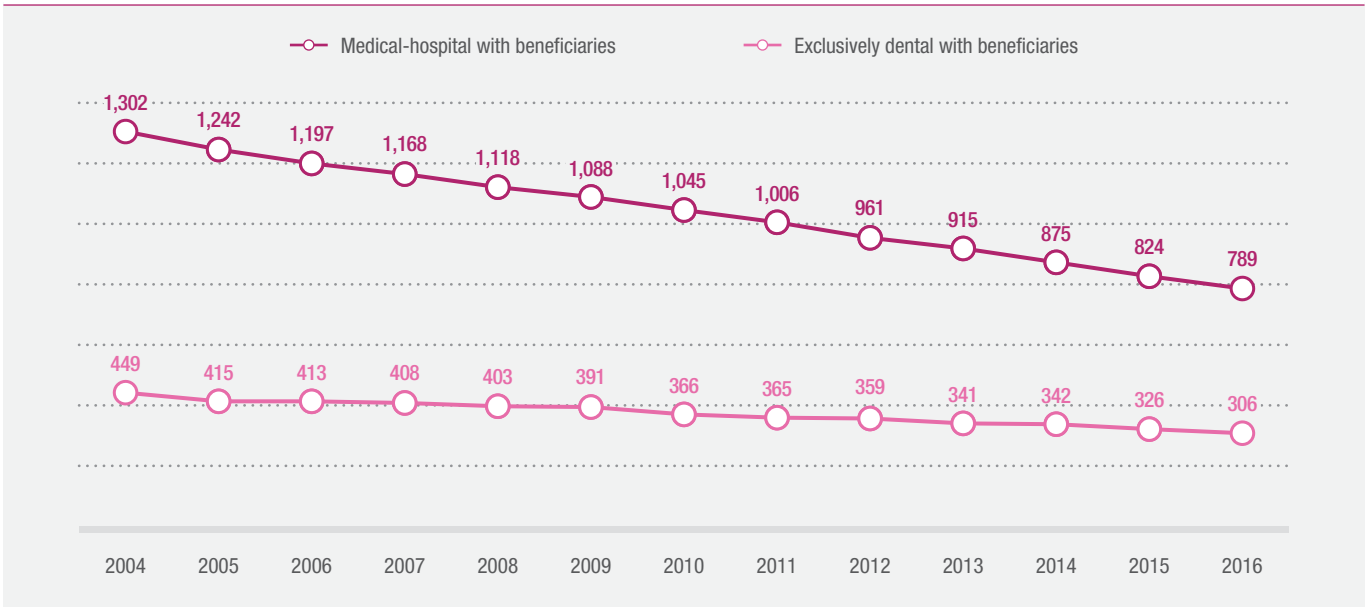
Fonte: IBGE. Elaboração: Anahp.

MARKET CONCENTRATION

The private healthcare market has been in a consolidation stage. The number of operators in activity has decreased progressively owing to mergers, acquisitions and liquidations. In December 2010 there were 1,045 operators in activity, whereas in December 2016 the number was 789 operators (Graph 20).

GRAPH 20

Number of operators in activity – 2004 to 2016

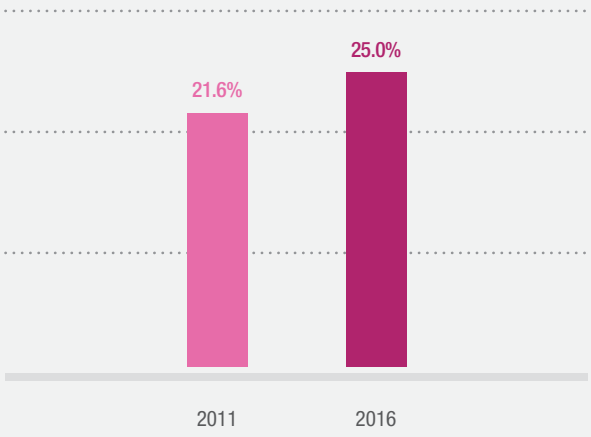


Source: ANS. Prepared by: Anahp.

The reduction in number of healthcare operators resulted in increase in market concentration. C4 index, which measures the market concentration based on the sum of the participation of the four largest operators in number of beneficiaries, reached 25% in 2016. In 2011, the index was 21.6%, which confirms the increase in market concentration.
It is important to note, though, that the group of the four largest operators has changed between 2011 and 2016. In 2011, the marked was dominated by groups Bradesco, Amil, Notre Dame Intermédica and Sul América. Despite its growth in the period, Sul América has lost share among the top four to Hapvida, which has gained market share by selling plans in North and Northeast regions of the country, the main regions of operation for this HMO.

GRAPH 21

C4 index – Market concentration of medical-hospital plans of the 4 largest operators in number of beneficiaries



Source: ANS. Prepared by: Anahp.

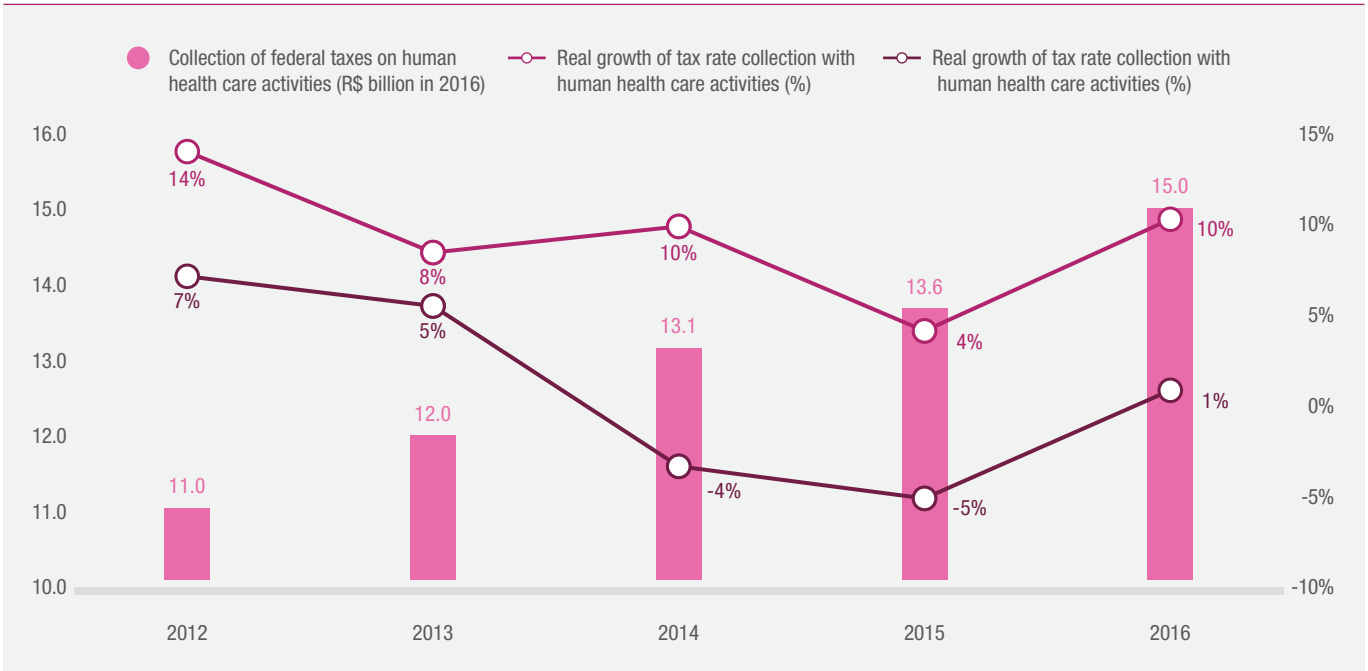
GROWTH AND JOB GENERATION, DESPITE THE CRISIS

The decrease in economic activity and the increase in unemployment rates have negatively affected almost all sectors of Brazilian economy. In the healthcare industry, the indicator that best pictured the impact of the crises was the drop in number of beneficiaries of medical-hospital plans, observed since 2015. However, as they represent services which are essential, health expenses tend to increase more than other expenses in moments of crisis, when families reduce their expenditures, avoid indebtedness and buy only essential goods and services, it has provided greater growth than in other industries for the past two years. The income managed by the Internal Revenues Office (except for pension) resulting from human health services, for example, increased 14.3% in the period 2015 to 2016, over 4.8% of the total income managed by the office in the same period. These data are directly related with the increased sales of health-related businesses, over which there are federal tax charges, such as PIS/Cofins, for example.

As they represent services which are essential, health expenses tend to increase more than other expenses in moments of crisis.

GRAPH 22

Income managed by Internal Revenues Office in Brazil (except for pension) in R$ in 2016



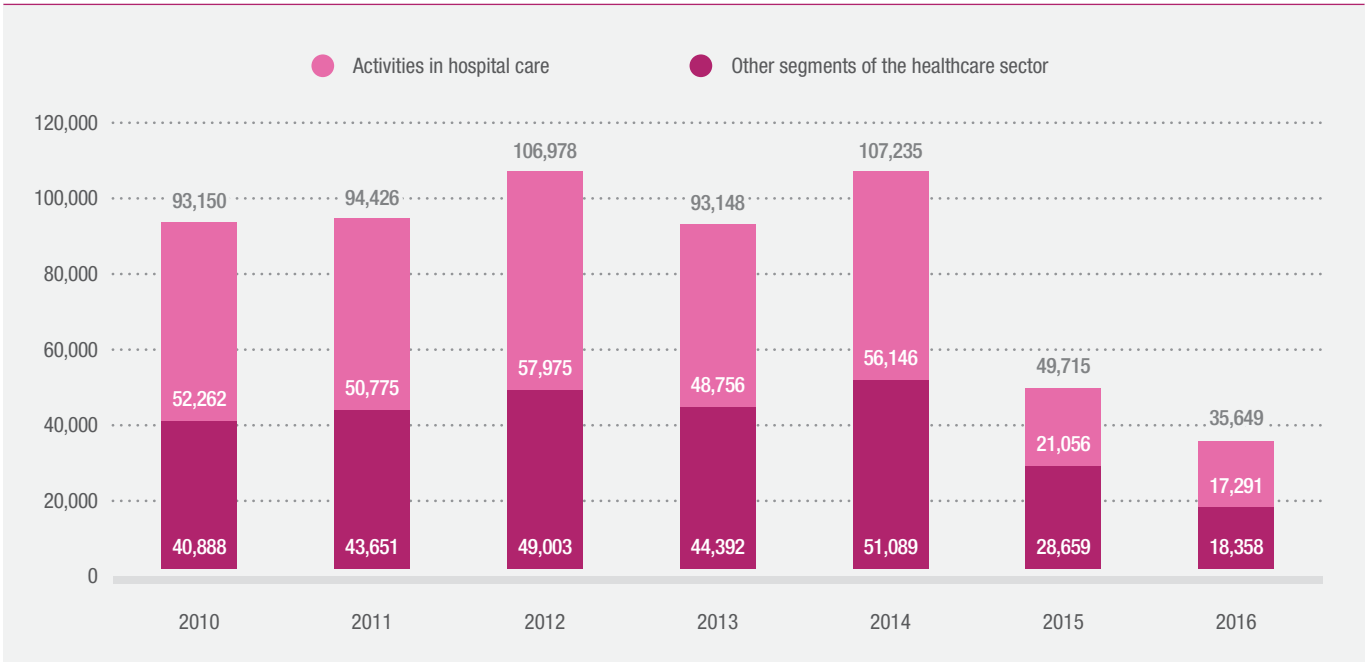
Source: Internal Revenues Office Brazil Prepared by: Anahp.

The good performance of health-related services in Brazil impacted the workplace: According to data by Caged, among the largest economic sectors, health care services was the only one to offer new jobs in 2015 and 2016. Whereas Brazilian economy discontinued 3 million formal jobs in the past two years, the health industry has opened 90,000 new formal jobs, almost half of them created by hospitals.

Even so, we can see that the health market place – specifically among hospital care, has felt the effects of the crisis, as the number of new jobs offered in 2016 amounted to less than half of the average number of positions offered between 2010 and 2014.

GRAPH 23

Job generation in healthcare (balance between hiring and firing) – Brazil 2010-2016



Source: CAGED/ Ministry of Labor and Employment Prepared by: Anahp.

Brazil has the second lowest proportion of public funds spent on the total health care expenses, second only to India.

The worst seems to be behind us now, though, and the expectation is to have a timid pickup between 2017 and 2018. Inflation measured by IPCA finished 2016 at 6.3%, lower than in the previous year and below the upper target (6.5%), which has opened room for a consist drop in interest rates. In addition to the favorable perspectives in economy, private healthcare industry will be driven by two main factors in upcoming years: Whereas population aging tends to increase the demand for health services, as discussed above, the ongoing tax reform should limit the expansion of public investments and expenditures, including in health, which makes the role of the private industry even more crucial for the population.

It is important to point out that, despite the high tax rates (over 34% of GDP), the public sector does not provide good services to a large proportion of the Brazilian population, which is forced to allocate a significant portion of its income to health and education services. For health care in particular, according to WHO data on selected countries, Brazil has the second lowest proportion of public funds on the total health care expenses, second only to India, whose tax rate is only 13% of the GDP. In addition, the number of SUS hospital beds (that includes both public and private beds directed to SUS) has been dropping, going from 310,000 in 2010 to fewer than 289,000 in 2016.

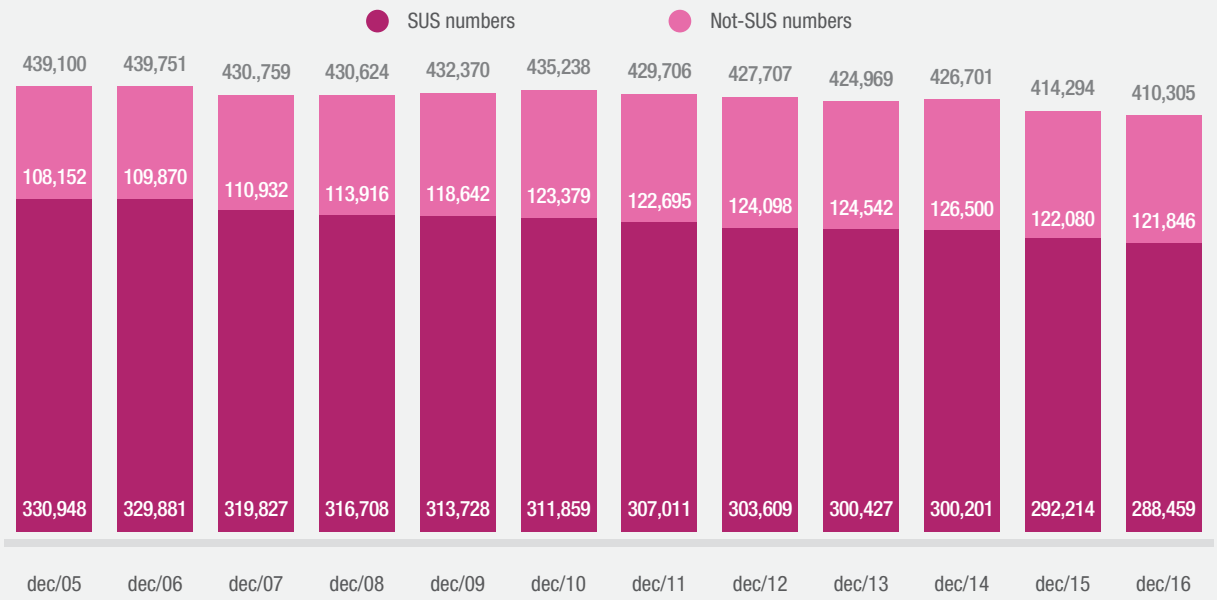
GRAPH 24

Share of public funds on healthcare expenses x Tax rate – 2013: high tax rates do not mean good services to most part of the Brazilian population, which is forced to allocate a significant portion of its income to healthcare services

Source: Prepared by Anahp based on data from the World Bank, WHO, OECD (Organization for Economic Cooperation and Development), Instituto Brasileiro de Planejamento e Tributação (IBPT), and Study Carga Tributaria no Brasil – 2014 (Analise por Tributo e Bases de Incidencia), by Internal Revenues Office.

GRAPH 25

Hospital admission beds – Brazil – 2010-2016

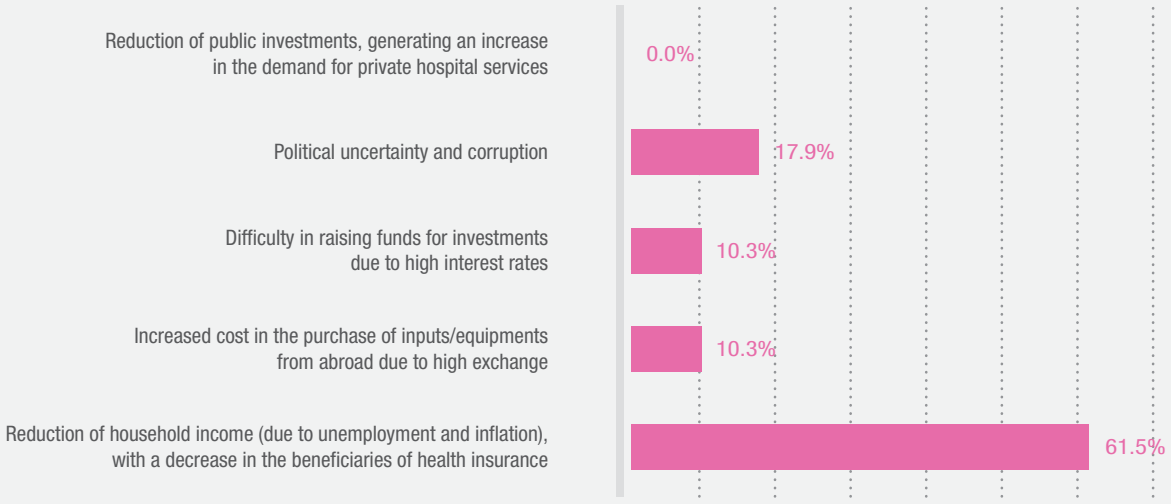


Source: DataSUS. Prepared by: Anahp.

In view of this new perspective, private hospitals from all regions are getting ready to a new round of investments in the next five years, as indicated by Anahp survey results. However, the main issues for the hospital sector are still the high unemployment rate and decrease in average income.

GRAPH 26

Key impact factors for private hospitals in the next three years



Source: Anahp. Leaders' Survey 2016 (Pesquisa de Lideres).

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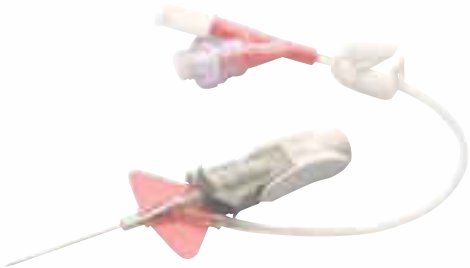

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Mapping and understanding clinical and epidemiological profile of patients is key to improve clinical results and quality of care.
The patient record is essential for clinical management monitoring, as it provides information about the diagnosis and the progression of the patient status, serving as a tool to provide evidence of safe care. In most hospitals, Medical Archive (SAME) is responsible for managing the clinical information by storing, tracking down and auditing the patient records, supported by the Committees of Patient Record Review and Deaths of the hospitals. To present, all hospitals document their diagnoses and performed procedures when hospital discharge is given.

To ensure the quality of information, the Medical Archive teams codify the diagnoses and procedures, according to the rules advocated by the International Code of Diseases (ICD). The active participation of Medical Archive in codifying the patient records conveys greater quality to the documented diagnoses.
In 2016, electronic medical prescription was implemented in 98% of Anahp member hospitals. The implementation of electronic medical records reached 88% of the organizations.
The quality of the documentation on the patient record is essential for improving clinical and epidemiological profile of the served population. Other data about progression of the patient records are found in Chart 1 and indicate opportunities for improving hospitals' clinical management.

CHART 1

Indicators of quality in medical records of Anahp hospitals (percentage of hospitals)

INDICATORS	2014	2015	2016
Implemented electronic prescription	90	98	98
Implemented electronic medical record	82	85	88
Imaging system for visualization (PACS)	92	74	84
Bar coding or RFID	84	76	84
Business Intelligence (BI)	67	58	66

Source: SINHA/Anahp.

In 2016, there were 1,404,573 admissions in 80 Anahp member hospitals.
To prepare the clinical and epidemiological profile of patients, hospital discharges are analyzed based on main diagnosis according to International Code of Diseases (ICD) 10th edition.
Classification of diseases and health-related issues, excluding the cases with no records (ignored) involve: Neoplasm (cancer); digestive tract diseases; pregnancy, delivery and post-natal care; genital-urinary tract diseases; circulatory system diseases; poorly defined signs, symptoms and affections; factors (people in contact with healthcare services for test and investigation, such as: Follow-up tests after neoplasm treatment; exeresis and adjustments of ortheses and prostheses; post-natal care and tests); respiratory tract diseases, lesions and poisoning (fractures and lesions resulting from accidents and external causes); osteomuscular system diseases; endocrine diseases (Table 1 and Graph 1).

TABLE 1

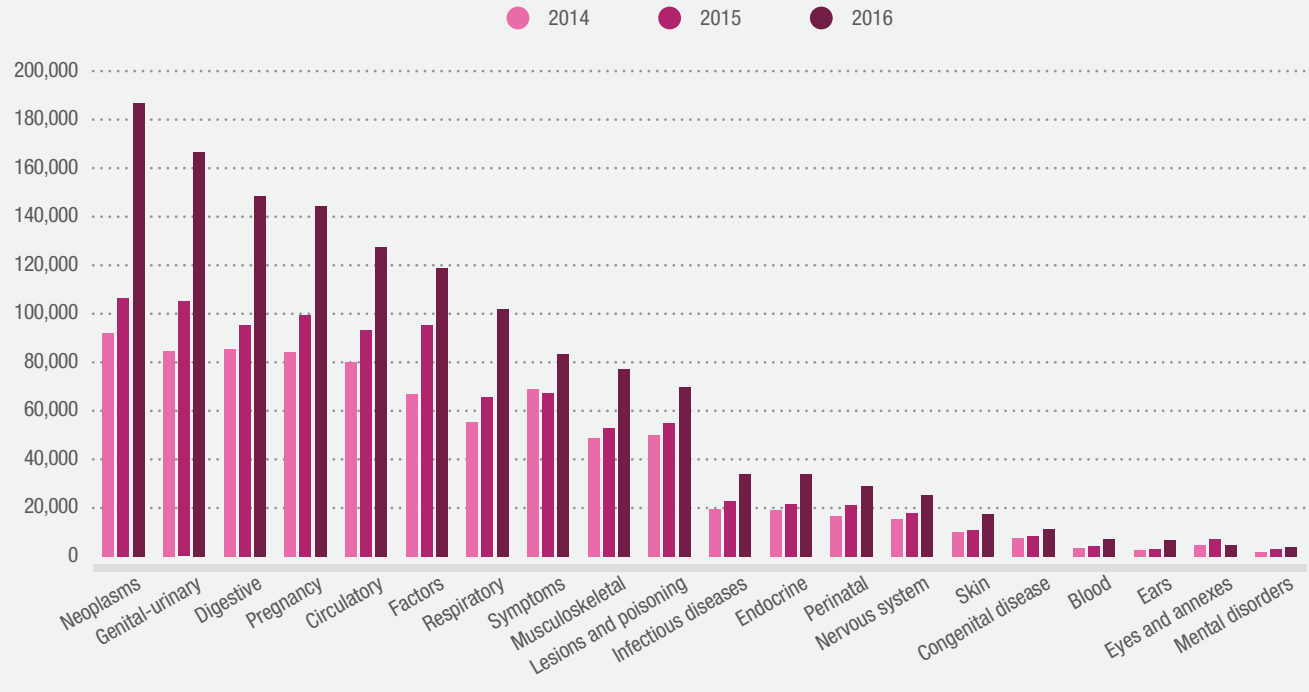
Annual distribution of hospital discharges according to main diagnosis grouped by ICD chapter All Anahp Hospitals

ICD CHAPTER	2014		2015		2016	
	TOTAL	%	TOTAL	%	TOTAL	%
Neoplasms	92,277	10.8	106,886	10.4	187,346	13.3
Genital-urinary	85,125	10.0	105,280	10.2	166,653	11.9
Digestive	85,268	10.0	95,534	9.3	148,501	10.6
Pregnancy	84,571	9.9	100,026	9.7	144,617	10.3
Circulatory	80,166	9.4	93,312	9.1	127,852	9.1
Factors	67,377	7.9	95,577	9.3	119,510	8.5
Respiratory	55,008	6.5	65,843	6.4	102,033	7.3
Symptoms	68,935	8.1	67,937	6.6	83,441	5.9
Musculoskeletal	49,144	5.8	53,338	5.2	77,553	5.5
Lesions and poisoning	50,200	5.9	55,192	5.4	70,147	5.0
Infectious diseases	19,961	2.3	22,923	2.2	34,359	2.4
Endocrine	19,355	2.3	21,847	2.1	34,055	2.4
Perinatal	16,998	2.0	20,798	2.0	29,347	2.1
Nervous system	15,854	1.9	17,942	1.7	25,388	1.8
Skin	10,160	1.2	10,900	1.1	17,574	1.3
Congenital	7,714	0.9	8,723	0.8	11,665	0.8
Blood	3,726	0.4	4,430	0.4	7,253	0.5
Ears	2,849	0.3	3,199	0.3	6,629	0.5
Eyes and annexes	4,737	0.6	7,426	0.7	4,768	0.3
Mental disorders	2,324	0.3	2,911	0.3	4,155	0.3
No information	29,745	3.5	69,627	6.8	1,726	0.1
Total	**851,494**	**100.0**	**1,029,651**	**100.0**	**1,404,573**	**100.0**

Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 1

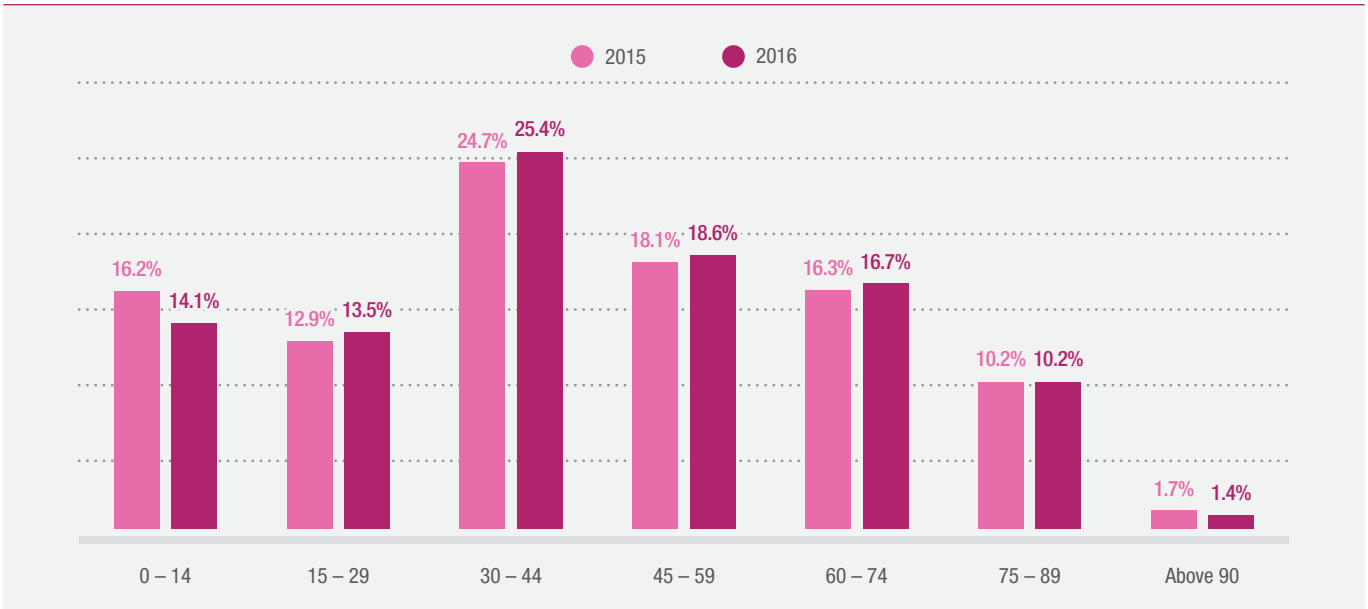
Distribution of hospital discharges according to main diagnosis grouped by ICD chapter All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.
Note: ICD (10th revision).

GRAPH 2

Distribution of hospital discharges by age range (%)
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

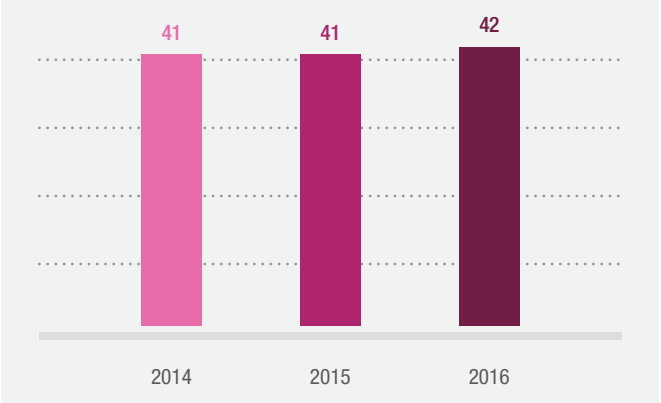
The aim of this chapter is to analyze the morbidity profile and the patterns of use of health services by Anahp member hospitals.

Since 2014, it is possible to identify an increase in number of diagnosis of neoplasm in the distribution of hospital discharges. On the one hand, this fact may be due to the gradual aging of the population; on the other hand, it may have resulted from the investments made by many hospitals in oncology hospital centers. This advance in the participation of neoplasms can also explain the increase in hospital discharges due to factors, which include tests for neoplasm monitoring after treatment and special tests used exclusively in screening these diseases.

The diagnoses of genital-urinary tract morbidities have presented expressive growth, going from 10.2% of the total hospital discharges in 2015 to 11.9% in 2016, becoming the second largest group of diagnosis after neoplasms.

GRAPH 3

Median age of patients
All Anahp Hospitals



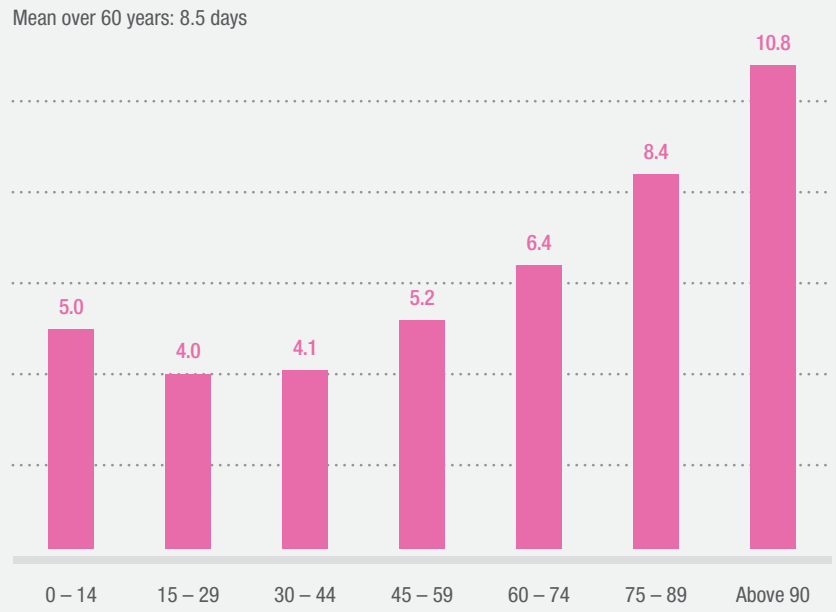
Source: Designed by Anahp based on information from SINHA/Anahp.

Concerning patients' age range, there has been a drop in discharges in the age range 0 to 14 years, which may show, among other factors, Decrease in fertility rates. The median age of patients seen went from 41 to 42 years (Graph 3). The share of patients in the age ranges over 60 years went up from 28.1% in 2015 to 28.4% in 2016. It may be explained not only due to aging, by also because of the interrupted growth in number of patients in economically active age ranges, due to recession and reduction in number of health care plan beneficiaries.

Concerning mean length of stay by age range, we have observed longer mean length of stay than the overall mean and still growing for patients over the age of 60 years (Graph 4).

GRAPH 4

Mean length of stay by age range (days)
All Anahp Hospitals

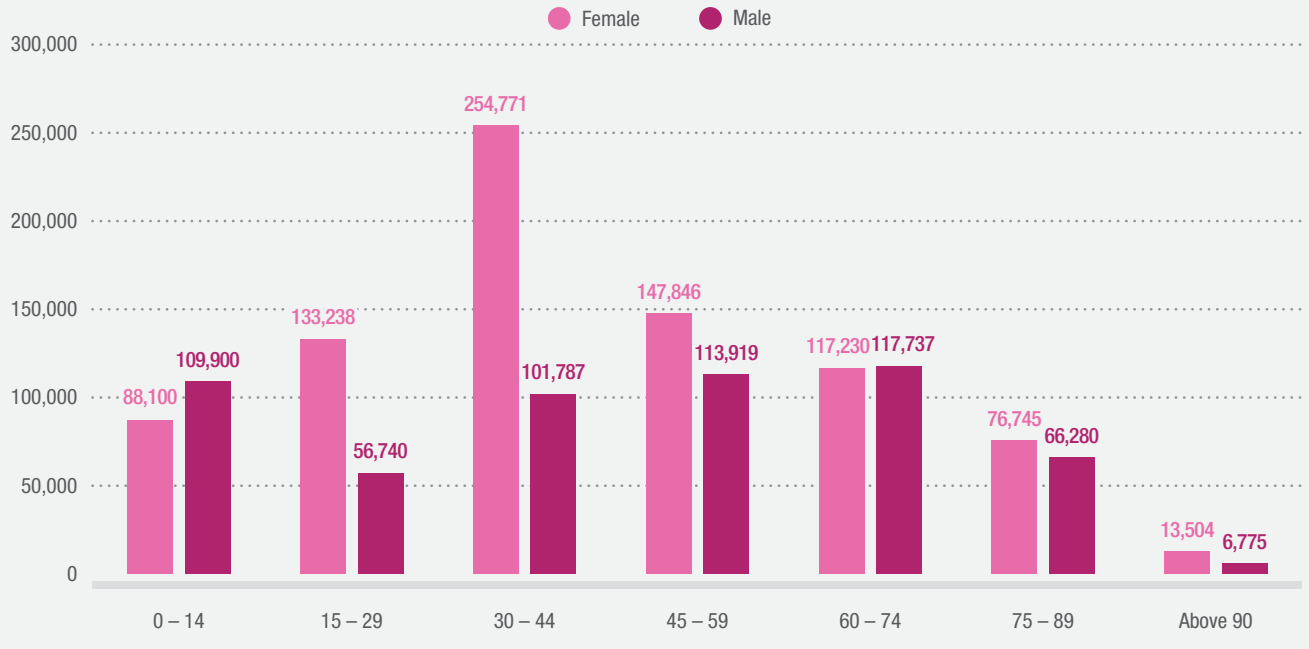


Among hospital discharges, women predominated in the age ranges 15 to 59 years. It is important to emphasize that in the age range 30 to 44 years, in which there is a greater concentration of pregnancy diagnoses, there were 85,433 discharges in 2016 (Table 2). Women were also predominant in the age ranges above 75 years, which portrays the differences in mortality rates and life expectancies for men and women observed for the Brazilian population.

Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 5

Distribution of hospital discharges by gender and age range
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

TABLE 2

Annual distribution of hospital discharges according to main diagnosis grouped by ICD chapter and age range All Anahp Hospitals

ICD CHAPTER	2016							
	0 – 14	15 – 29	30 – 44	45 – 59	60 – 74	75 – 89	ABOVE 90	TOTAL
Neoplasms	5,888	10,551	37,136	54,976	54,775	22,581	1,439	187,346
Genital-urinary	11,512	22,632	53,243	37,552	25,284	14,201	2,229	166,653
Digestive	11,886	18,699	40,184	35,662	27,774	13,035	1,262	148,501
Pregnancy	471	57,573	85,944	567	33	18	11	144,617
Circulatory	1,742	6,202	22,555	31,497	36,070	26,109	3,679	127,852
Factors	53,553	9,369	18,502	16,038	14,500	6,817	730	119,510
Respiratory	37,375	13,967	12,864	8,907	10,899	14,066	3,955	102,033
Symptoms	9,971	10,511	16,160	15,007	15,948	13,697	2,147	83,441
Musculoskeletal	2,118	7,519	19,887	22,851	18,294	6,567	317	77,553
Lesions and poisoning	5,817	12,866	17,924	13,730	10,064	8,256	1,490	70,147
Infectious diseases	8,057	4,438	5,033	4,250	5,414	5,896	1,270	34,359
Endocrine	1,355	5,261	12,975	7,594	3,904	2,565	401	34,055
Perinatal	28,659	250	383	13	20	15	7	29,347
Nervous system	3,942	3,302	5,215	5,109	4,504	2,986	330	25,388
Skin	3,699	2,931	3,444	3,092	2,353	1,749	308	17,574
Congenital	7,773	1,295	1,328	764	372	122	11	11,665
Blood	1,282	1,034	1,193	923	1,195	1,386	241	7,253
Ears	1,886	629	1,113	1,138	1,118	702	44	6,629
Eyes and annexes	425	208	556	1,370	1,439	728	42	4,768
Mental disorders	314	465	567	474	735	1,286	314	4,155
No information	274	277	352	252	274	243	53	1,726
TOTAL	**197,999**	**189,978**	**356,558**	**261,765**	**234,968**	**143,025**	**20,279**	**1,404,573**

Source: Designed by Anahp based on information from SINHA/Anahp.

Moreover, it is possible to observe that the diagnosis of neoplasm is more representative in the age ranges 45 to 74 years, amounting to about 59% of the diagnoses in these age ranges.

There is a growing trend in mean length of stay for all hospitals and for most diagnoses when comparing 2014 and 2015 (Table 3). However, there was significant increase in diagnosis of poorly-defined signs, symptoms and affections, which may be related with different types of morbidity.

TABLE 3

Distribution of hospital discharges by main diagnosis grouped by ICD chapter and mean length of stay All Anahp Hospitals

MAIN DIAGNOSIS	2014			2015			2016		
	N	%	TMP	N	%	TMP	N	%	TMP
Neoplasms	92,277	10.8	5.4	106,886	10.4	5.4	187,346	13.3	6.0
Genital-urinary	85,125	10.0	3.1	105,280	10.2	3.1	166,653	11.9	4.7
Digestive	85,268	10.0	2.9	95,534	9.3	3.0	148,501	10.6	4.6
Pregnancy	84,571	9.9	2.8	100,026	9.7	2.5	144,617	10.3	3.0
Circulatory	80,166	9.4	6.3	93,312	9.1	7.0	127,852	9.1	6.7
Factors	67,377	7.9	3.8	95,577	9.3	3.6	119,510	8.5	3.9
Respiratory	55,008	6.5	6.9	65,843	6.4	7.0	102,033	7.3	6.7
Symptoms	68,935	8.1	5.5	67,937	6.6	6.2	83,441	5.9	6.6
Musculoskeletal	49,144	5.8	3.2	53,338	5.2	3.4	77,553	5.5	4.9
Lesions	50,200	5.9	4.3	55,192	5.4	4.6	70,147	5.0	5.7
Infectious diseases	19,961	2.3	8.7	22,923	2.2	10.5	34,359	2.4	7.6
Endocrine	19,355	2.3	4.3	21,847	2.1	4.1	34,055	2.4	4.4
Perinatal	16,998	2.0	8.1	20,798	2.0	8.4	29,347	2.1	7.8
Nervous system	15,854	1.9	5.6	17,942	1.7	7.4	25,388	1.8	6.0
Skin	10,160	1.2	5.5	10,900	1.1	5.2	17,574	1.3	7.0
Congenital	7,714	0.9	5.2	8,723	0.8	6.3	11,665	0.8	7.0
Blood	3,726	0.4	6.8	4,430	0.4	7.9	7,253	0.5	7.0
Ears	2,849	0.3	2.7	3,199	0.3	2.6	6,629	0.5	4.8
Eyes and annexes	4,737	0.6	1.5	7,426	0.7	0.9	4,768	0.3	4.2
Mental disorders	2,324	0.3	9.2	2,911	0.3	12.5	4,155	0.3	8.6
No information	29,745	3.5	3.9	69,627	6.8	6.4	1,726	0.1	6.7
TOTAL	**851,494**	**100.0**	**4.6**	**1,029,651**	**100.0**	**4.9**	**1,404,573**	**100.0**	**5.4**

Source: Designed by Anahp based on information from SINHA/Anahp,

Diagnosis of neoplasms is more representative in the age ranges 45 to 74 years.

It has been observed that 50% of the patients had on average three to five-day hospital stays. Among the hospital discharges with longer mean length of stay (more than five days), there were the diagnoses of neoplasm, circulatory system diseases and respiratory tract diseases, infectious diseases and identification of poorly defined symptoms, signs and affections.

It is also important to observe the clinical outcomes of these discharges: In 95% of the cases, the reason for discharge was hospital discharge to home (Table 4).

TABLE 4

Distribution of hospital discharges according to main diagnosis grouped by ICD chapter and type of discharge
All Anahp Hospitals

MAIN DIAGNOSIS	2016					
	DISCHARGE	LEAVE AMA	DEATH	EXTERNAL TRANSFER	NO INFORMATION	GRAN TOTAL
Neoplasms	172,101	345	8,665	4,531	1,704	187,346
Genital-urinary	162,472	49	1,403	252	2,477	166,653
Digestive	143,689	62	1,494	290	2,966	148,501
Pregnancy	142,273	4	33	162	2,145	144,617
Circulatory	120,905	53	4,170	429	2,295	127,852
Factors	113,242	80	1,448	2,889	1,853	119,510
Respiratory	95,918	29	3,805	516	1,766	102,033
Symptoms	79,029	82	3,577	571	182	83,441
Musculoskeletal	76,077	42	272	75	1,087	77,553
Lesions	67,228	44	890	250	1,735	70,147
Infectious diseases	31,242	24	2,331	179	582	34,359
Endocrine	33,006	4	416	78	551	34,055
Perinatal	27,834	0	350	784	381	29,347
Nervous system	24,544	16	363	139	325	25,388
Skin	17,010	13	215	55	281	17,574
Congenital	10,994	0	261	237	173	11,665
Blood	6,875	2	213	27	137	7,253
Ears	6,549	2	22	11	44	6,629
Eyes and annexes	4,686	2	11	0	69	4,768
Mental disorders	3,807	2	235	73	38	4,155
No information	1,629	0	55	18	24	1,726
TOTAL	**1,341,108**	**857**	**30,228**	**11,565**	**20,815**	**1,404,573**

Source: Designed by Anahp based on information from SINHA/Anahp.

Among the most frequent diagnoses, pregnancy was the ICD with the lowest rate of negative outcomes (death).

In view of the importance of properly completing the information in the patient medical records, there is still room for improvement, as 1% of the total discharges did not state the reason for it.

Finally, among the most frequent diagnoses, pregnancy was the ICD with the lowest rate of negative outcomes (death).

A NOVA CADEIA DE SUPRIMENTOS DA SAÚDE É COLABORATIVA E INTEGRADA

- Planejamento
- Analytics
- Compras
- Padronização da Descrição de Materiais
- Logística
- Diagnóstico
- Strategic Sourcing
- Serviços para Fornecedores

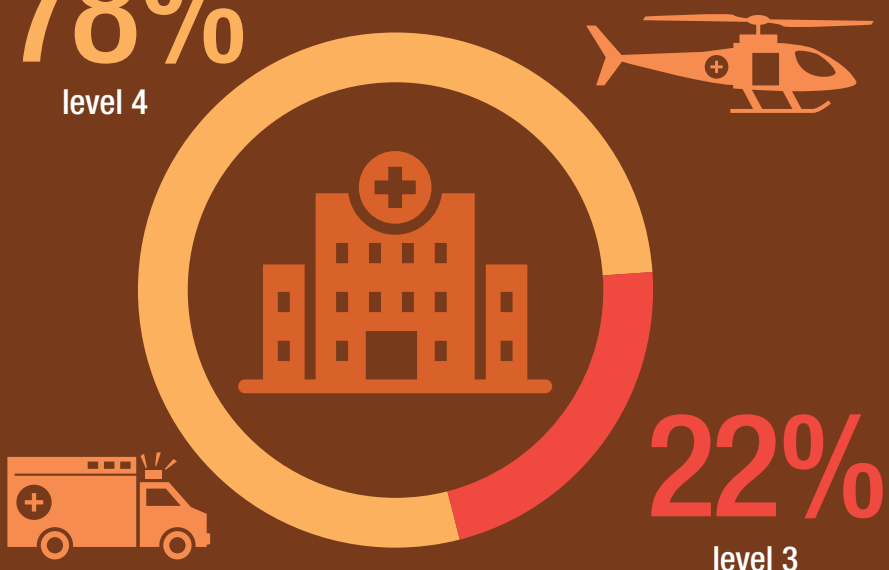
Bionexo é o maior marketplace de insumos para a área de saúde da América Latina. Pioneira e líder, tem operações no Brasil, Argentina, Colômbia, México e Espanha e possui uma suíte de soluções digitais que permitem que as instituições realizem a gestão online de toda a área de suprimentos.

Clinical Performance

This section presents the structure and annual production of Anahp hospitals, the analyses of operational and clinical indicators, quality and safety and clinical protocols.

Executive Summary

ANAHP MEMBERS ARE HIGH COMPLEXITY HOSPITALS:



DIAGNOSTIC AND THERAPEUTIC SUPPORT

ALL ANAHP HOSPITALS

Cath Lab **92%**

Chemotherapy **76%**

Renal replacement therapy **78%**

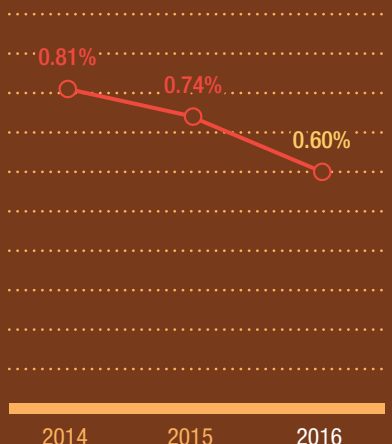
Blood Bank **74%**

Radiotherapy **34%**

Font: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.

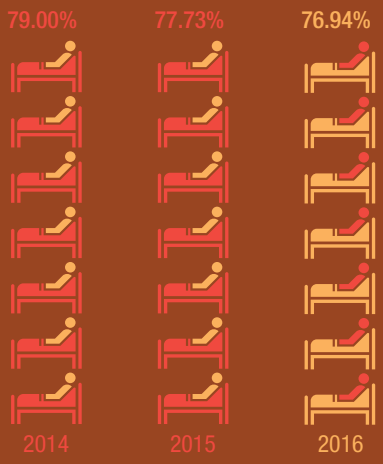
RATE OF LONG-TERM RESIDENT PATIENTS AT THE HOSPITAL (>90 DAYS)

ALL ANAHP HOSPITALS



RATE OF GENERAL OPERATIONAL OCCUPANCY

ALL ANAHP HOSPITALS



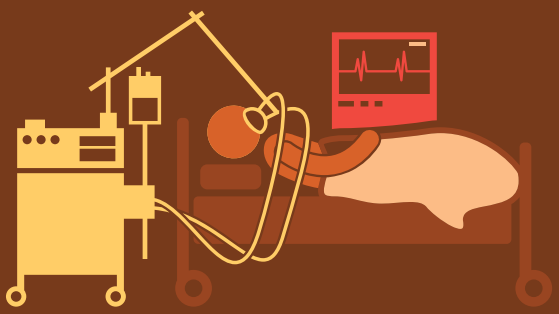
Decrease trend

MEAN LENGTH OF STAY AT ANAHP HOSPITALS (days)

ALL ANAHP HOSPITALS

Source: Designed by Anahp based on information from SINHA/Anahp

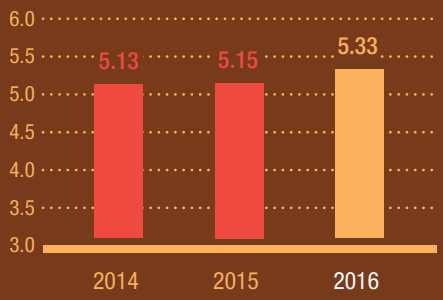
THE INCIDENCE OF GENERAL INFECTION IN THE ADULT ICU



2015
9.02

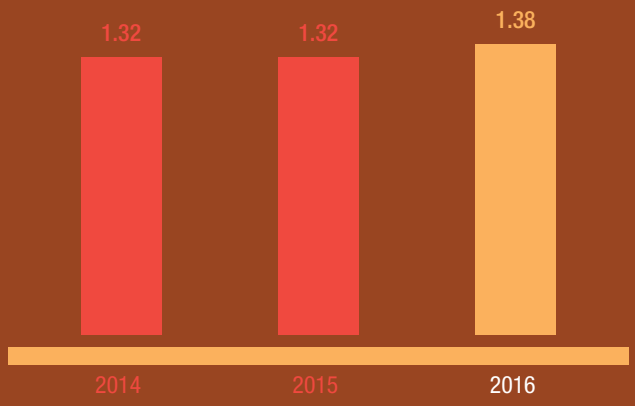
2016
8.31

OVERALL BED TURNOVER RATE



RATE OF SURGICAL PROCEDURES 2014 TO 2016

ALL ANAHP HOSPITALS



Increase trend

RATE OF COMPLIANCE WITH PROPHYLACTIC ANTIBIOTIC THERAPY

2014
85.34%

2015
82.90%

2016
73.51%

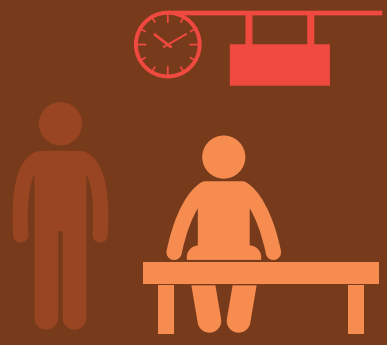
Decrease trend

THE DOOR-TO-BALLOON TIME

reached 72 minutes in 2016 and for the past three years it has been within the limits defined by the American Heart Association and Joint Commission International (up to 90 minutes).

72

Minutes



SURGICAL SITE MARKING RATE

2016
35.87%

Increase trend since 2014, when it started to be monitored

INSTITUTIONAL MORTALITY RATE

2014
2.50%

2015
2.42%

2016
2.35%

Decrease trend

Operational Management

Actions directed to sharing and controlling best clinical practices support Anahp hospitals to keep good clinical outcomes despite expenses' tight control.

Since 2007, Anahp has gathered indicators related with clinical performance to assess efficiency of operational bed management and the results of surgical activities – productivity and clinical effectiveness. The main goals are to define and promote references for continuous improvement of health care organizations.

In 2016, Anahp had many meetings focused on benchmarking and alignment of operational practices to provide to member hospitals the possibility to share experiences and contribute to keep the appropriate operational standards and indicators.

The analyses shown below indicate the progression of the operational management indicators for maternity, pediatric ICU and mortality rate of neonatal ICU.

Moreover, we have also started to monitor mean length of stay, turnover rate and turnover interval for Adult and Neonatal ICU and Step-down Unit.

TABLE 1

Annual summary of operational indicators

INDICATORS	2014	2015	2016
Rate of general operational occupancy (%)	79.00	77.73	76.94
General mean length of stay (days)	4.79	4.54	4.38
Rate of general bed turnover in the period (discharges / operational bed)	5.13	5.15	5.33
General turnover interval (days)	1.27	1.33	1.34
Institutional mortality rate (>=24h)	2.10	2.02	2.05
Institutional mortality rate	2.50	2.42	2.35
Surgical mortality rate (up to seven days after the surgical procedure)	0.28	0.27	0.33
Rate of surgical mortality according to ASA (1 and 2)	0.08	0.06	0.06
Rate of surgical mortality according to ASA (3 and 4)	2.01	2.04	2.42
Rate of surgical mortality according to ASA (5 and 6)	4.75	3.31	2.79
Rate of resident patients at the Hospital (> 90 days)	0.81	0.74	0.60
Operational Occupancy Rate – Adult ICU	79.85	81.30	80.03
Mean length of stay – Adult ICU	5.23	5.38	5.35
Turnover interval – Adult ICU	4.81	4.77	4.75
Intervalo de substituição – UTI adulto	1.38	1.29	1.58
Operational Occupancy Rate – Neonatal ICU	76.21	76.05	68.53
Mean length of stay – Neonatal ICU	12.98	13.53	13.7
Turnover rate – Neonatal ICU	1.81	1.76	1.59
Turnover interval – Neonatal ICU	3.89	4.28	6.36
Operational Occupancy Rate – Pediatric ICU	72.42	70.87	72.07
Mean length of stay – Pediatric ICU	7.15	7.26	7.1
Turnover rate – Pediatric ICU	3.08	3.02	3.11
Turnover interval – Pediatric ICU	2.96	2.86	2.76
Operational Occupancy Rate – Step-Down Unit	84.54	84.93	80.13
Mean length of stay – Step-Down Unit	7.16	7.07	6.34
Turnover rate – Step-Down Unit	3.96	3.71	3.9
Turnover interval – Step-Down Unit	1.3	1.4	1.55
Operational occupancy rate – Maternity	75.70	74.58	68.53
Mean length of stay – Maternity	2.46	2.47	2.29
Turnover rate – Maternity	9.26	9.16	8.39
Turnover interval – Maternity	0.76	0.85	1.14
Rate of surgery per patient	1.32	1.32	1.38
Rate of admission through Emergency Department	5.61	6.62	6.93

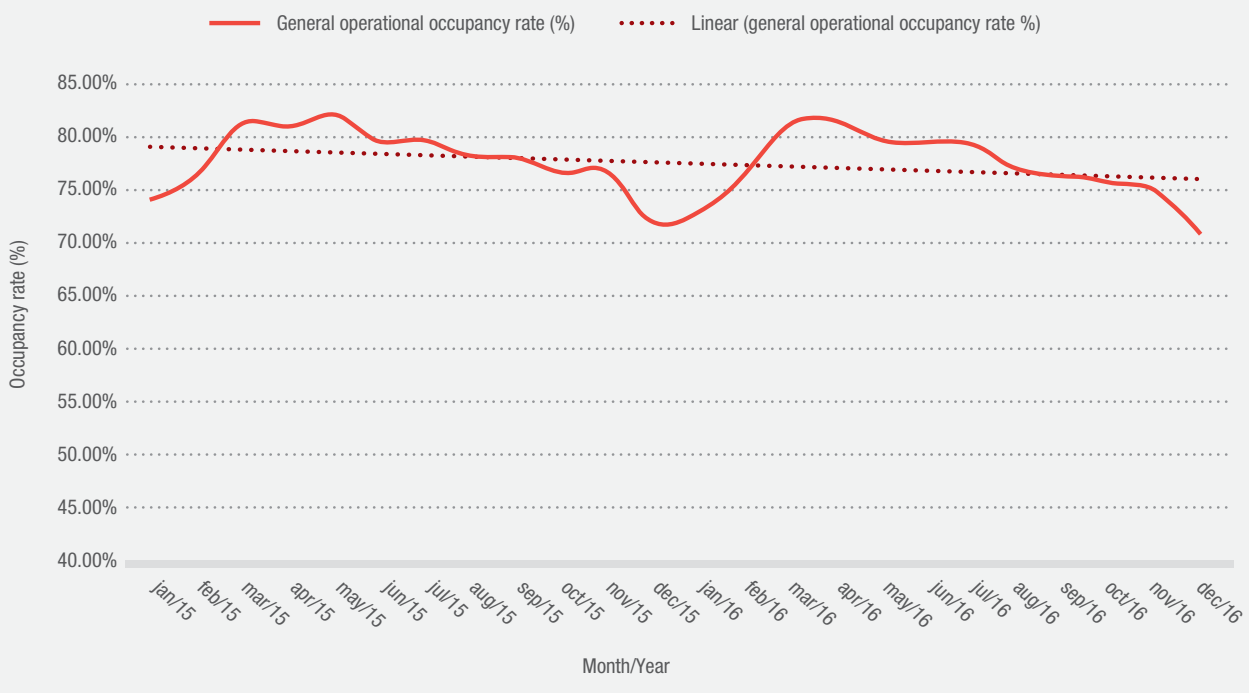
Source: Designed by Anahp based on information from SINHA/Anahp.

Operational management indicators for SINHA were calculated based on the data of 63 respondent hospitals in 2016.

For the past years, as a result of the strong increase in beneficiaries of healthcare plans, the hospitals had shown elevation of occupancy rates. However, since 2014, as a result of drop in number of beneficiaries, there has been a trend to reduce patient-day capacity and the relative stability of operational bed numbers, leading to decrease in hospital occupancy.
In 2016, the mean occupancy rate was 76.94%. Throughout the year, the highest occupancy rate occurred in April (81.2%). It is important to point out that hospital demand is widely affected by seasonality, being stronger between March and November.

GRAPH 1

Monthly evolution of general operational occupancy rate
2015-2016
All Anahp Hospitals

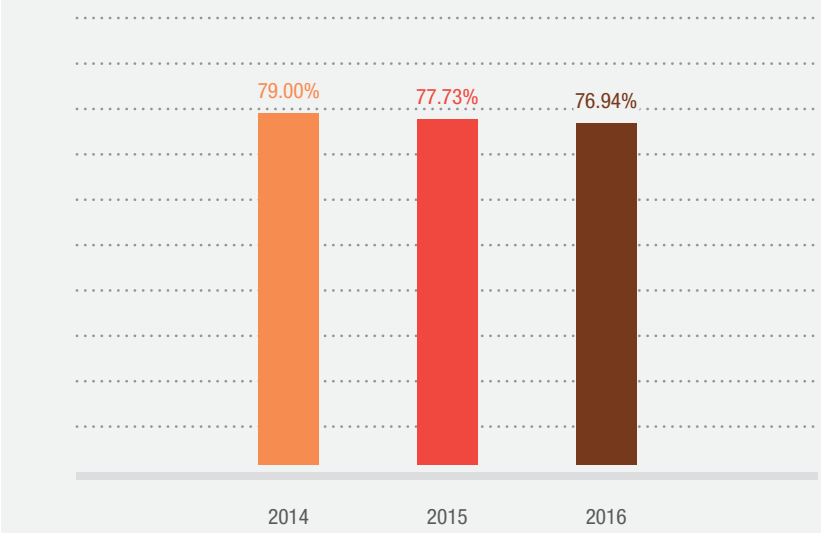


Source: Designed by Anahp based on information from SINHA/Anahp.

The mean occupancy rate of adult ICU beds follows the same trend as the general occupancy rate of hospitals.

GRAPH 2

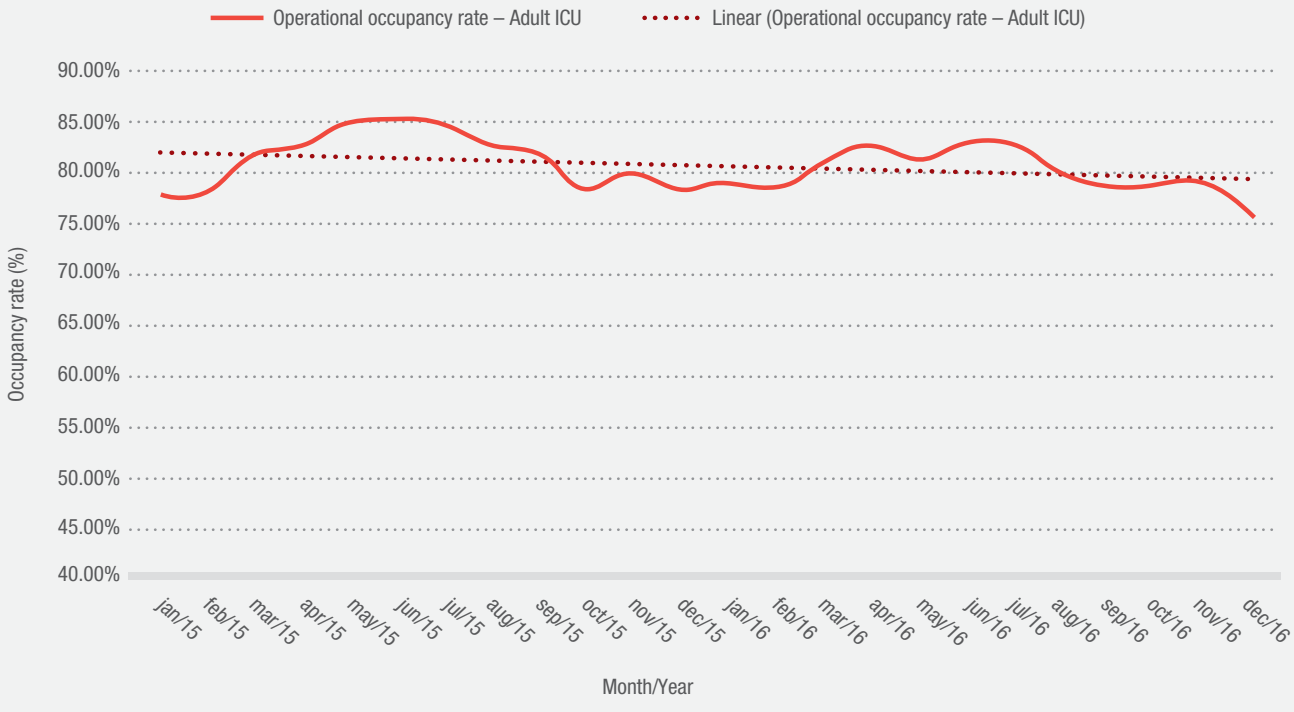
Rate of general operational occupancy
2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 3

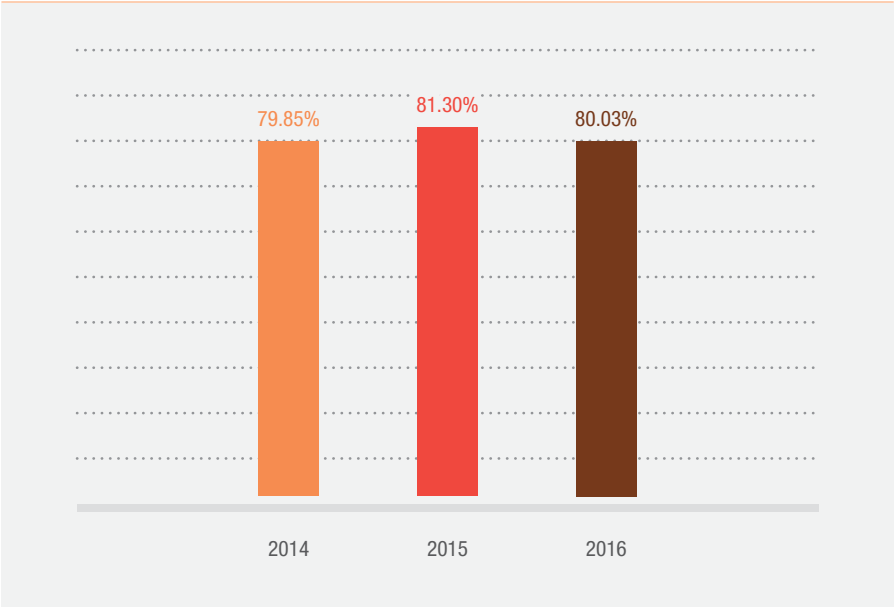
Monthly evolution of operational occupancy rate in Adult ICU
2015-2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 4

Rate of general operational occupancy – Adult ICU – 2014 to 2016 All Anahp Hospitals

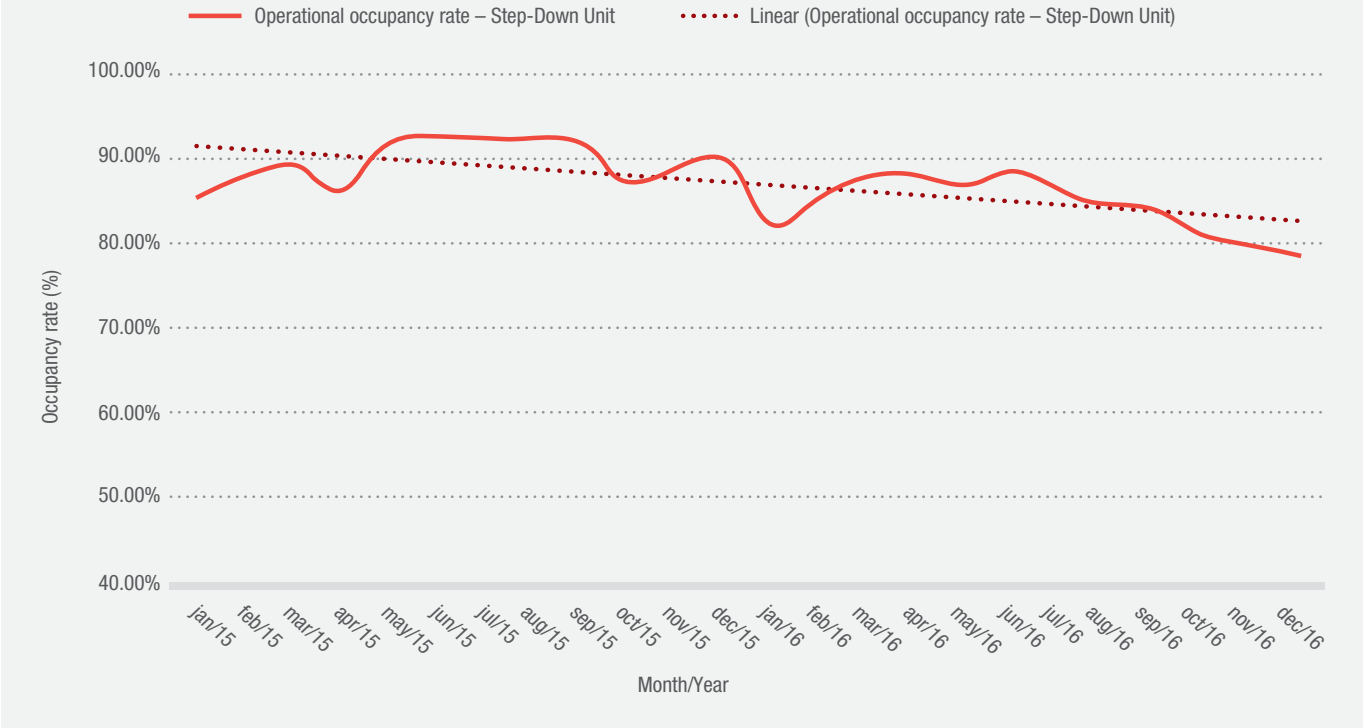


The mean bed occupancy in adult ICU (Graph 4) reached 80.03%. This indicator follows the same trend as the general occupancy rate of hospitals, impacted by the seasonality mentioned before. The occupancy rate of Step-down Unit (Graph 5) presented the same trend as the reduction of the remaining analyzed sectors, but it has maintained occupancy levels higher than 80%.

Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 5

Monthly evolution of operational occupancy rate – Step-Down Unit 2015-2016 All Anahp Hospitals

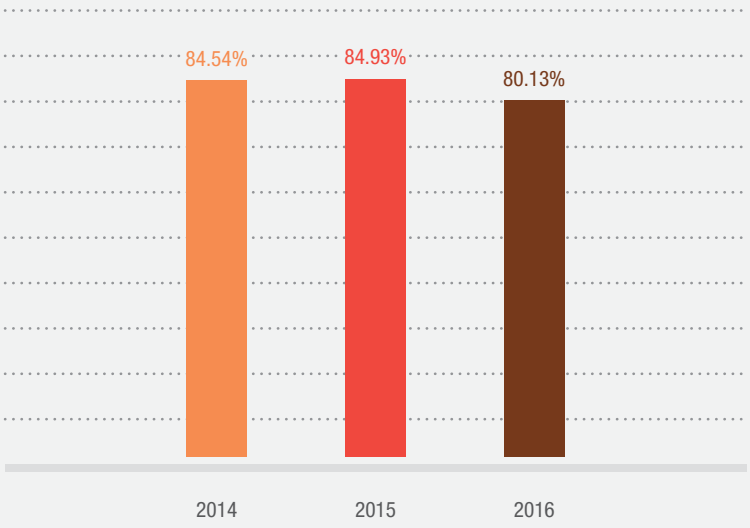


Source: Designed by Anahp based on information from SINHA/Anahp.

There was also a decreasing trend in the neonatal ICU occupancy rate, which went down from 76.05 in 2015 to 68.53 in 2016 and followed the decreasing trend of the maternity occupancy rate, which went down from 74.58 to 68.53.
The general mean length of stay kept the same decreasing trend, going from 4.54 in 2015 to 4.38 in 2016 (Graph 7).

GRAPH 6

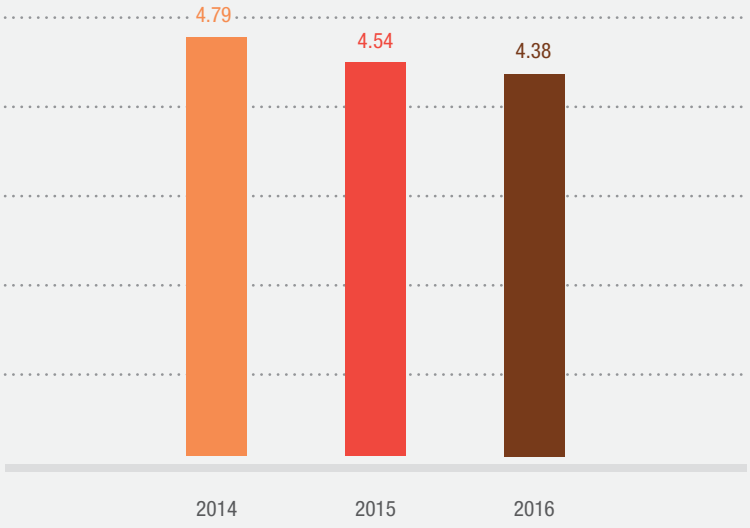
Rate of general operational occupancy – Step-Down Unit – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 7

Mean length of stay at Anahp hospitals – 2014 to 2016
All Anahp Hospitals



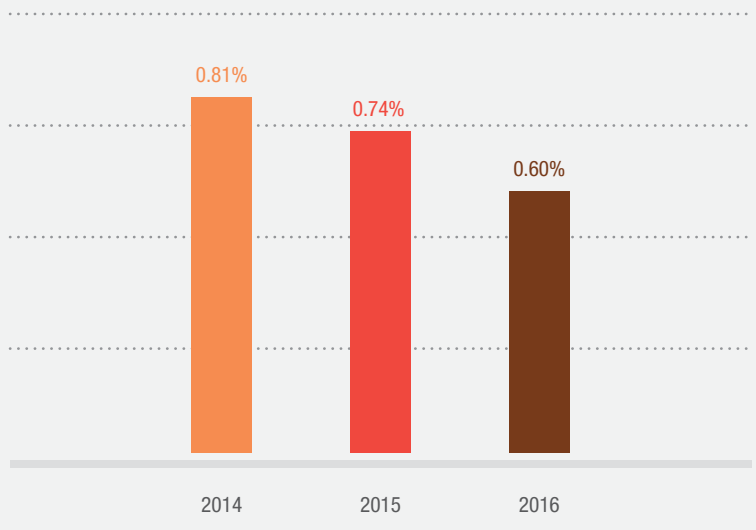
Source: Designed by Anahp based on information from SINHA/Anahp.

The implementation of best clinical practices and discharge criteria has contributed to the reduction of the number of long-term resident patients.

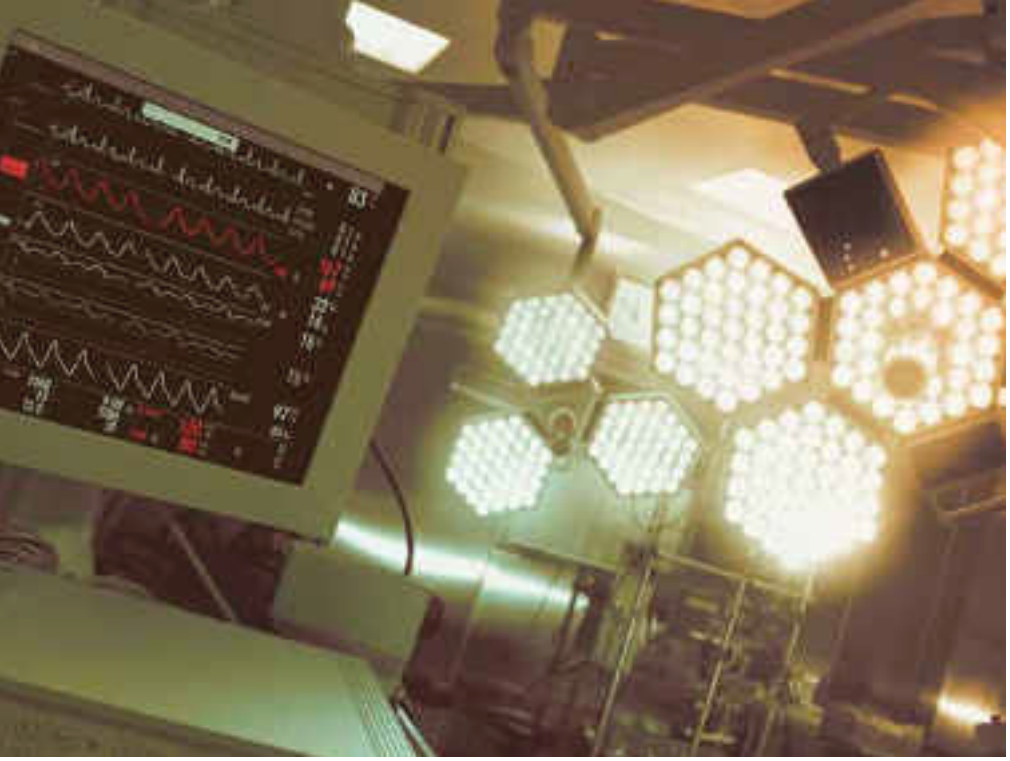
The management of long-term patients, oftentimes with non-communicable chronic diseases, continues to be an increasing challenge for hospitals, considering the low coverage of home care services by healthcare plans. Anahp has been encouraging the best practices of hospital discharge of these patients. Some hospitals already have a dedicated group to manage long-term patients. A relevant monitoring indicator is the rate of resident patients, that is, those that stay in the hospital for more than 90 days. The implementation of best clinical practices has contributed to the gradual improvement of this indicator in recent years (Graph 8).

GRAPH 8

Rate of long-term or resident patients at the hospital (more than 90 days) – 2014 to 2016 All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.



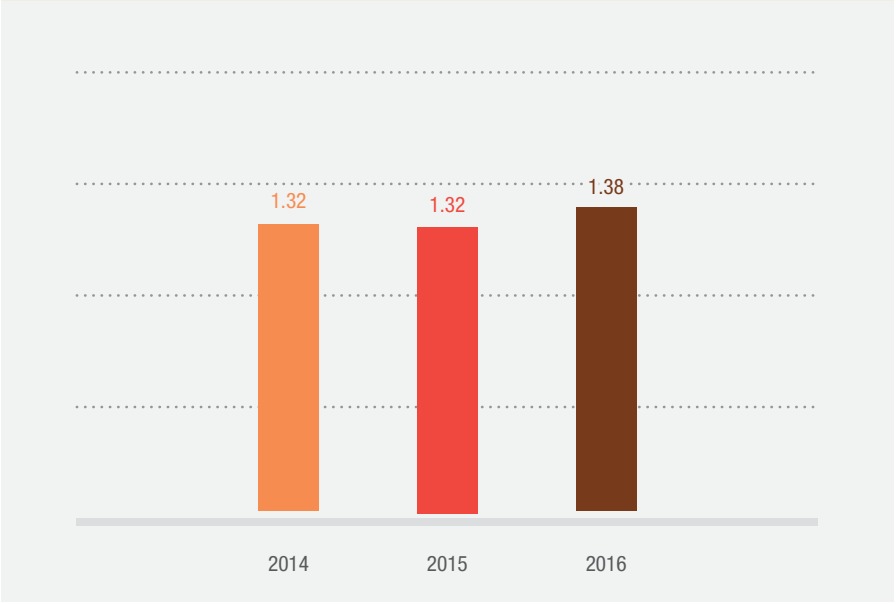
Anahp hospitals have been constantly searching for state-of-the-art technological solutions to meet the demands of efficiency and quality imposed by the private market. As seen by the Anahp leaders' survey in 2016, about 83% of the studied hospitals are expected to invest in renovation and modernization works. As a consequence, Anahp hospitals are considered to be reference organizations in surgical procedures, which explains the significant increase in rate of surgeries per patient (Graph 9).

In addition, in 2016 we noticed an increasing trend in number of surgical procedures performed as outpatient or same-day discharge procedures. Our analyses indicate that this fact results from the growing phenomenon called by some "hospital externalization". An increasing number of procedures that used to be performed under hospital admission now are being carried out within less than 24-hour hospital stay, dispensing the overnight stay. Technological and therapeutic advances, supported by constant investments made at Anahp hospitals, have contributed to such changes, which should remain as a trend for upcoming years.

An increasing number of procedures that used to be performed under hospital admission now are being carried out within less than 24-hour hospital stay, dispensing the overnight stay.

GRAPH 9

Rate of surgical procedures
2014 to 2016
All Anahp Hospitals

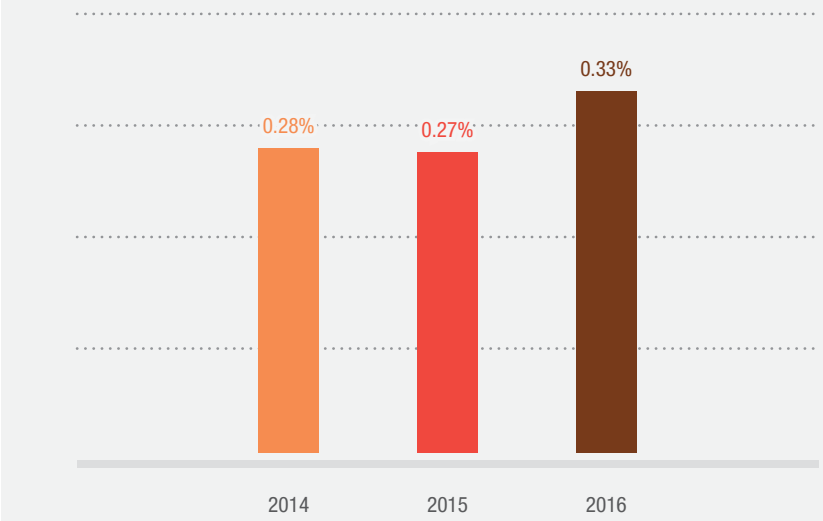


Source: Designed by Anahp based on information from SINHA/Anahp.

The transfer of less complex cases to outpatient or day-hospital regimens leads to the concentration of more complex cases as inpatient procedures.

GRAPH 10

Surgical mortality rate 2014 to 2016 All Anahp Hospitals

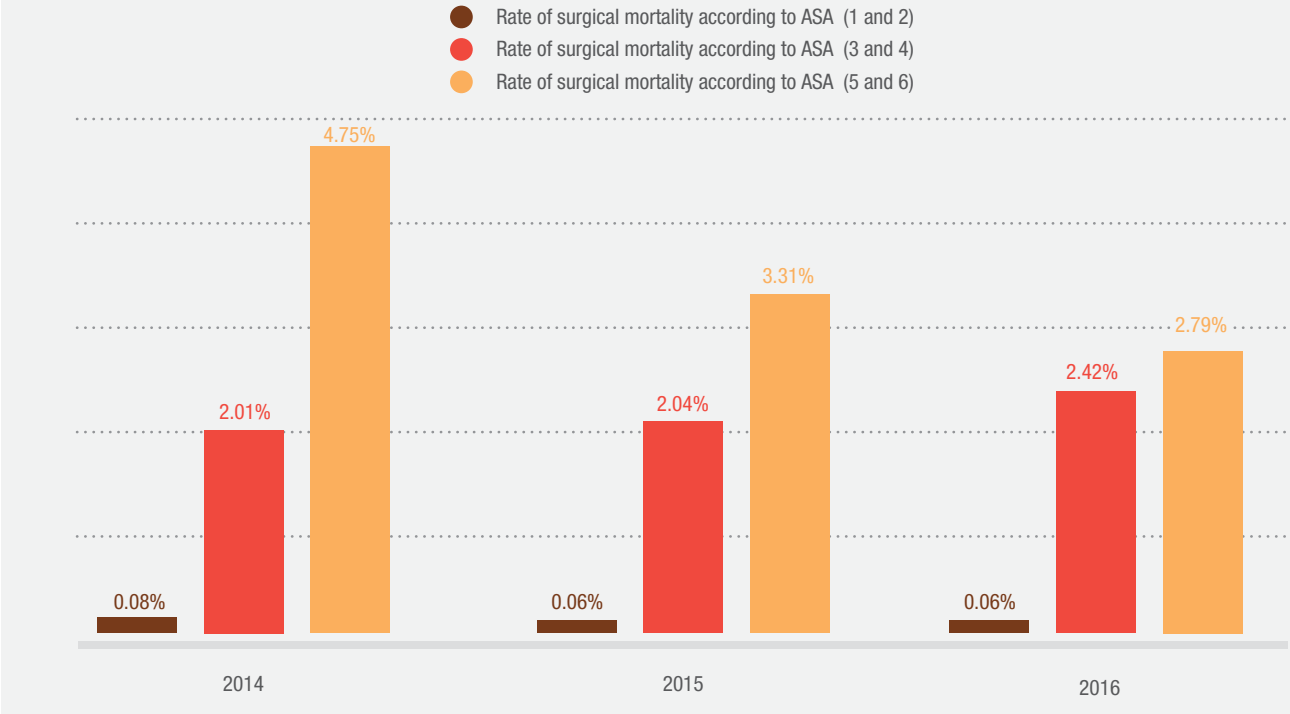


Source: Designed by Anahp based on information from SINHA/Anahp.

Surgical mortality rate went up from 0.27 in 2015 to 0.33 in 2016 (Graph 10). Hospitals classify surgeries based on anesthetic risks, that is, concerning the likelihood of having complications and negative outcomes. Using the classification defined by ASA (American Society of Anesthesiologists), there is the group of low anesthetic risk (ASA 1 and 2), medium risk (ASA 3 and 4), and high risk (ASA 5 and 6), and SINHA registry has analyzed surgical mortality rate by risk group. The indicators from the past 3 years have shown stability in groups ASA 1 and 2, tendency of increase in mortality for group ASA 3 and 4, and reduction in mortality of the highest risk group.

GRAPH 11

Rate of surgical mortality according to ASA classification (American Society of Anesthesiologists) 2014 to 2016 All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

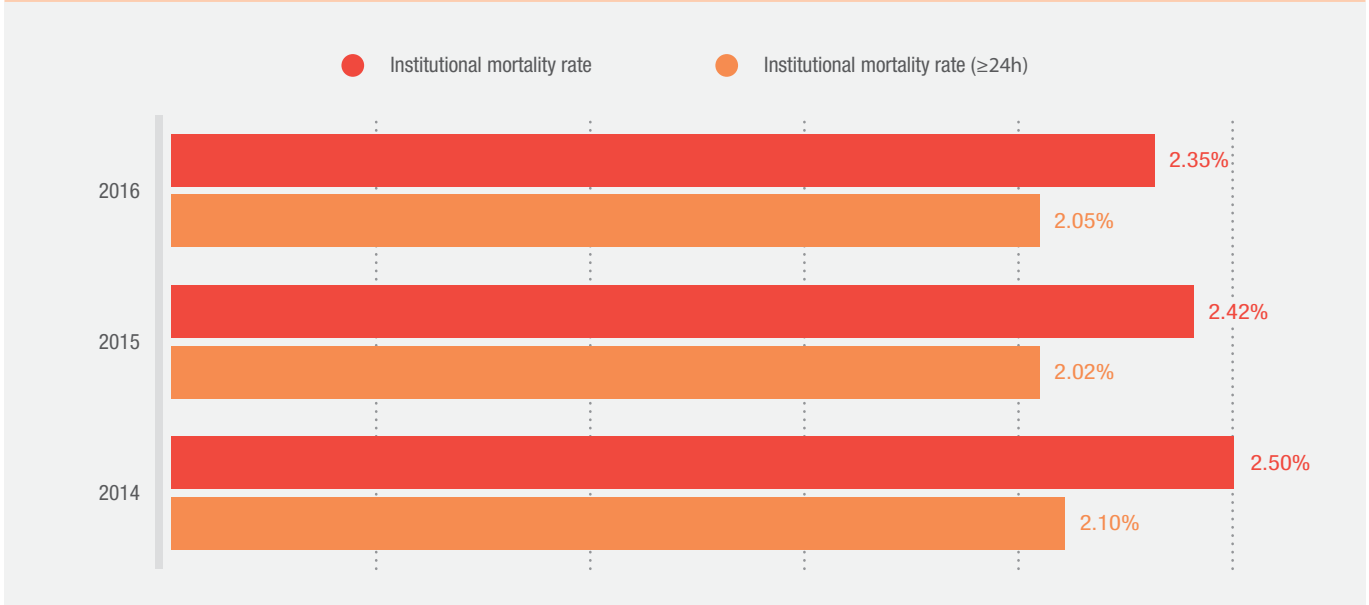
Anahp has been gathering clinical performance indicators since

2007

Moreover, there is relative stability in rate of institutional mortality >= 24 hours *, which reached 2.02 in 2015 and 2.05 in 2016 (Graph 12). This movement has been observed even though there was an increase in clinical admissions resulting from the higher incidence of chronic diseases and the increase in neoplasm-related admissions.
It is important to bear in mind that 24 hours is the minimum time considered by the Ministry of Health for the hospital to have a chance to effectively interfere towards a positive outcome.

GRAPH 12

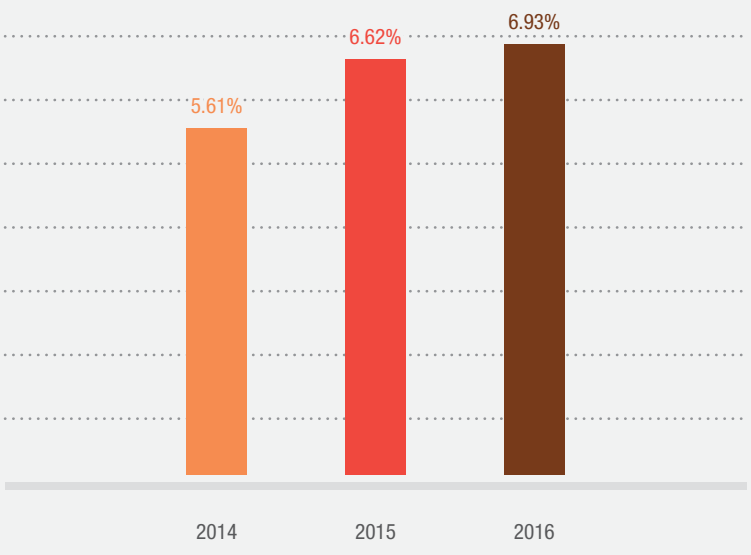
Rate of institutional mortality >= 24 hours and Total institutional mortality rate 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 13

Rate of admission through Emergency Department 2014 to 2016 All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

The Hospital Emergency Department is the main admission point for clinical patients, reason why it is important to analyze how many visits are converted into hospital admissions. This rate has presented an increasing trend since 2014, reinforcing the importance of having Anahp hospitals as high complexity reference organizations. The progressive increase in rate of conversions may be related with greater reduction of healthcare beneficiaries in recent years in the corporate segment, leading to changes in demographic and epidemiological profile of the served population.

Clinical Care Quality and Safety

Anahp hospitals invest continuously in processes of certification and show effectiveness of these programs by improving the results of their quality indicators.

In recent years, many Anahp member hospitals have achieved more than one model of accreditation certificate, including the entire hospital or specific clinical programs, such as heart failure, acute myocardial infarction, diabetes, among others. The hospitals may follow one or more accreditation models, comprising: National processes – National Accreditation Organization (ONA), or international processes – Accreditation Canada International (ACI), Joint Commission International (JCI), or National Integrated Accreditation for Healthcare Organizations (NIAHO).

Monitoring clinical quality and safety indicators is a requirement by Anvisa (National Surveillance Agency) and the other epidemiology surveillance centers in each state. Thus, Anahp hospitals worked very hard last year to adjust the specifications of SINHA indicators with market requirements.

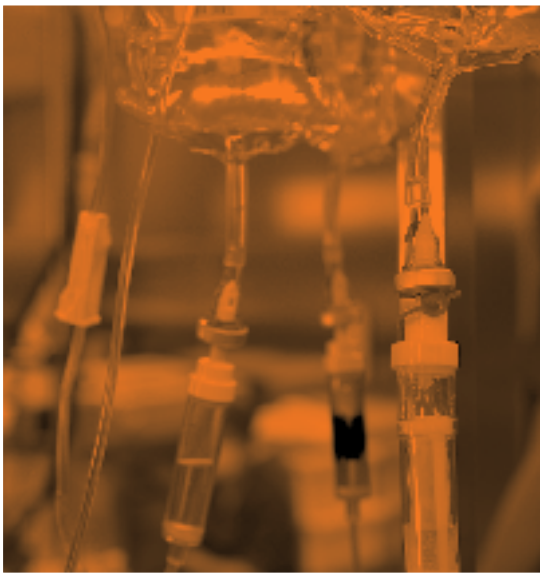

82
104
62

TABLE 1

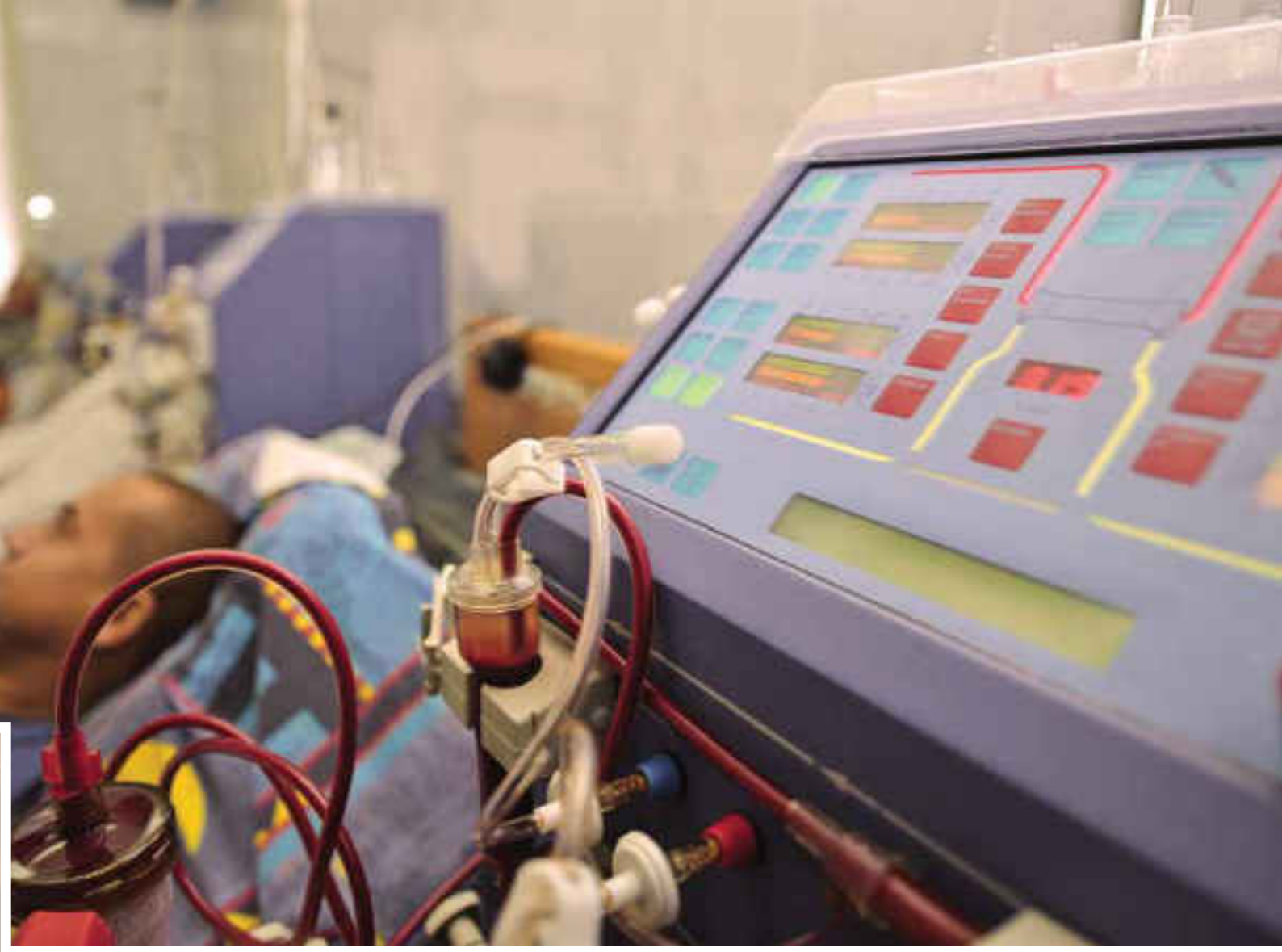
Annual summary of safety indicators

INDICATORS	2014	2015	2016
Rate of hospital infections – Adult ICU (per 1,000 patient-day)	8.96	9.02	8.31
Incidence rate of central venous catheter-associated bloodstream infection – Adult ICU (per 1,000 patients-day)	2.38	2.36	1.89
Utilization Rate of CVC – Adult ICU – Anvisa	56.43%	57.39%	59.82%
Incidence rate of hospital infections – Neonatal ICU (per 1,000 patient-day)	6.35	5.15	6.14
Incidence rate of central venous catheter-associated bloodstream infection – Neonatal ICU (per 1,000 patients-day)	2.37	2.75	4.61
Utilization Rate of CVC – Neonatal ICU – Anvisa	23.65%	26.99%	30.55%
Incidence rate of hospital infections – Pediatric ICU (per 1,000 patient-day)	5.72	5.56	6.82
Incidence rate of central venous catheter-associated bloodstream infection – Pediatric ICU (per 1,000 patients-day)	2.25	2.41	2.31
Utilization Rate of CVC – Pediatric ICU – Anvisa	45.74%	48.13%	52.56%
Rate of hospital infections – Step-Down Unit (per 1,000 patient-day)	10.97	6.29	4.90
Incidence rate of central venous catheter-associated bloodstream infection – Step-Down Unit (per 1,000 patients-day)	4.02	1.63	1.23
Utilization Rate of CVC – Step-Down Unit – Anvisa	42.59%	51.03%	45.28%
Observed/ expected mortality ratio	0.62	0.57	0.63
Rate of surgical site infection in clean surgeries	0.59%	0.64%	0.70%
Rate of Compliance with Prophylactic Antibiotic Therapy	85.34%	82.90%	73.51%
Rate of compliance with surgical site marking (safe surgery)	24.36%	29.36%	35.87%
Rate of Compliance with Patient Chart Completeness	79.63%	84.82%	83.85%
Incidence rate of pressure ulcers (per 1,000 patients-day)	0.97	1.05	1.22
Incidence rate of falls (per 1,000 patients-day)	0.84	0.98	0.97

Note: Owing to the review of SINHA indicators, some data will no longer be provided as of 2017.
Source: Designed by Anahp based on information from SINHA/Anahp.



The Quality and Safety indicators have been interpreted considering the structure and profile of the hospitals. To improve comparability of the indicators, the new SINHA platform uses statistical methods that discount the outliers, excluding those that are too much below or above the mean of each indicator.
The most relevant indicator for tracking hospital-related infection is hospital infection rate, directly related with the best clinical practices and safety measures in the intensive care unit (ICU).
Rates of incidence related to central vascular catheter and mechanical ventilation use have contributed to more appropriate indication, more timely weaning, and more standardized nursing handling of devices. Such integrated actions have led to greater reduction of device-associated infection rates.
There is also relevance in monitoring hospital infection rates related with other medical devices, such as indwelling urinary catheter use and mechanical ventilation.
For this reason, as of 2017, Anahp hospitals will start to monitor these indicators as well.
The incidence of general infection in the adult ICU went down from 9.02 in 2015 to 8.31 in 2016 (Graph 1).
The indicator shows that for each 1,000 patients-day, a bit more than 8 have had some infection during hospital stay.
The decreasing trend in infection incidence rate in ICUs have suggested greater safety in patient

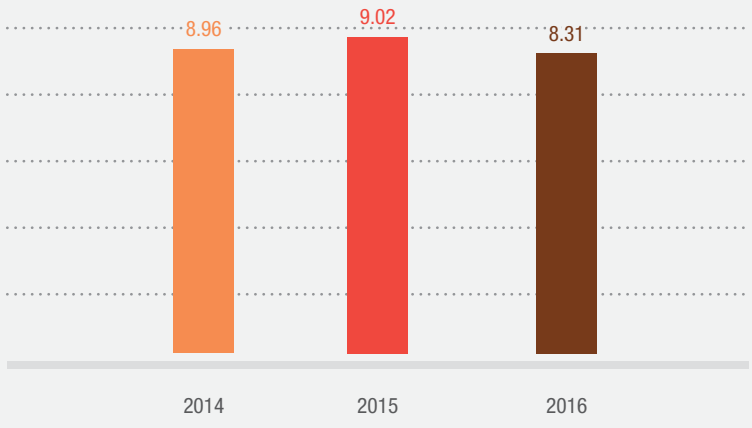


care and performance of the entire private healthcare system, especially considering the increase in number of clinical patients, the greater proportion of patients over 50 years, and the prevalence of comorbidities.

Another aspect to highlight is the implementation of bundles that have reached high compliance in clinical units, with positive impacts and high effectiveness. It is important to emphasize the great potential of improvement these indicators have, as some hospitals that joined SINHA in 2015 and 2016 are still working on the adoption of these strategies.

GRAPH 1

Rate of hospital infections – Adult ICU (per 1,000 patient-day) – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

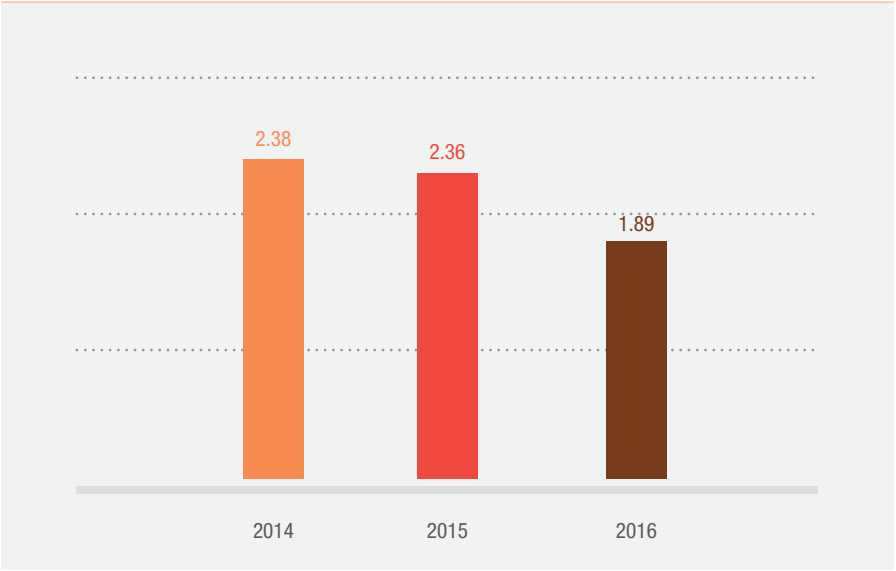
[1] *Calculation formula: N of hospital/ infections/ N of patients-day x 1,000).*

The reduction of healthcare-related infections and the prevention of complications are actions for continuous improvement.

Central venous catheter-associated hospital infection in the adult ICU closed 2016 at 1.89 per 1,000 patients-day, presenting a decreasing trend compared to previous years (Graph 2).

GRAPH 2

Rate of CVC (central venous catheter) associated hospital infection (per 1,000 patients-day) in the Adult ICU 2014 to 2015
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

This trend is perceived even with increased used of central venous catheters (CVC), suggesting effectiveness in best clinical practices. The Rate of CVC utilization ranged from 57.39% in 2105 to 59.82% in 2016 in the in Adult ICUs.

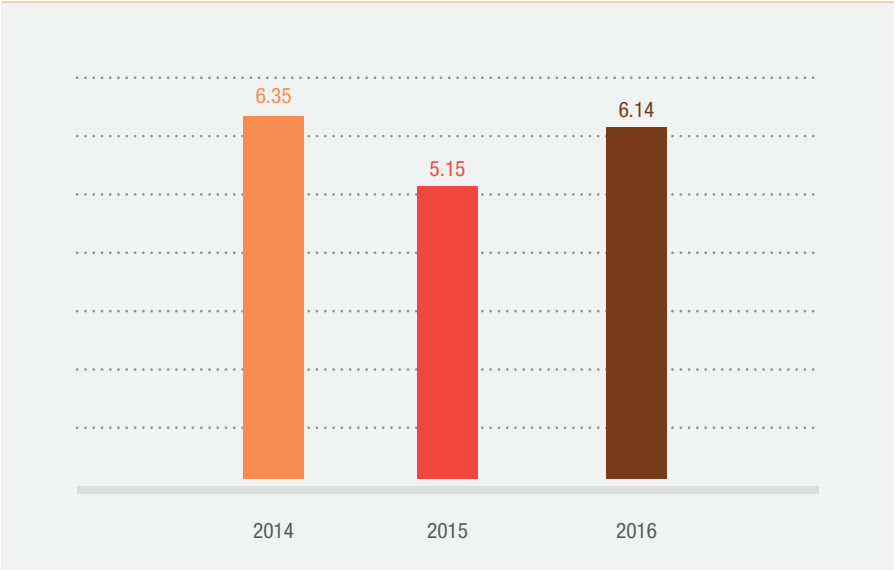
The prevalence of comorbidities and the high severity score of patients when arriving in the unit increase the risk of device-associated hospital infections. Quality of care at intensive care units is a key aspect of hospital service management. Reducing healthcare-related infection risks and preventing complications is a continuous quality improvement struggle in the organizations. Such actions result in fast recovery of patients, who can resume their regular activities, reach lower social cost, lower proportion of disabilities and better quality of life. In addition, these actions result in lower risk of readmissions, which represents significant savings for the healthcare system.

The incidence rate of infections and the CVC-associated infection rate are equally monitored in the Step-down units. In 2016, the incidence rate of infections and the central vascular catheter use rate presented decreasing trends.

In the neonatal intensive care unit, the indicator went up from 5.15 in 2015 to 6.14 per 1,000 patients-day in 2016 (Graph 3).

GRAPH 3

Rate of hospital infection
(per 1,000 patients-day) in the
Neonatal ICU 2014 to 2016
All Anahp Hospitals

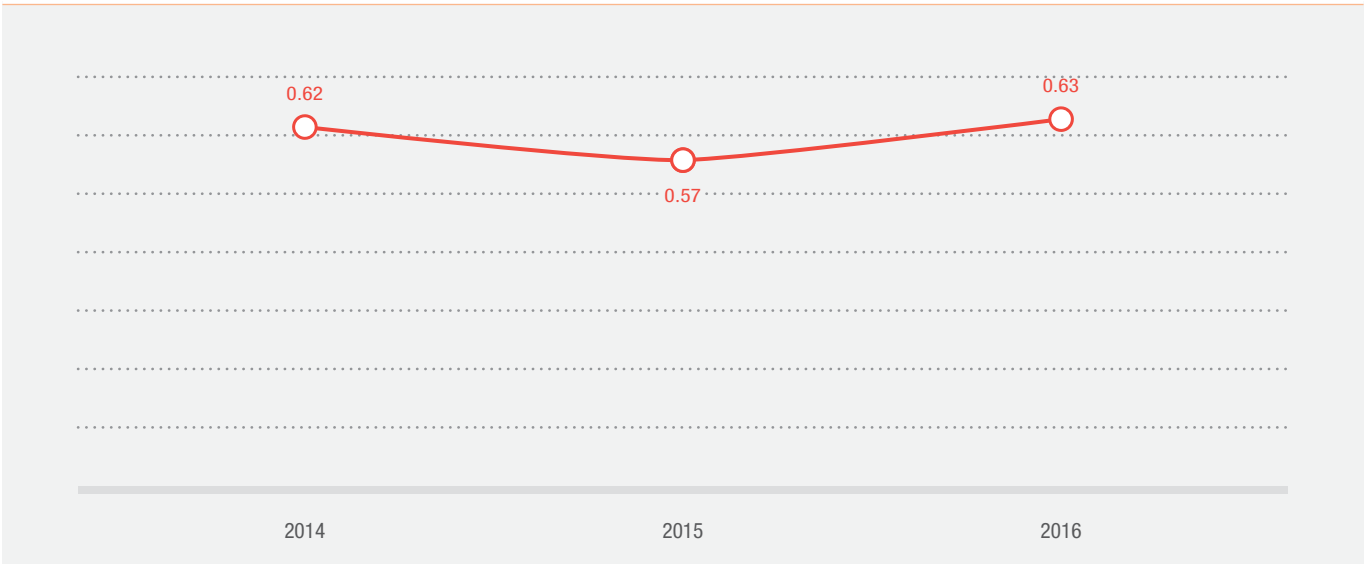


Source: Designed by Anahp based on information from SINHA/Anahp.

An important measurement to assess the care provided by critical areas is the relation between observed and expected mortality in the adult ICU, according to severity score, such as APACHE II and SAPS III. This rate is adjusted by many factors that can influence hospital mortality, such as: Demographic data, diagnoses and clinical conditions upon admission into the hospital. The indicator compares mortality rate of patients in one specific hospital to other hospitals that have patients with similar characteristics. The increase in this indicator requires the need to further interpret each case individually. If followed up for a long time, this indicator can help hospitals reduce complications and continuously improve care.
The mean of this indicator went up from 0.62 in 2014 to 0.63 in 2016 (Graph 4).

GRAPH 4

Ratio of observed over expected mortality in adult ICU
2014 to 2016
All Anahp Hospitals

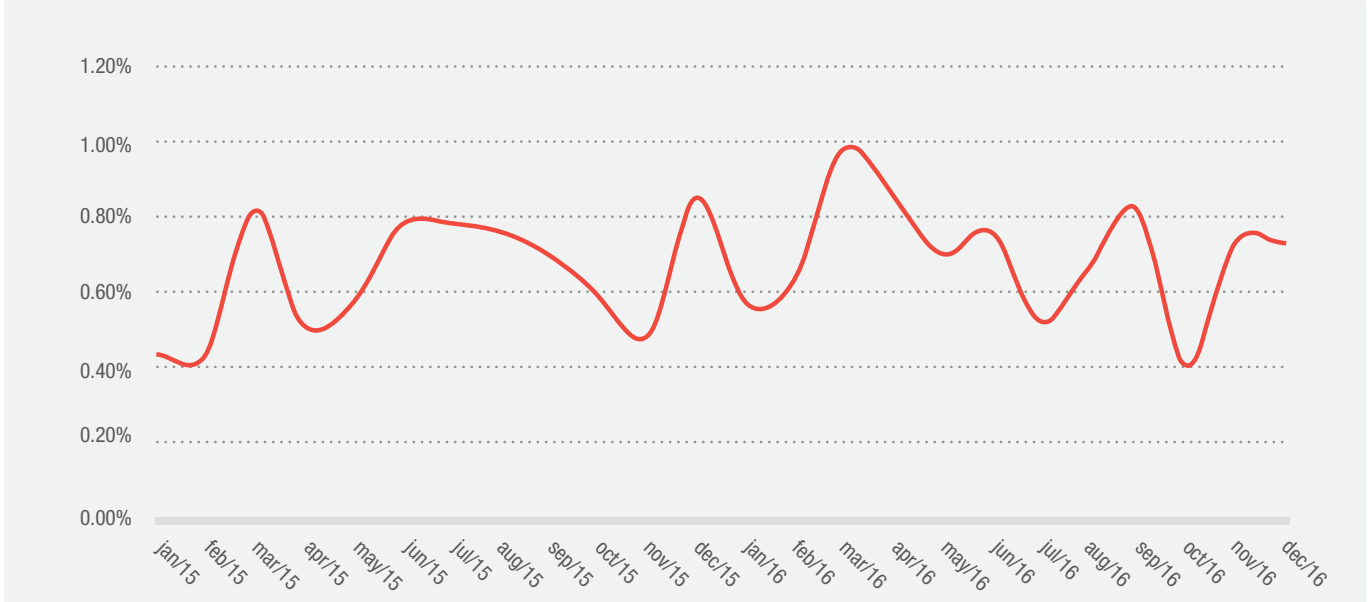


Source: Designed by Anahp based on information from SINHA/Anahp.

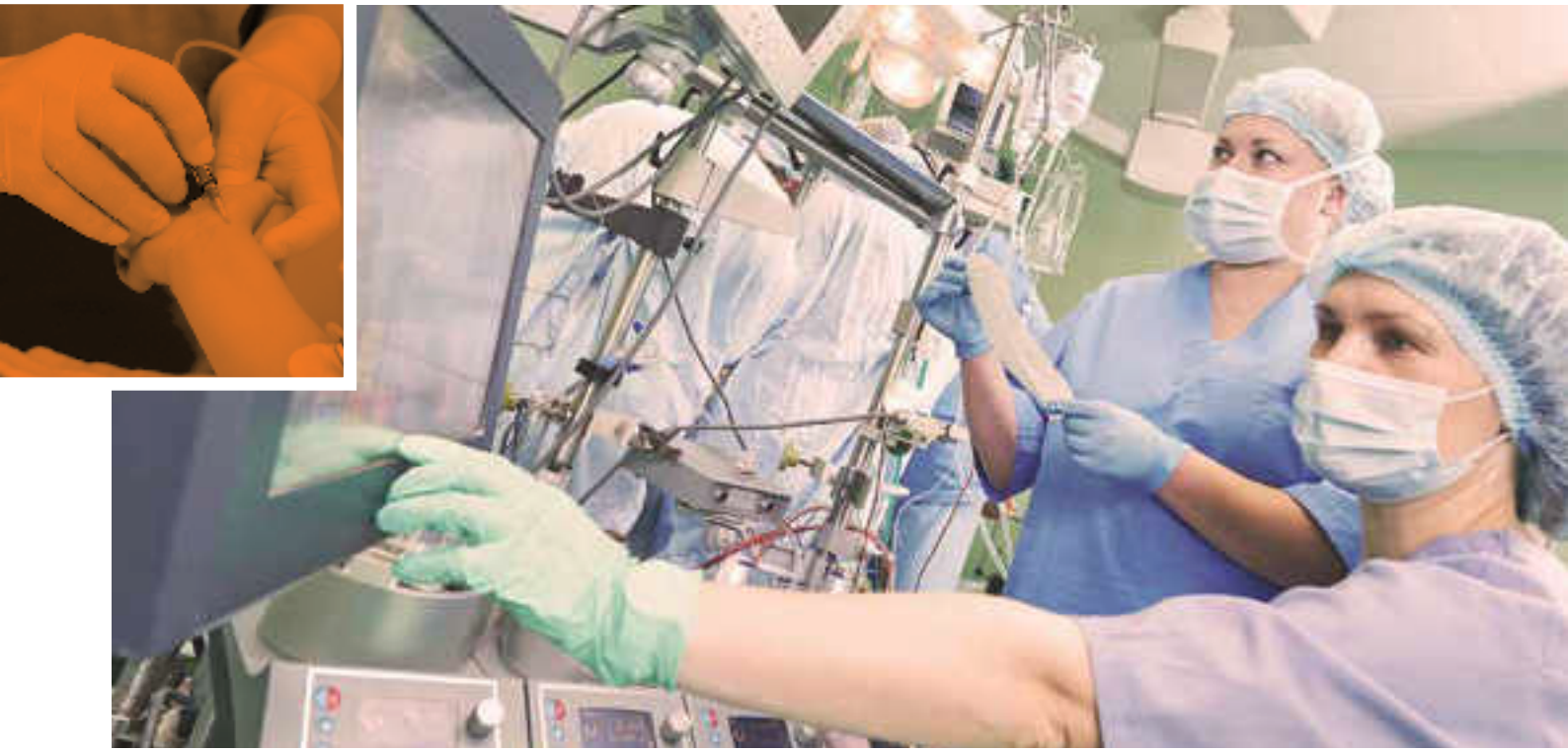
Another important index to assess quality of surgical care in hospitals is surgical site infection rate after clean surgeries (Graph 5). There was greater stability in the series in 2016. The data are influenced by seasonality and the increase in number of surgical cases influences this rate.

GRAPH 5

Monthly evolution of surgical site infection in Anahp hospitals – 2015 to 2016 All Anahp Hospitals

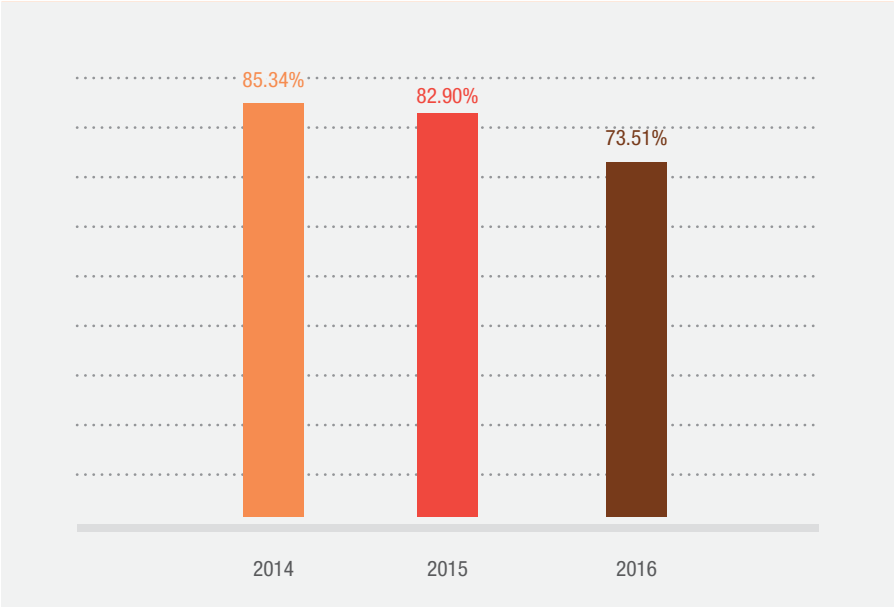


Source: Designed by Anahp based on information from SINHA/Anahp.



GRAPH 6

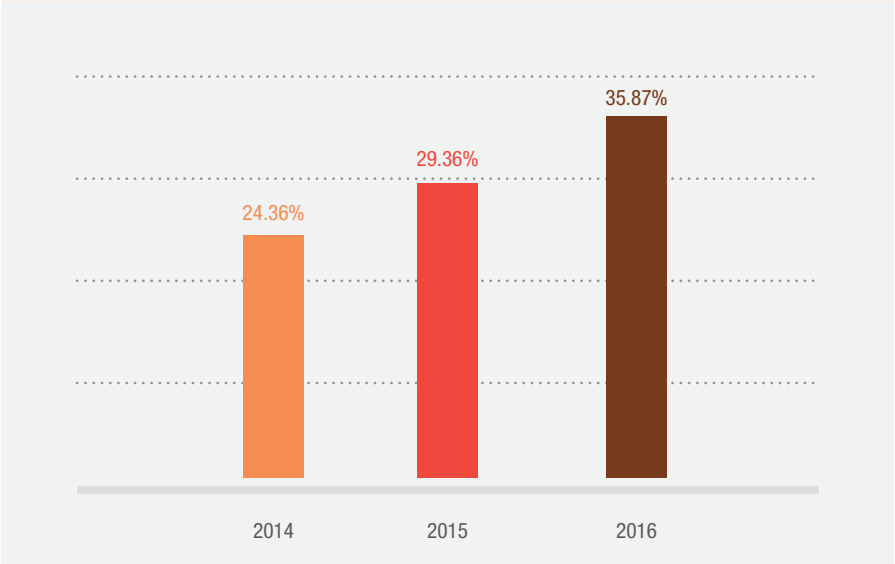
Monthly evolution of compliance with prophylactic antibiotic use in Anahp hospitals – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 7

Monthly evolution of surgical site marking rate in Anahp hospitals – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

There are three indicators used to assess quality of care of surgical patients: Rate of compliance with prophylactic antibiotic therapy, rate of compliance with surgical site marking, and rate of compliance with patient record completion.

Rate of compliance with prophylactic antibiotic therapy is an indicator that shows quality and safety in surgical patient care. The indicator shows the compliance rate with the standardized recommendations, time of administration and duration of the care process. The latter is critical for the indicator to fall within acceptable levels, as compliance with the process shows results close to 90%, but it still deserves major investments to improve knowledge base and compliance by medical clinical staff. In 2016, the compliance rate was 73.51%, below previous years, when it exceeded 80%. (Gráfico 6).

Moreover, the rate of surgical site marking is monitored to assess the implementation of patient safety programs in hospitals. There has been increasing trend of surgical site marking rate since 2014, when it started to be monitored, reaching 35.87% in 2016. (Gráfico 7).

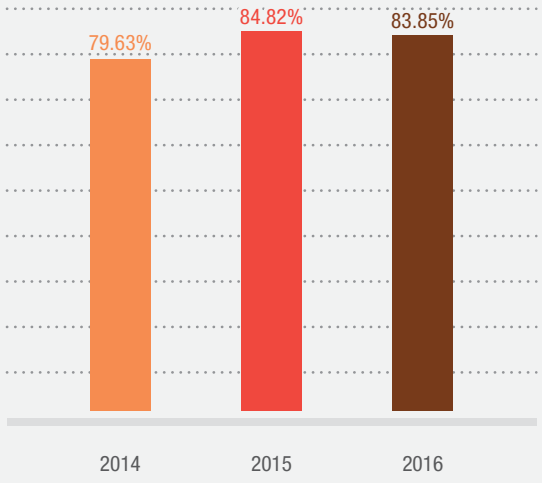
The rate of compliance with medical record completion went up from 79.63% in 2014 to 84.82% in 2015 and down again to 83.85% in 2016, remaining relatively stable between 2015 and 2016 (Graph 8). This quality standard shows safety and commitment with patients, to be continuously improved.

To assess the quality of nursing care and adopted practices for continuous care improvement, two indicators have been historically used: Incidence rate of pressure ulcer (Graph 9) and incidence rate of falls (Graph 10).

These results show the investments made in continuous capacity building and qualification of teams in patient management. These indicators have presented good results since 2014, which is compatible with the constant search for quality standards among Anahp member hospitals.

GRAPH 8

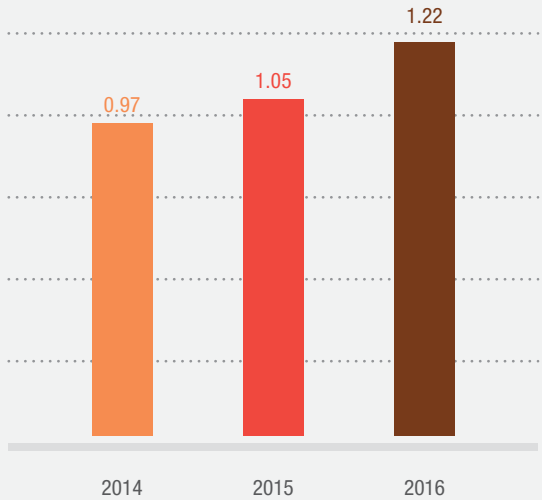
Compliance rate with patient chart completeness (discharge summary) – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 9

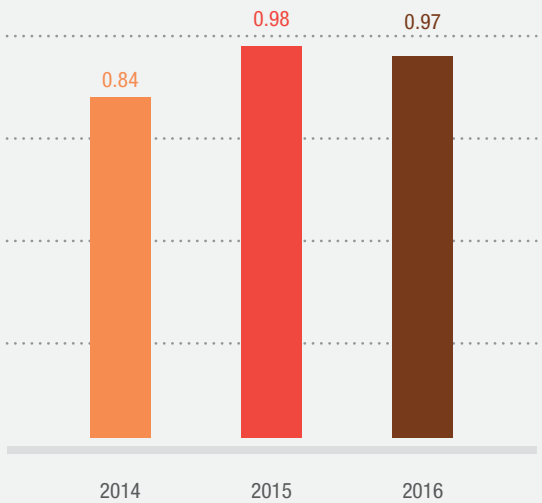
Incidence rate of pressure ulcer (per 1,000 patients-day) 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 10

Incidence rate of falls (per 1,000 patients-day) 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

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- Cor verde para rápida verificação visual de que o conector está limpo e protegido: Se está verde, está limpo!
- Reduz 99,99% dos 6 microorganismos mais comuns associados a IPCS por até 07 dias, se não for removido
- Cada tampa contém álcool isopropílico a 70%, que banha a superfície do conector e desinfeta em 1 minuto.

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Institutional Protocols

Good clinical practices require the use of protocols, their monitoring and continuous improvement of clinical practices.

Institutional protocols are extremely important to hospitals, as they are developed to standardize decision making and the guidance on how to act to manage a specific pathology. They also focus on standardization of the provided services, to reduce errors of diagnosis and minimize negative outcomes.
SINHA monitored indicators emphasize the need to adopt the protocols advocated by the specialty societies, especially international ones. In general, the indicators of the main protocols were stable in 2016 compared to previous years.

Table 1 shows the main institutional protocols for acute myocardial infarction (AMI), ischemic stroke, and congestive heart failure (CHF).

TABLE 1

Annual Summary of Indicators for Institutional Protocols – Cardiovascular
All Anahp Hospitals

SELECTED PATHOLOGIES	INDICATORS	2014	2015	2016	IDEAL PARAMETERS	
Acute myocardial infarction (AMI)	Door-to-Balloon Time (minutes)	66.27	74.09	71.99	90.0	American Heart Association
	Mortality of inpatients with AMI (%)	3.12%	4.61%	5.53%		
	Rate of Primary Angioplasty in AMI (%)	82.60%	91.41%	92.49%		
	Rate of Aspirin at Discharge in AMI (%)	86.64%	89.94%	90.08%		
	Mean length of stay (days) – Acute myocardial infarction (AMI)	6.57	7.98	8.62		
Ischemic cerebral vascular accident (Ischemic stroke)	Door-to-Needle time (minutes)	65.87	70.45	57.82	< 60	American Stroke Association
	Door-to-CT Time (minutes)	49.13	47.50	47.47	< 25	American Heart Association
	Mortality of inpatients with Ischemic stroke (%)	4.96%	5.89%	5.32%		
	Mean length of stay – Ischemic stroke (days)	8.83	8.34	9.09		
	CT Rate in ischemic stroke (%)	93.68%	89.31%	93.70%		
Congestive Heart Failure (CHF)	Mean length of stay (days) – Congestive heart failure (CHF)	10.71	9.88	11.71		
	Mortality rate of congestive heart failure patients (CHF) (%)	6.19%	7.20%	6.44%		
	Median age of patients with CHF (age)	76.24	76.05	78.53		
	Rate of beta blocker at discharge in patients with CHF (%)	58.46%	56.88%	62.71%	65%	Registro Breathe
	Rate of ACEI or ARB at discharge of patients with CHF (%)	48.95%	48.30%	50.87%	79%	Registro Breathe

Source: SINHA/Anahp

ACUTE MYOCARDIAL INFARCTION

The acute myocardial infarction protocol is the main protocol monitored by the Cardiology centers of the hospitals. Other hospitals have progressively implemented this protocol into their practice.

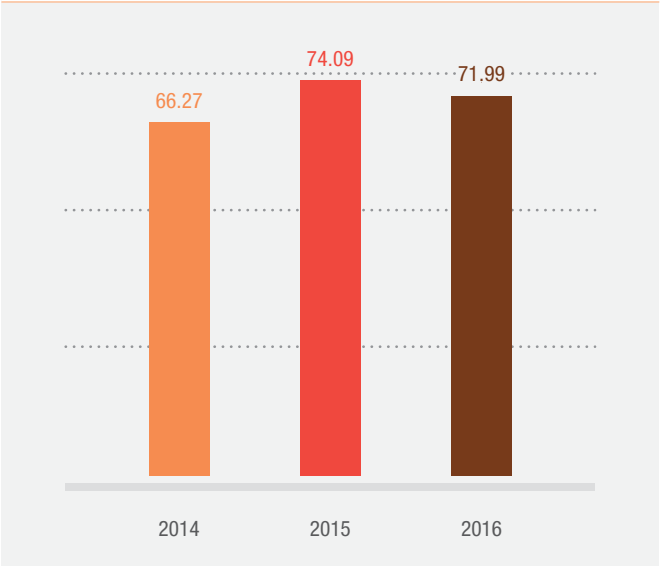
It is important to point out that the hospitals that have greater volume of AMI patients hold accreditations as AMI Clinical Programs; as a consequence, they have more detailed monitoring of these indicators.

The indicator door-to-balloon time, that is, the time between the arrival at the hospital and the opening of the coronary artery at the Cath lab, showed decreasing trend in 2016. Throughout the past two years, the indicator has been within the range set by the American Heart Association and Joint Commission International (up to 90 minutes).

Acute myocardial infarction is the main protocol monitored by the cardiology unit of the hospitals.

GRAPH 1

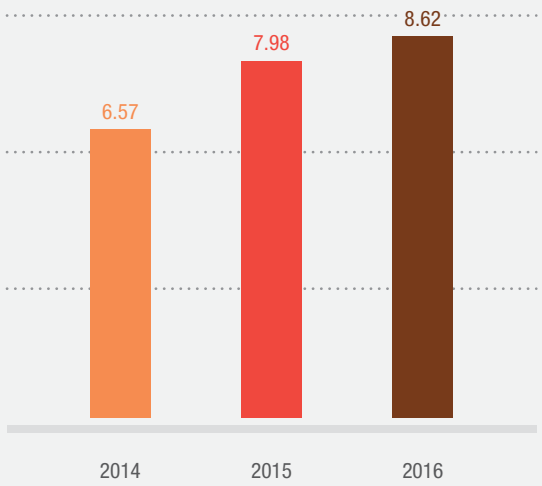
Door-to-balloon time
(minutes)
2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

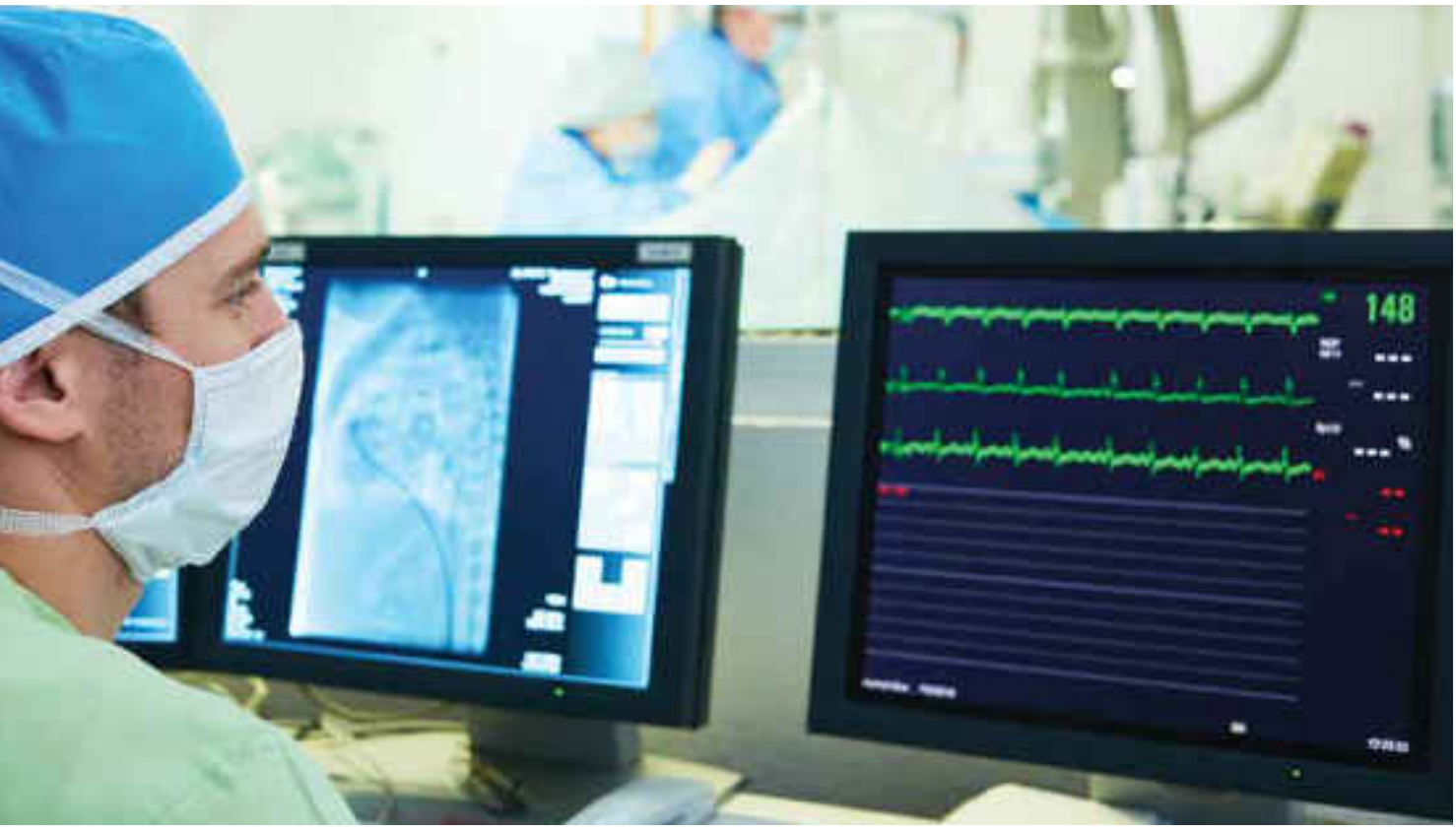
GRAPH 2

Mean length of stay
of patients with AMI
2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

The mean length of stay for patients with AMI has shown increasing trend since 2014, which may be related with the increase in case complexity (Graph 2).



The rate of primary angioplasty went down from 92.49% in 2015 to 91.41% in 2016, indicating compliance with the internationally recommended standard.
The rate of aspirin at discharge in AMI patients, an indicator that estimates the quality of the clinical process, has presented an increasing trend in the analyzed period. However, this indicator was 90.08% in 2016, still requiring further actions by hospitals in order to reach international parameters. It is important to stimulate the engagement of professionals in accurately documenting the information about aspirin prescription at hospital discharges.
There was slight increase in AMI mortality rates in 2016 over 2015, but the results are still within the internationally recommended targets.

Rate of primary angioplasty

92.49% → 91.41%

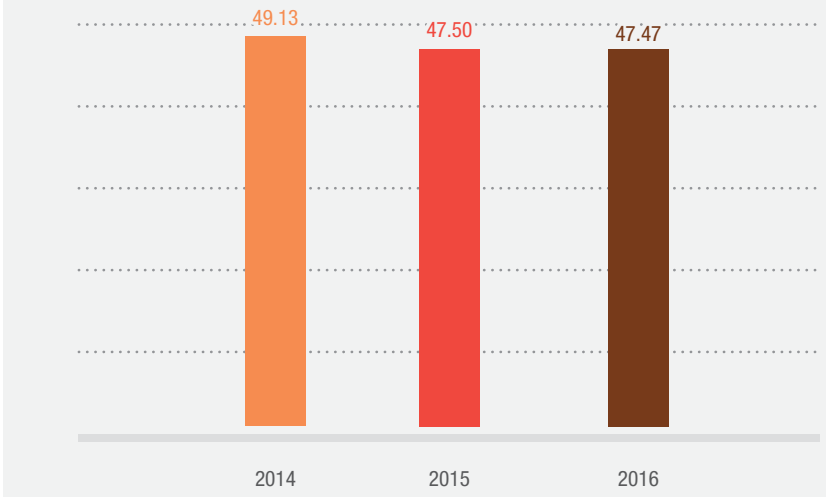
2015 *2016*

ISCHEMIC CEREBRAL VASCULAR ACCIDENT (ISCHEMIC STROKE)

Ischemic stroke is caused by the shortage of blood in a brain area due to obstruction of an artery.
The incidence of ischemic stroke is associated with compliance rate to treatment of hypertension and intensive exposure to risk factors. Among other risk factors, the highlights are: Smoking, elevated glucose levels, alcohol abuse, sedentary life and obesity. Thus, the initiatives directed to prevention promoting smoking cessation, increase in physical activity, and reduction of body mass index are essential to reduce the incidence of cerebrovascular diseases.
Fast access to healthcare services in such cases is key for the prognosis, medical intervention and level of disability resulting from the disease. Quality of life and social impact on the family after discharge of the patient are directly affected by fast and appropriate interventions.
The mean number of computed tomography scans in 2016 was 93.70%, whereas in 2015 it was 89.31%. In 2016, it was observed that Anahp hospitals worked hard to improve this process. However, there is still opportunity for improvement of this indicator, which requires standardization of actions and refining of record completeness for hospitals that have started the implementation of the protocol.
The door-to-CT time was stable compared to 2015 – in 2016, the mean indicator was 47.47 minutes, whereas in the previous year it had been 47.50 (Graph 3). The door-to-needle time was 57.82 minutes in 2016 over 70.45 minutes in 2015. These indicators show the need to enhance the plan of care of these patients to reduce the time for decision making.

GRAPH 3

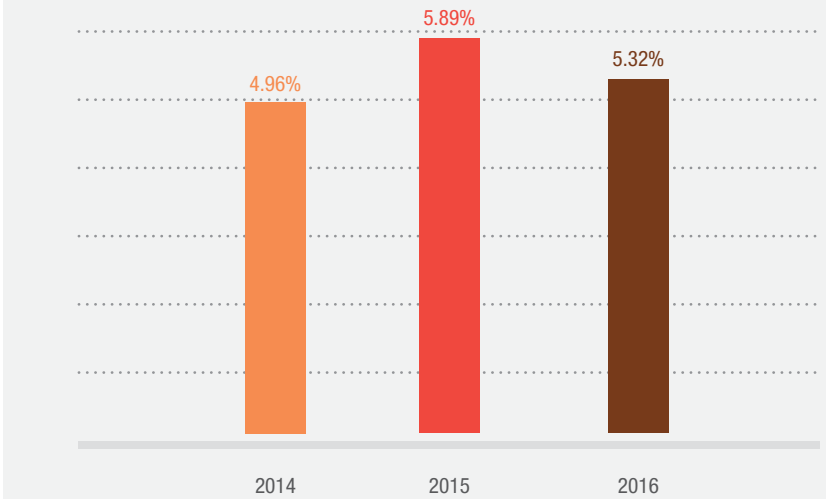
Door-to-CT time of patients with ischemic stroke – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 4

Rate of mortality of ischemic stroke
2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

Prevention initiatives are essential for reducing the incidence of cerebrovascular diseases.

In 2016, patients who had an ischemic stroke remained 9.09 days in the hospital, whereas in 2015 they had stayed 8.34 days.
The rate of mortality due to ischemic stroke was 5.32% in 2016 (Graph 4).

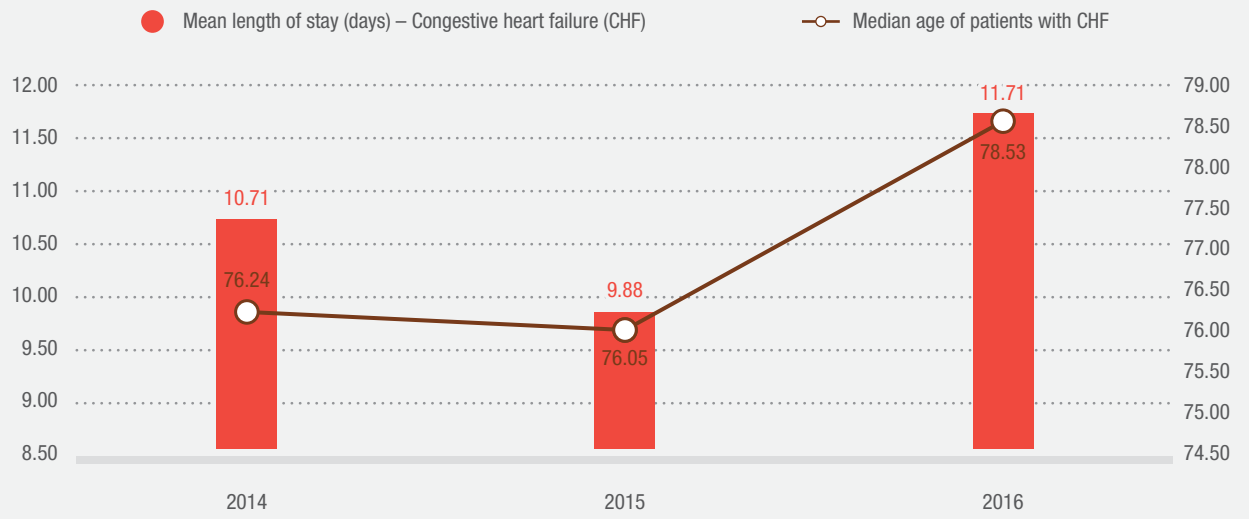
CONGESTIVE HEART FAILURE

The number of hospitals that have implemented an institutional protocol of congestive heart failure (CHF) has increased, reaching one third of Anahp organizations. The main indicators of this protocol showed favorable profile in 2016.

The median age of patients who have joined the protocol was 78.53 years, following the trend of recent years, in which the mean age was above 76 years. Another relevant factor is that, as a result of aging of patients with CHF, mean length of stay also tends to increase (Graph 5), in agreement with the increased complexity and associated risk factors presented by these patients.

GRAPH 5

Mean length of stay and median age of patients with congestive heart failure – 2014 to 2016
All Anahp Hospitals

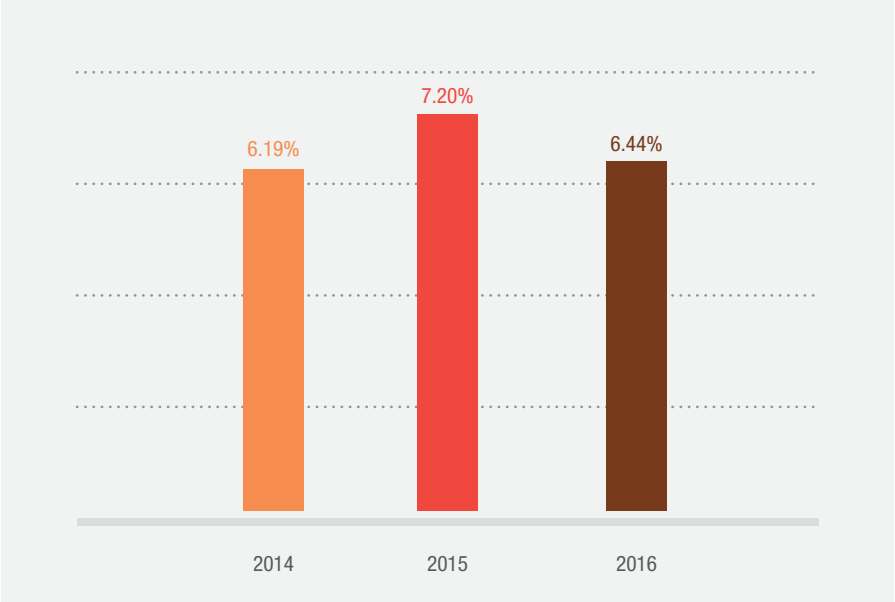


Source: Designed by Anahp based on information from SINHA/Anahp.

Despite that, mortality rate was 6.44% in 2016 compared to 7.2% in 2015.

GRAPH 6

Mortality Rate of Patients with Congestive Heart Failure 2014 to 2016 All Anahp Hospitals



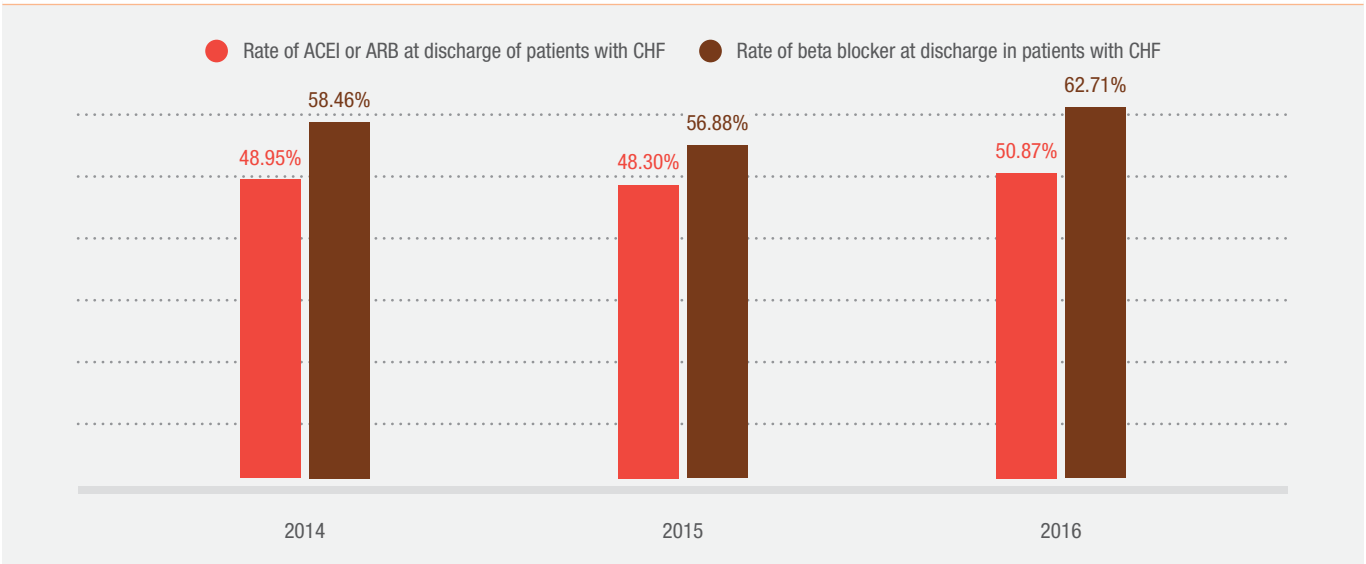
Source: Designed by Anahp based on information from SINHA/Anahp.

Having older patients with CHF means longer mean length of stay.

Indicators that track prescription rate of beta blockers and angiotensin-converting enzyme inhibitors (ACEI) or Angiotensin II receptor blockers (ARB) at discharge were 50.87% and 62.71%, respectively, in 2016 (Graph 7). It is important to emphasize the relevance of having the clinical staff document this information.

GRAPH 7

Rate of beta blocker and ACEI or ARB at discharge in patients with CHF 2014 to 2016 All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

COMMUNITY-ACQUIRED PNEUMONIA (CAP), VTE PROPHYLAXIS AND SEPSIS

TABLE 2

Annual summary of indicators of institutional protocols – pneumonia, VTE prevention and sepsis
All Anahp Hospitals

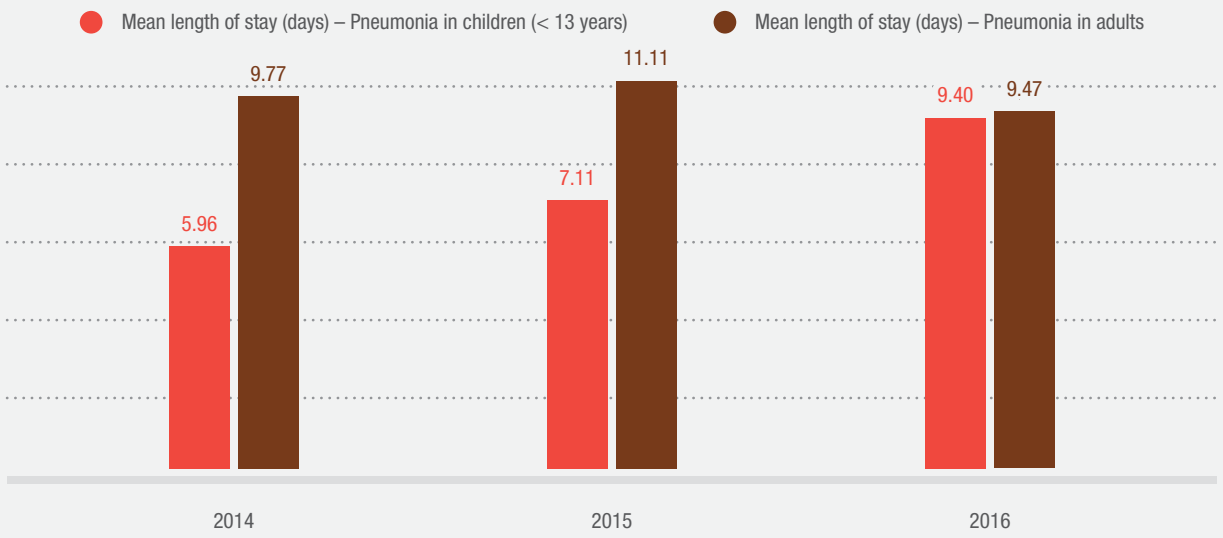
SELECTED PATHOLOGIES	INDICATORS	2014	2015	2016
Community-acquired Pneumonia (CAP) in children	Mean length of stay (days) – Pneumonia in children (< 13 years)	5.96	7.11	9.40
	Mortality rate – Pneumonia in Children (< 13 years)	1.79%	3.20%	0.42%
	Rate of appropriate antibiotic therapy for Pneumonia in Children (< 13 years)	97.14%	99.48%	98.75%
Community-acquired Pneumonia (CAP) in Adults	Mean length of stay (days) – pneumonia in adults	9.7675	11.11	9.47
	Mortality rate – pneumonia in adults	8.76%	11.54%	9.95%
	Rate of Appropriate AB in pneumonia in adults	92.00%	93.94%	95.21%
VTE Prevention	Rate of compliance with VTE prophylaxis (surgical patients)	67.95%	64.25%	79.27%
Sepsis	Mean length of stay (days) in Sepsis	12.82	12.08	12.23
	Mortality rate from Sepsis	20.79%	20.34%	18.47%
	Rate of Appropriate Use of Antibiotic Therapy in Sepsis	81.62%	84.72%	89.96%

Source: Designed by Anahp based on information from SINHA/Anahp.

Respiratory diseases are among the main causes of discharge at Anahp hospitals. Community-acquired pneumonia (CAP) has increased the fatality rate in younger patients in recent years. The use of inappropriate antibiotics, late diagnosis and lack of standardized care have contributed to increased mortality in these cases. In addition, it is important to point out that inappropriate diagnosis and management lead to higher risk of progression to sepsis, a severe clinical syndrome with high mortality rate. Children with respiratory underlying diseases (such as asthma and bronchitis) and the elderly belong to the main risk groups for community-acquired pneumonia. There is seasonal variation of pneumonia acquired in the community, especially in children; during winter, there is an increasing trend in number of cases. The mean length of stay of these pathologies is historically higher than the general mean length of stay of hospitals (Graph 8).

GRAPH 8

Mean Length of Stay of Patients younger than 13 years and adults with Community-acquired Pneumonia (days) – 2014-2015 All Anahp Hospitals

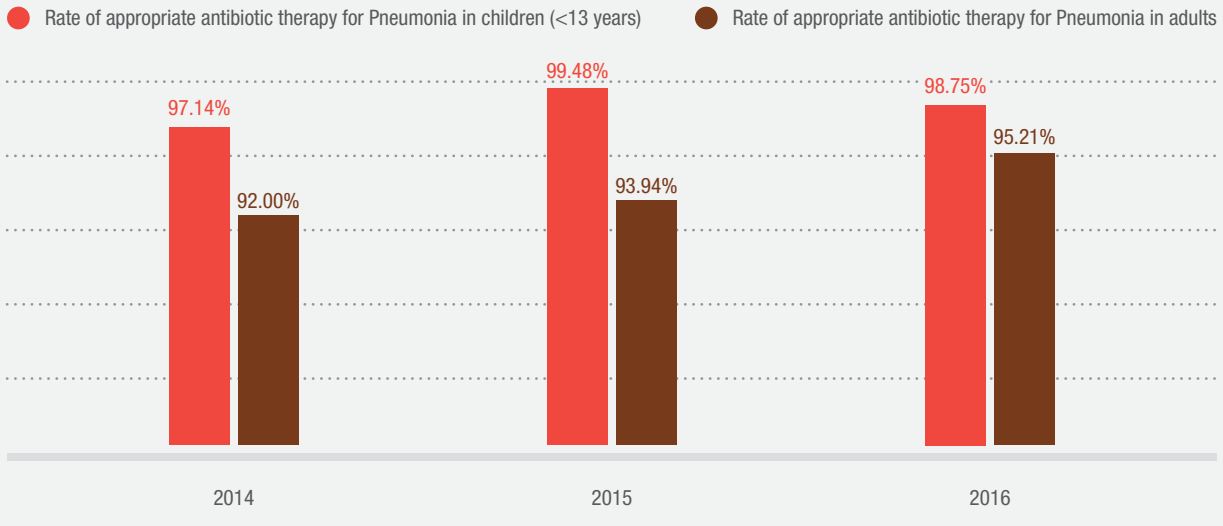


Source: Designed by Anahp based on information from SINHA/Anahp.

All age ranges have experienced decrease in mortality rates. Even though it is difficult to interpret the causes of pneumonia and the higher rate of mortality, they may be in part related with the complications resulting from other diseases and environmental conditions.
One of the most critical aspects to be successful with the protocol is to have compliance with the appropriate antibiotic therapy (time, regimen and duration of treatment).

GRAPH 9

Rate of appropriate antibiotic therapy (%) in pneumonias in children and adults 2014-2015 All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

VTE

The control of Venous Thromboembolism (VTE) risk in patients is an essential protocol for monitoring safety of patients in hospitals. The rate of compliance with VTE prophylaxis showed increase in 2016. This behavior may be associated with stricter monitoring of the protocol. However, it is important to emphasize the relevance of having clinical programs to manage and reduce the risk of VTE in hospitals (Graph 10).

GRAPH 10 Rate of compliance with VTE prophylaxis (surgical patients) – 2014 to 2016 All Anahp Hospitals

Source: Designed by Anahp based on information from SINHA/Anahp.

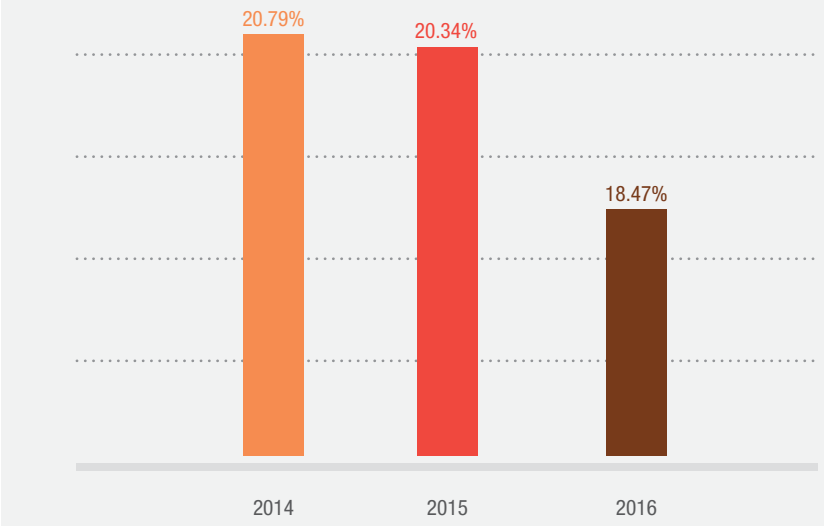
The increasing trend of sepsis indicators at Anahp hospital suggests a positive progression in protocol adoption.

SEPSIS

Sepsis indicators of Anahp hospitals suggest an increasing trend of appropriate antibiotic therapy use and, consequently, reduction in mortality, suggesting a positive progression in incorporation of protocols (Graphs 11 and 12).
It is important to emphasize that the mean length of stay has been stable in recent years.

GRAPH 11

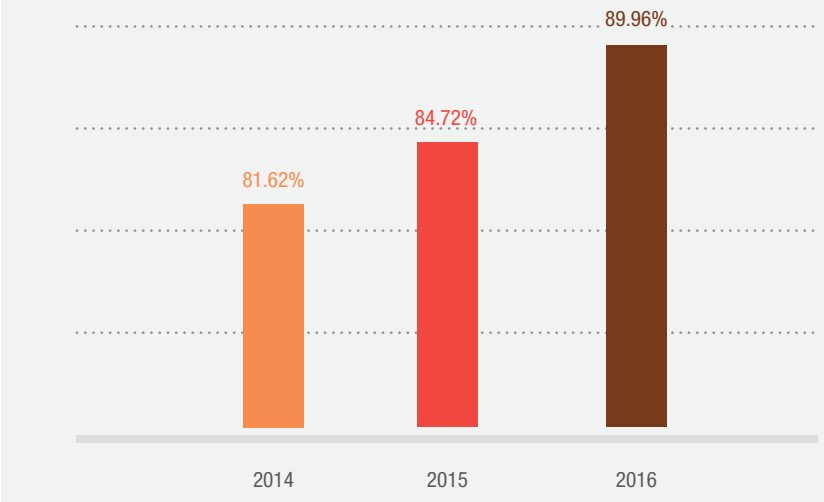
Mortality rate from sepsis at Anahp hospitals – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 12

Appropriate antibiotic therapy for sepsis at Anahp hospitals – 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

Structure and Annual Production of Hospitals

According to the classification of Administrative Act No.2224 of Ministry of Health, 78% of Anahp hospitals are level 4, that is, the highest level of complexity of clinical structure.

Hospital level is a very important classification for comparison purposes of hospitals concerning management, level of sanitary responsibility and clinical position. It uses as a reference the Administrative Act No. 2224 by Ministry of Health (Brazil, 2002), which includes clinical complexity, type and volume of general beds, intensive care, number of operating rooms and high risk gestation care. Based on the classification of the law, Anahp has 78% of the hospitals classified as level 4, that is, with greater clinical complexity. The other hospitals are level 3, meaning that there are no low complexity hospitals among Anahp members.

The chart below shows the items used to define the classification of hospitals.

Items used to classify hospitals' levels

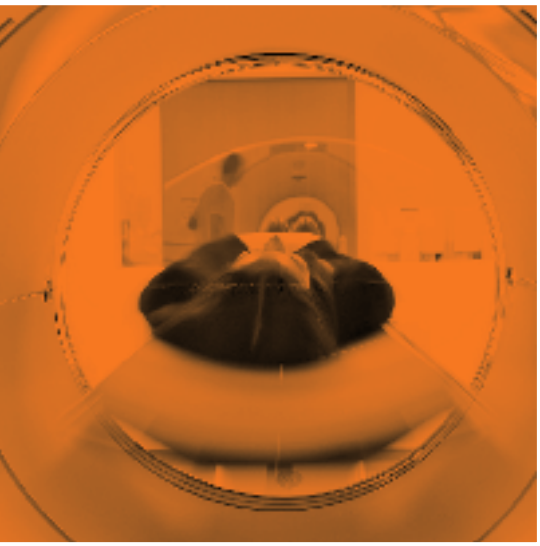
SCORE PER ITEM	NUMBER OF BEDS	ICU BEDS	ICU TYPE	HIGH COMPLEXITY	URGENCY/ EMERGENCY	HIGH RISK GESTATION	OPERATING ROOMS	TOTAL SCORE
1 point	20 to 49	1 to 4	–	1	Emergency Department	–	Up to 2	Minimum 1
2 points	50 to 149	5 to 9	Type II	2	Urgency and Emergency Department	Level I	Between 3 and 4	
3 points	150 to 299	10 to 29	–	3	Reference level I or II	Level II	Between 5 and 6	
4 points	300 or more	30 or more	Type III	4 or more	Reference level III	–	Above 7	Maximum 27

Source: Prepared by Anahp based on data from the Ministry of Health.

The classification of hospitals is based on the scores given to the items listed in the chart above.

LEVEL	TOTAL SCORE
I	From 1 to 5 points
II	From 6 to 10 points
III	From 11 to 15 points
IV	From 16 to 20 points

Source: Prepared by Anahp based on data from Ministry of Health.



The information in this section has come from the annual survey with Anahp member hospitals, including 50 respondent hospitals in 2016. Most member hospitals are classified as general hospitals and have emergency departments. Moreover, there are specialized hospitals in oncology and pediatrics. Half of the specialized hospitals have Maternity and 48% have Neonatal ICU. All hospitals have acute care services.
Among Anahp hospitals, 96% provided Emergency Department services in 2016, a proportion that has been stable compared to 2015. The total number of emergency department visits reached 8.1 million in 2016.
The imaging departments are robust at Anahp hospitals including 54% owned services and 46% outsourced services. A total of 94% of the hospitals have Computed Tomography Scan and 90% of them have Magnetic Resonance Imaging tests. Most of the services are elective, for outpatients.

TABLE 1

Imaging Centers – Number of tests
All Anahp Hospitals

	2015	2016
Computed Tomography	1,001,939	1,073,947
Magnetic Resonance Imaging	623,605	691,382

Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.
Note: The respondent samples varied between 2015 and 2016.

For diagnostic and therapeutic support, 92% of them have cath lab, 78% provide replacement renal therapy, 74% provide hemotherapy, 76% provide chemotherapy and 34%, radiotherapy.

TABLE 2

Diagnostic and Therapeutic Support
All Anahp Hospitals

	2015	2016
Cath Lab	90%	92%
Renal replacement therapy	79%	78%
Blood Bank	82%	74%
Chemotherapy	74%	76%
Radiotherapy	35%	34%

Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.
Note: The respondent samples varied between 2015 and 2016.

Information used in this section resulted from the annual survey with Anahp member hospitals, including a sample of 50 respondent hospitals in 2016.

Concerning transplants, despite the increase in the number of organizations that had provided data to the annual registration database, the proportion of hospitals that perform these procedures has been stable for the past two years – about 60%.

TABLE 3

Performance of Transplants
All Anahp Hospitals

	2015	2016
Kidney	532	400
Liver	350	436
Pancreas	24	41
Heart	59	12
Bone marrow	589	608
Others	96	109

Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.
Note: The respondent samples varied between 2015 and 2016.

It is important to highlight that 56% of the organizations have day-hospital services to perform outpatient surgeries and clinical and oncological procedures. In 2016, there were 143,373 day-hospital procedures and 92,531 surgeries performed in this type of unit.

TABLE 4

Day-Hospital
All Anahp Hospitals

	2015	2016
Organizations that have day-hospital	42%	56%
Services provided as day-hospital	88,014	143,373
Surgeries provided as day-hospital	61,792	92,531

Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.
Note: The respondent samples varied between 2015 and 2016.

In 78% of the hospitals there are outpatient units, totaling 1,400 medical offices.

TABLE 5

Outpatient Units
All Anahp Hospitals

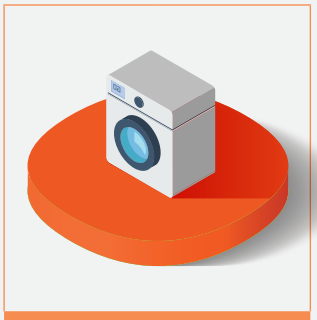
	2015	2016
Organizations that have outpatient units	71%	78%
Medical offices	1,339	1,426

Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.
Note: The respondent samples varied between 2015 and 2016.

Productivity-focused management tends to increase in adverse economic situations. Service outsourcing enables organizations to focus on their core activity, granting supporting activities to be performed by contracted companies. Among other benefits of outsourcing, we can include the constant involvement of specialists, the increase in quality of services and the reduction of operational costs.
As shown in the figure below, most Anahp members have some kind of outsourced service. The most frequent outsourced services are laundry, security, housekeeping, and nutrition and dietetics / kitchen.

Most Anahp member hospitals are general hospitals with emergency services.

OUTSOURCED SERVICES



LAUNDRY SERVICES		
	2015	2016
MAINTENANCE	17%	26%

SECURITY		
	2015	2016
IT	17%	26%

HOUSEKEEPING		
	2015	2016
RECEPTION AREA	21%	20%

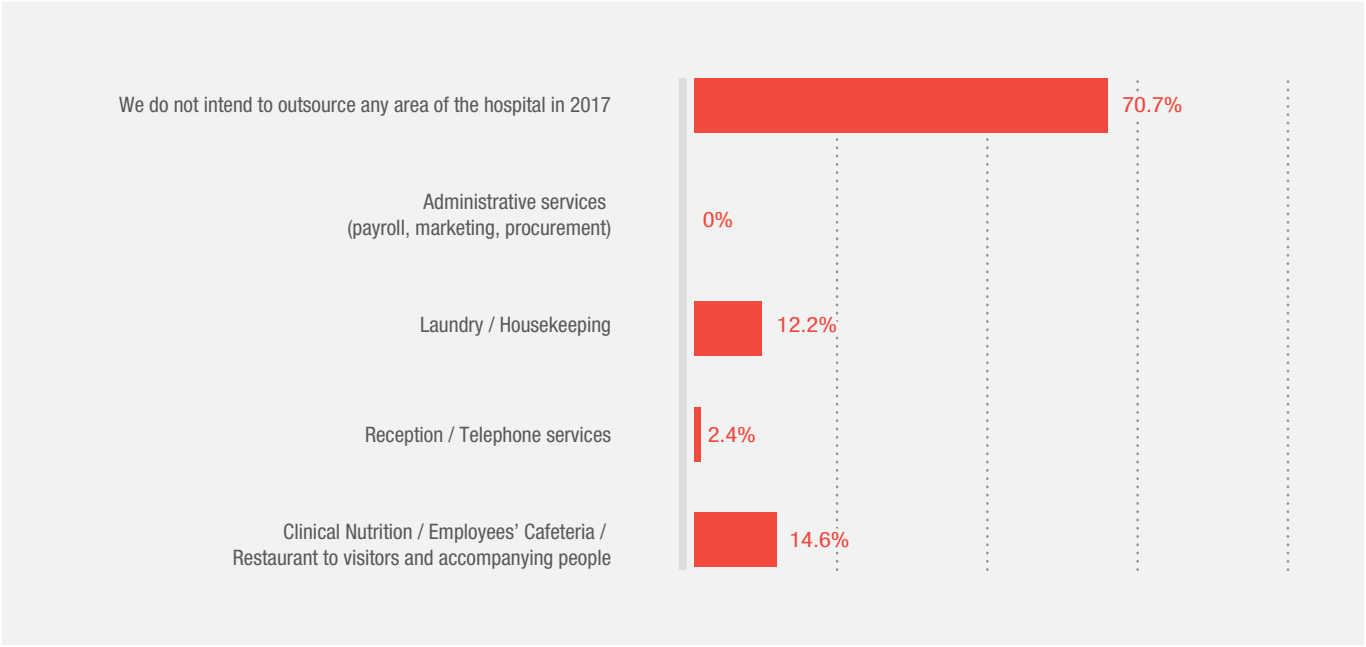
NUTRITION AND DIETETICS / KITCHEN		
	2015	2016
ACCOUNTING	10%	12%

Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.
Note: The respondent samples varied between 2015 and 2016.

According to the survey carried out with Anahp leaders in 2016, 29.2% of the hospitals intend to outsource some service in 2017. Nutrition and the kitchen should be outsourced by 14.6% of the interviewees, followed by laundry and housekeeping (12.2%) and reception area and telephone services (2.4%).

GRAPH 1

In 2017, which services do you intend to outsource?



Source: Anahp. Leaders' Survey 2016.

50% of Anahp hospitals house an education and research institute.

Conversely, many Anahp hospitals have started to perform activities not related with their core activity: 50% of the member hospitals have education and research centers and 30% coordinate education and research activities. This movement seems to be feasible because the organizations use their own technical resources to disseminate knowledge and best practices in the market, in addition to reaching higher incomes from the services. Among the most common educational activities in hospitals, medical residency is offered by about 68% of Anahp hospitals.

TABLE 6

Education and Research

	2015	2016
Have an education and research center	43%	50%
Coordinate education and research activities	38%	30%

Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.
Note: The respondent samples varied between 2015 and 2016.

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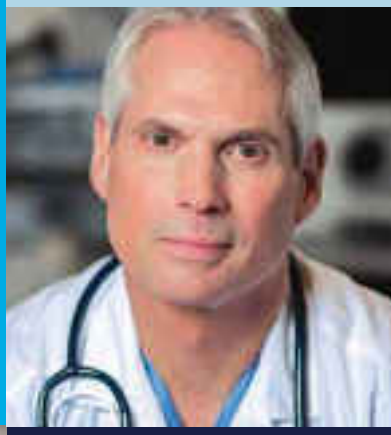

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Juntos, além

Institutional Performance

This section presents the analysis of economic and financial indicators, people management and sustainability issues of Anahp member hospitals.

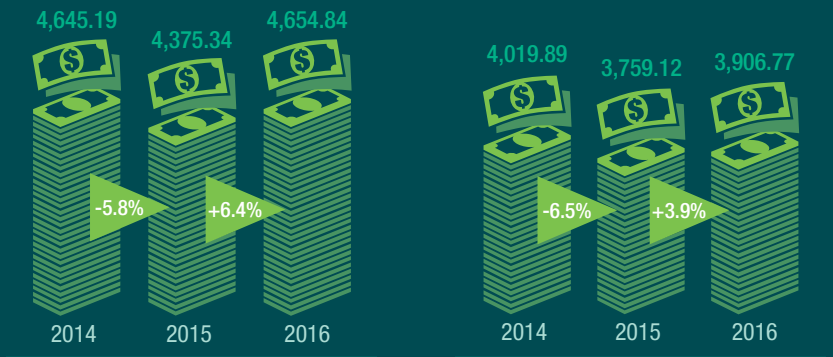
Executive Summary

ECONOMIC-FINANCIAL MANAGEMENT

Good management of expenses has enabled the industry to maintain good financial balance even in view of the second consecutive year of recession

NET INCOME AND TOTAL EXPENSES PER PATIENT-DAY

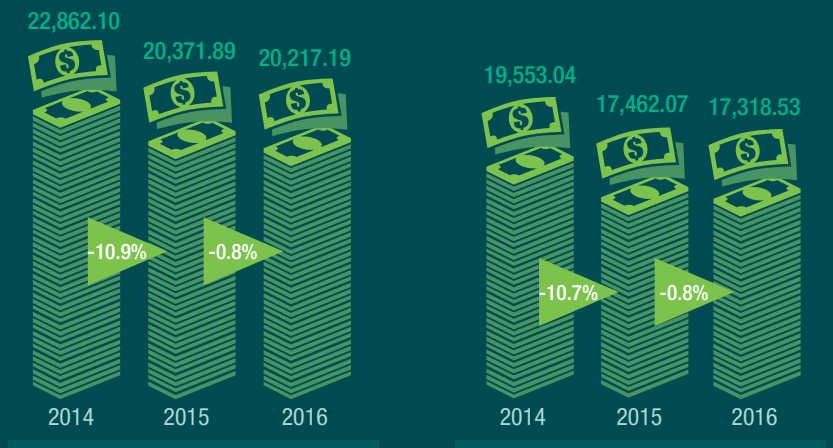
ALL ANAHP HOSPITALS



Actual variation (discounting inflation) SINHA

NET INCOME AND TOTAL EXPENSES PER HOSPITAL DISCHARGE

ALL ANAHP HOSPITALS



Actual variation (discounting inflation) SINHA

DAYS OF SALES OUTSTANDING

Sales outstanding **66.5** days

The days of sales outstanding for Anahp member hospitals has remained high – over 2 months – which requires constant monitoring of cash flow management

ENVIRONMENTAL SUSTAINABILITY

The mean consumption of water per bed had 5% reduction in 2016

22.6 m^3 2015

21.4 m^3 2016

The consumption of electricity dropped 3% in 2016

100.9 KW/h 2015

97.4 KW/h 2016

The total generation of waste per patient-day went down 10% in 2016

15 Kg 2015

13.4 Kg 2016

DISTRIBUTION OF TOTAL EXPENSES ACCORDING TO TYPE OF EXPENSES (%)

ALL ANAHP HOSPITALS

Type of expenses	2014	2015	2016	2016 x 2015
Cost with Personnel	46.4%	47.5%	45.8%	Decreasing trend
Supplies	41.1%	39.2%	39.1%	Decreasing trend
Utilities	2.4%	3.2%	3.1%	Decreasing trend
Maintenance and Services	2.4%	2.4%	2.4%	Stability trend
Other expenses (*)	7.8%	7.7%	9.6%	Rising trend

(*) Including financial expenses

DISTRIBUTION OF INCOME BY PAYER

ALL ANAHP HOSPITALS

Gross income (by paper)	2014	2015	2016	2016 x 2015
Healthcare Operators	91.5%	92.4%	93.3%	Rising trend
Private out-of-pocket	4.9%	4.5%	4.0%	Decreasing trend
SUS	3.7%	3.1%	2.7%	Decreasing trend

PEOPLE MANAGEMENT

Slow-moving marketplace and effort to increase productivity

Decrease in hiring rates over total employees for the second consecutive year

2.23%
2015

1.84%
2016

Decrease of voluntary dismissals

0.95%
2015

0.73%
2016

Decrease in turnover rate for the second consecutive year

2.11%
2015

1.81%
2016

Increase in the rate of internal promotions

18.0%
2015

19.4%
2016

Reduction in average time to fulfill a job

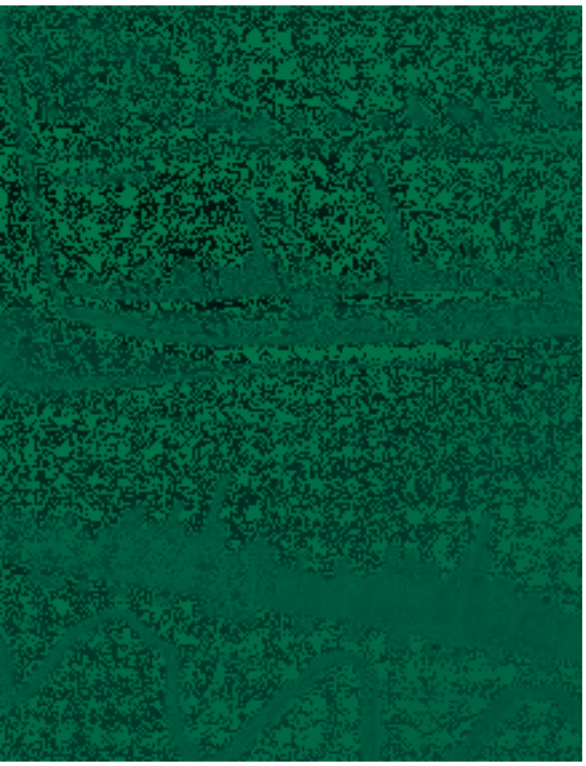
17.6 days
2015

16.8 days
2016

The rate of medical leave dropped to 5.3% in 2016, whereas absenteeism was on average 2.4%, below the rate observed in 2014 and 2015.

Economic-financial Management

In 2016, Anahp hospitals' income reached R$ 28.3 billion. Improved management of expenses has enabled the industry to maintain good financial balance even in view of the second consecutive year of recession.



Differently from 2015, when private hospitals – alongside with all economic sectors - were surprised by the fast deterioration of the economic and political scene, in 2016 the year demanded extreme caution, reduced investments, renegotiation of contracts and decrease of expenses, which enabled the hospital industry to maintain the financial balance even in view of the second consecutive year of recession and increased unemployment rates. In the end of 2014, even though most economists already warned about the need to adjust the economic policy, the major crisis that hit the country in the two following years was not expected. As it became clearer that the crisis would be deeper and more prolonged, hospitals started to readjust expenses and investment plans, which explained the improvement in income and net margins in 2016. Average price adjustments in the industry can also explain the increase in hospitals' income last year. The prices went up above the average inflation in the period (IPCA closed the year with 6.3% increase, whereas the average price increase amounted to 11% in health care and personal care). In addition, the increase in number of surgical patients has also compensated the drop in operational occupancy rate.

TOTAL INCOME

In 2016, the gross income of Anahp hospitals reached R$28.3 billion, 24.7% above the figure in 2015. This edition of Observatório Anahp, similarly to the previous one, used data referring to Anahp hospitals in December of each year, reflecting increase in total income and rise in number of associated hospitals (going from 72 to 80).

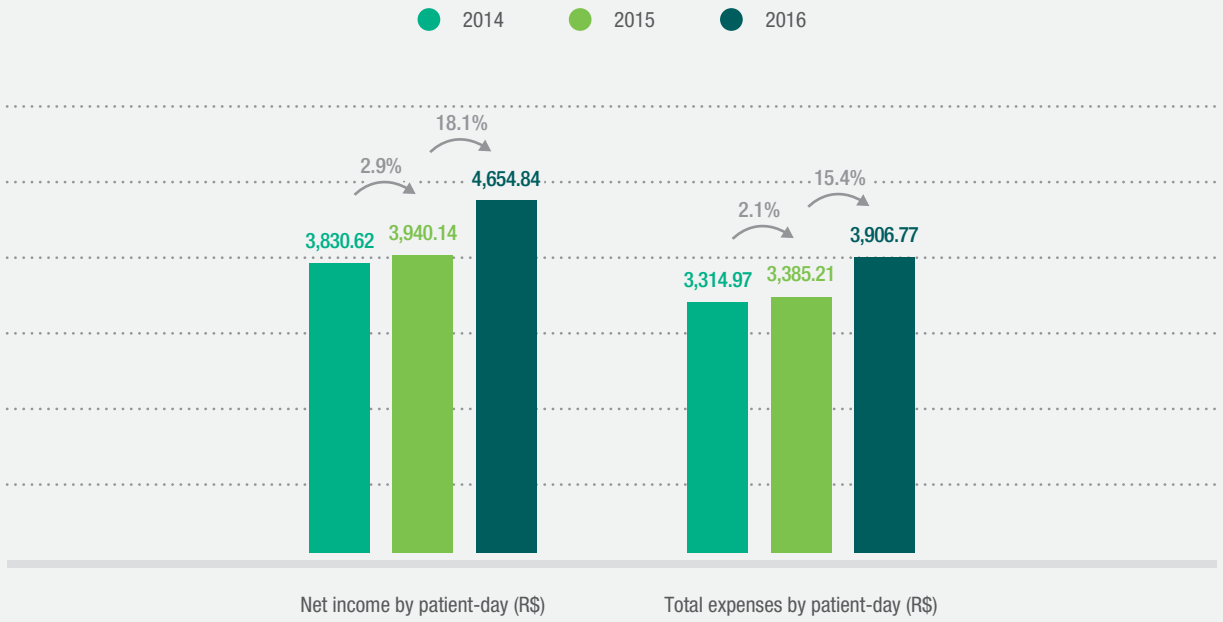
ECONOMIC-FINANCIAL PERFORMANCE OF ANAHP HOSPITALS

On the one hand, income and expenses of the hospitals indicate the combination of quantity and type of care provided to patients, as well as the clients' profile. On the other hand, they picture the costs associated with the service provision and its improvement, plus maintenance and expansion of hospital facilities.
As shown in the first section of this publication (Market Profile), the population of health care plan beneficiaries in Brazil, which had grown up to 2014 due to individual income increase, employment opportunities and enhanced formal labor market, was affected by the economic crisis and decreased for the second consecutive year, along with the reduction of number of jobs. At the same time, adjustment of expenses and investments enabled the industry to maintain the financial balance despite the crisis and the lower number of patients. Net income per patient-day increased 18.1% in 2016, whereas total expenses per patient-day increased 15.4% in the same period. As pointed out before, the figures indicate the increase in prices in the industry and the change in patient profile (increase in number of surgical cases and drop in clinical patients).[1]

[1] *Net income is formed by gross income minus payment of taxes over the income and denied and unreceived amounts. Total expenses include personnel, outsourced contracts for support and logistics, technical and operational outsourced contracts, medications, materials, implants and special devices, medicinal gases, other hospital supplies, maintenance and services, utilities (electricity, water and other concessionaries administered by the government), financial expenses (including interest on investments), depreciation and other operational expenses.*

GRAPH 1

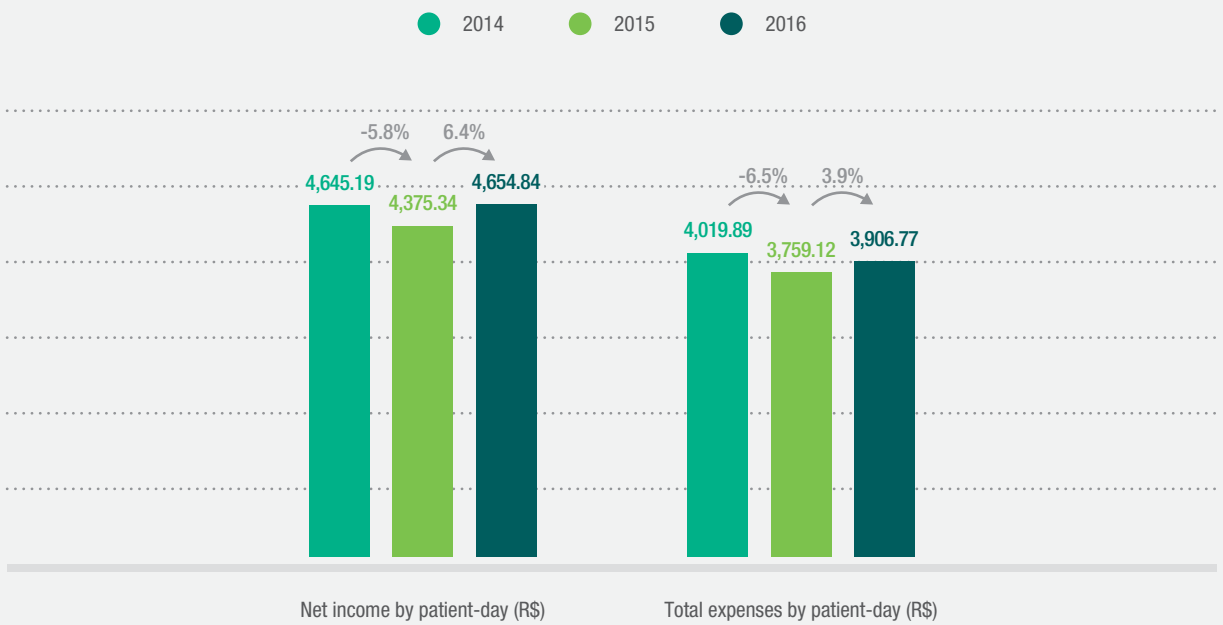
Net income and total expenses by patient-day – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 2

Net income and total expenses per patient-day (R$ in 2016) – Actual variation (discounting inflation) – SINHA – All hospitals

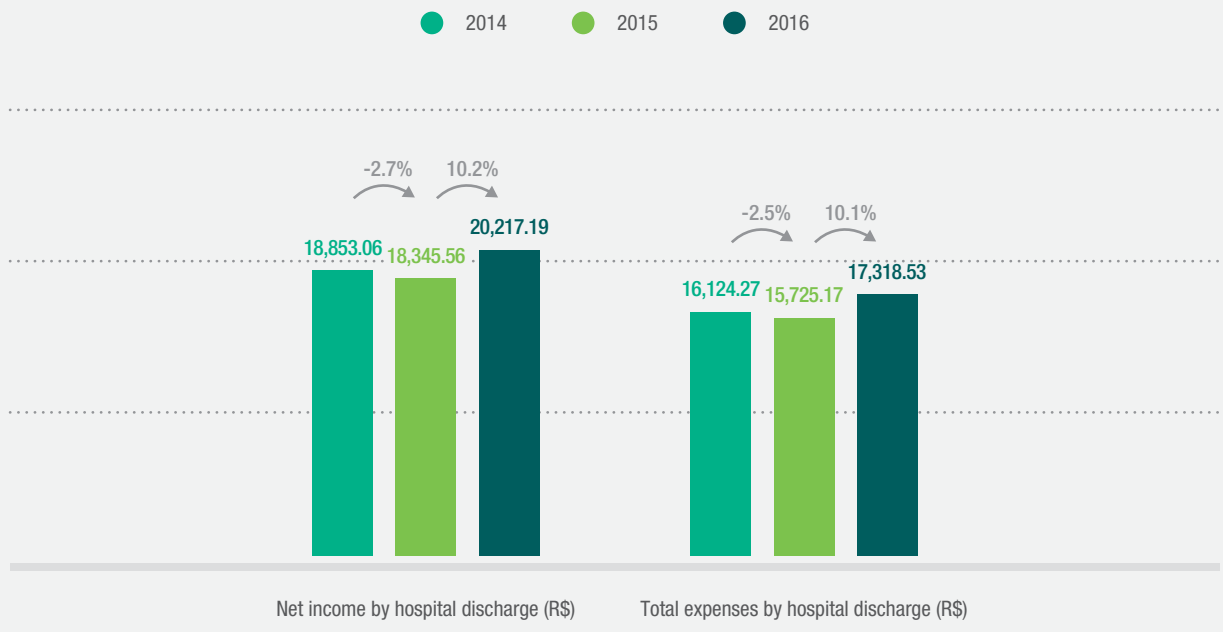


Source: Designed by Anahp based on information from SINHA/Anahp.
Note: Data adjusted by inflation in health care and personal care according to IPCA/IBGE.

Discounting the effects of the increase in prices of health and personal care, there was a real growth of 6.4% in net income per patient-day and 3.9% in total expenses per patient-day in 2016. Net income per hospital discharge increased 10.2% in 2016, whereas total expenses per hospital discharge increased 10.1% in the same period. Discounting the effects of the increase in prices of health and personal care, there was a real drop of 0.8% in net income per hospital discharge and total expenses per hospital discharge in 2016.

GRAPH 3

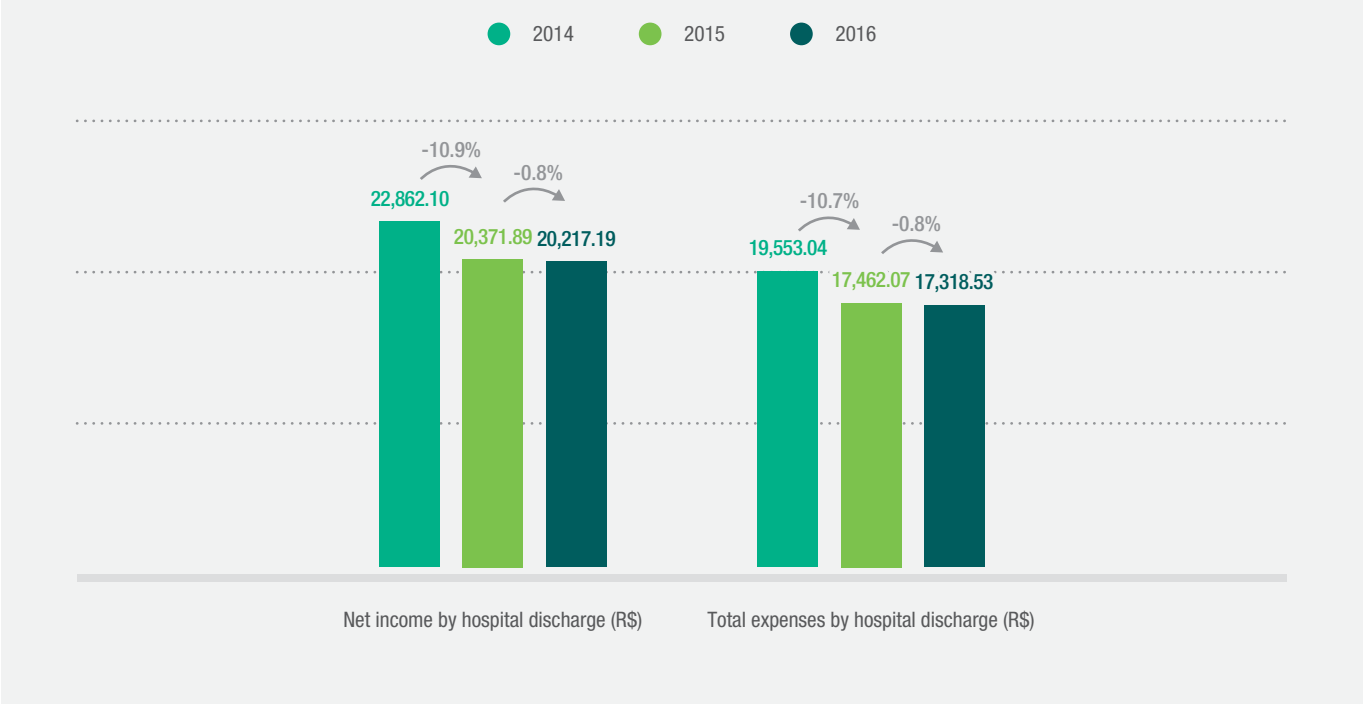
Net income and total expenses per hospital discharge (R$) – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 4

Net income and total expenses per hospital discharge (R$ in 2016) – Actual variation (discounting inflation) – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.
Note: Data adjusted by inflation in health care and personal care according to IPCA/IBGE.

The denial rate of hospitals, measured based on net income, increased from 3.17% in 2015 to 3.44% in 2016, a movement that can be attributed to the crisis and stricter behaviors of healthcare operators to pay for procedures and supplies.

PROGRESSION OF EXPENSES

For entities that represent healthcare plan operators and managed companies, private hospitals have contributed very little to reduce clinical costs of the health sector. According to this theory, medical inflation is correlated with the outrageous growth of clinical expenses of healthcare service providers. Nevertheless, the analysis shows that hospitals have been working hard to restrain the increase in expenses. Thus, it is important to analyze the dynamic nature of hospital expenses, breaking down their main components. Almost half of the hospital expenses come from personnel, which amounted to 45.8% of the total share in 2016. The share of personnel cost, though, compared to 2015, has decreased due to the reduction in hiring.

The second main component of costs concerns hospital supplies, which amounted to about 40% of the total expenses in 2016. The historical series indicate a reducing trend of supplies' share over the total hospital expenses as a result of the increasing pressure of health care plans to define commercial rules and changes to the compensation system. Moreover, the supply chain areas in hospitals have worked tirelessly to reduce mean expenses with hospital supplies, even considering the increase in product prices (prices of medication in retail market, for example, increased 12.5% on average in 2016, according to IPCA/IBGE data).

Thus, data have indicated that income levels have followed the inflation rates in healthcare, whereas the expenses were tightly managed to face the economic crisis, so as to ensure quality of care and financial sustainability of private hospitals. Fortunately, the worst of the crisis seems to have been left behind and the expectation is to have a timid economic pickup in 2017 and 2018. In view of this new perspective, private hospitals from all regions are getting ready to a new round of investments in the next five years, as indicated by Anahp survey results. However, the main issues for the hospital sector are still the high unemployment rate and decrease in average income.

TABLE 1

Distribution of total expenses according to type of expenses (%) – SINHA – All hospitals

TYPE OF EXPENSES	2014	2015	2016
Cost with Personnel	46.4%	47.5%	45.8%
Supplies	41.1%	39.2%	39.1%
Medication	14.3%	14.8%	14.0%
Materials	10.2%	9.0%	8.5%
Implants and Special Materials	12.3%	10.9%	11.4%
Medicinal gases	0.4%	0.5%	0.5%
Other supplies	3.8%	3.9%	4.8%
Utilities	2.4%	3.2%	3.1%
Maintenance and Services	2.4%	2.4%	2.4%
Other expenses	7.8%	7.7%	9.6%
Total	**100.0%**	**100.0%**	**100.0%**

Source: Designed by Anahp based on information from SINHA/Anahp.
Note: Only the expenses items that have available data in SINHA/Anahp were included, considering the changes in methodology adopted as of January 2017.

The expenses with utilities, which had been strongly affected by increase in electricity rates in 2015, increased less in 2016, as a result of more rational use of these items by the hospitals. Finally, the other item that stood out was other expenses, which resulted primarily from increase in financial expenses, impacted by the increased cost of credit. The good news is that, in view of the decreasing inflation, which ended 2016 within its goal, Brazilian Central Bank has started a conscious process of reducing the interest rate, which should take all year of 2017, taking Selic – the basic interest rate – to a one-digit level. Moreover, the higher exchange rate can also help relieve some of the expenses of hospital supplies in 2017, as imports are already very prevalent in the industry.

The main pressure on hospital costs in 2016 resulted from financial expenses. The drop in interest rates, though, should relieve it in 2017.

PROGRESSION OF GROSS INCOME

The analysis of the income of hospitals combines the revenues from the day rates and taxes, which remained at a lower level than the industry need in 2016. This situation prevents the process of transposition of price tables with the healthcare operators, once a change in model of compensation of this income is still beyond the reality of most hospitals. The income from implants, prostheses and materials has also decreased, as a result of joint actions between service providers and healthcare plans to reduce the amounts of these items. Finally, there has been stability in the share of income from medications over the total revenues and increase in share of income from materials, whereas the other items of total income have been practically stable between 2015 and 2016.

TABLE 2

Distribution of revenues per type (%) – SINHA – All hospitals

SOURCE OF INCOME	2014	2015	2016
Daily rates and taxes	19.3%	20.6%	19.4%
Medication	22.9%	22.9%	22.8%
Materials	17.9%	17.9%	20.1%
Implants and Special Materials	10.0%	8.8%	8.2%
Medicinal gases	2.5%	2.6%	2.3%
SADT/ Diagnostic Services	13.2%	12.9%	12.9%
Other revenues from services	3.2%	2.7%	2.6%
Donations	0.0%	0.0%	0.0%
Other operating revenues	11.0%	11.6%	11.7%
Total	**100.0%**	**100.0%**	**100.0%**

Source: Designed by Anahp based on information from SINHA/Anahp.
Note: Only the expenses items that have available data in SINHA/Anahp were included, considering the changes in methodology adopted as of January 2017. SADT information is no longer compiled.

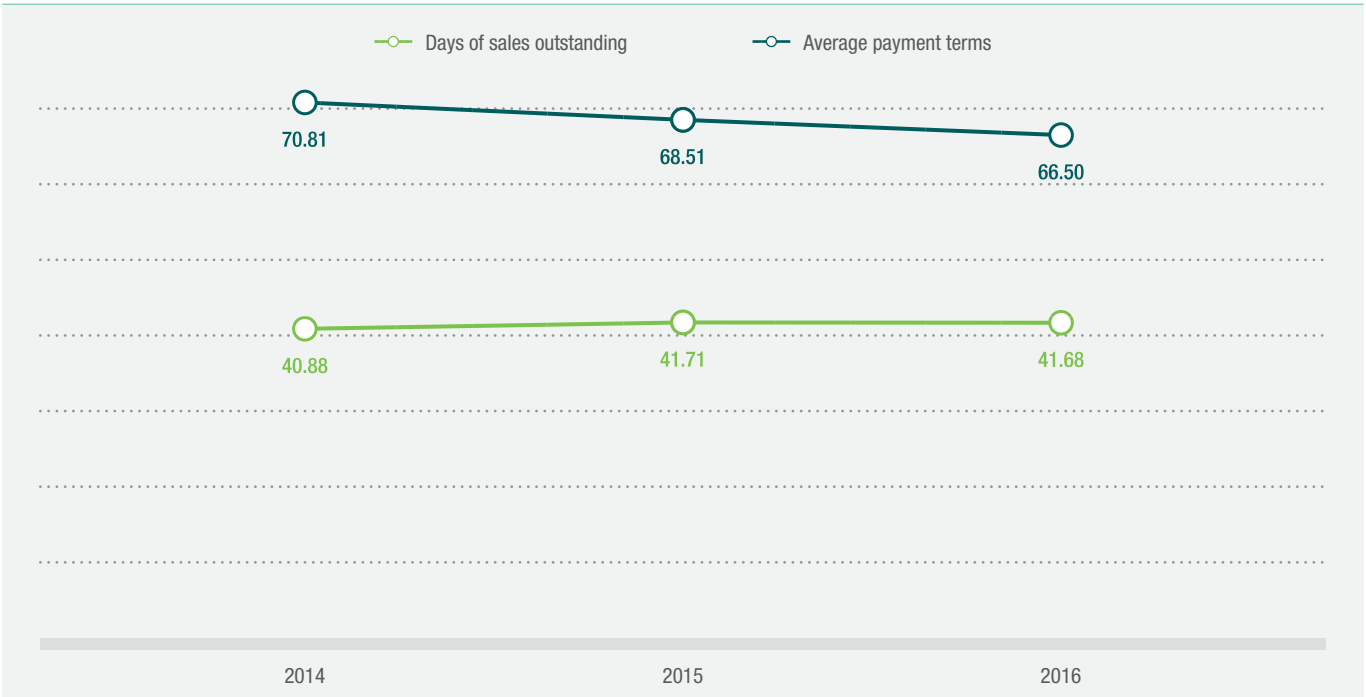
AVERAGE DAYS ON SALES OUTSTANDING AND PAYABLES

The average days on sales outstanding dropped from 68.5 in 2015 to 66.5 days in 2016. However, hospitals deal with payment terms for operational costs, such as expenses with personnel, suppliers and service provision contracts – of 41.7 days, which indicates a trend of decreasing in receivables in recent years. Mismatching between payables and receivables still requires attention concerning cash flow.

The different between the terms for payables and receivables, plus the increase in credit costs, can explain the significant growth in financial expenses in 2016.

GRAPH 6

Average terms of payables and receivables (in days) – SINHA – All hospitals



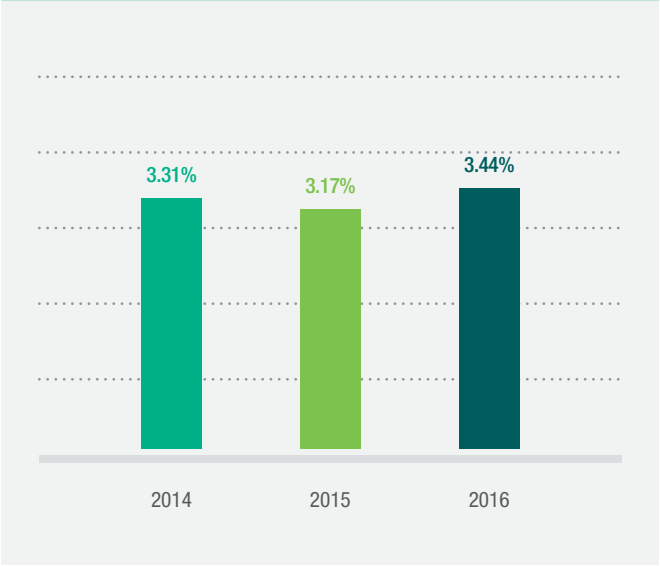
Source: Designed by Anahp based on information from SINHA/Anahp.

DENIAL RATE

The denial rate of hospitals, measured based on net income, increased from 3.17% in 2015 to 3.44% in 2016, a movement that can be attributed to the crisis and stricter behaviors of healthcare operators to pay for procedures and supplies.

GRAPH 7

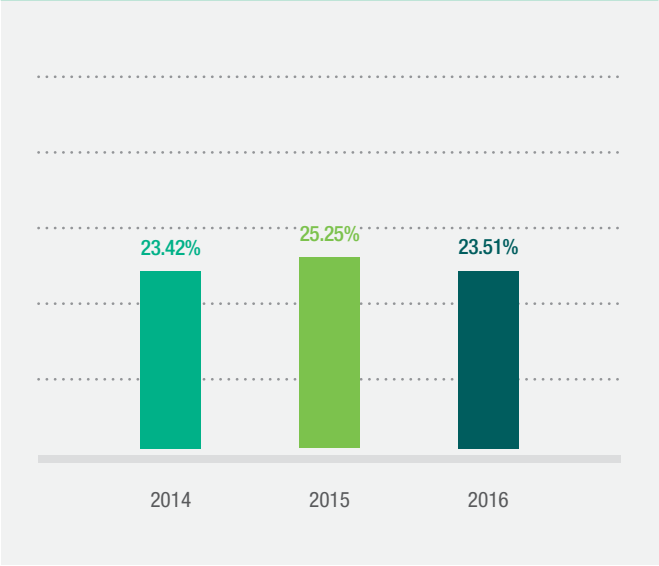
Denial rate – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 8

Default rate – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

The drop in default rates has supported the financial balance of hospital industry even in view of the economic crisis.

DEFAULT PAYMENT

The default rate, which measures the percentage of unpaid amounts by provided services for more than 90 days compared to total gross income, dropped from 25.25% in 2015 to 23.51% in 2016, following the reduction of the average receivables terms. The improvement in the indicator has supported the financial balance of the hospital industry, even in view of the economic crisis. It is important to point out that the increased default rate is more related with long receivable terms of some procedures than the risk of not getting paid by the performed procedures.

DISTRIBUTION OF GROSS INCOME BY PAYING SOURCE

Healthcare plan operators are responsible for the largest share of income for hospitals. In addition, the percentage share has increased during the period. In 2016, the amount paid by healthcare operators totaled 93.3% of the total hospitals' income.

TABLE 3

Distribution of income by payer – SINHA – All hospitals

GROSS INCOME BY PAYER	2014	2015	2016
Healthcare Operators	91.5%	92.4%	93.3%
Private out-of-pocket	4.9%	4.5%	4.0%
SUS	3.7%	3.1%	2.7%
Total	**100.0%**	**100.0%**	**100.0%**

Source: Designed by Anahp based on information from SINHA/Anahp.

The share of income coming from public health, or SUS, in turn, went down from 3.7% in 2014 to 3.1% in 2015 and 2.7% in 2016. This results from the well-known issue of underfunding of public health expenses, worsened by the reduction of levied taxes. In recent years, public expenses have grown less than the ones in private health, which amount to almost half of the health care expenses in the country. Finally, analyzing the results by type of healthcare operator, it is observed that in 2016 there has been increased share of insurance companies in the income received by hospitals, whereas medical cooperatives and self-management plans experienced decrease.

TABLE 4

Distribution of income from healthcare operators according to type of operator – SINHA – All hospitals

GROSS INCOME PER TYPE OF HEALTHCARE OPERATOR	2014	2015	2016
Medical Cooperative Plans	34.5%	35.9%	34.3%
Self-Management Plans	26.4%	27.3%	26.7%
Insurance Plans	25.8%	23.6%	25.6%
Health Management Operators	12.8%	12.8%	12.8%
International plans	0.2%	0.3%	0.4%
Philanthropic care	0.2%	0.2%	0.3%
Total	**100.0%**	**100.0%**	**100.0%**

Source: Designed by Anahp based on information from SINHA/Anahp.

People Management

Economic crisis and initiatives to increase productivity lead to reduction in number of hires and reduced turnover for the second consecutive year. Improved management leads to decreased absenteeism.

The economic crisis has posed a specific challenge to the hospital industry concerning people management, as the need to control expenses cannot at any account impact patients. As already mentioned in the first section (Market Profile), medical and dental services and specially the hospital industry were the only sectors to generate new jobs in the past two years in the country. Even so, there has been decrease in number of jobs generated in healthcare in 2015-2016 when compared to the average number of jobs created in previous years. The same trend is observed by Anahp hospitals, which have detected reduction of hiring rates and labor turnover for the second consecutive year.

TOTAL NUMBER OF EMPLOYEES

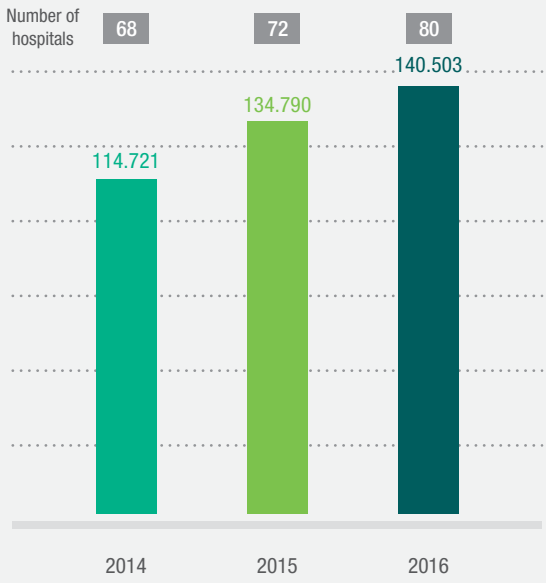
In 2016, Anahp member hospitals totaled 140,503 employees in their staff. The increase observed in total headcount is primarily related with increase in number of Anahp member hospitals (Graph 1).

PROFESSIONAL ATTRACTION AND RETENTION

The total number of new hires divided by total headcount has dropped for the second consecutive year (from 2.52% in 2014 to 2.23% in 2015 and 1.84% in 2016). This movement is directly related with recession and the need for hospitals to have better control of their expenses.

GRAPH 1

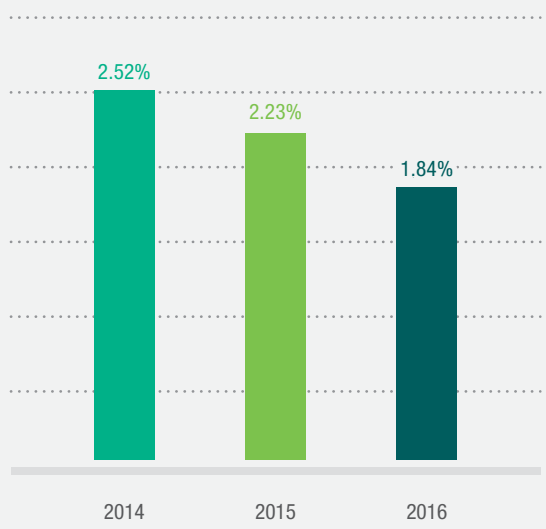
Total headcount
at Anahp hospitals



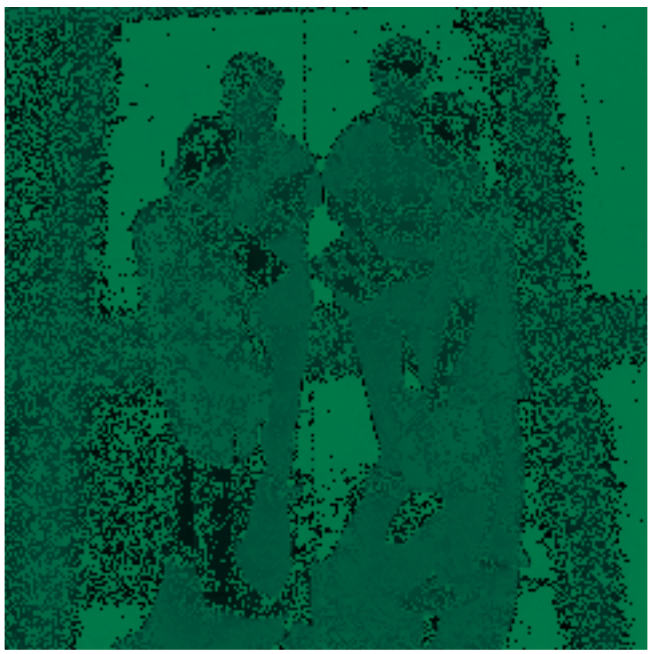
Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 2

Rate of hires by
total headcount – Annual average –
SINHA – All hospitals



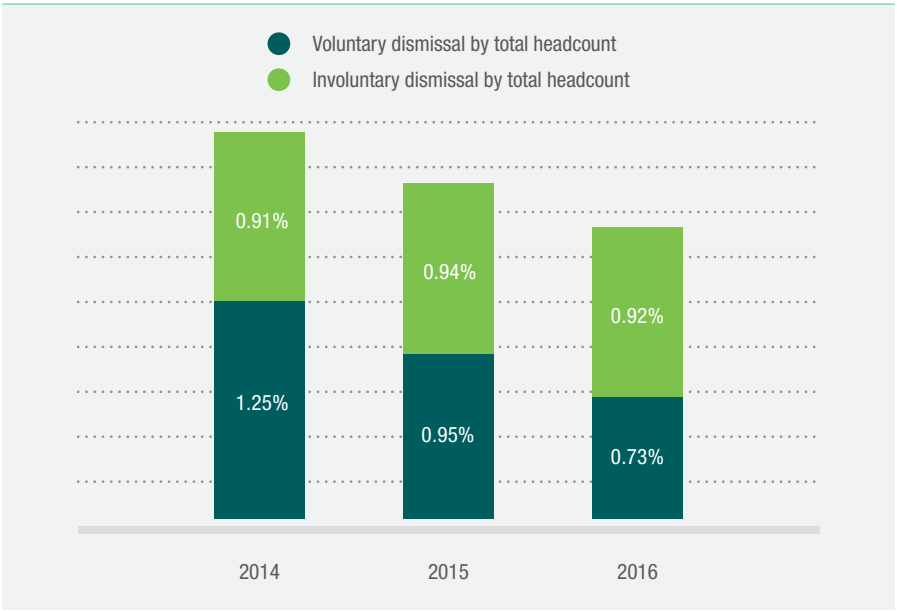
Source: Designed by Anahp based on information from SINHA/Anahp.



In turn, the indicator of voluntary dismissals has also observed a drop, especially because the marketplace is stuck. The rate of involuntary dismissal has been constant between 2015 and 2016, resulting from adjustments made in the headcount.

GRAPH 3

Rate of hires by total headcount – Annual average – SINHA – All hospitals

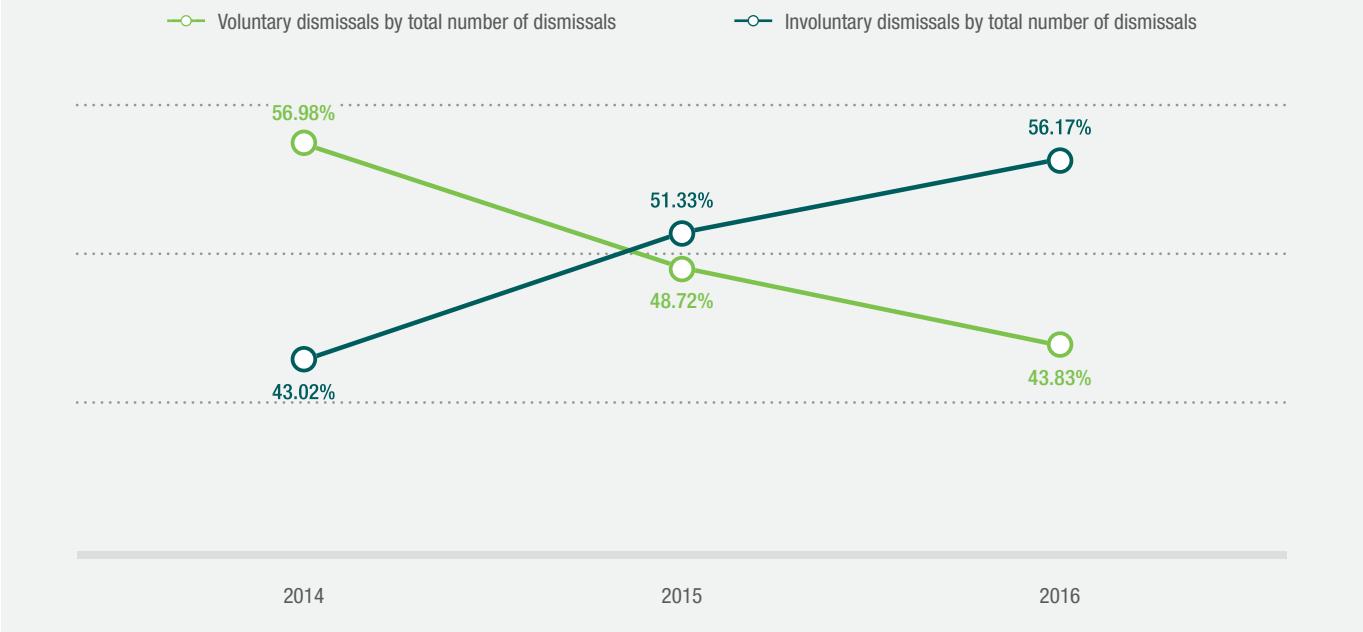


Source: Designed by Anahp based on information from SINHA/Anahp.

The drop in hires by total headcount is directly related to recession and the need to have greater control over the expenses in part of the hospitals.

GRAPH 4

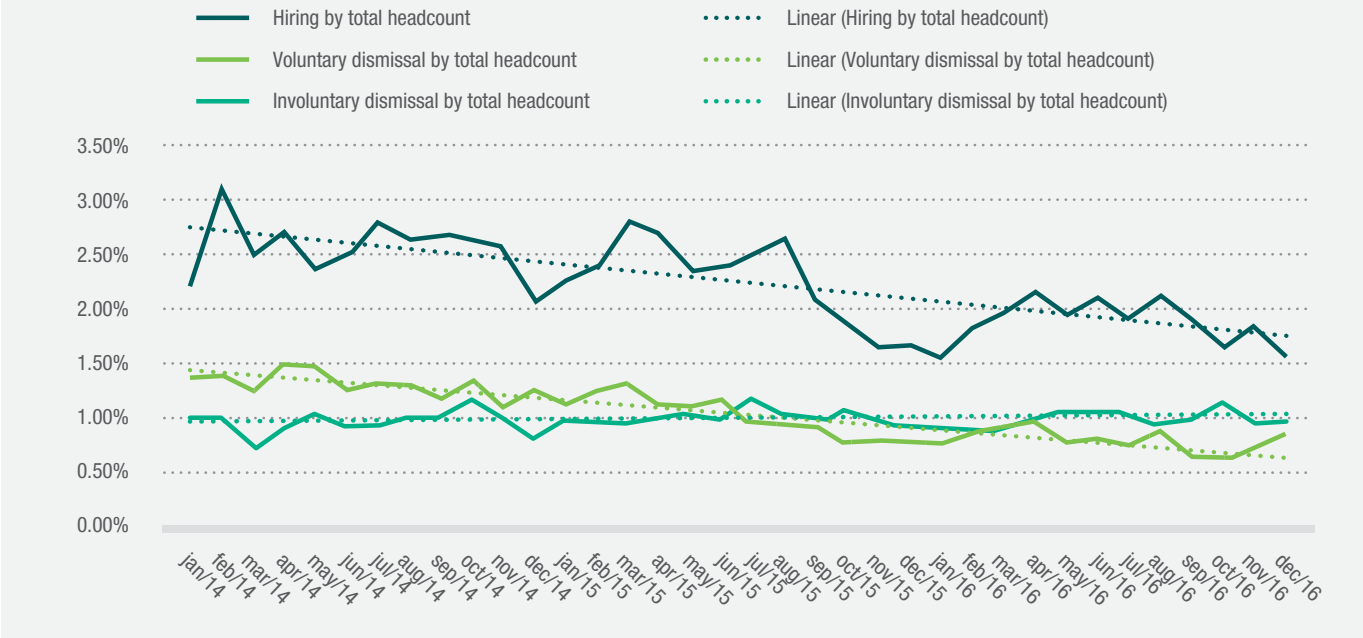
Breakdown of total dismissals – Annual average – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 5

Rate of hires and dismissals by total headcount – Monthly progression – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

TURNOVER RATE

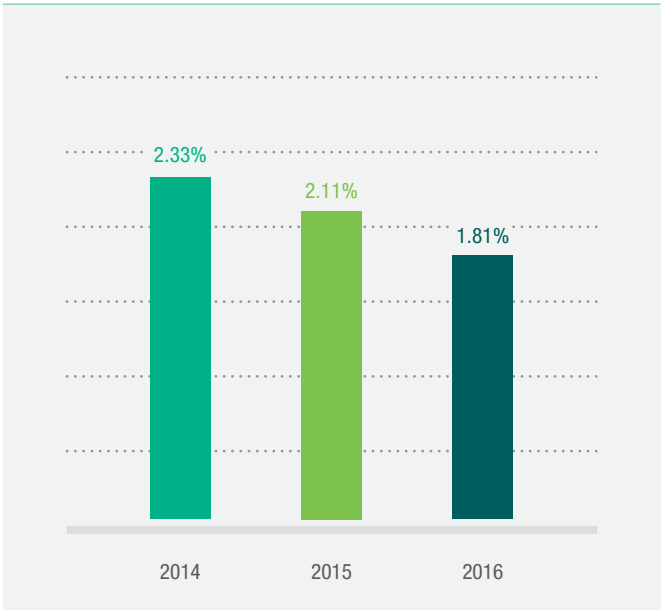
The turnover rate is a challenge for operational management of healthcare providers, because it affects the process of inclusion, training and qualification of new professionals. Considering the difficulties and involved costs, it is necessary to define a program to retain professionals and use internally those that are qualified and want to move to a different position or area.

People turnover is the relation between hiring (by increase in personnel or replacement) and dismissal and total headcount (active personnel) in a specific period and sample. It comprises the total turnover of the headcount of the organizations. During periods of crisis, turnover tends to decrease due to the reduction of the generation of jobs and the replacement of employees. It is also affected by the lower likelihood of workers to leave their job, because the market is less active and people develop more risk aversion.

Thus, due to the reduced pace of hiring and dismissal, the turnover rate of Anahp hospitals dropped in 2016 for the second consecutive year, reaching 1.81% in comparison to 2.11% in 2015 and 2.33% in 2014.

GRAPH 6

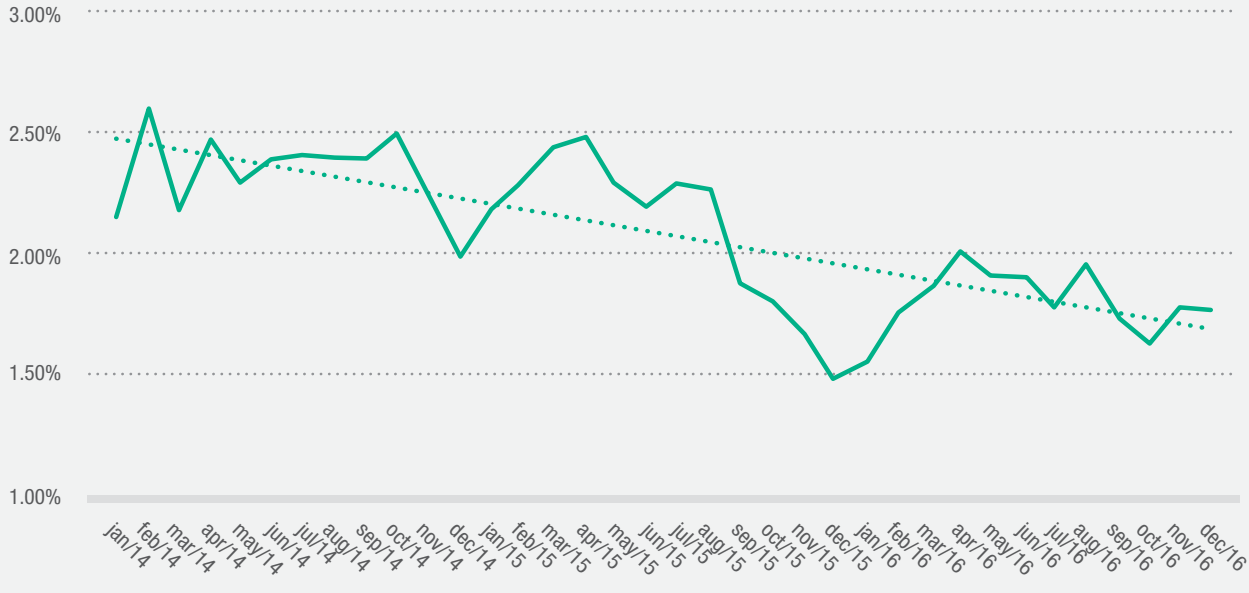
Turnover rate – Annual average – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 7

Turnover rate – Monthly progression – SINHA – All hospitals



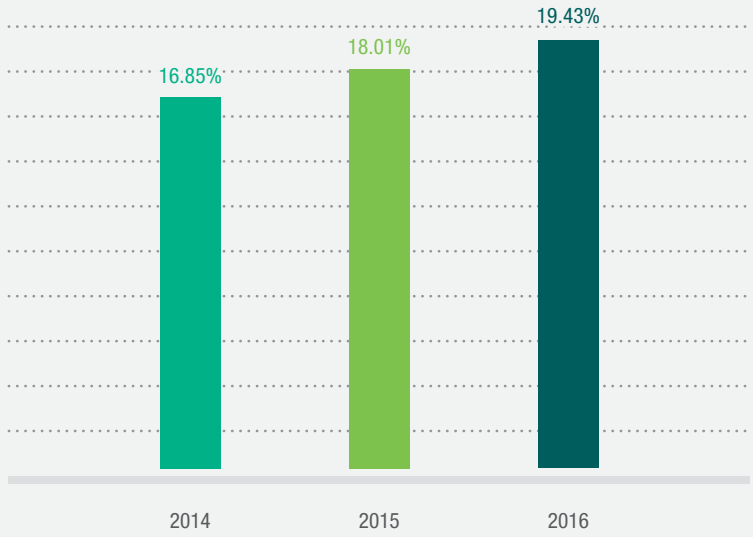
Source: Designed by Anahp based on information from SINHA/Anahp.

RATE OF INTERNAL USE OF STAFF AND AVERAGE TIME TO FILL A JOB VACANCY

Recession and the reduced supply of qualified professionals have made organizations invest in internal use of professionals, so as to optimize hiring time and training. As a consequence, the indicator of the internal use of staff has been rising since 2015, reaching 19.43% in 2016. In fact, due to decreased turnover and more use of internal staff for promotions, training time decreased in 2016.

GRAPH 8

Rate of internal use of staff for promotions – Annual average – SINHA – All hospitals

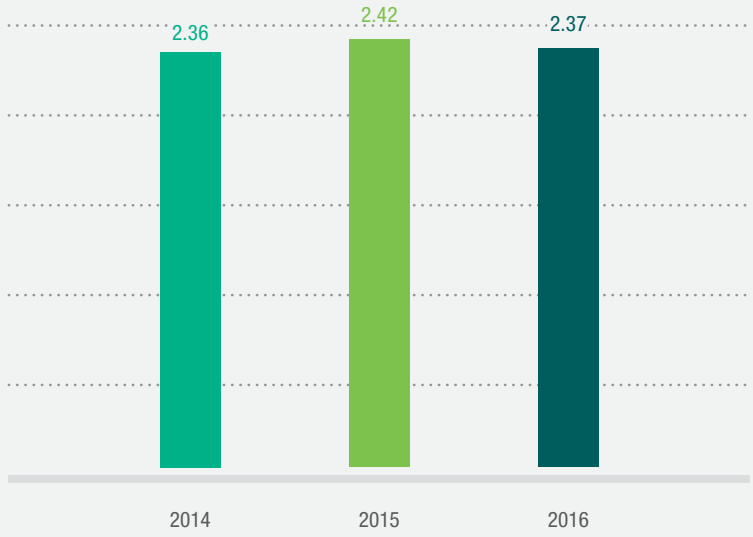


Source: Designed by Anahp based on information from SINHA/Anahp.

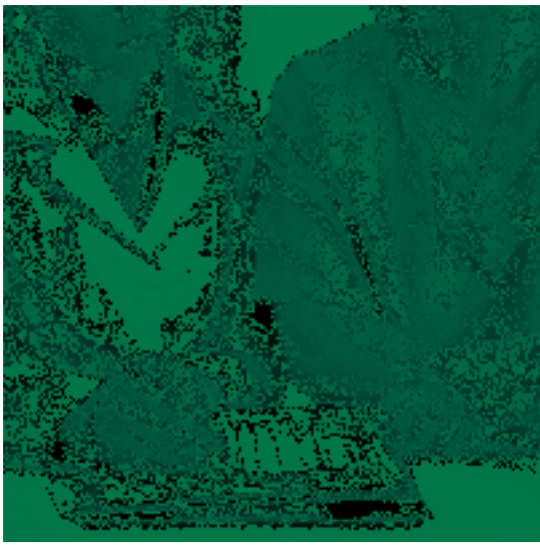
The mean time to fill a job vacancy has decreased in the past two years.

GRAPH 9

Training time by total headcount (in hours) – Annual average – SINHA - All hospitals

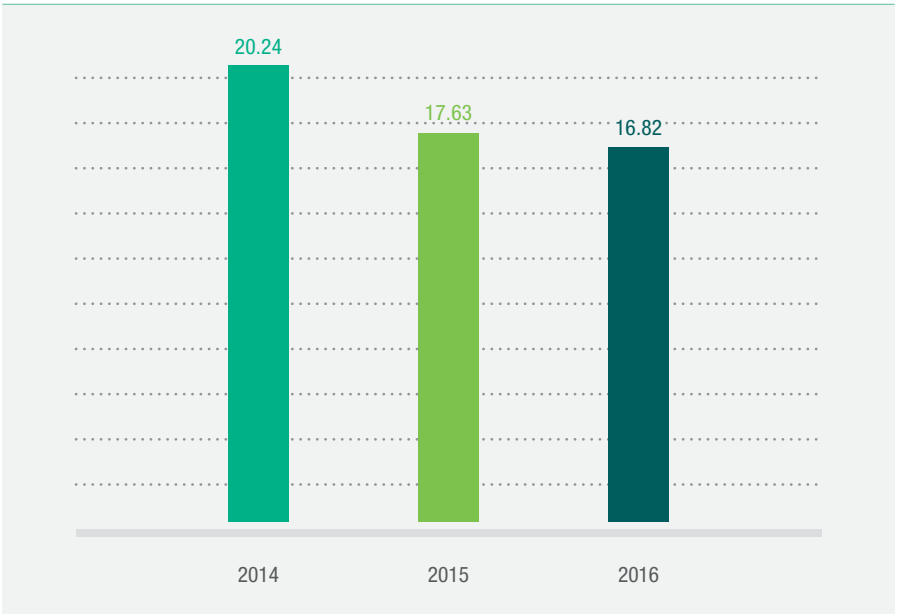


Source: Designed by Anahp based on information from SINHA/Anahp.



GRAPH 10

Mean time to fill a job vacancy (days) – Annual average – SINHA – All hospitals

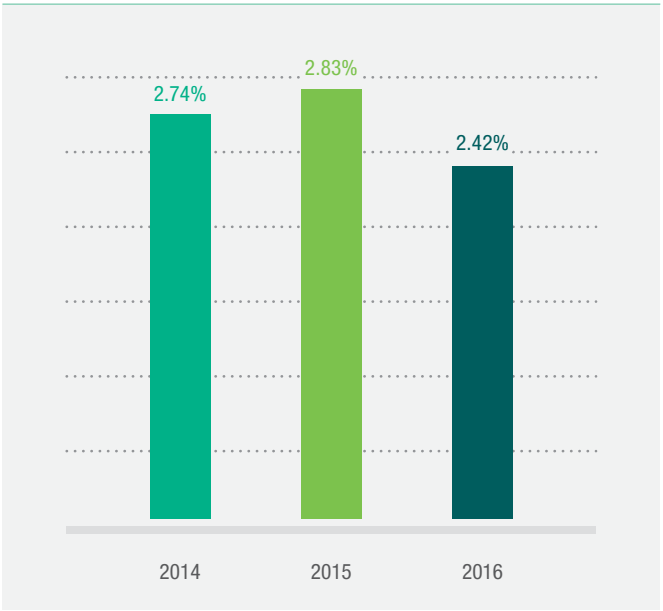


Source: Designed by Anahp based on information from SINHA/Anahp.

Having a less active marketplace (greater labor supply) and fewer new jobs to be replaced by hospitals (because of the reduction of hiring and dismissing rates), the average time to fulfill a vacancy (time between request of a new job and beginning of work) has decreased in the past two years, going from 20.24 days in 2014 to 17.63 days in 2015 and 16.82 days in 2016.

GRAPH 11

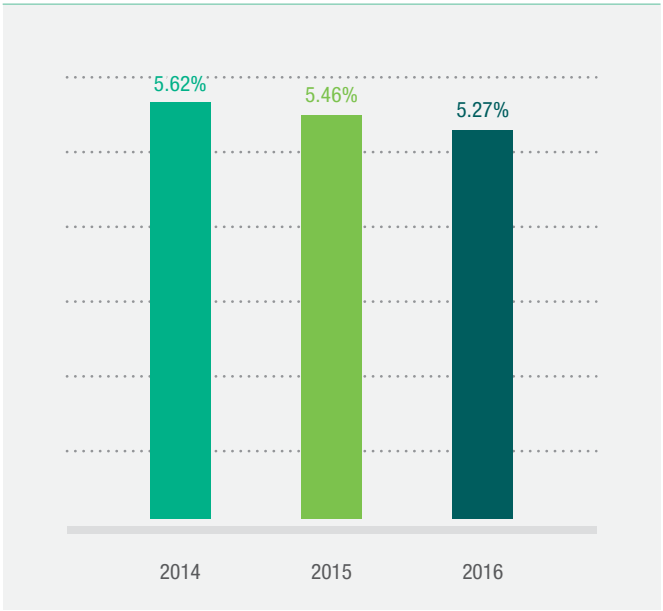
Absenteeism rate (<=15 days) – Annual average – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 12

Leave rate – Annual average – SINHA – All hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

OCCUPATIONAL SAFETY AND HEALTH

Absenteeism is associated with many factors, such as stress, changes to processes and susceptibility to diseases, which are factors that may be aggravated by multiple jobs held by employees. The monthly rate of absenteeism showed slight reduction in 2016 (Graph 12).[1] The decrease in this indicator shows that management of absenteeism has been object of focus by many hospitals, which are working on preventing diseases and promoting the health of staff members.
The rate of leaves from work decreased in 2015 and 2016. The decrease of this rate has impact on staff management for hospitals, as it requires fewer new hires and investments in labor qualification.

[1] *Absenteeism rate below 15 days is the relation between total absent hours due to absences to work, delays or fewer than 15-day leaves of hired employees of the hospital divided by the expected number of worked hours.*

SANOFI

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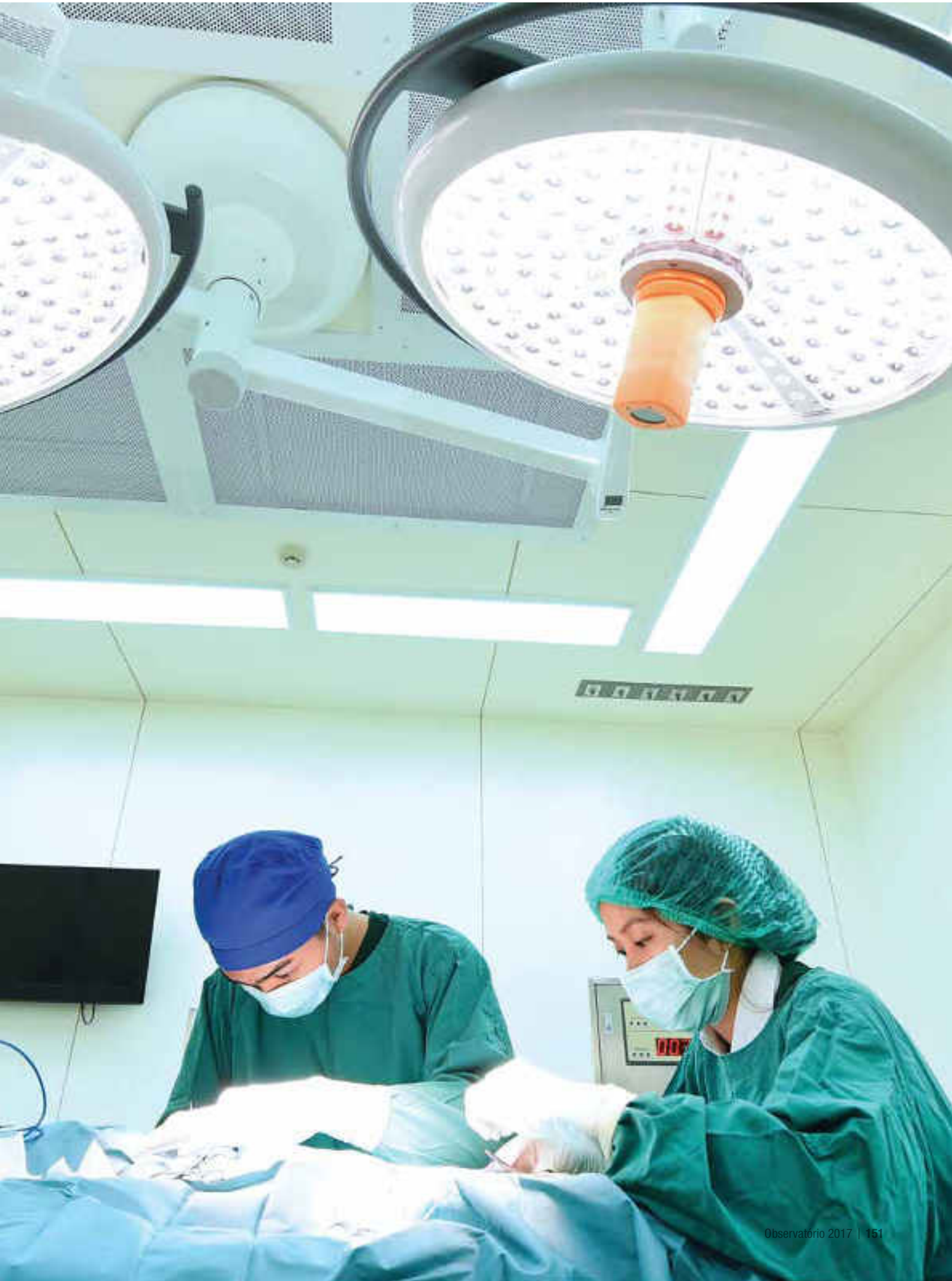
Environmental Sustainability

Environmental sustainability indicators of Anahp member hospitals help us estimate the challenges and breakthroughs in the industry by incorporating practices that promote sustainable development.

Environmental sustainability is a broad concept and its dissemination, understanding and studies about the most effective way to implement it are concerns not limited to the healthcare industry. The introduction of environmental issues in corporate practices brings new challenges to hospital management. In order to contribute to the eco-systemic balance, social development and economic feasibility of the service providers, Anahp member hospitals have started to collect environmental sustainability indicators, based on the proposal of the Work Group of Sustainable Practices. Water and electricity consumption and management of collection and disposal of healthcare waste were the first topics to be addressed by the group in 2014. Since then, there has been a clear trend to reduce consumption in the hospitals and many of the initiatives have influenced the dissemination of rational use of resources.



Aware of the relevance of sustainable development, Anahp hospitals started to adopt a set of best practices related with sustainable use of water and electricity, in addition to monitoring and planning of sustainability actions in healthcare. Some of these experiences were presented in the publication Sustentabilidade Ambiental Hospitais Anahp (Environmental Sustainability of Anahp Hospitals), which highlighted the best practices of the hospitals in the Work Group of Sustainable Practices.

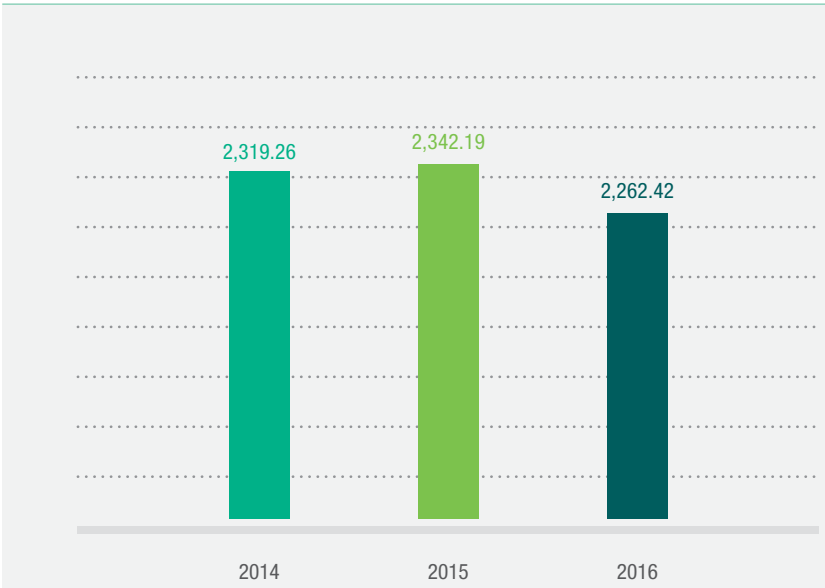
Based on the indicators, this chapter makes it clear that environmental sustainability actions adopted by the hospitals have started to show positive perspectives.

Water and electricity consumption and waste management are directly related with patient-day production, that is, the consumption of these resources tends to increase alongside the patient-day demands.

Thus, there was a decreasing trend in utilization of resources last year.

GRAPH 1

Consumption of electricity in KW/h per operational bed 2014 to 2016 All Anahp Hospitals



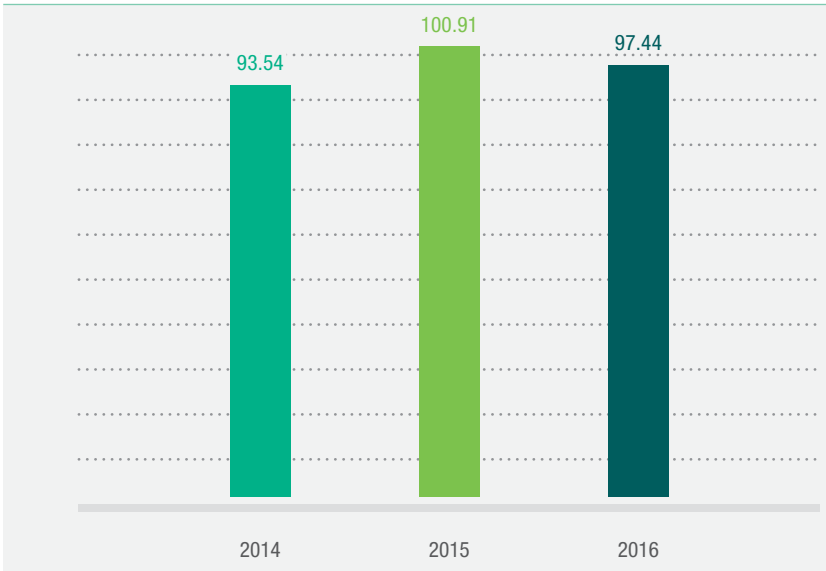
Source: Designed by Anahp based on information from SINHA/Anahp.

Electricity consumption decreased 3% in 2016, correlated with the number of operational beds (from 2,342.19 KW/h to 2,262.42 KW/h) and number of patients-day (from 100.91 KW/h to 97.44 KW/h).

The mean consumption of water per patient-day showed 3% reduction compared to 2015.

GRAPH 2

Electricity consumption in KW/h per patient-day 2014 to 2016 All Anahp Hospitals

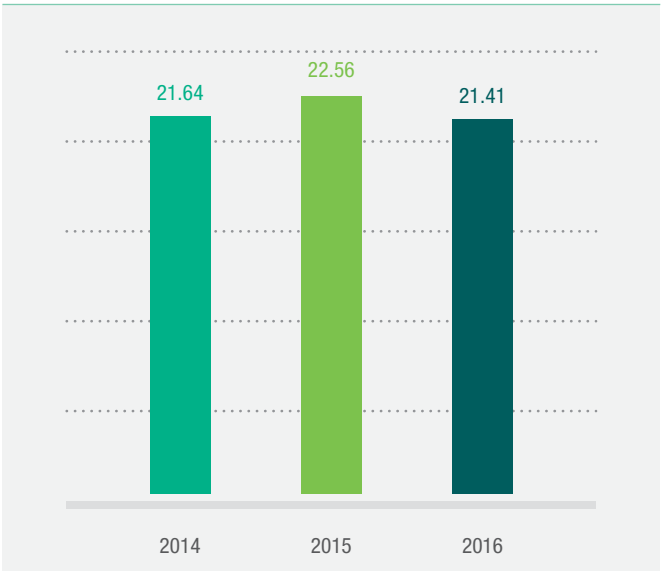


Source: Designed by Anahp based on information from SINHA/Anahp.

Since 2015, when the worst water shortage in the country affected us, hospitals realized they had to implement initiatives for efficient water consumption. The mean consumption of water per patient-day, for example, had 3% reduction comparing 2016 to 2015 (Graphs 3 and 4).

GRAPH 3

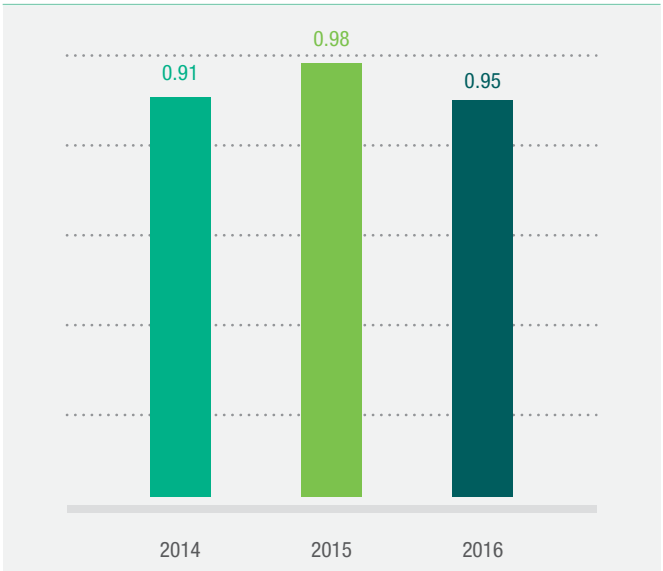
Monthly consumption of water (m^3) per bed 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 4

Monthly consumption of water (m^3) per patient-day 2014 to 2016
All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

Healthcare-related waste derives from care provided to patients in any healthcare center. Some examples are syringes, plastic materials, gases and biological materials.

To mitigate the damage caused by disposal of these resources, Anvisa (National Surveillance Agency), through RDC No. 33/03, which addresses the Management Plan of Healthcare-related waste, has defined rules for generation, segregation, packaging, collection, storage, transport, treatment and final disposal of waste.

The agency has classified hospital waste into groups that share common characteristics, as follows: Group A – potentially infectious; Group B – chemicals; Group C – radioactive waste; Group D – regular waste, and Group E – sharps and needles.

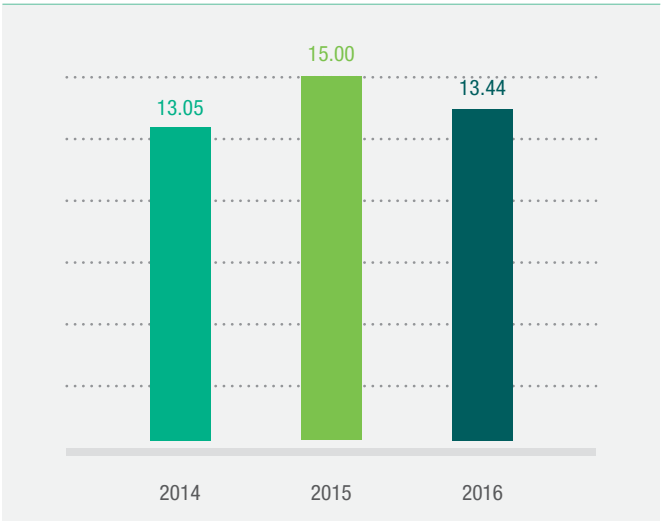
To encourage best practices, Anahp has been following up infectious, recyclable and non-recyclable waste generation indicators since 2014. These indicators follow the same consumption trend as water and electricity, varying according to the number of clinical and surgical patients seen.

In 2016, Anahp hospitals presented 10% reduction in total generation of waste per patient-day (Graph 5). However, infectious waste generation (blood, culture media, tissues, organs, waste from isolation areas and clinical analysis laboratories, sharps, among others), which has to be minimized because of the major contamination risk, grew in 2016 (to 3.26 kg per patient-day compared to 2.74 kg per patient-day in 2015), which can be related with the increased number of surgical patients.

Anahp understands that measuring these results is important to guide the organization to make decisions about the best practices of resource rationalization.

GRAPH 5

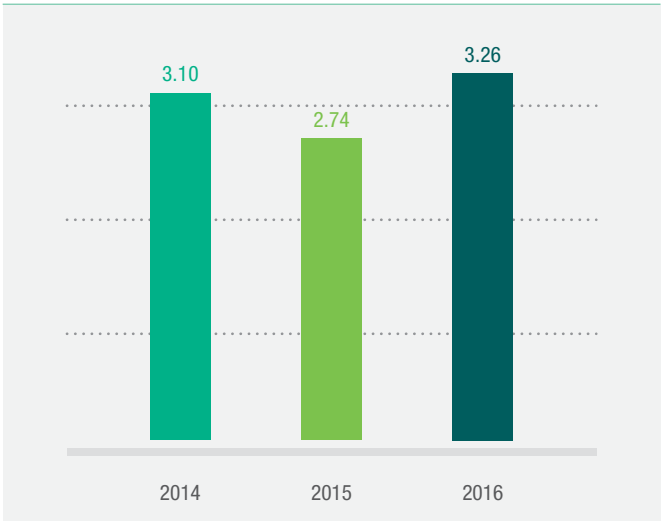
Waste generation (infectious + recyclable + non-recyclable) per patient-day (Kg) 2014 to 2016 All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

GRAPH 6

Generation of infectious waste per patient-day (Kg) 2014 to 2016 All Anahp Hospitals



Source: Designed by Anahp based on information from SINHA/Anahp.

O QUE MAIS CONTRIBUI PARA A SUA QUALIDADE DE VIDA?

A Sodexo aceitou o desafio de responder essa pergunta e, com base em estudos globais que analisaram a percepção individual de cada pessoa sobre Qualidade de Vida, junto aos seus 50 anos de experiência, identificou as 6 Dimensões da Qualidade de Vida.

SAÚDE E BEM-ESTAR

Representa tudo aquilo que promove um estilo de vida saudável.

CRESCIMENTO PESSOAL

É tudo aquilo que impulsiona o aprendizado e o progresso de uma pessoa.

INTERAÇÃO SOCIAL

Remete às iniciativas e situações que fortalecem as relações interpessoais.

AMBIENTE FÍSICO

Engloba tudo o que contribui para o conforto e a segurança das pessoas.

FACILIDADE E EFICIÊNCIA

Envolve tudo o que contribui para que uma pessoa execute as atividades do dia a dia com tranquilidade e foco.

RECONHECIMENTO

Inclui os fatores que ajudam um indivíduo a se sentir valorizado.

Para cada uma dessas Dimensões, a Sodexo tem um portfólio de soluções.
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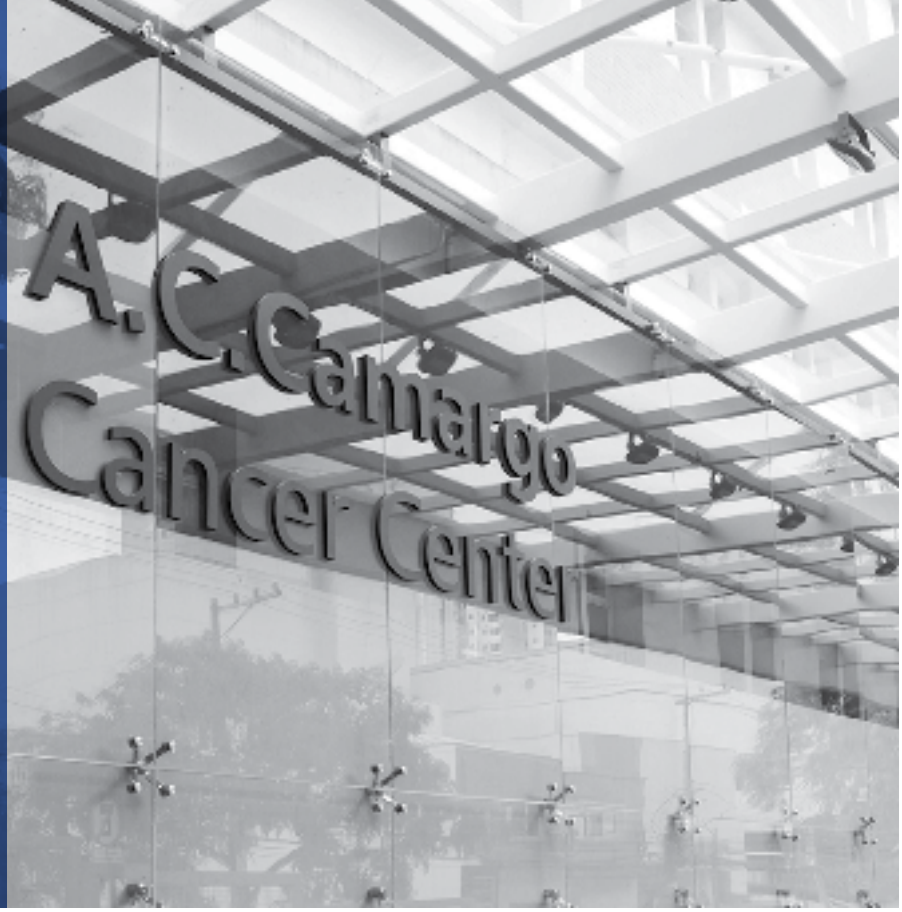
SERVIÇOS DE QUALIDADE DE VIDA

Institutional Profile

This section presents the Institutional Profile of Anahp Full Member Hospitals

A.C.Camargo Cancer Center
BP
BP Mirante
Casa de Saúde São José
Complexo Hospitalar de Niterói
Complexo Hospitalar Edmundo Vasconcelos
Hospital 9 de Julho
Hospital Adventista de Manaus
Hospital Alemão Oswaldo Cruz
Hospital Anchieta
Hospital Bandeirantes
Hospital Barra D'Or
Hospital Brasília
Hospital Cardiológico Costantini
Hospital Copa D'Or
Hospital do Coração – HCor
Hospital Dona Helena
Hospital e Maternidade Brasil
Hospital e Maternidade Santa Joana
Hospital Esperança
Hospital Infantil Sabará
Hospital Israelita Albert Einstein
Hospital Madre Teresa
Hospital Mãe de Deus
Hospital Marcelino Champagnat
Hospital Márcio Cunha
Hospital Mater Dei Contorno
Hospital Mater Dei Santo Agostinho
Hospital Memorial São José
Hospital Meridional
Hospital Metropolitano
Hospital Moinhos de Vento
Hospital Monte Sinai
Hospital Nipo-Brasileiro
Hospital Nossa Senhora das Graças
Hospital Pilar
Hospital Porto Dias
Hospital Português
Hospital Pró-Cardíaco
Hospital Quinta D'Or
Hospital Rios D'Or
Hospital Samaritano
Hospital Santa Catarina
Hospital Santa Catarina de Blumenau
Hospital Santa Cruz
Hospital Santa Izabel
Hospital Santa Joana Recife
Hospital Santa Marta
Hospital Santa Paula
Hospital Santa Rosa
Hospital São Camilo Pompeia
Hospital São Luiz – Unidade Itaim
Hospital São Lucas
Hospital São Lucas (SE)
Hospital São Rafael
Hospital São Vicente de Paulo
Hospital Saúde da Mulher
Hospital Sírio-Libanês
Hospital Vita Batel
Hospital Vita Curitiba
Hospital Vita Volta Redonda
Laranjeiras Clínica Perinatal
Pro Matre Paulista
Real Hospital Português de Beneficência em Pernambuco
Santa Casa de Misericórdia de Maceió
UDI Hospital
Vitória Apart Hospital



INSTITUTIONAL PROFILE

A.C.CAMARGO CANCER CENTER

A.C.Camargo Cancer Center

Characterization	
Full Member Hospital	Since 2010
Not-for-profit organization	
Foundation	1953
Constructed area	84,900 m²
Clinical staff organization	Closed
Hospital Accreditation	Accredition Canada, ONA III

Key indicators 2016	
Operational Beds	480
ICU Beds	61
Credentialed physicians	618
Active employees	4,059
Visits to the Emergency Department	29,473
Outpatient Visits	460,046
Hospital Admissions	27,373
Surgeries (except for deliveries)	23,334
Deliveries	Not applicable
Tests and Exams	4,354,988

R. Prof. Antonio Prudente, 211 - Liberdade
São Paulo, SP - 01509-010
(11) 2189-5000
www.accamargo.org.br

Fighting cancer is a humanitarian cause. In Brazil, every year, 600,000 people are diagnosed with the disease. For 64 years, A.C.Camargo Cancer Center has been an organization specialized in oncology and pioneer in Brazil in researching the disease, its diagnosis and treatment, training professionals and promoting discoveries that contribute to the care of each and every patient. The Cancer Center is an important progress in fighting the disease, as it adopts an approach that integrates diagnosis, treatment, education and research. It is a constant multidisciplinary work in which clinical practice is based on scientific evidence.

From tumor biology to innovate theories, scientists and researchers of the organization dedicate to expand access to new treatments, improving quality of life and enhancing patients' survival. AC Camargo Cancer Center also takes knowledge about cancer to other organizations and audiences, in addition to training specialists, masters and doctors in oncology to work for the entire society.

HIGHLIGHTS 2016/2017

In 2016, there was the consolidation of the Cancer Center in the medical and clinical practice, completing the strategic planning for education and research. Multidisciplinary discussions were expanded for clinical decision making in more complex cases – the so-called Tumor Boards, which define the most appropriate management approach for each patient.

The organization has also received the visit of the Scientific Advisory Board, a committee of international distinguished oncology scientists that supervises and indicates guidelines for scientific research. A total of 183 scientific papers were published in international indexed journals. The organization has also graduated 89 oncology specialists, 23 master and 16 Ph.D. scientists in the period. We constantly seek for excellence in science and health, recognized among the largest international centers.

INSTITUTIONAL PROFILE

BP

Beneficência Portuguesa de São Paulo is now BP, a healthcare hub formed by seven different business units: four hospital facilities and three health services and education and research centers. The organization is housed in 220,000 m², has 7,500 employees, 3,500 physicians and about 50 clinics.

BP is the hospital unit focused on healthcare plan and private patients. Distributed in over 100,000 m², BP has more than 700 beds, being 200 ICU beds, which reinforces its natural vocation for high complexity care. It is a reference in oncology, cardiology and neurology and it has a general Emergency Department that provides over 16,000 visits/ year.

HIGHLIGHTS 2016/2017

In 2016, a special year, BP announced its new institutional brand and segmentation, which will bring more competitiveness and focus on patient experience. The organization was also appointed as Hospital of Excellence by the Ministry of Health, joining a small group of six hospitals that are apt to provide services to Proadi-SUS (Program of Development of the Universal Healthcare System).

There was even more during BP agenda of 2016. The hospital opened a new and modern ICU that includes 53 beds divided into 33 pediatric and 20 adult beds. A new medical center was opened, bringing together medical offices of different specialties, such as clinical and surgical cardiology, general surgery and clinical and surgical neurology. The organization has also implemented the electronic medical record, a unique and integrated platform that provides enhanced safety to patients and physicians, in addition to improving operational efficiency.

Characterization	
Full Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1859
Constructed area	107,775 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	759
ICU Beds	192
Credentialed physicians	2,487
Active employees	5,815
Visits to the Emergency Department	98,996
Outpatient Visits	240,139
Hospital Admissions	25,290
Surgeries (except for deliveries)	18,509
Deliveries	43
Tests and Exams	3,549,319

R. Maestro Cardim, 769 - Bela Vista
São Paulo, SP - 01323-900
(11) 3505-1000
www.bp.org.br/bp

INSTITUTIONAL PROFILE

BP MIRANTE

Mirante

Characterization	
Full Member Hospital	Since 2012
Not-for-profit organization	
Foundation	2007
Constructed area	32,852 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	82
ICU Beds	20
Credentialed physicians	1,580
Active employees	913
Visits to the Emergency Department	2,236
Outpatient Visits	15,982
Hospital Admissions	3,600
Surgeries (except for deliveries)	4,581
Deliveries	Not applicable
Tests and Exams	89,218

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www.bp.org.br/mirante

Beneficência Portuguesa de São Paulo is now BP, a healthcare hub formed by seven different business units: four hospital facilities and three health services and education and research centers. The organization is housed in 220,000 m², has 7,500 employees, 3,500 physicians and about 50 clinics.

BP Mirante is the hospital unit focused on premium healthcare plan and private patients. It offers 110 beds with high hospitality level whose objective is to provide close and high-resolution care. The clinical staff is formed by renowned specialists, being a reference in oncology, cardiology and neurology. It also offers a private general Emergency Department.

HIGHLIGHTS 2016/2017

In 2016, a special year, BP announced its new institutional brand and segmentation, which will bring more competitiveness and focus on patient experience. The organization was also appointed as Hospital of Excellence by the Ministry of Health, joining a small group of six hospitals that are apt to provide services to Proadi-SUS (Program of Development of the Universal Healthcare System). BP Mirante also had a year of major achievements. In July, a new tower was opened, expanding the capacity by 70%. In September, the hospital was awarded level 6 by Healthcare Information and Management Systems Society (HIMSS), out of a total of 7 levels, recognizing its electronic medical record model and comparing it against some of the best hospitals in the world.

INSTITUTIONAL PROFILE

CASA DE SAÚDE SÃO JOSÉ

Founded in 1923, on a piece of land on Rua Macedo Sobrinho, in Humaitá district, south area of Rio de Janeiro, Casa de Saúde São José is one of the most well-known hospitals in the city. Its main difference lies in the competence of the multiprofessional staff and the medical staff formed by qualified and experienced physicians. Providing care in about 30 specialties, the organization also works with minimally invasive surgery. The facility has 205 beds and almost 3,000 credentialed physicians. Every year, 2,000 deliveries and 13,000 surgeries in different specialties are performed in the hospital. It is part of a group of 33 organizations housed under Associação Congregação de Santa Catarina, one of the main philanthropic organizations in the country, working in social care, education and healthcare.

HIGHLIGHTS 2016/2017

In 2016, Casa de Saúde São José carried on its participation at Project Appropriate Delivery. One of the main actions of the project was the opening of the obstetric emergency unit with a specialized team of nurses, obstetricians, pediatricians and anesthesiologists, providing 24 by 7 support to pregnant patients. Another important achievement was the opening of the Advanced Endoscopy Center, the first intra-hospital endoscopy center in Rio de Janeiro, in which patients can benefit from the hospital setting while performing different tests. The organization has also invested in the relationship with the external public by taking part in Brazilian Congress of Cardiology, in Fortaleza, and by developing social actions at community area Rocinha, the largest urban slum area in Latin America.

Casa de Saúde São José

Porque a vida é sagrada

Associação Congregação de Santa Catarina

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1923
Constructed area	28,000 m²
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

Key indicators 2016	
Operational Beds	205
ICU Beds	50
Credentialed physicians	3,526
Active employees	1,204
Visits to the Emergency Department	13,601
Outpatient Visits	367
Hospital Admissions	13,747
Surgeries (except for deliveries)	12,899
Deliveries	1,956
Tests and Exams	557,659

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www.cssj.com.br

INSTITUTIONAL PROFILE

COMPLEXO HOSPITALAR DE NITERÓI

Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	1991
Constructed area	16,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III, Qmentum

Key indicators 2016	
Operational Beds	257
ICU Beds	98
Credentialed physicians	3,000
Active employees	1,480
Visits to the Emergency Department	130,000
Outpatient Visits	Not applicable
Hospital Admissions	132,000
Surgeries (except for deliveries)	10,800
Deliveries	1,200
Tests and Exams	580,000

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www.chniteroi.com.br

Since 1991, the Complexo Hospitalar de Niteroi (CHN) has excelled in high complexity medicine in five reference areas: Transplants, Cardiovascular Surgery, Oncology, Neurointensive Care, and Maternity and Pediatric care. It is the only private quaternary hospital in the Eastern Fluminense Region and leads the ranking as the private hospital which carries out most bone marrow transplants in the state of Rio de Janeiro. In 2016 the CHN was accredited by the National Transplant System of the Ministry of Health for its sixth transplant modality: that of non-related allogeneic bone marrow and haploidentical bone marrow transplants. In addition, the CHN performs renal transplants of musculoskeletal tissues and related autologous and allogeneic bone marrow transplants. This is all certified by the National Accreditation Organization (ONA), a pioneer in the region, at level 3, which guarantees even more safety and quality. In March 2016, the process to receive accreditation from the Canadian International QMentum Program was started.

HIGHLIGHTS 2016/2017

2016 saw investment in the expansion of the CHN with the investment of about R$ 200 million in the construction of the new Unit IV, which should start operating later this year, with a total of 320 beds. The unit will house the new Adult and Pediatric Emergency section; the new Imaging Service; new beds for the Transplant Unit; the Cardiac Intensive Care Unit; and three floors of parking space.

Units V and VI are planned for the first half of 2018, with 450 beds in more than 47 thousand square meters of constructed area. The concept and the philosophy of expansion are guided by the excellence in care, safety and attention, characteristics which have been stressed throughout the CNH's 25 years of existence.

INSTITUTIONAL PROFILE

COMPLEXO HOSPITALAR EDMUNDO VASCONCELOS

Complexo Hospitalar Edmundo Vasconcelos is a center of medical excellence founded on June 27, 1949, which works with over 50 different specialties. Throughout its 67 years of existence, it has always been searching for continuous improvement and excellence of care. The organization currently houses 12,000 surgical procedures, 13,000 admissions, 230,000 outpatient visits, 145,000 Emergency Department visits, and 1.45 million tests per year, in addition to premium hospitality and state-of-the-art technology.

The accreditations and certifications of the hospital include Hospital Accreditation Level 3 – Excellence in Management, granted by National Accreditation Organization (ONA), award the Best Company to Work For in Brazil and, for the 6th consecutive year, the inclusion in the ranking of the Best Hospitals and Clinics in Latin America.

HIGHLIGHTS 2016/2017

The modernization of the specialized medical center was completed, which has increased the capacity of service, offering the most modern options in comfort, technology and practicality for patients, physicians and staff.

Another important revamping project impacted the new Chemotherapy and Infusion Unit, which has eleven private beds now. The new area has been carefully conceived to positively influence the treatment outcomes of patients.

The organization has invested in technological update of its datacenter, multiplying by 30 its storing and processing capability – it currently includes 47 servers, 28 of them fully virtual.

COMPLEXO HOSPITALAR EDMUNDO VASCONCELOS

Characterization	
Full Member Hospital	Since 2014
For-profit organization	
Foundation	1949
Constructed area	25,000 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	220
ICU Beds	31
Credentialed physicians	839
Active employees	965
Visits to the Emergency Department	119,750
Outpatient Visits	232,194
Hospital Admissions	12,175
Surgeries (except for deliveries)	15,513
Deliveries	Not applicable
Tests and Exams	1,529,701

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www.hpev.com.br

INSTITUTIONAL PROFILE

HOSPITAL ADVENTISTA DE MANAUS

Characterization	
Full Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1978
Constructed area	11,293 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	89
ICU Beds	8
Credentialed physicians	226
Active employees	1,031
Visits to the Emergency Department	45,339
Outpatient Visits	132,041
Hospital Admissions	4,952
Surgeries (except for deliveries)	6,103
Deliveries	67
Tests and Exams	123,252

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www.ham.org.br

Hospital Adventista de Manaus was conceived from an innovative idea of American couple Leo and Jessie Hallewell, and has been providing health and spiritual assistance for the riverbank dwellers of the Amazon region, using Luzeiro boats since 1931.

On April 25th, 1976, this couple's entrepreneurial spirit resulted in the opening of Clinica Adventista de Manaus, which consisted of a small laboratory and four beds, and provided support for the work performed by the boats.

The healthcare services, offered by the team mainly made up of missionary doctors, experienced a continual growth in the demand for services. Given this, an expansion was necessary, which led the Clinic's administrators to search for a larger facility.

On November 19th, 1989, the facilities of the current Hospital Adventista de Manaus, located in the Industrial District, were opened.

HIGHLIGHTS 2016/2017

In 2016, a new Intensive Care Unit was built introducing a new concept of hospitality in the healthcare industry with 20 high-technology beds, including two Coronary Units and two isolation beds.

Hospital Adventista de Manaus has received an Honorable Mention Certificate in the ninth edition of the Friends of the Environment Award after becoming the first healthcare institution in the North region that participated in the Healthy Hospitals project.

The Hospital was also selected by the Organizing Committee for the 2016 Olympic Games as a reference hospital during the soccer games in the capital.

Hospital Adventista de Manaus was ranked as one of the ten best companies to work for in Amazonia during the Great Place to Work Award Ceremony 2016.

In 2017, the Institution has contracted hospital consulting services from HIMSS Analytics to undergo an international certification process to receive accreditation from the Accreditation Canada International (ACI) – Qmentum accreditation program.

INSTITUTIONAL PROFILE

HOSPITAL 9 DE JULHO

Hospital 9 de Julho is one of the main high complexity reference hospitals in the country, focusing on technology and humanized care. Hospital 9 de Julho is part of Rede Ímpar de Serviços Hospitalares, which gathers six hospitals in São Paulo, Rio de Janeiro and Brasília. Comprising 410 beds, divided into 91 ICU beds and 22 operating suites, the hospital is specialized in seeing complex cases of Trauma, Oncology, Gastroenterology, Urology, Orthopedics and Robotic surgery. In 2016, it performed more than 1,500 robotic surgeries in general surgery, chest, urology and gynecology procedures. The hospital has a Specialized Medical Center for visits and tests, which includes 12 Reference Centers and covers over 50 medical specialties. It is one of the few hospitals in the country that holds accreditation by Joint Commission International (JCI), one the most important quality accreditation agencies in the world.

HIGHLIGHTS 2016/2017

In 2016, oncology treatments gained new areas. One of the main highlights was the opening of the new Hematologic Oncology Unit to treat non-solid tumors, including 15 beds and exclusive air filtering and a unique water treatment system in Brazil. A new ICU was opened, preferably for oncology patients, which follows the international quality standards with technological resources to remotely monitor the patients, with beds equipped with mattresses especially developed for critically-ill patients and a color-coded system for nursing calls. There are 13 beds, two of them with positive or negative pressure for cases of respiratory isolation. In addition, the construction of a new building started in 2016 – it will offer 60 more beds, plus a diagnostic center and emergency department.

HOSPITAL NOVE DE JULHO

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1955
Constructed area	90,000 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	357
ICU Beds	91
Credentialed physicians	4,578
Active employees	2,500
Visits to the Emergency Department	132,800
Outpatient Visits	132,850
Hospital Admissions	23,846
Surgeries (except for deliveries)	21,000
Deliveries	Not applicable
Tests and Exams	1,550,00

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(11) 3147-9999
www.h9j.com.br

INSTITUTIONAL PROFILE

HOSPITAL ALEMÃO OSWALDO CRUZ

Characterization	
Full Member Hospital	Since 2002
Not-for-profit organization	
Foundation	1897
Constructed area	96,000 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	350
ICU Beds	44
Credentialed physicians	3,814
Active employees	2,498
Visits to the Emergency Department	77,516
Outpatient Visits	Not reported
Hospital Admissions	22,009
Surgeries (except for deliveries)	28,793
Deliveries	Not applicable
Tests and Exams	240,907

R. Treze de Maio, 1815 - Bela Vista
São Paulo, SP - 01323-100
(11) 3549-1000
www.hospitalalemao.org.br

Founded in 1897 by a group of German-speaking immigrants, the hospital has centered its efforts on permanently pursing excellence in integrated, individualized and qualified care, in addition to investing in scientific development. Covering over 96,000 m² of constructed area, the Hospital has 306 inpatient beds, including 44 ICU beds, 22 operating suites and 24 by 7 emergency department. Moreover, it provides qualified care and renowned clinical staff, awarded by Joint Commission International (JCI) since 2009. The hospital is one of the six organizations of excellence of the Ministry of Health and this partnership has a number of projects that are part of a Program of Development of the Universal Healthcare System (Proadi-SUS).

HIGHLIGHTS 2016/2017

In 2016, the Hospital carried on with the plan of expansion and announced the opening of a new unit at Rua Vergueiro in the capital city, with investments of R$ 140 million. Moreover, it reinforced its position of hospital of reference in the areas of oncology and digestive diseases with expansion of specialized services and acquisition of new technologies. Finally, Instituto Social Hospital Alemão Oswaldo Cruz that integrates the pillar of social responsibility of the organization, is going to provide services to Municipal Administration of Santos and manage Complexo Hospitalar dos Estivadores for the period of five years. The unit will provide services to the public health care patients in cases of medium complexity in maternal-pediatric care, including clinical and surgical services.

INSTITUTIONAL PROFILE

HOSPITAL ANCHIETA

Hospital Anchieta is celebrating 22 years of existence in 2017, consolidating one of the largest and most recognized hospital organizations of the Center West of Brazil. The organization is formed by a Medical Center and Center of Excellence – with more than 62,000 m², connected to more than 130 clinics. The structure has grown through its pioneer initiative, being recognized by certifying entities and the population of the Federal District, which has guaranteed the accreditation ISO 9001:2015, ONA Level III – Excellence, the first place for six times in the award Top of Mind, the Golden Standard for *Rede Iberoamericana de Banco de Leite Humano*, in addition to other certificates. In the constant pursuit of excellence in services, based on the importance of providing memorable services to our customers, our hospital can provide high technology level combined with human and welcoming clinical care.

HIGHLIGHTS 2016/2017

In 2016, the hospital has strengthened the Anchieta Cardiology Center, providing state-of-the-art technology and integrated care, acting as a reference in the area. Anchieta was awarded *IV Prêmio de Excelência em Saúde 2016*, ranking among the best organizations in the country in the category Patient Quality and Safety. Soul Anchieta, a new system of management and operation, has maximized the quality process, creating conditions to expand safer services and care. Bureau Veritas Certification, international assessment entity, has reaccredited the organization with ISO 9001:2015, validated by Ukas Management Systems. It has also been recertified as Level III with Excellence by National Accreditation Organization (ONA). The hospital has also delivered the award *Prêmio Gestor de Excelência* (PGE – Manager of Excellence), based on criteria of the Quality National Program and developed to align the management of Partnering Services to Quality Management System. The hospital has reformatted its Strategic Planning, defining Vision, Mission, Values and Quality Policy. It has defined new guidelines to conquer clients and new strategic objectives, supported by innovation, safety and sustainability, which converge to the business permanence. In Corporate Governance, it has adopted an Advisory Board comprised of shareholders and well-known external board members.

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1995
Constructed area	62,344 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	163
ICU Beds	50
Credentialed physicians	717
Active employees	1,079
Visits to the Emergency Department	208,159
Outpatient Visits	Not applicable
Hospital Admissions	12,422
Surgeries (except for deliveries)	4,794
Deliveries	1,674
Tests and Exams	448,536

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(61) 3353-9463 / 3353-9970
www.hospitalanchieta.com.br

INSTITUTIONAL PROFILE

HOSPITAL BANDEIRANTES

HOSPITAL BANDEIRANTES

Characterization	
Full Member Hospital	Since 2009
For-profit organization	
Foundation	1945
Constructed area	25,930 m²
Clinical staff organization	Mixed
Hospital Accreditation	Accreditation Canada

Key indicators 2016	
Operational Beds	268
ICU Beds	37
Credentialed physicians	2,108
Active employees	1,590
Visits to the Emergency Department	92,727
Outpatient Visits	94,900
Hospital Admissions	18,951
Surgeries (except for deliveries)	11,598
Deliveries	Not applicable
Tests and Exams	941,007

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São Paulo, SP - 01506-000
(11) 3345-2000
www.hospitalbandeirantes.com.br

To be an innovative and high resolution organization in healthcare provision and promotion: this has been the mission of Hospital Bandeirantes for over 70 years. It has been recognized for its centers of reference in Neurology, Cardiology and Oncology, high complexity care, urgency and emergency care, and integrated clinical care.

It has about 16,000 admissions and 11,000 surgeries per year. The organization is accredited by Qmentum from Canada, Diamond level, which places it at a selected group of hospitals certified with this methodology.

Focused on safety and excellence of care, Bandeirantes has been working to be a more digital hospital, eliminating paper and investing in the development of efficient management, customer care and patient monitoring systems.

HIGHLIGHTS 2016/2017

In 2016, Hospital Bandeirantes worked to consolidate its reference specialties and it focused on oncology by opening a dedicated area for outpatient care and specific rooms for chemotherapy, in addition to specialized Emergency Department and inpatient area for bone marrow transplants. The Emergency Department now has 1,800 m² of area dedicated to urgency and emergency, reducing the waiting time and improving clinical care efficiency.

In 2017, the organization will continue to sustainably expand its services, beds and infrastructure, providing greater agility, resolution and competitiveness, strengthening its brand in São Paulo.

INSTITUTIONAL PROFILE

HOSPITAL BARRA D'OR

Hospital Barra D'Or, opened in 1998, was the first hospital of Rede D'Or São Luiz and it is a considered a reference in quality in Rio de Janeiro.

This year the organization celebrates 19 years, faithful to its mission: Cure whenever possible, comfort always. It has constantly searched for excellence in clinical quality, supported by high technology resources, multiprofessional development and humanization, through the application of a patient-centered model.

The Hospital started its process of accreditation in 2006, being accredited with excellence by ONA (Level 3) in 2007; international accreditation model Accreditation Canada in 2008, and International Accreditation Qmentum as Diamond level in 2014. The organization reached de DVT Distinction Program in 2013 and the reaccreditation in 2016.

Hospital Barra D´Or is a high complexity hospital widely known for its services to critical and surgical patients.

HIGHLIGHTS 2016/2017

In 2016, the Pediatric Emergency Unit was opened, following the Smart Track model, with the top quality professional team Rede D'Or São Luiz and latest generation technology.

The organization was reaccredited by the distinction program for DVT prophylaxis, being one of the few hospital units in the country to hold this seal, acting as a reference to disseminate this important safety practice.

The hospital is internationally accredited using Canadian methodology Qmentum, Diamond level, and it has already started to be prepared to be the first hospital in Brazil to be reaccredited by the model in 2017.

Hospital Barra D´Or is part of the medical residency program of the network, including the areas of Radiology, Cardiology, Internal Medicine and Intensive Therapy, and it also has internships to students of medicine and physical therapy in Internal Medicine and Intensive Therapy. Concerning scientific studies, with IDOR Barra D´Or takes active part in multicenter trials and it has made many publications in indexed journals.

BARRA D'OR HOSPITAL

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1998
Constructed area	12,318 m²
Clinical staff organization	Mixed
Hospital Accreditation	Qmentum

Key indicators 2016	
Operational Beds	166
ICU Beds	53
Credentialed physicians	510
Active employees	1,840
Visits to the Emergency Department	67,015
Outpatient Visits	Not applicable
Hospital Admissions	10,970
Surgeries (except for deliveries)	6,250
Deliveries	Not applicable
Tests and Exams	88,997

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www.barrador.com.br

INSTITUTIONAL PROFILE

HOSPITAL BRASÍLIA

Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	1987
Constructed area	16,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	160
ICU Beds	49
Credentialed physicians	1,530
Active employees	1,018
Visits to the Emergency Department	106,059
Outpatient Visits	9,277
Hospital Admissions	12,615
Surgeries (except for deliveries)	7,744
Deliveries	Not applicable
Tests and Exams	85,500

SHIS QI 15 Conjunto G - Lago Sul
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www.hospitalbrasilia.com.br

Hospital Brasília is in a privileged part of the federal capital called Lago Sul. The Institution has been a center of reference for high-performance healthcare with infrastructure, technology and highly-qualified medical teams for elective, emergency and highly-complex care for the past 30 years.
Hospital Brasília has a modern Diagnostic Imaging Center and infrastructure to support preventive medicine with more than 40 medical specialties.
In addition, the Institution has Adult and Pediatric Intensive Care Units and a Blood Bank.
As a horizontal hospital care unit, Hospital Brasília manages various protocols, including risk monitoring, ongoing training of multidisciplinary teams and continuous investments to update equipment and technological processes.
The Institution improves care quality by warmly welcoming patients and providing excellent hospitality with large rooms and a view to the garden.

HIGHLIGHTS 2016/2017

In 2016, Hospital Brasília consolidated itself in the Federal District and became a reference in Neurology, Oncology and Pediatrics.
In addition, the Institution stood out in highly-complex surgical procedures on adults.
The Institution's updating process will continue in 2017, mainly for being a reference in the treatment of cerebrovascular accidents and cardiovascular diseases, as well as in bone marrow and liver transplants.
The main objectives of Hospital Brasília are to increase the number of beds, seek technological update for the Transplant Unit and provide excellent care support for critical cases in the Emergency Department.
Hospital Brasília is a referral center for admission and surgical procedures for cancer patients.
The Institution has been accredited for excellence at level 3 by the National Accreditation Organization (ONA).
In addition, Hospital Brasília is undergoing an international certification process to receive accreditation from the Accreditation Canada International (ACI) – Qmentum accreditation program.
The above-mentioned accreditation assesses the quality and safety of healthcare institutions in relation to management processes based on international best practices focused on Clinical Governance.

INSTITUTIONAL PROFILE

HOSPITAL CARDIOLÓGICO COSTANTINI

Hospital Cardiológico Costantini is a reference hospital for acute myocardial infarction treatment, with experienced and qualified multidisciplinary clinical staff and a structure that makes it one of the most respected heart centers in Brazil.

The Institution was the first Chest Pain Center in the State of Paraná and the second in Brazil – the title awarded by the American Heart Association.

The Hospital has been accredited for excellence at level 3 by the National Accreditation Organization (ONA).

In addition, the Brazilian Society of Cardiology (SBC) selected Hospital Cardiológico Costantini to receive the SBC Award – Science and Technology in 2013 – an honor conferred to only a few hospitals in Brazil.

HIGHLIGHTS 2016/2017

2016

- Hospital Cardiológico Costantini continued to stand out for its investments in innovations and new technologies in the treatment of Coronary Artery Disease (CAD) by using bioabsorbable stents – Hospital Cardiológico Costantini was one of the pioneers of this treatment in Brazil;
- The Institution expanded its Nuclear Medicine Service, being the only hospital in the State of Paraná specialized in myocardial scintigraphy with two pieces of dedicated equipment.

2017

- Hospital Cardiológico Costantini is modernizing its Cath laboratories by acquiring two additional pieces of the latest equipment in Latin America in terms of efficiency of interventional cardiology imaging;
- Another highlight includes the Institution's Fitness Center, a personalized gymnasium in the Hospital with state-of-the-art equipment, including ergospirometry equipment, in partnership with a German company which is an industry leader in the health sector. This is a great advance for athletes and other gym goers.

HOSPITAL CARDIOLÓGICO COSTANTINI

Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	1998
Constructed area	12,100 m²
Clinical staff organization	Closed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	45
ICU Beds	10
Credentialed physicians	115
Active employees	286
Visits to the Emergency Department	14,156
Outpatient Visits	55,719
Hospital Admissions	2,269
Surgeries (except for deliveries)	2,686
Deliveries	Not applicable
Tests and Exams	127,388

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www.hospitalcostantini.com.br

INSTITUTIONAL PROFILE

HOSPITAL COPA D'OR

COPA D'OR HOSPITAL

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	2000
Constructed area	18,826 m²
Clinical staff organization	Mixed
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	230
ICU Beds	91
Credentialed physicians	436
Active employees	2,678
Visits to the Emergency Department	128,123
Outpatient Visits	Not applicable
Hospital Admissions	14,394
Surgeries (except for deliveries)	9,038
Deliveries	Not applicable
Tests and Exams	105,208

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www.copador.com.br

Opened on May 23, 2000, Copa D'Or is located in South Zone of Rio de Janeiro, in the district of Copacabana. It is a general hospital with 238 beds distributed into adult and pediatric intensive care unit, step-down unit, adult and pediatric inpatient units and emergency care.

Hospital Copa D'Or has a modern structure, with state-of-the-art equipment and highly qualified professionals. The mixed clinical staff ensures provision of services in different specialties, with quality and recognized by the community.

It has been internationally accredited by Joint Commission International (JCI) since 2007 and it is part of Rede D'Or São Luiz, the largest Brazilian network of private hospitals.

HIGHLIGHTS 2016/2017

In 2017, Copa D'Or was reaccredited as a Center of Excellence in Bariatric Surgery and in 2017 it was reaccredited by JCI.

INSTITUTIONAL PROFILE

HOSPITAL DO CORAÇÃO – HCOR

HCor history started with a group of ladies from the Arabian community who founded Associação do Sanatório Sírio to support orphans of the 1st World War in 1918. As time went by, the Association migrated to providing care to tuberculosis patients and founded a dedicated unit in 1947. In the 60´s, the entity decided to create a hospital dedicated to chest surgery, which later became Hospital do Coração. The first patient was seen in 1976. In 2006, HCor was accredited for the first time by Joint Commission International (JCI).
In 2007, it added a new building to medical offices, the Research Institute and administrative area. In 2008, HCor signed a partnership with the Ministry of Health to support a number of projects with SUS. In 2009, the hospital incorporated one more building to operate as day-hospital, physical therapy unit, Knee Center and Heart Arrhythmia Center. In 2012, an external unit was opened – HCor Diagnóstico Cidade Jardim; one year later, a Radiotherapy unit also joined the organization. In 2014, it opened Building Adib Jatene to provide inpatient wards, hybrid rooms for surgery/ intervention, outpatient oncology and radiosurgery with Gamma Knife.

HIGHLIGHTS 2016/2017

In 2016, the organization was accredited by JCI for the 4th time. In addition, the technology devices were renewed, including the acquisition of a new PET-CT machine, followed by the development of the educational area and completion of multicenter clinical trials relevant to clinical practice. The hospital has also joined Program Proadi-SUS, developing methodologies to support the organization of health networks based on the population needs, and implemented managed protocols for Ischemic Stroke and Deep Venous Thrombosis (DVT). In 2017, the main focus is on the Integrated Elderly Center, which will include social-cultural activities, cognitive management and stimulation, rehabilitation and palliative care. This outpatient setting involves a multiprofessional team who will promote socialization and health actions to the elderly, family members and caregivers. The expansion of the Emergency Department, the implementation of HCor Medical Relationship Program, and clinical outcome indicators were some of the initiatives, along with the 10th anniversary of the Research Institute.

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1976
Constructed area	64,100 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	258
ICU Beds	34
Credentialed physicians	1,713
Active employees	2,413
Visits to the Emergency Department	46,987
Outpatient Visits	171,604
Hospital Admissions	11,428
Surgeries (except for deliveries)	6,364
Deliveries	47
Tests and Exams	2,881,213

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(11) 3053-6611
www.hcor.com.br

INSTITUTIONAL PROFILE

HOSPITAL DONA HELENA

Characterization	
Full Member Hospital	Since 2014
Not-for-profit organization	
Foundation	1916
Constructed area	42,676 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	203
ICU Beds	19
Credentialed physicians	742
Active employees	994
Visits to the Emergency Department	186,027
Outpatient Visits	33,336
Hospital Admissions	14,238
Surgeries (except for deliveries)	8,204
Deliveries	2,277
Tests and Exams	650,648

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Joinville, SC - 89204-250
(47) 3451 3333
www.donahelena.com.br

Hospital Dona Helena was founded on November 12th, 1916, by a group of 80 female volunteers from the Evangelical Ladies Assistance Association.

Initially, the Hospital cared exclusively for seniors and children. After starting as a venue to house and assist needy people, the Hospital eventually became the most important component of Associação Beneficente Evangélica de Joinville (ABEJ), being recognized as one of the most comprehensive and modern hospitals in the South of Brazil.

Hospital Dona Helena is currently housed over two buildings, which together have a total constructed area of 42,600 square meters. The Clinical Center, whose construction started in 2008, is a space that houses administrative departments, medical clinics, inpatient units, and a parking lot.

HIGHLIGHTS 2016/2017

The year 2016 was a milestone in the history of Hospital Dona Helena. This is because the Institution celebrated its 100th anniversary. The Hospital brought together employees and guests for a range of celebrations and honors throughout the year.

In addition, Hospital Dona Helena launched a book that records the 100 years of history of the Institution through images.

The Hospital also created personalized stamps and rubber stamps in partnership with Correios – the Brazilian Post Office.

As for 2017, the idea is to continue investing in technology and qualified personnel, and continuing to value both patients and employees.

The expansion of the Hospital is under review to house new technologies and medical specialties.

The objective of Hospital Dona Helena is to grow in clinical research through Dona Helena Teaching and Research Institute (IDHEP), while searching for advances for medicine with other reference institutions through medical research in the country.

INSTITUTIONAL PROFILE

HOSPITAL E MATERNIDADE BRASIL

Hospital e Maternidade Brasil was founded in 1970 by a group of physicians whose aim was to offer to the local community high standard healthcare services.

As the project succeeded, the Hospital went through expansions and diversification of specialties, always focusing on the quality of the services offered.

The Hospital has participated in certification processes since 1993 and currently is accredited by Accreditation Canada (Qmentum).

In recent years, they have made investments in state-of-the-art technology and modernization of the facilities that made it possible to reach an installed capacity of 350 beds, in addition to a wide range of outpatient and diagnostic services, which combined with the excellence of the Clinical Staff, has been allowing the growth and development of new services.

HIGHLIGHTS 2016/2017

The year of 2016 was marked by accomplishments that deserve special highlight. In May, the Robotic Surgery Program was implemented and more than 100 gynecology, urology and digestive procedures were performed.

Cardiological Care was also strengthened with the implementation of 10 dedicated intensive care beds, 24-hour Cardiology Emergency Care, Cardiology Angio CT, and with the beginning of the construction of the check-up service and outpatient diagnosis service.

Hospitality services in the Mother-Child Unit have also been improved.

The works in the new building intended for outpatient clinics and administration were completed. Triple checking for medication administration at the bedside has been implemented in inpatient units, with electronic dispensaries.

BRASIL Hospital e Maternidade

Characterization	
Full Member Hospital	Since 2004
For-profit organization	
Foundation	1970
Constructed area	33,000 m²
Clinical staff organization	Open
Hospital Accreditation	Qmentum

Key indicators 2016	
Operational Beds	350
ICU Beds	108
Credentialed physicians	886
Active employees	1,963
Visits to the Emergency Department	198,086
Outpatient Visits	355,096
Hospital Admissions	24,672
Surgeries (except for deliveries)	13,085
Deliveries	3,284
Tests and Exams	1,840,324

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Santo André, SP - 09020-110
(11) 2127-6460
www.hospitalbrasil.com.br

INSTITUTIONAL PROFILE

HOSPITAL E MATERNIDADE SANTA JOANA

Characterization	
Full Member Hospital	Since 2002
For-profit organization	
Foundation	1948
Constructed area	40,000 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, JCI

Key indicators 2016	
Operational Beds	347
ICU Beds	104
Credentialed physicians	6,000
Active employees	2,156
Visits to the Emergency Department	57,691
Outpatient Visits	Not applicable
Hospital Admissions	28,587
Surgeries (except for deliveries)	9,325
Deliveries	16,000
Tests and Exams	63,418

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São Paulo, SP - 04103-000
(11) 5080-6000
www.santajoana.com.br

Hospital e Maternidade Santa Joana was founded in 1948, from the initiative of a group of young physicians, whose goal was to offer safer childbirth for women in São Paulo. One of these doctors was Dr Eduardo Amaro who, over almost five decades, led the team responsible for transforming the little clinic of the 1940's into one of the leading maternal-fetal healthcare organizations in Brazil. In 2000, the acquisition of the traditional maternity Pro Matre Paulista expanded the presence of the organization in the city of São Paulo to form Groupo Santa Joana, which in 2009 incuded the maternities, Perinatal Laranjeiras and Barra in Rio de Janeiro.

HIGHLIGHTS 2016/2017

In 2016, Grupo Santa Joana continued venturing in the area of health and strengthening its specialization in highly complex cases within perinatology. Throughout the year, the consolidation of the concept of Neurological NICU enabled advances in the treatment of babies affected by occurrences such as neonatal asphyxia, ensuring survival and quality of life for these children. This investment also generated an unprecedented partnership with Stanford University in the United States, for professional exchange and information sharing. Another contribution of high social value was the organization's partnership with the Department of Health of the State of São Paulo to provide professional training to the public network in Santa Joana's simulation center. Recently, the organization also joined another social program, signing up for the initiative "Corujão da Saúde" of the city of São Paulo, with the donation 1200 gynecological ultrasounds to reduce the waiting time for tests in the public network.

INSTITUTIONAL PROFILE

HOSPITAL ESPERANÇA

Counting 16 years of existence, Hospital Esperança Recife was the first hospital to be accredited in the Northeast of Brazil by Accreditation Canada International, a strict quality program that assesses and certifies healthcare organizations in more than 20 countries. The international methodology of excellence QMentum International guides and monitors high performance standards in quality and safety, placing Esperança at the same level as the best international healthcare organizations.

We have the largest private mother-child center of the State, with capacity for 60 inpatient beds and 20 NICU beds, in addition to emergency and operating rooms dedicated to obstetric care.

In the field of technology, Esperança has reached the landmark of 100 robotic surgeries with Vinci SI robot, which can perform highly complex surgeries with great precision.

ESPERANÇA

Characterization	
Full Member Hospital	Since 2004
For-profit organization	
Foundation	2000
Constructed area	33,399 m²
Clinical staff organization	Mixed
Hospital Accreditation	Accreditation Canada

Key indicators 2016	
Operational Beds	293
ICU Beds	76
Credentialed physicians	188
Active employees	1,854
Visits to the Emergency Department	108,304
Outpatient Visits	Not applicable
Hospital Admissions	77,289
Surgeries (except for deliveries)	9,485
Deliveries	2,694
Tests and Exams	607,677

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www.hospitalesperanca.com.br

INSTITUTIONAL PROFILE

HOSPITAL INFANTIL SABARÁ

Sabará HOSPITAL INFANTIL

Characterization	
Full Member Hospital	Since 2014
For-profit organization	
Foundation	1962
Constructed area	15,070 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	108
ICU Beds	28
Credentialed physicians	1,132
Active employees	685
Visits to the Emergency Department	108,695
Outpatient Visits	6,402
Hospital Admissions	9,381
Surgeries (except for deliveries)	10,878
Deliveries	Not applicable
Tests and Exams	223,146

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(11) 3155-2800
www.hospitalinfantilsabara.org.br

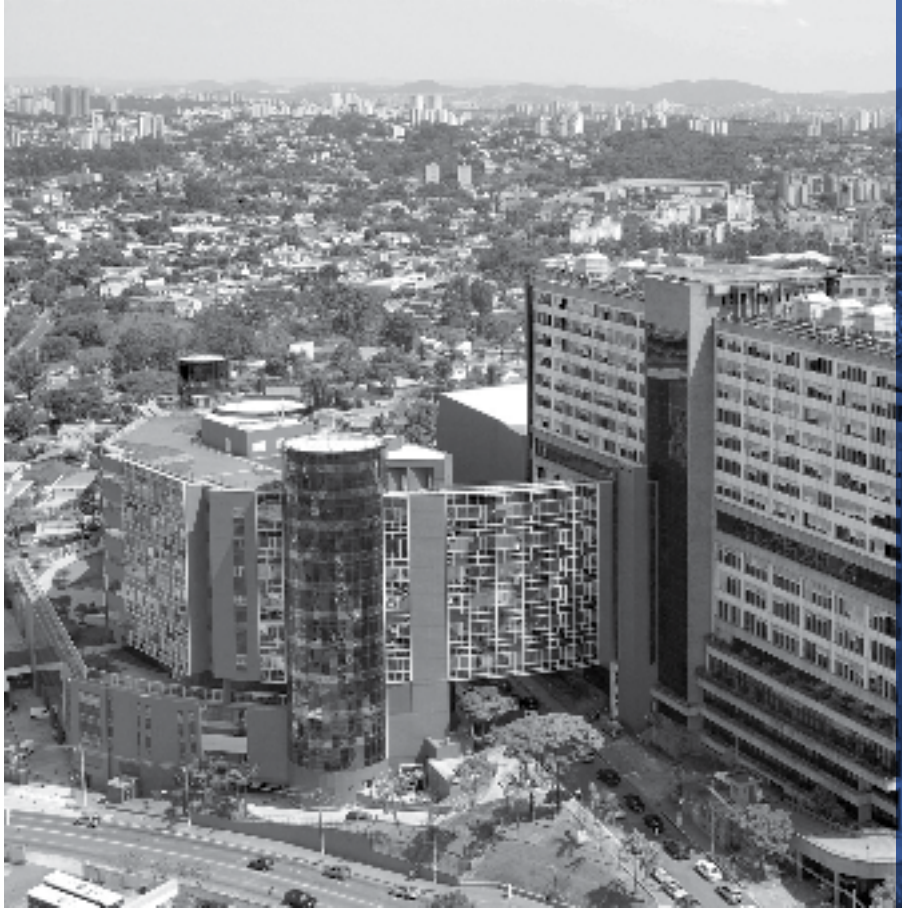
Hospital Infantil Sabará is a not-for-profit organization and the healthcare arm of Fundação José Luiz Egydio Setúbal, which also includes Instituto PENSI, focused on research, education and social projects in healthcare for children and adolescents.

It is one of the largest and most respected pediatric centers in Brazil, accredited by the Joint Commission International and recognized for its excellence in patient care and pioneer work in the area, since its opening in 1962. Operating from a 17-story building on Avenida Angélica, in São Paulo, it follows the Children´s Hospital concept, whose clinical care model is backed

HIGHLIGHTS 2016/2017

Hospital Infantil Sabará was accredited for the second time in August 2016 by the Joint Commission International (JCI), demonstrating continuous compliance with internationally recognized standards. The golden seal of Hospital Accreditation, awarded to organizations after the survey process, is a symbol of quality that reflects the organization's commitment with the provision of safe and effective patient care.

JCI's re-accreditation ratifies the organization's commitment with the highest standards of quality and safety in the care provided to children and families, comparable to the best healthcare facilities in the world. Sabará's mission, as the only private hospital dedicated exclusively for children in the State of São Paulo and a pioneer in the country, is to keep and enhance every day the excellent care that is already a reference in Brazil.



INSTITUTIONAL PROFILE

HOSPITAL ISRAELITA ALBERT EINSTEIN

Einstein arrives at the 61st year of its history as one of the leading healthcare organizations of Latin America, recognized by the excellence of its medical and care practices and by its vocation to innovate. It was the first hospital outside the United States to be accredited by the Joint Commission International, and it has many other important certifications.

Its work includes health promotion, prevention, diagnosis, treatment, and rehabilitation and its vitality is expressed in the activities of research, education, consultancy, and training to other organizations. It develops partnerships with the public sector, with highlight for the transplant program and work in about twenty healthcare units, including the management of the municipal hospitals Dr. Gerald Deutsch – M'boi Mirim and Vila Santa Catarina.

HIGHLIGHTS 2016/2017

Einstein made 2016 another year of important achievements: the implementation of Cerner's Millennium management system, the refurbishment of the building of its new Chácara Klabin unit, the new building of the Pediatric Emergency Care in Ibirapuera Unit, the first class of its medicine school, and the new education unit in Belo Horizonte (MG). The first year of operation of Hospital Municipal Vila Santa Catarina was another example of the partnerships with the city of São Paulo, this one with support of the Ministry of health. This relationship with the public sector is also at federal level, as evidenced by 1,733 liver transplants, 1,077 kidney transplants, and 83 heart transplants performed by the Transplant Program since 2002, and the implementation of the Adequate Birth Program. Other relevant actions come from the digital world, with new applications, telemedicine services, and the partnership with Google to provide reliable information on health.

ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1971
Constructed area	296,300 m²
Clinical staff organization	Mixed
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	1,099
ICU Beds	144
Credentialed physicians	8,146
Active employees	12,929
Visits to the Emergency Department	1,070,572
Outpatient Visits	702,070
Hospital Admissions	78,499
Surgeries (except for deliveries)	61,943
Deliveries	11,776
Tests and Exams	8,038,448

Av. Albert Einstein, 627/701 - Morumbi
São Paulo, SP - 05652-900
(11) 2151-1233
www.einstein.com.br

INSTITUTIONAL PROFILE

HOSPITAL MADRE TERESA

HOSPITAL MADRE TERESA
INSTITUTO DAS PEQUENAS MISSIONÁRIAS DE MARIA IMACULADA

Characterization	
Full Member Hospital	Since 2014
Not-for-profit organization	
Foundation	1982
Constructed area	30,000 m²
Clinical staff organization	Closed
Hospital Accreditation	Qmentum

Key indicators 2016	
Operational Beds	341
ICU Beds	52
Credentialed physicians	370
Active employees	1,629
Visits to the Emergency Department	53,872
Outpatient Visits	198,561
Hospital Admissions	19,156
Surgeries (except for deliveries)	13,292
Deliveries	Not applicable
Tests and Exams	165,343

Av. Raja Gabáglia, 1002 - Gutierrez
Belo Horizonte, MG - 30441-070
(31) 3339-8000
www.hospitalmadreteresa.org.br

Hospital Madre Teresa, managed by the Institute of the Little Missionaries of Maria Imaculada (IPMMI), celebrates its 35th anniversary this year as a general hospital. The Institution is recognized as a reference in the State of Minas Gerais. Currently, Hospital Madre Teresa has a broad structure to provide care for patients at different levels of complexity. The Institution has more than 350 beds distributed across Inpatient Units, an Intensive Care Unit, a 24/7 Emergency Room and a Day Hospital for admissions with an average duration of stay of 12 hours.

The Operating Theater is comprehensive and modern with 12 rooms prepared for elective and urgent procedures. Hospital Madre Teresa also houses an Outpatient Clinic, a Diagnostic Imaging Center, a Laboratory and a Development, Teaching and Research Center. The Hospital has a clinical staff team of more than 350 physicians providing care in 38 clinical and surgical specialties, in addition to approximately 1,600 employees.

In 2016, Hospital Madre Teresa provided outpatient and emergency care for more than 250,000 patients, hospitalized 19,000 patients and performed approximately 13,000 surgeries at different levels of complexity.

HIGHLIGHTS 2016/2017

Hospital Madre Teresa achieved many significant accomplishments in 2016. The main one was earning recertification from the Accreditation Canada International (ACI) – Qmentum accreditation program which makes the Hospital one of the safest healthcare institutions in the world according to Canadian requirements. Another highlight was the public recognition through a Quality Award and two awards from the 12th Award of the Brazilian Federation of Hospital Administrators.

The expansion of the facility must also be highlighted. In 2016, Hospital Madre Teresa opened a new ICU, increasing the number of beds and providing modern and comfortable facilities for patients. The expansion and modernization of the Surgical Unit is expected to commence in 2017.

In addition, Hospital Madre Teresa implemented the Kaizen Teian program based on the Lean methodology in April last year. The program promoted a change in the Hospital's internal culture, encouraging employees and managers to identify improvement opportunities within the institution. Over 100 Kaizen Projects were recommended and implemented in the first eight months, resulting in annual savings of approximately R$ 780,000.

INSTITUTIONAL PROFILE

HOSPITAL MÃE DE DEUS

Hospital Mãe de Deus has been operating since 1979, providing comprehensive solutions in healthcare, from diagnosis to treatment.

It is the only hospital in the South of Brazil that has been certified by both the National Accreditation Organization (ONA), at level 3, and the Joint Commission International (JCI).

Hospital Mãe de Deus has approximately 55,000 square meters of constructed area with 2,000 pieces of state-of-the-art equipment, highly-qualified professionals and specialized clinical staff.

The hospital is part of the Mãe de Deus Healthcare System, maintained by the philanthropic entity Associação Educadora São Carlos (AESC), an arm of Christian Congregation Irmas Missionárias de São Carlos Borromeo (Scalabrinianas).

HIGHLIGHTS 2016/2017

In 2016, Hospital Mãe de Deus opened Hospital do Cancer Mãe de Deus which will be one of the most modern centers in Latin America. The Hospital will house a unit for Leukemia Treatment and Bone Marrow Transplant.

With an investment of R$ 70 million, Hospital do Cancer Mãe de Deus will triple its annual assistance capacity in the next five years.

In 2017, Hospital Mãe de Deus will be the first institution in Latin America to acquire the latest PET/CT scan – the GE Discovery IQ – which increases diagnostic precision, reduces examination time and conducts studies in 4D adding respiratory synchronism to imaging.

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1979
Constructed area	55,000 m²
Clinical staff organization	Mixed
Hospital Accreditation	JCI, ONA III

Key indicators 2016	
Operational Beds	346
ICU Beds	75
Credentialed physicians	1,916
Active employees	2,614
Visits to the Emergency Department	30,984
Outpatient Visits	67,159
Hospital Admissions	17,307
Surgeries (except for deliveries)	58,694
Deliveries	2,352
Tests and Exams	1,353,045

Av. José de Alencar, 286 - Menino Deus
Porto Alegre,RS - 90880-480
(51) 3230-6000
www.maededeus.com.br

INSTITUTIONAL PROFILE

HOSPITAL MARCELINO CHAMPAGNAT

Hospital MARCELINO CHAMPAGNAT
GRUPO MARISTA

Characterization	
Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	2011
Constructed area	34,000 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	86
ICU Beds	30
Credentialed physicians	645
Active employees	638
Visits to the Emergency Department	58,624
Outpatient Visits	88,074
Hospital Admissions	9,034
Surgeries (except for deliveries)	7,888
Deliveries	Not applicable
Tests and Exams	489,953

Av. Pres. Affonso Camargo, 1399 - Cristo Rei
Curitiba, PR - 80050-370
(41) 3087-7600
www.hospitalmarcelino.com.br

Opened in 2011, Hospital Marcelino Champagnat is part of Grupo Marista, whose main commitment is to offer humanized care and promotion of healthcare and wellbeing of patients. During five years of activities, especially in medium and high complexity services in clinical and surgical areas, the hospital has stood out in the areas of cardiology, orthopedics, general surgery and neurology. The organization has modern devices, General ICU and Coronary and Neurovascular Units (UCN). Solidly based on ethical and solidary principles, HMC services are specialized, qualified and customized. These values are responsible for building new relations between healthcare professionals and patients.

HIGHLIGHTS 2016/2017

Hospital Marcelino Champagnat was accredited by Joint Commission International (JCI) in December 2016. The organization is the largest healthcare accreditation agency in the world and the hospital has become the first one in the state of Paraná to hold the accreditation.

In 2016, the hospital was accredited at Rede Brasileira de Hospitais Sentinela – Anvisa (Network of Sentinel Hospitals), to encourage the notification of adverse events that happen in hospitals. In addition, it has been credentialed for skeletal muscle tissue transplant and human heart valves. In 2016, the Hospital was also credentialed to perform Kidney Transplants. The Health Check-up service of Hospital Marcelino Champagnat offers periodic post-checkup monitoring of the patients.

Some additional investments: Emergency Department has received air conditioning, renovation of the kitchen and restructuring of administrative areas (financial/ billing).

INSTITUTIONAL PROFILE

HOSPITAL MÁRCIO CUNHA

São Francisco Xavier Foundation, a not-for-profit entity under private law, was established by the company Usiminas in 1969, and currently operates in healthcare and education industries. It is responsible for managing six business units, including Hospital Marcio Cunha (HMC) – a general hospital that translates its philosophy into well-structured actions in high complexity areas and provides outpatient, ER, inpatient and diagnostic services. Hospital Marcio Cunha has 533 beds distributed across two units, with a third unit dedicated exclusively to the treatment of cancer patients, as well as a Diagnosis Unit, which is a referral center for about 800,000 people from more than 35 municipalities in the East of the State of Minas Gerais. In 2016, the accreditations from the National Accreditation Organization (ONA) and DIAS/NIAHO were renewed. In the same year, HMC was the first hospital in Minas Gerais to earn accreditation from the Healthcare Information and Management Systems Society (HIMSS), at level 6, that reinforces the use of Information Technology (IT) as a support tool for quality and safety in patient care.

HIGHLIGHTS 2016/2017

The Oncology Unit underwent structural improvements, expansions and modernizations. The new building of the Pediatric Oncology Unit is in its final stage with eight inpatient beds, three chemotherapy chairs, two medical offices, children's toys and games, a living room and radiotherapy incorporated with new technologies. The acquisition of new linear accelerators enabled a new system to provide IMRT and brachytherapy treatments.

Hospital Marcio Cunha also opened a Palliative Care Unit with 20 beds for terminally ill cancer patients and a Rehabilitation Center for patients with specific neurological and orthopedic conditions.

The Renal Replacement Therapy Center also underwent expansions and improvements enabling growth and optimization in patient care across all modalities. The survival rate of patients who have undergone transplants has increased to 95.4% over the past six years, equaling the main centers in Brazil and in the world.

HMC HOSPITAL MÁRCIO CUNHA

Characterization	
Full Member Hospital	Since 2014
Not-for-profit organization	
Foundation	1965
Constructed area	44,318 m²
Clinical staff organization	Closed
Hospital Accreditation	ONA III, NIAHO

Key indicators 2016	
Operational Beds	533
ICU Beds	40
Credentialed physicians	392
Active employees	3,407
Visits to the Emergency Department	137,633
Outpatient Visits	254,509
Hospital Admissions	31,948
Surgeries (except for deliveries)	15,296
Deliveries	5,203
Tests and Exams	374,274

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(31) 3829-9000
www.hmarciocunha.com.br

INSTITUTIONAL PROFILE

HOSPITAL MATER DEI CONTORNO

MaterDei Hospital Contorno

Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	2014
Constructed area	Not reported
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	154
ICU Beds	83
Credentialed physicians	4,063
Active employees	777
Visits to the Emergency Department	169,418
Outpatient Visits	25,760
Hospital Admissions	10,566
Surgeries (except for deliveries)	18,022
Deliveries	Not applicable
Tests and Exams	545,365

Av. do Contorno, 9000 - Barro Preto
Belo Horizonte, MG - 30110-064
(31) 3339-9000
www.materdei.com.br

Hospital Mater Dei Contorno, which was opened on June 1st, 2014, is part of Rede Mater Dei de Saúde.

The Institution, which was conceived to meet the demands of patients, physicians and healthcare plan operators, is a high-complexity general hospital with state-of-the-art technology that provides excellent care and has as its main focus the medical and hospital care of patients.

All investments have made Hospital Mater Dei Contorno become one of the major hospital projects in Latin America in recent years.

The building was designed based on technologies that ensure energy efficiency and reduce the impact on the environment.

Hospital Mater Dei Contorno was the first hospital in the State of Minas Gerais to receive accreditation from the Joint Commission International (JCI). The Institution did not show any nonconformity in its evaluation process.

HIGHLIGHTS 2016/2017

The Integrated Cancer Hospital (HIC), which was opened in 2016, is a pioneer in the State of Minas Gerais as an integrated general hospital, providing patients and family members with excellent and compassionate care with all clinical staff at a patient's disposal.

The first Cancer Emergency Department and the Bone Marrow Transplant Unit in the State of Minas Gerais are part of the Integrated Cancer Hospital.

Hospital Mater Dei Contorno has modern Adult and Pediatric Emergency Departments with risk classification and teams that operate independently of each other.

As for the Surgical Center, it has intelligent rooms and one hybrid room.

The Institution has an exclusive floor for both the Pediatric Inpatient and Intensive Care Units.

One of the highlights includes the Mater Dei Diagnostic Medicine Department which provides patients with a comprehensive technology park to undergo various accurate and advanced imaging diagnostic and laboratory examinations.

INSTITUTIONAL PROFILE

HOSPITAL MATER DEI SANTO AGOSTINHO

Hospital Mater Dei Santo Agostinho, which was opened on June 1st, 1980, is part of Rede Mater Dei de Saúde. The Institution is a highly-complex general hospital that provides care in various medical specialties.

Hospital Mater Dei Santo Agostinho is a pioneer in many ways in the State of Minas Gerais and continues to strive for innovation in technology, processes, clinical governance and healthcare for patients.

The first expansion of the Hospital occurred in the year 2000, with the opening of Building II. In 2014, Hospital Mater Dei Santo Agostinho revived an important part of its history by opening a Human Reproduction Center.

The Hospital has been selected by the National Health Surveillance Agency (ANVISA) Sentinel Network.

Hospital Mater Dei Santo Agostinho has been accredited for excellence at level 3 by the National Accreditation Organization (ONA), in addition to receiving accreditation from the National Integrated Accreditation for HealthCare Organizations (NIAHO) and ISO 9001:2008.

HIGHLIGHTS 2016/2017

In 2016, Hospital Mater Dei Santo Agostinho stood out in the Appropriate Delivery Project with 52% of vaginal deliveries – the highest rate in Brazil amongst other healthcare institutions participating in the initiative.

The Hospital will also participate in the new stage of the above-mentioned project as a Hospital HUB.

Hospital Mater Dei Santo Agostinho, which concentrates most of the maternity and neonatology care of Rede Mater Dei de Saúde, has expanded both its Neonatal Intensive Care Unit and Obstetric Unit with new admission rooms to monitor patients in labor based on the PPP concept.

In addition, Rede Mater Dei de Saúde expanded its Gynecological and Obstetric Emergency Department at the beginning of 2017.

Mater Dei Diagnostic Medicine Center also operates in the Hospital, providing all the necessary support for patients to undergo various accurate and advanced imaging diagnostic and laboratory examinations.

MaterDei
Hospital Santo Agostinho

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1980
Constructed area	35,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III, NIAHO

Key indicators 2016	
Operational Beds	245
ICU Beds	80
Credentialed physicians	4,063
Active employees	1,442
Visits to the Emergency Department	227,411
Outpatient Visits	12,003
Hospital Admissions	20,368
Surgeries (except for deliveries)	14,032
Deliveries	3,220
Tests and Exams	1,082,474

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(31) 3339-9000
www.materdei.com.br

INSTITUTIONAL PROFILE

HOSPITAL MEMORIAL SÃO JOSÉ

Characterization	
Full Member Hospital	Since 2004
For-profit organization	
Foundation	1989
Constructed area	26,000 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	150
ICU Beds	35
Credentialed physicians	973
Active employees	842
Visits to the Emergency Department	78,869
Outpatient Visits	Not applicable
Hospital Admissions	12,701
Surgeries (except for deliveries)	6,937
Deliveries	1,465
Tests and Exams	Not applicable

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Recife, PE - 50070-160
(81) 3216-2222
www.hospitalmemorial.com.br

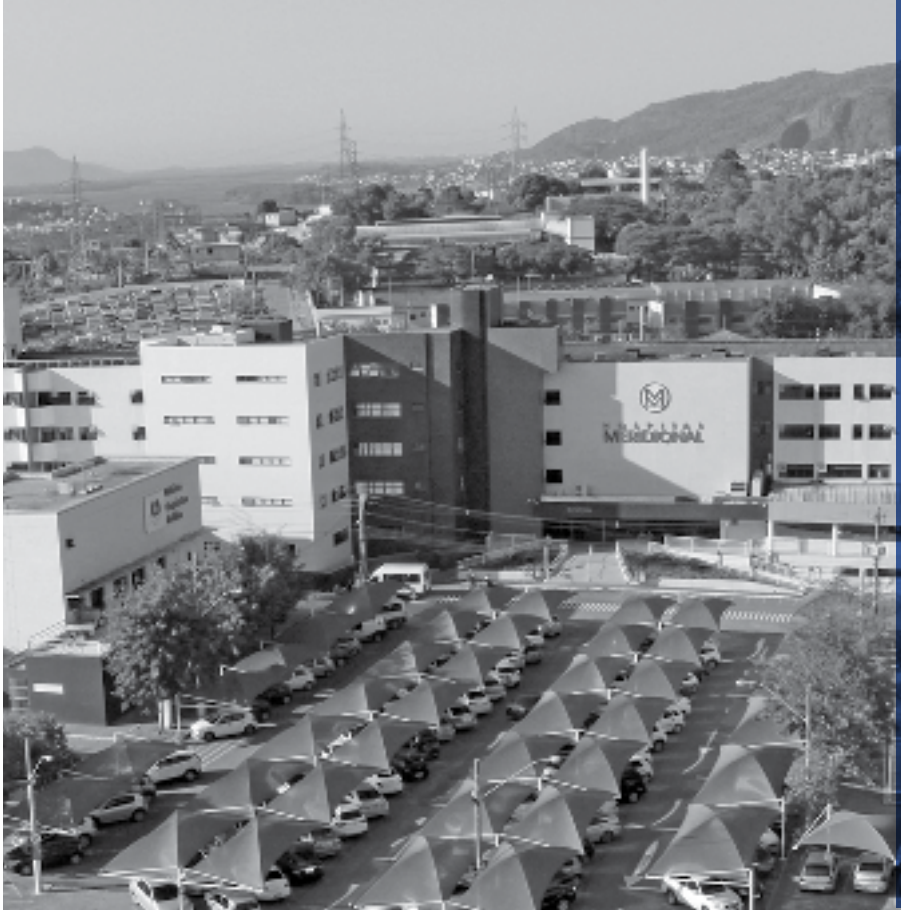
Founded on June 2nd, 1989, the Hospital Memorial São José complex was opened in Recife with access to technological innovations and high-complexity procedures – which were previously only performed overseas. The hospital has its own physical infrastructure in a complex which comprises six buildings housing state-of-the-art equipment, together with one of the most comprehensive diagnostic centers in Brazil. All of this enables patients to undergo any examination or procedure in the hospital itself.

In addition to multidisciplinary emergency, the hospital has adult, neonatal and coronary ICUs and three surgical units, including one exclusively for women. All investments in the physical area and in cutting-edge technology of the Hospital are accompanied by continued professional advanced training of its medical team. Hospital Memorial São José was re-accredited by the Joint Commission International (JCI) in 2015.

HIGHLIGHTS 2016/2017

The major highlight of 2016 was the acquisition of Hospital Memorial São José by Rede D'Or São Luiz – the largest private hospital chain in Brazil and a great reference in medium and highly complex care. This acquisition is part of the expansion project of the institution aimed to reach the mark of 8,000 beds in Brazil by 2020. There are currently 4,900 beds distributed across 31 hospitals in Rio de Janeiro, São Paulo, Pernambuco and Distrito Federal.

For the account of this association, investments in structure and technological expansion are being made, in addition to implementing new operational processes associated with a management model focused on quality, safety and excellence in patient care. Expansions in the Emergency Room, Surgical Unit, Materials and Sterilization Center (CME), Neonatal ICU and Milk Room are planned for 2017.



INSTITUTIONAL PROFILE

HOSPITAL MERIDIONAL

Hospital Meridional, which is located in the town of Cariacica in the State of Espírito Santo, was opened in 2001 with 50 beds and has become a high quality, purposeful and lively hospital complex.

Hospital Meridional was the first hospital in the State of Espírito Santo to receive accreditation from the National Accreditation Organization (ONA) in 2005. In 2011, the Hospital became the first and only hospital in the State to receive accreditation from Accreditation Canada International, and, in 2014, it gained accreditation from QMentum International.

Constant investments have enabled the Hospital to reach the mark of 185 beds, including 50 ICU beds. The Meridional Group currently comprises Hospitals Praia da Costa, São Luiz, São Francisco, Meridional and Meridional São Mateus, and has a total of 391 active beds, of which 101 are adult ICU beds.

Hospital Meridional has also become one of the largest transplant centers in Brazil with 84 transplants, including eight heart transplants, performed during 2016.

HIGHLIGHTS 2016/2017

In 2016, the Meridional Group opened its first unit outside Greater Vitória: the Hospital Meridional São Mateus, in the North of the State of Espírito Santo. Hospital Meridional São Mateus is the largest private hospital in the region and provides care to approximately 420,000 patients from nearly 22 municipalities in the North of the State of Espírito Santo, in addition to the South of the State of Bahia.

The Hospital has infrastructure to deal with highly-complex cases in the following specialties: Oncology, Cardiology, Pediatrics and Neurology. It also has pediatric and adult ICUs, maternity care, a cath lab and an ER, in addition to providing comprehensive diagnostic services with PET scan and magnetic resonance, amongst other services. Hospital Meridional São Mateus has a constructed area of 10,700 square meters with an investment of R$ 80 million. Initially, the Hospital had 60 operational beds, of which 20 were Adult ICU beds. Currently, it has 110 beds operating, including 39 ICU beds. The Emergency Room is able to provide care to 8,000 patients on a monthly basis.

HOSPITAL MERIDIONAL

Characterization	
Full Member Hospital	Since 2006
For-profit organization	
Foundation	2001
Constructed area	17,342 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2016	
Operational Beds	185
ICU Beds	52
Credentialed physicians	307
Active employees	814
Visits to the Emergency Department	82,659
Outpatient Visits	77,430
Hospital Admissions	7,649
Surgeries (except for deliveries)	8,873
Deliveries	Not applicable
Tests and Exams	458,049

Av. Meridional, 200 - Alto Laje
Cariacica, ES - 29151-920
(27) 3346-2000
www.hospitalmeridional.com.br

INSTITUTIONAL PROFILE

HOSPITAL METROPOLITANO

Characterization	
Full Member Hospital	Since 2013
For-profit organization	
Foundation	1996
Constructed area	21,216 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	131
ICU Beds	40
Credentialed physicians	958
Active employees	790
Visits to the Emergency Department	84,683
Outpatient Visits	117,766
Hospital Admissions	8427
Surgeries (except for deliveries)	12,553
Deliveries	413
Tests and Exams	316,192

Av. Eudes Scherrer Souza, 488 - P. R. Laranjeiras
Serra, ES - 29165-680
(27) 2104-7000
www.metropolitano.org.br

Hospital Metropolitano, which is located in the town of Serra in the metropolitan region of the Greater Vitória, in the State of Espírito Santo, celebrated its 20th anniversary in May 2016. Hospital Metropolitano has become a reference for a number of medical specialties thanks to its innovative nature and ability to perform highly-complex medical procedures. The institution also stands out for its state-of-the-art infrastructure and highly qualified and committed professionals, with a focus on safety and quality, in addition to technology.

Intensive care, cardiology, internal medicine, infectology, hematology and oncology are the fields in which the hospital provides outstanding, comprehensive and integrated healthcare. In addition, Hospital Metropolitano is the only hospital in the State of Espírito Santo to invest in the construction of a unit solely dedicated to geriatric patients.

The hospital has been accredited for excellence at level 3 by the National Accreditation Organization (ONA) since 2012. Furthermore, for five consecutive years, it has ranked among the 250 Small and Medium-sized Companies with the highest growth rates in Brazil, in accordance with a survey conducted by Deloitte in partnership with Exame PME magazine.

HIGHLIGHTS 2016/2017

The year 2016 marked the consolidation of the cardiology services of Hospital Metropolitano which not only have state-of-the-art infrastructure in the Cath lab and cardiovascular ICU but also a 24/7 Cardiology Emergency Unit.

Another significant progress was the insourcing of physiotherapy and nutrition activities which required significant effort for improvement.

The institution has also facilitated the opening of the Digestive System Institute.

The greatest achievement in 2016 was the recognition of our people management policy focused on attracting, building the capacity of, engaging and retaining people. The Hospital ranked third in the organizational climate survey on safety culture and patients carried out by Hay Group with hospitals which are members of Anahp.

Our main investment focus in infrastructure in 2017 is to expand the general ICU and Geriatric Unit. 2017 has started with the opening of the Odontoface Clinic, where treatments in ten specialties are provided, including maxillofacial surgery.

INSTITUTIONAL PROFILE

HOSPITAL MOINHOS DE VENTO

The growth trajectory of Hospital Moinhos de Vento has enabled it become a reference for medical, patient care and management practices. Founded on October 2nd, 1927 by German immigrants, the Institution has the mission of saving lives. Its institutional strategy is aligned with innovative medical capability, which led the Hospital to be recognized by the Ministry of Health as one of the six Hospitals of Excellence in Brazil and the only one in the South of the country. In all its activities, the focus is on patient safety and medicine based on evidences, as well as on patient-centered care and the quality of the services provided. Hospital Moinhos de Vento earned accreditation from Joint Commission International (JCI) in 2002, and reaccreditation in 2005, 2008, 2011 and 2014, respectively.

In 2003, the hospital signed a historic affiliation agreement with Johns Hopkins Medicine International. Since then the two institutions have been working together to develop medical specialties and monitor and expand best medical and patient care practices.

HIGHLIGHTS 2016/2017

Hospital Moinhos de Vento opened the Oncology Center Lydia Wong Ling in 2016, taking an important step towards becoming an international reference for cancer treatment.

In order to improve an advanced and welcoming structure that aligns medicine and technology, there was an investment of R$ 30 million, which further enhances the performance of multidisciplinary teams.

The hospital also consolidated the expansion project aimed at the construction of a new building for admission purposes. The complex, expected to be opened in the second half of 2017 with an investment of approximately R$ 100 million, will provide care to 3,000 new patients on an annual basis, increasing the number of beds by 100 directed to intensive care, the blood cancer unit and for clinical and surgical inpatients.

HOSPITAL MOINHOS DE VENTO | Afiliado a JOHNS HOPKINS MEDICINE INTERNATIONAL

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1927
Constructed area	83,577 m²
Clinical staff organization	Mixed
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	308
ICU Beds	72
Credentialed physicians	2,739
Active employees	3,401
Visits to the Emergency Department	69,773
Outpatient Visits	243,482
Hospital Admissions	23,390
Surgeries (except for deliveries)	22,129
Deliveries	4,189
Tests and Exams	1,248,133

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Porto Alegre, RS - 90035-001
(51) 3314-3434
www.hospitalmoinhos.org.br

INSTITUTIONAL PROFILE

HOSPITAL MONTE SINAI

Characterization	
Full Member Hospital	Since 2006
For-profit organization	
Foundation	1988
Constructed area	28,250 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III, NIAHO

Key indicators 2016	
Operational Beds	272
ICU Beds	53
Credentialed physicians	1,295
Active employees	1,065
Visits to the Emergency Department	24,246
Outpatient Visits	38,091
Hospital Admissions	13,120
Surgeries (except for deliveries)	10,207
Deliveries	694
Tests and Exams	Not applicable

R. Vicente Beghelli, 315 - Dom Bosco
Juiz de Fora, MG - 36025-550
(32) 2104-4455 / (32) 2104-4000
www.hospitalmontesinai.com.br

Hospital Monte Sinai celebrates its 23rd anniversary this year consolidating its hospital complex and being the main benchmark for high-quality medical care in a region of more than two million people.

The Hospital has been investing in high-performing clinical staff since its foundation, always valuing its shareholders and expanding the fields of specialties and services and range of medical technology, and currently has more than 1,200 specialist healthcare staff.

Hospital Monte Sinai has been a pioneer in many surgical specialties and a referral hospital for the region. It is recognized as a center of scientific innovation and a healthcare service center for nearly all diagnostic investigation and therapeutic care.

Hospital Monte Sinai was the first hospital in the State of Minas Gerais and the sixth in the country to be accredited for excellence at level 3 by the National Accreditation Organization (ONA) due to its management always focused on quality culture, in addition to obtaining various recertification.

Hospital Monte Sinai is the only hospital in the region accredited by the National Integrated Accreditation for HealthCare Organization (NIAHO).

HIGHLIGHTS 2016/2017

The opening of a new emergency facility has been the main Hospital investment in recent times. With a focus on highly-complex care, Hospital Monte Sinai has doubled the capacity of its Emergency Department and introduced an innovative concept to provide care in emergency situations and in major emergency situations in the region.

In addition, Hospital Monte Sinai continues to make progress in the field of transplants – a new and expanded Bone Marrow Transplant Unit is ready to commence operating at the beginning of 2017, with more beds and in synergy with the investments in the Transfusion Unit and Cell Therapy Center of the Hospital.

Hospital Monte Sinai was also accredited by the Ministry of Health as one of the six Liver Transplant Units in the State of Minas Gerais. The Hospital has founded its own Liver Group to improve the treatment and scientific advancement of liver disease and related medicine.

INSTITUTIONAL PROFILE

HOSPITAL NIPO-BRASILEIRO

Hospital Nipo-Brasileiro (HNB) knows there is nothing more valuable than health. For this reason, the Hospital has always been driven to actively promote and maintain health focused on humane treatment since its foundation in 1988.

Beneficência Nipo-Brasileira de São Paulo (Enkyo) is maintained by a not-for-profit entity, and currently provides modern and up-to-date care with efficiency, safety and quality.

Hospital Nipo-Brasileiro has been accredited for excellence at level 3 by the National Accreditation Organization (ONA) since 2013, and stands out as a center of reference providing full care in various complex medical specialties.

Care is provided by highly qualified multidisciplinary teams with state-of-the-art medical equipment.

In addition, Hospital Nipo-Brasileiro provides comprehensive guidance programs and preventive medicine services for the local community, fulfilling its social responsibility.

HIGHLIGHTS 2016/2017

Hospital Nipo-Brasileiro opened three new operating rooms and a Pre-Admission Unit on June 14th, 2016 in an area of 829 square meters with an investment of approximately R$ 7 million.

In addition, the Hospital opened a Trauma Center in October introducing a new concept in healthcare, ensuring promptness, rehabilitation and safety with an Emergency Care Unit for polytraumatized patients.

Hospital Nipo-Brasileiro has also expanded the Women's Health Unit by installing a piece of digital mammography equipment given by the Japanese Government through donations from the Japanese people.

During 2016, Hospital Nipo-Brasileiro earned recertification for excellence at level 3 by the National Accreditation Organization (ONA).

The Hospital also received a plate that certifies the compliance of high care quality standards in the provision of services in the healthcare industry, with a focus on patient safety.

There were also important scientific events, including the II Symposium on Quick Response Time, Institutional Training on Sepsis "The Value of Life! The Time is Now," the Seventh Infection Prevention Campaign – Handwashing and the V Symposium on Patient Safety.

ENKYO
Hospital
Nipo-Brasileiro

Characterization	
Full Member Hospital	Since 2008
Not-for-profit organization	
Foundation	1988
Constructed area	22,071 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	270
ICU Beds	50
Credentialed physicians	600
Active employees	1,590
Visits to the Emergency Department	289,324
Outpatient Visits	276,852
Hospital Admissions	17,417
Surgeries (except for deliveries)	15,423
Deliveries	2,650
Tests and Exams	1,177,711

R. Pistóia, 100 - Parque Novo Mundo
São Paulo,SP - 02189-000
(11) 2633-2200
www.hospitalnipo.org.br

INSTITUTIONAL PROFILE

HOSPITAL NOSSA SENHORA DAS GRAÇAS

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1953
Constructed area	38,686 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	240
ICU Beds	40
Credentialed physicians	1,695
Active employees	1,406
Visits to the Emergency Department	79,888
Outpatient Visits	69,349
Hospital Admissions	17,109
Surgeries (except for deliveries)	10,527
Deliveries	3,425
Tests and Exams	85,550

Rua Alcides Munhoz, 433 - Mercês
Curitiba, PR - 80810-040
(41) 3240-6060
www.hnsg.org.br

Hospital Nossa Senhora das Graças (HNSG), founded in 1953, is a philanthropic organization that belongs to Companhia Filhas da Caridade de São Vicente de Paulo. It gathers over 2,500 professionals who work together to prioritize humanization and excellence in healthcare service provision. Accredited for excellence by National Accreditation Organization (ONA), it is a reference in high complexity clinical and surgical treatments, such as bone marrow and liver transplantation.

Moreover, it has humanization, social responsibility and private-public partnership policies to favor humans, being responsible for five more hospitals that mostly see patients from the Universal Public Healthcare System (SUS), four in the state of Paraná and one in Santa Catarina. It totals the operations of six organizations that are part of Grupo Nossa Senhora das Graças that see 60% of SUS patients.

HIGHLIGHTS 2016/2017

A unique technology in the world was developed at Hospital Nossa Senhora das Graças (HNSG) Curitiba, to detect sepsis cases. Robot Laura, created by programmer Jacson Fressatto, was trained by professionals at HNSG and specialists of Laura Networks to identify potential patients with risk of the syndrome. When it identifies anything suspicion, it warns the teams.

For early detection of sepsis, the Hospital has a protocol to be strictly followed by the teams and this protocol provided knowledge to the robot. Laura reads the records of inpatients in real time (every 3.8 seconds), being a non-human intervention of data reading with information and notification speed.

Initial data confirm a trend to reduce mortality by sepsis, because professionals can identify the cases earlier, before the patient reaches the severe or shock level, which increases their likelihood to die. The robot was initially implemented in 2 nursing stations and, in 2017, it will be extended to the entire hospital.

INSTITUTIONAL PROFILE

HOSPITAL PILAR

Hospital Pilar is a genuinely Paranaense institution founded by Milva and João Milano on July 27th, 1964. The institution is currently a center of reference in emergency clinical and cardiac care and highly-complex surgeries.

Hospital Pilar has 107 beds, including rooms, wards, day hospital and ICU, with approximately 500 employees and physicians in more than 30 different specialties. On a monthly basis, hundreds of patients are referred to the operating room with state-of-the-art equipment, material management and technological sterilization, with more than one thousand patients seen in doctor's offices.

With significant investment and dedication of the founders, Hospital Pilar has become one of the most modern hospitals in the country and is still under the management of the Milano family, who foster the institution values – ethics and quality in healthcare.

HIGHLIGHTS 2016/2017

At the beginning of the year 2016, Hospital Pilar opened an entire new building dedicated to the Diagnostic Imaging Unit next to the hospital headquarters.

At the end of the year 2016, a new building became part of the hospital complex to particularly house the radiotherapy service, bringing together comfort, healthcare and technology.

In addition, the new Pilar Endoscopy Unit was opened in the second half of the year, and the Scintigraphy Center started construction and is expected to commence operating in the first quarter of 2017.

The institution maintains an annual calendar of scientific events to address health-related topics, integrate professionals from different areas and share technical knowledge with university students.

HOSPITAL PILAR

Characterization	
Full Member Hospital	Since 2014
For-profit organization	
Foundation	1964
Constructed area	15,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	107
ICU Beds	31
Credentialed physicians	997
Active employees	450
Visits to the Emergency Department	36,159
Outpatient Visits	16,838
Hospital Admissions	11,614
Surgeries (except for deliveries)	7,170
Deliveries	Not applicable
Tests and Exams	404,551

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Curitiba, PR - 80520-250
(41) 3072-7272
www.hospitalpilar.com.br

INSTITUTIONAL PROFILE

HOSPITAL PORTO DIAS

HOSPITAL PORTO DIAS

Characterization	
Full Member Hospital	Since 2013
For-profit organization	
Foundation	1995
Constructed area	51,000 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2016	
Operational Beds	308
ICU Beds	56
Credentialed physicians	351
Active employees	1,537
Visits to the Emergency Department	78,994
Outpatient Visits	32,400
Hospital Admissions	13,088
Surgeries (except for deliveries)	7,711
Deliveries	–
Tests and Exams	192,253

Av. Almirante Barroso 1454 - Marco
Belém, PA - 66093-020
(91) 3084-3000
www.hpd.com.br

Opened in 1995, Hospital Porto Dias (HPD) started its activities as an orthopedic hospitals and imaging center. In 1998, it implemented its first Intensive Care Unit, which provided advanced support to patients with complex clinical manifestations in different specialties.

In 2002, the organization was expanded, significantly increasing the number of beds and operating suites. In 2009, the hospital was certified with full status by National Accreditation Organization (ONA). In 2011, HPD was expanded again and reached 51,000 m² of constructed area and 410 beds, being 17 operating suites.

In 2013, the first liver transplant was performed in the North Region. In 2015, HPD achieved the first international accreditation as Diamond level by Qmentum International Accreditation.

HIGHLIGHTS 2016/2017

In 2016, HPD had its brand consolidated as a reference center in oncology, thanks to its convenient infrastructure, which included a dedicated inpatient unit, trained teams and the necessary resources to meet the needs of these patients.

The implementation of the Bedside Medication Checking Project has been completed in the 56 ICU beds, contributing to enhanced safety care of severe patient. In 2017, the project will be extended to all the remaining beds.

Moreover, HPD will renovate the outpatient area to optimize patient flow and build loyalty of the clinical staff that works in the organization. The Surgical Program will also receive relevant investments to increase the volume of high complexity surgeries.

INSTITUTIONAL PROFILE

HOSPITAL PORTUGUÊS

The origin of Hospital Português is connected with the merger of Sociedades Dezesseis de Setembro and Portuguesa de Beneficência – both founded in in 1857, to support Portuguese immigrants that had move to Brazil. To carry on with this humanitarian proposal, the organization Real Sociedade Portuguesa de Beneficência Dezesseis de Setembro was created on August 14, 1859, which received the title Royal by Portuguese monarchy. Celebrating 160 years, HP stands out for its modern and excellent care. The organization is also known for its state-of-the-art infrastructure, with experienced and qualified professionals, modern resources and interconnected units (Maternity Santamaria, Day Hospital and Medical Center HP). Moreover, HP manages municipal and regional units in the countryside of Bahia, in the cities of Miguel Calmon, Jacobina, Euclides da Cunha and Conceição do Coité, providing services through the Universal Public Health Care System (SUS).

HIGHLIGHTS 2016/2017

In 2016, clinical excellence has brought to Hospital Português (HP) the traditional recognition by well-known awards. The hospital has received for the first time the Top of Mind award, as the private hospital most recalled by people in Bahia. The hospital was also reaccredited as Level III by National Accreditation Organization, confirming the top quality of the hospital services. By overcoming sustainability challenges, HP was also awarded for the first time with Prêmio Líderes da Saúde Norte e Nordeste (Leaders of Healthcare in North and Northeast). At Benchmarking Saúde Bahia, two more awards: Bronze in categories of Social Action and Philanthropic Hospital. HP also received a special prize as recognition of its 160-year legacy as a healthcare organization in the state.

160 ANOS
Hospital Português

Characterization	
Full Member Hospital	Since 2002
Not-for-profit organization	
Foundation	1857
Constructed area	34,991 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	404
ICU Beds	133
Credentialed physicians	2,367
Active employees	3,622
Visits to the Emergency Department	34,174
Outpatient Visits	16,620
Hospital Admissions	18,603
Surgeries (except for deliveries)	16,418
Deliveries	2,930
Tests and Exams	98,362

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Salvador, BA - 40140-901
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www.hportugues.com.br

INSTITUTIONAL PROFILE

HOSPITAL PRÓ-CARDÍACO

HOSPITAL
Mais vida em seu coração

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1959
Constructed area	15,370 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	94
ICU Beds	41
Credentialed physicians	143
Active employees	1,030
Visits to the Emergency Department	12,458
Outpatient Visits	Not applicable
Hospital Admissions	4,501
Surgeries (except for deliveries)	1,399
Deliveries	Not applicable
Tests and Exams	468,645

R. Dona Mariana, 219 - Botafogo
Rio de Janeiro, RJ - 22280-020
(21) 2528-1442
www.procardiaco.com.br

Hospital Pró-Cardíaco was founded by a group of cardiologists in 1959 and since then it has become a national reference brand in innovation and excellence in cardiovascular care. It has disseminated the concept of Chest Pain Unit with cell therapy for acute myocardial infarction and, more recently, the artificial ventricular implant in cases of advanced heart failure or cardiogenic shock.

Its culture is based on collaborative and multidisciplinary patient-centered care and in projects of patient quality and safety. At the same, the hospital trains new talents through its program of medical residency in multiple specialties directed to value-based care, encompassing the sustainability of the healthcare system.

HIGHLIGHTS 2016/2017

There were important highlights in 2016. There was geographic expansion of the organization with the opening of Pró-Cardíaco Ipanema, located in the strategic and high-income region of Ipanema (south area of Rio de Janeiro), providing complete clinical structure for acute cardiovascular care.

Another important initiative in 2016, to be opened in March 2017, is the old building which has been renovated and will house 50 new beds with the modern concept of hospitality and hospital architecture. Finally, the Heart Center was redesigned, based on the concepts of excellence of the main center in the world, such as Cleveland Clinic.

Even in view of the challenging economic scene, Pró-Cardíaco has continued to innovate, improve and grow to provide solutions to cardiovascular patients, from health promotion and disease prevention to heart transplant, offering a complete set of solutions to cardiology patients.

INSTITUTIONAL PROFILE

HOSPITAL QUINTA D'OR

The hospital was opened in September 2001, with 60 beds, expanding 30% in two years and reaching 100% expansion in 2013, comprising about 220 beds. Constructing the second building in 2010 and the Oncology Center in 2011, in 2012, there was an increase in number of beds, modernization of the facilities and improvement of technological resources. In 2013, the Emergency sector was expanded and had the implementation of SMART, plus the acquisition by Rede D'Or São Luiz (whose building belonged to Mitra Arquiepiscopal do Rio de Janeiro) and expansion of the facilities and number of beds.

HIGHLIGHTS 2016/2017

The hospital had its program of Encephalic Stroke reaccredited as Distinction by the Canadian International Agency, maintaining Qmentum Canadian Accreditation.

It increased the operational capacity of the interventional radiology sector to support oncology inpatients, in addition to providing top quality radiotherapy and chemotherapy technological resources in the same facility.

The organization opened the Breast Center, acquiring a digital mammography device, ultrasound and breast MRI performed by specialized professionals, including surgical and radiological anatomic marking in the same operating room, providing greater safety to surgical margins. In 2016, it started the robotic surgery program, confirming the focus on surgical high complexity procedures. Robotic-assisted surgery, using Da Vinci platform, provides excellent surgical results, mainly for abdominal-pelvic neoplasm surgeries from urological, gynecological and proctologic nature. The first autologous bone marrow transplant was performed in the hospital.

QUINTA D'OR HOSPITAL

Characterization	
Full Member Hospital	Since 2010
For-profit organization	
Foundation	2001
Constructed area	26,587 m²
Clinical staff organization	Mixed
Hospital Accreditation	Accreditation Canada

Key indicators 2016	
Operational Beds	292
ICU Beds	92
Credentialed physicians	18,864
Active employees	2,800
Visits to the Emergency Department	109,38
Outpatient Visits	11,193
Hospital Admissions	12,052
Surgeries (except for deliveries)	7,424
Deliveries	Not applicable
Tests and Exams	119,294

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

INSTITUTIONAL PROFILE

HOSPITAL RIOS D'OR

RIOS D'OR HOSPITAL

Characterization	
Full Member Hospital	Since 2014
For-profit organization	
Foundation	2009
Constructed area	17,309 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	118
ICU Beds	42
Credentialed physicians	1,362
Active employees	1,145
Visits to the Emergency Department	98,507
Outpatient Visits	14,777
Hospital Admissions	7,108
Surgeries (except for deliveries)	Not reported
Deliveries	Not applicable
Tests and Exams	69,500

Estrada dos Três Rios, 1366 - Freguesia - Jacarepaguá
Rio de Janeiro, RJ - 22745-005
(21) 2448-3646
www.riosdor.com.br

Hospital Rios D'Or, which was opened in 2009, brought to the district of Jacarepagua, in Rio de Janeiro, the high level of service of the D'Or Hospital Network.

In January 2011, it expanded its operations to include pediatric services and became a national reference for this medical specialty.

In February 2012, the hospital started a process to receive international accreditation from the Joint Commission International (JCI) and obtained its first international certification in 2014.

In 2015, it started to provide outpatient care in various medical specialties.

Currently, Hospital Rios D'Or is the main reference in the region for urgent medical care, outpatient care and highly-complex surgeries.

HIGHLIGHTS 2016/2017

In 2016, Hospital Rios D'Or incorporated new medical specialties in outpatient care, with a subsequent increase in the number of patients receiving care, as well as the number of procedures carried out at the institution.

Hospital Rios D'Or, which has offered a Residency Program in Pediatrics through the Ministry of Education (MEC) for three years, has started a Residency Program in Knee Surgery in 2017 endorsed by the Brazilian Society of Knee Surgery.

In 2016, the hospital also conducted various sustainable actions, thus expressing a concern for environmental issues, in addition to reducing costs by installing automation software in the hospital refrigeration system and an automatic irrigation system in the hospital gardens with reused water, as well as replacing all the hospital lights with energy efficient LED lights.

INSTITUTIONAL PROFILE

HOSPITAL SAMARITANO

Hospital Samaritano is 123 years old and was the first private hospital in the city of São Paulo. It is currently one of the main healthcare centers of excellence in the country.

It is a hospital specialized in cardiology, gastroenterology, neurology, orthopedics, oncology, trauma, transplant, urology and obstetric gynecology and perinatology, providing complete and integrated care to patients. It provides 24-hour specialized emergency services in orthopedics, cardiology, neurology and trauma.

Hospital Samaritano's complex is formed by 19 floors, 310 inpatients and ICU beds, in addition to an operating unit with 16 rooms capable of receiving high complexity procedures.

Since 2004 Hospital Samaritano São Paulo has been accredited by Joint Commission International (JCI), one of the most important accreditation agencies of hospital quality standards in the world.

HIGHLIGHTS 2016/2017

In August 2016, Hospital Samaritano started its process of incorporation to American company United Health Group (UHG), one of the largest health care companies in the world. The organization will be part of Americas Serviços Médicos, the new business unit of UnitedHealth Group, counting on its own structure and management, which started with the commitment to offer the best care, focused on high performance and process innovation. It focuses on providing better experiences to patients and contributing with the development of the Brazilian medical-hospital industry.

Counting on the experience of well-known hospitals, such as the medical hospital complex that served as reference during the Olympic Games Rio 2016, Americas Serviços Médicos wants to become the most important and prestigious medical – hospital group in the country.

HOSPITAL SAMARITANO
SÃO PAULO

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1894
Constructed area	61,731 m²
Clinical staff organization	Mixed
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	286
ICU Beds	78
Credentialed physicians	4,534
Active employees	2,394
Visits to the Emergency Department	175,135
Outpatient Visits	34,447
Hospital Admissions	25,162
Surgeries (except for deliveries)	15,660
Deliveries	546
Tests and Exams	2,973,126

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

INSTITUTIONAL PROFILE

HOSPITAL SANTA CATARINA

Hospital Santa Catarina

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1906
Constructed area	57,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III, JCI

Key indicators 2016	
Operational Beds	324
ICU Beds	85
Credentialed physicians	1,950
Active employees	2,086
Visits to the Emergency Department	119,828
Outpatient Visits	77,430
Hospital Admissions	19,282
Surgeries (except for deliveries)	13,163
Deliveries	Not applicable
Tests and Exams	1,395,134

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(11) 3016-4133
www.hospitalsantacatarina.org.br

In 1903, Sister Beata Heinrich, from Congregação das Irmãs de Santa Catarina, VM, received from her superiors the challenge of implementing a hospital in the provincial city of São Paulo, where living conditions were precarious. Working together with Dom Miguel Kruse and Walter Seng, three people from different origins and experiences, they built Hospital Santa Catarina, opened on February 6, 1906. The work of these three visionaries led to the status of national reference in high complexity care and humanization, carrying in its essence courage, challenge, boldness and love for human beings. The work of the hospital contributes to philanthropic actions of Associação Congregação de Santa Catarina, a network of life services that serves millions of people in eight Brazilian states covering education, health care and social services.

HIGHLIGHTS 2016/2017

In 2016, Hospital Santa Catarina celebrated 110 years of history and tradition in São Paulo. As part of the celebration, the chapel facade was renovated with a new lighting project. The renovation works continue in 2017, expanding to internal and external areas of the organization. HSC has also expanded its services: It has opened a dedicated area to bone marrow transplant and started procedures for bone grafting transplants. The Multidisciplinary ICU was reopened in a new space, with latest generation equipment and elements that value humanization in healthcare. The Emergency Department has been through changes in patient flow, with new medical offices, medication room and waiting area. The year 2016 has also included many new patient safety improvements, which will be assessed by Joint Commission International (JCI) in 2017.

INSTITUTIONAL PROFILE

HOSPITAL SANTA CATARINA DE BLUMENAU

Hospital Santa Catarina de Blumenau was founded by the Lutheran community on June 27th, 1920. Since then, the institution has made a significant contribution with excellence in healthcare services in the State of Santa Catarina.

The hospital has expanded over almost a century, becoming a healthcare complex capable of providing care for prevention, diagnostic and treatment purposes, mainly in highly-complex procedures.

The progress of the Hospital has been possible thanks to the constant efforts to improve the quality of the services provided by employing new technologies and innovative management practices, as well as for its highly qualified clinical staff and employees who promote safety, respect and ethics when dealing with patients.

All of this contributes for the Hospital to actively participate to improve the quality of life of patients.

HIGHLIGHTS 2016/2017

With significant revenue growth (18%), 2016 also saw many investments to expand the hospital's physical area with a new inpatient unit with outstanding hospitality standards, including suites, and a new Oncology and Infusion Center.

Significant investments were also made in information technology with a focus on disaster recovery, as well as on new management support systems.

These investments totaling R$ 14 million were made during the alignment of the Institution Strategic Planning. The Institution's expectations are even more optimistic in 2017 to consolidate the projects implemented in the previous year.

In 2016, significant improvements in the area of quality occurred, with the Institution receiving accreditation from the National Accreditation Organization (ONA) at level 3, reinforcing the hospital's commitment to safety in patient care and quality in the services provided.

Characterization	
Full Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1920
Constructed area	21,000 m²
Clinical staff organization	Closed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	156
ICU Beds	30
Credentialed physicians	361
Active employees	993
Visits to the Emergency Department	40,064
Outpatient Visits	Not applicable
Hospital Admissions	10,111
Surgeries (except for deliveries)	6,082
Deliveries	1,149
Tests and Exams	98,119

R. Amazonas,301 - Garcia
Blumenau, SC - 89020-900
(47) 3036-6000
www.hsc.com.br

INSTITUTIONAL PROFILE

HOSPITAL SANTA CRUZ

HOSPITAL
Santa Cruz

Characterization	
Full Member Hospital	Since 2014
For-profit organization	
Foundation	1966
Constructed area	18,782 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	177
ICU Beds	37
Credentialed physicians	871
Active employees	740
Visits to the Emergency Department	139,510
Outpatient Visits	21,918
Hospital Admissions	14,395
Surgeries (except for deliveries)	5,545
Deliveries	3,641
Tests and Exams	8,099

R. Bruno Filgueira, 559 - Batel
Curitiba,PR - 80240-220
(41) 3312-3000
www.hospitalsantacruz.com

Hospital Santa Cruz, which was founded in December 1966, is considered a center of excellence in Oncology, Cardiology, Neurology, Neurosurgery, Orthopedics and Preventive Medicine, as well as in Emergency Room Care.

The Hospital, which is located in Curitiba with 220 beds, has highly-qualified medical teams and state-of-the-art equipment, and treats more than 12,000 patients on a monthly basis, providing elective, critical and emergency care.

Low hospital infection rates show the outstanding quality standards of Hospital Santa Cruz, which has as its main focus the health and well-being of patients. The Institution provides hospitality services that ensure comfort and convenience even at difficult times.

As for Personnage patients, they receive exclusive care and are admitted without bureaucracy, both in Portuguese and English.

Hospital Santa Cruz is distinguished by competency and continually striving for innovation to best serve its patients.

HIGHLIGHTS 2016/2017

Hospital Santa Cruz opened its new Surgical Center in November 2016. The building works included replacing all the lights with energy efficient LED lights – environmental sustainability, and improving air-conditioning systems and hospital infection control, as well as more stable and comfortable new operating tables.

Another highlight includes the easy digital access to images. It is now possible to record and broadcast medical procedures in operating rooms for teaching purposes.

The Surgical Center is equipped with a digitized x-ray system and all data is available in electronic medical records.

Hospital Santa Cruz was also chosen by the Chairmen of Occupational Health and Safety as the best company in occupational health and safety in the Hospital category in Brazil in 2016.

In addition, Hospital Santa Cruz again achieved the highest level of accreditation from the National Accreditation Organization (ONA).

INSTITUTIONAL PROFILE

HOSPITAL SANTA IZABEL

An icon of Santa Casa da Bahia's pioneering work in healthcare, Hospital Santa Izabel is a reference in providing care to people who need medical-hospital care.

Founded in 1549 under the name Hospital da Caridade (Charitable Hospital), it has been operating for 123 years in the district of Nazaré, where it provides care in many specialties, including high complexity medical services, and diagnostic and therapeutic support.

Its success results from investments in modernization of equipment and facilities and from the constant training of the staff. Accredited for its excellence, it keeps the tradition of a teaching hospital, with special highlight to the areas of cardiology (recognized as a high complexity center by the Ministry of Health), oncology, orthopedics, neurology, ENT, and pediatrics.

HIGHLIGHTS 2016/2017

With one century of tradition in rendering good services to the population of the State of Bahia, Hospital Santa Izabel is one of the largest and most respected hospital complexes in the North and Northeast of Brazil. Supported by Santa Casa da Bahia, Santa Izabel built a dedicated and renowned trajectory, which greatly contributes to the development of healthcare and, in particular, education and research activities in Bahia and Brazil.

Today it is certified as a hospital of excellence, reference in high complexity diagnoses and treatments, offering care in 39 medical specialties. In 2016, the Cath Lab and Intervention Cardiology services of Hospital Santa Izabel won the diamond seal and became the first hospital in Bahia to receive the highest quality certification for catheterism and intervention cardiology procedures.

Hospital SANTA IZABEL — SantaCasaBA

Characterization	
Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	1549
Constructed area	53,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	469
ICU Beds	84
Credentialed physicians	2,272
Active employees	3,542
Visits to the Emergency Department	113,313
Outpatient Visits	266,439
Hospital Admissions	23,946
Surgeries (except for deliveries)	13,137
Deliveries	Not applicable
Tests and Exams	1,883,981

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(71) 2203-8444
www.santacasaba.org.br/hospital

INSTITUTIONAL PROFILE

HOSPITAL SANTA JOANA RECIFE

Characterization	
Full Member Hospital	Since 2002
For-profit organization	
Foundation	1979
Constructed area	17,923 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	161
ICU Beds	69
Credentialed physicians	1,011
Active employees	1,596
Visits to the Emergency Department	79,053
Outpatient Visits	6,353
Hospital Admissions	9,726
Surgeries (except for deliveries)	5,813
Deliveries	1,141
Tests and Exams	103,471

R. Joaquim Nabuco, 200 - Graças
Recife, PE - 52011-000
(81) 3216-6666
www.santajoanarecife.com.br

Hospital Santa Joana Recife has reached 38 years of operations in Pernambuco, keeping up with technological changes, growing in quality, structure and improving its services, always paying attention to its commitment with life, society, medical community, and employees. In 2012, it achieved the highest standard of international recognition through the accreditation by Joint Commission International (JCI), with recertification in 2015.

It is a reference in high complexity care and it provides services of quality in many specialties, such as urology, neurology, oncology, trauma and orthopedics, cardiology, and neonatology, among others. It has one of the largest private emergency department in the state of Pernambuco, integrated with Santa Joana Recife Diagnóstico, leader in Preventive and Diagnostic Medicine in the region. Constantly striving to offer to physicians and patients high quality standards, it has been recognized for its pioneering actions and for its permanent investment policy in state-of-the-art technology and improvement of human resources.

HIGHLIGHTS 2016/2017

Santa Joana Recife's hospital complex comprises the UnitedHealth Group and is part of Americas Serviços Médicos. In 2016, it opened to the public the first robotic surgery center of Pernambuco and has consolidated its position as a reference hospital on the training and qualification of teams with the latest version of Da Vinci robot, SiHD.

The highlights of 2017 were investments in the new facade of the hospital complex, a project to improve accessibility with the expansion of the central reception, the construction of three new elevator towers, in addition to permanent investments in the specialties of geriatrics, cardiovascular surgery, onco-hematology, urology, and bariatric surgery.

Still in 2017, the expansion of Santa Joana Recife hospital complex will start the construction of a new tower. All this to provide even more comfort, quality and safety to patients.t

INSTITUTIONAL PROFILE

HOSPITAL SANTA MARTA

Hospital Santa Marta opened on July 1, 1986, with 18 maternal-pediatric beds, located in a building with 1,350 m². In 2008, already a general hospital with 100 beds, it started its physical expansion and designed its first strategic plan, centered on quality management and driven by corporate governance, which initially enhanced professional management.

In 2012, a new phase of the venture opened with 20,000 m² of built area, 170 active beds, 55 of which intensive care beds (general, coronary and neonatal), a new clinical center, and an emergency department. In 2013, the organization won full level II certificate from the National Accreditation Organization (ONA). Since then, as a result of the entrepreneurship and commitment of the team, it has consolidated itself in the market and become a benchmark in patient safety. In early 2016, it attained excellence level accreditation (ONA III).

HIGHLIGHTS 2016/2017

Despite the changes in the economy, in 2016, Santa Marta increased its operational efficiency and grew at all levels: structure, intellectual capital, and EBITDA. It also started the project HSM 2020, in which senior management and managers validated strategies based on a multidimensional scenario analysis and continued with BSC for strategic control, refining budget management even further.

Advances in Clinical Governance with Quality and Patient Safety were presented in national and international conferences and published in Anahp's book Organização Assistencial and in the journal Revista Melhores Práticas. It invested in the DRG methodology, in the expansion of ISMEP, Education and Research Institute, and also in compliance and patient experience. Effectively, another year of achievements!

HSM
HOSPITAL
SANTA MARTA

Characterization	
Full Member Hospital	Since 2013
For-profit organization	
Foundation	1986
Constructed area	22,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	224
ICU Beds	66
Credentialed physicians	551
Active employees	1,351
Visits to the Emergency Department	257,214
Outpatient Visits	198,787
Hospital Admissions	15,018
Surgeries (except for deliveries)	7,759
Deliveries	2,443
Tests and Exams	1,150,234

Setor E Área Especial 01 e 17 - Taguatinga
Brasília, DF - 72025-110
(61) 3451-3000
www.hospitalsantamarta.com.br

INSTITUTIONAL PROFILE

HOSPITAL SANTA PAULA

Characterization	
Full Member Hospital	Since 2013
For-profit organization	
Foundation	1958
Constructed area	17,780 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, JCI

Key indicators 2016	
Operational Beds	187
ICU Beds	50
Credentialed physicians	1,547
Active employees	937
Visits to the Emergency Department	113,264
Outpatient Visits	20,749
Hospital Admissions	12,839
Surgeries (except for deliveries)	8,448
Deliveries	Not applicable
Tests and Exams	656,435

Av. Santo Amaro, 2468 - Vila Olímpia
São Paulo, SP - 04556-700
(11) 3040-8000
www.santapaula.com.br

Founded on September 15, 1958, as Pronto-Socorro Santa Paula, on Avenida Santo Amaro, in São Paulo, it expanded in the 70s, with the construction of today's Building A.
It has received constant improvements since the 80´s, including the Cath Lab, Cardiac Surgery and a CT scan machine.
In the 90´s, the construction of Building B started and finished, including the purchase of new CT scan and MRI machines; in addition, the construction of Building C also started.
In 2002, the Institute of Oncology was built and started operating. Today, the hospital has 187 active beds, 50 of them ICU beds, 9 operating rooms, an oncology complex including humanized radiotherapy and chemotherapy, focusing on the areas of Oncology, Cardiology, Orthopedics, Neurology, and Care Critical Patients (ICU and Emergency).
In the last decade, it was accredited by the Joint Commission, Canadian Accreditation, and ONA-3.

HIGHLIGHTS 2016/2017

In 2016, Hospital Santa Paula was reaccredited by ONA III, and its Stroke Program was accredited by the Joint Commission, being one of the few hospitals in Latin America to rely on a neurology emergency room 24 hours a day 7 day a week, in addition to 9 neurology ICU beds with expertise in neurological intensive care. It promoted a workshop on the World Stroke Day raising awareness of the local population.
It also held a workshop with several stations of experience of the elderly patient, and received the seal Hospital Friend of the Elderly. It installed Point Of Care in its emergency room, thus reducing resolution times for patients in this unit. In 2017, it will expand the physical area of the emergency department to provide greater comfort to patients and will start HIMSS' level 7 certification (paperless).

INSTITUTIONAL PROFILE

HOSPITAL SANTA ROSA

Operating for almost 20 years in Cuiabá, in the state of Mato Grosso, Hospital Santa Rosa is synonym of excellence. Its quality led to an international achievement, the Canadian Accreditation, Diamond level, and to top level recertification by the National Accreditation Organization (ONA). Reference in highly complex procedures, Hospital Santa Rosa was the pioneer in the State in performing kidney transplants, transapical aortic valve surgery, and isolated limb perfusion (ILP). The hospital's mission is to provide high quality, innovative and sustainable hospital care. To that end, it invests more and more in technology, specialized medicine, personnel training, comfort, and safety for patients. With humanized care, Hospital Santa Rosa maintains its commitment to provide the best services and promote continuous improvement.

HIGHLIGHTS 2016/2017

Working as the vanguard of healthcare in Mato Grosso, Hospital Santa Rosa aims to provide high quality healthcare, offering its own services of oncology, radiotherapy, cardiology and complete diagnostic and clinical laboratory services. In addition, it has a NICU with 10 beds, obstetrics and gynecology services available for 24 hours in the Emergency Department, an Adequate Birth suite – as well as a program of patient flow management and a physician recognition program, Reconhecer. In 2016, it won the Canadian Accreditation (Diamond level), maximum level recertification from ONA and Brazil's 3M certification in the category diamond for safe catheter installation. Now it also has a dedicated team for heart surgery, which performed the first transapical aortic valve surgery; while the Oncology team innovated with the unprecedented procedure of isolated limb perfusion (ILP). It purchased the first motorized and computerized cycle ergometer and organized the first Hospital Management Symposium in the State of Mato Grosso. In 2017, Santa Rosa has a total of 39 physicians in its residency program.

HOSPITAL
SANTA ROSA

Characterization	
Full Member Hospital	Since 2003
For-profit organization	
Foundation	1997
Constructed area	16,204 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2016	
Operational Beds	166
ICU Beds	61
Credentialed physicians	715
Active employees	886
Visits to the Emergency Department	75,034
Outpatient Visits	401
Hospital Admissions	8,367
Surgeries (except for deliveries)	11,722
Deliveries	719
Tests and Exams	981,851

R. Adel Maluf, 119 - Jardim Mariana
Cuiabá, MT - 78040-360
(65) 3618-8000
www.hospitalsantarosa.com.br

INSTITUTIONAL PROFILE

HOSPITAL SÃO CAMILO POMPEIA

HOSPITAL SÃOCAMILO

Characterization	
Full Member Hospital	Since 2003
Not-for-profit organization	
Foundation	1960
Constructed area	46,780 m²
Clinical staff organization	Open
Hospital Accreditation	JCI, Qmentum

Key indicators 2016	
Operational Beds	376
ICU Beds	73
Credentialed physicians	4,702
Active employees	2,149
Visits to the Emergency Department	267,727
Outpatient Visits	132,723
Hospital Admissions	18,465
Surgeries (except for deliveries)	12,956
Deliveries	Not applicable
Tests and Exams	1,742,882

Av. Pompeia, 1178 - Pompeia
São Paulo, SP - 05022-000
(11) 3677-4444
www.hospitalsaocamilosp.org.br

Hospital São Camilo Pompeia was the first unit of the network to be founded in 1960. Currently it is a reference in urgency, emergency and high complexity care. It has two international accreditations: Joint Commission International (JCI) and Diamond QMentum International from Accreditation Canada. Counting on a diagnostic center and clinical care in all specialties, Pompeia Unit also has a Bone Marrow Transplantation Reference Center that performs all types of transplant, including those from unrelated donors.

São Camilo's Hospital Network in São Paulo also comprises Santana and Ipiranga São Camilo Hospitals, totaling 750 beds.

HIGHLIGHTS 2016/2017

The year 2016 was very challenging, but São Camilo Hospital Network overcame the challenges and managed to grow. The organization invested in infrastructure and in the expansion of areas and services provided to patients in the Units Pompeia, Santana and Ipiranga, offering more humanized, safe and high quality care. Pompeia Unit, in particular, has expanded the area of digestive endoscopy, supporting new Intestinal Diseases Treatment Center, besides opening the Interventional Radiology unit with high-tech equipment. The network also gained a Reference Center for the Treatment of Wounds and Skin Care and is preparing to deliver new specialized centers such as the Obesity Treatment Center and Women's Health Center.

INSTITUTIONAL PROFILE

HOSPITAL SÃO LUIZ – UNIDADE ITAIM

Hospital São Luiz was established on March 28th, 1938 as an outpatient department with 12 beds.

Two years later, the institution became the first private emergency room in São Paulo.

After a period of time, work began on expanding the hospital building with 80 beds in 1963.

In 1983, the Hospital São Luiz maternity unit was established introducing an innovative concept of hospitality in the healthcare industry in Brazil.

In 1994, a modern diagnosis unit became part of the hospital complex. In the same year, Hospital São Luiz increased its capacity by providing an additional 70 new rooms.

Its technology department, established in 2005, provides patients with safety in operative rooms, an obstetric center and adult and neonatal ICUs.

In 2010, Hospital São Luiz merged with Rede D'Or and became part of the largest private hospital chain in Brazil.

HIGHLIGHTS 2016/2017

One of the most important projects in 2016 was the creation of an Oncology Multidisciplinary Outpatient Clinic.

Hospital São Luiz has also created a unit exclusively for the treatment of clinical and surgical cancer patients with the highest hospitality, comfort, safety and technology standards.

Patients will be able to receive care in only one place from using diagnostic services to undergoing treatment in a safe hospital of international standard.

The above-mentioned unit is expected to be opened this year and will be able to provide care to approximately 40 patients on a daily basis.

Another relevant project for this year will be the implementation of a building automation and supervision system in cold water units to reduce power consumption.

SÃO LUIZ Unidade Itaim

Characterization	
Full Member Hospital	Since 2003
For-profit organization	
Foundation	1938
Constructed area	35,745 m²
Clinical staff organization	Open
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	396
ICU Beds	136
Credentialed physicians	12,900
Active employees	2,035
Visits to the Emergency Department	156,602
Outpatient Visits	Not applicable
Hospital Admissions	44,352
Surgeries (except for deliveries)	19,582
Deliveries	8,574
Tests and Exams	1,250,055

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São Paulo, SP - 04544-000
(11) 3040-1100
www.saoluiz.com.br

INSTITUTIONAL PROFILE

HOSPITAL SÃO LUCAS

Characterization	
Full Member Hospital	Since 2002
For-profit organization	
Foundation	1969
Constructed area	8,592 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2016	
Operational Beds	95
ICU Beds	24
Credentialed physicians	1,200
Active employees	527
Visits to the Emergency Department	63,542
Outpatient Visits	Not applicable
Hospital Admissions	8,100
Surgeries (except for deliveries)	10,536
Deliveries	7
Tests and Exams	372,000

R. Bernardino de Campos, 1426 - Vila Seixas
Ribeirão Preto, SP - 14015-130
(16) 4009-0020
www.gruposaolucas.com.br

Hospital São Lucas de Ribeirão Preto is the first independent hospital in the heartland of Brazil to receive accreditation from the Accreditation Canada International (ACI) – Qmentum accreditation program.

The hospital, which prioritizes quality and safety, was the seventh hospital in Brazil, and the first hospital in the heartland of the country, to gain accreditation from the National Accreditation Organization (ONA).

Hospital São Lucas, which was founded in 1969, operates throughout the heartland of the State of São Paulo and prioritizes the performance of highly-complex procedures in the areas of cardiology, orthopedics, neurology and gastroenterology.

HIGHLIGHTS 2016/2017

By analyzing the market's needs in 2016, Hospital São Lucas de Ribeirão Preto opened a Health Check-Up Unit that schedules medical appointments and performs medical examinations based on clinical protocols in just one place and on the same day with quality, agility and client satisfaction.

The Hospital has also increased investments in external marketing and internal communication, which aligns marketing techniques with HR concepts, through ludic and creative campaigns.

In addition, Hospital São Lucas de Ribeirão Preto was certified as outstanding in communication according to an organizational climate and engagement survey conducted by Korn Ferry from Hay Group in partnership with hospitals that are members of Anahp.

The Hospital is a pioneer in creating ethics committees, including Organizational Bioethics and Ethics Committees, in addition to existing Medical Ethics and Nursing Committees.

The Interdisciplinary Bioethics Committee, formed by healthcare professionals and professionals of the Legal department, deals with concerns and infringements related to patient care, whereas the Organizational Ethics Committee deals with administrative issues, investigating risks, frauds, corruption and harassment through review procedures, internal and external audit and confidential channels to handle conflict situations, infringements or irregularities, while ensuring transparency and ethical conduct.

INSTITUTIONAL PROFILE

HOSPITAL SÃO LUCAS (SE)

Hospital São Lucas was founded on October 18, 1969. Initially operating as a clinic, it had rapidly evolved into an emergency department, and was finally transformed into hospital in 1978. The founders Dr. José Augusto Barreto and Dr. Dietrich Todt were well known physicians and professors of the Federal Medical School of Sergipe (UFSE). Hospital São Lucas is rooted on the commitment to offer quality treatment to high complexity cases. It has well prepared infrastructure and teams which are certified (ONA III and Qmentum Diamond) to perform high complexity care, focused on permanent education. It has a program of medical residency in Cardiology, in partnership with Universidade Federal de Sergipe and it has an active Education and Research Center, with annual publications in congresses and national and international journals.

HIGHLIGHTS 2016/2017

The year of 2016 brought challenges to the organization, considering the effects of the economic crisis and the perspective of fewer users and cash flow issues. Despite the gloom scene, we have met our main goals, increasing the volume of visits and partially restoring our working capital. We also highlight our participation in the case study of Strategic Implementation of International Businesses Nucleus of Fundação Dom Cabral, being the first medium-sized company among over 660 companies to be invited to participate. In the end of November, we celebrated the achievement of Qmentum Diamond, being the 5th hospital in the North, Northeast and Center-West regions to obtain this distinction. In 2017, in addition to continuously focus on efficiency and productivity, we will make investments in Emergency, ICU and Diagnostic Area, expanding high complexity care and reinforcing the relationship with the main payers.

Characterization	
Full Member Hospital	Since 2012
For-profit organization	
Foundation	1969
Constructed area	27,662 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2016	
Operational Beds	202
ICU Beds	36
Credentialed physicians	500
Active employees	1,314
Visits to the Emergency Department	68,654
Outpatient Visits	Not applicable
Hospital Admissions	11,036
Surgeries (except for deliveries)	8,917
Deliveries	Not applicable
Tests and Exams	1,053,455

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(79) 2107-1000
www.saolucas-se.com.br

INSTITUTIONAL PROFILE

HOSPITAL SÃO RAFAEL

HOSPITAL SÃO RAFAEL
MONTE TABOR

Characterization	
Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	1974
Constructed area	54,460 m²
Clinical staff organization	Closed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	356
ICU Beds	52
Credentialed physicians	812
Active employees	2,978
Visits to the Emergency Department	78,142
Outpatient Visits	346,438
Hospital Admissions	20,253
Surgeries (except for deliveries)	21,901
Deliveries	Not applicable
Tests and Exams	2,277,146

Av. São Rafael, 2152 - São Marcos
Salvador, BA - 41253-190
(71) 3281-6111
www.portalhsr.com.br

Hospital São Rafael (HSR), which was founded by Italian Don Luigi Verze, is the main unit of Monte Tabor – Italian-Brazilian Center for Health Promotion.

Hospital São Rafael, which was established in Salvador, in the State of Bahia, in 1990, expanded its activities in the capital managing Fleming units in 1991, São Marcos Emergency Unit from 2000 to 2016, Hospital 2 de Julho from 2006 to 2017, Garibaldi in 2009, Oncology Center Irma Ludovica Sturaro in 2010, Onco in 2011 and Brotas in 2014, in addition to Vilas Units in the metropolitan region of Salvador in 2011 and Hospital Ana Mariani in 2008 in the countryside of the State of Bahia.

In the social area, Hospital São Rafael has stood out because of its work in the shantytown Nova Esperança in the metropolitan region of Salvador since 1998 with the day care center *Amor ao Próximo*.

Hospital São Rafael has also provided the city of Barra with care since 1992 as part of the *Missão Barra* (Barra Mission).

HIGHLIGHTS 2016/2017

A new healthcare facility with ten floors with a focus on expanding services and continually improving the quality of care for patients has been operating since 2015.

Major projects were carried out in 2016 and are also expected to be implemented in 2017.

This new healthcare facility houses a new Oncology Outpatient Clinic, a Chemotherapy Infusion and Immunobiological Center, a Neurological ICU with nine beds and an Adult Emergency Unit (UEA) with 23 monitoring beds in private cubicles, including five with isolation for the treatment of patients with infectious diseases.

The new healthcare facility also has 56 inpatient beds and a new restaurant for staff and people visiting the facility.

In 2017, the expansion project continues with the rebuilding and expanding of the Adult Emergency Unit, a new ICU and a new Bone Marrow Transplant Unit (TMO).

INSTITUTIONAL PROFILE

HOSPITAL SÃO VICENTE DE PAULO

Hospital São Vicente de Paulo (HSVP) started operations in 1930, when the Daughters of Charity of Saint Vincent de Paul founded this Teaching Hospital, a healthcare unit whose purpose was to provide medical care for nuns and training in nursing for novices.

In 1968, after the renovation of the house where it operated, the Teaching Hospital's name was changed to Hospital São Vicente de Paulo and started to also provide care for residents of the region.

A few years later, under the management of Sister Mathilde, the demand for the hospital's services grew, and the Sisters decided to build a new larger and more modern facility.

This facility was opened in 1980 in the presence of many dignitaries and authorities. Since its foundation, Hospital São Vicente de Paulo has always sought to instill a commitment to compassion and excellence in healthcare in the employees, clinical staff and the Sisters who manage the hospital.

HIGHLIGHTS 2016/2017

The implementation of a material and medication dispensing project in compliance with the requested batches and time for delivery has stood out as a management strategy.

The Hospital pharmacy has started to operate according to the medication administration schedule as per medical prescriptions. With this, there were gains in patient safety in the case of exchange or discontinuation of medication, dispensing flow, nursing checking and reduction of returns.

The methodology was one of the items described in the survey of the Best Hospitals and Clinics in Latin America from *America Economia* magazine. Hospital São Vicente de Paulo has entered this ranking since 2012.

In 2016, the Hospital ranked fifth in Brazil, being the only hospital chosen in Rio de Janeiro.

During 2016, Hospital São Vicente de Paulo received two awards: it ranked first with the project Exemplary Employee in the People and Management category of the Health Excellence Award; and it also ranked first with the project Indicators and Balance Score Card aligned with Strategic Planning and Investments in the Information Technology Management category of the Health References Award.

Hospital São Vicente de Paulo

Characterization	
Full Member Hospital	Since 2015
For-profit organization	
Foundation	1980
Constructed area	20,724 m²
Clinical staff organization	Closed
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	161
ICU Beds	28
Credentialed physicians	583
Active employees	966
Visits to the Emergency Department	45,961
Outpatient Visits	109,565
Hospital Admissions	8,576
Surgeries (except for deliveries)	5,196
Deliveries	Not applicable
Tests and Exams	646,800

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(21) 2563-2121
www.hsvp.org.br

INSTITUTIONAL PROFILE

HOSPITAL SAÚDE DA MULHER

HSM Centro Avançado de Oncologia

Characterization	
Full Member Hospital	Since 2012
For-profit organization	
Foundation	1991
Constructed area	Not reported
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	177
ICU Beds	50
Credentialed physicians	230
Active employees	1,541
Visits to the Emergency Department	77,068
Outpatient Visits	307,810
Hospital Admissions	11,346
Surgeries (except for deliveries)	8,909
Deliveries	Not applicable
Tests and Exams	305,790

Trav. Humaitá, 1598 - Marco
Belém, PA - 66085-220
(91) 3181-7000
www.hsmdiagnostico.com.br

Hospital Saúde da Mulher was founded on November 29th, 1991 with an initial focus on adult female and child healthcare performing minor and medium complexity surgeries. For the past 21 years, Hospital Saúde da Mulher has broadened its horizons and started to service men and women of all ages, becoming a high complexity hospital with the highest number of ICU beds in the State of Para and the first private hospital in the north of Brazil to provide patients with the latest healthcare services. With the aim to become a reference in oncology in the North region, Hospital Saúde da Mulher stands out for being the first and only private hospital in the State of Para to perform all diagnostic exams and treatments in nuclear medicine, radiotherapy and brachytherapy. Currently, Hospital Saúde da Mulher has five buildings, including the hospital itself and the diagnostic unit. It has 177 beds, 50 ICU beds and 13 operating rooms. The diagnostic unit has the latest imaging equipment collection aligned with a comfortable structure to perform medical examinations and schedule medical appointments, which provides greater safety and reliability for patients' healthcare.

INSTITUTIONAL PROFILE

HOSPITAL SÍRIO-LIBANÊS

Hospital Sírio-Libanês is a health reference center and has a longstanding tradition of patient care, implementing projects focused on the Brazilian society, as well as on innovation in teaching and research.

The Institution is maintained by Sociedade Beneficente de Senhoras – a not-for-profit entity created by a group of women from the Syrian and Lebanese communities in 1921.

Hospital Sírio-Libanês was officially opened in 1965 based on compassionate treatment, excellence and a pioneer spirit, which are still maintained today.

The Institution has 464 operating beds distributed across three units in São Paulo in the State of São Paulo and three in Brasília in the Federal District.

Hospital Sírio-Libanês contributes to strengthen the Universal Public Healthcare System (SUS) through actions that disseminate knowledge and best practice.

As for the Sírio-Libanês Social Responsibility Institute, it manages public health units.

HIGHLIGHTS 2016/2017

In 2016, Hospital Sírio-Libanês opened a Diagnostic Center in Brasília in the Federal District.

The Institution also received the following: Leadership in Energy and Environmental Design Gold Certification from the U.S. Green Building Council, IQG Health Services Accreditation for Distinction of Venous Thromboembolism Prevention and Diamond Prime from 3M for the Prevention of Skin Injuries.

In addition, Hospital Sírio-Libanês received the Sustainability Award from Guia Exame as the most sustainable healthcare institution in Brazil.

The Hospital also opened new areas for the Cardiology ICU, the Material and Sterilization Center (CME), the Preoperative Preparation Unit and the Rehabilitation Center.

The Patient's experience was adopted as a strategic guideline. The Institution created the Patient Experience Office as a management matrix area.

The Hospital's Engagement Survey achieved record results – 88% of staff participation and general engagement index of 80%.

The Net Promoter Score obtained a result of 88% this year.

HOSPITAL SÍRIO·LIBANÊS

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1921
Constructed area	166,820 m²
Clinical staff organization	Mixed
Hospital Accreditation	JCI, Accreditation Canada

Key indicators 2016	
Operational Beds	464
ICU Beds	57
Credentialed physicians	4,231
Active employees	6,221
Visits to the Emergency Department	96,696
Outpatient Visits	60,794
Hospital Admissions	23,613
Surgeries (except for deliveries)	31,905
Deliveries	Not applicable
Tests and Exams	5,684,289

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(11) 3394-0200
www.hospitalsiriolibanes.org.br

INSTITUTIONAL PROFILE

HOSPITAL VITA BATEL

Characterization	
Full Member Hospital	Since 2010
For-profit organization	
Foundation	2004
Constructed area	3,400 m²
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

Key indicators 2016	
Operational Beds	88
ICU Beds	23
Credentialed physicians	737
Active employees	379
Visits to the Emergency Department	51,083
Outpatient Visits	20,177
Hospital Admissions	6,973
Surgeries (except for deliveries)	5,293
Deliveries	Not applicable
Tests and Exams	293,127

R. Alferes Ângelo Sampaio, 1896 - Batel
Curitiba, PR - 80420-160
(41) 3883-8482
www.hospitalvita.com.br

Hospital VITA Batel was founded in December 2004, in one of the most upscale neighborhoods in the city of Curitiba, in the State of Paraná. The hospital provides first-rate healthcare services with a focus on quality and safety.

This approach has enabled the hospital to obtain two important quality certificates in the world: Hospital VITA Batel has been recognized by Accreditation Canada International and the Surgical Review Corporation (Bariatric Surgery Accreditation). Each month Hospital VITA Batel, which has 88 beds and 379 employees, records an average of 4,257 patients treated in the Emergency Room, 581 admissions and 441 surgeries.

The hospital features an Inpatient Unit, a General Adult ICU, a Surgical Center, a 24/7 Emergency Room, a Medical Office Center and a Diagnostic Support Center, and has become a reference for bariatric surgery in Brazil.

HIGHLIGHTS 2016/2017

In 2016, Hospital VITA Batel obtained recertification for bariatric surgery from the Surgical Review Corporation – Center of Excellence Program for Bariatric Surgery, being the only hospital in the State of Paraná to receive this accreditation.

Hospital VITA Batel has invested in infrastructure, new equipment, technology and employee training to ensure patient care safety.

At the beginning of the year 2017, Hospital VITA Batel opened an ICU with a humanized concept, revolutionizing the concept of ICU in Curitiba, in the State of Paraná.

Hospital VITA Batel is going to provide more services for health promotion throughout 2017, including an Obesity and Diabetes Treatment Center, increasing the number of services provided to patients.

INSTITUTIONAL PROFILE

HOSPITAL VITA CURITIBA

Hospital VITA Curitiba was opened in 1996 and occupies an area of 102,000 square meters, with 18,000 square meters of constructed area.

Each month Hospital VITA Curitiba, which has 117 beds and 604 employees, records an average of 8,103 patients treated in the Emergency Room, 757 admissions and 520 surgeries.

The hospital features an Inpatient Unit, a General Adult ICU, a Pediatric ICU, a Surgical Center, a 24/7 Emergency Room, a Medical Office Center, a Diagnostic Support Center and an Oncology Center.

Hospital VITA Curitiba is amongst the most modern and complex hospitals in Brazil, and one of the most important healthcare institutions in the state of Paraná providing excellent patient care.

The dedication and special treatment the Hospital gives to its patients, as a result of its focus on quality and care safety, have been recognized internationally, as shown by the certificate of excellence it has received from Accreditation Canada International (Diamond Level).

HIGHLIGHTS 2016/2017

Hospital VITA Curitiba achieved many accomplishments in 2016. In addition to celebrating its 20th anniversary providing services, Hospital VITA Curitiba invested in infrastructure, new equipment, technology and personnel training to ensure patient care safety.

The Hospital has increased the number of services provided to patients, opening the VITA Vaccination Center and VITA Obesity and Diabetes Treatment Center.

In 2017, Hospital VITA Curitiba will continue with the concept of health promotion, in addition to increasing the number of services provided to patients, while remaining a benchmark in patient care safety.

HOSPITAL VITA CURITIBA

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1996
Constructed area	18,000 m²
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

Key indicators 2016	
Operational Beds	117
ICU Beds	34
Credentialed physicians	809
Active employees	604
Visits to the Emergency Department	97,236
Outpatient Visits	51,349
Hospital Admissions	9,086
Surgeries (except for deliveries)	6,238
Deliveries	Not applicable
Tests and Exams	408,147

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Curitiba, PR - 82590-100
(41) 3315-1900
www.hospitalvita.com.br

INSTITUTIONAL PROFILE

HOSPITAL VITA VOLTA REDONDA

Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1953
Constructed area	11,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	129
ICU Beds	26
Credentialed physicians	408
Active employees	448
Visits to the Emergency Department	91,768
Outpatient Visits	142,025
Hospital Admissions	9,578
Surgeries (except for deliveries)	4,609
Deliveries	332
Tests and Exams	587,377

Av. Lions Club, 162 - Vila Santa Cecília
Volta Redonda, RJ - 27255-430
(24) 3344-3224
www.hospitalvita.com.br

Hospital VITA Volta Redonda, which was founded in 1953, as a hospital for Companhia Siderúrgica Nacional has maintained its tradition and commitment of providing healthcare to the population of the Steel City, as well as to the people living in the towns in the Mid-Paraiba region.

Hospital VITA Volta Redonda focuses on performing medium- and highly-complex surgeries. The Hospital provides general, cardiology, pediatric and neonatal intensive care.

The diagnostic services have cutting-edge technology and provides excellent care for patients. The precision in clinical processes and diagnoses contributes to achieving excellent care results.

The Hospital's mission is supported by a commitment to the adoption of best care management and administrative practices.

Hospital VITA Volta Redonda has been recognized for achieving excellence in patient care for more than ten years, receiving accreditation at level III from the National Accreditation Organization (ONA).

HIGHLIGHTS 2016/2017

In 2016, the Oncology Service was consolidated and recognized as an option for oncologic treatment in the southern Fluminense region. The Service has a specialized multiprofessional team, in addition to hospital services support.

In the same year, the Specialty Medical Center – Vital Medical Center – provided care for over 140,000 patients in more than 50 medical specialties.

Also in 2016, the Vita Medical Center opened its Vaccination Center with different types of vaccines for both children and elderly people, recognizing the importance of preventing diseases, as well as how vaccination is essential for health.

INSTITUTIONAL PROFILE

LARANJEIRAS CLÍNICA PERINATAL

The Barra da Tijuca Perinatal Unit was inaugurated in 2009, and thus another step was made towards the consolidation of the Perinatal Group as a reference in the care of pregnant women and newborn babies.

The new maternity hospital, built in a completely new area, was designed from the beginning to incorporate the most modern concepts in medical care for fetuses, pregnant women and newborn babies.

The Perinatal Barra project received the 2007 Brazilian Grand Corporate Architecture Prize in the Hospital Sector.

In addition to a six-star maternity unit, the Barra Unit has a Cardiac ICU, which performs more than 2,500 surgeries per year, a Neonatal ICU which is a reference in Latin America, a state-of-the-art Maternal-Fetal ICU, and the most modern Center for Fetal and Neonatal Surgery where intrauterine surgeries such as myelomeningocele and others of high complexity are carried out.

HIGHLIGHTS 2016/2017

The Perinatal Center is in the process of expanding and will also focus on women's health. In 2016, the Gynecological Surgery Center, the Center for Fetal and Neonatal Surgery, and the Breast and Plastic Surgery Center were opened.

In addition, and as a support for these centers, the Perinatal Imaging Center, equipped with tomography, magnetic resonance and X-ray equipment, was inaugurated, with the aim of including more high complexity surgeries.

The Perinatal Center is now setting up a human reproduction center, which will enable greater numbers to be treated.

Perinatal

Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	2009
Constructed area	16,740 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	158
ICU Beds	80
Credentialed physicians	1,000
Active employees	750
Visits to the Emergency Department	18,960
Outpatient Visits	4,500
Hospital Admissions	11,000
Surgeries (except for deliveries)	2,295
Deliveries	6,260
Tests and Exams	31,900

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Rio de Janeiro, RJ - 22.775-040
(21) 3722-2000
www.perinatal.com.br

INSTITUTIONAL PROFILE

REAL HOSPITAL PORTUGUÊS

REAL HOSPITAL PORTUGUÊS

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1855
Constructed area	130,885 m²
Clinical staff organization	Mixed
Hospital Accreditation	JCI

Key indicators 2016	
Operational Beds	771
ICU Beds	159
Credentialed physicians	1,610
Active employees	5,197
Visits to the Emergency Department	195,099
Outpatient Visits	217,487
Hospital Admissions	26,869
Surgeries (except for deliveries)	10,026
Deliveries	2,046
Tests and Exams	1,591,407

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www.rhp.com.br

Real Hospital Português de Beneficência in Pernambuco was founded in 1855 as a center to fight the cholera epidemic that was ravaging Brazil at the time.

A license dated November 7, 1907, granted by King Carlos I of Portugal, awarded the hospital the title of Royal [Real].

Today the Institution is considered the most well-equipped center of medical excellence and high complexity in the North and Northeast of Brazil.

The Hospital is a pioneer and driving force in the medical hub of the State of Pernambuco, having performed the first kidney, heart and bone marrow transplants in the North and Northeast of Brazil.

The Institution maintains the Alberto Ferreira da Costa Teaching and Research Institute, a well-known Residency Program, as well as carries out important social actions through the Beneficência Maria Fernanda Outpatient Clinic.

HIGHLIGHTS 2016/2017

The greatest achievement for the entire Institution was receiving an international accreditation from the Joint Commission International (JCI) in 2016.

Some of the highlights include the following: the modernization of Ultrasonography services with the acquisition of eight new pieces of state-of-the-art equipment; the implementation of brachytherapy equipment in Radiotherapy; and the installation of a mass spectrometer in the Analysis Laboratory capable of reducing by 48 hours the exam results of bacterial infections.

In addition, an Oncology Pediatric Service was implemented, a new Laboratory of Clinical Pathology opened and the most modern Materials and Sterilization Center (CME) in the North and Northeast regions of the country started operating, sterilizing over 170,000 materials on a monthly basis.

In the teaching field, the residency program was extended to the area of Vascular Surgery. Furthermore, the facility Santo Antonio with ten floors, which will house the Nephrology Service and the Universal Public Healthcare System (SUS), will be opened in 2017.

INSTITUTIONAL PROFILE

SANTA CASA DE MISERICÓRDIA DE MACEIÓ

Santa Casa de Misericórdia de Maceió was founded on September 7th, 1851, by Priest Cônego João Barbosa Cordeiro as a charity hospital.

The Hospital maintains the core mission of providing healthcare for the needy population, incorporating charity and philanthropic principles through its science management throughout its 165 years of existence.

Santa Casa de Misericórdia de Maceió has achieved excellent results over the past 13 years, implementing the best care, management and quality practices, increasing the number of the Institution units by five, as well as being recognized nationally and internationally.

Santa Casa de Misericórdia de Maceió focuses on sustainability, philanthropy, teaching and excellence in research, following the Institution's strategic principles.

HIGHLIGHTS 2016/2017

2016 by receiving again the *As Melhores da Dinheiro 2016* Award, ranking second in the Sustainability, Innovation and Quality and Corporate Governance categories, as well as ranking third in Human Resources and Social Responsibility categories.

Many symposiums and events have been organized, increasing the organizational knowledge and sharing this with professionals and the community.

The consolidation of international best practices and the definition of strategic care lines ensured more safety in the healthcare services provided.

Santa Casa de Misericórdia de Maceió has continued to grow even in challenging times by opening new units and implementing new services.

In addition, the Hospital has also received accreditation from the Accreditation Canada International (ACI) – Qmentum accreditation program and obtained recertification at the level of excellence from the National Accreditation Organization (ONA).

SANTA CASA

Characterization	
Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	1851
Constructed area	43,676 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2016	
Operational Beds	407
ICU Beds	58
Credentialed physicians	684
Active employees	2,858
Visits to the Emergency Department	111,457
Outpatient Visits	164,718
Hospital Admissions	26,870
Surgeries (except for deliveries)	24,450
Deliveries	5,338
Tests and Exams	875,811

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(82) 2123-6000
www.santacasademaceio.com.br

INSTITUTIONAL PROFILE

UDI HOSPITAL

Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	1995
Constructed area	20,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	154
ICU Beds	34
Credentialed physicians	600
Active employees	1,392
Visits to the Emergency Department	93,356
Outpatient Visits	139,434
Hospital Admissions	8,405
Surgeries (except for deliveries)	6,483
Deliveries	Not applicable
Tests and Exams	223,094

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São Luís, MA - 65076-820
(98) 3216-7979
www.udi-hospital.com.br

Established in 1985, the UDI Hospital started as a small hospital with only two physicians specializing in Cardiology and Ultrasonography, and this unit was initially called the Diagnostic Imaging Unit (UDI).

In 1987 a building which housed the first large diagnostic imaging service was inaugurated in São Luís do Maranhão.

In December 1989, with more doctors, the Cardiology Diagnostic Imaging Unit (Cardio UDI) was set up.

In May 1990 another unit, the UDI Emergency Diagnostic Imaging Unit, was opened. Here, in addition to diagnostic tests being made, patients were hospitalized, and this became the financial base of the future UDI Hospital.

In 1992, the UDI acquired an area of 10,000 square meters and began construction of the hospital, which was inaugurated in 1995 and which today is a complex of medical and hospital services, offering security and comfort to the population of São Luís and the surrounding regions.

HIGHLIGHTS 2016/2017

In 2015 the UDI Hospital reached Level II of the Brazilian National Accreditation Organization (ONA), thereby confirming its quality and excellent services.

In the same year, it added a second magnetic resonance to its imaging services.

In 2016, it incorporated new ICU beds and apartments, and the total is now 154.

It also inaugurated another CT scan, an ultrasound device and a digital mammogram.

In December 2016, it gained ONA Level III certification, thereby entering the elite of Brazilian hospitals.

Since June 2016, it has contracted the services of a well-known certifier, aiming at the international Canadian Qmentum certification. It also reviewed its planning and strategic map and acquired a piece of land of more than 3,000 square meters, which will allow for future expansion.

INSTITUTIONAL PROFILE

VITÓRIA APART HOSPITAL

Vitória Apart Hospital, which was opened in 2001, was conceived with the objective of being a comprehensive hospital and providing maximum safety and comfort for its patients and staff.

In 2005, only four years after its opening, Vitória Apart Hospital had already received a certification from the National Accreditation Organization (ONA) and in 2011 it was re-certified at the organization's highest level of excellence.

With the mission of providing healthcare solutions, combining technology and compassionate care, it uses modern management tools to achieve its strategic objectives. The Institution is based on values such as innovation, hospitality, ethics and sustainability to provide excellent care.

The purpose is to provide emergency outpatient care and admit patients at different levels of care, without the need to transfer them to perform procedures and examinations in other hospital units.

HIGHLIGHTS 2016/2017

In the near future, Vitória Apart Hospital will take another step forward to reinforce its importance in the medical community and to the State, by finishing its expansion works.

The new Vitória Apart Hospital is getting ready to provide outstanding emergency room care over a 2,000-square-meter facility, having the capacity to provide care to 20,000 patients on a monthly basis, and increasing the number of medical specialties and offering 140 new beds.

Characterization	
Full Member Hospital	Since 2006
For-profit organization	
Foundation	2001
Constructed area	35,342 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	242
ICU Beds	69
Credentialed physicians	1,074
Active employees	1,112
Visits to the Emergency Department	69,449
Outpatient Visits	Not applicable
Hospital Admissions	12,275
Surgeries (except for deliveries)	18,846
Deliveries	1,090
Tests and Exams	Not applicable

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Serra, ES - 29161-001
(27) 3201-5555
www.vitoriaaparthospital.com.br

Institutional Profile

This section presents the Institutional Profile of Anahp Member Hospitals

AACD – Associação de Assistência à Criança Deficiente
Complexo Hospitalar Santa Genoveva
Hospital Albert Sabin
Hospital Aliança
Hospital do Coração Anis Rassi
Hospital Evangélico de Londrina
Hospital Nossa Senhora das Neves
Hospital Novo Atibaia
Hospital Policlínica Cascavel
Hospital Primavera
Hospital Santa Cruz
Hospital Santa Lúcia
Hospital Santo Amaro
Hospital São Mateus
Hospital Sepaco
Hospital Vera Cruz
IBR Hospital

INSTITUTIONAL PROFILE

AACD – ASSOCIAÇÃO DE ASSISTÊNCIA À CRIANÇA DEFICIENTE

Characterization	
Member Hospital	Since 2014
Not-for-profit organization	
Foundation	1993
Constructed area	7,858 m²
Clinical staff organization	Mixed
Hospital Accreditation	Ongoing

Key indicators 2016	
Operational Beds	91
ICU Beds	10
Credentialed physicians	1,555
Active employees	383
Visits to the Emergency Department	Not applicable
Outpatient Visits	19,485
Hospital Admissions	6,328
Surgeries (except for deliveries)	6,094
Deliveries	Not applicable
Tests and Exams	24,492

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São Paulo, SP - 04027-000
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www.aacd.org.br

AACD, 67 years old, is a philanthropic, not-for-profit Organization presided by Regina Helena Scripilliti Velloso, who believes in a society where differences coexist because it recognizes, on each individual, their capacity to evolve and contribute to a more humane world. Its headquarters, in São Paulo, concentrate the main care delivery with a rehabilitation center, an orthopedic workshop, a diagnosis center, a therapy center, and a hospital.

The hospital complex, built in 1993, is today one of Brazil's five largest high-complexity orthopedic surgery centers. With unique services that provide complete care to patients, from the initial appointment, through the need for surgical intervention and subsequent rehabilitation, Hospital AACD has a special participation in the work of AACD.

HIGHLIGHTS 2016/2017

Last year's highlight was the opening of the Medical Center. With new facilities, the site integrates the existing structure of the Therapy Center, centralizing in one location all the care for people who pay out-of-pocket or through health plans.

The new Center is one of AACD's responses to the economic crisis, as the care provided to this audience helps fund the treatments the Organization offers to SUS' patients.

Hospital AACD is in the middle of the process of preparing for accreditation by the Joint Commission International and for designation from Planetree International, enhancing its standards of humanization, quality and safety in patient care.

Another highlight is the deployment of a bed management program and the protocol of prevention of skin lesions due to surgical positioning. In addition, an investment of R$ 10,000,000.00 has been planned for the renovation of facades and renewal of the electric infrastructure, to be conducted in 2017.

INSTITUTIONAL PROFILE

COMPLEXO HOSPITALAR SANTA GENOVEVA

The year of 1975 was a landmark, because that is when Wilson Galvão had the idea of creating a hospital complex. The dream, with great effort and hard work, came true on October 3 of that year, with the purchase of the building which until then was occupied Santa Casa de Misericórdia. The renovation of the old structure went until April 1976, when the Board officially opened Hospital Santa Genoveva, launching healthcare units with luxury apartments and special rooms, and the first Intensive Care Unit (ICU). Recognized as a center of excellence of Triângulo Mineiro, especially in high complexity, Santa Genoveva has a structure with high technology equipment, such as a hybrid room, offers comfortable rooms, and extremely clean facilities, seeking to offer to its customers the best treatments.

HIGHLIGHTS 2016/2017

Always with the intention of providing medical and nursing care to its customers, in 2016 it opened a new Surgical Center with a Hybrid Room for high complexity surgeries. An oncology unit was implemented with modern equipment and ten chemotherapy stations. In the same year, the central reception was totally renovated, and the physical therapy unit renewed its equipment. For 2017, a partnership was closed with IQG to begin the Canadian Accreditation process, Qmentun, as well as the development of a Master Plan. The goal is to obtain organic growth, which includes the construction of an area of 2,600 m^2 with 72 beds, including the plan of opening the first phase with 24 beds this year.

Plans for 2017 also include creating the region's most comprehensive cardiac service, covering all areas of the care line, including the new Cardiology Emergency Department, new equipment for the cath lab, and remodeling of the Coronary ICU.

Characterization	
Member Hospital	Since 2017
For-profit organization	
Foundation	1975
Constructed area	Not reported
Clinical staff organization	Mixed
Hospital Accreditation	ONA I

Key indicators 2016	
Operational Beds	148
ICU Beds	30
Credentialed physicians	250
Active employees	656
Visits to the Emergency Department	57,949
Outpatient Visits	Not applicable
Hospital Admissions	10,643
Surgeries (except for deliveries)	7,795
Deliveries	1,023
Tests and Exams	Not applicable

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www.santagenoveva.net

INSTITUTIONAL PROFILE

HOSPITAL ALBERT SABIN

Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	1992
Constructed area	11,000 m²
Clinical staff organization	Open
Hospital Accreditation	Ongoing

Key indicators 2016	
Operational Beds	98
ICU Beds	45
Credentialed physicians	1,405
Active employees	495
Visits to the Emergency Department	70,461
Outpatient Visits	6,087
Hospital Admissions	8,345
Surgeries (except for deliveries)	Not reported
Deliveries	Not reported
Tests and Exams	4,800

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Juiz de Fora, MG - 36020-200
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www.sabinjf.com.br

With highly skilled clinical staff, cutting-edge technology and units divided between Individual Rooms, Infirmary, Nursery, Neonatal and Pediatric ICUs, Woman and Child Unit, Neurological ICU, General ICU, and Emergency Department, Albert Sabin Hospital is a reference in health in the city of Juiz de Fora (MG) and region, receiving hundreds of visits every month. In 2017, Albert Sabin Hospital is celebrating 25 years and it is very proud of managing one of the best hospital teams in the State of Minas Gerais. Our biggest commitment is to take good care of health and wellbeing, always focused on safety, humanization and excellence in outcomes.

HIGHLIGHTS 2016/2017

Albert Sabin is a pioneering hospital in humanized childbirth in Juiz de Fora. This procedure provides personalized and individualized care to each patient, in compliance with the technical standards of the Ministry of health, the Brazilian Society of Pediatrics, and the Brazilian Federation of Obstetrics and Gynecology.

It offers comfortable space for pregnant women, with ambient music, adequate lighting, team integration, participation of the father or another accompanying person, with babies being breastfed immediately after birth.

INSTITUTIONAL PROFILE

HOSPITAL ALIANÇA

In 2017, Hospital Aliança will be 27 years old. With a work philosophy based on ethics and respect for human beings, Aliança has had strict quality standards since its foundation, adopting excellence as its main organizational value. It is a regional reference in high complexity care, and in 2016, it was chosen the Organization of the Year in the category Private Hospital by the award Healthcare Leaders in the North/Northeast.

In addition to its highly skilled clinical staff and state-of-the-art equipment, the hospital has its own blood bank, anatomical pathology and clinical pathology, thus offering safe care to patients.

Presenting differentiated architecture and professionals specialized in pediatric care, in 2001, it opened the Centro Aliança de Pediatria (CAP, Pediatrics Center). The facility provides emergency and urgency care, day surgery, and inpatient care, plus intensive care and step-down units (Pediatric ICU). The training program of technical professionals, the landscape project, and the art collection humanize care, offering care that is more efficient and closer to the children. Considered a national reference in Pediatrics, CAP provides integrated care to children and their families.

HIGHLIGHTS 2016/2017

2016 was a year of great achievements for Hospital Aliança. In the area of care, an important step was taken toward the consolidation of the patient safety culture with the achievement of ONA's Full Accreditation. With this process, the hospital has obtained great gains in care delivery, as well as in its operational performance resulting from an integrated management based on indicators. In addition to the Ethics and Compliance Commission and the Quality and Safety Management, it implemented a managed care line for Cardiology. In this manner, we reduced times to care for Acute Myocardial Infarction in the Emergency Department, also expanding support to cardiac patients, through the performance of tests like Cardiac Angio CT and Heart MRI. Another highlight was the use of the Lean methodology to reduce waiting times for less severe patients in the Emergency Department. In the last quarter of 2016, the hospital started the process toward the International Canadian Certification, Qmentum. To that end, the hospital is making all the necessary efforts to win this international certification.

HA S.A. HOSPITAL ALIANÇA

Characterization	
Member Hospital	Since 2001
For-profit organization	
Foundation	1990
Constructed area	34,332 m²
Clinical staff organization	Open
Hospital Accreditation	ONA II

Key indicators 2016	
Operational Beds	213
ICU Beds	42
Credentialed physicians	1,509
Active employees	1560
Visits to the Emergency Department	66,735
Outpatient Visits	Not applicable
Hospital Admissions	13,046
Surgeries (except for deliveries)	8,155
Deliveries	1,843
Tests and Exams	80,441

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www.hospitalalianca.com.br

INSTITUTIONAL PROFILE

HOSPITAL DO CORAÇÃO ANIS RASSI

Hospital do Coração ANIS RASSI

Characterization	
Member Hospital	Since 2017
For-profit organization	
Foundation	2003
Constructed area	5,300 m²
Clinical staff organization	Open
Hospital Accreditation	ONA II

Key indicators 2016	
Operational Beds	92
ICU Beds	18
Credentialed physicians	315
Active employees	410
Visits to the Emergency Department	20,664
Outpatient Visits	29,491
Hospital Admissions	5,756
Surgeries (except for deliveries)	2,388
Deliveries	Not applicable
Tests and Exams	280,098

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www.arh.com.br

Hospital do Coração Anis Rassi (HCAR) is one of Brazil's most complete and modern hospitals specialized in the prevention, diagnosis and treatment of cardiovascular diseases. Founded on March 27th 2003, it is located in the central region of Goiânia (GO), with an area of 5,300 m² distributed through 8 floors. Of a total of 92 beds, 10 are general ICU and 8 are cardiology ICU. The hospital is a reference in cardiology and also stands out in other specialties. HCAR prioritizes excellence in care, according to the message of its CEO Anis Rassi. "As important as saving lives is to rekindle joy, hope and the dreams weakened by the disease. It is this feeling that makes us tireless and obstinate in the pursuit for the most modern and efficient resources of medical technology. "Being aware of that strengthens our commitment to life".

HIGHLIGHTS 2016/2017

Hospital do Coração Anis Rassi has been recertified by the National Accreditation Organization (ONA), being awarded with the full seal in December 2016. HCAR was awarded for the second year in a row in the category top of mind private hospital in the state of Goiás in a research conducted by the newspaper O Popular in its 24th edition (Pop List Goiânia). The project to incorporate a new care facility, São Salvador Diagnostic Center, with 3,600 m² of build area is underway. This new complex will house 30 offices and a wide range of complementary tests with state-of-the-art technology, including 3-tesla MRI and PET-scan machines. Another project underway is the expansion of HCAR with the inclusion of more 30 inpatient beds in its current facilities. The entity has recently purchased two CT machines, one with 160 detectors and an optical coherence tomography (OCT), together with a device that measures fraction flow reserve (FFR), plus ongoing negotiations for new equipment for the cath lab. HCAR is the first hospital in Goiânia to use green light technology, a minimally invasive procedure that "vaporizes" the prostate in cases of benign hyperplasia.

INSTITUTIONAL PROFILE

HOSPITAL EVANGÉLICO DE LONDRINA

Founded in 1948, Hospital Evangélico de Londrina is a philanthropic organization that has humanization and excellence as the pillars of its performance. It is a reference throughout the country and has a complete structure with 337 beds and Adult, Pediatric, and Neonatal ICUs. Every year, it receives approximately 80,000 visits to the Emergency Department, 25,000 hospital admissions, and 17,000 surgeries. Located on the main medical area of the city, its clinical staff has 838 physicians of different specialties, and 1,542 active employees. The high complexity procedures are the highlight, serving SUS, health plans, and out-of-pocket customers. A pioneer in kidney transplant in Paraná, it has the State Seal of Transplant Quality. For 20 years, it has been a child-friendly hospital and its maternity is a national reference, with a modern structure equipped for humanized childbirth.

HIGHLIGHTS 2016/2017

In 2016, Hospital Evangélico de Londrina completed the implementation of the corporate governance process with the creation of the Advisory Council, support committees, design and publication of its Code of Conduct and Charter. Professionalization brought about a new participatory management model, in which employees, physicians and partners come together in Management and Improvement Groups to analyze indicators, results, and action plans to achieve the goals defined in the strategic plan of the organization. Organizational restructuring was also designed in macro-processes, clinical pathways, and procedures, with focus on the quality and safety of the services provided to patients. The new organizational culture will take the Hospital Evangélico to quality certification and to its recognition as a leading company in Paraná in health and well-being.

Characterization	
Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1948
Constructed area	19,140 m²
Clinical staff organization	Open
Hospital Accreditation	Ongoing

Key indicators 2016	
Operational Beds	337
ICU Beds	337
Credentialed physicians	838
Active employees	1,542
Visits to the Emergency Department	77,489
Outpatient Visits	22,944
Hospital Admissions	24,595
Surgeries (except for deliveries)	17,264
Deliveries	4,866
Tests and Exams	653,922

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www.aebel.org.br

INSTITUTIONAL PROFILE

HOSPITAL NOSSA SENHORA DAS NEVES

Characterization	
Member Hospital	Since 2017
For-profit organization	
Foundation	2016
Constructed area	20,000 m²
Clinical staff organization	Open
Hospital Accreditation	–

Key indicators 2016	
Operational Beds	50
ICU Beds	10
Credentialed physicians	460
Active employees	300
Visits to the Emergency Department	4,357
Outpatient Visits	792
Hospital Admissions	1,385
Surgeries (except for deliveries)	1,802
Deliveries	Not applicable
Tests and Exams	4,963

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João Pessoa, PB - 58040-530
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www.hnsn.com.br.

Founded in May 2016, the first digital hospital of the state of Paraíba has the mission of offering the best experience in care for people, being a healthcare reference in the Northeast of Brazil. It has 20,000 m² of built area and 230 operational beds. The ICU has been designed so that the exterior can be seen by the patients and it operates with 30 beds.

It is a pioneer among hospitals in the Northeast in the use of the pneumatic tube system, pipelines connecting units to transport medications and tests with speed and safety. Its Acute Care Unit (ACU) provides 24 hours of care to patients in urgency and emergency situations. The Specialties Outpatient Clinic (ADE), the Surgical Suite with 11 operating rooms, and the Imaging Diagnostic Center (CDI) with high performance equipment also stand out.

HIGHLIGHTS 2016/2017

The Acute Care Unit (ACU) opened in July. Additionally, the Otorhinolaryngology Unit opened in October and the Cath Lab opened in December. The hospital also received in February 2017 the first visit of B. Braun's AESCULAP team to implement the OrthoScan project.

The National Transplant System visited the hospital in March 2017 to deploy the first transplant center in the city of João Pessoa, when the Executive Check-up Service also began its activities. Soon, HNSN will start to offer Pediatric and Oncology care.

INSTITUTIONAL PROFILE

HOSPITAL NOVO ATIBAIA

Hospital Novo Atibaia was born from the dream of three young physicians who, in 1967, opened Clínica São Camilo in Atibaia. In June 1971, other six colleagues joined the group for the opening of the Hospital. With modern architecture and clinical staff formed by professionals from the University of São Paulo (USP), it soon became a reference in the region of Bragança. In 2008, with the opening of an eight-story building, the hospital complex now has 21,000 m² of built-up area. In 2009, MV integrated management system was implemented and all the clinical staff and multidisciplinary team began to use the electronic medical record.

In 2013, it was the first hospital in the region of Bragança to receive the accreditation seal from the National Accreditation Organization (ONA) and in November 2015, it won the Full Accreditation Seal (ONA II), joining the select group of Brazilian hospitals that have this quality seal.

HIGHLIGHTS 2016/2017

Hospital Novo Atibaia offers the population of Atibaia and neighboring towns high-standard medicine at the same level as renowned hospitals of the country. Continuing to evolve, in 2016, it expanded the services offered, opening the first exclusive medical care unit for beneficiaries of AMHA health plan.

The practices of AMHA Medical Center are based on the English model of international excellence NHS (National Health Service), offering qualified follow-up and referral systems, and building loyalty of patients to their reference physicians. Today, it has the specialties of internal medicine, cardiology, pulmonology, and nutrition.

HOSPITAL NOVO ATIBAIA

Characterization	
Member Hospital	Since 2015
For-profit organization	
Foundation	1971
Constructed area	21,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA II

Key indicators 2016	
Operational Beds	139
ICU Beds	16
Credentialed physicians	404
Active employees	964
Visits to the Emergency Department	108,337
Outpatient Visits	272,484
Hospital Admissions	9,045
Surgeries (except for deliveries)	5,932
Deliveries	751
Tests and Exams	109,562

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INSTITUTIONAL PROFILE

HOSPITAL POLICLÍNICA CASCAVEL

Characterization	
Member Hospital	Since 2016
For-profit organization	
Foundation	1968
Constructed area	12,973 m²
Clinical staff organization	Open
Hospital Accreditation	Ongoing

Key indicators 2016	
Operational Beds	140
ICU Beds	35
Credentialed physicians	324
Active employees	395
Visits to the Emergency Department	33,585
Outpatient Visits	6,996
Hospital Admissions	10,400
Surgeries (except for deliveries)	Not reported
Deliveries	1,092
Tests and Exams	28,041

R. Souza Naves, 3145 - Ciro Nardi
Cascavel, PR - 85802.080
(45) 2101-1500
www.policlinica.com.br

Founded on December 20, 1968, motivated by the ideal of offering innovative state-of-the-art healthcare to the community, Hospital Policlínica de Cascavel has been excelling as a reference hospital in the west of the State of Paraná.

Since then, the organization performed countless high-complexity procedures like heart, neurological, orthopedic, and transplant surgeries. It has 140 beds, Adult and Neonatal ICUs, cath lab (Digicor), lithotripsy (Lithoeste), as well as complete imaging diagnoses in partnership with the company Uniton.

The hospital offers sophisticated technology and qualified clinical staff formed by more than 300 medical experts, physical therapists, psychologists, nurses, and nursing technicians, in addition to a highly specialized administrative team. Hospital Policlínica has been building a history of commitment to protect and improve the health of the families of Cascavel and the west of the State of Paraná.

HIGHLIGHTS 2016/2017

HPC was born as a limited liability company, arrived at the number of 127 partners and, for this reason, it started the process of changing its corporate nature to a joint-stock company, which was complete in March 2017.

The strategy is to further professionalize management and lead the building of regional partnerships that generate synergies and scale savings with high quality care in the West Region of the State of Paraná.

For 2017, investments in the expansion of the Operating Center, Central Sterile Supply Department, and Nutrition and Diet Service have been planned.

INSTITUTIONAL PROFILE

HOSPITAL PRIMAVERA

Opened in October 18, 2008, Physicians' Day, Hospital Primavera is one of the units that comprise Rede Primavera Saúde, together with seven clinics that serve the city of Aracaju and one in the country area of Sergipe. It was built with the mission to promote multiprofessional care of quality aligned to humanized care for the population of Sergipe and neighboring areas.

It has 127 beds, eight operating rooms, 24 by 7 emergency with Internal Medicine, General Surgery, Orthopedics, Cardiology and Pediatrics. There are two ICUs, one clinical unit with 10 beds and a surgical one with 10 beds as well. The diagnostic area is divided into three floors.

It has qualified clinical staff offering the medical specialties required for the proposed treatment. Moreover, Hospital Primavera has a helipad and a large parking facility.

HIGHLIGHTS 2016/2017

Throughout the years, Hospital Primavera has been progressing by incorporating new technologies and training professionals, focused on humanization and patient safety. In 2016, it strengthened the work of the Patient Safety Center by investing in training the multiprofessional teams, creating different committees and acquiring the electronic medical record.

In the second part of 2016, an Imaging Center was opened, including a 3-Tesla magnetic resonance device, one 128-channel computed tomography machine, fully digital fixed and mobile x-ray devices, integrated with the advanced system PACS. There was also the Oncology center, to serve the patients who needed oncology, rheumatology and hematology treatment.

The organization has also worked to get prepared to meet the requirements of hospital accreditation, using ONA methodology. The accreditation process is expected to be due in the first quarter of 2017, applying to Level I accreditation to confirm the best practices and focus on patient safety. The goal will be to reach full accreditation as quickly as possible.

Characterization	
Member Hospital	Since 2014
For-profit organization	
Foundation	2008
Constructed area	18,689 m²
Clinical staff organization	Open
Hospital Accreditation	Ongoing

Key indicators 2016	
Operational Beds	106
ICU Beds	20
Credentialed physicians	265
Active employees	986
Visits to the Emergency Department	74,767
Outpatient Visits	10,471
Hospital Admissions	6,275
Surgeries (except for deliveries)	5,863
Deliveries	Not applicable
Tests and Exams	343,172

Av. Ministro Geraldo Barreto Sobral, 2277 - Jardins
Aracaju, SE - 49026-010
(79) 2105-2500
www.redeprimavera.com.br

INSTITUTIONAL PROFILE

HOSPITAL SANTA CRUZ

Characterization	
Full Member Hospital	Since 2017
Not-for-profit organization	
Foundation	1939
Constructed area	Not reported
Clinical staff organization	Open
Hospital Accreditation	ONA I

Key indicators 2016	
Operational Beds	166
ICU Beds	30
Credentialed physicians	3,332
Active employees	1,232
Visits to the Emergency Department	106,507
Outpatient Visits	115,943
Hospital Admissions	11,352
Surgeries (except for deliveries)	12,053
Deliveries	Not applicable
Tests and Exams	921,894

Rua Santa Cruz, 398 - Vila Mariana
São Paulo, SP - 04122-000
(11) 5080-2000
www.hospitalsantacruz.com.br

In 1926, Dojinkai, Japanese Society of Beneficence, acquired a piece of land in Vila Mariana, city of São Paulo. Thirteen years later, Hospital Santa Cruz was opened thanks to the engagement of Japanese immigrants and the community that made donations for the construction of the hospital. Opened in 1939, the hospital has 14,331.27m² of built area and 166 beds, including clinical and surgical inpatient units, General and Neurology ICU and Coronary Unit. Recognized as a high complexity hospital, it stands out in orthopedics, interventional cardiology, neurosurgery and ophthalmology. It included 13 highly equipped surgical rooms, 40-specialty general outpatient center, advanced diagnostic center and general, orthopedic and ophthalmology Emergency Department. Hospital Santa Cruz also offers health checkup services and an outpatient infusion center for clients.

HIGHLIGHTS 2016/2017

In 2016, Hospital Santa Cruz focused on strengthening its brand with the community by making partnerships with Japanese companies for acquisition of equipment and process improvement. The partnership with Toyota brought to the hospital TPS (Toyota Production System), mainly focused on aligning the patient flow to the service. Partnerships with universities Tsukuba, Keio and Osaka in Japan were closed for scientific and technological improvement. In 2017, Hospital Santa Cruz will expand its partnership with the Universal Public Healthcare System (SUS) and the social responsibility actions with the community. The organization also focuses on keeping the excellence in organizational climate and improving people and area communication to improve its processes and performance.

INSTITUTIONAL PROFILE

HOSPITAL SANTA LÚCIA

Hospital Santa Lúcia was founded in 1967 and has become a traditional and renowned hospital in Brasília in the past 50 years. The original founders had the vision to become national reference in high complexity treatment and medical excellence. The last decade has brought many advances, expansion of the hospital and acquisition of state-of-the-art technology, which have helped the consolidation of the hospital as the market leader in the city.

HIGHLIGHTS 2016/2017

The hospital increased the number of beds in 2016, reaching 262 rooms and 100 adult ICU beds. It has expanded its radiology center by acquiring new magnetic resonance and computed tomography machines, significantly increasing our capacity in view of the demand. The hospital has also acquired one of the most modern Cath lab devices in the country (GE Innova Biplane) and new radiotherapy machine. The organization has also started the process of international accreditation by Qmentum and it has been investing in training of clinical teams and medical coordinators.

HOSPITAL SANTA LÚCIA

Characterization	
Member Hospital	Since 2015
For-profit organization	
Foundation	1967
Constructed area	45,000 m²
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2016	
Operational Beds	362
ICU Beds	100
Credentialed physicians	600
Active employees	2,100
Visits to the Emergency Department	160,000
Outpatient Visits	Not applicable
Hospital Admissions	16,000
Surgeries (except for deliveries)	12,000
Deliveries	2,000
Tests and Exams	950,000

SHLS Quadra 716 Conjunto C - Setor Hospitalar Sul
Brasília, DF - 70390-700
(61) 3445-0000
www.santalucia.com.br

INSTITUTIONAL PROFILE

HOSPITAL SANTO AMARO

Characterization	
Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1988
Constructed area	7,228 m²
Clinical staff organization	Open
Hospital Accreditation	ONA I

Key indicators 2016	
Operational Beds	110
ICU Beds	25
Credentialed physicians	2,234
Active employees	482
Visits to the Emergency Department	3,642
Outpatient Visits	Not applicable
Hospital Admissions	14,134
Surgeries (except for deliveries)	10,547
Deliveries	3,229
Tests and Exams	180,097

Ladeira do Campo Santo S/N - Federação
Salvador, BA - 40210-320
(71) 3504-5031
www.fjs.org.br

Hospital Santo Amaro (HSA), founded in 1988, is a reference center in Bahia that serves different specialties, focusing primarily on gynecology, obstetrics and neonatology. It is a general hospital that includes different areas, such as preparation to minor and medium-level surgeries, and specialized care in treatment of obesity, orthopedic surgery and maxillary-facial surgery. Among the other units that support the main healthcare services, it includes Neonatal ICU, Adult ICU, Day-Hospital, Bioimaging Center, Medical Center and Clinical Analyses and Anatomical Pathology Laboratory.

HIGHLIGHTS 2016/2017

In 2016, Hospital Santo Amaro was successfully reaccredited by National Accreditation Organization (ONA), meeting the patient safety criteria that included structural and clinical aspects. In the maternal center, the hospital maintained the course “The Pregnant Couple”, an activity directed to pregnant patients and their spouses to answer questions about pregnancy, delivery and post-partum issues. The course is offered every month and it is taught by a multiprofessional team of the hospital formed by obstetricians, neonatologists, nurses, dietitians, physical therapists, anesthesiologists, psychologists and social workers.
In 2016, a Committee of Corporate Governance was implemented to work together with the staff, clients and suppliers in what follows: Creation of a Code of Ethics; implementation of the Staff Internal Regulations; implementation of an Ombudsman Office; implementation of the Staff Communication Channel; creation of the HR Channel, and application of a Staff Satisfaction Survey.
There were approximately 10,083 surgical procedures and 3,693 obstetric procedures. In 2017, the organization will apply for Full Accreditation (ONA Level II).

INSTITUTIONAL PROFILE

HOSPITAL SÃO MATEUS

In 1981, Clínica São Mateus started from the dream to take care of people, offering hospital services of excellence.

In 1998, strategic management was adopted and brought the concept of more humanized health promotion.

In 2009, to expand and improve care, the hospital built a new structure.

Whenever a new step is achieved, a new plan of expansion, equipment acquisition, training investments, and customer relations are put in place to be closer to patients offering top quality.

HIGHLIGHTS 2016/2017

A relevant factor in 2016 was the execution of a 15-bed Coronary ICU, opened in May 2016. The organization started the year 2016 by implementing the center of Quality Management, focused on applying for hospital accreditation. The department has also worked on governance authority levels, daily indicators of management, alignment to strategic planning, leadership workshop, bed management implementation, and rapid response team (RRT). The tool SBAR was used to share information among the processes, having the risk management center deal with adverse events.

As a result of all these modifications, the hospital was accredited in December 2017 by National Accreditation Organization (ONA). The plan is to reach level 2 full accreditation in 2017.

COMPLEXO HOSPITALAR SÃO MATEUS

Characterization	
Member Hospital	Since 2014
For-profit organization	
Foundation	1981
Constructed area	8,408 m²
Clinical staff organization	Open
Hospital Accreditation	ONA I

Key indicators 2016	
Operational Beds	128
ICU Beds	35
Credentialed physicians	695
Active employees	641
Visits to the Emergency Department	98,754
Outpatient Visits	40,597
Hospital Admissions	9,738
Surgeries (except for deliveries)	9,776
Deliveries	314
Tests and Exams	1,074,240

Av. Aclimação, 335 - Bosque de Saúde
Cuiabá, MT - 78.050-040
(65) 3051-2222
www.hmsm.com.br

INSTITUTIONAL PROFILE

HOSPITAL SEPACO

Sepaco
Hospital e Maternidade
Pioneiro no controle de infecção hospitalar

Hospital Sepaco, opened in 1979 and located in Vila Mariana, is a philanthropic hospital and a reference in hospital infection control in Brazil It was built to serve exclusively the employees in paper, cardboard, and cork industry. Since 2001, it has been opened to the market and performing high complexity procedures. It is also a reference in high risk delivery and pediatrics.

Characterization	
Member Hospital	Since 2016
Not-for-profit organization	
Foundation	1979
Constructed area	22,015 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA II

Key indicators 2016	
Operational Beds	235
ICU Beds	77
Credentialed physicians	3,380
Active employees	1,600
Visits to the Emergency Department	114,810
Outpatient Visits	53,263
Hospital Admissions	17,997
Surgeries (except for deliveries)	10,537
Deliveries	3,519
Tests and Exams	705,209

R. Vergueiro, 4210 - Vila Mariana
São Paulo, SP - 04102-900
(11) 2182-4444
www.sepaco.org.br

HIGHLIGHTS 2016/2017

Sepaco was accredited as Full Level 2 by National Accreditation Organization (ONA), reconfirming its commitment with patient safety, process management and communication integration, focused on continuous improvement processes. In 2016, Sepaco expanded the number of Neonatal ICU beds and started to renovate the current rooms. It has also become specialized in pediatric high complexity surgeries, such as congenital cardiopathies. As a consequence, in 2017, the organization became a credentialed center of life support technology through ECMO (extra corporeal membrane oxygenation), granted by ELSO (Extracorporeal Life Support Organization).

INSTITUTIONAL PROFILE

HOSPITAL VERA CRUZ

General hospital and maternity, Vera Cruz is located in the city of Campinas (SP). It started its activities in 1943, where the center Clínica Stevenson de Oftalmologia used to be. Throughout 73 years of existence, the hospital has doubled its size, going through many transformations, with continuous investments in infrastructure, technology, technical-scientific improvement and humanization.

The organization is a reference in Campinas and the surrounding region in high complexity care, urgency and emergency, diagnosis and therapy, maternity, elective surgery (both inpatient and outpatient), and clinical general and specialized treatment. It has external units for diagnosis and therapy, including the health checkup program, and it operates with Fundação Roberto Rocha Brito for medical-scientific development and social projects.

HIGHLIGHTS 2016/2017

In 2016, Vera Cruz celebrated 20 years of the Total Quality Management Program and maintained the Seal of Commitment with Hospital Quality (CQH), by Associação Paulista de Medicina, and ONA level II full accreditation. Permanently focusing on safe and humanized care, it has become the first hospital in the region of Campinas to be classified as Hospital Amigo do Idoso (Friendly of the Elderly). It has also received the award Núcleo de Apoio A Gestão Hospitalar Pessoas by CQH and Global Seal of Programa de Soluções Integradas by 3M, category Diamond. It has participated and supported the Second Patient Safety Seminar in Campinas. It was awarded the Green Seal of NGO Hospitais Verdes e Saudáveis. As part of the continuous improvement process, the hospital has participated in Survey Anahp/Bain and closed a partnership with Faculdade São Camilo to have a Graduate Course in Hospital Management, whose second class will be in 2017. Vera Cruz was recognized for the 16th consecutive time as the private hospital most recalled in the region of Campinas by survey Top of Mind – Successful Brands. New strategies of growth and brand consolidation are underway for 2017, including the opening of an Oncology Treatment Center in the first half of the year.

HOSPITAL VERA CRUZ CAMPINAS

Characterization	
Member Hospital	Since 2015
For-profit organization	
Foundation	1943
Constructed area	24,714 m²
Clinical staff organization	Open
Hospital Accreditation	ONA II, CQH

Key indicators 2016	
Operational Beds	147
ICU Beds	41
Credentialed physicians	1,655
Active employees	1,306
Visits to the Emergency Department	133,609
Outpatient Visits	20,514
Hospital Admissions	12,634
Surgeries (except for deliveries)	17,459
Deliveries	1,324
Tests and Exams	933,967

Av. Andrade Neves, 402 - Centro
Campinas, SP - 13013-908
(19) 3734-3000
www.hospitalveracruz.com.br

INSTITUTIONAL PROFILE

IBR HOSPITAL

Characterization	
Member Hospital	Since 2015
For-profit organization	
Foundation	1986
Constructed area	8,000 m²
Clinical staff organization	Mixed
Hospital Accreditation	Ongoing

Key indicators 2016	
Operational Beds	80
ICU Beds	16
Credentialed physicians	130
Active employees	335
Visits to the Emergency Department	20,000
Outpatient Visits	25,000
Hospital Admissions	2,100
Surgeries (except for deliveries)	2,200
Deliveries	Not applicable
Tests and Exams	3,800

R. Góes Calmon, 235 - Centro
Vitória da Conquista, BA - 45000-400
(77) 2101-4100
www.ibrhospital.com.br

IBR Hospital was founded on May 12, 1986 as an orthopedic center. Having just one office and a small physical therapy room, the organization used the name Instituto Brandão de Reabilitação (IBR). Nevertheless, it has been growing continuously in the past 29 years.
It meets the needs of the population in the Southeast region of Bahia, experiencing a constant transformation of facility and activities to update the services and reach the level of excellence of major centers. The organization has evolved from a small clinic to a high complexity hospital in orthopedics and trauma, neurology, cardiology and a Diagnostic Advanced Center. From the two founding physicians, it now has 130 physicians of different specialties.

HIGHLIGHTS 2016/2017

In 2016 we consolidated IBR Hospital as a regional reference for high complexity procedures, especially in cardiovascular care, clinical and surgical neurology. The hospital is an emergency reference using protocols defined to ensure patient safety and case resolution.
The plan in 2017 is to have a leaner structure, reducing operating costs and waste in the entire process chain. It serves all healthcare plans and SUS patients in high complexity procedures. Unfortunately, 2017 will bring even more stressing relations with financing agents of healthcare.

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Institutional Profile

This section presents the Institutional Profile of Anahp Affiliated Members

Pronep

SOS Vida

INSTITUTIONAL PROFILE

PRONEP

Characterization	
Affiliated Organization	Since 2015
Foundation	1992
Hospital Accreditation	JCI

Key indicators 2016	
Active physicians	56
Active healthcare professionals	324
Patients-day in care support at home	256,968
Patients-day in home care	111,638
N of admissions to care support at home	932
N of admissions to home care	434
Patients-day using continuous mechanical ventilation	9,297
Hospital readmissions	845
Average length of stay in days (excluding court orders)	114.10

R. Visconde de Silva, 125 - Humaitá
Rio de Janeiro, RJ - 22271-043
(21) 2538-5555
www.pronep.com.br

Pronep, founded in 1992 in Rio de Janeiro, started its activities with enteral and parenteral nutritional support procedures. This activity was discontinued in 2007. In 1994, Pronep started to work providing Home Care programs, changing its name to Pronep Lar. In 1998, the activities of São Paulo unit were accredited by Joint Commission International (JCI). In 2007, both units were internationally accredited by JCI. In 2014, a change in governance was triggered, hiring an external professional executive team to manage Pronep.

HIGHLIGHTS 2016/2017

In 2016, Pronep was reaccredited by Joint Commission International (JCI), which confirms the high quality of our services. Relevant investments were made in training program, especially with the team of trainers who work with physicians and technicians who provide multiprofessional care received by the patients assisted by Pronep. This training program uses realistic simulation methodology, in partnership with Berkeley Training Center in Rio de Janeiro. In 2017, the program for physicians and technicians will be maintained and we will start a cycle for leaders, focused on constant professional development.

INSTITUTIONAL PROFILE

S.O.S. VIDA

S.O.S Vida was founded in 1987 and throughout its 30 years it has been standing out by the innovation applied to care. In 1996, it was the pioneer in Home Care in Bahia, and in 2005 it opened the oncology unit and a special medication infusion center, with medical visits and outpatient chemotherapy management.

In 2008 the company expanded its frontiers into the state of Sergipe, in Aracaju, providing home care services. S.O.S Vida was accredited by JCI (Joint Commission International) in 2012. It was the second home care company to be internationally accredited, confirming its own culture of innovation.

HIGHLIGHTS 2016/2017

In May 2016, S.O.S Vida started a partnership with Fundação Dom Cabral for leadership training. Also in 2016, it conquered the top position in Home Care by Prêmio Benchmarking Saúde for the fifth time. The company has devised an expansion plan into the country area of the state of Bahia, aligned with its current business vision.

In 2017, S.O.S Vida, for its 30-year celebration, will host III JONAD (National Home Care Seminar). The third edition of the event will gather specialists from all over the country to discuss the topic: Trials for the Future: Culture and Innovation in Home Care".

S.O.S. Vida
Inovando em Saúde

Characterization	
Affiliated Organization	Since 2015
Foundation	1987
Hospital Accreditation	JCI

Key indicators 2016	
Active physicians	45
Active healthcare professionals	540
Patients-day in care support at home	130,838
Patients-day in home care	82,864
N of admissions to care support at home	719
N of admissions to home care	306
Patients-day using continuous mechanical ventilation	13,155
Hospital readmissions	58
Average length of stay in days (excluding court orders)	32

Av. Dom João VI, 152 - Brotas
Salvador, BA - 40285-001
(71) 3277-8000
www.sosvida.com.br

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www.anahp.com.br

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