

# OBSERVATÓRIO

*Annual Publication - Edition 10*

# 2018



anahp



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- 158 Full Member Hospitals
- 244 Member Hospitals
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# Anahp Facts and Figures

## IT REPRESENTS

**33.6** billion

in gross revenues of 101 member hospitals in December 2017



**105**

members  
in April 2017



**21.5%**

of the total clinical expenditures in private health care in 2017

**24,431** beds

in December 2017



**10%** of the total private (for profit and not-for-profit) beds available in Brazil

**5,788** ICU beds

in December 2017



**10.2**  
million

visits to the  
Emergency  
Department  
in 2017

## ACCREDITATIONS 2017

Anahp hospitals amounted to:

**31.8%**

of the national  
accreditations

**62.7%**

of the international  
accreditations in Brazil



Accreditation	Anahp	Brazil	% Anahp
ONA III	47	117	40.2%
JCI	26	35	74.3%
ACI	19	35	54.3%
ONA II	7	84	8.3%
ONA I	6	60	10.0%
NIAHO	2	5	40.0%
TOTAL	107	336	31.8%
International	47	75	62.7%

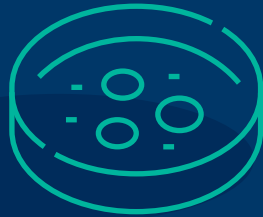
## ANAHP HOSPITALS ARE HIGH-COMPLEXITY ORGANIZATIONS:



IN 2017:

# 100,667,387

performed tests



# 1,581,036

hospitalizations



# 1,166,459

surgeries



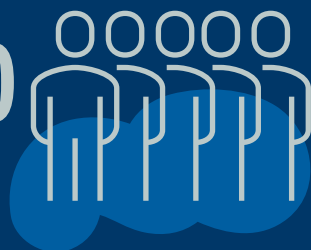
# 47%

performed transplants

Over

# 162,000

employees in member hospitals



# 14%

 of the formal employees in hospital activities

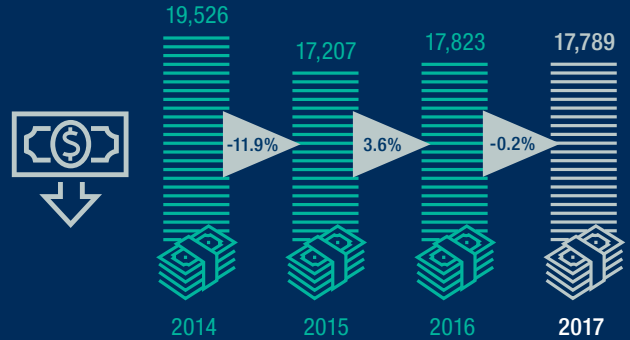
134,790 2015

140,503 2016

162,980 2017

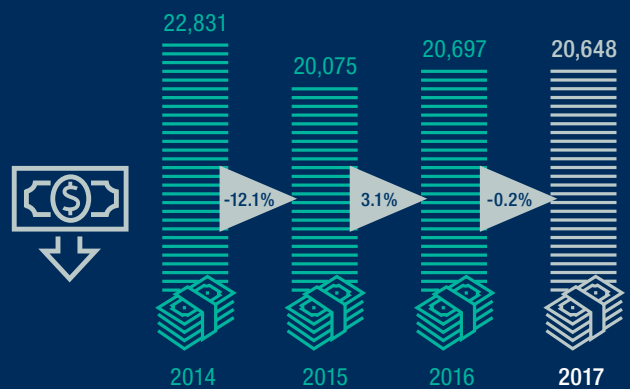
## TOTAL EXPENSES PER HOSPITAL DISCHARGE

Actual variation (discounting inflation) SINHA (R\$ in 2017)



## NET REVENUES PER HOSPITAL DISCHARGE

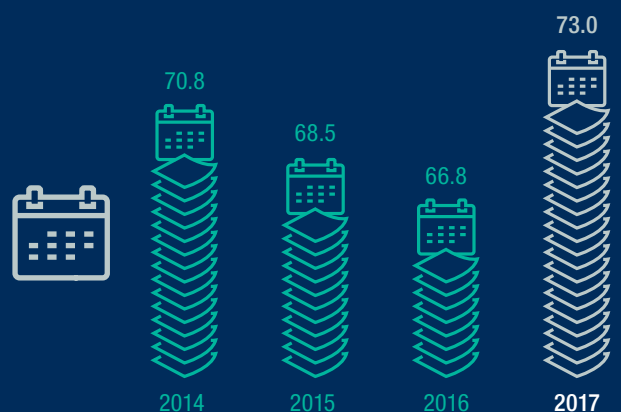
Actual variation (discounting inflation) SINHA (R\$ in 2017)



## RATE OF DENIALS (% of net revenues)



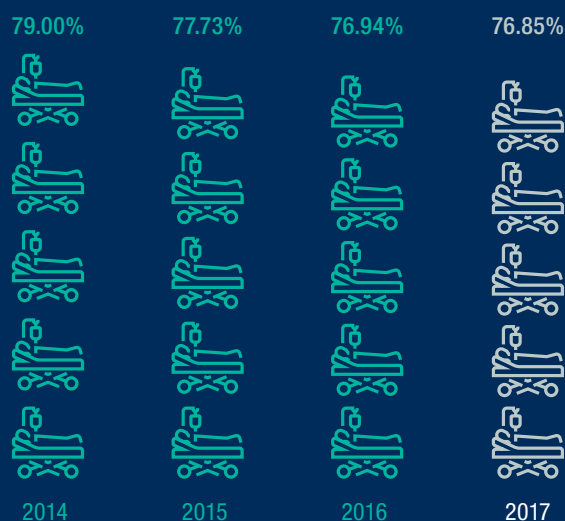
## DAYS OF SALES OUTSTANDING (days)



## MEAN LENGTH OF STAY (days) AND BED TURNOVER RATE

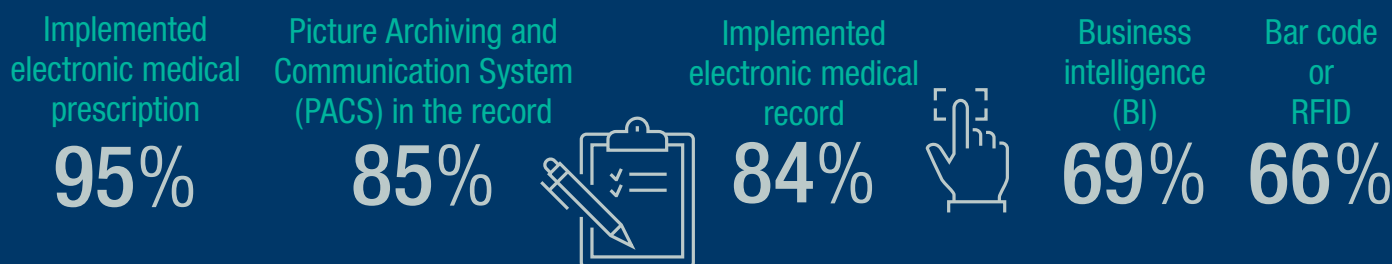


## GENERAL OPERATIONAL OCCUPANCY RATE



Source: SINHA/Anahp

## INDICATORS OF QUALITY IN MEDICAL RECORDS OF ANAHP HOSPITALS (percentage of hospitals)



Source: Current Questionnaire SINHA/Anahp

## DISTRIBUTION OF TOTAL EXPENSES ACCORDING TO TYPE OF EXPENSES

TYPE OF EXPENSES	2014	2015	2016	2017
Cost with Personnel	35.2%	36.3%	36.2%	37.4%
Technical and operational contracts	13.1%	13.0%	13.0%	14.0%
Medication	10.7%	11.0%	10.8%	10.7%
Special Materials and Implants	9.5%	8.2%	8.5%	7.8%
Other expenses	6.1%	6.2%	6.9%	6.6%
Materials	7.5%	6.5%	6.2%	6.6%
Support and logistic contracts	5.8%	5.3%	4.9%	4.0%
Other supplies	2.9%	3.0%	3.2%	3.2%
Depreciation	3.0%	3.0%	2.9%	2.8%
Financial expenses	2.2%	2.8%	3.1%	2.4%
Utilities	1.8%	2.4%	2.3%	2.0%
Maintenance and Services	1.8%	1.9%	1.7%	2.0%
Medicinal gases	0.3%	0.4%	0.3%	0.3%

Source: SINHA/Anahp

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# Letter to the readers

This edition of Observatório Anahp is special – 10 years of information shared with the healthcare market, consolidating the publication as a reference in hospital indicators and one of the main sources of information to our industry. Throughout the time, data have been improved to meet the needs of the market and member hospitals. It has been one of the assumptions of Anahp – constant focus on continuous improvement of its initiatives.

In 2017, the new platform of SINHA – (Sistema Integrado de Indicadores Hospitalares Anahp – Anahp Integrated System of Hospital Indicators) was implemented and provided improved analysis of indicators, such as the publication of regional data. As of this edition of Observatório Anahp, it will be possible to follow up the performance of member organizations in different regions of the country based on several indicators, expanding the possibilities of data analysis under the regional perspective.

In 2017, Anahp experienced significant increase in number of member hospitals – over 20% increase, which shows the increasing engagement of Brazilian hospital organizations in quality and clinical safety topics, which is the main developing pillar of Anahp. Thus, SINHA database of indicators has also expanded, increasing representativeness and serving as a reference for the health industry.

Before we dive into the main highlights of this edition, we would like to briefly address the current political and economic situation in Brazil. After one of the main crisis in our recent history, Brazilian economy has resumed some growth driven primarily by the favorable foreign scenario, marked by decrease of inflation rate and interest rates. However, what seemed to be a clear separation between the economic agenda (greater stability towards growth) and the political agenda (greater instability of scenarios), in our opinion, is not happening as fast as expected. The uncertainties in the political landscape for the upcoming elections and the difficulties to approve the most needed reforms have slowed down the positive economic agenda. As a result of economic improvement, the unemployment rate started to decrease as of the second half of 2017.

Despite that, the average rate last year was 12.7%, above the average observed in 2016 (11.5%). Moreover, employment market pick up resulted from more informal jobs, impacting private healthcare, which is influenced by formal employability and benefits.

The number of healthcare beneficiaries, which presented significant decrease in the past three years, losing over 3 million beneficiaries, did not recover in 2017.

Healthcare prices have been increasing faster than the general inflation. Whereas IPCA (Brazilian economic index) increased only 2.95% in 2017, prices of health and personal care increased, on average, 6.52% in the same period. Inflation in health and personal care was once again driven by price readjustments of healthcare plans (13.53%), which had 4-fold increase compared to IPCA (2.95%) in 2017.

Data analysis of member hospitals through SINHA have shown increase in average days of outstanding sales for hospitals and increase in average rate of denials (non-payment of services provided by hospitals by healthcare operators). It has had a negative cash flow impact for hospitals, leading to increase in financial costs of operations. Sinha operational indicators show the continuous efforts of member hospitals to increase efficiency, such as by reducing mean length of stay or improving bed turnover. Some highlighted indicators:

- Net income per hospital discharge increased 2.7% in 2017, whereas total expenses per hospital discharge increased 2.8% in the same period.
- Part of that may be explained by average days of sales outstanding, which went up from 66.8 days in 2016 to 73.0 days in 2017, and the denial rates, measured in relation to net revenues, which went up from 3.4% to 3.8%.
- In 2017, 90.3% of the revenues of Anahp hospitals resulted from resources administered by healthcare operators.
- The occupancy rate went up from 76.94% in 2016 to 76.85% in 2017.
- The mean length of stay, in turn, dropped from 4.38 days to 4.27 days.

Regardless of the unfavorable progression of some economic-financial indicators, Anahp member organizations have maintained the investments in quality and patient safety. In 2017, for example, clinical protocols and clinical safety indicators were submitted to extensive review and adjustment, aligned with the national and international literature.

This edition of Observatório Anahp also shares some unique and important topics for the industry, such as: the participation of companies, the main funders of the system, in the discussion about quality and sustainability of private health; the project to measure clinical outcomes





As of this edition, it will be possible to follow up the **performance of member organizations in different regions** of the country based on several indicators, expanding the possibilities of **data analysis under the regional perspective.**

developed by Anahp, which will have a long-term agenda, major impact on processes, quality, payment terms and other elements of the supply chain. In addition, we will go deeper into the main topic for discussion at Anahp in 2018 – “Efficiency: How the fight against waste will transform the healthcare system”.

According to the study carried out by ABRH – Brazilian Association of Human Resources and by Asap – Alliance for Population Health, in most companies, expenses with healthcare plans amount to the second highest expenditure with personnel, second only to the payroll. However, these companies, which are the main payers of the private healthcare system, seldom participate in the relevant choices and decisions for service provision through healthcare plans. For this reason, Anahp started a dialogue with CNI – National Confederation of Industry to identify points of synergy between entities, creating bridges to promote the necessary changes to improving private healthcare system. The two entities agree that quality and clinical safety are fundamental elements for this

transformation and they had not been properly monitored by the payers. This edition of Observatório explores further what has been developed.

Another important topic that we will address in the publication is the clinical outcome measurement project, whose first seeds were planted in November 2015, at Conahp, with talks by Robert Kaplan, Harvard Business School Professor and Caleb Stowell, VP of the International Consortium for Health Outcome Measurements (ICHOM). In 2016, the idea to create a proposal by Anahp hospitals evolved and, in 2017, the first Anahp project using Patient Reported Outcomes Measurements (PROMs), according to ICHOM standards was finally started.

At last, but not least important, this edition of Observatório brings the topic of fighting against waste and efficient expenditures – a global concern. Anahp, realizing the complexity of the topic and the need to shed some light on the initiatives that focus on system sustainability, has felt responsible for seeking alternatives for the sector, involving all participants of the system in the discussion and trying to find solutions to this problem. In 2018, Efficiency: How fighting waste will transform healthcare system” is the topic that has guided the main events of Anahp and the discussion points of 6th Conahp - Congresso Nacional de Hospitais Privados (National Congress of Private Hospitals). Having in mind the true objective of contributing with the market and quality of services, we have presented, with no restrictions, the performance of Anahp member hospitals. Observatório is a tool that reflects the increasing concerns of the Association about key topics in the industry, hoping that stakeholders can together find responses to provide system sustainability. The initiative adopted by Anahp also emphasizes our commitment with transparency. We would like to thank the valuable participation of the Editorial Board and our special thanks to the technical team that has worked nonstop for months so that Observatório could be ready on time to contribute once again to the Brazilian healthcare industry.

Enjoy your reading.

**Eduardo Amaro**  
*Chairman of the Board*


**Ary Ribeiro**  
*Editor*



# ARTICLES

This section brings articles about the analyses and positions of the organizations, including results of important initiatives from 2017





# Efficiency: How the fight against waste will transform the healthcare system



*Inspired by OECD report about how to tackle wasteful spending on health, in 2018 the topic will guide Anahp discussions in pursuit of alternatives to the industry*

“At a time public budgets are under pressure all over the world, it is alarming that one fifth of health spending does not contribute, or contribute very little, to good health outcomes,” states the report Tackling wasteful spending on health, published by The Organization for Economic Cooperation and Development (OECD) in 2017.

The publication makes it clear that governments may spend much less in healthcare and still improve the health of patients by making smart use of funds. However, they emphasize that it is a hard and complex task, as there are many interests already involved in the issue, and a deeply rooted culture.



The document provides strategies to reduce spending such as, for example, avoiding unnecessary clinical and surgical procedures, preferring equivalent and as valuable alternatives but still cheaper. Avoiding medical error and duplication of diagnostic tests and unnecessary exams are other mentioned factors. The article makes it clear that the problem is systemic and involves many stakeholders of the value chain. The topic of fighting against waste and efficient expenditures is a global concern. Anahp, realizing the complexity of the topic and the need to shed some light on the initiatives that focus on system sustainability, has felt responsible for seeking alternatives for the sector. It should become a cause for the entire

industry, as all stakeholders are part of the problem. For this reason, ANAHP has tried to engage all healthcare stakeholders in the discussion, pursuing potential solutions. In 2018, “Efficiency: How fighting waste will transform healthcare system” is the topic that has guided the main events of Anahp and the discussion points of 6th Conahp – Congresso Nacional de Hospitais Privados (National Congress of Private Hospitals). The topic will be addressed based on three key assumptions: Care, Operation and Governance. The main purpose of the discussions is to expose and discuss the problems and propose and/or learn about alternatives to solve or minimize the problems of the sector.



**Fighting  
against waste  
and inefficient  
health  
expenditures  
is a **global  
concern.****



## An industry and its dilemmas

In recent years, we have witnessed important issues concerning fraud, waste, corruption and ethical dilemmas being addressed at all levels of the government, public and private companies. The credibility of our country has been at stake owing to the catastrophic political landscape of the past five years. In view of such dismay, sector issues were also exposed and it was no different for healthcare. After all, this is an industry that operates with 9% of Brazilian GDP and serves the health of over 200 million citizens. Moreover, the topic is one of the main concerns of the society.

Article 196 of the Brazilian Constitution states that “health is a right to all and an obligation of the government”, which has led to the creation of the Universal Healthcare System (SUS) based on the principles of integrated, universal and equalitarian care. It is no news, though, that the country has experienced a severe fiscal, economic and political crisis that affects all economic sectors, especially health.

The problematic status of healthcare in the country makes us wonder whether it is possible to offer everything to everyone. In some more developed countries, this discussion has been more rational: which are the therapeutic options to be offered, when to offer them and to whom? In Brazil, we keep on promising more than we can deliver because there is no ethical reflection about our healthcare system.

Process inefficiency, management and lack of governance have also been critical problems when we address wasteful practices in health. According to the World Health Report: Research for Universal Health Coverage, by the World Health Organization (WHO), between 20-40% of all health expenditures are wasted due to inefficiency.

We should not fail to mention frauds and corruption in healthcare, which is a global issue. In developed countries alone, fraud and other forms of waste represent an estimated cost of US\$ 12 to US\$ 23 billion per year to the governments, still based on the WHO report. Data from the European Network of Fraud and Corruption in healthcare have demonstrated that out of US\$ 5.3 trillion of global healthcare expenses, approximately US\$ 300 billion are lost due to errors and corruption.



## A new perspective: This is our mission

It is certainly possible to beat corruption in the industry and provide more access to healthcare and greater quality, considering the appropriate cost-benefit ratio. However, it is not going to happen overnight, nor by major media campaigns. It takes all stakeholders in the healthcare chain: manufacturers, paying sources, healthcare managers, providers and professionals to analyze the consequences of their actions to the system and look for robust solutions together. Health should not be discussed in isolated approaches. It should be part of everyone's daily life. If we want to fix the Brazilian health model, we should discuss organizational, clinical management and compensation models. We have to talk about structuring transformations, including technology and in special the digital transformation.




Some areas and organizations have already started to think out of the box and adopt a broader perspective about the problem. Anahp's mission in 2018 is to encourage and share best practices and facilitate stakeholders'

engagement – healthcare management companies, manufacturers and suppliers, providers, regulation agencies and government bodies – in pursuit of ways to transform healthcare in our country.







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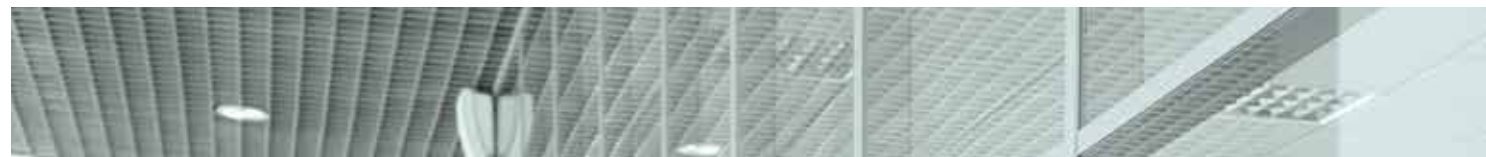


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# The funding sources of private health and private hospitals of excellence: Quality comes first





*Quality is one of Anahp's flagships and, in our opinion, it should be embraced by all players in the private healthcare chain, including the companies, the main funding agents of the system*

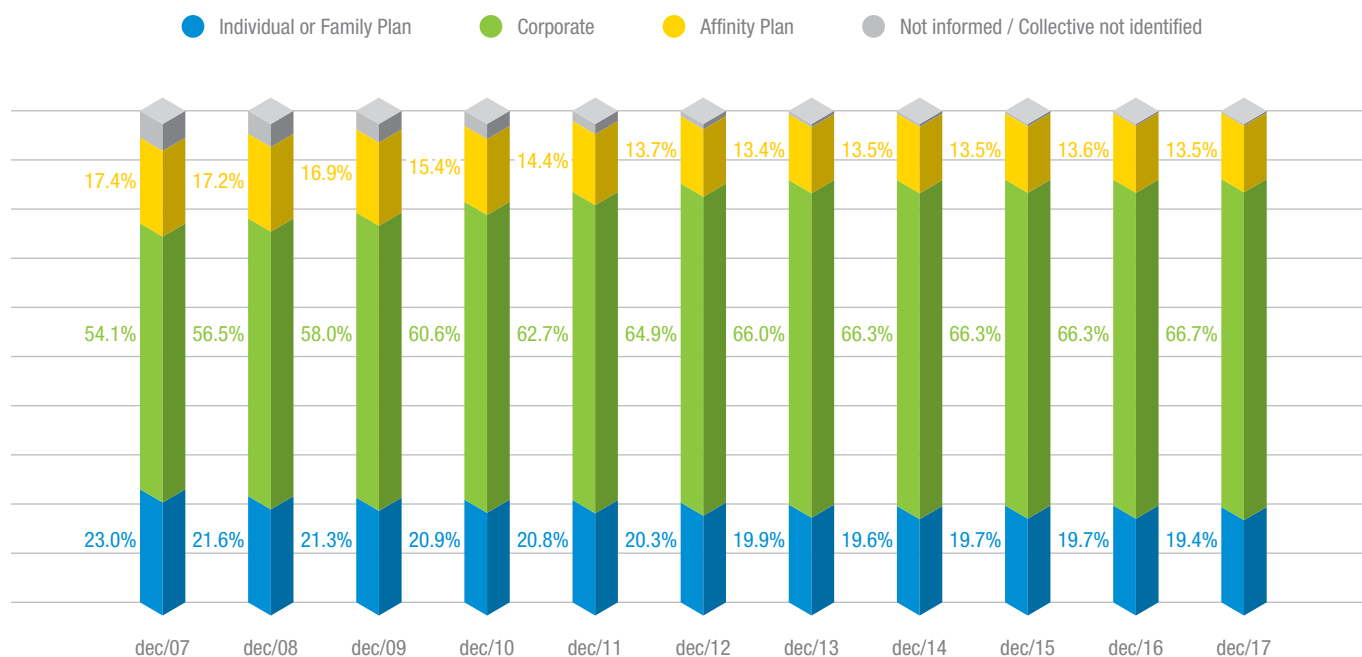
In December 2017, Brazil had 47.3 million beneficiaries in medical-hospital plans. Out of the total, 80.3% had collective plans, being 66.7% of them corporate plans. In other words, companies are the main funders of the private healthcare system in Brazil.



**66.7%**

of the healthcare beneficiaries had collective corporate medical-hospital plans in December 2017.

## Distribution of beneficiaries of private health plans by type of contract 2007 to 2017



Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.

The issue of constantly increasing health costs, though, tends to impact the expenses of companies that provide the health benefit to their employees.

According to the study carried out in 2017 by ABRH – Brazilian Association of Human Resources and by Asap – Alliance for Population Health, in most companies, expenses with healthcare plans amount to the second highest expenditure with personnel, second only to the payroll.

Nevertheless, what is the participation of companies, the main payers of the system, in the discussion about quality and sustainability of private healthcare? Even though still timidly, there have been some changes in the behavior of contracting companies in recent years. Some examples are the increase in post-payment health plans and the rise in direct negotiations between

the payers and providers: Hospitals, laboratories and clinics. Adding to that, there has been significant participation of self-management in private healthcare market. These factors reflect a more proactive action of payers in healthcare management of their employees and family members.

In March this year, Confederação Nacional das Indústrias (CNI – National Confederation of Industries) held a seminar to discuss the topic with other health sectors and presented the working group of industries on private healthcare – GTSS, comprised primarily by 34 industries that hire healthcare plans. During the event, CNI presented the position of the industries that defend structural changes in the system towards a more sustainable health model based on better health outcomes and wellbeing of users.

One of the changes advocated by them is the improvement of transparency and information flow among all players, contracting parties and users. Contracting companies request clinical data, satisfaction and outcomes from the population of users, including also quality data, care lines and results of the providers, which are used to manage health, determining better use of available resources.

According to CNI, the lack of consolidated metrics about effectiveness of the private system and the asymmetry of information among contracting parties and the other players in the system limit the decisions of the companies to price combination, network of care and reimbursement characteristics. For this reason, Anahp started a dialogue with CNI to identify points of synergy between entities, creating



bridges to promote the necessary changes to improving private healthcare system. The two entities agree that quality and clinical safety are fundamental elements for this transformation and they had not been properly monitored by the payers. What is health quality? What is a good hospital? How can we choose it? How can available indicators communicate what contracting parties and users need? Even though there are still few open data made available by service providers to support subjects and companies in decision-making, hospital accreditation, for example, may be understood as a quality achievement. Accreditation manuals are based on best practices studies from over the world. This is why having an accreditation status means having standardized processes,

in compliance with external programs, having an organizational structure that contributes to quality and safety and directed to continuous quality improvement. In addition, through accreditation, organizations of excellence may be acknowledged by the society.

Having an accreditation of excellence (ONA III, ACI, JCI or NIAHO) is one of the requirements to become a full member of Anahp. In 2017, the 103 members of the association held 31.8% of the accreditations in Brazil and 62.7% of the international accreditations in the country.

DISTRIBUTION BY TYPE OF ACCREDITATION – ANAHP	BRAZIL	% ANAHP	
ONA III	47	117	40.2%
JCI	26	35	74.3%
ACI	19	35	54.3%
ONA II	7	84	8.3%
ONA I	6	60	10.0%
NIAHO	2	5	40.0%
TOTAL	107	336	31.8%
INTERNATIONAL	47	75	62.7%



Concerning indicators, Anahp has been promoting initiatives throughout the years to encourage the measurement of results and improvement in quality and safety of provided services. The main one is SINHA – Anahp System

of Hospital Indicators, the only single system of hospital indicators submitted to monthly benchmark that provides comparisons between similar hospitals. There are about 320 variables part of the platform that are transformed into over 230 indicators, divided as follows:



SINHA provides comparison of the hospital against Anahp average and the mean observed in similar hospitals, providing the identification of deviations, exchange of experiences and sharing of best practices, which tends to favor participating hospitals. Observatório brings the average of the main indicators generated by SINHA and it may be useful to companies that intend to analyze the characteristics and the evolution of private hospitals of excellence in Brazil. Anahp has also been developing a

clinical outcome measurement project, as can be read in the article published by this edition of Observatório. Quality is one of our flagships and it should be embraced by all players in the private healthcare chain, including the companies, the main funding agents of the system. It is important to say that, as services have been provided to present, there is very little room for companies to include quality as a decision-making variable. After all, plans are not flexible and the main

differentiation is the network of centers and services offered. Therefore, understanding the quality indicators available and their appropriateness to the needs of contracting parties is extremely important for the organizations. For hospitals, it means improvement in client satisfaction and for payers it means strengthening their role in the discussion about changing the system, which is currently heading towards a value based healthcare model (VBHC).

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# Anahp outcome program: Implementation of the heart failure standard set of ICHOM







*Following an initiative led by Anahp, a work group has been created to discuss outcome measures, an important step towards future implementation of value based care delivered to patients*

Changes are inevitable. The way hospitals have provided care, charge for it and measure their outcomes will change in the near future. Based on this assumption, in 2017, eight hospitals led a pioneer initiative in Brazil and in the world: Collective implementation of outcome-standardized measurement.

Following an initiative led by Anahp, a work group was created to discuss outcome measures that would have major impact on processes, quality, payment terms and other segments of the value chain.

## The project

The outcome measurement project had its first seeds planted in November 2015, at Conahp, with talks by Robert Kaplan, Harvard Business School Professor and Caleb Stowell, VP of the International Consortium for Health Outcome Measurements (ICHOM). In 2016, the idea to create a proposal by Anahp hospitals evolved and, in 2017, the first Anahp project using Patient Reported Outcomes Measurements (PROMs), according to ICHOM standards, was finally started. ICHOM promotes the concept of Value Based Healthcare – VBHC, based on standardized measurement of information sets that form the standard sets. Standard Sets contain baseline patient demographic data, information about treatment, complications and PROMs, which are scored based on Scaling Scores. The first implemented Standard Set was for Heart Failure, decided by the eight hospitals that formed the initial group. In addition to these eight hospitals that started the journey in 2017, four others joined the group in 2018.



## Tools and Governance

The initial group created two governance levels: A management committee, that is responsible for strategic guidance of the project and an executive committee, that deals with operational matters and situations that take place during the implementation project. There were periodic meetings of the committees every fifteen days.

To conduct the project, there was a range of tools, especially from two sources: Project management and

clinical research.

The project was formally planned, including documents such as: TAP (Termo de Abertura do Projeto – Project Opening Document), WBS (Work Breakdown Structure), time management plan, communication plan, risk management plan and monitoring and control plan.

Moreover, there were different tools to control quality and PDSA cycles (Plan-Do-Study-Act).

Each hospital was free to choose

from the data collection platform (EDC – Electronic Data Capture), but data submission to Anahp, which operated as a project data centralizer, was standardized.

The choice of platforms ranged from simple tools such as Excel spreadsheets to platforms specifically designed to collect outcomes measures.

There were statistical plans and data management to deal with initial analysis.

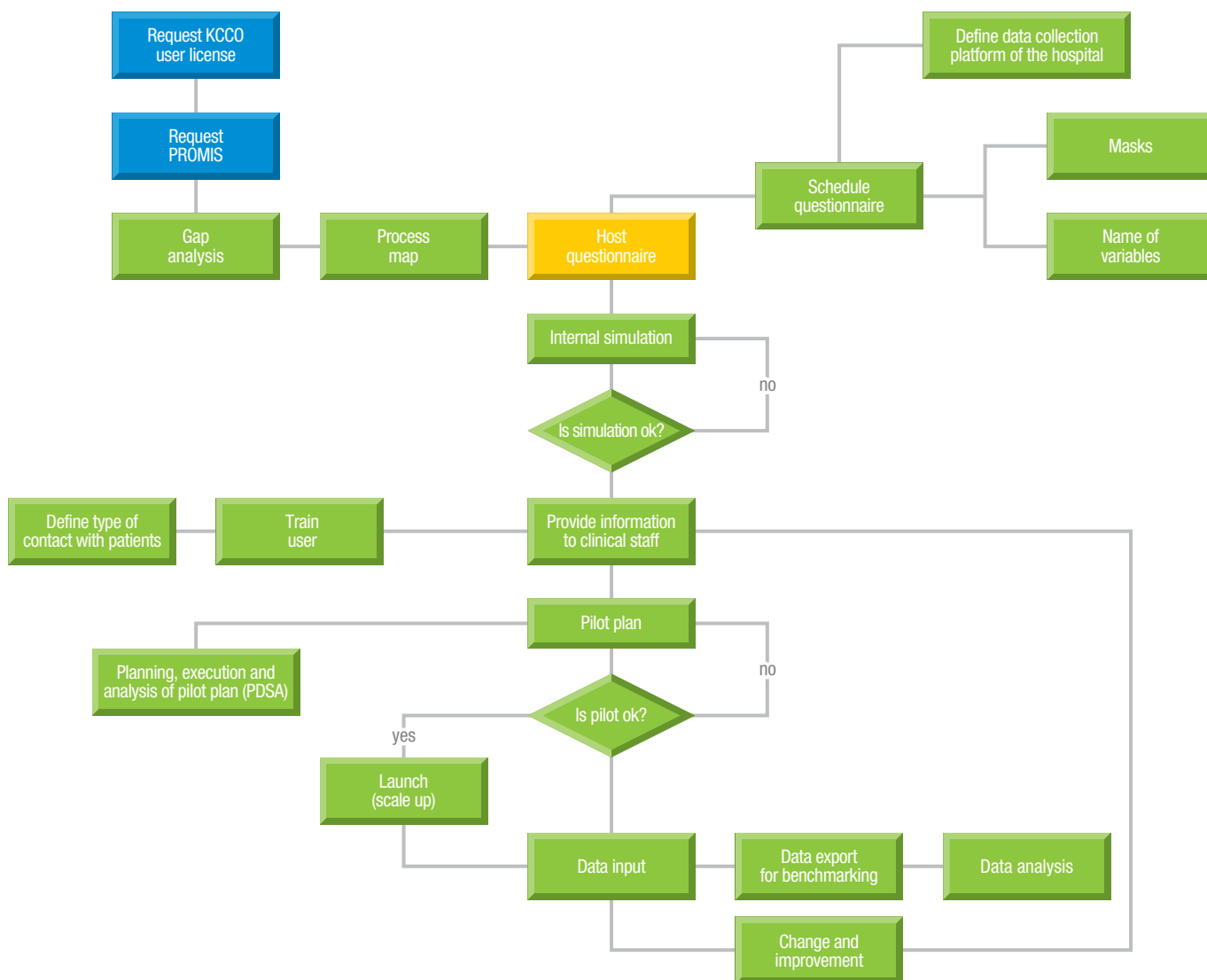


## Dynamics and flows

Hospitals followed the classic methodology prescribed by ICHOM, which includes gap analysis (detailed analysis that identifies the gaps in data collection or processes), process mapping, pilot planning, simulation with fake patients, a pilot and a scale-up

phase for implementation. In addition, Anahp devised the methodology based on project management, which included management plan for scope, schedule, risks and quality. Concerning schedule, the following flow was considered:

General Flow Chart – HF Implementation



Source: Anahp

Hospitals had major variation in team size, ranging from small 3-people teams to 20-people teams. Some hospitals went through one pilot cycle only, whereas others were not satisfied with the initial metrics and carried out up to three cycles. Owing to the characteristics of the population (primarily elderly), most hospitals decided to contact patients by telephone, which proved to be a good choice, considering the low rate of patients lost to follow-up.

## Achieved success

As it is a unique project in its community-based nature, both in Brazil and in ICHOM experience in the world, we can state that the implementation has been an utmost success.

Among the most important points, there have been some achievements that can barely be measured, such as collaboration among hospitals, agility in making changes and continuous cycles of improvement in the project, which provides refining of the methodology. The spirit of the members in both committees was highly collaborative, both in decision-making and in addressing more complex topics, such as data privacy, dissemination of results and



progression of activities with other Standard Sets, among other topics. Hospital teams responded very proactively, creatively and constructively. It may also be concluded that the involvement of the top leadership was a determining factor to maintain the project active for the entire year. Hospitals that had no sophisticated tools for data collection used simple spreadsheets, which maintained a quick and adaptable operation.

Those that used complex platforms had some more difficulty in the first months, but it became easier throughout the time. Among the complementary initiatives, a delegation formed by representatives from each hospital visited Sweden and the Netherlands, stopping in Stockholm, at Karolinska Institutet, Gothenburg, Amsterdam and Eindhoven (Catharina Ziekenhuis) to see implementation models of the value concept.



## Practical cases

Overall, implementation of Standard Sets has induced significant improvements in outcomes reported by patients. The most emblematic case is by Martini Klinik (Hamburg, Germany). The clinic presented 5-year mortality rates similar to the average in Germany or Sweden. However, the one-year incontinence rate or one-year erectile dysfunction were 8

and 3 times lower, respectively. To make things better, outcomes at Martini Klinik showed more continuous improvement in historic comparisons. The analysis of the determining factors of these good clinical outcomes indicated that systematic and standardized measurements of clinical outcomes and the resulting improvement cycles were the main causes of improvement, in a setting opened for collaboration and continuous development. In the project with Anahp member hospitals, with the implementation of heart failure Standard Sets, there were significant differences between hospitals in length of stay (days), mortality and PROM outcomes. For this specific case, we worked on functional outcomes (KCCQ-12, PROMIS and NYHA), psychosocial outcomes (KCCQ-12 and PHQ-2) and treatment burden. In addition to improvement in standardization and data collection, some participating hospitals modified their internal demands and service protocols. The group effort has led to joint preliminary analyses of the difference in length of stay, which will certainly modify the general policies for discharge and treatment.



## Challenges and improvement

The first step was taken, but there is still a long journey towards effective implementation of value based health in Brazil. The most immediate challenges are consolidation of the proposed model, including theoretical and practical frameworks, the creation of more agile and safer tools, including encrypted data and no human intervention, and standardization

of dynamics among all hospitals, especially on how we make questions related to PROMs. However, the most significant challenge is the creation of a risk model: A risk score that is a standardized metric for the likelihood of occurrence or outcome that each patient may experience. Relying on baseline variables, one of the next priorities is to adjust the

model to meet the characteristics of the patients to set the outcomes for comparison. The main point for attention in the project is the process of adaptation to changes, especially the use of standard sets. In the initial risk plan, we did not consider multiple changes to the standard set, which has generated some difficulties to hospitals and the projects.



## The Future

The project of implementing the first Standard Sets for Heart Failure at ANAHP hospitals is being recognized as an opportunity for global benchmarking: a pioneer initiative to implement the same standard set simultaneously in 8 organizations, in different regions of the country, focusing on the collaborative nature among the hospitals.

The dashboard of outcomes is being built according to Sinha (Anahp System of Hospital Indicators) model. The mid-term objective is that all information, known indicators and outcomes reported by patients will be visualized in the same platform.

In 2018, new hospitals joined the initial group and participated in the implementation of Standard Sets. New

initiatives are also underway, such as the project to measure the patient experience using a standardized tool. The first results in 2017, including long-term follow-up (180 days after admission), will be analyzed during the second half of 2018 by the outcome study group, which was formed to extract valuable information from the collected data body.

## Conclusion

In a paper from The Economist Intelligence Unit in 2016, Brazil showed low qualification in all requirements related to presence of health-based value drivers: Outcome-based care, pay by performance related to quality,

and quality standardization. Anahp implementation project has contributed to change this perspective.

It started as a single project and has become an ambitious program of clinical intelligence, including new hospitals,

new roll-outs and other initiatives. ANAHP believes that implementing VALUE based health to patients is a LONG-TERM JOURNEY. The journey starts from measuring the numerator of the VALUE equation, clinical outcomes and the standard sets. Upon measuring the outcome standard sets, we set the foundations for future comparability of results among organization, considering the local, regional and global perspective. Associated with future initiatives to measure healthcare costs, it will enable the transformation of a system currently based on production volume into another one that is focused on delivering the best results for clinical outcomes/ costs to users of the system.



Implementing value based health to patients is a long-term journey.

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## MaxZero™

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**7** SETE dias de uso e apenas

**3** TRÊS segundos para desinfecção



Na busca da taxa **ZERO** em ICSRC\*



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• Pronta para o uso

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• Stopper triplo para reduzir o refluxo sanguíneo

- Redução das taxas de ICSRC\* 1,2;
- Redução das taxas de oclusão 1,2;
- Aumento da eficiência da enfermagem 3.

Referências bibliográficas: 1. Bertoglio S, Rezzo R, Merlo FD et al. Pre-filled normal syringes to reduce totally implantable venous access device associated bloodstream infection: a single institution pilot study. J Hosp Infec. 2013;84:85-8. 2. Tabak Y, Jarvis W, Sun X, Crosby C, Johannes R. Meta-analysis on central line-associated bloodstream infections associated with a needleless intravenous connector with a new engineering design. American Journal of Infection Control 42 (2014) 1278-84. 3. Keogh S, Marsh N, Higgins N, Davies K, Rickard C. A time and motion study of peripheral venous catheter flushing practice using manually prepared and prefilled Flush syringes. Journal of Infusion Nursing. 2014

\* Infecção de corrente sanguínea relacionada a cateter.

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# Note on Methodology







*To form the data presented by Observatório Anahp two primary information sources have been used:*

**1. 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 redesigning the indicators, promoted by Anahp Work Groups. Thus, in Observatório 2018, many indicators that started to be collected as of 2017 had no history available.

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 2017, there were 336 variables and 261 indicators from 101 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. There is the possibility of segmenting 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. As of 2017, data related to epidemiological profile of each organization has also started to be submitted via SINHA platform. Moreover, to ensure greater data safety during submission, the platform crosschecks admission data, improving quality of information input and output.

After the unification of SINHA report, hospital compliance with the system increased in 2017: about 69% of the member hospitals, that is, 71 hospitals reported data for the epidemiological profile. Information requested to member hospitals includes hospital discharges and the variables for each hospital encounter.

Number of patient record	
Number of encounter/Taxpayer's registry number	
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)	
Date of hospital discharge (dd/mm/year)	
Main diagnosis ICD 10 <sup>th</sup> edition – four digits (only one diagnosis) at hospital discharge	
Secondary diagnosis 1 – ICD 10 <sup>th</sup> edition – four digits (only one diagnosis) at hospital discharge	
Secondary diagnosis 2 – ICD 10 <sup>th</sup> edition – four digits (only one diagnosis) at hospital discharge	
Performed procedure 1 (SUS code or AMB code)	
Date of surgical procedure 1 (if procedure is surgical)	
Performed procedure 2 (SUS code or AMB code)	
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	

The systematic collection provides a detailed analysis of the production,

performance results, and consumption patterns of provided services.

## 2. 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.



## Participating Hospitals: Relevant modifications in recent years

In December 2017, Anahp had 103 associated hospitals, 23 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. Since 2016, 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 portrays the reality of all member hospitals. For data validation purposes and consistent analysis, in some situations we use comparisons based on the same hospitals that completed the data in a given period of time.

It is important to bear in mind that the analysis of indicators is made by Nucleo de Estudos e Análises (NEA – Center of Studies and Analyses), maintaining the confidentiality of hospital information. This edition

shows data of 101 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.



The **inclusion of new members** in recent years has contributed to **greater representativeness** of private hospitals in Brazil.

## 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
  - Home Care
- > Institutional Performance
  - People Management
  - Economic-Financial Management
  - Sustainability



# SOLUÇÕES DIGITAIS PARA COMPRAS VENDAS E GESTÃO DE PROCESSOS NA SAÚDE



PLANEJAMENTO



ANALYTICS



COMPRAS



PADRONIZAÇÃO  
DA DESCRIÇÃO  
DE MATERIAIS



LOGÍSTICA



DIAGNÓSTICO



STRATEGIC  
SOURCING



SERVIÇOS PARA  
FORNECEDORES

Na cadeia de suprimentos da saúde, a necessidade de reduzir os custos e operar de forma mais eficiente nunca foi tão necessária. Através de soluções digitais de alta performance, promovemos a automação de processos, aumentando a visibilidade e transparência da informação para uma tomada de decisão mais rápida e inteligente.





# MARKET PROFILE

This section presents the analysis of the economic scenario, private healthcare market and clinical and epidemiological profile of Anahp member hospitals

# Executive Summary

## HEALTH CARE ECONOMIC OVERVIEW



One more reduction in number of health plan beneficiaries

2014	50.4 million
2015	49.2 million
2016	47.6 million
<b>2017</b>	<b>47.3 million</b>

**3.1 MILLION** health plan beneficiaries lost within 3 years

## Generation of formal jobs between 2015 and 2017 – Groups CNAE 2.0

Hospitals have taken the **second** position among the greatest job generators during the crisis. They already formally employ **1.2 million** workers

### 1<sup>st</sup> Pre-school and elementary school

66,304



### 2<sup>nd</sup> Hospital care

**51,214**



### 3<sup>rd</sup> Outpatient care

47,873



### 4<sup>th</sup> Pharmaceutical and cosmetic retail

47,550



Inflation decrease

Decrease in interest rates



Perspectives of growth in 2018 and 2019



Source: RAIS e Caged | Ministry of Labor.  
The analysis included only returns submitted in time. Data subject to review.



## CLINICAL AND EPIDEMIOLOGICAL PROFILE

Population aging tends to increase the demand for health services



## Life expectancy



69.8

years

2000

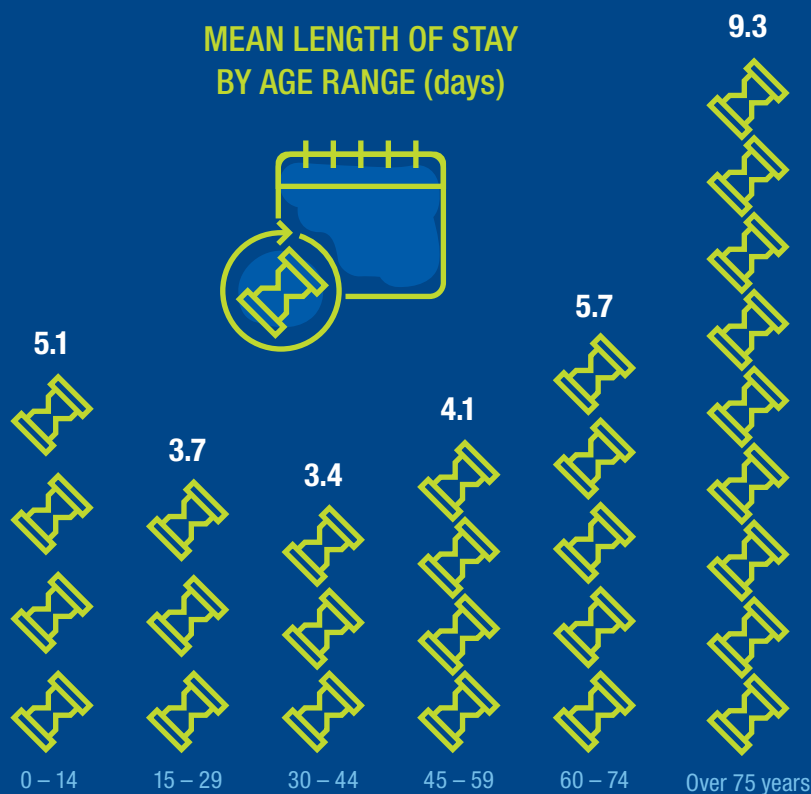
75.8

years

2016

In 1980, it used to be 62.5 years

## MEAN LENGTH OF STAY BY AGE RANGE (days)



## TENDENCY OF CHANGE OF CLINICAL PROFILE

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

### Neoplasm

10.4%  
2015

10.4%  
2017

### Genital urinary

10.2%  
2015

11.1%  
2017

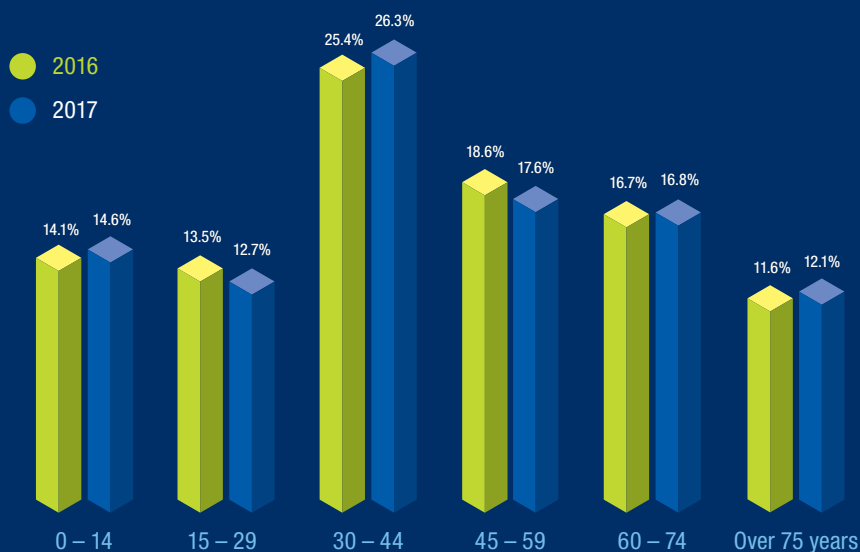
### Pregnancy

9.7%  
2015

10.5%  
2017

Source: SINHA/Anahp.

## HOSPITAL DISCHARGE BY AGE RANGE (%) – 2016 AND 2017



Source: SINHA/Anahp

There were

**1,581,036**  
hospital admissions in 2017



# Private Healthcare Market

Economic recovery has not been translated into increase in number of healthcare plan beneficiaries yet.





## *Despite the decrease in unemployment rates, the country has reduced formal jobs in 2017*

### **Economic situation**

After one of the worst crisis in our recent history, Brazilian economy has resumed some growth driven primarily by the favorable foreign scenario, marked by decrease of inflation rate and interest rates.

As a result of food price decrease and high level of unemployment rates, IPCA (Broad Consumer Price National Index), the official measure of inflation in the country, finished 2017 with 2.95% increase, slightly below the goal (3%). (Graph 1)

The drop in inflation opened room for interest rate decrease, which was 6.5% per year in the beginning of 2018, the slowest level ever. According to market expectations, it should be maintained in this level for some time and then pick up again in 2019.

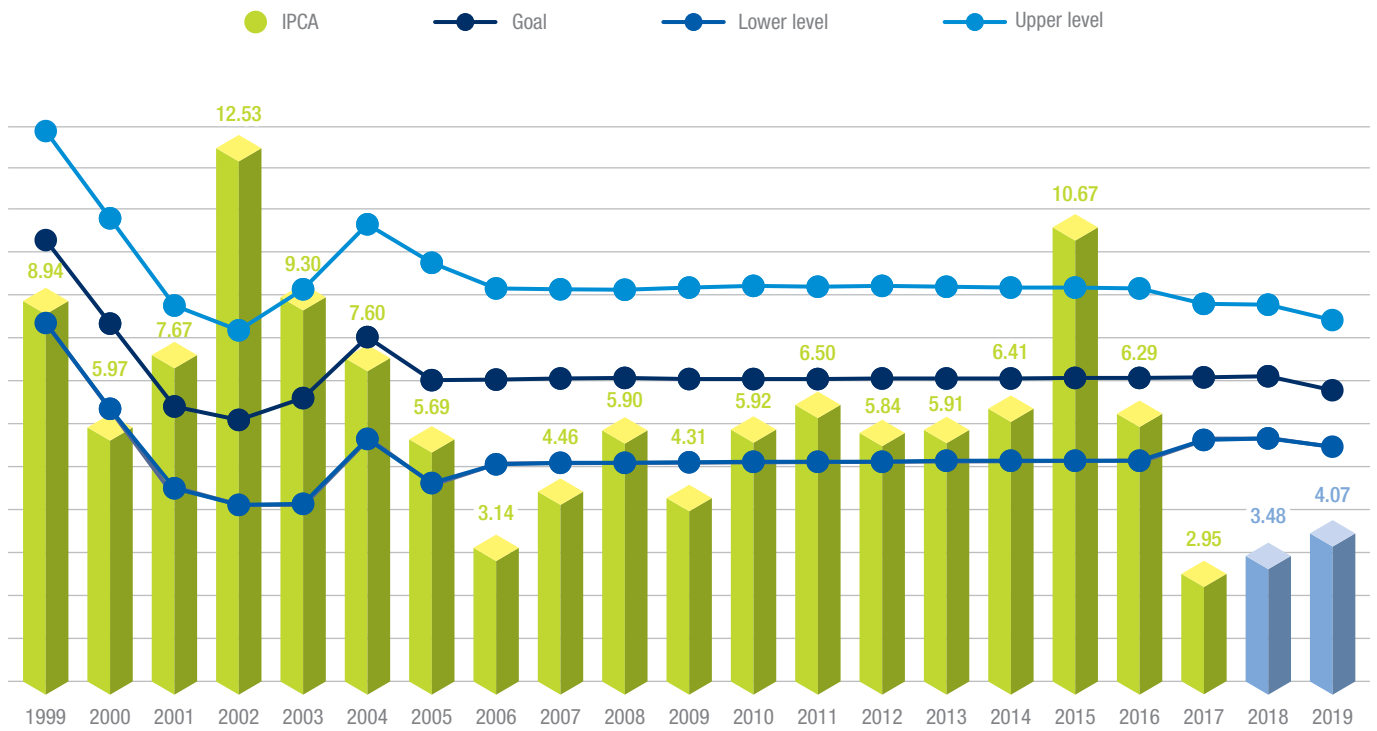


In the beginning of 2018,  
base interest rate decreased to

**6.5%**  
per year

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Annual Variation of IPCA (%)  
1999-2019



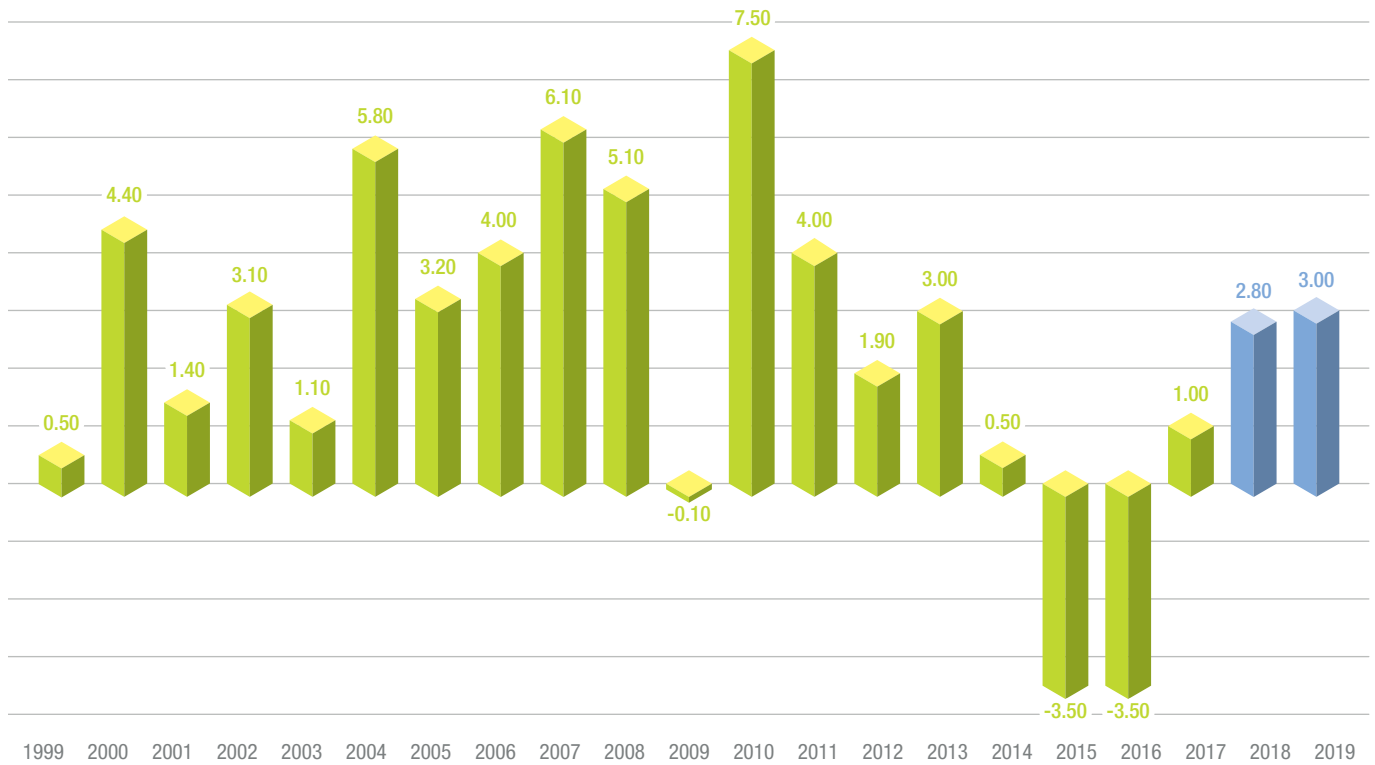
Source: IBGE, Bacen (Focus – Market Report 13/Apr/2018).



These factors have favored recovery of income and credit and, combined with the additional payment of FGTS (Workers' Compensation Funds), has driven the consumption of families. Another push has come from agriculture. After the 3.5% decrease per year in two consecutive years, Gross Domestic Product (GDP) had 1% increase in 2017 and market expectations indicate 2.8% growth in 2018 and 3% growth in 2019. (Graph 2)

GRAPH 2

Actual GDP variation rate (%)  
1999-2019



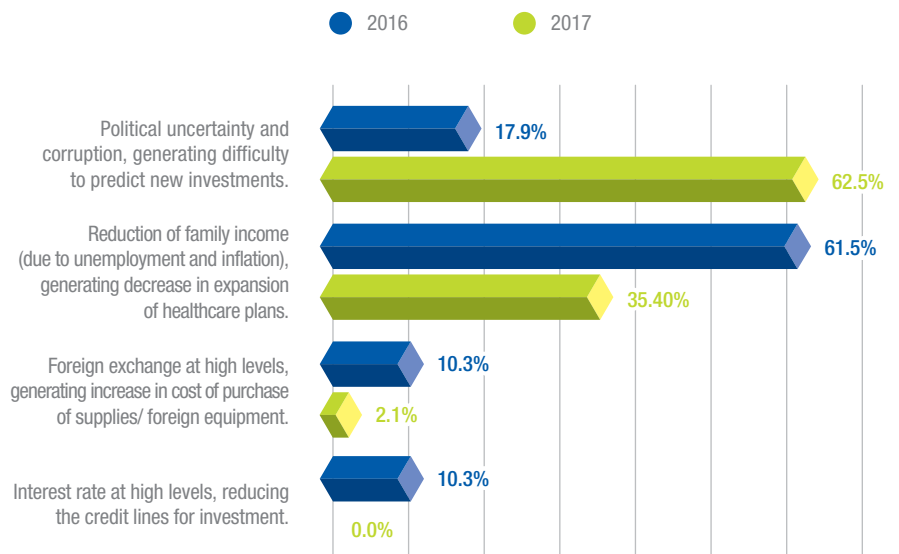
Source: IBGE, Bacen (Focus – Market Report 13/Apr/2018).

The improvement in the outlook of Brazilian economy has affected hospital managers and the factors that will impact private healthcare in upcoming years.

The percentage of executives that have observed decrease in family income (as a function of unemployment and inflation, leading to decrease of healthcare plan beneficiaries) has gone down from 61.5% to 35.4%. This factor is the main critical reason for the industry performance in the near future. However, due to uncertainties in the November 2018 elections in Brazil, the number of people who consider political uncertainty and corruption as the main risk factors for private healthcare services in Brazil increased from 17.9% to 62.5%. (Graph 3)

GRAPH 3

Key impact factors for private hospitals  
in the next three years



Source: Anahp | Pesquisa de Líderes 2016 e 2017 (Leaders' survey)

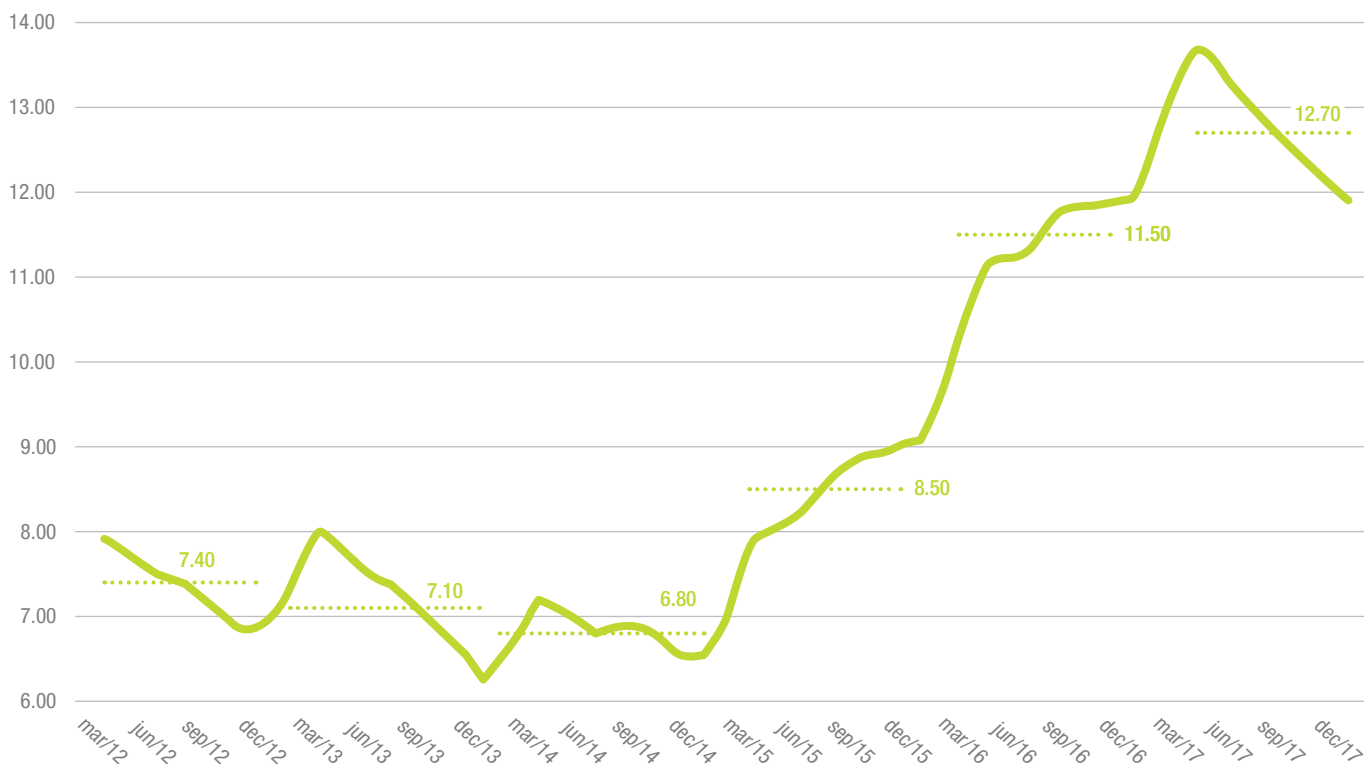
In addition to the election outlooks, a change in international economy, for example, such as fast increase in American interest rates or intensification of the commercial war between USA and China, are potential risks for the still hesitant economic recovery of Brazil.

As a result of economic improvement, the unemployment rate started to decrease as of the second half of 2017. Despite that, the average rate last year was 12.7%, above the average observed in 2016 (11.5%). (Graph 4)



GRAPH 4

Rate of Unemployment (%)  
2012-2017



Source: Pnad Contínua/BGE.



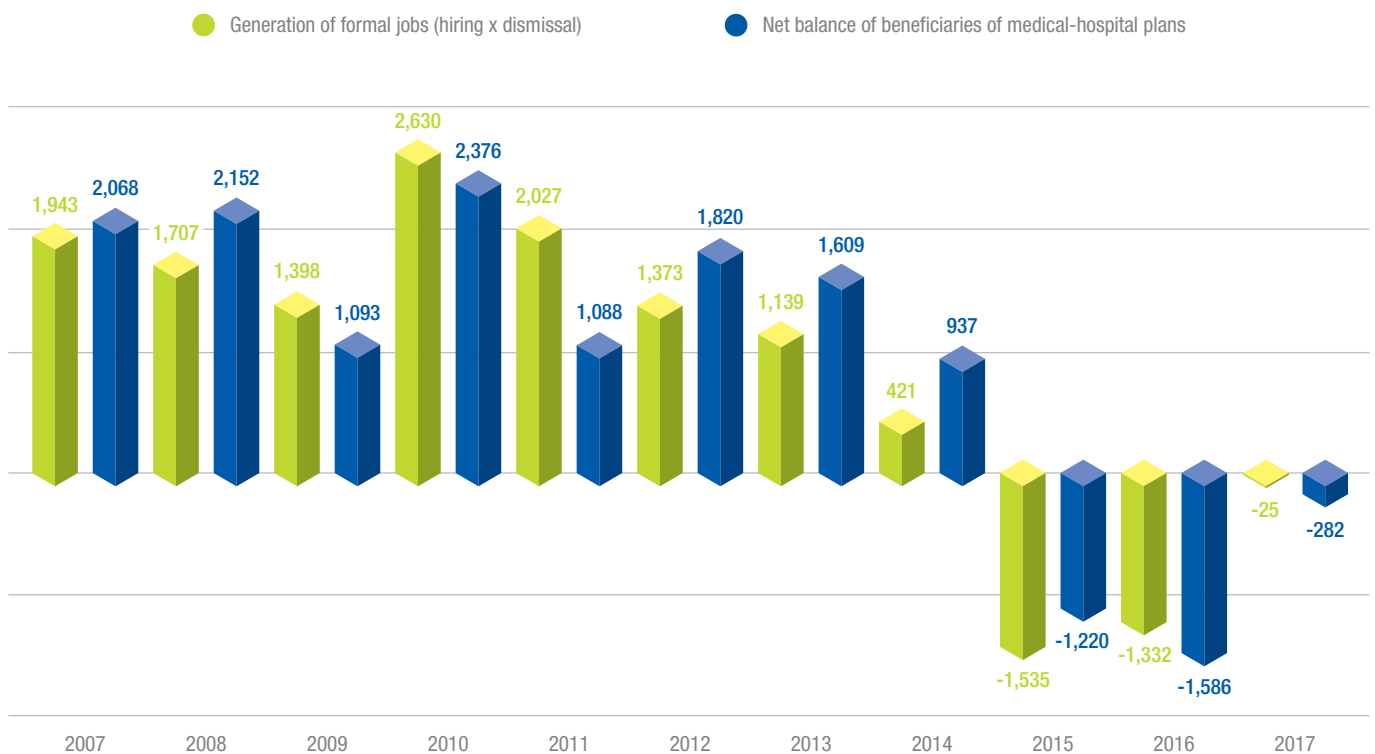
Whereas the unemployed population went up to 11.8 million in 2016 and 13.2 million in 2017 (1.5 million increase), the employed population grew from 90.4 million to 90.6 million (264,000 increase only).



This increase in occupation portrays mainly the rise of informal jobs (not formally hired or independent workers). The number of workers formally employed by the private sector went down from 34.3 million in 2016 to 33.3 million in 2017. In 2015 and 2016, according to Caged (*Cadastro Geral de Empregados e Desempregados* – General Registry of Employed and Unemployed People) and ANS – National Private Health Agency, a total of 2.9 million formal employees were dismissed and 2.8 million beneficiaries of medical-hospital plans were lost. The exclusion of full-time employees in 2017 seems to explain part of the 282,000 drop in number of beneficiaries of medical-hospital plans last year. (Graph 5)

GRAPH 5

Generation of formal jobs (difference between hiring and dismissal) and net balance of medical-hospital plan beneficiaries (thousand) – 2007-2017



Source: Caged and ANS (accessed on 09/Mar/2018).

## Health sector

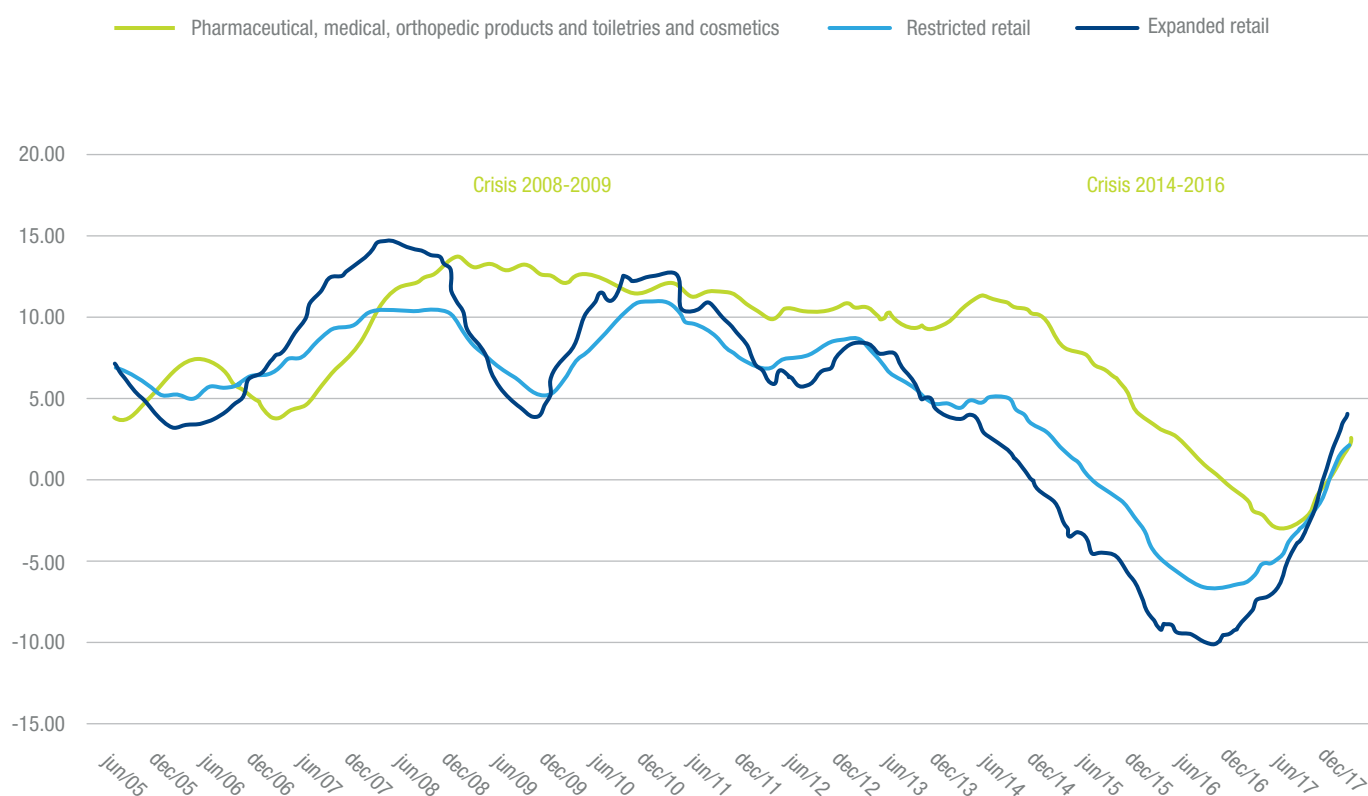
Even though the demand for goods and health services has also been impacted by the decreased income and unemployment – bringing down the number of healthcare plan beneficiaries – being first need items, there was performance above the average even during the crisis. An evidence of this fact is that in 2009 – when the retail industry was affected by uncertainties resulting from the international crisis – as well as in 2014-2016, sales of pharmaceutical, medical, orthopedic products, toiletries and cosmetics were less affected than the retail

average. (Graph 6) Whereas the total income from service industry expanded on average only 2.4% per year in 2014 and 2016, revenues from healthcare plan services jumped on average 14% per year during the same period. Therefore, the share of health expenses in GDP went up from 8% in 2013 to over 9% in 2015, reaching 9.5% in 2016 and 9.7% in 2017, according to the estimates of ANAHP Center of Studies and Analyses. Out of the total, almost 60% are private expenses, against about 40% are public expenses. (Graph 7)



GRAPH 6

Sales volume of retail trade – Accrued variation in 12 months (%)  
2005-2017



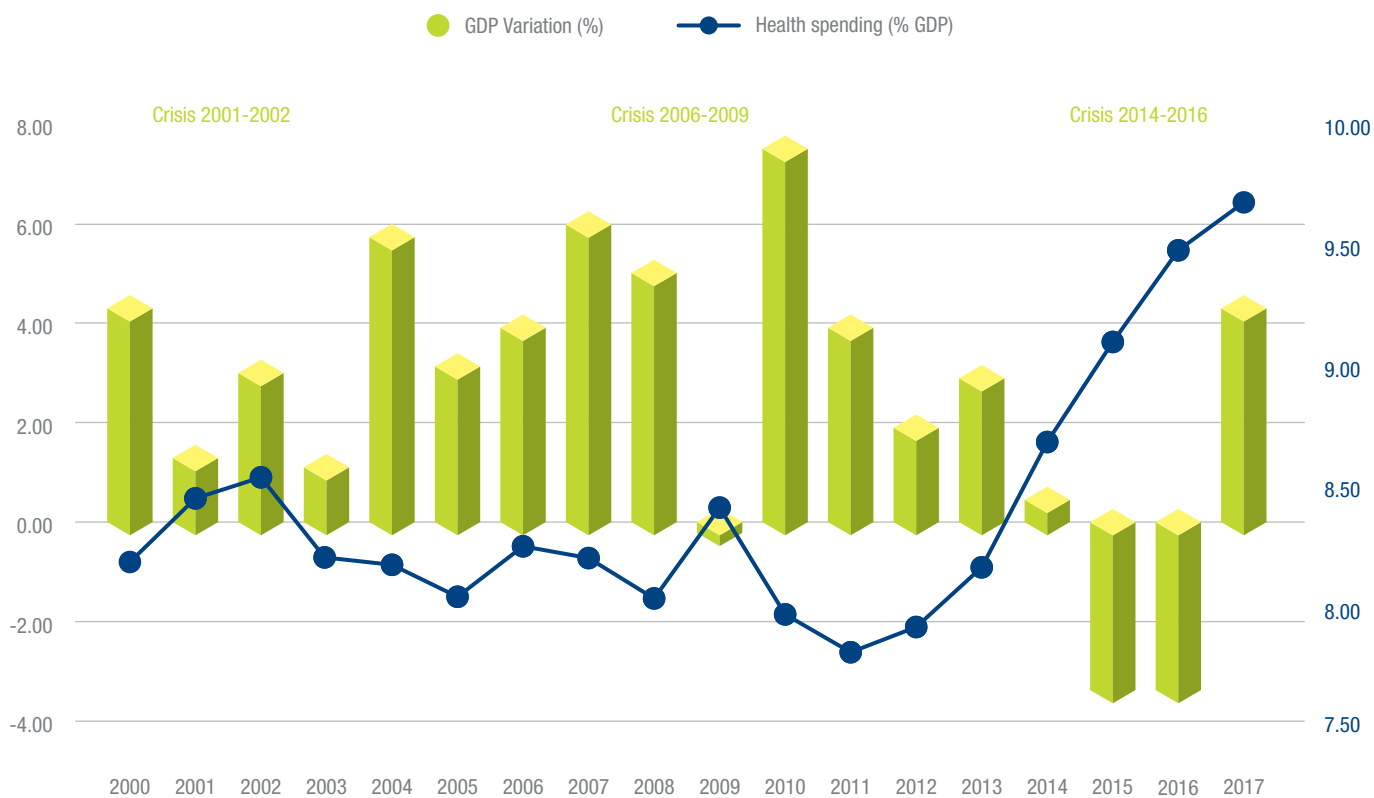
Source: PMC | IBGE. The expanded retail includes activities with vehicles, motorcycles, parts and construction materials.



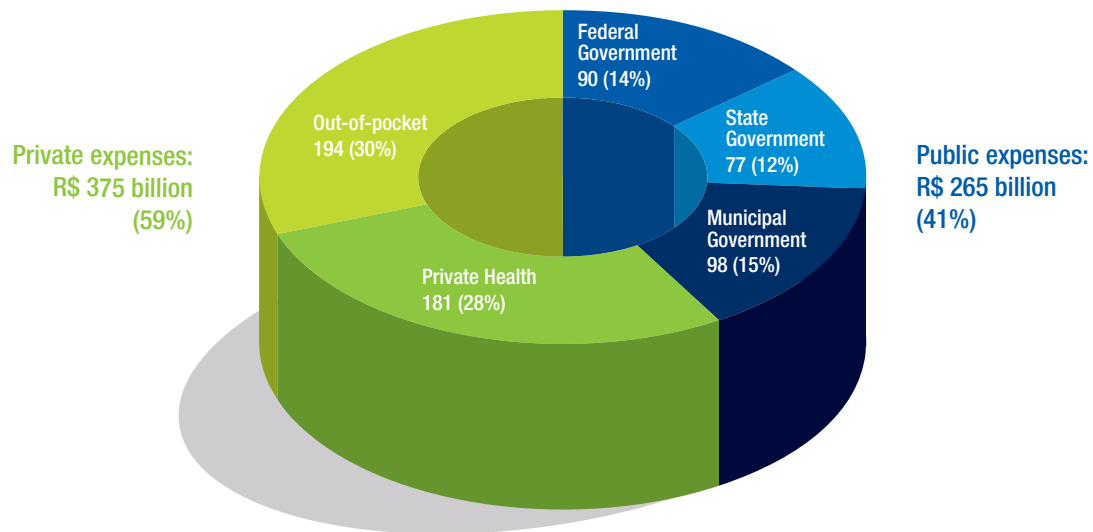


GRAPH 7

Actual GDP variation rate (%) and healthcare expenses (% GDP)  
2000-2017



Source: IBGE and estimate of Anahp based on data from National Treasury Department, IBGE and ANS.



Source: Anahp estimates based on data from National Treasury Department, IBGE and ANS.

Estimates made based on data of the Health Satellite-Account of IBGE, Revenues from Services, by ANS, Revenues from Retail – IBGE, and Public Accounts of the National Treasury Department indicate that, in 2017, health expenses reached R\$ 640 billion, actual growth, after inflation measured by IPCA, of 60% compared to the number from 10 years ago.

Public expenses were estimated as R\$ 265 billion, being R\$ 90 billion from the Federal Government, R\$ 77 billion from state governments, and R\$ 98 billion from municipal governments.

Private expenses, in turn, were estimated as R\$ 375 billion, being R\$ 181 billion in private health services, R\$ 110 billion in medication and R\$ 84 billion in additional out-of-pocket expenses. (Graph 8)

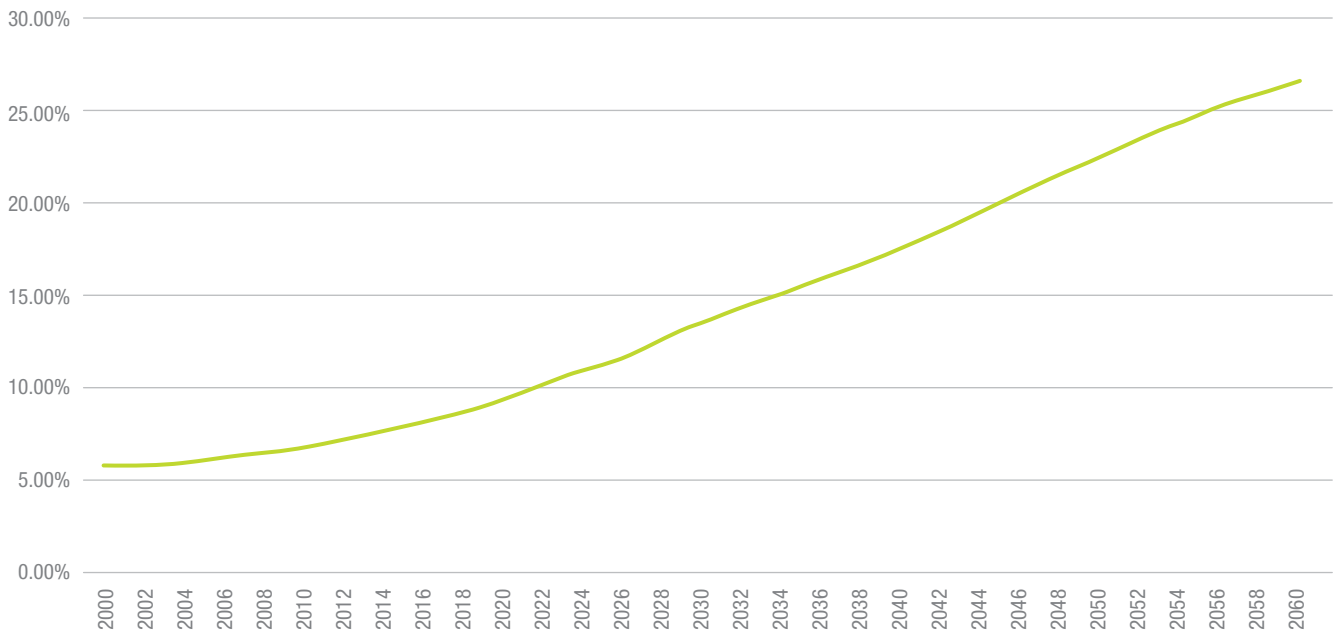
In addition to specific and behavioral issues, one of the main drivers of the industry is population aging, which increases the demand for health products and services. According to population projections of IBGE, the percentage of elderly (people over 65 years) in the Brazilian population, which used to be 5.6% in 2000, should reach 10% in 2022 and 20% in 2045 (Graph 9). International comparisons indicate a positive correlation between more elderly people in the population and health expenditures proportional to GDP (the higher the share of the elderly in the population of a given country, the greater the health expenses proportion to GDP), which indicates continuous increased demand for health services and products in Brazil. (Graph 10)



In  
10 years,  
health  
expenses  
grew 60%.

GRAPH 9

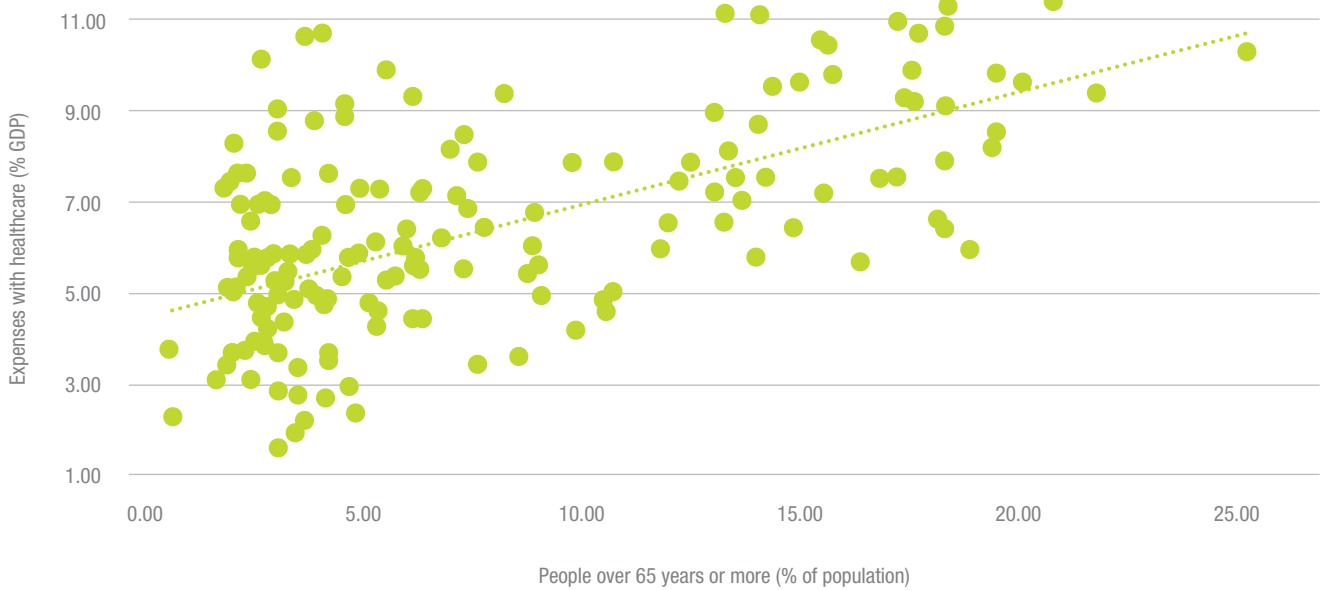
People aged over 65 years or more (% in the population) – Brazil



Source: IBGE.

GRAPH 10

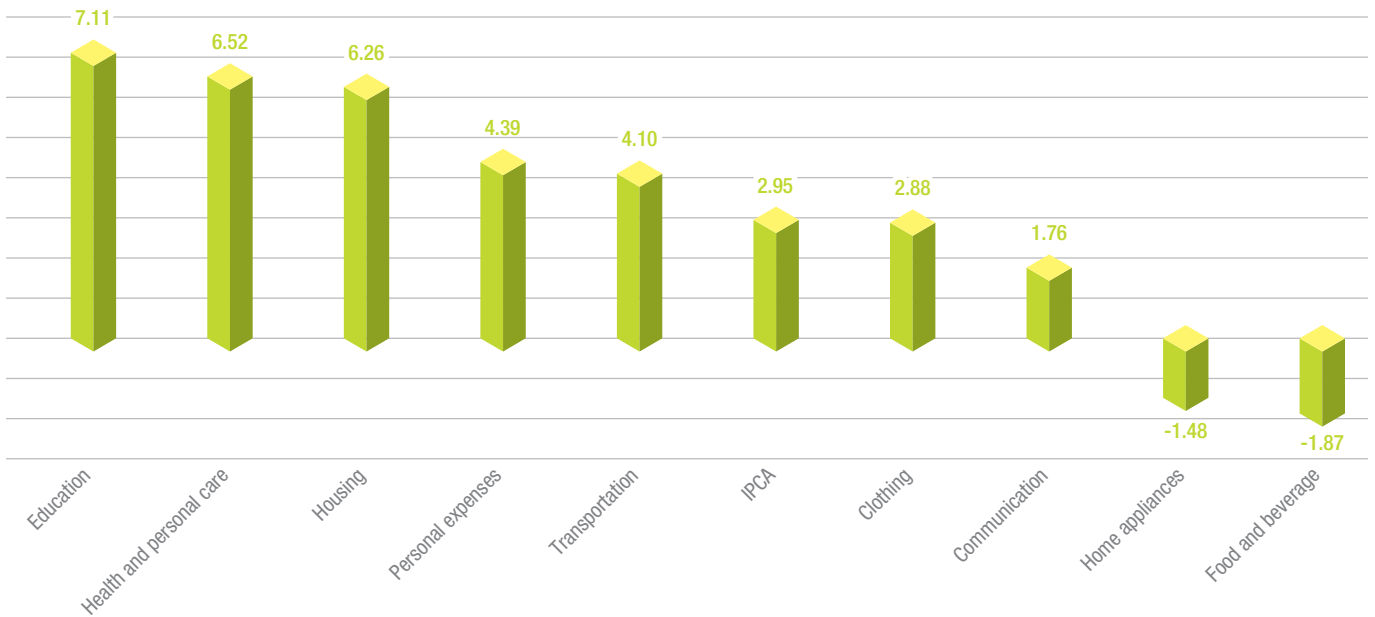
Health expenses (% GDP) vs. Proportion of elderly (% population) – Selected countries – 2014



Source: World Bank.

GRAPH 11

Price variation in 2017 (%)



Source: IPCA | IBGE.



An expressive increase of health expenses in economy, as observed in recent years, however, does not seem to be related to occasional, behavioral or demographic aspects, but it may be explained by the problems of health costs, which have constantly increased and threaten the sustainability of the

system as a whole. Healthcare prices have been increasing faster than the general inflation. Whereas IPCA (Brazilian economic index) increased only 2.95% in 2017, prices of health and personal care increased, on average, 6.52% in the same period. (Graph 11)



Inflation in health and personal care was once again driven by price readjustments of healthcare plans

(13.53%), which had 4-fold increase compared to IPCA (2.95%) in 2017. (Table 1)

TABLE 1		Annual price variation – 2012 to 2017					
	IPCA	PHARMACEUTICAL PRODUCTS	OCULAR PRODUCTS	MEDICAL AND DENTAL CARE	LABORATORY AND HOSPITAL SERVICES	HEALTHCARE PLAN	PERSONAL HYGIENE
2012	5.84%	4.11%	4.23%	10.01%	6.58%	7.76%	4.73%
2013	5.91%	4.70%	4.37%	10.66%	6.79%	8.73%	6.59%
2014	6.41%	4.94%	3.91%	8.87%	6.46%	9.46%	6.26%
2015	10.67%	6.90%	6.35%	9.04%	8.42%	12.16%	9.14%
2016	6.29%	12.48%	2.76%	7.20%	6.97%	13.57%	9.48%
2017	2.95%	4.46%	-1.03%	5.35%	3.79%	13.53%	1.77%
<b>ACUM.</b>	<b>44.44%</b>	<b>43.67%</b>	<b>22.25%</b>	<b>63.21%</b>	<b>45.85%</b>	<b>85.46%</b>	<b>44.23%</b>

Source: IPCA | IBGE.

It is important to bear in mind that high prices restrict access of the population to private health services and threaten the financial health of the system.

According to the study carried out in 2017 by ABRH – Brazilian Association of Human Resources and by Asap – Alliance for Population Health, in most companies, expenses with healthcare plans amount to the

second highest expenditure with personnel, second only to the payroll.

It seems that the increase in total health costs (addition of price and frequency) occurs primarily due to increase in frequency of use, which results from inappropriate management of population health and impacts the readjustment of healthcare plan prices.

The current predominant compensation model in health – fee-for-service, may also encourage cost increase, which requires prompt discussion about the transition from compensation methods that favor quality, efficiency and better clinical outcomes.

The economic situation and the characteristics of the Brazilian healthcare system have also impacted the clinical services. After two consecutive years of decrease, the number of hospitals started to climb again in 2017 and closed the year with 6,161. Out of the total, 2,371 were public, 1,976 for-profit private organizations, and 1,814 were not-for-profit private organizations. However, the total number is still below that from 2014, when there were 6,340 hospitals in Brazil. (Graph 12)

However, the number of inpatient beds is still decreasing, due to the reduction in number of SUS beds offered to the private sector. (Graph 13)

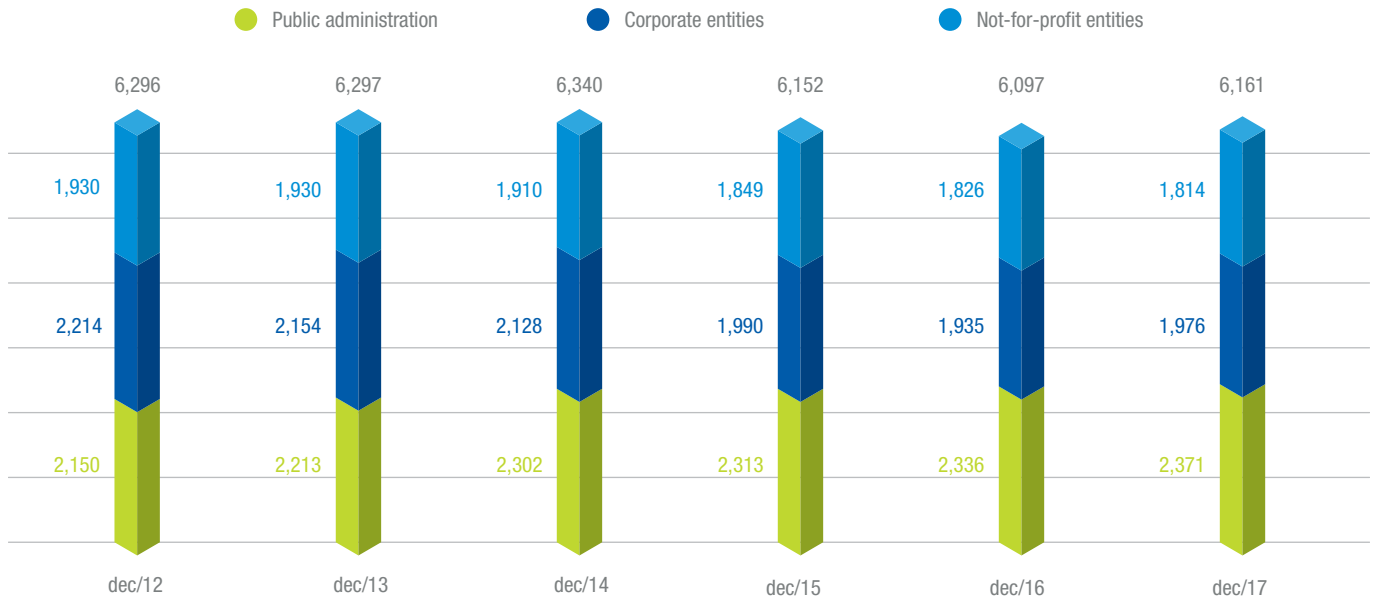
The **issue of health costs** is more evident when we analyze the evolution of **average cost of healthcare plans** at Anahp hospitals, reaching an increase of

**22.6%**

in 2017.

GRAPH 12

Number of hospitals by legal organization – General and Specialized Hospitals  
2012-2017



Source: Ministry of Health/ CNES

GRAPH 13

Number of inpatient beds – General and Specialized Hospitals  
2012-2017



Source: Ministry of Health/ CNES

Conversely, the positive economic performance of health has had impact on the workability of the sector. Whereas in 2015, 2016 and 2017 almost 3 million formal jobs were excluded in Brazil (945,363 in 2015, 1,326,558 in 2016 and 20,832 in 2017), medical and dental services generated 142,750 formal jobs. Hospitals alone created 51,214 positions in the period. According to data from Caged, last year, hospital services generated 18,612 positions, resulting in 250,924 new hirings and 232,312 dismissals. As a result of the 18,612 positions generated – and

considering the data from the Annual List of Social Information – RAIS 2016, the hospital sector has reached 1,193,929 formal jobs in 2017. In 2007, there were 758,742 employees in hospital activities, that is, in 10 years, the sector generated more than 435,000 jobs in the country. (Graph 14) Moreover, hospital sector was the fourth one (considering CNAE 2.0 group) to create more formal jobs in the period, behind non-specialized retail, restaurants and other food and beverage services, and governmental and economic and social political administration.



**Medical and dental services generated 142,750 formal jobs in the past 3 years.**

GRAPH 14

Number of formal employees in hospital care  
2007-2017



Source: RAIS and Caged | Ministry of Labor. The analysis included only returns submitted in time. Data subject to review.

In the past three years, the balance between hiring and dismissals was negative in the country. The hospital segment was the second main generator of formal jobs, second only to pre-school and elementary schools. Among the 20 segments that created

more formal jobs in the country, activities related to health stood out. (Graph 15)

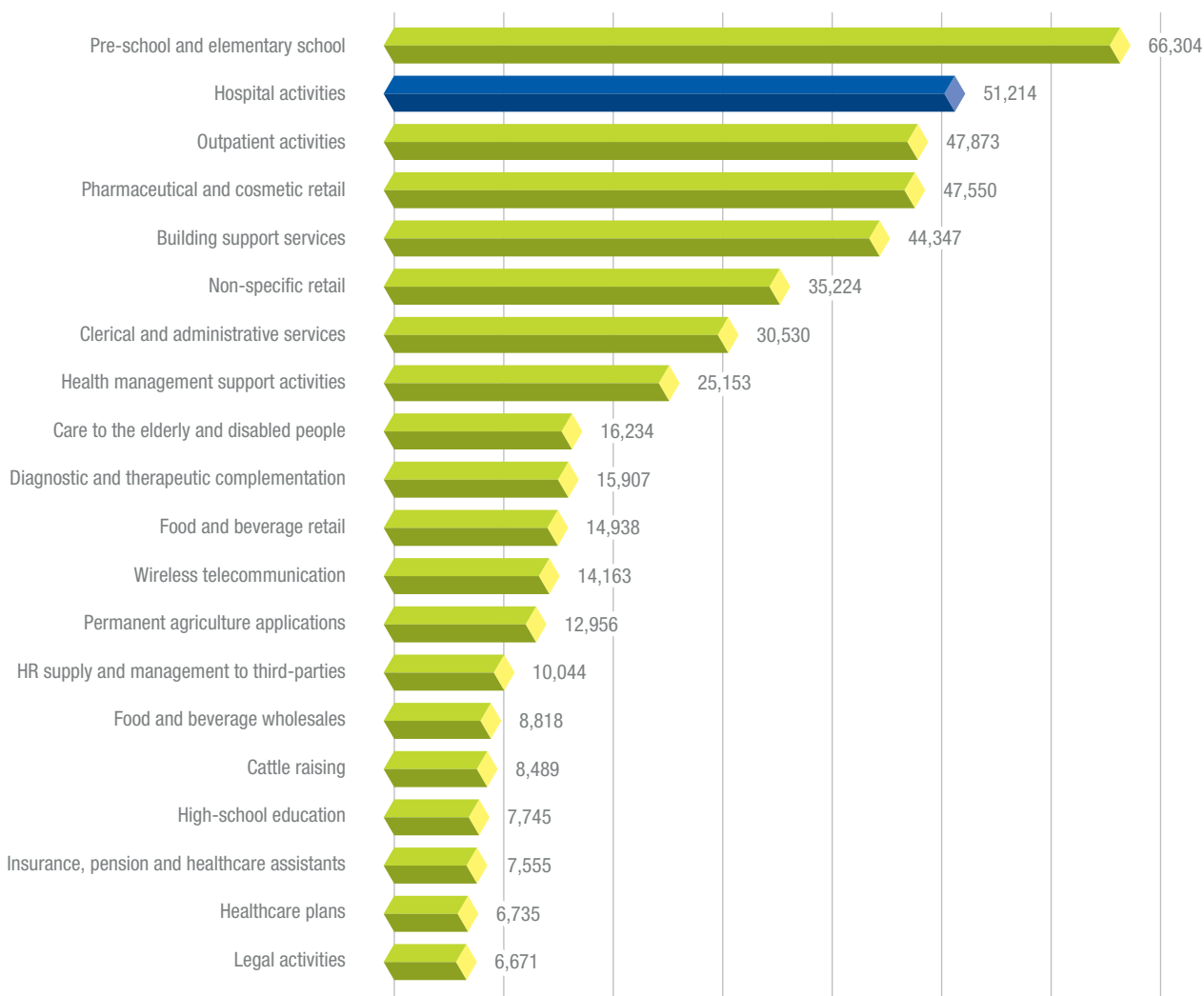
It is expected that, in view of population aging and the increase in health services demand, the hospital industry will generate more jobs in

upcoming years.

Brazil currently has 5.7 employees in hospitals per one thousand inhabitants, which is the lowest average among OECD countries (15.2), as provided by IHF – International Hospital Federation data.

GRAPH 15

Generation of formal jobs –  
Balance between hiring and dismissals in 2015-2017 – Groups CNAE 2.0

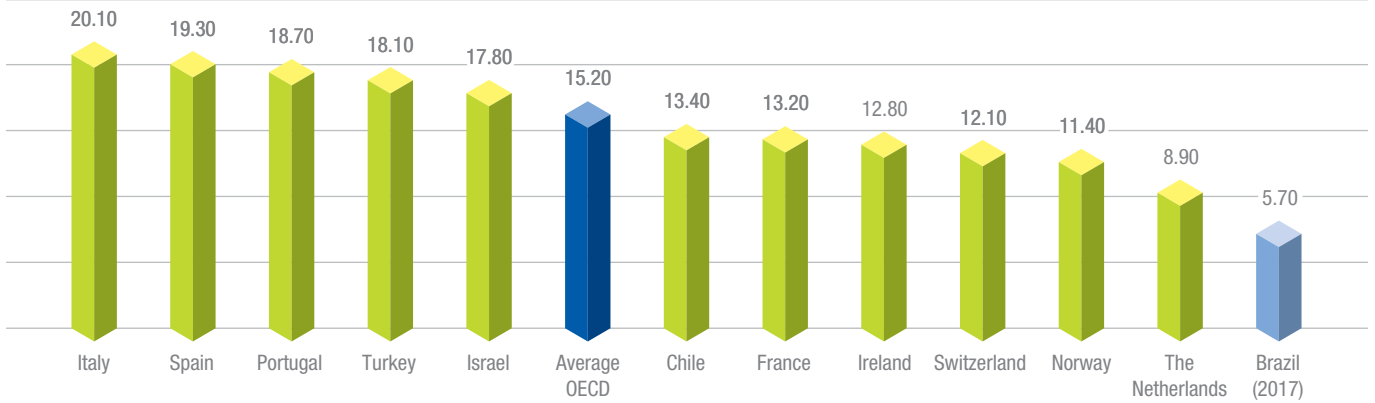


Source: RAIS and Caged | Ministry of Labor. The analysis included only returns submitted in time. Data subject to review.



GRAPH 16

Number of employees in hospitals per one thousand inhabitants – 2015



Source: IHF, Rais, Caged

Market of medical-hospital plans

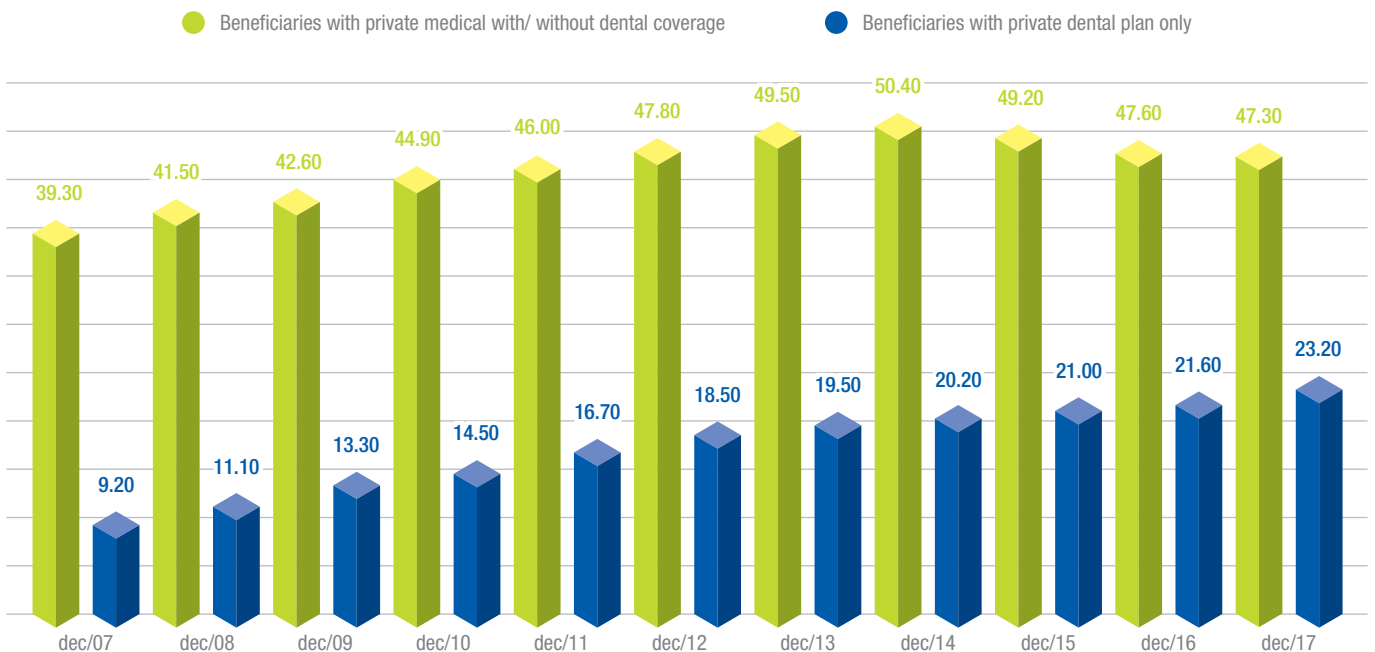
After having reached 50.4 million in December 2014, the number of beneficiaries reached 47.6 million in the end of 2016 and decreased to 47.3 million in 2017. Therefore,

during almost three years, the total number of beneficiaries has dropped more than 3 million, affecting directly the demand for medical-hospital services. (Graph 17)

The coverage rate (percentage of population covered by private health plan) dropped to 24.5%, after almost 26% in 2014.

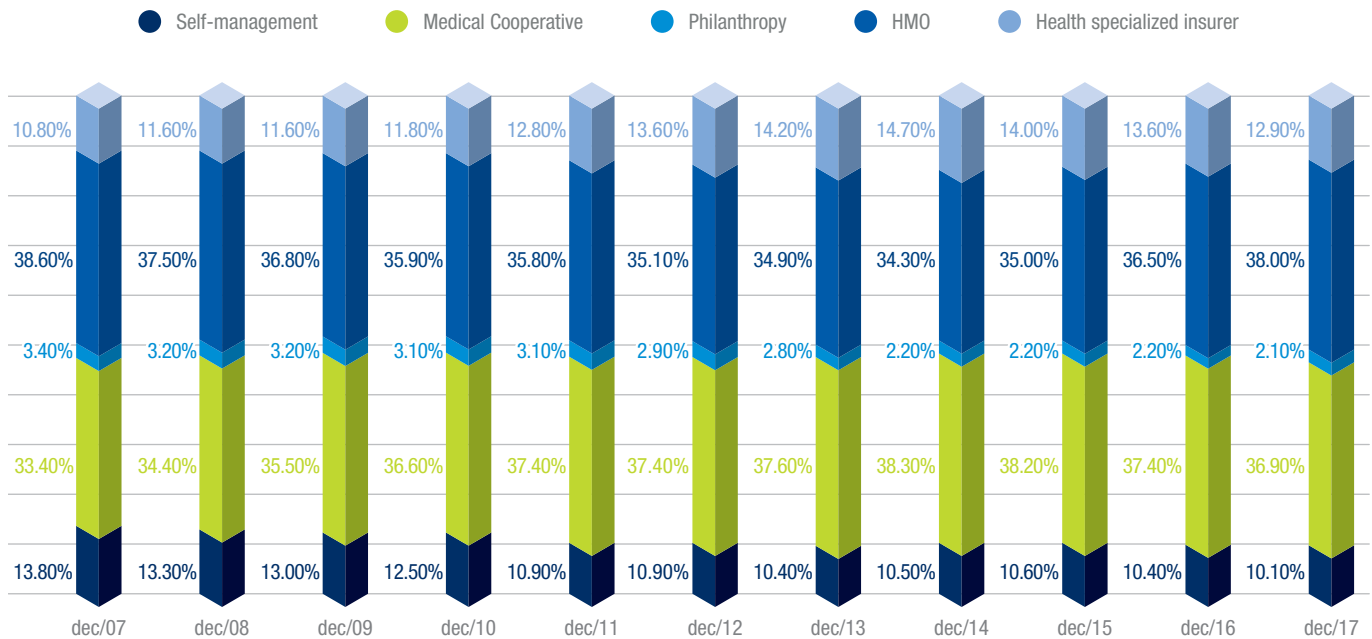
GRAPH 17

Beneficiaries of private healthcare plans by coverage (million) 2007-2017




Source: ANS (accessed on 09/Mar/2018).

Distribution of beneficiaries according to modality  
2007 to 2017



Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.

In recent years, the economic situation dropped the number of beneficiaries and affected the distribution of plans according to modalities. Between 2007 and 2014, insurance companies experienced significant growth in market share, which was interrupted with the 2015 crisis. Similarly to insurance companies, self-management and medical cooperative plans experienced slight decrease in share between 2014 and 2016. In this period, the only modality that had market share gain was healthcare managed organizations (Graph 18). In December 2017, 80.3% of the beneficiaries had collective plans, divided into 66.7% corporate plans and 13.5% affinity groups. The share of beneficiaries in individual plans, which has been decreasing since 2007, was 19.4% of the total. (Graph 19)



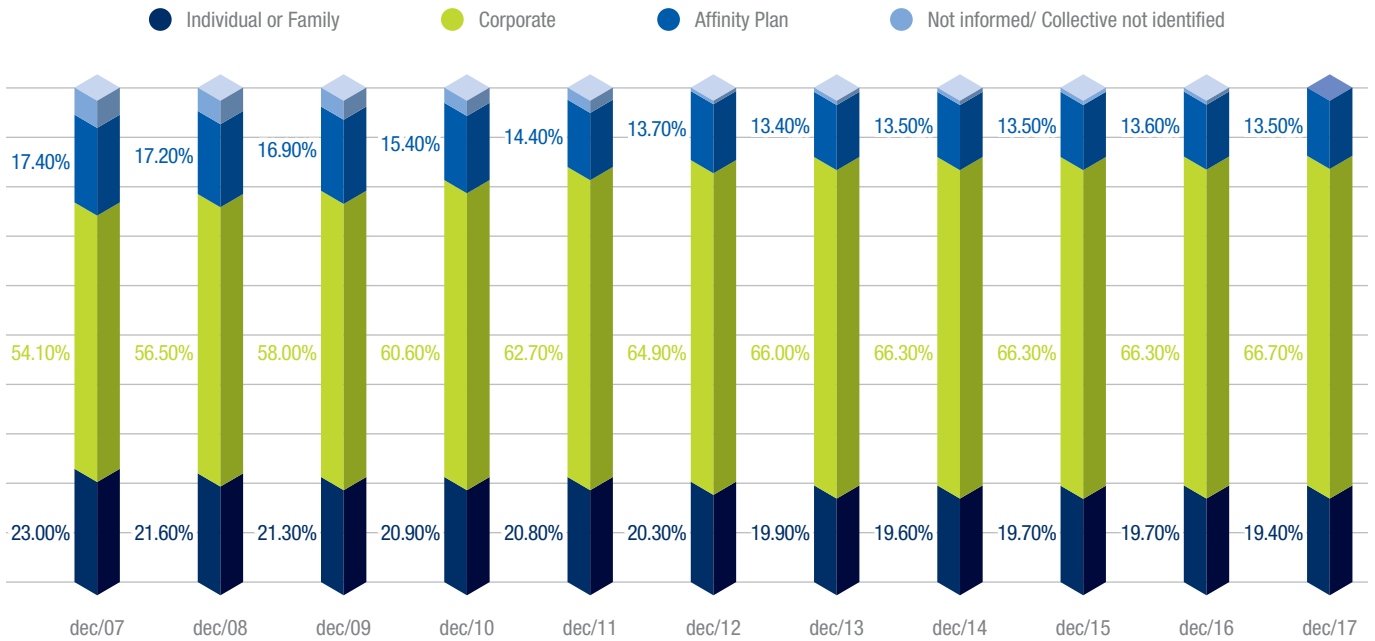
It is possible to observe a **drop in young beneficiaries** (up to 29 years) and **an increase in the share of people 30-44 years and the elderly.**

If we analyze the progress of beneficiaries by age range, it is possible to observe a drop in the share of young people (up to 29 years of age) and an increase in the share of people aged

30-44 years and the elderly. (Graph 20) In December 2017, 13.3% of the beneficiaries were aged 60 or older. In 2007, the share of the segment amounted to 11.2%.

GRAPH 19

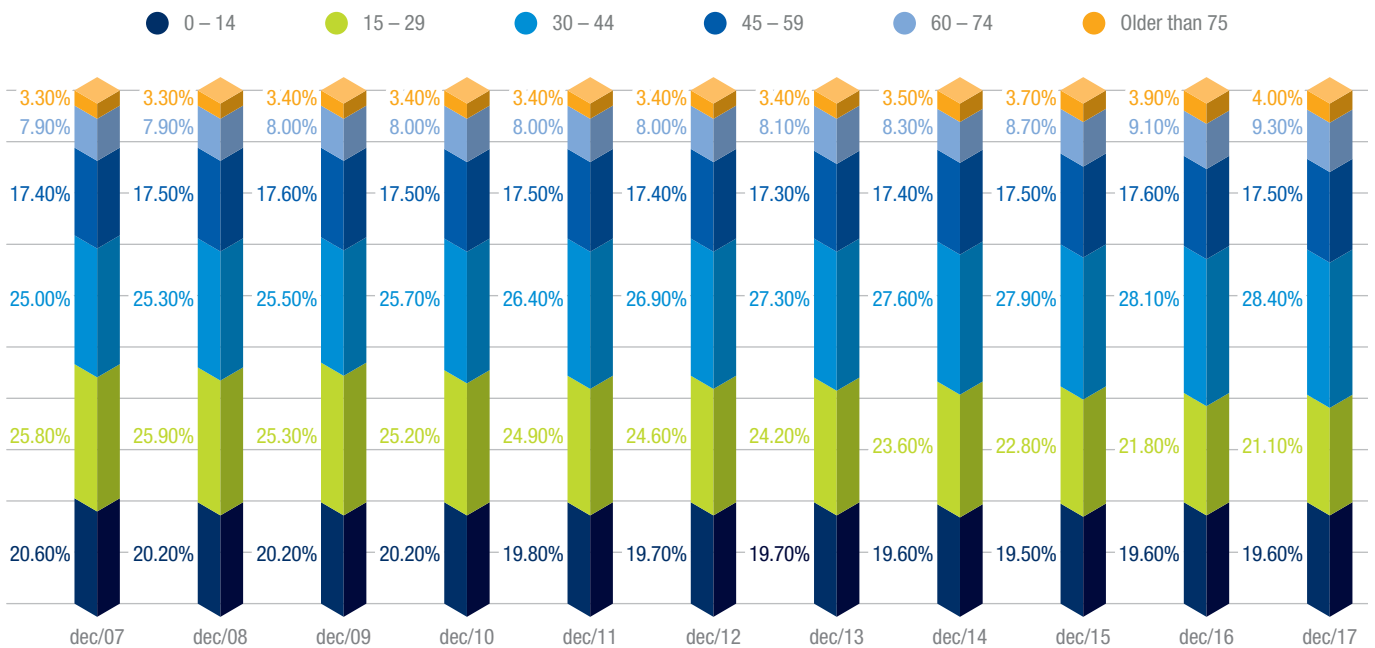
### Distribution of beneficiaries of private health plans by type of contract 2007 to 2017



Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.

GRAPH 20

### Distribution of beneficiaries by age range 2007 to 2017



Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.

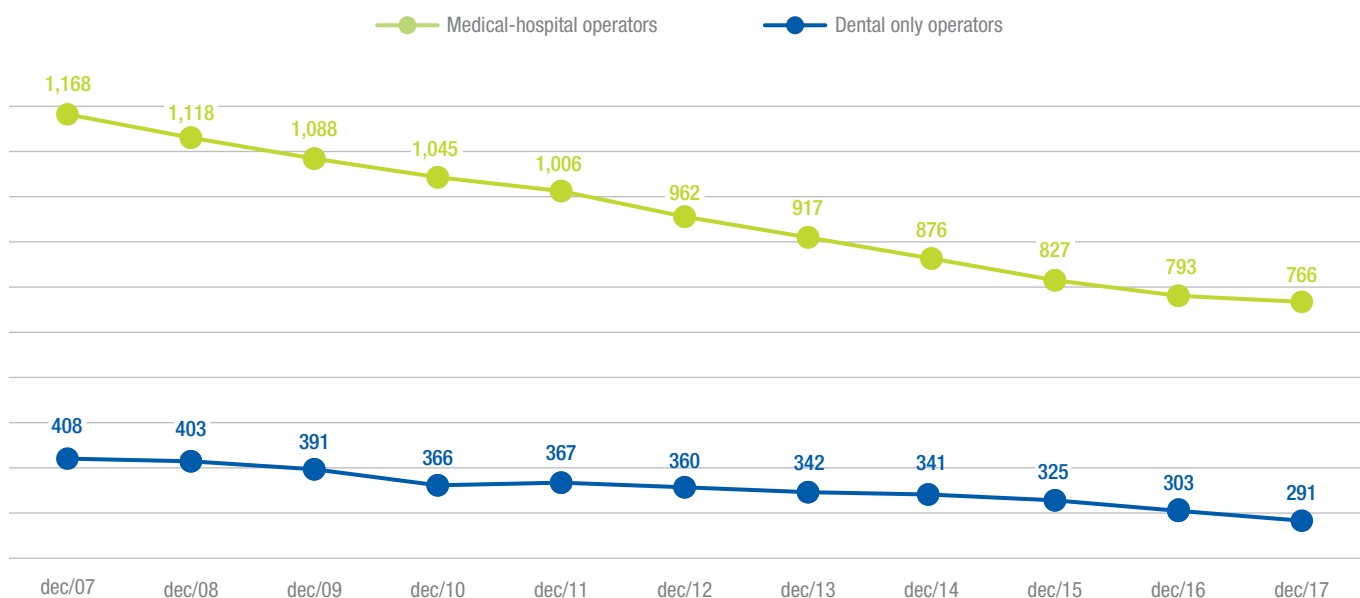
There has also been a trend of consolidation in healthcare plans. The

number of medical-hospital operators that used to be 1,168 in December

2007, went down to 766 in December 2017. (Graph 21)

GRAPH 21

### Number of operators with beneficiaries 2007-2017



Source: ANS (accessed on 09/Mar/2018).

The payment for services closed 2016 at R\$ 158,5 billion, 12.9% increase compared to 2015. The 3.1% drop in number of beneficiaries

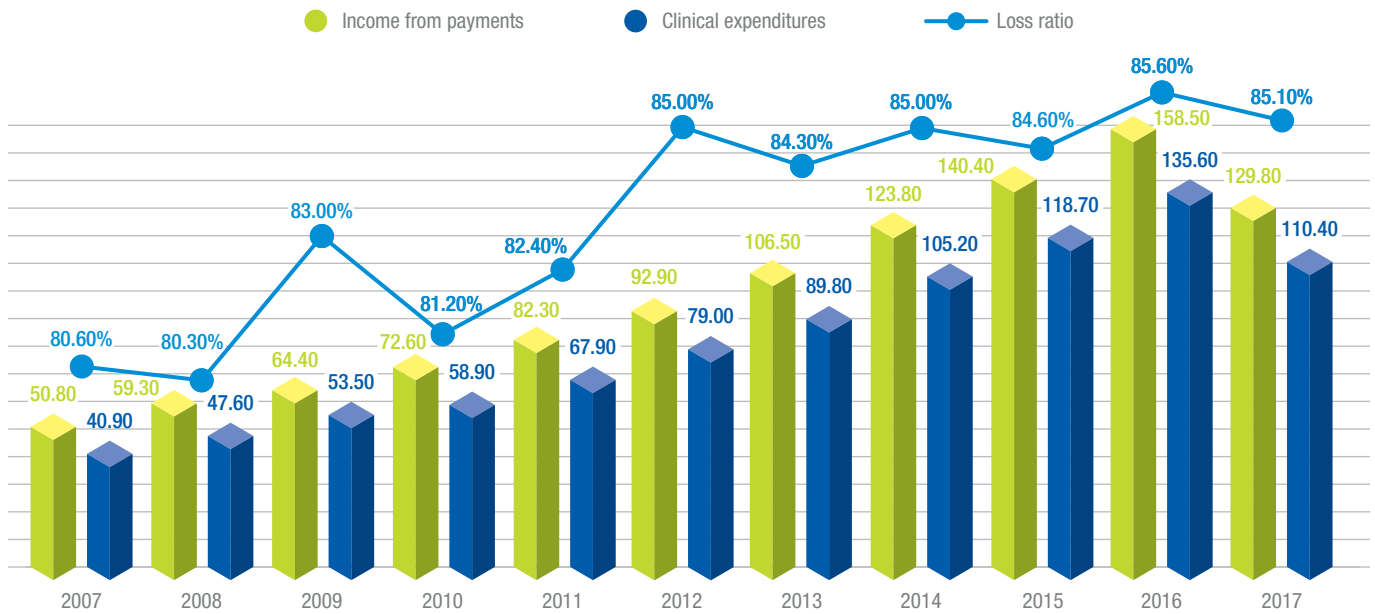
was compensated by the maximum price readjustment of 13.6% in the price of healthcare plans. Even so, the increase in revenues

was lower than that of clinical expenditures, which reached R\$ 135.6 billion last year, which is 14.2% above the figure from 2015, as a result of greater utilization of plans. As a consequence, loss ratio went up from 84.6% to 85.6% in the period. In the first nine months of 2017, however, the loss ratio went down to 85.1% (Graph 22). In addition to clinical spending, in 2016 operators reached administrative costs of R\$ 17.9 billion, commercialization costs of R\$ 5 billion and other operational expenses of R\$ 17.2 billion. Other operational revenues, in turn, went up to R\$ 17 billion in 2016. Throughout the years, clinical expenditures have gained more weight on total expenses of medical-hospital plan operators. (Graph 23)



GRAPH 22

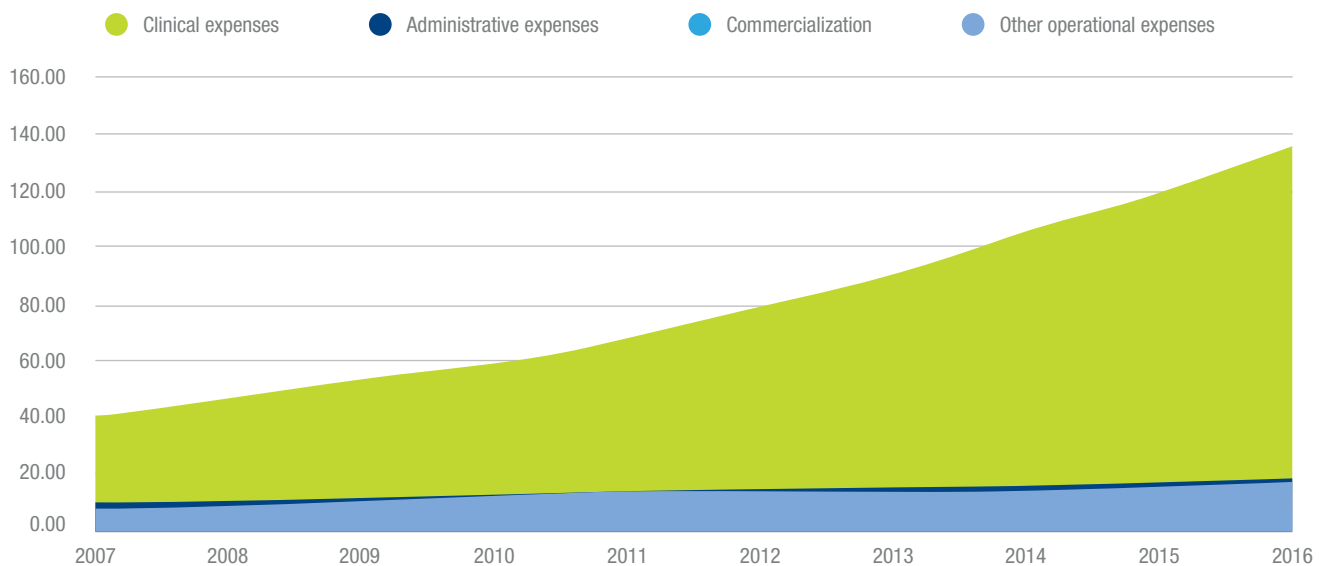
Revenues from payment and clinical expenditures of operators (R\$ billion)  
2007-2017



Source: ANS (accessed on 31/Jan/2018). Excludes exclusive dental care companies.

GRAPH 23

General expenses of operators by type (R\$ billion)  
2007-2016



Source: ANS (accessed on 31/Jan/2018). Excludes exclusive dental care companies.

## Regional characteristics of the market for medical-hospital plans

The Southeast region, comprising 28,922,202 beneficiaries, amount to 61.1% of the medical-hospital plan market in the country, followed

by the South Region, with 14.7% (6,977,093) and the Northeast Region, with 13.8% (6,549,288). (Table 2)

TABLE 2

Beneficiaries of private medical plans with or without dental coverage by Anahp region – 2014-2017

	DEC/14	DEC/15	DEC/16	DEC/17	17 OVER 16	17 OVER 14
SOUTHEAST	31,445,301	30,399,121	29,162,719	28,922,202	-0.8%	-8.0%
SOUTH	7,079,166	7,032,869	6,936,790	6,977,093	0.6%	-1.4%
NORTHEAST	6,844,373	6,744,272	6,567,408	6,549,288	-0.3%	-4.3%
CENTER-WEST	3,067,035	3,112,514	3,072,511	3,015,696	-1.8%	-1.7%
NORTH	1,897,480	1,809,702	1,756,718	1,734,597	-1.3%	-8.6%
NOT IDENTIFIED	58,795	74,010	90,401	106,069	17.3%	80.4%
BRAZIL	50,392,150	49,172,488	47,586,547	47,304,945	-0.6%	-6.1%

Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.

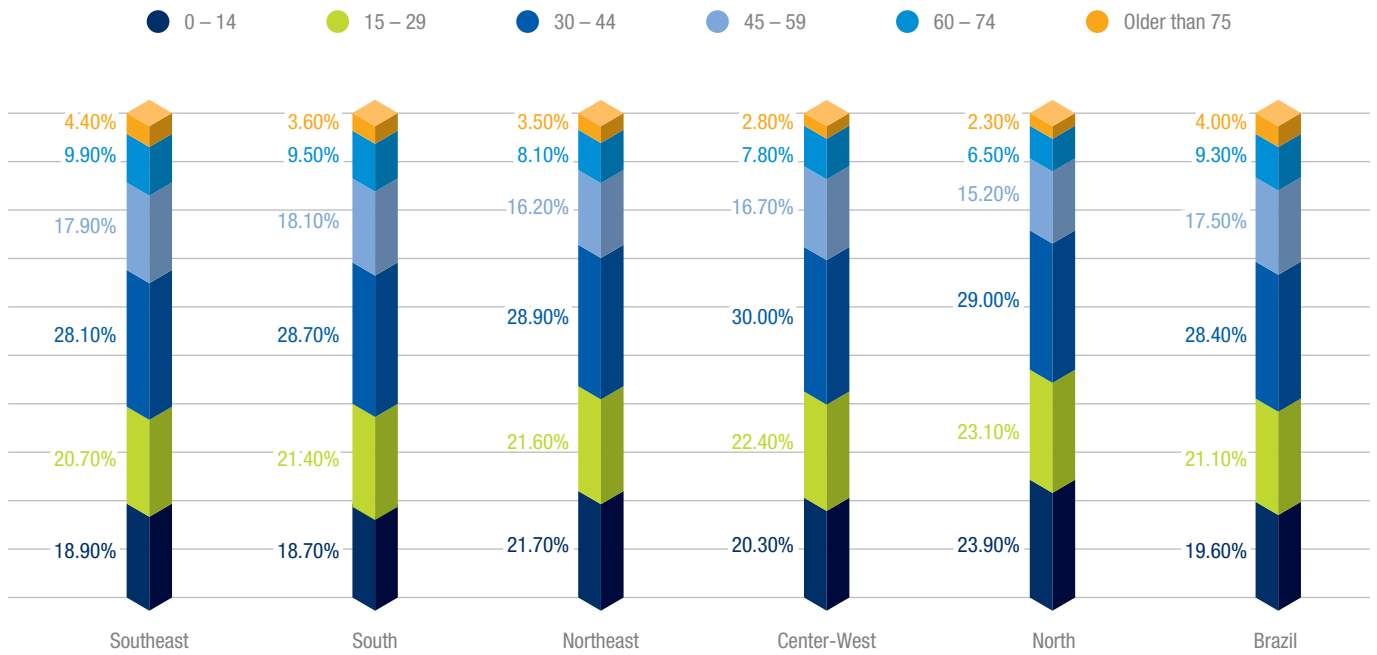
North Region had the highest decrease in number of beneficiaries since December 2014 (-8.6%). However, comparing December 2016 to December 2017, the main loss was perceived in the Center-West region (-1.8%).

All regions have observed decrease in number of beneficiaries during the crisis. However, the number of beneficiaries increased in the South Region in the last year (0.6%), whereas there was further decrease in the others.

The Southeast Region represents the highest proportion of elderly (people aged 60 years or more) in the total population of beneficiaries (14.3%). The North Region is on the other extreme, in which 23.9% of the beneficiaries are aged up to 14 years (Graph 24).



Distribution of beneficiaries according to age range by region  
December 2017



Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.



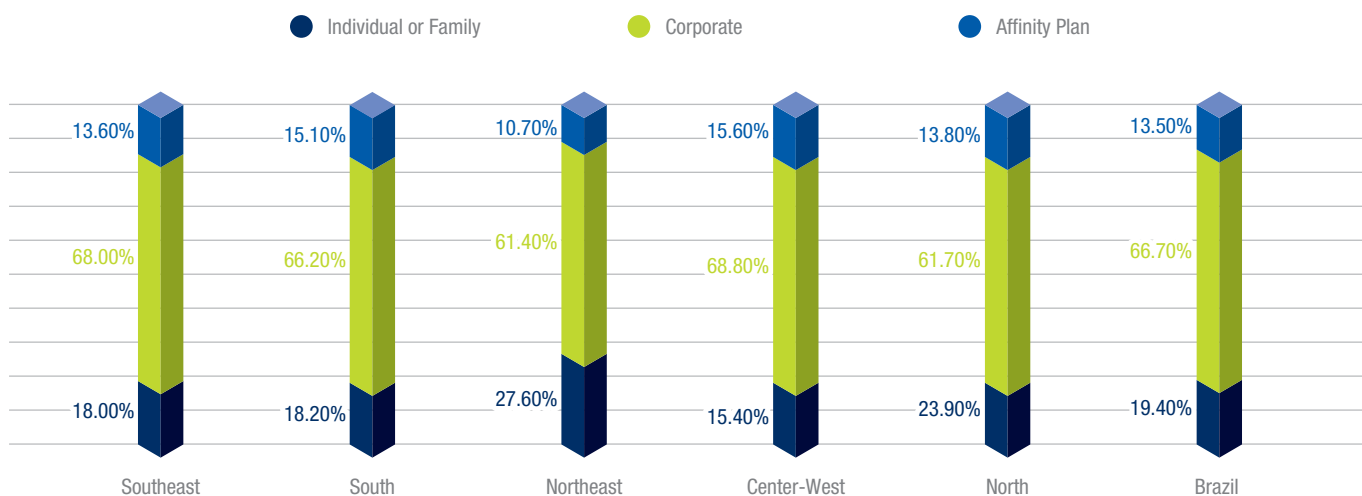
The Northeast Region represents the highest population of beneficiaries with individual or family plans (27.6% of the total), bringing up the national mean. The Center-West Region, in turn, has the highest number of collective plans (84.4%). (Graph 25)

When we consider the different modalities of healthcare plans, we have noticed that in regions South, North and Center-West the main paying source comes from medical cooperatives. In Southeast and Northeast regions, conversely, HMOs

lead the group (Graph 26). The presence of healthcare insurance companies is more relevant in the Southeast region, where they amounted to 15.4% of the total beneficiaries of medical-hospital plans in December 2017.

GRAPH 25

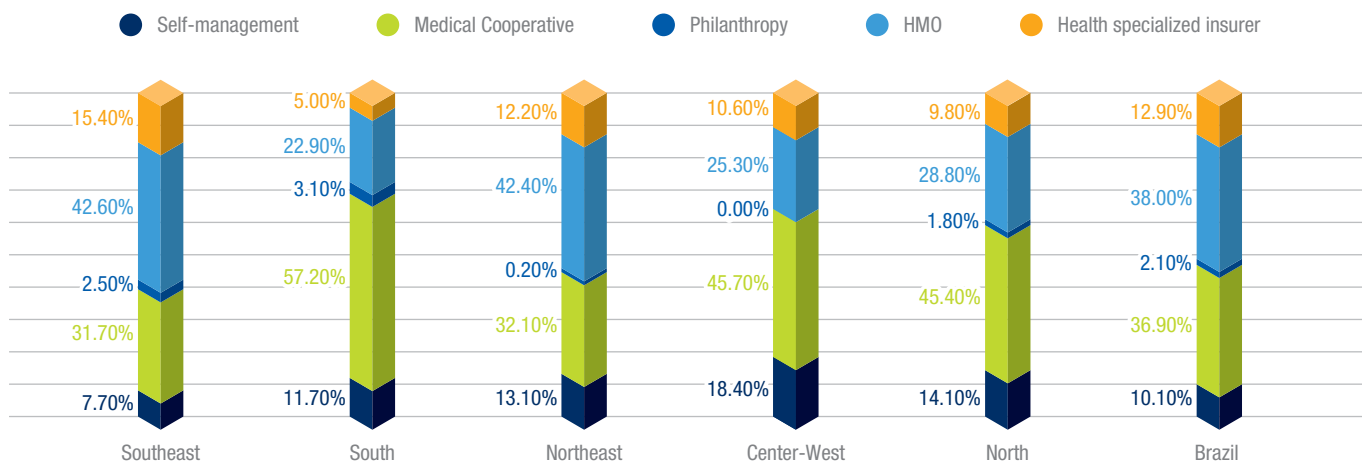
Distribution of beneficiaries according to contract by region  
December 2017



Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.

GRAPH 26

Distribution of beneficiaries according to modality by region  
December 2017



Source: ANS (accessed on 9/Mar/2018). Excludes exclusive dental care companies.



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# Clinical and epidemiological profile

Knowing the clinical and epidemiological profile of the population served by private hospitals in Brazil is essential for the management of health resources.





*The study of the clinical and epidemiological profile of the population served by supplemental health is fundamental to help health policy-making and to guide the implementation and monitoring of care quality improvement programs*

Knowing the clinical and epidemiological profile of patients provides to hospitals the possibility of planning resources and processes, and forecasting demand needs, offering services suited to the population served.

The correct identification of patient diagnoses in patient records is an indispensable item for patient assessment. Building awareness among physicians and the team responsible for managing the clinical assets is, in turn, essential for the continuing improvement of hospitals in the monitoring of the services provided.

In 2017, about 11% of the total of hospital discharges in the sample assessed was classified in the ICD chapter of diseases of the genitourinary system (referring to genital and urinary organs). Another very representative chapter among hospital discharges for this group was pregnancy and puerperium, which accounted for 10.5% of discharges.

## 2017 Epidemiological Profile

One of the most important elements for clinical management is the patient record, because it permits recording the diagnosis and the progress of the condition, working as a care safety tool. In hospitals, the Medical Archiving and Statistics Service (SAME) is responsible managing the clinical assets – storage, traceability, and auditing of patient records – with the support of the Patient Record Commissions and Death Commission. Today, all hospitals document and code the diagnoses and procedures done at the time of hospital discharge. To assure the quality of the information provided, SAME's team codes the diagnoses and procedures following the rules recommended by the International Classification of Diseases (ICD). SAME's participation in coding patient records contributes to enhance the quality of reported diagnoses. In 2017, 95% of the sample that

answered the annual questionnaire had already implemented electronic prescription. The implementation of the electronic medical record, in turn, reached 84% of the organizations. The quality of documentation in the patient record is fundamental for the improvement of the clinical

and epidemiological profile of the population served. The data of Table below shows the opportunities for improvement in the clinical management of hospitals, through technological upgrades used to expedite the analysis and recovery of each patient's data.

CHART 1

Quality indicators of patient records in Anahp's hospitals (percentage of hospitals)

INDICATORS	2017
ELECTRONIC PRESCRIPTION ALREADY IMPLEMENTED	95%
IMAGE DISPLAY SYSTEM IN PATIENT RECORDS (PACS)	85%
ELECTRONIC MEDICAL RECORDS ALREADY IMPLEMENTED	84%
BUSINESS INTELLIGENCE (BI)	69%
BARCODING OR RFID	66%

Source: SINHA/Anahp's Annual Questionnaire.



The assessment of the epidemiological profile consists of studying the frequency of hospital admissions and discharges per given type of pathology. In this study, the determining factor to define the population assessed is hospital discharge of patients (discharge, death or transfer to another health facility), always correlating it to the reason (main discharge diagnosis) that caused hospital admission. The objective of this study is to find where, when and who has certain health problems, indicating the important elements to define which measures of prevention, control and treatment are recommended. Hospital discharges are analyzed through their main diagnosis according to the International Classification of Diseases and Related Health Problems (ICD) 10<sup>th</sup> Revision.

The classification of diseases and problems, excluding cases without record (ignored), involve: neoplasms (cancer); diseases of the digestive system; pregnancy, childbirth and puerperium; diseases of the genitourinary system; diseases of the circulatory system;

symptoms (signs and abnormal findings not elsewhere classified); factors (people in contact with health services for examinations and investigations, like follow-up tests after cancer treatment; removal of and fitting of orthosis and prosthesis; post-delivery care

and examination); diseases of the respiratory system; injury and poisoning (fractures and injuries resulting from accidents and external causes); diseases of the system musculoskeletal; endocrine diseases; and others. (Table 1 and Graph 1)

TABLE 1

Hospital discharges according to chapter of the International Classification of Diseases (ICD 10<sup>th</sup> revision) – 2015 to 2017

ICD CHAPTER	2015		2016		2017	
	TOTAL	%	TOTAL	%	TOTAL	%
GENITOURINARY	105,280	10.2	166,653	11.9	164,270	11.1
PREGNANCY	100,026	9.7	144,617	10.3	175,021	10.5
NEOPLASM	106,886	10.4	187,346	13.3	160,949	10.4
DIGESTIVE	95,534	9.3	148,501	10.6	166,641	10.2
CIRCULATORY	93,312	9.1	127,852	9.1	151,147	9.6
FACTORS	95,577	9.3	119,510	8.5	136,127	8.6
SYMPTOMS	67,937	6.6	83,441	5.9	112,412	8.4
RESPIRATORY	65,843	6.4	102,033	7.3	133,281	7.1
MUSCULOSKELETAL	53,338	5.2	77,553	5.5	88,222	5.6
INJURY AND POISONING	55,192	5.4	70,147	5.0	86,641	5.5
ENDOCRINE	21,847	2.1	34,055	2.4	34,941	2.4
PERINATAL	20,798	2.0	29,347	2.1	37,945	2.3
INFECTIOUS DISEASES	22,923	2.2	34,359	2.4	36,364	2.2
NERVOUS SYSTEM	17,942	1.7	25,388	1.8	28,142	1.8
SKIN	10,900	1.1	17,574	1.3	18,182	1.2
CONGENITAL	8,723	0.8	11,665	0.8	14,387	0.9
EYES AND ADNEXA	7,426	0.7	4,768	0.3	7,747	0.7
EAR	3,199	0.3	6,629	0.5	9,961	0.6
BLOOD	4,430	0.4	7,253	0.5	10,909	0.5
MENTAL	2,911	0.3	4,155	0.3	5,217	0.3
NO INFORMATION	69,627	6.8	1,726	0.1	2,372	0.2
<b>TOTAL</b>	<b>1,029,651</b>	<b>100.0</b>	<b>1,404,573</b>	<b>100.0</b>	<b>1,581,036</b>	<b>100.0</b>

Source: SINHA/Anahp.



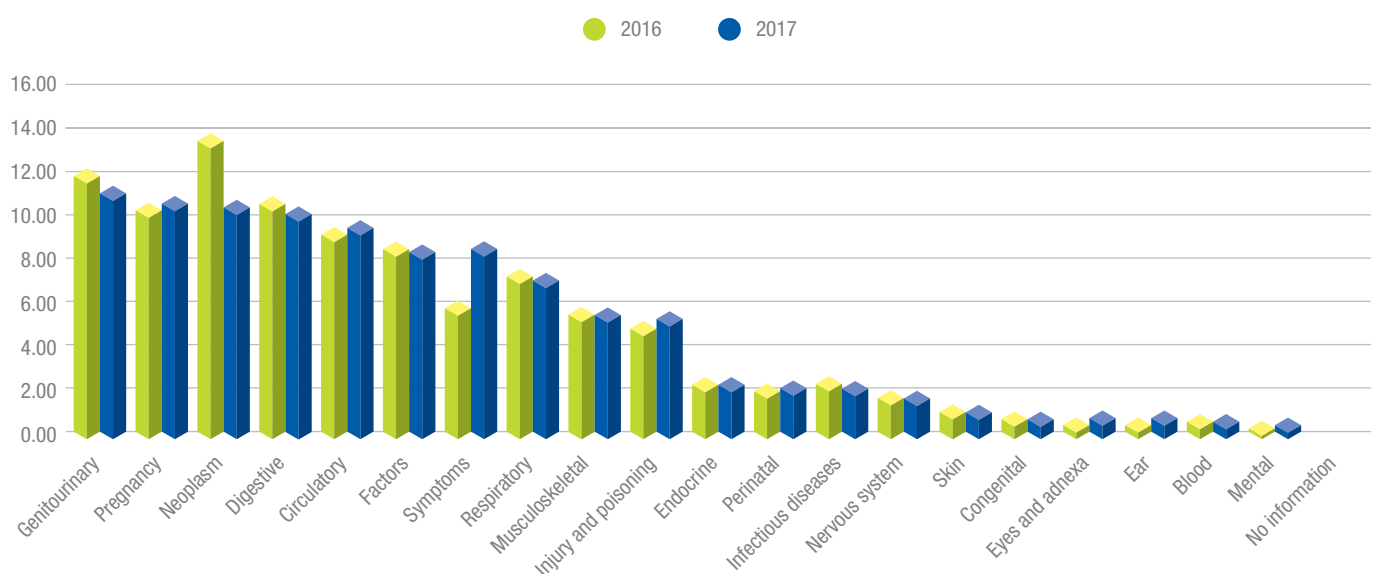
In 2017, the sample of hospitals assessed had about 11.1% of the total discharges in the chapter of diseases of the genitourinary system (referring to genital and urinary organs). Another very representative chapter among hospital discharges for this group was pregnancy and puerperium, accounting

for 10.5% of hospital discharges. It is also possible to identify a higher incidence of hospital discharges classified as neoplasms in 2016 – 13.3% against 10.4% in 2017 (Graph 1). It is worth remembering though, that there were variations in the sample of responding hospitals in each year, and,

therefore, it is impossible to say that there is an upward or downward trend in the frequency of this pathology. When we include only the same hospitals that answered this research in the years of 2016 and 2017, it is also possible to see that the share of neoplasms is falling.

GRAPH 1

Hospital discharges according to chapter of the International Classification of Diseases (ICD 10<sup>th</sup> revision)



Source: SINHA/Anahp.

Based on this version of the Observatory it will be also possible to follow hospital discharges per ICD chapter and region. (Table 2). This comparison allows us to trace utilization standards of hospital services and

then cross them with the geographical characteristics of the country. In the South Region of the country, it was possible to observe the highest frequency of hospital discharges related to pregnancy (12.8%), followed

by the Northeast Region – also with 12.8% discharges classified in this chapter. In regions Southeast and North – Center West the percentage of discharges classified as pregnancy was 9.8% and 8.0%, respectively.

TABLE 2

Hospital discharges according to chapter of the International Classification of Diseases (ICD 10<sup>th</sup> revision) – per region in 2017

ICD CHAPTER	2017				
	BRAZIL	SOUTH	SOUTHEAST	NORTHEAST	NORTH CENTER WEST
NEOPLASM	10.4%	7.5%	11.6%	11.5%	4.8%
GENITOURINARY	11.1%	8.3%	12.1%	9.8%	10.3%
DIGESTIVE	10.2%	10.4%	10.1%	10.5%	9.9%
PREGNANCY	10.5%	12.8%	9.8%	12.8%	8.0%
CIRCULATORY	9.6%	9.4%	9.7%	9.7%	8.7%
FACTORS (CONTACT WITH HEALTH SERVICES)	8.4%	11.1%	5.4%	12.1%	23.2%
RESPIRATORY	7.1%	6.6%	7.5%	5.9%	6.5%
SYMPTOMS	8.6%	7.0%	9.8%	5.3%	7.0%
MUSCULOSKELETAL	5.6%	8.2%	5.5%	3.2%	4.6%
INJURY AND POISONING	5.5%	6.1%	5.1%	6.8%	5.7%
INFECTIOUS DISEASES	2.2%	2.0%	2.3%	2.0%	2.8%
ENDOCRINE	2.4%	2.4%	2.3%	2.7%	2.6%
PERINATAL	2.3%	2.1%	2.2%	3.2%	1.8%
NERVOUS SYSTEM	1.8%	2.2%	1.9%	1.1%	1.2%
SKIN	1.2%	1.1%	1.2%	0.9%	1.0%
CONGENITAL	0.9%	0.9%	0.9%	1.2%	0.4%
BLOOD	0.5%	0.4%	0.5%	0.4%	0.6%
EAR	0.6%	0.4%	0.8%	0.4%	0.3%
EYES AND ADNEXA	0.7%	0.2%	1.0%	0.3%	0.1%
MENTAL	0.3%	0.7%	0.3%	0.3%	0.2%
NO INFORMATION	0.2%	0.3%	0.1%	0.1%	0.2%
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: SINHA/Anahp.



The highest frequency of neoplasms was found in the Southeast Region (11.6%), while the lowest frequency of this pathology occurred in region North – Center West (4.8%).

For the correct assessment of the epidemiological profile, it is necessary to identify accurately the patient's reason for hospital admission. In 2017,

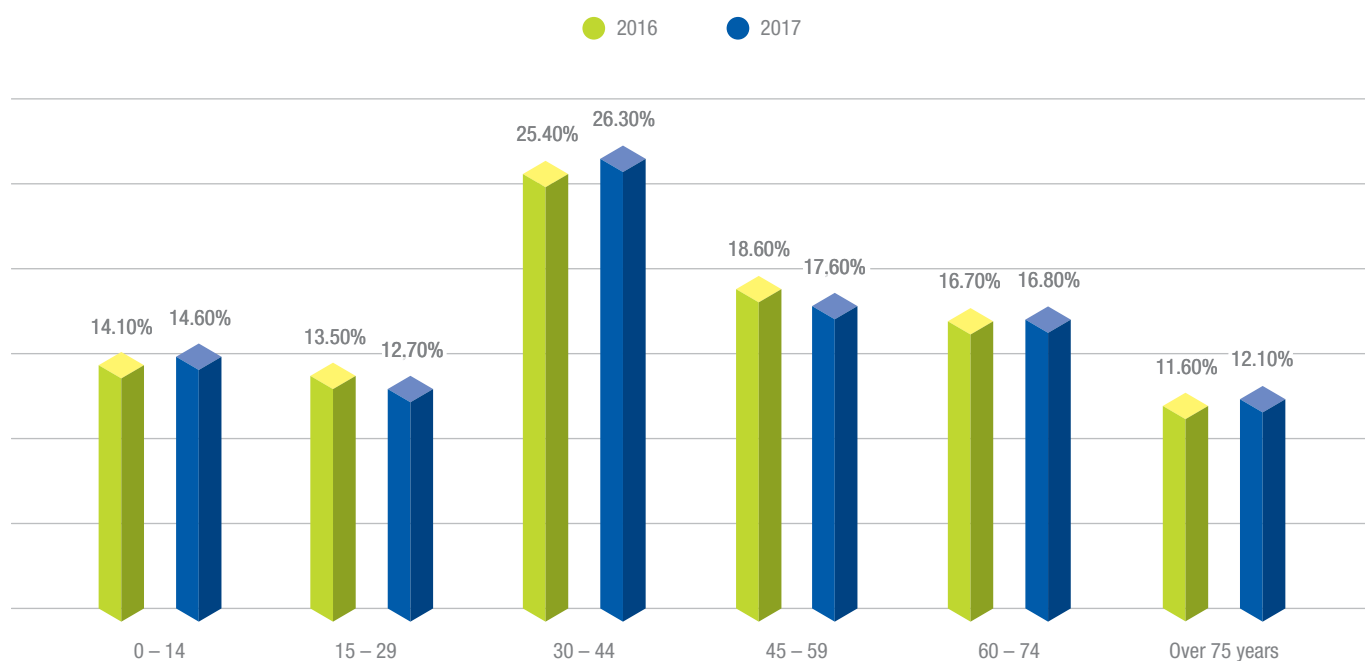
the percentage of discharges classified as factors (frequently used to code hospitalizations to investigate diseases not yet defined), was high, 8.4% of the total of discharges, indicating to Anahp's members a possibility for improvement in filling the information in each patient's record.

Also with the intention of having

a closer understanding of the epidemiological characteristics, Graph 2 shows the percentage of hospital discharges classified per age group. Between 2016 and 2017, it was possible to see the greatest variation in the percentage of patients between 30 and 44 years, who went from 25.4% in 2016 to 26.3% in 2017.

GRAPH 2

Hospital discharges per age group (%)  
2016 and 2017

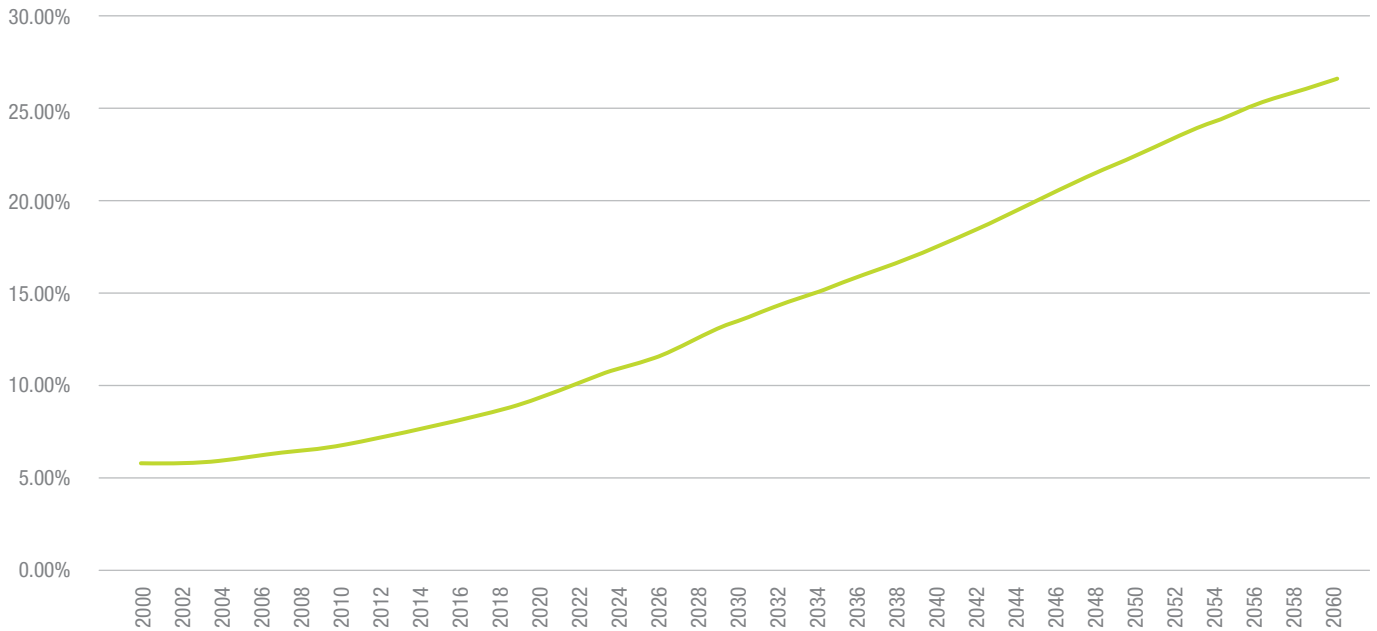


Source: SINHA/Anahp.



GRAPH 3

People aged 65 and older (% of the population) – Brazil

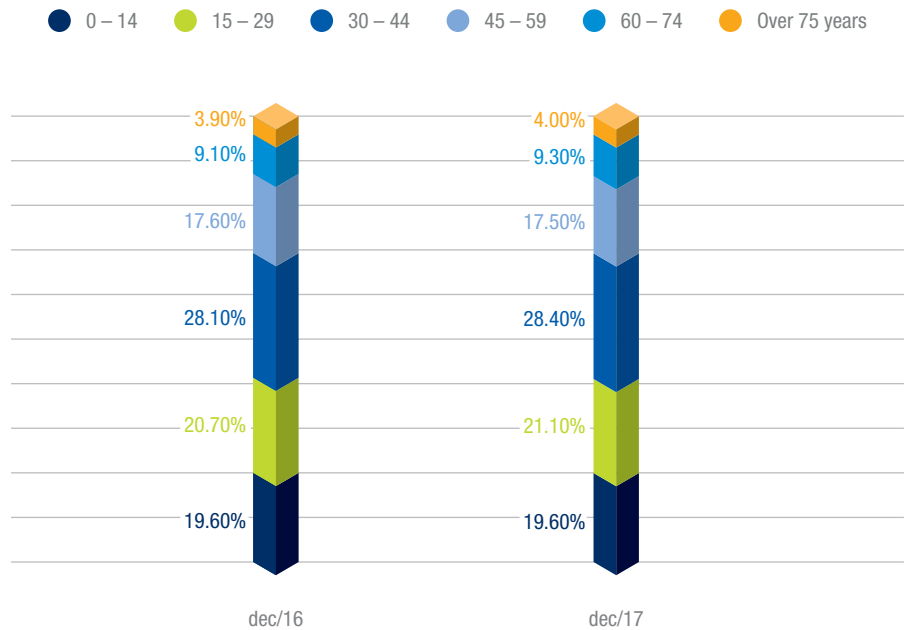


Source: IBGE- Population projection 2013.

The share of the group of patients aged 75 years or more was 12.1%. This may be explained not so much by population aging (Graph 3), but rather mainly by the interruption in the increase in the number patients in active age between 15 and 44 years (49.9% in 2016 to 49.5% in 2017), a reflex of the recession and the decrease in the number of health plan beneficiaries (Graph 4).

GRAPH 4

Distribution of beneficiaries according to age group – December 2016 and 2017



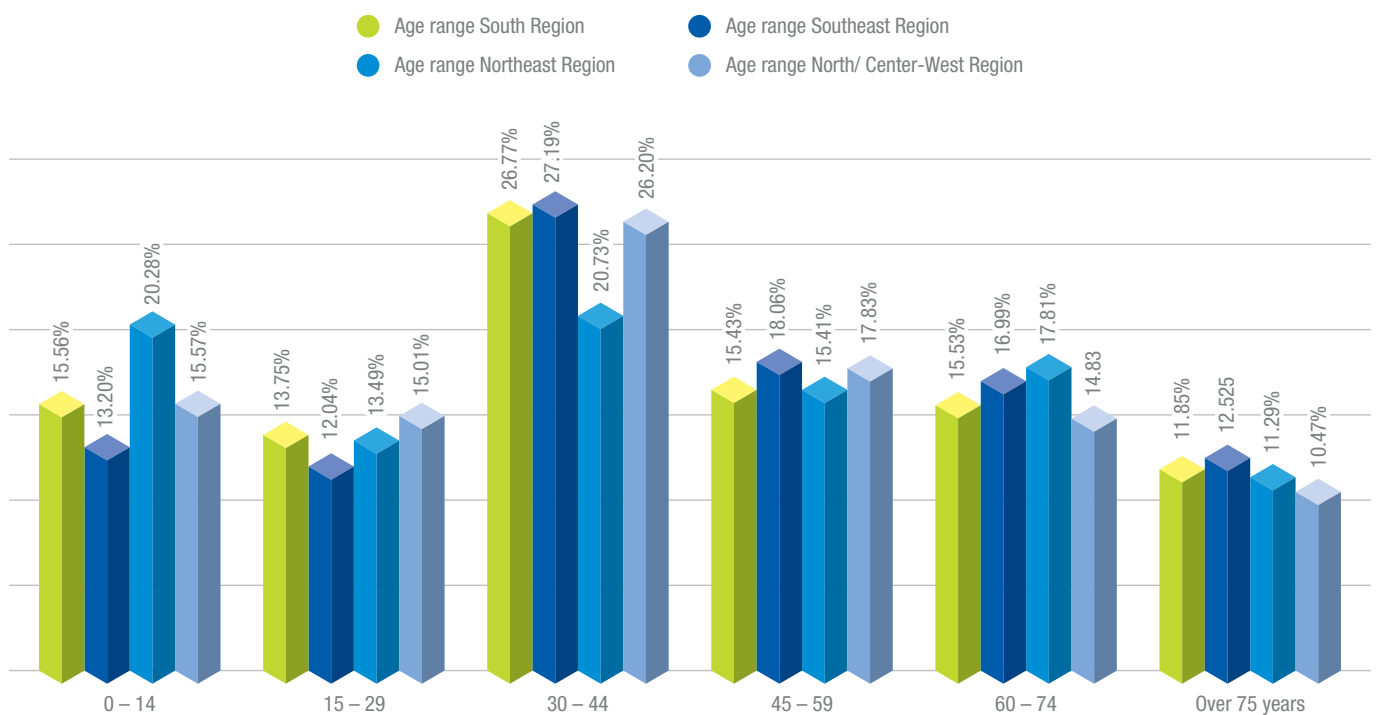
Source: ANS (on 09/Mar/2018). Does not include carriers of dental plans exclusively.

When we analyze discharge data per age group and region, it is possible to see that the region that provided care to the highest number of patients aged 75 years and older was the Southeast Region, while the region that provided care to the highest number of patients in the youngest age group (0 to 14 years) was the Northeast Region (Graph 5). This data is once again the reflex of the age composition of health plan beneficiaries. In the Southeast Region, 4.4% of the total of beneficiaries is aged 75 years and older, whereas in the Northeast Region, 21.7% of the total of beneficiaries is between 0 and 14 years of age (Graph 6).



GRAPH 5

Hospital discharges per age group (%) and region

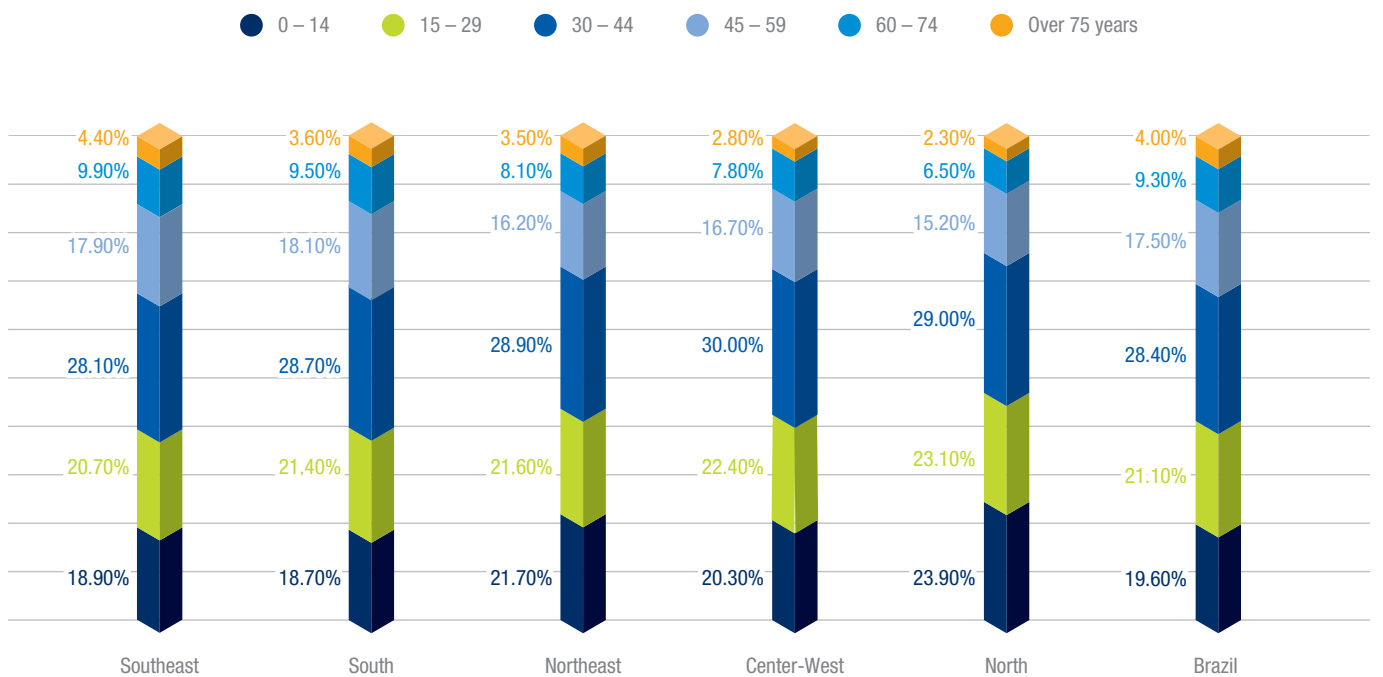


Source: SINHA/Anahp.



GRAPH 6

Distribution of beneficiaries according to age group and region



Source: ANS (on 09/Mar/2018). Does not include carriers of dental plans exclusively.

When correlating the main diagnosis to age group, it is possible to see the highest incidence of neoplasms among patients aged between 45 and 74 years. The diseases of the respiratory system

are most frequent in children and adolescents – 2.2% in the age group from 0 to 14 years of age – followed by the elderly – 1.4% in the age group older than 75 years. (Table 3).

TABLE 3

Hospital discharges according to main diagnosis grouped per chapter of the International Classification of Diseases (ICD 10<sup>th</sup> revision) and age group

ICD CHAPTER	2017						GRAND TOTAL
	0 TO 14	15 TO 29	30 TO 44	45 TO 59	60 TO 74	75 AND OLDER	
NEOPLASM	0.3%	0.6%	2.1%	2.9%	3.0%	1.4%	10.3%
GENITOURINARY	0.8%	1.5%	3.6%	2.4%	1.7%	1.2%	11.1%
DIGESTIVE	0.8%	1.2%	2.7%	2.4%	2.0%	1.0%	10.1%
PREGNANCY	0.1%	3.6%	6.8%	0.1%	0.0%	0.0%	10.6%
CIRCULATORY	0.1%	0.4%	1.5%	2.3%	2.9%	2.2%	9.4%
FACTORS	4.2%	0.7%	1.5%	1.0%	0.8%	0.5%	8.6%
RESPIRATORY	2.2%	1.0%	1.0%	0.6%	0.8%	1.4%	7.1%
SYMPTOMS	1.2%	1.1%	1.9%	1.5%	1.6%	1.5%	8.8%
MUSCULOSKELETAL	0.2%	0.5%	1.4%	1.6%	1.3%	0.5%	5.6%
INJURY AND POISONING	0.4%	0.9%	1.4%	1.1%	0.9%	0.8%	5.4%
INFECTIOUS DISEASES	0.4%	0.3%	0.3%	0.3%	0.4%	0.5%	2.2%
ENDOCRINE	0.1%	0.4%	0.9%	0.5%	0.3%	0.2%	2.4%
PERINATAL	2.2%	0.0%	0.1%	0.0%	0.0%	0.0%	2.3%
NERVOUS SYSTEM	0.2%	0.2%	0.4%	0.4%	0.3%	0.2%	1.7%
SKIN	0.2%	0.2%	0.3%	0.2%	0.2%	0.1%	1.1%
CONGENITAL	0.6%	0.1%	0.1%	0.1%	0.0%	0.0%	0.9%
BLOOD	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.5%
EAR	0.1%	0.0%	0.1%	0.1%	0.2%	0.1%	0.6%
EYES AND ADNEXA	0.0%	0.0%	0.1%	0.2%	0.3%	0.2%	0.7%
MENTAL	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.3%
NO INFORMATION	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
<b>TOTAL</b>	<b>14.4%</b>	<b>12.9%</b>	<b>26.1%</b>	<b>17.6%</b>	<b>16.9%</b>	<b>12.1%</b>	<b>100.0%</b>

Source: SINHA/Anahp.



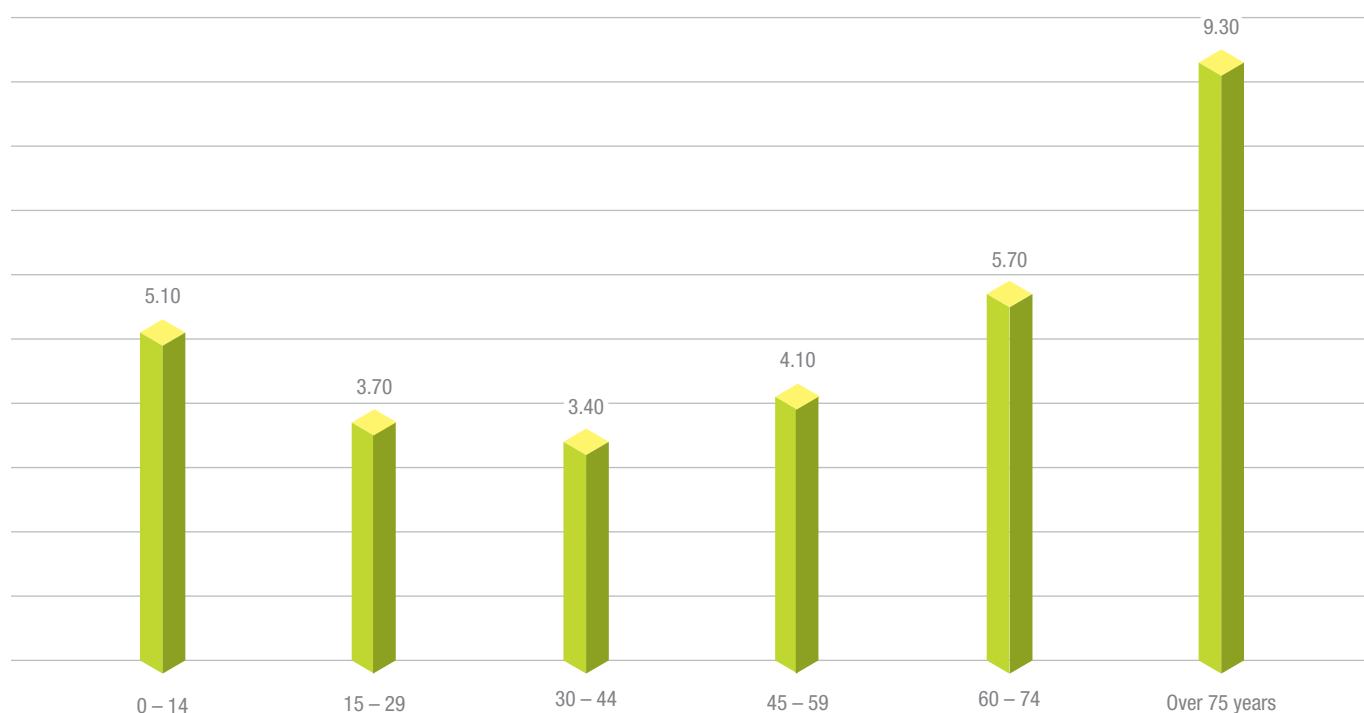
  
**Length of stay is higher for patients over the age of 60 years.**

With regard to the average length of stay per age group, we observed an indicator greater than the overall average for patients in age groups above 60 years (Graph 7). These

patients many times have several comorbidities, and they need to stay more days in hospital before they reach health stability.

GRAPH 7

Average length of stay per age group (days)



Source: SINHA/Anahp.

When we relate length of stay to discharge diagnosis, it is possible to identify that the most frequent diagnosis among Anahp's hospital has an average length of stay of 7.0 days (Diseases of the Genitourinary System). Other

prevalent conditions whose length of stay is greater than 7 days are digestive (10.2%), circulatory (9.07%), respiratory (7.1%), infectious (2.2%), and skin (1.2%) diseases, which together account for 40.9% of the total conditions

that received care in 2017. Infectious diseases (tuberculosis; viral hepatitis; bacterial, viral or fungal infections, among others) present the longest stays (average 12 days) (Table 4).

TABLE 4

Average length of stay per ICD chapter

ICD CHAPTER	2017		
	ALOS	TOTAL	%
GENITOURINARY	7.0	164,270	11.1
PREGNANCY	2.3	175,021	10.5
NEOPLASM	5.7	160,949	10.4
DIGESTIVE	8.2	166,641	10.2
CIRCULATORY	9.0	151,147	9.6
FACTORS	4.5	136,127	8.4
SYMPTOMS	6.3	112,412	8.6
RESPIRATORY	10.0	133,281	7.1
MUSCULOSKELETAL	4.0	88,222	5.6
INJURY AND POISONING	5.1	86,641	5.5
ENDOCRINE	4.6	34,941	2.4
PERINATAL	6.7	37,945	2.3
INFECTIOUS DISEASES	12.0	36,364	2.2
NERVOUS SYSTEM	6.5	28,142	1.8
SKIN	7.6	18,182	1.2
CONGENITAL	3.9	14,387	0.9
EYES AND ADNEXA	1.1	7,747	0.7
EAR	1.9	9,961	0.6
BLOOD	5.6	10,909	0.5
MENTAL	6.1	5,217	0.3
NO INFORMATION	1.8	2,372	0.1
<b>TOTAL</b>		<b>1,581,036</b>	<b>100.0</b>

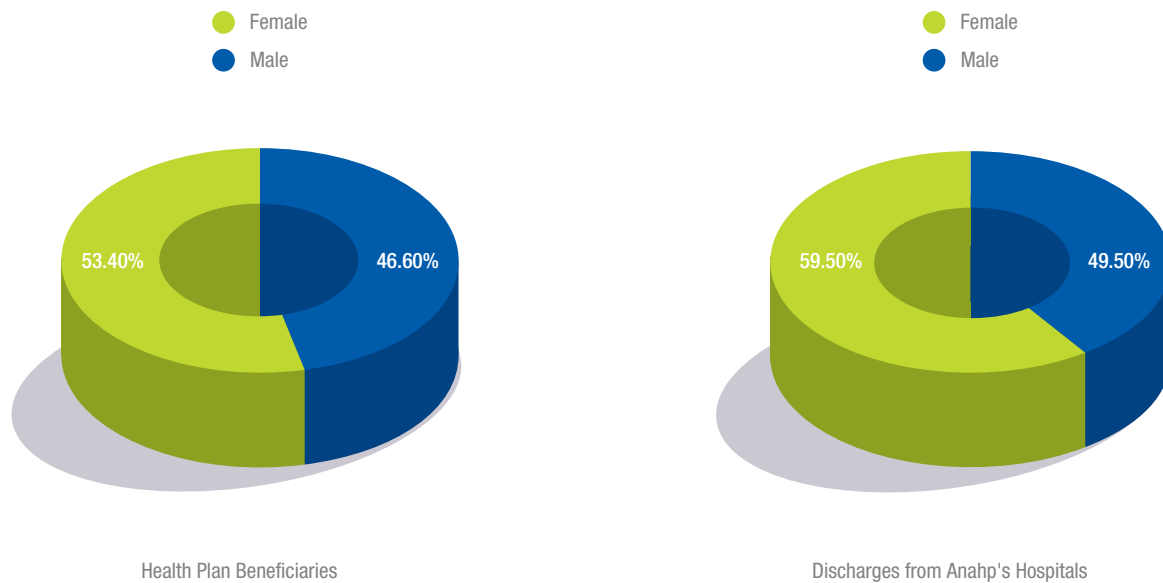
Source: SINHA/Anahp.



Genetically, some diseases only affect women or men, for example, a diagnosis of pregnancy can only be attributed to women, just as any pathology related to the prostate can only be diagnosed in men. In that regard, the tables and graphs below show if it is possible to correlate the frequency of some pathology to the gender of the patient. Among Anahp's hospitals, 59.5% of the total of discharges were for women, and 40.5% were men, a fact that confirms the high percentage of discharges with the diagnosis of pregnancy (10.5% of the total). Among health plan beneficiaries, 53.4% were women, whereas 46.6% were men in 2017 (Graph 8).

GRAPH 8

Comparison of patient distribution per gender, among hospital discharges in Anahp's hospitals and health plan beneficiaries



Source: ANS (on 05/04/2018). Does not include carriers of dental plans exclusively. SINHA/Anahp.

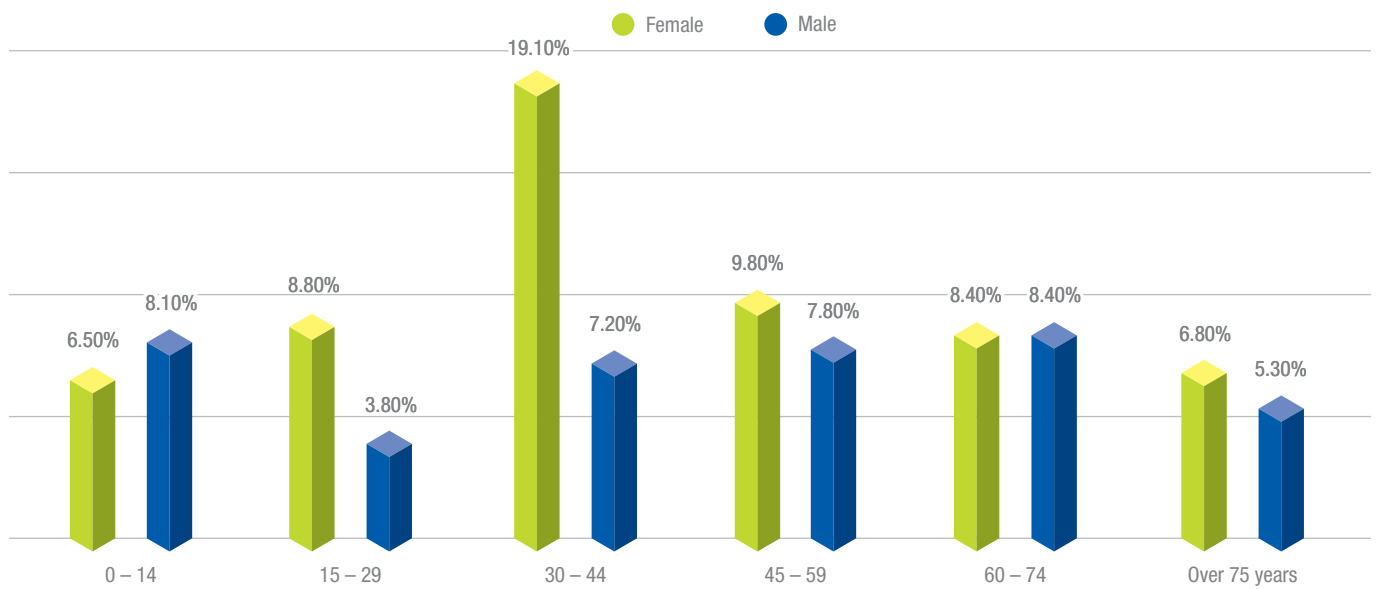
There is a predominance of discharges classified in the age group from 30 to 44 years, about 26.3% of the total of discharges.

If we classify by gender, 19.1% are women in the same age group (Graph 9). Males are predominant among 0

and 14 years of age and, in this age group, they represent 8.1%, against 6.5% females.

GRAPH 9

Hospital discharges according to gender and age group



Source: SINHA/Anahp.





It is also important to observe the outcomes: in 86.0% of the cases, patients received medical discharge with improvement. Administrative

discharges (evasion, external transfer and at the patient's request) accounted for 5.3%, whereas 8.7% of the total of discharges were due to death.

The highest incidence of negative outcomes was among discharges classified as neoplasms, accounting for 55.2% of the total of deaths.

TABLE 5

Types of hospital discharge per chapter of the International Classification of Diseases (ICD 10<sup>th</sup> revision)

ICD CHAPTER	2017			
	DISCHARGE-DEATH	DISCHARGE-IMPROVEMENT	ADMINISTRATIVE DISCHARGE	GRAND TOTAL
GENITOURINARY	0.4%	9.6%	0.6%	10.6%
PREGNANCY	0.0%	11.5%	0.2%	11.6%
NEOPLASM	4.9%	7.3%	0.8%	13.0%
DIGESTIVE	0.3%	9.0%	0.5%	9.8%
CIRCULATORY	0.6%	7.3%	0.5%	8.4%
FACTORS	0.2%	5.7%	0.6%	6.5%
SYMPTOMS	0.8%	8.7%	0.4%	10.0%
RESPIRATORY	0.5%	6.6%	0.4%	7.5%
MUSCULOSKELETAL	0.0%	4.7%	0.2%	5.0%
INJURY AND POISONING	0.1%	4.6%	0.3%	5.0%
ENDOCRINE	0.1%	1.9%	0.1%	2.1%
PERINATAL	0.1%	1.9%	0.2%	2.1%
INFECTIOUS DISEASES	0.4%	1.9%	0.1%	2.4%
NERVOUS SYSTEM	0.1%	1.7%	0.1%	1.9%
SKIN	0.0%	1.1%	0.1%	1.2%
CONGENITAL	0.1%	0.8%	0.1%	1.0%
EYES AND ADNEXA	0.0%	0.3%	0.0%	0.3%
EAR	0.0%	0.5%	0.1%	0.6%
BLOOD	0.0%	0.4%	0.0%	0.5%
MENTAL	0.0%	0.4%	0.0%	0.4%
NO INFORMATION	0.0%	0.1%	0.0%	0.2%
<b>TOTAL</b>	<b>8.7%</b>	<b>86.0%</b>	<b>5.3%</b>	<b>100.0%</b>


Source: SINHA/Anahp.

The highest incidence of hospital discharges occurred in the chapter of diseases of the genitourinary system,

and only 0.4% of these discharges had a negative outcome (death). Hospital discharges classified as pregnancy

were 11.6% of the total of discharges, and 11.5% of the discharges were due to patient improvement.



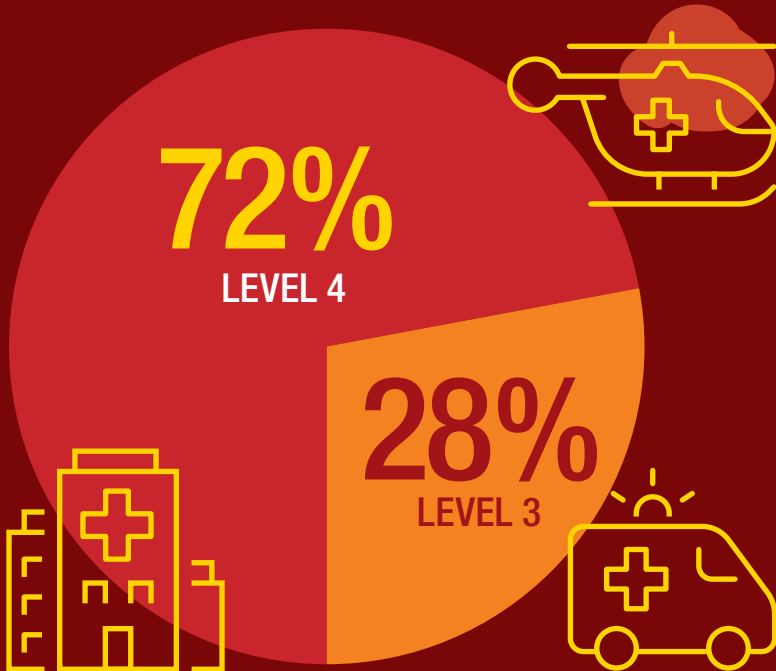


# CLINICAL PERFORMANCE

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

# Executive Summary

## ANAHP MEMBERS ARE HIGH COMPLEXITY HOSPITALS:



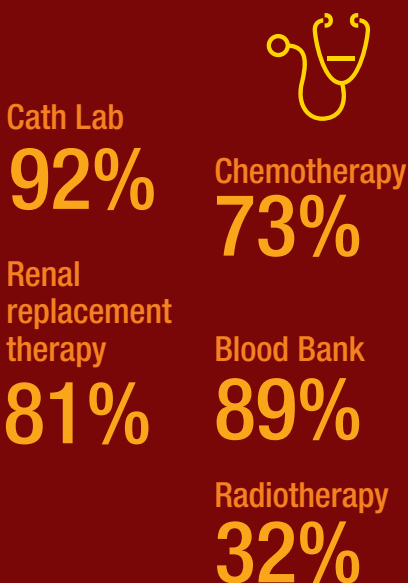
## GENERAL OPERATIONAL OCCUPANCY RATE

### Tendency of reducing

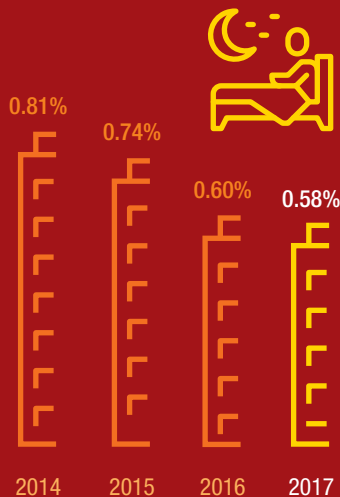


Source: SINHA/Anahp

## DIAGNOSTIC AND THERAPY SUPPORT 2017

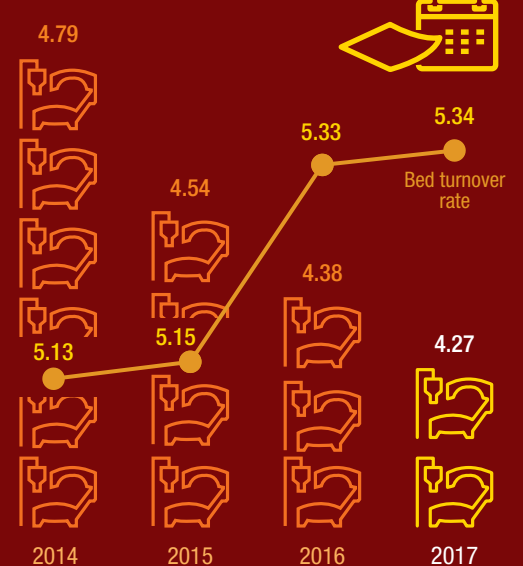


## DECREASING RATE OF RESIDENT PATIENTS (>90 days)



Source: SINHA/Anahp

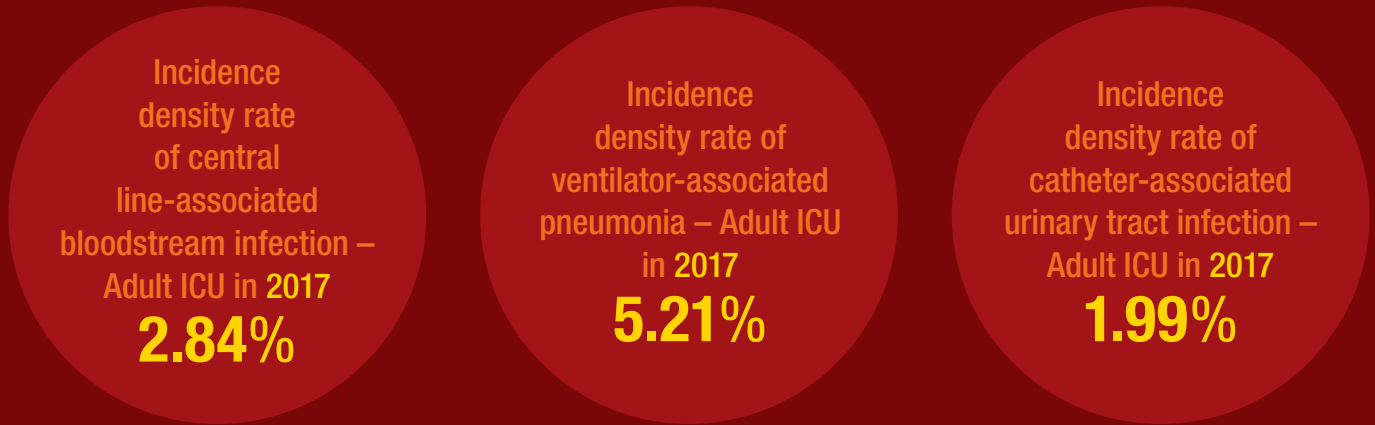
## TENDENCY OF REDUCING THE MEAN LENGTH OF STAY, WITH INCREASE IN BED TURNOVER



Source: SINHA/Anahp

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

## CLINICAL CARE QUALITY AND SAFETY INDICATORS



Incidence density rate of falls in patients aged 18 years and older in 2017 **0.99%**



Incidence density rate of hospital-acquired pressure ulcer in patients aged 18 years and older in 2017 **0.85%**



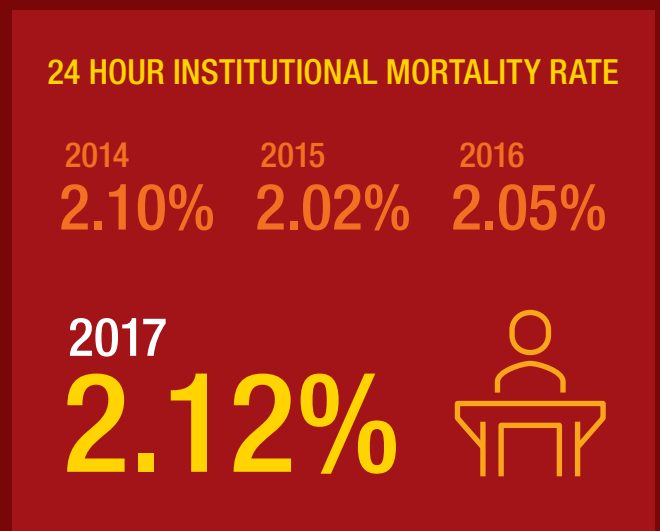
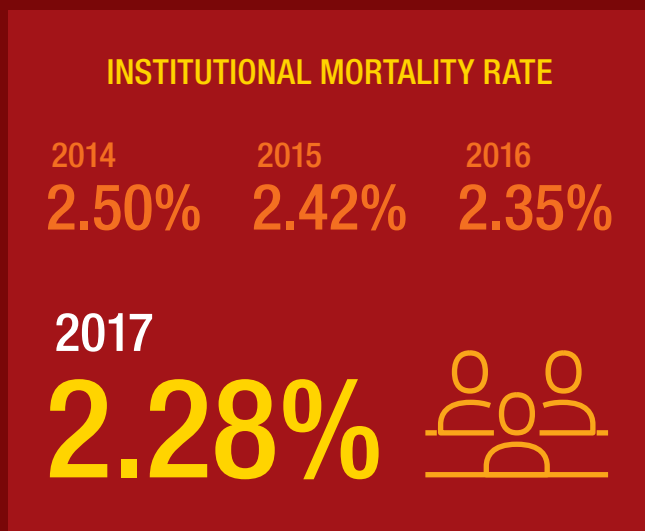
Surgical site infection in clean surgery in 2017 **0.46%**



## INSTITUTIONAL PROTOCOLS

Selected Pathologies	Indicators	2017 (AVERAGE ANAHP HOSPITALS)		Parameters
		2017	Target	
Acute myocardial infarction	Door-to-balloon Median time (minutes)	<b>72.90</b>	<b>90</b>	American Heart Association
	Door-to-report Median time (minutes)	<b>35.68</b>	<b>45</b>	American Stroke Association
Ischemic stroke	Door-to-Needle Median time (minutes)	<b>32.34</b>	<b>60</b>	American Stroke Association

Source: SINHA/Anahp



Source: SINHA/Anahp

# Operational Management

The occupancy rate has experienced decrease over recent years, but the reduction in mean length of stay of patients has increased the bed turnover



*The results suggest that in view of the decrease in demand (reduction of the number of healthcare plan beneficiaries) private hospitals have been focusing on increasing productivity*

Since 2007, Anahp has gathered indicators related to clinical performance to assess efficiency of operational bed management and the results of surgical activities – productivity and clinical effectiveness.

For the past four years, we have observed decrease in occupancy rates and mean length of stay, plus increase in bed turnover. There has also been decrease in number of resident patients and organizational mortality which results from the adoption of best practices by the organizations.

In 2017, 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.

## Operational Indicators

The analyses below show the progression of general operational management indicators followed by the evolution of sector indicators,

distributed by critical care, general ICU, Step-Down Unit, Pediatric ICU and Neonatal ICU. Operational management indicators

for SINHA were calculated based on the data of 101 respondent hospitals in 2017.

TABLE 1

Annual summary of operational indicators

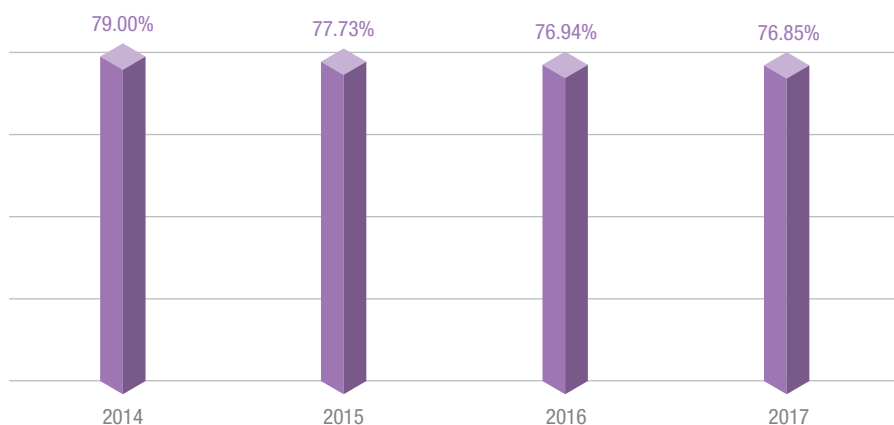
INDICATOR	2014	2015	2016	2017
OCCUPANCY RATE	79.00%	77.73%	76.94%	76.85%
NUMBER OF HEALTH PLAN BENEFICIARIES	50,392,150	49,172,488	47,586,547	47,304,945
MEAN LENGTH OF STAY	4.79	4.54	4.38	4.27
TURNOVER RATE	5.13	5.15	5.33	5.34
REPLACEMENT INTERVAL RATE	1.27	1.33	1.34	1.32
HOSPITAL ADMISSION FROM THE EMERGENCY DE-PARTMENT (correlation with total number of ED visits)	5.61%	6.62%	6.93%	8.15%
HOSPITAL ADMISSION FROM THE EMERGENCY DE-PARTMENT (correlation with total number of hospital discharges)	35.22%	39.55%	40.94%	41.93%
INSTITUTIONAL MORTALITY RATE	2.50%	2.42%	2.35%	2.28%
24H INSTITUTIONAL MORTALITY RATE	2.10%	2.02%	2.05%	2.12%
RATE OF RESIDENT PATIENTS AT THE HOSPITAL (> 90 DAYS)	0.81%	0.74%	0.60%	0.58%

Source: SINHA/Anahp.

In 2017, the mean occupancy rate was 76.85%, stable over 2016 and showing 2.15 percentage points drop compared to 2014.

GRAPH 1

Rate of general operational occupancy



Source: SINHA/Anahp.



Since 2014, as a result of the **decrease in number of beneficiaries**, there has been **decrease in hospital occupancy**.



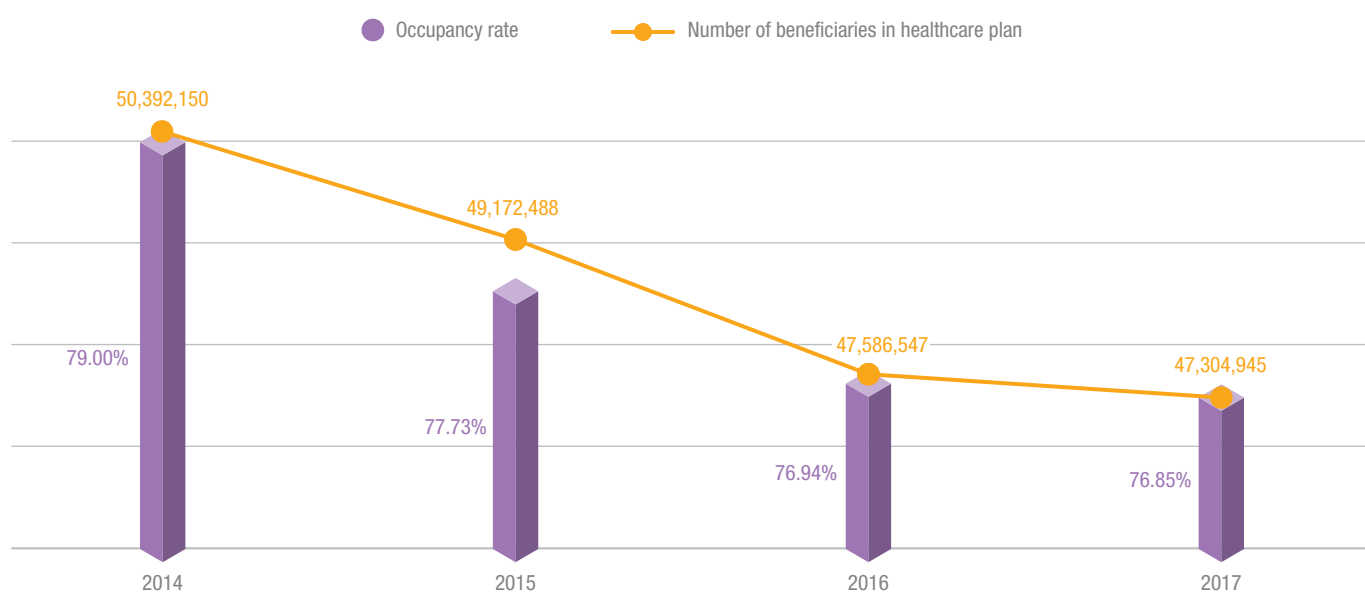


For the past years, as a result of the strong increase in beneficiaries of healthcare plans, the hospitals had shown elevation of occupancy rates. However, since 2014, as a result of the

decrease in number of beneficiaries, there has been decrease in patient-day and hospital occupancy, numbers that have remained relatively stable for the past two years.

GRAPH 2

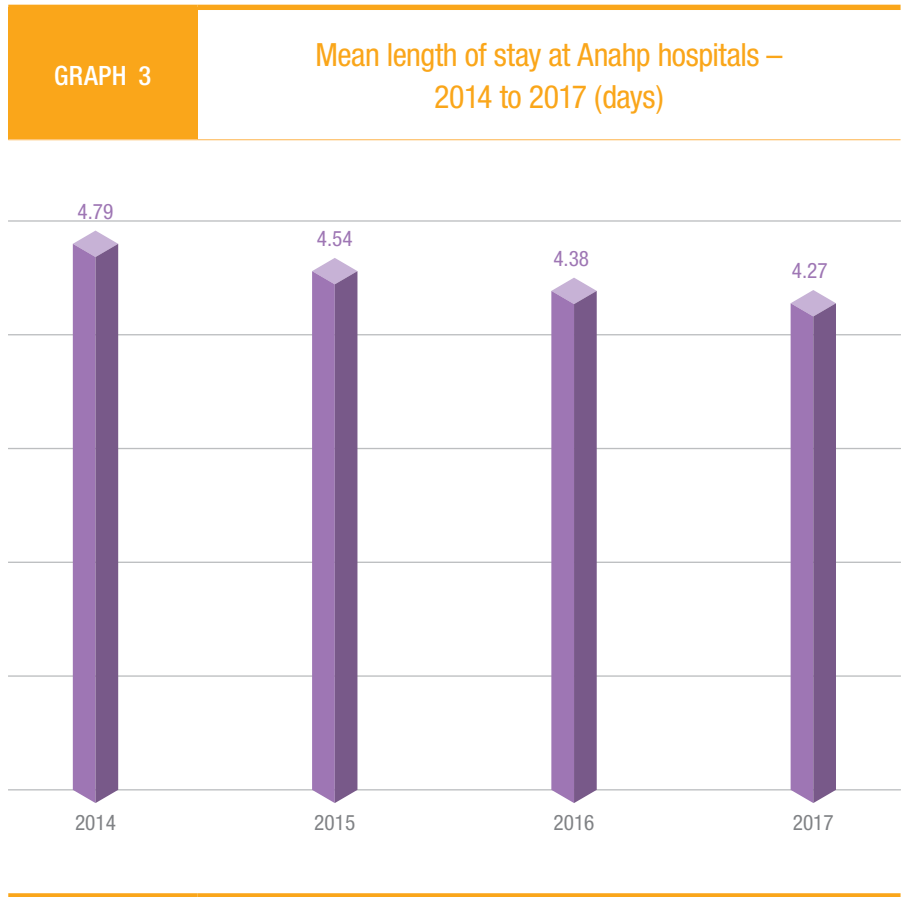
General operational occupancy rate vs. number of beneficiaries in healthcare plans



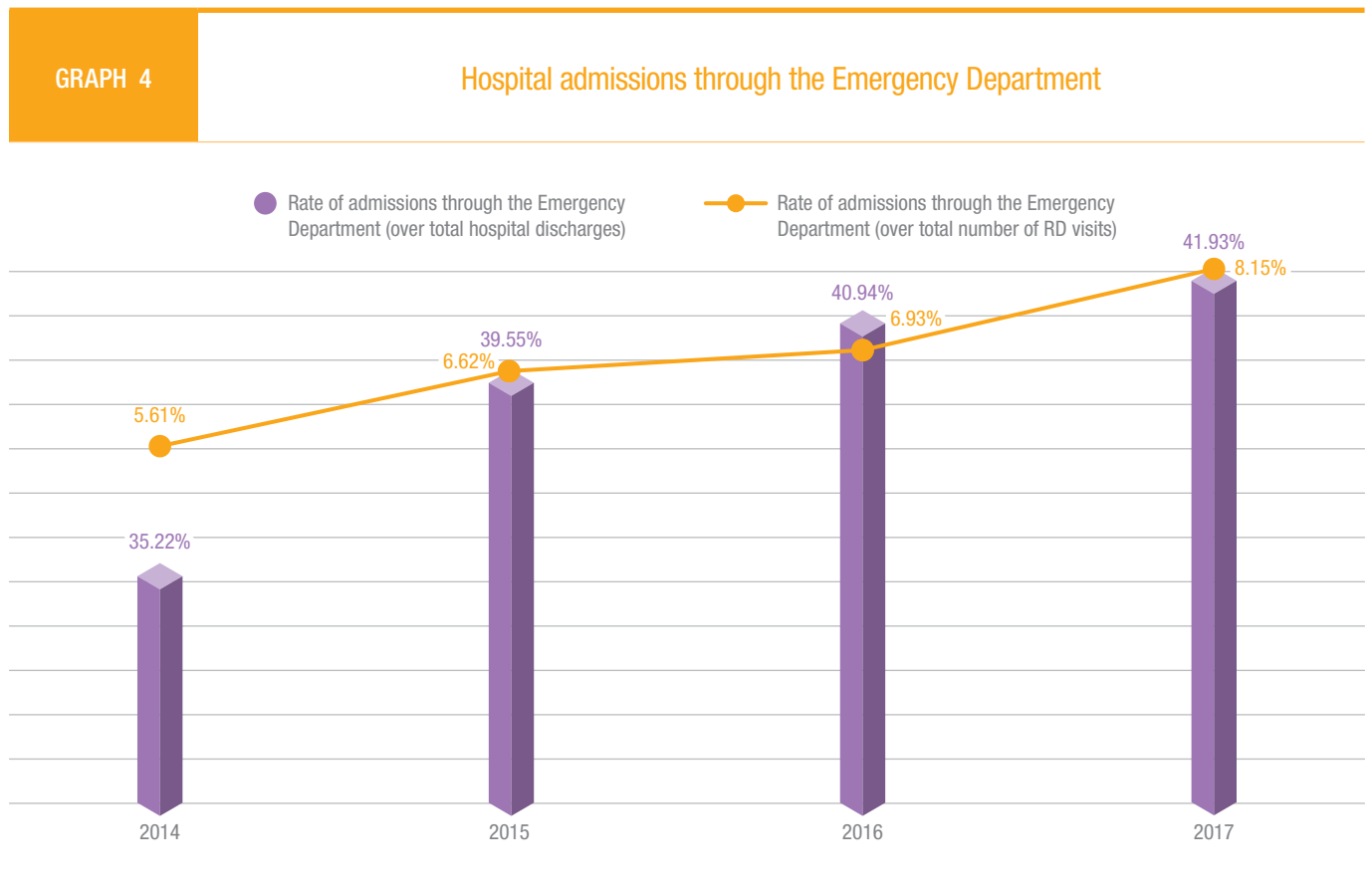
Source: Information from SINHA/Anahp and ANS.

The general mean length of stay kept the same decreasing trend, going from 4.79 in 2014 to 4.27 in 2017 (Graph 3).

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. The weight of admissions through the Emergency Department over total hospital discharges has shown increasing trend, going from 35.22% in 2014 to 41.93% in 2017. This trend is confirmed by the analysis of total admissions through the Emergency Department over the total number of Emergency Department visits, which went up from 5.61% in 2014 to 8.15% in 2017. (Graph 4).



Source: SINHA/Anahp.



Source: SINHA/Anahp.

GRAPH 5

Mortality rate



Source: SINHA/Anahp.

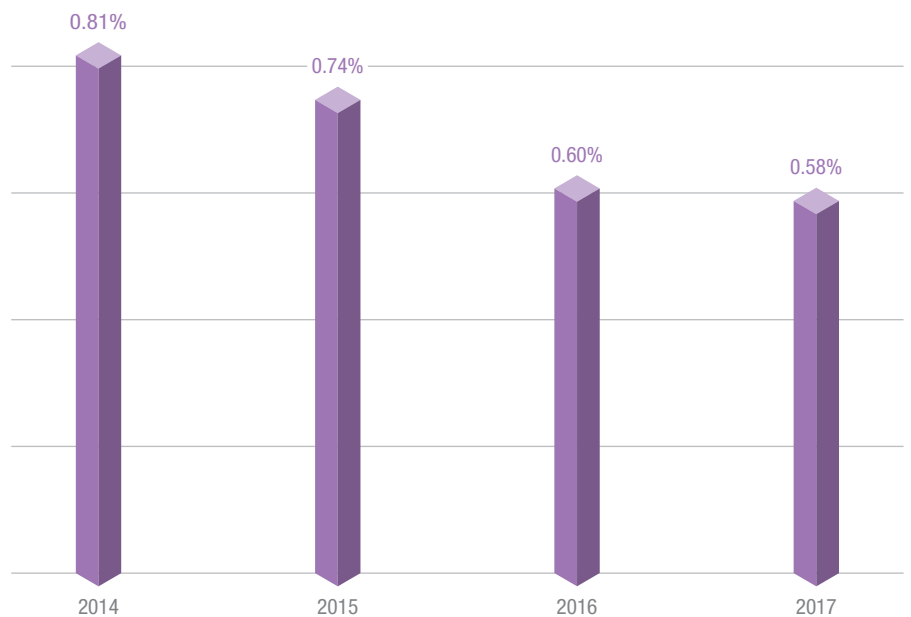
The turnover rate, which measures the number of admissions on each bed during a given period, was on average 5.34 times in 2017.

The bed turnover interval, which measures the average time a bed remains free between the patient's discharge and the admission of a new patient, was 1.32 days.

Mortality rates have remained stable in recent years, confirming the dissemination of best practices and the barriers for quality improvement promoted by Anahp. The rate of resident patients has shown decline since 2014, but has remained stable in the past two years (Graphs 5 and 6).

GRAPH 6

Resident patients (>90 days)



Source: SINHA/Anahp.

## Occupancy rate Brazil 2017 (Anahp Hospitals)



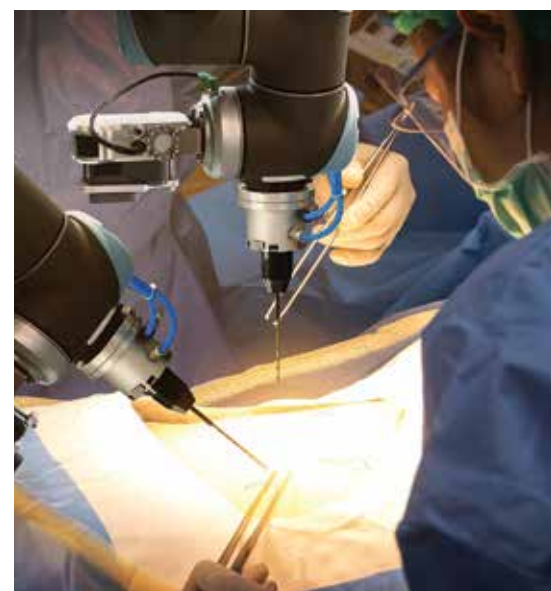
Table 2 shows the concentration of healthcare plan beneficiaries in the Southeast region, in which occupancy rate is higher, reaching 79.09%.

In the south region, the mean length of stay was 3.71 days in 2017, leading to the highest bed turnover rate in the country (5.68).

Source: SINHA/Anahp.

INDICATOR	2017				
	BRAZIL	SOUTH	SOUTHEAST	NORTHEAST	NORTH AND CENTER-WEST
OCCUPANCY RATE	76.85%	76.10%	79.09%	73.06%	76.63%
NUMBER OF HEALTH PLAN BENEFICIARIES	47,304,945	6,977,093	28,922,202	6,549,288	4,750,293
MEAN LENGTH OF STAY	4.27	3.71	4.23	4.51	3.42
TURNOVER RATE	5.34	5.68	5.40	4.76	5.58
REPLACEMENT INTERVAL RATE	1.32	1.19	1.21	1.41	1.19
HOSPITAL ADMISSION FROM THE EMERGENCY DEPARTMENT (correlation with total number of ED visits)	8.15%	7.68%	6.93%	7.85%	5.13%
HOSPITAL ADMISSION FROM THE EMERGENCY DEPARTMENT (correlation with total number of hospital discharges)	41.93%	39.29%	41.66%	45.65%	43.97%
INSTITUTIONAL MORTALITY RATE	2.28%	2.66%	1.97%	2.59%	2.17%
24H INSTITUTIONAL MORTALITY RATE	2.12%	2.49%	1.83%	2.44%	2.02%
RATE OF RESIDENT PATIENTS AT THE HOSPITAL (> 90 DAYS)	0.58%	0.30%	0.46%	0.45%	0.28%

Source: 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 a consequence, Anahp hospitals are considered to be

reference organizations in surgical procedures, which partly explains the significant increase in rate of surgeries per patient and the fact that about 55.59% of the patients may undergo a surgical procedure during hospital stay (Table 3).

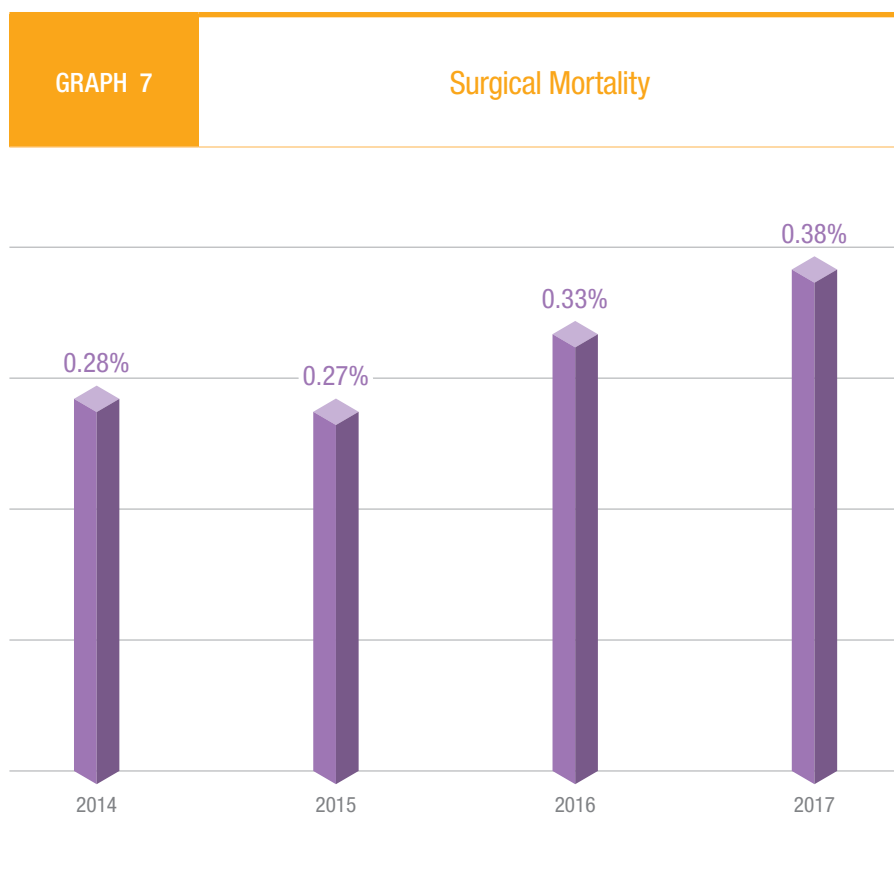
TABLE 3

Operational indicators  
(surgical patients)

INDICATOR	2014	2015	2016	2017
N OF PATIENTS UNDERGOING SURGICAL PROCEDURES	*	*	*	55.59%
RATE OF SURGERY PER PATIENT	1.32	1.32	1.38	1.46
SURGICAL MORTALITY RATE	0.28%	0.27%	0.33%	0.38%
RATE OF SURGICAL MORTALITY ACCORDING TO ASA 1 AND 2	0.08%	0.06%	0.06%	0.58%
RATE OF SURGICAL MORTALITY ACCORDING TO ASA 3 AND 4	2.01%	2.05%	2.45%	2.73%
RATE OF SURGICAL MORTALITY ACCORDING TO ASA 5 AND 6	17.66%	24.03%	19.96%	10.22%

Source: SINHA/Anahp.  
\* Indicator measured as of 2017.

The surgical mortality rate went up from 0.28 in 2014 to 0.38 in 2017 (Graph 7).



Source: SINHA/Anahp.

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 of the past three years have shown stability in group ASA 1 and 2 and in group ASA 3 and 4. In group ASA 5 and 6, the highest risk group, there has been decrease in mortality compared to previous years.

## Operational Indicators – Intensive Care Units

The Adult Intensive Care Unit has shown slight increase in mean occupancy rate in 2017 compared

to the previous year. The remaining indicators analyzed for the ICU have shown stable performance.

**TABLE 4** Operational indicators – Adult ICU

INDICATOR	2014	2015	2016	2017
OCCUPANCY RATE ADULT ICU	78.90%	80.74%	79.66%	79.82%
MEAN LENGTH OF STAY – ADULT ICU	5.19	5.12	5.25	5.51
TURNOVER RATE – ADULT ICU	4.87	4.91	4.79	4.46
TURNOVER INTERVAL – ADULT ICU	1.45	1.32	1.55	1.58

Source: SINHA/Anahp.

The Step-Down Unit has shown occupancy rate higher than the

previous year, which can be explained by the increase in mean length of stay.

TABLE 5		Operational indicators – Step-Down Unit			
INDICATOR	2014	2015	2016	2017	
OCCUPANCY RATE STEP-DOWN UNIT	83.30%	84.77%	82.21%	85.17%	
MEAN LENGTH OF STAY STEP-DOWN UNIT	6.78	6.15	6.35	7.24	
TURNOVER RATE – STEP-DOWN UNIT	4.15	4.02	4.05	3.93	
BED TURNOVER INTERVAL – STEP-DOWN UNIT	1.31	1.18	1.66	1.09	

Source: SINHA/Anahp.

The occupancy rate in Neonatal ICU went up from 68.70% in 2016 to

75.59% in 2017. The mean length of stay showed decreasing trend, going

from 14.02 days in 2016 to 13.23 days in 2017.

TABLE 6		Operational indicators – Neonatal ICU			
INDICATOR	2014	2015	2016	2017	
OCCUPANCY RATE NEONATAL ICU	77.94%	76.31%	68.70%	75.59%	
MEAN LENGTH OF STAY – NEONATAL ICU	13.16	13.76	14.02	13.23	
TURNOVER RATE – NEONATAL ICU	1.77	1.72	1.58	1.71	
BED TURNOVER INTERVAL – NEONATAL ICU	3.77	4.35	6.66	5.49	

Source: SINHA/Anahp.

The occupancy rate of pediatric ICU has remained stable compared to 2016.

TABLE 7		Operational indicators – Pediatric ICU			
INDICATOR	2014	2015	2016	2017	
OCCUPANCY RATE – PEDIATRIC ICU	72.14%	70.82%	71.47%	72.96%	
MEAN LENGTH OF STAY – PEDIATRIC ICU	6.79	7.65	7.37	7.59	
TURNOVER RATE – PEDIATRIC ICU	3.39	3.00	3.09	3.12	
BED TURNOVER INTERVAL – PEDIATRIC ICU	2.88	3.25	3.09	3.20	

Source: SINHA/Anahp.

In 2017, Anahp hospitals identified the need to measure more specific indicators on maternity/ neonatal care. See below these indicators. In following years, we will expand this analysis to achieve a comparable dataset.



In 2017, Anahp hospitals performed almost **180,000 deliveries.**

TABLE 8

Operational indicators –  
Maternity/ Neonatal

INDICATOR	2014	2015	2016	2017
OCCUPANCY RATE – MATERNITY	75.49%	75.39%	69.43%	72.04%
MEAN LENGTH OF STAY – MATERNITY	2.40	2.46	2.34	2.25
TURNOVER RATE – MATERNITY	9.15	9.07	8.44	8.99
BED TURNOVER INTERVAL – MATERNITY	0.82	0.87	1.12	0.94

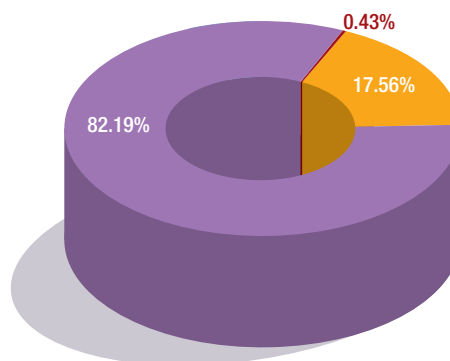
Source: SINHA/Anahp.

In 2017, the occupancy rate and the mean length of stay of the maternity showed increasing trend when compared to the previous year. Among Anahp hospital, there were over 179,000 deliveries performed in 2017. Out of the total, about 82.19% were C-sections.

GRAPH 8

Delivery profile

● Rate of C-section delivery ● Rate of delivery with instruments ● Rate of vaginal delivery



Source: SINHA/Anahp.





TABLE 9

Maternity/ Neonatal Indicators

INDICATOR	2017
RATE OF C-SECTION	82.19%
RATE OF DELIVERY WITH INSTRUMENTS	0.43%
RATE OF VAGINAL DELIVERY	17.56%
NEONATAL UP TO 27 DAYS (EVERY 1,000 LIVE BIRTHS)	2.56
MATERNAL MORTALITY NB (EVERY 100,000 WOMEN)	25.86

Source: SINHA/Anahp.

Maternal death, according to the 10<sup>th</sup> Disease Classification Manual (ICD 10) is “death of a woman during pregnancy or up to 42 days after end of gestation, regardless of the duration or location of the pregnancy, caused

by anything related to or worsened by pregnancy or measures related to it, but not caused by accidents or incidents.” Data from DataSUS<sup>1</sup> 2011 showed that this ratio was 64.80, whereas for Anahp hospitals the ratio

was 25.86 in 2017. Late neonatal mortality, when the newborn dies between 7 and 27 days of life, was 2.56 to each 1,000 live births. DataSUS<sup>2</sup> data show a higher number of about 3.5 to each 1,000 live births.

1. Available on: <http://tabnet.datasus.gov.br/tabdata/LivroIDB/2edrev/c03.pdf>  
 2. Available on: <http://tabnet.datasus.gov.br/tabdata/livroidb/2ed/CapituloC.pdf>

# Quality and safety of care

Excellence hospitals use good national and international practices and have good clinical and operational performance.





*Anahp's hospitals invest continuously in certification processes. The effectiveness of programs is evidenced by improvements in the results of quality indicators*

For many years, Anahp and its members have been seeking to improve continuously the quality of care and to change hospitals into a safer environment.

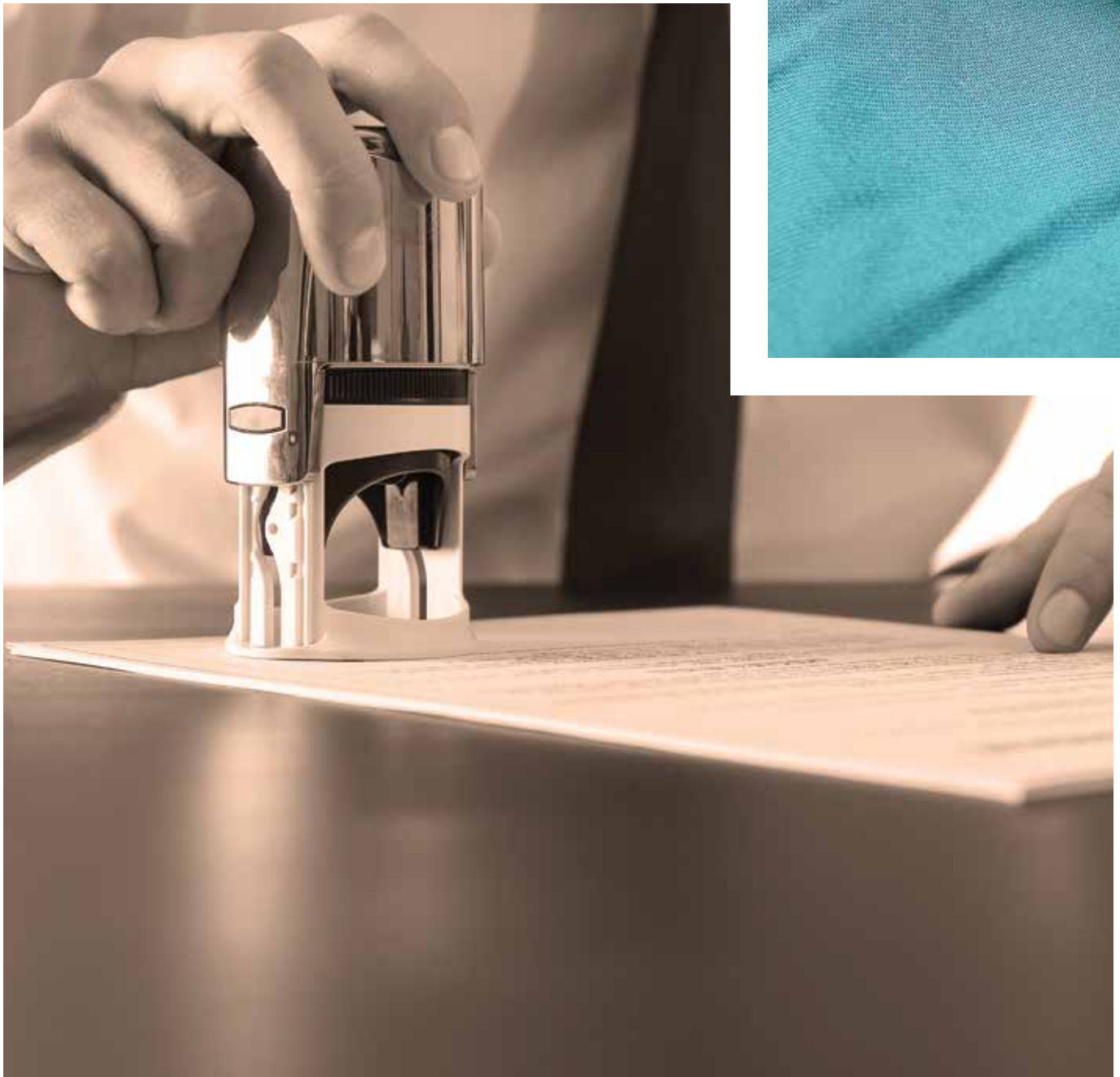
The pursuit for transparency in processes and patient safety were themes that guided the industry's discussions and concerns in 2017. Similar to institutional protocols, safety indicators have undergone extensive review and changes based on the national literature, like that published by ANVISA – Health Regulation Agency, and international literature, like that published by the JCI – Joint Commission International. Some indicators, therefore, will not be comparable to previous years.

Anahp's hospitals worked to prevent pressure ulcers, to make medication prescription safe, to enhance barriers for safer surgeries, and to prevent falls.

## Safety Indicators

The patient safety system has the goal of seeking to reduce patient harm as something strategic for the organization, aiming at both care improvement and operational efficiency. With this goal, Anahp's hospitals seek external directions and assessments to organize internal processes and to learn best practices. Over recent years, many hospitals

affiliated to Anahp have won more than one certification, both for hospitals and clinical care programs. Hospitals may be accredited by one or more accreditation model, namely, national – National Accreditation Organization (ONA) – or international – Qmentum International Accreditation Program-Accreditation Canada, Joint Commission International (JCI), or





National Integrated Accreditation for Healthcare Organizations (NIAHO). In Private Health, it is possible to note several initiatives to improve quality and transparency. With that regard, a few years ago some initiatives emerged, like the Qualification Program for Service Providers (QUALISS) or Information Sharing in Supplemental Health (TISS). QUALISS, the program developed by the National Agency for Private Health (ANS) in partnership with representatives of health service providers, consumers, health carriers, education and research organizations, Anvisa and the Ministry of Health, aims to foster the qualification of service providers for private Health and to increase the availability of information for end consumers (patients). Patient safety is also an increasingly more important theme in Brazil. In 2013, the Ministry of Health launched the National Patient Safety Program with the aim of monitoring

and preventing harm in healthcare, to apply and inspect care rules and protocols that prevent failures in healthcare. The data assessed include prevention of pressure ulcers, prescription safety, medication management and use, safe surgery, and fall prevention. Some years ago, Anvisa started requiring the mandatory monitoring and reporting of data on healthcare-associated infections. In 2017, the Agency updated the criteria for the monitoring and handling of hospital materials with the aim of mitigating this type of harm to patients. In that sense, Anahp's hospitals worked very hard over the past year to adapt the specifications of the indicators proposed by SINHA (Anahp Integrated System of Hospital Indicators) to market requirements and, mainly, to the improvement of patient care. Below are the results obtained in the period under analysis (Table 1):

TABLE 1

### Central line associated blood stream infection

INDICATOR	2017
INCIDENCE DENSITY OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION – ADULT ICU (‰)	2.84
CENTRAL LINE UTILIZATION RATE – ADULT ICU (%)	49.56%
INCIDENCE DENSITY OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION – NEONATAL ICU (‰)	4.78
CENTRAL LINE UTILIZATION RATE – NEONATAL ICU (%)	29.20%
INCIDENCE DENSITY OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION – PEDIATRIC ICU (‰)	1.48
CENTRAL LINE UTILIZATION RATE – PEDIATRIC ICU (%)	46.47%
INCIDENCE DENSITY OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION – STEP-DOWN UNIT (‰)	1.52
CENTRAL LINE UTILIZATION RATE – STEP-DOWN UNIT (%)	36.48%

Observation: Due to the reformulation process of SINHA's indicators to include ANVISA's new 2017 criteria, some data do not have comparative history. Density: it measures the occurrence of new cases for a given disease in a given period in relation to the size of the population under observation in that period. It gives an idea of the severity or strength of the disease in a population. In Anahp's indicators, this population is 1,000 patients. Prevalence: it measures the proportion of people in a given population that present a specific disease or attribute, at a given point in time. Source: SINHA/Anahp.



The incidence density related to the use of **central lines** has contributed to **more appropriate indications, more timely removals, and more standardized handling** by nursing teams.

According to data of the Epidemiological Surveillance Center of the State of São Paulo (CVE), in 2016, the average incidence density of central line associated blood stream infections in critical units was 3.37 per 1,000 patients-day.

The incidence density related to the use of central lines has contributed to more appropriate indications, more timely removals, and more standardized handling by nursing teams. These integrated actions have allowed

an even more significant reduction in the incidence of infections associated with devices. Hospitals should increase their efforts to reduce the utilization of central lines, or limit the time patients stay with the device as, according to data by ANVISA – Health Regulation Agency, patient exposure time to invasive devices is the main risk factor for infections.

Another indicator monitored by Anahp's hospitals is the density of catheter-associated urinary tract infections.



TABLE 2

Urinary tract infection

INDICATOR	2017
INCIDENCE DENSITY OF CATHETER-ASSOCIATED URINARY TRACT INFECTION – ADULT ICU (‰)	1.99
UTILIZATION RATE OF INDWELLING URINARY CATHETER – ADULT ICU (%)	39.67%
INCIDENCE DENSITY OF CATHETER-ASSOCIATED URINARY TRACT INFECTION – PEDIATRIC ICU (‰)	0.78
UTILIZATION RATE OF INDWELLING URINARY CATHETER – PEDIATRIC ICU (%)	16.64%
INCIDENCE DENSITY OF CATHETER-ASSOCIATED URINARY TRACT INFECTION – STEP-DOWN UNIT (‰)	3.13
UTILIZATION RATE OF INDWELLING URINARY CATHETER – STEP-DOWN UNIT (%)	11.81%

Observation: Due to the reformulation process of SINHA's indicators to include ANVISA's new 2017 criteria, some data do not have comparative history.  
Source: SINHA/Anahp.



The assessment of these correlated indicators serves as the basis for each hospital, considering their own epidemiological features, to adopt preventive measures in order to reduce the incidence of infections. The literature recommends limiting to the minimally necessary the time hospitalized patients have a urinary catheter. The 2017's NHSN Standardized Infection Ratio Guide of the US Centers for Disease Control and Prevention (CDC)<sup>1</sup> shows that the average incidence density of catheter-associated urinary tract infections in critical care units was 2.38 per 1,000 patients. The prevalence of comorbidities and higher patient severity scores at admission increase the risk of device-associated hospital infections. In this manner, the quality provided in intensive care units is one of the key aspects in the management of hospital services. Ventilator-associated pneumonia is an infection associated with the use of this device for more than two days by intubated patients.

1. Available on: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

TABLE 3

Ventilator-associated pneumonia

INDICATOR	2017
INCIDENCE DENSITY OF VENTILATOR-ASSOCIATED PNEUMONIA – ADULT ICU (‰)	5.21
UTILIZATION RATE OF MECHANICAL VENTILATION – ADULT ICU (%)	24.04%
INCIDENCE DENSITY OF VENTILATOR-ASSOCIATED PNEUMONIA – NEONATAL ICU (‰)	1.22
UTILIZATION RATE OF MECHANICAL VENTILATION – NEONATAL ICU (%)	13.70%
INCIDENCE DENSITY OF VENTILATOR-ASSOCIATED PNEUMONIA – PEDIATRIC ICU (‰)	1.29
UTILIZATION RATE OF MECHANICAL VENTILATION – PEDIATRIC ICU (%)	26.58%
INCIDENCE DENSITY OF VENTILATOR-ASSOCIATED PNEUMONIA – STEP-DOWN UNIT (‰)	1.67
UTILIZATION RATE OF MECHANICAL VENTILATION – STEP-DOWN UNIT (%)	4.76%

Observation: Due to the reformulation process of SINHA's indicators to include ANVISA's new 2017 criteria, some data do not have comparative history.  
Source: SINHA/Anahp.

Reducing the risk of healthcare-associated infections and preventing complications for patients is a continuing improvement effort of organizations. In this manner, the actions in that direction have resulted in a faster return of patients to their activities, lower social cost, lower rate of disability, and better quality of life. These actions also contribute to a reduction in the risk of readmissions, which saves resources of the healthcare system.

Surgical site infections are infections associated with surgical procedures, with or without the placement of implants, in inpatients and outpatients.

Clean surgeries are the surgeries without signs of inflammation, without contact with the respiratory, alimentary, genital, and urinary tracts and, therefore, with a smaller likelihood of causing infections in patients.

According to data of the Epidemiological Surveillance Center of



São Paulo, the incidence of infections associated with clean surgeries may vary between 2% and 5% of the total of clean surgeries. The measurement of indicators related to this type of infection favors the identification of the correlation between prevention

actions implemented by the hospital staff, and their impact on the occurrence of these infections. Since 2017, following the new criteria of Anvisa and CVE, Anahp's hospitals started to measure data related to the clean surgeries below:

TABLE 4

Infections associated with clean surgeries

INDICATOR	2017
RATE OF SURGICAL SITE INFECTION AFTER CLEAN SURGERY (%)	0.46%
RATE OF SURGICAL SITE INFECTION AFTER APPENDECTOMY (%)	0.25%
RATE OF SURGICAL SITE INFECTION AFTER KNEE REPLACEMENT (%)	0.92%
RATE OF SURGICAL SITE INFECTION AFTER TOTAL HIP REPLACEMENT (%)	0.70%
RATE OF SURGICAL SITE INFECTION AFTER CHOLECYSTECTOMY (%)	0.10%
RATE OF SURGICAL SITE INFECTION AFTER COLECTOMY (%)	1.79%
RATE OF SURGICAL SITE INFECTION AFTER CRANIOTOMY (%)	2.57%
RATE OF SURGICAL SITE INFECTION AFTER HERNIORRHAPHY/ HERNIOPLASTY (%)	0.17%
RATE OF SURGICAL SITE INFECTION AFTER HYSTERECTOMY (%)	0.16%
RATE OF SURGICAL SITE INFECTION AFTER MASTECTOMY (%)	0.05%
RATE OF SURGICAL SITE INFECTION AFTER C-SECTION (%)	0.31%
RATE OF SURGICAL SITE INFECTION AFTER CABG (%)	3.41%

Observation: Due to the reformulation process of SINHA's indicators to include ANVISA's new 2017 criteria, some data do not have comparative history.  
Source: SINHA/Anahp.





Also related to patient safety in the surgical environment, Anahp's hospitals have been monitoring the side marking indicator, that is, the site of surgical interventions (right, left or both, for multiple structures) marked by the surgeon. In the analysis of this indicator, the higher the better, that is, the safer the surgeon will be at the time of the surgical procedure. Anahp even launched, in 2017, a Manual of Best Care Practices, with the Association's recommendations for safe and standardized practices in hospitals.

**TABLE 5** **Side marking**

INDICATOR	2017
RATE OF SIDE MARKING (%)	95.79%

*Observation: Due to the reformulation process of SINHA's indicators to include ANVISA's new 2017 criteria, some data do not have comparative history.  
Source: SINHA/Anahp.*

To assess the quality of nursing care and the practices adopted for the continuing improvement of care,

two indicators have been historically used: incidence density of pressure ulcers and incidence density of

falls. In 2017, after defining specific comparison criteria, these indicators had the results below:

**TABLE 6** **Falls**

INDICATOR	2017
INCIDENCE DENSITY OF FALLS IN PATIENTS AGED 18 AND OVER (‰)	0.99
INCIDENCE DENSITY OF FALLS THAT CAUSED INJURY IN PATIENTS AGED 18 AND OVER(‰)	0.20
PERCENTAGE OF FALLS THAT CAUSED MODERATE OR SEVERE INJURY (PATIENTS AGED 18 AND OVER) (%)	7.47%
INCIDENCE DENSITY OF FALLS IN PATIENTS YOUNGER THAN 18 YEARS (‰)	0.31
INCIDENCE DENSITY OF FALLS THAT CAUSED INJURY IN PATIENTS YOUNGER THAN 18 YEARS (‰)	0.06
PERCENTAGE OF FALLS THAT CAUSED MODERATE OR SEVERE INJURY (PATIENTS YOUNGER THAN 18 YEARS) (%)	10.00%

*Observation: Due to the reformulation process of SINHA's indicators to include ANVISA's new 2017 criteria, some data do not have comparative history.  
Source: SINHA/Anahp.*



Similar to institutional protocols, **safety indicators** have undergone **extensive review and adjustments** based on the national literature.



According to ANVISA's 2016 data, 5,892 cases of fall were reported by hospitals, number that may be underestimated due to underreporting of this event by multidisciplinary teams. In this manner, to analyze this indicator, we must take into account the assumption that the smaller the number of events occurred, that is, the

smaller the incidence, the better. Pressure ulcers are localized injuries on the skin and/or underlying soft tissues, usually over the patient's bone or associated with the use of a medical device or any other device. The injury occurs as the result of intense and/or prolonged pressure in combination with shear stress. Anahp's hospitals constantly

monitor the incidence and prevalence indicators of this adverse event, so that, together, they may find effective barriers to mitigate harm (Table 7). According to ANVISA's data, in 2016, 14.068 cases of pressure ulcer were reported in Brazil in inpatients units only, data that reinforces the importance of monitoring this indicator.

TABLE 7

Pressure ulcers

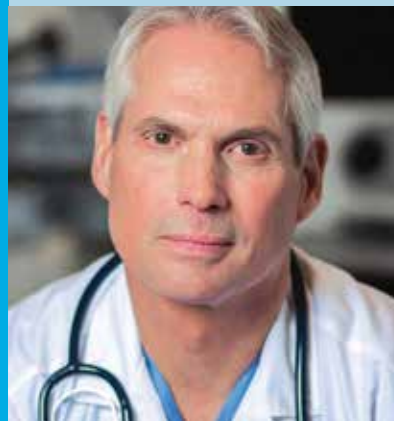
INDICATOR	2017
INCIDENCE DENSITY OF HOSPITAL ACQUIRED PRESSURE ULCERS IN PATIENTS AGED 18 AND OVER (‰)	0.85
INCIDENCE DENSITY OF HOSPITAL ACQUIRED PRESSURE ULCERS IN PATIENTS YOUNGER THAN 18 YEARS (‰)	0.10
PREVALENCE OF HOSPITAL ACQUIRED PRESSURE ULCERS IN PATIENTS AGED 18 AND OVER (‰)	0.73
PREVALENCE PER 100 PATIENTS YOUNGER THAN 18 YEARS (‰)	0.01

Observation: Due to the reformulation process of SINHA's indicators to include ANVISA's new 2017 criteria, some data do not have comparative history.  
Source: SINHA/Anahp.

# INOVANDO COM FOCO EM PACIENTES, MÉDICOS E HOSPITAIS

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Juntos, além

# Institutional protocols

The standardization process leads to good clinical and operational performance of Anahp hospitals.





*In 2017, Anahp hospitals started to monitor protocols under a new perspective. SINHA measured indicators were set based on new international practices*

Institutional protocols are instruments developed to standardize processes and guide professionals on how to provide care to a specific pathology. Moreover, they focus on reducing variability, that is, reaching more homogenous processes to enhance patient satisfaction, clinical safety and appropriate cost management.

In 2017, Anahp hospitals started to monitor these protocols under a new perspective. SINHA measured indicators were set based on new international practices.

Among the changes, we can include many criteria for patient sample extraction for the analysis. Indicators that measure time, for example, used to be assessed using the average. They are currently assessed based on median, excluding the impact of discrepant values.

## Acute myocardial infarction

Acute myocardial infarction, a cardiac muscle lesion caused by interruption of blood circulation in part of the heart, causes 7.2% mortality in the country (90,811 deaths), according to data from 2015 by DataSUS (SUS IT

Department, Category ICD 10-I21 acute myocardial infarction). In the same year, there were 1,264,175 deaths in Brazil.

Still according to DataSUS, the increase in the condition is related to risk factors such as imbalanced

and fat-rich diet, carbohydrates, salt and processed foods, use of alcohol, cigarettes and other drugs, recurrent stressful situations and sedentary life.

Table 1 below shows Anahp values and international references:

TABLE 1		Acute myocardial infarction protocol			
SELECTED PATHOLOGIES	INDICATORS	2017 (AVERAGE ANAHP HOSPITALS)	STANDARD DEVIATION	PARAMETERS	
ACUTE MYOCARDIAL INFARCTION	MEDIAN DOOR-TO-BALLOON TIME (MINUTES)	72.90	42.93	90	American Heart Association
	MEDIAN LENGTH OF STAY OF AMI PATIENTS (DAYS)	5.50	3.48	*	*
	MORTALITY OF AMI INPATIENTS (%)	4.79%	8.29%	*	*
	PRESCRIPTION OF ASPIRIN AT DISCHARGE FOR AMI INPATIENTS (%)	97.63%	6.44%	*	*

Source: SINHA/Anahp.



The indicator median door-to-balloon time – which measures the time between patient's arrival at the hospital door and opening of a coronary artery at the cath lab – was 72.90 minutes in 2017 among Anahp member hospitals. According to the American Heart Association, the international literature recommends maximum 90 minutes. It is worth mentioning that data were scattered for this indicator – the standard deviation was 42.93 minutes, which shows heterogeneity of the sample. The length of stay of patients with AMI was 5.50 days and mortality rate in the same sample was 4.79%. Aspirin prescription at discharge for patients with diagnosis of acute myocardial infarction was 97.63% in 2017.

## 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.

Data by the World Stroke Organization indicate that for each six subjects, one will have a stroke during his lifespan.

The incidence of stroke is associated with compliance rate with treatment of hypertension and intensive exposure to risk factors.

The risk factors include smoking, high glucose levels, alcohol abuse, sedentary life and obesity.

Thus, the initiatives directed to prevention, such as 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 patients are directly affected by fast and appropriate interventions.

The indicator door-to-report time – which is the median time from

patient's admission into the ED with suspicion of ischemic stroke to the report of the head imaging test to support diagnosis – was about 35.68 minutes in 2017. The international literature recommends less than 45 minutes (Table 2).



**Risk reduction**  
campaigns are essential to  
**reduce stroke incidence.**

TABLE 2

Ischemic stroke protocol

SELECTED PATHOLOGIES	INDICATORS	2017 (AVERAGE ANAHP HOSPITALS)	STANDARD DEVIATION	PARAMETERS
ISCHEMIC STROKE	MEDIAN DOOR-TO-REPORT TIME (MINUTES)	35.68	23.89	< 45 American Stroke Association
	MEDIAN DOOR-TO-NEEDLE TIME (MINUTES)	32.34	40.19	< 60 American Heart Association
	MEDIAN LENGTH OF STAY FOR ISCHEMIC STROKE (DAYS)	5.79	3.31	* *
	MORTALITY FROM ISCHEMIC STROKE INPATIENTS (%)	6.85%	9.79%	* *

Source: SINHA/Anahp.

The indicator door-to-needle time – which is the median time from admission into the ED up to beginning of venous thrombolysis in patients with suspicion of

ischemic stroke eligible to the procedure – was about 32.34 minutes in 2017. American Stroke Association recommends up to 60 minutes.

In 2017, the median length of stay of patients with ischemic stroke was 5.79 days and the disease lethality was 6.85%.



## Congestive Heart Failure

Known as CHF, this pathology prevents blood from being pumped as much and as frequently as necessary for human body to properly operate.

In Brazil, data from DataSus in 2015 reported 32,326 deaths related to this disease, identified as ICD I50 (heart failure). Among Anahp hospitals, the

median length of stay of these patients, which tends to be higher due to disease severity, was 7.56 days in 2017, with 7.49% lethality (Table 3).

TABLE 3		Congestive Heart Failure			
SELECTED PATHOLOGIES	INDICATORS	2017 (AVERAGE ANAHP HOSPITALS)	STANDARD DEVIATION	PARAMETERS	
CONGESTIVE HEART FAILURE	MEAN LENGTH OF STAY CHF (DAYS)	7.56	4.83	*	*
	MORTALITY OF CHF INPATIENTS (%)	7.49%	8.29%	*	*
	RATE OF ACEI OR ARA UTILIZATION AT DISCHARGE FOR PATIENTS WITH CHF (%)	89.43%	16.85%	*	*
	RATE OF BETA-BLOCKER AT DISCHARGE IN ELIGIBLE PATIENTS WITH CHF (%)	93.29%	11.44%	*	*

Source: SINHA/Anahp.

The utilization of ACE inhibitors (angiotensin converting enzyme)/ ARA (angiotensin receptor antagonist) and beta-blockers, according to the Brazilian Society of Cardiology, reduces mortality

and morbidity in patients with heart failure and left ventricle systolic dysfunction. The utilization rate of these agents was 89.43% and 93.29%, respectively. Standard deviation

for these indicators was 16.85% for utilization rate of ACEI/ ARA at discharge for patients with CHF and 11.44% for beta-blockers at discharge for eligible patients with CHF.



## VTE (Venous Thromboembolism)

VTE is the obstruction of deep veins by thrombus (blood clot) and it includes deep venous thrombosis (DVT) and pulmonary thromboembolism (PTE). PTE, a preventable cause of death through prophylaxis, is the most severe complication and has high rates of

morbidity and mortality. After a detailed review of the VTE protocol, Anahp members subdivided the protocol into three categories of patients: surgical, pregnant and post-partum and clinical cases. The indicator initially measured for these categories was

compliance with VTE prophylaxis. According to the recommendations of the protocol, clinical complications are avoided and unnecessary costs are reduced.

Consistent results will be presented as of the next edition of Observatório Anahp, when we will have data from 2018.

## Sepsis

Sepsis is a life-threatening organic dysfunction caused by deregulated response of the body to an infection. According to Instituto Latino Americano de Sepse (ILAS), a sepsis protocol should be implemented due to high prevalence, high morbidity and mortality rates and high cost related to treatment.

Between 2016 and 2017, Anahp hospitals gathered and designed

a protocol recommended by the organization. The protocol includes the most updated practices and supports professionals in making decisions about patients with this pathology. The first hour bundle includes a series of actions that the hospital should adopt up to one hour after the diagnosis, to minimize the risks to the patient. The actions involve collection of arterial lactate, peripheral

and central indwelling or short-term catheter collection for blood culture, and antibiotic administration.

Compliance with the first hour bundle among Anahp hospitals was 78.81% for patients older than 18 years or more and 72.22% for patients younger than 18 years. The rate of antibiotics administered within the first hour from diagnosis was 82.69% and 81.27%, respectively (Table 4).

TABLE 4		Community-acquired sepsis			
SELECTED PATHOLOGIES	INDICATORS	2017	STANDARD DEVIATION	PARAMETERS	
SEPSIS >= 18 YEARS	COMPLIANCE WITH FIRST HOUR BUNDLE (%)	78.81%	21.92%	*	*
	MEDIAN LENGTH OF STAY OF SEPSIS PATIENTS (DAYS)	9.45	4.32	*	*
	RATE OF ANTIBIOTICS WITHIN 1 HOUR FROM DIAGNOSIS (%)	82.69%	18.17%	*	*
	MORTALITY RATE (%)	21.24%	18.53%	*	*
SEPSIS < 18 YEARS	COMPLIANCE WITH FIRST HOUR BUNDLE (%)	72.22%	26.98%	*	*
	MEDIAN LENGTH OF STAY OF SEPSIS PATIENTS (DAYS)	15.64	19.65	*	*
	RATE OF ANTIBIOTICS WITHIN 1 HOUR FROM DIAGNOSIS (%)	81.27%	26.72%	*	*
	MORTALITY RATE (%)	14.01%	20.04%	*	*

Source: SINHA/Anahp.

The mean length of stay for this condition was 9.45 days for patients aged 18 years and older,

and 15.64 for patients younger than 18 years. The disease mortality was 21.24% (>= 18 years) and 14.01%

(younger than 18 years) among Anahp hospitals.

# Structure and Annual Production

92% of Anahp members have at least one certification of excellence.





## *72% of Anahp hospitals are level 4, that is, present greater clinical complexity*

This chapter was developed based on data obtained from Anahp annual survey and it included 62 hospitals in 2017, or 60% of all Anahp members.

The structure of Anahp hospitals is very heterogeneous. To learn more about the hospitals, we will describe the main characteristics of the sample concerning service provision.

In 2017, Anahp reached 103 associate members. The revenues from these hospitals amount to about 21.5% of all clinical expenses in private health.

47% of Anahp member hospitals have maternity and 92% have at least one certification of excellence.



In 2017,  
Anahp reached

# 103

associate members

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## Structure 2017

Using as a reference 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 72% 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 hospital 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 1	Between 3 and 4	Maximum 27
3 Points	150 to 299	10 to 29	–	3	Reference level I or II	Level 2	Between 5 and 6	
4 Points	300 or more	30 or more	Type III	4 or more	Reference level III	–	Above 7	

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: Ministry of Health.

Among Anahp hospitals, there are general and specialized hospitals, with and without maternity and most of them perform urgency/emergency care.

Among the members that answered the survey, 98% provided emergency services in 2017. The admission rate through the Emergency

Department was 42.3% in 2017, over 40.9% in 2016.

The diagnostic support structure is robust as 97% of the hospitals have a CT machine, being owned by the hospital in 61% of them.

As to magnetic resonance imaging, 90% of the hospitals have a MRI device, predominantly serving outpatients.

TABLE 1	Imaging Centers – All Anahp Hospitals
	2017
COMPUTED TOMOGRAPHY	1,061,504
MAGNETIC RESONANCE IMAGING	627,292

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

For diagnostic and therapeutic support, 92% of them have cath lab, 89% own a blood bank, 81%

provide replacement renal therapy, 73% provide chemotherapy and 33%, radiotherapy.

TABLE 2	Diagnostic and therapy support
	2017
CATH LAB	92%
BLOOD BANK	89%
RENAL REPLACEMENT THERAPY	81%
CHEMOTHERAPY	73%
RADIOTHERAPY	32%

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

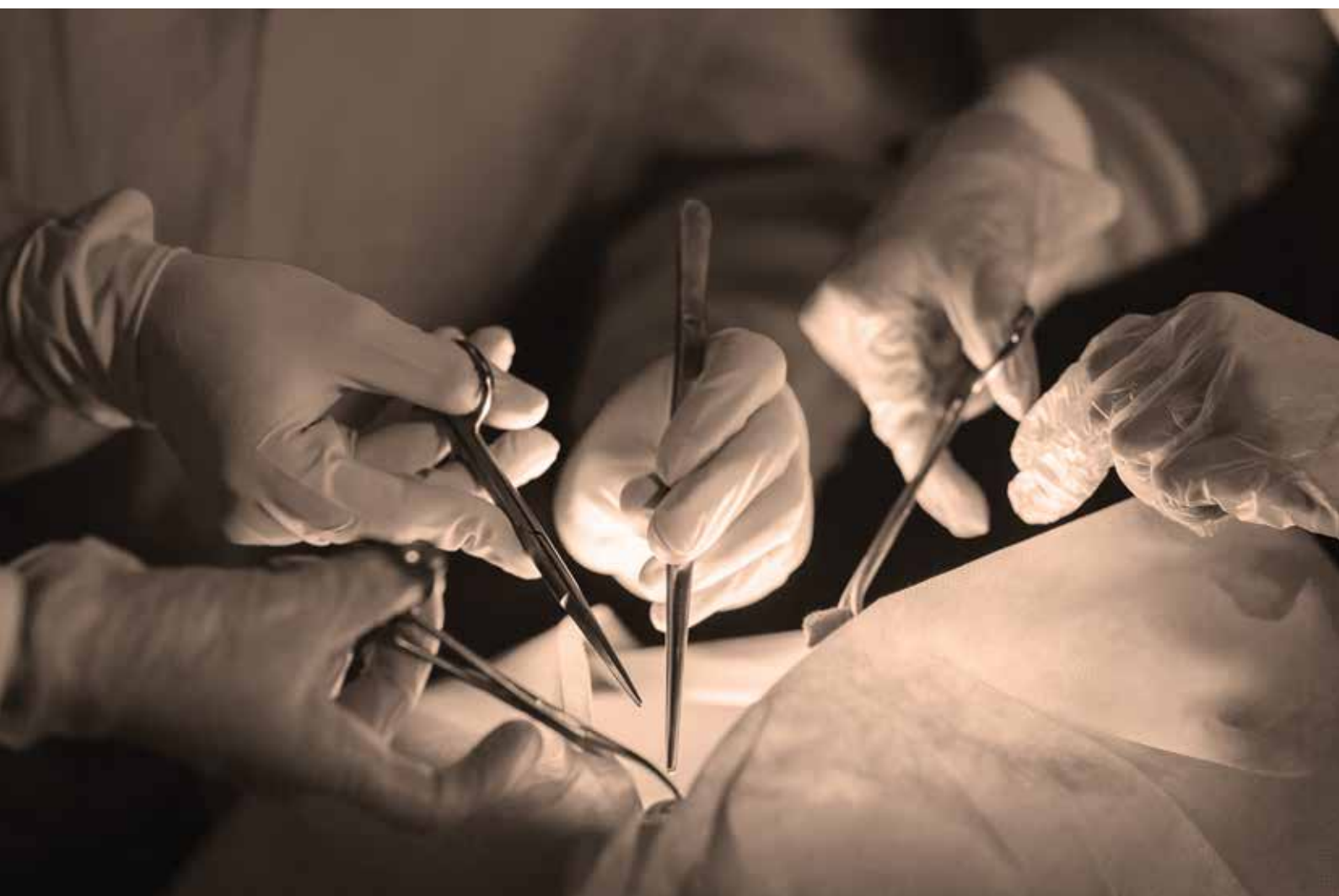


Among Anahp associate members that participated in the survey 98% provided emergency services in 2017.

Concerning transplants, about 47% of the respondents performed a transplant in 2017, amounting to over 2,000 transplants in the period.

TABLE 3		Transplant Performance	
		2017	
ORGANIZATIONS THAT PERFORM TRANSPLANTS		47%	
KIDNEY		631	
LIVER		308	
PANCREAS		15	
HEART		59	
BONE MARROW		679	
OTHERS		411	

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



In 76% of the hospitals there are outpatient units, totaling over 1,500 medical offices.

TABLE 4		Outpatient Units	
		2017	
ORGANIZATIONS THAT HAVE OUTPATIENT UNITS		76%	
MEDICAL OFFICES		1,551	

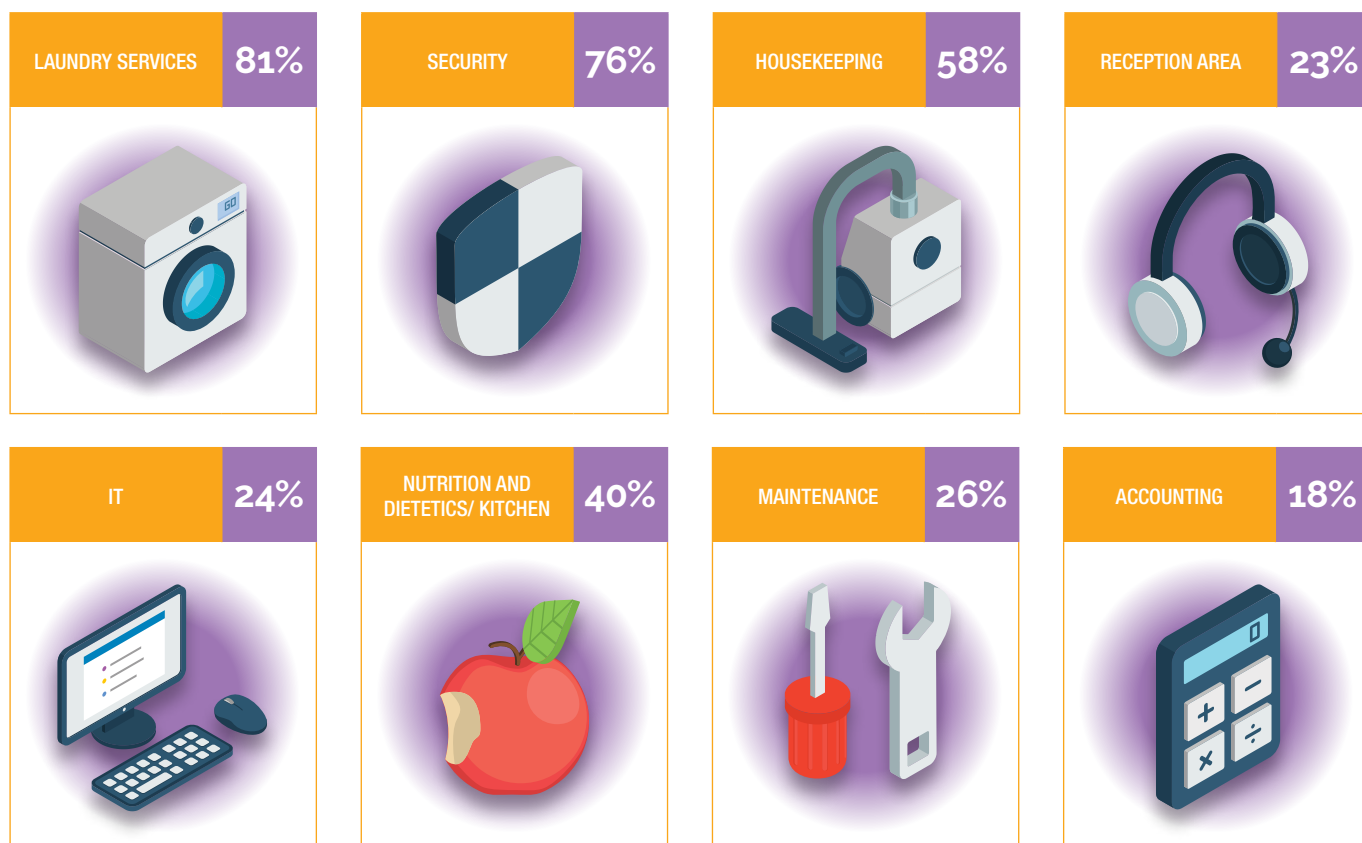
Source: Prepared by Anahp based on information from the Annual Registration Database of Hospitals.

To optimize human resources, reduce costs and expand quality, Anahp hospitals have constantly searched for initiatives that can enhance productivity.

Service outsourcing enables organizations to focus on their core activity, granting supporting activities to be performed by

contracted companies. This is a common strategy among Anahp members, as we can see in the table that follows:

## Outsourced Services (2017)



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

# Home care

The integration between hospitals and home care services ensures continuity and quality of care.







*Home care is essential to reduce length of hospital stay and rehabilitation of patients and treatment of diseases that require continuous care*

Considering the change of population profile, which includes increased number of elderly patients with more chronic conditions, constant integration between hospitals becomes increasingly important, as they provide critical care support to transition patients into home care, which offers patients a routine of care and rehabilitation in stable cases.

Thus, in 2017 Anahp added data collection about home care services to SINHA platform of indicators. This chapter presents the results obtained in this first year.

In many situations, owing to the advanced age of patients in home care, many of them require more intensive or emergency services provided by the hospitals. In 2017, 2.44% of the patients in home care were readmitted to the hospitals.



## Home Care in 2017

Home care is characterized by the provision of services to patients at home, taking into consideration the family structure and home infrastructure.

There has been significant increase in Home Care Services due to health resources optimization, maximization of hospital beds and safe transition from hospital to home. It has contributed to further sustainability of healthcare system and reduced the need for readmissions, especially among patients with chronic diseases or stable acute disorders. Considering the change of population profile, which includes increased number of elderly patients with more chronic conditions, constant integration between hospitals becomes increasingly important, as they provide critical care support to transition patients into home care, which offers patients a routine of care and rehabilitation in stable cases.

According to DataSus, in 2013 there were about 433 work teams that saw on average 60 patients, that is, over 25,000 patients were visited in their homes per year.<sup>1</sup>

In view of this, Anahp created the Home Care Work Group in 2015 to disseminate best practices among members and provide benchmarking opportunities.

In 2017, as a result of the efforts of this group, there was a partnership with NEAD – *Núcleo Nacional*

*das Empresas de Serviços de Atenção Domiciliar*, to create a home care manual that helped with terminology and improvement of service processes.

Still in 2017 Anahp added data collection about home care services to SINHA platform including performance indicators. Technical forms with collection information were created for each indicator and the results are shown below (Table 1):

Operational Indicators	
INDICATOR	2017
MEAN LENGTH OF STAY (DAYS) OF PATIENTS IN HOME HOSPITALIZATION	259.35
DISCHARGE RATE	9.81%
TAXA DE MORTALIDADE	1.69%

Source: SINHA/Anahp

1. Available at: <http://www.brasil.gov.br/saude/2013/11/programa-de-atencao-domiciliar-ja-esta-presente-em-135-municipios>

Having very different service descriptions, Home Hospitalization replaces or complements hospital interventions. This clinical model provides monitoring and keeps the patient healthy. Thus, the mean length of stay of patients in

home hospitalization cannot be compared to hospital mean length of stay. In 2017, the mean length of stay of home hospitalization was 259.35 days and the discharge rate of these patients, which measures the percentage of patients that left

home hospitalization, was 9.81%. As patients have stable health status, mortality rate is lower, reaching 1.69% in 2017 as opposed to 2.26% of hospital mortality rate.

TABLE 2		Safety indicators
INDICATOR		2017
INCIDENCE DENSITY OF FALLS – IN HOME CARE MODALITIES ‰ (PER 1,000)		3.86
INCIDENCE DENSITY OF FALLS WITH INJURY – IN HOME CARE MODALITIES ‰ (PER 1,000)		0.77
INCIDENCE DENSITY OF FALL – IN HOSPITALIZATION MODALITY ‰ (PER 1,000)		0.41
INCIDENCE DENSITY OF FALL WITH INJURY – IN HOSPITALIZATION MODALITY ‰ (PER 1,000)		0.23
INCIDENCE OF PATIENTS WITH ACQUIRED INJURY AT HOME CARE – ‰ (PER 1,000)		0.77
INCIDENCE OF PRESSURE ULCERS ACQUIRED AT HOME CARE – ‰ (PER 1,000)		0.82

Source: SINHA/Anahp

Home care is provided at patients' own houses and it should consider the specificities of having the family there and sometimes many caregivers, including the rules and technical norms required to provide safe care. Home hospitalization adopts some

routines used at the hospitals, adapted to the home setting and adjusted to the specificities of the home care services provided. The family plays a key role to ensure successful care and transition of the patient back into the regular routine, whenever

possible. In Table 2, we can see the measurement and monitoring of safety indicators that are part of the hospital routines and home care companies, understanding case severity and/or injury to patients during home care provision.

In many situations, owing to the severity of patients' diseases monitored as home care, more intensive or emergency services provided by the hospitals may be required (Table 3).

In 2017, 2.44% of the patients were readmitted. Out of the total, 2.38% were admitted as emergency cases, whereas 0.06% went back to the hospital to treat some specific disease.

TABLE 3		Readmission indicators
INDICATOR		2017
RATE OF HOSPITAL READMISSIONS DURING HOME CARE		2.44%
RATE OF ELECTIVE HOSPITAL READMISSIONS DURING HOME CARE		0.06%
RATE OF URGENCY HOSPITAL READMISSIONS DURING HOME CARE		2.38%

Source: SINHA/Anahp



The background of the page is a blurred image of a financial market display. It features a candlestick chart with green and red bars, overlaid with several line graphs in yellow, blue, and red. Numerical values like '13.60' and '1.27' are visible on the screen. The entire image is partially covered by a large green diagonal shape that points towards the top right.

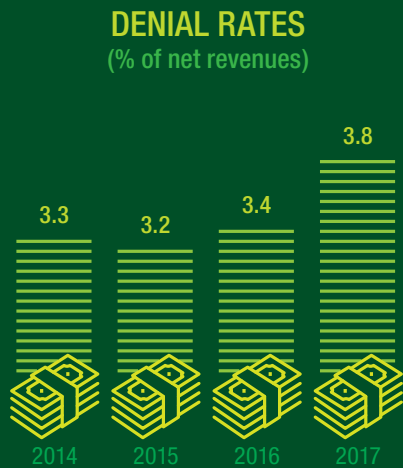
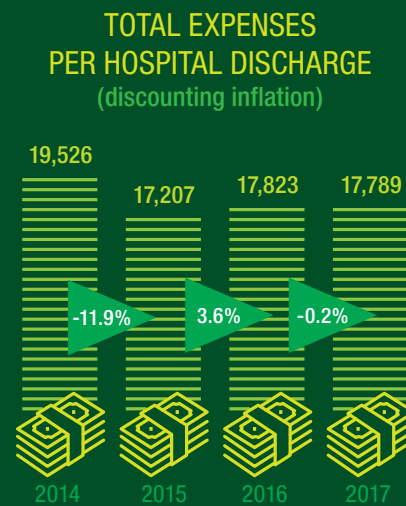
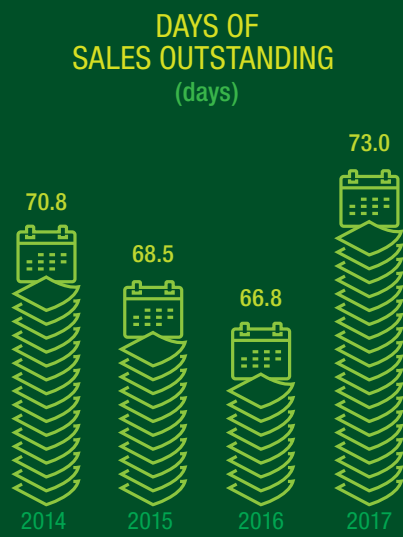
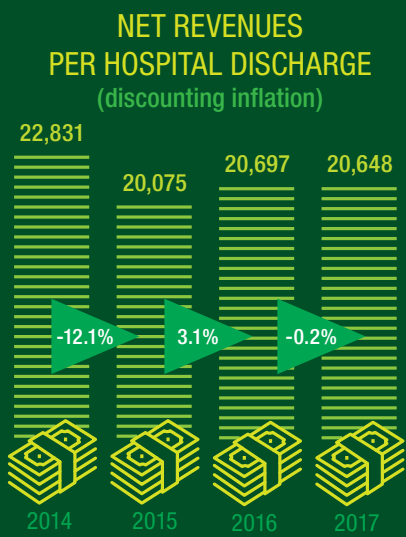
# INSTITUTIONAL PERFORMANCE

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

# Executive Summary

## ECONOMIC-FINANCIAL MANAGEMENT

Denials and days of sales outstanding increased for private hospitals



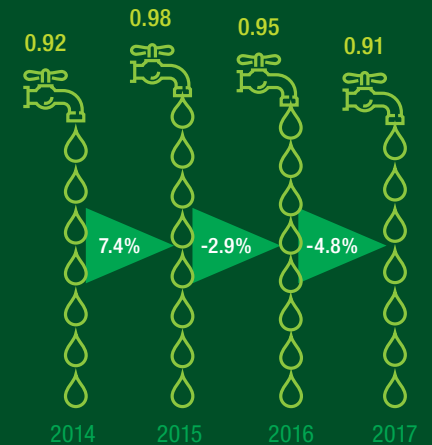
Actual variation (discounting inflation) – SINHA

Average water consumption at Anahp hospitals has dropped for the second consecutive year. Conversely, power consumption has increased again, after the drop in the previous year.



## CONSUMPTION OF WATER – AVERAGE OF ANAHP HOSPITALS

In m³ per patient-day

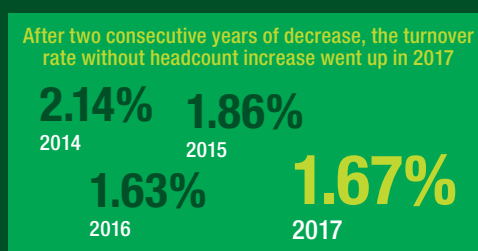


## CONSUMPTION OF ELECTRICITY – AVERAGE OF ANAHP HOSPITALS

In KW/h per patient-day



## PEOPLE MANAGEMENT Economic reality and cost pressure hold back new hiring



Increase in voluntary dismissals and turnover without headcount increase may be the first indication of marketplace recovery in the sector.

## DISTRIBUTION OF TOTAL EXPENSES ACCORDING TO TYPE OF EXPENSES

TYPE OF EXPENSES	2014	2015	2016	2017
Cost with Personnel	35.2%	36.3%	36.2%	37.4%
Technical and operational contracts	13.1%	13.0%	13.0%	14.0%
Medication	10.7%	11.0%	10.8%	10.7%
Implants and Special Materials	9.5%	8.2%	8.5%	7.8%
Other expenses	6.1%	6.2%	6.9%	6.6%
Materials	7.5%	6.5%	6.2%	6.6%
Support and logistic contracts	5.8%	5.3%	4.9%	4.0%
Other supplies	2.9%	3.0%	3.2%	3.2%
Depreciation	3.0%	3.0%	2.9%	2.8%
Financial expenses	2.2%	2.8%	3.1%	2.4%
Utilities	1.8%	2.4%	2.3%	2.0%
Maintenance and Services	1.8%	1.9%	1.7%	2.0%
Medicinal gases	0.3%	0.4%	0.3%	0.3%

Source: SINHA/Anahp

## DISTRIBUTION OF GROSS INCOME BY PAYING SOURCE BY REGION – 2017

GROSS INCOME BY PAYER	South	Southeast	Northeast	North and Center-West	Brazil
Healthcare plan	94.7%	94.4%	87.1%	96.4%	90.3%
Medical cooperative	60.5%	21.8%	25.6%	33.9%	31.7%
Self-management plan	20.9%	24.8%	45.2%	36.5%	27.9%
Insurance company	13.3%	36.4%	19.3%	19.6%	26.5%
HMO	5.3%	17.0%	9.6%	9.9%	13.2%
Philanthropy	0.0%	0.1%	0.1%	0.0%	0.6%
International plan	0.0%	0.0%	0.1%	0.1%	0.2%
SUS	0.6%	2.2%	9.6%	0.0%	5.3%
Private out-of-pocket	3.7%	3.1%	2.9%	3.2%	3.7%
Remaining payers	1.1%	0.2%	0.3%	0.4%	0.7%

Source: SINHA/Anahp

# Economic-financial management

Denials and days of sales outstanding increased for private hospitals







## *Indicators help explain the decrease in margins in 2017*

In 2017, Anahp hospitals witnessed a drop in EBITDA margins.

A factor that seems to explain these results is the increase in days of sales outstanding from healthcare management companies and the denial rates by health operators.

In other words, the difficulties the hospitals faced in receiving the payments from the healthcare operators have negatively impacted their operations, reducing the revenues and causing cash flow imbalances.

Thus, hospitals were forced to resort to banking loans, increasing their financial expenses.

It also helps explain the greater pressure that personnel expenses (employees and contractors) had in 2017, amounting to almost half of hospital expenses.

## 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 portray the costs associated with the service provision and its improvement, plus maintenance and expansion of hospital facilities.

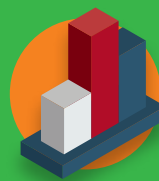
Net income per patient-day increased 2.7% in 2017, whereas total expenses per patient-day increased 2.2%.

The result was worse than what was observed in the past two years.<sup>1</sup>

(Graph 1)

Discounting the inflation (measured by Brazilian index IPCA), there was actual 0.2% drop of net revenues per patient-day and 0.7% decrease of total expenses per patient-day in 2017.

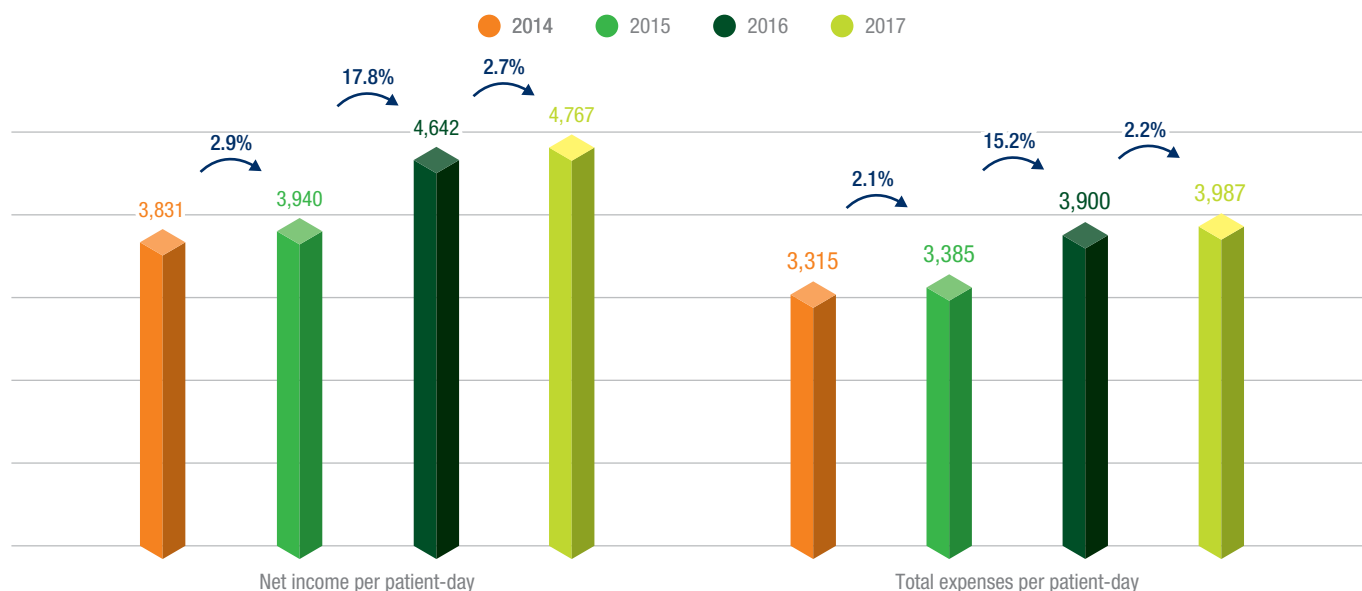
(Graph 2)



Net revenues per hospital discharge increased **2.7%**, whereas **total expenses** increased **2.8%**.

GRAPH 1

Net income and total expenses per patient-day (R\$) – Average Anahp hospitals

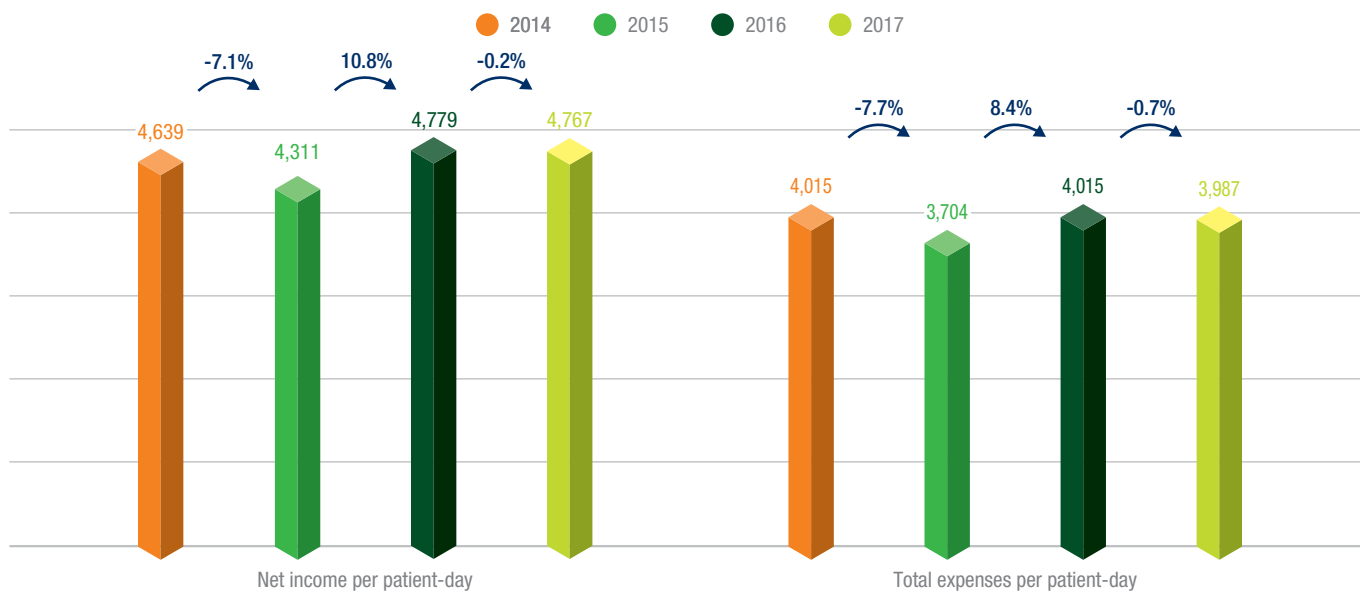


Source: SINHA/Anahp.

1. Net income is comprised of gross income minus taxes over the income and amounts denied and not-received. Total expenses, in turn, include personnel expenses, support and logistic third-party contracts, technical and operating contracts, medication, materials, implants and special materials, medicinal gases, other hospital supplies, maintenance and services, utilities (power, water and other government-based prices), financial expenses (include tax on investments), depreciation and other operating expenses.

GRAPH 2

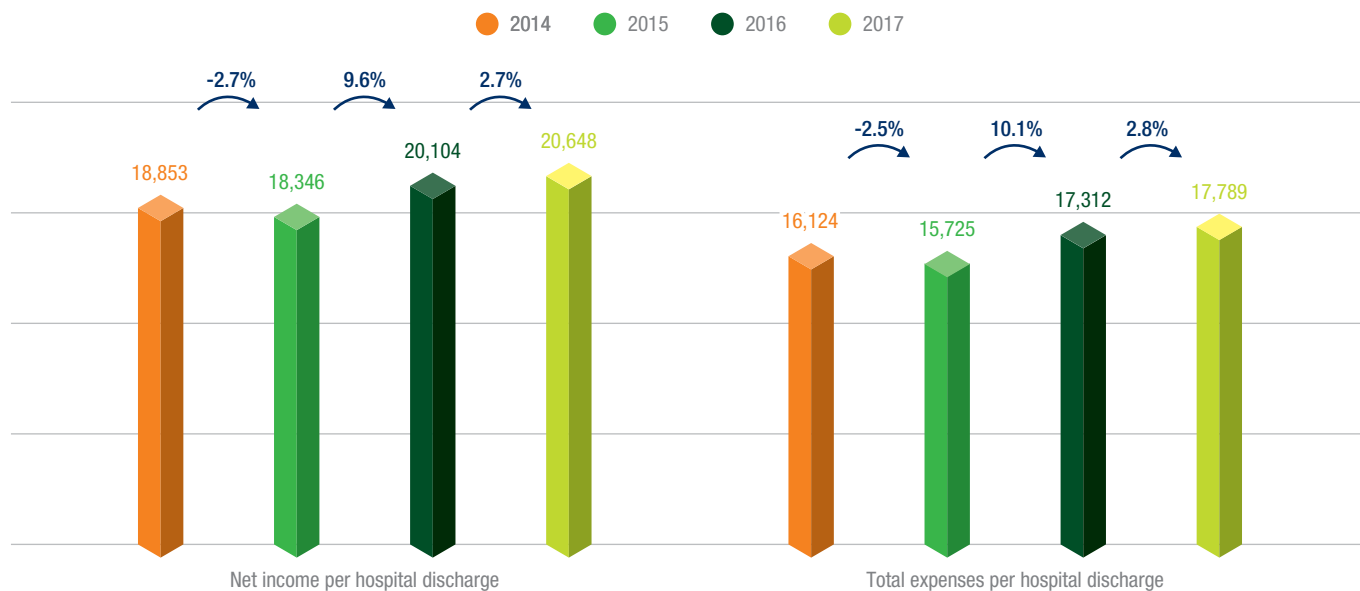
Net income and total expenses per patient-day (R\$ in 2017) – Actual variation (discounting inflation) – Average Anahp hospitals



Source: SINHA/Anahp.

GRAPH 3

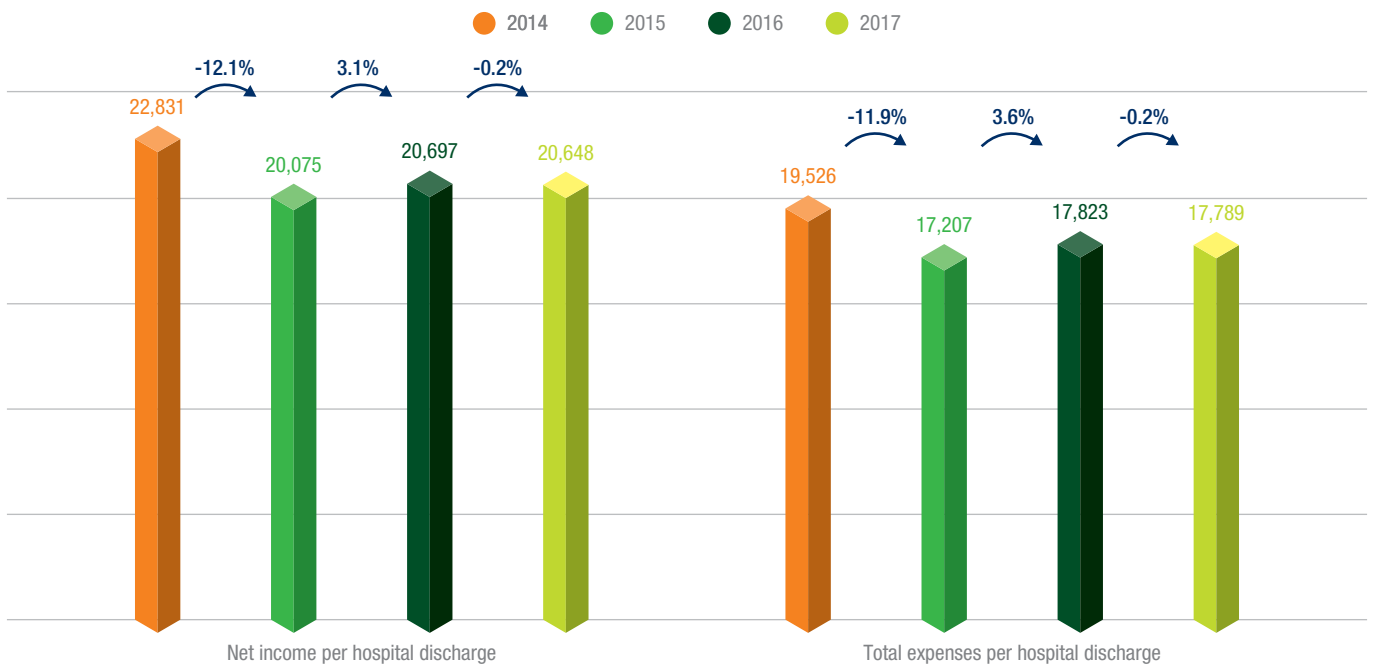
Net income and total expenses per hospital discharge (R\$) – Average Anahp hospitals



Source: SINHA/Anahp.

GRAPH 4

Net income and total expenses per hospital discharge (R\$ in 2017) – Actual variation (discounting inflation) – Average Anahp hospitals



Source: SINHA/Anahp.

We have observed similar results when analyzing the indicators by hospital discharge.

Net income per hospital discharge increased 2.7% in 2017, whereas total expenses per hospital discharge increased 2.8% in the same period. (Graph 3)

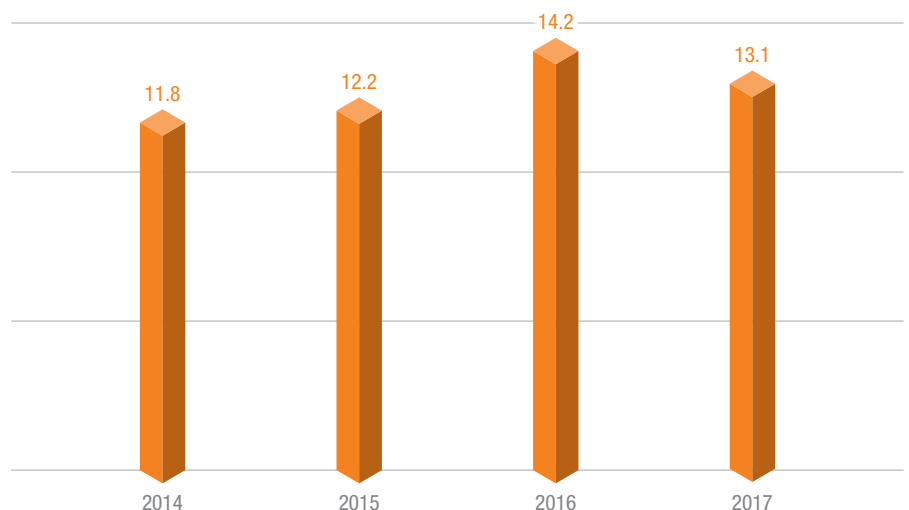
Discounting inflation, there was actual 0.2% drop both in net income per hospital discharge and expenses per hospital discharge. (Graph 4)

Considering this indicator, the sector is still far from the level it had in 2014, confirming the impact of the economic crisis on private hospitals of excellence.

Moreover, the net income of Anahp hospitals, measured in either patient-day or hospital discharge terms, has been growing below the level of the average price readjustments of healthcare plans (13.5% in 2017) and the indicators of the Hospital Medical Cost Variation (VCMH – Variação

GRAPH 5

EBITDA margin (%) – Average Anahp hospitals



Source: SINHA/Anahp.

de Custo Médico-Hospitalar), by Instituto de Estudos de Saúde Suplementar – IESS, which focuses on measuring the progression of

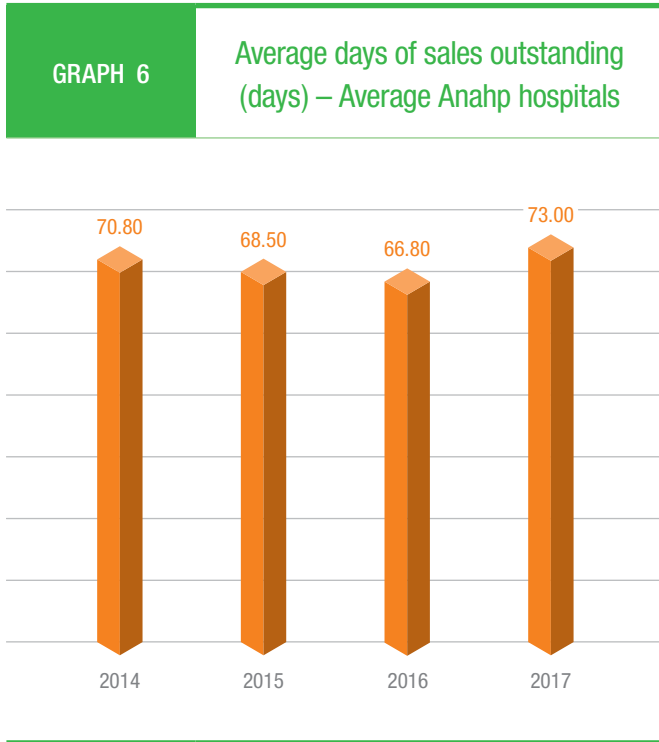
health costs (20.4% increase in 2016). Therefore, EBITDA margin of Anahp hospitals decreased in 2017, reaching 13.1%. (Graph 5)

## Denials and days of sales outstanding

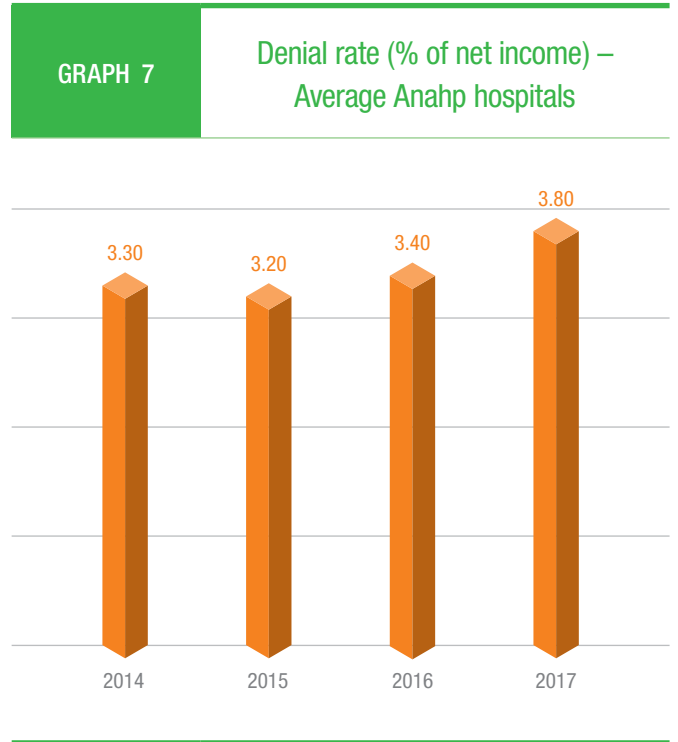
There are two indicators that seem to explain the hospitals' performance in 2017: increase in days of sales outstanding from healthcare management companies and the denial rates by health operators.

The average days of sales outstanding went up from 66.8 in 2016 to 73.0 days in 2017. (Graph 6)

The denial rate, measured as a proportion of net income, increased from 3.4% to 3.8%. (Graph 7)



Source: SINHA/Anahp.



Source: SINHA/Anahp.





## Expenses profile

Labor expenses, which include full-time employees and technical contractors, amounted to over 50% of Anahp hospital expenses in 2017.

These lines translated into the

two main cost pressure drivers for hospitals in 2017. The share of personnel cost increased sharply from 36.2% in 2016 to 37.4% in 2017. The share of technical and operational contractors went up

from 13.0% to 14.0%.

The third and largest hospital expenses come from medication (10.7% of the total), followed by implants, prostheses and special materials (7.8%).

TABLE 1

Distribution of total expenses according to type of expenses (%) – Average Anahp hospitals

TYPE OF EXPENSES	2014	2015	2016	2017
PERSONNEL COST	35.2%	36.3%	36.2%	37.4%
TECHNICAL AND OPERATIONAL CONTRACTS	13.1%	13.0%	13.0%	14.0%
MEDICATION	10.7%	11.0%	10.8%	10.7%
IMPLANTS AND SPECIAL MATERIALS	9.5%	8.2%	8.5%	7.8%
OTHER EXPENSES	6.1%	6.2%	6.9%	6.6%
MATERIALS	7.5%	6.5%	6.2%	6.6%
SUPPORT AND LOGISTIC CONTRACTS	5.8%	5.3%	4.9%	4.0%
OTHER SUPPLIES	2.9%	3.0%	3.2%	3.2%
DEPRECIATION	3.0%	3.0%	2.9%	2.8%
FINANCIAL EXPENSES	2.2%	2.8%	3.1%	2.4%
UTILITIES	1.8%	2.4%	2.3%	2.0%
MAINTENANCE AND SERVICES	1.8%	1.9%	1.7%	2.0%
MEDICINAL GASES	0.3%	0.4%	0.3%	0.3%

Source: SINHA/Anahp.



## Income profile

Medications amounted to 25.1% of the income of Anahp hospitals in 2017; materials, 22.2%; hospital stay and rates, 20.9%; other operating revenues, 18.1%; Implants and special materials, 8.7%; medicinal gases, 2.5%, revenues from other services, 2.1%, and donations, 0.4%.



In 2017, **90.3%** of the revenues of Anahp hospitals resulted from resources administered by the healthcare operators.

In 2017, 90.3% of the revenues of Anahp hospitals resulted from resources administered by the healthcare operators. Out of the total, 31.7% came from medical cooperatives; 27.9% from self-managed plans, 26.5% from insurance

companies; 13.2% from HMO; 0.6% from philanthropy, and 0.2% from international healthcare plans. A total of 5.3% of the income came from SUS; 3.7% from out-of-pocket clients, and 0.7% from the remaining paying sources.

TABLE 2

### Distribution of gross revenues by nature – Average Anahp hospitals

NATURE OF REVENUES	2017
MEDICATION	25.1%
MATERIALS	22.2%
DAILY RATES AND TAXES	20.9%
OTHER OPERATING REVENUES	18.1%
IMPLANTS AND SPECIAL MATERIALS	8.7%
MEDICINAL GASES	2.5%
OTHER REVENUES FROM SERVICES	2.1%
DONATIONS	0.4%

Source: SINHA/Anahp. Note: Owing to the process of redesigning SINHA indicators based on criteria defined by the work groups, data are not shown as part of a historic comparison.

TABLE 3

### Distribution of gross revenues by paying source – Average Anahp hospitals

GROSS INCOME BY PAYER	2017
HEALTHCARE PLAN	90.3%
Medical cooperative	31.7%
Self-management plan	27.9%
Insurance company	26.5%
HMO	13.2%
Philanthropy	0.6%
International plans	0.2%
SUS	5.3%
PRIVATE OUT-OF-POCKET	3.7%
REMAINING PAYERS	0.7%

Source: SINHA/Anahp. Note: Owing to the process of redesigning SINHA indicators based on criteria defined by the work groups, data are not shown as part of a historic comparison.

## Regional characteristics of Anahp hospitals

As of 2017, improvement in SINHA platform has provided regional benchmarking opportunities. In this edition of Observatório, we have analyzed the relation between the profile of beneficiaries, medical-hospital plans and income in Anahp hospitals based on payer, region and possible impact on hospital revenues. To ensure a relevant sample, hospitals from regions North and Center-West were grouped together. As already explored in the Market Profile section, when we considered the different modalities of healthcare plans, we have noticed that in regions South, North and Center-West the main paying source comprises medical cooperatives. (Graph 8)

In the South region hospitals, 60.5% of the revenues come from medical cooperative plans. However, this is not the case in North and Center-West region, where 36.5% of the revenues come from self-managed plan, which amounts to only 16.8%

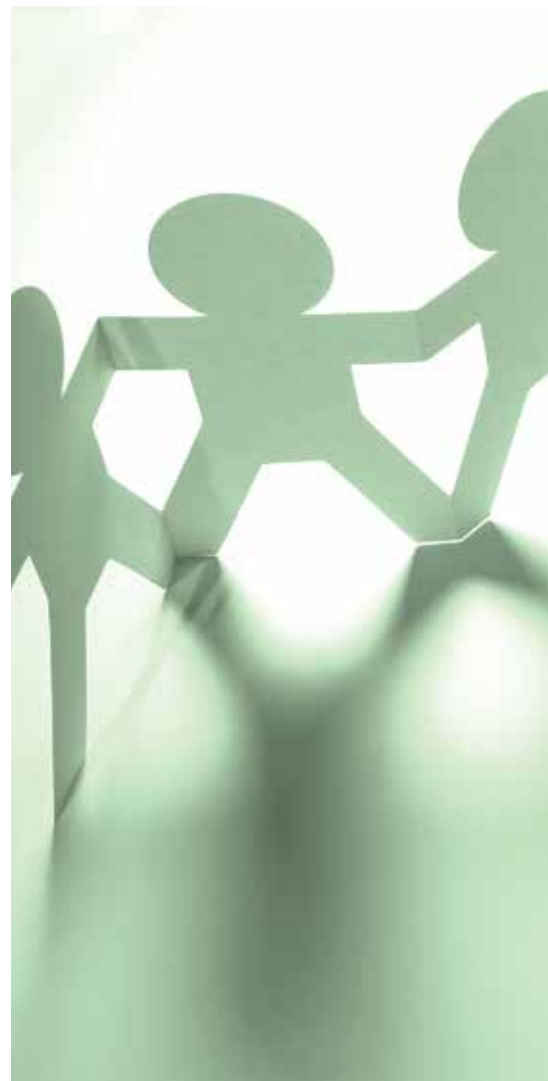
of the beneficiaries in the region. (Table 4)

In Southeast and Northeast regions, the healthcare plan modality that has the highest number of users is the HMO.

The presence of healthcare insurance companies is more relevant in the Southeast region, where they amounted to 15.4% of the total beneficiaries of medical-hospital plans in December 2017. However, the main source of income for Southeast region hospitals comprises the insurance companies, which amounted to 36.4% of payments made by the healthcare plans last year.

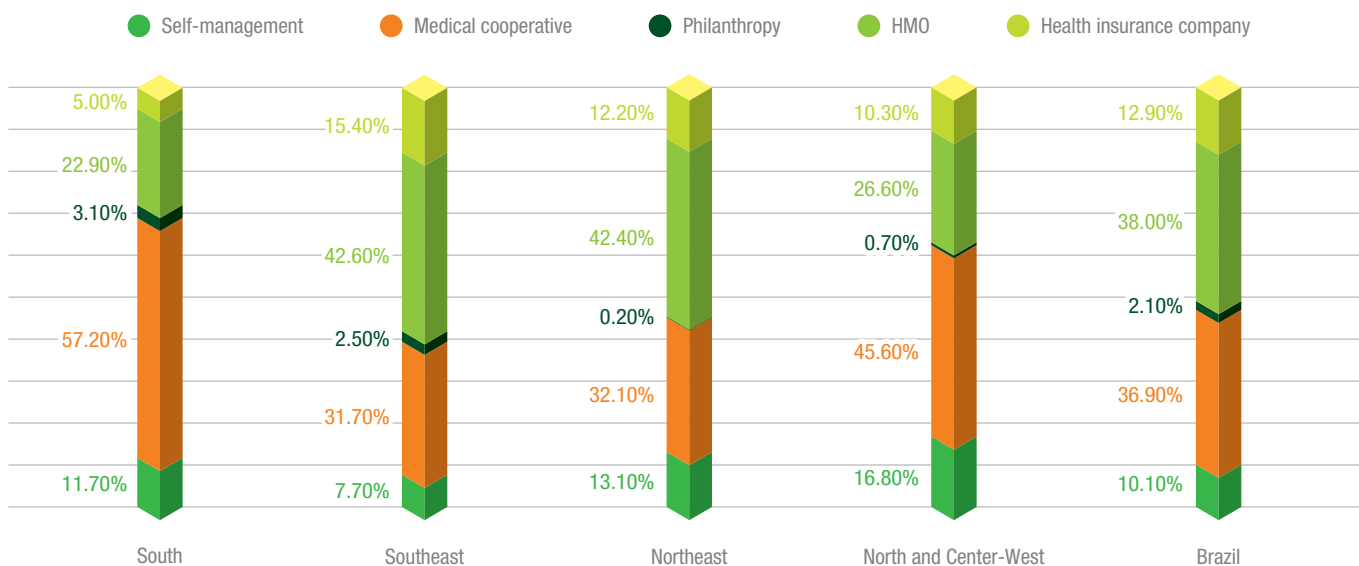
In the Northeast region, the main income source for Anahp hospitals is self-managed plans, despite the fact that the largest share of beneficiaries in the region come from HMO.

In Northeastern hospitals, SUS is quite relevant (9.6%), much higher than what is observed in other regions.



GRAPH 8

Distribution of beneficiaries according to modality by region – December 2017



Source: ANS (consultation on 9/Mar/2018). Exclusive dental care companies were excluded.





TABLE 4

Distribution of gross revenues by paying source per region – Average Anahp hospitals – 2017

GROSS INCOME BY PAYER	SOUTH	SOUTHEAST	NORTHEAST	NORTH AND CENTER-WEST
HEALTHCARE PLAN	94.7%	94.4%	87.1%	96.4%
Medical cooperative	60.5%	21.8%	25.6%	33.9%
Self-management plan	20.9%	24.8%	45.2%	36.5%
Insurance company	13.3%	36.4%	19.3%	19.6%
HMO	5.3%	17.0%	9.6%	9.9%
Philanthropy	0.0%	0.1%	0.1%	0.0%
International plans	0.0%	0.0%	0.1%	0.1%
SUS	0.6%	2.2%	9.6%	0.0%
PRIVATE OUT-OF-POCKET	3.7%	3.1%	2.9%	3.2%
REMAINING PAYERS	1.1%	0.2%	0.3%	0.4%

Source: SINHA/Anahp.

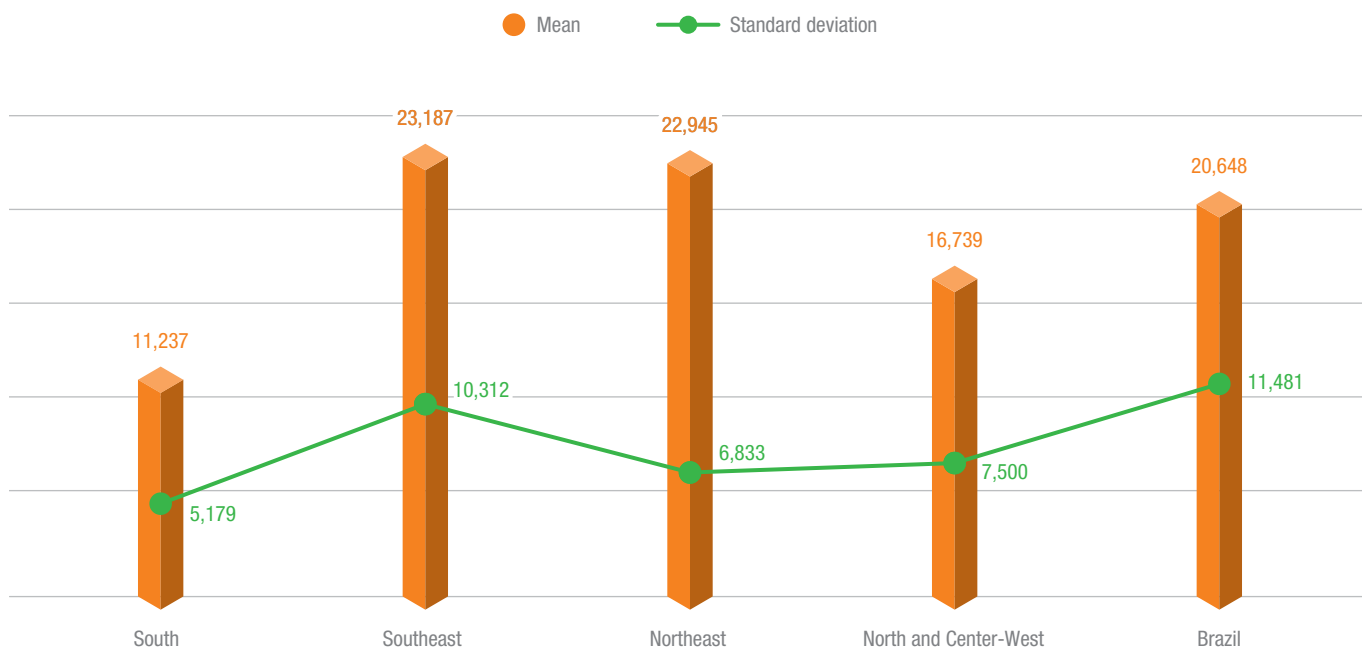
The strong presence of medical cooperatives may help explain the revenues per hospital discharge observed in the South, North and Center-West regions, which was lower than the national average.

(Graph 9)  
It is important to highlight the great discrepancy between hospitals in each region, as suggested by the standard deviation of the indicators. These first regional indicators

suggest the correlations between financial indicators in Anahp hospitals, but further analyses are required to better understand the regional characteristics of the sector.

GRAPH 9

Net income per hospital discharge (R\$) per region – Average Anahp hospitals – 2017



Source: SINHA/Anahp.

## Overall revenues of Anahp hospitals

In 2017, Anahp hospitals' gross income reached R\$ 33.6 billion. Thus, the income for Anahp hospitals represented 21.5% of clinical expenses of healthcare plans. In 2016, it used to be 20.7%. Similarly to the previous one, this edition of Observatório Anahp used data referring to Anahp hospitals in December of each year, reflecting increase in variation of total income of each hospital and rise in number of members.



The revenues for Anahp hospitals now represent **21.5%** of clinical expenses of healthcare plan operators.

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# People management

Economic reality and cost pressure hold back new hiring





*Employment level recovery in the country, driven primarily by informal occupations, has not significantly impacted people management hospital indicators*

The economic-financial 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 and quality of care.

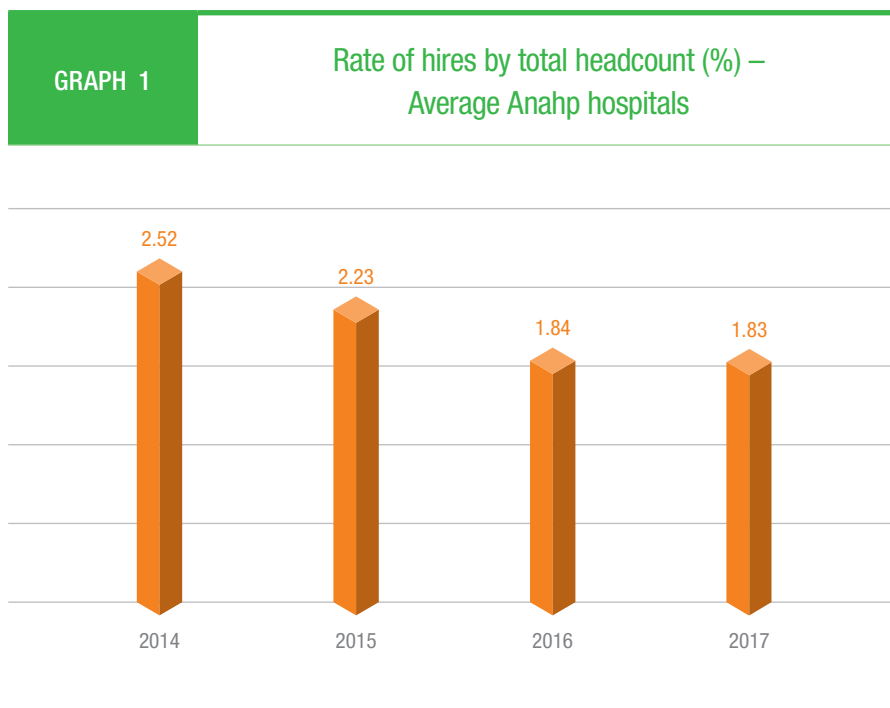
As already mentioned in the first part of this publication (Market Profile), healthcare industry, especially the hospital segment, has stood out in creating jobs for the past three years in the country. Even so, there has been decrease in number of jobs generated in healthcare in 2015-2017 when compared to the average number of jobs created in previous years.

Employment level recovery in the country, driven primarily by informal occupations, has not significantly impacted people management hospital indicators, which were, in general, stable between 2016 and 2017.

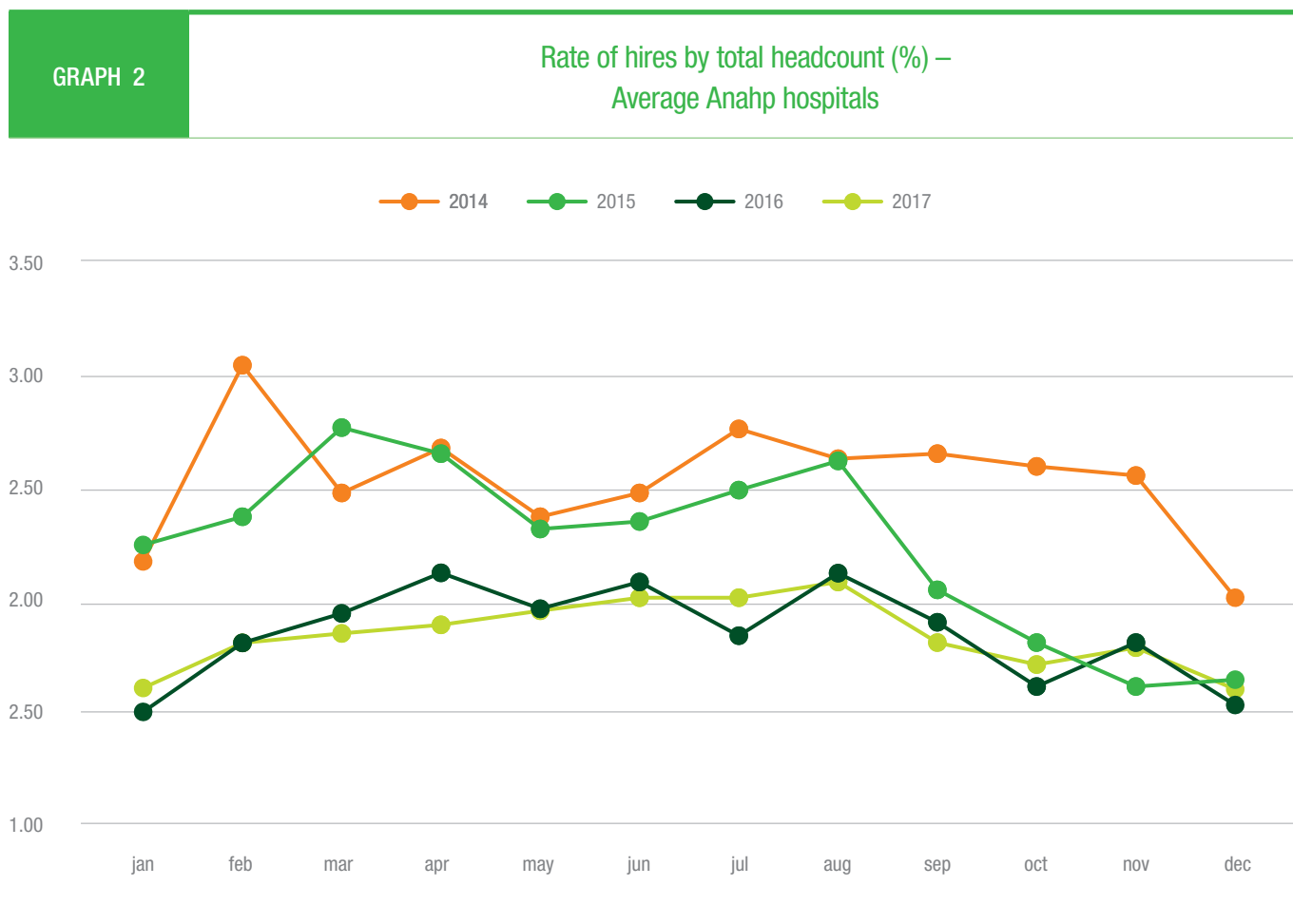
Moreover, as shown in the previous section (Economic-Financial Management), personnel expenditures, which amount to almost half of hospital expenses, were one of the main pressure points over costs for most hospital.

## Hiring, firing and turnover

The hiring rate by total headcount dropped for the third consecutive year (from 2.52% in 2014 to 2.23% in 2015, 1.84% in 2016 and 1.83% in 2017). The movement may be related to the economic-financial situation, the need for greater control of expenses by the hospitals and the reduced demand for services, as a consequence of decrease in number of beneficiaries. (Graph 1)



Source: SINHA/Anahp.



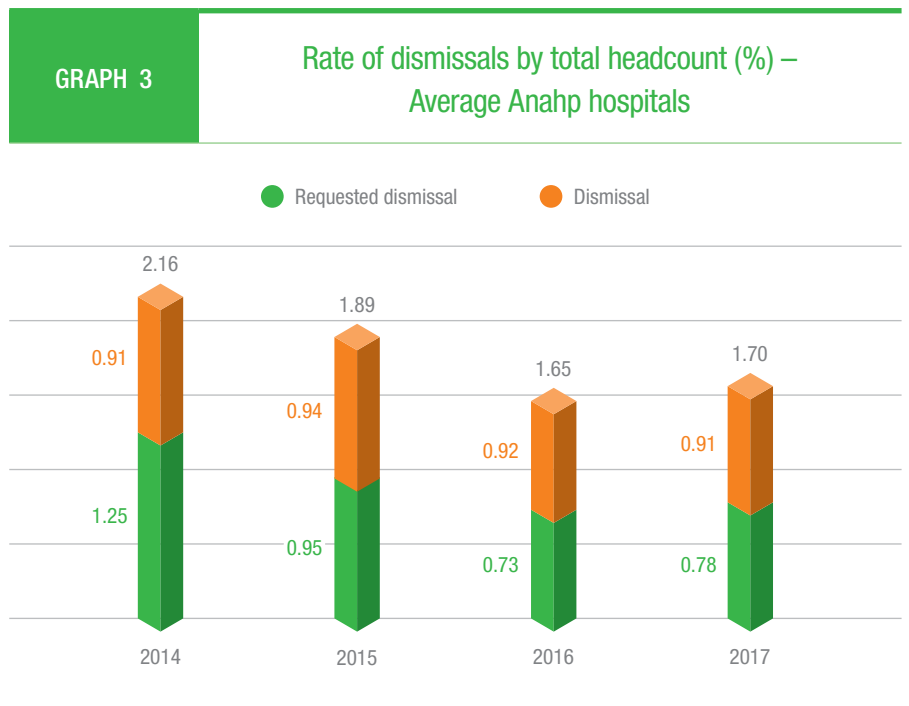
Source: SINHA/Anahp.

Voluntary dismissal rate, in turn, showed slight increase in 2017, after two years of decrease, whereas the involuntary dismissals remained stable between 2014 and 2017.

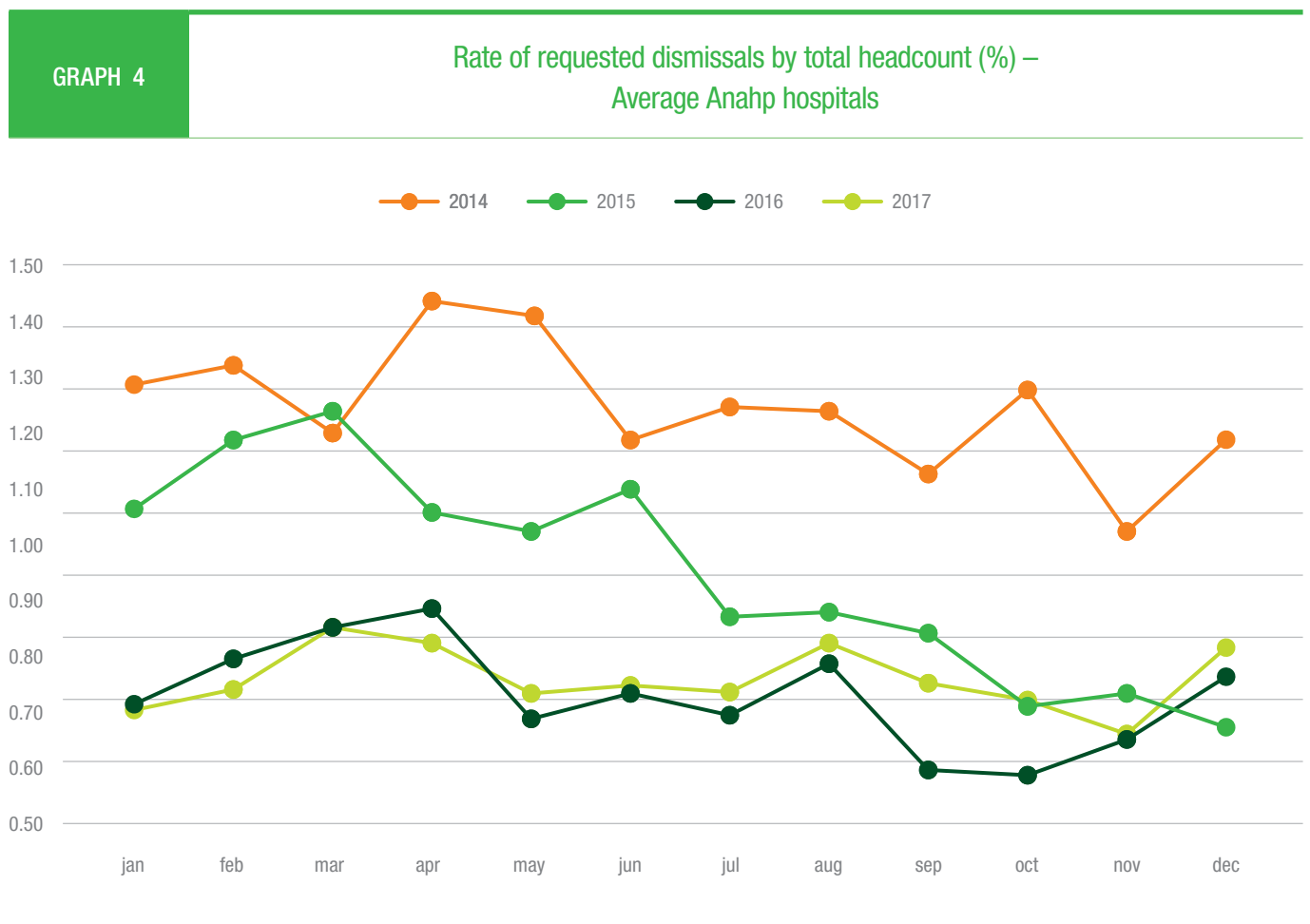
(Graph 3)

The slight increase in requests for dismissal as of the second half of 2017 may indicate an initial sign of marketplace activity in the hospital segment.

(Graph 4)  
Regardless, the numbers are still much lower if compared to 2014.



Source: SINHA/Anahp.



Source: SINHA/Anahp.



The people turnover is the relation between the admissions (by increase in personnel or replacement) and dismissal and total headcount (active personnel) in a specific period and sample. Thus, it comprises the total turnover of the headcount of the organizations.

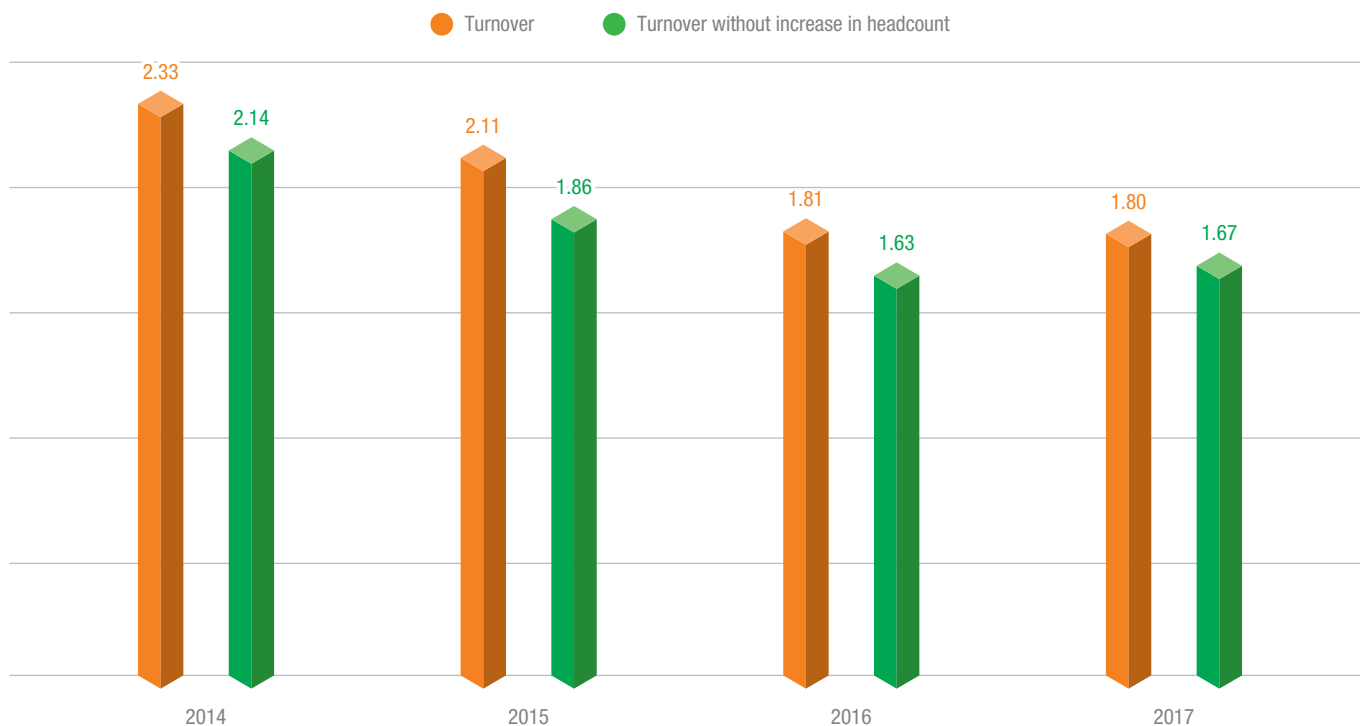
The turnover rate is a challenge for operational management of healthcare providers, because it affects the process of inclusion, training and qualification of new professionals. Considering the difficulties and involved costs, it is necessary to define a program to retain professionals and use internally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

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.

As a result of economic recovery, turnover rate was relatively stable in 2017 after two consecutive years of decrease. In turn, the turnover rate without increased headcount went up from 1.63% in 2016 to 1.67% in 2017, whose growth is related to the small increase in requested dismissals. (Graph 5)

GRAPH 5

### Turnover rate (%) – Average Anahp hospitals

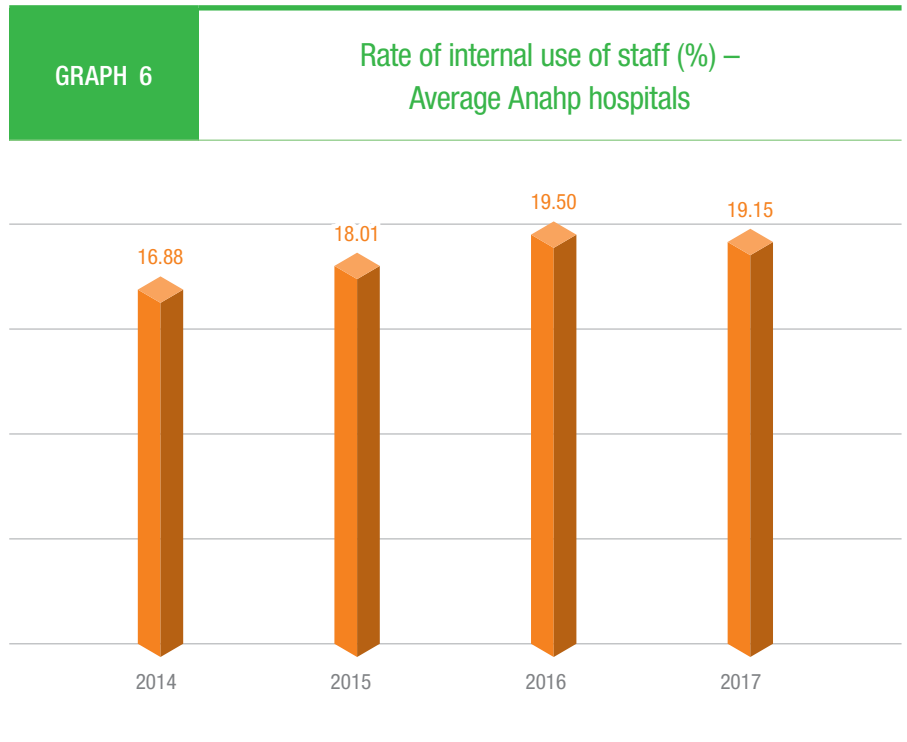


Source: SINHA/Anahp.



## 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. Thus, the internal use of staff went up from 16.88% in 2014 to 19.5% in 2016, a number that decreased a bit in 2017, reaching 19.15%. (Graph 6)



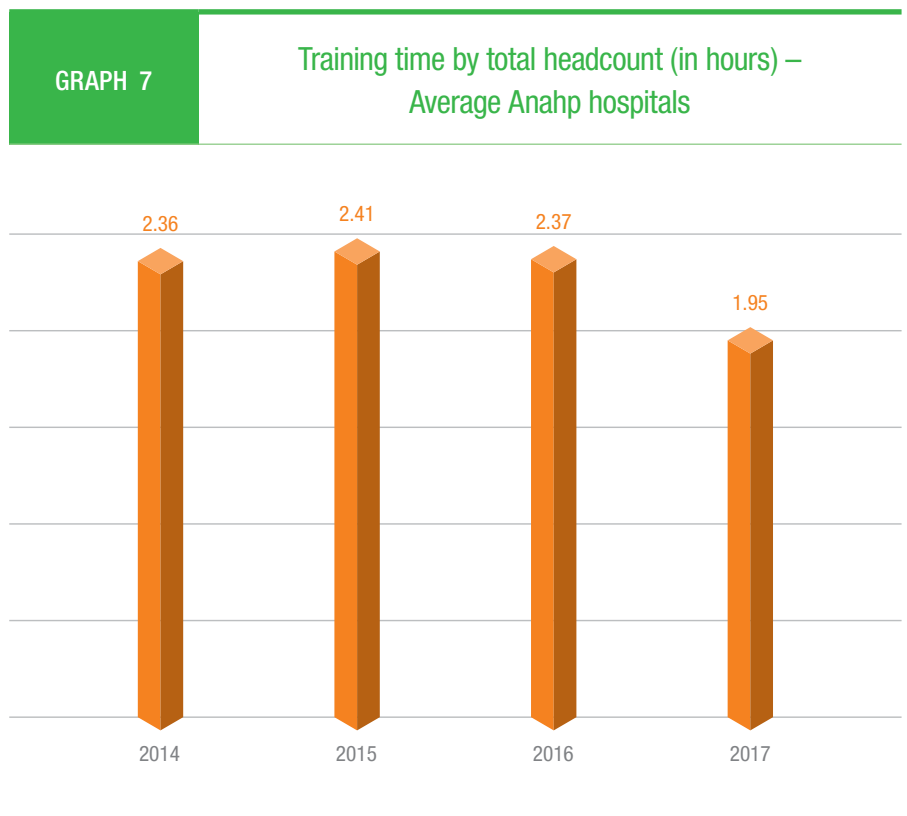
Source: SINHA/Anahp.

The high rate of internal use of staff, plus the higher pressure on personnel

cost, may explain the decrease in training hours in 2017. (Graph 7)

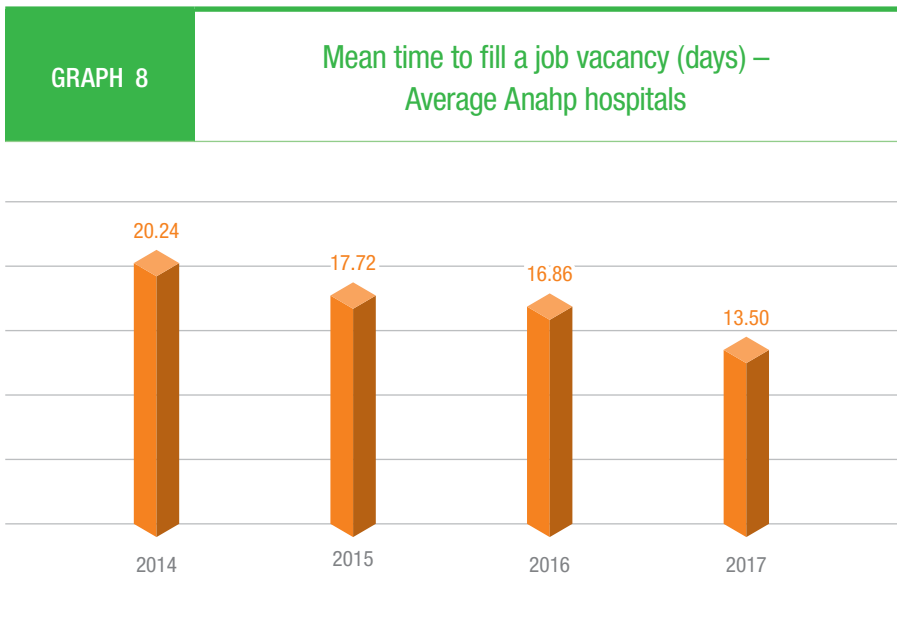


Organizations have invested in **internal use of professionals**, so as to optimize **hiring time and training**.



Source: SINHA/Anahp.

Having a less active marketplace (with 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 17.22 days in 2015, 16.86 days in 2016, and 13.5 days in 2017 (Graph 8)



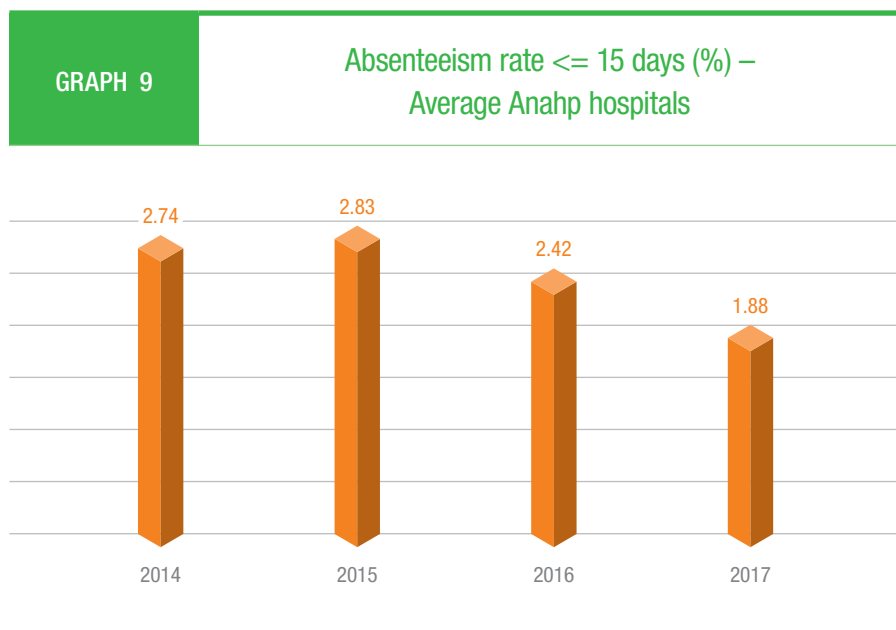
Source: SINHA/Anahp.

## 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 has experienced reduction in 2017, reaching less than 2%.<sup>1</sup> (Graph 9) The progression of this indicator, on a

monthly basis, may be seen in Graph 10. 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 medical leave rate has also been decreasing in recent years, reaching

less than 5% in 2017. (Graph 11) The decrease of this rate has impact on staff management for hospitals, as it requires fewer new hires and investments in labor qualification. Finally, the work-related accidents, which decreased between 2014 and 2016, started to increase again in 2017. (Graph 12)



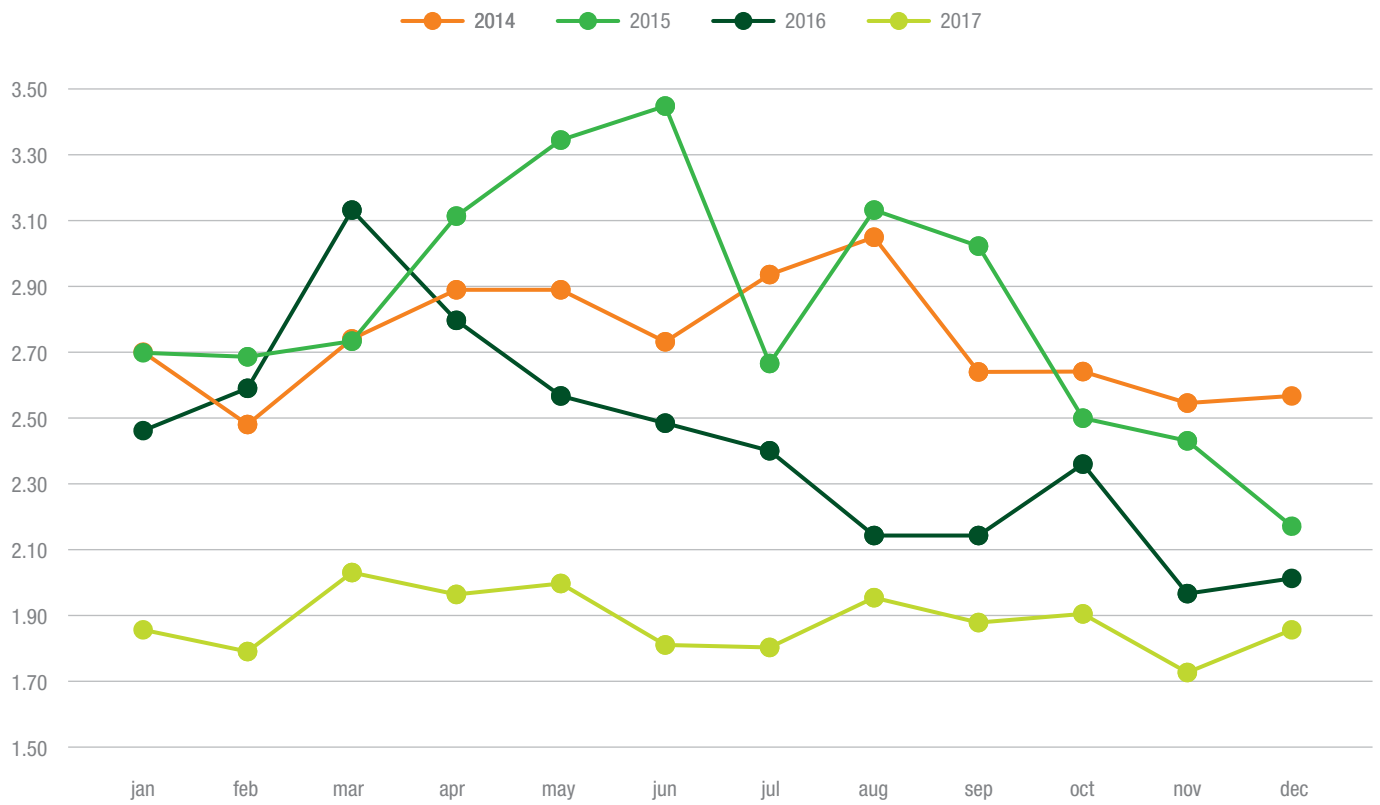
Source: SINHA/Anahp.

1. Absenteeism rate lower than 15 days is the relation between total absent hours due to absences, delays or leaves for fewer than 15 days of employees of hospitals over total number of expected working hours.



GRAPH 10

Absenteeism rate <= 15 days (%) –  
Average Anahp hospitals



Source: SINHA/Anahp.

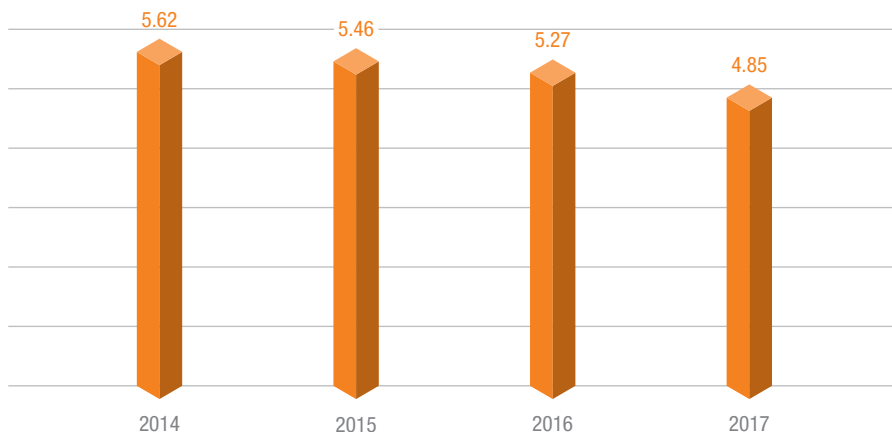




Monthly  
absenteeism  
rate and leave  
rate have  
decreased in  
recent years.

GRAPH 11

Leave rate (%) –  
Average Anahp hospitals

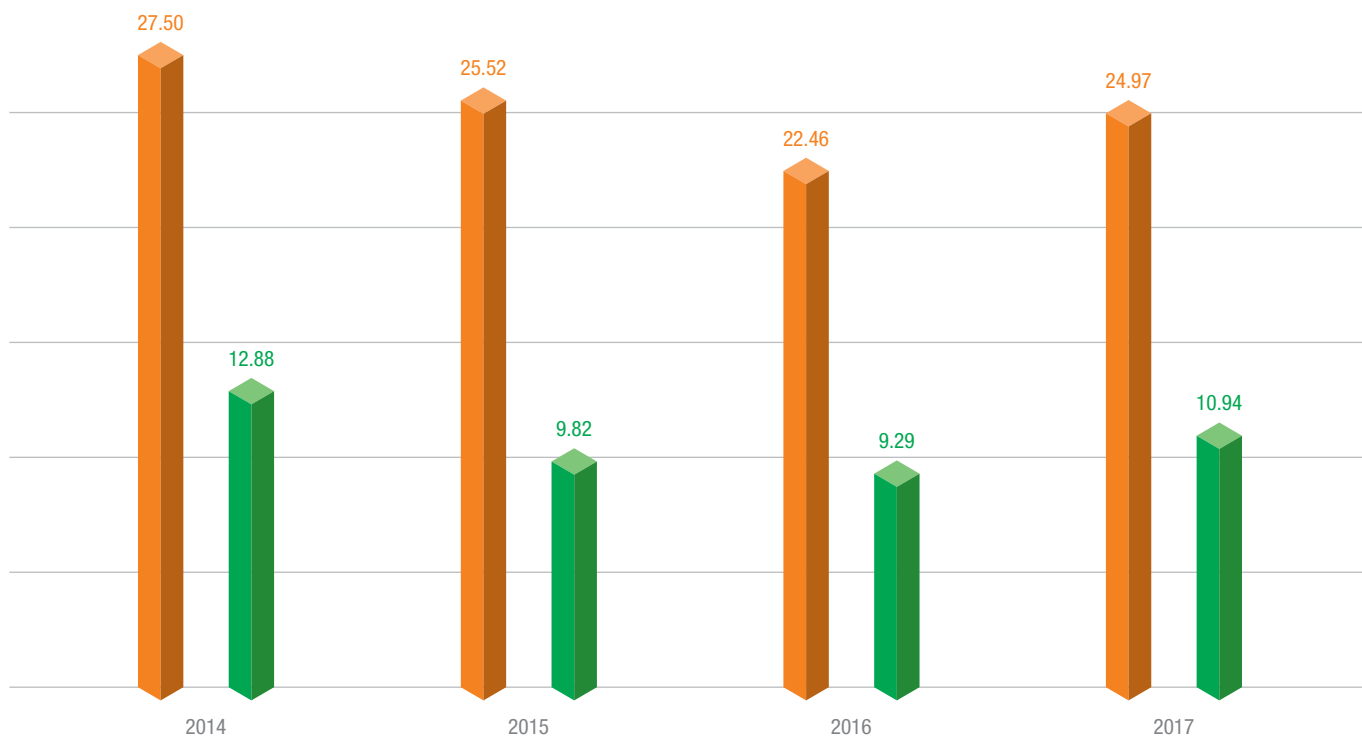


Source: SINHA/Anahp.

GRAPH 12

Work-related accidents –  
Average Anahp hospitals

● Work-related accidents ● Work-related accidents with leave



Source: SINHA/Anahp.

## New indicators

As of 2017, Anahp has started to collect new people management indicators. Even though there are still no historical data series to analyze the progression of these rates, disseminating these consolidated numbers already provide an opportunity for market analysis. (Table 1)



TABLE 1

### New people management indicators – Average Anahp hospitals

INDICATOR	2017
RATE OF FORMAL HIRING OF EMPLOYEES – 90 DAYS (%)	84.61
RATE OF RETENTION OF EMPLOYEES IN 12 MONTHS (%)	71.19
ABSENTEEISM BY UNJUSTIFIED ABSENCES (<= 15 DAYS) (%)	0.46
WORK-RELATED ACCIDENTS WITH LEAVE THAT HAPPENED IN THE ORGANIZATION	6.36
OVERTIME – HOUR BANK (%)	2.12
OVERTIME – PAID IN THE PAYROLL (%)	1.56
OVERTIME – TOTAL (%)	3.87
AMOUNT OF OVERTIME BY FORMAL SALARY (%)	5.64

Source: SINHA/Anahp.

## Regional characteristics of Anahp hospitals

As of 2017, improvement in SINHA platform has provided regional benchmarking. In this edition of Observatório, we will analyze the difference between these nursing turnover indicators in Anahp hospitals of different regions.

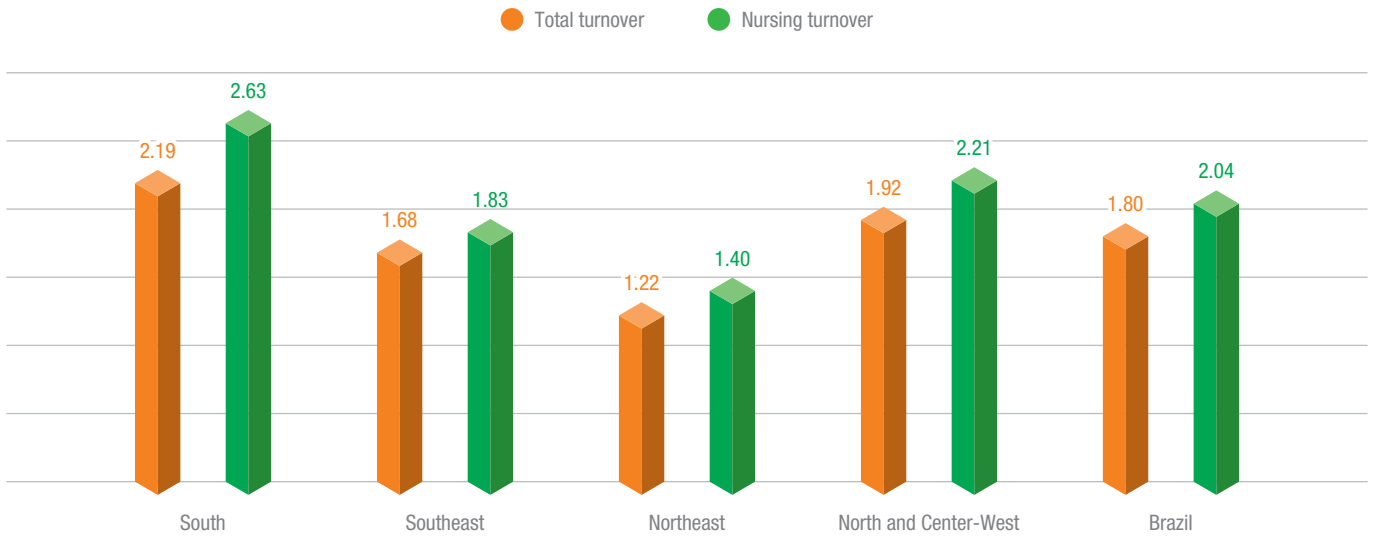
Nursing staff represents the highest proportion of headcount in hospitals and they play a key role in quality of care. Moreover, these are the occupations with the highest number

of new job opens in the Brazilian hospital industry, according to data by Caged – Cadastro Geral de Empregados e Desempregados (General Registry of Employed and Unemployed People). High turnover of these professionals represent a major challenge to people management in hospitals, as it generates other impacts, higher expenditures with hiring and training and loss of knowledge and

training investments. The challenge of managing nursing staff is more evident when we compare their average turnover rate with that of other hospital staff in all regions of the country. (Graph 13) Regional analysis has shown that the problem is more prevalent in South and North-Center West regions, where total turnover rate and nursing turnover rates are higher than the national average.

GRAPH 13

Turnover rate (%) –  
Average Anahp hospitals – 2017



Source: SINHA/Anahp.

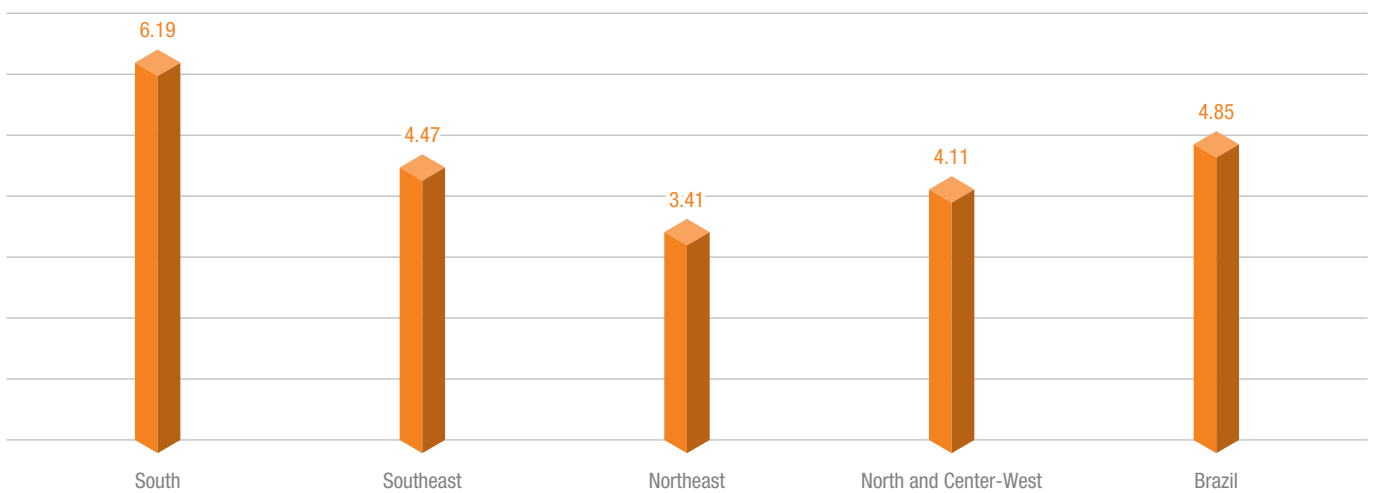
South Region, for example, has the highest rate of leave, the lowest rate of full hiring and the

lowest rate of staff retention among the four analyzed regions. It is also the region that has

the highest cost with personnel related to net revenues.

GRAPH 14

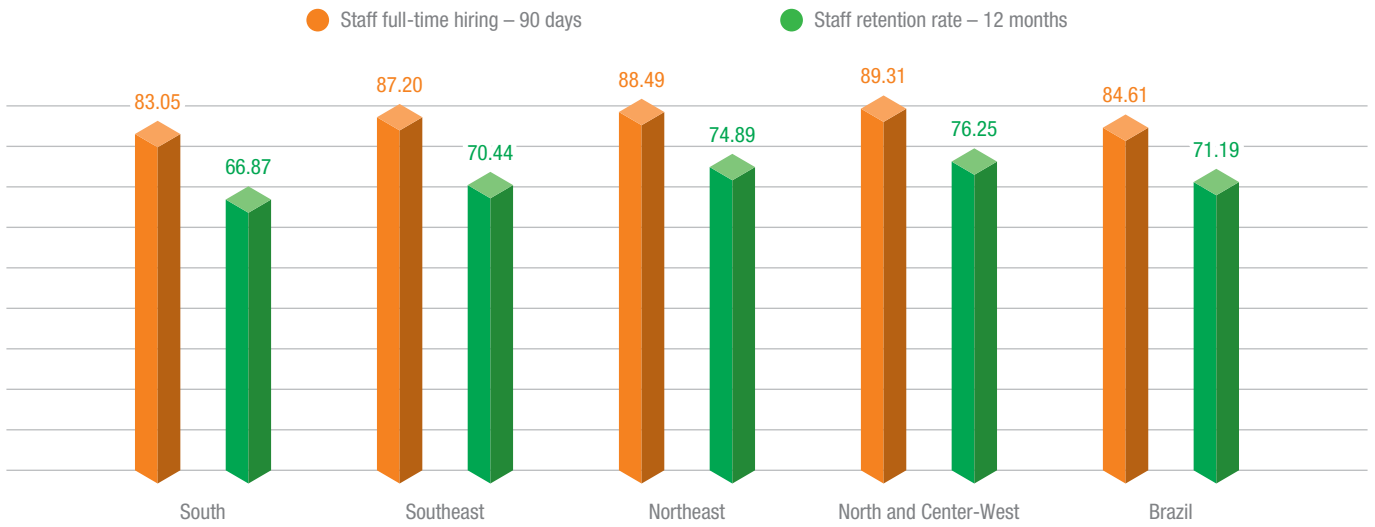
Rate of medical leave – inactive staff (%) – 2017



Source: SINHA/Anahp.

GRAPH 15

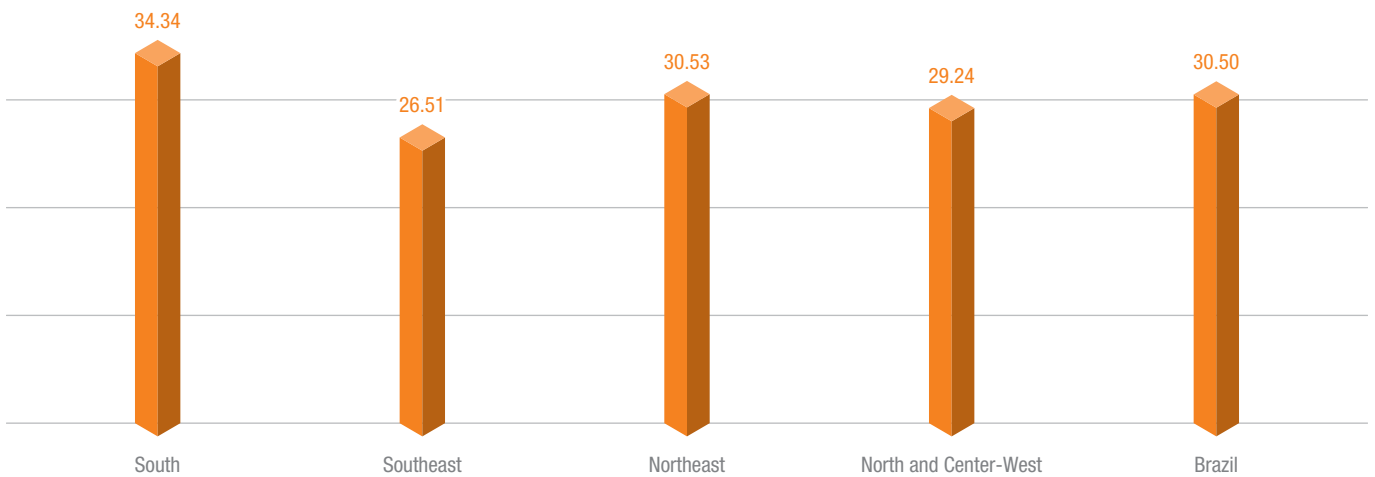
Rate of full-time hiring – 90 days (%) and staff retention rate – 12 months (%) – 2017



Source: SINHA/Anahp.

GRAPH 16

Personnel cost related to net revenues (%), by region – 2017



Source: SINHA/Anahp.

It is important to point out, though, as presented in the Economic-Financial Management section, that hospitals in the South Region have

the lowest average revenues per hospital discharge. These first regional indicators suggest the correlations between financial

indicators and people management in Anahp hospitals, but further analyses are required to better understand the regional characteristics of the sector.



## Headcount in Anahp hospitals

In 2017, Anahp member hospitals totaled 162,980 employees in their staff. Increase in headcount is related to growth in number of employees in each hospital and increase in

number of Anahp member hospitals. (Graph 17) Thus, Anahp hospitals have amounted to 13.7% of the total formal headcount in the hospital industry.

GRAPH 17

Total headcount at Anahp hospitals



Source: Organizational Profile



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# Environmental sustainability

Average water consumption at Anahp hospitals has dropped for the second consecutive year





## *Conversely, power consumption has increased again, after the drop in 2016*

Environmental sustainability is a broad concept and its dissemination, understanding and studies about the most effective way to implement it, are concerns that go beyond 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 Sustainability Practices.

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

Moreover, as shown in the Economic-Financial Management section, power and water expenditures amounted to 2.1% of all hospital expenses in 2017. Therefore, measuring these items help Anahp member hospitals make decisions towards better resource optimization practices.

Water and electricity consumption and waste management are directly related to patient-day production, that is, the consumption of these resources tends to increase alongside patient-day demand. Additionally, there is also room for greater efficiency in resource utilization.

The adopting of more efficient practices after the water shortage crisis in Brazil, for example, has led to decrease in average water consumption. However, the electrical power consumption has picked up again in 2017.

## Electrical power consumption

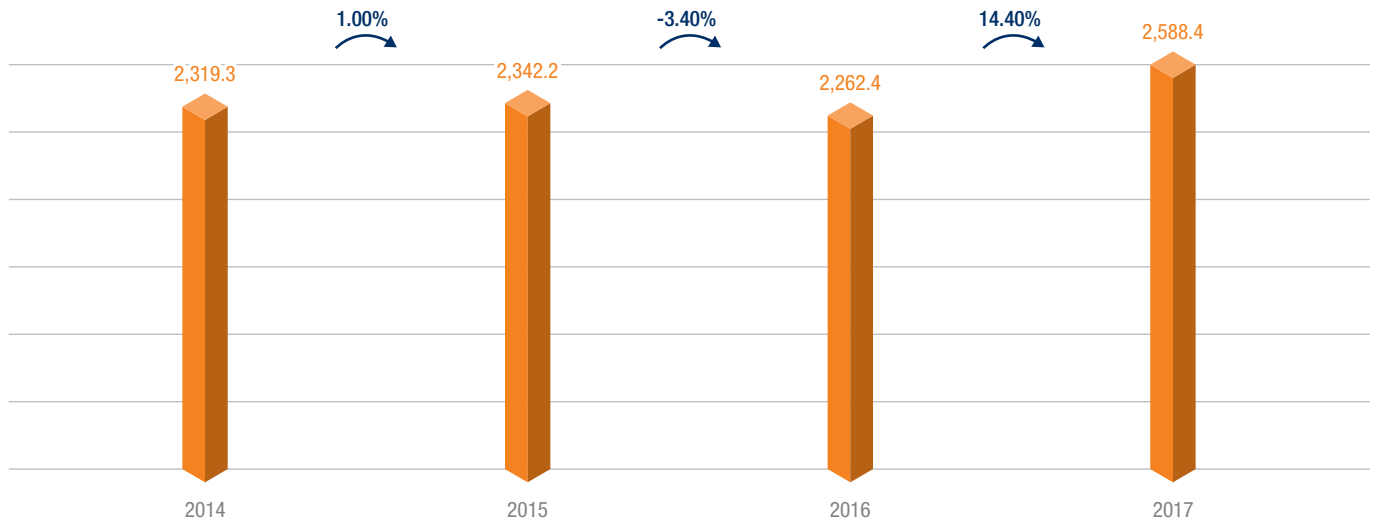
The electrical power consumption by operational bed increased 14.4% in 2017, after 3.4% decrease in 2016. (Graph 1)

Consumption by patient-day, in turn, increased 17.3% in 2017, after 3.4% decrease in 2016. (Graph 2)  
This result may be associated

with the service profile, but it also suggests the opportunity to adopt measures that increase power efficiency.

GRAPH 1

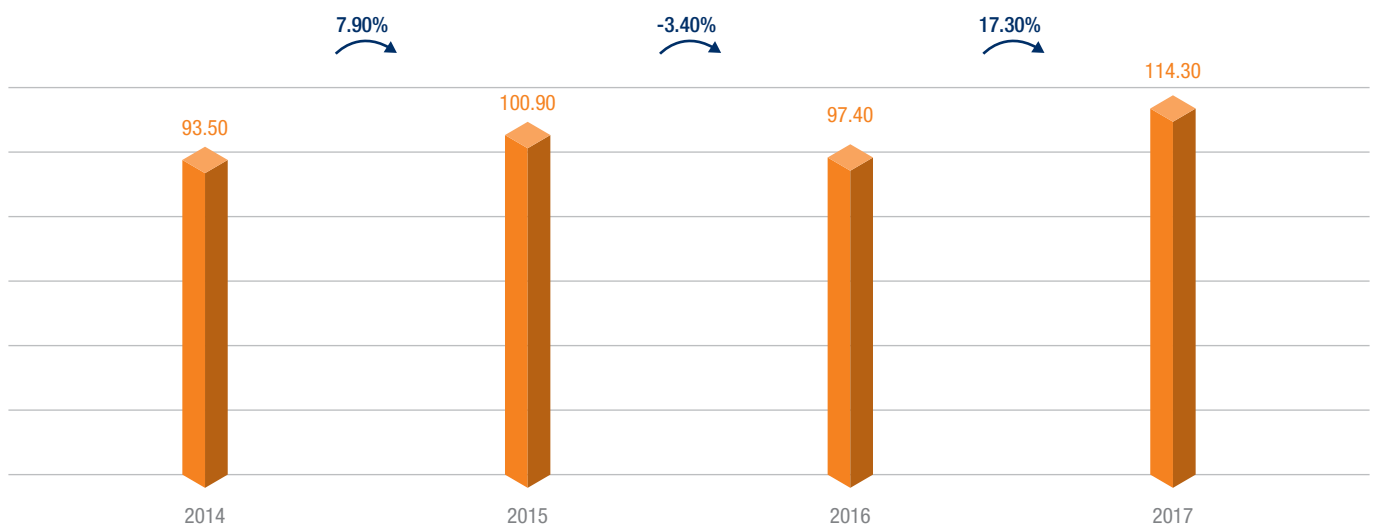
Consumption of electricity in KW/h per operational bed – Average of Anahp hospitals



Source: SINHA/Anahp.

GRAPH 2

Consumption of electricity in KW/h per patient-day – Average of Anahp hospitals



Source: SINHA/Anahp.

## Water consumption

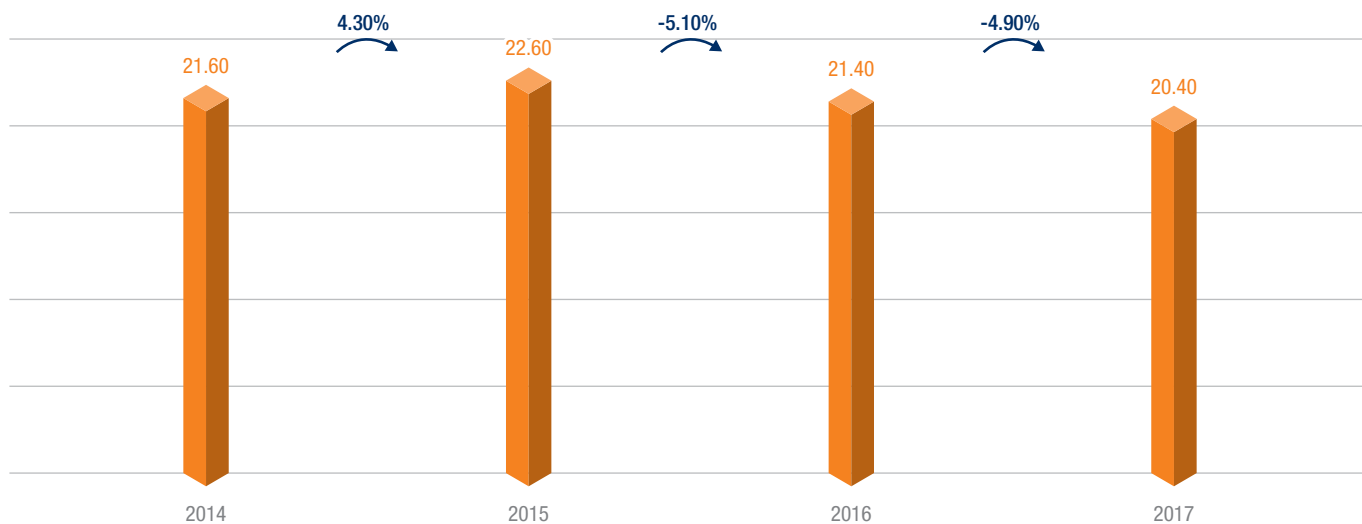
Since 2015, when the worst ever water shortage in the country affected us, hospitals have realized they had to implement initiatives for efficient

water consumption. As a consequence, average water consumption per operational bed went down from 22.6 m<sup>3</sup> in 2015 to 21.4 m<sup>3</sup>

in 2016 and 20.4 m<sup>3</sup> in 2017 (Graph 3), whereas patient-day consumption, which used to be 0.98 m<sup>3</sup> in 2015, reached 0.91 m<sup>3</sup> last year (Graph 4).

GRAPH 3

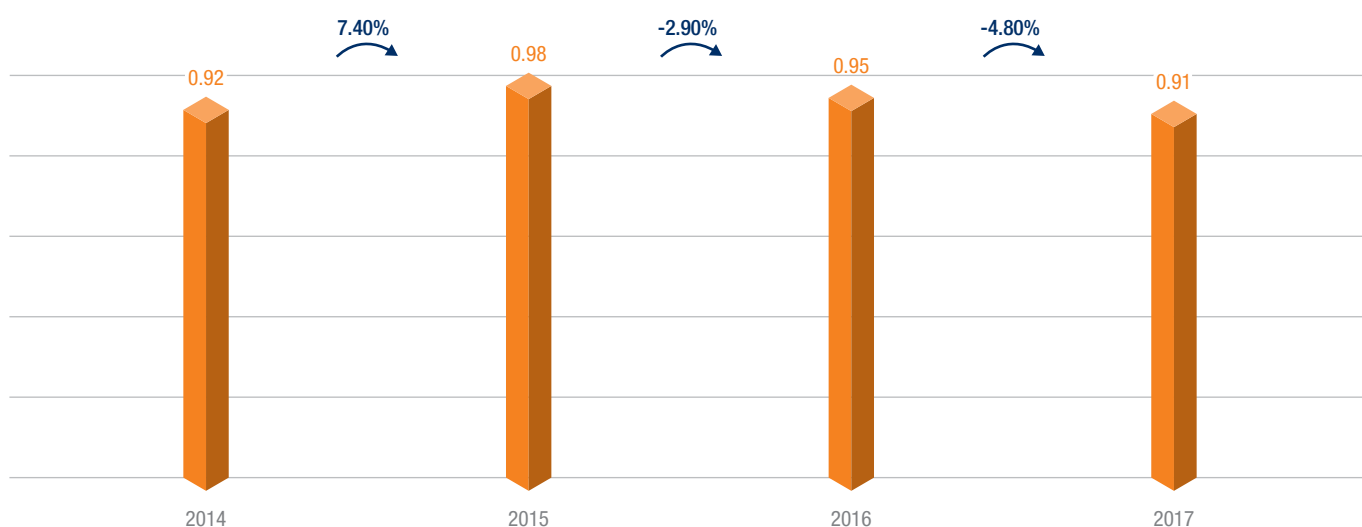
Consumption of water in m<sup>3</sup> per operational bed – Average of Anahp hospitals



Source: SINHA/Anahp.

GRAPH 4

Consumption of water in m<sup>3</sup> per patient-day – Average of Anahp hospitals



Source: SINHA/Anahp.

## Waste

Healthcare-related waste derives from care provided to patients in any healthcare centers. Some examples are syringes, plastic materials, gases and biological materials. To mitigate the damage caused by disposal of these resources, Anvisa (Brazilian Health Regulation Agency), through RDC No. 33/03, which addresses the Management Plan of Healthcare-related waste, has defined rules for generation, segregation, conditioning, 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.

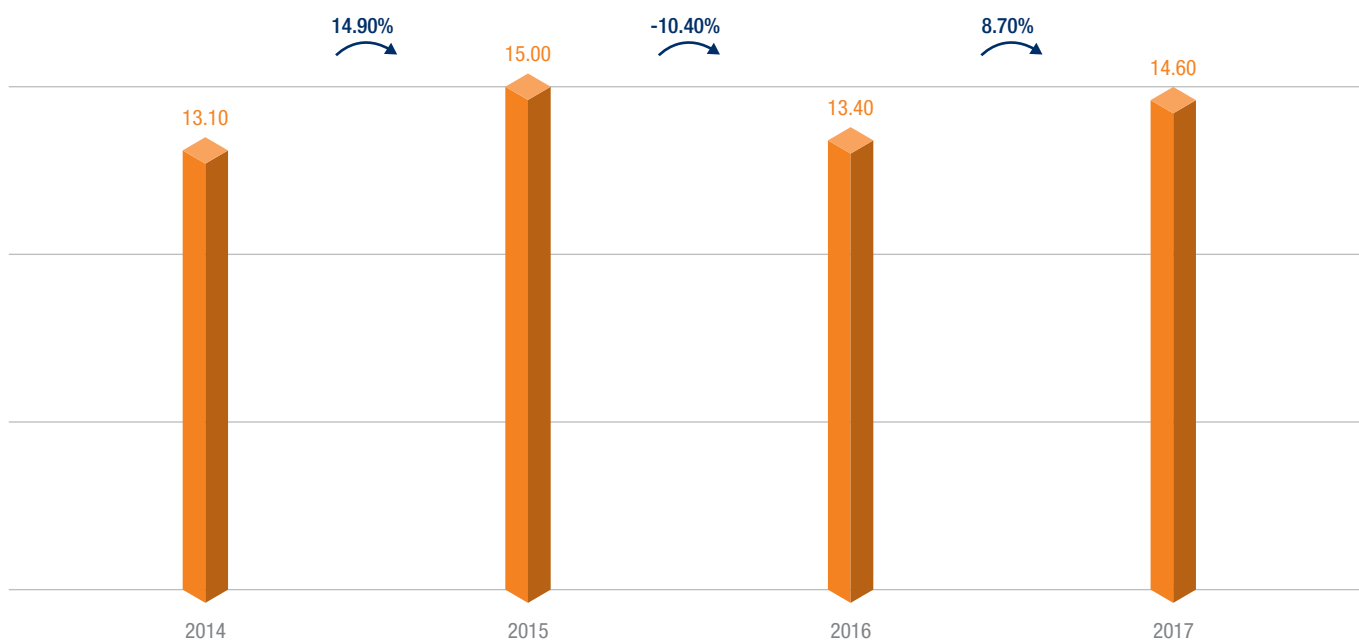
These indicators follow the same consumption trend as water and electricity, varying according to the number of clinical and surgical patients seen.

In 2017, total waste generation from Anahp hospitals went up, reaching a level close to that of 2015, if we take into account the patient-day indicator. (Graph 5)



GRAPH 5

Waste generation (infectious + recyclable + non-recyclable) per patient-day (Kg) – Average Anahp hospitals



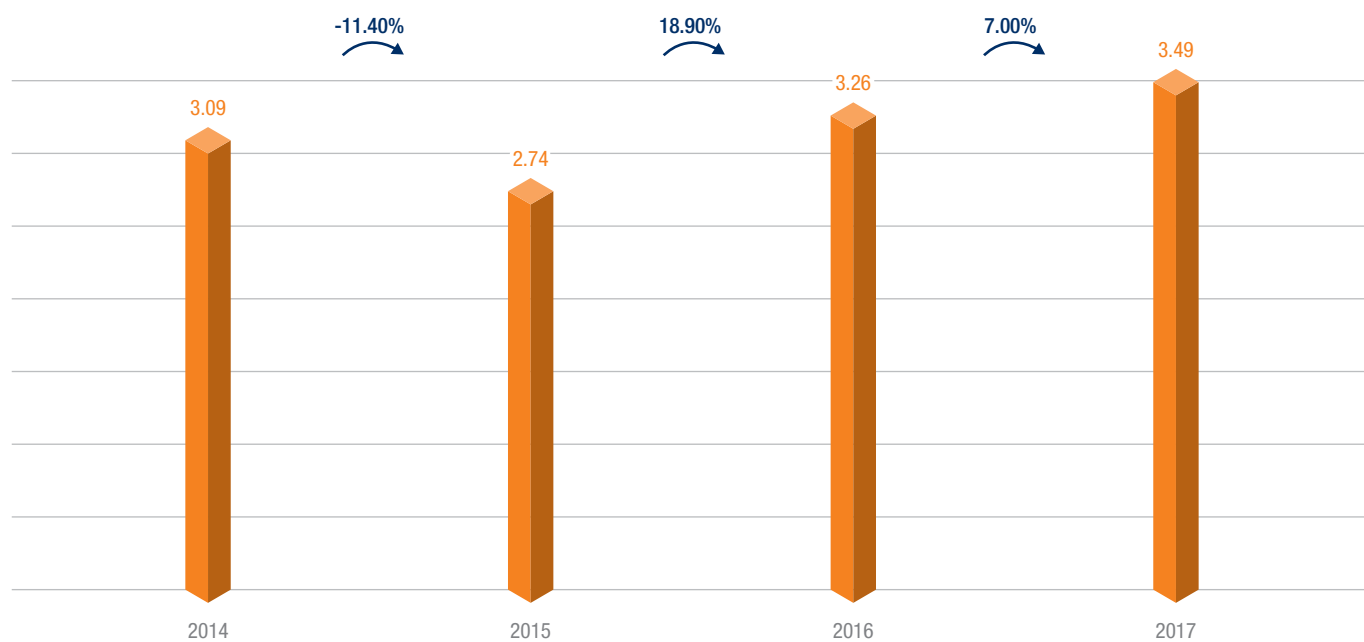
Source: SINHA/Anahp.



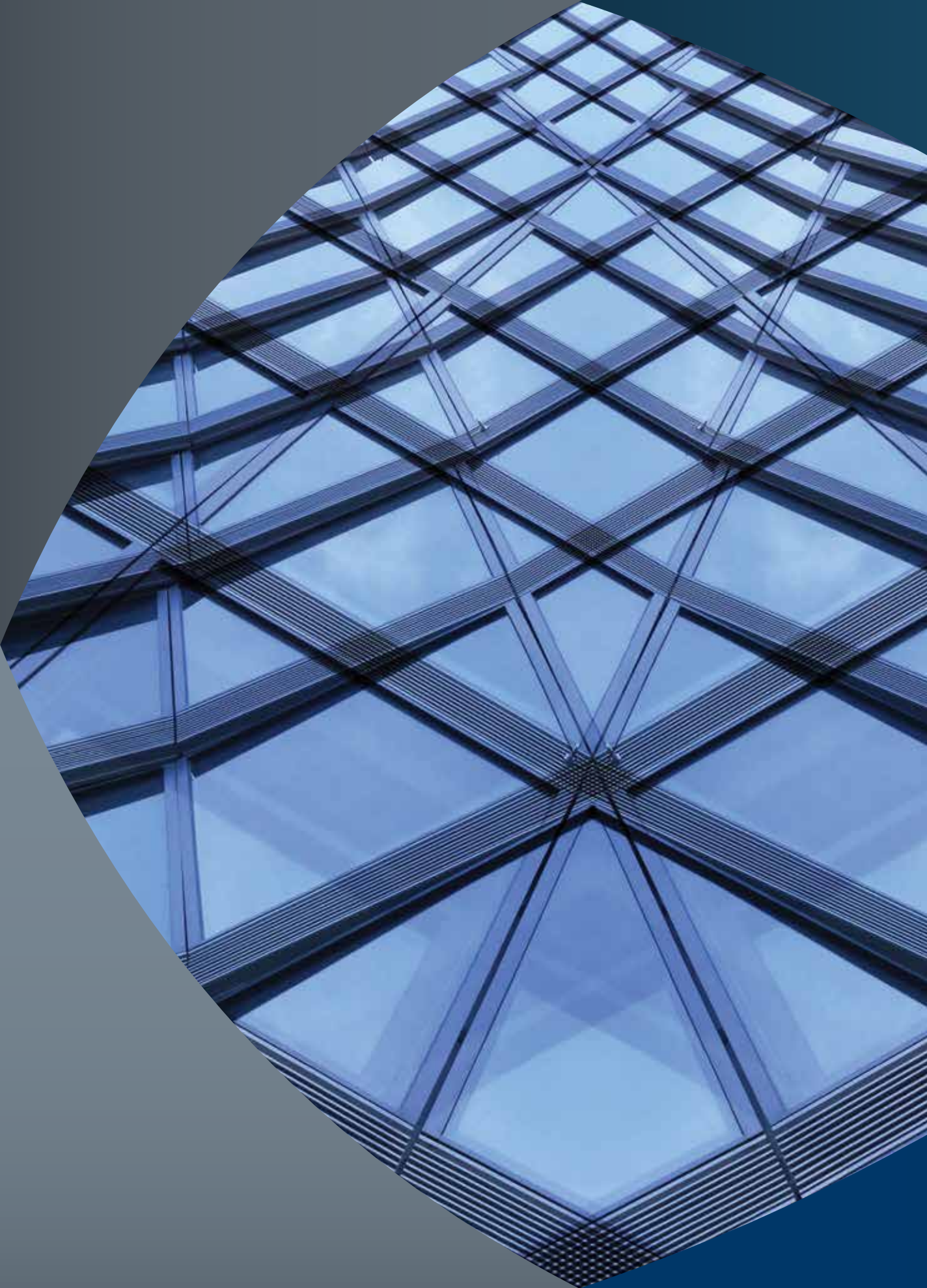
Generation of infectious waste (blood, culture media, tissues, organs, waste coming from isolation room and clinical analysis laboratory, sharps, among others) has increased in 2017. (Graph 6)

GRAPH 6

Infectious waste generation per patient-day (Kg) – Average Anahp hospitals



Source: SINHA/Anahp.







# INSTITUTIONAL PROFILE

This section presents  
Anahp Full Member Hospitals

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Hospital 9 de Julho  
Hospital Adventista de Manaus  
Hospital Alemão Oswaldo Cruz  
Hospital Aliança  
Hospital Anchieta  
Hospital Assunção  
Hospital Barra D'Or  
Hospital BP  
Hospital Brasília  
Hospital Cardiológico Costantini  
Hospital Copa D'Or  
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Hospital do Coração – HCor  
Hospital do Coração do Brasil  
Hospital Dona Helena  
Hospital e Maternidade Brasil  
Hospital e Maternidade Santa Joana  
Hospital e Maternidade São Luiz – Unidade Anália Franco  
Hospital e Maternidade São Luiz – Unidade Itaim  
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Hospital Esperança Olinda  
Hospital Infantil Sabará  
Hospital Israelita Albert Einstein  
Hospital Leforte Liberdade  
Hospital Madre Teresa  
Hospital Mãe de Deus  
Hospital Marcelino Champagnat  
Hospital Márcio Cunha  
Hospital Mater Dei Contorno  
Hospital Mater Dei Santo Agostinho  
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UDI Hospital  
Vitória Apart Hospital

## INSTITUTIONAL PROFILE

# A.C. CAMARGO CANCER CENTER



Characterization	
Full Member Hospital	Since 2010
Not-for-profit organization	
Foundation	1953
Constructed area	84,900 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	Accreditation Canada, ONA III

Key indicators 2017	
Operational Beds	480
ICU Beds	61
Credentialed physicians	635
Active employees	4,082
Visits to the Emergency Department	29,480
Outpatient Visits	459,093
Hospital Admissions	27,157
Surgeries (except for deliveries)	23,084
Deliveries	Not applicable
Tests and Exams	4,199,490

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Fighting cancer is a humanitarian cause. A.C. Camargo Cancer Center embraces this cause. For 65 years, A.C. Camargo Cancer Center has been an organization specialized in oncology researching the disease in order to acquire thorough understanding about it. It is an international reference center.

The Cancer Center is an important progress in fighting the disease, as it adopts an approach that integrates diagnosis, treatment, teaching and research and has guidelines to deliver the best results for each patient; to train specialists, teachers and doctors; and to generate and share knowledge about cancer with other institutions and society. It is a constant and multidisciplinary work in which clinical practice is based on scientific evidence. It is an institution which believes that today's research is tomorrow's treatment and in patient-centered care.

## HIGHLIGHTS 2017/2018

The Breast Reference Center was implemented in 2017. The journey of each patient is assisted by navigate nurses, who guide and follow the steps of care, from scheduling of consultations to end of treatment. It is the first of the eleven Reference Centers developed according to the primary site of each tumor.

The Immunotherapy Center was also consolidated and integrated, with 400 patients treated over the past years. The integrated and specialized approach is the concept of the new unit that will be inaugurated in 2018, Pires da Mota Unit, with more than 12,000 m<sup>2</sup> to provide outpatient care, minor surgeries, chemotherapy, immunotherapy services. It will be a site focused on breast, gynecological and skin tumors.

In 2017, the center published 182 scientific papers and trained 113 specialists, 41 masters and 30 PhD physicians in oncology.



## INSTITUTIONAL PROFILE

# BP MIRANTE

BP Mirante is the premium hospital unit of BP – Beneficência Portuguesa de São Paulo is the hospital unit focused on premium healthcare plan and private patients. Inaugurated in 2007, it is a high-level hospital whose objective is to provide close and high-resolution care. BP Mirante is a reference in high complexity, hospitality, and state-of-the-art technology and differentiated hospitality services.

Renowned specialists in the country form the clinical staff. Joint Commission International (JCI), the most important medical quality certification body in the world, has accredited the hospital since 2010. The two towers house 93 beds, 7 surgery rooms and a general emergency care department in private format, combining modern infrastructure, state-of-the-art equipment and healthcare staff ready to supply humanized and invigorating care to all customers.

### HIGHLIGHTS 2017/2018

In its 10-year anniversary, BP Mirante kept its promise to offer excellent and differentiated clinical services to its customers. One of the highlights was the partnership signed with Grupo Oncoclínicas to provide Radiation Therapy services, to offer customer the most modern technology available in the market. The re-accreditation by JCI also occurred in 2017 and the kick-off of the operation of the new angiograph that enables minimally invasive procedures to be performed with even greater safety.

The acquisition of the da Vinci X Surgical System, last generation surgical robot designed to perform minimally invasive surgical interventions, was another great investment. Additionally to the acquisition of the robot the hospital will implement the robotic surgery program throughout 2018.



Characterization	
Full Member Hospital	Since 2012
Not-for-profit organization	
Foundation	2007
Constructed area	32,852 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	JCI

Key indicators 2017	
Operational Beds	91
ICU Beds	26
Credentialed physicians	2,010
Active employees	898
Visits to the Emergency Department	7,303
Outpatient Visits	15,943
Hospital Admissions	4,678
Surgeries (except for deliveries)	7,102
Deliveries	Not applicable
Tests and Exams	629,251

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## INSTITUTIONAL PROFILE

# CASA DE SAÚDE SÃO JOSÉ



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 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

### Key indicators 2017

Operational Beds	205
ICU Beds	50
Credentialed physicians	3,000
Active employees	1,400
Visits to the Emergency Department	20,000
Outpatient Visits	Not applicable
Hospital Admissions	12,000
Surgeries (except for deliveries)	15,000
Deliveries	2,000
Tests and Exams	56,982

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Casa de Saúde São José has almost 100 years of existence and is part of Associação Congregação de Santa Catarina (ACSC), a social network in the service of life. Currently the Association manages 26 organizations to provide healthcare, education and social care. As an essentially catholic and philanthropic institution Casa de Saúde São José was founded in the heart of South area in Rio the Janeiro as a hospital of excellence, always striving to provide humanized hospitality and health care for its patients.

The institution has approximately 3,000 registered physicians. A team of 1,400 employees provides all health and clinical care to both patients and caregivers. The hospital has 12,000 inpatients, 20,000 appointments in 24-hour Emergency Care, 15,000 surgeries in the most diverse specialties and 2,000 deliveries per year. The institution has 205 beds.

## HIGHLIGHTS 2017/2018

Casa de Saúde São José began the year 2018 with a milestone: the inauguration of the new 24 by 7 modernized Emergency Department has tripled the area. The new facilities provide general practice, cardiology, orthopedics and obstetrics care, and the hospital started offering specialty care support in the areas of general surgery, cardiac surgery, neurology, neurosurgery and vascular surgery. The new Emergency Department is the first of many modernization projects of the hospital. Next, after new ED, will be the expansion of the Imaging Diagnostic Center as part of the integration between the units. The project contemplates new services such as nuclear medicine and new health care area for women. Casa de Saúde São José holds the Qmentum Canadian Accreditation, registered by Instituto Qualisa de Gestão (IQG), and Accreditation Canada.



## INSTITUTIONAL PROFILE

# CLÍNICA SÃO VICENTE

Clínica São Vicente was inaugurated in 1933. It was located in Gávea, and operated as a hospice until 1942. The service was opened for other specialties after this date and the institution served as a general hospital becoming a precursor in several types of transplants in Rio de Janeiro, including intensive care services.

In October 2016, the Clinic was awarded Level III certification – Accredited with Excellence, granted by the National Accreditation Organization (ONA).

In April 2017, Rede D'Or São Luiz was incorporated. The challenges for 2018 are to increase the number of beds and the complexity of care: to be a benchmark of care in oncology, cardiology and clinical surgery and provide higher customer satisfaction through the improvement of social care indicators.

## HIGHLIGHTS 2017/2018

After the incorporation of Rede D'Or São Luiz, there was a restructuring in management and permanent education. It strengthens the synergism of the units and optimized support services. The nursing schedule was modified to contemplate greater humanization of care provided: and two important committees were created: Patient Safety and Patient Experience. The construction work to expand emergency department and revamping of other units has also begun.



### Characterization

Full Member Hospital	Since 2017
For-profit organization	
Foundation	1933
Constructed area	15,731 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	88
ICU Beds	39
Credentialed physicians	1,506
Active employees	799
Visits to the Emergency Department	16,714
Outpatient Visits	Not applicable
Hospital Admissions	4,934
Surgeries (except for deliveries)	3,754
Deliveries	Not applicable
Tests and Exams	33,350

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Rio de Janeiro, RJ – 22451-100  
(21) 2529-4422  
[www.clinicasaovicente.com.br](http://www.clinicasaovicente.com.br)

## INSTITUTIONAL PROFILE

# COMPLEXO HOSPITALAR DE NITERÓI



### Characterization

Full Member Hospital	Since 2016
For-profit organization	
Foundation	1991
Constructed area	34,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III, Qmentum

### Key indicators 2017

Operational Beds	302
ICU Beds	126
Credentialed physicians	1,622
Active employees	2,020
Visits to the Emergency Department	98,233
Outpatient Visits	Not applicable
Hospital Admissions	14,521
Surgeries (except for deliveries)	8,863
Deliveries	1,116
Tests and Exams	126,147

R. La Salle, 12 – Centro  
Niterói, RJ – 24020-096  
(21) 2729-1000  
[www.chniteroi.com.br](http://www.chniteroi.com.br)

Complexo Hospitalar de Niterói currently operates with more than 300 beds across five units, occupying an area of 34,000 square meters. The hospital stands out for the safety and excellence it offers in highly complex medical procedures, and currently focuses on five large areas: Transplant, Cardiovascular Medicine, Oncology, Neurology and Mother-Child Care. It is among the private hospitals that perform the most bone marrow transplants in the state of Rio de Janeiro. The hospital is accredited by Accreditation Canada International (ACI), under the Qmentum Global program. It is also accredited for Excellence by ONA.

## HIGHLIGHTS 2017/2018

The year 2017 was a year of major accomplishments for CHN. The Complex invested more than R\$ 100 million in the expansion project, and in September opened units IV and V, doubling in size: 34,000 square meters of constructed area, 71 new beds, new intensive cardiac and pediatric intensive care units (ICUs), six specialized emergency and imaging services.

The hospital was accredited by Accreditation Canada International (ACI) under the Qmentum Global program. As a result of this achievement, CHN joined a select group made up of five accredited private hospitals in Rio de Janeiro, and became the first accredited hospital in the north and east of the state of Rio de Janeiro.

In 2018, the expansion project expects to create another 26 transplant beds with positive pressure and HEPA filters, among other specific resources, including day clinic beds for post-transplant patients. Upon completion of Unit V, the hospital will have a total constructed area of 47,793 m<sup>2</sup>, new beds, an infusion center and support offices, with new investments of more than R\$ 40 million.





## INSTITUTIONAL PROFILE

# COMPLEXO HOSPITALAR EDMUNDO VASCONCELOS

Complexo Hospitalar Edmundo Vasconcelos located next to the Ibirapuera Park, is one of the most complete healthcare centers in Brazil, with professionals, technology and infrastructure focused on excellence of care to customers. The center has more than 25,000 square meters where inpatient services, medical center of specialties for consultations and procedures, emergency department, modern surgical center and complete structure of diagnostic medicine.

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, the inclusion in the ranking of the Best Hospitals and Clinics in Latin America title awarded by America Economia Intelligence magazine.

## HIGHLIGHTS 2017/2018

The investments defined for the year 2018 has two major projects that stands out: The modernization and expansion of the surgical center, which shall have a hybrid room and another one enabling the performance of surgeries with the use of robots and the modernization of the inpatient units, aiming at maintaining excellent patients experience.

A line of care structured by a therapeutic plan aims at enhance safety and quality of care with the purpose to promote greater multidisciplinary integration based on proximity and knowledge of the characteristics of each patient. A survey requested from Bridge Research Institute sealed the effort to ensure the best experience for patients: the set of services provided by the hospital achieved 91% satisfaction level of more than 2,000 respondents.



### Characterization

Full Member Hospital	Since 2014
For-profit organization	
Foundation	1949
Constructed area	25,000 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	220
ICU Beds	31
Credentialed physicians	893
Active employees	937
Visits to the Emergency Department	102,937
Outpatient Visits	219,856
Hospital Admissions	11,561
Surgeries (except for deliveries)	14,384
Deliveries	Not applicable
Tests and Exams	1,481,968

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São Paulo, SP – 04038-905  
(11) 5080-4000  
[www.hpev.com.br](http://www.hpev.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL 9 DE JULHO



### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	1955
Constructed area	60,500 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	380
ICU Beds	91
Credentialed physicians	5,266
Active employees	2,584
Visits to the Emergency Department	133,014
Outpatient Visits	153,922
Hospital Admissions	22,780
Surgeries (except for deliveries)	32,000
Deliveries	Not applicable
Tests and Exams	1,643,514

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

Hospital 9 de Julho is part of Rede Ímpar Serviços Hospitalares, which is a Network that gathers six hospitals in São Paulo, Rio de Janeiro and Brasília. The Hospital has operated for 63 years and has consolidated as a benchmark of highly complex medicine with 410 beds, 22 operating rooms (three for robotic and two hybrid surgeries with cath lab and MRI) and 91 ICU beds.

In 2017, the hospital received the Leed of the United States Green Building Council (USGBC), an international seal awarded to block A as a green building. Additionally it was accredited as Level 6 of HIMMS (Health Information Management Systems Society), an international body that certifies healthcare institutions in regards to the use of information technology to enhance patient safety, process efficiency and reduction of paperwork. In 2018, it will seek reaccreditation by Joint Commission International (JCI), the world's largest Health Accreditation Agency.

## HIGHLIGHTS 2017/2018

Hospital 9 de Julho had great achievements in 2017. The opening of the second Pediatric Hematology/Oncology unit, with 16 additional beds and concept of game therapy and chromotherapy was one of them. The partnership with Microsoft for the development of new technology in Health and Artificial Intelligence areas was another highlight. The second robot for minimally invasive surgeries also began to operate surpassing 2,000 robotic surgeries including the opening of the Intelligent Room of Robotics, which allows the surgeon to perform sequential surgeries in optimizing the surgery time by up to one hour. In 2018 a new building with 60 additional beds will be inaugurated, expanding the emergency department, surgical center, intensive care units and diagnostic center. The hospital is also planning to buy the third Da Vinci robot.



**INSTITUTIONAL PROFILE**

**HOSPITAL  
ADVENTISTA  
DE MANAUS**

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 25<sup>th</sup>, 1976, this couple’s entrepreneurial spirit resulted in the opening of Clínica 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 19<sup>th</sup>, 1989, the facilities of the current Hospital Adventista de Manaus, located in the Industrial District, were opened.

**HIGHLIGHTS 2017/2018**

In 2017, Hospital Adventista de Manaus ranked sixth on the list of the best healthcare institutions to work for in Brazil. The ranking was published after a survey conducted by the consulting firm Great Place to Work, which has been assessing the organizational climate and people management programs of companies in more than 50 countries since the 1990s.

In October 2017, Live Healthcare, in partnership with the advisory company PwC, conducted the Referências da Saúde – Top Hospitalar survey. The institution won first place with the HAMARH (Hospital Adventista de Manaus Assesses, Recognizes and Humanizes) people management case. More than 66 healthcare institutions submitted 117 cases to this survey. This project was developed to meet the primary needs of employees and their family members.



Characterization	
Full Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1978
Constructed area	12,994 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	109
ICU Beds	34
Credentialed physicians	479
Active employees	903
Visits to the Emergency Department	44,398
Outpatient Visits	133,697
Hospital Admissions	4,620
Surgeries (except for deliveries)	3,809
Deliveries	60
Tests and Exams	122,071

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www.ham.org.br

## INSTITUTIONAL PROFILE

# HOSPITAL ALEMÃO OSWALDO CRUZ



### Characterization

Full Member Hospital	Since 2002
Not-for-profit organization	
Foundation	1897
Constructed area	96,000* m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	573
ICU Beds	44
Credentialed physicians	3,873*
Active employees	2,914*
Visits to the Emergency Department	84,221
Outpatient Visits	115,705
Hospital Admissions	22,194
Surgeries (except for deliveries)	16,675
Deliveries	Not applicable
Tests and Exams	272,951*

\* Units Vergueiro and Paulista

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

Hospital Alemão Oswaldo Cruz founded in 1897 by a group of German immigrants is one of the largest hospitals in Latin America providing high complexity care services with emphasis on Oncology and Digestive Diseases. In line with its strategic plan the hospital renewed its brand and positioning in the market in 2017.

The Clinical Excellence Staff has 3,873 active registered doctors and is structured in three pillars: Private Health Care with the Units Paulista and Vergueiro in São Paulo; Research and Education with scientific publications, clinical research and technical and higher education, and Social Accountability through partnerships arranged between the Ministry of Health within the scope of Proadi-SUS, and which manages Complexo Hospitalar dos Estivadores in Santos.

## HIGHLIGHTS 2017/2018

In 2017, the hospital continued the expansion plan and opened the Referral Unit Oswaldo Cruz Vergueiro in São Paulo state capital with a disruptive business model. The total amount invested was 140 million and it is the first hospital in the country to pay for treatments and procedures with predictability of costs.

The new unit added 232 more beds (30 for ICU) to the infrastructure of the institution. As part of its commitment to health development, the institution has also mirrored in the public service the model of excellence in health care that has made it a benchmark in the sector. The new unit and management of the Estivadores Hospital Complex by Instituto Oswaldo Cruz Hospital increased its total installed capacity of 805 beds (582 for private health care and 223 for public health care).



## INSTITUTIONAL PROFILE

# HOSPITAL ALIANÇA



Established in 1990 with the objective of integrating in a same physical space a Hospital and a Medical Center, Complexo Hospitalar Aliança was inserted in the medical-hospital scenario of Bahia and the Brazilian Northeast as a reference in healthcare for patients and physicians.

In 2001, it opened the Centro Aliança de Pediatria (CAP, Pediatrics Center), directed to children up to 14 years of age. A national reference in pediatrics, CAP has differentiated architecture, with a large art collection and landscape project that smooth the hospital environment. Its specialized professional team provide full healthcare to children and Family members, offering treatment that is more efficient and closer to the children.

With healthcare based on ethics, humanization, and safety, Hospital Aliança has been known for its strict quality standards since its establishment. The hospital counts with a highly skilled clinical team and modern equipment and adopts excellence and continuous improvement as management drivers.

## HIGHLIGHTS 2017/2018

In line with the essence of quality and continuous improvement, Hospital Aliança has been achieving successive certifications. In 2017, it was granted the maximum level in ONA national certification. This accomplishment supports its commitment to provide quality healthcare with excellence, thus contributing to improve health in Bahia.

Still in 2017, it was awarded by the 23<sup>rd</sup> edition of Top of Mind Salvador, in the Private Hospital segment, as the brand most recalled in the Bahia marked.

In 2018, the Hospital continues with its improvement focused on patient safety and experience and is preparing for the Canadian Qmentum international certification.

### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	1990
Constructed area	34,334 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	213
ICU Beds	42
Credentialed physicians	1,892
Active employees	1,591
Visits to the Emergency Department	68,801
Outpatient Visits	Not applicable
Hospital Admissions	12,815
Surgeries (except for deliveries)	8,495
Deliveries	1,732
Tests and Exams	80,900

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Salvador, BA – 41920-900  
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[www.hospitalalianca.com.br](http://www.hospitalalianca.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL ANCHIETA



### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	1995
Constructed area	62,344 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	163
ICU Beds	50
Credentialed physicians	686
Active employees	1,085
Visits to the Emergency Department	185,741
Outpatient Visits	Not applicable
Hospital Admissions	12,792
Surgeries (except for deliveries)	4,907
Deliveries	1,741
Tests and Exams	473,433

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Taguatinga, DF – 72115-700  
(61) 3353-9463 / 3353-9358 / 3353-9060  
[www.hospitalanchieta.com.br](http://www.hospitalanchieta.com.br)

Hospital Anchieta has 22 years of existence and was designed based on the assumption to provide excellence in healthcare. It is among the most recognized hospital organizations of Center West of Brazil. Complexo Anchieta was a dream of the obstetrician Délcio Rodrigues Pereira, with the union of a multidisciplinary team that believed in the ideal of combining the universality of medical knowledge from holistic perspective into specialized approach, with comfort and resolution, enabling professionals to achieve full potential. The organization is formed by a Medical Center and Center of Excellence – with more than 62,000 m<sup>2</sup> 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.

## HIGHLIGHTS 2017/2018

In 2017, the project “Feliciência” was conceived after the strategic plan review, which culminated in the redesign of a new organizational identity. Therefore, employees were trained and a new program aiming at their wellbeing was designed. Anchieta received the V Health Excellence Award 2017 and ranked among the best institutions in the country in the Best Practices and Compliance Category. It was also re-certified in Level III (Excellence) by the National Accreditation Organization (ONA).

The expansion project, focused on the best integration of healthcare lines, included the inauguration of the Cancer Hospital Anchieta in 2017, the NeuroAnchieta – Neurology, Neurosurgery and Pain Control Center, the Nephrology Center and 84 additional inpatient beds. The implementation of Digital Hospital was another key initiative to modernize the institution.



## INSTITUTIONAL PROFILE

# HOSPITAL ASSUNÇÃO



### Characterization

Full Member Hospital	Since 2017
For-profit organization	
Foundation	1972
Constructed area	12,798 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	94
ICU Beds	41
Credentialed physicians	1,204
Active employees	747
Visits to the Emergency Department	157,385
Outpatient Visits	106,122
Hospital Admissions	12,621
Surgeries (except for deliveries)	7,293
Deliveries	Not applicable
Tests and Exams	1,004,084

Opened on January 10, 1972, Hospital Assunção received the National Accreditation Organization (ONA) Level II accreditation in 2008. In September 2010, Rede D'Or acquired the hospital, which then started getting more investments in technical and perceived quality processes, reaching a peak in 2015, when it obtained the ONA Level III accreditation. Today, it is one of the best private hospitals in the city of São Bernardo do Campo and is currently pursuing a continuous improvement process so as to better serve patients.

## HIGHLIGHTS 2017/2018

In 2017, Hospital Assunção opened centers of clinical neurology, psychiatry, and osteomyelitis, built a diagnostic cardiology team, renovated the premises where the Pediatric Emergency Room is located, and added an exclusive computed tomography scan to the ER.

The hospital also reconditioned the Clinical Oncology area, including new chemotherapy rooms and medical offices. In 2018, an expansion and renovation of the specialty outpatient facilities will take place.

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São Bernardo do Campo, SP – 09810-250  
(11) 4344-8000  
[www.hospitalassuncao.com.br](http://www.hospitalassuncao.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL BARRA D'OR



### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	1998
Constructed area	12,318 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	Qmentum

### Key indicators 2017

Operational Beds	165
ICU Beds	52
Credentialed physicians	510
Active employees	1,619
Visits to the Emergency Department	69,363
Outpatient Visits	Not applicable
Hospital Admissions	11,337
Surgeries (except for deliveries)	6,483
Deliveries	Not applicable
Tests and Exams	91,552

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Rio de Janeiro, RJ – 22775-001  
(21) 2430-3646  
[www.barrador.com.br](http://www.barrador.com.br)

In 2017, the project “Feliciência” was conceived after the strategic plan review, which culminated in the redesign of a new organizational identity. Therefore, employees were trained and a new program aiming at their wellbeing was designed. Anchieta received the V Health Excellence Award 2017 and ranked among the best institutions in the country in the Best Practices and Compliance Category. It was also re-certified in Level III (Excellence) by the National Accreditation Organization (ONA).

The expansion project, focused on the best integration of healthcare lines, included the inauguration of the Cancer Hospital Anchieta in 2017, the NeuroAnchieta – Neurology, Neurosurgery and Pain Control Center, the Nephrology Center and 84 additional inpatient beds. The implementation of Digital Hospital was another key initiative to modernize the institution.

## HIGHLIGHTS 2017/2018

In 2017, the incorporation of a sound quality and patient safety culture resulted in the achievement of the reaccreditation of the Canadian Methodology Qmentum level Diamond. The Unit also opened the Pneumology Center and maintained the continuous program of Medical Residency of RDSL in the areas of Cardiology, Internal Medicine, Radiology and Intensive Care.

The Hospital also initiated the project of home appointments to provide support and guidelines for patients that underwent femur fracture repair surgery to improve the quality of care provided.

One of the main goals for 2018 is to solidify patient-centered care model to grant total openness for patients and family members in management of care. The inauguration of the Center of Robotics that will place the unit among the world top excellence centers in surgical technology will also occur in 2018.





## INSTITUTIONAL PROFILE

# HOSPITAL BP

Hospital BP is one of the largest private hospitals in Latin America and the largest hospital unit of BP – Beneficência Portuguesa de São Paulo. It has reference physicians in innumerable specialties and modern infrastructure to provide specialized and high complexity care being a benchmark in several specialties with emphasis on Cardiology, Oncology and Neurology.

There are 28 operating rooms, emergency department for children and adults, including trauma care, as well as inpatient facilities for hospitalization of health insurance and private patients. Since BP is a hub for healthcare that is a benchmark in teaching and research it contributes with training professionals for Healthcare market. Since 2013 it has been accredited with Excellence level, the highest level of accreditation from National Accreditation Organization (ONA).

### HIGHLIGHTS 2017/2018

Approximately 176,000 patients received care at Hospital BP in 2017. The hospital has been extensively investing in the modernization of facilities. The inauguration of the new pre-hospitalization unit, comprising 14 beds and waiting room for caregivers, as well as the renovation of the 60-bed pediatric inpatient units with a modern and warming style are worth mentioning. The implementation of the new hospital management software was also made this year, Tasy, by Phillips, was completed which made it possible to adopt the electronic medical record for all hospital care procedures including administrative and social care processes. The use of this tool has been recognized with level 6 of the Electronic Medical Record Adoption Model (EMRAM), the electronic medical record adoption model of the Healthcare Information and Management System Society (HIMSS).



#### Characterization

Full Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1876
Constructed area	107,775 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

#### Key indicators 2017

Operational Beds	793
ICU Beds	201
Credentialed physicians	3,258
Active employees	5,805
Visits to the Emergency Department	97,780
Outpatient Visits	136,180
Hospital Admissions	26,217
Surgeries (except for deliveries)	27,881
Deliveries	58
Tests and Exams	4,389,324

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[www.bp.org.br/bp](http://www.bp.org.br/bp)

## INSTITUTIONAL PROFILE

# HOSPITAL BRASÍLIA



### Characterization

Full Member Hospital	Since 2016
For-profit organization	
Foundation	1987
Constructed area	16,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	184
ICU Beds	65
Credentialed physicians	1,606
Active employees	1,177
Visits to the Emergency Department	114,569
Outpatient Visits	9,423
Hospital Admissions	14,176
Surgeries (except for deliveries)	21,193
Deliveries	Not applicable
Tests and Exams	966,969

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[www.hospitalbrasilia.com.br](http://www.hospitalbrasilia.com.br)

Hospital Brasília has been making history in the Brazilian capital for more than 30 years. In a privileged location, we provide medical care in the areas of neurology, cardiology, oncology and pediatrics. We follow recognized international protocols to care for patients with strokes and cardiovascular diseases, with procedures performed using state-of-the-art equipment, such as in our cath lab. We have a Transplant Unit which is a reference for kidney, bone marrow and liver transplantations.

We provide an excellent hospitality structure and customized nutrition therapy for each patient and are ready to serve the most demanding public. For this purpose, we offer an exclusive channel, called Brasília Service, both in English and Portuguese for VIP patients, with the possibility of simultaneous translation.

## HIGHLIGHTS 2017/2018

The year 2017 was a year of significant progress for Hospital Brasília. We expanded our pediatric ICU, doubling the number of beds from 9 to 18, and opened our cath lab wing. We strengthened our brand through new partnerships with the Latin-American Sepsis Institute (ILAS) and the Join the Angels initiative (focused on the stroke protocol). We also continued with our Make-A-Wish Brazil project.

Hospital Brasília is a reference for inpatient care and surgical procedures in the area of oncology and is accredited for excellence at Level 3 by the National Accreditation Organization (ONA). The hospital is also accredited by International Accreditation Canada under the Qmentum program, which assesses the quality and safety of institutions in relation to management processes, based on the best international practices in 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 2017/2018

In 2017 Hospital Cardiológico Costantini modernized 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 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.

In 2018, the Hospital will celebrate its 20<sup>th</sup> anniversary as a reference treatment center in acute myocardial infarction.



Characterization	
Full Member Hospital	Since 2016
For-profit organization	
Foundation	1998
Constructed area	12,100 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	45
ICU Beds	10
Credentialed physicians	128
Active employees	296
Visits to the Emergency Department	13,400
Outpatient Visits	54,926
Hospital Admissions	2,204
Surgeries (except for deliveries)	2,721
Deliveries	Not applicable
Tests and Exams	129,922

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[www.hospitalcostantini.com.br](http://www.hospitalcostantini.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL COPA D'OR



### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	2000
Constructed area	18,826 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	220
ICU Beds	97
Credentialed physicians	545
Active employees	2,036
Visits to the Emergency Department	124,340
Outpatient Visits	Not applicable
Hospital Admissions	16,222
Surgeries (except for deliveries)	8,138
Deliveries	Not applicable
Tests and Exams	117,539

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[www.copador.com.br](http://www.copador.com.br)

Opened on 23 of May 2000, Copa D'Or is located in the South Zone of Rio de Janeiro, in the district of Copacabana. It is a general hospital, however it has a more surgery-based profile 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.

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

## HIGHLIGHTS 2017/2018

The Reaccreditation in March 2017 is one of the highlights. It also includes the structural and redesign reforms in clinical and surgical floors to enhance comfort and convenience for patients and their family members. Technological Park was expanded with new faster and more modern MRI suite to provide both inpatient and external care. We also highlight the organization of the Palliative Care Committee for inpatients aiming at both quality and differentiated care for this group of patients and family members.

For 2018 the plan is to continue modernizing and better structuring our unit through structural works in clinical units, reform of the surgical room, and expansion of the number of beds in the step-down unit. The Transplantation Intra-Hospital Committee has been strengthened, to increase the number of donations while structuring the board and related areas to initiate liver and kidney transplants.



INSTITUTIONAL PROFILE

HOSPITAL DAS NAÇÕES

Hospital das Nações opened its doors in December 1987. As soon as operations started, the Hospital implemented a new concept of specialty-based healthcare, a breakthrough for its time. A healthcare profile focusing on high-complexity procedures was then established, with an emphasis on neurosurgery, cardiac and orthopedic surgery with or without prosthetic implants, as well as on other fields of medicine.

Over the years, Hospital das Nações has been keeping up with the technological and scientific advances in the treatment of several pathologies. In order to do this, it has gone through renovations and expansions, opening new services with a permanent focus on the highest quality of care. Thanks to the satisfaction of our staff, supported by the resources offered (our greatest imprint), Hospital das Nações can offer the safety expected from any high-level hospital care.

**HIGHLIGHTS 2017/2018**

In 2017, Hospital das Nações obtained the highest level of accreditation from the National Accreditation Organization (ONA), Level 3. That same year, the Hospital held the 3<sup>rd</sup> edition of the traditional Walk for Health – Nação Saúde: Juntos Nessa Caminhada – with 1,500 participants. With regards to social responsibility, Project “Papo com Neuro” holds free monthly meetings for the entire community. This year, an innovative online talk was watched by 6,900 Internet users.

As to social networks, the institution’s Facebook lives, in which expert physicians clarify viewers’ doubts, have had over 115,700 views. When it comes to nutrition and hospital cuisine, Hospital das Nações had one of its recipes selected to be in the Nestlé Health Science cookbook. In early 2018, the Patient Experience Office was founded.



Characterization	
Full Member Hospital	Since 2017
For-profit organization	
Foundation	1987
Constructed area	Not reported
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	84
ICU Beds	26
Credentialed physicians	Not reported
Active employees	429
Visits to the Emergency Department	48,257
Outpatient Visits	36,969
Hospital Admissions	6,018
Surgeries (except for deliveries)	2,755
Deliveries	Not applicable
Tests and Exams	426,951

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 (41) 3306-9000  
 www.hospitalnacoes.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL DO CORAÇÃO – HCor



### Characterization

Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1976
Constructed area	56,412 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	258
ICU Beds	34
Credentialed physicians	1,796
Active employees	2,533
Visits to the Emergency Department	45,213
Outpatient Visits	175,266
Hospital Admissions	12,993
Surgeries (except for deliveries)	6,663
Deliveries	16
Tests and Exams	2,493,213

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

HCor history started with a group of ladies from the Arabian community who founded Associação do Sanatório Sírio to support orphans of the 1<sup>st</sup> 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.

## HIGHLIGHTS 2017/2018

In 2017, JCI certified its Clinical Care Program in Total Knee and Hip Arthroplasty (TKA and THA). To celebrate its 10 years' anniversary, HCor Research Center published articles in renowned international scientific journals. Finally, the hospital developed its strategic plans for the 2018 – 2020 period, which helped the hospital structure and align its major movements for the short, medium, and long terms.

In 2018, HCor will go through the fourth cycle of JCI certification with its Clinical Care Program for Acute Myocardial Infarction and Heart Failure (AMI and HF). It will renovate the ER, generating more comfort and agility for patients, and will relocate the Customer Care Center. It will also launch an Elderly Care Center and a Heart Failure Outpatient Care.



## INSTITUTIONAL PROFILE

# HOSPITAL DO CORAÇÃO DO BRASIL

Established in 2007, Hospital do Coração do Brasil has been part of Rede D'Or São Luiz since 2012. Located in the South Wing district, the hospital is a reference in cardiology in the federal capital of Brazil. In 2015, it obtained the Level 2 accreditation from the National Accreditation Organization (ONA) and, in 2017, the Level 3 one, a reflection of the institution's maturity.

### HIGHLIGHTS 2017/2018

In 2017, Hospital do Coração do Brasil was awarded Level 3 accreditation by ONA. This achievement brought along a major organizational change whose main beneficiaries were the patients. Such accreditation of excellence is fruit of a long journey marked by barriers that were overcome, teamwork and hard effort by the top- and middle-level management as well as by the operational staff.



#### Characterization

Full Member Hospital	Since 2017
For-profit organization	
Foundation	2007
Constructed area	8,715 m <sup>2</sup>
Clinical staff organization	Not reported
Hospital Accreditation	ONA III

#### Key indicators 2017

Operational Beds	52
ICU Beds	22
Credentialed physicians	567
Active employees	446
Visits to the Emergency Department	9,555
Outpatient Visits	44,115
Hospital Admissions	2,904
Surgeries (except for deliveries)	657
Deliveries	Not applicable
Tests and Exams	95,013

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(61) 3213-4090  
www.hcbr.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL DONA HELENA



### Characterization

Full Member Hospital	Since 2014
Not-for-profit organization	
Foundation	1916
Constructed area	42,676 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	202
ICU Beds	35
Credentialed physicians	787
Active employees	1,009
Visits to the Emergency Department	183,326
Outpatient Visits	30,470
Hospital Admissions	14,971
Surgeries (except for deliveries)	6,057
Deliveries	2,355
Tests and Exams	829,967

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Joinville, SC – 89204-250  
(47) 3451 3333  
[www.donahelena.com.br](http://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 42,000 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 2017/2018

The year 2017 was a landmark in the history of Hospital Dona Helena, which published a photo book to celebrate its one hundredth anniversary. The patient care area was expanded, with the start of operations of the specialty clinics that comprise the core of the Clinical Center.

The Dona Helena Learning and Research Institute was established to give courses and organize scientific events in the medical and nursing areas, with the First University Extension Course in Clinical Research as the highlight, and significant actions related to the Integrated Management System, through the audit to obtain JCI reaccreditation.

The Hospital also started publishing the Conethos magazine, and launched an MBA in Quality, Ethics and Equity in Healthcare, which will begin in 2018.





## 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 families of the ABC Paulista region high standard healthcare services. In the following years, the Hospital went through expansions and diversification of specialties, becoming one of the largest hospitals in the Great São Paulo region, with operating capacity for 350 beds, always focusing on the technical quality of the services offered. In 2010, it joined D'Or São Luiz network. In recent years, the hospital made investments in robotics surgery and modernization of its facilities, in addition to expanding its medical centers. This, associated with the excellence of its clinical staff, allowed for the growth and development of new high-complexity.

## HIGHLIGHTS 2017/2018

The year 2017 was marked by the consolidation of the robotic surgery service, with more than 300 surgeries performed, and by the opening of the Cardiology Center, a one-stop-shop that gathers medical offices, diagnostic medicine, and interventionist procedures. A broad project to restructure and expand the medical centers in the hospital complex also started this year, aiming to provide full healthcare and more comfort to physicians and clients.

In 2018, the hospital will receive a D'Or Oncology unit, which should allow for expedited diagnosis-to-treatment time following a continuum of care, avoid repeated exams, and reduce wait time between consultation and procedure.



### Characterization

Full Member Hospital	Since 2004
For-profit organization	
Foundation	1970
Constructed area	37,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

### Key indicators 2017

Operational Beds	350
ICU Beds	110
Credentialed physicians	2,200
Active employees	1,988
Visits to the Emergency Department	209,364
Outpatient Visits	317,914
Hospital Admissions	19,424
Surgeries (except for deliveries)	13,543
Deliveries	3,426
Tests and Exams	1,828,035

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Santo André, SP – 09030-590  
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[www.hospitalbrasil.com.br](http://www.hospitalbrasil.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL E MATERNIDADE SANTA JOANA



### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	1948
Constructed area	40,000 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, JCI

### Key indicators 2017

Operational Beds	363
ICU Beds	104
Credentialed physicians	5,000
Active employees	2,361
Visits to the Emergency Department	59,135
Outpatient Visits	Not applicable
Hospital Admissions	29,122
Surgeries (except for deliveries)	9,238
Deliveries	15,700
Tests and Exams	46,100

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São Paulo, SP – 04103-000  
(11) 5080-6000  
[www.santajoana.com.br](http://www.santajoana.com.br)

Hospital e Maternidade Santa Joana will turn 70 in 2018, being acknowledged as a large specialized high complexity center that provides full healthcare to women, babies and, above all, the premature. The Joint Commission International (JCI), a hospital certification that endorses hospital excellence in patient safety and quality care, accredits the maternity. It is also part of the Adequate Delivery Project. With high complexity services for high-risk pregnancy, the institution offers neonatal intensive care in addition to Adult ICU and Semi Intensive care – all equipped with advanced technology. Other hospital reference services include Fetal Medicine, and Endometriosis, Human Reproduction, Pelvic Floor, and Immunization Centers.

## HIGHLIGHTS 2017/2018

The year 2017 was outstanding for Hospital e Maternidade Santa Joana for a series of projects focused on the health of women and the newborn. The institution, pioneer in the implementation of Neurological Neonatal ICU care in Brazil, established a partnership with the University of Stanford to prevent brain injuries and neurological sequelae in anoxic newborns. In addition, it was awarded the third consecutive year as the Best Maternity in São Paulo by Datafolha, from Folha de S. Paulo newspaper. It also expanded the Simulation Center, specialized in Obstetrics and Neonatology. Together with the State Department of Health, it launched a program that provides free-of-charge training to professionals in public hospitals, aiming to reduce mother mortality. Also new was the expansion of the number of high-risk pre-delivery rooms and suites for normal delivery, reinforcing the maternity's concern with patient-centered care and women's safety and health.



## INSTITUTIONAL PROFILE

# HOSPITAL E MATERNIDADE SÃO LUIZ – UNIDADE ANÁLIA FRANCO

Rede D'Or São Luiz Anália Franco Unit was established in March 2008 in the East Zone of the city of São Paulo. With a modern infrastructure and international awards, it provides patients with advanced medical resources. Quality and safety are paramount.

In order to maintain continuous improvement and reduce risks for both patients and employees, clinical and administrative processes are carefully planned and managed, and an extensive training, professional development and motivation program is offered so that everyone understands how important they are for the institution.

In April 2011, Anália Franco Unit implemented a computerized system in all care areas and in the back office, and the Smart Track system in the adult emergency department. In 2015 it obtained the Diamond accreditation from Qmentum International.

### HIGHLIGHTS 2017/2018

Implementation of the cardiology line comprising emergency care, tests (scintigraphy), cardiac ICU and bed profiling for cardiology.

Investments have also been made in accessibility and, as a result, the Accessibility Seal of the City of São Paulo was obtained.

With regards to sustainability, investments have been made in air conditioning automation, thanks to which the institution obtained the “Green and Healthy Hospitals” award from the Climate Challenge, keeping track of and issuing annual reports on gas emissions.



Characterization	
Full Member Hospital	Since 2017
For-profit organization	
Foundation	2008
Constructed area	46,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada, Qmentum

Key indicators 2017	
Operational Beds	258
ICU Beds	84
Credentialed physicians	6,500
Active employees	1,700
Visits to the Emergency Department	280,000
Outpatient Visits	24,000
Hospital Admissions	48,000
Surgeries (except for deliveries)	8,704
Deliveries	2,069
Tests and Exams	1,200,000

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(11) 3386-1100  
www.saoluiz.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL E MATERNIDADE SÃO LUIZ – UNIDADE ITAIM



### Characterization

Full Member Hospital	Since 2003
For-profit organization	
Foundation	1938
Constructed area	35,745 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	396
ICU Beds	137
Credentialed physicians	12,900
Active employees	2,116
Visits to the Emergency Department	162,285
Outpatient Visits	13,436
Hospital Admissions	45,251
Surgeries (except for deliveries)	20,524
Deliveries	8,344
Tests and Exams	1,305,587

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São Paulo, SP – 04544-000  
(11) 3040-1100  
[www.saoluiz.com.br](http://www.saoluiz.com.br)

Hospital São Luiz was established on March 28<sup>th</sup>, 1938 as an outpatient department with 12 beds. Two years later, the institution became a private emergency room. After a period of time, work began on expanding the hospital building with 80 beds in 1963.

In 1983, Hospital São Luiz maternity unit was established introducing an innovative concept of hospitality in the healthcare industry.

In 1994, a modern diagnostic unit became part of the hospital complex. In the same year, Hospital São Luiz increased its capacity by providing additional 70 new rooms.

Its technology department, established in 2005, provides patients with safety in surgical centers, 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 network in Brazil.

## HIGHLIGHTS 2017/2018

In 2017 the hospital was reaccredited by Joint Commission International (JCI). It received the seal of quality with the highest level of compliance.

One of the strategic projects of the year was the implementation of the oncology service. This program, which will continue to grow throughout 2018, already provides patients with all the treatment in one place, from diagnosis to therapy, with safety, comfort and speed. Internationally renowned medical teams, multidisciplinary team capacity building, and state-of-the-art technology investments have been made. At the end of the year, we inaugurated the specialized ICU for the treatment of cancer patients.

The 2018 planning for the technology park includes the installation of the second robot in the operating room (model Xi) and a reference service in bronchoscopy. The expansion of the specialty medical center will increase the capacity for outpatient care by 40%.



INSTITUTIONAL PROFILE

HOSPITAL  
ESPERANÇA

Hospital Esperança was founded in August 2000. The large hospital, with a panoramic view of the city and luminous facilities, is made up of people that share a same objective. Esperança has 2,000 direct employees and more than 600 contractors. Since 2004, the hospital is the largest payer of ISS (Brazilian Tax on Services) in healthcare in Recife, playing a significant role in the life of the city and its citizens.

In 2008, Hospital Esperança established an important association with D’Or São Luiz network, the largest private hospital network in the country. Because of this association, it is now making investments in structural and technological enhancements, in addition to implementing new operational processes.

**HIGHLIGHTS 2017/2018**

The hospital received its QMENTUM international recertification from Canada in November 2017. In September 2017, it opened the Geriatric Inpatient Unit, with 24 beds and specific features for this population. It also offers a multidisciplinary team to clinically manage this patient population. In May 2017, it opened the Oncology Inpatient Unit, with 14 exclusive beds and a multidisciplinary team to care for these patients.



**Characterization**

Full Member Hospital	Since 2004
For-profit organization	
Foundation	2000
Constructed area	33,328 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

**Key indicators 2017**

Operational Beds	289
ICU Beds	76
Credentialed physicians	1,000
Active employees	1,740
Visits to the Emergency Department	108,848
Outpatient Visits	Not applicable
Hospital Admissions	25,361
Surgeries (except for deliveries)	13,138
Deliveries	31,196
Tests and Exams	636,734

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 (81) 3131-7878  
[www.hospitalesperanca.com.br](http://www.hospitalesperanca.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL ESPERANÇA OLINDA



### Characterization

Full Member Hospital	Since 2017
For-profit organization	
Foundation	1980
Constructed area	15,216 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	205
ICU Beds	67
Credentialed physicians	522
Active employees	1,355
Visits to the Emergency Department	103,302
Outpatient Visits	34,417
Hospital Admissions	9,535
Surgeries (except for deliveries)	3,205
Deliveries	Not applicable
Tests and Exams	36,001

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Olinda, PE – 53130-410  
(81) 3432-8000  
[www.esperancaolinda.com.br](http://www.esperancaolinda.com.br)

Founded in 1980, Esperança Olinda has been part of Rede D'Or São Luiz since 2007. Located in the neighborhood of Casa Caiada, in the city of Olinda, the hospital is a reference center for residents of the city, as well as for those from the north of the Metropolitan Region of Recife and of the State of Pernambuco.

The institution began the accreditation process in 2011. In 2014, it obtained the Level 3 accreditation from the National Accreditation Organization (ONA), demonstrating its commitment to providing hospital care based on best practices, safety and person-centered care. It provides healthcare in several specialties and is equipped with an emergency department, a hemodynamic center, a surgery suite, an ICU and an inpatient ward. The institution has a total of 205 beds, of which 67 are ICU beds and 138 are inpatient beds. It has over 15,000 m<sup>2</sup> in area, distributed in seven different floors.

## HIGHLIGHTS 2017/2018

For over ten years, the hospital has been a reference in cardiology and cardiac surgery in the State, with highly specialized facilities and teams. The hemodynamics department was awarded the IQG/SBHCI Diamond Seal for its excellence in hemodynamics and interventional cardiology services.

In 2017, a Children's Unit was opened. Expanding its pediatric services and bringing it all together in a single building, the unit has an emergency room, an ICU and an inpatient ward. It uses a differentiated service model called Smart Track, which results in greater agility and efficiency in diagnosing and treating patients. In December 2017, it was acknowledged by the National Accreditation Organization as the institution that has held its Level 3 accreditation for longer in the region.



## INSTITUTIONAL PROFILE

# HOSPITAL INFANTIL SABARÁ

Sabará Hospital Infantil has been one of the largest and most respected pediatric healthcare centers in Brazil since its opening in 1962. In 2010, it established José Luiz Egydio Setúbal Foundation, which encompasses, in addition to the hospital, the PENSI Institute, focused on research and education & training of child healthcare professionals. The hospital has Centers of Excellence in several clinical and surgical areas, such as neurology, cardiology, nephrology, urology, orthopedics, transplants, gastroenterology, and pediatric surgery. This healthcare model ensures excellence in human and technological resources to treat from the simplest cases to children with rare and complex diseases. It is accredited by the Joint Commission International and was chosen in 2017 as one of the best Brazilian hospitals by América Economia magazine.

### HIGHLIGHTS 2017/2018

In 2017, we started expanding the UCI structure of Sabará Hospital Infantil, which will have a whole floor, with eight new intensive care beds mostly directed to cardiology and ECMO cases. This change reflects the increasingly complex cases treated in the institution, as it was the case of the first transplant in Sabará.

The kidney transplant, performed in August 2017, represented significant change for the hospital, which is now in the so-called “tertiary” level of complexity. In 2017, we also announced the project to expand Sabará Hospital Infantil, still under planning, with more information to be released in 2018. Moreover, we have launched a more thorough website this year, with almost 3,000 pages of information on child health.



#### Characterization

Full Member Hospital	Since 2014
For-profit organization	
Foundation	1962
Constructed area	15,070 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

#### Key indicators 2017

Operational Beds	104
ICU Beds	36
Credentialed physicians	1,371
Active employees	740
Visits to the Emergency Department	105,523
Outpatient Visits	11,247
Hospital Admissions	10,320
Surgeries (except for deliveries)	12,410
Deliveries	Not applicable
Tests and Exams	235,020

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[www.hospitalinfantilsabara.org.br](http://www.hospitalinfantilsabara.org.br)

## INSTITUTIONAL PROFILE

# HOSPITAL ISRAELITA ALBERT EINSTEIN



**ALBERT EINSTEIN**

SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA

### Characterization

Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1971
Constructed area	296,300 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, JCI

### Key indicators 2017

Operational Beds	1,043
ICU Beds	139
Credentialed physicians	9,415
Active employees	13,218
Visits to the Emergency Department	1,190,431
Outpatient Visits	682,502
Hospital Admissions	79,203
Surgeries (except for deliveries)	41,656
Deliveries	12,770
Tests and Exams	8,064,084

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[www.einstein.com.br](http://www.einstein.com.br)

With 62 years of history, Einstein became reference in healthcare. Countless certifications and accreditations, with highlight for the Joint Commission International (it was the first organization to be accredited outside the United States), attest its excellence. The institution stretches its operations to the public sector, managing public hospitals Dr. Moyses Deutsch – M'Boi Mirim and Vila Santa Catarina, 20 outpatient units, and a transplant program. Teaching, research, and innovation activities are essential parts of the hospital mission and contribute to the offer of quality services in all its operations.

## HIGHLIGHTS 2017/2018

In 2017, the hospital opened the advanced unit of Chácara Klabin, a teaching unit at Av. Paulista; Eretz.bio, a health startups incubator; Clínica Cuidar, with services for employees, and the Delivery Center, directed to normal childbirth. It also organized the 3<sup>rd</sup> Latin-American Forum of Quality and Health Safety, together with IHI (Institute Healthcare Improvement). The Ministry of Education approved its distance education Health Management graduate program and the increase of the number of students for the Nursing Undergraduate program. Some the awards received in the year include 1<sup>st</sup> place in Medical Services, Innovation Brazil Award from Valor Econômico newspaper and 1<sup>st</sup> place in Corporate Governance Research, Empresas Mais Award from Estadão newspaper. It was also awarded Best Hospital in Latin America for the 9<sup>th</sup> consecutive time by América Economia magazine. Einstein program in the Paraisópolis community (PECP) was certified by the Joint Commission International (JCI). Moreover, the hospital performed the first simultaneous liver-heart transplant in Latin America.





## INSTITUTIONAL PROFILE

# HOSPITAL LEFORTE LIBERDADE

Leforte group results from the merger of Bandeirantes and Leforte brands and the acquisition of Instituto Paulista de Cancerologia (IPC) in 2016. The group is currently implementing an expansion plan that is transforming it into a new healthcare platform of national reach. With over 70 years of tradition, Leforte Hospitals are recognized for high complexity procedures in the fields of cardiology, neurology, oncology, traumatology, and pediatrics, as well as bone marrow, liver, pancreas and kidney transplantations.

Together, Leforte's units – Liberdade and Morumbi – have approximately 400 beds, including inpatient, adult and pediatric ICUs beds, providing care to more than 235,000 urgency and emergency cases and 115,000 outpatient cases, and performing 17,000 surgeries a year.

### HIGHLIGHTS 2017/2018

In 2017, Leforte became the Official Hospital of Formula 1 Grand Prix Brazil, being in charge of the medical care provided to pilots and teams during the competition. That same year, pediatrics care – consolidated as a key specialty at the Morumbi unit – was added to the Liberdade unit. The service includes an emergency room, outpatient clinic/specialties offices, inpatient beds, and an ICU.

Another highlight of 2017 was the launch of Leforte's app, which enables patients to check in at the emergency room, in addition to scheduling tests and appointments online. In 2018, Leforte Liberdade invested in its Radiation Therapy Center by acquiring Elekta Infinity, a cancer therapy machine.

This year, a new building (Block D) will be opened at the Liberdade unit, with inpatient beds, doctors' offices, reference centers, and high-complexity testing.



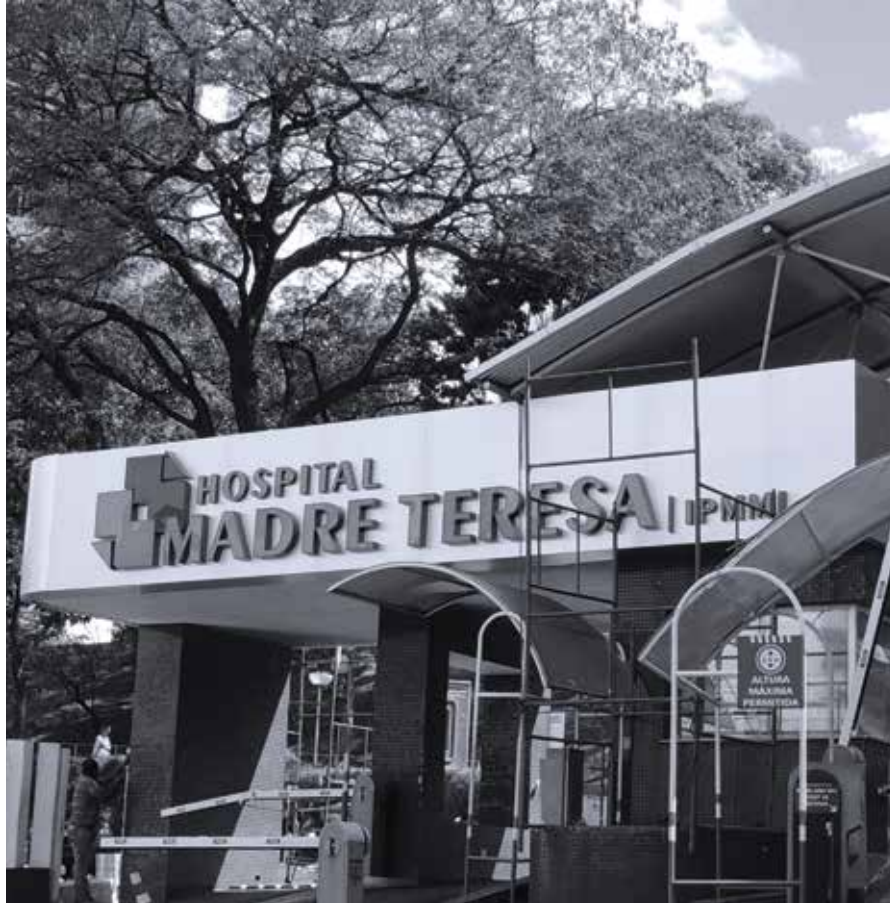
Characterization	
Full Member Hospital	Since 2009
For-profit organization	
Foundation	1945
Constructed area	26,819 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

Key indicators 2017	
Operational Beds	269
ICU Beds	37
Credentialed physicians	3,887
Active employees	1,436
Visits to the Emergency Department	86,695
Outpatient Visits	21,810
Hospital Admissions	18,584
Surgeries (except for deliveries)	13,274
Deliveries	Not applicable
Tests and Exams	157,917

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## INSTITUTIONAL PROFILE

# HOSPITAL MADRE TERESA



### Characterization

Full Member Hospital	Since 2014
Not-for-profit organization	
Foundation	1982
Constructed area	33,000 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	ONA III, Accreditation Canada

### Key indicators 2017

Operational Beds	346
ICU Beds	52
Credentialed physicians	360
Active employees	1,634
Visits to the Emergency Department	53,528
Outpatient Visits	182,515
Hospital Admissions	19,082
Surgeries (except for deliveries)	13,113
Deliveries	Not applicable
Tests and Exams	915,696

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(31) 3339-8000  
[www.hospitalmadreteresa.org.br](http://www.hospitalmadreteresa.org.br)

Hospital Madre Teresa celebrates its 35<sup>th</sup> anniversary as a high-complexity general hospital. The institution has received the Qmentum International Accreditation from Accreditation Canada, in addition to being accredited for Excellence at Level 3 by the National Accreditation Organization (ONA). The institution has also recently received the Care Excellence Seal from Unimed Belo Horizonte supported by Instituto Qualisa de Gestão.

As a large hospital complex, Hospital Madre Teresa admits patients, providing them with outpatient care, surgeries and laboratory and imaging diagnosis. These services are provided in the one facility, making it more convenient and ensuring agility in the treatment process, which is offered with compassionate care by the institution's professionals.

## HIGHLIGHTS 2017/2018

Hospital Madre Teresa is recognized as a reference in the treatment of highly complex surgeries and is one of the health centers with the technology of a hybrid room, inaugurated in 2017. The system has one of the largest fields of vision for the acquisition of high resolution images, which can ally conventional procedures and minimally invasive endovascular interventions. In addition, the hybrid room makes it possible to perform highly complex exams and surgeries with docking technology to generate three-dimensional images. It also has software that can increase clinical versatility, allowing the planning, orientation and evaluation of procedures with greater accuracy and efficiency.



**INSTITUTIONAL PROFILE**

**HOSPITAL  
MÃE DE DEUS**

Hospital Mãe de Deus has been providing complete healthcare solutions from diagnosis to treatment since 1979 focused on compassionate and safe care and resolution of each case. Excellence, proximity and care of patients, as well as constant modernization of services are amongst the institution strategy.

Hospital Mãe de Deus is the only hospital in the South region of Brazil accredited by the National Accreditation Organization (ONA), Joint Commission International (JCI) and Planetree. The institution is under constant advancement and specialization with a focus on innovation and search for the best solution for the health of its patients.

Hospital Mãe de Deus fosters a compassionate hospital environment focused on patient care at all levels: physical, mental, emotional, social and spiritual.

**HIGHLIGHTS 2017/2018**

2017 was a year of accomplishments for Hospital Mãe de Deus. With humanized and patient-centered care, the hospital has been certified by the North American Planetree methodology, becoming the second institution in Latin America to receive this award. Looking to the future, the Hospital has been investing in innovation to offer patients and families the best care, thus acquiring advanced technologies such as the new generation of PET CT, initiating the surgical center rebuilding and the expansion of the adult ICU. Another highlight was the inauguration of the first phase of Hospital do Cancer Mãe de Deus. This all shows that delivering health excellence is the hospital's greatest commitment to the community.



**Characterization**

Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1979
Constructed area	55,000 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, JCI

**Key indicators 2017**

Operational Beds	363
ICU Beds	75
Credentialed physicians	1,700
Active employees	2,511
Visits to the Emergency Department	40,010
Outpatient Visits	72,172
Hospital Admissions	17,754
Surgeries (except for deliveries)	19,145
Deliveries	2,426
Tests and Exams	1,432,965

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

## INSTITUTIONAL PROFILE

# HOSPITAL MARCELINO CHAMPAGNAT



### Characterization

Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	2011
Constructed area	34,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

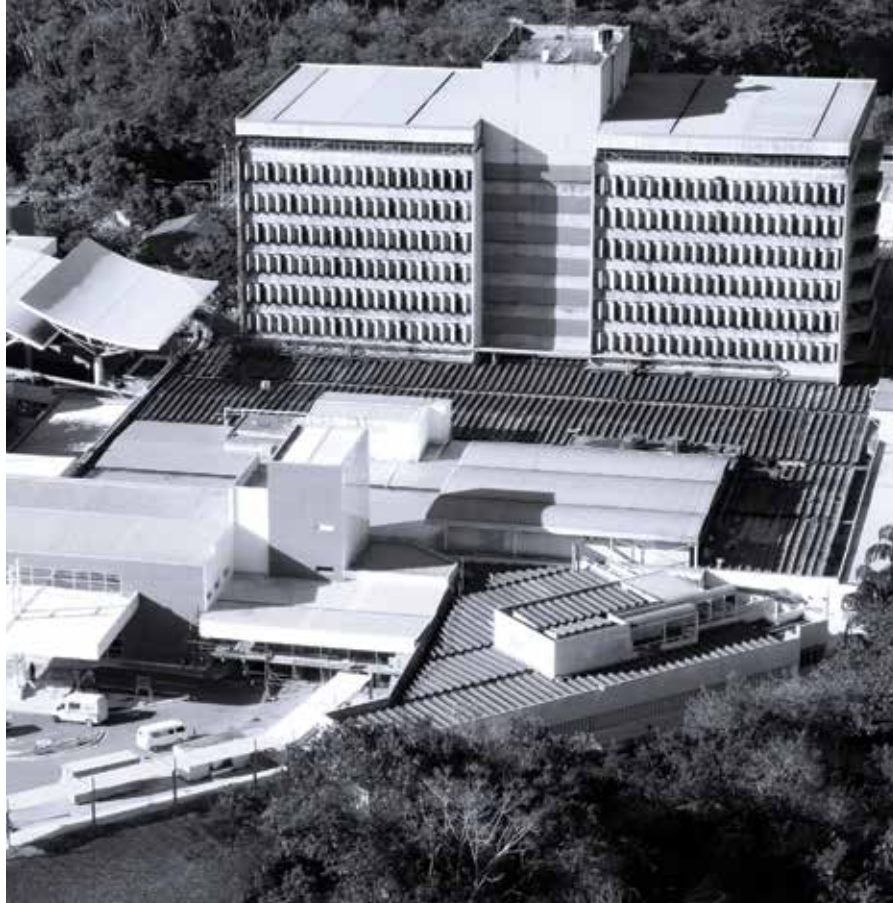
Operational Beds	86
ICU Beds	30
Credentialed physicians	712
Active employees	620
Visits to the Emergency Department	62,415
Outpatient Visits	89,382
Hospital Admissions	9,870
Surgeries (except for deliveries)	8,479
Deliveries	Not applicable
Tests and Exams	401,933

Av. Pres. Affonso Camargo, 1399 – Cristo Rei  
Curitiba, PR – 80050-370  
(41) 3087-7600  
[www.hospitalmarcelino.com.br](http://www.hospitalmarcelino.com.br)

Hospital Marcelino Champagnat started its activities in November 2011 with the aim to be a hospital of excellence, high performance, and internationally acknowledged by the quality of its services and healthcare safety. Accredited by the Joint Commission International (JCI) in December 2016, the hospital is reference in Curitiba and one of the most modern hospital complexes in South Brazil. It focuses on providing service excellence in private healthcare, working in clinical and surgical areas with medium and high complexity adult patients. Specialties include cardiology, neurology, general surgery, and orthopedics. For the hospital, a highly qualified clinical staff, humanized care, executive check-up service, end-to-end care, state-of-the-art structure, and hospital hotel services provided are also considered differentials.

## HIGHLIGHTS 2017/2018

In 2017, Hospital Marcelino Champagnat (HMC) was included in the ranking of the best health institutions in Latin America by AméricaEconomía Intelligence. Despite the unfavorable economic scenario, with direct reflex in the private health market, the hospital excelled its established operational, healthcare, and economic targets. Grupo Marista's review of its Strategic Healthcare Planning established the bases for the future of HMC. An online methodology was implemented to survey customer satisfaction, providing a detailed view of their needs and enabling the design of more effective projects. Volunteer actions have been intensified, reinforcing people-centered care. In addition, the hospital's Study, Research, and Innovation Center has a broad agenda of events that contributes to the continuing education of hospital employees.



## INSTITUTIONAL PROFILE

# HOSPITAL MÁRCIO CUNHA

Fundação São Francisco Xavier is a non-profit entity organized under private law, established by Usiminas in 1969, which currently operates in the areas of health care and education. Hospital Márcio Cunha (HMC), a general hospital, translates its philosophy into well-structured actions in highly complex areas and in the provision of outpatient, emergency, inpatient, home and palliative care, as well as rehabilitation and diagnosis services. The hospital has 543 beds across two units, as well as a third unit which provides care exclusively to oncology patients, and a Medical Diagnostic Unit, which is a reference for approximately 840 thousand inhabitants in more than 35 municipalities in the eastern area of the state of Minas Gerais. In 2017, the hospital renewed its ONA – Level 3 and DIAS/NIAHO accreditations, and was the first hospital in the state of Minas Gerais to be awarded the Healthcare Information and Management Systems Society (HIMSS – Sociedade de Informação em Saúde e Sistemas de Gestão) certification, stage 7, which reinforces the use of Information Technology (IT) as a tool to support and ensure security and quality in patient care.

## HIGHLIGHTS 2017/2018

In 2017, the hospital opened the “Mothers’ Home” (Casa das Mães), which is an environment dedicated to expectant mothers who are about to give birth and mothers whose newborn babies are being treated at the Neonatal ICU. The Mother’s Home features a living room, bedrooms with beds for up to ten mothers, a kitchen and bathrooms, as well as food and hospitality services. It is adjacent to the HMC maternity ward. Also in 2017, a new Advanced Unit was opened in the town of Timóteo, state of Minas Gerais. With investments totaling R\$ 1.5 million, this unit will be used to provide care for patients of the Usifamília Program, lab tests, graphic methods, image diagnosis and occupational health services. In order to reduce the morbidity and mortality rates among inpatients, HMC was the second hospital in Brazil to implement Laura, a robot which helps the multidisciplinary team to diagnose sepsis. This initiative has resulted in a decrease of 14.19% in the mortality rate of patients with severe sepsis in comparison with the period from January to August 2017, prior to its implementation.



### Characterization

Full Member Hospital	Since 2014
Not-for-profit organization	
Foundation	1965
Constructed area	44,318 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	ONA III, NIAHO

### Key indicators 2017

Operational Beds	460
ICU Beds	40
Credentialed physicians	399
Active employees	3,379
Visits to the Emergency Department	149,743
Outpatient Visits	321,693
Hospital Admissions	31,222
Surgeries (except for deliveries)	15,107
Deliveries	5,583
Tests and Exams	367,097

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Ipatinga, MG – 35160-158  
(31) 3829-9000  
[www.hmarciocunha.com.br](http://www.hmarciocunha.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL MATER DEI CONTORNO



### Characterization

Full Member Hospital	Since 2016
For-profit organization	
Foundation	2014
Constructed area	63,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	170
ICU Beds	92
Credentialed physicians	4,295
Active employees	876
Visits to the Emergency Department	Not reported
Outpatient Visits	Not reported
Hospital Admissions	Not reported
Surgeries (except for deliveries)	Not reported
Deliveries	Not applicable
Tests and Exams	Not reported

Av. do Contorno, 9000 – Barro Preto  
Belo Horizonte, MG – 30110-064  
(31) 3339-9000  
[www.materdei.com.br](http://www.materdei.com.br)

Hospital Mater Dei Contorno, which was opened on June 1<sup>st</sup>, 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).

Hospital Mater Dei Contorno is a member of the Sentinel Network of the Brazilian National Health Regulation Agency (ANVISA), as well as a Center of Excellence in the Control and Prevention of Venous Thromboembolism (VTE) according to the Brazilian Institute of Patient Safety (IBSP).

## HIGHLIGHTS 2017/2018

In 2017, the Network opened a Robotic-Assisted Surgery unit, and, in line with its pioneering spirit, installed the first Da Vinci XI robot in the state and the second one in Brazil, which is the most advanced equipment in the segment. Another highlight was the PET/PSMA scan, which is also available in the unit. The Network was the first in the state to use this device to detect and treat prostate cancer. Hospital Integrado do Cancer (Integrated Cancer Hospital), which forms part of HMDC, expanded its operations in the area of Oncogenetics, and also started to perform bone marrow transplants. Also in 2017, the Network was recognized as a Center of Excellence in the Control and Prevention of Venous Thromboembolism (VTE) by the Brazilian Institute of Patient Safety (IBSP), and its Metabolic and Bariatric Care Program was certified as a Center of Excellence by the Surgical Review Corporation.



## INSTITUTIONAL PROFILE

# HOSPITAL MATER DEI SANTO AGOSTINHO

Hospital Mater Dei Santo Agostinho, which was opened on June 1<sup>st</sup>, 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, Surgical Review Corporation, in addition to Excellence in VTE Control and Prevention, given by Instituto Brasileiro de Segurança do Paciente (IBSP – Brazilian Institute of Patient Safety).

### HIGHLIGHTS 2017/2018

In 2017, Hospital Mater Dei Santo Agostinho stood out in the Appropriate Delivery Project with 63% of vaginal deliveries – the highest rate in Brazil amongst other healthcare institutions participating in the initiative.

The Hospital joined the new stage of the project as a Hospital HUB, that is, it started to train other organizations. Moreover, the Metabolic and Bariatric Management Excellence Center was accredited by Surgical Review Corporation. The network was also validated as Venous Thromboembolism Prevention and Control Excellence Center by Instituto Brasileiro de Segurança do Paciente (IBSP).



Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1980
Constructed area	36,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III, NIAHO

Key indicators 2017	
Operational Beds	250
ICU Beds	80
Credentialed physicians	4295
Active employees	1,340
Visits to the Emergency Department	Not reported
Outpatient Visits	Not reported
Hospital Admissions	Not reported
Surgeries (except for deliveries)	Not reported
Deliveries	Not reported
Tests and Exams	Not reported

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 Belo Horizonte, MG – 30190-088  
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[www.materdei.com.br](http://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 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	155
ICU Beds	39
Credentialed physicians	424
Active employees	795
Visits to the Emergency Department	34,040
Outpatient Visits	Not applicable
Hospital Admissions	13,189
Surgeries (except for deliveries)	6,853
Deliveries	1,614
Tests and Exams	Not applicable

Av. Agamenon Magalhães, 2291 – Derby  
Recife, PE – 50070-160  
(81) 3216-2276  
[www.hospitalmemorial.com.br](http://www.hospitalmemorial.com.br)

Hospital Memorial São José was founded in Recife in the State of Pernambuco on June 2<sup>nd</sup>, 1989 with access to technological innovations and highly complex procedures – which previously had only been performed abroad.

The hospital infrastructure includes multidisciplinary critical services; adult, neonatal and coronary ICUs; three surgical centers, and one of the most complete diagnostic centers in Brazil – all of them with state-of-the-art equipment that allows the hospital to perform any medical examination or procedure.

In 2016, Hospital Memorial São José joined Rede D'Or São Luiz – the largest private hospital network in the country – invested significantly in the physical area, state-of-the-art technology and medical team development.

Hospital Memorial São José has been reaccredited by Joint Commission International (JCI).

## HIGHLIGHTS 2017/2018

Hospital Memorial São José went through a significant renovation. The Hospital, including its emergency room and inpatient care areas, was expanded, reaching 1,410 square meters. This renovation increased the service capacity of the unit, making it easier for the staff to move from one bed to another, and making it much more convenient for patients and staff. Investments in structure and technology are also being made, and there are new operating procedures under implementation, coupled with a management model focused on quality, safety and excellence in patient care. Five expansions of the physical structure of areas, such as the surgical unit, pharmacy, storeroom, central reception and inpatient units, are planned for 2017 and 2018.





# INSTITUTIONAL PROFILE

## HOSPITAL MERIDIONAL

Hospital Meridional, which is located in the town of Cariacica in the metropolitan region of Greater Vitória, was opened in 2001 with 50 beds and has become a highly complex hospital with values on quality, safety and resolution. It currently operates with 185 beds, including 52 ICU beds. Hospital Meridional was the first hospital in the State of Espírito Santo to receive accreditation from the National Accreditation Organization (ONA) in 2005. The Hospital has been accredited by Accreditation Canada International (ACI) since 2011. Hospital Meridional has also expanded by acquiring other hospitals in the State of Espírito Santo. The Meridional Group currently comprises five hospitals, and has a total of 401 active beds, of which 111 are ICU beds.

### HIGHLIGHTS 2017/2018

In 2017, one of the highlights was the achievement of the ONA recertification in November, moving on to the 6<sup>th</sup> cycle of accreditation under this method, and the 4<sup>th</sup> cycle for accreditation with excellence – Level 3. The hospital also commemorated the high number of transplants performed from 2003 to 2017: 300 liver transplants; 51 heart transplants; and 643 kidney transplants. It should be stressed that the survival rate of heart transplant recipients in 2017 was 100%. In relation to 2018, the highlights are the recertification by Accreditation Canada, which is expected to take place in July, and the IV Meridional Conference on Healthcare Quality, to be held in April. The three previous editions of the conference were attended by approximately 900 participants.



Characterization	
Full Member Hospital	Since 2006
For-profit organization	
Foundation	2001
Constructed area	17,342 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2017	
Operational Beds	185
ICU Beds	52
Credentialed physicians	307
Active employees	868
Visits to the Emergency Department	75,964
Outpatient Visits	79,844
Hospital Admissions	8,010
Surgeries (except for deliveries)	9,173
Deliveries	Not applicable
Tests and Exams	452,104

Av. Meridional, 200 – Alto Laje  
Cariacica, ES – 29151-920  
(27) 3346-3797  
[www.hospitalmeridional.com.br](http://www.hospitalmeridional.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL METROPOLITANO



### Characterization

Full Member Hospital	Since 2013
For-profit organization	
Foundation	1996
Constructed area	21,216 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	133
ICU Beds	40
Credentialed physicians	830
Active employees	782
Visits to the Emergency Department	77,968
Outpatient Visits	97,959
Hospital Admissions	8,278
Surgeries (except for deliveries)	12,590
Deliveries	345
Tests and Exams	315,426

Av. Eldes Scherrer Souza, 488 – P. R. Laranjeiras  
Serra, ES – 29165-680  
(27) 2104-7000  
[www.metropolitano.org.br](http://www.metropolitano.org.br)

Hospital Metropolitano, which is located in the town of Serra in the State of Espírito Santo, was founded by a group of physicians in 1996.

The Hospital has become a reference for highly complex health care and humanized care thanks to its complete and integrated healthcare services.

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 2013 – a standard maintained on a daily basis thanks to the commitment of the Hospital professionals to safety.

## HIGHLIGHTS 2017/2018

The renovation of the surgical center was one of the main investments in terms of infrastructure in 2017. In the surgical center, the hospital built an anesthesia induction room, a break lounge for the physicians on duty, and a kitchen. The hospital also opened a lounge for employees, and, in terms of patient care, started to maintain neurologists on call to care for patients with acute ischemic stroke. In 2018, the hospital plans to complete the renovation of the general ICU, which will increase the total number of beds to 30, for highly complex medical treatments. A labor and delivery center and a new diagnostic imaging center are also part of the Hospital Metropolitano's expansion plan.



INSTITUTIONAL PROFILE

HOSPITAL MINISTRO COSTA CAVALCANTI

Established in July 1979, Hospital Ministro Costa Cavalcanti (HMCC) was initially built to serve employees of Itaipu Binacional and contractors involved in the construction of the dam. For the last 22 years, the hospital has been managed by Fundação de Saúde Itaipuapty and has since started to provide care to private and health insurance patients as well as those in the Brazilian public healthcare system (Sistema Único de Saúde, SUS). Costa Cavalcanti is a high-complexity hospital for high-risk pregnancy, oncology, cardiology, and neonatal care. It invests heavily in the improvement of its facilities, and in technology and staff training to provide high-quality, safe and person-centered care. In addition to being recognized as a Child Friendly Hospital since 2005, HMCC was also the first institution in the countryside of the State of Paraná to obtain the Level 3 accreditation by the National Accreditation Organization (ONA).



HIGHLIGHTS 2017/2018

In December 2017, HMCC was re-accredited by the ONA with the Level 3 accreditation. That was also the year the Tropical Medicine Center of the Triple Frontier was opened along with its health laboratory, the first lab in Brazil that can run molecular biology tests on human and animal samples, and which is part of HMCC’s Education and Research Institute. Focusing on prevention, HMCC deployed “Laura, the robot” to boost the performance of the sepsis prevention protocol. It is the first hospital in the countryside of Brazil to invest in this technology. It has also been working on the systematic implementation of DRG (Diagnosis Related Groups), an important management support tool.

Characterization

Full Member Hospital	Since 2017
Not-for-profit organization	
Foundation	1979
Constructed area	24,000 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	ONA III

Key indicators 2017

Operational Beds	202
ICU Beds	35
Credentialed physicians	346
Active employees	966
Visits to the Emergency Department	9,275
Outpatient Visits	251,249
Hospital Admissions	13,521
Surgeries (except for deliveries)	6,658
Deliveries	19,073
Tests and Exams	833,690

Av. Gramado, 580 – Vila “A”  
 Foz do Iguaçu, PR – 85860-460  
 (45) 3576-8000  
 www.hmcc.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL MOINHOS DE VENTO



Affiliated with **JOHNS HOPKINS International**

### Characterization

Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1927
Constructed area	92,882 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	348
ICU Beds	86
Credentialed physicians	3,283
Active employees	3,664
Visits to the Emergency Department	58,434
Outpatient Visits	251,749
Hospital Admissions	24,338
Surgeries (except for deliveries)	22,984
Deliveries	4,299
Tests and Exams	1,303,919

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Porto Alegre, RS – 90035-001  
(51) 3314-3434  
[www.hospitalmoinhos.org.br](http://www.hospitalmoinhos.org.br)

The drive of Hospital Moinhos de Vento is to redefine the impossible. The institution has brought together a solid foundation for patient safety and innovation in health care since its foundation on October 2<sup>nd</sup>, 1927, while aligning its institutional strategy with the future of medicine.

Hospital Moinhos de Vento has become a reference for medical, patient care and management practices, 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 – always with values focused on patient care and commitment to provide quality healthcare for society.

The Hospital earned accreditation from Joint Commission International (JCI) in 2002, and reaccreditation in 2005, 2008, 2011, 2014 and 2017, respectively.

Hospital Moinhos de Vento has been working together with Johns Hopkins Medicine International as an affiliated organization since 2013 to develop medical services, carry out collaborative research and monitor and expand best medical and patient care practices.

## HIGHLIGHTS 2017/2018

In 2017, Hospital Moinhos de Vento celebrated its 90<sup>th</sup> anniversary, with investments surpassing R\$ 100 million. The hospital opened a new inpatient care building, increasing its installed capacity by 100 beds for the provision of intensive, onco-hematologic and clinical and surgical care for inpatients. In line with its commitment to society, the hospital opened a Waste Processing Center, and started to internally process and reuse the two thousand metric tons of waste generated in the institution each year. In 2017, the hospital, in its continuous quest for quality, achieved the international certification ISO 9001:2015 in the area of management. In 2018, the hospital will invest more than R\$ 23 million in technology and projects, including the implementation of robotic-assisted surgery with the da Vinci Surgical System, as well as initiatives aimed at the recognition of its excellence, measurement of clinical outcomes and innovation.



## INSTITUTIONAL PROFILE

# HOSPITAL MONTE SINAI

Hospital Monte Sinai celebrates its 24<sup>th</sup> anniversary in 2018. Constantly growing, the hospital has been investing in innovation, hospitality and management since its foundation. The hospital complex has two buildings with 316 units of clinics and offices, lounges and auditoriums, covering almost all medical specialties. The Hospital has been investing in high-complexity procedures since its foundation, and has just opened a surgical unit, in addition to constantly progressing in transplant procedures. The Hospital has been accredited for excellence at level 3 by the National Accreditation Organization (ONA) since 2011, in addition to holding the National Integrated Accreditation for HealthCare Organization (NIAHO). Monte Sinai is a member of Anahp.

## HIGHLIGHTS 2017/2018

In 2017, Hospital Monte Sinai opened the first stage of the expansion of the surgical unit, including five intelligent rooms with 3D and 4K technology, in addition to equipment controlled by voice, integrated and with touch screens. Completing the renovation, 13 intelligent and integrated rooms will double the surgical capacity of the hospital.

In 2018, we opened the oncology center and a new maternity, which is people-centered and encourages breastfeeding. It has also been consolidated as a reference among private centers that perform transplants – in 2017, Monte Sinai performed the first liver transplants. In cornea transplant technique, it is credentialed to perform epithelial transplants, and it has also been credentialed as a center for allogeneic bone marrow transplant. Still in BMT, it has also become a reference for autologous procedure in children.



### Characterization

Full Member Hospital	Since 2006
For-profit organization	
Foundation	1988
Constructed area	28,250 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III, NIAHO

### Key indicators 2017

Operational Beds	265
ICU Beds	53
Credentialed physicians	1,382
Active employees	980
Visits to the Emergency Department	15,424
Outpatient Visits	35,990
Hospital Admissions	12,696
Surgeries (except for deliveries)	10,729
Deliveries	707
Tests and Exams	Not applicable

R. Vicente Beghelli, 315 – Dom Bosco  
Juiz de Fora, MG – 36025-550  
(32) 2104-4476  
[www.hospitalmontesinai.com.br](http://www.hospitalmontesinai.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL NIPO-BRASILEIRO



## Hospital Nipo-Brasileiro

### Characterization

Full Member Hospital	Since 2008
Not-for-profit organization	
Foundation	1988
Constructed area	22,071 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	270
ICU Beds	50
Credentialed physicians	687
Active employees	1,652
Visits to the Emergency Department	286,822
Outpatient Visits	271,006
Hospital Admissions	17,826
Surgeries (except for deliveries)	17,234
Deliveries	2,523
Tests and Exams	1,247,975

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São Paulo, SP – 02189-000  
(11) 2633-2200  
[www.hospitalnipo.org.br](http://www.hospitalnipo.org.br)

Since its foundation, in 1988, Hospital Nipo-Brasileiro has been one of the best-known medical institutions in São Paulo. The hospital, which is constantly improving its activities to provide excellence in all the services it provides, features 243 beds and provides top care in a number of medical specialties, with modern facilities, high-technology equipment, and a first-rate staff. We bring together more than 40 medical specialties, offering a wide range of diagnostic exams and specialized treatments. The hospital is sponsored by Beneficência Nipo-Brasileira de São Paulo (Enkyo), a non-profit public service entity located in the north of the city of São Paulo. The hospital's emergency room is one of the busiest in the regions in which it operates, and the second largest ER in Brazil, according to the 2017 Report of the National Association of Private Hospitals (Anahp).

## HIGHLIGHTS 2017/2018

Thanks to its high performance, the hospital is among the largest companies in Brazil, according to the annual publications Anuário – Valor 1000, Isto É Dinheiro and Anuário Estadão – Empresas Mais of 2017. The endoscopy room and its equipment were modernized, with the acquisition of a number of state-of-the-art pieces of equipment from Japan, such as an ultrasound machine, an endoscopic ultrasound machine, an image processor, endoscopes and colonoscopes. The hospital also expanded its facilities, increasing its service capacity by 50%, and providing more comfort and convenience for its patients. Another highlight was the implementation of the Perineal Rehabilitation and Enterostomal Therapy units. In the Emergency Room, the neurology service implemented the stroke care protocol.



# INSTITUTIONAL PROFILE

## HOSPITAL NOSSA SENHORA DAS GRAÇAS

Hospital Nossa Senhora das Graças, 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 2017/2018

This year, HNSG celebrates 65 years of history, continuously focusing on developing its human assets, structure and technology park. This effort resulted in a recent acquisition of state-of-the-art neurosurgery microscope, with 3D functionality and fluorescence system. It is now ranked as a reference and training center in brain tumor microsurgery.

In recent years, the Hospital has also invested in ICUs expansion. In 2017, it doubled the beds of Neuropediatric ICU, meeting the demand of the lack of vacancies for high-risk obstetric procedures, in which it is a benchmark.

Also in 2017, new specialized centers were designed, combining the expertise of renowned medical staff with the structure of Graças. Currently, it has centers in the areas of orthopedics, bariatric and metabolic surgery, cardiovascular, epilepsy, pulmonary function and liver fibrosis, GI tract surgery, and to be implemented soon in the area of women's health.



Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1953
Constructed area	38,686 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	233
ICU Beds	50
Credentialed physicians	1,800
Active employees	1,590
Visits to the Emergency Department	168,072
Outpatient Visits	104,728
Hospital Admissions	18,315
Surgeries (except for deliveries)	10,367
Deliveries	3,083
Tests and Exams	891,367

R. Alcides Munhoz, 433 – Mercês  
 Curitiba, PR – 80810-040  
 (41) 3240-6060  
 www.hnsg.org.br

## INSTITUTIONAL PROFILE

# HOSPITAL OESTE D'OR



### Characterization

Full Member Hospital	Since 2018
For-profit organization	
Foundation	1969
Constructed area	Not reported
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	166
ICU Beds	62
Credentialed physicians	783
Active employees	1,006
Visits to the Emergency Department	125,752
Outpatient Visits	37,776
Hospital Admissions	12,271
Surgeries (except for deliveries)	5,300
Deliveries	1,424
Tests and Exams	122,687

R. Olinda Ellis, 93 – Campo Grande  
Rio de Janeiro, RJ – 23045-160  
(21) 2414-3600  
[www.oestedor.com.br](http://www.oestedor.com.br)

Founded in 1969, Hospital Oeste D'Or has been part of Rede D'Or São Luiz since 2006. Located in the district of Campo Grande, in the western zone of the city of Rio de Janeiro, the hospital has a built-up area of 13,500 m<sup>2</sup>.

## HIGHLIGHTS 2017/2018

In 2017, the hospital kept its Level 3 accreditation awarded by the National Accreditation Organization (ONA). It also obtained the Black Diamond accreditation for cleaning, sterilization, skin preparation and normothermia. It was reaccredited in the Diamond category for Safe Fixation and updated its electronic prescription by adopting the Medview system.

It also implemented an electronic dispensing tool and a protocol for ischemic stroke/thrombolytic therapy. The imaging center also started its magnetic resonance imaging operations. The number of specialties in the outpatient clinic was expanded.





INSTITUTIONAL PROFILE

HOSPITAL  
PILAR



Hospital Pilar is a genuinely Paranaense institution founded by Milva and Joao Milano on July 27<sup>th</sup>, 1964. The institution is currently a center of reference for clinical emergency and cardiac care and highly complex surgeries.

Hospital Pilar has 107 beds distributed in rooms, wards, a day hospital and an ICU and approximately 500 employees and clinical staff in more than 30 medical specialties.

On a monthly basis, hundreds of patients are referred to the surgical center with state-of-the-art equipment, material management and technological sterilization, with more than one thousand seen in doctor’s offices.

Hospital Pilar is still under the management of the Milano family with a lot of investment, who foster the institution values – ethics and quality in health care.

**HIGHLIGHTS 2017/2018**

In 2017, Hospital Pilar became a modern healthcare complex featuring state-of-the-art technology and diagnostic and treatment services. One of the hospital’s distinguishing features is its ability to provide all types of care in an interconnected manner, i.e., there is no need to circulate through the hospital, which offers enhanced safety to everyone that comes to the institution for examinations.

The hospital is providing more convenience for inpatients, with the possibility of having all procedures in a single structure.

Currently, Hospital Pilar provides medical care in 13 specialties, such as cardiology, oncology, hematology, coloproctology, as well as check-ups, lab tests and hyperbaric oxygen therapy.

**Characterization**

Full Member Hospital	Since 2014
For-profit organization	
Foundation	1964
Constructed area	15,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

**Key indicators 2017**

Operational Beds	107
ICU Beds	31
Credentialed physicians	498
Active employees	475
Visits to the Emergency Department	33,620
Outpatient Visits	11,909
Hospital Admissions	7,500
Surgeries (except for deliveries)	4,774
Deliveries	Not applicable
Tests and Exams	Not applicable

R. Desembargador Hugo Simas, 322 – Bom Retiro  
Curitiba, PR – 80520-250  
(41) 3072-7272  
www.hospitalpilar.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL PORTO DIAS



### Characterization

Full Member Hospital	Since 2013
For-profit organization	
Foundation	1995
Constructed area	51,000 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, Accreditation Canada

### Key indicators 2017

Operational Beds	329
ICU Beds	56
Credentialed physicians	435
Active employees	1,347
Visits to the Emergency Department	76,581
Outpatient Visits	182,666
Hospital Admissions	13,817
Surgeries (except for deliveries)	8,108
Deliveries	Not applicable
Tests and Exams	336,371

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 hospital 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 m<sup>2</sup> 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 2017/2018

Em 2017 o HPD avançou substancialmente na consolidação da marca como referência em Assistência Hospitalar de Alta Complexidade. Muito contribuiu a implantação do Programa Cirúrgico, com avaliação objetiva dos resultados do corpo clínico e definição das categorias Gold e Premium para os que apresentaram melhor performance. Além disso, em 2017 o HPD realizou sua primeira cirurgia robótica, com 30 casos em urologia e cirurgia geral, todos bem-sucedidos. Em 2018 será implantada a sala híbrida para a realização de procedimentos endovasculares avançados. Ainda em 2018 o HPD inicia a implantação de um novo hospital, situado no bairro mais nobre de Belém, com 150 Operational Beds e estrutura completa para atendimentos em alta complexidade.



INSTITUTIONAL PROFILE

HOSPITAL PORTUGUÊS

The origin of Hospital Português is connected with the merger of Sociedades Dezesesseis de Setembro and Portuguesa de Beneficência – both founded in 1857, to support Portuguese immigrants that had moved to Brazil. To carry on with this humanitarian proposal, the organization Real Sociedade Portuguesa de Beneficência Dezesesseis de Setembro was created on August 14, 1859, which received the title of 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 skilled 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 e Conceição do Coité, providing services through the Universal Public Health Care System (SUS).

**HIGHLIGHTS 2017/2018**

The year of 2017 provided remarkable achievements in the history of Hospital Português. The Philanthropic Hospital celebrated 160 years of operation in the health care industry and received a Special Prize “Benchmarking Health Care Legacy”, for services provided to society and contributions in the field of assistance and democratization of access to good quality health care in Bahia. One example is the inauguration of another outpatient unit in the Oncology Center, expanding the capacity of specialized care to the community. The continued pursuit of excellence of HP has also resulted in the implementation of international standard’s in patient care with the achievement of Diamond Level by Accreditation Canada; and also the unprecedented International certification as the First Digital Hospital of Bahia – EMRAM level 6, granted by the HIMSS Analytics auditors, inserting the HP in the select group of 16 Brazilian Hospitals that are considered digital.



**Characterization**

Full Member Hospital	Since 2002
Not-for-profit organization	
Foundation	1857
Constructed area	34,991 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III, Accreditation Canada

**Key indicators 2017**

Operational Beds	402
ICU Beds	133
Credentialed physicians	2,536
Active employees	3,113
Visits to the Emergency Department	67,423
Outpatient Visits	13,365
Hospital Admissions	18,454
Surgeries (except for deliveries)	17,591
Deliveries	3,079
Tests and Exams	1,166,143

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

## INSTITUTIONAL PROFILE

# HOSPITAL PRÓ-CARDÍACO



### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	1959
Constructed area	18,619 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI, Accreditation Canada

### Key indicators 2017

Operational Beds	99
ICU Beds	42
Credentialed physicians	1,368
Active employees	1,084
Visits to the Emergency Department	10,764
Outpatient Visits	Not applicable
Hospital Admissions	3,943
Surgeries (except for deliveries)	1,234
Deliveries	Not applicable
Tests and Exams	560,216

R. Dona Mariana, 219 – Botafogo  
Rio de Janeiro, RJ – 22280-020  
(21) 2528-1442  
[www.procardiaco.com.br](http://www.procardiaco.com.br)

Hospital Pró-Cardíaco was founded by a group of cardiologists in 1959 and since then it has progressively become a national reference brand in innovation and excellence in complex 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.

Its culture is based on collaborative and multidisciplinary patient-centered care and in projects of patient quality and safety. At the same time, the hospital trains new talents through its program of medical residency in multiple specialties directed to value-based care and focus on patient's experience.

## HIGHLIGHTS 2017/2018

In 2017 the hospital incorporated a modern area of 48 beds for step-down care with a new concept of hospitality and humanization. It also made a robust transformation in patient safety culture by incorporating new indicators, internal policies and training.

Hospital Pró-Cardíaco in 2018 advances in the consolidation of the Neurology Specialty Center with the implementation of an Advanced Epilepsy Center and expansion of the Teleneurology Service. The cardiovascular area is being modernized through international and national partnerships in Cardiogenetics and Myocardial Biopsy, consolidating itself as a national reference in precision cardiology.



**INSTITUTIONAL PROFILE**

**HOSPITAL  
QUINTA D'OR**

The Hospital Quinta D'Or was opened in September 2001 and is located in front of Quinta da Boa Vista, in Rio de Janeiro. It was organized from the renovation of the former Hospital São Francisco de Paula.

The spaces from the historic building have been restored and the entire structure was modernized. All features such as large rooms and natural lighting of the corridors, which create a warm and people-centered environment, were preserved. The hospital's strategic location made it a reference in quality of both clinical and surgical emergency care in the region.

The highly complex clinical cases are a highlight in Hospital Quinta D'Or and, therefore it maintains a medical staff with high academic standards, with training and specializations in renowned healthcare institutions in Brazil and abroad. The open approach for clinical staff ensures care to several specialties with total quality and recognition from several medical societies.

**HIGHLIGHTS 2017/2018**

The hospital had its program of Encephalic Stroke reaccredited as Distinction by the Canadian International Agency, maintaining Qmentum Canadian Accreditation. It remodeled the Hematology/Oncology Intensive Care Unit to support oncology inpatients in addition to top quality Technology resources for Radiotherapy and Chemotherapy in Brazil. The opening of the Center of Medical Specialties attached to the hospital to provide qualified care to regional population, and the modernization of the hospitality structure for non-critical inpatients care.



**Characterization**

Full Member Hospital	Since 2010
For-profit organization	
Foundation	2001
Constructed area	26,795 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	Accreditation Canada

**Key indicators 2017**

Operational Beds	299
ICU Beds	95
Credentialed physicians	18,864
Active employees	2,146
Visits to the Emergency Department	100,122
Outpatient Visits	37,036
Hospital Admissions	15,331
Surgeries (except for deliveries)	9,332
Deliveries	Not applicable
Tests and Exams	134,606

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

## INSTITUTIONAL PROFILE

# HOSPITAL RIOS D'OR



### Characterization

Full Member Hospital	Since 2014
For-profit organization	
Foundation	2009
Constructed area	17,309 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	134
ICU Beds	34
Credentialed physicians	1,568
Active employees	1,049
Visits to the Emergency Department	102,449
Outpatient Visits	19,168
Hospital Admissions	11,188
Surgeries (except for deliveries)	4,250
Deliveries	Not applicable
Tests and Exams	32,207

Estrada dos Três Rios, 1366 – Freguesia – Jacarepaguá  
Rio de Janeiro, RJ – 22745-005  
(21) 2448-3646  
[www.riosdor.com.br](http://www.riosdor.com.br)

Hospital Rios D'Or, which was opened in March 2009, has brought to the district of Jacarepaguá, in Rio de Janeiro, the high level of services of the D'Or Hospital Network.

In January 2011, the Hospital expanded its operations to include pediatric services and became a reference for this medical specialty.

In February 2012, the hospital started a process to earn international accreditation from Joint Commission International (JCI) and obtained its first international certification in 2014. Hospital Rios D'Or started to provide outpatient services in various medical specialties in 2015.

Hospital Rios D'Or is currently a reference in the region for urgent medical care, outpatient follow-up and highly complex surgeries.

## HIGHLIGHTS 2017/2018

In May 2017, Hospital Rios D'Or achieved its recertification by Joint Commission International, which shows the maturity of the organization. As a strategy to achieve recertification, the hospital continued the work initiated in 2014, of organizing its staff into multidisciplinary care and administrative teams, promoting an integrated vision and a better understanding of the standards required for the maintenance of quality and patient safety.

The challenge over the next cycles is to continue the work performed by the leadership, and maintain the same level of quality and continued education, the staff's commitment, and the ongoing search for improvements.



INSTITUTIONAL PROFILE

HOSPITAL SAMARITANO

Hospital Samaritano opened in January 1894 from the donation of the Chinese immigrant José Pereira Achao aiming at organizing a hospital to support all individuals without any type of distinction. It is 124 years old and has transformed and modernized itself. Constantly following the developments in medicine, Hospital Samaritano invested in equipment, technology and training to offer new clinical and surgical specialties, expanded care services and became recognized domestically and internationally by its quality standards.

Currently the hospital is a benchmark in quality of care and cutting-edge technology, maintaining its original core values: care and dedication to patients. 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 2017/2018**

The year of 2017 was especially important. Samaritano incorporated Americas Serviços Médicos, a medical-hospital group with 21 hospitals in the country and integrates the United Health Group (UHG).

The visual identity was redesigned during the integration process to represent the new status of Samaritano. In addition, the hospital was ranked 5<sup>th</sup> best hospital in Latin America and 2<sup>nd</sup> best in Brazil in the ranking annually prepared by magazine America Economia.

The year 2017 was marked by actions measured through Net Promoter Score (NPS), which assured the best experience for the patient. This goal will be also part of Samaritano's strategy for 2018.



Characterization	
Full Member Hospital	Since 2001
For-profit organization	
Foundation	1894
Constructed area	61,735 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	JCI

Key indicators 2017	
Operational Beds	318
ICU Beds	78
Credentialed physicians	5,000
Active employees	2,416
Visits to the Emergency Department	172,317
Outpatient Visits	49,174
Hospital Admissions	25,984
Surgeries (except for deliveries)	15,909
Deliveries	468
Tests and Exams	2,482,623

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 São Paulo, SP – 01232-010  
 (11) 3821-5300  
 www.samaritano.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL SANTA CATARINA



**Hospital  
Santa Catarina**

Associação Congregação de  
Santa Catarina

### Characterization

Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1906
Constructed area	57,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	324
ICU Beds	85
Credentialed physicians	3,392
Active employees	1,930
Visits to the Emergency Department	127,169
Outpatient Visits	81,694
Hospital Admissions	20,215
Surgeries (except for deliveries)	13,876
Deliveries	Not applicable
Tests and Exams	2,059,909

Av. Paulista, 200 – Bela Vista  
São Paulo, SP – 01310-000  
(11) 3016-4133  
[www.hospitalsantacatarina.org.br](http://www.hospitalsantacatarina.org.br)

Hospital Santa Catarina, with a long tradition of providing people-centered health care, was opened on February 6, 1906 by Sister Beata Heinrich, Bishop Miguel Kruse and Walter Seng the institution became a quality reference in health care services in Brazil. It belongs to Associação Congregação de Santa Catarina, and HSC contributes to philanthropic actions of this network that serves millions of people in eight Brazilian states in areas covering education, health care and social services. The modern infrastructure and state-of-the-art equipment and highly skilled professionals of HSC enable care from small procedures to highly complex surgeries. Always keeping its charisma and Christian principles that permeates all the assistance and relationship with patients, family members and employees.

## HIGHLIGHTS 2017/2018

The year 2017 was busy for the institution. First, Joint Commission International (JCI) accredited HSC, international accreditation methodologies early in the year. Next, it was reaccredited with Excellence Level by ONA. HSC also invested in the improvement of technology and system upgrade to enhance safety for patients. This effort resulted in the achievement of Level 6 accreditation by HIMSS, preparing it to be fully digital. The pediatric unit was expanded, promoting global care for pediatric patients, both inpatient and outpatient. The facade restoration works were completed in 2017. Finally, the chapel bell manufactured in 1920 was reactivated and now can be heard twice a day: at 12 noon and 5:55 pm.





**INSTITUTIONAL PROFILE**

**HOSPITAL  
SANTA CATARINA  
DE BLUMENAU**

Hospital Santa Catarina de Blumenau celebrates its 98<sup>th</sup> anniversary doing what it likes the most: Caring for health with excellence and integration, contributing with the improvement of the community quality of life. The organization has over 19,000 m<sup>2</sup> of constructed area, 1,000 employees and 400 physicians in more than 50 specialties.

The specialists of the high-complexity hospital include orthopedics, cardiology, general surgery, neurology and oncology. Respect to life, ethics, patient safety care, valuing people and relationships, commitment with quality and sustainability, are some of the values that drive us and place us closer to our purpose: transforming people to provide wellbeing and contribute to a healthier community.

**HIGHLIGHTS 2017/2018**

For the past two years, there were over R\$ 20 million invested in the new Inpatient Unit and oncology clinic. There were several other investments made in equipment, including the new Magnetic Resonance Imaging and improvement in infrastructure.

As to quality and safety, we have progressed to level 3 of Excellence by ONA and started our project of patient experience. HSC Blumenau was chosen one of the best hospitals to work in Brazil by ranking GPTW – Great Place to Work. All these efforts of improvement in infrastructure and quality of provided services and in people have made our hospital grow 15% compared to the previous year.

In 2018, HSC Blumenau expects to have two-digit growth, in addition to new investments. A new cycle of strategic planning starts in 2018, focused on expansion of hospital activities and the celebration of the 100<sup>th</sup> year anniversary of the organization in 2020.



Characterization	
Full Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1920
Constructed area	22,575 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	122
ICU Beds	30
Credentialed physicians	398
Active employees	910
Visits to the Emergency Department	41,564
Outpatient Visits	Not applicable
Hospital Admissions	9,909
Surgeries (except for deliveries)	6,550
Deliveries	1,199
Tests and Exams	99,322

R. Amazonas, 301 – Garcia  
Blumenau, SC – 89020-900  
(47) 3036-6000  
www.hsc.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL SANTA CRUZ (PR)



### Characterization

Full Member Hospital	Since 2014
For-profit organization	
Foundation	1966
Constructed area	17,420 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	177
ICU Beds	37
Credentialed physicians	2,040
Active employees	736
Visits to the Emergency Department	131,863
Outpatient Visits	23,606
Hospital Admissions	13,550
Surgeries (except for deliveries)	5,897
Deliveries	3,615
Tests and Exams	79,035

Av. do Batel, 1889 – Batel  
Curitiba, PR – 80420-090  
(41) 3312-3000  
[www.hospitalsantacruz.com](http://www.hospitalsantacruz.com)

Hospital Santa Cruz is located in the district of Batel, in Curitiba (PR), and is recognized with seal of Excellence and the highest level of national accreditation awarded by ONA (National Accreditation Organization). It was opened in 1966 and is considered a center of excellence in areas of Oncology, Cardiology, Neurology, Neurosurgery, Orthopedics, Emergency Care, Preventive Medicine and Maternity care. It offers privileged facilities, multidisciplinary medical staff, cutting-edge equipment and modern surgical center. Hospital Santa Cruz is a benchmark in hospitality and people-centered care, with quality of assistance and focus on patient safety.

## HIGHLIGHTS 2017/2018

The Hospital Santa Cruz was awarded COREN Premia 2017, in Recognition Category for the Project Management Model for Nursing Staff, whose objective was to systematize care through standardization and management approaches. The company was also a finalist of Health Reference in the Information Technology Management Category and the award Ser Humano awarded by ABRH-PR in the Development category. The institution stood out in 2017 for net revenue achieved, ranking among the top 5 companies in the Southern Region for profitability according to a survey organized by magazine Amanhã in partnership with PWC. The challenge imposed by the market was overcome with the adoption of the management model based on long-term planning, quality of care and safety along patient's journey which has ensured economic sustainability of the organization.



## INSTITUTIONAL PROFILE

# HOSPITAL SANTA IZABEL

Hospital Santa Izabel is considered, as a health care icon of Santa Casa da Bahia being a benchmark in support for those who need medical-hospital care services. It was opened in 1549, and named as Hospital da Caridade, it is in operation for 124 years in the district of Nazaré, where it provides healthcare in several specialties, high complexity clinical services and support for diagnostic and therapy.

Its success derived from the investment in modernization of equipment and facilities combined with constant staff training. It was accredited with Excellence and maintains its school hospital tradition excelling in the areas of cardiology (recognized as a referenced center in high complexity care by the Ministry of Health), oncology, orthopedics, neurology, otolaryngology and pediatrics.

## HIGHLIGHTS 2017/2018

Santa Izabel the Hospital of Santa Casa da Bahia has a long tradition of good services provided to the population of Bahia, being one of the largest and most prestigious hospital complexes in North and Northeast regions in Brazil. Santa Casa da Bahia maintains Hospital Santa Izabel that paved a recognized path with key contributions in healthcare development and a School Hospital, that has teaching and research activities developed in Bahia and respected in Brazil.

Today the National Accreditation Organization accredited it as a hospital of excellence, with a Diamond seal of the Cathlab Services, and as a participating member of the Qmentum program it is advancing in ROPs services in search of Canadian Accreditation. In 2017 it was accredited by HIMMS 6 and is moving towards the accreditation in HIMMS 7.



### Characterization

Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	1549
Constructed area	53,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	463
ICU Beds	84
Credentialed physicians	3,196
Active employees	3,458
Visits to the Emergency Department	118,365
Outpatient Visits	220,250
Hospital Admissions	24,996
Surgeries (except for deliveries)	12,693
Deliveries	Not applicable
Tests and Exams	2,008,302

Pça. Conselheiro Almeida Couto, 500 – Nazaré  
Salvador, BA – 40050-410  
(71) 2203-8444  
[www.santacasaba.org.br/hospital](http://www.santacasaba.org.br/hospital)

## INSTITUTIONAL PROFILE

# HOSPITAL SANTA JOANA RECIFE



### Characterization

Full Member Hospital	Since 2002
For-profit organization	
Foundation	1979
Constructed area	18,216 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	158
ICU Beds	56
Credentialed physicians	1,129
Active employees	1,899
Visits to the Emergency Department	83,175
Outpatient Visits	8,995
Hospital Admissions	11,484
Surgeries (except for deliveries)	7,106
Deliveries	1,774
Tests and Exams	105,296

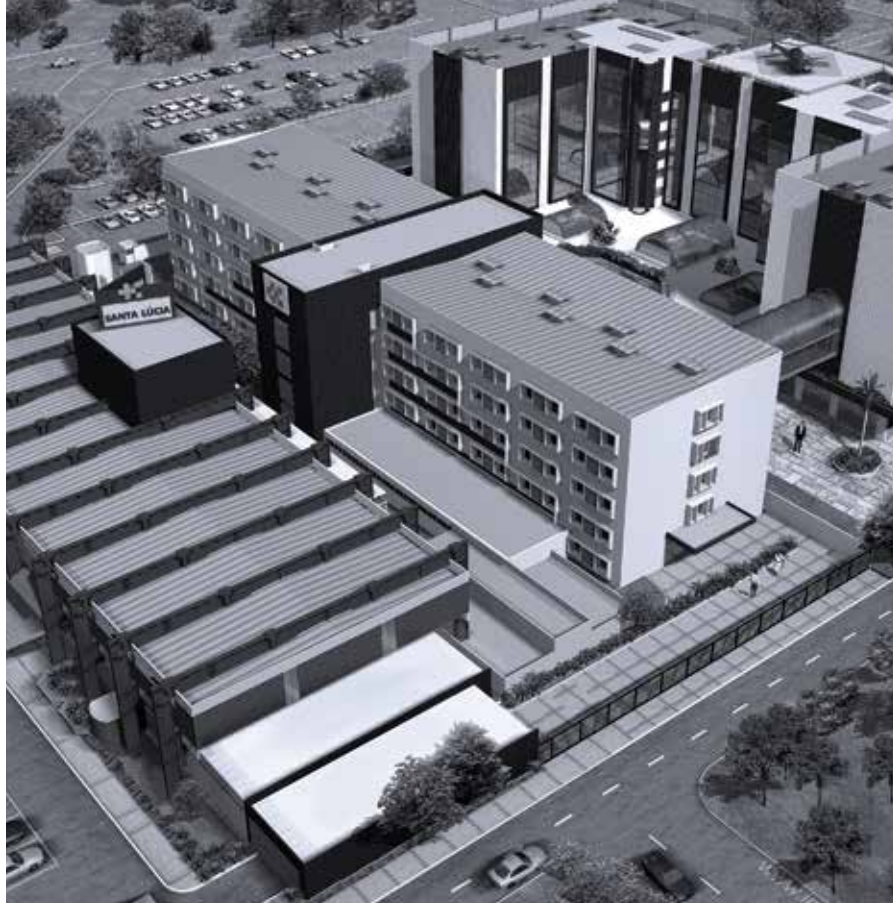
R. Joaquim Nabuco, 200 – Graças  
Recife, PE – 52011-000  
(81) 3216-6666  
[www.santajanarecife.com.br](http://www.santajanarecife.com.br)

With 39 years of operation, Santa Joana Recife hospital complex has been growing in quality, safety, and structure, and enhancing its services. In 2012, the hospital was first accredited by Joint Commission International (JCI) and is keeping up with it until today, being submitted to periodical assessments. The hospital is reference in high complexity and provides services in several specialties. It is constantly investing in departments such as Geriatrics, Cardiovascular Surgery, Onco-Hematology, Urology, and Bariatric Surgery. It has one of the largest private emergency departments in the state of Pernambuco, integrated with Santa Joana Recife Diagnóstico, leader in Preventive and Diagnostic Medicine in the region. It also has its Specialized Clinics, which comprise an outpatient practice center with services in more than 15 specialties that is now under expansion. Santa Joana Recife is constantly striving to offer to physicians and patients high quality standards, standing out in the whole of the Northeast region.

## HIGHLIGHTS 2017/2018

Santa Joana Recife hospital complex has been a member of UnitedHealth Group since the end of 2015 and is part of Americas Serviços Médicos, a business unit comprising the Group's market hospitals. A pioneer initiative in 2016 started to offer the general population the first robotic surgery center of the state of Pernambuco and the hospital became reference in 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 the structuring of an outpatient practice center, the Specialized Clinics. In 2018, it will start an expansion project with the building of a new tower that will add 138 new beds and 200 parking places to the hospital complex.



## INSTITUTIONAL PROFILE

# HOSPITAL SANTA LÚCIA

Hospital Santa Lucia has become a traditional and renowned hospital in Brasília. It was founded in 1963 and opened three years later. It has 363 beds and expectation to expand to 430 beds until the end of 2018. It is a benchmark in high-complexity care with more the 44,000 m<sup>2</sup> of built area. There are more than 2,000 employees and about 1,200 registered doctors that make Santa Lucia a medical-hospital power with about 1,800 inpatients per month and more than 13,000 surgeries performed per year. Its emergency department is unique in the city with a Red Room (to provide care of critically-ill patients) with dedicated emergency doctors ready to treat any kind of high-complexity care.

### HIGHLIGHTS 2017/2018

Several transformations made the year of 2017 a milestone for the hospital. In the first part of the year it passed by the accreditation process and was accredited by level III of National Accreditation (ONA III). In addition, it kicked off the accreditation process by Qmentum.

The works continued in full speed, with the inauguration of a new Cancer Center of Hospital Santa Lucia, a new distant Outpatient Center, and the inpatient reception for relatives and patients. The plans for the forthcoming year include the inauguration of eight new surgical rooms with pathology laboratory onsite and new neonatal and pediatric ICU.



#### Characterization

Full Member Hospital	Since 2015
For-profit organization	
Foundation	1966
Constructed area	44,757 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

#### Key indicators 2017

Operational Beds	363
ICU Beds	115
Credentialed physicians	1,200
Active employees	2,125
Visits to the Emergency Department	160,000
Outpatient Visits	120,000
Hospital Admissions	21,000
Surgeries (except for deliveries)	13,000
Deliveries	1,400
Tests and Exams	1,020,000

SHLS Quadra 716 Conjunto C – Setor Hospitalar Sul  
Brasília, DF – 70390-700  
(61) 3445-0000  
[www.santalucia.com.br](http://www.santalucia.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL SANTA LUZIA



**Hospital Santa Luzia**

### Characterization

Full Member Hospital	Since 2018
For-profit organization	
Foundation	1969
Constructed area	16,961 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	182
ICU Beds	66
Credentialed physicians	2,028
Active employees	1,427
Visits to the Emergency Department	134,420
Outpatient Visits	72,201
Hospital Admissions	13,588
Surgeries (except for deliveries)	9,296
Deliveries	845
Tests and Exams	99,390

SHLS 716, Conjunto E, Lote 5 – Asa Sul  
Brasília, DF – 70390-903  
(61) 3445-6000  
www.hsl.com.br

Founded in 1969, Hospital Santa Luzia has been part of Rede D'Or São Luiz since 2012. Located in the South Wing district of Brasília, with a built-up area of almost 17,000 m<sup>2</sup>, the hospital is a reference in general and maternal-child care in the capital city of Brazil.

## HIGHLIGHTS 2017/2018

Hospital Santa Luzia was accredited Level 3 by the National Accreditation Organization (ONA) in 2017. This achievement brought along a major organizational change whose main beneficiaries were the patients. Such excellence accreditation is fruit of a long journey marked by barriers overcome, teamwork and hard effort by the top- and middle-level management as well as by the operational staff.

It took the team three years of hard work to develop a great educational project aimed at continuous improvement in which all eyes were focused on the "Patient".



## INSTITUTIONAL PROFILE

# HOSPITAL SANTA MARTA

Santa Marta Hospital is an institution with a history of evolution. After the accreditation of Level 3 by ONA level 3 achieved in 2016, it has been consolidating its brand in the Federal District by virtue of management based on control of, quality and patient safety, respecting ethical, sustainable and patient-centered principles.

It also focuses on development of the clinical staff and employees, empowering best medical and care practices. Currently it has the accreditation of six medical residency programs from MEC, on behalf of the Santa Marta Institute of Teaching and Research – ISMEP.

## HIGHLIGHTS 2017/2018

The Hospital Santa Marta stood out in several sectors during the year 2017, recently it was accredited by HIMSS – Health Information and Management Systems Society and level 6 by EMRAM, which demonstrates its digital capability level. The hospital was recognized by AMIB for the management of quality and performance indicators in the Adult ICU for the second consecutive year.

It expanded the outpatient care services, with the implementation of the Pain Clinic, Obesity Center and Spinal Cord Institute, focusing on the treatment of highly complex diseases. By 2018, it intends to expand its care structure, with new inpatient beds, Neonatal, Pediatric and Adult ICU.



### Characterization

Full Member Hospital	Since 2013
For-profit organization	
Foundation	1986
Constructed area	22,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	229
ICU Beds	73
Credentialed physicians	517
Active employees	1,512
Visits to the Emergency Department	242,683
Outpatient Visits	187,548
Hospital Admissions	14,235
Surgeries (except for deliveries)	7,501
Deliveries	2,149
Tests and Exams	1,187,055

Setor Especial Área 01 e 17 – Taguatinga Sul  
Brasília, DF – 72025-120  
(61) 3451-3000  
[www.hospitalsantamarta.com.br](http://www.hospitalsantamarta.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL SANTA PAULA



### Characterization

Full Member Hospital	Since 2013
For-profit organization	
Foundation	1958
Constructed area	18,200 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, JCI

### Key indicators 2017

Operational Beds	199
ICU Beds	50
Credentialed physicians	1,683
Active employees	1,020
Visits to the Emergency Department	115,185
Outpatient Visits	42,080
Hospital Admissions	14,386
Surgeries (except for deliveries)	9,059
Deliveries	Not applicable
Tests and Exams	272,654

Av. Santo Amaro, 2468 – Vila Olímpia  
São Paulo, SP – 04556-100  
(11) 3040-8000  
[www.santapaula.com.br](http://www.santapaula.com.br)

Pronto-Socorro Santa Paula was founded on September 15, 1958 as an Emergency Care Service, located at Av. Santo Amaro, in São Paulo state capital. It expanded in the 70's after the construction of the current Block A. It was constantly improved in the 80's with the implementation of Cathlab, Heart Surgery and the acquisition of new CT suite.

In the 90's, the facilities of Block B were acquired and finished, new CT and MRI pieces of equipment were purchased, and construction of block C was started. The construction and operation of the Oncology Institute occurred in 2002.

Currently, the hospital has 199 active beds, of which 50 are ICUs, 9 operating rooms, a humanized oncology and radiotherapy chemotherapy complex, focused on the areas of oncology, cardiology, orthopedics, neurology and critical care (ICU and emergency). In the last decade, it was accredited by the Joint Commission, Canadian and ONA-III.

## HIGHLIGHTS 2017/2018

In 2017, it expanded the physical area of the emergency room, providing more comfort to patients, and enlarged one additional floor in the oncology adding 10 positions for infusions. Moreover, it validated a VTE protocol by the IBSP, created the immunization clinic, and made investments in pathological anatomy with in a dedicated local pathologist in the surgical center.

In 2018 it will submit for Level 7 Accreditation by HIMSS (Paperless). The surgical ICU with 10 beds will be inaugurated and will be reaccredited by JCI in April 2018. The second radiotherapy unit will be acquired with the capacity to perform radiosurgery, as well as a new CT suite for coronary angio-CT.





**INSTITUTIONAL PROFILE**

**HOSPITAL  
SANTA ROSA**

Hospital Santa Rosa (HSR) operates in Cuiabá (MT) for 20 years and stands out for Diamond Level Accreditation by International Accreditation Canada, and Level III reaccreditation by National Accreditation (ONA). It is a benchmark in highly complex procedures such as kidney transplant, transapical aortic valve surgery, isolated limb perfusion (IMP) and CT-guided radiofrequency hepatic ablation in hybrid room.

The mission of the Institution is to provide top quality, innovative and sustainable hospital care. Therefore, it invests more in technology, specialized medicine, personnel training, comfort and safety for patients. Its care is focused on humanized care, and commitment to offer the best service and to promote continuous improvement.

**HIGHLIGHTS 2017/2018**

Santa Rosa Hospital aims to offer quality care, therefore it has its own oncology, radiotherapy, cardiology and complete diagnostic center services. In 2017, it joined the second phase of the Project Appropriate Delivery, was accredited Level 6 by HIMSS and accredited with Excellence in Venous Thromboembolism Prevention (VTE).

It inaugurated a Pediatric ICU (eight beds) and the first Advanced Health Care Unit. In order to ensure agility and offer client support, it now has the Santa Rosa Space. It performed the first CT-guided radiofrequency hepatic ablation guided in a hybrid room.

The institution also has a Patient Centered Care project, as well as an electronic platform to manage patient flow.



**Characterization**

Full Member Hospital	Since 2003
For-profit organization	
Foundation	1997
Constructed area	16,204 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, Accreditation Canada

**Key indicators 2017**

Operational Beds	170
ICU Beds	56
Credentialed physicians	1,053
Active employees	722
Visits to the Emergency Department	73,832
Outpatient Visits	1,952
Hospital Admissions	8,292
Surgeries (except for deliveries)	10,446
Deliveries	991
Tests and Exams	1,414,653

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Cuiabá, MT – 78040-783  
(65) 3618-8000  
www.hospitalsantarosa.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL SÃO CAMILO POMPEIA



Characterization	
Full Member Hospital	Since 2003
Not-for-profit organization	
Foundation	1960
Constructed area	46,780 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	JCI, Accreditation Canada

Key indicators 2017	
Operational Beds	356
ICU Beds	73
Credentialed physicians	5,382
Active employees	2,319
Visits to the Emergency Department	264,651
Outpatient Visits	145,062
Hospital Admissions	20,941
Surgeries (except for deliveries)	13,713
Deliveries	Not applicable
Tests and Exams	1,736,628

Av. Pompeia, 1178 – Pompeia  
São Paulo, SP – 05022-000  
(11) 3677-4444  
[www.hospitalsaocamilosp.org.br](http://www.hospitalsaocamilosp.org.br)

The Hospital São Camilo Pompeia was the first unit of the network, founded in 1960. It is currently a reference in urgency, emergency and high complexity care. It holds three international accreditations: Joint Commission International, Diamond by QMentum International, Accreditation Canada, and Level Six EMRAM by the HIMSS (Healthcare Information and Management Systems Society).

It has complete diagnostic and care center in all specialties, and the unit has a reference center for bone marrow transplantation, which performs all types of transplants, including those of unrelated donors. Since 1998, more than 500 transplants have been performed, with dedicated care to transplanted patients from a specialized multiprofessional team.

## HIGHLIGHTS 2017/2018

In 2017, the institution invested in infrastructure and expansion of areas and services to offer patients of Pompeia, Santana and Ipiranga units even more humanized, safe and quality of care. In 2017, Pompeia unit conquered EMRAM level six accreditation by HIMSS (Healthcare Information and Management Systems Society), which reinforced the use of information technology (IT) as a health care support.

For 2018, the network is preparing the implementation of a new health care model based on lines of care in specialties such as oncology, cardiology, urology, geriatrics, neurology. Moreover, it will deliver the Center for Disease Prevention. Inaugurate the Laboratory of Clinical Analysis external services, including the expansion medical centers and continuous investment in the technological park with the acquisition of new equipment to perform exams and minimally invasive procedures.



## INSTITUTIONAL PROFILE

# HOSPITAL SÃO LUCAS

Hospital São Lucas was founded on January 1<sup>st</sup>, 1969, and is still a young institution if you consider the challenges that are renewed at a faster pace in the healthcare industry. Hospital São Lucas in Ribeirão Preto in the State of São Paulo has received the Qmentum International Accreditation from Accreditation Canada and has been accredited by the National Accreditation Organization (ONA) since 2001 – always surpassing its achievements in quality and sustainability.



## HIGHLIGHTS 2017/2018

Continuing the master plan, 2017 was a year marked by important investments made by the São Lucas Group. The Trauma Center was inaugurated, and another important step that will positively impact the group in 2018 was the partnership with Hospital Care.

With an initial contribution of R\$ 60 million, besides the expansion of the two buildings where the hospitals São Lucas and Ribeirania are situated, improvements will be made in infrastructure and equipment. The São Lucas expansion works are scheduled to start in February and will receive R\$ 25 million in investments.

The unit will gain 40 new beds, 20 of them for ICU and the others for clinical-surgical hospitalizations. In addition to these investments, other projects are being evaluated and should be put into practice in the first six months of the 2018.

### Characterization

Full Member Hospital	Since 2002
For-profit organization	
Foundation	1969
Constructed area	8,592 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III, Accreditation Canada

### Key indicators 2017

Operational Beds	95
ICU Beds	24
Credentialed physicians	1,200
Active employees	520
Visits to the Emergency Department	63,112
Outpatient Visits	Not applicable
Hospital Admissions	8,468
Surgeries (except for deliveries)	10,886
Deliveries	11
Tests and Exams	385,934

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Ribeirão Preto, SP – 14015-130  
(16) 4009-0020  
[www.gruposao Lucas.com.br](http://www.gruposao Lucas.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL SÃO LUCAS DA PUCRS



### Characterization

Full Member Hospital	Since 2017
Not-for-profit organization	
Foundation	1976
Constructed area	159,607 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA I, ONA II, ONA III

### Key indicators 2017

Operational Beds	580
ICU Beds	94
Credentialed physicians	2,010
Active employees	2,856
Visits to the Emergency Department	100,156
Outpatient Visits	197,893
Hospital Admissions	22,244
Surgeries (except for deliveries)	28,367
Deliveries	2,912
Tests and Exams	2,481,993

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Porto Alegre, RS – 90610-000  
(51) 3320-3000  
[www.hospitalsaolucas.pucrs.br](http://www.hospitalsaolucas.pucrs.br)

Founded in 1976 by União Brasileira de Educação e Assistência, a non-governmental organization that belongs to Instituto Irmãos Maristas da Província Brasil Sul-Amazônia, Hospital São Lucas (HSL) of the Pontifical Catholic University of Rio Grande do Sul (PUCRS) has the mission of “promoting life” through interdisciplinary care, teaching and research. With a built-up area of 159,000 m<sup>2</sup>, one of the largest hospitals in South America, HSL has a 24-hour emergency department and provides adults and children with care in 38 different specialties focusing on promotion of health, disease prevention, diagnosis, treatment and rehabilitation. It has a renowned clinical staff, being integrated to the best medical school in the state of Rio Grande do Sul (ENADE 2016), standing out in the fields of cardiology, traumatology (with its spine center), neonatology, neurology, and neurosurgery.

## HIGHLIGHTS 2017/2018

2017 was a year of significant accomplishments for HSL: it restructured its management, redesigned processes and adopted a new care model based on lines of care, reinforcing the patient-centered approach of its multidisciplinary team. It also opened a Wellness Center and renovated its Emergency Department, important steps towards providing patients and family members not only with the best care but also with comfort and safety. In times of innovation, one achievement that fills the management with pride is the Level 3 accreditation, the highest excellence accreditation awarded by the National Accreditation Organization (ONA). Also, as a proof of its commitment to offering the best possible care, HSL joined QMentum International Accreditation Program.



**INSTITUTIONAL PROFILE**

**HOSPITAL  
SÃO LUCAS (SE)**

Hospital São Lucas was founded on October 18, 1969. Initially operating as a clinic, it rapidly evolved to an emergency department, and was finally transformed into hospital in 1978. The founders Dr. José Augusto Barreto (in memoriam) and Dietrich Todt were well-known physicians and professor of the Federal Medical School of Sergipe (UFS). Hospital São Lucas is rooted on commitment to offer differentiated, humanized treatment to high complexity cases, which was a natural process given the faculty teaching activities and their specialties: cardiology and pneumology. The expansion of the hospital and the implementation of quality and accreditation processes, made safety today part of management culture, as well as the endless search to maintain sustainability.

**HIGHLIGHTS 2017/2018**

The forecasts for the year 2017 seemed to be very difficult, with bad impact of generalized confidence crisis that has plagued the country for some time. Therefore, the hospital prepared itself to maintain the course of the last two years, focusing on efficiency, productivity, and recovery of working capital. Issues such as absenteeism, glosses, and bed occupancy and receivables deadlines were tackled with targeted teams and focus on the long run.

The modest improvement in the scenario and results of continuous efficiency improvement, growth plans focused on high complexity care were resumed, with expansion of intensive care beds and plans to acquire a new imaging suite. In 2018 operational discipline will be maintained and investments plans reviewed.



Characterization	
Full Member Hospital	Since 2012
For-profit organization	
Foundation	1969
Constructed area	13,730 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, Accreditation Canada

Key indicators 2017	
Operational Beds	201
ICU Beds	46
Credentialed physicians	1,022
Active employees	1,337
Visits to the Emergency Department	72,000
Outpatient Visits	Not applicable
Hospital Admissions	12,000
Surgeries (except for deliveries)	9,400
Deliveries	Not applicable
Tests and Exams	902,795

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(79) 2107-1000  
www.saolucas-se.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL SÃO LUIZ – UNIDADE MORUMBI



Established in 2000, Hospital São Luiz Morumbi began its pursue for hospital accreditation in 2008 when it obtained the Level 3 award from the National Accreditation Organization (ONA). In 2010, it became part of Rede D'Or São Luiz. In 2011, it obtained a bariatric accreditation. And in 2015, it obtained the Qmentum International accreditation.

## HIGHLIGHTS 2017/2018

The hospital renovated its operating suite and staff lounges. It also started performing robotic surgeries and opened a specialties emergency room.

### Characterization

Full Member Hospital	Since 2018
For-profit organization	
Foundation	2000
Constructed area	21,600 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

### Key indicators 2017

Operational Beds	202
ICU Beds	60
Credentialed physicians	845
Active employees	1,192
Visits to the Emergency Department	191,945
Outpatient Visits	6,600
Hospital Admissions	16,917
Surgeries (except for deliveries)	11,102
Deliveries	Not applicable
Tests and Exams	202,908

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São Paulo, SP – 05673-050  
(11) 3093-1100  
[www.saoluiz.com.br](http://www.saoluiz.com.br)



INSTITUTIONAL PROFILE

HOSPITAL  
SÃO MARCOS

Hospital São Marcos started its activities in September 1940, named Instituto de Radioterapia de Pernambuco. In 1974, it created a unit for burn cases and in the 90's it adopted the name Centro Hospitalar São Marcos, expanding the number of beds. In 2011, the hospital was acquired by Rede D'Or São Luiz and started its journey of major structural and technical transformation. It has an emergency department that services low, medium and high-complexity cases, which can have as much as 10,000 visits per month. Medical teams work 24 by 7 covering the specialties of internal medicine, cardiology, general surgery, orthopedics and trauma, ENT, maxillofacial and burn management. As of 2017, the hospital has 124 beds, being 84 inpatients rooms and 40 ICU rooms.

**HIGHLIGHTS 2017/2018**

In 2016, the hospital was accredited by ONA level 3 – Excellence. A new ICU was opened and structured the line of care Fragile Elderly. In 2017, the number of ICU beds was increased, including detailed strategy up to the operational level and evidence observed by improvement cycles.



Characterization	
Full Member Hospital	Since 2017
For-profit organization	
Foundation	1940
Constructed area	8,342 m²
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	109
ICU Beds	30
Credentialed physicians	281
Active employees	674
Visits to the Emergency Department	49,960
Outpatient Visits	5,224
Hospital Admissions	5,784
Surgeries (except for deliveries)	4,192
Deliveries	Not applicable
Tests and Exams	426,324

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 Recife, PE – 52010-030  
 (81) 3217-4444  
[www.hospitalsaomarcos.com.br](http://www.hospitalsaomarcos.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL SÃO RAFAEL



Characterization	
Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	1974
Constructed area	54,460 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	352
ICU Beds	70
Credentialed physicians	847
Active employees	3,028
Visits to the Emergency Department	69,813
Outpatient Visits	332,701
Hospital Admissions	19,625
Surgeries (except for deliveries)	21,385
Deliveries	Not applicable
Tests and Exams	2,585,266

Av. São Rafael, 2152 – São Marcos  
Salvador, BA – 41253-190  
(71) 3281-6111  
[www.portalhsr.com.br](http://www.portalhsr.com.br)

Hospital São Rafael, 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 the Vilas Unit 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 2017/2018

In 2017 we inaugurated a new unit, with capacity to see 300 patients a day in tranquility and comfort. The speed of services and the prioritization of severe and referred patients were decisive in the project, which has a specific ward and special access to this public. It is focused on the rapid stabilization and follow-up of protocols in cases such as strokes and acute myocardial infarction.

The expansion developed with the delivery of the high complexity ICU for immunocompromised patients and the new BMT unit. Also in 2017, the nuclear medicine service, certified by the European Society of Nuclear Medicine (SEMNM), with the EARL seal, and the recertification of the VTE prevention protocol by IQG, met 100% of the required standards. At the end of the year, Hospital São Rafael confirmed the maintenance of the ONA Level 3 Excellence accreditation certification.





## INSTITUTIONAL PROFILE

# HOSPITAL SÃO VICENTE DE PAULO

The history of Hospital São Vicente de Paulo started in 1930, when The Sisters of Caridade de São Vicente de Paulo founded the school hospital, a health care unit designed to provide medical care to religious sisters and apprentice novices in the nursing area. The school hospital was renamed to the current name in 1968, after the mansion was renovated, and it started to support local residents.

A few years later, under Sister Mathilde management and increased demands for care the sisters decided to build a larger and more modern building. The building was opened in 1980 and several officers attended the inauguration. Since its inauguration, HSVP has encouraged employees, clinicians and sisters to be committed to the humanization of the technique and care excellence targeted to patient safety.

## HIGHLIGHTS 2017/2018

The motto of HSVP is to develop a continuous improvement culture that permeates all processes, people and technology. It has invested in some projects, such as reduction of average time of patient in the hospital, where processes have matured and significant bed management improvements have been made and positively impacting results.

There was an enlargement of a wing of 10 apartments to support patients. The dispensing processes were fine-tuned at every two hours, strengthening patient safety, eliminating rework, with better resource use and enhancing safety level.

The ISO 9001 certification was reaccredited in the 2015 version, and the hospital continues to rank high in America Economia.



Characterization	
Full Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1980
Constructed area	20,724 m <sup>2</sup>
Clinical staff organization	Closed
Hospital Accreditation	JCI

Key indicators 2017	
Operational Beds	161
ICU Beds	28
Credentialed physicians	583
Active employees	1,070
Visits to the Emergency Department	46,024
Outpatient Visits	102,000
Hospital Admissions	8,876
Surgeries (except for deliveries)	5,250
Deliveries	Not applicable
Tests and Exams	650,800

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Rio de Janeiro, RJ – 20270-233  
(21) 2563-2143  
www.hsvp.org.br

## INSTITUTIONAL PROFILE

# HOSPITAL SAÚDE DA MULHER



### 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 2017

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](http://www.hsmdiagnostico.com.br)

Hospital Saúde da Mulher was founded on November 29<sup>th</sup>, 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 Pará 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 unique private hospital in the State of Pará to perform all diagnostic exams and treatments in nuclear medicine, radiotherapy and brachytherapy. Currently, Hospital Saúde da Mulher has five buildings, including the HSM Hospital and HSM Diagnostic Unit. HSM Hospital 177 beds, 50 ICU beds and 13 operating rooms. HSM Diagnostic Unit has the latest imaging equipment 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 Sirio-Libanês is an international health reference center working on medical and healthcare projects directed to the Brazilian society and focused on innovation in teaching and research.

The Hospital is maintained by Sociedade Beneficente de Senhoras Hospital Sirio-Libanês – a not-for-profit institution founded by a group of ladies from the Syrian and Lebanese communities in 1921.

Hospital Sirio-Libanês was officially opened in 1965 based on compassionate care, excellence and pioneering spirit, which have been maintained since then.

The Hospital has three units in São Paulo in the State of São Paulo and three outpatient units in Brasília in the Federal District with 469 operational beds.

Hospital Sirio-Libanês achieves excellence in patient care and maintains integrated projects with the Ministry of Health, developing and disseminating knowledge and good practices for more than eight thousand healthcare managers throughout the country as part of the Institutional Support and Development Program of the Universal Public Healthcare System (Proadi-SUS).

## HIGHLIGHTS 2017/2018

A new surgical center was inaugurated and the areas of endoscopy and the Pathological Anatomy Laboratory expanded. Hospital Sirio-Libanês was recertified by the Joint Commission International (JCI), thereby attaining ten years of accreditation.

The First International Congress on Corporate Health and the Patient Experience Workshop were held in partnership with The Beryl Institute, of which Hospital Sirio-Libanês has become a member.

The Pneumatic Waste Transportation service was launched. Finally, the repositioning and design of Hospital Sirio-Libanês brand was carried out, with the launch of the Patient Consultative Council.

Characterization	
Full Member Hospital	Since 2001
Not-for-profit organization	
Foundation	1921
Constructed area	166,820 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	JCI, Accreditation Canada

Key indicators 2017	
Operational Beds	469
ICU Beds	57
Credentialed physicians	4,305
Active employees	6,269
Visits to the Emergency Department	95,765
Outpatient Visits	66,245
Hospital Admissions	24,494
Surgeries (except for deliveries)	31,769
Deliveries	Not applicable
Tests and Exams	5,031,396

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São Paulo, SP – 01308-060  
(11) 3394-0200  
[www.hospitalsiriolibanes.org.br](http://www.hospitalsiriolibanes.org.br)

## INSTITUTIONAL PROFILE

# HOSPITAL VITA BATEL



### Characterization

Full Member Hospital	Since 2010
For-profit organization	
Foundation	2004
Constructed area	3,400 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

### Key indicators 2017

Operational Beds	82
ICU Beds	35
Credentialed physicians	925
Active employees	385
Visits to the Emergency Department	48,860
Outpatient Visits	18,552
Hospital Admissions	6,801
Surgeries (except for deliveries)	7,556
Deliveries	Not applicable
Tests and Exams	65,285

R. Alferes Ângelo Sampaio, 1896 – Batel  
Curitiba, PR – 80420-160  
(41) 3883-8482  
[www.hospitalvita.com.br](http://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 82 beds and 411 employees, records an average of 4,072 patients treated in the Emergency Room, 567 admissions and 420 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.

## HIGHLIGHTS 2017/2018

In 2017, Hospital VITA Batel gained the Canadian International Accreditation (Diamond Level), reinforcing its commitment to quality and patient safety. The new intensive care service was consolidated with a concept of humanized care, which represented a quality improvement in health care and more solid financial results.

In 2018, VITA Batel will continue to invest in infrastructure, equipment, technology, and employee training to ensure health care security.



# INSTITUTIONAL PROFILE

## HOSPITAL VITA CURITIBA

Hospital Vita Curitiba was established in 1996 on the margins of Linha Verde – the new axis of development in the Paranaense capital.

The Hospital has a constructed area of 18 thousand square meters in a 102,000-square meter lot.

Each month Hospital Vita Curitiba, which currently has 121 beds and 695 employees, records an average of 7,177 patients treated in the Emergency Room, 740 admissions and 498 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.

The dedication and treatment to patients have as pillars care quality and safety internationally recognized by the Accreditation Canada.

### HIGHLIGHTS 2017/2018

In 2017 Vita Curitiba inaugurated an intensive care unit with a humanized concept, investing in infrastructure, new equipment, technology and training.

In 2018 it will continue with the concept of health promotion, through the Vita Center for the Treatment of Obesity and Diabetes, in addition to expanding services provided to the community, being a reference in the specialties of orthopedics, cardiology, neurology, oncology and digestive tract surgery.



#### Characterization

Full Member Hospital	Since 2001
For-profit organization	
Foundation	1996
Constructed area	18,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

#### Key indicators 2017

Operational Beds	121
ICU Beds	46
Credentialed physicians	951
Active employees	643
Visits to the Emergency Department	86,123
Outpatient Visits	51,431
Hospital Admissions	8,879
Surgeries (except for deliveries)	9,566
Deliveries	Not applicable
Tests and Exams	87,820

Rodovia 116, 4021 km 396 – Bairro Alto  
Curitiba, PR – 82590-100  
(41) 3315-1900  
[www.hospitalvita.com.br](http://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 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	129
ICU Beds	26
Credentialed physicians	408
Active employees	445
Visits to the Emergency Department	92,062
Outpatient Visits	142,621
Hospital Admissions	9,966
Surgeries (except for deliveries)	4,825
Deliveries	389
Tests and Exams	593,832

Av. Lions Club, 162 – Vila Santa Cecília  
Volta Redonda, RJ – 27255-430  
(24) 3344-3224  
[www.hospitalvita.com.br](http://www.hospitalvita.com.br)

Hospital VITA Volta Redonda is a reference in the south of the State of Rio de Janeiro. The Hospital is always committed to quality and safety in healthcare based on ethics and respect to patients and family members.

Hospital VITA Volta Redonda provides high resolution services in only one facility and meets various demands of the population from outpatient visits, additional medical examinations, emergency services to highly complex surgeries, while offering high performance services always concerned with the comfort and safety of patients.

Hospital VITA Volta Redonda has been accredited for Excellence at Level 3 by the National Accreditation Organization (ONA) since 2006, which reinforces the hospital philosophy in the constant search for quality and continuous improvements.

## HIGHLIGHTS 2017/2018

The highlight of 2017 was the incorporation of the image service into the business. VITA Medicina Diagnostica has a highly specialized team. Another highlight is the excellent and humanized oncology service. There was an increase in adult intensive care beds to meet the needs of the region.

The medical specialty center, which made it possible to align the clinical body with the institution's strategic objectives, had more than 140,000 consultations during the year. From ONA it received a tribute as the hospital of the state of Rio de Janeiro which had for the longest time been certified in excellence, fruit of the work of a highly qualified team.



**INSTITUTIONAL PROFILE**

**HOSPITAL  
VIVALLE**

Hospital viValle opened its doors in 1980 as Clinic GastroClínica, and in year 2000 it began its hospital activities. In 2006, it was renamed Hospital viValle and, in December 2011, it became part of Rede D’Or São Luiz.

viValle is equipped with 24-hour clinical, orthopedic and cardiology emergency rooms, on-site ENT and dermatology care (as well as other specialties available on-call), a trauma center, a cancer center, a state of the art operating suite with 12 rooms, an intensive care unit, an inpatient ward with high-end hospitality services, a central sterile services department, a cardiovascular center (hemodynamics), and a diagnostic imaging and laboratory medicine center.

The same level of professionalism and person-centered care can be obtained at the viValle Medical Center, which provides differentiated services in specialty appointments and treatments.

**HIGHLIGHTS 2017/2018**

In 2017, the renovation of the emergency department was completed with a 30% expansion in size and a new layout. In addition to that, a new Trauma Center, specialized in the care of multiple trauma patients, was opened. In September 2017, the construction work of viValle Maternidade, our maternity hospital, started. The construction is expected to finish in August 2018.

Also in 2017, Hospital viValle received international consultancy services to improve the quality of care through the “Teamwork and Safe Surgery” Workshop. The event marked the beginning of a one-year journey aimed at strengthening the institutional culture with a focus on patient safety.

Still on the subject of patient care and safety, viValle obtained the bariatric surgery accreditation awarded by the Brazilian Society of Bariatric and Metabolic Surgery and the Surgical Review Corporation.



**Characterization**

Full Member Hospital	Since 2017
For-profit organization	
Foundation	2000
Constructed area	22,883 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Accreditation Canada

**Key indicators 2017**

Operational Beds	125
ICU Beds	45
Credentialed physicians	1,824
Active employees	630
Visits to the Emergency Department	97,380
Outpatient Visits	26,846
Hospital Admissions	21,345
Surgeries (except for deliveries)	13,036
Deliveries	Not applicable
Tests and Exams	76,175

Av. Lineu de Moura, 995 – Jd. Urbanova  
 São José dos Campos, SP – 12244-380  
 (12) 3924-4900  
 www.vivalle.com.br

## INSTITUTIONAL PROFILE

# LARANJEIRAS CLÍNICA PERINATAL



### Characterization

Full Member Hospital	Since 2016
For-profit organization	
Foundation	2008
Constructed area	18,000 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, Accreditation Canada

### Key indicators 2017

Operational Beds	152
ICU Beds	72
Credentialed physicians	1,000
Active employees	740
Visits to the Emergency Department	2,500
Outpatient Visits	400
Hospital Admissions	900
Surgeries (except for deliveries)	200
Deliveries	600
Tests and Exams	2,500

Av. Embaixador Abelardo Bueno, 201  
Barra da Tijuca  
Rio de Janeiro, RJ – 22.775-040  
(21) 3722-2000  
[www.perinatal.com.br](http://www.perinatal.com.br)

Perinatal was founded by a group of neonatologists in 1985 becoming a pioneer in introducing the perinatology concept in the maternal and child care in Brazil.

The Hospital has become a reference in Rio de Janeiro and has expanded medical care for at-risk newborns (Neonatal ICU) to other regions of the State of Rio de Janeiro, increasing the care coverage area.

Perinatal has Laranjeiras and Barra maternity units, in addition to two external Neonatal ICUs. All Neonatal ICUs are part of the Rede Vermont-Oxford.

## HIGHLIGHTS 2017/2018

Perinatal is now the only private hospital in the city that exclusively offers maternity services. In the Laranjeiras and Barra maternity units, approximately 1,100 births per month are performed.

The organization has 1,528 employees, of whom 918 are in the healthcare area. The strong presence in the media and the numerous partnerships guarantee the recognition of the institution.





## INSTITUTIONAL PROFILE

# PRO MATRE PAULISTA

Pro Matre Paulista, one of the most traditional maternity hospitals in São Paulo, is a reference in neonatology, high-risk multiple pregnancies, as well as in the integral health of women. The institution is accredited by Joint Commission International (JCI), the most important accrediting body in the world, and it is a participant of Projeto Parto Adequado (Appropriate Delivery).

Among its major attributes are the specialized Neonatal and Adult ICUs, staffed by skilled professionals and equipped with state-of-the-art technological resources. The institution's staff is highly specialized in fetal medicine. It has an Immunization Center and a Semi-Intensive Care Unit for high-risk pregnant women focused on the treatment of the most frequent pathologies during pregnancy.

## HIGHLIGHTS 2017/2018

In 2017, Pro Matre Paulista achieved several milestones, including an accreditation that only 12 institutions in Brazil have. It was the first maternity hospital in the country to receive the Level 6 accreditation from the Healthcare Information and Management Systems Society (HIMSS), which encourages the use of technology as a support for better healthcare services in institutions around the world.

Pro Matre has made heavy investments in infrastructure, equipment and process adjustments to obtain this seal. The institution has also enhanced its fetal medicine service by acquiring state-of-the-art equipment, expanding its specialized team and incorporating the most advanced techniques for the treatment of fetal pathologies.



**PRO MATRE<sup>®</sup>**  
**PAULISTA**  
*Tradição de berço*

### Characterization

Full Member Hospital	Since 2016
For-profit organization	
Foundation	1937
Constructed area	Not reported
Clinical staff organization	Mixed
Hospital Accreditation	ONA III, JCI

### Key indicators 2017

Operational Beds	221
ICU Beds	72
Credentialed physicians	5,000
Active employees	1,145
Visits to the Emergency Department	33,000
Outpatient Visits	Not applicable
Hospital Admissions	15,680
Surgeries (except for deliveries)	1,236
Deliveries	11,697
Tests and Exams	22,848

R. São Carlos do Pinhal, 139 – Bela Vista  
São Paulo, SP – 01333-001  
(11) 3269-2233  
[www.promatresp.com.br](http://www.promatresp.com.br)

## INSTITUTIONAL PROFILE

# REAL HOSPITAL PORTUGUÊS DE BENEFICÊNCIA EM PERNAMBUCO



### Characterization

Full Member Hospital	Since 2002
Not-for-profit organization	
Foundation	1855
Constructed area	130,885 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	JCI

### Key indicators 2017

Operational Beds	802
ICU Beds	178
Credentialed physicians	1,271
Active employees	5,390
Visits to the Emergency Department	168,522
Outpatient Visits	219,570
Hospital Admissions	27,333
Surgeries (except for deliveries)	14,076
Deliveries	2,000
Tests and Exams	2,284,561

Av. Agamenon Magalhães, 4760 – Paissandu  
Recife, PE – 52010-040  
(81) 3416-1122  
www.rhp.com.br



Real Hospital Português de Beneficência in Pernambuco was founded in 1855 as a center of resistance for the treatment of the victims of the cholera epidemic that was ravaging Brazil at the time. A license dated November 7<sup>th</sup>, 1907, granted by King Carlos I of Portugal, awarded the hospital the title of Royal [Real].

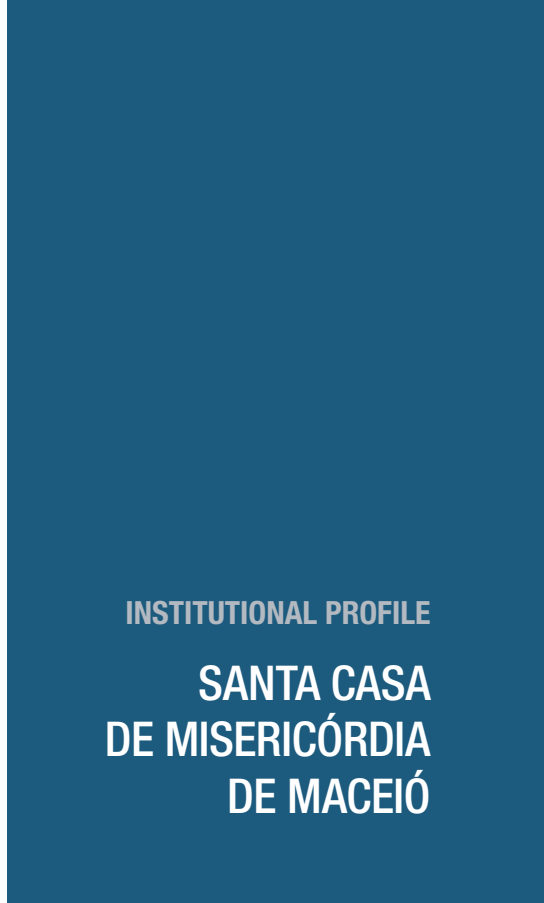
The institution is currently considered the most complete, complex and well-equipped center of medical excellence in the North and Northeast of Brazil.

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 Medical Residency Program, as well as carries out important social actions through the Beneficência Maria Fernanda Outpatient Clinic.

## HIGHLIGHTS 2017/2018

2017 was a year of expansion, whose highlight was the construction of the Santo Antônio building with ICU and hemodialysis facilities and hospitalization wards. In addition, in the Egas Muniz building we inaugurated a new ICU model that prioritizes care and individual treatment, where family members can be with the patient 24 hours a day, and the ICU capacity was increased to 178 beds.

The Patient Experience Office was inaugurated with a focus on following the care journey in the institution, providing a better experience in the hospital environment. We held the Forum of Medical Law in partnership with the Higher School of Magistracy of Pernambuco. In partnership with Mayo Clinic, we also held the Nephrology Forum. Our advances in nuclear medicine have focused on prostate cancer with the PET / CT examination and Radio-223 therapy. We carried out the first heart transplant for children in the State of Pernambuco and the combined liver and kidney transplant.



**INSTITUTIONAL PROFILE**  
**SANTA CASA**  
**DE MISERICÓRDIA**  
**DE MACEIÓ**

Santa Casa de Misericórdia de Maceio was founded on September 7<sup>th</sup>, 1851, by Priest Conego Joao Barbosa Cordeiro, with the core mission of providing healthcare for the needy population of Alagoas.

The institution has upheld its tradition of being a Teaching and Research hub. Currently, the Department of Education (MEC) recognizes Santa Casa de Misericórdia de Maceio as a teaching hospital.

In order to expand the provision of healthcare to the population, Santa Casa de Misericórdia de Maceio promotes further expansion of its structure and care units.

The Hospital complex currently has five units and has been accredited for Excellence by the National Accreditation Organization (ONA), in addition to receiving the Diamond Certificate from the International Accreditation Canada under the Qmentum program.

**HIGHLIGHTS 2017/2018**

2017 was a year of great institutional achievements, as Santa Casa was once again recognized by the corporate guide “The Best of 2017 Money”, ranking second in all the following key areas: Sustainability, Innovation, Quality and Corporate Governance, Human Resources and Social Responsibility. In addition, two units in the 100% SUS Santa Casa complex, the headquarters and hospital unit, as well as Santa Casa Nossa Senhora da Guia, were recognized in the State Quality Award (PEQ).

Seeking process optimization, improvement in patient safety and experience, the Hospital implemented the Lean Six-Sigma management model, training more than 110 professionals at the Yellow, Green and Black Belt levels, generating a portfolio of more than 40 projects. In 2018, one of the challenges is the strengthening of humanization practices in the provision of health care.



**SANTA CASA**  
**DE MISERICÓRDIA DE MACEIÓ**

**Characterization**

Full Member Hospital	Since 2013
Not-for-profit organization	
Foundation	1851
Constructed area	44,263 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III, Accreditation Canada

**Key indicators 2017**

Operational Beds	427
ICU Beds	56
Credentialed physicians	596
Active employees	2,700
Visits to the Emergency Department	110,626
Outpatient Visits	184,472
Hospital Admissions	28,684
Surgeries (except for deliveries)	22,324
Deliveries	5,809
Tests and Exams	813,813

R. Barão de Maceió, 288 – Centro  
Maceió, AL – 57020-360  
(82) 2123-6000  
www.santacasademaceio.com.br

## INSTITUTIONAL PROFILE

# UDI HOSPITAL



### Characterization

Full Member Hospital	Since 2016
For-profit organization	
Foundation	1995
Constructed area	14,079 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA III

### Key indicators 2017

Operational Beds	142
ICU Beds	34
Credentialed physicians	600
Active employees	1,416
Visits to the Emergency Department	82,924
Outpatient Visits	130,606
Hospital Admissions	7,850
Surgeries (except for deliveries)	6,504
Deliveries	Not applicable
Tests and Exams	231,069

Av. Dr. Carlos Cunha, 2000 – Jaracati  
São Luís, MA – 65076-820  
(98) 3216-7979  
[www.udihospital.com.br](http://www.udihospital.com.br)

UDI Hospital started operating as Unidade de Diagnosticos por Imagem – UDI in 1985 with only two physicians: one specialized in Cardiology and another in Ultrasonography. A facility was opened in 1987 providing São Luis in the State of Maranhao with the first diagnostic imaging service in the region.

UDI Cardio was established with the arrival of new partners on December 15<sup>th</sup>, 1989.

In May 1990, another unit was created, UDI Emergencia, where both medical examinations and admissions were made.

In 1992, UDI acquired a 10,000-square meter lot and started building UDI Hospital, which was opened in 1995.

UDI Hospital is currently a complex that provides complete medical and healthcare services, in addition to safety and convenience for the population of São Luiz and regions.

## HIGHLIGHTS 2017/2018

Despite the economic and political adversities in the last two years, the hospital segment has managed to get through these difficulties. In order to do so, it has been necessary to change the way hospitals operate and propose new models of care. UDI Hospital made modifications that allowed a sustainable growth, setting the bases to plan a future tuned to the demands of the sector. In 2017, it incorporated new ICU beds and apartments, which now total 142. In early 2017 it entered the elite group of private Anahp hospitals proving its alignment with its expectations for the forthcoming years. In 2018, the hospital will complete the audit for the Canadian International Accreditation, Qmentum.



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 2004, only four years after its opening, Vitória Apart Hospital had already received a certification from the National Accreditation Organization (ONA) and in 2011 and 2017 it was re-certified at the organization's highest level of excellence.

Vitória Apart Hospital is currently considered one of the largest and best hospitals in the State of Espírito Santo.

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 and carry out its actions.

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 2017/2018

Vitória Apart Hospital was recertified at ONA level III in 2017 and in 2018 is preparing to expand its operational capacity by adopting a modern management model that attracts investors, new businesses and markets, optimizing processes to ensure quality, patient safety and economic-financial sustainability. One of the actions for this new way of thinking about hospital management is the creation of the Hospital Information Center, a sector focused on strategically targeting decision-making with senior management and investors in our business.



Characterization	
Full Member Hospital	Since 2006
For-profit organization	
Foundation	2001
Constructed area	35,342 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA III

Key indicators 2017	
Operational Beds	242
ICU Beds	69
Credentialed physicians	1,161
Active employees	1,187
Visits to the Emergency Department	68,606
Outpatient Visits	Not applicable
Hospital Admissions	14,933
Surgeries (except for deliveries)	20,400
Deliveries	1,635
Tests and Exams	Not applicable

Rod. Governador Mário Covas, 591 – Boa Vista II  
Serra, ES – 29161-001  
(27) 3201-5555  
[www.vitoriaaparthospital.com.br](http://www.vitoriaaparthospital.com.br)



# INSTITUTIONAL PROFILE

This section presents  
Anahp Member Hospitals

AACD – Associação de Assistência à Criança Deficiente

Complexo Hospitalar Santa Genoveva

Hospital Albert Sabin

Hospital Baía Sul

Hospital da Bahia

Hospital do Coração Anis Rassi

Hospital Evangélico de Londrina

Hospital Memorial São Francisco

Hospital Nossa Senhora das Neves

Hospital Novo Atibaia

Hospital Pequeno Príncipe

Hospital Policlínica Cascavel

Hospital Primavera

Hospital Santa Clara

Hospital Santa Cruz (SP)

Hospital Santa Isabel

Hospital Santa Virgínia

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 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	Ongoing

### Key indicators 2017

Operational Beds	87
ICU Beds	10
Credentialed physicians	1,521
Active employees	454
Visits to the Emergency Department	Not applicable
Outpatient Visits	28,368
Hospital Admissions	6,995
Surgeries (except for deliveries)	6,823
Deliveries	Not applicable
Tests and Exams	24,103

Av. Prof. Ascendino Reis, 724 – Vila Clementino  
São Paulo, SP – 04027-000  
(11) 5576-0777  
[www.aacd.org.br](http://www.aacd.org.br)

Acknowledged for its excellence in high-complexity orthopedics, AACD Hospital has modern ORs and a highly specialized team. In 2017 alone, more than 6,800 procedures were performed, with a substantial amount of spine operations, pediatric orthopedic surgeries, in addition to others such as neurosurgery.

The hospital complex contributes with nearly 50% of AACD's annual budget. Its structure also includes a Medical Center, a Therapy Center, and a Diagnostic Center. Together, they account for approximately 120K services a year, providing end-to-end healthcare to patients. The hospital also stands out in its intra-hospital rehabilitation care, created to facilitate and optimize patient recovery, with highlight for its Real-life Environment, which simulates a home environment and focuses on the challenges of adaptation in the post-surgery period.

## HIGHLIGHTS 2017/2018

The year 2017 was marked by the accomplishment of important strategic steps for the future of AACD Hospital, ensuring more access to patients and quality in processes. Such actions resulted in economic-financial growth, fruit of an increased number of surgeries and contained costs. The hospital conducted renovations, invested in infrastructure and training, improved processes, in addition to starting its international Qmentum accreditation.

The certification establishes high performance standards in quality and health safety, ensuring promotion of continuous process improvements, from patient identification at admission to discharge, so that the patient experience is positively marked by the efficiency of care provided.





## INSTITUTIONAL PROFILE

# COMPLEXO HOSPITALAR SANTA GENEVEVA

With more than four decades of history, Hospital Santa Geneveva continues to invest in innovation to respond to the demands of the new generations, promoting healthcare in a broader sense. At present, the institution is engaged in expanding its inpatient infrastructure. It has implemented and is preparing for bone marrow transplants.

Today, Santa Geneveva has approximately 120 inpatient beds in use. In August 2017, it started an expansion for 72 new beds, which are expected to start operations in September 2018. The new management board recently set up for the hospital's clinical government process.

The hospital aims at the Canadian Qmentum certification. It is today accredited with Level 2 from the National Accreditation Organization (ONA), focused on the interaction of processes and healthcare safety.

### HIGHLIGHTS 2017/2018

In the period, the hospital structured its Strategic Planning for 2017/2021. It also started the Canadian certification process and joined Anahp – National Association Private Hospitals. In August 2017, it was accredited Level 2 from ONA. It also received the 2017 Top of Mind Award.

In healthcare, its BMT service was accredited. The number of beds was expanded by 72 beds, according to the profile by specialty. In addition, the hospital invested in social actions directed to the local population.



Characterization	
Member Hospital	Since 2017
For-profit organization	
Foundation	1975
Constructed area	14,065 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA II, Accreditation Canada

Key indicators 2017	
Operational Beds	124
ICU Beds	30
Credentialed physicians	247
Active employees	619
Visits to the Emergency Department	58,283
Outpatient Visits	Not applicable
Hospital Admissions	10,379
Surgeries (except for deliveries)	9,165
Deliveries	952
Tests and Exams	Not applicable

Av. Vasconcelos Costa, 962 – Martins  
Uberlândia, MG – 38400-250  
(34) 3239-0204  
www.santagenoveva.net

## INSTITUTIONAL PROFILE

# HOSPITAL ALBERT SABIN



### Characterization

Full Member Hospital	Since 2016
For-profit organization	
Foundation	1982
Constructed area	12,000 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	Ongoing

### Key indicators 2017

Operational Beds	147
ICU Beds	45
Credentialed physicians	227
Active employees	468
Visits to the Emergency Department	72,964
Outpatient Visits	8,475
Hospital Admissions	9,227
Surgeries (except for deliveries)	5,574
Deliveries	954
Tests and Exams	278,340

R. Dr. Edgar Carlos Pereira, 600 – Santa Teresa  
Juiz de Fora, MG – 36020-200  
(32) 3249-7009  
www.sabinjf.com.br

To celebrate a 25 years' anniversary is a landmark to any institution, because it represents the consolidation of a dream based on hard work. This was the tone of the year 2017 in Hospital Albert Sabin as it turned 25 years old being acknowledged as one of the most respected healthcare units of Juiz de Fora and its surroundings.

Marked by huge changes, this was a year of great evolution to Sabin, with the opening and incorporation of new areas, such as the Infusion Therapy Unit, which provides care to patients who need chemotherapy, as well as other types of infusion system therapy, and the enhancement of the Surgical Center's Medical lounge, to provide better services to medical professionals. The hospital is also adapting to the highest standards of quality in healthcare and safety, applying for national and international certifications.

## HIGHLIGHTS 2017/2018

It was a very productive, intense year of institutional development, further reinforcing the Albert Sabin brand in the safe healthcare segment. The hospital expanded, with new apartments and inpatient units, services and spaces, such as extended healthcare to oncological patients, Hyperbaric Medicine Clinic to treat infections and chronic wounds, as well as the complete remodeling of its Urgency and Emergency Care Units. Another highlight was the implementation of Cardiology Care.

Thus, the efforts engaged in 2017 left a very positive balance, consolidating more humanized care, focused on people, wellbeing, and safety, and the certainty of work well done.



# INSTITUTIONAL PROFILE

## HOSPITAL BAÍA SUL

Hospital Baía Sul (HBS) is an institution that specializes in minor, intermediate, and major surgeries, providing patients with outstanding hospitality services. Its pleasant and quiet environment helps to reduce surgery-related anxiety and stress, allowing patients to quickly go back to their everyday activities.

As an innovator in healthcare hospitality, HBS offers great facilities and modern equipment. It has eight operating rooms, 63 inpatient beds, 12 ICU beds, a 24-hour Emergency Room, a pre-anesthetic assessment room, a nutrition center, and a fully equipped Central Sterile Supply Department to guarantee safety.

### HIGHLIGHTS 2017/2018

This year marked the first time HBS and Clínica Imagem devised a joint strategic plan. The 2018 priorities of the two institutions are patient safety, quality of care and growth.

Today, HBS's average occupancy rate ranges from 85% to 90%. It has also improved the stroke care provided by strictly following an international protocol.



Characterization	
Full Member Hospital	Since 2018
For-profit organization	
Foundation	2005
Constructed area	6,800 m <sup>2</sup>
Clinical staff organization	Not reported
Hospital Accreditation	Ongoing

Key indicators 2017	
Operational Beds	90
ICU Beds	12
Credentialed physicians	287
Active employees	480
Visits to the Emergency Department	5,598
Outpatient Visits	Not reported
Hospital Admissions	11,000
Surgeries (except for deliveries)	8,616
Deliveries	Not reported
Tests and Exams	Not reported

R. Menino Deus, 63 – Centro  
 Florianópolis, SC – 88020-210  
 (48) 3205-1400  
[www.hospitalbaia.sul.com.br](http://www.hospitalbaia.sul.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL DA BAHIA



Hospital da Bahia

### Characterization

Member Hospital	Since 2017
For-profit organization	
Foundation	2006
Constructed area	53,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA I

### Key indicators 2017

Operational Beds	283
ICU Beds	67
Credentialed physicians	2,068
Active employees	1,483
Visits to the Emergency Department	63,507
Outpatient Visits	Not applicable
Hospital Admissions	78,741
Surgeries (except for deliveries)	10,382
Deliveries	Not applicable
Tests and Exams	95,384

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Salvador, BA – 41820-011  
(71) 2109-1000  
[www.hospitaldabahia.com.br](http://www.hospitaldabahia.com.br)

Hospital da Bahia (HBA) opened its doors in January 2006. Designed to be one of the most complex hospital facilities in the state of Bahia and in Brazil, the hospital has been able to achieve a prominent position in quality of care in little over a decade of operations, becoming a center of excellence in hospital care.

Thanks to the modern hospital management concept the institution has introduced, it has received the Benchmarking in Healthcare Management Award for the last two years and was accredited by the National Accreditation Organization (ONA). The most recent sign of this modern management is the hospital's new inpatient building, opened in 2017 with 19 floors and over 200 beds, which will expand its current capacity from 285 inpatient beds to 570. Its Institute of Education and Research (IEP HBA) is in charge of training courses and educational activities for the hospital's staff.

## HIGHLIGHTS 2017/2018

The new inpatient building with more than 200 beds was opened in July 2017. The target is to have a total of 570 inpatient beds by the end of 2018. The hospital's helipad was refurbished, its license renewed, and a new radiation therapy machine – Elekta Ultra Versa HD – was acquired, with operations scheduled to start in September 2018. A second magnetic resonance imaging scan was also acquired.

The construction of a second operating suite with seven operating rooms is in progress, as well as the renovation and expansion of the physical and operational area of the emergency department, which will have a new concept of service: the “no-wait emergency”, with 70 observation beds. A new dedicated emergency imaging center was installed, containing computed tomography scans, ultrasound, and X-ray machines. The nutrition center was renovated, getting a new kitchen, a cafeteria, and a restaurant.



## INSTITUTIONAL PROFILE

# HOSPITAL DO CORAÇÃO ANIS RASSI

Founded on 27<sup>th</sup> April 2003, Hospital do Coração Anis Rassi (HCAR) is a private hospital in Center-West Brazil. Specialized in prevention, diagnosis and clinical, interventionist, and surgical treatment of cardiovascular conditions, it is located in the central region of Goiânia, with an area of 5,3000 m<sup>2</sup> distributed through 8 floors and 62 beds. Hospital humanization is one of the institution's priorities. With professionals trained to listen to and discuss with patients their sorrows, fears and expectations, it offers care with human warmth. For the hospital, as important as saving lives is to rekindle joy, hope, and the dreams weakened by the disease in the hearts of people.

## HIGHLIGHTS 2017/2018

The hospital has been accomplishing awards and certifications that endorse its commitment with quality in medical care. Members of the National Patient Safety committee recognized HCAR's project "Innovation in Patient Safety" as a highlight in the Center-West region. The project will now be suggested by ANS, the Brazilian Regulatory Agency for Private Health Insurance and Plans, to be replicated in other hospitals in the country. HCAR stood out in CIEE in 2017 for its successful trainee program. It also ranked first in the "Most Admired in Pharmacy in Goiás State 2017", a survey conducted by Contato Comunicação. It ranked first in the Private Hospital category of the 25<sup>th</sup> edition of "Pop List" – leadership held since 2015 when it first received the award. In 2018, the hospital will incorporate Anis Rassi Clinical and Diagnostic Center (former Hospital São Salvador), with 3,600 m<sup>2</sup> of built area. The complex will have 30 medical offices and will offer a variety of complementary exams with advanced technology.



### Characterization

Member Hospital	Since 2017
For-profit organization	
Foundation	2003
Constructed area	5,300 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA II

### Key indicators 2017

Operational Beds	62
ICU Beds	18
Credentialed physicians	300
Active employees	417
Visits to the Emergency Department	25,000
Outpatient Visits	25,500
Hospital Admissions	5,684
Surgeries (except for deliveries)	2,219
Deliveries	Not applicable
Tests and Exams	318,170

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www.arh.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL EVANGÉLICO DE LONDRINA



### Characterization

Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1948
Constructed area	19,140 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA II

### Key indicators 2017

Operational Beds	339
ICU Beds	51
Credentialed physicians	905
Active employees	1,334
Visits to the Emergency Department	64,733
Outpatient Visits	22,273
Hospital Admissions	22,985
Surgeries (except for deliveries)	18,663
Deliveries	3,280
Tests and Exams	238,149

Av. Bandeirantes, 618 – Vila Ipiranga  
Londrina, PR – 86015-900  
(43) 3378-1000  
[www.helondrina.org.br](http://www.helondrina.org.br)

Established in 1948, Hospital Evangélico de Londrina is a nonprofit institution that takes humanization and excellence as pillars of its work. It is reference throughout the country and has a complete structure, with ICU and Adult, Pediatric, and Neonatal ICU, ER, and Surgical Center.

Located in the city's main medical area, its clinical staff comprises physicians from different specialties. The hospital stands out in high complexity procedures, which are provided to SUS (Brazilian Public Health System), health plans, and privately. A pioneer in kidney transplants in Paraná, it has the state's Seal of Quality in Transplants. For more than 20 years, it has been part of the WHO/UNICEF Baby-Friendly Hospital—its maternity has modern structure and is equipped for humanized childbirth.

In the past two years, the hospital went through deep transformation, professionalizing management and performing organizational restructuring aligned to its strategic business vision. Its work is focused on quality and patient safety, aiming at the institution's sustainability and development.

## HIGHLIGHTS 2017/2018

Hospital Evangélico de Londrina was awarded full certification from ONA (National Accreditation Organization). It completed important improvements, such as the adoption of corporate and clinical governance, organizational restructuring, consolidation of participative management, implementation of managed healthcare protocols, and narrowing relations with clients, employees, providers, and partners.

All these changes led to greater financial sustainability, generating significant results. New environments were created, such as the OSU (Outpatient Surgical Unit), medical lounges, and chemotherapy and enzyme therapy rooms. The physical structure was enhanced with improvements in the ER and central reception. The hospital adopted digital patient chart signature and developed PRIME HE application, directed to the clinical staff.



INSTITUTIONAL PROFILE

# HOSPITAL MEMORIAL SÃO FRANCISCO

Created in the 1970's by cardiologist Francisco Ítalo Duarte Kumamoto, Procárdio Instituto de Cardiologia da Paraíba is the institution that originated Hospital Memorial São Francisco. The hospital specializes in the treatment of cardiovascular, neurological, and orthopedic disorders. Active for more 40 years, Memorial São Francisco concentrates its efforts in constant pursuit of full healthcare excellence, always investing in employee training and cutting-edge technology.

## HIGHLIGHTS 2017/2018

In 2017, the hospital resumed management of previously outsourced laundry and cleaning services, thus allowing for greater control over processes. Moreover, it made several investments in departments such as the Diet and Nutrition Service (SND), with the acquisition of thermal and combined ovens, optimizing the nutrition service, and in the renovation of its general ICU, with improvements in infrastructure and more modern equipment. The hospital performed the first bariatric surgery in endoscopic gastroplasty and was pioneer in Percutaneous Aortic Valve Implantation (PAVI) in Paraíba. The entity has been investing in human and technological development, aiming to achieve hospital accreditation and consolidation as a high complexity hospital, not leaving aside the social responsibility actions performed by Instituto Felipe Kumamoto.



### Characterization

Member Hospital	Since 2017
For-profit organization	
Foundation	1976
Constructed area	7,200 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	Ongoing

### Key indicators 2017

Operational Beds	124
ICU Beds	20
Credentialed physicians	200
Active employees	437
Visits to the Emergency Department	26,062
Outpatient Visits	Not applicable
Hospital Admissions	6,315
Surgeries (except for deliveries)	4,295
Deliveries	Not applicable
Tests and Exams	15,992

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João Pessoa, PB – 58040-490  
(83) 4009-6100  
www.hospitalmemorial.net

## INSTITUTIONAL PROFILE

# HOSPITAL NOSSA SENHORA DAS NEVES



### Characterization

Member Hospital	Since 2017
For-profit organization	
Foundation	2016
Constructed area	20,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Ongoing

### Key indicators 2017

Operational Beds	75
ICU Beds	10
Credentialed physicians	696
Active employees	442
Visits to the Emergency Department	17,459
Outpatient Visits	6,922
Hospital Admissions	3,982
Surgeries (except for deliveries)	3,424
Deliveries	Not applicable
Tests and Exams	18,182

R. Etelvina Macedo de Mendonça, 531 – Torre  
João Pessoa, PB – 58040-530  
(83) 3565-9000;  
www.hnsn.com.br

In 2018, Hospital Nossa Senhora das Neves will complete two years' operations. With the mission of offering the best experience in care for people and the vision to be a healthcare reference in the Northeast of Brazil, the institution has 20,000 m<sup>2</sup> of built area (civil construction completed), and 230 beds, out of which 97 are in use. The day and night ICU has been designed so that patients can have a view to the outside and operates with 30 beds, 14 of which are currently being used. It also counts with 24-hours Urgency and Emergency Care in the Acute Care Unit (ACU); Specialties Outpatient Clinic (ADE) with clinical consultations in more than 20 specialties, Surgical Suite with 11 operating rooms, out of which 6 are being used, and the Imaging Diagnostic Center (CDI) with high performance equipment and advanced technology for reliable results. Besides, it is pioneer among hospitals in the Northeast in the use of the pneumatic tube system, a mechanism that works through pipelines that connect units to transport medications and tests with speed and safety.

## HIGHLIGHTS 2017/2018

Implementation of chest pain protocol for patients who get to the ER with heart attack symptoms (June 2017). Performance of the first living-donor kidney transplant (July 2017). Opening of the Pediatric Unit with urgency and emergency care in Acute Care and Inpatient Units (October 2017). Expansion of 17 new inpatient beds on the 3<sup>rd</sup> floor. Applicant to Qmentum international accreditation process with IQG (November 2017). Opening of Transfusion Agency (December 2017). In 2018, HNSN expects to open an Infusion Center for treatment in Oncology, Rheumatology, Hematology, Dermatology, Gastroenterology, and Neurology.





## 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 m<sup>2</sup> 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. Acknowledged as reference in state-of-the-art medicine in the region, Hospital Novo Atibaia has been continuously working and investing to offer safer healthcare, supported by strict processes, methods, technologies, and standards. 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).

## HIGHLIGHTS 2017/2018

Reaffirming its commitment with the quality of services provided, Hospital Novo Atibaia recertified with full accreditation (ONA II) in December 2017, continuing in the select group of Brazilian hospitals that have this quality seal. Another major achievement in 2017 was the recognition of its people management policy by the 2<sup>nd</sup> AGRUPARH Award, which values the companies that are engaged in the best people management practices in the region of Bragança and south Minas Gerais. The hospital stood out in 4 categories: recruitment and selection; training and development; quality of life and wellbeing; and professional highlights. Since July 2017, the hospital has been conducting, together with the consulting company Protiviti, an “Organizational Transformation” project aimed at enhancing operational efficiency supported by a new corporate governance structuring. The project comprised a diagnosis stage, followed by implementation of the plan, expected to be completed in June 2018. Committees were put together to focus on organizational modelling, process interfaces among the group’s companies, organization and transparency in clinical staff relations, process review and production indicators, supply chain optimization, and rationalization of material and human resources.

HOSPITAL NOVO  ATIBAIA

### Characterization

Member Hospital	Since 2015
For-profit organization	
Foundation	1971
Constructed area	21,000 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA II

### Key indicators 2017

Operational Beds	128
ICU Beds	16
Credentialed physicians	393
Active employees	997
Visits to the Emergency Department	108,459
Outpatient Visits	369,603
Hospital Admissions	8,623
Surgeries (except for deliveries)	4,370
Deliveries	483
Tests and Exams	985,453

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Atibaia, SP – 12941-020  
(11) 4414-6000  
[www.hospitalnovo.com.br](http://www.hospitalnovo.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL PEQUENO PRÍNCIPE



### Characterization

Member Hospital	Since 2017
Not-for-profit organization	
Foundation	1919
Constructed area	29,734 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA II

### Key indicators 2017

Operational Beds	370
ICU Beds	64
Credentialed physicians	383
Active employees	1,943
Visits to the Emergency Department	150,442
Outpatient Visits	304,675
Hospital Admissions	22,537
Surgeries (except for deliveries)	20,551
Deliveries	Not applicable
Tests and Exams	829,076

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Curitiba, PR – 80250-060  
(41) 3310-1010  
[www.pequenoprincipe.org.br/hospital/](http://www.pequenoprincipe.org.br/hospital/)

For the last 98 years, Hospital Pequeno Príncipe has been caring for the health of children in Brazil. Its history started back in 1919 with volunteers providing healthcare to vulnerable children in Curitiba (State of Paraná). Today, it is the largest children's hospital in the country, with 370 beds, of which 60 ICU beds, providing 263,000 outpatient visits, more than 22,000 hospitalizations and 20,000 surgeries a year. Approximately 70% of its capacity is allocated to the Brazilian public healthcare system (Sistema Único de Saúde, SUS).

As the cradle of pediatrics in the State of Paraná, the hospital has trained physicians in the different specialties within pediatrics since the 1970s. A reference center for 32 specialties, such as Cardiology, Orthopedics, Pediatric Surgery, Nephrology, Oncology and Bone Marrow Transplantation (BMT), the hospital also performs heart, kidney and other organ transplantations, in a comprehensive and person-centered manner. In addition to this integral healthcare, a set of programs provides access to fundamental rights, among them, educational and cultural inclusion, and leisure activities.

## HIGHLIGHTS 2017/2018

At the age of 98, the hospital continues its journey of love and care for children. Innovation is the highlight. With the incorporation of new technologies and artificial intelligence in its processes, the "greater safety, better results" binomial is reinforced. The Advanced Diagnostics and Health Research Unit houses two important services: the Genomic Laboratory, which offers immunophenotyping, cytogenetics and molecular biology tests, promoting advances in diagnostics and therapeutic assertiveness; and the Biobank, which enhances the hospital's scientific research and translational medicine efforts. Vital sign monitoring solutions that issue alerts and enable more agile care are also being implemented. At Pequeno Príncipe the pediatrics of the future has already begun.



## INSTITUTIONAL PROFILE

# HOSPITAL POLICLÍNICA CASCAVEL

Hospital Policlínica Cascavel was founded on December 20, 1968, motivated by the ideal of offering the most innovative state-of-the-art healthcare to the community. Since then, several high complexity procedures, like heart, neurological, orthopedic and transplant surgeries have been performed in the institution, which today has 140 beds, adult and neonatal ICUs, Intensive Care Cardiovascular Unit – UCTI, Emergency Care, Hemodynamics, in addition to full image diagnostic services in partnership with the company Uniton. With 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 2017/2018

In 2017, Hospital Policlínica Cascavel became a joint-stock company. As such, it will be able to move on with its strategy of shareholder valuation, capitalization, and growth by means of the incoming of new partners. The hospital invested in its Maternity, building physical and human capital structure, with 24x7 obstetric medical care and obstetric nurses trained in adequate and humanized childbirth. In the second half of the year, HPC acquired 100% share of Digicor, a clinic specialized in hemodynamics, endovascular surgery, and interventionist radiology. Digicor is the most traditional and renowned hemodynamics service in the region and in December HPC definitely incorporated it to its structure. For 2018, the hospital is planning for investments in the Neonatal ICU, Nutrition and Diet Service, Central Sterile Supply Department and in the renovation of its Surgical Center, including the opening of a hybrid cardiovascular room.



Characterization	
Member Hospital	Since 2016
For-profit organization	
Foundation	1968
Constructed area	12,973 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	Ongoing

Key indicators 2017	
Operational Beds	140
ICU Beds	35
Credentialed physicians	328
Active employees	420
Visits to the Emergency Department	34,320
Outpatient Visits	Not applicable
Hospital Admissions	10,254
Surgeries (except for deliveries)	Not reported
Deliveries	1,257
Tests and Exams	29,001

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Cascavel, PR – 85802-080  
(45) 2101-1531  
[www.policlinica.com.br](http://www.policlinica.com.br)

## INSTITUTIONAL PROFILE

# HOSPITAL PRIMAVERA



### Characterization

Member Hospital	Since 2014
For-profit organization	
Foundation	2008
Constructed area	18,689 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA I

### Key indicators 2017

Operational Beds	126
ICU Beds	20
Credentialed physicians	420
Active employees	1,038
Visits to the Emergency Department	74,124
Outpatient Visits	14,943
Hospital Admissions	6,232
Surgeries (except for deliveries)	5,231
Deliveries	Not applicable
Tests and Exams	576,812

Av. Ministro Geraldo Barreto Sobral, 2277 – Jardins  
Aracaju, SE – 49026-010  
(79) 2105-2500  
[www.redeprimavera.com.br](http://www.redeprimavera.com.br)

Opened on October 18, 2008, Physician's Day, Hospital Primavera is one of the units that comprise Rede Primavera Saúde, together with six clinics in Sergipe. It was built with the mission to promote multiprofessional care of quality aligned to humanize care for the population of Aracaju and neighboring areas. It has 126 beds, eight operating rooms, and Oncology center, 24 by 7 Emergency with Internal Medicine, General Surgery, Orthopedics, Cardiology and Pediatrics. There are two ICUs, one clinical unit with 10 beds, a surgical one with 10 beds, and the Therapeutic Diagnostic Support Service (SADT) distributed in three floors. It has qualified clinical staff offering medical specialties required for the proposed treatment. Moreover, Hospital Primavera has a helipad and a large parking facility.

## HIGHLIGHTS 2017/2018

Hospital Primavera celebrates 10 years of operation this year and prepares expansion projects to increase its service capacity in several areas of care. The growth of the institution has always been based on enhancing professional training and focus on patient's health and safety. In 2017 a new ward of medical offices was opened with several specialties, namely, Clinical Neurology and Surgery, Urology, Otorhinolaryngology, Cardiology, Mastology, Endocrinology, Oncology and others. This new space offers 18 offices, comfortable reception area and wide space. Also in 2017, it reached Level I of ONA accreditation and level II is expected to be achieved until the middle of this year. In 2018, a new humanized and modern ICU will be built to provide care for surgical patients.



# INSTITUTIONAL PROFILE

## HOSPITAL SANTA CLARA

Hospital Santa Clara opened its doors in the late 1940s as a simple facility aimed at providing hospitalization for childbirth and general surgery cases. Today, in addition to being the most traditional hospital in the city of Uberlândia, it offers excellent services with modern technology and a complete clinical staff, and is equipped with more than 180 beds, a 24-hour Emergency Room, 24-hour cardiac emergency care, a General and a Coronary ICU, a Neonatal ICU, a Pediatric ICU, a cardiology center, an operating suite, an obstetric center, a maternal/child ward, a hemodynamics center, and an imaging center – Santa Clara Imagem.

Santa Clara has the Level 3 accreditation by the National Accreditation Organization (ONA), and restlessly pursues a continuous quality improvement process. For this reason, and to have its management model and continuous improvement efforts recognized, it joined the Qmentum International Accreditation Program.

### HIGHLIGHTS 2017/2018

In 2017, the hospital invested in the construction of an Adult ICU with 31 beds, a new Coronary ICU with nine beds, a Pediatric ICU, also with nine beds, and in the expansion of its inpatient unit.

It was awarded two GPTW (Great Place to Work Brazil) awards in the following categories: “Best Workplaces in Minas Gerais” and “Best Workplaces in Healthcare in Brazil”. Another important acknowledgment was received at the 20<sup>th</sup> Top Of Mind Award Uberlândia: the first brand that comes to the population’s mind in the hospital category.

In order to contribute to a healthier society, the Santa Clara project was launched. The project broadcasts monthly educational videos with one of the hospital’s medical experts. In 2017, 11 videos were broadcast with more than 400,000 views in total.



#### Characterization

Member Hospital	Since 2017
For-profit organization	
Foundation	1949
Constructed area	10,500 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	Ongoing

#### Key indicators 2017

Operational Beds	181
ICU Beds	59
Credentialed physicians	467
Active employees	628
Visits to the Emergency Department	86,538
Outpatient Visits	Not applicable
Hospital Admissions	9,890
Surgeries (except for deliveries)	14,625
Deliveries	1,811
Tests and Exams	42,666

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 Uberlândia, MG – 38400-124  
 (34) 3239-6000  
 www.hospitalsantaclara.com.br

## INSTITUTIONAL PROFILE

# HOSPITAL SANTA CRUZ (SP)



### Characterization

Full Member Hospital	Since 2017
Not-for-profit organization	
Foundation	1939
Constructed area	14,331 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA I

### Key indicators 2017

Operational Beds	171
ICU Beds	30
Credentialed physicians	3,649
Active employees	1,280
Visits to the Emergency Department	100,118
Outpatient Visits	111,730
Hospital Admissions	11,232
Surgeries (except for deliveries)	11,535
Deliveries	Not applicable
Tests and Exams	822,548

Rua Santa Cruz, 398 – Vila Mariana  
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(11) 5080-2000  
[www.hospitalsantacruz.com.br](http://www.hospitalsantacruz.com.br)

In 1926, the Japanese Charity Organization Dojin Kai acquired a lot in the district of Vila Mariana in São Paulo.

Thirteen years later, Hospital Santa Cruz was opened thanks to the engagement and donations of the Japanese immigrants and the entire society to build it.

The Hospital was established in 1939 on a 14,331.27-square meter lot with 171 beds, including Clinical and Surgical Inpatient Units, General and Neurological ICUs and a Coronary Unit.

Hospital Santa Cruz is recognized as a high-complexity hospital and stands out in the following fields: orthopedics, interventional cardiology, neurosurgery and ophthalmology. The Hospital has 13 highly-equipped Operating Rooms, an Outpatient Clinic with more than 40 medical specialties, an Advanced Diagnostic Center and General, Orthopedic and Ophthalmology Emergency Rooms, in addition to providing health check-up services and an Infusion Center for outstanding outpatient care.

## HIGHLIGHTS 2017/2018

In 2017, Hospital Santa Cruz sought to strengthen the partnership with the Universal Public Healthcare System (SUS) in order to strengthen the relationship with the Health Department and improve care. It held online and face-to-face meetings between medical professionals from Japanese and Brazilian universities focusing on the exchange of techno-scientific experiences to improve patient care. This year, the TPS and 5S tools will be disseminated in all areas of the hospital for the maintenance and elaboration of processes and workflows, always with the premise of "The Santa Cruz Way to Care for Patients".



## INSTITUTIONAL PROFILE

# HOSPITAL SANTA ISABEL



Opened in May 1972, Hospital Santa Isabel was founded by the Brotherhood of Santa Casa de Misericórdia de São Paulo to support care to private and health plan patients. Hospital Santa Isabel has been a benchmark in the west and central areas of São Paulo and values excellence, customized and human health care. Moreover, it offers 24-hour Emergency Care, Integrated Diagnostic Medical Center for consultations, examinations and specialty care.

## HIGHLIGHTS 2017/2018

In 2017 Center of Pro Endometriosis was opened in partnership with Hospital Santa Isabel. It is coordinated by Soraia de Carvalho and with technical and scientific supervision of Helizabet Salomão A. Ayroza Ribeiro and Paulo Ayroza Ribeiro, professionals of the Department of Gynecology and Obstetrics in the Brotherhood of Santa Casa de Misericórdia of São Paulo. The Center aims to provide specialized care to women with endometriosis, an inflammatory disease that usually affects female genital organs. The minimally invasive gynecology techniques and a multidisciplinary team prepared to manage all stages of diagnosis and treatment of this disease in a humanized way will be a benchmark in Hospital Santa Isabel with all cutting edge facilities to safely support exams and procedures for patients. Moreover the hospital stands out as a general hospital, providing care and treatment in bariatric surgery, vascular surgery, neurosurgery, cardiac surgery, urology, etc.

### Characterization

Member Hospital	Since 2018
For-profit organization	
Foundation	1972
Constructed area	Not reported
Clinical staff organization	Open
Hospital Accreditation	ONA I

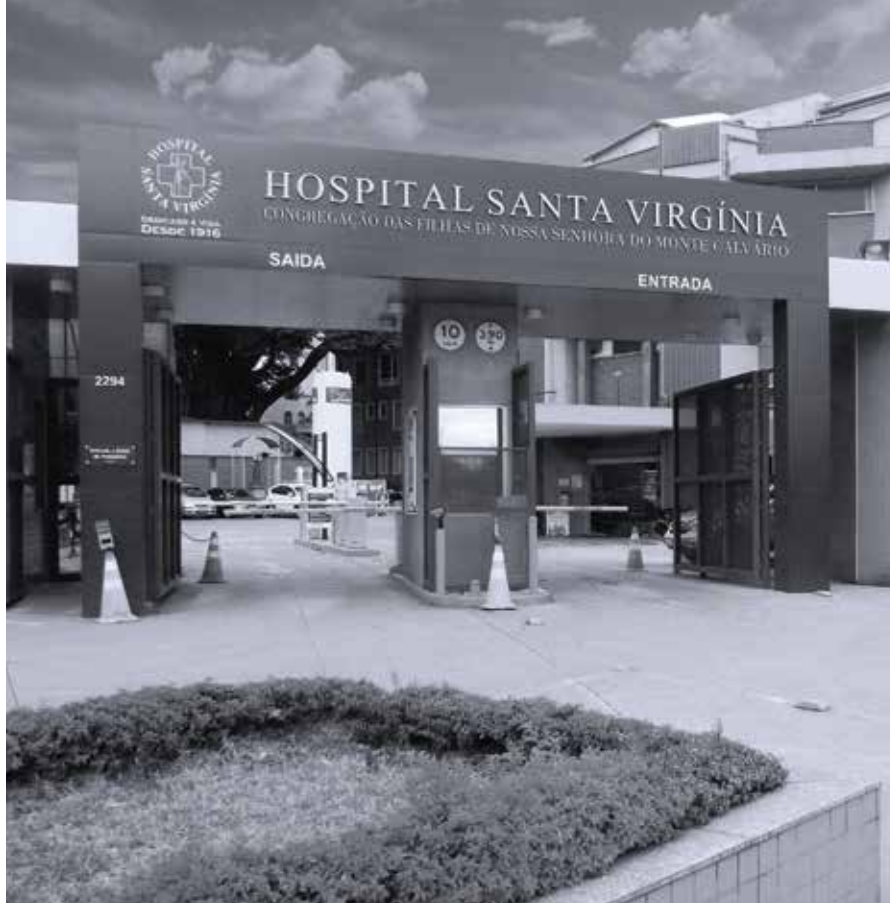
### Key indicators 2017

Operational Beds	119
ICU Beds	20
Credentialed physicians	2,754
Active employees	828
Visits to the Emergency Department	51,090
Outpatient Visits	55,881
Hospital Admissions	5,011
Surgeries (except for deliveries)	3,266
Deliveries	Not applicable
Tests and Exams	547,831

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 São Paulo, SP – 01238-010  
 (11) 2176-7700  
[www.hsi.org.br](http://www.hsi.org.br)

## INSTITUTIONAL PROFILE

# HOSPITAL SANTA VIRGÍNIA



### Characterization

Member Hospital	Since 2017
Not-for-profit organization	
Foundation	1916
Constructed area	Not reported
Clinical staff organization	Open
Hospital Accreditation	ONA I

### Key indicators 2017

Operational Beds	97
ICU Beds	15
Credentialed physicians	1,128
Active employees	950
Visits to the Emergency Department	58,625
Outpatient Visits	50,273
Hospital Admissions	6,101
Surgeries (except for deliveries)	5,651
Deliveries	Not applicable
Tests and Exams	440,071

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São Paulo, SP – 03014-000  
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[www.hsv.org.br](http://www.hsv.org.br)

With more than one century of existence, Hospital Santa Virginia has become a beacon of reliability and person-centered care for residents of São Paulo and other regions. Santa Virginia is a private institution that brings together knowledge, technical skills, innovative technological resources, highly trained clinical staff and a long history of commitment to life. It offers elective and emergency care with clinical and surgical hospitalizations, a modern and well equipped operating suite, a Day Clinic, a clinical laboratory, an advanced imaging center, a specialty and wound care outpatient clinic, and therapeutic support. With easy access to the ICU, its adult emergency department has designated observation, emergency, and isolation rooms.

## HIGHLIGHTS 2017/2018

In December 2017, Hospital Santa Virginia received the Level 1 accreditation from the National Accreditation Organization (ONA), recognizing practices that make sure patients get a safe stay in hospital, every step of the way. The accreditation process engaged employees as well as leaders, who were responsible for consolidating best practices at all hierarchical levels.

With patients' safety and well being always in mind, the institution constantly invests in quality improvement processes and in the acquisition of modern equipment. In 2018, the hospital is going to start its nuclear medicine operations.





## INSTITUTIONAL PROFILE

# HOSPITAL SANTO AMARO

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 2017/2018

In 2017, HSA was reaccredited by National Accreditation (ONA) with the implementation of improvements and enhancement of internal processes, clinical protocols, management of indicators, risk management and structuring of the line of care for obstetric and neonatal patients, etc. The first open-fetal surgery for myelomeningocele repair was performed this year.

The Laboratory, which is the unit that supports HSA, maintained the Accreditation Program for Laboratories and Clinics (PALC), the ISO 9001 Standard and the External Quality Control of the Brazilian Society of Pathology and The Brazilian Society of Clinical Analyses. During the year it had approximately 9,941 surgical procedures and 3,014 obstetric procedures performed. For 2018 the institution intends to achieve Full Accreditation (ONA Level II).

### Characterization

Member Hospital	Since 2015
Not-for-profit organization	
Foundation	1988
Constructed area	7,228 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA I

### Key indicators 2017

Operational Beds	116
ICU Beds	24
Credentialed physicians	2,426
Active employees	940
Visits to the Emergency Department	4,983
Outpatient Visits	14,072
Hospital Admissions	9,541
Surgeries (except for deliveries)	9,941
Deliveries	3,014
Tests and Exams	415,014

Ladeira do Campo Santo S/N – Federação  
Salvador, BA – 40210-320  
(71) 3504-5031  
[www.fjs.org.br](http://www.fjs.org.br)

## INSTITUTIONAL PROFILE

# HOSPITAL SÃO MATEUS



### Characterization

Member Hospital	Since 2014
For-profit organization	
Foundation	1981
Constructed area	8,400 m <sup>2</sup>
Clinical staff organization	Open
Hospital Accreditation	ONA I

### Key indicators 2017

Operational Beds	133
ICU Beds	35
Credentialed physicians	1,069
Active employees	635
Visits to the Emergency Department	95,221
Outpatient Visits	48,884
Hospital Admissions	9,627
Surgeries (except for deliveries)	10,105
Deliveries	Not reported
Tests and Exams	1,175,250

Av. Aclimação, 335 – Bosque de Saúde  
Cuiabá, MT – 78050-040  
(65) 3051-2222  
[www.hmsm.com.br](http://www.hmsm.com.br)

Hospital São Mateus, has been accumulating experience and consolidating itself as an institution focused on humanized quality care, with accountability and dedication to both customers and employees. It is recognized for its high safety standards and credibility with the purpose to promote health.

The essential values for Hospital São Mateus are as follows: honesty, cooperation, kindness and credibility. It offers services that stand out for excellence providing care from small procedures to highly complex surgeries.

## HIGHLIGHTS 2017/2018

The year 2017 was a very promising for Hospital São Mateus that maintained the ONA accreditation as a preparation for full accreditation in 2018.

Additional beds were included to provide more comfort and sophistication for patients to make them feel at home regardless of being in a hospital.

The Oncology Center was opened in 2017, with a multidisciplinary qualified team to support patients in a humanized way, to provide care and respect they deserve.

Finally the year ended with the achievement of the Radar Label by IBES (Brazilian Institute for Health Excellence) as a collaborating institution.



INSTITUTIONAL PROFILE

HOSPITAL SEPACO

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.

**HIGHLIGHTS 2017/2018**

In addition to improvement in processes and patient safety to reach Level 3 by National Accreditation Organization (ONA), SEPACO has been reinforcing its infrastructure to increase the number of beds: tow new generators are being installed and, in 2018, there will be two more elevators to speed up the circulation of patients and staff. The Emergency Department is being renovated, giving special attention to the obstetric sector, which will have a dedicated area. The implementation of the new access control system will be completed in the 1<sup>st</sup> half of the year. Clinical activities are being supported by the recently created Institute of Teaching and Research, offering training programs for ICU and OR teams. To meet the needs of users in region Alto Tiete, we are going to open a new hospital unit in Mogi das Cruzes (SP).



**Characterization**

Member Hospital	Since 2016
Not-for-profit organization	
Foundation	1979
Constructed area	22,015 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA II

**Key indicators 2017**

Operational Beds	239
ICU Beds	82
Credentialed physicians	3,969
Active employees	1,748
Visits to the Emergency Department	120,966
Outpatient Visits	52,489
Hospital Admissions	20,186
Surgeries (except for deliveries)	12,042
Deliveries	3,883
Tests and Exams	725,147

R. Vergueiro, 4210 – Vila Mariana  
 São Paulo, SP – 04102-900  
 (11) 2182-4444  
 www.sepaco.org.br

## INSTITUTIONAL PROFILE

# HOSPITAL VERA CRUZ



### Characterization

Member Hospital	Since 2015
For-profit organization	
Foundation	1943
Constructed area	20,717 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA II

### Key indicators 2017

Operational Beds	152
ICU Beds	39
Credentialed physicians	1,604
Active employees	1,107
Visits to the Emergency Department	132,524
Outpatient Visits	17,689
Hospital Admissions	13,382
Surgeries (except for deliveries)	18,501
Deliveries	1,375
Tests and Exams	889,528

Av. Andrade Neves, 402 – Centro  
Campinas, SP – 13013-908  
(19) 3734-3000  
[www.hospitalveracruz.com.br](http://www.hospitalveracruz.com.br)

Vera Cruz is a general and maternity hospital, founded in 1943 in the city of Campinas (SP). Throughout 74 years of existence, it has made continuous investments in infrastructure, technology, technical-scientific improvement and humanization. The Hospital is a reference in high complexity care, urgency and emergency, maternity and cardiology. It has external units for diagnosis and therapy, including physical therapy, clinical center and diagnostic medicine and the new Oncology Clinic, inaugurated in May 2017. It operates with Fundação Roberto Rocha Brito, for several medical-scientific development and social projects. In 2017, Vera Cruz was incorporated by a new company organized by entrepreneurs of the Brazilian industry and is the first Hospital to integrate the Hospital Care Network.

## HIGHLIGHTS 2017/2018

Hospital Vera Cruz incorporation by Hospital Care in 2017 is a landmark of a new era for the institution with investment forecast of R\$ 100 million both in the short and long run, with plan to expand units and number of beds. Some of the key initiatives are the new technical model of multidisciplinary care focus on patient-centered care and PLR adoption and launch of the book "Saúde tem risco?" (Is Healthy Risky?) written by 44 hospital professionals

It presented the 3<sup>rd</sup> Symposium on Wound Prevention and Care, campaign and medical care with cardiological exams provided for the population of the city, the 1<sup>st</sup> Symposium on Geriatrics and Gerontology and the 3<sup>rd</sup> Conference on Patient Safety in Campinas and the region. For 2018, it announced the sponsorship of Vera Cruz Campinas basketball team. Vera Cruz has also been the private hospital most recalled in *Top Of Mind Marcas de Sucesso* for seventeen consecutive times.



## INSTITUTIONAL PROFILE

# IBR HOSPITAL

IBR HOSPITAL has a direct impact on health care services in the Southwestern region of Bahia, as well as in consolidation of Vitória da Conquista as a regional health center. Opened in 1986, the IBR Hospital combines tradition and innovation throughout its history. It has always encouraged actions that have affected health care development in the region. The constant investment in the segment showed a new path directed towards medicine of high complexity. The medical evolution vocation combined with the search for quality ensures safety in high, medium and low complexity procedures.

### HIGHLIGHTS 2017/2018

In 2017 the highlight was Level I Accreditation by ONA. IBR Hospital is the first and only general hospital accredited in the countryside of Bahia. The hospital is a reference in emergency and high complexity care with protocols defined in the most prevalent pathologies, mainly targeted to patient safety and the resolution of cases. The planning for 2018 is to become accredited Level II ONA, consolidate indicators and, consequently, enhance safety barriers.



#### Characterization

Member Hospital	Since 2015
For-profit organization	
Foundation	1986
Constructed area	8,000 m <sup>2</sup>
Clinical staff organization	Mixed
Hospital Accreditation	ONA I

#### Key indicators 2017

Operational Beds	80
ICU Beds	16
Credentialed physicians	128
Active employees	340
Visits to the Emergency Department	22,481
Outpatient Visits	34,023
Hospital Admissions	3,111
Surgeries (except for deliveries)	1,818
Deliveries	Not applicable
Tests and Exams	36,296

R. Góes Calmon, 235 – Centro  
Vitória da Conquista, BA – 45000-400  
(77) 2101-4100  
[www.ibrhospital.com.br](http://www.ibrhospital.com.br)



# INSTITUTIONAL PROFILE

This section presents  
Anahp Affiliated Members

Pronep  
SOS Vida

## INSTITUTIONAL PROFILE

# PRONEP



### Characterization

Affiliated Organization	Since 2015
Foundation	1992
Hospital Accreditation	JCI

### Key indicators 2017

Active physicians	60
Active healthcare professionals	367
Patients-day in care support at home	361,827
Patients-day in home care	124,696
N of admissions to care support at home	1,701
N of admissions to home care	550
Patients-day using continuous mechanical ventilation	13,113
Hospital readmissions	1,050
Average length of stay in days (excluding court orders)	80,19

R. Visconde de Silva, 125 – Humaitá  
Rio de Janeiro, RJ – 22271-043  
(21) 2538-5555  
[www.pronep.com.br](http://www.pronep.com.br)

The Pronep Group, founded in 1992 in Rio de Janeiro, started its activities focusing on enteral and parenteral nutritional support. In 1994 the company realized the opportunity to expand health care services provided and made home care programs available. The new name of this unit was Pronep Lar.

In 1998, Pronep started operations in the city of São Paulo. The evolution of the home care services and specific demands caused nutrition-related activities to be finally discontinued in 2007 when the units of Rio and São Paulo were accredited by JCI (Joint Commission International). Since 2009 it also operates in Espírito Santo state, in Greater Vitoria region.

## HIGHLIGHTS 2017/2018

In 2017, after being accredited by JCI – Joint Commission International in the previous year for the fourth time Pronep kept on investing in continuous improvement of service quality. It increased team training, and it became mandatory for contractors. Based on down-to-earth forecasts, Pronep has an education center with health care skill training for constant developed. At the same time period, Pronep invested in the configuration of a New Technical Management Center, applying differentiated support paradigms, focusing specially on palliative care and expansion of the area of coverage. Today Pronep already operates in High land region of Rio de Janeiro, in the South-Fluminense Region and in the North of Espírito Santo. Moreover, in the state of São Paulo including Campinas, Jundiaí, Sorocaba and Vale do Paraíba there are services provided with the quality seal of Pronep.





**INSTITUTIONAL PROFILE**  
**S.O.S. VIDA**

S.O.S Vida has been opened in Bahia for more than 30 year, and for 10 years in Sergipe. It provides post-hospital services that combine service excellence, humanized care and modernity. The company also is a pioneer and leader in the Homecare market in Bahia. Moreover it has a dedicated clinical oncology unit to treat oncologic patients. It has more than 600 direct and indirect professionals supporting the services offered by the organization. Its governance model prioritizes people, offering patients differentiated services with the international quality standard of JCI – Joint Commission International.

**HIGHLIGHTS 2017/2018**

In 2017, S.O.S. Vida conquered the top position in Home Care by *Prêmio Benchmarking Saúde* for the sixth time reinforcing its unquestionable technical leadership in the sector. It also implemented an expansion project to increase the area of operation ensuring the same excellence standard based on international quality requirements.

The plan for 2018 includes the achievement of key strategic milestones: the second reaccreditation of the headquarters in Salvador synchronized with the celebration of the 10<sup>th</sup>-year accreditation of Aracaju branch, both accredited by JCI – Joint Commission International.

It is time of high expectations due to the opening of a new branch and the implementation process of a new business: The Transition Clinic. The objective is to support the health market with specialized care services after discharge from hospital to provide full patient rehabilitation, this being one more de-hospitalization solution.



**Characterization**

Affiliated Organization	Since 2015
Foundation	1987
Hospital Accreditation	JCI

**Key indicators 2017**

Active physicians	69
Active healthcare professionals	621
Patients-day in care support at home	113,836
Patients-day in home care	89,606
N of admissions to care support at home	583
N of admissions to home care	307
Patients-day using continuous mechanical ventilation	15,185
Hospital readmissions	167
Average length of stay in days (excluding court orders)	119

Av. Dom João VI, 152 – Brotas  
Salvador, BA – 40285-001  
(71) 3277-8004  
www.sosvida.com.br



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Anahp – Associação Nacional de Hospitais Privados – CNPJ: 04.832.584/0001-12  
Rua Cincinato Braga, 37 – 4º andar – Paraíso – São Paulo, SP – 01333-011 – Tel.: 11 3253.7444  
[www.anahp.com.br](http://www.anahp.com.br)



