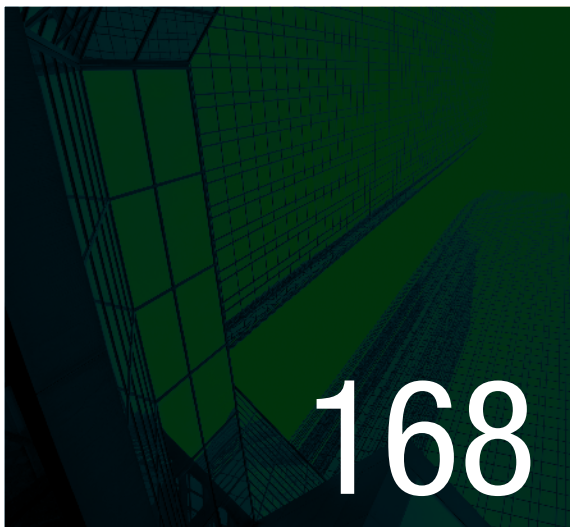


Annual publication - edition 7/2015
Brazilian Private Hospitals Association

OBSERVATÓRIO 2015



anahp
associação nacional
de hospitais privados



01 ANAHP FACTS AND FIGURES

06 LETTER TO THE READERS

08 ARTICLES

32 NOTE ON METHODOLOGY

36 MARKET PROFILE

- 38 Executive Summary
- 40 Private Healthcare Market
- 56 Clinical and Epidemiological Profile

70 CLINICAL PERFORMANCE

- 72 Executive Summary
- 74 Structure & Annual Production of the Hospitals
- 80 Operational Management
- 96 Clinical Care Quality and Safety
- 110 Institutional Protocols

132 INSTITUTIONAL PERFORMANCE

- 134 Executive Summary
- 136 Economic-Financial Management
- 154 People Management

168 INSTITUTIONAL PROFILE OF MEMBER HOSPITALS

- 168 Full Members
- 224 Affiliated Members

ANAHP FACTS AND FIGURES

REPRESENTATIVENESS

R\$ 20.7
BILLION

annual gross revenues of 68 member hospitals in December 2014



71
hospitals
in May 2015



19% of clinical expenses in the private healthcare sector



17,409 beds – 13.8% of total beds in private healthcare services

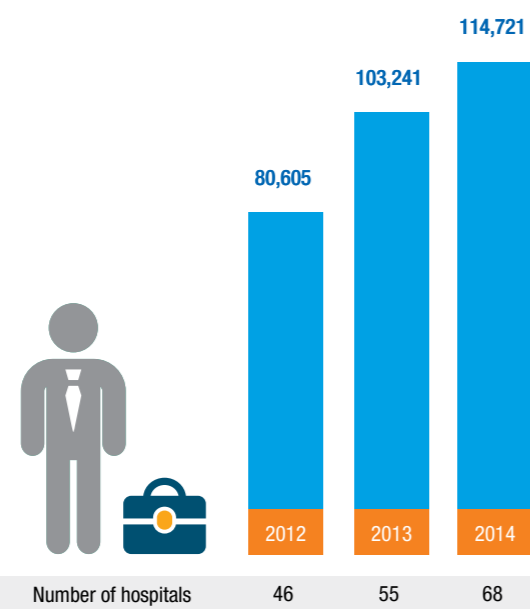


3,578
ICU beds



5.0 MILLION
visits in the Emergency Department

Over 100,000 jobs



Source: Institutional profile of ANAHP 68 member hospitals in Dec/14.

Accreditation 2014

27% ANAHP hospitals amount to 27% of all accreditations in the country.

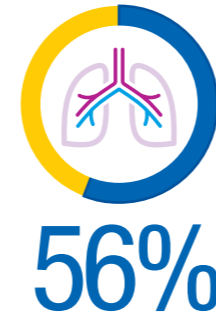
	ANAHP	BRAZIL	% ANAHP
ONA – Brazilian Accreditation	44	222	19.8
ACI – Accreditation Canada International	10	25	40.0
JCI – Joint Commission International	17	27	63.0
NIAHO – National International Accreditation for Healthcare Organizations	3	3	100.0

PRODUCTION

Main figures that summarize the clinical performance of hospitals in 2014:

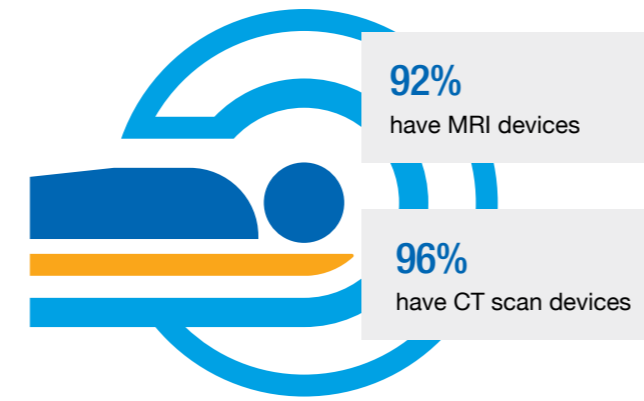


of hospitals are level four – the highest level of clinical infrastructure – and the others are level three (classification defined by Ordinance Nr. 2224 of Ministry of Health)



of the hospitals perform transplants – in 2014, there were 613 kidney transplants, 437 liver transplants, 25 pancreas, 59 heart, 605 bone marrow and 100 other type transplants (bone, cornea, lung, multivisceral)

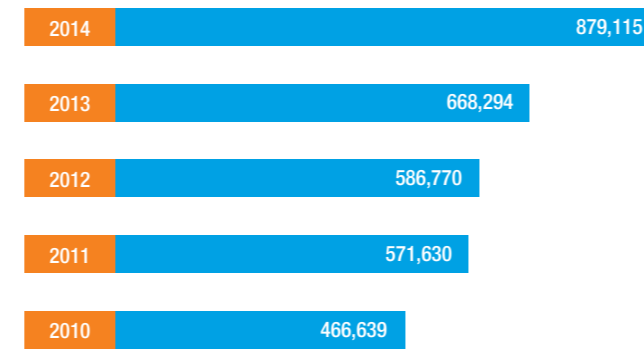
Diagnostic Support Structure



41,116,298

performed tests – for 61% of the hospitals, services are contracted

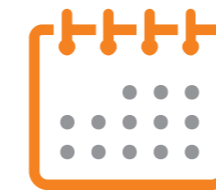
Total Hospital Admissions



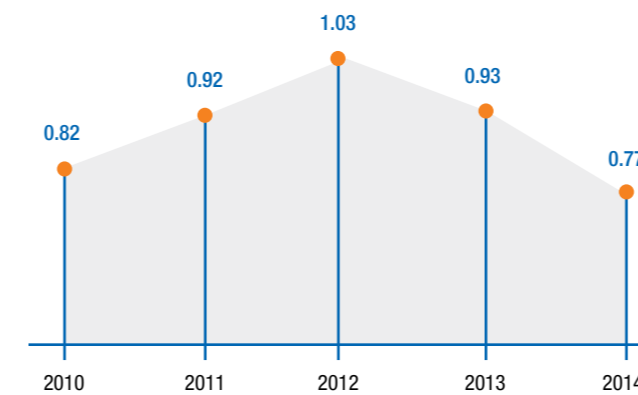
879,115

Source: Annual Survey, S&T Consulte Saúde

Total of Long-Term patients (length of stay longer than 90 days) = % of total hospital discharges

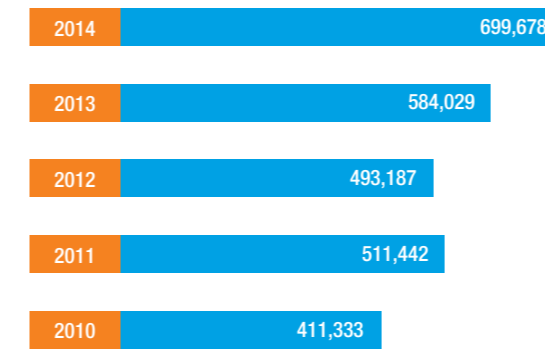


In 2014, there were **5,956** admissions with length of stay longer than 90 days.



Source: SINHA/ Anahp

Total Surgeries

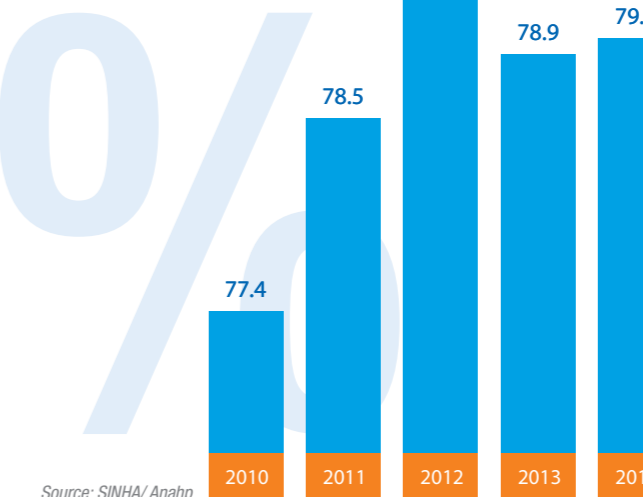


699,678

Source: SINHA/ Anahp

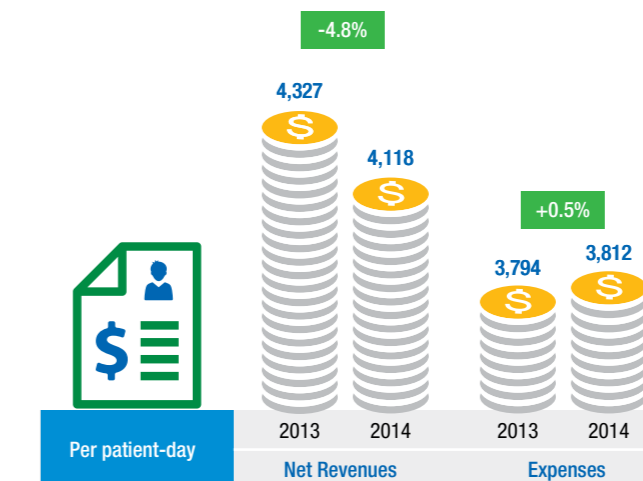
PERFORMANCE

Operational Occupancy Rate (%)



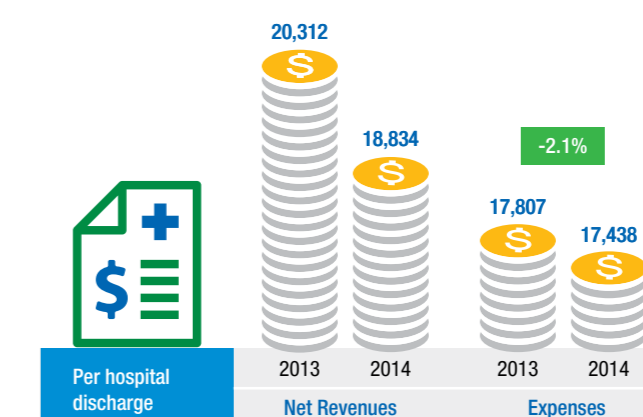
Source: SINHA/ Anahp

Net Revenues and Expenses (R\$) Control Group



Source: SINHA/ Anahp

Per hospital discharge



Source: SINHA/ Anahp

Mean Length of Stay (in days)



Source: SINHA/ Anahp

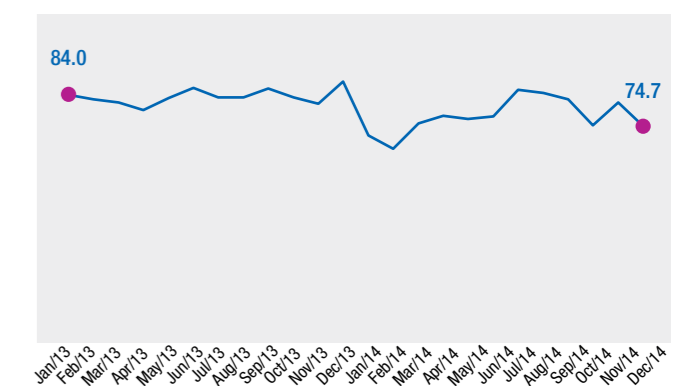
X-ray of the main hospital expenses Control Group

TYPE OF EXPENSES	2013	2014	VARIATION (2014/2013)
Expenses per hospital discharge	17,807	17,438	-2.1%
→ Staff	6,831	6,888	0.8%
→ Hospital supplies	4,426	4,159	-6.0%
→ Third-party contracts (technical, operational, support and logistics)	3,269	3,276	0.2%
→ Maintenance and services	314	363	15.6%
→ Others*	2,967	2,751	-7.3%



*Expenditures with utilities (power, water, communication, etc.) are included under hospital supplies.
Source: SINHA/ Anahp

Average payment term (in days) Total



Source: SINHA/ Anahp

BOARD OF DIRECTORS



Francisco Balestrin
Chairman
Hospital Vita Curitiba (PR)



Antonio Carlos Kfour
Vice-president
Hospital do Coração – HCor (SP)



Eduardo Amaro
Hospital e Maternidade Santa Joana (SP)



Francisco Eustácio Fernandes Vieira
Hospital Santa Joana (PE)



Henrique Sutton de Souza Neves
Hospital Israelita Albert Einstein (SP)



José Ricardo de Mello
Hospital Santa Rosa (MT)



José Roberto Guersola
Hospital Barra D'Or (RJ)



Maria Norma Salvador Ligório
Hospital Mater Dei (MG)



Paulo Chapchap
Hospital Sírio-Libanês (SP)

Audit Board

Alline Jorgetto Cezarini
Hospital Santa Catarina (SP)

Antônio Carlos Correia Dias
Hospital Porto Dias (PA)

Paulo Azevedo Barreto
Hospital São Lucas (SE)

MASTHEAD

EDITOR

Alceu Alves da Silva

TECHNICAL CONSULTING SERVICES

S&T Consulte Saúde

EDITORIAL BOARD

Carlos Figueiredo
Denise Schout
Evandro Tinoco
Fábio Patrus
Francisco Balestrin
Laura Schiesari
Luiz Sergio Santana
Miguel Cendoroglo

EDITING

Graphic Designers

PHOTOS

Shutterstock
Jô Mantovani

PRINTING AND CIRCULATION

Formags – 6.000 units

SUPPORT

Eliana Guglielmoni
Fernanda Borin
Marino Brugnolo

ADMINISTRATION

Carlos Figueiredo
Executive Director

Observatório Anahp.

Edition 7, 2015.

ISSN 2319-0078.

Annual publication of Associação

Nacional de Hospitais Privados

(Anahp).

WRITING

Evelyn Tiburzio
Lucas Martini
Marina Biancalana
Olivia Takahashi Margarido



The publication is available for download on: www.anahp.com.br

LETTER TO THE READERS

In its 7th edition, Observatório Anahp has become a landmark in the healthcare industry, providing hospital indicators and serving as a key reference in the sector. Throughout the years, data have been improved to meet market and member hospital needs, but we are aware of the fact that this is a continuous task.

In 2014, we experienced a significant increase in number of member hospitals, which is a positive fact because it shows that organizations are concerned about improving care quality and safety, by benchmarking against other hospitals of excellence. Conversely, due to greater diversity of hospitals and an increasing number of newcomers, there has been a significant impact on our historic data series. For this reason, differently from previous years, for different groups of indicators we will deal with two main datasets – the total number of hospitals that participate in the Hospital Indicator Integrated System (SINHA – Anahp) and the Control Group, comprised by 23 organizations that have provided data since the beginning of the project.

For the current edition of Observatório Anahp, we have detected an increasing trend in number of beneficiaries of healthcare insurance plans, a change in the epidemiology profile of the population, which has significant impacts on the sector, especially for healthcare providers, and the increase in hospital expenses above the revenue levels. Despite the poor economic performance in 2014, the private healthcare market has presented positive results. Recent years have been marked by strong growth of number of beneficiaries of healthcare plans, reaching 50.8 million users, which amounts to 1.2 million additional lives in 2014. In addition to the increase in demand, caused by expansion of the covered population, the industry has started to feel the impact of the population aging effects. Multiple comorbidities, increased rate of long-term care patients (length of stay longer than 90 days), and reduction of surgical procedures, aligned with worsening of clinical condition, directly impact on increased mean length of stay of patients in the hospitals.

Between 2008 and 2014, the average age of patients seen in the member hospitals went up from 37 to 41 years, and the mean length of stay increased from 4.4 to 4.6 days. On the other hand, the scenario does not seem to be very prosperous for the hospital industry. In addition to an increase in users who need more services and materials, the industry has experienced constant pressure by the healthcare plan providers to reduce clinical expenses. This trend is primarily noticed in the price devaluation of contract adjustments and in the strong increase of expenses above revenues.

However, the increased demand for healthcare services requires the hospitals to keep up with market pace of development and invest in infrastructure and efficiency in care. Some of these challenges may be evidenced based on the indicators of Anahp member hospitals in 2014:

- 4% drop in net income in the group of hospitals that has submitted their data systematically to SINHA since 2004, whereas operational expenses increased 1.3% between 2013 and 2014. In turn, the numbers referring to patients-day and hospital discharges increased 0.9% and 3.5%, respectively, negatively impacting the indicators of economic-financial performance revenues.
- The net income from patient-day dropped almost 5% in 2014, going per R\$ 4,327 to R\$ 4,118.
- The indicator of net income was especially impacted by the increase in non-received values (unpaid bills).
- The net income per hospital discharge dropped at higher rates than the income per patient-day in 2014 compared to 2013, going down from R\$ 20,312 to R\$ 18,834.
- The average payment term was maintained at high level in 2014, reaching 78.7 days.

This edition of Observatório Anahp also shares some key topics for the industry, such as the best practices for a more transparent market for orthopedic devices, implants and special materials; an unheard research study about organizational climate in the hospital market, presenting extremely interesting data, and the guidelines

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.

and recommendations of Anahp for hospitals interested in becoming digital organizations.

The conflicting political scene we faced in 2014 has triggered a series of discussions and investigations related with corporate ethics and business conduct in the country. Aware of the distorted market relations in healthcare, Anahp has developed a detailed study about orthopedic devices and materials based on the analysis of the trade practices in the global market and the difficulties observed in the industry, proposing a set of recommendations for a fair playfield for all stakeholders. The document, prepared by the Study and Analysis Nucleus of the organization (NEA – Núcleo de Estudos e Análises), was brought to the attention of the congressmen who are heading the Investigation Committee on the operations of the corrupted organizations behind Orthopedic Devices and Materials. This edition of Observatório will give our readers the opportunity to learn more about this document prepared by the Association.

The process of professionalization of healthcare, an extremely complex situation, has faced major challenges in people management. In order to promote exchange of experiences among hospitals and improve human resource practices in the industry, the People Management Working

Group favored the development of a joint survey in 2014. To that end, Anahp has reached out to an internationally known partner specialized in the area – Hay Group – to capture the perception of employees in private hospital settings about the workplace, what contributes and hinders people engagement, and perceived organization support, trying to understand how organizations can maximize the motivation of their employees.

The use of new technologies is another topic that has gained momentum in the hospital sector. Concerned about quality of care and patient safety, organizations have been investing in computer-based systems, electronic medical records, and latest generation devices. Aiming at supporting the organizations in the incorporation of new technology, the Study Group in IT at Anahp has proposed some guidelines and recommendations for hospitals interested in becoming digital organizations. Having in mind the true objective of contributing with the market and quality of services, we have presented, with no restrictions, the performance of the member hospitals of Anahp. 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 with the Brazilian healthcare industry.

We wish you all great reading.

Francisco Balestrin
Chairman of the Board

Alceu Alves da Silva
Editor



Approximately 30 hospitals associated to ANAHP took part in the survey conducted in partnership with Hay Group. It was a pioneering initiative in the Brazilian healthcare industry.

UNPRECEDENTED SURVEY IN THE BRAZILIAN MARKET ADDRESSES ENGAGEMENT CHALLENGES IN THE PRIVATE HOSPITAL SECTOR



Over the last decade, the healthcare industry has been undergoing a strong professionalization process. Since it is a highly complex area, where errors may put the lives of the service users at risk, the healthcare industry is facing great challenges in the area of people management, such as the proper sizing of its structure, costs and margins, the search for qualified professionals, and the engagement and alignment of the professionals to achieve the best results in terms of productivity, safety and patient satisfaction, especially during the significant expansion it has experienced recently.

Another challenging aspect refers to the need for development of the formal and informal leadership team, which, in general, has considerable technical knowledge, but does not necessarily have training in general management, or people management, and often shows no interest in these practices.

The ANAHP People Management Working Group (GTGP) has been convening over recent years to enable an exchange of experiences between the hospitals and improve the human resources practices of the hospital industry. In 2014, the group prioritized joint research and sought an internationally recognized partner specialized in this industry, Hay Group, to understand how the employees of the private hospital industry see their working environment, what elements have contributed to or hindered people engagement, the organizational support received, and how the institutions can maximize employee motivation.

The hospitals that participated in the survey are located in six different Brazilian states: Minas Gerais, Paraná, Pará, Rio Grande do Sul, Bahia and São Paulo.



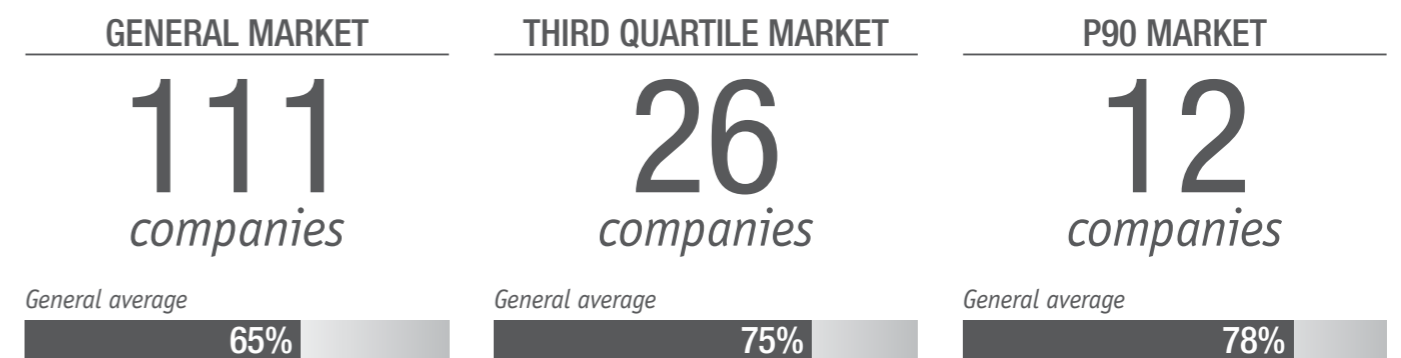
METHODOLOGY

Thirty hospitals agreed to take part in the survey, which was conducted from October to November 2014. These hospitals are located in six different Brazilian states (Minas Gerais, Paraná, Pará, Rio Grande do Sul, Bahia and São Paulo). The hospitals included in the survey employ from 390 to 5600 people. The survey, which was conducted on a sample basis, considered

the dimensions of each hospital in comparison to the headcount. In partnership with GTGP, Hay Group prepared the survey questionnaire with a focus on two main analysis pillars: Engagement and Organizational Support. As regards Engagement, the drivers that lead to motivation were used, and the extent to which the employees are willing to go beyond their

responsibilities was examined. With respect to Organizational Support, the survey sought to obtain information on the extent to which the employees feel supported by the organization in their daily activities through appropriate tools and resources to perform their work. The final questionnaire applied contains few modifications in comparison to the questionnaires normally used.

The answers obtained were compared to the following groups:



METODOLOGIA DA PESQUISA

In partnership with GTGP, Hay Group prepared the survey questionnaire with a focus on two main analysis pillars: Engagement and Organizational Support.

Clarity and Direction
Leadership
Development Opportunities
Quality and Focus on the Patient
Compensation & Benefits
The Image of the Organization
Communication

Autonomy and Empowerment
Cooperation
Performance Management
Resources
Work, Structure and Process
Training
Safety



Based on the score of the responses, respondents are considered as in favor of, neutral to or against the statements presented. The answers obtained were compared to the following groups: General Market, made up of 111 companies that presented a general average of 65% over the last five years; Third Quartile Market, made up of 26 companies with a general average of 75%; and P90 market, made up of 12 companies with a general average of 78%. These subgroups make it possible to better position the different institutions under analysis, and, at the same time, provide a vision of the segmentation of the market in relation to the topic. As regards the specific market addressed by this survey, the comparisons were made in relation to the ANAHP general group, i.e., the group made up of the six largest and the six smallest hospitals.

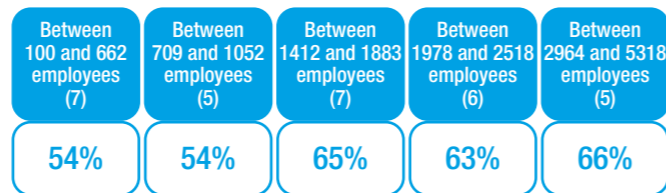
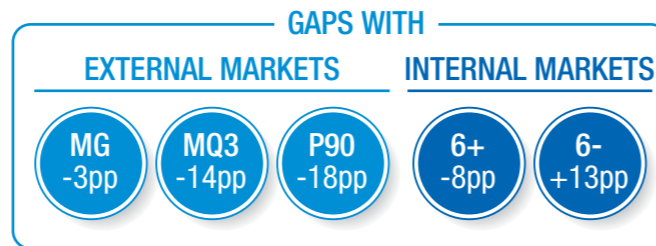
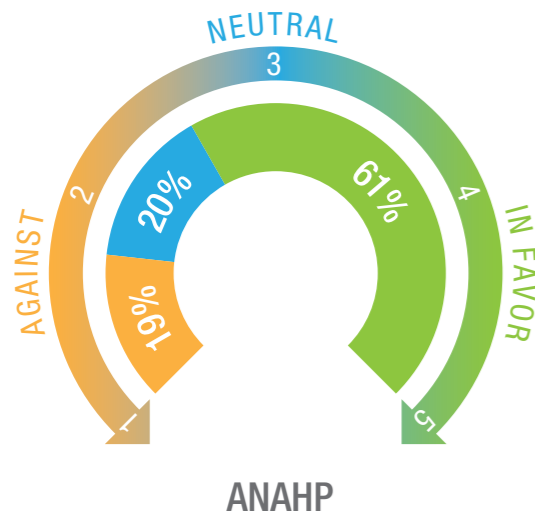
RESULTS

The survey included 56 questions, was answered by 66% of the invited respondents (7,030 respondents), involved all hierarchical levels, and was divided into three large areas: – patient care area (55% of the total respondents), administrative area (21%) and operational area (21%). 3% of the respondents did not fall into any of the three aforementioned areas, but participated in the other analyses. The survey revealed that 61% of the employees of this industry reported a favorable climate in their workplace. However, in the General Market (111 companies from different industries), this perception reached 64%. Considering that the hospitals participating in the survey are considered to be the best hospitals in the Brazilian healthcare industry, one would expect them to be closer to the market of best practices. However, the challenge seems to be even greater: 61% in the hospitals associated to ANAHP against 75% in the market of best practices.



Engagement drivers include: the image of the organization; quality and focus on the patient; clarity and direction; leadership; development opportunities; communication; and compensation and benefits. Only the first three topics were above the ANAHP average (61%). Support drivers include: safety; work, structure and process; training; autonomy and empowerment; resources; performance management; and cooperation. Only the first two topics received more favorable scores than the ANAHP average. Considering the great contribution made by the employees from the patient care area, it is obvious that the latter has the greatest influence on the overall result. In general, results are more positive for leadership positions (71-74) and less favorable for customer service employees, such as front-desk employees (56). As regards work shifts, the results are less favorable for night-shift employees (58). The most recent generations (generation Y) also present less favorability (59) in comparison to baby boomers (67). The length of service also influences the results, with greater favorability for longer-time employees.

OVERALL RESULTS



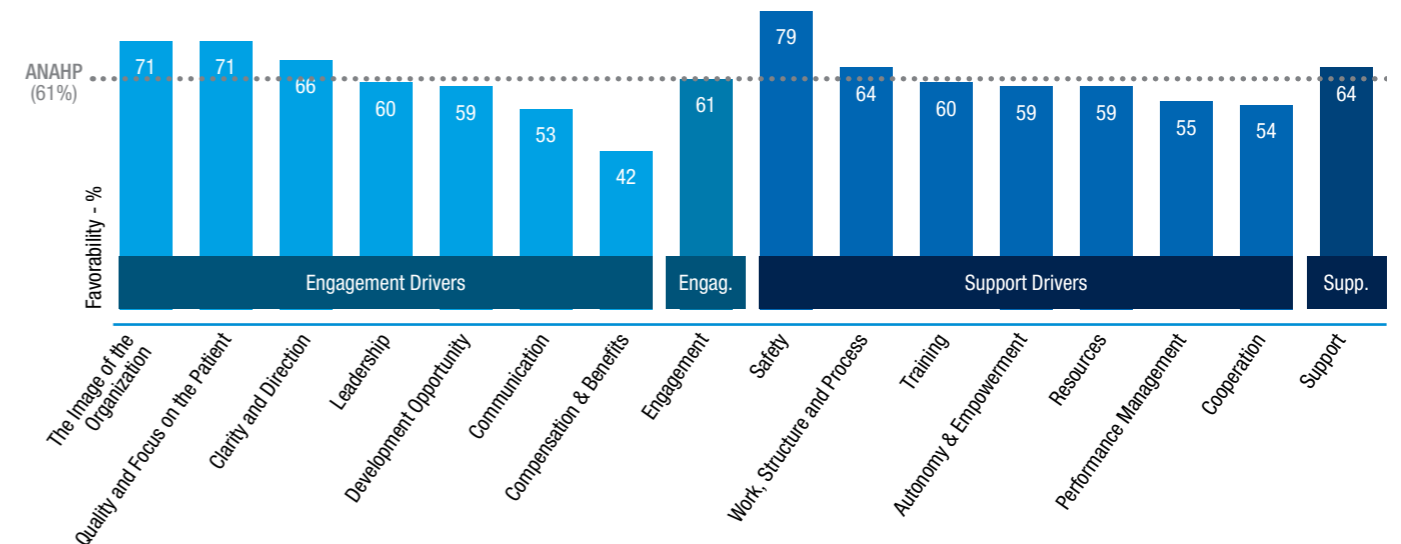
GAP OBTAINED BETWEEN COMPARABLE QUESTIONS:

Participating hospitals: 7039 employees

QUESTIONS	%	COMPARABLE TO
53 questions	95%	General Market (MG)
53 questions	95%	Third Quartile Market (MQ3)
42 questions	75%	P90 Market
56 questions	100%	6 best and 6 smallest hospitals

OVERALL RESULTS BY FACTOR – ANAHP

MQ3	-14	-14	-10	-20	-14	-18	-24	-21	-7	-9	-4	-17	-11	-13	-15	-9
MG	-2	-6	-1	-6	-2	-6	-11	-10	-5	7	4	-4	-1	1	-5	0
6-	17	16	12	14	11	17	12	14	10	18	13	8	15	11	11	11
6+	-11	-8	-7	-7	-6	-12	-17	-11	-8	-8	-11	-7	-9	-6	-8	-6



STRENGTHS AND CHALLENGES

The hospital employees give positive recognition to clarity and excellence, structure, processes, innovation and focus on the client. They display a clear understanding of the aims of their organization and perceive that their organization expects them to have high quality performance. For the employees, the hospitals are innovative in terms of their operational work methods, organized and structured in an efficient manner. Patient safety is treated as a priority by the employees, and the hospital maintains a focus on the patient, seeking to understand and cater for the latter's needs and demands. Certain challenges, such as cooperation and synergy, fairness and recognition, and the role of the leadership, need further addressing. The requirement for high quality performance and excellence is seen in a positive manner, but it is often seen as unfair, which may demotivate the teams. In addition, it is important that hospital employees cooperate with one another and with the interface teams, which may lead to even greater optimization and sustainability of the business. Taking into consideration the technical profile of the healthcare industry, behaviors regarded as basic in people management are still rare among the leadership of the hospitals. In order to minimize this problem, the senior management faces the challenge of boosting the confidence of employees and setting the example in terms of management practices for the other leaders and employees to follow.

Another aspect worth mentioning is the high percentage

of employees who intend to leave the hospitals within two years, 24% to be precise. In the general market, this rate is 19%, and in the benchmark companies (MQ3) 9%. Thus, this issue cannot be attributed to the new generations, but rather means that hospitals are having great difficulty retaining their professionals in the short term. The critical areas for this public are usually recognition, cooperation and leadership. We cannot disregard the direct relationship between the behavior of the leadership and the best organizational climate results in the areas, as well as the impact of climate on organizational results.

Private hospitals already have positive distinguishing factors that increase the effectiveness of their employees. However, the challenge is to increasingly approximate the results achieved to those of the high-performance market. It is therefore essential to develop the leaders' ability to relate to people, so as they can take their teams to a new level of organizational climate, with committed employees who are prepared to handle the everyday challenges posed by their jobs in the healthcare industry.

The challenge is to increasingly approximate the results achieved to those of the high-performance market.



TEV

FIÇAR PARADO NÃO É OPÇÃO. É RISCO.

- ▶ Projeto assistencial focado na qualidade e segurança do paciente hospitalizado.
- ▶ Alinhado com as metodologias das agências acreditadoras.
- ▶ Gerenciamento e redução do risco de TEV no ambiente hospitalar.
- ▶ Entre em contato e saiba mais sobre o projeto: safetyzone@sanofi.com



**Mais qualidade e menos riscos
no ambiente hospitalar.**

SANOFI 



Article

IN THE SEARCH OF THE DIGITAL HOSPITAL

A Study Group of ANAHP proposes IT guidelines and recommendations for institutions interested in becoming a digital hospital

The implementation of new technologies has gained more and more visibility in the hospital industry. Concerned about patient care quality and safety, institutions have invested in process automation, electronic medical record and state-of-the-art equipment.

BUT HOW DO WE TURN A REGULAR HOSPITAL INTO A DIGITAL ONE?

Information Technology (IT) can be a great ally to health institutions, creating conditions for a more effective clinical governance. However, there are important stages to be reached so that hospitals can attain this level. In order to become a digital hospital, the institution must consider international models that help to make the journey. A good reference is the adoption of the electronic medical record of the HIMSS (Healthcare Information and Management Systems Society) – the EMRAM (Electronic Medical Record Adoption Model). The model proposes the progressive implementation of some technologies that support the care process, defining eight evolutionary stages with specific requirements that hospitals must meet to reach the classification of each stage. For example, a hospital at stage zero does not have any kind of support system or technology for patient care, whereas an institution at stage seven is a digital hospital, with full and extensive use of support technologies for clinical care services and patient care.



In order to become a digital hospital, the institution must consider international models that help to make the journey.

STAGES OF THE HIMSS ELECTRONIC MEDICAL RECORD

STAGE 0

- Three clinical-departmental systems LIS (Laboratory Information System), RIS (Radiology Information System) and PHIS (Pharmaceutical Health Information System) have not been installed and there is no information available online.

STAGE 1

- Laboratory, radiology and pharmacy systems have been installed or test results are available online by external service providers.

STAGE 2

- CDR (Clinical Data Repository) has been installed and centralized;
- There may be a CMV (Controlled Medical Vocabulary) system and a clinical decision support system for basic checking of interactions, as well as ability to exchange clinical healthcare information.

STAGE 3

- Nursing documentation in the PEP system;
- CDSS (Clinical Decision Support System) for checking errors in medical prescriptions and test requests;
- PACS (Picture Archiving and Communication System) available outside the Radiology department.

STAGE 4

- CPOE (Computerized Physician Order Entry) system has been installed in at least one of the care areas;
- Clinical decision support system based on clinical protocols.

STAGE 5

- Complete PACS Filmless system able to eliminate all medical pictures.

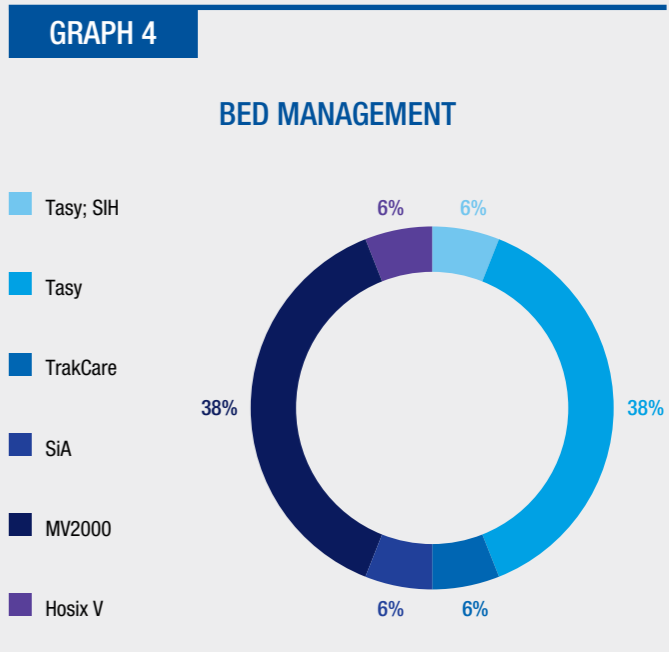
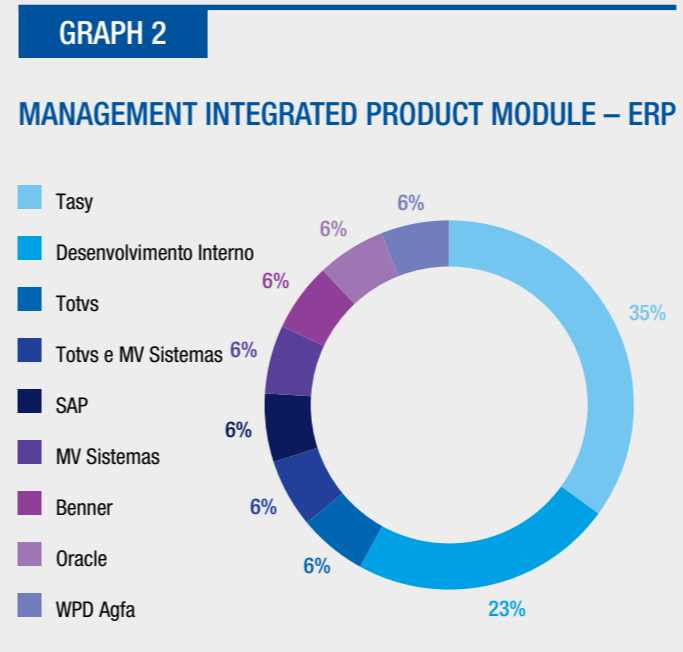
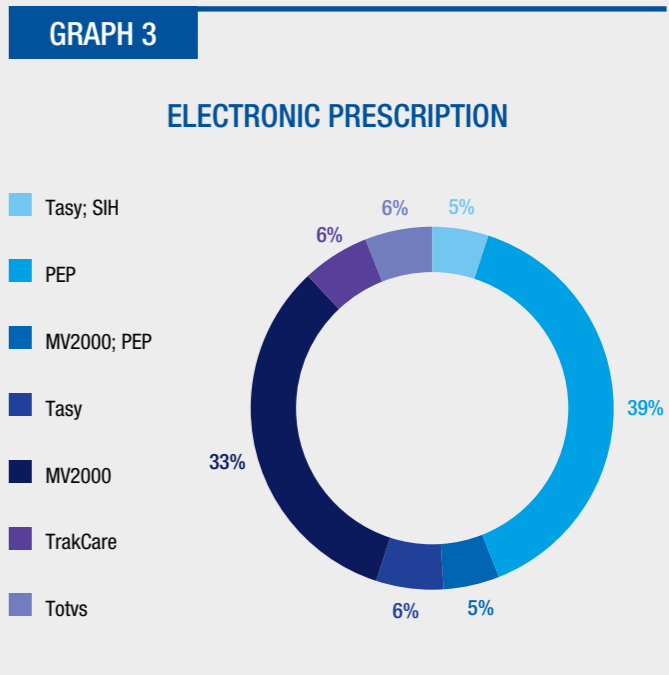
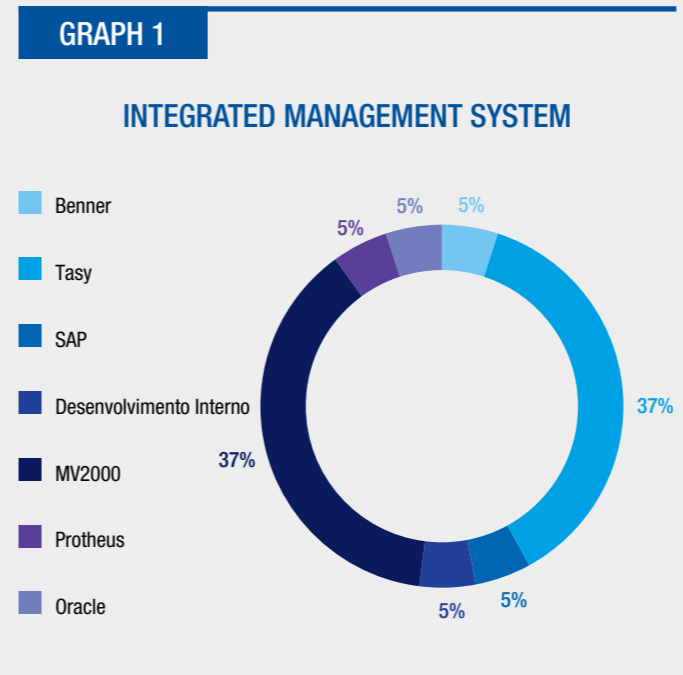
STAGE 6

- CFTV (Closed Television Circuit) for medication management;
- Interaction between medical documentation and clinical decision support systems (structured models and variance and conformity alerts).

STAGE 7

- Complete PEP system being fully used by all hospital departments;
- Integration to share clinical information;
- Data Warehouse providing reports with clinical and health care results, quality and Business Intelligence (BI);
- Clinical data available in all departments: Emergency Room, inpatient unit, ICU, outpatient unit and operative room.

Source: EMRAM (Electronic Medical Record Adoption Model) of the HIMSS (Healthcare Information and Management Systems Society).



ARE BRAZILIAN HOSPITALS READY TO GO DIGITAL?

In Brazil, there are no digital hospitals yet. However, many institutions are not far from achieving such status. On the other hand, it is important to highlight this is a long-term process. With a focus on strategic planning, a hospital can take from five to ten years to be considered digital, relying on its technologies. Some Brazilian hospitals already use the electronic medical record but have not implemented other technologies such as a clinical decision support system.

In 2014, ANAHP in partnership with the FGV (Getulio Vargas Foundation) carried out a survey among ANAHP member hospitals to learn about the IT infrastructure available in these institutions. Participation in the survey was voluntary and 17 hospitals responded to it.

The results showed that institutions invest approximately 2% of their revenue in IT. Their annual expenditure on IT per user in the surveyed hospitals is US\$ 1,115, which is below the national market average (US\$ 12,300).

Ninety-two percent of the devices are stored in a network in ANAHP member hospitals, whereas according to another survey carried out by FGV in 2013, the national market average was 99%.

In relation to integrated management systems, the two most used ERP (Enterprise Resource Planning) systems in the surveyed hospitals are Tasy and MV 2000. The level of integration of systems in the hospitals taking part in the survey is 75% – a number considered high given the multiplicity of suppliers.

92%

of the devices are stored in a network in ANAHP member hospitals

99%

is the national market average, according to FGV survey, carried out in 2013

The most used software in the surveyed institutions for electronic prescription and bed management is Tasy: SIH. In this topic, it is important to highlight that Brazilian solutions should move forward in clinical intelligence implementation. Some health institutions have chosen to develop their own systems.

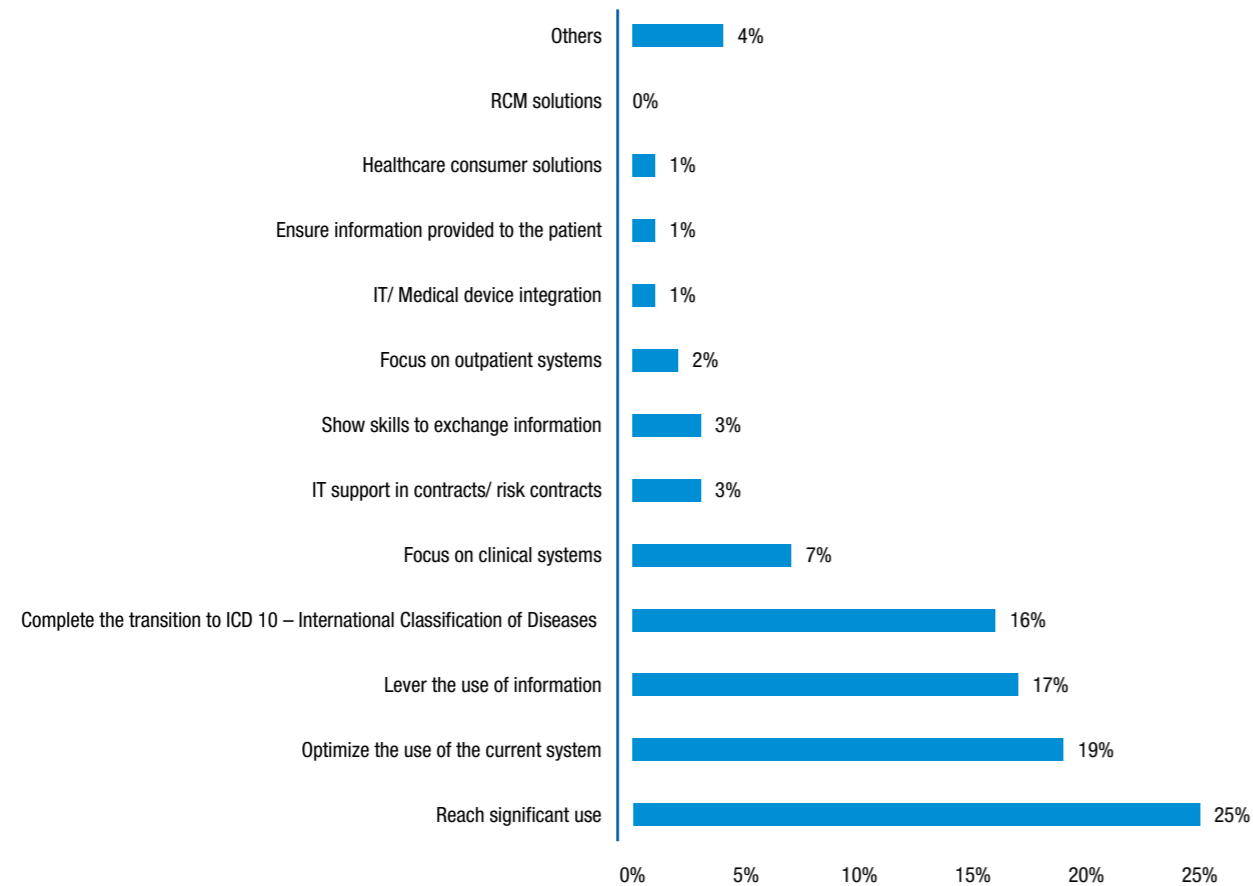
The survey shows the desire ANAHP member hospitals have to increase the use of mobile devices and safety systems, which contribute to patient care quality.



The trends identified in the survey show the desire ANAHP member hospitals have to improve the use of information and systems, as well as increase the use of mobile devices and safety systems, which contribute to patient care quality. These results are in line with the international survey performed by the HIMSS regarding IT priorities as you can see in the graphs below:

GRAPH 5

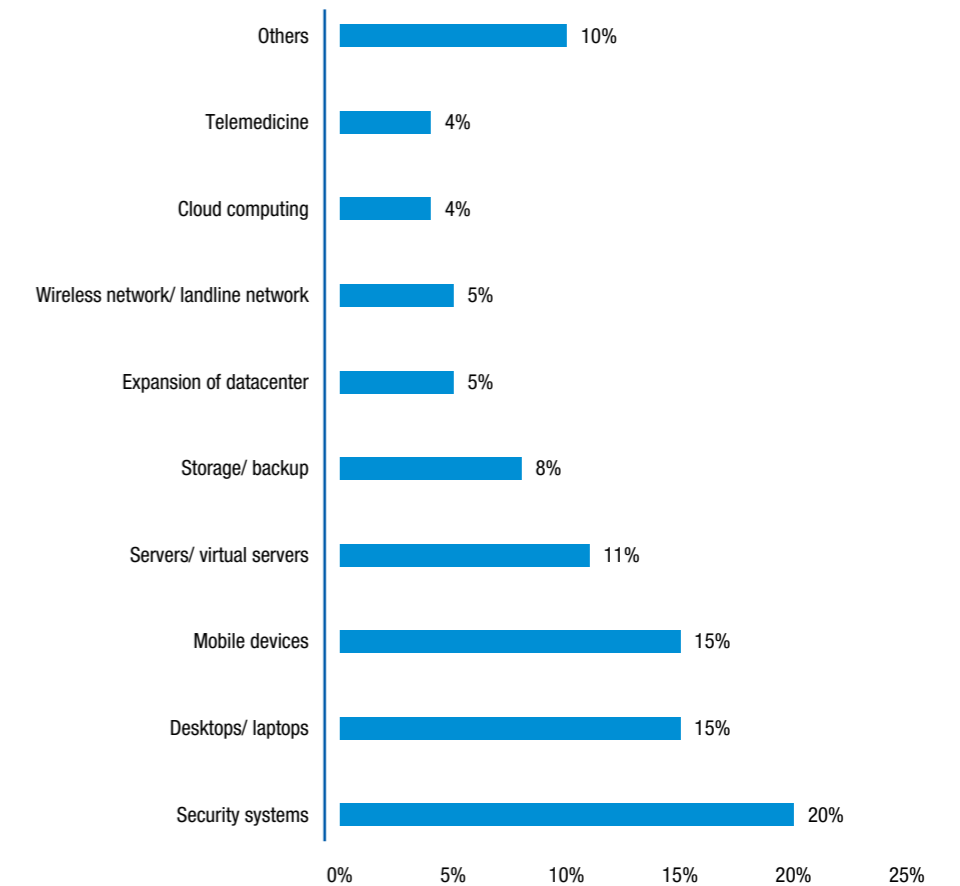
IT PRIORITIES – NEXT TWO YEARS



Source: HIMSS, 25th Annual HIMSS Leadership Survey

GRAPH 6

MAIN IT INFRASTRUCTURE PROJECTS



Source: HIMSS, 25th Annual HIMSS Leadership Survey

ANAHP IT Study Group has produced a manual with guidelines and recommendations



ANAHP GUIDELINES – RECOMMENDATIONS TO BECOME A DIGITAL HOSPITAL

Acknowledging the progress of information technology as a trend in health institutions, ANAHP IT Study Group has produced a manual with guidelines and recommendations that contribute to the progressive implementation of IT tools in order to help hospitals to achieve the

status of a digital hospital, with extensive process automation, innovation, mobility, safety and efficiency. These guidelines are also important so that every hospital can evaluate the strategy implemented to become a digital hospital.

FOCAL POINT	GUIDELINE
1 Healthcare Systems	To implement IT technologies and tools that provide greater process automation, information management and communication to strive for operational excellence in the institution.
2 Automation	To implement IT technologies and tools that provide greater process automation, information management and communication to strive for operational excellence in the institution.
3 Strategic Management	To use more analytical IT tools and solutions to support the institution strategic management.
4 Innovation	To encourage the use of innovative technologies that increase productivity, quality and efficiency, as well as provide remote areas with high quality healthcare services.
5 Patient	To provide systems, technologies and tools that enable greater involvement and engagement of the patient to approach and manage their health problems.
6 Integration	To integrate all information systems, equipment, medical devices and partners in an environment of total interoperability.
7 Infrastructure	To have high availability IT infrastructure to ensure the continuity of the hospital operations with the minimum of interruption.
8 IT Management	To increase processes and tools to gain the maturity and enhance the professionalism of the IT department and improve hospitals' communication.
9 IT Team	To invest in the IT team building, capacity building and development in order to increase the skills of all professionals in this area.
10 Compliance	To be in compliance with the legislation and guidelines, obtain certifications from IT organizations focused on healthcare and ensure the privacy and confidentiality of information.

The details of the recommendations can be found in the document "IT Guidelines for Private Hospitals – In the Search of the Digital Hospital."



Tranquilidade é saber que você nunca está sozinho.

Para a White Martins, essa é a base de toda relação de confiança.

A White Martins acredita que a confiança é construída com base no relacionamento diário com seus clientes. Na segurança de poder contar com uma empresa pioneira, que atua em todo o território nacional e sempre preza pela excelência e confiabilidade no fornecimento de gases medicinais. Uma empresa que mantém um intenso programa de desenvolvimento de tecnologias e soluções direcionadas para o segmento de saúde, sendo a primeira a receber autorização de funcionamento da Anvisa para produção de gases medicinais com grau farmacêutico.

Essa é a White Martins. Uma empresa que possui mais de 100 anos de história no Brasil, porque merece a confiança dos seus clientes.

Central de Relacionamento
0800 709 9000

www.whitemartins.com.br



CHALLENGES IN MEDICAL DEVICES MARKET

The Association makes some recommendations for transparent and beneficial relations in the industry



In 2015, scandals involving illegal organizations of orthopedic devices and special materials have made the news of the main media in Brazil. However, this topic had already been addressed by the main players in the market for some time. It is a complex market that has weak relationship with healthcare stakeholders.

The core point for discussion is the impact of medical devices' high prices on healthcare costs. The United States and European Union have been analyzing elements such as low transparency in the market, competition and absence of pricing policies.

Anahp, as a representative organization of the hospital sector, has proposed extended discussions, involving all stakeholders in the area. In Brazil, many studies about the market of orthopedic devices and special materials have been carried out with different specific focuses. However, the topic requires a broader debate, including the exact definition of orthopedic materials and special devices and the main factors that impact the prices of these devices.

From this starting point, NEA (Study and Analysis Nucleus of Anahp) has developed a deep study about the topic in Brazil and in the world, in order to expand the knowledge about the problem, standardize the understanding of what orthopedic devices and materials are, and analyze the market from different viewpoints: competition, regulation, taxation, Brazilian hospital complexity level, preferences of clinical staff depending on employment relation with the hospital, and international experience.

CHALLENGES

There is no clear and standardized definition of what orthopedic devices and special materials are, reason why the term is loosely applied to classify higher cost medical devices. Thus, each organization has developed its own classification, based on internal perspectives, which hinders market analyses and proper management. The definition of what should be included in the list of special materials is still rather controversial.

MEDICAL DEVICES MARKET

According to a report published by the World Health Organization (WHO), there are over 10,000 categories of medical devices in the world. Among Anahp member hospitals, on average there are 70,000 items in their procurement list of materials, medical devices and medication. Out of the total, 7,000 are frequently used items, which are kept in inventory, and the remaining 63,000 are less frequently used and not kept in the inventory (most of them being medical devices).

In addition, the National Private Healthcare Agency (ANS – Agência Nacional de Saúde Suplementar) has a table called Unified Terminology for Private Healthcare (TUSS – Terminologia Unificada em Saúde Suplementar), which is another source of information containing 80,000 items classified as hospital materials. According to a study published by Deloitte, Brazil took the 11th position in the medical

devices market, trading R\$ 7 billion in 2012, which means US\$ 15 per capita expenses per year – a rate that falls far behind that of developed countries, such as Germany (US\$ 197), Spain (US\$ 127), United States (US\$ 330), and Italy (US\$ 148). It is worth mentioning that most of these devices are imported (over 80%).

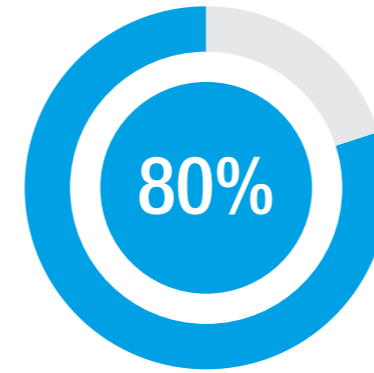
In a report presented in the House of Representatives in 2013, healthcare insurance companies claimed they had paid R\$ 40 billion for hospital materials and R\$ 8 billion for medical devices in 2010. However, official data from ANS has shown that the total amount spent on hospital admissions in that year was R\$ 23 billion, contradicting the information shared in a public hearing session, which would at least indicate that their figure was overestimated.

According to Anahp estimates, the medical devices in the private healthcare industry totaled business of about R\$ 2.6 billion in 2010. This figure has been estimated based on

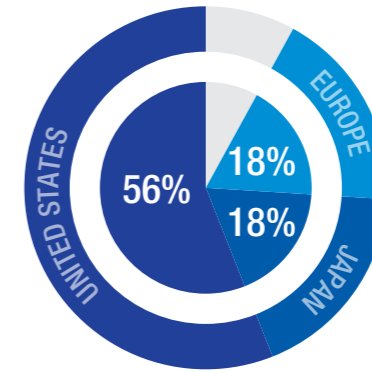
total expenditures with admissions paid by healthcare insurance companies (R\$ 23 billion in 2010) and the average hospital revenues from medical devices, which amounted to 11.4% of the total revenues of Anahp member hospitals.

More than half of medical devices manufacturers are based in the United States (56%). Europe and Japan also play an important role in the market, both gathering about 18% of manufacturers. Conversely, differently from the supply that is concentrated in some countries, demand is widely spread, represented by 19 countries that have medical devices markets that negotiated over US\$ 226 billion in 2012, dependent on imports.

In addition to regional concentration, some companies hold a significant global market share, such as Johnson & Johnson (sales of US\$ 25.8 billion in this business segment in 2011), Medtronic (US\$ 15.9 billion), and Baxter International (US\$ 13.9 billion).



More than 80% of medical devices are imported



More than half of medical device manufacturers are based in the USA



the characteristics (type, raw material, dimensions) of medical devices, in addition to the instruments required for the procedure. Moreover, the attending physician may, at his own discretion, present to the private healthcare provider or the public agency at least three product brands from different manufacturers, provided that they meet previously agreed characteristics and are registered with Anvisa.

Resolution ANS Nr. 338 states that, if asked by the private or public provider, the requesting professional should clinically justify his indication and provide at least three product brands from different manufacturers that meet the specified characteristics, if available, among those registered with Anvisa. Import and trading rules are important, but it is essential to make sure whether they meet their goals of ensuring quality and safety of devices. Moreover, as this is typically a concentrated market, the regulation model should be designed so as to prevent concentration on the subsequent supply chain.

REGULATION

In Brazil, market regulation for medical devices is under the responsibility of the sanitary authorities, defined by the National Health Surveillance Agency (Anvisa). All products should be registered with Anvisa before commercialization. Two resolutions – one by the Federal Council of Medicine (CFM) and a second one by ANS – serve this purpose. According to Resolution CFM Nr. 1.956/2010, the attending physician is responsible for determining

Among Anahp member hospitals, on average there are 70,000 items in their procurement list of materials, medical devices and medication

TAXATION

The Brazilian tax system, comprised of many taxes and tariffs that are charged on different bases and rates, is another key issue to be taken into account about orthopedic devices and special materials. Just to give an example of the pernicious effect of taxation over the final prices of healthcare materials, the simulation that follows considers a product with an import price of R\$ 4,000, with cumulative tax rates, four commercialization steps (importer, regional distributor, logistic operator and hospital) and distribution margin of 20% in each level of the chain, in order to pay for administrative, sales, logistic costs and company profit.

Considering the simulation, the final product price (R\$ 13,908) would be 3.5 times the original import price, and the taxes levied on it would amount to R3,266, which is almost the original import price. Owing to the low frequency of use of orthopedic devices and special materials and their specificities, such as appropriate size and type to the patient's needs, purchases of these materials are rarely made on large volumes, which prevents the adoption of volume-based price discounts. In addition, the cost of having consigning agreements, instruments, sterilization, long payment terms and default payers also impact the final costs.

ANAHP RECOMMENDATIONS

Brazil still lacks rules for production, distribution, quality control and transparency of medical device prices. These issues could be addressed by macro and microeconomic changes, such as for example information exchange about clinical indicators among public and private providers (reducing misinformation), reduction of unnecessary regulatory barriers, and the creation of a single common legal regulation system. In addition, changes are required to increase competitiveness and transparency in the entire supply chain, followed by price rationalization.

These changes should encompass sanitary regulations, opting for a more efficient registration process, and stimulating price reductions as a result of competition. It is important to differentiate the services provided by medical device distributors, such as consigned contract and surgery instrumentation, from the products, which provides easy access to all stakeholders. The tax reform is another key factor to reduce the final price of medical devices and to bring down the costs of the healthcare system. The priority of such policy should be to eliminate the incidence of cumulative taxes. Improvement in clinical staff

management, towards greater standardization of procedures, and the consequent reduction of variability of consumption items, is also fundamental for this new model of medical devices consumption. The encouragement of fair policies of compensation for healthcare services, based on quality and clinical performance is essential in this process. The development of an integrated clinical model, focused on the patient and on continuity of care, and the development of a national healthcare quality assessment system could systematically contribute to solve common problems in the industry. It is also important to have ethical corporate structures in the companies, with clear rules that can guide the practice of the different players in the supply chain, providing greater transparency and bringing efficiency to the sector. This recommendation includes the definition of responsibilities over the medical devices that are used by the service providers and supplied by the healthcare service operators. Finally, the participation of hospitals in the acquisition of medical devices should be mandatory, focusing on promoting better and high quality clinical care.



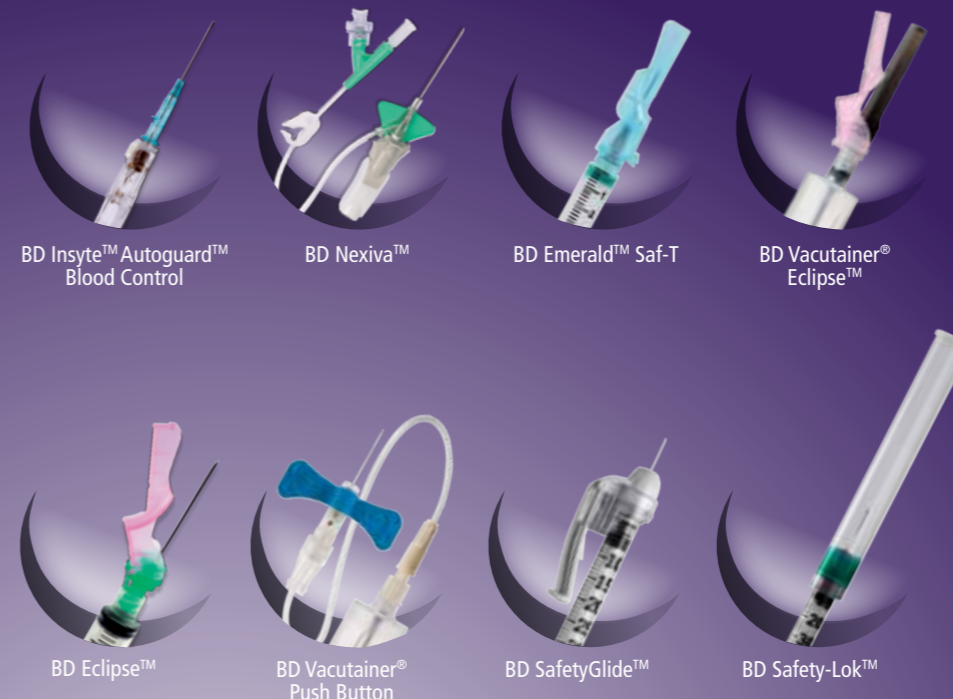
Alguns profissionais enfrentam grandes riscos para salvar vidas.



Você
mais
seguro
Conte com a BD.



Ajudando as
pessoas a viverem
vidas saudáveis



Bombeiros têm um uniforme resistente ao fogo.

Policiais, seus coletes à prova de bala.

Profissionais da saúde têm a BD. Salvar vidas em situações de risco é um negócio perigoso, principalmente em hospitais onde existe o risco biológico pela presença de objetos perfurocortantes.

A BD está aqui para isso: proteger a vida de quem trabalha para salvá-la.

BD, BD Logo e todas as outras marcas são propriedades de Becton, Dickinson and Company ©2015
BD Safety-Lok™ Insulin Syringe - Seringa estéril de uso único para insulina com agulha fixa e com dispositivo de segurança - Registro ANVISA 10033439051; BD SafetyGlide™ Insulin - Seringa estéril de uso único para insulina com agulha fixa e com dispositivo de segurança - Registro ANVISA 10033439050; BD Insite™ Autoguard™ - Cateter intravenoso com dispositivo de segurança - Registro ANVISA 10033430186; BD Nexiva™ - Cateter com dispositivo de segurança - Registro ANVISA - 10033430637; BD Vacutainer® Push Button Blood Collection Sets - Registro ANVISA 10033430523; BD Vacutainer® Eclipse™ - Agulha para coleta com dispositivo de segurança - Registro ANVISA 10033430422; BD Vacutainer® Single Use Holder - Registro ANVISA 10033430383; BD Eclipse™ - Agulha de segurança - Registro ANVISA 10033430591.

NOTE ON METHODOLOGY

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

ANAHP INTEGRATED SYSTEM OF HOSPITAL INDICATORS (SINHA)

In 2014, hospitals started to input data directly through a web platform (Watcher). There are a total of 232 variables and 179 indicators. Variables and indicators have standardized technical forms, available for reference in the system.

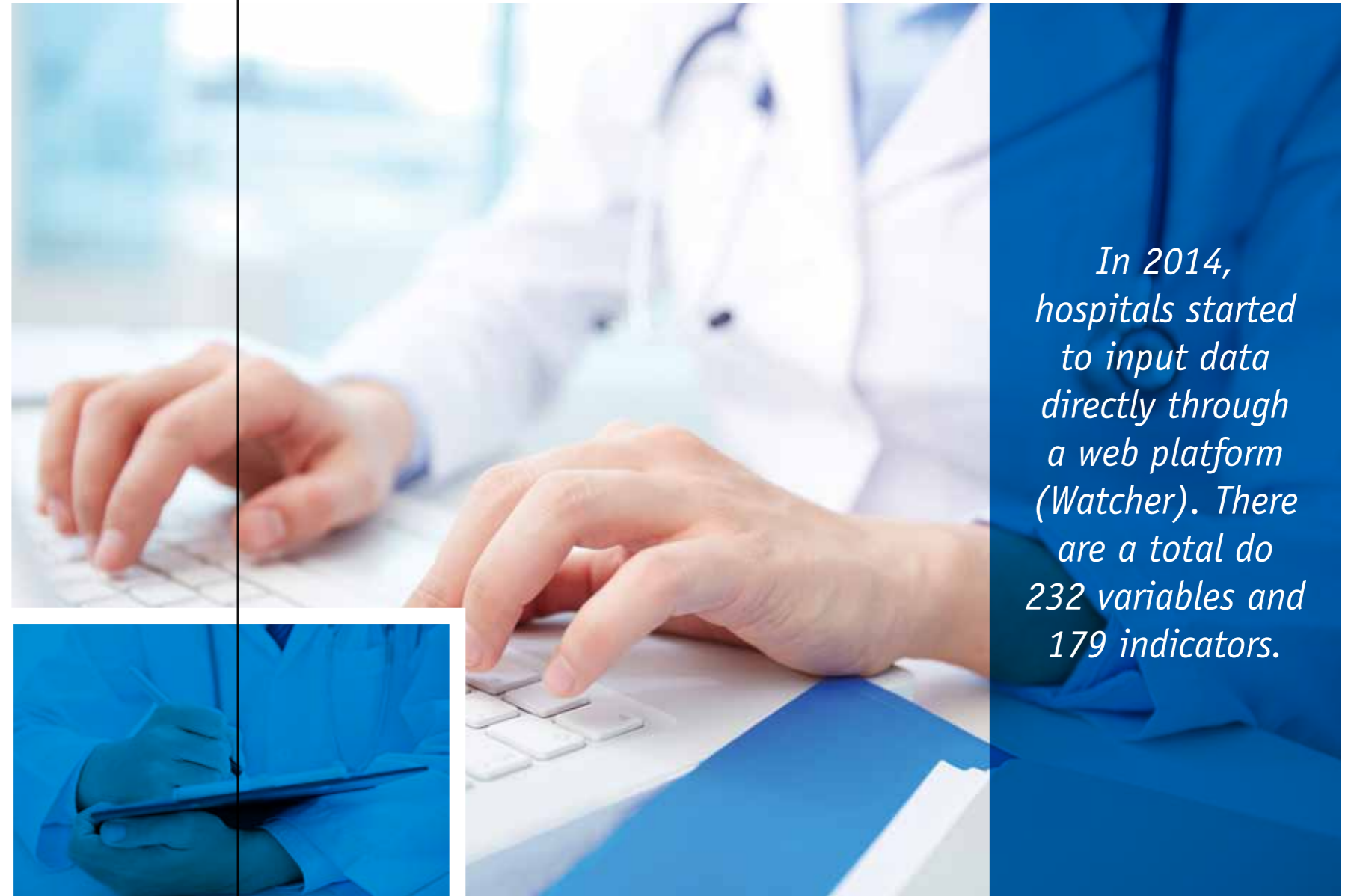
Hospitals input data into the system through the platform after being properly trained. The training programs are validated by technical IT officers or the responsible managers from each hospital.

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 annually carried out among all member hospitals using Survey Monkey (web-based survey platform).

INPATIENT DATA FROM HOSPITAL DATABASES

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



In 2014, hospitals started to input data directly through a web platform (Watcher). There are a total do 232 variables and 179 indicators.

RECORD NUMBER	
ENCOUNTER NUMBER	
DATE OF BIRTH	GENDER
ZIP CODE	
DISTRICT	
CITY	STATE
DESCRIPTION OF PAYER	
ANS CODE OF PAYER	
SETTING – INPATIENT CLINIC	
CRM OF PHYSICIAN RESPONSIBLE FOR ADMISSION	
DATE OF ADMISSION	
TIME OF ADMISSION	
DATE OF HOSPITAL DISCHARGE	
TIME OF HOSPITAL DISCHARGE	
MAIN DIAGNOSIS – ICD 10 AT HOSPITAL DISCHARGE	
SECONDARY DIAGNOSIS AT DISCHARGE: (1)	
SECONDARY DIAGNOSIS AT DISCHARGE: (2)	
PROCEDURE PERFORMED – SUS OR AMB CODE (1)	/ / DESCRIPTION
DATE OF SURGICAL PROCEDURE 1 (IF SURGICAL PROCEDURE WAS PERFORMED)	
PROCEDURE PERFORMED – SUS OR AMB CODE (2)	/ / DESCRIPTION
DATE OF SURGICAL PROCEDURE 2 (IF SURGICAL PROCEDURE WAS PERFORMED)	
BIRTH AT WEIGHT OF NEWBORN	
TYPE OF DISCHARGE (DISCHARGE, DEATH OR EXTERNAL TRANSFER)	
DATE OF ADMISSION INTO ICU (IF IT INCLUDES ICU)	
DATE OF DISCHARGE FROM ICU (DISCHARGE, DEATH OR TRANSFER)	
ICU ENCOUNTER NUMBER	
DESCRIPTION OF PATIENT ORIGIN (EMERGENCY DEPARTMENT, HOME, OFFICE, OTHERS)	
BILLED AMOUNT	

These are the data that serve to build the clinical, epidemiological and care profile of each hospital and the group of Anahp member hospitals. The systematic collection provides a detailed analysis of the production, performance results, and consumption patterns of provided services. Hospitals submit their data voluntarily and they can choose which indicators will be shared. Moreover, recent members have not been inputting their data monthly since they joined the association. However, the annual basis contributes to data consistency and reliability.

Individual reports are sent to each hospital containing their respective results and the benchmark with the group of Anahp hospitals. More recently, as a result of the growth in number of hospital members and the greater diversity of participating hospitals, data presentation has incorporated classification of hospital size, according to the Ministry of Health Administrative Act 2224, used for the analysis of some indicators. The classification takes into account number of operational beds, intensive care unit beds, type of maternity (including risk pregnancy), number of operating rooms, type of emergency, and high complexity activities (performance of transplant). As a consequence, member hospitals have two more groups for benchmarking purposes, in addition to Anahp overall group: Level four hospitals with maternity and level four hospitals without maternity. Thus, each hospital can now benchmark against the overall group and the group that bears the most similarities in profile.

PARTICIPATING HOSPITALS:

MAJOR MODIFICATIONS IN RECENT YEARS

In 2014, Anahp totaled 68 member hospitals, 12 of which joined in the 2nd part of the year. Thus, the latter started to input data into the system only in 2015. For the historic data

This edition gathers data from 50 hospitals for clinical information, 48 for people management and 35 for economic-financial issues.

series up to 2014, 54 hospitals have submitted their data. The inclusion of new members has increased Anahp's importance in the Brazilian private hospital industry. Conversely, due to greater diversity of hospitals and an increasing number of newcomers, there has been a significant impact in our historic data series. Such aspects should be attentively taken by the readers, as they indicate the urgent need to improve data analysis and, at the same time, deeper understanding of this group of hospitals. It is important to point out that Anahp does not have access to hospitals' individual data – the analysis of indicators is made together with S&T Consulte Saúde, respecting the confidentiality of information. This edition gathers data from 50 (89%) hospitals for clinical information, 48 (86%) for people management and 35 (63%) for economic-financial issues.

In 2014, the Association included environmental sustainability indicators in SINHA, related with consumption of water, electrical power and waste disposal. A total of 28 hospitals submitted data concerning these indicators. It is worth mentioning that these new indicators are still under test and should be analyzed with care; however, they represent a significant breakthrough considering the period

of water and power shortage we have been facing in Brazil. Even though participation was not evenly distributed by indicators, it was still possible to analyze indicators from different perspectives. It is a fact that web-based submission of data has provided an opportunity for hospitals to monitor the progression of their own indicators, even though the system still needs improvements in data visualization and information clarity, quality check of inputted data and constant and individualized feedback about quality of information. A total of 52 hospitals answered the annual registration. Data will be presented on the following chapters. Analyses and indicators are presented as follows:

MARKET PROFILE

- Private Healthcare Market
- Clinical and epidemiological profile of patients

CLINICAL PERFORMANCE

- Structure and production
- Operational management
- Quality and Safety
- Institutional Protocols

INSTITUTIONAL PERFORMANCE

- Economic-financial management
- People Management

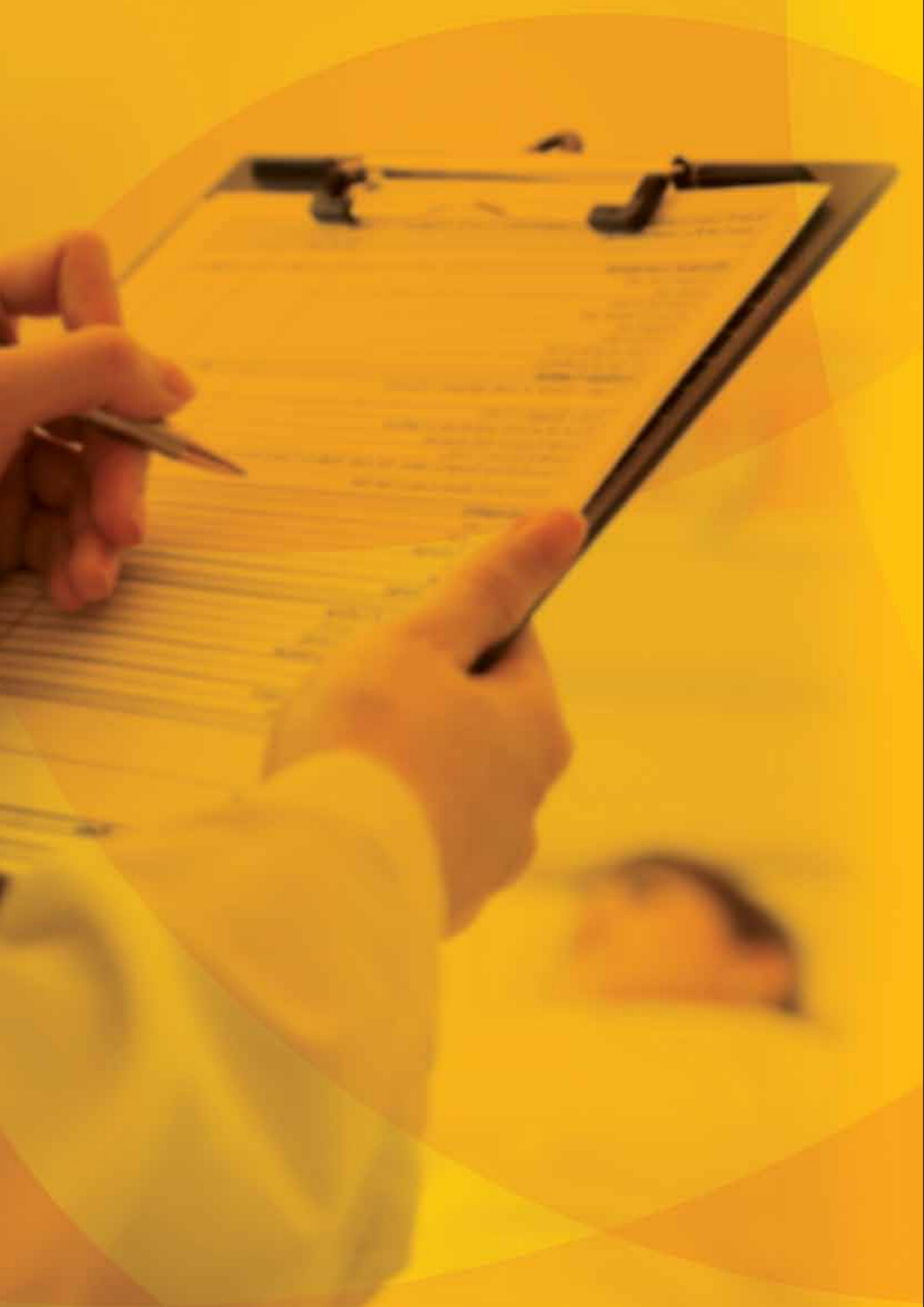


Soluções Integradas para a saúde 3M

A 3M do Brasil tem incentivado programas educacionais para o desenvolvimento de práticas assistenciais com a finalidade de prevenir e reduzir eventos adversos para melhorar a qualidade dos serviços.

O Programa Soluções Integradas para a Saúde da 3M estimula e reconhece as instituições e seus profissionais que prestam uma assistência com qualidade baseada em evidências.

A Certificação se dá em diferentes categorias e cada uma delas exige a construção e implementação de protocolos baseados em recomendações nacionais e internacionais. Conheça os programas de Fixação Segura de Cateteres, Prevenção de Lesões de Pele e o Programa Integrado de Cirurgia Segura Target Zero.



MARKET PROFILE

This section presents the analyses of the private healthcare market and the clinical and epidemiological profiles of ANAHP member hospitals

EXECUTIVE SUMMARY

Despite the weak economic performance in 2014, the private healthcare market presented some positive results.



In 2014, the number of medical-hospital plan beneficiaries had an increase of

1.2 MILLION



reaching the record of
50.8 MILLION
healthcare beneficiaries

THE PRIVATE HEALTHCARE INDUSTRY IS AT A CONSOLIDATION STAGE

Since 2003, the number of healthcare plan operators has been continually dropping either due to mergers or acquisitions or even bankruptcies.



The estimated population covered by this group of hospitals is over



6 MILLION



inhabitants

It amounts to an increase of

27%

compared to the population covered in 2013

4.7 MILLION

or approximately

12%

of healthcare plan beneficiaries.



According to data from IBGE (Brazilian Institute of Geography and Statistics), life expectancy of Brazilians has increased.

74.6 → 74.9

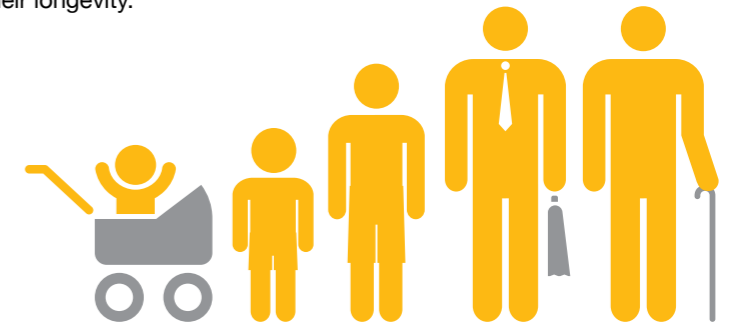
years old

2012

years old

2013

A change in life expectancy, even though still low, creates an impact on healthcare services, which have started to be more used by the population, given their longevity.



The admission rate in private healthcare sector amounts to

14%



MEAN LENGTH OF HOSPITAL STAY

Concerning the Control Group (23 hospitals), the mean length of stay has increased.



4.4

days

2013



4.6

days

2014



Market Profile

PRIVATE HEALTHCARE INDUSTRY

The Private healthcare industry follows the ageing of the population and the good results of the job market

Expected increase in number of elderly people in Brazil

CURRENTLY

11.7%

of current population



2030

18.6%

of the total population

Despite the weak economic performance registered in 2014, the Private healthcare industry has showed positive results. The ageing of the population, derived from the improvement in healthcare techniques and procedures, and the job market, with historically low unemployment rates, associated to the increase in the income of workers, are factors that help to explain the continuous increase in the number of beneficiaries and in the revenues from services rendered from healthcare plans.

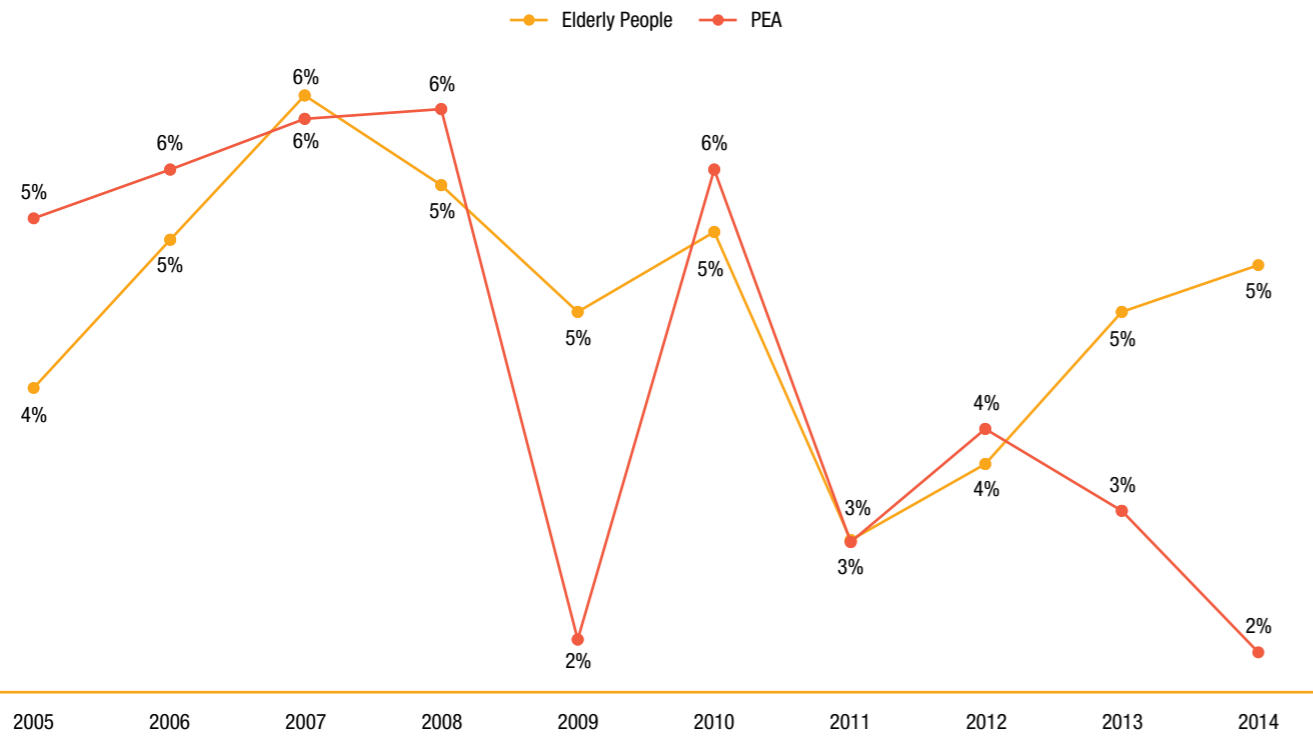
According to the data from the IBGE (Brazilian Institute of Geography and Statistics), the life expectancy of Brazilians increased from 74.6 years

old in 2012 to 74.9 years old in 2013. Such a change, even though still low, creates an impact on healthcare services, which have started to be more used by the population, given their longevity. In 2030, the elderly people in Brazil (those aged 60 years old or above) will be approximately 41.5 million people, which correspond to 18.6% of the population. Currently, the number of the elderly people corresponds to only 11.7% of the total population, still according to the IBGE. In 2014, the elderly people corresponded to 12% of the total of healthcare plan beneficiaries in the Private healthcare industry. The number of healthcare plan

beneficiaries aged 60 years old or above has increased at an annual average rate of 5% for the past ten years. On the other hand, despite the fact that the PEA (Economically Active Population) – defined as those older than ten years old and younger than 60 years old – represent 75% of the total of healthcare plan beneficiaries in 2014, their average annual rate of growth was 4% in the past 10 years. In other words, the proportion of elderly people in the Private healthcare industry has increased at rates higher than the PEA's rates, despite their participation in the job market and the increase in the number of corporate healthcare plans.

GRAPH 1

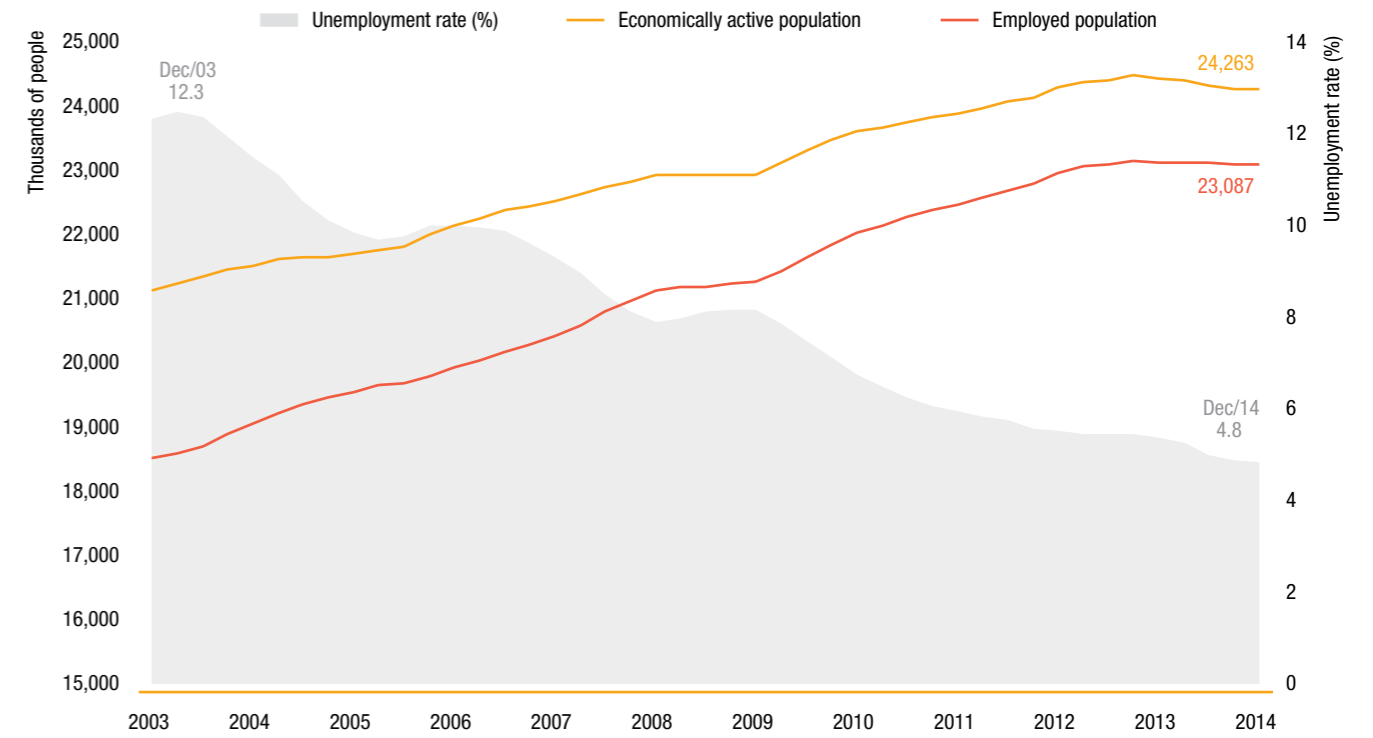
INCREASE IN THE NUMBER OF HEALTHCARE PLAN BENEFICIARIES AGED 60 YEARS OLD OR ABOVE AND INCREASE IN THE NUMBER OF THE PEA (%) – 2005 TO 2014



Source: Created by the ANAHP based on information from the IBGE.

GRAPH 2

JOB MARKET IN THE MAIN METROPOLITAN REGIONS IN BRAZIL – ECONOMICALLY ACTIVE POPULATION, EMPLOYED POPULATION AND UNEMPLOYMENT RATE



Source: Created by the ANAHP based on information from the IBGE.

In turn, the booming job market as seen in the past years stimulated the purchase of healthcare plans. The drop in the unemployment rate and mainly the increase in the average income of Brazilian workers in real terms, in other words, with inflation deducted, have stimulated the diversification of the consumption basket of families, who have started to demand new products, such as healthcare plans in order to increase their protection mechanisms. It is important to note that the job market dynamics has changed in the past years. Until mid-2013, the strong employment creation at a higher rate than the number of people entering the job market, explained the reduction in the

unemployment rate. From then on, the lowest unemployment rate has started to arise from the increase in the number of people who are not working and who, for some reason, are not looking for work either. In 2014, despite the fact that new job vacancies were not created in relation to 2013, the unemployment rate was 4.8% – the lowest rate ever recorded in the historical series of the IBGE. Data from the CAGED (General Register of Employed and Unemployed Persons) confirm the slowdown scenario in the creation of job opportunities: 391,000 job vacancies – a drop of 65.7% in relation to 2013, when 1,138.6 people were formally hired (Graph 2).

The booming job market has stimulated the purchase of healthcare plans.



However, the healthcare industry has not been affected by this slowdown. When we consider the creation of job vacancies in this industry alone, 105,700 jobs were created in 2014 with an increase of 13.5% in relation to 2013. This way, the healthcare industry was responsible for 27% of the jobs created in Brazil in 2014, where more than a half of them involved hospital care activities with the creation of 55,800 jobs (Graph 3).

The healthcare industry was responsible for 27% of the jobs created in Brazil in 2014.



In the Private healthcare industry, the effects of the aging of the population may be seen in the increase in the coverage rate in healthcare plans of most advanced age ranges, which reached 34% for the population aged 80 years old or above. The high percentage is the same seen for the population aged from 30 to 39 years old, stimulated by the job market and the growth of corporate healthcare plans, which increased from 26% in 2009 to 34% in 2014 (Graph 4).

GRAPH 3

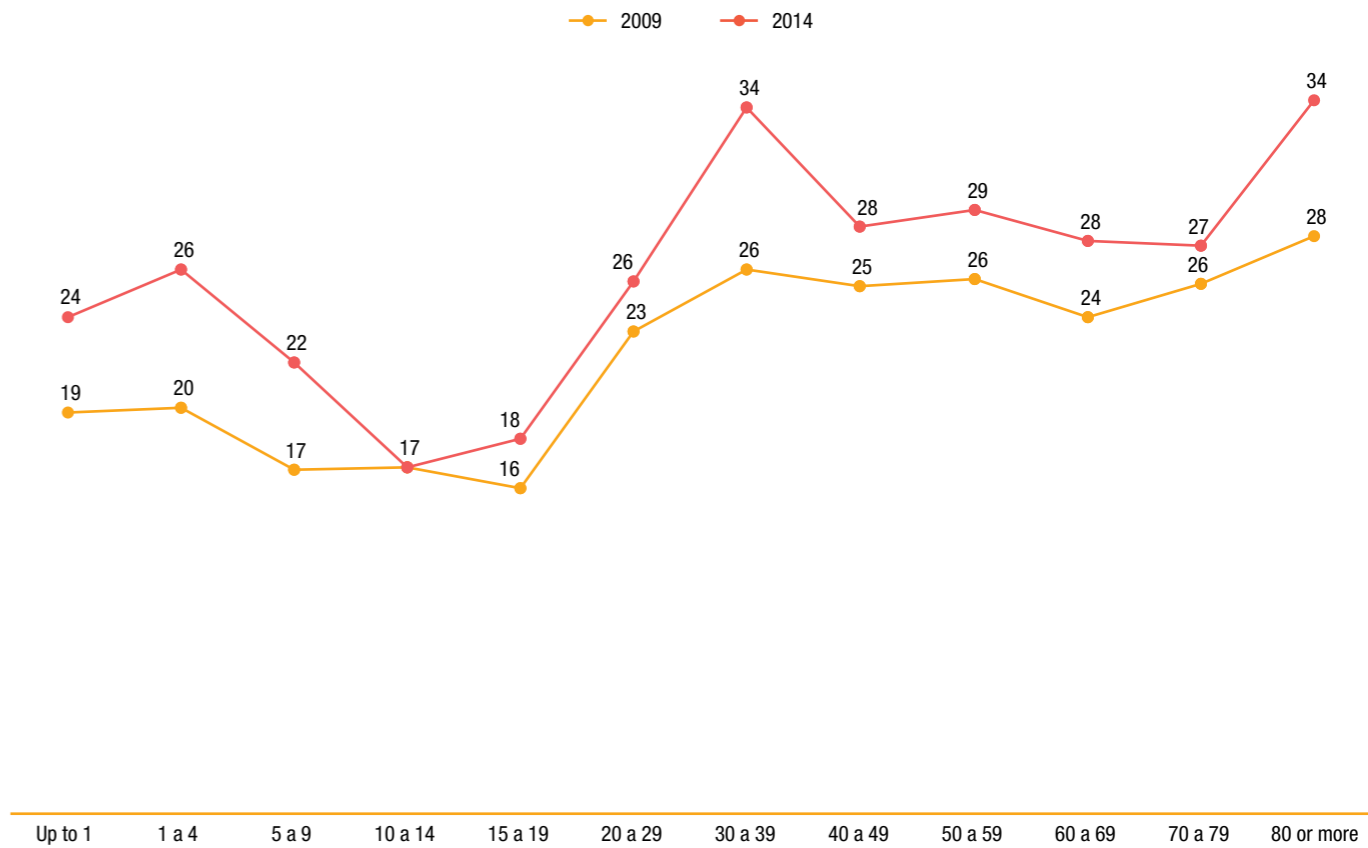
BALANCE OF CREATION OF JOBS – 2007 TO 2014



Source: Created by the ANAHP based on information from Ministry of Labor.

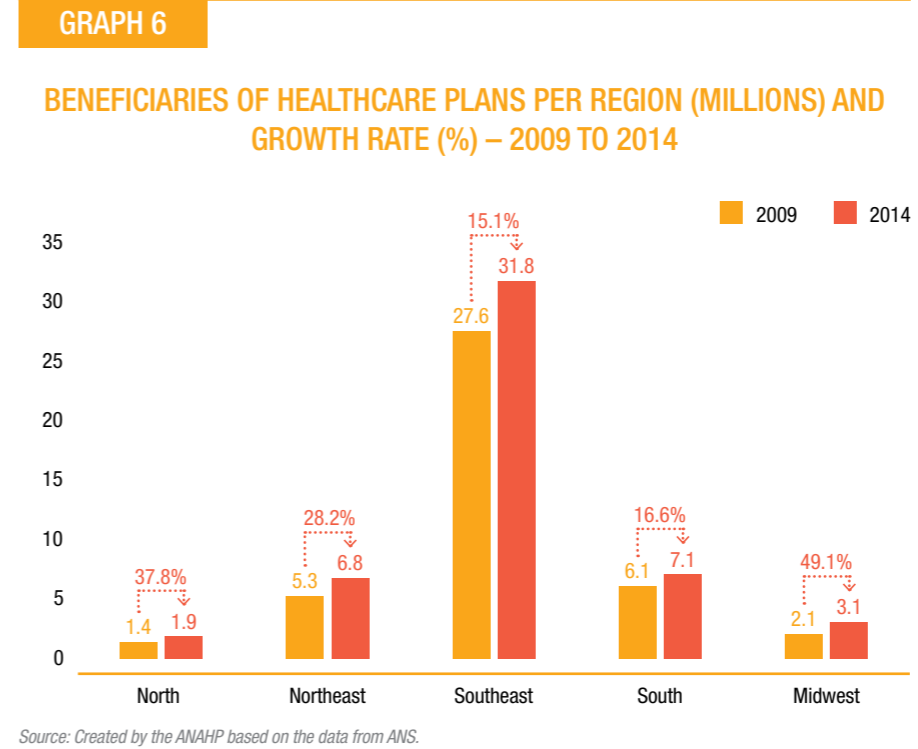
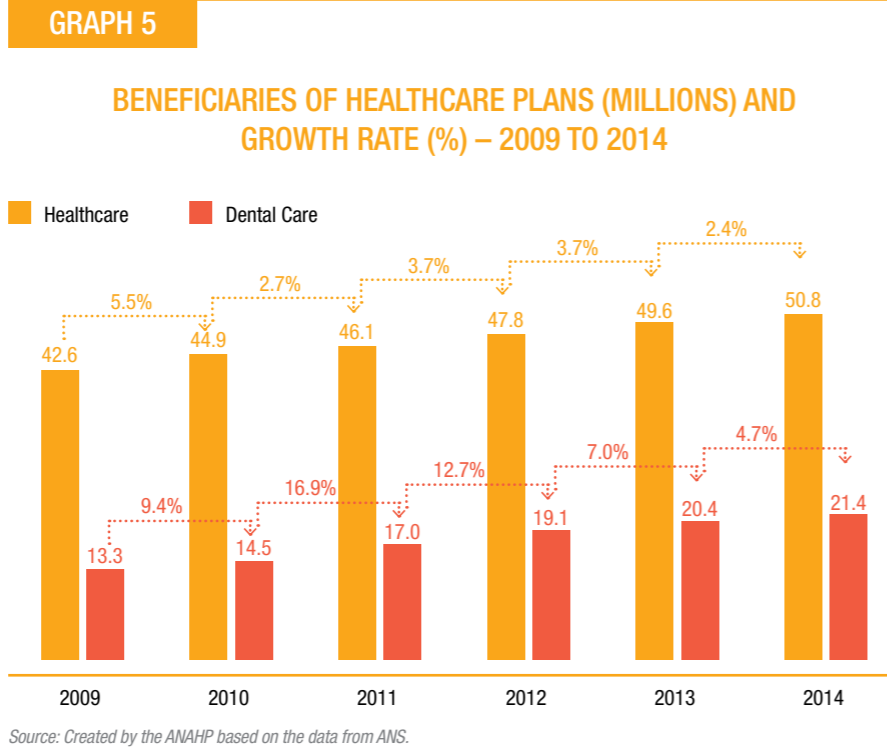
GRAPH 4

COVERAGE RATE OF BENEFICIARIES OF HEALTHCARE PLANS ACCORDING TO AGE RANGE (%) – 2009 TO 2014



Source: Created by the ANAHP based on the data from ANS (Private Healthcare Agency).

In 2014, the number of beneficiaries of healthcare plans jumped to 50.8 million, which represents an increase of 1.2 million new beneficiaries between December 2013 and December 2014 (Graph 5). In percentage terms, the increase was of 2.4%, stimulated by the inclusion of new beneficiaries in regions outside the South and Southeast. Despite these regions have the largest number of beneficiaries of health care plans, the growth seen in the North, Northeast and, particularly, in the Midwest, shows the increasing importance of these regions in the Brazilian healthcare market (Graph 6).



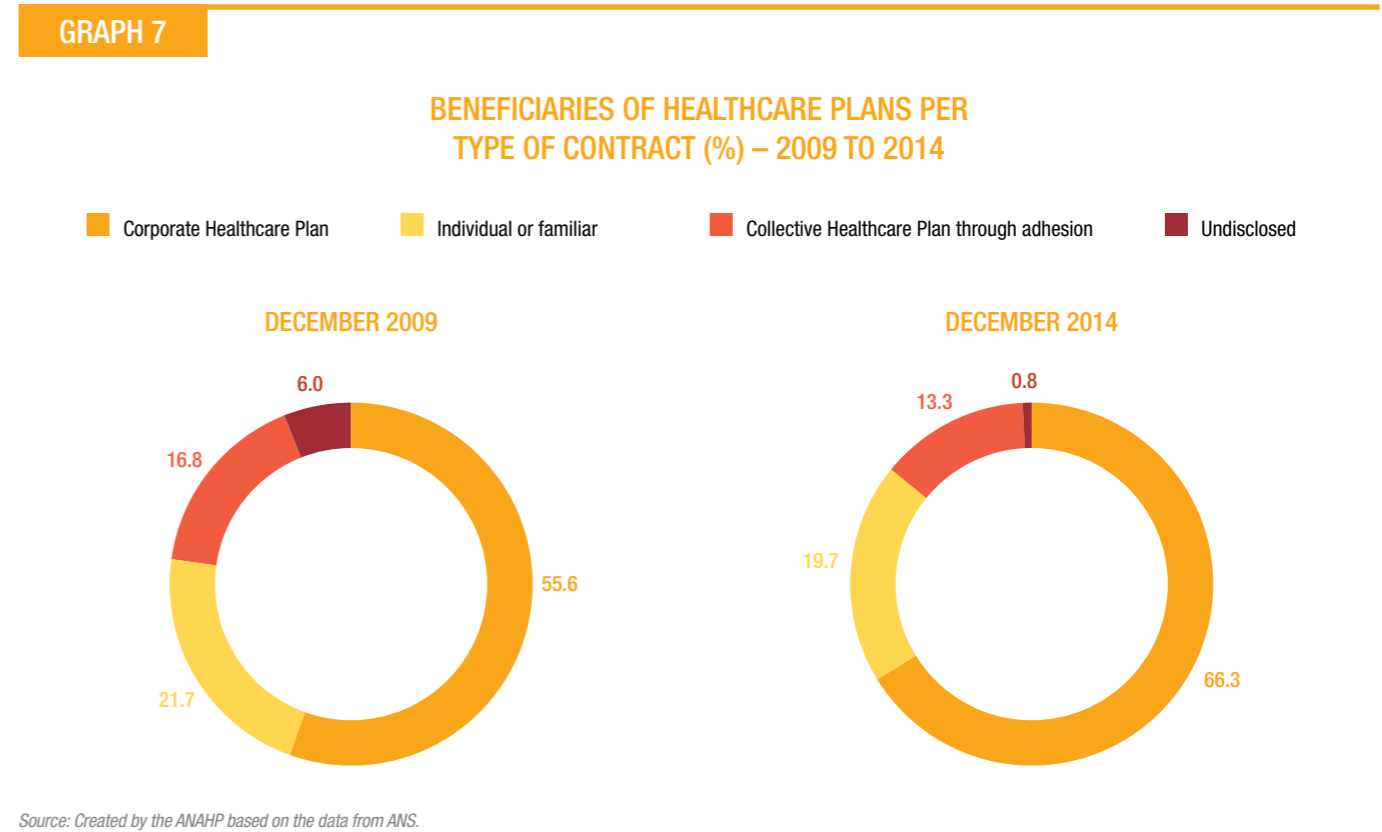
The growth of the market is concentrated on collective contracts, particularly corporate ones.



The number of beneficiaries of healthcare plans has particularly increased in the Midwest.

The growth of the market is concentrated on collective contracts, particularly corporate ones. Between 2009 and 2014, the share of the number of beneficiaries of corporate healthcare plans increased from 55.6% to 66.3%. In turn, the

share of beneficiaries of collective healthcare plans through adhesion dropped from 16.8% in 2009 to 13.3% in 2014, whereas the share of beneficiaries of individual healthcare plans dropped from 21.7% to 19.7% (Graph 7).





The growth rate of the market by modality of healthcare plan operators presented diverging results. Between 2009 and 2014, the number of beneficiaries in insurance companies increased by 54.0%; whereas the progress in medical cooperatives was 28.8%, group medicine 8.7% and self-management 0.6%. In turn, the number of beneficiaries in philanthropy dropped to 11.6% in the same period (Graph 8).

The chronic non-communicable diseases have been related to an increased number of deaths before age 70.

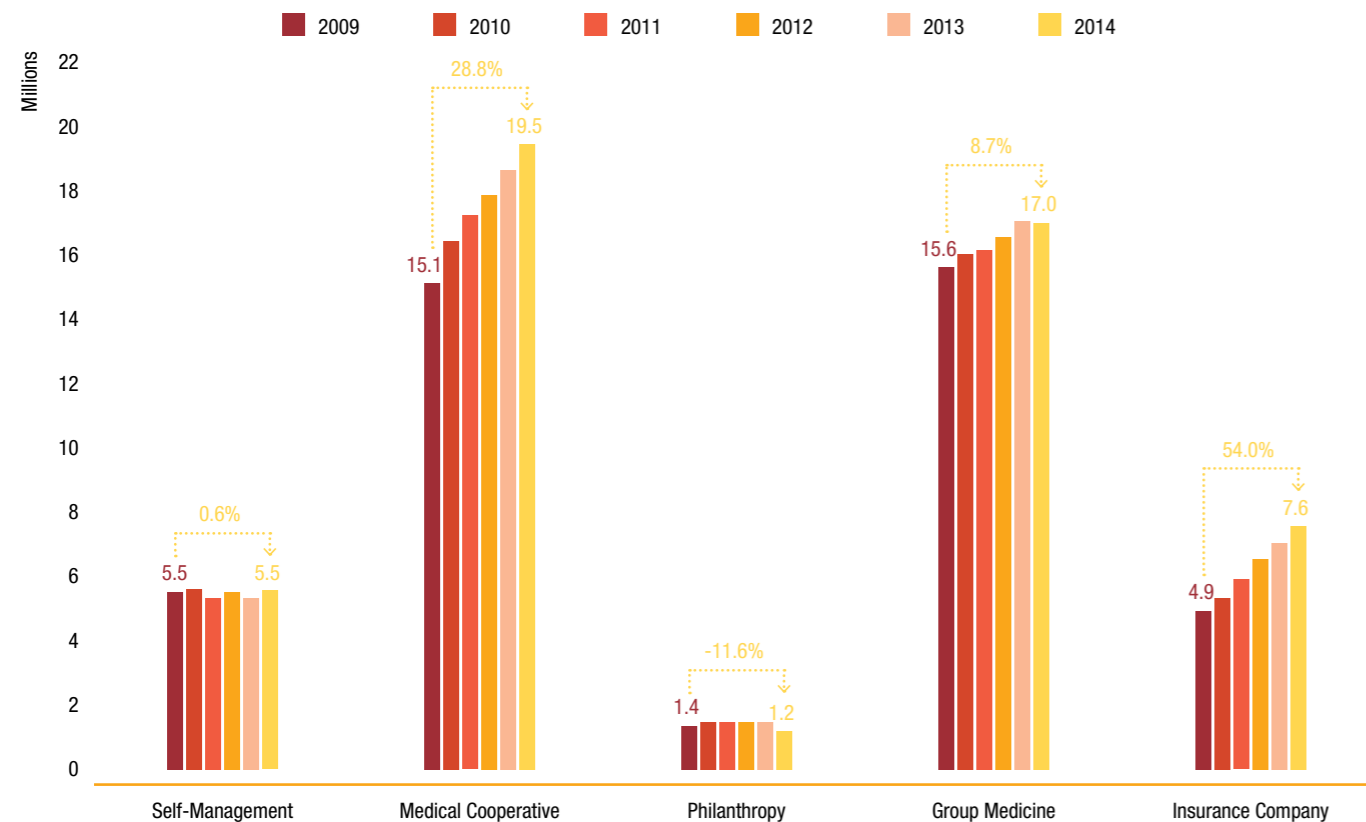
PROFILE OF BENEFICIARIES OF HEALTHCARE PLANS – MAIN TRENDS

Demographic, economic, social, cultural and environmental factors have changed the frequency and type of use of healthcare services. Obesity, smoking, alcohol abuse, low consumption of fruit and vegetables and a sedentary lifestyle are strongly associated to the significant increase in the number of chronic non-communicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and neuropsychiatric diseases. Even though the increase in the number of infectious diseases is still relevant, chronic non-communicable diseases have been related to an increased number of deaths before age 70 according to the National Health Research provided by the IBGE in

2013. The chronic non-communicable diseases directly interfere in the loss of the quality of life of the population, becoming disability issues for them and generate a high level of limitation for sick people in their work and leisure activities. In addition, these diseases demand a lot from healthcare services due to the increase in the average rates of patient hospital stay, increase in the number of patients with mean length of stay longer than 90 days and increase in the use of materials and medications. The proportion of people who suffer from chronic non-communicable diseases increases as they age. According to the graph, which includes three of the main chronic diseases, including high blood pressure, diabetes and high cholesterol, the proportion of people who relates to one of these diseases increases in age ranges above 60 years old (Graph 9).

GRAPH 8

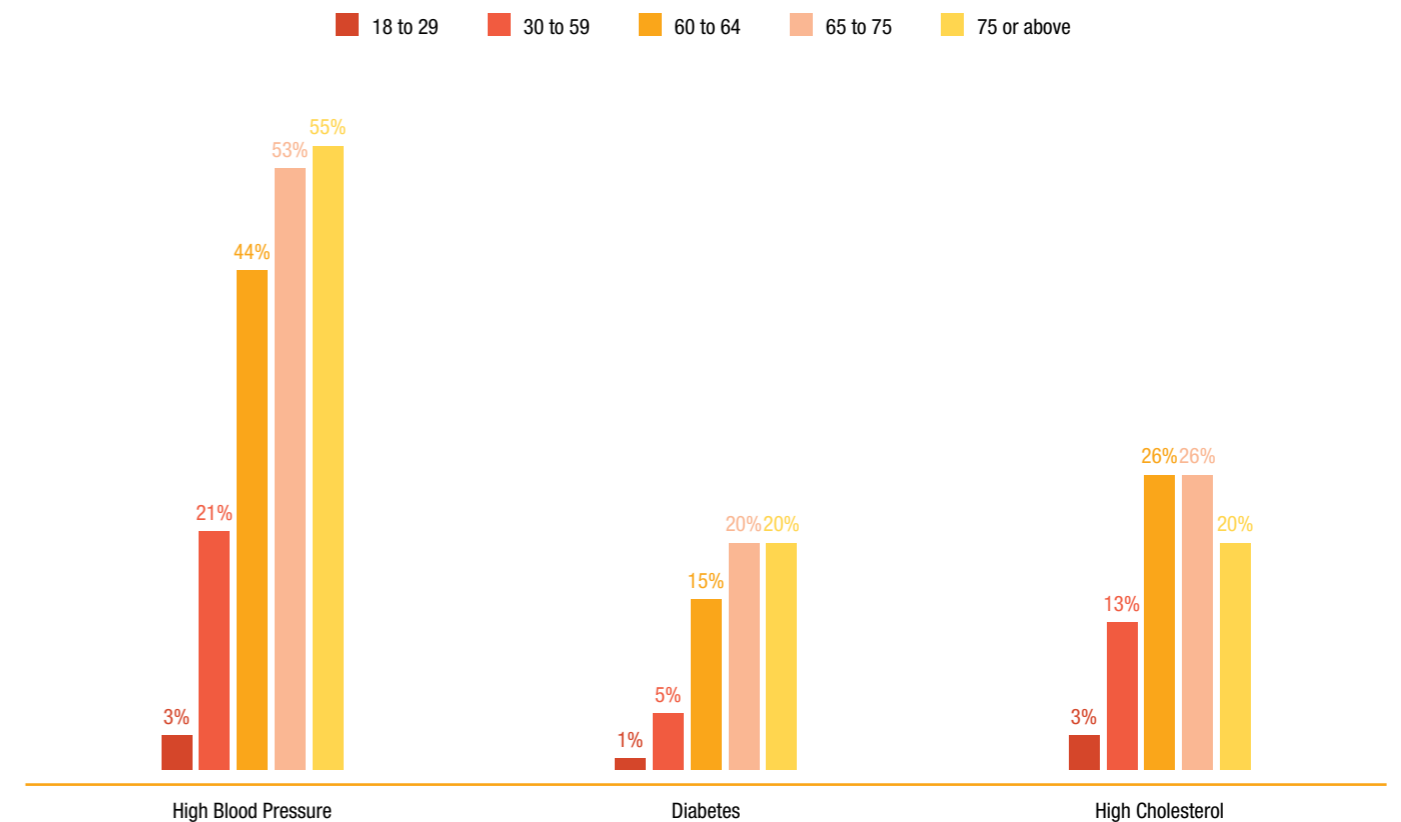
BENEFICIARIES OF HEALTHCARE PLANS BY MODALITY OF HEALTHCARE PLAN OPERATORS (MILLIONS) AND GROWTH RATE (%) – 2009 TO 2014



Source: Created by the ANAHP based on the data from ANS.

GRAPH 9

PERCENTAGE OF PEOPLE WHO SUFFER FROM ONE OF THE CHRONIC DISEASES SELECTED PER AGE RANGE – BRAZIL, 2013



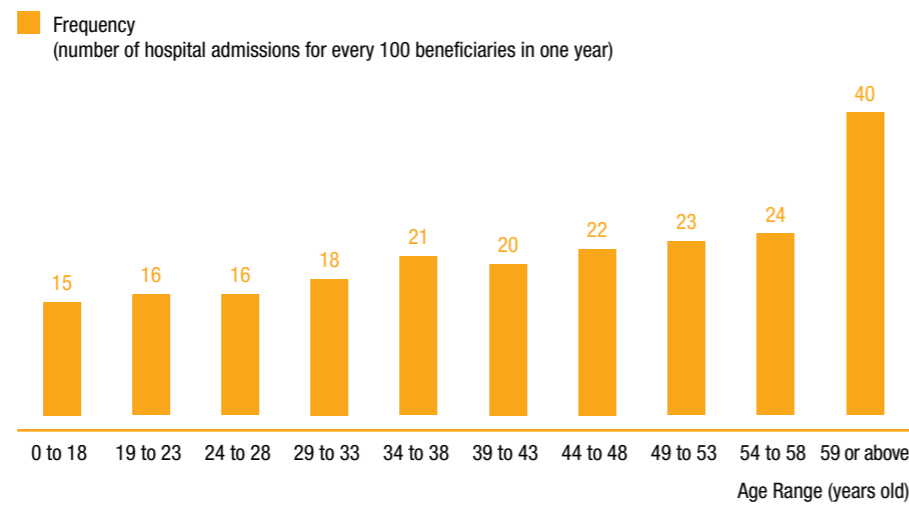
Source: Created by the ANAHP based on the data from the 2013 National Health Research provided by the IBGE.

The frequency of hospital admission also follows this trend with 16 hospital admissions for every 100 beneficiaries in the age range from 19 to 28 years old and with 40 hospital admissions for every 100 beneficiaries in the age range of 59 years old or above (Graph 10). As a consequence, the average cost per hospital admission increases according to the age, reaching R\$ 5,372 in the age range of 59 years old or above (Graph 11).



GRAPH 10

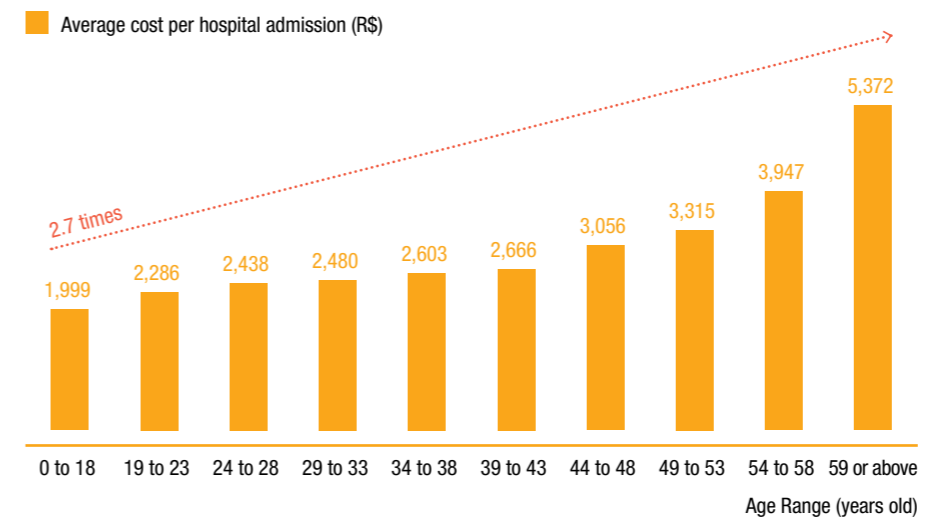
FREQUENCY OF HOSPITAL ADMISSION PER AGE RANGE – 2013



Source: Created by the ANAHP based on the data from ANS.

GRAPH 11

AVERAGE COST PER HOSPITAL ADMISSION ACCORDING TO AGE RANGE – 2013



Source: Created by the ANAHP based on the data from ANS.

The average cost per hospital admission increases according to the age, reaching R\$ 5,372 in the age range of 59 years old or above.

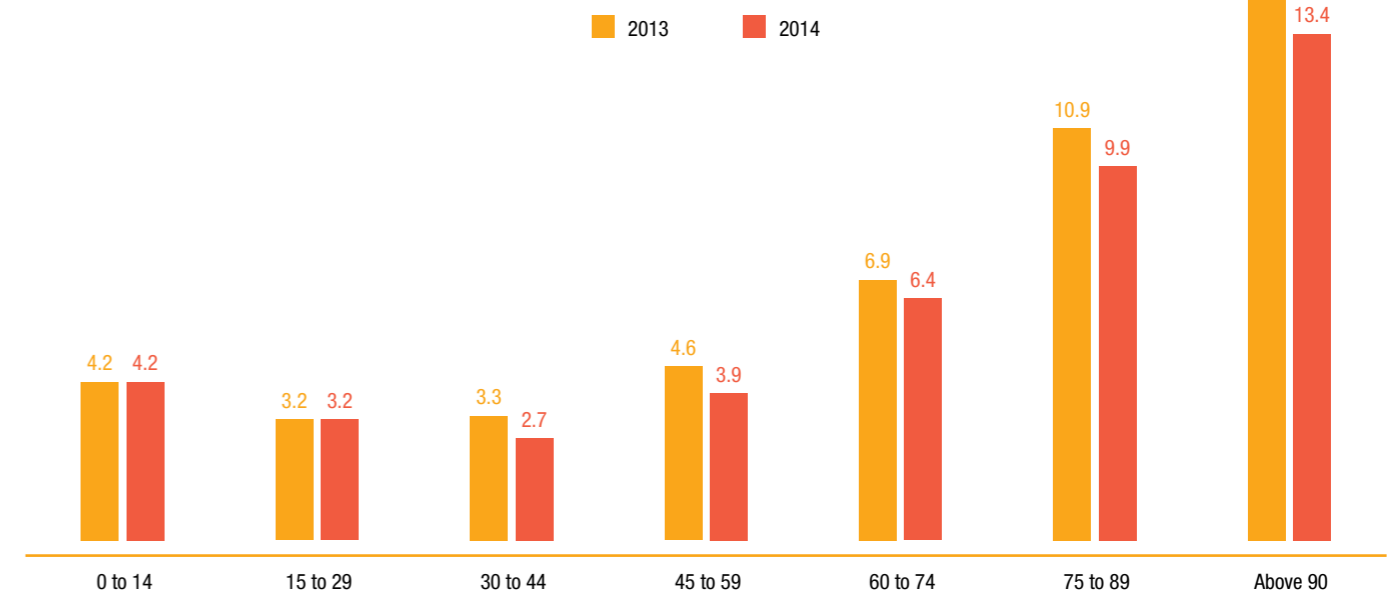
In turn, given that the mean length of hospital stay increases according to the age and the increasing rate of chronic diseases, it is essential that the healthcare industry follows this trend and develops mechanisms that enable providing patients with proper care. These mechanisms involve both

the investment in health promotion and prevention and the incentive to the discharge of patients to effectively guide those who no longer need to stay in hospital to look for homecare as the best alternative. It is important to note that the longer a patient stays in the hospital, particularly elderly patients,

the higher is the risk of hospital infections and greater are the chances of the patient being hospitalized again. In 2014, the average time of hospitalization was 3.2 days in the age range from 15 to 29 years old and 13.4 days in the age range above 90 years old (Graph 12).

GRAPH 12

MEAN LENGTH OF HOSPITAL STAY ACCORDING TO AGE RANGE (IN DAYS)
ALL ANAHP MEMBER HOSPITALS



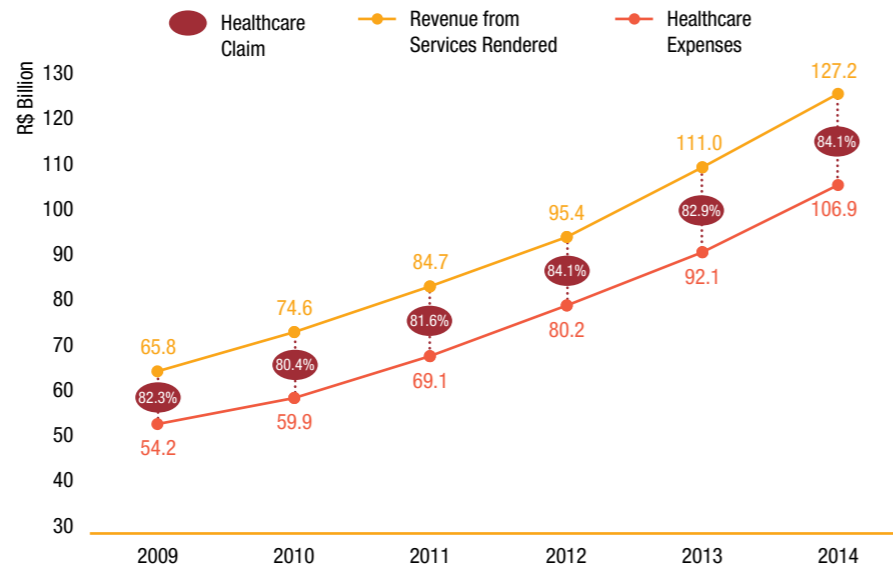
Source: Created by the ANAHP based on information from SINHA (People Management Indicators within the Integrated System of Hospital Indicators)/ ANAHP.

REVENUE FROM SERVICES RENDERED

The revenue from services rendered of healthcare plan operators increased by 14.5%, from R\$ 111 billion in 2013 to R\$ 127.2 billion in 2014. In turn, healthcare expenses increased by 16.2%, from 92.1 billion in 2013 to 106.9 billion in 2014. As the increase in healthcare expenses was above what was verified in revenues from services rendered, the care claims increased from 82.9% in 2013 to 84.1% in 2014. In other words, out of every R\$ 100.00 paid by beneficiaries for their healthcare plan, approximately R\$ 84.1 returned in provision of healthcare services (Graph 13).

GRAPH 13

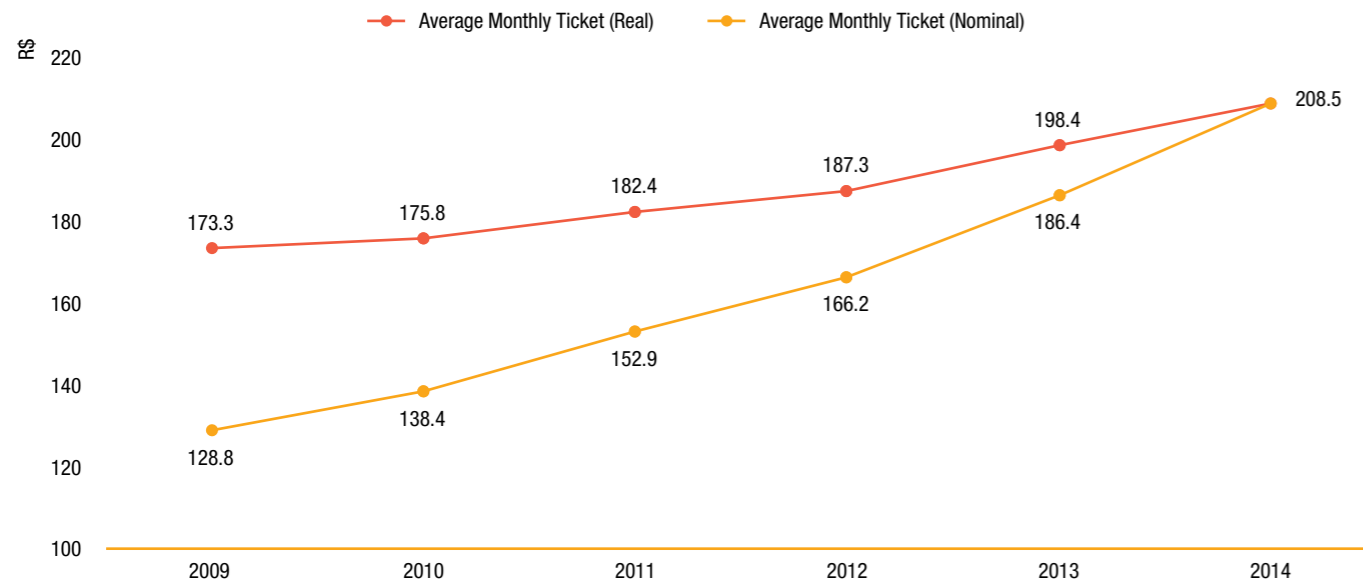
REVENUES FROM SERVICES RENDERED, HEALTHCARE EXPENSES (BILLIONS OF R\$) AND CARE CLAIMS (%) OF HEALTHCARE PLANS – 2009 TO 2014



Source: Created by the ANAHP based on the data from ANS.

GRAPH 14

AVERAGE MONTHLY TICKET IN NOMINAL TERMS (CURRENT R\$) AND IN REAL TERMS BASED ON THE 2014 PRICES (INFLATION DEDUCTED BASED ON THE IPCA – AMPLIFIED CONSUMER PRICE INDEX) – 2009 TO 2014



Source: Created by the ANAHP based on the data from ANS.

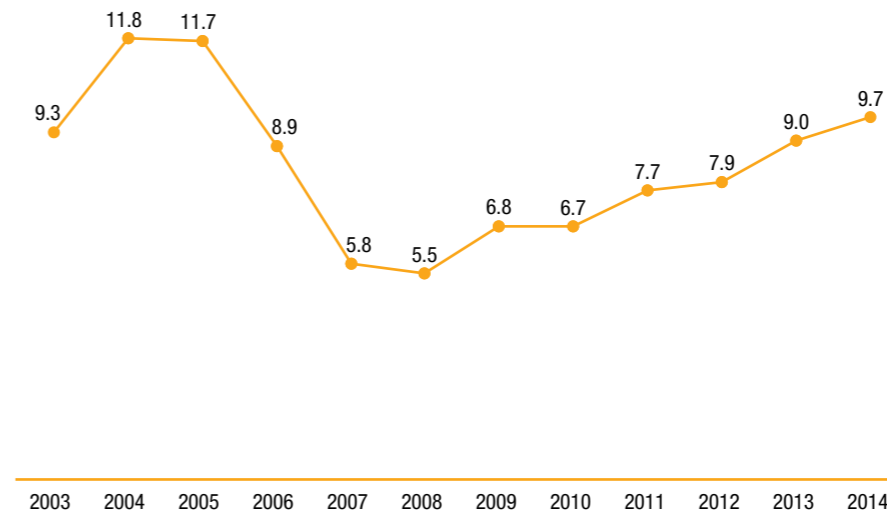
Between 2013 and 2014, the average monthly ticket, which is the total of revenues from services rendered divided by the number of beneficiaries, increased by 11.9% in nominal terms, from R\$ 186.4 to R\$ 208.5. This same

indicator, at the 2014 prices, in other words, deducting inflation, presented a real growth of 5.1%, from R\$ 198.4 to R\$ 208.5 (Graph 14). The significant growth in the revenue was supported by the increase in the number of

healthcare plan beneficiaries, as well as by the higher contract readjustments, being an indication for this last one the 9.7% ceiling for readjustment of individual healthcare plans approved by the ANS (Graph 15).

GRAPH 15

HISTORIC DATA SERIES OF THE READJUSTMENT CEILING FOR INDIVIDUAL HEALTHCARE PLANS APPROVED BY ANS (%) – 2003 TO 2014



Source: Created by the ANAHP based on the data from ANS.

Among the healthcare expenses, hospital admission is the main one. In 2012, the share of hospital admissions in the total of healthcare expenses was 49.5%, which

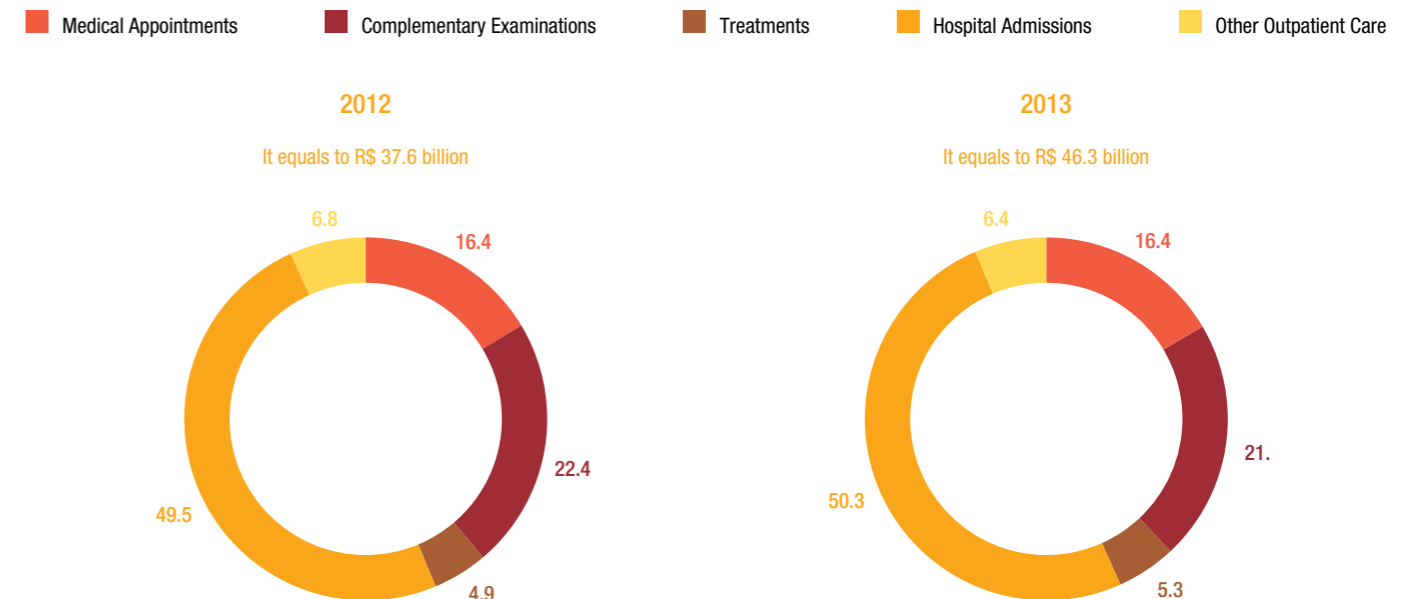
represented R\$ 37.6 billion in current values, whereas in 2013, hospital admissions represented 50.3% of the expenses, which were equivalent to R\$ 46.3 billion. The

The increase in healthcare expenses was above what was verified in revenues from services rendered.

complementary examinations, the second main healthcare expense in the industry, dropped from 22.4% of the total in 2012 to 21.5% in 2013 (Graph 16).

GRAPH 16

SHARE OF HEALTHCARE EXPENSES BY TYPE (%) – 2012 AND 2013



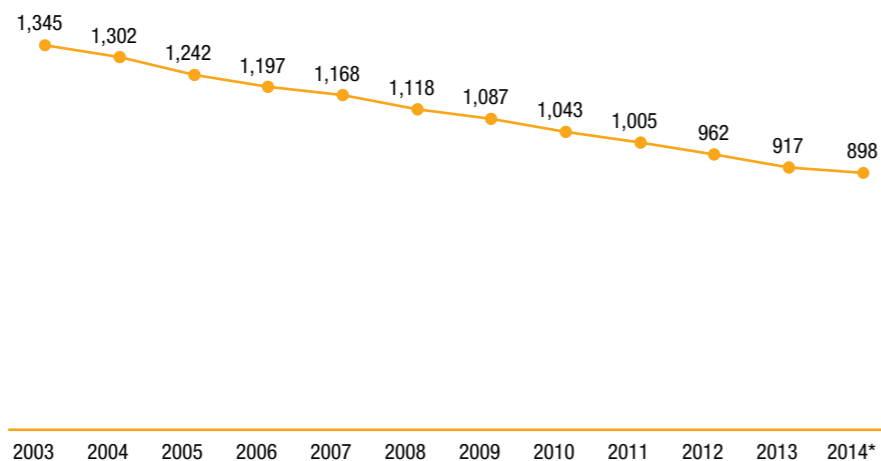
Source: Created by the ANAHP based on the data from ANS.

MARKET CONCENTRATION

The private healthcare industry is at a consolidation stage. Since 2003, the number of healthcare plan operators has been continually dropping either due to mergers or acquisitions or even bankruptcies. In 2009, there were 1,087 healthcare plan operators, whereas in 2014, this number dropped to 898 (Graph 17).

GRAPH 17

NUMBER OF HEALTHCARE PLAN OPERATORS – 2003 TO 2014



Source: Created by the ANAHP based on the data from ANS.

*Data up to September, 2014



In addition, a traditional index that measures market concentration, named C4, which sums the market share of the four largest healthcare plan operators in the industry, reached 24.4% in 2014. In 2011, the index was 23.8%, which indicates a slight increase in the market concentration.

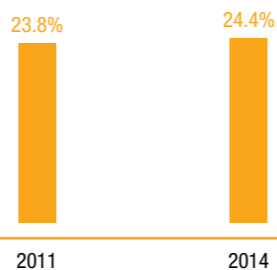
However, it is important to note that the four largest healthcare plan operators varied between 2011 and 2014. In 2011, the market was dominated by four large economic groups, including Amil, Bradesco,

Intermedica e Sul America. In 2014, Amil, Bradesco and Sul America significantly increased their number of beneficiaries, remaining among the four largest healthcare plan operators in the industry. However, Intermedica lost its market share for Hapvida, a healthcare plan operator of group medicine. At the time, the increase in the number of Hapvida beneficiaries was greater than that of Intermedica, mainly due to the increase in the purchase of healthcare plans in the regions North and Northeast, where the company mainly operates.

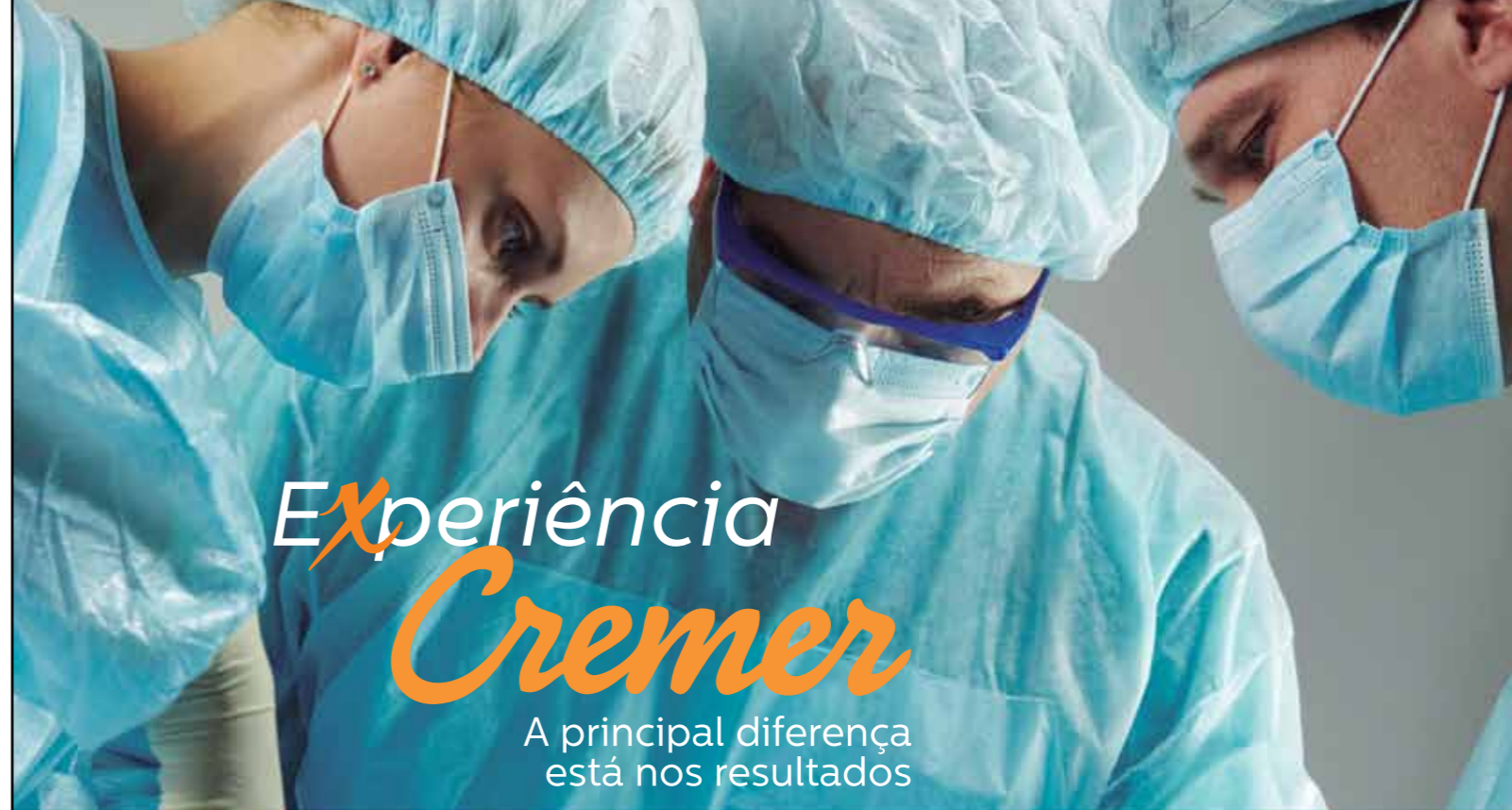
GRAPH 18

C4 INDEX

Market concentration of the four largest healthcare plan operators (%)



Source: Created by the ANAHP based on the data from ANS.



Experiência Cremer

A principal diferença está nos resultados

Desafios

Aumento de Custo na Saúde

Envelhecimento populacional, déficit balança comercial da saúde, inflação...

Crescente demanda e necessidade de investimento

Melhoria de Gestão

Excelência no atendimento

Proposta Cremer

Redução de Despesas no Pacote de Produtos Adquiridos

- Portfólio que cobre 35% do consumo de descartáveis;
- Negociação do pacote de produtos;
- Produção nacional;
- Compra direta do fabricante.

Redução de Despesas de Armazenagem

- Maior número de entregas na semana. Entregas programadas;
- Redução da necessidade de estoque do hospital;
- Armazém dedicado com 30 dias de estoque de segurança;
- Prazo de pagamento de até 120 Dias;
- Liberação de capital de giro para o hospital.

Redução de Complexidade no Processo de Compras

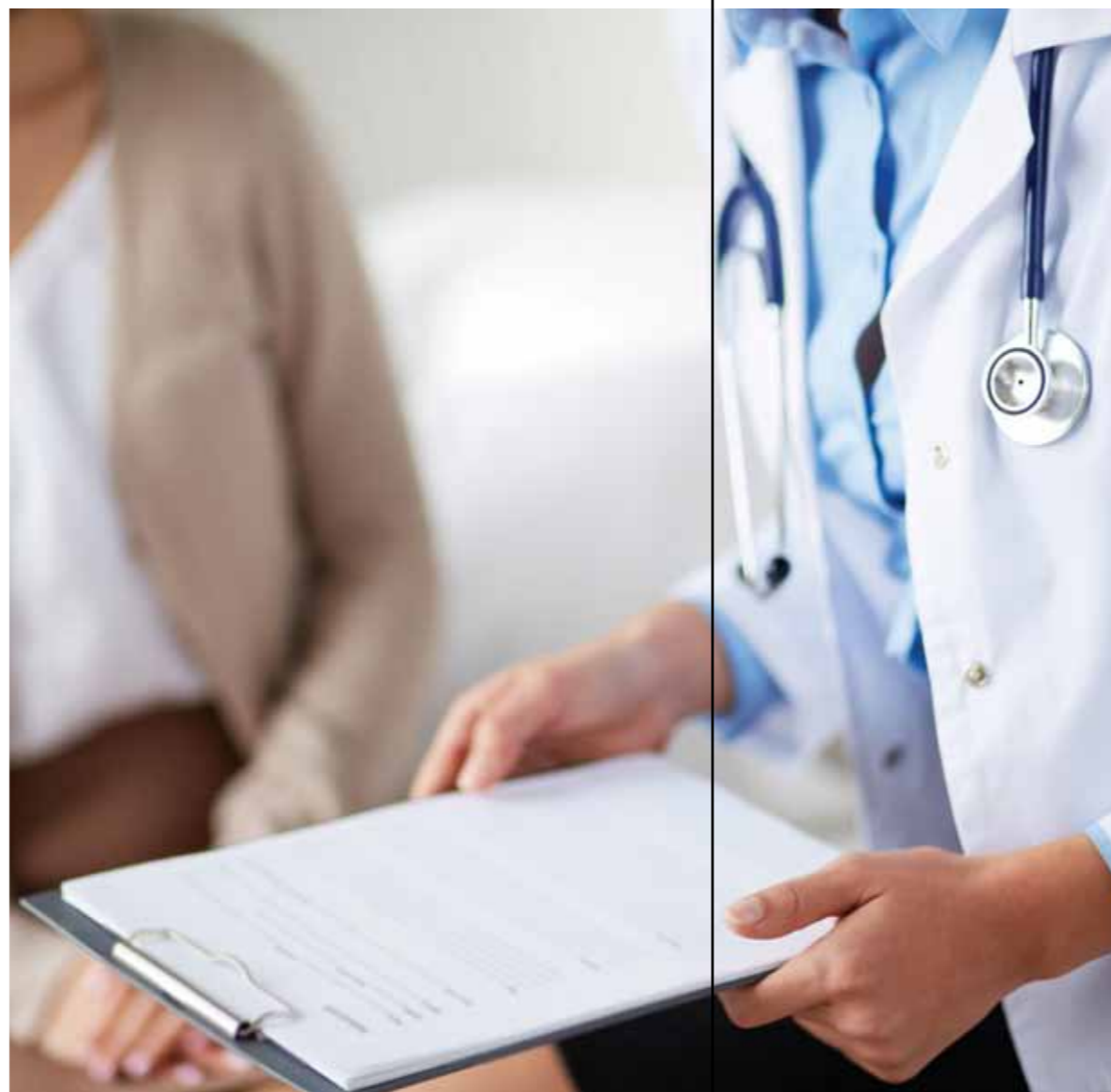
- + 10 fornecedores em apenas 1;
- Integração com plataforma Bionexo;
- Contrato de 12 meses.

Serviços e Produtos Diferenciados

- Equipe de vendas especializada para um atendimento direto da indústria;
- Atendimento técnico e clínico, presencial e remoto;
- Rebate atrelado a boas práticas clínicas através do "Programa de Qualificação Cremer";
- Produtos que oferecem segurança ao paciente e ao profissional de saúde;
- Garantia de entrega.

Saiba mais:
Procure o seu representante Cremer
ou entre em contato pelo email:
contratoscorporativos@cremer.com.br





Market Profile

CLINICAL AND EPIDEMIOLOGICAL PROFILE

Monitoring clinical and epidemiological profile of patients is one of the essential elements for clinical management and an important step to disseminate the best practices

In 2014, there was 8% increase in SAME participation in the codification process, which normally conveys greater quality in the documented diagnoses.

87%

of the hospitals had internal campaigns to improve the registration of diagnoses in 2014

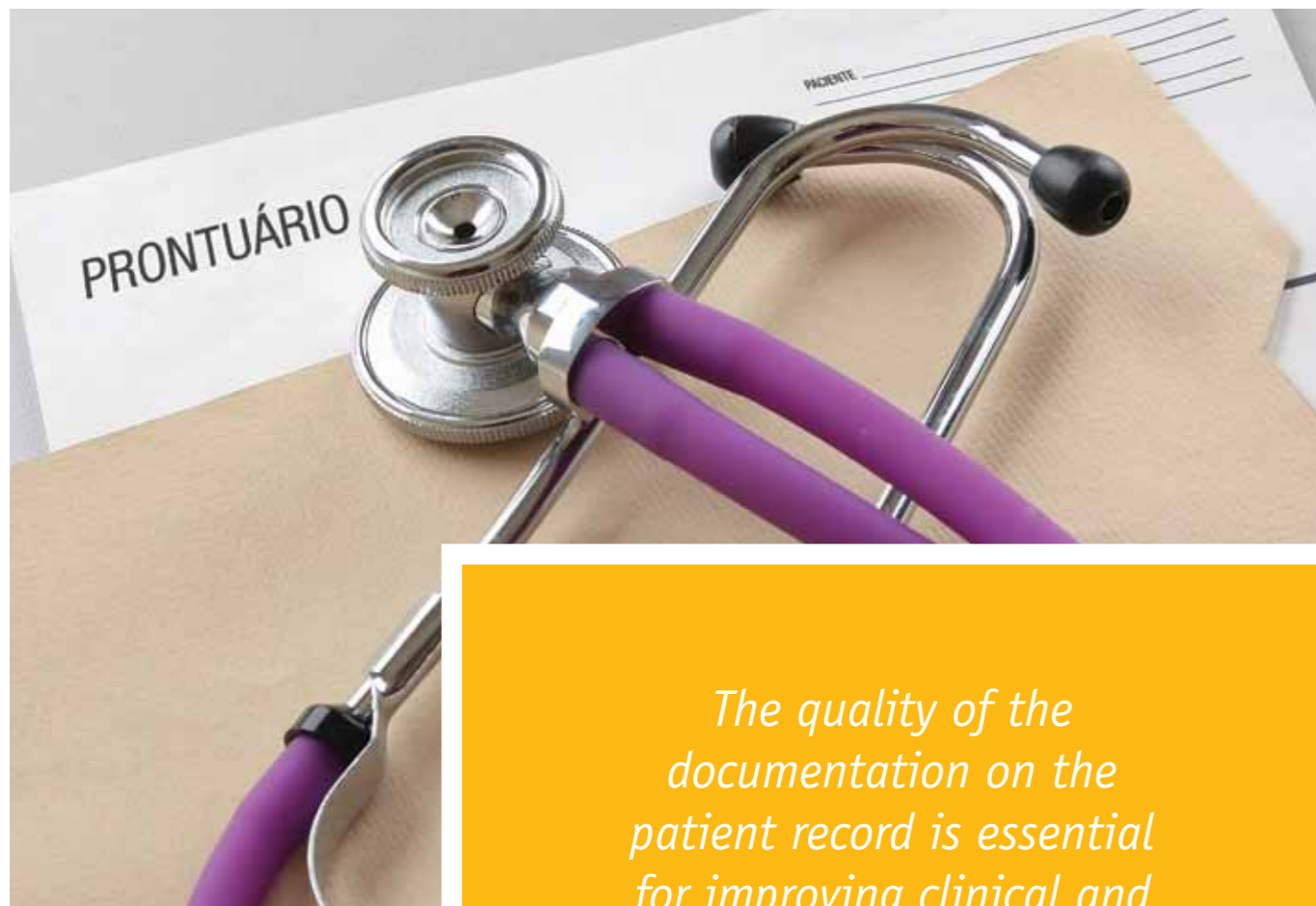
81%

of the hospitals audited their medical records to ensure continuous quality improvement of data

Mapping and understanding clinical and epidemiological profile of patients is key to improve the results of healthcare provision and quality of care.

To that end, the patient record is essential, as it provides information about the diagnosis and the progression of the patient status, serving as a tool to provide evidence of safe care and, at the same time, to expand it. In most hospitals, Medical Archive (SAME) is responsible for managing the clinical information by storing, tracking down and auditing the patient records, supported by the Committees of Patient Record Review and Deaths of the hospitals. Since 2012, 100% of the hospitals document their diagnoses and procedures at discharge.

To ensure the quality of information, in 40% of the hospitals, the Medical Archive trained teams to codify the diagnoses and procedures, according to the rules advocated by the International Code of Diseases (ICD). There was 8% increase in SAME participation in the codification process compared to the previous year, which normally conveys greater quality in the documented diagnoses. Hospitals have been continuously investing in SAME human resources training: In 2014, 87% of the hospitals had internal campaigns to improve the registration of diagnoses. In addition, 81% of the hospitals stated that they have audited their medical records to ensure continuous quality improvement of data.



The quality of the documentation on the patient record is essential for improving clinical and epidemiological profile of the served population.

The audit is restricted to some forms, such as the informed consent, nursing assessment, medical progress notes, surgery report and discharge summary, which contain key information about the clinical and epidemiological profile of healthcare organizations. The quality of the documentation on the patient record is essential for improving clinical and epidemiological profile of the served population. Some data about the progression of the patient record can be found on TABLE 1 and indicate the opportunities for improving information management of the group of hospitals.

CHART 1

PROGRESSION OF PATIENT RECORD QUALITY IN ANAHP HOSPITALS (PERCENTAGE OF HOSPITALS)

	2013	2014
Information system with first and second diagnoses at discharge		60
SAME codification	32	40
Patient record audit		81
Campaigns to improve documentation		87
Implemented electronic prescription		90
Implemented electronic medical record		82
Electronic imaging system (PACS)		92
Bar code or RFID		84
Business Intelligence (BI)		67

In 2014, there were 851,494 hospital admissions in 54 Anahp hospitals that provided data to SINHA. Considering that the hospital admission rate into private hospitals amounts to 14%, the estimated population covered by this group of hospitals is greater than 6 million inhabitants. These data represent an increase of 27% in covered population from 2013 (4.7 million inhabitants), or approximately 12% of healthcare beneficiaries. The diagnoses, responsible for about 85% of the visits, according to the International Code of Diseases (ICD) 10, reviewed in 2014, excluding the cases without

documentation (ignored), were: neoplasia (cancer); digestive tract disease; pregnancy, delivery and post-natal care; genital urinary disease; circulatory disease; poorly defined symptoms, signs and illness; factors (reasons for coming to the service that are not diseases, such as specific procedures – removal or adjustment of braces or implants, chemotherapy and normal newborns); respiratory disease; damage and poisoning (fractures and damage resulting from external accidents and causes); osteomuscular disease, and endocrine and metabolic disease (Table 1 and Graph 1).

TABLE 1

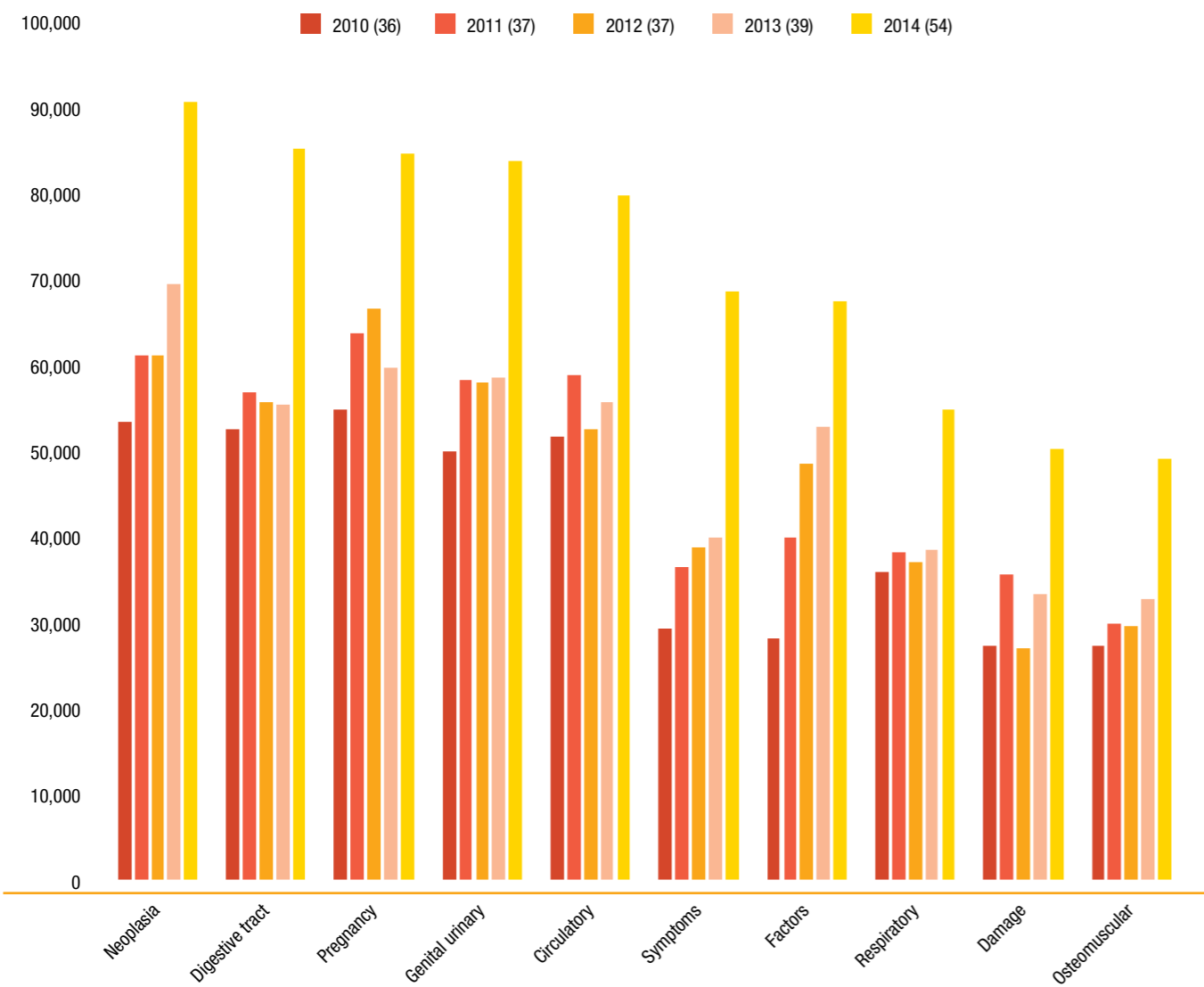
ANNUAL DISTRIBUTION OF HOSPITAL DISCHARGES BY MAIN DIAGNOSIS GROUPED BY ICD CHAPTER – ALL ANAHP HOSPITALS

ICD CHAPTER	ANO									
	2010 (36)		2011 (37)		2012 (37)		2013 (39)		2014 (54)	
	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%
Neoplasia	53,256	10.8	61,071	10.8	60,905	10.4	69,351	11.9	90,613	10.6
Digestive tract	52,336	10.6	56,778	10.1	55,614	9.5	55,290	9.5	85,157	10.0
Pregnancy	54,771	11.1	63,712	11.3	66,473	11.4	59,643	10.2	84,467	9.9
Genital urinary	49,989	10.1	58,043	10.3	57,946	10.1	58,385	10.0	83,802	9.8
Circulatory	51,534	10.4	58,853	10.4	52,573	9.0	55,670	9.5	79,803	9.4
Symptoms	29,155	5.9	36,442	6.5	38,765	6.6	39,756	6.8	68,606	8.1
Factors	28,073	5.7	39,960	7.1	48,393	9.6	52,818	9.0	67,376	7.9
Respiratory	35,803	7.2	38,112	6.7	37,124	6.4	38,447	6.6	54,705	6.4
Damage	27,125	5.5	35,612	6.3	27,014	4.5	33,249	5.7	50,186	5.9
Osteomuscular	27,315	5.5	29,910	5.3	29,539	5.1	32,756	5.6	49,095	5.8
Endocrine	10,470	2.1	12,011	2.1	12,056	2.1	11,929	2.0	19,084	2.2
Infectious diseases	12,627	2.6	13,141	2.3	12,616	2.2	12,883	2.2	19,022	2.2
Perinatal	10,676	2.2	15,815	2.8	16,105	1.3	14,728	2.5	17,377	2.0
Nervous system	9,909	2.0	10,460	1.9	10,152	1.7	10,524	1.8	15,784	1.9
Skin	5,109	1.0	6,327	1.1	6,200	1.1	6,659	1.1	10,108	1.2
Congenital	3,907	0.8	4,185	0.7	3,862	0.7	4,368	0.7	7,709	0.9
Eyes and annexes	2,689	0.5	3,490	0.6	3,362	0.6	3,695	0.6	4,728	0.6
Blood	2,217	0.4	2,299	0.4	2,498	0.4	2,605	0.4	3,632	0.4
Ears	2,096	0.4	2,147	0.4	1,817	0.3	1,894	0.3	2,838	0.3
Mental	1,307	0.3	1,431	0.3	1,485	0.3	1,433	0.2	2,297	0.3
Ignored	24,380	4.9	15,108	2.7	39,514	6.8	18,289	3.1	35,105	4.1
Total	494,744	100.0	564,907	100.0	584,013	100.0	584,372	100.0	851,494	100.0

Note: Values in parentheses indicate the number of hospitals that submitted data to the database. Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

GRAPH 1

DISTRIBUTION OF HOSPITAL DISCHARGES BY MAIN DIAGNOSIS (ICD 10TH EDITION) / (NUMBER OF DISCHARGES) – ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

TABLE 2

ANNUAL DISTRIBUTION OF HOSPITAL DISCHARGES BY MAIN DIAGNOSIS GROUPED BY ICD CHAPTER – CONTROL GROUP

MAIN DIAGNOSIS	2010		2011		2012		2013		2014	
	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%
Pregnancy	38,690	12	44,847	13	51,498	13	51,380	13.2	52,532	13
Genital urinary	30,721	9.6	34,755.0	10	39,573	10.1	40,070.0	10.3	44,119	10.6
Digestive tract	33,321	10.4	35,523.0	10	39,168	10.0	37,622.0	9.7	40,680	9.8
Factors	23,786	7.4	30,241.0	9	40,261	10.3	38,702.0	9.9	36,127	8.7
Symptoms	20,379	6.4	22,318.0	6	24,858	6.3	26,254.0	6.7	35,719	8.6
Circulatory	35,257	11.0	36,183.0	10	37,878	9.7	34,970.0	9.0	35,734	8.6
Neoplasia	28,637	9.0	31,395.0	9	33,958	8.7	33,744.0	8.7	34,712	8.3
Respiratory	24,499	7.7	24,781.0	7	26,280	6.7	26,741.0	6.9	28,432	6.8
Osteomuscular	19,092	6.0	19,330.0	5	20,733	5.3	20,600.0	5.3	21,358	5.1
Damage	17,055	5.3	17,757.0	5	18,792	4.8	18,786.0	4.8	19,974	4.8
Perinatal	9,622	3.0	12,677.0	4	14,833	3.8	13,606.0	3.5	12,954	3.1
Infectious diseases	9,503	3.0	8,512.0	2	9,324	2.4	9,153.0	2.4	10,053	2.4
Nervous system	7,138	2.2	7,402.0	2	7,681	2.0	7,845.0	2.0	8,096	1.9
Endocrine	6,284	2.0	6,535.0	2	7,354	1.9	7,640.0	2.0	8,161	2.0
Skin	3,353	1.0	3,618.0	1	3,842	1.0	3,945.0	1.0	4,583	1.1
Congenital	2,664	0.8	2,738.0	1	3,041	0.8	3,331.0	0.9	3,342	0.8
Eyes and annexes	2,334	0.7	2,746.0	1	2,773	0.7	3,039.0	0.8	3,249	0.8
Blood	1,668	0.5	1,539.0	0	1,911	0.5	1,934.0	0.5	1,939	0.5
Ears	1,446	0.5	1,407.0	0	1,360	0.3	1,328.0	0.3	1,397	0.3
Mental	1,089	0.3	1,129.0	0	1,228	0.3	876.0	0.2	1,216	0.3
No information	2,833	0.9	6,875.0	2	6,065	1.5	7,721.0	2.0	11,968	2.9
Total	319,371	100.0	352,308.0	100	392,411	100.0	389,287.0	100.0	416,345	100.0

Source: Prepared by Anahp based on the information provided to SINHA/Anahp.



It is important to emphasize that between 2013 and 2014 eight new hospitals joined Anahp. However, Table 1 gathered data from 54 hospitals in 2014, that is, 15 more than in 2013. This increase has resulted from the additional training offered to hospitals to submit further data and use the system. At the same time, this increase in number of hospitals has enhanced group heterogeneity. Thus, in order to compare the performance of the historic data series in the distribution of the hospitals discharges according to the main diagnoses, the hospitals that had been regularly submitting data from the past years were selected (23 total) (Table 2). These hospitals were grouped as the Control Group.

As imagined, the profile of the Control Group is different from that of the total set of 54 hospitals. In 2010, these 23 hospitals contributed with 68% of the volume of discharges, whereas in 2014 they represented 49%. Concerning hospital discharges, neoplasia ranked first in number of total discharges at Anahp hospitals, amounted to 10.6% of total hospital discharges. However, in the control group, neoplasia ranked 7th, having pregnancy as the main diagnosis (12.6%). This progression has obviously resulted from the new profile of Anahp hospitals, as shown in Chart 2.

CHART 2

PROGRESSION IN NUMBER OF HOSPITALS PARTICIPATING IN SINHA

Year	QUANTITY
2004	30
2005	29
2006	28
2007	32
2008	25
2009	32
2010	36
2011	37
2012	37
2013	39
2014	54

Source: Prepared by Anahp based on the information provided to SINHA/Anahp.



Two aspects deserve additional analysis for the results presented in the two groups. First of all, the increase in diagnosis included in the chapter of symptoms, seconded by a proportion of ignored diagnoses. These data are concentrated on the hospitals whose physicians document the diagnoses at discharge. Lack of specification of discharge diagnoses results in the inability to define the clinical and epidemiological profile of patients, which reduces the possibilities to identify new services and business opportunities.

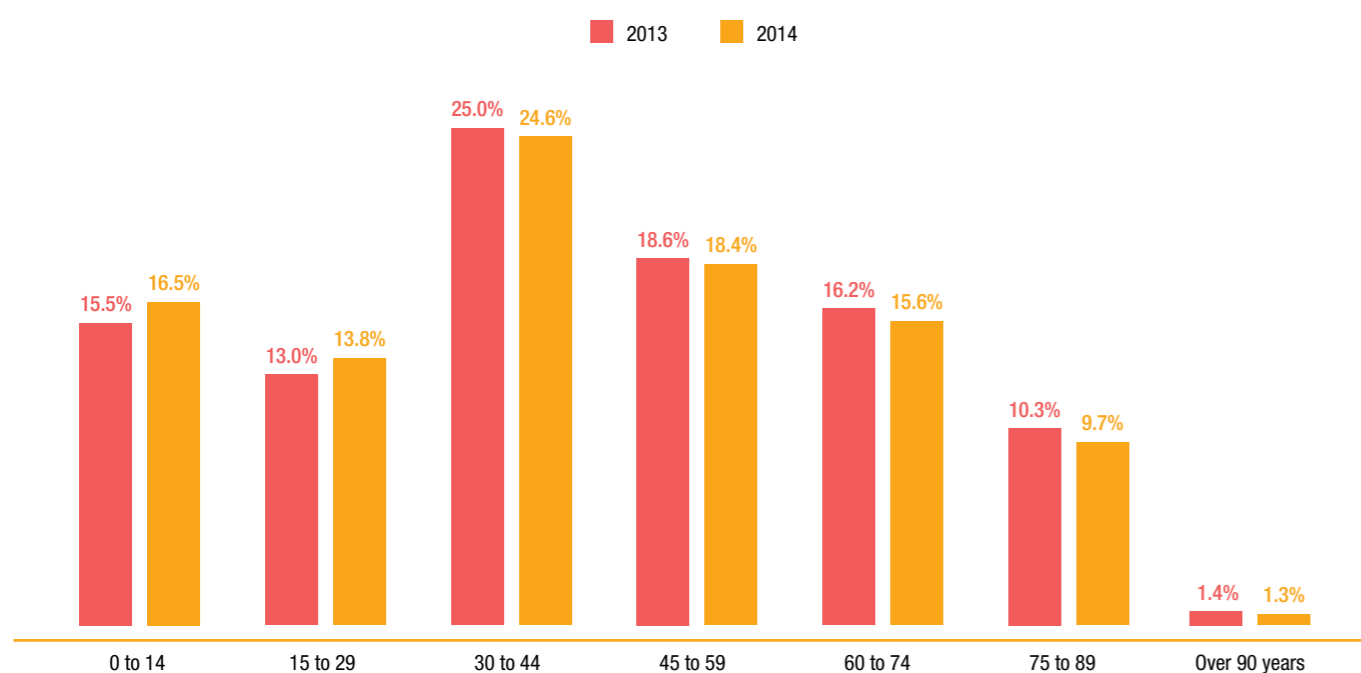


In the past years, patients' profile has changed as a result of population aging. Between 2008 and 2014, the median age went up from 37 to 41 years.



GRAPH 2

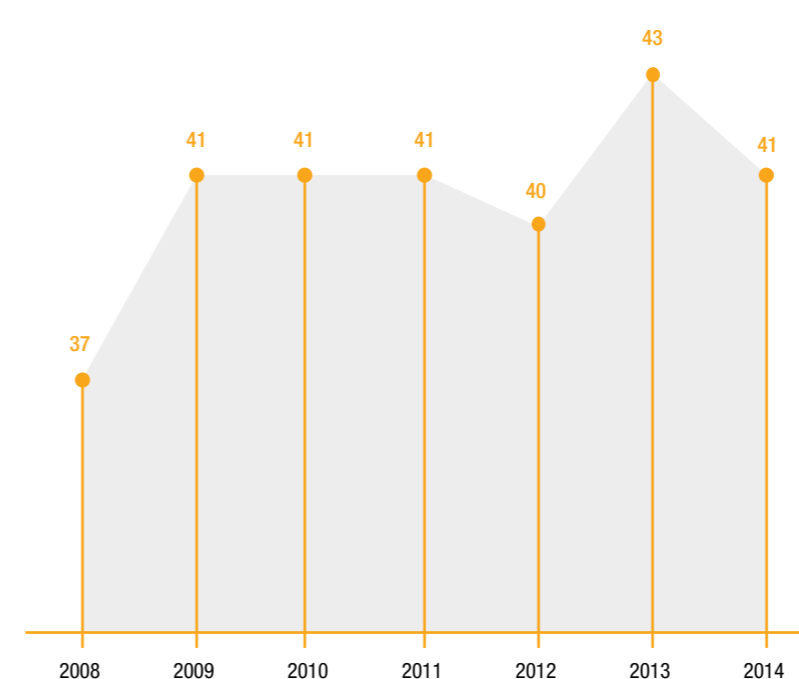
DISTRIBUTION OF HOSPITAL DISCHARGES BY AGE RANGE (%)
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

GRAPH 3

MEDIAN AGE OF PATIENTS
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

In the past years, patients' profile has been changing as a result of the population aging. Between 2008 and 2014, the median age went up from 37 to 41 years – however, between 2013 and 2014, there has been a decrease in the median age of patients in Anahp hospitals (Graph 3), which could be explained by the new mix of hospitals that are part of the sample. The participation of patients in the age range over 60 years has decreased, going from 28% in 2013 to 26% in 2014. It may indicate less complexity of cases, which would be only evident based on the careful analyses of all the information included in this publication. The statistical analysis carried out to assess the differences between the mean age ranges for Anahp regular hospitals in 2013 and 2014 has not shown any significant differences, that is, there was no difference between mean age ranges between 2013 and 2014 for the Control Group (Mann-Whitney test U).

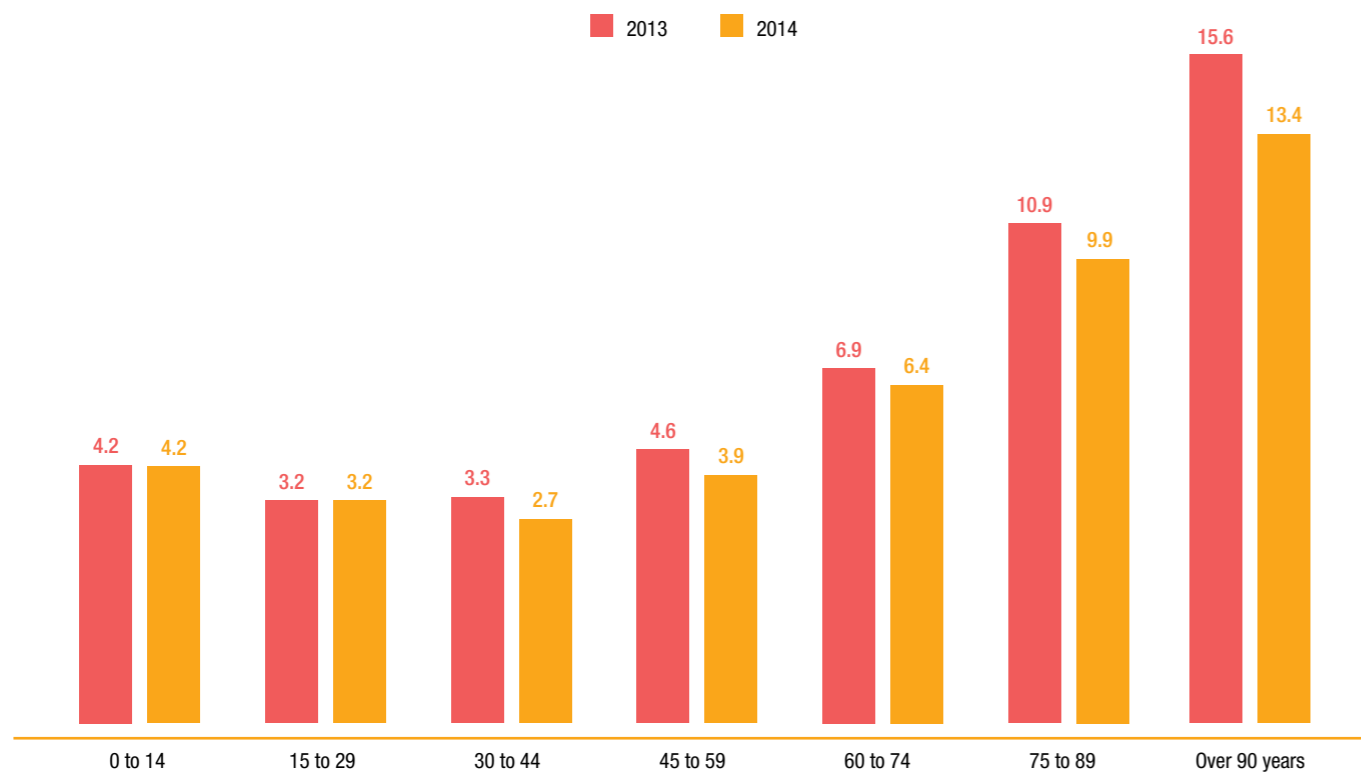
Concerning mean length of stay, there has been decrease from 4.7 to 4.6 days. This situation has been observed for all age ranges (Graph 4), with marked drop in the age range 30 to 44 years (19%), 45 to 59 (15%), and above 90 years (14%). Anahp hospitals have continuously

focused on reducing length of stay, following up patients by specialized groups and using predictive score tools. These tools support the identification of patients who are more likely to require long length of stay. Moreover, the inclusion of smaller and less complex new

hospitals also impacts the age distribution of the population, on top of the mean length of stay. For the Control Group, the statistical analysis has not shown significant differences in mean length of stay between 2013 and 2014 (Mann-Whitney test U).

GRAPH 4

MEAN LENGTH OF STAY BY AGE RANGE (IN DAYS)
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

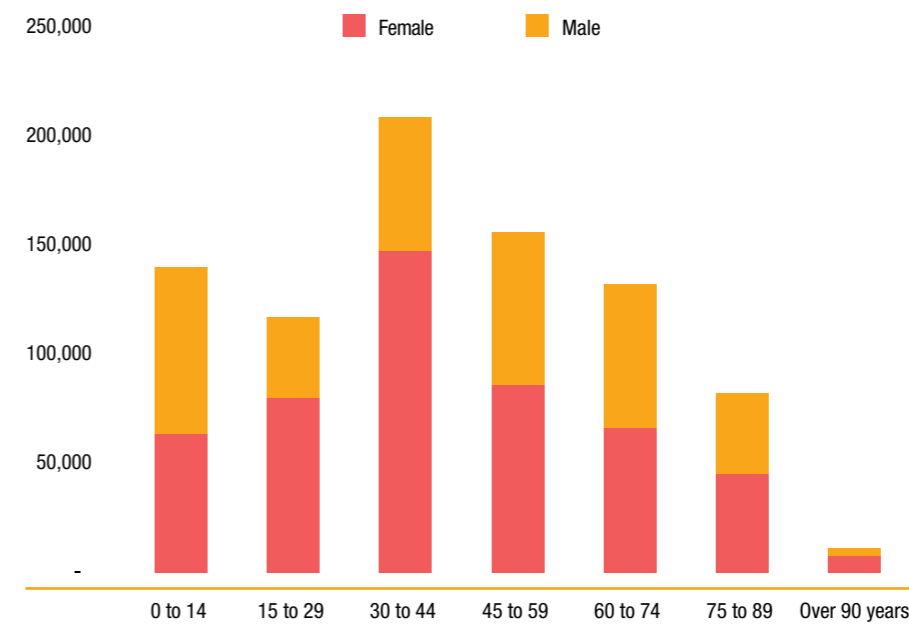
DISTRIBUTION OF PATIENTS BY GENDER

Concerning gender, women have been predominant in all age ranges between 15 to 44 years, which is directly related with pregnancy, delivery and post-natal care, in addition to newborn status to the age range below 15 years. In all

Anahp hospitals, in the age range 30 to 44 years, in which there is higher incidence of patients, the percentage of women was 70% (Graph 5). In the Control Group, this share amounted to 74% (Graph 6).

GRAPH 5

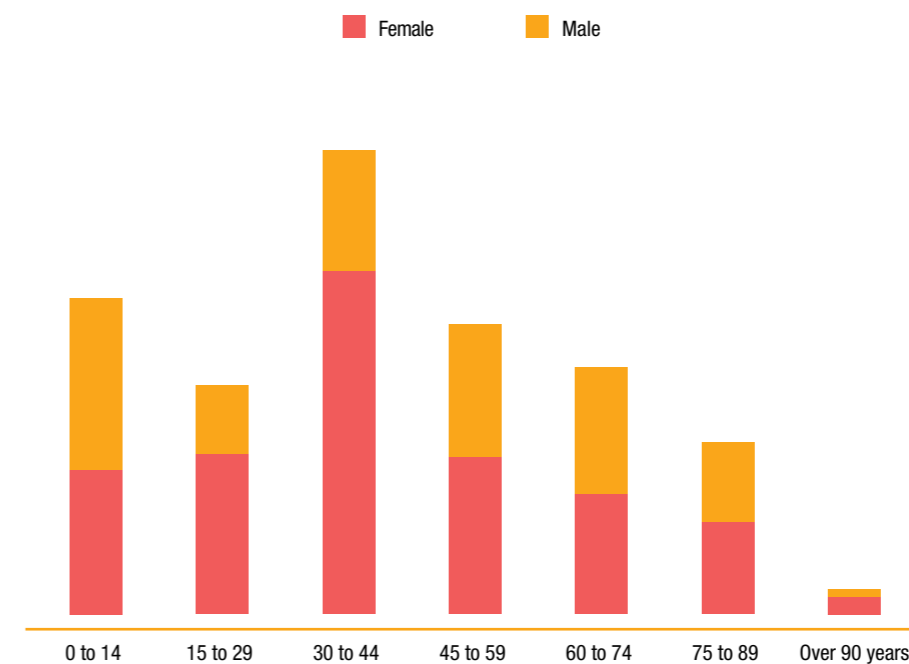
DISTRIBUTION OF HOSPITAL DISCHARGES BY GENDER AND AGE RANGE – ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

GRAPH 6

DISTRIBUTION OF HOSPITAL DISCHARGES BY GENDER AND AGE RANGE – CONTROL GROUP



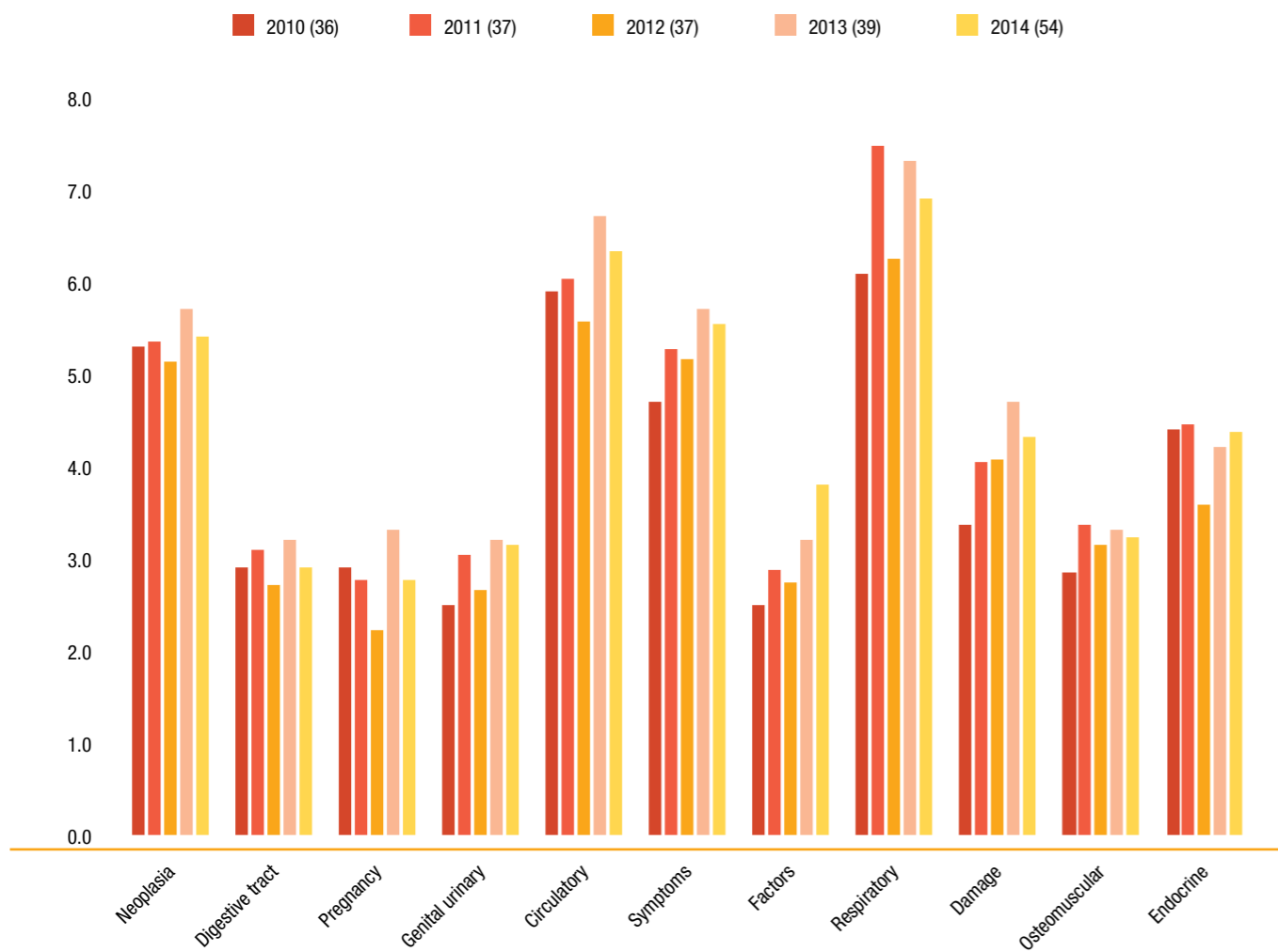
Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

Anahp hospitals have continuously focused on reducing length of stay, following up patients by specialized groups and using predictive score tools.



GRAPH 7

ANNUAL DISTRIBUTION OF MEAN LENGTH OF STAY ACCORDING TO MAIN CHAPTER OF ICD 10TH EDITION – ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

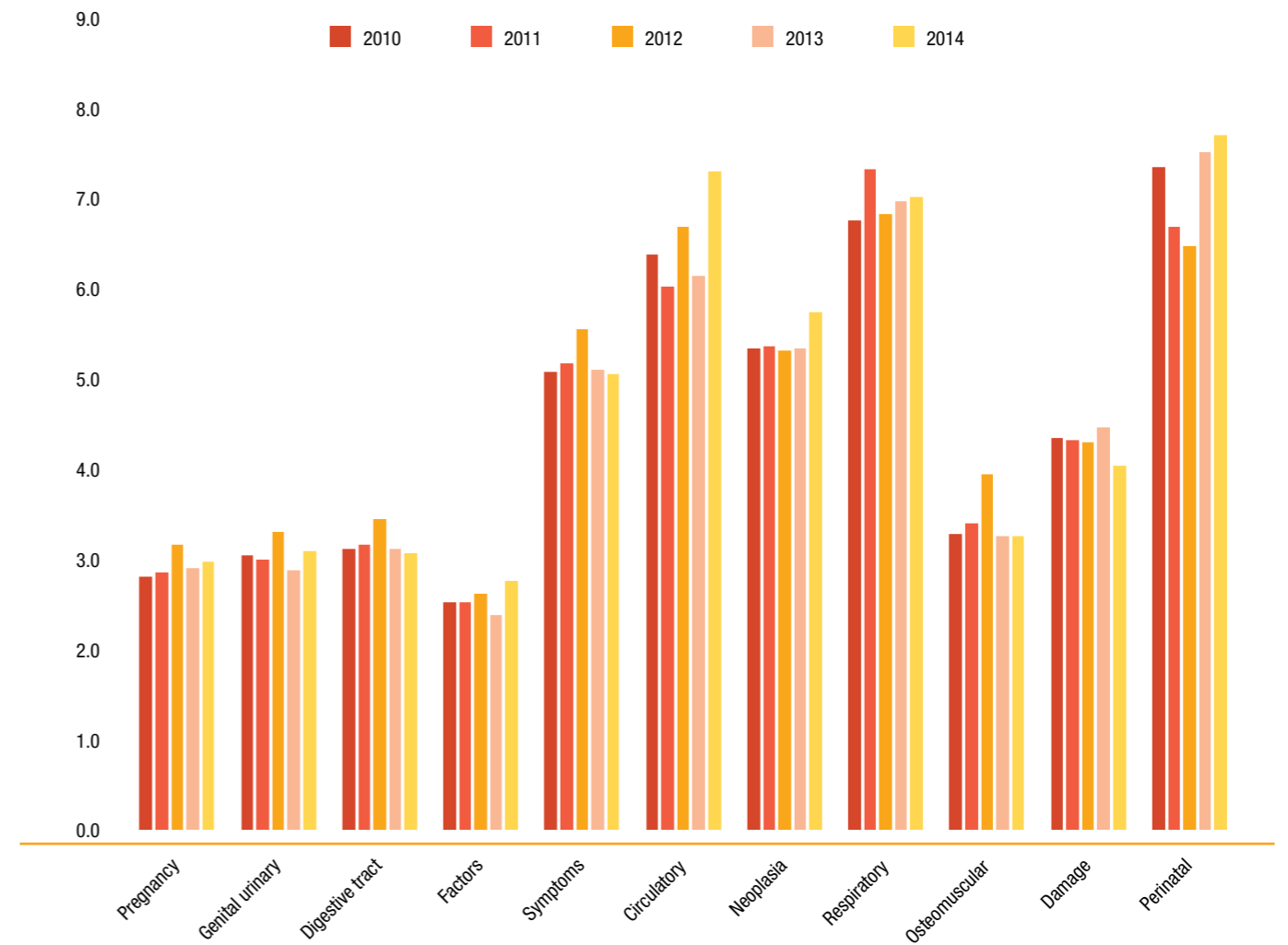
For the 23 hospitals that have regularly submitted their data, the mean length of stay has gone up from 4.4 to 4.6 days. Among the diagnoses that contributed the most to this growth, we can highlight eyes and annexes, circulatory and endocrine systems, factors and ears (increase of mean length of stay of 22.3%, 18.8%, 17.5%, 16.8% and 14.1%, respectively). It was quite curious to observe that for some diagnoses that led to decrease in length of stay for the entire Anahp groups, it means increase for the Control Group. Circulatory disease, for example, has shown a decrease of 6% in the total group of hospitals, reaching 6.3 days, whereas for the Control Group, the mean length of stay for

Mean length of stay has increased from

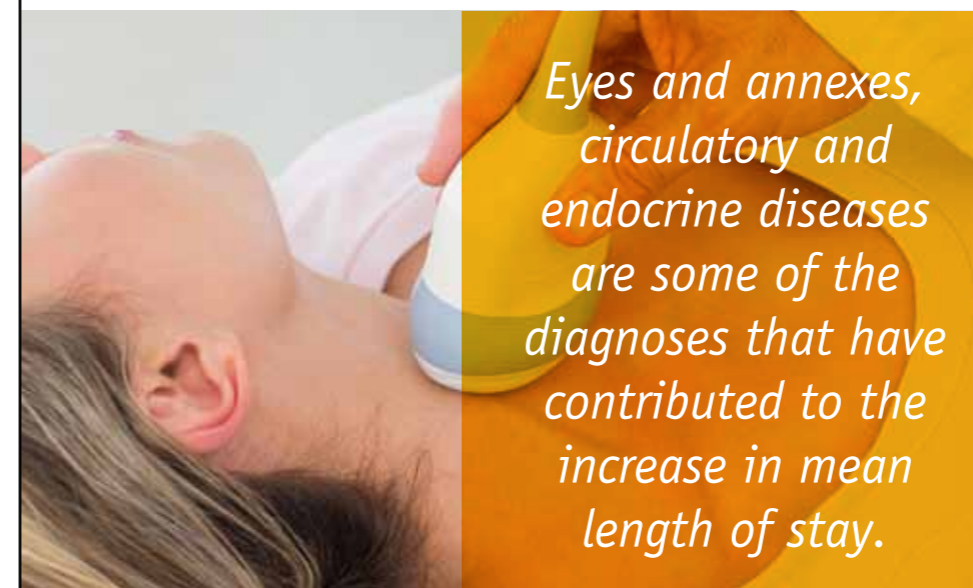
4.4 → 4.6
DAYS

GRAPH 8

ANNUAL DISTRIBUTION OF MEAN LENGTH OF STAY ACCORDING TO MAIN CHAPTER OF ICD 10TH EDITION – CONTROL GROUP



Source: Prepared by Anahp based on the information provided to SINHA/Anahp.



this diagnosis has increased by 19%, reaching 7.3 days. It might be possible to state that this difference was due to the change in patient mix seen by the entire group of hospitals. The Control Group concentrates more elderly and complex patients, whereas the other organizations, with greater proportion of level 3 hospitals, see less complex and younger patients, as confirmed by previous data. The other example comprises infectious diseases, whose mean length of stay has gone down from 9.5 to 8.9 days in the 54 Anahp hospitals, but it has gone up from 8.3 to 8.8 days in the Control Group.

It has been observed that 73% of the patients had on average three-day hospital stays. The second most frequent group has had hospital stays between 4 and 15 days. The group over 30-day stay amounted to 2% in 2014 (Table 3). The knowledge about length of stay based on diagnosis has provided an additional monitoring opportunity to hospitals, which can use case management tools to prevent unnecessary prolonged stays or prevent events associated with longer hospital stays. Moreover, they support bed management and better hospital planning, which applies both to use

of the necessary resources and review of patient profile seen by the available services.



Better knowledge of length of stay by diagnosis provides hospitals with tools to manage admissions.

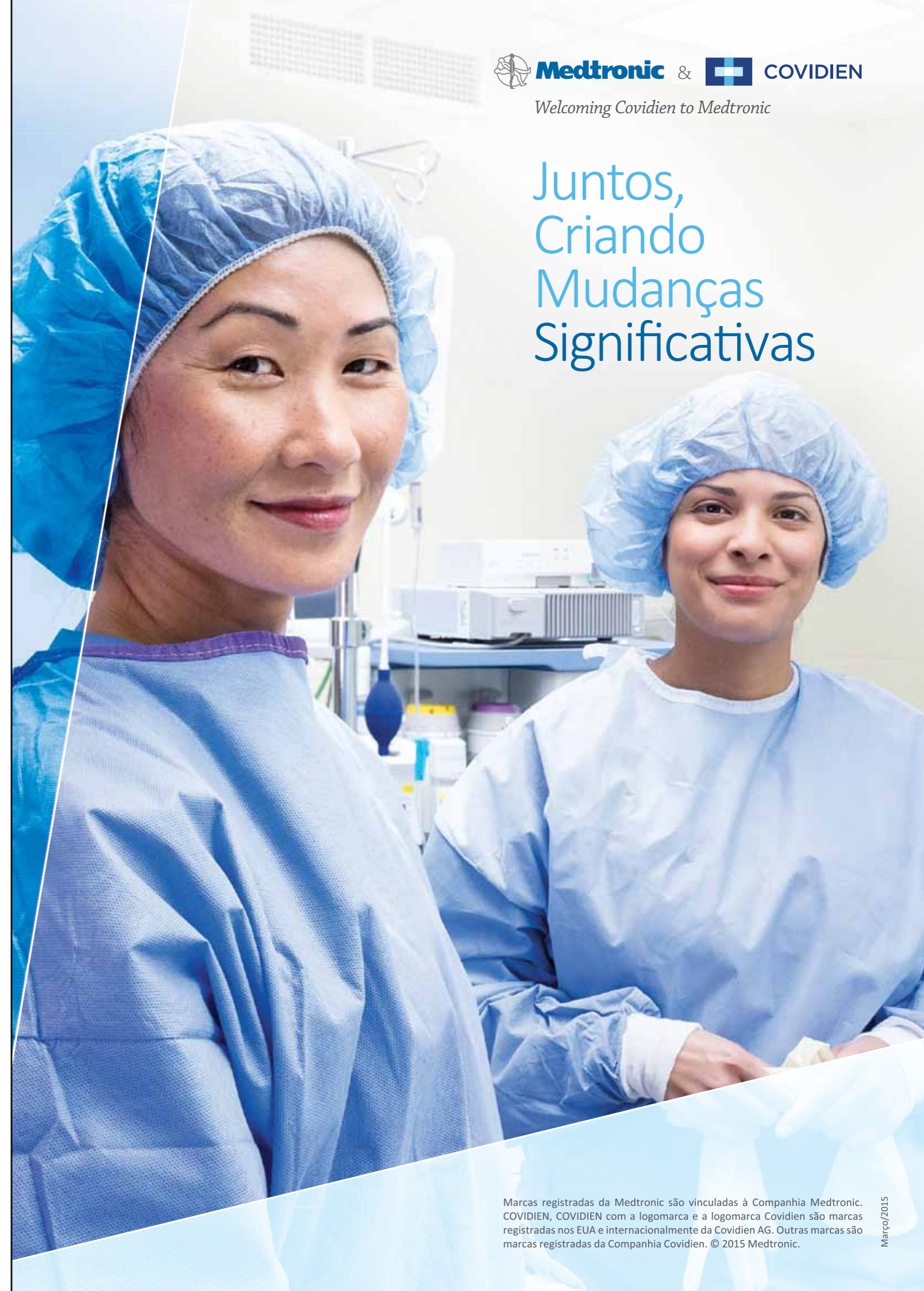
TABLE 3

DISTRIBUTION OF HOSPITAL DISCHARGES BY MAIN DIAGNOSIS GROUPED BY ICD CHAPTER AND AGE RANGE – ALL ANAHP HOSPITALS

MAIN DIAGNOSIS	MEAN LENGTH OF STAY											
	UP TO 1 DAY		2-3 DAYS		4-7 DAYS		8-15 DAYS		16-30 DAYS		MORE THAN 30 DAYS	
	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%
Neoplasia	36,177	39.9	23,785	26.2	15,238	16.8	8,355	9.2	4,613	5.1	2,445	2.7
Digestive tract	52,127	61.2	18,107	21.3	8,660	10.2	4,025	4.7	1,555	1.8	683	0.8
Pregnancy	8,130	9.6	68,809	81.5	5,904	7.0	1,095	1.3	388	0.5	141	0.2
Genital urinary	48,141	57.4	18,685	22.3	9,843	11.7	4,693	5.6	1,628	1.9	812	1.0
Circulatory	33,681	42.2	14,734	18.5	14,833	18.6	10,174	12.7	4,053	5.1	2,328	2.9
Symptoms	24,852	36.2	18,111	26.4	13,507	19.7	7,324	10.7	3,153	4.6	1,659	2.4
Factors	22,681	33.7	35,400	52.5	4,720	7.0	2,378	3.5	1,276	1.9	921	1.4
Respiratory	19,448	35.6	10,345	18.9	12,455	22.8	7,652	14.0	2,985	5.5	1,820	3.3
Damage	25,688	51.2	11,673	23.3	6,286	12.5	3,803	7.6	1,742	3.5	994	2.0
Osteomuscular	27,115	55.2	10,867	22.1	7,154	14.6	2,390	4.9	1,031	2.1	538	1.1
Endocrine	6,140	32.2	8,582	45.0	2,419	12.7	1,145	6.0	510	2.7	288	1.5
Infectious diseases	2,755	14.5	5,823	30.6	4,979	26.2	3,137	16.5	1,382	7.3	946	5.0
Perinatal	2,115	12.2	8,524	49.1	3,017	17.4	1,674	9.6	1,111	6.4	936	5.4
Nervous system	6,307	40.0	3,895	24.7	3,179	20.1	1,403	8.9	600	3.8	400	2.5
Skin	3,886	38.4	2,285	22.6	2,129	21.1	1,106	10.9	475	4.7	227	2.2
Congenital	4,234	54.9	1,506	19.5	962	12.5	487	6.3	267	3.5	253	3.3
Eyes and annexes	4,135	87.5	231	4.9	213	4.5	79	1.7	34	0.7	36	0.8
Blood	907	25.0	889	24.5	921	25.4	593	16.3	201	5.5	121	3.3
Ears	1,687	59.4	605	21.3	352	12.4	155	5.5	26	0.9	13	0.5
Mental	439	19.1	610	26.6	529	23.0	393	17.1	192	8.4	134	5.8
Ignored	12,555	35.8	16,710	47.6	3,242	9.2	1,586	4.5	668	1.9	344	1.0
Total	343,200	40.3	280,176	32.9	120,542	14.2	63,647	7.5	27,890	3.3	16,039	1.9

Source: Prepared by Anahp based on the information provided to SINHA/Anahp.

Juntos, Criando Mudanças Significativas





CLINICAL PERFORMANCE

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

EXECUTIVE SUMMARY

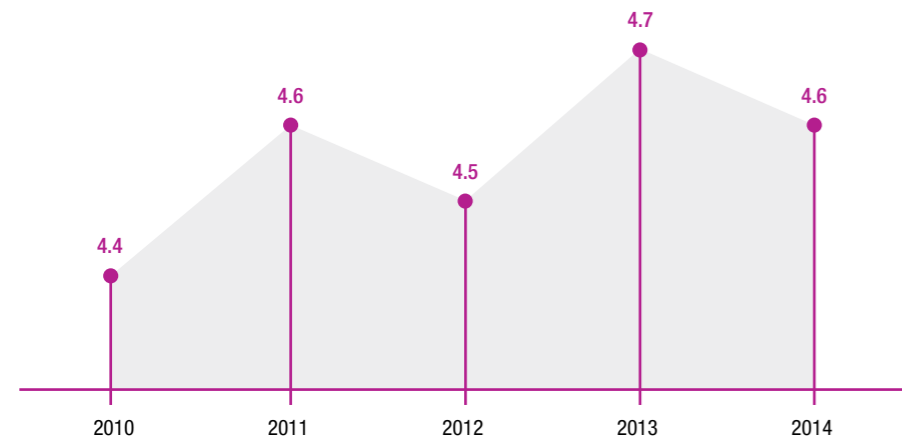
Hospitals have presented increase in occupancy rate throughout the years. In 2014, the average was

79%



MEAN LENGTH OF STAY (DAYS)

There has been linear increasing trend in length of stay since 2009. The mean length of stay for 2014 was **4.6** days.



The rate of long-term patients has increased in the historic data series, but the trend has changed significantly in 2013 and 2014 due to initiatives to improve care of these patients through other clinical modalities.



66%

of Anahp member hospitals are level four and the remaining 34% are level three – thus, there are no low complexity hospitals in the group.



Bed turnover interval has had slight decrease owing to improvement in management of operational bed occupancy.



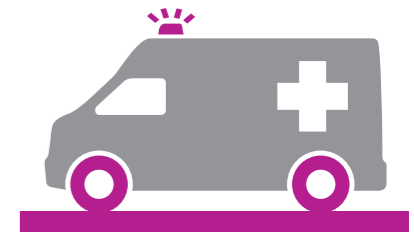
Management of chronic patients is still a significant challenge for Anahp hospitals.

38%

of the hospitals
HAVE A DEDICATED UNIT FOR
CHRONIC PATIENTS

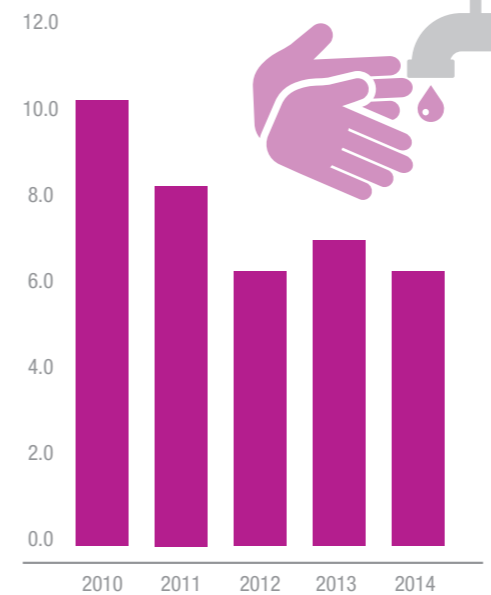
14%

of the hospitals
USE PROGNOSTIC SCORE TO MANAGE
CHRONIC PATIENTS



INCIDENCE OF HOSPITAL INFECTION IN NEONATAL ICU

Hospitals have presented linear trend of significant reduction.



MONITORING OF CLINICAL PROTOCOLS:

Door-to-balloon time has been reduced along the period.



Mean of
67
Minutes

Mean mortality rate for AMI

5.4%

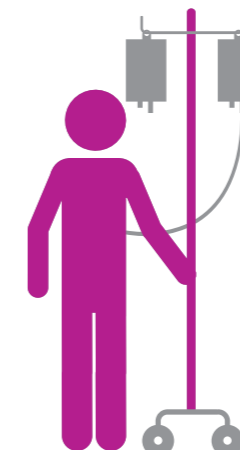
Drop in five years

4%

USE OF CVC IN ADULT ICU

Drop in five years

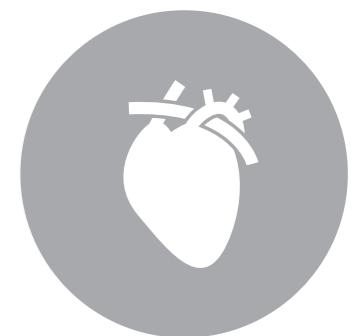
6%



RATE OF CVC-ASSOCIATED HOSPITAL INFECTION IN ADULT ICU

Increase in five years

3%



STRUCTURE AND ANNUAL PRODUCTION OF HOSPITALS

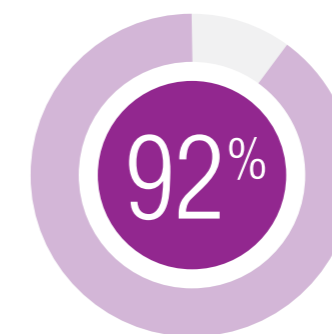
Most hospitals are general hospitals and have large-volume emergency departments. 44% of them have a maternity ward and they are all focused on acute care.



Most Anahp member hospitals are large or extra-large hospitals, with significant installed capacity and number of operational beds

The structure of most member hospitals is of large or extra-large nature, with significant installed capacity and number of operational beds. Using as a reference the classification dictated by Ordinance Nr. 2224 by Ministry of Health (Brazil, 2002), which includes clinical complexity, type and volume of general beds, intensive care, number of operative rooms and high risk gestation care, 66% of the hospitals are level four, which means high clinical care complexity. The other 34% are level three, meaning that there are no low complexity hospitals among Anahp members. Hospitals of this level can only be compared to similar level hospitals (levels 3 and 4), given that the greater complexity determines care

provided to more severe cases, which impacts the results. The information in this section was extracted from the annual registration of hospitals, which gathered 52 participants in 2014. Most hospitals are general hospitals and have large-volume emergency departments. 44% of them have maternity and they are all focused on acute care. The diagnostic support structure is quite robust. 96% of the hospitals have a CT machine, out of which 59% are within their own center. In Brazil, 86% of the total available CT devices are based in for-profit and not for-profit private hospitals. Out of the total, 38% are devices that belong to the public health system (SUS).



92% OF THE HOSPITALS HAVE A MRI DEVICE,
predominantly serving outpatients.

Taking into consideration the number of CT scans performed in hospitals that participated in the annual registration in 2014, Anahp market share amounted to 14%, taking into account the projection of the total number of CT scans in the private healthcare industry. In 2013, the last year to which ANS provided data, the market share of Anahp hospitals amounted to 11%.

As to magnetic resonance imaging, 92% of the hospitals have a MRI device, predominantly serving outpatients. In Brazil, 93% of the total available MRI devices are based in for-profit and not for-profit private hospitals. Out of the total, 34% are devices that belong to SUS.

Taking into consideration the number of MRI tests performed in hospitals that participated in the annual registration in 2014, Anahp market share amounted to 9%, taking into account the projection of the total number of MRI scans in the private healthcare industry. In 2013, the last year to which ANS provided data, the market share of Anahp hospitals amounted to 7%.

Concerning transplants, despite the increase in the number of organizations that provided data in the annual registration (39 in 2013 against 52 in 2014), the proportion of hospitals that perform these procedures has been stable for the past two years. However, it is worth mentioning the increase in number of heart and kidney transplants (over 200 and 74%, respectively). There are no data available from previous years. Information about urgency and emergency services has also reflected the increase in number of participants in the registration, portraying the representativeness of Anahp hospitals. Between 2013 and 2014, the number of outpatient offices grew 24%, whereas emergency department visits increased by 30%.

TABLE 1

IMAGING

	2013	2014
CT Scan	564,407	816,971
MRI	328,536	515,193

Source: Prepared by ANAHP based on information from the annual registration of hospitals.

TABLE 2

TRANSPLANTS

	2013	2014
Organizations that perform transplant	56%	56%
Kidney	353	613
Liver	368	437
Pancreas	23	25
Heart	17	59
Bone marrow	430	605
Others	92	100

Source: Prepared by ANAHP based on information from the annual registration of hospitals.

TABLE 3

URGENCY AND EMERGENCY (EMERGENCY DEPARTMENTS)

	2013	2014
Hospitals that have urgency and emergency departments	97%	94%
Number of emergency offices	430	533
Number of emergency department visits	3,933,813	5,058,870
Rate of admission through the emergency department	6.0%	5.3%

Source: Prepared by ANAHP based on information from the annual registration of hospitals.



In Brazil, 93% of the total available MRI devices are based in for-profit and not for-profit private hospitals.

In 2013, out of 57,439,679 emergency department visits performed in private healthcare settings, 7% were at Anahp hospitals. In 2014, according to the interpretation of the association, this share went up to 8%. Concerning laboratory services, in 2014 there was 42% increase in number of performed tests. The proportion of contracted services has been kept stable, at about 61%*.

TABLE 4

LABORATORY SERVICES

	2013	2014
Hospital contracted services	61.5%*	61.0%
Tests	28,911,529	41,116,298

Source: Prepared by ANAHP based on information from the annual registration of hospitals. * Information was corrected from last publication at Observatório Anahp 2014.

For diagnostic and therapeutic support, 94% count on cath lab services, 85% have renal replacement therapy, 90% have a blood bank, 78% offer chemotherapy, and 39% have radiotherapy. It suffices to say that these therapies have been increasing yearly, reinforcing the importance of these services to hospitals. The main highlight goes to chemotherapy: between 2012 and 2013, it went up from 925,626 to 1,930,874, or 109% increase, according to the most recent data published by ANS. It is important to highlight that 53% of the organizations have a day-hospital to perform outpatient surgeries and clinical and oncological procedures. In 2014, there were 159,574 day-hospital procedures and 57,497 surgeries performed in this type of unit. In 2013, out of the total 725,176 day-hospital procedures performed in private settings, 18% were at Anahp hospitals. In 2014, according to the interpretation of the association, this share went up to 16%. Despite the fact that some hospitals (12%) do not have day-hospital services, they performed 11,894 outpatient surgeries in 2014.

A total of 75% of the hospitals have an outpatient facility, amounting to over 1,200 offices and 4 million visits – 32% more than in 2013.

For support and logistic services, the amount of contracted services by area is as follows:

- Laundry – 84%
- Facility Security – 79%
- Housekeeping – 60%
- Nutrition and Dietetics- 40%
- Reception/ Main Door – 23%
- Maintenance – 21%
- Computer Technology – 16%

These data show service provision has gained more attention at Anahp hospitals. To some extent, it indicates that despite differences in complexity level of new members, Anahp still represents a significant group of high complexity service providers in the country.

TABLE 5

DIAGNOSTIC AND THERAPEUTIC SUPPORT

	2013	2014
Cath lab	92%	94%
Renal replacement therapy	82%	85%
Blood bank	84%	90%
Chemotherapy	79%	78%
Radiotherapy	31%	39%

Source: Prepared by ANAHP based on information from the annual registration of hospitals.

TABLE 6

DAY-HOSPITAL

	2013	2014
Organizations that have day-hospital services	54%	53%
Day-hospital procedures	128,073	159,574
Day-hospital surgeries	62,782	69,391

Source: Prepared by ANAHP based on information from the annual registration of hospitals.

TABLE 7

OUTPATIENT UNITS

	2013	2014
Day-Hospital	64%	75%
Number of offices	901	1,294
Number of visits	3,104,646	4,083,624

Source: Prepared by ANAHP based on information from the annual registration of hospitals.



ADMINISTRAR HOSPITAIS PODE SER TÃO COMPLEXO QUANTO ADMINISTRAR CIDADES.

Planejamento, infraestrutura, tecnologias, fluxos. São diversas questões que você precisa lidar para garantir a qualidade de vida das pessoas e obter melhores resultados no ambiente de saúde. Para isso, conte com a experiência de quem está presente nos principais hospitais brasileiros.

Saiba como podemos contribuir para o seu negócio.

11 3215 8200
comercial@lmgets.com.br
www.lmgets.com.br



Clinical Performance

OPERATIONAL MANAGEMENT

ANAHP member hospitals have shown growth trend both in occupancy rates and in the mean length of stay

Indicators related to healthcare performance enable the assessment of important dimensions in clinical governance: efficiency in operational bed management and analysis of results of surgical activities – healthcare productivity and efficiency. As for indicators of operational management, 50 hospitals provided data on a monthly basis.



Hospitals have shown growth in occupancy rates throughout the years, with an average increase of 1% annually since 2010.

TABLE 1

ANNUAL SUMMARY OF OPERATIONAL INDICATORS

INDICATORS	2010	2011	2012	2013	2014	VAR. 2014/2010
Occupancy rate	77.4	78.5	79.3	78.9	79.0	2.1
Mean length of stay	4.4	4.6	4.5	4.7	4.6	3.9
Turnover rate	5.4	5.3	5.3	5.1	5.2	-3.7
Bed turnover rate	1.2	1.2	1.3	1.2	1.2	-2.5
Rate of long-term patients in the hospital (> 90d days)	0.8	0.9	1.0	0.9	0.8	-4.7
Mortality rate (> 24h)	1.8	1.9	1.8	2.0	2.0	9.0
Surgical mortality rate (up to day 7 after surgical procedure)	0.3	0.3	0.3	0.3	0.3	17.9
Operational occupancy rate in Adult ICU	80.0	79.3	76.1	74.1	80.7	0.8
Operational occupancy rate in Neonatal ICU	67.5	75.1	75.5	78.5	79.8	18.2
Operational occupancy rate in Step-Down Unit *	NA	88.0	89.6	78.8	85.2	-3.2*
Rate of patients submitted to surgical procedures	70.4	70.4	66.1	67.4	64.2	-8.9
Rate of surgery per patient	1.3	1.3	1.3	1.3	1.4	7.7

NA: Not available, collection started later.

* Note: variation calculated between 2011 and 2014.

Source: Prepared by Anahp based on SINHA/ Anahp information.

OCCUPANCY RATE

Hospitals with a linear growth trend in occupancy rates

- Values within the range from 75% to 85% considered appropriate

MEAN LENGTH OF STAY

Linear growth trend in the length of hospital stay

- Between 2013 and 2014, the turnover rate increased following a modest reduction in the mean length of stay
- The bed turnover interval rate showed a slight reduction as a result of improved operational bed occupancy management
- Hospital long-term/ resident patient rate increased in the historic data series but the trend significantly changed between 2013 and 2014 as a result of the initiatives aimed at best providing care to patients in other healthcare modalities

INSTITUTIONAL AND SURGICAL MORTALITY RATES

Growth in the proportion of clinical admissions to hospitals (reduction in the proportion of patients undergoing surgeries)

- Greater number of patients suffering from various comorbidities – heart failure, chronic obstructive pulmonary disease and diabetes, as well as neurological and autoimmune disorders

As of 2014, new indicators suggested by the QUALISS (Program for the Improvement of Health Service Provider Qualification) of ANS (Private Healthcare Agency) were implemented in the SINHA (Integrated System of Hospital Indicators). We started to monitor the operational management indicators of the maternity unit and pediatric ICU, as well as mortality rates according to the weight range of neonatal ICUs. In addition, we started to monitor the mean length of stay, turnover rate and bed turnover interval rate of the adult and neonatal ICUs, as well as of the step-down unit. The critical units and adult, pediatric and neonatal ICUs show occupancy rates within the expected reference (Table 2). On average, 25 hospitals provided data on a monthly basis throughout 2014.



TABLE 2

ANNUAL SUMMARY OF NEW OPERATIONAL INDICATORS

INDICATORS	2014
Mean length of stay Adult ICU (days)	4.9
Mean length of stay Neonatal ICU (days)	13.4
Rate of neonatal mortality < 1500g (per thousand)	336/1000
Rate of neonatal mortality 1500-2500g (per thousand)	21.4/1000
Rate of operational occupancy Pediatric ICU (%)	72.3
Mean length of stay Pediatric ICU (days)	6.6
Mean length of stay Step-Down Unit (days)	5.8
Rate of operational occupancy – maternity (%)	78.3
Mean length of stay – Maternity (days)	2.6
Turnover rate – Maternity (discharge by bed)	8.8
Bed turnover interval – maternity (days)	0.7
Utilization rate of operating room (%)	49.0
Rate of admission from emergency department (%)	5.5
Weight of emergency in hospital discharges (%)	33.0
Mortality rate according to ASA 1 and 2 (%)	0.1
Mortality rate according to ASA 3 and 4 (%)	1.9
Mortality rate according to ASA 5 and 6 (%)	5.4

Source: Prepared by Anahp based on SINHA/ Anahp information.



Hospitals have shown growth in occupancy rates throughout the years, with average increase of 1% annually since 2010. In 2014, the average occupancy rate was approximately 79% – very close to what was seen in 2013 – it ranged from 74.6% in January to 74.7% in December, whereas August had the highest occupancy rate (81%). This series shows increased seasonality, particularly between the months of February and November, when there is a greater demand due to the school year and less professionals on holiday.



As of 2014, the Integrated System of Hospital Indicators started to measure on two categories for comparison among hospitals: Level 4 with and without a maternity unit. Such stratification has enabled analyzing in depth the performance of hospitals according to their complexity. As for the occupancy rate, hospitals with a maternity unit have shown consistently lower rates than those without a maternity unit for the past five years: 79% against 81%, respectively. In 2014, hospitals with a maternity unit showed occupancy rates similar to those without a maternity unit (80%).

GRAPH 1

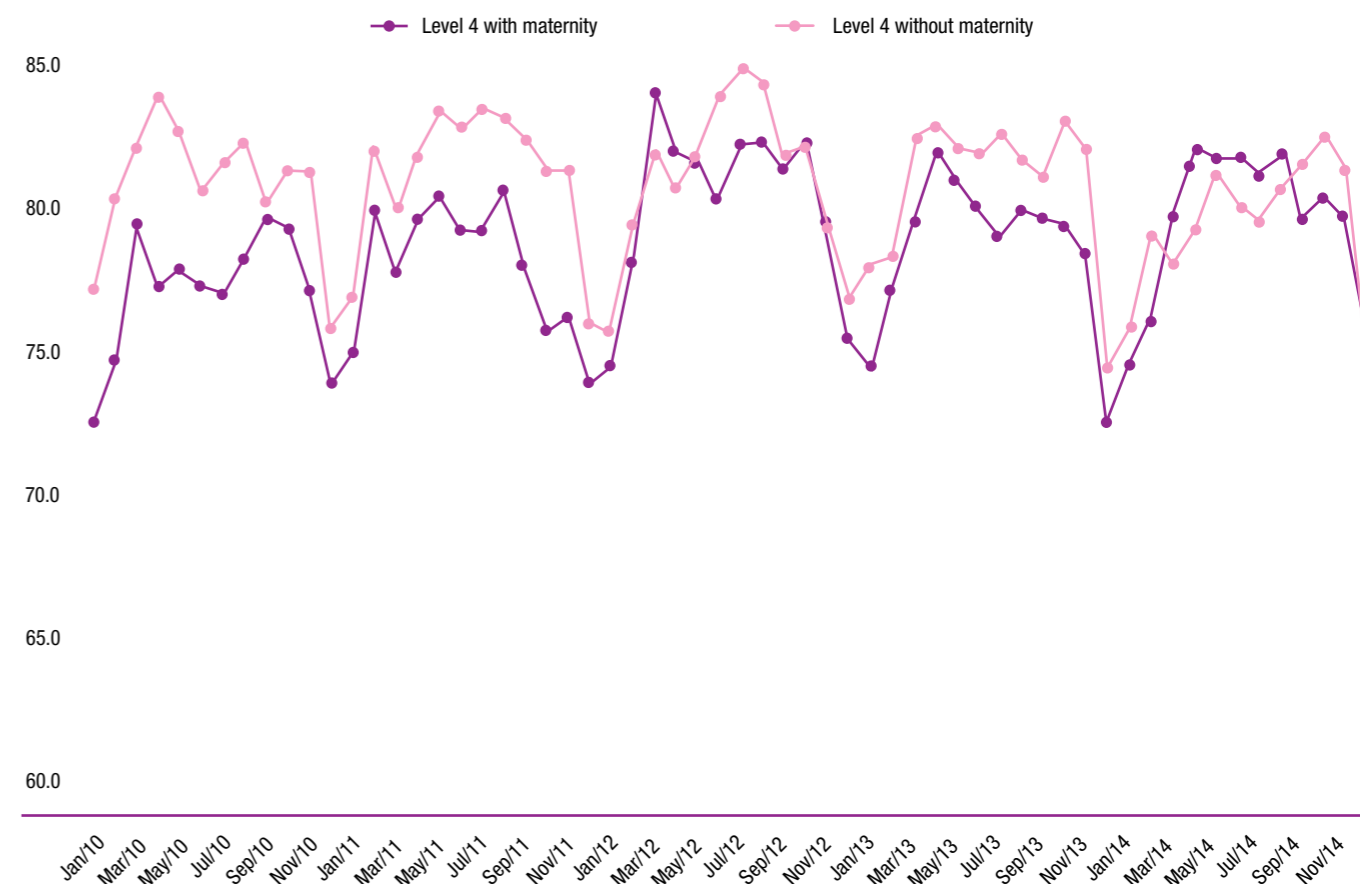
MONTHLY DISTRIBUTION OF HOSPITAL INFECTION RATES (BY 1,00 PD) IN ADULT ICU – 2010 TO 2014 ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

GRAPH 2

MONTHLY DISTRIBUTION OF OCCUPANCY RATE ACCORDING TO THE COMPARISON GROUP – 2010 TO 2014 ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

The growth in the number of ICU beds was above the number of operational beds in inpatient units

As in 2013, the number of ICU beds represented 16% of the total number of beds of hospitals. The growth in the number of ICU beds was above the number of operational beds in inpatient units (26% against 23%) due not only to the increase in the number of ANAHP member hospitals but also investments made to meet the increasing demand of more severe surgical and clinical admissions.

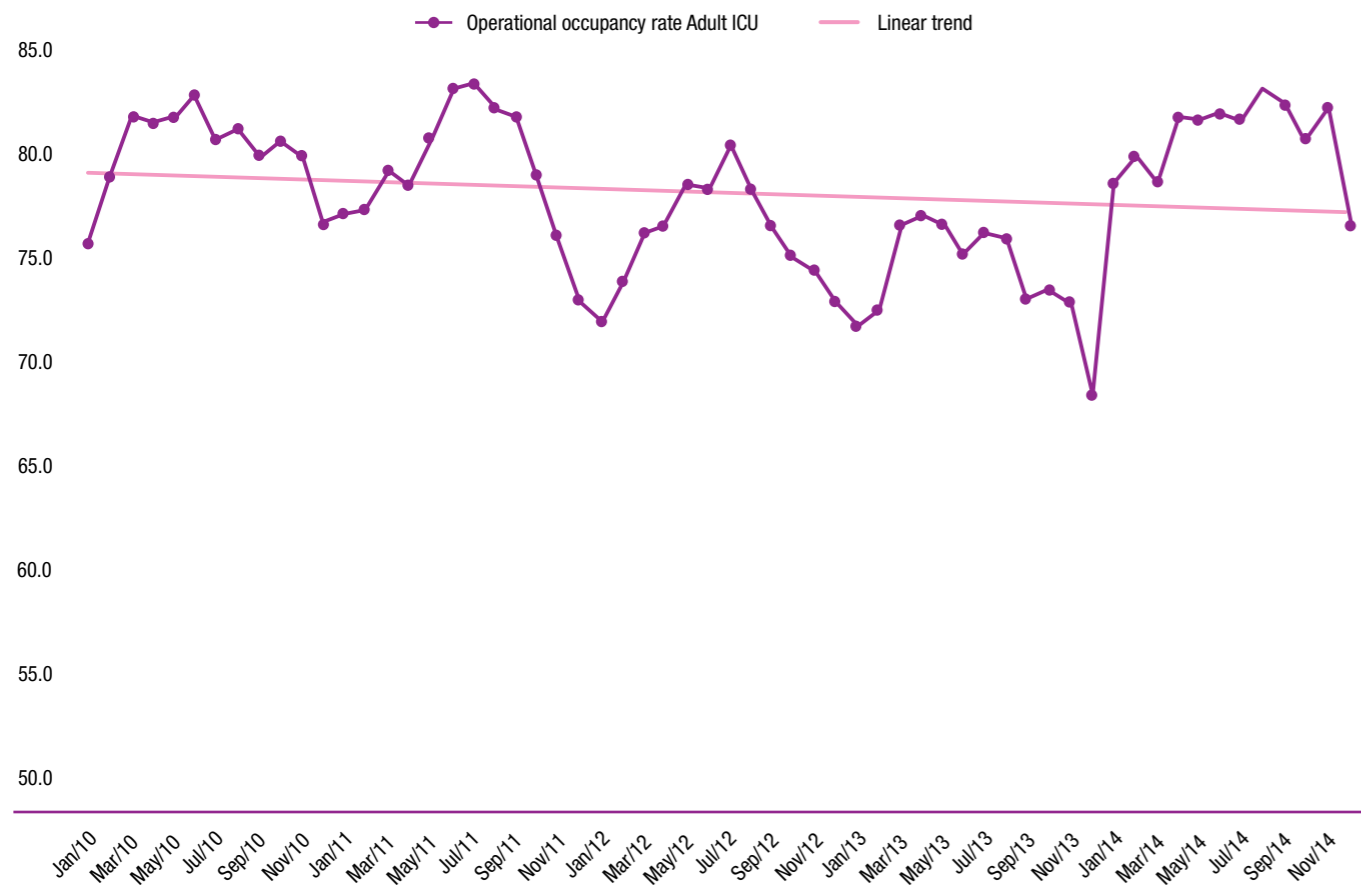
The occupancy rate of adult ICU beds (Graph 3) increased 9% in 2014 in relation to 2013, with an annual average of 80%. This variable follows the general occupancy rate of hospitals with the above-mentioned seasonality between February and November. The creation of step-down beds has made it easy to manage ICU beds in order to improve the use of this type of resource.



In 2014, 16 hospitals provided data concerning step-down beds against 15 in 2013. The proportion of ICU beds has increased from 15% to 40% among ANAHP member hospitals, depending on whether they have maternity units. The occupancy rate of step-down beds (Graph 4) dropped in 2013 but started to rise in 2014. This rate showed an average of 85% in 2014 with minor seasonal variation, highlighting the importance in the recovery of clinical patients on the most cost-effective healthcare modality.

GRAPH 3

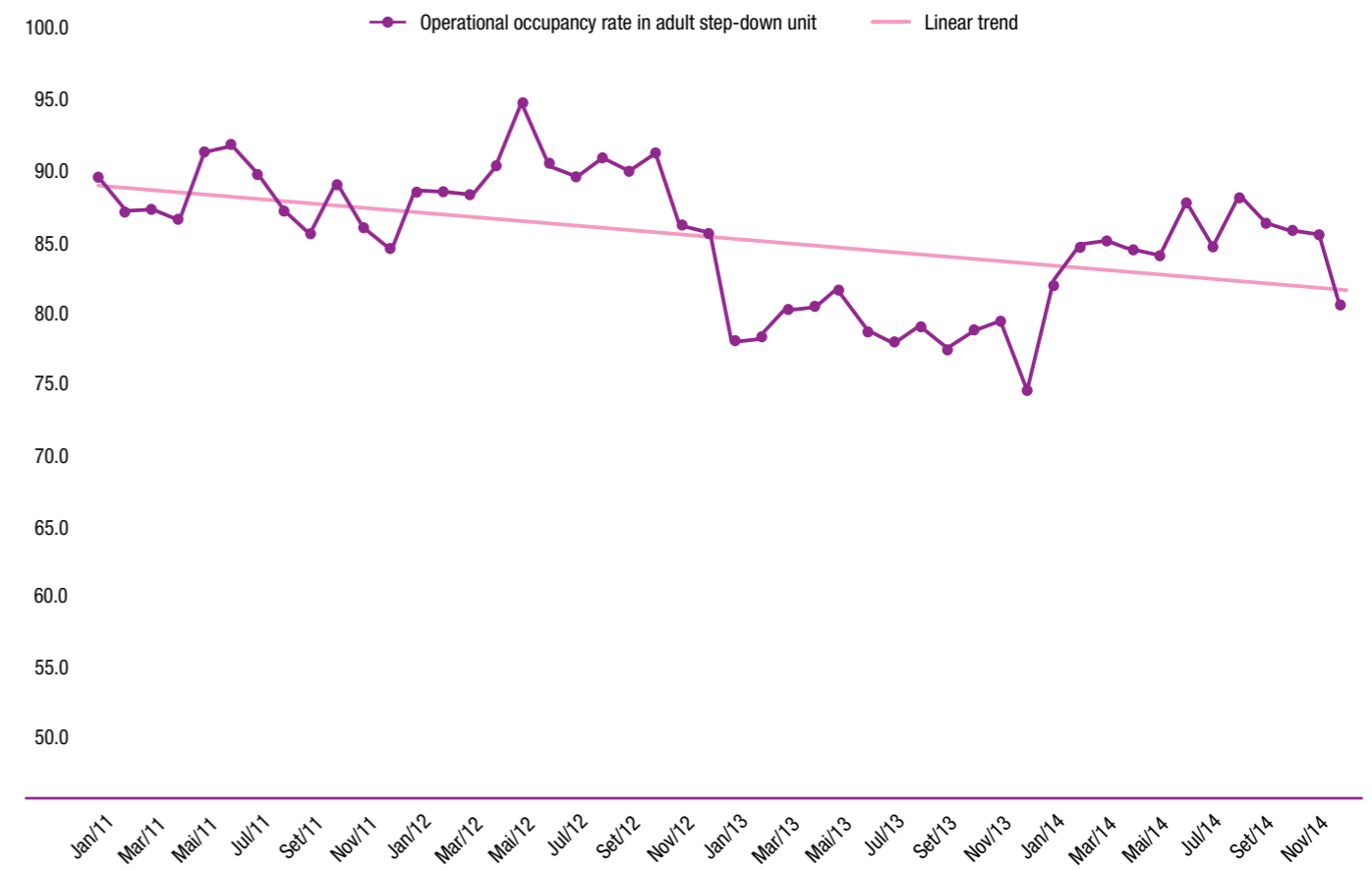
MONTHLY DISTRIBUTION OF OCCUPANCY RATE IN ADULT ICU – 2010 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

GRAPH 4

MONTHLY DISTRIBUTION OF STEP-DOWN OCCUPANCY – 2011 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

On the one hand, there is a growth trend in the number of outpatient surgical procedures performed on day-hospital basis (growth of 11% in relation to 2013) and, on the other hand, there is an increase in the number of ICU and step-down beds in the total number of beds of hospitals. This healthcare organization model has expanded and resulted in better utilization of critical beds and decrease in the length of stay of patients with more severe conditions, who require more complex and intensive clinical care.

The standard measure of evaluation of results and quality of care provided in ICUs is the observed mortality ratio on the expected mortality ratio according to a severity score. Hospitals have used the severity scores APACHE 2 and SAPS. As a matter of fact, many hospitals have used both of them. This ratio was below 1 (one) throughout the entire year with an average of 0.63.

One of the most important indicators for operational management of hospitals is the mean length of stay (Graph 5). A linear growth trend has been observed since 2009 with values closer to 4.7 in 2013. The average in 2014 was 4.6 days; 2.3% lower than the value seen in 2013.



Another indicator that has been monitored since 2007 and that represents one of the greatest problems for ANAHP member hospitals is resident patients, in other words, patients who stay in the hospital for more than 90 days. This care could be provided by using another type of resource such as home care or backup hospitals for patients suffering from chronic diseases.

In the end of 2012 and throughout 2013, groups of best healthcare practices and clinical staff organizations discussed alternatives to adequately deal with patients and family members and ensure technical quality and care safety.

Some hospitals have a specific group responsible for managing long-stay cases, which includes a detailed evaluation of cases from admission and monitoring to discharge and follow-up. In 2014, 38% of ANAHP member hospitals reported that they provide specific services for patients suffering from chronic diseases and 14% advised that they use a prognostic score to manage patients. As for the implementation of some proposals, the rate was significantly reduced with an average of 0.8 in every 100

discharges in 2014 (against 0.9 in every 100 discharges in 2013). (Graph 6)

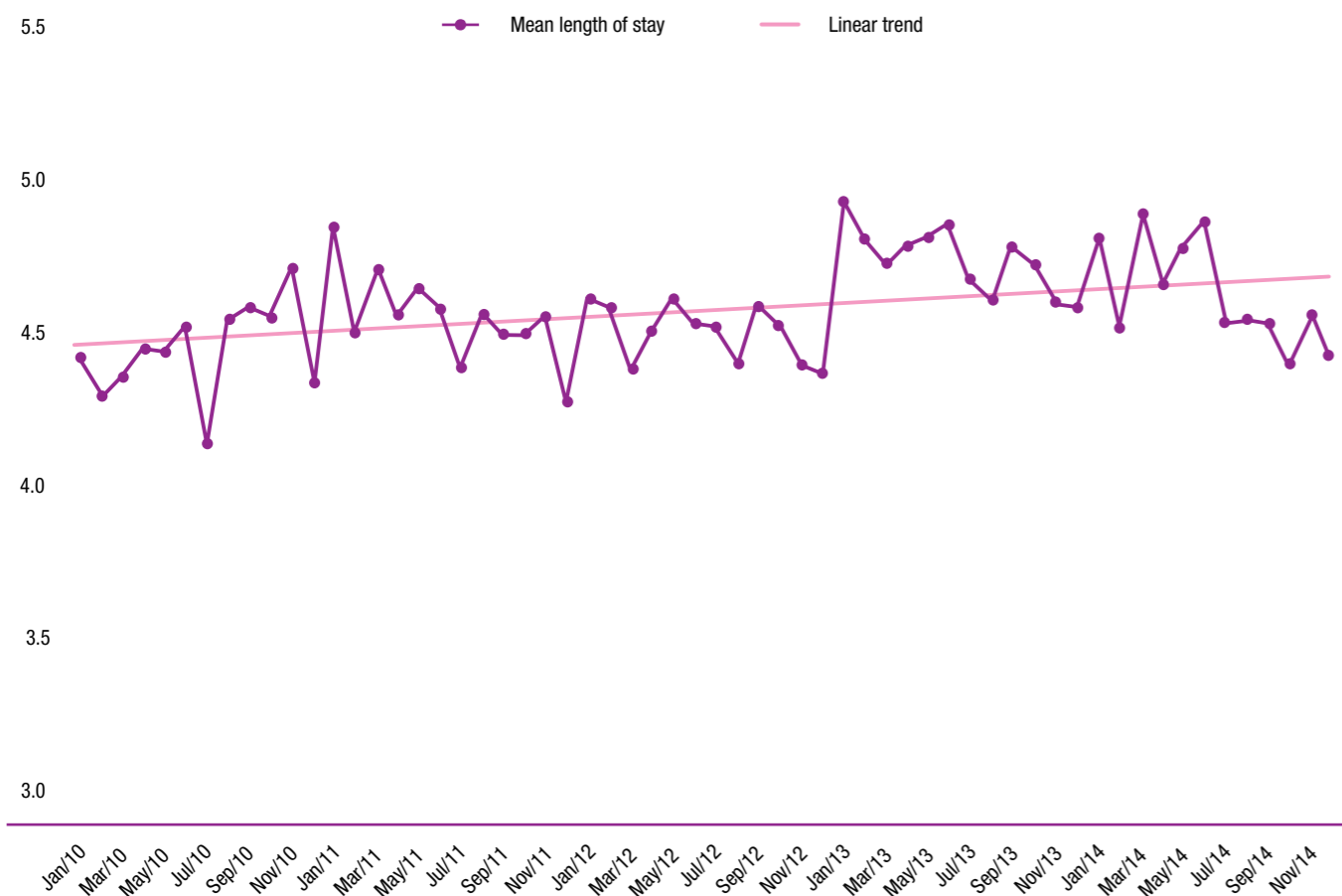
Despite these most recent efforts, the management of patients suffering from chronic diseases continues to represent an important challenge for hospitals, given the lack of other structures available to handle less complex cases or even cases that do not have home care covered by a great number of healthcare operators.

In 2014, a home care study group was created with the objective of evaluating the relevance of involving home care services, more precisely hospital-like home care, in ANAHP discussions. The group developed a tool to assess the need of home care and recommended to ANAHP to include this healthcare modality, which was approved by the Board meeting at the end of 2014.

Home care activities will be defined and developed throughout the year 2015 in order to improve the continuity of care and adjust even more the provision of services to the needs and desires of both patients and their family members. This initiative is an important step to encourage the improvement of the quality of home care services.

GRAPH 5

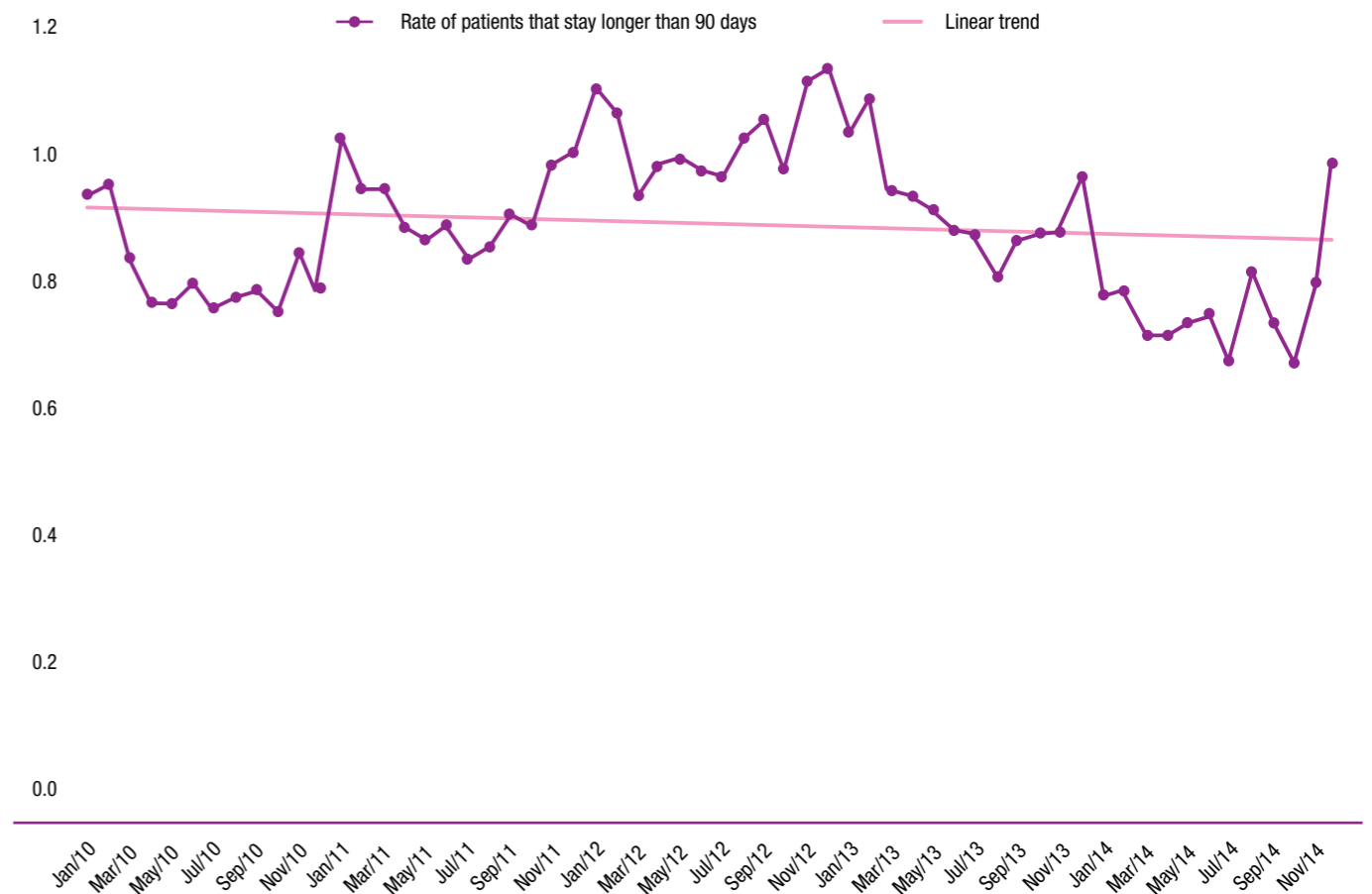
MONTHLY DISTRIBUTION OF MEAN LENGTH OF STAY – 2010 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

GRAPH 6

MONTHLY DISTRIBUTION OF LONG-TERM PATIENTS (> 90 DAYS) – 2010 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

Different aspects related to the implementation of new technologies, associated to the change of the demographic and epidemiological profiles of the population treated in hospitals, have introduced therapeutic resources that occasionally replace surgical procedures or even enable them to be performed in day hospitals or outpatient units.

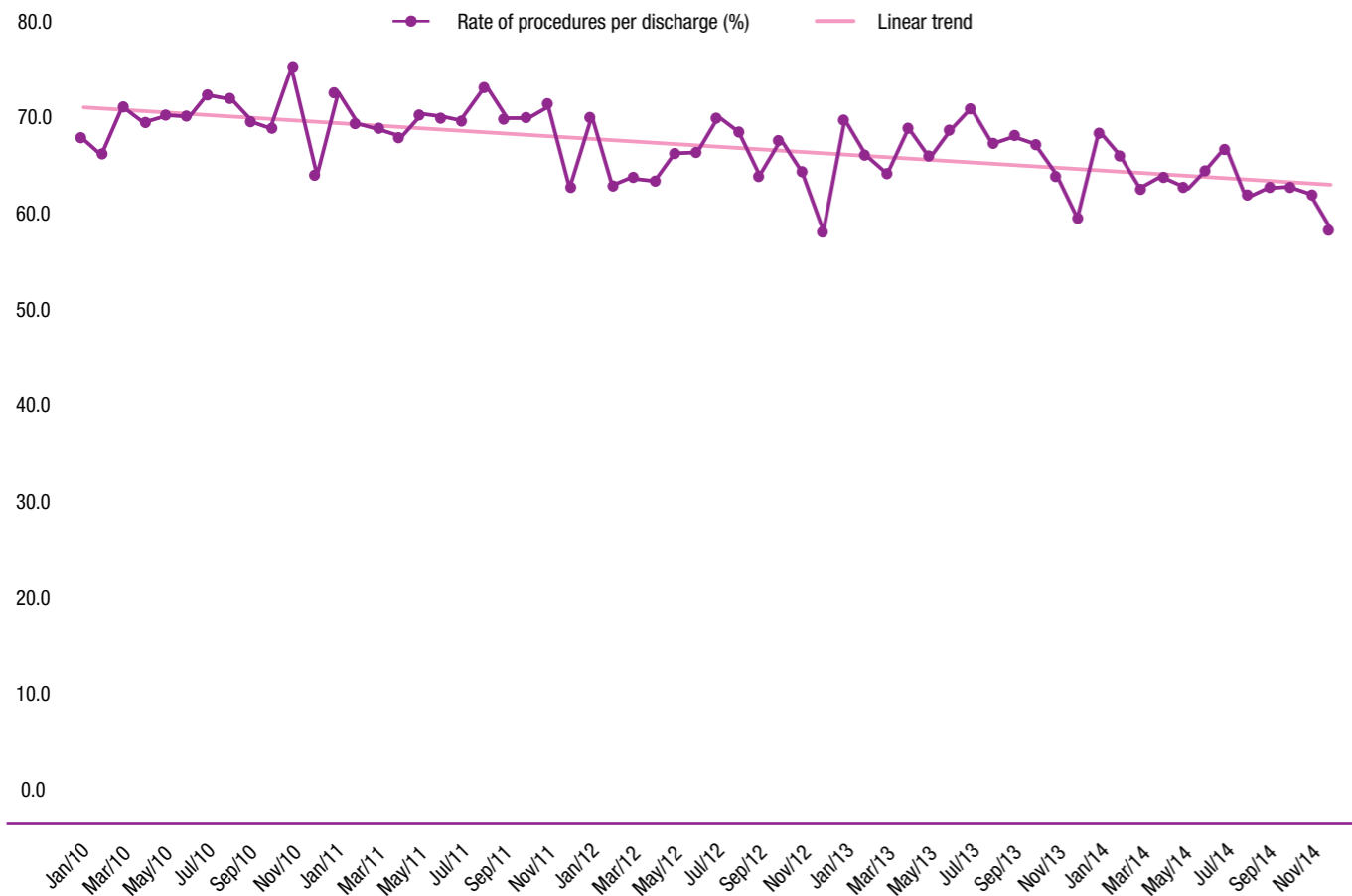
In addition, as seen before, given the greater proportion of elderly patients, there is a larger number of clinical admissions, whereas the rate of surgical procedures has dropped in the past years, achieving 64.1% in 2014 (Graph 7). There was a drop of 5% in relation to the previous year. Consequently, the surgical mortality rate and institutional mortality rate increased 18% and 9%, respectively, due to the increase of the severity of patients between 2010 and 2014. The surgical mortality rate alone increased 15% between 2013 and 2014, rising from 0.27% to 0.31% (Graph 8). This is because there was an increase in surgical complexity in hospitals level 4 without maternity unit, where a great number of surgical procedures are performed to treat patients with cancer. It is important to

highlight that the mortality rate in these hospitals dropped in the series even though there is still a great variation. In turn, the institutional mortality rate was on average 2% in 2014 (Graph 9).



GRAPH 7

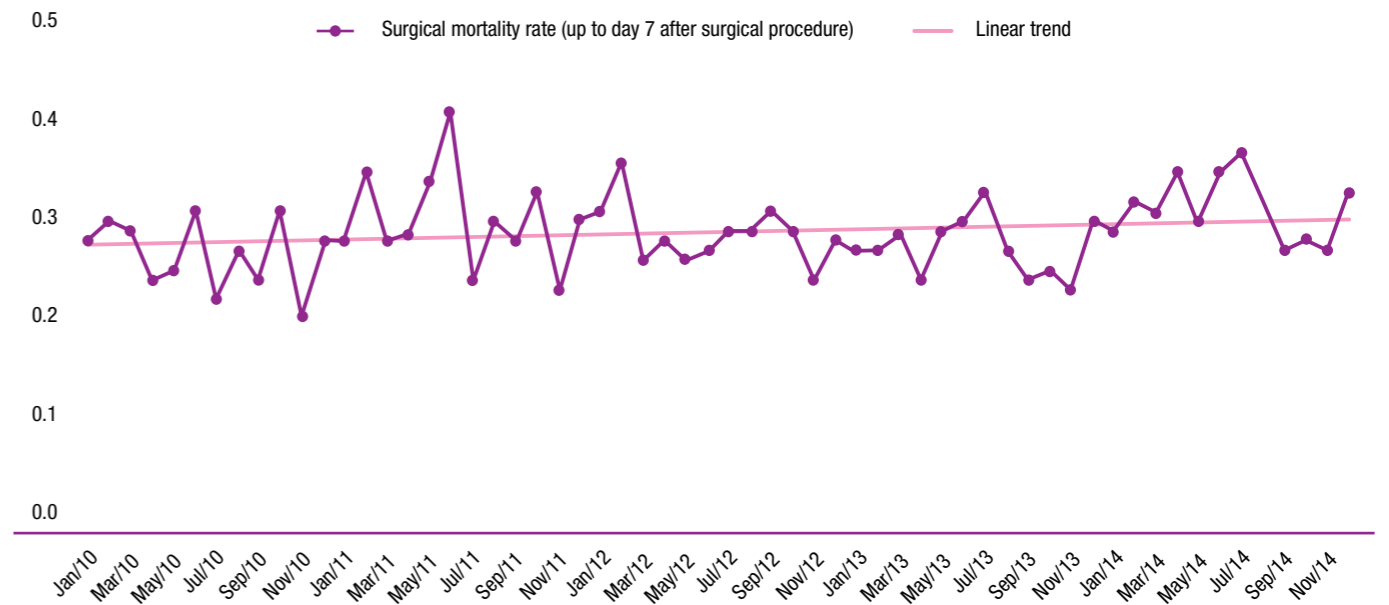
MONTHLY DISTRIBUTION OF RATE OF SURGICAL PROCEDURES – 2010 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

GRAPH 8

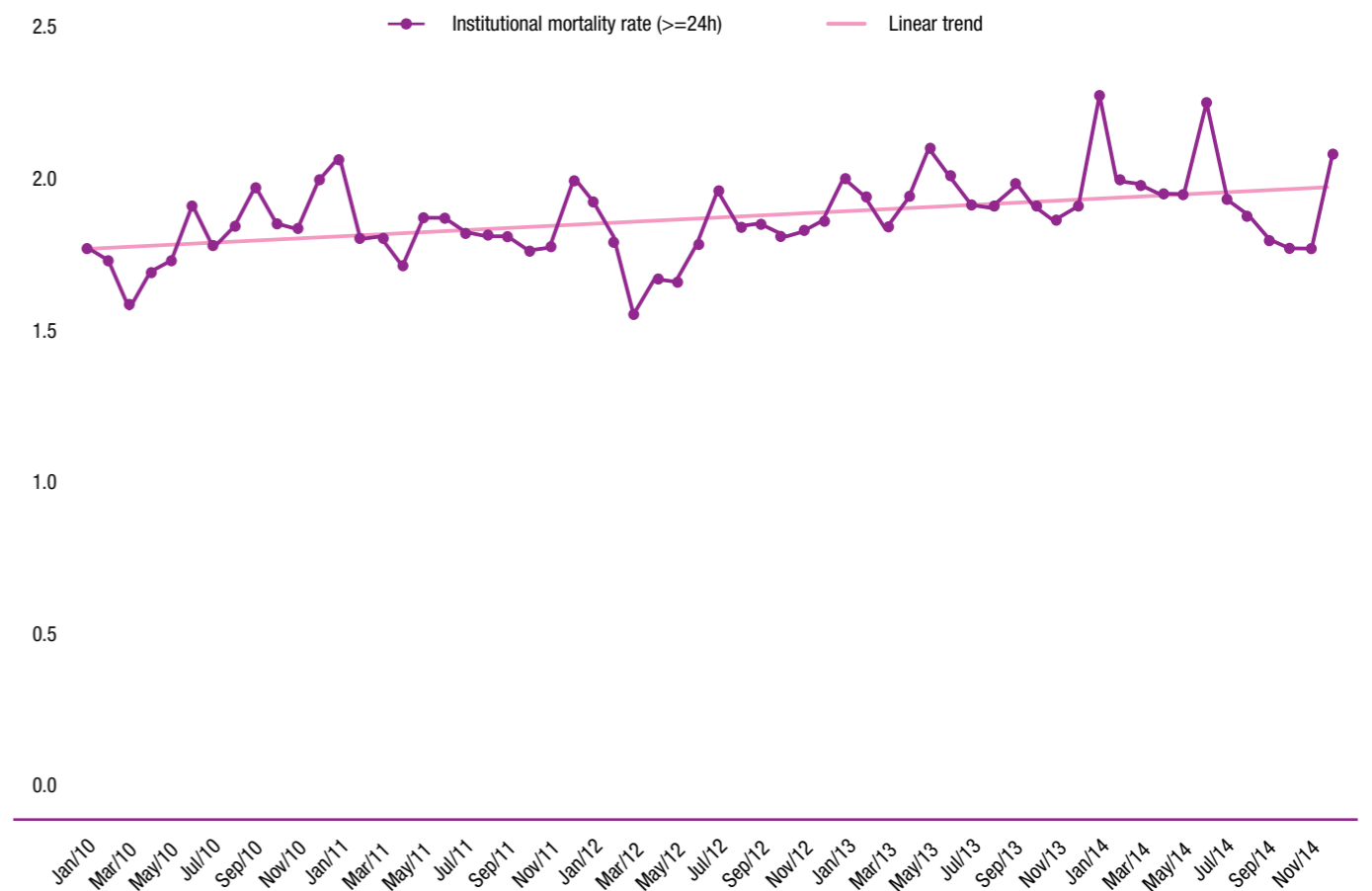
MONTHLY DISTRIBUTION OF SURGICAL MORTALITY RATE – 2010 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

GRAPH 9

MONTHLY DISTRIBUTION OF INSTITUTIONAL MORTALITY RATE – 2010 TO 2014
ALL ANAHP HOSPITALS



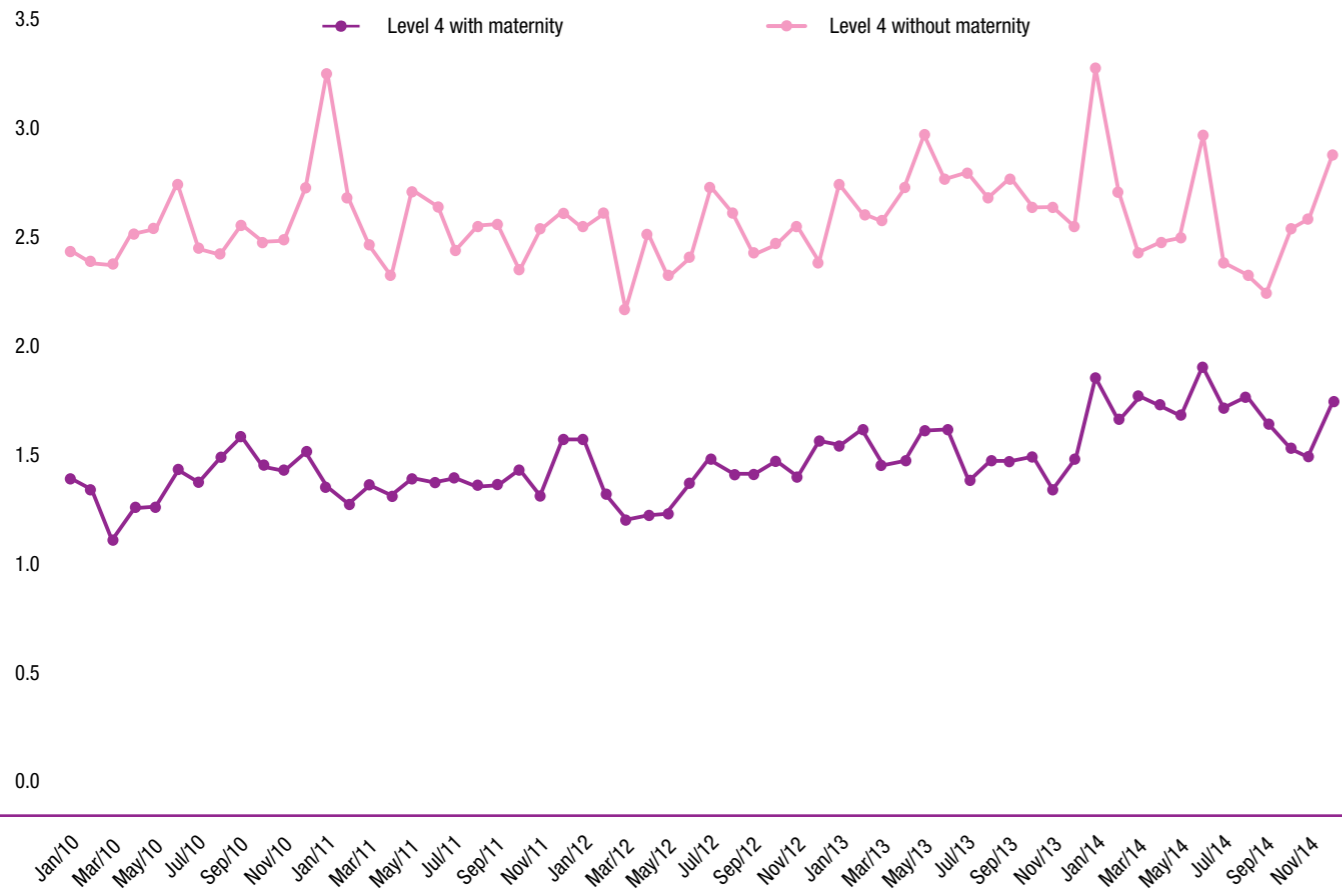
Source: Prepared by Anahp based on SINHA/ Anahp information.

In order to analyze in depth the surgical mortality rate, we have included mortality rates according to the ASA (American Society of Anesthesiology) as indicators.

The institutional mortality rate shows growth trend throughout the monitored series. This increase is due to the greater proportion of cases with average of older age, in which admission includes cancer surgeries and clinical treatments for patients suffering from multiple comorbidities. These healthcare services are mainly provided in hospitals level 4 without a maternity unit (Graph 10).

GRAPH 10

MONTHLY DISTRIBUTION OF INSTITUTIONAL MORTALITY RATE ACCORDING TO THE COMPARISON GROUP – 2010 TO 2014 ALL ANAHP HOSPITALS



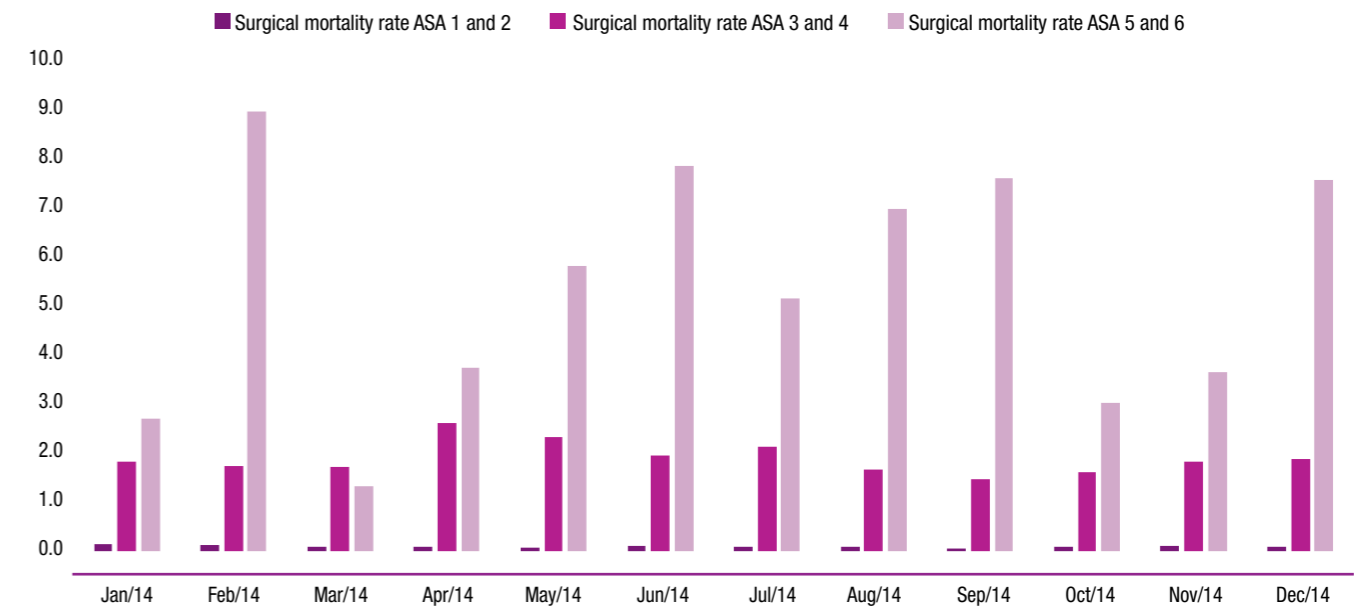
Source: Prepared by Anahp based on SINHA/ Anahp information.



In order to analyze in depth the surgical mortality rate, we have included mortality rates according to the ASA as indicators (Graph 11). This indicator includes a spectrum that goes from 1 to 6, where 1 represents a healthy patient and 6 a patient with brain death, maintained under controlled ventilation and perfusion for donation of organs (transplant). As expected, we have seen the mortality rate increases according to the anesthetic risk: patients ASA 5 and 6 have higher mortality rates, ranging from 1% to 9% with an average of 5.4%. Patients ASA 3 and 4 have an annual average of 1.9%. Patients ASA 1 and 2 showed annual average of 0.1%. As most patients are ASA 1 and 2, the surgical mortality rate was 0.3%.

GRAPH 11

DISTRIBUTION OF SURGICAL MORTALITY RATE ACCORDING TO PATIENT ASA – 2014 ALL ANAHP HOSPITALS

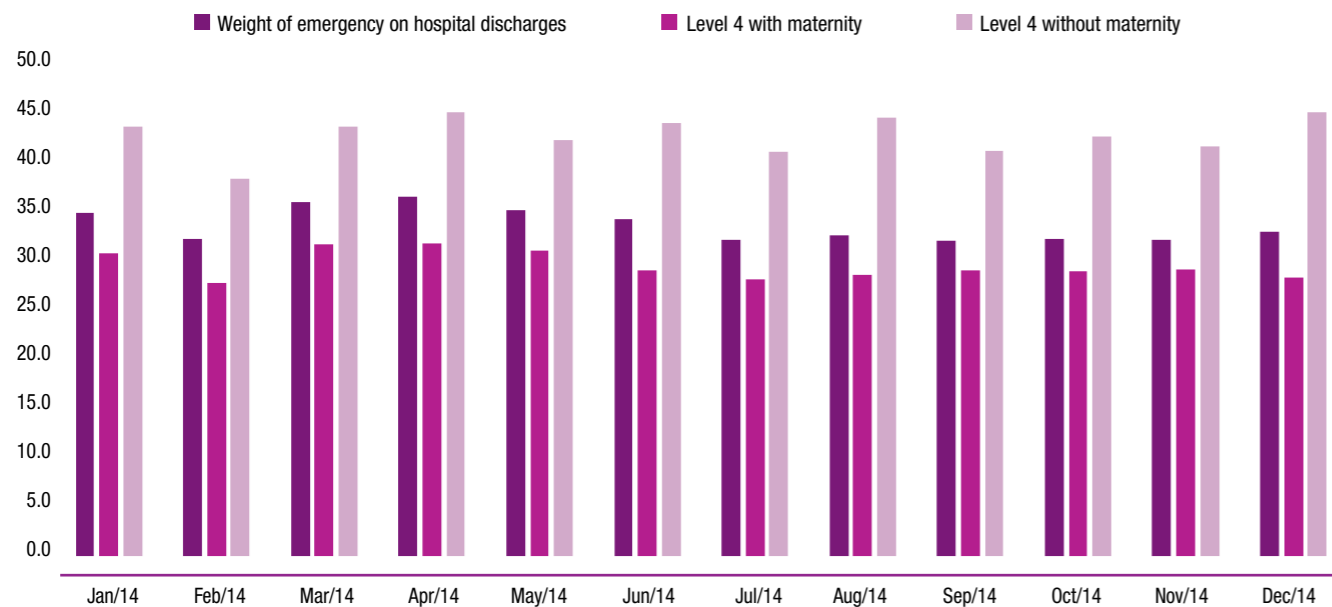


Source: Prepared by Anahp based on SINHA/ Anahp information.

Another important aspect to understand how hospitals work is the weight of hospitals discharges through emergency. In 2014, the weight of this indicator in ANAHP member hospitals ranged from 31% to 36%, where hospitals level 4 showed a greater proportion of hospital discharges through emergency. From 37% to 44% of hospital discharges are admitted through emergency (Graph 12).

GRAPH 12

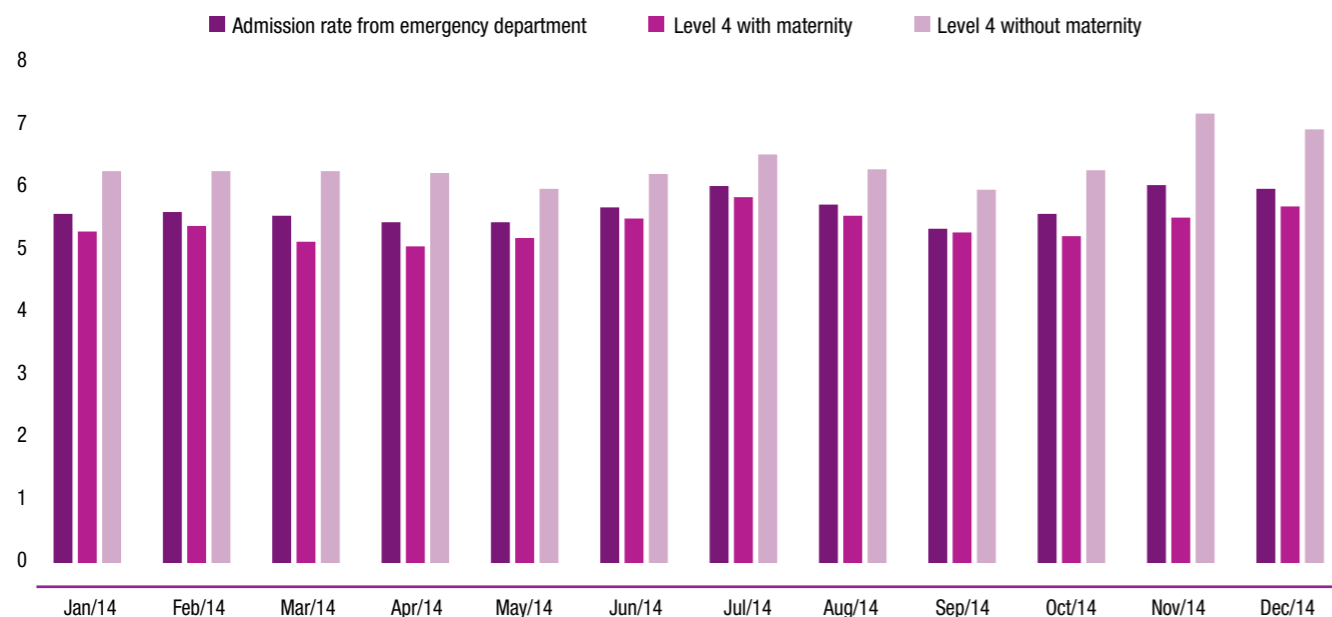
DISTRIBUTION OF EMERGENCY WEIGHT ON HOSPITAL DISCHARGES, ACCORDING TO THE COMPARISON GROUP – 2014 ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

GRAPH 13

DISTRIBUTION OF ADMISSION RATE FROM EMERGENCY DEPARTMENT, ACCORDING TO THE COMPARISON GROUP – 2014 ALL ANAHP HOSPITALS



Source: Prepared by Anahp based on SINHA/ Anahp information.

When the admission rate through emergency is analyzed, which corresponds to the proportion of patients admitted at the Emergency Department who are hospitalized, we can see there are no great differences in hospitals with or without a maternity unit (Graph 13).

NINGUÉM CONHECE MELHOR A ÁREA DE SUPRIMENTOS DE SUA INSTITUIÇÃO DO QUE VOCÊ.

Ninguém oferece as mais completas soluções para a gestão da cadeia de suprimentos do que a Bionexo.



Além de líder e especialista no mercado de e-procurement na área da saúde há 15 anos, a Bionexo é também a primeira a oferecer soluções completas para a gestão da cadeia de suprimentos, desde o planejamento da demanda até a entrega final do produto.



Bionexo.
Tradicionalmente completa.

bionexo.com

Clinical Performance

CLINICAL CARE QUALITY AND SAFETY

Safety indicators present positive results thanks to the investments made in quality programs

Anahp member hospitals have been accredited or are undergoing accreditation processes.

Hospitals may have one or more accreditation models, comprising: national processes – National Accreditation Organization (ONA), or international processes – Accreditation Canada International (ACI), Joint Commission International (JCI), or National Integrated Accreditation for Healthcare Organizations (NIAHO). For the past five years, many hospitals have conquered the accreditation model, including the entire hospital or specific clinical programs, such as heart failure, acute myocardial infarction, diabetes, etc.

Investing in accreditation has placed the hospitals in a higher level of quality and safety, which can be confirmed mainly by the improvement in clinical indicators.



For the past five years, many hospitals have been accredited by more than one accreditation model.



TABLE 1

ANNUAL SUMMARY OF SAFETY INDICATORS

INDICATOR	2010	2011	2012	2013	2014	VAR. 2014/2010
Density Rate of Hospital Infections – Adult ICU	13.7	11.8	11.3	10.1	9.8	-28.5
Utilization Rate of CVC – Adult ICU	57.5	57.0	58.8	55.8	53.9	-6.3
Rate of Hospital Infection in Adult ICU	3.4	3.3	2.9	2.8	3.5	2.9
Density Rate of Hospital Infections – Neonatal ICU	10.0	9.2	6.6	7.7	6.7	-33.0
Utilization Rate of CVC – Neonatal ICU	30.8	28.1	25.8	28.6	26.7	-13.3
Rate of Hospital Infection in Neonatal ICU	NA	5.0	3.9	6.3	6.7	34.0*
Density Rate of Hospital Infections – Step-Down Unit	NA	7.3	6.3	7.9	6.0	-17.8*
Utilization Rate of CVC – Step-Down Unit	NA	31.8	36.2	39.8	30.9	-2.8*
Density Rate of Hospital Infection associated with Central Venous Catheter in the Step-Down Unit	NA	1.7	1.2	2.4	2.9	70.6*
Observed/expected Mortality ratio in the Adult ICU	NA	0.6	0.6	0.5	0.6	0.0*
Surgical Site Infection Rate	0.5	0.6	0.5	0.7	0.7	40.0
Pressure Ulcer Rate	0.6	0.6	0.6	0.5	0.5	-16.7
Rate of Compliance with Prophylactic Antibiotic Therapy	NA	80.2	81.9	81.0	77.7	-3.1*
Rate of surgical site marking	NA	NA	91.8	85.2	53.9	-41.3**
Rate of patient record completion	NA	NA	86.9	79.8	85.6	-1.5**

NA: Not available, collection started later.
 Note: variation calculated between 2011 and 2014.
 Note: variation calculated between 2012 and 2014.
 Source: Prepared by Anahp based on information from SINHA/ Anahp.

As of 2014, new indicators in clinical quality and safety started to be collected.

For Clinical Care Quality and Safety: Density rate of hospital infection in pediatric ICU; utilization rate of central venous catheter in the pediatric ICU; density rate of central venous catheter-associated infection in pediatric ICU; risk classification for admission; waiting time for patients in the emergency/ urgency department according to risk classification (emergency and very urgent, urgent and not very urgent/ not urgent) (Table 2). On average, 20 hospitals submitted these data on a monthly basis throughout 2014.

TABLE 2

ANNUAL SUMMARY OF NEW SAFETY INDICATORS

INDICATORS	2014
Density Rate of Hospital Infections – Pediatric ICU (per thousand)	7.2
Utilization Rate of CVC – Pediatric ICU (%)	41.5
Density Rate of Hospital Infection associated with Central Venous Catheter in the Pediatric ICU (per thousand)	4.8
Risk classification for admission (%)	83.5
Waiting time for patients in the urgency/ emergency department according to risk classification emergency and very urgent (min)	19.5
Waiting time for patients in the urgency/ emergency department according to risk classification urgent (min)	35.2
Waiting time for patients in the urgency/ emergency department according to risk classification not very urgent/ not urgent (min)	51.0

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



As of 2014, new indicators in clinical quality and safety started to be collected.

As of 2014, new indicators in clinical quality and safety started to be collected.

RATE OF HOSPITAL INFECTION IN ADULT ICU

- Hospitals show linear trend for significant reduction of ICU infection rates.
- 6% drop in rate of CVC use within 5 years.
- 3% increase in CVC associated-infection rate within 5 years.

RATE OF HOSPITAL INFECTION IN NEONATAL ICU

- Linear trend of decrease in neonatal ICU rates, presenting great variation throughout the year.
- Reduction in rate of catheter use.
- The catheter-associated infection rate has some limitations in its analysis: In the first year, data collection was not correctly made; linear trend analysis has clearly shown 6% increase in comparison with 2013.

RATE OF HOSPITAL INFECTION IN STEP-DOWN UNITS

- Between 2011 and 2014, many hospitals that did not use to monitor hospital infection rates in the step-down units started to do it. Thus, year comparisons should be carefully interpreted. Between 2013 and 2014, there was been increase in incidence of infection rate, partially due to better documentation.

DENSITY RATE OF HOSPITAL INFECTION

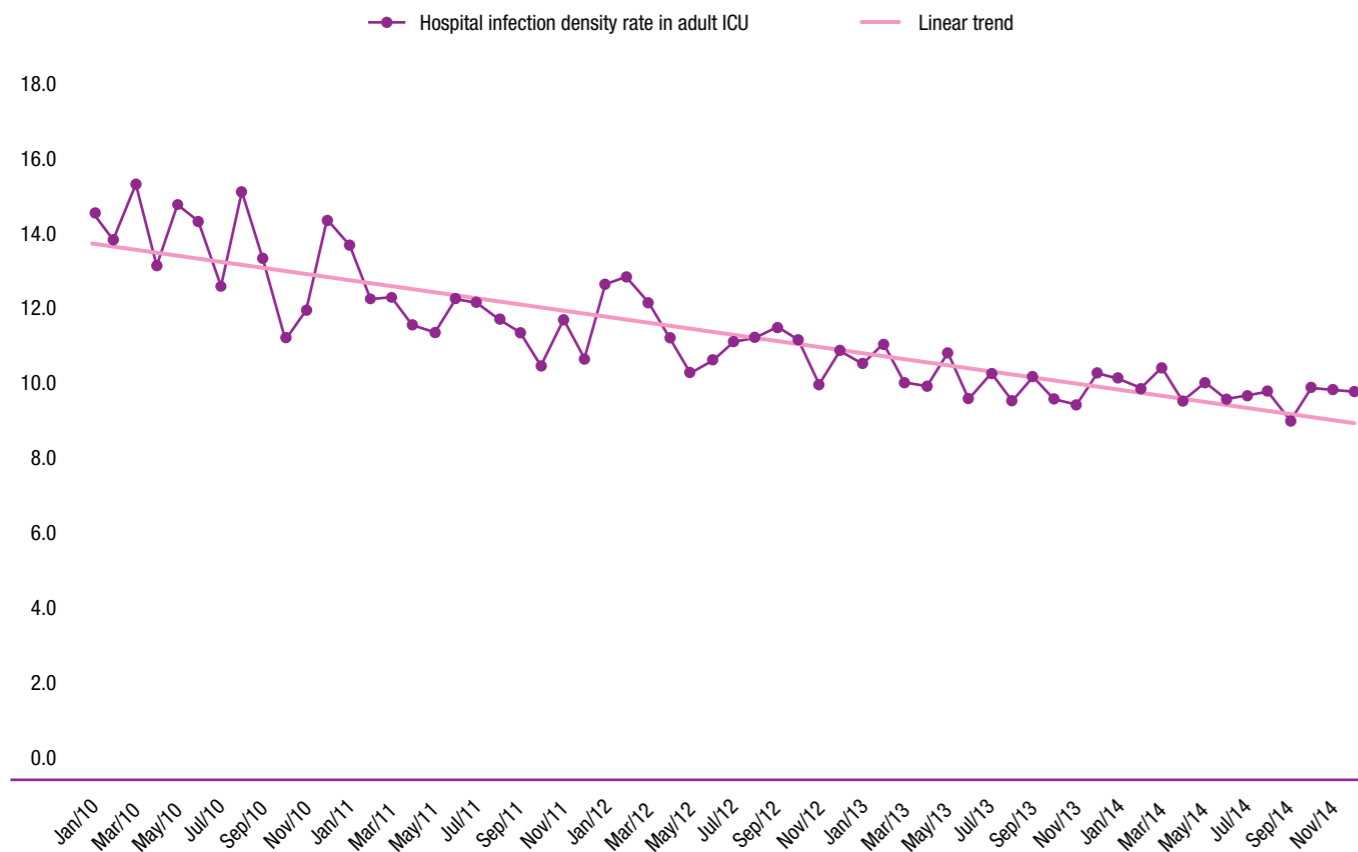
$$\frac{N \text{ of hospital infections}}{N \text{ of patients-day}} \times 1.000$$

of devices. Such integrated actions have led to greater reduction of device-associated infection rates. Rates of incidence of general infection in the adult ICU showed significant reduction trend between 2010 and 2013 (Graph 1). Comparing it with 2014, the indicator has been stable, amounting to 10 by 1000 patients-day. Reduction in infection incidence rate in ICUs shows greater safety in patient care and better outcomes to the entire healthcare system, especially considering the increase in number of clinical patients, greater proportion of patients over 50 years, and prevalence of comorbidities. Such factors increase the intrinsic risk of patients acquiring healthcare-associated infections. Another important aspect to mention is the implementation of bundles, which had great compliance within critical units in the first years, resulting in significant impact, but which might have reached to maximum effectiveness level. Another possibility that could explain the stable levels obtained last year is related with the practices of hospitals that joined SINHA in 2014, which were not used to employing strategies such as the bundles.

The rate of Hospital Infection (calculated by Number of hospital infections/ N of patients-day x 1,000) is directly related with best clinical practices and safety of intensive care units. Implementation and compliance of the clinical teams to the bundles (guidelines of care) in the intensive care units have had major impact on the reduction of device-associated infections. Rates of incidence related to central vascular catheter and mechanical ventilation use have contributed to more appropriate indication, more timely weaning, and more standardized nursing handling

GRAPH 1

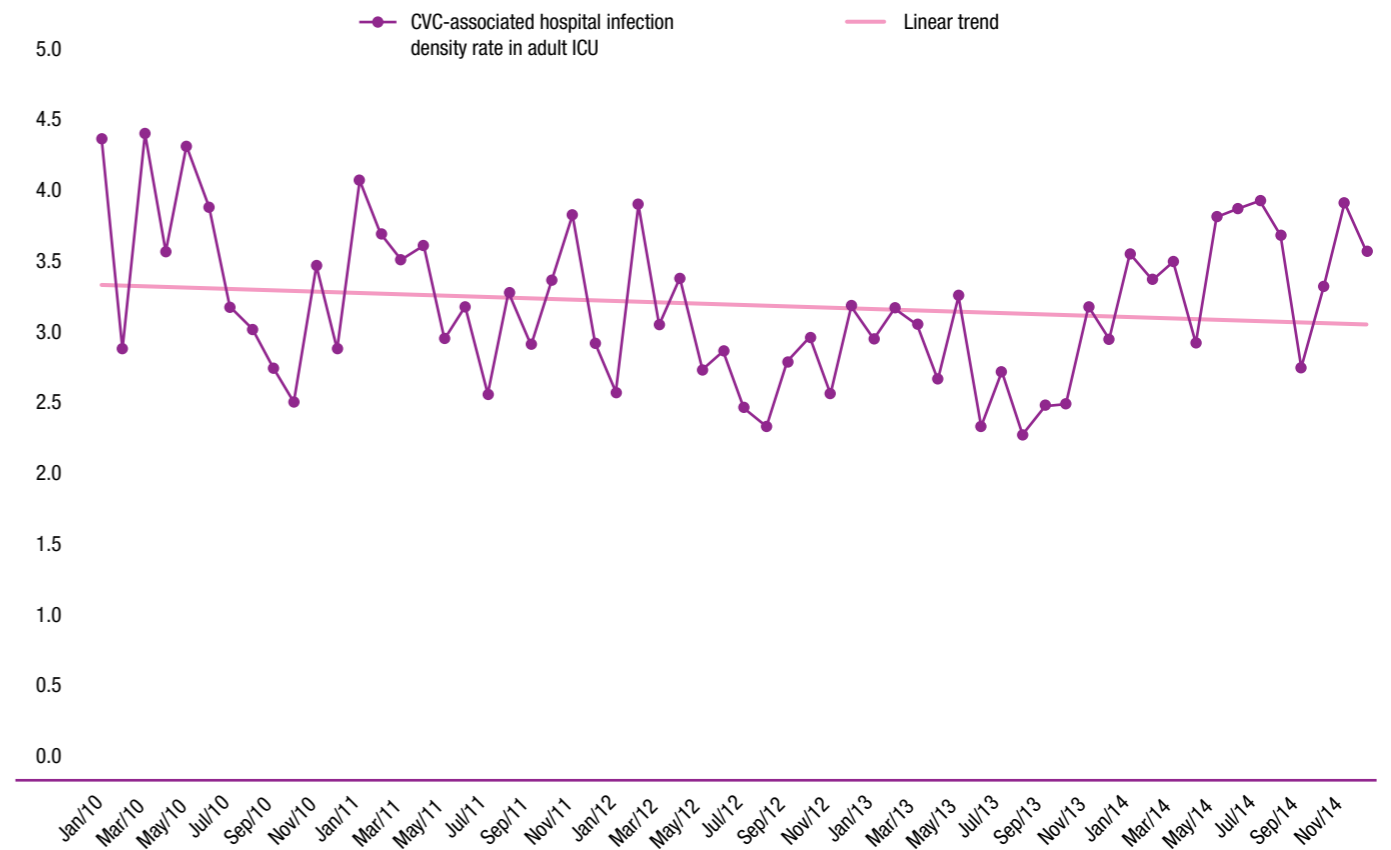
MONTHLY DISTRIBUTION OF HOSPITAL INFECTION DENSITY RATE (PER 1,000 PD) IN ADULT ICU – 2010 TO 2014 ALL ANAHP HOSPITALS



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

GRAPH 2

MONTHLY DISTRIBUTION OF CVC-ASSOCIATED HOSPITAL INFECTION DENSITY RATE (PER 1,000 PD) IN ADULT ICU – 2010 TO 2014 ALL ANAHP HOSPITALS



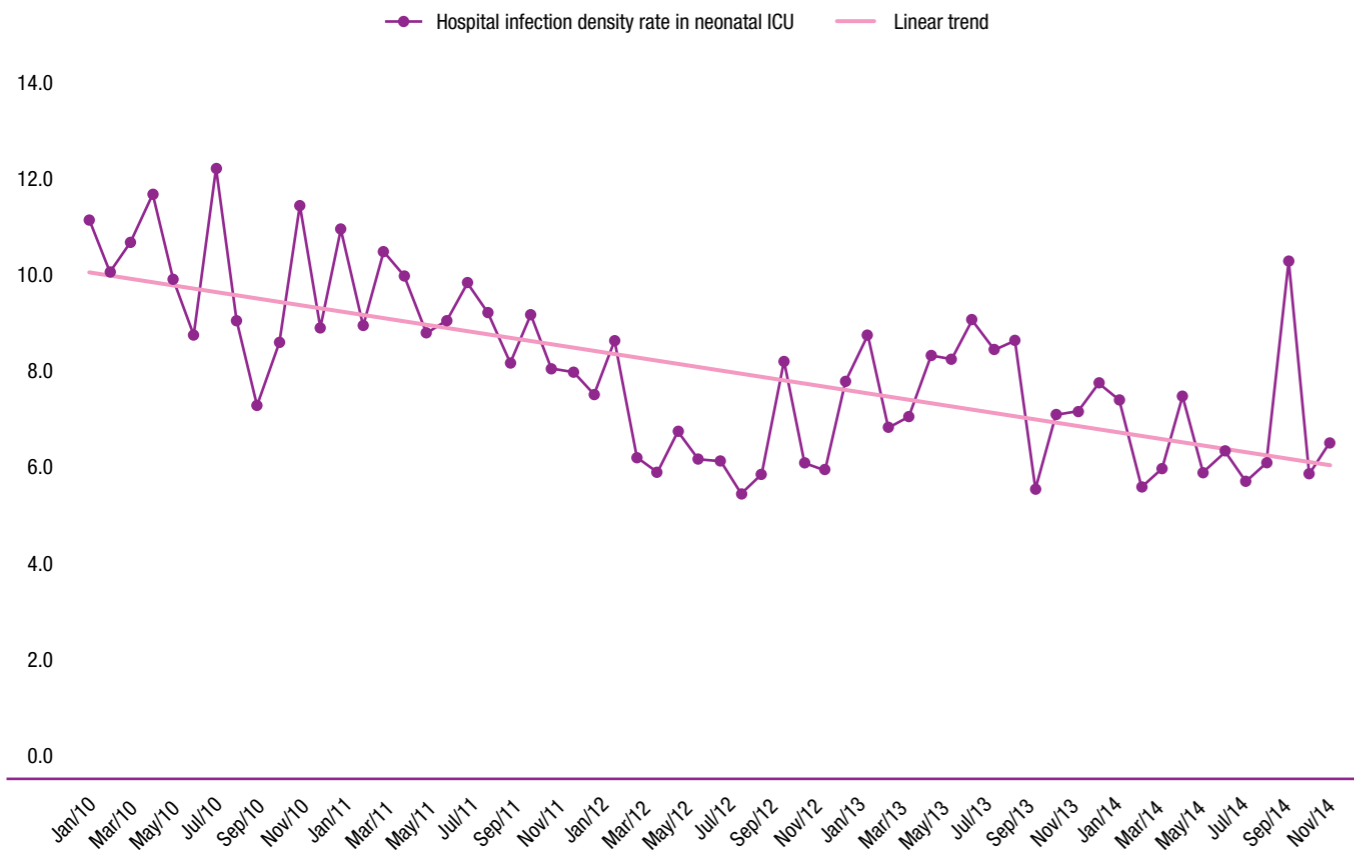
Source: Prepared by Anahp based on information from SINHA/ Anahp.

The incidence rate of central venous catheter-associated infections in adult intensive care unit has also been reduced, but compared to 2013 the rates have increased to 3.5 per 1000 patients-day (Graph 2). Once again, the main reason for it may stem from greater heterogeneity of the hospital members, which is a trend that has been observed for some years now.



GRAPH 3

MONTHLY DISTRIBUTION OF HOSPITAL INFECTION DENSITY RATE (PER 1,000 PD) IN NEONATAL ICU – 2010 TO 2014
ALL ANAHP HOSPITALS



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

The increase might also be related with greater utilization rate of central venous catheter, but that has not been the case. The utilization rate ranged from 52% in January (the lowest rate) to 56% in June (the highest rate) in adult intensive care units throughout 2014. An element that may have contributed to this increase is the greater proportion of severe cases in the adult ICU: As the proportion of clinical cases has been increasing, there is also greater prevalence of comorbidities, leading to increased severity scores at admission which, consequently, results in higher risk of device-associated infection. Quality of care at intensive care units is a key aspect of hospital service management. Reducing healthcare-related infection risks and preventing complications are a continuous quality improvement struggle in the organizations. Such actions result in fast recovery of patients, who can resume their regular activities, lower social cost, lower proportion of disabilities and better quality of life. In addition, these actions result in lower risk of readmissions, which represents significant savings for the healthcare system.

In the neonatal intensive care unit the significant reduction in hospital infection incidence rate has also been observed (Graph 3). The rate went down from 10 per 1000 patients-day in 2010 to 7.7 and 6.7 to 1000 patients-day in 2013 and 2014, respectively.

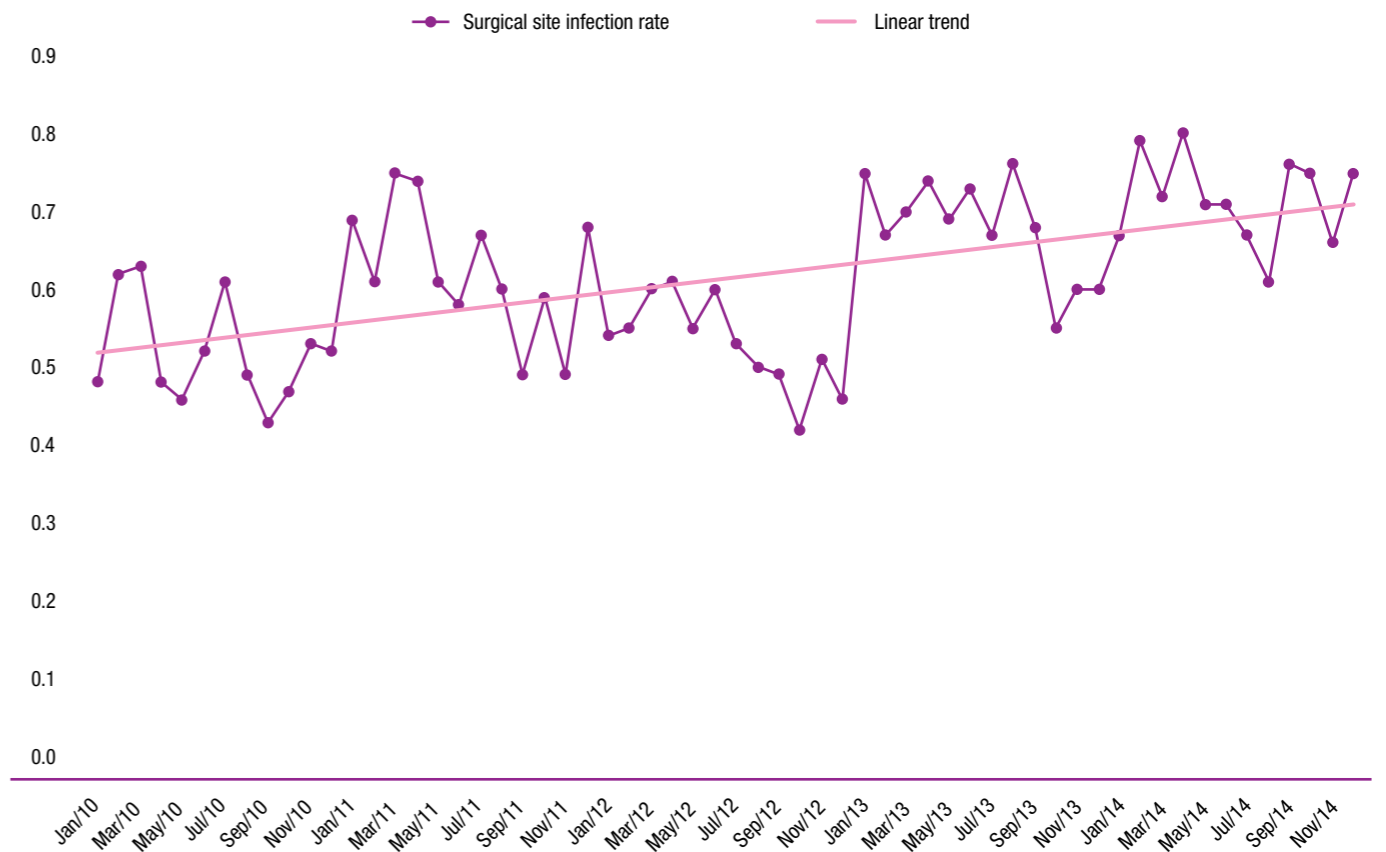
The infection rate in Neonatal ICU reduced from

7.7 to **6.7**

per thousand patient-days between 2013 and 2014

GRAPH 4

MONTHLY DISTRIBUTION OF SURGICAL SITE INFECTION RATE – 2010 TO 2014
ALL ANAHP HOSPITALS



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

CVC-associated infection rates in neonatal ICUs have presented great variation since the beginning of data collection: 34%.

However, CVC-associated infection rates in neonatal ICUs have presented variation data collection: 34%. Two elements have contributed to greater differences: first of all, greater proportion of older first-time mothers that tend to have more comorbidities, conveying greater complexity to perinatal care and, secondly, greater proportion of preterm babies. These situations may increase the risks of device-associated infections. In step-down units, the same indicators are used to monitor infection rates, central venous catheter utilization rate, and central venous catheter-associated infection rates. In 2014, 13 hospitals with step-down units reported infection rates and central venous catheter utilization rates, which presented reduction from previous submitted data. In turn, CVC-associated hospital infection rate showed increased values between 2013 and 2014. Patients in the step-down unit tend to have a complex profile, with greater variability of clinical status, requiring additional nursing and rehabilitation care.

Another important indicator in surgical care quality in hospitals is surgical site infection rate (Graph 4). There is increased volatility in this series, especially in hospitals level 4 without maternity, reinforcing surgical complexity of these hospitals combined with high prevalence of comorbidities (Graph 5). The increase in cancer patients in these hospitals may have contributed to explain these rates.

Reducing healthcare-related infection risks and preventing complications are a continuous quality improvement struggle in the organizations.

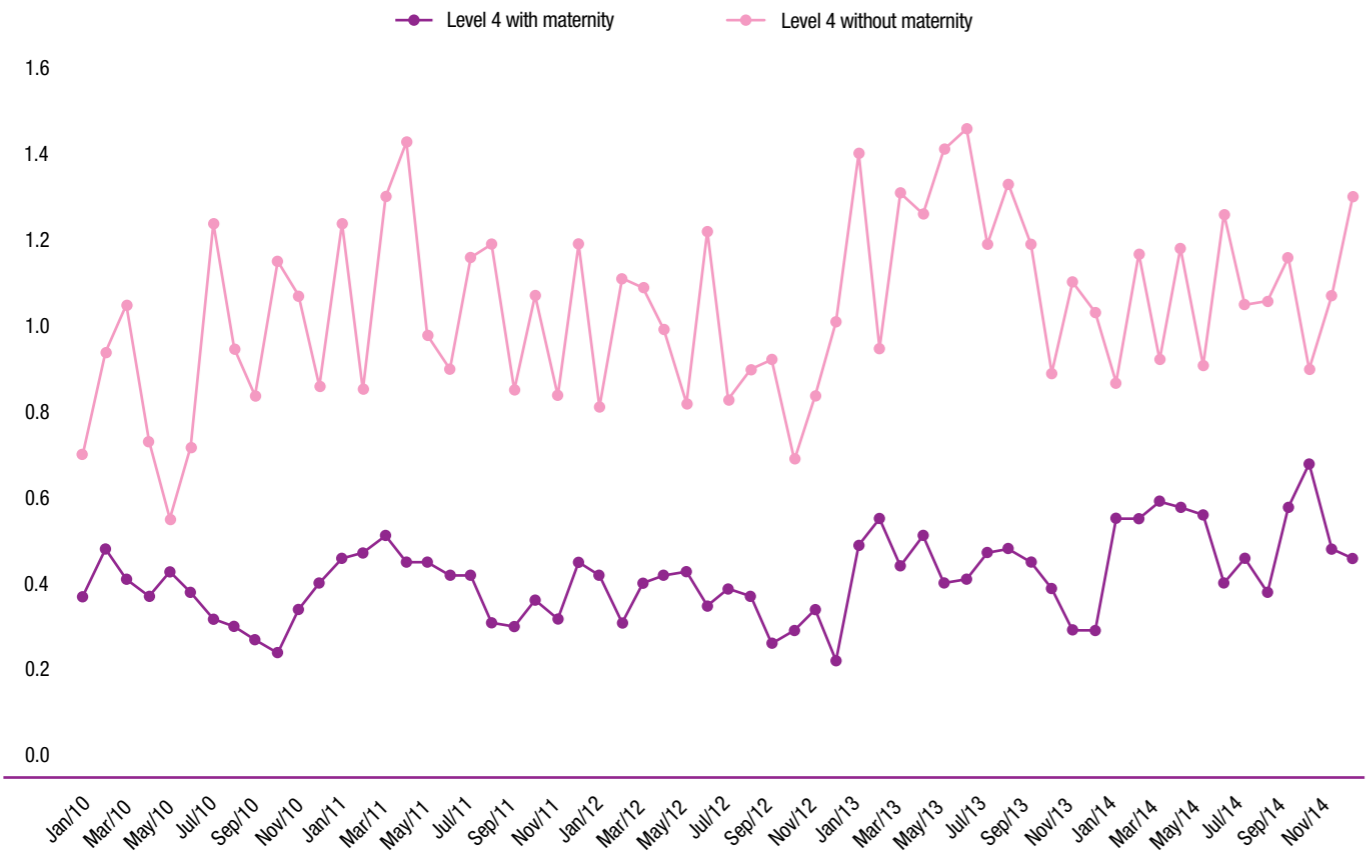


There are three indicators used to assess quality of care of surgical patients: rate of compliance with prophylactic antibiotic therapy, rate of compliance with surgical site marking, and rate of compliance with patient record completion. Rate of compliance with prophylactic antibiotic therapy is an indicator that shows quality and safety in surgical patient care. The indicator shows the compliance rate with the standardized recommendations, time of administration and duration of the care process. The latter is critical and essential for the indicator to fall within

acceptable levels, as compliance with the process shows results close to 90%, but it still deserves major investments to improve knowledge base and compliance by surgeons. In 2014, the rate ranged from 69 and 87%, annual average below that of 2013 and previous years, which may also be explained by the inclusion of the new hospitals. The great variability of the indicator throughout 2014 reinforces this hypothesis, as new hospitals might be still adapting their practices to what is recommended by Anahp group hospitals (Graph 6).

GRAPH 5

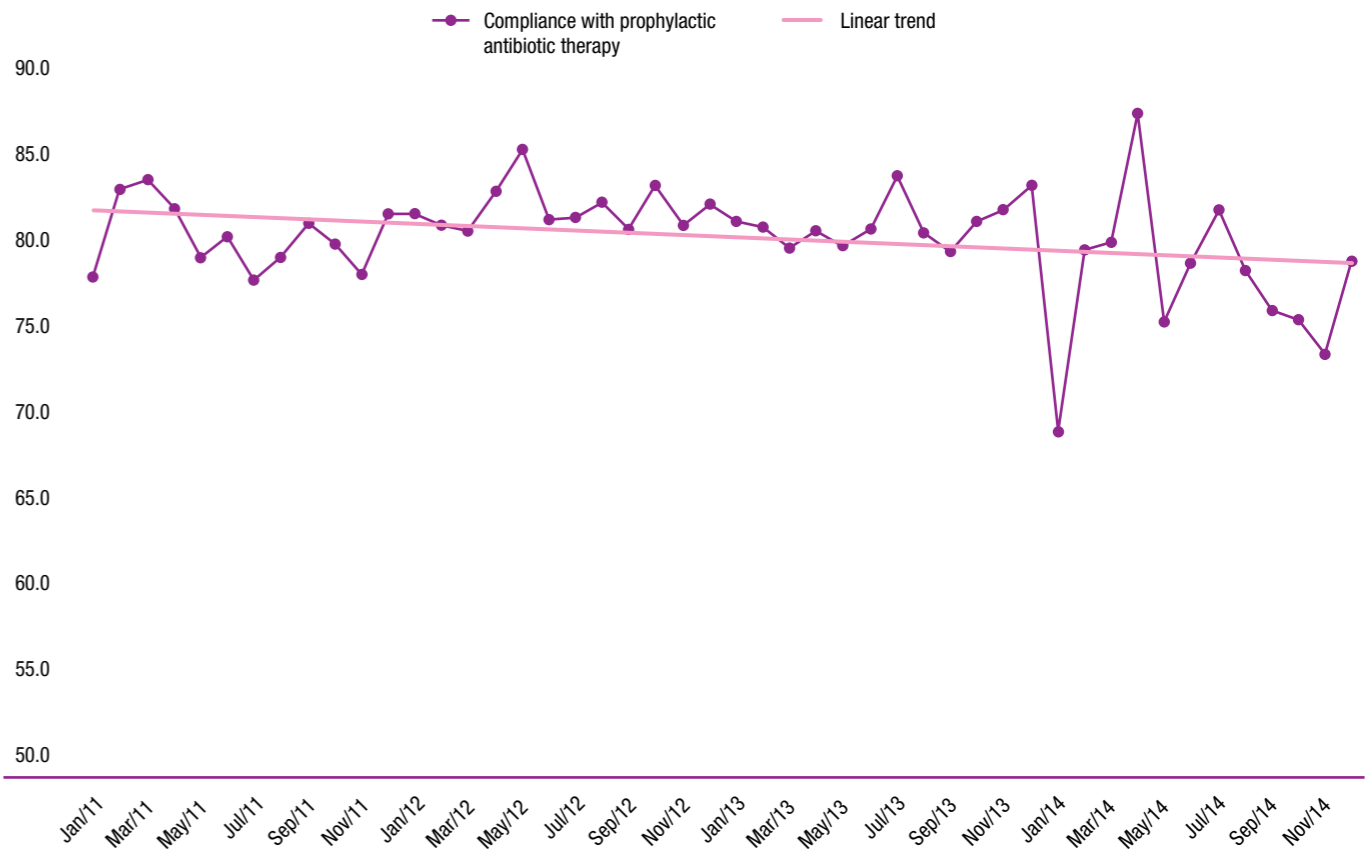
MONTHLY DISTRIBUTION OF SURGICAL SITE INFECTION RATE BY COMPARISON GROUP – 2010 TO 2014 ALL ANAHP HOSPITALS



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

GRAPH 6

MONTHLY DISTRIBUTION OF COMPLIANCE WITH PROPHYLACTIC ANTIBIOTIC THERAPY – 2011 TO 2014 ALL ANAHP HOSPITALS



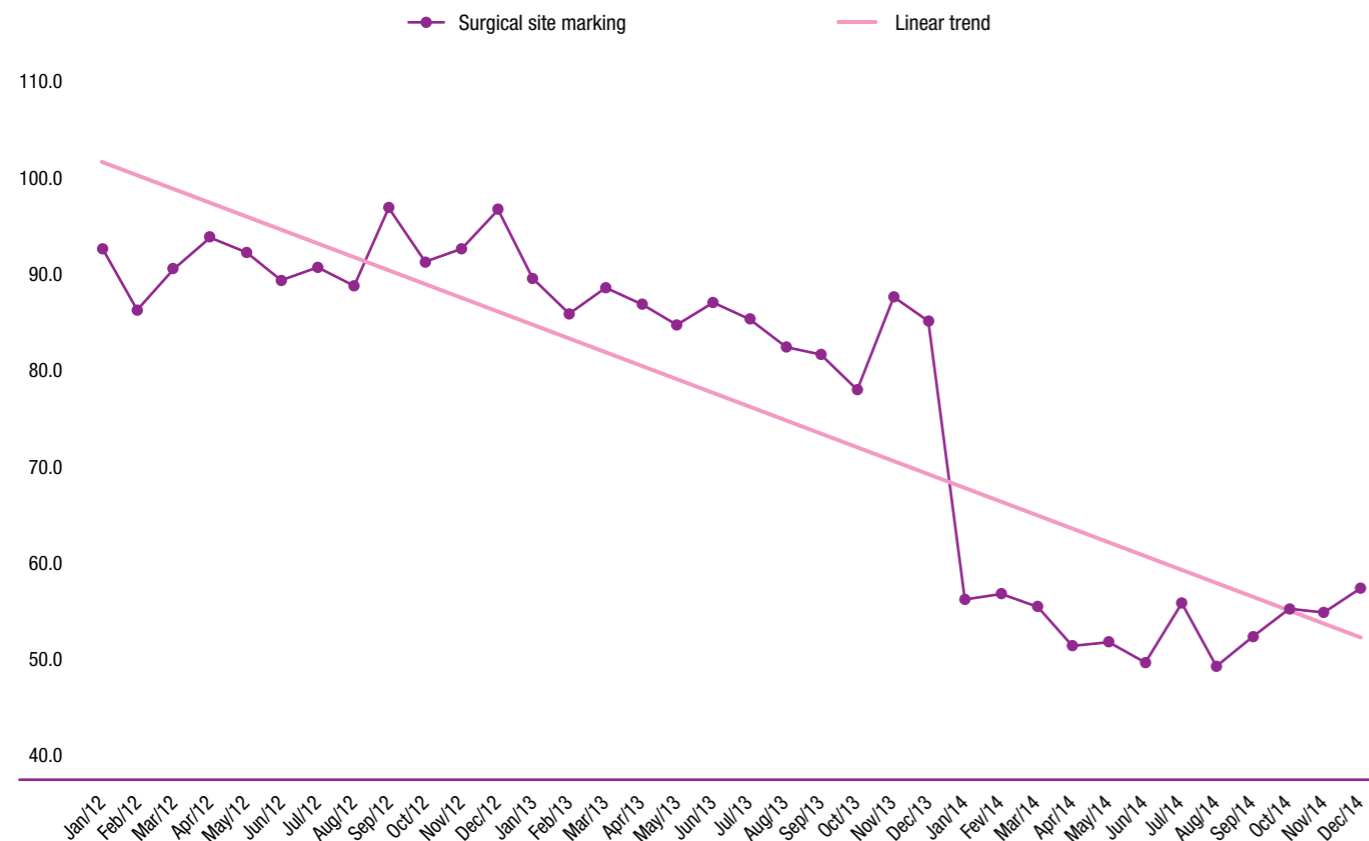
Source: Prepared by Anahp based on information from SINHA/ Anahp.

Moreover, the rate of surgical site marking is monitored to assess the implementation of patient safety programs in hospitals. This rate has been decreasing as it used to be monitored as a compliance rate with laterality marking. However, as of 2014, we have started to assess surgical site marking, expanding the number of surgical specialties included for monitoring. There is the possibility that newly included hospitals have not consolidated this practice yet (Graph 7).



GRAPH 7

MONTHLY DISTRIBUTION OF SURGICAL SITE MARKING – 2012 TO 2014
ALL ANAHP HOSPITALS

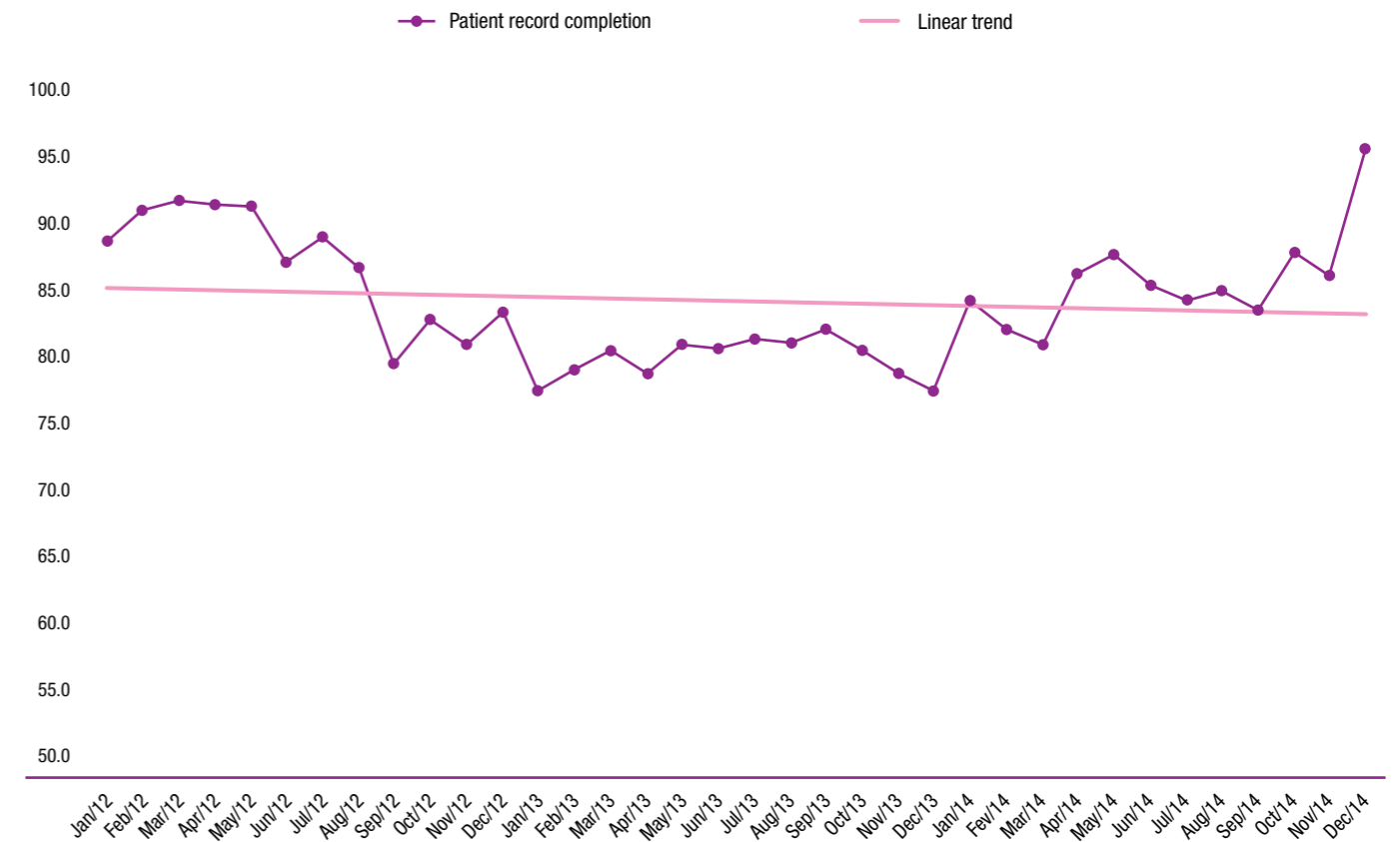


Source: Prepared by Anahp based on information from SINHA/ Anahp.

The rate of compliance with patient record completion has ranged from 81 to 96%, average of 86% – greater than the one from 2013 (Graph 8). This is a quality standard that shows safety and commitment with patient care, to be constantly improved.

GRAPH 8

MONTHLY DISTRIBUTION OF PATIENT RECORD COMPLETION (DISCHARGE SUMMARY) – 2012 TO 2014
ALL ANAHP HOSPITALS

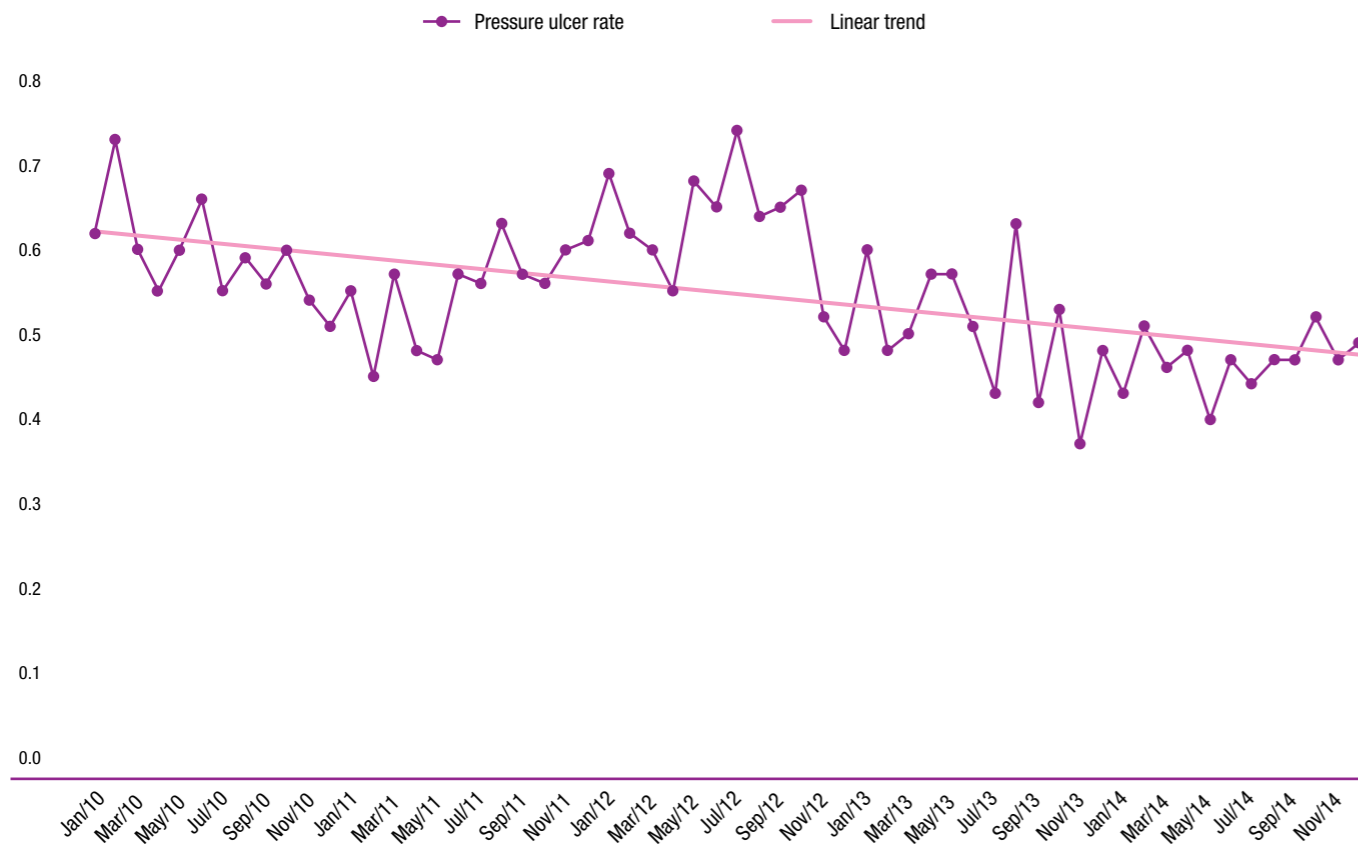


Source: Prepared by Anahp based on information from SINHA/ Anahp.

Nursing care quality is essential for patient care and it has a key role in preventing healthcare-associated complications. In order to assess nursing care quality, one widely used indicator is pressure ulcer incidence rate. As shown in Graph 9, there has been decrease in pressure ulcer incidence rate, showing improvement of nursing care in these hospitals. Indirectly, this result shows and reinforces the investments made in continuous capacity building and qualification of teams for patient management.

GRAPH 9

MONTHLY DISTRIBUTION OF PRESSURE ULCER RATES (PER 100 DISCHARGES) – 2010 TO 2014
ALL ANAHP HOSPITALS



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

Indicators of quality and safety should be interpreted according to the structure and clinical profile of hospitals. Said that, the new sample composition has some benchmarking limitations, considering the higher number of level 3 hospitals and the lower complexity of patients, on average. Despite the introduction of new indicators in 2014, many aspects of great importance are still not monitored, such as the six international patient safety goals. Some examples are correct patient identification, high-alert medication, falls and effective communication. There is still a wide range of specific indicators that Anahp should incorporate in upcoming years. During the second semester of 2014, Anahp carried out a survey with the hospitals to assess SINHA and

to collect suggestions of indicators already monitored by the hospitals or those considered relevant for patient quality and safety processes. There is great variability in the indicators monitored by the hospitals but, above all, there is variability in the level of maturity of their quality and safety systems, despite the fact the members form a selected group of hospitals. Any modification to the indicators

would impact the group of hospitals, which would curb the initiative to improve SINHA as a whole, whose main purpose is to enhance the participation of more hospitals in the current system. 2015 will be dedicated to reviewing SINHA and we expect to make considerable modifications to patient safety data, which is a clear area of improvement in Brazil and in the world.

2015 will be dedicated to reviewing SINHA and we expect to make considerable modifications to patient safety data.

QUALIDADE DE VIDA EM PRIMEIRO LUGAR



PARA ISSO, A SODEXO TEM O **PORTIFÓLIO MAIS COMPLETO DO MERCADO.**

OFERECEMOS **SOLUÇÕES FOCADAS NO BEM-ESTAR DE PACIENTES, ACOMPANHANTES, MÉDICOS E COLABORADORES DE INSTITUIÇÕES DE SAÚDE.**

PACIENTES



MÉDICOS



A SODEXO OFERECE UMA GAMA DE SERVIÇOS QUE LEVAM QUALIDADE DE VIDA A TODOS:
DE ALIMENTAÇÃO E DIETAS ESPECIALIZADAS, A SERVIÇOS DE HOTELARIA, MANUTENÇÃO CLÍNICA E PREDIAL, RECEPÇÃO, JARDINAGEM, TRANSPORTE DE PACIENTES ENTRE OUTROS.

CONTE COM A SODEXO EM SUA INSTITUIÇÃO.
sejacliente@sodexo.com

sodexo
SERVIÇOS DE QUALIDADE DE VIDA



A survey carried out with Anahp hospitals has concluded that 96% of them have implemented clinical protocols.

Clinical Performance

INSTITUTIONAL PROTOCOLS

Monitoring of clinical protocols at Anahp member hospitals provides information to continuously improve clinical practice

Good clinical practices require the use of protocols, their monitoring and continuous improvement. Thus, SINHA has monitored indicators related with some clinical protocols. To present, Anahp has not developed specific protocols, but the monitored indicators emphasize the need to adopt the protocols advocated by the specialty societies, especially international ones.



A survey carried out this year with Anahp member hospitals has shown that 96% of them have some protocol implemented, out of which 82% are for acute myocardial infarction, 59% for ischemic stroke, 76% for sepsis, 33% for congestive heart failure, 31% for community-acquired pneumonia in adults, and 25% for community-acquired pneumonia in children. In 2014, data completion and accuracy improved, proving more robust benchmarking to support clinical management of hospitals. In Table 1, we can see a summarized version of institutional protocols for management of cardiovascular diseases, to wit: acute myocardial infarction, ischemic stroke, and congestive heart failure.

TABLE 1

ANNUAL SUMMARY OF INDICATORS FOR INSTITUTIONAL PROTOCOLS – CARDIOVASCULAR

SELECTED PATHOLOGIES	INDICATOR	2010	2011	2012	2013	2014	VAR. 2014/2010
Acute myocardial infarction (AMI)	Door-to-Balloon Time (minutes)	107.7	85.7	82.7	86.4	66.8	-38.0
	Mean length of stay (days) – AMI	7.8	8.1	8.7	7.6	7.6	-3.1
	Rate of Angioplasty in AMI (%)	69.8	78.9	83.7	76.0	79.5	14.0
	Rate of Aspirin at Discharge in AMI (%)	75.0	68.9	89.6	71.2	87.5	16.7
	Rate of mortality from AMI with STEMI (%)	8.2	8.6	7.3	7.0	8.3	1.5
	Mortality rate – AMI (%)	5.6	3.7	4.7	4.5	5.4	-4.3
Ischemic stroke (ICVA)	Door-to-CT Time (minutes)	61.3	57.0	57.0	64.7	40.4	-34.0
	Door-to-Thrombolysis time (minutes)	58.9	61.5	74.2	66.2	64.8	10.0
	Mean length of stay – ICVA (days)	11.6	11.5	12.3	11.9	8.8	-24.4
	CT Rate in ICVA (%)	108.6	80.2	92.7	79.7	68.5	-36.9
	Mortality rate – ICVA (%)	7.0	7.0	7.0	4.7	7.2	2.5
Congestive heart failure (CHF)	Mean length of stay CHF (days)	12.8	11.1	11.7	10.2	9.8	-23.1
	Median age CHF (years)	NA	74.1	73.6	72.2	71.3	-3.8
	Mortality rate CHF (%)	8.8	6.8	6.3	5.9	6.6	-25.9
	Rate of Beta blockers at Discharge in Patients with CHF (%)	NA	NA	64.5	46.8	51.3	-20.5
	Rate of ACEI or ARB at discharge of patients with CHF (%)	NA	NA	56.1	40.7	44.0	-21.7

NA: Not available, data collection started afterwards.
 Note: Variation calculation between 2011 and 2014.
 Note: Variation calculation between 2012 and 2014.
 Source: Prepared by Anahp based on information from SINHA/Anahp.

ACUTE MYOCARDIAL INFARCTION

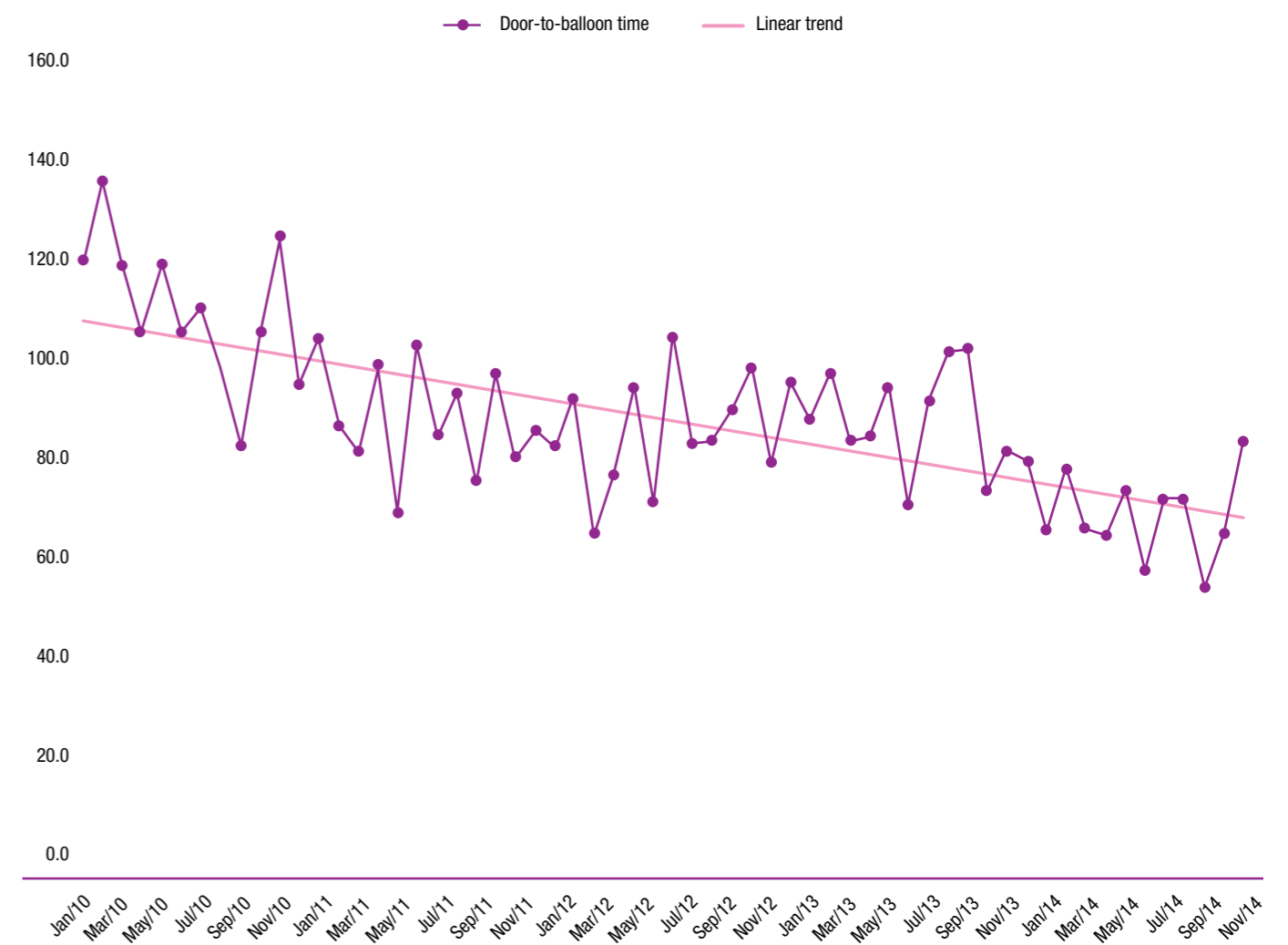
In Graph 1, Door-to-Balloon time – which is the time measured between arrival at the hospital and opening of coronary artery in the cath lab – has presented 38% drop in Anahp hospitals during the analyzed period, reaching the level expected by the American Heart Association and Joint Commission International (up to 90 minutes). In 2014, this indicator was on average 67 minutes, below that of previous years. The only exception was in December, when Door-to-Balloon time was 80.9 minutes – the highest value in the series since October 2013.

As can be noted, the series has high variation between

2010 and 2014 (293 minutes), and standard deviation (variation in relation to the mean) above the expected level for other series: 17.1 minutes. This sizeable improvement can be explained by different factors. At first, it is the most widely used protocol at hospitals, as detected by the annual survey. In order words, hospitals offer the protocol and monitor the indicators that show favorable progression with use. Moreover, it is important to point out that the hospital that has the most cases of AMI holds a specific certification of AMI Clinical Care Program, including close monitoring of the indicators.

GRAPH 1

MONTHLY DISTRIBUTION OF DOOR-TO-BALLOON TIME (MINUTES) – 2010 TO 2014 ALL ANAHP HOSPITALS



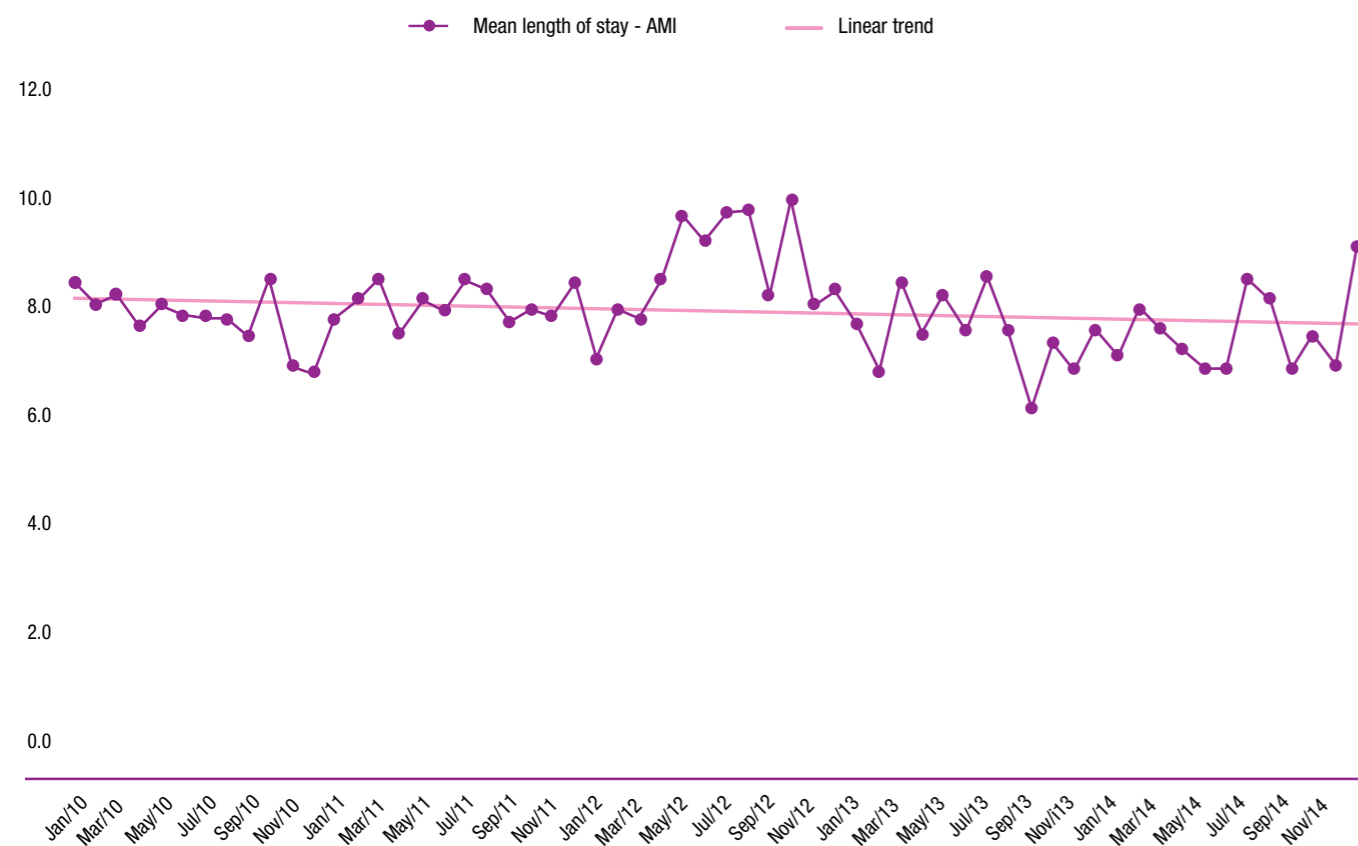
Source: Prepared by Anahp based on information from SINHA/Anahp.

Concerning length of stay of patients with acute myocardial infarction, there was a 3% decrease between 2010 and 2014 (Graph 2), having 2014 figures within the recommended level by national and international guidelines (between 6 and 8 hospital days), except for December.



GRAPH 2

**MONTHLY DISTRIBUTION OF LENGTH OF STAY FOR AMI PATIENTS – 2010 TO 2014
ALL ANAHP HOSPITALS**



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



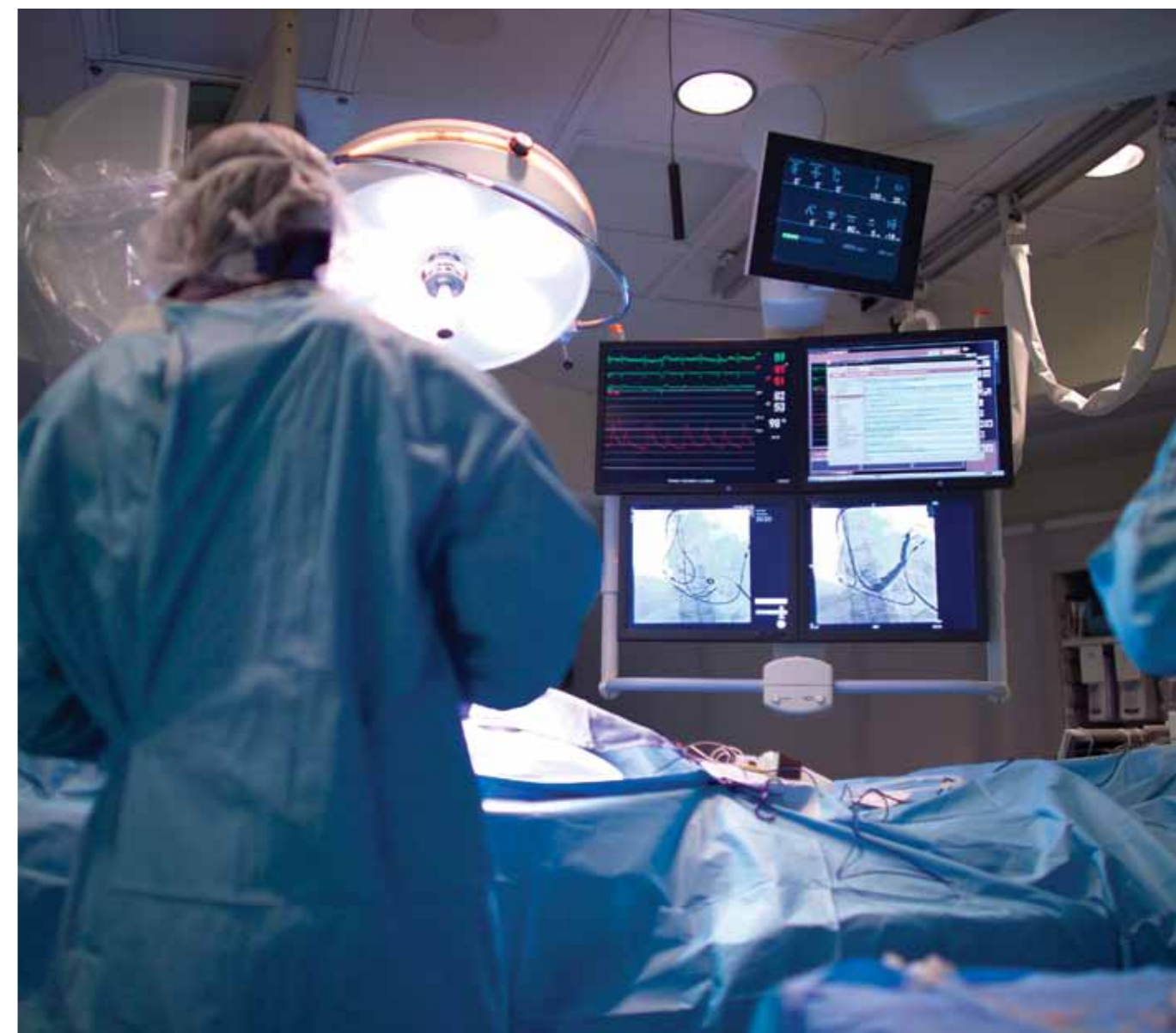
The rate of primary angioplasty went up in 2014 compared to previous years, reaching mean of 80%. This result falls within the international standards between 80 and 85%, which is in agreement with the goal set in 2013, which was to meet the international standards. The rate of aspirin at discharge – indicator that measures the quality in clinical care and is related with compliance with good clinical practices – has shown an increasing trend during the analyzed period, but with non-linear characteristics. Since 2010, the series has presented 103% variance and 10% standard deviation from the mean.

This is one of the indicators that has been the most difficult to monitor by hospitals. In addition to compliance by professionals, lack of precise documentation at discharge is a challenge for the organization, given that physicians might have given a prescription to the patient, but failed to document it in the patient record. These results are compatible with other national studies, but still fall behind

what is recommended by the literature.

The rates for this indicator were closer to 90% in 2012, but dropped in 2013 and fluctuated between 60 and 70%. In 2014, however, it was maintained between 80 and 90% as of February, getting closer to the internationally accepted standard rate of 85%.

In turn, the mortality rate of cases included in the acute myocardial infarction protocol has shown a decreasing trend. The mortality rate for AMI at Anahp hospitals in 2014 was 5.4%, showing 4% drop within five years. It is important to point out that the comparison with 2013 showed 19% increase in mortality rate, especially due to high levels in January, March and April. Despite this fact, results for Anahp hospitals are within the recommended national and international rates – below 10%. This improvement may have resulted from greater compliance with protocols and closer monitoring of indicators, which indicates substantial improvement in quality of care of acute myocardial infarction.



ISCHEMIC CEREBRAL VASCULAR ACCIDENT

The incidence of ischemic cerebral vascular accident or ischemic stroke is related with the population prevalence of systemic hypertension, level of compliance with hypertension treatment by patients and intensity of exposure to risk factors. Some determining factors for the occurrence of an ischemic stroke are high prevalence of smoking, sedentary behavior and obesity. Thus, the initiatives directed to primary prevention promoting habit modifications, such as smoking cessation campaigns, 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 prognosis and level of disability resulting from the disease. Quality of life and social impact on the family after discharge of the patient are directly affected by fast and appropriate interventions.

Brazilian studies have evidenced the predominance of mortality by ischemic stroke as the main cause of death in the North and Northeast regions of the country.

In regions with poor living conditions, the cases affect patients who are aged between 45 and 59 years, disabling and affecting the economically active population and their dependents, as a consequence. Door-to-CT time has shown a long-term trend of reduction, even though not linear. This reduction has had a significant impact on presence of sequels, reducing the complications and disability level after the acute presentation. It also

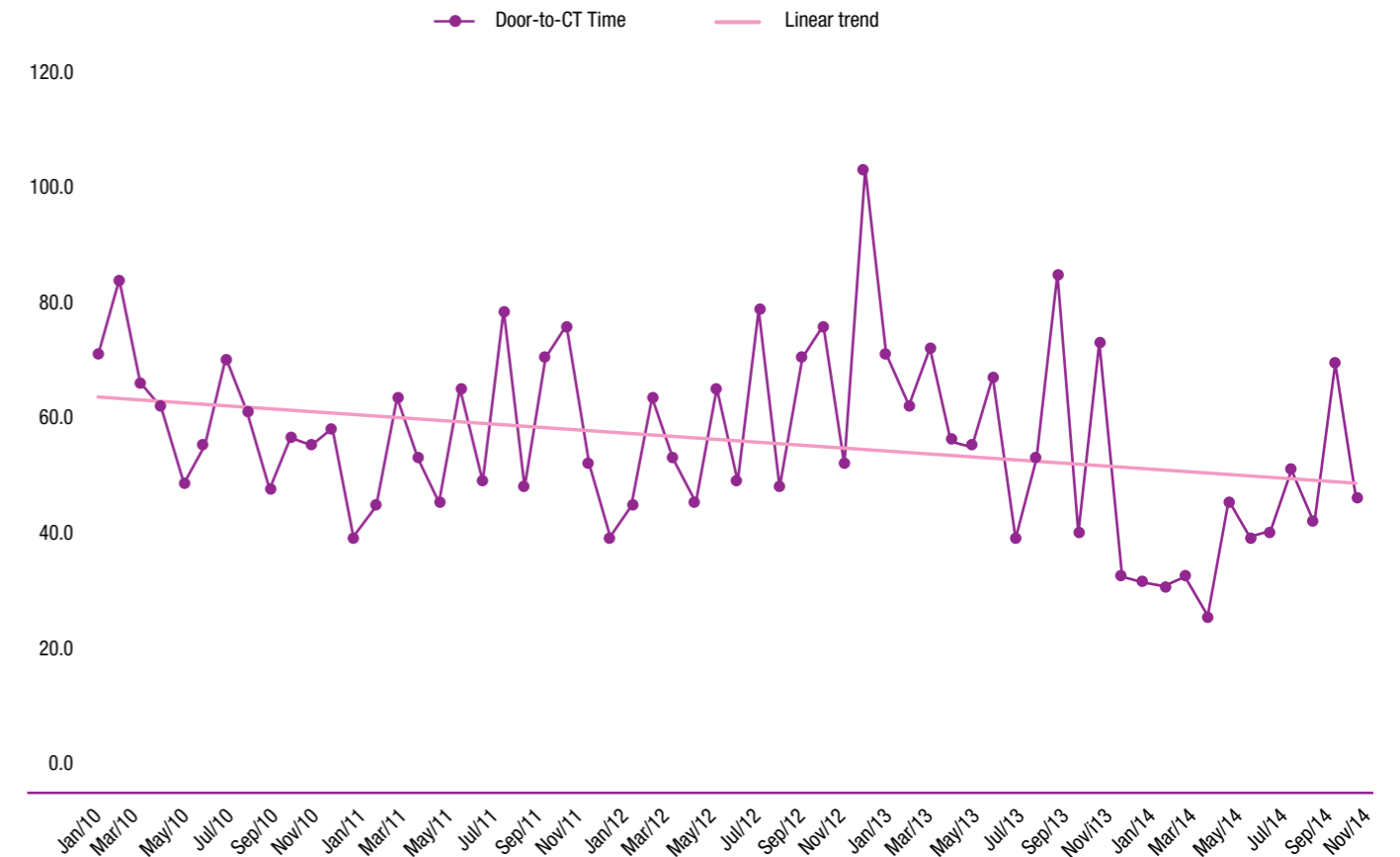
indicates that hospitals have implemented the protocol and have been following up indicators for continuous process improvement.

Similarly to Door-to-Balloon time, the variation in this series (243 minutes) and the standard deviation (15.6 minutes) are very high. In 2014, the Door-to-CT time ranged between 25.6 and 50 minutes, except for November, when it was close to 70 minutes. Some hospitals have used other diagnostic resources, such as magnetic resonance imaging, and this issue should be considered when the indicators are reviewed for upcoming years.



GRAPH 3

MONTHLY DISTRIBUTION OF DOOR-TO-CT TIME FOR ISCHEMIC STROKE PATIENTS 2010 TO 2014 – ALL ANAHP HOSPITALS



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

The mean length of stay of patients with ischemic stroke has shown decrease since 2012.

Concerning mean length of stay of patients with ischemic stroke, the series has presented major variation for 5 years, especially between 2011 and 2012, when it increased by 7%. Since then, it has been falling down. Between 2013 and 2014, the mean length of stay fell by 26.4%, ranging between 6 and 12 days.

CT scan rate has presented continuous long-term drop, even though the series has great variability (20% standard deviation comparing the period between 2010 and 2014). Throughout the years, the CT rate has been stable at 60-80%, compatible with other national and international literature reports. On average, the CT scan rate was 70% in 2014. This is a measure that has demanded investments in standardization of procedures and improvement of documentation in some hospitals. This element will require in depth analysis of the hospital situation, but it is likely that the replacement of CT by other diagnostic resources will affect the indicator.

The reduction of Door-to-CT time and the reduction

of mean length of stay are elements that indicate best practices with greater clinical effectiveness, in addition to low mortality rate by ischemic stroke, reaching about 7%. The outcomes are compatible with national and international literature reports, indicating the improvement in clinical management of these cases.

70%

Average rate of CT scan in 2014

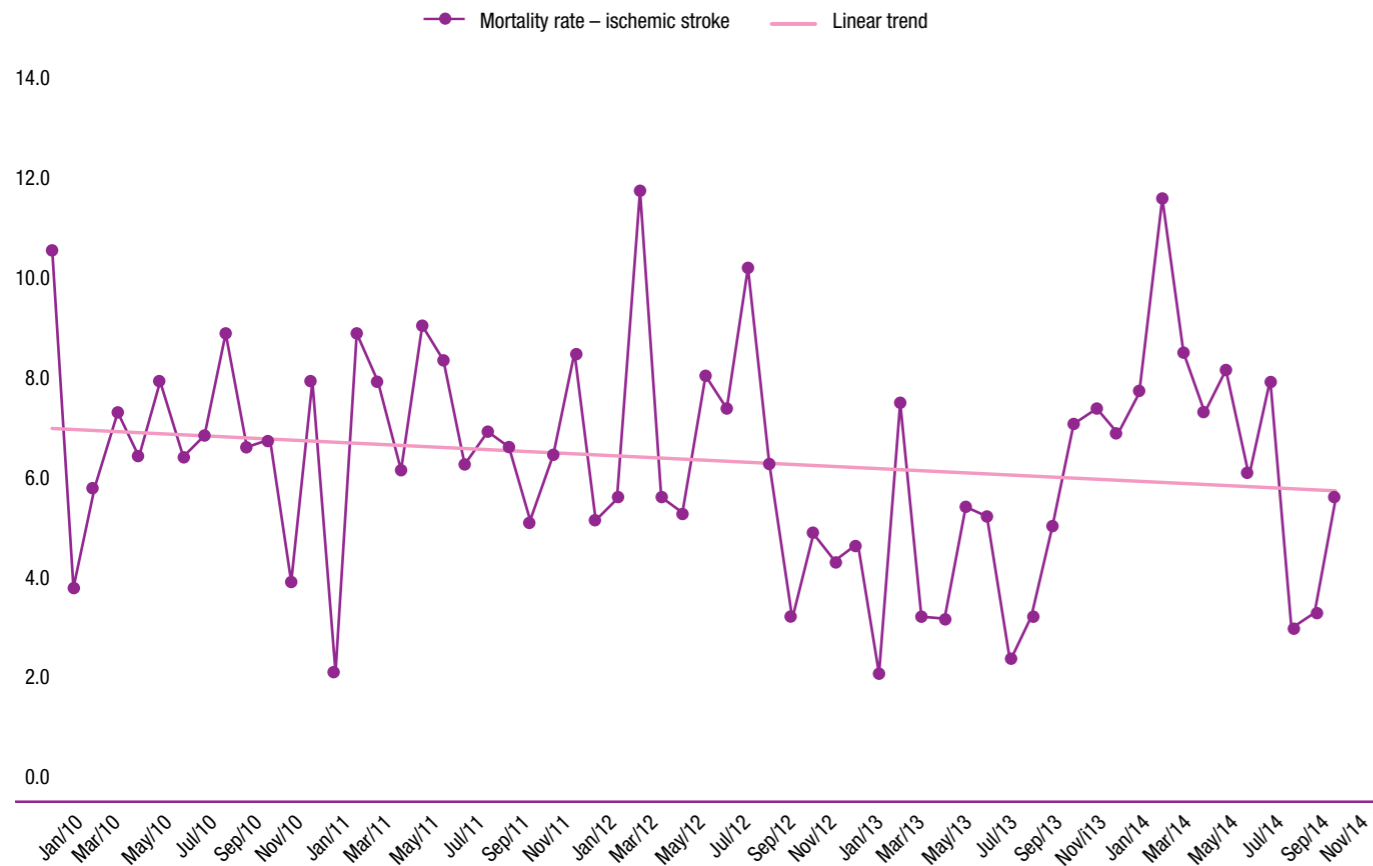
CONGESTIVE HEART FAILURE

The number of hospitals that have implemented an institutional protocol of congestive heart failure (CHF) has been increasing, but it is still a protocol present in only 33% of the hospitals. In 2014, the median age of patients included in the protocol was 71 years, somewhat below what was observed in 2013.



GRAPH 4

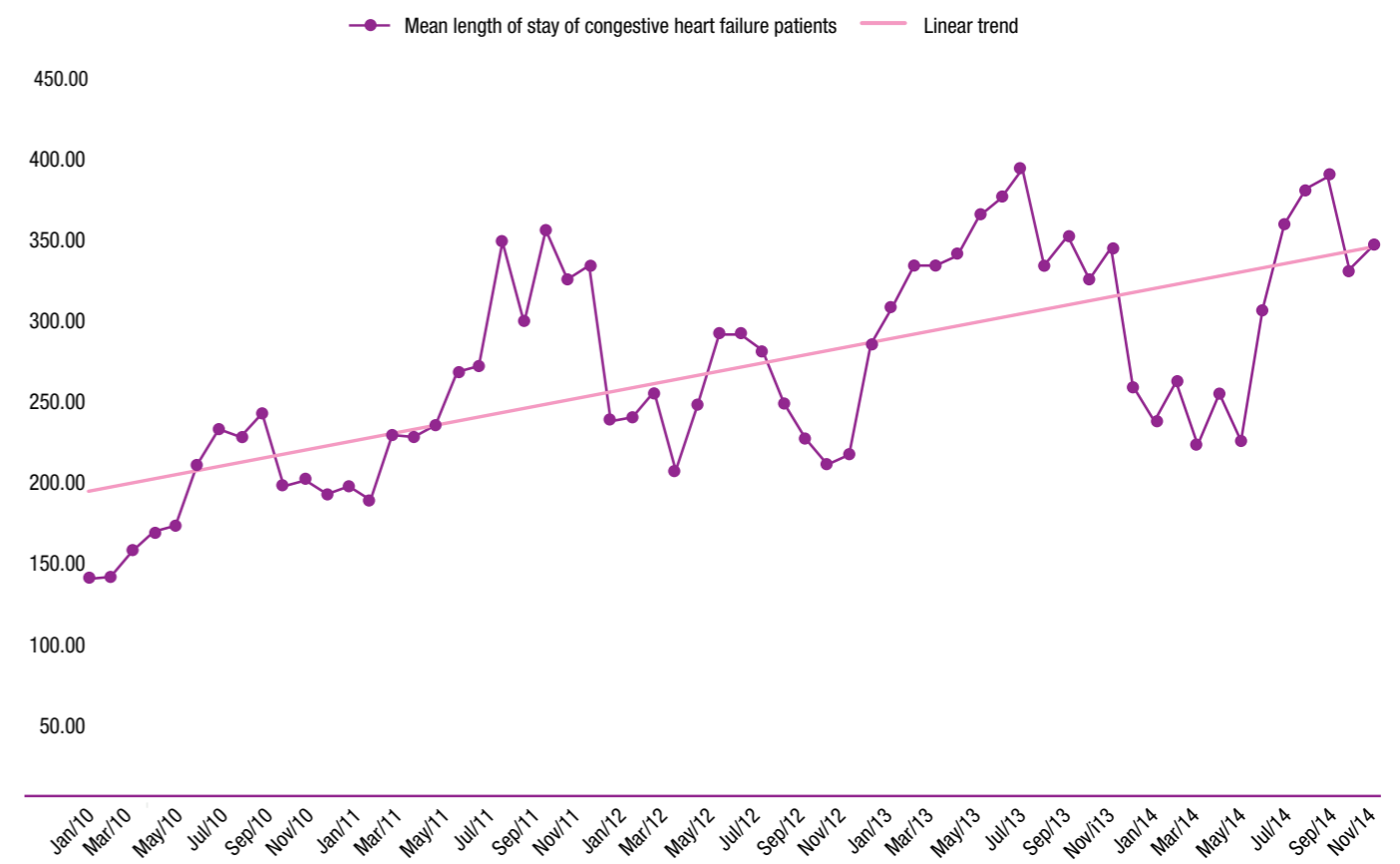
MONTHLY DISTRIBUTION OF MORTALITY RATE IN PATIENTS WITH ISCHEMIC STROKE – 2010 TO 2014
ALL ANAHP HOSPITALS



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

GRAPH 5

MONTHLY DISTRIBUTION OF NUMBER OF CASES OF CONGESTIVE HEART FAILURE – 2010 TO 2014
ALL ANAHP HOSPITALS

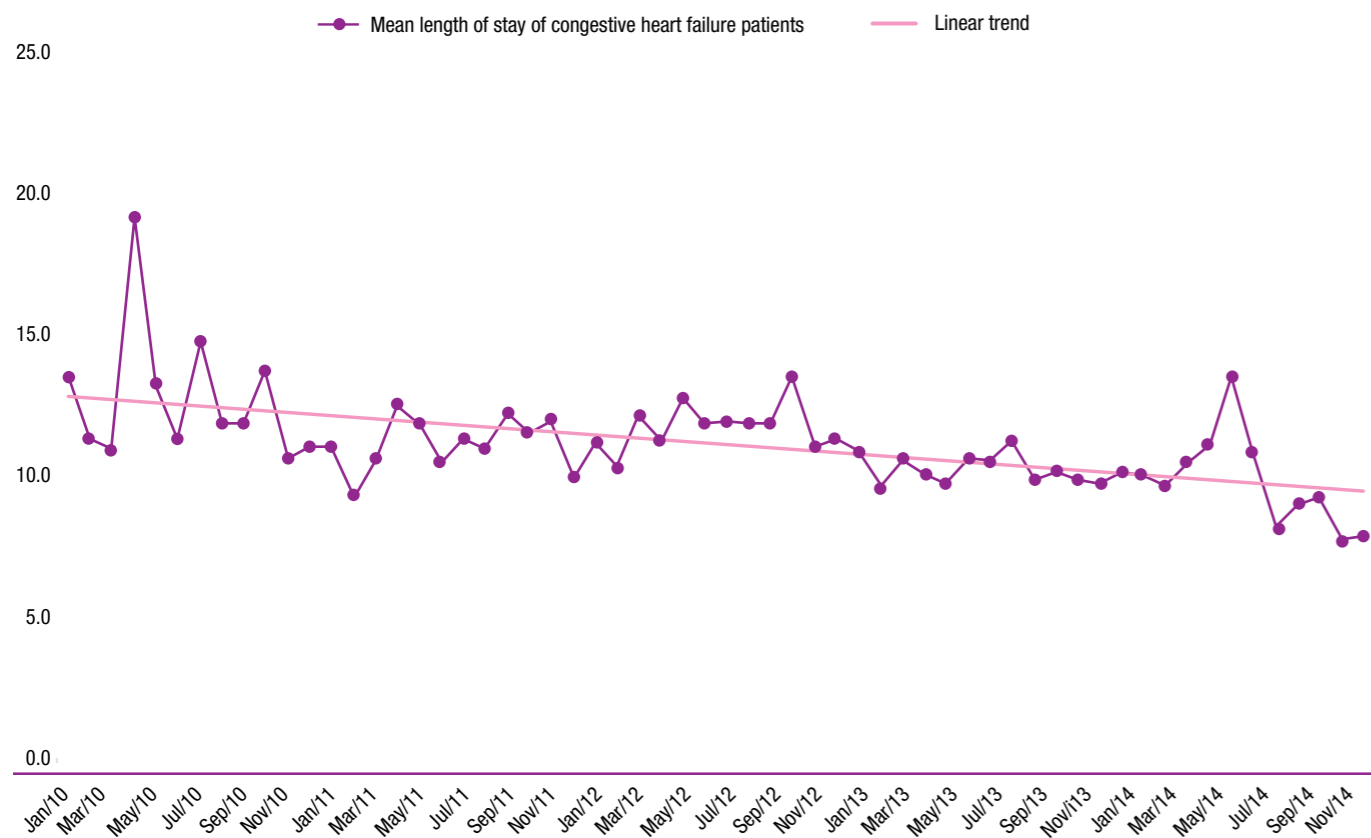


Source: Prepared by Anahp based on information from SINHA/Anahp.

Since 2010, there has been reduction in mean length of stay and mortality rate (Graphs 6 and 7). The mean length of stay was 9.8 days in 2014, showing 23% drop compared to 2013.

GRAPH 6

MONTHLY DISTRIBUTION OF MEAN LENGTH OF STAY OF PATIENTS WITH CONGESTIVE HEART FAILURE – 2010 TO 2014 ALL ANAHP HOSPITALS



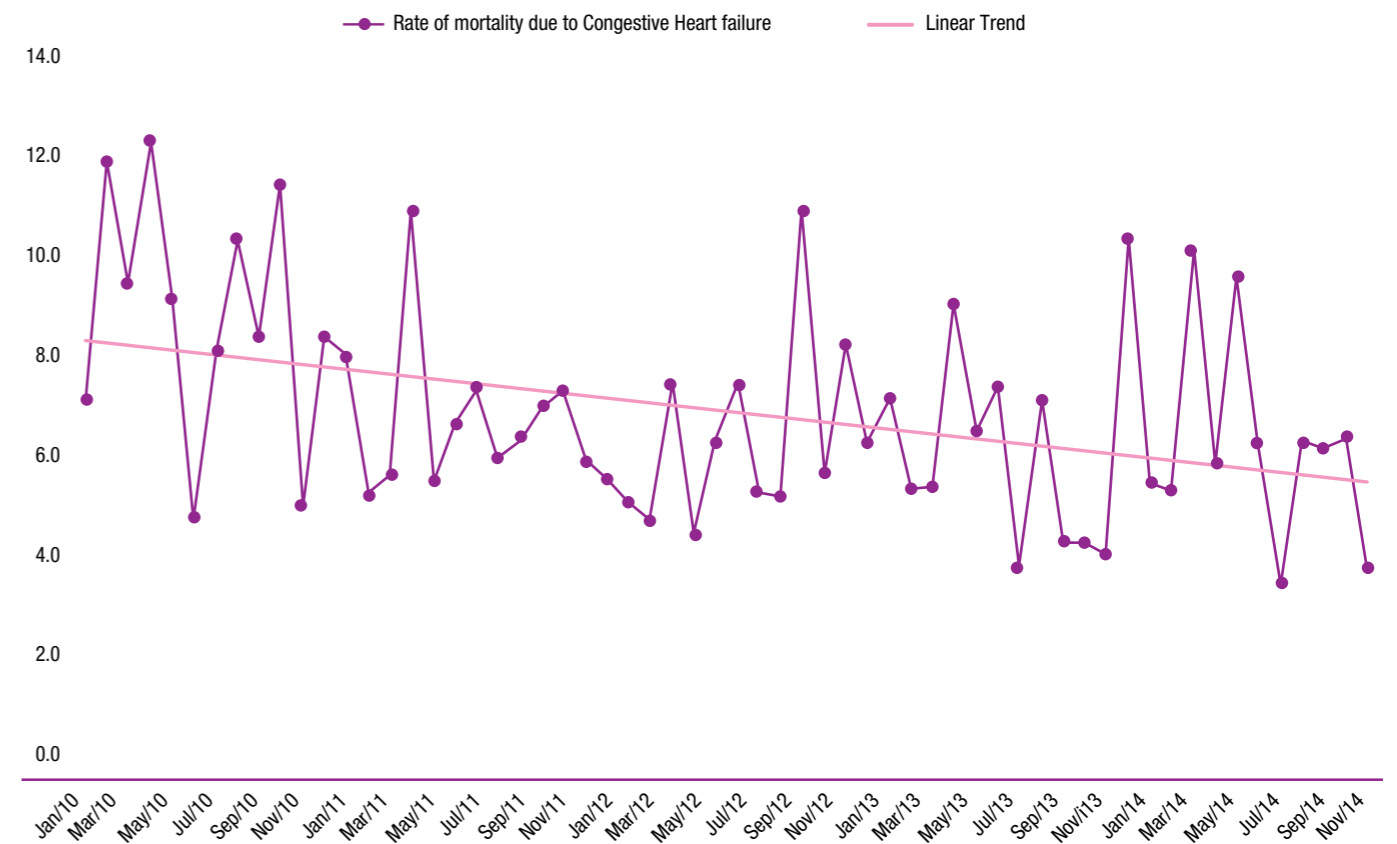
Source: Prepared by Anahp based on information from SINHA/Anahp.



Mortality rate, in turn, has shown 26% reduction during the five-year period. In 2014, it amounted to 6.6%.

GRAPH 7

MONTHLY DISTRIBUTION OF MORTALITY RATE OF PATIENTS WITH CONGESTIVE HEART FAILURE – 2010 TO 2014 ALL ANAHP HOSPITALS



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

As of January 2012, we have started to collect data on beta blocker and angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) prescription at discharge. The results fall behind what is recommended, with mean rate of prescribed beta blocker of 51% and ACEI or ARB prescribed in 44% of the cases. As of July 2014, better results were achieved with beta blocker use rate of 68% and ACEI or ARB use rate of 60%. These low rates may also be explained by failure to document the prescription in the patient record. Even so, checking the hospitals that have the best indicators concerning CHF may enhance sharing of best practices.

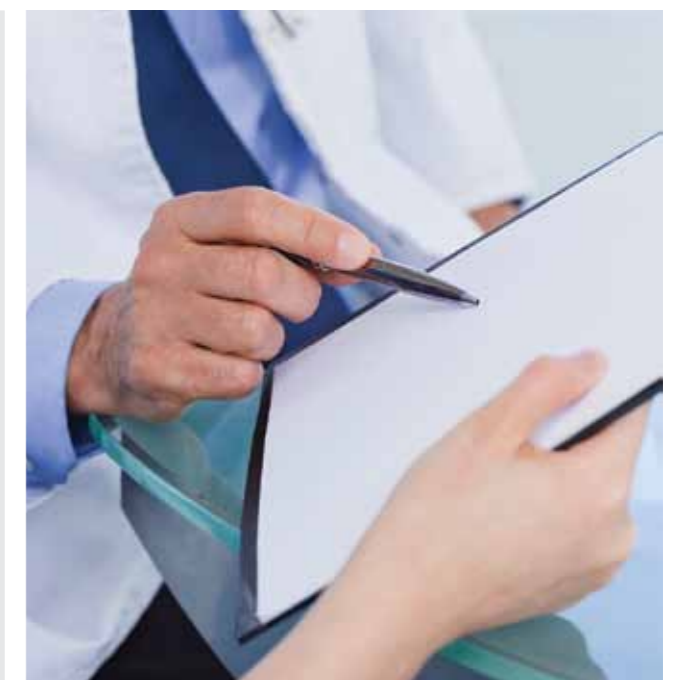


TABLE 2

ANNUAL SUMMARY OF INSTITUTIONAL PROTOCOLS – PNEUMONIA, DVT PREVENTION AND SEPSIS

SELECTED PATHOLOGIES	INDICADOR	2010	2011	2012	2013	2014	VAR. 2014/2010
Community-acquired pneumonia in children	Mean length of stay – pneumonia < 13 years (days)	5.2	5.8	5.4	6.1	6.0	14.6
	Appropriate AB rate in pneumonia < 13 years (%)	94.6	83.5	93.8	97.4	95.5	1.0
	Mortality rate – pneumonia < 13 years (%)	0.8	0.8	0.4	0.4	0.5	-32.6
Community-acquired pneumonia in adults	Mean length of stay – pneumonia – adults (days)	10.1	11.5	10.8	11.2	12.0	18.9
	Appropriate AB rate in pneumonia – adults (%)	72.5	87.9	89.8	96.4	96.0	32.4
	Mortality rate – pneumonia adults (%)	8.5	10.7	8.8	8.8	13.8	62.5
	Mean length of stay – pneumonia > 60 (days)	12.7	12.5	11.6	11.8	12.4	-2.5
	Mortality rate – pneumonia > 60 (%)	13.4	14.7	11.0	11.5	16.2	21.2
Sepsis	Mean length of stay – Sepsis (days)	18.1	20.0	18.7	13.0	13.3	-26.2
	Appropriate AB rate in Sepsis (%)	78.6	89.4	70.5	79.8	86.3	9.9
	Mortality rate from Sepsis (%)	25.7	22.7	20.8	17.9	19.2	-25.2

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

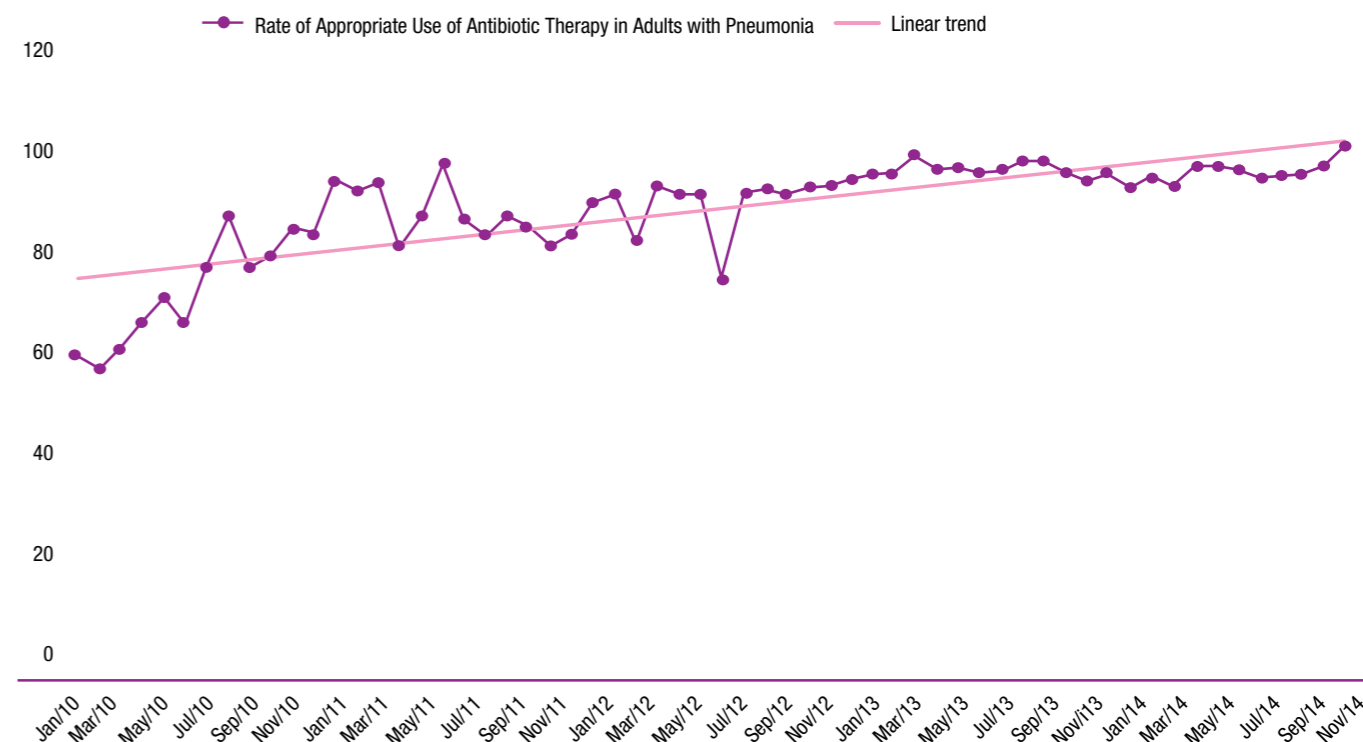
Respiratory diseases represent the third most prevalent cause of death in the Southeast region and the 4th cause in all other Brazilian regions. Community-acquired pneumonia is one of the main causes of mortality, bringing up mortality rate among younger age ranges in recent years. The use of inappropriate antibiotics, late diagnosis and lack of standardized care have contributed to increase mortality in these cases. It is important to point out that inappropriate diagnosis and management lead to higher risk of progression to sepsis, a severe clinical syndrome with high mortality rate. Children with respiratory underlying diseases (such as asthma and bronchitis) and the elderly belong to the main risk groups for community-acquired pneumonia. Protocols of community-acquired pneumonia in children and adults are carefully analyzed, including an in depth analysis of people over 60 years, a group in which it represents an important cause of death. There is seasonal variation of pneumonia-acquired cases in the community, especially in children. The period of greater demand is during winter months. One of the most critical aspects of the implementation of the protocol is the use of appropriate antibiotic therapy (time, regimen and duration of treatment), as recommended by the guidelines. This rate has dropped in children, reaching 95%, and it has been stable in adults, amounting to 96% of the cases.

The number of pneumonia cases in people older than 60 years has increased and the results have not shown favorable progression. The mean length of stay for these cases grew 5% in 2014, reaching the average of 12 days. Mortality rate has increased by 41% compared to 2013. The overall mortality rate from community-acquired pneumonia in adults was 13.8% in 2014, 57% above the figure in 2013. Delay to come to the physician, presence of comorbidities such as diabetes and chronic obstructive disease have contributed to these results.

In 2014, the overall mortality rate from community-acquired pneumonia in adults was 57% higher than in 2013.

GRAPH 8

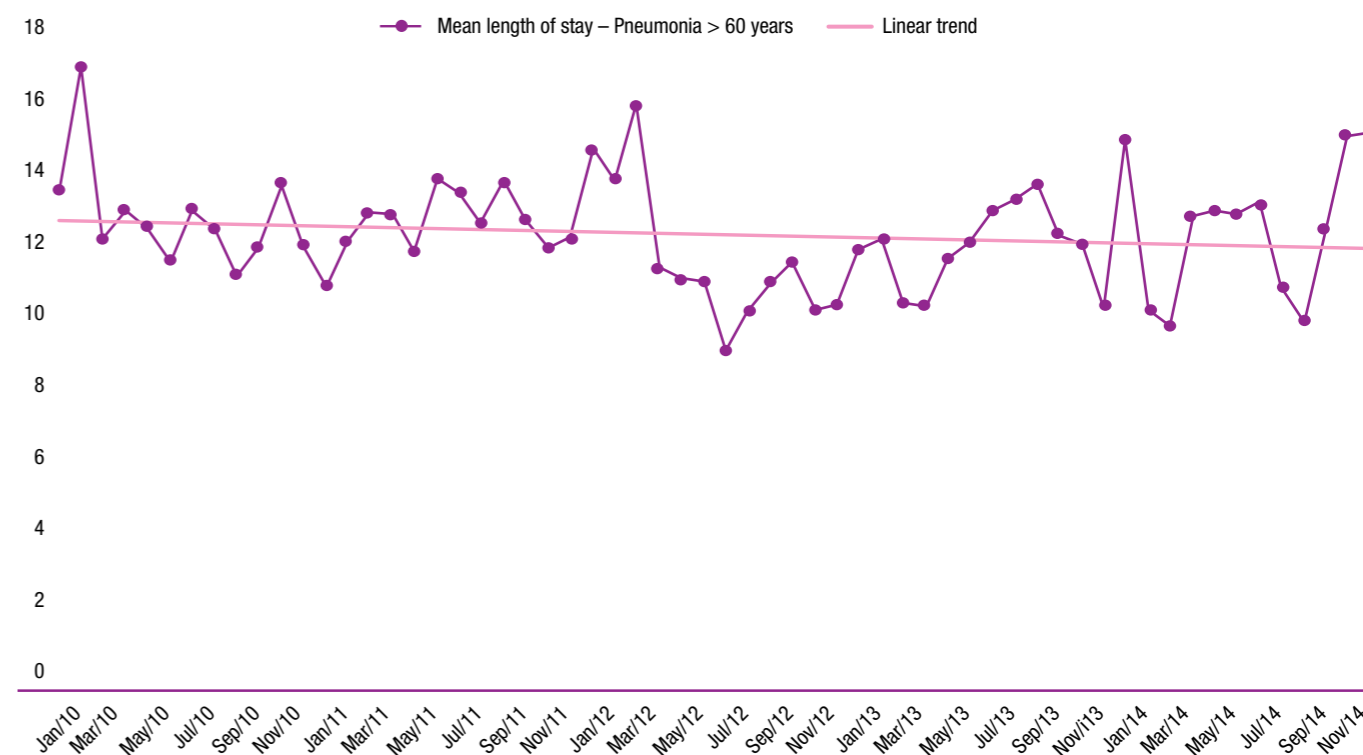
MONTHLY DISTRIBUTION OF SURGICAL MORTALITY RATE – 2010 TO 2014
ALL ANAHP HOSPITALS



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

GRAPH 9

MONTHLY DISTRIBUTION OF SURGICAL MORTALITY RATE – 2010 TO 2014
ALL ANAHP HOSPITALS



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

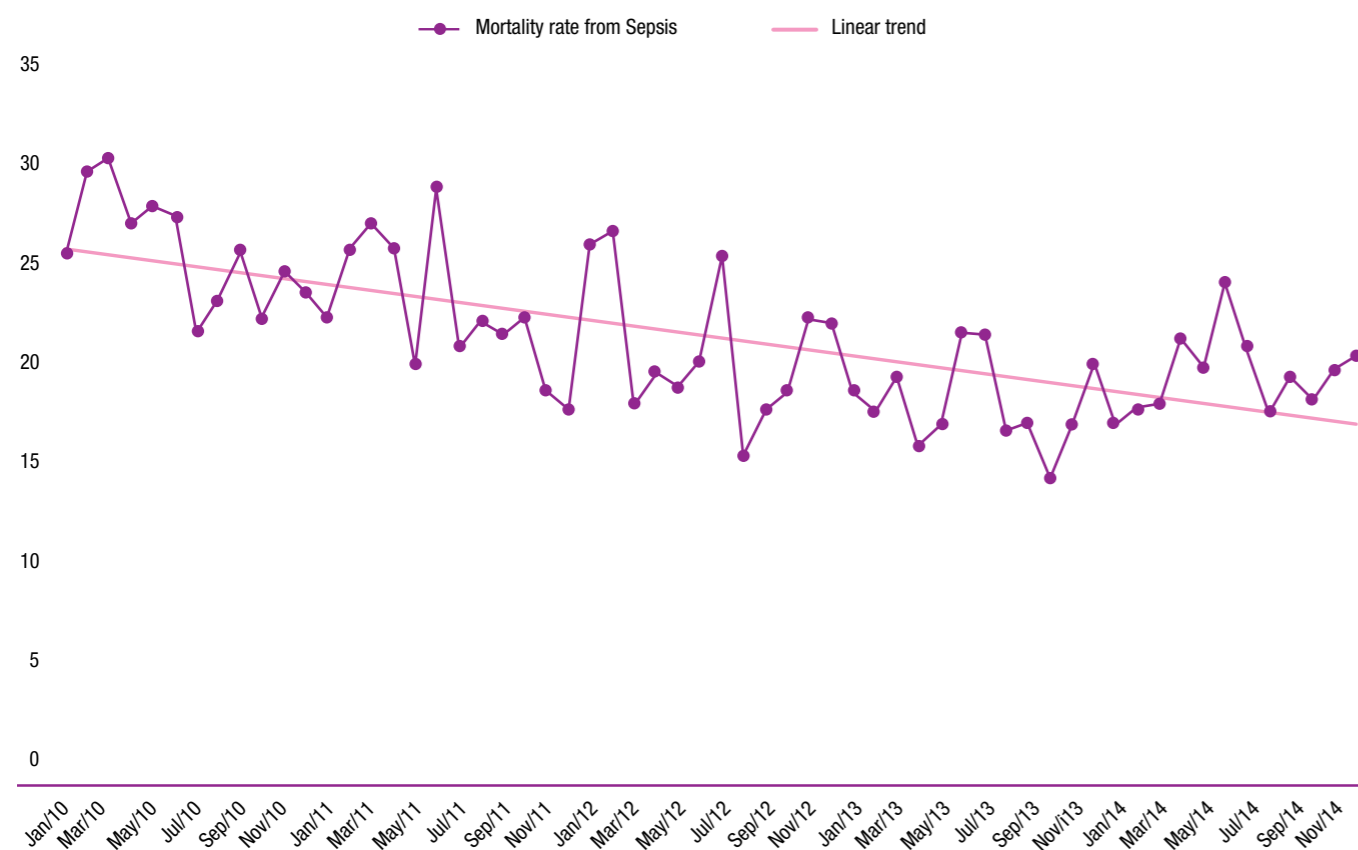
SEPSIS

In 2014, there was an increase in length of stay in the analyzed series (3%) and variable rates, close to 85%, for appropriateness of antibiotic regimen. The mortality rate has presented increase by 7% compared to 2013, whereas throughout the past 5 years, there has been a decreasing trend (Graph 10).



GRAPH 10

MONTHLY DISTRIBUTION OF MORTALITY RATE FROM SEPSIS – 2010 TO 2014
ALL ANAHP HOSPITALS



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

Feira+Fórum
Hospitalar

O maior evento de saúde das Américas

**NA FEIRA,
AS MELHORES
EMPRESAS.**

**NO FÓRUM,
OS GRANDES
PENSADORES.**

*O maior encontro anual
dos players internacionais e
do PIB da saúde no Brasil.*

Hospitalar 2016

17 a 20 MAIO

Expo Center Norte - São Paulo

www.hospitalar.com

CLINICAL PERFORMANCE AND QUALITY DATA – 2010 TO 2014

OPERATIONAL ANA CLINICAL DATA	2010	2011	2012	2013	2014												
					JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANUAL
Nr. of installed beds	7,533	9,576	9,538	11,502	13,957	14,006	13,933	13,944	14,323	14,406	14,181	14,262	14,217	14,406	13,882	13,336	14,071
Nr. of operational beds	7,163	9,071	9,173	11,175	13,761	13,748	13,739	13,721	14,130	13,914	13,923	14,030	13,643	14,179	13,617	12,889	13,774
Operational beds-day	2,597,859	3,309,167	3,408,420	4,002,564	422,877	389,191	391,013	382,073	407,089	388,378	382,986	396,352	367,711	396,320	367,741	382,792	4,674,523
Nr. of Operating Rooms	370	462	446	538	644	631	613	643	651	651	644	639	641	653	626	616	638
Nr. of patients-day	2,010,425	2,598,324	2,641,499	3,160,045	315,223	299,599	321,422	326,328	349,938	339,028	336,009	347,237	337,489	343,382	320,225	294,405	3,930,285
Nr. of hospital discharges (discharge + death + external transfer)	456,376	571,630	586,770	668,294	63,307	63,988	65,766	69,504	71,953	66,851	73,402	75,342	73,445	76,244	70,534	66,266	836,602
Nr. of patients with stay (>= 90 days)	254	344	360	377	429	439	400	452	458	504	547	585	520	475	518	629	496
Nr. of deaths >= 24 hours	8,271	10,103	10,568	12,387	1,412	1,276	1,251	1,353	1,367	1,567	1,434	1,412	1,288	1,247	1,183	1,259	16,049
Nr. of total deaths	8,762	12,275	12,007	15,652	1,654	1,502	1,607	1,581	1,671	1,772	1,789	1,713	1,595	1,622	1,492	1,552	19,550
Nr. of patients undergoing surgical procedures	322,948	395,217	382,825	405,063	42,690	40,736	40,750	43,201	46,011	44,335	48,130	47,339	44,103	47,047	42,699	36,989	524,030
Nr. of total surgeries	411,333	511,442	493,187	584,029	57,481	56,504	54,870	58,012	59,291	56,510	61,074	62,961	59,704	66,180	56,349	50,742	699,678
Nr. of surgical deaths	797	1,148	1,061	1,143	113	121	112	138	125	135	149	143	107	117	108	104	1,472
Nr. of clean surgeries	149,897	185,417	169,424	227,386	22,113	20,344	18,228	20,406	20,858	19,750	21,838	23,290	20,593	22,666	21,275	19,329	250,690
Nr. of surgical site infections	802	1,167	986	1,625	170	166	142	173	159	134	150	137	154	181	156	146	1,868
Nr. of operational beds – Adult ICU	954	1,313	1,383	1,774	2,240	2,207	2,213	2,239	2,252	2,254	2,150	2,287	2,304	2,300	2,247	2,145	2,236
Nr. of operational beds-day – Adult ICU	345,390	478,016	496,154	620,247	69,026	62,215	62,582	59,986	63,153	68,619	64,071	61,485	61,767	64,503	60,497	62,115	760,019
Nr. of hospital infections – Adult ICU	3,566	4,374	4,076	4,808	541	481	530	503	534	505	487	534	464	530	503	467	6,079
Nr. of central venous catheter-associated hospital infections – Adult ICU	524	721	610	795	96	90	103	75	107	111	104	98	69	100	111	93	1,157
Nr. of Patients-day – Adult ICU	284,133	381,747	376,272	495,742	54,144	49,664	52,900	53,442	57,530	55,926	57,285	58,795	56,347	56,057	52,945	50,006	655,041
Nr. of catheter-day – Adult ICU	154,855	215,950	205,883	237,278	22,402	21,146	21,805	22,372	24,133	24,090	24,025	25,639	23,989	24,339	23,500	20,743	278,183
Nr. of operational beds – Neonatal ICU	343	436	442	494	482	494	490	483	479	479	479	479	496	487	453	444	479
Nr. of operational beds-day – Neonatal ICU	123,917	158,159	154,983	171,711	14,834	13,845	14,411	13,446	13,816	13,472	14,206	13,981	14,113	14,221	12,847	13,046	166,238
Nr. of hospital infections – Neonatal ICU	839	1,018	555	991	83	80	66	68	90	78	80	88	64	78	71	93	939
Nr. of CVC-associated hospital infections – Neonatal ICU	9	149	84	240	17	16	16	20	32	27	22	28	15	31	16	20	260
Nr. of Patients-day – Neonatal ICU	94,844	118,017	113,418	135,439	10,935	10,364	10,686	11,779	12,592	12,571	13,083	15,744	11,304	10,457	10,295	11,085	140,895
Nr. of Catheter-day – Neonatal ICU	27,413	31,927	22,759	38,079	2,917	3,211	3,101	2,990	3,084	3,262	3,417	3,919	3,332	3,047	2,624	2,851	37,755
Nr. of operational beds – Step-Down Unit	NA	294	348	473	494	494	494	488	492	478	471	475	476	478	478	479	483
Nr. of operational beds-day – Step-Down Unit	NA	107,203	123,946	176,886	14,852	13,853	15,285	14,613	14,978	14,203	14,580	14,423	14,194	14,717	12,740	14,800	173,238
Nr. of hospital infections – Step-Down Unit	NA	397	387	760	56	47	48	67	57	66	54	38	59	41	51	43	627
Nr. of central venous catheter-associated hospital infections – Step-Down Unit	NA	38	33	105	2	8	9	11	5	9	7	5	7	7	8	9	87
Nr. of patients-day – Step-Down Unit	NA	88,287	99,431	139,389	12,248	11,767	13,046	12,270	12,742	12,394	12,425	12,894	12,330	12,649	10,935	11,939	147,639
Nr. of catheter-day – Step-Down Unit	NA	22,492	27,783	44,109	2,234	2,201	2,453	2,629	2,613	2,537	2,686	2,861	2,693	2,665	2,719	2,320	30,611

Source: ANAHP INTEGRATED SYSTEM OF HOSPITAL INDICATORS (SINHA)
 NA: Not available, data collection started afterwards.

CLINICAL PERFORMANCE AND QUALITY DATA – 2010 TO 2014

OPERATIONAL ANA CLINICAL DATAS	2010	2011	2012	2013	2014												
					JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANUAL
Occupancy Rate	77.4	78.5	79.3	78.9	74.6	77.0	78.5	80.2	80.9	80.6	80.1	81.0	80.0	80.8	79.8	74.7	79.0
Mean length of stay	4.4	4.6	4.5	4.7	4.8	4.5	4.9	4.6	4.8	4.9	4.5	4.5	4.5	4.4	4.6	4.4	4.6
Turnover Rate	5.4	5.3	5.3	5.1	4.8	4.8	4.9	5.1	5.2	5.0	5.5	5.4	5.4	5.5	5.2	5.1	5.2
Replacement Interval rate	1.2	1.2	1.3	1.2	1.6	1.4	1.3	1.1	1.1	1.2	1.1	1.1	1.1	1.0	1.2	1.5	1.2
Rate of Resident Patients at the Hospital (> 90 days)	0.8	0.9	1.0	0.9	0.8	0.8	0.7	0.7	0.7	0.8	0.7	0.8	0.7	0.7	0.8	1.0	0.8
Rate of General Hospital Mortality (>= 24h)	1.8	1.9	1.8	2.0	2.3	2.0	2.0	2.0	2.0	2.3	1.9	1.9	1.8	1.8	1.8	2.1	2.0
Rate of Operative Mortality (up to 7 days after the surgical procedure),	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3
Operational Occupancy Rate Adult ICU	80.0	79.3	76.1	74.1	78.5	79.8	78.7	81.6	81.5	81.9	81.6	83.0	82.3	80.6	82.3	76.5	80.7
Density Rate of Hospital Infections – Adult ICU	13.7	11.8	11.3	10.1	10.2	9.9	10.4	9.5	10.1	9.6	9.7	9.8	9.0	9.9	9.9	9.8	9.8
Utilization Rate of CVC – Adult ICU	57.5	57.0	58.8	55.8	52.2	53.8	54.5	54.3	54.1	55.7	54.3	53.4	53.9	54.2	53.5	52.9	53.9
Density Rate of Hospital Infection associated with Central Venous Catheter in the Adult ICU	3.4	3.3	2.9	2.8	3.6	3.4	3.5	2.9	3.8	3.9	3.9	3.7	2.8	3.3	3.9	3.6	3.5
Observed/ expected Mortality ratio in the Adult ICU	NA	0.6	0.6	0.5	0.6	0.6	0.6	0.6	0.6	0.7	0.7	0.6	0.7	0.7	0.6	0.8	0.6
Operational Occupancy Rate Neonatal ICU	67.5	75.1	75.5	78.5	78.3	83.3	73.6	78.8	86.1	83.5	79.7	84.6	76.2	71.6	78.9	82.5	79.8
Density Rate of Hospital Infections – Neonatal ICU	10.0	9.2	6.6	7.7	7.8	7.4	5.6	6.0	7.5	5.9	6.3	5.7	6.1	7.7	7.4	8.8	6.7
Utilization Rate of CVC – Neonatal ICU	30.8	28.1	25.8	28.6	26.7	28.7	23.2	24.2	24.5	25.4	25.0	24.1	29.7	32.3	28.3	29.4	26.7
Density Rate of Hospital Infection associated with Central Venous Catheter in the Neonatal ICU	NA	5.0	3.9	6.3	6.3	5.4	5.4	7.0	10.6	5.7	6.9	7.0	4.6	10.0	5.9	6.3	6.7
Operational Occupancy Rate in Step-Down Unit	NA	88.0	89.6	78.8	82.5	84.9	85.4	84.6	84.4	88.1	85.1	88.3	86.5	86.0	85.8	80.5	85.2
Density Rate of Hospital Infections – Step-Down Unit	NA	7.3	6.3	7.9	6.4	5.7	5.3	7.7	6.6	7.8	6.6	3.7	6.9	4.7	6.0	4.9	6.0
Utilization Rate of CVC – Step-Down Unit	NA	31.8	36.2	39.8	27.9	29.1	29.4	30.2	28.6	31.5	32.9	33.2	33.2	32.3	33.8	29.3	30.9
Density Rate of Hospital Infection associated with Central Venous Catheter in the Step-Down Unit	NA	1.7	1.2	2.4	0.9	3.6	3.7	4.2	1.9	3.2	2.6	2.0	2.6	2.9	2.9	4.1	2.9
Surgical Site Infection Rate	0.5	0.6	0.5	0.7	0.7	0.8	0.7	0.8	0.7	0.7	0.7	0.6	0.8	0.8	0.7	0.8	0.7
Rate of Compliance with Prophylactic Antibiotic Therapy	NA	80.2	81.9	81.0	68.9	79.4	79.9	87.4	75.3	78.7	81.7	77.7	75.9	75.4	73.3	78.8	77.7
Pressure Ulcer Rate	0.6	0.6	0.6	0.5	0.4	0.5	0.5	0.5	0.4	0.5	0.4	0.5	0.5	0.5	0.5	0.5	0.5
Rate of surgery per patient	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4
Rate of procedures per discharge (%)	70.4	70.4	66.1	67.4	68.8	66.7	63.2	64.3	63.3	64.9	67.2	62.2	63.3	63.4	62.7	59.0	64.1
Rate of surgical site marking	NA	NA	91.8	85.2	56.3	56.7	55.4	51.4	51.8	49.6	55.8	49.3	52.4	55.3	54.8	57.4	53.9
Rate of compliance with DVT prophylaxis	NA	NA	57.9	65.4	65.9	64.5	66.8	66.3	73.4	73.5	65.1	67.5	68.2	66.3	105.7	86.0	72.4
Rate of patient record completion	NA	NA	86.9	79.8	84.1	82.0	80.8	86.2	87.6	85.3	84.2	84.9	83.4	87.7	86.0	95.5	85.6

Source: ANAHP INTEGRATED SYSTEM OF HOSPITAL INDICATORS (SINHA)
 NA: Not available, data collection started afterwards.

PROTOCOL INDICATORS OF SELECTED PATHOLOGIES – 2010 TO 2014

PATHOLOGIES	INDICATORS	UNITS	2010	2011	2012	2013	2014												
							JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANUAL
Acute myocardial infarction (AMI)	Door-to-Balloon Time	minutes	107.7	85.7	82.7	86.4	77.1	63.2	75.9	63.7	62.2	71.5	54.9	69.7	69.6	51.7	62.5	80.9	66.8
	Mean length of stay (days) – AMI	days	7.8	8.1	8.7	7.6	7.1	8.0	7.6	7.2	6.9	6.9	8.6	8.2	6.9	7.6	7.0	9.2	7.6
	Rate of Angioplasty in AMI	%	69.8	78.9	83.7	76.0	81.0	64.0	84.8	82.5	78.4	85.3	77.8	87.2	91.9	75.8	70.7	75.3	79.5
	Rate of Aspirin at Discharge in AMI	%	75.0	68.9	89.6	71.2	86.2	85.1	93.6	89.1	91.0	88.0	81.0	90.2	92.9	80.4	86.0	87.1	87.5
	Mortality rate – AMI (%)	%	5.6	3.7	4.7	4.5	7.1	4.9	6.4	8.2	5.5	5.0	5.4	6.1	4.0	5.1	2.3	4.7	5.4
Ischemic cerebral vascular accident (ICVA)	Door-to-CT Time	minutes	61.3	57.0	57.0	64.7	32.4	31.3	30.8	32.3	25.6	45.6	39.3	40.4	50.9	41.6	69.3	45.8	40.4
	Door-to-Thrombolysis time	minutes	58.9	61.5	74.2	66.2	89.1	36.5	35.6	50.6	83.5	79.0	40.6	75.0	58.0	40.4	124.6	65.0	64.8
	Mean length of stay – ICVA	days	11.6	11.5	12.3	11.9	9.7	8.2	8.3	10.6	7.5	8.6	10.0	11.1	8.7	9.1	6.9	6.3	8.8
	CT Rate in ICVA	%	108.6	80.2	92.7	79.7	74.0	53.5	69.4	63.4	62.1	67.0	82.3	70.9	68.8	73.6	67.2	70.7	68.5
	Mortality rate – ICVA %	%	7.0	7.0	7.0	4.7	7.6	7.1	7.9	11.8	8.7	7.5	8.4	6.3	8.2	3.2	3.5	5.8	7.2
Congestive Heart Failure (CHF)	Mean length of stay – AMI	days	12.8	11.1	11.7	10.2	10.1	10.0	9.6	10.5	11.1	13.5	10.8	8.2	9.0	9.3	7.7	7.9	9.8
	Mortality rate CHF	%	8.8	6.8	6.3	5.9	10.3	5.4	5.3	10.1	5.8	9.6	6.2	3.4	6.3	6.2	6.3	3.7	6.6
	Rate of beta-blocker at discharge of patients – CHF	%	NA	NA	64.5	46.8	50.6	47.2	57.3	65.8	66.5	68.2	57.4	41.4	45.1	40.1	36.2	39.4	51.3
	Rate of ACEI or ARB at discharge of patients with CHF (%)	%	NA	NA	56.1	40.7	42.2	40.7	47.0	54.2	53.7	60.3	51.0	35.1	42.3	37.1	32.2	32.1	44.0
Pneumonia in Children	Mean length of stay – Pneumonia < 13 years	days	5.2	5.8	5.4	6.1	6.7	5.8	6.2	6.0	6.2	5.7	6.4	5.3	6.0	5.9	5.8	6.0	6.0
	Rate of appropriate Antibiotic therapy in pneumonia < 13 years	%	94.6	83.5	93.8	97.4	93.8	89.2	94.0	97.2	96.4	96.2	97.1	92.4	96.0	100.0	100.0	94.0	95.5
	Mortality rate – pneumonia < 13 years	%	0.8	0.8	0.4	0.4	0.0	0.0	1.4	0.0	0.0	2.1	0.0	0.8	0.0	1.1	0.0	1.1	0.5
Pneumonia in Adults	Mean length of stay – Adult pneumonia	days	10.1	11.5	10.8	11.2	13.3	13.0	11.4	11.9	11.3	11.7	12.0	10.3	11.1	12.2	12.4	13.0	12.0
	Rate of Appropriate Use of Antibiotics in Adults with Pneumonia	%	72.5	87.9	89.8	96.4	95.5	92.9	95.2	93.3	97.2	97.2	96.4	94.9	95.1	95.6	97.2	101.0	96.0
	Mortality rate – pneumonia Adults	%	8.5	10.7	8.8	8.8	15.7	19.3	17.2	11.1	9.9	17.5	11.3	11.9	15.8	13.5	9.7	12.6	13.8
	Mean length of stay – Pneumonia > 60	dias	12.7	12.5	11.6	11.8	14.9	10.1	9.7	12.7	12.9	12.8	13.1	10.8	9.8	12.4	15.0	15.1	12.4
	Mortality rate – pneumonia > 60	%	13.4	14.7	11.0	11.5	19.8	15.5	13.5	11.0	11.6	23.2	9.7	17.4	28.1	17.3	13.3	14.6	16.2
Sepsis	Mean length of stay in Sepsis	days	18.1	20.0	18.7	13.0	11.6	13.4	11.3	17.7	13.7	13.6	15.8	12.3	13.1	10.3	14.5	12.8	13.3
	Rate of Appropriate Use of Antibiotic Therapy in Sepsis	%	78.6	89.4	70.5	79.8	85.5	89.8	89.0	84.3	86.4	87.8	86.0	86.0	82.6	88.3	83.3	86.8	86.3
	Mortality rate from Sepsis	%	25.7	22.7	20.8	17.9	16.9	17.7	17.9	21.2	19.8	23.3	19.9	17.1	19.2	17.8	19.6	20.7	19.2

Note: Indicators mean length of stay in hysterectomy, mean length of stay in cholecystectomy VLP and Mean length of stay in inguinal herniorrhaphy were discontinued from the list in 2014, reason why they are not displayed.
 Source: ANAHP INTEGRATED SYSTEM OF HOSPITAL INDICATORS (SINHA)
 NA: Not available, data collection started afterwards.

The image features a hand in the upper left corner, holding a coin as if about to drop it. Below the hand are four stacks of coins of varying heights, arranged from left to right in increasing order. The background is a vibrant green with large, overlapping circular and geometric shapes. The text is positioned on the right side of the image.

INSTITUTIONAL PERFORMANCE

This section presents the analyses of economic-financial indicators and people management at Anahp member hospitals.

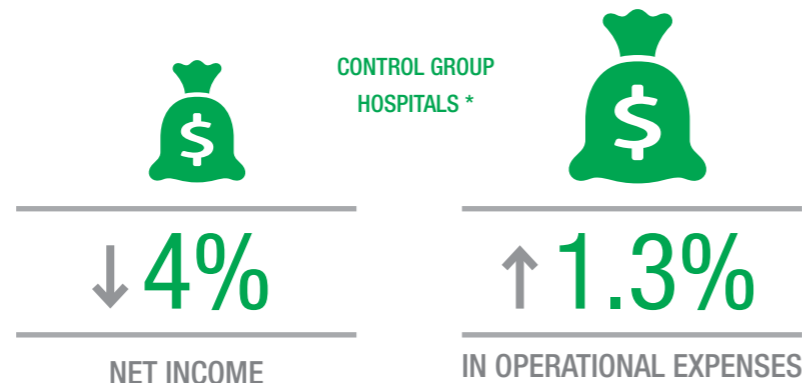
EXECUTIVE SUMMARY



In 2014, Anahp hospitals' income reached

R\$ 20.7 BILLION

Despite the increase in demand, financial performance indicators of ANAHP hospitals have shown expenses at higher level than that of income.



* Group of 23 hospitals that have been submitting data to SINHA since the beginning of the Project.

The industry has experienced constant pressure by the healthcare plan managers to reduce clinical expenses. This straightforward strategy has been translated into delay or refusal to accept contract price adjustments, significantly higher default rates and increased share of expenditures over income.

In 2014, net income indicator in the control group was especially impacted by the increase in unpaid amounts (bills not entirely paid).



NET INCOME BY HOSPITAL DISCHARGE



R\$ 20,312
to
R\$ 18,834

The net income by hospital discharge also decreased more than the net income by patient-day in the control group in 2014 compared to 2013.

MEAN PAYMENT TERMS

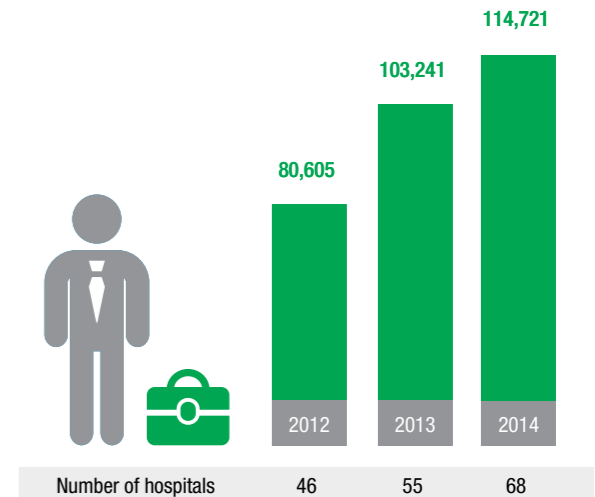
For 2014, the observed mean for payment terms was very high, reaching



Lack of skilled manpower is one of the main difficulties for the development of the hospital industry since it employs professionals with levels of education higher than the Brazilian average.

In 2014, 68 ANAHP member hospitals totaled a number of personnel equivalent to

114,721 EMPLOYEES



Source: Institutional profile of 68 Anahp member hospitals.

The inclusion of apprentices, people with disabilities and rehabilitated professionals in the marketplace grew in 2014 compared 2013:



APPRENTICES

1.5%

2013

2.1%

2014



PEOPLE WITH DISABILITY

2.7%

2013

3.6%

2014

The internal recruitment rate indicator recorded rates from 16% to 25% between 2013 and 2014. On average, 21% of the job vacancies in 2014 were filled by professionals from the institutions themselves.



LEAVE

Another relevant indicator is the rate of leave (inactive employees), which dropped to 7.9% in 2014. The increased rate has direct impact on hospital management since new hires and investment in training programs are required.



ABSENTEEISM

The monthly absenteeism rate in 2014 ranged from 1.7% to 3.3%, with an average equivalent to

3.0%

ECONOMIC-FINANCIAL MANAGEMENT

In 2014, Anahp hospitals' income reached R\$ 20.7 billion. However, expenses have increased more than income.



The continuous increase in costs and expenditures above income growth is not only a warning sign, but also an indicator for this context to be analyzed and redirected.

The figures presented in this edition of Observatório Anahp clearly show the current experience of the healthcare market. Understanding this perspective and its trends is informational and can be used for analyzing the existing risks and creating strategies to enjoy the opportunities. These analyses can and should be deeper. However, Anahp thinks it is key for member hospitals to create action plans that can guide them towards analyzing performance by margin and not only by income, reviewing the specialty and healthcare plan mix, reducing costs, progressing in clinical governance issues, attentively negotiating the migration of margins

from medication, material, diet and medicinal gas therapy to hospital days and rates, and including automatic price adjustments in these categories, among so many other actions. On the one hand, we have been systematically driven to discuss

50.8 MILLION

Is the number of medical-hospital healthcare plan beneficiaries in 2014

the future and new compensation models; on the other hand, it is absolutely necessary to realize the strong and effective deconstruction of our current model, significantly reducing the current margins.

The continuous increase in costs and expenditures above income growth is not only a warning sign, but also an indicator for this context to be analyzed and redirected. Recent years were marked by strong growth in number of healthcare plan beneficiaries, encouraged by the marketplace performance, which shows one of the lowest unemployment rates since the beginning of the historical data series.


In 2014, the number of medical-hospital healthcare beneficiaries reached 50.8 million, which represented 1.2 million more lives in 2014. If we consider the average hospital

admission rate of 14%, this growth means 170,000 new admissions. Seeing from a different perspective, 3,000 more beds will be required to meet this additional demand. In addition to the increase in demand, caused by expansion of the covered population, the industry has started to feel the impact of the population aging effects. Multiple comorbidities, increased rate of long-term care patients (length of stay longer than 90 days), and reduction of surgical procedures, aligned with worsening of clinical presentation, directly impact on increased mean length of stay of patients in the hospitals. The analysis of such factors is presented in details at the section Market Profile. In addition to increase in demand and growth of users who need more services and materials, the industry has experienced constant pressure

by the healthcare plan managers to reduce clinical expenses. This straightforward strategy has been translated into delay or refusal to accept contract price adjustments, significantly higher default rates and increased share of expenditures over income. Another trend that may negatively influence the performance of the organization is the advance of the procedure-based fee, according to managed packages, which assumes retrospective pricing models, that is, pricing is pre-agreed based on previous experience of the organization. In a moment of changes to clinical profile of patients, increasing comorbidities and mean length of stay, pricing of procedures should take into account this trend. Otherwise, it may run the risk of being underpriced in relation to the true cost of care. Within such context, the indicators in this section have been reviewed so as to present more detailed trends in the industry. Finally, the first results can already be seen. Income indicators are sided by new expenses indicators, enabling thorough understanding of the organizations' performance. In 2014, as part of the process of improvement of SINHA indicators, Anahp reviewed the data referring to 2012 and 2013.

20.7 BILLION

was Anahp hospitals' income in 2014



Hospitals' income increased 20% in 2014.

TOTAL INCOME

In 2014, the income of Anahp hospitals reached R\$ 20.7 billion, amounting to 20% increase comparing to 2013. For the current edition of Observatório Anahp and for its previous versions, we relied on data from December each year – 55 in 2013 and 68 in 2014 – providing grounding for comparison. The number of beds at ANAHP member hospitals reached 17,409 in 2014 – 18% above 2013 figures, translated into 14% of the total private hospital beds in the country.

PROGRESSION OF AVERAGE PRICES AND PERFORMANCE AT ANAHP HOSPITALS

Income and expenditures of a hospital reflect the mix of quantity and type of care provided to patients and the patient portfolio. Conversely, it depicts the costs associated with care provision and improvement of services, including hospital maintenance and infrastructure expansion. As shown in the first section of this publication (Market Profile), the population of healthcare plan beneficiaries has been increasing on a yearly basis, especially among the elderly (over 60 years of age). This movement impacts Anahp hospitals,

which have experienced significant increase in median age of patients as of 2008, as a sizeable portion of their patients are over 60 years (27% on average for the past six years). Consequently, clinical-epidemiological profile of care tends to be more complex and, in order to keep up with this process, the hospitals have to continually invest in infrastructure to maintain quality standards. To do that, more resources are required, impacting the income and expenditures of the organizations. Another important aspect concerns payment source mix (SUS, self-pay or healthcare plan coverage), which may affect the final income. As mentioned before, many hospitals have joined Anahp in 2014, and between 2013 and 2014, 15 new organizations started submitting data to SINHA. Such hospitals, in turn,

have more heterogeneous income sources and, for comparison reasons, we have analyzed information only from hospitals that have been submitting data regularly since 2004. This group of hospitals was named Control Group. There has been 4% drop in net income in this group of hospitals, whereas operational expenses increased 1.3% between 2013 and 2014. In turn, the numbers referring to patients-day and hospital discharges increased 0.9% and 3.5%, respectively, negatively impacting the indicators of economic-financial performance and revenues. Net income per patient-day grew 13% at hospitals of the control group between 2012 and 2013, whereas it had 5% decrease in 2014, going from R\$ 4,327 to R\$ 4,118. To calculate this indicator, we have relied on variable net income, which

is equivalent to gross income of hospitals, deducted from taxes paid on income and denied and unpaid amounts. The variation of the indicator fell far behind the official inflation rate of 6.4% in the country for the

same period, measured by IPCA – Consumer Price Index. This fact can be explained by the overall trend of decrease in income, as has been observed since 2013. In 2014, net income indicator in the control group was especially impacted by the

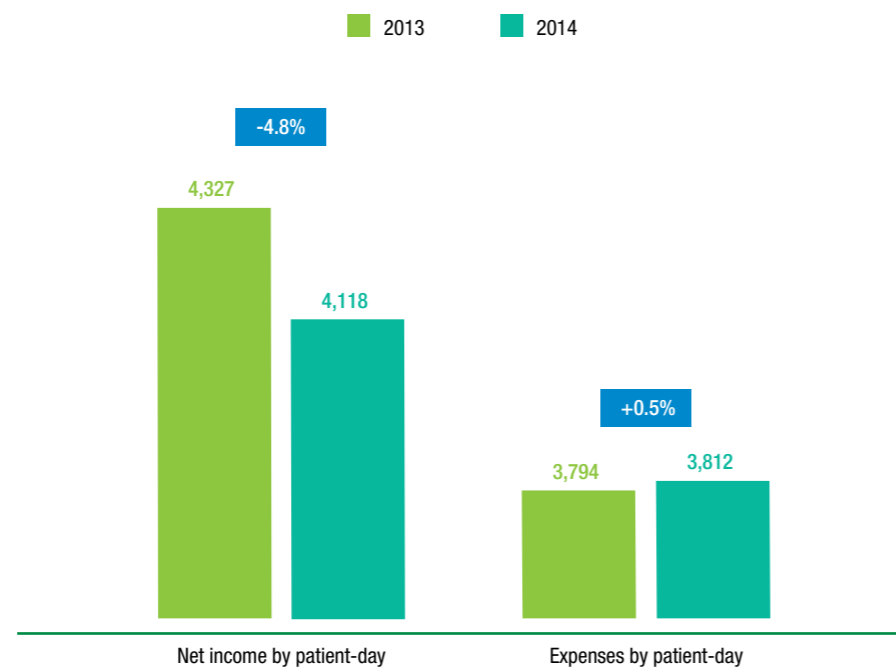
increase in unpaid amounts (bills not entirely paid). Another relevant factor in the analysis of the decrease in net income (both by patient-day and by hospital discharge) is the main aspects responsible for it: reduction in hospital daily rates and fees, going from 19.7% in 2013 to 18.8% in 2014, and in hospital supplies, which fell down from 49.1% in 2013 to 45.8% in 2014 (Table 3). Another reflex of this factor is shrinking of patient-day expenses, which had increased 17% between 2012 and 2013 and grew only 0.5% in 2014. Patient-day expenses went from R\$ 3,794 in 2013 to R\$ 3,812 in 2014. It is noteworthy that despite this slight increase, hospital margins are still going down, as increase in expenses has been higher than increase in income.

The Control Group is formed by Anahp hospitals that have been submitting data regularly since 2004.

Clinical-epidemiological profile of care tends to be more complex and, in order to keep up with this process, the hospitals have to continually invest in infrastructure to maintain quality standards.

GRAPH 1

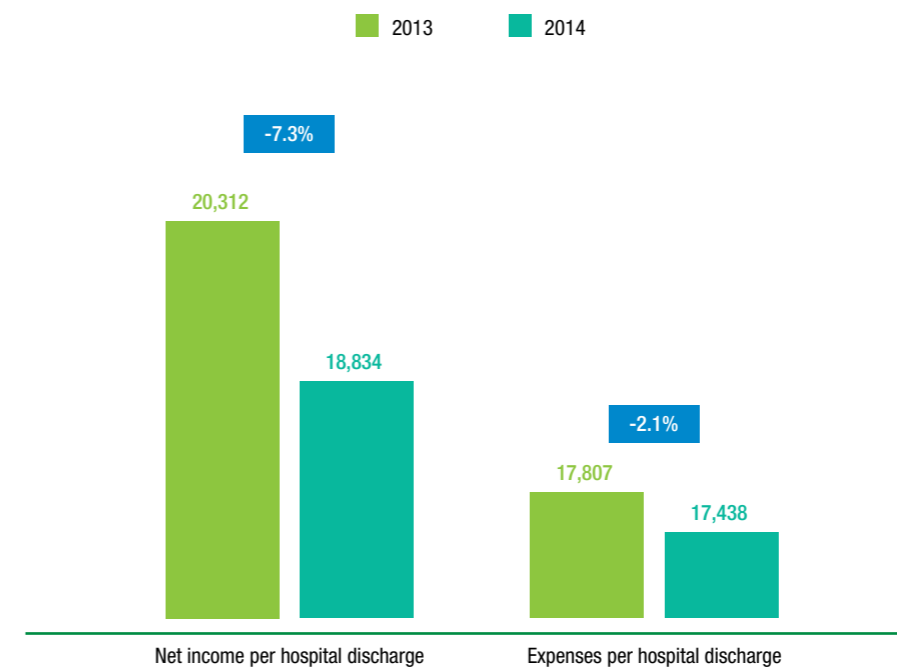
NET INCOME AND OPERATIONAL EXPENSES BY PATIENT-DAY (R\$) – CONTROL GROUP



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

GRAPH 2

NET INCOME AND OPERATIONAL EXPENSES BY HOSPITAL DISCHARGE (R\$) – CONTROL GROUP



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

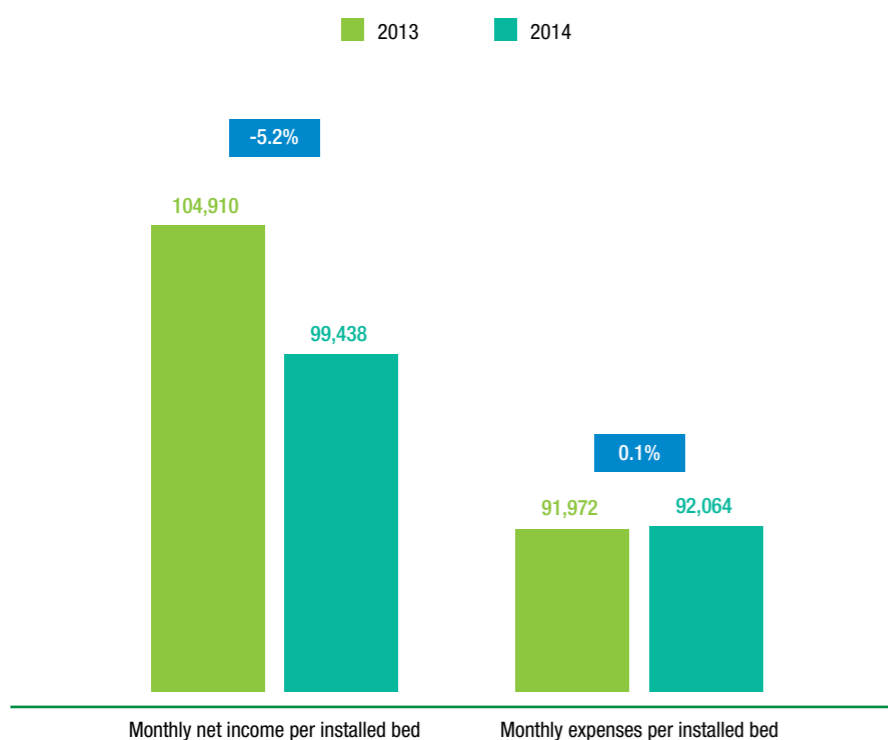
The net income by hospital discharge also decreased more than the net income by patient-day in the control group in 2014 compared to 2013, going from R\$ 20,312 to R\$ 18,834. Thus, 7% drop in 2014 compared to almost 19% increase in 2013. Expenses by hospital discharge dropped about 2% in the period compared to 23% in 2012-2013.



Operational expenses continue to grow at higher rates than income variations. In 2014 this expansion amounted to 1.3%.

GRAPH 3

MEAN NET INCOME AND MEAN OPERATIONAL EXPENSES BY INSTALLED BED (R\$) – CONTROL GROUP



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

The indicator net income by operational bed has also shown decrease in income and shrinking growth of expenses: 5.2% and 0.1%, respectively.

PROGRESSION OF EXPENSES

The 1.3% increase in expenses – a higher rate than the variation in income – may result from different factors, such as increase in refusals and mean payment terms, or increase of expenses at higher rates than price readjustments for services. Thus, it is important to analyze the dynamic nature of hospital expenses, breaking down their main components. The main hospital expenses are personnel or payroll costs, which amounted to 38% of the total in 2014. Since the beginning of the series, in January 2012, it has presented monthly average of 41% over the total expenses, showing greater variation over the total than other expenses: 2,8%.

The second main component of expenses is given by hospital supplies, which presented 1% drop in comparison with 2013. The series started to be collected in 2012, presenting a monthly average of 25.8%, that is, 2014 data confirm the decreasing trend of this category of expenses over the total hospital expenses due to constant and intensive pressure by healthcare insurance plans on the definition of commercial rules and the compensation

system. There is an aggravating factor which is the fact that the supplies industry depends on import of medication and pharmaceutical products, especially from Germany, the United States and China. As a consequence of the Real/ U.S. dollar exchange rate devaluation in progress since 2011, this process has gained more momentum. Since then, the annual mean Real / U.S. dollar exchange rate has increased by 40.5%, going up from R\$ 1.67 / US\$ 1 in 2011 to R\$ 2.35 / US\$ 1 in 2014. Moreover, some supplies, such as medicinal gases, have been impacted by the increase in electric power prices, requiring price adjustments to be cascaded down on the supply chain, which led to a 2-fold increase in medicinal gases costs in 2014. For industry alone, the mean power supply rate increased by 12%, going from R\$ 223 / MWh to R\$ 249 / MWh. When such data is analyzed beyond the control group and including all Anahp hospitals, the following trends can be perceived: For all hospitals that submitted data to SINHA, medicinal gases expenses grew 101%, whereas expenses with materials, medication and special implants and devices increased by 16%.

There has been major growth in the category of expenses – Others, which includes all expenses of the hospital and their service providers for provision of care which are not accounted for in other items. Another item that has shown considerable increase was support and logistic contracts – which are not directly related with healthcare service provision, such as laundry, security, hospital housekeeping, building housekeeping, reception area, IT, accounting services, nutrition and kitchen. Support and logistic contracts have represented on average 7.2% of the total expenses since January 2012, emphasizing the increase of this expense in 2014.

TABLE 1

**DISTRIBUTION OF TOTAL EXPENSES BY TYPE (%)
CONTROL GROUP**

TYPE OF EXPENSES	2013	2014
Cost with personnel	41.6	39.0
Hospital supplies	25.5	24.5
Technical and operational contracts	13.7	11.1
Other expenses	2.2	5.3
Depreciation	4.6	4.3
Support and logistic contracts	5.3	8.8
Other supplies	3.8	3.3
Maintenance and services	1.8	2.1
Utilities	1.5	1.7

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

In general, hospital expenses by discharge have been decreasing, indicating more efficient use of resources.

For hospital discharge expenses, differently from 2013 when all components went up, in 2014 the performance was irregular. Expenses with technical maintenance and logistics, covering maintenance services carried out by the organization including spare parts and other materials, were the ones with the greatest increase.

In general, hospital expenses by discharge have been decreasing, indicating more efficient use of resources in view of the increased number of patients and the expansion of headcount. In the control group hospitals, there was 10% increase in the total expenses in 2014 and 4% increase in expenses with personnel. It may indicate increase in staff productivity by patient in all organizations or, as a less likely hypothesis, an increase in prices charged for services greater than salary raise.

It is worth mentioning the drop in hospital supplies expenses per hospital discharge (against 18% increase in 2013), confirming the greater pressure over the price of these items in 2014.



TABLE 2

**HOSPITAL EXPENSES DISTRIBUTION (R\$)
CONTROL GROUP**

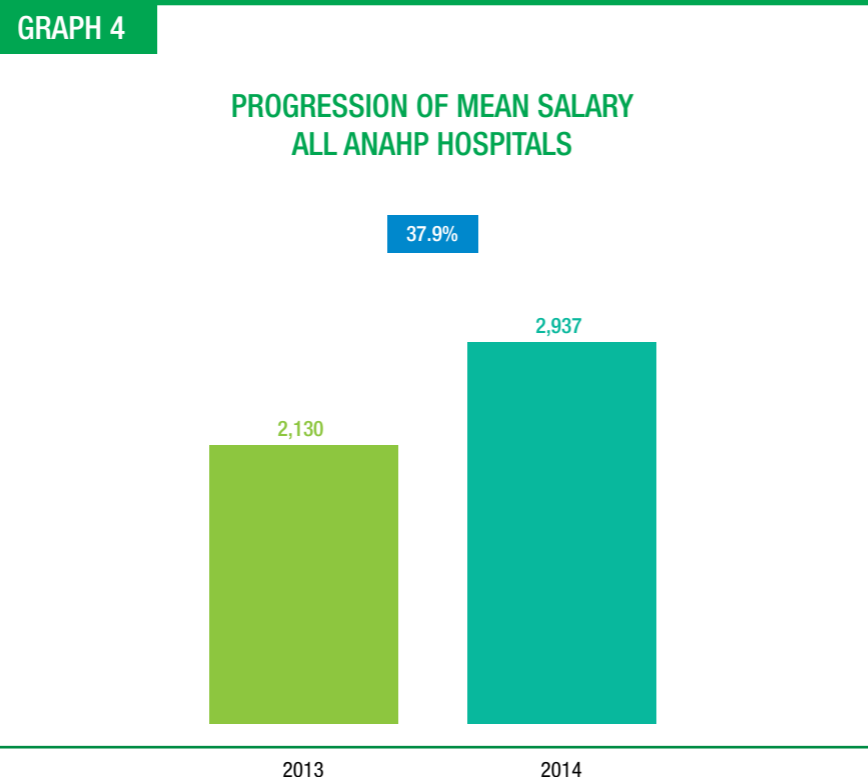
TYPE OF EXPENSES	2013	2014	VARIATION (2014/2013)
Expense by hospital discharge	17,807	17,438	-2.1%
→ Personnel	6,831	6,888	0.8%
→ Hospital supplies	4,426	4,159	-6.0%
→ Support and logistic contracts	3,269	3,276	0.2%
→ Maintenance and services	314	363	15.6%
→ Others*	2,967	2,751	-7.3%

*Utility expenses: power, water, communication and materials not included under hospital supplies.
Source: Prepared by Anahp based on information from SINHA/Anahp.



Brazil generated 391,000 formal job offers in 2014 – 55,800 were hospital-related jobs.

The hospital job market is still up and in constant need of qualified professionals. The progression in mean salary range of hospital staff indicates that. In 2014, the monthly mean salary reached R\$ 2,937, 38% increase compared to 2013, and 52% compared to 2012 (Graph 4). Data from Caged (General Registration of Employed and Unemployed) confirm this fact. In 2014, Brazil generated only 391,000 new job offers (resulting from economic and employment pace reduction and the general economic deterioration); 55,800 jobs were hospital-related activities.



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

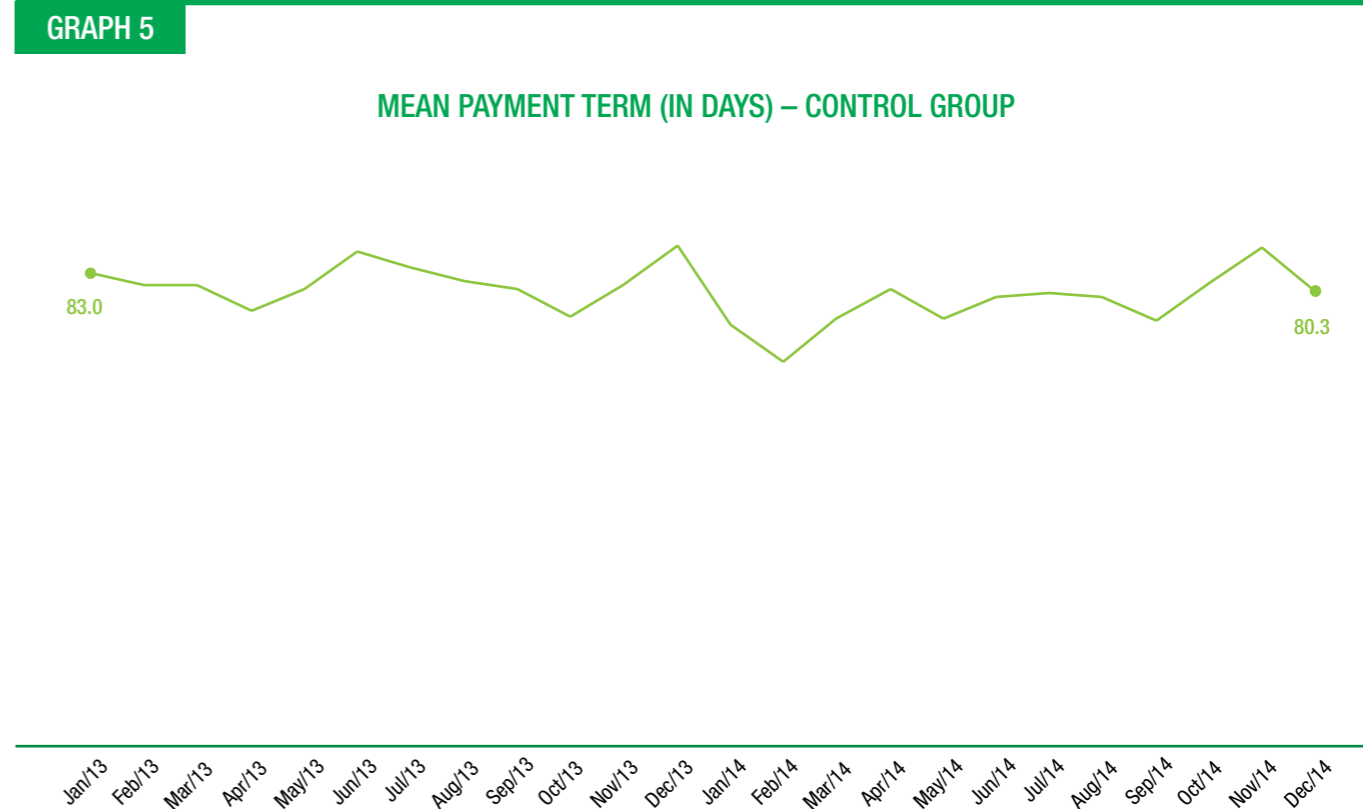
PAYMENT TERMS AND REFUSAL RATES

The indicator for mean payment terms and refusal rates decreased in 2014 compared to the previous year, amounting to 4% and 16%, respectively.

The indicator of mean payment terms represents seasonality, tending to increase at the end of the year (especially in December). During this time of the year, healthcare insurance plans tend to postpone payments to improve their annual results. Since January 2012, when the indicator started to be collected, Anahp hospitals have had on average 80 days for receiving payment, with 10-day variation. In the control group, in 2012 this indicator presented on average 75.5 days and in 2013 it was 81.7 days. For 2014, the observed mean was 78.7 days. There has been a decreasing trend in recent years, but the mean payment term for hospitals is still very high, especially considering the internal operational costs, such as salaries, social charges, suppliers and service contracts, that range between 30 and 45 days. Thus, hospitals have to cover the gap between the receiving terms and the payment deadlines using their own resources or by contracting loans, adding up to the financial costs on service provision, which impacts cash flow management.



Even though there has been a decreasing trend in recent years, the mean payment receiving period for hospitals is still very high – 78.7 days.



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

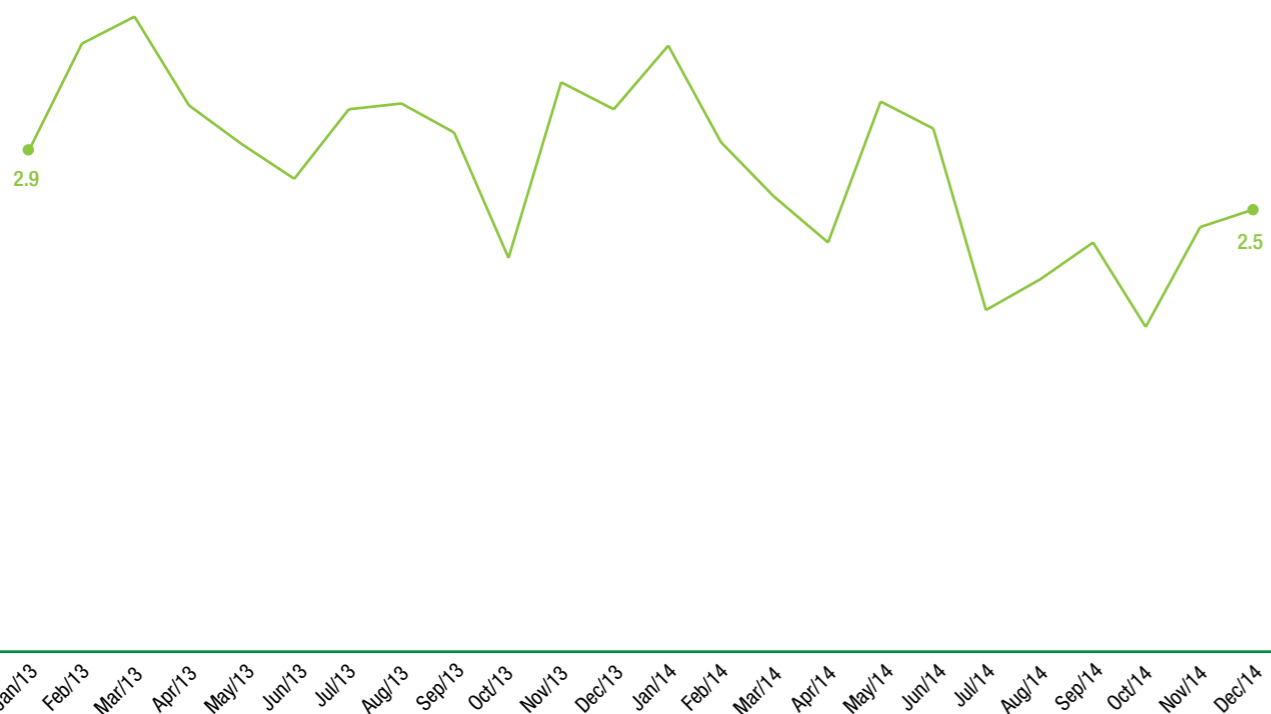
2.5%

is the refusal rate for hospitals relative to net income in 2014.

The refusal rate of hospitals is measured in relation to net income and it has decreased during the analyzed period, going from 3% in 2013 to 2.5% in 2014. This amount is within the historic data series of the indicator (2.8%), which has had low variation comparing to previous years (0.16%). Despite the decrease in refusal rate in 2014, it is worth mentioning the increase in unpaid amounts (or bills not fully paid, which are refused and not paid), due to financial issues within the healthcare insurance companies and/or inappropriate refusal processes. Another important factor that can explain this increase is the implementation of standard TISS 3.02 as of May 2014, which has generated registration discrepancies and led to failure to pay by some healthcare insurance companies.

GRAPH 6

REFUSAL RATES (%) – CONTROL GROUP



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



DISTRIBUTION OF GENERAL REVENUES BY TYPE

Income resulting from daily rates and fees showed decrease in its share on total expenses of ANAHP member hospitals, going down from 19.7% in 2013 to 18.8% in 2014. This decrease may indicate difficulty to negotiate with the insurance companies, contributing with the progression of expenses over revenues.

This decrease also shows that win-win negotiations in the migration of hospital supplies margins into daily rates and fees have not proven to be successful. Quite to the contrary, by waiving the right of automatic price adjustments, we migrate from margins over products that have prices whose adjustments are rejected, and in practice they are not necessarily put into effect.

Income coming from daily rates and fees still presents decrease in hospitals' total income.

TABLE 3

DISTRIBUTION OF INCOME BY TYPE (%) CONTROL GROUP

BY TYPE	2013	2014
Daily rates and fees	19.7	18.8
Hospital supplies	49.1	45.8
SADT (Diagnostic tests)	20.8	22.8
Other income from services	4.4	4.3
Other operational income	6.0	8.4

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

There has been decrease in hospital supplies' revenues, given the pressure that healthcare insurance companies exert on them, plus the dollar exchange rate due to the fact that most products are imported. In addition, power prices have been up, significantly impacting industry costs, which in turn were cascaded down to hospital supplies' prices. As those two components have lost their representativeness, the revenue contribution from tests and especially from other operational income (which include, for example, medical fees, packages with several items, courses and training programs) grew by 2% and 2.4%, respectively.

DISTRIBUTION OF THE REVENUES BY PAYING SOURCE

Services provided to healthcare plan holders remain as number one component of Anahp member hospitals' revenues, in special in the control group. In 2014, there was marginal shrinkage of 0.5% in the share of healthcare plans in the revenues of hospitals. However, when this data was analyzed for the total number of ANAHP member hospitals, a higher drop was observed: 3.2%.

In fact, the group of hospitals providing data to SINHA became more heterogeneous in 2014 with greater share of revenues coming from SUS (Universal Public Healthcare System).

TABLE 4

DISTRIBUTION OF REVENUE BY PAYING SOURCE (%) CONTROL GROUP

PAYING SOURCES	2013	2014
SUS	0.8	1.3
Private	12.2	12.1
Agreements	87.1	86.6

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

Services provided to healthcare plan holders remain as number one component of Anahp member hospitals' revenues, in special in the control group.

The share of these revenues on the total, which was historically maintained around 3%, more than doubled in 2014. In September, for example, the share of the revenues coming from the SUS reached 7.8% – the highest value since the beginning of the series in January 2012.

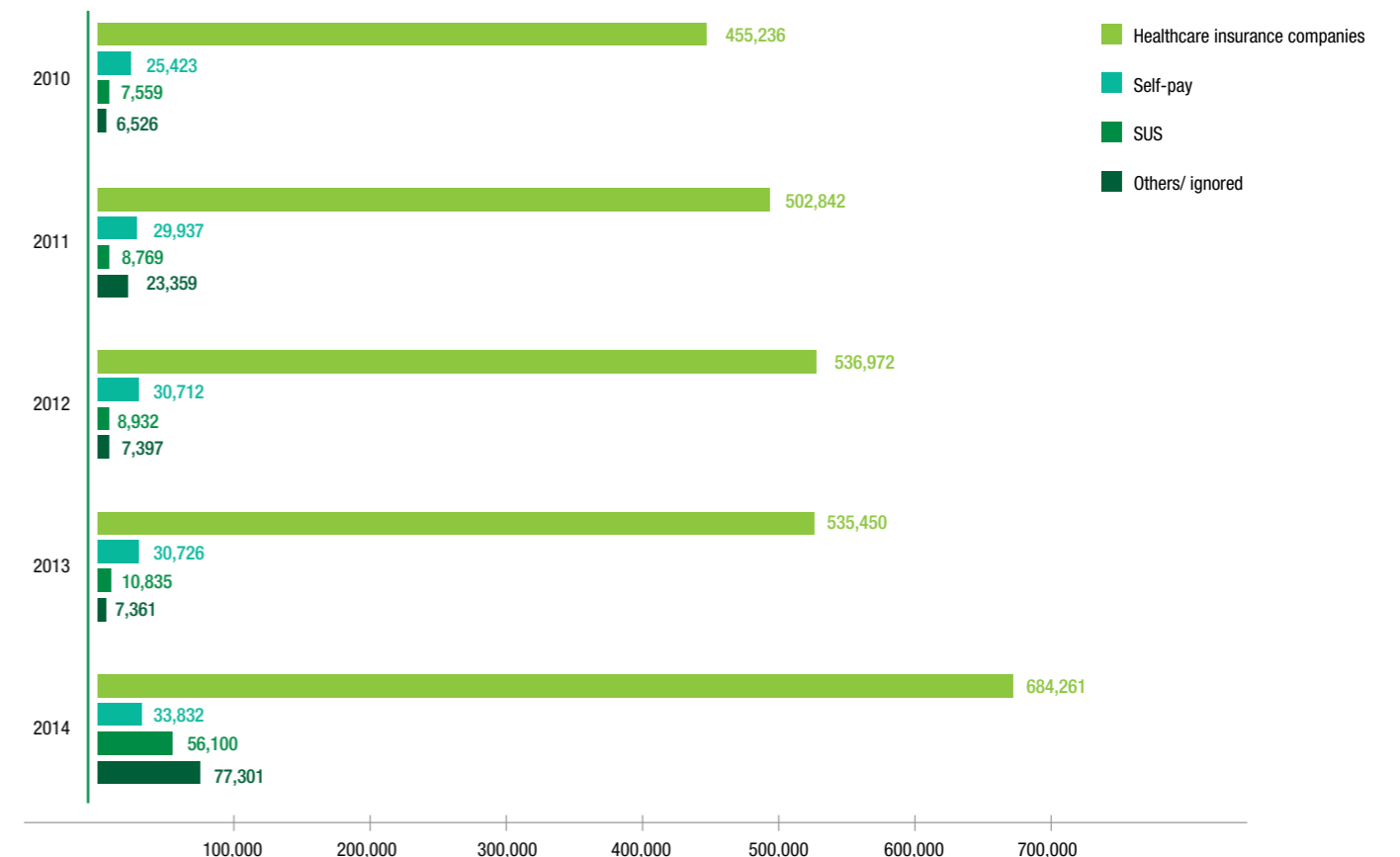
However, it can be noted that this increase was not proportional to the growth in the number of hospital discharges of patients from the SUS, which grew from approximately 11,000 in 2013 to 56,000 in 2014 – a growth of more than 400% (Graph 7).

This occurs because the average amount paid for hospitalization through SUS is approximately R\$ 1,134.10, whereas the average amount paid for supplemental health is R\$ 5,772.70, highlighting the differential of the compensation tables.



GRAPH 7

ANNUAL DISTRIBUTION OF HOSPITAL DISCHARGES BY MAIN PAYING SOURCE ALL ANAHP HOSPITALS



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

Concerning distribution of income by type of healthcare plan, insurance companies have been active partners, but showing a decreasing trend. It is due to the fact that medical cooperatives and self-management plans have lost space in the marketplace, resulting in increase in total number of hospital discharges of these healthcare plan modalities (Graph 8). This greater heterogeneity of revenue mix may have impacted the total value of hospital revenues, given the average ticket of insurance companies (R\$ 287, according to ANS 2013 values), for example, which is 41% higher than medical cooperatives (R\$ 169) and 34% higher than self-management companies (R\$ 190).

TABLE 5

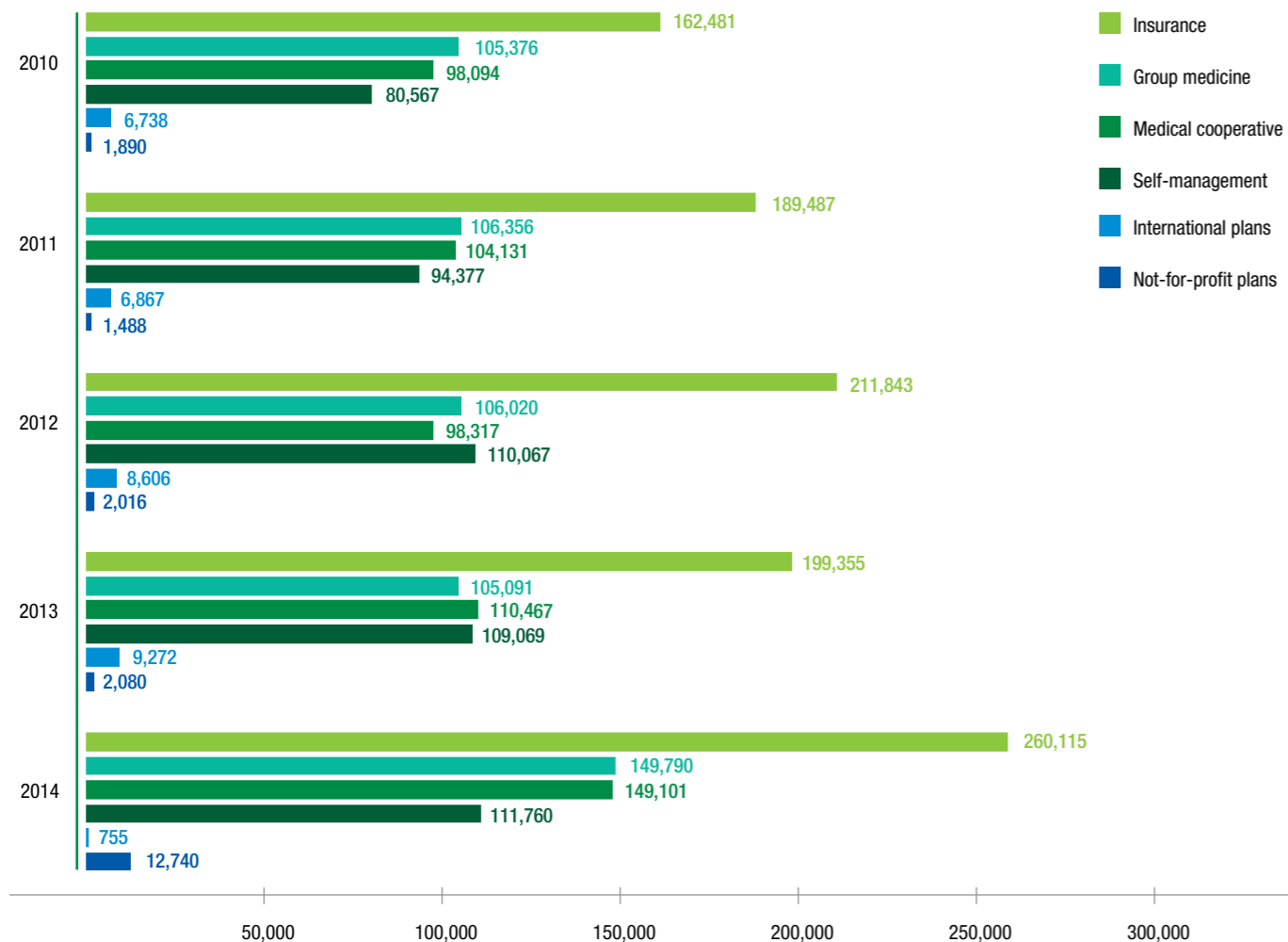
DISTRIBUTION OF REVENUES
BY MODALITY OF HEALTHCARE OPERATOR (%)
CONTROL GROUP

HEALTHCARE OPERATORS	2013	2014
Insurance	45.5	40.1
Medical cooperative	16.2	22.1
Self-management	17.0	20.7
Group medicine	18.9	15.3
International plans	1.4	0.9
Not-for-profit plans	1.2	1.0

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

GRAPH 8

DISTRIBUTION OF REVENUES BY MODALITY OF HEALTHCARE OPERATOR (%)
ALL ANAHP HOSPITALS



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

Centro Satélite Johnson & Johnson Medical Innovation Institute: treinamento para profissionais de saúde do Nordeste e Norte do Brasil.

O Johnson & Johnson Medical Innovation Institute já ofereceu educação médica continuada a mais de 12 mil profissionais de saúde de todo o Brasil. Para oferecer os mesmos treinamentos nas regiões Nordeste e Norte do país, está sendo inaugurado o primeiro Centro Satélite do Instituto, em Recife. Cerca de mil profissionais por ano poderão ser treinados por meio das mais novas e modernas tecnologias cirúrgicas.



Este é o nosso compromisso: elevar os padrões de cuidados com a saúde por meio do desenvolvimento, disseminação e aplicação da ciência e da tecnologia.
Contato: innovationinstitute@its.jnj.com.

Johnson & Johnson

MEDICAL INNOVATION INSTITUTE

Institutional Performance

PEOPLE MANAGEMENT

In 2014, the number of personnel in Anahp member hospitals increased by 3% in line with the good performance of the job market within the healthcare industry.

PERSONNEL AND PROFILE OF EMPLOYEES

In 2014, 68 Anahp member hospitals totaled a number of personnel equivalent to 114,721 employees. The increase at the number of employees, which achieved 11% growth in 2014 in relation to 2013, is related to the increase in the number of hospitals from 55 to 68 in the ANAHP in December 2014, as well as to the increase in the number of units and growth in the healthcare industry. In 55 hospitals that comprised the 2014 ANAHP Observatorio sample, there was an increase of 3% in the number of active employees.

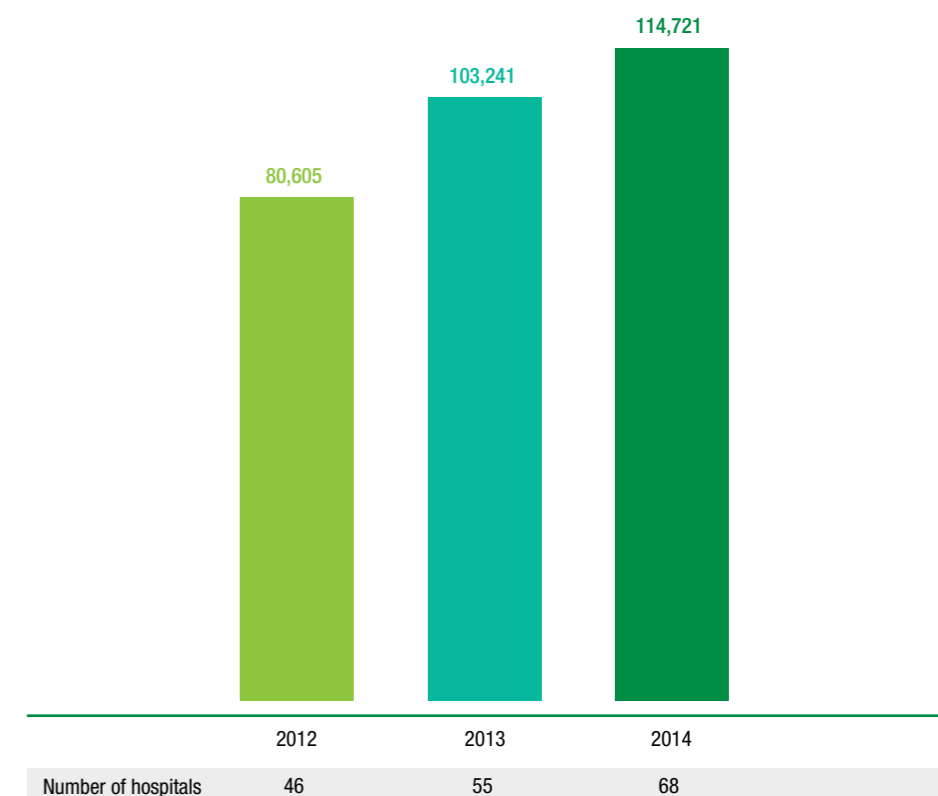
Hospitals have increased the number of their personnel by hiring approximately 400 professionals on a monthly basis to fill new job vacancies, in addition to 1,400 employees to replace existing positions since January 2012, when this data started to be collected. Fifty-five percent of these replacements were generated through voluntary resignations (Graph 7).



In 2014, 68 Anahp member hospitals totaled a number of personnel equivalent to 114,721 employees.

GRAPH 1

TOTAL NUMBER OF JOBS CREATED
TOTAL NUMBER OF ANAHP MEMBER HOSPITALS



Source: Prepared by ANAHP based on information from SINHA/ANAHP.



The lack of skilled manpower is one of the main difficulties for the development of the hospital industry since it employs professionals with levels of education higher than the Brazilian average.

The lack of skilled manpower is one of the main difficulties for the development of the hospital industry since it employs professionals with levels of education higher than the Brazilian average (Graph 2). The healthcare industry, in terms of formal education and employees, have equated with industries such as banking and education by employing 3% each of the total of employees with tertiary education in Brazil. On average, in Anahp member hospitals, more than 25% of professionals have completed higher education (27.7%), whereas in Brazil only 18.5% of professionals employed

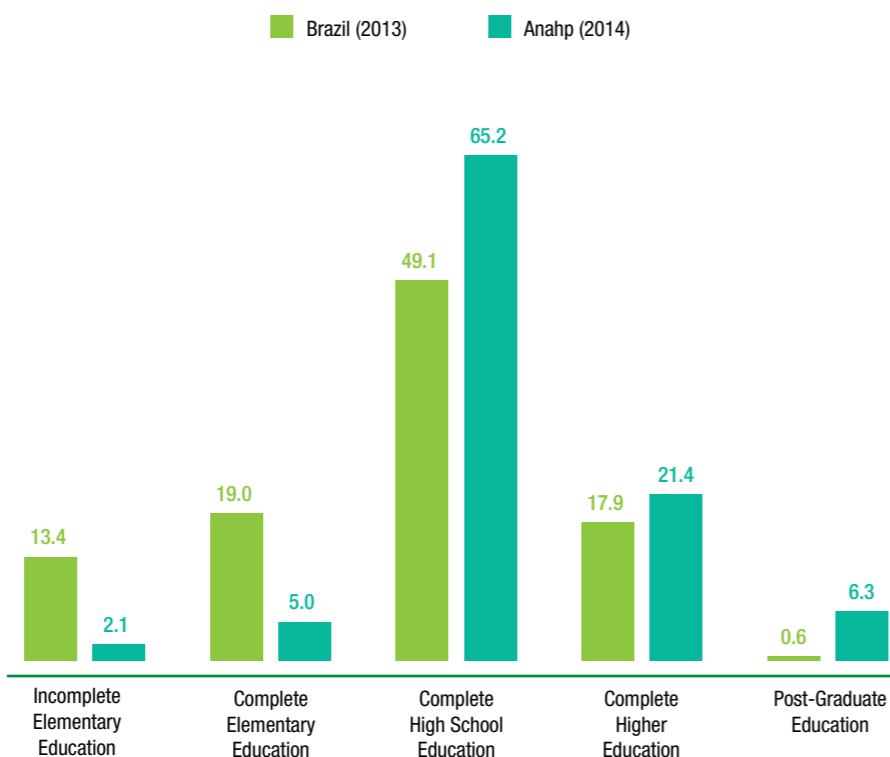
in the formal market have the same level of education. By comparing the numbers in the healthcare industry in Brazil, Anahp member hospitals are above the value observed for the country: according to the data from the 2013 RAIS (Annual Listing of Information and Salaries – Employees) of the Ministry of Labor, 24% of the employees performing hospital care activities have higher education. In this scenario, the job market is still booming and the low offer of new skilled professionals continues to impact salaries and consequent readjustments in the industry, while increasing costs.



In 2014, the number of postgraduate professionals in Anahp member hospitals started to increase again, achieving the same level as 2012 (6.3%). The proportion of personnel with complete higher education remained relatively stable in 2014 in relation to 2013, reaching 21.4%. The reduction in the number of professionals with incomplete and complete elementary education, as well as the increase in the proportion of those with complete high school education is of particular interest. Even though it is not possible to say whether this has become a trend, mainly because of the change in the sample of hospitals which are part of the SINHA (Integrated System of Hospital Indicators), it is important to highlight that this increase in the level of education of employees may be strongly related to the increase in the productivity seen in the indicators of expenditure analyzed in the previous section.

GRAPH 2

LEVEL OF EDUCATION – EMPLOYEES OF ANAHP MEMBER HOSPITALS AND BRAZILIAN AVERAGE



Source: Prepared by ANAHP based on information from SINHA/ANAHP and 2013 RAIS.

GRAPH 3

PERCENTAGE DISTRIBUTION OF THE LEVEL OF EDUCATION OF EMPLOYEES – 2009 TO 2014 ALL ANAHP HOSPITALS



Source: Prepared by ANAHP based on information from SINHA/ANAHP.

The inclusion of apprentices, people with disabilities and rehabilitated professionals in the job market is another highlight of Anahp member hospitals.

GRAPH 4
EMPLOYMENT RELATIONSHIPS IN THE FORMAL MARKET ACCORDING TO THE ORGANIZATION SIZE – IN MILLIONS OF EMPLOYMENT RELATIONSHIPS (ORGANIZATIONS WITH OVER 100 EMPLOYEES)



More than one million disabled people are required to comply with the legal quota system; however there are only 358,000

Source: Prepared by ANAHP based on information from 2013 RAIS.

The inclusion of apprentices, people with disabilities and rehabilitated professionals in the job market is another highlight for human resources managers of Anahp member hospitals. Article 93 of the Law 8.213 requires organizations with more than 100 employees minimum quotas to hire people with disabilities and rehabilitated professionals. Article 429 of the CLT (Consolidation of the Labor Laws) establishes a minimum number of apprentices to be hired by these same organizations. As a consequence of that, new indicators have been included since 2012 to identify and monitor the percentage of apprentices and people with disabilities among the professionals of Anahp member hospitals. The number of these professionals increased from 2.7% in 2013 to 3.6% in 2014 for people with disabilities and from 1.5% to 2.1% respectively for apprentices.

3,6%

Anahp member hospitals had 3.6% of people with disabilities in their personnel in 2014.

Complying with the legal quota system for people with disabilities has created difficulties across all industries. According to the data provided by the Ministry of Labor itself, there are various aspects that make hiring impossible such as a lack of professionals available in the market, qualification of these professionals and settling into work routines, including and the difficulties in settling into work routines overnight shifts, alternate

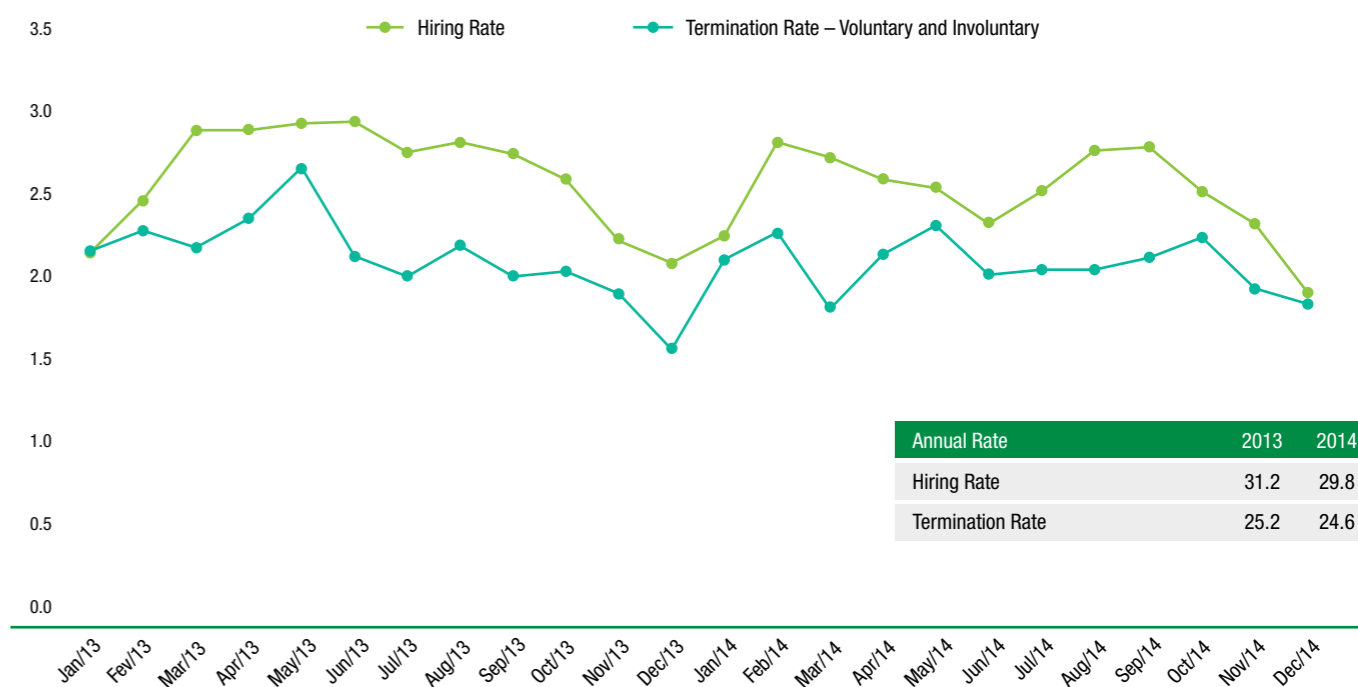
shifts, limitations to perform activities directly related with providing patient care, etc. According to a study carried out by the ANAHP in 2014 based on the data from the RAIS to comply with the legal quota system in order to hire people with disabilities, more than one million professionals would be required in the organizations subjected to this system, in other words, those with over 100 employees.

ATTRACTING AND RETAINING PROFESSIONALS

Staff turnover is a great challenge for institutions in inclusion processes, training and development of new professionals. Considering the difficulties and costs involved, it is necessary to create plans to retain employees and take advantage internally of those qualified who are willing to change position or department. In 2014, both the monthly average rate of hiring and termination dropped, reducing staff turnover. In 2014, 24.6% of the average employees of hospitals were either voluntarily or involuntarily dismissed, whereas hiring achieved 29.8%. The monthly average rate of hiring ranged between 2.9% and 1.9% between 2013 and 2014 with more hires between April and September and less hires at the end and beginning of the year.



GRAPH 5
HIRING AND TERMINATION RATES (VOLUNTARY AND INVOLUNTARY) (%) – 2013 TO 2014 ALL ANAHP HOSPITALS



Source: Prepared by ANAHP based on information from SINHA/ANAHP.

RATE OF STAFF TURNOVER

The rate of staff turnover is the relation between all hires (increase in the number of personnel or replacements) added to terminations (occurred in a voluntary or involuntary way) and the total number of employees (active personnel) in a given period. In Anahp member hospitals, the monthly rate of staff turnover dropped from 2.4% to 2.3% in 2014.

Staff turnover is a classic indicator and it shows the behavior of the total turnover in institutions; however, a derivation of this indicator suggests the exclusion of the turnover arising from the increase in the number of personnel. The aim of this adjusted indicator, which we call "staff turnover without increase in the number of personnel," is only to show the undesirable turnover caused by terminations.

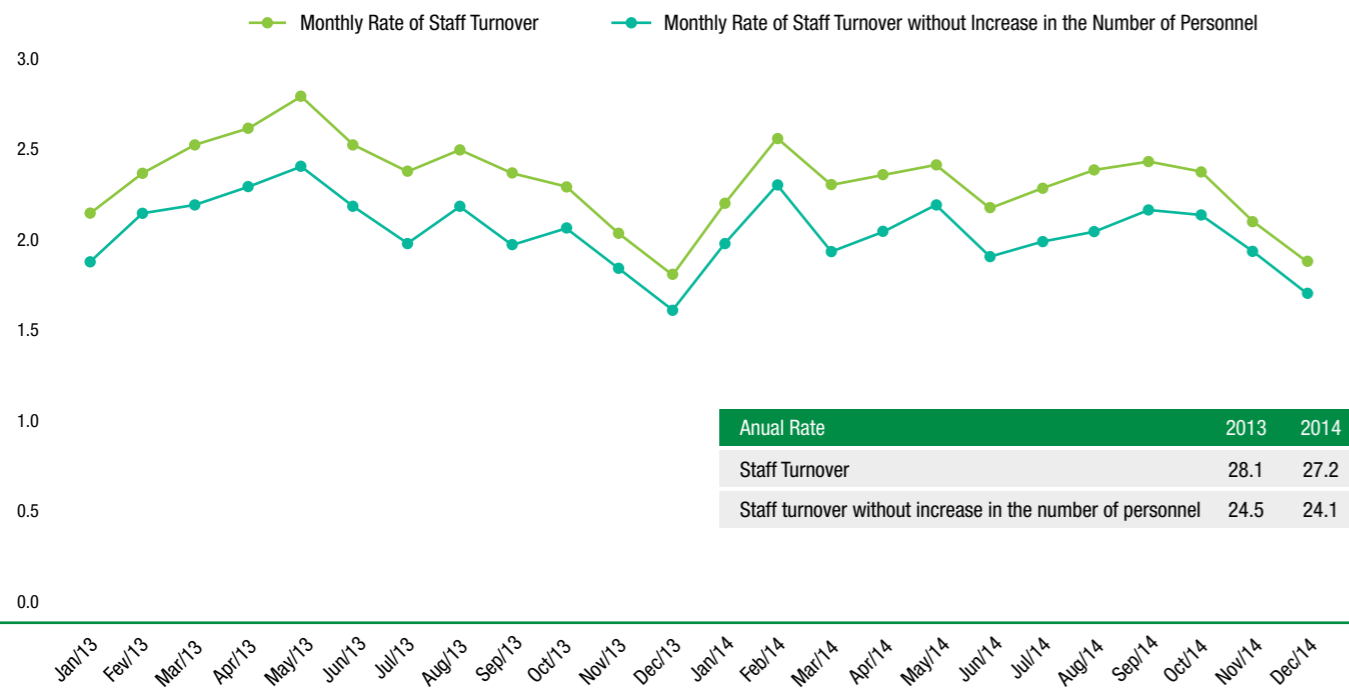
When we exclude the data from hires due to the increase in the number of personnel, the rate of staff turnover varies from 1.8% to 2.8% with an average equivalent to 2% in 2013 and 2014. The increased rate dropped from 24.5% in 2013 to 24.1% in 2014. In other words, basically 1/4 of the total employees needed to be replaced in the past year; however, most terminations were voluntary. In 2014, as well as in 2013, there was a predominance of voluntary termination, representing 55% of the total terminations.

In Anahp member hospitals, the monthly rate of staff turnover dropped to 2.3% in 2014.

The magnitude of staff turnover represents countless challenges for hospitals on a daily basis. Considering there is lack of skilled manpower, their replacement requires effective recruiting and selection strategies. In addition, given the increasing level of requirements in terms of technical expertise and quality of care provided to patients, professionals are constantly trained to reach the high level of desired services. This way, professionals often leave institutions when their level of expertise is suitable to perform daily tasks well, which requires significant investment in recruitment, selection, training and development in hospitals.

GRAPH 6

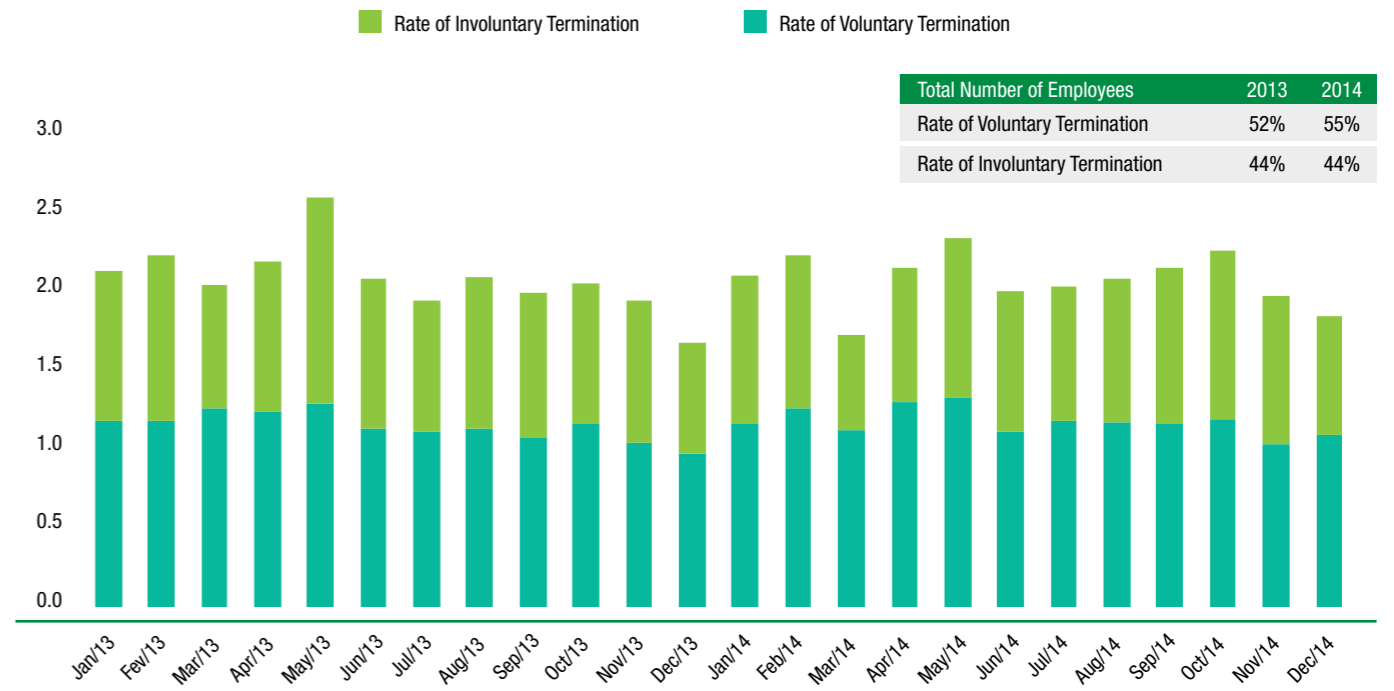
**RATE OF MONTHLY STAFF TURNOVER (%) – 2013 TO 2014
ALL ANAHP HOSPITALS**



Source: Prepared by ANAHP based on information from SINHA/ANAHP.

GRAPH 7

**RATE OF VOLUNTARY AND INVOLUNTARY TERMINATION (%) – 2013 TO 2014
ALL ANAHP HOSPITALS**



Source: Prepared by ANAHP based on information from SINHA/ANAHP.



RATE OF INTERNAL RECRUITMENT PROGRAMS AND AVERAGE TIME TO FILL JOB VACANCIES

With the job market in the hospital industry still booming and the low offer of manpower available and skilled professionals, institutions invest in internal recruitment programs, with the objective of reducing time of hiring and training. The indicator “Rate of Internal Recruitment Programs” recorded rates from 16% to 25% between 2013 and 2014. On average, 21% of the job vacancies in 2014 were filled by professionals of the institutions themselves. This represents a drop not only in relation to 2013 but also 2012, when this data started to be collected. In other words, hospitals have increasingly looked for professionals in the market. This may result in more costs with personnel

due to terminations and hires, but in turn, it may add value to the institution activities by increasing the number of personnel with professionals more skilled than those the hospital currently has.

Between 2013 and 2014, the indicator “Rate of Internal Recruitment Programs” recorded rates from

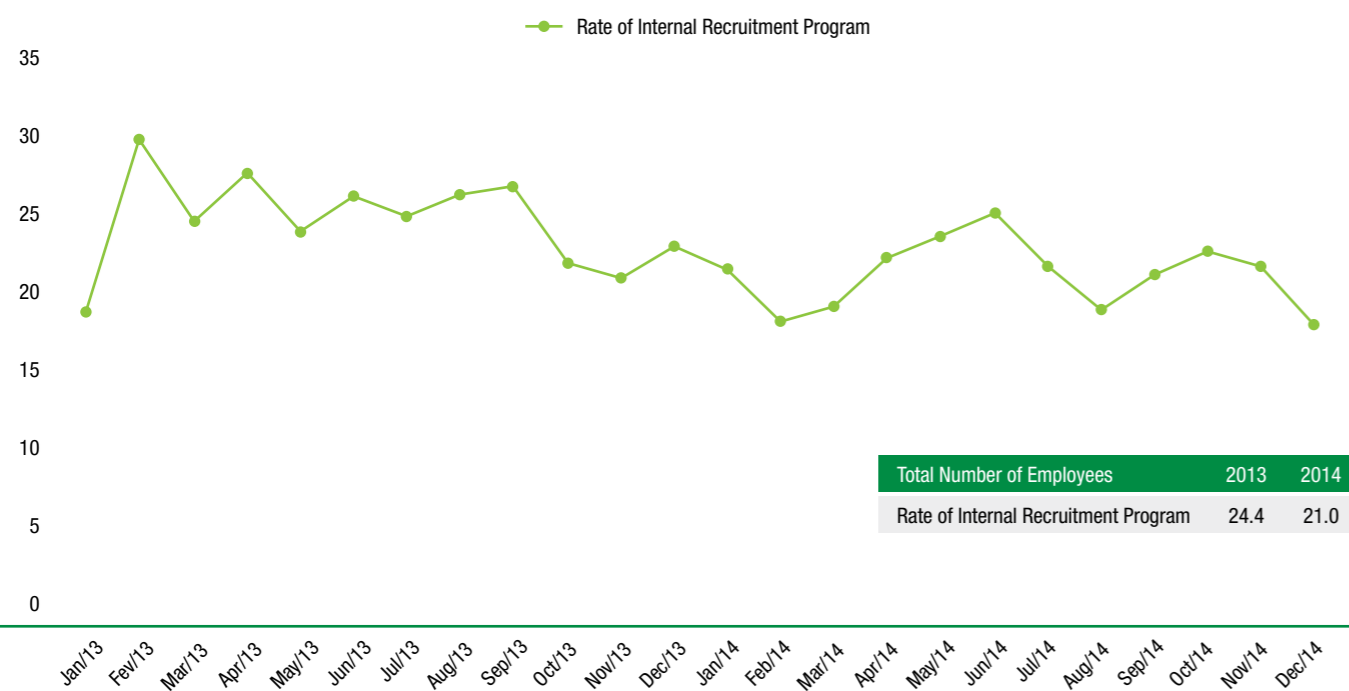
16% to 25%

The average time to fill job vacancies has ranged from 22 to 31 days in hospitals. The indicator evaluates the time between the job vacancy request and the beginning of the professional. Considering the high rate of staff turnover, that hospitals have significant gaps in certain areas throughout the year.

Considering the high rate of staff turnover, hospitals have significant gaps in certain areas throughout the year.

GRAPH 8

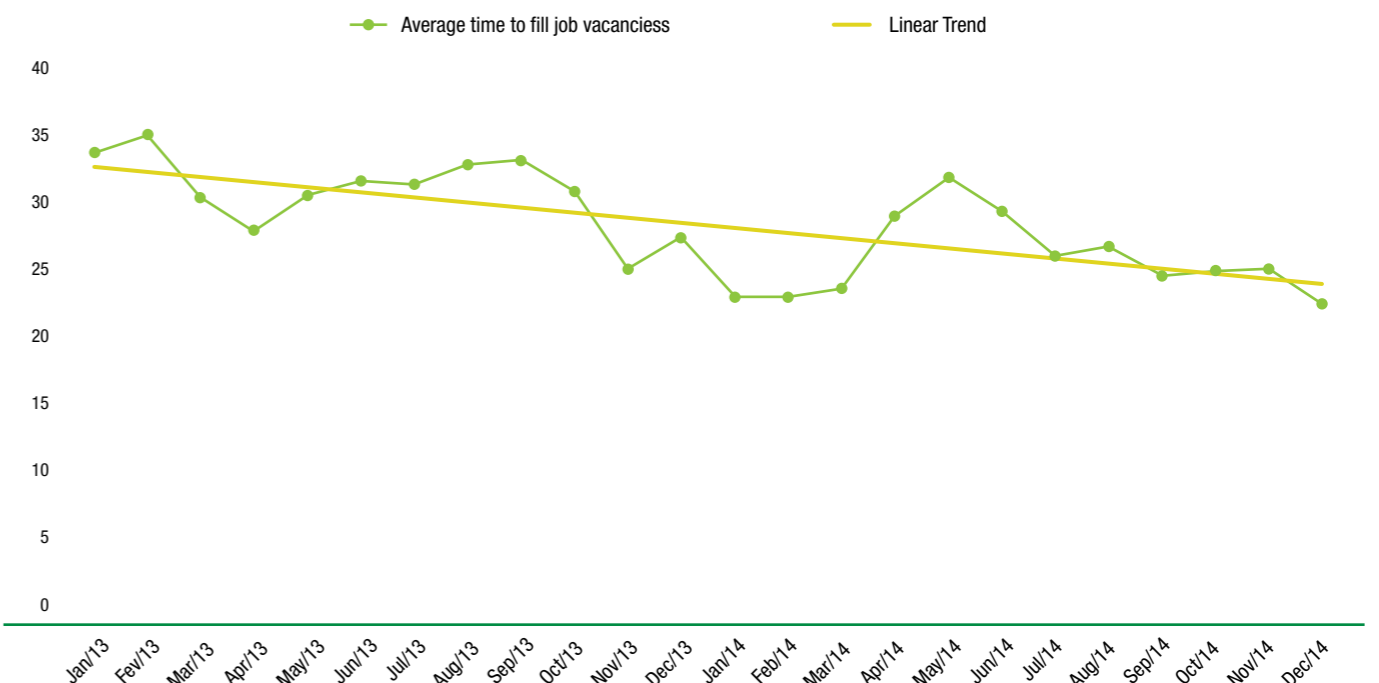
RATE OF INTERNAL RECRUITMENT PROGRAM (%) – 2013 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by ANAHP based on information from SINHA/ANAHP.

GRAPH 9

AVERAGE TIME TO FILL JOB VACANCIES (DAYS) – 2013 TO 2014
ALL ANAHP HOSPITALS



Source: Prepared by ANAHP based on information from SINHA/ANAHP.

PERSONNEL PRODUCTIVITY – NURSING STRUCTURE

Productivity indicators were collected for nursing professionals only. The data considers the total number of hours worked by nurses and nursing assistants and technicians assigned to healthcare functions. In order to render the different work shifts uniform, the hours for each day were totaled and divided by the adopted standard of 180 hours per month, resulting in FTEs (Full Time Employees).

The staff were also broken down by types of bed, in that the infrastructure that provides critical adult and neonatal intensive care (ICUs) and semi-critical care was separated from those who provide care to non-critical beds. The staff calculation per critical / semi-critical

bed was equivalent to 0.6 to 0.7 nurse with a standard 180-hour monthly roster. It is worth pointing out that the number of step-down units has increased in hospitals and that they have FTE nurses similar to those of intensive care units.

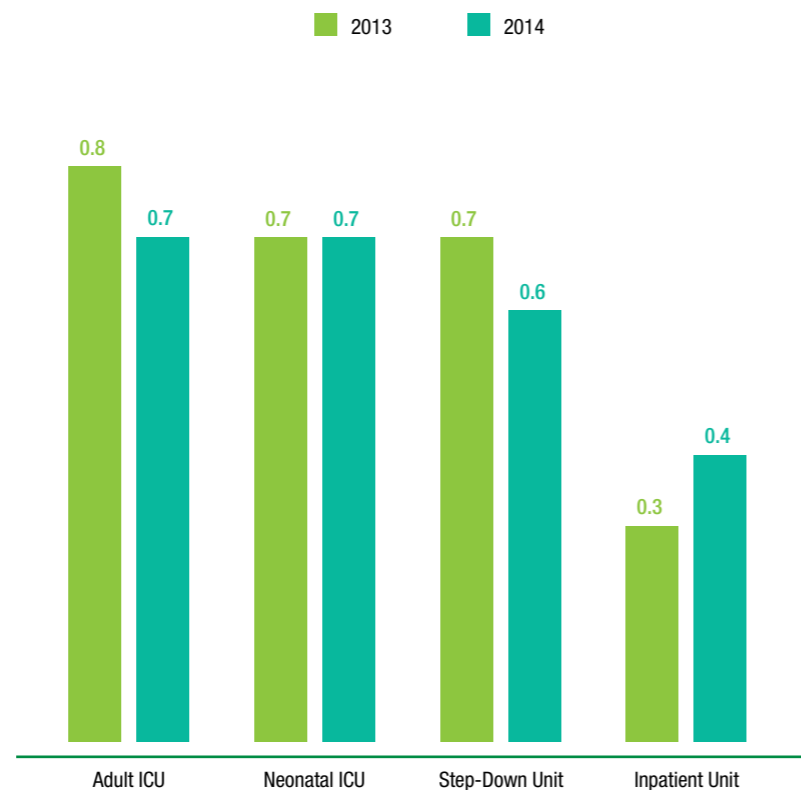
For beds, the structure of nursing professionals is smaller with approximately 0.4 nurses per bed. In 2014, the average number of nurses per bed dropped in some areas but increased in others. This may be related to the increase in the number of hospitals falling in category three, where the complexity of patients provided with care is smaller, requiring a smaller number of hours of dedication of nursing professionals.



It is worth pointing out that the number of step-down units has increased in hospitals and that they have full-time nurses similar to those of intensive care units.

GRAPH 10

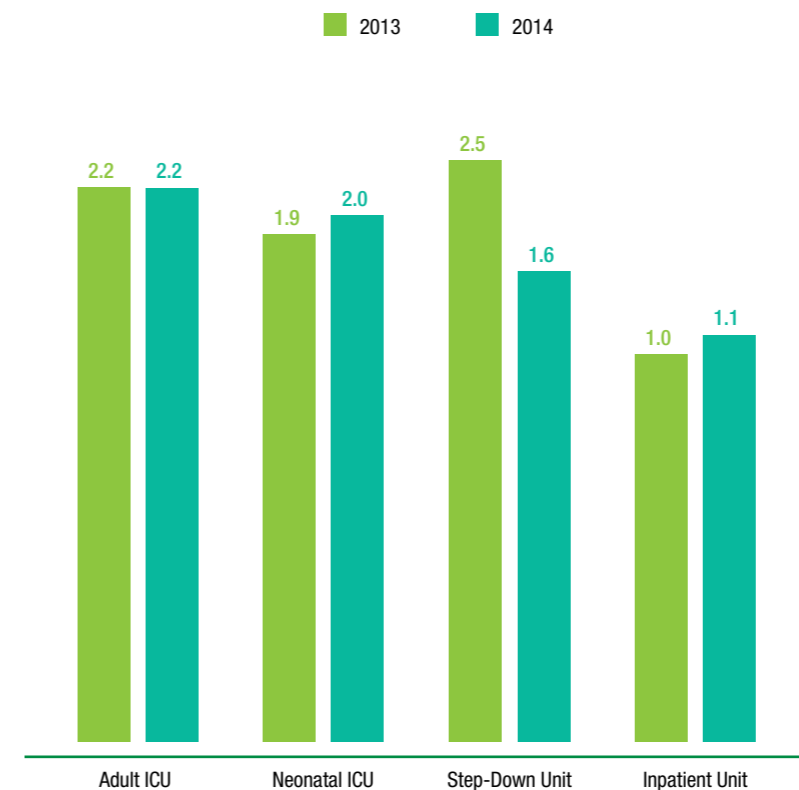
AVERAGE NUMBER OF NURSES (180-HOUR STANDARD) PER BED OF ICU, STEP-DOWN UNIT AND INPATIENT UNIT ALL ANAHP HOSPITALS



*Pediatric ICU (entered as of 2014): average number of nurses per bed of 1.0 in 2014.
Source: Prepared by ANAHP based on information from SINHA/ANAHP.

GRAPH 11

AVERAGE NUMBER OF NURSING TECHNICIANS AND ASSISTANTS (180-HOUR STANDARD) PER BED OF ICU, STEP-DOWN UNIT AND INPATIENT UNIT – ALL ANAHP HOSPITALS



*Pediatric ICU (entered as of 2014): average number of nursing technicians and assistants per bed of 2.5 in 2014.
Source: Prepared by ANAHP based on information from SINHA/ANAHP.

In regards the nursing team, there were 2.2 nursing assistants and technicians with a standard 180-hour monthly roster for each operating bed of Adult ICU and 2.0 for Neonatal ICU in 2014. The step-down units have had the number of their personnel reduced from 2.5 to 1.6 nursing technicians and assistants per bed. As for non-critical beds, the number of personnel has increased with an average of 1.1 nursing assistant and technician per operating bed (Graph 11).

OCCUPATIONAL SAFETY AND HEALTH

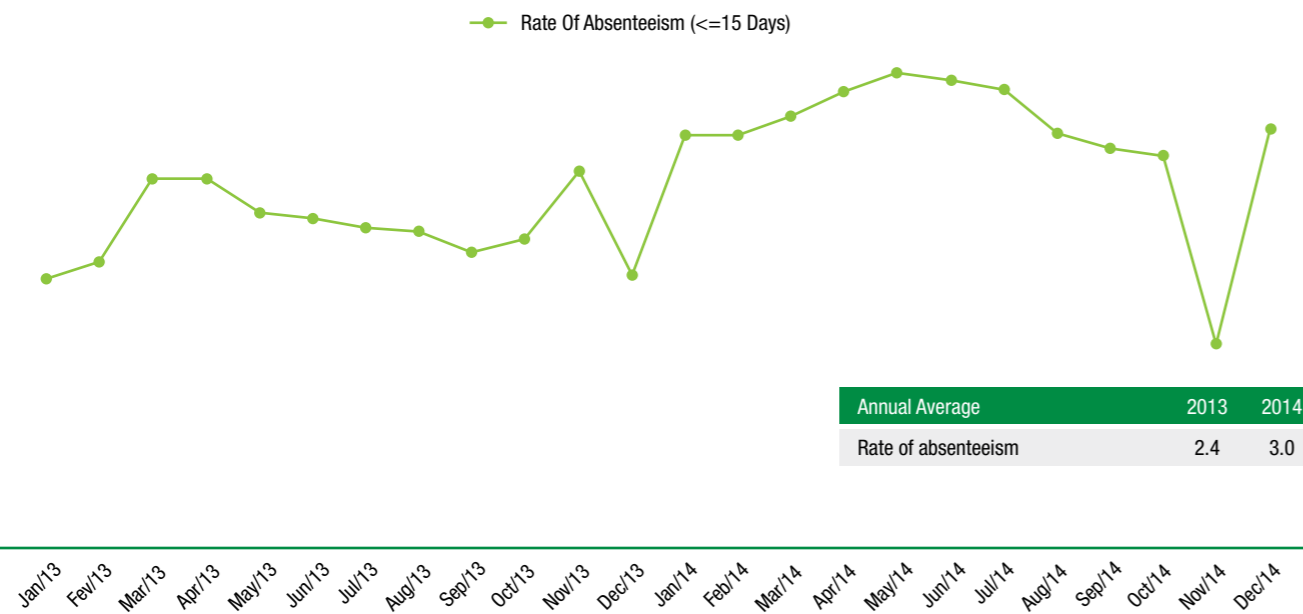
Absenteeism is related to various factors such as stress due to overload of work or changes in processes, bringing about more susceptibility to diseases. These factors may be aggravated by multiple employment relationships of employees. The monthly absenteeism rate ranged from 1.7% to 3.3% throughout the past 24 months of monitoring with an average

equivalent to 3.0% in 2014 (Graph 12). Absenteeism shorter than 15 days is the ratio between employees and the total number of hours absent from work due to delays or work leaves lasting less than 15 days, vis-à-vis total number of work hours projected. Another relevant indicator is the rate of leave (inactive employees), which dropped to 7.9% in 2014. The

increased rate has direct impact on hospital management since new hires and investment in training programs are required. Throughout the past years, the absenteeism management has drawn the attention of hospitals, which effectively monitor this indicator nowadays, in addition to increasingly acting to prevent diseases and promote health among employees.

GRAPH 12

RATE OF ABSENTEEISM (<=15 DAYS) (%) – 2013 TO 2014
ALL ANAHP HOSPITALS

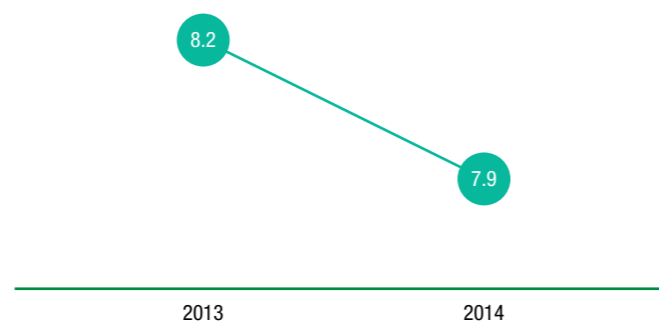


Fonte: Elaborado pela Anahp a partir de informações do SINHA/Anahp.

The absenteeism management has drawn the attention of hospitals.

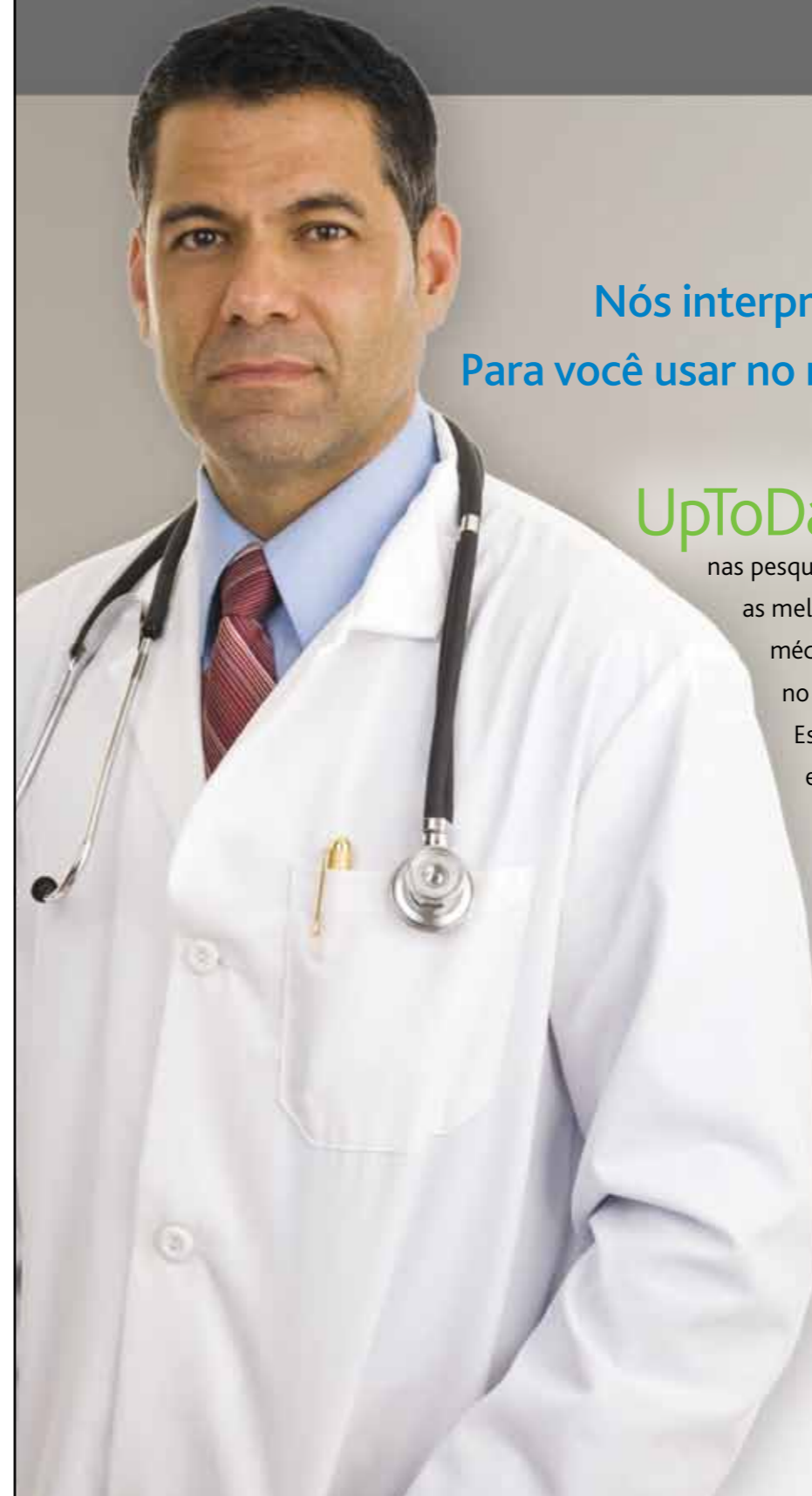
GRAPH 13

RATE OF LEAVE (INACTIVE EMPLOYEES) (%)
ALL ANAHP HOSPITALS



Source: Prepared by ANAHP based on information from SINHA/ANAHP.

EVIDÊNCIA & EXPERIÊNCIA



Nós interpretamos a pesquisa médica.
Para você usar no momento do atendimento.

UpToDate® é constantemente atualizado baseado nas pesquisas médicas mais recentes para trazer a você as melhores recomendações. Nosso rigoroso time de médicos e editores sintetiza a evidência e a posiciona no atual contexto do conhecimento médico. Essa combinação de **Evidência & Experiência** é extremamente valiosa no tratamento de pacientes na beira do leito. Mais de 1 milhão de médicos no mundo todo confiam no UpToDate.

Além da amplitude sem precedentes e profundidade do conteúdo, o UpToDate oferece aos assinantes opções de acesso móvel, ferramentas e imagens, artigos complementares de informação para o paciente e muito mais.

Para saber mais ou testar o produto gratuitamente visite nosso site learn.uptodate.com/ANAHP2015.

INSTITUTIONAL PROFILE

Hospital associate holder members

Beneficência Portuguesa de São Paulo
Casa de Saúde São José
Complexo Hospitalar Edmundo Vasconcelos
Hospital A.C. Camargo Cancer Center
Hospital Alemão Oswaldo Cruz
Hospital Anchieta
Hospital Bandeirantes
Hospital Barra D'Or
Hospital Copa D'Or
Hospital do Coração – HCor
Hospital Dona Helena
Hospital e Maternidade Brasil
Hospital e Maternidade Santa Joana
Hospital Esperança
Hospital Felício Rocho
Hospital Infantil Sabará
Hospital Israelita Albert Einstein
Hospital Madre Teresa
Hospital Mãe de Deus
Hospital Márcio Cunha
Hospital Mater Dei
Hospital Memorial São José
Hospital Meridional
Hospital Metropolitano
Hospital Moinhos de Vento
Hospital Monte Sinai
Hospital Nipo-Brasileiro

Hospital Nossa Senhora das Graças
Hospital Nove de Julho
Hospital Porto Dias
Hospital Português
Hospital Pró-Cardíaco
Hospital Quinta D'Or
Hospital Rio D'Or
Hospital Samaritano
Hospital Santa Catarina
Hospital Santa Cruz
Hospital Santa Joana
Hospital Santa Paula
Hospital Santa Rosa
Hospital São Camilo Pompeia
Hospital São José
Hospital São Lucas
Hospital São Lucas de Aracaju
Hospital São Luiz Itaim
Hospital São Rafael
Hospital São Vicente de Paulo
Hospital Saúde da Mulher
Hospital Sirio-Libanês
Hospital Vita Batel
Hospital Vita Curitiba
Hospital Vita Volta Redonda
Santa Casa de Misericórdia de Maceió
Vitória Apart Hospital



Institutional Profile

BENEFICÊNCIA PORTUGUESA DE SÃO PAULO

Currently considered the largest private institution in Latin America, Hospital Beneficência Portuguesa de São Paulo has a history of 155 years based on philanthropy motives. The institution continues to grow, amidst the Brazilian health history.


The institution stands out for its outstanding clinical staff in more than 60 medical specialties, including cardiology, orthopedics, neurology and oncology, in addition to the latest technologies.

Always at the forefront of medicine, Hospital Beneficência Portuguesa de São Paulo was the first institution in the world to open coronary arteries during an acute myocardial infarction. In order to meet the needs of our society, the institution created the Antônio Ermírio de Moraes Oncology Center in 2013 to be one of the largest and most complete cancer treatment centers in the country with advanced resources for diagnosis and treatment.

2014/2015 HIGHLIGHTS

In 2014, Hospital Beneficência Portuguesa de São Paulo invested more than R\$ 100 million in infrastructure, updating IT systems – scheduled to be completed by 2016, as well as in the Diagnosis Center, purchasing state-of-the-art equipment, which enables the performance of more assertive imaging examinations.

Hospital Beneficência Portuguesa de São Paulo is an institution recognized as a reference for high-complexity



BENEFICÊNCIA PORTUGUESA DE SÃO PAULO

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2015
Non profitable hospital	
Foundation	1859
Built area	107,774.73 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	1,087
Nr. of intensive care beds	215
Nr. of registered doctors	1,909
Nr. of employees	5,828
Nr. of consultations in ER	95,063
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	24,237
Nr. of Surgeries (excluding births)	17,615
Nr. of Births	33
Nr. of examinations SADT	4,801,423

Rua Maestro Cardim, 769 - Bela Vista
São Paulo - SP - 01323-001
11 3505-1000 - www.bpsp.org.br

procedures in the following specialty areas: cardiology, orthopedics, neurology and oncology.

In order to illustrate this, the institution performs more than 50% of the heart surgeries in the State of São Paulo, Brazil. The institution updating process continues in 2015 with the renewal of nuclear medicine and molecular imaging services, while providing high technology equipment and updated infrastructure.




Institutional Profile

CASA DE SAÚDE SÃO JOSÉ

Founded in 1923, in a land at district Humaitá, south area of Rio de Janeiro, Casa de Saúde São José was acquired from the family of former Marshall Bittencourt, one of the main heirs of the traditional family Guilhobel. At first, it was created to house elderly and severely ill patients under the protection of Saint Joseph. To present, it is considered one of the most well known hospitals in town, providing care on about 30 different specialties, including 3,000 deliveries and 22,000 surgeries per year, out of which 40% are high complexity. It is part of a group of 33 organizations housed under Associação Congregação de Santa Catarina, one of the main philanthropic organizations in the country, operating on social welfare, education and healthcare. The hospital is one of the main financing supporters of the group, which has the commitment of supporting the remaining units.

2014/2015 HIGHLIGHTS

Throughout the years, among the innumerable achievements of Casa de Saúde São José, it is worth highlighting its excellence of care confirmed by the Hospital Accreditation granted by National Accreditation Organization (ONA) and the international accreditation granted by the Canadian Council on Health Services Accreditation – CCHSA. In 2013, the area of the Cath Lab was the pioneer in gaining the Golden seal granted by Brazilian Society of Hemodynamics and Interventional Cardiology (SBHCI) and for 2015 the



CASA DE SAÚDE SÃO JOSÉ
Porque a vida é sagrada

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1923
Built area	28,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	200
Nr. of intensive care beds	30
Nr. of registered doctors	3,965
Nr. of employees	1,474
Nr. of consultations in ER	9,432
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	18,722
Nr. of Surgeries (excluding births)	22,360
Nr. of Births	2,832
Nr. of examinations SADT	58,873

organization is getting prepared for the assessment by the Canadian accreditation Qualisa, granted by Instituto Qualisa de Gestão (IQG) and Accreditation Canada International (ACI). The hospital is also a pioneer in the development of a safety plan for prevention, control and mitigation of inter-hospital emergencies, named PAMIH. Conducted by CSSJ, it works in partnership with other private hospitals around it and the public agencies such as CBMERJ, Civil Defense, Military Police and Emergency Rescue Services (SAMU).



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2014
For-profit organization	
Foundation	1949
Built area	25,000 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III
2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	220
Nr. of intensive care beds	31
Nr. of registered doctors	1,400
Nr. of employees	1,450
Nr. of consultations in ER	136,459
Nr. of consultations in First Aid units	225,556
Nr. of Hospitalizations	12,355
Nr. of Surgeries (excluding births)	11,681
Nr. of Births	Does not apply
Nr. of examinations SADT	1,497,803
Rua Borges Lagoa, 1.450 - Vila Clementino São Paulo - SP - 04038-905 11 5080-4000 - www.hospitaledmundovasconcelos.com.br	

Institutional Profile

COMPLEXO HOSPITALAR EDMUNDO VASCONCELOS

Complexo Hospitalar Edmundo Vasconcelos, located in the city of São Paulo, one of the most important healthcare organizations in the country. It operates with over 50 specialties and promotes complete and integrated healthcare services to patients, meeting their needs from medical visits in specialized offices to high-complexity imaging tests and surgical interventions. It is certified as level of excellence by National Accreditation Organization (ONA) and has a top performance multidisciplinary team and highly qualified clinical staff. Presenting a special infrastructure and high quality hospitality, the hospital stands out for its state-of-the-art technology and welcoming care.

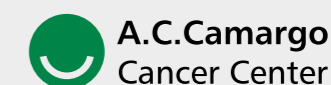
The hospital has 65 years of experience providing effectiveness and good outcomes.

2014/2015 HIGHLIGHTS

In 2014, the Complexo Hospitalar Edmundo Vasconcelos celebrated its 65th anniversary, it also finished the first stage of modernization of the Specialized Medical Center, providing over 225,000 visits/year.

Among the top quality seals and distinctions, the hospital ranked 22nd in the ranking Best Hospitals in Latin America, issued by América Economia Intelligence, and the award as Best

Company to Work in Brazil, by GPTW, obtained for the fourth consecutive year. When carrying out its 10th Satisfaction Survey on Services Provided to Healthcare Insurance Companies, the hospital reached 99% as overall satisfaction index. The organization has also invested in the purchase of a Multi-Slice Computed Tomography machine, which added the performance of Angio-CT to its list of available tests.



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2010
Non profitable hospital	
Foundation	1953
Built area	77,414.15 m ²
Clinical staff organization	Closed
Hospital accreditation	ONA III and ACI
2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	471
Nr. of intensive care beds	55
Nr. of registered doctors	579
Nr. of employees	3,749
Nr. of consultations in ER	25,182
Nr. of consultations in First Aid units	454,114
Nr. of Hospitalizations	24,244
Nr. of Surgeries (excluding births)	15,410
Nr. of Births	Does not apply
Nr. of examinations SADT	Does not apply
Rua Prof. Antonio Prudente, 211 - Liberdade São Paulo - SP - 02076-000 11 2189-5000 - www.accamargo.org.br	

Institutional Profile

HOSPITAL A.C. CAMARGO CANCER CENTER

First integrated and specialized center in prevention, management, teaching and research of cancer in Brazil, A.C. Camargo was the pioneer to adopt the positioning of Cancer Center in the country. A private Non profitable hospital created in 1953, it has been treating patients by a multidisciplinary integrated team covering over 800 types of tumors detected by medicine, with excellent outcome rates, comparable to the largest cancer centers in the world. The hospital has one of the largest database on cancer treatment in Brazil. The clinical staff is comprised by a team of over 500 specialists, covering over 40 specialties, plus the team of 4,500 healthcare professionals. In 2014, it reached 3.5 million care visits (visits, tests, hospital admissions, surgeries, chemotherapy and radiotherapy, among others). A reference in research, the hospital published 149 scientific papers in 2014, in which 17% had an impact factor greater than 4.

2014/2015 HIGHLIGHTS

A.C. Camargo closed the year of 2014 with remarkable progresses and constantly pursuing best processes for maintaining its excellence. Last year, the organization expanded on average by 6% its outpatient, emergency department capabilities and bed availability. Admissions and surgeries have also increased by 12% and reached greater efficiency. Another investment made in 2014 led to the acquisition of a real estate 5,000 m² properly located on Rua Castro Alves, close to the main building.

Tower Brentani came to join the main building, units ABC and Murrumba, being accredited as excellence level by National Accreditation Organization (ONA) in January 2014.

A.C. Camargo Cancer Center has also been recognized by Prêmio Valor 1000 as the best company in Medical Services, and by Prêmio Líderes do Brasil as one of the winners in category Healthcare Leader.

For the sixth time – and fourth consecutive time, the organization was ranked among the 150 Best Companies to Work by publication Você S/A Exame.




Institutional Profile

HOSPITAL ALEMÃO OSWALDO CRUZ

Taking care of patients with excellence relying on high technology is one of the missions of Hospital Alemão Oswaldo Cruz. The organization is a reference in high complexity services, focusing on oncology, cardiology, neurology, orthopedics and digestive diseases. Founded in 1897 by a group of German-speaking immigrants, the hospital has centered its efforts on permanently pursuing excellence in integrated, individualized and qualified care, in addition to investing in scientific development, based on teaching and research. Covering over 96,000 m² of Built area, the Hospital has 317 inpatient beds, including 22 operating rooms, 34 intensive care unit beds and 24 by 7 emergency department. Moreover, it has a highly qualified and renowned clinical staff, providing patients with the highest access to quality and safety standards, as confirmed by Joint Commission International (JCI) accreditation, one of the main accreditation agencies in the world.

2014/2015 HIGHLIGHTS

Thinking about the wellbeing of professionals and patients, Hospital Alemão Oswaldo Cruz has frequently invested in the acquisition of modern equipment and improvement of the facilities. In 2014, the organization opened a new operating unit with 60 m² rooms, developed to receive the most complex cases. Among recently acquired devices, Intrabeam is indicated for the treatment of breast cancer in



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2002
Non profitable hospital	
Foundation	1897
Built area	96,000 m ²
Clinical staff organization	Open
Accreditation	JCI
2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	317
Nr. of intensive care beds	34
Nr. of registered doctors	3,259
Nr. of employees	2,246
Nr. of consultations in ER	71,521
Nr. of consultations in First Aid units	13,570
Nr. of Hospitalizations	20,461
Nr. of Surgeries (excluding births)	26,522
Nr. of Births	Does not apply
Nr. of examinations SADT	191,655

Rua Treze de Maio, 1815 - Paraíso
São Paulo - SP - 01323-100
11 3549-1000 - www.hospitalalemao.org.br

initial stages, whereas Neuronavigator Curve, an advanced model of neuronavigation, provides additional visualization of the anatomical details in the area to be operated. Moreover, it opened the first Center of Obesity and Diabetes in Latin America. In 2015, the hospital's strategy is to implement reference centers in key medical specialties, aiming at providing the best clinical outcomes to our patients.




Institutional Profile

HOSPITAL ANCHIETA

Hospital Anchieta is constantly pursuing excellence, reason why it has adopted the total quality management model and ISO 9001 as supporting tools for the process. Always operating at the forefront in Brazil, it was the first Latin American hospital to obtain ISO 9001 certificate in September 2000. It was also the first Brazilian hospital to receive full accreditation by National Accreditation Organization (ONA) in 2002, being accredited with excellence by them again in 2006. In its 20-year history, Hospital Anchieta has added quality to hospital services at the same time it maintains a patient-centered focus, guiding activities to patients' needs and decisively contributing to improve the quality of healthcare services in Brazil. Thus, it fulfills its role as a citizen company focused on the community and on quality of life improvements.

2014/2015 HIGHLIGHTS

Many events have hallmarked this year at Hospital Anchieta. Among the main projects for 2015, there is the renovation of the Emergency department and the Clinical Analysis laboratory, and continuation of new construction works in Neonatal and Pediatric Units, Maternity, Operative unit and Central Sterilization Supplies and Materials. Towers of the Excellence Center will be connected by seven walkways, improving accessibility and mobility, and the inpatient unit will be expanded, including 84 new rooms designed to comfortably welcome patients and family members.



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1995
Built area	60,374 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III
2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	178
Nr. of intensive care beds	52
Nr. of registered doctors	788
Nr. of employees	1,111
Nr. of consultations in ER	217,010
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	10,998
Nr. of Surgeries (excluding births)	3,811
Nr. of Births	1,652
Nr. of examinations SADT	564,266

AE 8, 9 e 10, Setor C Norte - Taguatinga Norte
Brasília - DF - 72115-700
61 3353-9000 - www.hospitalanchieta.com.br



Institutional Profile

HOSPITAL BANDEIRANTES

To be an innovative and high resolution organization in healthcare provision and promotion. This is the mission of Hospital Bandeirantes, which is celebrating its 70 years in 2015, being recognized for its centers of reference in Neurology, Cardiology, Diagnosis and Oncology, high complexity care, urgency and emergency care, and integrated clinical care. Receiving 16,000 admissions and 11,000 surgeries per year, the hospital has been awarded level of excellence by National Accreditation Organization (ONA), and in 2014 obtained the Diamond accreditation by the Canadian agency, placing it in a selected group of only five hospitals in Brazil. Focused on safety and excellence of care, Bandeirantes is known for being a green hospital due to the use of sustainable resources.

2014/2015 HIGHLIGHTS

Based on the expansion strategy and the provision of hospital services that are faster, decisive and competitive in the marketplace, Hospital Bandeirantes has been investing in updating its technological devices focused on: Accessibility and information management – Cisco network; patient safety – electronic medical prescription and medical material in the Step-Down Unit, ICU and Diagnostic Center; hospital management – software to follow up and control the Operative unit processes and Supplies; encouragement to adopt reverse logistics strategic policies with the partners; acquisition of technologies that minimize the impact of activities on the environment; and programs to promote health focused on quality of life and well-being.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2009
Non profitable hospital	
Foundation	1945
Built area	25,930.26 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	270
Nr. of intensive care beds	36
Nr. of registered doctors	4,000
Nr. of employees	1,615
Nr. of consultations in ER	92,222
Nr. of consultations in First Aid units	77,866
Nr. of Hospitalizations	16,019
Nr. of Surgeries (excluding births)	11,598
Nr. of Births	Does not apply
Nr. of examinations SADT	840,445

Rua Barão de Iguape, 209 - Liberdade
São Paulo - SP - 01506-000
11 3345-2000 - www.hospitalbandeirantes.com.br



Institutional Profile

HOSPITAL BARRA D'OR

Considered as a reference of quality in the capital city of Rio de Janeiro (RJ), Hospital Barra D'Or has celebrated 17 years, consolidated as a healthcare role model in the region of Barra da Tijuca and nearby districts. Thanks to the performance of its multidisciplinary team, it has maintained the focus on continuous search for healthcare quality and safety.

Hospital Barra D'Or is a high complexity hospital widely known for its services to critical and surgical patients. The emergency department has 24 by 7 services in different specialties, such as general clinical care, surgery and orthopedics. In its structure, it has 53 intensive care beds distributed in general intensive care, cardiology ICU, postoperative ICU, neurological intensive care unit and 22 step-down unit beds.

2014/2015 HIGHLIGHTS

The main highlight of 2014 was the certificate granted by Instituto Qualisa de Gestão (IQG) in QMentum methodology. There has also been a visit for maintenance of the distinction award on prevention of deep venous thrombosis, including indicators and excellence practices. The organization has also received the visit to maintain the level of excellence accreditation by National Accreditation Organization (ONA). The main purpose of Hospital Barra D'Or is to bring together modern technology and highly qualified staff, considering the technical and human standpoints.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1998
Built area	12,338 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	172
Nr. of intensive care beds	53
Nr. of registered doctors	144
Nr. of employees	1,600
Nr. of consultations in ER	75,287
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	10,680
Nr. of Surgeries (excluding births)	6,549
Nr. of Births	Does not apply
Nr. of examinations SADT	62,350

Av. Ayrton Senna, 3079 - Barra da Tijuca
Rio de Janeiro - RJ - 22775-001
21 2430-3646 - www.barrador.com.br



Institutional Profile

HOSPITAL COPA D'OR

Opened on May 23, 2000, Copa D'Or is located in South Zone of Rio de Janeiro, in the district of Copacabana. It is a general hospital with 237 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.

Hospital Copa D'Or belongs to Rede D'Or São Luiz, the largest network of private hospitals in the country.

2014/2015 HIGHLIGHTS

Copa D'Or has been accredited by Joint Commission International (JCI) since 2007 and it was reaccredited in 2014.



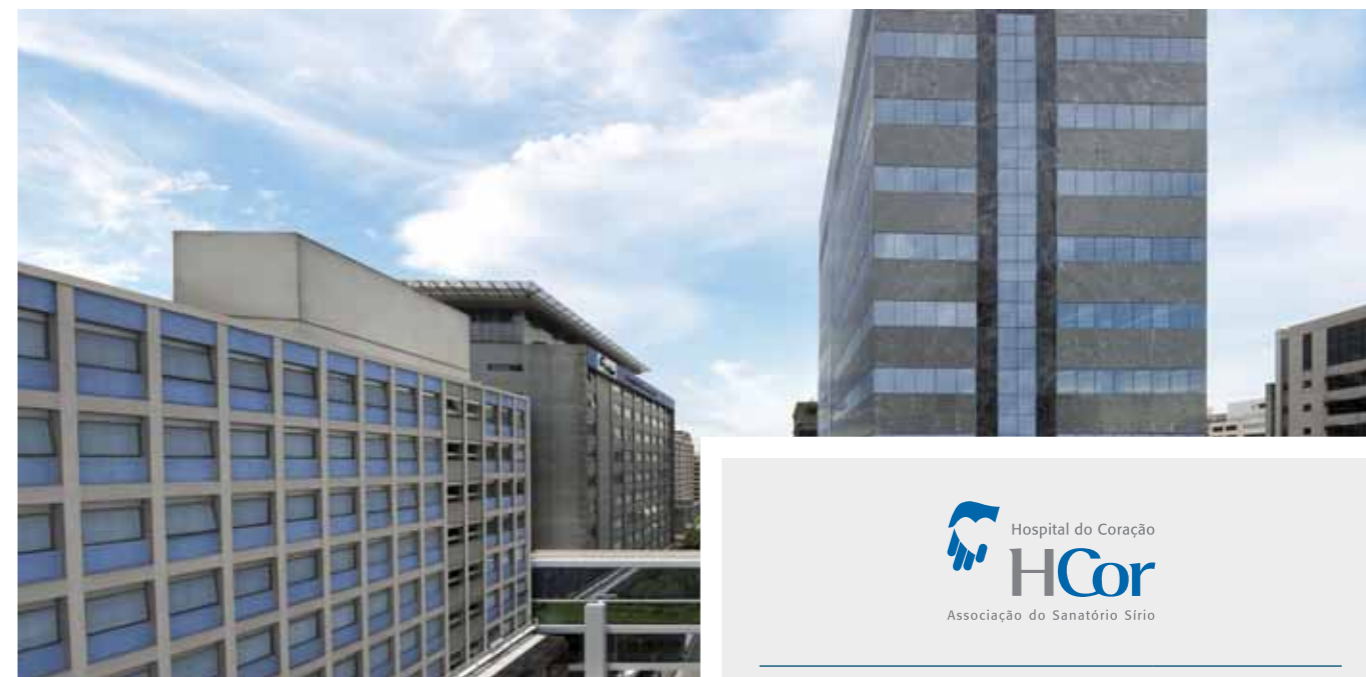
HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	2000
Built area	22,496.79 m ²
Clinical staff organization	Mixed
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	237
Nr. of intensive care beds	87
Nr. of registered doctors	1,690
Nr. of employees	2,470
Nr. of consultations in ER	127,277
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	14,203
Nr. of Surgeries (excluding births)	8,745
Nr. of Births	Does not apply
Nr. of examinations SADT	115,635

Rua Figueiredo de Magalhães, 875 - Copacabana
Rio de Janeiro - RJ - 22031-011
21 2545-3600 - www.copador.com.br



Institutional Profile

HOSPITAL DO CORAÇÃO – HCor

HCor performed its first care in 1976, even though its history dates back decades before, with a group of ladies from the Arabic community. Together, they founded in 1918 Associação do Sanatório Sírio to support orphans from the 1st World War.

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. In 2006 HCor was accredited 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.

2014/2015 HIGHLIGHTS

In 2014, the highlight was the opening of Edifício Dr. Adib Jatene, which pays tribute to HCor General Director Prof Domingos Jatene. The 15-floor and 5-underground floor building meets environmental sustainability standards, housing two hybrid rooms: One dedicated to neurosurgery and the other to cardiovascular surgery, in addition to an



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1976
Built area	64,100 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	258
Nr. of intensive care beds	34
Nr. of registered doctors	1,397
Nr. of employees	2,511
Nr. of consultations in ER	41,063
Nr. of consultations in First Aid units	155,353
Nr. of Hospitalizations	9,613
Nr. of Surgeries (excluding births)	6,390
Nr. of Births	52
Nr. of examinations SADT	2,199,263

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

inpatient unit, infusion center (chemotherapy), convention center and minimally-invasive treatment center for neurological damage, especially tumors treated with gamma knife – the only device in the state of São Paulo. Still in 2014, teaching and research areas were restructured as independent units and the Ministry of Education approved medical residency programs in pediatric cardiology and intensive therapy. In 2015, HCor started the year by making important acquisitions in the cath lab, which is considered a reference center in the country: The use of bioabsorbable stents and Optical Coherence Tomography technique to guide coronary interventions.



Institutional Profile

HOSPITAL DONA HELENA

Established in 1916, Hospital Dona Helena is maintained by the Evangelical Charitable Association of Joinville – the largest city in the State of Santa Catarina, in Brazil. Hospital Dona Helena was one of the first health institutions in the country to be certified in all its healthcare services by ISO (International Organization for Standardization). Hospital Dona Helena was also the first institution to adapt its management system to ISO 9001/2000:2008. In 2014, the institution achieved accreditation from Joint Commission International (JCI), becoming the first hospital to be accredited with the Gold Seal Approval in the State of Santa Catarina.

All of this highlights the institution humanized care that determines its trend-setting role in the southern region of Brazil. With its clinical, nursing and administrative teams seeking continuous improvement with the latest equipment, Hospital Dona Helena provides one of the most advanced and safest medical services in the country.

All this work combined with a modern management system is based on strategic planning and comprehensive future vision without ever losing focus on the institution mission.

2014/2015 HIGHLIGHTS

In 2014, Hospital Dona Helena achieved international accreditation from JCI, in addition to being recertified by ISO and awarded by the PNCQ (National Quality Control Program).



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2014
For-profit organization	
Foundation	1916
Built area	42,326,53 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	189
Nr. of intensive care beds	24
Nr. of registered doctors	701
Nr. of employees	968
Nr. of consultations in ER	225,956
Nr. of consultations in First Aid units	38,267
Nr. of Hospitalizations	11,796
Nr. of Surgeries (excluding births)	14,689
Nr. of Births	4,184
Nr. of examinations SADT	908,205

Rua Blumenau, 123 - Centro
Joinville - SC - 89204-250
47 3451-3333 - www.donahelena.com.br

These achievements had as a basis and support role the Study and Research Center, which is currently called Dona Helena Teaching and Research Institute, where one of the most important initiatives of Hospital Dona Helena was developed – The Bioethics Symposium of the State of Santa Catarina – now in its 15th edition. Hospital Dona Helena has published the magazine Conecthos since last year – devoted to the advances in medical technoscience, quality in healthcare and bioethics.



Institutional Profile

HOSPITAL E MATERNIDADE BRASIL

Hospital e Maternidade Brasil is the result of a dream that came true – offering to the local community hospital care with the same quality standards as the most developed capital cities. Thus, in 1970, the first part of the hospital was opened, comprising two floors and 30 rooms, two operating rooms, two delivery rooms, nursery and recovery unit. The project expanded and led to the construction of a large and modern hospital. At the same time, the founders realized they had to invest in technology, increase the diversity of medical specialties, promote service specialization and expand their capacity. There were many years working towards improving the entire health promotion process. In April 2010, the hospital was acquired by Rede D'Or, which carried on with the initial project, incorporating technological updates, increasing the productive capability, making structural renovations and increasing the number of staff members and physicians.

2014/2015 HIGHLIGHTS

To become a high complexity reference in the district of ABC in São Paulo is the goal that has been guiding Hospital e Maternidade Brasil. To that end, the hospital has made improvements in structure of patient care, increased the number of adult intensive care unit beds, renovated the cath lab and added more rooms to the operating unit. Bariatric surgery has also been one of the focuses of the hospital. The maternity has gained major investments – the Obstetric



HOSPITAL CHARACTERISTICS

For-profit organization	since 2004
Foundation	
Built area	1970
Clinical staff organization	31,486.44 m ²
Hospital accreditation	Mixed
Acreditação hospitalar	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	341
Nr. of intensive care beds	80
Nr. of registered doctors	777
Nr. of employees	2,023
Nr. of consultations in ER	226,985
Nr. of consultations in First Aid units	356,353
Nr. of Hospitalizations	24,389
Nr. of Surgeries (excluding births)	12,467
Nr. of Births	3,743
Nr. of examinations SADT	2,156,698

Rua Coronel Fernando Prestes, 1.177 - Vila Dora
Santo André - SP - 09020-110
11 2127-6666 - www.hospitalbrasil.com.br

Center is under renovation.

In 2014, the hospital was recertified with excellence by National Accreditation Organization (ONA) and is applying for international certification by QMentum, to be completed in the first half of 2015. Leaders of the organization went through a process of management model improvement in 2014, strengthening the strategy and corporate and clinical governance.




Institutional Profile

HOSPITAL E MATERNIDADE SANTA JOANA

Since 1948, being a pioneer is part of the history of Hospital e Maternidade Santa Joana. One of these pioneers was Dr. Eduardo Amaro who has led a team of professionals that transformed a small clinic into a hospital and maternity of reference in high risk pregnancy and in low birth weight premature babies, in addition to defining new hospitality standards for the segment of maternity. In 2000, when Maternidade Pro Matre Paulista was acquired, the company expanded its options of care in the city of São Paulo and, in 2009, it became partner with Matre Paulista Perinatal, in Rio de Janeiro, consolidating as Grupo Santa Joana. Since 2005, Hospital e Maternidade Santa Joana has been recognized and accredited as level of excellence by National Accreditation Organization (ONA).

2014/2015 HIGHLIGHTS

Hospital e Maternidade Santa Joana has celebrated its 65 years of existence. Currently it has over 40,000 m² of Built area. Member of Institute Vermont in the USA, medical and scientific entity that gathers data about prematurity from the most well-known hospitals and maternities in the world, it created the first specialized Simulation Center for pregnant patients. It is a national reference due to its tradition in caring for high risk pregnancy and extreme premature babies.



Santa Joana
Hospital e Maternidade

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2002
For-profit organization	
Foundation	1948
Built area	40,000 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	347
Nr. of intensive care beds	104
Nr. of registered doctors	5,720
Nr. of employees	2,012
Nr. of consultations in ER	50,389
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	27,641
Nr. of Surgeries (excluding births)	9,591
Nr. of Births	15,930
Nr. of examinations SADT	63,418

Rua do Paraíso, 432 - Paraíso
 São Paulo - SP - 04103-000
 11 5080-6000 - www.hmsj.com.br

It has one of the largest private human milk banks in Brazil. Santa Joana is also specialized in women's health, offering excellent Adult ICU and Step-Down Unit for Pregnant Patients. The Study Center has promoted the update of professionals, in addition to exporting the knowledge about areas of excellence in which it excels. In 2013, it started the preparation process for international accreditation by applying to Joint Commission International (JCI).




Institutional Profile

HOSPITAL ESPERANÇA

Resulting from architecture and infrastructure modern technology, Hospital Esperança was opened in August 2000 by Capibaribe River, in Pernambuco capital, nationally recognized as the second medical region in Brazil. In 2008, Hospital Esperança closed an important association with the largest private hospital network in the country, Rede D'Or São Luiz, a reference in high and medium complexity care in Rio de Janeiro and São Paulo. Owing to this association, investments in infrastructure and technology were made, in addition to the changes to the operational processes. The process is supported by the corporate advantages of Rede D'Or São Luiz, combined with a quality, safety and excellence patient-focused management model.

2014/2015 HIGHLIGHTS

In 2013, Hospital Esperança joined an important association with Instituto Qualisa de Gestão (IQG) to apply for international Canadian accreditation by methodology QMentum. The hospital had already achieved the excellence level accreditation by National Accreditation Organization (ONA) in 2012. The certificate of the new conquer was handed in to the organization in March 2015 by Canadian Ambassador to Brazil Jamal Khokar. Hospital Esperança is the first hospital in the North-Northeast region of Brazil to be accredited by the Canadian International Hospital Accreditation system, one of the first in Brazil under QMentum methodology.



ESPERANÇA
RECIFE

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2004
For-profit organization	
Foundation	2000
Built area	30,799 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	282
Nr. of intensive care beds	82
Nr. of registered doctors	1,500
Nr. of employees	1,802
Nr. of consultations in ER	146,645
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	17,908
Nr. of Surgeries (excluding births)	7,763
Nr. of Births	3,453
Nr. of examinations SADT	570,331

Rua Antônio Gomes de Freitas, 265 - Ilha do Leite
 Recife - PE - 50070-480
 81 3131-7878 - www.hospitalesperanca.com.br



Institutional Profile

HOSPITAL FELÍCIO ROCHO

Hospital Felício Rocho is a nonprofit institution maintained by the Felício Rocho Foundation. Founded in 1952, Hospital Felício Rocho is an institution recognized as a reference in the State of Minas Gerais for epilepsy treatment at the Advanced Epilepsy Treatment Center, heart surgeries, high-complexity orthopedic surgeries and clinical and surgical oncology – using effective techniques and equipment to fight tumors of various kinds at the Stereotactic Radiosurgery and Radiotherapy Center. Hospital Felício Rocho is a pioneer in organ transplantation in the State of Minas Gerais, including liver, pancreas, kidney-lung and heart transplants. The hospital was the first institution to perform a transplant in a woman in Brazil, in 1986. The institution is also a pioneer in carrying out transplant check-ups in just one day, in addition to removing kidneys from living donors through videolaparoscopy. Moreover, Hospital Felício Rocho is the largest transplant center working with 17 dialysis centers in the State of Minas Gerais.

2014/2015 HIGHLIGHTS

Hospital Felício Rocho started to provide care in its new Oncology Institute with the latest infrastructure for cancer diagnosis and treatment in 2014. The institution also opened the Bone Marrow Transplantation Unit and the CEAP (Excellence Center and Primary Care), in addition to providing 18 new rooms. Furthermore, the institution expanded and updated its



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2014
Non profitable hospital	
Foundation	1952
Built area	36,330.44 m ²
Clinical staff organization	Closed
Hospital accreditation	ONA III and NIAHO

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	320
Nr. of intensive care beds	40
Nr. of registered doctors	660
Nr. of employees	1,727
Nr. of consultations in ER	94,008
Nr. of consultations in First Aid units	62,698
Nr. of Hospitalizations	19,336
Nr. of Surgeries (excluding births)	47,529
Nr. of Births	Does not apply
Nr. of examinations SADT	181,653

Av. do Contorno, 9.530 - Barro Preto
Belo Horizonte - MG - 30110-934
31 3514-7000 - www.feliciorocho.org.br

technology park, doubling the capacity of the SATD (Support Services for Diagnosis and Treatment) throughout the year. Hospital Felício Rocho was the only institution in Belo Horizonte that did not receive a warning in the healthcare audit carried out to evaluate oncology services with a focus on oncology surgeries. In addition, projects developed by the hospital were recognized by the medical community. The project Sponsorship was chosen to be presented at the 5th Brazilian Lean Convention, whereas the project Incubator of Talents: Alternative for the Lack of Qualified Professionals in the Healthcare Industry ranked first in the category Scientific Work in the award Acredita Minas (Believe in it, Minas).



Institutional Profile

HOSPITAL INFANTIL SABARÁ

Hospital Infantil Sabará has been one of the largest and most respected pediatric centers in Brazil since its opening in 1962. In 2010, Fundação José Luiz Egydio Setúbal was created, gathering Hospital Infantil Sabará and Instituto PENSI, focused on research, teaching and training on pediatric health care professionals. Pioneer in creating the first pediatric ICU in Brazil, the new Sabará has the best and largest intensive care unit in the country. It also has excellence centers in different clinical and surgical areas, such as for example: Neurology, cardiology, nephrology and renal replacement therapy, oncology, urology, orthopedics, transplants, gastroenterology, pediatric surgery. This clinical model ensures excellence in human and technological resources to meet the requirements of the simplest to the most complex and rare diseases in children.

2014/2015 HIGHLIGHTS

Hospital Infantil Sabará has expanded its center of excellence in pediatrics. The medical center of excellence in pediatrics has combined scientific knowledge and humanized care in pediatrics, which is a unique experience in Brazil. Comprised by well-known and competent specialized pediatricians, integrated in a multidisciplinary team formed by physical therapists, dietitians, nurses, psychologists, speech therapists



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2013
For-profit organization	
Foundation	1962
Built area	15,070 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	102
Nr. of intensive care beds	28
Nr. of registered doctors	958
Nr. of employees	689
Nr. of consultations in ER	111,728
Nr. of consultations in First Aid units	2,854
Nr. of Hospitalizations	5,754
Nr. of Surgeries (excluding births)	8,978
Nr. of Births	Does not apply
Nr. of examinations SADT	154,957

Av. Angélica, 1.987 - Higienópolis
São Paulo - SP - 01227-200
11 3155-2800 - www.hospitalinfantilsabara.org.br

and physical educator, it has proposed a complete and efficient care model. State-of-the-art technique and scientific knowledge applied individually to each patient, plus the warm care of a children-dedicated multidisciplinary team. Many shared and integrated views, discussing and proposing solutions to the patient and the family, who are also active stakeholders in the care process.




Institutional Profile

HOSPITAL ISRAELITA ALBERT EINSTEIN

By celebrating its 60th anniversary, Einstein has been consolidated as an integrated healthcare system, providing services of quality in all areas of healthcare, from promotion, prevention and diagnosis, up to treatment and rehabilitation. Einstein holds dozens of national and international accreditation certificates, in special the accreditation by Joint Commission International (JCI), since 1999, which was the first one outside the USA. The organization also offers technical courses, Nursing School and degree and non-degree graduate studies, in addition to scientific and consulting and training activities to private and public healthcare organizations. Einstein works in partnership with the public authorities by managing Hospital Municipal Dr Moysés Deutsch, and soon Hospital Municipal Santa Marina, one Emergency Department, three Outpatient Units, 13 Primary care units, and three Psychosocial Care Units, in addition to carrying out dozens of projects as part of Proadi – SUS (Support Program for Institutional Development of SUS).

2014/2015 HIGHLIGHTS

The year provided the continuation of the hospital and outpatient expansion activities of the organization and by the accelerated growth of the Teaching and Research activities, increase in public-private partnerships, and the achievements in quality, safety and environmental protection. The main activities to be highlighted are: The creation of an Executive Office for Innovation and Knowledge Management;



ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1971
Built area	311,500 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III and JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	899
Nr. of intensive care beds	87
Nr. of registered doctors	7,615
Nr. of employees	13,043
Nr. of consultations in ER	908,545
Nr. of consultations in First Aid units	3,137,167
Nr. of Hospitalizations	59,402
Nr. of Surgeries (excluding births)	42,983
Nr. of Births	9,443
Nr. of examinations SADT	10,497,921

Av. Albert Einstein, 627 - Morumbi
São Paulo - SP - 05652-900
11 2151-1233 - www.einstein.br

an Executive Office for Audit and Compliance in the Patient Experience Center; submission to the Ministry of Education of the request to open a School of Medicine; opening of Teaching Unit at Faria Lima and expansion of Paulista Unit in São Paulo; partnership developed for renovation and management of Hospital Municipal Santa Marina; opening of an Emergency department unit in the city of São Paulo; the first certification by American Society of Histocompatibility and Immunogenetics (ASHI); the blood bank was accredited by Foundation for Accreditation of Cellular Therapy, and the accreditation with level of excellence by Hospital Municipal Dr. Moysés Deutsch by National Accreditation Organization (ONA).



Institutional Profile

HOSPITAL MADRE TERESA


Hospital Madre Teresa was named after Madre Maria Teresa de Jesus Eucarístico as part of a tribute paid to the founder of the Institute of the Little Missionaries of Maria Imaculada. Hospital Madre Teresa was established in the city of Belo Horizonte, in 1982. On July 1st, 1983, the recently established hospital provided care to its first patient. Since then, Hospital Madre Teresa has gone through a lot of changes.

Through effective management by the nuns of the Institute of the Little Missionaries of Maria Imaculada, Hospital Madre Teresa has become an institution recognized as a reference for high-complexity general hospital, qualified clinical staff and state-of-the-art technology.

The institution's hard work and commitment to patients have stimulated a transformation process and, in acknowledgement for all the efforts and improvement processes, Hospital Madre Teresa has been nationally acknowledged over time and received accreditation from both the National Accreditation Organization (ONA) and Accreditation Canada International for excellence in safety and quality in its services.

2014/2015 HIGHLIGHTS

In 2014, Hospital Madre Teresa received gold band recognition from the PMG (Quality Award of the State of Minas Gerais) and was recertified as level of excellence by ONA. Hospital Madre Teresa also updated its technology park by purchasing the following: hemodynamic equipment



HOSPITAL MADRE TERESA
INSTITUTO DAS PEQUENAS MISSIONARIAS DE MARIA IMACULADA

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2014
Non profitable hospital	
Foundation	1982
Built area	30,000 m ²
Clinical staff organization	Closed
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	351
Nr. of intensive care beds	44
Nr. of registered doctors	331
Nr. of employees	1,445
Nr. of consultations in ER	49,635
Nr. of consultations in First Aid units	115,758
Nr. of Hospitalizations	16,844
Nr. of Surgeries (excluding births)	11,071
Nr. of Births	Does not apply
Nr. of examinations SADT	675,870

Av. Raja Gabaglia, 1.002 - Gutierrez
Belo Horizonte - MG - 30441-070
31 3339-8000 - www.hospitalmadreteresa.org.br

with 3D system images; nuclear medicine equipment; echocardiography equipment; mechanical ventilators; heart monitors; hospital beds; and surgical tables, among others. In addition, the institution has updated its operating room, outpatient unit and endoscopy unit, structured the oncology services, expanded the hospital by providing 51 new beds and become member of ANAHP (National Association of Private Hospitals).

Hospital Madre Teresa clinical staff attended various congresses, including the Cardiology Congress of the State of Minas Gerais, receiving the merit award Incentive Institute of Research in Cardiology for being the institution with the greatest number of papers approved.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1979
Built area	54,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	340
Nr. of intensive care beds	41
Nr. of registered doctors	1,656
Nr. of employees	2,587
Nr. of consultations in ER	46,806
Nr. of consultations in First Aid units	76,302
Nr. of Hospitalizations	17,294
Nr. of Surgeries (excluding births)	18,050
Nr. of Births	2,640
Nr. of examinations SADT	1,587,465

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

Institutional Profile

HOSPITAL MÃE DE DEUS

Hospital Mãe de Deus, maintained by Associação Educadora São Carlos (AESC), arm of Christian Congregation Irmãs Missionárias de São Carlos Borromeo (Scalabrinianas), has been in operation in Rio Grande do Sul for 35 years. It is the only hospital in the south of Brazil accredited with excellence level by National Accreditation Organization (ONA) and by Joint Commission International (JCI), which certifies healthcare organizations committed with strict international safety standards. It also has Planetree certification, directed to Humanization and Spirituality.

Founded in 1979, the hospital is the leading organization of Sistema de Saúde Mãe de Deus, which includes other eight hospitals in the state of Rio Grande do Sul, in addition to specialized mental health centers. The results are reinvested in the system, comprising technological update, professional qualification and development of social projects, articulated and integrated with public healthcare policies.

2014/2015 HIGHLIGHTS

Hospital Mãe de Deus has worked hard to undergo the transformation from a traditional hospital model, adjusting the infrastructure to meet the needs of the new patients by offering a more accessible and safer medical model. The current relationship of the hospital with the communities it serves and the clinical teams with their patients and family members have changed significantly in recent years. The current understanding is that the families have to participate

effectively in treating and recovering patients and they have to be well informed about the diseases to work positively with the members of the healthcare teams. This contribution is motivated and facilitated by the physical area, which invites family members to comfortably stay at the hospital or near it. Planetree certification has systematized care of patients and family members enhancing humanization and spirituality.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2014
Non profitable hospital	
Foundation	1965
Built area	45,218.87 m ²
Clinical staff organization	Closed
Hospital accreditation	ONA III and NIAHO

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	536
Nr. of intensive care beds	40
Nr. of registered doctors	330
Nr. of employees	1,614
Nr. of consultations in ER	113,065
Nr. of consultations in First Aid units	290,985
Nr. of Hospitalizations	34,246
Nr. of Surgeries (excluding births)	16,500
Nr. of Births	5,711
Nr. of examinations SADT	1,488,524

Av. Kiyoshi Tsunawaki, 41 - Bairro das Águas
 Ipatinga - MG - 35160-158
 31 3829-9000 - www.fsfx.com.br/hospital-marcio-cunha

Institutional Profile

HOSPITAL MÁRCIO CUNHA

Hospital Márcio Cunha is a reference in high complexity and service provision in outpatient, emergency department, hospital admission and diagnostic services for 35 cities and about 800,000 inhabitants in the Eastern macroregion of the state of Minas Gerais. One of the main highlights is the exclusive unit that provides care to cancer patients. In 2014, HMC was the 2nd general hospital in Minas Gerais in number of deliveries (5,711) and the 3rd hospital of the state in number of SUS admissions (20,288). Hospital Márcio Cunha is managed by Fundação São Francisco Xavier (FSFX), a not-for profit organization recognized by the Ministry of Social Pension and Welfare as a social beneficent organization. Since 1969, the Foundation has been working on healthcare and education, committed with human development and sustainability in its management practices.

2014/2015 HIGHLIGHTS

Hospital Márcio Cunha has been certified by Det Norske Veritas (DNV) under a hospital accreditation standard recognized by the Department of Health of the United States, National Integrated Accreditation for Healthcare Organizations (NIAHO) and was reaccredited by National Accreditation Organization (ONA) as level of excellence. The Clinical Pathology Laboratory was reaccredited by Norm ISO 9001/2008. In 2014, constructions such as the end of the 2nd phase (renovation) of the emergency department, the construction of a bunker for oncology, the renovation

of the 6th floor of Unit I and the construction of a heliport were completed. The Foundation has acquired two linear accelerators imported from the United States to be used in radiotherapy of any body part of cancer patients. The new accelerators will be key to double the capacity of the Oncology unit. Another important breakthrough was the approval of two new projects for cycle 2014/2015 using PRONON: Implementation of the first Pediatric oncology unit in the Eastern region of Minas Gerais and the implementation of the Palliative care unit, including 40 beds for admission of oncology patients.



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1980
Built area	35,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and NIAHO

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	322
Nr. of intensive care beds	90
Nr. of registered doctors	3,354
Nr. of employees	1,527
Nr. of consultations in ER	268,973
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	24,886
Nr. of Surgeries (excluding births)	38,800
Nr. of Births	3,204
Nr. of examinations SADT	1,199,956

Rua Mato Grosso, 1.100 - Santo Agostinho
 Belo Horizonte - MG - 30190-081
 31 3339-9000 - www.materdei.com.br

Institutional Profile

HOSPITAL MATER DEI

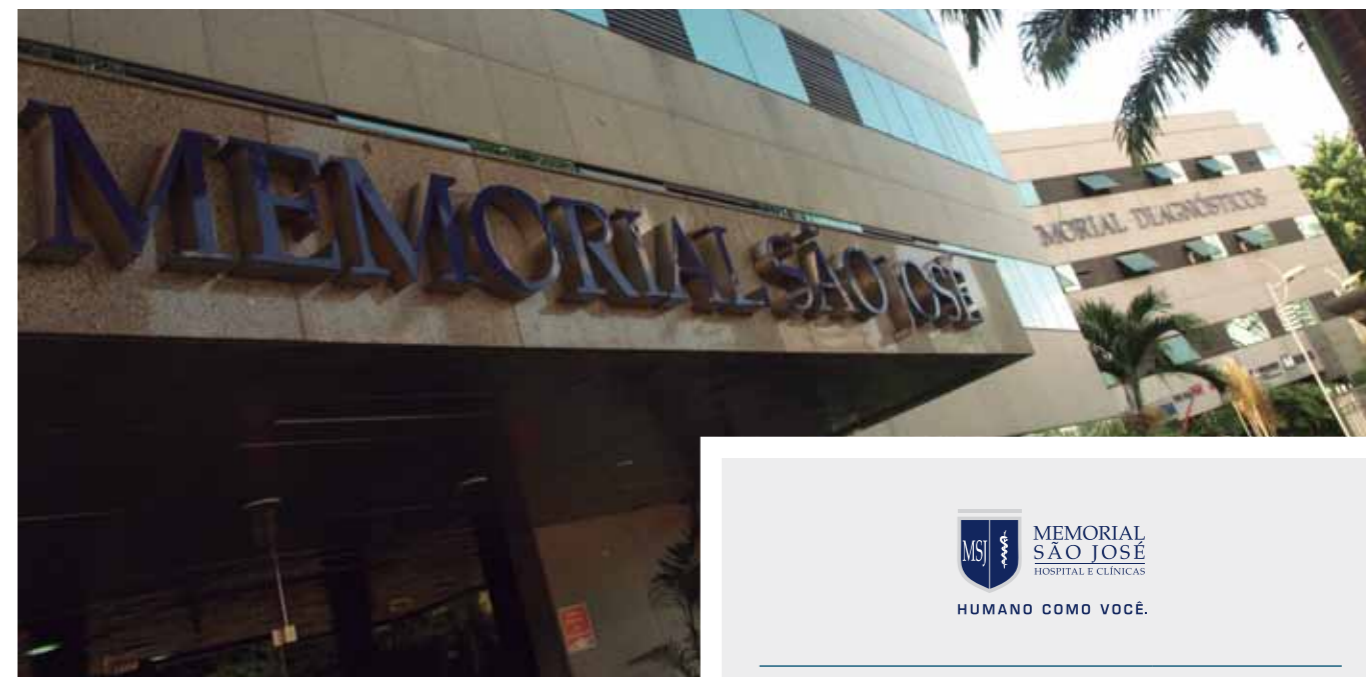
Mater Dei Santo Agostinho was founded on June 1, 1980. The first expansion was in 2000, opening Building II, thanks to the increase in number of patients coming to the center. In 2014, Mater Dei took over a new challenge and opened Mater Dei Contorno, creating the network Mater Dei de Saúde.

Hospital Mater Dei has its philosophy to offer differentiated, personalized and humanized clinical care to all its clients. In order to achieve that, it makes regular investments in clinical governance, managerial actions, clinical safety, improvement of employees and diagnostic and therapy equipment. The clinical care of Mater Dei is attested by significant national and international certifications of quality. National Accreditation Organization (ONA), level of excellence and international certification ISO 9001/2008 and National Integrated Accreditation for Healthcare Organizations (NIAHO). Mater Dei is also a member of Anvisa Sentinel Network.

2014/2015 HIGHLIGHTS

On June 1, 2014, Mater Dei Contorno was opened to consolidate the creation of Rede Mater Dei de Saúde. The new unit was designed to meet the demands of clients, physicians and healthcare insurance plans. Mater Dei Contorno encompasses state-of-the-art technology, a large facility, differentiated clinical care flows for medical-hospital services, experienced clinical staff and

well-trained teams. This is one of the largest hospital projects in Latin America in recent years. The building was designed based on power efficient and low environmental impact technologies. For Rede Mater Dei, growing means to expand the service capacity still maintaining patient care and attention, fulfilling its mission – “Commitment to Quality of Life”.



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2004
For-profit organization	
Foundation	1989
Built area	26,000 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	155
Nr. of intensive care beds	40
Nr. of registered doctors	2,280
Nr. of employees	851
Nr. of consultations in ER	70,316
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	12,249
Nr. of Surgeries (excluding births)	8,094
Nr. of Births	1,767
Nr. of examinations SADT	436,500

Av. Agamenon Magalhães, 2.291 - Derby
 Recife - PE - 50070-160
 81 3216-2222 - www.hospitalmemorial.com.br

Institutional Profile

HOSPITAL MEMORIAL SÃO JOSÉ

Founded on June 2, 1989, hospital complex Memorial São José (HMSJ) opened in Recife with the intention to offer qualified services and technological and high complexity procedures, which used to be performed outside the country, to the state of Pernambuco and Northeast region.

The Hospital is divided into a six-building complex and it is one of the most complete diagnostic centers in Brazil, comprising units Maximagem, Medix, Unigastro, Unicardio, MCor, among others. It offers to patients five magnetic resonance machines, two CT scans and two angiogram devices, among other advanced technology equipment. Hospital Memorial São José has 156 beds to offer maximum comfort and safety to its patients. In addition to multidisciplinary urgency, the pediatric emergency, adult, pediatric, neonatal and coronary ICU, the complex has three operative units, one of them directed to minor procedures that do not require admission for longer than 12 hours. All investments made in infrastructure and state-of-the-art technology are followed by constant professional improvement of the medical and managerial teams.

2014/2015 HIGHLIGHTS

The emergency area was expanded with six new beds. A Specialized Pain Center (CENDOR) was opened. Opening of an intelligent surgical room directed to

minimally invasive procedures. Acquisition of system Interact to manage indicators and documents. Official communication of the expansion project of hospital complex HMSJ.



Institutional Profile

HOSPITAL MERIDIONAL

Hospital Meridional in Cariacica (ES) opened at first with 50 beds and has become a high quality and high resolution hospital complex that performs high complexity procedures. First hospital accredited by National Accreditation Organization (ONA) in the state of Espírito Santo in 2005, it was also the first to be accredited by an international agency, the Canadian Accreditation, achieved in 2011. In 2015, it was reaccredited by ONA and in 2015 it has been updating its processes for QMentum International. Grupo Meridional is currently comprised of hospitals Praia da Costa, São Luiz, São Francisco and Meridional, including 330 beds. In 2015, it is expected to overcome 500 beds as a result of ongoing expansions and the opening of Meridional São Mateus.

2014/2015 HIGHLIGHTS

In 2014, Hospital Meridional was reaccredited with excellence level by ONA for the third consecutive cycle, including the center of excellence seal in thrombosis prevention. For 2015, the hospital has set new goals to increase further the quality of provided services. The projects include the expansion of bed number at Hospital Meridional (42 more beds) and the opening of one more hospital in the city of São Mateus, north of the state. We will also start the second residency class group in Anesthesiology and General surgery and in July the application for accreditation by Canadian Accreditation is one of the main projects. It will be the second cycle of international accreditation at the hospital.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2006
For-profit organization	
Foundation	2001
Built area	16,283 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	164
Nr. of intensive care beds	60
Nr. of registered doctors	526
Nr. of employees	707
Nr. of consultations in ER	81,683
Nr. of consultations in First Aid units	71,208
Nr. of Hospitalizations	7,051
Nr. of Surgeries (excluding births)	4,481
Nr. of Births	Does not apply
Nr. of examinations SADT	512,109

Rua São João Batista, 200 - Alto Laje
Cariacica - ES - 29051-920
27 3346-2000 - www.hospitalmeridional.com.br



Institutional Profile

HOSPITAL METROPOLITANO

Hospital Metropolitano was the first private hospital in Espírito Santo founded exclusively by physicians in 1996. The organization is located in the city of Serra, a municipality of the metropolitan region of Vitória, which is the most populated of the state. In 2014, it celebrated 18 years and was consolidated as a reference in pioneer initiatives, clinical safety and quality. Focused on such actions, the hospital has stood out in the process of reducing length of stay and increasing bed turnover. Thanks to the commitment with clinical quality, the hospital was acknowledged for the 4th consecutive year as one of the 250 Small and Medium-Sized Companies that grow the most in Brazil, according to a study carried out by Deloitte and magazine Exame PME.

2014/2015 HIGHLIGHTS

2014 was a landmark in the history of Hospital Metropolitano due to structural, operational, technical and scientific breakthroughs. Espaço Metropolitano de Eventos was opened, in association with the creation of Centro de Inovação e Ensino Metropolitano, a conference venue and a teaching center focused on fostering healthcare professional training to provide more efficient and humanized care to the population. Two specialized courses of medical residency were credentialed by the Ministry of Education: Cardiology



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2013
For-profit organization	
Foundation	1996
Built area	13,900 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	122
Nr. of intensive care beds	31
Nr. of registered doctors	958
Nr. of employees	725
Nr. of consultations in ER	121,090
Nr. of consultations in First Aid units	112,523
Nr. of Hospitalizations	8,085
Nr. of Surgeries (excluding births)	12,007
Nr. of Births	394
Nr. of examinations SADT	282,127

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

and Intensive Medicine. Another important hallmark was the opening of the new Center for Sterilization of Supplies and Materials, requiring investments of over R\$ 2 million and a 350 m² area, and the opening of the Logistics and the Documentation Center focused on optimizing the hospital structure. Expected to happen in 2015, the expansion of the hospital will increase by 40% the operational capacity of the hospital, including expansion of Chemotherapy, Cath Lab, Cardiology and Imaging.




Institutional Profile

HOSPITAL MOINHOS DE VENTO

Hospital Moinhos de Vento was founded in 1927 by German immigrants and its main focus has always been quality care, compared against the best healthcare models in Europe. It is a high complexity healthcare center, focused on inpatient and outpatient care and all specialties, supported by the integrated care methodology, which places the patient in the center of care and has the team as the cell around it. In order to meet the growing demand from the Rio Grande do Sul population, Hospital Moinhos de Vento has been through expansions, modernization and development of training and qualification programs for the staff. Technological advances and innovative medical technical practices have put the organization into the position of an excellence center, recognized as a Hospital of Excellence by the Ministry of Health.

2014/2015 HIGHLIGHTS

The main difference at Hospital Moinhos de Vento is its quality of patient care. The organization has been accredited by Joint Commission International (JCI) since 2002, successively reaccredited in 2005, 2008, 2011 and 2014. This achievement shows the pioneer action of the hospital which was the second in the country and the first one in the Southern Region to join this qualification process. In 2014, among different awards, we can highlight the Top Marketing Award – Categories Sustainability and Human Being.



HOSPITAL MOINHOS DE VENTO
Affiliado a
 JOHNS HOPKINS
 MEDICINE INTERNATIONAL

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1927
Built area	84,954 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	394
Nr. of intensive care beds	72
Nr. of registered doctors	3,269
Nr. of employees	3,241
Nr. of consultations in ER	78,887
Nr. of consultations in First Aid units	189,824
Nr. of Hospitalizations	25,559
Nr. of Surgeries (excluding births)	21,597
Nr. of Births	4,078
Nr. of examinations SADT	1,307,141

Rua Ramiro Barcelos, 910 - Moinhos de Vento
 Porto Alegre - RS - 90035-001
 51 3314-3434 - www.hospitalmoinhos.org.br

The year 2014 also hallmarked the delivery of Hospitals Restinga and Extremo-Sul to the community, built in partnership with the Ministry of Health and State Secretary of Health. At the complex located in district Moinhos de Vento, the expansion plan started in 2009 will complete 500 beds. Since 2009, important achievements have been reached, such as: Opening of maternity Helda Gerdau Johannpeter, neurology and neurosurgery, orthopedics and trauma centers, expansion of emergency department, new operative unit and new endoscopy and dialysis units.




Institutional Profile

HOSPITAL MONTE SINAI

Hospital Monte Sinai completed 20 years of activities in 2014. It has served as a revolution to the concept of medical-hospital care in Juiz de Fora (MG) since 1994, still driving the healthcare system of Minas Gerais Zona da Mata, helping the city become consolidated as a healthcare area for about 2 million people around it. Consolidated as a Hospital complex, integrating a Medical Center with over 200 clinics and healthcare centers, it provides innovative medical techniques, focusing on high complexity. In terms of Quality, Monte Sinai was the first hospital in the state to be certified by National Accreditation Organization (ONA) in 2003, reaching level of excellence in 2008. The organization has also been internationally accredited by the National Integrated Accreditation for HealthCare Organizations (NIAHO) since 2011.

2014/2015 HIGHLIGHTS

A reference in high complexity care, in 2014 Hospital Monte Sinai started to perform bone marrow transplants, as the only private hospital in the countryside of Minas Gerais authorized by the Ministry of Health to perform the procedure. Having a consolidated demand, the sector is prepared to expand its physical infrastructure and create the Cell Therapy Service in the hospital. In the Transplant Unit, the Hospital is credentialed for renal and cornea procedures and is getting ready for liver, lung and heart transplant procedures. In 2015, Monte Sinai has expanded its investments in Oncology. It will



MONTE SINAI
HOSPITAL E MATERNIDADE

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2006
For-profit organization	
Foundation	1994
Built area	82,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and NIAHO

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	220
Nr. of intensive care beds	52
Nr. of registered doctors	1,151
Nr. of employees	1,014
Nr. of consultations in ER	23,149
Nr. of consultations in First Aid units	29,271
Nr. of Hospitalizations	12,327
Nr. of Surgeries (excluding births)	15,012
Nr. of Births	1,085
Nr. of examinations SADT	520,266

Av. Presidente Itamar Franco, 4.000 - Cascatinha
 Juiz de Fora - MG - 36033-318
 32 2104-4455 - www.hospitalmontesinai.com.br

be one of the few Minas Gerais centers to provide genetic counselling in cancer, in addition to innovating treatment and diagnostic processes. In the last stage of the physical expansion, the hospital will provide 100 new beds and will expand the emergency department. There are 25 more beds in Adult ICU already planned, plus a Maternal-Pediatric Unit with 25 more beds, Neonatal and Pediatric ICU beds and the construction of a new nursery. The surgical building will go through renovation and expansion, providing a hybrid room and new pre and post-operative rooms.



Institutional Profile

HOSPITAL NIPO-BRASILEIRO

Strategically located close to important major highways and expressways, such as Rodovia Presidente Dutra, Rodovia Fernão Dias, Marginal Tietê and Guarulhos International Airport, Hospital Nipo-Brasileiro (HNB) has become a reference in medical care of different levels, with modern facility and high technology devices. Thanks to 26 years of experience maintained by Beneficência Nipo-Brasileira de São Paulo (Enkyo), the organization provides humanized care, integrated clinical staff and operates with over 40 specialties. It currently has 241 beds, 50 of them in Adult and Neonatal ICU. As recognition for its quality and excellence, HNB has been accredited with level of excellence by National Accreditation Organization (ONA).

2014/2015 HIGHLIGHTS

In order to expand the existing infrastructure, HNB started its modernization in important areas with 350 m² renovation, which included the installation of new CT and digital x-ray devices, plus 305 m² area dedicated to Ultrasound and Echocardiogram new sector.

It has also invested in staff training, including the organization of the following events: 1st Nutritional Therapy Multidisciplinary Team Meeting and Nutrition and Eating Unit; 1st Venous Thromboembolism Prophylaxis Symposium, and 3rd Patient Safety Symposium. Having this line of work defined and projecting the future, Hospital Nipo-Brasileiro has maintained its firm commitment of investing in new projects.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2008
Non profitable hospital	
Foundation	1988
Built area	22,071 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	268
Nr. of intensive care beds	50
Nr. of registered doctors	1,458
Nr. of employees	1,557
Nr. of consultations in ER	305,103
Nr. of consultations in First Aid units	266,001
Nr. of Hospitalizations	16,409
Nr. of Surgeries (excluding births)	13,890
Nr. of Births	2,776
Nr. of examinations SADT	1,152,820

Rua Pistóia, 100 - Parque Novo Mundo
São Paulo - SP - 02189-000
11 2633-2200 - www.hospitalnipo.org.br



Institutional Profile

HOSPITAL NOSSA SENHORA DAS GRAÇAS

Founded in 1953, Hospital Nossa Senhora das Graças (HNSG) is a philanthropic organization that belongs to Companhia Filhas da Caridade de São Vicente de Paulo. Accredited with level of excellence by National Accreditation Organization (ONA), it is a reference in high complexity clinical and surgical treatments, such as bone marrow and liver transplantation. HNSG gathers over 2,500 professionals who work together to prioritize humanization and excellence in healthcare service provision. 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 of them in Paraná (one in Curitiba, two in Apucarana and one in Ribeirão do Pinhal), and one in Santa Catarina (Joinville). It totals the operations of six organizations that are part of Grupo Nossa Senhora das Graças that see 71% of SUS patients.

2014/2015 HIGHLIGHTS

In 2014, the strategic plan of the organization was reviewed, projecting investments for the upcoming year, among which the beginning of the renovation of the operative unit, including three new intelligent rooms and the construction of the new Intensive care unit. The new ICU will have twice more beds and provide private and large rooms for patients, with view to the town, individual dirty room for each bed and HEPA filters for specialized treatment of hemato-oncology patients. In



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1950
Built area	38,686 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	210
Nr. of intensive care beds	32
Nr. of registered doctors	1,421
Nr. of employees	1,394
Nr. of consultations in ER	73,917
Nr. of consultations in First Aid units	70,412
Nr. of Hospitalizations	15,698
Nr. of Surgeries (excluding births)	9,295
Nr. of Births	3,148
Nr. of examinations SADT	673,834

Rua Alcides Munhoz, 433 - Mercês
Curitiba - PR - 80810-040
41 3240-6060 - www.hnsg.org.br

2014, investments were made to renovate the technology available in the ICU, Operative unit, and Information technology area. Among the new acquisitions, there is the device Faxtron which provides breast biopsies directly performed in the operative unit, using real time and precise x-ray images. Moreover, the Bone marrow transplant area, internally known, has gained nine more HEPA filters, expanding the areas prepared to receive BMT patients.



Institutional Profile

HOSPITAL NOVE DE JULHO

Founded in 1955, Nove de Julho is a reference in high complexity medicine. Since its foundation, it has always been a pioneer and high performer.


It became a reference by opening the first private Intensive care unit and Cardiac and Pulmonary Surgery Unit in the 70's.

In 2008, it became part of group Rede Impar de Serviços Hospitalares, which promoted major modernization plans in the hospital. It has been accredited with level of excellence by National Accreditation Organization (ONA) and Canadian Accreditation and since 2012 it has been accredited by Joint Commission International (JCI), one of the main quality accreditation agencies in the world.

In 2013, it started its facility expansion creating the Specialized Medical Center, which is a building dedicated to medical offices and diagnostic tests, plus the construction of a new tower that will have 120 more beds.

2014/2015 HIGHLIGHTS

2015 is a very important year to Hospital Nove de Julho as it celebrates its 60th anniversary. To celebrate the date, the hospital will open a modern building to meet the increasing demand for new hospital beds. The new building will have 16 inpatient wards, 120 beds, eight operative rooms, two hybrid rooms and seven underground floors for parking, capable of parking 230 cars. The total structure will reach 412



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1955
Built area	50,949.87 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III, JCI and ACI

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	292
Nr. of intensive care beds	78
Nr. of registered doctors	3,141
Nr. of employees	1,937
Nr. of consultations in ER	125,497
Nr. of consultations in First Aid units	85,936
Nr. of Hospitalizations	16,255
Nr. of Surgeries (excluding births)	12,478
Nr. of Births	Does not apply
Nr. of examinations SADT	1,018,634

Rua Peixoto Gomide, 625 - Bela Vista
 São Paulo - SP - 01409-902
 11 3147-9999 - www.hn9j.com.br

beds, 22 operating rooms and 140 ICU beds. As a result of such investments, in 2015 the hospital will strengthen its positioning as high complexity medical provider including minimally invasive surgeries, such as robotic procedures. Moreover, the hospital will continue to invest in the expansion of medical specialties and reference centers in its Specialized Medical Center.



Institutional Profile

HOSPITAL PORTO DIAS


Opened in 1995, Porto Dias started its activities with 22 beds of orthopedics and trauma and imaging diagnosis services.

In 1998, the first ICU was implemented to meet the increased complexity of trauma cases. In 2002, after its first major expansion, the first elevated heliport was opened in the North of Brazil. In 2006, it implemented the model based on hospital accreditation and in 2009 it was finally accredited by National Accreditation Organization (ONA).

In 2011, thanks to the opening of a new building, the hospital reached 51,000 m² and 360 beds, out of which 54 were ICU beds. In 2013, the first liver transplant was made in the Amazon. HPD currently holds the level of excellence by ONA and it is a reference in healthcare in the Northern region of the country, counting on high quality human and technological resources, focused on urgency and emergency cases, surgery and diagnostic services. There are three more diagnostic units that are part of the same holding.

2014/2015 HIGHLIGHTS

In 2014, HPD opened its department of oncology, implementing one of the most modern services of radiotherapy in Latin America. It was the first hospital in Brazil to use the most advanced and complete Linear Accelerator in the world – Varian TrueBeam STx with stereotactic system Exactrac®. This device enables the performance of conventional external radiotherapy techniques, as well as the use of respiratory gating and



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2013
For-profit organization	
Foundation	1995
Built area	51,000 m ²
Clinical staff organization	Mixed
Accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	295
Nr. of intensive care beds	54
Nr. of registered doctors	429
Nr. of employees	1,589
Nr. of consultations in ER	92,155
Nr. of consultations in First Aid units	354,414
Nr. of Hospitalizations	13,696
Nr. of Surgeries (excluding births)	7,036
Nr. of Births	Does not apply
Nr. of examinations SADT	651,208

Av. Almirante Barroso, 1454 - Marco
 Belém - PA - 66093-020
 91 3084-3000 - www.hpd.com.br

frameless radiosurgery. It has also implemented medical residency programs on anesthesia and hand surgery to go along with the orthopedics program, contributing with the improvement of care and the role of disseminator of technological knowledge in the Northern region. As a strategy to modernize management, under the consulting of Qualisa de Gestão (IQG), HPD has implemented the competence-based management model and leadership development. The implementation of Tasy electronic medical record, including electronic prescriptions and lab and imaging test integration, has increased patient safety, providing faster and safer information.



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2002
Non profitable hospital	
Foundation	1857
Built area	34,990.60 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	372
Nr. of intensive care beds	125
Nr. of registered doctors	2,145
Nr. of employees	3,364
Nr. of consultations in ER	47,647
Nr. of consultations in First Aid units	13,672
Nr. of Hospitalizations	24,212
Nr. of Surgeries (excluding births)	14,069
Nr. of Births	2,947
Nr. of examinations SADT	1,180,614

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

Institutional Profile

HOSPITAL PORTUGUÊS

The origin of Hospital Português is connected with the merger of Sociedades Dezesesseis de Setembro e 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 Royal by Portuguese monarchy. After 157 years of operation, HP stands out in different medical specialties owing to the modern, minimally invasive and high complexity procedures that it performs. The organization is also known for its state-of-the-art infrastructure, with experienced and qualified professionals, modern resources and interconnected units (Maternity Santamaria, Day Hospital and Medical Center HP).

2014/2015 HIGHLIGHTS

To expand quality, safety and humanization of care provided to patients, Hospital Português implemented many improvements throughout 2014, maintain the focus on institutional improvement during the first half of 2015. Among the main initiatives in the period, there was the complete modernization of the Oncology inpatient unit and the opening of a new facility for HP Oncology center. As a Non profitable hospital, Hospital Português has overcome the borders of Salvador. In August 2014, it reached the Sisal region, starting to manage current

Hospital Português – Unidade Regional de Conceição do Coité. In 2015, the organization took over the management of the municipal hospital to increase the number of admissions per month. Through these initiatives, HP has directly benefited 63,000 people who leave in the city and neighboring districts of the microregion Serrinha. Another highlight was applying for International Accreditation QMentum. By receiving this accreditation, the organization intends to confirm quality and safety of its procedures to offer excellent care to patients.



HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1959
Built area	15,380 m ²
Clinical staff organization	Open
Hospital accreditation	ACI

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	95
Nr. of intensive care beds	41
Nr. of registered doctors	1,371
Nr. of employees	1,059
Nr. of consultations in ER	8,801
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	4,642
Nr. of Surgeries (excluding births)	1,801
Nr. of Births	Does not apply
Nr. of examinations SADT	81,324

Rua Dona Mariana, 219 - Botafogo
 Rio de Janeiro - RJ - 22280-020
 21 2528-1442 - www.procardiaco.com.br

Institutional Profile

HOSPITAL PRÓ-CARDÍACO

For 55 years, Hospital Pró-Cardíaco has dedicated to practicing medicine of excellence, being consolidated as a reference in cardiovascular care, especially in high complexity patients. The work performed by the organization has achieved relevant results: Minimally invasive procedures via percutaneous access and surgical heart failure program with artificial ventricle implant are some of the examples of the modern and effective management provided to the population. The organization has recently received much international recognition, such as the accreditation by Accreditation Canada International, one of the most respected healthcare accreditation agencies in the world – and the Stroke Distinction, obtained for the first time in Brazil.

2014/2015 HIGHLIGHTS

In December 2014, the hospital opened the Medical Center Pró-Cardíaco offering medical visits and diagnostic tests such as electrocardiogram, echocardiogram, x-ray, ultrasound, spirometry, pulmonary function test, and mammogram, in addition to clinical lab tests. The center also has a multidisciplinary team and infrastructure for cardiac, neurological and pulmonary rehabilitation, including supervised physical activity, physical therapy,

occupational therapy and nutritional, psychological and speech support. One of the most complete and modern preventive medicine services in the country, Check-up Pró-Cardíaco will soon operate from the medical center as well. In 2014, the organization had expansion works to add 50 more beds and, in 2015, two new devices have been acquired – a CT scan machine and an optical coherence tomography (OCT) for the Cath Lab.



QUINTA D'OR HOSPITAL

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2010
For-profit organization	
Foundation	2001
Built area	28,779.28 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	312
Nr. of intensive care beds	143
Nr. of registered doctors	18,864
Nr. of employees	3,061
Nr. of consultations in ER	111,699
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	13,595
Nr. of Surgeries (excluding births)	7,702
Nr. of Births	Does not apply
Nr. of examinations SADT	127,970

Rua Almirante Baltazar, 435 - São Cristóvão
Rio de Janeiro - RJ - 20941-150
21 3461-3600 - www.quintador.com.br

Institutional Profile

HOSPITAL QUINTA D'OR

The hospital was opened in September 2001, with 60 beds, expanding 30% in two years and reaching 100% expansion in 2013, comprising about 220 beds. In 2010, a second building was added and in 2011, the Oncology center followed. One year later, it increased the number of beds, renovated the facility and improved the available technology. In 2013, the Emergency sector was expanded and had the implementation of SMART, plus the acquisition by Rede D'or São Luiz da Mitra and expansion of the facilities and number of beds.

2014/2015 HIGHLIGHTS

In 2014, Hospital Quinta D'Or improved its specific therapeutic plans in open and closed units and started to perform bone marrow transplants. It increased the operational capacity of the interventional radiology sector to support oncology inpatients, in addition to providing top quality radiotherapy and chemotherapy technological resources in the same facility. It also has a project of safe hospital discharge for long-term care patients, reducing the length of stay of these patients. The organization was reaccredited with level of excellence by National Accreditation Organization (ONA), certified with Stroke Distinction and with the Canadian Accreditation (QMentum).



RIOS D'OR HOSPITAL

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2014
For-profit organization	
Foundation	2009
Built area	17,309.26 m ²
Clinical staff organization	Mixed
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	121
Nr. of intensive care beds	41
Nr. of registered doctors	Undisclosed
Nr. of employees	1,183
Nr. of consultations in ER	108,137
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	5,921
Nr. of Surgeries (excluding births)	3,055
Nr. of Births	Does not apply
Nr. of examinations SADT	48,666

Estrada dos Três Rios, 1.366 - Freguesia-Jacarepaguá
Rio de Janeiro - RJ - 22745-005
21 2448-3600 - www.riosdor.com.br

Institutional Profile

HOSPITAL RIOS D'OR

Established in March 2009, Hospital Rios D'Or is the fourth unit of the Rede D'Or São Luiz, which filled an important gap in healthcare services in Jacarepagua.

The institution excellent location enables quick care services and easy access to nearby neighborhoods.

The new childcare services complex with an exclusive building for pediatric services next to the hospital headquarters was built in November 2010.

The institution has 14 beds and seven Pediatric ICU beds, providing intensive care to children who require this type of treatment.

2014/2015 HIGHLIGHTS

Hospital Rios D'Or has stood out for safe surgery in the magazine *Acreditação em Saúde* (Accreditation in Health) published by CBA (Brazilian Accreditation Consortium).

The organization has also registered greater compliance with protocols, achieving positive results.

In addition, there was an increase of more than 20% in the rates of surgical site marking before and after the institution accreditation in 2014.

This is a result of a series of strategies and actions, which led to the creation of two pre-operating rooms next to the operating room, adoption of the safe surgery checklist and inclusion of a general practitioner in the surgical team – with the aim of helping to meet all the requirements of the checklist and correctly complete the informed consent form.



Institutional Profile

HOSPITAL SAMARITANO

Known as a Hospital of Excellence by the Ministry of Health, Hospital Samaritano de São Paulo has been consolidating its position in specialized and high performance medical services. It is concentrated on the areas of cardiology, neurology, oncology, orthopedics, gastroenterology, urology, gynecology and perinatology, trauma and transplants, providing complete and integrated care to patients. It provides 24-hour specialized emergency services in orthopedics, cardiology, neurology and trauma. It has 319 beds, including inpatient units and ICU, operative unit with 14 rooms capable of receiving high complexity procedures, and a Diagnostic Unit equipped with state-of-the-art technology. It has been accredited by Joint Commission International (JCI) for 11 years, for three consecutive times, the most recent one in 2014.

2014/2015 HIGHLIGHTS

By celebrating 120 years of operations, Hospital Samaritano has consolidated its reference in Transplants, performing over 200 pediatric renal procedures in low-birth weight children, in addition to complex treatments in oncology, including allogeneic, non-related and haplo-identical bone marrow transplants. It has created a Trauma Center, with teams and protocols dedicated to severe cases and multiple traumas, aligned with the Public Rescue

Services (SAMU) and the Helicopter Rescue team of Military Police. For cardiology and neurology the protocols of Chest Pain and Stroke have ensured achievement of world class clinical goals. As for gynecology, Hospital Samaritano has launched seven integrated centers for women's health treating uterine fibroids through endovascular technique, breast cancer, complex cases of endometriosis, among other specialties.



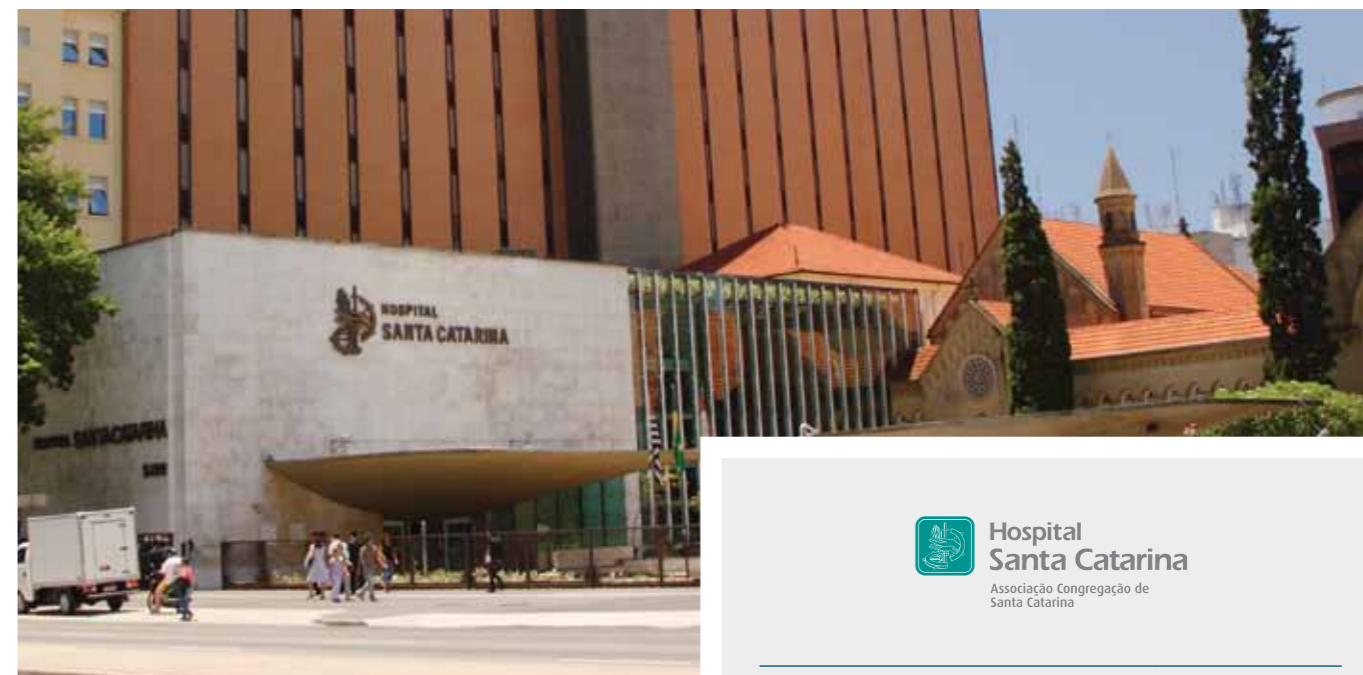
HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1894
Built area	60,000 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	294
Nr. of intensive care beds	74
Nr. of registered doctors	5,139
Nr. of employees	3,101
Nr. of consultations in ER	155,474
Nr. of consultations in First Aid units	15,710
Nr. of Hospitalizations	22,153
Nr. of Surgeries (excluding births)	14,869
Nr. of Births	709
Nr. of examinations SADT	2,034,304

Rua Conselheiro Brotero, 1.486 - Higienópolis
São Paulo - SP - 01232-010
11 3821-5300 - www.samaritano.org.br



Institutional Profile

HOSPITAL SANTA CATARINA

In 1906, a time when São Paulo had about 250,000 inhabitants and already indicated its future of gigantic commercial hub in the country, Saint Catherine Sisters opened "Sanatório de Santa Catharina". Currently, Hospital Santa Catarina (HSC) is part of the great healthcare, education and social care philanthropy work of Associação Congregação de Santa Catarina (ACSC), being one of 31 houses of this initiative distributed in seven states in the country. Reference of quality in healthcare services in Brazil, HSC is considered one of the best organizations in Brazil to perform high complexity procedures in neurosurgery and clinical neurology, orthopedics, cardiology and oncology, covering both pediatric and adult population. Counting on a constantly modernized infrastructure, it maintains the charisma of Saint Catherine Sisters by preserving its identity and clinical care and humanized and Christian touch with patients, family members and employees.

2014/2015 HIGHLIGHTS

In 2014, the increasing occupancy rates and considerable demand for hospital beds due to progressive aging of the population were decisive to make the organization close the maternity and develop a new positioning to expand its services in the areas of excellence such as Neurosurgery, Heart and Endovascular Surgery and Oncology, both adult and pediatric. Thus, Hospital Santa Catarina has made investments of about R\$ 21 million in assets and R\$ 6 million

in construction works to meet this demand. It has acquired a new magnetic resonance device and two ultrasound machines for the Diagnostic Unit; one Neuronavigator and latest generation surgical microscopes; renovation of the area and acquisition of modern equipment for the Central Sterilization of Supplies and Materials; renovation and reorganization of the areas of pediatrics and pediatric intensive care unit on one single floor. It has also expanded the modernization into management of service lines; case management was implemented for neurosurgery and orthopedics, making the integration between clinical and administrative-executive areas to qualify the staff within sustained principles.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1906
Built area	56,279.80 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	294
Nr. of intensive care beds	73
Nr. of registered doctors	3,081
Nr. of employees	2,060
Nr. of consultations in ER	129,752
Nr. of consultations in First Aid units	59,162
Nr. of Hospitalizations	21,937
Nr. of Surgeries (excluding births)	14,396
Nr. of Births	2,448
Nr. of examinations SADT	1,136,892

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



Institutional Profile


HOSPITAL SANTA CRUZ

Established in December 1966 in a wealthy region of the capital of Paraná with privileged infrastructure and sophisticated hospitality management, Hospital Santa Cruz has a qualified medical team and state-of-the-art equipment. Hospital Santa Cruz has 192 beds and provides care to more than 11,000 patients on a monthly basis, in addition to providing elective, urgent and emergency care. Low hospital infection rates show the outstanding quality standard of Hospital Santa Cruz, which has as its main focus the health and well-being of patients.

Hospital Santa Cruz is distinguished by competence, pioneering spirit and the highest quality, in addition to always seeking new techniques and services to best serve patients.

2014/2015 HIGHLIGHTS

In 2014, Hospital Santa Cruz made various investments in its structure – a new Center Sterilization for Supplies and Materials was built and expanded and new pieces of equipment purchased, such as a thermal disinfectant, which makes disinfection processes quicker and safer. Both the Emergency Department and the General Operating room were rebuilt, where the following protocols were implemented: Stroke, Sepsis, Chest Pain, Venous Thromboembolism Prevention, ESI (Emergency Severity Index) and Safe Surgery. In addition, internal initiatives were carried out, including



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2014
For-profit organization	
Foundation	1966
Built area	21,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	192
Nr. of intensive care beds	41
Nr. of registered doctors	1,200
Nr. of employees	853
Nr. of consultations in ER	141,833
Nr. of consultations in First Aid units	32,977
Nr. of Hospitalizations	13,579
Nr. of Surgeries (excluding births)	6,301
Nr. of Births	3,848
Nr. of examinations SADT	96,972

Av. Batel, 1889 - Batel
Curitiba - PR - 80420-090
41 3312-3000 - www.hospitalsantacruz.com

workshops on protocols for physicians and employees, as well as the first Hospital Santa Cruz's game with focus on sustainability. The alignment of the 24-hour Neurology Service with the Neurocardiovascular Unit and the recertification for excellence by ONA were also important highlights. Hospital Santa Cruz has also received the Impar/Ibope Award as the most remembered institution in the region, in addition to being included in the ranking of the 500 largest organizations in the South of Brazil by magazine Amanhã (Tomorrow).



Institutional Profile

HOSPITAL SANTA JOANA


Hospital Santa Joana reaches 36 years of operations in Pernambuco in 2015 keeping up with technological changes, growing in quality, structure and improvement of services, always paying attention to quality of life, society, medical staff and employees.

In 2012 it achieved the accreditation by Joint Commission International (JCI).

Complexo Hospitalar Santa Joana has one of the largest private emergency departments in the state of Pernambuco, including nine specialties always on duty, integrated with Santa Joana Diagnóstico, leader in Preventive and Diagnostic Medicine in the region. It is a reference in high complexity care and it provides services of quality in many specialties, such as urology, neurology, oncology, trauma and orthopedics, cardiology, and neonatology, among others.

2014/2015 HIGHLIGHTS

Hospital Santa Joana is under constant evolution, always in the forefront. For the past two years, the main highlights were: opening of an advanced ICU; new building exclusively dedicated to clinical and surgical patients; new onco-hematology and bone marrow transplant unit; Chest pain unit; new pediatric ICU, in addition to expansion and modernization of the operative suite. In 2014, a new care model for multiple emergency was implemented, including physical and human resources expansion, plus a novel online monitoring system – Patient Intelligent Identification



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1979
Built area	17,922.77 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	171
Nr. of intensive care beds	71
Nr. of registered doctors	1,598
Nr. of employees	1,589
Nr. of consultations in ER	76,003
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	12,619
Nr. of Surgeries (excluding births)	6,632
Nr. of Births	1,641
Nr. of examinations SADT	165,100

Rua Joaquim Nabuco, 200 - Graças
Recife - PE - 51011-000
81 3216-6666 - www.santajoana.com.br

(PID), using RFID technology. In 2015, it has developed a new concept of ward, including intelligent shared beds with reversible settings. In the same year, the hospital was once again a pioneer in the state and implemented a Nursing Residency Program in Intensive care unit and Medical Residency Program in Intensive Medicine. A new facade for the main hospital and a broad accessibility improvement plan are ongoing, leading to the expansion of the central reception area and the construction of 3 new elevator towers.



Institutional Profile

HOSPITAL SANTA PAULA

Hospital Santa Paula was founded in 1958. In 1983, it started to work with cardiology and created an area of cath lab and heart surgery, followed by the opening of the coronary intensive care unit. In 2000, a new strategic area was incorporated – the unit of oncology, creating Instituto de Oncologia Santa Paula (IOSP). Following its vocation for high complexity, it expanded its activities into the services of neurology and neurosurgery, by creating a dedicated neurological intensive care unit.

It has recently expanded its oncology area by opening an outpatient unit, which offers chemotherapy, offices, radiotherapy, psychological services, nutrition, pharmaceutical oncology, among others, focusing on a multidisciplinary approach. Since 2000, the hospital has started its journey towards patient quality and safety accreditations. It currently holds ONA accreditation level III and Joint Commission International (JCI).

2014/2015 HIGHLIGHTS

In 2014, Hospital Santa Paula promoted the expansion and modernization of the operative unit, which currently has nine rooms equipped with the latest technology, including microscopy and neuronavigation for neurosurgery, high-definition videolaparoscopy, and latest generation imaging intensifiers providing the necessary resources for highly complex orthopedic and vascular surgeries. The emergency department has been expanded and modernized to provide

the best care to the population, including more medical offices and clear initiatives to reduce waiting time for immediate care and hospital admission. Major emphasis has been given to continuing medical education, such as the consolidation of the Teaching and Research Institute, creation of a Research Ethics Area, and implementation of Medical Residency Committee that started its operation in 2015 with the medical residency programs in intensive care and in neurosurgery, authorized by the Ministry of Education.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2013
For-profit organization	
Foundation	1958
Built area	15,000 m ²
Clinical staff organization	Mixed
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	198
Nr. of intensive care beds	50
Nr. of registered doctors	2,040
Nr. of employees	1,239
Nr. of consultations in ER	104,690
Nr. of consultations in First Aid units	10,529
Nr. of Hospitalizations	11,550
Nr. of Surgeries (excluding births)	7,273
Nr. of Births	Does not apply
Nr. of examinations SADT	632,797

Av. Santo Amaro, 2.468 - Vila Olímpia
São Paulo - SP - 04556-100
11 3040-8000 - www.santapaula.com.br



Institutional Profile

HOSPITAL SANTA ROSA

In 2014 Hospital Santa Rosa celebrated its 17th anniversary in Cuiabá, Mato Grosso. The only hospital in the state that has received level of excellence by National Accreditation Organization (ONA), Hospital Santa Rosa is a reference in high complexity procedures, the first organization in the state to perform renal transplants. To offer high standard hospital care, the organization has been expanding its offer of beds and investing in comfort and safety of patients, making use of advanced technology in the Intensive care centers and in the Operative suite. Staff at Hospital Santa Rosa work focused on humanization, pursuing continuous improvement and excellence of services.

2014/2015 HIGHLIGHTS

Thanks to its cutting-edge profile, Hospital Santa Rosa has been through renovation of its inpatient areas, modernizing the rooms and the wards. In 2014, it started the construction of a neurological intensive care unit with 11 beds. It has purchased a 2,592 m² building where the new general intensive care unit will have 40 beds and a new emergency department. In order to provide greater quality and agility in patient care, Hospital Santa Rosa invested in diagnostic medicine, including a new complete non-invasive cardiology suite, clinical laboratory



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2003
For-profit organization	
Foundation	1997
Built area	16,529 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and ACI

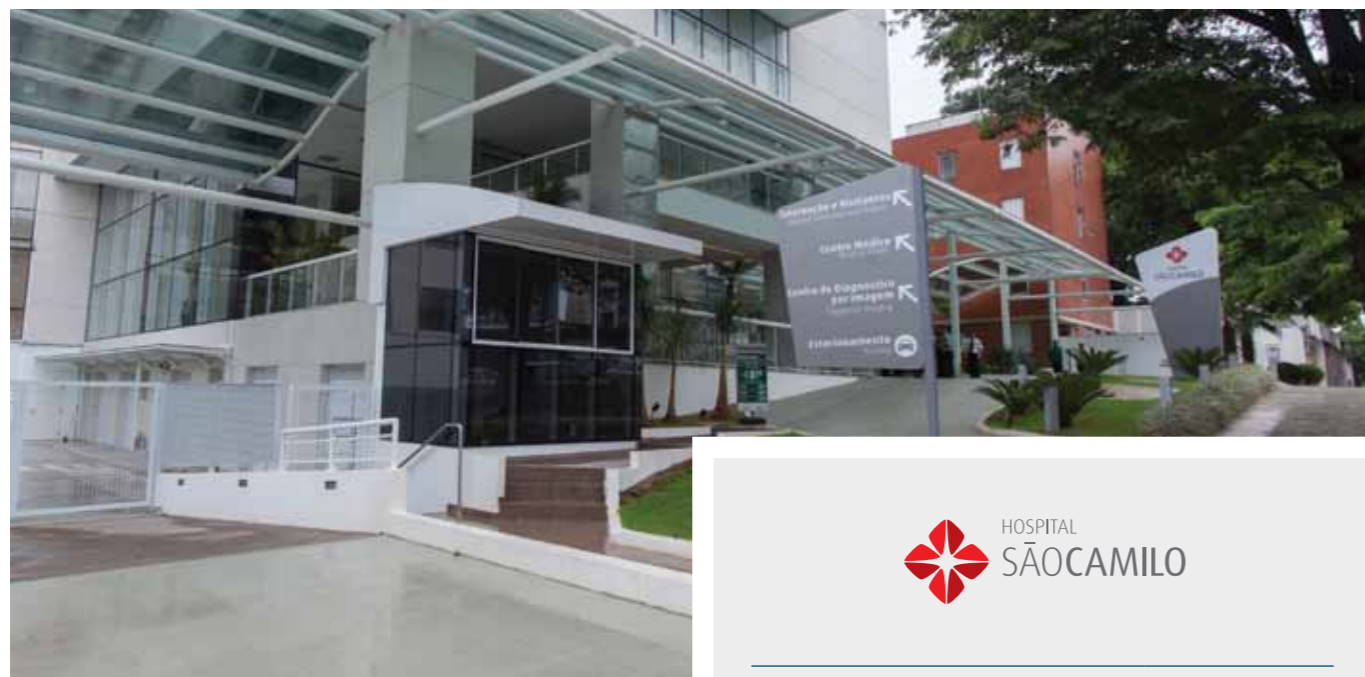
2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	150
Nr. of intensive care beds	52
Nr. of registered doctors	962
Nr. of employees	721
Nr. of consultations in ER	57,205
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	6,795
Nr. of Surgeries (excluding births)	9,938
Nr. of Births	266
Nr. of examinations SADT	Does not apply

Rua Adel Maluf, 119 - Jardim Mariana
Cuiabá - MT - 78040-783
65 3618-8000 - www.hospitalsantarosa.com.br

and imaging area, plus Nuclear Medicine and PET CT. First private hospital to offer Healthcare Residency programs in the state of Mato Grosso, it currently has 36 residents in Medicine, Nursing and Physical Therapy.

Telemedicine was implemented in Hospital Santa Rosa in partnership with Hospital Israelita Albert Einstein, giving rise to the Telemedicine Center, responsible for providing real time distance medical support, including support to chronic cases.



Institutional Profile

HOSPITAL SÃO CAMILO POMPEIA

Hospital São Camilo Pompeia was the first unit of the group to be founded in 1960. It has become one of the main references in urgency, emergency and high complexity care. It has two international accreditations – Joint Commission International (JCI) and Accreditation Canada International by method QMentum. Counting on a diagnostic center and clinical care in all specialties, Unit Pompeia has a modern Reference Center of Bone Marrow Transplantation.

The hospital constantly invests in infrastructure and replacement of its technological resources. In 2014, it opened an Oncology center and in 2015 it finished the construction of the new building, offering over 370 beds. Rede de Hospitais São Camilo de São Paulo is also formed by hospitals Santana and Ipiranga.

2014/2015 HIGHLIGHTS

In July 2014, São Camilo Pompeia, which already had Joint Commission International accreditation, was the first hospital in Latin America to receive QMentum Diamond, by Accreditation Canada International. It also opened a Simulation Center to promote constant improvement of technical and individual skills. In December that same year, Rede de Hospitais São Camilo, through its Teaching Institute, was credentialed by the

Ministry of Education to offer medical residency programs in six specialties: Anesthesiology, Otorhinolaryngology, Radiology and Imaging Diagnosis, and Hematology and Hemotherapy. In 2015, Unidade Pompeia opened a new modern building with 72 rooms, 14 ICU beds, six operating rooms, and 104 parking spaces. Thanks to the expansion, the unit now has a total of 370 beds.

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2003
Non profitable hospital	
Foundation	1960
Built area	44,272.43 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	272
Nr. of intensive care beds	59
Nr. of registered doctors	3,729
Nr. of employees	1,893
Nr. of consultations in ER	268,859
Nr. of consultations in First Aid units	108,219
Nr. of Hospitalizations	13,801
Nr. of Surgeries (excluding births)	10,362
Nr. of Births	Does not apply
Nr. of examinations SADT	1,229,524

Av. Pompeia, 1178 - Pompeia
São Paulo - SP - 05022-000
11 3677-4444 - www.saocamilo.com



Institutional Profile

HOSPITAL SÃO JOSÉ

Opened in 2007, Hospital São José belongs to the hospital complex of Beneficência Portuguesa de São Paulo and was especially designed to meet the individual needs of high complexity cases of oncology, cardiology, orthopedics and neurology, offering comfort and safety.

In 2010, it was initially accredited by Joint Commission International (JCI), the most important healthcare accreditation organization in the world. Reaccreditation with the gold seal was conquered in 2013, thanks to the consolidation of a premium hospital, showing constant focus on patient safety and quality of care.

We can state that Hospital São José is currently part of the selected group of hospitals that provide services, care, and structure within internationally recognized standards.

2014/2015 HIGHLIGHTS

Hospital São José has been in expansion with the construction of a new building to open in the second half of 2015. The facility will have 9,000 m² and 10 floors, plus four underground floors for cancer treatment. The building will house most of Centro Oncológico Antônio Ermírio de Moraes (opened in June 2013), one of the largest and most complete oncology centers in the country. The facility will

also have an emergency department prepared to receive patients for different specialties. Once the construction is finished, Hospital São José will have over 30,000 m² of modern and complete infrastructure to prevent, diagnose, treat and rehabilitate medium and high complexity cases. This expansion will also consolidate the hospital as a reference center in cancer treatment in Brazil.

HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2012
For-profit organization	
Foundation	2007
Built area	30,000 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	65
Nr. of intensive care beds	14
Nr. of registered doctors	1,430
Nr. of employees	627
Nr. of consultations in ER	Does not apply
Nr. of consultations in First Aid units	13,439
Nr. of Hospitalizations	2,683
Nr. of Surgeries (excluding births)	2,833
Nr. of Births	Does not apply
Nr. of examinations SADT	363,524

Rua Martiniano de Carvalho, 965 - Bela Vista
São Paulo - SP - 01321-001
11 3505-6000 - www.bpsp.org.br/site/hospital-sao-jose



Institutional Profile

HOSPITAL SÃO LUCAS

Founded in January 1969 in the city of Ribeirão Preto by the Association of Professors and Physicians from the Medical School of the University of São Paulo (USP), Hospital São Lucas S/A is recognized as one of the main providers of high quality and safe medical and hospital services and excellent neurological care – with 24-hour emergency care, as well as cardiology, orthopedic and gastroenterology care. Our hospital is also a pioneer in bone marrow transplantation in the private healthcare system in Ribeirão Preto and neighboring areas.

In addition, Hospital São Lucas is the first hospital in the countryside of Brazil and the seventh in the country to be certified by ONA (National Accreditation Organization).

The success of São Lucas Group, which also owns Hospital Ribeirania, RD Diagnósticos, Multilav Lavanderia Industrial and Multilav Esterilizações, arises from many years providing high quality and safe services with a focus on the client's safety and satisfaction and the concept of "people taking care of people."

2014/2015 HIGHLIGHTS

After receiving an excellence certificate from ONA in 2012 and being at the forefront of healthcare in the region, Hospital São Lucas of Ribeirão Preto achieved QMentum international accreditation in 2014 of the ACI (Accreditation Canada International).

In addition, significant investments are being made to

HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2002
For-profit organization	
Foundation	1969
Built area	8,592 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	96
Nr. of intensive care beds	25
Nr. of registered doctors	942
Nr. of employees	507
Nr. of consultations in ER	50,454
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	8,618
Nr. of Surgeries (excluding births)	9,538
Nr. of Births	Does not apply
Nr. of examinations SADT	392,000

Rua Bernardino de Campos, 1426 - Vila Seixas
 Ribeirão Preto - SP - 14015-130
 16 4009-0020 - www.gruposaoLucas.com.br

expand the physical structure of the institution and purchase new equipment. New emergency room areas have been opened and clinical analysis and new imaging services provided with the installation of 1.5-ton magnetic resonance imaging equipment.

Hospital São Lucas also purchased another piece of hemodynamic equipment in 2014, which should start operating in the second semester of 2015.

Furthermore, Hospital São Lucas will open two new operative rooms for high complexity surgeries this year, in addition to increasing the capacity of the adult ICU, as well as of inpatient units by providing them both with more than ten beds each.



Institutional Profile

HOSPITAL SÃO LUCAS DE ARACAJU

Hospital São Lucas was founded on October 18, 1969. Initially operating as an outpatient clinic, in 1978 it became a hospital. The founders Dr. José Augusto Barreto and Dr. Dietrich Todt were well known physicians and professors of the Federal Medical School of Sergipe (UFSE). Hospital São Lucas is rooted on the commitment to offer quality treatment to high complexity cases. At first, it was a natural choice considering the academic activities of the founders and their specialties – cardiology and pneumology. As a result of the growth and implementation of quality and accreditation processes, the hospital currently has a management culture that is constantly searching for maintaining the sustainability of the organization.

2014/2015 HIGHLIGHTS

In 2014, Hospital São Lucas could see the consolidation of its efforts: It completed the expansion of number of beds – about 30 inpatient beds with a pediatric unit including 6 ICU beds; 90% of the construction of the new emergency department finished, providing increase to patient volume in the mid-run; it implemented a new multidisciplinary medical service to care for inpatients, and started an efficiency work directed to the revenue cycle, ensuring almost 100% production on time. For 2015, it will deepen its efficiency project, including systematic initiatives to increase productivity, reduce refusals and receiving payment terms.

HOSPITAL CHARACTERISTICS	
ANAHP Member Hospital	since 2012
For-profit organization	
Foundation	1969
Built area	13,364 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	202
Nr. of intensive care beds	36
Nr. of registered doctors	600
Nr. of employees	1,256
Nr. of consultations in ER	67,918
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	11,305
Nr. of Surgeries (excluding births)	9,106
Nr. of Births	Does not apply
Nr. of examinations SADT	1,022,481

Rua Stanley Silveira, 33 - São José
 Aracaju - SE - 49015-400
 79 2107-1000 - www.saolucas-se.com.br



Institutional Profile

HOSPITAL SÃO LUIZ ITAIM

Hospital São Luiz was established on March 28th, 1938 as an outpatient department with 12 beds. Two years later, the institution became the first private emergency room in São Paulo. It was just a matter of time to build 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 Brazil.

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

Its technology department, established in 2005, provides patients with safety in operative rooms, obstetric center and adult and neonatal ICUs.

In 2010, Hospital São Luiz merged with Rede D'Or and became part of the largest private hospital chain in Brazil.

2014/2015 HIGHLIGHTS

Hospital São Luiz was the first hospital in Brazil in 2014 to be accredited by Joint Commission International (JCI) according to the new manual of standards.

Another major highlight will be the new maternity unit, which will have 160 beds distributed in rooms and the neonatal ICU. This ambitious project started in 2014 with a focus on high-quality infrastructure,

luxury accommodation and the latest technology and should be completed by 2016.

In order to continue with the strategic planning, the institution will build a new hospital building. This new hospital building with 120 beds distributed in rooms and the adult ICU should be opened in 2017.

At the end of this expansion plan, Hospital São Luiz will have more than 650 operational beds.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2003
For-profit organization	
Foundation	1938
Built area	35,745 m ²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	372
Nr. of intensive care beds	122
Nr. of registered doctors	13,550
Nr. of employees	1,997
Nr. of consultations in ER	146,191
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	42,877
Nr. of Surgeries (excluding births)	17,674
Nr. of Births	8,276
Nr. of examinations SADT	1,169,006

Rua Dr. Alceu de Campos Rodrigues, 95 - Itaim Bibi
São Paulo - SP - 04544-000
11 3040-1100 - www.saoluiz.com.br



Institutional Profile

HOSPITAL SÃO RAFAEL

Founded by Italian Don Luigi Verze, Hospital São Rafael (HSR) is the main unit of Monte Tabor – Italian-Brazilian Center for Health Promotion.

Established in 1990 in Salvador, Hospital São Rafael expanded its activities in the capital managing Fleming units in 1991, São Marcos Emergency Unit in 2000, Hospital 2 de Julho in 2006, Garibaldi in 2009, Oncology Center Irmã Ludovica Sturaro in 2010, Onco in 2011 and Brotas in 2014, in addition to Vilas Units in the metropolitan region of Salvador in 2011 and Hospitals Luís Eduardo Magalhães in 2003, Dantas Biao in 2006 and Ana Mariani in 2008 in the countryside of the State of Bahia.

In the social area, Hospital São Rafael has stood out for its work in the slum 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, where it treated more than 41,000 patients in the region in 2013 as part of the Missão Barra (Barra Mission).

2014/2015 HIGHLIGHTS

With a focus on expanding services and continually improving the quality of care, a new building with ten floors and 13,300 square meters of Built area is in its final stage and should be opened in April 2015. This is part of the expansion project of Hospital São Rafael, aimed at providing 100 new beds in the future with an investment of



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2013
Non profitable hospital	
Foundation	1974
Built area	54,846 m ²
Clinical staff organization	Closed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	305
Nr. of intensive care beds	37
Nr. of registered doctors	545
Nr. of employees	2,889
Nr. of consultations in ER	89,326
Nr. of consultations in First Aid units	536,655
Nr. of Hospitalizations	20,255
Nr. of Surgeries (excluding births)	12,185
Nr. of Births	Does not apply
Nr. of examinations SADT	2,381,478

Av. São Rafael, 2152 - São Marcos
Salvador - BA - 41253-190
71 3281-6111 - www.portalhsr.com.br

R\$ 90 million in this initiative.

In 2015, Hospital São Rafael, which has already received excellence level certification by ONA, will work to obtain an international accreditation from JCI.

As for information technology, Hospital São Rafael still stands out for its forefront behavior, purchasing equipment, including Malditof, which is able to identify microorganisms in up to two minutes after isolation, in addition to new equipment for diagnosis and cancer treatment such as Intrabeam – the first equipment in the country to perform intraoperative chemotherapy.



Institutional Profile

HOSPITAL SÃO VICENTE DE PAULO

Hospital São Vicente de Paulo was solemnly established on November 6th, 1980 with the presence of the institution CEO João Baptista Figueiredo, in addition to ministers and authorities.

Hospital São Vicente de Paulo is a general hospital. The institution projects are the most ambitious ones.

With the latest structure, state-of-the-art equipment and trained and happy employees, Hospital São Vicente de Paulo provides excellent services in all medical specialties, diagnosis services, nutrition, physiotherapy, etc.

2014/2015 HIGHLIGHTS

In 2014, Hospital São Vicente de Paulo opened another ICU, doubling the number of intensive care beds, and an Advanced Urology Center.

In addition, the institution invested in state-of-the-art technology for various services, including ophthalmology and cath lab. These investments helped the hospital to be elected the 5th best hospital in Brazil for the second consecutive year by the consulting firm America Economia.

The institution's priorities for 2015 are to renew the seal of quality of the JCI, serve patients through the PAS (Social Care Program), improve the hospital and management processes and structure new specialized centers, in addition to providing care in oncology and opening a Specialized Cardiovascular Center.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2015
Non profitable hospital	
Foundation	1980
Built area	29,225.32 m ²
Clinical staff organization	Closed
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	160
Nr. of intensive care beds	28
Nr. of registered doctors	412
Nr. of employees	1,034
Nr. of consultations in ER	38,354
Nr. of consultations in First Aid units	111,469
Nr. of Hospitalizations	7,523
Nr. of Surgeries (excluding births)	4,817
Nr. of Births	Does not apply
Nr. of examinations SADT	656,040

Rua Gonçalves Crespo, 430 - Tijuca
Rio de Janeiro - RJ - 20270-320
21 2563-2143 - www.hsvp.org.br



Institutional Profile

HOSPITAL SAÚDE DA MULHER

Hospital Saúde da Mulher was founded on November 29th, 1991 with the 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 tests and treatment in nuclear medicine, radiotherapy and brachytherapy. Currently, Hospital Saúde da Mulher has five buildings, including the hospital itself and the diagnostic unit. It has 177 beds, 50 ICU beds and 13 operating rooms. The diagnostic unit has the latest imaging equipment collection aligned with a comfortable structure to perform medical examinations and schedule medical appointments, which provides greater safety and reliability for patients' healthcare.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2012
For-profit organization	
Foundation	1991
Built area	Undisclosed
Clinical staff organization	Mixed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	177
Nr. of intensive care beds	50
Nr. of registered doctors	230
Nr. of employees	1,541
Nr. of consultations in ER	77,068
Nr. of consultations in First Aid units	307,810
Nr. of Hospitalizations	11,346
Nr. of Surgeries (excluding births)	8,909
Nr. of Births	Does not apply
Nr. of examinations SADT	305,790

Trav. Humaitá, 1598 - Marco
Belém - PA - 66085-220
91 3181-7000 - www.hsmdiagnostics.com.br



Institutional Profile

HOSPITAL SÍRIO-LIBANÊS

Sociedade Beneficente de Senhoras Hospital Sírio-Libanês (SBSHSL) is a philanthropic institution founded in 1921, which is based on three pillars, including Hospital Sírio-Libanês (HSL), Sírio-Libanês Teaching and Research Institute (IEP/HSL) and Social Responsibility. SBSHSL brings together medical and technological excellence and humanized care and continually invests in modernizing the hospital infrastructure, training its professionals and valuing the clinical staff.

The IEP generates and spreads knowledge and builds the capacity of its professionals throughout Brazil, while contributing to healthcare and implementation of new technologies.

SBSHSL is also a partner of the Ministry of Health in projects aimed to develop SUS (Universal Public Healthcare System).

In addition, SBSHSL manages public health units through contracts with the State and City Health Departments of São Paulo.

2014/2015 HIGHLIGHTS

In 2014, the first 78 beds were created as part of the expansion plan of the hospital headquarters in Bela Vista, São Paulo. In the same year, SBSHSL also opened its second unit in Brasília focused on clinical oncology. This expansion process has received investments totaling 1.4 billion since 2009.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
Non profitable hospital	
Foundation	1921
Built area	166,000 m²
Clinical staff organization	Open
Hospital accreditation	JCI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	439
Nr. of intensive care beds	48
Nr. of registered doctors	3,741
Nr. of employees	5,392
Nr. of consultations in ER	90,305
Nr. of consultations in First Aid units	65,478
Nr. of Hospitalizations	20,564
Nr. of Surgeries (excluding births)	22,258
Nr. of Births	Does not apply
Nr. of examinations SADT	4,395,379

Rua Dona Adma Jafet, 91 - Bela Vista
São Paulo - SP - 01308-050
11 3155-0200 - www.hospitalsiriolibanes.org.br

SBSHSL has also been certified by the CARF (Commission on Accreditation of Rehabilitation Facilities) and recertified by JCI. The procedures for the Canadian accreditation and implementation of ISO 14001 and OHSAS should be completed in 2015.

In the teaching field, IEP/HSL has maintained programs of medical residency, post-graduation and specialization, as well as courses and seminars in different health areas. As for research, the opening of the LIDO (Laboratory of Innovation and Development in Oncology) will accelerate the transfer of knowledge to daily practices. The scientific production has resulted in publication of 120 papers in selected magazines and 65 clinical trials with new drugs and procedures.



Institutional Profile

HOSPITAL VITA BATEL



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2010
For-profit organization	
Foundation	2004
Built area	3,400 m²
Clinical staff organization	Open
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	97
Nr. of intensive care beds	32
Nr. of registered doctors	1,013
Nr. of employees	394
Nr. of consultations in ER	56,094
Nr. of consultations in First Aid units	6,144
Nr. of Hospitalizations	7,521
Nr. of Surgeries (excluding births)	5,208
Nr. of Births	Undisclosed
Nr. of examinations SADT	307,763

Rua Alferes Ângelo Sampaio, 1.896 - Batel
Curitiba - PR - 80420-160
41 3883-8482 - www.hospitalvita.com.br

VITA Batel celebrated its 10th anniversary in 2014. It is located in one of the high-end neighborhoods in Curitiba, known as Batel. The hospital provides top-tier treatment, focused on high-quality principles and care safety. This line of work has led to the granting of three of the most important accreditation certificates in the world. It is internationally acknowledged by Accreditation Canada International and by the Surgical Review Corporation. It is also accredited for level of excellence by National Organization of Accreditation (ONA). The hospital has 97 beds and 391 associates. Each month, 4,600 people in emergency situations are assisted, 625 people are admitted, 435 surgeries are performed. The hospital's services and units are: Hospital Admission Unit, General ICU, Coronary ICU, OR, 24-hour Emergency Room, Medical Offices Center, Diagnostic Support Center. VITA Batel has become a reference for bariatric surgery in Brazil.

2014/2015 HIGHLIGHTS

VITA Batel accomplished a lot in 2014. The hospital invested to boost its diagnostic imaging services. It also started IVEP's operations (Instituto VITA de Ensino e Pesquisa) together with a number of other hospitals within the VITA NETWORK. Additionally, it has increased its capacity to care for critical patients adding 12 ICU beds. Other investments were made into enhance its physical, technological and human

resource infrastructures. The nursing team is also to be commended for the Award "Best Practices in Skin Lesions", Diamond Category. In 2015, VITA Batel will start working on the re-certification of the Canadian International Model (QMentum), enhancing its non-critical care beds, concluding the works at the Specialty Medical Center and asserting the importance of hygiene and cleaning.



Institutional Profile

HOSPITAL VITA CURITIBA

Established in 1996, with a total built area of 18,000 m², Hospital VITA Curitiba's total area is 102,000 m². The hospital has 125 beds and a total staff of 610 employees. On average, per month, the hospital provides for 9,000 people assisted in emergency cases, 800 admissions and 600 surgeries. The hospital's services and units comprise: Hospital Admission Unit, General ICU, Coronary ICU, Pediatrics, One-day Hospital, Surgical Center, 24-hour Emergency Room, Medical Offices Center, Diagnostic Support Center and Oncology Services.

VITA, one of the most modern and complex hospitals in Brazil, is also one of the most important organizations in Paraná, being a hallmark for excellence in care. Dedication and care to patients is supported by quality and safety pillars, as internationally corroborated by certificates granted to it by the National Organization of Accreditation (ONA) and Canadian International Accreditation.

2014/2015 HIGHLIGHTS

2014 proved to be a year of many great accomplishments for VITA Curitiba. Investments were made to enhance diagnostic imaging services; the second phase of the specialty medical center was delivered; IVEP (VITA Research and Education Institute) started operating. Additionally, by the end of 2013, the oncology center was deployed and ten more beds were added for severe cases when the Cardiology ICU was opened.

Other investments were also made to enhance the hospital's physical, technological and human resources infrastructure. Additionally, the nursing team is to be commended for the Nursing Excellence Award granted by Coren-Pr. In March 2015, VITA Curitiba was re-certified by the Canadian International Accreditation (QMentum). As far as the structure is concerned, the institution will invest to renovate the beds dedicated to non-critical care, invest in Pediatric First Care and consolidate hygiene and cleaning services.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1996
Built area	18,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III and ACI

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	125
Nr. of intensive care beds	32
Nr. of registered doctors	1,312
Nr. of employees	534
Nr. of consultations in ER	112,468
Nr. of consultations in First Aid units	52,465
Nr. of Hospitalizations	10,208
Nr. of Surgeries (excluding births)	Undisclosed
Nr. of Births	Undisclosed
Nr. of examinations SADT	406,877

Rodovia BR 116, 4021 km 396 - Bairro Alto
Curitiba - PR - 82590-100
41 3315-1900 - www.hospitalvita.com.br



Institutional Profile

HOSPITAL VITA VOLTA REDONDA

Hospital VITA Volta Redonda is a reference center in health for Southern Rio de Janeiro state. Its mission includes the duty to always resort to best practices and reach excellence in the quality of services rendered to all customers by means of continuous improvement. Established in 1953, as a Hospital for Companhia Siderúrgica Nacional, this institution is true to its tradition and committed to the "Steel City's population" as well as to people living in the towns along mid-Paraíba region. The hospital focuses on high and mid complexity care, especially invasive and highly complex treatments. For this reason, it offers structured intensive care – adults, cardiology and neonatal – as well as lab and clinical tests covering services that ensure excellent care and results in reaching excellence outcomes. This hospital sets itself apart for the care and administration management models adopted, which ensure excellence results.

2014/2015 HIGHLIGHTS

In March 2014, Hospital VITA Volta Redonda opened an oncology service, initially geared to outpatients and chemotherapy. This service provides Southern Rio State inhabitants a cancer treatment service by specialized, cross-disciplinary teams, in a highly supportive hospital environment. VITA hospital has also enhanced its adult first-care service, building one more triage room so

that it can ensure service agility and safety, stratifying risks through Manchester methodology. Additionally, the organization has consolidated its imaging operation services. These services used to be outsourced and now they are under the VITA Diagnostics Medicine and the Medical Specialty Center. With that, more than 100,000 people were assisted in 2014.



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2001
For-profit organization	
Foundation	1953
Built area	11,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	129
Nr. of intensive care beds	53
Nr. of registered doctors	626
Nr. of employees	443
Nr. of consultations in ER	98,956
Nr. of consultations in First Aid units	133,517
Nr. of Hospitalizations	9,143
Nr. of Surgeries (excluding births)	4,670
Nr. of Births	287
Nr. of examinations SADT	531,410

Av. Lions Club, 162 - Vila Santa Cecília
Volta Redonda - RJ - 27255-430
24 2102-0001 - www.hospitalvita.com.br



Institutional Profile

SANTA CASA DE MISERICÓRDIA DE MACEIÓ

Opened on September 7, 1851, by Priest Cônego João Barbosa Cordeiro, with a mission to care for the needy, Santa Casa de Misericórdia in Maceió is still true to its original essence, operating in harmony with sustainability principles and with the best management and hospital care practices. The last 11 years turned out to be a period of high growth, thanks to the strategies pursued by the institution, which has heavily invested in its expansion in order to develop into a four-unit hospital complex where all processes are focused on quality, safe care, education and research. The path to continuous improvement started in 2007, when Santa Casa de Maceió was the first of such institutions in the North/Northeast of Brazil to be awarded an Accreditation seal. Since 2013 it has been included among a selected group of institutions accredited with Excellence level by the National Organization of Accreditation (ONA). In 2015, the hospital expects to be granted the accreditation by International Canadian Accreditation Organization, QMentum.

2014/2015 HIGHLIGHTS

2014 was a landmark year, with results demonstrating the consolidation of Excellence in care and management, with many aspects to be highlighted at the national level. The Oncology department was expanded and two units were opened to support the institution's growth. Santa Casa Farol opened with 5,116.66 m² of built area and 72 beds – 23 of which in the ICU area. Santa Casa Poço was inaugurated with 868.95 m². Istoé



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2013
Non profitable hospital	
Foundation	1851
Built area	35,037.44 m ²
Clinical staff organization	Open
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	422
Nr. of intensive care beds	57
Nr. of registered doctors	801
Nr. of employees	2,355
Nr. of consultations in ER	63,464
Nr. of consultations in First Aid units	227,759
Nr. of Hospitalizations	25,312
Nr. of Surgeries (excluding births)	18,742
Nr. of Births	5,448
Nr. of examinations SADT	571,520

Rua Barão de Maceió, 288 - Centro
Maceió - AL - 57020-360
82 2123-6275 - www.santacasademaceio.com.br

Dinheiro (a highly regarded magazine in Brazil) granted Santa Casa de Misericórdia de Maceió 5 awards in five categories: Sustainability, Human Resources, Corporate Governance, Innovation and Quality as well as Social Responsibility. Two institution cases of good practices conducted by the Nutrition area, in a partnership with IT and People Management, were granted Awards by the Saúde Business magazine. Efficient administration of this philanthropic institution attracted media attention and the project was featured in a famous and extremely popular TV program (Fantástico, broadcast by the most famous TV station in Brazil). The program highlighted the hospital's sustainability attitude in the midst of the crisis that Santas Casas are going through in Brazil.



Institutional Profile

VITÓRIA APART HOSPITAL

Established on July 26, 2001, Vitória Apart Hospital is a private health institution working to promote safe and quality health solutions and aiming to become a point of reference in high complexity medicine. A highly qualified care team, providing humanized and customized treatment to its patients, along with its facilities' modern architecture and technology make Vitória Apart Hospital an institution prepared to promote health solutions with excellence, prioritizing ideal work conditions and with appreciation for the physicians and health professionals. The hospital offers countless services, from health promotion, prevention and diagnosis to treatment and rehabilitation. Additionally, this is the only private hospital in Espírito Santo with a Burn Treatment Center. Since 2004 it has been among the hospitals accredited with level of excellence by the National Organization of Accreditation (ONA).

2014/2015 HIGHLIGHTS

In 2014, Vitória Apart Hospital was re-certified by ONA, confirming its Management excellence. The hospital's Corporate Governance model was also validated by consulting companies such as KPMG, Price Water House Coopers and Baker Tilly, points of reference in the international marketplace. Another highlight in 2014 involved people mobilization to support the project Medication Disposal and Reverse Logistics. This project was championed by Vitória Apart Hospital's Health and



HOSPITAL CHARACTERISTICS

ANAHP Member Hospital	since 2006
For-profit organization	
Foundation	2001
Built area	32,946.23 m ²
Clinical staff organization	Mixed
Hospital accreditation	ONA III

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	227
Nr. of intensive care beds	63
Nr. of registered doctors	805
Nr. of employees	1,166
Nr. of consultations in ER	71,114
Nr. of consultations in First Aid units	53,458
Nr. of Hospitalizations	12,031
Nr. of Surgeries (excluding births)	15,554
Nr. of Births	1,832
Nr. of examinations SADT	Does not apply

Rodovia BR 101 Norte Km 2,38, s/n - Boa Vista 2
Serra - ES - 26161-001
27 3201-5555 - www.vitoriaaparthospital.com.br

Civil Engagement initiatives. In 2015, in addition to the 3rd Medical and Legal Conference, Vitória Apart Hospital will host the 1st Graduate Course on Medical, Hospital and Health Law. Information Technology solutions will be expanded during the year, putting Epimed's Infection control and Patient Health modules in operation; establishing a Project Office to manage all institutional projects; implementing bedside verification and clients will be included in the care processes, with the Active Patient Project.

INSTITUTIONAL PROFILE

Associated hospital member

AACD Associação de Assistência à Criança Deficiente
Hospital Aliança
Hospital Marcelino Champagnat
Hospital Novo Atibaia
Hospital Pilar
Hospital Primavera
Hospital Santa Genoveva

Hospital Santa Izabel
Hospital Santa Lúcia
Hospital Santa Marta
Hospital Santo Amaro
Hospital São Mateus
Imperial Hospital de Caridade
Real Hospital Português



Institutional Profile

AACD

ASSOCIAÇÃO DE ASSISTÊNCIA À CRIANÇA DEFICIENTE

AACD Hospital is one of the top five high complexity orthopedic surgery hospitals in Brazil. Known for its specialized medical team, the Unit has the latest generation technological resources and infrastructure, such as 3D arm, serving self-pay, healthcare insurance members and patients from the Universal Healthcare System (SUS).

It has low hospital infection rate – lower than 0.6%, which is one fourth of the goal defined by the National Healthcare Safety Network (NHSN), which is 2%. The Hospital is part of AACD – Associação de Assistência à Criança Deficiente, founded in 1950 by Dr. Renato da Costa Bomfim.

At that time, poliomyelitis reached a significant portion of the population and AACD came to minimize the consequences of this disease. Throughout the years, AACD was recognized for its experience in the area of physical rehabilitation, reflecting on the quality of care provided to patients.

2014/2015 HIGHLIGHTS

In 2014, AACD Diagnóstico came to complete the hospital complex, equipped with one of the two MRI devices in the country that can assess patients in orthostatic position (standing up). The facility also has one new Gait Laboratory, which assesses the gait pattern of people with disability and precisely identifies treatment or surgery with latest generation devices.

Our main highlight is the Clinical Research Center. The

area has contributed with new agents to treat SLE – autoimmune disease that affects the joints, skin and other organs.

Still in 2014, AACD Hospital strengthened actions involving hospital and patient safety as part of the initiatives for reaching Joint Commission International (JCI) accreditation, conveying reliability of items such as safety, quality of care and management.



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2014
Non profitable hospital	
Foundation	1993
Built area	6,333 m ²
Clinical staff organization	Mixed
Hospital accreditation	Under accreditation process

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	107
Nr. of intensive care beds	14
Nr. of registered doctors	800
Nr. of employees	462
Nr. of consultations in ER	Does not apply
Nr. of consultations in First Aid units	6,500
Nr. of Hospitalizations	7,740
Nr. of Surgeries (excluding births)	7,378
Nr. of Births	Does not apply
Nr. of examinations SADT	20,121

Av. Ascendino Reis, 724 - Vila Clementino
São Paulo - SP - 04027-000
11 5576-0777 - www.aacd.org.br



Institutional Profile

HOSPITAL ALIANÇA

The creation of Complexo Hospitalar Aliança started in 1982 with an innovative proposal to integrate in the same area Hospital and Medical Center Aliança. Opened in October 1990, the complex soon became part of the medical-hospital setting in Bahia state and the Northeastern region, becoming a reference in the industry. In 2001, it was expanded with the creation of Centro Aliança de Pediatria (CAP – Pediatric Unit), which serves only patients up to 14 years of age in emergencies, surgeries, admission, intensive and step-down care (Pediatric ICU).

Comprising 203 beds, Hospital Aliança has already performed over 250,000 medical procedures throughout the past 20 years. The hospital currently employs 1,573 workers, who are divided into about 60 strategic work teams.

2014/2015 HIGHLIGHTS

In 2014, Complexo Hospitalar Aliança was chosen by FIFA as the reference hospital in Salvador to provide medical care during the World Cup in 2014. In clinical care, there has been reduction in pressure ulcer rate (from 0.5% to 0.1%) and decrease in mortality rate (from 2.0% to 1.7%), both below Anahp indexes. Another indicator that has stood out was increase in number of patients who would indicate the hospital – 92%. In 2015, year in which Aliança celebrates its 25th anniversary, three projects will guide the main actions of the



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2001
For-profit organization	
Foundation	1990
Built area	29,216 m ²
Clinical staff organization	Open
Hospital accreditation	Under accreditation process

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	203
Nr. of intensive care beds	42
Nr. of registered doctors	2,891
Nr. of employees	1,573
Nr. of consultations in ER	78,621
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	13,136
Nr. of Surgeries (excluding births)	7,837
Nr. of Births	2,263
Nr. of examinations SADT	89,654

Av. Juracy Magalhães Jr., 2096 - Rio Vermelho
Salvador - BA - 41920-900
71 2108-5600 - www.hospitalalianca.com.br

hospital: Beginning of the accreditation process, implementation of a new intranet and celebration of the 25th anniversary. The accreditation process started by hiring Instituto Qualisa de Gestão (IQG), which will be responsible for diagnosing the current status of patient safety processes in the organization. This assessment will be based on the accreditation model by Organização Nacional de Acreditação (ONA – National Accreditation Organization), chosen by Hospital Aliança.



HOSPITAL CHARACTERISTICS	
ANAHP Associated Hospital	since 2013
Non profitable hospital	
Foundation	2011
Built area	27,434 m ²
Clinical staff organization	Open
Hospital accreditation	Under accreditation process

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	116
Nr. of intensive care beds	30
Nr. of registered doctors	904
Nr. of employees	460
Nr. of consultations in ER	55,963
Nr. of consultations in First Aid units	65,313
Nr. of Hospitalizations	7,843
Nr. of Surgeries (excluding births)	7,075
Nr. of Births	Does not apply
Nr. of examinations SADT	306,175

Av. Presidente Afonso Camargo, 1.399 - Cristo Rei
Curitiba - PR - 80050-350
41 3087-7600 - www.hospitalmarcelino.com.br

Institutional Profile

HOSPITAL MARCELINO CHAMPAGNAT

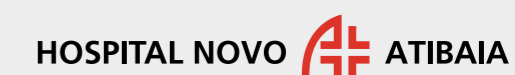
Opened in 2011, Hospital Marcelino Champagnat is part of Grupo Marista, whose main commitment is to offer humanized care and promotion of healthcare and wellbeing of patients. During four years of activities, especially in medium and high complexity services in clinical and surgical areas, the hospital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

2014/2015 HIGHLIGHTS

In 2014, during the World Cup, HMC became the main reference hospital for FIFA in the state of Paraná, whose services were used by the soccer delegations during the games held in the city of Curitiba.

The hospital was also acknowledged by the main international healthcare insurance companies as a hospital of excellence. Another highlight was the consolidation of the Coronary and Neurovascular units (UCN), which is a specialized intensive

care unit in managing heart and neurological pathologies, including 10 inpatient beds equipped with the most modern technological resources. Investments of about R\$2 million have been made in information technology, including change of the hospital management system, implementing 100% electronic medical record, integration with corporate and third-party system, full traceability of medications through electronic prescription, distribution and checking.



HOSPITAL CHARACTERISTICS	
ANAHP Associated Hospital	since 2015
For-profit organization	
Foundation	1971
Built area	21,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA I

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	125
Nr. of intensive care beds	22
Nr. of registered doctors	363
Nr. of employees	923
Nr. of consultations in ER	126,463
Nr. of consultations in First Aid units	324,564
Nr. of Hospitalizations	8,206
Nr. of Surgeries (excluding births)	4,206
Nr. of Births	623
Nr. of examinations SADT	864,555

Rua Pedro Cunha, 145 - Vila Santista
Atibaia - SP - 12941-020
11 4414-6000 - www.hospitalnovo.com.br

Institutional Profile

HOSPITAL NOVO ATIBAIA

Hospital Novo Atibaia is the result of efforts made by three young physicians, who opened Clinica São Camilo in Atibaia, in 1967.

In June 1971, six other physicians joined them to open Hospital Novo Atibaia.

With modern architecture and clinical staff formed by professionals from University of São Paulo, Hospital Novo Atibaia soon became a reference in Bragantina region.

In 2008, with the opening of a new eight-floor building, the hospital complex reached 21,000 square meters of Built area.

In 2009, an MV integrated management system was implemented and the entire clinical staff and multidisciplinary team started to use electronic medical records.

Recognized as a reference in high-standard medicine in the region, Hospital Novo Atibaia has been continuously working and investing to provide safer healthcare, supported by processes, methods, technologies and strict rules.

In August 2013, Hospital Novo Atibaia was certified by the ONA (National Accreditation Organization), fostering a culture of quality in healthcare and ensuring patient and professional safety.

2014/2015 HIGHLIGHTS

In 2014, Hospital Novo Atibaia started to implement corporate governance and professionalize management. The institution also started to restructure productive sectors through business unit models, which should be completed by the end of 2016, in addition to reviewing strategic

processes by following the Lean methodology. As for 2015, Hospital Novo Atibaia plans to achieve the full accreditation level of ONA, open an orthopedic outpatient unit, provide 16 more beds and expand the imaging diagnosis unit.



Institutional Profile

HOSPITAL PILAR

Hospital Pilar is a genuinely paranaense institution founded by Milva and João Milano on July 27th, 1964. The institution, which started as a clinic and maternity unit, is currently a center of reference in emergency clinical and cardiac care and high complexity surgeries.

Hospital Pilar has 107 beds, including rooms, wards and the ICU, approximately 400 employees and physicians in more than 30 different specialties.

On a monthly basis, hundreds of patients are referred to the operative room with state-of-the-art equipment, material management and technological sterilization, whereas over one thousand are seen in doctor's offices.

Thanks to massive investment and dedication of the founders, Hospital Pilar has become one of the most modern hospitals in the country and is still under the management of the Milano family, who fosters institutional values – ethics and quality in healthcare.

2014/2015 HIGHLIGHTS

Hospital Pilar will open an entire new building dedicated to radiology and radiotherapy treatments in 2015.

The building is being constructed next to the hospital headquarters and is scheduled to be completed by the end of the year and have the latest technology available in the aforementioned specialty areas.

Hospital Pilar also focuses on scientific development in Brazil. The institution maintains an annual calendar of

HOSPITAL CHARACTERISTICS	
ANAHP Associated Hospital	since 2014
For-profit organization	
Foundation	1964
Built area	10,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA II
2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	107
Nr. of intensive care beds	31
Nr. of registered doctors	950
Nr. of employees	435
Nr. of consultations in ER	40,200
Nr. of consultations in First Aid units	15,360
Nr. of Hospitalizations	11,427
Nr. of Surgeries (excluding births)	6,499
Nr. of Births	Does not apply
Nr. of examinations SADT	185,904

Rua Desembargador Hugo Simas, 322 - Bom Retiro
Curitiba - PR - 80520-250
41 3072-7272 - www.hospitalpilar.com.br

scientific events to address health-related topics, integrate professionals from different areas and share technical knowledge with university students.

In 2014, there were approximately 350 participants in these events. As for 2015, an annual schedule of innovative events has been created. In addition to the regular calendar of large events addressing health-related topics, the institution will provide a series of training programs and activities, where some of the enrollments will be provided to attendees from other institutions.



Institutional Profile

HOSPITAL PRIMAVERA

Founded on October 18th, 2008, on Physician's Day, Hospital Primavera is one of the units that are part of Primavera Group, together with eight clinics that provide care in Aracaju and in the countryside of the State of Sergipe. Hospital Primavera was established with the mission of providing high quality health and nursing care aligned with humanized care to the population of Sergipe and neighboring regions.

The institution has 127 beds, eight operative rooms, 24-hour clinical care, general surgery, orthopedic, cardiac and pediatric care, in addition to two floors for SADT (Support Services for Diagnosis and Treatment) and an ICU with 22 beds with state-of-the-art equipment.

Hospital Primavera has a clinical staff formed by professionals in all medical specialties. In addition to these resources, patients have access to a heliport.

2014/2015 HIGHLIGHTS

Hospital Primavera developed the organizational culture focusing on patient safety, implementing a safety and risk management plan focused on patients, accompanying people, healthcare professionals and suppliers throughout 2014. Aiming at promoting greater safety and providing quick care services, Hospital Primavera uses a digital certificate in electronic medical records of the Tasy system in all inpatient units, reducing printing and storage volume. In addition, Hospital Primavera invested in technology

HOSPITAL CHARACTERISTICS	
ANAHP Associated Hospital	since 2014
For-profit organization	
Foundation	2008
Built area	Undisclosed
Clinical staff organization	Open
Hospital accreditation	Under accreditation process
2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	91
Nr. of intensive care beds	22
Nr. of registered doctors	388
Nr. of employees	920
Nr. of consultations in ER	73,702
Nr. of consultations in First Aid units	9,297
Nr. of Hospitalizations	5,282
Nr. of Surgeries (excluding births)	Undisclosed
Nr. of Births	Does not apply
Nr. of examinations SADT	309,365

Av. Ministro Geraldo Barreto Sobral, 2.131 - Jardins
Aracaju - SE - 49026-010
79 2105-2500 - www.redeprimavera.com.br

and state-of-the-art equipment such as GE computed tomography 128 slice scanner, which requires less time to perform examinations and maintains lower radiation levels – reducing radiation doses by up to 40%.

In 2014, Hospital Primavera was also awarded the Top Correio as the most remembered brand in its sector by the people from Sergipe. This category shows how the institution has been well received by the people in the State of Sergipe.



HOSPITAL CHARACTERISTICS	
ANAHP Associated Hospital	since 2001
For-profit organization	
Foundation	1969
Built area	11,300 m ²
Clinical staff organization	Open
Hospital accreditation	ONA I

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	120
Nr. of intensive care beds	20
Nr. of registered doctors	129
Nr. of employees	258
Nr. of consultations in ER	16,762
Nr. of consultations in First Aid units	42,000
Nr. of Hospitalizations	4,220
Nr. of Surgeries (excluding births)	2,029
Nr. of Births	Does not apply
Nr. of examinations SADT	21,613

Rua da Concórdia, 26 - Santa Geneveva
Goiânia - GO - 74670-430
62 3264-9000 - www.santagenoveva.com.br

Institutional Profile

HOSPITAL SANTA GENEVEVA

Founded in 1969 and constructed within 11,300 m² area, Hospital Santa Geneveva offers 133 beds divided into rooms, wards, ICUs, day clinic and 24-hour emergency department. There is an operative center with six rooms and diagnostic centers including: Cath lab, radiology, CT scan, holter, daily blood pressure mapping, EKG and clinical analysis laboratory. The hospital is one of the most traditional private healthcare centers in Goiás. It is a reference in heart surgery, bariatric surgery, general surgery, neurology, orthopedics, heart, kidney and pancreas-kidney transplant (the only private hospital in Goiás that performs transplants). Francisco Ludovico, the founder, was also the founder of Medical School, Universidade Federal de Goiás. The only hospital in Goiás accredited by National Accreditation Organization (ONA), Santa Geneveva offers medical residence in cardiology, general surgery, medical clinical practice, and anesthesiology, authorized by the Ministry of Education.

2014/2015 HIGHLIGHTS

In 2014, Hospital Santa Geneveva consolidated its own decision-making management model, pursuing the commitment and involvement of the whole transdisciplinary team, in addition to aligning the strategies to integrated management and risk management. In order to meet the needs of clients, the organization has kept on investing in human capital,

carrying on with the continuous education program with graduate courses organized by Fundação Getúlio Vargas for administrative managers and the capacity building of nursing supervisors through specialization (ICU, Emergency department and Infection Control). In 2015, it will promote the revamping of the diagnostic sector, focusing on high complexity profile.



HOSPITAL CHARACTERISTICS	
ANAHP Associated Hospital	since 2013
Non profitable hospital	
Foundation	1893
Built area	49,063 m ²
Clinical staff organization	Open
Hospital accreditation	ONA II

2014 MAIN HOSPITAL INDICATORS	
Nr. of total operational beds	495
Nr. of intensive care beds	85
Nr. of registered doctors	616
Nr. of employees	3,885
Nr. of consultations in ER	123,341
Nr. of consultations in First Aid units	77,289
Nr. of Hospitalizations	19,992
Nr. of Surgeries (excluding births)	12,362
Nr. of Births	Does not apply
Nr. of examinations SADT	1,736,813

Praça Conselheiro Almeida Couto, 500 - Nazaré
Salvador - BA - 40050-410
71 2203-8444 - www.hospitalsantaizabel.org.br

Institutional Profile

HOSPITAL SANTA IZABEL

Santa Casa de Misericórdia in Bahia founded four hundred and sixty two years ago made history in providing healthcare for the citizens of Bahia. It invested massively in education and health care especially for those in need. The cradle of Medicine in Bahia and the background stage of the foundation of the first Medical College in the country, Santa Casa is proud of having a key role in the education of Medical Professionals in Bahia.

Hospital Santa Izabel is part of this Health Care Center and a benchmark in innumerable medical specialties, one of the most respected hospitals in the country. Historically, the Hospital has a leading role and is in the forefront in health care. Hospital Santa Izabel has five hundred and twenty-five beds with 85 ICU beds. A skilled and well trained clinical staff and excellence in health care are key attributes of the hospital.

2014/2015 HIGHLIGHTS

Hospital Santa Izabel (HSI) conquered in August 2014 the Accreditation by ONA after some months of investments and efforts to develop and implement policies and to change processes and routine tasks. This Certification is the result of work focused on diversification of knowledge through a cross-disciplinary health care approach. The restructuring and modernization of tasks related to IT and Communication and the implementation of the new Data Center renewed the entire infrastructure including the acquisition of ERP (Management System) planned to come live in 2015.



Institutional Profile

HOSPITAL SANTA LÚCIA

Hospital Geral was founded in 1963 and then three years later Hospital Santa Lúcia was established.

The institution has 252 beds but plans to increase this number to 396.

Hospital Santa Lúcia was constructed in an area of 17,500 square meters and plans to build a new hospital building in 2015.

The institution has 1,500 employees and specialized clinical staff formed by 1,200 physicians.

On a monthly basis, Hospital Santa Lúcia provides 16,000 patients with care in the Emergency Department, admits 1,300 patients to inpatient units and performs 800 surgeries. Hospital Santa Lúcia has heavily invested in technology with a focus on diagnostic medicine.

The institution has 83 ICU beds for both children and adults. Hospital Santa Lúcia competitive edges are high-complexity care and complete and integrated oncology care. Unidade Materno Infantil has a maternity unit, an obstetric center and a neonatal ICU focused on high complex pregnancy.

2014/2015 HIGHLIGHTS

In 2014, various transformations became part of the hospital recent history. In the first part of the year, Hospital Santa Lúcia went through an evaluation process and achieved the full accreditation level by ONA.

In addition, the efforts to expand Building C picked up

momentum, enabling it to establish a new goal in order to open it in the following year.

As for healthcare services, the Oncology Center has established integration with other hospitals of the Santa Lúcia Group with unified processes and qualified teams.



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2015
For-profit organization	
Foundation	1966
Built area	44,756.52 m ²
Clinical staff organization	Open
Hospital accreditation	ONA II

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	252
Nr. of intensive care beds	83
Nr. of registered doctors	1,200
Nr. of employees	1,800
Nr. of consultations in ER	192,000
Nr. of consultations in First Aid units	Undisclosed
Nr. of Hospitalizations	16,200
Nr. of Surgeries (excluding births)	108,000
Nr. of Births	1,400
Nr. of examinations SADT	722,925

SHLS Quadra 716 conjunto C - Asa Sul
Brasília - DF - 70390-700
61 3445-0000 - www.santalucia.com.br



Institutional Profile

HOSPITAL SANTA MARTA

Hospital Santa Marta was opened in July 1986 with 18 maternity-pediatric care beds located in a 1,350 m² facility. In 2008 the General Hospital had one hundred beds when the top management decided to expand it.

The Strategic Planning oriented to Quality Management under the guidance of Corporate Governance Team implemented a professional management approach. In 2012, the new HSM was built in Brasília with 20,000 square meters of built area, 170 beds in place and 55 ICU beds as follows: General ICU, Cardiac ICU, Neonatal ICU and a new Clinical Center and Emergency Care Unit, including a Specialized Care Unit.

In 2013 the organization was accredited with Full Accreditation Certificate, Level II by ONA (National Accreditation Organization).

The result of such entrepreneurial mind of the partners and the commitment of the excellent team consolidated HSM as a benchmark hospital with increased levels of quality and patient safety in 2014.

2014/2015 HIGHLIGHTS

Actually, 2014 was a purposeful year for Hospital Santa Marta. The vision of continuous improvement and search for excellence was able to maintain the Level II Full Accreditation Certificate from ONA, the Diamond Safe Surgery and Fixation Certificates and Prevention & Care of Skin related wounds. The Hospital implemented four Medical Residency Programs



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2014
For-profit organization	
Foundation	1986
Built area	22,000 m ²
Clinical staff organization	Open
Hospital accreditation	ONA II

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	199
Nr. of intensive care beds	66
Nr. of registered doctors	345
Nr. of employees	1,195
Nr. of consultations in ER	251,344
Nr. of consultations in First Aid units	319,904
Nr. of Hospitalizations	14,301
Nr. of Surgeries (excluding births)	7,294
Nr. of Births	2,538
Nr. of examinations SADT	939,149

QSE - Área Especial 1 e 17 - Taguatinga Sul
Brasília - DF - 72125-120
61 3451-3000 - www.hospitalsantamarta.com.br

and kicked off the Integrated Management System focused on Sustainability.

The focus on Quality and Patient Safety has improved clinical audits with positive impact on healthcare protocols (compliance and efficacy). A more stringent process mapping and constant monitoring of almost 80 sentinel events to develop integrated process and risk management system became a reference.

In 2015 the expectation is to obtain Excellence Accreditation ONA III and ISO 9001.



Institutional Profile

HOSPITAL SANTO AMARO

Inaugurated in 1988, Hospital Santo Amaro is one of the Sponsoring Institutions of José Silveira Foundation. It is the hospital unit oriented to maternal-pediatric and surgical clinical care.

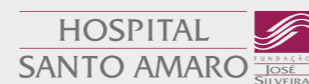
Currently it is a benchmark in Obstetrics and Neonatal Care in the city of Salvador with more than 300 babies delivered on a monthly basis.

HSA increased the performance of minimally invasive procedures especially in Gastric Bypass Surgery (Obesity), including other selected surgical procedures such as in orthopedics and orthognatic surgery, just to mention a few. It has also other units, as follows: Neonatal ICU, Adult ICU, Day Hospital Care, Bioimaging Center, Medical Center and Clinical Laboratory and Pathological Anatomy.

2014/2015 HIGHLIGHTS

Hospital Santo Amaro had expressive productivity figures in 2014 exceeding most of the targets set both in maternity and pediatric care and in surgeries. The figures in 2014 exceeded 4,200 obstetric procedures and 10,000 surgeries.

The plan for 2015 is to set up a Minimally Invasive Surgery Specialized Center to enhance surgical procedures and increase the high turnover of the Surgery Center and Inpatient beds to optimize bed supply for inpatient care.



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2015
Non profitable hospital	
Foundation	1988
Built area	7,228.54 m ²
Clinical staff organization	Open
Hospital accreditation	Under accreditation process

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	102
Nr. of intensive care beds	24
Nr. of registered doctors	2,421
Nr. of employees	485
Nr. of consultations in ER	3,890
Nr. of consultations in First Aid units	42,155
Nr. of Hospitalizations	12,266
Nr. of Surgeries (excluding births)	11,577
Nr. of Births	3,598
Nr. of examinations SADT	600,562

Ladeira do Campo Santo S/N - Federação
Salvador - BA - 40210-320
71 3504-5031 - www.fjs.org.br



Institutional Profile

HOSPITAL SÃO MATEUS

The foundation of Clínica São Mateus in January 1981 derived from the willingness to offer excellent Hospital Medical Care for patients. The outstanding and effective clinical staff concerned with increased healthcare and hospital medical services needs led to the construction of the first real hospital. Hospital and Maternity São Mateus continuous growth has never lost momentum. Each new step that is covered is followed by new planning and new expansion designs, device acquisition and investment in technical training courses combined with quality partnerships, transforming it into Complexo Hospitalar São Mateus. The last review of the strategic planning included a new mission: to Take Care of People with Excellence.

2014/2015 HIGHLIGHTS

In 2014, Complexo Hospitalar São Mateus invested in the acquisition of a new Medical Center since its current facilities no longer had enough space available to meet the needs of new physicians. Moreover, it invested in the restructuring of the inpatient units, operating room, and support and diagnostic units. The Hospital received the Diamond Award in Safe fixation and Sterilization. In 2015, it has been awarded the Diamond Certificate in the Operating Room. The proposal for 2015 is to invest in the expansion of the Hospital structure making more inpatient beds, operating rooms and readapting the flow and processes endorsing its importance as a benchmark Hospital in Mato Grosso State.



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2014
For-profit organization	
Foundation	1981
Built area	12,000 m ²
Clinical staff organization	Open
Hospital accreditation	Under accreditation process

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	126
Nr. of intensive care beds	20
Nr. of registered doctors	356
Nr. of employees	602
Nr. of consultations in ER	115,397
Nr. of consultations in First Aid units	83,520
Nr. of Hospitalizations	22,841
Nr. of Surgeries (excluding births)	8,776
Nr. of Births	326
Nr. of examinations SADT	Does not apply

Av. Aclimação, 335 - Bosque da Saúde
Cuiabá - MT - 78050-040
65 3051-2222 - www.hmsm.com.br



Institutional Profile

IMPERIAL HOSPITAL DE CARIDADE

Imperial Hospital de Caridade was opened in January 1789. It was the first Hospital of Santa Catarina to provide health care for both civilians and low income population in the State, and 12nd Santa Casa built in Brazil. The hospital has two hundred years of tradition with funding and management for Irmandade do Senhor Jesus dos Passos. The hospital went from a small facility built next to the Chapel Menino Deus to an icon of prosperous religious and healthcare institution considered a benchmark in hospital care among the people of Santa Catarina State.

IHC is a philanthropic institution with beds distributed in inpatient units, to provide health care for both SUS patients and private healthcare insurance companies and was awarded the Social Accountability Certificate from the state of Santa Catarina in 2012, 2013 and 2014.

Recently it included the High Complexity ICU Service from Senhor Jesus dos Passos which is considered as the most modern service center in the state.

2014/2015 HIGHLIGHTS

The Imperial Hospital de Caridade had an expansion and now it includes the High Complexity ICU Center Senhor Jesus dos Passos which is considered one of the most modern centers in the State. The hospital also has been awarded the Social Accountability Certificate of the State of Santa Catarina for three years in a row. This Certificate is awarded to those entities that develop social environmental actions into their management policies.



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2015
Non profitable hospital	
Foundation	1789
Built area	28,200 m ²
organization	Mixed
Hospital accreditation	Under accreditation process

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	200
Nr. of intensive care beds	17
Nr. of registered doctors	404
Nr. of employees	820
Nr. of consultations in ER	22,278
Nr. of consultations in First Aid units	5,656
Nr. of Hospitalizations	8,684
Nr. of Surgeries (excluding births)	5,648
Nr. of Births	Undisclosed
Nr. of examinations SADT	420,326

Rua Menino Deus, 376 - Centro
Florianópolis - SC - 88020-210
48 3221-7587 - www.hospitaldecaridade.com.br



Institutional Profile

REAL HOSPITAL PORTUGUÊS

Real Hospital Português de Beneficência in Pernambuco was founded in 1855, by Portuguese physician José D'Almeida Soares Lima Bastos, president of the Royal Portuguese Library in Recife. The hospital was first organized to be a health care center to treat patients infected with cholera, which was devastating the country at that time. RHP is currently considered as a medical care excellence center for Northern and Northeast Regions in Brazil. It encompasses many hospital care centers, as follows: São João de Deus (Oncology), Real Hospital do Coração (RHC), Egas Moniz (Emergency Care – Real Vida and Inpatient Unit), Real Mater (Maternity), Infant (Pediatric Unit), Building Arnóbio Marques (Medical Offices), José Maria Matos (parking lot, medical offices and administrative center), Outpatient Unit Beneficência Maria Fernanda and Advanced Care Unit in Boa Viagem. It also has more than 50 specialized clinical units and three laboratory centers that are part of RHP facilities.

2014/2015 HIGHLIGHTS

2014 was a year of technological acquisitions. Real Hospital acquired three latest generation Scintillation Cameras (Anger Camera) for scintigraphy imaging tests. The first one – Symbia E, is used for general scintigraphy tests. The second one – Ventri, is dedicated to myocardial scintigraphy tests. Finally, the third one - Symbia T, with a coupled tomogram, is used for whole



HOSPITAL CHARACTERISTICS

ANAHP Associated Hospital	since 2001
Non profitable hospital	
Foundation	1855
Built area	130,885.35 m ²
Clinical staff organization	Mixed
Hospital accreditation	Under accreditation process

2014 MAIN HOSPITAL INDICATORS

Nr. of total operational beds	750
Nr. of intensive care beds	146
Nr. of registered doctors	2,417
Nr. of employees	Undisclosed
Nr. of consultations in ER	264,130
Nr. of consultations in First Aid units	Undisclosed
Nr. of Hospitalizations	26,241
Nr. of Surgeries (excluding births)	22,598
Nr. of Births	1,661
Nr. of examinations SADT	1,984,999

Av. Agamenon Magalhães, 4.760 - Paissandu
Recife - PE - 52010-902
81 3416-1122 - www.rhp.com.br

body SPECT/CT.

RHP also organized Real Imagem Mulher since women feel safer and more comfortable to be examined at a female patient dedicated center. The center has three rooms equipped with state-of-the-art ultrasound machines as follows: Five E9 ultrasounds and One Thomosynthesis 3-D Mammography machine.

ATKearney

Preparar o futuro e alcançar juntos resultados de alto impacto

A A.T. Kearney é uma empresa global de consultoria estratégica formada por profissionais colaborativos, inovadores e com visão de futuro, que produzem resultados imediatos e geram diferenciais competitivos para seus clientes no longo prazo.

Temos um amplo conhecimento do setor da Saúde, com profunda experiência de reestruturação hospitalar, desde o planejamento estratégico até a otimização das operações. Contamos com uma rede global de profissionais altamente qualificados e uma equipe especializada no Brasil.

Desde 1926, somos assessores de confiança de organizações líderes no mundo em diversos setores. Somamos mais de 3.500 consultores, em 60 escritórios localizados nos maiores centros de negócios em 40 países.

www.atkearney.com

saudebrasil@atkearney.com



LOGÍSTICA INTELIGENTE NA SAÚDE



GESTÃO
da Cadeia de Suprimentos



COMPRAS
Conjuntas



PLANEJAMENTO
de Estoque e Compras



ABASTECIMENTO
Armazenagem e Transporte

Telefone: (21) 3218-5900
E-mail: contato@hcologistica.com.br

www.hcologistica.com.br

A.T. Kearney

ANAHP PARTNERS

DIAMOND



Welcoming Covidien to Medtronic



GOLD



Transparência é nossa maior tecnologia



SILVER



Enhancing Outcomes for Patients and Their Caregivers...



