



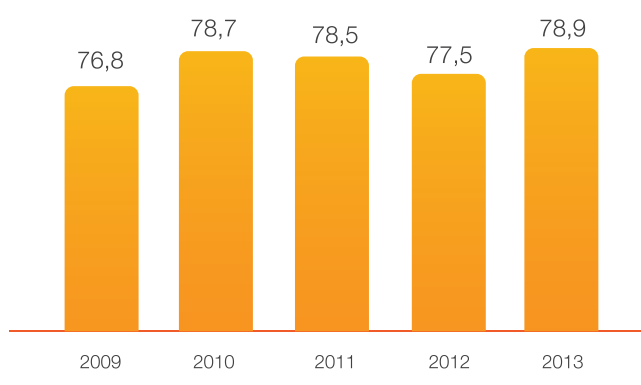
Anahp's Observatório

national private hospital association

edition 6/2014

Performance

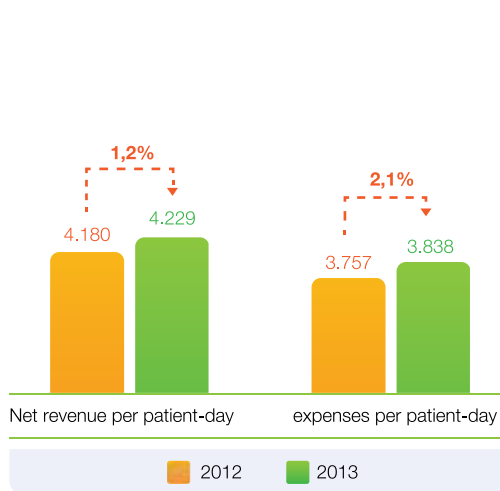
Operating occupancy rate (%)



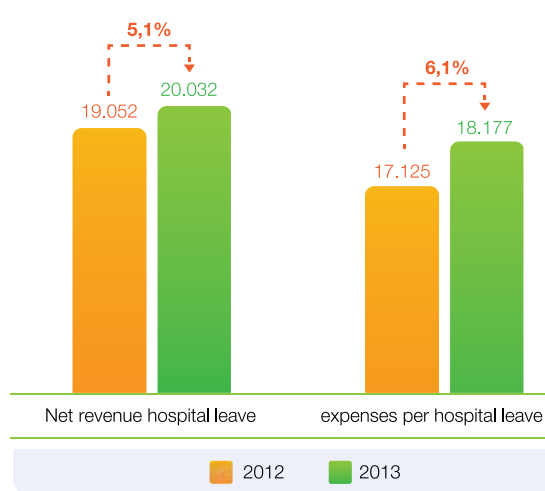
Average Stay over time (days)



Net revenue and expenses Per patient - day (R\$)



Net revenue and expenses per hospital leaves (R\$)



5,9%
Inflation
2013 (IPCA)

X-ray of main hospital expenses (indicator variation per hospital leave)

Type of expenses (in R\$)	2012	2013	Variation 2012/2013
General expenses per hospital leave	17.125	18.177	6,1%
Personnel (Staff)	6.368	6.839	7,4%
Hospital supplies	4.643	4.778	2,9%
Third-party contracts (technical, operational, support and logistics)	2.748	2.816	2,5%
Maintenance and technical assistance	315	354	12,5%
Others*	3.051	3.390	11,1%

*Expenses with utilities (energy, water, communication, etc...) and supplies not include in hospital supplies.

Source: SINHA/Anahp.



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Six years ago, aligned to a better transparent management model, Anahp took the important decision to share with the market their economic, financial, assistive, operational, and personnel management performance of the association members. The Anahp'S Observatório was created together with the implementation of cooperative governance process principle in the institution.

In 2013, to improve the Observatório information, the institute of economic research(FIPE) conducted analysis of the operational and economical-financial data, in order to propose an improvement of the indicators.

The assistive indicators were also revised, and some information that did not aggregate to the clinic management was excluded and other information was included.

To standardize the data
and disseminate
the data

sheet and the indicator variations over 2013, more than 160 professionals from Anahp'S member hospitals were trained. In parallel we developed a web platform for input and monitoring of data and also for the evolution of indicator results.

As from 2014 the data began to be collected through this platform. In this sixth edition of the Anahp'S Observatório we call your attention to the growing trend of the number of health plan beneficiaries in recent years, the epidemiological profile change of the population that has a significant impact on the sector, especially for health service providers and the market concentration.

When analyzing the supplementary health market performance in 2013, it is possible to observe that, different to health service providers, the health plan operators showed higher growth in revenue against the assistive expenses.

Note that the market is in a consolidation phase. The market share of the four largest health operators reached 60% in 2013, considering the medical cooperatives as a single group, as these companies establish themselves in regional markets and there is not much competition between them.

Operators have focused their efforts to reduce the assistive expenses, increasing the revenue, and increasing in days the payment periods to the group hospitals, passing from 83 days in January 2012 up to 88 days in December 2013, among Anahp'S hospitals, or for contractual price adjustments below inflation rate, resulting in a low profit margin for the service providers.

The increasing demand for health services however, required hospitals to monitor the market developments and invest in infrastructure and healthcare efficiency. To aggravate this scenario, the sector begins to feel the effects of the population aging, with the increase of the average hospital stay-in patients, multiple cormobities, and the increasing rate of resident patients. Some of these challenges can be evidenced from the indicators of Anahp'S member institution in 2013.

“

**A comment is free,
but facts are sacred”.**

C.P. Scott



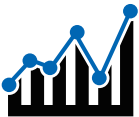
The net average revenue per hospital leaves grew 5,1% while the expenditure per hospital leaves grew 6,1%.



The personnel expense indicator per hospital leave, main hospital cost, increased 7,4% influenced by the average increase of 9% on wages paid by hospitals. This result is a reflex of the warming labor market and the need of professionals with a high qualification level.



The average revenue per patient/day grew 1,2% while the inflation rate for the period was 5,9%.



The average stay in increased from 4,5 days to 4,7 days, influenced by the high rate of resident patients(0,7% of all admissions), that means approximately 4700 hospitalizations for stay-in over 90 days.

This edition of the Anahp'S Observatório also shares the discussion of the key issues for the sector, such as, corporative conduct in health. Despite advances related to his subject in recent decades, related practices to compliance are still very timid in Brazil. The national companies limit themselves to fulfill their legal obligations, which are not few, and survive in an increasingly competitive market.

Anxious to contribute to the sustainability system pursuit and, assuming its leading position Anahp established in 2014 a committee to discuss ethics in the hospital sector. The goal of the entity is to propose a conduct code for healthcare service providers, in order to contribute to the dissemination of the ethics culture for the sector. The White book: Brazilian Health 2015/The sustainability of Brazilian Health system is another important legacy of the association for the society. Results of studies of health systems in the world, analysis of the Brazilian current model, meetings, and focused group, this document aims to contribute for Governmental programs for candidates for executive posts in our country such as the presidency.

With focus on the citizen, health user of the system, the document arouse from the desire of the institution to take part of the strengthening of the national health system, and, narrow down the dialogue between the private and public sectors.

With the help o a specialized international consultancy, Antares Consulting, that produces documents for that purpose, the White book- Brazilian Health 2015, had the contribution of

more than 60 business leaders, specialists, end users, sector managers, that shared their views about health in Brazil. It's a citizenship contribution from Anahp, nonpolitical, motivated only by the desire to think over the health system of the country and contribute towards the improvement of the service quality for the Brazilian population.

In its 6th edition, Anahp Observatório increasingly reflects the entities concern with the sectors sustainability and our commitment with transparency. With the genuine objective to contribute with the market and with the quality of our services, we present, without restrictions, the performance of Anahp'S institution members.

Finally I would like to thank the participation of the members of the editorial board for their dedication and promptness, with which they contributed toward the Anahp Observatório. I still give special thanks to our technical team that worked incessantly during the past months so that, this material, rich in qualified information, could again give a contribution to the Brazilian health market.

Francisco Balestrin
Board of director's chairman.



White Book – Brazilian
Health 2015 Brazilian Health
Sustainability System

Anahp'S main objective is to stimulate the integration between the public and private sectors seeking the essence of a health model that can contribute to the Brazilian society.

Health is one of the most important economic activities in Brazil and worldwide, representing approximately 9% of the Gross internal product(PIB) according to OMS statistics in 2011, and over 4,3 million direct jobs according to the Instituto Brasileiro de Geografia e Estatística(IBGE). Furthermore, health is the persons best good, which raises it's priorities in private and public agendas.

One of the initiatives when Anahp was founded was to promote the quality of the medical-hospital assistance in Brazil, through new ideas and excellent models. Since the association began a long term work to be recognized as a representative entity in the sector. The participation and dedication of the member hospitals, especially those that lead Anahp'S maturation process, were certainly fundamental for the entity to obtain it's place in the sector.

Begging from this premise and, assuming its leading position the white book- Brazilian heath 2015/Brazilian health Sustainability system was developed from a macro political, economic and social vision, seeking the essence of a healthcare model that could contribute to the Brazilian society. Focused on the citizen, user of the health system, the document arose from the institutions desire to participate of the Sistema Unico de Saúde strengthening and narrow down the dialog between the public and private sectors, without the ideological and institutional barriers.

The private sector for example, established an agile and participative management model, geared to the pursuit of the assistive quality and security and is responsible for the

biggest amount of resources invested in healthcare, with 53% participation. However it still lacks an organizational model that the public sector – that participates with the remaining 47% - could share.

The strengthening of the public health sector, opposite to what is though about, brings significant advantages to the system as a whole.

Furthermore we are sure that NHS(SUS) is well planned, but lacks resources, investments and professional management. The private sector however, has resources and investment , has management , but lacks the assistive model.

Results of studies about the health system worldwide, analysis of the Brazilian nowadays model, other than the meetings and focused groups with more than 60 business leaders, specialists, end-users, and sector managers, the white book- Brazilian health 2015 aims to give a contribution to the presidency candidates in 2015.

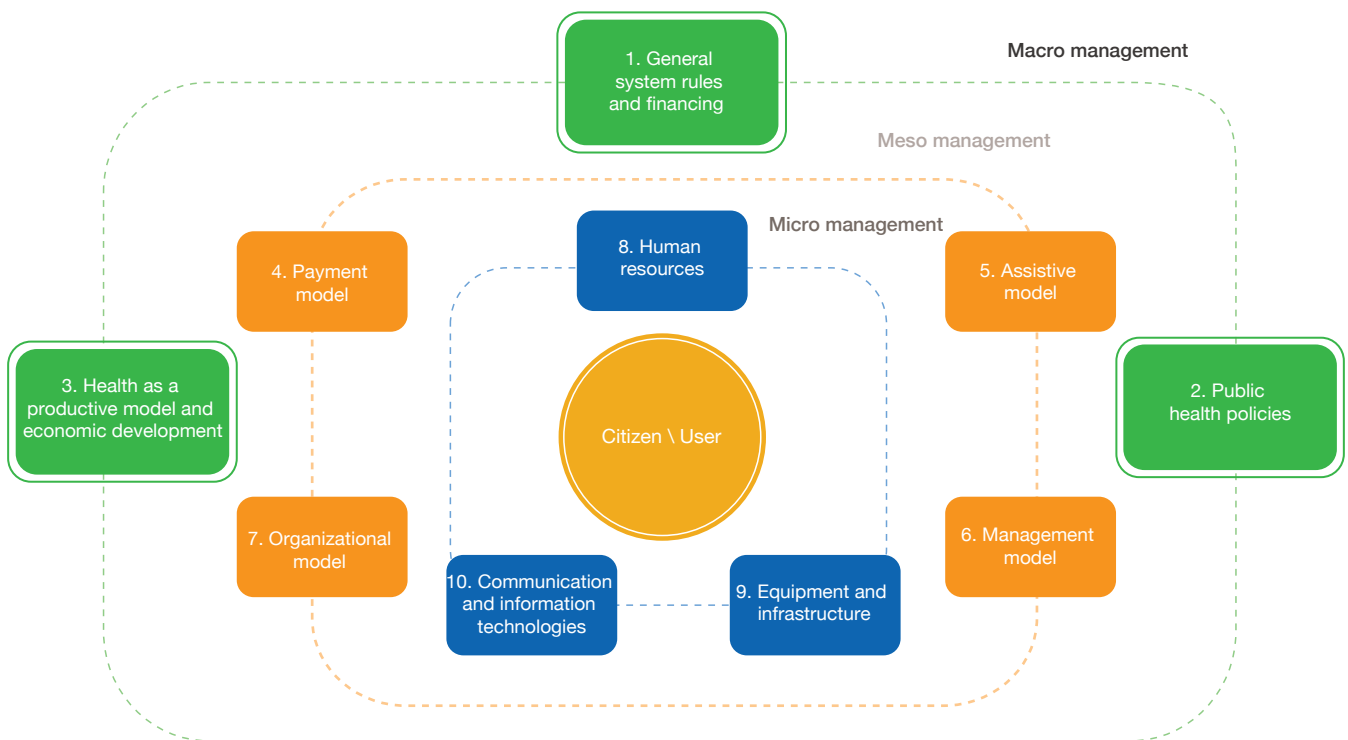
It's Anahp'S contribution and a nonpolitical initiative exclusively due to the desire of restructuring the health system in the country and contribute to improve the service for the population. For this reason the document includes proposals to strengthen the national health system and promote the coordination and integration between the public and private sectors.

About the contents of the white book/ Brazilian health 2015

The white book: Brazilian health 2015 is a 2 volume document composed by a Concept's book, that contemplates , technical foundations, studies, interview contents and focused groups performed during 2013 and a Proposal book that consists on Anahp'S recommendations for Brazilians health system.

The document addresses subjects related to patients' access, quality and security. It consists of a schematic interconnected model with 10 themes divided in micro, meso and macro management that has in the nucleus the user/citizen.

Schematic model centered on the user/citizen



Source: Anahp

From this model 12 recommendations were developed by Anahp for the Brazilian health sustainability system, that cover, from the integration between the public and private sectors to the national health evaluation system, including the improvement of human resources training, scientific innovation, and the increase of investments and efficiency in using public resources for the sector.

During the process, analysis of public policies, regulation, system financing, up to the infrastructure and communication

system covering the assistive, wages, management and organizational models were done. The proposals were researched, thought out and matured during one year. In February 2014, Anahp began a series of strategic meetings with presidential candidates, political authorities, personalities, managers between other stakeholders, in order to contribute to a health sustainability system structure, that will benefit the Brazilian population.

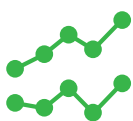
White book proposals / brazilian health 2015



01. Strengthen the NHS, stimulating the coordination and integration between public and private sectors



02. Increase the volume and efficiency when using the health public funds



03. Increase the private sectors participation in the formulation and implementation of national health policies



04. Foment health's scientific innovation and technology.



05. Incentive private investment in the health sector



06. Encourage fair remuneration policies of health services, linked to the quality and assistive performance



07. Develop an integrated assistive model focused on the patient and the treatment continuity



08. Create a national health evaluation system



09. Develop integrated healthcare networks between public and private sectors



10. Improve the training, distribution and production of human resources



11. Invest in an adequate infrastructure and technology of medicine evolution and the new patients profile



12. Develop a public-private action plan for an information system partnership



Business health conduct
Anahp enters a new discussion
phase about this topic

The association works on the development of a conduct and ethical principle code that should be the reference for private hospitals.

The association works on the development of a conduct and ethical principle code that should be the reference for private hospitals.

Compliance is a set of disciplines that have the objective of fulfilling the standards, policies, guidelines established for company activities, including business, and also to avoid, detect and take care of any conduct deviation or non-conformity. In other words, compliance refers to the adherence to standard and conduct rules and also respecting the conduct code. In spite of being a little comprehended term in Brazil and, without a faithful translation that explains exactly the meaning of compliance, this practice began in 1977 with the publication by the US Government of the Foreign Corruption Standard Act (FCPA), encouraged by the north American scandal at the time, known as Watergate.

This situation was reinforced by the occurrence of similar events in companies of different countries, that shook the investors' confidence. To reverse this scenario, various countries began to look for ways to avoid such problems, which was done via the reaffirmation of the responsibility of the institutions, the need of external audits which assure that the financial practices are adequate, and also the validation of financial reports by the senior leadership.

Despite the advances related to the topic over the last decades, mainly due to the reactions and regulatory protection market measures after the financial crisis that shook the world's economy and compromised the reputation of important institutions, the practices related to compliance have had a low influence on and sensitized the Brazilian business community regarding the needs to change management conduct. The national companies still limit themselves to fulfilling their legal obligations, that are not few, and to survive in the increasingly competitive environment, and have not yet incorporated the idea of compliance on a day-to-day management basis.

The multiplicity and complexity of regulatory standards oblige the companies to be knowledgeable about them and always updated to them. In which case some of them created specific responsible sectors to assure that the applicable laws are fulfilled. This involves fiscal, labor, environment, criminal, etc... aspects. Furthermore the compliance systems protect the companies and their directors from the practice of illicit acts,

and enables risk mitigation and fraud control through formal instruments.

The achievement of compliance is done by elaborating a conduct code to be followed by the entire corporation. This code should contain standards and conduct guidelines that minimize risks related to conflicts of interest existent in the organizational life, and external relations to the organization. In addition to the ethics code, there are many necessary actions to guide the institutional practices as:

- Employees and directors orientation and continuous training about the policies to combat illicit acts.;

- Develop an information system containing data about all the persons to whom the company is related (customers, employees, partners, reps, suppliers) as well as all operations that they do;

- Develop an internal and external communication system that supports the information reception of suspect acts;

- Implementation of an internal control system of inadequate acts according to the established conduct code, with investigative and disciplinary sanction mechanisms.

Health organizations work for a long time, with ethical committees related to professional practice. Over the last 15 years, with the beginning of hospital accreditation processes, some organizational ethical parameters began to be emphasized.

The accreditation process provides a framework for the management of ethical issues, ensuring the care of patients, the transparency of the service quality provided by the institution, according to the business, financial, ethical and legal standards. Furthermore ethics in research also gained strength in the past years, due to the obligatory submission of the research projects to the ethical committees and the registration of these projects in Plataforma Brazil.

Anahp's proposal

Anahp, anxious to contribute in searching for the sustainability of the system, and assuming its leadership position, created in 2014 a committee to discuss ethics in the hospital sector. The entity's objective is to propose a conduct code for the health service providers, to contribute to the dissemination of the ethics culture for the sector.

Challenges for the Brazilian hospital sector

- Few hospitals with compliance experience;
- Lack of comprehension about the compliance concept;
- The supplementary health business model is based on wrong incentives.

Anahp's aim

The objective of the association is to propose a conduct code that would be a reference for Brazilian hospitals.

Orientation to be developed by anahp

So that a compliance program can be implemented in an adequate way and the incentive to change corresponds with it, the involvement of the senior management is crucial. The organizations can be positively impacted with an effective compliance program implementation, and the understanding of it is the decisive factor in spreading this new culture.

Anahp's ethical conduct code for the hospital sector is in development. The committee consists of hospital managers and industry reps that already have their compliance models well established. The entity expects to launch this publication in 2014.





Conceitos se
conectam
entre as diversas
tecnologias



Breitas

Market profile

Execute Summary

This section shows the supplementary health market analysis and also the clinic and epidemiological profile of ANAPH'S Hospital members.

In 2013 the number of health plan beneficiaries grew 4,6% adding 2,2 million new users, which corresponds to the biggest volume since December 2010.

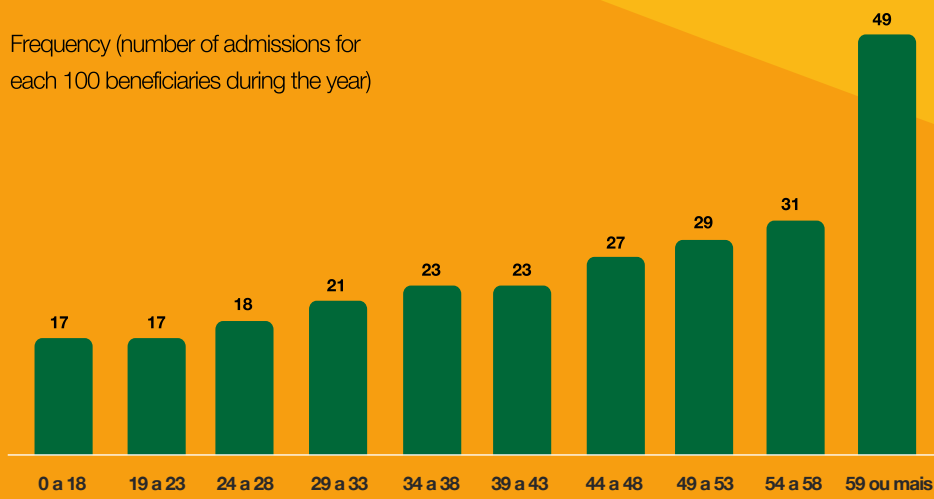
Market is in a consolidation phase, with big health plan operators gaining more representativeness, and also the entrance of big international groups in the country. The market share of the four largest groups increased from 57,1% in 2010 to 59,1% in 2013.

Until the third quarter of the year, the private health plan market showed a revenue growth (11,3%) higher than the welfare expenses (9,4%).

In addition to the higher volume of users, the aging of the population, the increasing incidence of chronic diseases and the inclusion of the C and D classes in the population covered by private health plans, are observed trends.

As a result of these changes, patients profiles in hospitals has been changing, with the increase of patients hospitalization with chronic diseases, and the growth of the complexity of clinical patients care – diagnostic and clinical decompensating.

% of people, in resident population, who declared having at least one chronic disease per age group – 2008



The average age of admitted patients in Anahp'S hospitals went from 37 years in 2008 to 43 years in 2013, reflecting the aging of the population served.

The data shows increased incidence of neoplasms(10,4% of all admissions in 2012 to 11,9% in 2013) and the prevalence of diabetes, chronicle obstructive pulmonary diseases, heart failure and hypertension among other comorbities.

This change is fundamental for the institution performance analysis, which shows increasing case complexities and patients average stay-in, and high rate of resident patients(over 90 days), reaching 0,7% of total admissions.

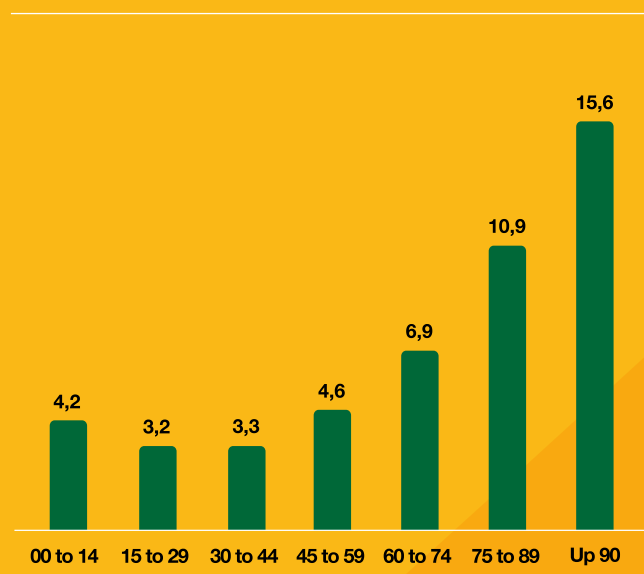
In 2013 the average stay-in in Anahp'S hospitals grew from 4,5 days to 4,7 days, whereas for the ages of 75 up this indicator exceeds 10 days.

Patients Average age 2013



Source: SINHA / Anahp

Average hospital stay-in per age group (in days)



Source: SINHA / Anahp

TREI



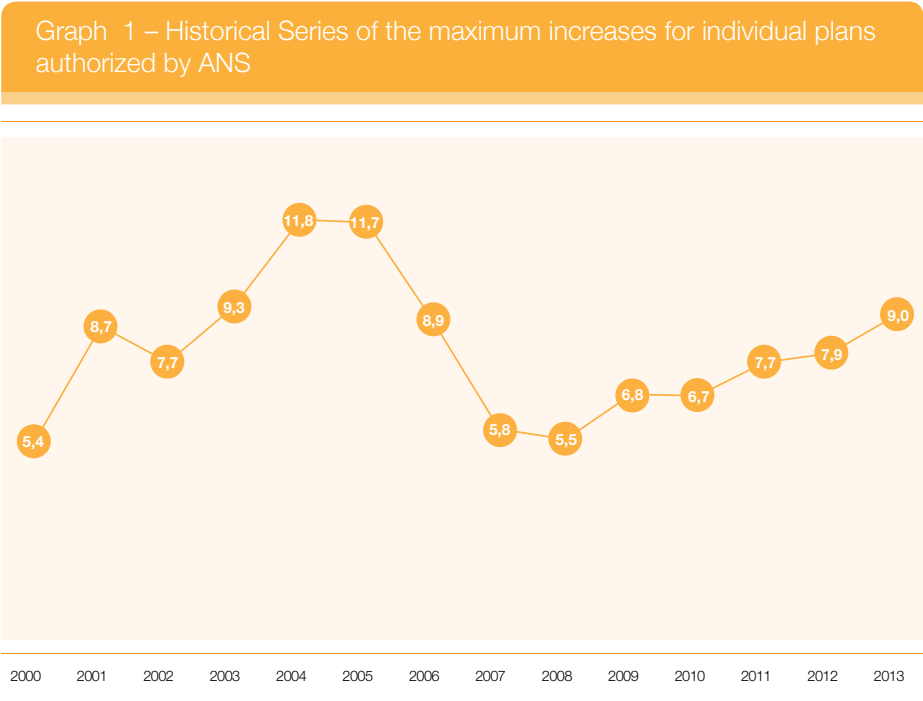
Supplementary health market

Change of the epidemiological profile and market concentration are trends for the sector

The increase in the number of beneficiaries, aging of population and the patient complexity, are changing the frequency and the consumption of health services.

The economic growth, due mainly to the increase of employment and income, stimulates the insurance market in Brazil. This is a natural phenomenon, as with the revenue income increase the population looks for protection, like insurances in general, specially the health plans. According to data of the supplementary health data book of December 2013, with data collected up to the third quarter of this year, the health plan operators' revenue grew during the first nine months to higher rates than the healthcare expenses, forced by the pressure that the operators are developing over medical-hospital service prices. An indicative of this scenario was the maximum increase of individual plans of 9% established by the national health

supplementary agency(ANS), the biggest rate since 2005. Also, it's very important that the hospitals observe, reflect, and take a position about the strategies that the operators are using to reduce the healthcare costs. Imposition of new commercial rules, increasing revenue, postponement of processes with the purpose of delaying the presentation of accounts and increasing the average payment periods, are part of the strategies used. However, nothing has been more conspicuous than the strategy to interfere on prices of hospital bill items. This strategy for the providers has a double effect; reduces their revenue but, proportionally, has a stronger effect on their margin.



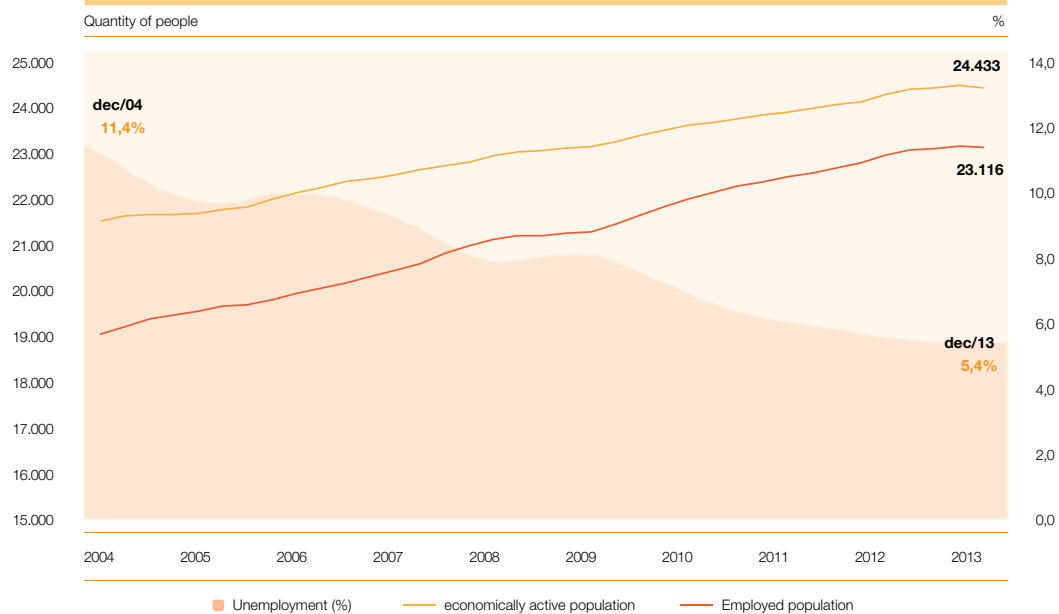
Source: Created by Anahp based on ANS information

Market profile

Over the past years the employed population grew in relation to the economically active population, reducing the unemployment rate as shown on graph. Since the beginning of the historical series it is possible to observe the growth of labor, enabling the country to reach higher economic growth based on employment increase.

However, the trend is of stability of labor offer, mainly due to the country's dynamic demography with the reduction of the working age population. The labor offer reduction combined with the strong demand of the market, results in salary inflation, which causes higher increases of inflation rates in all sectors including the hospital one.

Graph 2 – Labor market in main metropolitan regions of the country – economically active population, employed population and unemployment rate.



Source: Created by Anahp based on IBGE Information.

In 2013 the number of health plan beneficiaries grew 4,6%, signifying a higher performance than verified in 2011 and 2012, 3% and 3,6% respectively.

2,2 million new users were included in the system which is the biggest volume increase since 2010, when 2,5 million new beneficiaries were registered. The market growth is concentrated on group business plan contracts, whose representativeness reaches 65,8% of the beneficiaries health plans, while there was a decrease of the individual, family or collective contracts per adhesion.

TEV

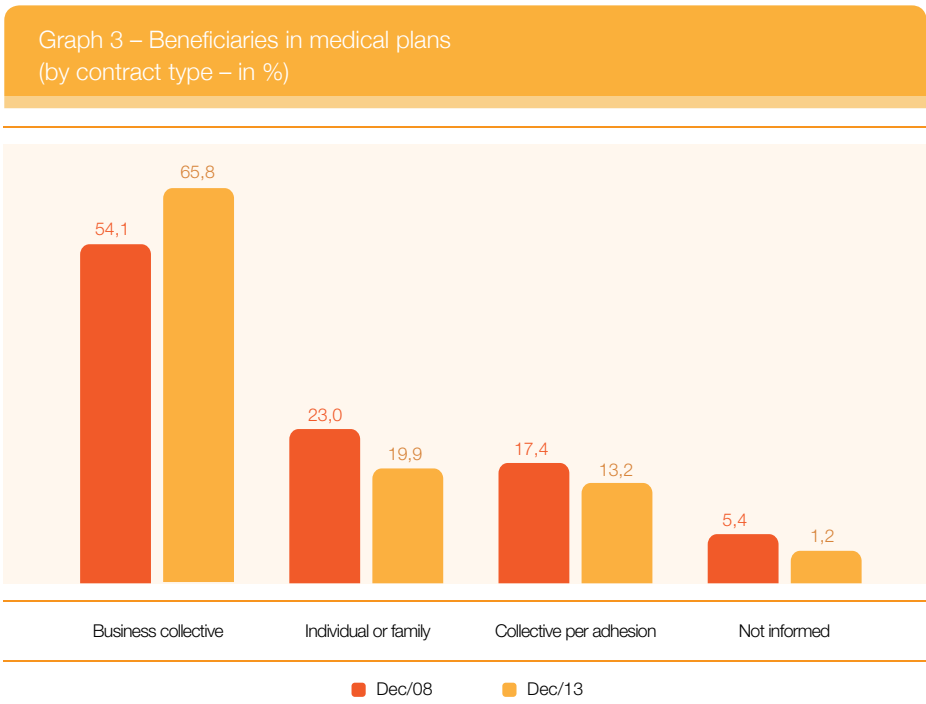
**FICAR PARADO
NÃO É OPÇÃO.
É RISCO.**

- ▶ Projeto assistencial focado na qualidade e segurança do paciente hospitalizado.
- ▶ Alinhado com as metodologias das agências acreditadoras.
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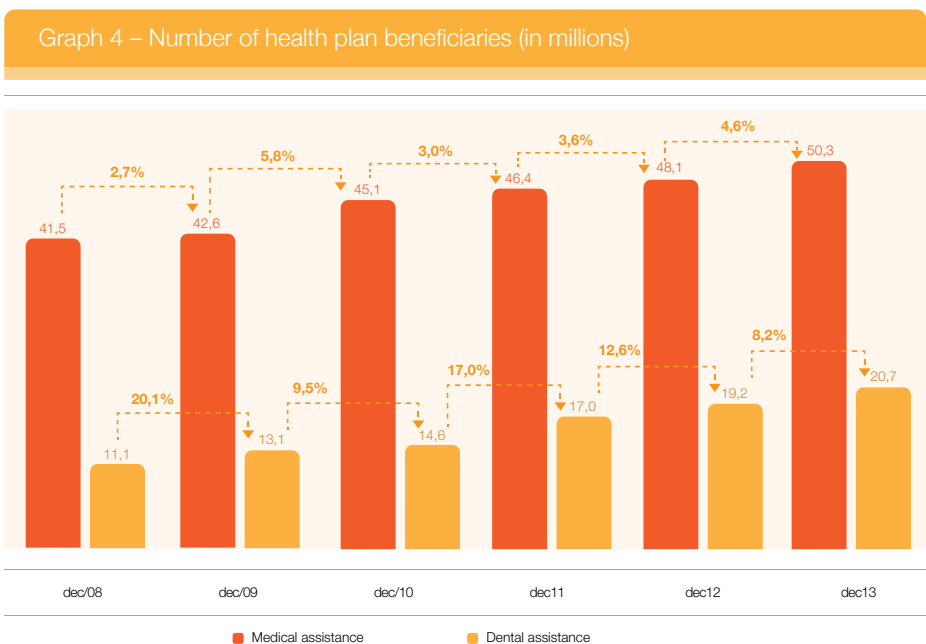


Source: Created by Anahp based on ANS information

To meet the demand for health services, the providers' network must follow the market, investing in infrastructure and service efficiency. In addition to the volume increase of users, the aging population, the increasing incidence of chronic diseases and the inclusion of classes C and D on health plan coverage are observed trends.

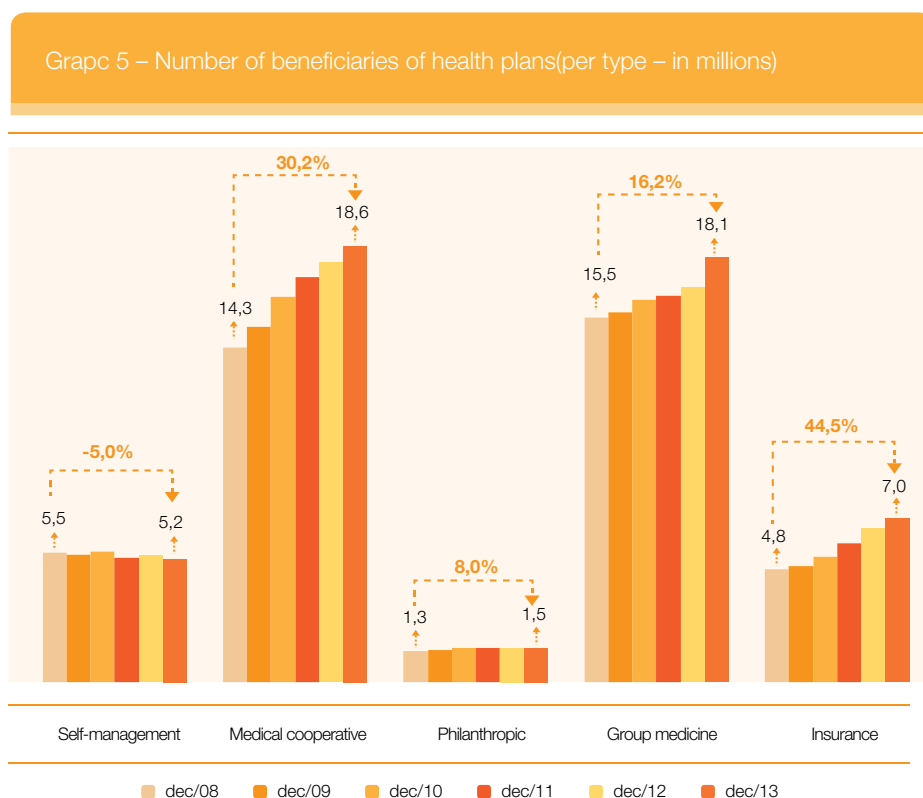
These factors generally result in the increased consumption of health services and the complexity of the treated cases. In 2013 Anahp published a data sheet with the estimated

number of hospital bed deficit for the period of 2013 to 2016. This study indicates the need for investments of R\$ 4.3 billion on 13,7 thousand new hospital beds, if the number of health plan beneficiaries grows 2,1% a year and R\$ 7,3 billion and 23,7 thousand new hospital beds if the growth is 4,1%. It's worth noting that confronting these estimates with the market performance in 2013, it shows that the growth of the health plan beneficiaries(4,6%) exceeded the optimistic scenario growth of 4,1% a year.



Fonte: Elaborado pela Anahp a partir de informações da ANS.

The market growth per type of operator shows dissonant results. The number of beneficiaries of insurance companies grew 44% between 2008 and 2013 while for self-management companies it decreased 5% (graph 5).



Source: Created by Anahp based on ANS information

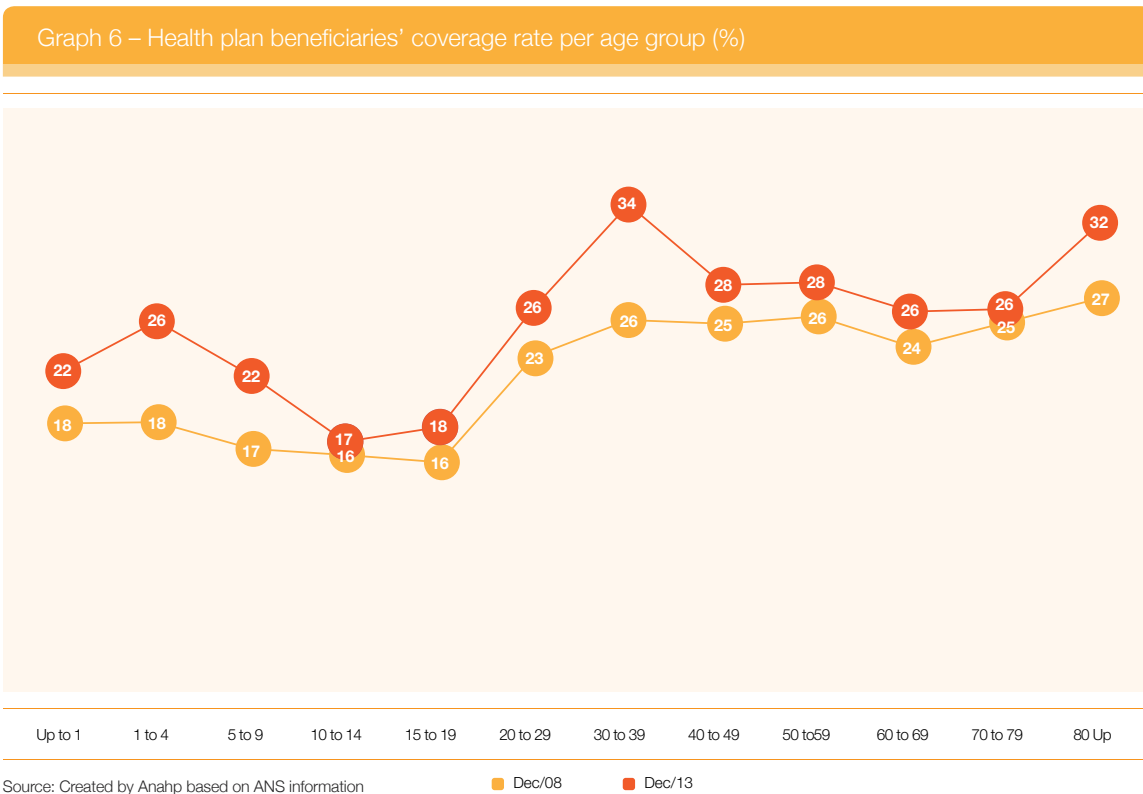
Health plans beneficiaries profile – main trends

The change in the population demographic profile, the worsening of health conditions and life habits as, obesity, alcoholism, diet, physical exercise, is changing the frequency and the type of health service consumptions. It's worth noting that the inefficiency of the primary ambulatory assistance may aggravate this situation.

As a consequence of the changes, the patients profile in hospitals has been changing with the increase of the proportion of admissions of patients diagnosed with cancer, the growth of complexity, and the services to clinical patients – diagnosis and treatment of clinic decompensating. These changes create increases in stay-in average rates, growth of resident patients (over 90 days) and the increase of the consumption of materials and medications.

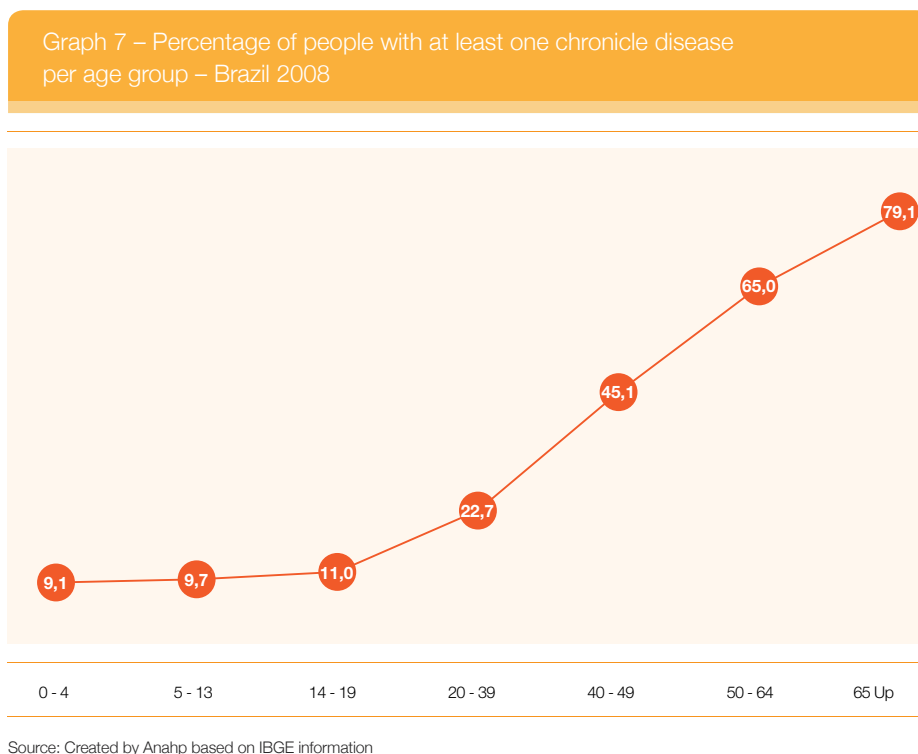
For the health sector it's important to monitor this trend and develop mechanisms that offer the proper treatment to the patient, investing in health promotion and prevention and stimulating the development of the long term institutions and home care, for a better orientation of patients who do not have to stay in the hospital.

For the supplementary health care, the growth of the labor market and of collective plans increased the beneficiaries' coverage of health plans for ages from 30 to 39 years, from 26% of covered population in 2008 to 34% in 2013. The effects of the aging of the population can be observed with the increase of coverage of health plans for more advanced ages, reaching 32% for the population aged 80 or more (graph 6).



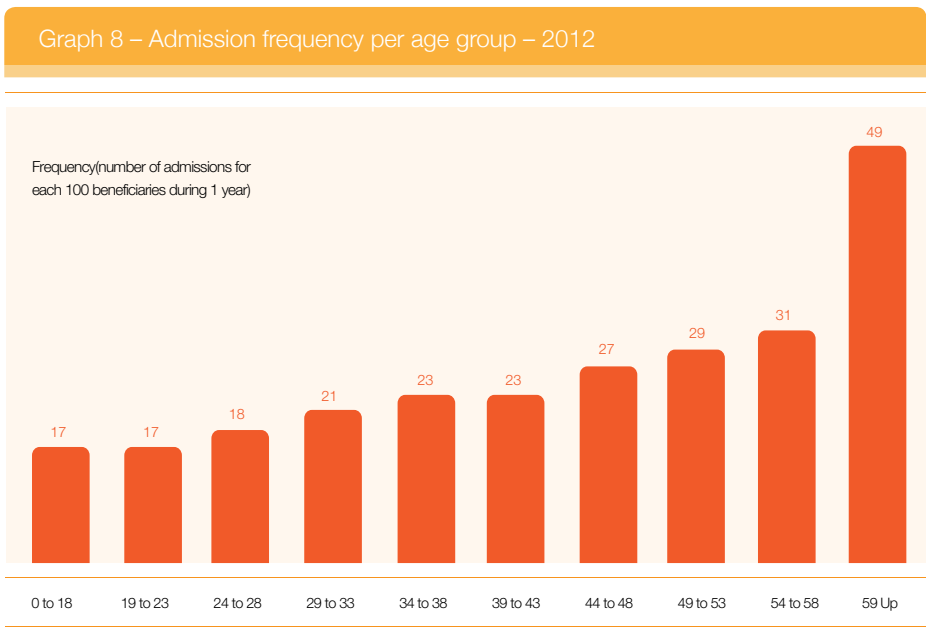
As shown of Graph 7, the increase of age has an important impact over prevalence of chronicle diseases, while 23 out of 100 individuals aged 20 to 39 years have the diagnoses of at

least one chronicle disease, the age group of 65 years or more, about 80 out of 100 have at least one chronicle disease.

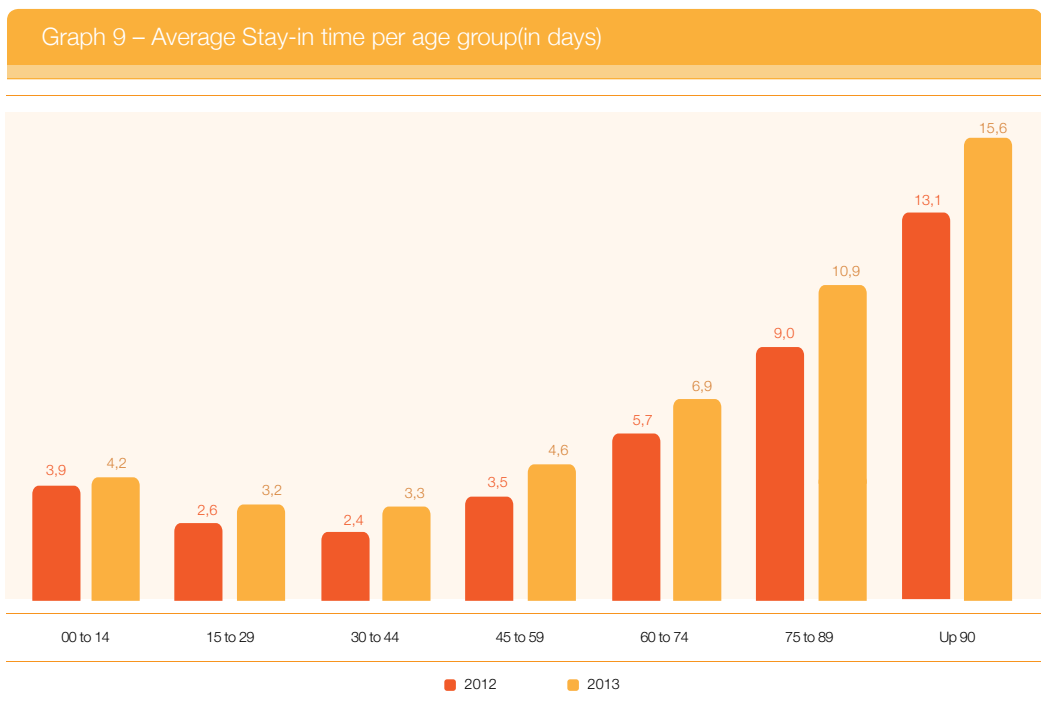


The admission frequency also grows, being 17 or 18 admissions for every 100 beneficiaries of age group 19 to 28 years and 49 admissions for every 100 for age groups 59 years or more(Graph 8). In addition to the admission frequency

increase, the stay-in average time also grows exponentially, from less than 3,2 days for the age group of 15 to 29 years to more than 15,6 days for age group over 90 years (graph 9).



Source: Created by Anahp based on ANS information



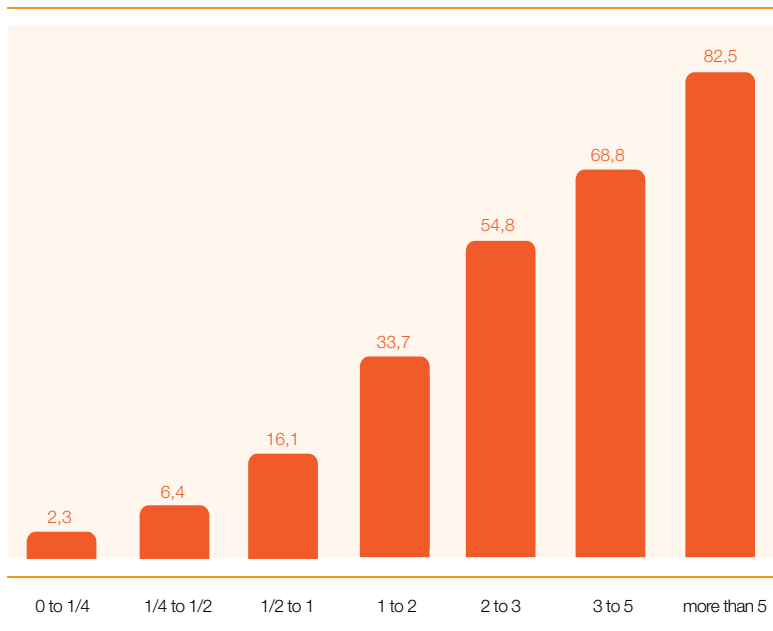
Source: Created by Anahp based on SINHA/Anahp information

Another trend that must be observed by the sector is the growth of health plan coverage on lower revenue income group. With the increase of income and the migration of individuals to classes B and C.

Since 2008, with labor market increase, and the migration of low income families to the middle class, millions of people were inserted in the supplementary health market. It's possible that these new beneficiaries have a different consuming profile of

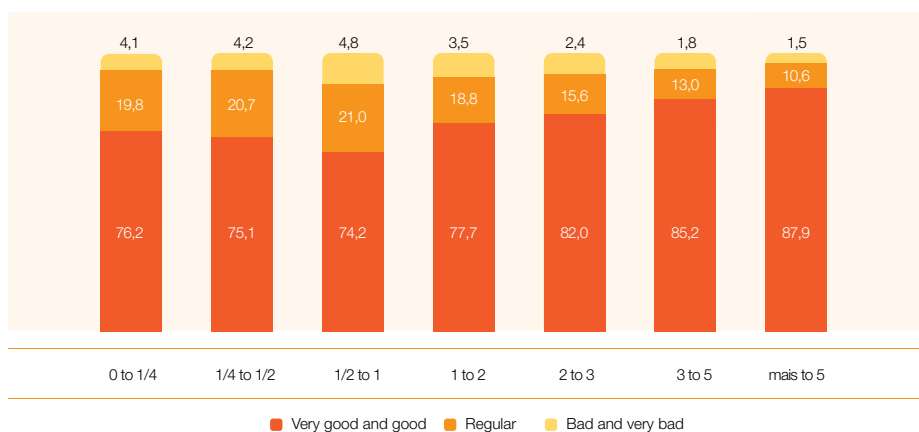
health services, changing the market dynamics and increasing health care costs. An indicative is the health perception that gets worse as the income decreases, that means, while about 25% of the population with family per capita income of up to 2 minimum salaries, consider their health as regular, bad or very bad, only 15% of families with per capita above 3 minimum salaries have the same perception (graph 11).

Graph 10 – Health plans coverage according to household monthly classes income per capita(%).



Source: Created by Anahp based on PNAD 2008(IBGE) information

Graph 11 – Self reported health status according to household monthly classes income per capita(%).



Source: Created by Anahp based on PNAD 2008(IBGE) information

Counter payments

The estimate shows a revenue growth of counter payments of 11,3% in 2013, from R\$ 92,7 billion to R\$ 105,7 billion. These numbers consider a revenue collected and published by ANS, in the supplementary health information datasheet of December 2013 in reference to the first three quarters of the year and the estimate for the fourth quarter based on the market performance during the period.

The healthcare expenses are expected to grow 9,4%, reaching the value of R\$ 87,4 billion, based on the same criteria used for the revenue estimate. If the expenses and revenue growth rates are confirmed there will be a reduction of the sectors healthcare claims of 85,0% to 82,7% (graph 12).



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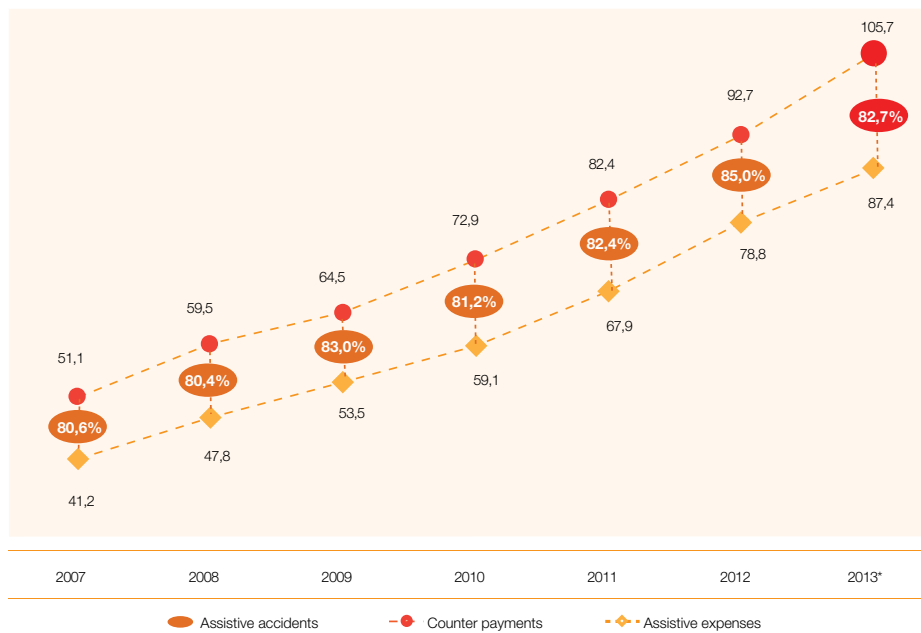
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Graph 12 –Counter payments and assistive expenses
(in current R\$ billion)

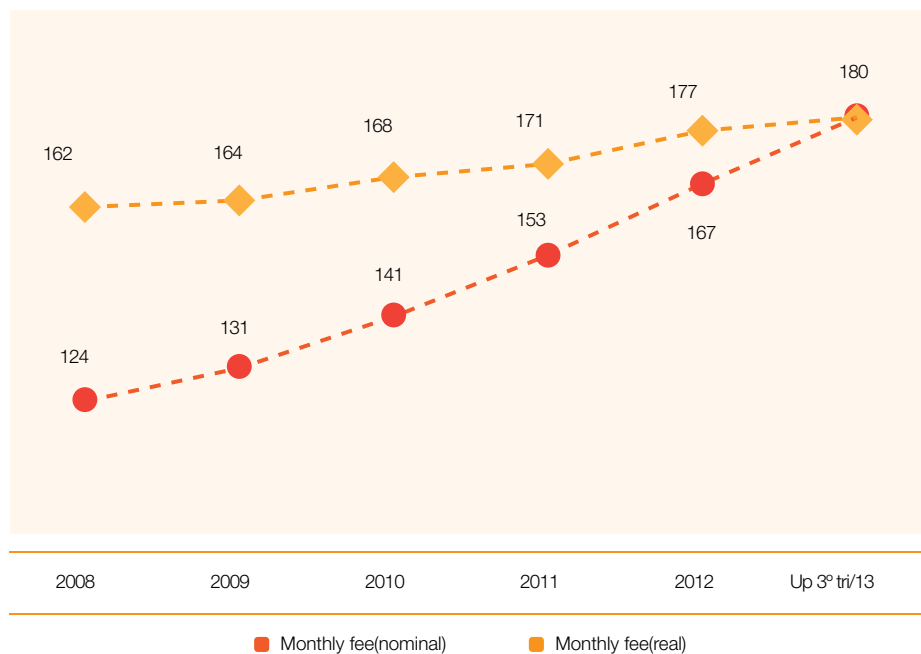


*The values shown in 2013 consolidate data released by ANS until September and estimates the fourth quarter results.
Source: Created by Anahp based on ANS information.

The average monthly fee went in nominal terms from R\$ 167 to R\$ 180. This same indicator, at constant prices of 2013, not considering inflation, had a real growth of 1,5% going from R\$ 177 to R\$ 180(graph 13).

The strong revenue growth was supported by increasing number of health plan beneficiaries and with higher plan contract raises.

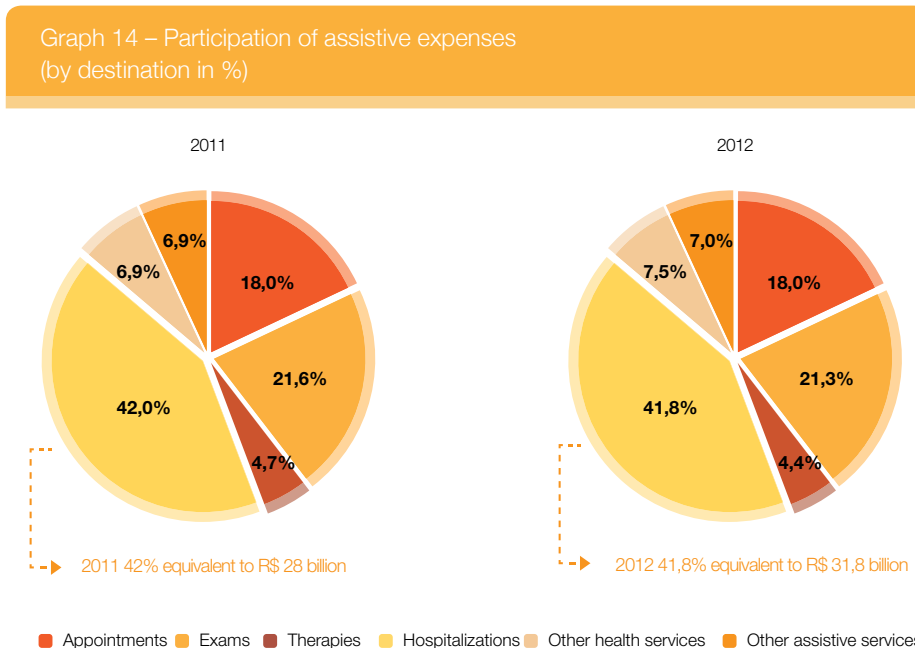
Graph 13 – Average monthly fee in nominal terms(current R\$) and in real 2013 prices(not considering IPCA inflation)



Source: Created by Anahp based on ANS information

The main assistive expense in the supplementary healthcare market is with hospitalizations, whose representativeness fell from 42% in 2011 to 41,8% in 2012, latest possible information (graph 14)

This percentage represented R\$ 28 billion in 2011 and R\$ 31,8 billion in 2012. The second biggest expense is with exams that also lost representativeness, going from 21,6% in 2011 to 21,3% in 2012.

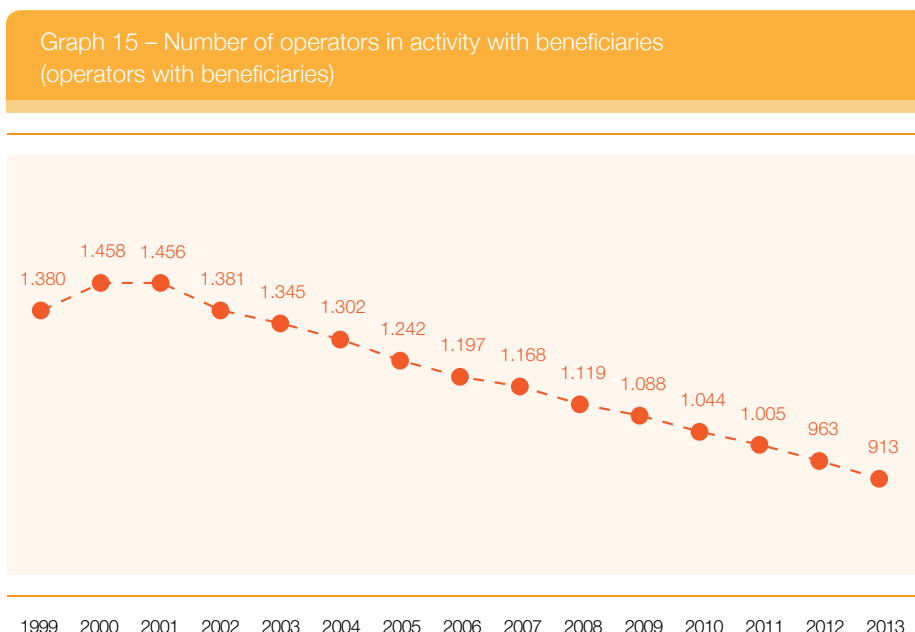


Fonte: Elaboração Anahp a partir de informações da ANS.

Market concentration

The market is in a consolidation phase, with big health plan operators gaining more representativity and the entrance of big international groups in the country. This movement affects competition in the health plan sales market and in the medical-

hospital purchasing market. It's worth noting that the health plan operator companies number is decreasing, going from 963 in 2012 to 913 in 2013 (graph 15).



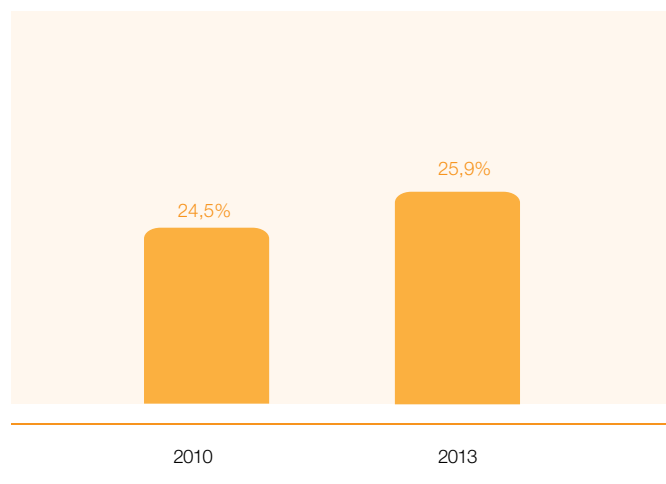
Source: Created by Anahp based on ANS information.

Market profile

Additionally, a traditional index that measures the market concentration, called C4, adding up the market share of the four biggest sector companies, reached 25,9% in 2013(graph 16). When considering all the medical cooperatives as a single

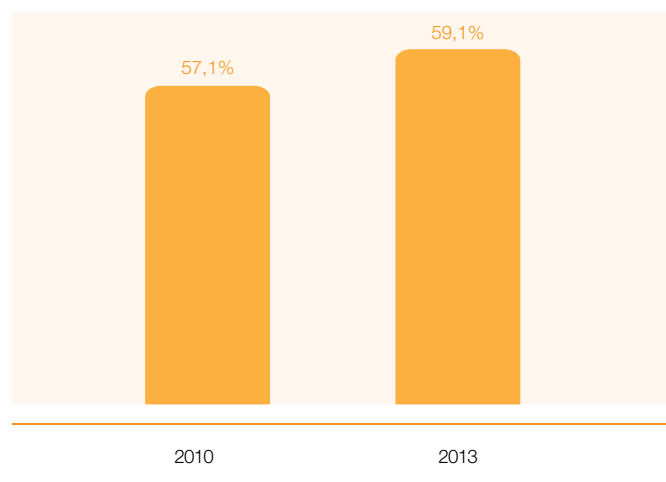
group, due to the fact that these companies are established in different regions and there is little competition among them. Now adding this to the other three biggest operators the C4 index reaches nearly 60% of the market (graphic 17).

Graph 16 – C4 index – Market share of the four biggest health plan operators(%)



Source: Created by Anahp based on ANS information.

Graphic 17 – C4 index – Market share of the four biggest health plan operators(%) – grouping all the medical cooperatives(UNIMEDS).



Source: Created by Anahp based on ANS information.



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Patients' clinical and
epidemiological profile

Following the patients' epidemiological and clinical profile is one of the essential elements for clinical management and an important step to disseminate better practices.

Following the patients' epidemiological and clinical profile is one of the essential elements for clinical management and an important step to disseminate better practices. The medical record is one of the pillars for this analysis. The more detailed the diagnosis and development, greater will be the safety of the patients care, because this will allow a better coordination and continuity to the case. In addition, such information is fundamental for correct identification and codification of diagnoses. To ensure the quality and recording of this information, SAME – (Serviço de arquivo médico e estatístico), responsible for the management of the institutions patrimony, makes storage, traceability and audit of medical records possible with the support of the hospital commissions of medical records and deaths.

The investment in training human resources to work in the medical records services dept. and the expansion of the use of the clinical data in management, has contributed to improve the results. This change of paradigm means more respect of the patients and more security in processes, enhancing the management of the organizations and enables research inside the hospitals.

In 2013 there 670.000 hospitalizations in Anahp hospitals. Considering the supplementary health admission taxes have

been in the order of 14%, the estimated population covered by this group of hospitals is bigger than 4,7 million inhabitants. This represents a growth of 14% regarding the population in 2012(4,1 million inhabitants) or approximately 10% of health plan beneficiaries.

The diagnoses responsible for more than 85% of the attendances acc. To chapter of the International Diseases classification (ICD)/10th revision in 2013 were: neoplasms(cancer), pregnancy, birth and postpartum, illnesses of the genital system, circulatory diseases, digestive diseases, factors(motives for seeking that are not diseases, as specific procedures, removal and adjustment of orthosis and prothesis, chemotherapy, and normal births), symptoms, not defined conditions, respiratory diseases, musculoskeletal system diseases, injuries and poisoning(fractures, injuries resulting from accidents and external causes), perinatal diseases and infectious diseases.

We can notice a big increase in neoplasm, injuries, musculoskeletal system diseases and circulatory system diseases among the most common diagnoses (chart 1/table 1).

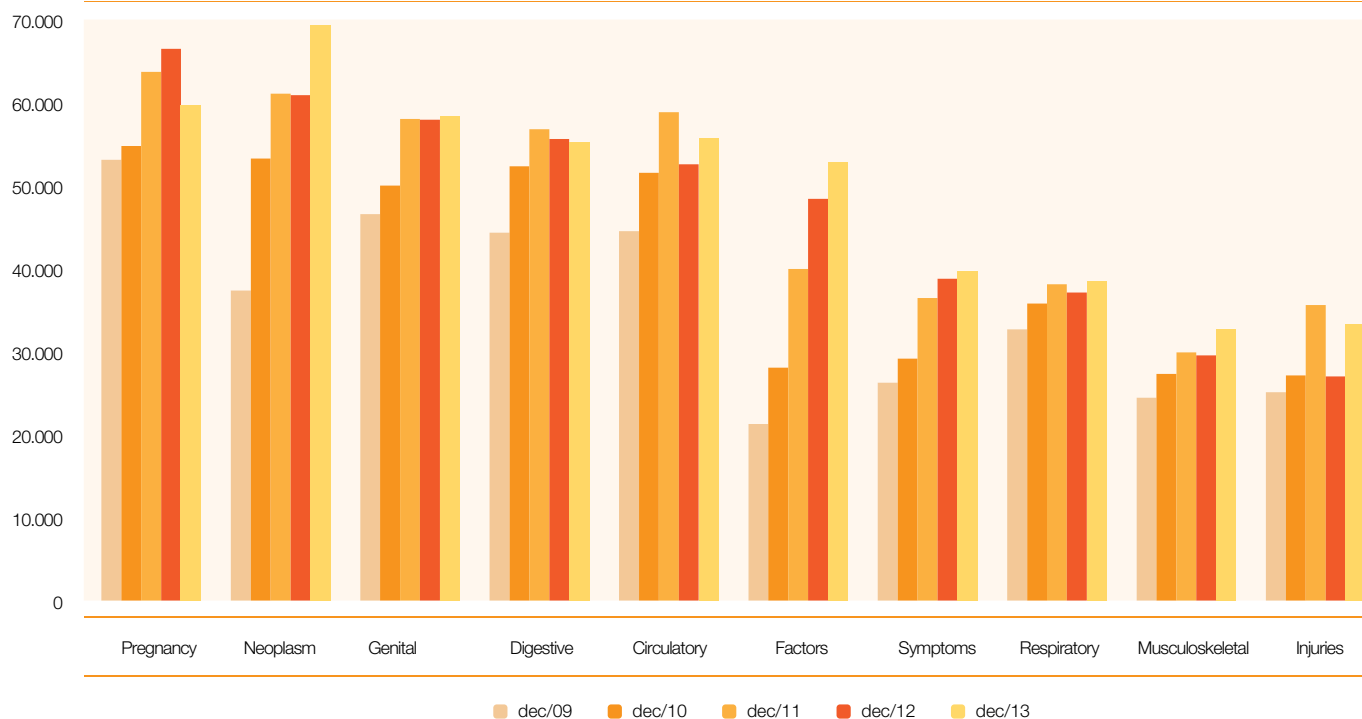
Market profile

Table 1 – Annual distribution of hospital leaves according to main diagnoses grouped per ICD chapter.

Chapter ICD	Year								
	2010 (36)		2011 (37)		2012 (37)		2013 (39)		Variation 13/12
	Total	%	Total	%	Total	%	Total	%	
Pregnancy	54.771	11,1	63.712	11,3	66.473	11,4	59.643	10,2	-10,3
Neoplasm	53.256	10,8	61.071	10,8	60.905	10,4	69.351	11,9	13,3
Genital	49.989	10,1	58.043	10,3	57.946	9,9	58.385	10,0	0,8
Digestive	52.336	10,6	56.778	10,1	55.614	9,5	55.290	9,5	-0,6
Circulatory	51.534	10,4	58.853	10,4	52.573	9,0	55.670	9,5	5,9
Factors	28.073	5,7	39.960	7,1	48.393	8,3	52.818	9,0	9,1
Symptoms	29.155	5,9	36.442	6,5	38.765	6,6	39.756	6,8	2,6
Respiratory	35.803	7,2	38.112	6,7	37.124	6,4	38.447	6,6	3,6
Musculoskeletal	27.315	5,5	29.910	5,3	29.539	5,1	32.756	5,7	10,9
Injuries	27.125	5,5	35.612	6,3	27.014	4,6	33.249	2,5	23,1
Perinatal	10.676	2,2	15.815	2,8	16.105	2,8	14.728	2,5	-8,6
Infectious	12.627	2,6	13.141	2,3	12.616	2,2	12.883	2,2	2,1
Endocrine	10.470	2,1	12.011	2,1	12.056	2,1	11.929	2,0	-1,1
Nervous system	9.909	2,0	10.460	1,9	10.152	1,7	10.524	1,8	3,7
Skin	5.109	1,0	6.327	1,1	6.200	1,1	6.659	1,1	7,4
Congenital	3.907	0,8	4.185	0,7	3.862	0,7	4.368	0,7	13,1
Eyes	2.689	0,5	3.490	0,6	3.362	0,6	3.695	0,6	9,9
Blood	2.217	0,4	2.299	0,4	2.498	0,4	2.605	0,4	4,3
Ear	2.096	0,4	2.147	0,4	1.817	0,3	1.849	0,3	4,2
Mental	1.307	0,3	1.431	0,3	1.485	0,3	1.433	0,2	-3,5
No information	24.380	4,9	15.108	2,7	39.514	6,8	18.289	3,1	-53,7
Total	494.744	100,0	564.907	100,0	584.013	100,0	584.372	100,0	0,1

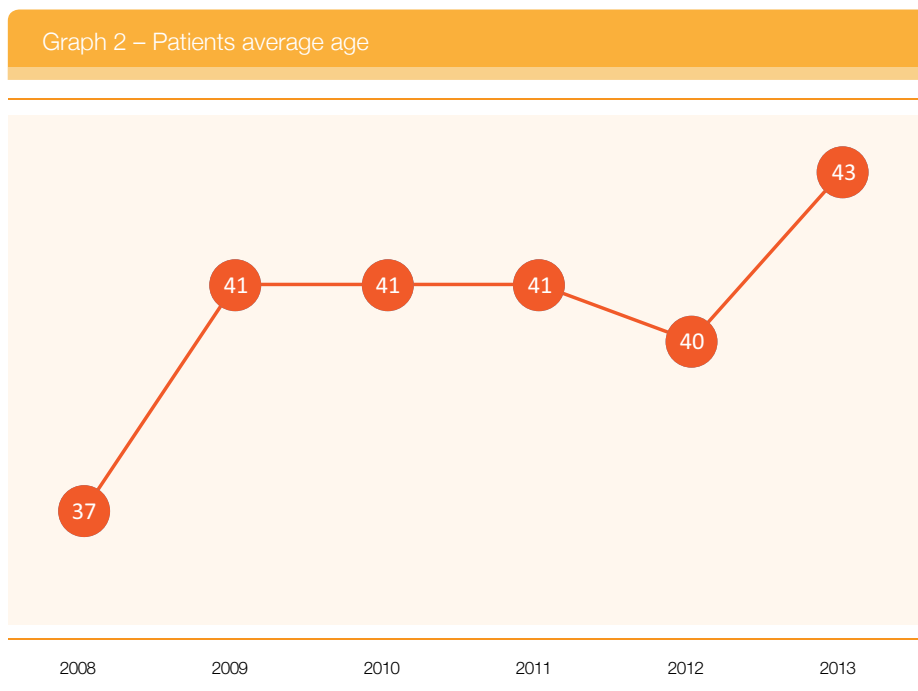
OBS: Values in inverted comers represent the number of hospitals that sent data
Source: Created by Anahp based on SINHA/Anahp information.

Graph 1 – Hospital leaves distribution according to main diagnoses (chapter ICD/ 10th revision)(number of leaves)

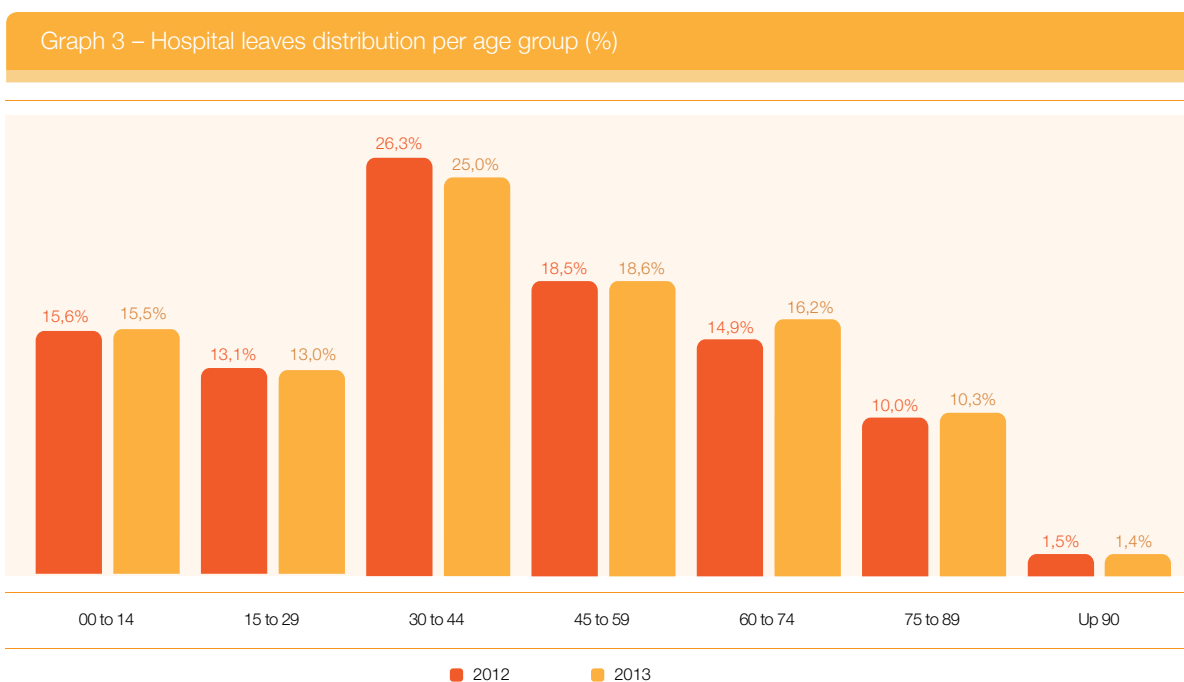


In ANAPH hospitals it's possible to observe the population aging. The average age of the patients went from 37 years in 2008 to 43 years in 2013, with emphasis in the last year,

from 40 to 43 years(graph 2). It's also possible to observe the increase of age group over 60 years, that represents 26% of the hospital leaves in 2012 and passed to 28% in 2013 graph 3).



Source: Created by Anahp based on SINHA/ANAPH information.



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

Market profile

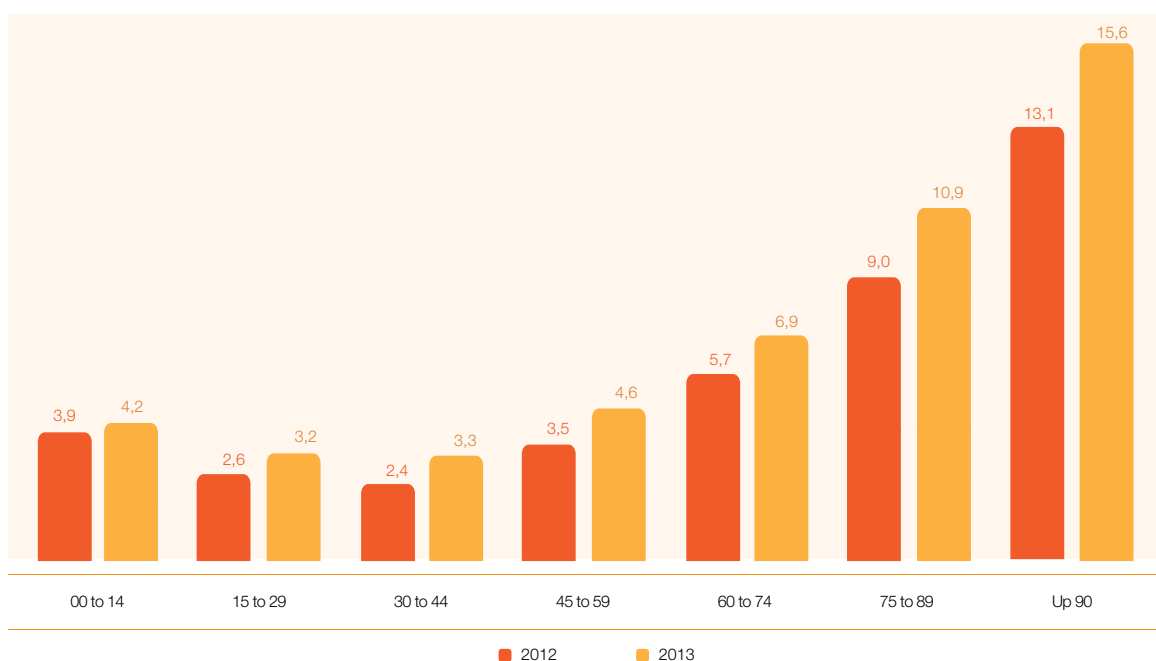
The changes of the patients demographical profile is fundamental for the institutions performance analysis, that show an increase in the complexity of the cases, growth of the average stay-in time and high rate of resident patients(over 90 days).

Data from 2012 and 2013 reveal an increase of the average stay-in time from 4,5 to 4,7 days. This scenario was observed in most of the diagnosis in all age groups (graphs 4 and 6). Among the aspects that could have contributed to this evidence, is the growth of clinical care patients – diagnosis and clinical

decompensating - evidenced by the increase of hospitalizations in critical and semi critical units, associated to the decrease of the surgical procedure rates, as well as the higher complexity of the cases and increasing elderly numbers.

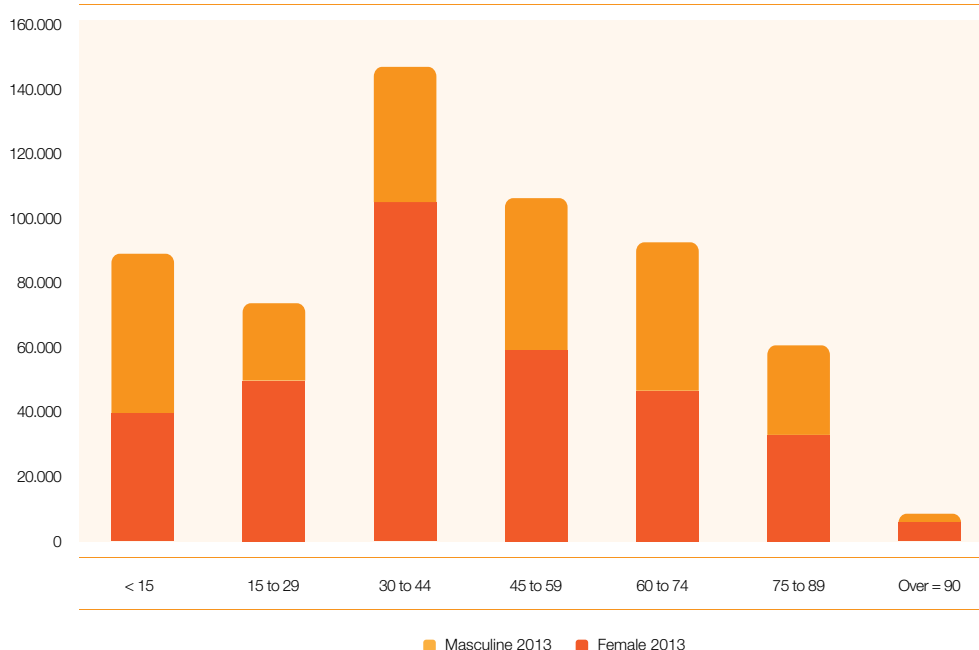
In addition there was an increase incidence of neoplasm and the prevalence of diabetes, chronicle obstructive pulmonary diseases, heart failure and hypertension among other comorbidities that determine larger resource consumption and longer stay-in.

Graph 4 – Average stay-in per age group (days)



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

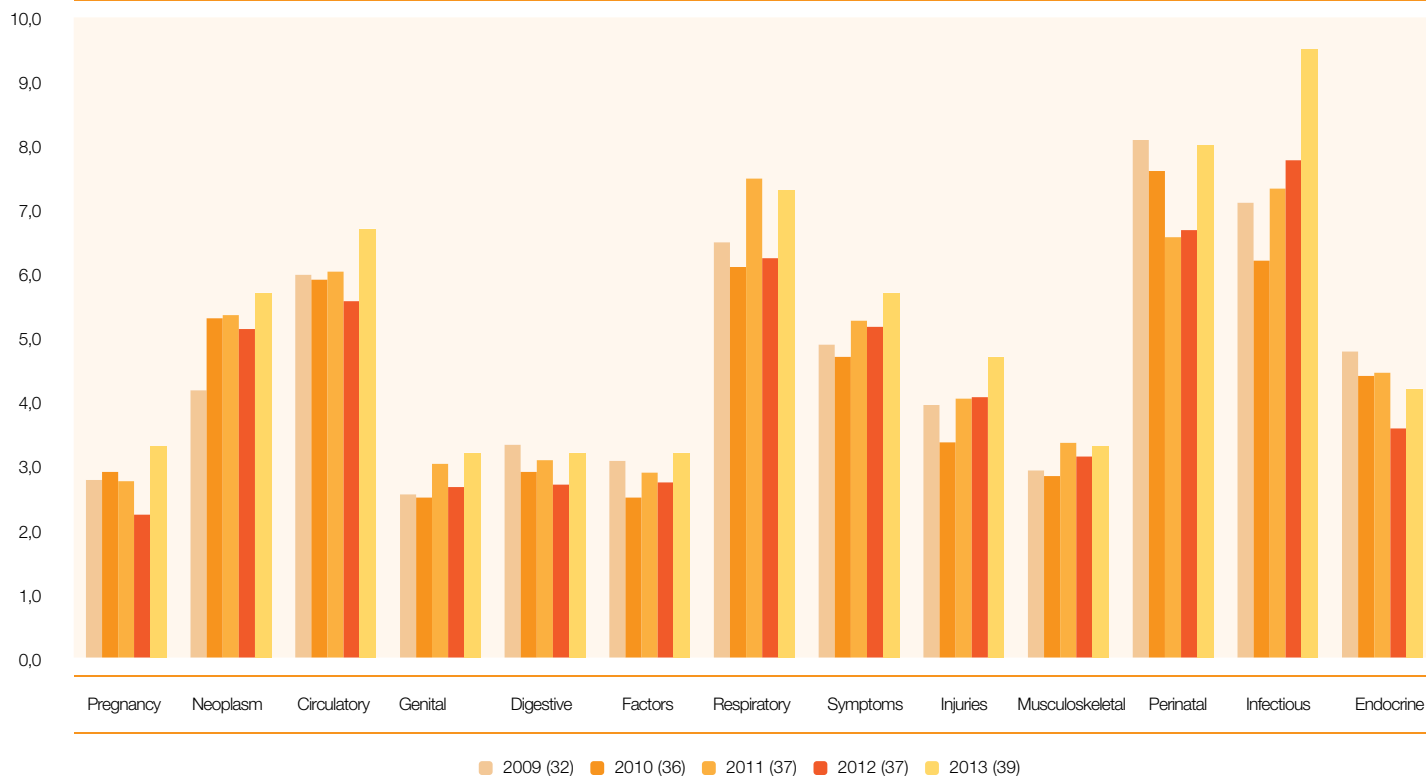
Graph 5 – Hospital leaves distribution according to sex and age group



Source: Created by Anahp based on SINHA/Anahp information

In relation to sex, the masculine population predominates in under 15 years and in 60 to 74 years groups, although the difference is small. In all other age groups the women predominate (Graph 5).

Graph 6 – Annual distribution of average stay-in time according to main chapter ICD / 10th edition.



Obs: Values between inverted comers refer to the number of hospitals considered.
 Source: Created by Anahp based on INHA/Anahp information.

Healthcare performance

Executive Summary

This section shows the structure and annual production of Anahp hospitals, the operational indicator analysis, assistive, quality, safety, and institutional protocols.

90% of Anahp hospitals are standard 4, with a bigger complexity of assistive structure.

The institutions show trends to increase occupancy rates – between 75 and 85%.

The complexity of the hospital care has increased therefore the average hospital stay-in time has increases and the patients' rate remains high.

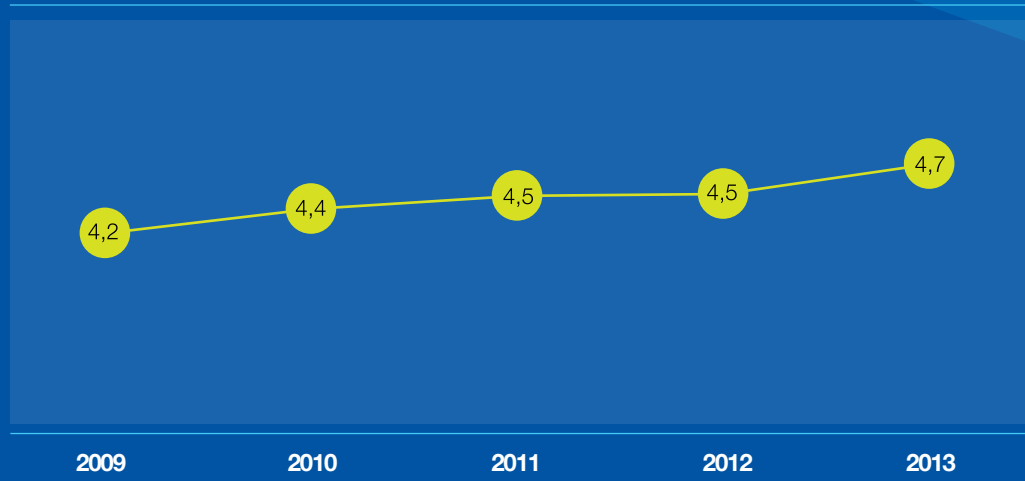
Patients' average age and clinical surgical complexity have increased. There is a bigger volume of patients with various comorbidities.

The proportion of hospital beds in intensive care and semi-intensive care has grown with the demand of more severe clinical and surgical admissions.

The institutional and operatory mortality rates grew, following the trend of the increasing patients severe illnesses.

The density rate of hospital infection incidence has decreased and is related directly to the good welfare practices and safety in intensive care units.

Average time of hospital stay-in (days)



In relation to the monitoring of clinical protocols, data from Anahp institutions show::

- The Door- angioplasty procedure time shows a reduction throughout the period, from 110 minutes in 2010 reduced to 86 minutes in 2013.

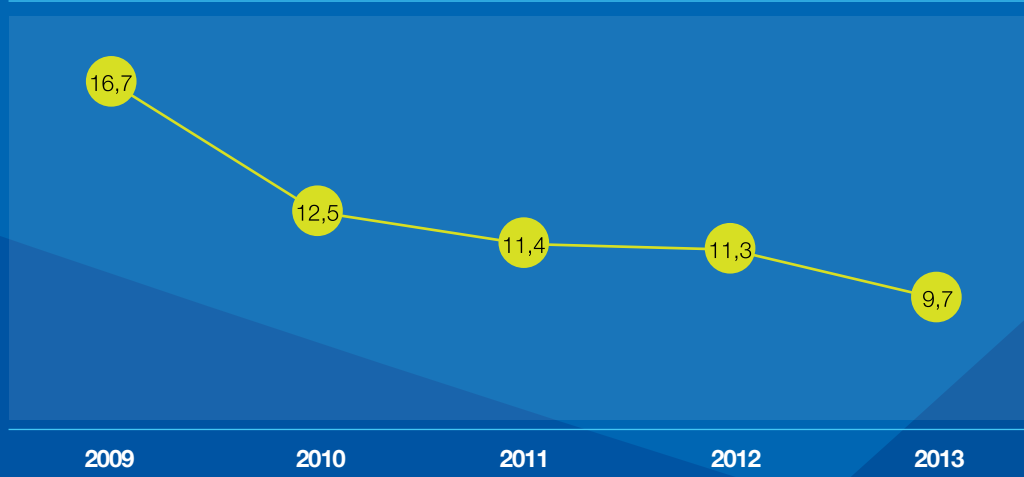
- The door-tomography time shows a linear reduction trend, from 97 minutes in 2010 to 64 minutes in 2013, showing the increase of assistive efficiency.

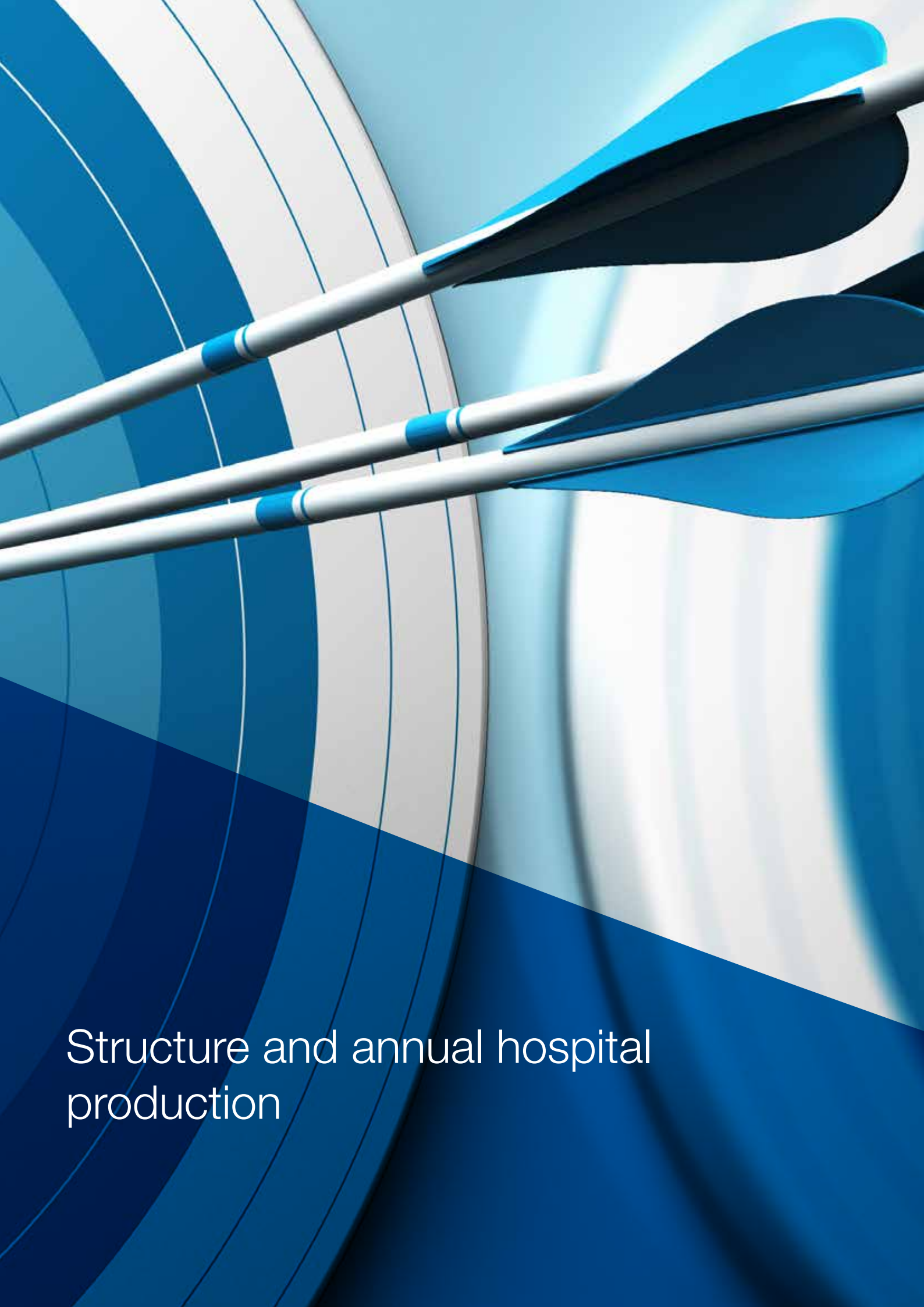
- The mortality rates of a heart attack have shown a significant reduction of 36% between 2013 and 2012.

- Since 2010 we observed a decrease in the average stay-in time from 11,5 days to 8,5 days in 2013, and also the mortality rate of congestive heart failure(ICC), from 9,1% to 4,8%.

- Pneumonia acquired in the community is one of the main causes and has increased mortality in young age groups during last years.

Density rate of hospital infection incidence in adult intensive care unit (UTI) (per 1000 patients day).





Structure and annual hospital production

Most Anahp member hospitals are large or extra-large in relation to their installed and operational capacity of their hospital beds.

The structure of associated hospitals on the whole is highly rated in relation to their installed and operational capacity of their beds. Using as a basis document Nr. 2224 of the Ministry of Health (Brazil 2002) that includes healthcare complexity standards, type and quantity of beds, intensive care, Nr. of surgical centers and special attention to high risk pregnancy, 90% of the hospitals are standard 4 – bigger healthcare complexity structure. The other 10% are considered standard 3, meaning that there are no Anahp hospital members considered as having low healthcare complexity systems.

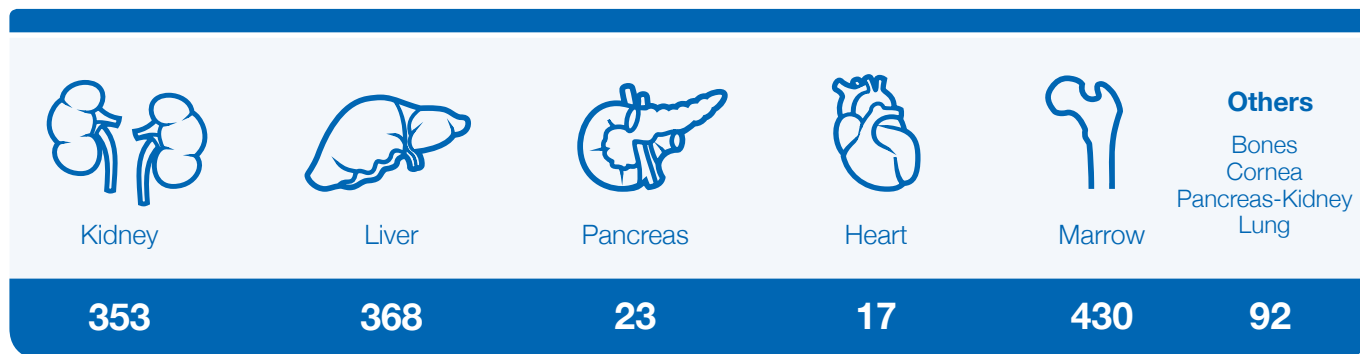
Hospitals with this structure should just be compared to hospitals with similar rating (3 or 4), because when analyzing the results, the bigger the complexity structure determines the capacity to take care of patients in a more delicate state.

The hospitals are general and include emergency care on a big scale, 47% have maternities and all of them give special attention to acute patients.

The diagnosis support structure is robust, 95% are equipped to realize topographies, 62% of these are self-owned. In relation to resonance magnetic imaging 90% have the equipment, being the production for external patients predominant.

56% of the hospitals perform transplants.

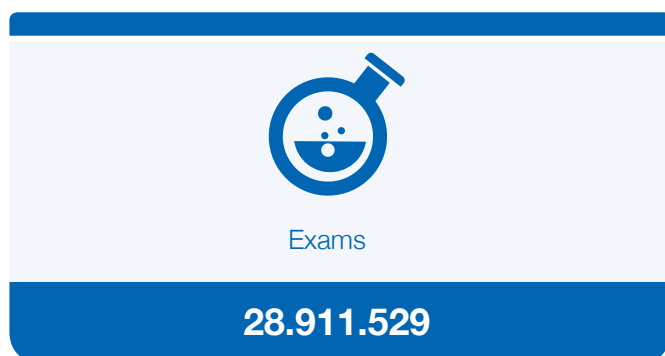
In 2013 the transplant production is shown below:



97% of the hospitals have urgency and emergency (ER) services.



36% of the laboratory services are third party contracts.



For the therapeutic and diagnostics support 92% have hemodynamic services, 82% renal replacement therapy, 84% blood bank, 79% chemotherapy and 31% radiotherapy. We also show that 54% of the institutions have hospital – day for first aid services and also oncology and clinical procedures. In 2013, 128.077 first Aid attendances were done and also 62.782 surgeries in the hospital-day system. Among Anahp hospital members, 64% have first Aid facilities, corresponding to over 900 consulting rooms that realized 3,1 million consultations during the year.

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Operational management

Anahp hospitals show a growing trend in the occupancy rates and average stay-in time.

The indicator related to healthcare performance permits the evaluation of important dimensions of the clinical governance as: efficiency in the management of operational hospital bed

system, analysis of surgical procedure results, productivity and healthcare efficiency. 45 hospitals sent in their operational management indicators data, monthly (chart 5 and 5a).

Chart 1 – Annual summary of operational indicators

Indicator	2009	2010	2011	2012	2013	Var. (%) 2013/2009
Occupancy rate	76,8	78,7	78,5	77,5	78,9	2,81
Average Stay-in	4,2	4,4	4,5	4,5	4,7	12,4
Turn over	5,5	5,4	5,3	5,3	5,0	-9,8
Internal Substitution rate	1,28	1,20	1,24	1,31	1,26	-1,2
Resident patients rate (> 90 days)	0,5	0,6	0,7	0,7	0,7	33,5
Institutional mortality rate (>= 24h)	1,5	1,7	1,8	1,8	1,9	20,6
Surgical mortality (up to 7 days after surgery)	0,2	0,2	0,3	0,3	0,3	34,7
Operational occupancy rate – Adult intensive care units	ND	83,6	79,9	72,8	80,6	-3,6
Operational occupancy rate – Neonatal intensive care units	ND	78,1	65,9	72,0	77,8	-0,4
Semi- intensive operational occupancy rate	ND	ND	82,4	87,3	85,5	3,8

Average stay-in

- Increasing linear trend for average hospital stay-in
- Reducing turn over
- Slight reduction of the replacement internal rate, opposed to the better management of the operational hospital beds
- High resident patients rate
- Clinical management initiative to improve resident patient services

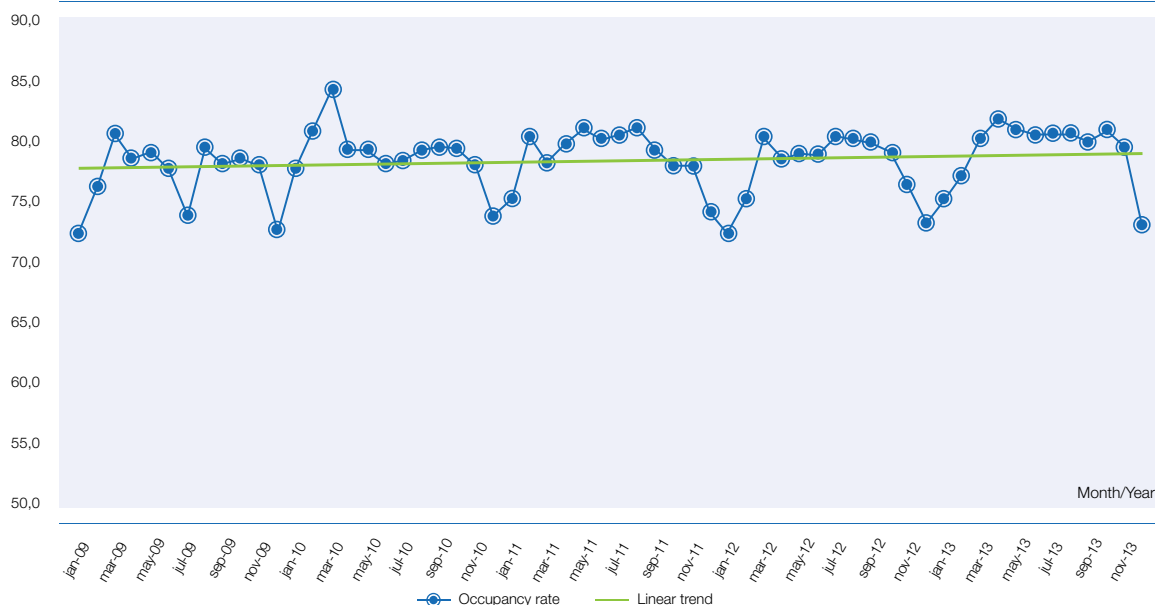
Institutional and operational mortality rates

- Bigger surgical and clinical complexity
- Increase of patients average age
- Growth in the proportion of clinical admissions in hospitals
- Bigger quantity of patients with various comorbidities

Hospitals have shown an increasing linear trend in the occupancy rates, maintaining in 2013 an average of 79%. The variation was of 75% to 82% throughout the year.

The growth variation between 2009 and 2013 is of approximately 3%. We observe a seasonal variation.

Graph 1 – Occupancy rate monthly distribution - Anahp hospitals
Jan/2009 - Dec/2013



Representing 15% of the total of hospital beds in 2013, the proportion of adult intensive care beds (including coronary UTI) and semi- intensive beds is significant in the hospitals, and grew as the result of the increasing demands of worse cases of First Aid and surgical admissions, that need this assistive resource.

The occupancy rate of the adult intensive care units showed an average of 81% in 2013 and a seasonal variation. Creating semi- intensive hospital beds has facilitated the management of intensive care unit beds in order to optimize this type of resource.

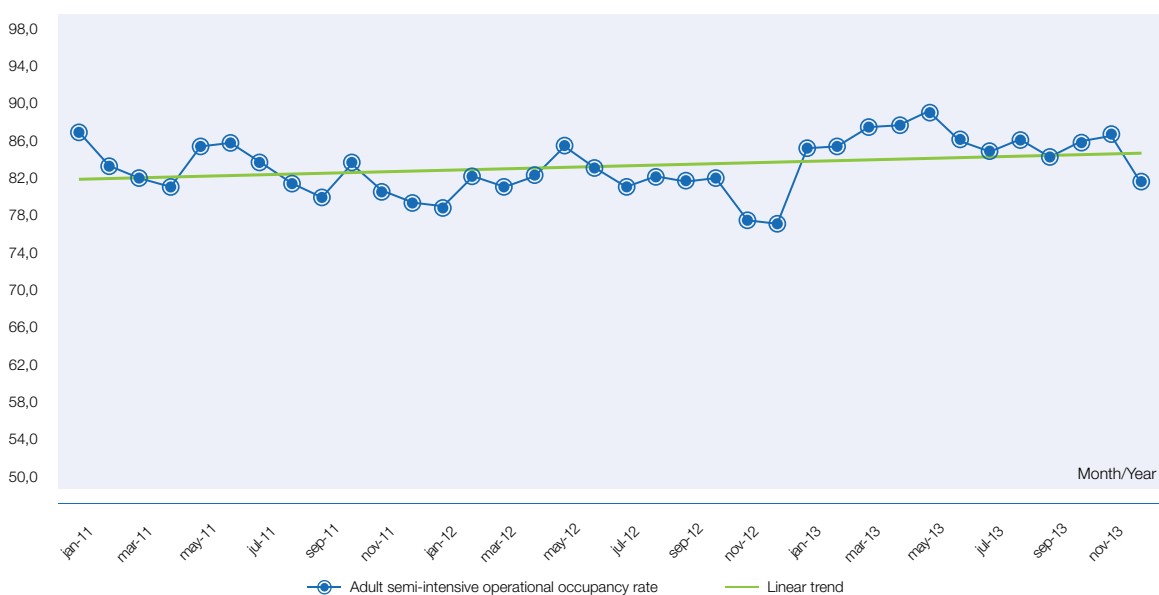
Graph 2 – Adult Intensive Care unit occupancy rate monthly distribution – Anahp Hospitals Jan 2010 – Dec 2013 (%)



In 2013, 15 hospitals informed about semi-intensive care beds. In the historical series it's possible to observe the important growth of intensive care for adults and also the growth of the semi-intensive beds. Among the associated hospitals the proportion of intensive care beds has varied from 15% to 40%

depending of the existence of a maternity in the hospital. The occupancy rate of the semi-intensive beds showed an average of 85% during 2013, with a smaller seasonal variation, showing the relevant roll in patients recovery in a better cost-effect way (graph 3).

Graph 3 – Semi-intensive occupancy rate monthly distribution – Anahp Hospitals Jan 2011 – Dec 2013 (%)



You can observe, by one side the growing trend of the First Aid surgical procedures realized in the hospital-day regime, and by the other side the increase of the proportion between semi and intensive care beds, and the total of beds in hospitals. This model of assistive organization has grown with evidences of the impact on the better use of critical beds and the reduction of stay-in time of more delicate patients that demand a bigger complexity in clinical treatment.

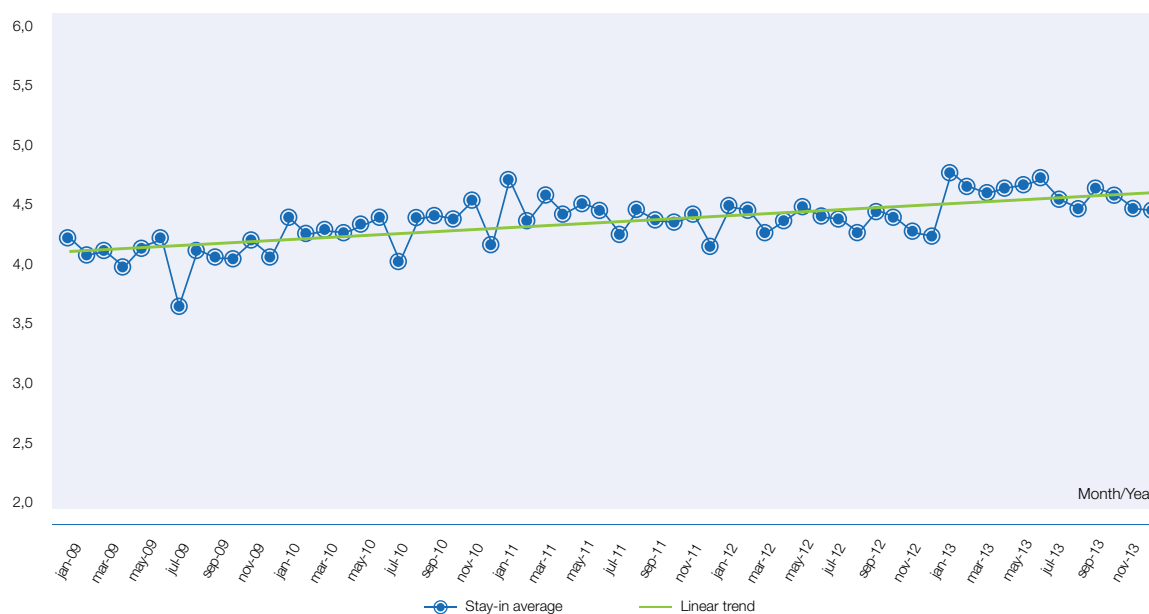
The classical evaluation measure of the results and the quality of healthcare offered in ICU's is the reason that the observed

mortality is over what was expected according to the gravity score.

Hospitals have used APACHE 2 and SAPS and many of them have used both of them. This index was below 1(one) during the entire year, with an average of 0,59.

One of the most important indicators for hospital operational management in the stay-in average (chart 3 – graph 4). You can notice the linear trend since 2009, with values closer to 4,8 for 2013. The yearly average was 4,7 days, 12% higher than 2012 numbers.

Graph 4 – Average Stay-in monthly distribution – Anahp Hospitals
Jan 2009 - Dec 2013 (days)

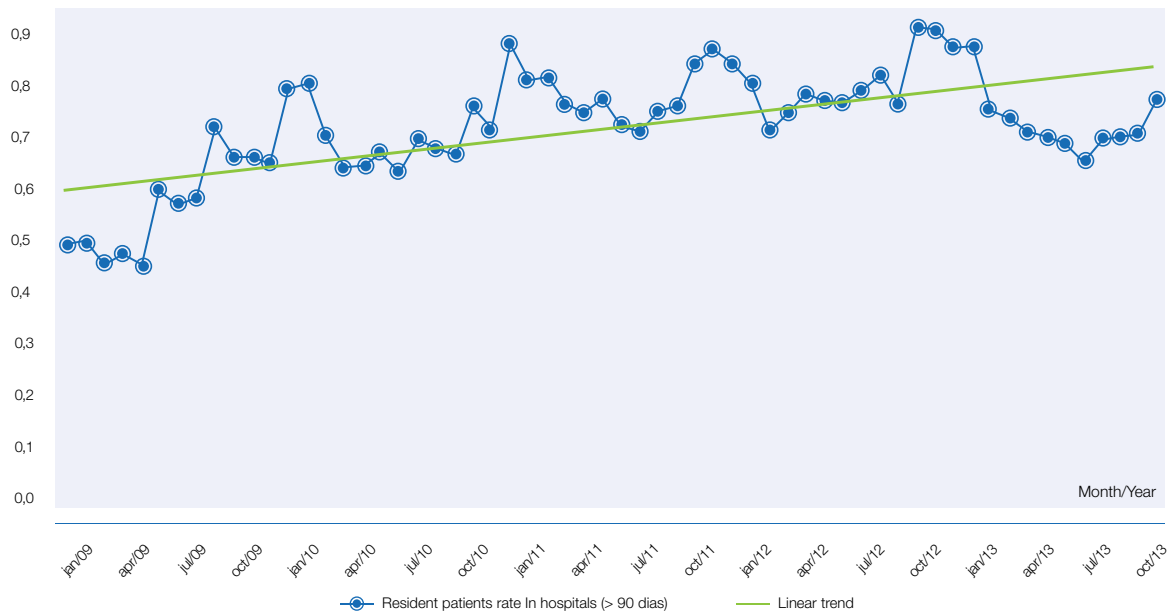


Another indicator monitored since 2007 and that represents one of Anahp hospitals biggest problems are the resident patients(those who remain more than 90 days) for hospitals that are focused on acute patients, these services can be better solved in other assistive modalities. Between 2012 and 2013 the working group,(Melhores Praticas Assistenciais e Organização do Corpo Clinico), detailed alternatives to deal with these patients profile ensuring the technical quality and care security.

Some hospitals have specific groups responsible for the management of the long term permanence cases, that includes the detailed evaluation of these cases, from the admission, monitoring and hospital leave and follow-up.

After the implementation of some proposals, this rate suffered a significant reduction, with an average of 0,68 in every 100 hospital leaves, in 2013 (graph 5).

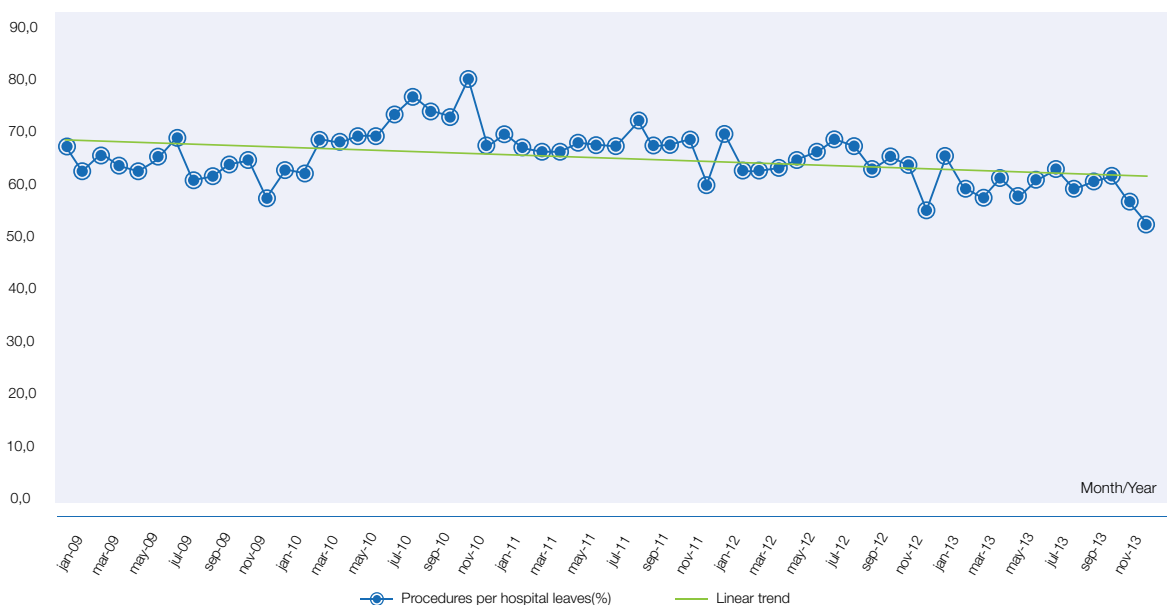
Graph 5 – Resident patients rate monthly distribution – Anahp Hospitals
Jan 2009 – Dec 2013 (%)



The assistive complexity is related , on one side to the structure of diagnosis and treatment existent in hospitals, and on the other side, the patients security. The increase of patient numbers, higher patients' average age, multiple comorbidities,

bigger proportion of patients with cancer, autoimmune and neurological diseases contribute to the worsening of the cases. The surgical procedure rate was 61% in 2013, smaller value observed during the study period (graph 6).

Graph 6 – Surgical procedures rate monthly distribution – Anahp Hospitals
Jan 2009 – Dec 2013 (%)

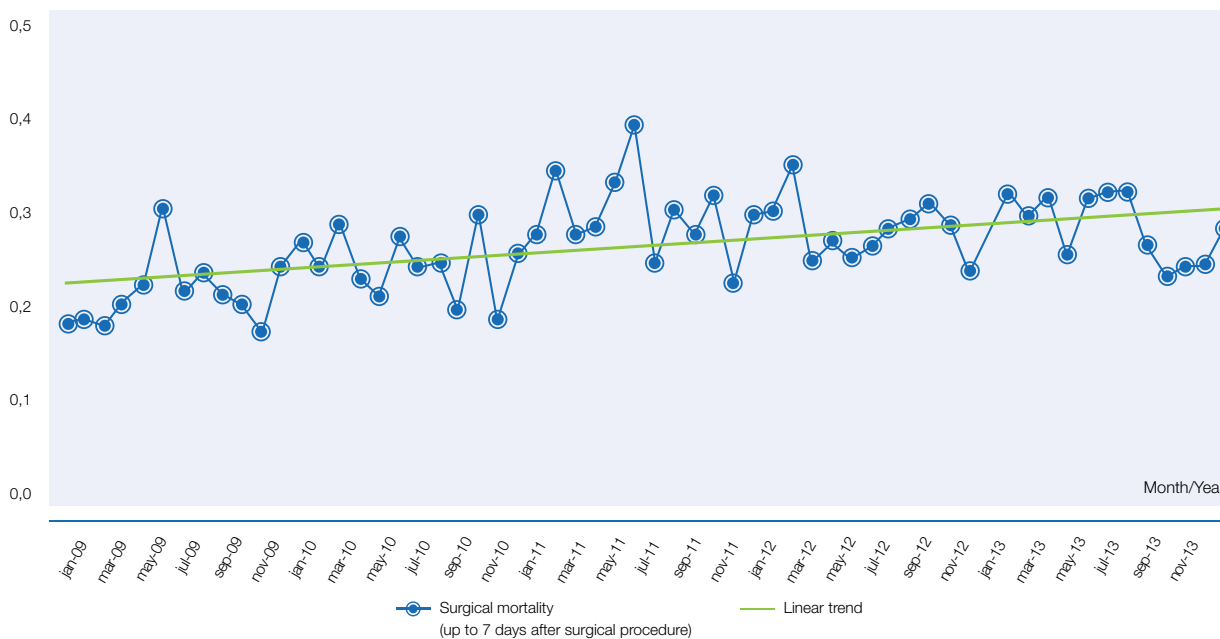


Healthcare performance

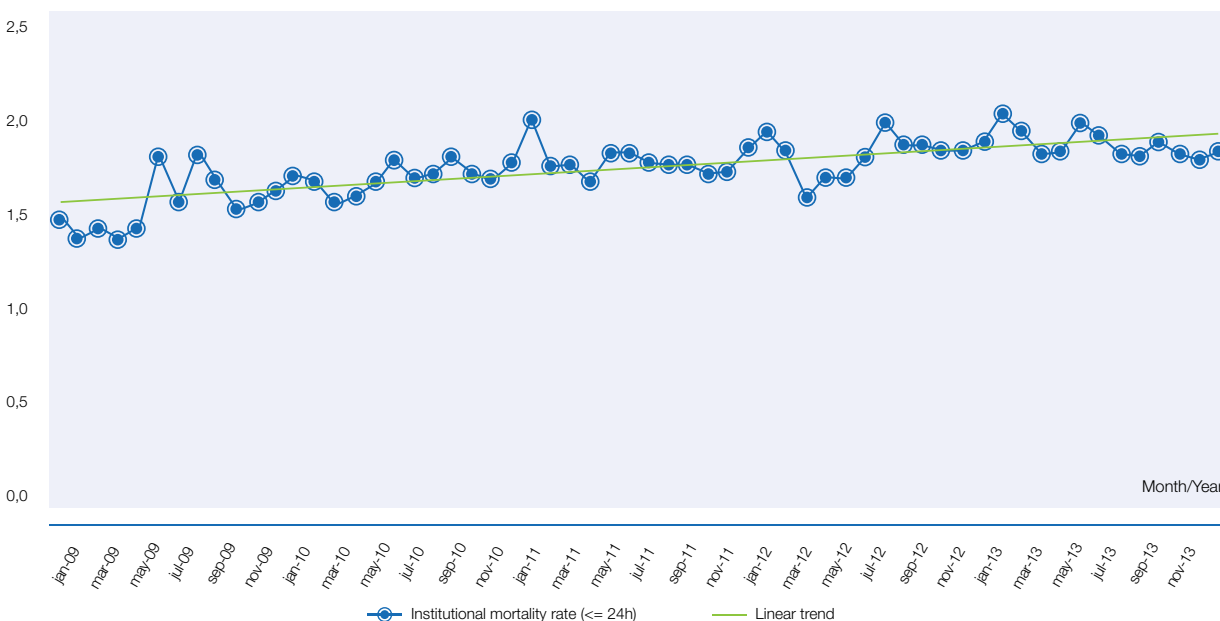
As a result, the surgical and institutional mortality rates increased, following the increase of the more delicate patients trend. The institutional mortality average rate was 1,9% and the surgical mortality rate 0,3%. It's noteworthy that these rates are smaller than the ones informed by the national commission system.

In the case of the institutional mortality, the average of private general hospital that sent their data to the "Compromisso com a Qualidade Hospitalar(CQH) , of the Associação Paulista de Medicina(APM) was of 2,94% in 2013.(graphs 7 and 8)

Graph 7 – Surgical mortality rate monthly distribution – AnahpS Hospitals
Jan 2009 – Dec 2013(%)



Graph 8 – Institutional mortality rate monthly distribution – AnahpS Hospitals
Jan 2009 – Dec 2013(%)



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Assistive quality
and security

Security indicators show positive results with investments in quality programs.

Anahp hospital members have accreditation by external evaluation systems and, during the last 5 years more than one certification model has been incorporated by some of these institutions, either for the hospital or for certain services.

Participating of the accreditation process puts the group of hospital providers at a differentiated level of investment in security and quality.

Chart 2 – Annual Summary of security indicators

Indicators	2009	2010	2011	2012	2013	Var. (%) 2013/2009
Hospital infection density rate – Adult intensive care unit	16,7	12,5	11,4	11,3	9,7	-42,0
CVC utilization rate – Adult intensive care unit	59,1	53,9	56,6	57,0	47,9	-19,0
Hospital infection incidence density associated to the use of central vascular catheter – Adult intensive care unit	4,7	3,3	3,3	3,0	3,4	-28,7
Hospital infection density rate – Neonatal intensive care unit	11,8	9,0	9,8	6,2	7,3	-37,8
CVC utilization rate – Neonatal intensive care unit	ND	28,3	30,7	25,2	28,1	-0,7
Hospital infection incidence density associated to the use of central vascular catheter – Neonatal intensive care unit	ND	1,9*	7,7	3,7	6,1	-20,2
Hospital infection density rate – Semi- intensive care unit	ND	ND	4,5	3,9	5,5	21,3
CVC utilization rate – Semi-intensive care unit	ND	ND	25,5	27,9	31,6	24,2
Hospital infection incidence density associated to the use of central vascular catheter – Semi-intensive care unit	ND	ND	1,7	1,2	2,4	40,9
Mortality ratio observed/expected in Adults intensive care unit	ND	ND	0,63	0,64	0,59	-6,3
Infection rate at surgical sites	0,52	0,60	0,63	0,58	0,71	36,4
Ulcer rate caused by pressure	ND	1,1	0,9	1,0	0,4	-58,3
Prophylactic antibiotics therapy compliance rate	ND	ND	80,1	82,0	84,2	5,1
Surgical demarcation site rate	ND	ND	ND	92,0	96,8	5,2
TEV Prophylaxis compliance rate	ND	ND	ND	57,9	65,4	13,0
Patients medical record compliance rate	ND	ND	ND	86,9	80,7	-7,1

NA – not available – collect of data began later

Hospital infection incidence density rate in adult intensive care unit

- Hospitals with significant decreasing linear trends on infection incidence density rates in intensive care units
- Positive impact on the use of Bundles
- Reduction of the incidence density rate associated to CVC of 29% in 5 years.

Infection incidence density rate – neonatal intensive care unit

- Decreasing linear trend of rates in Neonatal intensive care units, with a big yearly variation
- Slight decrease of the Catheter utilization rate

Infection incidence density rate – semi-intensive care unit

- Between 2011 and 2013 various hospitals that did not monitor this indicator, started to do so
- The comparison during the years deserves special care, between 2012 and 2013 you will see that there was an increase in the semi-intensive infection incidence density rates partly related to better data information

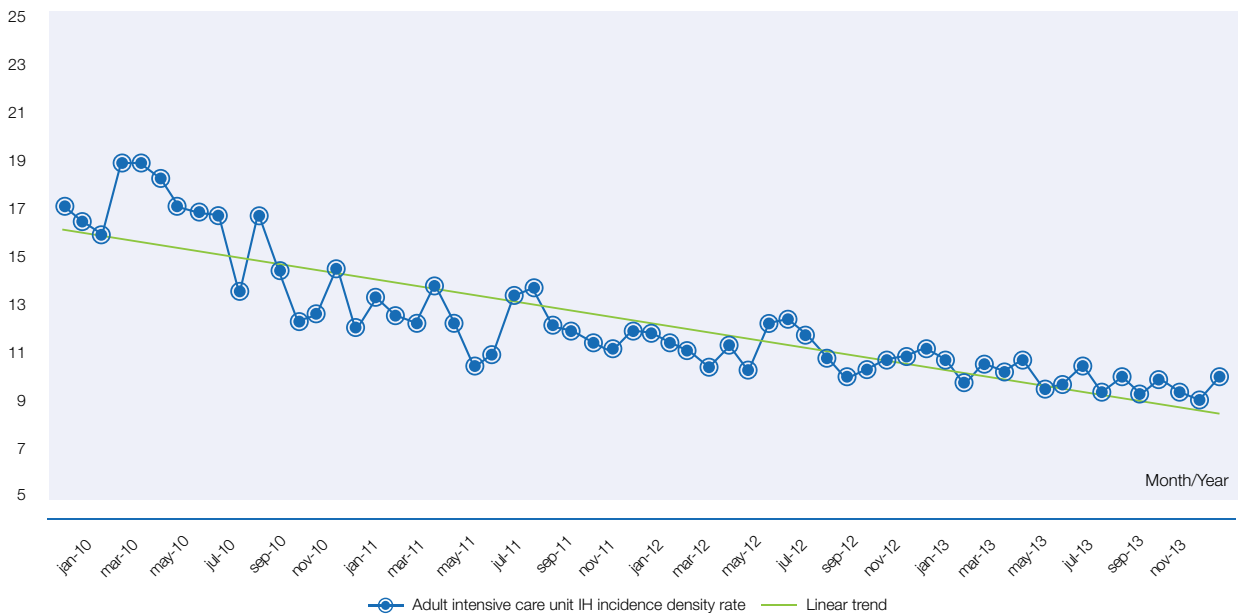
Quality and security indicators must be interpreted considering the hospitals assistive profile and structure. In this way, they are comparable to big and highly complex hospitals results with data and indicators shown on charts 5 and 5a.

The hospital infection incidence density rate (Nr. of hospital infections/Nr. of patients x 1000) is directly related to the good assistive practices and security in the intensive care units. The implementation and adherence of healthcare teams to the Bundles in intensive care units determined a large impact of infection associated to devices.

The infection incidence density associated to the use of central vascular catheters and mechanical ventilation have contributed to a more adequate indicator, the more opportune withdrawal and the more standardized nursing teams. These integrated actions determine a great reduction of the infection incidence associated to devices.

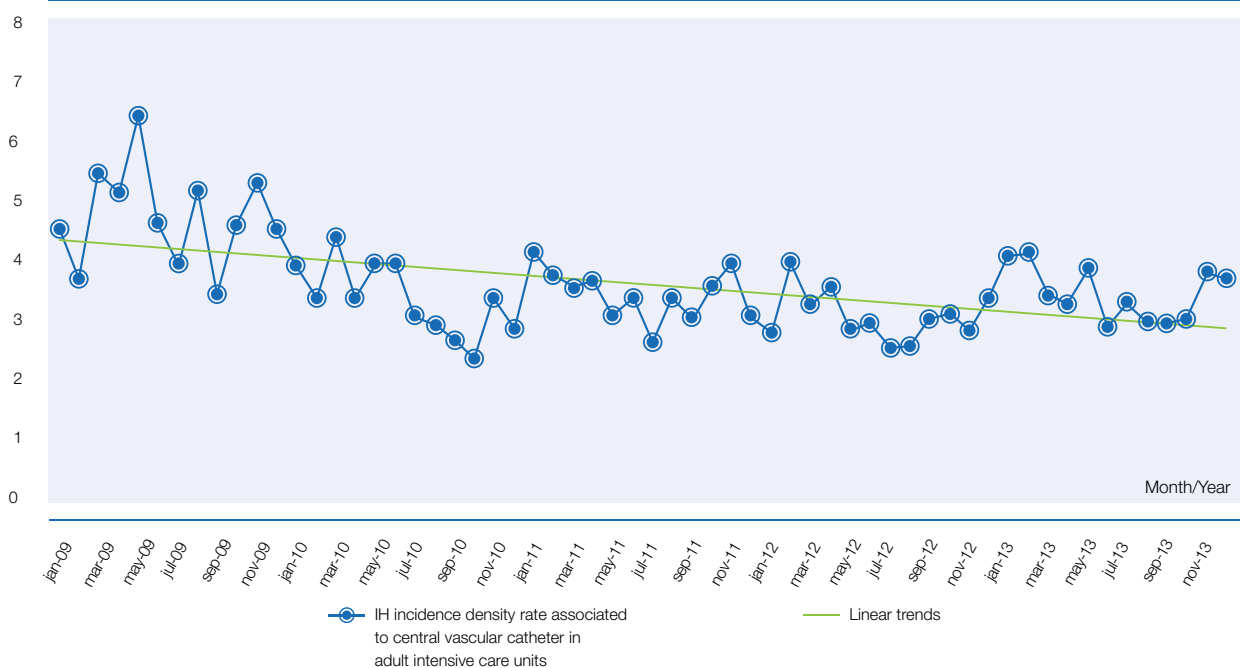
The general infection incidence density rate in intensive care units showed a significant reduction (graph 9). Note that the decreasing rhythm was smaller in 2013. The reduction of the infection incidence density in intensive care units highlights a better security with patients care and better results for the health system, especially considering the increase in average age and bigger comorbidities prevalence. These factors increase the patients intrinsic risk to acquire infections related to healthcare.

Graph 9 – IH Incidence density rate monthly distribution(per 1000 pD) in Adult intensive care units Anahp Hospitals – Jan 2009 – Dec 2013



Hospital infection incidence density rates associated to central vascular catheter in adult intensive care units also suffered reductions, as shown on graph 10.

Graph 10 – IH Incidence density rate monthly distribution associated to CVC(per 1000 pD) in adult intensive care units – Anahp Hospitals – Jan 2009n- Dec 2013



Healthcare performance

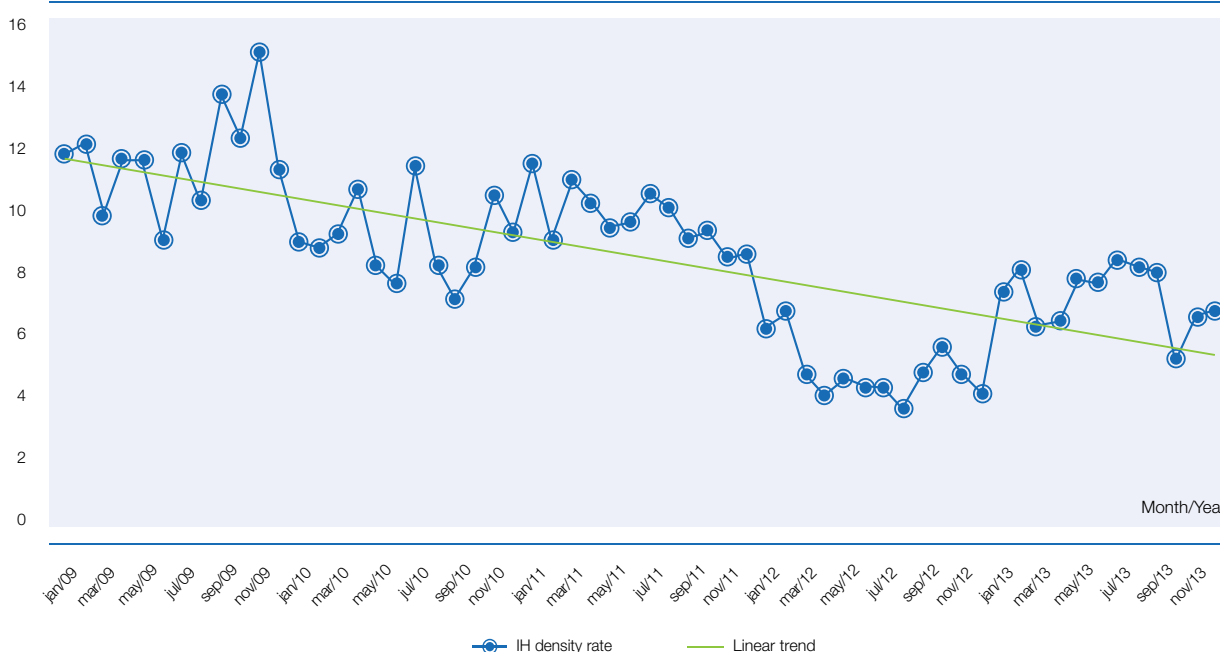
This reduction is associated with the smaller utilization of CVC. The utilization rate varied between 44 and 48% in adult intensive care units (chart 5a).

The Quality of the healthcare provided in intensive care units is one of the key aspects on the efficient management of hospital services. The reduction of infection risk related to assistance and prevention of patients' complications is a continuous effort to improve the organizational actions taken in this direction, resulting in the faster patients return to their day-to-day activities, smaller social cost, smaller incapacity proportion and better quality of life. These actions contribute to reduce the

risk of re-admissions, that means a significant economy for the health system resources.

In Neonatal intensive care units you can also see a significant reduction of the infection incidence density rates (graph 11). The rates went from 10 to 12 per 1000 patients-day in 2009 and 2010 to 6 and 8 per 1000 patients-day in 2013. This reduction is related to the better use of the central vascular catheters and a better indicator of mechanical ventilation in the neonatal intensive care units. The utilization rates vary between 21 and 31%, smaller than the ones observed in 2011 (chart 5a)

Graph 11 – Hospital infection incidence density rate(per 1000 pD) monthly distribution in Neonatal intensive care units – Anahp Hospitals – Jan 2009 – Dec 2013



In semi-intensive units, the infection incidence density rate, the utilization of CVC and the systemic infection incidence density associated to CVC rates are monitored in the same way as intensive care units. In 2013, 15 hospitals with beds installed in semi-intensive units informed infection incidence density rates that showed an increase in the values, consequence of the larger quantity of hospitals that are monitoring the infections related to healthcare in these units. The average in 2013 was 5,5 per 1000 patients-day (chart 5a).

The infection of surgical site rate (graph 12) varied between 0,7 and 0,8 during 2013. You will observe an increasing linear trend, which could be associated to bigger surgical complexity as outlined above. The infection data are collected after practical research after hospital leave, regarding big investments in the infection control teams of the hospitals. In 2013 the information of the indicators was improved, increasing the identification of after hospital leave cases.



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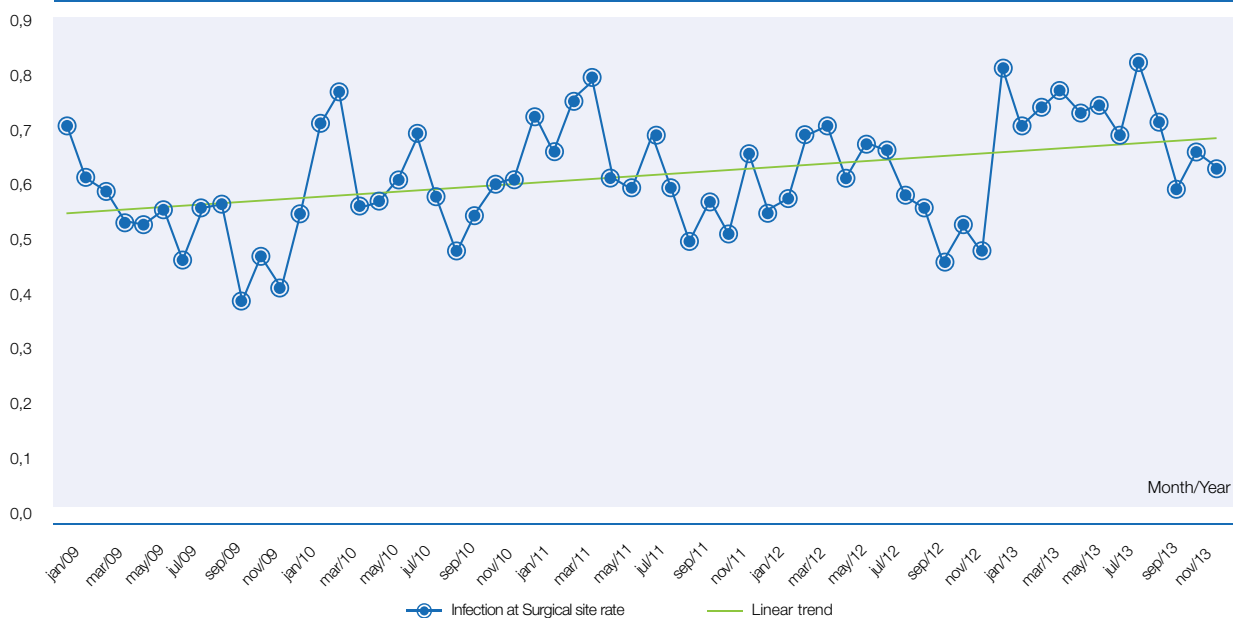
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Graph 12 – Infection at Surgical site rate monthly distribution – ANAPH Hospitals
Jan 2009 – Dec 2013

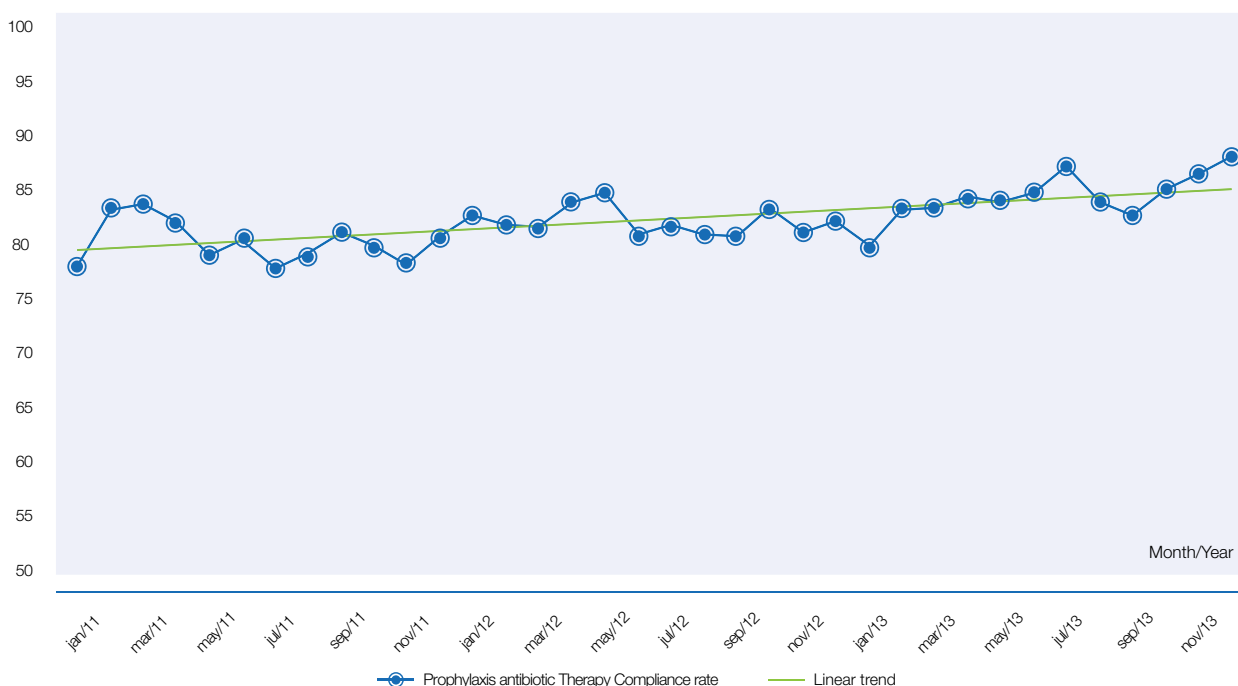


To evaluate the surgical patients care quality, three indicators are monitored:

Prophylaxis antibiotics therapy prescription conformity rate composed of 3 components, application at the correct time prior to surgery, the recommended schedule for better evidences for each type of surgery and the duration of

the scheme. This last component usually determines the unsuitability and low accordance with recommendations on graph 13, you can evaluate the compliance degree varying from 80 to 88% with a tendency to improve. The average in 2013 was of 84% (chart 5a and graph 13)

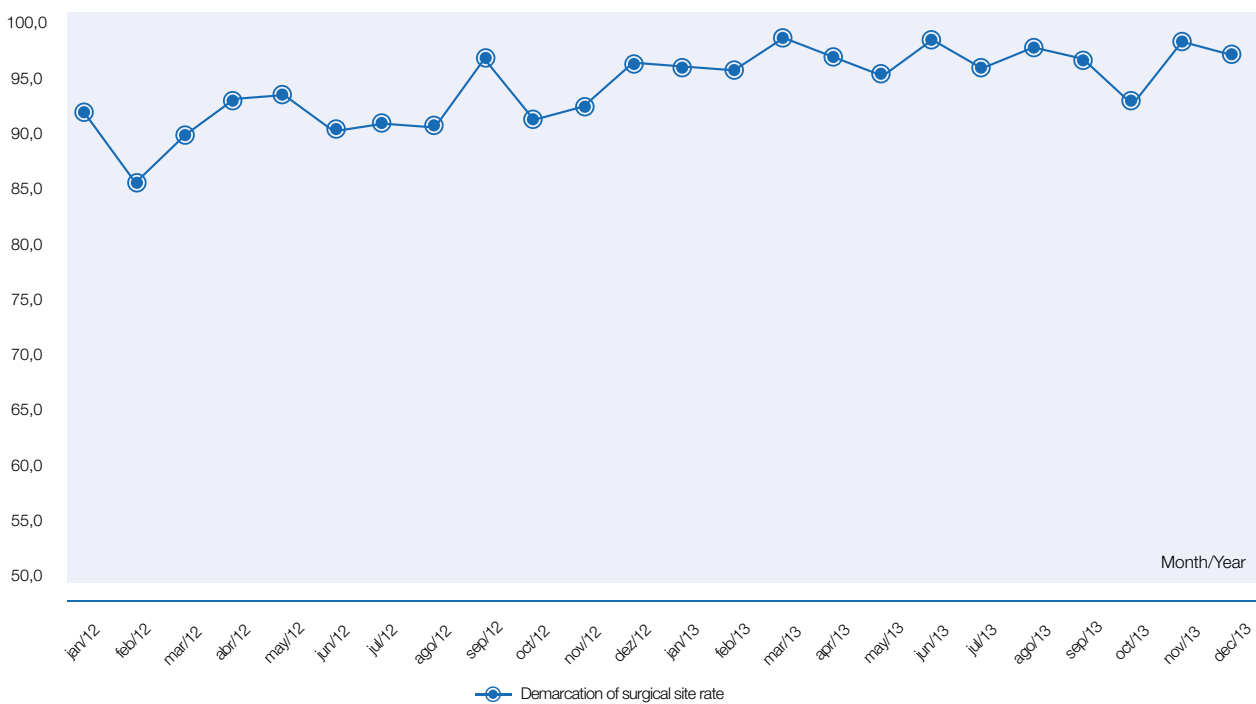
Graph 13 – Prophylaxis antibiotic therapy compliance rate monthly distribution (%) – Anahp Hospitals
Jan 2011 – Dec 2013



Another indicator is the demarcation of the surgical site (in compliance with one of the surgical check list item recommended by world health organization - OMS). This rate

has varied between 93 and 99% of compliance with average of 97%. The aim is to reach the rate of 100% in surgical procedures (chart 5a and graph 14).

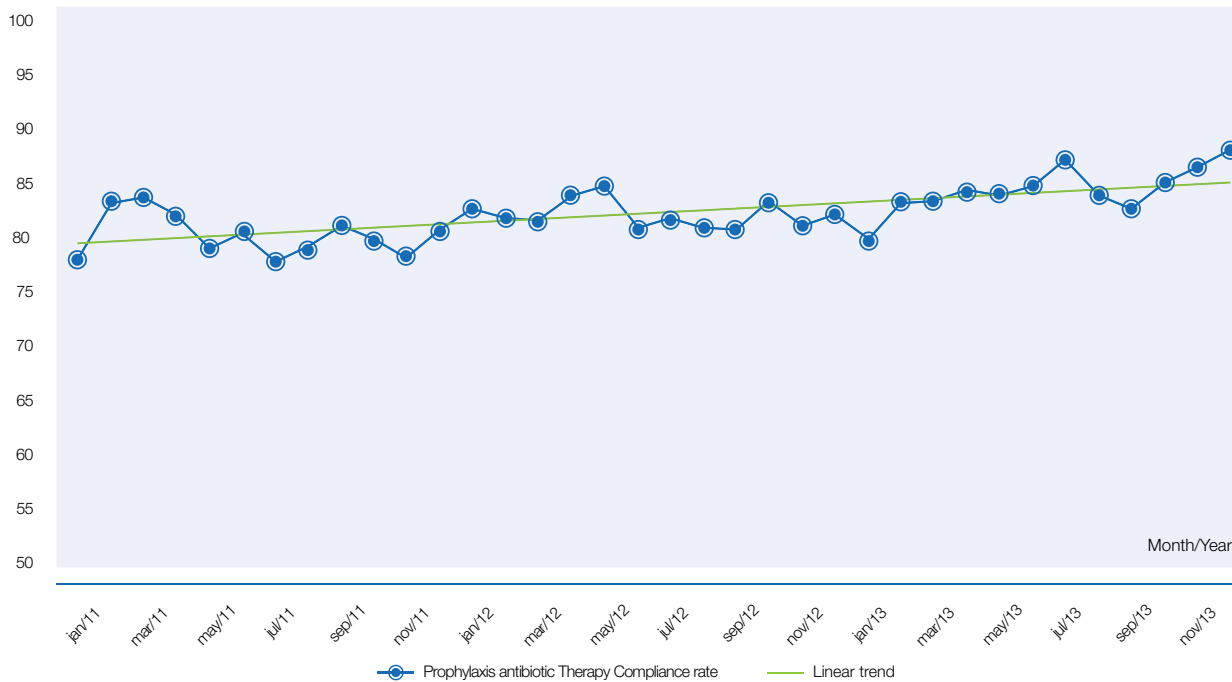
Graph 14 – Demarcation of the surgical site monthly distribution (%) – Anahp Hospitals
Jan 2012 – Dec 2013



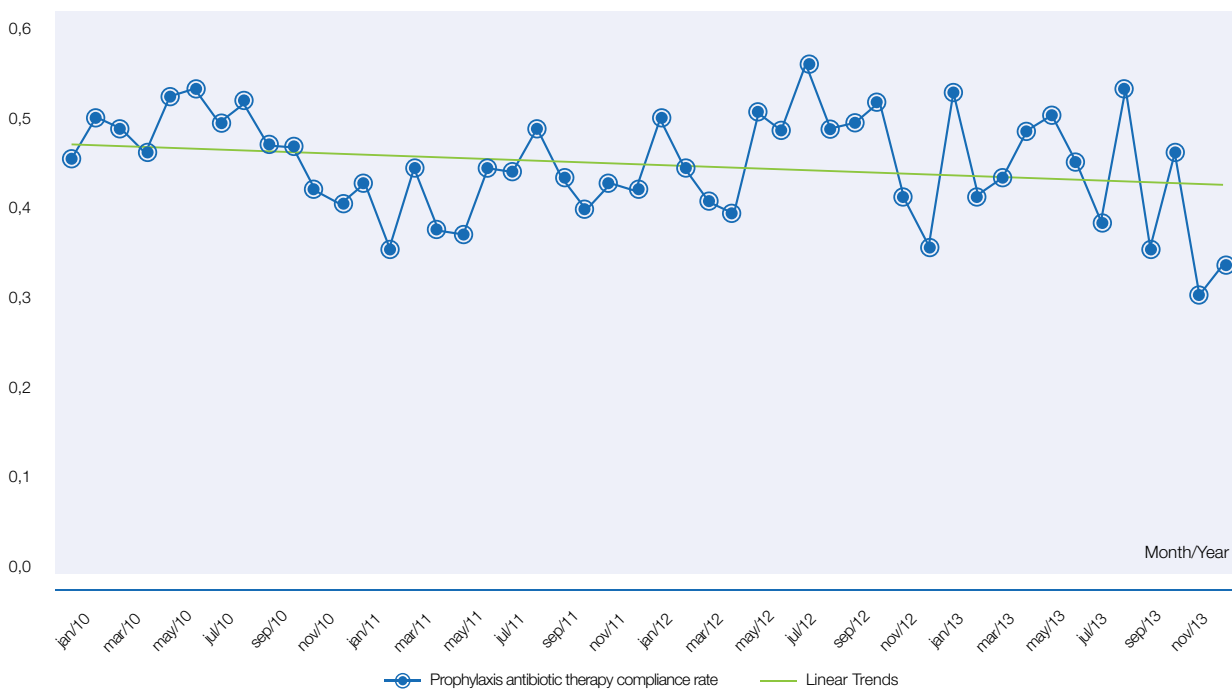
One of the essential aspects of care of a surgical patient is the compliance rate with thromboembolism prophylaxis. Hospitals have implemented institutional protocols and monitored its adherence by the professionals. In 2013 the compliance rate was 65% bigger than observed in 2012 of 58%. In relation to healthcare security, as from 2012 the patients' records started to be filled in correctly in a group of hospitals. The correct record is an essential element for the integration of the healthcare team and for the patients care. The compliance rate for proper report filling up varied from 77 to 93% with an average of 81%, inferior to the one obtained in 2012 (chart 5a

– graph 15). This is one of the standards that the accreditation models preconize, and should be improved continuously. The quality of nursing care is essential for patients care and has an important role in the prevention of the complications of care. The ulcer caused by pressure incidence density rate enhances the nursing care in hospitals. Incorporated as from Jan 2010, shows a reduction over the period (graph 16 – chart 5,5a), denoting the implementation of good nursing practices and continuous improvement of healthcare quality and security.

Graph 15 – Patients record filling in compliance rates monthly distribution (hospital leaves resume)
 AnahpS Hospitals – Jan 2011 – Dec 2012

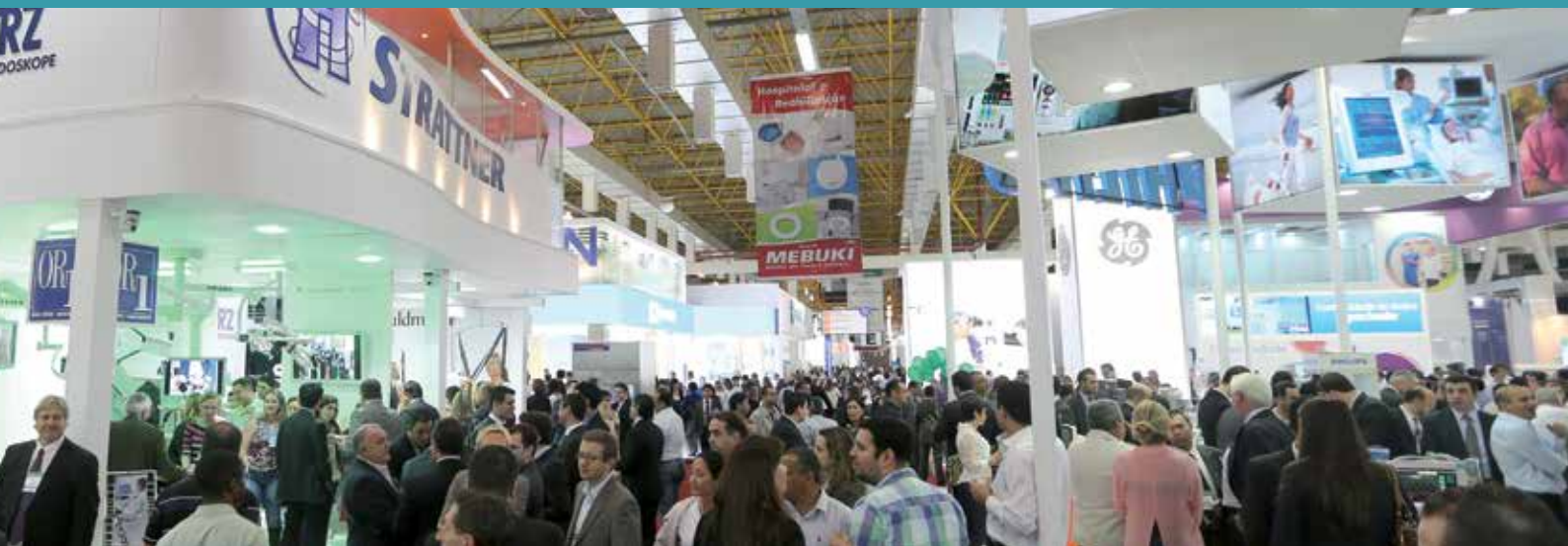


Graph 16 – Ulcer caused by pressure incidence rate monthly distribution – AnahpS Hospitals
 Jan 2010 – Dec 2013



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Institutional
protocols

The monitoring of clinical protocols in Anahp hospitals aims to supply information to improve the continuity of the clinical practice.

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The monitoring of clinical protocols in Anahp hospitals aims to supply information to improve the continuity of the clinical practice in hospitals and guarantee Excellency standards in care provision of the most prevalent pathologies that are the main mortality causes in Brazil.

Data from the annual questionnaire used in Anahp institutions

shows that 82% of the hospitals have implemented institutional protocols for acute myocardial infarction and sepsis, 56% for ischemic stroke, 41% for congestive heart failure and 33% pneumonia acquired in community.

Chart 6 shows the results obtained from institutional protocols between 2009 and 2013, with last year being detailed monthly. On chart 3, the institutional protocols for treatment of cardiovascular diseases, acute myocardial infarction, ischemic stroke and congestive heart failure are summarized.

Chart 3 – Annual institutional protocols summary indicators - cardiovascular

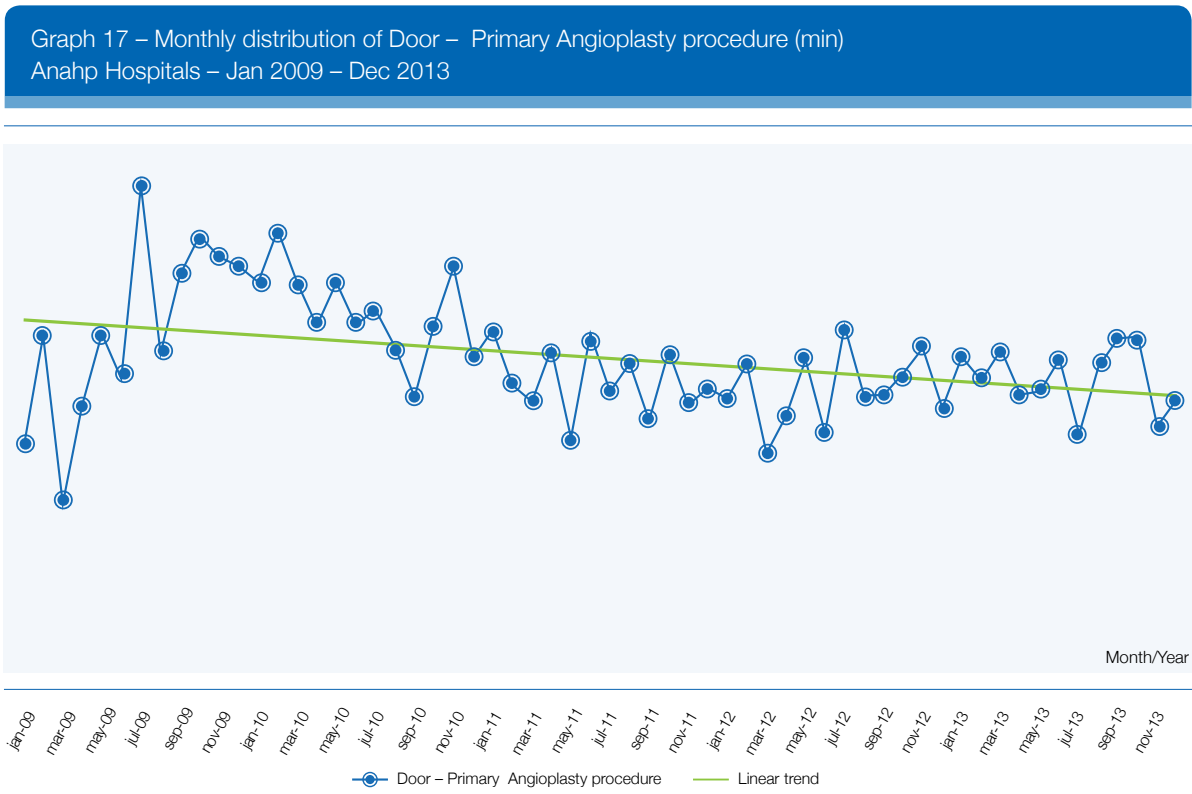
Selected Pathologies	Indicators	2009	2010	2011	2012	2013	Var. (%) 2013/2009
Acute Myocardial Infarction(IAM)	Door – Primary Angioplasty Time (min)	110	108	86	83	86	-22,0
	Stay-in average(IAM)(min)	7,0	7,2	7,4	8,8	7,4	5,3
	Angioplasty (IAM)(%)	79,9	75,5	72,2	71,6	64,2	-19,6
	Aspirin rate at Hospital leave (IAM) (%)	53,6	70,6	66,9	87,9	63,7	18,8
	Mortality rate (IAM) (%)	7,0	5,0	3,7	4,7	4,5	-35,5
Ischemic Stroke(AVCI)	Door – CT time (min)	97	61	53	51	65	-32,8
	Door – Thrombolysis (min)	27*	96	69	62	64	-33,3
	Average Stay-in AVCI (days)	11,1	9,7	7,6	12,1	9,8	-12,1
	Tomography rate AVCI (%)	48,4	70,0	60,4	68,7	59,4	22,8
	Mortality rate (AVCI) (%)	8,1	6,9	6,1	6,9	5,4	-33,2
Congestive Heart Failure ICC	Average Stay-in ICC (days)	NA	11,5	10,7	11,7	8,5	-25,8
	Mortality rate ICC (%)	NA	9,1	6,7	6,2	4,8	-47,4
	Delta Blocker rate of patients with ICC at hospital leave (%)	NA	NA	NA	45,6	31,3	-31,4
	IECA or BRA rate for patients with ICC at hospital leave (%)	NA	NA	NA	39,7	27,4	-31,0

* Information with imprecise registers
NA – not available – data collect initiated later

Acute myocardial infarction

On graph 17, we can visualize the Door – primary Angioplasty time (time between the arrival at the hospital and the performing of the procedure – primary angioplasty) that shows reduction during the period, with an average of 86 minutes in 2013, 22% smaller than results shown in 2009. This data is in accordance with the national and international standards that consider a time lower than 90 minutes for this type of procedure.

smaller than results shown in 2009. This data is in accordance with the national and international standards that consider a time lower than 90 minutes for this type of procedure.



In the associated hospitals we observe a linear trend in the increased stay-in, especially in the second semester of 2012. In 2013 numbers are in the recommended range, varying from 6 to 8 days, with an average of 7,4 days(charts 3 and 6 and graph 18). The primary angioplasty rate decreased in 2013 with average of 64%.This result is below international standards between 80 and 85%. Achieving the goal is one of the objectives in 2014. The aspirin rate at hospital leave shows a growing linear trend (chart 3), but still with an important variability. The rates were close to 90% in 2012, but fell in 2013, varying from 60 to 70%. The international literature indicates 85% as an adequate rate of aspirins at hospital leave time. This is one of the most difficult indicators for the hospitals to follow-up securely. Besides the adhesion of the professionals, the lack

of precise registers when patients leave the hospital is another obstacle to face, since the doctors give prescriptions to their patients but do not register the information on patients medical record. These studies are compatible with national studies, but lower than the recommended standards. The mortality rate in acute myocardial infarction has shown a significant reduction of 36% between 2013 and 2012. The average monthly rate for IAM in member hospitals was 4,5% in 2013. The demand of the population for quicker health services, the access, the diagnoses and the timely processing of cases in ER, contributes to lower the mortality rates, resulting in a lower social cost for the health sector and for the population service users.

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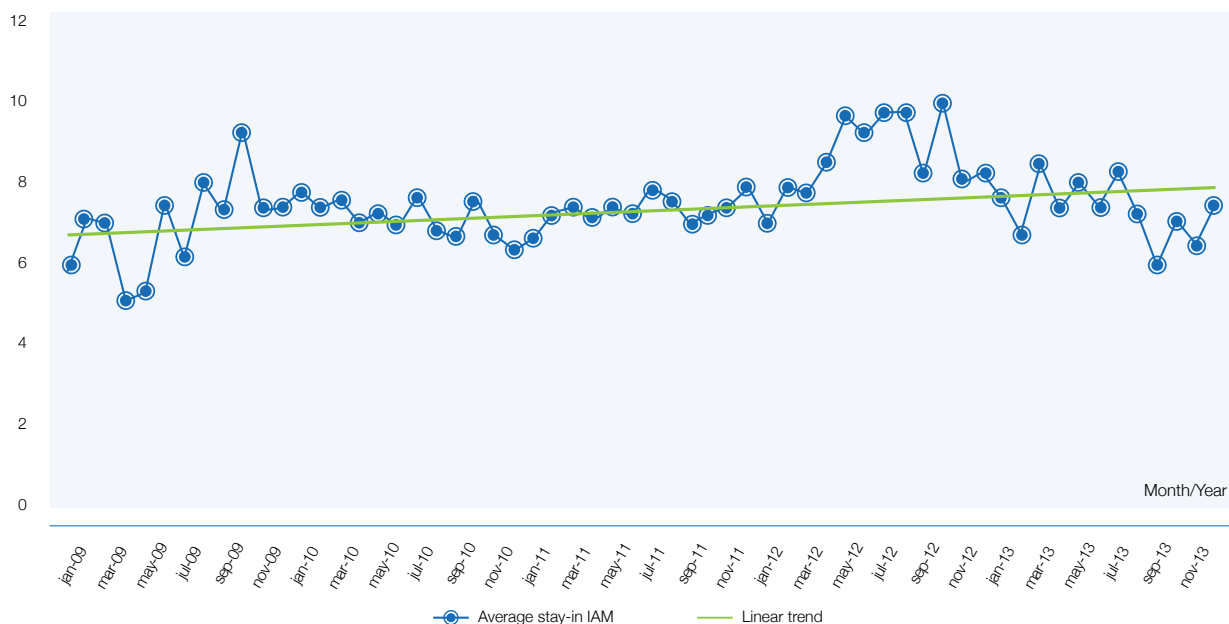
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Graph 18 – Monthly distribution of the patients average stay-in with IAM
Anahp Hospitals – Jan 2009 – Dec 2013



Ischemic stroke

The incidence of ischemic stroke is related to the population prevalence of systemic hypertension, the patients adherence to hypertension treatment and the intensity of exposition to risk factors.

The prevalence of smoking, obesity, and physical inactivity are decisive for the occurrence of the ischemic stroke. So, initiatives aimed at primary prevention, as promoting changes in habits, campaigns to stop smoking, increased physical activities and nutritional orientation, aiming adequacy of weight and body mass index, are fundamental for the reduction of the incidence of cerebrovascular diseases.

The prompt decision when the first symptoms appear and the timely diagnosis of this type of case in emergency admission are secondary prevention actions that define the prognostics and the incapacity degree of the case. The individual quality of life and the social impact on their families after hospital leave are directly affected by the intervention. The door-tomography time shows a reducing linear trend, that shows an increase in healthcare quality. The diminishing associated to a smaller variability indicates that the protocol has been implanted in

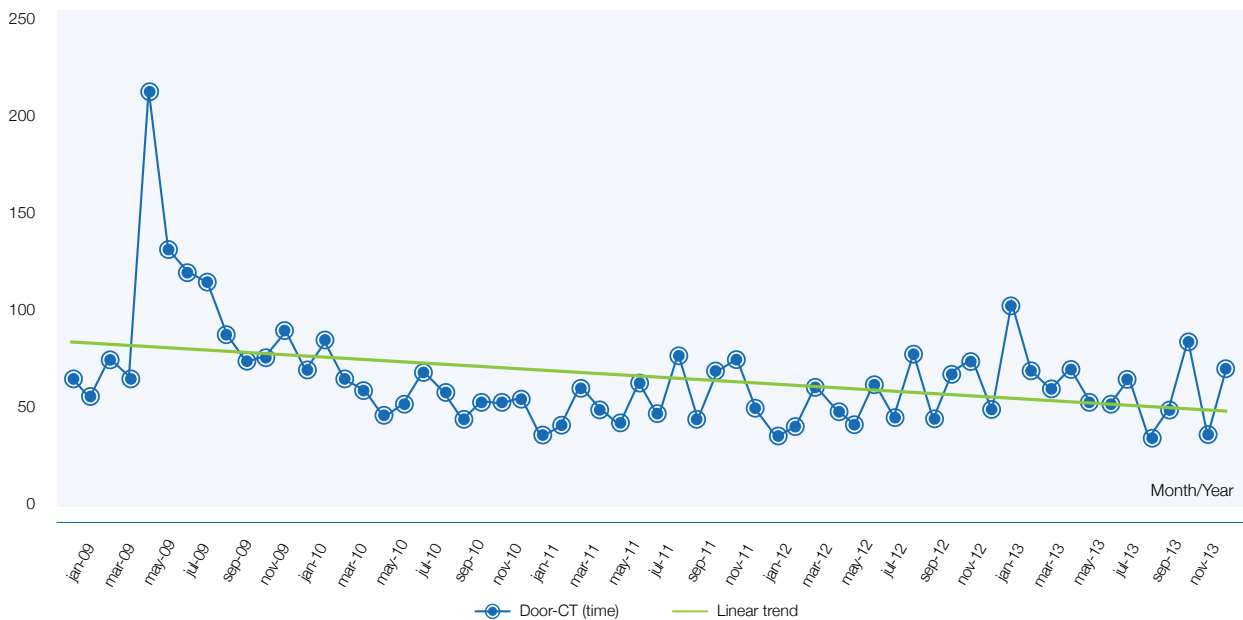
these hospitals and that the monitoring determines an upgrade of the healthcare results.

The impact of these results is significant for the reduction of the complications and the incapacity degree after the acute stage. The tomography rate has increased during the series, but we can still observe variations during the period. In average, the tomography rate was 59%. This is a measure that has obliged investments in standardization of the procedures and medical records refinement.

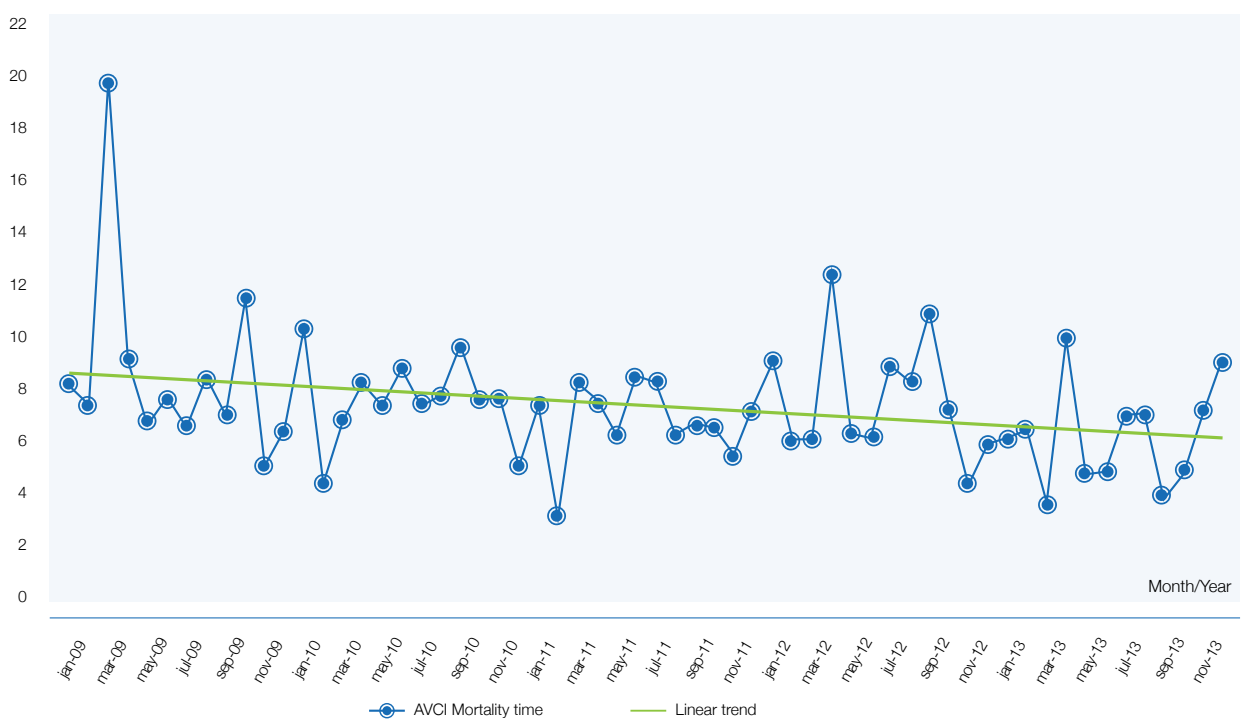
The average stay-in was reduced from 2012 to 2013 passing from 12,1 to 9,9 days. The variability is still very important, reaching 14 days during some months in 2013.

The reduction of door-tomography time, the increase of tomography rate, and the reduction of stay-in average are elements that show a better standardization between hospitals and better clinical results. Associated to these indicators, the reduction of the mortality rate for ischemic stroke is the highlight impact of these protocols in offered healthcare. We observe a linear trend reduction of mortality rates with average of 5,4% in 2013.

Graph 19 – Monthly distribution of Door-CT time – Anahp Hospitals
Jan 2009 – Dec 2013(min)



Graph 20 – Patients with AVCI monthly distribution of mortality rate – Anahp Hospitals
Jan 2009 – Dec 2013(%)



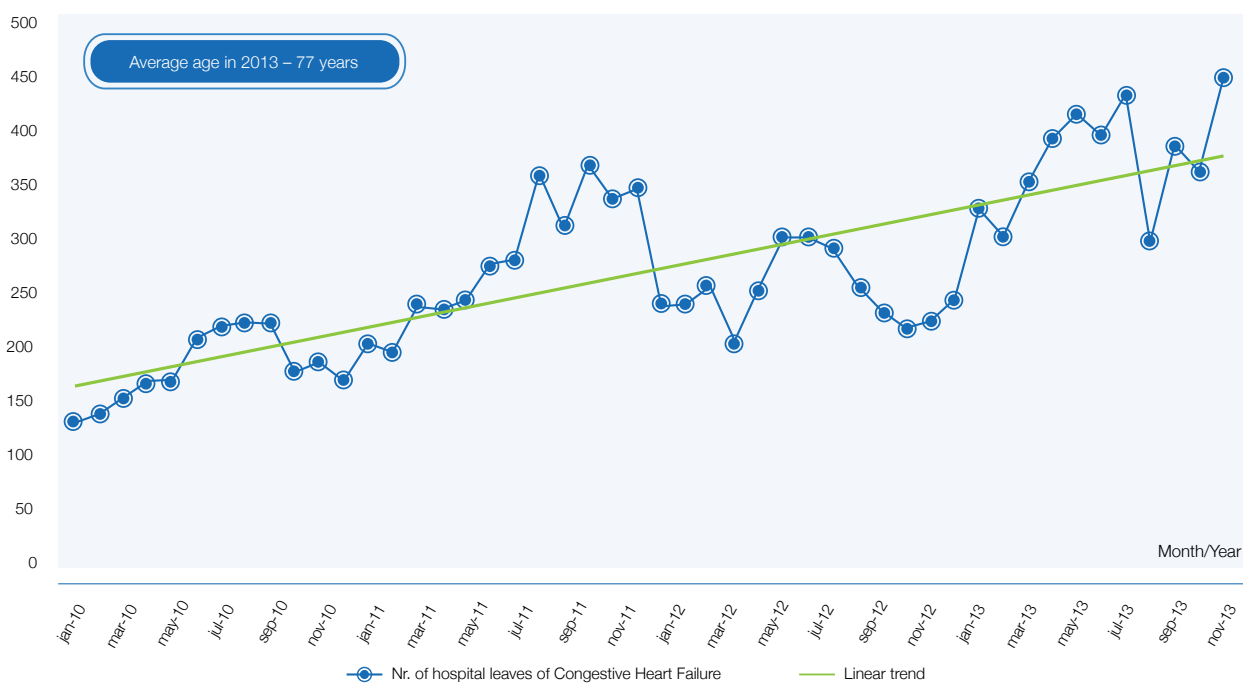
The results are consistent with national and international literature standards, and indicate improvement of the assistive management for these cases with better clinical outcomes.

Congestive heart failure

The number of hospitals that implemented the institutional protocol for Congestive Heart Failure (ICC) increased during the

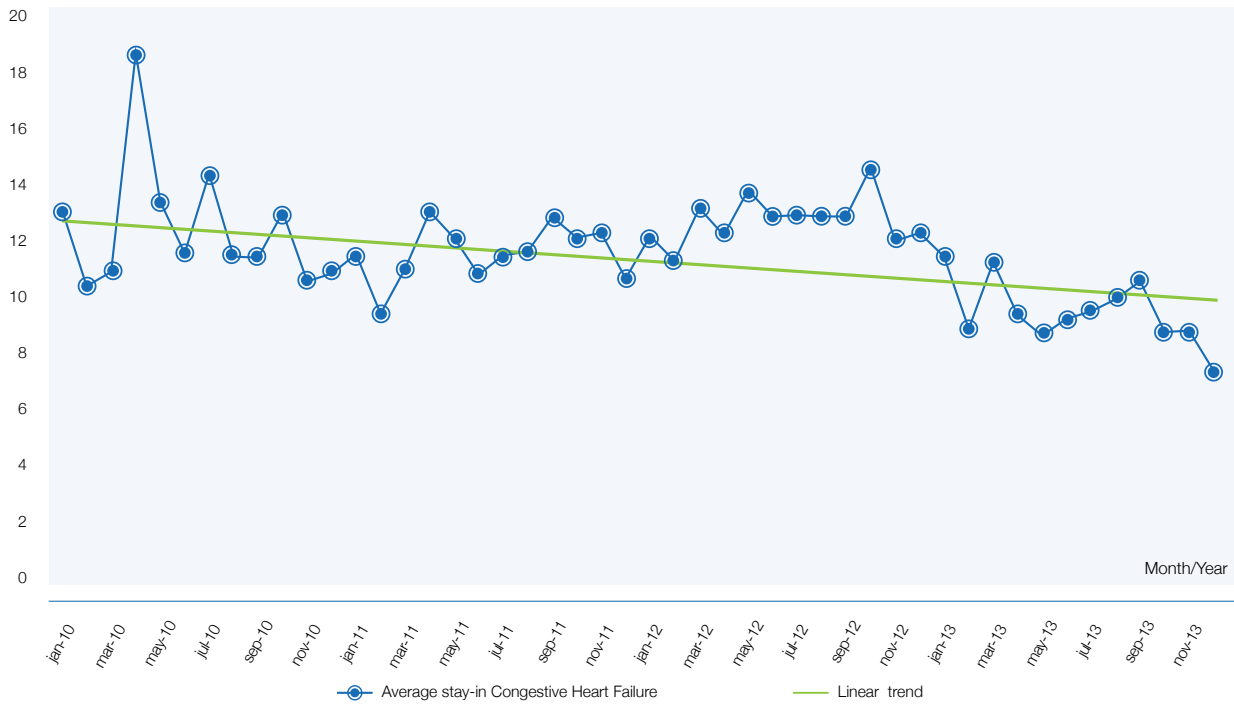
year of 2013, the patients average age included on protocol is of 77 years. Since 2010 we observed a reduction in stay-in time and mortality rate. Graphs 22 and 23 show these results. The average stay-in was of 8,5 days in 2013. The mortality rate showed a reduction of 47% during the last 4 years, getting to 4,8% in 2013.

Graph 21 – Congestive Heart Failure monthly distribution number of cases
Anahp Hospitals – Jan 2010 – Dec 2013

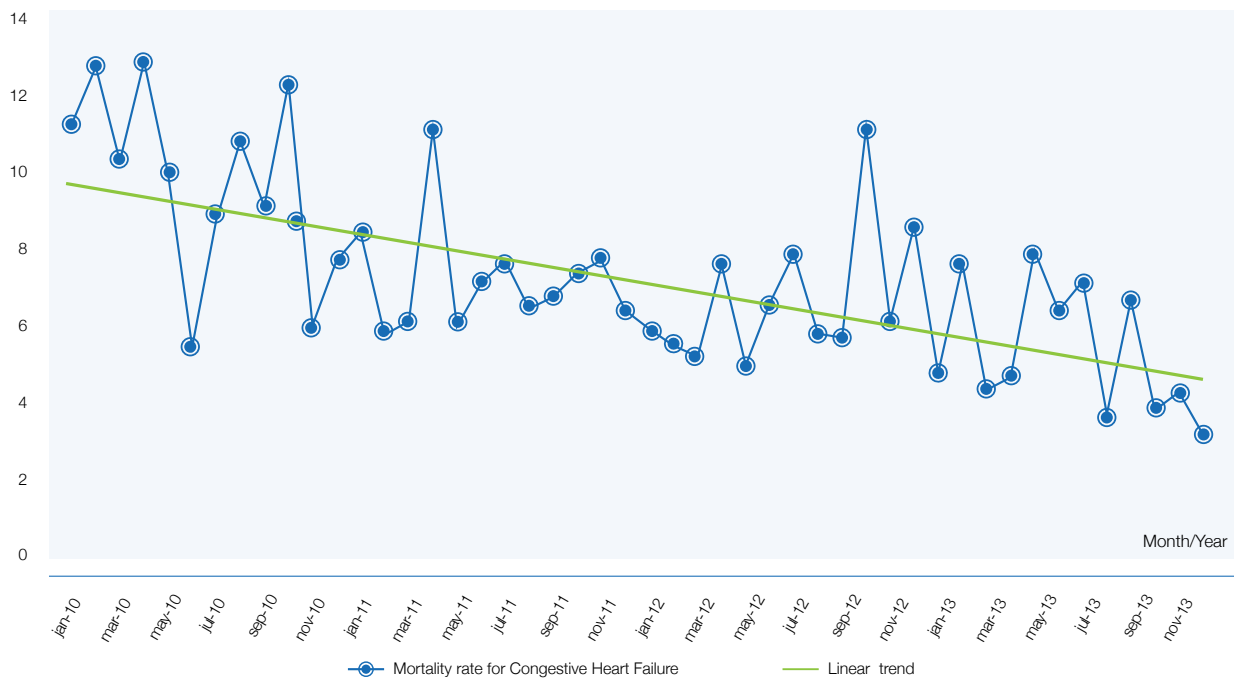


As from Jan 2012 prescriptions of betablockers and IECA or BRA for hospital leave started to be monitored. The results are below recommended, with an average of 31% for the betablocker rate and 27% for the use of IECA or BRA. The target for these indicators is to improve these results significantly.

Graph 22 –Patients with Congestive Heart Failure (ICC) average stay-in monthly distribution Anahp Hospitals – Jan 2010 – Dec 2013



Graph 23 –Patients with Congestive Heart Failure (ICC) mortality rate monthly distribution AnahpS Hospitals – Jan 2010 – Dec 2013



Pneumonia acquired in community and sepsis

Chart 4 – Annual international protocol indicators summary

Selected Pathologies	Indicators	2009	2010	2011	2012	2013	Var. (%) 2013/2009
Pneumonia in Children	Stay-in average –PNM <13 years (days)	4,9	4,8	5,8	5,4	5,9	21,5
	Adequate AB rate – PNM<13 years (%)	32,3	73,1	60,9	48,7	51,3	58,6
	Mortality rate – PNM<13 years (%)	0,6	0,5	0,6	0,5	0,4	-31,7
Adults Pneumonia	Stay-in average – PNM – Adults (days)	9,8	8,7	10,3	10,8	9,9	0,9
	Adequate AB rate – PNM – Adult (%)	41,2	38,4	46,0	40,9	40,1	-2,6
	Mortality rate – PNM – Adult (%)	9,8	9,0	10,6	8,3	8,3	-15,0
	Stay-in average – Sepsis (days)	11,6	10,9	11,1	11,3	18,8	62,4
	Adequate AB rate – Sepsis (%)	13,9	12,9	14,6	10,0	19,0	36,1
Sepsis	Mortality rate – Sepsis (%)	12,0	16,5	17,4	18,1	12,3	2,2
	Taxa de AB adequada - Sepse (%)	62,6	67,1	75,4	80,3	41,1	-34,3
	Taxa de mortalidade - Sepse (%)	25,8	25,9	22,6	20,4	17,6	-32,0

The respiratory diseases are the third cause of death in the southeast region and the fourth cause in all other regions of the country. Pneumonia acquired in community is one of the main causes and has increased mortality during past year in young age groups. The inadequate use of antibiotics, the delayed diagnosis and the lack of standardization of the procedures have contributed to increase the mortality in these cases. It's worth noting that the diagnosis and inadequate treatment of these cases determine the higher risk of evolution to Sepsis, severe clinical syndrome, with high mortality rates. Children with respiratory diseases (like asthma and asthmatic bronchitis), and elderly belong to the pneumonia acquired in community risk group. The period of the biggest demand is during the winter months.

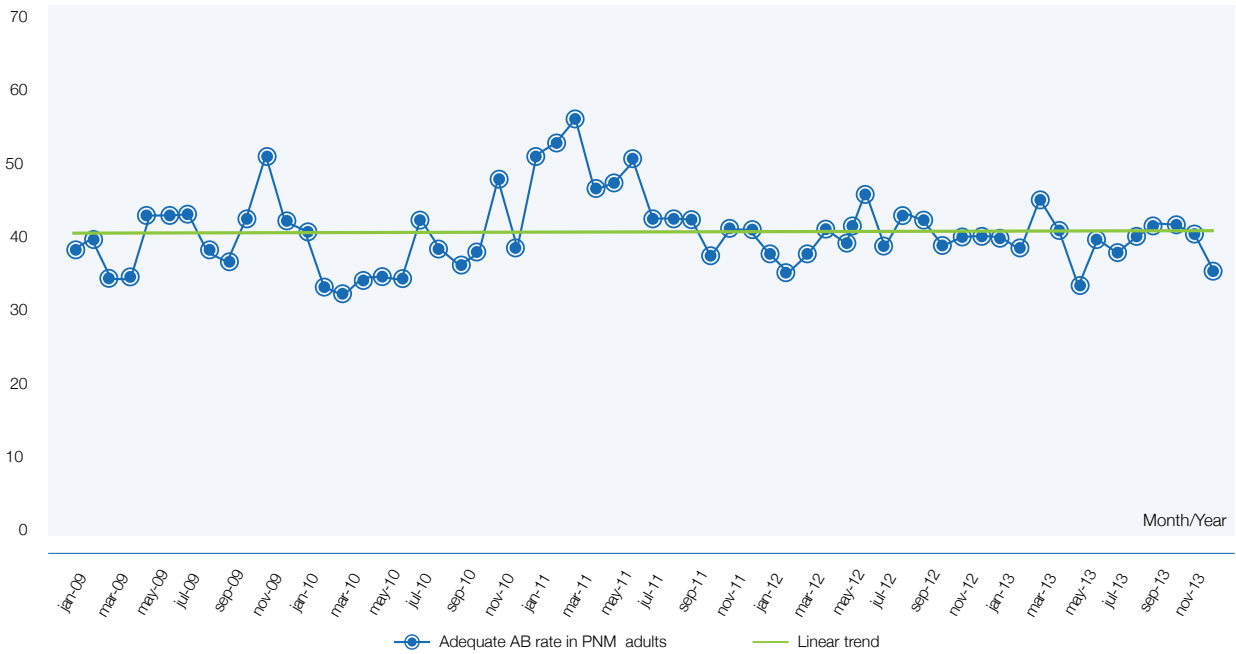
One of the most critical aspects for the implementation of the protocol is the adequate antibiotic therapy rate (time, schedule, and schedule treatment duration) as recommended in the guideline. This rate grew accordingly for children, reaching 51% and fell slightly for adults, reaching 40% (chart 4,6 and graph 24). The number of pneumonia cases in the over 60's grew and the results did not develop positively. The average stay-in for

pneumonia cases for this age group passed to 19 days, growth of 62% in relation to 2012.

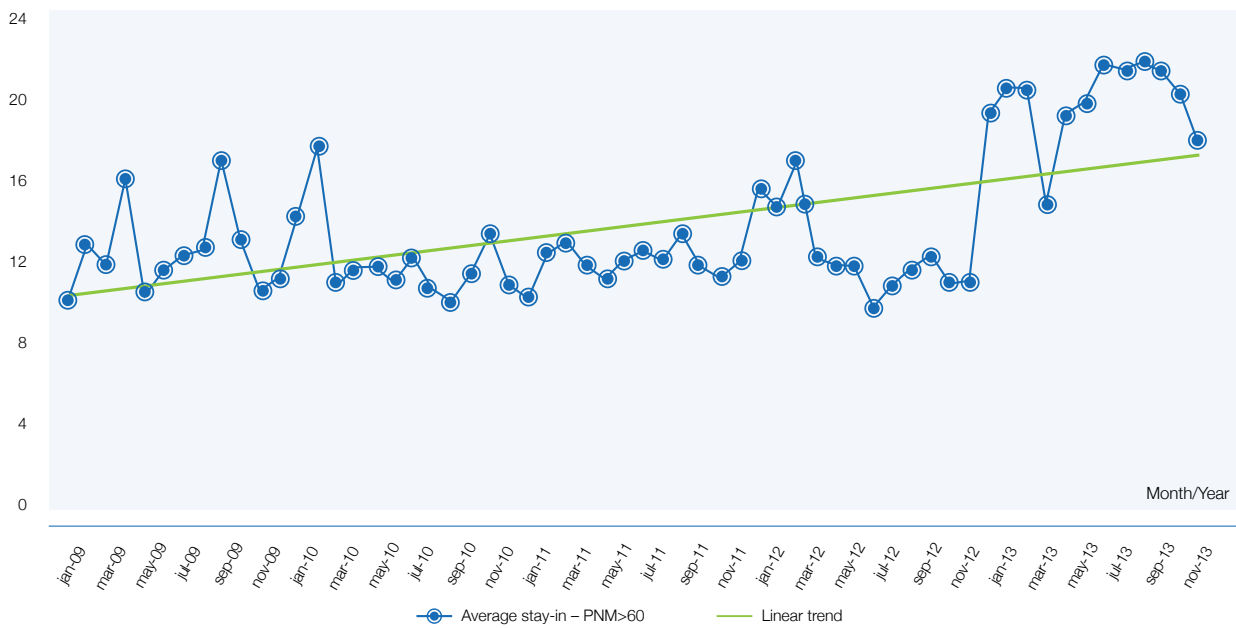
The general mortality rate for Pneumonia acquired in community (PAC) in adults was 8% in 2013 and for the over 60's 19% bigger than 2012.

The delay in looking for healthcare, the presence of comorbidities, as diabetes and chronicle obstructive lung diseases contributes to these results.

Graph 24 –Adult patients with PAC adequate use of antibiotic therapy rate monthly distribution Anahp Hospitals – Jan 2010 – Dec 2013



Graph 25 –Over 60 years patients with PAC stay-in average monthly distribution Anahp Hospitals – Jan 2009 – Dec 2013

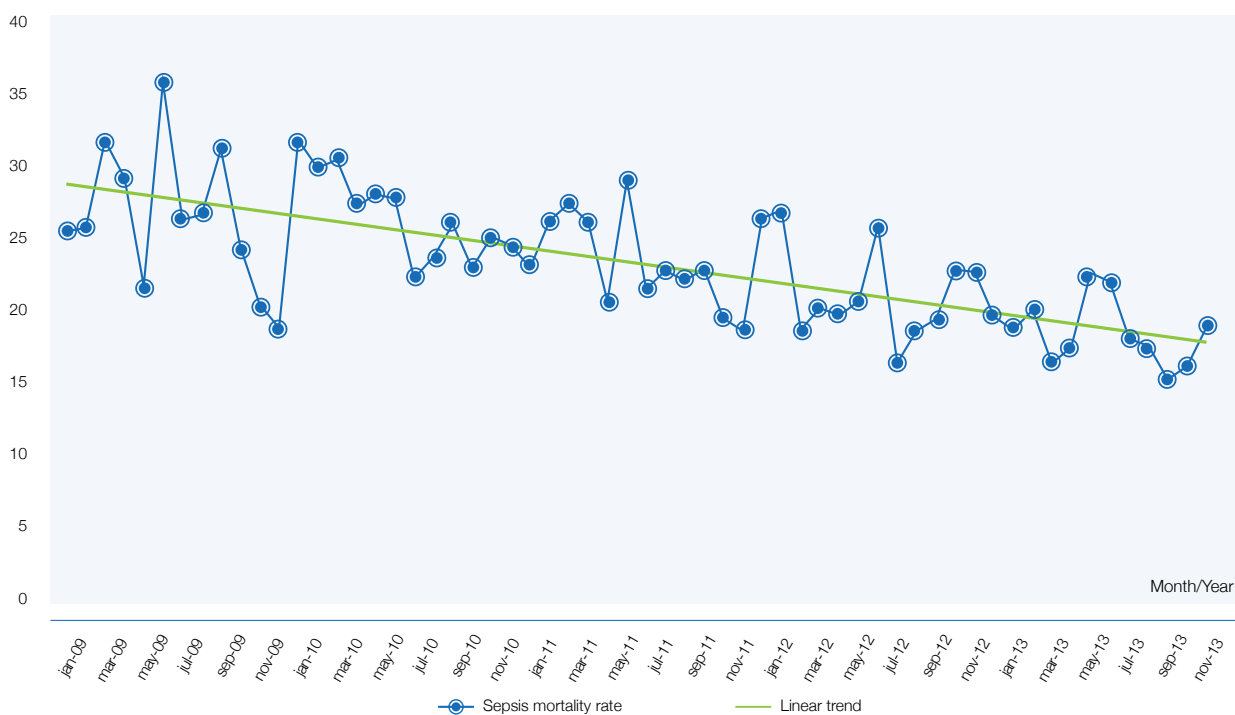


Sepsis

In 2013, we observed the reduction of stay-in in analyzed series (charts 4 and 6) and the reduction of mortality rates (charts 4 , 6 and graph 26). The adequate antibiotic therapy rate reduced from 2012 to 2013, reaching 41% in average. The variation in the compliance statement can be partially explained by the

improvement of the medical records, in order to monitor more precisely the non-conformity. However, the recommendation is to achieve compliance rates of 70-80%, the target to be pursued by the institute members of Anahp.

Graph 26 – Patients with Sepsis mortality rate monthly distribution – Anahp Hospitals
Jan 2009 – Dec 2013



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E transformar ideias
em preservação da vida.

Toda a ciência da Medtronic se reverte em tecnologia. E isso se reverte na preservação da vida. São décadas de constante aperfeiçoamento de uma ampla linha de equipamentos em diversas especialidades. Todos os dias, a cada procedimento cirúrgico bem-sucedido, comprovamos como uma ideia inovadora pode transformar milhares de vidas.

A Medtronic possui uma
extensa linha com diversas
especialidades profissionais.

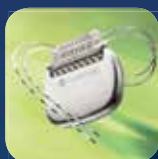
CRDM



Cardiovascular



Neuromodulação



Diabetes



Cirurgia Cardíaca



Navegação



Coluna



Chart 5 – Assistive Quality and performance data - 2009 to 2013

Operational and assistive data	2009	2010	2011	2012
Nr. of installed hospital beds	6.453	7.632	9.576	9.509
Nr. of operational hospital beds	6.144	7.263	9.071	9.200
Nr. of Operating theaters	2.234.514	2.635.500	3.309.167	3.408.420
Nr. of patients-day	334	377	462	446
Nr. of hospital leaves (Leaves + deaths + external transfers)	1.716.441	2.073.827	2.598.324	2.641.499
Nr. of resident patients (>= 90 days)	408.308	466.639	571.630	586.770
Nr. of deaths (>= 24h)	177	250	344	360
Total nr. of deaths	6.259	7.818	10.103	10.568
Nr. of patients submitted to surgery	7.594	9.226	12.098	12.007
Total Nr. of surgeries	264.371	331.545	387.850	382.825
Nr. of surgical deaths	300.105	419.355	511.442	493.187
Nr. of clean surgeries	552	800	1.148	1.061
Nr. of infections in surgical area	144.891	142.119	185.417	169.424
Nr. of operational beds – Adult Intensive care units	759	851	1.165	986
Nr. of operational beds-day – Adult intensive care units	NA	982	1.312	1.383
Nr. of hospital infections – Adult intensive care units	NA	352.028	477.737	496.154
Nr. of hospital infections related to central vascular catheter – Adult intensive care units	3.558	3.665	4.370	4.076
Nr. of patients –day – Adult intensive care units	590	518	721	610
Nr. of catheters – Adult intensive care units	212.063	294.250	381.747	361.258
Nr. of operational beds – Neonatal Intensive care units	125.427	158.612	215.950	205.883
Nr. of operational beds-day – Neonatal intensive care units	NA	332	436	361
Nr. of hospital infections – Neonatal intensive care units	NA	115.866	158.099	125.337
Nr. of hospital infections related to CVC – Neonatal intensive care units	909	816	1.018	555
Nr. of patients –day – Neonatal intensive care units	NA	NA	246	84
Nr. of catheters – Neonatal intensive care units	77.869	90.515	104.150	90.245
Nr. of operational beds – Adult semi-intensive care units	NA	25.637	31.927	22.759
Nr. of operational beds-day – Adult semi-intensive care units	NA	NA	294,4	321
Nr. of hospital infections –semi- intensive care units	NA	NA	107.203	113.890
Nr. of hospital infections related to central vascular catheter – semi-intensive care units	NA	NA	397,0	387
Nr. of patients –day – semi-intensive care units	NA	NA	38	33
Nr. of catheters – semi-intensive care units	NA	NA	88.287,0	99.431
Nº de Cateter-dia – Semi-intensiva	NA	NA	22.492	27.783

Source SINHA – Anahp integrated system of hospital indicators
 NA – Not available – collect began later

	2013												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Ago	Sep	Oct	Nov	Dec	Annual
	10.867	10.989	10.999	11.403	11.424	11.443	11.485	11.493	11.509	12.091	12.191	12.135	11.464
	10.675	10.592	10.689	11.014	11.104	11.068	11.129	11.190	11.208	11.072	11.858	11.757	11.088
	328.891	298.329	330.682	330.693	342.775	331.787	343.900	346.032	336.318	341.000	332.348	339.901	4.002.656
	547	544	543	538	536	537	543	544	543	528	529	529	541
	245.923	229.051	264.698	269.675	276.790	266.527	275.928	277.537	268.256	274.680	263.546	247.474	3.160.085
	50.129	47.828	56.037	56.482	57.685	55.092	59.087	60.303	56.196	58.211	57.235	54.009	668.294
	402	385	387	384	378	356	374	363	360	376	372	384	377
	1.012	917	1.011	1.025	1.137	1.046	1.063	1.082	1.049	1.051	1.013	981	12.387
	1.226	1.170	1.281	1.317	1.440	1.325	1.388	1.386	1.334	1.321	1.228	1.236	15.652
	33.163	28.933	32.835	35.027	33.919	34.061	37.703	36.384	34.520	36.300	33.221	28.997	405.063
	47.578	42.140	47.196	50.389	49.541	47.905	54.991	52.993	49.860	51.308	48.217	41.911	584.029
	106	85	104	88	106	109	121	96	79	87	80	82	1.143
	18.609	17.263	18.757	20.144	19.847	19.127	21.924	20.296	19.363	19.538	17.775	14.691	227.334
	150	121	138	154	144	142	150	166	137	115	116	92	1.625
	1.740	1.684	1.686	1.695	1.695	1.710	1.714	1.705	1.726	1.734	1.827	1.808	1.712
	53.062	46.344	50.795	49.608	51.305	50.574	52.263	52.185	51.692	52.446	51.835	52.970	615.079
	405	390	398	398	446	384	428	400	402	393	369	395	4.808
	76	70	67	65	78	58	67	61	56	59	68	70	795
	39.812	36.575	42.275	41.611	42.803	41.385	43.126	43.466	40.982	42.483	41.274	39.950	495.742
	18.964	17.347	19.982	20.264	20.704	20.576	21.111	21.305	19.329	20.061	18.318	19.317	237.278
	460	473	480	477	475	475	482	486	479	476	487	488	478
	14.855	13.467	14.828	14.488	14.825	14.315	14.877	14.960	14.459	14.379	14.053	14.575	174.081
	85	84	75	76	92	87	100	94	90	57	74	77	991
	23	21	15	18	23	25	18	25	29	9	13	15	234
	11.472	10.212	11.695	11.678	11.758	11.241	11.741	11.355	11.136	10.914	11.025	11.212	135.439
	3.464	3.155	2.626	3.398	3.212	3.441	3.505	3.328	3.141	2.585	3.010	3.214	38.079
	424	426	426	431	434	434	435	435	437	443	482	482	435
	13.734	12.470	13.786	13.448	13.742	13.661	14.132	14.123	13.816	13.632	13.252	13.323	163.119
	59	49	61	58	71	50	63	62	78	77	59	73	760
	9	7	9	12	8	5	3	6	11	13	9	13	105
	11.641	10.597	12.006	11.747	12.193	11.685	11.936	12.101	11.587	11.663	11.422	10.811	139.389
	3.615	3.530	3.789	3.953	3.948	3.624	3.722	3.795	3.614	3.836	3.606	3.077	44.109

Chart 5a - Assistive Quality and performance indicators - 2009 to 2013

Assistive and Operational data	2009	2010	2011	2012
Occupancy rate	76,8	78,7	78,5	77,5
Stay-in average	4,2	4,4	4,5	4,5
Turn over	5,5	5,4	5,3	5,3
Interval Substitution Index	1,28	1,20	1,24	1,31
Resident patients rate (>90 days)	0,5	0,60	0,70	0,74
Institutional Mortality rate (>=24h)	1,5	1,7	1,8	1,8
Surgical Mortality rate (up to 7 days after surgical procedure)	0,2	0,2	0,3	0,3
Operational occupancy rate – Adult intensive care units	NA	83,6	79,9	72,8
Hospital infection density rate – Adult intensive care units	16,7	12,5	11,4	11,3
CVC utilization rate- Adult intensive care units	59,1	53,9	56,6	57,0
Hospital infection incidence density rate related to central vascular catheter – Adult intensive care units	4,7	3,3	3,3	3,0
Ratio of observed/expected mortality – Adult intensive care units	ND	ND	0,6	0,64
Operational occupancy rate – Neonatal intensive care units	ND	78,1	65,9	72,0
Hospital infection density rate – Neonatal intensive care units	11,8	9,0	9,8	6,2
CVC utilization rate- Neonatal intensive care units	NA	28,3	30,7	25,2
Hospital infection incidence density rate related to central vascular catheter – Neonatal intensive care units	NA	1,9	7,7	3,7
Operational occupancy rate – semi-intensive care units	NA	ND	82,4	87,3
Hospital infection density rate – semi-intensive care units	NA	ND	4,5	3,9
CVC utilization rate-semi-intensive care units	NA	ND	25,5	27,9
Hospital infection incidence density rate related to central vascular catheter – semi-intensive care units	NA	ND	1,7	1,2
Infection rate in surgical area	0,5	0,6	0,6	0,6
Prophylactic Antibiotic Therapy compliance rate	NA	ND	80,1	82,0
Ulcer per pressure index	NA	0,47	0,42	0,46
Surgeries per patient rate	1,13	1,26	1,32	1,29
Hospital leaves procedure rates (%)	64,7	71,0	67,8	67,8
Surgical Area demarcation rate	NA	NA	NA	92,0
TEV Prophylactic compliance rate	NA	NA	NA	57,9
Medical record compliance rate	NA	NA	NA	86,9

Source SINHA – Anahp integrated system of hospital indicators
 NA – Not available – collect began later

	2013												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Ago	Sep	Oct	Nov	Dec	Annual
	74,8	76,8	80,0	81,5	80,7	80,3	80,2	80,2	79,8	80,6	79,3	72,8	78,9
	4,9	4,8	4,7	4,8	4,8	4,8	4,7	4,6	4,8	4,7	4,6	4,6	4,7
	4,7	4,5	5,2	5,1	5,2	5,0	5,3	5,4	5,0	5,3	4,8	4,6	5,0
	1,66	1,45	1,18	1,08	1,14	1,18	1,15	1,14	1,21	1,14	1,20	1,71	1,26
	0,80	0,80	0,69	0,68	0,66	0,65	0,63	0,60	0,64	0,65	0,65	0,71	0,70
	2,0	1,9	1,8	1,8	2,0	1,9	1,8	1,8	1,9	1,8	1,8	1,8	1,9
	0,3	0,3	0,3	0,3	0,3	0,3	0,3	0,3	0,2	0,2	0,2	0,3	0,3
	75,0	78,9	83,2	83,9	83,4	81,8	82,5	83,3	79,3	81,0	79,6	75,4	80,6
	10,2	10,7	9,4	9,6	10,4	9,3	9,9	9,2	9,8	9,3	8,9	9,9	9,7
	47,6	47,4	47,3	48,7	48,4	49,7	49,0	49,0	47,2	47,2	44,4	48,4	47,9
	4,0	4,0	3,4	3,2	3,8	2,8	3,2	2,9	2,9	2,9	3,7	3,6	3,4
	0,63	0,53	0,55	0,60	0,53	0,60	0,55	0,57	0,58	0,68	0,58	0,66	0,59
	77,2	75,8	78,9	80,6	79,3	78,5	78,9	75,9	77,0	75,9	78,5	76,9	77,8
	7,4	8,2	6,4	6,5	7,8	7,7	8,5	8,3	8,1	5,2	6,7	6,9	7,3
	30,2	30,9	22,5	29,1	27,3	30,6	29,9	29,3	28,2	23,7	27,3	28,7	28,1
	6,6	6,7	5,7	5,3	7,2	7,3	5,1	7,5	9,2	3,5	4,3	4,7	6,1
	84,8	85,0	87,1	87,4	88,7	85,5	84,5	85,7	83,9	85,6	86,2	81,1	85,5
	5,1	4,6	5,1	4,9	5,8	4,3	5,3	5,1	6,7	6,6	5,2	6,8	5,5
	31,1	33,3	31,6	33,7	32,4	31,0	31,2	31,4	31,2	32,9	31,6	28,5	31,6
	2,5	2,0	2,4	3,0	2,0	1,4	0,8	1,6	3,0	3,4	2,5	4,2	2,4
	0,8	0,7	0,7	0,8	0,7	0,7	0,7	0,8	0,7	0,6	0,7	0,6	0,7
	79,7	83,0	83,2	84,3	83,7	84,6	86,9	83,7	82,4	85,0	86,3	87,9	84,2
	0,53	0,42	0,44	0,49	0,51	0,45	0,38	0,54	0,37	0,47	0,31	0,44	0,43
	1,4	1,5	1,4	1,4	1,5	1,4	1,5	1,5	1,4	1,4	1,5	1,4	1,4
	66,2	60,5	58,6	62,0	58,8	61,8	63,8	60,3	61,4	62,4	58,0	53,7	60,6
	96,3	96,0	98,9	97,1	95,4	98,6	96,1	97,9	97,0	92,9	98,6	97,3	96,8
	65,3	63,4	65,5	59,0	66,9	63,8	66,1	63,1	67,1	70,1	68,6	65,4	65,4
	77,4	79,0	80,4	78,7	80,9	80,5	81,2	80,4	81,5	93,1	78,1	76,7	80,7

Chart 6 – Protocol Indicators of selected pathologies - 2009 to 2013

Pathologies	Indicators	Un.	2009	2010	2011	2012
Acute Myocardial Infarction IAM	Door – Angioplasty procedure time	Min	110	108	86	83
	Average Stay-in – IAM	Days	7,0	7,2	7,4	8,8
	Angioplasty rate – IAM	%	79,9	75,5	72,2	71,6
	Hospital leave aspirin rate - IAM	%	53,6	70,6	66,9	87,9
	Mortality rate - IAM	%	7,0	5,0	3,7	4,7
Ischemic Stroke AVCI	Door – CT time	Min	97	61	53	51
	Door – thrombolysis time	Min	27	96	69	62
	Average Stay-in - AVCI	Days	11,1	9,7	7,6	12,1
	Tomography rate - AVCI	%	48,4	70,0	60,4	68,7
	Mortality rate - AVCI	%	8,1	6,9	6,1	6,9
Congenitive Heart Failure ICC	Average Stay-in – ICC	Days	ND	11,5	10,7	11,7
	Mortality rate – ICC	%	ND	11,5	10,7	11,7
	Patients with betablocker rate at hospital leave - ICC	%	ND	9,1	6,7	6,2
	Patients with IECA or BRA rate at hospital leave - ICC	%	ND	ND	ND	45,6
Kids Pneumonia PAC	Average Stay-in PNM < 13 Years	Days	4,9	4,8	5,8	5,4
	Adequate AB rate PNM< 13 years	%	32,3	73,1	60,9	48,7
	Mortality rate – PNM < 13 years	%	0,6	0,5	0,6	0,5
Adult Pneumonia PAC	Average Stay in - PNM – Adult	Days	9,8	8,7	10,3	10,8
	Adequate AB rate – PNM - Adult	%	41,2	38,4	46,0	40,9
	Mortality rate – PNM - Adult	%	9,8	9,0	10,6	8,3
	Average Stay-in – PNM > 60	Days	11,6	10,9	11,1	11,3
	Mortality rate – PNM > 60	%	13,9	12,9	14,6	10,0
Sepsis	Sepsis Average Stay-in	Days	12,0	16,5	17,4	18,1
	Sepsis adequate AB rate	%	62,6	67,1	75,4	80,3
	Sepsis Mortality rate	%	25,8	25,9	22,6	20,4
Surgical	Hysterectomy Average Stay-in	Days	1,7	2,6	3,6	2,5
	VLP Cholecystectomy Average Stay-in	Days	34,3	24,8	36,0	34,3
	Ing. Herniorrhaphy average Stay-in	Days	17,9	19,8	31,7	32,9

	2013												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Ago	Sep	Oct	Nov	Dec	Annual
	93	86	95	81	82	92	68	90	99	100	71	80	86
	7,7	6,9	8,5	7,5	8,1	7,5	8,3	7,3	6,1	7,2	6,6	7,6	7,4
	61,6	73,8	69,4	59,6	56,0	73,6	76,1	68,6	63,8	68,5	50,0	49,3	64,2
	69,6	73,6	66,8	62,0	62,4	64,4	63,7	66,0	61,8	55,6	54,5	64,4	63,7
	3,8	4,9	3,7	4,0	3,6	4,2	4,8	5,6	4,7	4,2	4,8	6,4	4,5
	103	71	62	72	56	55	67	39	53	85	40	73	65
	43	97	40	71	77	75	39	45	57	96	84	47	64
	8,6	9,5	12,1	8,7	9,7	9,8	9,5	12,0	13,6	8,2	7,9	8,4	9,8
	64,0	65,3	70,9	54,0	58,8	55,9	61,8	54,4	61,7	53,2	68,5	47,0	59,4
	5,3	5,6	2,7	9,3	3,8	3,9	6,3	6,3	2,8	3,8	6,3	8,6	5,4
	10,5	8,0	10,3	8,5	7,8	8,3	8,6	9,0	9,6	7,9	7,9	6,6	8,5
	10,5	8,0	10,3	8,5	7,8	8,3	8,6	9,0	9,6	7,9	7,9	6,6	8,5
	4,2	7,2	3,7	4,1	7,5	5,9	6,7	3,1	6,2	3,2	3,7	2,5	4,8
	38,9	35,2	34,8	29,6	30,1	29,7	32,8	34,1	34,4	28,5	27,3	25,5	31,3
	7,3	7,8	6,3	6,5	6,0	5,3	6,2	6,0	6,0	5,2	5,2	4,7	5,9
	47,7	33,3	61,9	53,1	50,6	44,7	53,1	44,2	51,4	56,9	50,5	54,5	51,3
	0,0	0,0	0,7	0,0	0,0	0,6	0,0	0,9	0,0	1,8	1,0	0,0	0,4
	9,4	9,0	11,1	8,8	8,9	9,8	10,5	10,1	10,7	10,9	10,9	8,9	9,9
	40,7	39,1	45,7	41,6	34,4	40,5	38,7	40,7	42,5	42,4	41,1	36,3	40,1
	7,3	7,2	9,7	7,8	7,3	9,4	5,3	8,1	9,0	12,1	11,1	5,6	8,3
	18,1	19,4	19,4	13,9	18,2	18,7	20,5	20,3	20,6	20,2	19,1	16,6	18,8
	19,0	15,1	25,3	18,9	16,8	21,6	11,5	20,4	20,1	24,0	20,1	13,1	19,0
	12,3	10,9	13,9	12,4	11,9	15,0	12,9	12,9	10,7	10,5	11,6	12,7	12,3
	39,4	45,1	47,7	53,5	44,1	41,6	34,8	40,6	38,9	40,9	37,0	36,0	41,1
	18,7	17,7	19,2	15,2	16,4	21,9	21,3	17,0	16,5	14,0	15,0	17,9	17,6
	2,5	3,0	2,8	2,8	3,0	2,8	3,0	2,7	2,4	2,7	2,3	3,6	2,8
	31,4	31,3	36,2	29,1	33,0	33,3	36,0	36,9	33,7	33,7	46,8	54,8	36,0
	21,5	23,8	36,8	22,9	24,4	28,6	30,9	23,5	25,0	24,6	31,1	35,9	27,3

Institutional performance

Executive Summary

This section shows the economic-financial indicator analysis and personnel management of Anahp hospital members.

The increasing demand for hospital-medical care services was stimulated by the increasing access that the population has to health plans and changes of the demographic and epidemiological profile.

The revenue of the 55 Anahp Hospital members in Dec 2013 reached R\$ 17,3 billion, with 14.770 beds and 861.268 admissions during the year.

Despite the growing demand, the hospital financial indicator performance indicates an increase of expenses over and above the increase in revenue.

This result can be a reflex of various factors, such as, the increased grosses, 2,9% of net revenue in Jan 2012 to 3,2% in Dec 2013, and the high average time frame for refunding that reached 88 days in Dec 2013, or the growth of the expenses at a superior rate to the services readjustments.

The net revenue due to hospital leaves grew 5,1% in 2013 in relation to 2012, lower rate than the expense increase , that raised 6,1% during the same period compromising the institutions margin.

The net revenue per available or installed beds reduced 0,4% from R\$ 96.942/month in 2012 to R\$ 96.561/month in 2013.

The personnel expenses per hospital leave, main hospital cost, representing 42,7% of total, increased 7,4% in 2013 in relation to 2012.

Hospital expense dynamics (R\$)

Type of expenses	2012	2013	Variation (2013/2012)
Expenses per hospital services	17.125	18.177	6,1%
Personnel	6.368	6.839	7,4%
Hospital materials	4.643	4.778	2,9%
Third party contracts(technicians, operational, logistics, support)	2.748	2.816	2,5%
Maintenance and Technical Assistance	315	354	12,5%
Others*	3.051	3.390	11,1%

*Utility expenses (energy, water, communication, etc...) and materials not included in hospital materials.

Among the Anahp hospitals the average wage grew 9,9% during the period, passing from R\$ 1.938 to R\$ 2.130, being one of the main factors that contribute to the expenses growth.

In 2013 the 55 member hospitals totalized a personnel team equivalent to 103.241 employees.

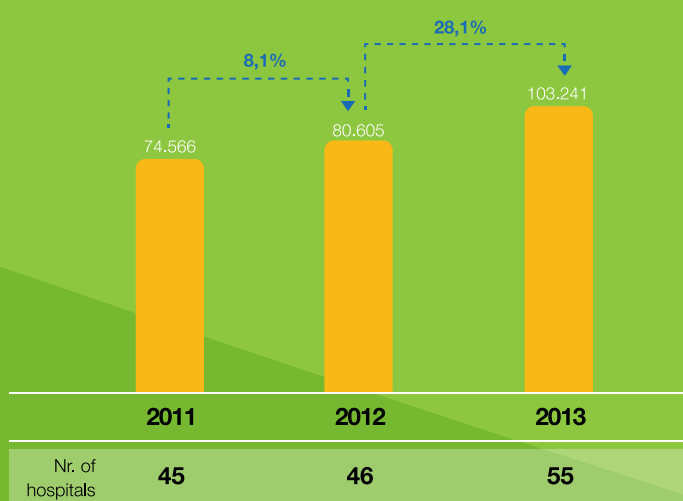
Since Jan 2012, the hospitals are increasing their labor force , with a hiring rhythm of approximately 1.500 new professionals per month.

The internal professional upgrade rate registered values of 20% to 25%.

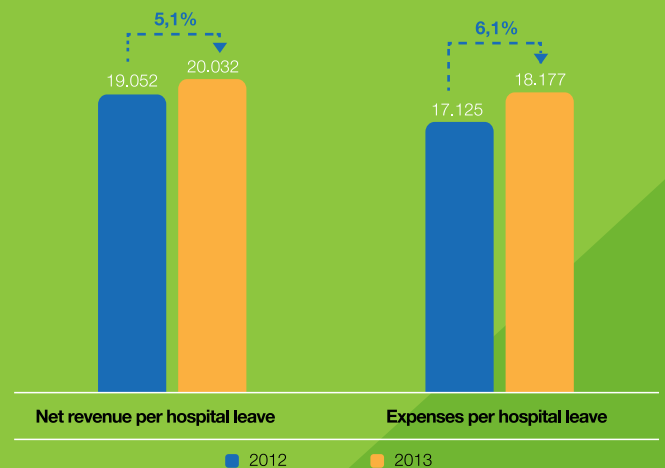
The average time for filling in vacancies varied from 25 to 35 days for all hospitals. For nursing teams (nurses, technicians and assistants) the average replacement time reaches 40 days, reflecting the small offer of qualified professionals in the area.

In 2013, the average number of nurses per bed increased in all areas, being for critical bed units, semi-critical bed units and non-critical bed units. This growth can be the result of the increase of treatment complexity and increase in investment in the qualification of healthcare teams.

Total of Jobs Created



Net revenue and operational Expenses per hospital leave(R\$)





Economic-financial
management

In 2013 Anahp hospitals revenue reached R\$ 17,3 billion. However the expenses are growing at superior rates to the expenses.

The last years have been marked by the big growth of the beneficiaries of health plans, stimulated by the labor market performance that registers the smallest unemployment tax since the beginning of this historical series.

In 2013 the number of health plan beneficiaries grew 4,6% adding 2,2 million users to the system. If we consider an average admission rate of 14%, this growth demands more than 300 thousand new admissions. Analyzing in another way, approximately 5000 new hospital beds only for this demand are necessary (for this estimate we considered an occupancy rate of 80% and the average hospital stay-in of 4,7 days.)

Besides the growth caused by the covered population increase, the sector is starting to feel the effects of the aging population, with the increase of the patient stay-in, multiple comorbidities, the high rate of resident patients (> 90 days), the reduction of surgical procedures aligned to the worsening of clinical symptoms. The analysis is detailed in the section "Marketing Profile". Besides the advance in demands, the increase of users with bigger consumption of services and materials, the sector has observed a growing pressure from of the health plan operators to reduce their assistive expenses. This trend is verified by the lag of contractual adjustments, the strong

increase of expenses in relation to the revenues, in the grosses increase and the average period to receive, reducing the institutions margin.

Another trend that can influence negatively the institutions performance is the advance in payment models based on managed procedures and packages that presupposes retrospective pricing models, meaning that the pricing is pre-arranged on the institutions past experience basis. In a scenario of patients' clinical profile, with the increase of comorbidities and the average of stay-in, the pricing of the procedures has to take into consideration this trend or else can take the risk of pricing the procedures with values below the real attendance cost. In this context, the indicators of this section went through revision, aiming to better detail the sector trends, and the first results are starting to appear. Revenue indicators are followed by new expense indicators, permitting a better detailing of the institutions performance.

Anahp collected the 2013 data in a new way, and to guarantee comparability, the 2012 data was collected again and re-estimated. So the 2012 results differ from what was informed last year .

Global revenue

In 2013 Anahp hospital revenue reached R\$ 17,3 billion, different to previous years when the revenue information consolidated only hospitals that belonged to Anahp hospitals integrated indicator system(SINHA/Anahp), for this edition the information refers to the data of all 55 Anahp hospital members in Dec 2013.

The Nr. of beds in the 55 hospitals reached in 2013 , 14.770 beds, that represents 11 % of the total of available beds for he private patients in the country.

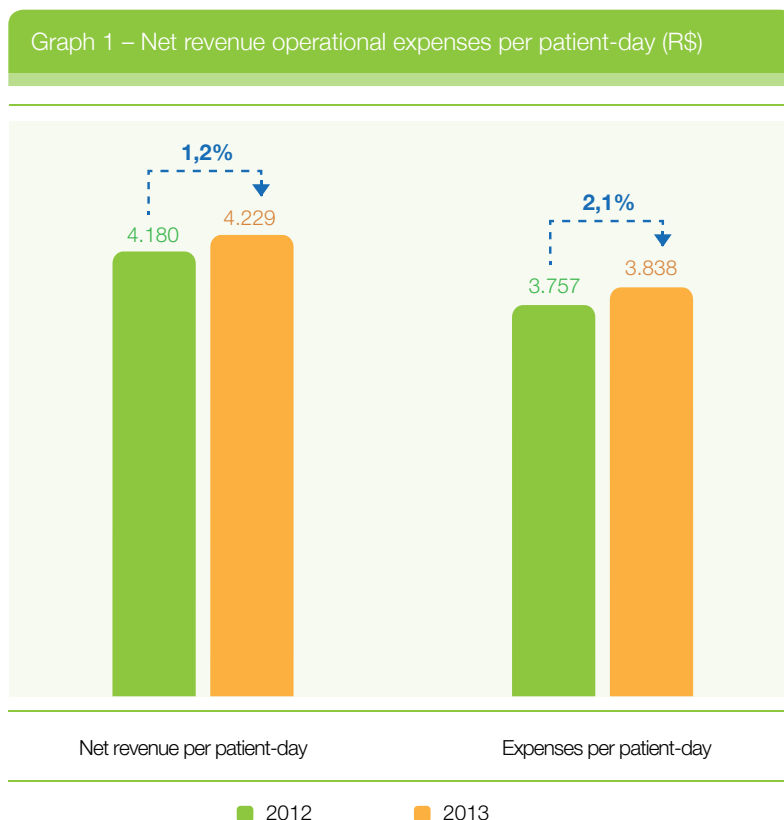
Average price evolution and performance in anahp hospitals

Revenue and expenses vary according to quantity and type of service practices. The infrastructure expansion or the operational efficiency increase, for example have positive influence on the quantity of attendances, while the bigger the patients complexity, aging and comorbidities, as shown on the

patients epidemiological and clinical profile analysis attended to in 2013 – increases the average stay-in and resources consumption , increasing revenue and expenses. So, to have a panoramic vision of the hospitals performance, the revenue and expenses indicators are shown side by side in this section.

The net revenue for patient-day grew 1,2% in 2013 in relation to 2012, passing from R\$ 4.188 to R\$ 4.229, rate smaller than the inflation rate for the period, 5,9%. The growth also stayed lower than the variation of the expenses of patient-day, that grew 2,1% passing from R\$ 3.757 to R\$ 3.838 compromising the institutions margins.

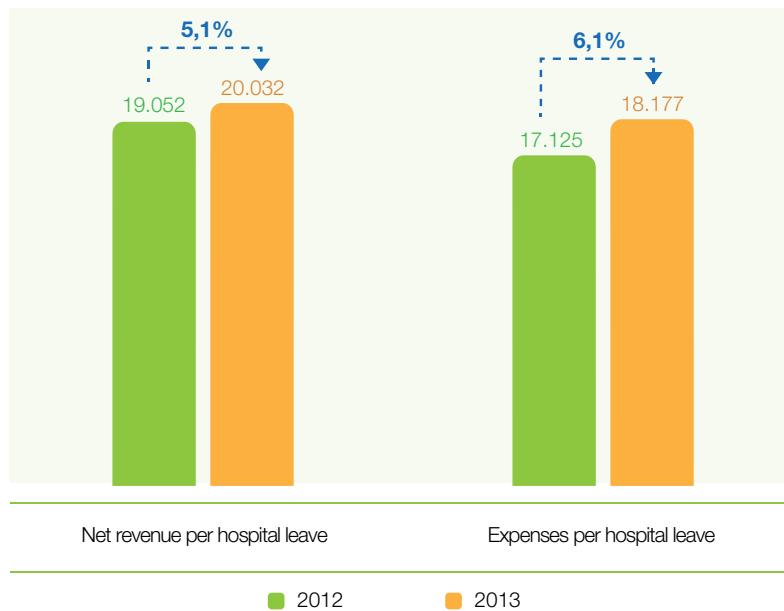
To calculate the indicator we used the variable net revenue, equivalent to gross revenue of hospitals subtracting tax payments on income, glossed values and not received. To create the expense indicator, all the expenses were considered, excluding depreciations and financial expenses.



The net revenue per hospital leave increased to bigger taxes than the revenue for patient-day, advancing 5,1% in 2013 in relation to 2012, passing from R\$ 19.052 to R\$ 20.032. The detachment between the indicators patient-day and hospital

leave is the result of the increase of the average stay-in verified in the period. The expenses per hospital leave also grew 6,1% passing from R\$ 17.125 to R\$ 18.177. Just as observed for the patient-day there was a decrease in the institutions margins

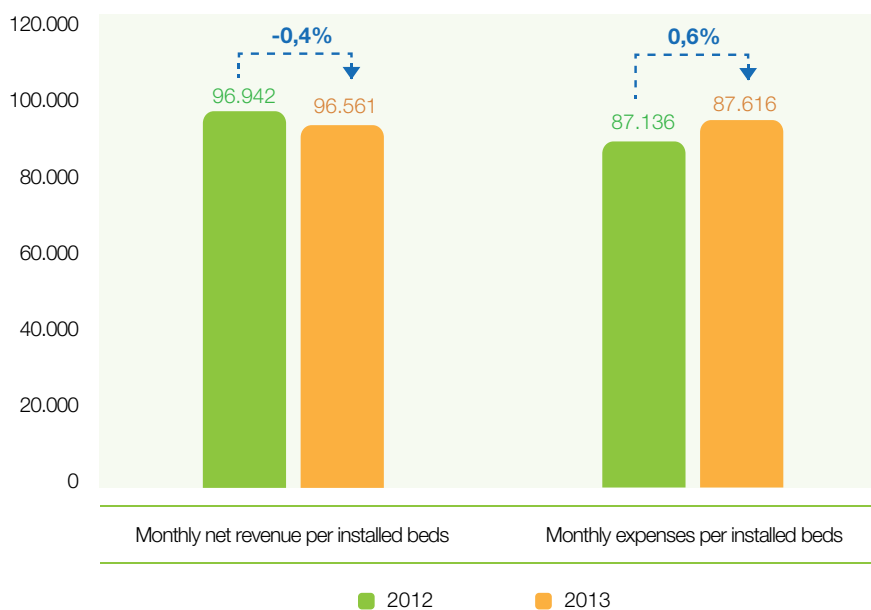
Graph 2 – Net revenue and operational expenses per hospital leave



The net revenue indicator for available or installed hospital beds also shows increase of expenses faster than revenue. This indicator is constantly used in economic-financial viability studies and benchmarking between institutions. For Anahp

hospitals that took part in the study, the monthly net revenue per installed beds was R\$ 96.342 in 2012 and R\$ 96.561 in 2013, meaning that there was a reduction of 0,4% in the period.

Graph 3 – Average net revenue and operational average expenses per installed beds (R\$ per month)



Expense evolution

The growth of expenses in a superior rhythm to the revenue variation can be a reflex of various factors, as the glosses increase, the average time frame for reimbursement or the increase of the expenses in a superior rhythm to services adjustment taxes. So it's important to analyze the hospital expense dynamics, detailing the evolution of its main components.

The main expense in Anahp hospitals is the personnel cost or the pay roll that represents 42,7% of total in 2013 and is gaining representativeness. The second main expense is with the hospital materials, with 29,5% of total, and operational technical contracts (8,1%) according to chart 1.

Chart 1 – Distribution of total expenses by type

Type of expense	2012	2013
Personnel cost	40,0	42,7
Hospital materials	29,5	29,5
Operational technical contracts	9,2	8,1
Other expenses	5,6	5,4
Depreciation	5,0	4,8
Support and logistic contracts	4,9	4,2
Other materials	1,9	1,9
Maintenance and Technical assistance	1,9	1,9
Utilities	2,0	1,5

The personnel payment expenses, that encompasses salaries, benefits and tax charges over the pay roll, is one of those that grows more among the hospitals. In 2013 the expenses with personnel per hospital leave advanced 7,4% from R\$ 6.368 to R\$ 6.839. This result is the reflex of the labor market warming and the need of highly qualified professionals in the sector, both of which inflating salaries. The wage increase with taxes higher than inflation has been one of the main factors that contribute to the increase of hospital costs. Among Anahp Hospitals the average salary per professional grew 9,9% in 2013 in relation

to 2012, overcoming R\$ 2.000 as shown on graph 4. This indicator considers only the salaries, not counting the benefits and charges.

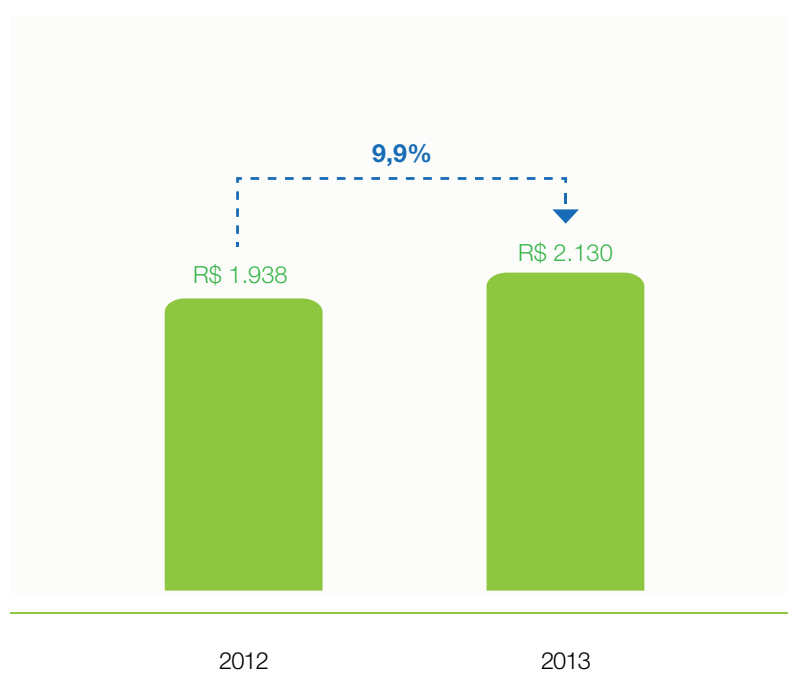
The average expenses with maintenance and technical assistance per hospital leave was the one that grew the most in 2013(12,5%), but has little representativeness in the total expenses with only 1,9%. The expenses with hospital materials per hospital leave second in representativeness with 30% of total, grew only 2,9% in the period (chart 2).

Chart 2 – Hospital expenses dynamics (R\$)

Type of expenses	2012	2013	Variation (2013/2012)
Expenses per hospital services	17.125	18.177	6,1%
Personnel	6.368	6.839	7,4%
Hospital materials	4.643	4.778	2,9%
Third party contracts(technicians, operational, logistics, support)	2.748	2.816	2,5%
Maintenance and Technical Assistance	315	354	12,5%
Others*	3.051	3.390	11,1%

*Despesas de utilidades (energia, água, comunicação, etc) e materiais não incluídos em insumos hospitalares.

Graph 4 – Monthly evolution on average salary

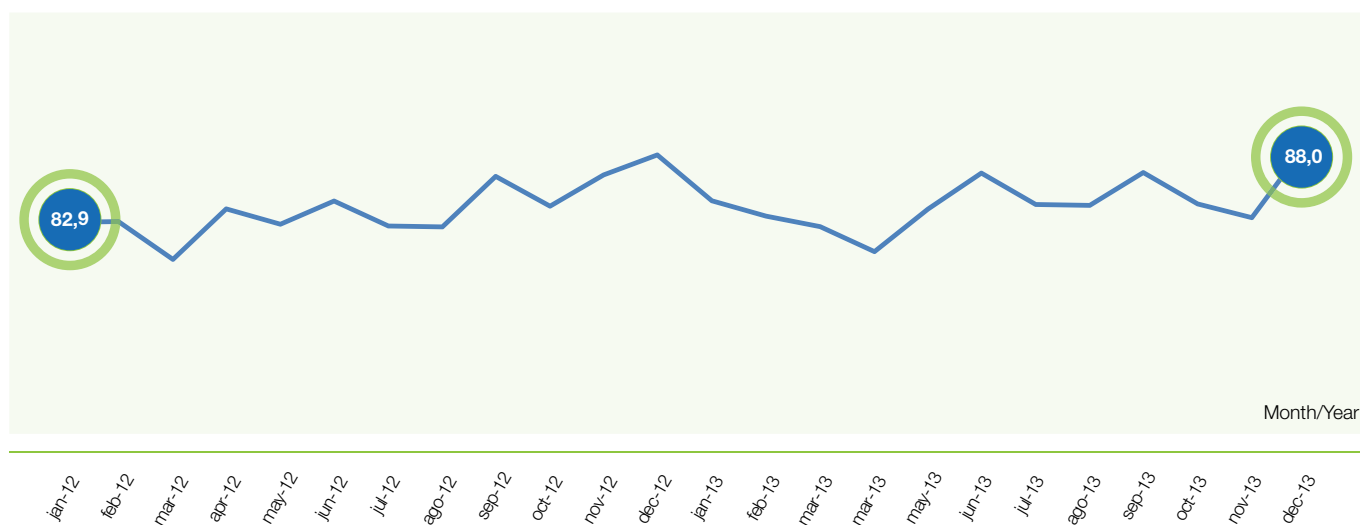


Average time for reimbursement and grosses rates

For the reimbursement average time and grosses rates, information is monthly, enabling the identification of seasonality in the series. In both indicators there is an increase trend at the end of the year, that can be the indicative of payment postponement to improve the health operators' annual results. The reimbursement average time for Anahp Hospitals varied from 82,9 days in January 2012 to 88 days in December 2013. It's a high average time, considering that the hospitals have operational payment deadlines – salaries, social charges, suppliers, service contracts – varying between 30 and 45 days. So the hospitals have to cover the difference between

the reimbursement and the payment with own funds or debt incurrence, adding financial costs to the services and compromising the cash flow management. One of the challenges of the supplementary healthcare sector is to reduce the reimbursement average time, reducing the bureaucracy which characterizes the billing process and reviewing the remuneration model. The implicit bureaucracy costs are always higher, either in hospitals as in operators, and do not aggregate values to the patient, main focus of the system.

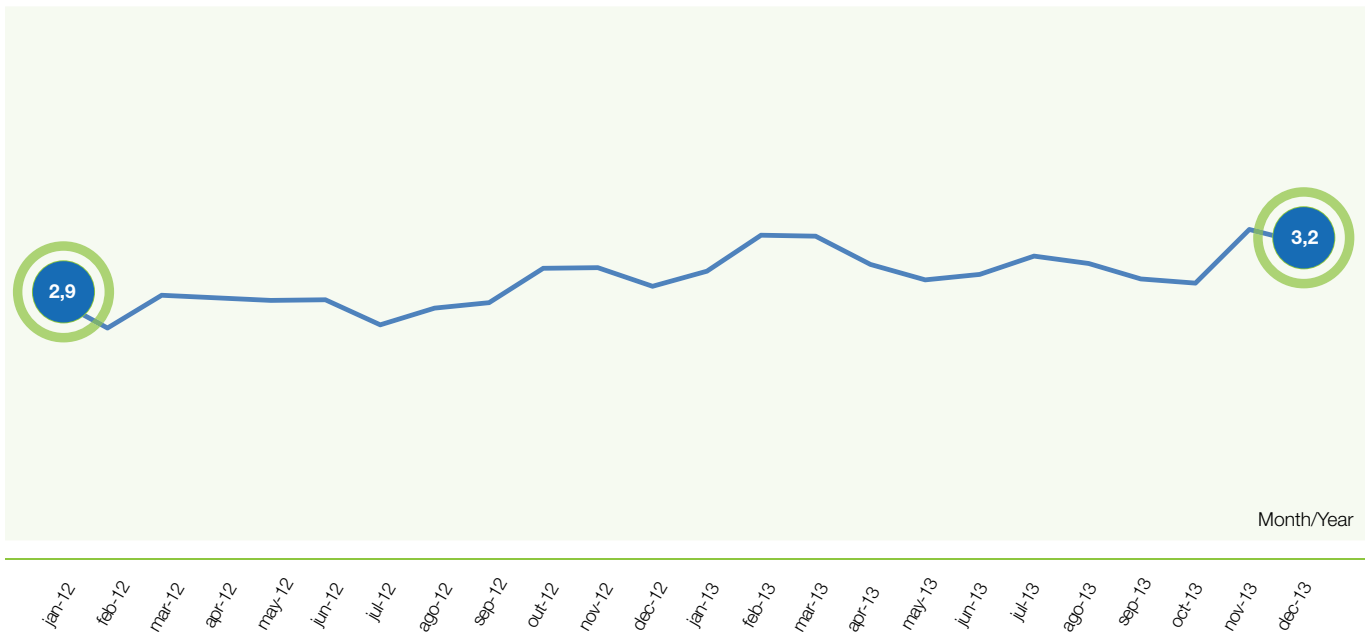
Graph 5 – Average receiving time (in days)



The hospital grosses rates, taken in relation to the net revenue grew 2,9% in Jan 2012 to 3,2% in Dec 2013. The increase of the grosses directly affects the operational and financial management of the hospitals and therefore advances in the

adoption of new remuneration models, with all the agents involved committing themselves can contribute to reduce the grosses and increase the efficiency of the entire system.

Graph 6 – Grosses rates (in %)



Global revenue distribution by type

The contribution of the daily payments and taxes for the total gross revenue decreased in the analyzed period, passing from 19,2% in 2012 to 18,8% in 2013. This performance is a sign of difficulty in price adjustment negotiations, contributing to the advance of the revenue below the growth of expenses. There also was a decrease of the contributions of exam

revenues(SADT) on the institutions total revenue, from 18,2% to 17,6% with the loss of representativeness of these two important income resources, the participation of hospitals material revenue grew passing from 47,5% in 2012 to 48,6% in 2013.

Chart 3 – Revenue distribution per type

By type	2012	2013
Daily payments and taxes	19,2	18,8
Hospital materials	47,5	48,6
SADT	18,2	17,6
Managed procedures	3,8	3,7
Other service revenues	4,2	4,3
Other operational revenues	7,1	7,0

Global revenue distribution by clients

The service to health plan beneficiaries is the main revenue component for hospitals, according to the study, representing 87,1% in 2012 and 88% in 2013 of hospitals global revenue. The service given to private patients, or health plan beneficiaries

that pay hospital bills and ask for reimbursement to the operators went from 9,9% to 9,0% in 2013, while the services with SUS patients remained at 3%.

Chart 4 – Revenue distribution per clients (%)

Client	2012	2013
SUS	3,0	3,0
Private	9,9	9,0
Health plans	87,1	88,0

The distribution of hospitals revenue by type of health plan operator indicates the increase of the insurance representativeness from 41,8% in 2012 to 43% in 2013, and the medical groups from 16,7% to 17%. During the same

period there was a decrease of the medical cooperative participation from 18,1% to 16,6%, and self-management from 21,4% to 21,0%. The beneficiaries of international health plans represent more than 1% of Anahp hospitals revenue.

Chart 5 – Revenue distribution from health plans according to type of operator

Type of operator	2012	2013
Insurance	41,8	43,3
Self-management	21,4	21,0
Medical group	16,7	17,0
Medical cooperative	18,1	16,6
International plans	1,4	1,2
Philanthropic plans	0,6	0,9

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(Fonte: Sodexo, FY 2013, Health Care services)



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Personnel
management

Anahp's working group of personnel management improved indicators to adequate them to international standards and also included new information in the system.

The personnel management indicators of Anahp Integrated System of Hospital indicators (SINHA) is passing through reformulation since 2012, and in 2013 new indicators were included. The reformulation, that views modernizing the indicators to adequate them to international standards, is the result of the personnel management working groups' dedication.

In 2013 indicators that identify the internal hiring of professionals, the necessary time to fill in vacancies, Nr. of professionals enrolled in programs for the disabled and apprentices were included in the study.

For these new indicators, 2012 data was collected, so that the 2013 data could be compared to the previous year.

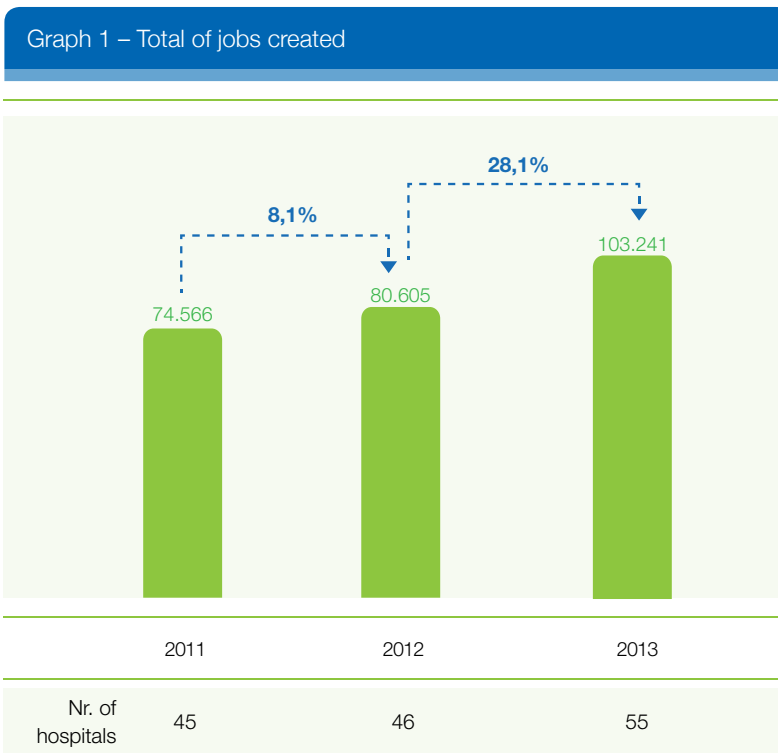
In addition to SINHA's expanding scope, a bigger number of hospitals are participating in the personnel management indicators nowadays, passing from 32 institutions in 2012 to 39 hospitals in 2013.

We also state that the change of information is responsible for the rates variations. However, with SINHA's consolidation and

representativeness gain, these variations tend to have a smaller effect on the result.

Personnel staff and employees profile

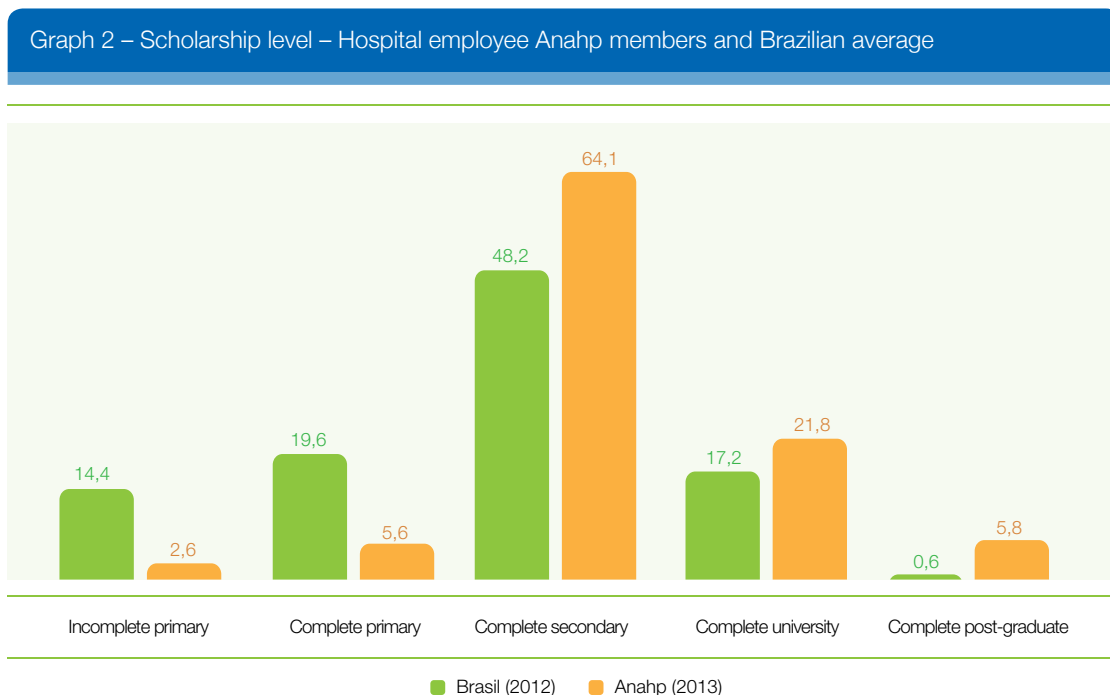
In 2013 the 55 Anahp member hospitals totalized a personnel staff equivalent to 103.241 employees. The increase in numbers, that grew 28,1% in 2013 in relation to 2012 is related to the growth of Anahp hospital members from 46 to 55 in December 2013, the units expansion and the increase of the assistive production. Since Jan 2012, beginning of the series, hospitals have increased labor work, with a hiring rhythm of approximately 500 new professional per month to fill in the new vacancies and hiring another one thousand professionals per month to substitute existing job positions. The majority of these substitutions was generated by voluntary resignations as shown on chart 7.



The lack of qualified labor in the major problem for the hospital sector to expand, because the sector hires professionals with higher educational level than Brazilian average, pattern that can be observed on graph 2.

In average, more than 25% of Anahp hospital professionals has a university degree(27,6%) while in the country only 17,8%

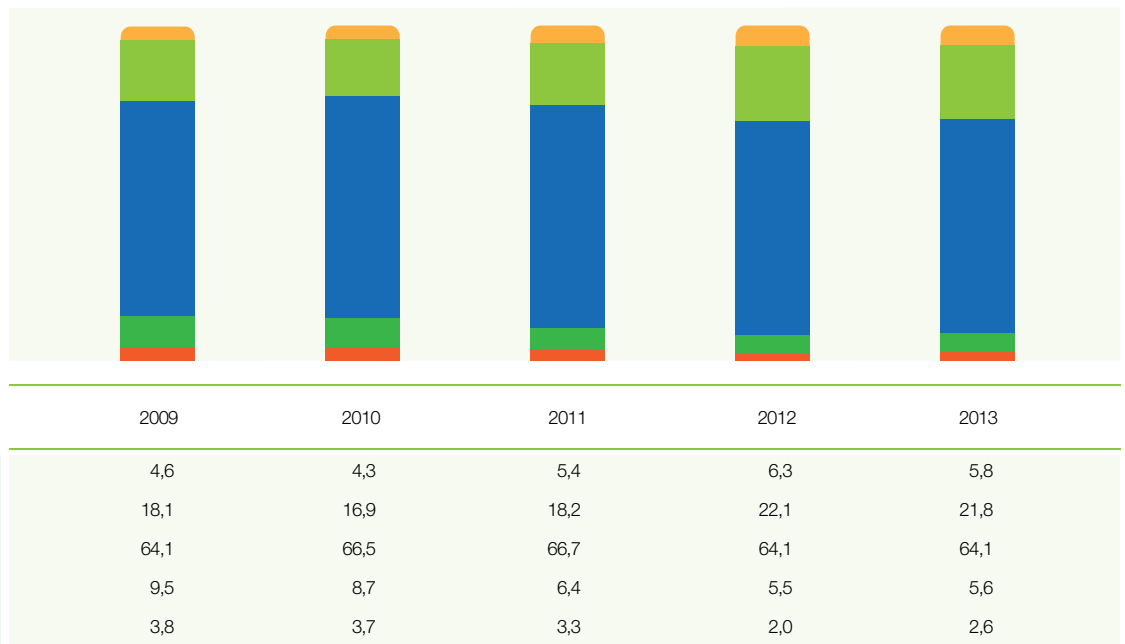
of the professional working in the formal market have the same qualification level. In this scenario, with the health labor market and the low offer of qualified professionals, has an impact on salaries and adjustments in the sector, raising the costs.



In 2013, nr. of post-graduate professionals suffered a slight decrease in Anahp hospitals, from 6,3% to 5,8%, the same happened with the complete university degree from 22,1%

to 21,8%. This movement is the reflex, mainly due to the information change in participant hospitals, not being possible to assume that this is a trend in the hospitals.

Graph 3 – Employees scholarship level in Anahp hospitals percentage distribution – 2009 – 2013



The inclusion of apprentices, disabled and rehabilitated people(PCD's) in the labor market is another prominent issue for Anahp hospital members human resources.

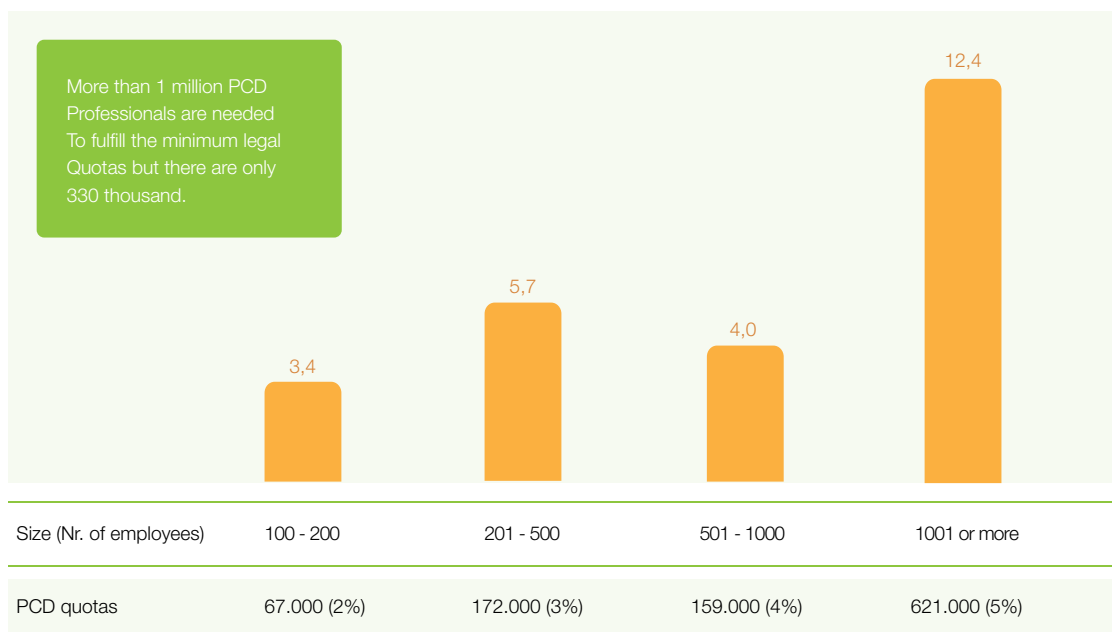
Article 93 of law 8213, imposes that the companies with more than 100 employees , quotas for hiring disabled people(PCD's) and rehabilitated beneficiaries in the labor market, and article 429 of CLT – Labor laws consolidation – defines a minimum number of apprentices. Reflecting this, the working group includes indicators to identify and accompany the percentage of apprentices and PCD's among the institution professionals. The participation of these professionals grew in2013 in relation to 2012 from 2,2% to 2,4% for PCD's and of 1,1% to 1,4% for apprentices.

The fulfillment of the PCD's legal quota has brought difficulties to all the sectors, as shown by data informed by the Labor and Work ministry, there are a lot of aspects that prevent the hiring as: the lack of professionals in the market, their qualification, their adaptation to the job routine (day break shifts, alternative shifts, restrictions to work directly with patients healthcare, etc...).

According to data of the “Relação anual de Informações Sociais do Ministério do Trabalho e Emprego(RAIS 2012) – one of the most complete database about the Brazilian formal labor sector – there are around 47,5 million employed people in the formal labor sector in Brazil, and 25,5 million people work in companies with more than 100 employees, ie, those re quired to meet the PCD hiring quota.

If we consider the size of the companies by the number of employees during 2012, it would be necessary to have 1 million hired people with PCD in the country to fulfill the legal quota, as shown on graph 4. However still in 2012, according to RAIS, the total of professionals declared as PCD's added up to 333,3 thousand in the entire country, that corresponds to 0,7% of the total of employed people equivalent to only 30% of necessary PCD's to fulfill the legal quota.

Graph 4 – Formal market contracts per company size – in millions of contracts (companies over 100 employees)



Furthermore,, while the quantity of jobs in the formal market grew 2,5% in 2012 in relation to 2013, the Nr. of employees with deficiencies grew only 1,5%. This reality shows that the companies not only have problems in hiring PCD's to fulfill the imposed legal quota, as well as to fill in vacancies proportionally to the increase of their labor force, aspect that only worsens the difficulties to fulfill quotas.

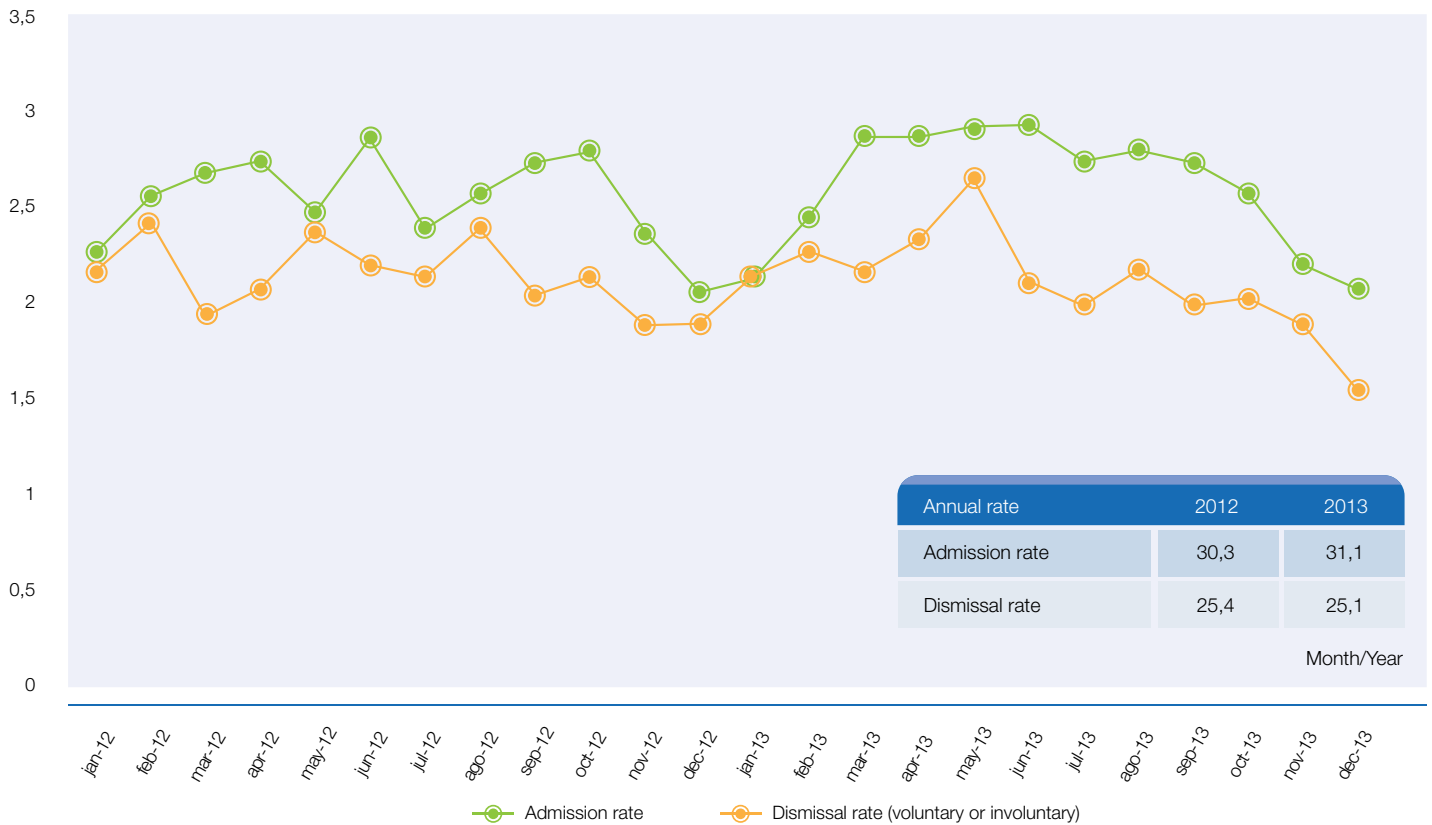
Professional attraction and retention

The professional turn- over is a big challenge for the institution in inclusion, training and qualifying professional processes. Considering the difficulties and the involved costs, it's necessary to establish a program to retain professionals and utilize the qualified internal employees that wish to change positions or areas.

In 2013, the country average admission rate and the demission rates grew, generating an increase of professional turn-over. In 2012, 25,4% of the total average effective of hospital employees were dismissed voluntary or involuntary, while the admissions reached 30,3% of total work force.

The monthly average admissions rate varied between 2,0% and 2,9% between 2012 and 2013, with a stronger hiring rhythm between April and September, and weaker at the begging and end of the year.

Graph 5 – Admission and Dismissal (voluntary and involuntary) (%)



Turn-over rate

The personnel turn-over rate is the relation between all the admissions(new jobs or substitutions) added up to dismissals(voluntary and involuntary) and the total of effectives(effective staff employees) in a determine period. In Anahp hospitals the turn-over rate varies from 1,8% to 2,8%. Turn-over in a classical indicator and shows the behavior of the total turn-over in the institutions, however, a derivation of this indicator suggests the exclusion of turn-over due to the increase of the staff. The objective of this adapted indicator that we call "turn-over without staff increase" is to show the undesirable turn-over, caused by dismissals.

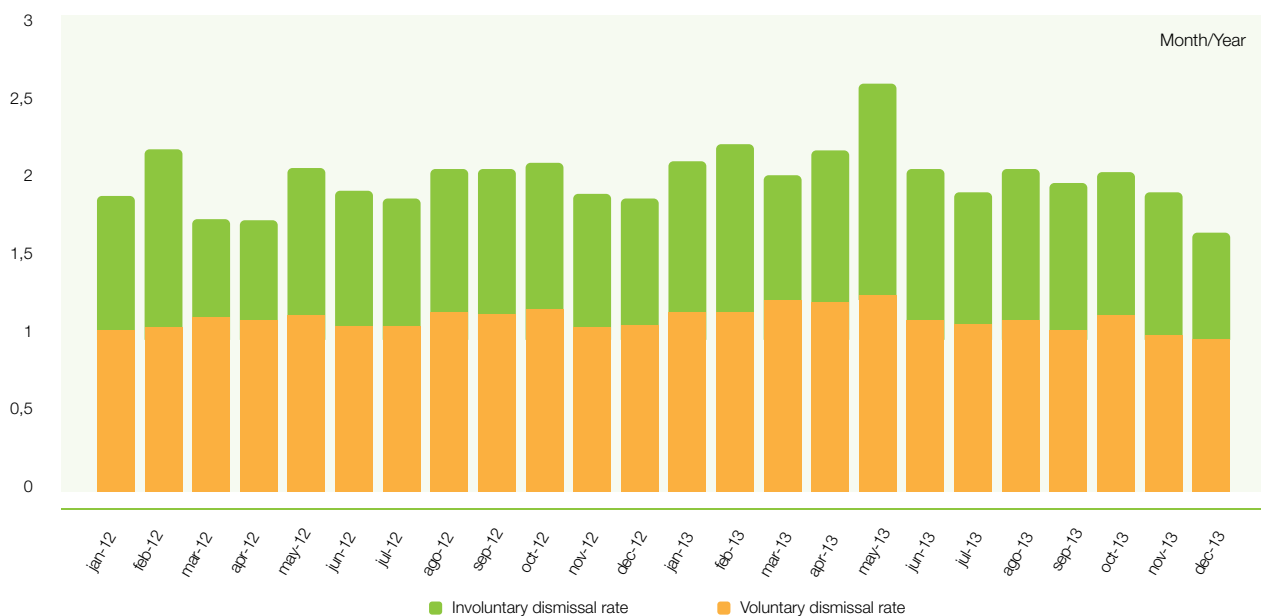
When we exclude the data of admissions of new jobs, the turn-over rate varies from 1,6% to 2,4%. With an equivalent average of 1,9% in 2012 and 2,1% in 2013. The accumulated rate grew from 24,3% in 2012 to 24,5% in 2013, ie, during the last year practically ¼ of the total effective has to be substituted, and most of the dismissals was voluntary. In 2013 as in 2012, voluntary dismissals led, representing 54% of the total dismissals.

Graph 6 – Monthly Turn-over rate (%)



Graph 7 – Voluntary and Involuntary dismissal rate (%)

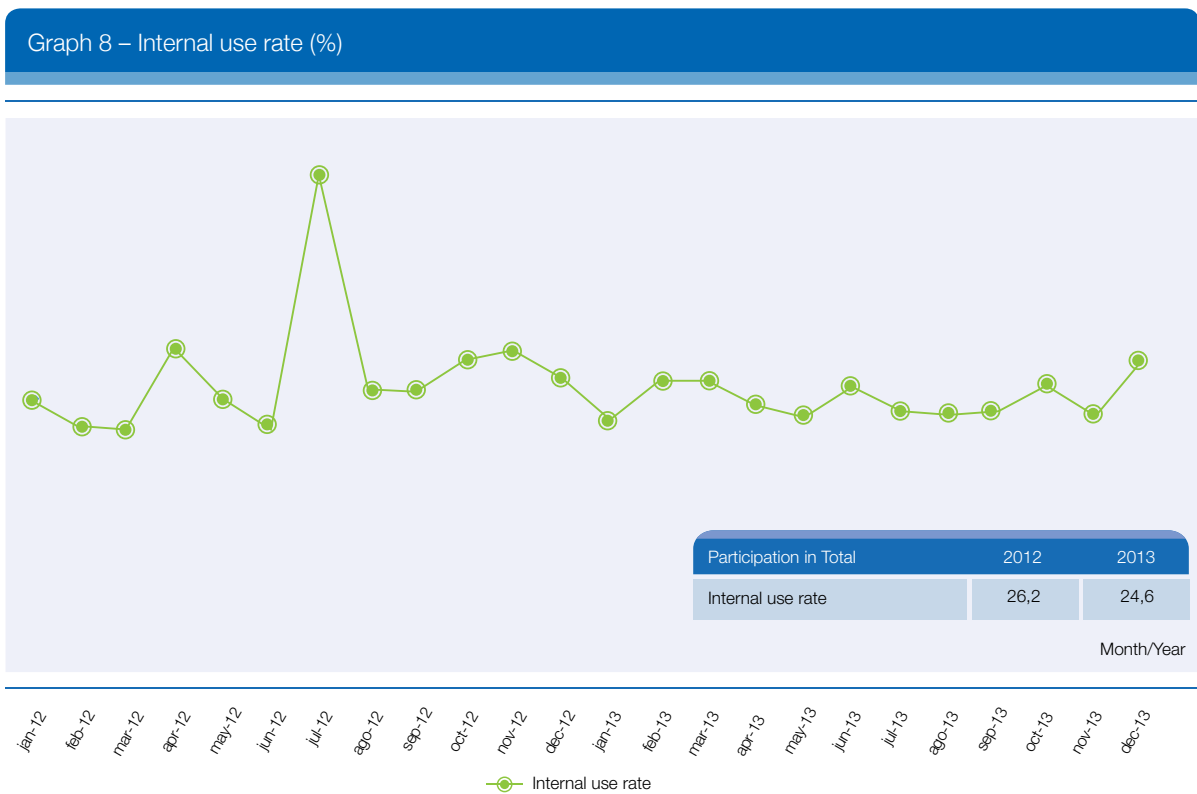
Participation in total	2012	2013
Voluntary dismissal	57%	54%
Involuntary dismissal	43%	46%



Internal utilization rate and average time to fulfill vacancies

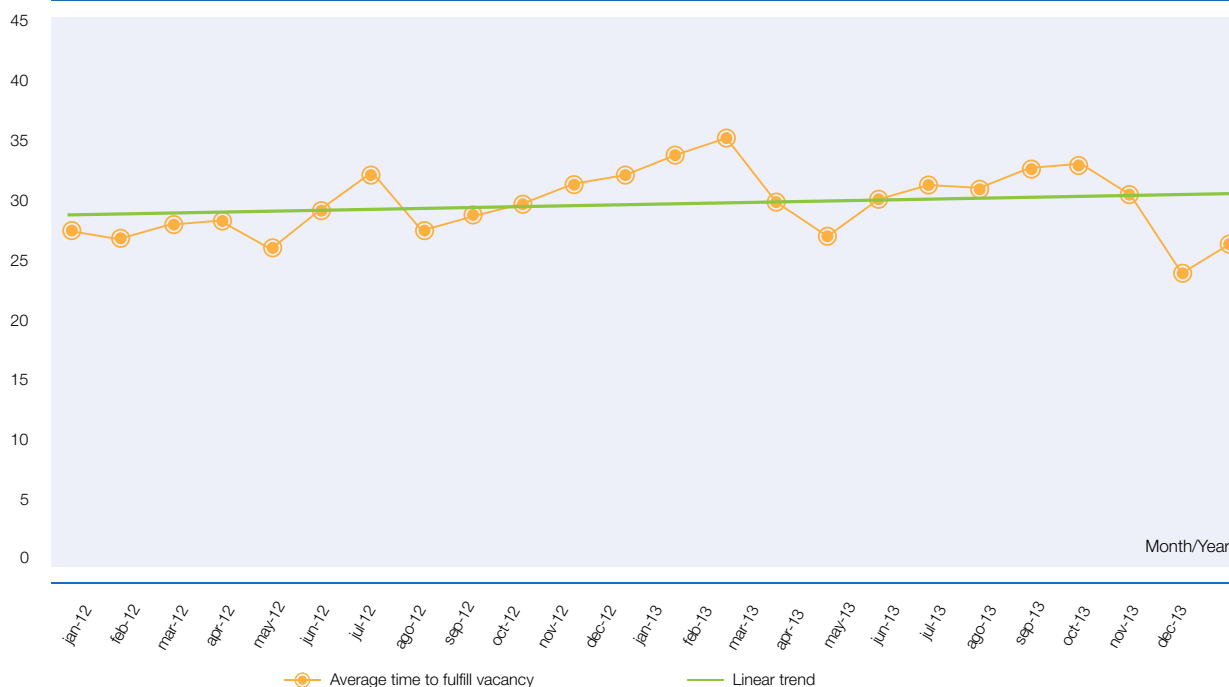
With the increase of the labor market and the low offer of qualified professionals, the institutions invest in the use of internal professionals, objectivizing the reduction of training and hiring time.

The internal use rate indicator registers values of 20 to 25%, with a peak value in July 2012. This shows that in average 25% of the jobs were fulfilled by professionals of the institution itself.



The average time to fulfill vacancies varies from 25 to 35 days for all the hospitals. The indicator evaluates the time between the creation of the vacancy until the professional starts working. For some areas the average time of replacement can be even bigger. Studies realized by Anahp with information data of 2013, indicates that the replacement average time for vacancies in nursing teams (nurses, Technicians and support) reaches 40 days, reflecting on the low offer of qualified professionals in the area.

Graph 9 – Average time to fulfill a vacancy (days)



Personnel productivity – nursing structure

The productivity indicator collected only for the nursing professionals, considered the total hours worked by the professional nurses, technicians and auxiliary nurses assigned to the assistive care.

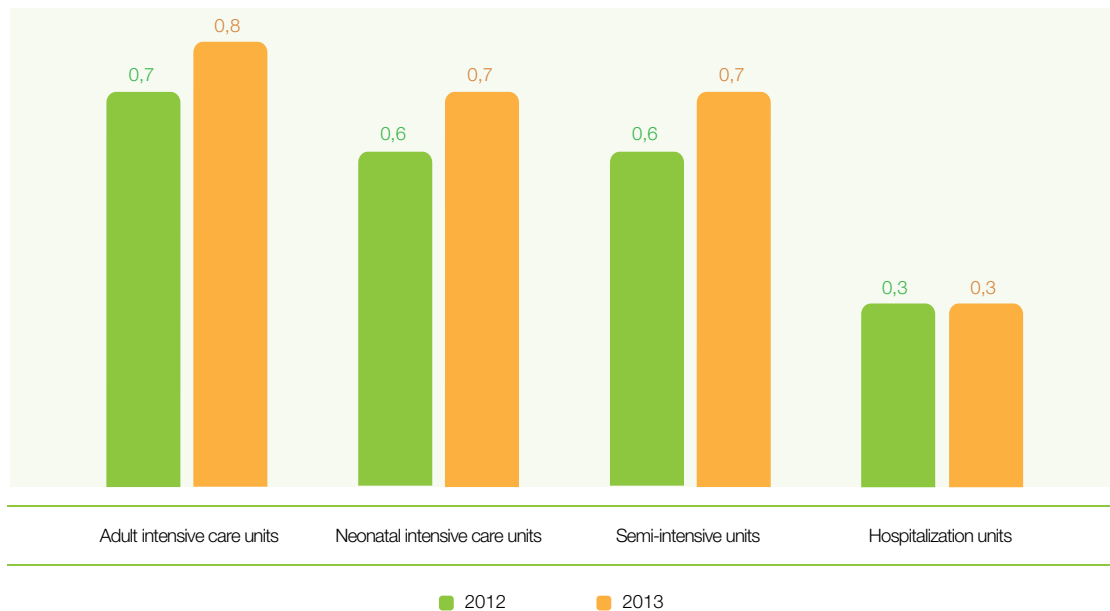
To standardize the different job shifts, the hours of each shift were added up and divided by an adopted standard of 180 monthly hours, resulting in the full time employees (ETI). The staff team was also separated according to the type of hospital bed, separating the structure of the critical beds (Adult and Neonatal intensive care units) and the Semi-critical, from the structure of non-critical beds.

For the critical and semi-critical beds, hospitals have a structure of 0,6 to 0,7 nurses per bed, with a monthly standard job shift

of 180 hours. It's worth noting that the semi-intensive units have grown in hospitals and shown nurses ETI's similar to intensive care units. For beds in non-critical units the professionals structure is smaller, with around 0,3 nurses per bed.

In 2013 the average number of nurses per bed grew in all areas, as critical beds, semi-critical beds and non-critical. The growth can be the reflex of the increase of the treatment complexity or the bigger investment of healthcare staff qualification. This process increased the institution costs, by salary increases, benefits or expansion and operation on infrastructure for the professionals, but on the other hand can enable a better care of the more serious patients healthcare.

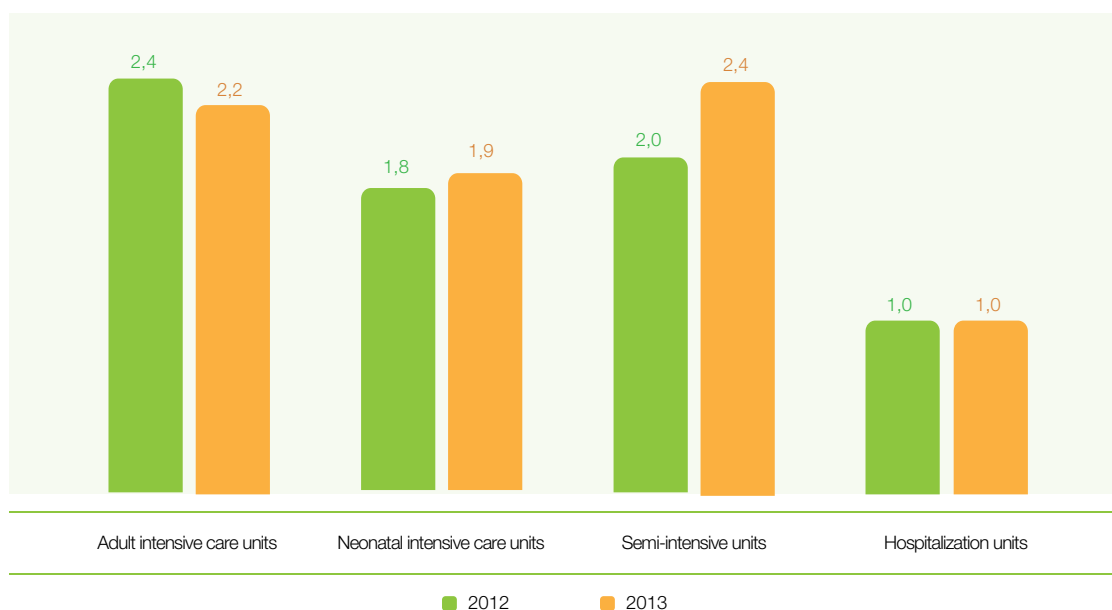
Graph 10 – Average number of nurses (180 h standard)(per intensive care beds, semi-intensive beds and hospitalization units)



Regarding the nursing team, 2,2 are auxiliary and technical nurses with a monthly shift of 180 hours for each adult intensive care operational beds and 1,9 for Neonatal intensive care in 2013. The semi-intensive units had their staff teams increased,

passing from 2,0 to 2,4 auxiliaries and technical nurses per bed. In relation to non-critical beds the staff team remains constant, with the average of 1,0 auxiliary and technical nurse per operational bed (graph 11).

Graph 11 – Average number of nursing technicians and auxiliaries (standard 180 hours)(per intensive care unit bed, semi-intensive and hospitalization units)



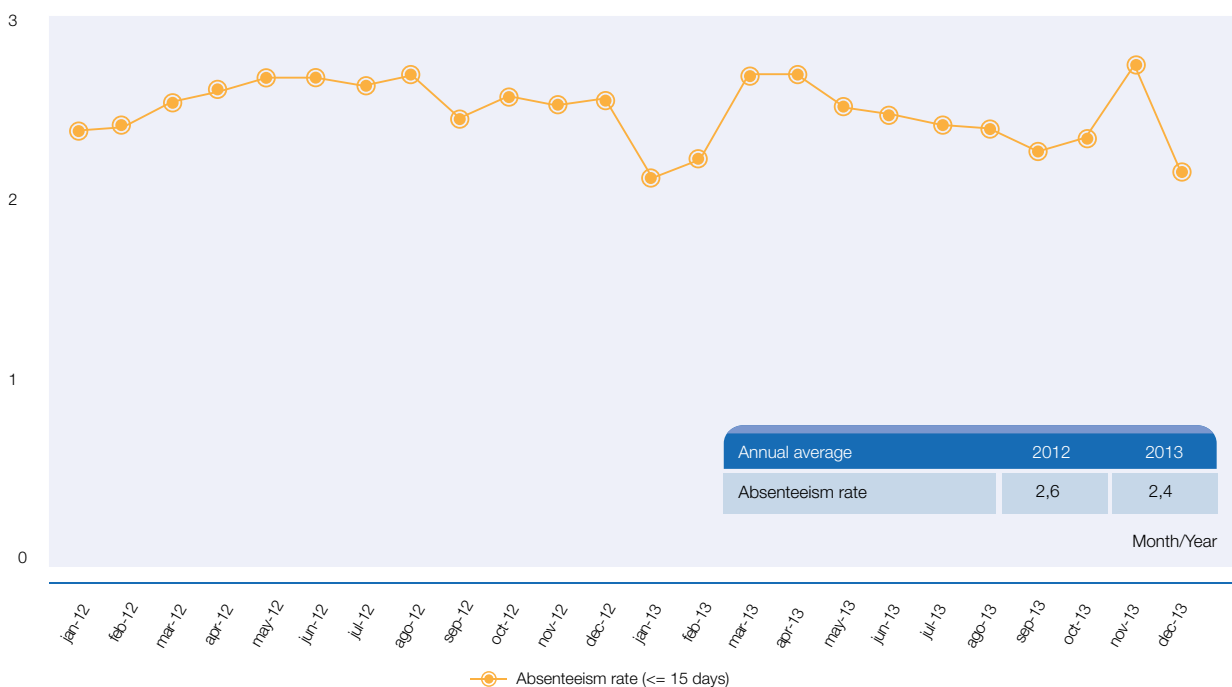
Health and safety at work

Absenteeism is associated to several factors, as stress due to work volume, procedure changes, bigger susceptibility for diseases, factor that may be worsened by the multiple job contracts of the employees. The monthly average rate of absenteeism varies along the 24 months of the study from 2,1% to 2,8%, with an average equivalent to 2,4%(graph 12). The absenteeism rate lower than 15 days is the relation between the absent hours for absences, delays or absences smaller than

15 days of hospital employees by the total of planned working hours.

Another relevant indicator is the absences (inactive), that passes the average of 8% in the period, and shows growth since the beginning of 2012. The high rate has a direct impact on hospitals management, because new professionals hiring and training are necessary.

Graph 12 – Absenteeism rate (<=15 days) (%)



Graph 13 - Absence rate (inactive) (%)



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A background graphic showing a group of stylized human figures in various colors (yellow, orange, red) arranged in a circle, suggesting a community or network. The figures are simple, with rounded heads and rectangular bodies, some with arms raised.

Intitutional profile

Hospital associate holder members

Casa de Saúde São José

Complexo Hospitalar Edmundo Vasconcelos

Hospital A. C. Camargo - Câncer Center

Hospital Alemão Oswaldo Cruz

Hospital Aliança

Hospital Anchieta

Hospital Bandeirantes

Hospital Barra D'Or

Hospital Copa D'Or

Hospital do Coração-HCor

Hospital e Maternidade Brasil

Hospital e Maternidade Santa Joana

Hospital Esperança

Hospital Infantil Sabará

Hospital Israelita Albert Einstein

Hospital Mãe de Deus

Hospital Mater Dei

Hospital Márcio Cunha

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 Samaritano

Hospital Santa Catarina

Hospital Santa Genoveva

Hospital Santa Joana

Hospital Santa Luzia

Hospital Santa Paula



Hospital Santa Rosa
Hospital São Camilo Pompeia
Hospital São José
Hospital São Lucas
Hospital São Lucas de Aracajú
Hospital São Luiz - Jabaquara
Hospital São Luiz - Unidade Itaim
Hospital São Rafael
Hospital Saúde da Mulher
Hospital Sírio-Libanês
Hospital Vera Cruz
Hospital VITA Batel
Hospital VITA Curitiba
Hospital VITA Volta Redonda
Hospital viValle
Real Hospital Português
Santa Casa de Maceió
Vitória Apart Hospital



Casa de Saúde São José

The history OF Casa de Saúde São José merges with the history of Rio de Janeiro. Located at Rua Macedo Sobrinho, district of Humaitá, it is one of the oldest health institutions in the city, founded in 1923, by a group of religious women of the Santa Catarina Congregation. Their headquarters were bought from Marshals Bittencourt family, one of the heirs of Guillobel traditional family, and planned initially with the objective to give shelter to the elderly and seriously ill patients under the protection of Saint Joseph, patron of families. Nowadays, it's a hospital complex with big numbers: occupies about 28 thousand square meters of built area, has 226 installed beds and has 5.988 registered doctors. Every year 3.009 births and 21.858 surgeries in various specialties take place in the hospital, 40% of them being of high complexity. All in all, every year, 18.958 hospitalizations and 8.439 consultations in orthopedic and cardiology emergencies and all assistance to patients is done by a team of approximately 1,4 thousand direct employees and 700 partners.

Highlights 2013/2014

Casa de Saúde São José is one of the most renowned and better equipped hospitals in the country. It has a medical staff composed of the most qualified and experienced doctors in the city of Rio de Janeiro. Attends to patients in approximately 30 different specialties, and works with minimal invasive surgeries. To give support to the high complex procedures, the hospital has specialized intensive care units (Adult, Neonatal, Semi-intensive, post-surgery semi-intensive, Hemodynamic and Coronary). The hospitals infrastructure offers an Image diagnostic center, with Tomography and Magnetic Resonance services among others, for internal and external patients.

Among the many achievements of Casa de Saúde São José we can highlight the Hospital accreditation for excellence awarded by the Organização Nacional de Acreditação (ONA), and the international Accreditation, awarded by the Canadian Council on Health Services Accreditation(CCHSA). Both certificates, received only by the most important and respected institutions, represent the recognition of CCSJ as a hospital that guarantees the improvement of services to patients: efficient, safe and human care.

Characteristics

Hospital Associate holder member – founder since 2001

Non profitable hospital

Foundation 1923

Built area 28.000 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)
Canadian accreditation

Main indicators - 2013

Nr. of total operational beds 226

Nr. of intensive care beds 72

Nr. of registered doctors 5.988

Nr. of employees 1.406

Nr. of consultations in ER 8.439

Nr. of consultations in First Aid units Does not apply

Nr. of Hospitalizations 18.958

Nr. of Surgeries (excluding births) 21.858

Nr. of Births 3.009

Nr. of examinations SADT 240.116



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



Complexo Hospitalar Edmundo Vasconcelos

Founded in 1949 the Complexo Hospitalar Edmundo Vasconcelos, in São Paulo, was founded as Hospital Gastroclinica. Over the years the real vocation of the institution was discovered, focused on promoting an integrated and complete assistive care. Nowadays it distinguishes itself due to its specialties medical center, diagnostics center and important areas of intensive care. During its history the quest for continuous improvement was the aim of all of the organization's initiatives that nowadays means: high performance multidisciplinary staff team, trained clinical staff to deal with more than 50 specialties, environment that stands out due to modern architecture and infrastructure, good hosting, high standard hospitality, state-of-art technology, scientific research and new medical solutions. More than 65 years of history with systematic improvements that guarantee effectiveness and health resoluteness.

Highlights 2013/2014

The Complexo Hospitalar Edmundo Vasconcelos started the modernizing process of the specialties medical center – where more than 313.000 consultations/year are realized investing R\$ 20 million in a 7.000 m2 built area. Among the certifications and distinctions are ISO 9001:2008, the prize “Melhores Empresas para trabalhar no Brasil – GPTW”, won for the third consecutive year, the ranking of the best Latin American hospitals published by the magazine America Economia, and the important renewal hospital accreditation level III for excellence by the Organização Nacional de Acreditação(ONA). There also were investments of R\$ 3,8 million in Information Technology. In this area we can highlight the implantation of the electronic prescriptions and medical record system. To guide the institutions future, the revision of the strategic planning with the vision for 2013 – 2020 was concluded.

Characteristics

Hospital Associate holder member since 2013

Profitable hospital

Foundation 1949

Built area 25.000 m²

Clinical staff organization Mixed

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 220

Nr. of intensive care beds 31

Nr. of registered doctors 1.296

Nr. of employees 1.460

Nr. of consultations in ER 144.025

Nr. of consultations in First Aid units 230.501

Nr. of Hospitalizations 12.212

Nr. of Surgeries (excluding births) 12.037

Nr. of Births não se aplica

Nr. of examinations SADT 1.451.096



Rua Borges Lagoa , 1450
São Paulo - SP - 04038-905
11 5080-4000 - www.hospitaledmundovasconcelos.com.br



Hospital A. C. Camargo Cancer Center

First integrated Cancer center specialized in the prevention, treatment, education and research in Brazil, A.C. Camargo Cancer center is a philanthropic institution, founded in 1953. In an integrated and multidisciplinary way it treats more than 800 types of tumors identified by medicine, this excellent success results of treatment reaching numbers of 70% for adults, comparable to the best oncology centers in the world. Since its foundation, the institution has diagnosed and treated more than 715 thousand patients, having one of the country's biggest casuistries for cancer treatment. The clinical staff is composed by a team of more than 500 specialists, of which approximately 200 oncologists working on more than 40 specialties, including physicians, surgeons and radiologists, and also has the collaboration of more than 3.400 healthcare professionals.

In the prevention area, it promotes programs aimed at the poor people, with lectures and preventive exams and early diagnosis.

Reference also in the oncology research area, it published in 2013 around 200 articles in specialized magazines recognized internationally. In the education area it is responsible for the graduation of 47% of the countries oncologists.

Highlights 2013/2014

The year of 2013 brought important conquests. Completing 60 years, on the 23rd of April, the institution adopted a new name A. C. Camargo Cancer center.

As part of its expansion strategy, in September of 2013, it inaugurated the Morumbi unit, dedicated to the chemotherapy, nutritional monitoring and clinical oncology consultations. In October, it inaugurated a new assistive wing of the Hilda Jacob building that has 60 beds for hospitalization, 10 intensive care beds and a restaurant. It also invested in expansion of the technology center with the acquisition of digital mammography, the robotic DA VINCI surgical system and the Hemodynamic department.

Nowadays the institution is certified by ONA at the maximum level for excellence at headquarters and the ABC unit and by the Canadian accreditation and ISO 14001 at headquarters.

During 2013, A.C. Camargo conquered important recognitions. Was chosen as one of the best companies in the health sector by Isto É Dinheiro magazine and for the fifth year one of the best companies to work in by Guia Você S/A Exame, appeared also for the fourth time in the ranking of the best 1000 biggest companies by Revista Valor 1000 and in the ranking of the 5 best companies in the health sector.

Characteristics

Hospital Associate holder member since 2010

Non profitable hospital

Foundation 1953

Built area 72.600 m²

Clinical staff organization Closed

Hospital accreditation Organização Nacional de Acreditação (ONA III)
Canadian accreditation

Main indicators - 2013

Nr. of total operational beds 459

Nr. of intensive care beds 55

Nr. of registered doctors 548

Nr. of employees 3.484

Nr. of consultations in ER 23.975

Nr. of consultations in First Aid units 446.824

Nr. of Hospitalizations 21.351

Nr. of Surgeries (excluding births) 13.432

Nr. of Births Does not apply

Nr. of examinations SADT 3.205.441



Rua Prof. Antonio Prudente, 211 - Liberdade
São Paulo - SP - 02076-000
11 2189-5000 - www.accamargo.org.br



Hospital Alemão Oswaldo Cruz

The Hospital Alemão Oswaldo Cruz was founded on the 26th of September of 1897 by a group of German immigrant, led by the business man and Honorary German consul at the time, Mr. Anton Zerrenner. The objective was to develop a health institution that would attend German immigrants and the population in general, as a form of retribution for the welcoming they received when arriving in Brazil. The land plot near the Av. Paulista still with rural characteristics was acquired in 1905 after fund raising campaigns. These funds enabled the construction of Curt Hildebrand's architectonic project that until this day characterizes the hospital complex in Paraiso district, in São Paulo(SP). Since the beginning the trajectory of the hospital has been guided to overcome various challenges and the vocation in the care of the people – attributes that are still present today in its essence.

Highlights 2013/2014

During the year of 2013, the Hospital Alemão Oswaldo Cruz, put into operation its new hospital tower, Block E. Another important initiative was the creation of the Medical Superintendence with the challenge to strengthen the relationship with the clinical staff and promote the management of protocols that standardize attendances. The hospital also inaugurated the Escola Técnica de Educação em Saúde(ETES), with two classes of the Curso Técnico em Enfermagem. In 2014, the hospital was the pioneer in the implementation of the iPad version of the management system Tasy in a partnership with Phillips. In addition, the hospital invests in the specialized consulting and services program Saúde Sob Medida that promotes health and quality of life to the benefit of employees, executives or associates of other companies in the market. Inspired by the results of the Bem-Estar program, created for the hospital employees, the initiative contributed to the construction of a healthy and motivating environment in the organizations, based on the concepts of the Health Improvement Program (HIP), from Stanford University School of Medicine.

Characteristics

Hospital Associate holder member since 2002

Non profitable hospital

Foundation 1897

Built area 96.000 m²

Clinical staff organization Open

Hospital accreditation Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds 327

Nr. of intensive care beds 44

Nr. of registered doctors 3.171

Nr. of employees 2.158

Nr. of consultations in ER 67.992

Nr. of consultations in First Aid units 11.132

Nr. of Hospitalizations 18.687

Nr. of Surgeries (excluding births) 22.233

Nr. of Births não se aplica

Nr. of examinations SADT 172.295



Rua Treze de Maio, 1.815 - Paraiso
São Paulo - SP - 01323-100
11 3549-1000 - www.hospitalalemao.org.br



Hospital Aliança

The creation of the Complexo Hospitalar Aliança began in 1982, with an innovating proposal to integrate the hospital and the Aliança Medical Center. Inaugurated on the 18th of October of 1990, the Complexo Hospitalar Aliança was inserted into Bahia and Northeast medical-hospital scenario as a new reference in the health sector, with Excellency differentials in medical services for patients and doctors. In 2001 it grew with the creation of the Centro Aliança de Pediatria(CAP), which attends exclusively patients up to 14 years in emergency, urgencies, surgeries, hospitalizations, intensive and semi-intensive care(Pediatric intensive care unit). With 203 beds, Aliança has realized more than 250 thousand consultations during the last 20 years. Nowadays the hospital has 1.565 employees that work in approximately 60 specific teams. With a large collection of contemporary artists as: Francisco Brennand, Juarez Paraíso, Goya Lopes and Celso Cunha - the hospital uses art to bring hope, color and life, proportioning a welcoming environment for the patients.

Highlights 2013/2014

In 2013, Hospital Aliança invested in their Hemodynamics technology center acquiring Siemens ArtisZeeFloor and now has the most advanced diagnostic technology in the North and Northeast of the country. The equipment provides functionalities like the synchronizing of heart beats when capturing images of the organ, 3D visualization, and computerized tomography.

To be able to analyze the images Aliança acquired PACs (Image reader and storing system) and RIS(Radiology information system). The acquired computerized Tomography with 128 images, has an advanced software that reduces the radiation and other more modern for oncology, vascular and heart. Other three new Ultrasonography model LOGIC E9 equipment's were acquired with modern resources as elastography and 4D IMAGES. The echocardiogram has a 4D technology on the transthoracic and transesophageal transducers, the first in Bahia. The resonance also received GE's most updated program in Brazil, with cardiac software's that will improve the quality and reduce the examination time.

Characteristics

Hospital Associate holder member - founder	since 2001
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Profitable hospital

Foundation	1990
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Built area	35.000 m ²
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Clinical staff organization	Open
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Hospital accreditation	In process
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Main indicators - 2013

Nr. of total operational beds	203
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Nr. of intensive care beds	42
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Nr. of registered doctors	1.200
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Nr. of employees	1.565
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Nr. of consultations in ER	80.005
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	13.212
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Nr. of Surgeries (excluding births)	7.946
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Nr. of Births	2.223
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Nr. of examinations SADT	124.054
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Av. Juracy Magalhães Júnior, 2.096 - Rio Vermelho
Salvador - BA - 41920-900
71 2108-5600 - www.hospitalalianca.com.br



Hospital Anchieta

The Hospital Anchieta was founded in 1995, with the premise to provide to its users an Excellency in healthcare services. So that this vision could be fulfilled, a compromise with Quality was a main issue. When adopting ISO 9001 and the Organização Nacional de Acreditação(ONA) rules, the institution is formally committed itself to install a quality service management system, recognized all over the world, making the hospital an institution that is highly reliable in planning, standardizing and quality continuous improvement.

The Hospital Anchieta was the first hospital in Latin America to receive the ISO 9001 in 2000, and again the first hospital in Brazil to receive the Full accreditation certificate granted by ONA in 2003. The institution was also for 5 times the private hospital mostly remembered in the Federal District receiving the Top of Mind reward. Nowadays is recertified by ONA, level III, and recognized as being the most complete hospital in the Midwest region.

Highlights 2013/2014

- It promoted social responsibility actions, aiming to develop the community through programs like: Itinerant stands, Health fairs, and the disputed Pregnancy course.
- It offered graduation and updating courses at the Instituto de Ensino e Pesquisa Anchieta(IAEP).
- It inaugurated an area for rehabilitation and physiotherapy providing better comfort for the patients.
- It incorporated to the management system the Lean Six Sigma(LSS) continuous improvement methodology in order to improve management processes. Radiology expanded its operations with the realization of minimally invasive interventions to obtain precise diagnoses and their treatments.
- It implanted the ER triage process (Manchester protocol).
- It integrated the Milk bank unit to the Neonatal and Child intensive care unit(UTIN).

Characteristics

Hospital Associate holder member - founder	since 2001
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Profitable hospital

Foundation	1995
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Built area	60.374 m ²
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Clinical staff organization	Open
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	172
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Nr. of intensive care beds	46
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Nr. of registered doctors	721
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Nr. of employees	946
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Nr. of consultations in ER	215.497
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	11.213
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Nr. of Surgeries (excluding births)	4.277
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Nr. of Births	1.550
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Nr. of examinations SADT	598.248
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Área Especial 8, 9 e 10 - Setor C Norte - Taguatinga Norte
 Brasília - DF - 72115-700
 61 3353-9000 - www.hospitalanchieta.com.br



Hospital Bandeirantes

Throughout its almost 70 years of existence, Hospital Bandeirantes is recognized for its high complexity treatments, focused in the cardiology, neurology, oncology, urgencies and trauma/orthopedic areas. With an average of 14 thousand hospitalizations/year and 10 thousand surgeries/year, hospital Bandeirantes has an excellence certification level III granted by the Organização Nacional de Acreditação (ONA) and, this year it seeks the first international certification , QMentum.

There are more than three thousand doctors and two thousand employees focused on one objective only: maintain the reference in the hospital segment, preserving the quality of the clinical and surgical treatments, allied to the humanized attendance, the maturation of the sustainable growth management with minimal risks, maintaining its compromise with the employees, community and environment.

Highlights 2013/2014

During these last years, Hospital Bandeirantes has based its activities on the consolidation of a harmonic management model – that invests in the acquisition of equipment's but also on the training of its personnel – seeking for solution for the daily challenges that appear related to the health area and also the concrete advance in medicine technics. The hospital is investing in its three reference centers: Cardiology, Oncology and Diagnostics: in the increase of the number of beds in the intensive care, semi-intensive and hospitalization units, in new operating theaters – that includes the acquisition of a last generation microscope – OPMI Pentero, Information Technology(TI) for the integration of all the systems and in the application and dissemination of Lean Healthcare methodology – management technique that aims for increase of productivity through the revision of the internal procedures, so as to optimize the resources and operational processes.

Characteristics

Hospital Associate holder member	since 2009
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Profitable hospital

Foundation	1975
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Built area	25.930 m ²
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Clinical staff organization	Mixed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	195
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Nr. of intensive care beds	45
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Nr. of registered doctors	3.900
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Nr. of employees	1.695
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Nr. of consultations in ER	91.369
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Nr. of consultations in First Aid units	58.998
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Nr. of Hospitalizations	13.905
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Nr. of Surgeries (excluding births)	9.495
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Nr. of Births	Does not apply
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Nr. of examinations SADT	732.523
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Rua Barão de Iguape, 209 - Liberdade
 São Paulo - SP - 01506-000
 11 3345-2000 - www.grupobandeirantes.com.br



Hospital Barra D'Or

Hospital Barra D'Or, considered as a reference in the city of Rio de Janeiro completes 16 years of existence in 2014, establishing itself as a health standard in Barra da Tijuca district and other nearby districts. With the commitment of all the multidisciplinary staff, it maintains as focus on a constant search for better quality and safety in healthcare.

Barra D'Or is a high complexity hospital with recognized experience in the attendance of critical and surgical patients. The institutions ER works 24 hours a day, with various specialties, as, general clinic, surgery and orthopedic. Its structure has 53 beds for intensive care distributed in general intensive care, cardiology intensive care and post-operative, and in 2013, the neuro intensive care unit and 23 beds of semi-intensive care were inaugurated.

The hospital aligns its good practices to institutional protocols and patients safety policies.

Highlights 2013/2014

In 2013, Hospital Barra D'Or was the first hospital in Brazil to be certified by the Instituto Qualisa de Gestão (IQG) due to the distinguished prevention of Venous Thromboembolism (TEV) with indicators and excellency practices. The institution was recertified for excellence by the Organização Nacional de Acreditação (ONA) and inaugurated a neuro intensive care unit with six beds. The hospital also received visits from the Canadian accreditation maintenance team to get prepared for the Qmentum certification.

Barra D'Or's objective is to seek for the union between the most modern technology and the highly qualified clinical staff, always considering the technical and human points of view.

Characteristics

Hospital Associate holder member – founder	since 2001
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Non profitable hospital

Foundation	1998
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Built area	12.338 m ²
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Clinical staff organization	Mixed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
	Canadian accreditation

Main indicators - 2013

Nr. of total operational beds	173
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Nr. of intensive care beds	53
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Nr. of registered doctors	Not informed
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Nr. of employees	Not informed
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Nr. of consultations in ER	81.710
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	11.147
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Nr. of Surgeries (excluding births)	7.047
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Nr. of Births	Does not apply
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Nr. of examinations SADT	65.324
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Av. Ayrton Senna, 2541 - Barra da Tijuca
Rio de Janeiro - RJ - 22775-001
21 2430-3646 - www.barrador.com.br



Hospital Copa D'Or

Inaugurated in May, 2000, the Copa D'Or is situated in the South zone of the city of Rio de Janeiro, in Copacabana district. It is a general hospital that has 232 beds distributed in adult and pediatric intensive care units, semi-intensive care units, adult and pediatric hospitalization units and ER.

The Copa D'Or has a modern structure, last generation equipment's and highly capacitated professionals.

The open clinical staff assures the attendance to various specialties, with quality and recognized by the community.

It has International certification granted by the Joint Commission International (JCI) since 2007.

The Hospital Copa D'Or is part of the Rede D'Or - São Luiz Group the biggest group of private hospitals in Brazil.

Highlights 2013/2014

- Significant investment in training and development of personnel, passing from 14.026 hours of training in 2012 to 20.328 training hours in 2013;
- Investments realized in physical structure and qualified human resources;
- Benefits payment over profit shares for all collaborators;
- Infrastructure: expansion and improvement of the facilities;
- Quality: Indication for the International re certification granted by JCI in March, 2014.

Characteristics

Hospital Associate holder member – founder since 2001

Hospital com fins lucrativos

Foundation 2000

Built area 23.785 m²

Clinical staff organization Mixed

Hospital accreditation Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds 232

Nr. of intensive care beds 82

Nr. of registered doctors 1.373

Nr. of employees 2.374

Nr. of consultations in ER 132.464

Nr. of consultations in First Aid units Does not apply

Nr. of Hospitalizations 12.899

Nr. of Surgeries (excluding births) 8.248

Nr. of Births Does not apply

Nr. of examinations SADT Not informed



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



Hospital do Coração-HCor

HCor realized its first attendance in 1976, although its history had begun decades before, with a group of women from the Arab community. United they founded in 1918 the Associação do Sanatório Sírio to help the First World War orphans. During the following years the association migrated its attention to patients with tuberculosis, establishing a new unit in 1947.

In the 1960 decade, the entity decides to create a hospital dedicated to thoracic surgery that became the Hospital do Coração. In 2006, the hospital received the accreditation granted by Joint Commission International (JCI) and, in 2007 incorporated a building for consultations, research institute and administrative area. In 2008 HCor signed a partnership with the Health Ministry for various projects to support SUS. A year later, the hospital incorporated a building on Bernardino Campos Street, interconnected to headquarters on Desembargador Eliseu Guilherme Street. This unit holds the knee institute and the cardiac arrhythmia nucleus.

Highlights 2013/2014

Reference in cardiology, H Cor has invested in new areas and inaugurated three units in the last two years. The first one was the H Cor Diagnostics, at the end of 2012. It's a center dedicated to exams and checkup services. It's a 4 thousand square meters 2 floor in the Edifício Dacon, on the corner of Cidade Jardim and Faria Lima avenues, one of the biggest business centers in São Paulo. In 2013, the radiotherapy clinic on Tomás Carvalhal street in Paraiso district, inaugurates the new services of the HCorOnco, one of the areas that receives more investment in the hospital. In Jan 2014, HCor opened its doors of Dr. Adib Jatene building connected to the hospital complex via a two floor walkway. The building that is named after the general director of the hospital, has 13 floors and 5 basement floors: has two hybrid rooms (cardiology and neurology) and a GammaKnife, Gold Standard in radiosurgery.

Characteristics

Hospital Associate holder member – founder	since 2001
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Non profitable hospital

Foundation	1976
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Built area	64.100 m ²
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Clinical staff organization	Mixed
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Hospital accreditation	Joint Commission International (JCI)
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Main indicators - 2013

Nr. of total operational beds	238
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Nr. of intensive care beds	74
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Nr. of registered doctors	1.333
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Nr. of employees	2.301
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Nr. of consultations in ER	37.400
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Nr. of consultations in First Aid units	166.620
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Nr. of Hospitalizations	9.385
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Nr. of Surgeries (excluding births)	6.190
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Nr. of Births	Does not apply
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Nr. of examinations SADT	1.776.380
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Rua Desembargador Eliseu Guilherme, 147 - Paraiso
São Paulo - SP - 04004-030
11 3053-6611 - www.hcor.com.br



Hospital e Maternidade Brasil

Hospital e Maternidade Brasil is a dream that came through. In 1966, a group of doctors believed that it would be possible to offer the community of the ABC region in São Paulo a hospital care with the same quality standard used in the most prestigious institutions in Brazil.

Thus, what was an idea became reality, a large and modern hospital. On the 8th of April of 1970 the first part of the hospital was inaugurated, with two floors. After some years there was an expansion, reaching six floors. Over the years Hospital Brasil invested in technology, facilities and human attendance, promoted the specialization of services and increased the attendance capacity, all this with the objective of improving the healthcare process.

In April 2010 the hospital was purchased by the Rede D'Or group that gave continuity to the project, incorporating new technologies, increasing the productive capacity, executing big infrastructure reforms, always aiming to improve the healthcare quality.

Highlights 2013/2014

The expansion of the hospital has been the target since its purchase by Rede D'Or. During the past two years more than 64 beds for general hospitalization and maternity were inaugurated, accompanied by the structural reform of the apartments, nursery, children's emergency care and Diagnostic center. For 2014 50 new beds, 20 for intensive care are expected. Still in this period "smart track" attendance system, pioneer in the country, was adopted to quicken and reduce the lead time in the adult ER. The hospital has a target be a reference in high complexity treatment in the ABC region, so improvements in the patients attendance structure, with the increase of number of beds for adult, pediatric and neonatal intensive care were achieved. The surgical center received three large new rooms and the Hemodynamics Center passed through a structure reform. The hospital is already certified for excellence by the Organização Nacional de Acreditação (ONA), and now seeking international certification, furthermore strengthening healthcare quality and safety.

Characteristics

Hospital Associate holder member	since 2004
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Profitable hospital

Foundation	1970
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Built area	30.260 m ²
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Clinical staff organization	Mixed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	315
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Nr. of intensive care beds	91
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Nr. of registered doctors	690
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Nr. of employees	2.085
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Nr. of consultations in ER	226.500
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Nr. of consultations in First Aid units	352.500
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Nr. of Hospitalizations	22.600
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Nr. of Surgeries (excluding births)	12.500
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Nr. of Births	3.500
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Nr. of examinations SADT	277.000
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Rua Cel. Fernando Prestes, 1.177 - Vila Dora
Santo André - SP - 09020-110
11 2127-6666 - www.hospitalbrasil.com.br



Hospital e Maternidade Santa Joana

Pioneering is part of the history of Hospital e Maternidade Santa Joana, since its foundation in 1948. One of these pioneers was Dr. Eduardo Amaro who over the years, led a team of professionals that transformed a small clinic into a reference hospital and maternity in high risk pregnancy and premature births with low weight, and also establishing new standards for hospitality in the maternity segment. In 2000 with the acquisition of Maternidade Pro Matre Paulista the company expanded its attendance options in the city of São Paulo and in 2009 became partner to Maternidade Perinatal in Rio de Janeiro, consolidating as Grupo Santa Joana. Since 2005, Hospital e Maternidade Santa Joana has been recognized and accredited for excellence by Organização Nacional de Acreditação(ONA).

Highlights 2013/2014

In 2013 Hospital e Maternidade Santa Joana completed 65 years since its foundation. Nowadays the institution has more than 40.000 m2 of built area. The hospital is a member of Vermont institute, in USA, scientific and medical entity that integrates prematurity data of the most renowned hospitals and maternities in the world. It's a national reference due to its ample high risk pregnancy tradition and the care with external premature. It possesses one of the biggest private human milk banks in Brazil. Santa Joana is also specialized in the health of women, having Excellency in services for intra-uterine fetal surgeries, human reproduction and high complexity surgeries for endometriosis. The study center promotes the staffs training, other than exporting its knowledge in areas in which they have expertise in. In 2013 they began the process for international accreditation through the Joint Commission International (JCI) methodology.

Characteristics

Hospital Associate holder member since 2002

Profitable hospital

Foundation 1948

Built area 40.000 m²

Clinical staff organization Mixed

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

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



Hospital Esperança

Hospital Esperança was inaugurated in August 2000 in the city of Recife, capital of Pernambuco, on the margins of the river Capibaribe, in the so called city medical polo.

In 2008 Hospital Esperança became associated to the biggest private Hospital group, Rede D'Or São Luiz, that provided large investments to its infrastructure, technological park, and also in human resources and professional qualification. The search for a model of excellence in hospital management, as well as continuous improvement of the quality and safety of the patients healthcare became the institutions main aim.

Highlights 2013/2014

2013 was an important year for the institution, with relevant structural changes that brought improvement of healthcare's quality and safety. During 2013 Unit III of Hospital Esperança was inaugurated and to where the pediatric services were transferred, a pediatric emergency sector was also inaugurated with a bigger number of consultation rooms and beds. To be able to attend the demand there was restructuring of human resources and investment in assistive quality. In this new unit four operating theaters, a second orthopedic emergency and adult hospitalization wing were also inaugurated.

Characteristics

Hospital Associate holder member since 2004

Profitable hospital

Foundation 2000

Built area 30.799 m²

Clinical staff organization Mixed

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 280

Nr. of intensive care beds 40

Nr. of registered doctors 1.127

Nr. of employees 1.692

Nr. of consultations in ER 12.897

Nr. of consultations in First Aid units Does not apply

Nr. of Hospitalizations 18.918

Nr. of Surgeries (excluding births) 12.049

Nr. of Births 2.697

Nr. of examinations SADT 93.468



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



Hospital Infantil Sabará

Hospital Infantil Sabará is one of the biggest and most respected pediatric centers in Brazil, since its inauguration in 1962. In 2010 the Foundation José Luiz Egydio Setubal was created to incorporate besides Hospital Infantil Sabará, PENSI Institute that is focused in realizing research, education and training for child health professionals. Pioneer in the creation of the first pediatric intensive care unit in Brazil, the new Sabará has the biggest and best intensive care unit in the country. It has also excellence centers in various other clinical and surgical areas, as for example, neurology, cardiology, nephrology and renal replacement therapy, oncology, urology, orthopedic, transplants, gastroenterology, pediatric surgery. This assistive model guarantees Excellency in human resources and technology to treat from simple cases up to children with complex and rare diseases.

Highlights 2013/2014

Hospital Infantil Sabará is the most recent member of the select group of health institutions to join the Accreditation list of Joint Commission International (JCI), being the 2nd exclusive pediatric hospital in Brazil to be accredited by the Consórcio Brasileiro de Acreditação, exclusive representative of JCI in Brazil. The establishment of a culture focused on quality and safety was essential. The structured standardizing of processes and the engagement of all the caregivers were the big challenges faced by everyone. Through training, simulations, meetings and constant audits with feedback and action plans implementation, the institution achieved the international accreditation that is part of an ambitious project to put the hospital at the same level in quality and safety to the most renowned pediatric hospitals in the world.

Characteristics

Hospital Associate holder member	since 2013
Profitable hospital	
Foundation	1962
Built area	15.070 m ²
Clinical staff organization	Open
Hospital accreditation	Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds	121
Nr. of intensive care beds	28
Nr. of registered doctors	835
Nr. of employees	636
Nr. of consultations in ER	118.097
Nr. of consultations in First Aid units	1.252
Nr. of Hospitalizations	8.976
Nr. of Surgeries (excluding births)	7.399
Nr. of Births	Does not apply
Nr. of examinations SADT	207.589



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



Hospital Israelita Albert Einstein

About to complete 60 years, the Einstein is consolidated as an integrated health system, offering quality services in all health areas from promotion, prevention and diagnosis, to treatment and rehabilitation. With important investments in research, training and support of the public health improvement, the Einstein maintains alive the precepts that have guided them since the foundation. The Einstein has various international and national certifications that attest the quality of the services, especially for the Joint Commission International (JCI), granted for the first time to an organization no in the United States or Europe. Einstein's actuation still contemplates, technical courses, Nursing graduation and post-graduation lacto and stricto sensu, besides scientific research, consultancy and training for private and public health institutions. The Einstein works also as a partner with the government administrating the Municipal hospital Dr. Moyses Deutsch – M'Boi Mirim, four First Aid units, 13 Basic health units and one center of Psychosocial Care for the Municipality of São Paulo, and also developing projects for the Institutional Development Support Program of the National health system(Proadi-SUS).

Highlights 2013/2014

2013, for the Einstein had a very special significance. The inauguration of the Oncology and Hematology Center – Dayan - Daycoval Family signalizes a new era for Cancer treatment and strengthens the partnership with MD Anderson Cancer Center, one of the biggest cancer centers in the world.

Structured under a concept of integrated clinics, the new center permits that, as from the first consultation, the patient be examined by a surgeon, a clinical oncologist and radiotherapist at the same time, contributing greatly to minimize the time to begin the treatment. Obtaining the Accreditation from Joint Commission International due to the program Einstein na comunidade de Paraisópolis and the inauguration of the new training unit in Ipiranga, focused exclusively for training developed for the Institutional Development Support Program of the National health system(Proadi-SUS) were also important achievements during 2013. It's also important to register the completion on pedagogical project of Einstein's future Medicine graduation course, that was totally formulated to provide an integrated approach of the disciplines, the use of innovative technologies and the inclusion of management disciplines in the program, demonstrating that Einstein's objective is to prepare the students to assume important leadership position in the future. The project will be submitted to the Education Ministry during the first semester in 2014.

Characteristics

Hospital Associate holder member - founder	since 2001
Non profitable hospital	
Foundation	1971
Built area	221.558 m ²
Clinical staff organization	Open
Hospital accreditation	Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds	652
Nr. of intensive care beds	41
Nr. of registered doctors	7.057
Nr. of employees	10.631
Nr. of consultations in ER	294.883
Nr. of consultations in First Aid units	296.029
Nr. of Hospitalizations	50.332
Nr. of Surgeries (excluding births)	37.989
Nr. of Births	4.025
Nr. of examinations SADT	5.686.895



ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA

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



Hospital Mãe de Deus

Hospital Mãe de Deus, maintained by the Associação Educadora São Carlos (AESC), branch of São Carlos Borromeo missionary sisters' congregation (Scalabrinianas), has been working for the last 35 year with the society of Rio Grande do Sul. It's the only hospital in the South of Brazil accredited for excellence by the Organização Nacional de Acreditação (ONA) and Joint Commission International (JCI), that certify health institutions compromised with safety international rigid standards. Founded in 1979, it's the main hospital of the Mãe de Deus Health System that comprehends another eight hospitals in the state of Rio Grande do Sul, besides specialized mental health centers. The financial results are totally investment in the system, in technological actualization, professional qualification and the development of its social projects, articulated and integrated with the public health's policies.

Highlights 2013/2014

In 2013, the Hospital Mãe de Deus reinforced its humanization actions, focusing on the development of its collaborators and investing in its attendance and technology structure. It received for the 12th time the Top Ser Humano prize, with the human resources case "Bem Estar Emocional" and also won the Top Cidadania for the work realized in the Vila Gaúcha. At the end of 2013 it began the activities towards the Planetree designation that recognizes internationally the institutions that have their attendance focused in the humanized care of the patients.

The creation of the Instituto de Medicina do Esporte and the recognition of HMD as a center of excellence in Sports Medicine were relevant for the hospital to be indicated as a reference for the FIFA 2014 World Cup in Brazil.

Also in 2013, the hospital expansion project began part of the strategic developing for the next ten years that will add 200 new beds, more than 60 of them for intensive care treatment.

Characteristics

Hospital Associate holder member - founder since 2001

Non profitable hospital

Foundation 1979

Built area 55.000 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III) Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds 350

Nr. of intensive care beds 75

Nr. of registered doctors 1.172

Nr. of employees 2.460

Nr. of consultations in ER 46.800

Nr. of consultations in First Aid units 82.100

Nr. of Hospitalizations 16.200

Nr. of Surgeries (excluding births) 35.700

Nr. of Births 4.100

Nr. of examinations SADT 1.610.000



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



Hospital Mater Dei

The Hospital Mater Dei's philosophy since its foundation on 1st June, 1980 is to always offer a differentiated attendance, personalized and humanized for all the customers. The hospital promotes regular investments in clinical governance, management actions, assistive safety, collaborators training and therapeutic and diagnostic equipment's to provide quality medical-hospital services to the clients honoring its mission of "Commitment to quality of life".

Mater Dei's healthcare is attested by the most important national and international quality certifications: Accreditation by Organização Nacional de Acreditação (ONA) level III – in excellence and the international certifications ISO 9001/2008 and National Integrated Accreditation for Healthcare Organizations (NIAOH). The Mater Dei is also a member of Anvisa's Sentinel network.

Nowadays the institution works in two building blocks with 35 thousand m2 of built area.

Highlights 2013/2014

In 2014, the hospital Mater Dei, entered a new phase with the inauguration of the Contorno Unit, on the 1st of June, increasing the services offered to the customers in Minas Gerais and from other states in Brazil, via Mater Dei's health network. Formed by the Mater Dei's units of Santo Agostinho and Contorno, the network has more beds, and a bigger attendance capacity, high technology, complete exam center of diagnosis and image and an oncology excellence center. Belo Horizonte receives a new ER model focused on solving problems, with all the resources for patients and clinical staff, complementing with the urgency and emergency services offered to the clients. For the integration of the units, protocols and workflows were discussed jointly by the administrative and assistive teams, aiming a safe and qualified healthcare, Hospital Mater Dei's brand.

Characteristics

Hospital Associate holder member - founder since 2001

Profitable hospital

Foundation 1980

Built area 35.000 m²

Clinical staff organization Open

Hospital accreditation
Organização Nacional de Acreditação (ONA III)
National Integrated Accreditation for Healthcare Organization (NIAHO)

Main indicators - 2013

Nr. of total operational beds 342

Nr. of intensive care beds 90

Nr. of registered doctors 2.950

Nr. of employees 1.513

Nr. of consultations in ER 321.435

Nr. of consultations in First Aid units Does not apply

Nr. of Hospitalizations 24.442

Nr. of Surgeries (excluding births) 32.195

Nr. of Births 2.947

Nr. of examinations SADT 1.435.303



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



Hospital Márcio Cunha

Philanthropic entity of private mean, São Francisco Xavier Foundation was created by Usiminas in 1969, with the mission to guarantee educational graduation and health preservation, through the administration of the Colégio São Francisco Xavier and the Hospital Márcio Cunha (HMC). HMC is a general hospital accredited for high complexity attendances for cardiovascular, endovascular procedures, electrophysiology, neurosurgery, oncology, neonatal/ pediatric and adult intensive care, urgency and emergency, high risk pregnancy, renal replacement therapy and Kidney transplants, in addition to ER, First Aid, hospitalization and diagnostic services. With 527 beds in two units, other than a third unit, exclusive for oncology patient treatment and a Diagnostic Medicine unit are a reference for the 800 thousand inhabitants of over 35 cities at the east of the state of Minas Gerais. HMC was the first hospital entity in the country to obtain the Accreditation certificate for excellence granted by the Organização Nacional de Acreditação (ONA).

Highlights 2013/2014

- Implantation of the traceability and bed checking system, via reading the bar code with Personal Digital Assistant(PDA) technology, guaranteeing higher safety of the batch and validity date of medications, prescription, dispensing and the administering of medication to patients;
- Implantation of a new integrated management system TASY as a decisive step in direction to the technological innovation in the institution;
- Investment of R\$ 28,5 million in expansion and modernization with the highlight for the new ER unit(2.800m2 of expansion and 1.200m2 of reformed areas), construction of more than 20 doctors' offices, increase of 10 beds for the adult intensive care unit and the creation of the image diagnostic center, with the capacity to realize 10 thousand exams per month;
- R\$ 9 million invested in equipment's as Tomograph, Magnetic Resonance, printers for mammography, medicinal air centrals, surgical microscope, ophthalmic microscope, vital signs monitors, anesthesia devices, linear accelerator and echotransesophageal devices.

Characteristics

Hospital Associate holder member	since 2013
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Non profitable hospital

Foundation	1965
Built area	44.318 m ²

Clinical staff organization	Closed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	527
Nr. of intensive care beds	40
Nr. of registered doctors	318
Nr. of employees	2.283
Nr. of consultations in ER	117.261
Nr. of consultations in First Aid units	259.712
Nr. of Hospitalizations	32.330
Nr. of Surgeries (excluding births)	15.592
Nr. of Births	5.673
Nr. of examinations SADT	1.629.394



Av. Kiyoshi Tsunawaki, 41 - Águas
Ipatinga - MG - 35160-158
31 3829-9000 - www.hmarciocunha.com.br



Hospital Memorial São José

Founded on 2nd of June, 1989, the hospital complex Memorial São José(HMSJ) appeared in Recife with the purpose to prime for quality services and to offer to the population of the state of Pernambuco and the Northeast region technological innovation and high complexity procedures – in the past performed only out of the country.

The hospital has a physical infrastructure in a complex that comprises six buildings and one of the most complete Diagnostic centers in Brazil, composed by the Maxiimage, Medix, Unigastro, Unicardio, MCor, etc.... It offers the patients and population five magnetic resonance, two tomography and two angiography machines between other highly technological equipment.

The Hospital Memorial São José has 155 beds designed to offer the maximum of comfort and safety to the patients. Besides the multidisciplinary urgency, the pediatric urgency recently expanded for the patients comfort and the adult, neonatal, pediatric and coronary intensive care units, the complex has three surgical centers, being one of them for procedures that do not need more than 12 hours of hospitalization. All the investments in the physical and technological areas are accompanied by the constant training of the medical and management teams.

Highlights 2013/2014

Expansion of urgency physical area, and the structuring of specialized attendance for patients with pain.

The oncology service will have a new area incorporated to the hospital structure, with the implantation of additional services.

Inauguration of intelligent operating theater for minimal invasive procedures.

Characteristics

Hospital Associate holder member	since 2004
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Profitable hospital

Foundation	1989
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Built area	26.000 m ²
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Clinical staff organization	Open
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Hospital accreditation	Joint Commission International (JCI)
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Main indicators - 2013

Nr. of total operational beds	155
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Nr. of intensive care beds	44
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Nr. of registered doctors	1.554
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Nr. of employees	860
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Nr. of consultations in ER	78.000
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	12.600
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Nr. of Surgeries (excluding births)	7.979
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Nr. of Births	1.498
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Nr. of examinations SADT	411.850
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HUMANO COMO VOCÊ.

Av. Agamenon Magalhães, 2291 - Derby
Recife - PE - 50070-160
81 3216-2222 - www.hospitalmemorial.com.br



Hospital Meridional

With a little more than a decade, the Hospital Meridional gained the national and international recognition and nowadays is undoubtedly a reference. The Meridional has grown by acquiring other hospitals in Espírito Santo. Two of them in the city of Vila Velha and one in the city of Cariacica, besides the construction of a new hospital, in finalizing phase in the city of São Mateus, foreseen to be inaugurated in the beginning of 2015.

Today, the Meridional group has 330 beds. With the expansion that is being done and the inauguration of the Meridional São Mateus in 2015, the group should exceed the total of 500 beds.

The Meridional stands out for its heart, liver and Kidney transplants, has a highly qualified professional staff, a transplants center dedicated exclusively to their preparation and monitoring of patients that are candidates for transplants, transplanted patients and their families. It's also a reference in neurology, neurosurgery, oncology and intensive care. All of this has placed it among the best medical centers in Brazil.

Highlights 2013/2014

In 2013, once again the Hospital Meridional stood out in a brand survey of the biggest communication group in Espírito Santo, affiliated to Rede Globo, conquering the first place in the populations preference. It was also the most recommended hospital by doctors for neurology specialty.

The Hospital Meridional started 2014, offering , besides the maxillofacial surgical residency, another two new residences approved by MEC: anesthesiology and general surgery. For each of the new programs, two resident physicians, already working since 6th of March were approved.

For 2014 we are programing the certification for thrombosis prevention. The certification shows the concern that the Hospital Meridional has with the patients' safety in the prevention of thromboembolic phenomena's.

Characteristics

Hospital Associate holder member since 2006

Profitable hospital

Foundation 2001

Built area 14.783 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)
Canadian Accreditation

Main indicators - 2013

Nr. of total operational beds 164

Nr. of intensive care beds 60

Nr. of registered doctors 517

Nr. of employees 686

Nr. of consultations in ER 93.048

Nr. of consultations in First Aid units 69.472

Nr. of Hospitalizations 6.960

Nr. of Surgeries (excluding births) 8.377

Nr. of Births Does not apply

Nr. of examinations SADT Does not apply



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



Hospital Metropolitano

The Metropolitano was the first private hospital in Espírito Santo, founded exclusively by doctors, In 1996. The institution is located in the city of Serra, city that is part of the metropolitan region of Vitória, considered as the most populous in the state.

The decision to invest in the city was innovating, because at that time the sectors property developments were concentrated in Vitória. The institution was also Pioneer in Espírito Santo because of the investment in its management professionalism.

It has as a mission to innovate in health solutions with a social compromise and a vision to be the excellence center in health solutions. With this focus the hospital presents itself with some market competitive differentials: Be a reference in intensive care, cardiac attendance, medical clinic and infectious diseases, and to introduce an assistive differential for the geriatric patients, with work focused on the clients safety care. The hospital has another differential that is: it's the only private hospital in Espírito Santo that is structured to treat children with cancer and hematological diseases.

Highlights 2013/2014

The year of 2013 was a milestone in the institutions history, due to the consolidation of investment's in patients quality and safety processes and also the obtaining of the quality excellence certification granted by Organização Nacional de Acreditação(ONA) level III. Besides this the hospital was re certified by ISO 9001.

The hospitals strategic planning for the triennium 2014/2016 foresees investments of R\$ 20 million in the installations improvement and expansion of its installed capacity. It's expected to build 28 beds for hospitalization, 19 beds for intensive care, expansion and improvement in the image diagnostic center, new hemodynamic services, expansion and improvement of the adult and pediatric ER's, the surgical center, besides the inauguration of new installations of the Sterilizing Material Center(CME) and the new service of Nutrition and Dietetics(SND).

Another novelty is the inauguration Innovation and Metropolitan Teaching center (CIEM) expected for the first semester of 2014.

Characteristics

Hospital Associate holder member since 2013

Profitable hospital

Foundation 1996

Built area 13.900 m²

Clinical staff organization Mixed

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 114

Nr. of intensive care beds 31

Nr. of registered doctors 386

Nr. of employees 653

Nr. of consultations in ER 138.964

Nr. of consultations in First Aid units 99.787

Nr. of Hospitalizations 7.756

Nr. of Surgeries (excluding births) 10.536

Nr. of Births 458

Nr. of examinations SADT 365.147



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



Hospital Moinhos de Vento

With 86 years of history, the Hospital Moinhos de Vento, built a solid reputation grounded on quality ideas and the community recognition. Reaffirming its compromise with the Integral Assistance trademark since 1995, establishes the humanization and the medical care quality as pillars of all its activities.

The institution is one of the six Brazilian hospitals recognized as an excellence hospital by the Health Ministry and, since 2002, is accredited by the Joint Commission International (JCI). In 2013 it was the first hospital in Brazil to be affiliated to Johns Hopkins Medicine International.

It has the Social responsibility totally incorporated to its corporative culture, developing a series of projects that aim to attend the vulnerable community with the same excellence standards that characterize their activity.

Highlights 2013/2014

With an expansion plan begun in 2009, the Hospital Moinhos de Vento is structuring itself to attend the growing demand for health services, in the private and public areas. The target is to reach approximately 500 beds at the complex in the Moinho de Vento district and 168 beds (121 of hospitalization and 47 support) in the Hospital Restinga Extremo-Sul that will be inaugurated in 2014 and will attend exclusively the Single Public System (SUS). Important Infrastructure items have been delivered to the community such as: The inauguration of Helda Gerdau Johannpeter maternity, neurology and neurosurgical centers, orthopedic and traumatology centers, expansion of the ER, new surgical center (with 17 operating theaters, now) and new endoscopy and dialysis units.

As a reflex of management practices adopted by the Hospital Moinhos de Vento, the institution was recognized in 2013 with prizes such as: TOP of Marketing(ADB/RS), Top Ser Humano e cidadania(ABRH/RS), Melhores Empresas para Trabalhar no Brasil e no RS, Melhores Hospitais e Clinicas da América Latina(Ranking published by the Magazine America Economy), 500 biggest of the South region and 100 biggest in RS.(Revista Amanhã/RS) and was considered the 5th best company in the category Health Services of the Valor Economico Magazine(Valor 1000 – Biggest companies).

Characteristics

Hospital Associate holder member - founder	since 2001
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Non profitable hospital

Foundation	1927
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Built area	84.954 m ²
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Clinical staff organization	Open
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Hospital accreditation	Joint Commission International (JCI)
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Main indicators - 2013

Nr. of total operational beds	378
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Nr. of intensive care beds	72
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Nr. of registered doctors	3.258
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Nr. of employees	3.245
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Nr. of consultations in ER	78.005
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Nr. of consultations in First Aid units	180.955
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Nr. of Hospitalizations	26.101
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Nr. of Surgeries (excluding births)	20.352
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Nr. of Births	4.520
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Nr. of examinations SADT	1.136.867
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Rua Ramiro Barcelos, 910 - Moinhos de Vento
Porto Alegre - RS - 90035-001
51 3314-3434 - www.hospitalmoinhos.org.br



Hospital Monte Sinai

The history of the Hospital Monte Sinai is the career story of group of idealistic doctors that changed the scenario of health in Juiz de Fora(MG).With courage, perseverance and an innovating vision, they built a new reality , that took the city to become a national reference of quality in medical-hospital healthcare.

With 20 years of existence, the Monte Sinai highlighted itself for the investment in management, technological capacitation, high degree of solving problems and the quality of the clinical staff, becoming a reference for approximately two million inhabitants of the zona da mata mineira and other neighbor states. The physical structure of the Monte Sinai since its inauguration passes through a geometrical process doubling in size every five years.

Reference also in management, the Monte Sinai was the first certified hospital in Minas Gerais granted by the Organização Nacional de Acreditação(ONA) in 2003, being recognized as a hospital Accredited for excellence, in 2008 with uninterrupted re certifications. In 2001, the hospital got the international recognition granted by the National Integrated Accreditation HealthCare Organization (NIAHO).

Highlights 2013/2014

With the inauguration of the medical center in 2013, the Hospital Monte Sinai expanded its physical structure to 82 thousand m2, becoming one of the most complete hospital complexes in Brazil.

Another big conquest in 2013, reaffirming its vocation for high complexity, was its accreditation for bone marrow transplants (TMO), corneas and kidney. The Monte Sinai is the first private hospital in the interior of the state of Minas Gerais to be authorized by the Health Ministry for autologous TMO.

In 2014, completing the last phase of physical expansion, the hospital inaugurated new beds and started the construction of the new ER access. Another 25 beds for adult intensive care units, structuring the Maternal Infant unit with 25 Neonatal and pediatric intensive care beds, besides the new nursery, will be built. The surgical center is passing through expansion, with new rooms, including a hybrid room and a pre and post-operative area.

Characteristics

Hospital Associate holder member	since 2006
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Profitable hospital

Foundation	1994
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Built area	82.000 m ²
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Clinical staff organization	Open
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Hospital accreditation	Organização Nacional de Acreditação (ONA III) National Integrated Accreditation for Healthcare Organization (NIAHO)
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Main indicators - 2013

Nr. of total operational beds	219
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Nr. of intensive care beds	52
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Nr. of registered doctors	1.065
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Nr. of employees	977
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Nr. of consultations in ER	41.136
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	13.016
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Nr. of Surgeries (excluding births)	12.106
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Nr. of Births	912
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Nr. of examinations SADT	516.310
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Av. Presidente Itamar Franco, 4.000 - Cascatinha
Juiz de Fora - MG - 36033-318
32 2104-4000 - www.hospitalmontesinai.com.br



Hospital Nipo-Brasileiro

In commemoration to the 80th anniversary of Japanese immigration to Brazil, on the 18th of June of 1988, the Hospital Nipo-Brasileiro was inaugurated (HNB), one of the most respected and traditional hospitals of São Paulo. Maintained by the Beneficência Nipo-Brasileira de São Paulo (known by the Japanese colony as Enkyo), the hospital is equipped with high technology to offer medical care of varied complexity. It has 241 beds and stands as a reference center for minimal invasive procedures, using video techniques and advanced angioplasty. Always improving itself, the hospital receives professionals from other countries and sends members of the staff for training courses in Brazil and abroad. It's noteworthy also the various programs focused on the community, consolidating the social posture of the institution, that confirms its success for 25 years and firms the compromise to increase continually its excellence in quality of healthcare services.

Highlights 2013/2014

The year of 2013 was full of realizations for the Hospital Nipo-Brasileiro. In February 2013, new Hemodynamic service facilities were inaugurated. In May the first symposium of palliative care was realized. In June the "environment week" was a great event of the institutions sustainability.

HNB took part in Japans festival in July promoting a campaign of Body Mass Index (IMC) and conducting lectures about healthy eating habits.

In August, after the Quality motivational campaign, the hospital obtained excellence level III certification granted by the Organização Nacional de Acreditação (ONA). In November the first Quality symposium was realized with lectures given by Dr. Go Watanabe, Cardiovascular surgical professor from Kanawasa University Hospital and president of the Japanese Robotics Surgery Association.

In 2014, HNB will expand the hospital area, besides reforming the surgical center and promoting improvements in the image sector, reinforcing its mission to take care of health and to cause medicine to be a proof of respect and humanization.

Characteristics

Hospital Associate holder member since 2008

Non profitable hospital

Foundation 1988

Built area 22.071 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 268

Nr. of intensive care beds 50

Nr. of registered doctors 440

Nr. of employees 1.568

Nr. of consultations in ER 297.705

Nr. of consultations in First Aid units 257.737

Nr. of Hospitalizations 16.133

Nr. of Surgeries (excluding births) 13.615

Nr. of Births 2.431

Nr. of examinations SADT 1.190.135



Rua Pistóia, 100 - Parque Novo Mundo
São Paulo - SP - 02189-000
11 2633-2200 - www.hospitalnipo.org.com.br



Hospital Nossa Senhora das Graças

Founded in 1953, the Hospital Nossa Senhora das Graças (HNSG) is a philanthropic institution belonging to the Companhia Filhas de Caridade de São Vicente de Paulo. Accredited for excellence by the Organização Nacional de Acreditação (ONA), it is a reference in high complexity clinical and surgical treatments such as bone marrow and hepatic transplants.

HNSG has more than 2500 professionals who work together prioritizing the humanization and excellence in the health service attendance. Furthermore, it has policies of humanization, social responsibility and private-public partnership in favor of the human beings, being responsible for the administration of five more hospitals, which attend, in their majority, Health Single System (SUS) patients. Totalizing the performance of the six hospitals of Nossa Senhora das Graças group, 71% of the attendances are of SUS patients.

Highlights 2013/2014

The year of 2013 was special for the Hospital Nossa Senhora das Graças as it celebrated 60 years of a rich history full of achievements, realized dreams and profound commitment. With the central theme “overcoming” HNSG chose their anniversary to show to everyone a different way of looking at life.

Two actions marked the month of October and spread among thousands of people the institutions message of faith and hope. A large mobilization took to the sky one thousand balloons with optimistic notes written by collaborators, patients, caregivers and hospital doctors and three thousand messages were given to city drivers. A video entitled “Viver Vale a Pena” was also produced, gathering various testimonies of people that overcame or are still facing some type of challenge in their lives. The video has more than 70 thousand visualizations and is a tribute from HNSG to all its patients.

Characteristics

Hospital Associate holder member - founder since 2001

Non profitable hospital

Foundation 1953

Built area 39.756 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 204

Nr. of intensive care beds 35

Nr. of registered doctors 1.251

Nr. of employees 1.238

Nr. of consultations in ER 72.918

Nr. of consultations in First Aid units 61.507

Nr. of Hospitalizations 14.450

Nr. of Surgeries (excluding births) 8.283

Nr. of Births 2.877

Nr. of examinations SADT 582.357



Rua Alcides Munhoz, 433 - Mercês
Curitiba - PR - 80810-040
41 3240-6060 - www.hnsg.org.br



Hospital Nove de Julho

With a Focus on high complexity medicine, the Hospital 9 de Julho invests in advanced technology, physical structure, training and enhancement of professionals, to be able to maintain the Excellency and quality of healthcare. Specialized in attending trauma and burnt victims, it's prepared to accompany all the stages of the treatment, with a complete ER infrastructure, surgical center and intensive care unit.

Its structure is composed of 318 beds, 14 operating theaters, 78 intensive care beds, 10 of them in the ER, and complete support service for diagnosis and treatment. For First Aid consultations, the hospital has a specialized medicine center with 14 floors and with the capacity to attend up to 20 thousand consultations per month in 40 different specialties, besides consultations with multi professional teams specialized centers in, spine, weight control, pain and functional neurosurgery, gastroenterology, diabetes, oncology, kidney and urology, trauma, exercise and sport medicine, Women's clinic, longevity, infusion center, rehabilitation and orthopedic center.

Highlights 2013/2014

Founded in 1955, the Hospital 9 de Julho invests in its technology modernizing and physical structure and one of the main highlights in 2013 was the beginning of the infrastructure expansion. A new tower connected to the existing building is being built and will have 120 beds for hospitalization. With the expansion the hospital will gain eight new operating theaters and two new intensive care units. Another highlight was the achievement granted by the Joint Commission International (JCI) in 2014, for the newly inaugurated Specialized Medicine Center.

Among the capacitation activities that were realized, we highlight:

- Realist simulation of the service to multiple victims, promoted by the Trauma Center, with the participation of 350 collaborators and professionals of the Serviço de Atendimento Movel de Urgência(SAMU) and the Grupo de Atendimento a Urgências (GRAU);

- Improvement program in robotic surgery for the internal clinical staff with the participation of international specialists.

Characteristics

Hospital Associate holder member - founder	since 2001
Profitable hospital	
Foundation	1955
Built area	27.436 m ²
Clinical staff organization	Open
Hospital accreditation	Organização Nacional de Acreditação (ONA III) Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds	299
Nr. of intensive care beds	78
Nr. of registered doctors	3.729
Nr. of employees	1.847
Nr. of consultations in ER	113.641
Nr. of consultations in First Aid units	61.637
Nr. of Hospitalizations	17.822
Nr. of Surgeries (excluding births)	12.631
Nr. of Births	Does not apply
Nr. of examinations SADT	1.259.180



Rua Peixoto Gomide, 625 - Cerqueira César
São Paulo - SP - 01409-902
11 3147-9999 - www.hospital9dejulho.com.br



HOSPITAL
PORTO DIAS

Hospital Porto Dias

The Porto Dias started its activities in June, 1995 with an orthopedic ER, localized on Almirante Barroso Avenue, main road in Belém.

With the proposal of offering differentiated and humanized services to its clients, the hospital quickly became a reference in various specialties, like, orthopedics, neurosurgery and general surgery, being awarded many times by opinion polls as the best one in the region and the first one to be accredited by the Organização Nacional de Acreditação (ONA) in the North Region.

Always in the forefront of medicine in the state of Pará, having inaugurated in 2002 the first elevated heliport in the city, the Porto Dias nowadays has 270 operational beds, being 54 in intensive care units, and 10 operating theaters, all of them equipped with a laminar air flow. The Emergency, with one thousand m² of built area, is a reference in trauma and in the care of critical patients.

During its 19 years of existence, the institution made continuous investments in imaging diagnostic equipment's, owning the biggest quantity of them in the region. With a strong vocation for trauma orthopedic the hospital maintains a medical residency service authorized by SBOT.

Highlights 2013/2014

In the beginning of 2013, the institution was certified in level III for excellence by the Organização Nacional de Acreditação(ONA), confirming the search for better quality standards of its processes and the high safety level in patients care. This year, the hospital began partnerships with Fundação Dom Cabral and Instituto Qualisa de Gestão, aiming the development of its leaderships and continuous improvement of its governance model. It also consolidated the entrance of the Hospital Porto Dias into the transplants area, with the completion of the first liver transplant in the North Region. Investments in the expansion were also made in the technological area and treatments offered by the hospital, with the purchasing of the PET-CT Discovery 64 channels, the inauguration of the radiotherapy services, using the most modern and complete linear accelerator in the world, reference inclusive, in the main oncology centers in USA and Europe, the VarianTrueBeamSTx, being the first place in South America to have this technology.

Characteristics

Hospital Associate holder member since 2013

Profitable hospital

Foundation 1995

Built area 51.122 m²

Clinical staff organization Mixed

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 270

Nr. of intensive care beds 54

Nr. of registered doctors 630

Nr. of employees 1.559

Nr. of consultations in ER 87.596

Nr. of consultations in First Aid units 317.000

Nr. of Hospitalizations 9.743

Nr. of Surgeries (excluding births) 6.861

Nr. of Births Does not apply

Nr. of examinations SADT 235.671



Av. Almirante Barroso, 1.454 - Marco
Belém - PA - 66093-020
91 3184-9999 - www.hpd.com.br



Hospital Português

The origin of the Hospital Português is linked to the merger of the Dezesseis de Setembro and Portuguesa de Beneficência Societies – both of them founded in the middle of the XIX century, more precisely in 1857, with the intention to assist Portuguese immigrants living in Brazil. To follow up on this humanitarian proposal the Real Sociedade Portuguesa de Beneficência Dezesseis de Setembro was founded on the 14th of August of 1859, named “Real” by the Portuguese monarchy.

Developed by its members the Real Sociedade, inaugurated its first HP building on the 16th of September 1866, in the Alto do Bonfim district. After 61 years of activities provided for the Portuguese, their spouses and descendants the hospital began to accept members of other nationalities. The expansion of the attendance to all the population, including the poorest portion, gave them recognition of Public Utility by Municipal, State and Federal decrees, fact that motivated the transfer of the hospital to Barra Avenue, more central area of the city and in development.

Today with 157 years of operation, HP stands out in different medical specialties due to the forefront and capacity to undertake minimal invasive and high complexity procedures. The institution is recognized for its modern infrastructure, with experienced and qualified professionals, modern resources and interconnected units (Maternidade Santamaria, Hospital Dia and Medical Center HP).

Highlights 2013/2014

Developing the best practices recommended for the health sector got the Hospital Português level III hospital accreditation in 2013, the most important quality tag of the Brazilian hospital segment, granted by Organização Nacional de Acreditação (ONA). Today, the positive balance of the certification translates into a better assistive quality, continuous improvement, integrated teams, use of modern hospital management tools, definition of feasible targets coherent with Brazilian reality, among other gains.

To advance in the three levels of ONA's certification, HP, counted on the integrated and committed performance of its teams and executive board, and created various safety and quality mechanisms of internal processes, as, conduct protocols, policies and commissions. This culture of continuous improvement is permanently cultivated by the various institution units that now focus on obtaining international quality standard.

Characteristics

Hospital Associate holder member since 2002

Non profitable hospital

Foundation 1857
Built area 34.990 m²

Clinical staff organization Mixed

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 336
Nr. of intensive care beds 125
Nr. of registered doctors 2.107
Nr. of employees 3.212
Nr. of consultations in ER 55.942
Nr. of consultations in First Aid units 8.069
Nr. of Hospitalizations 23.697
Nr. of Surgeries (excluding births) 10.037
Nr. of Births 2.980
Nr. of examinations SADT 1.080.506



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



Hospital Pró-Cardíaco

The Pró Cardíaco has today 110 beds for clinical-surgical hospitalization, focused on the cardio-vascular segment. The institution was founded on the 9th of November of 1959 as “Pró-Cardíaco cardiac ER”, materializing the idea of the Cardiologist Dr. Onaldo Pereira, of a Cardiac homecare urgency service in Rio de Janeiro. Along its trajectory of over half a century its’ had important conquests:

- First coronary unit and first Hemodynamic laboratory in a private hospital, respectively in 1968 and 1980;
- Intensive Care Center with big rooms, individual ventilation and air conditioning filtering system like a surgical center, besides of a multidisciplinary exclusive team in 1988;
- First institutional cardiac surgery in 1988. The hospital innovates, by using the trans-esophageal echocardiography during surgery;
- First Chest pain unit in the country, in 1995;
- Pioneer in the investigation of stem cell in ischemic heart disease, in 2003, in partnership with Texas Heart Institute and UFRJ.

Highlights 2013/2014

The year of 2014 consolidates the Pró-Cardíaco as the pioneer in the implant of the artificial ventricle, and also as a private institution in Rio de Janeiro for heart transplants. Due to this new demand a heart failure unit was created, that contains the complete portfolio of products and services that are needed for its functioning with new mechanical circulatory support devices. Acquisitions and improvements have already marked the first quarter of 2014, such as the inauguration of the new exam central, new modern equipment’s, strengthening the already existing diagnostics capacity and the inauguration of the Pró- Cardiacaco medical center, with prompt availability of doctors for consultations and diagnostic exams. One of the most complete and modern preventive medicine services in Brazil, the Check-up + Pró-Cardíaco, also started to work in the medical center.

Characteristics

Hospital Associate holder member - founder	since 2001
Profitable hospital	
Foundation	1959
Built area	15.371 m ²
Clinical staff organization	Open
Hospital accreditation	Organização Nacional de Acreditação (ONA III) Canadian Accreditation

Main indicators - 2013

Nr. of total operational beds	108
Nr. of intensive care beds	39
Nr. of registered doctors	1.300
Nr. of employees	940
Nr. of consultations in ER	10.628
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	4.994
Nr. of Surgeries (excluding births)	1.765
Nr. of Births	Does not apply
Nr. of examinations SADT	44.300



Rua Dona Mariana, 219 - Botafogo
Rio de Janeiro - RJ - 22280-020
21 2131-1442 - www.procardiaco.com.br



Hospital Quinta D'Or

Hospital inaugurated in September 2001, with 60 beds, expanding in 30% in two years and reaching 100% of expansion in 2013, with approximately 220 beds. It built an annex building in 2010, and the oncology center in 2011. In 2012 there was an increase in the number of beds, building modernization and improvement of the technological area.

In 2013 there was the expansion of the Emergency sector with the implantation of SMART, building acquisition by the Group D'Or São Luiz da Mitra and the building and nr. of beds expansion.

Highlights 2013/2014

The Hospital Quinta D'Or has a strategic planning with emphases on high complexity patients, mainly the liver diseases, neurological and surgical, besides the oncological. Increases its bed capacity in 30% during the last two years, especially in the intensive care and semi-intensive units with the perspective to begin bone marrow transplants services soon.

In 2013, the Hospital Quinta D'Or developed a profiling strategy and care line with the improvement of specific therapeutic plans, either in closed units or open units, for example the assistive support to hospitalized oncological patients, as well as to have in the same facilities the technological area for high level radiotherapy and chemotherapy procedures in Brazil.

Other projects in development are the beds management improvement, together with the safe un-hospitalization of patients with long permanence, observing the reduction of the resident patients' rates.

In 2013, the institution was re certified in level III for excellence by the Organização Nacional de Acreditação (ONA) and ran for two other international certifications: The Canadian Accreditation (Qmentum), in 2014, and also for the International tag Canadian Distinction, specific for patients that suffered strokes.

Characteristics

Hospital Associate holder member	since 2010
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Profitable hospital

Foundation	2001
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Built area	26.587 m ²
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Clinical staff organization	Mixed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III) Canadian Accreditation
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Main indicators - 2013

Nr. of total operational beds	341
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Nr. of intensive care beds	123
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Nr. of registered doctors	24.224
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Nr. of employees	2.881
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Nr. of consultations in ER	123.573
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	13.443
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Nr. of Surgeries (excluding births)	8.424
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Nr. of Births	Does not apply
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Nr. of examinations SADT	129.160
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Rua Almirante Baltazar, 435 - São Cristóvão
Rio de Janeiro - RJ - 20941-150
21 3461-3600 - www.quintador.com.br



Hospital Samaritano

The Hospital Samaritano in São Paulo, one of the six excellence hospitals considered by the health ministry, completes 120 years in 2014. It started as the first private hospital in the capital of São Paulo and today is one of few health institutions that are still in activity, over two centuries, with resources of the own business.

It's a specialized hospital in cardiology, gastroenterology, neurology, orthopedic, oncology, urology and gynecology, obstetrics and perinatology, with complete and integrated services for the patients, including a 24 hour specialized emergency service in orthopedics, cardiology, neurology and trauma.

The Hospital Samaritano complex has 19 floors, 313 hospitalization beds and an intensive care unit, besides a surgical center with 16 rooms for high complexity procedures. Since 2004, is accredited by Joint Commission International (JCI), one of the most important hospital quality standard certifying institutions in the world.

Highlights 2013/2014

The Hospital Samaritano of São Paulo, acts on a strategic change in the market positioning. General medicine has lost space to specialized medicine, and the hospital is now considered as a specialized and high complexity procedures. Since 2012, the hospital has been implementing nuclei, 24 hours specialized emergency centers focused on its biggest competences: orthopedics, cardiology, neurology, gastroenterology, oncology, urology and gynecology, obstetrics and perinatology.

Within this concept, innovating surgeries were realized in 2013, such as definitive artificial heart implant, kidney transplant with donor and patient with different blood types, intra-uterine baby surgeries via endoscopy.

In 2014, the Hospital Samaritano achieved its third reaccreditation granted by Joint Commission International (JCI), reinforcing the institutions commitment for patients' safety and the quality of the services.

Characteristics

Hospital Associate holder member - founder	since 2001
Non profitable hospital	
Foundation	1894
Built area	60.000 m ²
Clinical staff organization	Open
Hospital accreditation	Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds	275
Nr. of intensive care beds	74
Nr. of registered doctors	4.473
Nr. of employees	3.138
Nr. of consultations in ER	140.049
Nr. of consultations in First Aid units	9.381
Nr. of Hospitalizations	20.046
Nr. of Surgeries (excluding births)	12.887
Nr. of Births	480
Nr. of examinations SADT	2.097.585



Rua Conselheiro Brotero, 1489 - Higienópolis
 São Paulo - SP - 01232-010
 11 3821-5300 - www.samaritano.org.br



Hospital Santa Catarina

In 1906, period of time in which São Paulo had approximately 250.000 inhabitants, and already appeared as a strong and big commercial center, the Irmãs de Santa Catarina inaugurated the “Sanatório de Santa Catharina”. Nowadays the Hospital Santa Catarina (HSC) is part of the large health philanthropic, educational and welfare group of the Associação Congregação Santa Catarina(ASCS), being one of the 32 “houses” dotted around seven states in the country. Reference in health quality services in Brazil, HSC is considered one of the best and most well prepared Brazilian institutions for realizing high complexity procedures in obstetrics and fetal medicine, orthopedics, neurology, cardiology, oncology, both in adult and pediatric population.

With a constantly modernized infrastructure, it maintains the charisma of Irmãs de Santa Catarina preserving in its identity and assistive practices the humanized care and attention towards the patients, families and collaborators.

Highlights 2013/2014

In 2013, the Hospital Santa Catarina invested in the restructuring and reforms of its facilities, according to the service line organizational strategic planning. The first service line to be restructured was the HSC oncology center, expanding the attendance area and modernization of the oncological, chemotherapy and radio oncology first aid ambulatories integrated under the same medical and administrative coordination. As an outstanding care, palliative care and an oncology case manager were implanted.

In the diagnostic area, the endoscopy and colonoscopy services gained a new area, with more space and new equipment's. From 212 m2 the space passed to 674 m2. The restructuring of mastology diagnostic services started to use the tomosynthesis as a new tool for the breast cancer diagnosis. The fetal medicine service passed through an infrastructure reform to be able to attend pregnant women with more comfort and safety. There are now three modern exam rooms to realize ultrasonography, cardiotocography and other procedures.

Characteristics

Hospital Associate holder member - founder since 2001

Non profitable hospital

Foundation 1906

Built area 56.160 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)
Canadian Accreditation

Main indicators - 2013

Nr. of total operational beds 327

Nr. of intensive care beds 94

Nr. of registered doctors 3.996

Nr. of employees 2.328

Nr. of consultations in ER 149.106

Nr. of consultations in First Aid units 56.001

Nr. of Hospitalizations 21.397

Nr. of Surgeries (excluding births) 13.752

Nr. of Births 3.039

Nr. of examinations SADT 1.548.057



Hospital Santa Catarina
Associação Congregação de Santa Catarina

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



Hospital Santa Geneveva

Founded in 1964, with a built area of 11,3 thousand m², inside a forrest with environmental preservation and native vegetation, the Hospital Santa Geneveva has 133 beds, among apartments, wards, intensive care units, Day clinic and 24 hour emergency unit. It has a surgical center with six operating theaters, diagnostic and diagnosis owned services: Hemodynamics, radiology, tomography, ultrasonography, holter monitoring , mapping and clinical analyzes laboratory. It has a parking lot for up to 250 cars.

The hospital is one of the most traditional private health services in the State of Goiás, classified as a general hospital. Reference for cardiac, bariatric, general, neurological and orthopedic surgeries, it's also the only private institution in the state to realize heart, kidney, pancreas-kidney transplants. The founder Dr. Francisco Ludovico also founded the Faculdade de Medicina da Universidade Federal de Goiás.

Accredited by the Organização Nacional de Acreditação(ONA), the Santa Geneveva has medical residency in cardiology, general surgery, medical clinical and anesthesiology, maintained with the institutions funds authorized by MEC.

Highlights 2013/2014

In 2013 the Hospital Santa Geneveva consolidated its management searching for the commitment and involvement of all the trans-disciplinary team, besides the alignment of its strategies to the integrated management, in line with the risk management, with the purpose to better serve the clients' needs. The institution continues to invest in human resources, giving sequence to educational program with post-graduate courses offered by Fundação Getulio Vargas, for administrative managers and nursing supervisors' specialization training. For 2014, the institutions focus is to revitalize the diagnostics sector to a high level complexity.

Characteristics

Hospital Associate holder member - founder since 2001

Profitable hospital

Foundation 1969

Built area 11.300 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA I)

Main indicators - 2013

Nr. of total operational beds 121

Nr. of intensive care beds 20

Nr. of registered doctors 129

Nr. of employees 259

Nr. of consultations in ER 16.775

Nr. of consultations in First Aid units 45.000

Nr. of Hospitalizations 4.660

Nr. of Surgeries (excluding births) 2.011

Nr. of Births Does not apply

Nr. of examinations SADT 20.569



Rua da Concordia, 26 - Setor Santa Geneveva
Goiânia - GO - 74670-430
62 3264-9000 - www.santagenoveva.com.br



Hospital Santa Joana

At the end of the 70's the Hospital Santa Joana was inaugurated in Recife with the proposal to offer safety and excellence in assistive quality for patients. Three decades later, the recognition and the clients and medical class prestige signalize the courage and determination to break paradigms, implementing new concepts in private health management, were initiatives that enriched hospital medicine in Brazil.

The Hospital Santa Joana has one of the biggest private emergencies in the state of Pernambuco, with nine specialties, and receives approximately 7 thousand patients per month, being one of the main hospital complexes in the region. It's recognized for its Pioneering and develops a permanent investment policy in state-of-art technology and improvement of human resources, focusing to offer to doctors and patients high quality standards. It was following this philosophy that in November 2012, the international Accreditation certification was granted by the Joint Commission International (JCI) to the institution, being a highlight in all of the North and Northeast of the country.

Highlights 2013/2014

Always in the forefront, the Santa Joana celebrates 35 years being a national and international reference with the International Accreditation title granted by Joint Commission International (JCI) received in 2012. During the last years we can highlight the inauguration of an advanced intensive care unit, occupying an entire floor of the main building, with 750 m2, a new building exclusively for clinical and surgical patients, the clinical-surgical unit, a new unit for bone marrow transplants, a unit for chest pains, and a new pediatric intensive care unit, besides the expansion and modernization of the surgical center. In 2014, it started a new model for multi-emergencies services, where besides the physical and human resources expansion projects, an online monitoring system is being implanted, the Patient Intelligent Identification (PID), with the use of technology based on RFID. All of this to bring more comfort, quality and safety to their patients.

Characteristics

Hospital Associate holder member - founder since 2001

Profitable hospital

Foundation 1979

Built area 17.922 m²

Clinical staff organization Open

Hospital accreditation Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds 168

Nr. of intensive care beds 55

Nr. of registered doctors 1.500

Nr. of employees 1.498

Nr. of consultations in ER 77.702

Nr. of consultations in First Aid units Does not apply

Nr. of Hospitalizations 11.705

Nr. of Surgeries (excluding births) 7.015

Nr. of Births 1.442

Nr. of examinations SADT 163.114

HOSPITAL SANTA JOANA
A SAÚDE EM BOAS MÃOS

Rua Joaquim Nabuco, 200 - Graças
Recife - PE - 51011-000
81 3216-6666 - www.santajoana.com.br



Hospital Santa Luzia

Founded in 1969, the Hospital Santa Luzia (HSL) is a reference in assistive quality, trustworthiness and credibility in Brasília. During these 45 years of existence HSL became a general hospital of high complexity, consolidating itself as a model in medical-hospital care. With a clinical staff highly capacitated and continuous investments in technology, state-of-art equipment's, improvement of medical-hospital procedures and technical training for the professionals, HSL is part of a select group of renowned hospitals in Brazil. Besides this, since June 2012, it is part of the Rede D'Or São Luiz group, the biggest private hospital group in the country.

Localized in the Setor Hospitalar Local Sul, the Hospital Santa Luzia also has a complete infrastructure, with an advantage: an overpass that integrates the Hospital do Coração do Brazil, a big specialized center in cardiovascular diseases also part of the Rede D'Or São Luiz.

Highlights 2013/2014

The year of 2013 was full of achievements for the Hospital Santa Luzia. R\$ 29 million were invested in the expansion of the infrastructure and acquisition of equipment's. In the first semester HSL expanded the Neonatal intensive care unit, passing from 8 to 12 beds and the pediatric intensive care unit from 1 to 4 beds. In the second semester the hospital concluded the new area for endoscopy, besides opening an adult intensive care unit with 18 beds. During this same period they began the gradual reforming of all the hospitalization apartments, with modern concepts of hospitality, safety, quality and humanization. Still in 2013, the obstetric and surgical centers were totally modernized. In the technology aspects the hospital changed the focus of the surgical center – now all are equipped focused on LED - the surgical tables, the vacuum central, besides having renewed all the surgical instruments and 100% of the beds in hospitalization and intensive care units. HSL also acquired a new monitoring central and monitors for the intensive care units. All the investment was to improve the comfort and the convenience of the patients in Brasília.

The Hospital Santa Luzia that already was accredited by ONA level II, was recertified in July. In 2014 the investments continue, new external First Aid ambulatory with 21 consultation offices, new endoscopy and colonoscopy services, implantation in the emergency service the Smart Track attendance process.

Characteristics

Hospital Associate holder member - founder	since 2001
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Profitable hospital

Foundation	1969
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Built area	17.204 m ²
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Clinical staff organization	Open
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Hospital accreditation	Organização Nacional de Acreditação (ONA II)
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Main indicators - 2013

Nr. of total operational beds	200
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Nr. of intensive care beds	55
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Nr. of registered doctors	2.000
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Nr. of employees	1.500
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Nr. of consultations in ER	170.000
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Nr. of consultations in First Aid units	70.000
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Nr. of Hospitalizations	18.000
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Nr. of Surgeries (excluding births)	10.000
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Nr. of Births	3.000
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Nr. of examinations SADT	100.000
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Hospital Santa Luzia

SHLS, Quadra 716 - Lote 5 - Conjunto E - Asa Sul
Brasília - DF - 70390-700
61 3445-4025 - www.hsl.com.br



Hospital Santa Paula

The Hospital Santa Paula was founded in 1958, focused on the attendance to private and health plan patients. In 1983 started its works in orthopedic, cardiology and cardiac surgery areas, followed by the inauguration of the coronary intensive care unit. In 2000 a new strategic area was incorporated, the oncology area with the creation of the Instituto de Oncologia Santa Paula (IOSP). Following its high complexity vocation it also incorporated services for neurology and neurosurgery, with the creation of a dedicated intensive care neurological unit. Recently it has expanded its oncology area with the inauguration of a First Aid annex unit that works with, chemotherapy, consulting rooms, radiotherapy, psychic-oncology, nutrition, drug-oncology, among others, focused on multidisciplinary attendance. Since 2000 it began the trajectory toward patients' safety and quality accreditations. Nowadays it has the excellence level III accreditation certifications granted by the Organização Nacional de Acreditação(ONA) and the Joint Commission International(JCI).

Highlights 2013/2014

In 2013 the hospital inaugurated their oncology center and the Instituto de Oncologia Santa Paula (IOSP) with an area of 4300 m2,. It's an ambulatory unit for oncology integrated care, that has 12 consultation rooms,24 rooms for chemotherapy , two bunkers for radiotherapy and a convenience area were clinical oncologists, onco-hematologists, oncology surgeons, radiotherapists, physiologists, nutritionists and specialized nursing team promote a holistic and multidisciplinary approach of the patients. This unit has its clinical staff defined, trained and supervised by the Oncology Center of Sírio-Libanês hospital.

Characteristics

Hospital Associate holder member	since 2013
Profitable hospital	
Foundation	1958
Built area	18.800 m ²
Clinical staff organization	Open
Hospital accreditation	Organização Nacional de Acreditação (ONA III) Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds	198
Nr. of intensive care beds	50
Nr. of registered doctors	1.770
Nr. of employees	854
Nr. of consultations in ER	98.567
Nr. of consultations in First Aid units	7.970
Nr. of Hospitalizations	11.026
Nr. of Surgeries (excluding births)	7.147
Nr. of Births	Does not apply
Nr. of examinations SADT	672.719



Av. Santo Amaro, 2.468 - Vila Olímpia
São Paulo - SP - 04556-100
11 3040-8000 - www.santapaula.com.br



Hospital Santa Rosa

The Hospital Santa Rosa is the only hospital in the State of Mato Grosso with recognition for safety and quality for health care services with the accreditation certification for excellence level III granted by the Organização Nacional de Acreditação(ONA).

The hospital complex has four floors, 156 beds divided into hospitalization, general therapy, coronary, Neonatal and pediatric units, six surgical center rooms and 28 emergency care beds.

With 16 years of history, the Hospital Santa Rosa has a modern and innovating profile. Permanent investments in state-of-art technology and the continuous training of the collaborators are factors that contribute for the hospital to be a healthcare reference not only in Mato Grosso but also in the Midwest of the country.

Highlights 2013/2014

The Hospital Santa Rosa restructured the anesthesia area with the acquisition of last generation equipment's and with a new team of specialists. The institutions is implementing new post-anesthesia recovery rooms besides the expansion and restructuring of the surgical center.

It reformed and expanded the emergency unit, passing to 18 adult beds, seven pediatric beds, one isolation bed, two emergency beds, and a procedures room. The Santa Rosa is the only private hospital in Mato Grosso to offer medical residency in other health areas. The residency in the Study center of the Hospital Santa Rosa has 23 vacancies, in the following specialties: anesthesiology, cardiology, medical clinical, general clinics, intensive care medicine, neurosurgery, physiotherapy in intensive care and nursing in intensive care.

In 2013, the Hospital Santa Rosa was chosen by the members of the International Football Federation (FIFA) as the reference hospital for the world cup 2014.

Characteristics

Hospital Associate holder member since 2003

Profitable hospital

Foundation 1997

Built area 13.937 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 136

Nr. of intensive care beds 52

Nr. of registered doctors 810

Nr. of employees 674

Nr. of consultations in ER 4.177

Nr. of consultations in First Aid units Does not apply

Nr. of Hospitalizations 6.008

Nr. of Surgeries (excluding births) 8.436

Nr. of Births 332

Nr. of examinations SADT Does not apply



Rua Adel Maulf, 119 - Jardim Mariana
Cuiabá - MT - 78040-783
65 3618-8000 - www.hospitalsantarosa.com.br



Hospital São Camilo Pompeia

The Hospital São Camilo Pompeia was the first unit of the group to be founded in 1960. Nowadays it's a reference in urgency, emergency and high complexity attendance. It was one of the first hospitals to achieve three certifications, being two of them international: Joint Commission International (JCI) and Canadian International Accreditation. With a complete diagnostic and attendance center for all specialties, the Pompeia unit has a modern Bone Marrow transplant reference center. The hospital invests constantly in infrastructure and renewal of the technological area. In 2014 a building with approximately 90 new beds, besides new surgical rooms will be inaugurated. With this expansion, the unit will have 400 beds. The São Camilo Hospital Group also includes the Santana and Ipiranga hospitals.

Highlights 2013/2014

The Hospital São Camilo started the year of 2014 with achievements and big projects. One of these novelties is the inauguration of the simulation center, area that has the objective to promote the constant professionals improvement and ability training in various hospital situations. Besides this, it expanded in March of this year, the Bone Marrow transplants area in more than 120%, offering more safety and other differentials as intensive care units reversible beds, structure to realize high complexity transplants and a multi-professional team specially dedicated to transplant patients.

The year of 2013 was marked by the III International Congress focused in urgency, emergency and patients' safety. All these achievements aim the continuous improvement of healthcare and offered services by the Hospital São Camilo Group.

Characteristics

Hospital Associate holder member	since 2003
Non profitable hospital	
Foundation	1960
Built area	44.272 m ²
Clinical staff organization	Open
Hospital accreditation	Organização Nacional de Acreditação (ONA III) Joint Commission International (JCI) Canadian International Accreditation

Main indicators - 2013

Nr. of total operational beds	265
Nr. of intensive care beds	42
Nr. of registered doctors	3.756
Nr. of employees	1.777
Nr. of consultations in ER	250.967
Nr. of consultations in First Aid units	105.105
Nr. of Hospitalizations	13.015
Nr. of Surgeries (excluding births)	9.188
Nr. of Births	Does not apply
Nr. of examinations SADT	1.228.832



Av. Pompéia, 1178 - Pompeia
São Paulo - SP - 05022-000
11 3677-4444 - www.saocamilo.com



Hospital São José

Inaugurated in 2007 the Hospital São José belongs to the Beneficência Portuguesa de São Paulo hospital complex, and was especially projected to attend high complexity patients in oncology, cardiology, orthopedic, and neurology in a personalized manner, with the maximum comfort and safety. In 2010, it was accredited by the Joint Commission International (JCI) – the most important certification entity in health quality in the world. The re-certification with a golden tag came in 2013, when characteristics of a premium hospital were sediment, demonstrating the concern with patients' safety and quality in care. Nowadays the Hospital São José is part of a select group of hospitals that provides services, attendance and structure with worldwide approved and recognized standards.

Highlights 2013/2014

In 2013, another expansion of the Hospital São José was initiated, that will have an annex building of approximately 9 thousand m² and 10 floors, another 4 basement floors, exclusively for cancer treatment. It will accommodate a big part on the Oncology Center Antonio Erminio de Moraes, of the Beneficência Portuguesa de São Paulo, inaugurated in June 2013 – one of the biggest and most complete cancer treatment nucleus in the country. There is a prevision of inaugurating the building at the end of 2014, when the hospital will have a total area of more than 30 thousand m² and will pass from 67 beds to 118 beds, with a modern and complete infrastructure to work in the prevention, diagnostics, treatment and rehabilitation of the high and medium complexity patients' health. This expansion will consolidate the hospital as an Oncology treatment reference in the country.

Characteristics

Hospital Associate holder member	since 2012
Profitable hospital	
Foundation	2007
Built area	29.761 m ²
Clinical staff organization	Open
Hospital accreditation	Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds	67
Nr. of intensive care beds	14
Nr. of registered doctors	2.023
Nr. of employees	637
Nr. of consultations in ER	Does not apply
Nr. of consultations in First Aid units	10.228
Nr. of Hospitalizations	2.512
Nr. of Surgeries (excluding births)	2.488
Nr. of Births	Does not apply
Nr. of examinations SADT	313.134



Rua Martiniano de Carvalho, 965 - Bela Vista
 São Paulo - SP - 01321-001
 11 3505-6000 - www.bpsp.org.br



Hospital São Lucas

First hospital in the interior of Brazil and seventh hospital to be certified by the Organização Nacional de Acreditação (ONA) in 2001, the Hospital São Lucas (HSL), has many motives to commemorate its 45 years of existence: innumerable achievements in quality and sustainability areas, the success of the high complexity programs and procedures and the acquisitions in the sector of health technology.

This anniversary will be a milestone in the institutions history that launched an advertising campaign, aiming to show the care that they have with their patients, focusing on the special attention, on the differentiated treatment and what this aggregates to the people's lives: emphasizing the importance that the hospital gives to the patient's life, focus on the stories lived by these people and the moments along their way.

Highlights 2013/2014

Founded in January 1969, the health institution is still young, considering that in the health area the challenges are renewed in an advanced rhythm. For this reason, it signed new partnerships with the objective to provide to its patients and clinical staff, important advances in the diagnostics area. Heavy investments are being done in the image diagnostics area, in equipment's and in the physical structure.

Still in 2014 an expansion will begin with the construction of 10 beds for the intensive care unit and 10 beds for hospitalization. There will be an expansion in the surgical center of two new operating theaters for high complexity surgeries. The expansion of the 24 hour emergency center is also being done and will be ready in August 2014.

During the last few years the hospital defined its reference areas (cardiology, neurology, orthopedic and bariatric surgery) and, as part of its strategy and thinking about the patients care, it invests constantly in technical capacitation and differentiated technology for this complexity.

Characteristics

Hospital Associate holder member since 2002

Profitable hospital

Foundation 1969

Built area 8.592 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 95

Nr. of intensive care beds 25

Nr. of registered doctors 1.438

Nr. of employees 504

Nr. of consultations in ER 52.050

Nr. of consultations in First Aid units Does not apply

Nr. of Hospitalizations 7.748

Nr. of Surgeries (excluding births) 8.511

Nr. of Births Does not apply

Nr. of examinations SADT 236.400



Rua Bernardino de Campos, 1426 - Vila Seixas
Ribeirão Preto - SP - 14015-130
16 4009-0020 - www.gruposaulucas.com.br



Hospital São Lucas de Aracajú

The Clinic and Hospital São Lucas was founded on the 18th of October of 1969, Doctors day, by a cardiologist and a pneumologist, brothers-in-law and colleagues, both teachers at the Escola de Medicina da Universidade Federal de Sergipe. Since the beginning stood out with a differentiated concern in relation to the assistive care, attracting good doctor's, capacitated nursing team and quality equipment's and material. For over 40 years it has been a reference in the hospital care in the State and in the North and Northeast regions highlighting the areas of cardiologic, neurological, geriatric and complex surgeries amongst others. We realize renal transplants, cardiac surgery, bariatric surgery, endovascular procedures in Hemodynamics, and with a wide range of diagnostic exams, that serve the internal and ambulatory patients.

To fulfill its mission, which other than healthcare is also to teach and research, the Fundação São Lucas(FSL) was created in 1986, that independently to the hospital, administers a day-care nursery and a school for healthcare technical courses, being considered the best in the area. It has taken part actively in various multi-centric studies, national and international, through our Research and Study Center (CEPFLS).

Highlights 2013/2014

In 2013 we consolidated the first phase of the strategic planning with vision in 2020, contemplating the growth of the number of beds, implantation of the pediatric unit, contemplating all the care procedures, reforming of the urgency unit, creating attendance zones per criticality, refinement of the assistive management and the monthly monitoring of the results by an multi-professional team, guaranteeing a recertification by the Organização Nacional de Acreditação (ONA III) and preparing for the renewal of the Canadian Accreditation, leaders developing program with training, workshops and coaching, understanding that they are the catalysts of our best results.

In 2014 the focus of the institution is on efficiency, with growth and sustainable results.

Characteristics

Hospital Associate holder member	since 2012
Profitable hospital	
Foundation	1969
Built area	13.364 m ²
Clinical staff organization	Mixed
Hospital accreditation	Organização Nacional de Acreditação (ONA III) Canadian Accreditation

Main indicators - 2013

Nr. of total operational beds	207
Nr. of intensive care beds	36
Nr. of registered doctors	700
Nr. of employees	1.112
Nr. of consultations in ER	60.000
Nr. of consultations in First Aid units	Does not apply
Nr. of Hospitalizations	10.569
Nr. of Surgeries (excluding births)	8.998
Nr. of Births	Does not apply
Nr. of examinations SADT	921.244



Av. Coronel Stanley Silveira, 33 - São José
Aracajú - SE - 40015-400
79 2107-1017 - www.saolucas-se.com.br



Hospital São Luiz Jabaquara

The Jabaquara unit was founded in 1958, as the Hospital Nossa Senhora de Lourdes, being acquired by the Rede D'Or São Luiz Group in 2012, and is the fourth São Luiz unit in São Paulo. It's a reference in assistive quality and healthcare in the south region of the capital of the State of São Paulo. It's a general hospital that has an oncology center with last generation radiotherapy equipment's, intensive care unit that guarantees the precision, resolution and agility of the diagnosis and treatment, humanized care with individual beds, urology treatment center with international recognition, modern surgical center for median and high complexity cases, having two intelligent rooms, totally computerized, diagnostic center that comprises a complete area for image exams, ER according to Smart Track model.

Highlights 2013/2014

We began in 2013 with the expansion of the intensive care unit, retrofit of beds in hospitalization unit, finalized the ER expansion and intensified the adapting to processes of the Smart Track care model.

For 2014, the institution plans to achieve the quality certification through the Organização Nacional de Acreditação (ONA) methodology.

Characteristics

Hospital Associate holder member	since 2004
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Profitable hospital

Foundation	1958
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Built area	23.523 m ²
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Clinical staff organization	Open
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Hospital accreditation	in process
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Main indicators - 2013

Nr. of total operational beds	174
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Nr. of intensive care beds	55
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Nr. of registered doctors	3.414
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Nr. of employees	1.189
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Nr. of consultations in ER	122.494
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	8.274
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Nr. of Surgeries (excluding births)	4.298
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Nr. of Births	Does not apply
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Nr. of examinations SADT	147.474
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Rua das Perobas, 344 - Jabaquara
 São Paulo - SP - 04321-120
 11 5018-4000 - www.saoluiz.com.br



Hospital São Luiz Unidade Itaim

In 1938 as policlinic with 12 beds, the São Luiz hospital was created. Two years later we already were the first private ER in the region. It was a question of time for the construction of the hospitals apartment building, inaugurated in 1963 with 80 beds.

In 1983, the institution inaugurated the São Luiz maternity and with it came the innovating concept of hospitality for the health sector in Brazil.

In 1994, a modern diagnostic center was integrated to the hospital complex. The technological center, inaugurated in 2005, offered the community an innovating and safety reference in the surgical, obstetric and intensive care (adult and Neonatal) centers.

In 2010, the Hospital São Luiz was incorporated by the Rede D'Or, passing to be the biggest private hospital group in Brazil.

Highlights 2013/2014

Aiming for technology, safety and operational efficiency, the management system Tasy was implanted in the first two months of 2014.

Continuing the master plan of the Rede D'Or São Luiz – Unidade Itaim, the construction of a new tower was started in 2014, with approximately 120 beds.

This expansion will make the institution have more than 500 beds in the unit.

Another important milestone that deserves a highlight is the accreditation process by the Joint Commission International (JCI). All the hospital management is mobilized to improve processes, policies, routines and infrastructure, aiming to attend to the preconized standards in JCI manual. The purpose of this project is to offer to clients, doctors and employees, technical quality, perceived quality and safety.

Characteristics

Hospital Associate holder member	since 2003
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Profitable hospital

Foundation	1938
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Built area	35.745 m ²
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Clinical staff organization	Open
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Hospital accreditation	in process
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Main indicators - 2013

Nr. of total operational beds	362
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Nr. of intensive care beds	96
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Nr. of registered doctors	13.000
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Nr. of employees	2.092
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Nr. of consultations in ER	152.040
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	32.222
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Nr. of Surgeries (excluding births)	15.745
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Nr. of Births	8.742
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Nr. of examinations SADT	826.595
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Rua Dr. Alceu de Campos Rodrigues, 95 - Itaim Bibi
São Paulo SP - 04544-000
11 3040-1100 - www.saoluiz.com.br



Hospital São Rafael

Founded by an Italian priest D. Luigi Verzé, the Hospital São Rafael (HSR) is the principal unit of the Monte Tabor Centro Ítalo-Brasileiro de Promoção Sanitária. Inaugurated in 1990 in Salvador, HSR expanded its activities in the state's capital, with the management of the emergency unit São Marcos (2000), as well as the Hospital 2 de Julho (2006), the Oncology center Irmã Ludovica Stuardo (2010) and the units Fleming (1991), Garibaldi (2009), Onco (2011) and Brotas (2014); in the metropolitan region, with Vilas Unit (2001); and in the interior of the state with the hospitals, Luis Eduardo Magalhães (2003), Dantas Bião (2006) and Ana Mariani (2008). In the social area it stands out for the work developed in the Nova Esperança community, in the metropolitan region, since 1998, with the Creche Amor ao Próximo, and in the city of Barra, since 1992 with the "Missão Barra", realizing just in 2013, more than 41 thousand attendances for the population of that region.

Highlights 2013/2014

Focused on the expansion of the offered services and the continuous improvement of the quality care, a new building with 10 floors and 13,3 thousand m² of built area is being concluded. With a future offer of 100 new beds, this initiative with an investment estimated in R\$ 90 million, is part of the São Rafael's expansion project, that opened in January its 12th unit, São Rafael Brotas Unit. In 2013, HSR that already has the accreditation certification for excellence, level III, granted by the Organização Nacional de Acreditação (ONA) began the process to get the international accreditation by Joint Commission International (JCI). In the technology area, it continues to stand out due to the forefront, acquiring equipment's such as the MaldiTof, capable of identifying micro-organisms in up to two minutes after isolation, besides new equipment's for diagnostic support and cancer treatment.

Characteristics

Hospital Associate holder member	since 2013
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Non profitable hospital

Foundation	1974
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Built area	54.846 m ²
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Clinical staff organization	Closed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	302
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Nr. of intensive care beds	37
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Nr. of registered doctors	724
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Nr. of employees	2.902
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Nr. of consultations in ER	85.630
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Nr. of consultations in First Aid units	527.250
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Nr. of Hospitalizations	21.027
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Nr. of Surgeries (excluding births)	13.303
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Nr. of Births	Does not apply
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Nr. of examinations SADT	2.210.986
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Av. São Rafael, 2152 - São Marcos
Salvador - BA - 41253-190
71 3281-6265 - www.hsr.com.br



Hospital Saúde da Mulher

The HSM was inaugurated on the 29th of November of 1991, focused initially on the health of the female public, offering attendance in surgeries of low and median complexity. In these 21 years of existence the HSM expanded its horizons and started to attend to men and women of all ages, becoming a general hospital of high complexity with the biggest quantity of intensive care unit beds of the State of Pará, and the first private hospital in the North of the country to offer the best and most modern attendance to patients.

With the aim of being a reference in Oncology for the North region, HSM, stands out for being the first and only private hospital of the State of Pará to offer all the diagnostic exams and treatment in the nuclear medicine, radiotherapy and brachytherapy areas.

Nowadays the HSM maintains a structure composed by five buildings, divided in HSM Hospital and HSM Diagnostic. The HSM Hospital has a structure of 177 hospitalization beds, 50 intensive care unit beds, and 13 operating theaters.

The HSM Diagnostics has an image area with advance technology, aligned to a comfortable structure to realize the exams and consultations that proportions a bigger safety and reliability for the patients' healthcare.

Characteristics

Hospital Associate holder member	since 2012
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Profitable hospital

Foundation	1991
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Built area	não informado
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Clinical staff organization	Mixed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	177
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Nr. of intensive care beds	50
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Nr. of registered doctors	230
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Nr. of employees	1.541
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Nr. of consultations in ER	77.068
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Nr. of consultations in First Aid units	307.810
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Nr. of Hospitalizations	11.346
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Nr. of Surgeries (excluding births)	8.909
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Nr. of Births	Does not apply
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Nr. of examinations SADT	305.790
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Travessa Humaita, 1598 - Marco
Belém - PA- 66085-220
91 3181-7000 - www.hsmdiagnostico.com.br



Hospital Sírio-Libanês

The Sociedade Beneficente de Senhoras Hospital Sírio-Libanês (SBSHSL) is a philanthropic institution, international reference in the health area. Founded in 1921, it's based on a tripod formed by the Hospital Sírio-Libanês (HSL), the Instituto Sírio-Libanês de Ensino e Pesquisa (IEP) and the philanthropic area. The Hospital Sírio-Libanês unites medical Excellency and technology with a humanized treatment, as a result of permanent investments in the structure modernization, the professionals training and the valuation of the clinical staff. The IEP has for a mission to create and disseminate knowledge and train the professionals, contributing to the excellence of assistive care and the incorporation of new technologies. SBSHSL also actuates as a partner with the Health Ministry, in projects to develop the Sistema Unico de Saúde (SUS), taking the good management practices and medicine quality to a growing number of Brazilians.

Highlights 2013/2014

Between 2013 and 2014, the Hospital Sírio Libanês concluded the investment of R\$ 1,4 billion on the expansion and decentralizing of operations, that resulted in the duplication of the area and attendance capacity at the Bela Vista Unit in São Paulo. Besides this in 2013, in a partnership with the Health Ministry, the philanthropic area of the HSL maintained a wide range of projects, in a synergistic action relationship in the Assistive, management study and research areas. The Instituto Sírio-Libanês de Ensino e Pesquisa offers lato sensu post-graduation programs, besides specialization in medical areas, of nursery and multi-disciplinary team. The hospital also offers a professional master's degree in the technology management and health innovation area and an academic master's and doctorate degree in health science. In 2014, 38 vacancies were offered for medical residency, 26 in the health professional area residency, 44 in multi-disciplinary residency and 11 with an added year. In 2013, the scientific production of the research area generated 117 papers published in specialized magazines, 50 clinical studies with new drugs and procedures.

Characteristics

Hospital Associate holder member - founder since 2001

Non profitable hospital

Foundation 1921

Built area 99.989 m²

Clinical staff organization Open

Hospital accreditation Joint Commission International (JCI)

Main indicators - 2013

Nr. of total operational beds 368

Nr. of intensive care beds 44

Nr. of registered doctors 2.834

Nr. of employees 4.823

Nr. of consultations in ER 80.454

Nr. of consultations in First Aid units 65.513

Nr. of Hospitalizations 18.840

Nr. of Surgeries (excluding births) 23.512

Nr. of Births Does not apply

Nr. of examinations SADT 4.201.970



HOSPITAL SÍRIO-LIBANÊS

Rua Dona Adma Jafet, 91 - Bela Vista
São Paulo - SP - 01308-050
11 3155-0200 - www.hospitalsiriolibanes.org.br



Hospital Vera Cruz

Conceived and built by the doctors, Dr. Sylvio Miraglia and Dr. Antonio Figueiredo Starling and by the engineer Dr. Ajax Rabello, the Hospital Vera Cruz (HVC) was inaugurated on the 9th of April of 1949, as the most modern institution in Minas Gerais. With the mission to provide a humanized and resolute medical-hospital care, constructed by motivated and involved people with a high value for the patients, the HVC is pioneer in the realization of cardiovascular surgeries in Minas Gerais, besides being a national reference for hospital infection control. Having as focus the high complexity medicine, prestigious doctors have worked and still are working for the clinical staff of the Vera Cruz, some of them university teachers that participate actively in medical and hospital representative entities. The institution meets state agreements amongst other modalities for more than a decade, and has corporative governance and professionalized management since 1995, Tasy information system and strategic planning since 2002, sectorial budgets since 2005, quality management system since 2006 and is accredited for excellence level III by the Organização Nacional de Acreditação(ONA).

Highlights 2013/2014

In 2013, the Hospital Vera Cruz passed through a transition in its board of directors, having its management guided on technical and economical results. During the same year, the city of Belo Horizonte approved a law permitting hospital expansion with a building coefficient above regularized. Noticing the increasing demand for hospital beds in this region, the Hospital Vera Cruz is working on a project to increase its installed capacity.

Characteristics

Hospital Associate holder member	since 2011
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Profitable hospital

Foundation	1949
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Built area	5.420 m ²
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Clinical staff organization	Closed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	157
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Nr. of intensive care beds	34
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Nr. of registered doctors	446
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Nr. of employees	710
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Nr. of consultations in ER	117.873
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Nr. of consultations in First Aid units	45.367
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Nr. of Hospitalizations	7.626
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Nr. of Surgeries (excluding births)	8.518
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Nr. of Births	Does not apply
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Nr. of examinations SADT	600.998
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Av. Barbacena, 653 - Barro Preto
Belo Horizonte - MG - 30190-130
31 3290-1000 - www.hvc.com.br



Hospital VITA Batel

The second unit of the VITA group in Paraná was inaugurated in December 2004, with the objective of offering services to median and high complexity cases in the central region of the capital – with emphasis in the cardiology, bariatric surgery, general surgery, urgency medicine, neurosurgery, urology, intensive care and trauma orthopedic areas. In 2009 it was accredited level II by the Organização Nacional de Acreditação (ONA) and in 2010 received level III excellence certification. In the beginning of 2013, it received the certification by the Accreditation Canada International (ACI).

The institution is the second one in the South of Brazil to be accredited – the first one was the Hospital VITA Curitiba, also of the VITA Group. The unit is recognized internationally by the Surgical Review Corporation (SRC), as an excellence center in bariatric and metabolic surgeries. The VITA Batel has 97 beds, 32 of them for intensive care units (23 general and 9 cardiologic), six operating theaters and a diagnostic center.

Highlights 2013/2014

The year of 2013 was of important achievements for the VITA Batel. The hospital realized investments to be able to reach the strategic target of increasing the complexity of the hospital. For this, the general intensive care unit was expanded, a new coronary unit was built and new equipment's were bought as the Trans cranial Eco Doppler and the new Hemodynamic equipment. In the assistive care area the hospital received two important prizes from 3M, the diamond certification for skin wound prevention and gold certification for material processing services. In the Education and Research area VITA Group inaugurated the Instituto de Ensino e Pesquisa (IVEP). In this management period the novelty was the strengthening of the networking of the three hospitals that now have only one operational board.

For 2014 the hospital has excellent perspectives. In February, a contract was signed to build the new hospital building, that will have 10 thousand m2 and more than 100 beds. For this year there is the prevision of the inauguration of the new medical center.

Characteristics

Hospital Associate holder member	since 2010
Profitable hospital	
Foundation	2004
Built area	7.005 m ²
Clinical staff organization	Closed
Hospital accreditation	Organização Nacional de Acreditação (ONA III) Canadian Accreditation

Main indicators - 2013

Nr. of total operational beds	97
Nr. of intensive care beds	32
Nr. of registered doctors	1.040
Nr. of employees	392
Nr. of consultations in ER	62.141
Nr. of consultations in First Aid units	6.327
Nr. of Hospitalizations	7.511
Nr. of Surgeries (excluding births)	5.151
Nr. of Births	Does not apply
Nr. of examinations SADT	32.151



Rua Alferes Ângelo Sampaio, 1896 - Batel
Curitiba - PR - 80420-160
41 3883-8482 - www.hospitalvita.com.br



Hospital VITA Curitiba

Inaugurated in March 1996, the Hospital VITA Curitiba, was acquired by the VITA Participações in June 2000. Has a built area of 18 thousand m², on a plot of approximately 102 thousand m². It has 107 beds and around 520 employees. It realizes approximately around 9 thousand emergency attendances per month, 850 hospitalizations and 750 surgeries.

It is characterized as being a general hospital with an open clinical staff, servicing various medical specialties.

The VITA Curitiba offers a 24 hour attendance and is a reference in cardiology, general surgery, neurology, pediatric, urgency medicine and orthopedic areas. Besides this it has also a complete service for sportive medicine, assisting athletes of various modalities. The hospital has 127 beds, being 32 beds for general intensive care units, 10 beds for pediatric intensive care units, seven operating theaters, medical center and diagnostic center.

Highlights 2013/2014

In 2013 the VITA Curitiba worked on the loyalty of its clinical staff. The hospital invested in the reforms of its structure and the creation of a new medical center with 23 high standard consultation offices. Investments also were realized in the diagnostic center with the acquisition of magnetic resonance and computerized tomography machines.

In the cardiologic area the VITA Curitiba closed an important deal with the Hospital do Coração. Another highlight of 2013 was the inauguration of its second general intensive care unit. In the Education and Research area the group inaugurated the Instituto VITA de Ensino e Pesquisa (IVEP). In this management period the novelty was the strengthening of the networking of the three hospitals that now have only one operational board.

In the beginning of 2014 the VITA Curitiba began its activities of oncology services and continues investing in technology and infrastructure.

Characteristics

Hospital Associate holder member - founder	since 2001
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Profitable hospital

Foundation	1996
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Built area	18.000 m ²
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Clinical staff organization	Open
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Hospital accreditation	Organização Nacional de Acreditação (ONA III) Canadian Accreditation
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Main indicators - 2013

Nr. of total operational beds	118
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Nr. of intensive care beds	42
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Nr. of registered doctors	1.346
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Nr. of employees	530
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Nr. of consultations in ER	112.873
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Nr. of consultations in First Aid units	38.070
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Nr. of Hospitalizations	9.578
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Nr. of Surgeries (excluding births)	6.732
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Nr. of Births	Does not apply
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Nr. of examinations SADT	77.472
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Rodovia BR 116, 4.021 Km 396 - Bairro Alto
Curitiba - PR - 82590-100
41 3315-1900 - www.hospitalvita.com.br



Hospital VITA Volta Redonda

The hospital VITA Volta Redonda stands out for the private healthcare of the population of the south of the State of Rio de Janeiro. It has 129 beds and approximately 395 employees. It has a modern diagnostic center, a specialties medical center, general intensive care unit, intensive cardio unit and a surgical center with eight rooms equipped with last generation technological resources. Since 2006 it has its excellence recognized by the Organização Nacional de Acreditação(ONA) level III, of excellence, and is part of the international methodology of the Canadian Accreditation(Accreditation Canada International), that reinforces the hospitals philosophy in pursuit of quality and its alignment with the quality programs in which it takes part.

The Hospital VITA Volta Redonda prevails for its management model and results, having organized all their assistive and administrative flows.

Highlights 2013/2014

2013 was marked due to three very important projects for the Hospital VITA Volta Redonda, conclusion of the building of the 3rd floor of the Specialties medical center enabling the orthopedic and neurosurgical services to be transferred to 15 new consultation rooms.

We built and are using a children's emergency unit with three consultation rooms, rest and exclusive and dedicated reception services.

We also acquired and are using the image service, in the past it was outsourced and now its proper owned under the name "VITA Medicina Diagnostica."

In 2013 we implanted a new European Hospital Management System named "GLINTT", with the use of an electronic medical record, project that will be concluded in 2014.

Characteristics

Hospital Associate holder member - founder	since 2001
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Profitable hospital

Foundation	1953
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Built area	11.000 m ²
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Clinical staff organization	Open
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	129
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Nr. of intensive care beds	32
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Nr. of registered doctors	570
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Nr. of employees	392
------------------	-----

Nr. of consultations in ER	120.148
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Nr. of consultations in First Aid units	98.051
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Nr. of Hospitalizations	9.553
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Nr. of Surgeries (excluding births)	4.906
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Nr. of Births	367
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Nr. of examinations SADT	531.059
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Rua Lions Club, 162 - Vila Santa Cecília
Volta Redonda - RJ - 27255-430
24 3344-3225 - www.hospitalvita.com.br



Hospital viValle

The hospital began its activities in 1980 as Clínica GastroClínica and in 2000 began its activities as a hospital unit. In 2006 it became the Hospital viValle. The viValle's structure has a 24 hour clinical and orthopedic emergency unit, oncology center, highly equipped surgical center, intensive care unit, sterilized material center, that has state-of-art equipment's that realize the control of hospital infections, hemodynamic center and a imaging diagnostic center.

To guarantee a first class treatment, the viValle hospital offers to its patients the commodity and the comfort of a hotel, since the installations, until the offered food that works with hospital gastronomy concepts.

The same professionalism and humanization can be proven in the viValle medical center that has differentiated attendance for consultations and treatments in various specialties. The area also has viValle check-up services, besides the pro-health that attends companies in health management for their collaborators with occupational medicine services.

In 2011 the Hospital viValle became a member of Rede D'Or São Luiz Group, one of the biggest health groups in Brazil, potentiating investments to reach medical Excellency.

Highlights 2013/2014

In 2013 the Hospital viValle initiated the implantation of Smart Track, a modern methodology for emergency attendance, developed to reduce the patients lead time and promote the rational use of resources.

And the building continues, the viValle will pass from the existing 4.500 m2 to 14.000 m2. An expansion not only of the area but of all the structure that will have approximately 150 beds, a growth of more than 150%.

To maintain the same attendance quality, the focus in 2014 is on the Canadian certification, the viValle is engaged on this achievement and counts on the Qmentum methodology, with a total focus on patients' safety to obtain this certification.

Characteristics

Hospital Associate holder member	since 2004
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Profitable hospital

Foundation	1980
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Built area	4.615 m ²
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Clinical staff organization	Mixed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	52
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Nr. of intensive care beds	16
----------------------------	----

Nr. of registered doctors	1.295
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Nr. of employees	441
------------------	-----

Nr. of consultations in ER	76.200
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Nr. of consultations in First Aid units	19.728
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Nr. of Hospitalizations	5.538
-------------------------	-------

Nr. of Surgeries (excluding births)	5.259
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Nr. of Births	Does not apply
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Nr. of examinations SADT	288.744
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Av. Lineu de Moura, 995 - Jd. Urbanova
 São José dos Campos - SP - 12244-380
 12 3924-4900 - www.vivalle.com.br



Real Hospital Português

The Real Hospital Português de Beneficência in Pernambuco was founded in 1855, as a resistance center to treat victims of the cholera epidemic that raged through the country. A permit conceded on the 7th of November of 1907 by D.Carlos I, gave it the title of Real. Nowadays the RHP is considered the most complete excellence medical center in the North and Northeast of Brazil, being the hospital with the biggest complexity and the better equipped one in these regions. Pioneer and booster of the medical polo in Pernambuco, it realized the first kidney, heart and bone marrow transplants of the North and Northeast regions. It maintains the Instituto de Ensino e Pesquisa Alberto Ferreira da Costa and a consolidated medical residency program, besides the important social work realized at the Ambulatorio de Beneficência Maria Fernanda. It is in the process for international Accreditation by Joint Commission International (JCI).

Highlights 2013/2014

In 2013 the Real Hospital Português implanted collegiate in strategic assistive areas, such as, emergency, intensive care units and SUS, to talk over actions, protocol and management models standardization based on indicators. The medical residency program was increased, having now the following specialties: geriatric, traumatology, nephrology, medical clinic, intensive care, nuclear medicine and clinic oncology. In the equipment's area the highlight goes to the acquisition of three topographies of 128 channels and new 3T magnetic resonance with 32 channels, the first of this type in the North-Northeast regions. The imaging diagnostic center was inaugurated in the Boa Viagem unit of the RHP. For 2014 various investments have been planned: construction of a new building with 10 floors and the surgical area with hybrid operating theaters; reforms in the maternal-child unit; creation of the women's area for preventive exams and the implantation of the new material sterilization central.

Characteristics

Hospital Associate holder
member - founder since 2001

Non profitable hospital

Foundation 1855

Built area 117.736 m²

Clinical staff organization Mixed

Hospital accreditation in process

Principais Indicadores - 2013

Nr. of total operational beds 775

Nr. of intensive care beds 165

Nr. of registered doctors 2.182

Nr. of employees 4.907

Nr. of consultations in ER 232.529

Nr. of consultations in First Aid units 50.272

Nr. of Hospitalizations 30.259

Nr. of Surgeries (excluding births) 28.769

Nr. of Births 2.121

Nr. of examinations SADT 2.718.306



Av. Agamenon Magalhães, 4760 - Paissandú
Recife - PE - 52010-902
81 3416-1122 - www.rhp.com.br



Santa Casa de Maceió

Having as the main objective, the assistance to the more needy, on the 7th of September of 1851, the priest at the time of the capital of the state of Alagoas, Cônego João Barbosa Cordeiro, founded the Santa Casa de Misericórdia de Maceió, Following the philanthropic principles of its founder and the social compromise that has marked its existence during the last 162 years, the institution reached, particularly in the last 10 years, a high excellence level in various areas. To do so, invested in the continuous physical and technological structure modernization; in the use of assistive protocols based on accreditation; on institutional management guided by the strategic planning and the pursuit of the economic-financial balance; implantation of financial and logistics control systems; opening of new external units and expansion of the internal units; among others.

Highlights 2013/2014

Maintaining the focus by sustainability, based on the patients safety strategic management, the Santa Casa de Misericórdia de Maceió, after eleven months of being accredited in level II by the Organização Nacional de Acreditação (ONA), achieved its up-grade to the condition on Accreditation level III, for excellence, and also entering the select group of hospitals that participate of the Canadian Accreditation program, with Qmentum methodology.

In the Educational area the Santa Casa de Misericórdia de Maceió, materialized one of its strategic objectives with the recognition by the Health and Education Ministry as an Education and Research Hospital.

On the pathway to expansion in the market, in 2013, the Santa Casa de Misericórdia de Maceió acquired a new building and invested R\$ 9,6 million in 8.066,35 m2 built area, that will provide in the first phase, a totally renewed and modern hospital with 72 beds, being 23 for intensive care units, five operating theaters and expansion project already defined for the next years.

Characteristics

Hospital Associate holder member since 2013

Hospital sem fins lucrativos

Foundation 1851

Built area 28.023 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA III)

Main indicators - 2013

Nr. of total operational beds 391

Nr. of intensive care beds 48

Nr. of registered doctors 467

Nr. of employees 1.873

Nr. of consultations in ER 70.264

Nr. of consultations in First Aid units 214.584

Nr. of Hospitalizations 24.433

Nr. of Surgeries (excluding births) 18.063

Nr. of Births 5.614

Nr. of examinations SADT 674.035



Rua Barão de Maceió, 288 - Centro
Maceió - AL - 57020-360
82 2123-6000 - www.santacasademaceio.com.br



Vitória Apart Hospital

The Vitória Apart Hospital is a private health institution and since its foundation on the 26th of July of 2001, works with the objective of being a reference in high complexity medicine. Its modern architecture, united to technology, highly qualified assistive team and personalized and humanized attendance, prioritizing ideal working conditions and valorization of doctors and health professionals focused in safety, make the Vitória Apart Hospital a prepared institution to promote health solutions with excellence.

The hospital has various services, since promotion, prevention and diagnostic, up to treatment and rehabilitation. It is the only private hospital in the state with a burns treatment center, besides being certified in level III, for excellence, granted by the Organização Nacional de Acreditação (ONA), since 2004.

Highlights 2013/2014

The year of 2013 was of achievements for the Vitória Apart Hospital, with the 1st place in sustainability for the research value brands in the health service segment, given to the most valorized companies by the population of the state in the sector in which they actuate.

- Implantation of eight steps in safety assistance;;
- Medical residency in anesthesiology, proctology, orthopedic, and intensive medicine;
- Realization of the first National Medical Legal Congress;
- Implantation of the unitary dose system;

Also they realized, in partnership with the Instituto de Saúde e Cidadania of the Vitória Apart Hospital, disease prevention campaigns and the creation of a professional healthcare network capable to proportion emergency aid in case of a public and epidemic calamity. Among the developed projects are the robotics and medical technology department and the organs and human tissues transplants department, reducing the lead time and the suffering of various families of the state population.

For the year of 2014 the expansion of the hospital complex will be continued, increasing the capacity of beds to 114..

Characteristics

Hospital Associate holder member	since 2006
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Profitable hospital

Foundation	2001
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Built area	32.946 m ²
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Clinical staff organization	Mixed
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Hospital accreditation	Organização Nacional de Acreditação (ONA III)
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Main indicators - 2013

Nr. of total operational beds	228
-------------------------------	-----

Nr. of intensive care beds	61
----------------------------	----

Nr. of registered doctors	798
---------------------------	-----

Nr. of employees	1.169
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Nr. of consultations in ER	80.261
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Nr. of consultations in First Aid units	35.301
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Nr. of Hospitalizations	11.612
-------------------------	--------

Nr. of Surgeries (excluding births)	11.317
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Nr. of Births	1.691
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Nr. of examinations SADT	Does not apply
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Rodovia BR-101 Norte Km 2,38 - Boa Vista II
Serra - ES - 29161-001
27 3201-5555 - www.vitoriaaparthospital.com.br

Institutional profile

Affiliated hospital members

AACD

Hospital Marcelino Champagnat

Hospital Santa Izabel

Hospital Santa Marta

Hospital São Francisco

Hospital Villa-Lobos





AACD - Associação de Assistência à Criança Deficiente

AACD – Associação de Assistência à Criança Defeituosa was founded in 1950, by Dr. Renato da Costa Bonfim in the city of São Paulo. At that time, Polio was reaching a significant portion of the population and AACD appeared to minimize the consequences of this disease. Over the years, AACD was consecrated by its experience in the physical rehabilitation area.

AACD is a philanthropic institution specialized in treatment of people with physical deficiency.

AACD's Hospital was inaugurated in 1993, has an area of 6.333 m², 120 beds, including the hospitalization and intensive care unit. Considered one of the most modern and well equipped hospitals in Brazil, besides showing one of the smallest hospital infection rates in the country and received from the Health Ministry one of the best evaluations of the sector, it is one of the most important centers of arthroscopy, arthro-plastic surgery, and spine surgery.

Highlights 2013/2014

In 2013, the AACD Hospital passed through modifications, with the reform of the apartments, wards and intensive care unit. It revitalized the common areas, transforming the atmosphere into a cozy and nice place. For 2014, the planning contemplates the complete expansion of the surgical center with three new operating theaters equipped for major surgeries.

The historical of success of the procedures and the important actuation of the hospital infection control center (CCIH), which maintains an annual low hospital infection rate (0,8%), considered excellent according to international standards; makes the AACD hospital a reference in musculoskeletal pathologies and know invest in DBS(Deep Brain Stimulation) surgeries , treatment that aims for the improvement of the symptoms of Parkinson Disease.

Characteristics

Affiliated hospital member	since 2014
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Non profitable hospital

Foundation	1993
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Built area	6.333 m ²
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Clinical staff organization	mixed
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Hospital accreditation	in process
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Main indicators - 2013

Nr. of total operational beds	120
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Nr. of intensive care beds	14
----------------------------	----

Nr. of registered doctors	900
---------------------------	-----

Nr. of employees	700
------------------	-----

Nr. of consultations in ER	Does not apply
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Nr. of consultations in First Aid units	Does not apply
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Nr. of Hospitalizations	8.000
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Nr. of Surgeries (excluding births)	7.900
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Nr. of Births	Does not apply
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Nr. of examinations SADT	13.000
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Av. Ascendino Reis, 724 - Vila Clementino
 São Paulo - SP - 04227-000
 11 5576-0700 - www.aacd.org.br



Hospital Marcelino Champagnat

Inaugurated in November 2011, the Hospital Marcelino Champagnat (HMC), located in Curitiba(PR), is a Marista Group enterprise in the health area. Working with the compromise to humanize and individualize treatment, the HMC is a hospital reference in the adult patient attendance with focus on surgical and clinical high complexity, and is also structured to attend foreigners in big world events such as the 2014 World Cup.

With a modern structure respecting international standards, HMC has 116 hospitalization beds, emergency unit, diagnostics center, surgical centers, and consultation rooms, humanized intensive care units with natural light and individual compartments, and a highly specialized clinical staff.

Highlights 2013/2014

The Hospital Marcelino Champagnat inaugurated in 2013 an intensive care wing, a coronary and neurovascular unit (UCN), with an investment of more than R\$ 2,5 million. They are 10 highly equipped compartments, developed especially to attend patients with cardiologic and neurological problems.

With an innovative concept for intensive care, the UCN offers individual compartments that provide more privacy and comfort for the patients and escorts, who can remain up to 24 hours with their family member.

Besides the modern structure, the availability of specialized professionals guarantees agility on the diagnoses and early treatment of cardiac and neurological diseases, that can be crucial for the success of the treatment.

Characteristics

Affiliated hospital member since 2013

Non profitable hospital

Foundation 2011

Built area 27.437 m²

Clinical staff organization Open

Hospital accreditation in process

Main indicators - 2013

Nr. of total operational beds 116

Nr. of intensive care beds 30

Nr. of registered doctors 422

Nr. of employees 502

Nr. of consultations in ER 50.326

Nr. of consultations in First Aid units 46.716

Nr. of Hospitalizations 7.561

Nr. of Surgeries (excluding births) 6.029

Nr. of Births Does not apply

Nr. of examinations SADT Does not apply



Av. Presidente Afonso Camargo, 1399 - Cristo Rei
Curitiba - PR - 80050-370
41 3087-7600 - www.hospitalmarcelino.com.br



Hospital Santa Izabel

The Hospital Santa Izabel (HSI) was inaugurated in the district of Nazaré on the 30th of July of 1893, after more than 80 years in construction, following a project created in 1874 by Conde Pereira Marinho.

Nowadays, with the impressive daily routine of more than 2 thousand patient attendances, the Santa Izabel is a general hospital of high complexity that offers assistance in 39 medical specialties and ambulatory attendance, hospitalization and ample support diagnostic and therapeutic services focused on guaranteeing better solutions and easier access to patients. The HSI has state-of-art technology with a linear accelerator, tomography with 128 channels, PET-Ct, and a Nuclear medicine structure with last generation gamma-cameras. It actuates especially in the cardiac (recognized as a high complexity center by the Health Ministry), oncology (UNACON certification by the Health Ministry), orthopedic, otolaryngology, neurology, and rheumatology areas.

It's certified since 2012 by the Education and Health Ministries as a Hospital de Ensino e Pesquisa.

Highlights 2013/2014

Inaugurated in April 2013, the Instituto Baiano de Câncer(IBC) concentrates in one place only, the oncology patients principal phases of specialized and interdisciplinary assistance, since the modern tridimensional imaging diagnostic techniques up to the entire treatment and rehabilitation. With 3.708 m2, it aggregates in a comfortable and functional space, clinical oncology consultation rooms and oncologic surgery, radiotherapy, chemotherapy specialized unit and procedure rooms, besides a parking place and an interconnection to the hospital Santa Izabel.

In 2014 it is working with a formal quality management methodology by the Organização Nacional de Acreditação (ONA), revising the internal flows with the objective of systematically improve the assistive processes and consequently guarantee the hospital accreditation certification.

Characteristics

Affiliated hospital member since 2013

Non profitable hospital

Foundation 1893

Built area 49.063 m²

Clinical staff organization Open

Hospital accreditation in process

Main indicators - 2013

Nr. of total operational beds 475

Nr. of intensive care beds 85

Nr. of registered doctors 727

Nr. of employees 3.661

Nr. of consultations in ER 123.627

Nr. of consultations in First Aid units 384.126

Nr. of Hospitalizations 22.332

Nr. of Surgeries (excluding births) 13.847

Nr. of Births Does not apply

Nr. of examinations SADT 1.389.810



Praça Conselheiro Almeida Couto, 500 - Nazaré
Salvador - BA - 40050-410
71 2203-8444 - www.hospitalsantaizabel.org.br



Hospital Santa Marta

The Hospital Santa Marta (HSM) was inaugurated on the 1st of July of 1986, with 18 maternal-child beds, situated in an area of 1.350 m2. In 2008, already as a general hospital with 100 beds, it decided to grow more.

So it began its physical expansion and conceived its first strategic planning, centered on the patients' quality and safety management and guided by the corporative governance that initially brought the professionalization of management.

In 2012, the dream became a reality: the new HSM presented to Brasilia had 20 thousand m2 of built area, 170 active beds, being 55 beds of intensive care (general, coronary and Neonatal), a new clinical center and a much differentiated ER.

In 2013, the institution achieved the accreditation level II granted by the Organização Nacional de Acreditação (ONA): result of the entrepreneurial vision of its partners and a team of champions that makes Excellency, their ideal and permanent search.

Highlights 2013/2014

2013 was a consolidating year for the Hospital Santa Marta. The pursuit for excellence in each process and in all the management granted the accreditation level II, by the Organização Nacional de Acreditação (ONA) and maintained the diamond certification in secure surgery and secure fixation, of 2012.

Achieved also the recommendation, after analysis, to pursuit the international certification, challenge for 2014. Besides this, the institution also began four medical residency programs.

Focused on the patients' safety and quality, the permanent valuation of the clinical staff and the high investment over the last five years triggered the societies response: a growth of the market share of 5% in 2010 to 11% in 2013, over 93% of patients recommendation with 8% of praises. It passed from the 11th place in 2008 to the 4th place in 2013 in the Distrito Federal hospital ranking.

Characteristics

Affiliated hospital member since 2014

Profitable hospital

Foundation 1985

Built area 21.000 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA II)

Main indicators - 2013

Nr. of total operational beds 178

Nr. of intensive care beds 65

Nr. of registered doctors 459

Nr. of employees 997

Nr. of consultations in ER 227.000

Nr. of consultations in First Aid units 293.000

Nr. of Hospitalizations 13.150

Nr. of Surgeries (excluding births) 7.599

Nr. of Births 1.626

Nr. of examinations SADT 93.278



QSE, Área Especial 1E17 - Taguatinga Sul
Brasília - DF - 72020-110
61 3451-3000 - www.hospitalsantamarta.com.br



Hospital São Francisco

Inaugurated in 1930, the Hospital São Francisco is one of the seven units of the hospital complex of the Santa Casa de Misericórdia de Porto Alegre. It's specialized in clinical and cardiac surgical care, general surgery, complex laparoscopic surgery and high complexity cardiac surgery.

It became a reference in interventional cardiology and coronary surgery field, being among the most experienced Brazilian hospitals in myocardial revascularization surgery without cardiopulmonary bypass.

The hospital is one of the most important centers in Brazil for high complexity pacemaker and defibrillators. It has a hybrid procedure center that combines surgery with the use of catheters.

The hospital São Francisco realizes tests as electrophysiological study and radiofrequency ablation, which can diagnose and treat arrhythmias and identify the necessity of implanting a pacemaker or a cardiac defibrillator. It's one of the few medical centers in Rio Grande do Sul that realizes angioplasty procedures 24 hours per day. It offers interventional cardiology and Hemodynamic services, and is the only hospital in Rio Grande do Sul to use the Radial Catheterization regularly. Other highlights of the São Francisco work are the realization of the most complex procedures, especially in high risk patients.

Highlights 2013/2014

In 2013 and in the first four months in 2014, the hospital São Francisco invested R\$ 3,7 million in its permanent technology actualization program and physical structures. In 2013, the big achievement of this program was the acquisition and inauguration of the hybrid room, state-of-art technology that permits realizing surgeries using catheters and scalpels, allowing joint and coordinated actions between surgeons, physicians, echo cardiographers, interventionists, anesthetists and support teams.

Since March 2012, the Hospital São Francisco acts in high complexity general surgery, mainly via video. To be able to perform like this, works with an intelligent room, state-of-art technology area, with high resolution image equipment's.

Characteristics

Affiliated hospital member since 2014

Non profitable hospital

Foundation 1930

Built area 8.687 m²

Clinical staff organization Closed

Hospital accreditation in process

Main indicators - 2013

Nr. of total operational beds 93

Nr. of intensive care beds 22

Nr. of registered doctors 263

Nr. of employees 511

Nr. of consultations in ER Does not apply

Nr. of consultations in First Aid units 22.087

Nr. of Hospitalizations 3.200

Nr. of Surgeries (excluding births) 2.657

Nr. of Births Does not apply

Nr. of examinations SADT 40.453



**HOSPITAL
SÃO FRANCISCO**

Rua Prof. Annes Dias, 295 - Centro
Porto Alegre - RS - 90020-090
51 3214-8500 - www.santacasa.org.br



Hospital Villa-Lobos

Inaugurated on the 26th of November of 2007, the Hospital Villa-Lobos gained the doctors, patients and health plans trust. With humanized attendance, advanced technology and modern installations granted in 2012 quality certification according to the guidelines of the Organização Nacional de Acreditação (ONA). Built in an area of 16 thousand m², on Lituânia Street, Mooca, São Paulo, it has 14 operating theaters, 160 hospitalization beds, 20 beds for intensive care and coronary units and 10 beds for semi-intensive care unit. For the clients' commodity, the hospital has a Diagnostics center with clinical analysis laboratories, image exams, cardiac exams, digestive and respiratory endoscopy. It has also Hemodynamics and interventional radiology, besides emergency unit, prepared to receive high complexity urgencies.

Highlights 2013/2014

The Hospital Villa-Lobos is one of the few medical services in São Paulo prepared to realize highly complex and minimally invasive cardiac, endovascular and neuro-radiologic surgeries, 24 hours per day. Due to the policy of always offering the best services to its clients, it achieved in 2012 the ONA Accreditation level II. In 2013 the first external audit was realized to maintain the certification tag. In the same year, a system that controls the medication traceability was developed, that aims to prevent patients of any medication risk. For this year, the projects aim the computerization of bed and climate research management systems.

Characteristics

Affiliated hospital member since 2014

Profitable hospital

Foundation 2007

Built area 16.000 m²

Clinical staff organization Open

Hospital accreditation Organização Nacional de Acreditação (ONA II)

Main indicators - 2013

Nr. of total operational beds 130

Nr. of intensive care beds 30

Nr. of registered doctors 1.068

Nr. of employees 678

Nr. of consultations in ER 110.000

Nr. of consultations in First Aid units 22.000

Nr. of Hospitalizations 10.000

Nr. of Surgeries (excluding births) 7.300


Nr. of Births Does not apply

Nr. of examinations SADT 59.400



Rua Lituania, 260 - Mooca
 São Paulo - SP - 03184-020
 11 2076-7000 - www.hospitalvillalobos.com.br





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