



São Paulo, 20 junho de 2012

Ban Ki-moon
Secretário Geral
Nações Unidas
New York, NY 10017
USA

Sr. Secretário-Geral,

Gostaria de confirmar que Hospital Albert Einstein apóia os Dez Princípios do Pacto Global, relacionados a Direitos Humanos, Direitos do Trabalho, Proteção do Meio Ambiente e Combate à Corrupção em todas as suas formas.

Com esta comunicação, expressamos nossa intenção de apoiar e difundir tais princípios dentro de nossa esfera de influência. Comprometemo-nos a fazer do Pacto Global e seus princípios parte da estratégia, cultura e operações diárias de nossa organização, empreender esforços para divulgar publicamente este compromisso junto aos nossos funcionários, parceiros, clientes, público em geral e o engajamento em projetos de colaboração que promovam o avanço, em particular, os Objetivos de Desenvolvimento do Milênio das Nações Unidas.

Reconhecemos que um requisito fundamental para a participação no Pacto Global é a apresentação de uma Comunicação de Progresso (COP), que descreva nossos esforços na implantação dos dez princípios. Apoiamos a prestação de contas e transparência das informações, e, por conseguinte, comprometer a apresentar um relatório sobre os progressos realizados no prazo de um ano após a adesão ao Pacto Global, e depois anualmente, de acordo com a política de COP do Pacto Global.

Atenciosamente,


Claudio Luiz Lottenberg

2011

Sustainability
Report

excellence
in taking care



ALBERT EINSTEIN

SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA
HOSPITAL • TEACHING AND RESEARCHING • SOCIAL RESPONSIBILITY

excellence in taking care

summary

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| 30 | excellence in taking care of patients |
| 58 | excellence in taking care of the employees and the Medical Staff |
| 72 | excellence in taking care of the community |
| 90 | excellence in teaching and researching |
| 100 | excellence in taking care of the environment |
| 116 | excellence in management |
| 130 | GRI index |
| 142 | credits |



about this report

Sociedade Beneficente Israelita Brasileira Albert Einstein has the commitment with the transparency and the accountability about its activities and performance. Since 2004, it publishes annually its economic, social and environmental data. In 2010, its Corporate Responsibility Report adopted the Global Reporting Initiative (GRI) method, international standard used in Sustainability reports. In 2011, the publication started to be called of Sustainability Report.

● GRI 3.3 GRI 3.10 GRI 3.2 GRI 2.9

The information showed takes the period of January 1st and December 31st, 2010 and bring the results of the Sociedade in the conduction of its institutions: *Hospital Israelita Albert Einstein*, *Diagnostics and Preventive Medicine*, *Instituto Israelita de Ensino e Pesquisa* and *Instituto Israelita de Responsabilidade Social*. ● GRI 3.1 GRI 3.6 GRI 3.7 GRI 3.8

To the Sustainability Report 2011, *Sociedade* developed a materiality process which involves 190 strategy public representatives and identified 22 important subjects linked to six great management aspects. The subjects here mentioned are results of an elective process which had the participation of the leadership and directors from *Sociedade* and its stakeholders whose perceptions were accepted and joined, forming a panel representing the challenges and opportunities of Sustainability to *Sociedade* and its area.

The distribution of the information shown on the publication and the relation with the materiality process are written on the Remising Index of this report, on page 130.

● GRI 3.12

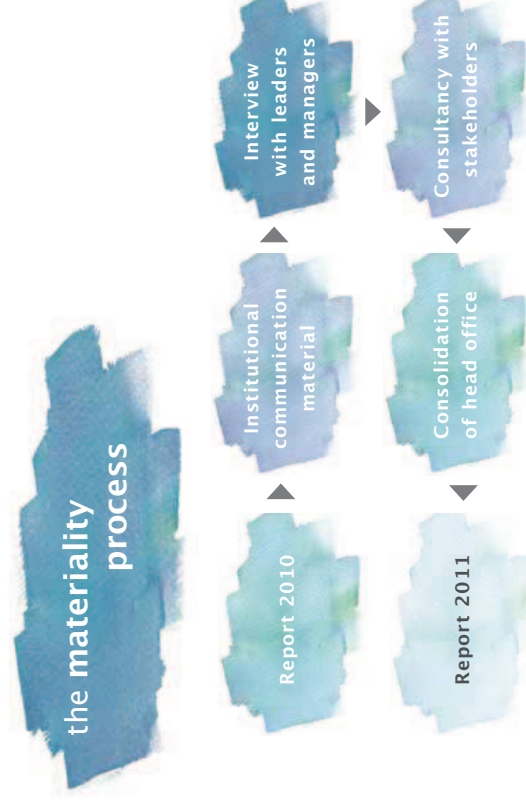
The Sustainability Report 2011 from *Sociedade Beneficente Israelita Brasileira Albert Einstein* attends on the level of application A+ GRI and had its contents verified by *Instituto de Ensino e Pesquisa (Insper)*. The verification report by third party was reduced on page 140 of this publication. The financial-economic indicators are based on the new Brazilian accounting standard. In the year, the *Sociedade* also started to measure the emission of two more greenhouse effect gases placed on the chapter Excellence in taking care of the environment. ● GRI 3.9 GRI 3.11 GRI 3.13 GRI 2.9

The publication of this report aims to connect the relationship of *Sociedade* with all its strategic publics. The document is showed during *Assembleia Geral da Sociedade* (Society General Meeting) to all the members of Deliberative, Consultative and Fiscal Councils, annually. The process of elaboration of this document had the commitment of a set of dozen employees, collaborators and third parties that work on the coordination

of process, providing of information, development of the contents and other stages of the production of the report.

Additional information and explanation about the contents of this report might be able to requested by the site www.einstein.br, page Contact Us, or by the email relatorio@einstein.br.

● GRI 3.4



For the first time, *Sociedade Beneficente Israelita Brasileira Albert Einstein* developed, for this report, a materiality process. The process last three months and involved five stages: the analysis and relevance of the subjects showed on the last year report, analysis of the information created by the organization during 2011 made available in communication material and institutional documents, the interviews with directors and managers, the consultancy with the stakeholders and the final consolidation which was submitted to validation of general superintendent.

stakeholders' engagement

The consultancy with the stakeholders is based on the collect of perceptions of 190 representatives of 15 strategic publics from the *Sociedade* and it was performed through five different ways: personal interviews, e-mail and phone, present meetings in groups and social networking from *Einstein* on the *internet* (*Facebook* and *Twitter*).

● GRI 4.14 GRI 4.15 GRI 4.16

The public questioned and its correspondent quantitative dimension is listed on the chart below:

| Public | Number of questioned representatives |
|---|--------------------------------------|
| Employees | 96 |
| Facebook/Twitter | 29 |
| Managers | 18 |
| Patients | 11 |
| Communitarian leaders and patients council | 8 |
| Volunteers | 7 |
| Doctors | 6 |
| Researchers | 4 |
| Third Party | 3 |
| Government | 2 |
| ONGs (NGOs - Non-governmental organization) | 2 |
| Councilmen | 1 |
| Suppliers | 1 |
| Journalists | 1 |
| Vice-presidents | 1 |
| Total of stakeholders | 190 |

final materiality

As the result of the materiality process, it was identified six great aspects that form the *Sociedade* management and the relevance of the subjects offered by the strategic public.

● GRI 3.5 GRI 4.17

The consolidation of the aspects, subjects as well as the number of turns that each one of them was suggested is listed on the chart below:

| Aspects | Subjects | Total |
|---|---|-------|
| Environment | Recycling | 43 |
| | Water consumption | 30 |
| | Material management | 20 |
| | Waste management | 16 |
| | Food waste | 15 |
| <i>Sociedade Beneficente Israelita Brasileira Albert Einstein</i> | Sustainable management | 24 |
| | Medical diagnosis | 24 |
| | <i>Hospital Israelita Albert Einstein</i> 40 years | 15 |
| | Certifications and acknowledgement | 12 |
| | Participation of Jewish community in Brazil | 9 |
| Community | Relationship with the community | 27 |
| | Quality in the community customer service | 12 |
| | Accountability of public financing | 9 |
| | Programs and social projects | 8 |
| Teaching and researching | Health courses (communities, employees and relatives) | 27 |
| | Knowledge and innovation | 24 |
| | Teaching and research | 9 |
| Care with the patients | Excellence in attendance | 27 |
| | Humanize | 8 |
| Employees | People management | 11 |
| | Continuing education | 9 |

message from the President

our best anniversary present • GRI 1.1

The designation Planetree was one of the most important facts to the *Sociedade Beneficente Israelita Brasileira Albert Einstein* in 2011. Indeed, it means that according to the evidences verified by the third party, *Hospital Israelita Albert Einstein* is an institution focused on the patient and attendance humanize. This third party is called by Planetree, a North American nonprofit organization (NPO) founded in 1978 that developed a program to change the health organization culture establishing them to the patient needs. *Einstein* is the unique hospital in Latin America that uses this designation. Apart of it, only 27 health institutions were acknowledged in the world in 33 years of the entity. • GRI 12.1

In the year that *Einstein* completed 40 years, it could not have a better anniversary present. This important achievement finishes a set of great transformations that joined to others make all the difference to patients and their family.

The designation Planetree deserves a highlight by another aspect. To example of what happened last years. The Sociedade had a great growth in its health assistance activities, with a strong expansion of attendance capability, and today it is one of the biggest health organizations from Latin America. So, our company grew but not wide spreading our care. We are capable in attendance to the individual needs of our patients.

What is the secret of *Einstein*? What are the fundamental reasons that allow the hospital gets the 40º anniversary in accelerated growth and celebrating the achievement of one more important certification happily and humbly?

Sociedade Beneficente Israelita Brasileira Albert Einstein is a virtuous institution, faithful to the values that led its foundation and to the purposes that guides its performance. Its goals are based on the search for the excellence and include the obligation of serving and sharing knowledge. We are an organization faithful to our history and it is a reason of pride to those who work in and also to those who keep a direct or indirectly relationship. • GRI 1.2

Sociedade is a NPO (nonprofit organization), but it always seeks good results as the manner to achieve the mission that was created to: to reattribute to the Brazilian people the reception, the tolerance and the opportunities that the Jewish community received from Brazil. Our ancestors migrated to this land in a difficult time, letting the hatred, the misery



and the lack of future that oppressed the Old World. Here, they were received by people who know the value of ethics, cultural and religious diversity.

That is why our founders rescued the values of the Jewish tradition which lead us to the practice of citizenship and solidarity, it mean, the acknowledge of the own rights and the people's rights. After all, one of the values that guide the life of the *Sociedade* from the Jewish culture is called *tzedaká* (social justice). This Institution, however, does not practice the social responsibility just because of choice: it is the reason of our existence, the reason why they worked years all along, the founders, the generations that came after them and all those people who joined us.

We believe on the research and education activities and we are making *Instituto Israelita de Ensino e Pesquisa* a top institution based on the big international centers of knowledge and medical practices. In the big hospital that we are putting up, the data related to the given treatment to our patients are collected and transformed in important information which is consolidated to be knowledge to be shared. The platforms that we use to produce and to share knowledge are getting stronger day by day with the increasing investments in infrastructure, people and technology.

We contribute in an increasing way to the improvement of public health quality, as support projects to SUS [Unified Health System] or in assistance activities in with the Government and with the City Hall from *São Paulo*. When doing them, we are not just contributing to the improvement of population's health, but we are also sharing the knowledge created by all of them that work here.

Finally, it is a pleasure and a privilege to preside an institution as *Sociedade Beneficente Israelita Brasileira Albert Einstein*, an institution to serve all Brazilians.

Claudio Luiz Lottenberg
President of *Sociedade Beneficente Israelita Brasileira Albert Einstein*.

the highlights of 2011

You can follow the most important
remarkable facts from *Sociedade Beneficente
Israelita Brasileira Albert Einstein*.



cheers to the 40s

Hospital Israelita Albert Einstein reached 40 years in 2011. The hospital is a spreading stage and it cannot stop getting new challenges, prepared to the next 4 decades. See page 26.



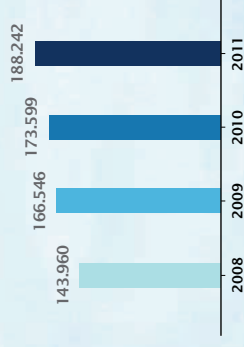
Yes, we are Planetree!

After 3 preparing years, including the training of almost all of the employees, *Hospital Israelita* received the Planetree designation in 2011. It is related to one of the most important rewards of this area based on safe evidences about the organizational culture to personalized cares and attendance of each patient's needs. *Einstein* is the first hospital in Latin America to be chosen. Know the details on page 32.

2-digit growth

Sociedade Beneficente Israelita Brasileira Albert Einstein had investments of R\$ 1,18 billion in the past five years and kept itself in a strong expansion in 2011, especially in health assistance activities. The built operation area grew 30% in two years while the operational cooperation has expanded 18%. *Einstein* showed that it is prepared to serve the raise of health services in the country. See more on page 52.

Number of patients per day



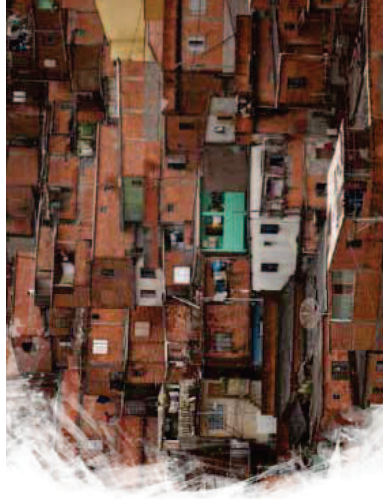
strong and coherent culture

Sociedade Beneficente Israelita Brasileira Albert Einstein has a strong and coherent organizational culture, extremely linked to its values and it works as an important piece of its intangible assets, it allows our strategies to be used effectiveness. These are the import conclusions of the study about organizational culture of institutions made by Carmem Migueles – consultant. Extra information on page 24.



quality social actions

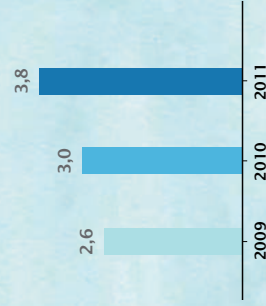
Sociedade Beneficente Israelita Brasileira Albert Einstein increased its social actions at the southern part from *São Paulo* with the inauguration of *Paraisópolis* Health Complex in 2011. Around 1.500 employees from *Sociedade* offers a quality public health to a population formed by almost one million of inhabitants provided by 82 Family Health Strategy team, 13 Basic Health Units, four Ambulatory Medical Assistance units, one Psychosocial Support Center and the Hospital Municipal Dr. Moysés Deutsch. Extra information on page 81.



the highlights of 2011

Number of examination made

In millions of units



New habits on Medicine

The life and health habits of Brazilian people are changing. To live more with better quality and welfare are the focus of its attention now. In this context the medical diagnosis and preventive take a very important function. *Einstein* follows this tendency. The exam quality raised 48% in the last two years. The medical diagnosis and preventive is responsible for 40% of the incomes from *Sociedade*. Extra information on page 54.

international level research

Last year *einstein* magazine was listed on SciELO (Scientific Eletronic Library Online) base, the most important access system of scientific and technical information from Latin America. Is was just the first step to the transformation project of *Instituto Israelita de Ensino e Pesquisa* in one of the best medical research center of the world. Know the details of more one challenge taken by *Einstein* on page 94.



the expansion of teaching activities

Instituto Israelita de Ensino e Pesquisa extended the number of courses, invested in publicizing and extended the number of students in technical and graduation courses in nursing, residence and medical education. The institution ended 2011 with 2.390 matriculated students and a great part of them practice or will practice professional activities at *Sociedade* part after graduated. The growth plan in the areas is on page 96.



strategic environmental management

The approval of Sustainability Master Plan, whose priority is linked to the environmental management, indicates that the subject reached strategic status in *Sociedade*. The introductory step schedule to 2012 calculates many investments, and most part of them among the solid waste. In 2011 the building and renovation of buildings were continued linked to sustainable criterions which offer an outstanding level of social environmental performance. See on page 103.



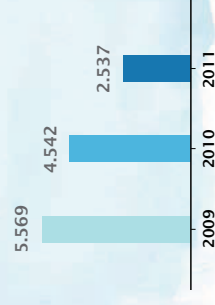
emissions decline more than 50%

The emission of greenhouse gases declined 54% in the last two years by *Sociedade Beneficente Israelita Brasileira Albert Einstein*. The main reason was the installation of an own electric energy under station at *Morumbi* Unit able to support 34,5 KV. Initiation was started in February 2011 and provided substantial reduction in the consumption of diesel oil to produce electric energy in emergency situations. See details on page 106.

● GRI EC2

Greenhouse gases

Direct emission derivative
of stationary combustion
(in tones of CO₂e)



the Sociedade

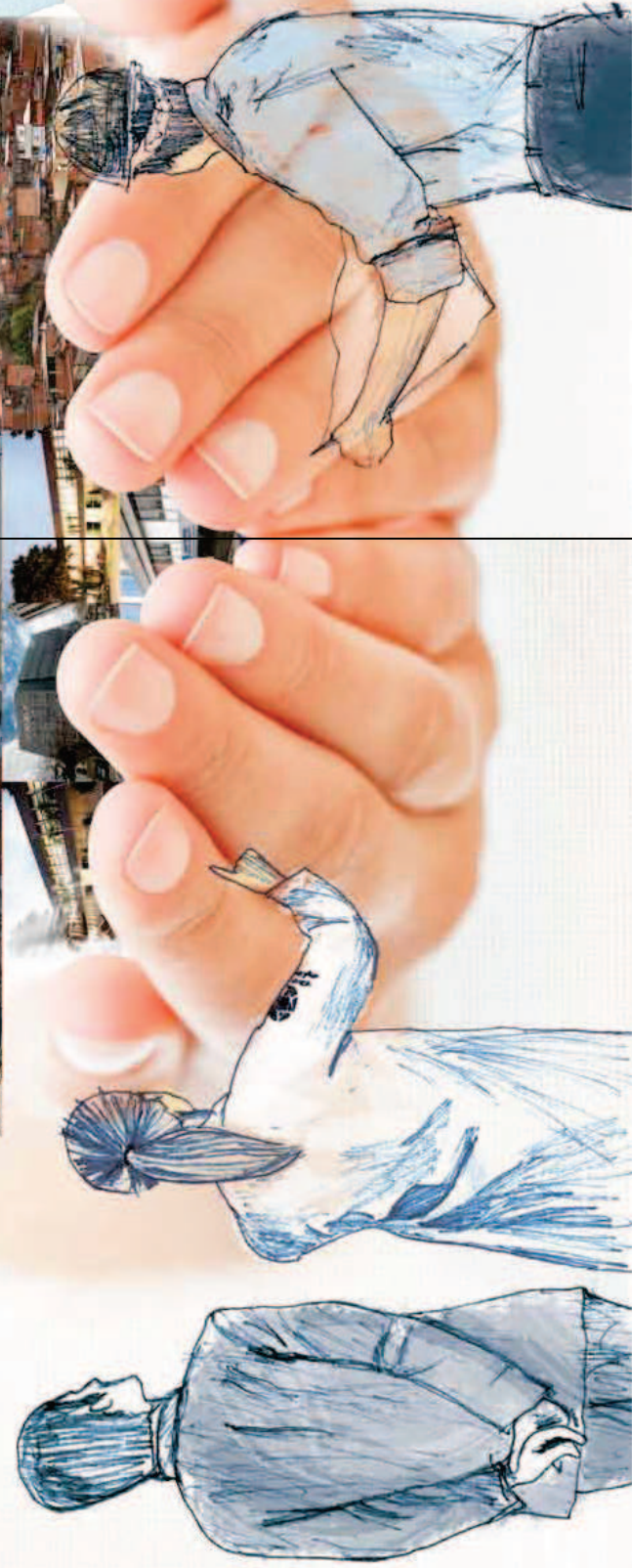


materiality in this chapter

sustainable
management

*Hospital Israelita
Albert Einstein 40 years*

participation
of Jewish
community in Brazil



the expression of a dream

Sociedade Beneficente Israelita Brasileira Albert Einstein is the expression of a dream. A dream kept calm through years, by hundreds of people joined by the Jewish community of *São Paulo* in the intention of giving the received reception from the Brazilian nation back. The dream was initiated on June 4th, 1955 when a nonprofit civil corporation was created, which the first intention was to build an excellence hospital. The project was performed 16 years later, in July 28th, 1971 when *Hospital Israelita Albert Einstein* was inaugurated.

The founders' saga – an example and inspiring history – it was remembered in 2011, during events of the celebration of the 40th anniversary of the hospital. The pioneers of *Sociedade* knew how to form the ways and the generations after them assumed the idea of perpetuating the institution, making it one of the most important health organizations from Latin America.

Today, *Sociedade* has four strategy focus – health assistance, teaching, researching and social responsibility. To viable its performance in these areas, created *Hospital Israelita Albert Einstein*, the *Instituto Israelita de Ensino e Pesquisa* and the *Instituto Israelita de Responsabilidade Social*. ● GRI 2.2

The Hospital completed 40 years in a growth stage. The *Morumbi* Unit became a complex formed by six buildings with 218.550 m² of building area and 614 hospital rooms. However, in the last years, the *Sociedade* is decentralizing its activities to get closer of its patients. The hospital services are concentrated at *Morumbi* where medical, ambulatory examination and other teaching and researching activities are realized.

Morumbi Unit



Entry hall of block A1
of Morumbi Unit

Four other Units – *Jardins*, *Ibirapuera*, *Perdizes-Higienópolis* and *Alphaville* – completed the offering of medical services, ambulatory and medical diagnosis among others. In a sixth unit, in the neighborhood *Vila Mariana* are located a residential to older people: an wing to long-stay inpatient; an ophthalmology center: the clinic to patients waiting for a transplant or already transplanted and the call center. ● GRI 2.4

The *Instituto Israelita de Ensino e Pesquisa* whose activities are also realized at *Morato Unit*, in *Butantã* neighborhood, develops medical researches and offers technical courses, graduation, nursing and post-graduation *lato sensu* in many other health areas beside it, the institution is responsible for the medical residence program and for the health training offered to the health professionals from the *Sociedade* ● GRI 2.3

The *Instituto Israelita de Responsabilidade Social* – link with the Unified Health System, that includes the Transplantation Program – takes the brand *Einstein* too far. The institution are responsible for the projects of institutional development support from SUS [Unified Health System] with the partnerships with the City Hall of *São Paulo* that benefits a one million inhabitant population on the south part of the city and to the projects of the Jewish community.

The social action of *Sociedade* is completed by the Department of Volunteers created in the 1950s by the initiative of doctors' and businessmen's wives that were around the *Sociedade*, the mission of raising money to the building of the hospital. Nowadays the volunteers participate in more than 50 projects at *Hospital Israelita Albert Einstein*, in the *Einstein Program* at *Paraisópolis* Community, at *Residencial Israelita Albert Einstein*, at *AMA Vila Prel*, in Transplantation Program and at *Hospital Municipal Dr. Moysés Deutsch*.

● GRI 2.5 | GRI 2.7



Sociedade is a nonprofit organization, so its directors are not paid and the operational result is all reinvested in its own *Sociedade*. The social chart was composed by 633 associated in December 31st, 2011. ● GRI 2.6

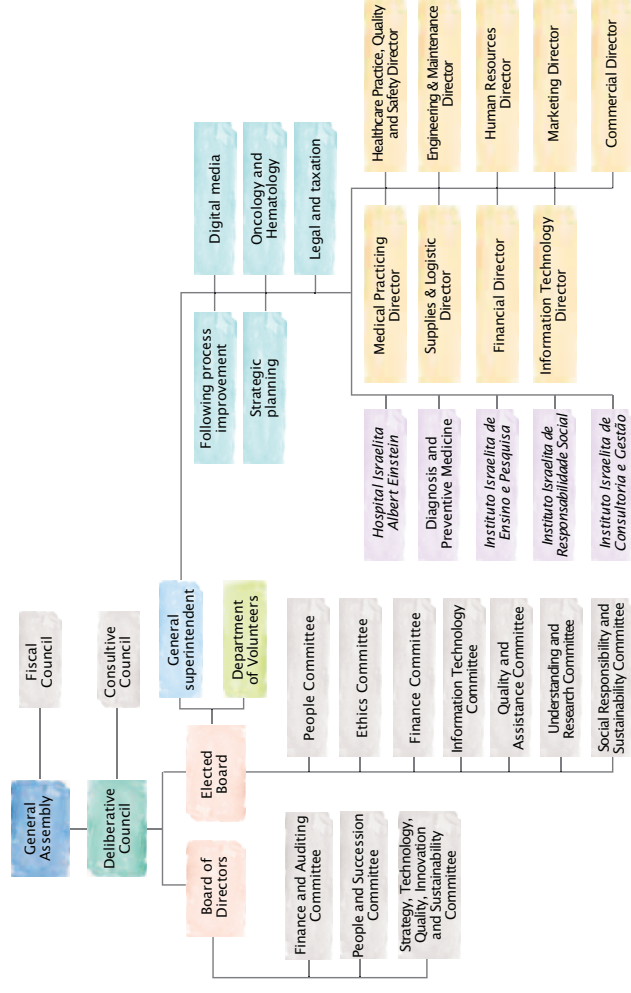
In the management system of *Sociedade* – based on the best practices of *Instituto Brasileiro de Governança Corporativa (IBGC)* – the associated get in a meeting to have in General Assemblies that are drafted, at least, once in a year to approve the results and evaluate the future plans. ● GRI 4.1

The General Assembly elected a Deliberated Council composed up to 180 members which the order is of six years. By two years the Council is partially renewed, in proportion of 1/3 of its members. The General Assembly also elects the Fiscal Council to monitor the administrative authority in relation to its billing to be regulated in the year. ● GRI 4.3

The Deliberative Council also elects two instances that actuate in the strategic administration of *Sociedade*: Board of Directors composed by a president and eight vice-presidents; the Elected Director also composed by a president and eight vice-presidents. The people in charge of these areas have a mandate of six years and also instances have a hierarchical position equivalent but the decision is taken by the Board of Directors.

Governance map

Sociedade Beneficente Israelita Brasileira Albert Einstein



The Deliberative Council also elect the Consultative Council, that is called to emit suggestions about strategic issues.

The members of the highest positions of the governance are doctors with a great activity in Sociedade and important professionals of different economic sectors of the country. The doctors attend to technical and scientific events in Brazil and abroad frequently about different aspects related to social activities. ● GRI 4.7

The president of Board of Directors, Dr. Reynaldo André Brandt is also the President of Deliberative Council and the President of Elected Board is the president of *Sociedade*, currently



Mrs. Ema Gordon Klabin delivering donation check for the purchase of *Hospital Israelita Albert Einstein* terrain. *São Paulo*, 7/25/1957.

Inaugural lecture of the School of Nursing issued by the Minister of Education, Doctor Jose Goldemberg. *São Paulo*, 3/5/1992.

function performed by Dr. Claudio Luiz Lottenberg. Among the attributions of Elected Board the management and implementation of institutional guidelines of Sociedade and the strategies approved by the Board of Directors. The work of the Elected Board has a volunteer and not paid function. ● GRI 4.2 ● GRI 4.5

By the end of 2010, the alteration on the statute of Sociedade extended formally the attributions and responsibilities of Board of Directors invigorated and got a new position to a better balance to the governance system. The goal of this changing was ensure to the people, at first existed an adequate balance and a reciprocal control between them.

Both the Elected Board and the Board of Directors worked supported by committees, composed by members of Sociedade: The Board of Directors has three committees: Finance and Auditing; People and Succession; and Strategy, Technology, Quality, Innovation and Sustainability. And the Elected Board has seven: People; Ethics; Finance; Information Technology; Quality and Assistance; Understanding and Research; and Social Responsibility and Sustainability.

The Elected Board orientate, in a strategic way, the works of general superintendent composed by the general superintendent, Mr. Henrique Sutton de Sousa Neves, and 14 directors that are professionals from the marketplace. The payment of these businessmen is according to the market and a varied bonus is articulated if aims established on the strategic planning from the organization and that include the social and environmental performance are reached.

The employees can recommend straight to the Elected Board through the program Talk to the President.

● GRI 4.4 ● GRI 4.5 ● GRI 4.9 ● GRI 4.10

elected board



From the left to the right: Sidney Klajner, Nelson Wolosker (behind), Eduardo Zlotnik (seating), Flavio Tarasoutchi (behind), Claudio Schwartsman (behind), Claudio Luiz Lottenberg, Alexandre Fix, Dominique José Einhorn (behind) and Henri Philippe Reichstul (seating)

board of directors



From the left to the right: Jacyr Pasternak, Luiz Gastão Mange Rosenfeld, Claudio Thomaz Lobo Sonder, Elias Knobel, Reynaldo André Brandt, Claudio Luiz da Silva Haddad, Andrea Sandro Calabi, Nelson Hamerschlag and Mario Arthur Adler.



● GRI 4.8

mission

Offering quality excellence in the health scope, of understanding and social responsibility generation to make clear the contribution from the Jewish community to Brazilian society.

vision

Being a leader innovator in the medical-hospital assistance, reference in understanding management and recognized by the commitment with the social responsibility.

values = Jewish percept

+ corporative values

Mitzvá (good actions), *refuá* (health), *chinuch* (education) and *tzedaká* (social justice).

Sociedade aggregated in its pathway the following organizational values: honesty, truth, integrity, diligence, justice, altruism, autonomy, professionalism and team work.

“The case *Einstein* is an enormous contribution to the Brazilian and Latin America organizational thought, a case that, if shared, can inspire many other organizations to follow the same way.”
Carmen Migueles, in 2011 realized studies about organizational culture of *Sociedade*.

organizational culture

Sociedade Beneficente Israelita Brasileira Albert Einstein has strong organizational culture, extremely aligned to its values, that works like an important point of its intangible assets. It was the mainly conclusion of the study realized through June and August of 2011 by Carmen Migueles, professor of Fundação Dom Cabral, expert in sociology of organizations.

The goal of the research was to understand the culture of *Sociedade* and identify its relation to the other intangible assets as brand, confidence, innovation, quality and capability of administrating understanding. According to the study, the core of organizational culture *Sociedade* is in its capability of forming flexible people, stimulating the active presence orientated to the patient and able to promote the continuous improvement aligned to values of the organization.

The study shows other features of organizational culture:

- Promptness to changes, understood as constant and inevitable;
- Capability to face difficult situations, seeking for alternatives to orientate according to the mission;
- Capability to face risks and to believe that the action orientated by values will produce the wanted sustainable results;
- Capability to influence people and to solve conflicts by using the values as a common point; and
- The search of the balance between the acknowledgement of individual excellence and the needed humbleness to the attitude of serving.

According to the study, the employees of *Sociedade* share a feeling of confidence and reliability, resultant aspect of historic actions of leadership aligned to values of Jewish community and the organization. “The confidence is caused by the clear adherence of leadership to values that orientates the decision process in the organization; and the reality, the existence of safe mechanism of intervention and correction in all the levels”, says Carmen Migueles.

The consultant is said to be astonished by a unanimity verified among employees of all levels: between quality (in the treatment to the patient) and any other choice (including those with a financial impact), the first one is chosen. The fact of the values is so influential on the gains of short term is on the base of pride of belonging to the institution, qualifying the link between people and the organization.

The study also shows other structure elements of organizational culture and form the essential competence of *Sociedade*:

- Lack of fatalism, remarkable on the Brazilian and Latin culture;
- Unquestionable presence of a movement of continuous search for the best solution, best treatment; and
- Shorter distance of power and personalism than the Brazilian culture in general.

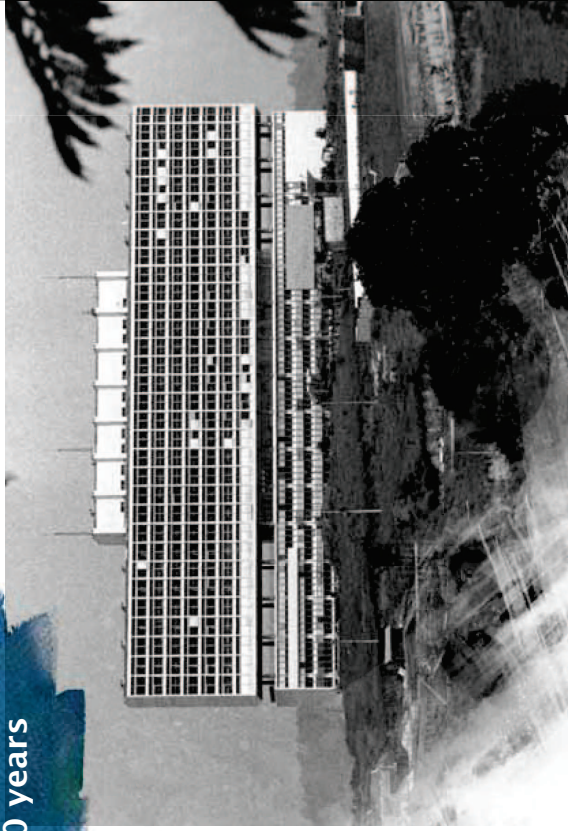
According to the author, distance of power is an indicator used to compare cultures that measure how a society tolerates the authoritarianism and accepts the inequality. By this indicator, the Brazilian culture is strongly authoritarian and with a large acceptance of inequality. “The personalism that is the capability of benefiting in an unequal manner of the system resources because of the personal relationship quality with those who have the power is much shorter at *Einstein* than in the other organizations that we already know here in Brazil”, claims.

What surprises at *Einstein*, claims the study, is the capability of the organization to break the vicious circle which provides suspicion, non-motivation and opportunist behavior. This is replaced by a virtuous circle where the confidence, predisposition to cooperate, great context to innovation and understanding management. Consequently the delivery of value to the final user has grown, it can create a reputation and brand value, raising the return and sustainability.

The conclusion if this work is that *Einstein* has a strong and coherent culture which allows that the strategy, the mission and the vision be put in practicing by the continuous improvement. To the author, this implementation is made easier by many factors, among them the succession of leaders committed to the patient service excellence is emphasized; reduction of power difference is common in Brazilian culture; nursing development able to interface with doctors and argue based on evidences; development of work processes and decision process that allow the alignment from the practices to the speeches, and a governance example that seems to be able of selecting the leadership and avoid the formation of power feudality and the copy of organizational structures to personal usage as a feature of many organizations in Brazil.

Einstein 40 years

Morumbi Unit -
40 years ago



Morumbi Unit
Complex of six buildings with 218,550 m² of built area. It keeps the biggest part of the facilities of *Hospital Israelita Albert Einstein* and also part of the activities of *Instituto Israelita de Ensino e Pesquisa*, *Instituto Israelita de Responsabilidade Social* and the Department of Volunteers.



Alphaville

Will change its address in October 2012 and it will have a built area of six million m². Apart the medical diagnosis, the Unit will have the emergency room and doctors' office.

Ibirapuera

Offers medical diagnosis services and emergency room. The constructions to extend its attendance capability in 40% will be delivered in April 2012.

Jardins

Is created to health check-ups. In 2011 it also received investments in extension, infrastructure, personalization and reduction of attendance time.



Morato

Has the teaching division of *Instituto Israelita de Ensino e Pesquisa* which facilities, from *Butantã* neighborhood will be extended.

Perdizes-Higienópolis

Offers medical diagnosis services, adult and children emergency room, surgical low complexity treatment, clinic attendance in oncology and day clinic.

Vila Mariana

Keeps the *Residencial Israelita Albert Einstein*, a unit to long-stay patients, an ophthalmology center and a Unit to the patients of transplants.

The celebration of the 40 years of *Hospital Israelita Albert Einstein*, in July 2011, was a reflection opportunity about the origin and trajectory of the institution. Despite of being in a permanent transformation process – according to its leaders *Einstein* never stops – the hospital has an unchangeable thing: the values that form its personality essence. From this feature comes the strong and disseminated link between *Einstein* form today and its founders' humanist ideas. This link is represented on the power of the organizational culture from *Einstein* and it makes this institution different, acknowledge and reputable.

partnerships with
the SUS (Unified
Health System)



Hospital Municipal Dr. Moysés Deutsch

Sociedade is responsible by the management of this reference institution to the district of Campo Limpo that also received contributions from the Department of Volunteers.

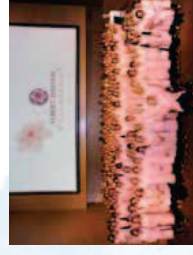
communitarian
programs



Paraisópolis Health Complex

Three hundred employees from the *Sociedade* operate an UBS with seven Family Health Strategy teams, a round-the-clock AMA and a Psychosocial Attention Center.

social action



Department of Volunteers

The Department of Volunteers of *Sociedade* actuates in more than 50 projects in the hospital in *Paraisópolis*, in the *Residencial* and at the hospital Dr. Moysés Deutsch.

Einstein in the world

EUA

- 1 Houston – MD Anderson Cancer Center
- 2 Cleveland – Cleveland Clinic
- 3 Detroit – Albert Kahn Associates
- 4 Orlando – Global Robotics Institute (Florida Hospital)
- 5 Nova York – Hospital for Special Surgery
- 6 Boston – Massachusetts College of Pharmacy and Health Sciences

Einstein in Brazil

- 1 Ananindeua – Instituto Evandro Chagas/Centro Nacional de Primatas
- 2 Fortaleza – Prefeitura do Município de Fortaleza (CE)
- 3 Brasília – Conselho Nacional de Pesquisa (CNPq)
- 4 Rio de Janeiro – Hospital Naval Marcílio Dias
- 5 Barretos – Hospital do Câncer
- 6 Ribeirão Preto – Universidade de São Paulo (USP)
- 7 Campinas – Universidade Estadual de Campinas (Unicamp)
- 8 São Paulo
 - Fundação de Amparo à Pesquisa do Estado de São Paulo (Fapesp)
 - Hospital Brigadeiro
 - Hospital A.C. Camargo
 - Hospital São Lucas
 - Instituto Butantan
 - Universidade Bandeirante
 - Hospital Santa Marcelina
 - Universidade de São Paulo (USP)
 - Universidade Federal de São Paulo (Unifesp)

Israel

Jerusalém – Weizmann Institute of Sciences
Tel-Aviv – Universidade de Tel-Aviv
Negev – Chaim Sheba Medical Center

Einstein in São Paulo City

communitarian programs

- 1 Einstein Program at Paraisópolis Community
- 2 Residencial Israelita Albert Einstein
- 3 Einstein Program at the Jewish Community
 - Naar Yisrael Nursery
 - Colégio J. L. Peretz
 - Oficina Abrigada de Trabalho (OAT)
 - Colégio Bialik
 - Colégio Iavne
 - União Brasileiro-Israelita do Bem-Estar Social (Unibes)
 - Lar das Crianças da Confederação Israelita Paulista (CIP)

units of the Sociedade

- 1 Alphaville
- 2 Ibirapuera
- 3 Jardins
- 4 Morato
- 5 Morumbi
- 6 Perdizes-Higienópolis
- 7 Vila Mariana

partnerships with the SUS (Unified Health System)

- 1 Hospital management
Hospital Municipal Dr. Moysés Deutsch
 - 2 Unidade Básica de Saúde (UBS) [Health Basic Unit]:
 - Auto do Unuarama
 - Campo Limpo
 - Campo Limpo II "Dr. Francisco Scalamandrê Sobrinho" – Arrastão
 - Jardim das Palmas
 - Jardim Helga
 - Jardim Mistustani
 - Jardim Olinda
 - Paraisópolis I
 - Paraisópolis II
 - Parque Arariba
 - Parque Regina
 - Vila Prel
- Assistência Médica Ambulatorial (AMA)
[Ambulatory Medical Care]
- Campo Limpo
 - Paraisópolis
 - Pirajussara
 - Vila Prel
- Centro de Assistência Psicossocial (CAPS)
[Psychosocial Attention Center]
- Paraisópolis

excellence in taking care of patients



materiality in this chapter

excellence
in attendance

humanization

certifications
and acknowledgment

sustainable
management

diagnosis
medicine



beyond the humanizing

In 2011, *Hospital Israelita Albert Einstein* achieved the Planetree designation which recognizes the institutions with centralized services to the patients in healthful and cure propitious place. This designation takes the concept of hospital humanizing to a new position, expanding it to all the dimensions of an organization health relationship orientated to the patient. The organizational transformation requested by Planetree protects the dissemination to all customers that is more than a simple cure vision and the medical attendance; it is connected to an organizational sustainability vision.



Planetree implemented
committee

To ensure excellence standards in attendance humanizing, *Hospital Israelita Albert Einstein* planned efforts in many stages which all the areas of the institution are undertaken in a gradual training and capability process that started in October 2008.



Nonprofits institutions with the headquarter in United States, Planetree keeps the Designation Program that recognizes the practicing of a centralized attendance standard on the patient based on safe evidences and performance evaluation. After three years of work and involvement of almost all employees beside the patients and relatives. In December 2011 *Einstein* was recognized as the first hospital from Latin America with the Planetree designation, as example of 27 health organization in the world.

The Planetree Subcommittees

Subjects worked though the designation achievement

- Architecture
- Art, music and entertainment
- Nutritional aspects
- Communities
- Patient, family and employees' education
- Spirituality
- Human interactions (communication, care to who takes care, recognizing and reward)
- Support to family and companion
- Complementary therapy and human touch
- Medic subcommittee

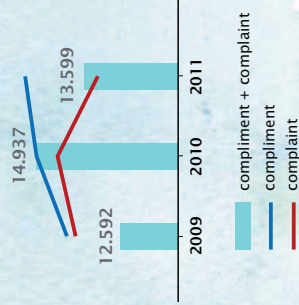
The implementation process includes training, evaluations, trips, audits, interviews and a long activity list. The most important one was the creation ten thematic subcommittees (chart above) which members assumed the mission of dissemination at the hospital the practices that form the Planetree humanizing philosophy.

The Consultant Patient Council was also created and formed by patients with different characteristics that get together each two months to talk about experiences at the hospital. In this conversations, as the unsatisfied patients as those patients who attended to successful situation have the same space of manifestation. In all the meetings the institution acts in a sincerity and transparent way, recognizing failures, informing how the problems were solved and what was learned in each one of this situations. One of the most important challenges was the capability of the employees. The training time last for eight hours in a dynamic immersion giving opportunity to each participant lives like under the patient's skin and had the possibility of trying a humanizing care relationship. It was experience deeply that allow the participants a better understanding of the contents passed.

The patient's voice

Quality evolution of compliments and complaints

GRI PR5



This capability was developed in two stages. In 2010, 50% and in 2011, more 42% of the employees received a training about care philosophy focused on the attendance to the patients' needs.

Before attributing to the designation, the representatives of Planetree had verification meetings and conversations to each one of the interested publics (doctors, patients, relatives, nurses and more employees) to confirm if the information on the reports previously sent by *Sociedade* was correct and if the representatives of each public were aware about the implemented actions. The verification certified that 100% of conformity with the recommendations of humanizing good practices.

Many of the developed actions during the implementation of Planetree had important impacts in the day of the Hospital. It was created a space to companions with ludic and cultural attractions, besides hiding of storyteller, magicians and troubadours responsible for musical moments in many areas of the Hospital. Furthermore, it was eliminated the visiting hour in the ICU and established the possibility of patients receive the visit of their pets (on condition that the doctor's permission) and the companion's presence during all the period of internment, and other.

In the nutrition and architecture areas there were changes during 2011 to serve the recommendations of Planetree. The first change valorized the patients' needs related to the personalized alimentation, out of the standard. In the architecture, this culture was showed, for example, in the choice of new colors to many places of the Hospital.

Other actions were taken to give more transparency in the relationship with the patients were used, as the stimulation to access their own doctor chart, the clarity of the information about rights and obligations on Patient Orientation Guide the establishment of disclosure process that allow to treat the adverse events in a transparency manner, informing the failure reasons, the actions taken to the correction and to the non-repetition of the occurrences.

GRI PR3

Mummer



Humanizing histories

Two situations that happened in 2011 reveal the practical effects of Planetree philosophy

A so feeble, old patient was in the Semi-Intensive Stroke Unit from *Morumbi* Unit and would be removed to the new long-stay wing *Vila Mariana* Unit. In the transport he asked to be taken to his house to a fast visit. Apart the complexity of the transference, which asks to a great quantity of equipment to ensure the patient's security, the request was served. It was helped by a team composed by doctor, nurse, physiotherapist and a technical nursing, the patient had his requested served. The nurse who was in charge said that the patient expressed an emotion, peace and serenity visage when he arrived in his house. Without the Planetree philosophy this history would not happen, probably.

A child submitted to an osseous medulla transplant was regaining health of the intervention following a routine of strict cares which form the postoperative of these cases. The internment is kept until the sureness of the patient's instability. One day the child was visited by a magician who attended to shows at the Hospital. Half hour after the magician let the hospital room, the doctor who was visiting the patient said that the transplant was successful. Immediately, the boy told his mother, naturally: "See, it was the magician!" The video of this slice of life (photo on the right) gave to *Einstein* an international acknowledgment during the 2011 Planetree Annual Conference, in Nashville, Tennessee (USA): the Video Contest and Caring Giver.



Magician

taking care of who takes care



Storytellers

As its employees say: *Einstein* never stops. Even before of the achievement of Planetree designation, *Einstein* assumed another rigorous quality challenge, the certification Magnet Recognition, a program of American Nurses Credentialing Center, from United States, that look after promoting the nursing practices excellence.

The Hospital invests in the improvement of its nursing teams because it is understood that these professionals are vital to the quality and efficiency attention the patients. The certification Magnet Recognition will contribute to the professional and capability valorization of the nursing team.

Einstein was the first Brazilian hospital officially registered on this program. From this formalization, the process of production and mailing of written, documented, photographed reports, joining datas about the nursing practices and its professionals were started. The analysis of these documents will be concluded in October 2013, when the Hospital will have known if it is eligible to recognizing visit.

In the United States, by the end of 2011 there were 19 thousand hospitals credited to The Joint Commission¹ and only around 400 Magnet hospitals. Consagrated model of certification, the Magnet appears in 1980th decade, when the North American hospitals faced a big nurse evasion. Its dissemination in the 1990s represented afford to the retaining and valorization of these professionals.

Humanizing means to deal with patients in a personalized manner and to it happen it is fundamental the participation and the involvement of the caretaker team. And in this contest that the Planetree and the Magnet are joined, complemented and they are strategies that in the next years should permeate all the Institution.

¹The Joint Commission is a North American organization that works with accreditation of health establishments. By the Joint Commission International, it is present in more than 80 countries, offering services focused on the improvement of patients' security and care. *Einstein* was the first out of United States to be accredited.

strategic specialities

Other important initiative in 2011 was to continue the development of *Einstein* Integrated Program of Strategic Specialities which involves the Cardiology, Surgery, Hematology, Neurology, Oncology, Orthopedics and Rheumatology and Transplants areas. Each speciality join doctors and multidisciplinary professionals that perform of an articulated form seeking the improvement of therapeutic options through the ones that permit to ensure efficiency, quality, besides the single attention that respects the characteristics and needs of each patient.

The *Einstein* Integrated Program of Strategic Specialities works with annual goals of efficiency, security and finance; of teaching, researching, production of knowledge and dissemination; and the actions aligned to social responsibility initiatives.



Surgery with da Vinci® Surgical System

Highlight in 2011, by speciality:

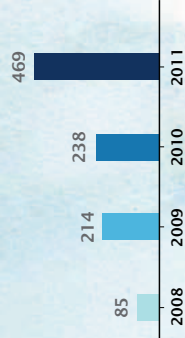
- **Surgery** *Einstein* kept the leadership in Latin America of the usage of da Vinci® Surgical System to little invasive surgery interventions, emphasizing one coronary artery bypass grafting, well performed in November 2011. Beside it, a Center of Robotic Surgery Excellence was developed to act in applications on prostatectomy and nephrectomy.

The robotic surgery is keeping space as the treatment option to guarantee better movement results, to reduce the sizes of the incisions and the bleeding during the interventions, to reduce the time of internment and to contribute to a secure and faster recuperation. The da Vinci® is used to the following specialities: general surgery and digestive tract surgery, urology, gynecology, head and neck surgery, thoracic and cardiac surgery.

In 2011 were realized 469 surgeries procedures by using the robot, an amount of 97% greater than 238 procedures registered in 2010, emphasizing the cardiac surgeries.

Robotic surgeries at *Einstein*

Evolution of the procedure numbers for year



- **Transplants** The Transplantation Program of *Sociedade* is among the biggest successful programs of the world. The index of transplanted patients' survival is compared to the best hospitals of United States and Europe. Between 2002 and 2011, *Sociedade* realized 2.208 organ transplants, among them livers, kidney, pancreas–kidney, heart and lungs. From this total, 94% benefited patients from *SUS* [Unified Health System] (see extra info about transplants on page 87).

In 2011, the Transplantation Program continued with the multicenter dosage bisulphate protocol to patients submitted to allogeneic osseous medulla transplants and to the usage of bisulphate + fludarabine to patients submitted to osseous medulla transplant to acute myeloid leukemia and myelodysplastic.

The emphasizing was realized by an osseous medulla transplant in an old patient, this procedure resulted in a publication of an article signed by *Einstein* and North American hospital MD Anderson Cancer Center on the magazine *Biology of Blood And Marrow Transplantation*. In partnership with MD Anderson Cancer Center was initiated the usage of protocol associating clofarabine in the conditioning regimen to diminish the relapse risk.

It was also emphasized the realization of the haploidentical donor transplant (partially compatible) in patient with severe aplastic anemia, with a protocol using cyclophosphamide after the osseous medulla transplant, a high complexity intervention not often realized in the world. In collaboration with *USP Ribeirão Preto*, the emphasizing was the usage of mesenchymal stem cells to the treatment of graft–versus–host disease and hemorrhagic cystitis.

In the contest of Osseous Medulla Transplantation Program in hereditary diseases, *Einstein* realized two important interventions in 2011: the first osseous medulla transplant in Latin America in congenital erythropoietic porphyria, and the transplant of two pediatric twin monozygotic patients with familial hemophagocytic lymphohistiocytosis (congenital disease), using the same unit of umbilical cord shared to each one of the patients – a procedure with no registration in the world–wide literature.

- **Cardiology and Neurology** The preparation with the level of cerebral vascular accident – first reason of death in Brazil was what motivated the *Einstein* Cardiology and Neurology Programs to promote the volunteer involvement of 80 employees and students from *Einstein*, in October 2011, in the Brazilian events of World Stroke Day. Promoted by the World Stroke Organization (WSO), with headquarter in Switzerland, the events promoted by *Einstein* in *São Paulo* were realized at *Estação Sé do Metrô* [Sé Subway Station] and *Parque Ibirapuera* [Ibirapuera Park]. The volunteers from *Einstein* served around one thousand people, realized many medications (weigh, height, body mass index, blood pressure, abdominal circumference) and capillary blood glycemia. The action at Parque Ibirapuera was realized with the support of hospitals Santa Paula, Paulistano and of the City Hall of *São Paulo*. This campaign, joined to other actions developed in other states worth the golden medal to Brazil from World Stroke Organization.

In 2011, in the Cardiology area, the *Einstein* Cardiology Program promoted the participation of the Hospital in the national campaign “*Coração na batida certa*” [Heart in the right beat], that views the development of educational actions about cardiac dysrhythmia to health professionals and the society in general. The program keeps Excellence Centers in Heart Failure and Cardiac Dysrhythmia that works in an integrated way with the purpose of give the patient a fast secure and humanizing multiprofessional attendance.



Volunteers from *Einstein* in the CAV Day

- Oncology and Hematology** One of the most advanced radiotherapeutic techniques, the Volumetric Modulated Arc Therapy (Rapid Arc), introduced as the option of treatment at *Einstein* in 2010, it was one of the highlights of 2011 with 142 treated patients, number 48% greater compared to 2010.

For the second consecutive year the Hematology and Oncology *Einstein* Program attends to a training offered by the American Porphyria Foundation. In April 2011 one of the doctors form the program attended to an International Congress in Galveston, Texas (USA) and in October 2011 attended to an one week training in that city. After returning to Brazil this doctor became a reference doctor at *Associação Brasileira de Porfíria (Abrapo)*.

- Orthopedics and Rheumatology** *Einstein* keeps the international with Hospital for Special Surgery, from New York (USA), it is considerate the best from United States, viewing to improve the search for high resolution treatments to the Rheumatology and Orthopedics Program. This relationship must be intensified in 2012 when six orthopedics professionals from *Einstein* will attend to a technical visit to this medical center.

In the production and dissemination knowledge area, the Program kept going with the regenerative medicine in orthopedics research with differences of stem cells to cartilage cells, and developed studies about cell therapy to cartilage disorders, besides monitoring post-operative patients of total knee and hip arthroplasty, a procedure that reached zero rate of hip post-arthroplasty infections in 2011.

In the assistance segment, the Spine Center of Excellence establishes and conducts on ethics and in the medicine in evidence foundations. The routine of the program is focused on the relationship of the professional and the patient emphasizing the personalized

and integral attendance to each person. The patients included on the Spine Center of Excellence are treated by a multiprofessional group of Medical Staff from *Einstein*, despite of it they are re-evaluated by a specialized team of *Locomotor Program*, constantly (read more about this subject in this page).



excellence centers

The Excellence Centers Project – one of the expressions of the *Einstein* Integrated Program of Strategic Specialties – is a kind of integrated performance which the specialist team discuss a specific case and suggests a treatment that is adequate to the patient's needs and raise the patient's life quality. It is a prototype performed by high complexity procedures which require expertise and high technology in subjects that need approaching.

In these cases, the amount of interventions of an Excellence Center can contribute to improve the quality of clinic result and also to allow that the services are offered in cheaper prices. To *Einstein* this practice collaborates to a refinement of professionals' quality and to improve the procedures, benefiting the clinic result in its efficacy, welfare and economic aspects.

In 2011 together with the Excellence Center Projects, *Einstein* developed a special service which seeks for helping to explain doubts referred to a better indication to spine problems as choosing the surgery or another kind of treatment. In this service modality, a team with an orthopedist and a physiatrist gets a case to be analyzed and from a careful evaluation the team gives the opinion based on criterions accepted by academic and scientific standards. The final decision is always by the patient.

With this new approaching, only 30% of the patients with surgical indication attended to this project had their problems solved with the surgery in 2011.

The first evaluations showed that all involved people get benefits: the patients can recuperate the health without having a surgery that, in some cases, can put at risk the patient's mobility; the insurance agents start offering an *Einstein* quality attendance



Surgery room at *Perdizes-Higiendópolis* Unit

dehospitalization and home care

Optimizing the attendance and diminish the permanence in the hospital by using the appropriated resources and the same efficacy without putting at risk the patient's security. This is the dehospitalization, trend achieving to the therapeutic indication due to the efficacy gains of medicines and the increasing usage of low evasive procedures.

Aligned to this trend, *Einstein* created the Dehospitalization Program based on the possibility of precocious hospital discharge or the continuation of home care.

Studies indicate that almost all the medical specialities can make part of the Dehospitalization Program which has specialized doctors and nurses in attendance, including since premature baby cases to old patients.

To help the Dehospitalization Program, *Einstein* can count on its Home Care Service, created in 1998 and used from 2005 intensely. The goal of this service is to provide a good structure of attention and clinic support to the cases that the dehospitalization is recommended by the doctor and wanted by the patient. When the reduction of the internment occurred, the risk of occur interruptions caused by a long-stay in the hospital is kept away at the same time the patient is taken to the familiar environment what contributes to diminish the health improvement.

The initiatives of Home Care Service linked to the dehospitalization started to be developed in 2011 of October and November at the Maternity and Orthopedics sector and they were extended to abdominal, hernia, cholecystectomy and appendicitis surgeries with excellent acceptance of the clinic team and the patients.

Dehospitalization with Home Care

Number of cases that the *Einstein* Home Care was used as a support to the Dehospitalization Program in 2011.

| | |
|---------------------|----|
| Abdominal surgeries | 93 |
| Maternity | 89 |
| Cholecystectomy | 40 |
| Hemorrhoidectomy | 20 |
| Hernia | 19 |
| Appendicitis | 12 |
| Other cases | 4 |

In the case of internment to childbirth for example, the permanence at the hospital is two days instead of three or four days. So that, the assistance cares starts to happen in the patient's house with all the support of *Einstein* team. The practice is secure and beneficent to the mother and baby who return to their house and familiar environment and to *Einstein* which anticipated the liberation of the hospital room to the attendance of other pregnant.

to a greater number of customers; the Hospital can offer its excellence in service to a greater part of population.

The activities that compose the Excellence Centers are spine treatment, robotic surgery (prostatectomy and nephrectomy), bariatric surgery, center of memory and behavioral disorder, neuro-oncology, demyelinating disease, bypass and implantable devices, arrhythmia center, integrated clinics of breast and prostate cancer, lung cancer, hepatic transplant, sports cardiology, advanced Parkinson, knee and hip arthroscopy and prostate cancer treatment.



Excellence in attendance to foreign people

In its pathway, *Einstein* sought inspiration in the most prestigious health institutions of the world and composed a history recognized by the assistance quality standards that have to its patients and becoming a reference institution in Brazil and abroad. This patrimony is also used by patients from other nationalities who live in Brazil due to work reasons or people who elected *Einstein* due to its excellence in health cares. To serve the international patients, the Institution has a specialized service, The International Support Center to Foreign People, with bilingual employees to give a support during the internment period, also takes care of appointment and examination schedules, to help with the contacts with the international insurance agents and, if necessary, to offer translation services. In 2011 *Einstein* served 5,779 foreign patients, emphasizing North American, French, Angolan, German and Argentinean patients. The most necessary specialities were cardiac, neurology, oncology and orthopedics.

patient's security, a priority

Medication identified as the CS1 Data Matrix code

In *Sociedade* the management of the process related to the patients' security is part of an *Einstein* Quality System and seek to identify, eliminate or mitigate the risk of damage or injuries to the patient. The definition of explained security guidelines, the assistance standardization, the constant training, the qualified support to the adverse event analysis and the leadership commitment are some of the most important patient's management and security elements. The results are evaluated through indicators that are shared with the Medical Staff, attendance team and national and international institutions, seeking the continuous element improvement. ● GRI PR1

The tools used for the dissemination and maintenance of the security elements include the care padronization by protocols methods, the involvement of the doctors and the assistential team in the improvement of attendance, adverse responsibility event system, audits, indicators and structured projects of following improvement. ● GRI 1.2

The big challenge of health institutions is to reach and keep assistance process improvement. Due to this reason the *Sociedade* uses methodologies in the implementation of improvement, among them the Lean *Seis Sigma*² and the Positive Deviance.

Positive Deviance is a methodology based on sharing successful experiences in the problem solutions as the way of dissemination of process improvement. Lean methodology works with routine evaluations to eliminate what does not contribute to the patient's assistance, providing agility to the processes, while *Seis Sigma* uses statistic tools to reduce the defects and to improve the process consistency.

Several tens of care processes that are critical to patient safety have been studied, all subject to standardization, control and monitoring.

The medication mistake is considered one of the biggest risks in the health care system because of its involvement in almost all the process, complex origin and due to the involvement of many professionals and stages to be done correctly.

The padronization, the identification of risks, the control and constant adjustments in all the stages of the administration remedies process are critical stages. More than protocols, policies and guidelines that lead the medical, pharmacy and nursing tasks, the control

²Integration of Lean Manufacturing methodologies and *Seis Sigma*, used to eliminate waste, identify and eliminate causes of defects in administrative or production process.

Drawer system used to keep safe the patients' drugs

system has two commissions and many auditoriums realized periodically. Besides, all the occurred adverse events and the information are consolidated in an extensive report which gives support to the improvement ideas.

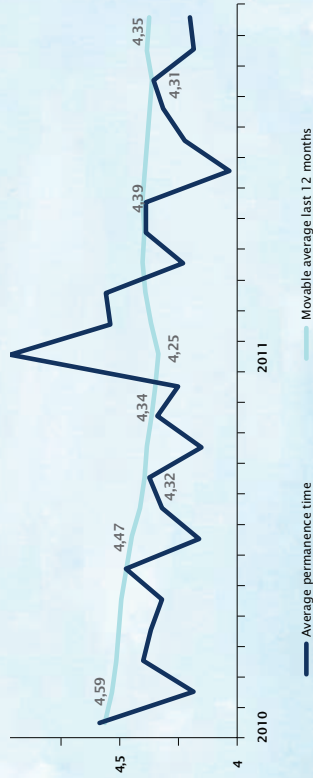
The introduction of the technology in the drugs process is also a manner of diminishing the possibility of occurring adverse. In 2011 the *Sociedade* started the usage of bidirectional code (*GS1 Data Matrix*) to identify drugs and packages, critical information as manufacturing year and expire, serial number, manufacturing lot and manufacturer's name and others. By using these methods, besides increase the patients' security, allowing the tracking, it was stopped labeling around 1,8 million ampoule, or ampoule-flask, saving workforce money and the usage of labels. The solution was so efficient that it will be made some efforts to this standard be used by the pharmaceuticals industry in other remedy kinds in 2012. ● GRI PR3

As a manner of clarifying the institutional commitment to the reduction of medical mistakes, there is a strategic indicator whose goal is revised annually. Even in front of the patients' increasing number, there was a reduction of 41,5% in the number of occurred events from 2009 to 2011 what shows that the efforts have created effective results. In 2011, the tax kept in 0,55 mistakes for doctor prescription in auditing. In 2012, the indicator to be followed must reflect the impact in the reduction of these events, even with the increase of this volume of interned patients, external, the emergencies and the patients from *Residencial Israelita Albert Einstein*.

In the scope of the actions showed by World Health Organization (WHO), in 2011 *Einstein* continued the *Campanha Cirurgia Segura* [Safe Surgery Campaign] which aims to guarantee greater safety to patients in surgery procedures. This campaign gathers a set of objective rules, joined in a check-list, which must be obeyed before any surgery starts. It includes, for example, the verification of patients' identification, the right side of surgery intervention, the supplies and equipment to be used in the surgery and other. The observation of these rules diminish the probability of mistakes so the occurrence of adverse events. ● GRI PR6

All the professionals from multiprofessional team (surgeon, anesthetist and the nursing team) attend to this process and they are responsible for the results of campaign. To guarantee that all the stages of the process are accomplished, they realize audits whose results showed the adhesion of 70% of teams of procedures to time out (checking realized before the surgery to verify all the items related to the patient's safe).

Evolution of the average internment time (in days)



Patients followed up by the managed programs

Number of events in the year

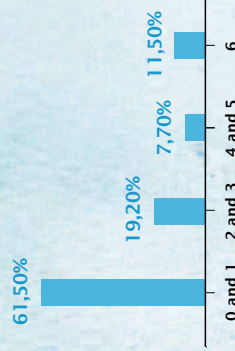
| | 2008 | 2009 | 2010 | 2011 |
|-----------------------------------|------|------|------|------|
| Ischemic cerebrovascular accident | 106 | 115 | 136 | 172 |
| Acute myocardial infarction | 208 | 195 | 241 | 237 |
| Cardiac insufficiency | 353 | 349 | 332 | 387 |
| Severe sepsis and septic shock | 133 | 108 | 193 | 239 |

Patient's security indicators

| | 2010 | 2011 |
|--|-------|-------|
| Bloodstream infections associated to central vein catheter (tax 1000 catheters-day) | 1,39 | 1,32 |
| Not adhesion of the Medical Staff to the prophylaxis of venous thromboembolism (%) | 34,80 | 28,00 |
| Catastrophic adverse events (number of events in the year) | 19,00 | 16,00 |
| Infection tax in clear surgery (tax by 1.000 clear surgeries) | 0,20 | 0,20 |
| Tax of mistake medication (number of mistakes by prescription) | 0,42 | 0,55 |
| Drops of grave and moderate damage, including transients (number of events in a year) | 32,00 | 36,00 |
| Bronchoaspiration in endoscopy (number of events in the year) | 7,00 | 4,00 |
| Glycemia tax < 60 mg/dl (%) | 2,00 | 0,83 |
| Usage of gel alcohol on the hands (how much misses to the index of 100 ml/patient-day) | 40,20 | 30,00 |

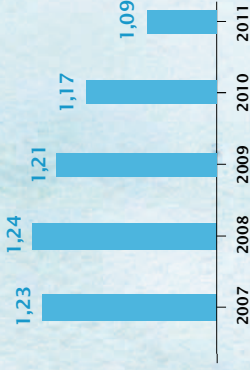
Modified Rankin Scale

In the patient's discharge after a ischemic CVA submitted to thrombolytic treatment (169 evaluated patients in 2011 and 26 of them thrombosed)

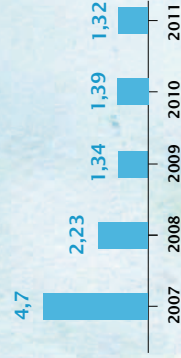


The Modified Rankin Scale evaluates the patient's functional recuperation after a cerebrovascular accident. The patients classified as 0 and 1 are classified as independents, they did not have any sequel or these forms considered short; the classified as 2 and 3 are those ones who got a sequel, but with adaptations they can have previous activities and they walk without help. The patients classified as 4 and 5 cannot walk without help and they can be limited to bed with a caretaker need a round the clock. The death is classified as 6.

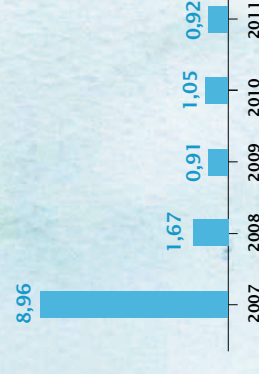
Hospitalar mortality tax



Bloodstream infections associated to central vein catheter



Pneumony associated to the mechanical ventilation





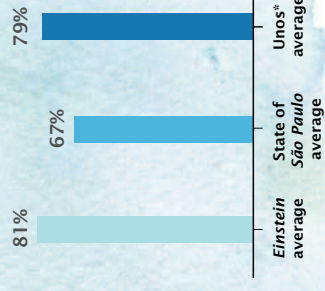
Toy library at Morumbi Unit

Keeping safe the patient's privacy

In 2011 was created a politics and structure dedicated to the protection of the information security from *Sociedade* and, particularly, the privacy of patients' data. The politics obeys to an element already followed by the Institution and that worth to everybody: the privacy is a patient's right, so that it is forbidden to disclose his/her identity or to allow people not authorized have physical or electronic access to information about the patient. The management of the stored information in the database is now under the responsibility of a dedicated and specific unit. In 2011, there was not complaint registrations referred to the privacy violation or loss of patients' database. ● GRI PR9

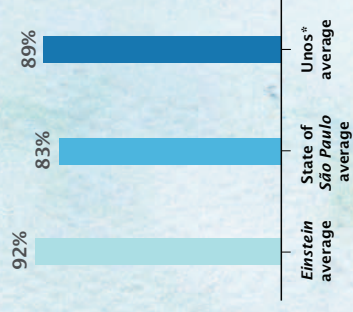
Liver transplants

Average survival rates in three years



Kidney transplants

Average survival rates in three years



*Unos: United Network for Organ Sharing. It integrates the best transplantation centers in United States

Einstein quality and security manual

Einstein invests in continuous improvement processes with the aim of offering to the patient a quality health service, with efficiency and security. The obtained results in this course were so meaningful that, for a period, the possibility of gathering the apprenticeship from the institution in a systematized material which could serve as a reference to other organizations.

The first steps to the creation of *Einstein Manual* of Quality and Security Standards were started in 2011, approved by a pilot-project in the Oncology area which keeps general aspects that adapt to any service. ● GRI PR8

adverse mistakes and events

Einstein keeps a management system to prevent adverse mistakes and events. The prototype works with responsibility and apprenticeship logic, not with the punishment. Occasional procedure fails are analyzed and from this point, it is identified the improvement possibilities to not be repeated.

The premise of this system is that the mistake will only have pedagogic effect when a not punitive culture exists and the behavior of all the parts is strict as honesty, humbleness and transparency. That is why *Einstein* established the rule that the punishment just exists when the mistake or the adverse event is not reported.

It was with this spirit stimulated in protocols and international guidelines that *Einstein* implanted its process of disclosure of adverse events in the second semester of 2011.

The initiative aims giving visibility, disclosing and explaining the occurrence of mistake or adverse event to the patient and his/her family by informing what happened, that the fact is being investigated and, after the conclusions, the information will be shared.

Learning with a mistake

In 2011 a patient interned to receive a treatment of persistent pain received the indication of morphine usage after the evaluation of Institutional Pain Group. The procedure foresees the infusion of serum to the preparation of the vein to be injected the medication. Because of being a high risk procedure, many drying hurdles are established. Notwithstanding, in the moment of administration of what was understood was serum, the patient had a respiratory disorder.

The patient was promptly served and recuperated. After the attendance the responsible by the area informed the family about what happened and, according to the protocol, started the investigation about the event. This investigation started with the patient's blood swab, to identify the substance that was administrated. The conclusion was that the substance was a remedy to pain administrated in a higher dose than the prescribed. The occurred fails in this episode were identified and after reason analyzing the improvement actions were taken.

Finally, the patient's family and the doctor were called by the Risk Management Group and the leadership institution to the disclosure that consists of the mistake revelation and the possible associated causes. From this event the mentioned medication usage started to have additional huddlers to avoid the reincidence of the mistake in the hospital.

Relationship with the Medical Staff

To improve the attention stereotype to the patient and his/her relation with the Medical Staff, *Einstein* innovated the manner of evaluating and recognizing the doctors' performance. The instrument is the Relationship Program with the Medical Staff, whose goal is to reinforce the doctors' involvement with the Sociedade, besides to develop evolution instruments, acknowledgement and valorization of his/her performance.

The professional evaluation verifies the adhesion to the quality and security practices during the attendance, including the filling out the patient's medical record, adhesion to protocols and good prescription practices. To consider the availability of the professional updating and participation in continuing average education. ● GRI LA11

The program is formed by an annual feedback process to the doctors that receive performance evaluations by notification or by speaking. In 2011, it was sent letters to almost 5,500 doctors while to others around 400 the feedback was done in personal interviews.

Based on the evaluation sets it is done a raking of Medical Staff, classifying the doctors in four levels: AAA, A, B or C. Everything is done in a impersonal manner, transparent and according to critic goals, seeking the continuing improvement and the increase of commitment of the Medical Staff with the Institution.

Satisfactory research – patients' evaluation

Emergency room

| | Satisfaction | Recommendation* |
|------|--------------|-----------------|
| 2008 | 86% | 90% |
| 2009 | 81% | 87% |
| 2010 | 85% | 88% |
| 2011 | 87% | 89% |

Internment

| | Satisfaction | Recommendation* |
|------|--------------|-----------------|
| 2008 | 94% | 95% |
| 2009 | 92% | 94% |
| 2010 | 94% | 96% |
| 2011 | 92% | 93% |

Medical Diagnosis and Preventive

| | Satisfaction | Recommendation* | Loyalty** |
|------|--------------|-----------------|-----------|
| 2008 | 98% | 98% | 93% |
| 2009 | 97% | 96% | 92% |
| 2010 | 97% | 96% | 93% |
| 2011 | 98% | 98% | 95% |

Satisfactory research – doctors' evaluation

Internment

| | Satisfaction | Recommendation* | Loyalty** |
|------|--------------|-----------------|-----------|
| 2008 | 98% | 99% | 98% |
| 2009 | 98% | 98% | 98% |
| 2010 | 96% | 98% | 97% |
| 2011 | 98% | 100% | 99% |

Diagnosis and Preventive Medicine

| | Satisfaction | Recommendation* | Loyalty** |
|------|--------------|-----------------|-----------|
| 2008 | 98% | 99% | 98% |
| 2009 | 98% | 98% | 98% |
| 2010 | 99% | 97% | 97% |
| 2011 | 99% | 99% | 99% |

*Patients that would recommend *Einstein* services to other people.

**Patients that would look for *Einstein* to take care of the health.

Source: Research realized by Leadership21 South America, in 2011.



Intensive Treatment Unit (ITU) companion's accommodation

In 2011, *Sociedade Beneficente Israelita Brasileira Albert Einstein* kept expanding its activities in the health assistance area. In the last five years, the investment to serve its customers' needs reached R\$ 1.18 billion. The most part of the resources was directed to the capability of physical attendance expansion.

The investment increases more than the sector average and according to it *Sociedade* shows to be more prepared to follow and to serve to the health service increase that occurs in the country.

The growth of people who seek for medical services at *Einstein* occurred mainly in the strategic specialities, well known as cardiac, neurology, orthopedics and oncology.

In the last year, *Sociedade* consolidated investments realized in the last years in attendance capability, as it was the cases of *Perdizes-Higienópolis* Unit, inaugurated by the end of 2010, *Jardins* Unit, dedicated to check-up, and of the renovation of the building to the long-stay patients, in the *Vila Mariana* Unit which resulted in the opening of 15 new hospital rooms in 2011. It was started important buildings as the new *Alphaville* Unit which will have a building area of six thousand m² and will have diagnosis medicine services, clinic and doctors' office, and the expansion of *Ibirapuera* Unit with diagnosis medicine and clinic.

The growth process opened new possibilities of customer service. The inauguration of *Perdizes-Higienópolis* Unit, for example, created conditions to offer from new surgery treatment options to complexity cases as urology surgeries, otorhinolaryngologist, gynecology part of the ambulatory attendance in oncology.

Based on it, *Einstein* is formed by segmented attention system, toward the cases less complex to the Advanced Units and reserving *Morumbi* Unit, that has sophisticated resources, to the attendance of more complex cases. ● [GRI 3.8](#)

Performance evolution of Hospital Israelita Albert Einstein

Activity indicators

| | 2009 | 2010 | 2011 |
|--------------------------------------|----------------|----------------|----------------|
| m² | 224.926 | 268.446 | 291.819 |
| Operational hospital rooms | 551 | 600 | 644 |
| Number of surgery rooms | 28 | 30 | 34 |
| Patients-day | 166.546 | 173.599 | 188.242 |
| Average of permanence time (in days) | 4,6 | 4,3 | 4,3 |
| Occupation (%) | 84,9 | 83,0 | 82,9 |
| Surgeries | 29.316 | 33.171 | 35.420 |
| Births | 3.154 | 3.448 | 3.531 |
| Attendance in emergency room | | | |
| <i>Morumbi</i> Unit | 107.875 | 108.543 | 117.617 |
| <i>Alphaville</i> Unit | 29.318 | 31.564 | 36.441 |
| <i>Ibirapuera</i> Unit | 28.794 | 34.545 | 46.061 |
| <i>Perdizes-Higienópolis</i> Unit | - | 4.896 | 26.886 |
| Total | 165.987 | 179.548 | 227.005 |

Performance evolution of Diagnosis and Preventive

Number of realized examinations

| | 2009 | 2010 | 2011 |
|-----------------------------------|------------------|------------------|------------------|
| <i>Morumbi</i> Unit | 1.705.023 | 1.987.337 | 2.374.851 |
| <i>Alphaville</i> Unit | 199.232 | 236.660 | 301.957 |
| <i>Jardins</i> Unit | 435.611 | 448.639 | 508.200 |
| <i>Ibirapuera</i> Unit | 218.642 | 269.584 | 369.423 |
| <i>Perdizes-Higienópolis</i> Unit | - | 39.632 | 231.634 |
| Total | 2.558.508 | 2.981.852 | 3.786.065 |

To the next years, the trend is the maintenance of growth rate. The investment plan of 2012-2016 foresees around R\$ 1 billion to the replacement and update of capital assets, capability expansion and attendance improvement. The important projects to 2012 are the conclusion of new *Alphaville* Unit, the construction of Center of Intervention Less Invasive Guided by Image (see extra info on page 56) at *Morumbi* Unit, and the construction of a new Oncology Center that will be related to a n innovatory stereotype to the cancer treatment. Besides, the expansion of the teaching and researching activities will require the amplification of *Morato* Unit, in *Butantã* neighborhood.

diagnosis and preventive medicine

All around the world, the focus of medicine has been, frequently, to diagnose and to prevent illness instead of the cure. The human being is becoming more longevous and wishing to live in a quality way. The increase of estimated life in the entire world protects the diagnosis medicine expansion. It is spent more with prevention today than before. And it is sought the early diagnosis of the diseases properly from the age, as cancer, infarct, CVA, Parkinson's and Alzheimer diseases, and others related to the new lifestyle as diabetes and obesity. These facts make the diagnosis medicine is wanted in the entire world.

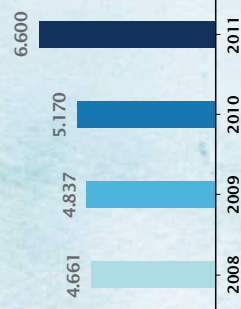
Einstein follows this trend. The Diagnosis and Preventive Medicine became an activity separate from the Hospital in 1999, from the apprenticeship acquired with the services offered to the patients. Since then it has been increasing strongly and today it has a structure, medical staff and own employees. The realized examinations became an important support tool to the doctor, providing complex diagnosis and helping with the medical decisions.

As the Diagnosis and Preventive Medicine area was created inside the Hospital, it shares the point of view that the patient is the most important. The services offered in its Units show the same excellence standard and the same humanizing characteristics, security and attention that set the organizational culture of *Sociedade*.

Einstein's Diagnosis and Preventive Medicine concluded 2011 as the third biggest network from *São Paulo* (city). It produced revenues of R\$ 510 million, in front of R\$ 380 million in 2010. A growth of 34%. So that, its participation in the revenue of *Sociedade* expanded to 40% of the total, a growth of five percentage points related to 2010.

Consistent growth

Evolution of check-up health numbers



Around 70% of the area revenues come from excluded users, i.e., independent of the Hospital. One of the services that contribute to this growth is Health Continuing Review, or Check-up, which companies can take care previously from their employees' health. Completed and personalized, the check-up includes clinical evaluation, establishment of goals that allows better life quality, result evaluation to occasional correction and the planning of the next reviews.



Apart of *Morumbi* Unit, Diagnosis and Preventive Medicine has the *Ibirapuera*, *Alphaville*, *Jardins* and *Perdizes-Higienópolis* Units. *Ibirapuera* was the Unit that registered the biggest growth and that is the reason it is being repaired to enlarge around 40% its attendance capability. The delivery of the new facilities will happen in April 2012. *Alphaville* Unit, which is changing the address in October 2012 will have more space – in total it will be six thousand m² – and might be able to enlarge the scope of the services and its users. *Jardins* Unit also received enlargement investments, infrastructure, and personalization to decrease the attendance time.

Perdizes-Higienópolis Unit, inaugurated by the end of 2010, reached the balance last year. It has fearless architectural conception, the Unit offers diagnosis medicine and emergency room to adult and children, as the day clinic, Oncology and Women's Health.

innovation and new technology

In 2011, *Einstein* maintained its Master Plan with the renovation of the facilities and the acquisition of new technology and equipment. To ensure that the new acquisitions consider the relation between costs and effectiveness, a Committee of Health Technology Evaluation is responsible of following the technological development and analyzing the innovation pertinences. The analysis criteria consider efficiency scientific data, security and comfort to the patient, economic evaluation and environment impacts. The datas from *Agência Nacional de Vigilância Sanitária (Anvisa)* [National Health Surveillance Agency] and other references, as manufacturer's reliability and its commitment with the technical assistance and maintenance.

The main goal from Committee of Health Technology Evaluation is to analyze the best technological alternatives available to the health professionals, ensuring the logical usage. One of the most important initiatives in 2011 was the beginning of the implementation of the electronic medical chart contains the patient's clinical history, integrating different kinds of data, created by different health professionals in different moments and locals.



Videoconference system ensures the service quality and agility

It can be accessed by the internet independent of where the attendance occurs. Its adoption provides improvement in the attendance management, with more agility, quality and reliability. Due to troubles in the development, the initial implementation deadline – November 2011 – could not be reached and the conclusion of the project was postponed to April 2012.

In 2012 it will have advances in telemedicine area with the implementation of a videoconference system linked to the emergency room from *Hospital Municipal Dr. Moysés Deutsch* to the neurology area from *Hospital Israelita Albert Einstein*, in *Morumbi*. The pilot-project will allow that cerebralvascular accident (CVA) and ischaemic are diagnosed in a required urgency without the necessity of displacement of specialists. The system creates images in high definition which allows the neurologist at *Einstein* follows the patient's clinical examination, indicating the important aspects to be observed by the local medical team to the evaluation of a possible CVA.

After that, the same system will be taken to more 15 hospitals in Brazil that also does not have specialized professionals. The telemedicine usage might be able to improve the attendance quality, speed up the diagnosis and the treatment and, in some cases, to reduce costs of patients' transference to hospitals that are reference. This project will be performed in the scope of Institutional Development Support Program of Unified Health System (see extra info on page 87).

Another new is that in 2012 the transformation of *Perdizes-Higienópolis* Unit will happen at the first unit paperless from *Einstein*: all the attendance routines will be done in a digital place – medical chart appointment, prescriptions and examinations. The system was developed in 2011 and will be implemented in April 2012. As in the emergency room, the conception is of movable offices, the workstations were made virtual in the intention of allowing to the doctors the access to the same screen from the last attendance, apart changes of offices.

In 2011 *Sociedade* decided to create the first Center of Intervention Less Invasive Guided by Image that will be placed in the 4th floor of block A from *Morumbi* Unit. The buildings are ongoing and the conclusion date is 2013. This technique uses high technology in image as tomography, x rays, magnetic resonance and ultrasonography to performance minimum invasive procedures with diagnosis and therapeutic purpose. This technique is simple and secure and brings benefits to the patients. The procedures are realized through the skin (percutaneous via) without the necessity of big incision often it is done in clinics or with a fast patient's internment.



rewards, acknowledgment and certifications

● GRI 2.10

Troubadours singing at the hall from the Hospital

In 2011 the achievement of the most highlight was the Planetree designation which is joined to other important victories in certifications and accreditations:

- ISO 9001: 2000
- American Association of Blood Banks (AABB)
- Joint Commission International (JCI)
- ISO 14001: 2004
- College of American Pathologists (CAP)
- American College of Radiology (ACR)
- Clinical Laboratory Accreditation Program
- Association for Assessment and Accreditation of Laboratory
- Animal Care International (AAALAC)
- Planetree



Other awarding and acknowledgments reinforce the professionalism of management, the service excellence and the value received by the *Einstein* brand:

- By the second consecutive year *Hospital Israelita Albert Einstein* stayed in the ranking The 150 Best Companies for You Work In, initiative form the magazines *Você S/A* and *Exame*. In 2011 *Einstein* was also the highlight to the category "Cidadania Empresarial" [Corporate Citizenship].
- The magazine *einstein*, scientific publication edited by *Instituto Israelita de Ensino e Pesquisa*, received the approval from SciELO (Scientific Electronic Library Online) base, to indexation of publication of its pile. The SciELO system is recognized in the international scientific area as one of the most important bases of research and diffusion of knowing in medicine.
- *Hospital Israelita Albert Einstein* was elected, by the third consecutive turn, the best hospital from Latin America, in a research realized to the issues of acknowledgment management, capability and security and the patient's dignity.
- Surgery Training and Experimental Center, from *Instituto Israelita de Ensino e Pesquisa* was accredited by Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC), entity that certifies researching institutions committed to the care and the responsible usage of the animals.



excellence in taking care of employees and Medical Staff



materiality
in this chapter

people
management

continuing
education

sustainable
management



the mission in good hands

In the year that the *Hospital Israelita Albert Einstein* completed four decades of existence, *Sociedade* used the expression “*O paciente acima de tudo*” [the patient on everything] to indicate to its internal public, clearly, that nothing is more important than realizing the mission of offering quality excellence in the health area.

The mission realization is shared with more than 9,500 employees and around three thousand third party form the *Sociedade*. To an institution that improves itself each year and that has in the attention and care the base of its results, people form its most important assets. That is why the manifestation of acknowledgment to the efforts and achievements from the people is received with special satisfaction. It was the case, for example, of the presence, for the second consecutive year in the guide *The 150 Best Companies for You Work In*, published by the magazines *Você S/A* and *Exame*, and of the highlight in the category “*Cidadania Empresarial*” [Corporate Citizenship] in the same ranking.

To recognize better the study done by the guide, *Sociedade* requested to *Fundação Instituto de Administração (FIA)*, technical responsible by the ranking, the report about the hospitals that allows attend of the research, in order to verify the strength and the opportunities of management improvement. One of the verifications was that the employees demonstrate expectations of receiving from *Sociedade* a health service assistance better paid. In 2011 it was possible to advance in this aspect and in 2012 new improvements will be adopted. ● GRI LA3



recruiting and selection

In line with the growth of the organization, the number of employees showed an increase of 10% compared to 2010 approximately. It was 1,073 new positions, including analysts and assistants and helpers of many areas, biologists, gatherers, butler, coordinators, cooks, caretakers, nurses, pharmacists, physiotherapists, speech therapists, laboratory technician, doctors, nutritionists, psychologist, administrative and nursing technicians, and others. All of them were hired to give support to the growth of the activities from Sociedade.

By activity areas, the enlargement of the chart had the following distribution:

- *Hospital Israelita Albert Einstein*: 445 new vacancies to support the amount from the emergency room at *Morumbi* and *Vila Mariana* Units and the Internment Units;
- Diagnosis and Preventive Medicine: 172 new vacancies, the most part in the enlargement of *Ibirapuera* Unit;
- *Instituto Israelita de Responsabilidade Social*: 213 new positions, emphasizing to the related with the operation of *Paraisópolis* Health Complex, inaugurated in the end of the year;
- Other areas: 211 new vacancies, including many administrative areas of *Sociedade* and the *Instituto Israelita de Ensino Pesquisa* that is extending its activities.

Total of employees by category, work contract and unit

● GRI LA1

| Concept | Classification | Quantity | | | % | | |
|-------------------------------------|-----------------------------------|--------------|---------------|---------------|---------------|---------------|---------------|
| | | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| Total of employees by category | Superintendent | 13 | 12 | 16 | 0.2% | 0.1% | 0.2% |
| | Manager/Coordinator | 294 | 312 | 375 | 3.9% | 3.6% | 3.9% |
| | Professional | 4.315 | 4.911 | 5.372 | 56.6% | 57.0% | 56.0% |
| | Technician/Auxiliary | 3.002 | 3.420 | 3.787 | 39.4% | 40.0% | 40.0% |
| | Total | 7.624 | 8.655 | 9.550 | 100.0% | 100.0% | 100.0% |
| Total of employees by work contract | CLT (include learner) | 7.624 | 8.655 | 9.550 | 84.2% | 81.2% | 83.3% |
| | Third party (include doctors) | 1.424 | 1.977 | 1.894 | 15.7% | 18.5% | 16.5% |
| | Temporary | 13 | 29 | 23 | 0.1% | 0.3% | 0.2% |
| | Total | 9.061 | 10.661 | 11.466 | 100.0% | 100.0% | 100.0% |
| | <i>Paraisópolis</i> | 117 | 119 | 123 | 1.5% | 1.4% | 1.3% |
| Total of employees for Units | Government programs | 1.285 | 1.371 | 1.497 | 16.9% | 15.8% | 15.7% |
| | <i>Alphaville</i> Unit | 154 | 165 | 171 | 2.0% | 1.9% | 1.8% |
| | External Unit | 0 | 29 | 45 | 0.0% | 0.3% | 0.5% |
| | <i>Morato</i> Unit | 138 | 145 | 161 | 1.8% | 1.7% | 1.7% |
| | <i>Ibirapuera</i> Unit | 154 | 175 | 214 | 2.0% | 2.0% | 2.2% |
| | <i>Jardins</i> Unit | 175 | 192 | 216 | 2.3% | 2.2% | 2.3% |
| | <i>Morumbi</i> Unit | 5.083 | 5.520 | 6.076 | 66.7% | 63.8% | 63.6% |
| | <i>Perdizes-Higienópolis</i> Unit | 2 | 255 | 297 | 0.0% | 2.9% | 3.1% |
| | <i>Rebouças</i> Unit | 31 | 37 | 1 | 0.4% | 0.4% | 0.0% |
| | <i>Ribeirão Preto</i> Unit | 0 | 27 | 26 | 0.0% | 0.3% | 0.3% |
| | <i>Vila Mariana</i> Unit | 485 | 620 | 723 | 6.4% | 7.2% | 7.6% |
| | Total | 7.624 | 8.655 | 9.550 | 100.0% | 100.0% | 100.0% |

Observation: the chart consider the number of employees working

To recruit and keep professionals are permanent challenges to the Human Resources area, mainly in moments of scarcity workforce, as in 2011. The professionals' turnover is greater than pyramid base because many times, to this public a little addition in the remuneration influences in the decision of changing the job.

Since 2008, *Sociedade* privileges the internal recruiting, because 100% of the vacancies are divulged internally, through the Vacancies Mural and the portal SAP.

Here are the results that this policy reproduced in 2011:

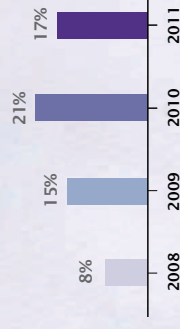
- 420 employees (or 17% of the contracts) were approved in a internal recruitment to different positions they had;
- Sixty five percent of the vacancies to junior nurses were filled by internal recruitment. The recruiters were originating from areas as nursing technical, attendance assistant, nursing helper, gatherer, messenger and pharmacy auxiliary;
- Seventy seven per cent of the trainees form the nursing graduation course was approved in effective positions.
- Fifty per cent of the vacancies of nursing technical recently formed were filled in an internal recruitment, by employees from the areas as old person caretaker, attendance assistant, chambermaid, butler, messengers, administrative technical and sales representative.
- Eighty nine per cent of the participants of the extracurricular stage were kept in effective positions.

In addition to internal recruitment, the *Sociedade* focuses on hiring employees from the *Paraisópolis* community near *Morumbi* Unit. They are practical nurses, chambermaids and butlers recruited and trained, including the turnover is much lower than in other groups.

Besides the internal recruitment, *Sociedade* privileged the contract of collaborators from *Paraisópolis* community the same recruitment philosophy was taken to the community of surroundings of *Hospital Municipal Dr. Moyses Deutsch*, institution whose management is done in a association regime, by *Sociedade* and by the *Centro de Estudos e Pesquisa "Dr. João Amorim" (CeJam)*.

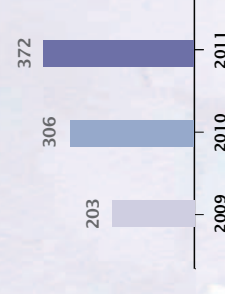
Opportunities to internal talents

Percentage of filled vacancies by employees



Recruitment in Paraisópolis

Evolution of the dweller employees' number of *Paraisópolis*



continuing education and training

One of the challenges from *Sociedade* is in the qualification and retaining of employees, aiming to ensure the talents necessary to accomplish its commitment. The preoccupation with the professional formation, capability and development is permanent and integrate valorization programs and talent retaining. The training programs consider innovator educational methodology as at a distance teaching and the realistic simulation. In 2011, emphasizing the creation of the development program and leadership capability which consider the professional's route and the trajectory in the Institution. Besides the participation of the internal training programs, the employees have access to scholarships to specialization courses and MBA, as well as resources to attend congresses in Brazil and other countries.

For example, in the RSNA 2011 (Radiology Society of North America) that happened in Chicago (USA), in the end of 2011, *Sociedade* attended with a retinue of 16 professionals (nine doctors, an engineering coordinator and six biologists). The goal was to permit these professionals get contacts with what is used in image, technology, academic research and equipment - with the opportunity of having a relationship and enlarge the view of work and business.

In the support program, in 2011, *Einstein* gave scholarships to 12 employees to the *Gestão de Saúde Einstein-Inspira* - MBA course. The scholarship will allow that they frequent the course international extension, in Philadelphia (USA). Apart, *Sociedade* makes feasible the international capability of four employees, offering post graduation scholarship in Canada and United States.



Training

| Year | Hours of internal training | Hours of participation in scientific events | Average headcount | Average hours per employee |
|------|----------------------------|---|-------------------|----------------------------|
| 2009 | 223.554 | 41.470 | 7.202 | 37 |
| 2010 | 262.897 | 50.211 | 8.060 | 39 |
| 2011 | 323.320 | 56.513 | 9.105 | 42 |

Training to public attendance

Training hours in 2011



| | Number of participants | Total of hours |
|---|------------------------|----------------|
| Attendance and attendance support (general) | 113.158 | 235.115 |
| Nurse and technical | 69.627 | 143.099 |
| Doctors | 7.647 | 13.645 |
| Others | 37.664 | 78.371 |
| Administrative | 37.455 | 78.865 |
| Third Party | 3.216 | 9.341 |
| External | 8.009 | 45.952 |
| Total | 161.838 | 369.273 |

Contribution to education

Number of professionals that received contribution to studies

| Category | 2010 | 2011 |
|-----------------------------------|------|------|
| Post-graduation <i>lato sensu</i> | 123 | 147 |
| Graduation | 108 | 87 |
| Technical | 21 | 15 |
| Renovation of scholarship | 67 | 83 |
| Scholar abroad | 17 | 13 |

Training and development in 2011

| | |
|---|---|
| International and national courses and congresses | 1.362 participants in external capability |
| Post-doctorate, MBA in health, executive MBA | 249 scholarships, 4 post-doctorate scholarship, 13 MBA health scholarship, 3 MBA executive scholarship. |
| Health training | 161.839 thousand participants in training, 34% of the participants in at distance teaching. |
| Investment in training | R\$ 8,2 million |

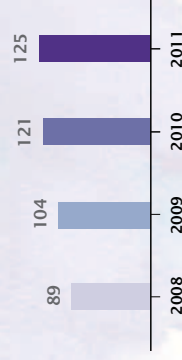
Turnover of employees by category, age and gender

● GRI LA2

| Concept | Classification | Average headcount | | | Fired | | | Turnover | | |
|----------------------|----------------------------|-------------------|--------------|--------------|------------|------------|--------------|--------------|--------------|--------------|
| | | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| Turnover by position | Superintendent | 13 | 13 | 15 | 0 | 1 | 1 | 0,0% | 8,0% | 6,9% |
| | Manager/Coordinator | 285 | 305 | 348 | 38 | 28 | 27 | 13,4% | 9,2% | 7,8% |
| | Professional | 4.076 | 4.643 | 5.149 | 431 | 447 | 486 | 10,6% | 9,6% | 9,4% |
| | Technical/Auxiliary | 2.825 | 3.226 | 3.595 | 442 | 385 | 537 | 15,6% | 11,9% | 14,9% |
| | Total | 7.198 | 8.186 | 9.106 | 911 | 861 | 1.051 | 12,7% | 10,5% | 11,5% |
| Turnover by gender | Male | 2.310 | 2.577 | 2.818 | 310 | 307 | 371 | 13,4% | 11,9% | 13,2% |
| | Female | 4.888 | 5.609 | 6.287 | 601 | 554 | 680 | 12,3% | 9,9% | 10,8% |
| | Total | 7.198 | 8.186 | 9.106 | 911 | 861 | 1.051 | 12,7% | 10,5% | 11,5% |
| Turnover by age | Under 18 years old | 15 | 15 | 12 | 0 | 1 | 4 | 0,0% | 6,7% | 33,3% |
| | From 19 to 35 (age) | 4.470 | 5.137 | 5.704 | 602 | 606 | 770 | 13,5% | 11,8% | 13,5% |
| | From 36 to 60 (age) | 2.675 | 2.986 | 3.330 | 298 | 249 | 271 | 11,1% | 8,3% | 8,1% |
| | Up to 61 (age) | 40 | 48 | 60 | 11 | 5 | 6 | 27,8% | 10,3% | 10,0% |
| | Total | 7.198 | 8.186 | 9.106 | 911 | 861 | 1.051 | 12,7% | 10,5% | 11,5% |
| Turnover by Unit | Paraisópolis | 108 | 119 | 122 | 11 | 5 | 9 | 10,2% | 4,2% | 7,4% |
| | Governmental Programs | 1.199 | 1.337 | 1.434 | 196 | 175 | 197 | 16,4% | 13,1% | 13,7% |
| | Alphaville Unit | 136 | 160 | 168 | 12 | 11 | 19 | 8,8% | 6,9% | 11,3% |
| | External Unit | 0 | 29 | 37 | 0 | 1 | 1 | 0,0% | 3,4% | 2,7% |
| | Morato Unit | 155 | 143 | 154 | 34 | 23 | 23 | 21,9% | 16,1% | 15,0% |
| | Ibirapuera Unit | 143 | 166 | 195 | 21 | 12 | 21 | 14,7% | 7,3% | 10,8% |
| | Jardins Unit | 165 | 185 | 204 | 15 | 19 | 29 | 9,1% | 10,3% | 14,3% |
| | Morumbi Unit | 4.852 | 5.346 | 5.802 | 545 | 536 | 649 | 11,2% | 10,0% | 11,2% |
| | Perdizes-Higienópolis Unit | 2 | 129 | 277 | 0 | 6 | 10 | 0,0% | 4,7% | 3,6% |
| | Paulista Unit | 0 | 0 | 0 | 22 | 0 | 0 | 0,0% | 0,0% | 0,0% |
| | Rebouças Unit | 16 | 35 | 19 | 55 | 3 | 1 | 354,8% | 8,6% | 5,3% |
| | Ribeirão Preto Unit | 0 | 27 | 27 | 0 | 3 | 2 | 0,0% | 11,1% | 7,4% |
| | Vila Mariana Unit | 474 | 541 | 672 | 0 | 67 | 90 | 12,0% | 12,0% | 12,0% |
| | Total | 7.248 | 8.214 | 9.106 | 911 | 861 | 1.051 | 12,6% | 10,5% | 11,5% |

Collaborators with special needs

Evolution of the numbers of hired people through Efficient People Program



diversity

One of the action focuses from *Sociedade* in the diversity management is to promote the valorization, employment and the capability of people with special needs. Through Efficient People Program, *Sociedade* offers two kinds of education: high school and professional capability. In the first case, 20 employees have their education at *Centro de Aprendizagem Empresarial Piaget (Caep)*, from *São Paulo*, paid by *Sociedade*. Finally, they realize stages in different areas of the Institution in order to be filled in the available vacancies.

Related to the professional capability, *Sociedade* offers through *Instituto Israelita de Ensino e Pesquisa*, short-duration professional courses to hospital butler, patients' attendance and administrative routines in the health area. Totally, it is offered 90 vacancies, filled by special need people who want to take the course. At the end, in case of there is available vacancy the student has reached a satisfactory improvement, he/she can attend to selective process of *Sociedade*. To those that were not selected to work at *Sociedade*, books are produced with each candidate's profile which is taken to institutions in the health area.

Distribution by gender

| | 2008 | 2009 | 2010 | 2011 |
|---|-------|-------|-------|-------|
| Number of employees | 6.715 | 7.624 | 8.655 | 9.550 |
| Women | 67% | 68% | 68% | 69% |
| Men | 33% | 32% | 32% | 31% |
| Leadership positions performed by woman | 59% | 60% | 60% | 59% |



Breakdown by age

| Classification | 2009 | | | | 2010 | | | | 2011 | | | |
|----------------|-----------|-------------------------|-------------------------|--------------------|-----------|-------------------------|-------------------------|--------------------|----------|-------------------------|-------------------------|--------------------|
| | Underage | From 19 to 35 years old | From 36 to 60 years old | Above 61 years old | Underage | From 19 to 35 years old | From 36 to 60 years old | Above 61 years old | Underage | From 19 to 35 years old | From 36 to 60 years old | Above 61 years old |
| Superintendent | 0 | 0 | 13 | 0 | 0 | 0 | 13 | 0 | 0 | 0 | 14 | 2 |
| Leadership | 0 | 45 | 176 | 2 | 0 | 48 | 199 | 3 | 0 | 60 | 226 | 5 |
| Technique | 0 | 2.689 | 1.672 | 25 | 2 | 3.072 | 1.865 | 33 | 1 | 3.365 | 2.052 | 38 |
| Administrative | 3 | 1.332 | 409 | 4 | 6 | 1.554 | 484 | 7 | 2 | 1.725 | 589 | 8 |
| Operational | 12 | 709 | 522 | 11 | 9 | 774 | 577 | 9 | 6 | 826 | 618 | 13 |
| Total | 15 | 4.775 | 2.792 | 42 | 17 | 5.448 | 3.138 | 52 | 9 | 5.976 | 3.499 | 66 |

Breakdown by ethnicity

| Classification | 2009 | | | | 2010 | | | | 2011 | | | |
|----------------|-----------|--------------|------------|------------|------------|-----------|--------------|------------|------------|--------------|--------------|------------|
| | Yellow | White | Black | Indigenous | Mulatto | Yellow | White | Black | Indigenous | Mulatto | White | Black |
| Superintendent | 4 | 9 | 0 | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 13 | 0 |
| Leadership | 0 | 221 | 0 | 0 | 2 | 0 | 246 | 0 | 0 | 4 | 279 | 3 |
| Technique | 35 | 3.922 | 80 | 0 | 349 | 45 | 4.398 | 109 | 0 | 420 | 4.730 | 137 |
| Administrative | 6 | 1.415 | 77 | 0 | 250 | 4 | 1.603 | 101 | 0 | 343 | 1.725 | 136 |
| Operational | 0 | 761 | 120 | 0 | 373 | 0 | 797 | 136 | 0 | 436 | 1 | 811 |
| Total | 41 | 6.332 | 277 | 0 | 974 | 49 | 7.057 | 346 | 0 | 1.203 | 7.558 | 437 |

Another initiative related to diversity is the Early Apprentice Program which aims to put young people between 18 to 24 years old without previous experience in the labor market. These young people remain in the program for two years, developing administrative activities in areas such as Emergency Room and Central Services. In parallel with the activities they receive training through an integrator agent, the institution *Ensino Social Profissionalizante - Espro*. At the end of this period, young people can be hired at one of the available vacancies. In 2011 eight young apprentices were hired for a total of 15 vacancies.

Although the work with disabled and young people with no previous experience is already structured and formalized, there are other publics and situations that represents acting opportunities in diversity to *Sociedade*. Thinking about it, was made a census in 2011 in order to better understand the nature of the workforce. The information collected will be used to guide strategic actions in this matter.

Corporate governance bodies and breakdown of employees per category, according to gender, age, and other indicators of diversity

● GRI LA13

| Concept | Classification | Quantity | | | % | | |
|---------------------------------|-----------------------------|--------------|--------------|--------------|-------------|-------------|-------------|
| | | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| Diversity of employees | Women | 5.198 | 5.943 | 6.621 | 68,2% | 68,7% | 69,3% |
| | Molattoes women | 687 | 839 | 1.062 | 9,0% | 9,7% | 11,1% |
| | Black women | 181 | 223 | 285 | 2,4% | 2,6% | 3,0% |
| | Black men | 96 | 123 | 150 | 1,3% | 1,4% | 1,6% |
| | Molattoes men | 287 | 364 | 430 | 3,8% | 4,2% | 4,5% |
| | Above of 45 years old | 912 | 1.025 | 1.281 | 12,0% | 11,8% | 13,4% |
| | Total | 7.361 | 8.517 | 9.829 | 100% | 100% | 100% |
| Schooling | Incomplete basic education | 163 | 150 | 140 | 2,1% | 1,7% | 1,5% |
| | Complete basic education | 237 | 235 | 244 | 3,1% | 2,7% | 2,6% |
| | Incomplete high school | 157 | 146 | 151 | 2,1% | 1,7% | 1,6% |
| | Complete high school | 3.790 | 4.349 | 4.958 | 49,7% | 50,2% | 51,9% |
| | Incomplete higher education | 279 | 284 | 264 | 3,7% | 3,3% | 2,8% |
| | Complete higher education | 2.316 | 2.789 | 3.137 | 30,4% | 32,2% | 32,8% |
| | Post graduation/MBA | 567 | 591 | 555 | 7,4% | 6,8% | 5,8% |
| | Master's and PHD degrees | 115 | 111 | 101 | 1,5% | 1,3% | 1,1% |
| | Total | 7.624 | 8.655 | 9.550 | 100% | 100% | 100% |
| Jobs held by women, by position | Superintendent | 2 | 2 | 3 | 15% | 17% | 19% |
| | Manager/Coordinator | 194 | 205 | 246 | 66% | 66% | 66% |
| | Professional | 2.911 | 3.316 | 3.655 | 67% | 68% | 68% |
| | Technique/Assistant | 2.091 | 2.420 | 2.717 | 70% | 71% | 72% |
| | Total | 5.198 | 5.943 | 6.621 | | | |

Ratio of basic salary between men and women

● GRI LA14

| | 2009 | | | 2010 | | | 2011 | | |
|---------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--|
| | Average wage | Difference | Average wage | Difference | Average wage | Difference | Average wage | Difference | |
| Male | R\$ 5.621 | 55% | R\$ 5.943 | 55% | R\$ 6.438 | 58% | | | |
| Female | R\$ 3.620 | | R\$ 3.837 | | R\$ 4.074 | | | | |

Salary proportionalized for the Journey of 220 hours

career management

Map and develop professional technical and management careers to support the growth of *Sociedade* is a process carried out within an annual cycle of work which includes self-assessment and evaluation in consensus with the manager. From the results of these processes it is elaborated an Individual Development Plan which identifies the responsibilities of each professional development indicating specific actions that will be monitored by the manager such as external training, educational incentives and/or participation in programs of institutional training. In 2011, we evaluated 99% of the eligible population compared to 97% in 2010.

As for the mapping of future leaders is used the methodology 9-Box in which each employee is evaluated by their immediate manager within a matrix that will be

subsequently validated in a committee.

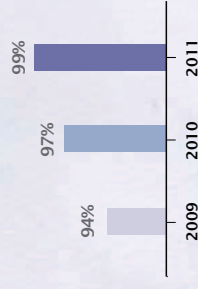
In this exercise we analyze the leadership and talent at each hierarchical level (managers, coordinators and specialists).

The professional development of doctors and nurses consider a career in Y that distinguishes and identifies professionals who tend to develop a management career and those with experts profile. There are distinct processes for which specific mechanisms apply to every situation in order to serve the interests of organizational development.

● GRI LA11

Performance management

Evolution of the percentage of employees evaluated



recognition and meritocracy

In 2011, in order to align the remuneration of employees to the goals and strategies of the *Sociedade*, the variable compensation policy which reaches all employees was expanded to also benefit employees with at least one year of home – before, the cut was with more than two years.

Employees may receive, based on balance score card consisting of 16 items, an additional remuneration which corresponds to a percentage of base salary and variable according to individual performance, area and *Sociedade*. The policy can be found on the intranet by any employee of the *Sociedade*. In 2011, 4,984 professionals and 1,007 leaders and physicians received variable compensation, totaling an investment of R\$ 24.9 million.

The variable remuneration policy is complemented by two other initiatives:

- Recognition policy: aims to enhance the employees who achieve goals Institutional and implementation of improvements;
- Program of merit: does the progression of employees in salary ranges based on performance and individual development. In 2011 those contemplated in the program totaled 2,881 employees – almost 40% of the number eligible by seniority. The investment in the program was R\$ 8.4 million in the year.

The politics of recognition encourages managers to perform actions on your team recognition, highlighting best practices in accordance with the goals of the *Sociedade*. Actions can be individual or collective (lunch, dinner, breakfast, etc.). The area managers have an annual budget and decide how they prefer to use this amount (individually or collectively).



collaborators' benefits

Although the flow of communication with employees has been highlighted in the Organizational Climate Research, it was identified the lack of knowledge among employees relation to policy benefits. To clarify these points, was made a broad communication work in order to make this information more transparent.

Valuing employees is one of the main commitments of *Sociedade*, and therefore, it systematically monitors the practices of their market related to the granting of benefits in order to remain competitive and retain talent.

In 2011 two improvement actions for employees deserves to be highlighted in the *Morumbi* Unit: the openings of the restaurant with 500 seats and differentials as diet and vegetarian preparations, and the second Community Space for Integration and rest in the intervals of work with snack bar and computers available. The space also provides physical activities, dance classes and beauty services.

Another benefit adopted in July, 2011 was the implementation of the Private Retirement Plan extended to all employees hired under the labor code from the first day of work. *Sociedade* has negotiated with banks contracted the granting of benefits to employees such as the exemption of loading rate and possibility of continuing with the plan if the employee will be off of the institution.

● GRI LA3



Investment benefits

(R\$ million)

| | 2010 | 2011 |
|--------------------|-------------|-------------|
| Health insurance | 16 | 22,8 |
| Dental plan | 1,5 | 1,4 |
| Restaurant voucher | 13,5 | 15,6 |
| Nursery | 2,8 | 3,5 |
| Bus charter | 4,6 | 5,5 |
| Total | 38,4 | 48,8 |

Dialogues with the Medical Staff

The spaces of dialogue with the Medical Staff were expanded in 2011 by two successful initiatives. In one, more than 400 doctors of various specialties into dialogue with leaders of *Sociedade* on 57 breakfasts, lunches, dinners and meetings throughout the year. The meetings dealt with various themes, ranging from the strategic to the routine, always passing through identifying opportunities for process improvement.

As for discussion of cases, presentation of results of clinical trials and new treatment protocols, among other important issues, there were 96 Specialties Forums, which counted with the participation of 2,369 professionals, distributed according to the table alongside.

Specialties Forums 2011

Number of participants by specialty

| | | | |
|-----------------|-----|-----------------------|--------------|
| Pneumology | 140 | Urgency and emergency | 169 |
| Psychiatry | 38 | Neuroscience | 231 |
| Orthopedics | 227 | Endocrinology | 20 |
| Otolaryngology | 230 | Gastroenterology | 129 |
| Cardiology | 222 | Pediatrics | 165 |
| Anesthesiology | 150 | Vascular surgery | 126 |
| Plastic surgery | 114 | Medical clinic | 31 |
| Geriatrics | 50 | Gynecology | 199 |
| Urology | 155 | Total | 2.369 |



The politics of occupational health and safety of *Sociedade* are intended to identify the risks to which workers may be exposed and, when available, mitigate or eliminate them.

In 2010, we took the decision to seek certification under OHSAS 18000, a methodology that defines standards for the management of Health Assessment and Occupational Safety Services focusing on the internal culture. According to the guidelines of this standard is the responsibility of *Sociedade* to implement systematic security measures and the continuous monitoring of laws on incidents and accidents. In this process, for the successful implantation is essential for every professional, awareness about the risks to which it is subjected and their responsibility to comply with safety standards. ● GRI PR1

Although advances have been recorded, the complexity experienced in the implementation of all steps to meet the standard resulted in a change in the schedule previously established. The completion of all phases of implementation, before in 2011, was postponed to 2012. This year will be applied the certification expected to occur in 2013.

Sociedade has the *Comissão Interna de Prevenção de Acidentes (Cipa)* [Internal Commission for Accident Prevention] consisting of 142 employees of the administrative and health care in *Morumbi, Vila Mariana, Perizes-Higienópolis, Jardins, Ibirapuera, Morato, Paraisópolis, Ribeirão Preto* Units and *Hospital Municipal Dr. Moysés Deutsch*.

In addition, meetings are held for presentation and discussion of indicators that generates waste, accidents, compliance safety inspections and absenteeism areas through the Safety, Occupational Health and Environment Committees, led by experts. ● GRI LA6

Given the factors that may compromise the health of employees, *Sociedade* has an integrated program of care which involves actions to prevent and deal with any problems. In health there are three initiatives in place: ● GRI LA8



- **Occupational health** – Aims to reduce the risks of illness and absenteeism through self-management of health for all employees, disseminating concepts of well-being and quality of life, health surveillance, health promotion and preventive medicine. Conducted more than 10,000 assistance in 2011;
- **Mental health** – Preventive focus and seeks to identify sources of occupational stress directing staff to adequately deal with any psychosocial problems related or not with the daily work activities. It was made 756 assistance in 2011;
- **Women's health** – Also has preventive focus. Seeks to evaluate risk, realize early detection of breast cancer and cervical cancer and prevent obstetric and gynecological diseases. Pregnant women are supported to identify possible risks of pregnancy. In 2011, 1,019 were performed mammograms with early diagnosis of four cases of breast cancer and followed successfully 12 cases of high risk pregnancy.

The program also counts with support for employees interested in quit smoking through the formation of discussion groups. These group talks about the risks of smoking, previous guidelines to avoid relapse and is provided nicotine replacement bumper. In 2011, this initiative has met the 32 employees. From 2012, the program will be extended to spouses. Furthermore, there is a confidential monitoring that includes dependence on alcohol and drugs by a multidisciplinary team and in undefined period.

It is also made the prevention of cardiometabolic risk, attention to diet and obesity. This is an initiative that provides guidance to employees about the importance of cultivating healthy habits every day for a balanced life and quality. The meetings, individual or group, take place at the Occupational Health Center in *Morumbi* Unit where patients with risk factors for chronic diseases are identified and monitored. In 2011, 910 assistances were made for employees with high cardiometabolic risk.

Employees also participate in a program of vaccination against highly communicable and preventable diseases in compliance with legal requirement established by Regulatory Standard NR-32. In 2011, vaccination coverage was 94% of employees for hepatitis B and 97% for adult double. For H1N1 influenza, the coverage reached 85% of employees of *Morumbi* Unit including children enrolled in kindergarten and third parties.

The management of absences aims to identify the causes of disabilities and the impacts on labor and quality of life for employees recommending corrective and preventive actions through policy that provides assistance flow and follows up of absentee employees and develops programs for vocational rehabilitation reintegrated to the labor activities compatible.

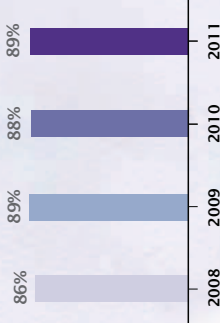
organizational climate

To evaluate the quality of the work environment and the main aspects that influence employee satisfaction, *Sociedade* held since 2004, an annual survey of climate, a strategic tool and support for people management. In 2011, almost 70% of employees responded to the survey. Of this total 89% said they were very satisfied or satisfied with *Sociedade* and 88% said they would recommend *Sociedade* to a friend or colleague as a good organization to work.

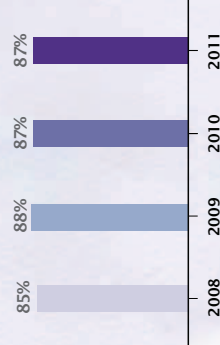
The results of climate research are also disseminated by work area and thus have inspired specific improvement plans prepared and implemented in a decentralized manner. In 2011, were developed by the areas, more than 300 action plans based on the results of climate research in 2010.

climate research 2011

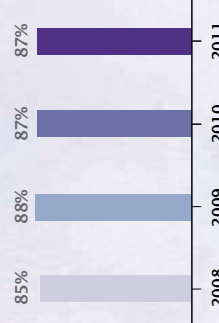
Degree of satisfaction with *Sociedade*



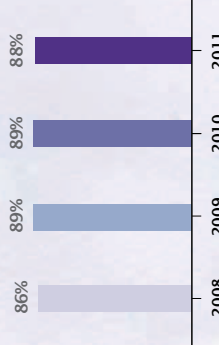
Degree of satisfaction with the work area



Employees intending to continue in employment



Employees who recommend *Sociedade* as a good place to work



In 2011, were added three new initiatives for preventive health care for employees:

- **Ergonomics program** – It aims to identify ergonomic hazards and implement corrective and preventive measures specific to each activity performed in *Sociedade*. It has a screening module which allows the identification and early diagnosis of symptoms and complaints of musculoskeletal diseases, to support the guidance of appropriate treatment. It also offers an educational module for the employee to participate in ergonomics classes offered by the area of training which includes realistic simulation. In 2011, 664 consultations were performed by specific physiatrist. In the preventive focus were applied risk of screening questionnaires in the administrative activities of the *AlphaVile* and *Perdizes-Higienópolis* Units, 52 evaluations were performed by a physiotherapist in employees of high-risk areas and 22 training in ergonomics with participation of 260 employees from areas with high ergonomic risk.
- **Holistic fitness program** – Suitable for employees with symptoms and musculoskeletal complaints. In 2011, 20 employees were treated with a high rate of absenteeism due to musculoskeletal disease.
- **Men's health** – Aims to promote the health of the employee through risk assessments and exams, prostate cancer prevention and access to preventive exams for the detection of possible urological conditions. In 2011, 31 examinations were performed with early identification of a case.

Frequency of accidents with lost time

| Year | <i>Sociedade</i> | Administrative areas | Hospital Israelita Albert Einstein | Instituto Israelita de Ensino e Pesquisa | Instituto Israelita de Responsabilidade Social | Diagnostic and Preventive Medicine |
|------|------------------|----------------------|------------------------------------|--|--|------------------------------------|
| 2008 | 11,4 | 5,5 | 14,1 | 5,2 | 13,7 | 3,6 |
| 2009 | 9,3 | 3,5 | 12,2 | 3,8 | 11,3 | 3,9 |
| 2010 | 9,1 | 1,1 | 10,6 | 7,6 | 17,4 | 3,6 |
| 2011 | 5,6 | 1,8 | 5,5 | 3,3 | 11,1 | 4,0 |

Absenteeism index in 2011

● GRI LA7

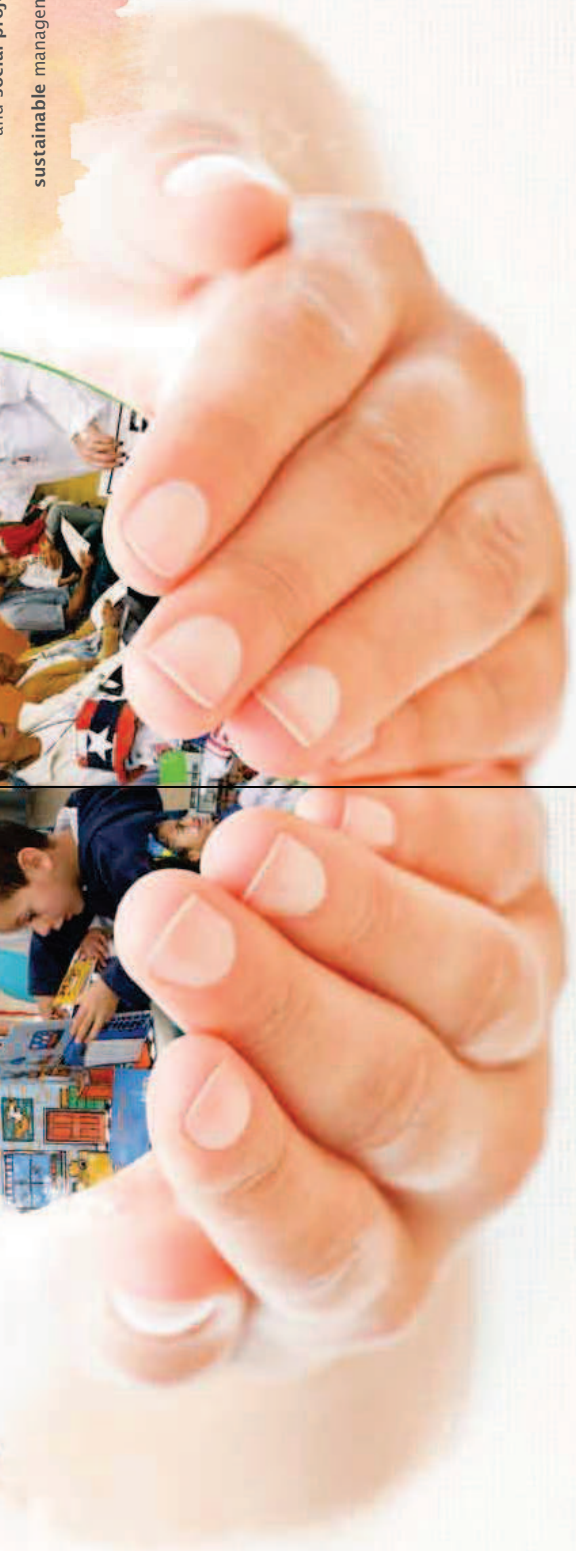
| Sector | 2009 | 2010 | 2011 |
|--|------|------|------|
| <i>Sociedade</i> | 2,6% | 2,1% | 2,1% |
| Administrative areas | 1,9% | 1,7% | 1,8% |
| Hospital Israelita Albert Einstein | 2,3% | 1,9% | 2,1% |
| Instituto Israelita de Ensino e Pesquisa | 2,2% | 1,3% | 0,7% |
| Instituto Israelita de Responsabilidade Social | 4,6% | 3,1% | 2,6% |
| Diagnostic and Preventive Medicine | 2,1% | 1,9% | 1,6% |

excellence in taking care of the community



materiality in this chapter

- relationship
with community
- quality in
community assistance
- accountability
for public funds
- programs
and social projects
- sustainable
management



quality in public health

Social responsibility, altruism and social inclusion are explicit commitments in the mission, vision, values and status of *Sociedade*. More than important, these issues are part of the reason for the institution's existence. This premise guides the actions of managers and employees of *Sociedade* whose social initiatives were recognized in 2011 by guide The 150 Best Companies for You Work In, in the category "Cidadania Empresarial" [Corporate Citizenship] (additional info in www.150melhoresempresas.com.br).

The list of social actions is extensive and the responsibilities for implementation are distributed over different instances of *Sociedade*. Together, these social programs benefiting thousands of people in the city of *São Paulo*, and the Institutional Development Support Program of Unified Health System arrives at other Brazilian cities such as *Belo Horizonte*, *Campinas*, *Cuiabá*, *Fortaleza*, *Ribeirão Preto* and *Rio de Janeiro*. In all cases, the beneficiaries of social actions are users of the public health system with which the *Sociedade* shares resources, people and knowledge. ● GRI 501

The pioneering social initiative and one that presents higher social achievement, is the *Einstein* Program at *Paraisópolis* Community. Located in an area of approximately 1,000 m² next to the *Morumbi* neighborhood on the south side of *São Paulo*, *Paraisópolis* has 43,000 inhabitants and 20,000 households. According to Brazilian Institute of Geography and Statistics this is the largest slum in *São Paulo* and the eighth largest in Brazil.



The *Sociedade* started its activities in this community through its Department of Volunteers in 1969, even before the inauguration of the Hospital which occurred in 1971. The *Einstein* Program at *Paraisópolis* Community was formally established in 1998 focusing on services to health promotion and prevention including pediatrics and outpatient for children up to 10 years living in the community. In 2011, the population served was approximately 12,000 people. The program also promotes social and educational activities and social inclusion, and it has the Health Attention Promotion Center which serves five thousand children, youth and adults. In 2011, 127 volunteers helped with the services of *Einstein* Program at *Paraisópolis* Community.

The public partnerships completed 10 years in 2011 and are not limited to *Paraisópolis*: include public health services distributed by the districts of *Vila Andrade* and *Campo Limpo* (region in which is inserted *Paraisópolis*) where resides nearly 320 thousand inhabitants. Altogether, in 2011, around 1,500 employees of the *Sociedade* acted in such services of the Municipality of *São Paulo*, such as doctors, nurses, dentists, community workers, physiotherapists, speech therapists, psychologists, psychiatrists, social workers and others. They are 82 teams of the Family Health Strategy Program, 24 oral health teams and five health centers to support the family, working at 13 Health Basic Unit, four units of Clinic Medical Assistance and a Psychosocial Attention Center.

Public partnerships in 2011

Dimensions of social action from *Einstein* in districts of *Campo Limpo* and *Vila Andrade* in *São Paulo*

● GRI SO5

| 1.500 | employees |
|-------------|---|
| 13 | Health Basic Units, 4 Clinic Medical Assistance and 1 Psychosocial Attention Center |
| 82 | teams in the Family Health Strategy Program |
| 263 mil | people registered |
| 225 mil | medical consultations in the Health Basic Unit |
| 461 mil | medical consultations in the Clinic Medical Assistance |
| 2,3 milhões | of procedures in the Health Basic Unit and Clinic Medical Assistance |

Public partnerships are executed from an agreement signed with the City Department of Health of *São Paulo* which provides monthly financial transfers. *Sociedade* receives only the value spent on proven implementation activities as accountability.

Partnerships with the Municipality of *São Paulo* in 2011 involving funds of R\$ 183 million. Of this total, about R\$ 9 million were resources that *Sociedade* has invested

in projects of new technologies and equipment for the network public works. The main project was the implementation of electronic medical records patient already in operation in six Health Basic Units and a Clinic Medical Assistance. In 2012, the system will be deployed in the remaining Units. This initiative brings improvements to the management of Units with greater integration, quality and reliability in service to the population. The electronic medical record concentrates all patients' medical history by integrating different types of data generated by different health professionals and in different places and times. It can be accessed via the Internet regardless of where the service occurs.

Exceeding targets

Performance of public partnerships operated by *Sociedade*

| Vaccination coverage | Percentage of pregnant women with seven or more prenatal visits |
|-------------------------|---|
| Goal in 2011: 95,0% | Coverage goal in 2011: 80,0% |
| Results achieved: 97,3% | Results achieved: 80,1% |
| Goal to 2012: 98,0% | Goals to 2012: 82,0% |

As there is strong correlation between public health and the environment, in 2011 *Sociedade* staff now counts with resources that enable them to deal with environmental issues in communities. Thanks to the Green and Healthy Environments Program of the Municipality of *São Paulo*, *Sociedade* staff allocated to the Family Health Strategy Program is integrated also by promoting environmental agents. Usually with a degree in biology or sociology these agents are prepared to identify and deal with environmental issues affecting public health, mobilizing the community to find sustainable solutions. In 2011, 13 Health Basic Units operated by *Einstein* developed several projects Green and Healthy Environments Program.

The initial project was the training of community health workers for the preparation of projects involving the appropriation of the territory in order to define measures of intervention and interaction with the environment. Since 2008, the Program has been investing in project management and strengthening inter-sector integration. The current phase of Program prioritizes the deployment, management and monitoring of projects that pursue sustainable development in the territory aligning human and urban development with environmental protection.

The engagement of staff of *Sociedade* in Green and Healthy Environments Program was recognized by the City Hall which in December 2011 promoted seminar to disseminate best practices "A3P" (environmental agenda in public administration). *Sociedade* was the only partner outside the public invited to present their experience.



Green and Healthy Environments Program

Projects implemented in public partnerships

| Thematic axis | Goals | Number of projects |
|--|--|--------------------|
| Afforestation | Increase the vegetable cover of the neighborhood expanding the area and permeable local biodiversity, and engage the population in the conservation of seedlings planted. | 4 |
| A3P (Environmental agenda in public administration) | Promote consideration of environmental issues in general and public administration in particular encouraging the adoption of attitudes that lead to the rational use of natural resources and public goods. | 13 |
| Waste management | Sensitize staff and community about the importance of recycling materials, selective collection of paper and cardboard and a management of a delivery station of used cooking oil in the community. | 4 |
| Vegetable garden | Keep beds of medicinal plants in Health Basic Units and a community garden in the catchment area such as therapeutic and educational space for users and developers. | 2 |
| Revitalization of public spaces | Revitalize the <i>Praça do Campo Limpo</i> (Campo Limpo Square) encouraging the appropriation of space by community through a monthly event, the Wednesday in the Square, with workshops environmental education, health lectures and artistic performances. | 2 |
| Educational workshops and culture of peace | Craft workshops with recyclable materials to the population of the area in Health Basic Units sensitizing it to the importance of reusing materials and creating bonds with colleagues. | 8 |
| Educumunication | Sensitize staff and community for the relationship between health and environment in scenarios for education about environmental issues to better quality of life. | 13 |
| Healthy coexistence with animals/ prevention of zoonoses | Decrease the number of abandoned animals in the region, raise awareness in general on the consequences of noncompliance and work affectivity in the relationship between owner and animal. | 3 |

municipal hospital

Since 2008, *Sociedade* manages the *Hospital Municipal Dr. Moysés Deutsch* that is very important for the approximately 600,000 inhabitants of the neighborhoods of *Jardim Angela*. The hospital has 27,000m² meters of building area, 240 beds and emergency room with a capacity of 500 queries per day. Employees of *Sociedade* comprise the management team of the hospital transferring knowledge about best care practices. In 2011, the *Moysés Deutsch* responded to 207,000 emergencies and conducted approximately 15,000 hospitalizations.

The Department of Volunteers of *Einstein* also operates in *Moysés Deutsch* keeping 22 members who work in assistance area and in humanization of care to patients and visitors. The goal of increasing the number of volunteers in the hospital was not realized due to difficulties in recruiting and retaining volunteers in the local community which gives preference to paid work.

In return, the Department of Volunteers raised significant donations to the hospital as an electroencephalogram equipment, blankets, chairs for companions, toy library with a toy librarian and storytelling for children as well as professional training courses for the local community.

Hospital Municipal Dr. Moysés Deutsch

Dimensions of attendance

| | |
|--|---------|
| Attendances at emergency room | 206.862 |
| Laboratory tests and pathology anatomy | 480.440 |
| Imaging exams | 112.486 |
| Hospitalizations | 15.588 |
| Surgeries (except caesarean section) | 3.286 |
| Births | 4.324 |





support to *SUS* [Unified Health System] • GRI SOS

The Institutional Development Support Program of Unified Health System is an initiative aimed at strengthening the *SUS* [Unified Health System] through s with hospitals considered to be excellent. Based on priority areas determined by the Ministry of Health of Brazil the hospitals have projects to be executed over a period of three years in the following areas: evaluation studies and incorporation of technology, human resources training, surveys of public interest in health and technical development, and operation management in health services and assistance.



It is scheduled the execution of 40 projects of *Sociedade* in Institutional Development Support Program of Unified Health System, with investments of R\$ 532 million between 2012 and 2014.

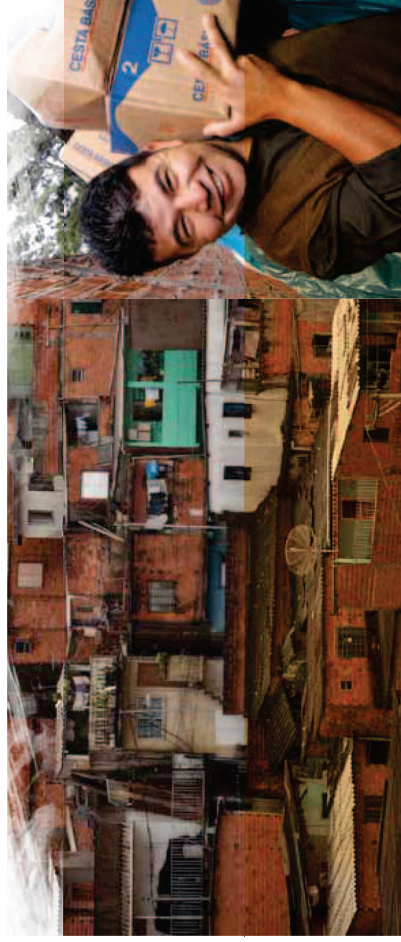
In the first cycle between 2009 and 2011, *Sociedade* executed 29 projects in which invested R\$ 406 million. One of the highlights was the Transplantation Program, one of the largest and most successful in the world. Between 2002 and 2011 were conducted over two thousand liver transplants, kidney, pancreas, kidney, heart, lung and cornea. Of this total, 94% of them were public patients.

The Transplantation Program is one example of how s work of *Sociedade* with the public health system. This is a model in which the Hospital brings knowledge and management capacity and the public system provides a level of care that otherwise, *Sociedade* would not have. In medicine, number of cases examined and treated determines the development of practices and knowledge, i.e., improvement of quality.

In transplants, two other projects can be highlighted within the Institutional Development Support Program of Unified Health System in 2011: Atlas of the Health of *São Paulo* and Atlas of Health of *Fortaleza*, two important tools to promote public health management. The first, in partnership with the Municipality of *São Paulo* is available on the internet (<http://apps.einstein.br/atlas/default.asp>) and is updated annually. Displays the mapping of the most common diseases in the city and its geographical distribution. Its possible check regions with higher incidence of stroke, heart attack and cancer for example, and how to find health equipment considering the public (municipal and state) and private.

Since the Atlas of Health of *Fortaleza* the largest epidemiological study of CVA in Brazil. Developed in partnership with the Department of Health of *Ceará*, it is a response to dimensions that this disease acquired in the city where is the leading cause of death. In 2009 the state government made mandatory the reporting of the disease such as the dengue fever and AIDS and has taken several measures to combat it including the agreement to produce the Atlas of Health. It uses georeferencing to identify distribution of the occurrence of stroke in *Fortaleza*, contextualizing the data through segmentation of socioeconomic risk factors.

Another initiative to strengthen the public health system is a shared ICU, created by the *Sociedade* in 2010 to disseminate protocols and routines for intensive care units in hospitals across the country, with main focus on public institutions. In 2011 there were three more sessions with themes assembled by the ICU of the *Hospital Israelita Albert Einstein*.



Before it was a slum; now, it is a community

At the request of the Department of Volunteers of *Sociedade*, Ibope [an important Brazilian research institute] conducted a survey to know the perception of the beneficiaries of the *Einstein* Program at *Paraisópolis* Community. The study report delivered in 2011, confirms the recognition of the local community activities. All responses collected were positive about the program, highlighting the importance of actions in both the individual and collective. According to the report of *Ibope*, one of the concepts expressed repeatedly is that the program represents an approach to building a decent future. At the collective level, this recognition can be summarized in one sentence of *Ibope* that summarizes the feelings of the residents, "was once a slum, is now a community."

For two months, *Ibope* heard 23 groups of residents and did six interviews in depth. The main conclusion is that the program contributes to strengthening self-esteem and a sense of citizenship of the local population. The work shows that after 13 years of activities the initiative helped to form a generation of young people that today are taking their role in the community and forefront of exercising citizenship. With the survey results the Department of Volunteers was also able to calibrate their activities making adjustments to better meet participants' needs and expectations of social and educational activities of the five centers that comprise the Health Attention Promotion Center: Health, Education, Sports, Art and Communication and Social Service.

Einstein Program at the Jewish Community

Concentrated in *São Paulo* and focusing the ambulatory attendance and beneficiaries hospitalization mostly over 60 years, the *Einstein* Program at the Jewish Community serves nearly 1,200 people from educational institutions and social assistance of various areas of the city.

They are referred to Nursery Naar Yisrael, the *Centro Israelita de Apoio Multidisciplinar (Ciam)*, the Blalik College, the Peretz College, the *Lar das Crianças da Congregação Israelita Paulista (CIP)*, the *Oficina Abrigada de Trabalho (OAT)*, the *Residencial Israelita Albert Einstein* and *União Brasileiro-Israelita da Bem-Estar Social (Unibes)*.

The *Residencial Israelita Albert Einstein* is a long-term institution for the elderly that is administered since 2003 by *Sociedade*. It has 164 residents, 120 non-payers who are assisted by a team of 69 volunteers and 250 professionals including physicians, nurses, support staff and nutritionists among others.

In the *Residencial*, residents receive health care and have access to cultural and leisure activities such as theater, crafts, music, tours and travel. In addition, the institution offers medical care to elderly from other entities.



Mission in Haiti



After participating in humanitarian aid to Haiti after the earthquake of January 2010, the *Sociedade* was invited to participate in a new mission in cooperation with that country in 2011 at the Initiative of the Brazilian Cooperation Agency, of the Ministry of Foreign Affairs of Brazil, in partnership with the Ministry of Health of Brazil.

The volunteer participation of the *Sociedade* and its employees aimed to plan, build and establish a rehabilitation center which will be donated by the Brazilian government to Haiti.

The project has great social relevance given the high incidence of sequelae among about 350 thousand injured in the earthquake.

In 2011, *Einstein's* team consisting of psychiatrists, physiotherapists, therapists occupational, psychologists, speech therapists and nurses participated in the formulation of Unit design and its functional program, staff, equipment and material consumption. In November was held the first training course of 50 caregivers who work in the Haitian National Institute of Rehabilitation to assist patients with different disabilities: physical, mental, hearing and visual. In 2012 will be trained over 150 caregivers.

excellence in teaching and research



materiality in this chapter

health
courses

knowledge
and innovation

teaching
and research

people
management
continuing
education



commitment to knowledge

Instituto Israelita de Ensino e Pesquisa gained new impetus in 2011. In the middle of the year the areas of Education and Research were separate in order that each could expand its capacity of acting with focus in two great challenges: register the Institute among the best medical research centers in the world and, in the education area, expand its position among the best schools in the health sector in Brazil.

To facilitate and ensure that the challenges are accomplished *Sociedade* approved in 2011 a preliminary version of the Master Plan for construction of new facilities for the research area which will reside at the same address that the Abram Szajman Health Education Center, located in *Morato Unit, São Paulo*. The launch is expected for 2014.

Sociedade aims to develop excellence science as well as it has achieved high standards of quality in medical procedures management and health care. The opportunity of systematize and publish such learning transforming them into knowledge available to *Sociedade* will contribute to the improvement of the health conditions of many populations.

Among the important steps in this direction is the achievement of the new Advisory Board first meeting in the research area in 2011, which aimed to support and offer macro-guidelines in the 10 years, for research activities.

The new Advisory Board of the research area

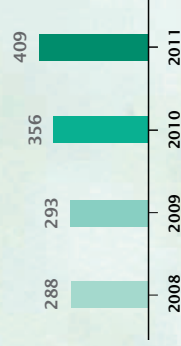
| | |
|--------------------|--|
| Sydney Brenner | The Nobel Prize in Medicine of 2001 |
| Antonio Coutinho | Director of Gulbenkian Science Institute, from Portugal |
| Robert Nussenblatt | Director of research division of the National Center for Complementary and Alternative Medicine (NCCAM), from National Institutes of Health (NIH), of USA. |
| Ernie Camargo | Emeritus teacher from the Institute of Biomedical Science, University of São Paulo. |

Boards with this quality besides motivate the exchange of ideas it contributes for the recruitment and retention of young researches, and provides a valuable contribution towards making the Institute an organization of international reference.

Aiming to stimulate and capture professionals, the Institute began designing a career plan for the researcher that forecasts contracts ranging from three to five or more years, with formal processes of evaluation in these intervals. This is a model used internationally and needs to be adapted to the Brazilian legislation, which seeks to create lasting relationships with professionals skilled, essential for an Institute reach its goals.

Repercussion on the scientific

Evolution of the citation numbers to the researchers' articles of *Einstein*.



At the end of 2011, the 23 Institute researches had 227 studies in progress and another 73 were completed over the year in different areas of scientific knowledge. The total sum of resources to finance research was R\$ 8.1 million in 2011, of which 52% were donations from national and abroad instigation agencies, in s with public and access of private companies.

A significant achievement in 2011 was obtained from indexing the magazine *einstein* in Scielo (Scientific Electronic Library Online) base, the most important system of access to technical and scientific information in Latin America. Thus, the articles published in the magazine become available to much more researchers, allowing them to author a great recognition by the scientific community allowing greater dissemination of knowledge produce by *Einstein*.

Last year, the neurologist David Schlesinger, Institute researcher, published the article entitled *African ancestry protects against Alzheimer's disease-related neuropathology* in the magazine Molecular Psychiatry, of IF³>15. Thus, the goal of publishing a scientific article with this impact factor was anticipated from 2015 to 2011.

³IF = impact factor: measure that reflects the average of citations of a scientific article published in such period. Results from dividing the number of times the article has been cited by indexed journals during a specific year by the total number of "citable items" published in that year.

Other highlighted facts in research:

The Surgery Training and Experimental Center obtained accreditation from the Association for Assessment and Accreditation of Laboratory Animal Care International. The achievement was important because the entity certifies research institutions committed to caring and responsible use of animals. As a result of such certification, the researcher and physician Luciana Cintra was awarded a scholarship for a two months training at Massachusetts General Hospital, of Medical School of Harvard University, in Boston (USA).

The Experimental Research Center implemented the international standard of Good Laboratory Practice, an initiative which entitles the Institute to compete donations from other countries, similarly to what happens in other major research centers.

In 2011 was created the scientific research area in nursing aiming to contribute with the recognition of these professionals by generating and disseminating knowledge about new models and assistance practice.

Scientific production of Instituto Israelita de Ensino e Pesquisa

| | 2009 | 2010 | 2011 | 2011/2010 |
|--|------|------|------|-----------|
| Articles in indexed magazines | 334 | 367 | 380 | 6% |
| Articles published in magazines with impact factor > 1.000 | 157 | 198 | 212 | 7% |





By separating the areas of education and research, the goal of *Sociedade* was to allow the focusing in both simultaneously. In 2011, there was the hiring of a specific director for education and creation of two new managers: one of New Projects which aims to explore opportunities with other health institutions; and another, the Medical Education Management that is focused in expand the courses for physicians. In 2011 were created two involving the Realistic Simulation Center.

In education area, *Sociedade* acts in the segments:

- Technique school;
- Nursing college;
- Residency and professional development;
- Specialization *lato sensu*;
- Refresher courses; and
- Conferences and scientific symposiums.

In 2011, the focus was the process restructuring and courses dissemination. For the first time there was advertising campaigns for the area of education, graduation courses, specialized courses and technical school. This investment has generated a number of applications 140% above the previous year, indicating the existence of a strong potential for growth in continuing education for health professionals. The Institute has reached the end of 2011 with 2,390 students enrolled.

Recognized as an institution of higher education by the Ministry of Education of Brazil in 2001, the School of Nursing began its activities in 1989 and offers graduation and post-graduation courses. Currently, it graduates 50 nurses a years, 70% of which are absorbed by *Sociedade* itself.

The College received in 2010, the number 4 in the evaluation of the National Survey of Students' Performance which evaluates the performance of students in graduate courses, with 5 being the highest score. It was the best evaluation among the best private schools of nursing of *São Paulo*, classified as four stars in the Student Guide 2011, published by *Editora Abril*.

In 2011, 30 *lato sensu* post-graduation courses were offered, eight residency programs and five courses of improvement, with 844 students enrolled in courses aimed at nurses, physicians, multi-professional team and other professionals. It also expanded the number of residency specialties, with funds of *Sociedade*, since these students are paid for their services. Most courses are related to strategic specialties of *Sociedade* and it has preceptors that belong to the Medical Staff. The year of 2011 ended with 48 residents in eight medical specialties.



Technical school courses in 2011

| Professional qualification in 2 years | Professional qualification in 1 year | Qualification |
|--|---|--|
| <ul style="list-style-type: none">• Nursing Technician;• Pharmacy Technician;• Clinical Analyses Technician;• Radiology Technician. | <ul style="list-style-type: none">• Administration Technician (focused in health services). | <ul style="list-style-type: none">• Hospital Butler;• Customer Service;• Hospital Room Cleaner;• Administrative Routines;• Lactary Assistant;• Kitchen Assistant. |



Morato Unit, where it is offered graduation, technical and specialized courses.

Realistic Simulation Center

The Institute also supports other units of *Sociedade*, engaging in some of its key challenges of skills development. All employee training for certifications and accreditations of *Sociedade* are provided by the Institute. The intensity of training per employee is high and exceeds international standards; it has reached 42 hours per person in 2011.

Training courses are taught in 18 classrooms, a computer room and a videoconferencing room, all built through donations. Realistic Simulation Center resources are also used, they offer conditions to simulate situations in which certain procedure or behavior should be applied, focusing on patient safety. Planned to be a reference in technological innovation and knowledge generation through qualification of physicians and health professionals, the Center develops technical and behavioral skills and provides better retention of knowledge.

Besides training the employees of *Sociedade*, Realistic Simulation Center also provides training to professionals in public health through a Realistic Mobile Simulation unit, acquired in 2010. In 2011, trainings were held for professionals from the public in the states of *Ceará*, *Distrito Federal*, *Pernambuco*, *Goiânia*, *Pará*, *Rio Grande do Sul*, *Santa Catarina* and *Rio de Janeiro*.

Training of health for health institutions

| Number of participants | 2008 | 2009 | 2010 | 2011 |
|---|--------------|--------------|---------------|---------------|
| Clinic Medical Assistance/Family Health Program | 3.555 | 7.234 | 8.378 | 14.175 |
| Hospital Municipal Dr. Moysés Deutsch | 3.405* | 670 | 1.106 | ND ** |
| Inca, Anvisa [National Health Surveillance Agency], Transplant, ICC | - | 642 | 1.420 | 1.880 |
| Total | 6.960 | 8.546 | 10.904 | 16.055 |

*Launch of Hospital Municipal Dr. Moysés Deutsch.

**From 2011 on, trainings were conducted directly by the Hospital Municipal Dr. Moysés Deutsch, in with the Centro de Estudos e Pesquisa "Dr. João Amorim" (Cejam).

Training in Realistic Simulation Center

| | 2008 | 2009 | 2010 | 2011 | 2011/2010 |
|------------------------|--------|--------|--------|--------|-----------|
| Number of participants | 5.687 | 5.573 | 5.678 | 9.028 | 59% |
| Training hours | 30.390 | 35.497 | 31.359 | 53.319 | 70% |

scientific events

The area of scientific events of the Institute also promotes the dissemination of knowledge through meetings proposed by different Sociedade sectors. In 2011 were held 51 events, 27% more than in 2010, such as congresses, conferences, seminars and symposiums nationally and internationally, with 92% of vacancies filled. The number of international events doubled in 2011.

Over the past three years, have passed through these events nearly three thousand speakers, 20% of them from abroad. With the launch of the Moise Safra Auditorium, at the end of 2010, events began greater, which contributed to an increase of almost 40% of the vacancies offered compared to 2010.



excellence in taking care of the environment



materiality
in this chapter

recycling

water
consumption

materials
management

waste
management
sustainable
management

environmental management, a priority

According to World Health Organization (WHO), the Brazilian health sector accounted in 2009 for 9.0% of GDP in the country, moving about R\$ 291 billion per year in current values (R\$ 337 billion in adjusted values in real 2011). If the amount of money is significant, environmental impacts should also be proportionally relevant. However, the industry is not concentrated, i.e., consists of thousands of small and medium-sized institutions and for hundreds of large hospitals. This pulverization makes the environmental impacts of the health sector are less noticeable.

However, hospitals and clinics operate 24 hours a day, seven days a week, serving thousands of people, who sometimes travel great distances to reach them.

To get an idea of the relevance of the theme of environmental management for major hospitals, just check that the volume of solid wastes generated by the *Hospital Israelita Albert Einstein* reaches approximately 10 tons a day. This amount is equivalent to the volume of garbage generated daily in small towns in the State of *São Paulo*.

The concern for environmental management does not result only from the impact of the activities of hospitals, but also ethical aspects, because health institutions should not endanger the sanitary conditions of the environment, since the health of people depends on them. It is with this view that *Sociedade* awarded strategic dimension to the environmental and sustainability management.

From the point of view of governance, two committees were created to deal with these issues. One of them is subordinate to the Board of Directors – the Strategy, Technology, Quality, Innovation and Sustainability Committee, the other is subordinate to the Elected Board, the Social Responsibility and Sustainability Committee. Within the executive, the responsibility lies with the Healthcare Practice, Quality and Safety Director, which is subordinated to the Health, Safety and Environment Management. ● GRI 4.9 e GRI 4.10

These two committees are responsible for managing the voluntary commitment made by *Sociedade* with the Global Pact, an initiative developed by the United Nations (UN) in order to mobilize organizations to adopt crucial and internationally accepted values in the areas of human rights, labor relations, environment and combating corruption, reflected in ten principles.

The ten principles of Global Pact

The Global Pact advocates ten universal principles, derived from the Universal Declaration of Human Rights, the Declaration of the International Labor Organization on Fundamental Principles and Rights at Work Direct, the Rio Declaration on Environment and Development and the UN Convention Against Corruption. They are:

The Human rights

1. The companies should support and respect the protection of human rights internationally recognized; and
2. Ensure their non-participation in human rights abuses.

Work

3. The companies should support the freedom of association and effective recognition of the right to collective bargaining;
4. The elimination of all forms of forced and compulsory labor;
5. The effective abolition of child labor, and
6. Eliminate discrimination in employment.

Environment

7. The companies should support a precautionary approach to environmental challenges;
8. Develop initiatives to promote greater environmental responsibility, and
9. Encourage the development and diffusion of environmentally friendly technologies.

Against corruption

10. The companies should work against corruption in every aspects, including extortion and bribery

Source: Global Pact – Brazilian Network

In 2011, it was elaborated and approved the Sustainability Master Plan, with over 30 themes that unfold into guidelines and action plans. In the first year of implementation, the Sustainability Master Plan focused on the following topics:

- Wastes;
- Sustainable surgical center;
- Engineering and eco-efficiency
- Healthy nutrition;
- Suppliers.

The Master Plan covers all areas of *Sociedade* and establishes work together to meet the guidelines set. An example was the group formed by the Engineering, Infection Control, Environment, Health and Safety areas to study ways less impacting, more secure and viable for treating wastes generated. As a result of this work, the following equipment will be installed in the *Morumbi* Unit:

- Two autoclaves, to be used in the treatment of infectious wastes, so they leave the Hospital as common waste, and
- Two dehydrators of organic waste, which will help in reducing the volume of organic waste. There were not installed in 2011, as required under the initial target, due to lack of adequate space.

Also in *Morumbi* Unit, the area where the waste is stored will be expanded and readapted to meet growing demands due the Hospital expansion.

With support from Communication area, there will be promoted further mobilization and awareness campaigns to highlight the importance of Green Agents, employees of the *Sociedade* who work voluntarily as multipliers agents of sustainable practices. In 2012, the focus will be on the impact of everyday activities on climate change being taken to reduce the waste of raw materials, resources and food, besides the reduction, proper collection and recycling among others.



Adherence to GHC Protocol Brazilian Program

To provide transparency and attest their commitment to sustainability, *Sociedade* joined in the in 2011, and was the only health institution to publish an inventory of emissions of greenhouse gases, which took as a reference the year base 2010.

The GHC Protocol Brazilian Program is an initiative of the Centro de Estudos em Sustentabilidade (GVces) [Sustainable Study Center], from *Escola de Administração de Empresas de São Paulo da Fundação Getúlio Vargas (EAESP/FGV)* [Business School of São Paulo of Getúlio Vargas Foundation], in partnership with the World Resources Institute (WRI). Aims to establish a culture of development and publication of corporate inventories of greenhouse gases emissions in the country.

Aware of the environmental impacts of the health sector, besides monitoring their emissions, *Sociedade* is drawing policies and implementing actions that reduce the emission of greenhouse gases, in order to offer their contributing to the sustainability of the planet. Over the past two years, emissions from stationary combustion of *Sociedade* decreased 54%. The main reason was replacement of diesel used for power generation in emergency situations (more on page 110). ● GRI EC2

In 2011, the Hospital also took the initiative to raise the impact of two greenhouse gases, from anesthetic gas, and they are not considered by the Intergovernmental Panel on Climate Change for inclusion in the Emissions Inventory.

The sevoflurane and isoflurane are halogen organic gases used to induction and maintenance anesthetic state during general anesthesia. Although individual contribution of these gases to global warming is significantly lower than those gases such as methane, nitrous oxide among others, this is a growing market that can become significant contributors' gases in the total global emission.

In the year, the *Hospital Israelita Albert Einstein* consumed about 14 liters of isoflurane and sevoflurane in 244 liters, representing tons of carbon equivalent a contribution of approximately 27 and 124 tons respectively. ● GRI EN17

Evolution of the greenhouse gases emission

● GRI EN16

| | 2009 | 2010* | 2011** |
|--|-------|-------|--------|
| Scope of emissions 1 | | | |
| Stationary combustion | 5.569 | 4.542 | 2.537 |
| Mobile sources | 22 | 38 | 44 |
| Refrigeration equipment/Air-conditioning | 1 | 18 | 55 |
| Total scope of emissions 1 | 5.592 | 4.598 | 2.637 |
| Scope of emissions 2 | | | |
| Electricity purchased and consumed | 772 | 1.917 | 2.379 |
| Total scope of emissions 2 | 772 | 1.917 | 2.379 |
| GHG emissions (total scope 1 + 2) | 6.364 | 6.515 | 5.015 |

*Due to changes in the database of the GHC Protocol Brazilian Program, after the release of the report, the index of 2010 has changed.

**In calculation made in 2011 was used the GHC tool released in 2011, for 2010.

Sources of other indirect emissions

● GRI EN17

| | Emissions tCO ₂ e and 2010 | Emissions tCO ₂ e and 2011 |
|---|---|---|
| Travel and aircrafts | 618 | 1.320 |
| Waste disposal in landfills | 423 | 561* |
| Waste disposal in incinerators | 80 | 29 |
| Equipment and vehicles used in civil construction works | 399 | 187 |
| Mobile sources** | 3.065 | 6.089 |
| Total | 4.585 | 8.186 |

*This data refers to the contribution of greenhouse gases emissions, waste disposed in landfill only in the year 2011. For a period of approximately 65 years accumulated emission will be approximately 2,547 tCO₂e of waste in 2011.

** This data refers to the estimation of emissions from vehicles to transport employees. It was considered the emission of charter buses (1.530 tCO₂e) and estimation of employees' cars that have the benefit of parking (4.559 tCO₂e). In 2011 there was an increase in the number of parking spaces offered to employees. ● GRI EN29

Emission of substances that destroy the ozone layer

● GRI EN19

In kg

| Gas type | 2010 | 2011 |
|--------------|---------------|---------------|
| HCFC-22 | 219,30 | 151,20 |
| HFC-134 A | 14,37 | 21,78 |
| HCFC 141-B | 4,00 | 7,00 |
| Total | 237,67 | 179,98 |

At the hospital the main gases that damage the ozone layer used in refrigeration and freezing procedures intraoperative (pathological) are HCFC-22, HCFC 134 B and HFC-134 A. The above data were extracted from the Report of the Montreal Protocol available at the *Ibama* [Brazilian Institute of environment].

In 2011 was established a corporate goal of 26% reduction (for scope 1 and 2) related to 2010, considered quite daring for the segment. To establish this goal, were taken into consideration the planned improvements in infrastructure to reduce energy consumption, natural gas and diesel. The expansion of Units and the consequent increase in the number of attendances, as well as the consumption of raw materials led to a 23% reduction of greenhouse gases. *Sociedade* believes that the best way to reduce the impact of their activities on climate change is first to act in the efficiency of processes. ● GRI EN18



goals to 2012

According to the commitments approved in the Sustainability Master Plan, a set of initiatives will be implemented by *Sociedade* during 2012, to provide improvements in environmental management of all Units.

It is settled the installation at the *Morumbi* Unit of:

- Sensors in the surgery rooms, to optimize the exchange of air and temperature during periods when the room is not in use;
- Fan coil, a type of air conditioner that uses cold water instead of cooling gas in the break room of the Moise Safrá Auditorium, in order to maintain the air-conditioning systems are turned off when not occurring events;
- Automation in areas where there is daylight, to eliminate the unnecessary use of artificial lighting;
- Regenerative wind system to supply the consumption of electricity in certain areas, such as the atrium; and
- Three-liter toilets, replacing the six liters per activation. Furthermore, will be finalized the study of regenerative hydraulic system for power generation through the use of condensation water system.

In the new *AlphaVille* Unit which is in construction process, will be installed:

- Solar system for heating water; and
- Water consumption meter for online monitoring.

In *Morato* Unit will have:

- Replacement of the generating system of cold water by a more efficiently equipment; and
- The installation water consumption meters to monitoring online.

The *Vila Mariana* Unit will receive the installation of a recirculation system for preheating water with air-conditioning system with natural gas, and in *Jardins* Unit will also be installed water consumption meters to monitoring online.

Reuse of single-use in hospitals

The single-use materials used in hospitals has a great impact generating waste. The use of these materials involves safety issues, that is why is regulated by specific legislation. However, the scientific literature has demonstrated the possibility of safe reuse of certain materials since reprocessed appropriately as practice environmentally friendly.

This issue is still new in Brazil, but has advanced in some countries. *Sociedade* intend to stimulate this discussion within the *Associação Nacional de Hospitais Privados (ANAHF)* [a Brazilian association of private hospitals] so this entity can bring to the *Agência Nacional de Vigilância Sanitária (Anvisa)* [The Brazilian agency of health surveillance] a proposal for the joint construction of reprocessing protocol of single-use articles, as already happens in other countries.

Waste generated by type and disposal method ● GRI EN22

| Type | 2009 | 2010 | 2011 | Disposal method |
|---------------------------|------------|--------|--------|---|
| Infectious waste (t) | 902 | 1.169 | 1.114 | Electro thermal deactivation |
| Non recycling waste (t) | 1.677 | 2.041 | 2.293 | Landfill |
| Recycling waste (t) | 616 | 659 | 369 | Recycling |
| Chemical waste (t) | unmeasured | 13 | 8 | Incineration |
| Laboratory waste (t) | unmeasured | 5 | 5 | Incineration |
| Radioactive waste (t) | unmeasured | 3 | 1 | After decay, sent off for electro thermal |
| Batteries (t) | unmeasured | 0,40 | 0,44 | Decontamination and recycling |
| Accumulated (t) | 3.195 | 3.890 | 3.790 | |
| Fluorescent lamps (units) | unmeasured | 20.726 | 15.167 | Decontamination and recycling |

Note: measurement in Morumbi, Alphaville, Vila Mariana, Ibirapuera, Jardins, Morato and Perdizes-Higienópolis Units.

Evolution of waste volume

● GRI EN24

(in tons)

| | 2009 | 2010 | 2011 |
|-----------------|--------|--------|--------|
| Cardboard | 210,44 | 214,32 | 244,47 |
| Iron | 79,29 | 67,28 | 40,35 |
| Cans | 1,14 | 1,20 | 1,24 |
| Aluminum | 5,62 | 6,73 | 2,45 |
| Paper | 26,06 | 35,86 | 49,34 |
| Plastic* | 26,35 | 40,29 | 30,44 |
| Copper | 0,66 | 1,60 | 0,06 |
| Stainless steel | 2,58 | 0,13 | 0,30 |
| Metals | 0,02 | - | - |
| Lead | - | - | - |
| Works | 263,98 | 291,67 | - |

*In August 2011 there were problems with incorrect disposal of recyclable plastics, which led to the suspension of collection of this material. Therefore, approximately 30 tone of common waste plastic were discarded in landfill. Sociedade had revenues of R\$ 83,000 in 2009 and R\$ 88,000 in 2010 with the sale of recyclables. The income was allocated to social actions in *Paraisópolis* community. In 2011 the resort destination remained the same and revenue was R\$ 73,000 17% less than previous year.

(-) represents items not sent to recycling.

The bond paper used in printers and copiers is certified by the Forest Stewardship Council (FSC) which certifies the correct management of forests.

Evolution of water consumption, by source

● GRI EN8

(m³)

| Source | 2009 | 2010 | 2011 |
|----------------|---------|---------|---------|
| Concessionaire | 237.445 | 273.952 | 350.991 |
| Own well | 56.623 | 64.540 | 20.635 |
| Total | 294.068 | 338.492 | 371.626 |

Observation: In 2011 the wells of the *Vila Mariana* and *Morumbi* Units were shut down.

Evolution of power consumption

● GRI EN4

(MWh)

| | 2009 | 2010 | 2011 |
|--|--------|--------|--------|
| | 31.488 | 37.391 | 45.995 |

Evolution of energy consumption, by source

● GRI EN33

| Energy source | Generation form | 2009 | 2010 | 2011 |
|-------------------------------|--|-----------|-----------|-----------|
| Diesel oil (l) | Emergency generators and its own fleet | 1.341.797 | 1.703.205 | 130.861 |
| Gasoline (l) | Own fleet | 8.141 | 7.500 | 11.497 |
| Alcohol (l) | Own fleet | 20.927 | 7.860 | 4.310 |
| Natural gas (m ³) | Heaters passage, steam generators and large pots | 984.173 | 1.059.447 | 1.182.032 |

Green roof of *Morumbi* Unit



sustainable constructions

Since 2006 the constructions held by *Sociedade* came to be made based on sustainable criteria, either for new buildings or renovating old buildings. From then on, all works have given the criteria by recommended by Green Building Council LEED System (Leadership in Energy and Environmental Design)⁴.

Sociedade continually seeks new technologies and practices capable of improving the social and environmental performance of buildings, whether in the architectural standard, in comfort and ergonomic adaption or water consumption, electricity and natural gas. Perform an active equipment search, materials and systems capable of generating greater comfort for employees and at the same time, increase consumption of natural resources. For example, in 2006 *Morumbi* Unit consumed approximately 23,000 m³ of water per month. In five years, the Unit has nearly tripled its size, but kept the water consumption by 26,000 m³ per month. Improvements in lighting system also brought benefits, with a significant drop of energy consumption. If no improvement had been done, instead of consuming around 14,000 MWh per year, the institution would be consuming about 37,000 MWh.

● GRI EN5

Regarding energy consumption, the highlight of 2011 was 34.5 KV substation at *Morumbi* Unit which opened in February. The electricity comes from a *Trairão* substation, of *AES Eletropaulo* and covers the entire demand of the Unit. This initiative provided an electric power supply to the more stable Hospital with substantial reduction in consumption of diesel in order to generate electricity in emergency situations. Thus, the carbon emissions in the hospital decreased significantly. There were also improvements to the surrounding community that beyond the lower generation of CO₂ was benefited with the exclusion of *Sociedade* from the power distribution system before shared with the entire region.

● GRI EN6

The list of most important achievements in 2011 includes: ● GRI EN26

- Continuation of the LEED certification process of the *Perdizes-Higienópolis* Unit. The certificate shall be issued in early 2012;
- Starts LEED certification for the new building of the *Morumbi* Unit. The work completed in 2011 must be certified in late 2012 or early 2013;
- Starts construction of new *Alphaville* Unit, a building that like others, will follow the precepts of the Green Building Council;
- Reform of the building dedicated to the long hospitalization periods in *Vila Mariana* Unit

⁴Developed by the Green Building Council (USGBC) in 2000, the LEED System is composed of criteria and specifications for the design, construction, operation, maintenance and renovation of buildings. The LEED certification is made by independent verification, certifying that a building was designed, built or reformed intended to preserve and promote the health, human welfare and the environment. The criteria is based mainly to the consumption of natural resources, enhancing water conservation and energy efficiency in lighting and cooling solutions, and the use of materials, techniques and solutions that preserve the local environment and encourage sustainable local development.



Centro de comando da subestação de energia da Unidade Morumbi

with sustainable design and execution. In this building, the entire water heating had to be made from solar energy. We installed 50 m² meters of solar heating plates with 35% reduction in natural gas consumption for water heating;

- Installation of new water cooling system of the *Morumbi* Unit. Before the exchange, consumption was around 1.3 kW/TR. Today is 0.7 kW/TR (an indicator of efficiency of air conditioning equipment where TR – ton cooling – equivalent to 12,000 BTU/h);
- Consolidation of the monitoring and building automation system including lighting and air conditioning for all plants in the *Morumbi* Unit. The implantation began three years ago and the implantation peak was in 2011 with completion scheduled for April 2012. The system brings substantial savings in energy consumption and water. It also automates the operation of air conditioning and lighting system, in administrative environments that are turned out automatically between 19 hours and 6 hours of the morning, allowing the local activation of lighting and air conditioning if necessary;

- Installation of 150 m² of green roofs in the electricity substation in the Moise Saíra Auditorium, using recycled rubber applied over the existing cover providing increased water retention and better thermal insulation. ● GRI EN7

The replacement of air conditioning in *Morato, Jardins* and *Ibirapuera* Units, previously scheduled to occur in 2011 will occur in 2012

- the resources are already in the budget. Another goal that was not achieved in 2011 was the replacement of new flushing toilets in the bathrooms of *Morumbi* Unit, postponed to 2012 due to delays in importing basins. With the replacements water consumption will decrease 50% from six to three liters of unloading activation.

Water discards

| (m ³) ● GRI EN21 | | |
|------------------------------|---------|---------|
| 2009 | 2010 | 2011 |
| 267.959 | 311.112 | 365.436 |

The calculation of the volume of the effluents discharge is done as follows: volume = 100% of concessionaire supply + 70% of the own wells supply, because it is considered that 30% of water wells supplies are lost in the process of condensation of the cooling towers. Analyses are made with every six months, according to article 19 of Law 997 of May 31, 1976.

engagement in campaigns

As a contribution for sustainability is increasingly present in daily life and in people's lives, the *Sociedade* supports, develops and participates in initiatives that serve as instruments of awareness and mobilization. A good example was the engagement in the Earth Hour global campaign led by WWF, which is a symbolic act of alert to the risks of global warming. It was held on March 26, 2011, from 08:00 p.m to 09:30 p.m. *Sociedade* participated by turning off lights in all its Units. At *Morumbi* Unit, were turned off the lights of the atrium from the building that houses the administrative areas of the building dedicated to clinic and Moise Safra Auditorium, as well as all external floodlights. Besides these actions, *Sociedade* mobilized its employees through pieces of digital communication, aiming to increase the commitment to improve the health of the planet.

In the Environment Week, as an alert to environmental issues, *Sociedade* promoted two initiatives: the contest "Show Your Conscious Attitude", whereby employees sent sentences with actions taken at home or anywhere in favor the environment, and the top ten actions were rewarded with a Zen & Spa Smart Box, and exhibition "*Einstein* and Sustainability", which was assembled in *Morumbi* Unit in Moise Safra Auditorium, and was open to the public between 6 and 8 June, 2011. The programming of the week also counted with theater among other attractions.

The campaign developed by *Sociedade* on March 22, 2011 World Water Day to employees sought to raise awareness and promote the rational use of this feature and at the same time give visibility to the initiatives implemented by *Sociedade*, such as replacing toilets and taps, installation of water treatment, flow reducers on taps and showers system, and reuse of rainwater which promote a significant reduction in using this feature.

In the Arbor Day on September 21, *Sociedade* performed a new campaign for employees with tips and sustainable practices such as consumer awareness, encouraging the application of the



three "Rs" (reduce, reuse and recycle), rational use of energy among other actions that benefit the balance of life on the planet.

Still aiming to educate employees about the impacts caused by excessive use of individual vehicles, *Sociedade* encouraged carpooling in support of the World Car Free Day, the global mobilizing held on 22 September. Through the use of the intranet channel could promote the exchange of information to combine rides. There were also encouraging the practice of walking as physical activity and the use of bicycles as a means of transport besides indicating the use of public services (bus, train or subway) at least one day a week.

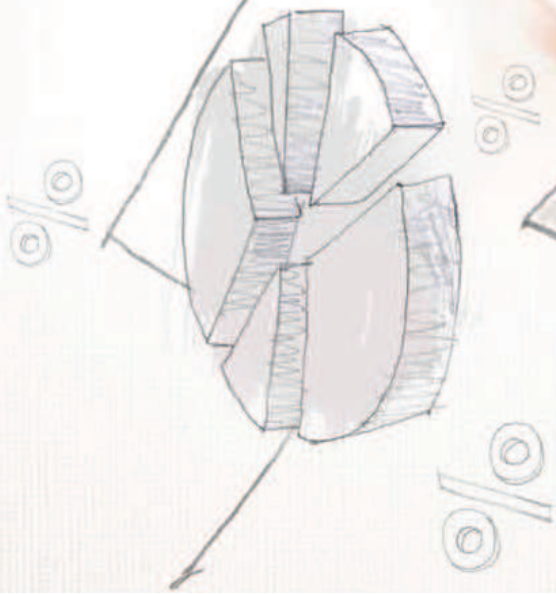
International events

Aiming to strengthen its brand together with a forming public opinion and demonstrate their effective engagement with sustainability, *Sociedade* participated in the Global Sustainability Forum held in Manaus from 24 to 26 March 2011. The event brought together some 800 world leaders.

Sociedade also participated in the C40 Summit held in *São Paulo* in June 2011. The C40 is an international forum created by Ken Livingstone, Mayor of London, to meet the world's cities and set ways to cooperate in reducing greenhouse gases emission and promote action among a group of cities and companies, power public and *Sociedade*, against global climate change.

Among other contributions, *Sociedade* collaborated in the preparation of the document that pointed out solutions to prevent health problems in the population related, for example, to the waste generation and air pollution.

excellence in management



materiality
in this chapter

sustainable
management

accountability
about public
finance

knowledge
and innovation

the rear
is also
of quality

To gain eminent position among health institutions in Latin America, *Sociedade Beneficente Israelita Brasileira Albert Einstein* did more than provide excellent services in health care. In an environment strongly marked by innovation, achievement and meritocracy, *Sociedade* also knew how to structure and professionalize their management developing a management standard comparable to the best organizations in the world.

The business areas are the best example of this premise. The Improvement Process *Einstein* Program put in motion almost 80 projects throughout the year, directly involving approximately 500 employees of all boards.

A pioneering initiative in the healthcare market in Latin America, the program was implemented in 2009 and created a culture of structured problem-solving related to processes. The focus is on operational excellence and always seeks to optimize resource utilization to achieve better results. The onset was with a small group of experts engaged in the market from which it was created a training strategy and knowledge sharing.



Datacenter

Inspired by the Lean Six Sigma methodology, the program creates successive waves of transmission of knowledge in which are formed the improvement project leaders, called lean belts in the first level, after green belt and finally black belts – the most advanced stage of the specialist in process improvement. In two years the program has graduated 107 lean belts, 29 green belts and 21 black belts.

Results of Improvement Process Einstein Program

| | 2010 | 2011 |
|--------------------------------|------|------|
| Number of trained lean belts | 50 | 57 |
| Number of trained green belts | 12 | 17 |
| Number of black belt projects | 6 | 15 |
| Projects completed in the year | 45 | 62 |
| Auditing improved processes | 35 | 117 |

One of the projects aimed to improve the parking service *Morumbi* Unit which was, until last year, the main source of complaints from users. The average age of 25 complaints for every ten thousand vehicles operated. Started in April and completed eight months later, the project has improved the rate of complaints dropped more than 90%, standing today at 1.8 complaints per ten thousand vehicles.

● GRI PR5

Relevant results were also obtained in the project to reduce the preparation time of surgery rooms measured from the end of a surgery to release the room to enter the next patient. There was a decrease of 40% in that time, equivalent to 13 minutes for each room. In practical terms it is as if the Hospital has spent more than a room in each of its two operating surgery centers.

The results obtained in this program encouraged *Sociedade* to implement the Processes Factory at the end of the year, focusing the attendance to the area of *Sociedade* that has the need to improve and restructure its management processes. The first service will be given by the Management Process which will make the diagnosis and design of the solution. If the recommendation is the use of technological resources, the project is forwarded to the area of Information Technology which will provide adequate support.



Parking lot of Morumbi Unit

advisory services to other hospitals

Sociedade has developed its knowledge of hospital management that it is considerable needed to structure a specialized area in providing consulting services to hospitals and health institutions of higher complexity. This is *Instituto Israelita de Consultoria e Gestão*.

One of the projects realized in 2011 focused on the elaboration of a strategic plan for a clinic in *Salvador* interested in becoming a referral hospital. The project will be implemented within two years at the end of which the clinic initially with 40 beds, will have 200 with all processes – from healthcare to hospitality management – designed to support *Sociedade*.

Another ongoing project aimed delivering an action plan to the Ministry of Health of Angola, providing for the implementation and improvement of operating public health facilities in a neighborhood of the capital Luanda from 2012 on. The project awaits position of the Angolan government.





Installation of the new datacenter

In 2011, the main achievements in information technology were the following:

- New datacenter – Built in an area of 150 m² in block A1 of *Morumbi* Unit, the new datacenter has been concentrating all equipment before scattered in three places. The old servers have become virtual, i.e., come to share their resources with a single real server. With 320 servers (physical and virtual) the new datacenter expanded its processing capacity and data storage with higher availability, better performance, reduced demand for physical space and lower power consumption. In addition, the new datacenter has features such as optimization of air conditioning and LED lighting system which means lower power consumption. The total investment was approximately R\$ 4 million.
- Environment contingency for PACS – Another important initiative was the creation of environmental contingency to the PACS (Picture Archiving and Communication System)⁵, used in the process of diagnostic imaging. In 2010, the system was unavailable for a few hours of which may represent security risk for some patients. The new environment has adequate capacity for emergencies.

⁵Picture Archiving and Communication System is software used in computer networks that handle scanning, post processing, distribution and storage of clinical exam images. The images are obtained from ultrasound equipment, magnetic resonance imaging, computed tomography, endoscopy, mammography and radiography. The system replaces radiographic films for digital images.



For 2012, plan improvements are the three main management systems of the Hospital:

- PACS – The system that stores and provides online reports and images from clinical exams to medical logged in *Einstein's* network will be upgraded to make them available also on the internet for doctors and patients providing greater flexibility to the service. At the same time, enable dematerialization process, making it more sustainable.
- Hospital Management System – Will be upgraded in order to incorporate the latest available version of the system.
- SAP ERP⁶ – Will also be upgraded and receive new modules such as budgetary control and management information.

Moreover, in 2012 the main information and services provided by *Sociedade* at www.einstein.br will be available for tablets, increasing the accessibility of existing content on the internet.

⁶Enterprise Resource Planning is an information system that integrates all data and processes of an organization into a single environment enabling the automation and storage of all information of the operational routine. SAP is the name of the German company that developed the system used in *Sociedade*.



Call center
of *Sociedade*
at the *Vila*
Mariana Unit

customer and public segmentation

● GRI PR5

The Commercial area of *Sociedade* aims to develop segmented products and services, remodeled in 2011 to improve relations with all publics with whom *Sociedade* relates: patients, physicians, health insurance operators, and company and health brokers. For each of these segments were created customized attendance and treatment solutions with cost parameters specific and differentiated approach to prevention and care.

There were also created more transparent procedures for analysis and reporting which allowed the establishment to get closer relations with the various users, resulting in gains to the parties involved. For each audience, new materials were created to provide communication services available.

Actions are planned for 2012 to deepen the relationship with the companies for a better understanding of their needs, to enable the development of differentiated solutions. Will also be implemented actions aimed at health brokers, doctors and patients from other regions of the country.

The best quality of services provided to patients in its details, was the subject of a major effort of *Sociedade* in 2011. Likewise, the effort was too great for refinement of the mechanisms used for measuring user satisfaction related to the experience with *Einstein*, not only with health care, but on the whole range of services.

The actions of communication and marketing to strengthen the brand *Einstein* used in 2011, a strategy based on synergy between different platforms. *Sociedade* maintained the placement of a page in the weekly magazine *Veja*, strategy initiated in 2009 to publish content about health. In parallel, were made advertising campaigns of strategic expertise, in newspapers and magazines of general circulation. The institution website was adapted to focus the subject on display in the campaigns.

The attention to detail also guided the improvements in *Sociedade*'s call center. Before connected to the area of Diagnostic and Preventive Medicine, in 2011 this department was moved to the area of Marketing. All 180 call center employees, number +55 11 2151-1233, get training and capacity for public attendance. Some services had to be made by specialized professionals such as medical indication for those looking for health care made by nurses prepared to identify the professionals more capable to deal to each case. Furthermore, the call center received equipment that allows identifying the needed of a schedule grid according the number of calls.

The improvement of the dialogue quality took place on several management issues, including the relationship with the press. In 2011 the team of Press Advisement of *Sociedade* was recognized by the magazine *Negócios da Comunicação* [Business Communication] with a special award, created to distinguish each year the companies that best communicate with journalists, in the opinion of the journalists themselves. There was surveyed 30 sectors, among them Health and each three organizations were selected as the best in relationship with the press, containing 25,000 Brazilian journalists. The study conducted by *H2R Pesquisas* and audited by *BDO*, assessed issues such as ease of access, content provided and attendance agility.

In 2011, *Sociedade* was the target of 641 insertions in the media, considering reports, notes and articles in newspapers, magazines, radio and national and international TV. The institution also promoted the 7th Course of Journalism in November whose goal was to train media professionals to cover current health topics. In this edition, the course recorded the entry of 77 journalists from all over the country of which 33 participated in all activities and received a certificate of completion.

suppliers' engagement

In 2011 *Sociedade* initiated efforts by engaging suppliers in management standards that address the aspects of sustainability. In the second half *Sociedade* promoted a meeting with mainly suppliers of Clinical Engineering area to present their expectations especially on environmental and social clauses that prevent the forced or compulsory and child labor that are institutional practices that will compose the process of evaluating suppliers in 2012. ● GRI HR6 ● GRI HR7

In 2011, the Supplies & Logistic Director also produced the Suppliers Manual, a guidance and establishment of institutional rules. In preparing this manual which included concerns about the inclusion of the Ten Principles of the Global Pact, were taken internal customers and suppliers' opinion in a dialogue to ensure that the result was the expression of diverse views. In 2012, *Sociedade* intends to expand the relationship with suppliers to contribute to continuous improvement of best practices from the Manual.

financial results

● GRI EC1 ● GRI EC4

For being a nonprofit institution *Sociedade* faces financial performance not as an end in itself but as a means to accomplish the mission. In the last years, the financial revenues of *Sociedade* are growing vigorously as a result of investments made to boost its growth. This effort is done because in modern medicine the excellence of patient care is developed in a commensurate rate with the scale of service – the so-called “casuistry” where the greater the number of cases the higher its quality.

Over the past five years, *Sociedade* invested R\$ 1.15 billion in expansion of service capacity, replacement and upgrading of goods and equipment, infrastructure and automation. For the next five years the investment forecast is about R\$ 1 billion.

As a result, the revenues of *Sociedade* continued to grow in 2011 reaching R\$ 1.38 billion, an increase of 24.3% over the previous year – the highest in the last five years. Costs and expenses were R\$ 1.31 billion, an increase of 24.1% which included the appropriation of the excess amount of projects with the Ministry of Health of Brazil in 2010 of R\$ 18.6 million. The results for the period was R\$ 106.6 million, an increase of 17.5% over the previous year. The earnings before interest, depreciation and amortization totaled R\$ 149.8 million, an increase of 18.1% over the previous year.

As a source of funds beyond the results of its services, *Sociedade* received in 2011, donations worth R\$ 33 million plus R\$ 156 million in financing from the *Banco Nacional de Desenvolvimento Econômico e Social (BNDES)* (National Bank of Economic and Social Development).

About the actions used in social actions of the *Instituto Israelita de Responsabilidade Social* in 2011, the company invested R\$ 156 million of own resources in various health care projects and institutional development of the *SUS* (Unified Health System). The transfer of funds from the Municipal Health Department of *São Paulo* for implementation of public s totaled almost R\$ 183 million.

Covenants of the financial management of *Sociedade*

| | |
|------------------------------------|---|
| 1. Leverage | Participation of third party funds operating in the total capital employed. The limit set is 30% of revenue. <i>Sociedade</i> finances a portion of the expansion to third party funds to a total cost less than the opportunity cost (CDI). |
| 2. Cashier | The availability of cash to accommodate any frustrations of revenue or other contingencies must be at least 25% of revenue. |
| 3. Investments and interest | The total cash generation (EBITDA and interest assets) to finance investments and debt interest. The use of third party funds in times of expansion becomes in the future, in amortization, interest liabilities and cash generation (EBITDA). |
| 4. Debt | The coverage of debt should not exceed twice the generation of operating cash, and may temporarily reach 2.5 times. The upper limit is intended to accommodate the surge of investment funding. |

Statements of results (R\$ thousands)

| | 2009 | 2010 | 2011 | Δ2010/2011 |
|----------------------------|---------|-----------|-----------|------------|
| Revenues | 998.114 | 1.110.056 | 1.380.319 | 24,3% |
| Expenses | 966.616 | 1.055.551 | 1.309.560 | 24,1% |
| Operational results | 31.498 | 54.505 | 70.759 | 29,8% |
| Total of financial results | 43.749 | 36.181 | 35.809 | -1,0% |
| Exercise results | 75.247 | 90.686 | 106.568 | 17,5% |

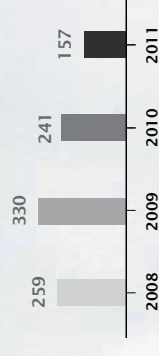
Balance sheet (R\$ thousands)

| | 2009 | 2010 | 2011 | Δ2010/2011 |
|----------------------------------|-----------|-----------|-----------|------------|
| Total current assets | 771.817 | 676.868 | 827.285 | 22,2% |
| Other noncurrent assets | 33.211 | 31.529 | 45.153 | 43,2% |
| Intangible | 40.590 | 45.941 | 40.374 | -12,1% |
| Fixed assets | 953.308 | 1.120.276 | 1.207.875 | 7,8% |
| Deferred | 17.421 | 14.003 | 10.286 | -26,5% |
| Total noncurrent assets | 1.044.530 | 1.211.749 | 1.303.688 | 7,6% |
| Total assets | 1.816.347 | 1.888.617 | 2.130.973 | 12,8% |
| Total current liabilities | 204.103 | 211.834 | 235.009 | 10,9% |
| Total noncurrent liabilities | 279.830 | 253.683 | 366.296 | 44,4% |
| Total social patrimony | 1.332.414 | 1.423.100 | 1.529.668 | 7,5% |
| Total liabilities and net assets | 1.816.347 | 1.888.617 | 2.130.973 | 12,8% |

Capital expenses (R\$ thousands)

| | |
|---------------------------|--------------|
| Land and buildings | 81,4 |
| Master plan | 77,8 |
| Reforms | 3,6 |
| Technology and automation | 41,1 |
| Systems and applications | 9,4 |
| Facilities and telephony | 20,4 |
| Computer equipment | 11,3 |
| Medical equipment | 23,2 |
| Machinery and equipment | 3,9 |
| Furniture and fixtures | 5,8 |
| Other | 1,9 |
| Total | 157,4 |

Evolution of capital expenditure (In thousand R\$)



ELECTED BOARD

MANDATE: FROM 12/6/2010 TO 12/06/2016

Claudio Luiz Lottenberg

President

Alexandre Fix

Vice-president

Claudio Schwartzman

Vice-president

Dominique José Einhorn

Vice-president

Eduardo Zlotnik

Vice-president

Flávio Tarasouchi

Vice-president

Henri Philippe Reichstul

Vice-president

Nelson Wolosker

Vice-president

Sidney Klajner

Vice-president

PRESIDENTS OF HONOR

Ena Gordon Klabin Z'L

Manoel Tabacow Hidal Z'L

Josef Fehár Z'L

Joseph Safra

BOARD OF DIRECTORS

MANDATE: FROM 12/6/2012 TO 12/6/2016

Reynaldo André Brandt

President

Andrea Sandro Calabi

Vice-president

Claudio Luiz da Silva Haddad

Vice-president

Claudio Thomaz Lobo Sonder

Vice-president

Elias Knobel

Vice-president

Jacyr Pasternak

Vice-president

Luiz Gastão Mange Rosenfeld

Vice-president

Mario Arthur Adler

Vice-president

Nelson Hamerschlag

Vice-president

BOARD OF DELIBERATIVE COUNCIL

MANDATE: FROM 12/6/2010 TO 12/6/2012

Reynaldo André Brandt

President

Claudio Thomaz Lobo Sonder

Vice-president

Elias Knobel

Vice-president

Mario Arthur Adler

Vice-president

Nelson Hamerschlag

Vice-president

DELIBERATIVE COUNCIL

MEMBERS - 3rd THIRD

MANDATE: FROM 12/6/2010 TO 12/6/2016

1. Abramo Douek

2. Alberto Bitran

3. Alberto Finkiel

4. Alberto Goldenberg

5. André Friedheim

6. Antonio Luiz de Vasconcellos Macedo

7. Arnaldo José Canc

8. Arthur Rothman

9. Benjamin Steinbruch

10. Bernardo Parnes

11. Claudio Roberto Deutsch

12. Claudio Schwartzman

13. Claudio Szajman

14. Dan Ozerovici

15. David Salomoni Lewi

16. Dominique José Einhorn

17. Dora Selma Fix Ventura

18. Eduardo Cukierman

19. Eduardo Len

20. Eduardo Weltman

21. Elias Knobel

22. Fabio Topczewski

23. Flavio Murachovsky

24. Gilberto Maktas Meiches

25. Helio Korke

26. Isac Neumark

27. Israel Vainboim

28. Jack Leon Terpins

29. Jaime Spitzcovsky

30. Jayme Bobrow

31. Jorge Wilhelm

32. Julio Serson

33. Laercio Alberto Rosemberg

34. Levi Abuleac

35. Leo Kryss

36. Luci Black Tabacow Hidal

37. Luiz Gastão Manguie Rosenfeld

38. Luiz Roberto Zitron

39. Marcelo Blay

40. Marcelo Wajchenberg

41. Marcos Arbalitman

42. Marcos Karniol

43. Mario Grinblat

44. Mario Kuhnman

45. Mauricio Wajngarten

46. Mauro Rabinovitch

47. Michael Edgar Perlman

48. Milton Glezer

49. Milton Steinman

50. Nelson Hamerschlag

51. Oskar Kaufmann

52. Pedro Custódio de Mello Borges

53. Ricardo Goldstein

54. Ricardo Kaufmann

55. Sergio Daniel Simon

56. Sergio Kuzniec

57. Sergio Podgaec

58. Sergio Rosenthal

59. Sinão Augusto Lottenberg

60. Victor Strassmann

PERMANENT DELIBERATIVE COUNCIL MEMBERS

Gert Kaufmann Z'L (Died in 5/5/2011)

Idel Aronis Z'L (Died in 6/13/2010)

Isaac Mayer Mielnik Z'L (Died in 6/13/2010)

Jorge Feldmann Z'L (Died in 11/29/2008)

Samuel Lafer Z'L (Died in 10/19/2009)

Abraham Kasinski

Antonio Luiz de V. Macedo

Anuar Mitri Malui

Boris Ber

Celso Ferreira

Charles S. Rothschild

Davi Korn

Edy B. Cunha Bueno

Fani M Aronis

Francisco Gotthilf

Fredi Neumark

DELIBERATIVE COUNCIL

MEMBERS - 2nd THIRD

MANDATE: FROM 11/26/2007 TO 11/26/2014

1. Abraham Pfefferman

2. Abrant Abe Szajman

3. Albert Holznacker

4. Alexandre Roberto Ribenboim Fix

5. Alvaro Marques Figueiredo Filho

6. Amancio Ramalho Junior

7. Ana Maria Malik

8. Andre Villela Lomar

9. Andrea Sandro Calabi

10. Antonio Henrique B. Cunha Bueno

11. Aron Diamant

12. Beni Moreinas Grinblat

13. Beny Lafer

14. Betsy Knobel

15. Bruno Laskowsky

16. Carlos Eduardo Czeresnia

17. Carlos Rétmann

18. Claudia Maria Costin

19. Claudio Luiz da Silva Haddad

20. Claudio Thomaz Lobo Sonder

21. Daniel Feldman Pollak

22. David Diesendruck

23. David Feffer

24. David Zylbersztajn

25. Decio Goldfarb

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30. Evelin Diana Goldenberg M. M. Costa

31. Fernando Kasinski Lottenberg

32. Flavio Tarasouchi

33. Gertrudes Rose Mary Barnak

34. Helena Slinger Chachamovits

35. Henrique Grunspun

36. Hilton Waksman

37. Ita Pfefferman Heilberg

38. Jacob Jacques Gelman

39. Jacob Kubikowski

40. Jayme Brasil Garfinkel

41. Jayme Kow

42. João Paulo Salomao

43. Jose Carlos Evangelista

44. Jose Ribas Milanez de Campos

45. Leib Grinspun

46. Leonardo M. Posternak

47. Lygia Kauffmann Rabinovich

48. Malison F. da Nobrega

49. Manes Roberto Erllichman

50. Moise Yacoub Safra

51. Moses Skitnevsky

52. Nelson Wolosker

53. Nidia Bacal

54. Ophir Irony

55. Paulo Helio Monzillo

56. Paulo Kovesi

57. Pedro Luiz Mangabeira Albernaz

58. Pedro Paulo Porto Junior

59. Rany Moscovic

60. Raul Pedro Penteado Meyer

61. Roberto Bielawski

62. Roberto Naum Franco Morgulis

63. Rudolf Uri Hutzler

64. Samuel Seibel

65. Samy Tarnovschi

66. Sergio B. Wey

67. Sidney Klajner

68. Tauba Gita Abuhab

DELIBERATIVE COUNCIL

MEMBERS - 1st THIRD

MANDATE: FROM 12/6/2004 TO 12/6/2012

1. Abram Topczewski

2. Alberto Alain Gabbai

3. Alberto Blay

4. Alice D'agostini Deutsch

5. Amit Nussbacher

6. Anita Schuartz

7. Anna Maria Andrei Fichmann

8. Ari Rehfeld

9. Artur katz

10. Beirel Zukerman

11. Bento Fortunato Cardoso dos Santos

12. Berel Aizenstein

13. Claudio Muller

14. Celso Lafer

15. Claudio Arnaldo Len

16. Edgar Gleich

17. Edmundo Sáfdie

18. Eduardo de Campos Werebe

19. Eduardo Tabacow Hidal

20. Eduardo Zlotnik

21. Fabio Schwartzman

22. Fernando Fix

23. Flavio Mendes Bitelman

24. Flavio Roberto Huck

25. Flavio Steingurtz

26. Guilherme Carvalho Ribas

27. Guilherme Any Plonski

28. Hallim Feres Junior

29. Henri Armand Slezzynger

30. Herman Cukierman

31. Israel Isser Levin

32. Jacyr Pasternak

33. Jaime Schreier

34. Jane Berman

35. Jaques Pinus

36. Jayme Rabinovich

37. João Carlos G. Sampaio Goes

38. Jorge Thomaz Well

39. Jose Mauro Kutner

40. Jose Slinger

41. Leo Kupfer

42. Manuel Mindlin Lafer

43. Marcos Knobel

44. Marcos Lederman

45. Mario Black

46. Mario Herszberg

47. Mauro Roberto Terepins

48. Mayana Zatz

49. Meyer Joseph Nigri

50. Michael Ludwig Pinkuss

51. Moses Conien

52. Moris Chansky

53. Myriam Haber

54. Nelson Kasinski

55. Nelson Kaufman

56. Octavio J. Aronis

57. Paulina Rosenblit Lerner

58. Philip Wojdylowski

59. Priscila Goldenberg

60. Ricardo Aun

61. Ricardo Botticini Peres

62. Ricardo Antônio Weiss

63. Roberto L. L. Klabin

64. Roderick S. Greenless

65. Rolf Francisco Bub

66. Rubens Brandt

67. Samsão Wolier

68. Teima Soboh

ELECTED BOARD

MANDATE: FROM 12/6/2010 TO 12/06/2016

Claudio Luiz Lottenberg

President

Alexandre Fix

Vice-president

Claudio Schwartzman

Vice-president

Dominique José Einhorn

Vice-president

Eduardo Zlotnik

Vice-president

Flávio Tarasouchi

Vice-president

Henri Philippe Reichstul

Vice-president

Nelson Wolosker

Vice-president

Sidney Klajner

Vice-president

PRESIDENTS OF HONOR

Ena Gordon Klabin Z'L

Manoel Tabacow Hidal Z'L

Josef Fehár Z'L

Joseph Safra

BOARD OF DIRECTORS

MANDATE: FROM 12/6/2012 TO

Self-declaration

Sociedade Beneficente Israelita Brasileira Albert Einstein states that its 2011 Sustainability Report follows the criteria of the Global Reporting Initiative (GRI) and is aligned to the standard G3. Declares that it meets the standard A+ and that the content was based on a consistent process of materiality which identified the relevant issues and organization of information in this report.

On a consolidated way, the publication presents 41 essentials indicators and 26 additional. Seven additional indicators were deemed not applicable and one was not available. Of the essentials indicators three were deemed not applicable and two are not available. The index presented below also brings the correlation with the GRI indicators with the Global Pact principles.

The document was subjected to external verification by the *Instituto de Ensino e Pesquisa (Insper)*. The external verification report is available on page 140.

| GRI | Reported | Global Pact principle | Page |
|--|---------------|-----------------------|--|
| 1 STRATEGY AND ANALYSIS | | | |
| 1.1 Statement from the most powerful decision-making in the organization about the relevance of sustainability to the organization and its strategy | Integral | 8, 9 | 08 |
| 1.2 Description of the main impacts, risks and opportunities | Integral | | 08, 44 |
| 2 ORGANIZATIONAL PROFILE | | | |
| 2.1 Name of organization | Integral | | 08 |
| 2.2 Main brands, products and/or services | Integral | | 17 |
| 2.3 Operational structure of organization including main divisions, operational units, subsidiaries and joint venture | Integral | | 18 |
| 2.4 Location of headquarters | Integral | | 18 |
| 2.5 Number of countries where the organization operates and names of countries where its main operations are located or are particularly relevant to the sustainability issues covered in the report | Integral | | 18 |
| 2.6 Type and legal nature of ownership | Integral | | 19 |
| 2.7 Markets served (including geographic break-down, sectors served and types of customers/beneficiaries) | Integral | | 18 |
| 2.8 Size of organization | Integral | | Large |
| 2.9 Significant changes during the reporting period regarding size, structure or shareholding | Integral | | 04 |
| 2.10 Awards received in the reporting period | Integral | | 57 |
| 3 PARAMETERS FOR THE REPORT | | | |
| 3.1 Reporting period by the report for information provided | Integral | | 04 |
| 3.2 Date of most recent previous report (if any) | Integral | | 08 |
| 3.3 Reporting cycle (annual, biennial, etc.) | Integral | | 04 |
| 3.4 Contact data for questions regarding the report or its contents | Integral | | 05 |
| Scope and report limit | | | |
| 3.5 Content definition process | Integral | | 07 |
| 3.6 Report limit (countries, divisions, subsidiaries, joint venture, suppliers) | Integral | | 04 |
| 3.7 State of any specific limitations on the scope or report limit | Integral | | 04 |
| 3.8 Basis for preparing the report which refers to joint ventures, subsidiaries, leased facilities, outsourced operations and other facilities can significantly affect comparability between periods and/or organizations | Integral | | 04 |
| 3.9 Data measurement techniques and bases of calculations, including assumptions and techniques underlying estimations applied to the compilation of indicators and other information in the report | Integral | | 04 |
| 3.10 Explanation of the effect of any restatements of information provided in earlier reports and the reasons for such restatements | Não reportado | | There was no restatements of information provided in earlier reports |
| 3.11 Significant changes compared to previous years regarding to scope, boundary or measurement methods applied in the report | Integral | | 04 |
| 3.12 Table identifying the location of information in the report | Integral | | 130 |
| Verification | | | |
| 3.13 Policy and current practice regarding to seek external assurance for the report | Integral | | 04, 140 |

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| 4 GOVERNANCE, COMMITMENTS AND ENGAGEMENT | | | |
| 4.1 Governance structure of the organization including committees under the highest governance body responsible for specific tasks such as setting strategy or organizational supervision | Integral | | 19 |
| 4.2 Indicate whether the president of the highest governance body is also director | Integral | | 20 |
| 4.3 Independent or non-executive members of the highest governance body | Integral | | 19 |
| 4.4 Mechanisms for shareholders and employees to provide recommendations | Integral | | 20 |
| 4.5 Relationship between pay and performance of specific tasks such as setting strategy or organizational supervision | Integral | | 20 |
| 4.6 Processes in force to ensure conflicts of interest are avoided | Integral | | The Institutional Guidelines Manual of Ethical Conduct was prepared by organization's leadership and guidance on standards and values of the institution. It is up to the Ethics Committee to judge the cases of violation of the Manual and discuss questions in their interpretation; 06 |
| 4.7 Process for determining the qualifications and expertise of counselors | Integral | | 20 |
| 4.8 Statements of mission and values, codes of conduct and internal principles relevant to economic, environmental and social performance as well as the stage of their implementation | Integral | | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 |
| 4.9 Procedures of the highest governance body to supervise the identification and management of the organization of economic, environmental and social performance including relevant risks and opportunities, and adherence or compliance with internationally agreed standards, codes of conduct and principles | Integral | | 23, 104 |
| 4.10 Processes for evaluating the performance of the highest governance body particularly with respect to economic, environmental and social performance | Integral | | 23,104 |
| Commitments to external initiatives | | | |
| 4.11 Explanation of whether and how the organization applies the precautionary principle | Integral | | *1 |
| 4.12 Charters, principles or other initiatives externally developed related to economic, environmental, and social that the organization subscribes or endorses | Integral | | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 |
| 4.13 Participation in associations and/or national/international organizations | Integral | | *2 |
| <p>*1 Associação Brasileira das Empresas de Medicina Diagnóstica (Abramed) [Brazilian Association of Medical Diagnostic Companies]; Associação Nacional de Hospitais Privados (ANAHF) [National Association of Private Hospitals] – member; Associação Paulista de Epidemiologia e Controle de Infecção Relacionada à Assistência à Saúde (APECIH) [Paulista Association of Epidemiology and Infection Control Related to Health Care] – affiliated member; Associação for Professionals in Infection Control and Epidemiology – member; Fundação Nacional da Qualidade (FNUQ) [National Quality Foundation] – affiliated company; Hospital of 5 Million of Lives campaign; Instituto Latino-Americano de Sepsis (Ilas) [Latin American Institute of Sepsis] – member; National Database of Nursing Quality Indicators® (NDNQI®) – member; Programa Compromisso com a Qualidade Hospitalar (CQH) [Commitment to Quality Hospital Program] – Núcleo de Apoio à Gestão Hospitalar (Support Center for Hospital Management) – member; Rede de Hospitais Sentinela da Agência Nacional de Vigilância Sanitária (Anvisa) [Sentinel Hospital Network of National Health Surveillance Agency]; Sindicato dos Hospitais, Clínicas, Casas de Saúde, Laboratórios de Pesquisas e Análises Clínicas e Demais Estabelecimentos de Serviços de Saúde do Estado de São Paulo (Sindhosp) [Syndicate of Hospitals, Clinics, Nursing Homes, Laboratories for Research and Clinical Analysis and Other Establishments of Health Services of São Paulo] – indicators' core member; Society for Healthcare Epidemiology of America – member; The Advisory Board Company – member; World Health Organization (WHO) – Patient Safety – Clean Care is Safer Care campaign – member.</p> | | | |
| Stakeholders engagement | | | |
| 4.14 Report of stakeholder groups engaged by the organization | Integral | | 06 |
| 4.15 Basis for identification and selection of stakeholders with whom to engage | Integral | | 06 |

| GRI | Reported | Global Pact principle | Page |
|---|---|-----------------------|--|
| 4.16 Approaches to stakeholders engagement including frequency of engagement by type and stakeholder groups | Integral | | 06 |
| 4.17 Main topics and concerns raised through stakeholder engagement and that the organization has adopted to address them | Integral | | 07 |
| STANDARD DISCLOSURES | | | |
| DMA EC | Disclosure of management approach (DMA EC) | | |
| | Economic performance | Integral | 126, 127 |
| | Market presence | Integral | 17 to 19 |
| | Indirect economics impacts | Partial | 81 to 89 |
| DMA EN | Disclosure of management approach (DMA EN) | | |
| | Materials | Partial | 103 to 105, 109, 110 |
| | Energy | Integral | 103, 106, 108 |
| | Water | Integral | 103, 108, 110, 111 |
| | Biodiversity | Integral | Not applicable |
| | Emissions, effluent and waste | Integral | 103, 106, 107, 108 |
| | Products and services | Integral | 17, 18, 26 to 29, 56 |
| | Compliance | Integral | 135 to 138 |
| | Transport | Partial | 107 |
| | General | Partial | 103 to 115 |
| DMA LA | Disclosure of management approach (DMA LA) | | |
| | Aspects | | |
| | Employment | | |
| | Relationship between board and employees | Integral | 61, 62, 69, 70, 77 |
| | Health and work safety | Integral | 74 to 76 |
| | Training and education | Integral | 64, 65 |
| | Diversity and equal opportunities | Integral | 67 to 71 |
| DMA HR | Disclosure of management approach (DMA HR) | | |
| | Aspects | | |
| | Investment practices and purchasing process | Integral | 137 |
| | Non discrimination | Integral | 138 |
| | Freedom of association and collective bargaining | Integral | 138 |
| | Child labor | Integral | 125 |
| | Forced or compulsory labor | Integral | 125 |
| | Safety practices | Partial | 138 |
| | Indigenous rights | Non reported | There are no indigenous peoples in the area of operation of the <i>Sociedade</i> |
| DMA SO | Disclosure of management approach (DMA SO) | | |
| | Aspects | | |
| | Community | Integral | 81 to 89 |
| | Corruption | Integral | 103, 138 |
| | Public policies | Integral | 81 to 89, 138 |
| | Unfair competition | Integral | 138 |
| | Compliance | Integral | 138 |
| DMA PR | Disclosure of management approach (DMA PR) | | |
| | Aspects | | |
| | Health and safety of the client | Integral | 31 to 37, 44, 45, 49, 50 |
| | Labeling of products and services | Integral | 44, 45 |
| | Communication | Integral | 50 |
| | Compliance | Integral | 139 |

| GRI | Reported | Global Pact principle | Page |
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| ECONOMIC PERFORMANCE | | | |
| Description about economic performance | | | |
| Economic Performance | | | |
| 1, 7, 8, 9 | | | |
| ES EC1 | Integral | 126 | |
| Direct economic value generated and distributed (DVA) including revenues, operating costs, employee compensation, donations and other investments in community, undistributed profits and payments to capital providers and governments | | | |
| ES EC2 | Integral | 7, 8, 9 | 13, 106 |
| Financial implications, risks and opportunities for the organization due to climate change | | | |
| ES EC3 | Integral | 1 | 93 |
| Coverage of the defined benefit pension plan offered by the organization | | | |
| a)Launched in July 2011, extends to all employees hired under the Labor Code since the first day of work. Being a nonprofit organization the <i>Sociedade</i> is legally barred from contributing to the formation of the annuity. The Institution has negotiated with the banks hired, the granting of benefits to employees as the loading rate exemption and the possibility to continue with the plan in case the employee comes to disconnect from the Institution. | | | |
| ES EC4 | Integral | 126 | |
| Significant financial assistance received from government | | | |
| Market presence | | | |
| AD EC5 | Integral | 1 | R\$ 794,33 x R\$ 600,00 (2011) |
| Lower salary compared to the minimum local salary | | | |
| ES EC6 | Integral | 94 | |
| Policies, practices and proportion of spending on local suppliers in major operating units | | | |
| a)In addition to the compliance requirements of labor laws, tax and environmental, are evaluated: quality of product or service, price level of the product or service, capacity, integrity and clear and easy communication, service agility, adaptability and flexibility. | | | |
| Share of total purchases | | | |
| Local suppliers | | | |
| National suppliers | | | |
| Global suppliers | | | |
| ES EC7 | Integral | | |
| Procedures for local hiring and proportion of senior management hired from the local community at significant locations of operation | | | |
| ES EC8 | Partial | | <i>Einstein</i> has no specific policies for region by hiring senior management. Are evaluated criteria for competence, ethics and market recognition. |
| AD EC9 | Non reported | | There was no such actions during the reporting period |
| Unavailable | | | |
| ENVIRONMENT PERFORMANCE | | | |
| 7, 8, 9 | | | |
| Form of management | | | |
| Materials | | | |
| ES EN1 | Non reported | 8 | Not applicable |
| Materials used by weight or volume | | | |
| ES EN2 | Non reported | 8, 9 | Not applicable |
| Percentage of materials used that are recycled | | | |
| Energy | | | |
| ES EN3 | Integral | 8 | 110 |
| Direct energy consumption broken down by primary energy source | | | |
| ES EN4 | Integral | 8 | 110 |
| Indirect energy consumption by primary source | | | |
| AD EN5 | Integral | 7, 8, 9 | 112 |
| Energy saved due to conservation and efficiency | | | |
| AD EN6 | Integral | 8 e 9 | 112 |
| Initiatives to provide products and services with low power consumption or use energy generated by renewable resources and reduction in energy needs resulting from these initiatives | | | |
| AD EN7 | Integral | 8 | 113 |
| Initiatives to reduce indirect energy consumption and reductions achieved | | | |

| CRI | Reportado | Global Pact principle | Página |
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| Water | | | |
| ES EN8 | Total water withdrawal by source | Integral | 8 |
| ES EN9 | Water sources significantly affected by withdrawal of water | Integral | 8 |
| ES EN10 | Percentage and total volume of water recycled and reused | Integral | 8 |
| Biodiversity | | | |
| ES EN11 | Location and size of land owned, leased or managed in protected areas or adjacent to them, and areas of high biodiversity value outside protected areas | Integral | 8 |
| ES EN12 | Description of significant impacts of activities, products and services in protected areas and in areas of high biodiversity outside protected areas | Integral | 8 |
| AD EN13 | Habitats protected or restored | Integral | 8 |
| AD EN14 | Strategies, current actions and future plans for managing impacts on biodiversity | Integral | 8, 9 |
| AD EN15 | Number of species on the IUCN Red List and national conservation list species with habitats in areas affected by operations by level of extinction risk | Integral | 8 |
| Emissions, effluents and waste | | | |
| ES EN16 | Total direct and indirect emissions of greenhouse gases by weight | Integral | 8, 9 |
| ES EN17 | Other relevant indirect emissions of greenhouse gases by weight | Integral | 8, 9 |
| AD EN18 | Initiatives to reduce emissions of greenhouse gases and reductions achieved | Integral | 7, 8, 9 |
| ES EN19 | Emissions of substances that destroy the ozone layer by weight | Integral | 8 |
| ES EN20 | No _x , So _x and other significant atmospheric emissions by type and weight | Não reportado | 8 |
| ES EN21 | Total water discharge by quality and destination | Integral | 8 |
| ES EN22 | Total weight of waste by type and disposal method | Integral | 8 |
| ES EN23 | Total number and volume of significant spills | Integral | 8 |
| Products and services | | | |
| AD EN24 | Weight of transported, imported, exported or treated waste deemed hazardous under the Basel Convention – Annexes I, II, III and VIII – and percentage of transported waste shipped internationally | Integral | 8 |
| | | | Radioactive waste (t) |
| | | | 2009 – 902 ton |
| | | | 2010 – 1,169 ton |
| | | | 2011 – 1,114 ton |
| | | | Fluorescent lamps (un) |
| | | | 2009 – unmeasured |
| | | | 2010 – 20,726 units |
| | | | 2011 – 15,167 units |

| GRI | Reported | Global Pact principle | Page |
|---|---|-----------------------|----------------------|
| AD EN25 | Identity, size, protected status and biodiversity index of water bodies and related habitats significantly affected by discharges of water and drainage undertaken by the organization | Integral | 8 |
| ES EN26 | Initiatives to mitigate environmental impacts of products and services | Integral | 7, 8, 9 |
| ES EN27 | Percentage of products and their packaging materials | Non reported | 8, 9 |
| Compliance | | | |
| ES EN28 | Fines and penalties for non-compliance with environmental laws and regulations | Integral | 8 |
| General | | | |
| AD EN29 | Significant environmental impacts of transporting products and other goods and materials used in the organization's operations as well as transporting of workers | Integral | 8 |
| AD EN30 | Total investments and environmental protection expenditures by type | Non reported | 7, 8, 9 |
| LABOR PRACTICES AND DECENT WORK | | | |
| Management form | | | |
| Employment | | | |
| ES LA1 | Workers by type of employment contract and region | Integral | 62 |
| ES LA2 | Total number and rate of employee turnover by age group, gender and region | Integral | 6 |
| AD LA3 | Benefits offered to full-time employees who are not offered to temporary or part-time appointed by major operations | Integral | 61, 62 ⁴⁵ |
| ⁴⁵ All employees under Labor Code are eligible for all benefits offered provided for labor legislation such as transportation and restaurant vouchers and medical assistance. Employees with less than seven hours a day journey which work on external Units are not eligible for restaurant voucher. Temporary workers are hired through specialized companies and the values of the benefits are passed on to them. In this type of contract are offered the transportation voucher and ticket restaurant to access the restaurant. | | | |
| Relations between workers and governance | | | |
| ES LA4 | Percentage of employees covered by collective bargaining agreements | Integral | 1, 3 |
| ES LA5 | Minimum deadline for advance notification regarding operational changes including whether it is specified in the collective bargaining | Integral | 3 |
| Safe and security in the work | | | |
| AD LA6 | Percentage of total employees represented in formal committees of health and safety, composed by managers and workers that help monitor and advise on security programs and occupational health | Integral | 3 |

The Comissão Interna de Prevenção de Acidentes (Cipa) [Internal Commission for Accident Prevention] consists of 142 employees of the administrative and attendance in Marumbi, Vila Mariana, Perdizes-Higienópolis, Jardins, Itaipu, Maratão, Paraisópolis, Ribeirão Preto Units and Hospital Municipal Dr. Moyses Deutsch. 76

| GRI | Reported | Global Pact principle | Page |
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| ES LA7 | Rates of injury, occupational diseases, lost days, absenteeism and work-related deaths by region | Integral | 1 |
| ES LA8 | Ongoing education, training, counseling, prevention and risk control programs in order to assist employees, their family or community members regarding serious diseases | Integral | 1 |
| AD LA9 | Topics related to health and safety covered in formal agreements with trade unions | Integral | There are no formal agreements made with the Union regarding safety and health than those already covered by the Labor Code |
| Training and education | | | |
| ES LA10 | Average hours of training per year per employee by employee category | Integral | 65 |
| AD LA11 | Programs for skills management and lifelong learning and career endings | Integral | 51, 70 |
| AD LA12 | Percentage of employees receiving regular performance analysis | Integral | In 2009, 94% of employees were evaluated. In 2010, this index reached 97%, and in 2011, 99% of active employees were evaluated. |
| Diversity and equal opportunities | | | |
| ES LA13 | Composition of governance bodies and breakdown of employees per category according to gender, age, minorities and other indicators of diversity | Integral | 1, 6 |
| ⁴⁶ All employees under Labor Code are eligible for all benefits offered according to labor legislation such as transportation and restaurant vouchers and medical assistance. Employees with less than seven hours a day journey which work on external Units are not eligible for restaurant voucher. Temporary workers are hired through specialized companies and the values of the benefits are passed on to them. In this type of contract are offered the transportation voucher and access to restaurant ticket. | | | |
| ES LA14 | Ratio of basic salary between men and women by employee category | Integral | 1, 6 |
| HUMAN RIGHTS | | | |
| Management form | | | |
| Investment practices and purchase processes | | | |
| ES HR1 | Percentage and number of significant investment agreements that include human rights clauses or that were submitted to human rights evaluation | Integral | 1, 2, 3, 4, 5, 6 |
| ES HR2 | Percentage of significant suppliers and contractors that were submitted to human rights evaluation and the measures taken | Integral | 1, 2, 3, 4, 5, 6 ⁴⁷ |
| ⁴⁷ In 2011, <i>Sociedade</i> added 3,228 suppliers, 1,064 of these have existing contracts. Human rights criteria are applied to the qualification and selection of suppliers but there is no regular evaluation or monitoring. | | | |
| AD HR3 | Total hours of employee training on policies and procedures concerning aspects of human rights relevant to operations, including the percentage of employees trained | Integral | Concepts of the Planetree philosophy which involves aspects related to human rights respect totaled 32,816 hours of training. |
| Non discrimination | | | |
| E HR4 | Total number of discrimination incidents and actions taken | Integral | 1, 2, 3, 4, 5, 6 ⁴⁸ |
| ⁴⁸ In 2011, there were 12 cases of discrimination, four less than last year, in meetings that talks about the relationship between members of the multidisciplinary team. The questions were evaluated by the Medical Practicing Management and the involved received feedback on areas for improvement. This process is included as an agenda of regular meetings with the Medical Staff and the events were also recorded in the Multiprofessional Register and sent for approval of the Medical Executive Committee. | | | |

| GRI | Reportado | Global Pact principle | Página |
|---|--|-----------------------|----------|
| Freedom of association and collective bargaining | | | |
| ES HR5 | Operations identified in which the right to exercise freedom of association and measures taken to support these rights | Integral | 1, 2, 3 |
| There was not identified situations in which the right to exercise freedom of association and collective bargaining could be at significant risk. All clauses of collective agreements have been fulfilled. | | | |
| Child labor | | | |
| ES HR6 | Operations with significant risk for incidents of child labor and measures taken to contribute to the abolition of child labor | Integral | 1, 2, 5 |
| No transactions were identified on risk of child labor; 125 | | | |
| Forced or compulsory labor | | | |
| ES HR7 | Operations identified at risk of forced or compulsory labor and measures taken to contribute to the eradication of forced or compulsory labor | Integral | 1, 2, 4 |
| No transactions were identified on risk of forced or compulsory labor; 125 | | | |
| Security practices | | | |
| AD HR8 | Percentage of security personnel trained in policies or procedures concerning aspects of human rights in that are relevant to operations | Non reported | 1 e 2 |
| 54 employees working according LC (firefighters, vigilant, CFTV operators) and 117 outsourceds (vigilants, janitors, receptionists). 100% of the vigilants group is submitted to training concerning to aspects of human rights because this theme is part of the biennial recycling vigilant course. | | | |
| Indigenous rights | | | |
| AD HR9 | Total number of incidents of violations involving rights of indigenous people and actions taken | Integral | |
| The organization's activities do not involve indigenous peoples | | | |
| SOCIEDADE | | | |
| Management form | | | |
| 8, 10 | | | |
| Community | | | |
| ES SO1 | Nature, scope and effectiveness of any programs and practices to evaluate and manage the impacts of operations on communities including entering, operating, and exiting | Integral | 8 |
| 81 | | | |
| Corruption | | | |
| ES SO2 | Percentage and total number of business Units analyzed for risks related to corruption | Integral | 10 |
| There is no a specific evaluation focusing on corruption. The Ethical Conduct Manual is delivered to all employees at admission, which should fill it out and sign the Declaration of Commitment that is part of the document. | | | |
| ES SO3 | Percentage of employees trained in anticorruption policies and procedures of the organization | Integral | 10 |
| Internal control and compliance to leadership: 36 leaders (ongoing program): Culture of the use of Information Technology (e-learning): 2,085: Ethics and professional employees posture (e-learning): 2,174 employees. | | | |
| ES SO4 | Actions taken in response to incidents of corruption | Integral | 10 |
| The cases are brought to the attention of the Elected Board and the Ethics Committee. Having information that allows they are investigated and if proven, administrative measures are taken or sent to Ethics Committee for decision. | | | |
| Public policies | | | |
| ES SO5 | Public policy positions and participation in public policy development and lobbying | Integral | 82 to 87 |
| AD SO6 | Total value of financial and in cash contributions to political parties, politicians and related institutions by country | Integral | |
| Sociedade does not contribute to political parties. | | | |

| GRI | Reportado | Global Pact principle | Página |
|---|--|-----------------------|-------------------|
| PRODUCT LIABILITY | | | |
| Unfair competition | | | |
| AD SO7 | Total number of lawsuits for unfair competition, trust and monopoly practices and their results | Integral | |
| There were no lawsuits for unfair competition, trust practices and monopoly | | | |
| Compliance | | | |
| ES SO8 | Monetary value of significant fines and total number of non-monetary sanctions for noncompliance with laws and regulations | Integral | 49 |
| **Sociedade has Notice of Infraction prepared by finance authorities. The fines are with its liability suspended by Administrative Resources or Writs of Mandamus. In this case most part is secured, i.e., the value is deposited on the judgment value. Regarding the number of shares, <i>Sociedade</i> had 48 deficiency notices issued in 2011, corresponding to R\$ 16,230,573.95. | | | |
| Management form | | | |
| 1, 8 | | | |
| Health and safety of the client | | | |
| ES PR1 | Phases of the life cycle of products and services that impact on health and safety are evaluated for improvement, and percentage of products and services subject to these procedures | Integral | 1 |
| 44, 74 | | | |
| AD PR2 | Total number of cases of non-compliance with regulations and voluntary codes related to the impacts of products and services in health and safety throughout the life cycle, by type of result | Non reported | 1 |
| Unavailable | | | |
| Labeling of products and services | | | |
| ES PR3 | Type of information about products and services required by labeling procedures | Integral | 35, 45 |
| AD PR4 | Total number of cases of non-compliance with regulations and voluntary codes related to information and labeling of products and services by type of result. | Non reported | |
| Unavailable | | | |
| AD PR5 | Practices related to customer satisfaction including results of surveys | Integral | 49, 121, 124, 141 |
| Marketing communications | | | |
| ES PR6 | Programs for adherence to laws, standards and voluntary codes of marketing, communications including advertising, promotion and sponsorship | Integral | 45 |
| AD PR7 | Number of cases of non-compliance with regulations and voluntary codes concerning marketing communications including advertising, promotion and sponsorship by type of results | Integral | |
| The marketing communication of <i>Sociedade</i> follows the guidelines settled down in Chapter XIII of the Code of Medical Ethics, the Federal Medical Council (Resolution n° 1.931/2009). Moreover, specifically on the issue removal of organs for transplantation and treatment are adhered to provisions contained in Article 11 of Federal Law n° 9.434 of 2/4/1997. During 2011 there were no non-compliances related to these regulations. | | | |
| Compliance | | | |
| AD PR8 | Number of substantiated complaints regarding breaches of customer privacy and losses of customer data | Non reported | |
| Unavailable | | | |
| Compliance | | | |
| ES PR9 | Fines for non compliance in the supply and use of products and services | Integral | |
| In 2011, there were no fines in relation to services rendered. | | | |

Open letter for *Sociedade Beneficente Israelita Brasileira Albert Einstein*

On the recommendation of the Global Reporting Initiative (GRI), and with the goal of providing greater transparency to the process and its stakeholders, *Sociedade Beneficente Israelita Brasileira Albert Einstein* submitted its 2011 Sustainability Report to external audit of students of *Instituto de Ensino e Pesquisa (Insper)* enrolled in the course Environmental Management and Corporate Social Responsibility in 2012 / 1.

The group evaluated the responses using indicators based on the parameters set out in GRI G 3.0. In addition to verification of the indicators reported, the group also considered the report from the perspective of continuous improvement in order to suggest relevant information inserts given activity sector, and impacts of our operations.

The scan was done as a group and in the end the conclusion was coordinated by Teacher Dr. Priscila Claro (GRI 3.13).

balance

According to the principles of GRI Definition Quality for consistent evaluation of company performance, the report should present positive and negative aspects. In summary the report has several strengths and improvements made throughout 2011 in various sectors. You can also see that the company reported problems that occurred in 2011 and what was done to solve them.

In this sense we suggest that *Sociedade* continues committing to targets for improvement.

comparison

Overall, we observed the concern of *Sociedade* in comparing year to year the evolution of a series of indices of the GRI. As an example, the evolution of the emission of greenhouse gases (GRI EC2 and GRI PR5).

clarity

The text presents a clear and accessible language. However, thinking about continuous improvement we suggest inclusion of information on the indicator EN30 in which is related to processes and operations of *Sociedade*. In addition, we recommend an expansion of the data reported in indicators 2.8, 4.5, 4.9.

Finally, it would be interesting to add the information related to certain indices that are in the index (table) but not in the text of the report (examples: 4:13, EC3, LA12).

conclusion

Based on a detailed analysis of the report, the group concluded that *Sociedade Beneficente Israelita Brasileira Albert Einstein* in his publication for the year 2011 could meet GRI G 3.0 version of the GRI guidelines. The report dealt with transparency in detail and in language accessible to all its stakeholders, the performance achieved in the proposed dimensions. Thus, qualify the report with the A + level.

Report evaluated by Insper students enrolled in the course Environmental Management and Corporate Social Responsibility in 2012/1.

The responsible students are: Barbara Laurino de Alencar; Fernanda Sampaio Barros; João Pedro Pompeu Melhado, Selma Sturmans and Thales Bittar Righi Cunha.

Coordinator: Teacher Priscila Borin Claro: PhD in Socio-Environmental Management (UFLA), Master in Environment Science (WUR/Netherlands), Administrator (UFLA). Teacher of *Instituto de Ensino e Pesquisa (Insper)*.

credits

2011 SUSTAINABLE REPORT

Voluntary publication from *Sociedade Beneficente Israelita Brasileira Albert Einstein*

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