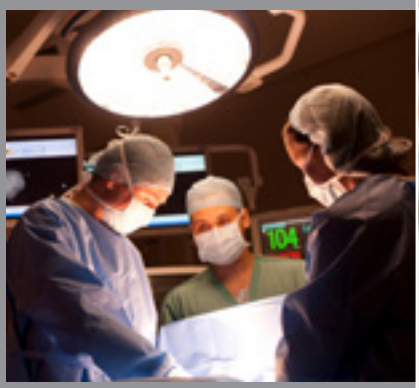
Sustainability Report 2016



ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA


POSSO
AJUDAR ?

CONTENTS

HISTORY OF COMPETENCE AND BOLDNESS

[G4-1 and G4-2]

Over 60 years ago, when a group of Jewish people gathered to create a community hospital, no one would dream that Sociedade Beneficente Israelita Brasileira Albert Einstein would become what it is today: a health care reference in Brazil and recognized internationally. Jewish precepts that guided the foundation of the society – *mitzvah* (good deeds), *refuah* (health), *chinuch* (education) and *tsedakah* (social justice) were the supporting pillars of a history that goes far beyond the Israelite community, benefiting the society as a whole.

Looking back makes us proud and drives us to move into the future. Acting as President of Einstein for the last 15 years, thanks to the support of a priceless staff, I´ve had the honor to participate in the consolidation of Einstein as a medical center of excellence at the service of the population. To reach our current position, we have worked tirelessly to manage risks and overcome obstacles. Above all, we have believed that it is always possible to do more. Besides, improvement results not only from effort and competence, but from dreams and boldness.

We review our strategic planning every year, based on a timeline that connects past, present and future. In 2016, the process required revisiting our mission and values and discussing the real purpose of Einstein. Over 60 leaders have dived into the topic and together we created the sentence that summarizes our reason for existing: "deliver healthier lives, taking a drop of Einstein to each citizen". Having this purpose in mind, we have carried out our actions, grouped into four strategic pillars. In **clinical care**, the focus is on providing an integrated health system, adding value to it; in **education**, actions are concentrated on knowledge dissemination and professional development. The pillar of **research and innovation** gathers initiatives aimed at promoting health and preventing and curing diseases. **Social responsibility** is the cement that binds everything that is meaningful in our work, by supporting the development of the public health system and disseminating practices that contribute to social justice.

I would like to use these four pillars to guide my last stocktaking as President of Einstein, which includes the critical analysis and monitoring of the achievements and challenges we have overcome in the closing of this cycle.

Let me start by highlighting the Triple Aim governance model, which guides our macro-strategic approach. It is a model developed by the Institute for Healthcare Improvement (IHI), a world reference in safety and quality, that provides a permanent assessment of healthcare services considering the experience of care (quality and efficiency in patient care), per capita cost

reduction (more effective use of resources), and population health (extending the benefits to a larger population).

At first sight, Triple Aim may seem to be a complex theoretical model. However, it is already yielding concrete results. The most remarkable example is the program *Parto Adequado* (Appropriate Delivery), which focuses on reducing C-sections that have no clinical indication. The program has been in place since 2015 by Einstein in partnership with the Ministry of Health, National Private Healthcare Agency (ANS) and IHI and it involves a group of 35 hospitals and 34 healthplus. Brazil is known as the world leader in C-sections (amounting to 84% of births in private hospitals and 54% in public hospitals). Making use of actions focused on pregnant clients, medical staff and multiprofessional teams, remarkable numbers were achieved in 2016 by the participating hospitals: 10,000 unnecessary C-sections were avoided; an increase of 40% in vaginal births, and reduction in neonatal ICU admissions from 86 to 69 in each thousand live births.

As to education, 2016 was the first year for two classes of the Medical School, totaling 100 medical students. This is a carefully designed project that intends to generate innumerous benefits in the future, as Einstein is investing in the training of physicians identified with the hospital philosophy of service and respect for human values, in a setting of medical excellence. The new Medical School has joined other initiatives in education, such as the Nursing School, which has been in operation for over 25 years. Along the same lines, an education unit was opened in Belo Horizonte, the second outside the city of São Paulo. Knowledge dissemination has also been guaranteed by several seminars, congresses, meetings and debates promoted by Einstein. The organization professionals have participated in events in Brazil and abroad, such as the *2º Fórum Latino-Americano de Qualidade e Segurança* (II Latin-American Forum of Quality and Safety), *3º Fórum Medicina do Amanhã* (III Forum Tomorrow's Medicine), and the *3º Fórum de Líderes do Setor de Saúde* (III Healthcare Leaders' Forum).

For knowledge to develop in a favorable environment in organizations, investments in research and innovation, spreaded another pillar that guides our activities. The scientific work, developed under the strictest quality and ethical standards by over 500 professionals, including hired researchers, master and doctorate students from Einstein and other centers, ensure medical advances and improvement in healthcare practices.

The use of technology has contributed to the implementation of innovative projects. Telemedicine is a reality and provides a practical demonstration of the benefits that technological advances bring to patients, even when they are not at the hospital.

Technology, and above all, intelligence in producing and assessing information, lies at the core of projects such as *Custo-Desfecho* (Cost-Outcome), a unique initiative in the Brazilian public healthcare system that Einstein has developed at Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho. The project

operates by mediating direct and indirect hospital costs, correlated with clinical outcome, discharge conditions and care quality indicators, analyzing the efficiency of care and creating standards that can be applied by other public hospitals. Internally, the same rationale of applying healthcare information has created the Value Management Office, which gathers and expands the processing of internal and external information that support our efficacy and efficiency actions. As a result of the implementation of Cerner Millennium, a management system that gathers all patient information, which can be accessed online by the clinical staff, we have taken an important step towards faster and safer decision-making.

Jewish concept *tsedakah*, which was part of the creation of the organization, has a free interpretation widely used nowadays: social responsibility, which is one of the supporting pillars of our organization. Nothing could better represent this commitment than *Programa Einstein na Comunidade de Paraisópolis* (PECP – Einstein Program at Paraisópolis). Paraisópolis is a very-low income sub-district, housing about 100,000 people subject to social vulnerability, located in the Southern region of São Paulo. The program started in 1998 combining health and education actions, including workshops of arts, music, dance, theater, community newspaper and vocational courses. In 2016, PECP provided 153,800 actions, benefiting over 5,100 people.

Nevertheless, for the general population, the most visible Einstein pillar is health care provision. The organization has an integrated health system, providing services of excellence in all areas: health promotion, prevention, diagnosis, treatment and rehabilitation. Even though Einstein has its name normally associated with high complexity health care, its actions extend into primary care the public healthcare system.

Some examples are the partnership with the City Administration of São Paulo and the participation in the Universal Public Healthcare System (*SUS - Sistema Único de Saúde*), which has been in place for 15 years. Einstein manages and operates 20 city-based healthcare units and manages two public hospitals: Dr. Moysés Deutsh - M'Boi Mirim (considered by ONA – National Accreditation Organization one of the ten best public hospitals in Brazil), and Vila Santa Catarina Dr. Gilson de Cássia Marques de Carvalho, which serves high complexity cases.

The long list of activities is not limited to 2016. These are achievements that have been reached throughout the years, thanks to perseverance and public spirit. Many generations have been part of this work, which is our legacy to future generations which will certainly carry on with the mission of making Einstein even greater.

I am very proud to have been part of this history.

I am still fully committed to Einstein, as Chairman of the Steering Committee, and pass on the President Office to an excellent successor. Sidney Klajner is not only a brilliant surgeon, dedicated father and a dear friend. Above all, he is a man that respects human values, has leadership skills and can gather people and will certainly know how to build the perfect conditions for Einstein to continue to advance.

Thank you.

Claudio Lottenberg

President of the Board of Directors of Sociedade Beneficente Israelita Brasileira Albert Einstein*

** Mr. Lottenberg held the position until December 5, 2016, when Sidney Klajner was named President of Sociedade Beneficente Israelita Brasileira Albert Einstein.*

THE NEXT STEP

Interview with Sidney Klajner[1]

Sidney Klajner
President of Sociedade Beneficente Israelita Brasileira Albert Einstein

Please tell us your story at Einstein.

My direct relation with the hospital started about 25 years ago, in 1992, when I graduated from Medical School and started to work with some teams of the hospital. It was a dream coming true: Working in the best hospital in Latin America. And I did my best to enjoy each and every opportunity I had to get more involved with the organization. In 1998, I took part in a selection process to work at the Emergency Department, but I ranked second and did not gain a full-time job. However, I started to be called to cover for staff vacation periods and that consolidated the relationship.

In 2007, I was honored to be invited by Claudio Lottenberg to join the Board of Directors as a deputy member, which was an opportunity to join the discussions even though I had no decision power. At that time, I got interested in quality, joined the Quality and Care Committee, and in 2010 I took over the position of Vice-President of Quality.

How was your experience as Vice-President? What were the main things you have learned and achieved

The main project I coordinated was the relationship model designed for almost two years with the hospital leadership, which ultimately led to the creation of GMA – Clinical Medical Groups, which gather healthcare professionals around a health condition and not a specialty. This is an ongoing model at Einstein and it drives many improvements.

What can people expect from your period in office?

Einstein has over 60 years of history and I am going to developed a new chapter of growth, complying with the principles, values and practices that have made Einstein an organization of excellence, recognized nationally and internationally.

I am not seeking abrupt or sudden changes: quite to the contrary. My plan is to ensure the execution of the plan that has been thought for years including the pillars of care, education, research and innovation and social responsibility. It is an honor and at the same time a major responsibility.

During his 15 years in office, Claudio managed to transform Einstein into the giant we see today. Due to his future vision and long-term commitment to the organization, he has always been willing to work with younger people and seek renovation. The fact that he had invited people from my generation in 2007 to be part of his management team already pointed to that. My role and duty is to ensure that Sociedade keeps up with its constant progress.

How do you intend to balance your position of President with your activities as physician?

Einstein bylaws wisely include the determination that at least one third of the Board of Directors be formed by physicians and the recommendation is to have a physician acting as President as well. The idea is to bring together management and the daily practice of the profession. This is the routine practice.

All positions at the Board of Directors are voluntary. To balance both things, I will be working longer hours. I normally arrive at the Hospital at 6 am to start the surgeries.

Thus, from early in the morning until 2-3 pm, I can dedicate myself to the activities of the Board. After 3 pm, I got back to my office. It has been my routine for the past six years, since when I started to work as Vice-President of Quality. It is not easy, but it is worth it. This mix of activities is extremely helpful, as the experience as surgeon favors management and the management learnings also support my daily practice of medicine.

1 Mr. Klajner took office as President of Sociedade Beneficente Israelita Brasileira Albert Einstein on December 6, 2016.

EINSTEIN

[G4-3, G4-4, G4-5, G4-6, G4-7, G4-8 and G4-9]

Sociedade Beneficente Israelita Brasileira Albert Einstein operates on healthcare, education, research and innovation, consulting and social responsibility. Based in São Paulo, it was founded in 1955 as a not-for-profit social organization working at municipal, state and federal level and is recognized as a Beneficent Social Care Organization (CEBAS).

Regarding healthcare delivery, Einstein is an integrated system of excellence in the private and public sector, responsible for the management and operation of units that are part of SUS. It has 12,900 employees.

The governance model that drives healthcare services at Einstein is the Triple Aim, created by the Institute for Healthcare Improvement (IHI), a globally known not-for-profit organization focused on healthcare safety and quality. Triple Aim governance involves structuring and monitoring of healthcare services in three dimensions that interrelate to promote efficiency, effectiveness and better cost-outcome relation. They are:

- Experience of care: Quality, safety and efficiency of services to provide better patient experience;
- Reduction of *per capita* cost of services: Continuous improvement actions and application of scientific knowledge to efficiently and effectively use resources and;
- Population health: Scale learnings and results for larger groups of the population, adjusting to the specificities of each group.

TRIPLE AIM

Participating in forums that propose

JOINT CONSTRUCTION

STRENGTHENS THE HEALTH SECTOR

EINSTEIN HAS

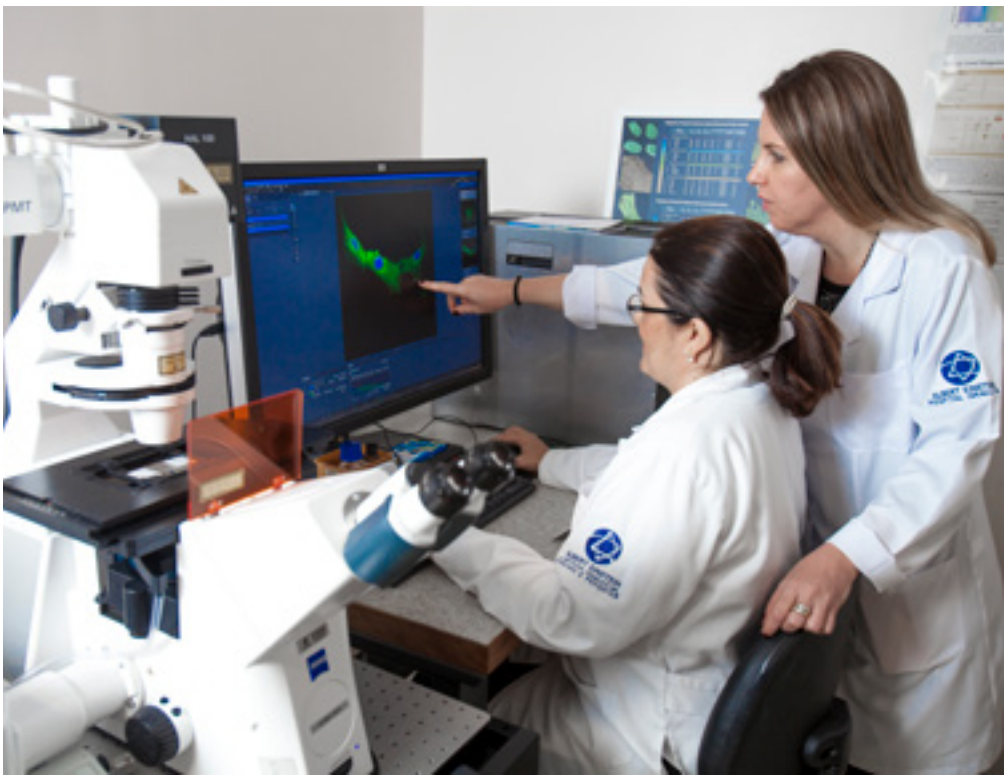
12,929

hired staff members

EINSTEIN HEALTH CARE SYSTEM IS BASED ON THE

TRIPLE AIM

governance model



DEVELOPMENT AND SUSTAINABILITY IN THE INDUSTRY

[G4-15 and G4-16]

Einstein participates actively in the discussion of public policies and in national and international forums for the improvement of the health care industry. By analyzing trends and challenges and seeking solutions, it contributes to the construction of dynamic works and more sustainable relations among healthcare providers, manufacturers, government, regulating agencies and health management organizations, ensuring long-term sustainability of the sector.

The forums and initiatives that stand out are: *Instituto Coalizão Saúde* (ICOS – Health Coalition Institute), *Associação Nacional de Hospitais Privados* (National Association of Private Hospitals - Anahp), *Associação Brasileira de Medicina Diagnóstica* (Brazilian Association of Diagnostic Medicine - ABRAMED), Healthy Hospitals Project by American-based organization Healthcare Without Harm, the Global Pact of the United Nations and the National Program of Patient Safety (PNSP), by the Ministry of Health in Brazil.

ICOS is comprised of representatives from the healthcare supply chain and contributes with discussions and the search for solutions. At Anahp, Einstein is a member of the Strategic Committee of Compliance, focusing on improving the systems of compliance that Anahp member hospitals already have. In 2016, the Committee carried out a survey to identify the level of implementation of compliance programs in member hospitals, launching the Compliance Program by Anahp. In 2017, the next step is to map the specific risks of the hospital industry, focusing on guiding the priorities and the action and improvement plans.

Partnerships in oncology

In 2016, Einstein continued to expand its network of oncology organizations bringing together centers located in the states of Bahia, Espírito Santo, Goiás, Mato Grosso, Minas Gerais, Paraná, Rio de Janeiro and Santa Catarina, in addition to Federal District. The partners are supported by the Education and Research areas of Einstein for knowledge update and refer more complex cases to be seen at Einstein.

Internationally, Einstein is the only Brazilian organization to have its brand associated with MD Anderson Cancer Center, world reference in cancer treatment and research. Einstein has a program of periodic meetings for case discussion and exchange of information among medical and multidisciplinary teams.

Moreover, the strategic partnership also includes the development of new protocols, Telemedicine programs, specialized second opinion programs, innovation studies and joint publication of scientific papers.

Best practices in supply chain

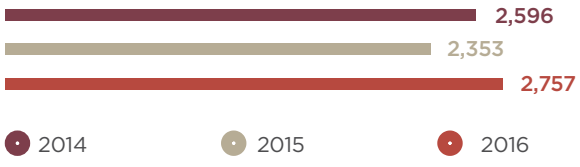
Einstein supply chain is comprised by over 2,700 companies. The most representative categories are: Functional 1 (15.8% out of the total), medical services (12.4%), medical supplies (9.8%), and information technology (6.9%). [G4-12]

Einstein shares its values with the companies and encourages best practices in quality, competitiveness, social-environmental performance and compliance with ethical behavior, according to the Institutional Manual of Conduct and Suppliers' Manual.

Critical or strategic suppliers are periodically invited to perform a self-assessment on tax, labor, social, environmental and legal issues. The aim is to provide information for risks management and definition the improvement plans. In 2016, 206 companies participated in the process, totaling 346 companies since 2014.

In areas considered to be of greater social or environmental risk, Einstein carries out assessments and periodic technical visits, correcting the course of action in cases of noncompliance with the defined standards

ACTIVE SUPPLIERS IN 2016



[1] *Suppliers of materials that are not directly linked to patient care, such as providers of personal protective equipment, medical equipment, office material and information technology, furniture, decoration, kitchen utensils, freebies, packages, among others.*

VISION OF THE FUTURE

4 STRATEGIC PILLARS:

CLINICAL CARE,
EDUCATION,
RESEARCH AND INNOVATION,
SOCIAL RESPONSIBILITY

SOLIDLY BUILT

[G4-2]

In its path towards the future, Einstein is guided by a long-term strategic plan, looking foward in five-year and reviewed annually based on trends, risks and opportunities. The 2017-2021 cycle is based on six large guidelines.

All Einstein structures are part of an **integrated health care system** that coordinately promotes health at all levels, from primary to quaternary, and in all steps of prevention, promotion and care. (*More information on page 29.*)

Focusing on **health education** for healthcare professionals and also for the public in general, Einstein promotes the generation and dissemination of knowledge through educational programs in different platforms, some available to broader audiences. (*More information on page 52.*) To take information of quality to mass audiences, Einstein has closed a partnership with Google to review healthcare information developed through the analysis of the most common searches made by users.

In anticipation of the behaviors of **new consumers**, who are becoming more informed and demanding and to meet their expectations of convenience and practicality, the organization has invested in strategies to reinforce the relationship through integrated communication platforms and use of digital tolls, such as application *Meu Einstein* (My Einstein), which enables users to check their history of tests and vaccines and schedule new procedures.

VISION OF THE FUTURE

FEE FOR VALUE

The payments is based on the complete cycle of treatment of a specific clinical disease and the quality of the services provided in each visit, thus, driving improvement in quality of treatment, adding value to patients and the healthcare system.

FEE FOR SERVICE

Compensation is based on the performed procedure, that is, each item is compensated independently, with no overall assessment of what has generated the need for the procedure or the reached outcome.

The commitment to quality healthcare and cost reduction is reflected on the systematic review of processes to reduce waste and enhance productivity. Based on trends and challenges of the healthcare industry as a whole, Einstein focuses on generating knowledge and discussing new approaches of valuing and compensating services.

Einstein strongly invests in collection and systematic analysis of information that supports decision-making to provide more effective care in different situations, promoting a debate about the **fee for value** and fee for service compensation model.

Concerning technology, Einstein is a leads and has been incorporating the **Big Data** culture, which comprises statistical processing of population data, structured and non-structured data, originated from different sources and systems, to support decision-making and improve healthcare. The ongoing actions involve digitalization of information, integration of internal systems and statistical databases and the use of processing technologies to support medical practice. It also includes professional capacity building so that they can use the information in their daily practice. (*More information on page 34.*)

Investments made in technology, talent attraction and definition of strategic alliances focused on going from prevention to diagnosis have driven Einstein to develop specific competences in **genomics and cell therapy**. Having a dedicated laboratory, it provides a broad portfolio of tests and studies, in addition to partnering with external organizations that can provide technological development and innovative approaches. (*More information on page 42.*)

THE TOTAL NUMBER OF PEOPLE AGED OVER 60 YEARS IN BRAZIL WILL REACH

34.5

MILLION BY 2025

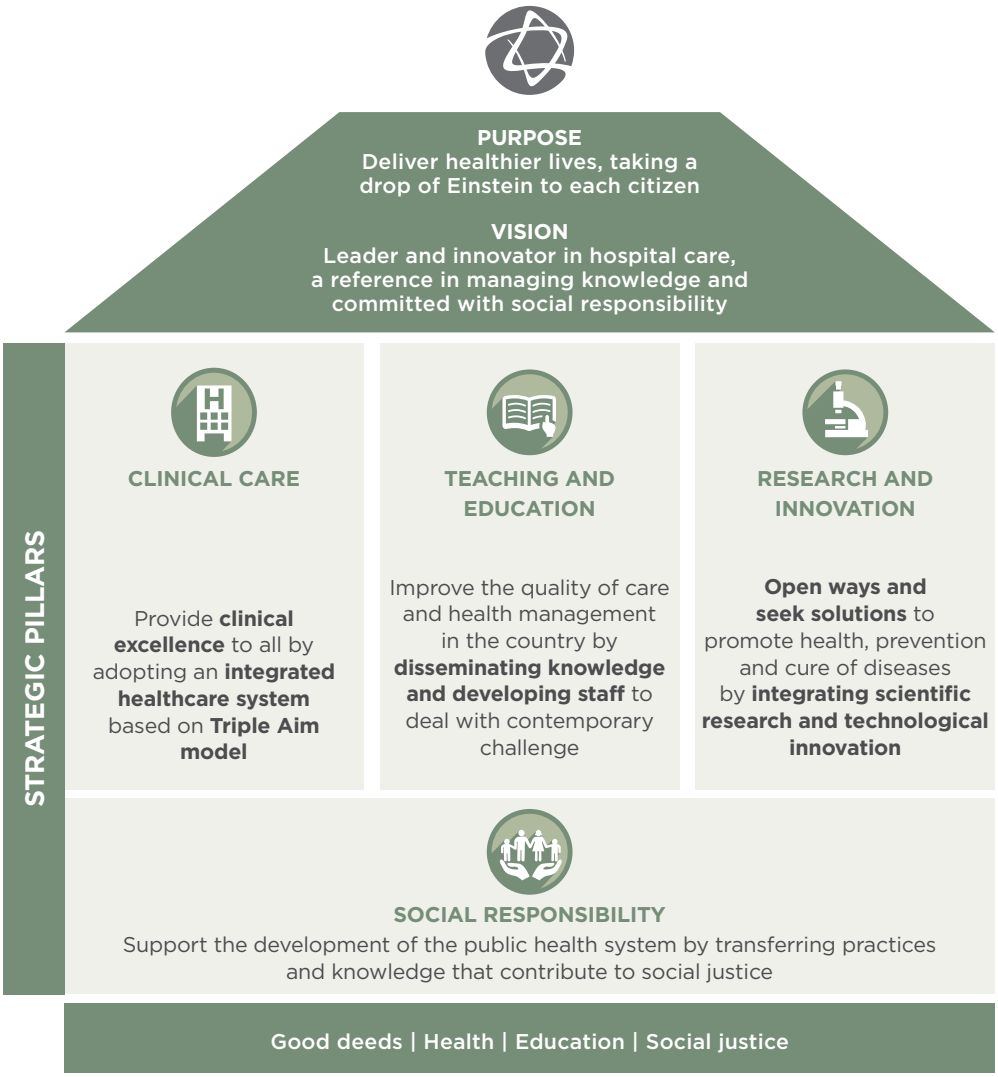
CAPACITY LIMITATION

Increased longevity, changes in age distribution, and the rise in chronic diseases have increased health expenses in Brazil. Both in public and private sectors, the system frequently operates at its maximum capacity, due to the growing demand. Unless there are structural changes, the trend is to deepen further the capacity deficit in future years.

According to the estimates of Instituto Brasileiro de Geografia e Estatística (IBGE – Brazilian Institute of Geography and Statistics), the total number of people aged 60 years in Brazil should reach 34.5 million by 2025, amounting to the sixth largest population of elderly in the world. A forecast prepared by Instituto de Estudos de Saúde Suplementar (IESS – Institute of Private Healthcare Studies) has indicated that health expenditures will triple in nominal terms by 2030.

Institutional Drivers

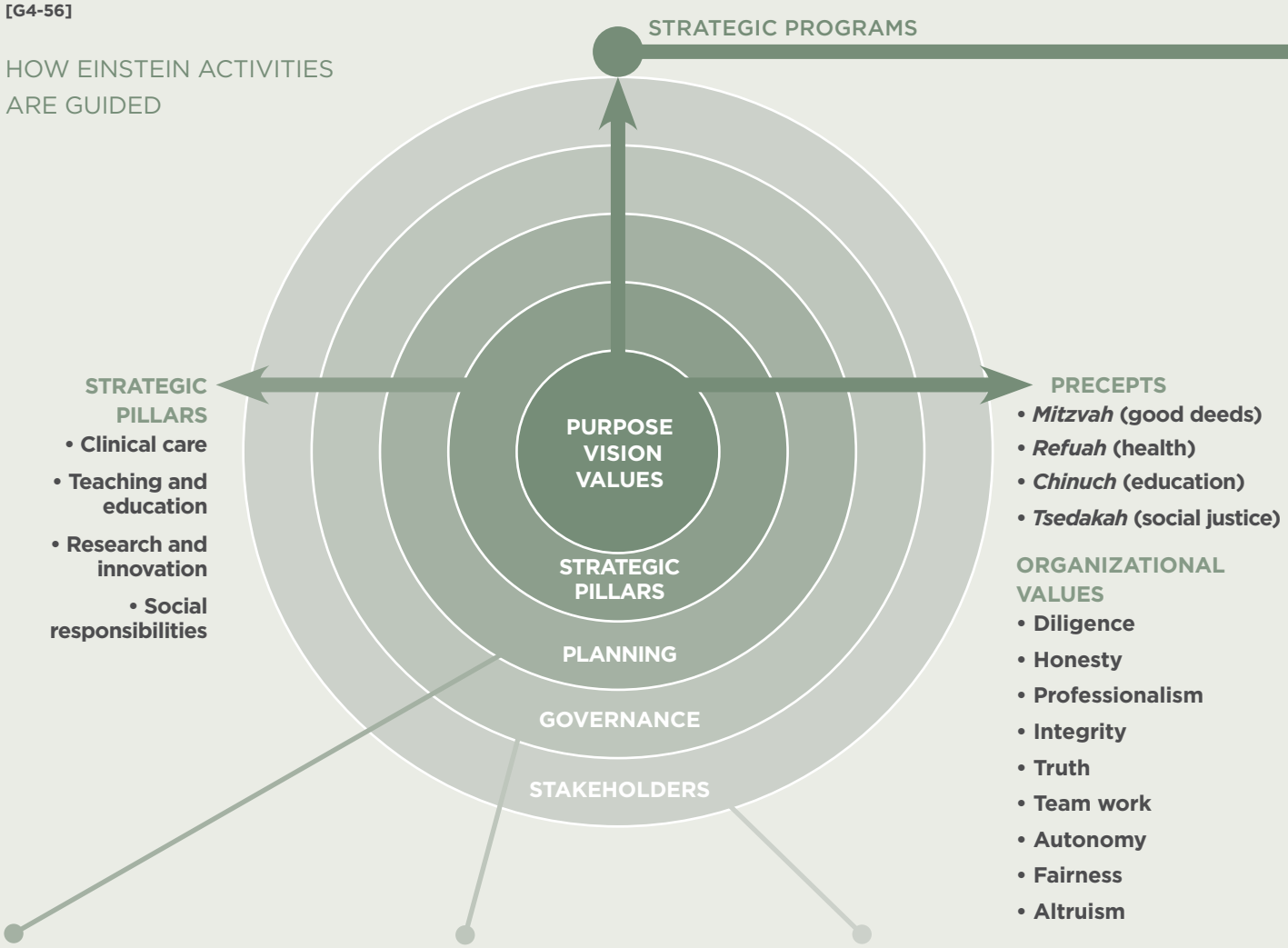
Upon revisiting the strategic planning in 2016, the organization promoted a review of its main institutional drivers, a process that included over 60 leaders. Mission and values were revisited and Einstein purpose was defined to synthetize its reason for existing. This figure represents the main elements that resulted from this process.



Strategic programs and activity model

[G4-56]

HOW EINSTEIN ACTIVITIES ARE GUIDED

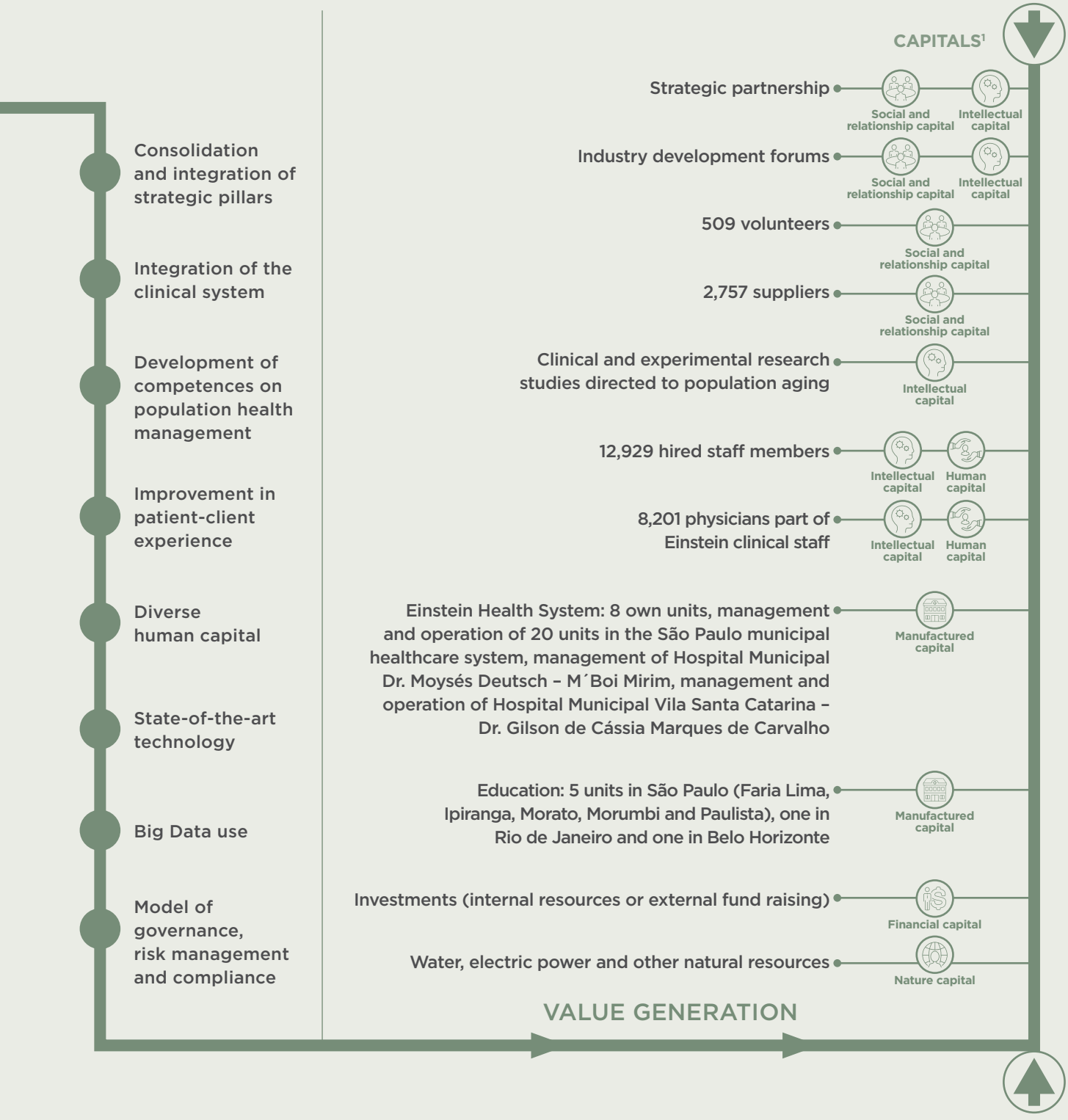


PLANNING
It integrates Einstein essence. Risk identification, uncertainties and trends, provide a sustainable construction for future activities.

GOVERNANCE
System through which Einstein is guided, monitored and encouraged. It involves the relations between the elected Executive Suite, inspection and control agencies and the remaining stakeholders.

STAKEHOLDERS
Dialog with the groups that are related with Einstein to incorporate their expectations in the activities and execution of the organization's mission.

THE MODEL OF SOCIEDADE BRASILEIRA BENEFICENTE ISRAELITA BRASILEIRA ALBERT EINSTEIN AIMS TO GENERATE LONG-TERM VALUE TO ITS STAKEHOLDERS BY PROVIDING HIGH QUALITY HEALTHCARE SERVICES, GENERATING KNOWLEDGE AND PROMOTING SOCIAL RESPONSIBILITY, SHOWING THE JEWISH COMMUNITY CONTRIBUTION TO BRAZILIAN SOCIETY.



1 Based on the concepts defined by the International Guidelines of the Integrated Report of International Integrated Reporting Council (IIRC), Einstein has mapped the main capitals involved in its dynamic value generation. They are: social and relationship capital, intellectual capital, human capital, manufactured capital, financial capital and nature capital.

The diagram shows the effects of Einstein activities on the capitals and how they are applied to generate shared value with the stakeholders of the organization.

CAPITALS

The capital stock is increased, reduced or transformed by Einstein activities and it generates value to the organization and the stakeholders.

ACTING ETHICALLY

[G4-57]

In 2016, Einstein discussed and enhanced the content of the *Institutional Manual of Ethical Conduct Guidelines* and established – for the organization as a whole, and for governance – specific corporate policies for anti-corruption and conflict of interests, among other topics. The policy on conflict of interests complements the actions of preventing, identifying and dealing with potential conflicts, which had already been adopted by the Sociedade. One example of this practice is the periodical declaration – by means of a questionnaire answered by employees – designed to identify situations that can potentially interfere in the activities at Einstein, such as links with industries, research financing agencies and government agencies. [G4-41]

Einstein also published the *Ethics and Compliance Program Manual*, which informs the objectives and how the program works. It established a Compliance Statement that is compulsory for suppliers and contractors, which has already been integrated to the contracts.

In order to continue improving the institutional guidelines, policies will be created and/or revised throughout 2017, which are focused on donations, sponsorships, management of third parties, brand use and protection, teaching programs and partnerships, among others.

TRAINING AND COMMITMENT

All employees (12,929), governance members (24) and partners (7,447) receive news and pieces of information about ethics and compliance. More than 82% of employees participated in specific trainings. In 2016, the online training about the Ethics Manual was included in the Institutional Development Path, which is mandatory for all employees. **[SO4]**

Moreover, during the year, the details of the plan of communication and training in compliance were drilled down; the plan will encompass the main relationship targets of Einstein: governance, employees, medical staff, volunteers and suppliers. The first cycle of activities will address the topics of ethical conduct, conflict of interests, moral and sexual harassment and corruption.

EMPLOYEES WHO PARTICIPATED IN THE TRAINING OF ETHICS AND COMPLIANCE

10,644

Integrated communication platforms and digital tools

EINSTEIN CLOSER TO THE NEW HEALTHCARE CONSUMER

OVERALL PLANNING FOCUSED ON

HEALTH TRENDS AND CHALLENGES

GOVERNANCE

COMPLAINT CHANNEL

Einstein maintains a complaint channel where one can report situations relative to ethics and compliance. This tool is available to everyone through the website *www.einstein.br/compliance*, the phone number 0800-741 0004, and by intranet. These reports can be made anonymously. Complaint collection and analysis rely on the support of commissions for medical practice, moral and sexual harassment, scientific research and compliance. In addition to disciplinary measures in cases of valid complaints, the results guide the review of related processes and control improvements to avoid recurrence of the non-compliances identified. **[G4-49 e G4-58]**

PERIODIC UPDATING OF THE CORPORATE MAP OF RISKS AND A CROSS-SECTIONAL VISION OF THE SEVERAL TYPES OF RISK – GLOBAL, STRATEGIC, FINANCIAL, OPERATIONAL AND COMPLIANCE – STRENGHTHEN A GOOD INTERNAL CONTROL ENVIRONMENT

Corporate risk management

In 2016, Einstein had a new corporate risk assessment, which included the perception of the Elected Executive Suite and of the Steering Committee on the impact and probabilities surrounding global, strategic, financial, operational and compliance risks. Were reviewed all units and areas of the Sociedade, and the process resulted in the update of the Corporate Maps of Risks. The action plans to remediate the main risks and improve controls and mitigation processes generated from this new assessment will be followed up throughout 2017.

Continuing the assessment of corporate risks, Einstein has overseen, throughout the year, the implementation of action plans based on the assessment of the previous year.

Improvement of internal controls

The map of risk also guides the monitoring and improvement of internal controls through internal audits. The objective is to support governance bodies in assuring a good reputation, resources, controls and the safeguard of the interests of the Sociedade, through an adequate internal control environment. In 2016, Einstein carried out nine audits focusing on processes, information technology, human resources, fixed assets, revenues from teaching, accounting, and provisions for bad debts, among others.

The Sociedade carried out a review of processes related to the use of orthoses, prostheses, and special materials, used in medical procedures, such as catheters, stents and pacemakers. Processes related to the use of these materials are considered critical and have been widely debated among hospitals, health insurance companies, manufacturers, governments and class associations, mainly around the standardization of the nomenclature, technical definitions, pricing and acquisition practices between the industries, distributers, contractors and healthcare professionals.

Throughout the year, Einstein's internal audit analyzed processes involving the use of these materials, from supplier selection and approval criteria, evaluation of regulatory compliance of products, and inventory management, to their use in procedures and billing. Specific auditing reports from different areas were issued. The information collected was used to enhance controls and to promote improvement in processes and systems.

TRANSPARENCY

In 2016, Einstein investigated a suspected non-compliance in Interventional Cardiology Department. According to an anonymous tip, some professionals received payments from a stent distribution so they would favor purchases from a certain company. The investigation identified the existence of a link between a physician and the company. As a preventive measure, Einstein fired the doctor, unregistered the company, and notified authorities so they could carry on with the investigation.

The investigation has not been concluded yet and Einstein continues to offer its support and any information necessary.

The interventional cardiology medical practices of the Sociedade have been the object of external evaluations and are in line with international reference standards. Device acquisition follows strict criteria of quality and legal compliance.

Elected Executive Suite (term-in-office until Dec 5, 2016)
From left to right, Dominique José Einhorn, Sidney Klajner, Claudio Schvartsman, Eduardo Zlotnik, Claudio Lottenberg, Alexandre Roberto Ribenboim Fix, Henri Philippe Reichstul, Nelson Wolosker and Flavio Tarasoutchi

GOVERNANCE STRUCTURE

[G4-34, G4-35, G4-38, G4-39, G4-40, G4-42, G4-45, G4-46 and G4-47]

The highest decision-making body of Einstein is the Board of Trustees, which comprises approximately 800 members and is responsible for electing 180 members of the Deliberating Council, with a six-year term-in-office.

At strategic level, the governance is conducted by the Steering Committee and the Elected Executive Suite. Both fora have nine members each, elected by the Deliberative Council for a six-year term-in-office, and work in a checks and balances system: one executes and the other, supervises. The members are physicians who work extensively at Einstein and well-known professionals from diverse economic sectors, who are volunteers and have on day to day. The Steering Committee determines the strategy and activities of the Sociedade. The Elected Executive Suite execute the approved guidelines and strategies. The Advisory Board and several committees provide support to the decision-making process for specific themes.

At executive level, comprise a group of 16 paid directors led by the General Director of Einstein, who reports to the Chairman of the Elected Executive Suite.

Steering Committee (term-in-office until Dec 5, 2016)
From left to right, Andrea Sandro Calabi, Claudio Thomaz Lobo Sonder, Charles Siegmund Rothschild, Luiz Gastão Mange Rosenfeld, Claudio Luiz da Silva Haddad, Reynaldo André Brandt, Mario Arthur Adler, Elias Knobel, Nelson Hamerschlak and Jacyr Pasternak (invited)

[G4-56]

MISSION

To offer quality excellence in healthcare, knowledge generation and social responsibility, as an evidence of the contribution of the Jewish community to Brazilian society.

VISION

To provide leading and innovative medical/hospital care, being a reference in knowledge management and renowned for commitment to social responsibility.

PURPOSE

To deliver healthier lives taking a drop of Einstein to each citizen.

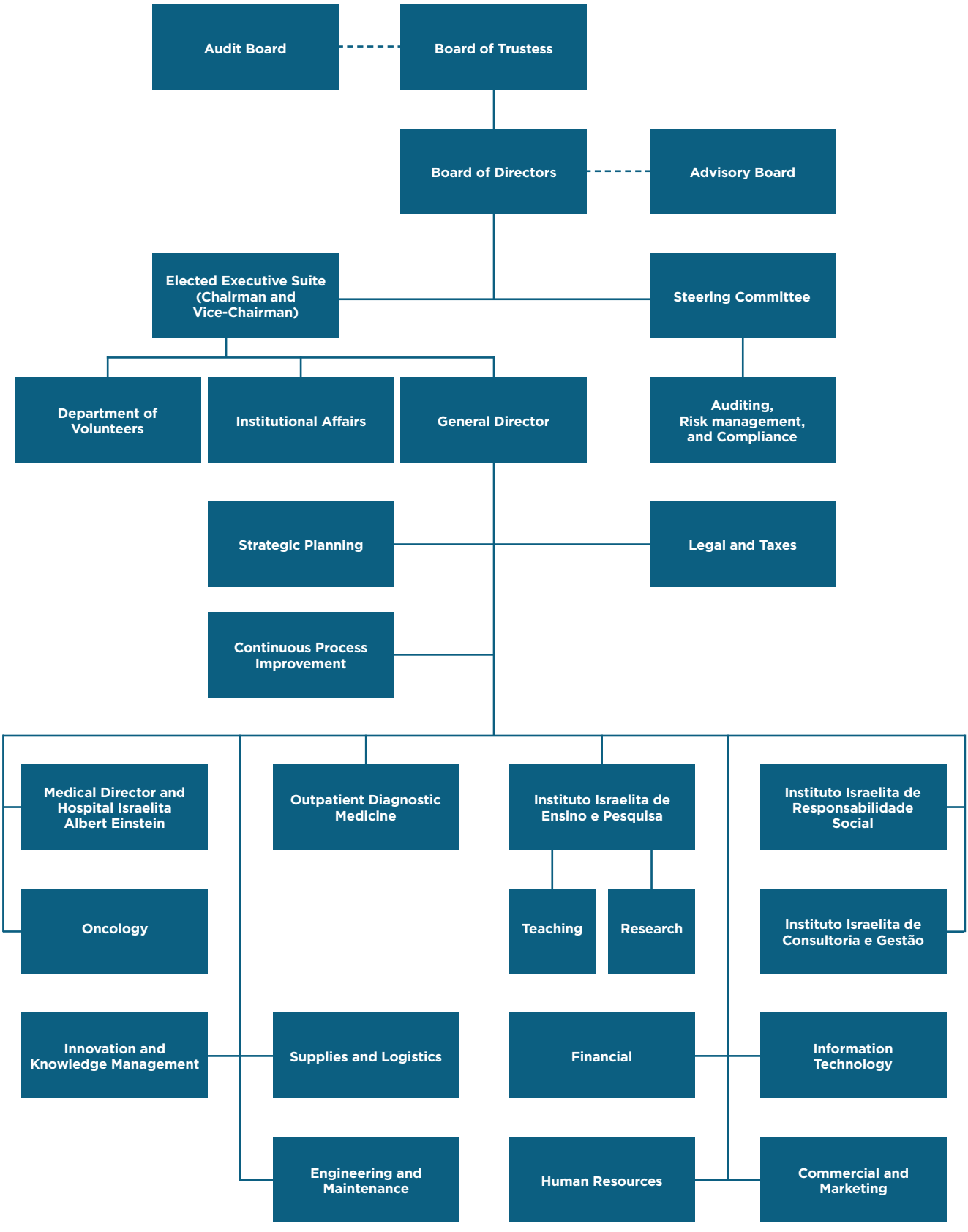
PRECEPTS

- *Mitzvah* (good deeds)
- *Refuah* (health)
- *Chinuch* (education)
- *Tsedakah* (social justice)

ORGANIZATION VALUES

- Diligence
- Honesty
- Professionalism
- Integrity
- Truth
- Team work
- Autonomy
- Justice
- Altruism

GOVERNANCE


Audit Board
Board of Trustess
Board of Directors
Advisory Board
Elected Executive Suite (Chairman and Vice-Chairman)
Steering Committee
Department of Volunteers
Institutional Affairs
General Director
Auditing, Risk management, and Compliance
Strategic Planning
Legal and Taxes
Continuous Process Improvement
Medical Director and Hospital Israelita Albert Einstein
Outpatient Diagnostic Medicine
Instituto Israelita de Ensino e Pesquisa
Instituto Israelita de Responsabilidade Social
Oncology
Teaching
Research
Instituto Israelita de Consultoria e Gestão
Innovation and Knowledge Management
Supplies and Logistics
Financial
Information Technology
Engineering and Maintenance
Human Resources
Commercial and Marketing

ECONOMIC PERFORMANCE

In 2016, Einstein maintained the growth trend recorded in previous years, and the EBITDA (earnings before interests, taxes, depreciation and amortization) for the period was of R$ 341.1 million, 13.4% above in 2015. Operating revenues increased by 11.8% and achieved R$ 2.5 billion. Operating efficiency, with a thrust from the continuous review of processes limited the evolution of operational costs and expenses to 11.4%.

The net operating result was of R$ 220.2 million, 16.3% above. The surplus for the year was of R$ 258.8 million, 15.2% above in 2015.

ADOPTED COVENANTS	LIMIT	2016
Leverage: Third-party funds without deductions regarding cash and financial investments in should not exceed 30% of the total operating capital employed (CTEO)	≤ 30%	16.1%
Cash and financial investments: The minimum balance should be 25% of the revenues	≥ 25%	26.8%
Investments and debt services: Operating cash surplus, active interest rates, and fund raising finance investments and debt services. The use of third-party funds at times of expansion will become, in the future, amortization, interests paid, and operating cash surplus	≤ 100%	96.4%
Indebtedness: The maximum indebtedness is 2.5 the EBITDA	≤ 2,5	1.0

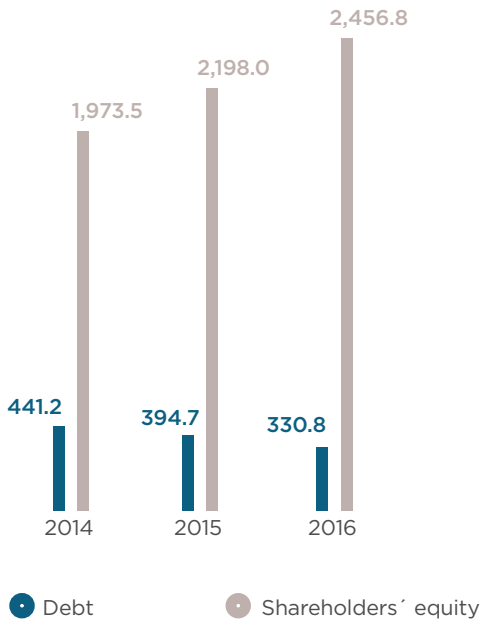
[EC1]

STATEMENT OF VALUE ADDED (IN THOUSAND R$)	2014	2015	2016	Δ 2016/2015
Economic value generated	**2,067,421**	**2,325,000**	**2,585,465**	**11.2%**
Revenues[1]	2,067,421	2,325,000	2,585,465	11.2%
Economic value distributed	**1,891,468**	**2,100,439**	**2,326,673**	**10.8%**
Operating costs	618,124	627,137	770,267	22.8%
Salaries and benefits of employees	963,263	1,085,300	1,164,006	7.3%
Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (PROADI-SUS)	230,832	274,811	273,964	-0.3%
Investments in the community[2]	54,047	57,965	60,952	5.2%
Financial expenses	25,202	55,225	57,483	4.1%
Economic value accumulated	**175,952**	**224,561**	**258,792**	**15.2%**

1 Sum of net revenues and financial revenues, minus deduction of provision for bad debts.

2 Expenses with the Programa Einstein na Comunidade Judaica, Residencial Israelita Albert Einstein and donations to social assistance organizations.

TOTAL CAPITALIZATION (IN THOUSAND R$)



EINSTEIN PRESENTED A POSITIVE EVOLUTION OF THE MAIN ECONOMIC AND FINANCIAL INDICATORS. THE OPERATIONAL INCOME WAS 16.3% ABOVE. 2015, THE EBITDA (EARNINGS BEFORE INTERESTS, TAXES, DEPRECIATION AND AMORTIZATION) INCREASED BY 13.4%, TO R$ 341.1 MILLION.

FINANCIAL STATEMENT (IN THOUSAND R$)	2014	2015	2016	Δ 2016/2015
1. Net operating revenues	2,038,786	2,253,254	2,519,953	11.8%
2. Operating costs and expenses	1,889,387	2,064,001	2,299,781	11.4%
3. Operating result (1-2)	149,399	189,253	220,172	16.3%
4. Financial result	26,553	35,308	38,620	9.4%
5. Result of the business year (3+4)	175,952	224,561	258,792	15.2%
6. EBITDA[1]	269,740	300,789	341,103	13.4%

1 Earnings before interests, taxes, depreciation and amortization

BALANCE SHEET (IN THOUSAND R$)	2014	2015	2016	Δ 2016/2015
Total current assets	1,236,866	1,245,937	1,330,474	6.8%
Fixed	1,348,426	1,472,801	1,615,207	9.7%
Intangible	113,186	161,597	205,455	27.1%
Deferred	0	0	0	–
Other noncurrent assets	77,066	120,559	111,114	-7.8%
Total noncurrent assets	1,538,678	1,754,957	1,931,776	10.1%
Total assets	**2,775,544**	**3,000,894**	**3,262,250**	**8.7%**
Current liabilities	399,261	442,442	466,973	5.5%
Noncurrent liabilities	402,812	360,420	338,453	-6.1%
Equity	1,973,471	2,198,032	2,456,824	11.8%
Total liabilities and equity	**2,775,544**	**3,000,894**	**3,262,250**	**8.7%**

FINANCIAL INDICATORS (IN THOUSAND R$)	2014	2015	2016	Δ 2016/2015
EBITDA[1]	269,740	300,789	341,103	13.4%
Capex expenditure	214,987	284,326	307,578	8.2%
Cash and financial investments	677,199	642,080	675,338	5.2%
Working capital	239,335	251,326	239,184	-4.8%
Total operating capital employed	1,700,947	1,885,724	2,059,846	9.2%

1 Earnings before interests, taxes, depreciation and amortization

CAPITAL EXPENDITURE (IN THOUSAND R$)	2014	2015	2016	Δ 2016/2015
Property and land	41,311	57,924	82,043	41.6%
Construction works and buildings	40,868	49,453	67,100	35.7%
Refurbishment	443	492	114	-76.9%
Plots of land	0	7,980	14,829	85.8%
Technology and automation	73,909	86,345	110,582	28.1%
Systems and applications	52,706	53,137	70,611	32.9%
Facilities and communications	9,285	15,659	28,848	84.2%
Information technology equipment	11,919	17,548	11,123	-36.6%
Medical equipment	75,386	106,854	88,694	-17.0%
Machinery and equipment	1,060	22,614	14,804	-34.5%
Furniture and gadgets	12,652	9,162	11,454	25.0%
Others[1]	10,669	1,426	-	-100.0%
Total	**214,987**	**284,326**	**307,578**	**32.3%**

1 In 2016, the item was reclassified and included in the other accounting lines

HEALTH SERVICES

EINSTEIN HEALTH SYSTEM:

8 OWN UNITS

20 UNITS OF THE MUNICIPAL NETWORK OF SÃO PAULO

2 SUS HOSPITALS

8,200
physicians
ARE PART OF THE OPEN MEDICAL STAFF OF THE ORGANIZATION

43%
of women
OF THE SPECIFIC POPULATION SEEN AT MORUMBI UNIT HAVE VAGINAL DELIVERY

MUCH MORE THAN A HOSPITAL

Einstein is an integrated health system, where different structures are combined to provide excellence services and scientific evidence-based medicine. The three dimensions of Triple Aim governance – the experience of care, reduction of the per capita cost (*see more on page 8*) and populational approach – are the pillars for the constant search for excellence.

Throughout the years, the Sociedade has developed initiatives to assure care in all fields of health - promotion, prevention, diagnosis, treatment and rehabilitation. The proposal is to guide services based on structures that are adjusted to the different care needs, avoiding the limitations of a hospital care-centered model.

In 2016, the first Einstein ambulatory clinic started operation. The unit is in the neighborhood Vila Mariana and is able to render services to 2.8 thousand people. Up to 2018, the system will be expanded with three new clinics of the same model.

To emphasize the presence in ambulatory care, Einstein also revised the structure of diagnostic medicine services, separating the high-complexity interventional activities, performed at the hospital, from the medium-complexity ones, which will be also provided in some advanced units.

HEALTH SERVICES

EINSTEIN HEALTH SYSTEM – HIGHLIGHTS 2016

SEE ANNEXES

646 OPERATIONAL BEDS

185.9 thousand PATIENTS/DAY[1]

BED OCCUPANCY RATE[2]: **82.6%**

6 ADVANCED UNITS: tests/exams, urgency and emergency services, medium-complexity care

1 OUTPATIENT CLINIC: appointments, tests/exams, vaccination

DIAGNOSTIC MEDICINE: **8,3 million** TESTS/EXAMS PROCESSED

7,084 TELEMEDICINE APPOINTMENTS

1 Sum of inpatients at the end of each day.
2 Ratio between total patients/day and beds/day.

Efficiency Gains

With the program Patient Flow Program, which involves all areas in continued improvement from admission to discharge processes, Einstein has reduced the hospital average length of stay. The results contrast with the sector and is observed despite the increasing complexity of the cases seen.

2016, compared to 2015, the average length of stay at Morumbi unit dropped by 3,6%: from 3.64 to 3.51 days. In the same period, the bed turnover rate increased from 6.77 to 6.90, and the average hospital bed wait time at the Emergency Room decreased by 22%.

Expedited services enabled expanding care delivery with no need to increase the total number of beds. Throughout the past five years, the measures led to a virtual increment of 87 beds. The home care services supported de-hospitalization of 719 patients during the year.

PEDIATRIC OUTPATIENT UNIT

In the second half of 2016, Einstein opened the Pediatric Outpatient Unit at Ibirapuera dedicated to children, where

14,200

SERVICES WERE RENDERED
until the end of the year

Engaged physicians

[G4-49 and G4-50]

The medical staff at Einstein comprises approximately 8,200 registered physicians. They are strategic partners for the Organization and play a crucial role in the daily pursuit for excellence. The professionals have a specific relationship and feedback program addressing aspects related to teaching and research, social responsibility, quality and volume of practice. In addition, they take part in annual satisfaction surveys.

In the 2016 edition, the loyalty rate of physicians was 98%. The index takes into account the respondents who answered "definitely yes" or "probably yes", when asked if they would continue using the Einstein medical offices. The satisfaction and recommendation rates were kept high.

BEYOND SÃO PAULO

Physicians from other cities who have relations with Einstein have a specific office, which gives support to all stages of care for the referred patients.

MEDICAL STAFF PERCEPTION	Satisfaction[1]		Recommendation[2]	
	2015	2016	2015	2016
Inpatients units	98%	97%	99%	98%
Diagnostic Medicine	97%	97%	98%	98%
Medical offices	97%	96%	NC	NC

1 Satisfied and very satisfied clinical staff physicians.
2 Clinical staff physicians who would recommend the services.
NC: information not checked.
Source: annual survey carried out by a specialized consulting company.

RETHINKING HEALTHCARE

How can we reduce the number of unnecessary C-sections, which have been a trend in Brazil for decades, to the point of being considered an epidemic? To answer this question, Einstein, the Ministry of Health, the Agência Nacional de Saúde Suplementar (ANS - National Private Health Care Agency), and the Institute for Healthcare Improvement (IHI) established a partnership in April 2015 to run the project *Parto Adequado* (Appropriate Delivery).

Through 18 months of work under the clinical leadership of Einstein, 35 hospitals (31 private and 4 public) and 34 health insurance companies participated in trainings and committed to the review of practices for the care of pregnant women and babies. The result was a significant decrease in the number of C-sections. In the pilot group – comprised of 26 hospitals that participated in all stages of the program – the rate of vaginal deliveries went up 16% (from 21% to 37%), and 9 hospitals were able to reach or surpass the goal of 40% vaginal births.

The program also propelled an improvement in health and safety indicators. There was a reduction in neonatal ICU admissions and the rates of delivery-related complications – such as maternal death or sequel for the babies – were maintained or reduced.

At Einstein, the rate of vaginal deliveries went up from 21% to 29% in that period. When considering only the specific population – low-risk pregnant women as per the Robson classification, and with no clinical impediments for vaginal birth – that rate increased from 32% to 43%. Another positive result was the change in the profile of the babies admitted to the neonatal ICU. The cases of direct transfers of babies over 2.5 kg, from the delivery room to the neonatal ICU, dropped from 49% to 34%. Intensive care was directed to cases of greater prematurity and complexity, thus increasing the length of stay at the ICU.

To reach these results, it was necessary to take on an integrated approach in the dimensions of culture, infrastructure, and, especially, reorganization of care to the pregnant women, with the introduction of different multidisciplinary staff models. In the cultural dimension, the effort was focused on the training and engagement of patients, and of the medical and multidisciplinary team. Infrastructure adaptations included the re-arrangement of facilities – with noise reduction and adequate lighting – to provide comfort and privacy to patients during labor.

We also increased the use of non-pharmacological methods for pain relief, such as support tables, bathtubs and showers, and the women were encouraged to use other positions for the delivery besides the supine position. In the new model, the accompanying family member stays next to the mother throughout the entire process – labor, delivery and recovery.

APPROPRIATE DELIVERY IN NUMBERS

10 thousand
UNNECESSARY C-SECTIONS AVOIDED

486
HEALTHCARE PROFESSIONALS trained in delivery workshops

INCREASED VAGINAL BIRTH RATES:
from **21%** to **37%**
IN THE PILOT GROUP
and from **24%** to **34%**
IN THE TOTAL NUMBER OF PARTICIPATING HOSPITALS

9 HOSPITALS: reached or surpassed the goal of **40%** VAGINAL DELIVERIES

14 HOSPITALS showed reduced neonatal ICU admission rates: from **86** to **69** PER 1,000 LIVE BIRTHS

9 HOSPITALS had decreased ICU admission rates for babies over 2.5 kg: from **44.5** to **35** PER 1,000 LIVE BIRTHS

Necessary indication

Cesarean sections are an important medical resource, and, in certain situations, it is the most indicated procedure to provide safety for the mother and the baby. Like all surgical procedures, it presents risks and, if performed without clinical indication, it can lead to complications.

The clinical indications for the procedure take into account some factors, such as gestation age, fetal position, if it is a singleton or multiples gestation, and the past obstetric history of the mother, among others. Therefore, it can greatly vary within specific groups. According to the World Health Organization (WHO), the conditions that justify surgical births are present in approximately 15% of all births. Moreover, according to the WHO, Brazil is the worldwide leader in C-sections, which account for 53.7% of births in the country. In the private sector, this rate can be as high as 84%.

EXPANSION PLANS

Phase 2 of the Appropriate Delivery project will take place in 2017 and 2018. The proposal is for hospitals that stood out in phase 1 to act as multipliers of the initiative to expand the scope of actions to 150 hospitals.

TRIPLE AIM GOVERNANCE

The Appropriate Delivery project marks the beginning of the systematic application of the Triple Aim governance model at Einstein.

KNOWLEDGE THAT GENERATES VALUE

How much does health care cost? How much of this cost could be avoided with simple preventive measures or investments in quality of care? How can we improve the relationship between clinical outcome and cost to generate real value in health?

To answer these questions, Einstein developed the Cost-Outcome study, which assesses, in an integrated manner, the direct and indirect hospital costs, clinical outcomes, discharge conditions, and quality of care indicators in patients admitted to Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho. This initiative, which is unheard of in the Brazilian Public Healthcare System, will allow the efficient analysis of medical assistance and the establishing of reference standards on hospital costs. This data will support improvements in the management system, which can later be replicated by the Ministry of Health in other hospitals.

The first survey is underway and it intends to describe the cost of full treatment for the most common diseases, such as MI and pneumonia, among others, for all inpatients. In maternal and child health, for example, this study will allow identifying the impacts – in treatment cost and clinical outcome – of adverse factors, such as the presence of congenital syphilis in babies, a disease with high morbidity in newborns that can be avoided with a low cost pre-natal treatment.

Cost-Outcome integrates the portfolio of projects developed by the Organization within the PROADI-SUS scope. Einstein has already used many of the tools involved in data generation, with a few adaptations and inclusion of new variables.

The major advance was data integration, which was performed in two stages: pre-processing within the Big Data structure, and the final processing in a structure exclusively dedicated to the study.

Value Management Office

Every year, Einstein invests in the gathering and analysis of information on quality and costs, aiming at the improvement and sustainability of health care. In 2016, Einstein gathered several processing methodologies, and internal and external sources of information in the Value Management Office. The idea is to add more and more value to medical assistance – i.e. to provide more efficacy and efficiency and focus on health results. The use of information fosters the generation of knowledge and opens a wide range of possibilities, which is even more relevant when considering the current context of the healthcare sector, which is being increasingly pressured by the growing demand. Statistical processing of information provides a critical analysis – from the medical and managerial perspectives – of hospital visits and their results in comparison to Brazilian and international references for analogous situations, and it will help to guide improving patient care activities.

A good example is the Diagnostic Related Groups – DRG – a methodology that started to be adopted in the United States, in the 1960's, to support monitoring of quality of care and consumption of hospital supplies. At Einstein, the implementation began in 2013 and, in 2016, it already encompassed 100% of medical discharges.

In the analysis of its own performance and focused on efficacy, Einstein considers the indicators of patients quality of life after discharge, such as adverse effects, need for readmission, mobility and autonomy. Approximately 20 procedures go through systematic monitoring in several specialties, including cardiology, oncology, orthopedics and neurology. Comparative studies are also conducted about the outcomes of different approaches for the same type of ailment.

DECISION-MAKING SUPPORT

Einstein units are being integrated through the Health Management System Cerner Millennium, which centralizes patient information and allows more speed and safety in the decision-making process. With this technology, the professionals involved have online access to all records – medical history, services provided, labs and tests, information on allergies, among others – via desktop, laptop, smartphone or tablet.

It took three years of work and an investment of R$170 million in technology, process adjustments, and structures for Cerner Millennium to be able to start operating. Over 35,000 hours of training were necessary to prepare the medical staff and employees of the Sociedade to use the system. Einstein is the first health organization in Brazil to use such technology.

THE BEST RESULTS

[PR1]

FOCUSING ON PATIENT SAFETY, EINSTEIN MAINTAINS A MANAGEMENT SYSTEM IN LINE WITH THE BEST INTERNATIONAL PRACTICES, AND INVESTS IN ACTIVE RISK MONITORING

Management and surveillance of risks upon delivery of health services are part of different structures at Einstein, and take into consideration several factors and agents involved, such as the care environment, staff, and patients. The general mapping of this topic is based on monitoring data from permanent committees, such as techno-vigilance, hemo-vigilance and death, among others. All employees are encouraged to report situations that could result in adverse events in case of failed active intervention. In addition to strengthening a culture of prevention, observing these "near-misses" empowers control measures and guides system improvement.

The work is based on the ISO 31000 standard, international parameters and reference methodologies. To benchmark its performance and guide the enhancing of the quality of care, Einstein participates in international reference registries in several specialties, among which are Action and CathPCI (from the American College of Cardiology) and STS (from the Society of Thoracic Surgeons) in the field of cardiology, and the Vermont Oxford Network, in neonatology.

THE ROLE OF PATIENTS

Training and engagement initiatives encourage patients and family members to actively take part in risk prevention in all stages of care. The topic has a specific discussion forum: a consulting board that gathers patients, family members, board members, risk management professionals, and physicians of the open clinical staff. **[G4-49]**

FOCUS ON PREVENTION IS ONE OF THE DISTINGUISHING FEATURES OF EINSTEIN SYSTEM, AND IT INVOLVES IDENTIFICATION AND MONITORING OF "NEAR-MISSES". ALL EMPLOYEES ARE ENCOURAGED TO REPORT THEM, AND THE TOPIC IS INCLUDED IN THE ORGANIZATION`S TRAINING AGENDA.

PATIENT SAFETY	2014	2015	2016	Δ 2016/2015
Rate of central venous catheter-related bloodstream infection	1.03	0.69	0.50	-28%
Rate of urinary catheter-related urinary tract infection	0.91	0.63	1.00	58%
Rate of ventilator-associated pneumonia	1.23	1.53	0.68	-56%
Infection rate in clean surgeries	0.13	0.11	0.08	-29%
Glucose rate > 250 mg/dL	12.63	12.47	12.23	-2%
Rate of catastrophic severe event	0.66	0.98	1.10	12%
Rate of falls with moderate and severe damage1	0.68	0.84	0.81	-3%
Rate of medication error[1,2]	4.70	3.10	4.99	61%
Readmission within 30 days	8.7%	8.8%	8.1%	-7%
Mortality rate in severe sepsis/septic shock	0.14%	0.12%	0.14%	18%
Appropriate Delivery: rate of vaginal delivery[3]	24.0%	40.8%	42.9%	5%
Compliance with the venous thromboembolism protocol	71.3%	75.1%	81.1%	8%
Compliance with the time out safe surgery protocol	76.0%	80.9%	83.9%	4%
Index[4]	**101%**	**89%**	**83%**	**-7%**

1 It does not include services delivered at Residencial Israelita Albert Einstein.
2 Considering from D-severity events (with consequences to the patient)
3 Based on the number of pregnant women seen with no clinical indication for cesarean section (Robson classification I to IV).
4 Considering the different weights of indicators and performance of each one based on the goal for the period.

HEALTH SERVICES

Einstein is the only organization outside the United States with a FACT certification for bone marrow transplant services. The recertification process takes place every two years and was successfully concluded again in 2016.

In 2016, the Einstein *Centro de Simulação Realística* (Realistic Simulation Center) was accredited by the Society for Simulation in Healthcare (SSH), an organization from the United States that specializes and is a reference for the best practices in training and qualification of technical teams, such as for the use of robots and actors in practical activities carried out in environments similar to hospitals. Only two Latin American healthcare organizations hold this accreditation.

Accreditations and certifications

Einstein services and control processes are in line with external reference standards and norms. The main ones are highlighted below:

American Association of Blood Banks (AABB): ait certifies the quality and safety of activities in blood transfusion services.

American College of Radiology (ACR): it accredits the imaging service of diagnostic medicine, with a focus on equipment, professionals, treatment plans and documentation (medical record) and quality control. Einstein is the only healthcare organization in Brazil that is accredited for all diagnostic modalities.

The American Society for Histocompatibility and Immunogenetics (ASHI): it certifies the process of histocompatibility and immunogenetics of the Clinical Pathology Laboratory.

Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC): it certifies the good practices in treatment and responsible use of animals in laboratory tests of the *Centro de Experimentação e Treinamento em Cirurgia*.

College of American Pathologists (CAP): it accredits the patient safety actions and quality requirements of diagnostic medicine laboratory and blood transfusion service.

Foundation for the Accreditation of Cellular Therapy (FACT): it certifies the good practices in bone marrow transplantation service.

***Hospital Amigo do Idoso*:** an initiative of the *Secretaria de Estado da Saúde de São Paulo* granted to the Morumbi unit, which acknowledges efforts related to proper infrastructure, training professionals and family members, engaging the community and fostering health prevention.

ISO 14001: it certifies compliance with standards related to environmental management in all units owned by the organization, except the PECP.

Joint Commission International (JCI): it checks quality and safety (environment, patients and employees) processes of the hospital (Hospital Accreditation) and of specific programs, such as Primary Care, Clinical care of patients suspected of having a stroke, Care of diabetic patients, and the *Programa Einstein na Comunidade de Paraisópolis*. It covers all Einstein units related to health insurance plans.

ONA Level 3: granted by the *Organização Nacional de Acreditação* to the Hospital Municipal Dr. Moysés Deutsch - M'Boi Mirim. It certifies safety, quality and credibility of healthcare services.

Planetree: the Morumbi Unit received this designation, which is granted to organizations that have patient-centered care and humanized processes.

***Programa de Acreditação de Laboratórios Clínicos* (PALC):** it certifies the quality of services provided by the clinical pathology laboratory.

Society for Simulation in Healthcare (SSH): it certifies the good practices of the *Centro de Simulação Realística* in capacity building and training of the teams.

Surgical Review Corporation (SRC) Accreditation Program: specific accreditation granted to the *Centro de Excelência em Cirurgia Robótica*, which certifies safety, quality and credibility of the service and of surgeons performing robotic surgery.

COMMITMENT TO PATIENTS

Einstein manages patient satisfaction based on the aspects this audience most values in their experience: quality and safety, communication and relationship, patient education, continuity of care, clinical outcome, consistency, agility, and attention to detail. To monitor the evolution of healthcare consumers' profile, which is increasingly well informed and demanding, Einstein invests in new costumer relationship and contact channels and tools, especially in digital formats.

In 2016, we launched the app *Meu Einstein*, which allows the patient to search test/lab results history, book new procedures, and find the closest Einstein Unit. A notification system lets the patient know when lab results are ready, and makes test reports and imaging available so that patients can send them directly to their physicians. *Meu Einstein* is available for free at the App Store (iOS) and Google Play (Android), and within two months after its release at the end of November, it had reached the mark of 6,000 downloads.

All tests and labs performed at Einstein are digitalized and made available online for patients and their physicians in a safe environment for 20 years. The information can be accessed by the physician through the Internet, including at the time of the visit. In addition to the convenience and agility making the information available, the new system also increases the amount of information accessible to physicians and patients in the case of imaging tests – the system is not limited by media or printing capacity.

At Einstein Morumbi, the online lab check-in has started its testing stage. It allows the patient to send information and documents in advance, thus expediting procedures.

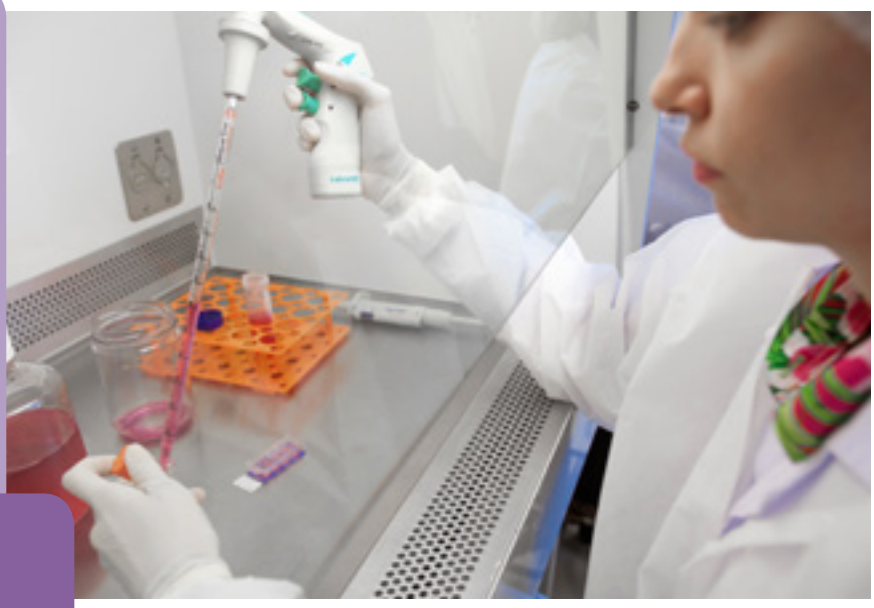
HEALTH SERVICES

CLIENT'S PERCEPTION	Satisfaction[1]		Recommendation[2]	
	2015	2016	2015	2016
Emergency Room	85.0%	85.0%	NC	NC
Admission	94.0%	94.0%	NC	NC
Diagnostic Medicine	96.0%	95.0%	96.0%	95.0%
Medical offices	93.0%	93.0%	NC	NC
Check-up	93.0%	93.0%	93.0%[3]	93.0%[3]
Oncology	99.0%	100%	NC	NC
Neurology	100%	100%	95%	100%

1 Satisfied and very satisfied patients.
2 Patients who would recommend the services.
3 It refers to the percentage of patients who would recommend the company they work at to continue providing Einstein checkup examination to the businesspersons.
4 NC: Information notchecked.

100%

SATISFACTION AMONG ONCOLOGY AND NEUROLOGY SERVICE PATIENTS

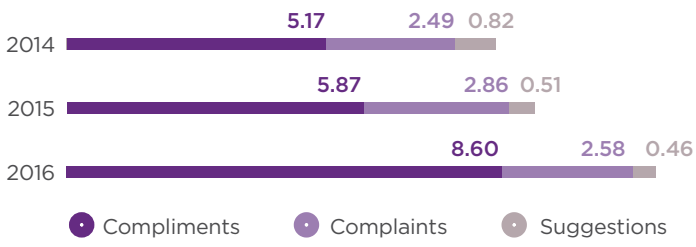


92%

LOYALTY AMONG DIAGNOSTIC MEDICINE PATIENTS[1]

1 Patients who answered "definitely yes" or "probably yes" when asked if they would continue using the diagnostic medicine services at Einstein.

REPORTS AT THE CUSTOMER SERVICE[1]



1 Total number of registered statements for every one Thousand patient encounters. Each patient may have more than one meeting in the period

ALIGNMENT

Einstein teams work in alignment to speed up the circulation of patients through the different structures of services, especially in the high-complexity procedures. A team is in charge of welcoming and preparing the integrated planning for the patient "navigation", and acts as a direct contact channel assuring excellence in care.
In 2016, ninety-nine percent of procedures requested until 12:00 noon were performed on the same day.

ACKNOWLEDGEMENT

For the second consecutive year, Einstein was awarded Best Company by consumers in the Health category. The award is an initiative of *Época* magazine and *Reclame Aqui* website, and it takes into account the perception of consumers about the service delivery practices.

Attention to privacy **[PR8]**

To preserve patients´ information, Einstein invests in data security systems as well as in raising awareness and training of employees. The guidelines on this topic are part of a specific corporate policy that establishes procedures for all employees, volunteers, open clinical staff physicians, grantees, students and suppliers of the Sociedade.

The orientation of new employees includes one module about information security, addressing some topics related to warnings about caution, rights of patients and sanctions in case of violation. Einstein also provides regular trainings for employees and contractors, including security procedures against fraud attempts through e-mail and phishing.

Over 6,300 employees and contractors were trained in 2016. Throughout the year awareness-raising campaigns were launched for leaderships, employees and contractors in several communication channels, such as newsletters, e-mail marketing, corporate TV, intranet, and boards and posters in the units.

Regarding access to systems, Einstein maintains strict control to avoid invasions, with multiple protection layers, in addition to actively monitoring and recording each access to the systems.

TRAININGS IN DATA SECURITY	EMPLOYEES	CONTRACTORS	TOTAL
Module of data security – orientation for new employees	2,091	456	2,547
Periodic trainings – Development Path	235	-	235
Capacity-building for leaders and senior professionals	1,982	533	2,515
Training in phishing			1,044
Total			**6,359**

GENOMICS

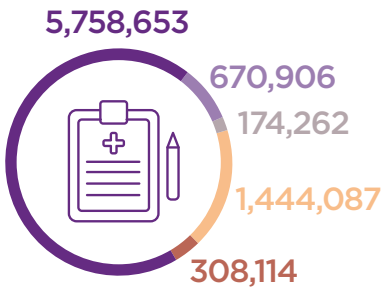
Einstein provides a comprehensive portfolio of genomic tests, comparable to the best international reference centers. Some are developed by the Organization, such as the **BRCA 1 and BRCA 2 panels**, related to breast and ovary cancer. Since 2016, the patients and physicians who use the Einstein genomics services have a specific unit to streamline test orders and interpretation of results.

[+] Learn more
Genomic panels are tests that analyze multiple genes and identify the likelihood of having some health problems, or make the individual therapeutic response more predictable, for a more assertive treatment. Technology has the potential to revolutionize the way to approach health by means of personalized medicine.

EINSTEIN IS ONE OF THE LEADERS IN THE DIAGNOSTIC MEDICINE SEGMENT IN TERMS OF QUALITY OF CARE AND VOLUME OF SERVICES. IN THE CITY OF SÃO PAULO, IN 2016, OVER 8.3 MILLION LABORATORY AND IMAGING TESTS WERE PERFORMED. OUT OF THIS TOTAL, NEARLY 2.6 MILLION WERE CARRIED OUT FOR PUBLIC HEALTHCARE SERVICES.

TESTS PERFORMED IN 2016

Total: 8,356,022



- Health insurance plans and private patients
- Hospital Municipal M'Boi Mirim
- Hospital Municipal Vila Santa Catarina
- Partnership with the City Administration of Mogi das Cruzes
- Other public services

SAFETY AND PRECISION

Einstein started operating a new computerized tomography device in 2016, which has an interactive reconstruction software. This technology allows reducing the radiation dose in up to 40%, decreasing the risks associated to the test. The equipment also identifies the presence and nature of crystals in the joints, leading to more precise and less invasive diagnoses in rheumatology.

EXPANDING ACCESS

Whenever a resident from Campo Limpo or Vila Andrade – districts in the Southern region of the city of São Paulo – requires public Family Health services, an Einstein professional will deliver such care. By means of an agreement with the City Administration, the Sociedade is in charge of all Family Health teams, and virtually operates all primary care units in the region, with over 340,000 people.

The agreement includes 13 *Unidades Básicas de Saúde* (UBS – Primary Care Units), 3 *Assistências Médicas Ambulatoriais* (AMA – Medical Outpatients Unit), 3 *Centros de Atenção Psicossocial* (CAPS - Psychosocial Care Center), and one *Unidade de Pronto Atendimento* (UPA – Emergency Unit) – all managed and operated by Einstein, with a team of 1,800 people. The total number of services delivered exceeded 3.9 million, and almost 57% are provided at the UBS.

Working with the Public Health Services (SUS) expands Einstein's capacity of adding value to society, with concrete results in the health of the local population. The Family Health teams deliver care to 75% of households. They visit the houses to take actions related to health promotion, prevention, treatment and recovery, such as control of chronic patients, prenatal care or vaccination. The mean coverage in the city of São Paulo is 36%, and in Brazil, 65%. Among the pregnant women seen at the units, 82.9% completed their prenatal care (with at least 7 appointments), and this result is above the goal defined by the City Administration, i.e., 75%. Vaccination coverage for babies is also high: 97.4% of infants are vaccinated according to the national immunization schedule.

SOCIAL PARTICIPATION

R$ 273.9 million
IN THE *PROGRAMA DE DESENVOLVIMENTO INSTITUCIONAL DO SISTEMA ÚNICO DE SAÚDE* (PROADI-SUS)[1]

R$ 188.6 million
THROUGH PUBLIC PARTNERSHIPS[2]

R$ 60.9 million
OWN INVESTMENT IN THE COMMUNITY[3]

1 Exemptions.
2 Accountability – City Administration of São Paulo.
3 Residencial Israelita Albert Einstein and Programa Einstein na Comunidade de Paraisópolis (PECP)

SEE ANNEXES

PARTNERSHIP WITH THE CITY ADMINISTRATION OF SÃO PAULO - 2016

Management and operation of **20** PRIMARY CARE UNITS

1,798 EMPLOYEES

2,224,298 PATIENTS SEEN AT UBS (PRIMARY CARE UNITS)

75% OF HOUSEHOLDS in the UBS area are covered by the Family Health strategy

97.4% OF INFANTS comply with the vaccination schedule

759,157 PATIENTS SEEN AT AMAs

23,342 APPOINTMENTS AT CAPSs

82.9% OF PREGNANT WOMEN completed prenatal care

923,553 PATIENTS SEEN AT UPA

BUILDING KNOWLEDGE

In addition to expanding Einstein healthcare services, the partnership with the City Administration of São Paulo plays an important role in medical training activities. Several medical residency programs at Einstein are held at the UBSs and Hospital Municipal M'Boi Mirim, where the trainees develop their practice. Family and Community Health, Gynecology and Obstetrics, Imaging Studies, Pediatrics, Intensive Care and Anesthesiology are some of the subjects taught. The units also have activities for Einstein medical undergraduate students.

HEALTH SERVICES

HOSPITAL CARE

Besides managing and operating public primary and secondary care units (SUS), Einstein is in charge of two public hospitals in the city: Hospital Municipal Dr. Moysés Deutsh – M'Boi Mirim, together with the Centro de Estudos e Pesquisas Dr. João Amorim (CEJAM), and Hospital Municipal Vila Santa Catarina Dr. Gilson de Cássia Marques de Carvalho, within the scope of Programa de *Apoio ao Desenvolvimento Institucional do SUS* (PROADI-SUS).

HOSPITAL MUNICIPAL M'BOI MIRIM – 2016

SEE ANNEXES

ONE OF THE TOP TEN **Brazilian public hospitals,** according to the National Accreditation Organization (ONA)

240 BEDS

102,700 PATIENTS/DAY[1]

Covers a micro region with **750,000** PEOPLE

1 Sum of inpatients by the end of each day

HOSPITAL MUNICIPAL VILA SANTA CATARINA – 2016

SEE ANNEXES

270 BEDS

42,000 PATIENTS/DAY[1]

Covers a micro region with **700,000** PEOPLE LIVE

1,005 EMPLOYEES

1 Sum of inpatients by the end of each day

TRANSPLANT PROGRAM

Einstein Transplant Program is the result of a partnership established in 2002 with the Ministry of Health. It provides specialized multi-professional care to patients, from the initial assessment to postoperative period. The Sociedade provides liver, kidney, pancreas-kidney, heart, lung, bowel and multi-organ transplants. As from the second half of 2016, the kidney and liver transplant surgeries were performed at Hospital Municipal Vila Santa Catarina. They account for 86.4% of transplants. Lung and heart (13.6%) transplantations are performed at Morumbi unit.

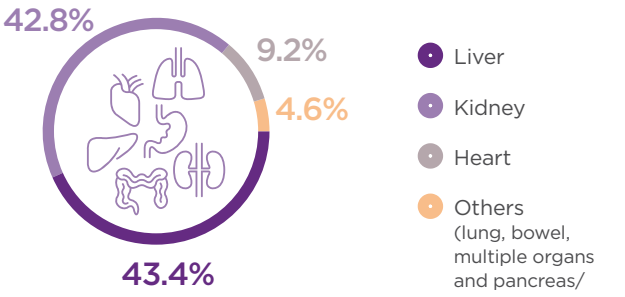
From 2002 to 2016, Einstein performed approximately 3,400 transplants, and 92.9% were through SUS.

SEE ANNEXES

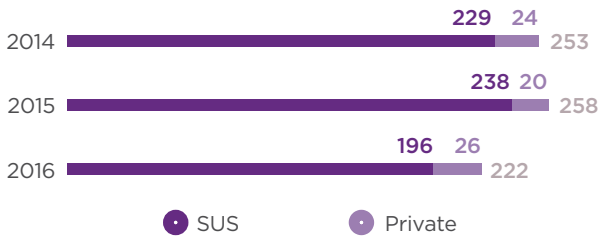
INTEGRATED TRANSPLANT PROGRAM	2014	2015	2016	Δ 2016/2015
Patients followed up (on December 31st)	3,265	3,913	4,125	5.4%
Outpatient´s appointments	28,535	27,733	25,257	-8.9%
Hospital admissions	1,301	1,466	1,114	-24.0%

ORGAN TRANSPLANT

Total: 196



ORGAN TRANSPLANTS



MEDICINE OF THE FUTURE

There is a systematic effort to collaborate with external agents – different size companies and universities – and internal production, in order to drive innovation at Einstein, focusing on developing new products, services and technologies.

The final goal is to generate applicable solutions that have an effective impact on the quality of care provided at Einstein and by the entire industry. The work comprises review of clinical care models, and the correlation with common use technology resources, such as Telemedicine, for example. It also involves the development of disruptive technologies that combine knowledge of mathematics, physics, computer sciences and different areas of engineering, biology and medicine.

In the business arena, our initiatives include collaboration with startups and technology-based corporations, such as Samsung and Microsoft, and healthcare-based companies, such as Philips and GE, among others. Our academic partners include *Escola Politécnica da Universidade de São Paulo* (Poli-USP), *Instituto Tecnológico da Aeronáutica* (ITA), *Instituto de Ensino e Pesquisa* (Insper) and *Universidade Federal de Alfenas* (UNIFAL-MG) and ABC (UFABC), and *Universidade Presbiteriana Mackenzie*.

Internally, the initiatives are headed by two organizational structures. One of them is the Innovation Lab that brings together electronic, mechatronic and computer engineers, computer scientists, information designers and architects to develop new technology products directed to health. The other one is Centro de Inovação Tecnológica (Technology Innovation Center - CIT) that supports the initiatives of the different hospital areas in creating innovative solutions. The center actively searches for external funding to support the projects.

This coordinated effort has consolidated Einstein as a hub of innovation in health care, and many initiatives of the organization are already being used, launched in the market or under patent licensing analysis. Our expectation is for innovative products to gain scale and relevance in generating better outcomes and improving health.

ONGOING PROJECTS

- Mobility
- Hospital management
- Medication dosing
- Artificial intelligence (machine learning)
- Natural language processing

THERE WERE

7,000

consultations

MADE THROUGH TELEMEDICINE AT EINSTEIN IN 2016

LARGE COMPANIES, STARTUPS AND UNIVERSITIES

ARE MEMBERS OF THE PARTNERSHIP NETWORK FOR INNOVATION

DISRUPTIVE TECHNOLOGIES

COMBINE KNOWLEDGE IN EXACT AND BIOLOGICAL SCIENCES TO PROMOTE HEALTH

KNOWLEDGE GENERATION AND DISSEMINATION

Many Einstein innovation projects have become a reality to thousands of patients and healthcare professionals. Learn about some of them:

Telemedicine: representative of the progress in physician-patient interaction enabling care models which are not exclusively focused on hospital care. From 2014 to 2016, the total number of consultations went up from 1,000 to 8,000. Our expectation is to reach 40,000 consultations by the end of 2017.

One modality is the second opinion program and decision-making support to emergency, outpatient, hospitals, schools and distant site services, such as oil platforms. There are also horizontal visits in the ICU, in which an Einstein intensivist carries-out the daily follow-up of cases to standardize practices and protocols. The action has proven to be effective in reducing mortality rates in these units. Concerning Teleneurology, the organization provides consulting services to professionals located in different regions of Brazil (*see chart on page 51*).

Other telemedicine services offered are:

- ***Einstein Cuida Diabetes*** **(Einstein Taking Care of Diabetes):** a nurse follows-up the patient for three months and, if necessary, refers the patient to other specialties, such as dietitian, psychologist and physical educator. If the patient is not regularly followed-up by a physician, Einstein can also provide a specialized professional. In addition to these specialists, the program includes tools to encourage the educational process and to teach the patient how to live with the disease and promote self-care;

- **Tele Baby Care:** it comprises consulting services by a maternal-pediatric nurse to guide the first days of the baby at home. The support is offered through teleconference and addresses topics such as breastfeeding, safe bath, diaper change and cleaning of umbilical stump;

- **Smoking telecessation:** teleconferences provide support to people trying to quit smoking. The program lasts three months and is coordinated by psychiatrists and psychologists. It also involves onsite e distant visits;

- **Dietary Re-education #PraVoce:** educational and motivational program that promotes healthy eating as the main treatment for obesity by changing behaviors and lifestyle. Nutritional visit is individualized and carried out by a team of specialized dietitians;

- **Specialized Tele Opinion:** it provides patients, regardless of how far they are, access to specialists in diagnosis and treatment, expanding the access of a significant and disseminated practice in health.

SHORTENING THE DISTANCES

Einstein Teleneurology started in April 2012 to service the Institutional Development Support Program of SUS (PROADI-SUS), by providing services to Hospital Municipal Dr. Moysés Deutsh - M'Boi Mirim. The idea was to support safer and more assertive care by professionals who work in units that do not have a neurologist around the clock. In 2016, there were over 7,000 consultations in 27 units, including Emergency Units, hospitals, schools and companies in 14 states. In many cases, this service has enabled the performance of more specialized clinical tests that would not have been carried-out without the neurologist, leading to faster diagnosis. In addition to supporting physicians during the consultations, the teleneurologists also guide them during the performance of procedures. In 2016, the team guided the emergency care of a stroke patient at Hospital M´Boi Mirim, following a thrombolysis procedure through a camera placed in the Operating Room.

App Einstein Vaccines: it supports the management of the vaccine registration card, releasing alerts and geo-referenced information about vaccination sites for the user to keep an updated immunization calendar for the whole family. It also provides information about each vaccine and gives tips about vaccination required for trips.

App Physicians' Schedule: it optimizes the creation and management of physicians schedule with greater reliability and in real time. The responsible manager creates and disseminates the team schedule using an online platform. Physicians access the information in their mobile phones and they can manage their schedules and even change the days they are on duty directly through the app.

NEW TREATMENTS

Einstein takes part in different initiatives for innovation in oncology, involving world leaders, such as MD Anderson Cancer Center, large pharmaceutical companies and startups. One of the most promising focuses of development lies in **cell therapy**, which consists in using the immune system of the patient to fight against the cancer in a personalized fashion.

[+] Learn more
Modified cells that can take over new functions are named chimeric, in reference to Chimera, the hybrid mythological creature that had the body of a goat, the head of a lion and the tail of a snake.

PERSONALIZED MEDICINE

The first Brazilian software that automatizes part of the genomic data sequencing analysis – mapping genes to be applied in personalized medicine, stemmed from a partnership between Einstein and technology startups. Variant Tools, which analyzes viral sequencing information, was launched in 2016 and it is commercially available for use by laboratories and healthcare centers.

HEALTH EDUCATION

Einstein provides education and training activities on health by offering a wide portfolio of undergraduate studies, specialization and graduate studies – masters and non-degree courses, and medical and multi-professional residency programs, in addition to refresher courses, events and in company programs.

Among the highlights in 2016, we include the opening of the Medical School. With a syllabus aligned with the Triple Aim governance model, the course combines technical knowledge with management skills to prepare the medical leaders of the future.

From the beginning, the students are in contact with healthcare reality and interact with other aspects of the clinical practice.

Based on the successful experience of the medical course, the integrated and learning-based approach has also been adopted by the nursing school, which is now on its 25th year.

Towards improving the quality of physicians who are getting ready to join the work place, Einstein holds distance-learning courses in partnership with the Regional Board of Medicine of São Paulo (CREMESP).

SEE ANNEXES

HIGHLIGHTS IN CAPACITY BUILDING AND EDUCATION

Starting of Medical School Course:
100
STUDENTS

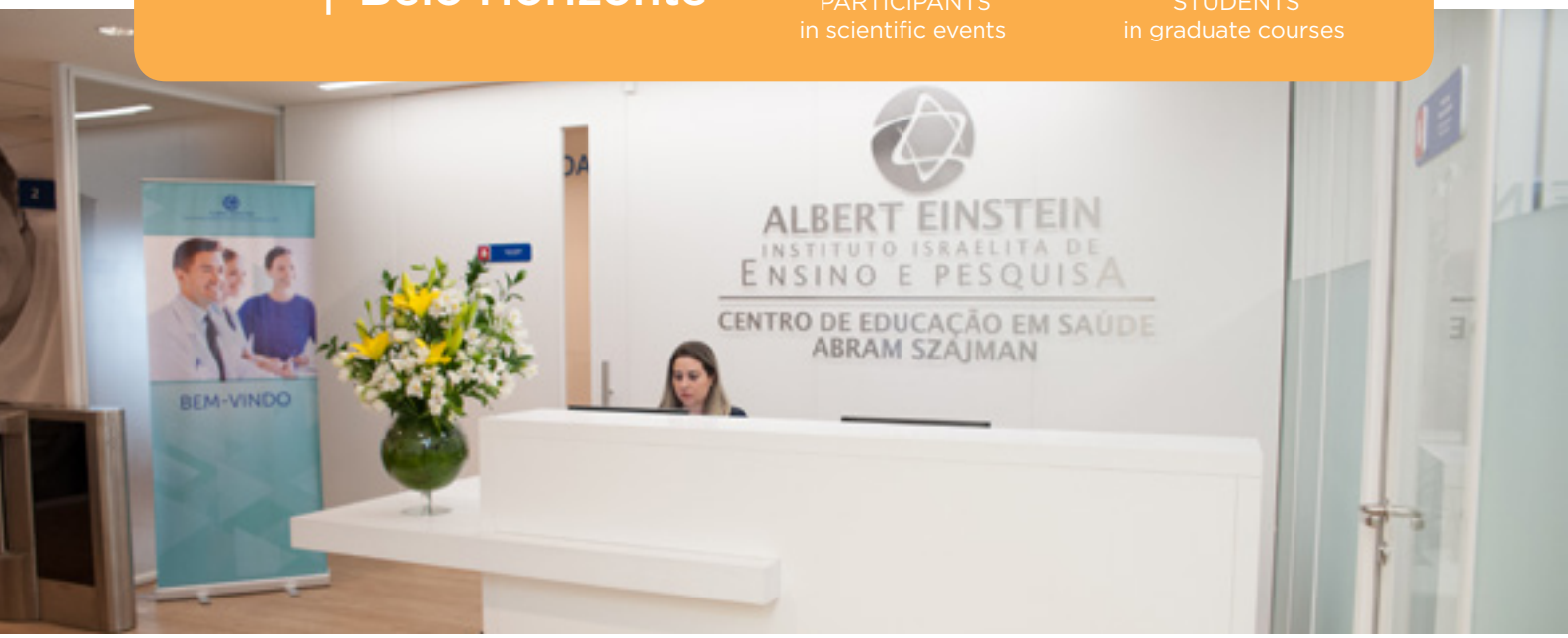
10.300
TRAINED PROFESSIONALS
in the Realistic Simulation Center

3.500
PARTICIPANTS
in Distance Learning Courses – INCREASE BY
60% over 2015

OPENING OF EDUCATION UNIT
Belo Horizonte

12.500
PARTICIPANTS
in scientific events

3,700
STUDENTS
in graduate courses



In 2016, there were eight 30-hour courses that covered 641 students getting ready to take the Board Exam or recent-graduates who joined the professional update course.

The organization has created a dedicated structure to address academic issues, improving planning and quality assurance. At the same time, students' satisfaction was managed, based on systematic surveys held to capture the perception about the courses. Monitoring is continuous and guides planning and improvement actions of the programs.

In Company courses

Einstein uses in company courses to take customized quality training to meet the needs of health organizations in many regions of Brazil. Among the initiatives held in 2016, there were graduate courses in quality management and gerontology and support to the creation of a medical residency program in Brusque, state of Santa Catarina. In addition to building capacity, the courses drive improvement initiatives based on projects developed by the course participants. At *Santa Casa de Maceió*, for example, the graduate students' projects in quality management served to review the patient flow in the oncology center, increasing bed availability by 40%.

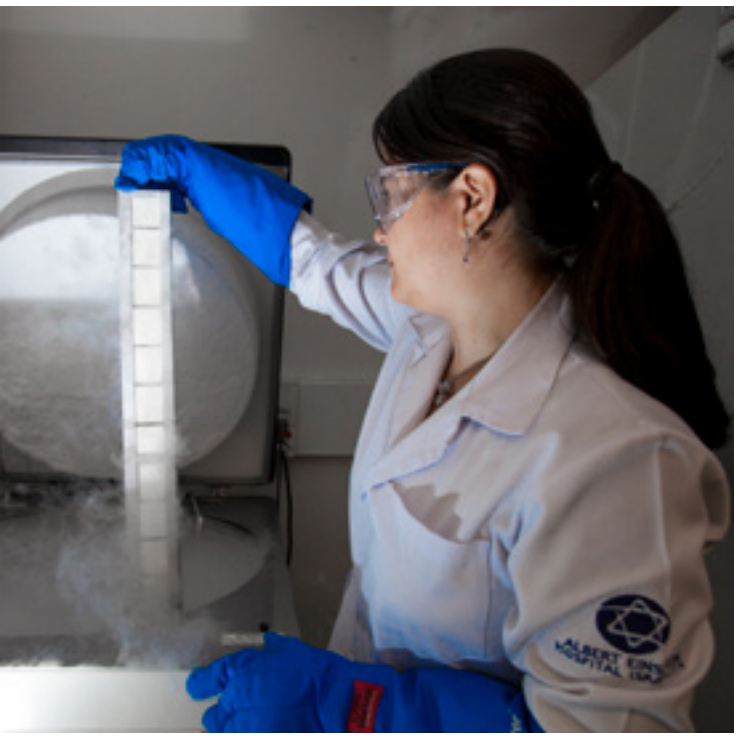
In 2017, in company services will be expanded with seven new courses in the states of São Paulo, Alagoas, Pará, Piauí and Paraná. A highlight to the new portfolio will be the graduate studies in Lean Six Sigma methodology, including two new classes focused on quality management and continuous improvement.

Expansion and improvement

In 2016, Einstein's education unit in Belo Horizonte started to operate, being the second to provide refresher courses and graduate studies outside São Paulo. In 2015, a unit was opened in Rio de Janeiro.

In 2017, one of the units in São Paulo will move to a new address. The new building is three times larger and it is being renovated to provide greater comfort to students and expand access. Einstein has also received the Ministry of Education approval to double the annual capacity of the undergraduate nursing course as of 2018.

KNOWLEDGE GENERATION AND DISSEMINATION



Joint Construction

With a hefty schedule of meetings, congresses and seminars, Einstein promotes discussions addressing the challenges and world trends in the health industry. The activities gathered over 12,500 participants in 2016. The main highlights were:

- *2º Fórum Latino-Americano de Qualidade e Segurança*, held in Mexico City, in partnership with the Institute for Healthcare Improvement (IHI) for dissemination of the Triple Aim governance model. There were over 330 participants in the debates;
- *3º Fórum Medicina do Amanhã*, which encouraged exchange of information about topics that affect the sustainability of health industry. The program had also included the *3º Simpósio Internacional de Medicina de Precisão*, dedicated to molecular pathology and;
- *3º Fórum de Líderes do Setor da Saúde*, which encouraged discussion on the role of healthcare organizations and the analysis of current practices and challenges in the country.

INNOVATION

What can happen when business administration, economics, nursing, engineering (mechanics, mechatronics and computing) and medical students gather and join their knowledge and perspectives to try to solve a problem? This was the assumption of the **1st Hackathon** organized by Einstein in partnership with Insper.

Over 70 students from both organizations took part in the initiative and they worked as integrated teams to create solutions to the challenges identified by the community of Paraisópolis, in São Paulo. To get ready for the activity, they learned about the local health structure, received information from the professionals who work at *Programa Einstein na Comunidade de Paraisópolis* (PECP) and participated in innovation management workshops.

Among the proposed projects, there were two key apps. The first one aims at coordinating the schedule of mothers who work as daily cleaners, so that they can take turns in caring for the children of the group on their days off. The other one is focused on disseminating an integrated cultural activities guide promoted by different non-governmental organizations that work in the community.

[+] Learn more
Hackathon: When it was first used, the term was restricted to the computer programming area, but it has recently been used to refer to collaborative and multidisciplinary efforts to search for solutions to specific problems, representing an innovation marathon.

IN SEARCH OF SCIENTIFIC EVIDENCE

Scientific research is an important pillar of knowledge generation and search for excellence in healthcare at Einstein. The work involves many areas of the organization and counts on the participation of hired researchers, master and PhD students from Einstein and other organizations and post-doc participants, totaling over 500 people.

The production is based on strict quality criteria and aligned with international ethical standards and scientific integrity. In 2016, the new Scientific Integrity Committee reinforced internal compliance mechanisms. The Committee is responsible for auditing ongoing projects that have gathered over 50% of data, have completed data gathering, were published in the past 3 years, or have not been yet communicated. If necessary, the Committee can invite external experts to analyze the studies.

There is also a specific institutional policy to characterize malpractice in research. This new document includes rules and internal guidelines that had already been in place, such as the Confidentiality Document, Statement of Ethics, Authorship Policy and Policy of Best Practices in Research. All documents are posted on the Research electronic portal, which has been redesigned and has new features and instructions to make the researchers' work easier.

2016 HIGHLIGHTS

1,340 citations
OF ARTICLES PUBLISHED by Einstein researchers in scientific journals, which means a 66.5% increase compared to 2015.

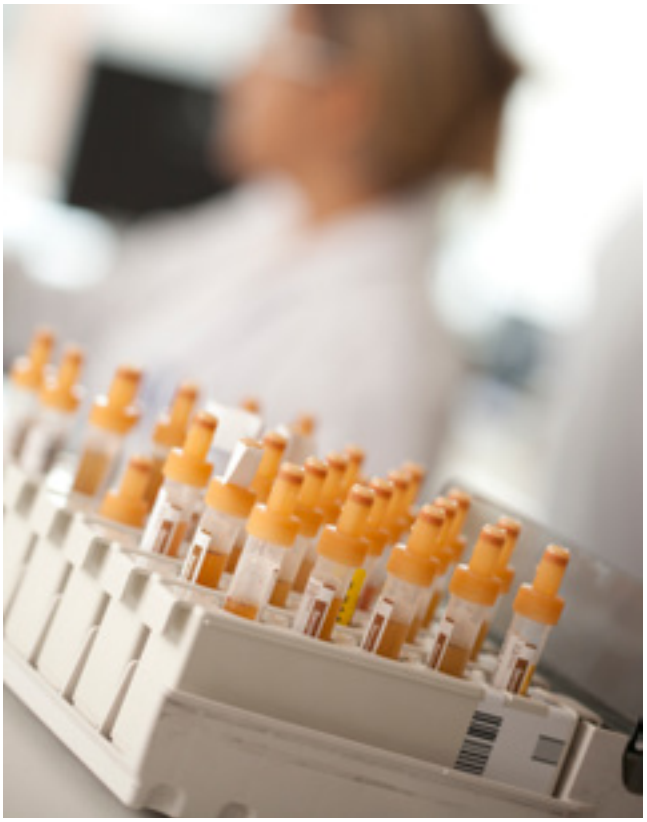
MAIN AREA OF CONCENTRATION:
Aging

Specialties:
cardiology, endocrinology, gynecology, immunology, infectious diseases, hepatology, orthopedics and rheumatology, nephrology, neurology, ophthalmology and oncology

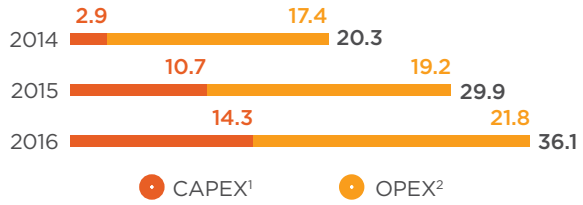
KNOWLEDGE GENERATION AND DISSEMINATION

FUNDING

Despite the difficulties in the economic scenario, the quality of developed projects and the structured support given by *Núcleo de Apoio ao Pesquisador* (Investigator Support Center) have favored access to funding opportunities. Einstein works in collaboration with internationally known reference research centers, such as MD Anderson Cancer Center, University of Ohio, Cleveland Clinic and Weizmann Institute of Science (Israel).

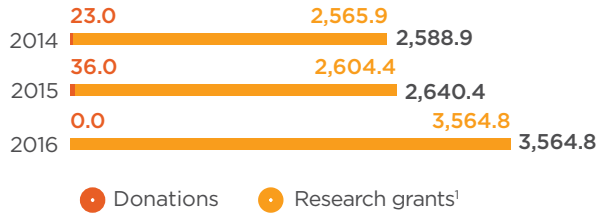


INTERNAL RESOURCES INVESTED IN RESEARCH (R$ MILLION)



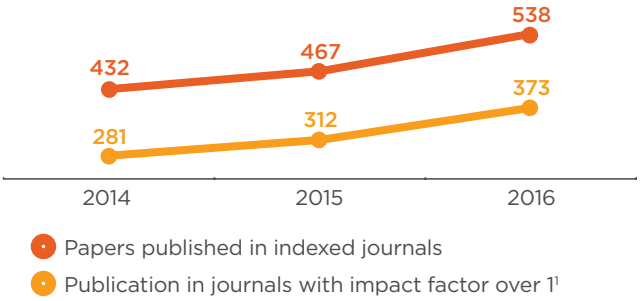
1 Investments in capital goods, including acquisition of specific equipment for scientific research activities, in addition to works and adjustment of facilities.
2 It refers to costs associated to the maintenance of equipment and expenses with supplies, in addition to qualified labor and other operational expenses required for scientific studies.

EXTERNAL FUNDS RAISED FOR RESEARCH (R$ THOUSAND)



1 These amounts refer only to research projects funded by research agencies and/or companies through selection processes or peer -review. It does not include clinical trials sponsored by the pharmaceutical industry.

NUMBER OF PAPERS PUBLISHED BY EINSTEIN RESEARCHERS



1 The impact factor represents the mean number of citations in scientific papers of contents published in a journal. The calculation is made annually, based on the publications of the two previous years, according to the formula: total number of citations in the year divided by total published articles by the journal in the two previous years.

EXCELLENCE

In 2016, *Instituto Israelita de Ensino e Pesquisa Albert Einstein* (IIEP) has become the first research organization in South America to be accredited by AAHRPP (Association for the Accreditation of Human Research Protection Programs). The process comprised many levels of analysis of ethical standards, quality and mechanisms for the protection of research subjects in studies with humans carried out by IIEP, the Ethics Committee, the researchers' team and the organization.

FIGHT AGAINST EPIDEMICS

Emergency care for dengue fever cases in São Paulo using the rapid test, screening, hydration and treatment of patients, carried out during the 2015 epidemics was the starting point for the research project about the acute stages of dengue fever, zika virus and chikungunya, all transmitted by the *Aedes aegypti* mosquito. Since September 2016, Einstein has gathered blood samples and clinical data of all patients who report the symptoms. The analysis of information is being made in partnership with *Universidade de São Paulo* (USP) and *Universidade Federal de São Paulo* (Unifesp).

At the same time, Einstein has also gotten prepared to provide care during summer months, considering a possible new outbreak of the disease. Einstein continues to provide diagnostic rapid tests, developed internally, promoting treatment and follow-up of cases. In case of pregnant patients, risk prenatal monitoring is performed until the baby's birth.

SHARING KNOWLEDGE

Public and private healthcare organizations from different regions in Brazil can count on consulting services for clinical practice, hospitality, accessibility, telemedicine and accreditation and certification processes, among others. By means of systematic diagnosis and technical and managerial knowledge sharing, Einstein focuses on providing advances and raising the quality of services.

One of the main highlights of the 2016 activities was the operational efficiency program based on the Lean Six Sigma methodology, applied to review selected processes or to the creation of offices for continuous improvement management. The learnings enjoyed by Einstein from projects such as Patient Flow (*Fluxo de Paciente*) (*see box on page 59*) and Correct Bill (*Conta Certa*) - monitoring of resources to ensure greater precision in billing, has driven efficiency gains in other organizations as well. Throughout the year, new actions such as operational design of new facilities or organizational repositioning initiatives have gained more momentum, resorting to consulting services to analyze things from the architectural plan to the definition of the physical infrastructure from the very beginning of the operation.

The work is performed by Einstein staff and physicians in the clinical team, who are trained to act as consultants. In 2016, about 50 professionals – physicians, nurses, pharmacists, psychologists and managers worked in 25 projects in 13 Brazilian cities. As a result of the consulting services consolidation and the increasing demand, as of 2016 Einstein has been offering a specific training path for those interested in aligning their specialized knowledge with the providing of consulting services.

As of 2017, Einstein is planning to offer projects in hospital management for private organizations. The main purpose is to spread the Einstein healthcare system into specific situations and to apply its excellence standards in other organizations.

PLANETREE

Einstein has been named Planetree and it is the Brazilian representative of this not-for-profit organization that promotes patient-centered care. The network is present in Canada, Japan, The Netherlands, Denmark, France and Brazil and formally acknowledges healthcare organizations that have humanized processes based on standards and evidences. In 2016, after a three-year preparation process, Hospital Mãe de Deus, in Porto Alegre (state of Rio Grande do Sul) was the first organization supported by Einstein to earn a Planetree designation.

INCREASED CAPACITY WITHOUT EXPANDING THE STRUCTURE

At Hospital Santa Rosa, in Cuiabá (state of Mato Grosso do Sul), Einstein has developed a consulting project to gain productivity and optimize the installed capacity. In 2015, the main clinical care processes were mapped, identifying 52 improvement proposals. Throughout 2016, 32 processes were reviewed. For monitoring purposes, the hospital has adopted the use of 43 periodic indicators.

The knowledge developed internally with the Patient Flow program was applied to the hospital routines reaching the following results:

12%
REDUCTION
in mean length
of hospital stay

GROWTH OF
18%
in number of
hospital discharges

11%
INCREASE IN
total volume
of Emergency
Department visits

10%
INCREASE IN
volume of surgical
procedures

Incremental gain
amounted to
13 BEDS

DEVELOPING THE COMMUNITY

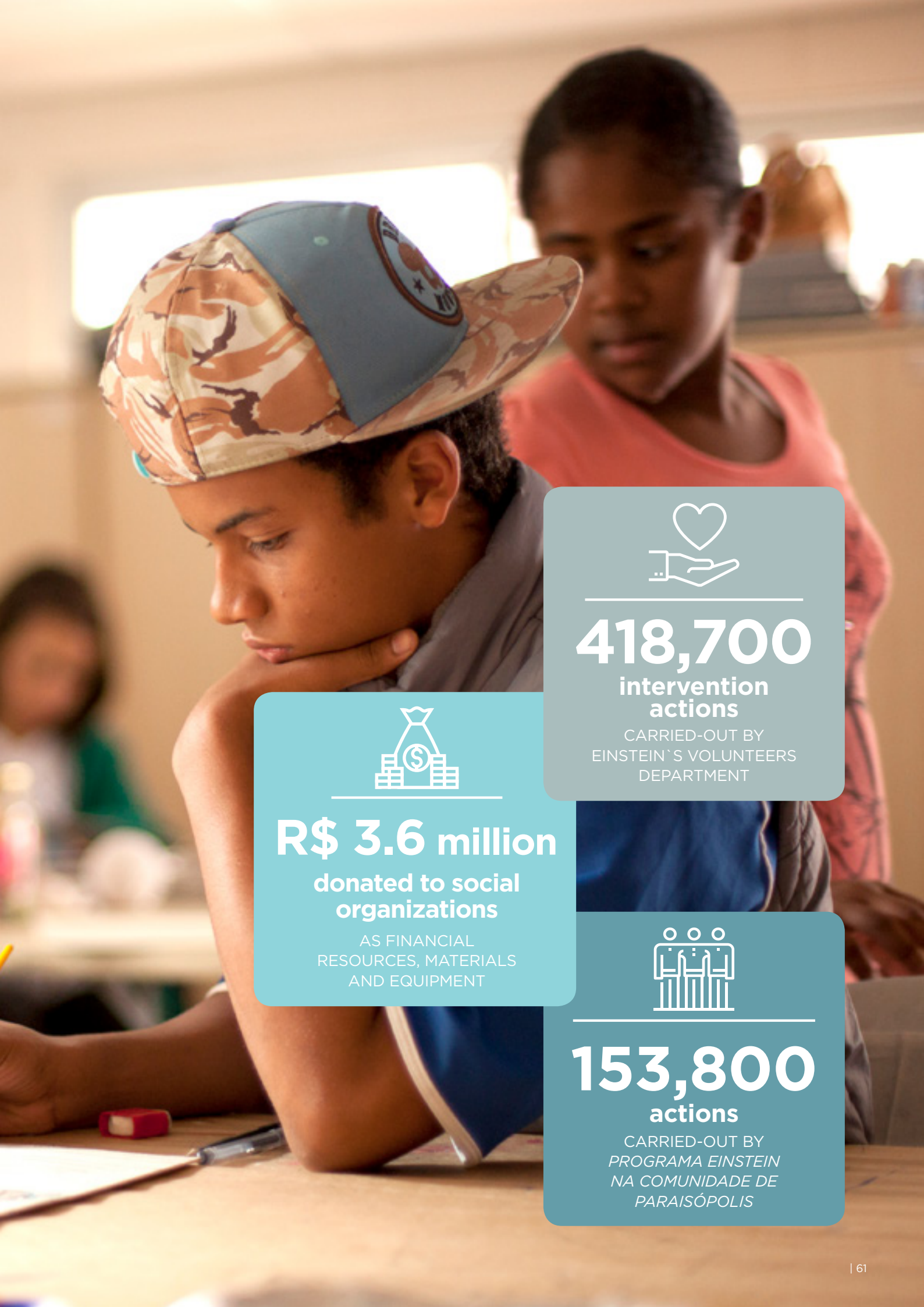
The Jewish precepts that inspired Einstein's foundation – *mitzvah* (good deeds), *refuah* (health), *chinuch* (education) and *tsedakah* (social justice) are the basis for philanthropic and social development initiatives and guide the relationship with the communities.

Since 1998, at Centro de Promoção e Atenção a Saúde (CPAS), the Einstein PECP Program has worked on education, social service, sports, arts and communication to increase the population's quality of life and reduce risks related with the local conditions. Paraisópolis is located in the Southern district of São Paulo and has a population of 50,000 *.

It is characterized by social vulnerability, poor housing conditions and infrastructure and low income social profile.

PECP actions stem from an integrated health and educational approach and involve workshops of arts, dance, music, theater and a community newspaper, citizenship education, community articulation, sport activities, awareness and education of pregnant women and mothers and vocational training for young people. In 2016, over 5,100 people were benefited by a total of 153,800 social-educational actions.

** Source: Census 2010, IBGE.*



418,700
intervention actions
CARRIED-OUT BY EINSTEIN`S VOLUNTEERS DEPARTMENT

R$ 3.6 million
donated to social organizations
AS FINANCIAL RESOURCES, MATERIALS AND EQUIPMENT

153,800
actions
CARRIED-OUT BY *PROGRAMA EINSTEIN NA COMUNIDADE DE PARAISÓPOLIS*

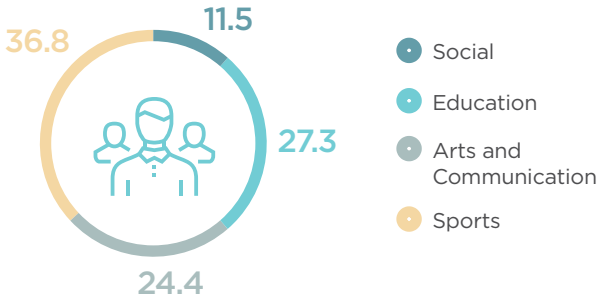
SOCIAL ACTIONS

Focusing on local strengthening and generation of job and income opportunities, Einstein also provides courses in digital inclusion and vocational courses in cooking, sewing, manicure, hair styling, makeup art and eyebrow design, and develops partnerships with other organizations to ensure inclusion of the learners into the marketplace.

In 2016, almost 1,000 local people took part in Citizenship Week, held together with *Centro de Apoio ao Trabalho e Empreendedorismo* (CATe – Work and Entrepreneurship Support Center), by the City Administration of São Paulo. Business management courses started this year, in partnership with *Aliança Empreendedora*, to encourage local entrepreneurial initiatives and economic activity.

CPAS IN 2016 (%)

Total: 153,841 actions



CITIZENSHIP WEEK

999 PEOPLE BENEFITED

347 REGISTERED with labor mediation services

227 REFERRED TO JOBS offered by project supporters (among them, Einstein which has hired **59** PEOPLE through the selection process)

LOCAL RECRUITING

Einstein operations in many districts also expand the opportunities of work in the community. Almost 200 jobs were generated in the region of Hospital Municipal Vila Santa Catarina Dr. Gilson de Cássia Marques de Carvalho. In the region of Hospital Municipal Dr. Moysés Deutsch – M'Boi Mirim there were over 700 new jobs generated.

SUPPORT AND DONATIONS

To support elderly people who do not have a healthcare plan, Einstein partners with *União Brasileira Israelita de Bem-Estar Social* (Unibes) in maintaining a medical-hospital network that benefits about 1,000 people through Programa Einstein na Comunidade Judaica (Einstein in the Jewish Community).

Residencial Israelita Albert Einstein (Albert Einstein Israelite Home) is a substitute home for dependent elderly who cannot be maintained in their own homes. It currently houses 141 residents, out of which 99 are serviced free of charge.

Einstein also supports not-for-profit organizations with the donation of financial and material resources and equipment. In 2016, 22 organizations benefited from donations amounting to R$3.6 million. They are: *Associação Beneficente de Coleta de Sangue* (Colsan), *Associação de Integração Social de Itajubá/Faculdade de Medicina*, *Associação Petrolinense de Amparo à Maternidade e a Infância* (Apami), *Autarquia Hospitalar Municipal* (AHM), *Centro de Estudos de Pesquisas Dr. João Amorim* (CEJAM)/*Hospital Municipal Dr. Moysés Deutsch - M'Boi Mirim*, *Fundação ABC*, *Fundação Hospitalar Municipal Getúlio Vargas* (FHGV), *Irmandade Hospital Francisco Rosa Santa Casa de Misericórdia* (HFR), *Hospital Serra Negra*, *Santa Casa de São Paulo*, *Santa Casa de Guariba*, *Santa Casa Tietê*, City Department of Health, city of São Paulo (SMS), *Sociedade Santos Mártires*, TEMYAD, *União Brasileiro-Israelita do Bem-Estar Social* (Unibes), *Universidade de Brasília* (UnB), *Universidade Federal de São Paulo* (Unifesp), *Universidade de São Paulo* (USP).

VOLUNTEER WORK

The commitment to excellence characterizes the work of the Department of Volunteers at Einstein. It gathers over 500 people in actions that support patients and their caretakers, and organize games, fun, entertainment and fund raising campaigns and the distribution of donations. Since 2002, the department's quality management system has been certified by ISO 9001, towards continuous improvement. In 2016, almost 85% of the volunteers participated in refresher courses. Year after year, the team expands the services provided and ensures full coverage of the scheduled periods.

The voluntary actions at Einstein started with its foundation in 1955. The work encompasses 65 sectors of the organization at units Alphaville, Morumbi, Paraisópolis, Perdizes, Vila Mariana and at municipal hospital Dr. Moysés Deutsch – M´Boi Mirim and Hospital Municipal Vila Santa Catarina Dr. Gilson de Cássia Marques de Carvalho. In 2016, there were 418,700 actions, which totaled a 6.1% increase in comparison to 2015.

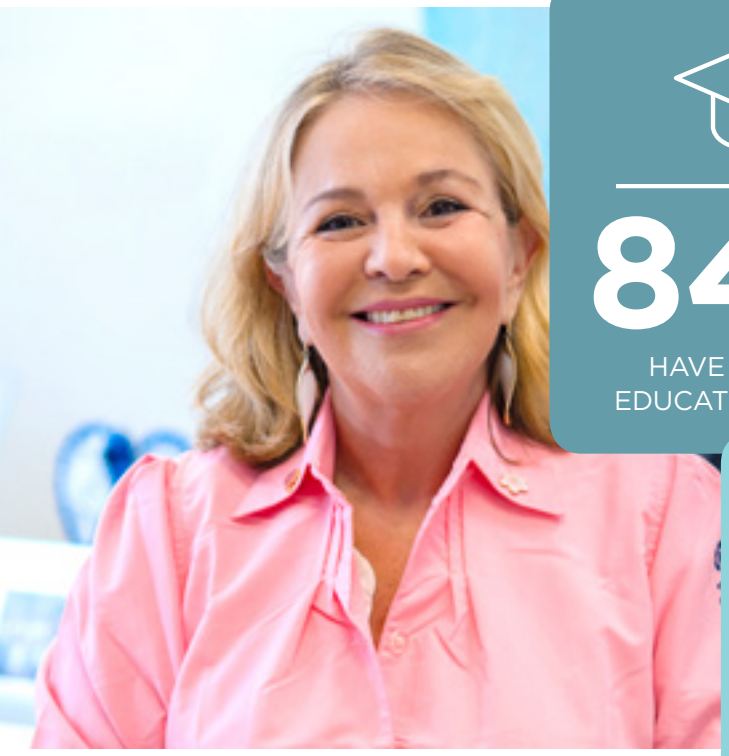
2016 HIGHLIGHTS

R$ 2.5 million
INVESTED IN CLINICAL
AND SUPPORT INITIATIVES

Some examples:

- *Programa Einstein na Comunidade de Paraisópolis* (refurbishment, donation of food items and toys, donation of prostheses and braces, vocational courses, cultural and sport activities);
- Story telling for elderly and pediatric inpatients;
- Donation of clothes and toiletries for inpatients in the municipal hospitals managed by Einstein;
- Donation of TV sets and DVD devices for Hospital Municipal Vila Santa Catarina.

SOCIAL ACTIONS



Telma Sobolh, President of the Department of Volunteers, Sociedade Beneficente Israelita Brasileira Albert Einstein

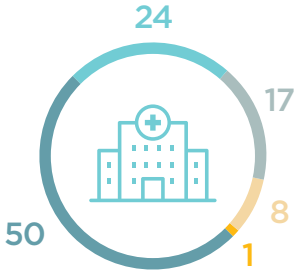
84%
HAVE A HIGHER EDUCATION DEGREE

HALF OF THE VOLUNTEERS HAVE BEEN ACTIVE FOR AT LEAST
3 years
IN THE PROJECTS

95%
ARE WOMEN

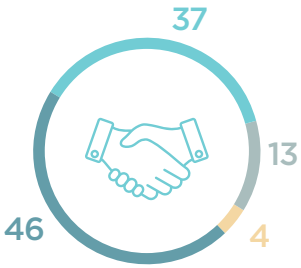
PROFILE OF VOLUNTEERS

DISTRIBUTION BY UNITS (%)



- Morumbi, Perdizes and Alphaville
- Paraisópolis
- Residencial Israelita Albert Einstein
- Hospital Municipal M'Boi Mirim
- Hospital Municipal Vila Santa Catarina

LENGTH OF RELATIONSHIP (%)



- Up to 2 years
- From 3 to 10 years
- From 11 to 20 years
- Over 21 years

AGE RANGE (%)

- From 21 to 40 years old
- From 41 to 60 years old
- Over 61 years old

AMIGOH

Through its organization *Amigos da Oncologia e Hematologia* (AMIGOH), created in 2012, Einstein guides civil society voluntary efforts towards clinical projects, awareness campaigns and research studies in oncology and hematology. The work is divided into two main pillars: Fund raising, carried out through events and campaigns, and selection of projects submitted by social organizations and public entities.

A committee comprised of specialists from different regions of Brazil selects the projects. In 2017, the investments in projects will reach at least R$1 million.

Since its inception, AMIGOH has already supported over 20 projects in liver, cervical, lung, breast and prostate cancer and leukemia, lymphoma and venous thromboembolism, among others.

Ida Sztamfater, President of AMIGOH.

INTEGRATED CARE

The care provided to staff members follows the Institute for Healthcare Improvement (IHI) Triple Aim principles and focuses on integrated promotion, prevention, diagnosis and treatment. In 2016, the main achievement was the creation of the first Einstein health system outpatient center, which provides services to meet different needs and avoid excessive hospital-centered care.

The first center started to work at the end of the year and is located at Vila Mariana. Three other centers will start operating by 2018, capable of serving over 25,000 employees and their dependents. They have been strategically located close to the homes of nearly 80% of the staff. For the internal audience, they will have a dedicated team: each employee and his dependents will have the support of a specific team of professionals. The main purpose is to strengthen the physician-patient rapport and ensure an integrated care approach.

Outpatient care complements the healthcare management concentrated on the *Cuidar* (Care) program, which includes the coverage of oncology treatment and high-cost medication, support to elective surgeries and pregnant patients, in addition to periodic tests, guidance and education for the adoption of healthy habits.

36%

reduction

IN FALLS FROM THE SAME LEVEL, WHICH IS THE MAIN CAUSE OF ACCIDENTS WITH LEAVE OF ABSENCE

56%

of openings for leadership positions

IN THE YEAR FULFILLED BY STAFF

Focus on Safety [LA7]

To consolidate the internal culture of safety and monitor the progress of this initiative, Einstein has created specific health and safety committees for the strategic and operational levels of the organization. They meet monthly and discuss results and strategic actions. The safety performance of each management office is communicated monthly to all staff members via intranet.

As a result of engagement and awareness initiatives towards safer behaviors, and specific interventions based on the Organization's risk map, Einstein has achieved remarkable results in labor safety management. For example, 12% decrease of accidents with harm, 25% decrease of accidents with leave, and 13% decrease of biological events compared to 2015. The reduction of falls from the same level, which represent the main cause of accidents with leave of absence, reached 36%.

Many actions have contributed to this performance:

- **Project Safe Walking:** awareness actions involving specific signaling and reinforcement messages in stairs and corridors and educational inspections made by managers and coordinators in the greater circulation areas;
- **Project Safe Commuting:** signs in the units, awareness building with third-party drivers and training about safe commuting;
- **Tool to Observe Safe Behavior:** 300 qualified observers (3,000 hours of training) in 50 clinical areas;
- **Methodology-based Improvement Project Lean Six Sigma:** reinforcement of the correct use and disposal of sharp materials and specific capacity building through online course on the topic;
- **Consolidation of the Five Golden Rules of Safety:** participation of over 15,000 employees and third-party providers in awareness activities;
- **Workshops with Service Providers:** full-time and temp providers – to discuss Einstein Occupational Safety Manual and to disseminate best practices.

[LA6]

SEE ANNEXES

HEALTH AND SAFETY[1]	2014	2015	2016
Frequency Rate of Typical Biological Accidents[2]	4.73	4.70	3.81
Frequency Rate of Typical Accidents with Leave[3]	5.69	4.91	3.46
Rate of Severity of Typical Accidents with Leave[4]	61.88	71.77	59.12
Frequency Rate of Commuting Accidents[5]	8.50	8.54	8.78

1 Data does not include Hospital Vila Santa Catarina. All rates were calculated based on multiplication factor equal to 1,000,000, as defined by NBR 14280.

2 Frequency Rate of Typical Biological Accidents: They are work-related accidents that involved contact with biological material through perforations, contact with mucosa and bites, especially those that affected hospital employees (CLT). It does not include events with the open clinical staff that are not full-time employees (CLT) and service providers or any other employment regimen with Einstein.

3 Frequency Rate of Typical Accidents with Leave: They are work-related accidents that required leave from work for some days affecting hospital employees (CLT). It does not include events with the open clinical staff that are not full-time employees (CLT) and service providers or any other employment regimen with Einstein.

4 Rate of Severity of Typical Accidents with Leave: It refers to absent days due to the work-related accident with leave, affecting hospital employees (CLT). It does not include events with the open clinical staff that are not full-time employees (CLT) and service providers or any other employment regimen with Einstein.

5 Frequency Rate of Commuting Accidents: They are accidents that occur during commuting (home – Einstein – home) generating leave from work or not affecting hospital employees (CLT). It does not include events with the open clinical staff that are not full-time employees (CLT) and service providers or any other employment regimen with Einstein.

DEVELOPMENT CULTURE

To ensure the work is aligned with the Sociedade's values and to guide professional growth, Einstein has development paths that cover technical competences and desired behaviors divided into four dimensions: Institutional, Professional (customized to different jobs and roles), Sectorial (based on work areas), and Individual (focused on complementary specific skills). In 2016, the system provided over 681,200 hours of internal capacity training of the hospital staff, which comes to an average 51.52 hours *per capita*. [LA9]

In addition to internal training programs, staff has participated in 53,200 hours of external training. Third-party capacity building training added up to 51,200 hours in the year.

In addition to the constant offer of training programs, Einstein guides internal development through structured processes of performance assessment. In 2016, 88.9% of the professionals at all work levels have undergone periodic assessment, including the members of the Board. [LA11] SEE ANNEXES

The results of the professional performance assessments have driven the mobility of employees. In 2016, internal staff fulfilled 43% of the total position openings, and 56% of leadership position openings. This action supports talent retention, combined with compensation and benefit strategies.

The compensation policy, periodically monitored by the People Committee, considers the annual general market survey data and healthcare market. All staff members are eligible to the Variable Compensation Program, which includes individual, area and organization goals and respects the specificities of the different careers within the organization.

EINSTEIN OUTPATIENT CLINICS

The new facilities provide multi-professional visits, immunization, sample test collection, nebulization and health education, among others. All offices will have telemedicine services available, so that the professional can check with consultants during the visit, making for faster and more effective patient referrals.

THERE WERE OVER 681,200 HOURS OF INTERNAL TRAINING FOR STAFF IN 2016.

SEE ANNEXES

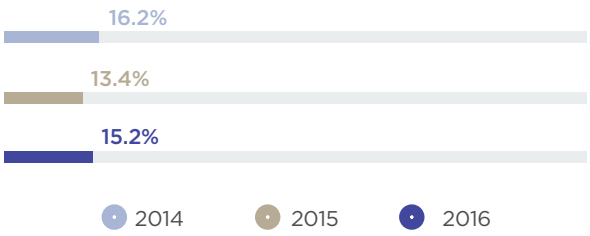
MEAN (H) OF TRAINING PER STAFF MEMBER

Employees are entitled to a broad range of benefits (*see the table below*), some extensible to their dependents (any spouses and children). Through agreements with commercial banks, they can acquire a private pension plan under special conditions. [EC3]

The total turnover in the period was 15.2%. Among physicians, the turnover rate was 15.6%. For clinical care professionals, turnover was 13% and the remaining employees of the organization had a 19.9% turnover. [LA1]

TURNOVER RATE [LA2 E LA3]

SEE ANNEXES



BENEFITS

- Healthcare insurance
- Dental care
- Life insurance
- Maternity leave[1]
- Paternity leave[2]
- Day care center or financial support for day care center
- Executive health checkup
- Meal voucher
- Staple foods voucher
- Transportation
- Dedicated buses
- Parking lot facilities
- Partnership with drugstore
- Personal guidance program

Note: Except for meal vouchers provided only to employees who work 8-hour shifts and in units far from Morumbi, all benefits are provided to all employees regardless of the number of working hours.

1 Out of the total employees, 449 enjoyed the benefit in 2016. They all returned to work after the leave period (120 days) and 411 (92%) remained at Einstein for one year after returning from leave.

2 A total 144 employees enjoyed this benefit in 2016. The return rate from leave was 100% and the retention was 93.1%.

ENGAGEMENT AND DIALOG

Einstein promotes an inclusive and participative workplace, with constant exchange of opinions among staff from all areas, hierarchical levels and the top management of the organization. During scheduled meetings with the leaders, the teams take part in discussions about Einstein's strategy and vision for the future. Throughout the year, there were 11 meetings with the CEO, including 167 people. [G4-49 and G4-50]

To deepen knowledge and clarify doubts about people management, there are Human Resources meetings scheduled on demand, in a process that is open all year round. In 2016, 219 people participated in 25 meetings.

Every year, Einstein holds an organizational climate survey that measures the perception of employees and their level of satisfaction. The participation is voluntary and open to all employees. In 2016, 76% of the staff answered the survey. The satisfaction rate detected by the survey was 90%, engagement was 85%, and the total number of employees that would recommend Einstein as a workplace reached 90%. The survey takes into consideration factors such as organizational support, resources, performance management, career opportunities, respect and recognition, compensation and benefits, trust in leadership, clarity in the company direction, quality and image of the organization. About 81% of the employees made a favorable analysis of Einstein's performance regarding those items and 12% had a neutral position.

Compared to other healthcare organizations in the same segment, Einstein performance is positive. The Sociedade has had one of the best results in the satisfaction survey promoted by the *Associação Nacional de Hospitais Privados* (Anahp) with employees from 43 hospitals. Einstein's index was 79%, above the average for the top six hospitals, which was 75%.

RECOGNITION

Einstein was featured by *Guia Você S/A – As Melhores Empresas para Você Trabalhar* (The Best Companies to Work), by Editora Abril for the seventh consecutive year. The Index of Happiness at Work went up from 79.9 to 80.5 (in a scale from 0 to 100) and the organization stood out for knowledge management due to the quality and scope of internal capacity building activities.

EMPLOYEE SATISFACTION	2014	2015	2016
Level of satisfaction with Einstein	88%	87%	90%
Level of satisfaction with the work area	77%	82%	82%
Employees who intend to keep on working at Einstein	88%	92%	93%
Employees who would recommend Einstein as a good place to work	90%	90%	90%

MEETING WITH LEADERS

This event is held annually and wants to engage the leaders in routinely performing Einstein values, reinforcing their role as models and inspiration to the teams. The 2016 edition gathered 410 Participants and focused on the topic: The role of leaders in transforming the company towards the future.

INFORMATION ABOUT SUSTAINABILITY

To maximize the informative nature of the accountability report drafted by Einstein every year through its sustainability report, and to encourage the analysis of the impacts and results of operations on the social, environmental and economic areas, the 2016 edition included a broad communication plan. Through email, institutional website dissemination, dedicated communication channels to physicians and staff, posters placed in key areas of the Morumbi unit, and the distribution of printed copies, the main stakeholders were invited to learn about the report.

Equal opportunities

Diversity management at Einstein is focused on three specific groups: Women, young apprentices and people with disabilities.

Out of the total headcount of the organization, 70% are women and they hold the majority (59.8%) of the leadership roles (officers, managers, coordinators, consultants and specialists).The analysis of the average compensation for men and women shows that women's range is higher for operational positions, Technical/ Supervisor and Non-medical Leader and Coordinator, and that they still make less in positions such as Physicians and remaining leaders roles. Einstein regularly follows-up on these indicators to ensure salary equality between men and women at different positions and levels of the organization.

Since 2014, Einstein has had a Women Committee that gathers female employees from different areas to systematically discuss topics related to the development and integration of family and professional life. Among the main focuses of work in 2016, the main social challenges were women valuation and gender violence.

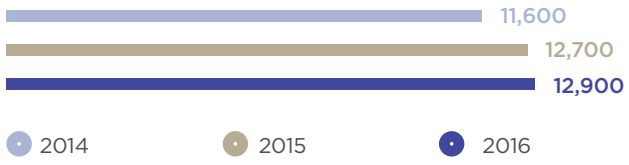
Another active committee is dubbed Efficient People, gathering every month to discuss initiatives for promoting accessibility, professional development and integration of people with disabilities. Granting the award Leader Friend of Diversity, Einstein values the performance of managers that stand out in integrating people with disabilities. In 2016, 177 managers were recognized and other 29 were awarded as diversity ambassadors due to their initiatives with people with disabilities and apprentices.

In 2016, 164 young people participated in the program Young Apprentice that provides social-educational activities and practical capacity building in administrative areas, internal control, filing and customer care. In partnership with *Centro de Aprendizagem Empresarial Piaget* (CAEP), Einstein supports 25 high-school students who receive complementary training and can take part in compensated internships at the organization.

MARKET PREPARATION

In 2016, Einstein started to offer professional rehabilitation courses in administrative technical positions for people who were on leave and referred by *Instituto Nacional de Seguridade Social* (INSS – Brazilian Social Security Institute). The main purpose is to ensure recovery of the capacity to work to facilitate reinsertion in the job market.

HIRED EMPLOYEES[1]



1 It does not include board members and interns.

UN WOMEN [G4-15]

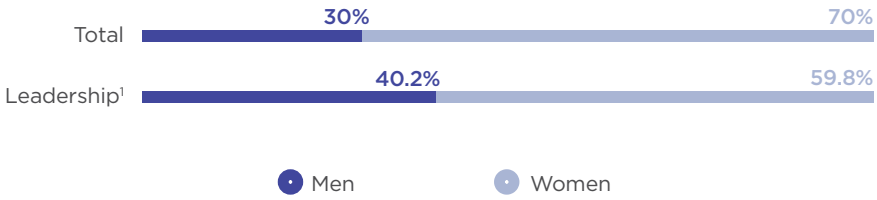
In 2016, Einstein was the first hospital in the world to sign the Women's Empowerment Principles, a UN Women initiative to direct the progression of organizations and society towards power delegation, respect and autonomy of women.

Einstein has committed to enforce a set of seven principles designed by the United Nations agency on Gender Equality and Women Empowerment and Global Pact. They are:

1. Establish high-level corporate leadership for gender equality;
2. Treat all women and men fairly at work – respect and support human rights and nondiscrimination;
3. Ensure the health, safety and well-being of all women and men workers;
4. Promote education, training and professional development for women;
5. Implement enterprise development, supply chain and marketing practices that empower women;
6. Promote equality through community initiatives and advocacy;
7. Measure and publicly report on progress to achieve gender equality.

DIVERSITY: GENDER [LA12]

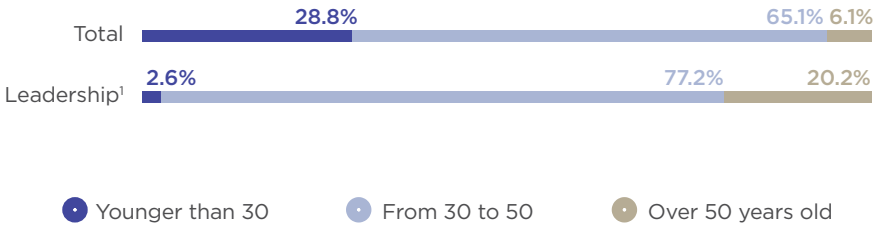
SEE ANNEXES



1 Officers, Managers, Coordinators, Consultants and Specialists.

DIVERSITY: AGE [LA12]

SEE ANNEXES



1 Officers, Managers, Coordinators, Consultants and Specialists.

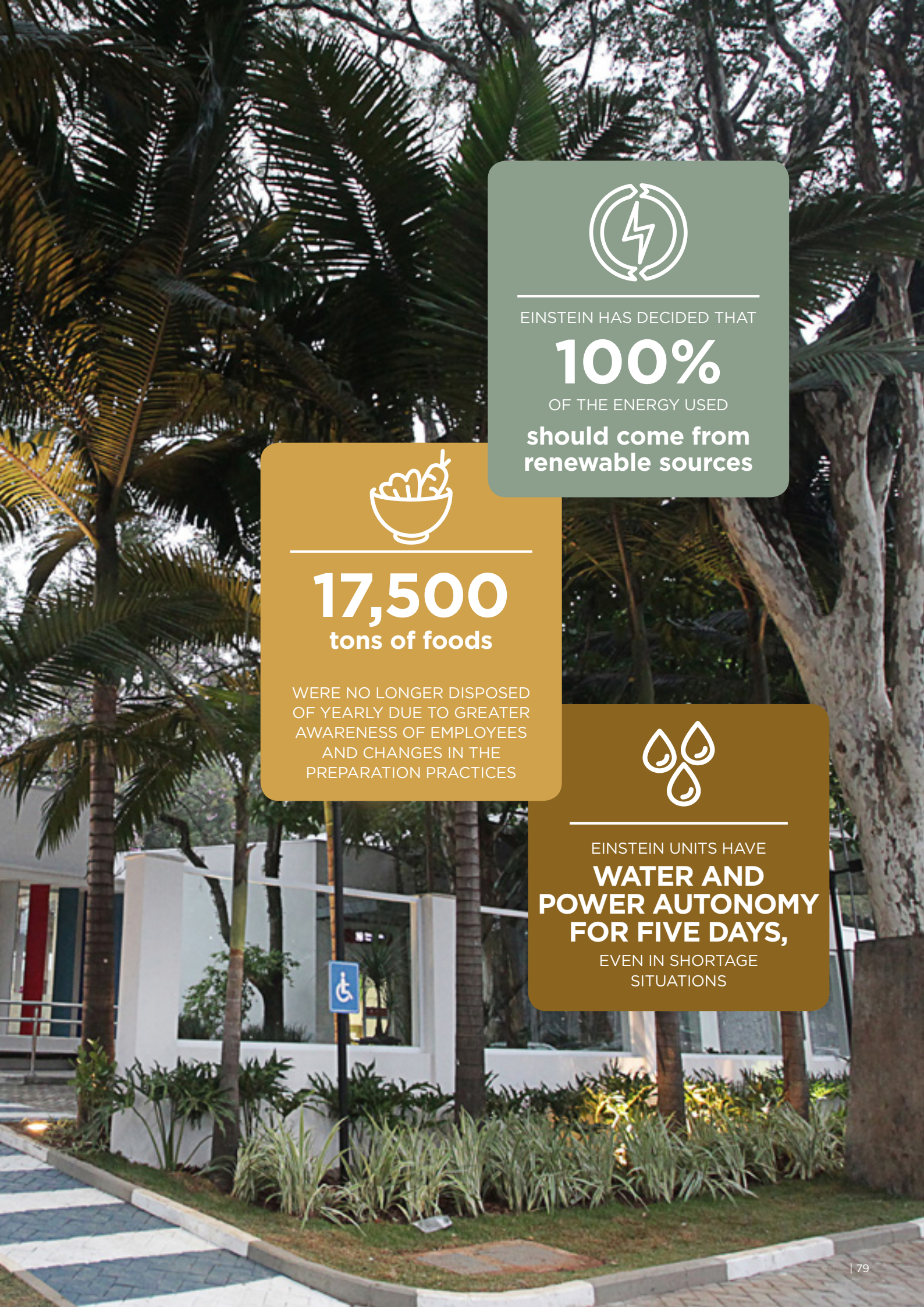
AVERAGE COMPENSATION (WOMEN/ MEN) [LA13]	
Director/ Officer	90%
Manager	91%
Medical Manager	88%
Coordinator/ Specialist	102%
Medical Coordinator	79%
Physician (I, II, III)	90%
Professional	106%
Technical level	98%
Assistant	106%

MANAGEMENT AND RESPONSIBILITY

Einstein has been trying to increase the eco-efficiency of its operation and minimize the most significant direct environmental impacts. Energy consumption and generation and destination of waste are top on the list.

2016 was a year of progress for waste management, achieving a reduction of waste in food preparation, improvement in waste sorting, and in the safe disposal of sharp materials, aligned with the actions to enhance employee's safety and that of cooperative members that collect the materials. In these three successful cases, positive results were based on structured views including problem detection, definition of action plan and strong engagement of the teams in improving the processes.

As a result of the adopted measures, waste in the employee's cafeteria at Morumbi dropped 6.1%, reaching almost 17,500 tons of foods. The total disposal of organic waste resulting from food preparation to employees and patients, plus the post-consumption disposal, amounted to 24% of the meals production in the unit.



EINSTEIN HAS DECIDED THAT

100%

OF THE ENERGY USED

should come from renewable sources

17,500

tons of foods

WERE NO LONGER DISPOSED OF YEARLY DUE TO GREATER AWARENESS OF EMPLOYEES AND CHANGES IN THE PREPARATION PRACTICES

EINSTEIN UNITS HAVE

WATER AND POWER AUTONOMY FOR FIVE DAYS,

EVEN IN SHORTAGE SITUATIONS

Hazardous waste

Waste sorting is achieved based on its physical characteristics and origin. Biological, chemical and radioactive waste, considered hazardous, go through deactivation process to inactivate or reduce the level of danger before their final disposal. Infectious materials should be deactivated by electro-thermal disinfection; radioactive products undergo decay processes, and chemicals are incinerated.

In 2016, almost 1,300 tons were transported to their final destination, which amounts to a 4.7% drop compared to 2015. [EN25]

WASTE GENERATION[1] (t) [EN23]

TYPE	DISPOSAL METHOD	2014	2015	2016	Δ 2016/2015
Hazardous waste		1,327.7	1,356.5	1,293.3	-4.7%
Infectious	Electro-thermal deactivation	1,249.0	1,280.3	1,207.0	-5.7%
Chemical	Incineration	75.5	75.8	85.4	12.7%
Radioactive	Electro-thermal deactivation after decaying	3.3	0.4	0.8	109.1%
Non-Hazardous waste		3,394.2	2,961.3	2,724.8	-8.0%
Non-recyclable	Landfill	2,059.9	1,728.8	1,668.9	-3.5%
Recyclable	Recycling process	1,334.2	1,232.5	1,055.9	-14.3%
Total		**4,721.9**	**4,317.9**	**4,018.1**	**-6.9%**
Intensity of waste generation (Kg/ encounter equivalent[2])		**0.350**	**0.317**	**0.305**	**-3.7%**

1 Units Alphaville, Ibirapuera, Jardins, Morato, Morumbi, Perdizes-Higienópolis and Vila Mariana.
2 Measurement of relative consumption that considers the movement of patients. See complete definition on the next page.

Natural resources

Based on the detailed analysis of the water and electrical power demand and the consumption of the many different areas, Einstein has defined improvement processes and awareness measures for rational use, reaching positive results. The annual water consumption fell from 355,000 m^3 in 2013 to 313,000 m^3.

Regarding power consumption, performance improvement management involves different initiatives, such as greater efficiency in cooling and lighting systems. In the overall balance for the year, there has been increase in total consumption, mainly driven by an increase in diesel oil consumption. Energy intensity withstood a 1.5% decrease. [EN6]

[EN8 and EN9]

WATER CONSUMPTION (m^3)	2014	2015	2016	Δ 2016/2015
Concessionary	330,620	266,134	278,750	4.7%
Confined-water well	12,435	56,952	34,520	-39.4%
Total	**343,055**	**323,086**	**313,270**	**-3.0%**
Water intensity (m3/encounter-equivalent)[1]	**0.0254**	**0.0237**	**0.0221**	**-6.8%**

1 Measurement of relative consumption that considers the movement of patients. See complete definition on the next page.

[EN3 and EN5]

ENERGY CONSUMPTION (GJ)	2014	2015	2016	Δ 2016/2015
Renewable sources	182,175	182,645	183,741	0.6%
Ethanol	6	4	1	-86.6%
Electric power[1]	182,169	182,641	183,740	0.6%
Non-renewable sources	45,755	46,625	50,858	9.1%
Natural gas	44,098	43,350	42,665	-1.6%
Oil	89	96	101	4.7%
Diesel oil	1,568	3,179	8,092	154.5%
Total	**227,929**	**229,270**	**234,598**	**2.3%**
Energy Intensity (GJ/encounter equivalent)[2]	**0.0169**	**0.0168**	**0.0166**	**-1.5%**

1 Since 2013, Einstein has been purchasing electric power in the free market, selecting entirely renewable sources of energy, which have lower impact on emissions.

2 Measurement of relative consumption that considers the movement of patients. See complete definition on the chart below.

ENCOUNTER-EQUIVALENT

In addition to monitoring total water and power consumption and the generation and disposal of waste after the operation, Einstein also measures relative consumption, considering the progress of each indicator compared against the volume of services provided by the organization. The main goal is to avoid distortions generated by the expansion of activities in the interpretation of the data. Encounter-equivalent encompasses all modalities of care provided at Einstein and the average length of stay of patients in the premises: 4h in diagnostic medicine, 6.5h in the Emergency Department, and 24h in inpatient units.

OPERATIONAL SAFETY

Another relevant facet of environmental management at Einstein is the prevention against the risk of water and power shortage. Pursuant to water security, Einstein has reservoir systems that ensure five-day autonomy to all the proprietary units.

The electric power emergency system has been receiving relevant investments since 2015. In 2016, a third level of safety was added, reviewing the internal distribution system, building a new substation and installing generators and automated control panels at the Morumbi unit. The project has required investments amounting to R$40 million and ensures unit operation for 5 days with no need to replenish the generators.

Other improvements are expected for 2017, making adjustments that will result in a more robust system, enabling supply and demand to be adjusted in synchrony, according to five-year projections.

METHODOLOGY

The 2016 Sustainability Report describes the main challenges and advances related to sustainability at the Organization, from January 1st to December 31st. The publication is in line with the integrated report principles defined by the International Integrated Reporting Council (IIRC) and with the G4 version guidelines of the Global Reporting Initiative (GRI), according to the Comprehensive option. The report was submitted to analysis by the GRI– Materiality Disclosure Services.

The definition of content was based on the GRI principles about the topic:

- **Sustainability context:** considering impacts, risks, and consolidated and emergent economic, social and environmental trends, which can affect sustainability in the hospital industry;
- **Materiality:** einstein stakeholders and leaderships defined the priority of the universe of topics, in order to reflect the significant economic, environmental and social impacts, which substantially influenced the perceptions and decisions of the stakeholders;
- **Completeness:** giving priority to the relevant topics was the guide on the level of coverage dedicated to all aspects;
- **Inclusion of stakeholders:** Einstein's main stakeholders contributed by giving their opinions about it and sharing their expectations from the process.

Materiality [G4-18 and G4-48]

The materiality process, carried out from December 2015 to February 2016, took into consideration the Organization's policies and commitments, health industry reference documents, and the identification of perceptions shared by Einstein's from internal and external stakeholders. This work involved three stages.

1. Identification of the material aspects and topics

The analysis of the topics related to significant economic, environmental and social impacts of the hospital industry, identified by specialists or organizations recognized by the segment, was considered. The process was based on Einstein's sustainability strategy and its current work agenda, and was enriched with the analysis of segment documents and other relevant external sources. Among the publications consulted, we point out: *Sector Guidance – Healthcare Providers and Services, and Healthcare Technology (GRI, 2013); Health Care Delivery Research Brief Sustainability (Accounting Standards Board – SASB, 2013)*; and the *Livro Branco Brasil Saúde 2015 (Associação Nacional de Hospitais Privados –Anahp, 2015)*.

2. Prioritization

Consultations were held specifically for the process of defining materiality (*see table Consultations, on page 85*) and the information collected throughout the year by the various Einstein communication tools was analyzed. An early list with the topics most highlighted by the different stakeholders underwent a process of prioritization, which involved about 150 managers at the Organization.

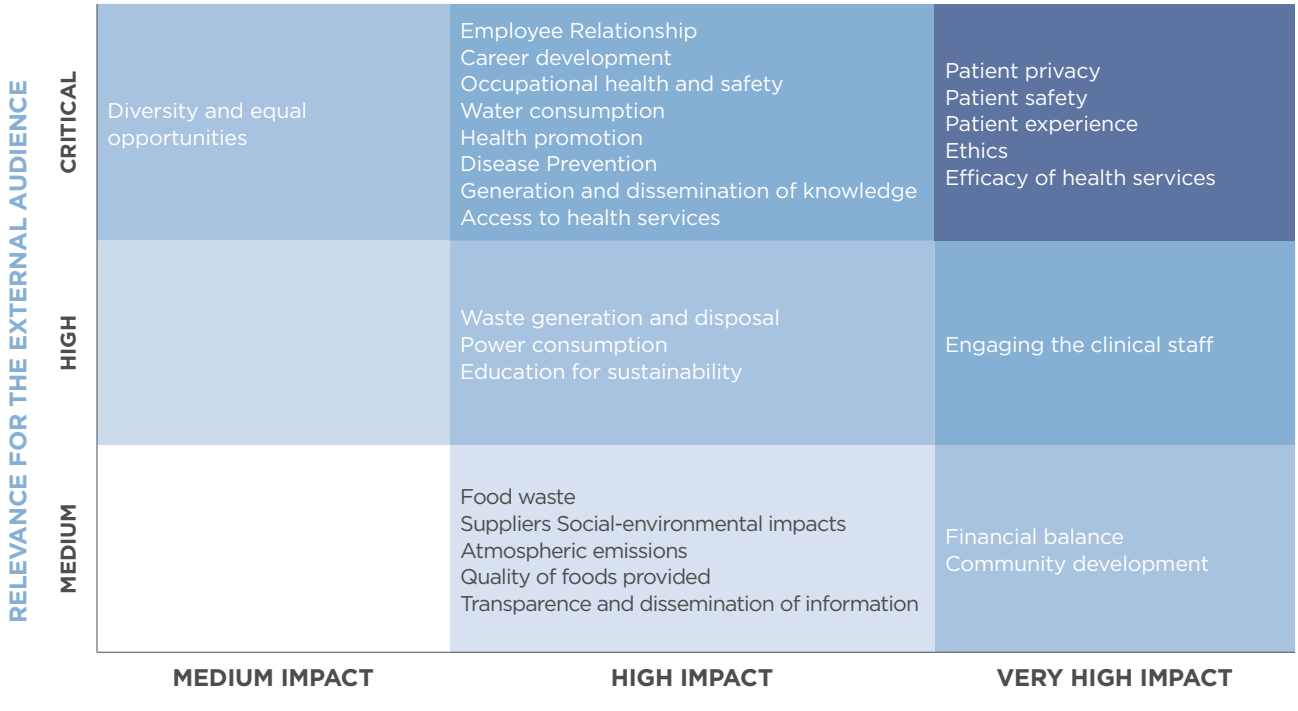
They analyzed some aspects, such as probability and severity of possible impacts, level of criticality, and resulting risks or opportunities. Based on this analysis, the topics were graphically distributed on a matrix. Topics positioned in the upper two-thirds of the axes of Relevance for the stakeholders, and Impact for the Organization were considered to be material.

3. Validation

For each topic considered material, GRI guideline aspects were defined and the selection of the corresponding indicators was carried out, considering not only the GRI methodology, but also the SASB guidelines and Einstein's performance monitoring tools.

The entire report drafting process was supervised and approved directly by Einstein's General Director.

MATERIALITY MATRIX



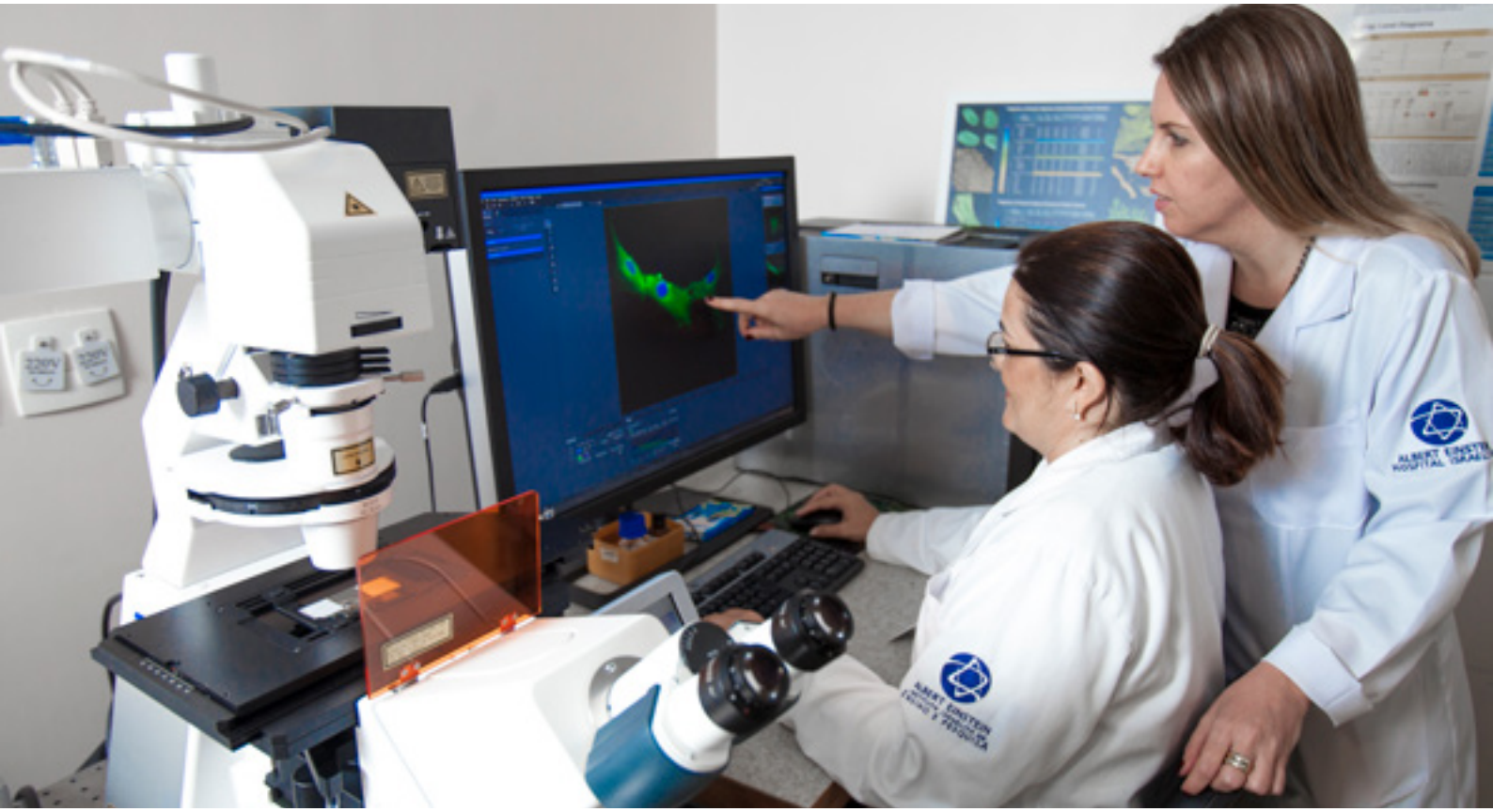
[G4-19, G4-20, G4-21 and G4-27]

MATERIAL TOPIC	PUBLIC[1]	GRI ASPECT	THE ASPECT IS MATERIAL		GRI INDICATOR	CHAPTER[2]
			WITHIN ORGANIZATION?	OUTSIDE		
Patient's privacy	Employees, Suppliers, Physicians, Patients and Government	Customer privacy	Yes	No	PR8	Health services
Patient safety	Employees, Suppliers, Physicians, Patients and Government	Customer health and safety	Yes	No	PR1 PR2	Health services
Patient's experience[3]	Employees, Suppliers, Physicians and Patients	-	Yes	No	-	Health services
Ethics	Employees, Suppliers, Physicians and Government	Anti-corruption Compliance (environment / society/ product)	Yes	No	SO3, SO4 and SO5 EN29	Governance
Efficacy of health services[3]	Employees, Physicians, Patients and Government	-	Yes	No	-	Vision of the future and Health services
Relation with employees	Employees, Suppliersand Physicians	Employment Labor relations	Yes	No	LA1 to LA3 LA4	People
Career development	Employees, Physicians and Patients	Training and education	Yes	No	LA9 to LA11	People
Occupational health and safety	Employees, Physicians andGovernment	Health and safety at work	Yes	No	LA5, LA6, LA7 and LA8	People
Water consumption	Employees, Suppliers andPhysicians	Water	Yes	No	EN8 to EN10	Environment
Health support[3]	Physicians, Patients and Government	-	Yes	No	-	Profile and Health services
Prevention of diseases[3]	Employees, Suppliers, Physicians, Patients and Government	-	Yes	No	-	Health services
Generation and diffusion of knowledge[3]	Employees, Physicians, Patients and Government	-	Yes	No	-	Generation and dissemination of knowledge
Access to health services[3]	Employees, Suppliers, Physicians, Patients and Government	-	Yes	No	-	Health services and People
Engaging the clinical staff[3]	Physicians and Patients	-	Yes	No	-	Health services
Diversity and equal opportunities	Employees and Suppliers	Diversity and equal opportunities Equal remuneration for women and men	Yes	No	LA12 and LA13	People
Waste generation and disposal	Employees, Suppliers, Physicians, Patients and Government	Effluents and waste	Yes	No	EN23, EN24 and EN25	Environment
Energy consumption	Employees, Suppliers and Physicians	Energy	Yes	No	EN3, EN4, EN5, EN6 and EN7	Environment
Education for sustainability[3]	Physicians and Patients	-	Yes	No	-	Health services
Financial balance	Employees and Physicians	Economic performance	Yes	No	EC1, EC2, EC3 and EC4	Governance
Community development[2]	Employees and Patients	-	Yes	No	-	Social actions

1 Stakeholders that indicated the topic as relevant in the consultations during the materiality process.
2 Chapter in which the topic is addressed in this report.
3 The topics not related to the aspects of the GRI methodology were covered in the report by gathering of pertinent information, and, whenever possible, by indicators of performance monitoring.

G4-26

PUBLIC	CONSULTATION
Employees	Focus group (14 employees) Online questionnaire (1,477 employees)
Patients	Patient´s Council Consultation (8 members) Secondary search in patient´s opinion forums: • Comments on the Einstein Facebook page 2015 • Patient´s satisfaction survey 2015
Physicians	Focus group (3 physicians) Online questionnaire (379 physicians)
Government	Secondary search municipal, state and federal health plans • Plano Nacional de Saúde • Plano Estadual de Saúde – State of São Paulo • Plano Municipal de Saúde – City of São Paulo • Lei Orgânica da Saúde (nº8.080/90) • Diretrizes regulatórias da Agência Nacional de Saúde (ANS)
Suppliers	Online questionnaire (69 suppliers)



GRI CONTENT SUMMARY

The following table indicates the location of general and specific GRI methodology standard contents. To make identification easier for readers, the contents are also marked throughout the text.

GENERAL DISCLOSURES

ASPECT	DESCRIPTION	PAGE/REPLY	OMISSION
Strategy and analysis	**G4-1** Message of the Chairman	Message - page 4	
	G4-2 Description of key impacts, risks and opportunities	Message - page 4	
Organizational profile	**G4-3** Name of the Organization	Vision of the future - page 13	
	G4-4 Main brands, products and/or services	Profile - page 8	
	G4-5 Location of the Organization headquarters	Profile - page 8	
	G4-6 Countries where the organization has its major operations or those specifically relevant to the sustainability topics covered in the report	Profile - page 8	
	G4-7 Nature of ownership and legal form	Profile - page 8	
	G4-8 Markets served by the Organization	Profile - page 8	
	G4-9 Scale of the Organization	Profile - page 8	
	G4-10 Profile of the employees	Annexes - page 97	
	G4-11 Percentage of employees covered by collective bargaining agreements	100%	
	G4-12 Description of the Organization´s supply chain	Profile - page 11	
	G4-13 Significant changes regarding the organization´s size, structure, ownership and supply chain	A new teaching unit was opened in Belo Horizonte, in 2016. There were no significant changes in capital structure or location of suppliers.	
	G4-14 Description of how the precautionary approach or principle is addressed by the Organization	The strategic planning and risk management activities are guided by the precautionary principle, present in patient care, research development and innovation activities, relationships with communities, environmental and staff management.	
	G4-15 Externally developed charters, principles, or other initiatives	Profile - page 10 People - page 76	
	G4-16 Membership in associations and organizations	Profile - page 10	
Identified material aspects and boundaries	**G4-17** Entities included in the consolidated financial statements and entities not covered by the report	Einstein´s activities are concentrated in a single entity, fully covered in the financial statements and in this report.	
	G4-18 Process for defining the report content	About the report - page 83	
	G4-19 List of the material aspects	About the report - page 84	
	G4-20 Aspect boundary within the Organization for each material aspect	About the report - page 84	
	G4-21 Aspect boundary outside the Organization for each material aspect	About the report - page 84	
	G4-22 Restatements of information provided in previous reports	There were no restatements and the cases with where there was change in the metrics method were marked in the indicators	
	G4-23 Significant changes from previous reports in the aspects scope and boundaries	There were no significant changes of scope and boundaries.	

ASPECT	DESCRIPTION	PAGE/REPLY	OMISSION
Stakeholder engagement	**G4-24** List of stakeholder groups engaged by the organization	In addition to the stakeholders specifically consulted to define the content of this report (employees, patients, physicians, government and suppliers), Einstein considers as stakeholders the community leaderships, non-governmental organizations, press, volunteers and health insurance companies.	
	G4-25 Basis for identification and selection of stakeholders with whom to engage	Einstein uses, the people or entities affected by Einstein activities and services as basis for their definition of stakeholders, which, in turn, can influence the capacity of the Organization to achieve its objectives.	
	G4-26 Approach to stakeholder engagement	About the report – page 85	
	G4-27 Main questions and concerns raised during engagement, by stakeholder group	The stakeholders were consulted for this report and the topics they raised are described on page 84.	
Report profile	**G4-28** Reporting period	January 1st to December 31st, 2016.	
	G4-29 Date of the most recent previous report	2016	
	G4-30 Reporting cycle	Annual	
	G4-31 Contact point for questions about the report or its contents	Message via Talk to us at the website *www.einstein.br*	
	G4-32 Option for application of the guidelines and location of the GRI index	Comprehensive	
Governance	**G4-33** Policy and current practice with regard to seeking external assurance for the report	No external verification was made.	
	G4-34 Governance structure of the Organization	Governance - page 22	
	G4-35 Process for delegating authority from the highest governance body for economic, environmental and social topics	Governance - page 22	
	G4-36 Executive level positions with responsibility for economic, environmental and social topics.	The professionals in strategic and executive positions are constantly trained for monitoring and assessment of results of economic, environmental and social issues they are in charge of.	
	G4-37 Processes for consultation between stakeholders and the highest governance body on economic, environmental and social topics	There are no systematic procedures for consultation, but the Steering Committee and the Elect Executive Suite are periodically informed of the most relevant issues raised through the permanent communication channels. By the end of 2015, the top management of Einstein participated in the stage of validation for the process to define the material themes for the sustainability report, taking into account the perception of external stakeholders.	
	G4-38 Composition of the highest governance body and its committees	The general pieces of information are described on page 22, and the list of members is on page 98.	
	G4-39 Chair of the highest governance body	Einstein's Chairman is also the Executive Director, as described on page 22.	
	G4-40 Selection criteria and nomination processes for the highest governance body and its committees	Governance - page 22	
	G4-41 Processes for prevention and management of conflicts of interest	Governance - page 18	
	G4-42 Highest governance body's and senior executives' roles in the development of policies and goals for the management of impacts	Governance - page 22	
	G4-43 Measures taken to enhance the highest governance body's knowledge of economic, environmental and social topics	The professionals in strategic and executive positions are constantly trained for monitoring and assessing results of economic, environmental and social issues	

ASPECT	DESCRIPTION	PAGE/REPLY	OMISSION
Governance	**G4-44** Processes of performance self-evaluation by the highest governance body	Einstein's performance is monitored through regular reviews and the use of the balance scorecard (BSC) tool. For executive officers, the evaluation takes into account the objectives and overall goals for the period, and the individual performance. The members of the Elect Executive Suite and the Steering Committee are evaluated every year and the process is conducted by an independent company using the 360° model.	
	G4-45 Responsibilities in the implementation of economic, environmental and social polices	Governance - page 22	
	G4-46 Governance's role in reviewing the effectiveness of the organization's risk management processes for economic, social and environmental topics	Governance - page 22	
	G4-47 Frequency of the highest governance body's review of economic, social and environmental impacts, risks and opportunities	Governance - page 22	
	G4-48 Highest committee or position that formally reviews and approves the organization's sustainability report and ensures that all material aspects are covered	About the report - page 83	
	G4-49 Process for communicating critical concerns to the highest governance body	Governance - page 20 Health services - págs. 31 e 36 People - page 73	
	G4-50 Nature and total number of critical concerns communicated to the highest governance body and solutions adopted	There are several communication channels that receive complaints and suggestions from various stakeholders at Einstein. The main channels are described on pages 31 and 73.	
	G4-51 Relationship between the compensation policy and the performance of the organization, including social and environmental objectives	The members of the highest governance bodies - the Elected Executive Suite and the Steering Committee - do not receive compensation. For executive officers, the compensation is consistent with that of the market for their positions, and they receive variable compensation linked to the achievement of goals and targets set in the strategic planning of the organization, including social and environmental performance.	
	G4-52 Participation of consultants (internal and independent) in determining compensation	The compensation policy is validated by the People Committee and is based on a scoring methodology for the different positions, according to the level of knowledge required and the responsibilities. Einstein monitors the external compensation environment through periodic research.	
	G4-53 Consultations with stakeholders regarding compensation and its application in the organization's policies	There are no specific consultations on this topic	
	G4-54 Ratio of the highest salary to the median total compensation for all employees, by country		Einstein does not release this indicator, but considers start using it in the future.
	G4-55 Ratio of the increase in the highest salary to the median increase for all employees, by country	The increase in the total compensation of the staff member with the highest salary was 1.8% lower in relation to the rise in the total compensation of the other individuals (excluding the highest salary), that is, 8.1% (best-paid staff in the Organization) and 9.9% (total of all employees excluding the best-paid one).	
Ethics and integrity	**G4-56** Values, principles, standards and norms of behavior of the Organization	Vision of the future - page 16 Governance - page 23	
	G4-57 Internal and external mechanisms for seeking advice on ethics and compliance	Governance - page 18	
	G4-58 Internal and external mechanisms for reporting concerns about unethical behavior	Governance - page 20	

SPECIFIC DISCLOSURES

ECONOMIC CATEGORY			
ASPECT	**DESCRIPTION**	**PAGE/REPLY**	**OMISSION**
Economic performance	**DMA** Management approach		
	EC1 Direct economic value generated and distributed Governance	Governance - page 25	
	EC2 Financial implications and other risks and opportunities due to climate change	Einstein is attentive to climate change and seeks to minimize the direct impact of its operations on the climate through reduction of greenhouse gas emissions and responsible consumption of natural resources. The main initiatives developed are described in the chapter Environment (page 78).	
	EC3 Coverage of benefit plan of obligations	People - page 72	
	EC4 Significant financial assistance received from government	Einstein does not receive subsidies or tax incentives. The government on-lendings are limited to reimbursement of expenses for the Primary Care Program for the Secretaria Municipal de Saúde de São Paulo, described on pages 44 to 47.	

CATEGORIA AMBIENTAL			
ASPECT	**DESCRIPTION**	**PAGE/REPLY**	**OMISSION**
Energy	**DMA** Management approach		
	EN3 Energy consumption within the Organization	Environment - page 81	
	EN4 Energy consumption outside the Organization		Einstein does not monitor energy consumption outside its premises.
	EN5 Energy intensity	Environment - page 81	
	EN6 Reduction of energy consumption	Environment - page 80	
	EN7 Reductions in energy requirements of products and services	A redução relacionada aos serviços prestados é medida pelo indicador de intensidade energética, descrito na página 81.	
Water	**DMA** Management approach		
	EN8 Total water withdrawal by source	Environment - page 80	
	EN9 Water sources significantly affected by withdrawal of water	Environment - page 80	
	EN10 Percentage and total volume of water recycled and reused		Einstein currently does not measure reused water consumption. The Organization is implementing a Wastewater Treatment Plan (ETE), which – when in full operation - will allow reusing 48 thousand m^3 of water per year, in the cooling systems
Effluents and wastes	**DMA** Management approach		
	EN22 Total water discharge, by quality and destination	Water discharge is made into the municipal sewage system. In 2016, 313,270 m^3 were disposed, accounting for the total volume consumed from the municipal supply company, and 70% from the artesian wells. The calculation takes into account 30% of water from the wells that is lost in the condensation process of air conditioning cooling towers.	

CATEGORIA AMBIENTAL			
ASPECT	**DESCRIPTION**	**PAGE/REPLY**	**OMISSION**
Effluents and wastes	**EN23** Total weight of waste, by type and disposal method	Environment - page 80	
	EN24 Total number and volume of significant spills	There were eight spill events, totaling up 40 liters of different substances: diesel (30 L), hydraulic fluid (3 L), chlorine (1 L), xylol (1 L), xylol and acetic acid (1 L), engine lubricant (1 L) and laboratory disposal (1 L). The impact was limited to strong odor in the sites and some stains on the floor.	
	EN25 Weight of transported waste deemed hazardous	1,293.3 tons transported within the State of São Paulo for treatment and disposal. A total of 100% of the material was treated. Further information on page 80.	
	EN26 Protected status and biodiversity value of water bodies and habitats	There are no water bodies or habitats significantly affected by Einstein operation.	

CATEGORIA SOCIAL – PRÁTICAS TRABALHISTAS E TRABALHO DECENTE			
ASPECT	**DESCRIPTION**	**PAGE/REPLY**	**OMISSION**
Employment	**DMA** Management approach		
	LA1 Total number and rates of new employee hires and employee turnover	People - page 72 Annexes - page 96	
	LA2 Comparison of benefits to full- time employees and temporary employees	People - page 72	
	LA3 Return to work and retention rates after parental leave	People - page 72	
Labor relations	**DMA** Management approach		
	LA4 Minimum notice periods regarding operational changes	There is no specified minimum period and the changes in the collective agreement are disclosed as soon as the final document is received.	
Occupational health and safety	**DMA** Management approach		
	LA5 Percentage of employees represented in formal safety and health committees	Annexes - page 95	
	LA6 Rates of injury, occupational diseases and lost days	People - page 70 Annexes - page 95	
	LA7 Employees with high incidence or high risk of diseases related to their occupation	The main risks mapped by the organization are related with ergonomics in the transport of patients, falls on the same level, contamination by sharps and needles and exposure to biological and radioactive materials in the handling of drugs and equipment. All issues rely on specific management and monitoring actions. The actions developed in 2016 and the results achieved are described on page 70.	
	LA8 Health and safety topics covered in formal agreements with trade unions	There are no agreements with trade unions covering health and safety topics, but Einstein carries out different initiatives in these fields, and has improved the approach and management of these themes.	
Training and education	**DMA** Management approach		
	LA9 Average hours of training per year	People - page 71 Annexes - page 96	
	LA10 Programs for skills management and lifelong learning	The initiatives geared to skills management and lifelong learning are described on page 71. With a specific focus on employees preparing for retirement, Einstein provides support to plan this new stage of life.	
	LA11 Percentage of employees receiving performance reviews	People - page 71 Annexes - page 96	
Diversity and equal opportunities	**DMA** Management approach		
	LA12 Composition of governance bodies and breakdown of employees per employee category	People - page 77 Annexes - page 97	
Equal compensation for women and men	**DMA** Management approach		
	LA13 Ratio of basic salary of women to men by employee category and by significant locations of operation	People - page 77	

CATEGORIA SOCIAL – SOCIEDADE			
ASPECT	**DESCRIPTION**	**PAGE/REPLY**	**OMISSION**
Anti-corruption	**DMA** Management approach		
	SO3 Operations assessed for risks related to corruption	The risk assessment is made by the directors and comprise 100% of Einstein operation: 10 own healthcare units, 6 teaching units, 13 primary care units (UBS), 3 medical outpatients units (AMA), 3 psychosocial care center (CAPS), one fast track unit (UPA) and two municipal hospitals.	
	SO4 Percentage of employees trained on anti-corruption policies and procedures	Governance - page 18	
	SO5 Confirmed incidents of corruption and actions	There was no confirmed incident. Further information on page 21.	
SOCIAL CATEGORY– PRODUCT RESPONSIBILITY			
Customer health and safety	**DMA** Management approach		
	PR1 Assessment of health and safety impacts over the lifecycle of products and services	100% of products and services are evaluated.	
	PR2 Incidents of non-compliance concerning impacts of products and services	There were two infractions totaling up R$ 2,000.00. One related to a truck transporting loose materials; another due to lack of emergency form and envelope to carry hazardous products. Another tax assessment note related to carrying hazardous product in a vehicle not authorized for this type of transport is waiting for analysis of appeal by the authorities.	
Customer privacy	**DMA** Management approach		
	PR8 Total number of substantiated complaints regarding breaches of customer privacy and loss of customer data	There were no complaints. See pages 41 and 42 for information about the prevention mechanisms.	

GLOBAL COMPACT

Einstein is one of the signatories of the Global Compact, a voluntary initiative of the United Nations (UN) aimed at promoting good business practices in four areas: human rights, labor conditions, environment, and anti-corruption. In addition to carrying out several actions and projects to put into practice the ten principles of the Compact, Einstein also takes part in the Brazilian Committee of this effort and encourages other companies to join.

To monitor its own performance, the *Sociedade* uses the self-assessment tool indicated by the Global Compact Committee, and has made advances every year. Since the diagnosis in 2013, the compliance and conformity level rose from 59% to 81%, in 2016.

The following table shows the main actions taken in 2016.

PRINCIPLE			PAGE
HUMAN RIGHTS	**1**	To support and respect protection of internationally acknowledged human rights.	11, 20 and 76
	2	To assure no participation in violations of these rights.	11, 20 and 76
LABOR	**3**	To support freedom of association and effectively acknowledge the right to collective bargaining.	86
	4	To support eliminating all forms of forced or compulsory labor.	18-20
	5	To support effective abolition of child labor.	74
	6	To eliminate discrimination at work.	74-76
ENVIRONMENT	**7**	To support a preventive approach to environmental challenges.	78-81
	8	To develop initiative to promote greater environmental responsibility.	78-80
	9	To encourage development and dissemination of environmental-friendly technologies.	80
ANTI-CORRUPTION	**10**	To fight against all forms of corruption, including larceny by extortion and bribe.	18-21

ANNEXES

HEALTH SERVICES

MORE THAN A HOSPITAL

HOSPITAL ISRAELITA ALBERT EINSTEIN	2014	2015	2016	Δ 2016/2015
Beds	629	615	646	5.0%
Surgical suites	38	38	38	0.0%
Patients-day[1]	194,215	193,418	185,949	-3.9%
Mean length of stay (days)	3.75	3.64	3.51	-3.6%
Occupancy rate (%)[2]	85.6	85.7	82.6	-3.6%
Surgeries (except C-sections)	39,239	46,092	50,689	10.0%
Deliveries	4,449	4,669	4,294	-8.0%

1 Sum of inpatients at the end of each day.
2 Ratio between total patients/day and beds/day.

EXPANDING ACCESS

PRIMARY CARE	2014	2015	2016	Δ 2016/2015
Unidades Básicas de Saúde (UBS)	13	13	13	0.0%
Family health teams	82	82	82	0.0%
Employees	1,036	1,024	1,036	1.2%
Registered families	80,137	83,209	84,184	1.2%
Registered individuals	273,410	281,863	279,851	-0.7%
Number of visits	1,955,520	2,055,257	2,224,298	8.2%
ASSISTÊNCIA MÉDICA AMBULATORIAL (AMA)	**2014**	**2015**	**2016**	**Δ 2016/2015**
Units	3	3	3	0.0%
Employees	316	295	223	-24.4%
Number of visits	872,173	729,350	759,157	4.1%
UNIDADE DE PRONTO ATENDIMENTO (UPA)	**2014**	**2015**	**2016**	**Δ 2016/2015**
Units	1	1	1	0.0%
Employees	415	418	426	1.9%
Number of visits	414,607	840,425	923,553	9.9%
CENTRO DE ATENÇÃO PSICOSSOCIAL (CAPS)	**2014**	**2015**	**2016**	**Δ 2016/2015**
Units	3	3	3	0.0%
Employees	137	135	113	-16.3%
Number of visits	15,965	20,501	23,342	13.9%

HOSPITAL MUNICIPAL M'BOI MIRIM	2014	2015	2016	Δ 2016/2015
Beds	240	240	240	0.0%
Surgical suites	6	6	10	66.7%
Patients-day[1]	94,177	104,464	102,794	-1.6%
Mean length of stay (days)	6.11	5.89	5.49	-6.7%
Occupancy rate (%)[2]	88.73%	90.48%	89.12%	-1.5%
Surgeries (except C-sections)	3,562	4,448	8,053	81.0%
Deliveries	4,955	5,056	4,753	-6.0%

1 Sum of inpatients at the end of each day.
2 Ratio between total patients/day and beds/day.

HOSPITAL MUNICIPAL VILA SANTA CATARINA	2016
Beds	270
Surgical suites	11
Patients-day[1]	42,080
Mean length of stay (days)	6.72
Occupancy rate (%)2	79%
Surgeries (except C-sections)	1,304
Deliveries	3,107

1 Sum of inpatients at the end of each day.
2 Ratio between total patients/day and beds/day.

TRANSPLANTS[1]	2014	2015	2016
Liver	125	108	88
Multiple organs	2	0	1
Kidney	103	108	104
Pancreas	0	0	0
Pancreas/kidney	1	2	0
Heart	17	30	20
Lung	5	9	9
Bowel	0	1	1
Total	**253**	**258**	**223**

1 Total number of transplants through the Program, including patients from the Sistema Único de Saúde (SUS) and private ones.

GENERATION AND DISSEMINATION OF KNOWLEDGE

HEALTH EDUCATION

STUDENTS	2014	2015	2016	Δ 2016/2015
Technical courses	858[1]	665	688	3.5%
Undergraduate nursing course	195	193	195	1.0%
Undergraduate medical course[2]	0	0	100	-
Refreshment courses	2,644	3,104	2,979	-4%
Distance learning	671	2,228	3,524	58.2%
Training in the *Centro de Simulação Realística*	7,347	9,094	10,351	13.8%
Graduate courses - *lato sensu*	2,658	3,308	3,667	10.9%
Professional nursing master's degree	13	32	38	18.8%
Total[3]	**14,386**	**18,624**	**21,542**	**15.5%**

1 It includes 396 students enrolled by means of the Programa Nacional de Acesso ao Ensino Técnico e Emprego (Pronatec).
2 Activities started in 2016.
3 It includes participants of trainings in the Centro de Simulação Realística.

IN SEARCH OF SCIENTIFIC EVIDENCE

RESEARCH PROJECTS	2014	2015	2016	Δ 2016/2015
Initiated	192	221	230	4.1%
Ongoing[1]	179	268	279	4.1%
Concluded	92	116	159	37.1%

1 It includes all ongoing projects in the year analyzed, regardless of their starting or conclusion date.

PEOPLE

INTEGRATED CARE

[LA6]

EMPLOYEE SAFETY INDEX	2014	2015	2016		
			RESULT	GOAL	RESULT/ GOAL
Frequency rate of lost time injuries	5.69	4.91	3.46	118.0%	18.0%
Rate of accidents with biological risk with no lost time	4.73	4.7	3.81	106.0%	6.0%
Severity index	61.88	71.77	59.12	102.0%	2.0%
Rates of employees on sick leave	2.33	NA	NA	NA	NA
Rate of occupational diseases with lost time	NA	0.37	0.35	92.0%	-8.0%
Severity index of occupational diseases	NA	636.71	321.92	188.0%	88.0%
Percentage of sick leave due to occupational disease	NA	1.8	1.84	74.0%	-26.0%
Index[1]	**76%**	**138%**	**114%**	**100%**	**14%**

1 It takes into account the different weights of indicators and the performance of each indicator regarding the goal for the period.
NA: no data available. The index composition was modified as from 2015 to focus on situations more associated to the functional scope.

[LA5]

HEALTH AND SAFETY COMMITTEES	PUBLIC	PARTICIPANTS (%)[1]
Strategic Employee Safety Committee	Executive Suites and strategic leaderships	100%
Employee Safety Committee for Leaders	Executive suites, managers, indirect leaderships. It is open to contractors	50%
Sharps and Needles Committee	Specialist representatives of support and care areas	30%
Internal Commission for Prevention of Accidents (CIPA)	Elected members	90%
Trainings 100%	The Organization as a whole	70%

1 Total number of invited members divided by the number of hired employees (12,929). It does not include Board members or interns.

CULTURE OF DEVELOPMENT

[LA11]

PERFORMANCE ASSESSMENT COVERAGE (%)	
By gender	
Men	87.0
Women	89.8
By job	
Board	10.0
Executive suite	85.7
Manager	96.9
Head/coordinator	95.4
Technical/supervision	94.6
Administrative	90.6
Operational	84.5
Apprentice	0.0
Total	**88.9**

[LA9]

IN-HOUSE TRAININGS 2016 MEAN (H) PER PROFESSIONAL[1]	
By gender	
Men	33.71
Women	39.53
By job	
Executive suite	34.66
Manager	38.49
Head/coordinator	56.96
Technical/supervision	42.63
Administrative	31.26
Operational	29.17
Apprentice	20.52
Mean per professional[2]	**37.79**

1 In-house trainings carried out for hired employees (12,929). It does not include Board members or interns.
2 Based on the total number of employees on December 31st, the annual mean per professional is 51.52.

[LA1]

TURNOVER (2016)[1]	HIRED	DISMISSED	RATE[1]
By gender			
Men	687	604	15,6%
Women	1,462	1,360	15,0%
Per activity			
Physicians	197	198	15,6%
Healthcare professionals (not physicians)	1,171	1,039	13,0%
Other activities	781	727	19,9%
Per age group			
Under 30 years	1,149	811	21,8%
30 to 50 years	946	1,047	12,4%
Over 50 years	54	106	13,5%
Total	**2,149**	**1,964**	**15,2%**

1. Calculation based on total number of dismissed staff, either voluntarily or involuntarily, divided by the total number of hired employees (12,929 in 2016).

ENGAGEMENT AND DIALOGUE

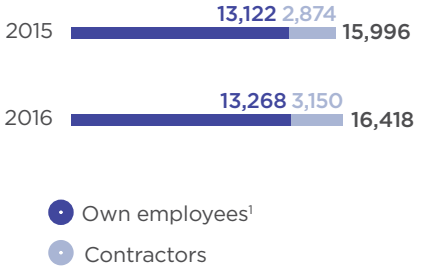
[G4-10]

TOTAL WORKFORCE	2015		2016	
	MEN	WOMEN	MEN	WOMEN
Employees hired per position				
Executive suite	14	4	16	5
Manager	57	52	49	48
Head/coordinator	91	186	97	188
Technical/supervision	2,180	5,002	2,164	5,015
Administrative	1,042	2,217	1,102	2,258
Operational	360	1,412	386	1,461
Contractors	ND	ND	58	5
Apprentices	54	84	16	48
Subtotal of hired employees	**3,798**	**8,957**	**3,872**	**9,057**
	12,755		**12,929**	
Board	165	15	161	19
Interns	44	143	38	121
Total	**4,007**	**9,115**	**4,071**	**9,197**
	13,122		**13,268**	

HIRED EMPLOYEES[1]	2015		2016	
	MEN	WOMEN	MEN	WOMEN
Per type of employment				
Full-time	3,069	7,737	3,109	7,850
Part-time	729	1,220	763	1,207
Per type of work contract				
Determined time employment contract	2	4	1	5
Undetermined time employment contract	3,796	8,953	3,871	9,052
Total	**3,798**	**8,957**	**3,872**	**9,057**
	12,755		**12,929**	

1 Only hired employees (12,755 in 2015; 12,929 in 2016). It does not include Board members and interns. All working in the city of São Paulo.

WORKFORCE



1 All Einstein own workforce, including Board members and interns.

[LA12]

DIVERSITY 2016[1]	BLACK[2]		DISABLED	
	MEN	WOMEN	MEN	WOMEN
Executive suite	0	0	0	0
Manager	1	0	0	0
Head/coordinator	0	1	1	0
Technical/supervision	111	180	8	19
Administrative	115	217	54	62
Operational	67	221	58	95
Apprentice	7	12	0	0
Total	**301**	**631**	**121**	**176**
	934		**297**	
% of employees	**7.2%**		**2.3%**	

1 Only hired employees (12,929). It does not include Board members and interns.
2 According to self-declaration.

BOARDS AND EXECUTIVE SUITE

[LA11]
(BOARD IN OFFICE UNTIL DEC/5/2016)

PRESIDENTS OF HONOR

Ema Gordon Klabin Z'L
Manoel Tabacow Hidal Z'L
Jozef Fehér Z'L
Joseph Safra

ELECTED EXECUTIVE SUITE

(TERM IN OFFICE: DEC/6/2010 TO DEC/5/2016)

Claudio Lottenberg
President

Alexandre Roberto Ribenboim Fix
Claudio Schvartsman
Dominique José Einhorn
Eduardo Zlotnik
Flávio Tarasoutchi
Henri Philippe Reichstul
Nelson Wolosker
Sidney Klajner
Vice-presidents

STEERING COMMITTEE

(TERM IN OFFICE: DEC/6/2010 TO DEC/5/2016)

Reynaldo André Brandt
President

Claudio Thomaz Lobo Sonder
Elias Knobel
Mario Arthur Adler
Nelson Hamerschlak
Vice-presidents

Andrea Sandro Calabi
Charles Siegmund Rothschild
Claudio Luiz da Silva Haddad
Luiz Gastão Mange Rosenfeld

ADVISORY BOARD COMMITTEE

(TERM IN OFFICE: DEC/6/2010 TO DEC/5/2016)

Reynaldo André Brandt
President

Claudio Thomaz Lobo Sonder
Elias Knobel
Mario Arthur Adler
Nelson Hamerschlak
Vice-presidents

AUDIT BOARD

(TERM IN OFFICE: DEC/6/2010 TO DEC/5/2016)

Israel Vainboim
Gilberto Maktas Meiches
Jacob Jacques Gelman
Michael Edgar Perlman
Roberto Bielawski

(BOARD IN OFFICE UNTIL 5/DEC/2016)

ADVISORY BOARD
1ST THIRD (OFFICE: DEC/6/2010 TO DEC/6/2016)

Abramo Douek
Alberto Bitran
Alberto Finkiel
Alberto Goldenberg
André Friedheim
Antonio Luiz de Vasconcellos Macedo
Arnaldo José Ganc
Arthur Rothman
Benjamin Steinbruch
Bernardo Parnes
Claudio Roberto Deutsch
Claudio Schvartsman
Claudio Szajman
Dan Oizerovici
David Salomão Lewi
Dominique José Einhorn
Dora Selma Fix Ventura
Eduardo Cukierman
Eduardo Len
Eduardo Weltman
Elias Knobel
Fabio Topczewski
Flavio Murachovsky
Gilberto Maktas Meiches
Helio Korkes
Isac Neumark
Israel Vainboim
Jack Leon Terpins
Jaime Spitzcovsky
Jayme Bobrow
Julio Serson
Laercio Alberto Rosemberg
Leivi Abuleac
Leo Kryss
Luci Black Tabacow Hidal
Luiz Gastão Mangue Rosenfeld
Luiz Roberto Zitron
Marcelo Blay
Marcelo Pires Prado
Marcelo Wajchenberg
Marcos Arbaitman
Marcos Karniol
Mario Grinblat
Mario Ruhman
Mauricio Wajngarten
Mauro Rabinovitch
Michael Edgar Perlman
Milton Glezer
Milton Steinman
Nelson Hamerschlak
Oskar Kaufmann
Pedro Custódio de Mello Borges
Ricardo Goldstein
Ricardo Kaufmann
Sergio Daniel Simon
Sergio Kuzniec
Sergio Podgaec
Sergio Rosenthal
Simão Augusto Lottenberg
Victor Strassmann

ADVISORY BOARD
2nd THIRD (OFFICE: DEC/3/2012 TO DEC/3/2018)

Abram Topczewski
Alberto Alain Gabbai
Alberto Blay
Alice D'Agostini Deutsch
Amit Nussbacher
Anna Maria Andrei Fichmann
Antonio Eduardo Pereira Pesaro
Ari Stiel Radu Halpern
Benno Enijsman
Bento Fortunato Cardoso dos Santos
Carlos Vicente Serrano Junior
Celso Lafer
Charles Siegmund Rothschild
Claudio Arnaldo Len
Claudio Mifano
Eduardo de Campos Werebe
Eduardo Tabacow Hidal
Eduardo Zlotnik
Fabio Schvartsman
Fernando Bacal
Fernando Fix
Flavio Roberto Huck
Flavio Steinwurz
Guilherme Ary Plonski
Guilherme Carvalhal Ribas
Gustavo Caserta Lemos
Hallim Feres Jr
Henri Armand Slezynger
Henri Philippe Reichstul
Ida Sztamfater
Jacyr Pasternak
Jaime Zaladek Gil
Jaques Pinus
João Carlos Guedes Sampaio Goes
Jorge Thomaz Weil
Jose Mauro Kutner
Manuel Mindlin Lafer
Marcelo Giovanni Perlman
Marcelo Katz
Marcelo Langer Wroclawski
Marcio Abrahão
Marcos Knobel
Marcos Lederman
Mauricio Kurc
Meyer Joseph Nigri
Michel Levy
Moises Cohen
Morris Dayan
Octavio J. Aronis
Oren Smaletz
Ricardo Botticini Peres
Roberto Luiz Leme Klabin
Roberto Ruhman
Rubens Brandt
Sandra Sandacz
Sidney Glina
Silvio Eduardo Bromberg
Sueli Dicker
Telma Sobolh
Victor Nudelman

ADVISORY BOARD
3rd THIRD (OFFICE: DEC/15/2014 TO DEC/15/2020)

Abram Abe Szajman
Alexandre Holthausen Campos
Alexandre Roberto Ribenboim Fix
Amancio Ramalho Junior
André Grunebaum
Andrea Sandro Calabi
Antonio Henrique B. Cunha Bueno
Beni Moreinas Grinblat
Beno Suchodolski
Betty Knobel
Bruno Laskowsky
Carlos Eduardo Czeresnia
Claudio Luiz da Silva Haddad
Claudio Thomaz Lobo Sonder
Daniel Feldman Pollak
David Feffer
David Zylbersztajn
Edgar H. Ascher
Edílio Mattei Jr
Eduardo Alcalay
Eduardo Wurtzman
Eugenio Vago
Evelin Diana Goldenberg M. M. Costa
Fernando Kasinski Lottenberg
Fernando Korkes
Flávio Tarasoutchi
Gisele Brandt
Henrique Grunspun
Hilton Waksman
Ita Pfeferman Heilberg
Ivelisa Portella Maron
Jacob Jacques Gelman
Jayme Brasil Garfinkel
José Carlos Evangelista
José Ribas Milanez de Campos
Leonardo M. Posternak
Lygia Kauffmann Rabinovich
Manes Roberto Erlichman
Marcelo Forma
Marcelo Naigeborin
Maria Elvira Ramos Suchodolski
Mario Fleck
Mariza de Aizenstein
Moises Skitnevsky
Nelson Wolosker
Nydia Strachman Bacal
Ophir Irony
Paulo Helio Monzillo
Paulo Kovesi
Pedro Luiz Mangabeira Albernaz
Pedro Paulo Porto Junior
Raul Pedro Penteado Meyer
Ricardo Berkiensztat
Ricardo Borges Magaldi
Roberto Bielawski
Roberto Naum Franco Morgulis
Sergio B. Wey
Sergio Kulikowsky
Sidney Klajner
Wilson Roberto Sendyk

BOARDS AND EXECUTIVE SUITE

(BOARD IN OFFICE UNTIL DEC/5/2016)

PERMANENT MEMBERS OF THE ADVISORY BOARD

Idel Aronis Z'L *(Deceased on 5/24/2009)*
Jacob Ures Z'L *(Deceased on 3/12/2008)*
Jacob Werebe Z'L *(Deceased on 10/31/2010)*
Gert Kaufmann Z'L *(Deceased on 5/5/2011)*
Moyses Cutin Z'L *(Deceased on 1/19/2012)*
Moises Levy Z'L *(Deceased on 1/17/2012)*
Eliova Zukerman Z'L *(Deceased on 6/3/2016)*

Abrão Elias Frankel
Artur Bielawski
Boris Tabacof
Carlos Schuartz
Claudio Lottenberg
Israel Schachnik
Jairo Tabacow Hidal
José Goldenberg
Joseph Safra
Mario Arthur Adler
Milly Tepermann
Reynaldo André Brandt
Roberto Kaminitz
Ronaldo M. Eberhardt
Samuel Szwarc
Victor Schubsky

ADVISORY BOARD – MEMBERS

Jorge Feldmann Z'L *(Deceased on 11/29/2008)*
Idel Aronis Z'L *(Deceased on 5/24/2009)*
Samuel Lafer Z'L *(Deceased on 10/19/2009)*
Isaac Mayer Mielnik Z'L *(Deceased on 6/13/2010)*
Gert Kaufmann Z'L *(Deceased on 5/5/2011)*
Abraham Kasinski Z'L *(Deceased on 2/9/2012)*
Francisco Gotthilf Z'L *(Deceased on 5/28/2012)*
Naum Kusminsky Z'L *(Deceased on 8/23/2012)*
Jose Schechtmann Z'L *(Deceased on 9/18/2013)*
Freidi Neumark Z'L *(Deceased on 6/17/2016)*

Antonio Luiz de Vasconcellos Macedo
Anuar Mitri Maluli
Bruno Laskowsky (Guest)
Celso Ferreira
Charles S. Rothschild
Davi Korn
Edy B. Cunha Bueno
Fani M. Aronis
Helio Korkes
Isaias Raw
Marco E. Matalon
Marcos Arbaitman
Nelson Kasinski
Ricardo Aun
Ronaldo Michael Eberhardt
Sol Masijah

ADVISORY BOARD – BOARD OF DIRECTORS

Moyses Levy Z'L *(Deceased on 1/17/2012)*
Moris Chansky Z'L *(Deceased on 12/10/2015)*

Jose Pinus
President

Israel Schachnik
Roberto Kaminitz
Rosinha Goldfarb
Samuel Szwarc
Victor Schubsky
Artur Bielawski
Vice-presidents

Victor Strassmann
Guido Faiwichow
Secretaries

DEPARTMENT OF VOLUNTEERS

Telma Sobolh
President

Sueli Dicker Unikowsky
Sandra Sandacz
Ivelisa Portella Maron
Vice-presidents

Seida Englander
General Coordinator

Elvira Moreira Magalhães
Gertrudes Rose Mary Levy Barmak
Tauba Gitla Abuhab
Treasurers

Myriam Haber
Rachel Reichhardt
Secretaries

EXECUTIVE SUITE

Henrique Neves
CEO

Alberto Hideki Kanamura
Social Responsibility Officer

Carlos Oyama
Supplies and Logistics Officer

Claudia Garcia de Barros
Clinical Care, Quality, Safety and Environment Officer

Claudio Terra
Innovation and Knowledge Management Officer

Deise de Almeida
Sales and Marketing Officer

Felipe Spinelli de Carvalho
Education Officer

Fernando Leão
Chief Financial Officer

Junia Gontijo
Engineering and Maintenance Officer

José Henrique Germann Ferreira
Project Development and Consulting Officer

Eliezer Silva
Diagnostic and Preventive Medicine Officer

Luiz Vicente Rizzo
Research Officer

Miguel Cendoroglo
Chief Operating Officer of Hospital Israelita Albert Einstein

Miriam Branco da Cunha
Human Resources Officer

Ricardo da Silva Santoro
Information Technology Officer

Viviane Miranda
Auditing, Risk Management and Compliance Officer

Wilson Pedreira Jr.
Oncology Medical Officer

CREDITS

EDITORIAL BOARD

Claudio Lottenberg[1]
Sidney Klajner[2]

Henrique Neves
CEO

Deise de Almeida
Sales and Marketing Officer

Sandra Sernaglia
Marketing, Communication and CRM-DA Manager

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Giuliana Benzi

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Judith Mota (writing and editing)

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Juliana Muscovick

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For further questions or suggestions about this report, please email our Customer Care from the website *www.einstein.br*

1 Mr. Lottenberg held the position until December 5, 2016. He is currently the President of the Steering Committee.

2 Mr. Klajner took office as President of Sociedade Beneficente Israelita Brasileira Albert Einstein on December 6, 2016.

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