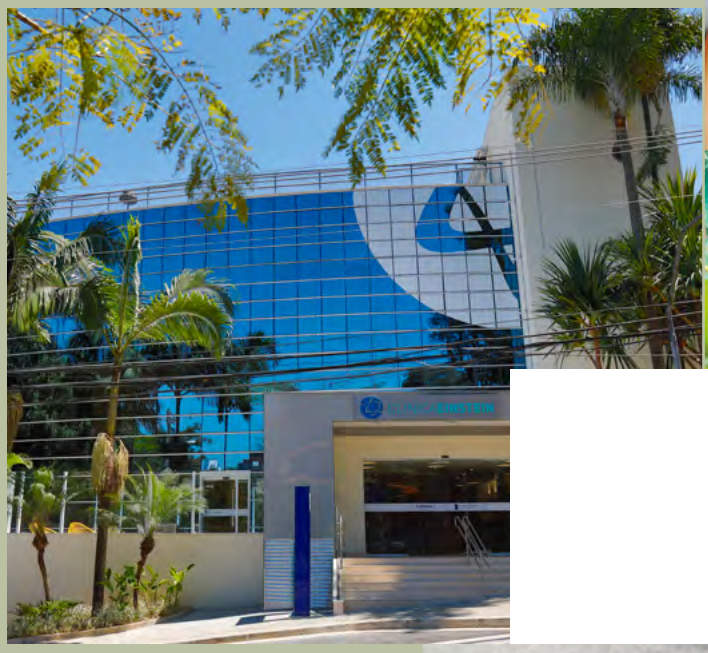


# Sustainability
## Report
## 2018

ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA


CLÍNICA EINSTEIN
Entrada
Entrance

# SUMMARY

# Sustainability of Health Care

For Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE), the results achieved in 2018 strengthen the journey of good services and excellence in medicine that has been developed since 1955. This is a path of progress, but also of challenges, shared by the health system in general. One of them is the sustainability of the health care system itself. According to a study by ANAHP (National Association of Private Hospitals), from 2012 to 2017, the costs of the supplementary health care sector grew R$ 49 billion, driven mainly by an increased frequency of usage. The total of events per beneficiary (such as exams, appointments and hospital stays) went from 21 to 28 during the period, and the average demand for complementary exams went from 12.4 to 17.3 examinations. Considering this scenario, how can balance be achieved in the system in the long run?

We have worked daily to develop adequate responses to this challenge. In partnership with the Institute for Healthcare Improvement (IHI) – a not-for-profit organization, a worldwide reference in safety and quality, — we have adopted the Triple Aim governance model, which focuses on the structuring and monitoring of health care services in three inter-related dimensions: quality now combined with the experience of care, waste reduction and the promotion of population health.

One of the models for achieving Triple Aim is Value-Based Health Care (VBHC), a strategy proposed in 2006 by Harvard Business School Professors Michael Porter and Elizabeth Teisberg. Its goal is to cause a transformation in the health care system based on two elements: the establishment of integrated practice units focused on clinical conditions or in segments of the population; and the change in the manner of compensation of health care services, which would be based on the total number of services provided (fee for service) and would start to focus on the results obtained with the treatment (outcomes), generating value for patients (fee for value).

This value agenda, focused on the relationship between the outcomes that matter to the patient and the cost of services, is the driving force behind various Einstein initiatives. The bundle-based compensation model, released in 2018, is one of them. It was developed based on the previous year's experience when Einstein launched a model of fixed compensation for integrated cycles of breast cancer treatment. The bundle considers the set of practices that must be followed in certain treatments and is currently offered by Einstein in 12 specialties. The advantages are many: predictability of costs, expansion of coverage for the whole treatment cycle, including the possibility of complications, and, above all, quality in patient care.


Sidney Klajner
President of *Sociedade Beneficente Israelita Brasileira Albert Einstein*

The focus on population health management guides an initiative that we are launching in the services provided to companies, in the management of specific portfolios based on patient health indicators and with a focus on comprehensive care. By the end of the year, we were serving 32,000 people with these services, and the potential for growth in the future is great.

THE RESULTS ACHIEVED IN 2018 STRENGTHEN THE JOURNEY OF GOOD SERVICES AND EXCELLENCE IN MEDICINE THAT EINSTEIN HAS BEEN DEVELOPING SINCE 1955. THE SUSTAINABILITY OF THE HEALTH CARE SYSTEM WILL ALSO BE GUARANTEED BY CHANGING THE COMPENSATION MODEL.

Both the new compensation model and the corporate health initiatives rely on technological support and intelligence extracted from tools such as Big Data Analytics and machine learning, for data processing and analysis. At Einstein, one of the main sources of this information is the Cerner Millennium platform, which gathers information from electronic patient records. In addition to a robust database for decision-making, the platform also serves as a basis for research, innovation and improved assistance initiatives.

A concrete example is CMOA (Assistance Monitoring Center), created in 2018. It is a command center that operates 24 hours a day, in which data originating from all environments of the hospital is monitored and used for direction by the service teams. More than 90 indicators are monitored in real time, which ensures higher quality of care and prevents the occurrence of adverse events, increasing patient safety.

In the fields of education and research, an emblematic event was the launch, in December 2018, of the foundation stone of the *Centro de Ensino e Pesquisa Albert Einstein* (Albert Einstein Research Center) – Cecilia and Abram Szajman Campus, which will occupy a constructed area of more than 44,000 square meters on land near the Morumbi unit. The project will integrate architecture and landscaping inside and outside. The structure will provide a welcoming and conducive environment for professionals in training and researchers — in their permanent search for new scientific advances – to fulfill their role of making a difference in society, whatever branch of health care they already work in or intend to do so.

It is important to emphasize that Einstein, as an example of health care in Brazil, also contributes to the development of the public health system, operating a group of care units that are accessible to the population with lower buying power. Through agreements with the city of São Paulo government, Einstein manages 25 of the SUS (Unified Public Health System) units in the city.

In 23 of them, it operates at the primary and secondary health care levels, having performed nearly 4.3 million consultations in 2018. The other two are municipal hospitals in the city of São Paulo, which became a reference in quality health care assistance: *Hospital Municipal M' Boi Mirim — Dr. Moysés Deutsch* and *Hospital Municipal Vila Santa Catarina — Dr. Gilson de Cassia Marques de Carvalho*. It also carries out, through agreements with the Ministry of Health and the IHI, collaborative projects with public hospitals.

Examples of this are the *Parto Adequado* project (Suitable Childbirth Program), present in 114 hospitals – 25 of them public – that aims to reduce the occurrence of c-sections and encourage vaginal delivery, and the *Saúde em Nossas Mãos* project (Health in Our Hands) – Improving Patient Safety on a Large Scale in Brazil, which aims to reduce the rate of hospital infection in 119 public hospitals.

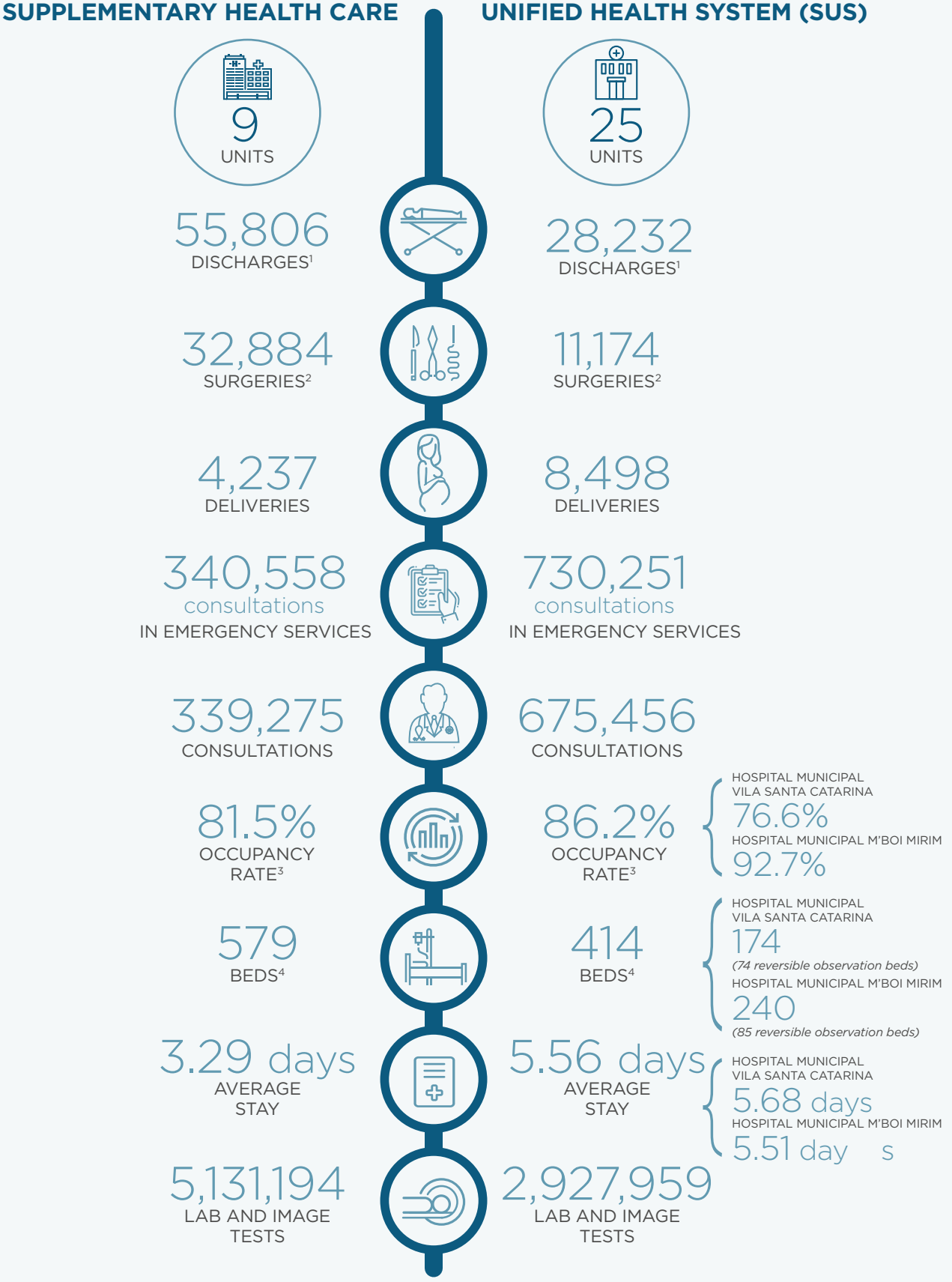
Another way Einstein contributes to the public health system is by participating in the PROADI-SUS program to support the Institutional Development of the Unified Health Care System. In return for the exemption of social contributions granted by the Federal Constitution to charitable health care institutions, Einstein is expected to spend R$ 929 million reais on projects for the development of SUS during the 2018-2020 period. The projects already in operation amount to R$ 651 million reais.

These are some of our achievements in 2018, which, along with other activities, are detailed in this report. It was a huge task, carried out on a daily basis by an army of nearly 13,000 associates. Their dedication gives us courage to face the challenges and achievements that await us in 2019.

Enjoy your reading.

**Sidney Klajner**
President of *Sociedade Beneficente Israelita Brasileira Albert Einstein*

# YEAR HIGHLIGHTS



## EDUCATION AND TRAINING

### HEALTH CARE EDUCATION

27,470 students

8 TEACHING UNITS

10,979 participants IN SCIENTIFIC EVENTS

Student satisfaction: 9.2 (scale from 0 to 10)

## RESEARCH AND INNOVATION

### RESEARCH

738 articles PUBLISHED IN INDEXED JOURNALS

492 articles PUBLISHED IN JOURNALS with an impact above 1[5]

EXPENDITURES AND INVESTMENTS[6]

R$ 36.5 million

786 projects[7]

3,008 citations of EINSTEIN RESEARCH PAPERS

### INNOVATION

30 startups INCUBATED

Eretz.bio PARTNERSHIP PLUG AND PLAY CLEVELAND INNOVATION PLATFORM

## SOCIAL RESPONSIBILITY

### VOLUNTEER DEPARTMENT

573 VOLUNTEERS

363,778 CONSULTATIONS

### PHILANTHROPY

14 organizations BENEFITTED

R$ 3.8 MILLION IN INVESTMENTS IN INITIATIVES TO BENEFIT THE COMMUNITY

[1] It is the patient's release from the hospitalization unit by discharge (cured, improved or unaltered), evasion, withdrawal from treatment, internal transfer, external transfer or death.

[2] Surgery patients.

[3] Ratio of sum of patients admitted at the end of each day and total beds per day.

[4] Beds in use and beds available for use at the moment of the census, even if they are unoccupied.

[5] The impact factor represents the average citations, in papers or scientific articles, of content published in a journal. The figure is calculated yearly, based on publications from the previous two years, using this formula: total of citations obtained during the year divided by the total number of articles published by the journal in the previous two years.

[6] Includes resources from the institution itself (CAPEX and OPEX) and external investment (research grants/external fund-raising).

[7] Sum of projects started in the previous year, which are under development, and those starting and ending in 2018.


Tikun Olam
TRANSFORMAR O MUNDO
História da Sociedade Beneficente Israelita Brasileira Albert Einstein: fundação e anos iniciais de funcionamento do Hospital
Este é o módulo inicial da exposição Tikun Olam - Transformar o mundo, que percorre os quatro grandes eixos temáticos representados pelos pilares da instituição: Chinuch EDUCAÇÃO, Refuá SAÚDE, Mitzvá BOAS AÇÕES e Tzedaká JUSTIÇA SOCIAL.


Tikun Olam

**EINSTEIN OPERATES IN THE PRIVATE AND PUBLIC HEALTH CARE SECTORS. SINCE ITS FOUNDATION IN 1955, THE INSTITUTION HAS SOUGHT TO REFLECT THE JEWISH COMMUNITY'S COMMITMENT TO OFFER BRAZIL WORLD-CLASS HEALTH CARE SERVICES.**

# EINSTEIN

Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE) is a non-profit, public-interest organization focused on health care services, education and training, innovation and research and social responsibility. It is based in São Paulo and made up of a team of 12,900 thousand employees.

Founded in 1955, the SBIBAE seeks to reflect the Jewish community's commitment to offer world-class health care in Brazil. The organization's activities are focused on the private and public health care sectors. In the public sector it operates through partnerships and management contracts.

SBIBAE has been awarded a CEBAS Certificate (Beneficent Society for Social Assistance), a Public Utility title in the municipal, state and federal realms and also maintain a Social Health Organization.

CEBAS is a certificate awarded by the Ministry of Health to charitable social assistance organizations and recognizes such an organization's ability to provide service and carry out project to support the public Unified Health System (SUS), according to current laws.

## Commitment to the sector

Seeking overall improvement and the development of new working models to answer the challenges facing the health care system, Einstein is part of domestic and international discussion forums and actively participates in joint initiatives with government, regulators, hospitals, health insurance carriers and industry entities. Some examples are:

- Participation and discussions related to the improvement of the Brazilian health care system with industry entities such as the Brazilian Association of Diagnostic Medicine (ABRAMED), the National Association of Private Hospitals (Anahp) and the Health Institute Coalition (ICOS);

- Coordination of collaborative projects for improving the safety and quality of hospitals in the public health care network, like those aiming

at the reduction of maternal mortality rates (see page 32) and improving patient safety (see page 31), as well as a project for the reduction of unnecessary c-sections in both private and public health care systems (*see page 30*);

- Strategic partnership with the Institute for Healthcare Improvement (IHI), a non-profit organization that is a global reference in health care safety and quality (*see page 15*);
- Strategic partnership and representation of Planetree, a world-class non-profit organization, whose goal is to improve health care from the patient's point of view, through a person-centered care approach;
- Adoption of the Vision Zero initiative from the International Social Security Association (ISSA), which seeks to improve the health, safety and well-being of organization employees in many areas around the world; and
- Participation in the Healthy Hospitals Project from the American Healthcare Without Harm (HCWH) organization.


# GOVERNANCE STRUCTURE

The highest decision-making body at Einstein is the Shareholder's Meeting, made up of around 500 members. Three other forums are part of the **strategic scope** of governance: the Deliberative Council with 180 members, the Board of Directors — similar to any Board of Directors — and the Elected Board, each with nine members.

All members of this structure are associates and volunteers, among these, physicians with active participation at Einstein, intellectuals and renowned professionals from various economic sectors in the country. They serve during six-year elective terms, which can then be renewed. They carry out these duties during this period voluntarily, with no financial compensation.

The relationship established among the management bodies are established in the bylaws, drafted and approved according to current legislation requirements. The Board of Directors is responsible for approving the strategy and supervising the strategy and general guidelines related to SBIBAE, overseeing and monitoring the Board's activities; the Elected Board proposes, helps develop and controls the execution of the approved strategy and guides the management and implementing of the SBIBAE guidelines.

The following committees support decision making on specific topics such as Personnel; Finances; Education and Training; Digital; Social Responsibility and Sustainability; Quality, Care and IT; Research and Innovation; Infrastructure; Auditing and Governance; Conflicts of Interest and Compensation.

In the **executive realm**, the General Board of Directors is in charge, reporting to the president of the Elected Board, relying on 15 department directors, positions held by paid professionals who contribute to the daily management of SBIBAE.

## Action model

**Elected Board**
Left to right: Claudio Mifano, Nelson Wolosker, Sergio Podgaec, Eduardo Zlotnik, Sidney Klajner, Marcos Knobel, Victor Nudelman Gilberto Meiches and Marcelo Perlman.

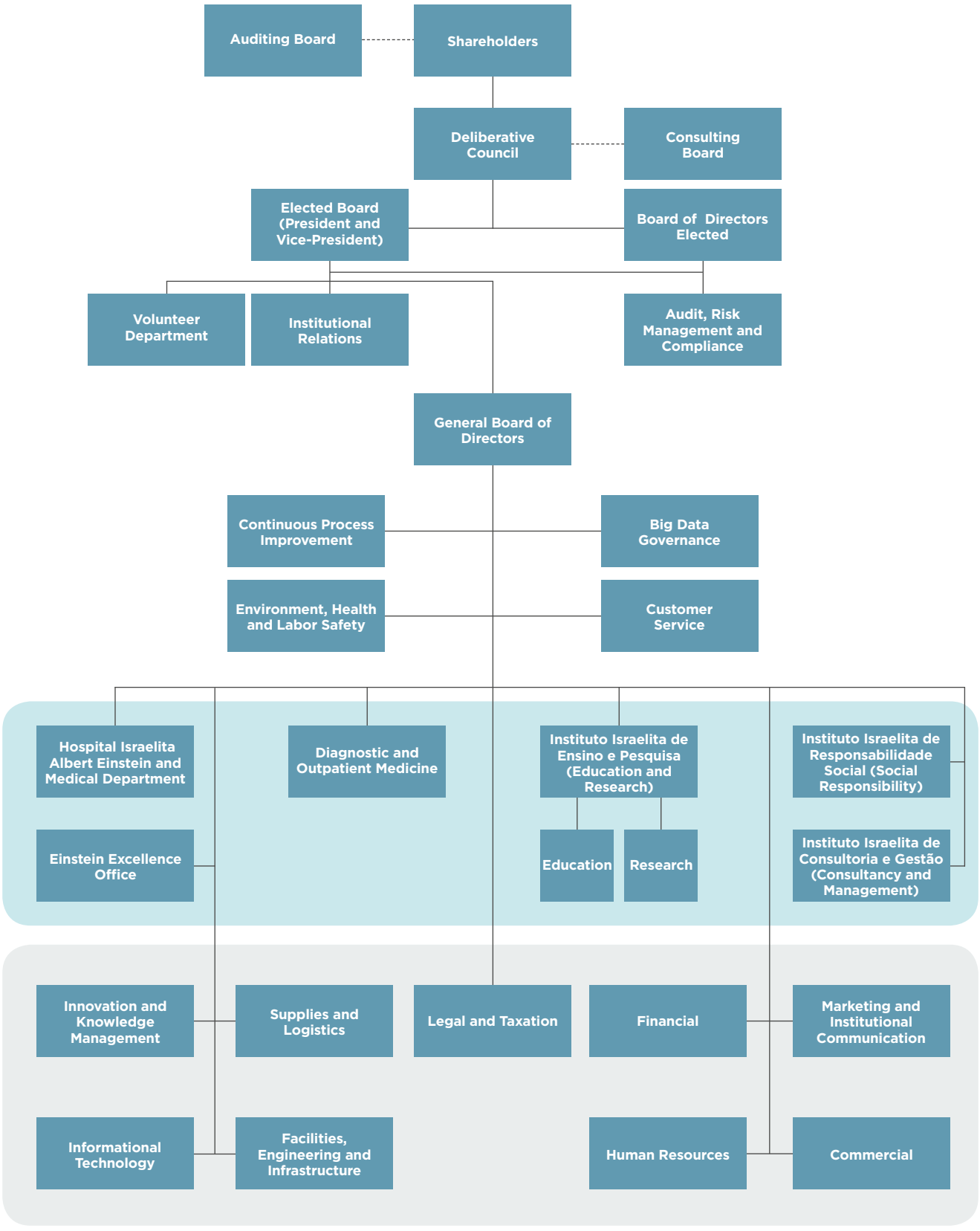
**Board of Directors**
Left to right: Claudio Schvartsman, Nelson Hamerschlak, Oscar Pavão dos Santos, Mario Fleck, Claudio Luiz Lottenberg, Claudia Politanski, Bernardo Parnes, Moises Cohen, Israel Vainboim, Dominique Einhorn e Luis Fernando Aranha.

**MISSION**
To offer excellence in the field of healthcare, education and social responsibility, as a way of highlighting the Jewish community's contribution to Brazilian society

**PRECEPTS**
- *Mitzvá* (good deeds)
- *Refuá* (health)
- *Chinuch* (education)
- *Tsedaká* (social justice)

**ORGANIZATIONAL VALUES**
- Diligence
- Honesty
- Professionalism
- Integrity
- Truthfulness
- Teamwork
- Autonomy
- Justice
- Altruism

# Organizational Flowchart



THE ASSISTANCE SERVICES ENCOMPASS FOUR LEVELS OF HEALTH CARE – PRIMARY, SECONDARY, TERTIARY AND QUATERNARY – ALL INTEGRATED TO PROVIDE EXCELLENCE IN HEALTH CARE SERVICES.

# INTEGRATED APPROACH

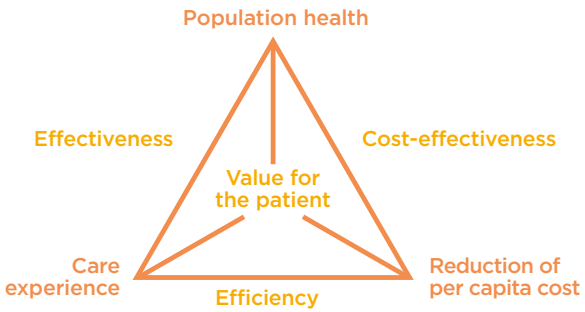
Einstein operates as an integrated health care system in both the private and public sectors, in which different elements come together to provide excellent service and practice scientific-based medicine. The services cover all stages of the health care cycle — promotion, prevention, diagnosis, treatment and rehabilitation — and are focused on the following levels of care:

- **Primary:** physician's offices, outpatient clinics, promotion, and prevention and immunization programs;
- **Secondary:** low and medium complexity hospital services, urgent and emergency care services and diagnostic medicine;
- **Tertiary:** high complexity hospital services; and
- **Quaternary:** services such as organ and tissue transplants.

The decentralization and ranking of the different structures allow Einstein to adjust itself effectively to the population's different needs, avoiding overlap, waste or the usual limitations experienced by a hospital-centered health care model.

The entire system is run according to the Triple Aim model, created by the Institute for Healthcare Improvement (IHI), one of Einstein's strategic partners (*see page 30*). The Triple Aim model is based on the structuring and monitoring of health care services in three interconnected dimensions: care experience, reduction of waste and population approach.

### TRIPLE AIM GOVERNANCE MODEL




## AMONG THE BEST

In 2018, Hospital Israelita Albert Einstein was recognized, for the 10th consecutive year, as the best hospital in Latina America by the AméricaEconomía Intelligence ranking. The ranking assesses various dimensions, including patient experience, infrastructure, and hospital capacity and knowledge management.

Einstein achieved 98.75 points (out of a total of 100). It ranked six points ahead of the second placed institution and in five of the seven analysis criteria, received the maximum score: safety, knowledge management, dignity and patient experience, capacity (number of beds and consultations) and prestige.

One of the aspects highlighted in the ranking was the network of outpatient units, which allows for an optimized care flow and better health care management, concentrating cases with higher complexity at the Morumbi unit. Other important point for Einstein's ranking was the focus on family health, an important advantage in relation to other organizations, as well as the use of artificial intelligence in service.

## HOSPITAL ISRAELITA ALBERT EINSTEIN

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Operating beds[1] | 615 | 646 | 627 | 579 | -7.7% |
| Operating rooms[2] | 38 | 39 | 40 | 40 | 0.0% |
| Discharges[3] | 54,544 | 54,747 | 55,491 | 55,806 | 0.6% |
| Morumbi with Day Clinic | 53,309 | 52,929 | 53,500 | 53,619 | 0.2% |
| Perdizes – Day Clinic | 1,235 | 1,818 | 1,991 | 2,261 | 13.6% |
| Average hospital stay (days) | 3.64 | 3.51 | 3.40 | 3.29 | -3.2% |
| Occupancy rate (%)[4] | 85.7 | 82.6 | 81.4 | 81.5 | 0.1 p.p. |
| Surgical patients (without c-sections)[2] | 31,864 | 32,613 | 32,433 | 32,884 | 1.4% |
| Deliveries | 4,669 | 4,294 | 4,501 | 4,237 | -5.9% |

[1] The beds in use and the beds that can be used at the time of the census, even if they are unoccupied.
[2] Includes the Morumbi and Perdizes units.
[3] When the patient leaves the hospitalization unit by discharge (cured, improved or unaltered), evasion, and withdrawal of treatment, internal transfer, external transfer or death.
[4] Relationship between the total number of inpatients at the end of each day and the total day-beds available.

# VALUE BASED MEDICINE

The concept of Value Based Health Care (VBHC) has been one of the strategic pillars at Einstein since 2006 and led to the creation of a Value Management Office- VMO in 2017. The VMO aims to promote VBHC and adjust to the clinical context of the Organization and the values agenda inherent to the concept. What that means in practical terms is transforming health care considering the relationship between treatment results (outcomes) that matter to patients and treatment costs.

The task is carried out through the integration of the three areas that make up the office: Big Data Analytics, Coding and Outcomes. A VBHC committee, of which Einstein's General Director, directors and various area managers are members, offers support and ensures its strategic guidance.

Since 2017, the VMO has collected outcomes in a standardized manner using the methodology proposed by the International Consortium for Health Outcomes Measurement (ICHOM) having already assessed more than 3.5 thousand patients in nine different clinical conditions: low back pain, coronary artery disease, heart failure, prostate cancer, cerebrovascular accident (STROKE), breast cancer, osteoarthritis of the hip, osteoarthritis of the knee and diabetes. The data provided by the standardized collection allows for the comparison of the quality of the results achieved by the various providers.

One of the focal points of the VMO has been the establishment, along with several areas, of value-based compensation models, among them, the so-called bundles for episodes or cycles of care. The bundles differ from the traditional packages that cover only the procedure performed, as they consider all the services the patient needs to treat a particular clinical condition throughout the episode or care cycle. This includes a pre-operative evaluation (including an evaluation of the indication of the best treatment option for each case), hospitalization in which the surgical procedure will be performed, carefully planned post-operative, rehabilitation and doctors' fees. In addition, they offer guarantees for treating resulting complications and establish key performance indicators on clinical

outcomes, outcomes reported by patients and treatment satisfaction, among others.

Various bundles have already been developed and are being negotiated with companies and health insurance carriers for clinical conditions such as endometriosis, obesity, chronic choleocystitis, breast cancer, aortic valve stenosis, coronary artery disease, hip and knee arthritis, among others.

Plans for the future include extending the model to other clinical conditions and implementing the so-called units of Integrated Practice. In these, Einstein will offer a patient-centered care model that is attached to the value-based compensation model, so as to reduce the cost of treatment by eliminating waste and improve patient outcomes and experience, generating value for the health care system as a whole.

## ORIGIN OF CONCEPT

The VBHC strategy was proposed in 2006 by Harvard Business School professors Michael Porter and Elizabeth Teisberg. It aims to transform the health care system through integrated practice units focused on clinical conditions or population segments and the change in the way health care services are paid for.

ACCORDING TO RESEARCH BY THE NATIONAL ASSOCIATION OF PRIVATE HOSPITALS, THE COSTS IN THE HEALTH CARE SECTOR HAD A R$ 49 BILLION INCREASE FROM 2012 TO 2017, INFLUENCED MAINLY BY THE RISE IN THE FREQUENCY WITH WHICH EACH PERSON USES THE CARE SYSTEMS.

## Einstein history

The creation of the VMO was only possible thanks to Einstein's constant search for effectiveness to generate value for patients. With regard to outcomes, for example, the office uses the experience accumulated since 2011 with the collection of outcomes from patient reports, called Patient Reported Outcomes Measures (PROMs), besides the creation of the Navigation Service for high complexity patients in 2012.

The medical care groups (Grupos Médicos Assistenciais GMAs) and the clinical body of the Hospital also play a key role in the consolidation of the VBHC. They devote a significant part of their time to collaborating in the development of bundles' Service Guides, called Care Pathways, which are the basis for defining value-based compensation models.

In addition, various technological approaches and information sources drive the work of the VMO, such as DRG (Diagnosis Related Group, which allows patient risk stratification), Big Data Analytics, Business Intelligence and the Cerner Millennium platform (see page 21).

## The challenge of costs

Finding the balance between cost and effectiveness in patient care is a challenge for the health system in general and a strategic issue for Einstein. The topic is complex and the reasons that lead to increased spending in supplementary health have been addressed in a series of studies, from different organizations.

One such study, carried out by the Associação Nacional de Hospitais Privados (Anahp), based on data from the Agência Nacional de Saúde Suplementar (ANS) and the IBGE (Brazilian Institute of Geography and Statistics), among other sources, showed that the total growth of costs in the sector was R$ 49 billion between 2012 and 2017.

According to the study, the main factor that influenced this rise during the period was the increase in frequency of use – that is, the number of times a single person used the system –, accounting for 70% of spending at constant values. In five years, the number of events per beneficiary (such as exams, consultations and hospitalizations) went from 21 to 28, with an emphasis on complementary exams, which grew from 12,4 to 17,3 in the same period.

Other studies point out the aging of the population and the incorporation of new technologies as factors contributing to the increase in health care costs. A study by Deloitte released in 2018 shows that global health care spending is expected to grow at an annual rate of 4.1% until 2021.

In addition to these factors, the predominant compensation model, based on the fee for service (per procedure or service rendered), is not linked to the quality of service or the successful outcome of an episode. This does not inhibit waste and the recommendation of unnecessary procedures, such as exams, hospital stays and surgeries. The greater onus, in general, remains with the party paying for the service, which is why the fee for service logic also contributes to the rising costs in the sector.

# POPULATION HEALTH MANAGEMENT

The focus on population management guides an innovation promoted by Einstein in the health care services provided to companies. The work consists of the management of specific portfolios, focusing on population health indicators and the comprehensive care of patients. The strategy for each portfolio is drawn from data and information that allow the identification of behavioral profiles, such as the use of tobacco and alcohol, sedentary lifestyles, nutrition and presence of chronic diseases, such as diabetes and hypertension.

Based on this information, it is possible to have a picture of the health conditions of a population group in a given company and draw up a plan based on primary care activities — such as health promotion, nutrition, encouraging physical activity and behavioral changes —, which may be anchored in Einstein clinics or units in their own companies. This plan is carried out preferably with the company's health insurance operator and may include a follow-up of chronic diseases, individual consultations and the management of secondary care (specialized outpatient units) and tertiary care (hospital admissions).

In this model, the goal is to solve more than 90% of the problems in the primary care stage and identify the cases that need to be referred to secondary and tertiary care. In this way, patient care in the health care system is done in a way that makes the best possible use of resources.

The work of Population Health Management began with Einstein's employees in 2016 and was extended to companies in 2018. The first contracts have already been signed and together they total 32,000 beneficiaries.


## EINSTEIN CLINICS

The first Einstein clinic was inaugurated in 2018, using the walk in care model, successfully adopted in countries with health care systems based on family clinics. A team of doctors, nurses, physical educators, nutritionists and psychologists, work intensely to prevent and promote health and care for the patient.

The new unit mobilized investments of R$ 25 million and is located in the Alto de Pinheiros area in São Paulo. The clinic offers guidance related to health, chronic disease control and low-complexity urgent care for the population already being served by Einstein and people with coverage from specific health insurance carriers.

The opening of two other units is planned for 2019. Clínica Cuidar, implemented in 2016 for the promotion of health and primary care for Einstein's employees and their dependents, inspired the model.

# DIGITAL TRANSFORMATION

Digital transformation is already a reality in the health care sector. At Einstein, it impacts virtually every activity. The digital relationship with patients, the clinical body, students and employees manifests itself in different digital solutions, such as portals, mobile applications and kiosks.

Behind this digital interaction is a robust strategy for a large-scale capture, organization and analysis of data, through a world-class electronic patient chart, called Cerner Millennium (see box on the next page) and various Big Data Analytics and Business Intelligence applications. The digital interconnection between the data provided by equipment used directly or indirectly in care and its application in support of decision-making and for monitoring patients and the physical environment, known as the Internet of Things (IOT), is also growing.

Aligned with the world's best practices of agile digital development and leveraging investments in its clinical, operational and financial data structure, Einstein has also incorporated a number of Artificial Intelligence (AI) solutions into its care process, in order to improve the clinical and managerial decision-making process in real time.

In this fast changing world, the technological component is undeniable, manifesting itself most clearly in the research and development of new medicines, in the discovery of diagnostics and more effective treatments and improvement of equipment with new features and functionality. On the other hand, it is essential that the focus of change processes is not on the technology itself, but on the strategy and value proposals of each organization for its strategic audiences, considering goals of efficiency, convenience, safety, privacy, integrated vision and new forms of value generation. These are the guiding principles of the digital breakthrough at Einstein.

For example, the fast expansion of the geographic reach of the public served is possible, as in the case of Telemedicina Einstein (see page 24) or the development of solutions that can be quickly used by other hospitals and diagnostic laboratories in Brazil and abroad (see page 54), like algorithms and hospital management applications developed in the cloud, among others.

In this context, digital development and organized data also represent a new way of generating intellectual property, which reinforces the actions of continuous improvement and has already shown potential as a differentiation factor in the sector and a source of revenue relevant to long-term sustainability.

The challenges and opportunities offered by the technological revolution demand, in turn, that new forms of work organization, infrastructure and talent attraction be implemented. There are several initiatives that are already being implemented in recent years, such as the implementation of the Innovation Laboratory and Big Data, Analytics and Digital Transformation areas. The new sectors have attracted world-class talent in technological development and data science to work side by side with health care professionals in more agile, flexible, multi-professional and less hierarchical work models required for continuous development with quality and speed.

Big Data Area at Morumbi Unit

## Practical implementation

Predictive use of data can bring numerous benefits for patient safety, quality of care and process efficiency. At Einstein, this work has allowed advances in the different stages involving patient flow and in the various types of services and procedures.

The most recent example is a health care monitoring center (CMOA), which was set up in 2018 to monitor a wide range of information and indicators related to the health of patients and the referrals he receives in the hospital.

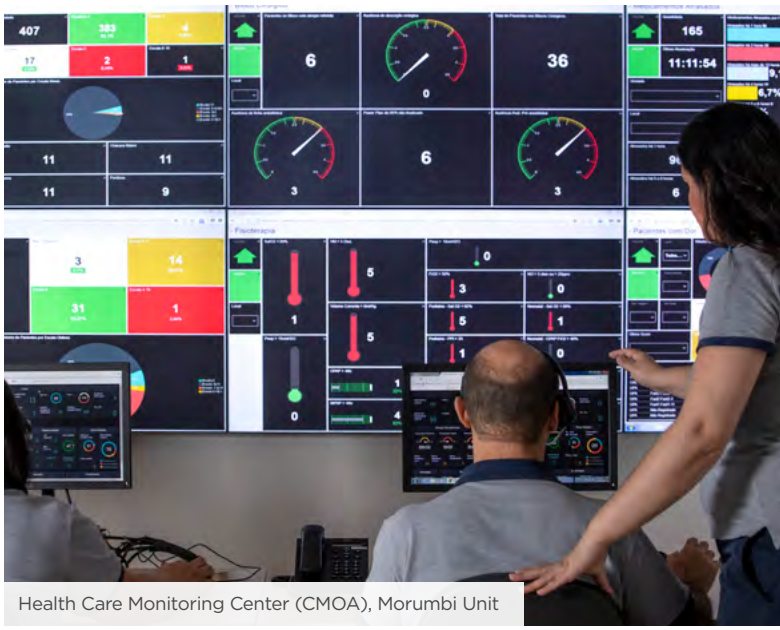
The CMOA is a command room in which data is monitored in real time, 24 hours a day, to direct care teams in reducing adverse events. The Centre monitors data and patient parameters in almost all the spaces and environments of the hospital, including rooms in the inpatient wards, surgery rooms and the emergency care. In this way, it is possible to identify and reduce delays in the administration of medicines, to know if there is any patient in the emergency room that was not cared for and to monitor in real-time parameters of procedures in the surgical center, among many other dimensions.

The information is provided by electronic patient records and by the various devices linked to the patients and made available by an advanced communication structure. More than 90 performance indicators related to health care operations and safety can be monitored by CMOA and each indicator has algorithms with defined normality limits. When outside the expected parameters, the system sends alerts to the center's teams. The episodes of abnormality are passed on to professionals who are serving on the front lines, and they take the necessary actions to solve the situation. From the analysis of the CMOA data, an average 5.9 thousand interventions are carried out monthly, in situations such as the delay in the administration of medications or the need to prescribe or administer medicines to patients with a high degree of pain, among others.

## Predictive analysis

The predictive analysis of the data is behind the project that has perfected the admittance and management processes of the beds in use. From the mapping and redesign of patient flows, automated Big Data Analytics tools predict the need for patient admittance in the emergency care area of the Morumbi unit. Developed in partnership with a consulting company, the system is able to indicate, with 89% accuracy, which patients will be admitted and what type of accommodation will be required.

In addition to pointing out the probability of hospitalization, the system also informs what stage of care the patient is in (screening, consultation, conduct of exams, medical re-evaluation) and what resources will be demanded. In the end, it is possible to give to specialists a more precise direction regarding the care needed and expedite the admittance process by an average of 1h20m, reducing the time a patient remains in Emergency Care. The increase in the allocation of patients into specialty areas was also reduced by 6%, related to the average time of stay of such patients, with positive reflexes in the patient's experience (*see page 38*).



Health Care Monitoring Center (CMOA), Morumbi Unit

Another example in which the automation and digitization of data have brought more efficiency is the management of the schedule of professionals working in Emergency Care. From the historical record of the information available in the system, it is possible to predict the demand of the sector in a more assertive way, raising the peak days and hours, and establish the schedules according to the need. With this, it is possible to have more predictability, correct deficiencies and better determine the size of teams.

### CERNER MILLENNIUM

An essential element present in several digital transformation initiatives at Einstein is the Cerner Millennium platform, which combines electronic patient records and the most relevant patient information, such as medical history, exam results, prescribed medications, biometric data and diagnostics, among others. Cerner allows this information to be documented and organizes systematically, as well as the cross-checking with medical protocols. In addition to a robust and advanced database for decision-making, the platform can also serve as support for innovation and research in different areas and specialties.

**AUTOMATED PHARMACY**

In the pharmacy, the development of a robot that automates the production of doses has increased safety and agility in the administration of medicines. In this process, the tablets are separated and placed in compartments, and the system releases the dose according to the data and information on the patient's chart, as scheduled. Robotic arms perform the task and the drugs are placed in a container with a barcode for identification in a fast, accurate and safe process. The robot processes nearly 11,000 prescriptions a month, dispensing 118,000 medications.

## New applications

The diversity of uses and possibilities of digital transformation tools allows for better patient care, but also extends the hospital's capacity to perform increasingly complex and integrated health care activities. By contributing to the construction of a more organized and predictable environment, data analysis contributes to the exercise of good medicine and makes the work of health professionals involved in the care easier. Ultimately, it brings improvements to the patient's safety, more quality in the services provided and expressive gains in efficiency. In practical terms, it allows for extending care to more patients, regardless of their profile and the complexity of their case.

At Einstein, these tools gained momentum in 2018, but there is still a great deal of potential to be explored.

## Focus on the patient

The new digital tools are also applied in the communication with patients and in improving the services provided. An example is the Meu Einstein application, launched in 2016, which allows the patient to schedule and check in to appointments and exams, monitor health data of patients in treatment and request home collection of samples, among other features. Available for free download in the App Store and Google Play, the tool also warns you when the exams are ready, allows the patient to send reports and pictures directly to their physician and provides information about nearby units and preparation procedures for exams.

In 2018, users were introduced to new features, such as the search for exam types in chronological order, as well as a pre-screening and orientation Service. When replying to a questionnaire, the patient receives an automatic response about whether to seek emergency care or opt for telemedicine service, for example. Two other modules will be activated this year: post-hospital care and medicines, which will help the patient remember when to take their medicine.

In 2018, the application was downloaded 65,000 times, adding up to a total 45,000 recurring users through the year..

# INFORMATION SECURITY

The whole process of digital transformation is accompanied by initiatives to enhance data security, both in terms of availability and in terms of protection against cyber attacks.

One of the breakthroughs in 2018 was the installation of a second Data Center, which ensures the redundancy of the storage and production systems, so that even if a part of the system fails, the other can be used normally and the data will be available. In addition, the clinical engineering equipment (ultrasound, X-ray, electrocardiograph, infusion pump, MRI, linear accelerator, ct scanner and laboratory and endoscope equipment) all became part of an exclusive network, isolated by a firewall from the rest of the organization. All the laptop computers used by the employees are equipped with a data encryption system.

With a focus on the training of employees, periodic training has been given, which includes security procedures against fraud attempts via e-mail and phishing (online attacks on personal data). As a rule, every new employee or service provider goes through integration training, which includes the information security practices adopted by the organization.

## PEOPLE TRAINED IN INFORMATION SECURITY (2018)

| | EMPLOYEES | THIRD PARTY SUPPLIERS | TOTAL |
|---|---|---|---|
| Periodic training | 9,804 | - | 9,804 |
| Phishing training | 789 | - | 789 |
| Integration of new employees and third party suppliers | 1,758 | 804 | 2,562 |
| E-learning | - | 454 | 454 |
| **Total** | **12,351** | **1,258** | **13,609** |

# TELEMEDICINE

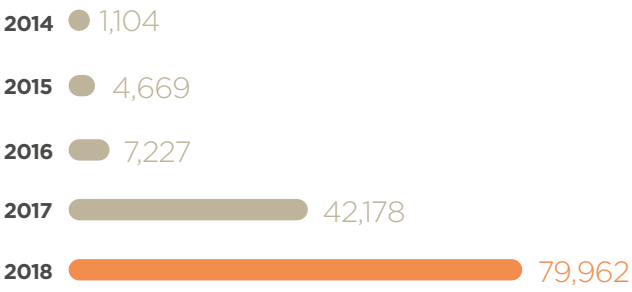
Einstein's Telemedicine service, created in 2012, has been developing a growing portfolio of products and services to care for an increasing number of patients. Using innovative practices, excellent management and focusing on health promotion programs, there are currently 42 products offered that seek to improve patients' life quality in several specialty areas (treatment of chronic diseases, improving nutritional education, infant care and a specialized analysis of certain diagnoses, among others), as well as urgent and high clinical complexity cases.

The distance services, offered seven days a week with 24-hour support, are carried out by healthcare professionals with vast experience and specific knowledge in their respective areas, focusing on patients, hospitals, clinics, schools and activities in remote or isolated areas.

In the real-time patient care modality, the total number of consultations jumped from 197 to 440 per month throughout the year. With the evolution of a digital emergency care service, called "Einstein Conecta", the number of corporate clients offering this service to employees and family members also increased. The platform can be accessed from any mobile device with an internet connection, camera and microphone.

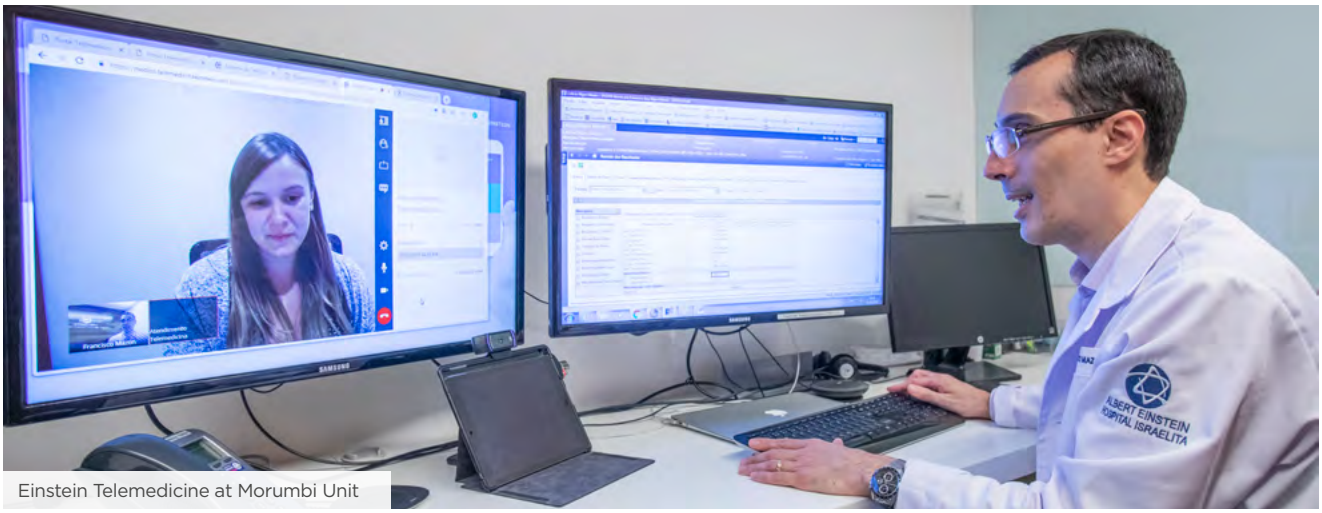
This easier access to specialized physicians represents another accomplishment, especially in hard to reach areas — such as oilrigs — or in regions where the healthcare system is deficient. From 2017 to 2018 the demand from doctors who rely on long-distance support offered by Einstein in various specialty areas doubled. In the companies served in 2018, Telemedicine services were able to avoid the need for patient dislocation to receive specialized care in 98% of the cases.

TELEMEDICINE CARE




## DERMATOLOGY TASK FORCE

In 2018, Einstein Telemedicine was essential to eliminate the waiting list – with nearly 67 thousand patients – for dermatology appointments in the São Paulo municipal healthcare system, during the task force organized by the city government. Ultimately, there were 59,925 consultations, with 120 thousand lesions being diagnosed.



Einstein Telemedicine at Morumbi Unit


# PUBLIC HEALTH SYSTEM IMPACT

Einstein operates 25 public health facilities in the city of São Paulo, where it offers healthcare to the population through the SUS Unified Health System. The service is carried out at two hospitals and 23 other facilities that offer primary and secondary healthcare. The work involves different partnerships and expands Einstein's reach, contributing to the fulfillment of the institution's purpose of delivering healthier lives.

Through partnerships with the São Paulo city government, Einstein is responsible for the management and operation of 13 Basic Health Units (UBS), three Outpatient Healthcare Centers (AMA), one Specialty Outpatient Healthcare Center (AMA-E), three Psychosocial Care Centers (CAPS), one Emergency Care Unit (UPA) and two Therapeutic Residence Service (SRT) units, which make up almost all of the public healthcare network in the Campo Limpo and Vila Andrade districts.

Einstein also manages the *Hospital Municipal M'Boi Mirim – Dr. Moysés Deutsch*, in association with the Centro de Estudos e Pesquisas Dr. João Amorim (CEJAM). In 2018, 8,254 surgeries and 5,072 deliveries were performed. A total of 19,949 patient discharges[1] were recorded. The hospital covers a region where nearly 750 thousand people live, and is known for its high-quality service. Since 2014, ONA, the National Accreditation Organization, a Brazilian institution that certifies the quality of hospitals and healthcare services based on laws, regulations and Standards have accredited the hospital. The *Hospital Municipal M'Boi Mirim – Dr. Moysés Deutsch* holds an ONA level 3 certification, which certifies the existence of an organizational culture promoting continuous improvement and institutional maturity. Besides this, it is the Brazilian public hospital with the best ranking in AméricaEconomía Intelligence (for more information about the ranking, see page 16).

*MAIS SAÚDE* PROGRAM

## QUALITY AND SAFETY

The partnership between Einstein and SUS directly benefit the population with Access to services with a commitment to quality and safety.

At *Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho*, Einstein carries out high complexity procedures, including oncology organ transplant services. The unit serves a region with 700 thousand residents. In 2018, it was responsible for performing 3,246 deliveries and 2,920 surgeries (53.7% higher than in 2017).

[1] When the patient leaves the hospitalization unit by discharge (cured, improved or unaltered), evasion, and withdrawal of treatment, internal transfer, external transfer or death.

## PARTNERSHIP WITH SÃO PAULO CITY GOVERNMENT – PRIMARY AND SECONDARY CARE

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| **Family Health Strategy** | | | | | |
| Basic Health Units (UBS) | 13 | 13 | 13 | 13 | 0.0% |
| Family Health Teams | 82 | 82 | 84 | 87 | 3.6% |
| Employees | 1,024 | 1,036 | 1,085 | 1,128 | 4.0% |
| Families Registered | 83,209 | 84,184 | 86,961 | 88,846 | 2.2% |
| Individuals registered | 281,863 | 279,851 | 286,129 | 288,332 | 0.8% |
| Services[1] | 2,055,257 | 2,224,298 | 2,434,954 | 2,412,132 | -0.9% |
| **Outpatient Healthcare Centers (AMA)** | | | | | |
| Units | 3 | 3 | 3 | 3 | 0.0% |
| Employees | 295 | 223 | 242 | 234 | -3.3% |
| Services | 729,350 | 759,157 | 632,036[2] | 669,628 | 5.9% |
| **Emergency Care Unit (UPA)** | | | | | |
| Units | 1 | 1 | 1 | 1 | 0.0% |
| Employees | 432 | 430 | 434 | 419 | -3.5% |
| Services | 840,425 | 923,553 | 995,154 | 1,077,322[3] | 8.3% |
| **Psychosocial Care Centers (CAPS)** | | | | | |
| Units | 3 | 3 | 3 | 3 | 0.0% |
| Employees | 135 | 113 | 140 | 115 | -17.9% |
| Services | 20,501 | 23,342 | 30,665 | 47,520 | 55.0% |
| **Therapeutic Residence Service (SRT)** | | | | | |
| Units | – | – | 1 | 2 | 100.0% |
| Employees | – | – | 8 | 17 | 112.5% |
| Residents | – | – | 8 | 20 | 150.0% |
| **Specialty Outpatient Healthcare Center (AMA-E)[4]** | | | | | |
| Units | – | – | – | 1 | – |
| Employees | – | – | – | 35 | – |
| Services | – | – | – | 47,631 | – |
| **Total** | | | | | |
| **Units** | **20** | **20** | **21** | **23** | **9.5%** |
| **Employees** | **1,886** | **1,802** | **1,909** | **1,948** | **2.0%** |
| **Services** | **3,645,533** | **3,930,350** | **4,092,809** | **4,254,233** | **3.9%** |

[1] In 2018 Municipal Health Department (SMS) redefined the registration format for some oral health procedures, which impacted the total services recorded that year.
[2] The drop in the total number of patients served from 2017 on, is due to a reduction in the number of physicians employed by the Municipal Health Department - SMS/São Paulo city government.
[3] The increase in the number of patients served in 2018 is due to a readjustment of the codes contained in the Outpatient Production Bulletin, published by the Municipal Health Department - SMS/São Paulo city government.
[4] The unit is part of a partnership with the São Paulo city government (PROADI-SUS) since August 2018 and took on the services that had previously been conducted by Einstein in the Pediatric Specialties Outpatient Center, included in the Einstein program at Paraisópolis community (PECP).

## AGREEMENTS WITH THE MINISTRY OF HEALTH AND THE SÃO PAULO CITY GOVERNMENT – *HOSPITAL MUNICIPAL VILA SANTA CATARINA – DR. GILSON DE CÁSSIA MARQUES DE CARVALHO*

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| Operational beds[1] | 168 | 176 | 174 | -1.1% |
| Operating rooms | 5 | 5 | 5 | 0.0% |
| Discharges[2] | 6,817 | 6,810 | 8,283 | 21.6% |
| Average stay (days) | 6.74 | 7.43 | 5.68 | -23.6% |
| Occupancy rate[3] (%) | 78.4 | 79.1 | 76.6 | -2.5 p.p. |
| Surgical patients (without c-sections) | 1,384 | 1,900 | 2,920 | 53.7% |
| Deliveries | 3,107 | 3,408 | 3,426 | 0.5% |

[1] The beds in use and the beds that can be used at the time of the census, even if they are unoccupied.
[2] When the patient leaves the hospitalization unit by discharge (cured, improved or unaltered), evasion, and withdrawal of treatment, internal transfer, external transfer or death.
[3] Relationship between the total number of inpatients at the end of each day and the total day-beds available.

## MANAGEMENT CONTRACT WITH THE SÃO PAULO CITY GOVERNMENT – *HOSPITAL MUNICIPAL M'BOI MIRIM – DR. MOYSÉS DEUTSCH*

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Operational beds[1] | 240 | 240 | 240 | 240 | 0.0% |
| Operating rooms | 6 | 10 | 10 | 10 | 0.0% |
| Discharges[2] | 17,737 | 18,706 | 18,893 | 19,949 | 5.6% |
| Average stay (days) | 5.89 | 5.49 | 5.56 | 5.51 | -0.8% |
| Occupancy rate[3] (%) | 90.5 | 89.2 | 89.8 | 92.7 | 2.9 p.p. |
| Surgical patients (without c-sections) | 4,418 | 7,362 | 7,323 | 8,254 | 12.7% |
| Deliveries | 5,056 | 4,753 | 5,272 | 5,072 | -3.8% |

[1] The beds in use and the beds that can be used at the time of the census, even if they are unoccupied.
[2] When the patient leaves the hospitalization unit by discharge (cured, improved or unaltered), evasion, and withdrawal of treatment, internal transfer, external transfer or death.
[3] Relationship between the total number of inpatients at the end of each day and the total day-beds available.

### IMPROVING FACILITIES

In 2018, Einstein donated R$ 6 million to promote improvements at public health facilities operating in the city of São Paulo. The work included the improvement of security, ergonomics and comfort for users and employees, such as the installation of handrails on staircases and circulation areas, installation of air conditioning units and maintenance of electrical installations, among others.

### EXTENDING ACCESS

The UBS units operated by Einstein use the "advanced access" model, which allows patients to be cared for on the same day they seek service. The model strengthens the connection between the local population and the reference care team, reflecting on the satisfaction, treatment compliance and outcomes. In 2018, two out of every three people that came to the UBS units underwent a consultation with a physician or nurse on the same day.

### ORAL HEALTHCARE

A total 30 Einstein Oral Healthcare Teams (ESB) offer oral care services connected to the Family Health Strategy (ESF) program at the UBS units and in other community spaces, make house calls and lead educational groups. The 83 professionals face the challenge of changing the oral healthcare scenario in the region, raising awareness among the population about the close relation of this specific aspect and general health conditions of individuals. In 2018, the Einstein team serving in the program treated nearly 73,400 patients and made 3,400 house visits.

### EXPANDED CENTERS

Since 2008, the Expanded Family Health and Basic Care Center (NASF-AB) has worked in partnership with the professionals from the Family Health Strategy (ESF) program, with the goal of supporting the consolidation of basic healthcare through an increase in the amount, reach and effectiveness of the services offered. The Center allows for a better coordination of the healthcare services in the areas of promotion, prevention, treatment, rehabilitation and damage reduction. The individual is treated considering the family, community, culture, socioeconomic and life stage context, using a wide-ranging healthcare concept approach.

## Institutional Development of SUS

Einstein is a Recognized Excellent Healthcare Entity (ESRE), certified by the Ministry of Health to carry out Projects for the Institutional Development Program of the Unified Health System (PROADI-SUS) as a counterpart to the tax exemption guaranteed by the Federal Constitution.

The projects follow a three-year cycle, with the last one beginning in 2018, covering five areas:

- Studies for evaluation and incorporation of technology;
- Human resource training;
- Public health research;
- Development of techniques and operations in healthcare management services; and
- Care activities.

For the 2018-2020 period, Einstein is currently developing 27 projects, investing an estimated R$ 651 million. Other projects, with a total investment of nearly R$ 278 million, are waiting for approval by the PROADI-SUS managing committee.

One the featured projects initiated in 2018 is called "Use of advanced data analysis techniques (Big Data Analytics) and innovation to support the planning and development of healthcare policies". The goal is to take advantage of the potential offered by the processing systems that transform large amounts of data — structured or not, with varied formats, like text, numbers or images — into useful information that can be applied to the operation and management of the SUS public healthcare system.

Einstein already carries out internal efforts to use this information to benefit the quality, safety, efficiency and efficacy of the services (*see page 20*). The work with SUS began with the planning of action steps, information exchanges with international specialists, international specialists, case studies and benchmarks, definitionof a methodology and the themes to be developed afterward, as well as mapping out the available data bases.

The project foresees the creation and implementation of a Big Data Analytics platform to be used by SUS and the adoption of predictive models – on a trial basis – to guide the planning and management of healthcare services focused on effectiveness. The project will also include the planning of an innovation lab for SUS and various initiatives to disseminate knowledge related to digitization, technology and innovation strategies applied to healthcare.

### PROADI-SUS (2018-2020 PERIOD) – SOME HIGHLIGHTS

- Support the management and development of the donation, harvesting and transplantation of organs and tissues in Brazil
- Use of advanced Big Data Analytics and innovation to support the planning and development of healthcare policies
- Support the development of a national bone marrow transplant management and regulation system
- Optimization of the pharmacological treatment of arterial hypertension and reduction of mortality and cardiovascular complications in patients with diabetes mellitus in SUS (Optimal Diabetes Study)
- Evaluation of costs and outcomes of the rational incorporation of anti-PD1/anti-PD-L1 drugs in metastatic lung cancer management in the real-world population in the Unified Health System (SUS)
- Development and optimization of the strategic plan for philanthropic hospital management consulting in Brazil
- Assessment of Influenza vaccine efficacy for reducing mortality and burden of chronic diseases (VIP Study)
- Innovative treatment for sickle-cell anemia, a neglected disease with great social relevance
- Organization of specialized outpatient care in the network in relation to primary healthcare – PlanificaSUS
- Large-scale randomized study evaluating the intensive control of blood pressure for the reduction of more serious cardiovascular events in patients with *diabetes mellitus* (Optimal Cerebrovascular Accident)

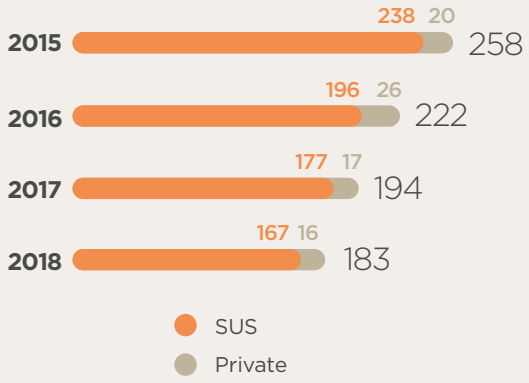
# TRANSPLANT PROGRAM

The Einstein Transplant program is the result of a partnership with the Ministry of Health since 2012. As part of the PROADI-SUS program, Einstein performs liver, kidney, heart, lung, heart-lung, bowel and multivisceral transplants. Patients receive specialized multiprofessional assistance from the initial evaluation up the post-operative period.

In 2018, Einstein performed 183 transplants. The majority were liver transplants (41.5%), followed by kidney transplants (36.6%). A total of 3,361 patients were cared for, considering those in the technical register, those who are going through the assessment process or those who have already undergone transplantation, as well as living donors in preparation for surgery or in the post-surgery stage.

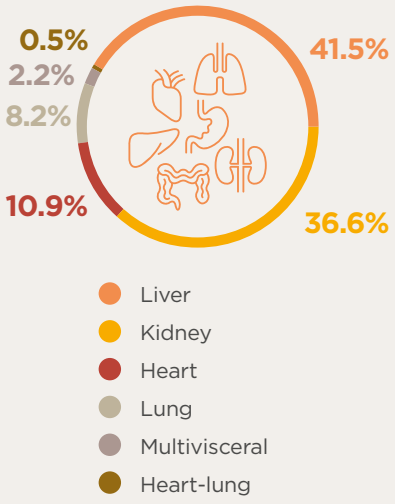
Currently, 630 transplant candidates have already undergone all the required exams and are waiting for a compatible organ to become available.

ORGAN TRANSPLANTS



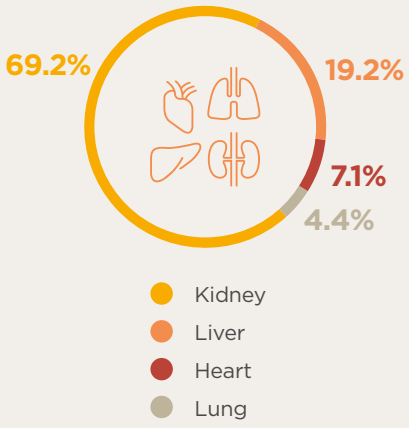

ORGAN TRANSPLANTS (2018)

**Total: 183 transplants**




WAITING FOR FUTURE TRANSPLANTS (2018)

**Total: 630 patients**




## TRANSPLANT PROGRAM

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Patients being followed (on December 31st) | 3,913 | 4,125 | 3,585 | 3,361 | -6.2% |
| Outpatient appointments | 27,733 | 25,257 | 20,630 | 21,325 | 3.4% |
| Hospital admission | 1,466 | 1,114 | 863 | 974 | 12.9% |

# COLLABORATIVE MODEL

Einstein and the Institute for Healthcare Improvement (IHI) develop collaborative projects focusing on producing solutions for the challenges faced by Brazilian hospitals. Here are some of the current initiatives.

## *Parto Adequado* (Suitable Birth) Project

According to data from the WHO, Brazil has the second highest c-section rate in the world. Considering deliveries performed in the public and private sectors, nearly 55% are surgical, well above the rate recommended by the WHO (10% to 15% of all births).

When there is no medical reason for a C-section, this type of surgery offers unnecessary risks for both the mother and the child, increasing the probability of respiratory problems 120 times for the newborn and tripling the risk of death for the mother. In Brazil, nearly 25% of neonatal deaths and 16% of infant deaths are related to premature births, one of the consequences of a C-section scheduled before the optimal time for the birth.

As a way of contributing to changing this scenario, since 2015 Einstein has led a group of various institutions in the Parto Adequado (Suitable Birth) project. The initiative began with the participation of 35 hospitals and 19 health insurance carriers. Today the group has grown to include 114 hospitals, 25 of those serving the public system exclusively, and 65 health insurance carriers. The hospitals in the group commit to participate in training and reviewing its practices in caring for pregnant women and infants.

During the first phase of the program, until November 2016, nearly 10 thousand unnecessary cesarean sections were avoided. Vaginal deliveries increased 40% (from 21% to 37%) and admission in neonatal ICUs dropped from 86 to 69 for every thousand births.

In the second and current phase of the program, nearly 5,200 thousand unnecessary c-sections were avoided until December 2018. The number of vaginal deliveries increased 11% on average in the 114 participating hospitals. The goal is for new hospitals to reach a 40% vaginal delivery rate in 2019, and first phase hospitals to reach 65%.

The program's comprehensive approach, which considers cultural issues, infrastructure and the reorganization of the care offered to pregnant women, is being analyzed by the WHO so it can be replicated in other countries. An independent survey conducted by Fiocruz with 12 participating hospitals, six months after the end of the first phase, showed the program's results are sustainable.

### ACTIVITIES DEVELOPED

**216** hours OF TRAINING AT THE REALISTIC SIMULATION CENTER

**240** hours ON-SITE TRAINING

**25** SUS HOSPITALS

**480** healthcare professionals TRAINED IN PHASE 1 (PUBLIC AND PRIVATE) AND **250** TRAINED IN PHASE 2 (PUBLIC)

**89** PRIVATE HOSPITALS

### RESULTS ACHIEVED

**11%** increase, ON AVERAGE, OF THE NUMBER OF vaginal births IN **127** hospitals

NEARLY **15,000** c-sections AVOIDED

**20%** decrease (FROM 86 TO 69 FOR 1.000 INFANTS BORN ALIVE) IN admission rates OF BABIES BORN OVER 2.5KG IN NEONATAL ICUS

## Patient Safety

The *Saúde em Nossas Mãos* project (Health in Our Hands) – Improving Patient Safety on a Large Scale in Brazil developed in partnership with the Ministry of Health, launched in December 2017, seeks to reduce Health Care Associated Infections (HCAIs) in the public system. During the first twelve months, HCAI cases dropped 32% in the 119 participating hospitals. This means that the 30% target established for the first 18 months of the project, which will end in June 2019, has already been reached.

A decrease was observed in the three types of hospital infection the program focuses on: 37% in urinary tract infection cases associated with bladder catheters (CA-UTI); 26% in bloodstream infections associated with central venous catheters (CRBSI); and 19% in pneumonia associated with mechanical ventilation (VAP).

The project hopes to reduce hospital infection rates in public hospitals by 50% until 2020. If successful, the measure will produce savings of up to R$ 1.2 billion in costs with admissions, considering the length of the patient's hospital stay and the use of hospital supplies, including antibiotics. World Health Organization (WHO) data shows that HCAIs are the deadliest adverse events in healthcare organizations around the world.

Various hospitals are a part of this initiative, offering support to public institutions. Einstein coordinates the project on a national level, ensuring the provision of resources, decision-making and effective communication with the governance structures involved in the initiative. Furthermore, it is responsible for mentoring 24 of the hospitals in the implementation of measures for reducing infection rates through teaching and coaching sessions on the science of improvement.

### ACTIVITIES DEVELOPED

**119** public
HOSPITALS PARTICIPATING

**85** hours
OF TRAINING

**1,428** hours visiting
HOSPITALS AND *coaching*
ON THE SCIENCE OF IMPROVEMENT

**700**
professionals
TRAINED

### RESULTS ACHIEVED IN 12 MONTHS

**32%** reduction
IN INFECTION
CASES RELATED
TO HEALTHCARE

## Reduction of maternal mortality

In Hospital Agamenon Magalhães (HAM), a public hospital in the city of Recife, Einstein led the Maternal Mortality Reduction project, in partnership with the Merck For Mothers global initiative from Merck Sharp & Dohme (MSD). The Maternal Mortality Reduction project was conducted from 2016 to 2018 and, in one year, was able to reduce the maternal mortality rate of patients receiving care in the hospital by 54.2%.

The hospital, considered a reference for maternity hospitals in the state of Pernambuco, had the challenge of raising awareness of the risks facing new mothers, improving the treatment offered and early referral, as well as adapting the pre-natal care so that the pregnancy, delivery and post-delivery stages were conducted in a safe manner.

Nearly 40 improvement steps were taken, such as the mapping out of processes, implementing care protocols for the main conditions that threaten expecting mothers' lives (i.e. sepsis, venous thromboembolism and hypertension), restructuring committees and defining monitoring indicators, including those related to case outcomes.

A total of 305 healthcare professionals from HAM went through training, using the Einstein's Realistic Simulation Center. The training included the identification of the most serious cases posing a fatal risk for expecting mothers, as well as the handling of a safe delivery without any negative consequence for the babies.

The impact of the project was extremely positive, which allowed for good practices, like the early vulnerability diagnosis and the deployment of measures to avoid maternal mortality, to be extended to a greater number of public hospitals. The training of professionals in pre-natal care was also extended to four other public healthcare network areas in the state of Pernambuco.

### ACTIVITIES DEVELOPED

- **67** IMPROVEMENT ACTIVITIES IDENTIFIED, **40** IMPLEMENTED – **100%** OF THE PRIORITY ACTIVITIES WERE CONCLUDED
- **90** LEADERSHIP PROFESSIONALS AND **215** CARE PROFESSIONALS TRAINED
- **24** HOURS OF TRAINING AND UPDATING ON PRE-NATAL CARE FOR MORE THAN **200** PROFESSIONALS

### RESULTS ACHIEVED

BETWEEN MAY 2017 AND APRIL 2018:

- **54.2%** REDUCTION IN MATERNAL MORTALITY RATE
- INCREASE FROM 17.6 TO **40.2** DAYS BETWEEN DEATHS
- THE INTERVAL BETWEEN DEATHS FROM LIFE-THREATENING CONDITIONS, SUCH AS HEMORHAGING, HYPERTENSION AND INFECTIONS INCREASED FROM 22.5 TO **58.2 days**

**At the end of the consolidation phase, on December 31, 2018, HAM had gone 228 days without maternal deaths.**

Órion Real Estate Complex, Goiânia

# A MODEL OF HOSPITAL MANAGEMENT

Einstein's experience in hospital management reached new heights in 2018. After the experience with the implantation of two public municipal hospitals (*Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho* and *M'Boi Mirim – Dr. Moysés Deutsch*) in the city of São Paulo, the institution will offer management support to Hospital Órion, currently under construction in Goiânia (GO). The initiative will allow Einstein to disseminate its values related to quality, operational efficiency and patient safety in the Midwestern region of the country.

With a focus on the treatment of high complexity cases, the new hospital will be at the center of a new real estate complex, which will include a hotel, a shopping mall, a business center, doctor's offices and clinics. Einstein has acted as a consultant to Órion since the initial stages of the project. The hospital will have 32,500 square meters and capacity for a total of 220 beds (100 will be installed initially), 40 for intensive treatment, as well as a modern surgical center with 11 operating rooms and an advanced diagnostic medicine Center.

Einstein's participation in supporting the management of private sector healthcare providers' operations, as it has already done in the public sector, will serve to strengthen the institution's commitment to society, quality and patient safety. The management model is the same in both sectors. The agreement made with Hospital Órion will allow for a continuous transfer of knowledge and technologies applied and used by Einstein.

During its first four years in operation, Hospital Órion should generate over 800 new job openings, including the clinical staff and care and administrative personnel. The inauguration of the facilities is scheduled for October 2019 and the hiring will begin in the first semester. Once the hospital becomes fully operational, the estimation is that up to 1,600 physicians and healthcare professionals from over 30 specialty areas will be responsible for the services provided in the hospital complex.

The decision to build a hospital complex in the capital city of Goiás came about based on a study of the current market situation, conducted by the group spearheading the project (Órion Business & Health Complex), who had analyzed similar models in other countries.

During the consulting process offered by Einstein to the new partner, a survey about the healthcare scenario in Goiânia confirmed that there was a demand to justify the investment. The data, obtained from the Ministry of Health (DataSUS), the Brazilian Institute of Geography and Statistics (IBGE) and the National Health Agency (ANS), showed that Goiânia attracts people from surrounding states, who come to the city looking for various healthcare services, especially those requiring greater levels of medical expertise.

# PATIENT SAFETY

Einstein works hard to become a High Reliability Organization (HRO), a term used to designate ideal models of risk management in sectors that deal in complex areas, in which a mistake can have catastrophic consequences. It has recently started to be adopted in the healthcare sector. According to the Institute for Healthcare Improvement (IHI), reliability is defined as flawless operation over time. This goal only serves to strengthen Einstein's permanent commitment to the safety of patients and employees as well as the protection of the environment, and this has driven new improvement processes.

In 2018, the Institution adopted a new pluriannual master safety plan. Two actions, which started in 2016 and 2017 and were enhanced in 2018, stand out among other impact actions.

The first is what is called a Safety Huddle, a daily gathering of the main leaders of the care and support areas to discuss issues related to the safety of patients, employees and the environment that are causing concern or demand immediate answers. The goal is to anticipate problems, make the necessary corrections and increase the level of awareness and vigilance in the various spaces where patients circulate and are cared for. The Safety Huddles also help Einstein to build a stronger culture of safety, develop a situational awareness and establish action plans for correcting risks. As they promote the sharing of information, they also favor the integration among the areas with the goal of reducing damages and expediting decisions. The meetings are brief and involve professionals from the Medical, Administrative, Supply, Nursing, Nutrition, Physical Therapy, Pharmacy, Property Security and Information Technology areas.

Another impact action during the year was the expansion of the course in Patient Safety in order to allow for the creation of triads — teams that join physicians, nurses and physical therapists certified by Einstein in international patient safety concepts and practices to work in the units and service locations as local safety leaders. The triads identify risks and opportunities for improvement, define actions for reducing adverse events for patients and help to raise the safety level in the entire organization. They also deal with issues related to customer service quality, help in the analysis of adverse and near miss events and follow a set of indicators to identify needs and action priorities.

## THE BEST PRACTICES

Einstein contributes to the dissemination and consolidation of best practices in the management of quality and safety in healthcare in private and public institutions.

Each year, Einstein partners with the Institute for Healthcare Improvement (IHI) holds the Latin American Fórum on Quality and Safety in Healthcare. The fourth edition was held in Cartagena, Colombia, and gathered 1,100 participants from 12 countries (Argentina, Aruba, Brazil, Chile, Colombia, Cuba, Ecuador, United States, Mexico, Panama, Peru and the Dominican Republic). The program offered thematic tracks focused on Patient Experience, Leadership, Patient Safety and Science of Improvement.

Along these same lines, six events were also held in 2018 in partnership with the AméricaEconomía magazine, focusing on patient experience, management and Triple Aim governance model. The initiative allowed quality information to be shared with professionals in Chile, Colombia, Mexico, Panamá and Peru.

# Guidelines and references

The Patient Safety System includes proactive risk management, monitoring and analysis of performance indicators and the application of corrective measures and continuous improvement.

Beyond the knowledge and internal guidelines at Einstein, the system is also guided by external references, recommendations and good practices, such as: Institute for Healthcare Improvement (IHI), National Patient Safety Foundation, Agency for Healthcare Research and Quality (AHRQ) and Centers for Disease Control and Prevention (CDC), from the United States; the National Health Service from the UK; Joint Commission International (JCI); ISO 31000 standard; National Patient Safety Program (PNSP) and the National Health Surveillance Agency (Anvisa).

## PATIENT SAFETY

### Morumbi Unit and Diagnostic Medicine area

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| Parto Adequado – Vaginal delivery rate – pregnant Robson I to IV[1] | 42.9% | 42.0% | 44.0% | 2.0 p.p |
| Rate of bloodstream infection associated with central venous catheter[2] | 0.50 | 0.44 | 0.47 | 6.8% |
| Rate of pneumonia associated with mechanical ventilation[3] | 0.67 | 1.96 | 0.00 | -100.0% |
| Rate of urinary tract infection associated with bladder catheter[4] | 1.00 | 0.14 | 0.37 | 164.3% |
| Infection rate in clean surgery[5] | 0.2% | 0.2% | 0.1% | -0.1 p.p |
| Pressure injury rate – stage 2 or above[6] | 3.36% | 1.49% | 1.97% | 0.5 p.p |
| Fall rate with severe and moderate damage - outpatients[7] | 0.58 | 0.32 | 0.00 | -100.0% |
| Average days between catastrophic events[8] | 17.38 | 61.00 | 122.00 | 100.0% |
| Average days between bronchoaspiration events with severe and moderate damage[9] | ND | ND | 30.0 | – |
| Readmission rate within 30 days[10] | 9.0% | 8.0% | 8.0% | 0.0 p.p |
| Diagnostic rate of sepsis and septic shock – Emergency Care Units (UPA)[11] | 6.0% | 5.0% | 6.0% | 1.0 p.p |
| Adherence to the venous thromboembolism protocol[12] | 81.1% | 85.0% | 83.0% | -2.0 p.p |
| Adherence to perfect Time Out[13] | 83.9% | 66.0% | 57.6% | -9 p.p |

[1] Number of vaginal deliveries in Robson 1 to 4 pregnancies/total number of pregnancies Robson 1 to 4 *100.
[2] Total number of infections/total number of catheter passages *1.000.
[3] Total number of pneumonias/total number of patients using ventilation *1.000.
[4] Total number of infections/total number of bladder catheter passages *1.000.
[5] Total number of infections/total number of clean surgeries *100.
[6] Total number of patients with pressure injury — stage 2 or above — acquired at hospital on prevalence audit day/total number of patients audited on prevalence survey day *100.
[7] Number of falls with severe or moderate damages in the MDAs/number of falls *100.000.
[8] Number of catatastrophic events – admitted patients and outpatient patients (last 12 months)/number of days in a one-year period.
[9] Number of bronchoaspiration events with moderate damage or above — admitted patients and outpatients (last 12 months)/number of days in a one-year period.
[10] Number of patients readmitted in 30 days (except Oncology and Hematology)/total number of releases (except Oncology and Hematology) *100. Release: when the patient leaves the hospitalization unit by discharge (cured, improved or unaltered), evasion, and withdrawal of treatment, internal transfer, external transfer or death.
[11] Number of delays/diagnostic error, sepsis and septic shock in patients at UPAs/total number of patients released whose organic dysfunction began in the UPAs *100. Release: when the patient leaves the hospitalization unit by discharge (cured, improved or unaltered), evasion, and withdrawal of treatment, internal transfer, external transfer or death.
[12] Total number of patients with correct prophylaxis for VET/total number of patients audited (quarterly audit) *100.
[13] Total number of correct adherence to the Time Out protocol (before anesthetic induction + before surgical incision) /total number of audits conducted (daily audit) *100.
ND: data not available.

## PATIENT SAFETY

*Hospital Municipal M'Boi Mirim – Dr. Moysés Deutsch*

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| Parto Adequado – Vaginal delivery rate – pregnant Robson I to IV[1] | ND | ND | 82.7% | – |
| Medication error rate – consequence D onward[s2] | ND | ND | 1.55 | – |
| Rate of bloodstream infection associated with central venous catheter[3] | 1.94 | 2.22 | 2.75 | 23.9% |
| Rate of pneumonia associated with mechanical ventilation[4] | 0.17 | 0.67 | 1.86 | 177.6% |
| Rate of urinary tract infection associated with bladder catheter[5] | 1.66 | 1.73 | 1.14 | -34.1% |
| Mortality rate – septic shock and severe sepsis[7] | ND | ND | 17.6% | – |
| Pressure injury rate – stage 2 or above[8] | 4.44 | 3.14 | 3.61 | 15.0% |
| Fall rate with severe and moderate damage[9] | 0.03 | 0.06 | 0.04 | -33.3% |
| Average days between catastrophic events[10] | 30 | 41 | 24 | -41.5% |
| Never events[11] | ND | ND | 8 | – |

## PATIENT SAFETY

*Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho*

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| Parto Adequado – Vaginal delivery rate – pregnant Robson I to IV[1] | ND | 82.0% | 83.0% | 1.2% |
| Medication error rate – consequence D onwards[2] | 7.92 | 6.42 | 1.27 | -80.2% |
| Rate of bloodstream infection associated with central venous catheter[3] | 1.44 | 2.70 | 1.85 | -31.5% |
| Rate of pneumonia associated with mechanical ventilation[4] | 0.72 | 0.62 | 0.44 | -29.0% |
| Rate of urinary tract infection associated with bladder catheter[5] | 2.72 | 1.02 | 0.51 | -50.0% |
| Rate of surgical site infection in cesarean section[6] | 1.59% | 1.31% | 0.50% | -61.8% |
| Mortality rate – septic shock and severe sepsis[7] | 20.9% | 15.8% | 9.8% | -37.9% |
| Pressure injury rate – stage 2 or above[8] | 3.71 | 3.23 | 1.73 | -46.4% |
| Fall rate with severe and moderate damage[9] | 0.08 | 0.04 | 0.10 | 175.0% |
| Moving average of days between catastrophic events[10] | 61 | 61 | 52 | -14.8% |
| Never events[11] | ND | ND | 1 | – |

[1] Number of vaginal deliveries in Robson 1 to 4 pregnancies/total number of pregnancies Robson 1 to 4 *100.
[2] Number medication errors – consequence D onwards/patients per day *10,000.
[3] Total number of infections/total number of catheter passages *1,000.
[4] Total number of pneumonias/total number of patients using ventilation *1,000.
[5] Total number of infections/total number of bladder catheter passages *1,000.
[6] Total number of infections in cesarean deliveries/total number cesarean deliveries *100
[7] Number of deaths by severe sepsis + septic shock/number of patients with sepsis *100.
[8] Total number of patients with pressure injury — stage 2 or above — acquired at the hospital on the day on prevalence audit day/total number of patients audited on prevalence survey day *100.
[9] Number of falls with severe and moderate damages/total falls in the month * 1,000.
[10] Number of catatastrophic events — admitted patients and outpatients (last 12 months)/number of days in a 1 year period.
[11] Total never events accumulated in year.
ND: data not available.

# CLINICAL STAFF ENGAGEMENT

The nearly 9,400 physicians who make up the medical staff at Einstein are key partners and can rely on specific channels for dialog and engagement. Seeking to maintain close ties with this group, in 2018 Einstein reviewed the Physician Relationship Program, made up of various elements, such as Doctor's Offices, Physician Registry, Relationship with Clinical Staff, Perception Survey and a Segmentation and Feedback Program and the Medical Assistance Groups (GMAs), that joins physicians and members of a multidisciplinary health care team for discussion forums and shared knowledge building.

Through the GMA groups, Einstein strengthens the engagement of these professionals in improvement processes. In 2018, the 27 GMAs received a new tool to encourage working in collaboration: Workplace, a digital tool created by Facebook. The resource offers many advantages, like the elimination of geographic constraints through online participation, allowing the continuity of discussions and Exchange of ideas about projects after the meeting has ended. All the forums are maintained in a virtual database, so they can be consulted at a later date.

Within the Segmentation and Feedback Program, the physicians are assessed – according to the pillars of quality, practice volume, social responsibility, teaching and research — and have their performance compared to that of their peers in the same specialty area. Since 2018, the assessment has been conducted exclusively by physicians and nurses who are connected to medical practice, with the intention of bringing further specialized knowledge to the processes. This system is used to segment professionals into different categories according to their merits.

## APPLICATION

In 2018, the Einstein Médicos application was redesigned with greater focus on usability and gained some new features, like a communication system for direct messaging between the Clinical Board and staff. The app is integrated with the Cerner Millennium platform and allows physicians:

- Access to key patient information;
- Safety alerts and fast triggering in case of risks or adverse events; and
- Connection with the attending physician to communicate critical findings in exams.

## CLINICAL STAFF PERCEPTION

| | SATISFACTION[1] | | RECOMMENDATION[2] | |
|---|---|---|---|---|
| | 2017 | 2018 | 2017 | 2018 |
| Hospital admission | 96.0% | 94.0% | 97.0% | 94.0% |
| Diagnostic medicine | 96.0% | 96.0% | 97.0% | 93.0% |
| Doctor's offices | 94.0% | 93.0% | - | - |

[1] Physicians in the clinical staff who are very satisfied or satisfied with Einstein's services.
[2] Physicians in the clinical staff who would "definitely" or "probably" recommend Einstein to other physicians.

# PATIENT EXPERIENCE

The relationship with patients is an essential theme and some structural actions seek to strengthen this link permanently. In 2018, the creation of the Oncology Advisory Council opened the way for the construction of a space to debate and direct the demands of patients and hospital professionals.

This is the fifth advisory council involving patient participation — the others are Admitted Patients and Outpatients; Elderly; Pediatrics; and Patient Safety. The proposal of these spaces is to work together, from a patient-centered point of view, to develop improvements in processes and extend the actions adopted by the councils in their respective areas. The meetings take place every two months and the subjects are defined in previous meetings. Among the joint actions adopted in 2018, are the production of guidelines for the elderly population, new tools for patient education and the creation of a pamphlet with guidelines on hospital discharges.

To be part of the councils, the patient cannot have any contractual ties with Einstein and must observe the regulations of each council.

Participation is voluntary and the participant may withdraw at any time he or she wishes. The members are chosen by Einstein's professionals, and from registrations submitted to the institutional website. In 2018, invitations were also sent on Facebook and in one week more than 100 people showed interest in participating. Currently, the five councils gather 60 people, including patients and Einstein professionals.

## Satisfaction surveys

In 2018, in addition to the annual patient satisfaction survey, Einstein also began to conduct post-care surveys, which use the Net Promoter Score (NSP) methodology. Between three to five days after being discharged, the patient receives a questionnaire by e-mail and has 30 days to reply. This format has had good adherence and allows patients to give an almost immediate response about their experience at Einstein, which contributes valuable information for the rapid improvement of the various items evaluated.

THE PATIENTS ARE REPRESENTED IN FIVE ADVISORY COUNCILS: ONCOLOGY, ADMITTED PATIENTS AND OUTPATIENTS; ELDERLY; PEDIATRICS; AND PATIENT SAFETY. THESE FAVORS SEEK TO IMPROVE PROCESSES FROM A PATIENT-CENTERED POINT OF VIEW.

## NET PROMOTER SCORE (NPS)[1] POST-SERVICE

| | 2018 |
|---|---|
| Diagnostic medicine | 86.1 |
| Hospital admissions | 85.5 |
| Emergency care | 66.1 |
| Doctors' Offices | 81.8 |
| Check-up | 74.2 |

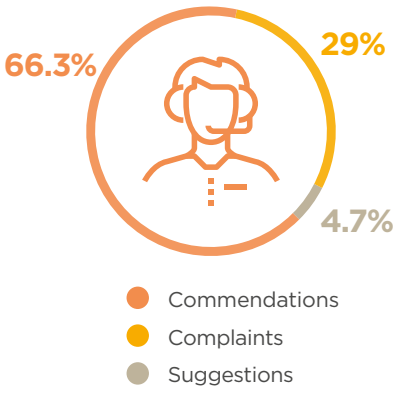
[1] Scale from -100 to +100.

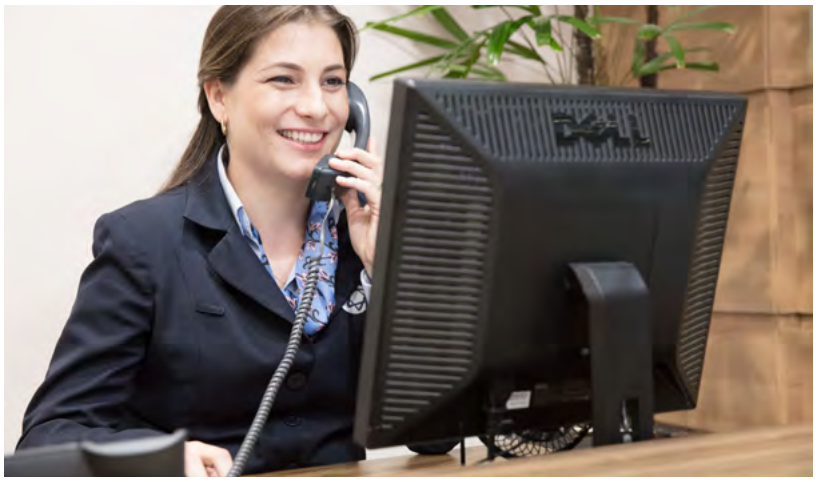
## YEARLY PATIENT SATISFACTION SURVEY

| | SATISFACTION[1] | | RECOMMENDATION[2] | |
|---|---|---|---|---|
| | 2017 | 2018 | 2017 | 2018 |
| Emergency care | 86.9% | 84.3% | NP | NP |
| Hospital admission | 90.7% | 91.0% | NP | NP |
| Diagnostic medicine | 94.0% | 94.0% | 95.7% | 95.2% |
| Doctors' Offices | 92.9% | 93.2% | NP | NP |
| Check-up | 91.2% | 95.2% | 92.9% | 90.0% |
| Oncology | 98.8% | 94.7% | NP | NP |
| Neurology | 98.0% | 100.0% | 100.0% | 100.0% |

[1] Patients who are very satisfied or satisfied with Einstein's services.
[2] Patients who answered they "definitely would" or "probably would" to the question "Would you recommend Einstein's services to others?" or, in the case of the check-up survey, the question was "Would you recommend that the company where you work continue to offer the Einstein check-up to its executives?".
NP: information not surveyed.

### CUSTOMER SERVICE CONTACTS (2018)



## CONTACTS/TOTAL PATIENT SERVICES[1]

| | 2015 | | 2016 | | 2017 | | 2018 | | Δ 2018/2017 | DIFERENÇA 2018/2017 |
|---|---|---|---|---|---|---|---|---|---|---|
| | TOTAL | % | TOTAL | % | TOTAL | % | TOTAL | % | | |
| Commendations | 10,146 | 1.0% | 15,266 | 1.4% | 13,679 | 1.3% | 12,548 | 1.2% | -10.6% | -0.1 p.p. |
| Complaints | 4,943 | 0.5% | 4,579 | 0.4% | 5,167 | 0.5% | 5,496 | 0.5% | 4.8% | 0.0 p.p. |
| Suggestions | 882 | 0.1% | 818 | 0.1% | 887 | 0.1% | 887 | 0.1% | 18.5% | 0.0 p.p. |

[1] Each contact represents full service offered to a patient.

# DIAGNOSTIC MEDICINE

In the field of diagnostic medicine, Einstein invests permanently to improve the services provided. The Operational Technical Center (NTO) concentrates most of the clinical analysis examinations from Einstein's outpatient network and other institutions.

Located at km 17 of Raposo Tavares (SP) highway, the NTO received an investment of around R$ 50 million and houses new equipment, instruments and methodologies that will allow greater speed in processing, cost reduction and an increase in the exam portfolio. One of the great differentials is the automation conveyor belt, which combines equipment capable of conducting biochemistry, Immunology, hematology and molecular biology exams in a single structure. It is the first experience of this kind in the world, integrating equipment from different manufacturers, such as Roche, Abbott, Thermofisher, Tosoh and Werfen, into a single conveyor.

At the start, there will be 20 integrated analyzers, with the possibility of reaching 29, if the demand for laboratory tests increases.

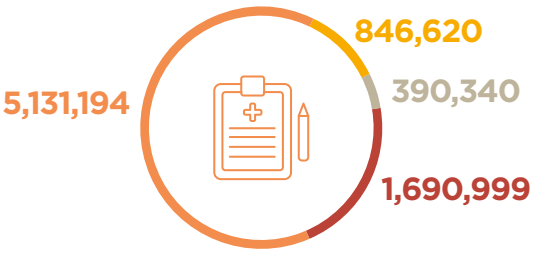
## Genomics Laboratory

Einstein also offers a broad portfolio of genetic sequencing exams in its genomics laboratory, with quality standards comparable to those of international reference centers. The genomics tests have been applied mainly in the areas of Oncology, Hematology, Cardiology, Neurology and hereditary diseases, and have the potential to revolutionize current medical practice, by predicting the risk of disease and targeting customized treatments based on each person's genetic background.

For example, Einstein performs complete Exoma sequencing, which maps all the patient's genes and makes it possible to identify the presence or non-presence of genes linked to certain diseases. In addition to enabling preventive actions, Genomics is also used to guide treatments. This is the case with tests that analyze tumor genetics and help in decision making about the best treatment and specific drug to be used

TESTS PERFORMED (2018)

**Total: 8,059,153**




- Supplementary and private health
- *Hospital Municipal M'Boi Mirim – Dr. Moysés Deutsch*
- *Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho*
- Mogi das Cruzes Municipal Hospital

# PERSONALIZED MEDICINE

In order to extend access to state-of-the-art tools that allow more accurate prevention, diagnosis and treatment, in 2018 Einstein inaugurated the first Personalized Medicine Center in a hospital in Latin America. This evolution operates in tandem with Einstein's genetic counseling center, Genomika Einstein and clinical areas in the Hospital.

Made up by a cutting-edge genetic lab, a group of geneticists who are highly qualified and a bioinformatics and IT area responsible for data analysis, the Center is able to provide support for different clinical specialties, such as rare diseases, neurology and oncology. Among the tests offered are tools for detecting the origin of congenital malformations, diagnosis of rare diseases, and indication of drugs for cancer treatment and detection of hereditary risk for cancer.

or pharmacogenetic tests that by analyzing the person's genes, can provide valuable information to the medical team on the risks of side effects and assist in defining the type and dose of the drug.

In partnership with GnTech, a startup from Florianópolis (SC) specialized in pharmacogenetics, the institution develops new technologies and research in the area of pharmacogenomics of psychiatric drugs. GnTech is one of the companies installed at Eretz.bio, Einstein's startup incubator (*read more on page 54*).

With Neoprospecta, also incubated at Eretz.bio, Einstein maintains a partnership that aims to accelerate the development of tools that use cutting-edge technologies for the control of Health Care Associated Infections (HCAIs), and that today have already become a part of the routine at healthcare institutions, such as hospitals and clinics, as well as expand the use of these technologies in clinical practice. The company has consolidated knowledge in bioinformatics and develops technologies to identify and analyze microorganisms and mechanisms of microbial resistance to antimicrobials. With the partnership, the startup can now rely on all the know-how and technical support offered by Einstein's medical community to improve its technology and help guide new approaches and applications.

The laboratory uses the Varstartion platform, a software developed at Einstein, to perform customized analysis of genetic sequencing. The platform is hosted online and serves several universities and organizations from different parts of the world (*see page 54 for more information*).

## Pioneering

Through Genomika Einstein, Einstein is the first hospital in the country to make the method that analyzes the amount of genetic material within embryos generated by in vitro fertilization available. The PGT-A test allows embryos to be identified with the correct number of chromosomes – 46 – in order to choose the embryo with the best chance of being successfully implanted and lead to a successful pregnancy, reducing the stress caused by repeated attempts. The information also represents an important aid for couples that are exposed to an increased risk of chromosomal abnormalities in the fetus.

# ONCOLOGY

The integrated care model is an important differential of Einstein's Oncology and Hematology Center. The synergy and complementarities between the different subspecialties – surgery, oncology, oncology clinic, pediatrics, geriatrics and dental care, radiation therapy, nutrology, nutrition, rehabilitation, physical therapy, psychology, psychiatry, integrative medicine and palliative care – ensure agility and efficiency, as well as cover all stages, from diagnosis to post-treatment.

In 2018, the model was perfected with the launch of the Survivorship program, a pioneering initiative in Latin America focused on patient welfare after successful treatment. The proposal is to support the transition from the "being sick" condition to the new level of "normal life" that is established after a battle against cancer.

The program involves a team of professionals in the areas of body therapy and health coaching, integrative medicine, nutrition and psychology, in addition to a nurse who is responsible for "navigating" through the various steps of care. The service follows an individual care plan and discusses various aspects, which can be organic, such as the development of diseases associated with the toxicity of some chemotherapy drugs, or weight changes, for example, and even behavioral issues, such as low self-esteem or difficulty in relationship with ones partner due to changes in the body after cancer treatments.


## Einstein Oncology and Hematology Network

The initiative that started with a scientific technical agreement evolved into an association that promotes the exchange of protocols, development of processes and personnel, actions that benefit patients, as well as joint scientific production. Five clinics and hospitals are already part of the Einstein Oncology and Hematology Network, which aims to disseminate Einstein's world-class quality to all regions of Brazil through the association with local healthcare institutions recognized for their excellence.

The members of the network are located in the states of Bahia, Pará, Paraná and Sergipe, as well as the Federal District.

## INTERNATIONAL PARTNERSHIP

Einstein maintains a consulting and education service agreement with the MD Anderson Cancer Center, a world-class reference in oncology. The agreement also allows for the use of the institution's trademark. The partnership promotes the exchange of knowledge and drives better clinical outcomes. Einstein professionals have access to the database and other sources at MD Anderson for research and sharing of scientific content.

## INTEGRATED SERVICE MODEL

- Cancer surgery
- Oncology: clinical, pediatric, geriatric and dental.
- Radiation
- Nutrology
- Nutrition
- Rehabilitation
- Physical Therapy
- Psychology
- Psychiatry
- Integrative medicine
- Palliative care

**EINSTEIN DEVELOPS VARIOUS EDUCATION INITIATIVES IN THE HEALTHCARE AREA, INCLUDING THE FOLLOWING TYPES OF COURSES: TECHNICAL, TECHNICAL TRAINING AS PART OF THE HIGH-SCHOOL CURRICULUM, UNDERGRADUTE DEGREE, POST-GRADUATE (*LATO SENSU*), RESIDENCY, MBA, MASTERS DEGREE, POST-GRADUATE (*STRICTO SENSU*) DEGREE, INSTITUTIONAL TRAINING AND IN COMPANY PROGRAMS.**

# EDUCATION

Einstein's initiatives in healthcare education and professional training, focus on meeting the needs of the health care sector and include leadership and management content. The portfolio is composed of the following courses: technical, technical healthcare training as part of the high-school curriculum, undergraduate courses in Medicine and Nursing, post-graduation (*lato sensu* - specialization), MBA (Master in Business Administration), master's degree, post-graduation (*stricto sensu*), medical and multiprofessional residencies, as well as refresher courses, institutional and in company programs. Einstein operates education units in São Paulo, Rio de Janeiro, Belo Horizonte and Curitiba, the last one in partnership with *Universidade Positivo*, and also offers distance-learning courses.

In 2018, more than 27 thousand students participated in Einstein courses, and the scientific events held by the institution gathered more than 38 thousand people.

Einstein's Technical School, which will have been in operation for 30 years in 2019, introduced two new technical courses integrated into the high school curriculum focusing on healthcare: Healthcare Administration Technician and Nursing Technician. Each course has a total of 4,200 hours over three years.

The educational project provides the training of young professionals committed to humanized care, focused on quality of care and patient safety, preparing students to respond to future demands of the public or private healthcare market.

Another differential is the possibility for the student to have professional guidance through the "Career Management "Discipline offered to students in the first year of High School.

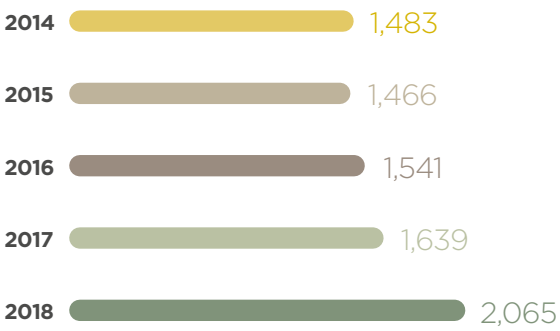
Of the students enrolled in the first class, 40% will be awarded scholarships (up to 70% discount), granted on the basis of family income criteria and ranking in the selection process. The internships, which will be compulsory in both courses, will be done at Einstein and partner institutions..

*MAIS SAÚDE* PROGRAM

# EDUCATION FOR HEALTH

At the beginning of 2019, a pilot Health Education Project will be offered to primary school children, aged 6 to 10, who study in the municipal education network, in first grade classrooms at three schools from the Campo Limpo School District. The idea is to build a basic curriculum to guide teachers and empower them in specific themes and educational activities, such as personal hygiene, nutrition, physical activities, mental health and citizenship for health. The Vida em Saúde project is geared toward fifth grade students, addressing the prevention of teenage pregnancy, use of psychoactive substances and violence-related issues.

PAULISTA UNIT - STUDENTS




## Expanded structure

The Paulista teaching unit, which has been operating at a new address since the second half of 2017, had its capacity fully occupied and required another floor to accommodate the students. The new building features modern facilities, with a laboratory, library and Einstein Image Academy. At the Francisco Morato Unit, the new additions as of October 2018 were: eight new classrooms, a laboratory, surgery room, four study rooms, a cafeteria and an open space for student interaction.


## LEADERS' FORUM

The 5th edition of the Healthcare Sector Leaders' Forum, promoted by Einstein in São Paulo, has confirmed the importance of the event as a unique and conducive occasion for discussion among the main leaders of the national healthcare system. The initiative aims to map out the challenges and analyze the role of different organizations, in search of the best solutions for the segment, with the exchange of experiences, with the purpose of developing a new management model that is more efficient and sustainable. Three themes underpinned the discussions: access to healthcare, sustainability of the sector and the role of healthcare professionals in an evolving world.

## Satisfaction surveys

Einstein periodically monitors the perception of the services provided to users, partners and students. Along with the annual surveys (*see table*), in 2018, surveys conducted with former students from the Professional Masters degree were added. 43 students were invited; 28 in the group responded. The degree of satisfaction was 7.8 (scale from 0 to 10) and the Net Promoter Score (NPS – scale from 100 negative to 100 positive) was 32. Other results obtained from the specific survey with former students:

- 37.5% of respondents experienced changes in professional activity; 78% of them attribute the change to the course taken;
- Two out of three obtained work after completion of the course; everyone believes that the training diploma contributed to this;
- 56% performed scientific production after completing the course and 78% considered that the research carried out contributed to modify or improve their professional practice;
- The proportion of professionals acting as teachers increased by 22 percentage points in the comparison between before and after the course; and
- 84% of respondents would go back to studying at Einstein.

### ANNUAL STUDENT SATISFACTION SURVEY[1]

| | 2016[2] | 2017 | 2018 |
|---|---|---|---|
| Average Satisfaction[3] with the course | 9.3 | 9.2 | 9.2 |
| Net Promoter Score (NPS)[4] | 77 | 79 | 82 |

[1] General results from Education areas.
[2] Data for 2016 do not include undergraduate Medical students.
[3] Scale from 0 to 10.
[4] Scale from -100 to +100.

## MODALITY

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Technical courses | 665 | 688 | 713 | 786 | 10.2% |
| Undergraduate Nursing | 193 | 195 | 246 | 282 | 14.6% |
| Medical School[1] | 0 | 100 | 197 | 297 | 50.8% |
| Refresher courses | 3,104 | 2,979 | 1,924 | 2,607 | 35.5% |
| Distance learning courses | 2,228 | 3,524 | 5,710 | 6,119 | 7.2% |
| Training in the Realistic Simulation Center | 9,094 | 10,351 | 11,636 | 12,881 | 10.7% |
| Lato sensu postgraduate courses | 3,308 | 3,667 | 4,002 | 4,458 | 11.4% |
| Master in Nursing | 32 | 38 | 33 | 40 | 21.2% |
| **Total students** | **18,624** | **21,542** | **24,461** | **27,470** | **12.3%** |
| Scientific events | 11,969 | 12,555 | 14,532 | 10,979 | -24.4% |
| **Total students and scientific event participants** | **30,593** | **34,097** | **38,993** | **38,449** | **-1.4%** |

[1] Started in 2016.

# QUALITY AND TEACHING PRACTICES

In undergraduate courses, Einstein relies on an innovative teaching method, which includes practical and group activities, case studies and experiences with the simulation of real cases. The purpose is to promote, from the very beginning, a more intense interaction of students with the dynamics of patient care. The Team Based Learning (TBL) methodology applies concepts to cases, with prompt feedback from teachers to students, who have early access to content (online).

In the **Medicine** course, which completed its third year in operation in 2018, the curriculum is aligned with the Triple Aim governance model and combines technical and management knowledge, aiming at the formation of medical leaders. In 2018, the learning structure was expanded with the construction of new spaces at the Municipal Hospital Vila Santa Catarina - Dr. Gilson of Cassia Marques de Carvalho, which Einstein operates for the Unified Health System (SUS). Two new study rooms were installed, in addition to a library, video library, living space and an environment for the exchange of ideas between teachers and students, called "internship camp".

With a focus on practical action, over the course of 30 years, the degree in **Nursing** has improved the quality of teaching and achieved a score of 5 (maximum) in the last National Student Performance exam (Enade), carried out by the Ministry of Education (MEC). The course includes 1,200 internship hours, one third more than is established by MEC, in addition to scientific monitoring and initiation practices, which enrich the learning process.

## Well-being

Undergraduate students in Nursing and Medicine now have a new opportunity to be together for sports and leisure practices: the Einstein Center for Sports and Well-being (CEEBE), opened in November 2018. The space is designed to stimulate habits that help to maintain the good physical and mental health of students. The CEEBE has almost 2.2 thousand square meters and has multifunctional courts, a gym and an area where students can mingle, as well as a schedule of classes like yoga, meditation and mindfulness, functional exercise and dance. The site will also allow for the preparation of the institution's athletes for the University Games.

### FOUNDATION STONE

In late 2018, Einstein laid the foundation stone for the New Albert Einstein Center for Education and Research – Cecilia and Abram Szajman campus, located on land near the Morumbi unit. The project shows Einstein's commitment to promote improvement in health in the country through the generation and dissemination of knowledge.

The Center is scheduled to open in 2021 and will host students from the *Faculdade Israelita de Ciências da Saúde Albert Einstein* and researchers from Einstein.

# CONSULTANCY

In 2018, Einstein's consulting model was redesigned into a more customized format, with new solutions to meet customers' needs. The new value proposal, focused on quality, sustainability, targeting investments and innovations for healthcare organizations, was put into practice in public and private sector projects in different regions of Brazil.

The consulting work allows Einstein to share successful experiences and good management practices with the teams from the organizations served, in search of the most appropriate solutions for each case.

Also, in keeping with the purpose of contributing to the transformation of healthcare management in Brazil, the consultancy leads a project included in the Institutional Development Program of the Unified Health System (PROADI-SUS), with the goal of improving the management processes related to aspects of planning, operational efficiency, economic and financial control, healthcare quality and patient safety. The implementation schedule for the actions will be developed during the period between 2018-2020, and covers 200 hospitals in the Unified Health System (SUS), spread throughout the country.

Einstein has already carried out 150 consulting projects in healthcare organizations with a focus on:

- Accreditation and certification
- Safety
- Investment
- Human resources and people management
- Operational efficiency
- Productivity
- Strategic planning and management


Centrifuge 5430 R



**PROFESSIONALS FROM VARIOUS AREAS IN EINSTEIN, HIRED RESEARCHERS, MASTERS DEGREE AND POST-DOCTORATE STUDENTS.**

# RESEARCH

The Israeli Institute of Education and Research (IIEP) completed 20 years of operation in 2018, with important results in terms of quality and quantity of scientific production. There were 738 articles published during the year, 492 in indexed journal with an impact factor above 1. In 2018, 298 researchers from the Institution had approved and ongoing projects.

The total citations from articles published by Einstein reached 3,008, an increase of 15% compared to 2017. The high average of citations, about three times the national average, is a differential of Einstein's scientific production and an important indicator of the quality and relevance of the studies. According to data[1] released by the Coordination of Improvement of Higher Education Personnel (CAPES), scientific studies in Brazil receive an average 0.8 citations per year; in Einstein's production, the average is 2.1.

The concentration area of the research is aging and involves several specialties, such as cardiology, endocrinology, gynecology, immunology and immunogenetics, infectology, hepatology, orthopedics and rheumatology, nephrology, neurology, ophthalmology, oncogenetics and oncology.

In addition to expanding the boundaries of knowledge, supporting evidence-based medicine and generating innovation, research work plays a key role in the culture of continuous improvement and the search for excellence that drives Einstein. Advances in knowledge generation are developed through a broad portfolio, which covers teaching initiatives, basic research, experimental research, clinical research, service provision and interfacing with internal and external innovation projects.

Expenditures reached R$ 36.5 million for the year. Of these, R$ 33.9 million is related to Einstein's investments and expenses with innovation (Opex and Capex — *see graph on page 52*) and R$ 2.6 million came from external sources (through donations and grants — *see graph on page 53*).

[1] Source: *Research in Brazil*, from *Clarivate Analytics* – research ordered by CAPES. Related to 2011 to 2016 average.

EINSTEIN'S SCIENTIFIC INTEGRITY COMMITTEE OVERSEES THE QUALITY OF THE INSTITUTION'S SCIENTIFIC PRODUCTION AND RESEARCH PROCESSES.

## External evaluation

In a periodic and systematic way, Einstein subjects its research efforts to evaluations from external organizations. Two of them were conducted in 2018.

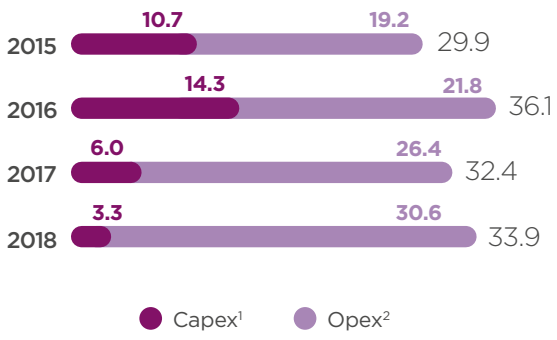
One of them is the Scientific Advisory Board (SAB), a group of notables invited by Einstein to offer a strategic look and suggest ways of developing its objectives, in analysis process carried out every four years. The SAB is made up of six internationally renowned researchers working in the United States, Israel and countries in Europe and Asia; the president is professor Sydney Brenner, winner of the 2002 Nobel Prize in Physiology and Medicine, who died on 04/05/2019. The SAB advisory is a common practice in world-class research institutions around the world, but in Latin America Einstein was the first to adopt it in 2010.

Focusing on the individual analysis of the various aspects of the researchers' scientific career and its consistency with the institution's research line, Einstein also has an External Evaluating Committee, composed of four researchers who are national references in the areas of Experimental, Clinical and Translation Research. The committee convenes every three years and offers short-term tactical guidance to improve Einstein's body of researchers.

## Ethics in science

Einstein was the first research institution in Latin America to create a Scientific Integrity Committee in 2016. The committee consists of four members representing Hospital Israelita Albert Einstein — Diagnostic and Outpatient Medicine, Teaching and Research areas. Its function is to ensure the quality of scientific production and the research process. In addition to checking the cases coming from the complaints channel, the committee conducts a wide-ranging audit — from ongoing projects to newly published studies — to ensure compliance with strict quality criteria and alignment to international standards of ethical conduct in scientific production. During 2018, nearly 30 audits were carried out, which resulted in a strengthening of researcher's awareness of best practices in research and scientific publication.

RESEARCH — EINSTEIN EXPENSES AND INVESTMENTS (R$ MILLION)



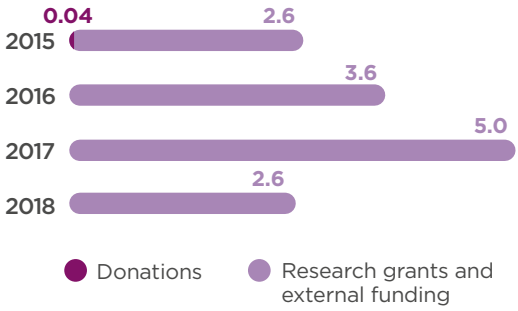

[1] **Capex:** investment in capital goods includes acquisition of specific equipment for the scientific research activity, in addition to work done for expansion and adaptation of facilities.
[2] **Opex:** refers to the cost associated with equipment maintenance and consumable expenses, as well as qualified labor and other operating expenses required for scientific research activity.

## RESEARCH AND INNOVATION

| RESEARCH PROJECTS | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Projects started | 221 | 230 | 262 | 243 | -7% |
| Projects under development[1] | 268 | 279 | 322 | 328 | 2% |
| Finished projects | 116 | 159 | 162 | 215 | 33% |
| **Total** | **605** | **668** | **746** | **786** | **5%** |

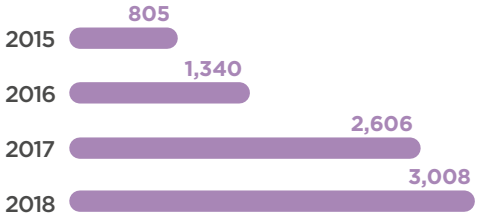
[1] Projects started in previous years that were still being developed during that specific year.

## RESEARCH– EXTERNAL INVESTMENTS (R$ MILLION)[1]

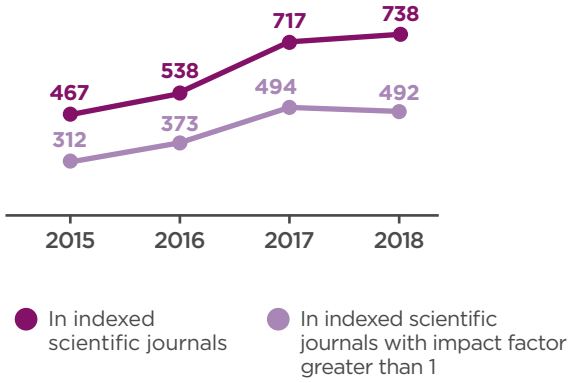



[1] Amounts refer exclusively to research projects funded by development agencies and/or companies through competitive processes or submitted to peer evaluation. Does not include clinical studies sponsored by the pharmaceutical industry.

## ARTICLE CITATIONS FROM EINSTEIN RESEARCHERS




## ARTICLES PUBLISHED BY EINSTEIN RESEARCHERS




**Note:** the impact factor represents the average of citations, in scientific studies or articles, of contents published by a journal. The calculation is made annually based on the publications of the previous two years, following the formula: total citations obtained in the year divided by the total of articles published by the journal in previous two years.

# Academic Research Organization

Early in 2018, the Einstein Center for Clinical Research became an Academic Research Organization (ARO).

A common practice in the world's major health centers, Einstein ARO is the first organization of its kind in Brazil and its creation was inspired by and modeled after the best healthcare systems and universities in the world. It operates in alignment with Einstein's other innovation and knowledge generation structures, in search of more efficient models for conducting large-scale clinical research.

From ARO, Einstein coordinates the entire process directly, from designing the research to publishing the results in high impact scientific journals. The publications will provide international visibility to the work, making Einstein a reference in relation to clinical research that changes the practice and recommendations of healthcare guidelines.

ARO is capable of providing services such as Academic Leadership, center management, data management, statistical analysis and validation of clinical events, among others. The unit has partnerships with multinational pharmaceutical companies — such as AstraZeneca, BMS, Amgen, Novartis, Abbvie — and national ones — such as Libbs and Eurofarma. These partnerships represent an important step in the research scenario in Brazil, because they join an academic center to world-class companies with the purpose of developing scientific studies relevant for the country in different medical specialty areas, such as cardiology, hematology, oncology, neurology and diabetes.

Other important partners are the Ministry of Health and the Secretariat of Science, Technology and Strategic Commodities. In addition to contributing to the National Clinical Research Plan, ARO develops large-scale clinical studies under the program for Institutional Development of the Unified Health Care System (PROADI-SUS). The goal is to identify responses to the burden associated with chronic diseases in Brazil, such as hypertension, diabetes, cardiovascular diseases and stroke.

# INNOVATION

Throughout 2018, the Eretz.bio incubator has established itself as an important Brazilian hub of innovation aimed at creating new products, services and technologies in the area of Healthcare. Opened in late 2017, it has around 30 startups, and half of those are physically incubated at Eretz.bio. The structure houses offices, meeting and interaction rooms and an auditorium, occupying an 800-m2 area in São Paulo.

With a free lecture schedule, Eretz.bio monthly receives hundreds of visitors, among them students, doctors, researchers, healthcare professionals, entrepreneurs, investors, industry professionals and government agency representatives from areas related to health, research and innovation.

In October, Einstein promoted the 2nd International Meeting on Entrepreneurship and Innovation in Health Care, with the aim of encouraging interaction between leaders of the healthcare and technology sectors, reference hospitals, public agencies and entrepreneurs. The meeting is considered the largest event of its kind in Brazil. The presentations were organized in blocks, each of them addressing a major healthcare theme and pointing out trends (according to the experts) and solutions (suggested by startups). Parallel to the meeting, the 8th Einstein Startup Circuit was held — a space dedicated to companies selected by Eretz.bio to expose their technology solutions for healthcare.

And with all eyes glued on the internationalization of the initiatives sponsored by Brazilian hub, in June an agreement was signed with Plug and Play Cleveland Innovation Platform, a global acceleration program that connects startups, corporate partners and investors from around the world. The main accelerator in the U.S. healthcare area, Plug and Play can serve as a bridge in the globalization of the startups supported by Eretz.bio in Brazil.

## Companies, industry and research

Throughout 2018 the pharmaceutical industry became closer to Eretz.bio through partnerships. The interest of Brazilian and international pharmaceutical companies is the possibility of working with startups that can design new solutions for the Healthcare area, and with the support of ARO (*find out more on page 53*).

*MAIS SAÚDE* PROGRAM

# IN THE MARKET

Some innovation products created by Einstein are already on the market as solutions for the challenges faced by health care institutions, among them:

- Present in more than 100 hospitals in Brazil, **Escala** (https://www.escala.app) is a tool for planning and managing work shifts and schedules. In addition to organizing the team, the online platform makes communication between managers and on duty physicians and works much easier, and generates data and reports for the institution. Among the features offered, these stand out: a dashboard for the shift organizer with access via the app, shift exchanges among the team, as well as warnings about new schedules, ads and exchanges. Everything is updated in real time. Automatic reports are generated for managers and the daily schedule is available for the entire hospital.
- The **Varstation** (https://varstation.com) is a platform for processing and custom analysis of genetic sequencing used by Einstein, Genomika Einstein and a few startups. Einstein invested in the startup and it is being successfully tested in some big labs in Brazilian universities, such as the University of São Paulo (USP), Universidade Estadual de Campinas (Unicamp) and Federal University of Minas Gerais (UFMG), University of Chile, and organizations in India and Europe. The Varstation allows the report drafted by the geneticist to be more assertive, by combining several databases. Based on the genetic sequencing, risks, preventive measures, diagnosis and treatment can be determined for each patient. Laboratories using the platform do not need to have any physical servers. In addition, it is a multi-language system, able to connect with any DNA sequencer, which eliminates depending on a single supplier.


**ERETZ.BIO**

Einstein's startup incubator, created in 2017, supports 30 innovation-oriented companies in the development of healthcare products, services and technologies. Half of them are physically installed in the office, located in São Paulo.

## Other structures

Besides Eretz.bio, which focuses on the external aspect of innovation, Einstein also has two internal innovation structures: the Innovation Laboratory and the Center for Technological Innovation (CIT). The first brings together professionals from various backgrounds, such as engineers, computer scientists, designers and information architects, who develop healthcare-based technological products. The Innovation Lab has been accredited since 2017 by the Committee in the Area of Information Technology (CATI), of the Brazilian Ministry of Science, Technology, Innovations and Communication (MCTIC), to run research projects with resources from the Informatics Law (Law no. 8.248/1991 and Decree no. 5906/2006).

The CIT develops projects with innovation potential in different areas of Einstein, in addition to supporting the raising of resources to finance researchers and manage the intellectual property of the organization.

By the end of 2018, Einstein had four industrial designs and was awaiting the registration of 49 patents.

## Homegrown talent

Both the Escala app and the Varstation platform were created by professionals connected to Einstein, who are members of the clinical staff, healthcare, information technology and

bioinformatics professionals, researchers and graduate or postgraduate students. The same applies to four other supported startups: Medway, focusing on the practical activities of teaching during Medical Residency; Rad2, focused on the automation of quality control of MRI exams, accredited by the American College of Radiology (ACR); Hefesto, dealing with orthopedics; and the Osler teaching platform, in prototype stage.


Caixa

THE INVESTMENT OF THE INSTITUTION'S OWN RESOURCES IN CORPORATE SOCIAL RESPONSIBILITY PROGRAMS, BESIDES PHILANTHROPY AND SOCIAL MOBILIZATION INITIATIVES, EINSTEIN PUTS INTO PRACTICE ITS COMMITMENT TO SOCIAL JUSTICE.

# VOLUNTEERS

The history of Einstein's Volunteer Department began in 1959, when a group of the wives of doctors and businessmen who idealized the construction of the Hospital gathered to raise funds for its construction. Since then, their initiatives have been based on the pillars of humanization of care, social transformation and generation of knowledge, focusing on excellence and empowerment of the communities served.

In 2018, there were 573 active volunteers, a 7% increase compared to the previous year. From the youngest, 15 years old, to the eldest, 94 years old, each one gave of their time, affection and attention to the various activities promoted in the Institution.

Two new sectors were created — Doulas and Patient Support — in the Ibirapuera Unit, totaling 67 sectors in six units: Morumbi, Paraisópolis, Vila Mariana, *Hospital Municipal M' Boi Mirim-Dr. Moysés Deutsch*, *Hospital Municipal Vila Santa Catarina-Dr. Gilson of Cassia Marques de Carvalho* and Outside units (Alphaville, Perdizes and Ibirapuera).

The Doulas sector was created from a partnership with the São Paulo Municipal Health Secretariat (SMS) and is based on municipal law no.16.602 from December 23, 2016, which provides for the permission of the presence of a doula during the entire labor period and after the birth, whenever requested by the mother in maternities and public hospitals. The goal is to humanize the delivery and childbirth care in the Unified Health System (SUS). Volunteers interested in acting as doulas were trained by the SMS and started their activities at the Hospital Municipal M' Boi Mirim-Dr. Moysés Deutsch in February. Throughout the year, they performed in 389 births.

**THE PILLARS OF HUMANIZATION IN HEALTH CARE, SOCIAL TRANSFORMATION AND GENERATION OF KNOWLEDGE GUIDE THE ACTIVITIES OF THE VOLUNTEER DEPARTMENT AT EINSTEIN. IN 2018, THE ACTIVITIES MOBILIZED 573 VOLUNTEERS AND GUARANTEED 363.8 THOUSAND SERVICES TO BE CARRIED OUT IN 67 SECTORS.**

## Quality and satisfaction

The Quality Management System, implemented in 2002 in the Volunteer Department and certified by ISO 9001, allows for the systematic monitoring of management indicators. The coverage index in shifts in 2018 was 88%; the presence index was 87% and the turnover was 14%.

In 2018, a survey was carried out with the patients served with the objective of evaluating the degree of satisfaction and identifying opportunities for improvement. For 93% of those interviewed, the experience with volunteers was positive and had great value and 90% said they were positively surprised.

## SERVICES CARRIED OUT BY VOLUNTEERS

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Morumbi, Perdizes and Alphaville Units | 234,928 | 248,741 | 235,265 | 213,068 | -9.4% |
| Paraisópolis Unit[1] | 64,392 | 62,324 | 64,666 | 40,718 | -37.0% |
| Vila Mariana Unit[2] | 26,504 | 27,604 | 29,314 | 36,500 | 24.5% |
| Hospital Municipal M'Boi Mirim | 66,260 | 66,190 | 62,120 | 64,834 | 4.4% |
| Hospital Municipal Vila Santa Catarina[3] | – | 4,403 | 7,894 | 8,658 | 9.7% |
| **Total** | **392,084** | **409,262** | **399,259** | **363,778** | **-8.9%** |

[1] Includes: Einstein Program in the Paraisópolis Community (PECP) and Outpatient Healthcare Centers (AMA) Paraisópolis.
[2] Includes: Residencial Israelita Albert Einstein (RIAE) e Einstein Program in the Paraisópolis Community (PECP).
[3] Service started in 2016.

## VOLUNTEER DEPARTMENT NUMBERS

67
PERFORMANCE SECTORS

363,778
SERVICES CARRIED OUT

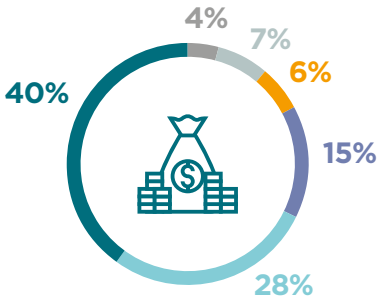
AVERAGE: 16 h/month
PER VOLUNTEER

110,016
HOURS OF WORK DURING THE YEAR


**Total: 573**

- Women
- Men

FINANCIAL SUPPORT[1]




**Total: R$ 2,871,262**

- Einstein Program in the Paraisópolis Community (PECP)
- Hospital Municipal M'Boi Mirim
- Residencial Israelita Albert Einstein (RIAE)
- Hospital Municipal Vila Santa Catarina
- Basic Health Units (UBS)
- Therapeutic Residence Services (SRT)

[1] Rendered to the Units by the Volunteer Department.

# YOUNG VOLUNTEER PROGRAM

Since 2016, 15 to 20-year-olds have been encouraged to volunteer at Einstein. In 2018, the program featured 15 volunteers, who performed digital inclusion, art, entertainment and cultural activities aimed at children and teenagers in the Paraisópolis community, and crafts, music, dance and entertainment activities with the elderly at the Residencial Israelita Albert Einstein (RIAE) home.

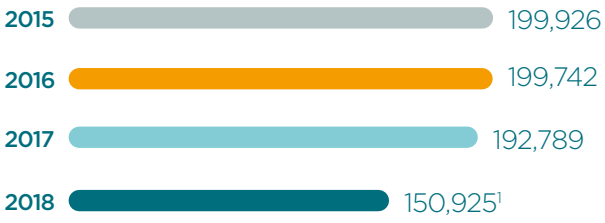
# EINSTEIN IN THE PARAISÓPOLIS COMMUNITY PROGRAM

In Paraisópolis, a neighborhood close to the Morumbi unit, Einstein has been working for 20 years with the Einstein in the Paraisópolis Community Program (PECP), which integrates education, social service, sports, arts, communication and healthcare.

The neighborhood, located in the South Zone of São Paulo, concentrates about 80,000 residents and is characterized by poor housing and infrastructure conditions, a low-income profile and vulnerable population.

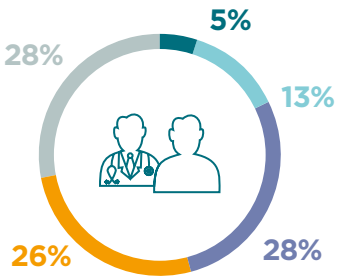
With its own resources, donations and the dedication of volunteers, Einstein's actions aim to strengthen the local community. To carry out multidisciplinary healthcare services at the Center for Social Promotion and Attention (CPAS), the Institution invested more than R$ 7 million of its own resources in 2018. Einstein's volunteer department also promotes various activities on site, such as professional training, arts and crafts, music, dance and theater workshops, as well as the practice of sports.

## HEALTH CARE SERVICES AT THE CPAS




[1] Details included in the table on page 61.

## HEALTH CARE SERVICES AT CPAS (2018)




**Total: 150,925**

- Health center
- Social center
- Education center
- Art and communication center
- Sports center

## THE EINSTEIN PROGRAM IN THE PARAISÓPOLIS COMMUNITY (PECP) – CENTER FOR HEALTHCARE AND PROMOTION

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Health center | 49,087 | 45,901 | 38,386 | 7,358[1] | -80.8% |
| Social center | 20,325 | 17,669 | 18,733 | 20,038 | 7.0% |
| Education center | 40,321 | 41,946 | 38,687 | 41,859 | 8.2% |
| Art and communication center | 39,859 | 37,564 | 41,166 | 39,470[2] | -4.1% |
| Sports center | 50,334 | 56,662 | 55,817 | 42,200[3] | -24.4% |
| **Total** | **199,926** | **199,742** | **192,789** | **150,925** | **-21.7%** |

[1] Starting in August 2018, the services offered by the center – except for the Maternal-Infant Program – started to be counted as part of the partnership with the São Paulo city government (*see page 25*).

[2] The workshops were interrupted between June and mid September, when the facilities were remodeled.

[3] During the last quarter of the year, the handball, capoeira, rugby and taekwondo activities were no longer included in the sports center activities and became a part of the Mapfre project.

# PHILANTHROPY

The precepts of Judaism which inspired Einstein's foundation – *mitzvah* (good deeds), *refuá* (health), *chinuch* (education) and *tsedaká* (social justice) are still the guiding principles of the many philanthropic and social development initiatives carried out by the institution. The work is done with Einstein's own resources.

## *Residencial Israelita Albert Einstein (RIAE)*

Installed in a complex of 17,000 square meters, the RIAE is an important symbol of Einstein's social commitment. In addition to providing housing for the elderly, the unit offers meals, cleaning, washing of clothes, 24-hour caregivers, a staff of doctors and nurses, physical therapy and religious assistance to the residents.

The elderly participates in occupational and playful activities such as art therapy, music therapy, storytelling, parties, games and tours, which are conducted by Einstein's Volunteer Department team.

In 2018, the RIAE served 132 elderly people. Of these, 115 (87%) benefitted from total or partial payment exemption.

## Einstein in the Jewish Community Program

In partnership with the Brazilian Israeli Social Welfare Union (Unibes), Einstein offers hospital and medical care to elderly people who do not have access to health insurance. In 2018, the program extended care to 1,029 people.

## Donations

Einstein supports non-profit entities with the donation of financial resources, materials and equipment. In 2018, 14 organizations benefited from R$ 3,834,282.81.

# *AMIGOH*

Friends of Oncology and Hematology (AMIGOH) finances projects from social organizations and public institutions focusing on research, care and education in oncology. A scientific committee is responsible for the selection of initiatives. All the resources invested are raised by the Institution in fund-raising events and campaigns. Since the creation of the organization in 2012, more than R$ 3.3 million has been invested.

In 2018, AMIGOH allocated R$ 850 thousand for the operation of several projects. Here are some of the actions started during the year:

- Training in mammography for radiology technicians in the state of Piauí, in partnership with the non-governmental organization Americas Amigas;
- Survivorship — online educational web platform focusing on self-care for post-bone marrow transplant patients;
- Support for children and teenagers with cancer who receive palliative care, in partnership with the Associação Brasileira de Assistência às Famílias de Crianças Portadoras de Câncer e Hemopatias (Abrace) care organization;
- Granting scholarships to oncology professionals from health units registered by the Ministry of Health as High Complexity Oncology Care Units (UNACON) and High Complexity Oncology Care Centers (CACON) in the cities of São Paulo, Rio de Janeiro and Belo Horizonte; and
- Research in the area of transplants and other cancer treatment therapies, developed by Einstein.

From left to right: Sidney Klajner, President of Sociedade Beneficente Israelita Brasileira Albert Einstein; Meyre Klajner, Counselor of *AmigoH*; Ida Sztamfater, President of *AmigoH* and Claudio Lottenberg, President of The Deliberative Council of Sociedade Beneficente Israelita Brasileira Albert Einstein.

**ETHICAL AND RESPONSIBLE GOVERNANCE AND COMMITMENT TO THE QUALITY OF SERVICES GUIDE EINSTEIN'S MANAGEMENT AND CONTINUOUS IMPROVEMENT PROCESSES.**

# ETHICAL PERFORMANCE

Several processes guide the internal conduct and the improvement of the control dynamics at Einstein, focusing on compliance, risk management and auditing and monitoring.

## Compliance

The Ethics and Compliance Program advanced in 2018 with initiatives aimed at controlling conflicts of interest, managing related parties and improving guidelines related to corruption prevention. The flow of contract approvals with associated parties and related parties has been defined, with the aim of guaranteeing exemption and diligence in processes involving Einstein's business relationship with companies whose partners, executives or board members are or have any ties to key management personnel.

In 2018, the Institutional Manual of Ethical Conduct Guidelines and the Institutional Policy for Preventing Corruption were updated, with the inclusion of specific concepts and guidelines for the prevention of active and passive corruption in the Unified Health System (SUS) service units.

Guidelines on the operation of the Complaints Channel were documented in the Institutional Procedure for the Use and Management of the Complaints Channel. A wide-reaching campaign, in all units, and the distribution of a Pocket Guide with detailed guidance on the use of the tool helped to disseminate the document.

In the training activities, topics such as donations, sponsorships, compliance guidelines in purchasing processes and harassment were addressed, including realistic simulation scenarios for leadership training, with the aim of guiding the identification and conduct in cases that may occur in everyday life. In total, 12,577 employees were trained, which corresponds to 97.4% of the total employees at the institution. Communications on the subject reached 100% of employees, senior management and partners.

In 2019, Einstein plans to strengthen controls related to the management of conflicts of interest, related parties and supplier monitoring. The launch of a postgraduate course aimed at training compliance professionals in the healthcare sector, is also planned, which will offer potential benefits for the organization as a whole.

## Corporate Risk Management

In 2018 Einstein conducted a comprehensive assessment exercise for strategic, financial, operational and compliance risks, which resulted in the elaboration of 17 risk maps and 276 mitigation plans. The initiative aims to improve risk identification and evaluation, structure risk management by areas and strengthen the risk management culture.

The updating of the Risk Maps and the implementation of indicators for monitoring key controls and risk exposure are planned for 2019.

## Auditing and monitoring

The work involved the audit of various organizational processes, like the management of contracts, teacher payment flows, information security in the Cerner Millennium platform and procurement and assistance processes at *Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho*. In the course of the year, the action and monitoring plans were also monitored by means of audit indicators from previous work.

# SECTOR DISCUSSIONS

With a focus on the deepening of discussion related to ethical themes and the development of the healthcare sector, Einstein actively participates in compliance committees promoted by the National Association of Private Hospitals (Anahp), Brazilian Association of Diagnostic Medicine (ABRAMED) and Instituto Ética Saúde.

One of the highlights of the joint taskforce in 2018 was the publication of Code of Conduct for Anahp member hospitals and the ABRAMED Code of Conduct. The documents include all the ethical conduct standards and regulations for members of both organizations.

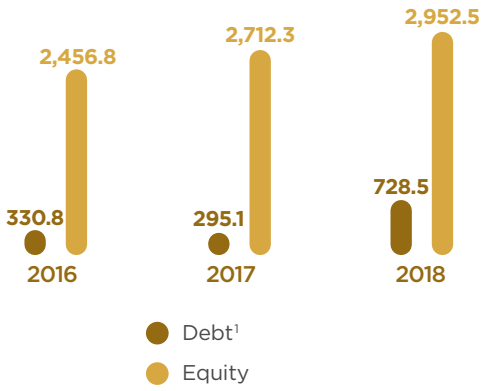
Einstein was also part of a work group responsible for mapping out risks in hospitals, an initiative of Instituto Ética Saúde, and participated in the I Workshop on Ethics and Compliance promoted by ABRAMED.

# FINANCIAL LIABILITY

In 2018, the net operating revenue reached R$ 2.825.7 million, an increase of 3.6% compared to the previous year. Operating costs and expenses, excluding depreciation and amortization, increased by 4.6% when compared to 2017.

Several cost and expense reduction programs have contained cost and expenditure growth, with emphasis on manpower reduction and operational efficiency improvement projects. The net operating result was R$ 195.6 million, 14.3% lower than the previous year. The surplus of the fiscal year was R$ 240.1 million, 6.0% lower than the previous year. The surplus before interest, taxes, depreciation and amortization (SBITDA) reached R$ 366.8 million, 2.5% lower than the previous year.

TOTAL FINANCING (R$ MILLION)




[1] Sum of current and long-term loans and financing.

## FINANCIAL COMMITMENTS ASSUMED[1]

| Aspect | Restriction | Calculation | Limit | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|
| Cash and financial investments | Minimum availability should be 15% of annual revenue. | Cash and investments/ net revenue | ≥ 15% | 26.8% | 28.1% | 44.6% |
| Indebtedness | Net debt cannot exceed twice the value of profit before interest, taxes, depreciation and amortization. | Net debt/ EBITDA | ≤ 2.0 | -1.0 | -1.3 | -1.4 |
| Leverage | Maximum participation of third party resources is limited to 30% of total assets. | Indebtedness/ total assets | ≤ 30% | 10.1% | 8.3% | 16.8% |

[1] In 2017 the financial commitments were reviewed.

## STATEMENT OF INCOME (R$ THOUSAND)

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| 1. Net operating revenue | 2,519,953 | 2,726,593 | 2,825,735 | 3.6% |
| 2. Operational costs and expenses | 2,299,781 | 2,498,434 | 2,630,110 | 5.3% |
| 3. Operating income (1-2) | 220,172 | 228,159 | 195,625 | -14.3% |
| 4. Financial result | 38,620 | 27,333 | 44,529 | 62.9% |
| 5. Year end results (3+4) | 258,792 | 255,492 | 240,154 | -6.0% |
| 6. EBITDA[1] | 341,103 | 376,115 | 366,809 | -2.5% |

[1] Earnings before taxes, depreciation and amortization.

## STATEMENTS OF VALUE ADDED (R$ THOUSAND)

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| **Direct economic value generated** | **2,585,465** | **2,779,217** | **2,882,047** | **3.7%** |
| Income[1] | 2,585,465 | 2,779,217 | 2,882,047 | 3.7% |
| **Distributed economic value** | **2,326,673** | **2,523,725** | **2,652,501** | **5.1%** |
| Operating costs[2] | 773,569 | 916,067 | 1,011,265 | 10.4% |
| Employee benefits and salaries[2] | 1,164,366 | 1,265,243 | 1,324,170 | 4.7% |
| Institutional Development Program for the Unified Health System (PROADI-SUS) | 273,964 | 243,122 | 233,577 | -3.9% |
| Investments in the community[3] | 57,290 | 54,014 | 48,923 | -9.4% |
| Financial expenses | 57,483 | 45,279 | 34,567 | -23.7% |
| **Cumulative economic value** | **258,792** | **255,492** | **229,546** | **-10.2%** |

[1] Sum of the net income and financial income, less deduction of allowance for doubtful accounts.

[2] The costs of basic care services provided by Einstein and reimbursed by the city of São Paulo are distributed in operating costs, salaries and employee benefits.

[3] These investments refer to expenditures on the Einstein Program in the Jewish Community, the Albert Einstein Residence and donations to welfare institutions. The financial philanthropy criteria were revised in 2018.

## BALANCE SHEET (R$ thousand)

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| Total current assets | 1,330,474 | 1,245,135 | 1,240,016 | -0.4% |
| Immobilized | 1,615,207 | 1,802,892 | 2,051,652 | 13.8% |
| Intangible | 205,455 | 233,510 | 256,788 | 10.0% |
| Other non-current assets | 111,114 | 268,852 | 784,208 | 191.7% |
| Total non-current assets | 1,931,776 | 2,305,254 | 3,092,648 | 34.2% |
| **Total Assets** | **3,262,250** | **3,550,389** | **4,332,664** | **22.0%** |
| Current liabilities | 466,973 | 526,740 | 550,032 | 4.4% |
| Non-current liabilities | 338,453 | 311,333 | 830,162 | 166.6% |
| Owner's equity | 2,456,824 | 2,712,316 | 2,952,470 | 8.9% |
| **Total liabilities and equity** | **3,262,250** | **3,550,389** | **4,332,664** | **22.0%** |

## FINANCIAL INDICATORS (R$ THOUSAND)

| | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| EBITDA[1] | 341,103 | 376,115 | 366,809 | -2.5% |
| Capital expenditure | 307,578 | 363,694 | 444,436 | 22.2% |
| Cash and cash equivalents | 675,338 | 766,602 | 1,259,040 | 64.2% |
| Net working capital | 239,184 | 159,776 | 123,390 | -22.8% |
| Total operational capital employed | 2,059,846 | 2,196,178 | 2,431,830 | 10.7% |

[1] Earnings before interest, taxes, depreciation and amortization,

## CAPITAL EXPENDITURE (R$ THOUSAND)

| Aspect | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|
| Land and building | 82,043 | 126,079 | 213,608 | 69% |
| Construction/buildings | 67,100 | 107,092 | 205,430 | 92% |
| Remodeling | 114 | ND | ND | 0% |
| Properties | 14,829 | 18,987 | 8,178 | -57% |
| Technology and automation | 110,582 | 109,980 | 136,943 | 25% |
| Systems and applications | 70,611 | 54,396 | 74,268 | 37% |
| Facilities and telephony | 28,848 | 30,111 | 22,340 | -26% |
| Computer equipment | 11,123 | 25,474 | 40,336 | 58% |
| Medical equipment | 88,694 | 82,379 | 54,731 | -34% |
| Machines and equipment | 14,804 | 36,929 | 27,268 | -26% |
| Furniture and utensils | 11,454 | 8,157 | 11,926 | 46% |
| Others | 0 | 170 | 0 | -100% |
| **Total** | **307,578** | **363,694** | **444,477** | **22%** |

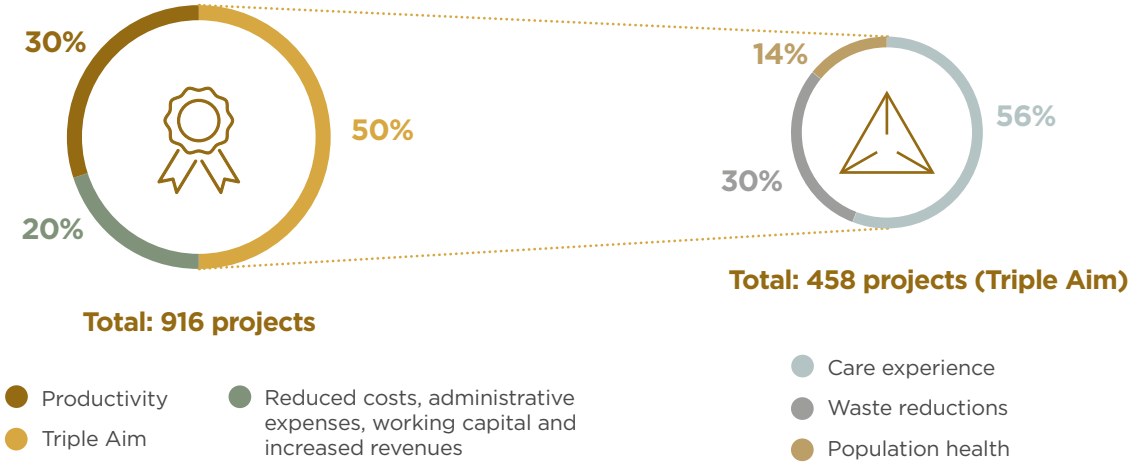
ND: data not available

# CONTINUOUS PROCESS IMPROVEMENT

The systematic work, with a focus on process improvement involves all areas of Einstein and is based on the Lean Six Sigma methodology, which aims to reduce waste, improve efficiency and increase the quality of products and services and the satisfaction of patients.

In 10 years of operation (2008 to 2018), 916 projects were carried out. Of these, 825 (90%) were completed by 2018, and 91 (10%) are currently in progress. Half of the initiatives focus on the Triple Aim governance model.

EINSTEIN OPERATIONAL EXCELLENCE PROGRAM




## EINSTEIN OPERATIONAL EXCELLENCE ACADEMY

The Einstein Academy of Operational Excellence develops projects in the area of Training and Consulting with a focus on the dissemination of knowledge. The initiatives aim to empower and engage professionals to actively participate in the process of continuous improvement, focusing on the efficient use of resources, increasing the quality of services and patient satisfaction.

**RESULTS (2018)**

- Graduate degree in Operational Excellence:
  - **11** NEW CLASSES
  - **6** BRAZILIAN STATES
  - **355** NEW STUDENTS
- **120** STUDENTS IN FACE-TO-FACE REFRESHER COURSES AND **60** IN DISTANCE LEARNING (DL)
- **5** MONITORED TECHNICAL VISITS
- **21,500** HOURS IN TEACHING ACTIVITIES
- **2** CONSULTANCY PROJECTS

# SUPPLY CHAIN

Einstein's supply chain is made up of 3,437 companies. The guidelines that marked the business relationship with partners in 2018 sought better trading conditions, operating in an increasingly efficient manner, reduce inventory and combat the waste of inputs and materials..

Creating a dedicated area within the Supply department has strengthened the management of sustainability aspects of supply activities. The objectives are to deepen Einstein's commitment to environmental protection and to identify opportunities to include aspects related to social and environmental performance among suppliers' distinguishing features.

Einstein shares its ethical values with suppliers — through the Institutional Manual of Conduct Guidelines and the Supplier's Manual — and stimulates good practices in the areas of quality, competitiveness and socio-environmental performance. Each year, critical or strategic suppliers are invited to conduct a self-assessment on tax, labor, social, environmental and legal issues. The survey provides quality information for risk management and the definition of improvement plans.

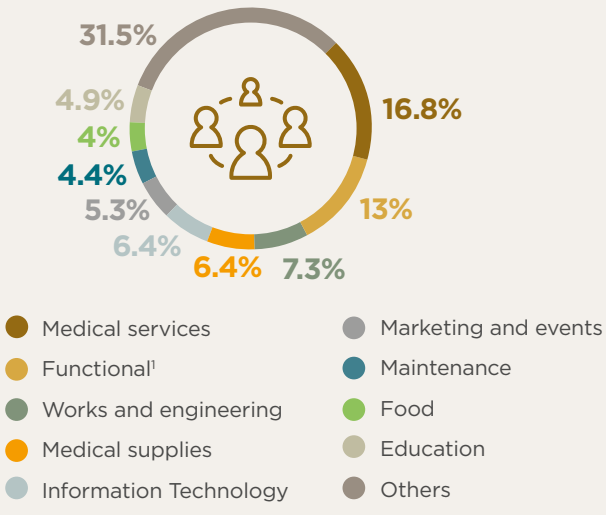
In 2018, 222 companies participated in the process. Most (81%) qualified as having high or medium adherence to the good practices listed by Einstein.

# GREEN PURCHASES

In 2018, Einstein participated in the creation of the Green Purchasing Committee of the Healthy Hospitals Project (PHS), which will develop a three-year project aimed at building solutions for sustainability challenges in the healthcare supply chains. The work will involve diagnosis, definition of monitoring criteria and improvement initiatives, and is aligned with the United Nations (UN) Sustainable Development Goals (SDGs).

PHS is a non-profit association that brings together health care professionals, hospitals and other health care providers, educational and research institutions and civil society organizations.

ACTIVE SUPPLIERS (2018) - BY CATEGORY




[1] Brings together suppliers of materials not directly linked to patient care, such as personal protection equipment, office and Information Technology material, furniture and kitchen utensils, among others.

### QUICK RESPONSE

In May 2018, Brazil faced a standstill in its transportation system that caused upheavals in virtually all supply chains, Once the risks of shortages and logistical difficulties that could result from the stoppage were identified, Einstein installed a Crisis Committee and adopted measures to minimize the potential impacts of the outage, Einstein's swiftness and the partnership of suppliers were essential in ensuring the successful continuity of operations.

# RECOGNIZED QUALITY

Einstein's services and control processes in the four strategic pillars of action – care, education and training, research and innovation and social responsibility – and its support activities, are aligned with external standards and standards of reference. The main ones are highlighted below.

**Association for the Accreditation of Human Research Protection Program Inc (AAHRPP):** attests that the research is conducted according to best practices for the protection of research done in humans.

**American Association of Blood Banks (AABB):** attests the quality and safety of hemotherapy activities.

**American College of Radiology (ACR):** accredits the imaging service of diagnostic medicine focusing on equipment, professionals, treatment plans and registry (medical records) and quality control. Einstein is the only health organization in Brazil to count on accreditation in all diagnostic modalities.

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

**Brazilian Association of Histocompatibility (ABH):** certifies the quality of the clinical laboratory.

**Association for Assessment and Accreditation of Laboratory Animal Care International (Aaalac):** attests to good practices in the treatment and responsible use of animals in laboratory tests in the Center for Experimentation and Training in Surgery.

**College of American Pathologists (CAP):** accredits patient safety actions and laboratory quality requirements for diagnostic medicine and hemotherapy.

**Foundation for the Accreditation of Cellular Therapy (FACT):** attests good practice in hemotherapy and bone marrow transplantation services.

***Hospital Amigo do Idoso*:** recognition granted by the São Paulo State Health Department to the Morumbi unit, due to the initiatives to adapt the infrastructure, training of professionals and families, community engagement and encouragement of health prevention.

**ISO 14001:** certifies the adequacy of environmental management Standards of all the Institution's units.

**ISO 50001:** certifies the adequacy of the Morumbi unit's energy management system.

**Joint Commission International (JCI):** attests that the quality and safety processes are continually improving healthcare, encouraging safe and effective measures of the highest quality. It also certifies specific programs, such as Diabetes Program, the Neurology Program and the Einstein Program in the Paraisópolis Community (PECP).

**ONA Level 2:** awarded by the National Accreditation Organization to Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho, certifying that the institution meets the criteria for safety, integrated management, fluid processes, showing full communication among such activities.

**ONA Level 3:** awarded by the National Accreditation Organization to Hospital Municipal M'Boi Mirim – Dr. Moysés Deutsch, attesting the safety quality and credibility of the health services, recognizing its management excellence. To obtain the certification, the institution must show it has a mature organizational culture of continual improvement.

**Planetree:** certifies the support for the carrying out of patient and family engagement concepts, with practices, methods and approaches that make up the patient-centered culture of care. The Morumbi Unit is a Gold certified site (*see highlight below*).

**Clinical Laboratory Acccreditation Program (Palc):** attests the quality of services provided by the Clinical Pathology Laboratory.

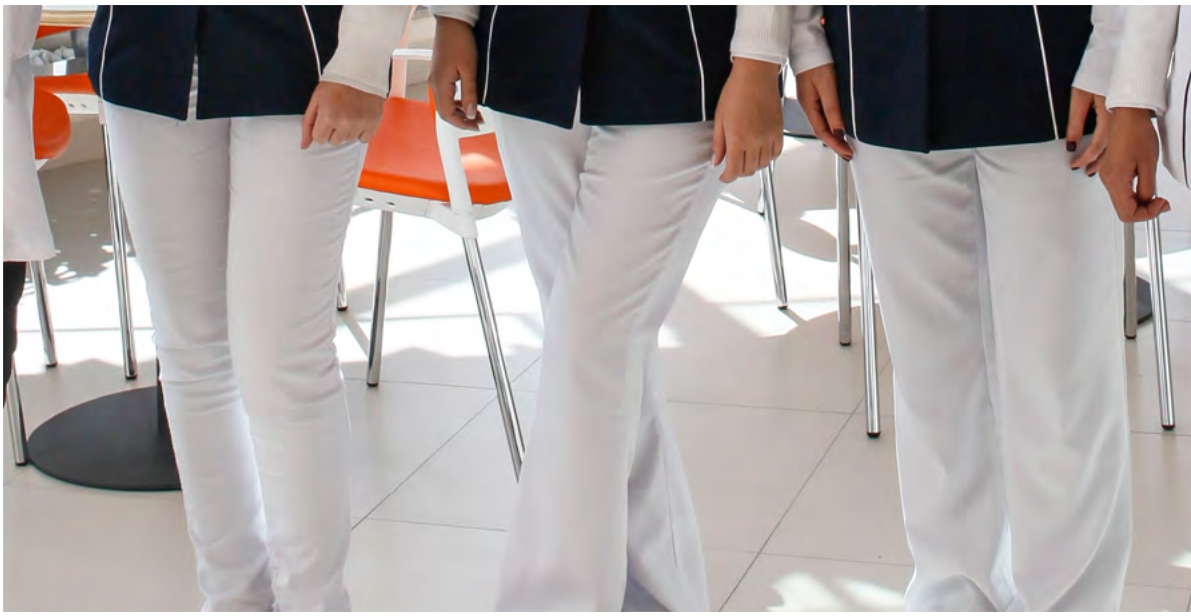
**Society for Simulation in Healthcare (SSH):** attests to the best practices carried out in the Realistic Simulation Center in training and qualification of teams.

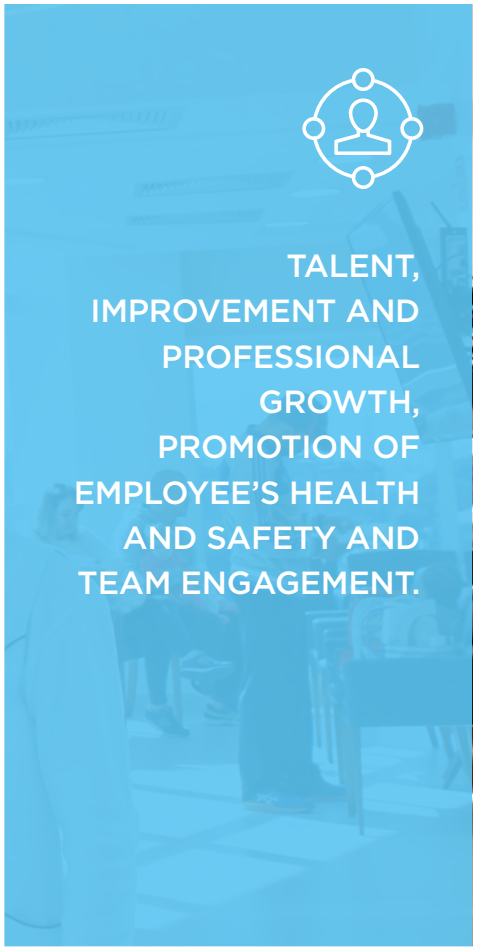
**Surgical Review Corporation (SRC) Accreditation Program:** specific accreditation granted to the Center for Excellence in Robotic Surgery, attests the safety, quality and credibility of the service and of the physician-surgeons who operate in robotic surgery.

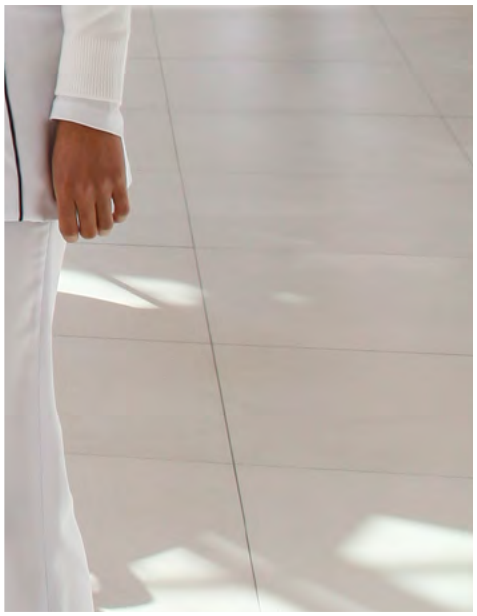
## PLANETREE

In 2018, Einstein was the first Brazilian healthcare institution to receive the Planetree Certification for Excellence in Person-Centered Care, Version.2, Gold, awarded by the Planetree International organization, a world-class standar in person-centered care. The organization is present in 23 countries and partners with over 700 institutions.

Einstein was a pioneer in Latin America by qualifying Planetree designation in 2011, and has hosted the Planetree Brasil office since 2012, representing the organization with the responsibility of disseminating care practices and equipping healthcare institutions.





# FULL ATTENTION

Promoting full attention to the people working at Einstein is a prerequisite for excellence in the service that the institution offers. Employees and their families have two outpatient clinics, inaugurated between 2016 and 2018, which play an important role in the reception, management and promotion of health.

In the clinics, a dedicated team cares for the employee, following a holistic approach, which promotes the link between the doctor and the patient — a model known as nominal bonding. One of the features of the model is the strengthening of a service model focused on primary attention. In February 2019, there were nearly 10,000 people linked to the two units, which served as the inspiration for the Einstein Clinics (*see page 19*).

**Telemedicine** is another tool in employee health management. Access to the service is online and can be made from any computer, cell phone or tablet with a camera, microphone and audio playback, Service can also be carried out in specific rooms in some Einstein units or by telephone.

In 2018, a specific policy was developed to address the **mental health** of employees, with the adoption of a specific flow in 2019, with awareness, prevention and care activities. Actions include epidemiological monitoring of cases of risk associated with mental health disorders, follow-up of cases and clinical outcomes and management of acute crisis or psychic suffering. The process of supporting work teams in areas where there has been some critical event related to mental health has also been systematized.

The promotion of the physical and mental health of employees is part of the Balance and Wellness Policy (PEqBE). The theme is addressed by the Committee for Emotional Balance and Wellness, which is based on three pillars: prevention, promotion and diagnosis, treatment and rehabilitation. Among the initiatives, we highlight the educational activities, encouragement of

physical activity and mindfulness practices, leadership training on conflict management, mental balance and wellness, and actions to decrease the stigma related to mental health issues. Indicators are used to measure the physical and mental health of employees and direct the activities developed.

Employees also have access to guidance through the Personal Guidance Program (POP), which operates via a toll-free telephone number, 24 hours a day, 7 days a week. The program includes psychological, legal, social, and financial education, among others.

## OUTPATIENT CLINICS

The outpatient clinics that serve the employees operate under a nominal link model oriented to the health of the family, each employee and his / her dependents have the support of a fixed team of professionals, which reinforces the bond between doctor and patient and ensures the holistic approach to health care.

# Safety

In line with the objective of becoming a High Reliability Organization – HRO (see page 34), Einstein intensified actions in the management of occupational safety, which is guided by the Einstein Employee Safety System focusing on: Management and Processes, Physical Conditions, and Culture and Behavior. The three aspects serve as guides for the planning of actions and projects, which are monitored and reviewed periodically with the various teams.

There are various ways of encouraging participation. One is to recognize and reward areas with outstanding results: by completing six months without incident and then every year without incident. The award is held monthly and integrates the agenda of meetings of the Employee Safety, Environment, Sustainability and Energy for Leaders committees.

A yearly Safety Oscar ceremony is held annually, in its 4th edition in 2018, with 18 awards distributed to the areas and professionals who excelled in the prevention of injuries with employees,

## EMPLOYEE SAFETY INDEX[1]

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Frequency rate of time-consuming accidents[2] | 4,91 | 3,46 | 1.61 | 198 | 23.0% |
| Rate of accidents with biological risk without loss of time[2] | 4,70 | 3,81 | 2,07 | 1,67 | - 19.2% |
| Severity index[3] | 71,7 | 59,12 | 33,84 | 16,24 | - 52.0% |
| Removal rate | 1,80 | 1,81 | 1,56 | 1,52 | - 2.6% |

[1] Until 2017, Einstein employees that worked at *Hospital Municipal Vila Santa Catarina – Dr. Gilson de Cássia Marques de Carvalho* were not included. The scope was changed in 2018 to include all Einstein employees.
[2] Accidents/man-hours worked with risk exposure.
[3] Days lost, man-hours worked with risk exposure.

# GOOD PLACE TO WORK

For the ninth year, Einstein is included in the ranking of the 150 Best Companies to Work For, held by *Você S/A* magazine (*Editora Abril*), with a Happiness at Work Index of 83,8, on a scale of 0 – 100. The ranking is conducted in partnership with the *Fundação Instituto de Administração da Universidade de São Paulo* (FIA-USP – São Paulo University School of Business). And, for the second year, it has also figured on the list of Best Companies to Start Your Career, created by the same magazine.

The Institution was also recognized for the first time in the health care segment of the *Great Place to Work* (GPTW) index, promoted in partnership with *Época magazine* (*Editora Globo*).

## Organizational climate survey

The Organizational Climate Survey is a diagnostic tool about the main factors that can positively or negatively influence the work place. It has been conducted since 2004 at the Institution and has the following goals:

- Offer employees and channel to freely express their opinions;
- Identify the aspects that contribute to or hinder engagement;
- Point out differences in perception between the professional levels and organizational areas;
- Diagnose the organizational support conditions offered to employees;
- Serve as a comparison parameter with previous surveys and external market data; and
- Guide improvement actions focusing on engagement, organizational climate, productivity and reach of the institutional strategy,

In 2018, nearly 75% of the employees answered the survey. The favorability index was 77%.

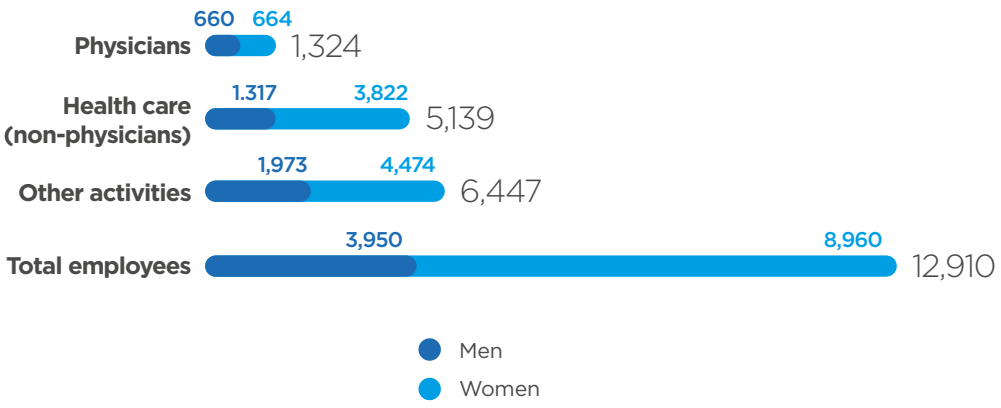
# Einstein in numbers

## EINSTEIN IS MADE UP OF

| | 2016 | 2017 | 2018 | | |
|---|---|---|---|---|---|
| | | | Total | Men | Women |
| **Employees** | **12,929** | **13,218** | **12,910** | **3,950** | **8,960** |
| **By position** | | | | | |
| Director | 21 | 17 | 19 | 11 | 8 |
| Manager | 71 | 79 | 95 | 38 | 57 |
| Medical Manager | 26 | 29 | 28 | 21 | 7 |
| Coordinator/Specialists | 365 | 383 | 409 | 132 | 277 |
| Medical Coordinator | 92 | 114 | 105 | 75 | 30 |
| Physicians (I, II, III) | 1,253 | 1,297 | 1,247 | 604 | 643 |
| Professional | 5,754 | 5,941 | 5,748 | 1,511 | 4,237 |
| Technical | 3,360 | 3,358 | 3,289 | 1,119 | 2,170 |
| Assistant | 1,987 | 2,000 | 1,970 | 439 | 1,531 |
| **By employment contract type** | | | | | |
| Determined time | 6 | 16 | 21 | 9 | 12 |
| Undetermined time | 12,923 | 13,202 | 12,889 | 3,941 | 8,948 |
| **By type of employment** | | | | | |
| Full time | 10,959 | 11,146 | 10,965 | 3,217 | 7,748 |
| Part time | 1,970 | 2,072 | 1,945 | 733 | 1,212 |
| **Counselors** | **180** | **180** | **180** | **160** | **20** |
| **Interns** | **159** | **183** | **201** | **55** | **146** |
| **Subtotal internal team** | **13,268** | **13,581** | **13,291** | **4,165** | **9,126** |
| **Outsourced employees** | **3,150** | **3,039** | **2,144** | **ND** | **ND** |
| **TOTAL** | **16,418** | **16,620** | **15,435** | **ND** | **ND** |

ND: data not available.

### DISTRIBUTION BY GENDER (ACCORDING TO ACTIVITY)



## OTHERS DIVERSITY INDICATORS (2018)

| Job Category | Blacks | | Disabled | | Less than 30 | | Between 30 and 50 | | Over 50 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women |
| Director | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 7 | 4 |
| Manager | 1 | 0 | 0 | 0 | 1 | 1 | 31 | 48 | 6 | 8 |
| Medical Manager | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 6 | 9 | 1 |
| Coordinator/ Specialists | 3 | 2 | 1 | 0 | 15 | 6 | 107 | 223 | 10 | 48 |
| Medical Coordinator | 0 | 1 | 0 | 0 | 0 | 0 | 50 | 17 | 25 | 13 |
| Physicians (I, II, III) | 5 | 4 | 2 | 0 | 57 | 68 | 475 | 515 | 72 | 60 |
| Professional | 125 | 207 | 8 | 19 | 312 | 996 | 1,126 | 3,041 | 73 | 200 |
| Technical | 121 | 216 | 61 | 68 | 463 | 797 | 599 | 1,268 | 57 | 105 |
| Assistant | 77 | 241 | 41 | 76 | 230 | 460 | 181 | 898 | 28 | 173 |
| **Total** | **332** | **671** | **113** | **163** | **1,078** | **2,328** | **2,585** | **6,020** | **287** | **612** |

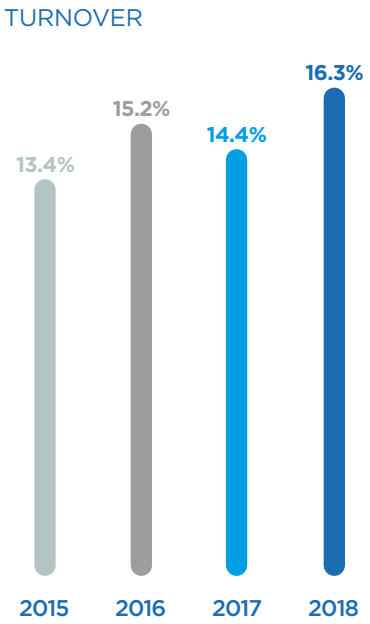
## SALARY EQUITY[1]

| | 2016 Proportion | 2017 Proportion | 2018 Proportion |
|---|---|---|---|
| Director | 90.0% | 75.9% | 79.5% |
| Manager | 91.0% | 86.5% | 82.4% |
| Medical Manager | 88.0% | 80.6% | 83.0% |
| Coordinator/ Specialists | 102.0% | 99.5% | 100.8% |
| Medical Coordinator | 79.0% | 86.0% | 83.2% |
| Physicians (I, II, III) | 90.0% | 91.7% | 90.7% |
| Professional | 106.0% | 106.5% | 105.5% |
| Technical | 98.0% | 98.0% | 98.8% |
| Assistant | 106.0% | 107.0% | 106.7% |

[1] Average salary women/average salary men in each job category,

## TURNOVER (2018)

| Employees | Hired | Fired | Turnover rate |
|---|---|---|---|
| **By gender** | | | |
| Men | 567 | 637 | 16.1% |
| Women | 1,200 | 1,472 | 16.4% |
| **By activity** | | | |
| Physicians | 226 | 282 | 21.3% |
| Health care (non-physicians) | 438 | 720 | 14.0% |
| Other activities | 1,103 | 1,107 | 17.2% |
| **By age group** | | | |
| Less than 30 | 969 | 153 | 4.5% |
| Between 30 and 50 | 764 | 1,221 | 14.2% |
| Over 50 | 34 | 735 | 81.8% |
| **Total** | **1,767** | **2,109** | **16.3%** |




## Professional development

All the training offered to the institution's professionals, whether technical or behavioral, is organized into learning tracks. The training management system was restructured in 2018. Beyond each employee's number of training hours, Einstein also began to assess the effectiveness of the training. To this end, indicators were established to measure learning, especially in the patient care and service areas.

## TRAINING

| Employees | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Internal training | 616,765,0 | 681,245,0 | 557,193,0 | 524,023,0 | -6.0% |
| External training | 24,503,6 | 29,311,9 | 33,855,0 | 32,219,0 | -4.8% |
| **Total** | **641,268,6** | **710,556,9** | **591,048,0** | **556,242,0** | **-5.9%** |
| **Average per employee** | **51,8** | **53,7** | **44,6** | **40,87** | **-8.3%** |


## Mentoring

The Einstein Mentoring program, created in 2017, began showing results in 2018. Initially applied in Emergency Care, the program joins mentor physicians, who already work at the institution, and newly hired doctors. In addition to empowering mentorees, the initiative strengthens the development of the mentor physician, as it makes it possible to implement in practice the on-the-job training teaching-learning strategy. In the initial stage, mentors received training with the support of a specialized consultant and currently develop the internal program to empower other mentors and extend the practice to the maternal-infant and severe patient units.

The program was created based on the perception that it was not enough to seek the best professionals from the best universities; it was necessary to show the new professionals the pathways to being a successful at work. This includes aspects of health care practice, flows, customer needs and organizational culture traits.

By creating a mentoring system, every physician hired is received by a mentor, a colleague, who does not necessarily work in the same area as his mentoree.

THE EINSTEIN MENTORING PROGRAM WAS ONE OF THE CASES SELECTED WORLDWIDE FOR PRESENTATION AT THE ASSOCIATION FOR TALENT DEVELOPMENT'S (ATD) INTERNATIONAL CONFERENCE, TO BE HELD ON MAY 2019.

From the new physicians' point of view, the program assists them in the integration and understanding of all the possibilities offered at Einstein, that go beyond patient care, such as integration in the GMAs (Medical Assistance Groups), an understanding of the research conducted internally and teaching activities.

The mentoring process lasts eight months. Each mentor conducts the sessions, establishes the priorities for monitoring their mentorees and records the plan drawn up and the actions taken. Since its implementation, the program has served more than 70 physicians and trained 19 mentors.

## Welcoming victims of violence

In order to have a welcoming environment for women who are victims of violence, the flow of support for women in violent situations was created, with the support of the UN Women's program and the Maria da Penha Institute. A video and a lecture on the subject were part of the launch of the policy, which took place on March 8, when International Women's Day is celebrated. The theme is sensitive and, at the same time, necessary in an environment in which more than 60% of the people are women. The flow provides information on how to act when a coworker is a victim of violence at home, ensuring that each one of them is met in their specific needs – receiving psychological, social and legal assistance. All this work is confidential.

The initiative was created by the Women's Committee, a voluntary multi-professional group that since 2015 seeks to promote gender equality in working relations. Since 2016, Einstein has been a signatory to the UN Women's Empowerment Principles. The flow ensures Principle 3, "Ensuring the health, safety and well-being of all women and men working in the company". In 2018, the support network followed up on 11 cases.

## Continuous dialogue

In order to promote improvements in everyday life, feedback has been encouraged. To this end, the Ongoing Dialogue campaign was organized, encouraging the exchange between leaders and those they lead at any time, and not only when there is an annual performance evaluation. It is a change in the culture and in order for it to succeed, the proper way to dialogue openly and on a constant basis has been taught. The goal is to promote transparent relations, both between leaders and their teams and between colleagues who perform the same function, driving the development of the whole team.

## Workplace

In May, Einstein began using Workplace, a social network used in workplace environments with the intention of improving and facilitating internal communication.

By the end of 2018, 70% of employees – around 9,000 people – had joined the network.

The interaction takes place in an open way, for everyone, which is the case of internal communications, where content is shared, as well as

in groups, which can be from specific units, leaders, physicians and even certain teams.

With the application, you can join working groups on specific projects or topics of interest to each employee; share best practices; publish texts, photos and videos; communicate with project partners; enjoy and comment on colleagues' posts; send messages through the Work Chat, replacing the use of WhatsApp for work matters; and make live broadcasts. Workplace is an essential tool, especially for teams that do not work in front of a computer.

## Home office

In June, the institution launched its home office project. Employees whose work can be done from a distance and who have an encrypted Einstein laptop computer to perform the tasks, have been identified and invited to work at home once a week. Joining the program is voluntary, and of the 441 eligible employees, 150 opted to work remotely. Both leaders and their teams went through training for this new working relationship. Adherence to the home office model is expected to be expanded in 2019, encouraging the use of technologies, increasing productivity, optimizing financial resources and promoting quality of life.

THREE OUT OF FOUR EINSTEIN EMPLOYEES USE WORKPLACE – A SOCIAL NETWORK FOR WORK ENVIRONMENTS – TO EXCHANGE INFORMATION AND COMMUNICATE QUICKLY.

**ENVIRONMENTAL MANAGEMENT AIMS TO REDUCE THE IMPACT OF EINSTEIN'S OPERATIONS FOCUSING ON WATER AND ENERGY CONSUMPTION, WASTE GENERATION AND DISPOSAL AND GREENHOUSE GAS EMISSIONS.**

# IMPACT MANAGEMENT

In order to reduce the environmental impact of its operations, Einstein integrated its Environmental Management System (SGA), certified by ISO 14001:2015, with the Energy Management System (SGE), guided by ISO 50001:2011. The initiative required several actions, among them, the elaboration of a specific training plan, communication and awareness raising among employees and outsourced professionals.

An Integrated Management System (SGI) was also created, which encompasses environmental management and energy systems and were assembled into a single entity – the SGI Strategic Committee with the Upper Management and Leaders – formerly known as the Leaders and the Strategic Environment Committee. The main objective of the change was to ensure greater effectiveness in the communication of goals and in the monitoring of actions and results achieved.

The management efforts culminated in the certification of the Morumbi unit by ISO 50001:2011 in December. The achievement highlights the scope of Einstein's energy management model and its constant search for excellence, Einstein also obtained the recertification of the ISO 14001 standard 2015 version, which is more demanding, extending the reach of its scope.

Another highlight of 2018 has been the execution, through consultation, of a diagnosis of the environmental compliance in the 13 Institution units and the 20 Social Responsibility units (IIRS), in which Einstein offers the service via the Unified Health System (SUS). In the first phase, the initiative aims to assess the main environmental risks related to solid waste, noise pollution and arboreal movement, among other aspects.

The data will guide the improvement of management strategies. The plan is to extend the SGA to all IIRS units that are currently not included in the ISO 14001 certification scope. Five of them have already gone through internal audits and the improvements identified can be replicated in the other units.

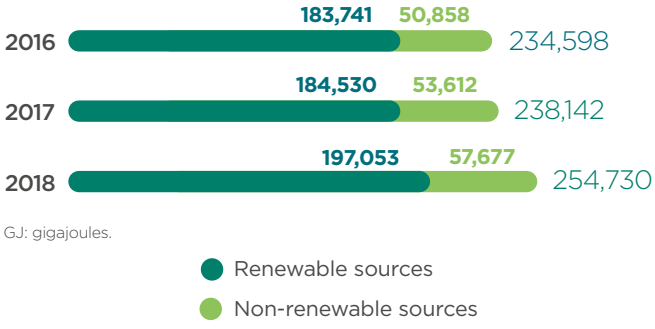
# Energy

Einstein's initiatives aim to achieve greater energy efficiency in operations. Among the many advances in 2018, some stand out, like the creation of the Energy Management System (SGE), a measure that includes the planning, organization, management and control of energy use, and the definition of specific performance indicators for the major end-uses of electrical energy, such as, for example, for the central air conditioning (kWh/t) and the set of hydraulic pumps (kWh/m3).

In 2018, Einstein carried out three important initiatives in partnership with Eletropaulo/Procedures from the Energy Efficiency Program (PROPEE) at the Morumbi unit. Together, they have resulted in an estimated 4% savings in local energy consumption. The initiatives include:

- the exchange of 18,550 conventional lamps for LED lamps, saving 2,150 megawatt-hours per year, equivalent to the consumption of more than 8,6 thousand households;
- Installation of photovoltaic panels for solar power generation; and
- Replacement of vacuum pumps, used in some surgical procedures, by more modern and economical equipment.

ENERGY CONSUMPTION (GJ)




GJ: gigajoules.

Renewable sources

Non-renewable sources

Photovoltaic panels for the generation of solar energy at the Morumbi unit

## ENERGY CONSUMPTION (GJ)

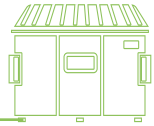
| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| **Renewable sources** | | | | | |
| Ethanol | 4 | 1 | 0 | 0 | - |
| Electricity | 182,641 | 183,740 | 184,530 | 197,053 | 6.8% |
| **Non-renewable sources** | | | | | |
| Natural gas | 43,350 | 42,656 | 40,304 | 47,392 | 17.6% |
| Gasoline | 96 | 101 | 272 | 488 | 79.5% |
| Diesel fuel | 3,179 | 8,092 | 13,036 | 9,797 | -24.8% |
| **Total** | **229,270** | **234,598** | **238,142** | **254,730** | **7.0%** |

GJ: gigajoules.

# Good practices

During the World Environment Week, celebrated in June, Einstein launched the Good Environmental Practices Award, which recognizes environmental initiatives in the various units.

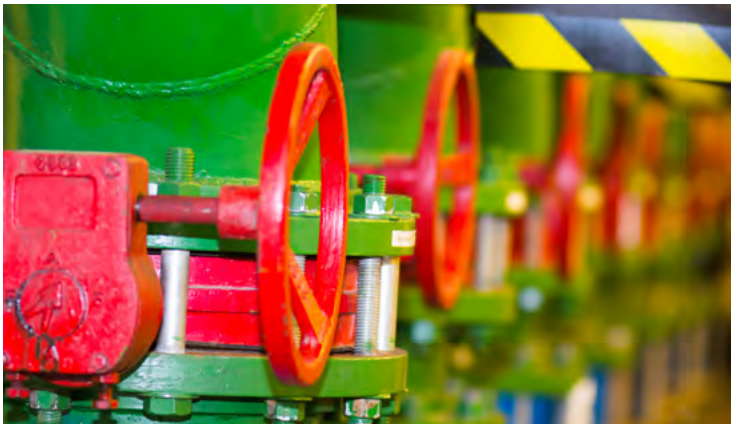
The three winners on the first edition were: initiatives for reducing water consumption in the Alphaville unit, the reuse of blankets in the Surgical Center at the Morumbi unit and the proper disposal of drugs at the Pirajussara (AMA) unit.



# Water

By adopting various measures to ensure rational water consumption, Einstein reached its target for 2018. The total consumption was 9.2% lower than in 2017. The volume of water saved – 27,600 cubic meters – would be enough to supply a population of nearly 8,400 people during one month, according to data from IBGE.

A new measuring and monitoring system was installed in each place water enters, and in the six buildings at the Morumbi unit, which generates the greatest water consumption. This system will help identify new opportunities for advances in the rational use of water.



## WATER CONSUMPTION ($M^3$)

| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 |
|---|---|---|---|---|---|
| Utility company | 266,134 | 278,750 | 288,286 | 239,268 | -17.0% |
| Own artesian well | 56,952 | 34,520 | 12,244 | 33,662 | 174.9% |
| **Total** | **323,086** | **313,270** | **300,530** | **272,930** | **-9.2%** |

## Waste

One of the novelty actions was the implementation of the composting of the organic waste generated during the preparation of food in Vila Mariana. The project allowed 7,6 tons of waste collected during the year to be used as fertilizer instead of being land filled.

Actions have also been taken to improve recycling indicators, such as individual measurement, the creation of the Waste Bulletin of each unit and the training of employees on correct waste management.

This time, the initiative was conducted like a game (gamification) to further emphasize the concepts being taught.

Einstein also completed the hazardous waste decontamination process tests in an autoclave at the Morumbi unit. After decontamination and grinding, the material can be safely disposed of as common waste. The autoclave is ready to operate, awaiting operating license.

## WASTE (T)

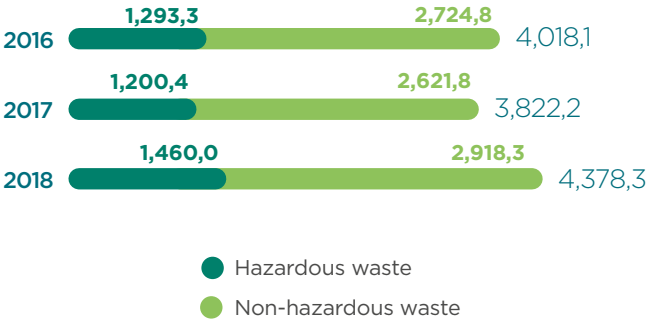
| | 2015 | 2016 | 2017 | 2018 | Δ 2018/2017 | Disposal Method |
|---|---|---|---|---|---|---|
| **Hazardous waste** | **1,356,5** | **1,293,3** | **1,200,4** | **1,460,0** | **21.6%** | |
| Infectant | 1,280,3 | 1,207,0 | 1,106,4 | 1,324,9 | 19.7% | Autoclave |
| Chemical | 75,8 | 85,4 | 93,2 | 134,9 | 44.8% | Incineration |
| Radioactive waste[1] | 0,4 | 0,8 | 0,9 | 0,2 | -79.8% | Stored for on-site decay |
| **Non-hazardous waste** | **2,961,3** | **2,724,8** | **2,621,8** | **2,918,3** | **11.3%** | |
| Non-recyclable | 1,728,8 | 1,668,9 | 1,524,4 | 1,570,2 | 3.0% | Landfill |
| Recyclable | 1,232,5 | 1,055,9 | 1,097,4 | 1,348,1 | 22.9% | Recycling |
| **Total (t)** | **4,317,9** | **4,018,1** | **3,822,2** | **4,378,3** | **14.5%** | |
| **Intensity of residues generated (kg of waste/pass -equivalents[2])** | **0,317** | **0,305** | **0,380** | **0,403** | **5,9%** | |

[1] Radioactive wastes are kept in lead safety boxes located inside the Institution until the radiation decays, in a process monitored by a specialized team. After decay, they are discarded as infectants and follow the same disposal flow.

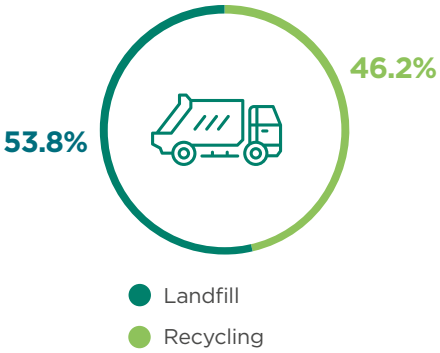
[2] The total number of pass-equivalents considers all the types of care offered at Einstein and the average length of patient stays at the Institution: 4h in diagnostic medicine, 6,5h in emergency care and 24h in hospitalizations.

IN 2018, MORE THAN HALF OF THE NON-HAZARDOUS WASTE COLLECTED AT EINSTEIN WAS RECYCLED; IN THE PREVIOUS YEAR, THE AMOUNT OF RECYCLED WASTE REPRESENTED LESS THAN 30%. THE RESULT REFLECTS THE CONTINUOUS EFFORT FOR IMPROVEMENT IN WASTE MANAGEMENT AND THE INCREASED AWARENESS AMONG EMPLOYEES.

WASTE (T)




DESTINATION[1] (2018)




[1]Considers only non-hazardous waste.

# Emissions

Einstein has sought to reduce greenhouse gas (GHG) emissions, which are responsible for global warming, even though, given the nature of its activities, it is not among the major emitters. One of the main actions is the low-carbon transport program, which provides, among other measures:

- Preferential use of vehicles supplied with ethanol and / or natural gas (GNV) by service providers (requirement expressed in commercial contracts);
- Preferential use of vehicles running with ethanol in the fleet, for the transportation of people; and
- Bike Courier - delivery service with bicycles, in regions where logistics allow for this, which has prevented the emission of 4,2 tons of carbon per year.

## NITROUS OXIDE

Among the sources of GGE emissions, nitrous oxide ($N_2O$), used in anesthesia procedures, is one of the greatest contributors to a hospital's carbon footprint. Since 2013, Einstein has developed projects to reduce its consumption by using a more precise anesthetic flow that is most appropriate for the type of surgery being performed, raising the awareness of the team of anesthesiologists, and calibrating and improving the equipment used. These measures will allow for a 40% reduction in the annual consumption of the gas, between 2013 and 2018, and avoid the emission of 9,650 tons of $CO_2$. That amount is equivalent to the carbon capture from a forest 40 times larger than the Ibirapuera Park.


02
03
04

# REPORTING PROCESS AND MATERIALITY

In the 2018 Sustainability Report, Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE) presents its most important breakthroughs and challenges in the management of sustainability. This report was drafted in keeping with the GRI Standards – an essential choice – and covers the period between January 1st and December 31st, 2018 and meets the principles of context (balance), completeness, materiality and stakeholder inclusion.

The selected content considers the themes identified by the stakeholders as most relevant during a periodic process where material issues were defined. The most recent one was held in December 2017 and included interest groups directly or indirectly impacted by Einstein that influence how the business is run in the short, mid and long-term. An online survey gathered the perceptions of employees (1,437), doctors (426), suppliers (64), volunteers (43), educational professionals (37), researchers (7), patients who are members of the Patient Advisory Board (5), students (4), health insurance company representatives (3) and members of public sector management committees (2).

The process also included an analysis of various publications — such as the 2017 Observatory of the National Association of Private Hospitals (Anahp), the National Health Plan (2016-2019), the São Paulo State Health Plan (2016-2019), the São Paulo Municipal Health Plan (2014-2017), among others – and the topics covered by standards and reference methodologies related to sustainability, such as those established by the Sustainability Accounting Standards Board (SASB) for the sector and stakeholder surveys conducted by GRI.

Of the 36 topics initially mapped out to support the materiality review process, 11 were identified as priorities and validated by the Institution's leadership, as follows:

- **Patient experience:** integrated management of the variables that affect the patient's perception and satisfaction of their expectations and needs in the relationship with Einstein;
- **Disease prevention and health promotion:** programs and initiatives focused on the quality of life and well being of the population;
- **Patient privacy:** ensuring privacy and patient information and security;
- **Patient health and safety:** adoption of standards, policies, processes and procedures to ensure the health and safety of patients and ensure care with the lowest risk and the best outcome;
- **Access to health care:** contributions to strengthen and democratize health care with a focus on facing current and future challenges (examples: population profile, epidemiological trends, inefficiencies, financing bottlenecks and structure, etc);
- **Compensation model for health services:** contributions (information, references, studies, clear positioning etc) to the debate on existing models to promote the evolution and sustainability of the health system;
- **Economic performance:** economic balance and practices related to competition and market that aim at the continuity and success of the business over time;
- **Fighting corruption:** ethical conduct and adoption of policies and initiatives to prevent and combat cases of corruption, fraud, extortion, bribery or other illegal operating practices;
- **Labor relations:** respect for labor laws, adoption of adequate remuneration systems and definition of responsibilities and incentives in order to promote a favorable environment for the development of functions;
- **Occupational health and safety:** adequate management of risks associated with the work environment and the performance of duties; and
- **Waste generation and disposal:** adequate management of solid waste from the generation stage to the final disposal.

## MATERIAL TOPICS AND LIMITS

| Material topic | Stakeholders View[1] | Monitoring Indicators | Where is the impact? | Einstein Involvement |
|---|---|---|---|---|
| **Patient experience** | • Students<br>• Members of public sector management committees<br>• Doctors<br>• Volunteers<br>• Health insurance companies<br>• Researchers<br>• Education professionals<br>• Suppliers<br>• Sector entities | • 103-01<br>• 103-02<br>• 103-03<br>• Patient satisfaction survey<br>• Contact with Customer Service (SAC) | Patients | Impact caused by the Institution |
| **Prevention of diseases and promotion of health** | • Students<br>• Members of public sector management committees<br>• Doctors<br>• Volunteers<br>• Health insurance companies<br>• Researchers<br>• Education professionals<br>• Suppliers<br>• Sector entities | • 103-01<br>• 103-02<br>• 103-03 | Society | Impact caused by the Institution |
| **Patient privacy** | • Students<br>• Members of public sector management committees<br>• Doctors<br>• Volunteers<br>• Health insurance companies<br>• Researchers<br>• Education professionals<br>• Suppliers | • 103-01<br>• 103-02<br>• 103-03<br>• 418-01 | Patients | Impact caused by the Institution |
| **Patient health and safety** | • Students<br>• Doctors<br>• Volunteers<br>• Researchers<br>• Education professionals<br>• Suppliers<br>• Sector entities<br>• Government | • 103-01<br>• 103-02<br>• 103-03<br>• 416-01<br>• Patient safety indicators | Patients | Impact caused by the Institution |
| **Access to health care** | • Employees<br>• Students<br>• Doctors<br>• Volunteers<br>• Health insurance companies<br>• Researchers<br>• Education professionals<br>• Suppliers<br>• Sector entities<br>• Government | • 103-01<br>• 103-02<br>• 103-03<br>• Investment in social actions<br>• Einstein Transplant Program<br>• Assistance from Volunteer Department<br>• Einstein Program in the Paraisópolis Community (PECP)<br>• Partnership with the São Paulo city government<br>• Hospital Municipal Vila Santa Catarina<br>• Hospital Municipal M'Boi Mirim | Society | Impact caused by the Institution |
| **Compensation model for healthcare services** | • Employees<br>• Members of public sector management committees<br>• Health insurance companies<br>• Government | • 103-01<br>• 103-02<br>• 103-03 | Health Sector | Impact caused by the Institution and its relationships with its value chain |
| **Economic performance** | • Employees<br>• Health insurance companies<br>• Sector Entities<br>• Government | • 103-01<br>• 103-02<br>• 103-03<br>• 201-01<br>• 201-04<br>• Total capitalization<br>• Financial commitments<br>• Income statement<br>• Financial statement<br>• Financial indicators<br>• Capital expenditures | Society | Impact caused by the Institution |

| Material topic | Stakeholders View[1] | Monitoring Indicators | Where is the impact? | Einstein Involvement |
|---|---|---|---|---|
| **Fighting corruption** | • Doctors<br>• Health insurance companies<br>• Education professionals | • 103-01<br>• 103-02<br>• 103-03<br>• 205-01<br>• 205-02<br>• 205-03 | Society | Impact caused by the Institution and its relationships with its value chain |
| **Labor relations** | • Employees<br>• Students<br>• Health insurance companies<br>• Researchers<br>• Education professionals<br>• Suppliers<br>• Government | • 103-01<br>• 103-02<br>• 103-03<br>• 401-01<br>• 402-01 | Employees | Impact caused by the Institution |
| **Health and occupational safety** | • Students<br>• Doctors<br>• Education professionals<br>• Suppliers | • 103-01<br>• 103-02<br>• 103-03<br>• 403-02<br>• Employees safety index | Employees | Impact caused by the Institution |
| **Generation and disposal of waste** | • Students<br>• Members of public sector management committees<br>• Doctors<br>• Volunteers<br>• Health insurance companies<br>• Researchers<br>• Education professionals<br>• Suppliers | • 103-01<br>• 103-02<br>• 103-03<br>• 306-02 | Environment | Impact caused by the Institution |

[1] Audiences that considered the topic as relevant,

# MATERIAL ISSUES MANAGEMENT METHOD

| Material Topic | Explanation and limits | Management Page | Management Evaluation |
|---|---|---|---|
| | Page | | |
| Patient experience | 91, 92 and 93 | 38 | 38 |
| Prevention of diseases and promotion of health | 91, 92 and 93 | 15 and 19 | 15 and 19 |
| Patient privacy | 91, 92 and 93 | 23 and 96 | 23 and 96 |
| Patient health and safety | 91, 92 and 93 | 34 and 96 | 34 and 96 |
| Access to health care | 91, 92 and 93 | 15 and 25 | 15 and 25 |
| Compensation model for healthcare services | 91, 92 and 93 | 17 | 17 |
| Economic performance | 91, 92 and 93 | 67 and 95 | 67 and 95 |
| Fighting corruption | 91, 92 and 93 | 65 and 95 | 65 and 95 |
| Labor relations | 91, 92 and 93 | 75 and 96 | 75 and 96 |
| Health and occupational safety | 91, 92 and 93 | 76 | 76 |
| Generation and disposal of waste | 91, 92 and 93 | 88 | 88 |

# GRI CONTENT SUMMARY

## GRI STANDARD

| Indicator | | Page/Response | Omissions |
|---|---|---|---|
| **GRI 101: BASIS 2016** | | | |
| **General disclosure** | | | |
| **GRI 102: General disclosure 2016** | **102-01** Name | Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE) | – |
| | **102-02** Activities, brands, products and services | Page 9 | – |
| | **102-03** Locations of headquarters | São Paulo (SP) | – |
| | **102-04** Location of operations | Page 9 | – |
| | **102-05** Type and legal nature of the property | Page 9 | – |
| | **102-06** Markets in which it operates | Page 9 | – |
| | **102-07** Organization size | Pages, 6 - 9 and 67 | – |
| | **102-08** Employees and other workers | Page 78 | – |
| | **102-09** Supply chain | Page 71 | – |
| | **102-10** Significant changes in the organization and its supply chain | None | – |
| | **102-11** Precautionary principle | Strategic planning and risk management are guided by the precautionary principle, present in the provision of health care services, in the development of research and innovation activities, and in the relationship with the community, environment and people management. | – |
| | **102-12** External initiatives | Pages, 9 and 10 | – |
| | **102-13** Participation in associations | Pages, 9 and 10 | – |
| | **102-14** Message from the president | Page 4 | – |
| | **102-16** Values, principles, standards and conduct | Page 11 | – |
| | **102-18** Governance structure | Page 10 | – |
| | **102-40** List of stakeholder groups | Page 91 | – |
| | **102-41** Percentage of employees covered by collective negotiation agreements | 100% | – |
| | **102-42** Identification and selection of stakeholders | Page 91 | – |
| | **102-43** Approach for engaging stakeholders | The engagement processes for the drafting of this report are described on page 90, The other dialogues and engagement processes carried out by Einstein are not systematized in formal lists of audiences or procedures. | – |
| | **102-44** Main topics and concerns raised | Page 92 | – |
| | **102-45** Entities included in the financial statements | Einstein focuses its activities on only one entity, which is fully covered by the statements and by this report. | – |
| | **102-46** Defining the content and limits | Page 91 | – |
| | **102-47** List of material topics | Page 91 | – |

| | Indicator | Page/Response | Omissions |
|---|---|---|---|
| **GRI 102: General disclosure 2016 (cont.)** | **102-48** Reformulation of information | None. | – |
| | **102-49** Changes in reporting | None. | – |
| | **102-50** Period covered by report | January 1 to December 31, 2018, | – |
| | **102-51** Date of most recent report | 2018 | – |
| | **102-52** Publication cycle | Yearly | – |
| | **102-53** Contact for questions | Fale Conosco channel, available at: www.einstein.br | – |
| | **102-54** Statement of GRI conformity | This report was prepared according to GRI Standards — an essential choice. | – |
| | **102-55** GRI content summary | Page 94 | – |
| | **102-56** External verification | No external verification was performed. | – |

# GRI STANDARD

| | Indicator | Page/Response | Omissions |
|---|---|---|---|
| **ECONOMIC THEMED CONTENT** | | | |
| **Economic performance** | | | |
| **GRI 103: Management approach 2016** | **103-01** Explanation of the material topic and its limits | Pages, 91, 92 and 93 | – |
| | **103-02** Management style and its components | Page 67 | – |
| | **103-03** Evolution of the management style | Page 67 | – |
| **GRI 201: Economic performance 2016** | **201-01** Direct and distributed economic value | Page 68 | – |
| | **201-04** Financial assistance received from the government | Einstein does not receive subsidies and tax incentives. Government on lending is limited to reimbursement of the expenses with the management of the Hospital Municipal M' Boi Mirim – Dr. Moysés Deutsch, and the implementation of the Basic Care Program for the City Health Department of São Paulo, described on page 9. | – |
| **Fighting corruption** | | | |
| **GRI 103: Management Approach 2016** | **103-01 Explanation of the material topic and its limits** | Pages 91, 92 and 93 | – |
| | **103-02 Management style and its components** | Pages 65 and 95 | – |
| | **103-03 Evolution of the management style** | Pages 65 and 95 | – |
| **GRI 205: Fighting corruption 2016** | **205-01** Units subject to risk assessments related to corruption | Risk assessments cover 100% of operations. | – |
| | **205-02** Communication and training on anti-corruption policies and procedures | Communications reached 100% of the employees, with 12,577 employees trained, which represents 97,4% of the total. | – |
| | **205-03** Confirmed cases of corruption and measures taken | None. | – |

# GRI STANDARD

| | Indicator | Page/Response | Omissions |
|---|---|---|---|
| **ENVIRONMENT THEMED CONTENT** | | | |
| **Effluents and waste** | | | |
| **GRI 103: Management approach 2016** | **103-01** Explanation of the material topic and its limits | Pages 91, 92 and 93 | – |
| | **103-02** Management style and its components | Page 85 | – |
| | **103-03** Evolution of the management style | Page 85 | – |
| **GRI 306: Effluents and waste 2016** | **306-02** Waste by type and method of disposal | Page 88 | – |
| **SOCIAL THEMED CONTENT** | | | |
| **Employment** | | | |
| **GRI 103: Management approach 2016** | **103-01** Explanation of the material topic and its limits | Pages 91, 92 and 93 | – |
| | **103-02** Management style and its components | Page 75 | – |
| | **103-03** Evolution of the management style | Page 75 | – |
| **GRI 401: Employment 2016** | **401-01** New hires and employees turnover | Page 80 | – |
| **Working relationships** | | | |
| **GRI 103: Management approach 2016** | **103-01** Explanation of the material topic and its limits | Pages 91, 92 and 93 | – |
| | **103-02** Management style and its components | Page 75 | – |
| | **103-03** Evolution of the management style | Page 75 | – |
| **GRI 402: Working relationships 2016** | **402-01** Minimum notice period for operational changes | There is no fixed term, Information on collective agreements are made available as soon as the documents are finalized. | – |
| **Occupational health and safety** | | | |
| **GRI 103: Management approach 2016** | **103-01** Explanation of the material topic and its limits | Pages 91, 92 and 93 | - |
| | **103-02** Management style and its components | Page 76 | - |
| | **103-03** Evolution of the management style | Page 76 | - |
| **GRI 403: Occupational health and safety 2016** | **403-02** Injuries, occupational diseases, lost days, absenteeism and fatalities related to work | Page 77 | |
| **Customer health and safety** | | | |
| **GRI 103: Management approach 2016** | **103-01** Explanation of the material topic and its limits | Pages 91, 92 and 93 | - |
| | **103-02** Management style and its components | Page 34 | - |
| | **103-03** Evolution of the management style | Page 34 | - |
| **GRI 416: Customer health and safety 2016** | **416-01** Assessment of health and safety impacts throughout the life cycle of products and services | 100% or services and products undergo evaluation, For more information, see page 34. | - |
| **Customer privacy** | | | |
| **GRI 103: Management approach 2016** | **103-01** Explanation of the material topic and its limits | Pages 91, 92 and 93 | - |
| | **103-02** Management style and its components | Pages 23 and 96 | - |
| | **103-03** Evolution of the management style | Pages 23 and 96 | - |
| **GRI 418: Customer privacy 2016** | **418-01** Total number of substantiated complaints regarding breach of privacy and loss of customer data | There were no complaints or cases of privacy violation or loss of data, but 28 employees were suspended for inappropriate access to information. | - |

# PACTO GLOBAL

Einstein is a signatory of the Global Pact, a voluntary United Nations (UN) initiative aiming to promote good business practice in four areas: human rights, working conditions, environment and anti-corruption, The Institution carries out various projects and initiatives focused on making the ten principles which make up the Pact a reality, as well as being a member of the Brazilian committee for the Pact and encouraging other businesses to join the movement.

The following chart indicates the main activities carried out in 2018:

| Principle | | Page |
|---|---|---|
| **Human Rights** | | |
| 1 | Support and respect the protection of internationally recognized human rights. | 65 and 71 |
| 2 | Ensure your non-participation in violation of these rights. | 65 and 71 |
| **Work** | | |
| 3 | Support the freedom of association and the effective recognition of the right to collective negotiations. | 65 |
| 4 | Support the elimination of all forms of forced or compulsory labor. | 65 and 71 |
| 5 | Support the effective abolition of child labor. | 65 and 71 |
| 6 | Eliminate discrimination in the workplace. | 80, 81 and 82 |
| **Environment** | | |
| 7 | Support a precautionary approach to environmental challenges. | 85 |
| 8 | Develop initiatives to promote greater environmental responsibility. | 71 and 85 |
| 9 | Encourage the development and diffusion of environmentally friendly technologies. | 85 |
| **Against corruption** | | |
| 10 | Fight corruption in all its forms, including extortion and bribery. | 65 |

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Manoel Tabacow Hidal Z'L
Jozef Fehér Z'L
Joseph Safra

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Jacob Werebe Z'L *(Deceased 10/31/2010)*
Gert Kaufmann Z'L *(Deceased 5/5/2011)*
Moyses Cutin Z'L *(Deceased 1/19/2012)*
Moises Levy Z'L *(Deceased 1/17/2012)*
Eliova Zukerman Z'L *(Deceased 6/3/2016)*
Milly Tepermann Z'L *(Deceased 2/12/2018)*
Artur Bielawski Z'L *(Deceased 8/24/2018)*

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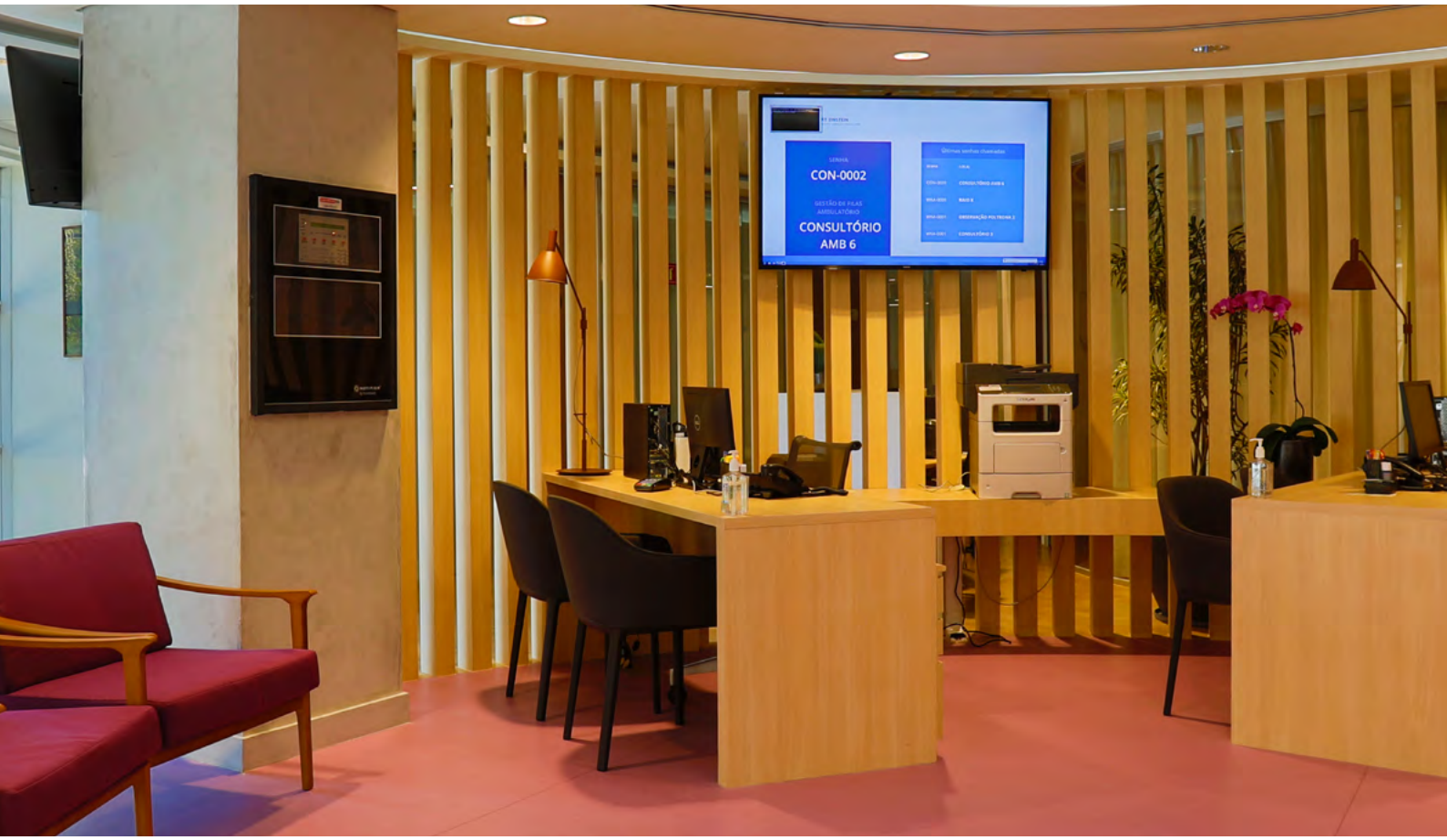

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## PROJECT COORDINATION
Andréa Postol
Carolina Fittipaldi
Giuliana Benzi

## PRODUCTION
**Materiality and GRI consulting:** Bruno Vio (Gestão Origami)

**Drafting and editing:** Judith Mota (Conecta Conteúdo e Sustentabilidade)

**Revision:** Carla Mello Moreira

## GRAPHIC PROJECT AND LAYOUT
Adesign

## PHOTOGRAPHY
Edson Hasegawa
Fabio H. Mendes – E6 Imagens
Ramede Felix
Roberto Assem
Banco de imagens do Einstein

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