SUSTAINABILITY REPORT 2012

Einstein never stops

ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA
HOSPITAL • ENSINO E PESQUISA • RESPONSABILIDADE SOCIAL


HOSPITAL ISRAELITA ALBERT

A year of achievements

[1.1 and 1.2]

TODAY, WE ARE MORE THAN AN EXCELLENT HOSPITAL COMPLEX, AND WE ARE FULLY PREPARED TO HELP BRAZIL GET READY FOR UPCOMING SOCIAL AND DEMOGRAPHIC CHANGES

The *Sociedade Beneficente Israelita Brasileira Albert Einstein* was founded with the mission to provide excellent health services. After 58 years, we have reached that goal, but we are constantly seeking to go beyond it. Our model encompasses an important set of actions in research and education, and it also supports improvements in the Brazilian public health system, which shows that we are ready to go on with our contribution to the development of health care in Brazil.

In 2012, several events demonstrated the excellence of our services. We performed the first multivisceral transplant in the country, in which stomach, duodenum, small intestine, pancreas and liver were transplanted. We also underwent important physical expansions, including the opening of new facilities for the *Laboratório de Análises Clínicas* [Clinical Analysis Lab], the new *Alphaville* Unit, and the urgent care ward expansion at the *Ibirapuera* Unit. We also obtained the reaccreditation from the Joint Commission International plus the accreditation from the Foundation for the Accreditation of Cellular Therapy (FACT) for services and processes related to bone marrow transplants.

However, our performance would not have been as good if these had been our only accomplishments in the year. In 2012, the *Hospital Municipal Dr. Moysés Deutsch*, managed by *Einstein* in collaboration with the *Centro de Estudos e Pesquisas Dr. João Amorim (Cejam)*, was fully accredited (level 2) by the *Organização Nacional de Acreditação (ONA)* [National Accreditation Organization], which is responsible for certifying the quality of hospitals and health services. Thanks to our efforts throughout the year, more than 600 thousand people in *Jardim Ângela* and *Jardim São Luiz*, in *Subprefeitura do M'Boi Mirim* [southern São Paulo], are now provided with high quality public health care.

Another important accomplishment was in the area of education, made possible by the opening and full use of new facilities offering advanced degrees on *Avenida Paulista*, one of the areas with the largest

concentration of hospitals and health care institutions in *São Paulo*. Our technical courses, undergraduate and *lato sensu* graduate programs, as well as partnerships with foreign education and health institutions, have contributed to the qualification and increase in the country's health care workforce.

In research, it is crucial to mention the inclusion of **einstein** magazine on PubMed/MEDLINE® of the U.S. National Library of Medicine (NLM), and the SciVal Brasil award in the category Quotes per Document (Research Institutes and Others), one of the most important research awards in Brazil.

Today, we are more than an excellent hospital complex, and we are fully prepared to help Brazil get ready for the upcoming social and demographic changes. Our population lives longer now and it is aging, and this demands a larger, better and different medical structure. *Einstein* never stops, and that's why I am positive that, with the support of our collaborators, advisors and donors, we will be able to take on the responsibilities of this journey.

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

Report parameters

Einstein never stops

THE *SOCIEDADE* UNDERSTANDS THAT REPORTING WITH CLARITY, ETHICS AND TRANSPARENCY IS AN IMPORTANT TOOL TO CONTINUALLY IMPROVE ITS MANAGEMENT SYSTEM

The *Sociedade Beneficente Israelita Brasileira Albert Einstein* is committed to working transparently and ethically when it comes to accountability. The Sustainability Report that you have in your hands is the result of this commitment, and it is a tool that allows for the continuous improvement of our management system and the relationship with different groups.

The evaluation of the environmental and social impact caused by health institutions as well as the identification of opportunities for improvement are fundamental to assure coherence when it comes to providing health care to patients. Medical practices must avoid environmental damage and offer long-lasting benefits to future generations.

To the *Einstein*, the data collected in 2012 is the result of a set of significant actions, and it guarantees the success of the work developed by the *Sociedade*.

The purpose of this Sustainability Report is to show how the *Einstein* works to ensure excellence in the management of its activities, in the responsible use of natural resources, and in the pursuit of value when providing quality medical services integrated with social equality and the country's development.

Therefore, the intention of this document is for patients, doctors, researchers, government representatives, and private and public organizations to understand how the *Sociedade* is committed to building a future in which quality of life can be better for everyone.

For the third consecutive year, the *Sociedade Beneficente Israelita Brasileira Albert Einstein* publishes its Sustainability Report according to the guidelines and protocols of the Global Report Initiative (GRI), an internationally recognized standard that allows for the analysis and comparison of the economical, environmental and social development of organizations. The last report was published at the beginning of 2012 and, since then, the document has undergone a third-party inspection performed by an independent organization specializing in evaluations of this nature. [3.2, 3.3, 3.9, 3.13]

This Report refers to 2012 (from January 1 to December 31) and offers a comprehensive look at the initiatives, management systems and results attained by the *Sociedade*. According to the parameters established by the GRI guidelines (version 3.1) and the third-party inspection performed by *TÜV Rheinland/Lanakaná*, the Report reached application level A+. [3.1, 3.7]

The *Sociedade* understands that reporting its activities and results with clarity, ethics and transparency is an important tool to continually improve its management system and guarantee the long-lasting development of its activities in line with the mission and values proposed by its founders. Thus, this report was produced taking into consideration data collected to develop our operational strategies and to meet the demands of the different publics the institution serves. [3.5]

Additional information about the contents of this report can be requested at www.einstein.br (under the *Fale Conosco* tab) or by emailing us at relatorio@einstein.br. [3.4]

Materiality matrix and stakeholders' engagement

The management staff at the *Sociedade Beneficente Israelita Brasileira Albert Einstein* is also focused on the impact of the organization's activities in the communities it serves and on the demands and expectations of its different publics. Therefore, the *Sociedade* believes it is crucial to engage stakeholders, plan actions, and develop reporting processes that take into consideration the results of this engagement and the material topics referring to these publics. [3.5, 4.15]

The most recent engagement process was developed at the beginning of 2012, and it featured a previous evaluation of the audiences served by the organization. The process also relied on a scoring matrix in which these audiences were evaluated according to economic, social and environmental parameters; the most important ones were considered strategic and are listed in the following table. [4.15]

The definition of material topics for the *Einstein* involved all stakeholders, who were consulted via in-person or phone interview, electronic questionnaires and meetings. The documents and social tools of the *Sociedade*, as well as interviews with leaders and managers, were also taken into consideration. Moreover, the *Einstein* is continually connected to the public: regardless of the material produced for this report, daily satisfaction surveys and interaction with the target audience helped build the contents of this document. [3.5, 4.15, 4.16]

STAKEHOLDERS* AT THE *SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA ALBERT EINSTEIN* [4.14, 4.15]

Staff
Managers
Patients
Community leaders and patient boards
Volunteers
Doctors
Researchers
Outsourced employees
Government
NGOs
Advisors
Suppliers
Journalists

*Strategic audiences with which the institution is related

THE MATERIAL TOPICS FOUND AFTER THE STAKEHOLDERS' ENGAGEMENT [4.17]

Environment
Recycling
Water consumption
Material management
Waste management
Food waste
Sociedade Beneficente Israelita Brasileira Albert Einstein
Sustainable management
Diagnostic medicine
Certifications and accreditations
Participation of the Jewish community in Brazil
Community
Relations with the community
Quality services for communities
Rendering of accounts about public funding
Social programs and projects
Patient care
Excellence in support
Humanization
Collaborators
People management
Continued education

Highlights of 2012


15
ALBERT EINSTEIN
INSTITUTO ISRAELITA DE
ENSINO E PESQUISA
CENTRO DE EDUCAÇÃO EM SAÚDE
ABRAM SZAJMAN

Highlights of 2012 [2.10]

March
• 5th Joint Commission International reaccreditation

April
• Partnership with MD Anderson Cancer Center
• First multivisceral transplant performed in Brazil (stomach, duodenum, intestine, pancreas and liver)
• Magazine **einstein** included on PubMed/MEDLINE®

May
• Opening of the new facilities of the *Laboratório de Análises Clínicas* [Clinical Analysis Lab], with an area of 1,461 m²
• 40th anniversary of the of the Intensive Care Unit
• Opening of the new Urgent Care Ward at the *Ibirapuera* Unit, with an area of 828 m²

August
• First *Relatório de Desfechos Einstein* [Outcome Report of the Einstein], containing selected results in strategic areas in Orthopedics and Rheumatology, Surgery, Neurology and Cardiology
• Awarded at the *4º Prêmio Inovação Medical Services* [4th Innovation in Medical Services Award], carried out by pharmaceutical company Sanofi — Lean Six Sigma project for the management of services for spontaneous demand at the *UBS Jardim Olinda* [Basic Health Care Unit]

October

• Opening of new *Unidade de Ensino Einstein* [Einstein Educational Unit] on *Avenida Paulista*, with an area of 1,097 m^2

• Opening of the new *Alphaville* Unit, with an area of 8,444 m^2

• Awarded the *Prêmio SciVal Brasil 2012* in the category Quotes per Document (Research Institutes and Others)

September

• Chosen by *AméricaEconomía* magazine as the best hospital in Latin America for the fourth year in a row

• Chosen by *Guia Você S/A – Exame* as one of the 150 best companies to work for in Brazil for the third year in a row

• 12 new beds added at *Morumbi* Unit

November

• *Hospital Municipal Dr. Moysés Deutsch* was fully accredited (level 2) by the *Organização Nacional de Acreditação (ONA)* [National Accreditation Organization]

• The processes concerning bone marrow transplants were accredited by the Foundation for the Accreditation of Cellular Therapy (FACT)

Profile

About us

The *Sociedade Beneficente Israelita Brasileira Albert Einstein* is a non-profit civil organization founded in 1955 by Jewish doctors and businessmen who wanted to provide Brazilians with superior health care and high-quality medical practices. [2.1, 2.6]

The *Sociedade* strategically focuses on health care, diagnostic medicine, education, research, and social responsibility. Its headquarters are located at the *Morumbi* Unit, in the city of São Paulo. That Unit hosts *Hospital Israelita Albert Einstein* [Albert Einstein Israeli Hospital], founded in 1971 — a complex of six buildings and 617 beds where patients are treated and surgeries are performed. Exams, medical appointments and other services are also performed at that Unit. [2.2, 2.3, 2.4, 3.6, 3.8]

The *Einstein* has also invested in education and research by supporting the *Instituto Israelita de Ensino e Pesquisa Albert Einstein* [Albert Einstein Israeli Institute of Education and Research]. The *Instituto Israelita de Responsabilidade Social Albert Einstein* [Albert Einstein Israeli Institute of Social Responsibility] integrates the *Sociedade* with the *Sistema Único de Saúde* (*SUS*) [Unified Health System] through the *Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (PROADI-SUS)* [Support Program for the Institutional Development of the Unified Health System]; it also benefits approximately 1 million residents of southern *São Paulo* and develops projects focused on different communities, including the Jewish one. [2.2, 2.3, 3.6, 3.8]

THE *SOCIEDADE* STRATEGICALLY FOCUSES ON HEALTH CARE, DIAGNOSTIC MEDICINE, EDUCATION, RESEARCH, AND SOCIAL RESPONSIBILITY

During the period covered by this report, there were no significant alterations concerning size, structure or ownership of shares, scope, limits or measuring methods. [2.9, 3.11]

Addresses [2.7, 2.8, 3.6, 3.8]

In addition to the *Morumbi* Unit, the *Sociedade* has other institutions that complement the offer of hospital, outpatient and diagnostic medicine services.

***Morumbi* Unit**
Avenida Albert Einstein, 627 – Morumbi

Services offered:
Hospital Care, Urgent Care, Diagnostic and Preventive Medicine, Education, Research, Outpatient Care and Consulting and Management

***Jardins* Unit**
Avenida Brasil, 953 – Jardins

Services offered:
Preventive and Diagnostic Medicine

***Alphaville* Unit**
Avenida Juruá, 706 – Alphaville

Services offered:
Preventive and Diagnostic Medicine, Urgent Care and Outpatient Care

***Morato* Unit**
Avenida Professor Francisco Morato, 4.293 – Vila Sônia

Services offered:
Education and Research

***Paulista* Unit**
Avenida Paulista, 37, 15º andar – Bela Vista

Services offered:
Education

***Ibirapuera* Unit**
Avenida República do Líbano, 501 – Ibirapuera

Services offered:
Preventive and Diagnostic Medicine and Urgent Care

***Vila Mariana* Unit**
Rua Madre Cabrini, 462 – Vila Mariana

Services offered:
Home Health Care, Hospital Care, Outpatient Care and Long-stay Care

***Paraisópolis* Unit**
Rua Manoel Antônio Pinto, 210 – Vila Andrade

Services offered:
Outpatient Care and Social Promotion

***Cidade Jardim* Unit**
Shopping Cidade Jardim – 5º piso – Avenida Magalhães de Castro, 12.000 – Morumbi

Services offered:
Preventive and Diagnostic Medicine

***Perdizes–Higienópolis* Unit**
Rua Apiacás, 85 – Perdizes

Services offered:
Preventive and Diagnostic Medicine, Urgent Care, Outpatient Care and Day Hospital

Organizational culture

The solid organizational culture of the *Sociedade* contributes to its resilience and stimulates its active, patient-oriented presence while promoting continuous improvement in line with its values. In addition, it generates trust through leaders who abide by the *Sociedade*'s corporate values and mechanisms that allow for the correction of processes on every level.

These conclusions are part of the diagnostics performed by researcher Carmen Migueles, a professor at *Fundação Dom Cabral* specializing in sociology of organizations. The study also identified that this organizational culture motivates *Einstein* to implement its strategy, mission and vision. This process has been going on due to factors like the commitment to providing excellent services to patients, the training of a nursing team that can better interact with doctors and debate issues based on evidence, etc.

The study hints at other characteristics of the organizational culture:

- Readiness for change, which is constant and inevitable
- The ability to deal with difficult situations, seeking alternatives to restructure them according to the mission
- The ability to face risks and the belief that actions guided by values will generate the desired sustainable results
- The ability to influence people and to solve conflicts using values as a common point
- Search for balance between acknowledging individual excellence and the humility necessary to serve people

THE ORGANIZATIONAL CULTURE OF THE *SOCIEDADE* STIMULATES AN ACTIVE, PATIENT-ORIENTED PRESENCE

Mission [4.8]

To offer quality services in health care, and foster knowledge and social responsibility as a way to show the contribution of the Jewish community to the Brazilian society.

View [4.8]

To be an innovative leader in health care, a standard-setter in knowledge management and acknowledged by its commitment to social responsibility.

Values [4.8]

The activities of our institutions and the work of *Einstein's* collaborators are guided by the following Jewish precepts and values:

Mitzvá (Good deeds)
Refuá (Health)
Chinuch (Education)
Tsedaká (Social justice)
Honesty
Truth
Integrity
Diligence
Justice
Altruism
Self-reliance
Professionalism
Teamwork

Corporate governance

The governance model of the *Sociedade Beneficente Israelita Brasileira Albert Einstein* is based on the best practices recommended by the *Instituto Brasileiro de Governança Corporativa (IBGC)* [Brazilian Institute of Corporate Governance], and its objective is to create solid structures that support a clear, straightforward and transparent decision-making process. Leading positions at the *Sociedade* are not paid, and all the profit obtained is invested in the activities of the organization. [4.5, 4.9, 4.10]

The organization's leaders have also developed an Institutional Manual of Ethics Guidelines, which contains the rules and values of the institution. It is the Ethics Committee's duty to judge violations of the Manual and deliberate about questions on its interpretation. [4.6]

The *Sociedade's* advisors meet at General Assemblies that take place at least once a year. Every two years, the General Assembly elects one third of the Deliberative Council, which can have up to 180 members. The term of each elected member of the Deliberative Council is comprised of six years. General Assemblies also elect the members of the Fiscal Council, responsible for inspecting and evaluating the performance of administrative departments. [4.3]

The Deliberative Council, which usually meets twice a year, is responsible for electing members of the Advisory Council – whose main task is to issue opinions on strategic matters –, the Board of Directors, and the Elected Board. Terms are comprised of six years, too.

The Board of Directors consists of one president and eight vice-presidents, and it sets the general guidelines and operational strategies of *Einstein*. The three committees that support the Board of Directors are composed of both advisors and employees of the *Sociedade*.

The Elected Board – which also consists of one president and eight vice-presidents – directs *Einstein*'s management and the implementation of strategies approved by the Board of Directors. Its operations are supported by seven committees. The General Superintendency – composed of professionals recruited from the market – and the Volunteering Department both report to the Elected Board, the president of which is also the president of the *Sociedade*. [4.2]

Members of the governance department are active doctors at the *Sociedade* and renowned professionals from different industries. The *Sociedade*'s strategic planning and risk management are guided by the Precautionary Principle present in patient care, environmental management, employee's professional development and benefits, research and innovation, and in the relationship with communities described throughout this report. [4.7, 4.11]

Sustainability is also part of the strategic view of the *Sociedade*, and it is handled by two committees: the *Comitê de Estratégia, Tecnologia, Qualidade, Inovação e Sustentabilidade* [Committee for Strategy, Technology, Quality, Innovation and Sustainability] – which reports to the Board of Directors – and the *Comitê de Responsabilidade Social e Sustentabilidade* [Committee for Social Responsibility and Sustainability] – which reports to the Elected Board. Both groups are responsible for the management of the commitment voluntarily made to the Global Pact.

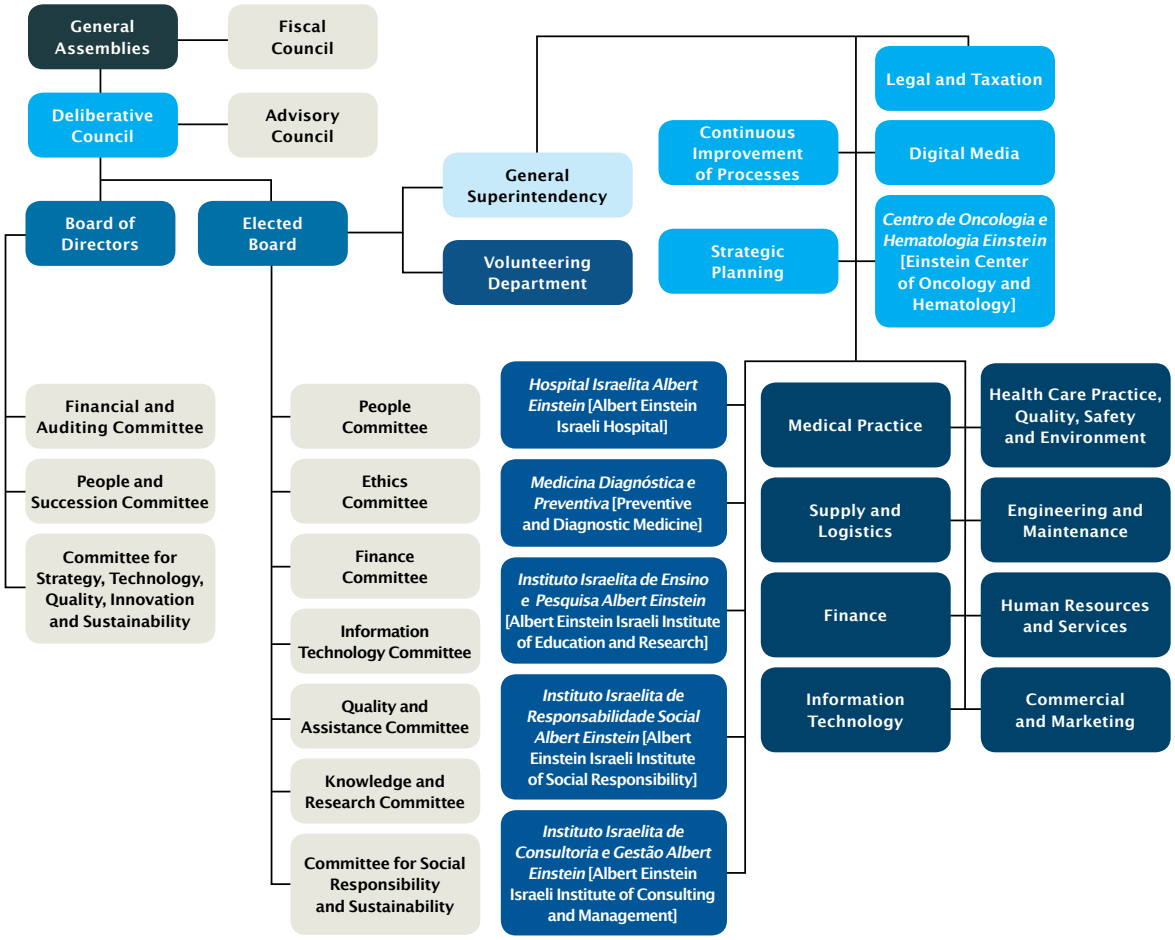
Elected Board

From left to right: **Dominique José Einhorn, Sidney Klajner, Claudio Schvartsman, Eduardo Zlotnik, Claudio Luiz Lottenberg, Alexandre Roberto Ribenboim Fix, Henri Philippe Reichstul, Nelson Wolosker, *and* Flavio Tarasoutchi**

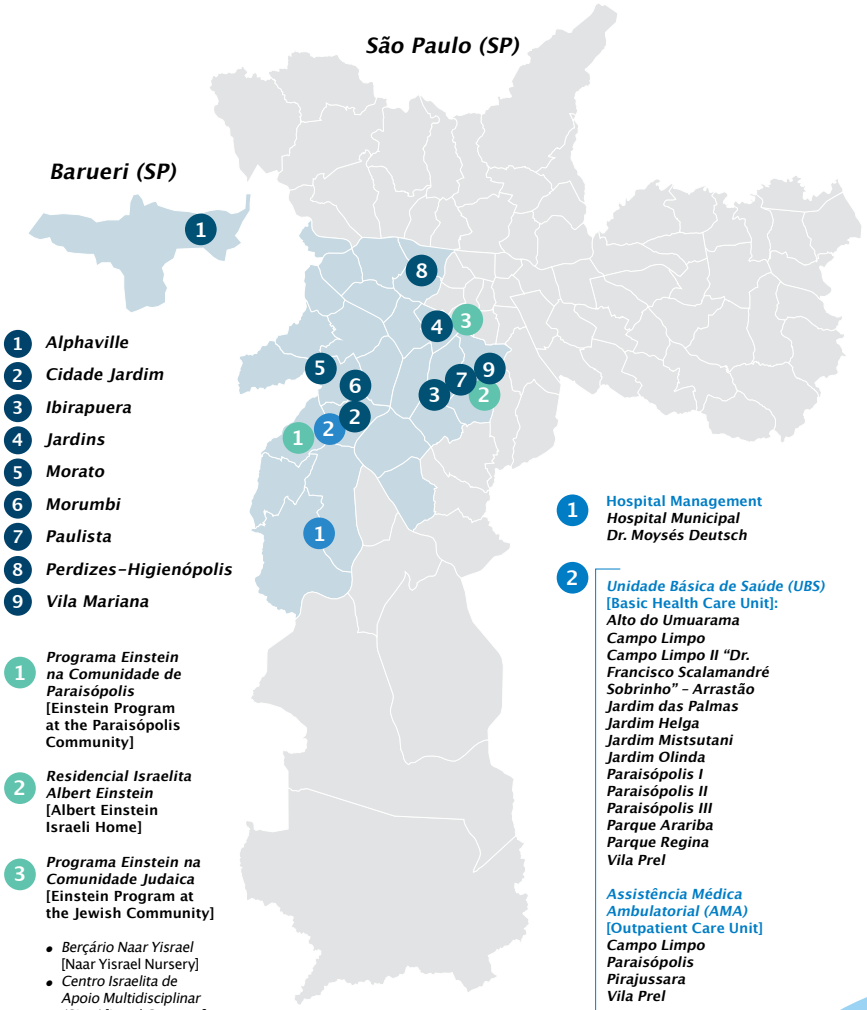
Board of Directors

From left to right: Andrea Sandro Calabi, Claudio Thomaz Lobo Sonder, Charles Siegmund Rothschild, Luiz Gastão Mange Rosenfeld, Claudio Luiz da Silva Haddad, Reynaldo André Brandt, Mario Arthur Adler, Elias Knobel, Nelson Hamerschlak, *and* Jacyr Pasternak *(guest)*

GOVERNANCE MAP [4.1]



OPERATION MAP [2.7]



1. *Alphaville*
2. *Cidade Jardim*
3. *Ibirapuera*
4. *Jardins*
5. *Morato*
6. *Morumbi*
7. *Paulista*
8. *Perdizes–Higienópolis*
9. *Vila Mariana*

1. ***Programa Einstein na Comunidade de Paraisópolis*** **[Einstein Program at the Paraisópolis Community]**

2. ***Residencial Israelita Albert Einstein*** **[Albert Einstein Israeli Home]**

3. ***Programa Einstein na Comunidade Judaica*** **[Einstein Program at the Jewish Community]**

- *Berçário Naar Yisrael* [Naar Yisrael Nursery]
- *Centro Israelita de Apoio Multidisciplinar (Ciam)* [Israel Center of Multidisciplinary Support]
- *Colégio Bialik* [Bialik School]
- *Colégio I. L. Peretz* [I. L. Peretz School]
- *Lar das Crianças da Confederação Israelita Paulista (CIP)* [Home for Paulista Israeli Confederation Children]
- *Oficina Abrigada de Trabalho (OAT)* [Work Association for the Mentally Challenged]
- *União Brasileiro-Israelita do Bem-Estar Social (Unibes)* [Brazilian-Israeli Union for Social Welfare]

1. **Hospital Management**
Hospital Municipal Dr. Moysés Deutsch

2. ***Unidade Básica de Saúde (UBS)*** **[Basic Health Care Unit]:**
Alto do Umuarama
Campo Limpo
Campo Limpo II "Dr. Francisco Scalamandré Sobrinho" – Arrastão
Jardim das Palmas
Jardim Helga
Jardim Mistsutani
Jardim Olinda
Paraisópolis I
Paraisópolis II
Paraisópolis III
Parque Arariba
Parque Regina
Vila Prel

Assistência Médica Ambulatorial (AMA) **[Outpatient Care Unit]**
Campo Limpo
Paraisópolis
Pirajussara
Vila Prel

Centro de Atenção Psicossocial (CAPS) **[Center of Psychosocial Care]**
Paraisópolis

THE *SOCIEDADE*'S GOVERNANCE MODEL IS BASED ON THE BEST PRACTICES RECOMMENDED BY THE *INSTITUTO BRASILEIRO DE GOVERNANÇA CORPORATIVA* [BRAZILIAN INSTITUTE OF CORPORATE GOVERNANCE]

Financial results

Despite being a non-profit organization, the *Sociedade* understands that economic performance and revenue growth are important tools to assure the accomplishment of its mission. In the past five years, R$ 1.17 billion were invested in expanding capacity, replacing and updating assets and equipment, infrastructure and automation. For the next five years, it is estimated that approximately R$ 1.23 billion will be invested.

In 2012, revenues reached R$ 1.59 billion, a 15.3% growth compared to the previous year. Costs and expenses accounted for R$1.53 billion with an increase of 16.5%, including a R$ 15.7 million provision to be offset by projects in collaboration with the *Ministério da Saúde* [Ministry of Health] from 2012 to 2014. Earnings during this period reached R$ 82.9 million, a 22.2% decrease compared to the previous year. Earnings before interest, taxes, depreciation and amortization reached R$ 167.9 million, a 12.1% growth compared to the previous year.

In addition to the result of the services provided and donations received (totaling R$ 22.3 million), the *Sociedade* received R$ 400,000 in financing from *Banco Nacional do Desenvolvimento Econômico e Social (BNDES)* [National Bank for Economic and Social Development] in 2012.

The *Instituto Israelita de Responsabilidade Social Albert Einstein* [Albert Einstein Israeli Institute of Social Responsibility] invested R$ 207.3 million in social initiatives in 2012, of which 161.8 million went to various *PROADI-SUS* projects, R$ 14 million were invested in the *Programa Einstein na Comunidade Judaica* [Einstein Program at the Jewish Community], R$ 26.7 million in the *Residencial Israelita Albert Einstein* [Albert Einstein Israeli Home], and R$ 4.8 million in donations to social care entities (R$ 1.8 million in funds and R$ 3 million in equipment). The transference of resources from the *Secretaria Municipal de Saúde de São Paulo* [Municipal Secretariat of Health of São Paulo city] to the execution of public partnerships and management of *Hospital Municipal Dr. Moyses Deutsch* reached R$ 200.9 million. [EC4]

FINANCIAL RESULTS ARE IMPORTANT SO THAT THE *SOCIEDADE* CAN ACCOMPLISH ITS MISSION WITH EXCELLENCE AND QUALITY

EINSTEIN'S FINANCE MANAGEMENT COVENANTS [4.8]

1	Leverage	Participation of third-party resources in the overall operational capital invested. Limit is 30% of revenue. The *Sociedade* sponsors part of the expansion using third-party resources at a total cost usually lower than the opportunity cost (CDI).
2	Cash and financial applications	Cash availability and financial applications to support possible unexpectedly low revenues and other financial issues must be at least 25% of revenue.
3	Investments and interests	Surplus from cash from operations, interest receivable, and fund raising must finance debt investment and service. In the future, the use of third-party resources for expansion becomes amortization, interest payable and surplus from cash from operations.
4	Indebtedness	Debt payoff cannot be greater than two times the generation of cash from operations. It can temporarily reach 2.5 times. Higher limit is intended to support the necessary funding for peak investments.

CAPITAL EXPENDITURES (IN R$ THOUSANDS)

2010	2011	2012	2012/2011
241,157	157,369	178,025	13.1%

RESULTS (IN R$ THOUSANDS) [2.8]

	2010	2011	2012	2012/2011
Revenues	1,110,056	1,384,915	1,597,188	15.3%
Expenses	1,055,551	1,314,156	1,531,418	16.5%
Results from operations	**54,505**	**70,759**	**65,770**	**-7.1%**
Total financial results	36,181	35,809	17,171	-52.0%
Results from financial year	**90,686**	**106,568**	**82,941**	**-22.2%**
EBITDA	**126,760**	**149,814**	**167,940**	**12.1%**

BALANCE SHEET (IN R$ THOUSANDS)

	2010	2011	2012	2012/2011
Total current assets	**676,868**	**827,285**	**834,282**	**0.8%**
Other noncurrent assets	31,529	45,153	62,240	37.8%
Intangible	45,941	40,374	62,001	53.6%
Fixed	1,120,276	1,207,875	1,266,114	4.8%
Deferred	14,003	10,286	6,274	-39.0%
Total noncurrent assets	**1,211,749**	**1,303,688**	**1,396,629**	**7.1%**
Total assets	**1,888,617**	**2,130,973**	**2,230,911**	**4.7%**
Total current liabilities	211,834	235,009	338,652	44.1%
Total noncurrent liabilities	253,683	366,296	279,650	-23.7%
Total corporate assets	1,423,100	1,529,668	1,612,609	5.4%
Total liabilities and assets	**1,888,617**	**2,130,973**	**2,230,911**	**4.7%**

CAPITAL EXPENSES (IN R$ THOUSANDS)

	2011	2012	2012/2011
Lands and buildings	**81,428**	**66,679**	**–18.1%**
Development Plan (construction in all Units)	77,845	65,580	–15.7%
Renovation	3,583	1,099	–69.3%
Technology and automation	**41,090**	**43,735**	**6.4%**
Systems and applications	9,382	20,289	116.2%
Installations and telephony	20,405	16,953	–16.9%
IT equipment	11,303	6,493	–42.5%
Medical equipment	**23,220**	**50,996**	**119.6%**
Machinery and equipment	**3,921**	**7,821**	**99.5%**
Furniture and fittings	**5,775**	**7,939**	**37.5%**
Other	**1,935**	**854**	**–55.9%**
Total	**157,369**	**178,024**	**13.1%**

DEMONSTRATIONS OF ADDED VALUE (IN R$ THOUSANDS) [EC1]

	2010	2011	2012	2012/2011
Direct economic value generated	**1,145,252**	**1,427,919**	**1,628,358**	**14.0%**
Revenues*	1,145,252	1,427,919	1,628,358	14.0%
Economic value distributed	**1,054,566**	**1,321,351**	**1,545,417**	**17.0%**
Operational costs	333,981	486,890	563,097	15.7%
Employee's salaries and benefits	529,807	632,370	744,523	17.7%
Investments in communities**	174,155	179,990	207,325	15.2%
Financial expenses	16,622	22,102	30,471	37.9%
Economic value retained	**90,686**	**106,568**	**82,941**	**–22.2%**

**Net revenue plus financial revenue less deduction of allowance for doubtful accounts*
***These investments refer to the expenses for the* Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (PROADI–SUS) *[Support Program for the Institutional Development of the Unified Health System], the* Programa Einstein na Comunidade Judaica *[Einstein Program at the Jewish Community], the* Residencial Israelita Albert Einstein *[Albert Einstein Israeli Home], and donations to social care entities.*

Knowledge

Committed to quality

Research and Education are areas that contribute to the *Sociedade*'s progress in quality, excellence and ability to innovate, and they bring benefits for patients and the society. The importance of the production of scientific knowledge and professional education in the health care industry under the management of the *Instituto Israelita de Ensino e Pesquisa Albert Einstein* [Albert Einstein Israeli Institute of Education and Research] has been acknowledged by specialists, national and international organizations and the students themselves.

An education institution in line with a health care organization has several advantages. In addition to meeting the requirements of MEC [Brazil's Ministry of Education], *Einstein*'s education center is able to adjust its majors according to questions that are relevant for a health care institution. Therefore, education goes beyond generating knowledge, developing abilities and encouraging actions. It includes the practice that prepares a student to the reality of a health care system and to the market.

THE MAIN HIGHLIGHTS OF EDUCATION IN 2012 INVOLVE QUALITY GROWTH

The main highlights of Education in 2012 involve quality growth. Enrollment at specialization courses increased by approximately 120% compared to 2011 (from 840 to 1,900 students). There was also relevant growth in technical school enrollment, from 480 to 560 students. Nursing major received better grades from MEC, going from 3 to 4 out of 5 points.

Our growth beyond the city of *São Paulo* is evidenced by the advanced degrees we'll soon be offering at the *Universidade Positivo*, in *Curitiba*. Abroad, *Einstein* has partnerships with two of the most important health care institutions in the United States: Johns Hopkins University and MD Anderson Cancer Center. *Einstein* students are sent to those state-of-the-art centers to work on research and develop their abilities.

Another accomplishment was the expansion of the medical residence area, with the approval of five new programs totaling more than 60 resident physicians. The institution has also developed programs for public university students. During the year, undergraduates in their fourth year of Medical School at *Universidade Federal de São Paulo (Unifesp)* [Federal University of São Paulo] take part in one-week courses on research and at the *Centro de Simulação Realística* [Realistic Simulation Center]. That way, *Einstein* opens its doors so that those doctors-to-be can get familiar with cutting-edge technology and practice in situations that simulate the everyday life of a hospital.

Quality education

Einstein offers five technical courses, one undergraduate program in Nursing, several *lato sensu* specialization programs, and one Executive MBA in Health Management in collaboration with *Instituto de Ensino e Pesquisa (Insper)*. In 2012, approximately 2,300 students enrolled in these programs. The institution opened thirty short-term refreshment courses that were attended by about 1,400 students.

In 2012, *Einstein* made an important investment to expand its education department by opening a new Unit on *Avenida Paulista*, one of the areas in *São Paulo* with the largest concentration of hospitals and health care institutions. In addition to having access to qualified faculty and high quality education, students are exposed to the values and principles of the *Sociedade*, which will help them become ethical, responsible professionals.

The integrated management of the *Sociedade* also allows for the sharing of knowledge and good practices developed by the institution in several different areas. This occurs during in-company courses offered to collaborators. They can follow their original format or, when necessary, they can be adjusted to the needs of companies and organizations.

Due to their good academic background, approximately 70% of our Nursing School undergraduates find positions at *Einstein* after their approval in selection processes also taken by candidates from other institutions.

Education areas

Our organization offers various options in education:

- Technical school
- Undergraduate Nursing Program
- Medical residence
- *Lato sensu* specialization program and Executive MBA
- Short-term refreshment courses and continuing education programs

NUMBER OF PARTICIPANTS IN TRAINING PROGRAMS FOR OTHER HEALTH INSTITUTIONS

Institutions	2010	2011	2012	2012/2011
Assistência Médica Ambulatorial (AMA) and *Programa de Saúde da Família (PSF)*	8,378	14,175	18,609	31.3%
*Hospital Municipal Dr. Moysés Deutsch**	1,106	0	39	--
PROADI-SUS	1,420	1,880	2,131	13.3%
Total	**10,904**	**16,055**	**20,779**	**29.4%**

*Hospital Municipal Dr. Moysés Deutsch *was founded in 2005. As of 2012, training programs started being held in collaboration with* Centro de Estudos e Pesquisas Dr. João Amorim (Cejam). *However, a few openings for training programs at* Einstein *are offered to professionals from that institution.*

The *Sociedade* also holds scientific events that allow health care professionals and specialists to exchange experiences. One of the highlights of 2012 was the 1st International Symposium on Patient Safety and Quality. It addressed the topic of health care management, focusing on reducing risks and damage, and based on improving the quality of the service offered. In addition to this event, the *VI Simpósio Internacional de Enfermagem (Sien)* [6th International Nursing Symposium] and the first FIFA 11+ Soccer Injury Prevention Program were also very well received by the public. In total, more than 3,000 people participated in the events promoted by *Einstein*.

Research

Einstein also sets standards in research and scientific knowledge production that aim to improve life quality. In 2012, the institution was awarded the *Prêmio SciVal Brasil* for the number of quotes per published scientific article, one of the most important awards in Brazil.

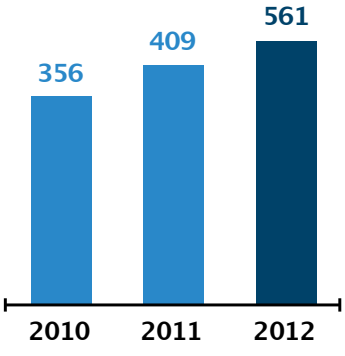
The research projects developed at the *Sociedade* can come from different places and can be performed at *Centro de Experimentação e Treinamento em Cirurgia* [Center of Surgery Experimentation and Training], *Instituto do Cérebro* [Brain Institute], at *Centro de Pesquisa Clínica* [Clinical Research Center] or *Centro de Pesquisa Experimental* [Experimental Research Center].

The Research Planning and Development department offers various services for researchers, like guidance for the production of papers, intellectual property, submission to regulatory agencies, statistical aid, etc.

To support internal production of technological solutions and new processes, *Einstein* created the *Centro de Inovação Tecnológica (CIT)* [Technological Innovation Center], which provides tools and technical guidance to collaborators in addition to gathering resources and professionals in order to create new processes in health care.

Repercussion in the scientific area

Evolution in number of quotes of articles written by *Einstein* researchers



The CIT receives, analyzes and develops new ideas, and that can result in new contracts with the intellectual property licensing industry and product marketing. *Einstein* and the involved authors normally receive royalties.

Support to technological innovation proposals may include:

- Guidance for the incorporation of technological innovations
- Intellectual protection of technological innovation
- Transference of technology/licensing of technological innovations
- Guidance for external funding and participation in partnerships aiming to develop projects that generate innovative products or processes
- Funding of the innovation proposal for the development of projects that generate innovative products/processes

Research topics

Einstein has research projects about the following topics:

- Cardiology
- Endocrinology
- Gynecology
- Orthopedics and Rheumatology
- Nephrology
- Neurology
- Ophthalmology
- Oncogenetics
- Oncology
- Large Scale Sequencing
- Transplants
- Hepatology
- Immunology and Immunogenetics
- Infectology
- Stem Cell Biology

TO SUPPORT THE INTERNAL PRODUCTION OF SOLUTIONS AND NEW PROCESSES, *EINSTEIN* CREATED THE *CENTRO DE INOVAÇÃO TECNOLÓGICA* [TECHNOLOGICAL INNOVATION CENTER]

SCIENTIFIC PRODUCTION AT *INSTITUTO ISRAELITA DE ENSINO E PESQUISA ALBERT EINSTEIN* [ALBERT EINSTEIN ISRAELI INSTITUTE OF EDUCATION AND RESEARCH]

	2010	2011	2012	2012/2011
Publications in indexed periodicals	367	380	363	–4.5%
Publications in periodicals with an impact factor* >1	198	212	210	–0.9%

**FI (impact factor) is a figure that represents an average of quotes of scientific articles published in a periodical. A periodical's FI can vary since it includes articles published in the two previous years. For example: if a periodical published 200 articles in two years and, in the third year, those 200 articles were quoted 500 times, the impact factor of that publication in the third year will be 2.5 (500/200). Since all quotes of a year are taken into consideration, the FI is only published in the following year.*

Simulated reality

Einstein's unique *Centro de Simulação Realística* [Realistic Simulation Center] offers training programs for staff members and third-party professionals. It allows the institution to evaluate the alignment of the training program with protocols and procedures, and it also improves efficiency, thus helping *Einstein* grow and consolidate its patient-centered culture. In 2012, using the concept of Mobile Realistic Simulation, the *Sociedade* offered programs in *Rondônia, Maranhão, Mato Grosso, Goiás, Espírito Santo, Bahia, Pará, Amazonas, Pernambuco, Ceará, Rio Grande do Norte and Rio Grande do Sul.*

TRAINING PROGRAMS PERFORMED AT THE *CENTRO DE SIMULAÇÃO REALÍSTICA* [REALISTIC SIMULATION CENTER]

	2010	2011	2012	2012/2011
Participants	5,678	9,028	6,284	–30.4%
Hours of training*	31,359	53,319	64,930	21.8%

**In 2012,* Einstein *offered many two-day trainings sessions, which reflected in an increase in number of hours despite the reduction in number of participants compared to 2011.*

Internationally acknowledged

In 2013, **einstein** magazine celebrates its 10th anniversary and, in 2012, it was included in PubMed/MEDLINE®, of the U.S. National Library of Medicine (NLM). Is it the first Brazilian publication not connected to medical or scientific societies, universities or university hospitals to achieve this status.

***EINSTEIN* SETS STANDARDS IN RESEARCH AND SCIENTIFIC KNOWLEDGE PRODUCTION IN ORDER TO IMPROVE LIFE QUALITY**

Consultoria e Gestão Einstein [Einstein Consulting and Management]

The wide reach the *Sociedade* has in the health care market (prevention, diagnostics, outpatient care, and hospital care) and the acknowledgement of its excellent processes accredited *Einstein* to offer complete hospital management solutions to public and private health care institutions.

The consulting and management activities are based on the knowledge obtained in all areas in which the *Sociedade* operates. This is one of the cornerstones of *Einstein*, and it allows the institution to offer – also via third-party institutions – quality health care to an increasing number of people, contributing to the development of the health care system in Brazil.

Hospital management consulting

The operational and care processes of a hospital determine how its patients perceive it. Efficient processes and quality care are characteristics of standard setting institutions. *Einstein* offers unique products and solutions for various types and sizes of organizations, including process management and certification and accreditation teams.

Consulting in health care support services

The management of a health care institution requires thorough evaluation of a wide range of processes, from the acquisition of products and services to the study of the economic feasibility of expansions, merges or acquisitions. It is also important to focus on collaborators' health management. *Einstein* professionals offer high-quality services and assistance in the implementation of solutions tailored to the needs of every organization.

Public and charity hospital consulting and management

Public health care organizations have different needs and must comply with various rules and specifications. The *Instituto Israelita de Responsabilidade Social Albert Einstein* [Albert Einstein Israeli Institute of Social Responsibility] offers assistance to these entities, including those that intend to establish partnerships with the government in order to offer health care services to the population served by *SUS*.

Commitment

Safe practice

With its structured management and clearly defined institutional goals, *Einstein* has mechanisms to evaluate and monitor possible risks to which patients might be exposed inside and outside its units. The acknowledged quality of the services provided by the *Sociedade* is based on *Sistema Einstein da Qualidade* [Einstein Quality System], a set of management programs that streamline planning, creation and execution of support processes.

EINSTEIN HAS MECHANISMS TO EVALUATE AND MONITOR ASPECTS AND POSSIBLE RISKS TO WHICH PATIENTS MIGHT BE EXPOSED

Quality is a strategic issue for the institution; that's why it continuously monitors a set of indicators that form the *Índice de Segurança do Paciente* [Patient Safety Index]. The creation of this mechanism and the constant evaluation of results allow for the systematic reduction of serious adverse events, defined as unexpected events with no relation to the natural course of the disease, involving serious physical or psychological damage or, in an event of extreme gravity (catastrophic), death or loss of faculty or organ. [PR1]

The significant reduction in the number of events of this kind comes from a culture focused on patient safety and from the engagement of the clinical and support staff in identifying, reporting and analyzing serious adverse events, in order to improve processes and medical practices. *Einstein*'s safety culture is present in the firm commitment to eliminate or mitigate risks in patient care, professional practice and in the hospital environment.

Local safety committees

The local safety committee's goal is to promote patient safety culture by reviewing reported events in monthly meetings that take place at every Unit. It is a moment of reflection during which the staff focuses on the service provided and the engagement of the group as a whole. Eventual mistakes are not subject to punishment; they are a source to better understand and identify areas where there's room for improvement. With the implementation of local committees, there was a significant increase in event reporting.

Staff safety

One of *Einstein*'s concerns is to assure the safety of its staff when performing activities inside a unit or when providing services to the community. In 2012, the lost time accident frequency rate, measured by the number of accidents per million hours of work, reached 5.08, 10% lower if compared to the previous year. In the same period, no work-related casualties were registered. [LA7]

LOST TIME ACCIDENT FREQUENCY RATE* [LA7]

Area	2010	2011	2012	2012/2011
Sociedade	9.1	5.6	5.1	-9.3%
Administrative areas	1.1	1.8	3.8	108.3%
Hospital Israelita Albert Einstein **[Albert Einstein Israeli Hospital]**	10.6	5.5	5.1	-8.2%
Instituto Israelita de Ensino e Pesquisa Albert Einstein **[Albert Einstein Israeli Institute of Education and Research]**	7.6	3.3	10.6	222.1%
Instituto Israelita de Responsabilidade Social Albert Einstein **[Albert Einstein Israeli Institute of Social Responsibility]****	14.4	11.1	8.4	-24.3%
Medicina Diagnóstica e Preventiva **[Preventive and Diagnostic Medicine]**	3.6	4.0	2.6	-34.8%

**The figure represents the amount of accidents per million hours of work.*
***This indicator refers to 2010 as reported on the 2011 Sustainability Report, and it is different from the one reported for the same year in this publication due to a typo.*

In 2012, various actions were taken to increase our collaborators' safety:

- Stimulating reports: the number of reports about incorrect waste disposal, accidents and incidents went up from 228 to 701.
- 343 safety inspections performed, 90% incompliance with the requirements.
- 56 active accident prevention training programs offered, involving approximately 1,720 collaborators.
- 104 health, safety and environment committee meetings aiming to inform leaders about our safety culture.
- Meetings with directors and managers about accidents and leaves.
- Safety training sessions with managers of the areas with the highest accident rates. Those managers participate voluntarily.
- Managers (or appointed employees) included in safety inspections.
- Development and application of active prevention training to increase prevention awareness.
- Advanced safety awareness training. [LA8]

Environment safety

Einstein's care activities depend on a safe environment for collaborators and patients. Evaluating how facilities and processes can be improved so as to avoid risks and accidents is a constant concern for the *Sociedade*, which has been incorporating the acquired knowledge in our new facilities.

The *Comissão Interna de Prevenção de Acidentes (CIPA)* [Internal Commission for the Prevention of Accidents] consists of 152 employees in charge of processes to improve transportation of people and materials. They have recently restructured the surgery material center. These activities are carried out using the Lean Six Sigma methodology.

Risk management and observation

The *Sistema de Gerenciamento e Vigilância do Risco* [Risk Management and Observation System] aims to identify, investigate, analyze and correct issues in order to minimize or eliminate risks to people (patients, family members, collaborators, etc.), the environment, and the property of the *Sociedade*. This process begins with the notification of an adverse event, identified according to the damage caused. Then, an investigation takes place to find out what caused the event. [EN26]

THE RISK MANAGEMENT AND OBSERVATION SYSTEM AIMS TO IDENTIFY, INVESTIGATE, ANALYZE AND CORRECT MISTAKES

The analysis of operational and care-related processes makes it possible to improve protocols and policies in order to identify and avoid risks before performing procedures.

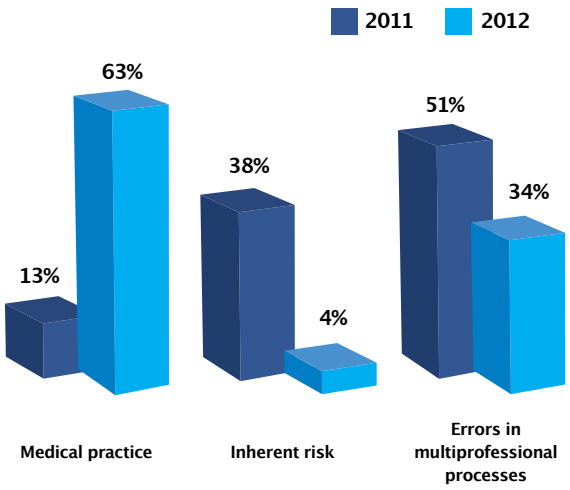
One of the main improvements achieved by *Einstein* in 2012 was the engagement of the hired/open Clinical Staff in the management of risks. This was achieved through the following actions:

- Inclusion of doctors in the *Gerenciamento e Vigilância do Risco* [Risk Management and Observation] team, which dedicates to the analysis and treatment of patient-related serious adverse events
- Engagement of the open Clinical Staff as reviewers and participants in discussions about the cause of serious adverse events
- Creation of a *Comitê de Segurança do Paciente* [Patient Safety Committee] for doctors and other care staff members
- Stronger institutional processes that allow professionals to interrupt unsafe actions as long as they are backed up by validated institutional protocols or processes
- Specific medical training program focused on safety and risk identification

As a practical result of these initiatives, the *Hospital Israelita Albert Einstein* [Albert Einstein Israeli Hospital] continued reducing hospital infection rates – which were already at excellent levels. There was also significant reduction of risks considered inherent to medical procedures and that, therefore, would be theoretically difficult to reduce.

Profile of catastrophic serious adverse events

According to macro-categories of contributing factors



ONE OF THE MAIN ADVANTAGES OF *EINSTEIN*'S DIAGNOSTIC MEDICINE IS THE FOCUS ON THE ASSERTIVENESS AND EFFICIENCY OF EXAMS

Diagnostic medicine

The percentage of preventive and diagnostic medicine in health care services has been growing since it allows more precise and earlier diagnostics. *Einstein* ranks fourth among Brazilian diagnostic medicine centers when it comes to processed volume, having performed almost 5 million exams in 2012.

Approximately 74% of the revenue comes from exclusive users of *Einstein* services – including general check-ups. *Einstein* offers one-day yearly check-ups that consist of thorough evaluations taking place at an exclusive Unit, in a friendly environment and with a multiprofessional approach. Patients are encouraged to adopt healthy habits focused on prevention and mitigation of found risk factors, which results in improved health and quality of life.

One of the main advantages of *Einstein*'s diagnostic medicine is the focus on the assertiveness and efficiency of exams, prioritizing the needs of doctors and patients. The quality of the service also expands to our post-exam relationship with patients. Results can be accessed via mobile devices (tablets and smartphones) or the website, which has been continually improved to increase user satisfaction.

EXAMS PERFORMED (IN THOUSANDS)

Units	2010	2011	2012	2012/2011
Alphaville	235.4	302.0	360.3	19.3%
Ibirapuera	269.6	369.4	447.6	21.2%
*Jardins**	447.7	515.5	579.0	12.3%
Morumbi	1,987.3	2,374.8	3,215.5	35.4%
Perdizes-Higienópolis	39.6	231.6	352.3	52.1%
Total	**2,979.7**	**3,793.3**	**4,954.6**	**30.6%**

**Exams performed during check-ups are also considered.*

CHECK-UPS PERFORMED

2010	2011	2012	2012/2011
5,170	6,906	7,869	13.9%

Professional practice

Considered the best hospital by *AméricaEconomía* magazine for the fourth year in a row, *Einstein* is constantly improving its processes and structure in order to offer quality services and total safety to patients. Moreover, activity management is continually improved to assure the financial sustainability of operations and the ability to invest in innovation and service enhancement.

Care practice

In addition to employing cutting-edge technology and delivering quality services, *Einstein* is committed to offering excellent nursing service, with trained professionals who have the authority to solve patient-related safety issues. *Einstein* currently participates in the Magnet Recognition Program offered by the American Nurses Credentialing Center, an institution that sets standards in care quality measurement.

The Magnet Recognition Program is based on the quality factors and good nursing practice standards of the American Nurses Association (ANA) and Scope and Standards for Nurse Administrators. The criteria are:

- Leadership
- Exemplary professional practice
- Professional empowerment structure
- New knowledge, innovation and improvements
- Empirical results

Accreditations, certifications and designations

Einstein invests in processes that generate continuous improvement. These processes provide quality services to patients in a safe, healthy environment. To ensure excellent quality, the institution is ISO 9001 and ISO 14001 certified. These certifications establish requirements to help improve internal processes, employee training, work environment monitoring, and the satisfaction of patients, staff members and suppliers.

Einstein began implementing certifications and accreditations in 1994, and has been developing its practices ever since in order to reach excellence in patient care.

The main certifications obtained so far are:

- Accreditation from the Joint Commission International, part of The Joint Commission, which evaluates quality at health institutions. *Einstein* was the first hospital outside the USA to receive this accreditation.
- Planetree, a designation given to health care organizations that offer patient-centered services in safe, proper environments.
- Accreditation from the American Association of Blood Banks, an institution that guarantees the quality of blood banks and blood transfusion-related processes.
- Accreditation from the College of American Pathologists, an American entity that certifies clinical analysis and pathology labs.
- Accreditation from the American College of Radiology, which assures the quality of processes related to radiological exams.
- Accreditation from the Foundation for the Accreditation of Cellular Therapy, an organization that certifies processes related to bone marrow transplants, hemotherapy and cellular therapy.
- Accreditation from the Association for Assessment and Accreditation of Laboratory Animal Care International, an institution that evaluates organizations that handle animals for scientific research.

In 2012, *Hospital Municipal Dr. Moysés Deutsch* was fully accredited (level 2) by the *Organização Nacional de Acreditação (ONA)* [National Accreditation Organization], a Brazilian organization responsible for certifying quality in hospitals and health services according to local laws, regulations and standards.

Quality and safety practices

One of the ways to keep and increase quality levels inside *Einstein* is by establishing indicators that are monitored continually. The organization has various indicators that evaluate care processes and clinical results, for example.

PATIENT SAFETY INDICATORS INCLUDED IN THE *SOCIEDADE*'S 2012 BALANCED SCORECARD

Indicator	2010	2011	2012
Blood stream infection associated with central line catheters (number of infections per 1,000 catheters-day)	1.39	1.32	0.79
Urinary tract infection associated with urinary catheters (number of infections per 1,000 catheters-day)	3.00	3.10	1.45
Catastrophic serious adverse events (number of events per 100,000 cases[1])*	1.90	1.35	1.65
Infection rate during clean surgery (number of infections per 1,000 clean surgeries)**	0.25	0.21	0.17
Medication error rate (number of error per 100,000 cases[1])*	61.46	47.38	44.11
Falls incurring serious or moderate damage, including passersby (number of falls per 100,000 cases[2])	1.50	0.84	1.22
Bronchoaspiration in endoscopy and colonoscopy (number of bronchoaspirations per 1,000 procedures)*	0.33	0.19	0.10
Glycemic index lower than 60 mg/dl (%)	2.00	0.83	0.70
Average time for troponin result release at urgent care and ICU (minutes)[3]	–	60.00	56.00
Blue code care (% of the patients who were helped in up to 3 minutes with immediate compression and hypothermia)[4]	–	–	99.00
Hospital mortality rate (%)	1.17	1.09	1.01
Pneumonia associated with mechanical ventilation (number of pneumonia cases associated with the use of mechanical ventilation per 1,000 procedures/day)*	1.97	1.50	1.43

[1]Hospitalization, exams and urgent care cases are considered, in addition to cases related to residents at Residencial Israelita Albert Einstein *[Albert Einstein Israeli Home].*
[2]Hospitalization, exams and urgent care cases are considered.
[3]This indicator started being monitored in 2011.
[4]This indicator started being monitored in 2012.
**The way to express this indicator has changed and, therefore, the 2010 and 2011 figures shown here do not match the figures shown in the 2011 Sustainability Report. That does not mean there was a change in the absolute numbers related to this indicator. It is only expressed in a different way.*
***The 2010 and 2011 figures related to this indicator do not match the 2011 Sustainability Report due to an incorrect rounding of the numbers. The figures shown here are the correct numbers.*

One of the actions taken by the *Hospital Israelita Albert Einstein* [Albert Einstein Israeli Hospital] in 2012 was to focus on special patient care, subdividing management into five parts: Maternity Patients, Hospitalized Patients, Surgery, Serious Cases, and Chronic Patients. Each area reevaluates the procedures indicated to the treatment of each disease type, follows up on results and suggests improvements that allow for shorter hospitalization time and other benefits to patients.

The *Hospital* has been implementing the *Programa de Melhoria do Fluxo de Paciente* [Patient Flow Improvement Program], a program that relies on indicators to evaluate the services offered to patients from the moment they arrive until discharge. The program has identified bottlenecks in the process and reduced the average hospitalization time to 4.27 days – using pre-established goals –, thus decreasing hospitalization costs and the need for new beds.

***HOSPITAL ISRAELITA ALBERT EINSTEIN* [ALBERT EINSTEIN ISRAELI HOSPITAL] ACTIVITY INDICATORS**

Indicator	2010	2011	2012	2012/2011
m^2	268,446	291,819	300,323	2.9%
Number of beds in operation	600	644	647	0.5%
Number of surgery rooms	30	34	34	0.0%
Patients/day	173,599	188,242	194,353	3.2%
Average hospitalization time (in days)	4.32	4.35	4.27	–1.8%
Occupation (%)	83.00	82.86	82.96	0.1%
Number of surgeries (excluding Cesarean sections)*	33,186	35,955	37,866	5.3%
Number of childbirths	3,448	3,531	3,871	9.6%

*The 2010 and 2011 figures related to this indicator do not match the 2011 Sustainability Report because surgeries performed at the Perdizes–Higienópolis Unit were not considered in that report.

NUMBER OF PATIENTS SERVED AT URGENT CARE

Units	2010	2011	2012	2012/2011
Alphaville	31,568	36,459	40,821	12.0%
Ibirapuera	34,546	46,442	59,020	27.1%
Morumbi	108,573	117,674	121,774	3.5%
Perdizes–Higienópolis	4,896	26,886	40,660	51.2%
Total	**179,583**	**227,461**	**262,275**	**15.3%**

The *Programas Integrados de Especialidades Estratégicas* [Integrated Strategic Specialties Programs] are also an important initiative. Multidisciplinary teams work together in the search for new improvement models – ranging from medical, nursing and physical therapy practices to the investment capabilities of the hospital. Encompassing six areas – Cardiology, Orthopedics and Rheumatology, Neurology, Oncology,

AVERAGE PATIENT SURVIVAL RATE AFTER ORGAN TRANSPLANTS

Elapsed time	Liver			Kidney		
	Einstein	*São Paulo*[1]	Unos[2]	*Einstein*	*São Paulo*[3]	Unos[4]
1 year	82.7%	69.1%	89.7%	92.9%	88.3%	95.8%
3 years	78.0%	65.3%	81.0%	90.7%	83.9%	90.7%
5 years	74.0%	63.2%	74.3%	86.7%	78.9%	83.4%
10 years	--	--	--	85.3%	69.5%	62.4%

[1]*Data refers to the period between 1/1/2006 and 12/31/2012.* ***Source:*** Sistema Estadual de Transplantes da Secretaria da Saúde do Estado de São Paulo *[The organ transplant system managed by the São Paulo State Health Department].*
[2]*Data refers to the period between 2005 and 2010.* ***Source:*** *United Network for Organ Sharing (Unos), non-profit organization that manages the unified organ transplant network in the United States.*
[3]*Data refers to the period between 1/1/2002 and 12/31/2012.* ***Source:*** Sistema Estadual de Transplantes da Secretaria da Saúde do Estado de São Paulo *[The organ transplant system managed by the São Paulo State Health Department].*
[4]*Data refers to the period between 2000 and 2010* ***Source:*** *United Network for Organ Sharing (Unos), non-profit organization that manages the unified organ transplant network in the United States.*

Transplants and Surgery –, these programs allow *Einstein* to evaluate the benefits obtained from treatment and to verify if the costs are appropriate.

The strategy, which includes long-term follow-up of patients after the procedures, has been important to improve the relation with health insurance companies since it addresses procedure efficiency (and not only their costs).

Home Care

One of *Einstein*'s biggest concerns is their patients' well being. That's why the Home Care program was created. It reduces the time patients stay in the hospital by using fewer resources without compromising procedure efficiency or patient safety. This initiative began at maternity and orthopedics procedures and was quickly expanded to other areas such as abdominal surgery, hernia surgery, cholecystechtomy and appendectomy, and is very well accepted by the clinical staff and patients.

NUMBER OF CASES IN WHICH HOME CARE WAS USED AS SUPPORT FOR HOSPITAL STAY REDUCTION

Procedimento	2011	2012	2012/2011
Maternity	81	140	72.8%
Cholecystechtomy	40	94	135.0%
Haemorrhoidectomy	20	43	115.0%
Hernia	19	43	126.3%
Appendectomy	12	31	158.3%
Other	13	127	876.9%
Total	**185**	**478**	**158.4%**

The *Einstein*'s *Centros de Excelência* [Excellence Centers] began in 2011 with a project for evaluating patients who were recommended spinal surgery. They are an important tool to reach high levels of excellence and safety. In 2012, *Einstein* had Excellence Centers for patients who had back problems, neurological issues, obesity and pacemakers.

The results achieved by the Excellence Centers in spine-related procedures show that this approach can greatly contribute to improving clinical results and reducing service cost. The challenge for these centers is to increase the number of patients served in the upcoming years in order to have reliable samples to confirm these propositions.

The hospital also has a *Centro de Cirurgia Robótica* [Robotic Surgery Center] equipped with the *da Vinci*® Surgical System, offering less invasive procedures and contributing to the reduction of postoperative discomfort and risk of infection.

ROBOTIC SURGERIES PERFORMED AT *EINSTEIN*

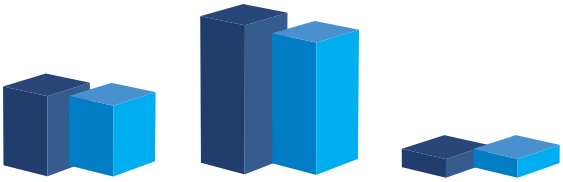
2010	2011	2012	2012/2011
238	471	524	11.3%

PATIENTS MONITORED BY THE MANAGED PROGRAMS

	2010	2011	2012	2012/2011
Ischemic cerebrovascular accident	136	172	184	7.0%
Acute myocardial infarction	241	237	255	8.0%
Heart failure	332	387	377	–2.6%
Serious sepsis and septic shock	193	239	311	30.1%
Total	**902**	**1,035**	**1,127**	**8.9%**

Another highlight from 2012 was the integration of the *Morumbi* Unit urgent care to the other units, aligning protocols and procedures. That means patients have the same quality and safety at all units, regardless of the professionals on duty.

Feedback received through customer service [PR5]



	Complaints	Compliments	Suggestions
2011	3.12	6.34	0.92
2012	2.94	5.62	0.89

**The numbers refer to the amount of records per 1,000 hospital cases at every* Einstein *Unit. Each patient can have more than one hospital case during the period. The 2011 Sustainability Report shows this indicator in a different way. Now, the number of hospital cases – very important data for our daily routine at the* Sociedade *– helps build the indicator.*

IN 2012, *EINSTEIN* ALIGNED PROTOCOLS AND PROCEDURES OF THE *MORUMBI* UNIT URGENT CARE WITH THOSE OF OTHER UNITS

Human resources and people management

The staff at *Sociedade Beneficente Israelita Brasileira Albert Einstein* had 10,195 employees as of December 2012. *Einstein* is an institution that never stops and keeps improving every year. Therefore, it sees its employees as the driving force for excellence, and its most important asset.

OVERALL ACTIVE STAFF MEMBERS BY CATEGORY, GENDER, WORK CONTRACT TYPE AND UNIT [2.8, LA1, LA13]

Concept	Classification	Quantity			%		
		2010	2011	2012	2010	2011	2012
Total staff members by category	Superintendent	12	16	14	0.1%	0.2%	0.1%
	Manager/coordinator	312	375	426	3.6%	3.9%	4.2%
	Professional	4,911	5,372	5,826	56.7%	56.3%	57.1%
	Technician/assistant	3,420	3,787	3,929	39.5%	39.7%	38.5%
	Total	**8,655**	**9,550**	**10,195**	**100.0%**	**100.0%**	**100.0%**
Total staff members by gender	Men	2,712	2,929	3,044	31.3%	30.7%	29.9%
	Women	5,943	6,621	7,151	68.7%	69.3%	70.1%
	Total	**8,655**	**9,550**	**10,195**	**100.0%**	**100.0%**	**100.0%**
Total staff members by work contract type	Regular contract (including interns)	8,655	9,550	10,195	82.0%	82.2%	82.7%
	Outsourced[1]	1,874	2,040	2,105	17.7%	17.6%	17.1%
	Temporary	29	23	22	0.3%	0.2%	0.2%
	Total	**10,558**	**11,613**	**12,322**	**100.0%**	**100.0%**	**100.0%**
Total staff members by Unit	*Paraisópolis*	119	123	138	1.4%	1.3%	1.4%
	Government programs	1,371	1,497	1,557	15.8%	15.7%	15.3%
	Alphaville Unit	165	171	263	1.9%	1.8%	2.6%
	Cidade Jardim Unit[2]	0	0	1	0.0%	0.0%	0.0%
	External Unit[3]	29	45	137	0.3%	0.5%	1.3%
	Morato Unit	145	161	177	1.7%	1.7%	1.7%
	Ibirapuera Unit	175	214	262	2.0%	2.2%	2.6%
	Jardins Unit	192	216	229	2.2%	2.3%	2.2%
	Morumbi Unit	5,520	6,076	6,311	63.8%	63.6%	61.9%
	Paulista Unit[4]	0	0	3	0.0%	0.0%	0.0%
	Perdizes–Higienópolis Unit	255	297	336	2.9%	3.1%	3.3%
	Rebouças Unit	37	1	0	0.4%	0.0%	0.0%
	Ribeirão Preto Unit	27	26	0	0.3%	0.3%	0.0%
	Vila Mariana Unit	620	723	781	7.2%	7.6%	7.7%
	Total	**8,655**	**9,550**	**10,195**	**100.0%**	**100.0%**	**100.0%**

[1]*The 2010 and 2011 numbers for this indicator differ from the ones shown in the 2011 Sustainability Report because there isn't a designated area or system to consolidate data for this kind of contract. As a result, numbers are different at every poll. This opportunity for improvement is already under consideration by the directors of the* Sociedade.

[2]*The* Cidade Jardim *Unit opened on January 7, 2013*

[3]*The External Unit staff collects material for exams at customer clinics located in many areas in* São Paulo.

[4]*The* Paulista *Unit opened on June 25, 2012*

In an increasingly competitive job market, recruiting and retaining qualified professionals has become a challenge. At *Einstein*, there has been intensive internal recruiting since 2008. All available positions are promoted internally before becoming available to external professionals. The *Sociedade* also has recruiting programs for the *Paraisópolis* community and other surrounding communities.

EMPLOYEE TURNOVER BY CATEGORY, GENDER, AGE AND UNIT [LA2, LA13]

Concept	Classification	Average headcount*		
		2010	2011	2012
Turnover by category	Superintendent	12.5	14.5	15.0
	Manager/coordinator	304.5	347.5	402.5
	Professional	4,643.0	5,149.0	5,585.5
	Technician/assistant	3,226.0	3,595.0	3,863.5
	Total	**8,186.0**	**9,106.0**	**9,866.5**
Turnover by gender	Male	2,577.0	2,818.5	2,983.5
	Female	5,609.0	6,287.5	6,883.0
	Total	**8,186.0**	**9,106.0**	**9,866.5**
Turnover by age	Younger than 18	15.0	12.0	14.5
	19–35 years old	5,136.5	5,703.5	6,146.5
	36–60 years old	2,986.0	3,330.5	3,636.5
	Older than 61	48.5	60.0	69.0
	Total	**8,186.0**	**9,106.0**	**9,866.5**
Turnover by Unit	*Paraisópolis*	118.5	121.5	129.5
	Governmental programs	1,336.5	1,433.5	1,531.0
	Alphaville Unit	159.5	167.5	218.0
	Cidade Jardim Unit	0.0	0.0	0.5
	External Unit	14.5	36.5	91.0
	Morato Unit	142.5	153.5	169.5
	Ibirapuera Unit	165.5	194.5	241.0
	Jardins Unit	185.0	203.5	223.0
	Morumbi Unit	5,346.0	5,801.5	6,190.5
	Paulista Unit	0.0	0.0	1.5
	Perdizes–Higienópolis Unit	128.5	276.5	315.0
	Rebouças Unit	35.0	19.0	3.0
	Ribeirão Preto Unit	13.5	27.0	0.0
	Vila Mariana Unit	541.0	671.5	753.0
	Total	**8,186.0**	**9,106.0**	**9,866.5**

**The average headcount is calculated by adding the headcount of January and December and dividing the result by 2.*

LOWEST WAGES COMPARED TO LOCAL MINIMUM WAGE* [EC5]

	2010	2011	2012
Lowest wage	R$ 561.00	R$ 599.50	R$ 622.00
Local minimum wage	R$ 510.00	R$ 545.00	R$ 622.00

**Wages are proportional to a working time of 220 hours/month.*

Former employees			Turnover			Concept
2010	2011	2012	2010	2011	2012	
1	1	2	8.0%	6.9%	13.3%	Turnover by category
28	27	33	9.2%	7.8%	8.2%	
447	486	516	9.6%	9.4%	9.2%	
385	537	823	11.9%	14.9%	21.3%	
861	**1,051**	**1,374**	**10.5%**	**11.5%**	**13.9%**	
307	371	447	11.9%	13.2%	15.0%	Turnover by gender
554	680	927	9.9%	10.8%	13.5%	
861	**1,051**	**1,374**	**10.5%**	**11.5%**	**13.9%**	
1	4	5	6.7%	33.3%	34.5%	Turnover by age
606	770	952	11.8%	13.5%	15.5%	
249	271	403	8.3%	8.1%	11.1%	
5	6	14	10.3%	10.0%	20.3%	
861	**1,051**	**1,374**	**10.5%**	**11.5%**	**13.9%**	
5	9	11	4.2%	7.4%	8.5%	Turnover by Unit
175	197	281	13.1%	13.7%	18.4%	
11	19	24	6.9%	11.3%	11.0%	
0	0	0	0.0%	0.0%	0.0%	
1	1	6	6.9%	2.7%	6.6%	
23	23	19	16.1%	15.0%	11.2%	
12	21	28	7.3%	10.8%	11.6%	
19	29	22	10.3%	14.3%	9.9%	
536	649	821	10.0%	11.2%	13.3%	
0	0	0	0.0%	0.0%	0.0%	
6	10	24	4.7%	3.6%	7.6%	
3	1	1	8.6%	5.3%	33.3%	
3	2	2	22.2%	7.4%	0.0%	
67	90	135	12.4%	12.4%	17.9%	
861	**1,051**	**1,374**	**10.5%**	**11.5%**	**13.9%**	

TOTAL STAFF MEMBERS BY RACE AND GENDER [LA13]

Concept	Classification	Quantity			%		
		2010	2011	2012	2010	2011	2012
Race	Asian women	41	50	66	0.5%	0.5%	0.6%
	Caucasian women	4,838	5,225	5,548	55.9%	54.7%	54.4%
	African Brazilian women	223	285	402	2.6%	3.0%	3.9%
	Native Brazilian women	0	0	0	0.0%	0.0%	0.0%
	Multi-race women	841	1,061	1,135	9.7%	11.1%	11.1%
	Women	**5,943**	**6,621**	**7,151**	**68.7%**	**69.3%**	**70.1%**
	Asian men	20	23	36	0.2%	0.2%	0.4%
	Caucasian men	2,204	2,324	2,388	25.5%	24.3%	23.4%
	African Brazilian men	124	153	184	1.4%	1.6%	1.8%
	Native Brazilian men	0	0	0	0.0%	0.0%	0.0%
	Multi-race men	364	429	436	4.2%	4.5%	4.3%
	Men	**2,712**	**2,929**	**3,044**	**31.3%**	**30.7%**	**29.9%**
	Total	**8,655**	**9,550**	**10,195**	**100.0%**	**100.0%**	**100.0%**

TOTAL STAFF MEMBERS BY EDUCATION [LA13]

Concept	Classification	Quantity			%		
		2010	2011	2012	2010	2011	2012
Education	Not graduated from junior high school	150	140	118	1.7%	1.5%	1.2%
	Graduated from junior high school	235	244	264	2.7%	2.6%	2.8%
	Not graduated from high school	146	151	135	1.7%	1.6%	1.4%
	Graduated from high school	4,349	4,958	5,406	50.2%	51.9%	56.6%
	Not graduated from college	284	264	229	3.3%	2.8%	2.4%
	Graduated from college	2,789	3,137	3,380	32.2%	32.8%	35.4%
	Graduate degree and MBA	591	555	558	6.8%	5.8%	5.8%
	Master and Doctoral degrees	111	101	105	1.3%	1.1%	1.1%
	Total	**8,655**	**9,550**	**10,195**	**100%**	**100%**	**100%**

BASE WAGE RATIO BETWEEN MEN AND WOMEN [LA14]

Classification	2010		2011		2012	
	Average wage	How higher the highest wages are compared to the lowest ones	Average wage	How higher the highest wages are compared to the lowest ones	Average wage	How higher the highest wages are compared to the lowest ones
Male	R$ 5,942.91	**54.9%**	R$ 6,437.95	**58.0%**	R$ 6,884.00	**58.4%**
Female	R$ 3,836.97		R$ 4,074.19		R$ 4,346.00	

Note: *wages are proportional to a working time of 220 hours/month.*

RATE OF ABSENTEEISM [LA7]

Area	2010	2011	2012
Sociedade	2.1%	2.1%	1.9%
Administrative areas	1.7%	1.8%	1.6%
Hospital Israelita Albert Einstein [Albert Einstein Israeli Hospital]	1.9%	2.1%	2.1%
Instituto Israelita de Ensino e Pesquisa Albert Einstein [Albert Einstein Israeli Institute of Education and Research]	1.3%	0.7%	0.7%
Instituto Israelita de Responsabilidade Social Albert Einstein [Albert Einstein Israeli Institute of Social Responsibility]	3.1%	2.6%	2.1%
Medicina Diagnóstica e Preventiva [Preventive and Diagnostic Medicine]	1.9%	1.6%	1.5%

TOTAL STAFF MEMBERS BY HOURLY WORKLOAD/MONTH [LA13]

Concept	Classification	Quantity			%		
		2010	2011	2012	2010	2011	2012
Monthly hours	10 hours	2	2	2	0.0%	0.0%	0.0%
	15 hours	1	1	0	0.0%	0.0%	0.0%
	25 hours	1	2	1	0.0%	0.0%	0.0%
	30 hours	10	5	2	0.1%	0.1%	0.0%
	50 hours	29	18	15	0.3%	0.2%	0.2%
	60 hours	144	148	118	1.7%	1.5%	1.2%
	70 hours	1	2	2	0.0%	0.0%	0.0%
	80 hours	9	3	6	0.1%	0.0%	0.1%
	85 hours	1	1	0	0.0%	0.0%	0.0%
	90 hours	12	16	23	0.1%	0.2%	0.2%
	95 hours	1	1	1	0.0%	0.0%	0.0%
	100 hours	89	80	76	1.0%	0.8%	0.8%
	110 hours	1	2	2	0.0%	0.0%	0.0%
	120 hours	376	440	487	4.3%	4.6%	5.1%
	130 hours	11	9	9	0.1%	0.1%	0.1%
	140 hours	3	4	7	0.0%	0.0%	0.1%
	150 hours	498	536	631	5.8%	5.6%	6.6%
	160 hours	6	13	11	0.1%	0.1%	0.1%
	170 hours	2	3	3	0.0%	0.0%	0.0%
	180 hours	3,233	3,561	3,850	37.4%	37.3%	40.3%
	200 hours	1,141	1,223	1,265	13.2%	12.8%	13.2%
	210 hours	2	2	4	0.0%	0.0%	0.0%
	220 hours	3,082	3,479	3,680	35.6%	36.4%	38.5%
	TOTAL	8,655	9,551	10,195	100%	100%	100%

TOTAL STAFF MEMBERS BY GENDER, ACCORDING TO THE CATEGORY [LA1, LA13]

Classification	2010		2011		2012	
	Male	Female	Male	Female	Male	Female
Superintendent	11	2	13	3	11	3
Leadership	94	156	113	178	125	210
Technical	1,607	3,365	1,733	3,723	1,822	4,095
Administrative	715	1,336	801	1,523	838	1,592
Operations	285	1,084	269	1,194	248	1,251
Total	**2,712**	**5,943**	**2,929**	**6,621**	**3,044**	**7,151**

TOTAL STAFF MEMBERS BY AGE, ACCORDING TO THE CATEGORY [LA13]

Classification	2010				2011				2012			
	Up to 18 years old	19–35 years old	36–60 years old	Older than 61	Up to 18 years old	19–35 years old	36–60 years old	Older than 61	Up to 18 years old	19–35 years old	36–60 years old	Older than 61
Superintendent	0	0	13	0	0	0	14	2	0	0	12	2
Leadership	0	48	199	3	0	60	226	5	0	65	263	7
Technical	2	3,072	1,865	33	1	3,365	2,052	38	0	3,663	2,213	41
Administrative	6	1,554	484	7	2	1,725	589	8	3	1,791	627	9
Operations	9	774	577	9	6	826	618	13	17	805	664	13
Total	**17**	**5,448**	**3,138**	**52**	**9**	**5,976**	**3,499**	**66**	**20**	**6,324**	**3,779**	**72**

TOTAL STAFF MEMBERS BY ETHNICITY, ACCORDING TO THE CATEGORY [LA13]

Classification	2010					2011					2012				
	A	C	AB	NB	MR	A	C	AB	NB	MR	A	C	AB	NB	MR
Superintendent	4	9	0	0	0	3	13	0	0	0	2	12	0	0	0
Leadership	0	246	0	0	4	4	279	3	0	5	12	314	2	0	7
Technical	45	4,398	109	0	420	50	4,730	137	0	539	79	5,035	189	0	614
Administrative	4	1,603	101	0	343	6	1,725	136	0	457	6	1,764	189	0	471
Operations	0	797	136	0	436	1	811	161	0	490	3	811	206	0	479
Total	**53**	**7,053**	**346**	**0**	**1,203**	**64**	**7,558**	**437**	**0**	**1,491**	**102**	**7,936**	**586**	**0**	**1,571**

Keys: *A: Asian C: Caucasian AB: African Brazilian NB: Native Brazilian MR: Multi-race*

Staff appreciation is among the *Sociedade*'s main concerns. Therefore, the organization monitors benefit-related market practices and constantly evaluates staff needs in order to stay competitive and retain talents.

INVESTMENT IN BENEFITS (R$ MILLION)

	2010	2011	2012	2012/2011
Health insurance	16.0	22.8	31.2	36.8%
Dental insurance	1.5	1.4	1.5	7.1%
Food vouchers/ food card	13.5	15.6	16.3	4.5%
Daycare	3.4	3.5	3.9	11.4%
Chartered bus	4.6	5.5	3.6	–34.5%
Total	39.0	48.8	56.5	15.8%

Development and growth

The management is focused on training professionals so that they can develop their careers at the *Sociedade*.

Innovative methodologies are used in training programs, like distance learning and realistic simulation. In addition to participating in internal programs, staff members have access to scholarships in specialization and MBA programs as well as resources for attending congresses in Brazil and abroad.

In 2012, *Einstein* staff members had, on average, 44 hours of training.

AVERAGE HOURS OF TRAINING BY STAFF MEMBER [LA10]

	2010	2011	2012	2012/2011
Hours of internal training	262,897	323,320	396,666	22.7%
Hours of participation in scientific events	50,211	56,513	40,161	–28.9%
Average headcount	8,060	9,105	9,919	8.9%
Average hours of training by staff member	39	42	44	5.6%

NUMBER OF PARTICIPANTS AND HOURS OF TRAINING [LA10]

Audience	2010		2011		2012	
	Participants	Hours	Participants	Hours	Participants	Hours
Care and support team*	92,242	189,065	114,938	235,115	159,101	286,632
– Nurse assistants, nurse technicians and nurses	58,950	116,980	69,627	143,099	89,466	156,546
– Physicians	4,830	11,959	7,647	13,645	14,969	21,556
– Other	28,462	60,126	37,664	78,371	54,666	108,531
Administrative staff	28,889	65,248	37,455	78,865	34,590	84,527
Outsourced staff	2,749	8,586	3,216	9,341	4,985	13,243
External audience	5,877	25,616	8,009	45,952	8,062	53,305
Total	129,757	288,515	163,618	369,273	206,738	437,708

**This indicator referring to 2011 (Participants) is different from the one reported on the 2011 Sustainability Report due to a miscalculation. The figures shown here are the correct numbers.*

Professionals who received support for continued education in 2012 participated in programs abroad as well as technical and undergraduate programs and advanced degrees.

NUMBER OF PROFESSIONALS WHO RECEIVED EDUCATION SUPPORT [LA11]

Type of education	2010	2011	2012
***Lato sensu* advanced degree**	123	147	173
Undergraduate degree	108	87	78
Technical degree	21	15	14
Scholarship renewal	67	83	124
Scholarship in a foreign country	17	13	14

The *Sociedade* values its professionals and gives them credit for their merits. The evaluation of managers and leaders is performed using tools that analyze performance based on attained goals and behavioral attitude.

The professional development of doctors and nurses is based on identifying and distinguishing professional with management skills from those who have a specialist profile.

There are four stages in staff development:

1. Establishment of goals and competencies (performed at the beginning of every year)
2. Manager's follow-up, guidance and feedback throughout the year
3. Evaluation of competencies, goals, individual development plan, training/development program actions, organizational development program and succession planning (performed at the end of the year)
4. Institutional recognition policy, promotion policy, compensation policy, educational incentive, merit, bonus, and variable compensation (at the beginning of the year) [LA11]

PERCENTAGE OF EVALUATED STAFF MEMBERS [LA12]

2010	2011	2012
97.0%	99.5%	99.8%

NUMBER OF STAFF MEMBERS WHO LIVE IN THE PARAISÓPOLIS COMMUNITY

2010	2011	2012
306	364	366

Future leadership mapping is performed by using 9-Box, also know as performance-potential matrix. This methodology is used by managers to identify employees with high performance rates and who have the potential to be promoted. Often used in succession planning, it evaluates leaders and talents at all levels (managers, coordinators and specialists), and it continually reviews the performance of each staff member. The results are later evaluated by a multidisciplinary committee. [LA11]

The organizational development program and the succession planning guide actions related to performance management and leadership development, assuring that qualified professionals will meet current and future needs of the *Sociedade*. The environment, professionals and internal structure of the *Sociedade* contribute to internal development; through this initiative, 1,476 professionals and 1,109 successors have already been mapped. Among the successors, readiness levels vary as follows: 23% have immediate readiness, 23% have short-term readiness, 39% have medium-term readiness, and 14% have long-term readiness. [LA11]

PERCENTAGE OF POSITIONS OCCUPIED BY STAFF MEMBERS (GENERAL)

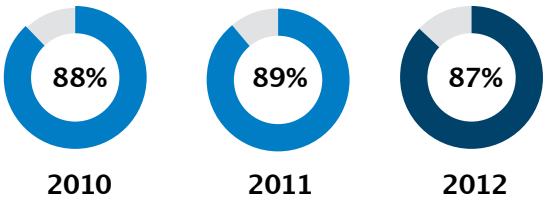
2010	2011	2012
21.0%	17.0%	23.0%

PERCENTAGE OF LEADERSHIP POSITIONS OCCUPIED BY STAFF MEMBERS

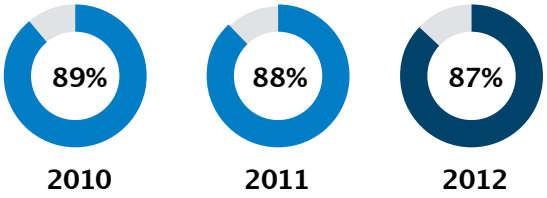
2010	2011	2012
60.0%	41.0%	77.0%

Einstein staff satisfaction is evaluated by an annual survey that contributes to the continuous improvement of the institution's HR management. Staff members can also make recommendations by using the *Fale com o Presidente* [Talk to the President] program. [4.4]

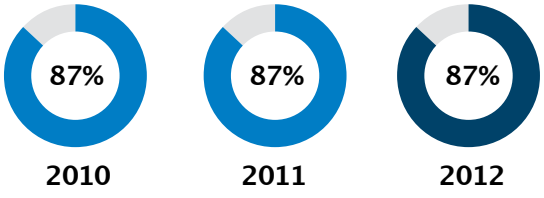
Einstein's levels of employee satisfaction



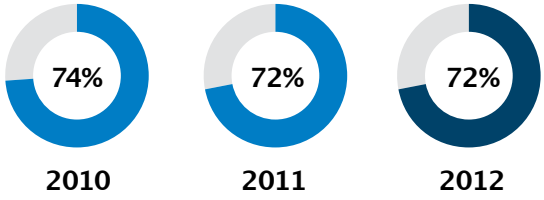
Staff members that recommend *Einstein* as a good place to work



Staff members who intend to continue working for *Einstein*



Satisfaction with work area



In order to promote diversity in the workplace, *Einstein* encourages the inclusion of professionals with disabilities and invests in accessibility and appropriate tools for these staff members to perform their activities. The *Gente Eficiente* [Efficient People] program is an *Einstein* initiative that offers short-term professional programs in different areas. At the end of the classes, students can participate in selection processes at the *Sociedade* in case there are openings and their performance throughout the program is considered satisfactory. Students who were not selected have their information sent to other health care institutions.

NUMBER OF HIRED PROFESSIONALS THROUGH THE GENTE EFICIENTE [EFFICIENT PEOPLE] PROGRAM

2010	2011	2012	2012/2011
121	125	133	6.4%


Agente
comunitário
de Saúde
PROGRAMA
SAÚDE DA
FAMÍLIA

Connection

Long-lasting Relations

Relations with the community go beyond the activities developed at the *Sociedade*'s Units. The organization carries out several initiatives directed at improving the health care services offered to the Brazilian population.

In 2012, the organization invested R$ 161.8 million in projects related to the *Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (Proadi-SUS)* [Support Program for the Institutional Development of the Unified Health System]. Health-related activities are also developed through partnerships[1] that the *Sociedade* establishes with the government. In 2012, the *Sociedade* received R$ 200.9 million from the *Secretaria Municipal de Saúde de São Paulo* [Municipal Secretariat of Health of *São Paulo* city] to be invested in services.

RELATIONS WITH THE COMMUNITY GO BEYOND THE ACTIVITIES DEVELOPED AT THE *EINSTEIN* UNITS

[1]*Direct costs of the work developed by* Einstein *through these partnerships are financed with resources from the* Sistema Único de Saúde (SUS) *[Unified Health System]. However, the* Sociedade *is responsible for several indirect administrative costs (like finances, internal control, human resources management, supplies, technology, training and practices).* Einstein *does not receive public resources and, in order to ensure its sustainability, generates surpluses that are entirely reinvested in its activities. [EC4]*

Governmental programs

***Unidades Básicas de Saúde (UBSs)* [Basic Health Care Units] and *Assistências Médicas Ambulatoriais (AMAs)* [Outpatient Care Units]**

Based on a partnership with the *Secretaria Municipal de Saúde de São Paulo* [Municipal Secretariat of Health of *São Paulo* city], *Einstein* manages the *Unidades Básicas de Saúde (UBSs)* [Basic Health Care Units] and *Assistências Médicas Ambulatoriais (AMAs)* [Outpatient Care Units] in the southwest region of the city of *São Paulo*. Managing the Units comprises hiring professionals, monitoring work practices and offering permanent training and tech support. The goal is to provide the population with improved services. The institution manages 13 *UBSs* and 4 *AMAs*, and it serviced more than three million people in 2012 through these Units.

PUBLIC PARTNERSHIPS WITH THE GOVERNMENT OF THE CITY OF *SÃO PAULO*

***Estratégia Saúde da Família (ESF)* [Family Health Strategy]**	**2010**	**2011**	**2012**
Unidades Básicas de Saúde [Basic Health Care Units]	12	13	13
Equipes de Saúde da Família [Family Health Teams]	75	82	82
Team members	949	1,046	1,100
Families registered	76,516	76,541	80,886
People registered	268,434	264,452	274,401
Visits handled	2,011,707	2,001,650	2,001,825
***Assistência Médica Ambulatorial* [Outpatient Care Units]**	**2010**	**2011**	**2012**
*Assistências Médicas Ambulatoriais** [Outpatient Care Units]	4	4	4
Team members	384	465	472
Visits handled*	1,136,654	983,226	1,093,968
***Centros de Apoio Psicossocial* [Psychosocial Attention Center]**	**2010**	**2011**	**2012**
Centros de Apoio Psicossocial Adulto III [Psychosocial Attention Center for adults]	0	1	1
Team members	0	43	57

**Up until March 2011, the* AMA Vila Sônia *was under* Einstein*'s responsibility; after that, it started being managed by a different institution, in accordance with the strategy of health unit regionalization taking place in the city of* São Paulo*. Through this strategy, all the equipment located in a certain region is serviced by the same organization. This way, total number of patients served in 2011 is slightly lower than that of 2010, which includes the service offered at* AMA Vila Sônia*.*

VACCINE COVERAGE*

	2012
Goal for 2012	97.0%
Achieved percentage	97.5%

PREGNANT WOMEN WITH SEVEN PRENATAL CARE VISITS OR MORE*

	2012
Goal for 2012	82.0%
Achieved percentage	81.8%

**Data related to vaccine coverage and pregnant women with seven prenatal care visits or more refers to the units of* Estratégia Saúde da Família (ESF) *[Family Health Strategy], which comes from the partnership between the* Sociedade *and the Government of the City of* São Paulo*.*

Hospital Municipal Dr. Moysés Deutsch

The *Hospital Municipal Dr. Moysés Deutsch* started operating in 2008 in the *Jardim Ângela* district. It offers services to a population of approximately 600 thousand people. The hospital is managed by the *Einstein*, in association with the *Centro de Estudos e Pesquisas Dr. João Amorim (Cejam)*, which is considered an *Organização Social de Saúde* [Social Organization for Health].

With a constructed area of 27,000 m², the hospital features 229 beds (39 of which are ICU beds), emergency care and surgery centers. It performs diagnostic exams and childbirth procedures with a focus on the humanization of the hospital environment.

In 2012, the hospital handled more than 200 thousand visits through its urgent care unit.

HOSPITAL MUNICIPAL DR. MOYSÉS DEUTSCH

	2010	2011	2012	2012/2011
Patients-day*	92,270	92,377	94,577	2.4%
Urgent care visits	219,585	206,862	202,767	2.0%
Lab and pathologic anatomy exams	484,470	480,440	543,216	13.1%
Visual exams (X-rays, ultrasonographies, echocardiograms and computed tomographies)	122,429	112,486	114,686	2.0%
Hospitalization cases	16,454	15,588	15,208	-2.4%
Surgical procedures (excluding Cesarean sections)	4,077	3,286	3,193	-2.8%
Childbirths	4,285	4,324	4,043	-6.5%

*The number of patients-day indicates the number of patients admitted to a hospital at 23:59 each day.

Implementation of the *Sistema Manchester de Classificação de Risco* [Manchester Risk Assessment Tool] at the *AMAs*

In order to assess the risk related to practices performed at the *Assistência Médica Ambulatorial* [Outpatient Care Units], the *Sociedade* implemented a clinical risk assessment tool that establishes a triage standard and organizes patient flow. The system aims at providing patients with adequate medical attention according to the urgency of their respective cases. Patients are divided into color groups: red and orange correspond to serious cases, while yellow, green and blue correspond to less serious cases (that is, cases in which waiting for medical service will not put a patient's life in risk). This system translates into more safety for patients and contributes to reduce preventable deaths in the urgent and emergency care unit. In addition, it allows the *Sociedade* to improve its services and comply with internationally recognized standards.

Electronic medical records

In 2012, the Sociedade concluded the implementation of electronic medical records through a project that started in 2011 at the 13 *Unidades Básicas de Saúde* [Basic Health Care Units] and at 3 out of 4 *Unidades de Assistência Médica Ambulatorial* [Outpatient Care Units] managed by *Einstein*. Overall, more than 750 professionals rely on the tool. One of the main characteristics of this system is the integration between Units so that professionals working at any of the 16 health care units can view the same updated information. In terms of patient records, appointment scheduling and health care services, *Einstein* was the first institution to integrate the electronic records with the *Sistema Integrado de Gestão da Assistência à Saúde (SIGA)* [Integrated System of Health Care Management] of the *Secretaria Municipal de Saúde de São Paulo* [Municipal Secretariat of Health of *São Paulo* city].

Monitoring hypertensive and diabetic patients

In the second semester of 2012, *Einstein* started the *Projeto de Acompanhamento de Pacientes Hipertensos e Diabéticos* [Project for the Monitoring of Hypertensive and Diabetic Patients] in all of the *Unidades Básicas de Saúde* [Basic Health Care Units] it manages. Doctors and nurses were trained in several aspects related to the monitoring of hypertensive and diabetic patients, like the creation of spreadsheets containing detailed information, risk of cardiovascular disease, individual goals for the control of deteriorating patient conditions and the organization of educational groups. The project aims at contributing to the reduction of the death rate and complications related to these diseases.

Centro de Atenção Psicossocial (CAPS) [Psychosocial Attention Center]

The *CAPS* is a community service offered by the *Sistema Único de Saúde (SUS)* [Unified Health System]. It is open to the general public and is part of a new governmental policy directed at improving mental health. The center differs from mental hospitals in that it allows patients to stay close to their relatives and to a supportive social circle. *Einstein* manages the *CAPS III Adulto Paraisópolis*, which started operating in December 2011 and is part of the *Complexo de Saúde Paraisópolis* [*Paraisópolis* Health Complex]. In 2012, more than 10 thousand visits were handled. The *CAPS* directed at adults currently services an average 86 patients per month; it has 216 registered patients and approximately 30 patients under evaluation.

Núcleo de Apoio à Saúde da Família (NASF) [Center for the Support of Family Health]

The *Núcleos de Apoio à Saúde da Família (NASF)* [Centers for the Support of Family Health] operate based on the *SUS* guidelines to support the *Estratégia de Saúde da Família* [Family Health Strategy] teams and broaden the scope of primary health care actions. The service offered by these teams include individual clinical appointments, group clinical appointments (shared with team members), therapeutic rehabilitation activities, group services, therapeutic workshops, family services, group activities, discussions about clinical cases (involving the teams) and home visits.

VISITS HANDLED BY THE *NÚCLEO DE APOIO À SAÚDE DA FAMÍLIA* [CENTER FOR THE SUPPORT OF FAMILY HEALTH]	2010	2011	2012
Number of visits	8,083	14,382	12,886

Community programs

One of the Jewish principles that guide *Einstein*'s work is the *tsedaká*, which means helping people in order to reach social justice. Through community programs, the *Sociedade* has been promoting significant changes in the quality of life of part of the Brazilian society. The attention to service quality and patient service, which is key to *Einstein*'s management strategy, are also present here.

***Programa Einstein na Comunidade de Paraisópolis* [Einstein Program at the *Paraisópolis* Community]**

The *Programa Einstein na Comunidade de Paraisópolis* [Einstein Program at the *Paraisópolis* Community] aims at promoting health among children who live at one of the most underprivileged regions in *São Paulo*. Activities are carried out at the *Ambulatório Médico* [Outpatient Unit] and at the *Centro de Promoção e Atenção à Saúde* [Center for Promotion and Attention to Health]. In 2012, more than 270 thousand visits were handled.

The *Ambulatório Médico* [Outpatient Unit] serves approximately 12,000 registered children until they turn 14. They are appointed by doctors who work in the region and they receive multidisciplinary service, including health condition evaluation, family guidance, medication supply required for specific treatment and even vaccines that are not included in government schedules.

The *Centro de Promoção e Atenção à Saúde* [Center for Promotion and Attention to Health] develops social and educational activities for more than six thousand community residents, regardless of age. Activities are developed in five areas: Health, Social, Education, Art and Communications, and Sports.

***PROGRAMA EINSTEIN NA COMUNIDADE DE PARAISÓPOLIS (PECP)* [EINSTEIN PROGRAM IN THE PARAISÓPOLIS COMMUNITY]**

Outpatient care	2010	2011	2012	2012/2011
Pediatric care	49,988	46,394	37,778	–18.6%
Nursing care[1]	71,982	69,896	48,640	–30.4%
Nutrition care	6,671	6,400	6,574	2.7%
Pharmaceutical orientation	227	391	1,159	196.4%
Social work services	10,892	13,858	14,543	4.9%
Occupational therapy services	671	602	936	55.5%
Subtotal	**140,431**	**137,541**	**109,630[2]**	**–20.3%**
Service at the *Centro de Promoção e Atenção à Saúde* (CPAS) [Center for Promotion and Attention to Health]	**2010**	**2011**	**2012**	**2012/2011**
Health	55,851	52,921	48,015	–9.3%
Social	12,164	12,273	13,799	12.4%
Education	34,121	34,627	31,365	–9.4%
Art and Communications	31,268	46,033	43,526	–5.4%
Sports	28,842	32,029	24,828	–22.5%
Subtotal	**162,246**	**177,883**	**161,533**	**–9.2%**
Total	**302,677**	**315,424**	**271,163**	**–14.0%**

[1]*Vaccines included.*
[2]*In 2012, the outpatient unit started offering specialized pediatric services instead of puericulture services. This led to a reduction in the number cases, which in turn resulted in an impact on the overall number of cases handled by the institution.*

Programa Einstein na Comunidade Judaica [Einstein Program in the Jewish Community]

The *Programa Einstein na Comunidade Judaica* [Einstein Program in the Jewish Community] serves patients from the following institutions in *São Paulo* city:

- *Residencial Israelita Albert Einstein* [Albert Einstein Israeli Home]
- *Lar das Crianças da Confederação Israelita Paulista* [Home for the Paulista Israeli Confederation Children]
- *Berçário Naar Yisrael* [Naar Yisrael Nursery]
- *União Brasileiro-Israelita do Bem-Estar Social (Unibes)* [Brazilian-Israeli Union for Social Welfare]
- *Colégio I. L. Peretz* [I. L. Peretz School]
- *Oficina Abrigada de Trabalho (OAT)* [Association for the Mentally Challenged]
- *Colégio Bialik* [Bialik School]
- *Centro Israelita de Apoio Multidisciplinar (Ciam)* [Israeli Center of Multidisciplinary Support]

The initiative offers medical and outpatient care and hospitalization at no cost. The program has a network of 45 service providers (hospitals, clinics, labs, etc). Elective cases in areas considered strategic by *Einstein* – Orthopedics and Traumatology, Cardiology, Oncology, and Neurology – are preferably

taken care of at *Einstein*. In 2012, R$ 14 million were invested in this program.

Residencial Israelita Albert Einstein
[Albert Einstein Israeli Home]

The *Residencial Israelita Albert Einstein* [Albert Einstein Israeli Home] is a long-stay institution for the elderly founded over 70 years ago and incorporated by *Einstein* in 2003. The institution currently has 160 residents with access to physical, medical, cultural and leisure activities. In 2012, R$ 26.7 million were invested in the *Residencial Israelita Albert Einstein* [Albert Einstein Israeli Home].

Donations to social care entities

Einstein donates medical/hospital equipment and material to social care entities, as well as public, university and charity hospitals. This improves the medical care offered by these institutions. In addition to that, the organization donates funds to social work charity institutions in order to maintain, develop or implement activities directly related to health care, health promotion or the prevention of health issues. In 2012, these donations totaled R$ 4.8 million.

SOME OF THE ENTITIES THAT RECEIVED DONATIONS (EQUIPMENT AND MEDICAL AND HOSPITAL SUPPLIES) IN 2012
Associação de Integração Social de Itajubá
Centro de Estudos e Pesquisas Dr. João Amorim (Cejam)
Fundação Doutor Amaral Carvalho
Hospital e Maternidade Beneficente Charqueada
Hospital Municipal Dr. Fernando Mauro Pires da Rocha (Hospital do Campo Limpo)
Sociedade Filantrópica Hospital José Venâncio
Irmandade da Santa Casa de Misericórdia de São Roque
Secretaria Municipal da Saúde de São Paulo

SOME OF THE ENTITIES THAT RECEIVED DONATIONS (FUNDS) IN 2012
Associação Centro Cultural e Social Bnei Chalutzim
Câmara Brasil-Israel de Comércio e Indústria (Cambici)
Confederação Israelita do Brasil (Conib)
Federação Israelita do Estado de São Paulo (Fisesp)
Instituto Pró-Queimados
União Brasileiro-Israelita do Bem-Estar Social (Unibes)

Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (PROADI-SUS) [Support Program for the Institutional Development of the Unified Health System]

The *Sociedade* is accredited by the *Ministério da Saúde* [Ministry of Health] to develop projects for the *Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (PROADI-SUS)* [Support Program for the Institutional Development of the Unified Health System], and, therefore, do justice to its *Certificado de Entidade Beneficente de Assistência Social* [Certificate of Charitable Entity].

Brazil is the number one country in organ transplants. Almost 100% of those transplants are performed by *SUS* [Unified Health System], one of the fairest control systems in the world. Still, more than 60,000 people await for heart, lung, kidney, liver, cornea, and skin transplants. *Einstein*'s *Programa Integrado de Transplantes de Órgãos* [Integrated Organ Transplant Program] is completely aligned with the social justice principles that guide the institution's work.

***PROGRAMA INTEGRADO DE TRANSPLANTES DE ÓRGÃOS* [INTEGRATED ORGAN TRANSPLANT PROGRAM]**

Type	2010			2011			2012		
	SUS	Private	Total	*SUS*	Private	Total	*SUS*	Private	Total
Liver	194	4	**198**	182	16	**198**	125	10	**135**
Multivisceral	0	0	**0**	0	0	**0**	1	0	**1**
Kidney	85	4	**89**	84	8	**92**	62	8	**70**
Pancreas	0	0	**0**	0	0	**0**	0	0	**0**
Pancreas/kidney	1	0	**1**	3	0	**3**	1	0	**1**
Heart	6	1	**7**	4	0	**4**	8	2	**10**
Lung	2	0	**2**	4	0	**4**	4	0	**4**
Total	**288**	**9**	**297**	**277**	**24**	**301**	**201**	**20**	**221**

In 2012, the *Hospital Israelita Albert Einstein* [Albert Einstein Israeli Hospital] performed 221 transplants, most of which were liver and kidney transplants. However, the highlight of that year was the first multivisceral transplant (stomach, duodenum, intestine, pancreas and liver) performed in Brazil. All surgeries, which follow the order established in the national registration, are performed at the *Morumbi* Unit, where patients have access to the highest technology and quality of the institution.

The main goal of this program is to offer thorough assistance to patients who need transplants, from initial evaluation to surgery procedure and postoperative assistance, providing full, specialized care in all areas.

The key advantages are the focus on humanization and the proactive work of nurses, who act like coordinators at eight high-potential public hospitals in the state of *São Paulo*. Those hospitals present low rates of organ donor notifications.

Einstein's *Programa Integrado de Transplantes de Órgãos* [Integrated Organ Transplant Program] also offers courses for professionals who work in the organ donation/transplant area. These courses (related to *PROADI-SUS* projects) are sponsored by *Instituto Israelita de Responsabilidade Social Albert Einstein* [Albert Einstein Israeli Institute of Social Responsibility] and allow for the training of professionals from several different institutions.

Over 30 projects have been developed, including:

- **Umbilical cord blood bank:** *Einstein* is one of the institutions responsible for the maintenance of this bank, available for the general public.
- **Telemedicine:** support to diagnostics at *SUS* [Unified Health System] hospitals 24 hours a day. Made possible with the collaboration of the *Ministério da Saúde* [Ministry of Health], the program currently serves four hospitals. In 2013, 10 more hospitals should be added.
- **Health manager training:** training for doctors and nurses who work at public hospitals. Using realistic simulation, the program helps professionals develop technical abilities and strengthen their behavioral skills.
- ***Projeto Sepse* [Sepsis Project]:** hospital infection control training at the ICUs of public hospitals in the whole country. Over 150 hospitals participate in this project.
- **Research project focusing on the use of CO_2 as vascular contrast:** still under investigation, the research studies the use of CO_2 as an alternative method for vascular contrast (instead of iodinated contrast) for certain exams.

Volunteering Department

The Volunteering Department consists of over 400 members. Their work at the *Hospital Israelita Albert Einstein* [Albert Einstein Israeli Hospital], *Paraisópolis* community, *Residencial Israelita Albert Einstein* [Albert Einstein Israeli Home], and in public partnerships is based on the same principles that guided the group of Jewish ladies who started a campaign to build the *Hospital Israelita Albert Einstein* [Albert Einstein Israeli Hospital] in 1955.

The work performed by volunteers is very broad and has different roles in order to meet the needs of each specific audience. The areas where volunteers work are:

- ***Hospital Israelita Albert Einstein*** **[Albert Einstein Israeli Hospital]** – volunteers and staff members work on the process of humanization through cordial contact with patients and visitors in areas like ICU for adults and children.
- ***Programa Einstein na Comunidade de Paraisópolis*** **[Einstein Program in the *Paraisópolis* Community]** – volunteers and staff members work together to promote health care, education, culture and income generation.
- ***Residencial Israelita Albert Einstein*** **[Albert Einstein Israeli Home]** – volunteers help staff members to promote health and socialization among residents and to activities that improve physical, psychological and social well being.
- **Public Partnerships** – volunteers participate in activities at units in order to contribute to the process of humanization and to improve service quality through cordial contact with patients and visitors.

NUMBER OF VOLUNTEERS

2010	2011	2012	2012/2011
413	390	412	5.6%

NUMBER OF CASES AT THE VOLUNTEERING DEPARTMENT

Area	2010	2011	2012	2012/2011
Hospital Israelita Albert Einstein [Albert Einstein Israeli Hospital]	143,686	137,613	159,411	15.8%
Programa Einstein na Comunidade de Paraisópolis [Einstein Program in the *Paraisópolis* Community]	74,964	66,958	56,197	-16.1%
Residencial Israelita Albert Einstein [Albert Einstein Israeli Home]	19,725	19,361	20,034	3.5%
Public Partnerships	23,230	24,793	18,523	-25.3%
Total	**261,605**	**248,725**	**254,165**	**2.2%**

Responsibility

Sustainable view and management

Although health care service is essential for society, the environmental impact of hospitals and other health care facilities is significant and needs to be discussed. There's a high consumption of natural resources, such as water and energy, at large health care networks like *Einstein*.

In a pioneering action in the hospital industry, the *Sociedade* created a Sustainability Development Plan, a broad study that proposes specific practices and guidelines for sustainable growth. [4.8]

Consisting of 30 topics and more than 90 guidelines, the Development Plan guides the *Sociedade*'s activities and suggests actions to reduce environmental impact without harming excellence in services and social responsibility (connected to financial sustainability).

CONSISTING OF 30 TOPICS AND MORE THAN 90 GUIDELINES, THE DEVELOPMENT PLAN GUIDES THE *SOCIEDADE*'S ACTIVITIES

The plan presents specific guidelines regarding emissions, electricity, water resources, food, waste, electronic equipment, maintenance, suppliers' policy, education for sustainability, etc. For each item described in the document, there are external and internal considerations that will be the basis for plans, projects or programs so that the proposed goals can be reached.

Programa Ambientes Verdes e Saudáveis [Green and Healthy Environments Program]

The program aims to incorporate environmental topics to activities that promote health carried out by the *Estratégia Saúde da Família* [Family Health Strategy] teams. This is done through discussions about social and environmental issues that take place through actions to promote health. In 2012, 42 projects were developed.

Topic	Goal	Number of events
Public administration: environmental calendar	To encourage the fight against waste and the reduction of the environmental impact caused by daily activities at the *UBS* [Basic Health Care Unit]	13
Water, air, soil	Preservation of a riparian zone and a river source through informative actions in the community	1
Biodiversity and afforestation	To raise awareness of responsible possession of animals	1
Culture and communication	To raise awareness of health and the environment among staff and community members with educational, playful activities	18
Waste management	Management of solid waste generated by the Unit (including trash pickers in the *UBS* [Basic Health Care Unit] coverage area) and monitoring of a voluntary cooking oil delivery point for the community	4
Vegetable gardens and healthy eating habits	Conservation of a medicinal garden at the *UBS* [Basic Health Care Unit] and a community vegetable garden within the coverage area, offering educational workshops for users and staff members	1
Revitalization	Revitalization at the *UBS* [Basic Health Care Unit] and schools as a strategy for raising environmental awareness	3
Revitalization of public spaces	Offering a common area for users with a weekly schedule of workshops and groups	1
Total		42

Sustainable management

To support the sustainability management and evaluate economic, social and environmental aspects, the *Sociedade* created two strategic committees: the *Comitê de Estratégia, Tecnologia, Qualidade, Inovação e Sustentabilidade* [Committee for Strategy, Technology, Quality, Innovation and Sustainability], which reports to the Board of Directors, and the *Comitê de Responsabilidade Social e Sustentabilidade* [Committee for Social Responsibility and Sustainability], which reports to the Elected Board.

The alignment of the *Sociedade*'s practices to the voluntary commitment made through the Global Pact (an initiative developed by the United Nations to promote social development regarding human rights, fair labor relations, environmental preservation and the fight against corruption) is constantly monitored.

Global Pact principles

The Global Pact has ten universal principles derived from the Universal Declaration of Human Rights, from the Declaration on Fundamental Principles and Rights at Work made by the International Labour Organization, from the *Rio de Janeiro* Declaration on Environment and Development, and from the United Nations Convention against Corruption.

Human Rights

1. Companies must support and respect internationally recognized human rights.
2. Companies should make sure they're not involved in human rights violations.

Work

3. Companies must support freedom of association and real acknowledgment of the right to collective bargaining.
4. Elimination of all forms of mandatory or forced labor.
5. Total abolition of child labor.
6. Elimination of all discrimination at work.

Environment

7. Companies must support a preventive approach to environmental challenges.
8. Development of initiatives that promote higher environmental responsibility.
9. Encouraging the development and dissemination of eco-friendly technologies.

Against corruption

10. Companies must fight against every kind of corruption, including extortion and bribing.

Evaluation, monitoring and improvement of practices that aim to minimize environmental impacts are the focus of the *Sociedade*'s management. In 2012, R$ 7,582,287 were invested in environmental protection initiatives.

The LEED Gold certification offered by Vicky & Joseph Safra Pavillion at the *Morumbi* Unit is an example of how the *Sociedade* can achieve this goal. The U.S. Green Building Council seal is one of the most important in the world when it comes to verifying buildings that operate in compliance with high standards in terms of sustainability. The building, which has an area of 70,000 m² and has been operating for three years, houses more than 200 medical offices, a full diagnostics center and a high-tech surgery center. It also offers endoscopy and ophthalmological services.

During the construction, there was a strict control of pollution, erosion, aggradation, dust and noise, in addition to a program that recycled 75% of the material used and prevented the rubble produced from being dumped in landfills. Storm water overflow management, water retardation tanks and rooftop gardens account for a reduction of approximately 30% of the rain water volume sent to the public storm water network, helping reduce flood and waste. [EN18]

EVOLUTION OF GREENHOUSE GAS EMISSIONS (IN tCO_2e) [EN16, EN19]

Scope 1	2010	2011[1]	2012
Stationary combustion	4,542.00	2,747.16	2,160.07
Mobile sources	38.00	43.10	50.24
Cooling systems/air-conditioning systems	18.00	55.13	120.90
Nitrous oxide[2]	0.00	0.00	7,220.90
Scope 1 total	**4,598.00**	**2,845.39**	**9,552.11**
Scope 2	**2010**	**2011**	**2012**
Purchased and used electricity[3]	1,917.00	1,346.78	3,445.99
Scope 2 total	**1,917.00**	**1,346.78**	**3,445.99**
Total emissions	**6,515.00**	**4,192.17**	**12,998.10**

[1]The 2011 figures presented in this document are different from the ones in the 2011 Sustainability Report and the 2011 Greenhouse Gas Emission Inventory published by Einstein*'s Sustainability Department. Up to the date of publication of this report, that material was only available for the 2010 emissions calculation tool on the* Programa Brasileiro GHG Protocol*. Later on, the figures and the table above were updated based on the correct version of the tool.*

[2]As of 2012, Einstein *began taking into consideration greenhouse gas emissions related to nitrous oxide consumption (N_2O). Up to 2011, calculating this type of emission was not possible using the tool provided by the* Programa Brasileiro GHG Protocol.

[3]Greenhouse gas emission factors associated with the consumption of electricity depend mainly on the characteristic of the energy available for consumption. In the last months of 2012, there was an increase in the usage of electricity coming from thermoelectric plants (which use fossil fuel to generate energy). This contributed to the important growth of the CO_2 equivalent emission factor associated with electricity consumption in 2012.

SOURCES OF OTHER INDIRECT EMISSIONS (IN tCO_2e) [EN17, EN29]

Type of source	2010	2011	2012
Trips and aircraft	618.00	1,320.00	2,353.44
Waste disposal in landfills[1]	423.00	561.00	0.00
Waste disposal in incinerators	80.00	29.00	31.00
Construction equipment and vehicles	399.00	187.00	0.00
Vehicles for staff and service provider transportation[2,3]	3,464.00	3,064.48	3,318.31
Total	**4,924.00**	**5,161.48**	**5,702.75**

[1]The figures refer to the contribution of disposed waste exclusively in the indicated year. Waste disposed in 2011 will contribute to about 2,547 tCO_2e for approximately 65 years. As of 2012, common waste started being forwarded to landfills equipped with methane (CH_4) recovery systems. According to the Programa Brasileiro GHG Protocol*, these gases do not produce CO_2 equivalent emissions when neutralized.*

[2]The figure of this indicator for 2011 is different from the one reported in the 2011 Sustainability Report due to an error when obtaining the actual figure from the Programa Brasileiro GHG Protocol *emission calculation tool.*

[3]It is estimated that in 2011 the chartered bus fleet contributed with 1,471.74 tCO_2e; personal staff vehicles, including parking, with 1,550.43 tCO_2e; and service provider vehicles with 42.31 tCO_2e. It is estimated that in 2012 the chartered bus fleet contributed with 1,717.45 tCO_2e; personal staff vehicles, including parking, with 1,562.19 tCO_2e; and service provider vehicles with 38.28 tCO_2e.

USE OF SUBSTANCES HARMFUL TO THE OZONE LAYER (IN kg) [EN19]

Type of gas	2010	2011	2012
HFC134a	14.37	21.78	93.00
Total	**14.37**	**21.78**	**93.00**

Water and energy

For a hospital, an air-conditioning system is extremely important. The need to keep facilities and equipment always clean and sanitized greatly increases water consumption, too.

The installation of a unified, automated air-conditioning system at the *Morumbi* Unit is a practical example of how *Einstein*'s strategy works. With the expansion of the complex, the air-conditioned area would go from 70,000 m² to 135,000 m², and this demand would have to be served by obsolete, low-efficiency equipment. With the capital invested, a cooling system with a centrifugal compressor and water condensation was installed; the system uses recovered heat to pre-heat water for sanitary purposes (which also helps save natural gas). [EN7]

Although the air-conditioned area increased by 93%, energy consumption increased by only 39%. Daily savings reached 55% (10 MWh/day), which amounts to 3.56 GWh/year — the equivalent to the average annual consumption of approximately 250 people, and a total saving of approximately R$ 1.1 million per year. There was also a 12.7% reduction on the consumption of water coming from cooling towers. Overall, R$ 93,000 are saved per year. [EN5]

The cost of direct water heating was also reduced; as a result, annual savings of natural gas reached 144,102 m³, preventing 300 tons of CO_2 from being released into the atmosphere. This is equivalent to planting 1,800 trees, which would take up an area that is slightly bigger than *Morumbi* Stadium, in *São Paulo*. [EN6]

EVOLUTION IN WATER CONSUMPTION BY SOURCE (IN m³) [EN8]

Type of source	2010	2011	2012
Water company	273,952	350,991	348,968
Company-owned artesian well*	64,540	20,635	0,00
Total	**338,492**	**371,626**	**348,968**

**In 2011, all artesian wells were deactivated.*

WATER DISPOSAL (IN m³)* [EN21]

2010	2011	2012
311,112	365,436	348,968

**Effluent disposal volume is calculated as follows: disposed volume = 100% of water company supplies + 70% of artesian well supplies (considering 30% of artesian well water is lost during condensation processes in cooling towers). Analyses are performed twice a year, according to article 19 A, Law 997, from May 31, 1976.*

EVOLUTION OF ELECTRICITY CONSUMPTION [EN4]

Type of source	2010		2011		2012	
	MWh	Giga joules	MWh	Giga joules	MWh	Giga joules
Electricity	37,391	135	45,995	166	49,528	178

EVOLUTION OF ENERGY CONSUMPTION BY SOURCE [EN3]

Type of source	2010			2011			2012			Type of generation
	Liters	Gallons	Giga joules	Liters	Gallons	Giga joules	Liters	Gallons	Giga joules	
Diesel	1,703,205	442,833	63,768	130,861	34,024	4,899	82,000	21,320	3,070	Emergency generators and company-owned fleet
Gasoline	7,500	1,950	244	11,497	2,989	374	14,223	3,698	462	Company-owned fleet
Alcohol	7,860	2,044	204	4,310	1,121	112	1,700	442	170	Company-owned fleet

Type of source	2010		2011		2012		Type of generation
	m³	Giga joules	m³	Giga joules	m³	Giga joules	
Natural gas	1,059,447	41,329	1,182,032	46,111	943,014	36,787	Heaters, steam generators and tanks

Emissions, effluents and waste

The different types of waste produced in a health institution can bring risks to patients, staff members and society as whole. Assuring proper disposal or recycling of this material — as well as proper disposal of effluents and gas emissions — is one of the commitments of *Einstein*'s sustainable management.

Various practical actions were taken to reach this goal. For example: at the beginning of 2012, two organic waste reducers were purchased. These machines can process approximately 800 kg a day, producing organic compounds and water.

Another example is how *Einstein* promotes staff engagement concerning the adoption of eco-friendly, sustainable materials. In a partnership with a surgical instrument box manufacturer, the hospital implemented a process to recycle the non-woven fabric sheets that cover these boxes (and which are not in direct contact with biological material). The recycled sheets can be transformed into plastic objects (like chairs). The process helps reduce the volume of biomedical waste.

In May 2012, the *Einstein* began another initiative developed in collaboration with suppliers using the Lean Six Sigma methodology[1]. The cardboard boxes used to store surgical suture were replaced by plastic boxes that can be disassembled and returned to material suppliers, who can then reuse them in future deliveries.

Biomedical waste treatment will also be improved as of 2013, when two autoclave pieces of equipment will be installed. The *Einstein* will then be able to internally treat the 3.3 tons of biomedical waste produced daily and meet the requirements of the Solid Waste National Policy. After being disinfected, waste is crushed and sent directly to landfills with no risk to society.

Einstein surpassed its biomedical waste reduction goal by 13%. Common waste reduction was 10% above the expected while the increase in recyclable material volume was 2% above the expected. The reduction in greenhouse gas emissions was 45% above the expected.

[1]Integration of the Lean Manufacturing and Six Sigma methodologies. This is useful to eliminate waste, as well as to identify and eliminate flaws in administrative or production processes.

WASTE PRODUCED BY TYPE AND METHOD OF DISPOSAL (IN TONS) [EN22]

	2010	2011	2012	Disposal method
Biomedical waste	1,169.00	1,114.00	1,124.22	Electro-thermal deactivation
Non-recyclable waste	2,041.00	2,293.00	2,363.73	Landfill
Recyclable waste	659.00	369.00	561.48	Recycling
Chemical waste	18.00	13.00	14.01	Incineration
Radioactive waste	3.00	1.00	1.20	Electro-thermal deactivation after decay
Batteries	0.40	0.44	0.83	Recycling after decontamination
Total	**3,890.40**	**3,790.44**	**4,065.47**	

WASTE PRODUCED BY TYPE AND METHOD OF DISPOSAL (IN UNITS) [EN22]

	2010	2011	2012	Disposal method
Fluorescent bulbs	20,726	15,167	23,089	Recycling after decontamination
Total	**20,726**	**15,167**	**23,089**	

Einstein tries to recycle all the waste produced by its Units. In addition, the institution also works with lower impact materials, like the paper used for printing and copying, which is certified by the Forest Stewardship Council (FSC), responsible for certifying proper handling of forests where raw material is obtained.

A problem with the disposal of plastic from August 2011 to April 2012 led to the temporary cancellation of plastic collection, and, as a result, approximately 90 tons of plastic was disposed as common waste and sent to landfills.

The revenue obtained from selling recyclables was entirely invested in actions for the *Paraisópolis* community.

EVOLUTION OF RECYCLABLE WASTE VOLUME (IN TONS)

Type of waste	2010	2011	2012
Cardboard	214.32	244.47	167.69
Paper	35.86	49.34	109.58
Plastic	40.29	30.44	129.69
Metal	76.94	44.40	63.22
Construction material	291.67	–	80.96
Electronic waste	–	–	8.69
Cigarette butts	–	–	0.01
Non-woven fabric sheets	–	–	1.64
Total	**659.08**	**368.65**	**561.48**
Revenue obtained by selling recyclables	**R$ 88,000.00**	**R$ 73,000.00**	**R$ 16,900.00**

The *Sociedade* understands the importance of evaluating its suppliers' sustainability aspects and began a three-stage process to carry out this task: development of contracts that include environment-related requirements; selection of suppliers based on materiality and risk probability; and evaluation of local practices.

Campaign against food waste

Implemented at the *Morumbi* Unit in 2008 in order to raise awareness of the importance of reducing food waste, this campaign helped control unnecessary food usage and reduce environmental impact.

Every day, the *Einstein* calculates how much food was produced and distributed but not eaten. The monthly result of these calculations is called waste, and it is displayed in the cafeteria to raise awareness among staff members.

In 2009, one year after the campaign started, a 16% waste rate was registered. Today, the institution's goal is 8%. This goal will be gradually reduced.

It is important to mention that the staff's cafeteria operates as a buffet, which makes it more difficult to control and reduce waste.

FOOD WASTE (*MORUMBI* UNIT)

2010	2011	2012
11.2%	8.6%	9.2%

Ação Prato Limpo [No Waste Campaign]

To help raise awareness of this issue, the hospital gives raffle tickets to staff members who return their cafeteria tray with no leftovers. Prizes are raffled every month.


HOSPITAL ISRAELITA ALBERT EINSTEIN

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Manoel Tabacow Hidal Z'L
Jozef Fehér Z'L
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Jacob Werebe Z'L (deceased on 10/31/2010)
Gert Kaufmann Z'L (deceased on 5/5/2011)

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Secretary

GRI index

Self-declaration

The *Sociedade Beneficente Israelita Brasileira Albert Einstein* declares that the 2012 Sustainability Report follows version 3.1 of the norms established by the Global Reporting Initiative (GRI). It also declares that the contents of this report were developed based on a consistent materiality process, which identified relevant topics and information organization.

The publication presents all 84 indicators present in version 3.1 of the regulation. They were separated as essential (55) and additional (29) indicators. Out of the 55 essential indicators, the *Sociedade* fully reported all of them. Out of the 29 additional indicators, the *Sociedade* fully reported 26 and did not report 3 of them (EC9, PR2, PR4). The index presented below also includes the correlation between GRI indicators and the Global Pact principles.

This report went through a third-party inspection performed by *TÜV Rheiland/Lanakaná.* After analyzing the content reported and the evidence of the report, *TÜV Rheiland/Lanakaná* attested the applicability level of the regulation. Their declaration and considerations can be seen on page 110.

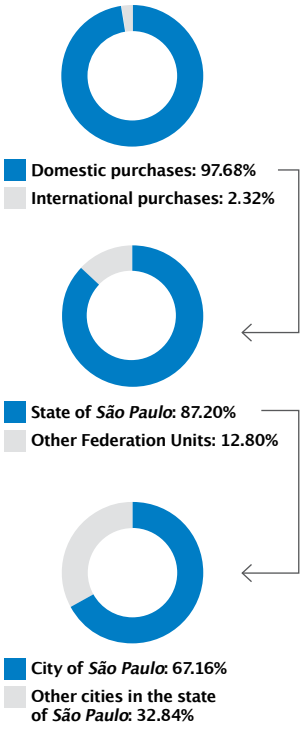
Therefore, in compliance with the Global Reporting Initiative (GRI) requirements, the *Sociedade* understands that the report reached the A+ applicability standard of the regulation.

INDICATOR	INDICATOR TEXT	REPORTED	GLOBAL PACT PRINCIPLE	PAGE
1	STRATEGY AND ANALYSIS			
1.1	Declaration of the top decision maker in the organization about the relevance of sustainability for the organization and its strategy	Fully reported	8, 9	6, 7
1.2	Description of main impacts, risks and opportunities	Fully reported		6, 7
2	ORGANIZATIONAL PROFILE			
2.1	Organization name	Fully reported		20
2.2	Main brands, products, and/or services	Fully reported		20
2.3	Operational structure of the organization, including main divisions, operating units, subsidiaries and joint ventures	Fully reported		20
2.4	Headquarters location	Fully reported		20
2.5	Number of countries in which the organization operates and names of the countries where its main operations are located or are especially relevant to the sustainability issues covered by the report	Fully reported		Brazil
2.6	Type and legal nature of the property	Fully reported		20
2.7	Served markets (including geographical description, served sectors, and types of clients/beneficiaries)	Fully reported		21, 26
2.8	Organization size	Fully reported		21, 28, 51
2.9	Main changes related to size, structure or ownership of shares during the period covered by the report	Fully reported		20
2.10	Awards received during the period covered by the report	Fully reported		16
3	PARAMETERS FOR THE REPORT			
3.1	Period covered by the report considering the information presented	Fully reported		11
3.2	Date of the most recent previous report (if applicable)	Fully reported		11
3.3	Report publication cycle (annual, biannual, etc.)	Fully reported		11
3.4	Contact information in case of questions related to the report and its contents	Fully reported		12
3.5	Content definition process	Fully reported	8, 9	11, 12
3.6	Report limit (countries, divisions, subsidiaries, joint ventures, suppliers)	Fully reported		11, 20, 21
3.7	Declaration of any specific limitations regarding the scope of the report	Fully reported		11
3.8	Base for report creation regarding joint ventures, subsidiaries, leased facilities, outsourced operations, and other facilities that may significantly affect comparison between periods and/or countries	Fully reported		20, 21
3.9	Techniques for measuring data, as well as base calculations (including hypotheses and techniques) that support the estimates applied to the compilation of indicators and other information covered by the report	Fully reported		11

INDICATOR	INDICATOR TEXT	REPORTED	GLOBAL PACT PRINCIPLE	PAGE
3.10	Explanation concerning any changes in the information provided in previous reports and the respective reasons that justify these changes	Fully reported		Some figures from previous years (2010, 2011) were reported differently in this report. Whenever there were any differences, these were clearly mentioned to assure full understanding of the reported information
3.11	Significant changes (compared to previous years) regarding the scope, limit or measuring methods applied in the report	Fully reported		20
3.12	Table that identifies the location of information in the report	Fully reported		91
3.13	Current policy and practice regarding the search for third-party inspection of the report	Fully reported		11
4	GOVERNANCE, COMMITMENTS AND ENGAGEMENT			
4.1	Governance structure of the organization, including committees reporting to the top governance organ responsible for specific tasks such as supervising and defining strategies for the organization	Fully reported		25
4.2	Indication in case the president of the top governance organ is also the director	Fully reported		24
4.3	Independent or non-executive members of the top governance organ	Fully reported		24
4.4	Mechanisms that allow stakeholders and staff members to make recommendations	Fully reported		59
4.5	Relation between salary and performance in specific tasks such as supervising and defining strategies for the organization	Fully reported		24
4.6	Processes that are in place to assure that conflicts of interest can be avoided	Fully reported		24
4.7	Process to determine the qualifications and knowledge of advisors	Fully reported		24
4.8	Declarations of mission and values, relevant internal codes of conduct and principles for economic, environmental and social development as well as stage of implementation	Fully reported	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	23, 28, 72
4.9	Procedures of the top governance organ to monitor the identification and management of economic, environmental and social performance, including relevant risks and opportunities as well as adherence or compliance with internationally agreed regulations, codes of conduct and principles	Fully reported		24
4.10	Processes for self-evaluation of the performance of the top governance organ (especially economic, environmental and social performance)	Fully reported		24
4.11	Explanation on how the organization applies the precaution principle	Fully reported		24
4.12	Letters, principles and other economic, environmental and social initiatives that are developed externally and that the organization subscribes to or endorses	Fully reported	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	Global Pact signatory

INDICATOR	INDICATOR TEXT	REPORTED	GLOBAL PACT PRINCIPLE	PAGE
4.13	Participation in national/international associations and/or organizations	Fully reported		*Associação Brasileira das Empresas de Medicina Diagnóstica (Abramed)*; *Associação Nacional de Hospitais Privados (ANAHP)* – member; *Associação Paulista de Epidemiologia e Controle de Infecção Relacionada à Assistência à Saúde (APECIH)* – affiliate member; Association for Professionals in Infection Control and Epidemiology – member; *Fundação Nacional da Qualidade (FNQ)* – affiliate company; Hospital Infection Society – member; Infection Nurses Society – member; Institute for Healthcare Improvement (IHI) – participant in the *5 Milhões de Vidas* campaign; *Instituto Latino-Americano de Sepse (Ilas)* – member; National Database of Nursing Quality Indicators® (NDNQI®) – member; *Programa Compromisso com a Qualidade Hospitalar (CQH)* – participant in the *Núcleo de Apoio à Gestão Hospitalar (NAGEH); Rede de Hospitais Sentinela – Agência Nacional de Vigilância Sanitária (Anvisa); Sindicato dos Hospitais, Clínicas, Casas de Saúde, Laboratórios de Pesquisas e Análises Clínicas e Demais Estabelecimentos de Serviços de Saúde do Estado de São Paulo (Slinha-Sindosp)* – member of the benchmarking board; Society for Healthcare Epidemiology of America – member; The Advisory Board Company – member; World Health Organization (WHO) – participant in the campaign Patient Safety – Clean Care is Safer Care.
4.14	List of groups of stakeholders engaged by the organization	Fully reported		12
4.15	Base for identification and selection of stakeholders with which to engage	Fully reported		12
4.16	Approach for engaging stakeholders, including engagement frequency by stakeholder type and group	Fully reported		12
4.17	Main topics and concerns that were brought up by engaging stakeholders and what measures the organization has adopted to deal with them	Fully reported		The material topics found after the stakeholders' engagement are described on a table on page 13. The various areas that form the *Sociedade* constantly map performance indicators that relate to the demands of the different audiences. From time to time, one-off projects are developed to meet specific needs.

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ECONOMIC DEVELOPMENT					
Descrição sobre as formas de Desempenho Econômico				1, 7, 8, 9	–
ASPECT: ECONOMIC DEVELOPMENT					
ESSENTIAL	EC1	Direct economic value generated and distributed (VAS), including revenues, operational costs, staff salaries, donations and other investments in the community, non-distributed profit, payment of capital providers and governmental organs	Fully reported		29
ESSENTIAL	EC2	Financial implications, risks and opportunities brought about by climate changes	Fully reported	7, 8, 9	Financial implications in emergencies and rise in demand (saturation, decrease in quality of service, issues related to payment sources, suppliers and the government). Risks: resulting from the implications above, especially if the government does not speed up the conceptual remodeling of hospitalization for primary care (health promotion), secondary care (protection and less complex treatment), and tertiary care (highly complex hospitals), not to mention basic sanitation improvement, water distribution and social housing. Opportunities: decentralization of Units, dehospitalization (take turns with beds and home care), and the strong educational focus on the served population: awareness, information and education in crises. Government effort on how to handle imminent issues: prepare the population subject to crises and intensify primary care around the affected areas.
ESSENTIAL	EC3	Coverage of obligations related to the defined benefit pension plan offered by the organization	Fully reported	1	In July 2011, a private social security plan was implemented. The plan can be obtained by any staff member on a regular contract as of their first day of work. The *Sociedade* negotiated benefits for staff members with contracted banks; these benefits include fee exemption and the possibility to keep the plan in case the employee leaves the *Sociedade*.
ESSENTIAL	EC4	Significant financial aid granted by the government	Fully reported		27, 62
ASPECT: MARKET PRESENCE					
ADDITIONAL	EC5	Lowest wages compared to local minimum wage	Fully reported	1	53

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ESSENTIAL	EC6	Policies, practices and proportion of expenses with local suppliers at important operational units	Fully reported		There is no formal policy regarding purchases from local suppliers. However, in addition to the labor, fiscal and environmental law requirements, the the following things are evaluated: product or service quality, product or service price tag, productive capacity, integrity and clear communication, fast services, the ability to adjust, and flexibility. The *Sociedade*'s purchases are distributed as follows:  **Domestic purchases: 97.68%** **International purchases: 2.32%** **State of *São Paulo*: 87.20%** **Other Federation Units: 12.80%** **City of *São Paulo*: 67.16%** **Other cities in the state of *São Paulo*: 32.84%**
ESSENTIAL	EC7	Procedures for local hiring and proportion of top management members who have been recruited in the local community at important operational units	Fully reported		*Einstein* does not have specific policies for regional hiring of top management members. Competence, ethics and recognition in the marketplace are evaluated.
ASPECT: INDIRECT ECONOMIC IMPACTS					
ESSENTIAL	EC8	Development and impact of investments in the infrastructure and services offered, especially for public benefit, through commercial engagement (in cash or pro bono activities)	Fully reported		There were no actions of this nature in the reported period.
ADDITIONAL	EC9	Identification and description of significant indirect economic impacts, including impact extension	Not reported		The *Sociedade* is still studying how to collect information and monitor this indicator.

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ENVIRONMENTAL PERFORMANCE					
Type of management				7, 8, 9	
ASPECT: MATERIALS					
ESSENTIAL	EN1	Used material by weight or volume	Fully reported	8	Among the possible items to be highlighted by this indicator, there is the food produced by the *Serviço de Nutrição* [Nutrition Service] of *Sociedade* for the meals offered to staff, patients, visitors and doctors. In 2012, 1,754,407 meals (lunch and dinner) were served to staff members, 343,106 meals (lunch and dinner) to patients, 95,605 meals (lunch and dinner) to visitors, and 21,125 meals (lunch and dinner) to doctors. The average monthly food consumption includes 6,280 kg of rice, 2,784 kg of beans, 680 kg of wheat flour, 670 kg of sugar, 440 kg of salt, 240 kg of coffee, 1,008 liters of soy oil, 108 liters of corn oil, and 160 liters of olive oil.
ESSENTIAL	EN2	Percentage of recycled material used	Fully reported	8, 9	The material available for patient care follows current regulations, which limit the use of recycled materials. However, partnerships with suppliers are being established and new possibilities are being evaluated.
ASPECT: ENERGY					
ESSENTIAL	EN3	Direct energy consumption by primary energy source	Fully reported	8	77
ESSENTIAL	EN4	Indirect energy consumption by primary energy source	Fully reported	8	77
ADDITIONAL	EN5	Energy saved due to improvements on conservation and efficiency	Fully reported	7, 8, 9	77
ADDITIONAL	EN6	Initiatives to offer products and services with low energy consumption or that use energy generated by renewable resources, and the reduction in the need for energy resulting from these initiatives	Fully reported	8, 9	77
ADDITIONAL	EN7	Initiatives to reduce indirect energy consumption and the obtained reductions	Fully reported	8	77
ASPECT: WATER					
ESSENTIAL	EN8	Total water obtained by source	Fully reported	8	77
ADDITIONAL	EN9	Water sources significantly affected by water pumping	Fully reported	8	All artesian wells at *Einstein* Units were deactivated and all the water consumed comes from the water distribution network of Sabesp [*São Paulo* State Company for Water and Sanitation]

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ADDITIONAL	EN10	Percentage and volume of recycled and reused water	Fully reported	8	In the scope of the institution's activities, water recycling is not allowed. At the *Morumbi* Unit, there is a rainwater collection tank (170 m^3), but there is no water volume monitoring. Rainwater is used only for irrigation of green areas at the Unit. A hydrometer is being installed in order to verify the volume of recycled water. It is expected to be fully operational by the first half of 2013.
ASPECT: BIODIVERSITY					
ESSENTIAL	EN11	Location and size of the area owned, leased or managed within the protected areas, or adjacent to them, and areas with high rates of biodiversity out of protected areas	Fully reported	8	There are no facilities located within the protected areas, or adjacent to them, and areas with high rates of biodiversity out of protected areas.
ESSENTIAL	EN12	Description of significant impacts on biodiversity generated by activities, products and services in protected areas and in areas with high rates of biodiversity out of protected areas	Fully reported	8	There are no facilities located within the protected areas, or adjacent to them, and areas with high rates of biodiversity out of protected areas.
ADDITIONAL	EN13	Protected or restored habitats	Fully reported		There are no facilities or activities located within protected or restored habitats.
ADDITIONAL	EN14	Strategies and measures in force and future plans for the management of biodiversity impact	Fully reported	8, 9	There is no defined strategy, measure or plan for biodiversity impact management because the organization activities do not involve protected areas nor do they cause direct impact on biodiversity.
ADDITIONAL	EN15	Number of species included in the IUCN Red List and in national preservation lists with habitats in areas affected by operations.	Fully reported		The organization activities do not involve impacts on biodiversity or endangered species.
ASPECT: EMISSIONS, EFFLUENTS AND WASTE					
ESSENTIAL	EN16	Total of direct and indirect greenhouse gas emissions by weight	Fully reported	8, 9	75
ESSENTIAL	EN17	Other relevant indirect greenhouse gas emissions by weight	Fully reported	8, 9	75
ADDITIONAL	EN18	Initiatives to reduce greenhouse gas emissions and the resulting reductions	Fully reported	7, 8, 9	74
ESSENTIAL	EN19	Emission of substances that are harmful to the ozone layer (by weight)	Fully reported	8	75
ESSENTIAL	EN20	NOx, SOx, and other significant atmospheric emissions by type and weight	Fully reported	8	The *Sociedade* does not monitor NOx and SOx.
ESSENTIAL	EN21	Total water disposal by quality and destination	Fully reported	8	77
ESSENTIAL	EN22	Total waste weight by type and disposal method	Fully reported	8	79
ESSENTIAL	EN23	Total number and volume of significant spills	Fully reported	8	There were no significant spills to be reported.

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ADDITIONAL	EN24	Transported, imported, or exported waste weight or treated waste considered harmful under the UN Convention, appendices I, II, III and IV, and the internally transported waste percentage	Fully reported		The *Sociedade*'s waste is not transported to other countries. They are treated locally according to the respective laws.
ADDITIONAL	EN25	Identification, size, protection status and rate of biodiversity of bodies of water and habitats significantly affected by the organization's water flushing and water disposal.	Fully reported		There are no bodies of water significantly affected by the *Sociedade*'s waste.
ASPECT: PRODUCTS AND SERVICES					
ESSENTIAL	EN26	Initiatives to mitigate the environmental impact of products and services	Fully reported	7, 8, 9	43 In 2012, 15% of the organization's waste was recycled. **Electronics:** the reverse logistics of electronic equipment is included in the *Política Nacional de Resíduos Sólidos (PNRS)* [this is a national policy targeted at regulating solid residue emissions]. In 2012, a partnership with *Coopermiti* was signed in order to handle the destination and recycling of electronic equipment. After being deactivated by the Clinical Engineering or Maintenance departments, electronic and medical equipment is sent to *Coopermiti*. In 2012, eight tons of electronic equipment were recycled. 100% of the electronic components are recycled in Brazil. **Partnerships:** **Kimberly Clark:** non-woven fabric material recycling (one ton per month). **Johnson & Johnson:** returnable packing. **Tetra Pak:** cardboard box recycling. **Gojo:** recycling of alcoholic gel bags. **Carestream:** destination of X-ray films.
ESSENTIAL	EN27	Percentage of recovered products and their packages	Fully reported	8, 9	In 2012, the organization started two projects involving non-woven fabric package reuse (one ton per month). By the end of the year, another project had recycled 3 kg of plastic bags. The organization is still establishing actions concerning this topic. These actions require a multidisciplinary team and correspond to 1% of the recyclable waste.
ASPECT: COMPLIANCE					
ESSENTIAL	EN28	Fines and sanctions concerning non-compliance with environmental laws and regulations	Fully reported	8	In 2012, there were no laws related to the services provided by the organization.
ASPECT: TRANSPORTATION					
ADDITIONAL	EN29	Significant environmental impacts of transportation of products and other assets and material used in the organization's operations as well as staff transportation	Fully reported		75

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ASPECT: GENERAL					
ADDITIONAL	EN30	Total of investment and expenses on environmental protection by type	Fully reported	7, 8, 9	In 2012, the organization purchased two autoclaves and one waste crusher in order to begin treating biomedical waste. R$ 860,000 were invested. Approximately R$ 3 million were invested in environmental monitoring. This includes expenses related to waste transportation within and outside the institution.

LABOR PRACTICES AND DECENT WORK					
Type of management				1, 3, 6	
ASPECT: JOBS					
ESSENTIAL	LA1	Workers by type of job, work contract and region	Fully reported		In addition to the information in the tables shown on pages 51 and 56, it is important to note that out of the 10,195 staff members on a regular contract, 3,044 were men and 7,151 were women. This information refers to 2012. Out of that total, 9,932 performed their activities in *São Paulo (SP)*, 2,966 men and 6,966 women. The other 263 staff members performed their activities in *Barueri (SP)*, 76 men and 185 women.
ESSENTIAL	LA2	Total number and employee turnover rate by age, gender and region	Fully reported	6	52, 53
ADDITIONAL	LA3	Benefits provided to full-time employees that are not offered to temporary or part-time employees, described according to the institution's main operations	Fully reported		All employees on regular contracts are eligible to the benefits offered by the *Sociedade* and included in labor laws, such as transportation and food tickets and health care. Employees working less than 7 hours a day are not eligible to luncheon tickets. All temporary employees are hired through specialized companies. Those companies are responsible for their benefits. Temporary employees who work at the *Morumbi* Unit can use the cafeteria provided they purchase the R$ 12.00 access card. It is up to the hired company to provide those cards beforehand or provide the amount in cash so that the employee can obtain the card himself. Temporary employees that work at other Units have their meal benefit credited on their electronic cards. Temporary employees receive R$ 8.00 per meal, whereas regular workers receive R$ 16.80.
ESSENTIAL	LA15	Return to work and tax relief after maternity/ paternity leave (by gender)	Fully reported	1, 6	In 2012, 325 staff members were on maternity leave and 293 returned in the same year. There is no formal measuring system for this indicator.

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ASPECT: RELATIONS BETWEEN EMPLOYEES AND GOVERNANCE LEADERS					
ESSENTIAL	LA4	Percentage of employees involved in collective bargaining	Fully reported	1, 3	The collective bargaining agreements include all staff members (100%). There are no formal processes to identify operations in which freedom of association and collective bargaining can be harmed.
ESSENTIAL	LA5	Minimum time to notify operational changes, including whether the procedure is specified in collective bargaining agreements	Fully reported	3	There is no minimum time. However, notifications about operational changes are always made in advance of these changes, even when not specified in collective bargaining agreements. Information is available through specific media as well as through the staff care center.
ASPECT: LABOR HEALTH AND SAFETY					
ADDITIONAL	LA6	Percentage of employees represented in formal health and safety committees (consisting of managers and staff members) that help monitor and inform about safety and labor health programs	Fully reported	3	100% of the staff members are represented in formal safety and health committees. The institution has a *Comissão Interna de Prevenção de Acidentes (CIPA)* [Internal Commission for the Prevention of Accidents] consisting of 152 staff members.
ESSENTIAL	LA7	Rates of lesions, occupational diseases, lost days, absenteeism and deaths related to work (by region)	Fully reported	1	42, 55
ESSENTIAL	LA8	Current educational, training, advising, prevention and risk control programs offered to employees, their family members or community members in case of serious diseases.	Fully reported	1	42
ADDITIONAL	LA9	Topics related to safety and health covered by formal agreements with trade unions	Fully reported		No formal agreements regarding health and safety have been made with trade unions.
ASPECT: TRAINING AND EDUCATION					
ESSENTIAL	LA10	Average training hours by year, employee and category	Fully reported		57
ADDITIONAL	LA11	Programs involving skills related to continued education and retirement	Fully reported		58
ADDITIONAL	LA12	Percentage of employees who regularly receive performance analysis	Fully reported		58
ASPECT: DIVERSITY AND EQUALITY OF OPPORTUNITY					
ESSENTIAL	LA13	Constitution of groups responsible for corporate governance and description of employees by category, according to gender, age, minority and other diversity indicators	Fully reported	1, 6	51, 52, 53, 54
ASPECT: SALARY EQUITY BETWEEN MEN AND WOMEN					
ESSENTIAL	LA14	Base wage ratio between men and women	Fully reported		54

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
HUMAN RIGHTS					
Type of management				1, 2, 3, 4	
ASPECT: PRACTICES RELATED TO INVESTMENTS AND PURCHASING PROCESSES					
ESSENTIAL	HR1	Percentage and number of significant investment contracts that include clauses related to human rights or that underwent evaluations related to human rights	Fully reported	1, 2, 3, 4, 5, 6	100% of the contracts (901 in total) have clauses related to child and slave labor. Regular evaluations are not performed.
ESSENTIAL	HR2	Percentage of hired companies and critical suppliers that underwent evaluations related to human rights and the actions that were taken	Fully reported	1, 2, 3, 4, 5, 6	In 2012, the *Sociedade* counted on 2,998 suppliers. Out of those suppliers, 901 (30.05%) had active contracts. Human rights criteria are applied for qualification and selection of all suppliers (100%), but there is no regular evaluation.
ESSENTIAL	HR3	Total training hours offered to employees about policies and procedures related to human right aspects that are relevant to the institution's operations, including the percentage of employees who received training	Fully reported		Planetree Concept involving aspects related to human rights accounted for more than 13,800 hours of training.
ASPECT: NON-DISCRIMINATION					
ESSENTIAL	HR4	Total number of discrimination cases and the actions that were taken	Fully reported	1, 2, 3, 4, 5, 6	In 2012, 17 discrimination cases were registered regarding relations among multidisciplinary team members. The cases were evaluated by the leaders of the Clinical Staff and Medical Practice and the employees involved received feedback on it. This process is included in the agenda of the periodical meetings with the Clinical Staff. The cases are registered in the Multiprofessional Log and sent to the Executive Medical Committee for deliberation.
ASPECT: FREEDOM OF ASSOCIATION AND COLLECTIVE BARGAINING					
ESSENTIAL	HR5	Operations in which freedom of association was harmed and the actions taken to support this right	Fully reported	1, 2, 3	The *Sociedade* did not identify situations in which the right of freedom of association or collective bargaining could be under significant harm. All collective agreement clauses were followed.
ASPECT: CHILD LABOR					
ESSENTIAL	HR6	Operations involving significant risk of child labor and the actions taken to contribute to the eradication of child labor	Fully reported	1, 2, 5	No operations involving significant risk of child labor were identified.

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ASPECT: FORCED LABOR OR SLAVE-LIKE LABOR					
ESSENTIAL	HR7	Operations involving risk of forced labor or slave-like labor and the actions taken to contribute to the eradication of these types of work	Fully reported	1, 2, 4	No operations involving significant risk of forced labor or slave-like labor were identified.
ASPECT: SAFETY PRACTICES					
ADDITIONAL	HR8	Percentage of security staff that attended training about the organization's policies and procedures related to human rights aspects relevant to the operations	Fully reported	1, 2	All security guards go through training related to human rights aspects since this topic is part of the biannual refreshment security course.
ASPECT: RIGHTS OF NATIVE BRAZILIANS					
ADDITIONAL	HR9	Total number of cases involving Native Brazilian rights violation and the actions taken	Fully reported		The organization activities do not involve Native Brazilian populations.
ASPECTO: AVALIAÇÃO					
ESSENTIAL	HR10	Percentage and number of operations analyzed for risks related to human rights and/or their impacts	Fully reported		Out of the 901 active supplier contracts, 100% include clauses related to human rights.
ASPECTO: REMEDIAÇÃO					
ESSENTIAL	HR11	Number of complaints related to human rights	Fully reported		No complaints of this nature were received during the reported period.

SOCIEDADE					
Type of management				8, 10	
ASPECT: LOCAL COMMUNITIES					
ESSENTIAL	SO1	Nature, scope and efficiency of any programs and practices to evaluate and manage the impact of operations in communities, including beginning, the operation itself, and end.	Fully reported	8	The *Sociedade*'s operations meet the identified needs for health care in the communities and cause a positive impact in those locations. In addition to the natural follow-up on operations, *Einstein*'s arrival in a new location is performed in compliance with current local laws
ESSENTIAL	SO9	Operations with potential or actual significant negative impact in the local community	Fully reported		In 2012, the *Alphaville* Unit was built and opened. With an area of 8,444 m^2, it is considered a large-sized Unit. However, there was no significant impact in the local community.
ESSENTIAL	SO10	Prevention measures and mitigation implemented in operations with potential or actual significant negative impact in the local community	Fully reported		There was no impact of this nature in 2012.

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ASPECT: CORRUPTION					
ESSENTIAL	SO2	Percentage and total number of business units that underwent evaluation of risks related to corruption	Fully reported	10	There is no specific evaluation for corruption risk. However, the Control and Compliance department handles one-off issues when notified, or when it somehow identifies an event that could be considered fraud/ corruption. In addition to that, revisions on the main controls are performed periodically through internal auditions as a way to assure compliance with the institution's policies and guidelines.
ESSENTIAL	SO3	Percentage of employees trained on the organization's anti-corruption policies and procedures	Fully reported	10	Out of 326 managers and coordinators (100%), 70 (21.47%) were trained and are responsible for disseminating information to all members of the *Sociedade*. The program will continue in 2013 and intends to reach all leaders at the *Sociedade*.
ESSENTIAL	SO4	Measures taken in response to corruption cases	Fully reported	10	Cases are taken to the president, the Elected Board and the Ethics Committee. When information is available, those cases are investigated and, if proven, they are subject to administrative measures (or they can be sent to the Ethics Committee).
ASPECT: PUBLIC POLICIES					
ESSENTIAL	SO5	Position in relation to public policies and participation on the creation of public policies and lobbies	Fully reported		The *Sociedade* does not participate in the development of public health policies and it is hired by the government to put pre-defined policies into practice.
ADDITIONAL	SO6	Total amount of financial and cash contributions to political parties, politicians or institutions related to them (by country)	Fully reported		The *Sociedade* does not contribute to political parties.
ASPECT: UNFAIR COMPETITION					
ADDITIONAL	SO7	Número total de ações judiciais por concorrência desleal, práticas de truste e monopólio e seus resultados	Fully reported		There are no legal actions involving unfair competition, trusting and monopoly practices.

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ASPECT: COMPLIANCE					
ESSENTIAL	SO8	Total monetary value of significant fines and total number of non-monetary sanctions resulting from non-compliance with laws and regulations	Fully reported		In 2012, there were no significant fines or non-monetary sanctions resulting from non-compliance with laws and regulations. However, it is important to note that the *Sociedade*'s activities are of philanthropic nature and, therefore, are not taxed. However, when imported equipment arrive in the country, the Brazilian customs authorities do not always recognize the tax exemption immediately and the *Sociedade* handles the issue without paying the supposedly owed taxes. That results in a notice of infraction. In 2012, there were 36 notices of infraction amounting to R$ 133,143,788 (supposedly owed taxes, fines and interest for delay in payment). That amount has its eligibility suspended due to administrative appeals or writs of mandamus. In case of a writ of mandamus, most of the cases are covered, which means the infractions have been deposited in court.
RESPONSIBILITY ABOUT THE PRODUCT					
Type of management				1, 8	
ASPECT: CUSTOMER HEALTH AND SAFETY					
ESSENTIAL	PR1	Life cycle of products and services in which health and safety impacts are evaluated for improvement purposes, and the percentage of products and services subject to these procedures	Fully reported	1	40
ADDITIONAL	PR2	Total cases of non-compliance with regulations and voluntary codes related to health and safety impacts caused by products and services during the entire life cycle (by type of result)	Not reported	1	The *Sociedade* is still studying how to collect information and monitor this indicator.
ASPECTO: ROTULAGEM DE PRODUTOS E SERVIÇOS					
ESSENTIAL	PR3	Type of required information about products and services by labeling procedure	Fully reported		Not applicable for the type of service provided.
ADDITIONAL	PR4	Total number of non-compliance with regulations and voluntary codes related to product and service information and labeling (by type of result)	Not reported		The *Sociedade* is still studying how to collect information and monitor this indicator.
ADDITIONAL	PR5	Practices related to client satisfaction, including survey results	Fully reported		50

TYPE OF INDICATOR	INDICATOR	INDICATOR TEXT	REPORTING	GLOBAL PACT PRINCIPLE	PAGE
ASPECT: COMMUNICATION AND MARKETING					
ESSENTIAL	PR6	Programs focused on the adherence to laws, regulations and voluntary codes related to marketing communications, including advertising, promotions and sponsoring	Fully reported		The *Sociedade*'s marketing communication efforts follow the guidelines established on chapter XIII of the *Código de Ética Médica* of the Conselho Federal de Medicina (Resolution 1.931/2009). In addition to that, in terms of organ removal for transplant and treatment, the *Sociedade* follows article 11 of the Federal Law 9,434 from February 4, 1997. In 2011, there were no non-compliance cases related to these regulations.
ADDITIONAL	PR7	Number of cases of non-compliance with regulations and voluntary codes related to marketing communications, including advertising, promotions and sponsoring (by type of result)	Fully reported		There were no cases of non-compliance.
ASPECT: CUSTOMER PRIVACY					
ADDITIONAL	PR8	Number of proven complaints related to violation of privacy and customer data loss	Fully reported		No proven complaint was registered.
ASPECT: COMPLIANCE					
ESSENTIAL	PR9	Fines for non-compliance on supply and use of products and services	Fully reported		There were no fines of this nature in 2012.

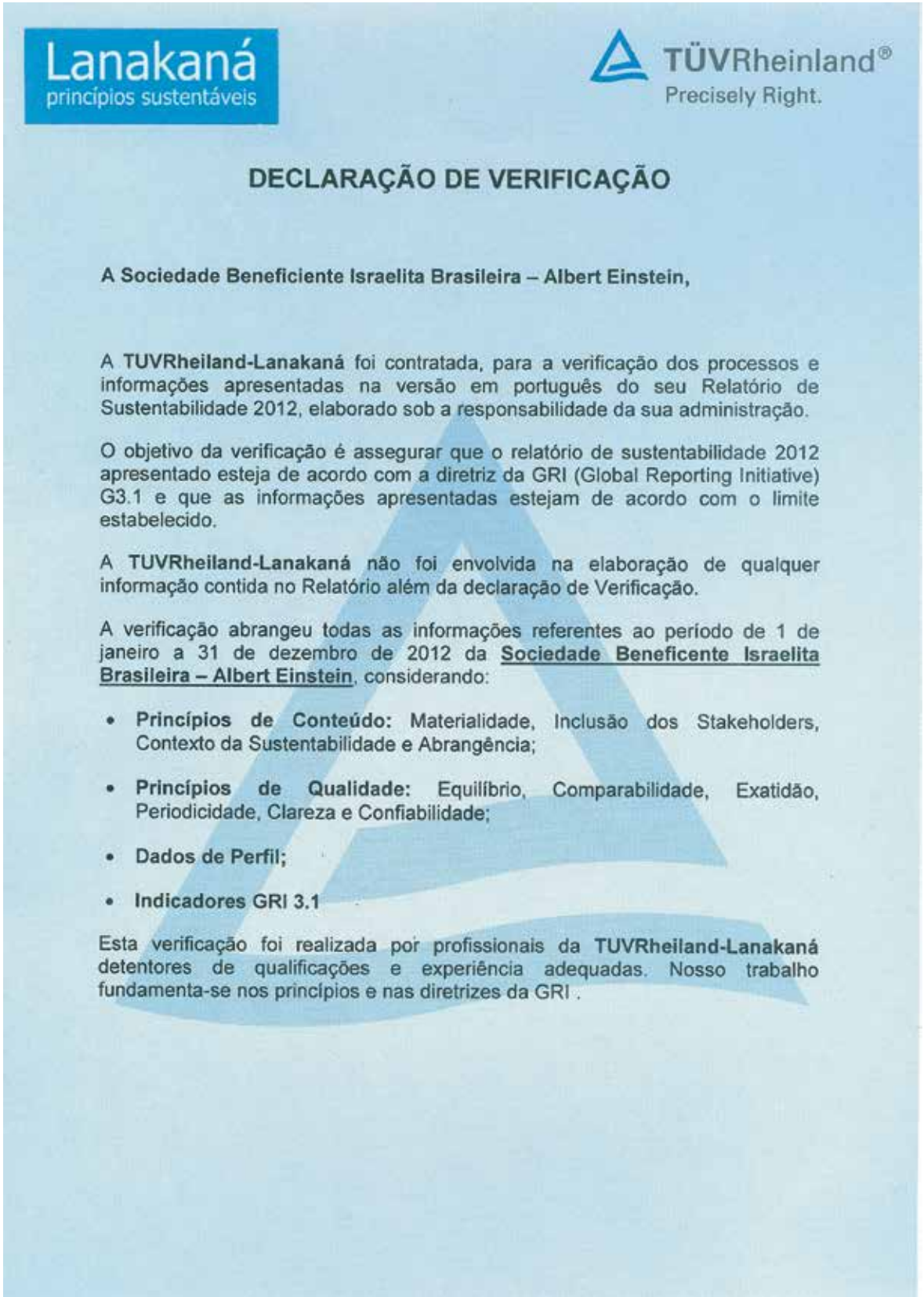
ASPECTS	REPORTING	PAGE
STANDARD DISSEMINATION		
DMA EC		
Economic performance	Fully reported	29
Market presence	Fully reported	53
Indirect economic impacts	Fully reported	26, 27, 28, 29
DMA EN		
Materials	Fully reported	74, 75, 77, 78
Energy	Fully reported	74, 75, 77, 78
Water	Fully reported	74, 75, 77, 78
Biodiversity	Fully reported	74, 75, 77, 78
Emissions, effluents and waste	Fully reported	74, 75, 77, 78
Products and services	Fully reported	74, 75, 77, 78
Compliance	Fully reported	74, 75, 77, 78
Transportation	Fully reported	74, 75, 77, 78
General	Fully reported	74, 75, 77, 78
DMA LA		
Jobs	Fully reported	51, 52, 53
Relations between employees and the directors	Fully reported	51, 52, 53
Labor health and safety	Fully reported	42, 55
Training and education	Fully reported	57, 58
Diversity equality of opportunity	Fully reported	51, 52, 53, 54
Salary equity between men and women	Fully reported	51, 52, 53, 54
DMA HR		
Practices related to investments and purchasing processes	Fully reported	72
Non-discrimination	Fully reported	59, 74
Freedom of association and collective bargaining	Fully reported	59, 74
Child labor	Fully reported	74
Forced labor or slave-like labor	Fully reported	74
Safety practices	Fully reported	40, 57
Rights of Native Brazilians	Fully reported	74
Evaluation	Fully reported	72, 74
Remediation	Fully reported	24
DMA SO		
Community	Fully reported	62
Corruption	Fully reported	24
Public policies	Fully reported	62
Unfair competition	Fully reported	24
Compliance	Fully reported	40, 43, 47

ASPECTS	REPORTING	PAGE
DMA PR		
Customer health and safety	Fully reported	40, 42, 43
Product and service labeling	Fully reported	46
Communication and marketing	Fully reported	24
Customer privacy	Fully reported	24
Compliance	Fully reported	24

Third-party inspection

Inspection performed by a third-party organization

This report went through a third-party inspection performed by *TÜV Rheiland/Lanakaná*. After analyzing the content reported and the evidence of the report, *TÜV Rheiland/Lanakaná* attested the applicability level of the regulation. This third-party inspection guarantees level A+ in norm application to this report.



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DECLARAÇÃO DE VERIFICAÇÃO

A Sociedade Beneficiente Israelita Brasileira – Albert Einstein,

A **TUVRheiland-Lanakaná** foi contratada, para a verificação dos processos e informações apresentadas na versão em português do seu Relatório de Sustentabilidade 2012, elaborado sob a responsabilidade da sua administração.

O objetivo da verificação é assegurar que o relatório de sustentabilidade 2012 apresentado esteja de acordo com a diretriz da GRI (Global Reporting Initiative) G3.1 e que as informações apresentadas estejam de acordo com o limite estabelecido.

A **TUVRheiland-Lanakaná** não foi envolvida na elaboração de qualquer informação contida no Relatório além da declaração de Verificação.

A verificação abrangeu todas as informações referentes ao período de 1 de janeiro a 31 de dezembro de 2012 da **Sociedade Beneficente Israelita Brasileira – Albert Einstein**, considerando:

- **Princípios de Conteúdo:** Materialidade, Inclusão dos Stakeholders, Contexto da Sustentabilidade e Abrangência;
- **Princípios de Qualidade:** Equilíbrio, Comparabilidade, Exatidão, Periodicidade, Clareza e Confiabilidade;
- **Dados de Perfil;**
- **Indicadores GRI 3.1**

Esta verificação foi realizada por profissionais da **TUVRheiland-Lanakaná** detentores de qualificações e experiência adequadas. Nosso trabalho fundamenta-se nos princípios e nas diretrizes da GRI .

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Tópicos realizados no Processo de Verificação

- Levantamento e análise de documentos e informações contidas no relatório de sustentabilidade 2012, plano de Sustentabilidade, engajamento com os stakeholders e materialidade;
- Análise sobre a Evolução frente ao Relatório de Sustentabilidade 2011;
- Entrevistas com equipe de Sustentabilidade, Comunicação, Gerentes e Diretores da Sociedade;
- Visitas às Unidades Morumbi e Vila Mariana.

Conclusão

Concluímos que o Relatório de Sustentabilidade 2012 da Sociedade Israelita Brasileira – Albert Einstein e o limite estabelecido estão de acordo com o nível A da diretriz G3.1 da Global Reporting Initiative.

Recomendações

- Desenvolver o processo de engajamento e inclusão dos stakeholders aprimorando os canais de relacionamento com os diversos stakeholders da Sociedade e utilizando de forma mais efetiva estes processos de diálogo para a definição de materialidade.
- Promover maior alinhamento entre todas as fontes de coleta de informações para o relatório quanto às métricas, metas e protocolos que deverão ser utilizados, melhorando a padronização, confiabilidade e comparabilidade dos dados.
- Disseminar de forma mais intensiva conceitos relativos a sustentabilidade, ações de sustentabilidade realizadas e publicadas no relatório, assim como o papel que cada uma das áreas da Sociedade tem para o atingimento das metas de sustentabilidade estabelecidas e divulgadas no relatório.

São Paulo, 30 de Abril de 2013

Rodrigo Henriques

Debora Mello

Vanessa Hernandes

Declaration of norm application level

This report was presented to the Global Reporting Initiative for inspection of the norm application level and, after analyzing the reported content and the requested amendments, the norm application level was attested.

Global Reporting Initiative™

Declaração Exame do Nível de Aplicação pela GRI

A GRI neste ato declara que **Sociedade Beneficente Israelita Brasileira Albert Einstein** apresentou seu relatório "Relatório de Sustentabilidade 2012" para o setor de Serviços de Relatório da GRI, que concluiu que o relatório atende aos requisitos de Nível de Aplicação A+.

Os Níveis de Aplicação da GRI comunicam quanto do conteúdo das Diretrizes G3.1 foi aplicado no relatório de sustentabilidade enviado. O Exame confirma que o conjunto e número de itens de divulgação exigidos para aquele Nível de Aplicação foram cobertos pelo relatório e que o Sumário de Conteúdo da GRI é uma representação válida das informações exigidas, conforme descritas nas Diretrizes G3.1 da GRI. Para a metodologia, ver www.globalreporting.org/SiteCollectionDocuments/ALC-Methodology.pdf

Os Níveis de Aplicação não fornecem um parecer sobre o desempenho de sustentabilidade da organização relatora nem sobre a qualidade das informações contidas no relatório.

Amsterdã, 10 de junho 2013

Nelmara Arbex
Vice-Presidente
Global Reporting Initiative

A+ GRI REPORT GRI CHECKED

O "+" foi acrescentado a este Nível de Aplicação porque Sociedade Beneficente Israelita Brasileira Albert Einstein submeteu (parte de) seu relatório a verificação externa. A GRI aceita a soberania da própria organização na escolha da organização responsável pela verificação externa e na decisão do escopo da verificação.

A Global Reporting Initiative (GRI) é uma organização baseada em redes pioneira no desenvolvimento da estrutura para elaboração de relatórios de sustentabilidade mais usada no mundo e está comprometida com sua melhoria contínua e aplicação em todo o mundo. As Diretrizes G3 da GRI estabeleceram os princípios e indicadores que as organizações podem usar para medir e relatar seu desempenho econômico, ambiental e social. www.globalreporting.org

***Isenção de Responsabilidade:** No caso do relato de sustentabilidade incluir links externos para materiais audiovisuais,entre outros, esta declaração irá referir-se apenas ao material submetido à GRI no momento do Exame em 30 de maio 2013. A GRI exclui expressamente a aplicação desta declaração a alterações posteriores aos referidos materiais.*

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