ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA

2014
Sustainability Report






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CONTENTS

LETTER OF THE PRESIDENT

GRI G4-1 | G4-2

Proud of the path we have travelled and aware of future challenges, I present the 2014 Sustainability Report.

There were many accomplishments. We advanced in the maturing of the systemic management of our health services with several actions. These include, as a highlight, the moving of the administrative center to a new building on Faria Lima Avenue, thus opening room for more beds, reinforcing the high complexity structures at the Morumbi Unit, and the growth of Diagnostic and Preventive Medicine. We restructured the management of oncology and we created the structures of Auditing, Risk Management and Compliance, as well as Innovation and Knowledge Management.

At the level of the partnerships with the *Sistema Único de Saúde* (SUS) [Brazilian Health System], through the *Prefeitura de São Paulo*, we assumed the operation of two more *Centro de Atenção Psicossocial* (Caps) and the first *Unidade de Pronto Atendimento* (UPA) of the city. We also prepared ourselves to start operating, in 2015, the *Hospital Municipal Santa Marina*, which will offer to the community a complete medical, surgical and high-complexity structure.

The systematic process of generating and disseminating knowledge, catalyzed by the areas of Education, Research, Consulting and Management, gained new strength with the creation of the area of Innovation and Knowledge Management, working with the several internal structures to build an environment favorable to the establishment of models that evaluate the role of medicine and healthcare services.

We have taken another step toward the ambitious objective of helping to transform health in Brazil by training medical leaders. We have already submitted to the Ministry of Education a request for the approval of the undergraduate medical course, and we are expecting to open the first class of students in the second half of 2015.

In our continuing process of maturing our commitment to sustainability, we reorganized the internal management of this theme. It continues to be monitored in operational areas, but it has started to be managed in a strategic manner, similarly to safety and quality, involving all areas in the execution of the *Plano Diretor de Sustentabilidade* [Sustainability Master Plan]. We are refining internal metrics to monitor our development in the objectives laid out and, in 2015, we will adopt a panel to monitor our main performance indices.

Externally, we are now part of the Brazilian Committee of the United Nations Global Compact, assuming the task of involving the business community more and more in this initiative. As members, we are doing our best to reinforce the adoption of good practices related to human rights, labor conditions, environment, and anti-corruption.

I would also like to highlight our decision to adopt the Triple Aim governance model, a management

New Challenges

More steps toward the transformation of healthcare in Brazil

methodology created by the Institute for Healthcare Improvement (IHI) which is now being used by organizations of excellence worldwide. We believe that coordinated effort in the three dimensions – experience of care, per capita costs and population health – is essential to face global health challenges and assure the sector's sustainability.

We are aware of the challenge that this decision brings with itself, but it encourages us that it represents maturity and strategic integration of improvement initiatives that we have been adding along our history, like the adoption of the concept of patient experience, focus on operational excellence, the systemic approach of health issues, and the execution of evidence-based medicine. This new governance model had already been included in the context of some specific actions, such as the *Projeto Coluna*, and will be systematically adopted in the organization's routine in 2015. One example of this is the project *Parto Adequado*, conducted together with the Institute for Healthcare Improvement, the *Agência Nacional de Saúde* and the Ministry of Health, with the objective of reducing the number of unnecessary Cesarean sections in Brazil, already born with a look based on Triple Aim governance.

This broad set of accomplishments, explored in depth over the next pages, is the fruit of planning and of the consistent attitude of a talented team, committed to the mission of taking excellence to health services, to knowledge generation and dissemination initiatives, and to the social responsibility strategies of our organization. To each one of them, my gratitude.

Enjoy your reading.

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

PROFILE

With a team of 11,500 employees, the Einstein works on many fronts in the field of health: promotion, prevention, diagnosis, treatment and rehabilitation GRI **G4-DMA**

The *Sociedade Beneficente Israelita Brasileira Albert Einstein* is a not-for-profit organization has a *Certificado de Entidade Beneficente de Assistência Social* (Cebas) [Certified Beneficent Social Assistance Entity], according to Law number 12,101, of 2009, and declared as public utility organization at municipal, state, and federal levels. Its headquarters are in the city of Sao Paulo, where it offers most of its services in several work fronts in the field of health - promotion, prevention, diagnosis, treatment and rehabilitation, in addition to conducting research, education and consulting activities. This work mobilizes a team of 11,572 employees. GRI **G4-3 | G4-4 | G4-5 | G4-7 | G4-9**

Health care is provided at the level of the healthcare insurance system and the *Sistema Único de Saúde* (SUS), through agreements and contracts with the government, involving a network of 8 own units and the administration of 22 government units. This scenario comprises 13 *Unidade Básica de Saúde* (UBS) [primary care unit], three *Assistência Médica Ambulatorial* (AMA) [medical outpatient unit], three *Centro de Atenção Psicossocial* (CAPS) [psychosocial care center], one *Unidade de Pronto Atendimento* (UPA) [fast track unit] – the first in the city of São Paulo –, *Hospital Municipal Dr. Moysés Deutsch – M'boi Mirim,* and the *Hospital Municipal Santa Marina*. Of those, two CAPS, the UPA and *Hospital Municipal Santa Marina* became part of the Einstein's service network in 2014. GRI **G4-6 | G4-8 | G4-9**

In the area of diagnostic medicine, the Einstein also works in the city of Mogi das Cruzes, where it responds for the processing of all laboratory tests collected in the units of the municipal health system. GRI **G4-6 | G4-8 | G4-9**

As one of the Excellence Hospitals, the Einstein works in the *Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde* (Proadi-SUS) [Support Program for Organizational Development of the SUS], carrying out projects as a counterpart for the exemption of social contributions provided by the *Certificado de Entidade Beneficente de Assistência Social* (Cebas). GRI **G4-6 | G4-8 | G4-9 | G4-13**

EINSTEIN'S WORK IN THE HEALTH INSURANCE SYSTEM AND IN PUBLIC HEALTH IN 2014

	Private		Public		Total	
Indicator	%	Number	%	Number	%	%
Operational beds[1]	636	70.9%	261	29.1%	897	100.0%
Surgery rooms[2]	36	80.0%	9	20.0%	45	100.0%
Patients-day[2, 3]	201,206	68.1%	94,177	31.9%	295,383	100.0%
Surgeries (except Cesarean sections)[2]	38,117	89.1%	4,653	10.9%	42,770	100.0%
Deliveries[2]	4,449	47.3%	4,955	52.7%	9,404	100.0%
ED Appointments [4]	319,670	35.2%	587,347	64.8%	907,017	100.0%
Outpatient Appointments[5]	292,054	8.2%	3,259,042	91.8%	3,551,096	100.0%
Tests[6]	5,923,739	54.8%	4,892,819	45.2%	10,816,558	100.0%

1 Considering, at the level of public health, *Hospital Municipal Dr. Moysés Deutsch – M'boi Mirim* and the beds allocated to the *Sistema* Único de Saúde at *Hospital Israelita Albert Einstein* and, at the level of private health, *Hospital Israelita Albert Einstein* (Morumbi, Vila Mariana and Perdizes-Higienópolis units). 2 Considering, at the level of public health, *Hospital Municipal Dr. Moysés Deutsch – M'boi Mirim* and, at the level of private health, *Hospital Israelita Albert Einstein* (Morumbi, Vila Mariana and Perdizes-Higienópolis units). 3 the number of patients-day indicates the number of patients admitted in one hospital unit at 23h59min of each day. 4 Considering, at the level of public health, *Hospital Municipal Dr. Moysés Deutsch – M'boi Mirim and Unidade de Pronto Atendimento Campo Limpo* and, at the level of private health, the Einstein's units that offer emergency care (Morumbi, Ibirapuera, Alphaville and Perdizes-Higienópolis). 5 Considering, at the level of public health, 13 *Unidade Básica de Saúde*, 3 Assitência Médica Ambulatorial, 3 Centro de Atenção Psicossocial and 1 *Unidade de Pronto Atendimento* and, at the level of private health, the Einstein's units that offer outpatient care (Morumbi, Alphaville and Perdizes-Higienópolis). 6 Considering, at the level of public health, laboratory and imaging tests collected/performed for the city administration of São Paulo and Mogi das Cruzes and, at the level of private health, the tests collected/performed at the Einstein's units that provide diagnostic medicine services (Morumbi, Ibirapuera, Jardins, Alphaville, Perdizes-Higienópolis, and Cidade Jardim).

EINSTEIN – HIGHLIGHTS

- **11,572** employees. GRI G4-9
- **Health services:** outpatient care, emergency care, hospital admissions, high-complexity services, day hospital, home care, diagnostic and preventive medicine and collective health actions in:
  - 8 own units: Alphaville, Cidade Jardim, Ibirapuera, Jardins, Morumbi, Paraisópolis, Perdizes, Higienópolis and Vila Mariana.
  - 22 public units, in partnership with the City Administration of São Paulo. GRI G4-6
- **Education:** technical courses, nursing undergraduate course, graduate courses – *lato sensu* (specialization and executive MBA) and *stricto sensu* (professional master's degree in nursing), professional training, in-company courses, refresher courses, open courses, distance education, scientific conferences, medical residence, and professional improvement in:
  - 5 own units: Faria Lima, Ipiranga, Morato, Morumbi, and Paulista.
  - 1 partnership unit, in Curitiba (PR).
- **Research:** experimental and clinical research laboratories, academic master´s and PhD degrees in Health Sciences.
- **Consulting**.

RECOGNITION

The Einstein's sustainability management was granted two important awards in 2014. *The Hospitalium Causa Ambiental*, given by the *Federação Brasileira de Administradores Hospitalares* and, for the second year in a row, it was one of the model companies in that stood out in the *Guia Exame de Sustentabilidade*.

External Commitments

GRI **G4-15 | G4-16**

As part of its commitment with the development of a health system and with the establishment of more balanced production and consumption patterns, the Einstein is engaged in many initiatives. Within the scope of its industry, for example, it is a member of ANAHP (*Associação Nacional de Hospitais Privados*) and of Abramed (*Associação Brasileira de Medicina Diagnóstica*). Integrated with other organizations, it leads many of the discussions about the challenges, trends and solutions for health, and the role to be performed by the different agents of the system, like service providers, manufacturers, government, regulation agencies and health insurance companies.

In 2014, it presented sustainability initiatives at CleanMed, the largest global conference on health sustainability, discussing future challenges and opportunities. To report sustainability, it adopts the methodology of the Global Reporting Initiative (GRI), which oriented the design of this report. The impacts of its operations on climate changes is monitored through the inventory of greenhouse gases, annually reported according to the Greenhouse Gas (GHG) Protocol methods.

With the objective of guiding its sustainability actions, the Einstein is part of the *Projeto Hospitais Saudáveis* [Healthy Hospitals Project], related to the American organization Healthcare Without Harm, which defines the priority themes for sustainability management at hospitals, compiled in an agenda of commitments, the Global Green Healthy Hospitals. Successful examples related to the themes are periodically published at the website of this organization (www.hospitaissaudaveis.org/biblioteca.asp).

The Einstein is also committed to the Global Compact, a United Nations (UN) volunteer initiative gathering companies from all over the world that sets 10 work principles to promote good corporate practices in four aspects: human rights, work conditions, environment, and corruption fighting. In 2014, the organization joined the Brazilian Global Compact Committee (CBPG), assuming the task of contributing to expand compliance of Brazilian companies.

To put the principles of the Global Compact into practice, the Einstein conducts several actions and projects (*see table on chapter About the Report*) and actively monitors its performance through self-assessment based on the monitoring tool indicated by the global initiative committee.

The initial diagnosis, done in 2013, indicated a level of adherence and compliance of 59%. In 2014, the work focused on identifying improvement points and on designing action plans. Part of the actions defined has already been executed, which permitted raising the level of compliance to 71%. The actions adopted include the following highlights:

- Systematization of the processes to assess risks and opportunities of the operation as to the aspects covered by the Global Compact.
- Definition of responsibilities in the implementation and monitoring of the actions to meet the Global Compact principles and inclusion of the principles in management systems.
- Improvement of the documentation of actions and control of evidences.

- Inclusion of responsibilities related to safety in all job descriptions.
- Dissemination of the Organizational Policy on Moral and Sexual Harassment.
- Inclusion of a clause on the privacy of personal information in the Employee Record Policy.
- Improvement of Einstein's Suppliers Manual, with the inclusion of issues related to the alignment to the Global Compact principles and clauses on the non-tolerance of the use of child, slave or analog labor.

Annually, Einstein renders accounts about its own development in several publications like this report. Since 2014, it has been reporting developments through an advanced level progress report, a model adopted by companies that have already met the two previous reporting levels (apprentice and active) and are committed to achieving excellence in performance. In addition to the information about the actions for the application of the principles set forth in the Compact, the communication on the progress of this model involves a questionnaire with 24 specific questions about good governance and management practices.

632

members meet annually in the General Shareholders' Meeting

Corporate Governance

GRI G4-DMA | G4-34 | G4-35 | G4-36 | G4-39 | G4-40 | G4-42 | G4-43 | G4-44 | G4-45 | G4-49 | G4- 57 | G4-58

Three fundamental elements constitute Einstein's management: (1) a decision-making structure, solidly supported by control mechanisms, (2) continuous building focusing on the future, and (3) a culture of excellence pursuit.

The current 632 members meet annually in the General Shareholders' Meeting and, every two years they elect one third of the members of the Decision Making Board, comprised of 17 permanent members and 180 counselors, elected for 6-year terms.

The Decision Making Board should elect Einstein's two main governance fora: the Elect Board and the Steering Committee, which define the organization's work strategy. The two fora articulate through a checks and balances system: one executes and the other inspects, but both participate in the annual revision of Einstein's strategic plan, which identifies the impacts, risks and opportunities. These two fora also integrate the annual discussions for the revision of the long-term vision, which takes into consideration Einstein's mission, internal and external scenarios and plans for the future. These fora also monthly monitor the organization's performance through indicators, which include the balanced scorecard tool. **GRI G4-46 | G4-47**

The two bodies have nine members each, elected for 6-year terms, and count on the support of strategic committees. Its members are physicians with intense activity in the organization and renowned professionals from several sectors in Brazil, who work at Einstein voluntarily, without any type of compensation.

The executive forum gathers paid professionals. It reports to Einstein's president and is led by the General Director, counting on 16 Executive Officers to carry out the strategy at operational, administrative, financial, social, and environmental levels.

The professionals of strategic and executive fora are constantly building capacity to define, conduct, and monitor activities, and assess results.

In 2014, this structure was improved with the creation of the departments of Auditing; Risk Management and Compliance; and Innovation and Knowledge Management.

The commitment to ethics and the strict compliance to internal guidelines, contracts and agreements, the law, and standards guide all of Einstein's work. With the Organizational Manual of Ethical Conduct Guidelines, disseminated to all employees, Einstein makes explicit the attitude expected from leaders and teams and is the basis for the relation with many audiences. Cases of non-compliance are reported by internal audiences in the Adverse Event Reporting System or through the Human Resources' Customer Service (SAC-RH). Furthermore, there is also a channel dedicated to addressing violations of the Organizational Policy of Moral and Sexual Harassment, which also reports to the area of Human Resources.

The Organizational Manual of Ethical Conduct Guidelines will be revised in 2015, as part of a program whose objective is to improve internal controls and

compliance. In 2014, there was no training focused on corruption-fighting neither an assessment of the risks related to operation units. GRI **G4 SO3 | SO4 | SO5**

External audiences count on the Customer Service (SAC), which, in addition to receiving, registering and addressing compliments, complaints and suggestions, receives accusations, assuring the confidentiality of the denouncer's identity. GRI **G4-56**

All accusations received by the different whistle-blowing channels offered by Einstein are investigated. Depending on their theme and nature, they are referred for resolution to the executive administration or to the Ethics Committee, and may be reported to strategic fora.

In order to avoid possible conflicts of interest, all employees periodically declare if they perform any activity that might interfere with their work at Einstein. The objective is to avoid that their job or position at Einstein be used for personal advantages or against the organization. GRI **G4-41**

Although it is a not-for-profit organization, Einstein follows the same internal control and external verification standards as publicly traded companies. GRI **G4-7**

STEERING COMMITTEE

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)

Mission

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

Vision

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

Values

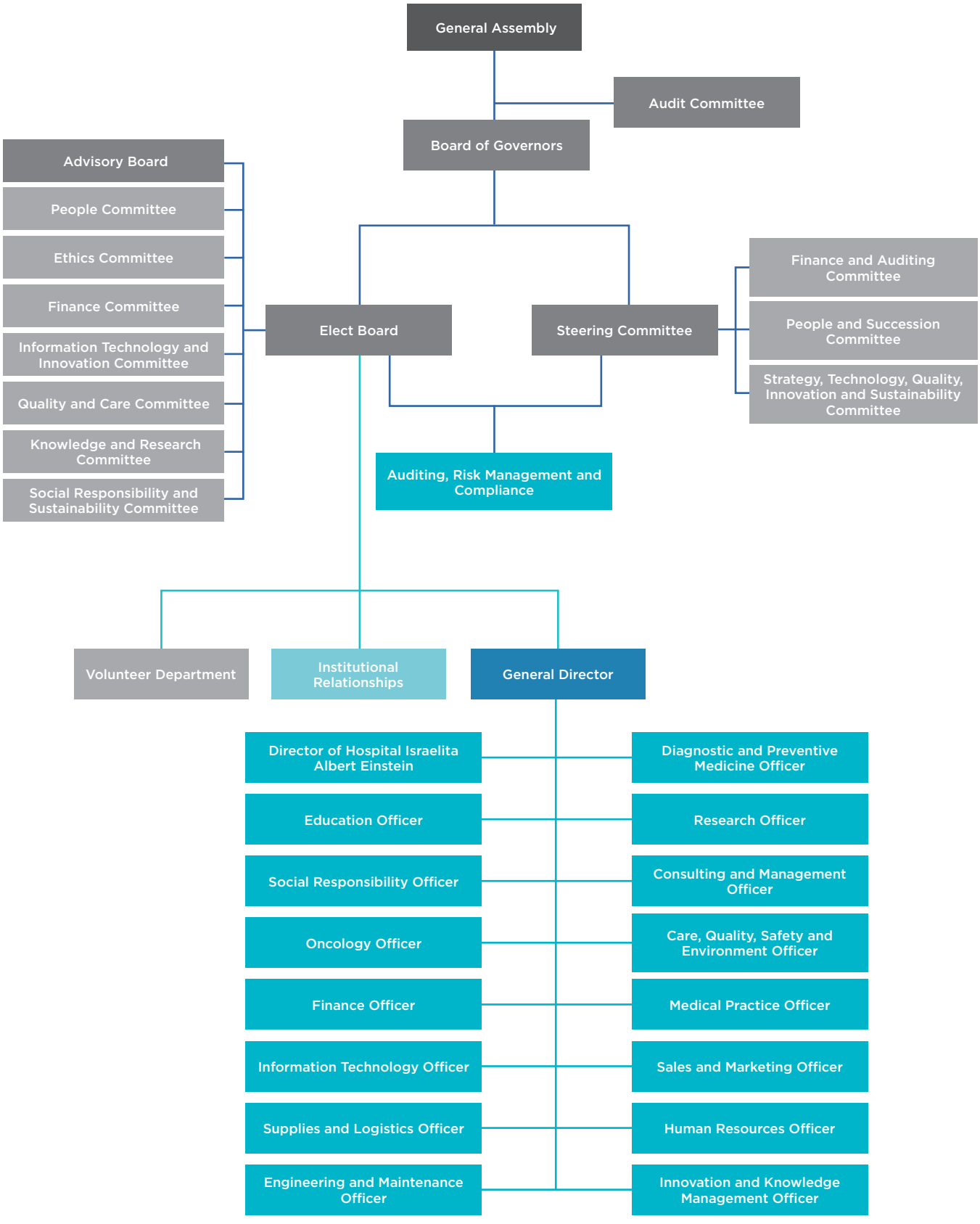
The organization's activities and work of Einstein's employees are guided by the following Jewish precepts and organizational values:

Mitzvá (good actions)
Refuá (health)
Chinuch (education)
Tsedaká (social justice)
Honesty
Truth
Integrity
Diligence
Justice
Altruism
Autonomy
Professionalism
Team Work

GRI **G4-56**

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

ORGANIZATIONAL CHART



Triple Aim Governance GRI G4-DMA

In 2014, the Einstein decided to adopt the Triple Aim governance, which sets forth changes in the approach, structuring and monitoring of healthcare services, in three dimensions:

- The experience of care: focus on quality, safety and efficiency of services, which guarantee a better experience for the patient and the patient´s satisfaction
- Reduction of the *per capita* cost of health services: a focus on continuous improvement and on scientific knowledge to warrant efficacy when applying resources.
- Population health: based on successful experiences, making it possible to scale up to larger parcels of the population through care strategies adjusted to the specificities of the different groups.

BACKGROUND

The **Triple Aim** was created by the Institute for Healthcare Improvement (IHI), a reference organization located in Cambridge (USA) that supports improvement processes in health organizations in several regions of worldwide. A pilot project that was carried out between 2007 and 2012, in 100 organizations, tested the application and made it possible to fine tune the model

The decision to invest in this governance model is due to the understanding that action based on the three dimensions has the potential to modify the way health services are rendered, enhancing quality and range of such services. This approach promises to be ever more effective when facing the global health challenges, such as aging of the population and the increased incidence of chronic diseases, that exert pressure on medical and social care structures due to growing demand.

Implementing the Triple Aim governance is a complex process that presupposes the involvement of all and a maturation period. In this effort, the Einstein has at its favor the long-standing trajectory of development and endeavors in the main issues encompassed by the three dimensions.

The adoption of the model reinforces the main commitment of the Einstein and helps to strategically articulate the diverse initiatives that have already been achieved. Some efforts stand out, such as the focus on quality and safety, the use of the patient´s experience concept, multiplying proven efficiency practices in the daily routine of healthcare units in the partnerships with the *Sistema Único de Saúde*, the generation and dissemination of knowledge, the construction of specific care models for certain population groups, such as the *Coluna and Parto Adequado* projects, the accountable financial management and rationalization in the use of resources, among others, that will be presented in greater detail throughout this report.

HEALTH CARE CENTERED ON THE PATIENT

In health services rendered, the Einstein adopts a multifaceted approach for care to ensure the best possible experience for the patient. This presupposes enforcing the most adequate processes and protocols, paying attention to the people involved – professionals, patients, family members – and to their respective needs, ensuring access to information and making it possible for all to participate in the decisions made on treatment. This is a healthcare model that is disseminated in the United States and in some European countries, which is at an incipient phase in Brazil.

The concept represents an evolution of the practice of humanized care that already exists within the organization. To accelerate the dissemination of the new level of care at all ranks of the organization, the Einstein has maintained since 2013, the *Escritório de Experiência do Paciente*, an office that cooperates with the definition of priorities and guidelines on the issue and acts as a project catalyzer. The matrix model of action reinforces shared accountability and engagement of all and addresses seven main dimensions:

- Mapping of expectations.
- Satisfaction management.
- Improvements defined jointly with service areas.
- Managing the experience of employees.
- Engagement, training and acknowledgment of employees.
- Sharing of best practices.
- Stimulation for innovation.

With a specific focus on information for patients and families and the participation in decision-making, the Einstein fosters educational actions and a change of culture, for the internal and external audiences. Throughout 2014, the topic patient-centered care was incorporated into the orientations given to new employees, training approximately 3.1 thousand newly-hired staff.

Through this office, it was possible to reinforce the integration of a variety of initiatives that are underway. The satisfaction surveys, contacts carried out by means of the Customer Services Center (SAC) and the information from the Consultative Council for Patients, for example, went into feeding a system for continuous improvement and a global diagnosis at the Einstein in patients´ perceptions. In 2014, a total of 4,172 manifestations came in. From these, 3,905 were resolved and another 267 are still in the process of resolution, since they involve more complex analyses or because they were recorded closer to the end of the year, and are still within the usual resolution terms. GRI **G4-SO11**

To allow for greater focus on the improvement actions, indicators were set up and are monitored every month. II In 2015, a process will be put in place to share information on challenges, solutions and good practices among the areas.

The Einstein also adopts the Planetree humanization concept, from a non-profit North American organization that supports the development and adoption of innovative health care models focused on the patient and on cure in the mental, emotional, spiritual, social and physical realms. In 2011, the Einstein was the first health organization outside the United States to receive this designation, evolving subsequently to become the official Planetree representative in Brazil and provide consultancy to health organizations that intend to obtain this recognition.

POPULATION HEALTH

The construction of health care models adjusted to specific groups is not a novelty at the Einstein and has been adopted as a strategy to increase efficiency and efficacy of services. An example is the *Projeto Coluna*, carried out in partnership with health insurance companies. Based on a stringent evaluation process of cases with surgical indications and the reinforcement of rehabilitation tools, it was possible to reduce the number of patients with spinal problems who had to resort to surgical procedures.

MANIFESTATIONS RECEIVED BY THE CUSTOMER SERVICE GRI G4-SO11

Type of manifestation[1]	2012	2013	2014	Δ 2014/2013
Compliments	5.62	5.36	6.14	**14.6%**
Complaints	2.94	2.47	2.96	**19.8%**
Suggestions	0.89	1.22	0.97	**-20.5%**

1 The figures refer to the number of records per 1,000 patient visits in all Einstein's units.

PILOT PROJECT

In 2014, the Einstein was invited by the Institute for Healthcare Improvement and supported by the Ministry of Health and the *Agência Nacional da Saúde* (ANS) to develop a pilot project, aimed to reduce the number of unnecessary C-sections in Brazil. According to the ANS, surgical deliveries represent approximately 40% of the procedures carried out in the public network and 84% in the private network. These percentages are well above the World Health Organization (WHO) recommendations that estimate that C-sections can be justified, on average, in 15% of births throughout the world.

In this initiative, care models will be applied based on scientific evidence that favors non-surgical delivery, whenever it is safer and clinically more appropriate.

The actions foreseen include adjusting the physical spaces to offer pregnant women greater comfort during the progression of labor, the integration of teams made up by physicians and obstetric nurses, the use of resources to alleviate pain and stimuli for the companion to be present during the procedure. What has also been foreseen is strong awareness work for doctors and patients on the advantages of non-surgical deliveries.

Throughout 2014, the Einstein got prepared for the execution of the project, with actions to carry out adjustments in the physical space, training of professionals and structuring systems to monitor the results of actions.

The project *Parto Adequado* will represent the first large scale project fully based on the Triple Aim governance model. Knowledge built throughout the execution (2015 to 2017) will be applied in other areas of the Einstein health system.

Responsible Financial Management

In 2014, the Einstein maintained the growth trend recorded in previous years, and the EBITDA (profit before interests, depreciation and amortization) for the period was of R$ 269.7 million, 14.2% above what was recorded in 2013. Operating income increased 13.7% and reached R$ 2.0 billion. What also increased was operating efficiency, with a thrust from the review of processes and adjustment of team distribution and supplier management that limited the evolution of operational costs and expenses to 12.6%.

Net operating result was of R$ 149.4 million, 30% higher vis-a-vis the previous year. The surplus for the exercise was of R$ 176.0 million, 4.8% lower than that recorded the year before. In 2013, a reversal of provisions for withholding taxes from financial investment income was carried out, in the amount of R$ 50.1 million. Without this reversal, growth would have been 30.6% vis-a-vis 2013.

The development agencies are an important source of long-term external financing, in which Einstein has support for its growth strategy. In 2014, R$ 10.9 million were released from financing obtained from *Financiadora de Estudos e Projetos* (Finep), with the goal of expanding our teaching and research activities and developing new therapeutic services. Also in 2014, the Einstein raised funds in the private bank market. The operation, in the amount of R$ 250 million, guarantees to the Einstein the financial flexibility to execute large investment projects foreseen for the coming years, such as the construction of a new teaching and research center, the expansion of Diagnostic and Preventive Medicine, the healthcare infrastructure and a new hospital management system.

Einstein´s financial management aims to ensure financial soundness, through a stringent cost control, the quest for productivity, preservation of solvency and maintaining resources in cash to confront eventual contingencies. As a not-for-profit organization, the Einstein reinvests all of the results generated into its own operation.

RESTRICTIONS ADOPTED IN THE EINSTEINS FINANCIAL MANAGEMENT

Feature	Restriction	Calculation	Limit	2014
Leverage	The maximum participation of third-party funds in the total operating capital is limited to 30% of the total operational capital employed.	Unprofitable indebtedness / total operational capital employed	≤ 30%	25.9%
Cash and financial investments	The minimum availability should be 25% of the annual revenues.	Cash and investments / net income	≥ 25%	33.2%
Investments and debt service	Operating cash surplus, active interest rates, and fund raising should fund investments and the debt service in the long run. The use of third-party funds at times of expansion will become, in the future, amortization, interests paid, and operating cash surplus.	Annual investment - down payment + amortization + interests paid (EBITDA + interests received)	≤ 100%	10.6%
Indebtedness	The maximum indebtedness is twice the earnings before interest, depreciation and amortization. Transiently, it may be as much as 2.5-fold.	Unprofitable indebtedness / EBITDA	≤ 2,5	1.6%

STATEMENT OF VALUE ADDED (IN THOUSAND R$) GRI G4-EC1

Feature	2012	2013	2014	Δ 2014/2013
Revenues[1, 2]	1,623,520	1,867,542	2,067,421	10.7%
Direct economic value generated	**1,623,520**	**1,867,542**	**2,067,421**	**10.7%**
Operating costs[3]	558,259	538,612	618,124	14.8%
Employee salaries and benefits[3]	744,523	851,112	963,263	13.2%
Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (Proadi-SUS)	161,812	219,222	230,832	5.3%
Investments in the community[4]	45,513	47,437	54,047	13.9%
Financial expenses	30,471	26,249	25,202	-4.0%
Distributed economic value	**1,540,578**	**1,682,632**	**1,891,468**	**12.4%**
Accumulated economic value	**82,941**	**184,910**	**175,952**	**-4.8%**

1 Sum of net revenues and financial revenues, minus deduction of provision for bad debts. 2 In 2013, a reversal of provisions for withholding taxes from financial investment income was carried out, in the amount of R$ 50.1 million. 3 The costs of primary care services delivered by the Einstein and reimbursed by the City Administration of Sao Paulo are distributed as operating costs (12%) and employee salaries and benefits (88%). 4 These investments refer to expenses with the *Programa Einstein na Comunidade Judaica*, with *Residencial Israelita Albert Einstein* and with donations to social care organizations.

FINANCIAL STATEMENT (IN THOUSAND R$)

Feature	2012	2013	2014	Δ 2014/2013
Net operating revenues	1,592,350	1,793,362	2,038,786	13.7%
Operating costs and expenses	1,526,580	1,678,402	1,889,387	12.6%
Operating results	**65,770**	**114,960**	**149,399**	**30.0%**
Total financial result	17,171	69,950	26,553	-62.0%
Result of the business year	**82,941**	**184,910**	**175,952**	**-4.8%**
EBITDA[1]	**167,940**	**236,149**	**269,740**	**14.2%**

1 Profit before interests, depreciation and amortization.

BALANCE SHEET (IN THOUSAND R$)

Feature	2012	2013	2014	Δ 2014/2013
Total current assets	**834,282**	**889,454**	**1,236,866**	**39.1%**
Immobilized	1,266,114	1,283,722	1,348,426	5.0%
Intangible	62,001	71,570	113,186	58.1%
Differed	6,274	2,318	0	-100.0%
Other non-currents assets	62,240	73,439	77,066	4.9%
Total non-current assets	**1,396,629**	**1,431,049**	**1,538,678**	**7.5%**
Total assets	**2,230,911**	**2,320,504**	**2,775,544**	**19.6%**
Current liabilities	338,652	354,817	399,261	12.5%
Non-current liabilities	279,650	168,167	402,812	139.5%
Equity	1,612,609	1,797,519	1,973,471	9.8%
Total liabilities and equity	**2,230,912**	**2,320,503**	**2,775,544**	**19.6%**

CASH FLOW (EM R$ MILHARES)

Feature	2012	2013	2014	Δ 2014/2013
EBITDA	167,940	236,149	269,740	14.2%
CAPEX Expenditure	178,025	144,410	214,987	48.9%
Cash and financial investments	441,876	443,998	677,199	52.5%
Working capital	139,100	183,772	239,335	30.2%
Total operating capital deployed	1,473,489	1,541,382	1,700,947	10.4%

CAPITAL EXPENDITURE (IN THOUSAND R$)

Feature	2012	2013	2014	Δ 2014/2013
Construction works, land & property	66,679	48,043	41,311	-14.0%
Technology and automation	43,735	42,050	73,909	75.8%
Medical equipment	50,996	40,452	75,386	86.4%
Machinery and equipment	7,822	2,047	1,060	-48.2%
Furniture and gadgets	7,939	5,653	12,652	123.8%
Others	854	6,165	10,669	73.0%
Total	**178,025**	**144,410**	**214,987**	**48.9%**

TOTAL CAPITALIZATION DISCRIMINATED IN TERMS OF DEBT[1] AND NET EQUITY
(IN THOUSAND R$)

2012		2013		2014		Δ 2014/2013	
Debt	Net equity	Debt	Net equity	Debt	Net equity	Debt	Net equity
282,540	1,612,609	240,866	1,797,519	441,162	1,973,471	83.2%	9.8%

1 Sum of the loans and current and long-term financings.

Relationship with suppliers

GRI G4-DMA | G4-12 | G4-HR5

On December 31, 2014, the active suppliers registry at the Einstein was made up of 2,596 companies. In 2014, the management of this network evolved along two main lines:

- Reduction of the number of suppliers and variety of items acquired.
- Establishment of a new level of relationship with suppliers deemed to be strategic or critical.

The first objective was attained, with a reduction of 5.3% of the total number of suppliers. The rationalization of this base makes it easier to monitor and control standardization as well as quality.

With a view to the second objective, the Einstein analyzed several dimensions – material availability, criticality for the Einstein actions, and social, environmental and economic risks, as well as image risks – and defined a group of 124 vendors with which it will reinforce follow-up.

This group comprises mainly manufacturers of orthoses and prostheses, laundries, medication suppliers, medical materials and textile products, cleaning companies and the disposal of residues and security companies.

In 2014, this group of 124 suppliers received a questionnaire that encompasses labor, social, environmental and legal compliance questions. Participation was voluntary, and we had 55 respondents. This information enabled mapping the best practices and the points of warning or attention, or those that were not aligned with the way Einstein wants to work. Presently the focus is to develop a series of action plans and enhancements. For 2015, what is foreseen is the creation of a tool to recognize and value the best practices in the chain and stimulate and develop suppliers.

These initiatives represent an evolution in the chain management work that had already been developed by the Einstein. The selection of suppliers includes environmental criteria adjusted to each type of business, with the aim of warranting the reduction of impacts. In processes to select laundries for example, one of the aspects taken into account is the reutilization of water in the day-to-day operation of the supplier, so as to encourage savings in the consumption of this resource.

All suppliers are oriented to follow the *Manual do Fornecedor Einstein* [Supplier´s Manual] and the *Manual Institucional de Diretrizes e Conduta Ética* [Organizational Manual of Guidelines and Ethic Behavior].

Suppliers deemed critical undergo periodic evaluations and technical visits. Whenever there are hints of non-conformity with the behavior standards set forth, the Einstein seeks to evaluate and correct the problem. In some cases, it excludes the supplier from its base.

In these sectors where there is the risk of having child, slave or analogous labor, such as suppliers of textiles and laundry services, and the collection of residues, the Einstein reinforces supervision and carries out *in loco* visits to verify the working conditions put in place by the companies. **GRI HR6**

HIGHLIGHTS 2014

GRI G4-HR10 | HR11 | EN33

- **1,597 new contracts were signed, with 735 human rights clauses.**
- **2,596 suppliers may generate real, significant and potential negative impacts on human rights and 416 were identified as potential causes of significant environmental impact, mainly among those using plastic and polymers.**
- **55 were submitted to evaluations of impact on human and/or environmental rights, and there was no need detected to implement enhancements in any of these cases.**

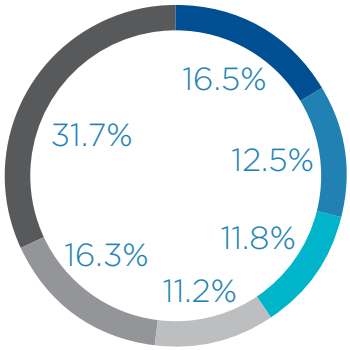
HUMAN RIGHTS CLAUSE GRI G4-HR10

Feature	2012	2013	2014	Δ 2014/2013
Suppliers considered as in process of acquiring products or services (active suppliers)	2,988	2,740	2,596	-5.3%
Suppliers contracted based on criteria related to human-rights (total)	N/D	N/D	735[1]	
Suppliers contracted based on criteria related to human-rights (%)	N/D	N/D	28.3	

N/D: data not available. 1 Up to 2014, many contracts were made based on the model adopted by the supplier. And the Einstein has no systematized data on these contracts to inform whether they include or not topics related to human rights. As from 2015, all negotiations will include specific clauses on human rights.

SUPPLY CHAIN (%) GRI G4-13

Total: 2,596 active suppliers



- **Functional**[1]
- **Medical supplies**
- **Maintenance, construction works and engineering**
- **Medical services**
- **Administrative, marketing and events**
- **Others**

1 This category gathers the suppliers of materials that are not directly related to patients, such as personal protection equipment for employees, medical devices, office items and information technology devices, furniture, interior design, kitchen gadgets, gifts and packages, among others.

ENVIRONMENTAL IMPACTS

GRI G4-EN34

In 2014, the Einstein received 70 complaints related to environmental impacts. Of these, 58 were solved and 22 remain under processing, within the term set forth to resolve them, because they involve more complex analyses or were received at the end of the year. Among the mechanisms to identify complaints are the bedside visit/evaluation of care rendered (70%), telephone (14%), face-to-face (12%), Speak to us/E-mail (3%) and social networks (1%).


ALBERT EINSTEIN
HOSPITAL ISRAELITA
UNIDADE AVANÇADA PERDIZES HIGIENÓPOLIS

STRATEGY

Commitment with three main fronts – governance, people and the environment – guides the way of acting of the Einstein and gives thrust to the goal of generating value for society

The Einstein builds the future by means of the execution of strategic guidelines that take into account present-day scenarios, future projections and the main trends of the health sector in Brazil and worldwide (*see box*). Generating value for society that materializes in health deliveries, knowledge and social retribution is sustained by three essential elements:

- Governance: responsibilities and decision-making flows clearly defined.
- People: professionals that are trained and engaged with the organization´s mission.
- Environment: commitment to managing the impacts caused by the operation.

The organization´s commitment towards sustainability creates that link between these three elements and guides the trajectory. In 2014, sustainability management went through a process of maturation, with the consolidation of a double role: guiding actions to ensure continuity of the organization and serving as a management tool so that all these aspects can move forward in a planned fashion.

The Environmental and Sustainability areas were segregated and operational projects and activities linked to direct environmental impacts became part of the Engineering and Maintenance sector.

There has been progress in the implementation of the Sustainability Master Plan that takes into account internal policies and guidelines and the main world references, such as the World Health Organization (WHO), Practice Greenhealth, National Health Service, Healthcare Without Harm and Joint Commission International, which are specific for the health sector. In addition, the Global Compact, ISO 26000, Global Reporting Initiative and the Greenhouse Gas Protocol, geared to management and to reporting sustainability in general. Studies on the interference of the environment health were also analyzed, as well as the use of materials, drugs and products that pose potential risks to people and the environment, and best practices were recompiled from all over the world.

STRATEGIC PLANNING

GRI G4-2

The strategic planning at the Einstein has a five-year horizon, with annual reviews. In the 2015/2019 cycle, three topics stand out:

- **The structures and tools that will make it possible to adopt the Triple Aim governance model.**
- **The reinforcement of the Einstein vision, as being a health system and the impacts of management issues.**
- **The need to review the relationship model with health insurance companies and compensation for the services rendered.**

The monitoring of advances is carried out by means of the balanced scorecard (BSC) tool that evaluates the Einstein´s performance and influences the payment of variable remuneration of employees. As from 2015, the BSC will include sustainability indicators.

An indicators panel – to be implemented in 2015, will organize performance monitoring, offering a clear portrayal of the macro-strategic performance and allowing for better control and management. Throughout 2015, the panel will be used for a general diagnosis and establishment of the baseline to define improvement goals that will be monitored as of 2016.

The strategic planning at the Einstein has a five-year horizon, and compliance with the goals influences the variable compensation of employees

HEALTH CHALLENGES AROUND THE WORLD GRI G4-2

Expenditures with health in Brazil accounts for approximately 9% of the gross domestic product (GDP) and 4.3 million direct jobs. In both public and private spheres, the system frequently operates at its extreme capacity, exerting pressure because of the ever growing demand.

Unless some structural changes take place, the trend is for an exacerbation in this capacity deficit due to the increase in longevity and the prevalence of chronic diseases. According to a projection drafted by the Brazilian Institute of Geography and Statistics (IBGE), in 2025, Brazil will have approximately 34.5 million inhabitants aged over 60 years, and will rank sixth as largest elderly population in the world.

Besides the pressure on demand, some characteristics of the Brazilian health system are challenges to the sustainability of the model. Among these, what can be underscored is the care model centered on the physical structure of the hospital and on the management of acute patients – while the needs for care of chronic and high-complexity patients continues to increase, for example. Regarding the healthcare insurance system model of payment, what predominates is a relation based on the consumption of resources and services, which does not foster search for efficiency and quality.

HEALTHCARE SERVICES

The management model adopted by the Einstein aims to ensure greater efficiency and quality in performance, strengthening the role of each of the structures, and avoiding duplication and waste **GRI G4-DMA**

The Einstein is a healthcare system in which different structures are organized to perform evidence-based medicine and offer excellent services. Patient care covers the entire healthcare cycle, including promotion, prevention, diagnosis, treatment and rehabilitation, and is delivered in 8 private units and 22 from the *Sistema Único de Saúde* (SUS).

To ensure greater efficiency and quality, the Einstein has been redefining the profiles of different structures in order to strengthen their respective roles, concentrate related services, and avoid duplication and waste. Following this model, the Morumbi unit will concentrate high-complexity services in different medical specialties.

In maternal and child care, for example, 12 new beds have been added for high-risk pregnant women, and the Neonatal Intensive Care Unit (NICU) is now systematically receiving patients transferred from other organizations.

One of the differentiators of the Einstein's intensive care is that services are not restricted to ICU patients, because the staff works together with the care teams of the different specialties to extend intensive care to the entire hospital.

CENTRALIZED CARE

Focusing on high-complexity patients, a dedicated care team for inpatients was created to bridge the Einstein's various structures, facilitating patient circulation and flow, with scheduling of exams, admission support and referral to different specialties. During the first six months of deployment, about 300 patients were assisted.

ONCOLOGY

Oncology-related actions – prevention, treatment, post-treatment and terminal care, have gained a more strategic and systemic approach with a new management structure. The role of this structure is to ensure integration of all areas involved in the oncological patient care cycle. Diagnosis, surgery and postoperative care, chemotherapy and radiation therapy, palliative care, nutrition and psychology are combined into different approaches to treat the disease.

Since 2013, with the opening of the *Centro de Oncologia e Hematologia Família Dayan–Daycoval*, the Einstein has introduced changes in how patients navigate through the several stages of care. Even the architecture is designed to promote cure: the center brings together everything related to cancer treatment and houses care cells that interact with the general service structures. The idea is to facilitate the access of patients, who no longer need to change places to schedule examinations or take care of bureaucratic issues, and to tap synergies with other areas, eliminating duplication or waste.

The center is a pioneer in implementing the concept of integrative medicine, which relies on the use of complementary therapies with proven results for psychosocial well-being, including yoga, meditation, stress relief, psychological support and nutritional counseling.

STRATEGIC RELATIONSHIP

The activities and protocols adopted by the center are defined with support from the MD Anderson Cancer Center, a world reference in cancer treatment and research. The relationship started in 2012, with the hiring of a consulting firm to improve procedures in the Einstein, and has been evolving gradually. In 2014, the Einstein became the first organization in the world to have its brand associated with the MD Anderson Cancer Center, which, in practice, translates into full access to knowledge produced in the center, periodic consulting in Brazil, and sending professionals for specific training programs in the United States.

TRANSPLANTS

The Einstein is one of the leading organ transplant centers in the country, with nearly 3,000 transplants performed since 2002. Of this total, 93.3% were performed by the *Sistema Único de Saúde* (SUS). In addition to patient assistance, the Einstein invests in training professionals for organ harvesting and conducts clinical, basic and management research to improve procedures and promote innovations to raise the service quality standards and reduce costs.

The Einstein is the second largest organization in volume of liver transplants in Brazil, and accounts for 23% of all procedures of this type conducted in the state of São Paulo. The Einstein is the third largest heart transplant center in the State of São Paulo, with survival results superior to those of the best North American heart transplant center.

The Einstein pioneered the adoption of a new routine protocol for kidney transplants using perfusion machines, which protects the organ to be transplanted and increases graft survival, since in this type of procedure the organ frequently has to be transported long distances until the place where the surgery takes place. The machine keeps the kidney in a cold preservation solution, decreasing the risk of ischemia. Since the organ must stay in this machine for at least 6 hours, patients can be more properly prepared for the surgical procedure.

Another development was the adoption of specific preparation procedures for hypersensitized patients with high levels of antibodies who, therefore, have reduced compatibility with possible donors. With the use of desensitization protocols, they can become eligible for transplants. In 2014, 13 patients were benefited.

NUMBER OF TRANSPLANTS PERFORMED BY THE INTEGRATED ORGAN TRANSPLANTATION PROGRAM

Organ	2012			2013			2014			Total since 2002		
	SUS	Private	Total	SUS	Private	Total	SUS	Private	Total	SUS	Private	Total
Liver	125	10	**135**	102	0	**102**	124	1	**125**	1,543	70	**1,613**
Multiple organs	1	0	**1**	0	0	**0**	2	0	**2**	3	0	**3**
Kidney	62	8	**70**	88	9	**97**	86	17	**103**	894	85	**979**
Pancreas	0	0	**0**	0	0	**0**	0	0	**0**	60	1	**61**
Pancreas/ kidney	1	0	**1**	2	0	**2**	1	0	**1**	142	8	**150**
Heart	8	2	**10**	4	2	**6**	11	6	**17**	40	27	**67**
Lung	4	0	**4**	9	1	**10**	5	0	**5**	24	2	**26**
Total	**201**	**20**	**221**	**205**	**12**	**217**	**229**	**24**	**253**	**2,706**	**193**	**2,899**
%	**91.0%**	**9.0%**	**100.0%**	**94.5%**	**5.5%**	**100.0%**	**90.5%**	**9.5%**	**100.0%**	**93.3%**	**6.7%**	**100.0%**

NUMBERS OF THE INTEGRATED ORGAN TRANSPLANTATION PROGRAM

Indicator	2012	2013	2014	Δ 2014/2013
Patients followed up[1]	2,703	3,137	3,265	4.1%
Outpatient´s clinic visits	19,799	26,825	28,535	6.4%
Admissions	1,306	1,383	1,301	-5.9%

1 The numbers refer to the total of patients followed up on December 31st of the year mentioned.

4.12 days

was the average length of stay at the hospital, in 2014

EFFICIENCY GAINS

By reviewing internal processes and improving planning for patient admission, stay and discharge, the Einstein has been decreasing every year the average hospital length of stay, increasing access to health services without having to increase the number of beds. The reduction is the result of a structured program called ***Fluxo do Paciente*** [Patient Flow], which involves all areas and is monitored based on 104 indicators.

In 2014, the overall average for length of stay was 4.12 days, 3% below that recorded in 2013 (4.25 days). The Internal Medicine department recorded the best performance ever for the indicator, with an average stay of 3.07 days. The gains are even more significant when you consider that the profile of patients treated at the Einstein is increasing in complexity.

In addition to enabling greater efficiency, the increase in bed turnover is aligned with our care quality goals. An integrated initiative involving several areas allowed, for example, for elimination of the admission queue in the early hours of the morning, when a large number of patients are waiting to be admitted for elective procedures. As for outpatient surgeries, patients are now admitted directly to the operating room without occupying a bed before the procedure.

In several procedures – such as deliveries and some low-complexity surgeries – safety protocols provide for the discharge of patients within 48 or 72 hours. However, whenever possible, patients can choose to be discharged after 48 hours and, on the next day, be visited at home by a hospital team for monitoring and guidance. Since the program was implemented in 2011, the number of complaints has dropped and the level of satisfaction increased. Other factors contributing for dehospitalization are the day clinic (no overnight) and home care (*see box*) services offered by the Einstein.

HOME CARE

Clinically stable patients who require technical care at home to allow for hospital discharge can rely on home care services, delivered in three forms: home hospitalization (hospital at home), home assistance (outpatient clinic at home) and home visit (doctor's practice at home). Under these modalities, there are specific programs for the care of newborns, children, adolescents and the elderly, as well as chronic care (such as palliative care, diabetes management and heart failure) and acute care (surgery, maternity and orthopedics). The Einstein also offers nursing caretaker services for patients during hospitalization and for conduction of diagnostic tests.

The service team is chosen according to the needs of each patient and can be composed of a doctor who reports to the patient's attending physician after each home visit, nurses, nursing technicians, physical therapists, speech therapists, occupational therapists and dietitians, among others.

About 80% of the Einstein's home care service requests are private, and 20% are from health insurance companies. The demand for this type of service is growing every year. In 2014, about 22,900 requests were met, with a daily average of 50 patients. The level of satisfaction with the service was 98%. GRI **G4-PR5**

PROGRAMAS ACELERADORES

The matrix operating model behind the program *Fluxo do Paciente* [Patient Flow] was the basis for other initiatives that bring together managers and medical-care staff to rationalize costs and identify opportunities for new services. In 2014, accelerator programs were created with defined objectives and targets, and processes for monitoring indicators. They are the following:

- Refining the alignment between prescriptions and records for the use of drugs and supplies, as well as the audit procedures.
- Support physicians on specific needs of private patients.
- Developing the employee safety culture and achieving the excellence levels targeted in patient safety actions (*for more information, see the chapter Human Capital*).
- Reviewing processes to promote a more balanced relation between the use of employees' time and the results obtained.

MANAGED PROTOCOLS

In the emergency room, the Einstein expanded the use of managed protocols (standard procedures based on scientific evidence) for a series of treatments. In addition to ensuring service quality and patient safety, it speeds up care, avoids unnecessary tests and procedures, allows for better comparability of results, and provides information for continuous improvement.

In influenza cases, for example, it was possible to reduce by 40% the length of stay of patients in the unit. Overall, the rate of unscheduled patient returns dropped and the number of time-related complaints was cut in half. Currently, ten managed protocols are applied in the Einstein's four emergency rooms. The goal is to double that number in 2015.

OUTBREAKS AND EPIDEMICS

Since the influenza A (H1N1) pandemic in 2009, the Einstein has been developing new procedures to deal with the globalization of infectious diseases.

It actively monitors outbreaks and epidemics occurring in Brazil and worldwide, maintaining a state of alert to respond quickly when necessary. An example were the activities related to the Ebola hemorrhagic fever epidemic in West Africa (Guinea, Liberia and Sierra Leone), in 2014.

In early August, even before the World Health Organization (WHO) declared the status of Public Health Emergency of International Concern, the Einstein had already created a group for discussion and preparation of the hospital, particularly the *Unidades de Pronto Atendimento* (UPA) [emergency units]. Healthcare professionals received information on a care plan for suspected or confirmed cases. Because the national recommendations were not yet available, the organization followed the indications of the Centers for Disease Control and Prevention (CDC), located in the United States.

The service flow was tested in drills at the units and a video was released to employees with instructions on how to put on and remove personal protective equipment (coveralls, gloves and face mask), which is a critical moment due to risk of exposure of the staff to the virus. Patients and companions received guidance through information materials.

In Brazil, until the closing of this report, there was only one suspected, unconfirmed case of this infection, but the state of alert was still maintained at the Einstein.

CLINICAL STAFF INTEGRATION

The approximately 7,500 registered physicians play a key role in consolidating the excellence of the organization. To ensure adherence to the Einstein's work philosophy, and recognize and value the professionals most aligned with the organizational guidelines and protocols, the organization maintains the *Programa de Relacionamento com o Corpo Clínico* [Clinical Staff Relationship Program], which is periodically enhanced to keep up with the needs of the organization.

The program annually assesses the performance of the staff on four aspects: education and research, social responsibility, quality and service volume. The analysis involves a system of 74 indicators and enables classifying performance into four segments.

According to the segment awarded, professionals have access to different benefits and discounts in procedures. The whole process of analysis and segmentation is fully transparent. In addition to receiving active and personal feedback from the organization based on a set of criteria, physicians can check the evaluation results on an Internet portal, which informs the individual score and the overall score of the specialty.

The program was enhanced in 2014 with the creation of a support structure to centralize the contact with physicians, interact with other departments at the Einstein – such as the admission and exam scheduling departments – and support patient hospitality.

CLINICAL STAFF

7,437 registered physicians on December 31, 2014

Relationship Differentiators

- Communication and recognition campaigns.
- Participation in decision-making processes.
- Alignment with the work philosophy.

INDICATORS OF HOSPITAL ISRAELITA ALBERT EINSTEIN

Indicator	2012	2013	2014	Δ 2014/2013
Number of operational beds	647	652	657	0.8%
Number of surgical suites	34	35	36	2.9%
Patients-day[1]	194,353	198,551	201.206	1.3%
Mean length of stay (days)	4.3	4.2	4.1	-3.0%
Occupancy rate (%)[2]	83.0	84.9	84.6	-0.3 p.p.
Multidisciplinary team staff/ bed	4.3	4.4	4.3	-2.9%
Number of surgeries (except for C-section)	37,866	41,108	39,208	-4.6%
Number of deliveries	3,871	4,025	4,449	10.5%

1 Number of patients/day indicates the number of inpatients in a hospital unit at 11:59 PM every day. 2 Occupancy rate is the number of patients/day divided by the number of beds/day.

SATISFACTION GRI G4-PR5

Surveys conducted in 2014 with the clinical staff indicated 95% satisfaction with the medical offices and diagnostic services, and 99% with admission. The percentage of physicians who would recommend the Einstein's services is also high: 98% for diagnostic services and 99% for inpatient care.

Among patients, the level of satisfaction varies from 88% for emergency room services to 99% for oncology. Patients' level of recommendation for diagnostic services is 97%.

Commitment to safety

GRI G4-DMA | G4-PR1

Quality and safety are essential attributes of the Einstein's activities and an integrating part of the organization strategy. The manifestation of these principles in the everyday activities of the organization requires a set of rules, control systems, processes and monitoring tools, in addition to the strengthening of a culture of engagement and continuous improvement.

As a healthcare organization, the environment in which the Einstein operates implies risks and the potential to affect the health and safety of patients and employees, either by contact with hazardous products – drugs, chemicals and radiation – or in anesthetic, surgical and diagnostic procedures, among others. Virtually all services and products are verified by accreditation and certification bodies. The organization manages assistance risks, monitors compliance with safety barriers, and promotes improvement initiatives to mitigate risks.

In 2014, it strengthened its active safety management through complete identification and assessment of risks by area. The approach adopted collectively encompasses aspects related to the safety of employees, patients and the environment. This mapping optimizes the educational and preventive character of the *Sistema Einstein de Gerenciamento e Vigilância de Riscos* [Einstein Risk Management and Surveillance System], a tool that monitors the organization's performance in these areas.

Within the concept of decentralization of responsibility, employees are encouraged to report any risk situations or incidents. Reporting can be anonymous, through a reporting system analyzed every day. Based on this analysis, improvement

INTERNATIONAL *BENCHMARKING*

The quest for continuous improvement has led the Einstein to participate in international registries that bring together healthcare organizations and serve as networks for information exchange aimed at building joint knowledge and defining excellence standards. Focused on cardiology, the Einstein joined three registries in 2014: Action and CathPC (both from the American College of Cardiology) and STS (from the Society of Thoracic Surgeons). Based on comparison with the best organizations in the world, it redefined some of its quality goals.

For the door-to-balloon time indicator, for example, i.e. the time between the admission of an infarcted patient and the intervention in the affected artery, the Einstein operates at a higher standard than that recommended by the American Heart Association (up to 90 minutes) and went on to pursue more ambitious goals. Between January and December, the average time went from 82 minutes to 60 minutes.

processes are put in place to reduce and manage risks.

The Einstein's risk management methodology is based on international benchmarks and has been continuously improved. In addition to the study of incident reports, there is a thorough process of investigation for events classified as severe or catastrophic. In 2014, in a proactive action, processes with severe damage potential were mapped for analysis and preventive correction of procedures and protocols.

Parallel to the recording of adverse events – regardless of whether or not any damage occurred and the degree of the damage – the Einstein also identifies incidents classified as near-misses, i.e. situations that can potentially evolve into malpractice. The purpose is to improve the mechanisms for risk management and prevent incidents based on the lessons learned from near-misses.

To measure its own performance objectively, the Einstein monitors a series of indicators (see table) and pursues specific patient safety goals. In 2014, its performance improved in 8 of the 11 items monitored. Compared to the targets for the year, the performance met or exceeded expectation for seven items, but four items are still underperforming.

For 2015, the employee safety management strategy is under review. As part of the actions planned for adoption of the Triple Aim governance measures, the Einstein plans to look into specific aspects of employee health to define the best approach to manage this subject. For the Einstein, the safety of patients and employees is interconnected and must be managed the same way. In addition to the direct benefits for employees, their engagement as co-owners of their own safety is expected to promote safe behaviors in general, further reinforcing the commitment to safety of patients and the environment.

PATIENT SAFETY

Overall, the 2014 targets for the indicators that make up the patient safety index were exceeded (101% fulfillment). The highlight of the year was the 15% reduction in catastrophic serious adverse events.

PATIENT SAFETY INDEX

Indicator	2012	2013	2014	Δ 2014/2013
Rate of central-venous-catheter-related blood stream infection (infections/1,000 catheters/day)[1]	0.79	0.81	1.03	27.8%
Rate of urinary-catheter-related urinary tract infection (infections/1,000 catheters/day)[1]	1.45	1.47	0.91	-38.2%
Infection rate in clean surgeries (infections/1,000 clean surgeries)	0.17	0.12	0.13	9.1%
Glucose rate below 60 mg/dl (%) (incidence/total number of measures)	0.70	0.54	0.41	-0.1 p.p.
Rate of catastrophic severe adverse events (events/total number of encounters x 1,000)[2]	1.65	0.93	0.66	-29.3%
Rate of falls with moderate and severe damage (falls/total number of encounters x 1,000)[2, 3]	1.22	0.65	0.68	5.4%
Medication error rate4[4, 5] (number of notified errors/total number of encounters x 1,000) [2, 3]		7.90	4.70	-40.5%
Rate of adverse events for each near-miss (number of notified adverse events/ number of notified near-misses)[5]		0.66	0.41	-37.9%
Door-to-balloon time (median measured time in minutes)[6]	83.00	82.00	59.00	-28.0%
Door-to-needle time (total sum of times, in minutes, measured/number of patients with ischemic stroke admitted through the emergency department)[7]	76.00	61.40	56.10	-8.6%
Rate of compliance to sepsis protocol at emergency departments (correct application/total number of septic patients)[8]		60.00	70.00	16.7%

1 Catheter-day is the sum of the number of patients with a catheter, every day, during a specific period of time. 2 All types of care that patients receive are considered, including test sample collection, outpatient procedures, physical therapy sessions, hospital admissions, surgeries, etc. 3 Excluding the services provided at *Residencial Israelita Albert Einstein*. 4 Considering the events with D consequence (that cause damage to patients). 5 This indicator started to be monitored in 2013. 6 Time between arrival of patient with acute myocardial infarction at the emergency department until performance of primary angioplasty. 7 Time between arrival of patient with ischemic stroke at the emergency department until performance of thrombolysis. 8 The septic patient protocol provides that patients receive antibiotics, have blood drawn for culture and lactate measurement, and receive fluid replacement (saline solution).

JOINT EFFORT

The work towards continuous improvement and the pursuit of excellence involves all areas of the organization. In healthcare, for example, the knowledge of the staff directly related to the services supports discussions about treatments, technological and administrative improvements, assessment of actions and results, multidisciplinary care strategies, patient experience and internal and external dissemination of the knowledge jointly built. Together in the *Grupos Médicos Assistenciais* [Medical Care Groups], the professionals contribute with proposals and projects, combining theory and practice.

The first groups were created in the second half of 2013. They include independent physicians of the clinical staff, physicians employed by the Einstein and non-medical health employees. Currently, there are 21 groups.

FUTURE PLANS

The Einstein has been investing to achieve a new level in the management of medical information. As of 2016, it will complete the first stage of implementing Cerner Millennium, a unified health information system that enables authorized personnel to access patient records for inquiries, prescriptions and data update.

The centralization of all information in one place and the high degree of accessibility (via desktop, notebook, smartphone or tablet) will enable faster decision-making and improve safety. The new system receives the same care and attention already applied by the Einstein in handling private patient data.

To guide the implementation process, extensive planning and development are being undertaken, which began in 2014 and will extend throughout 2015.

The system is already in use in more than 9,300 healthcare organizations in 24 countries, but has never been used in Brazil.

Accreditations and certifications received by the Einstein

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

American College of Radiology (ACR): it accredits the imaging service of diagnostic and preventive medicine, with a focus on pieces of equipment, professionals, management plans, documentation in patient´s record and quality control.

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

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

College of American Pathologists (CAP): it accredits the pathology and clinical pathology laboratory of diagnostic and preventive medicine and the blood transfusion service. The assessment addresses actions related to patient safety and quality requirements.

Foundation for the Accreditation of Cellular Therapy (FACT): it certifies the good practices in bone marrow transplantation service and umbilical cord and placenta blood blank.

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

Joint Commission International (JCI): in the modality hospital accreditation, it applies to the organization as a whole, and as from 1999, it checks quality processes and safety of patients, employees and the environment. In the modality certification, it assesses specific

The Einstein commitment to excellence is translated by several accreditations and certifications of internal processes and service units

programs, such as diabetes, clinical care of patients suspected of having a stroke, and primary care in the *Programa Einstein na Comunidade de Paraisópolis*.

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

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

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

PROCESSES AUDITED BY THE JOINT COMMISSION INTERNATIONAL

All care processes are generally audited by an external accreditation agency at intervals ranging from one, to two or three years, depending on the model utilized.

In the last survey by the Joint Commission International, in 2012, a total of 1,200 measurable elements on quality of care were analyzed. Non-conformities were detected in five of them:

- **Lack of evidence regarding control of external laboratories.**
- **Validation of physicians in the multidisciplinary plan of care and in patient´s chart.**
- **Lack of records on risks, benefits and alternatives on the informed consent forms for surgical and anesthetic procedures.**
- **Lack of evidence regarding primary source verification for graduation.**
- **Work experience time of the multidisciplinary team.**

All non-conformities were dealt with throughout the last three years, and the next survey will take place in April 2015. GRI **G4-PR2**

The service quality and high demand make the Einstein one of the major organizations in the diagnostic medicine industry

Diagnostic and Preventive Medicine

Whether by strengthening of a prevention-oriented healthcare approach or the development of less invasive surgical techniques, the importance of diagnostic medicine across the healthcare industry is increasing. This trend is evident at the Einstein, driven by the maturity of a performance model focused on physicians and quality information for decision making.

Its renowned quality and high demand make the Einstein one of the major organizations in the industry. External demand has been growing every year and now accounts for about 75% of the volume: more than one third of the exams are ordered by physicians not registered with the Einstein.

In 2014, the growth of the imaging department was substantial. The number of images produced increased by about 13%. One of the department's highlights is interventional radiology. With the help of imaging equipment, it is currently possible to have a less invasive approach to procedures that once depended on major surgeries, such as tumor excision.

Aiming to perform highly complex procedures and reinforce patient safety, the Einstein has a hybrid room, with everything required for surgeries and also different types of imaging equipment. That way, it is possible to reduce risks by performing multiple procedures and examinations with one single intervention.

Patients who consult with physicians in the Einstein's medical offices rely on the additional convenience of, most times, having their tests run on the same day of the appointment without the need for previous scheduling, because the diagnostic medicine department has times set aside every day for this type of 'squeeze ins'. This convenience is offered at three units: Morumbi, Perdizes-Higienópolis and Alphaville.

With regard to pathology and clinical pathology services, the growth recorded over the year was based on two fronts. The larger numbers refer to routine tests. There were more than 10 million in 2014. In addition to assisting patients in its private units, the Einstein also processes tests from public healthcare services of the *Sistema Único de Saúde* (SUS), which accounted for 45.2% of all tests performed.

PORTABLE CT SCANNER

With the use of a portable CT scanner, it is possible to run cranial scans without the need to move patients from ICU beds. Bought in late 2013, the machine has helped reduce procedural risks in about 60 scans per month in 2014.

In the last four months of 2014, for example, the Einstein undertook the processing of scans performed in public hospitals of the city of Mogi das Cruzes, in Greater São Paulo, by an agreement signed with the local government. With a staff of 30 employees and its own equipment, the Einstein services 44 primary care units, 2 emergency units and 1 specialty center.

In addition to expanding the service with low-complexity exams, the Einstein consistently and systematically invests in developing new technologies and increasing access to high-complexity tests. With knowledge developed internally, the organization is able to launch about 200 new tests every year.

FUTURE PLANS

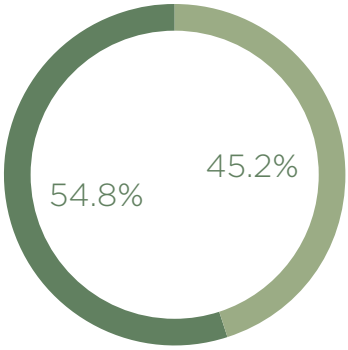
In 2015, the Einstein will use a new contrast medium method in ultrasound and MRI scans. Micro air bubbles will replace the substance traditionally used in the procedure, eliminating toxicity and enabling, for example, the use of these tests on patients with renal failure.

NUMBER OF FACILITIES FOR SPECIMEN COLLECTION AND TESTS PROCESSED FOR THE *PREFEITURA MUNICIPAL DE SÃO PAULO*

Type of service	2012[1]	2013	2014	Δ 2014/2013
Assistência Médica Ambulatorial (AMA)	12	12	12	0.0%
Unidades Básicas de Saúde (UBS)	59	59	59	0.0%
Centros de Atenção Psicossocial (Caps)	3	4	6	50.0%
Serviços de Assistência Especializada (SAE)	1	1	2	100.0%
Ambulatórios de Especialidades (AE)	4	4	4	0.0%
Total facilities	**79**	**80**	**83**	**3.8%**
Total tests processed	**318,453**	**3,005,270**	**3,845,283**	**28.0%**

1 Operations started in October 2012.

ORIGIN OF THE TESTS ANALYZED IN THE PATHOLOGY AND CLINICAL PATHOLOGY LABORATORY



Sistema Único de Saúde (SUS)

Private system and healthcare insurance companies

NUMBER OF TESTS PROCESSED BY THE PRIVATE SYSTEM AND HEALTHCARE INSURANCE COMPANIES

Unit	2012	2013	2014	Δ 2014/2013
Alphaville	360,288	470,862	554,563	17.8%
Ibirapuera	447,578	538,280	621,528	15.5%
Jardins[1]	403,249	456,371	500,606	9.7%
Morumbi	3,215,468	3,524,345	3,601,972	2.2%
Perdizes-Higienópolis	352,318	460,690	614,295	33.3%
Cidade Jardim[2]		19,676	30,775	56.4%
Total	**4,778,901**	**5,470,224**	**5,923,739**	**8.3%**

1 Including tests performed during check-ups. 2 Unidade Cidade Jardim started its operations on Jan 7, 2013.

Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (Proadi-SUS)

The Einstein has the *Certificado de Entidade Beneficente de Assistência Social* (Cebas), which confers exemption from a number of taxes and social contributions, in exchange for provision of services to the *Sistema Único de Saúde* (SUS). The Einstein integrates the group of Excellence Hospitals homologated by the Ministry of Health in exchange for its participation in program Proadi-SUS of the Ministry of Health.

The goal of the program is to contribute to development of the SUS through participation of the private sector in studies for evaluation and incorporation of technologies, training of human resources, public-interest health research and development of operation and management techniques for healthcare services.

Every three years, the Einstein submits the projects it intends to put in place to the Ministry of Health, with the commitment to invest at least the amount corresponding to the social contributions exempted. In the period between 2012 and 2014, there were 40 projects, with a cost of R$ 611.9 million.

The most comprehensive action is the offer of organ transplants. In 2014, there were 229 transplants and, in addition to the procedures, the Einstein also follows up transplanted patients and patients on the waiting list.

Another highlight is the *Programa the Einstein na Comunidade de Paraisópolis* [Einstein Program for the Paraisópolis Community], with two lines of action. In the Pediatric Specialties Outpatient Clinic, integrated with the municipal healthcare network of the city of Sao Paulo, the Einstein assists children and adolescents referred by primary care units in the region. In the *Centro de Promoção e Atenção à Saúde* [Health Promotion and Healthcare Center], it offers professional training, as well as cultural and sports activities to the community, with about 15,000 users.

This program was accredited by the Joint Commission International

ACCREDITED EXCELLENCE

In 2014, *Hospital Municipal Dr. Moysés Deutsch – M'Boi Mirim* reached the excellence accreditation level of the *Organização Nacional de Acreditação* [National Accreditation Organization] (ONA, Level 3), and became the only public service in the state of Sao Paulo with this recognition. The accreditation process follows a methodology recognized by the International Society for Quality in Health (ISQUA) and is organized into three increasing requirement levels. Level 3 requires organizational maturity, with management differentiators and an organizational culture of continuous improvement.

in 2013. It was the first time this organization accredited a public service in Latin America.

The Einstein actions in Proadi-SUS also involve the training of SUS professionals on medical emergency and patient safety. These activities are developed in the *Centro de Simulação Realística* of Einstein [Einstein Realistic Simulation Center], and 7,347 professionals were trained in 2014.

40 projects

were carried out by the Einstein between 2012 and 2014

Integration with the Municipal Healthcare Network

The Einstein manages and operates 22 units from the public healthcare network of Sao Paulo through agreements signed with the city administration. In primary care, there are 13 *Unidades Básicas de Saúde* (UBS) [primary care unit], 3 *Assistências Médicas Ambulatoriais* (AMA) [medical outpatient unit], 3 *Centros de Atenção Psicossocial* (CAPS) [psychosocial care center] and the first *Unidade de Pronto Atendimento* (UPA) [fast track unit] of the city, inaugurated in 2014, in addition to *Hospital Municipal Dr. Moysés Deutsch - M'Boi Mirim* and, soon in the future, *Hospital Municipal Santa Marina.*

The UBS, AMA, UPA and CAPS units assist a registered population of about 370,000 people, and Hospital Municipal Dr. Moysés Deutsch - M'Boi Mirim, approximately 700,000.

As part of the experience exchange among partner organizations of the SUS in the southern region of the city of Sao Paulo in 2014, one of the Einstein's initiatives was chosen as a best practice: the referral of patients to dental specialties in secondary care. This process allows referrals to be monitored by the *Sistema Integrado de Gestão da Assistência à Saúde* (*Siga Saúde*) [integrated health assistance management system], thus reducing the number of people on the wait list.

HOSPITAL MUNICIPAL SANTA MARINA

Hospital Municipal Santa Marina will start operating in 2015. An integrating part of the SUS, this unit is located in the district Vila Santa Catarina, in the city of São Paulo, and will serve an estimated population of about 700,000 people. The Einstein will be responsible for managing the unit and the services in internal medicine and high-complexity areas, like oncology, maternity and organ transplants. These services will be provided by Einstein's professionals and will be funded by the Proadi-SUS.

Besides being part of the Einstein's healthcare system, the new unit will also work in the field of education and will have an important role in training healthcare professionals. From its conception, *Hospital Municipal Santa Marina* was always in line with the concept of patient experience, and allow for practical application of the Triple Aim governance model. The work will involve the three dimensions of the new model, offering the best possible service quality, without losing sight of the efficient use of resources, and the challenge of meeting an important need of a certain population group.

To develop the activities in the new hospital, the Einstein will take advantage of its experience in implementing several health service management and operation projects, such as management of *Hospital Municipal Dr. Moysés Deutsch – M'Boi Mirim* and another 20 municipal healthcare units.

The Einstein has already been preparing to operate the new unit, with activities related with planning, building renovation and equipment purchase. The adaptation process, initiated in 2014, has mobilized investments of about R$ 24 million and should reach the mark of R$ 70 million.

In addition to physical adaptations, it will be necessary to prepare the staff composed of more than 1,200 professionals, including physicians, nurses, physical therapists, psychologists, speech therapists, pharmacists and administrative staff.

INDICATORS OF HOSPITAL MUNICIPAL DR. MOYSES DEUTSCH – M'BOI MIRIM

Indicator	2012	2013	2014	Δ 2014/2013
Beds[1]	229	229	240	4.8%
Patients-day[2]	94,577	89,807	94,177	4.9%
Emergency visits	202,767	185,191	172,740	-6.7%
Laboratory and pathology tests	543,216	551,993	534,226	-3.2%
Imaging tests (X-rays, ultrasound, echocardiography, computed tomography)	114,686	108,100	106,634	-1.4%
Admissions (hospital discharges)	15,208	15,437	15,403	-0.2%
Surgical procedures (except for C-sections)	3,193	3,234	3,562	10.1%
Deliveries	4,043	4,407	4,955	12.4%

1 The number indicates the situation on December 31st of each year. 2 It indicates the number of inpatients in a hospital unit at 11:59 pm every day.

HOSPITAL MUNICIPAL SANTA MARINA

The following is the scope of the services to be provided at *Hospital Municipal Santa Marina*:

- **260 beds (170 for general care, 60 for specialty care, and 30 for the intensive care unit).**
- **Transplants: outpatient visits (for all types of transplants offered) and kidney and liver transplants.**
- **Oncology services (lung, gastric, colorectal, prostate and breast cancer).**
- **Internal medicine: pulmonology, neurology and cardiology.**
- **Surgery: general, vascular and urology.**
- **Maternity.**

NUMBER OF PUBLIC PARTNERSHIPS WITH PREFEITURA MUNICIPAL DE SÃO PAULO [CITY ADMINISTRATION]

Estratégia Saúde da Família	2012	2013	2014	Δ 2014/2013
Units (*Unidades Básicas de Saúde*)	13	13	13	0.0%
Family health teams	82	82	82	0.0%
Employees	1,100	1,060	1,036	-2.3%
Registered families	80,886	78,976	80,137	1.5%
Registered individuals	274,401	269,839	273,410	1.3%
Number of visits	2,001,825	1,852,290	1,955,520	5.6%
Assistência Médica Ambulatorial	**2012**	**2013**	**2014**	**Δ 2014/2013**
Units[1]	4	4	3	-25.0%
Employees[1]	472	545	316	-42.0%
Number of visits[1]	1,093,968	1,109,837	872,173	-21.4%
Unidade de Pronto atendimento	**2012**	**2013**	**2014**	**Δ 2014/2013**
Units (fast track units)[1]			1	
Employees[1]			415	
Number of visits[1]			414,607	
Centro de Atenção Psicossocial	**2012**	**2013**	**2014**	**Δ 2014/2013**
Units	1	1	3	200.0%
Employees	57	59	137	132.2%
Number of visits[2]	11,924	9,424	15,965	69.4%
Total	**2012**	**2013**	**2014**	**Δ 2014/2013**
Units	**18**	**18**	**20**	**11.1%**
Employees	**1,629**	**1,664**	**1,904**	**14.4%**
Number of visits	**3,107,717**	**2,971,551**	**3,258,265**	**9.6%**

1 In April 2014, the *Assistência Médica Ambulatorial Campo Limpo* became the *Unidade de Pronto atendimento Campo Limpo*. This explains the drop in the number of units, employees and visits at outpatients´ care level in 2014. 2 The drop in number of visits from 2012 to 2013 does not necessarily represent fewer people seen, because the documentation process changed. Until September 2013, information was inputted into a Ministry of Health system named *Boletim de Produção Ambulatorial* (BPA) [Outpatient Production Bulletin], and as of October 2013, the information started to be inputted into a system called *Registro das Ações Ambulatoriais de Saúde* (Raas) [Registration of Health Outpatient Actions].

In 2014, the Einstein invested approximately R$ 24 million to run the new Hospital Municipal Santa Marina

VISITS AT THE CENTRO DE PROMOÇÃO À SAÚDE – PROGRAMA EINSTEIN NA COMUNIDADE DE PARAISÓPOLIS

Areas	2012	2013	2014	Δ 2014/2013
Health[1]	48,015	47,651	49,408	3.7%
Social	13,799	15,391	15,375	-0.1%
Education	31,365	31,761	35,023	10.3%
Arts and Communication	43,526	35,670	35,689	0.1%
Sports	24,828	36,447	38,085	4.5%
Total	**161,533**	**166,920**	**173,580**	**4.0%**

1 Including conflict mediation performed by the Psychology team and documented in separated minutes.

In the period 2012-2014, the Einstein spent R$ 611.9 million in Proadi-SUS projects

VISITS AT THE PEDIATRIC SPECIALTY OUTPATIENT´S CLINIC – *PROGRAMA EINSTEIN NA COMUNIDADE DE PARAISÓPOLIS*

Type of care delivered	2012	2013	2014	Δ 2014/2013
Pediatric visits	37,620	36,725	32,360	-11.9%
Surgical procedures	158	188	347	84.6%
Nursing care[1]	48,640	46,610	45,107	-3.2%
Nutritional visits	6,574	6,135	7,269	18.5%
Pharmaceutical education[2]	1,159	2,251	49,822	2.113.3%
Social Service visits	14,543	13,597	13,483	-0.8%
Occupational Therapy sessions	936	1,517	1,819	19.9%
Total	**109,630**	**107,023**	**150,207**	**40.4%**

1 Including vaccines. 2 As from 2014, the pharmaceutical education given during delivery of medications (that is, simple orientations that do not require appointments) started to be included.

CARE DELIVERED IN THE NÚCLEOS DE APOIO À SAÚDE DA FAMÍLIA (NASF)

Indicator	2012	2013	2014	Δ 2014/2013
Visits	12,886	10,429	13,036	25.0%

INVESTMENTS IN SOCIAL ACTIVITIES (IN THOUSAND R$)

Activities	2013	2014	Δ 2014/2013
Programa de Apoio ao Desenvolvimento Institucional do Sistema Único de Saúde (Proadi-SUS)	219,222.4	230,832.0	5.3%
Investments in the community	47,437.0	54,047.3	13.9%
Public partnerships (reporting to *Prefeitura de Sao Paulo*)	114,842.6	155,557.6	35.5%
Hospital Municipal Dr. Moysés Deutsch – M'boi Mirim (onlendings by the Prefeitura de Sao Paulo)	110,247.3	118,188.3	7.2%
Hospital Municipal Dr. Moysés Deutsch – M'boi Mirim (donations bu the Volunteer Department)	1,184.3	319.6	-73.0%

The Einstein receives no subsidies or tax incentives; it is only reimbursed for expenses paid to run the primary care program for the *Secretaria Municipal de Saúde de Sao Paulo*, and receives funds to manage the *Hospital Municipal Dr. Moysés Deutsch – M'boi Mirim* **GRI G4-EC4**

KNOWLEDGE GENERATION AND DISSEMINATION

The Einstein has become consolidated as a reference in research, training of professionals and health consultancy services

For the Einstein, excellence in health is based on compliance with protocols, and innovation through new scientific evidence, be it through the review of internal processes, the construction of new knowledge or following world trends. To balance the two movements, the organization adopts a model that integrates care practices and research and teaching activities. The questioning approach inherent to the practice of research and to the dynamic training of professionals guarantees the constant quest for innovation that has always characterized the work at the Einstein, and collaborates towards expanding our frontiers for action.

In the Teaching field, the Einstein has become consolidated as a reference in the training of professionals in different stages of development of their careers in the field of health area. Research actions give thrust to the Einstein vision of the future: they expand the frontiers of knowledge and generate innovation. But they do not stop at that: besides cooperating with "responses or answers" – new scientific evidence – for challenges that the medical care practice faces in its day-to-day, research cooperates to continuous improvement with "questions" that lead the Einstein as a whole to test the limits and continue moving forward in its search for excellence.

Acting in a complementary fashion in the dissemination of knowledge and with a focus on health organizations, the Einstein maintains consultancy services for other public or private health organizations, offering expertise in the solution of problems and enhancing performance. Established at the end of 2011, the area has made it possible to professionally organize support that the Einstein had already traditionally rendered to other organizations.

KNOWLEDGE MANAGEMENT

For the sixth consecutive year, the Einstein was considered the best hospital in Latin America by the magazine AméricaEconomia. The ranking takes into account safety aspects and the dignity of patients, human capital, ability to deliver care, efficiency, prestige and knowledge management.

Innovation

The vocation to innovate in the organization gained new thrust in 2014 with the creation of the Innovation and Knowledge Management Officer, which acts in conjunction with the other areas to develop products and services to put in place health care.

Providing more safety, increasing compliance of patients to treatment and leveraging the communication tools among professionals and patients are some examples of what can be done (*see chart*). More than creating new technologies, the objective is to add value to the Einstein deliveries. Three drivers guide the actions of the new structure:

- The perception that health care does not depend on a model centered on hospital or outpatient care.
- The desire to add to medical knowledge other capabilities, such as engineering and information technology
- A systematic vision of innovation that involves different creative agents and a dialogue with the Einstein.

During the initial months of activity in this new area, the organization undertook intense prospection work and contacted embryonic research companies that develop innovative products and services. At meetings fostered by the Einstein, the invited companies presented their objectives and ongoing projects and were informed about the Einstein´s plans in the field.

These encounters made it possible for potential partners to evaluate synergies and define paths for relationships. The Einstein intends to support the ecosystem of innovative companies in the field of health and become a partner for the development of new solutions.

Besides expanding contact with potential partners, the adoption of a structure dedicated to innovation has allowed for greater expeditiousness in the creation and in testing products and services developed by the Einstein.

EXAMPLES

- Telemedicine: the use of information technologies to facilitate distance communication between the physician and the patient, or between specialists, for exchange of information and consultancy purposes. The system is already a reality at the Einstein and, through it, the organization offers support to the teams in emergency services at 15 hospitals from the *Sistema Único de Saúde* (SUS). These hospitals can consult with the medical team at the Einstein to exchange information on diagnosis and request a second opinion. The service is available 24 hours a day.
- *E-health*: applications used by the patients themselves to follow-up on their health condition.
- Sensors: they measure the patient's vital signs and transmit the information remotely to the care team.

Future plans

In 2016, the construction of a new physical structure will begin, geared to teaching and research activities. The expectation is to start operating at this new space in 2018

Teaching

With a focus on the needs of the health sector, teaching activities encompass technical, leadership and management contents. The portfolio includes a technical school, undergraduate nursing courses and *lato sensu* (specialization and executive MBA) and *stricto sensu* (professional nursing master´s degree) graduate courses, medical and multiprofessional residency, free open courses, distance teaching, workshops, scientific symposia, refreshment courses and in-company programs. The service structure grew in 2014 with the opening of the Faria Lima unit and the expansion of the Paulista unit, in Sao Paulo.

There were strides in the project to create an undergraduate course in medicine as well. The Einstein was approved in the first stage of licensing by the Ministry of Education. The expectation is to receive the first group of students in the second semester of 2015 (*see box.*) Enrollment will include a group of 50 students per semester, with the forecast of up to 600 simultaneous students upon conclusion of the first group, in 2021.

TRAINING LEADERS

The Einstein medical course comes about guided by an ambitious objective: to help transforming the health system. The idea is to associate technical and management knowledge to prepare future medical leaders to make decisions and contribute positively to the future of the field of health.

Besides basing itself on the Einstein teaching experience, built throughout more than 20 years with the undergraduate nursing course and more than 10 years in the medical residency program, the new course stands out for its approach integrated to the health care practice. The syllabus, carefully prepared in 2013 and 2014, includes learning concepts that serve as guides for the Einstein actions, such as the patient´s experience and humanized treatment, besides care for the community, health prevention and family medicine. Knowledge exchange with all health care assistance areas at the Einstein will be intense.

Classes will bring together different teaching methodologies, with a balance between the traditional presentation techniques and interactive strategies, such as the use of group dynamics. Besides all of the theoretical construction of learning, the new course demanded adjustments in the Einstein physical structures. The headquarters of the Faculdade Israelita de Ciências da Saúde Albert Einstein, located in Morato unit, houses the undergraduate nursing course and is undergoing expansion construction works to provide six more rooms for flexible utilization.

BROADENING THE SCOPE

To leverage learning and broaden the scope of activities, the Einstein puts into practice different teaching tools, such as the use of e-learning – content that is available online, in addition to distance education (EAD) – teleconference classes in which students count upon the support of a tutor and that may or not involve group work. Depending on the course, digital platforms can give support to the traditional methodologies or be used in separate manner. In both formats, the demand for the platforms grew considerably in 2014.

In the free e-learning courses, which cover basic content, the demand has more than doubled *vis-a-vis* the previous year. There were more than 500 thousand accesses and 190 thousand health professionals registered.

Also launched in 2014 is a model of professional refreshment courses (30 hours) coupling online content and supervision and information exchange with specialists acting as tutors. The initial project foresaw coverage of four topics, which were expanded to 17 as the year went by, and concentrate on knowledge applicable to the routine of professionals, such as management, quality, calculation of medications and physical therapy. Almost 700 professionals participated, mainly from the fields of medicine and nursing, from all of the regions in the country, as well as from Chile and Uruguay.

In 2014, all of the teaching events open to the public had online transmission, and about 10% of the participants used this modality of access.

WITH AN EYE TO THE FUTURE

To stimulate the debate of strategic issues and to articulate leaders in the health sector to work towards the construction of new models for the future, the Einstein held a series of events throughout the year. What merits highlighting are the for a, in which the organization brought together executives from hospitals, health insurance companies and the pharmaceutical industry, representatives from the Ministry of Health, regulating agencies and experts from other countries to debate world trends and the challenges of health care.

At the forum *Leaders in the Health Sector: Proposals for Brazil*, held in August, the discussion focused on the paths for the *Sistema Único de Saúde* (SUS) and counted upon the participation of experts invited from the United States and England, who presented the public systems in their respective countries. In September, the novelties in the fields of research, technology, innovation, quality and safety and the daily applications in medicine were the topic of the forum called *The Medicine of Tomorrow*. In 2015, discussions will focus on the various aspects of aging.

NUMBER OF STUDENTS ENROLLED IN COURSES AND TRAINING COURSES, AND PARTICIPANTS IN SCIENTIFIC EVENTS

Modality	2012	2013	2014	Δ 2014/2013
Technical courses[1]	561	595	1,011	69.9%
Undergraduate nursing course	196	195	195	0.0%
Refreshment courses	1,400	1,775	2,671	50.5%
Distance education[2]			520	
Training in the *Centro de Simulação Realística*	6,284	8,101	7,347	-9.3%
Graduate courses – *lato sensu*[3,4]	1,929	2,733	2,658	-2.7%
Professional nursing master's degree[5]			13	
Total number of students	**10,370**	**13,399**	**14,415**	**7.6%**
Scientific events	9,283	11,458	8,286	-27.7%
Total number of students and participants in scientific events	**19,653**	**24,857**	**22,701**	**-8.7%**

1 In 2014, a total of 396 students were enrolled by means of the *Programa Nacional de Acesso ao Ensino Técnico e Emprego* (Pronatec) [National Program for Access to Technical Education and Jobs]. 2 The distance education courses were offered as from 2014. 3 As from 2012, the courses were provided at the Paulista Unit; as from 2013, at the Curitiba unit; and as of 2014, at the Faria Lima Unit. 4 As from 2013, two selection processes for graduate courses – *lato sensu*, were offered – one in the beginning of the year, and another, in mid-year. 5 The professional nursing master´s degree was approved by the Coordination for the Improvement of Higher Education Personnel (Capes), in 2014.

Research

There are several types of professionals that are part of the research structure at the Einstein. There are 1) those that were hired formally as researchers, and whose role is to foster and conduct or guide the research with greater impact; 2) students that come from master´s and doctorate programs from the various leading-edge teaching organizations, particularly the public universities of the State of Sao Paulo, who conduct research guided by physicians from the Einstein staff who are lecturers at these organizations; and 3) more recently, students from the Einstein´s Graduate Program in Health Sciences - *stricto sensu*, approved in 2013 and whose first group of students began in 2014.

There are also various physicians from the medical staff, post-doctorates and fellows (post-doctorate students geared to research in the clinical field) who use the Einstein facilities to carry out research work. In 2014, the total number of professionals directly involved with research activities was approximately 500, and this translated into the development of 463 projects and in the publication of 281 articles in scientific journals with an impact factor[1] above one.

The field of concentration for research carried out at the Einstein is aging. Several aspects of stem cells and of large-scale sequencing, among others, are the focus of research. The studies concentrate in the fields of cardiology, endocrinology, gynecology, immunology and immunogenetics, infection diseases, hepatology, orthopedics and rheumatology, nephrology, neurology, ophthalmology, oncogenetics and oncology.

Work is divided into clinical research that involves human beings and aims to identify the efficacy and safety of products; and experimental research, whose process to build knowledge is empirical and occurs through tests and statistical analysis, as an example. In the experimental research area, besides supporting the pharmaceutical industry in the development and testing of new drug protocols, the Einstein invests in research of issues that are identified by the clinical staff and employees.

Because of the financing profile adopted in Brazil for research, theprojects have an average duration of 2 years, notwithstanding this, in practice, the generation of new knowledge usually lasts between 5 to 7 years, with different approaches to the same issue being unfolded.

EXPERIMENTAL MODELS

The *Centro de Experimentação e Treinamento em Cirurgia* [experimentation and training center in surgery] offers the structure to carry out experimental research in a diversity of fields, besides supporting the training activities for the clinical staff and employes of the Einstein, as well as of external professionals in new surgical techniques.

1 The impact factor is a number that represents the mean citations of scientific articles published in a journal. The impact factor of a journal varies from one year to another, as it takes into account the articles published in the two prior years. For example: if within a period of two years the journal published 200 articles and on the third year these 200 articles were cited 500 times, the impact factor of that publication in the third year will be 2.5 (500/200). Since it takes into account all of the citations made in a specific year, the impact factor of one year is only published the following year.

BRAIN INSTITUTE

The structure groups together the neuroscience platforms from the Einstein and seeks to integrate basic research applied to the clinical world. It carries out work geared to therapeutic applications with a focus on the study of aging and of neurological conditions, such as Alzheimer's and Parkinson's diseases, strokes and headache.

It also researches health promotion actions, such as the practice of meditation. With the use of objective methods, it is possible to observe differences in the structure and functioning of the brain between people who meditate and those who do not, and to evaluate the efficacy of meditation as support for the management of chronic pain. Research involves the collaboration of doctors, psychologists, biomedical professionals, nurses and other professionals at the Einstein, besides collaborators from reference organizations, such as the MD Anderson Cancer Center and the Massachusetts General Hospital - Harvard Medical School.

One study demonstrated - by means of structural and functional MRI - that people who do not meditate recruit more cerebral areas to carry out a task of sustained attention, probably reflecting the need to carry out greater effort as compared to those who meditate. The study was published in a journal with an impact factor of 6.1 (NeuroImage). Another research showed that it was possible to classify brains as belonging to a person who meditates regularly or not, with a 95% accuracy, based on structural data.

In another study, focused on autism, alterations in an intracellular signaling route were detected and they interfere in nervous synapses. There was hyperactivity in 25% of the autistic subjects in comparison with the control group of the same age. This identification inaugurates the perspective for treatment of patients with a deregulation of the functioning of this route, through the use of medication.

The study is complex and will advance during a second stage up to 2016. However, the initial discoveries were highlighted in important journals. This research was published, for example, in *Molecular Psychiatry*, a scientific journal specializing in neurosciences and psychiatry from the Nature group and that presents an impact factor of 15.147.

FOSTERING CULTURE

To give thrust to research activities and to offer technical support to the professionals involved, the Einstein maintains the *Núcleo de Apoio ao Pesquisador* [researcher support center], that fosters training in specific skills - such as scientific writing –, it provides statistics services for the analysis of sampling calculations in projects, and to evaluate the data collected, and helps in the publication and dissemination of the articles.

This center also supports researchers who seek outside financing and, systematically investigates and disseminates the information on research grants available.

INVESTMENT IN RESEARCH PROJECTS[1] (IN THOUSANDS R$)

Origin of investment	2012		2013		2014		Δ 2014/2013	
Investment of Einstein itself	852.9	44.6%	302.3	12.4%	1,150.2	30.8%	280.5%	18.3 p.p.
Donations	140.0	7.3%	271.1	11.1%	23.0	0.6%	-91.5%	-10.5 p.p.
Research grants and external funding sources	918.6	48.1%	1,862.0	76.5%	2,565.9	68.6%	37.8%	-7.8 p.p.
Total	**1,911.5**	**100.0%**	**2,435.4**	**100.0%**	**3,739.0**	**100.0%**	**53.5%**	

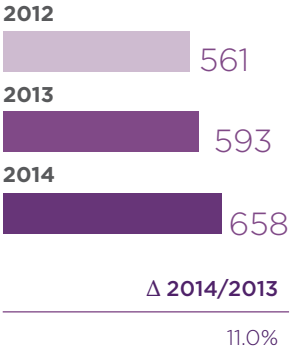
1 Figures mentioned are exclusively for research projects, not contemplating clinical studies sponsored by pharmaceutical companies.

NUMBER OF ARTICLES PUBLISHED BY EINSTEIN RESEARCHERS

Parameter	2012	2013	2014	Δ 2014/2013
Publications in indexed journals	363	347	432	24.5%
Publications in journals with an impact factor[1] > 1	210	196	281	43.4%

1 The impact factor is a number that represents the mean citations of scientific articles published in a journal. The impact factor of a journal varies from one year to another, as it takes into account the articles published in the two prior years. For example: if within a period of two years the journal published 200 articles and on the third year these 200 articles were cited 500 times, the impact factor of that publication in the third year will be 2.5 (500/200). Since it takes into account all of the citations made in a specific year, the impact factor of one year is only published the following year.

EVOLUTION IN THE NUMBER OF CITATIONS OF ARTICLES PUBLISHED BY RESEARCHERS FROM THE EINSTEIN



NUMBER OF RESEARCH PROJECTS

Situation of the project	2012	2013	2014	Δ 2014/2013
Projects initiated	109	115	192	67.0%
Ongoing Projects[1]	213	178	179	0.6%
Projects concluded	71	83	92	10.8%
Total	**393**	**376**	**463**	**23.1%**

1 Projects initiated in previous years and that were still being developed in the respective year.

Consultancy and Management

In its third year of activities, the area for Consultancy and Management has consolidated a service portfolio and expanded the number of projects carried out.

The Einstein renders consultancy in the fields of:

- Strategic Planning.
- Planning for the service infrastructure.
- Management of medical technology.
- Clinical staff management.
- Caring for the elderly.
- Hospital hotel services.
- Accessibility projects.
- Accreditations, certifications and designations.
- Telemedicine.

The experts that act in the projects are employees and the clinical staff of the Einstein. Oriented by the Consultancy and Management team and based on knowledge built internally, they help in the diagnosis and definition of action plans for other organizations. Approximately 90 professionals – mainly physicians, nurses, pharmacists, psychologists and management professionals have already carried out work in consultancy.

Projects have a two-year duration in most of the areas. The exception is the Planetree accreditation program that follows a three-year cycle. The Einstein is the only organization in Latin America Latina designated by Planetree. It officially represents the organization and is certified to provide consultancy to health organizations interested in adopting this health care model and obtaining the designation.

The main consultancy clients for the Einstein are private hospitals associated to the *Associação Nacional de Hospitais Privados*, but the Einstein wants to expand its services to other segments, both from the private and public sector. The idea is to take to public health systems the experience of the Einstein in the management of projects geared to the *Sistema* Único *de Saúde* (SUS).

SOCIAL ACTIONS

The Einstein contributes to the network for social support in Sao Paulo, by means of philanthropic initiatives that benefit groups in a situation of vulnerability.

To take quality care to other segments and to contribute to the work of the social support network in the State of Sao Paulo, the Einstein maintains some initiatives deemed to be philanthropic, not only for specific groups in a situation of social vulnerability, but also for social assistance organizations.

Patients referred by a group of social assistance organizations in the city of Sao Paulo receive free medical care at the Einstein units and at a partner network of hospitals, clinics and laboratories, through the Programa Einstein na Comunidade Judaica. The selection of beneficiaries takes into account the severity of the clinical conditions and the social and economic situation of the beneficiary and the family. The organizations that received support were Naar Yisrael, the *Centro Israelita de Apoio Multidisciplinar* (Ciam), the *Colégio Bialik*, the *Colégio Itzhok Leibush Peretz*, the *Lar das Crianças da Congregação Israelita Paulista*, the *Oficina Abrigada de Trabalho*, the *Residencial Israelita Albert Einstein* and the *União Brasileiro-Israelita do Bem-Estar Social*.

One hundred and fifty elderly individuals live permanently at the *Residencial Israelita Albert Einstein*. The majority (88) receive housing, nutrition, medical and psychological care, in addition to physical, cultural and leisure activities at no cost whatsoever.

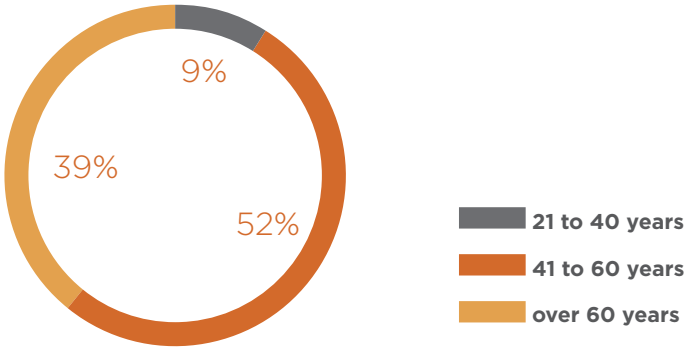
The Einstein also carries out donations of equipment and hospital supplies and makes out financial transfers to select non-profit entities, collaborating with maintaining services in a broad network of social attention services.

Volunteer Work

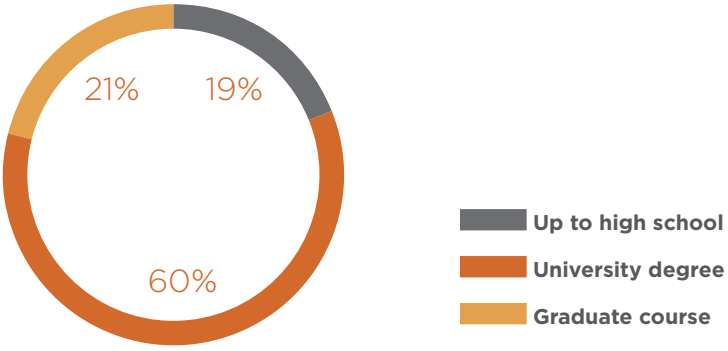
A team of 464 volunteers offers support to patients and companions at the Morumbi, Alphaville and Perdizes- Higienópolis units, at the *Programa Einstein na Comunidade Paraisópolis* and at the Hospital Municipal Dr. Moysés Deutsch – M'Boi Mirim, as well as to the elderly at the *Residencial Israelita Albert Einstein*. Careful planning ensures coverage of each and every one of these sectors in which the work has been divided – intensive care units, toy center, blood bank, maternity ward, chemotherapy, radiation therapy and others, in a total of 55. The organization and the high commitment of the teams guarantee the coverage of the scheduled care shifts.

Besides contributing to humanizing treatment, volunteers play an important role in raising funds through contact with donors and by organizing bazaars and events. At the Morumbi unit, the volunteers organize a garments and objects bazaar that operates permanently. The resources raised help finance the purchase of prostheses, orthoses, toys, staple foods and hygiene kits donated to the community.

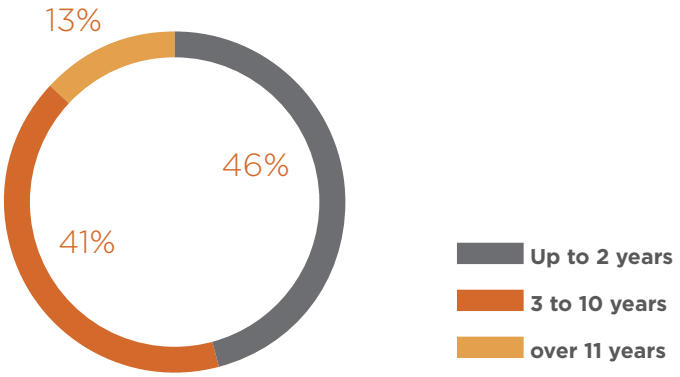
AGE RANGE (%)



SCHOOLING LEVEL (%)



TIME OF RELATIONSHIP (%)



HISTORY OF QUALITY

The Volunteer Department came about at the same time as the Einstein, in 1955. As from 2002, it has been certified by ISO Standard 9001, which contributes to creating systematic processes to manage quality.

Profile of volunteers

- **94% are women**
- **54% have been active at the organization for at least 3 years**

SOCIAL ACTIONS 2014 – HIGHLIGHTS

Programa Einstein na Comunidade Judaica

- Donation of 10,000 staple food baskets and toys.
- Donation of 2,300 orthoses and prostheses (including wheel chairs, hearing aids and glasses, among others).
- Professional training courses: 378 people benefiting from these.

Residencial Israelita Albert Einstein:

- Dinners and outings on festive celebrations.
- Storytelling and playful activities and entertainment in general
- Refurbishing the infrastructure and the purchase of material for a beauty parlor.

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

- Donation of toys for pediatric inpatients and children serviced at the day-care centers in the region.
- Donation of diapers and hygiene kits for hospitalized patients.
- Maintenance of a toy library, providing the toys and the necessary supplies.
- Refurbishing of the infrastructure at the emergency room.

FUTURE PLANS

The goals and objectives for 2015 include increasing the number of volunteers, resizing some care sectors and beginning work at the *Hospital Municipal Santa Marina*. What is also under study is the organization of training in social actions to receive high school students.

HUMAN CAPITAL

Preserving the organizational culture and the internal engagement of employees is a challenge due to the strong expansion the Einstein has experienced **GRI G4-DMA**

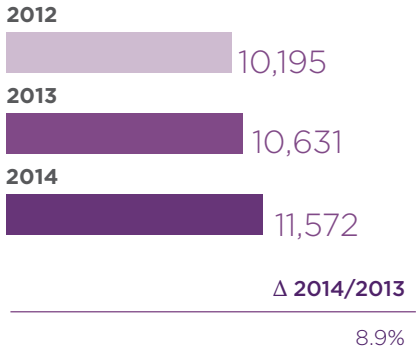
Due to the nature itself of the organization, the Einstein is an entity moved by people and it is through the daily activities of 11.5 thousand employees that the mission and the practice of the organizational values are carried out. To attract and retain talent, give thrust to the professional growth of the team, provide a healthy and inclusive environment, and give support to prepare the future Einstein are the guidelines in people management.

The strong expansion experienced by the organization in the last few years adds an additional challenge to this context: that of preserving the organizational culture and ensuring the engagement of professionals. From 2013 to 2014, the total personnel received an additional 941 professionals, but hiring added up to 3,100 people. All of these underwent selection processes taking into account the technical skills and alignment with the values of the Einstein.

To welcome the new employees, the orientation process was reformulated in 2014, with the inclusion of new content and training, among which, information on the practical application of the patient experience concept.

The follow-up of the acculturation process became more active as well: upon completing three months at the organization, the employees receive structured feedback on their activities and guidance on points of attention and areas for improvement. Despite the fact that this is a recent measure, it has already been possible to detect results, such as a drop in turnover during the first year of work.

TOTAL NUMBER OF EMPLOYEES



HEADCOUNT PER GENDER, RACE, AGE GROUP AND SCHOOLING

GRI G4-10

Concept	Classification	2012		2013		2014		Δ 2014/2013	
		Amount	%	Amount	%	Amount	%	Amount	%
Gender	Men	3,044	29.9%	3,147	29.6%	3,436	29.7%	9.2%	0.1 p.p.
	Women	7,151	70.1%	7,484	70.4%	8,136	70.3%	8.7%	-0.1 p.p.
Race[1]	Asian	102	1.0%	121	1.1%	140	1.2%	15.7%	0.1 p.p.
	White	7,936	77.8%	8,159	76.7%	8,902	76.9%	9.1%	0.2 p.p.
	Indians	0	0.0%	0	0.0%	0	0%		
	Black	586	5.7%	649	6.1%	721	6.2%	11.1%	0.1 p.p.
	Mulatto	1,571	15.4%	1,702	16.0%	1,809	15.6%	6.3%	-0.4 p.p.
Age	Up to 18 years	20	0.2%	25	0.2%	46	0.4%	84.0%	0.2 p.p.
	19 to 35 years	6,324	62.0%	6,529	61.4%	6,883	59.5%	5.4%	-1.9 p.p.
	36 to 60 years	3,779	37.1%	4,008	37.7%	4,567	39.5%	13.9%	1.8 p.p.
	61 years or older	72	0.7%	69	0.6%	76	0.7%	10.1%	0.0 p.p.
Schooling	Incomplete junior school	118	1.2%	93	0.9%	80	0.7%	-14.0%	-0.2 p.p.
	Complete junior school	264	2.6%	267	2.5%	271	2.3%	1.5%	-0.2 p.p.
	Incomplete high school	135	1.3%	118	1.1%	114	1.0%	-3.4%	-0.1 p.p.
	Complete high school	5,406	53.0%	5,603	52.7%	6,117	52.9%	9.2%	0.2 p.p.
	Incomplete higher education	229	2.2%	174	1.6%	154	1.3%	-11.5%	-0.3 p.p.
	Complete higher education	3,380	33.2%	3,660	34.4%	3,994	34.5%	9.1%	0.1 p.p.
	Graduate studies or MBA	558	5.5%	609	5.7%	731	6.3%	20.0%	0.6 p.p.
	Master's or PhD degree	105	1.0%	107	1.0%	111	1.0%	3.7%	0.0 p.p.

1 The identification of the employee´s race is based on the self-declaration upon hiring.

INTEGRATION WITH EDUCATION

The Einstein's technical courses, vocational training and undergraduate nursing program represent an important source of talents for the organization. In addition to ensuring appropriate training, the learning process, integrated into the routine of the organization, reinforces students' identification with the Einstein's values and work concepts, which results in more engaged professionals.

The tracking of a control group in 2014 indicated that the retention of talents coming from the organization's education programs is much higher than the average for the same positions: 98% for hired students against 58% for market professionals.

To prepare for the new demands arising with the opening of *Hospital Municipal Santa Marina*, training programs for pharmacy assistants and customer service assistants will benefit people living in the vicinities of the new hospital.

HEADCOUNT[1] PER CATEGORY, WORK LOAD AND PLACE OF WORK

Concept	Classification	2012		2013		2014		Δ 2014/2013	
		Amount	%	Amount	%	Amount	%	Amount	%
Category	Superintendent/director	14	0.1%	15	0.1%	18	0.2%	20.0%	0.0 p.p.
	Leader (manager/coordinator/ consultant/specialist)	426	4.2%	443	4.2%	491	4.2%	10.8%	0.1 p.p.
	Professional	5,826	57.1%	6,023	56.7%	6,565	56.7%	9.0%	0.1 p.p.
	Technician/assistant	3,929	38.5%	4,150	39.0%	4,498	38.9%	8.4%	-0.2 p.p.
Work load	10 hours/month	2	0.0%	2	0.0%	2	0.0%	0.0%	0.0 p.p.
	15 hours/month	0	0.0%	1	0.0%	0	0.0%	-100.0%	0.0 p.p.
	25 hours/month	1	0.0%	1	0.0%	1	0.0%	0.0%	0.0 p.p.
	30 hours/month	2	0.0%	7	0.1%	17	0.1%	142.9%	0.1 p.p.
	50 hours/month	15	0.1%	16	0.2%	15	0.1%	-6.3%	0.0 p.p.
	60 hours/month	118	1.2%	103	1.0%	116	1.0%	12.6%	0.0 p.p.
	70 hours/month	2	0.0%	1	0.0%	1	0.0%	0.0%	0.0 p.p.
	75 hours/month	0	0.0%	3	0.0%	3	0.0%	0.0%	0.0 p.p.
	80 hours/month	6	0.1%	7	0.1%	6	0.1%	-14.3%	0.0 p.p.
	85 hours/month	0	0.0%	0	0.0%	0	0.0%		
	90 hours/month	23	0.2%	25	0.2%	24	0.2%	-4.0%	0.0 p.p.
	95 hours/month	1	0.0%	1	0.0%	2	0.0%	100.0%	0.0 p.p.
	100 hours/month	76	0.7%	94	0.9%	90	0.8%	-4.3%	-0.1 p.p.
	110 hours/month	2	0.0%	6	0.1%	4	0.0%	-33.3%	0.0 p.p.
	120 hours/month	487	4.8%	514	4.8%	544	4.7%	5.8%	-0.1 p.p.
	130 hours/month	9	0.1%	7	0.1%	7	0.1%	0.0%	0.0 p.p.
	140 hours/month	7	0.1%	6	0.1%	10	0.1%	66.7%	0.0 p.p.
	150 hours/month	631	6.2%	662	6.2%	781	6.7%	18.0%	0.5 p.p.
	160 hours/month	11	0.1%	11	0.1%	11	0.1%	0.0%	0.0 p.p.
	170 hours/month	3	0.0%	4	0.0%	5	0.0%	25.0%	0.0 p.p.
	180 hours/month	3,850	37.8%	4,014	37.8%	4,435	38.3%	10.5%	0.6 p.p.
	200hours/month	1,265	12.4%	1,336	12.6%	1,407	12.2%	5.3%	-0.4 p.p.
	210 hours/month	4	0.0%	4	0.0%	13	0.1%	225.0%	0.1 p.p.
	220 hours/month	3,680	36.1%	3,806	35.8%	4,078	35.2%	7.1%	-0.6 p.p.

Concept	Classification	2012		2013		2014		Δ 2014/2013	
		Amount	%	Amount	%	Amount	%	Amount	%
Place of work	Centro Administrativo Faria Lima[1]					618	5.3%		
	Hospital Municipal Dr. Moysés Deutsch – M'Boi Mirim[2]	0	0.0%	11	0.1%	9	0.1%	-18.2%	0.0 p.p.
	Hospital Municipal Santa Marina[3]					9	0.1%		
	Program Einstein na Comunidade de Paraisópolis	138	1.4%	132	1.2%	141	1.2%	6.8%	0.0 p.p.
	Government Programs[4]	1,557	15.3%	1,608	15,1%	1,919	16.6%	19.3%	1.4 p.p.
	Unidade Alphaville	263	2.6%	307	2.9%	339	2.9%	10.4%	0.0 p.p.
	Unidade Cidade Jardim[5]	1	0.0%	1	0.0%	5	0.0%	400.0%	0.0 p.p.
	Unidade Externa[6]	137	1.3%	165	1.6%	187	1.6%	13.3%	0.1 p.p.
	Unidade Externa Home Care[7]	0	0.0%	1	0.0%	1	0.0%	0.0%	0.0 p.p.
	Unidade Externa Interior de Sao Paulo6	0	0.0%	1	0.0%	1	0.0%	0.0%	0.0 p.p.
	Unidade Ibirapuera	262	2.6%	277	2.6%	295	2.5%	6.5%	- 0.1 p.p.
	Unidade Ipiranga[8]	0	0.0%	10	0.1%	7	0.1%	-30.0%	0.0 p.p.
	Unidade Jardins	229	2.2%	236	2.2%	268	2.3%	13.6%	0.1 p.p.
	Unidade Morato	177	1.7%	183	1.7%	101	0.9%	-44.8%	-0.9 p.p.
	Unidade Morumbi	6,311	61.9%	6,522	61.4%	6,705	57.9%	2.8%	-3.5 p.p.
	Unidade Paulista	3	0.0%	6	0.1%	10	0.1%	66.7%	0.0 p.p.
	Unidade Perdizes-Higienópolis	336	3.3%	361	3.4%	397	3.4%	10.0%	0.0 p.p.
	Unidade Vila Mariana	781	7.7%	810	7.6%	560	4.8%	-30.9%	-2.8 p.p.

1 The Centro Administrativo Faria Lima started its activities on Jan 12, 2014. **2** The employees allocated at the Hospital Municipal Dr. Moysés Deutsch – M'Boi Mirim were already Einstein's employees, but allocated in government programs. **3** Hospital Municipal Santa Marina is expected to start activities in May 2015 and, some staff was hired in 2014 for some positions. **4** Taking into account all teams of the units *Estrategia Saúde da Família, Unidades Básicas de Saúde, Centros de Atenção Psicossocial, Assistências Médicas Ambulatoriais and Unidades de Pronto Atendimento*, administered by the Einstein. **5** The *Unidade Cidade Jardim* opened on January 7, 2013. **6** The employees who work at Unidade Externa and Unidade Externa Interior SP collect specimens for tests in partner-clinics located in many regions in the city of São Paulo (Unidade Externa) and cities in the interior of SP (Unidade Externa Interior SP). **7** The employees working at the Unidade Externa Home Care provide care to patients at home. **8** The Unidade Ipiranga started operations on August 12, 2013.

HEADCOUNT PER GENDER, ACCORDING TO CATEGORY GRI G4 LA12

	2012		2013		2014		Δ 2014/2013	
Category	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Superintendent/director	11	3	12	3	14	4	16.7%	33.3%
Leader (manager/coordinator/ consultant/specialist)	143	283	154	289	169	322	9.7%	11.4%
Professional	1,804	4,022	1,833	4,190	1,996	4,569	8.9%	9.0%
Technician/assistant	1,086	2,843	1,148	3,002	1,257	3,241	9.5%	8.0%
Total	**3,044**	**7,151**	**3,147**	**7,484**	**3,436**	**8,136**	**9.2%**	**8.7%**

HEADCOUNT PER RACE, ACCORDING TO CATEGORY GRI G4 LA12

	2012					2013				
Category	**Asian**	**White**	**Indians**	**Black**	**Mulatto**	**Asian**	**White**	**Indians**	**Black**	**Mulatto**
Superintendent/director	2	12	0	0	0	2	13	0	0	0
Leader (manager/coordinator/ consultant/specialist)	14	397	0	3	12	9	416	0	3	15
Professional	77	4,952	0	188	609	100	5,086	0	208	629
Technician/assistant	9	2,575	0	395	950	10	2,644	0	438	1,058
Total	**102**	**7,936**	**0**	**586**	**1,571**	**121**	**8,159**	**0**	**649**	**1,702**

HEADCOUNT PER AGE, ACCORDING TO CATEGORY GRI G4 LA12

	2012				2013			
Category	**Up to 18 years**	**19 to 35 years**	**36 to 60 years**	**61 years or older**	**Up to 18 years**	**19 to 35 years**	**36 to 60 years**	**61 years or older**
Superintendent/director	0	0	12	2	0	0	12	3
Leader (manager/coordinator/ consultant/specialist)	0	99	316	11	0	105	326	12
Professional	0	3,629	2,160	37	0	3,717	2,276	30
Technician/assistant	20	2,596	1,291	22	25	2,707	1,394	24
Total	**20**	**6,324**	**3,779**	**72**	**25**	**6,529**	**4,008**	**69**

70.3%

of all employees are women, and they hold 63.7% of leadership positions

2014					Δ 2014/2013				
Asian	White	Indians	Black	Mulatto	Asian	White	Indians	Black	Mulatto
2	16	0	0	0	0.0%	23.1%			
10	465	0	2	14	11.1%	11.8%		-33.3%	-6.7%
116	5,528	0	244	677	16.0%	8.7%		17.3%	7.6%
12	2,893	0	475	1,118	20.0%	9.4%		8.4%	5.7%
140	**8,902**	**0**	**721**	**1,809**	**15.7%**	**9.1%**		**11.1%**	**6.3%**

2014				Δ 2014/2013			
Up to 18 years	19 to 35 years	36 to 60 years	61 years or older	Up to 18 years	19 to 35 years	36 to 60 years	61 years or older
0	0	15	3			25.0%	0.0%
0	117	363	11		11.4%	11.3%	-8.3%
0	3,884	2,641	40		4.5%	16.0%	33.3%
46	2,882	1,548	22	84.0%	6.5%	11.0%	-8.3%
46	**6,883**	**4,567**	**76**	**84.0%**	**5.4%**	**13.9%**	**10.1%**

OPPORTUNITIES

Before recruiting professionals in the market, the Einstein looks internally for candidates for open positions. In 2014, 22% of the new jobs openings were filled through internal recruitment. For leadership positions, the rate was 63%.

TOTAL NUMBER OF EMPLOYEES PER TYPE OF WORK CONTRACT

Concept	Classification	2012		2013		2014		Δ 2014/2013	
		Amount	%	Amount	%	Amount	%	Amount	%
Type of work contract	CLT [according to all Brazilian labor laws] (including apprentices)	10,195	82.7%	10,631	81.8%	11,572	81.5%	8.9%	-0.4 p.p.
	Contractors	2,105	17.1%	2,346	18.1%	2,597	18.3%	10.7%	0.2 p.p.
	Temporary work	22	0.2%	13	0.1%	36	0.3%	176.9%	0.2 p.p.

EMPLOYEE TURNOVER

2012	2013	2014	Δ 2014/2013
13.9%	17.5%	16.2%	-1.3 p.p.

EMPLOYEE TURNOVER PER PLACE OF WORK, PROFESSIONAL CATEGORY, GENDER AND AGE GROUP GRI G4-LA1

Place of Work	2012	2013	2014	Δ 2014/2013
Centro Administrativo Faria Lima[1]			19.5%	
Hospital Municipal Dr. Moysés Deutsch - M'Boi Mirim[2]		0.0%	18.9%	18.9 p.p.
Hospital Municipal Santa Marina[3]			0.0%	
Programa Einstein na Comunidade de Paraisópolis	8.5%	9.1%	8.1%	-1.0 p.p.
Government programs[4]	18.4%	19.2%	19.6%	0.4 p.p.
Unidade Alphaville	11.0%	14.7%	14.4%	-0.3 p.p.
Unidade Cidade Jardim[5]	0.0%	0.0%	0.0%	0.0 p.p.
Unidade Externa[6]	6.6%	11.5%	12.1%	0.6 p.p.
Unidade Externa Home Care[7]		0.0%	0.0%	0.0 p.p.
Unidade Externa Interior de São Paulo[6]		0.0%	0.0%	0.0 p.p.
Unidade Ibirapuera	11.6%	12.3%	14.3%	2.0 p.p.
Unidade Ipiranga[8]		0.0%	33.7%	33.7 p.p.
Unidade Jardins	9.9%	15.7%	13.8%	-1.9 p.p.
Unidade Morato	11.2%	17.5%	12.7%	-4.8 p.p.
Unidade Morumbi	13.3%	18.4%	15.5%	-2.8 p.p.
Unidade Paulista	0.0%	0.0%	35.3%	35.3 p.p.
Unidade Perdizes-Higienópolis	7.6%	11.1%	10.9%	-0.2 p.p.
Unidade Vila Mariana	17.9%	17.0%	20.1%	3.1 p.p.

Professional Category	2012	2013	2014	Δ 2014/2013
Superintendent/ director	13.3%	6.7%	0.0%	- 6.7 p.p.
Leader (manager/ coordinator/ consultant/ specialist)	8.2%	11.1%	5.8%	- 5.2 p.p.
Professional	9.2%	14.4%	12.2%	- 2.1 p.p.
Technician/assistant	21.3%	22.8%	23.2%	0.4 p.p.
Gender	**2012**	**2013**	**2014**	**Δ 2014/2013**
Male	15.0%	18.3%	16.9%	- 1.4 p.p.
Female	13.5%	17.2%	15.9%	- 1.3 p.p.
Age Group	**2012**	**2013**	**2014**	**Δ 2014/2013**
Up to 18 years	34.5%	12.0%	9.0%	- 3.0 p.p.
19 to 35 years	15.5%	18.5%	18.6%	0.1 p.p.
36 to 60 years	11.1%	15.7%	12.5%	- 3.2 p.p.
61 years or older	20.3%	30.4%	26.0%	- 4.4 p.p.

1 The Centro Administrativo Faria Lima started its activities on Jan 12, 2014. **2** The employees allocated at the Hospital Municipal Dr. Moysés Deutsch – M'Boi Mirim were already Einstein's employees, but allocated in government programs. **3** Hospital Municipal Santa Marina is expected to start activities in May 2015 and, some staff were hired in 2014 for some positions. **4** Taking into account all teams of the units *Estrategia Saúde da Família, Unidades Básicas de Saúde, Centros de Atenção Psicossocial, Assistências Médicas Ambulatoriais and Unidades de Pronto Atendimento*, administered by the Einstein. **5** The Unidade Cidade Jardim opened on January 7, 2013. **6** The employees who work at Unidade Externa and Unidade Externa Interior SP collect specimens for tests in partner-clinics located in many regions in the city of São Paulo (Unidade Externa) and cities in the interior of SP (Unidade Externa Interior SP). **7** The employees working at the Unidade Externa Home Care provide care to patients at home. 8 The Unidade Ipiranga started operations on August 12, 2013.

DRIVE TOWARDS DEVELOPMENT

GRI G4-DMA

A structured training and refreshing program based on technical and behavioral contents prepares professionals for new challenges. In 2014, the model was revised to be aligned with the skills and competencies required for each activity, and the result was the organization of development tracks. This project aims to structure the offer of training programs based on guidelines, competencies and indicators.

Starting in 2015, employees will have 4 tracks (organizational, professional-general, professional-specific and individual) to be covered over time. The first track, organizational, is targeted at all employees and has four pillars: principles and values, experience in patient care, quality and safety, and sustainability. The second track, professional-general, offers educational solutions to train professionals on the desired deliverables for each mapped competency. The professional-specific track will be guided by area-specific indicators, and the individual track will be the deployment of the individual performance program.

GRI G4-LA9

99.1%

of employees underwent performance evaluations in 2014. This represents all those who participated in the process within the predetermined deadlines.

PARTICIPATION[1] IN INTERNAL AND EXTERNAL TRAINING GRI G4-LA9

Modality	2012	2013	2014	Δ 2014/2013
Internal training for employees	191,960	232,043	249,540	7.5%
External training for employees	762	1,497	2,025	35.3%
Internal training for third parties	4,985	10,750	16,715	55.5%
Total	**197,707**	**244,290**	**268,280**	**9.8%**

1 Each professional could take part in more than one training initiative; hence, the total number of participations was taken into account, and not the number of participating professionals.

HOURS OF INTERNAL AND EXTERNAL TRAINING PER PROFESSIONAL GRI G4 LA9

Modality	2012	2013	2014	Δ 2014/2013
Internal training for employees	383,422.6	481,450.0	437,822.0	-9.1%
External training for employees	40,161.0	45,443.5	52,159.0	14.8%
Internal training for third parties[1]	13,243.4	20,300.1	37,632.6	85.4%
Total	**436,827.0**	**547,193.6**	**527,613.6**	**-3.6%**
Average headcount[2]	**9,866.5**	**10,631.0**	**11,346.0**	**6.7%**
Hours of internal and external training per professional	**44.3**	**49.6**	**43.2**	**-12.9%**

1 As from 2013, the number of hours for training of third parties has not been included in the calculation of the indicator hours of internal and external training per professional. 2 Average headcount is calculated by adding the headcount of the months January to December, and dividing that number by 12.

USE OF TECHNOLOGY

As of 2015, awareness-raising and training activities on risk management will start using an interactive 3D application that simulates critical areas and the key risks for patients, employees and the environment in each of these areas. The first critical area to be mapped was the operating room and, throughout the year, others will be included. The application, inspired by initiatives from global reference organizations, will be available on the Einstein's intranet.

DIVERSITY AND INCLUSION

GRI G4-DMA

Women are the majority in the Einstein's payroll: they represent 70.3% of all employees and occupy 63.7% of leadership positions (directors, managers, coordinators, consultants and specialists). To discuss the specific needs of this audience and formulate strategies to harness the potential of these professionals for their own development and that of the organization, the *Comitê das Mulheres* [Women's Committee] was created in 2014, bringing together employees from different departments in the organization with the view to promote reflection on challenges and solutions for integration of work and family life.

Besides focusing on women, the Einstein's initiatives to ensure an inclusive and diverse work environment are targeted at two other priority publics: people with disabilities and youth. In 2014, 92 youth participated in the program *Menor Aprendiz* [Young Apprentices] in areas such as administration, internal controlling, archives and customer service.

The *Comitê Gente Eficiente* [Efficient People Committee] organizes monthly meetings of professionals with disabilities to discuss topics such as accessibility, professional development and integration within the teams. The goal is to improve the quality of inclusion and enrich the internal culture.

For 2015, the program *Liderança Amiga da Diversidade* [Diversity-Friendly Leadership] is being formulated and will value and recognize the best practices of managers coordinating teams with apprentices and professionals with disabilities as members.

PROPORTION OF SALARY BASIS BETWEN MALES AND FEMALES GRI G4 LA13

	2012	2013	2014	Δ 2014/2013
Average monthly salary of males (in R$)[1]	6,884.00	7,259.67	7,786.00	7.3%
Average monthly salary of females (in R$)[1]	4,346.00	4,671.79	5,025.00	7.6%
How much the salary of males is greater than the salary of females	58.4%	55.4%	54.9%	-0.4 p.p.

1 Proportional to a monthly work load of 220 hours.

R$ 68.5 million

is the amount the Einstein spent in 2014 to provide health insurance, dental insurance, food stamps, child care and transportation for employees

COMPENSATION AND BENEFITS

GRI G4-DMA | G4-52 | EC3

The Einstein uses a compensation methodology based on scores to manage the structure, remuneration policies and salary ranges, according to the level of knowledge, decision-making and responsibility required by each position. New employees are usually hired for a salary corresponding to 80% of the salary range of the position held. An annual salary survey monitors possible distortions, comparing the Einstein's practices with those of a select group of companies in the healthcare market and other industries. The *Comitê de Pessoas* [People's Committee] approves the strategies and periodically monitors the competitiveness of the organization's compensation policy.

All employees are eligible for the variable compensation program, which establishes targets for individuals, departments and the organization.

The Einstein offers a wide range of employee benefits (see table) and, in 2014, it included same-sex unions in in its health insurance coverage.

Focusing on female employees, it conducts the program *Gestação Saudável* [Healthy Pregnancy], which assisted 445 pregnant women throughout the year and has now been expanded to include the wives of male employees. In the Morumbi unit, there is a daycare center for 270 children up to 2 years and 11 months of age. Throughout the year, a second center was put together, with capacity for another 210 children, which will start operating in February 2015, initially with 137 children.

In respect to the pension plan benefit, there is an agreement with two commercial banks that offer competitive conditions in the monthly payments for employees who choose to start a plan with these financial organizations. The Einstein, however, does not participate financially in this benefit.

GRI G4-EC4

WORK CONDITIONS

GRI G4-DMA | G4-HR5 | HR6

To avoid risks of child labor or exposure of youth to hazardous activities, the Einstein has the policy of only hiring people over 18 years of age, even for apprentice job positions.

The organization also works proactively to prevent labor exploitation or any instance of forced or slave-like labor. Its compensation policy is competitive when compared to market practices and ensures fair wages, compatible with the duties performed. The workload is monitored using timecard reports. When overload is identified in any of the activities or departments, the Einstein takes action to ensure workload balance among human resources.

LOWEST SALARY PAID BY THE ORGANIZATION AS COMPARED TO THE LOCAL MINIMUM WAGE GRI G4-EC5

Indicator	2012	2013	2014	Δ 2014/2013
Lowest salary (in R$)[1]	622.00	678.00	738.12	8.9%
Local minimum wage (in R$)	622.00	678.00	724.00	6.8%
How much the lowest is greater than the local minimum wage	0.0%	0.0%	2.0%	2.0 p.p.

1 Proportional to a monthly work load of 220 hours.

BENEFITS GRANTED GRI G4-LA2

Benefit	Eligibility
Dental care	All employees are eligible, except those working on a temporary work contract.
Daycare aid	Only female employees with children up to 5 years and 11 months are eligible, provided they are not on a temporary work contract.
Executive checkup examination	Only employees in positions of managers and up (or equivalent) are eligible, provided they are not on a temporary work contract.
Drugstore agreement	Trainees and employees on a temporary work contract are not eligible.
Daycare	Only female employees with children up to 2 years and 11 months are eligible, provided they are not on a temporary work contract.
Parking	Only employees in coordinating positions and up (or equivalent), employees working on night shifts, disabled individuals, and employees who have children at the daycare unit are eligible, provided they are not on a temporary work contract.
Maternity leave	Only female employees are eligible, provided they are not on a temporary work contract.
Paternity leave	Only male employees are eligible, provided they are not on a temporary work contract.
Private bus	Trainees and employees on a temporary work contract are not eligible.
Personal guidance program	Trainees and employees on a temporary work contract are not eligible.
Life insurance	All employees are eligible, except those working on a temporary work contract.
Health insurance	All employees are eligible, except those working on a temporary work contract.
Food supply ticket	Trainees and employees on a temporary work contract are not eligible.
Meal ticket	Only employees (including trainees) with work load of 7 hours/day plus are eligible, provided they are not on a temporary work contract.
Transportation vouchers	Trainees and employees on a temporary work contract are not eligible.

EMPLOYEE RETENTION RATES AFTER MATERNITY AND PATERNITY LEAVES GRI G4-LA3

Maternity leave	**2012**	**2013**	**2014[1]**	**Δ 2014/2013**
Employees who started maternity leave on the year	325	344	411	19.5%
Employees who should return from leave on the same year they enjoyed leave	206	226	264	16.8%
Employees whose maternity leave end occurred on the year after the leave	119	118	147	24.6%
Employees who should return from leave on the same year they enjoyed leave, and returned to work	206	226	264	16.8%
Employees whose maternity leave end occurred on the year after the leave, and returned to work	119	118		
Retention rates after maternity leave	**100.0%**	**100.0%**	**100.0%**	**0.0 p.p.**
Paternity leave	**2012**	**2013**	**2014[1]**	**2014/2013**
Employees who started maternity leave on the year	101	111	143	28.8%
Employees who should return from leave on the same year they enjoyed leave	101	110	139	26.4%
Employees whose maternity leave end occurred on the year after the leave	0	1	4	300.0%
Employees who should return from leave on the same year they enjoyed leave, and returned to work	101	110	139	26.4%
Employees whose maternity leave end occurred on the year after the leave, and returned to work	0	1		
Retention rates after maternity leave	**100.0%**	**100.0%**	**100.0%**	**0.0 p.p.**

1 It is not possible to gauge the volume of employees returning to work whose maternity/paternity leaves end on the first months of 2015. Therefore, retention rates after maternity/paternity leaves in 2014 will certainly be modified after the publication of this report.

PREVENTION

The Einstein monitors risks and has a policy to reduce the number of accidents involving employees and patients

HEALTH AND SAFETY

GRI G4-DMA

In 2014, the Safety, Health and Environment management methodology was reviewed and the risk monitoring and risk reduction processes will be redesigned in 2015. The goal is to reduce by 30% the number of work-related accident leaves.

Based on the critical analysis of employee safety incidents occurred in 2014, it was possible to detect that the major causes are associated with falls on the same level, as well as bumping into and transporting patients, and the action plans to minimize them in 2015 has already been defined.

Another work front includes biological hazards and the Einstein focuses on their prevention. The initiatives undertaken during 2014 have reduced the number of incidents by 17.9% over the previous year.

In line with the proposal to strengthen the culture of prevention, the Einstein launched its Organizational Ergonomics Policy, aiming to monitor and address workplace-related risks. The document covers the mapping of risks, definition of action plans - with resources and deadlines for execution - and monitoring of employees' complaints and absenteeism rates related with ergonomic issues.

The Einstein has an Alcohol and Drug Policy with actions to support employees having problems with abuse, and to guide leaders on how to approach the issue with the staff.

In 2014, the Einstein requested an employee safety study from DuPont, with a number of objectives: assess the current state of safety, health and environment management, compare results with other companies seen as global leaders, identify strengths and opportunities for improvement, and pursue the target of zero accidents. For diagnosis, in addition to verifying documentation, 37 leaders (directors and managers) were interviewed and 80 field evaluations were conducted, as well as a survey answered by 2,828 people.

The survey identified the strengths in the Einstein's safety management, such as the leaders' strong understanding of the subject, alignment of initiatives for meeting targets, and the weekly safety talks. The study also pointed to the need for improvements of the evaluation mechanisms, as well as the tools and processes for awareness-raising among employees.

EMPLOYEE SAFETY INDEX

Indicator	2012	2013	2014	Δ 2014/2013
Frequency rate of lost time injuries (number of events/number of worked men-hours with risk exposure)	5.26	4.55	5.69	25.1%
Rate of accidents with biological risk with no lost time (number of events/ number of worked men-hours with risk exposure)	6.53	5.76	4.73	-17.9%
Severity index (number of lost days/number of worked men-hours with risk exposure)	50.23	58.21	61.88	6.3%
Rate of employees with lost time (number of employees with lost time/ headcount)	2.61	2.50	2.33	-6.8%

EMPLOYEE HEALTH

A wide range of programs and activities support health promotion among employees. Some of these initiatives are listed below:

- *Programa Gestação Saudável*, with prenatal care, exams and provision of high-cost drugs free-of-charge or against differentiated copayments, with high-risk births being delivered at the Einstein.
- Coverage for cancer diagnostic tests and treatments such as chemotherapy and radiation therapy conducted at the Einstein.
- Coverage for high-cost drugs.
- Guidance and treatment for back problems under *Projeto Coluna*.
- Healthcare services in different specialties such as physical therapy, nutrition, physical education, primary care, psychology and psychiatry.
- Guidance for preventing cancer and fighting smoking.
- Dental care subsidized at the Morumbi unit and in an external affiliated network (about 3,400 treatments per year).
- Programa *Qualidade de Vida*, which promotes physical activity and currently has about 500 participating employees.

REPRESENTATION

All employees are represented in formal safety and health committees. The committees include the operational and strategic levels of the organization, with specific subjects and target publics. GRI **G4-LA5**

NUMBER OF EMPLOYEES PARTICIPATING IN FORMAL HEALTH AND SAFETY COMMITTEES

Committees	2012	2013	2014
Employee Safety Committee	280	700	840
Safety, Health and the Environment Committee	1,365	1,545	1,215
Sharps and Needles Committee	240	240	240
Internal Commission for the Prevention of Accidents (Cipa)	1,848	1,848	1,992
Local teams			5,760

Note: the mean number of participants per committee was considered for the total calculation in the year.

ORGANIZATIONAL CLIMATE

In the survey annually conducted with the internal public, the main indicators assessed showed a positive evolution. The level of satisfaction with departments reached 77% and satisfaction with the organization increased to 88%. In addition, 90% of employees would recommend the Einstein as a good place to work.

The positive perception of employees was also seen in the Einstein's inclusion, for the fifth consecutive year, in Guia Você S/A – *As Melhores Empresas para Você Trabalhar* [Você S/A Guide – The Best Companies to Work For], from Editora abril. According to an assessment of the internal public, the organization received 73.9 points (in a scale from 0 to 100) in the Índice de Felicidade no Trabalho [Happiness at Work Index].

DIALOGUE AND PARTICIPATION

The exchange of information with the top leadership was reinforced in 2014, by creating biweekly meetings of the General Director and the Hospital Director with groups of coordinators to discuss the strategy, the organization's future vision and the everyday topics deemed relevant to participants. The meetings are yet another opportunity for joint development, complementing the monthly meetings already held between the General Director and the leadership (managers, coordinators, supervisors, specialists and consultants).

The dialogue with the Human Resources department has been intensified with the creation of HR meetings. Employees sign up to participate in pre-scheduled dates and can ask questions on topics related to people management. Throughout the year, 15 meetings were held, with 20 participants each. **GRI G4-49.**

MEETINGS

Every month, the General Director and the Hospital Director discuss strategies with multiple leadership levels and operational teams

ENVIRONMENT

The reduction of operational impacts on the environment has three main lines of action: rational use of natural resources, reduction of greenhouse gas emission, and waste management **GRI G4-DMA**

The size and complexity of the Einstein's operations multiply the challenges of environmental management in the organization. There are 11,500 employees and 200,000 patients-day[1] and almost 13.5 million equivalent encounters[2] every year. The efforts to reduce direct operational impacts are concentrated on three main lines of action: rational use of natural resources (especially water and electrical power), reduction of greenhouse gas emission, and waste management (reduce generation and ensure correct disposal). In order to manage such objectives, the Einstein invests on improving monitoring systems, process review, awareness actions and technology use. Specific action plans for each topic are strategically combined and their progression is periodically monitored and checked against the objectives and goals of the organization.

In 2014, the Einstein installed hydrometers and individual energy meters in the areas of highest consumption in order to refine management of resources' consumption. In addition to specific cost control, the action enables more precise diagnosis of the impacts, which eventually supports the definition of more effective action plans and goals to reduce consumption.

One challenge is to define the most appropriate indicators to monitor the performance and provide benchmark against historical, other organizations' and healthcare market datasets. The Einstein currently monitors water and electrical power consumption in absolute and relative terms. The calculation will be further refined throughout 2015, as additional parameters will be required so that the growth of the organization does not impair relative efficiency gains, preventing specific projects (such as construction or expansion) from distorting the general performance analysis.

1 Inpatients at a hospital unit at 11:59 pm every day.
2 Equivalent encounters represent different clinical care modalities provided by the Einstein. For this indicator, only diagnostic medicine services, emergency department patients and inpatients are considered. Moreover, each value is weighted by clinical care modality, as length of stay within the Einstein facility differs according to type of service. The reference values are: for diagnostic medicine, the mean length of stay of patients is 4 hours; for emergency department patients the mean length of stay is 4.5 hours, and for inpatients the main length of stay is 24 hours.

16.5%

was the reduction of water flow intensity in 2014

WATER GRI G4-DMA

The Einstein uses about 780 m³ of water every day. Focusing on responsible consumption, a project of continuous improvement was carried out at Morumbi unit, which provided 16.5% reduction in water flow intensity thanks to different actions, such as:

- Internal campaigns to reduce water consumption;
- Optimization of critical processes (kitchen, housekeeping, maintenance);
- Adjustments to the water system and measurement of consumption by sector, adopting reduction-targeted plans;
- Application of flow reduction technologies in taps and showers all over the hospital complex;
- Adjustments of maintenance processes to reduce waste and leaks;
- Awareness campaigns in the clinical care areas to reduce shower time;
- Optimization of the air conditioning system, reducing losses by evaporation.

Up to 2014, the state-owned concessionary company provided the entire supply, but as of the second half of the year, four artesian wells (2 at Morumbi and 2 at Vila Mariana unit) were reactivated. They total up a monthly capacity of about 1,000 m³ and represent the only water source directly impacted by the water used in the organization. There is an ongoing study to drill new wells in the other units, which are expected to start supplying water as of 2015. **GRI GRI-EN9**

In addition to directly acting on its own consumption, Einstein also tries to extend the concept into the supply chain, emphasizing rational water use and raising awareness of water use in third-party contracted laundries, for example.

In the second part of 2015, it will start to operate an effluent treatment station, which will provide reuse of about 50,000 m³ of water per year. The treated effluent will be used, for instance, in air conditioning cooling systems.

Currently, water disposal is made into the municipal sewage system. In 2014, 339,300 m³ of water were disposed, which represented a 5.5% reduction as compared to 2013. To estimate the disposed volume, the calculation takes into account 100% of water from the municipal supply company and 70% from the artesian wells, as 30% is lost in the condensation process of air conditioning cooling towers. **GRI G4-EN22**

EVOLUTION IN WATER CONSUMPTION, PER SOURCE (IN M^3) AND HYDRIC INTENSITY

GRI G4-EN8

Source	2012	2013	2014	Δ 2014/2013
Concessionaire	348,968	359,149	330,620	-7.9%
Our own artesian well[1]	0	0	12,435	
Total water consumption	**348,968**	**359,149**	**343,055**	**-4.5%**
Number of equivalent encounters	**11,848,989.0**	**11,791,800.5**	**13,492,855.5**	**14.4%**
Water flow intensity	**0.0295**	**0.0305**	**0.0254**	**-16.5%**

1 In 2011, artesian wells were deactivated at Morumbi and Vila Mariana units. However, in July 2014, these wells – 4 at Morumbi unit and 2 at Vila Mariana unit – were activated again.

POWER GRI G4-DMA

Because of the expansion in activities, absolute consumption has increased, but there has been significant efficiency gain, translated into 11.5% drop in power intensity (mean consumption per equivalent encounter).

The actions to review the electrical power infrastructure and the construction of a new substation to supply the Morumbi unit as of the second half of 2015 required R$11 million in investments in 2014. Additional R$30 million will be invested by 2017 to build two more substations and the adjustment of the entire internal distribution system. GRI G4 EN6

ENERGY CONSUMPTION EVOLUTION (GJ), PER SOURCE AND ENERGY INTENSITY GRI G4 EN3 I EN5

	2012	2013	2014	Δ 2014/2013
Renewable sources				
Ethanol	12	24	6	-74.1%
Electricity[1]	0	0	182.169	
Sub-total of renewable sources	**12**	**24**	**182.175**	**760,554.1%**
Non-renewable sources				
Natural gas	37,004	42,478	44,098	3.8%
Gasoline	142	112	89	-20.7%
Diesel oil	1,054	964	1,568	62.7%
Sub-total of non-renewable sources	**38,200**	**43,554**	**43,755**	**5.1%**
Non-determined sources				
Electricity[1]	178,301	181,625	0	-100.0%
Sub-total of non-determined sources	**178,301**	**181,625**	**0**	**-100.0%**
Total energy consumed	**216,513**	**225,203**	**227,929**	**1.2%**
Number of equivalent encounters[2]	**11,848,989.0**	**11,791,800.5**	**13,492,855.5**	**14.4%**
Energy intensity	**0.0183**	**0.0191**	**0.0169**	**-11.5%**

1 Up to 2013, it is not possible to determine the origin of electric power purchased, since it was bought from the concessionaire, according to regulated contracting services (ACR). Electric power purchased was generated according to the power grid in effect in the country, subject to variations. As from 2014, the Einstein has operated with free contracting services (ACL), purchasing power directly from the power generating company (hydropower stations).

11.5%

was the power intensity decrease (mean power consumption by equivalent encounter) in 2014

FREE MARKET

The electrical power market in Brazil is divided into two sectors: on the one hand, regulated contracting services (ACR), where consumers are captive and, on the other hand, free contracting services (ACL), where consumers are free. Since 2014, the Einstein has been operating in the power free market.

Captive consumers buy power from distribution concessionaries to which they are linked. Each consuming unit pays one single bill per month, including distribution and power generation services, and the government regulates the prices.

Free consumers buy power directly from generators or traders, through bilateral agreements whose prices, terms, volumes and other elements are freely negotiated. Each consuming unit pays a bill referring to distribution services to the local concessionary (regulated price) and one or more bills concerning purchase of power (prices negotiated in the agreement).

EMISSIONS

GRI G4-DMA | EN15 | EN16 | EN17 | EN18 | EN19 | EN20 | EN21

The greenhouse gas generation source that contributes most to carbon footprint at the Einstein is nitrous oxide emission (N_2O), which amounted to almost a third of the total emissions in the organization in 2013. The gas is used in anesthesia procedures and the Einstein focused on these procedures to try to reduce emissions in 2014. A detailed analysis indicated that the safety margins applied to dosing were unnecessarily high; thus, devices were recalibrated. Gas emissions plummeted from 7,100 tons to 5,400 tons of CO_2e (almost 24%), with direct impact on total greenhouse gas emissions by the Einstein.

As there has been an increase in emissions from other sources and expansion in operations, the total reduction represented about 18,600 tons of CO_2e, which means 10.4% drop compared to 2013.

The purchase of electrical power represents the second highest individual impact and amounted to over 4,800 tons of CO_2e in 2014. In addition to pursuing goals for efficient resource use, Einstein has adopted measures to reduce the weather impact from power consumption. For example, since 2014 the organization has operated in the power free market and has used electrical power generated from hydropower stations, which have one of the lowest generation rates of greenhouse gases. The change has had positive impacts on planning and financial management: thanks to the flexibility to negotiate the contracts, the total kilowatt-hour cost was reduced by 30% to 75% in some periods of the year.

The total fugitive emissions of greenhouse gases in the year was 5,500 tons of CO_2e, including emissions of N_2O, CO_2 and HFC-134a.

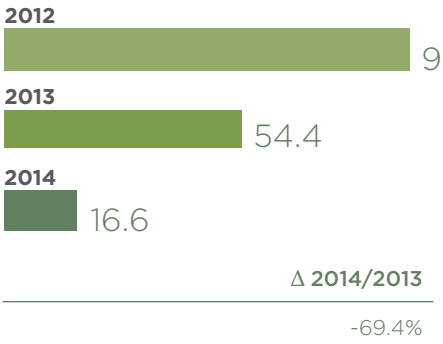
GREENHOUSE GAS EMISSIONS (IN tCO_2e)[1] AND INTENSITY OF GREENHOUSE GAS EMISSIONS GRI G4 EN15| EN16 | EN17 | EN18

Scope 1	2012	2013	2014[2]	Δ 2014/2013
Passage heaters, steam generators and kitchen	1,953.9	2,438.4	2,628.3	7.8%
Emergency generators[3]	206.2	160.3	277.1	72.8%
Subtotal of stationary combustion	**2.160.1**	**2.598.7**	**2.905.4**	**11.8%**
Passenger vehicles fueled by gasoline	26.1	20.0	15.8	-21.1%
Passenger vehicles fueled by ethanol[4]	0.0	0.0	0.0	0.0%
Light commercial vehicles fueled by diesel oil	24.1	22.3	30.1	35.4%
Subtotal of mobile combustion	**50.2**	**42.3**	**45.9**	**8.7%**
Nitrous oxide (N_2O) derived from anesthetic procedures	7,220.9	7,113.3	5,420.8	-23.8%
Carbon dioxide (CO_2) from fire extinguishers[5]		4.8	4.9	1.1%
Tetrafluorethane (HFC-134a) from refrigeration and air conditioning equipment[6]	120.9	77.8	23.8	-69.4%
Subtotal of fugitive emissions	**7,341.8**	**7,195.9**	**5,449.4**	**-24.3%**
Total of scope 1	**9,552.1**	**9,836.8**	**8,400.7**	**-14.6%**

Scope 2	**2012**	**2013**	**2014**	**Δ 2014/2013**
Purchased electric energy[7]	3.446,0	4.842,6	4.805,7	-0,8%
Sub-total of electric energy purchase	**3.446,0**	**4.842,6**	**4.805,7**	**-0,8%**
Total of scope 2	**3.446,0**	**4.842,6**	**4.805,7**	**-0,8%**
Total emissions (scope 1 + scope 2)	**12.998,1**	**14.679,4**	**13.206,4**	**-11,2 %**
Scope 3	**2012**	**2013**	**2014**	**Δ 2014/2013**
Disposal of waste in landfills[8]	0,0	0,0	0,0	
Disposal of waste in incinerators	31,0	116,2	142,0	22,2%
Subtotal of the operation´s solid waste	**31,0**	**116,2**	**142,0**	**22,2%**
Short distance business trips (less than 500 km)	29,6	235,5	213,9	-9,2%
Medium distance business trips (between 500 km and 3,700 km)	517,0	1.257,6	1.094,4	-13,0%
Long distance business trips (greater than 3,700 km)	1.806,8	922,1	1.076,2	16,7%
Subtotal of business trips	**2.353,4**	**2.415,2**	**2.384,5**	**-1,3%**
Leased bus fleet to transport employees	1.717,5	1.939,8	1.875,1	-3,3%
Own vehicles for employees entitled to parking	1.562,2	1.600,4	987,6	-38,3%
Subtotal of displacement of employees	**3.279,6**	**3.540,2**	**2.862,8**	**-19,1%**
Total of scope 3	**5.664,1**	**6.071,5**	**5.389,2**	**-11,2%**
Total greenhouse gas emissions	**18.662,2**	**20.750,9**	**18.595,6**	**-10,4%**
Number of equivalent encounters	**11.848.989,0**	**11.791.800,5**	**13.492.855,5**	**14,4%**
Intensity of the greenhouse gas emissions[9]	**1,6**	**1,8**	**1,4**	**-21,7%**

1 This report on greenhouse gas emissions was drafted based on the version *Ferramenta* v2013.1 of the Tool to Estimate Greenhouse Gas Emissions for Intersectoral Sources (GHG Protocol Tool), developed by the Brazilian Program GHG Protocol, based on emission factors defined by the IPCC. 2 The 2014 figures were based on the version *Ferramenta* v2013.1 of the Tool to Estimate Greenhouse Gas Emissions for Intersectoral Sources (GHG Protocol Tool), developed by the Brazilian Program GHG Protocol, based on emission factors defined by the Intergovernmental Panel on Climate Change (IPCC). This is the last version to calculate emissions available up to publishing this report, and it uses emission factors related to 2013. 3 In December 2014, a larger amount of diesel oil was purchased (31,000 liters) as a contingence for eventual drop in power due to rains. 4 In 2014, due to the cost of ethanol, the Einstein gave priority to filling the vehicles tanks with gasoline. 5 As from 2013, Einstein also began to report greenhouse gas emissions relating to the consumption of carbon dioxide (CO_2). Until 2011, the Tool to Estimate Greenhouse Gas for Intersectoral Sources (GHG Protocol Tool), developed by the Brazilian Program GHG Protocol, did not include the calculation of this type of emission, subsequently it began to be accounted for only at the beginning of 2012. 6 HFC-134a is a gas used in old air conditioning devices. The appliances have been gradually replaced, as they wear out, and the tendency is to reduce this figure every year, till it is no longer consumed. 7 Greenhouse gas emission factors related to electric power consumption depend mainly on the characteristics of the power made available for consumption. Thermoelectric energy sources (burning of coal and oil) have a higher emission index than the hydroelectric matrix. This type of energy is generated especially during draught periods, in which the reservoirs fall below historic levels and when the consumption demand is greater that the generating potential. During the last months of 2012, there was a greater use of the energy coming from thermoelectric plants, which use fossil fuels for energy generation. This contributes towards a significant increase in the equivalent CO_2 emission factor associated to the consumption of electric power for that year. 8 As of 2012, common waste have been sent to landfills equipped with a system to make use of methane gas (CH_2). According to the Brazilian Program GHG Protocol, such gases, when neutralized, do not account for equivalent CO_2 emissions. 9 By and large, the reduction in emissions is due to decreased nitrous oxide consumption.

CONSUMPTION OF HFC-134a (IN kg) GRI GRI-G4 | EN20



OZONE LAYER

The Einstein has taken the frontrunner position and anticipated the 2020 enforcement of the legislation that requires elimination of cooling gas HFC-134a, which has high impact on the ozone layer destruction. Replacement of devices in 2014 was translated into almost 70% reduction of substance consumption compared to the previous year.

WASTE GRI G4-DMA

Thanks to consumption reduction actions and greater precision in correct separation and final disposal, the Einstein has reduced the potential environmental impact resulting from waste disposal. Between 2013 and 2014, the total generated waste went up by 11%, but the recyclable amount of waste increased by 32%.

Significant part of organic waste is sent to composting. Material transportation is optimized by the use of a processor that dehydrates the material and reduces the final weight by 75%. The initial plan was to have a second processor ready by 2014, but infrastructure limitations prevented it.

In addition to ensuring correct waste disposal, the Einstein has promoted actions to reduce its generation. The impacts on organic waste management are huge: year after year, it has been possible to reduce waste of foods serviced to staff and patients. As of 2015, the pre-consumption waste (related to meal preparation and remains that have not been eaten after preparation) has gained additional attention, representing 24 tons of waste per month. Relying on awareness actions and changes to the preparation process, the goal is to reduce waste by half in 2015.

In order to reduce the generation of infectious waste, the Einstein has set up a system of autoclaves that transforms the materials into inert agents, which allows submission to recycling facilities. The Einstein currently treats internally part of the infectious waste it generates before sending it to the specialized companies, according to the legislation. However, new devices will offer almost 100% treatment of this type of waste. The licensing application process for operation lasted longer than expected and the devices could not be used in 2014, as initially planned. In addition to the delay in getting the license, the technical study of the solution was reviewed. The new timeline is to put the system in operation in 2015.

FUTURE PLANS

The Einstein is constantly searching for new processes and technologies to improve environmental management. Concerning power consumption, there are projects under analysis for the installation of air generators and more sun-powered panels to fuel the lighting systems of Morumbi external areas. For waste management, two complementary technologies are being considered: a pneumatic system for internal transportation of waste through closed pipes (restricting material handling to trained teams, with no risk of contact with other staff members or patients) and a material gasifier device

GENERATED WASTE BY TYPE AND DISPOSAL METHOD (IN TONS)[1] AND GENERATED WASTE INTENSITY GRI G4-EN23

Type	2012	2013	2014	Δ 2014/2013	Disposal method
Infecting waste	1,124.2	1,052.5	1,249.0	18.7%	Electrothermal deactivation
Non-recyclable waste	2,363.7	2,135.4	2,059.9	-3.5%	Landfill
Recyclable waste[2]	561.5	1,004.3	1,334.2	32.9%	Recycling
Chemical waste[3]	14.0	58.8	75.5	28.3%	Incineration
Radioactive waste[4]	1.2	2.5	3.3	29.0%	Electrothermal deactivation after decay
Total waste	**4,064.7**	**4,253.5**	**4,721.9**	**11.0%**	
Number of equivalent encounters	11,848,989.0	11,791,800.5	13,492,855.5	14.4%	
Generated waste intensity	0.00034	0.00036	0.00035	-3.0%	

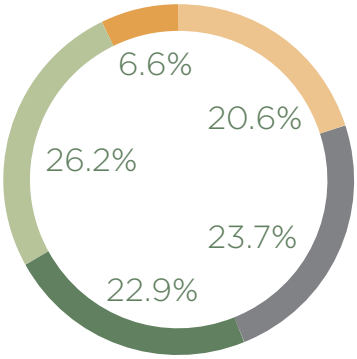
1 Measurement carried out at the Units Morumbi, Alphaville, Vila Mariana, Ibirapuera, Jardins, Morato andPerdizes-Higienópolis. 2 In 2013, there was a significant increase in this type of waste as a result of the project to replace wood pallets with plastic pallets in the Warehouse sector. This was also due to the increment in the amount of debris or scrap from works. 3 In 2013, there was a significant increase in this type of waste due to compliance with the legislation in effect, in which waste that was formerly deemed infecting went on to being disposed of as chemical waste. 4 In 2013, there was a significant increase in this type of waste due to an increase in the volume of care services carried out at the organization.

GENERATED WASTE BY TYPE AND DISPOSAL METHOD (IN UNITS)[1] GRI G4-EN23

Type	2012	2013	2014	Δ 2014/2013	Type
Fluorescent lamps	23,089	22,695	22,429	-1.2%	Fluorescent lamps

1 Measurement carried out at the Units Morumbi, Alphaville, Vila Mariana, Ibirapuera, Jardins, Morato andPerdizes-Higienópolis.

RECYCLABLE WASTE (%) GRI G4-EN23



- **Cardboard (274.9 t)**
- **Paper (316.7 t)**
- **Plastic (305.2 t)**
- **Organic waste (349.7 t)**
- **Others (metals, construction material, electronic waste, cigarette butts, TNT sheets) (87.7 t)**

SALE OF RECYCLABLE WASTE

The revenues obtained with sale of recyclable waste are used in social actions in the Paraisópolis community. In 2014, it totaled up to R$ 75 thousand.

HAZARDOUS WASTE (IN TONS)[1] GRI G4-EN25

	2012	2013	2014	Δ 2014/2013
Transported	1,139.4	1,113.8	1,324.43	18.91%
Received treatment	1,139.4	1,113.8	1,324.43	18.91%

1 The figures consider generation of biological, chemical and radioactive waste (after decay). All waste generated is separated in the source, according to the physical characteristic and origin, and sent to specific and compatible treatment, to inactivate or reduce hazard level. Any waste generated is treated in the State of Sao Paulo, and there is no transportation crossing state borders. For 2015, there are goals to improve disposal of chemical waste, increasing the level of separation in the source, implementing an internal system to treat infecting waste, thus reducing external transportation of materials.

In 2014, there were nine significant spillages, totaling up approximately 21 liters of substances. In all cases the necessary actions were taken to avoid contamination.

SPILLAGES (2014) GRI G4-EN24

Site	Spilt material	Volume	Impacts
Clinical pathology laboratory	Blood and analysis product	4 l	Isolation of the area
Clinical pathology laboratory	Blood and analysis product	7 l	Isolation of the area
Clinical pathology laboratory	Xylol	1 l	Isolation of the area
Clinical pathology laboratory	Ethidium bromide	5 ml	
Endoscopy	Steranios	2 l	Evacuation of the area due to bad odour
Material reception area	Xylol	1	Stain on the parking floor
Parking for delivery of materials	Gasoline	3 l	Isolation of the area
Warehouse – 5th underground floor – block A	Ethidium bromide	1.5 l	Isolation of the area
Elevator 19	Formaldehyde	1.5 l	Isolation of the elevator


FC 137
SpO2 89

ABOUT THE REPORT

GRI G4-18 | G4-19 | G4-20 | G4-21 | G4-24 | G4-25 | G4-26 | G4-27 | G4-2 | G4-32 | G4-48

This report provides key information about the Einstein's performance in the period from January 1st to December 31st, 2014, including the challenges as well as the future objectives and targets pursued by the organization. This publication follows version G4 of the guidelines of the Global Reporting Initiative, the greatest global reference in sustainability reporting, and reaches a comprehensive level of application of these guidelines. The report was integrally submitted for verification by Det Norske Veritas (DNV-GL), one of the three largest certifiers in the world, and was later submitted for validation by the Global Reporting Initiative through the GRI Materiality Disclosure Service.

The Global Reporting Initiative methodology guided the reporting and selection of the indicators that best represent the developments of the Einstein in material issues. To facilitate the search for content directly related to the methodology, the indicators are marked in the text.

The materiality process was based on the 2013 analysis of the organization's policies and practices, reference publications on sustainability in general and specifically for the healthcare industry, strategic visions of leaders, and surveys of key stakeholders of the organization using different methods:

- Managers: nine individual interviews with vice-presidents, superintendents and directors.
- Employees: face-to-face discussions with 33 participants and live voting.
- Patients: participation in a meeting of the *Conselho Consultivo de Pacientes* [Patients' Advisory Board] with the presence of nine advisors.
- Community leaders of Paraisópolis: online survey of 5 people.
- Physicians: online survey of 44 respondents.
- Government: reference to policies and publications of eight government bodies: *Conselho Federal de Medicina* (CFM) [Federal Council of Medicine], *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (CNPq) [National Scientific and Technological Development Council], *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (Capes) [Higher Education Professional Training Coordination], *Financiadora de Estudos e Projetos* (Finep) [Financing Agency for Studies and Projects], *Fundação de Amparo* à Pesquisa do Estado de São *Paulo* (Fapesp) [The State of Sao

Paulo State Research Support Foundation], *Fundação Oswaldo Cruz* (Fiocruz) [Oswaldo Cruz Foundation], Ministry of Health and the World Health Organization (WHO).

- Non-governmental organizations: reference to civil movements and publications of six civil society organizations: *Instituto Saúde e Sustentabilidade* [Health and Sustainability Institute], Health Care Without Harm, *Projeto Hospitais Saudáveis* [Healthy Hospitals Project], Healthier Hospitals Initiative, Practice Greenhealth, Ins*tituto Nacional do Desenvolvimento Social e Humano* [National Social and Human Development Institute].

- Press: reference to publications of eight media vehicles: *Portal Saúde Web* and magazines *El Hospital, Guia da Farmácia, Healthers, Hosp, Hospitais Brasil, Panorama ANAHP* and *Panorama Hospitalar*.

- Suppliers: online survey of 72 companies.

- Advisors: online survey of 12 respondents.

- Volunteers: online survey of 24 respondents.

- HMOs: online survey of 4 companies.

The level of recurrence of the issues when crossing the internal and external perceptions of the organization helped define the list of relevant topics.

In a new consultation in late 2014 with more than 60 leaders of the Einstein, the list went through a priority-setting effort according to the latest perception and the organization's future vision, and 16 priority themes were defined and therefore explored in depth throughout the report. Prioritization is an improvement in the reporting experience, and provides a more strategic approach to reporting results.

The material themes were related to the aspects defined in the Global Reporting Initiative guidelines and, later on, the corresponding indicators were selected (see table).

The entire preparation of the report was supervised and directly approved by the Einstein's General Director.

MATERIAL THEMES, DESCRIPTIONS AND INDICATORS GRI G4-DMA | G4-19 | G4-20 | G4-21 | G4-27

Material theme	Public[1]	Chapter addressing the aspect	GRI description	Limits inside and outside the organization	GRI indicators
Patient's privacy	Managers Employees Physicians Suppliers Paraisópolis Community Advisors	Health services (Commitment to safety)	Customer privacy	Einstein Patients Health insurance companies	G4 PR8
Use of raw materials and suppliers	Managers Physicians Suppliers Volunteers Press NGOs Paraisópolis Community Advisors Health insurance companies	Profile (Relationship with Suppliers)	Materials	Einstein Suppliers	G4 EN1 G4 EN2
			Supplier environmental assessment		G4 EN32 G4 EN33
			Supplier human rights assessment		G4 HR10 G4 HR11
			Child labor		G4 HR5
			Forced or compulsory labor		G4 HR6

Material theme	Public[1]	Chapter addressing the aspect	GRI description	Limits inside and outside the organization	GRI indicators
Capacity to respond to outbreaks and epidemics[2]	Manager Employees Patients Physicians Suppliers Volunteers Government Press Paraisópolis Community Advisors	Health Services		Einstein Patients Community	
Emissions and effluents	Managers Employees Patients Volunteers Health insurance companies	Environment	Emissions	Einstein Suppliers	G4 EN15 to G4 EN21
			Effluents and waste		G4 EN22 G4 EN24
Local community engagement	Managers Employees Patients Government NGOs Paraisópolis Community	Health services Social actions	Local communities	Einstein Community	G4 SO1 G4 SO2
			Grievance mechanisms for impacts on society		G4 SO11
			Environmental grievance mechanisms		G4 EN34
Waste management	Managers Employees Patients Physicians Suppliers Volunteers Government NGOs Paraisópolis Community Advisors Health insurance companies	Environment	Effluents and waste	Einstein Suppliers	G4 EN23 G4 EN25
Patient's experience[3]	Managers Employees Patients Physicians Suppliers Volunteers Government Paraisópolis Community Advisors Health insurance	Profile (Triple Aim Governance)	Product and service labeling	Einstein Patients Health insurance companies	G4 PR5

Material theme	Public[1]	Chapter addressing the aspect	GRI description	Limits inside and outside the organization	GRI indicators
Diversity and equality	Managers Employees Patients Volunteers Paraisópolis Community Advisors	Human capital	Employment	Einstein	G4 LA1 G4 LA3
			Diversity and equal opportunity		G4 LA12
			Equal remuneration for women and men		G4 LA13
Energy and water consumption	Managers Employees Patients Volunteers Press NGOs Paraisópolis Community Health insurance	Environment	Energy	Einstein Suppliers	G4 EN3 to G4 EN6
			Water		G4 EN8 to G4 EN10
Economic performance	Managers Employees Physicians Suppliers Volunteers Advisors	Profile (Corporate governance and Responsible financial management)	Economic performance	Economic performance Einstein Suppliers Health insurance companies	G4 EC1 to G4 EC4
			Anti-corruption		G4 SO3 G4 SO5
Access to healthcare[2]	Managers Employees Patients Suppliers Volunteers Press NGOs Paraisópolis Community Health insurance companies	Health services		Einstein Patients and community	
Training and education	Managers Employees Patients Physicians Suppliers Volunteers Press Community Paraisópolis Advisors Health insurance companies	Human capital Profile (Corporate governance)	Training and education	Einstein	G4 LA9 to G4 LA11
			Anti-corruption		G4 SO4

Material theme	Public[1]	Chapter addressing the aspect	GRI description	Limits inside and outside the organization	GRI indicators
Occupational health and safety	Managers Employees Patients Physicians Suppliers Volunteers Press Advisors Health insurance companies	Human capital	Labor relations	Einstein	G4 LA4
			Occupational health and safety		G4 LA5 to G4 LA8
			Labor practices grievance mechanisms		G4 LA16
Generation and dissemination of knowledge and innovation[2]	Managers Employees Patients Volunteers Paraisópolis Community Advisors	Generation and dissemination of knowledge		Einstein Community	
Patient's health and safety	Managers Employees Patients Volunteers Government Paraisópolis Community Advisors Health insurance	Profile	Customer health and safety	Einstein Patients Health insurance companies	G4 PR1 and G4 PR2

1 Public that indicated the topic as relevant in the consultations made during the materiality process. For the public managers, the validation process data were considered and the process was carried out specifically for the preparation of this report. 2 Although not directly related to any aspect included in the methodology GRI, these material themes received in this report the same attention as the GRI content, and are covered by dissemination of specific information, whenever possible and pertinent, qualitative and quantitative indicators. 3 When consulting the managers that participated in validation of materiality, in 2014, the inclusion of the theme patient´s experience was defined in order to update and replace in a more comprehensive manner the topic humanized care, which was addressed in the materiality process conducted in 2013.

GRI Summary

This report was submitted to validation by the Global Reporting Initiative through the GRI Materiality Disclosure Service, which verifies whether the Standard Disclosures (indicators G4-17 to G4-27) were properly indicated in the GRI index and throughout the report. After this validation, this report received the Materiality Disclosures icon, which formally confirms the quality of the work performed.

GENERAL DISCLOSURES

General Standard Disclosures	Description	Chapter, page or reply	Omission	External verification
Strategy and analysis	**G4-1** Letter of the President	Letter of the President – page 4		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-2 Description of key impacts, risks and opportunities	Letter from the President, Strategy, About the Report – pages 4, 26, 27 and 95		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Organizational profile	**G4-3** Name of the organization	Profile – page 7		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-4 Primary brands, products and/or services	Profile – pages 7 and 91		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-5 Location of the organization's headquarters	Profile – page 7		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-6 Countries where the organization has its major operations or those specifically relevant to the sustainability topics covered in the report	Profile – pages 7 and 8		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-7 Nature of ownership and legal form	Profile – pages 7 and 12		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-8 Markets served by the organization	Profile – page 7		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-9 Scale of the organization	Profile – pages 7 and 8		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-10 Profile of employees	Human Capital – page 66		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-11 Percentage of employees covered by collective bargaining agreements	100% of employees are covered by collective bargaining agreements		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-12 Description of the organization's supply chain	Profile (Relationship with suppliers) – page 22		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-13 Significant changes regarding the organization's size, structure, ownership, or supply chain	Profile – pages 7 and 23		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-14 Description of how the precautionary approach or principle is addressed by the organization	The strategic planning and risk management of Einstein's activities are guided by the precautionary principle, present in patient care, environmental management, professional development and employee benefits, research and innovation, and relationships with communities.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-15 Externally developed charters, principles, or other initiatives	Profile (External Commitments) – page 9		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

General Standard Disclosures	Description	Chapter, page or reply	Omission	External verification
Identified material aspects and boundaries	**G4-16** Membership in associations and organizations	Profile (External commitments) – page 9		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-17 Entities included in the consolidated financial statements and entities not covered by the report	Einstein's activities are concentrated in a single entity, fully covered in the financial statements.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-18 Process for defining the report content	About the Report – page 95		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-19 List of the material aspects	About the Report – page 95 and 96		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-20 Aspect boundary within the organization for each material aspect	About the Report – page 95 and 96		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-21 Aspect boundary outside the organization for each material aspect	About the Report – page 95 and 96		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-22 Restatements of information provided in previous reports	There were no restatements of previously disclosed calculations. The aspects in which improvements in measurement and control systems allowed for more accurate information are pointed out in the respective indicators.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-23 Significant changes from previous reports in the scope and aspect boundaries	There was no restatement of scope or boundaries.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Stakeholder engagement	**G4-24** List of stakeholder groups engaged by the organization	Einstein seeks to engage with the stakeholders that it most directly influences and is influenced by. The full list of these stakeholders can be found in chapter About the Report. – page 95		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-25 Basis for identification and selection of stakeholders with whom to engage	About the Report – page 95		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-26 Approach to stakeholder engagement	About the Report – page 95		Este indicador foi submetido à verificação externa e a declaração que atesta esta atividade encontra-se na página 110.
	G4-27 Key topics and concerns that have been raised through stakeholder engagement, by stakeholder	About the Report – page 95 and 96		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Report profile	**G4-28** Reporting period	Year 2014.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-29 Date of most recent previous report	2013.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-30 Reporting cycle	Annual.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-31 Contact point for questions about the report or its contents	Contact by email at relatorio@einstein.br		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Governance	**G4-32** Option for application of the guidelines and location of the GRI index	This report complies with the comprehensive level of application of the GRI guidelines and the index can be found on pages 95 and 100 to 109.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-33 Policy and current practice with regard to seeking external assurance for the report	Einstein's report goes through external verification conducted by an independent company with proven competence for the task. All GRI disclosures have been verified. For more information about the verification process, see page 110.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

General Standard Disclosures	Description	Chapter, page or reply	Omission	External verification
Governance	**G4-34** Governance structure of the organization	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-35 Process for delegating authority from the highest governance body for economic, environmental and social topics	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-36 Executive level positions with responsibility for economic, environmental and social topics	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-37 Processes for consultation between stakeholders and the highest governance body on economic, environmental and social topics	There are no systematic procedures for consultation, but the Steering Committee and the Elect Board are periodically informed of the most relevant issues raised through dialogue and engagement channels.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-38 Composition of the highest governance body and its committees	Information about composition, mandate and independence are in chapter Profile, and the full list of members is in chapter Board of Directors and Councils.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-39 Report whether the chair of the highest governance body is also an executive officer	Einstein's President is also the Chief Executive Officer. – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-40 Selection criteria and nomination processes for the highest governance body and its committees	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-41 Processes for prevention and management of conflicts of interest	Profile (Corporate governance) – page 12		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-42 Highest governance body's and senior executives' roles in the development of policies and goals for the management of impacts	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-43 Measures taken to enhance the highest governance body's knowledge of economic, environmental and social topics	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-44 Processes for self-evaluation of the highest governance body's performance	Einstein's performance is thoroughly monitored through regular reviews and the use of the balance scorecard (BSC) tool. For executive officers, the evaluation takes into account the objectives and overall goals of the organization and the individual performance of each officer. The members of the Elect Board and the Steering Committee are evaluated every year with a 360-degree assessment, conducted by an independent company. In addition, the Checks and Balance system adopted between these two bodies (Elect Board and Steering Committee) contributes to achievement of the expected performance level. – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-45 Responsibilities in the implementation of economic, environmental and social policies	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-46 Governance's role in reviewing the effectiveness of the organization's risk management processes for different topics	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-47 Frequency of the highest governance body's review of impacts, risks and opportunities	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

General Standard Disclosures	Description	Chapter, page or reply	Omission	External verification
Governance	**G4-48** Highest committee or position that formally reviews and approves the organization's sustainability report and ensures that all material aspects are covered	About the Report – page 45		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-49 Process for communicating critical concerns to the highest governance body	Profile (Corporate governance) and Human Capital (Dialogue and participation) – page 11 and 83		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-50 Nature and total number of critical concerns communicated to the highest governance body and solutions adopted	Einstein maintains several dialogue channels to receive complaints and suggestions from various stakeholders with regard to compliance with internal rules, ethical conduct and maintenance of safety standards. The main channels are listed in chapters Profile (Corporate governance), Health services (Commitment to safety) and Human capital (Dialogue and participation).		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-51 Relationship between the remuneration policy and the performance of the organization, including social and environmental objectives	The members of the two highest governance bodies - the Elect Board and the Steering Committee - do not receive compensation. For executive officers, the remuneration is consistent with that of the market for their positions, and they receive variable compensation linked to the achievement of goals and targets set in the strategic planning of the organization.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-52 Participation of consultants (internal and independent) in determining remuneration	Human capital (Compensation and benefits) – page 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-53 Consultations with stakeholders regarding remuneration and its application in the organization's policies	There are no specific consultations on this topic.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-54 Ratio of the highest salary to the median total compensation for all employees, by country	Not reported.	Einstein does not disclose this indicator, but is looking into the relevance of disclosing it in future editions of this report.	
	G4-55 Ratio of the increase in the highest salary to the median increase for all employees, by country	Not reported.	Einstein does not disclose this indicator, but is looking into the relevance of disclosing it in future editions of this report.	
Ethics and integrity	**G4-56** Values, principles, standards and norms of behavior of the organization	Profile (Corporate governance) – page 12 and 13		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-57 Internal and external mechanisms for seeking advice on ethics and compliance	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-58 Internal and external mechanisms for reporting concerns about unethical behavior	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

SPECIFIC DISCLOSURES

Category: Economic				
Material aspects	**Description**	**Chapter, page or reply**	**Omission**	**External verification**
Economic performance	**G4-DMA** Management approach	Profile (Responsible financial management) – page 7		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EC1 Direct economic value generated and distributed	Profile (Responsible financial management) – page 19		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EC2 Financial implications and other risks and opportunities due to climate change	Einstein is attentive to climate change and seeks to minimize the impact of its operations on the climate through control and reduction of greenhouse gas emissions, responsible consumption of water and energy, and waste reduction. The main actions are addressed in chapter Environment.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EC3 Coverage of benefit plan obligations	Human capital (Compensation and benefits) – page 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EC4 Significant financial assistance received from government	Health Services (Integration with the Municipal Healthcare Network) – page 49 and 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Market presence	**G4-DMA** Management Approach	Human Capital (Compensation and Benefits) – page 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EC5 Ratio of entry level wage to local minimum wage, by gender	Human Capital – page 78		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Category: Environmental				
Material aspects	**Description**	**Chapter, page or reply**	**Omission**	**External verification**
Materials	**G4-DMA** Management Approach	GRI Index – page 96		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN1 Materials used, by weight or volume	Due to the nature of service provided and the variety of materials involved, Einstein has no processes for calculation of materials used.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN2 Percentage of materials used that are recycled input materials	The materials available for patient care comply with the current regulations that limit the use of recyclable material. However, partnerships are being established with suppliers in search for new possibilities. The percentage of recycled input materials used in the manufacture of the main services of the organization is not available. The methodology for this calculation will be evaluated for the coming years.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Energy	**G4-DMA** Management approach	Environment (Energy) – page 88		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN3 Energy consumption within the organization	Environment (Energy) – page 88		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN4 Energy consumption outside of the organization	Einstein does not consider energy consumption outside its premises.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN5 Energy intensity	Environment (Energy) – page 88		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN6 Reduction of energy consumption	Environment (Energy) – page 88		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

	G4-EN7 Reductions in energy requirements of products and services	Energy efficiency is present in Einstein's services, since the equipment and facilities chosen for the conduction of tests, surgeries and clinical treatments can reuse energy from other processes or take advantage of natural lighting, in compliance with green building standards. An example is the installation of solar panels to heat the shower water in the residents' room. Another example is the natural lighting present in the oncology center, in spaces where patients receive chemotherapy sessions for hours. There is no current measurement of the reduction generated by each initiative.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Water	**G4-DMA** Management approach	Environment (Water) – page 86		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN8 Total water withdrawal by source	Environment (Water) – page 87		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN9 Water sources significantly affected by withdrawal of water	Environment (Water) – page 86		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN10 Percentage and total volume of water recycled and reused	Consumption from water reuse is not currently measured.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Emissions	**G4-DMA** Management approach	Environment (Emissions) – page 89		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN15 Direct greenhouse gas emissions	Environment (Emissions) – page 89		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN16 Indirect greenhouse gas emissions from energy purchase	Environment (Emissions) – page 89		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN17 Other indirect greenhouse gas emissions	Environment (Emissions) – page 89		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN18 Greenhouse gas emissions intensity	Environment (Emissions) – page 89		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN19 Reduction of greenhouse gas emissions	Environment (Emissions) – page 89		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN20 Emissions of ozone-depleting substances	Environment (Emissions) – page 89 and 91		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN21 NO_x, SO_x and other significant air emissions	Environment (Emissions) – page 89		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Effluents and waste	**G4-DMA** Management Approach	Environment (Waste) – page 91		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN22 Total water discharge, by quality and destination	Environment (Water) – page 86		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN23 Total weight of waste, by type and disposal method	Environment (Waste) – page 92		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN24 Total number and volume of significant spills	Environment (Waste) – page 93		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN25 Weight of transported waste deemed hazardous	Environment (Waste) – page 93		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN26 Water bodies and habitats significantly affected	There are no water bodies or habitats significantly affected by Einstein's waste.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

Supplier environmental assessment	**G4-DMA** Management approach	Profile (Relationship with Suppliers) – page – page 22		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN32 Percentage of new suppliers screened using environmental criteria	Einstein does not adopt any structured environmental criteria for selecting suppliers, but several projects are developed and some environmental aspects are included in the supplier evaluation process.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN33 Significant actual and potential negative environmental impacts in the supply chain	Profile (Relationship with suppliers) – – page 22		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Environmental grievance mechanisms	**G4-DMA** Management approach	Environment – page 85		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-EN34 Number of grievances about environmental aspects	Environment – page 23		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

Category Social: Labor practices and decent work

Material aspects	Description	Chapter, page or reply	Omission	External verification
Employment	**G4-DMA** Management Approach	Human capital – page 65		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA1 Total number and rates of new employee hires and employee turnover	Human capital – page 73		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA2 Comparison of benefits to full-time employees and temporary-employees	Human capital (Compensation and benefits) – page 78		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA3 Return to work and retention rates after parental leave	Human capital (Compensation and benefits) – page 79		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Labor relations	**G4-DMA** Management Approach	Human Capital – page 65		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA4 Minimum notice periods regarding operational changes	There is no specified period and the changes in the collective agreement are disclosed as soon as the final document is received.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Occupational health and safety	**G4-DMA** Management approach	Human capital and Profile (Commitment to safety) – page 80		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA5 Percentage of employees represented in formal safety and health committees	Human capital (Health and safety) – page 82		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA6 Rates of injury, occupational diseases and lost days	In 2014, one case of occupational disease was recorded for an employee of the Morumbi unit. There were no deaths		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA7 Employees with high incidence or high risk of diseases related to their occupation	The main risks mapped by the organization, which rely on specific management actions, are those related with ergonomics in the transport of patients, falls on the same level, contamination by sharps and needles and exposure to biological and radioactive materials in the handling of drugs and equipment. Employees more exposed to these risks are those working directly in patient care.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA8 Health and safety topics covered in formal agreements with trade unions	There are no formal agreements with trade unions covering health and safety topics, but Einstein carries out different initiatives in these fields. The main initiatives are described in chapter Human capital (Health and safety).		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Training and education	**G4-DMA** Management approach	Human capital (Drive towards development) – page 74		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

Diversity and equal opportunity	**G4-LA9** Average hours of training per year	Detailed information can be found on pages 74 and 75. However, there is no data on the distribution of training by gender because Einstein does not differentiate by gender in the provision of training to employees and does not monitor this data.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA10 Programs for skills management and lifelong learning that support employability when preparing for career endings	Einstein offers pre-retirement planning for employees wishing to retire, as well as severance pay.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA11 Percentage of employees receiving performance reviews	The information can be found on page 74. However, there is no data on the percentages of men and women because Einstein makes no differentiation by gender in performance review processes, and does not monitor this data.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-DMA Management approach	Human capital (Diversity and inclusion) – page 76		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Equal remuneration for women and men	**G4-LA12** Composition of governance bodies and breakdown of employees per employee category	Human capital (Diversity and inclusion) GRI Index (G4-38) – page 70		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-DMA Management approach	Human capital (Diversity and inclusion) – page 76		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA13 Ratio of basic salary of women to men by employee category and by significant locations of operation	Human Capital (Diversity and Inclusion) GRI Index (G4-38) – page 76		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Labor practices grievance mechanisms	**G4-DMA** Management approach	GRI Index – page 96		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-LA16 Number of grievances about labor practices filed through formal mechanisms	In 2014 there were 864 complaints (11.5% more than in 2013). All were addressed and resolved in the same year.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

Category Social: Human rights

Material aspects	Description	Chapter, page or reply	Omission	External verification
Child labor	**G4-DMA** Management approach	Profile (Relationship with suppliers) and Human capital (Work conditions) – page 22 and 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-HR5 Operations and suppliers identified as having risk for incidents of child labor and measures taken	Profile (Relationship with suppliers) and Human capital (Work conditions) – page 22 and 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Forced or compulsory labor	**G4-DMA** Management approach	Profile (Relationship with suppliers) and Human capital (Work conditions) – page 22 and 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-HR6 Operations and suppliers identified as having risk for incidents of forced or compulsory labor, and measures taken	Profile (Relationship with suppliers) and Human capital (Work conditions) – page 22 and 77		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Supplier human rights assessment	**G4-DMA** Management approach	Profile (Relationship with suppliers)		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-HR10 Percentage of new suppliers screened using human rights criteria	Profile (Relationship with suppliers) – page 22 and 23		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-HR11 Significant actual and potential negative human rights impacts in the supply chain, and actions taken	Profile (Relationship with Suppliers) – page 22		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

Category Social: Society

Material aspects	Description	Chapter, page or reply	Omission	External verification
Local communities	**G4-DMA**Management approach	GRI Index – page 96		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-SO1 Percentage of operations with local community engagement, impact assessment and development programs	There are no systematic engagement or impact assessment initiatives, but in all its units, Einstein has programs aimed at local community development. These are strategically targeted to meet the specific needs of the population in each region where Einstein operates.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-SO2 Operations with significant actual and potential negative impacts on local communities	The potential negative impacts of Einstein's activities are related to traffic and noise nearby caused by the transport of people to the units, power outages and water shortages in the vicinities, which can be enhanced by the high consumption of the organization. The communities surrounding the operations may also be exposed to the risk of spillage or inappropriate disposal, which are mapped and controlled through the Chemicals Management Plan. Impacts related to gas emissions are controlled through quality monitoring.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Anti-corruption	**G4-DMA** Management approach	Profile (Corporate governance) – page 11		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-SO3 Operations assessed for risks related to corruption	Profile (Corporate governance) – page 12		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-SO4 Percentage of employees trained on anti-corruption policies and procedures	Profile (Corporate governance) – page 12		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-SO5 Confirmed incidents of corruption and actions taken	Profile (Corporate governance) – page 12		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Grievance mechanisms for impacts on society	**G4-DMA** Management approach	Profile (Triple Aim governance) – page 15		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-SO11 Grievances about impacts on society filed, addressed and resolved through formal mechanism	Profile (Triple Aim governance) – page 16 and 17		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

Category Social: Product responsibility

Material aspects	Description	Chapter, page or reply	Omission	External verification
Customer health and safety	**G4-DMA** Management Approach	Health services (Commitment to safety) – page 36		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-PR1 Assessment of health and safety impacts over the lifecycle of products and services	Health services (Commitment to safety) – page 36		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-PR2 Incidents of non-compliance concerning impacts of products and services	Health services (Recognized quality) – page 41		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Product and service labeling	**G4-DMA** Management approach	Health Services – page 29		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-PR5 Results of surveys measuring customer satisfaction	Health Services – page 33 and 35		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

	G4-DMA Management Approach	Health services – page 29		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-PR8 Total number of substantiated complaints regarding breaches of customer privacy and loss of customer data	No complaint was registered.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
Customer privacy	**G4-PR3** Type of product and service information required by labeling procedures	In compliance with the Joint Commission International (JCI) audit, Einstein is implementing the informed consent document to formalize the communication of procedures to patients. There is a plan for preparation of the forms explaining the risks of the procedure, with the probability of occurrence of each adverse event to which patients are subject.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.
	G4-PR4 Incidents of non-compliance concerning product and service labeling	In 2014, two audits were carried out by the Joint Commission International to verify compliance with the informed consent process. The latest, conducted last December, pointed to 17% non-compliance in the forms.		This indicator was submitted to external verification and the statement certifying this activity is on page 110.

Global Compact

The Einstein commitment to the Global Compact principles is reflected in many action and projects. The most important are described in this report. To check the initiatives, advances and challenges about a specific aspect of the pact, see the table below.

CORRELATION BETWEEN THE GLOBAL REPORTING INITIATIVE AND THE GLOBAL COMPACT INDICATORS

Principle	Related Indicator
HUMAN RIGHTS	
1. To support and respect protection of internationally acknowledged human rights.	HR5, HR6, HR10, HR11
2. To assure no participation in violations of these rights.	HR5, HR6, HR10, HR11
LABOR	
3. To support freedom of association and effectively acknowledge the right to collective bargaining.	G4-11, LA4
4. To support eliminating all forms of forced or compulsory labor.	HR5
5. To support effective abolition of child labor.	HR6
6. To eliminate discrimination at work.	LA12
ENVIRONMENT	
7. To support a preventive approach to environmental challenges.	EN1 to EN25, EN32, EN33, EN34
8. To develop initiative to promote greater environmental responsibility.	EN1 to EN25, EN32, EN33, EN34
9. To encourage development and dissemination of environmental-friendly technologies.	EN1 to EN25, EN32, EN33, EN34
ANTI-CORRUPTION	
10. To fight against all forms of corruption, including larceny by extorsion and bribe	SO3, SO4, SO5

External verification

The Einstein's sustainability report was submitted to external checking by a third party aiming to add even greater credibility to the report. This verification was carried out by the company Det Norske Veritas (DNV-GL), which testified the work done through the declaration below.

DNV Guarantee Statement

2014 Sustainability Report from the Sociedade Beneficiente Israelita Brasileira Albert Einstein – Printed version in Portuguese

1. Context and responsibilities

For the second consecutive year, by request of the Sociedade Beneficiente Israelita Brasileira Albert Einstein ("Einstein"), DNV-GL carried out an independent verification of the Portuguese version of their 2014 Sustainability Report.

The Report is geared to its readers and stakeholders and refers to the sustainability performance of the company. The Einstein Management Board is responsible for all pieces of information and data provided in the 2014 Report, as well as for all of the processes involved in the collection, analysis and reporting of such information. DNV GL responsibility consists of verifying the quality of information and of the data provided in the 2014 Report, in accordance to the terms and scope set forth by the Einstein, additionally to the drafting of a statement guaranteeing such a verification. This guarantee statement is based on the assumption that the data and information are complete, sufficient and precise. DNV GL takes no responsibility whatsoever over any investment decision or decisions of any other nature carried out based on this guarantee statement.

2. Independence

DNV GL was not involved in the drafting of any of the information contained in the 2014 Report, besides this guarantee statement. DNV GL furthermore declares its independence regarding any favoritism or patronage, influences or conflicts of interest associated to Einstein or its stakeholders. DNV GL did not provide any services to Einstein during 2014 that could compromise its Independence and impartiality in the conclusions.

3. Scope and limitation of the verification

The verification encompassed the entire information referring to the period between January 1st to December 31st, 2014, and consisted in a moderate level of verification. The main objectives were to assess and ensure:

- the process to define the content, focus and limitations of the report;
- the processes for the collection and clustering of sustainability data;
- the processes adopted for the definition of materiality, inclusion, and to respond to the stakeholders expectations;
- the policies, strategies and sustainability performance;
- reliability of specific information regarding sustainability performance. This includes data referring to the verification through the sampling of some human resources, environmental, occupational health and safety, Social Responsibility and Patient Safety indicators.

This verification was designed to evaluate and guarantee the information and the data referring to the performance management of Einstein contained in the 2014 Report. The work done by DNV GL did not have the goal of evaluating efficacy or efficiency of the management processes adopted, nor the quality of sustainability performance, both about Einstein as that of any of the other third parties mentioned in the Report. This opinion does not cover data that refers to the greenhouse gas emissions (GEE) that should be verified by another third party. Another independent company carried out the evaluation of the economic data and information.

4. Verification approach and methodology

DNV GL is a leading provider of sustainability services, which includes verifying the sustainability reports. Our experts in environmental and social evaluation work in over 100 countries.

This verification was performed between February and March 2015, by the DNV GL professionals who hold the

qualifications and adequate experience, in accordance to the Verification Protocol for Sustainability Reports at DNV GL (VeriSustain). VeriSustain is based on broadly accepted principles and guidelines, which include AccountAbility AA1000 Assurance Standard (2008) and the Guidelines for the GRI Sustainability Reports.
Thus, the report was evaluated according to the following criteria: compliance to materiality principles, scope, balance, reliability, inclusion of stakeholders and level of response, in compliance to the DNV GL Protocol for Verification of Sustainability Reports and the Global Reporting Initiative Guidelines for Sustainability Reports (GRI version 4, 2013), for the option comprehensive report.

The verification work included the following activities:

- interviews with 15 directors, managers and administrators responsible for a variety of areas in the company, at the São Paulo administrative headquarters. The purpose of such interviews was to confirm the Einstein's commitment and priorities regarding sustainability:
- examination and review of documents, data and additional information made available to DNV GL;
- analysis of the evolution of the commitment, structures and resources dedicated to managing sustainability;
- analysis of the policies, procedures and performance reports relating to sustainability;
- evaluation of the processes for the collection, clustering, validation and reporting of sustainability data;
- analysis of internal and external communication on themes and performance regarding sustainability at Einstein.

5. Conclusions

In the opinion of DNV GL, the report is an adequate representation of the company, when it comes to the strategy and policies, the activities and sustainability performance of Einstein, in the period encompassed by said report.

6. Observations

Without hampering or any interference in our guarantee opinion, we verified the following good practices and opportunities for Einstein to further improve its adherence to the reporting principles and the communication of performance information. DNV GL assessed the compliance of the report to the following principles, in the scale of "good", "acceptable" and "needs improvement".

Materiality: Acceptable. In 2014, Einstein revised its materiality matrix with its major managers. The process demonstrated effective internal processes to define the significant material themes for operations. DNV GL recommends the Einstein to go in-depth in the materiality process in the next reporting cycle, involving the stakeholders.

Scope: Good. There is a definition of the scope and temporal and geographic coverage or breadth of the Report. There is an indication of the limitations in the report of indicators. The approach of material issues reflects economic, environmental and social impacts and allows evaluating the Einstein´s performance in 2014.

Inclusion of stakeholders and level of response: Acceptable. The engagement process effectively identifies the stakeholders´ expectations and involves representatives of the internal public and of seven categories of external stakeholders, including their publications. Einstein has different ways of interacting with its stakeholders. DNV GL recommends that the Einstein revise the process of inclusion of stakeholders in the next cycle.

Reliability: Acceptable. The reliability of the data is adequate; however, there is a diversity of sources of information. DNV GL recommends that Einstein continue to enhance and perfect the data collection processes in an integrated way, thus incrementing data reliability.

Balance: Acceptable. Einstein faces sustainability challenges in the sections "Health challenges" of the report, but needs to continue to enhance the balance between the information presented throughout the report.

Rodrigo Carlos Henrique	Raphael Leite	Ana Cristina Campos Marques
Project Manager	Verifier	Quality control

Det Norske Veritas, São Paulo, March 25, 2015.

This report was submitted to validation by the Global Reporting Initiative through the GRI Materiality Disclosure Service, which verifies whether the Standard Disclosures (indicators G4-17 to G4-27) were properly indicated in the GRI index and throughout the report. After this validation, this report received the Materiality Disclosures icon (see page 100), which formally confirms the quality of the work performed.

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Contact us at relatorio@einstein.br for any queries or suggestions about this report

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