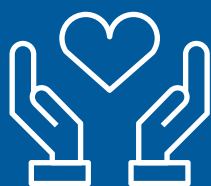


Sustainability Report 2017



ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA



MESSAGE FROM THE PRESIDENT	4	EXCELLENCE IN MANAGEMENT	68
PROFILE	6	Ethics	69
Einstein	7	Financial accountability	71
Governance structure	11	Supply chain	73
FUTURE VISION	14	Continuous improvement process	74
Strategic planning	15	Quality recognition	75
ASSISTANCE	18	PEOPLE	76
Integrated health system	19	Health and safety	77
Diagnostic medicine	29	Team alignment	81
Service compensation	31	ENVIRONMENTAL MATTERS	84
Public health system impact	32	Waste	85
Patient safety	38	Consumption of natural resources	88
Digital transformation	42	ABOUT THE REPORT	90
Oncology	46	Reporting process and relevance	90
EDUCATION AND TRAINING	48	GRI content summary	94
Healthcare education	49	Global pact	97
Knowledge sharing	53	ANNEXES	98
RESEARCH AND INNOVATION	56	BOARD OF DIRECTORS AND COUNCILS	102
Frontiers of knowledge	57	CREDITS	106
Preparing the future	60		
SOCIAL RESPONSIBILITY	62		
Volunteers department	63		
Community focus	66		
AMIGOH	67		

ALWAYS GOING FORWARD

A particularly challenging year, 2017 is a year on which we can look back and be proud of the important actions implemented throughout the year. On all fronts, Einstein obtained results that deserve to be celebrated.

The pillars of the Institute for Healthcare Improvement's (IHI) Triple Aim governance model are good indications of the way forward: improving the quality of care, lowering the per capita cost, and improving overall health. This is a journey that Einstein began years ago with a number of initiatives, such as de-hospitalization actions, the Patient Flow program and the strengthening of outpatient medical care, partnerships with the public sector, approach to patient care as a continuous experience, commitment to transparent decision-making, always based on the best medical and scientific evidence, as well as many other actions that shall be dealt with, in more depth, in the following pages. Here, I will stick to two of these accomplishments, since they symbolize our purpose of giving every citizen a drop of Einstein.

The first action is the *Parto Adequado* project (Suitable Childbirth Program), led by Einstein, IHI, the Ministry of Health and the National Regulatory Agency for Private Health and Plans (ANS), which managed to raise the rate of vaginal deliveries from 21% to 37% in the 35 participating hospitals. The effort to reduce unnecessary c-sections now advances to a broader universe of 150 hospitals.

The second action is *Clínica Cuidar* (Care Clinic), an outpatient network geared towards primary care, a seed we have been growing aiming at building population health management. These outpatient clinics work forging ties between physicians and patients, aiming at family based healthcare. Their purpose is providing care geared towards health and disease prevention, which helps to reduce the need for more complex and costly procedures in the future. The clinics are initially targeted at our employees, but the future holds a wider role for them. With these initiatives, we will provide care at all levels, making Einstein an even more comprehensive healthcare system, accessible to even more patients. Currently we already have two units in operation, and the network will keep on expanding in 2018.

Another highlight was the inception of a Digital Steering Plan, which guides the application of processing technologies, communication tools, integration and statistical analysis of large databases for the benefit of healthcare. In recent years, we have

taken important steps to explore the opportunities of this "new world" associated with the Big Data concept, with important results in quality, efficiency, effectiveness and safety in care practice.

Safety in care is the basis of all our work, and each year we seek to enhance practices and improve outcomes. In addition to healthcare benchmarks, we can also draw on experiences and concepts from other industries. One of these is the concept of *Organizações Altamente Confiáveis* - OAC (Highly Reliable Organizations). In the definition provided by the Agency for Healthcare Research and Quality (AHRQ), this means operating in a complex and high risk field, for long periods of time, without major accidents or catastrophic failures.

In 2018, we started preparing to become a Highly Reliable Organization (OAC). This ambitious plan is supported by risk identification actions, reinforcement to control systems and continuous learning. Incorporating these elements into our organizational culture demands changes. And it requires that everyone - leaders, doctors, employees and patients - embark on this journey. This is an experience that will fly us further and further into the horizons of safety and excellence.

In the research area, we recorded important gains in quality and volume of our scientific knowledge production. The total number of scientific articles published by our researchers increased over 30% and the total number of Einstein publications cited by other researchers has almost doubled.

In terms of training and educational activities, we achieved an even greater level of quality and comprehensiveness. The total number of students serviced by the various courses increased by 13.6% and the number of participants in the scientific events we promoted, by 15.7%. Also noteworthy are the achievements of the Nursing undergraduate course, which students obtained the maximum grade at the National Student Performance Exam (Enade); the promotion of the first Nursing School class to their second period at Nursing School, the increased number of vacancies offered by the Nursing School; and the starting of the third and fourth classes of Medical School, a course that is different from others due to the teaching method we have elected, and the ambition to train leading doctors.

As part of our commitment to the public health system, we have completed another three-year

MESSAGE FROM THE PRESIDENT

period of participation in the Support Program for the Institutional Development Program of the Unified Health System (PROADI-SUS). Within the 2015-2017 period, we developed 25 projects, with a total investment of R\$ 773 million. Accurate activity reporting and internal and external activity audits ensure the transparency of the program. Furthermore, in conjunction with other participating hospitals and the Ministry of Health, we are committed to implementing process improvement opportunities and in aligning with improvement recommendations set by the *Tribunal de Contas da União* (Federal Accounting Court).

As it happens every cycle, by the end of 2017 we submitted the projects to be carried out in the next three year period, 2018-2020, to the Ministry of Health, project that will require an investment of R\$ 970 million. The Ministry sanctioned several of them, but in some cases it has set a time limit for their continued execution. This is the case of the Paraisópolis Outpatient Healthcare Center (AMA) and of the Vila Santa Catarina Municipal Hospital - Dr. Gilson de Cássia Marques de Carvalho (HMOVSC), which, by decision of the Ministry, are no longer exclusively funded by PROADI. We are already negotiating with the Municipal Health Department of São Paulo to find the best way to ensure continuity of care and the means to carry out the transition.

In a successful partnership with that Secretaria, we continue to take Einstein's quality forward through the management and operation of 23 Unified Health System (SUS) units. There are two hospitals, one the HMOVSC, 13 Basic Health Units (UBS), three Outpatient Healthcare Center (AMA), three Psychosocial Care Centers (CAPS), one Emergency Care Unit (UPA) and one Therapeutic Residence Service (SRT).

It is important to emphasize the value of the work carried out by the Volunteers Department and the Friends of Oncology and Hematology (AMIGOH) organization. The former collaborates to humanize healthcare and broaden the reach of our social responsibility activities. In 2017, there were over 399 thousand appointments and consultations, and R\$ 2 million were invested in actions to benefit the communities. AMIGOH funds, through donations, social organizations and public institution projects focusing on research, services and education in oncology. The third notice, published in the end of 2016, foresees investments of R\$ 2.2 million, by 2019, in the areas of bone marrow transplantation, oncopediatrics, breast cancer and cervical cancer.

In conclusion, I would like to highlight an achievement that very concretely reflects our commitment to innovation. That achievement is Eretz.bio, a health startup incubator, with capacity to physically receive up to 15 embryonic companies and another 15 in a virtual environment. The new structure works in a 800 square meters area. It's chosen name carries special symbolism. Eretz, in Hebrew, means "promised land". May it be a breeding ground for a new era of advancement.

Enjoy your reading!

Sidney Klajner

President of Sociedade
Beneficente Israelita
Brasileira Albert Einstein



ON ALL FRONTS, EINSTEIN OBTAINED RESULTS THAT DESERVE TO BE CELEBRATED. IT HAS ALSO ADVANCED WITH DETERMINATION TO FACE THE CHALLENGES INHERENT TO THE HEALTH INDUSTRY, PRESSURED BY THE IMBALANCES IN BRAZIL AND WORLDWIDE.



EINSTEIN WAS FOUNDED IN 1955 AND STANDS-OUT DUE TO ITS EXCELLENCE IN HEALTH, BOTH IN THE PRIVATE SECTOR AND IN THE PROVIDING OF SERVICES TO THE UNIFIED HEALTH SYSTEM (SUS). FOUR PILLARS GUIDE AND SUPPORT OUR WORK: CARE, EDUCATION AND TRAINING, RESEARCH AND INNOVATION AND SOCIAL RESPONSIBILITY.



EINSTEIN

The Sociedade Beneficente Israelita Brasileira Albert Einstein - (SBIBAE) is a non-profit, public-interest organization. Its history spans over 60 years and covers the health care, education and training, research and innovation and social responsibility areas (*see image on page 10*). It is comprised of a team of 13,2 thousand employees, 9,415 doctors and is based in São Paulo.

SBIBAE has been awarded a CEBAS Certificate (Beneficent Society for Social Assistance) and is qualified as a Social Health Organization to act providing care and services under the Unified Health System (SUS).

Its commitment to the broad development of health care translates into the search for improvement opportunities, and the building of new work models fine-tuned to the challenges of the sector. Einstein is part of domestic and international discussion forums and actively participates in joint initiatives with government, regulators, hospitals, health insurance carriers and industry entities. Some examples of this participation:

- Strategic discussions via industry entities, such as the Brazilian Association of Diagnostic Medicine (Abramed), the National Association of Private Hospitals (Anahp) and the Health Institute Coalition (ICOS);
- Coordination of collaborative projects with the Ministry of Health and public and private hospitals, such as the Suitable Childbirth Program (*Parto Adequado* project), Reduction of Maternal Mortality and Patient Safety (*see page 32*);
- Technical-scientific cooperation with the National Regulatory Agency for Private Health Insurance and Plans (ANS) for the development, in the private sector, of the Suitable Childbirth Program, Primary Care and Patient Safety projects (*see page 20*);
- Strategic partnership with the Institute for Healthcare Improvement (IHI) (*see page 20*); and
- Participation in the Healthy Hospitals Project from American organization Health Care Without Harm (HCWH).

LEARN MORE

CEBAS: the certification is granted by the Ministry of Health to private legal entities, non-profit, recognized as Beneficent Entities for Social Assistance for the provision of services in the health segment. The granting of the certificate acknowledges and grants tax exemption and social contributions waiving to the organization and allows the entering into agreements with the public sector, among others things. To be tax exempt, the non-profit organization must abide by article 157 of the National Tax Code (CTN).

YEAR HIGHLIGHTS

SUPPLEMENTARY HEALTH CARE



8 OWN
UNITS



55,491
DISCHARGES¹



9,415
physicians
COMPRISING
THE CLINICAL
STAFF



5,356,720
lab and image tests
PERFORMED

32,433
SURGICAL PATIENTS
(WITHOUT C-SECTIONS)



4,501
DELIVERIES



EDUCATION AND TRAINING

HEALTHCARE EDUCATION

8 teaching
units



IN SÃO PAULO (SP), RIO
DE JANEIRO (RJ) AND
BELO HORIZONTE (MG)

24,461
students



14,532
participants
IN SCIENTIFIC EVENTS

Student
Satisfaction: **9.2**
(SCALE FROM 0 TO 10)



CONSULTING



24
consulting
projects
FOR HEALTH
INSTITUTIONS

RESEARCH AND INNOVATION

RESEARCH

R\$ 32.4
million
INVESTED



717
papers
PUBLISHED
IN INDEXED
JOURNALS

494
PUBLISHED IN
JOURNALS WITH
impact factor
above 1².

746
projects³



2,606
citations of
EINSTEIN RESEARCHER PAPERS
(average of 2.07 citations, well above
the national average of 0.764⁴)



INNOVATION



Eretz.bio
STARTUPS
INCUBATOR



**Innovation
Lab**



**Center for
Technological
Innovation**

PUBLIC HEALTH ASSISTANCE

UNIFIED HEALTH SYSTEM (SUS)

MANAGEMENT AND
OPERATION OF
23 Unified Health
System (SUS)
units



13 BASIC HEALTH
UNITS (UBS)

3 OUTPATIENT HEALTHCARE
CENTERS (AMA)

3 PSYCHOSOCIAL CARE
CENTERS (CAPS)

1 EMERGENCY CARE
UNIT (UPA)

1 THERAPEUTIC RESIDENCE
SERVICE (SRT)

Dr. Moysés Deutsch
MUNICIPAL HOSPITAL -
M'BOI MIRIM⁵

Vila Santa Catarina
MUNICIPAL HOSPITAL -
DR. GILSON DE CÁSSIA
MARQUES DE CARVALHO

2,707,364
lab and image tests
PERFORMED⁶



INVESTMENT



R\$ 243.1 million

IN PUBLIC RESOURCES INVESTED⁷ UNDER THE
INSTITUTIONAL DEVELOPMENT PROGRAM OF THE
UNIFIED HEALTH SYSTEM (PROADI-SUS)



R\$ 183.3 million

IN PUBLIC RESOURCES PERFORMED⁸ BY PUBLIC
PARTNERSHIPS

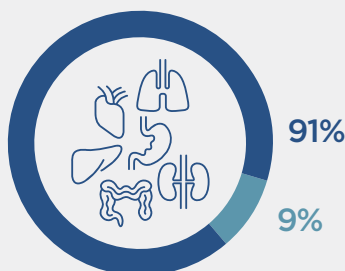


R\$ 54.0 million

OF OWN RESOURCES⁹ INVESTED IN THE COMMUNITY

ORGAN TRANSPLANTS (2017)

Total: 194 transplants



● Through SUS
● Private

VOLUNTEERS DEPARTMENT



533

VOLUNTEERS



399,259

SERVICES PROVIDED



ALMOST

R\$ 2 million

INVESTED IN INITIATIVES FOR THE
BENEFIT OF THE COMMUNITY

¹ It considers the Morumbi and Perdizes units, including Day Clinic services. It is the patient's release from the hospitalization unit by discharge (cured, improved or unaltered), evasion, withdrawal from treatment, internal transfer, external transfer or death.

² The average number of times the content published by a journal was cited in papers or scientific articles. The formula goes: total citations received in a year divided by the total number of papers published by the journal in the previous two years.

³ Sum of all projects initiated in previous years, which are under development, and were started and completed in 2017.

⁴ According to the publication Research in Brazil, prepared by Clarivate Analytics under commission of the Coordination for the Improvement of Higher Education Personnel (CAPES). The formula considers the average from 2011 to 2016.

⁵ Management in partnership with the Center for Studies and Research Dr. João Amorim (CEJAM).

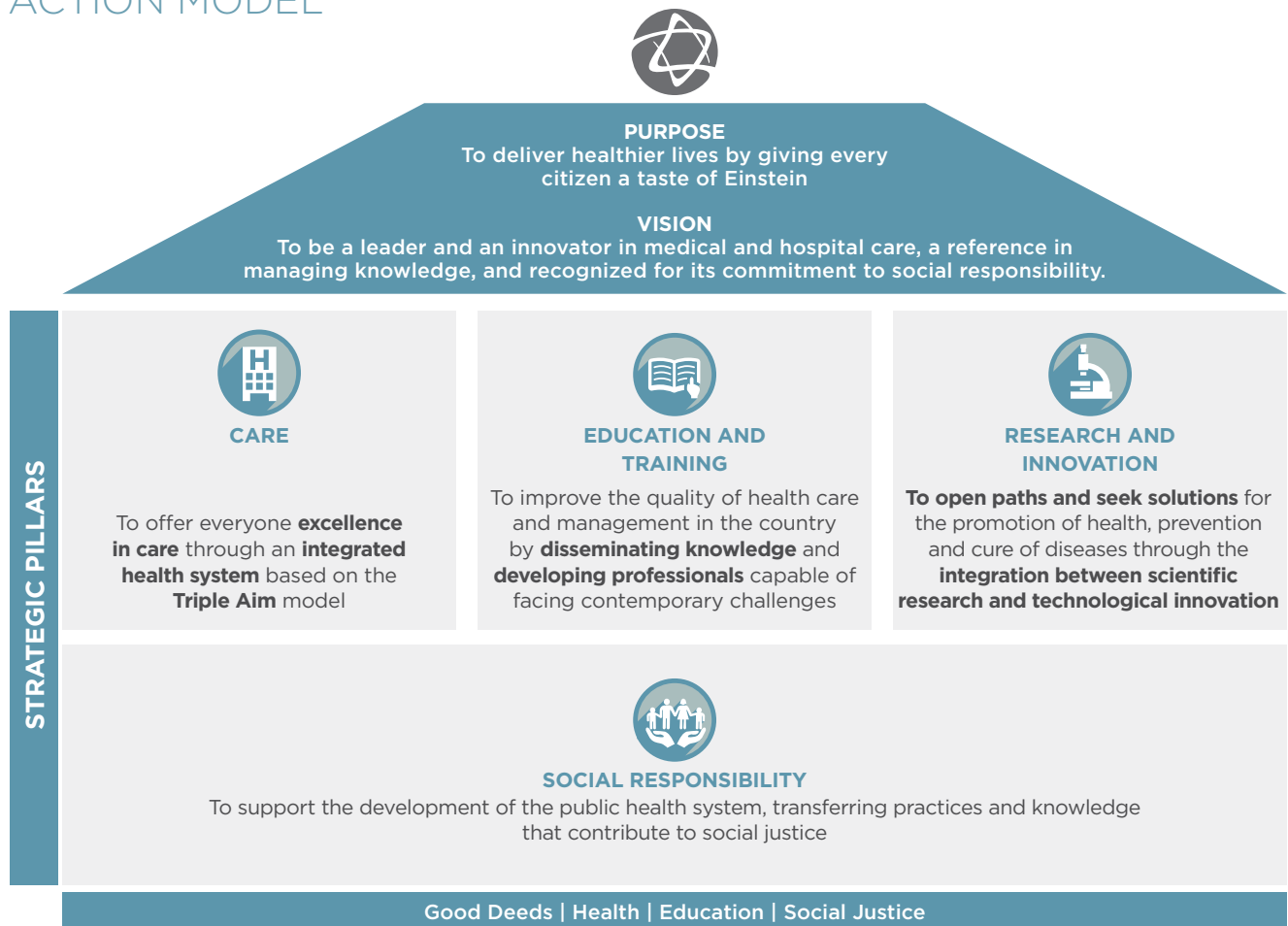
⁶ Includes: M'Boi Mirim Municipal Hospital, Vila Santa Catarina Municipal Hospital, Mogi das Cruzes Municipal Hospital, AMAs and UBSs.

⁷ Counterparts.

⁸ Reports to the São Paulo City Administration.

⁹ Expenditures with the Einstein in the Jewish Community Program, with Residencial Israelita Albert Einstein and with donations to welfare institutions.

ACTION MODEL



Einstein's History

SBIBAE's inception resulted from the commitment of the Jewish community to offer Brazil a quality reference in the hospital segment. With resources from donations and the dedicated, volunteer work of a group of people, SBIBAE started operating in the 1960s, with some health care departments and a volunteer team. In 1971, Hospital Israelita Albert Einstein opened its doors.

From the outset, the project involved more than building a hospital. The future vision of a health system integrated to social responsibility actions, teaching and research guided the path in the following years, and today turned Einstein into one of the most important healthcare organizations in Latin America.



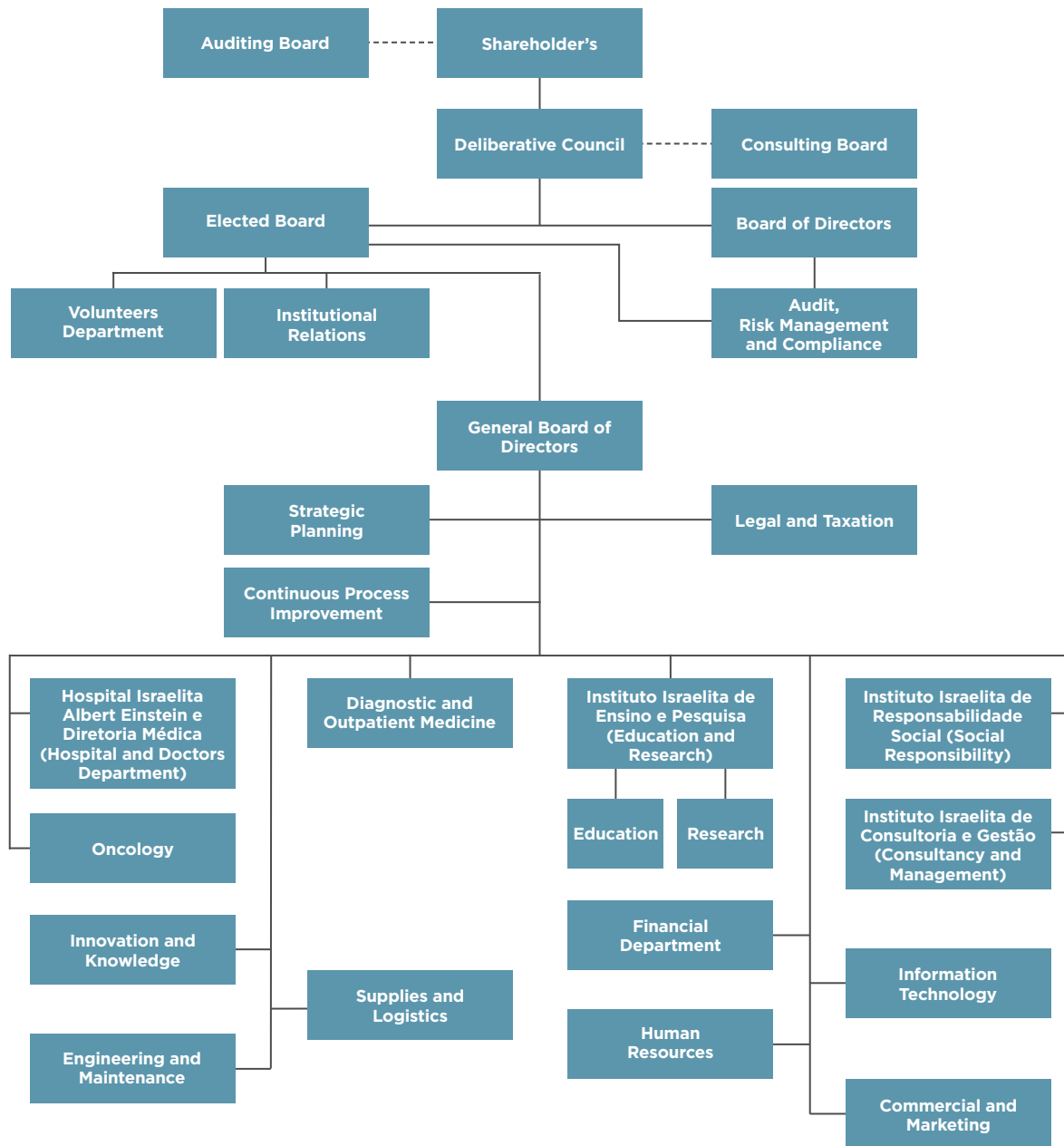
GOVERNANCE STRUCTURE

Einstein is a public-interest organization recognized as such by the three levels of public administration and certified as a charitable social assistance institution. The highest decision-making body is the Shareholder's Meeting, comprised of about 500 members. Three other forums are part of the governance strategic scope: the Deliberative Council, with 180 members, the Board of Directors - similar to any other Board of Directors - and the Elected Board, both with nine members each.

All members of this structure are associates and volunteers, among them physicians with intense activity at Einstein, intellectuals and professionals from various industry sectors and economic segments in the country. They serve elective terms of no longer than six years. The duties they hold when elected are exercised pro bono (voluntary work) and do not involve the exercise of day-to-day management activities for the Institution.

The relationships between the management bodies are set by the Bylaws, prepared and approved pursuant to the legislation in force. The Board of Directors is responsible for approving the strategy and supervising the activities; the Elected Board proposes and participates in the execution of the approved strategy. Several committees support decision making on specific topics such as Personnel; Finance; Training and Education; Digital; Social Responsibility and Sustainability; Quality, Care and IT; Research and Innovation; Governance Auditing; Conflicts of Interest and Compensation.

The General Board of Directors is responsible for executive matters, and reports to the President of the Elected Board, relying on the performance of 15 Director Departments, comprised of paid professionals.



MISSION

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



VISION

To be a leader and an innovator in medical and hospital care, a reference in managing knowledge, and recognized for its commitment to social responsibility



PURPOSE

To deliver healthier lives by giving every citizen a taste of Einstein



Elected Board

From left to right: Claudio Mifano, Nelson Wolosker, Sergio Podgaec, Eduardo Zlotnik, Sidney Klajner, Marcos Knobel, Víctor Nudelman Gilberto Meiches and Marcelo Perlman.



Board of Directors

From left to right: Claudio Schvartsman, Nelson Hamerschlag, Oscar Pavão dos Santos, Mario Fleck, Claudio Luiz Lottenberg, Claudia Politanski, Bernardo Parnes, Moises Cohen, Israel Vainboim, Dominique Einhorn and Luis Fernando Aranha.



PRECEPTS

- *Mitzvá* (Good Deeds)
- *Refuá* (Health)
- *Chinuch* (Education)
- *Tsedaká* (Social Justice)



ORGANIZATIONAL VALUES

- | | |
|----------------|-------------|
| • Diligence | • Team work |
| • Honesty | • Autonomy |
| • Competence | • Fairness |
| • Integrity | • Altruism |
| • Truthfulness | |



IN THE PATH TOWARDS THE FUTURE, EINSTEIN IS BEING GUIDED BY A LONG-TERM STRATEGIC PLAN DETAILED IN A FIVE-YEAR CYCLE AND REVIEWED ANNUALLY ON THE BASIS OF THE TRENDS, RISKS AND OPPORTUNITIES IDENTIFIED.



STRATEGIC PLANNING

How does an organization that has a 60 year history and a tradition of excellence plan its actions for the next 60 years? How to continuously improve quality, safety and efficiency standards? At Einstein, the answer to these challenges is strong strategic planning, guided by the long-term vision and taking into account the main trends, challenges and opportunities of the health sector.

Anchored on innovation, knowledge and technology, Einstein tries to anticipate the healthcare demands of the new healthcare consumer. Patients who seek agility, convenience, information, and to have their demands attended to, without being in a physical care environment.

With technological advances, it is now possible to do remote medical follow-ups and this is a trend that will grow in the future, with positive results for the patient, professionals and the entire health system. Einstein Telemedicine has been growing every year, and is expected to reach 100,000 care session in 2018.

Mobile apps such as *Meu Einstein*, which allows patients to schedule and check labs, check-in for appointments and other remote interactions, will gain new features. Watches, bracelets and other devices will become tools for gathering and transmitting data about people's health.

The dissemination of the use of technological tools in health care will lead to the emergence and consolidation of new medical approaches, such as lifestyle medicine that assesses the patient's habits and life history. Monitoring data through a computerized system will help treat diseases such as diabetes and hypertension.

Einstein never stops

To guide its steps in this evolving scenario, Einstein defined six strategic drivers. Learn more about each of them next.

Meet patient demands for convenience, digitization, information and agility

Expand virtual access; strengthen Telemedicine; computerize internal processes; use information technology to improve communication between doctor, patient and care team; deepen the use of data on patient's health; create new applications for virtual interactions, and reduce bureaucracy and waiting time.

Offer products and services that, from their conception, are focused on the value model and quality medicine at lower costs

Develop compensation models for services and products based on value, and that reduce costs and ensure effectiveness. The value should consider the total care cycle, the medical compensation linked to effectiveness and satisfaction with the treatment. The new models seek frequently updated and evaluated protocols to eliminate unnecessary practices and costs and ensure better results, particularly from a patient's point of view.

Develop population management models to ensure the promotion and continuous monitoring of individuals' health

Use information systems and Big Data to monitor and identify opportunities to improve quality of care and reduce costs. There are already several initiatives in progress, such as the employee's health care performed in outpatient clinics, the *Parto Adequado* project (Suitable Childbirth) and the actions for health management of specific groups services through the Unified Health System (SUS) units managed by Einstein. *(For more information, see page 23)*

Educating the population about health

With a focus on prevention, health education aims to raise awareness of more or less homogeneous groups to the importance of having healthy habits, such as physical exercise and a balanced diet, and the risks of smoking and alcohol and drug consumption. Current actions are directed at students of the São Paulo City Public Schools Network, employees, beneficiaries of the Einstein Program for the Jewish Community (PECJ) and patients who access the portal, the Superação Einstein project and Google searches.

Investing in genomics and cell therapy

Einstein has been expanding its activities in these areas, with consistent investments and the development of partnerships. In 2017, it expanded the scope of the cooperation agreement it had already entered into with Genomika Diagnostics laboratory since 2015. The two institutions started to act more strongly in the dissemination of the clinical application of genetic sequencing exams throughout Brazil. Expectations are in the sense of expanding the portfolio of tests to over 500 genetic tests for various medical specialties such as oncology, neurology, hematology and rare diseases.

The Genomika-Einstein lab is equipped with state-of-the-art sequencing platforms and a team who is highly specialized in data performance and interpretation.



Adopt informational bases to create an institution that intelligently generates and processes data throughout its internal and external relationship chain

This area is critical for the expansion and enhancement of Einstein's activities. The new healthcare scenario will require the recruitment and development of professionals with new skills, and investments in storage capacity and data analysis. The goal is to create a culture of data analysis and data use for a more complex decision making. Partnerships are being established with technology providers, public health institutions and startups working with Big Data.



THE LONG TERM VISION
AND COMMITMENT TO
THE PATIENT GUIDE THE
DIFFERENT PROJECTS NOW
IN PROGRESS AND PREPARE
EINSTEIN FOR THE FUTURE.





EINSTEIN PRACTICES MEDICINE BASED ON SCIENTIFIC EVIDENCE. IT PERFORMS IN THE SUPPLEMENTARY HEALTH SECTOR AND TRANSFERS KNOWLEDGE AND PRACTICES TO THE PUBLIC HEALTH SYSTEM. THE THREE DIMENSIONS OF THE TRIPLE AIM GOVERNANCE GUIDE THE WORK.



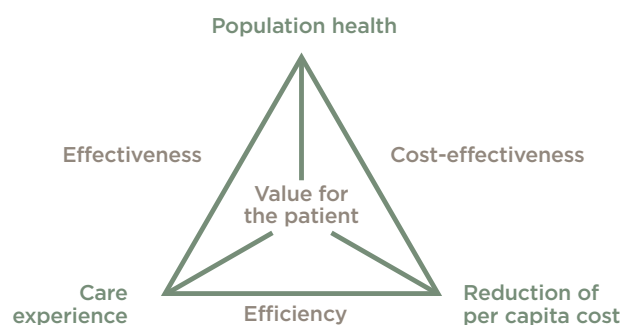
INTEGRATED HEALTH SYSTEM

Einstein encompasses different units that deliver quality services and perform evidence-based medicine on all health segments - promotion, prevention, diagnostics, treatment and rehabilitation. Einstein offers a decentralized and hierarchical structure of care, adjusted to the different needs of patients, based on integrated action, which includes primary care, clinics, diagnostic medicine, emergency care, outpatient care and in-hospital care. (See *image on page 24*)

The different structures that comprise Einstein are connected by the Triple Aim governance model, which works the following dimensions:

- **Care experience:** improving the patient experience by providing safe, effective and reliable care to each patient at all times;
- **Reduction of the per capita cost of health services:** continuous improvement and application of scientific knowledge to eliminate waste and futility and to apply resources more efficiently and effectively; and
- **Population approach:** stagger learning and results for larger portions of the population, adjusting the services to the singularities of the different groups.

TRIPLE AIM GOVERNANCE MODEL



Triple Aim was created by the Institute for Healthcare Improvement (IHI), a nonprofit organization that is a world reference in safety and quality, and was adopted more systematically by Einstein in 2014. Since then, it has consolidated its role as a strategic decision-making tool at all levels, and influences the main movements seeking improvement and development opportunities, such as the work developed by the Medical Assistance Groups (see page 28) and the actions of the Einstein Operational Excellence Program (see page 74).

Einstein's strategic partnership with IHI has been evolving every year. Since 2016, Einstein has been responsible for the Latin American Quality and Safety in Healthcare Forum, which is part of the IHI global agenda for the dissemination of the Triple Aim governance model. *(For information on the 2017 edition of the Forum, see page 41).*

EINSTEIN OPERATIONAL EXCELLENCE PROGRAM (2008-2017)¹



MEDICAL ASSISTANCE GROUPS (2017)²



ANNUAL QUALITY EXHIBITION (2017)³



- Care experience
- Population approach
- Reduction of per capita cost

¹ Considers Triple Aim projects in the period, representing 50% of the total (792) projects for the Program.

² Considers 45 projects completed in 2017. By 2018, another 65 are scheduled.

³ Internal event that recognizes the initiatives of the different areas.



SUITABLE CHILDBIRTH PROGRAM (PARTO ADEQUADO project)

An initiative that exemplifies the application of the Triple Aim model is the *Parto Adequado* project (Suitable Childbirth) which, over a period of 18 months, managed to raise the average rate of vaginal deliveries in the participating hospital group by 16 percentage points (from 21% to 37%). Led by Einstein, IHI, the Ministry of Health and the National Regulatory Agency for Private Health Insurance and Plans (ANS), the work involved 35 hospitals (31 private and 4 public hospitals) and 34 health care carriers.

In addition to reducing unnecessary cesarean sections, the program also promoted the improvement of health and safety indicators: there was a decrease in complication rates due to delivery and the need for hospitalization in the neonatal intensive care unit.

The positive results motivated the expansion of the initiative, in March 2017, to a total of 150 hospitals and 65 health care carriers. The integrated approach of the cultural, infrastructure and, above all, reorganization of care to pregnant women, which was the basis for the project, is being analyzed by the World Health Organization (WHO) for replication in other countries.



Joint effort

The collaborative model adopted for the *Parto Adequado* project (Suitable Childbirth) is used in other projects.

Within the scope of the Support Program for the Institutional Development Program of the Unified Health System (PROADI-SUS), Einstein is part of the project **Improving Patient Safety on a Large Scale in Brazil**. The initiative is supported by the Institute for Healthcare Improvement (IHI), the Ministry of Health and other hospitals and will be developed over three years (2018 to 2020). The goal is to train healthcare professionals to half the number of healthcare-related infections in a universe comprised of 120 ICUs in public hospitals. Along with the other hospitals, Einstein will be responsible for guiding 24 of the 120 hospitals in the implementation of measures to reduce infections through learning sessions and coaching in the science of improvement. Furthermore, it coordinates the project at the national level, ensuring the provision of resources, decision-making and effective communication with governance structures - IHI, hospitals participating in PROADI-SUS, Ministry of Health and Health Care Secretariat.

In another project, **Maternal Mortality Reduction**, conducted with IHI and Merck Sharp & Dohme (MSD) at Agamenon Magalhães Hospital, in Recife, the goal is to reduce deaths by 30% by 2018. The work has the participation of the State and Municipal Health Secretariats and foresees about 40 improvement actions (see box on page 22), which are being developed as a pilot program for future replication in other hospitals.

In 2017, the focus was on the assessment of the critical points and the qualification of the teams. Nearly 90 hospital leaders participated in the training on quality and patient safety, and 215 physicians and nurses were trained in obstetric emergencies at the Einstein Realistic Simulation Center.

LEARN MORE

Support Program for the Institutional Development Program for the Unified Health System (PROADI-SUS): Its main objective is to collaborate with the strengthening of the Unified Health System (SUS) through projects developed by non-profit excellence hospitals thus recognized by the Ministry of Health.



REDUCTION OF MATERNAL MORTALITY – EXAMPLE OF ACTIONS

- Assessment of healthcare services scenario and basic care
- Mapping processes and opportunities for improvement
- Review and drafting of protocols focusing on the singularities and limitations of the public system
- Design of a per capita cost analysis model
- Definition of work groups according to specific knowledge to perform in the project
- Definition of monitoring indicators, including outcomes
- Consulting Visits



Its main objective is to **collaborate with the strengthening** of the Unified Health System (SUS) through projects developed by non-profit excellence hospitals thus recognized by the Ministry of Health.

- **Parto Adequado project (Suitable Childbirth Program):** expand the universe of participating public hospitals by 100% (from 25 to 50) and carry out the National Campaign for Adequate Childbirth;
- **Primary Health Care:** redesign of the primary health care network in the supplementary health sector;
- **Patient Safety:** conduct, in private hospitals, a mirror action project aimed at reducing infection related to health care in public hospitals.

Cooperation projects are aligned with Triple Aim's goals: to improve the health of individuals and populations, to improve the experience of care, and to increase the efficiency of health care. They will be developed based on the Improvement Model methodology, which identifies good practices and seeks to potentiate their results with structured expansion and replication plans.

LEARN MORE

Infection related to healthcare are those acquired in care procedures or during hospitalization. The project will focus on three types: central venous catheter-related bloodstream infection, pneumonia associated with mechanical ventilation, and catheter-related urinary tract infection.

Population Approach

The focus on population health management is present in several Einstein projects. Get to know some of them.

MANAGEMENT OF VULNERABLE POPULATIONS

Creation of the **donation/voluntary adoption flow for newborns** at the Dr. Moysés Deutsch Municipal Hospital - M'Boi Mirim. It is applied in cases where the mother manifests, immediately after giving birth, the desire to donate the newborn, and includes the confirmation of the biological mother's wishes, psychological evaluation, notification to government agencies, separation of the baby in the Intermediate Care Unit and hospital discharge from the biological mother with support for follow-up of the donation/adoption processes.

Result: adoption of the newborn and hospital discharge with the adoptive parents in only 12 days, avoiding the child's inclusion in the system. In Brazil, the adoption process takes months and even years for completion, despite the waiting line in the National Adoption Registry (CNA), that includes families that are already qualified. In the M'Boi Mirim Municipal Hospital, the number of institutionalized newborns (those who are referred to Shelter Units or foster care) from the processes conducted in the hospital is 1.24/1000 live births. There is no reference data in Brazil to carry out the comparison.

Creation of a **group of physical and cognitive stimulation** for patients diagnosed with early-stage dementia.

Results: early identification and treatment of patients with early-stage dementia syndrome.

HIGH RISK POPULATION MANAGEMENT

Creation of **protocol and standardization** of the practice for referral for carotid clearance (endarterectomy).

Result: reduction of 13% in the complications linked to the procedure, leading the number of related complications to zero.

MANAGEMENT OF LOW COMPLEXITY OUTPATIENT POPULATION

Optimization project of the medical care schedule aimed at the population assisted by the Basic Health Units (UBS) at Campo Limpo.

Results: 44 to 12 days (72%) reduction in the median time between the scheduling and the appointment and increase from 519,792 to 566,884 appointments in the year (9% growth) without the need to expand the team.

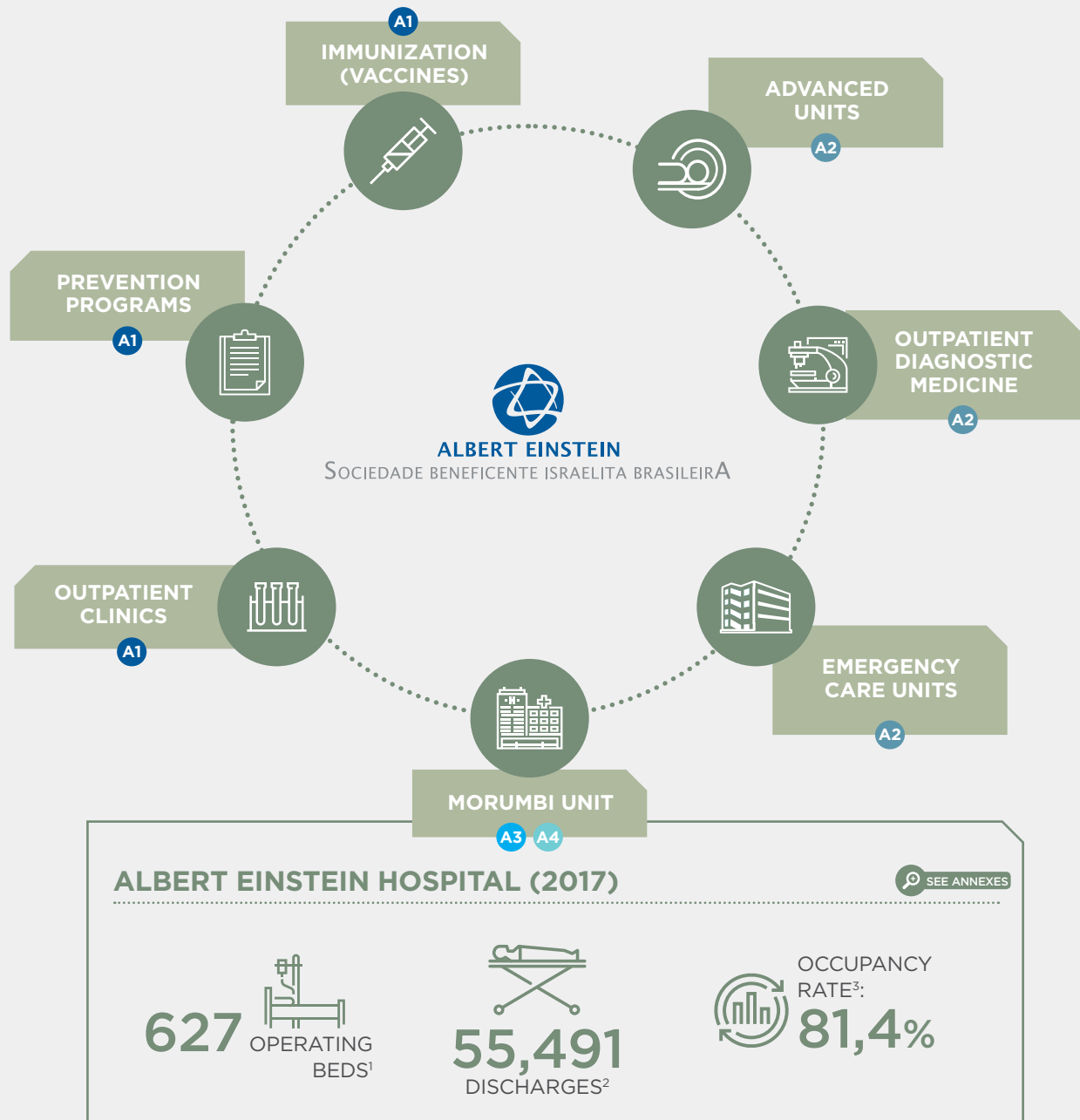
MANAGEMENT OF LOW-RISK OUTPATIENT POPULATION

Project to **reduce the length of stay** of patients in the Emergency Care Unit (UPA) Campo Limpo.

Outcome: reduction of 37% of the total stay time of low complexity patients at the Emergency Care Unit (UPA) (from 2h50 to 1h45).



SUPPLEMENTARY HEALTH SYSTEM



A1 Primary care: promotion of self-care, appointments and examinations.

A2 Secondary care: specialized or medium-complexity care, urgency and emergency services.

A3 Tertiary care: hospital care and high complexity procedures.

A4 Quaternary care: A4 services specific to tissue and organ transplants.

¹ These are the beds in use and the beds that can be used at the time of the census, even if they are unoccupied.

² Considers the Morumbi and Perdizes units, including Day Clinic services. It is the patient's release from the hospitalization unit by discharge (cured, improved or unaltered), evasion, withdrawal from treatment, internal transfer, external transfer or death.

³ Relationship between the total number of inpatients at the end of each day and the total day-bed number.



Excellence in care

In order to promote the patient's best experience, Einstein actively manages nine aspects of care:

- Employee engagement;
- Education and training of employees;
- Patient engagement;
- Patient safety and transparency;
- Outcomes;
- Patient flow and operational efficiency;
- Environment;
- Person-centered care; and
- Patient's vision and metrics.

EFFICIENCY

The Patient Flow program (Fluxo do Paciente), created in 2010, systematically seeks efficiency opportunities in the admission, hospitalization and discharge patient processes. In 2017, average length of stay fell by 3.1% compared to 2016 and 17% since 2010. The reduction in the average length of stay over the last seven years has resulted in an increase of approximately 117 "virtual beds", allowing an increase in the capacity of hospitalizations, without the need to expand the number of physical beds.

PATIENT SATISFACTION SURVEY	SATISFACTION ¹		REFERRAL ²	
	2016	2017	2016	2017
Emergency care	85,0%	86,9%	NP	NP
Hospital admission	94,0%	90,7%	NP	NP
Diagnostic medicine	95,0%	94,0%	95,0%	95,7%
Doctors' offices	93,0%	92,9%	NP	NP
Check-up	93,0%	91,2%	93,0%	92,9%
Oncology	100,0%	98,8%	NP	NP
Neurology	100,0%	98,0%	100,0%	100,0%

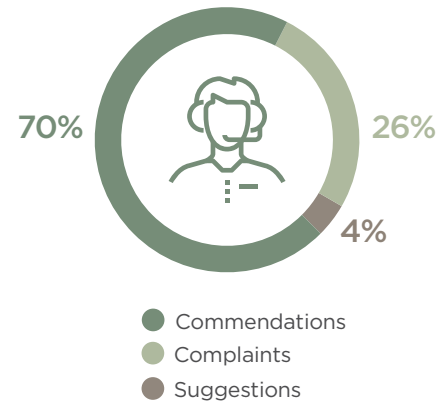
¹ Patients who are very satisfied or satisfied with Einstein's services.

² Patients who definitely did or would probably recommend Einstein's services to others.

NP: information not surveyed.



CUSTOMER SERVICE CONTACTS (2017)



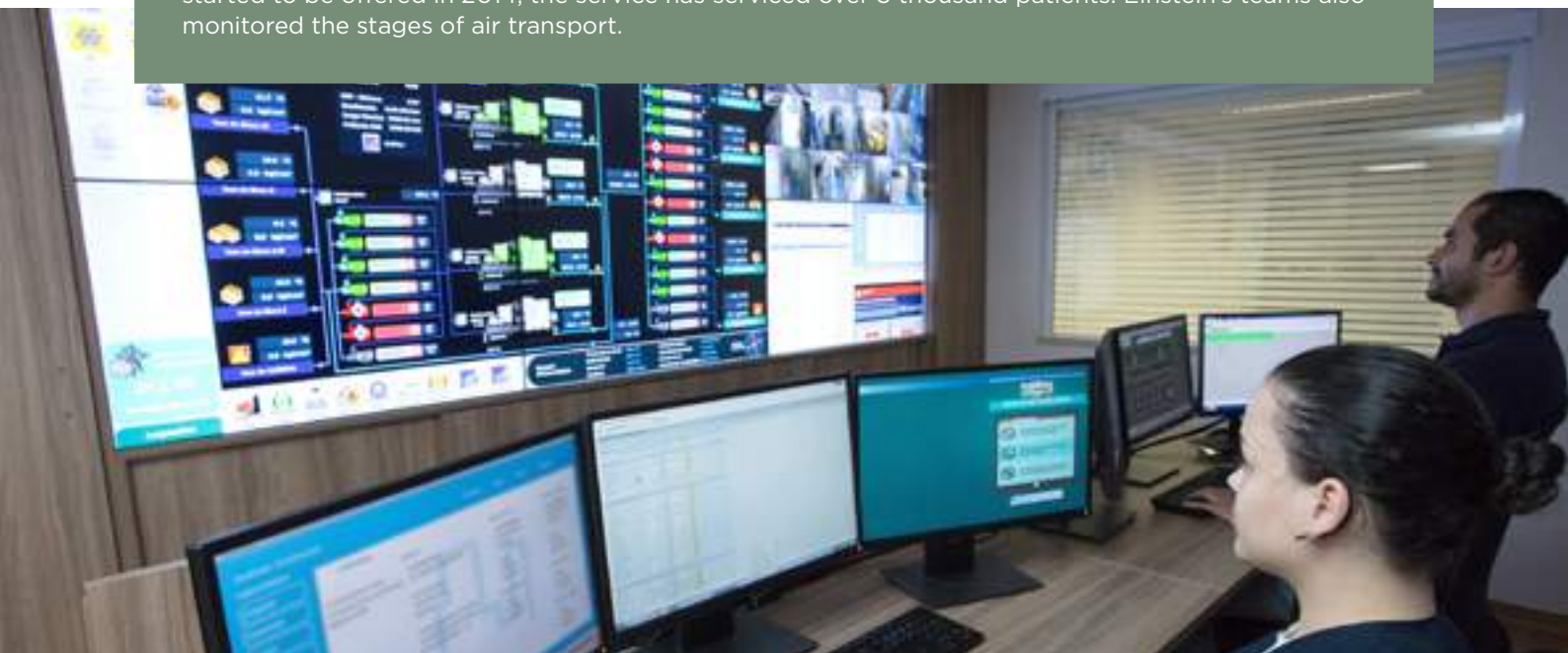
CONTACTS/TOTAL PATIENT SERVICES ¹	2015	2016	2017
Commendations	1,0%	1,4%	1,3%
Complaints	0,5%	0,4%	0,5%
Suggestions	0,1%	0,1%	0,1%

¹ Each contact is considered a complete patient care.

END TO END

In addition to the safety and comfort provided by the service, integrated navigation planning is also reflected in agility: approximately 98% of the requests for medical examinations or services carried out until 12h are answered on the same day.

For patients outside of São Paulo and for high complexity procedures, Einstein offers a “navigation” service, which aims to make the flow through different stages of care more agile. From admission to post-discharge, patients rely on integrated planning and the support of a contact team. Since it started to be offered in 2014, the service has serviced over 5 thousand patients. Einstein’s teams also monitored the stages of air transport.





Telemedicine

Einstein's Telemedicine offers care in several specialties with a focus on health promotion programs and urgency and high complexity cases. With services earmarked for patients, hospitals, clinics, remote area activities and schools, Einstein operates 24 hours a day, 7 days a week, 365 days a year.

The service started in 2012 and has been growing every year. In 2017, there were 42,178 services provided, over six times greater than the number registered in 2016. (For more information, go to <https://www.einstein.br/empresas-hospitais/produtos-servicos/telemedicina>.)

THE AUDIO AND VIDEO COMMUNICATION TECHNOLOGY USED IN TELEMEDICINE WAS EXTENDED TO HOME CARE AND REHABILITATION SERVICES.

KNOW SOME OF THE SERVICES OFFERED

PATIENTS

- Diet Reeducation Program
- Einstein Cares for Diabetes
- Tele Baby Care
- Smoking cessation
- Specialized Opinion
- Tele Rehabilitation
- Tele Psychology
- Wellness Einstein
- Einstein Cares for Pediatrics
- Einstein Cares for Fetal Medicine
- Einstein in Motion

COMPANIES AND SCHOOLS

- Virtual Outpatient Clinic
- Urgency and Emergency Care
- Wellness Einstein
- Einstein in Motion
- Tele Rehabilitation
- Specialized Opinion
- Einstein Cares for Diabetes
- Diet Reeducation Program
- Teledermatology

HOSPITALS AND CLINICS

- Urgency and Emergency Care
- Specialized Opinion
- Tele Oncology
- Daily Horizontal Rounds at the ICU
- Tele Neurology
- EMTN (Multiprofessional Nutrition Therapy Team)
- Tele image-diagnostics
- Tele Surgery
- Teledermatology

Clinical Staff Engagement

Einstein's Group medical staff is comprised of 9,415 physicians, who are key partners in the development of educational medical care activities for education and research. The different professionals are assessed - according to the pillars of quality, practice volume, social responsibility, teaching and research - and have their performance compared to that of their peers in the same specialty. The system is set to segment professionals into different categories for recognition purposes according to their merits.

In 2017, Einstein reinforced the relationship with doctors from other locations in Brazil and created the group of associate physicians, comprised of 106 professionals from 22 states.



EINSTEIN ANNUALLY MONITORS THE PERCEPTION OF THE CLINICAL STAFF ON THE STRUCTURE AND SERVICES PROVIDED.

CLINICAL STAFF PERCEPTION	SATISFACTION ¹		REFERRAL ²	
	2016 ³	2017	2016	2017
Hospital admission	98,0%	96,0%	98,0%	97,0%
Diagnostic medicine	96,0%	96,0%	98,0%	97,0%
Doctors' offices	95,0%	94,0%	NP	NP

¹ Physicians in the clinical staff who are very satisfied or satisfied with Einstein's services.

² Physicians in the clinical staff who would definitely or probably refer Einstein for their patients.

³ The presentation form for the 2016 data was reviewed for standardization of rounding.

NP: information not surveyed.



Medical Assistance Groups

The Medical Assistance Groups (GMA) are forums for discussion and building of knowledge and reflect the strong engagement of professionals with the quest for excellence. They bring together physicians and professionals from the multidisciplinary health care team, grouped according to related interests and health conditions. The model started to be adopted in 2013 and every year has contributed to the improvement of medical practice and care management.

By the end of 2017, Einstein had 30 active GMAs that brought together 940 physicians and 518 members of the multidisciplinary team, such as nurses, physiotherapists, psychologists, nutritionists and pharmacists. The groups participated in 237 meetings throughout the year and were responsible for the implementation of 45 projects.



DIAGNOSTIC MEDICINE

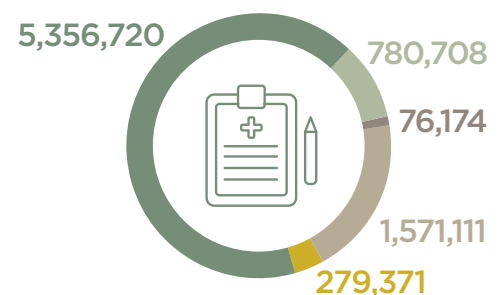
Diagnostic medicine has been growing every year. In 2017, it was responsible for conducting over 8 million lab and imaging tests.

The structure for conducting tests and studies will be expanded in 2018 with the opening of the new laboratory for clinical analysis and pathology. The space was designed to be state of the art in terms of technology, with a total investment of R\$ 42 million. The laboratory will be 4,500 square meters and will be fully automated, capable of processing up to six million tests per month.



TESTS PERFORMED¹ (2017)

Total: 8,064,084



- Supplementary and private health
- Dr. Moysés Deutsch Municipal Hospital - M'Boi Mirim
- Vila Santa Catarina Municipal Hospital - Dr. Gilson de Cássia Marques de Carvalho
- Mogi das Cruzes Municipal Hospital
- Other public services²

¹ Considers laboratory tests (7,104,124) and imaging studies (810,933).

² Performed through Outpatient Healthcare Centers (AMA) and Basic Health Unit (UBS).



CONVENIENCE

FROM 2016 TO 2017, THE DEMAND FOR HOUSEHOLD TESTING SERVICES HAS GROWN 32% AND TOTALED 10,6 THOUSAND PATIENT SERVICES. THE SERVICE MAY BE SCHEDULED VIA *MEU EINSTEIN* APPLICATION.



GENOMICS

Through its genomic laboratory, Einstein offers a broad portfolio of genetic sequencing tests and studies, comparable only to international reference centers. The tests have the potential to revolutionize diagnostic prevention and treatment of diseases through an increasingly personalized medicine, and have been applied especially in oncology, neurology, nephrology and cardiology and several rare diseases.

Among the highlights in 2017 is the partnership with the Genomika Laboratory, based in Recife and with a branch in São Paulo, one of the national leaders in the performance of genetic sequencing tests. With this, Einstein takes a leading position in the area, in line with the guideline for expanding the population's access to personalized medicine.

Another advance was the partnership with startup Neoprospecta, headquartered in Florianópolis, which operates in the microbioma area. The goals of the partnership are to develop technologies for the control of infection-related care and the development of research associating the human microbiome - bacteria, fungi and viruses that live the human body - to specific clinical conditions.

At the end of 2017, a partnership with the startup GnTech of pharmacogenetics was signed. The area has grown in recent years and presents great potential for application, especially in psychiatry, cardiology and in the treatment of conditions related to diseases of the central nervous system.

SERVICE COMPENSATION

One of the greatest health challenges is changing the compensation model. Today, the fee-for-service model is considered to be one of the causes of increased health costs, since it does not establish a correlation between the payment and the quality of the service rendered or its relevance to the outcome obtained. On the other hand, new technologies tend to be increasingly important for patient cure and survival, but they must be used for the right patient at the right time, in a process solidly grounded in scientific evidence and protocols.

In order to offer a new approach, Einstein will prepare, in 2018, fixed compensation models for cycles of cancer treatments, from diagnosis, surgery, reconstructive plastic surgery when necessary, chemotherapy, radiotherapy and supportive therapies. The proposal revolutionizes the approach currently used throughout the Brazilian health system. The cost of health care is associated with the quality of care, which is fully responsible for conducting the case throughout the treatment cycle.

These integrated cycles will be initially applied for breast cancer, but should include other oncological and onco-hematological pathologies in the future. They will be defined according to disease and patient characteristics and based on proven outcome treatments.

The new model was made available as a pilot for Einstein employees.

To reach the new format, Einstein has processed thousands of pieces of information from leading international quality referrals in conducting cancer treatments. The study lasted two years and considered the histological tumor type, the stage of development, singularities of the patient's age profile and clinical profile, procedures adopted, hospital resources used, length of hospital stay, and outcome.



ORTHOPEDICS INITIATIVE

Another model adopted is the so-called Bundle, which, in addition to the predictability for those who pay, extends the coverage of the main procedure to the total cycle of treatment, including complications, re-admissions and outpatient care. The sharing of risk between the service provider, vendor, health insurance plan or private patient is part of the model. The Bundle compensates value, as it encourages better outcomes, measured through outcome, quality, complications, and patient satisfaction indicators. Well-established protocols and Clinical Staff engagement are critical to its success. Medical fees are also part of the Bundle. In other countries, it is already a reality, for some procedures. Einstein is in the developmental stage for the model considering the hip and knee replacement procedures.

QUALITY IN SERVICE, COST FORECASTING

Since July 2017 Einstein has applied a new compensation model for emergency care services. They are fixed packages, adapted to the different degrees of complexity of the services and the needs of patients. The novelty adds more efficiency and transparency to the system and increases the quality of the service provided to the patient.

The model used data from institutional protocols, diagnoses and bills for patients seen within a year, in addition to the Emergency Severity Index (ESI). The classification was already used in the

Institution since 2011 for the quick screening of patients according to an algorithm that considers risk and complexity. It defines the resources needed to be applied at an appropriate time.

In addition to bringing predictability to those who pay for the service, the new model has allowed a closer management of the resources used, avoiding waste. Another positive aspect of the implementation process was the engagement of the clinical staff and the multi-professional team in discussions about protocol improvements and the conscious use of resources.

PUBLIC HEALTH SYSTEM IMPACT

Einstein operates 23 public health facilities in the city of São Paulo: two hospitals, 13 Basic Health Units (UBS), three Outpatient Healthcare Centers (AMA), three Psychosocial Care Centers (CAPS), an Emergency Care Unit) and a unit of Therapeutic Residence Service (SRT), which services patients out of psychiatric institutions and was incorporated into the network in 2017. The work is carried out by means of a contract and agreement with the government and extends the access to the quality and safety offered by the Institution.

Only within the scope of the São Paulo City Administration, i.e. operation of the UBS, CAPS, UPA, AMA and SRT, there were over 4 million patients served, a 4% increase compared to 2016.

At the Vila Santa Catarina Municipal Hospital - Dr. Gilson de Cássia Marques de Carvalho, which provides highly complexity health care, 1,900 surgical patients were serviced, and the total number of

discharges¹ reached 6,810. Einstein carries out the operation within the Institutional Development Program of the Unified Health System (PROADI-SUS).

The Dr. Moysés Deutsch Municipal Hospital - M'Boi Mirim, managed in association with the Dr. João Amorim Center for Studies and Research (CEJAM), recorded almost 18,893 discharges¹ and an important evolution in initiatives to increase community access to health, care, tests, surgery and delivery services.

One of the highlights of the year was the performance of the Eletivas Project from the Municipal Health Department of São Paulo, which aims to reduce the waiting list for elective surgeries. In its second year of participation in the initiative, the hospital performed 3,1 thousand procedures in the areas of general surgery, pediatric surgery, gynecology and otolaryngology. In total, since 2016, there were almost 6,300 surgeries.

¹ Is the patient leaving the inpatient unit by discharge (cured, improved or unaltered), evasion, withdrawal of treatment, internal transfer, external transfer or death.



EINSTEIN WAS PART OF THE EFFORTS TO CUT DOWN THE WAITING LIST FOR HEALTH TESTS AND STUDIES WITHIN THE *CORUJÃO DA SAÚDE* (HEALTH OWL) HEALTHCARE PROGRAM SPONSORED BY THE CITY OF SÃO PAULO. CLINICAL TESTS AND STUDIES WERE CARRIED OUT AT THE MORUMBI UNIT AND VILA SANTA CATARINA MUNICIPAL HOSPITAL. A TOTAL 280 MRI STUDIES AND 1.1 THOUSAND CT SCANS WERE PROVIDED.

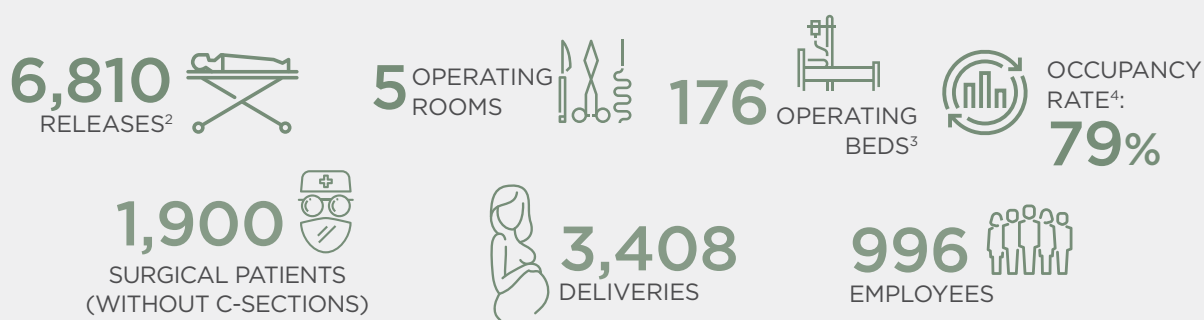
YEAR HIGHLIGHTS

SEE ANNEXES

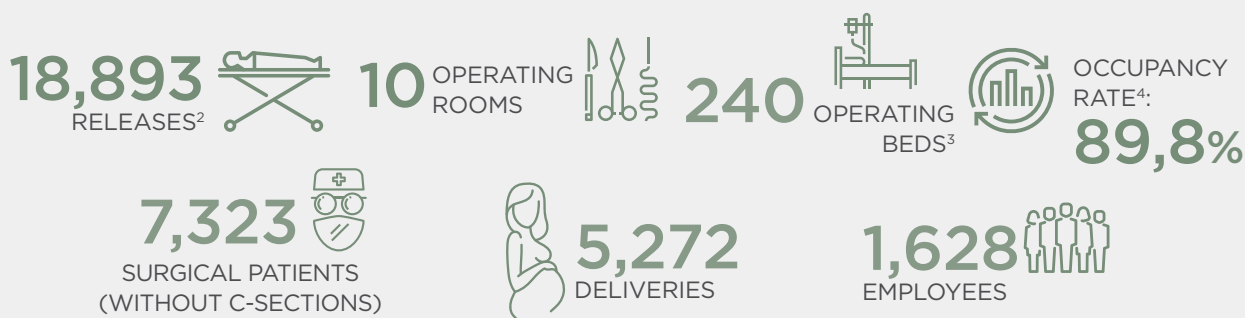
AGREEMENTS WITH THE ADMINISTRATION FOR THE CITY OF SÃO PAULO (2017)



VILA SANTA CATARINA MUNICIPAL HOSPITAL - DR. GILSON DE CÁSSIA MARQUES DE CARVALHO - HMSC (2017)



DR. MOYSÉS DEUTSCH MUNICIPAL HOSPITAL - M'BOI MIRIM (2017)



¹In addition to the health care units, it includes a unit of the Therapeutic Residence Service (SRT), which currently hosts eight long-term residents from psychiatric hospitalizations. It is a dwelling inserted in the local community with the objective of promoting the re-socialization and the autonomy of people with mental disorders. The service is linked to the Paraisópolis III Adult Psychosocial Care Center (CAPS), which provides psychosocial support to the residents.

²It is the patient's leaving from the hospitalization unit by discharge (cured, improved or unaltered), evasion, withdrawal of treatment, internal transfer, external transfer or death.

³The beds in use and the beds that can be used at the time of the census, even if they are unoccupied.

⁴Relationship between the total number of inpatients at the end of each day and the total day-bed available.

IN 2017, EINSTEIN HAS ALREADY PERFORMED 170 SERVICES IN THE OUTPATIENT SERVICE FOR PEDIATRIC SPECIALTIES AT PARAISÓPOLIS, IN HEALTH CARE ACTIONS WITHIN THE PROADI-SUS FRAMEWORK.

SEE ANNEXES

CARE IN THE PECP OUTPATIENT UNIT OF PEDIATRIC SPECIALTIES



Integrated work

Einstein's approach - as a system - has positive impacts on local service networks. The M'Boi Mirim Municipal Hospital teams and the managers of the municipal health units in the region exchange information periodically and systematically with the objective of improving quality and ensuring continuity of care. In the maternal-infant area this means, for example, informing the hospital beforehand of cases of fetal malformation or the occurrence of syphilis in pregnant women,

in order to predict and plan specific care at the time of delivery.

In urgent and emergency care, such as myocardial infarction and sepsis, the exchange of information made it possible to start procedures before the patient even arrived at the hospital. Once they identify the symptoms, the UBSs and the AMAs in the region perform the first steps defined in the Einstein protocols and refer the patient.



Quality recognized

In 2017, the M'Boi Mirim Municipal Hospital was the only Brazilian public hospital to be included in the ranking of the best hospitals in Latin America, prepared by Chilean magazine *AméricaEconomía*, the main business publication in the region. For the ninth consecutive year, Einstein ranked first. The publication evaluated over 200 health institutions - private, public or university - in the participating

countries (Argentina, Brazil, Colombia, Costa Rica, Chile, Cuba, Ecuador, Mexico, Panama, Peru, Uruguay and Venezuela). A total of 49 institutions reached the minimum score to participate in the ranking, which considers performance in topics such as patient safety, capital, human, capacity of services, knowledge management and patient experience, among others.



CERTIFICATION

The two public hospitals operated by Einstein are accredited by the National Accreditation Organization (ONA), a Brazilian model that certifies the quality of hospitals and health services based on laws, regulations and standards.

The M'Boi Mirim Municipal Hospital has been certified level 3 since 2014, and underwent the re-certification process in 2017.

The Vila Santa Catarina Municipal Hospital received the level 2 certification in 2017, after only two years of the beginning of its activities.

DEVELOP SUS

Einstein is one of the Hospitals of Excellence that operates in the Institutional Development Program of the Unified Health System (PROADI-SUS) of the Ministry of Health. The activities are counterpart to the exemption of social contributions conferred by the Federal Constitution and are developed in five areas: studies of evaluation and incorporation of technology; training of human resources; public health research; development of techniques and operation in management in health services and care activities.

The estimated investment for the 2018-2020 three-year period is of approximately R\$ 970 million. In the previous three-year period (2015-2017), Einstein developed 25 PROADI-SUS projects, in which R\$ 773 million were invested. Among the initiatives carried out, the following stand out:

- Study Project on Clinical Costs and Outcomes of Admitted Patients at Vila Santa Catarina Municipal Hospital;
- Project to Support the Management and Development of the donation, harvesting and transplantation of organs and tissues in Brazil;
- Center for Support and Training for Specialized Attention of the Basic Network developed in the Einstein Program in the Paraisópolis Community (PECP);
- Training projects for SUS professionals; and
- Participation in the Project Public Umbilical Cord Blood Bank (Brasilcord).

Transparency

The transparency of the program is maintained by the rigorous accountability of participating health entities. At the end of each semester, the projects are audited internally and externally, the performances assessed and the results evaluated by the Ministry of Health. Furthermore, the program itself undergoes periodic evaluations, which include auditing by the Federal Accounting Court (TCU) and



identification of opportunities for improvement in the processes.

The audit process initiated in July 2017 resulted in Opinion 394/2018, which provides recommendations for the improvement of management and administrative control, many of which are presented by the participating hospitals themselves and the Ministry of Health.

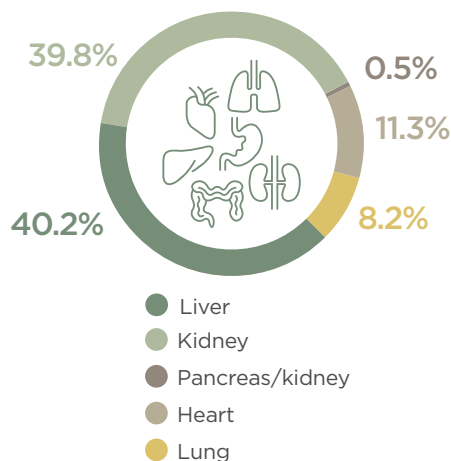
One of the points addressed in the opinion refers to the procedural values practiced by the hospitals that participate in PROADI-SUS. They differ from the SUS table because they take into account the singularities of the effective cost of each organization.

It is important to emphasize that the purpose of the TCU document is to promote the improvement of the mechanisms of PROADI-SUS. The five hospitals of excellence that make up the program - Hospital do Coração (HCor), Hospital Alemão Oswaldo Cruz, Hospital Israelita Albert Einstein, Hospital Moinhos de Vento and Hospital Sírio-Libanês - received the TCU's suggestions and are designing the actions to put into practice the suggested improvements in the processes with the Ministry of Health.



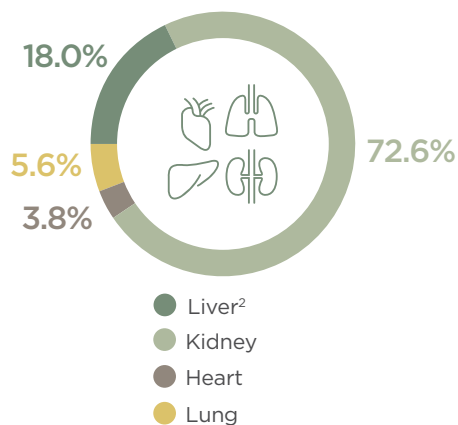
ORGAN TRANSPLANTS (2017)

Total: 194 transplants



WAITING FOR FUTURE TRANSPLANTS¹ (2017)

Total: 678 patients



¹ Total number of patients formally registered and evaluated that only await the availability of the organ.

² Considers 120 patients awaiting liver transplantation and 2 awaiting multivisceral transplantation.

Einstein Transplant Program

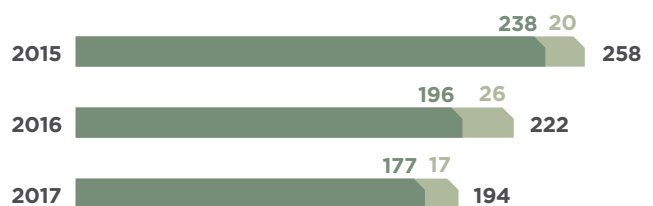
Since 2002, Einstein has performed liver, kidney, pancreas-kidney, heart, lung, bowel and multivisceral transplants that benefit SUS users. In 2017, 194 procedures were carried out.

The care involves specialized multiprofessional assistance to patients from the initial to the post-operative evaluation. The total number of patients followed up was almost 3,600, considering those who are in the technical register, those who have already undergone transplantation, those who are in the process of evaluation and the living donors in the process of preparing for surgery or followed-up post- transplant.

The formally registered patients, who have already undergone all the necessary assessments and tests and only await the availability of a compatible organ for the performance of the transplant, totals 678 people. Most (72.6%) are awaiting for the donation of a kidney.

ORGAN TRANSPLANTS

SEE ANNEXES



● SUS ● Private

PATIENT SAFETY

The Patient Safety System is composed of proactive risk management, analysis of incidents occurring with patients and the Hospital Infection Control Service. The objective is to progressively reduce adverse events until their complete elimination, aiming to reach the goal of “Zero Danger” by 2020.

Proactive and reactive analyzes guide strategic planning and corrective action. The actions are based on knowledge generated by Einstein and guidelines and recommendations of international references such as the Institute for Healthcare Improvement (IHI), the National Patient Safety Foundation (NPSF), the Agency for Healthcare Research and Quality (AHRQ) and the Joint Commission International (JCI), Centers for Disease Control and Prevention (CDC), National Patient Safety Program (PNSP) and National Health Surveillance Agency (Anvisa).

In 2017, the Patient Safety Program recorded its most significant evolution in 10 years. Three indicators deserve special mention: urinary tract infection density associated with bladder catheter, with zero infection in 11 of the 12 months; number of catastrophic adverse events, with a 68% reduction; and number of days between catastrophic events (increase from 19 to 52 days).

The good performance is the result of a set of actions implemented since 2015, which includes safety huddles, systematic feedback to professionals involved in adverse events, specific training, more effective action of urgency and emergency codes, disruptive behavior, process-oriented projects (bronchoaspiration, falls, hemorrhages), training course on patient safety and follow-up of the actions proposed in the root cause analysis (RCC) of adverse events.



PATIENT SAFETY	2014	2015	2016	2017	Δ 2017/2016
Morumbi Unit and Diagnostic Medicine area					
Rate of bloodstream infection associated with central venous catheter	1.03	0.69	0.50	0.44	-12.0%
Rate of urinary tract infection associated with bladder catheter	0.91	0.63	1.00	0.14	-86.0%
Infection rate in clean surgery	0.45	0.27	0.21	0.16	-23.8%
Fall rate with severe and moderate damage - outpatients	0.64	0.27	0.58	0.32	-45.2%
Pressure injury rate - stage 2 or above - acquired at the hospital	4.22	4.34	3.36	1.49	-55.7%
<i>Parto Adequado</i> project (Suitable Childbirth) - Vaginal delivery rate (pregnant Robson I to IV)	0.24	0.41	0.43	0.42	-2.1%
Mean days between catastrophic events	24	21	17	61	251.0%
Mean days between bronchoaspiration events with severe damage	182	121	46	Greater than 365 days	Greater than 700%
Readmission rate within 30 days	0.09	0.09	0.09	0.08	-11.1%
Diagnostic rate of sepsis and septic shock - Emergency Care Units (UPA)	ND	0.04	0.06	0.05	-16.7%
Rate of pneumonia associated to mechanical ventilation	1.23	1.55	0.67	1.96	193%
Adherence to the venous thromboembolism protocol	0.71	0.75	0.81	0.66	-18.6%
Adherence to safe surgery protocol - Time Out	0.76	0.81	0.84	0.85	1.4%
Blood glucose > 250 mg/dl	12.63	12.47	12.23	ND	-
Medication error rate, consequence D onwards - excluding RIAE	4.70	3.10	4.99	ND	-

ND: data not available

PATIENT SAFETY			
Dr. Moisés Deutsch Municipal Hospital - M'Boi Mirim	2016	2017	Δ 2017/2016
Rate of bloodstream infection associated with central venous catheter (CVC)	1.94	2.22	14.4%
Urinary tract infection rate associated with bladder catheter	1.66	1.73	4.2%
Rate of pneumonia associated to mechanical ventilation	0.17	0.67	294.1%
Catastrophic severe adverse event rate	3.39	2.41	-28.9%
Fall rate with severe and moderate damage	0.03	0.06	100.0%
Medication error rate	4.67	5.58	19.5%
Phlebitis rate	0.54	0.56	3.7%
Nasoenteral catheter loss rate (SNE)	4.42	4.02	-9.0%
Consumption of alcoholic products in the infirmary and emergency room	36.82	28.18	-23.5%
Rate of adherence to the hand hygiene protocol	88.02	67.61	-23.2%
Rate of adherence to the B streptococcal prophylaxis protocol	96.67	100.17	3.6%
Rate of adherence to the sepsis protocol	28.57	43.60	52.6%
Pressure ulcer rate	4.44	3.14	-29.3%



PATIENT SAFETY			
Vila Santa Catarina Municipal Hospital - Dr. Gilson de Cássia Marques de Carvalho	2016	2017	Δ 2017/2016
Density rate for incidence of bloodstream infection associated with central venous catheter	1.44	2.70	88%
Density rate of incidence of urinary tract infection associated with delayed bladder catheter	2.72	1.02	-62.5%
Number of patients with associated respiratory tract infections mechanical ventilation ¹	0.72	0.62	-14%
Rate of surgical site infection in cesarean section	1.59%	1.31%	-17.6%
Number of days between catastrophic adverse events	49	77	57.1%
Fall rate with severe and moderate damage	0.08	0.04	-50%
Medication error rate (consequence D onwards)	7.92	6.42	-18.9%
Hospital readmission rate within 30 days	ND	3.06%	-
ICU re-hospitalization rate (general and transplantation)	ND	10.41%	-
Mortality rate in severe sepsis/septic shock	20.87%	15.77%	-24.4%
Suitable Childbirth - Vaginal delivery rate (pregnant Robson I to IV)	ND	82%	-
Caesarean rate	32.60%	34%	4%
Pressure injury rate acquired at the hospital	3.71	3.23	-12.9%

¹ Every 1000 mechanical ventilation/day

ND: data not available

Next Steps

Beginning in 2018, Einstein wants to achieve the goal of being a High Reliability Organization (OAC). The term emerged in the 1980s to design ideal models of risk management in sectors such as nuclear power generation, aviation and the oil industry, in which an error can have catastrophic consequences. Einstein's objective is to perfect the protocols of action and identification of potential damages from the five elements of the concept of OAC:

- 1. Fault tolerance:** actively think about what can go wrong and be alert to signs of potential problems;
- 2. Reluctance to simplify:** seek deeper explanations for process failures;
- 3. Situational awareness:** understanding the context of activities within the organization that can strengthen or threaten security;
- 4. Valuing of the knowledge of the professionals of the operation:** listening to those who perform and know the activity in detail; and
- 5. Commitment to resilience:** assume systems are unreliable and quickly identify threats before they do damage.

LEARN MORE

- OACs are organizations that operate in complex and high-risk fields for long periods without major accidents or catastrophic failures.
Source: Agency for Healthcare Research and Quality (AHRQ).
- Reliability is defined as flawless operation over time.
Source: Institute for Healthcare Improvement (IHI).



Safe circulation

An action to reduce falls among patients who go to the Einstein outpatient clinic for tests or consultations reduced the total number of occurrences by nearly 10 percent and moderate or severe damage by 75 percent. The work involved awareness raising activities such as booklet distribution, educational blitzing and even a theatrical performance, reinforcement in the training of medical, nursing and reception staff, and periodic audits to verify compliance with safety protocols, as well as the adequacy of environments to minimize risks.

Strategic debate

In partnership with the Institute for Healthcare Improvement (IHI), Einstein annually holds the Latin American Quality and Safety in Health Forum. The third edition of the event took place in São Paulo and brought together over 2,600 participants from 17 countries. There were almost 90 lectures throughout the two days of programming, focused on aspects of:

- Patient safety;
- Population health and primary care;
- Patient experience;
- Creating value in health; and
- Patient flow.

PARTICIPANTS' COUNTRIES

Angola	Mexico
Argentina	Panama
Brazil	Peru
Chile	Portugal
Colombia	The United Kingdom
Costa Rica	Switzerland
Ecuador	Uruguay
Spain	Venezuela
The United States	



During the III Latin American Forum on Quality and Safety in Health, Einstein launched the Júlia Lima Patient Safety Award, which will provide scholarships to improve and test the replicability of projects that, on a small scale, have already demonstrated proven results in the reduction of serious or catastrophic events in health organizations.

DIGITAL TRANSFORMATION

Sanning of tests and studies and reports, electronic medical records, applications, new communication tools, database integration and information governance, statistical analysis and use of processing technologies to support decision making are already a reality at Einstein and are transforming the assistance the health. The initiatives integrate the Digital Master Plan, which aims at making the most of technology to generate ever more value - expressed in quality, efficiency and effectiveness - in the practice of care.

The effort is constant and involves all areas, both in identifying opportunities and in applying the information. At the basis of everything, there is a cultural evolution guided by the concept of Big Data (see *table*) and patient-centered.

In 2017, Einstein mapped the journeys covered by patients in their different interfaces, such as the areas of exams, consultations, prompt care, outpatient care and hospitalization. The information was the basis for a workshop with professionals who relate more directly to patients and guided the identification of over 600 proposals to improve patients' experience through the use of technology. Grouped by themes and prioritization criteria, the new ideas make up Einstein's digital transformation road map.

LEARN MORE

Big Data: the term is used to designate the ability to process large databases of different formats, structured or not, public or from the organization itself and turn them into useful and applicable information.

In Einstein's case, this translates, for example, into critical analysis and improvement of assistance, the creation of predictive models and the automation of some elements of real-time assistance monitoring with the aim of enhancing security and assisting the decision.



TECHNOLOGY FOR HEALTH SERVICES

Einstein's digital transformation initiatives aim to improve healthcare in the various dimensions of Triple Aim.

The following picture shows in a simplified form the main actions in progress.

Meu Einstein Application (for patients)

- Scheduling unit tests and studies
- Preparatory procedures for tests and studies
- Request for home service
- Check-in for consultations and exams
- Multiple account management in the same application (for parents and caregivers)
- Alerts (medicines, vaccines)
- Record health data (blood pressure, pain scale, blood glucose, etc.) for daily monitoring of chronic or treatment patients

Einstein Médicos Application

- Access to key patient information
- Connection of the imaging area with the physician responsible for communicating critical findings in examinations
- Safety alerts: quick triggering in case of risks or adverse events

Scanning of tests and reports

- Easy and quick access for doctors and patients
- Archiving in the cloud (online)
- Construction of predictive models to support decision making

Cerner Millennium Health Management System

Electronic medical record system that gathers key patient health information, such as prescribed medications, test results, biometric data, diagnostics, and more. It allows you to cross-reference this information to trigger protocols and decision support points to increase patient safety. It is a platform for digital transformation in health, which will also generate a robust database for innovation and research

Data Governance

It covers practices and processes that ensure that the data is worked to the best, meeting the requirements of:

- **Security:** restricted and controlled access
- **Privacy:** protecting the patient
- **Quality:** full information

In practice, it is necessary that the defined standards be strengthened and applied by employees in processes and technology across the institution. The model expands the potential value of the data by:

- Increasing consistency and confidence in the decision-making process on the most effective form of treatment from understanding the clinical outcome and identifying new solutions
- Making the actions more transparent and evidence the quality of service
- Allowing monitoring and comparison of managerial decisions
- Leveraging research and influence medical practice

Big Data

- Creation of an organization to generate knowledge from its data gathering
- Development of solutions using predictive models and machine learning to reduce patient risk, improve operation processes, and fuel decision support for physicians and care staff



Cerner Millennium

With the completion of the first phase of implementation in 2017, Einstein units are integrated through the Cerner Millennium Health Management System, which centralizes patient-related information and gives faster and more secure decision-making. With the system, the professionals involved have online access to all records - medical history, care provided, exams, information on allergies, among others - via desktop, notebook, smartphone or tablet.

The implementation of the system required three years of work and an investment of around R\$ 170 million in technology and adaptation of processes and structures. The clinical staff and employees invested over 35,000 hours in training to incorporate the tool into the work routine. Einstein is the first health organization in Brazil to count on Cerner Millennium.

Safety

Technology makes it faster and safer to run prescription drug plans. Before administering any medication, the team checks the medication's own barcodes and the inpatient ID bracelet. The check is done at the bedside with the use of laptops.

Accurate Information

The 10-year collection of computerized tomography in cases of aortic aneurysm and the tools of natural language processing and artificial intelligence were the basis for Einstein to create a diagnostic support system. The system "learns" by crossing the terms used in the reports with the details of the images. When a new image is included for comparison, it manages to select from the whole collection the most similar cases and even warn the doctor about features that would not be easily identified by naked eye. The tool is already undergoing tests. In the future, the same approach may be applied to other pathologies.

Monitoring

By 2018, the creation of an Assistance Monitoring Center is planned. The idea is to enhance security from automatically processed data and provide quality information for multiprofessional team decision making. Among the aspects to be monitored are the execution of the medical plan defined for each patient and the correct administration of the medicines, including the schedule.

Predicting needs

In partnership with a consulting firm, Einstein's teams analyzed the evolution of the cases received in the emergency room over a year, with the objective of creating a system capable of predicting the need for hospitalization and the best bed in which the patient will be allocated. The calculation considers four blocks of electronic medical record information: screening (sex, age, temperature, pressure, complaints and symptoms), prescription drugs, test results and medical reassessment. The system uses analytical and machine learning tools and has 92% assertiveness.

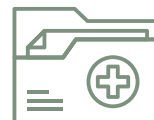
The probable hospitalizations are managed as virtual beds, which anticipate the real demand, defined only by a medical order. To manage the free spaces in advance, the system indicates which type of bed the patient should occupy, whether it is intensive or semi-intensive therapy, for example, and which specialty. There is a scale according to the severity of the case and the medical specialty, which establishes the first, second and third hospitalization options.

The new system contributes to safety and speed in patient care. For the teams, it will be an important support in the planning of the assistance and in the decision making of about 3 thousand monthly allocations. The information will also allow managers to adjust the scales of professionals considering the demand forecast for each period.

Comparability

In 2017, Einstein adopted the International Consortium for Health Outcomes Measurement (ICHOM) clinical outcome data collection standards for cases of heart failure, orthopedics (hip, knee and spine) and prostate cancer. ICHOM is an international non-profit organization founded in 2012 by members of Harvard Business School (USA), Karolinska Institutet (Sweden) and Boston Consulting Group (USA).

Since 2011, Einstein has systematically collected a set of internally defined indicators to assess the quality of life of patients post-discharge, such as occurrence of adverse effects, need for rehospitalization, mobility and autonomy, among others, and correlations with different procedures adopted and the specificity of the cases. Using this model, this information is processed and guides the monitoring of one's own performance and the definition of improvement projects. By adopting an internationally accepted standard, Einstein has access to a broader, and, above all, comparable universe of data.



EINSTEIN HAS ADOPTED THE INTERNATIONAL CONSORTIUM FOR HEALTH OUTCOMES MEASUREMENT (ICHOM) CLINICAL RECORD DATA COLLECTION PATTERNS.





ONCOLOGY

One of the hallmarks of Einstein's Oncology is the Integrated Cancer Center. The clinical staff and the multidisciplinary team act in a coordinated way throughout the flow of care: diagnosis, clinical oncology, surgery, radiotherapy and supportive therapies.

This format, which has been improved every year, reached a new level of maturity and coverage in 2017, with a 35% growth in demand.

Clinical oncology, surgery, nursing, pharmacy, physiotherapy and radiotherapy professionals regularly meet on committees - called the Tumor Board - to discuss cases, exchange information, and plan treatment management. There are nine Tumor Boards per week, one for each subspecialty.

This comprehensive approach already benefits professionals and patients from other health institutions through the **Einstein Network of Oncology**, which brings together 22 clinics and hospitals in the Federal District and the states of Amazonas, Bahia, Ceará, Espírito Santo, Goiás, Mato Grosso do Sul, Minas Gerais, Paraná, Rio de Janeiro, Santa Catarina and Sergipe. The network was born from a technical-scientific initiative, which began in 2015 and evolved to include themes more directly related to patient care.

Throughout 2017, the work of the network in the technical-scientific area was intense. In addition to participating in the Tumor Board, partners also have access to the annual calendar of meetings with the MD Anderson Cancer Center, a world reference institution with which Einstein maintains a brand association partnership and development of innovation studies.

The network was responsible for providing nearly 100 videos with testimonials, interviews and comments on the world's largest oncology congress, held in Chicago by the American Society of Clinical Oncology (ASCO). The broad coverage - about 90 videos - held during the five days of the event was made available online by institutions, medical societies and partner non-governmental organizations. over 3,100 people visited the content provided by Einstein, and the total number of visits to the pages was almost 39,500. The publications in the social networks of the partners reached 178 thousand people.



IN 2017, EINSTEIN CELEBRATED 30 YEARS OF OPERATION IN BONE MARROW TRANSPLANTS. THE INSTITUTION WAS ONE OF THE PIONEERS IN THE PROCEDURE IN THE COUNTRY AND, SINCE 1987, HAS ALREADY CARRIED OUT OVER 1.1 THOUSAND TRANSPLANTS.



EINSTEIN OFFERS HEALTH EDUCATION AND TRAINING ACTIVITIES THROUGH A WIDE PORTFOLIO OF COURSES ADJUSTED TO THE NEEDS OF DIFFERENT HEALTH PROFESSIONALS. THE STRUCTURE HAS BEEN IMPROVED EVERY YEAR WITH FOCUS ON QUALITY AND EXPANSION.



HEALTHCARE EDUCATION

Einstein's education and training activities are focused on the needs of the health sector and encompass technical, management and leadership content. The portfolio includes technical, undergraduate courses in Nursing and Medicine, post-graduation lato sensu (specialization), MBA (Master in Business Administration), master's degree, stricto sensu postgraduate courses and medical and multiprofessional residences, as well as refresher courses, events and in company programs.

In 2017, the structure was expanded with the new Paulista unit. In addition to expanding the services capacity - from 15 to 23 classrooms - the new building has more modern facilities, including a laboratory, a library and the Einstein Academy of Imaging. This new space is connected to the Einstein diagnostic medicine area and gives students the experience with state-of-the-art equipment and practical learning supported by real-world imaging cases.

Another highlight was the change of the platform used by the Distance Learning area (EAD), which combines online content and specialist tutors support. The new system favors interaction with tutors and colleagues, and enables more intuitive navigation.

Focusing on undergraduate students, Einstein has acquired a property that will house the academic center of medical school and an environment for practicing sports. The space should start operating in the second half of 2018 and will serve medical and nursing students and other internal audiences.

By 2018, educational environments will be implemented in the two public hospitals managed by Einstein: Dr. Moysés Deutsch Municipal Hospital - M'Boi Mirim and Vila Santa Catarina Municipal Hospital - Dr. Gilson de Cássia Marques de Carvalho. The goal is to support interactions among professionals in the clinical staff, teachers, residents and students.

YEAR HIGHLIGHTS

UNDERGRADUATE COURSES:

197 MEDICAL
students

246 NURSING
students

4,002 POSTGRADUATE
students

5,710 DISTANCE
LEARNING
students

increase of **62%**
IN COMPARISON TO 2016

students from
ALL THE BRAZILIAN STATES,
THE FEDERAL DISTRICT
AND ANGOLA, CHILE,
ECUADOR, PARAGUAY,
PERU, PORTUGAL,
SWITZERLAND AND
URUGUAY

14,532 participants
IN SCIENTIFIC
EVENTS

25 health institutions
and companies
SERVICED WITH IN
COMPANY COURSES

MODALITY	2013	2014	2015	2016	2017	Δ 2017/2016
Technical courses	595	858	665	688	713	3.6%
Undergraduate Nursing	195	195	193	195	246	26.2%
Medical School ¹	0	0	0	100	197	97.0%
Refresher and updating courses	1,786	2,644	3,104	2,979	1,924	-35.4%
Distance learning courses ²	0	671	2,228	3,524	5,710	62.0%
Realistic Simulation Center	8,101	7,347	9,094	10,351	11,636	12.4%
Lato sensu postgraduate courses	2,733	2,658	3,308	3,667	4,002	9.1%
Master in Nursing ²	0	13	32	38	33	-13.2%
Total students	13,410	14,386	18,624	21,542	24,461	13.6%
Scientific events	11,458	9,864	11,969	12,555	14,532	15.7%
Total students and participants in scientific events	24,868	24,250	30,593	34,097	38,993	14.4%

¹ Started in 2016.

² Started in 2014.

Quality management

An important advance in 2017 was the maturation of the tools for analyzing and managing the quality of services from a measurement system that has been improved since the end of 2015.

Periodic surveys - in some cases carried out every 4 hours - raise the students' perceptions regarding the various aspects of the learning experience, such as physical area, infrastructure, teacher performance, content, teaching approach and quality of care. Data are compiled and audited and guide improvement processes. There are about 25 thousand monthly evaluations.

STUDENT SATISFACTION ¹	2016 ²	2017
Average Satisfaction ³ with course	9.3	9.2
Net Promoter Score (NPS) ⁴	77	79

¹ General results of the Education area.

² Data for 2016 do not include undergraduate students in Medicine.

³ Scale from 0 to 10.

⁴ Scale from -100 to +100.



Differentials

One of the differentials of the Einstein's undergraduate courses is the teaching method, based on the dynamics of joint building of knowledge. The work involves a series of practical and group activities, case studies and experiences in the Realistic Simulation Center in order to promote, from the first year, an intense interaction of the students with the practice of care.

The methodology adopted - Team Based Learning (TBL) - favors the application of concepts in cases with immediate feedback from teachers and also allows students to deepen the content, since they receive the material online in advance. After a previous reading, the students arrive to the face-to-face meeting with the mission to discuss the theme of the class in groups and, after checking what has been absorbed, the teacher promotes discussions and leads the class contextualizing the matter to real situations. At the undergraduate level in Medicine, the curriculum is aligned with the Triple Aim governance model and brings together technical and management knowledge to prepare medical leaders. The construction of knowledge follows thematic axes, which go beyond traditional





teaching. They are: ethical-humanistic, technical-scientific, public health, management and leadership and medical knowledge. In this way, the course creates general practitioners, capable of dealing with all situations and, regardless of the specialty chosen for the residence, carry with them an excellent training base with experiences in different settings, including in public hospitals.

In addition, the content is worked in an integrated way in the curriculum, in a division of disciplines that differs from the traditional one. The student absorbs theory and sees related cases.

The Nursing graduation of the Institution stands out for the quality built over almost 30 years. Focusing on practical experience, the faculty offers students 1,200 hours of internship, one-third more than the Ministry of Education (MEC), and offers several opportunities for monitoring and scientific initiation, with a direct impact on learning. In 2017, students in the course earned a 5 rating (maximum) in the National Student Performance Exam (Enade).



ONE OF EVERY FOUR STUDENTS OF THE EINSTEIN MEDICAL COURSE RECEIVES A SCHOLARSHIP GRANTED BY THE ORGANIZATION.

Granting scholarships

To increase access to courses, Einstein offers 75% or 100% scholarships. By 2017, one in four enrolled students received the benefit, funded by a grant fund and by Einstein. The grant depends on the evaluation of the socioeconomic conditions of the applicants.

There are also student loans subsidized by Einstein. The payments made are destined to the fund that funds the grants to give long-term sustainability to the granting of the benefit.

In the Nursing course, scholarships are awarded to the ten best ranked students in the selection process.



INCLUSION

IN 2017, 32 PEOPLE WITH DISABILITIES RECEIVED SCHOLARSHIPS TO PARTICIPATE IN THE EINSTEIN TECHNICAL COURSES IN THE AREAS OF CLINICAL ANALYZES, NURSING, RADIOLOGY AND PHARMACY. THE VACANCIES WERE DISCLOSED WITH THE SUPPORT OF INSTITUTIONS AND RELATIONSHIP GROUPS FOCUSED IN THAT AUDIENCE, AND THE CANDIDATES WENT THROUGH A SELECTION PROCESS. THE INCLUSION WORK INVOLVED TEACHER TRAINING ACTIVITIES AND THE AVAILABILITY OF LIBRAS INTERPRETERS (BRAZILIAN SIGN LANGUAGE) IN ALL CLASSES.



SHARE KNOWLEDGE

Through its consulting services, Einstein qualifies the technical and managerial teams of health organizations in various regions of Brazil. The work is customized from a portfolio (see *box on page 54*) that addresses the needs of clients from different profiles, from those planning to build clinics or hospitals to public or private services that seek quality and efficiency gains.

The projects are carried out by Einstein's employees and doctors, who are qualified to act as consultants and have the support of guest external consultants. In 2017, 24 projects were carried out involving 76 professionals. A total of 40 institutions have been served since 2011, with 78 projects.



CONSULTANCY SERVICES PORTFOLIO

ACCREDITATION AND CERTIFICATIONS

- National Health Organization (ONA)
- Joint Commission International (JCI)
- Clinical Laboratory Accreditation Program (PALC)
- Program focused on the care of the person (Planetree)

SAFETY

- Risk Management
- Implementation of the Patient Safety Nucleus

INVESTMENTS AND NEW BUSINESSES

- Market study, demand and demographic profile
- Economic and financial feasibility study
- Accessibility project in the adaptation of the urban space, architecture or urbanism, with orientation for compliance with specific legislation in force
- Operational Design
- Management of medical technology
- Implementation of new services, for example Bone Marrow Transplantation (BMT)

HUMAN RESOURCES AND MANAGEMENT OF PEOPLE

- HR planning and management
- Quality and improvement of HR processes
- Environment and organizational climate
- HR policies
- Remuneration structure
- Employee health
- Succession planning
- Recruitment and selection
- Internal HR Consulting
- Performance management

ORGANIZATIONAL

- Strategic planning
- Situational diagnosis
- Clinical staff management
- Corporate health management
- Management of hotel services
- Compliance Program
- Attention to the elderly

SPECIFIC SHORT-TERM CONSULTANCIES

- Management of the nursing service (administrative and/or care)
- Development and support to nursing leadership
- Clinical Pharmacy
- Standardization of areas and protocol development

PRODUCTIVITY ACCELERATOR PROGRAMS

- Patient flow management
- Management of medical technology
- Supply management
- Financial Management
- Clinical Pharmacy

OPERATIONAL EFFICIENCY

- Mentoring and mentoring
- Process diagnostics
- Implementation of Operational Excellence Program (Lean Six Sigma)

Liver Transplant Tutoring Project

The first liver transplant in the southern region of Minas Gerais happened in March of 2017 at Hospital Escola de Itajubá and was tutored by Einstein. The training integrates a project of the Ministry of Health to regionalize the service in the area of transplants. Only two other cities in the state of Minas Gerais offer liver transplantation services: Belo Horizonte, in the central region of the state almost 450 kilometers away from Itajubá, and Montes Claros, to the north, 850 kilometers.

The Hospital Escola is maintained by the Association of Social Integration of Itajubá (AISI) and is part of the group of reference organizations in medium and high complexity procedures for the municipalities of Itajubá, Conceição das Pedras, Consolação, Delfim Moreira, Gonçalves, Maria da Fé, Marmelópolis, Paraisópolis, Pedralva, Piranguçu,

Piranguinho, São José do Alegre, Sapucaí Mirim and Wenceslau Braz.

By the end of the year, 11 procedures were performed, approximately 10% of the total registered by the Minas Gerais State Hospital Foundation (Fhemig), which coordinates the notification, harvesting and distribution centers of organs in the State.

Einstein's consultancy began in 2016 and involved the training of 24 professionals, including surgeons, clinicians, anesthesiologists, radiologists, nephrologists, hematotherapists, pathologists, intensivists, nurses and nursing technicians, in addition to the follow-up transplantation carried out. The work continues in 2018, with new capabilities in the Realistic Simulation Center.



PLANETREE

Einstein coordinates the Brazilian office of Planetree, a nonprofit organization, which is a world reference in person-centered care practices for the health sector. For almost 40 years, Planetree has been disseminating education and information aimed at promoting humanized care processes based on evidence and standards. By 2017, health institutions that proved to be within the recommended parameters could qualify for the Planetree Designation, in a complex team-building process, review of internal flows, and engagement of patients and their families. (To learn more, visit: <https://www.einstein.br/estructure/planetree/>.)

In Brazil, only two institutions have the Designation: Einstein itself, designated in 2011, and the Hospital Mãe de Deus, Porto Alegre (RS), designated in 2016 after three years of preparation and consulting conducted by Einstein. Einstein currently supports five other hospitals in this process.



SCIENTIFIC RESEARCH IS AN IMPORTANT PILLAR OF THE GENERATION OF KNOWLEDGE AND THE SEARCH FOR EXCELLENCE IN HEALTH CARE AT EINSTEIN. THE WORK ENGAGES SEVERAL AREAS OF THE INSTITUTION, MASTERS CANDIDATES, DOCTORS AND POST-DOCTORS, IN ADDITION TO RETAINED RESEARCHERS.



ON THE FRONTIER OF KNOWLEDGE

Einstein carries out clinical research - involving patients - and applied experimental studies - that they use in empirical environments, such as statistical tests and analyzes - to broaden the frontiers of knowledge and ensure the excellence of health care based on scientific evidence. The initiatives directly involve about 500 researchers, including contractors, professionals from different areas and students of master's and doctoral programs from Einstein himself or from other institutions.

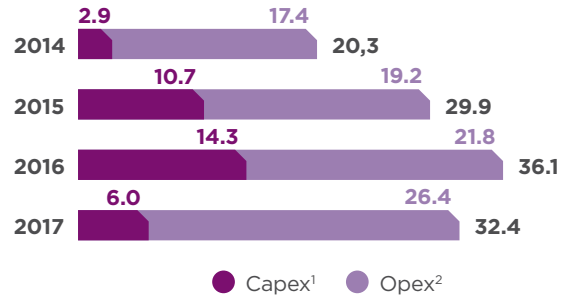
In 2017, the research work received resources of R\$ 32.4 million and over R\$ 5 million raised externally, especially in the form of grants. Throughout the year, 746 projects were developed, with the publication of 717 articles in indexed scientific journals. Of these, 494 involved publications with an impact factor above 1, an increase of 32% over 2016.

From 2016 to 2017, total citations to scientific articles produced by the Einstein research team nearly doubled reaching 2,606. The accrued growth since 2011 reaches 360%. The citation to published articles is an important indicator of the quality and relevance of Einstein's scientific production, and places the Institution in a prominent position on the national scenario. According to the Coordination for the Improvement of Higher Education Personnel (CAPES), Brazilian scientific production receives an average² of 0.76 citations per year; in the universe of researchers in the area of clinical medicine, the annual average is 0.87; in Einstein, reaches 2.07.

² Based on the average of 2011 to 2016, according to the publication Research in Brazil, prepared by Clarivate Analytics at the request of CAPES.



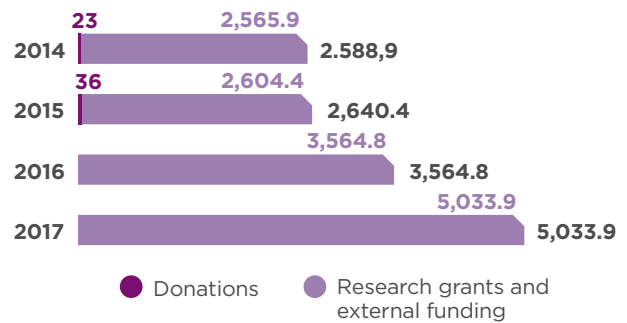
RESEARCH - EINSTEIN EXPENSES AND INVESTMENTS (R\$ MILLION)



¹ **Capex:** investment in capital goods, includes acquisition of specific equipment for the scientific research activity, in addition to works and adaptation of facilities.

² **Opex:** refers to the cost associated with equipment maintenance and consumable expenses, as well as qualified labor and other operating expenses required for scientific research activity.

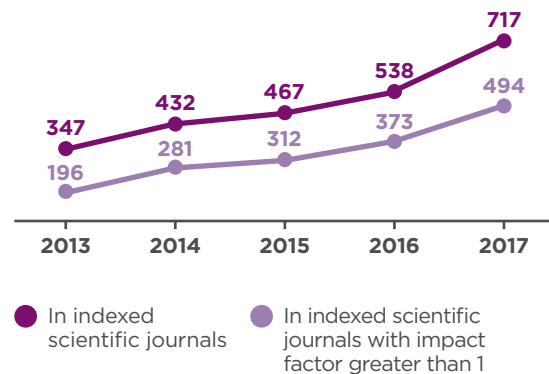
RESEARCH - EXTERNAL INVESTMENTS (R\$ THOUSAND)¹



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

SEE ANNEXES

ARTICLES PUBLISHED BY EINSTEIN RESEARCHERS



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

RESEARCH STRUCTURE

Clinical Research Center (CPC)

Coordinates research involving patients related to the epidemiology, diagnosis and treatment of diseases in humans. In addition to supporting Einstein's own projects, CPC conducts research sponsored by the pharmaceutical industry and conducts clinical trials to test drugs, supplies, and equipment.

Experimental Research Nucleus

It uses empirical means such as statistical tests and analyzes to generate knowledge to be applied in improving the health of the population. The area of concentration is the aging of the population, with knowledge applied to the most diverse specialties, such as cardiology, endocrinology, gynecology, immunology and immunogenetics, infectology, hepatology, orthopedics and rheumatology, nephrology, neurology, ophthalmology, oncogenetics and oncology.

Brain Institute (InCe)

Integrates basic research and applied research to clinical studies with a focus on neurosciences. Researches involve both neurological diseases or problems - such as Alzheimer's, Parkinson's and headaches - as well as promoting health through meditation techniques and focused attention.

Center for Surgical Experimentation and Training (CETEC)

It supports the pre-clinical research of new products and technologies for use in surgical procedures.

Assistance Research Nucleus

It promotes the generation of scientific knowledge to improve care practice based on projects led by the multiprofessional team (nurses, physiotherapists, psychologists, nutritionists, biomedical and others).

Future plans

In 2018, Einstein will expand the role of the Clinical Research Center, which will become an Academic Research Organization (ARO), able to participate more widely and actively in studies sponsored by the pharmaceutical industry in various parts of the world. Instead of simply capturing patients and implementing predefined protocols for clinical trials, the institution can coordinate directly from the formatting of the research to the publication of results.



PROCESSING OF NATURAL LANGUAGE

Hospital management

Artificial intelligence (machine learning)

Mobile devices (mHealth)

Wearable technology

APPLICATIONS



ERETZ.BIO NEW STARTUPS INCUBATOR IS CONNECTED TO TWO IMPORTANT EINSTEIN INNOVATION STRUCTURES: INNOVATION LAB AND THE ISRAELI INSTITUTE FOR TEACHING AND RESEARCH.



PREPARING THE FUTURE

The open innovation paradigm guides Einstein's systematic efforts to create new products, services and technologies in the health area and materialized at the end of 2017 with the opening of Eretz.bio. It is a center of innovation and entrepreneurship created to incubate startups (embryonic companies) and foster the exchange of ideas. The name (eretz) comes from the Hebrew and means promised land.

The incubator occupies an area of 800 square meters in São Paulo. It has offices, meeting and living rooms and auditorium and has the capacity to physically house up to 15 startups. Another 15, located outside of São Paulo, will be incubated virtually, with sporadic access to the infrastructure. More than a coworking space, Eretz.bio aims to be a hub of innovation, connected directly to two important Einstein structures: Innovation Lab and the Israeli Institute for Education and Research.

The opening of Eretz.bio brings Einstein's relationship with an important player in the innovation ecosystem - the startups - to a new level, but the advances achieved in partnerships with large companies in the areas of technology, health and universities and centers such as Samsung, Microsoft, Philips, GE, Polytechnic School of the University of São Paulo (Poli-USP), Technological Institute of Aeronautics (ITA) and Institute of Education and Research (Insper).

Einstein also started negotiations with the pharmaceutical industry.

The effort has generated concrete results, such as:

- Virtual reality solutions
- Use of artificial intelligence for the analysis and processing of imaging tests and studies
- Application of videos for automated monitoring - from artificial intelligence techniques - of monitored parameters in ICUs
- Creation of a dialytic solution - used in renal patients - that has already been licensed and is being produced on an industrial scale
- Medical scale management application, developed by Einstein and already marketed in the market
- Telemedicine services (see page 79)

The work combines knowledge in mathematics, physics, computing, engineering, biology and medicine, among others, and is based on agile development methods, a typical approach to software development that begins to be applied to other challenges. The entire process is supported by two internal structures.

One of them is the **Innovation Lab**, which brings together electronics engineers, mechatronics, computer scientists, computer scientists, designers and information architects and develops new health-driven technology-based products. In 2017, the structure was accredited by the Committee on the Information Technology Area (CATI) of the Ministry of Science, Technology, Innovation and Communications (MCTIC) to carry out research projects with resources from the Information Technology Law (Law 8,248/1991 and Decree No 5906/2006). The law establishes tax benefits for hardware and automation companies and, as a counterpart, they must invest the equivalent of 4% of the billing in research and development projects of accredited institutions.

The other is the **Center for Technological Innovation (CIT)**, which encourages the development of projects with potential for innovation in several areas of Einstein, supports researchers in the search for external financing and manages the Institution's intellectual property. Einstein already has two industrial designs and has filed 25 patent applications since 2006.

LEARN MORE

Open innovation: the intense flow of information between the organization and external agents puts different expertises at the service of innovation and the fruits of work also address the market more broadly.

Agile development method: it brings together different methodologies that involve high interactivity between the involved teams and users (or test users), rapidity in prototyping and in tests and adaptive capacities (in the planning and execution itself).





EINSTEIN CONTRIBUTES TO SOCIAL JUSTICE BY VOLUNTARY ACTIONS, THE MOBILIZATION OF SOCIETY AND CORPORATE SOCIAL RESPONSIBILITY AND PHILANTHROPY PROGRAMS.





VOLUNTEERS DEPARTMENT

The volunteers' collaboration has been part of Einstein's work since its inception. The activities are aligned with the institutional drivers - mission, vision, values and strategic pillars - and are developed in three lines of action:

- **Humanization:** support for patients and caregivers based on a broader approach to the concept of health;
- **Generation of knowledge:** in the internal scope, with the objective of ensuring the excellence of voluntary work; in the external scope, community empowerment focused on strengthening and autonomy; and
- **Social transformation:** citizen awareness that materializes, on the one hand, in the effort and participation of volunteers and donors, and, on the other, in the development of communities in the area of influence of the Institution.

In 2017, 533 volunteers participated in the Morumbi, Perdizes and Alphaville units, the Einstein Program in the Community of Paraisópolis (PECP), the Residencial Israelita Albert Einstein and the municipal hospitals Dr. Moysés Deutsch - M'Boi Mirim and Vila Santa Catarina - Dr. Gilson de Cássia Marques de Carvalho. Among the activities developed, we highlight: support for patients and companions, recreational and entertainment sessions, fundraising campaigns, charity events and donations.

QUALITY MANAGEMENT

THE DEPARTMENT QUALITY MANAGEMENT SYSTEM IS CERTIFIED BY ISO 9001/2015 STANDARD, WHICH GUIDELINES THE CONTINUOUS IMPROVEMENT OF THE SHARES.



YEAR HIGHLIGHTS

[SEE ANNEXES](#)

65 
PERFORMANCE
SECTORS

101,760  hours
OF WORK


533
VOLUNTEERS

 **399.259**
services
CARRIED OUT

 ALMOST
R\$ 2 million
INVESTED IN INITIATIVES FOR THE
benefit of the community

- Refurbishing, expansion and improvement of social infrastructure
- Donation of health care support equipment (eg medication carts, incubators, cardiotocograph)
- Professional courses
- Cultural and leisure activities
- Donation of clothing, footwear, basic food baskets, hygiene kits, toys



BUILDING THE BRIDGE

The Volunteer Department channels the efforts of society and helps to turn goodwill into action. For this, it offers several forms of collaboration.

Know some of them:

Volunteer work: participation in activities. The type of work, the unit served and the time to be dedicated are defined together with the volunteer, who receives training in volunteering and must commit to the established agenda.

Donations to the Bazaar: clothes, shoes, jewelry, furniture, dishes or other new and new objects, as well as cartridges and toners.

Birthday Support (also applicable to other celebrations): when celebrating a special date, the person indicates that, instead of receiving personal gifts, they would prefer that donations are made to the Department of Volunteers.

Custom Letter: follows the same logic of the birthday support, but in this case the initiative

starts from the guest. Instead of giving someone a gift on their birthday or wedding, for example, the guest makes a donation on behalf of the person to be honored, and the Department sends the participants a letter that records and thanks the gesture.

Festive Cards: are sold by the Department to mark special dates such as *Rosh Hashanah*, *Pessach* and the holiday season. Income helps fund social actions.

Events: the Department sells tickets for shows, plays, dinners and other charity events.

Monthly and punctual donations: with contributions from R\$ 18.00, the interested party becomes part of the donor framework that helps to finance the actions of the PECP.

“Donate a Toy”: through annual contributions, participants help fund toys and gifts distributed to the community served by the PECP.

FOCUS ON THE COMMUNITY

The Einstein Program in the Paraisópolis Community (PECP) is one of the initiatives that best represents Einstein's social responsibility. Based on a territorial approach, Einstein implements coordinated actions in the areas of health, social work, education, culture, sport and professional training aimed at strengthening the local community and raising the quality of life.

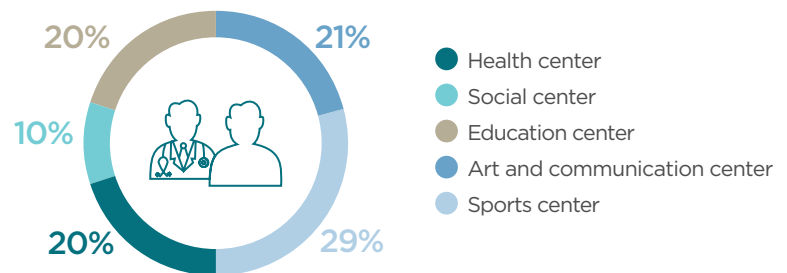
The neighborhood is located in the south of São Paulo and concentrates 50 thousand people³. It is characterized by social vulnerability, with low income and precarious conditions of housing and infrastructure.

With its own resources and dedication and donations from volunteers, Einstein acts to change this reality, with a consistent performance since 1988.

³ Source: Census 2010 of the Brazilian Institute of Geography and Statistics (IBGE).

SERVICES AT THE CENTER FOR HEALTH CARE AND PROMOTION - CAPS (2017)

Total: 192.789



CAPS SERVICES





MEDICAL CARE

In partnership with the Brazilian Union of Brazilian Social Welfare (Unibes), Einstein conducts the Einstein Program in the Jewish Community (PECJ), which provides hospital medical care to the elderly who do not have access to health insurance. In 2017, the program served 1,074 people.

HOME

The Residencial Israelita Albert Einstein (RIAE) provides housing for dependent elderly people. The initiative benefited 125 elderly people throughout 2017, 90% of them with subsidies or gratuity.

DONATIONS

Einstein supports nonprofits with the donation of financial resources, materials and equipment. In 2017, 18 organizations benefited with R\$ 4.3 million.

AMIGOH

The organization Friends of Oncology and Hematology (AMIGOH) finances projects of social organizations and public institutions focused on research, care and education in oncology. A scientific committee is responsible for the selection of initiatives, received through public notices held every two years. All the amount invested is collected from the company in events and collection campaigns.

The third notice, published at the end of 2016, foresees investments of around R\$ 2.2 million by 2019 in the areas of bone marrow transplantation, oncology, breast cancer and cervical cancer. One of the initiatives carried out in 2017 was a race that brought awareness and preventive examinations to 1,200 women from indigenous towns and villages located in Goiás and Mato Grosso. In 2018, AMIGOH will offer 30 scholarships for SUS professionals in the Einstein Oncology Multiprofessional Oncology course. The scholarships cover 70% of the value of the courses and provide, as a counterpart of the beneficiaries, the realization of projects of public dissemination of information in their areas of activity.

From the time it was created in 2012 to 2017, AMIGOH allocated R\$ 2.5 million to 21 education projects aimed at health professionals and the general population, seven assistance projects and 23 scientific research.



Ida Sztamfater, president of AMIGOH.



COMMITMENT TO
EFFICIENCY, HIGH
QUALITY OF SERVICES,
CONTINUOUS SEARCH
FOR PROCESS
IMPROVEMENT,
FINANCIAL
MANAGEMENT
RESPONSIBILITY AND
ETHICAL GOVERNANCE
ARE PRESENT IN ALL
EINSTEIN ACTIVITIES.



ETHICAL PERFORMANCE

In 2017, communication and compliance training activities mobilized employees from all Einstein units through the “I am Einstein, I am ethical” campaign. The purpose of the action is to disseminate the precepts contained in the Manual of Ethical Conduct. Issues such as corruption, conflict of interest and moral and sexual harassment deserved special attention in 2017 with lectures and workshops. These events were attended by experts such as the historian Leandro Karnal, the American Marjorie Doyle, an international reference in the area of ethics and compliance, and Dan Ariely, professor of psychology and behavioral economics of Israeli origin.

Another educational action was more comprehensive, with the so-called Trail of Principles and Values, a project developed in a virtual environment that “decodes” the norms of the Manual of Ethical Conduct, in clear and easily assimilable language. The content of this material was accessed by more than 12 thousand employees, which means 88.9% of the target audience.

Corporate Risk Management

For the third consecutive year, Einstein conducted the Corporate Risk Assessment, which considered perceptions of senior management (corporate governance and Board of Executive Officers) regarding all types of risks (strategic, financial, operational and compliance). The process involved evaluating previously considered risks and adding new ones, which resulted in the updating of the Institution's Corporate Risk Map. The map prioritizes 14 corporate risks for treatment and mitigation, with action plans that will be monitored until its implementation.

There were also two monitoring works on risks and compliance controls related to the management of permits and licenses and the application of resources from the projects for the Support of the Institutional Development Program of the Unified Health System (PROADI-SUS). In both, the processes went through evaluation with the objective of promoting improvements in the controls for risk mitigation.

For 2018, Corporate Risk Assessments are foreseen by the Board of Directors, based on a new approach aimed at improving the identification and evaluation of risks, as well as structure the management of the issue by area managers and contribute to the management culture of the Sociedade.

Internal Audit

Several processes, such as nutrition, importation, inventory, marketing expenses, travel, were audited internally in order to improve the control environment of SBIBAE. The work also involved verifying the execution of action plans from previous audits.

Vendors

The campaign "I am Einstein, I am ethical" will reach suppliers as well. Therefore, the Einstein's Vendor Manual was reviewed and will be published in 2018. The document includes new Einstein rules and procedures on supplier due diligence, in line with federal law 12,846/2013 (known as the Anti-Corruption Act).

One of the due diligence processes foreseen in the Manual is the verification of the performance history of the suppliers and their commitment to compliance guidelines. This check will guide the classification of companies into an "integrity ranking". Einstein will recognize good supplier compliance practices as a way to stimulate and inspire ethical conduct in the health value chain.



THE MAP OF CORPORATE RISK IS PERIODICALLY IMPROVED AND HAS UNDERGONE ITS THIRD REVIEW IN 2017.



Reporting channel

Einstein maintains a hotline, available via the institutional portal (www.einstein.br/compliance), intranet and telephone (0800 741 0004).

Anyone can file a complaint of violation of the Manual of Ethical Conduct without the need to identify themselves. The information received is forwarded for investigation with the support of technical committees. If deemed appropriate, the denunciations result in disciplinary measures and also assist in action plans to improve controls.

Institutional Documentation

The vast collection of Einstein manuals, policies, procedures, protocols and regiments is being rearranged in a project that aims to simplify custody and management from a differentiated system of document allocation. They will be sorted by process, with managers responsible for each.

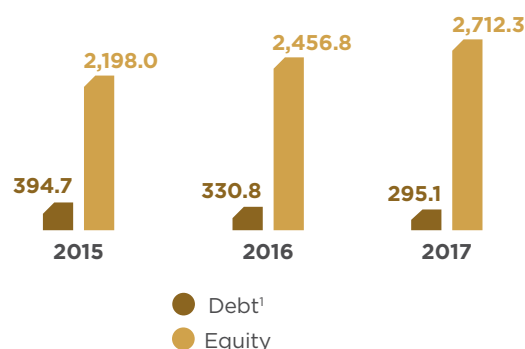
At the heart of this system is the institution's value chain, providing for four macroprocesses: corporate governance, health care, generation and diffusion of knowledge and operational support.

FINANCIAL ACCOUNTABILITY

In 2017, Einstein maintained the growth trend registered in previous years, with positive evolution in the main indicators. Earnings before interest, taxes, depreciation and amortization (Lajida) for the period were R\$ 376.1 million, an increase of 10.3% over that recorded in 2016. Operating revenue increased 8.2% in the period and reached R\$ 2.7 billion. Operating efficiency, driven by continuous review of processes and distribution of teams, limited the evolution of operating costs and expenses, excluding depreciation and amortization, 7.9%.

Net operating income was R\$ 228.2 million, 3.6% higher than in the previous year, impacted by the beginning of the amortization of the Cerner system and the depreciation of other assets. The surplus for the year was R\$ 255.5 million, 1.3% lower than in the previous year due to the lower financial result, impacted by the reduction of the interest rate.

TOTAL CAPITALIZATION (R\$ MILLION)



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

FINANCIAL COMMITMENTS ADOPTED¹

ASPECT	RESTRICTION	CALCULATION	LIMIT	2015	2016	2017
Cash and financial investments	Minimum availability should be 15% of annual revenue.	Cash and investmes/ net revenue	≥ 15%	28.5%	26.8%	28.1%
Indebtedness	Net debt can not exceed twice the value of profit before interest, taxes, depreciation and amortization.	Net debt/Lajida	≤ 2.0	-0.8	-1.0	-1.3
Leverage	The maximum participation of third party resources is limited to 30% of total assets.	Indebtedness onerous/total assets	≤ 30%	13.2%	10.1%	8.3%

¹ In 2017 the financial commitments were reviewed.

STATEMENT OF INCOME (R\$ THOUSAND)	2015	2016	2017	Δ 2017/2016
1. Net operating revenue	2,253,254	2,519,953	2,726,593	8.2%
2. Operational costs and expenses	2,064,001	2,299,781	2,498,434	8.6%
3. Operating income (1-2)	189,253	220,172	228,159	3.6%
4. Financial result	35,308	38,620	27,333	-29.2%
5. Year end results (3+4)	224,561	258,792	255,492	-1.3%
6. Lajida ¹	300,789	341,103	376,115	10.3%

¹ Earnings before interest, taxes, depreciation and amortization.

STATEMENTS OF VALUE ADDED (R\$ THOUSAND)	2015	2016	2017	Δ 2017/2016
Direct economic value generated	2,325,000	2,585,465	2,779,217	7.5%
Income ¹	2,325,000	2,585,465	2,779,217	7.5%
Distributed economic value	2,100,439	2,326,673	2,523,725	8.5%
Operating costs ²	633,445	773,569	916,067	18.4%
Salaries and benefits of employees ²	1,089,645	1,164,366	1,265,243	8.7%
Institutional Development Program for the Unified Health System (PROADI-SUS)	274,811	273,964	243,122	-11.3%
Investments in the community ³	47,312	57,290	54,014	-5.7%
Financial expenses	55,225	57,483	45,279	-21.2%
Cumulative economic value	224,561	258,792	255,492	-1.3%

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

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

³ These investments refer to expenditures on the Einstein Program in the Jewish Community, the Israelite Albert Einstein Residential and donations to welfare institutions. In 2017, the financial criteria of Philanthropy were revised.

BALANCE SHEET (R\$ THOUSAND)	2015	2016	2017	Δ 2017/2016
Total current assets	1,245,937	1,330,474	1,245,135	-6.4%
Immobalized	1,472,801	1,615,207	1,802,892	11.6%
Intangible	161,597	205,455	233,510	13.7%
Other non-current assets	120,559	111,114	268,852	142.0%
Total non-current assets	1,754,957	1,931,776	2,305,254	19.3%
Total Assets	3,000,894	3,262,250	3,550,389	8.8%
Current liabilities	442,442	466,973	526,740	12.8%
Non-current liabilities	360,420	338,453	311,333	-8.0%
Owner's equity	2,198,032	2,456,824	2,712,316	10.4%
Total liabilities and equity	3,000,894	3,262,250	3,550,389	8.8%

INDICADORES FINANCEIROS (R\$ MIL)	2015	2016	2017	Δ 2017/2016
Lajida ¹	300,789	341,103	376,115	10.3%
Capital expenditure	284,326	307,578	363,694	18.2%
Cash and cash equivalents	642,080	675,338	766,602	13.5%
Net working capital	251,326	239,184	159,776	-33.2%
Operational capital total employee	1,885,724	2,059,846	2,196,178	6.6%

¹ Earnings before interest, taxes, depreciation and amortization.

CAPITAL EXPENDITURE (R\$ THOUSAND)	2015	2016	2017	Δ 2017/2016
Land and buildings	57,924	82,043	126,079	53.7%
Works/buildings	49,453	67,100	107,092	59.6%
Reforms	492	114	ND	-
Real estate	7,980	14,829	18,987	28.0%
Technology and automation	86,345	110,582	109,980	-0.5%
Systems and applications	53,137	70,611	54,396	-23.0%
Facilities and telephony	15,659	28,848	30,111	4.4%
Computer equipment	17,548	11,123	25,474	129.0%
Medical equipment	106,854	88,694	82,379	-7.1%
Machines and equipment	22,614	14,804	36,929	149.5%
Furniture and utensils	9,162	11,454	8,157	-28.8%
Others	1,426	ND	170	-
Total	284,326	307,578	363,694	18.2%

ND: data not available.



SUPPLY CHAIN

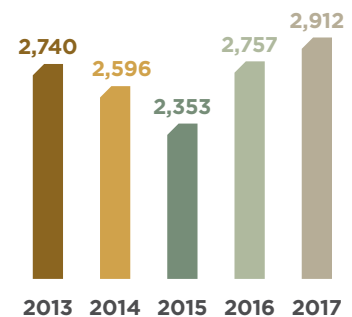
Supplier management is aligned with Einstein's values and has as a background the encouragement of good practices and the generation of shared value for the whole society. The entire chain is advised to follow the Supplier Manual and the Institutional Guidelines for Ethical Conduct, which determine the ethical business relationship, respect for the current legislation and alignment with good market practices. In areas considered to be of greater social or environmental risk, Einstein conducts periodic evaluations and technical visits, guiding the necessary corrections in case of non-compliance with established standards.

Annually, Einstein promotes voluntary self-assessment of critical or strategic suppliers regarding tax, labor, social, environmental, and legal compliance issues. In 2017, 207 companies participated in the survey; 70% of them were classified as medium or high adherence to the best practices of sustainability management. The information gathered helps in the company's risk management and directs the creation of joint improvement plans.

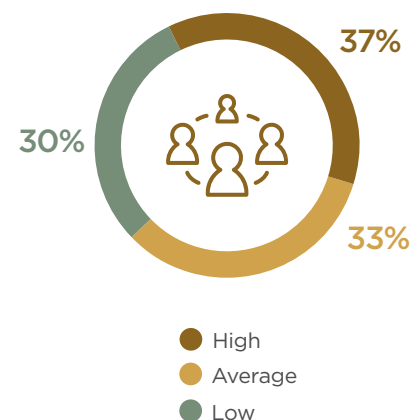
The Institution's activities mobilized another 2.9 thousand suppliers. The categories that concentrate the largest number of suppliers are: staff⁴ (15.3%), medical services (12.9%), medical supplies (7%), laboratory supplies (7%) and marketing and events (6.6%).

⁴ The term refers to suppliers of materials not directly linked to patient care, such as personal protective equipment for employees, office and information technology materials, furniture, decoration, glass utensils, gifts and packaging, among others.

ACTIVE SUPPLIERS



ADHERENCE TO SUSTAINABILITY CRITERIA¹



¹ Based on self-assessment performed by 207 suppliers.



CONTINUOUS IMPROVEMENT PROCESS

Einstein is continually striving to improve its processes with a focus on excellence in patient care and operational efficiency. The work is done in a systematic way with specific methodologies and structured improvement cycles. It involves all areas and is conducted with the support of the Continuous Process Improvement area. From 2008 to 2017, 792 improvement projects were conducted guided by the Lean Six Sigma methodology (LSS). The work involved over five thousand employees and the training of 450 leaders.

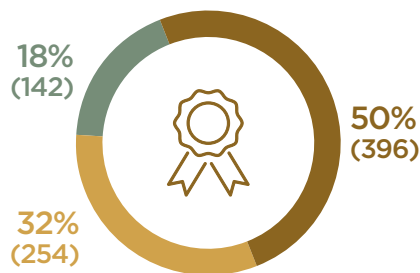
In order to continuously attract new project ideas in the own units and the Unified Health System (SUS) managed, the Institution conducts three “waves” of LSS projects per year. In each one, managers send topics relevant to their areas. The prioritization step follows alignment criteria with the Strategic Planning and the Balanced Scorecard.

In addition to periodic “waves”, the program also meets specific demands or opportunities identified throughout the year. The management model of the Program of Continuous Improvement of Processes follows the following steps: indication of the subjects; prioritization of themes and definition of the project leader; training of leaders in the LSS methodology; performance of actions; validation of results; and recognition of project leaders.

The results of the 2017 projects include: a 33% reduction in the waiting time for scheduling imaging tests and a 20% decrease in the patient's stay in the Emergency Care Unit (UPA).

EINSTEIN OPERATIONAL EXCELLENCE PROGRAM (2008-2017)¹

Total: 792 projetos



- Triple Aim¹
- Productivity
- Reduced costs, administrative expenses, working capital and increased revenues

¹ Of the projects focused on Triple Aim, most focused on improvements in the care experience.

LEARN MORE

The Lean Six Sigma methodology aims to reduce operational waste and failure in order to maximize the quality perceived by the customer. LSS projects follow five steps:

- Definition (characterization of the problem);
- Measurement (process mapping and data collection);
- Analysis (root cause analysis and definition of action plan);
- Improvement (implementation of improvement actions); and
- Control (monitoring of results and effectiveness of implemented actions).

QUALITY RECOGNIZED

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

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

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

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

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

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

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

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

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

ISO 14001: certifies the adequacy of environmental management standards of all the Organization's own units, except for PECP.



DIFFERENT ACCREDITATIONS
AND CERTIFICATIONS ASSIST
THE EXCELLENCE OF THE WORK
DEVELOPED BY EINSTEIN AND
IMPROVE SECURITY IN CRITICAL
PROCEEDINGS.

Joint Commission International (JCI): verifies quality and safety processes (environmental, patients and employees) of the hospital (Hospital Accreditation) and the specific programs of primary care, clinical care for patients with suspected stroke, care for patients with diabetes and the Einstein Program in the Paraisópolis Community (PECP). It encompasses all Einstein units in supplementary health.

ONA Level 2: awarded by the National Accreditation Organization to the Vila Santa Catarina Municipal Hospital - Dr. Gilson de Cássia Marques de Carvalho, certifies the safety, quality and credibility of health services.

ONA Level 3: awarded by the National Accreditation Organization to Dr. Moysés Deutsch Municipal Hospital - M'Boi Mirim, certifies the safety, quality and credibility of health services.

Planetree: The Morumbi unit has the designation, given to institutions with patient-centered care in humanized processes.

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

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

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



HIGH TECHNICAL QUALITY AND EMPLOYEE ENGAGEMENT ARE IMPORTANT DIFFERENTIALS OF EINSTEIN AND A CONSTANT SOURCE OF ATTENTION. MANAGEMENT OF PEOPLE FOCUSES ON THE ATTRACTION AND RETENTION OF TALENTS, PROFESSIONAL DEVELOPMENT, AND THE PROMOTION OF HEALTH AND SAFETY FOR ALL.



HEALTH AND SAFETY

One of the milestones of corporate health management at Einstein in 2017 was the operation of outpatient clinics. The first unit started operating at the end of 2016; the second, in the second half of 2017. Together, they totaled nearly 15 thousand services and 7,1 thousand beneficiaries in the year.

The clinics operate under a nominal linking model geared to family health. Each employee and his/her dependents count on the support of a fixed team of professionals, in order to reinforce the doctor-patient relationship and ensure a comprehensive approach to care through prevention, health promotion and care in various specialties (see *table on the next page*).

In addition to the benefit to the internal team, the new structures provide Einstein with a proactive role in driving the health of its employees and materialize in one of the key strategies of the Triple Aim governance model: population health management.

More broadly, clinics organize the primary care level - which is now broken down into different structures - and help strengthen a model of care less hospital-centered and better adjusted to the different needs of the population. Starting in 2018, the clinic network will be expanded with units designed to serve the general population and serve as a “gateway” for cases of less complexity.



CARE PROGRAM - HIGHLIGHTS



HEALTH PREVENTION AND PROMOTION

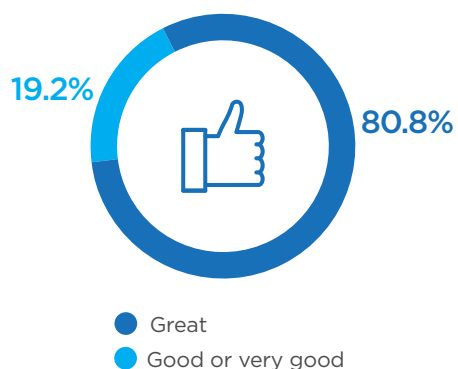
- Lectures, guidelines (focus: spine, balance, gestation care, family health)
- Physical and well-being activities (meditation, yoga, exercise)



ASSISTANCE

- Outpatient clinics
- Diagnostic Medicine
- Telemedicine
- Internalization of tests and admissions in cases of high complexity - strong integration with the health provider for a more strategic management of resources

OUTPATIENT CLINICS - EVALUATION ON CARE¹



¹Based on 646 questionnaires.

Note: there were no negative responses to the survey.

99.9% OF PATIENTS SERVICED IN OUTPATIENT CLINICS WOULD RECOMMEND THE SERVICE TO FRIENDS AND FAMILY.



From a distance

Through Telemedicine, employees can consult the doctor from the workplace. Access is online and can be done from any computer, cell phone or tablet with camera, microphone and audio playback. In the units Faria Lima and Alphaville, there is the option of accessing the service through a space dedicated to Telemedicine.

In addition to providing more agility, Telemedicina helps to order the flow of care by screening and directing cases to different structures. Of the 458 people serviced in 2017, 14% were asked to attend face-to-face care, and 7% were consulted for up to seven days after telemedicine service. In 70% of the cases serviced, there was prescription of medications; of these, 25% required retention of the prescription. The perception about the service is positive: 98% of the patients said they felt safe with the Telemedicine consultation and 100% would recommend the service to others.



Security in focus

The Einstein Employee Safety System integrates aspects of monitoring and management, fitness space and engagement initiatives into safe behaviors in a continuous work involving all teams.

Focusing on the main causes of incidents, in 2017, the work focused on the following topics was reinforced:

- Same level slips and falls
- Safe behavior
- Biological incidents
- Road accidents
- Occupational risks
- Risk activities

In 2017, there was improvement in all indicators related to the health of the employee. Compared with 2016, the severity index fell by 28%, the rate of accidents without loss of time fell by 36% and the rate of accidents with loss of time, by 38%. Several actions contributed to these results. One example was the evolution in training formats, with the use of gamification tools and practical experiences in stations or scenarios that simulate real situations.



EINSTEIN IS A SIGNATORY MEMBER OF THE VISION ZERO INITIATIVE OF THE INTERNATIONAL SOCIAL SECURITY ASSOCIATION (ISSA), WHICH SEEKS TO IMPROVE THE HEALTH, SAFETY AND WELL-BEING CONDITIONS OF EMPLOYEES OF COMPANIES IN SEVERAL PARTS OF THE WORLD.



In order to approach the theme of safety on the way between residence and work, a specific work was carried out with motorcyclists. The course - a 12-hour course and recognized by the Brazilian Motorcycle Association - involved theoretical and practical content. 78 employees participated in four classes held throughout the year.

Another novelty was the adoption of the Observation and Behavioral Approach (OAC) tool, developed internally with the objective of capillarizing the safety culture at all levels of the organization. In total, 400 team leaders and members of the Internal Accident Prevention Commission (CIPA) underwent training to act as observers and disseminate information on risks and mitigation actions from situations experienced in the day. More than 4,500 observations were made.

LEARN MORE

Gamefification is the application of logic and game tools to facilitate learning. Trainings based on this concept are more engaging and interactive.



IN 2017, EINSTEIN'S TRAINING AND ENGAGEMENT INITIATIVES IN HEALTH AND SAFETY MATTERS DESERVED THE BRAZIL PROTECTION AWARD IN THE CATEGORY TRAINING AND COMMUNICATION IN HEALTH AND SAFETY AT WORK. THE AWARD IS AN INITIATIVE OF THE MAGAZINE PROTECTION, SPECIALIZED IN THE THEME.

EMPLOYEE SAFETY INDEX ¹	2015	2016	2017	Δ 2017/2016
Frequency rate of time-consuming accidents ²	4.91	3.46	1.61	-38%
Rate of accidents with biological risk without loss of time ²	4.70	3.81	2.07	-36%
Severity index ³	71.77	59.12	33.84	-28%
Removal rate	1.80	1.81	1.56	-13.81%

¹ Does not consider the employees who work in the Vila Santa Catarina Municipal Hospital - Dr. Gilson de Cássia Marques de Carvalho, who will be included in the calculations as of 2018.

² Accidents/man-hours worked with risk exposure.

³ Days lost man-hours worked with exposure to risk.

TEAM ALIGNMENT

Over 13 thousand professionals are part of the Einstein team. Focusing on alignment with employee values and growth, Einstein continuously offers training opportunities in a system that combines internal and external training and is organized into developmental paths. These tracks cover the desired technical and behavioral competencies in four dimensions: institutional, professional (customized for different roles and functions), sectoral (specific to each area of action) and individual (focused on complementary skills).

In 2017, there were over 591 thousand hours of training, an average of 44.6 hours per employee. The decrease of 17.1% in relation to 2016 is justified by the reduction in the hours of the institutional track, both for the integration of new employees and for the introduction of new themes to the team in general. In addition, the 2016 training program met specific needs that were not repeated in 2017, such as training prior to the opening of the Chácara Klabin unit and the implementation of the Cerner Millennium.



TRAINING	2014	2015	2016	2017	Δ 2017/2016
Employees					
Internal training	437,822.0	616,765.0	681,245.0	557,193.0	-18.2%
External training	22,787.9	24,503.6	29,311.9	33,855.0	15.5%
Total	460,609.9	641,268.6	710,556.9	591,048.0	-16.8%
Average per employee	40.6	51.8	53.7	44.6	-17.1%

PERFORMANCE EVALUATION (2017)	2017
By Gender	
Men	89%
Women	90%
By position	
Director	100%
Manager	80%
Medical Manager	97%
Coordinator/Specialists	93%
Medical Coordinator	100%
Doctor	88%
Professional	94%
Technical	91%
Assistant	78%
Total	90%



A STRUCTURED PERFORMANCE EVALUATION SYSTEM ENSURES PERIODIC FEEDBACK TO ALL PROFESSIONALS AND GUIDES THEIR CAREER DEVELOPMENT. IN 2017, 90% OF THE EMPLOYEES PARTICIPATED IN THE PROCESS.

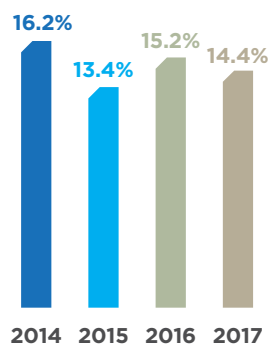
RECOGNITION

Einstein is one of the ten Best Companies to Start Your Career, according to the ranking of the magazine VOCÊ S/A, Editora Abril. The research is carried out in partnership with Fundação Instituto de Administração (FIA) and Cia de Talentos and focuses on employees aged 18 to 26 years old. This was the seventh edition of the ranking, and the first time Einstein competed.

The Institution also integrated another ranking of the magazine: The Best Companies to Work For. This was the eighth consecutive year of presence on the list. Keeping the previous trend, the performance of the Institution has improved. The Happiness Index at Work evolved: it rose from 80.5 in 2016 to 84.4 in 2017 (on a scale of 0 to 100 points).



CHURN (%)



[SEE ANNEXES](#)

THE CHURN RATE IN 2017 WAS 14.4%, IN LINE WITH THE REGISTERED IN PREVIOUS YEARS.

EINSTEIN IS COMPRISED OF	2016	2017
Employees	12,929	13,218
By position		
Director	21	17
Manager	71	79
Medical Manager	26	29
Coordinator/Specialists	365	383
Medical Coordinator	92	114
Physicians (I, II, III)	1,253	1,297
Professional	5,754	5,941
Technical	3,360	3,358
Assistant	1,987	2,000
By type of employment contract		
Determined time	6	16
Undetermined time	12,923	13,202
By type of employment		
Full time	10,959	11,146
Part time	1,970	2,072
Counselors	180	180
Interns	159	183
Subtotal internal team	13,268	13,581
Third Parties	3,150	3,039
Total workforce	16,418	16,620

Dialogue

An annual agenda of meetings between senior management of the institution and professionals from different areas and hierarchical levels promotes strategic alignment and encourages the joint search for improvements. Meet some highlights of the year.

Meetings with leaders

- 6 meetings (general director and leadership);
- 11,318 participants (face-to-face and online); and
- New: possibility to send anonymous questions during the meetings.

Breakfast with coordinators

- 9 meetings (general director and coordinators); and
- 101 participants (areas: medical, nursing, corporate, social responsibility and teaching and research).

Meetings at Hospital Israelita Albert Einstein (HIAE)

- 17 meetings (medical director of the HIAE and leaders and professionals from different areas);
- 244 participants; and
- Focus on day-to-day work and opportunities for improvement.

FUTURE CHALLENGES

In line with the ongoing digital transformation at Einstein, one of the focuses of the people management work in 2018 will be to seek opportunities and increase team productivity from the use of technology and support tools. The Institution's plans also include structuring actions aimed at mental health and reinforcing monitoring and initiatives to reduce absenteeism.



EINSTEIN MEETING OF LEADERS

The 2017 edition of the event brought together 390 professionals and had as its central theme "Leadership in a Changing World". The activities focused on four lines of approach: Ethics and compliance, Role of leadership in safety and patient experience, Innovation and entrepreneurship in health and New challenges in alignment with employees.

The event is held annually and is part of the Einstein Leadership Development Program (PDLE).

EINSTEIN SEEKS TO INCREASE THE EFFECTIVENESS OF THE OPERATION AND MINIMIZE THE MOST SIGNIFICANT DIRECT ENVIRONMENTAL IMPACTS: CONSUMPTION OF WATER AND ENERGY AND GENERATION AND DISPOSAL OF WASTE.





WASTE

Waste management is an issue of relevance to Einstein and has been the subject of progress in 2017. Throughout the year, the Institution reduced the generation of hazardous and non-hazardous waste by an average of 4.9%. In the management of non-hazardous waste, two advances in the year stand out: the 38% increase to 41% in the portion sent to recycling, driven by awareness-raising actions, and a 46% reduction in organic waste generated in food preparation, in a continuous improvement project guided by the Lean methodology with the teams that work in the cafeteria. *(For other Einstein Lean projects, see page 74.)*

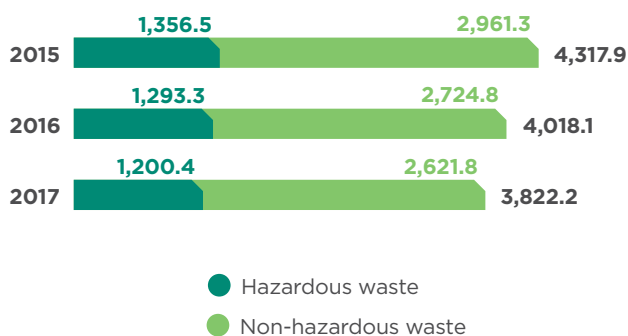
With regard to hazardous waste, the year was prepared for an initiative to be implemented in 2018: 70% of the Morumbi unit's infective residue will undergo an autoclave decontamination process and, after being ground, it can be discarded as common waste, in a simpler and safer process.

Because they pose a potential risk to health, the materials receive different treatment in the collection and destination, in line with the legislation. The new waste decontamination and crushing equipment occupy an area of 300 square meters.

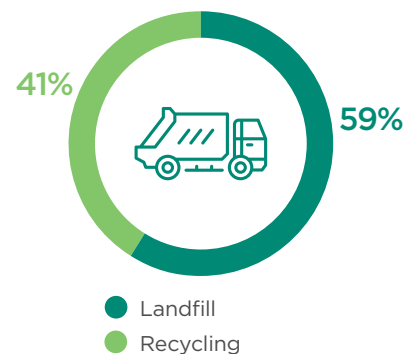
ENVIRONMENTAL MATTERS



WASTE (t)



DESTINATION¹ (%)



¹ Considers non-hazardous waste.

WASTE	2013	2014	2015	2016	2017	Δ 2017/2016	DISPOSAL METHOD
Dangerous (t)	1,113.8	1,327.7	1,356.5	1,293.3	1,200.4	-7.2%	
Infectant	1,052.5	1,249.0	1,280.3	1,207.0	1,106.4	-8.3%	UTR ¹
Chemical	58.8	75.5	75.8	85.4	93.2	9.0%	UTR
Radioactive waste ²	2.5	3.3	0.4	0.8	0.9	6.3%	Stored for on-site decay
Not dangerous (t)	3,139.7	3,394.2	2,961.3	2,724.8	2,621.8	-3.8%	
Non-recyclable	2,135.4	2,059.9	1,728.8	1,668.9	1,524.4	-8.7%	Landfill
Recyclable	1,004.3	1,334.2	1,232.5	1,055.9	1,097.4	3.9%	Recycling
Total (t)	4,253.5	4,721.9	4,317.9	4,018.1	3,822.2	-4.9%	
Intensity (kg of waste / pass-equivalents³)	0.361	0.350	0.317	0.305	0.380		

¹ Waste Treatment Unit.

² They are kept in lead boxes located in the Einstein until the radiation decay, in a process monitored by a specialized team. After decay, they are discarded as infectious and follow the specific flow.

³ The total number of pass-equivalents considers all the modalities of care performed in Einstein and the average length of stay of patients in the Institutions: 4h in diagnostic medicine, 6.5h in the early care and 24h in the hospitalizations.



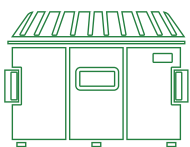
RECOGNITIONS

In 2017, Einstein won recognition from the Healthy Hospitals Project for its participation in the global effort to address the hospital waste challenge. The Healthy Hospitals Project is an initiative in Brazil of the Global Network of Healthy and Green Hospitals, which promotes actions to reduce environmental impacts in the health sector.

In another initiative of the institution, Einstein won first place in the 2020 Challenge Climate Champions award in the category of Reducing greenhouse gas (GHG) emissions from non-energy sources. The award-winning project ensured a 7% reduction in Einstein's total GHG emissions through reduced consumption of nitrous oxide (used in anesthesia).

SECTOR DISCUSSIONS

EINSTEIN INTEGRATES IMPORTANT FORUMS OF DISCUSSION OF THE HEALTH AREA WITH A FOCUS ON WASTE MANAGEMENT. IN THE FEDERATION OF HOSPITALS, CLINICS AND LABORATORIES OF THE STATE OF SÃO PAULO (FEHOESP), PARTICIPATES IN THE DISCUSSIONS ON IMPROVEMENT OPPORTUNITIES IN LEGISLATION, AND IN THE NATIONAL ASSOCIATION OF PRIVATE HOSPITALS (ANAHP), COORDINATES THE WORKING GROUP ON HOSPITAL RESIDUE.





CONSUMPTION OF NATURAL RESOURCES

Focusing on the eco-efficiency of the operation, Einstein carries out initiatives that seek to ensure the rational consumption of water and energy. In the area of energy, the projects carried out in 2017 added investments of around R\$ 3.5 million in three major actions⁵:

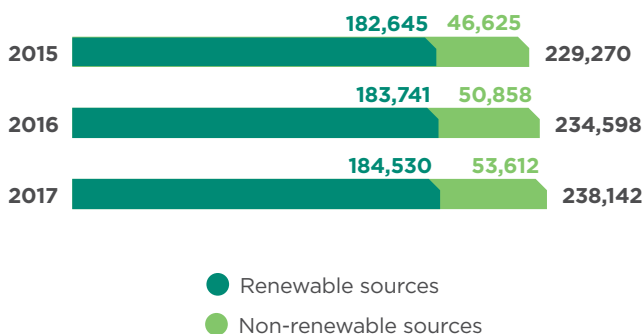
- Replacement of 17,100 lamps per LED, with completion scheduled for April 2018;
- Installation of photovoltaic panels for the generation of solar energy in the Morumbi unit; and
- Replacement of vacuum pumps - used in some surgical procedures, diagnosis and for collection of anesthetic agents in the environment - by more modern equipment and lower energy consumption.

The three measures will provide a reduction of 2,135 MWh per year in the purchase of energy, which is equivalent to 4% of annual consumption. The main impact stems from the modernization of the lighting system, with a reduction of 1,890 MWh/year in consumption, almost 90% of the projected total economy.

The solar self-generation system represents another source of clean energy to supply the consumption of the Institution. It will provide 0.3% of the energy consumed and reinforces Einstein's commitment to low environmental impact energy.

CONSUMPTION OF ENERGY (GJ)

SEE ANNEXES



Another important advance in the energy topic was the installation of telemetry equipment at the Chilled Water Center of the Morumbi unit, which feeds the entire HVAC system and accounts for 35% of Einstein's total energy demand. The equipment allows to accurately measure the performance of the Plant over time by means of three combined indicators: energy consumption, production (amount of heat withdrawn from the water) and load (simultaneous demand recorded). The data will guide an improvement plan to be implemented in 2018 with the goal of increasing the Central's efficiency by 12% by 2019.

⁵ The actions were supported by ANEEL's Research and Energy Efficiency Program (PROPEE) through AES-Eletropaulo.



ENERGY SECURITY

In 2017, energy security actions were advanced to ensure the stability and autonomy of the systems. All units already have a fourth level of security, which allows the operation of the services for long periods, even in situations of power failure. The set of generators of the Morumbi unit, for example, assures the operation of the whole complex during five days without need of replenishment.

The project began in 2015 and forecasts investments of R\$ 90 million by 2022. Expenditure in 2017 was R\$ 32 million.

Water

With a focus on rational water consumption, the hydraulic equipment of all units is standardized, with the installation of aerators, pressure reducers, taps timers and dual-drive discharges. The choice of equipment followed the practices recommended by the Green Building Council, responsible for the LEED (Leadership in Energy and Environmental Design) certification, a world reference in construction and sustainable operation of buildings. The target for 2018 is to avoid 15% of total consumption, based on the values of 2016, reference year for efficiency actions.

The first phase of the project was completed in early 2018 and covered three of the six Morumbi unit buildings, which account for almost two-thirds of unit consumption. The second stage will take place in 2018 and will include the remaining buildings in Morumbi and all the advanced units.



WATER CONSUMPTION	2013	2014	2015	2016	2017	Δ 2017/2016
Concessionaire	359,149	330,620	266,134	278,750	288,286	3.4%
Own artesian well	0	12,435	56,952	34,520	12,244	-64.5%
Total	359,149	343,055	323,086	313,270	300,530	-4.1%

REPORTING PROCESS AND MATERIALITY

[102-40, 102-42, 102-43, 102-46 and 102-47]

In this 2017 Sustainability Report, the Sociedade Beneficente Israelita Brasileira Albert Einstein presents its main advances and challenges in the management of sustainability. This report was prepared in accordance with the GRI Standards: essential option.

It covers the period from January 1 to December 31, 2017 and complies with the principles of context (balance), completeness, materiality and inclusion of stakeholders.

The selection of content considered, in particular, the themes identified as most relevant by stakeholders during the process of updating the materiality matrix, conducted in December 2017. Audiences heard during the process were selected because they are directly or indirectly impacted by the activities and services provided by Einstein and influence the conduct of the business in the short, medium and long term. Through online research, the following perceptions were collected:

- 1,437 employees;
- 426 physicians;
- 64 suppliers;
- 43 volunteers;
- 37 teaching professionals; and
- Other audiences: researchers (seven), Patient Council members (five), students (four), representatives of health plan operators (three) and members of public area management committees (two).

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

Of the 36 topics initially mapped to support the materiality review process, 11 were identified as priorities and validated by the leadership of the Institution. They include:

- **Patient experience:** integrated management of the variables that affect the patient's perception and satisfaction of their expectations and needs in the relationship with Einstein;
- **Disease prevention and health promotion:** programs and initiatives focused on the quality of life and well-being of the population;
- **Patient privacy:** ensuring privacy and patient information security;



EINSTEIN PERIODICALLY
REVIEWS THE MATERIAL
ISSUES FOR THE
COMMUNICATION OF
SUSTAINABILITY.

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

ABOUT THE REPORT

MATERIAL TOPICS AND LIMITS [102-44]

MATERIAL TOPIC	STAKEHOLDERS VISION'	MONITORING INDICATORS	WHERE IS THE IMPACT?	EINSTEIN INVOLVEMENT
 Patient experience	• Students • Members of public sector management committees • Doctors • Volunteers • Health insurance companies and HMOs • Researchers • Teaching professionals • Vendors and suppliers • Sector entities	• 103-01 • 103-02 • 103-03 • Patient satisfaction survey • Contacts to the Customer Service (SAC)	Patients	Impact created by the Institution
 Prevention of diseases and promotion of health	• Students • Doctors • Volunteers • Health insurance companies and HMOs • Patients • Researchers • Teaching professionals • Vendors and suppliers • Sector entities	• 103-01 • 103-02 • 103-03	Society	Impact created by the Institution
 Patient privacy	• Students • Members of committees public sector managers • Doctors • Volunteers • Health insurance companies and HMOs • Patients • Researchers • Vendors and suppliers	• 103-01 • 103-02 • 103-03 • 418-01	Patients	Impact created by the Institution
 Patient health and safety	• Students • Doctors • Volunteers • Researchers • Teaching professionals • Vendors and suppliers • Sector entities • Government	• 103-01 • 103-02 • 103-03 • 416-01 • Patient safety indices	Patients	Impact created by the Institution
 Access to cheers	• Employees • Students • Doctors • Volunteers • Health insurance companies and HMOs • Researchers • Teaching professionals • Vendors and suppliers • Sector entities • Government	• 103-01 • 103-02 • 103-03 • Investments in social actions • Einstein Transplant Program • Assistance from the Department of Self catering apartments • Einstein Program in the Community of Paraisópolis (PECP) • Partnership with the São Paulo City Hall • Vila Santa Catarina Municipal Hospital • M'Boi Mirim Municipal Hospital	Society	Impact created by the Institution
 Compensation model for health services	• Employees • Members of committees public sector managers • Health insurance companies and HMOs • Government	• 103-01 • 103-02 • 103-03	Health Sector	Impact caused by the Institution and in its relationships with its value chain
 Economic performance	• Employees • Health insurance companies and HMOs • Sector entities • Government	• 103-01 • 103-02 • 103-03 • 201-01 • 201-04 • Total capitalization • Financial commitments • Statement of income • Financial statements • Financial indicators • Capital expenditure	Society	Impact created by the Institution

MATERIAL TOPIC	STAKEHOLDERS VISION ¹	MONITORING INDICATORS	WHERE IS THE IMPACT?	EINSTEIN INVOLVEMENT
 Fighting corruption	• Doctors • Health insurance companies and HMOs • Teaching professionals	• 103-01 • 103-02 • 103-03 • 205-01 • 205-03	Society	Impact caused by the Institution and in its relationships with its value chain
 Labor relations	• Employees • Students • Health insurance companies and HMOs • Researchers • Teaching professionals • Vendors and suppliers • Government	• 103-01 • 103-02 • 103-03 • 401-01 • 402-01	Employees	Impact created by the Institution
 Health and safety occupational	• Students • Doctors • Teaching professionals • Vendors and suppliers	• 103-01 • 103-02 • 103-03 • 403-02 • Employee safety index	Employees	Impact created by the Institution
 Generation and disposal of waste	• Students • Members of committees public sector managers • Doctors • Health insurance companies and HMOs • Researchers • Teaching professionals • Vendors and suppliers	• 103-01 • 103-02 • 103-03 • 306-02	Environmental	Impact created by the Institution

¹ Public that pointed the topic as relevant.

METHOD OF MANAGING MATERIAL ISSUES [103-1, 103-2 and 103-3]

MATERIAL TOPIC	EXPLANATION AND LIMITS	MANAGEMENT	EVALUATION OF THE FORM OF MANAGEMENT
	PAGE		
Patient experience	91, 92 and 93	19, 25 and 35	19, 25 and 35
Disease prevention and health promotion	91, 92 and 93	19 and 23	19 and 23
Patient privacy	91, 92 and 93	43 and 96	43 and 96
Patient health and safety	91, 92 and 93	38	38
Access to health	91, 92 and 93	32, 34, 37, 66, 99 and 100	32, 34, 37, 66, 99 and 100
Compensation model for health services	91, 92 and 93	31	31
Economic performance	91, 92 and 93	71	71
Fight against corruption	91, 92 and 93	69 and 95	69 and 95
Working relationships	91, 92 and 93	81	81
Occupational health and safety	91, 92 and 93	77	77
Generation and disposal of waste	91, 92 and 93	85	85

GRI CONTENT SUMMARY

[102-55]



GRI STANDARD	INDICATOR	PAGE/RESPONSE	OMISSIONS
GRI 101: BASIS 2016			
General disclosure			
GRI 102: General Disclosure 2016	102-01 Name	Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE)	-
	102-02 Activities, brands, products and services	Page 7	-
	102-03 Location of headquarters	São Paulo (SP)	-
	102-04 Location of operations	Pages 7 and 8	-
	102-05 Type and legal nature of the property	Page 7	-
	102-06 Markets in which it operates	Page 7	-
	102-07 Scale of the organization	Pages 7 - 9 and 71	-
	102-08 Employees and other workers	Page 82	-
	102-09 Supply chain	Page 73	-
	102-10 Significant changes in the organization and its supply chain	None	-
	102-11 Precautionary principle	Strategic planning and risk management are guided by the precautionary principle, present in the provision of health services, in the development of research and innovation activities, and in the relationship with the community, environmental and people management.	-
	102-12 External Initiatives	Page 7	-
	102-13 Participation in associations	Page 7	-
	102-14 Message from the president	Page 4	-
	102-16 Values, principles, standards, and conduct	Page 13	-
	102-18 Governance structure	Page 11	-
	102-40 List of stakeholder groups	Page 90	-
	102-41 Percentage of employees covered by collective bargaining agreements	100%	-
	102-42 Identification and selection of stakeholders	Page 90	-
	102-43 Approach to engage stakeholders	The engagement processes for the drafting of this report are described on page 90. The other dialogues and engagement processes carried out by Einstein are not systematized in formal lists of audiences or procedures.	-
	102-44 Main topics and concerns raised	Page 92	-
	102-45 Entities included in the financial statements	Einstein focuses its activities on only one entity, which is fully covered by the statements and by this report.	-
	102-46 Defining the content and limits	Page 90	-
	102-47 List of material topics	Page 90	-

GRI STANDARD	INDICATOR	PAGE/RESPONSE	OMISSIONS
	102-48 Reformulation of information	The cases of reformulation/re-presentation of previously published data are flagged and justified directly in the indicators in which this occurred.	-
	102-49 Changes in reporting	In the materiality review process, the topic of compensation for health services has gained relevance and is no longer considered as much of a priority as the report on the following topics: water consumption; energy consumption; diversity and equal opportunities; career development; education for sustainability; engagement of the Clinical Staff; effectiveness of health services; community development; and generation and diffusion of knowledge.	-
	102-50 Period covered by report	From January 1 to December 31, 2017.	-
	102-51 Date of most recent report	2017	-
	102-52 Publication cycle	Yearly	-
	102-53 Contact for questions	Contact Us Channel, available on the site www.einstein.br .	-
	102-54 Statement of conformity with GRI	This report was prepared in accordance with the GRI Standards: essential option.	-
	102-55 GRI contents summary	Page 94	-
	102-56 External check	No external verification was performed.	-

GRI STANDARD	INDICATOR	PAGE/RESPONSE	OMISSIONS
ECONOMIC THEMED CONTENT			
Economic performance			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Page 71	-
	103-03 Evolution of the management style	Page 71	-
GRI 201: Economic Performance 2016	201-01 Direct and distributed economic value	Page 72	-
	201-04 Financial assistance received from the government	Einstein does not receive subsidies and tax incentives. Government onlendings are limited to reimbursement of the expenses with the management of the Dr. Moyses Deutsch Municipal Hospital - M'Boi Mirim and the implementation of the Basic Care Program for the City Health Department of São Paulo, described on page 9.	-
Fight against corruption			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Pages 69 and 95	-
	103-03 Evolution of the management style	Pages 69 and 95	-
GRI 205: Fighting Corruption 2016	205-01 Units subject to risk assessments related to corruption	Risk assessments cover 100% of operations.	-
	205-02 Communication and training on anti-corruption policies and procedures	Communications reached 100% of the employees and there were specific training on the subject.	-
	205-03 Confirmed cases of corruption and measures taken	There was a confirmed case, which resulted in the dismissal of the employee involved.	-

ABOUT THE REPORT

GRI STANDARD	INDICATOR	PAGE/RESPONSE	OMISSIONS
ENVIRONMENTAL THEMATIC CONTENT			
Effluents and waste			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Page 85	-
	103-03 Evolution of the management style	Page 85	-
GRI 306: Effluents and waste 2016	306-02 Waste by type and method of disposal	Page 86	-
SOCIAL THEMED CONTENT			
Employment			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Page 81	-
	103-03 Evolution of the management style	Page 81	-
GRI 401: Jobs 2016	401-01 New hires and turnover of employees	Page 101	-
Working relationships			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Page 81	-
	103-03 Evolution of the management style	Page 81	-
402: Employee Relations 2016	402-01 Minimum notice period for changes operational	There is no fixed term. Information on collective agreements are made available as soon as the documents are finalized.	-
Occupational health and safety			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Page 77	-
	103-03 Evolution of the management style	Page 77	-
GRI 403: Occupational health and safety 2016	403-02 Injuries, occupational diseases, lost days, absenteeism and fatalities related to work	Page 80	-
Customer health and safety			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Page 38	-
	103-03 Evolution of the management style	Page 38	-
GRI 416: Management approach 2016	416-01 Assessment of health and safety impacts throughout the life cycle of products and services	100% of services and products undergo evaluation. For more information, see page 38.	-
Customer privacy			
GRI 103: Management approach 2016	103-01 Explanation of the material topic and its limits	Pages 91, 92 and 93	-
	103-02 Management style and its components	Pages 43 e 96	-
	103-03 Evolution of the management style	Pages 43 e 96	-
GRI 418: Customer Privacy 2016	418-01 Total number of substantiated complaints regarding breach of privacy and loss of customer data	There were no complaints or cases of privacy violation or loss of data, but two employees received warnings about access information.	-

GLOBAL PACT

Einstein is a signatory of the Global Pact, an initiative of the United Nations (UN) of a voluntary nature that aims to promote good business practice in four areas: human rights, working conditions, environment and anti-corruption. In addition to carrying out several actions and projects aimed at putting into practice the ten principles in which the Pact is organized, Einstein also integrates the Brazilian Committee of the initiative, and encourages the adherence of other companies to the initiative.

In order to monitor its own performance, the Company uses the self-assessment tool indicated by the Global Compact Committee, and has been recording advances every year. Since the diagnosis began to take place, the level of compliance and compliance has increased from 59% in 2013 to 81% in 2017.

The following table indicates the main actions taken in 2017.

PRINCIPLE	PAGE
HUMAN RESOURCES	
1  Support and respect the protection of internationally recognized human rights.	70 and 73
2  Ensure your non-participation in violations of these rights.	70 and 73
WORK	
3  Support the freedom of association and the effective recognition of the right to collective bargaining.	70 and 82
4  Support the elimination of all forms of forced or compulsory labor.	70 and 73
5  Support the effective abolition of child labor.	70 and 73
6  Eliminate discrimination in employment.	81 and 83
ENVIRONMENTAL	
7  Support a precautionary approach to environmental challenges.	85, 87 and 88
8  Develop initiatives to promote greater environmental responsibility.	73 and 87
9  Encourage the development and diffusion of environmentally friendly technologies.	85 and 88
AGAINST CORRUPTION	
10  Fight corruption in all its forms, including extortion and bribery.	69



CARE

HOSPITAL ISRAELITA ALBERT EINSTEIN	2014	2015	2016	2017	Δ 2017/2016
Operating beds ¹	629	615	630	627	-0.5%
Operating rooms ²	38	38	39	40	2.6%
Releases ³	52,839	54,544	54,747	55,491	1.4%
Morumbi with Day Clinic	51,842	53,309	52,929	53,500	1.1%
Perdizes - Day Clinic	997	1,235	1,818	1,991	9.5%
Average length of stay (in days)	3,75	3,64	3,51	3,40	-3.1%
Occupancy rate (%) ⁴	85,6	85,7	82,6	81,4	-1.2 p.p.
Surgical patients (without cesareans) ²	30,714	31,864	32,613	32,433	-0.6%
Number of births	4,449	4,669	4,294	4,501	4.8%

¹ These are the beds in use and the beds that can be used at the time of the census, even if they are unoccupied.

² Includes Morumbi and Perdizes units.

³ It is the patient's exit from the hospitalization unit by discharge (cured, improved or unaltered), evasion, withdrawal of treatment, internal transfer, external transfer or death.

⁴ Relationship between the total number of inpatients at the end of each day and the total day-bed available.

PARTNERSHIP WITH THE SÃO PAULO ADMINISTRATION	2013	2014	2015	2016	2017	Δ 2017/2016
FAMILY HEALTH STRATEGY						
Basic Health Units	13	13	13	13	13	0.0%
Family Health Teams	82	82	82	82	84	2.4%
Employees	1,060	1,036	1,024	1,036	1,085	4.7%
Registered Families	78,976	80,137	83,209	84,184	86,961	3.3%
People registered	269,839	273,410	281,863	279,851	286,129	2.2%
Services provided	1,852,290	1,955,520	2,055,257	2,224,298	2,434,954	9.5%
OUTPATIENT MEDICAL ASSISTANCE						
Units ¹	4	3	3	3	3	0.0%
Employees	545	316	295	223	242	8.5%
Services Provided	1,109,837	872,173	729,350	759,157	632,036 ²	-16.7%
EMERGENCY CARE UNIT						
Units ¹	ND	1	1	1	1	0.0%
Employees	ND	415	418	426	442	3.8%
Services provided	ND	414,607	840,425	923,553	995,154	7.8%
PSYCHOSOCIAL CARE CENTER						
Units ¹	1	3	3	3	3	0.0%
Employees	59	137	135	113	140	23.9%
Services provided	9,424	15,965	20,501	23,342	30,665	31.4%

¹ In April 2014, AMA Campo Limpo became UPA Campo Limpo.

² The decrease in the number of visits is justified by the reduction of the number of doctors.

ND: no available data.

EINSTEIN PROGRAM FOR THE PARAÍSÓPOLIS COMMUNITY (PECP) - OUTPATIENT OF PEDIATRIC SPECIALTIES	2013	2014	2015	2016	2017	Δ 2017/2016
Pediatric services	36,725	32,360	28,993	28,119	26,156	-7.0%
Surgical procedures	188	347	278	297	191	-35.7%
Nursing care ¹	46,610	45,107	61,203	58,197	67,913	16.7%
Nutrition counseling	6,135	7,269	6,327	4,975	5,103	2.6%
Pharmacy calls ²	2,251	49,822	52,805	62,739	59,801	-4.7%
Social Service Services	13,597	13,483	12,333	11,040	8,761	-20.6%
Occupational therapy	1,517	1,819	1,582	1,780	2,017	13.3%
Total	107,023	150,207	163,521	167,147	169,942	1.7%

¹ Includes inoculation of vaccines.

² From 2014, it also computes the pharmaceutical orientation in drug delivery, performed without prior scheduling.

VILA SANTA CATARINA MUNICIPAL HOSPITAL	2016	2017	Δ 2017/2016
Operating beds ¹	168	176	4.8%
Rooms for surgery	5	5	0.0%
Exit ²	6,817	6,810	-0.1%
Average length of stay (in days)	6.7	7.4	10.1%
Occupancy rate ³ (%)	78.0	79.0	1.0 p.p.
Surgical patients (except cesarean sections)	1,384	1,900	37.3%
Deliveries	3,107	3,408	9.7%

¹ These are the beds in use and the beds that can be used at the time of the census, even if they are unoccupied.

² It is the patient's leaving from the hospitalization unit by discharge (cured, improved or unaltered), evasion, withdrawal of treatment, internal transfer, external transfer or death.

³ Relationship between the total number of inpatients at the end of each day and the total day-bed number.

M'BOI MIRIM MUNICIPAL HOSPITAL	2014	2015	2016	2017	Δ 2017/2016
Operating beds ¹	240	240	240	240	0.0%
Rooms for surgery	6	6	10	10	0.0%
Exit ²	15,403	17,737	18,706	18,893	1.0%
Average length of stay (in days)	6.11	5.89	5.49	5.56	1.1%
Occupancy rate ³ (%)	88.7	90.5	89.1	89.8	0.7 p.p.
Surgical patients (except cesarean sections)	3,531	4,418	7,362	7,323	-0.5%
Deliveries	4,955	5,056	4,753	5,272	10.9%

¹ These are the beds in use and the beds that can be used at the time of the census, even if they are unoccupied.

² Is the patient's exit from the hospitalization unit by discharge (cured, improved or unaltered), evasion, withdrawal of treatment, internal transfer, external transfer or death.

³ Relationship between the total number of inpatients at the end of each day and the total day-bed number.

TRANSPLANT PROGRAM	2013	2014	2015	2016	2017	Δ 2017/2016
Patients in follow-up (as of December 31)	3,137	3,265	3,913	4,125	3,585	-13.1%
Outpatient consultations	26,825	28,535	27,733	25,257	20,630	-18.3%
Admissions	1,383	1,301	1,466	1,114	863	-22.5%

RESEARCH AND INNOVATION

RESEARCH PROJECTS	2013	2014	2015	2016	2017	Δ 2017/2016
Projects started	115	192	221	230	262	14%
Projects in progress ¹	178	179	268	279	322	15%
Completed projects	83	92	116	159	162	2%
Total	376	463	605	668	746	12%

¹ Projects started in previous years and were still under development in the year in question.

SOCIAL RESPONSIBILITY

VOLUNTEER DEPARTMENT ASSISTANCE	2013	2014	2015	2016	2017	Δ 2017/2016
Units Morumbi, Perdizes and Alphaville	177,357	216,373	234,928	248,741	235,265	-5.4%
Paraisópolis ¹ Unit	74,359	83,719	64,392	62,324	64,666	3.8%
Unit Vila Mariana ²	22,737	25,171	26,504	27,604	29,314	6.2%
M'Boi Mirim Unit	18,920	36,581	66,260	66,190	62,120	-6.1%
Vila Santa Catarina Municipal Hospital ³				4,403	7,894	79.3%
Total	293,373	361,844	392,084	409,262	399,259	-2.4%

¹ Includes: Einstein Program in the Paraisópolis Community and Outpatient Healthcare Centers (AMA) Paraisópolis.

² Includes: Albert Einstein Residential Hospital (RIAE) and Einstein Transplant Program.

³ Service started in 2016.

EINSTEIN PROGRAM FOR THE PARAISÓPOLIS COMMUNITY (PECP) - CENTER FOR HEALTH CARE	2013	2014	2015	2016	2017	Δ 2017/2016
Health center	47,651	49,408	49,087	45,901	38,386	-16.4%
Social center	15,391	15,375	20,325	17,669	18,733	6.0%
Education center	31,761	35,023	40,321	41,946	38,687	-7.8%
Art and communication center	35,670	35,689	39,859	37,564	41,166	9.6%
Sports center	36,447	38,085	50,334	56,662	55,817	-1.5%
Total	166,920	173,580	199,926	199,742	192,789	-3.5%

PEOPLE

CHURN	HIRED	FIRE	RATE (%)
By Gender			
Men	715	584	14.6%
Women	1,474	1,326	14.4%
By activity			
Physiotherapy	265	202	15.0%
Health care (non-medical)	1,073	988	12.1%
Other activities	851	720	19.3%
By age group			
Less than 30 years	1,242	715	19.3%
From 30 to 50 years	924	1,101	12.7%
Over 50 years	23	94	10.8%
Total	2,189	1,910	14.4%

ENVIRONMENT

POWER CONSUMPTION (GJ)	2014	2015	2016	2017	Δ 2017/2016
Renewable sources					
Ethanol	6	4	1	0	-100,0%
Electricity	182,169	182,641	183,740	184,530	0,4%
Non-renewable sources					
Natural gas	44,098	43,350	42,656	40,304	-5,5%
Gasoline	89	96	101	272	170,1%
Diesel oil	1,568	3,179	8,092	13,036	61,1%
Total	227,929	229,270	234,598	238,142	1,5%

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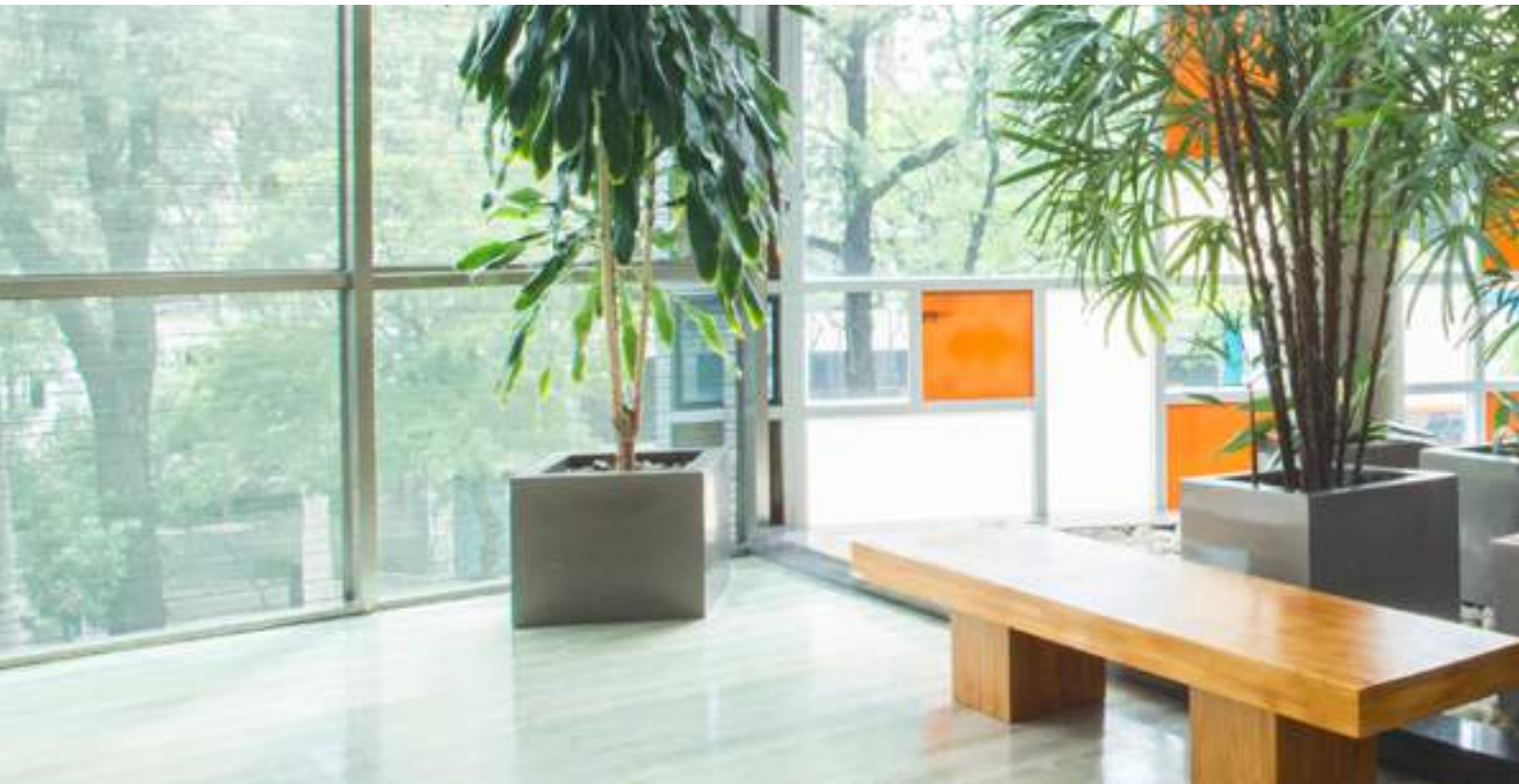
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