



INSTITUTO DO
CÂNCER
 DO ESTADO DE
 SÃO PAULO
 OCTAVIO FRIAS DE OLIVEIRA

SUSTAINABILITY
 REPORT
GRI 2018 to 2020







SUSTAINABILITY
REPORT
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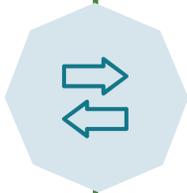
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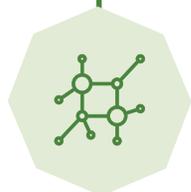




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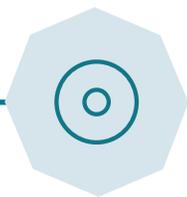
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Foreword



Vice-Director, USP Medical School Prof. Dr. Roger Chammas

We have written this report in a state of alert. As much as we try to change the focus of our attention, we hear the echo of the health crisis caused by COVID-19, a real threat that has implanted new routines, multiplied care, and continues to test our resilience as individuals, and our maturity as institutions. There could be no more disputing proof of the soundness of the institution.

The ICESP, as part of the FMUSP-HC system, continues to make its contribution as a care unit in the environment of an Academic Health Center: Humanized care for cancer patients, with teaching, research and innovation. These values guide us and integrate us with the other Institutes. The results we present here reflect the commitment of each of our employees to the mission of our institution, to whom we thank for all the dedication and for making the shared ideal attainable: ICESP, a center of excellence for the full care of cancer patients.





Leadership Message

(GRI 102-14)



President of the Directors' Council Prof. Dr. Ivan Ceconello

As part of the special authority of the Hospital das Clínicas of the Medical School of USP, ICESP was established to be large, both in size and volume of care, as well as in the quality of care, teaching and research, also present in the world of HCFMUSP. Major challenges are also encountered by the management of a reference institution in the treatment of cancer in the country.

As Full Professor and Chairman of the Directors' Council, acting very close to the teams, I already knew of the strength of the professionals who work at the Institute, but in such a critical period this strength proved to be even greater. In line with the guidelines of the institution, no efforts and creativity were measured to seek solutions of economics and innovation aimed at the well-being of cancer patients.





FFM - Fundação Faculdade de Medicina /OSS President Prof. Dr. Flavio Fava de Moraes

The ICESP trajectory is memorable for quality assistance, stands out internationally in teaching and research and has evolved in the incorporation of new technologies, with the objective of improving the processes in these pillars that structure the institution. The dissemination of good management, quality and safety practices among employees is a highlight to measure.

In addition, the knowledge of the ICESP in management came out in 2018, when Brazil faced a strong financial crisis, preparing itself with a very well-structured strategic plan to face the crisis. However, the most important thing was the engagement of the teams working to achieve this plan.

Once again, year of pandemic, with COVID-19, ICESP moved to reinvention. With innovative practices of excellence and management, it has adapted several processes to suit the new reality.





General Board Prof. Dr. Paulo M. G. Hoff

We are living in difficult times in the face of the biggest health crisis of our time. The impacts of the coronavirus pandemic were evident in our routine and, in an institution of the size and importance of ICESP, care needed to be intensified.

The pandemic was undoubtedly the biggest challenge, but not the only one in the period covered in this report. On several occasions our ability to reinvent us has been put to the test, but I am proud to say that ICESP has not measured efforts to maintain the standard of quality assistance for which it is recognized nationally and internationally.

In this scenario, we also work tirelessly for the continuity of teaching activities, essential for the qualification of the professionals we form here. As well as research, crucial to the search for more modern and effective treatments in cancer control.

We know that the pandemic has negatively impacted the tracking of new cancer cases and many of them will be diagnosed in the future at a more advanced stage. We do not want this to be the new normal, but we are ready once again to overcome the challenges that will come, with the commitment to better and better attend the oncologic patient.





Executive Director Joyce Chacon Fernandes

After completing the first decade of activities, the ICESP continued its long day of care, academic and scientific with the overcoming of many challenges. We present in this report, following the guidelines of *THE GLOBAL REPORTING INITIATIVE*, the results of the actions developed for society in the years 2018, 2019 and 2020.

The 2015 - 2018 Strategic Planning cycle presented among its results: The promotion of actions for the engagement and reception of employees, such as the creation of the

internal Ombudsman channel; the implementation of the *LEAN SIX-SIGMA METHODOLOGY* for process improvement; the development of high institutional protocols with the state health network, from a client and society perspective, and important actions and studies in the field of pharmacoconomics. The strategic map carried out in 2019, for the cycle that follows until 2022, integrates the strategic objectives of innovation and formation of the Teaching Core, following the model of the Research Core.

In this document, we described how ICESP overcame two highly impacting scenarios in its history. In 2018, a period marked by a difficult budgetary constraint, which recorded efforts to sustain institutional dynamics without compromising quality and, in 2020, with the new coronavirus pandemic. Situations that required the institution to reinvent itself to ensure that all its activities are carried out in a 28-story vertical structure. Challenges faced by a committed team that quickly planned new processes, reorganized spaces, developed protocols and new ways of serving, reallocated people and still enabled the Institute to achieve positive results such as the reaccreditations by *THE JOINT COMMISSION INTERNATIONAL (JCI)*, *COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF)* and the Clinical Laboratory Accreditation Program (PALC).

When we conclude that, in the face of so many adversity, ICESP guaranteed the continuity of treatment to cancer patients (all chemotherapy, radiotherapy and more than 500 surgeries/month were maintained, even during the pandemic), we celebrated a new stage in the mission of the Institute as a reference in care, teaching and research, An achievement that was only possible due to the professional capacity, transformation and adaptation of the whole body of ICESP employees.





Clinical Body Director Prof. Dr. Maria Del Pilar Estevez Diz

With 12 years of existence, ICESP consolidated itself as a reference oncologic care center, providing assistance in a human way, with high technical quality, developing specialized research with potential for modification of basic high-level conducts and research, in addition to its teaching activities, in all oncology-related areas.

This is only possible with the involvement of the whole body of employees, doctors and non-doctors, teachers or not. This commitment, which is centered on the patient, but does not open the hand of technical quality, humanization and rationalization of resources, creates a favorable environment for teaching and research, leading to the intense participation of students, whether graduated or not.

At that moment, with 12 years of life, we face a huge challenge, due to the COVID-19 pandemic caused by SARS-COV-2. We work hard not to interrupt treatments, even with distancing, to be attentive to being human and to maintain teaching and research activities. This has only been possible with the constant dedication of all teams, in a framework that changes every day and requires new solutions, restructuring areas and breaking paradigms.

With an engaged, competent and dedicated professional body I am sure we will overcome this challenge further.





Presentation of the Report

(GRI 102-45 | GRI 102-46 | GRI 102-50 | GRI 102-51 | GRI 102-52 | GRI 102-53 | GRI 102-54)

Based on the belief that the basis of any public network service should be transparency in the disclosure of information to its different interest groups, the Cancer Institute of the State of Sao Paulo Octávio Frias de Oliveira (ICESP) publishes its third Sustainability Report. In addition to an accounting tool, this document has the function of being a disseminated provider of good practices conducted by ICESP in the field of care, teaching and research in oncology, as well as the management of resources of a large hospital center.

This report presents the main achievements and results of ICESP for the years 2018 to 2020, and follows the guidelines of *THE GLOBAL REPORTING INITIATIVE (GRI)* – Standard version, essential option. Throughout the text, the GRI indicator codes are identified at the beginning of each chapter or subchapter and in the tables and/or graphs of the respective indicators. The index with the description of each

indicator can be found in the “GRI Summary” section starting on page 212.

The content covers all units of the ICESP (Unit Dr. Arnaldo, Osasco Outpatient Unit and Outpatient Pharmacy), in addition to ASCC (Advanced Special Care Core), unit of Recanto Sao Camilo located in the municipality of Cotia (SP), which acts as *A HOSPICE* for the Institute.

This document can be accessed electronically on the ICESP website at: www.icesp.org.br

For more information about the content of this Report, please contact icesp.direx@hc.fm.usp.br.



Matrix of Materiality

(GRI 102-43, 102-46, 102-47)

The materiality study from the perspective of the different public of interest of ICESP was developed in 2017, with the objective of identifying the main social, environmental and economic issues critical to the Institute's operations. For this study, about 250 people were consulted, among directors, employees, patients, caretakers, Doctors, researchers, suppliers, service providers and partners, in addition to having conducted secondary research with the specialized press in the health sector, government agencies and NGOs, and movements dedicated to sustainability in the hospital sector. Based on this survey, a matrix of materiality was elaborated from which 29 themes were prioritized.

The subjects presented in this Report reflect this prioritization. More details on the consultation process and the prioritized themes can be found in the “Report GRI ICESP 10 years”, available at www.icesp.org.br/o-instituto/sustentabilidade/relatorios. A process of reviewing the materiality matrix is foreseen for the next reporting cycle regarding ICESP activities.







ICESP's action in the fight against COVID-19

Faced with the challenging scenario experienced in 2020, ICESP faced the need to join efforts to confront the COVID-19 pandemic, aiming at the protection and safety of employees, patients and their families. Additionally, being part of the public health network, ICESP also contributed directly and indirectly to the treatment of patients with COVID-19, placing part of its structure and staff at the Hospital das Clínicas (HCFMUSP). The institution thus needed to adapt its corporate processes and conduct, as well as to structure specific actions to prevent and combat the disease's progress. Among these actions, the following stand out:

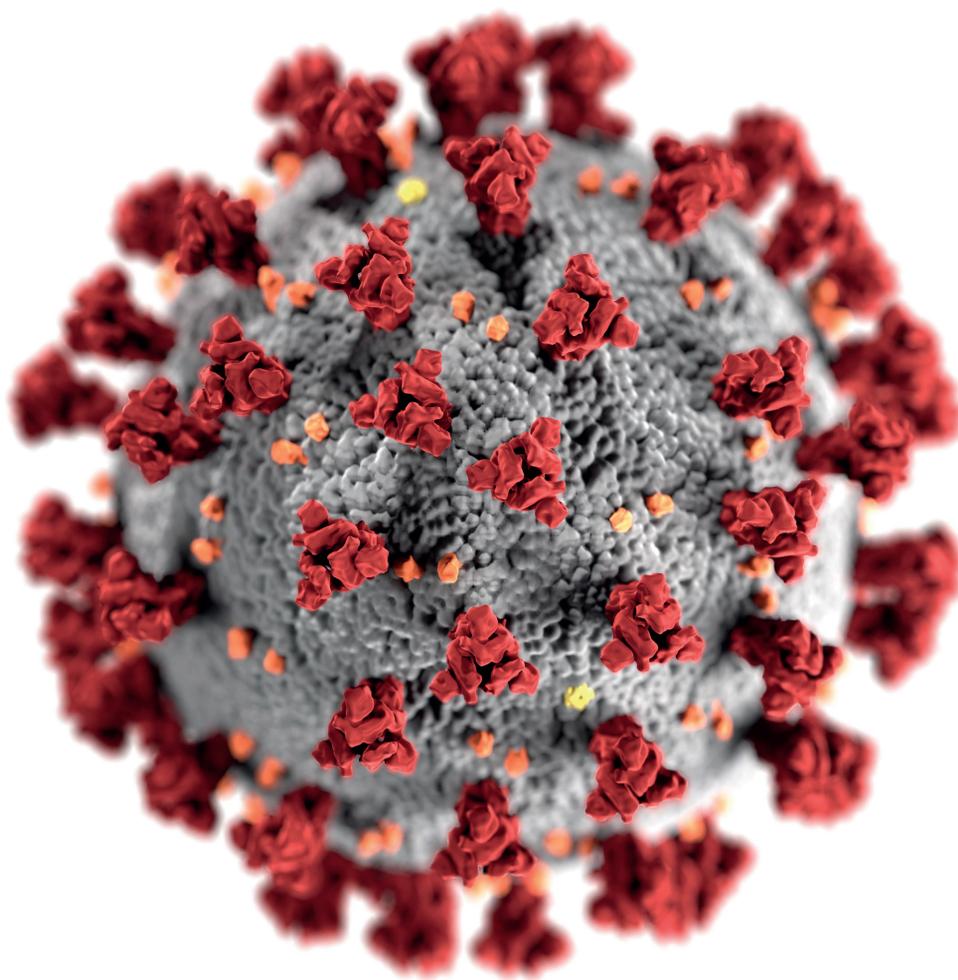
- Adaptation of the screening flow at the entrance of the building (with 4 screening posts) and in the direction of patients with symptoms gridded to a flow separated from the others;
- Directing all employees with respiratory symptoms to the HCFMUSP's Associate attention Center (CEAC) and defining specific flows for patients with respiratory symptoms;
- Implementation of remote consultations (medical and multi-professional);
- Restructuring of the services of the "Hello ICESP", with extension of the services of the Hello Nurse and Hello Nutrition and creation of the Hello Pharmacist;
- Prioritization of consultations and examinations of patients in active treatment for cancer and review of scheduled surgeries (maintaining surgeries that had higher benefits than risks);
- Restriction of number of visitors per patient;
- Virtual visits of relatives to isolated patients with suspicion of COVID-19;
- Creation of the information channel, with the provision of the "Coronavirus Alert" icon on the desktop of the computers, so that employees have access to information, protocols, and virus guidance, prevention measures, care protocols and details on the use of personal protective equipment (PPE) in the premises of the ICESP;
- Installation of 580 new alcohol gel dispensers, in addition to those already distributed in the building;
- Conducting of Safety-in-person courses for physicians and residents on topics such as: "Intubation of patients with COVID-19" and "Placement and withdrawal of the garment in the care of the suspect or confirmed COVID-19" patient;
- Availability in the Virtual Learning Environment (VLE) of the course "Control measures: Suspected and confirmed cases coronavirus (COVID-19)";
- Reinforcement of awareness campaigns for hand hygiene, use of PPE, use of lifts, among others;
- Cancellation of events and meetings with more than 20 persons;





- Receiving patients who were admitted to the Central Institute (CI) of HCFMUSP, when 900 beds of CI were released for care of patients with COVID-19;• Loan of equipment and temporary allocation of ICESP employees to the CI;
- Operationalization of one infirmary floor (16th) and one ICU floor (9th), intended for the care of cancer patients suspected or confirmed with COVID-19. The number of beds varied during the months, during 2020, and at the beginning of 2021 there were 60 beds of infirmary and 36 beds of dedicated ICU;
- Strengthening the role of CAIO as a sector for the exclusive care of oncologic interurrences through the implantation of medical screening;
- Division of CAIO in two sectors, with physical area, teams and flows separated, one for the care of patients with suspected COVID-19 pictures and the other for the care of others;
- Creation of the COVID Portal: Real-time follow-up of all suspected and confirmed patients of COVID-19 and standardization of the flow of transfers from ICESP to the Central Institute (CI), centralizing all information relevant to management.

CORONAVIRUS REPRODUCTION





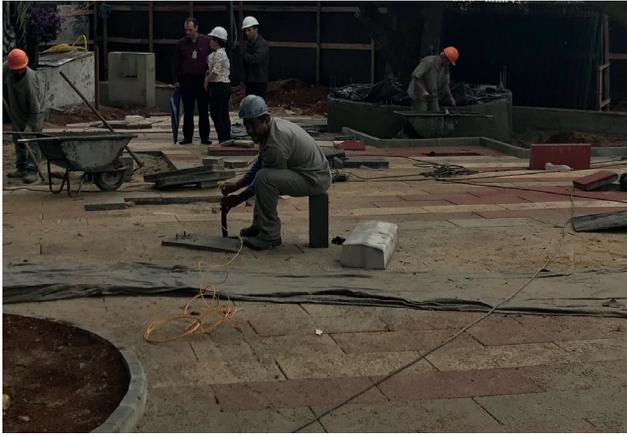
Recent Highlights

- 1.** Renovation and inauguration of the ground floor (p.146)
- 2.** New Cycle of Strategic Planning 2019 - 2022 (p.187)
- 3.** Implementation of the Lean Six Sigma Program (p.42, 54, 58 and 63)
- 4.** Implementation of personalized electronic care, a system that allowed the automation of the opening process of care at the institution, optimizing the patient's Journey (p.159)
- 5.** Implementation of updated indicators panels in real time, with easy access for managers to strategic information, such as hospital occupancy, demand for beds for patients admitted via CAIO, waiting for care at CAIO, critical input stock, among others
- 6.** Organization of InovaHC, with the objective of promoting the culture of innovation and entrepreneurship among the community of the HCFMUSP complex, in addition to seeking partnerships with other institutions for innovation projects and coordinating technology transfer activities.
- 7.** ICESP Series Publications (p.208)
- 8.** Launch of the new Virtual Learning Environment (VLE) and adoption of an active training methodology (p.580)
- 9.** Professional Master approval
- 10.** Creation of the Program of Multiprofessional Residence in Oncology attention (p.120)
- 11.** Post-graduation awards: USP award and CAPES award for best thesis in the area of Health Sciences (p.135)
- 12.** Recognition in Research: Professor Luiza Lina Villa received an international award (2018) and was elected by the World Academy of Science (2019) (p.139).
- 13.** *OPTIMIZATION* case: Transitional anticoagulation outpatient clinic: Global anticoagulation re-evaluation, with the change of Enoxaparin (SC) to Rivaroxabana (VO) – average savings of R\$ 1 million/year and greater convenience for the patient. (p.73)
- 14.** Project completion via PRONON-2018: “Heading for Liquid Biopsies”, 2019: “Training in oncology, palliative care and pain for oncologic network of the state of SP” (p.122 and 138)
- 15.** Nurse's performance Browser and Multiprofessional Team in Biopsicosocial Evaluation of Patients from Head and Neck Surgery and Peritonectomy (p.)





BEFORE AND AFTER THE RENOVATION OF THE GROUND FLOOR



GRADUATION OF THE FIRST CLASS OF THE PROGRAM OF MULTIPROFESSIONAL RESIDENCE IN ONCOLOGY CARE 2019-2020





Patient Experience: Patient-centered care

Since its foundation, ICESP has followed, in an interdisciplinary and multiprofessional manner, the guidelines focused on patient-centered care and family members. Following the global trends of the main health institutions, over the last few years ICESP has devoted even more attention to the follow-up of these guidelines, through structured and developed actions to strengthen the culture of patient-centered care, which considers his/her needs, desires, values and preferences, based on the established partnership between the patient, his/her family members and the different professionals who work in their treatment.

According to *THE BERYL INSTITUTE*, a global reference on the theme, the patient's experience is defined as "the sum of all interactions, shaped by the culture of an organization, that influence the patient's perception throughout the care Journey". Understanding patient's experience is the key to achieving the excellence of care centered on him/her. The patient's experience

goes beyond the care of basic needs, it is the individualized care, respecting individual values, integrated to the quality of assistance based on scientific evidence.

The objective, when placing the patient as a central part, is to understand their needs and to seek an integrated effort between quality, safety, cost and care results, in order to offer the best possible experience at all levels of attention, from the arrival of the patient until the end of their treatment.

For ICESP, the patient's experience aims to ensure that he/she and his/her family have an excellent experience during his/her treatment at the Institute, in order to ensure that undesirable events do not occur or that they are minimized throughout the care Journey. It also seeks to leverage the satisfaction of the health services provided, generating satisfaction and value to the patient through the delivery of safe and quality care.





ICESP Program of Patient Experiencing

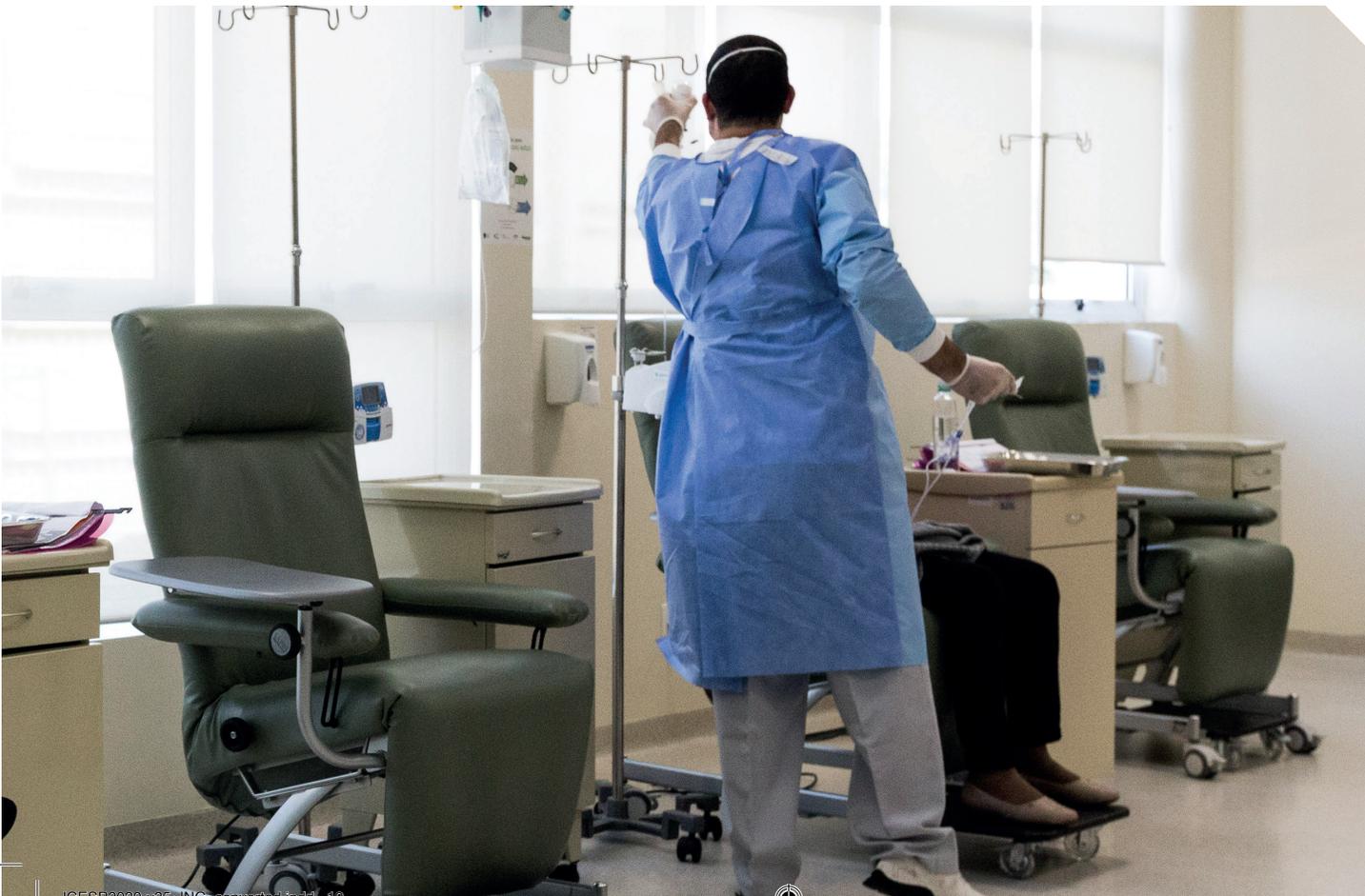
In this context, ICESP began in 2020 to structure a corporate program of patient experience, which is being developed by a Committee composed of representatives from the various areas and which will be validated by the Board of Directors of the Institute. The main work axes of the Program are:

- Communication with the Company
- Culture and Leadership
- Team Engagement
- People Management
- Humanization
- Innovation and technology
- Environment and Hospitality
- Quality and Clinical Excellence

Upon approval of the Program, work fronts will be established according to the area of activity of the members, where each axis will have a leadership, responsible for evaluating and conducting the actions of his/her group, ensuring the achievement of the proposed objectives.

The overall coordination of the Program is linked to the Patient Quality and Safety Center that will monitor strategically established indicators, such as *THE NET PROMOTER SCORE (NPS)*, performed at the Institute.

DAY HOSPITAL

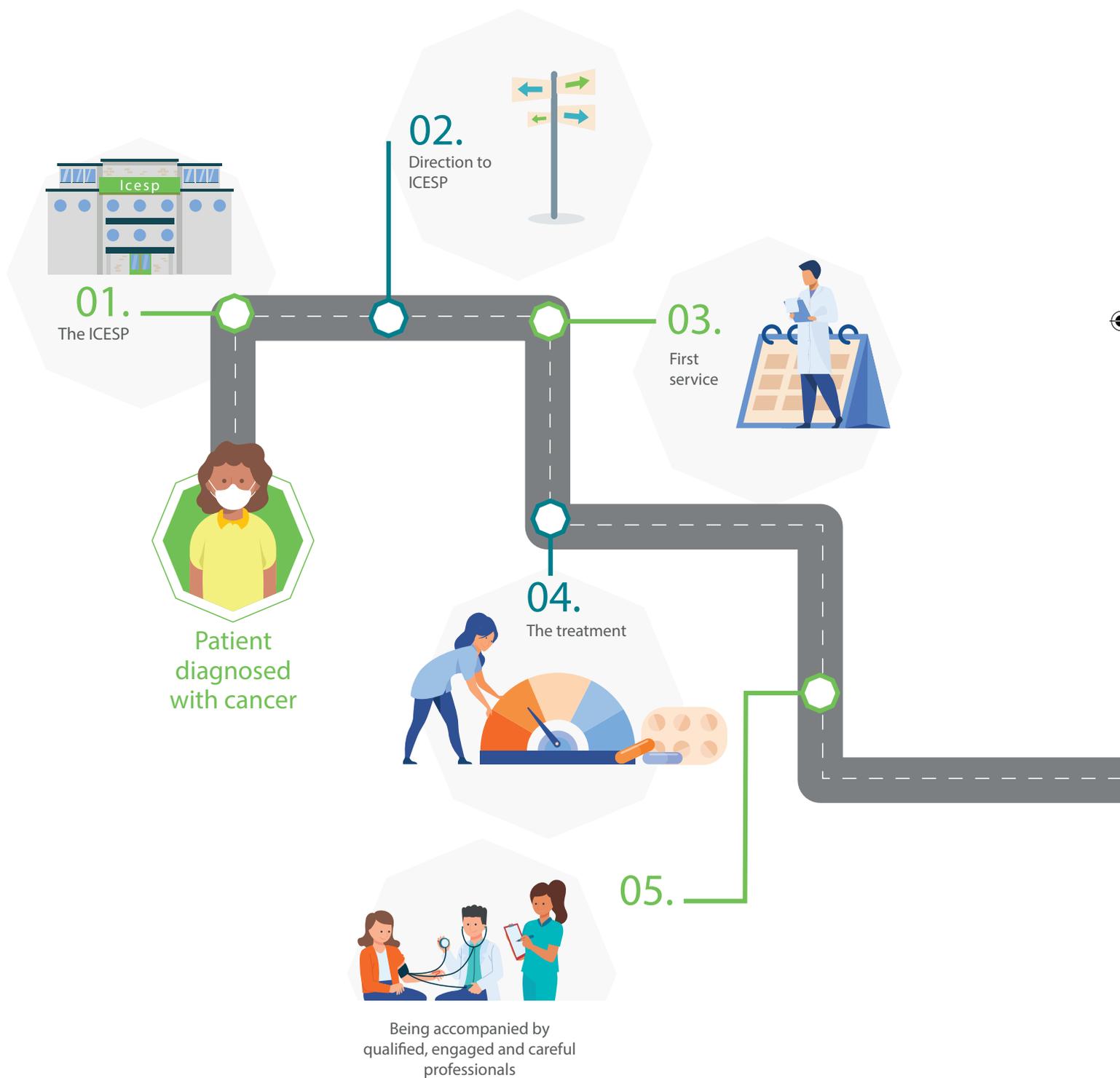




The Patient Journey by ICESP

The Patient Journey thus emerges as an essential tool to understand how the experience is experienced, aiming to establish care protocols for all points of contact of the patient and his/her family with the teams and the Institute.

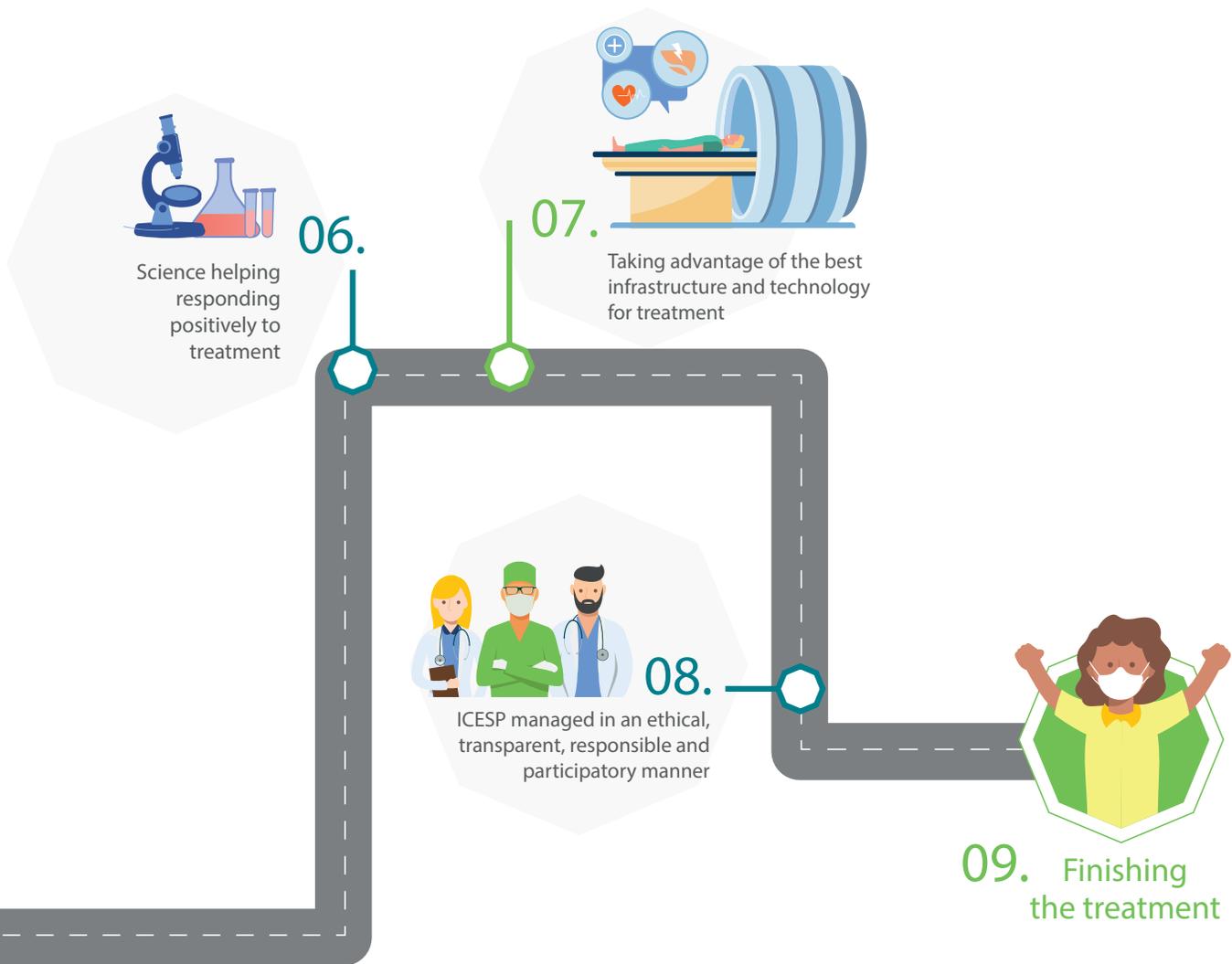
The next pages of this Report will start from the perspective of the patient himself and his/her Journey at the Institute, from the moment he/she is referred to the end of his/her treatment. Details and main information covering the established





relationship between the patient and the ICESP will be presented in specific modules in each of these steps, As well as how the Institute organizes itself to ensure that such a Journey is as positive as possible for the patient and their caregivers.

The figure below demonstrates the stages of Patient Journey by ICESP:







01

THE ICESP

(GRI 102-16)

The ICESP was designed to be the largest institution in Latin America of the public health network for the integral treatment of patients with oncologic conditions.





“

THE MISSION OF THE INSTITUTE IS TO “BE A CENTER OF EXCELLENCE, PROMOTING TEACHING, RESEARCH AND HOSPITAL MEDICAL CARE IN THE AREA OF CANCER, IN ACCORDANCE WITH THE PRINCIPLES DEFINED BY THE UNIFIED HEALTH SYSTEM (SUS), AIMING TO CONTRIBUTE TO THE HEALTH AND QUALITY OF LIFE OF SOCIETY”.

The Institute is part of the Complex of the Hospital das Clínicas of the Medical School of USP (HCFMUSP) and has as basic premise the link with the Medical School of USP (FMUSP). This bond reflects a logic of the whole Complex that seeks to bring teaching and research into the hospital, bringing to itself the responsibility of performing various activities that have a multifactorial purpose, as well as of integrating assistance, Teaching, Research and Innovation for the progressive improvement of the patient's Journey in the institution.

The main objective of ICESP is to offer cancer patients specialized, multiprofessional, integrated and humanized care, safety and high quality of care.

The qualified training of professionals and students and the transfer of research results to the clinical protocol complement this larger mission, bringing teaching, research and innovation as essential complementary axes.

“Without assistance, our research is much smaller, very inefficient. Without assistance, the education that can be offered loses its purpose. Without assistance, the innovation that can be created loses its function.”

(PROF. ROGER CHAMMAS, VICE-DIRECTOR OF USP MEDICAL SCHOOL)





Timeline

- **2008:** Inauguration of ICESP
- **2009:** Research Core
- **2010:** Medicines Traceability Program
- **2011:** Translational Research on Oncology Center (TRO), Hello Nurses' Channel, Ambulatory Pharmacy
- **2012:** Electronic Patient's Record (EPR)
- **2013:** Center for Realistic Health Simulation, Ethics Conduct Reference, Integrated Clinical Model
- **2014:** Osasco Unit, Hello Nutrition Channel, Drug Return Program, Robotic Surgery Room
- **2015:** Care Teaching Program, Highlighting ICESP residents in the ASCO exam
- **2016:** Strategic Planning Process, building automation system in air conditioning
- **2017:** Pneumatic Mail, Outfit Traceability System, Internal Ombudsman's Channel
- **2018:** Lean Six Sigma program , ground floor renovation
- **2019:** Hello Pharmacist, restructuring of the laboratory test registry
- **2020:** New Virtual Learning Environment (VLE), obtaining reaccreditations in the context of a pandemic





Acknowledgments and Accreditations

Over the years, excellence in the service provided and the adoption of best practices in oncology care and in hospital infrastructure management have conferred on ICESP

recognition as an institution of excellence by different national and international stamps, accreditations and certifications. Key acknowledgments include:



Organization Accredited
by Joint Commission International

- **Joint Commission International (JCI):** Important international hospital certification, which attests to the quality of care and the safety of health services in the world, was first obtained by ICESP in 2014. In July 2017, the Institute was re certified, having a prominent position in several criteria of analysis, reaching 98% compliance with JCI's Quality and Safety Excellence standards. At the end of 2020, ICESP was re-submitted to the re-accreditation process and this time achieved 98.16% compliance to standards of Excellence.



- **Commission on Accreditation of Rehabilitation Facilities (CARF):** the most renowned international accreditation in rehabilitation recognized ICESP in 2014 as the first cancer center in Latin America with a level of excellence in patient rehabilitation initiatives. In the recertification process, which occurred in 2017, ICESP reached 96% compliance with accreditation standards. At the end of 2020, ICESP received the confirmation of the re accreditation of CARF, valid until 2023, demonstrating that the institution continues to improve the quality of the services provided.



- **Clinical Laboratory Accreditation Program (PALC):** At the end of 2014, the Division of Central Laboratory of the Hospital das Clínicas (DLC), the Laboratory Clinical Analysis Service where the ICESP tests are performed, received accreditation of the international label PALC (Program for Accreditation of Clinical Laboratories), in addition to ISO 9001, 14001 and OHSAS 18001.



- **Friend of the Elderly Seal:** In 2015, ICESP received the Friend of the Elderly Seal, an initiative of the State Secretariat of Health of Sao Paulo (SES-SP), which aims to value safe care, respect, preservation of the autonomy and independence of the elderly by health institutions. ICESP was the first public institution to be accredited at maximum level in the Seal in 2016, having been re certified in the same category in 2018. Between 2017 and 2019, through an agreement signed with the Secretariat for Social Development of the State of Sao Paulo, the Institute carried out a review of the Certification Program Friend of the Elderly Seal, with the creation of new instruments for the evaluation of health institutions. The project had an investment of R\$ 280 thousand, funded by the Secretariat of Social Development of the State.





- **Brazil Benchmarking Award:** The first recognition of the ICESP for the Brazilian Benchmarking Award came with the project “Economy 10, Waste 0”, in 2013. In the following years, year by year, the institution has been recognized by several practices and projects conducted to reduce the environmental impact of its operations. In 2018, the award referred to *THE CASE* on the capacity Building Quiz of the Health Services Waste Management Plan (PGRSS) and, in 2019, the Sustainable Outpatient Project.



- **Friend of the Environment Award (SES-SP):** awarded annually by the Sao Paulo State Department of Health (SES-SP) to health organizations that make up the SUS nationally and stood out for environmental and sustainability protection initiatives. Between 2011 and 2018, ICESP was recognized almost every year by several initiatives conducted within the hospital aimed at improving its environmental performance. In 2018, the Institute was awarded the “Waste Reduction” and “Correct Disposal” projects.



- **Global Network of Green and Healthy Hospitals (Healthy Hospitals Seminar – SHS):** The Global Network of Green and Healthy Hospitals is an initiative aimed at promoting public and environmental health, as well as reducing the ecological footprint of health care. ICESP has been part of the network since 2014 and, annually, the Healthy Hospitals Seminar (SHS) is promoted, an event focused on the debate on sustainability in the health sector, addressing the themes of the environment, health and safety of the worker. Among several awards in other years, ICESP received, in 2018, an honorable mention by the Health Services Waste Management Plan (PGRSS) training Quiz, in addition to being recognized in the “waste Challenge” and the “Climate Health Challenge.”



- **Health Excellence Award:** Held by the Media Group since 2013, it aims to honor health institutions that have stood out most in the last 12 months. In 2018, ICESP was recognized in the Hospital Hotel category.



The ICESP in numbers

Employees and patients



5,196 employees, including contract employees and service providers



About **120,000** patients treated since the opening



Annual average of **45,000** active and **7,800** new patients enrolled per year

Annual production (base year 2020)



345,131 ambulatory and multiprofessional consultations



5,873 surgeries



15,689 hospital discharges



43,718 radiotherapy sessions (ICESP + Osasco)



41,703 chemotherapy sessions



22,787 emergency consultations



111,453 ambulatory Pharmacy visits



188,799 imaging exams/ **2,299,147** clinical analysis exams



Service structure



500 beds installed of which 85 are ICU beds



153 offices, **103** of which are medical offices



18 surgical rooms



107 chemotherapy armchairs



10 linear accelerators (**6** in ICESP, **3** in the Institute of Radiology-InRad and **1** in Osasco)



2 PET-CTS



4 magnetic resonance equipment



7 scanners



1 mammograph



15 X-Ray Equipment

SPECT-CT

1 SPECT-CT



22 ultrasound machines

ECO

5 echocardiography machines







02

DIRECTION TO ICESP

ICESP is a specialized healthcare institution in oncology treatment that follows the principles of the Unified Health System (SUS) and is aimed exclusively at users of the public network. Within the SUS framework, the patient diagnosed with cancer in a primary medical care, that is, the service performed in a Basic Health Unit (UBS), a Specialty Outpatient Clinic (AME) or a General Hospital, should be referred to the specialized cancer treatment center closest to his/her own residence, avoiding large shifts and providing the resources needed to assist his/her health more efficiently and as quickly as possible.



Based on the identification of the patient's need, a Vacancy Regulatory Center, together with the Health departments (of the State and of the City), defines the best place and date for the procedures, Seeking to ensure assistance to the immediate needs of the patient through the equity of access

to SUS. In the case of ICESP, the Regulatory Center prioritizes regions that have the Cancer Institute as a reference, through the CROSS (Central for the Regulation of Health Services offerings) portal. THE INSTITUTE also receives cases diagnosed in the HCFMUSP complex.

RECEPTION ENTRY



Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up



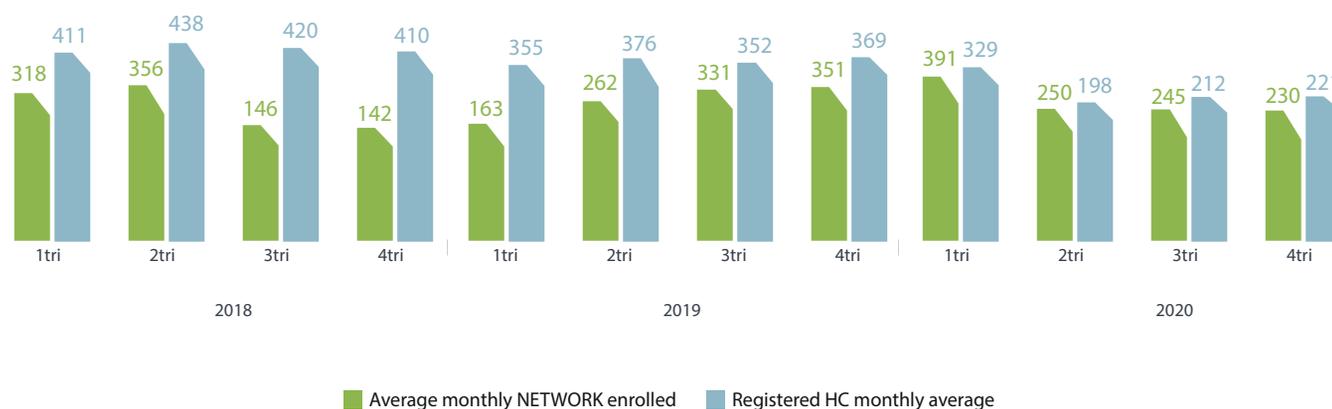


Total of Patients Referred to ICESP

The extension of the service offer at ICESP was progressive since its inauguration in 2008, so that the offer of new treatments was increasing until 2015, reaching an average of 10 thousand new patients treated each year. The change in this scenario in the following years was mainly due to the fact that, after this period of implantation of the different sectors, the curve of the provision of services started to count

more significantly with the sum of the number of new patients in the aggregate of those already in treatment (registered in previous years). Currently, about 45 thousand patients remain in treatment at the Institute. ICESP continued to receive new patients in 2018 and 2019, despite the severe budget crisis. Similarly, in 2020, although much of the infrastructure was destined for HCFMUSP in pandemic contingency.

Monthly average of enrolled patients





Patient Distribution Assisted by Source

All patients from ICESP come from the state health network, via CROSS, and from the HCFMUSP complex, and the complex is the main direct

reference source of oncologic patients to ICESP, representing about 53% of the total number of patients treated, according to the table below:

Origin	2018	2019	2020	%
HCFMUSP	4,391	3,895	2,699	53%
NETWORK	3,066	3,142	3,464	47%
Total	7,457	7,037	6,163	100%

RECEPTION OF THE PATIENT



Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up





State of SP Oncology Network

Resolution SS – 41, dated Jun-22-2017, instituted ICESP as coordinator of the Reference Committee on Oncology of the State of Sao Paulo, composed of about 20 health institutions and bodies, the main assignment is to provide technical advice on the definition and implementation of the guidelines and policies developed by the Secretariat of State of Health, related to oncologic diseases.

Among the health institutions that make up the Reference Committee on Oncology of the State of Sao Paulo are:

- A.C. Camargo Cancer Center
- Women's Health Reference Center – CRSM/CSS/SES
- Boldrini Children's Center
- Hospital Amaral Carvalho
- Hospital das Clínicas, Faculdade de Medicina de Marília – HC/FM-M
- Hospital das Clínicas, Faculdade de Medicina de Ribeirão Preto – HC/FMRP
- Hospital das Clínicas, Universidade Estadual de Campinas – UNICAMP
- Hospital de Base de Sao José do Rio Preto
- Oncocenter Foundation of Sao Paulo – FOSP
- Pius XII Foundation - Barretos Cancer Hospital
- Hospital Santa Marcelina
- Hospital Sao Paulo / Universidade Federal de Sao Paulo – UNIFESP
- Pediatric Oncology Institute – IOP of the Adolescent and Cancer Child Support Group –
- Institute for the treatment of Infant Cancer – ITACI
- Cancer Institute Arnaldo Vieira de Carvalho – IAVC
- Cancer Institute of the State of Sao Paulo - ICESP
- Irmandade da Santa Casa de Misericórdia de Sao Paulo
- Hebe Camargo Network for Fighting Cancer – RHCCC

In addition, the ICESP is part of the Oncology Network of the State of Sao Paulo, called the Hebe Camargo Network for Fighting Cancer (RHCCC), which has 74 units distributed throughout the state of Sao Paulo, being the largest network of hospitals to fight cancer in the country. RHCCC brings together a set of diagnostic and/or specialized cancer treatment units located in the State of Sao Paulo, authorized by the Ministry of Health, which provide integral, quality and resolute care to cancer patients, acting in an integrated manner to the health network and to the SUS guidelines.







03

FIRST HEALTH SERVICE

Nurses in the regulatory sector, when receiving the request by the CROSS system, analyze and forward the documents to the specialist doctor. Therefore, based on diagnostic confirmation tests, the relevance of treatment in high complexity is identified.

The assessment is then forwarded to the scheduling sector, which makes contact with the patient, informing the date and time of his/her first visit.





Welcome and Multi-professional Service

The ICESP team focuses on humanized care and on the guidelines of the partnership between patients and the medical and multidisciplinary team as the focus of care. Thus, since entering ICESP, the patient is welcomed by a health professional, who evaluates it in detail, in order to identify special needs, such as individualized psychological care, social and nutritional needs, among others that can call for individualized care of the multidisciplinary team, both to the patient and his/her family. Once this demand is identified, the responsible professional follows the care, directing the patient to the professional

of the multidisciplinary team appropriate to his/her situation.

Prior to the first medical consultation, in addition to this initial identification, a multiprofessional team of the welcomed Group offers care to a group of patients and caretakers, with the objective of minimizing the psychological impact of the arrival and start of treatment, as well as providing guidance on the institution, the professionals, services and treatments, minimizing possible doubts, anxieties and fears in the situation experienced.

Receiving Group	2017	2018	2019	2020
Numbers of patients participating in the Receiving Group	4,302	3,452	3,662	3,599
Numbers of accompanying participants in the Receiving Group	4,552	2,428	2,674	2,175
Total participants	8,854	5,880	6,336	5,774

If a patient has been through the medical consultation without having participated in the Receiving Group, he/she/she is guided by the nursing team or by the doctor to re-schedule his/her participation. In addition, the Psychology Service daily monitors absences and, if applicable, requests reappointment with the patient.

After the patient and family pass through the Welcome Group, they are referred to the first medical

consultation, which takes place at the Integrated Clinical Outpatient Clinic.

In case the patient needs to be admitted, the Internal Management of beds and surgical Agenda (GILAC) team performs the procedures of convocation, reception, scheduling of surgeries and reserve of beds, accompanying the patient from hospitalization to discharge.



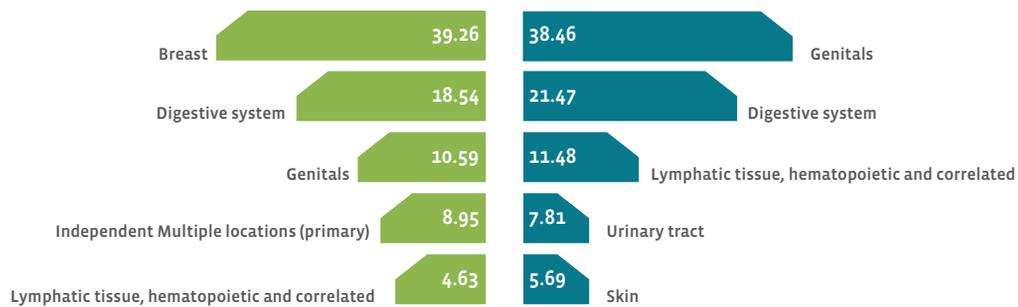
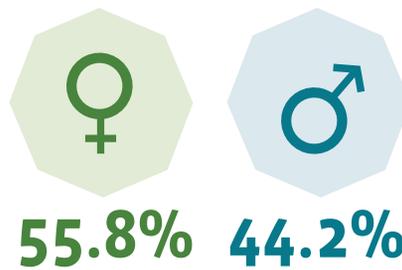


Case Mix Patients

In December 2020, the epidemiological profile of the approximately 45 thousand active patients revealed that, for the most part, this group is represented by women (55.8%), with a higher

incidence of breast cancer, followed by a digestive system. Among the male population (44.2% of the assets), the highest incidence is in the genitals, followed by the digestive system.

Case mix Icesp ICD 10 - Active Patients



SOURCE: HEALTH INFORMATION MANAGEMENT
BASE: ONCOLOGIC ICD ACTIVE PATIENTS - DEC/2020 - EXCEPT NON MELANOMA



Medical and Multiprofessional Consultations

Since the beginning of its operations, almost 4 million medical, multiprofessional and

outpatient therapy sessions have been held at ICESP.

	2017	2018	2019	2020
Medical Consultations	236,660	231,162	221,951	211,067
Multi-professional Consultations	139,838	135,593	129,208	112,242
Outpatient Consultations of the Social Service	21,309	22,089	21,832	21,822



Telemedicine: Mobility in Health Access

Considering the profile of the oncologic patient in the SUS, both from the point of view of oncologic disease, which may impact physical mobility, as well as from the social point of view, the care by telemedicine has been shown to be a determining solution, since it provides greater comfort, it extends access alternatives and reduces the exposure of a possibly weakened patient to numerous risks – such as infections. The COVID-19 pandemic has brought this issue even further into the surface, since the measures to prevent virus infection had to be balanced with cancer care, which it cannot expect.

In order to minimize the impacts of the COVID-19 pandemic on care and to ensure the continuity of the oncologic treatment of its patients, the ICESP implemented a distance-care strategy at the end of March 2020. In view of the urgent

need to reduce the circulation of people in the hospital and based on the available technologies, we chose to select cases of return of patients without active oncologic treatment in the previous six months and use the telephone as communication technology. Adaptations were made to the electronic record, such as creating A *SPECIFIC TEMPLATE* for recording these consultations and for returning to distance modality. A flow for dispensing medications from remote prescriptions without the need for physical route and automated sending of SMS to patients was also established to inform about distance consultation, with periodic reminders. Thus, the patients were able to maintain their follow-up without the need to go to ICESP. It follows along with the quantitative of medical and multiprofessional consultations conducted both in person and at a distance over the months of 2020.



Medical consultations



DATA FOR THE YEAR 2020

Multi-professional consultations*



* NUTRITION, PSYCHOLOGY AND SOCIAL SERVICE CONSULTATIONS: OUTPATIENT CONSULTATIONS AND SPECIALIZED OUTPATIENT THERAPIES (SESSIONS) – ICESP + OSASCO

DATA FOR THE YEAR 2020

Another strategy that reduced the coming of patients to the hospital during this period was the implementation of the Patient Portal, a tool of the HCFMUSP complex that allows

access to results of exams and to consult future schedules, avoiding the coming of results for exams and for the withdrawal of handbill from appointments and exams.



Lean Six Sigma Program

To operationalize its strategies, ICESP has historically adopted projects of operational excellence using different methodologies. The evaluation of these *PREVIOUS CASES* showed the importance of greater capillarity of these tools at the Institute, in a comprehensive way and supporting continuous results. Thus, in 2018, aiming at strengthening the innovation culture within ICESP, the first cycle of the Lean Six Sigma Program was started.

The Program had the development of 30 projects, led by managers from different areas, who were previously qualified for the “*GREEN BELT*” qualification, specialists in the methodology. The movement generated the simultaneous implantation of more than 100 improvement actions, focusing on the generation of value to the oncologic patient care, resulting in approximately 34% reduction of time in operational processes and approximately R\$ 400 thousand annual savings.

The definition of the projects was based on the patient's Journey, based on the definition of his/her needs and the prioritization of the strategic themes that encompass the flow of the patient in the hospital.

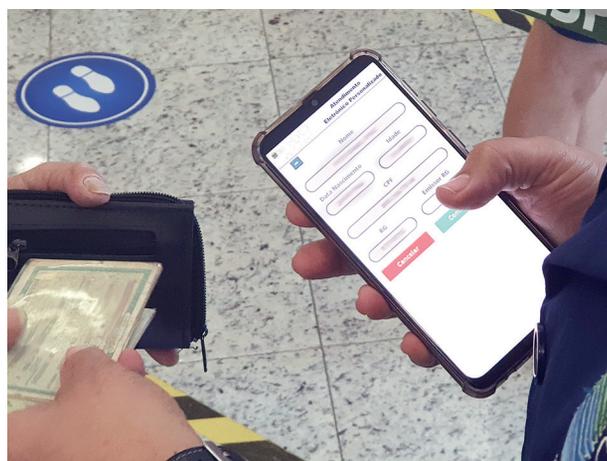
Reduced Waiting Times for Calls

The projects implemented were grouped on six thematic fronts, one of which focused on the reductions in waiting times for consultation and examination.

The main results of this outpatient front were:

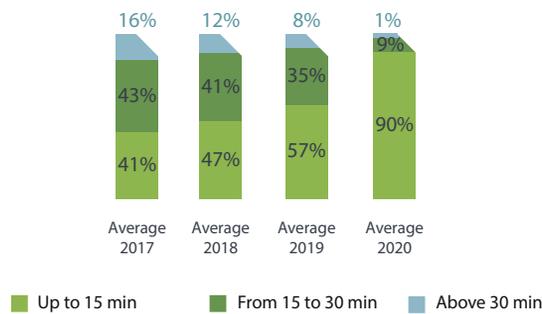
- **15%** of reduction in time between arrival at ICESP and the consultation: Improvement of the signaling according to the observed Journey
- **10%** of reduction at the moment after ambulatory consultation and reduction of printing materials delivered to patients
- **52%** of reduction in time-out for laboratory tests at the collection unit

PERSONALIZED ELECTRONIC CARE



The graphs below show a reduction in waiting time in most of the receptions, at several moments of contact by ICESP with the patients:

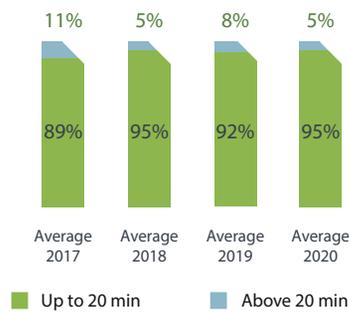
Average waiting time at reception of External collection



In 2019, on average, 92% of the patients waited up to 30 minutes to record the blood test, and only 8% waited above 30 minutes. Comparing with the historical average, an improvement has already been observed in 2019, but in 2020 we had a record rate of 90% of the patients waiting a maximum

of 15 minutes to be treated. This improvement was only possible after the implantation of CECS – Customized Electronic Care Service, which automated the opening process of care in the *TASY SYSTEM*, eliminating a step in the process of patient record in ambulatory collection.

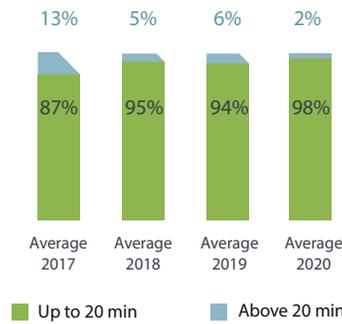
Average waiting time at chemotherapy reception



In the reception of chemotherapy, there has been a decrease in the waiting time of the patients over the last few years, and the rate of patients waiting up to 20 minutes for care has increased from 89% in 2017 to 95% in 2020. Similarly, such improvement

was only possible after the implementation of CECS – Customized Electronic Care Service, which automated the call-up process in the *TADY SYSTEM*, eliminating a step in the patient registration process in chemotherapy.

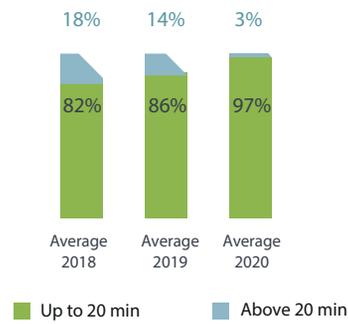
Average waiting time at radiotherapy reception



On the other hand, at the reception of radiotherapy, the ICESP was able to guarantee

in 2020 that 98% of the patients would wait a maximum of 20 minutes to be treated.

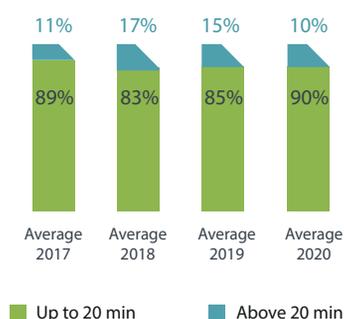
Average wait time in HD/AIT reception



In 2018, the reception staff of the Hospital Day and the Therapeutic Infusion Outpatient Service was transferred from the sector and moved to the area that manages the other receptions, observing an improvement in waiting

time in the years 2019 and 2020. Currently, 97% of patients wait up to 20 minutes to be treated. It is believed that this improvement is a reflection of the adequacy of the scale of the team that operates in the department.

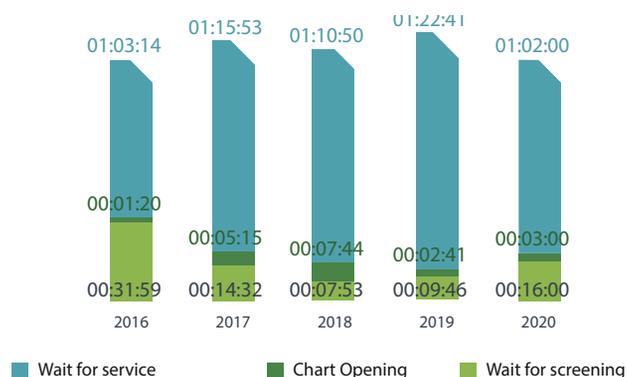
Average waiting time at SADT receptions (Therapeutic Diagnostic Support Service)



At SADT's receptions, there was an increase in waiting time between 2017 and 2018 compared to the historical

series. In 2020, an improvement was observed since 90% of the visits were performed in up to 20 minutes.

Average waiting time in CAIO to be attended by the physician





Profound changes were implemented in the care flows of CAIO in 2020, which will be presented in more detail later (in the “The Treatment” chapter). As a result, a reduction in the total waiting time for medical care is observed, totaling about 1

hour and 2 minutes, the lowest index since 2016. The increase in waiting for screening was due to changes in the screening process, including a medical professional who did not participate in this stage in previous years.

CAIO RECEPTION



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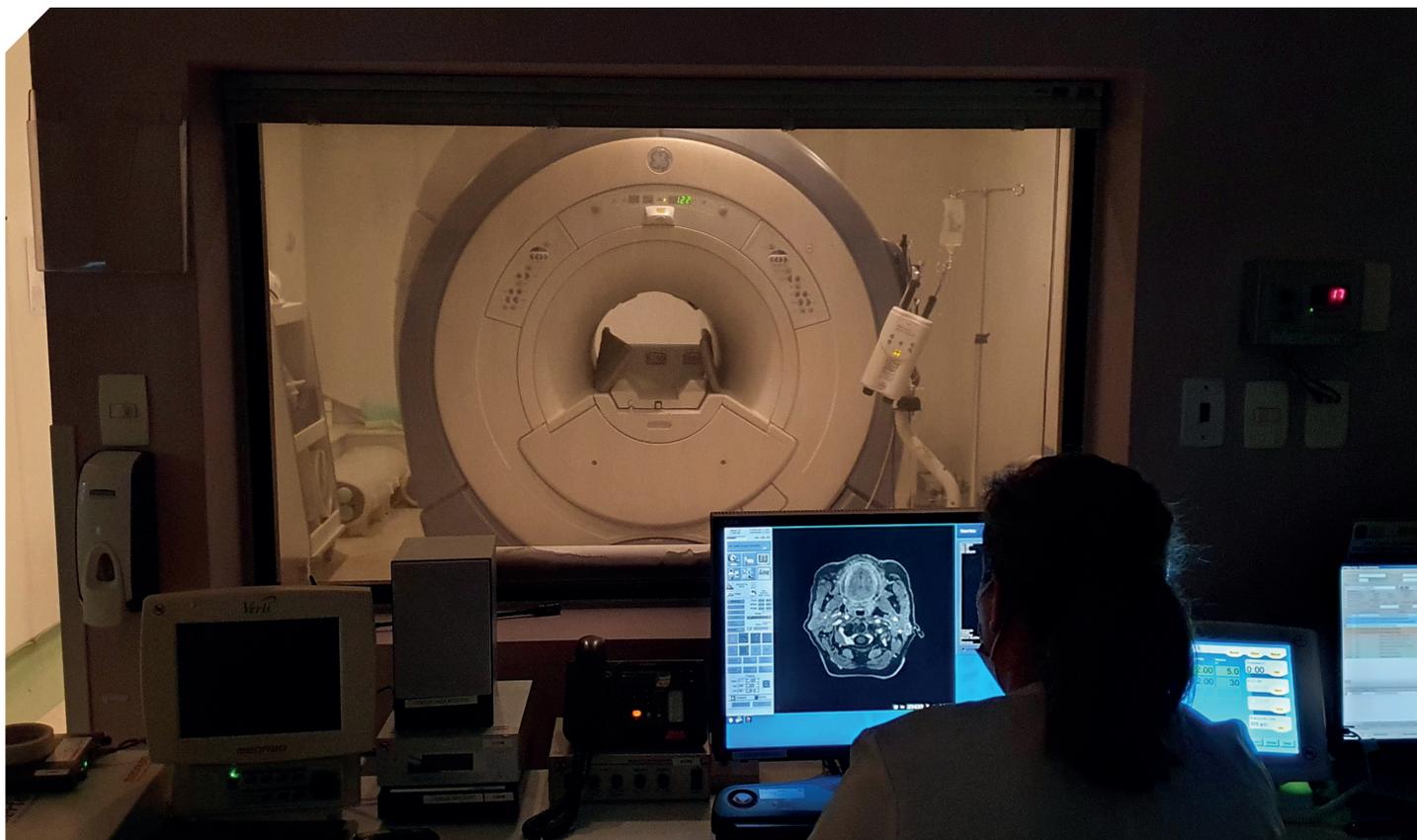


Scheduling Prioritization of Imaging and Endoscopic Exams Based on Patient Treatment

In alignment with the strategic objective of “expanding the integration of assistance and support processes”, contemplated in the ICESP Strategic Planning 2016-2018, was implemented in 2018, also within the *LEAN SIX SIGMA PROGRAM*, a process improvement project aiming at prioritizing the scheduling of imaging and endoscopic exams based on patient treatment, with the participation of the Executive Board and the Board of Clinical Body.

The procedure for requesting the examinations was changed in the information system, including the requirement for the physician to fill the clinical reason: To direct the oncologic treatment or investigation of recurrence, or follow-up of the disease. In addition to this action, vacancies of exams were created called pre-treatment or follow-up sized to prioritize the scheduling of exams according to clinical reasons indicated by physicians in the request. Performing the exam at the correct time allows the best treatment to be offered to the patient by the institution.

IMAGE EXAM ROOM



Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment







04

TREATMENT

The beginning of the oncologic treatment of the patient at the ICESP is the first consultation at the Integrated Outpatient Clinics. ICESP Outpatient Units are structured with a multiprofessional team composed of clinical oncologists, surgeons, hematologists, radiotherapists, palliators, in addition to all the medical specialties that accompany the needs resulting from the oncologic treatment, by the nursing teams, nutritionists, speech pathologists, psychologists, social workers and administrative staff.





By uniting in the same physical space the care of a patient in their different needs, such as surgical evaluation, clinical practice specialized in a certain type of cancer, radiotherapy, among others, the Institute guarantees greater comfort and agility in the treatment, increases the interaction between the different specialists, at the same time that it can expand the production of research and joint scientific works between several areas.

The definition of the oncologic treatment plan that is most appropriate to the patient's needs is made together by the medical and multiprofessional

team, and may be clinical (chemotherapy and/or radiotherapy) or surgical.

For each of the adopted therapeutic methods, there are a number of support services, including imaging diagnosis, clinical analysis, pathological anatomy, transfusion agency and endoscopic procedures. In addition, several initiatives conducted and coordinated by the assistance team complement the oncology treatment plan, making it more integrated and humanized, and allowing the patient a warm environment throughout the treatment cycle.



Surgical Treatment

The surgical Center of ICESP is considered one of the most modern in Latin America. Occupying the 13th and 14th floors of the building, it has 18 operating rooms installed and allows elective, emergency, outpatient and robotic surgeries. The Center has state-of-the-art equipment, including an intelligent and fully automated surgical room, with control of surgical focus in the minimum details, voice control system, projection of image exams on big screen and cameras for the transmission of images of surgeries by video conferencing in real time.

The implementation of robotic surgery was an unprecedented milestone of the ICESP in the public network of the state of Sao Paulo, benefiting cancer patients with minimally

invasive procedures, less postoperative pain, faster recovery and shorter hospitalization time. By means of a robot controlled by surgeons, it is possible to have a three-dimensional (3D) vision and greater precision in surgical interventions, guaranteeing a very high level of excellence and safety in treatment.

Indicated for complex surgeries, the robot is used in oncologic surgeries of different medical specialties: Digestive tract, chest, head and neck, gynecology and urology. It is worth pointing out that the safety of surgery is directly related to training and training of the physician responsible for conducting the equipment. In order to handle the robot, all surgeons involved pass by qualification and, if the specialist is left without





operating the machine for more than 30 days, he/she is required to take an upgrade course.

On average, in recent years, the ICESP performed almost 8 thousand annual surgeries, among

conventional, robotic and outpatients. In 2020, despite all the impacts of the pandemic, the institution maintained a high number of surgeries and nearly 6 interventions were performed in the period



RESEARCH THAT SHOWS EFFECTIVENESS AND POINTS BENEFITS OF ROBOTIC SURGERY IS AWARDED IN EUROPE

A study coordinated by Prof. Dr. Ricardo Mingarini Terra, head of the Thoracic Surgery team at ICESP, won international recognition and received the award for the best work of minimally invasive chest surgery by the European Thoracic Surgery Society (ESTS), at a congress held in 2018 in Slovenia.

The study, which compares the performance of chest surgeries with the use of a robot and by conventional technique (by videolaparoscopy or open surgery), concluded that the two techniques are equivalent, however, the procedures with the aid of a robot were less invasive and provided better quality of post-surgical life to patients, since postoperative pain is lower, as well as length of hospital stay and eventual complications.

Surgeries in Oncology	2018	2019	2020
Conventional surgeries	6,945	6,535	5,303
Robotic surgeries	27	24	29
Outpatient surgeries	801	979	541
Total	7,773	7,538	5,873





Fit Group

The Fit Group is a preoperative, psycho-educational, multidisciplinary group that aims to guide patients and family members in relation to the routines involved in the pre, intra and postoperative periods, clarifying doubts about the surgical procedure, hospitalization and post-discharge home care. The goal is to reduce occurrences of refusal and/or suspension of the surgical procedure due to lack of knowledge, fear, clinical decompensation that can be susceptible to intervention and social problems. In addition, this is an opportunity to identify and act on patients with a higher level of anxiety/stress in the face of the surgical procedure, in addition to identifying risk factors and mapping patients who need individual care.

ICESP currently has the following groups targeted at several surgical procedures, among them: Head

and neck, Urology, Gastroenterology, Gynecology, Mastology, in addition to Neurosurgery (microsurgery for intracranial tumor), a group created in July 2018.

The mean rate of adherence of patients to the Fit Group is around 85% and among patients participating in the group, the rate of withdrawal from surgery is considerably low, about 1%. Only in 2020, 1,157 patients were treated by the Fit Group.

In the first half of 2019, there was a significant decrease in group membership. Thus, as an action plan, a nursing technician was placed to make a connection to the patient one day before the consultation, explaining the importance of his/her participation. As a result, the accession number has increased again from the second half of the year.

Fit Group	2017	2018	2019	2020
Number of patients who participated in the Fit Group	1,336	1,700	1,403	1,157
Number of patients who participated in the Fit Group and gave up the surgery	19	30	14	12



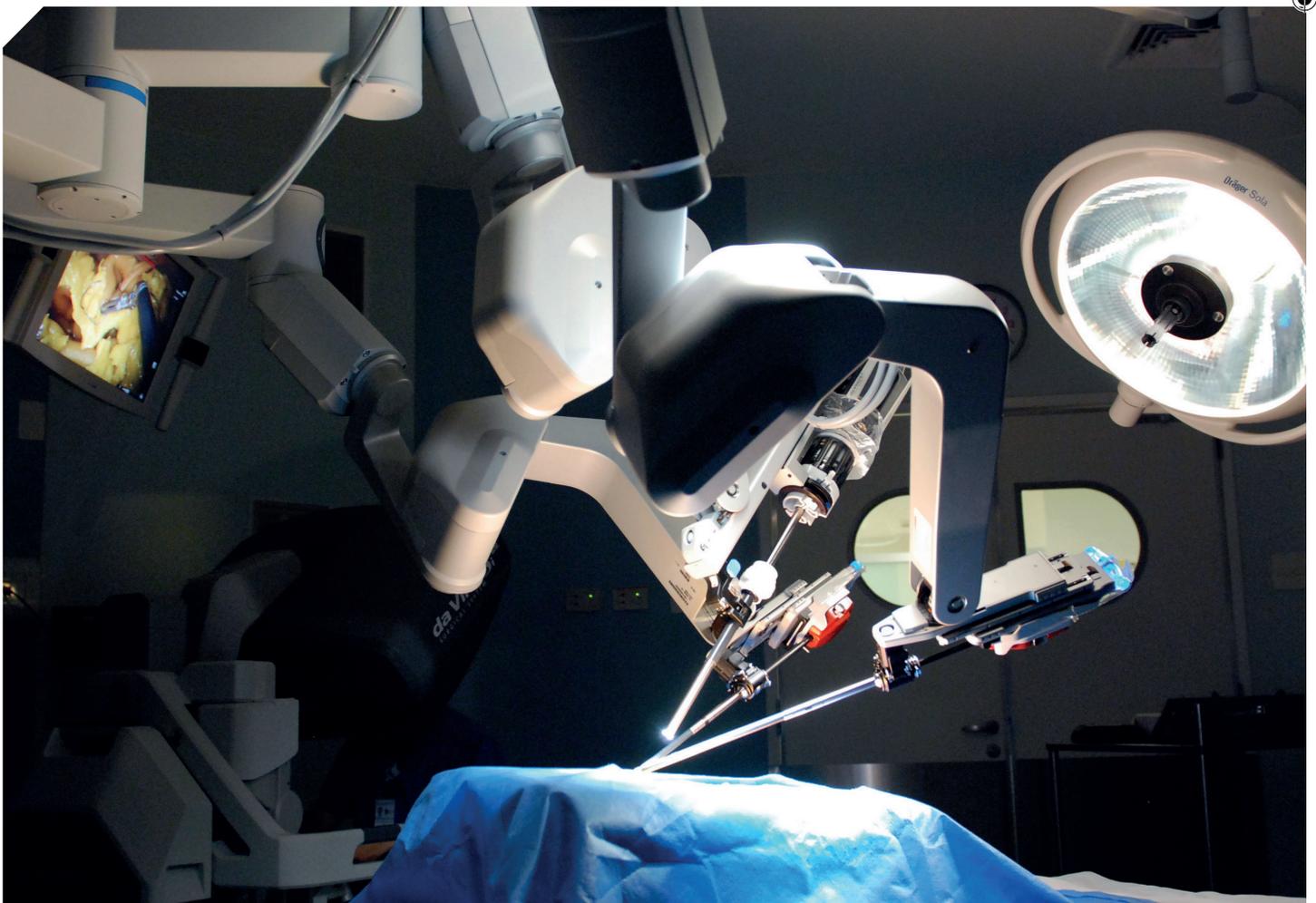
Neuropsychology in neurological surgeries

The role of neuropsychologist in neurological surgeries is to evaluate the cognitive changes associated with the tumor. These evaluations occur at several moments: In the preoperative period to evaluate the patient's current cognitive profile and whether the tumor location is interfering with some cognitive function, such as language, memory, attention, executive functions, verbal learning or praxis skills. During the surgery – since the gold standard is currently surgery with the patient agreed for tumor resection with direct electrocortical stimulation for function preservation – the neuropsychologist stimulates the patient through dialog or by applying tests such

as object naming, number counting, calculations and others, to know if that region in which the tumor is being resected, is harming/sequelating the patient. In the postoperative period, the patient is again submitted to a neuropsychological evaluation after 15 to 20 days of surgery and during 3, 6 and 9 months to follow up the evolution of the cognitive functions of the patient, in order to know whether there were improvements or not.

The evaluations and neuropsychological visits began in December 2019 within the Hospital Psychology Service, totaling up to December 2020, a total of 183 patients and follow-up visits.

SURGICAL CENTER



Module 6: Science helping to respond to treatment

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Module 9: Finishing the treatment





LEAN SIX SIGMA PROGRAM Restructuring of surgical Scheduling processes

Through the application of the *LEAN SIX SIGMA METHODOLOGY*, a project was developed at ICESP in 2019 to review the process of scheduling surgeries with the digitalization of surgical terms and blood

components. This project reduced the amount of printed documentation, as well as minimizing the risk of patient documentation loss.

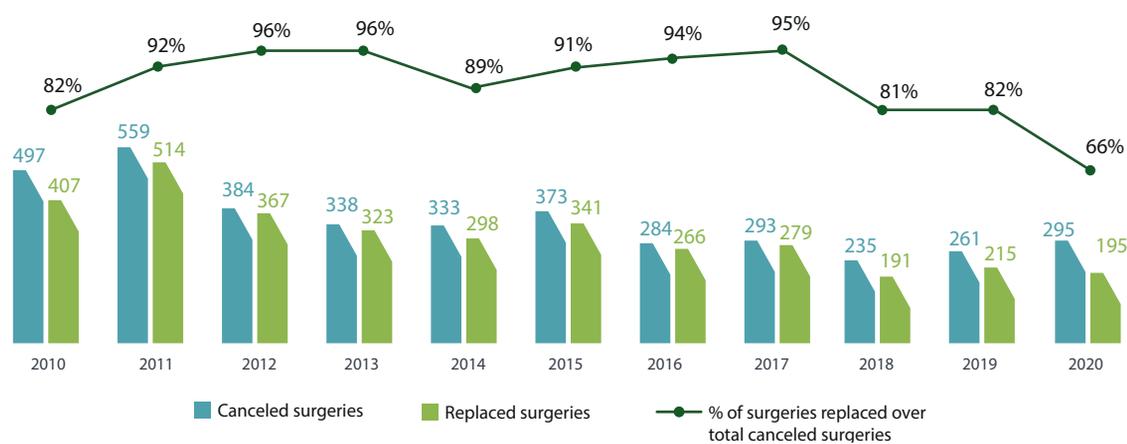


Cancellation and Replacement of Surgeries

In some cases, either due to the patient's insecurity regarding the surgical procedure or due to some kind of difficulty to be present at the predicted moment, some scheduled surgeries are canceled, which may mean a high waste from an institutional point of view, in addition to increasing the waiting time for other patients' surgeries, which could be using the structure at that moment.

In these cases, there is an internally established procedure for the responsible sector to speed up the convocation of other patients with the same profile to fill the vacancies left by canceled surgeries, avoiding room idle and the waste of resources for the institution.

Replacement of canceled surgeries with 24 hours or more

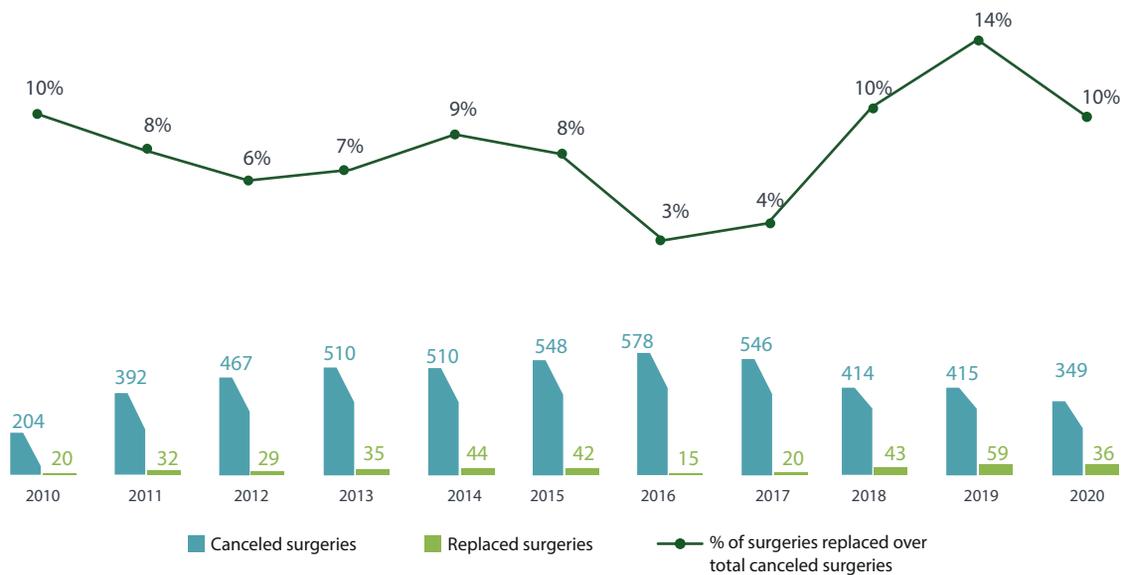


Since 2010, when this procedure began, more than 3 thousand surgeries have been successfully replaced, which were canceled 24 hours or more in advance of the scheduled time for its execution, reaching a replacement rate of 82% in 2019. In 2020, this percentage fell, reaching 66%, due to the

patient's need to perform preoperative PCR, testing negative for COVID-19.

In addition, some surgeries are canceled on the same day, which makes it difficult to replace. However, between 2018 and 2020, 138 surgeries were replaced with less than 24 hours, about 10% of the total.

Replacement of canceled surgeries with less than 24 hours





Chemotherapy

Chemotherapy treatment uses drugs to combat cancer, which mix with blood and are taken to all parts of the body, destroying the sick cells that are forming the tumor and preventing it from spreading.

Treatment can be given orally (by mouth), intravenously (by vein), intramuscular (by muscle), subcutaneous (below skin), intratecal (by dorsal spine) or topical (on skin) and can be done in the following ways: Outpatient, i.e. the patient comes from his/her residence to receive the treatment and returns home, with hospitalization, that is, the patient is hospitalized throughout the treatment period or, in the case of oral chemotherapy (medicines in the form of tablets, capsules and

liquids), in some situations the patient may take them at home. In some cases, chemotherapy is called adjuvant, that is, complementary to the surgical procedure and/or radiotherapy.

On average, about 6,000 patients in chemotherapy are treated at ICESP per month (between infusion sessions, oral chemotherapy and hormone therapy). From the end of 2016 onwards, we follow the trend of introducing new protocols with replacement of intravenous oral chemotherapy. With the progression of the scope of this modality, it is possible to treat in a safe way, with greater convenience and sometimes to avoid the patient's displacement to the hospital.

	2017	2018	2019	2020
Chemotherapy sessions	52,615	46,077	39,692	41,703

In 2020, despite the pandemic scenario and all actions to reduce the flow of people at the Institute, many efforts were directed

toward maintaining cancer treatments such as chemotherapy, with around 41.7 thousand sessions in the year.

ICESP CHEMOTHERAPY



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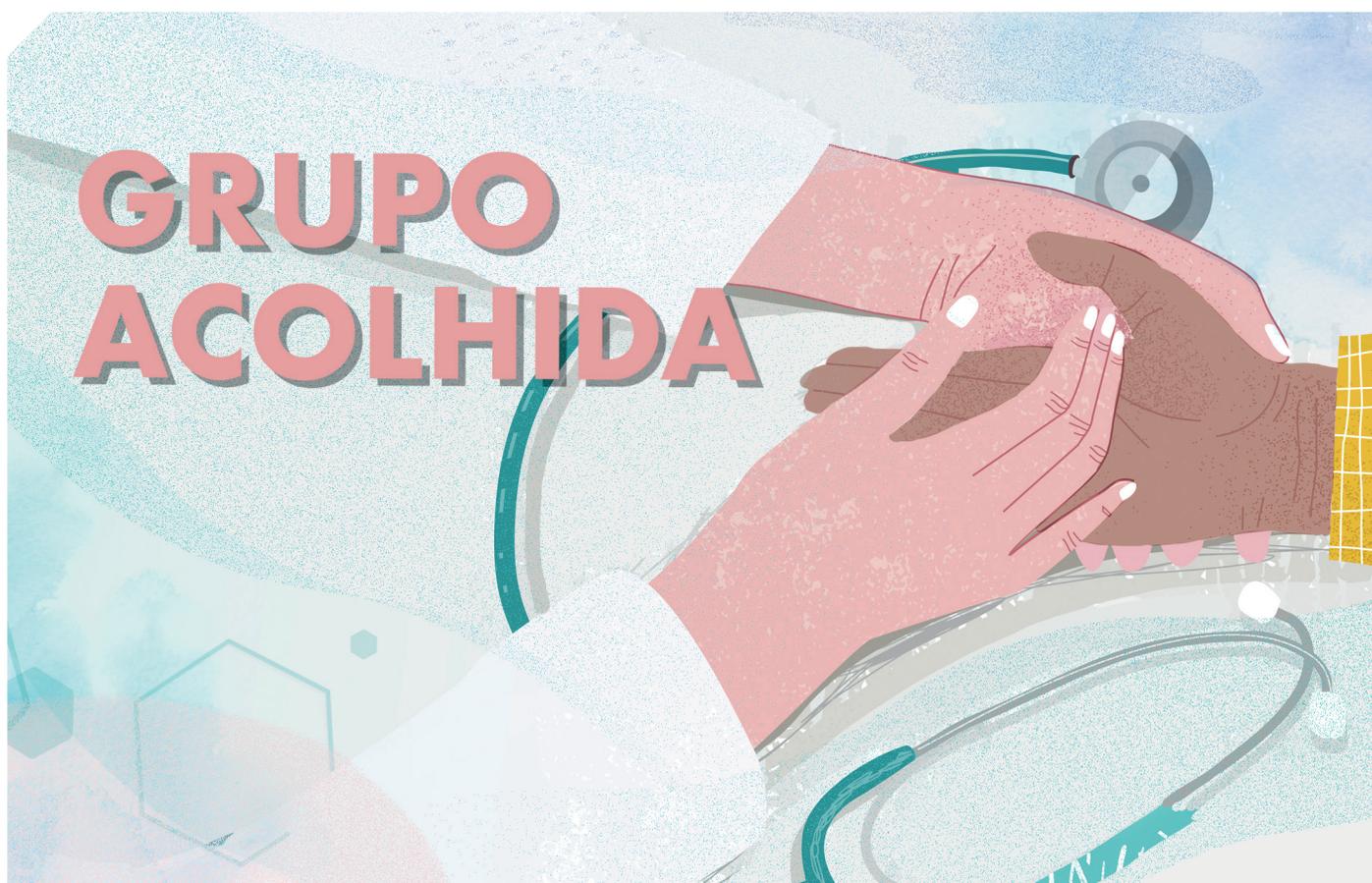


Count on us (QT welcome)

The patient at the beginning of chemotherapy at ICESP is accompanied by a psycho-educational group of interdisciplinary orientation, whose objective is to inform, guide and educate patients and follow-up on the chemotherapy treatment and its outcome. Topics include: Stages of chemotherapy preparation, safety processes

related to chemotherapy treatment, truths and myths about the management of acute symptoms of chemotherapy infusion, sexuality during treatment, available resources, among others. This program seeks the reception and minimization of anguish and anxiety experienced by cancer patients at the beginning of the chemotherapy treatment.

RECEIVING PROGRAM



Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment





Monitoring of Oral Chemotherapy

The purpose of monitoring patients undergoing oral anticancer treatment is to identify compliance barriers and to determine strategic interventions

that can assist the patient in the acceptance and success of the treatment.



Call Infusional Chemotherapy Reaction

Aiming at greater agility and safety in the treatment of patients in chemotherapy, the ICESP implanted the "Call Infusional Reaction", a unique phone extension for rapid patient care with injectable drug reaction.

The method aims to prevent nurses or nursing technicians from being absent from the box during an infusional reaction, in order to ensure greater

patient safety, with the performance of more than one nurse at the site of the occurrence. After the reaction detection, while the nurse responsible for the box starts emergency care, the nursing technician can activate, in a few seconds, the support team through the 'Call Reaction', which is located at a strategic point within the sector and has a distinct ring tone from the other phone extensions.



LEAN SIX SIGMA PROGRAM Reduced Waiting Time in the Chemotherapy Sector

One of the projects of the *LEAN SIX SIGMA PROGRAM*, conducted by the chemotherapy Nursing Team, aimed to reevaluate the process in order to reduce the waiting time of patients to begin the daily treatments. In a scenario in which there was a great variability of waiting time, with the maximum waiting time reaching 3h22min in January/2018, which caused the patients' health risk and dissatisfaction, the project proposed to maintain the

average waiting time in up to 37 minutes and reduce the variability of the process, keeping 90% of the patients within the waiting range from 0 to 60 min.

At the end of the implantation, in addition to the reduction in the average waiting time for outpatient chemotherapy, there was a savings of R\$ 17 thousand per month (R\$ 204 thousand per year) to the Institute.





Radiation therapy

ICESP has one of the largest radiation therapy parks in Latin America, housing seven linear accelerators for radiotherapy (one of them recently replaced in the Osasco unit), a brachytherapy equipment - a technique by which the radioactive material is in direct contact with the region to be treated, through catheters, special needles and devices -, and a CT-simulator to perform 3D planning of radiation therapy procedures.

Currently, with the evolution of the technology applied in science, it is already possible to offer cancer patients a technique that modulates the radiation intensity for each treatment field. The so-called Intensity Modulated Radiotherapy (IMRT) concentrates high radiation doses in smaller foci, preserving healthy adjacent tissues. Complications and side effects resulting from this type of treatment are lower when compared to the conventional radiotherapy method.

Each radiotherapy treatment involves a large multiprofessional team, composed of physicians, physicists, technologists, psychologists, nurses, dentists, nutritionists, social workers, administrative officers, among others.

In 10 years, between June 2010 (date of installation of the radiotherapy park) and June 2020, approximately 540 thousand radiotherapy sessions were performed and nearly 28 thousand treatments were completed in 24,160 patients of the institution. A year, recently, ICESP has performed about 45 thousand radiotherapy sessions. With the technological evolution (more precise techniques such as IMRT and radiosurgery, available in ICESP since 2012) and the advent of image-guided radiotherapy, ICESP started to safely perform hypofractionated treatments, which consist of a higher dose of radiation per session, allowing reduction of the total number of sessions with the same biological effect. With this, patients need to move less days to the Hospital.

	2017	2018	2019	2020
Radiotherapy sessions	60,935	56,764	47,486	43,718

Even with the atypical context of COVID-19 and the need to reduce people, the focus on maintaining treatments such as radiotherapy was maintained, reaching a total of 43.7 thousand sessions in 2020.

In order to receive the accelerator at the Osasco unit, provided by the Secretariat of State of Health (SES-SP), it was necessary to carry out an on-site infrastructure project, which lasted six months, according to the schedule foreseen. R\$ 272.5 thousand were invested for readequacy of

space, installation of new floor and replacement of the entire electrical and hydraulic network of the room. Since the beginning of the work, in May 2020, a special flow of care was defined for the patients of Osasco at the ICESP Matrix Unit at Av. Dr. Arnaldo, in order to ensure continuity of treatment, without any interruption or injury. Throughout the construction period, the Osasco Outpatient Unit usually offered chemotherapy services, medical consultations in clinical oncology, nursing consultations, nutritional



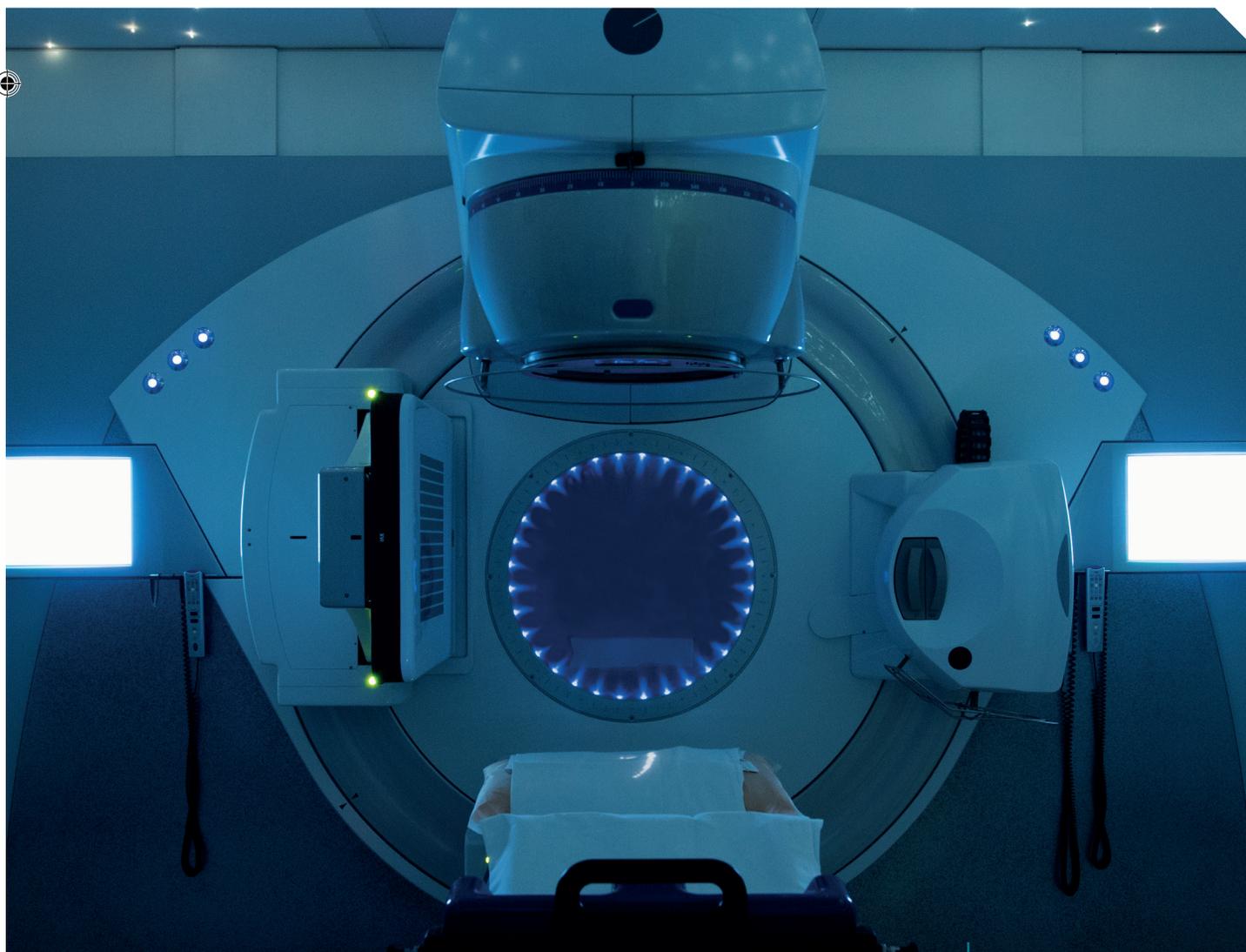


guidance, psychological care, orientation of social care, pharmaceutical guidance and blood collection for clinical analysis.

Before resuming radiation therapy at the Osasco Unit, several evaluations of the shielding, calibration and radiation escape of the installed device were performed. The replacement linear

accelerator was tested several times to ensure that the treatment was performed with the quality and safety recommended by the institution. Finally, a survey of the National Nuclear Energy Commission (CNEN) was carried out to investigate compliance with the standards established by the federal body and to ensure the license to operate the new instrument.

LINEAR ACCELERATOR



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Radiosurgery

In SUS, ICESP is a pioneer in the technique that allows to treat some types of cancer without cuts, causing less damage to healthy tissues, such as so-called intracranial radiosurgery and body radiosurgery (or fractionated stereotaxic radiotherapy).

Radiosurgery is indicated for patients with primary tumors or metastases located in the lung and spine, provided that they are isolated and up to five centimeters in diameter. Before treatment begins, an image of the tumor generated by the radiotherapy equipment itself is performed so that the team of

physicians and physicists can position the target that will be submitted to radiation.

The state-of-the-art technology aims to concentrate a large dose of radiation on very specific foci, causing cancer cells to die by breaking their DNA, with a minimal chance of damage to healthy tissues.

In addition, the equipment makes it possible that, even if there is a small movement of the tumor caused by respiration, for example, only the programmed area is treated. This is because the appliance adjusts the shots when the healthy tissue is in front of the radiation-emitting device.



First Radiotherapy Initial Guidance Group

In the same way as the treatment for chemotherapy, there is a multidisciplinary psycho-educational group that aims to welcome, clarify, guide, listen and inform about the characteristics of radiotherapy treatment, as well as its physical and psychological consequences. The objective of the group is to provide subsidies for coping with the current situation and to assist in the patient's adherence to treatment. The action, directed to

the patient and also to the family members and caretakers, enables both to become active subjects in the process in which they are inserted, right at the beginning of the treatment. They participate in the clarification of doubts, understanding of the treatment, reception in the face of the feelings aroused and the possibility of follow-up with a multidisciplinary team.





Radiotherapy Bell

The end of the radiotherapy treatment at ICESP is announced and celebrated with the events of a bell (Bell Time), a ceremony that takes place at the reception of the floor, when patients, family members and care staff celebrate the end of such an important stage in oncologic treatment. The

objective of this action is to promote a welcoming environment for patients and caretakers at the time of the “farewell” of the radiotherapy sector, contributing to the motivation of patients in treatment and promoting satisfaction with the institution.

ICESP RADIO THERAPY BELL



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LEAN SIX SIGMA PROGRAM

Flow improvements for Chemotherapy and Radiotherapy

One of the thematic fronts of the *LEAN SIX SIGMA PROGRAM* was to implement improvements in the flow of chemotherapy and radiotherapy, considering the specific project aimed at reducing the waiting time in the chemotherapy sector (presented in the previous section). The main results of this front, obtained during 2018 and 2019, were:

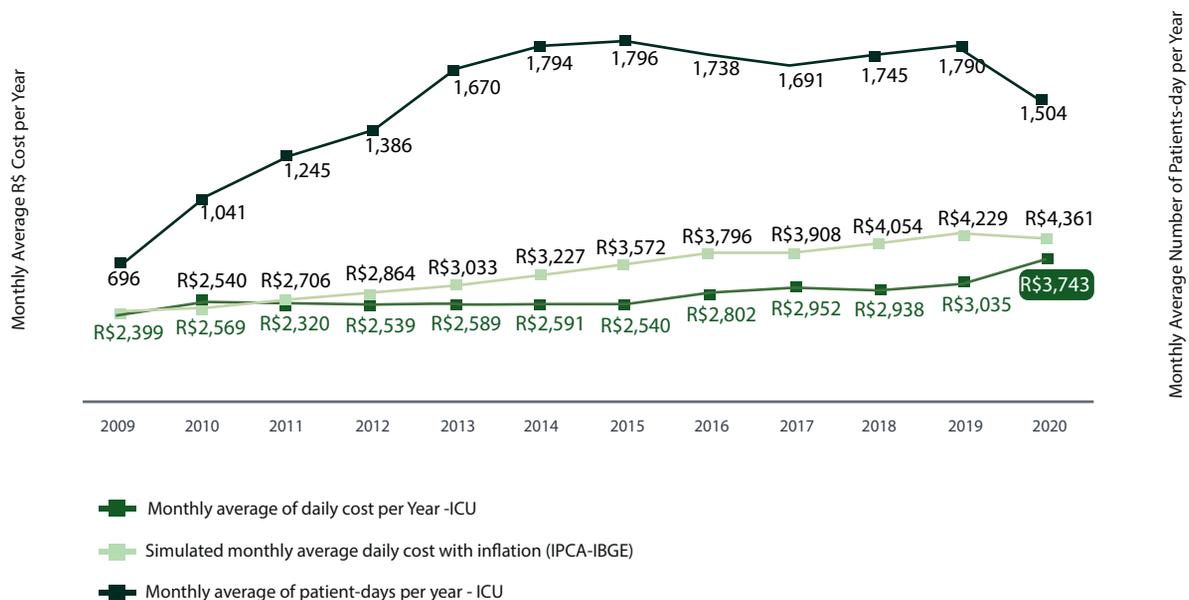
- Re adequacy of agenda
- Optimization of intra-box protocols and processes, generating a savings of R\$ 30 thousand per month
- 55% reduction in mean waiting time for outpatient chemotherapy
- 34% reduction in the average preparation time of bags
- 100% screening of head and neck patients in radiotherapy treatment
- Increased patient satisfaction, demonstrated by the number of compliments received on the chemotherapy and radiotherapy sectors



Average Cost of Intensive Care Units

One way to measure the optimization of financial resources and the increase in efficiency in operating expenses involves calculating the average cost of a given hospital service or business unit, compared to the average number of day-patients treated in this same unit. In which the whole scenario of the 2020 pandemic is weighed, such as the collapse of the supply chain of inputs or the need for several actions for continuity of

care, between 2009 and 2020, as shown in the example below, the monthly average of day-patients in ICESP ICU grew by 116%, leaving a monthly average of 696 patients-days in 2009 and reaching 1504 patients-days in 2020, while the average daily cost increased by 56%, going from R\$ 2,399 in 2009 to R\$ 3,743 in 2020, which was considerably lower than the average inflation-adjusted cost, which would be R\$ 4,361.





Restructuring of the Laboratory Examination Register Center

In 2019, a laboratory test center was created on the 7th floor to accommodate patients admitted to the hospitalization units. Among the main benefits achieved are:

- The nursing team no longer handles exam requests, and may focus on patient care;
- There are no double requests for examinations;
- More agile and effective process;
- Reduction of paper prints and document overflow;
- Increase in the safety and verification of exam records due to double checking (administrative and technical nursing officer)



Yellow Code and Blue Code

Emergency and emergency care in all sectors of the ICESP is carried out through previously established criteria, aiming at ensuring rapid and early care and seeking to increase the survival rate of patients in cardiorespiratory arrest (CRA). This type of care consists in the recognition of acute changes in vital parameters in adult patients.

ICESP has two Emergency and Emergency Response Protocols: The Yellow Code and the Blue Code.

The Blue Code contemplates call devices and elevator automation to ensure that the team moves to the patient in PCR and takes care already initiated by the local healthcare team in less than 3 minutes of arrest identification and actuation.

Through the Yellow Code, the ICU multiprofessional team is notified by beeps and has up to 5 minutes to start primary care, with immediate dispensing of



antibiotics, performing emergency resuscitation of the patient and transferring to an intensive care bed.

From the table, it can be observed that, in 2017, there was a higher number of activation of the

Blue Code and a low number of activation of the Yellow Code, while in the following years (2018 and 2019) there was an oscillation of the visits, related to the rate of hospital occupancy and the severity of the patients.

Total Blue and Yellow Code Actions (in minutes)

	2017	2018	2019	2020
Blue Code				
Number of actions	41	28	42	30
Average time	00:01:51	12:01:01 AM	12:02:03 AM	12:01:07 AM
Yellow Code				
Number of actions	636	674	729	801
Average time	12:03:00 AM	12:05:00 AM	12:04:58 AM	12:07:49 AM



Review of the Schedule Process for Discharged Patients

Previously, all the schedules were performed by the administrative team of the hospitalization units increasing the patient's release by 1h30m. Currently, through a report on the system, the scheduling sector (CANP) views all requests and contacts the patient with

the dates of the schedules. With this improvement in the process, in addition to time gain in the post-discharge period, it was possible to reduce the printing of papers considerably and avoid document loss, in addition to a greater rotation of beds and positive patient satisfaction.

INFORMATIVE MEDICAL BULLETIN



APRESENTAÇÃO DA EDIÇÃO

O ICESP tem, atualmente, mais de 45 mil pacientes ativos. Esse número contempla novos pacientes, aqueles que estão em alguma fase do tratamento e também aqueles que já finalizaram todas as etapas e seguem em acompanhamento, cadastrados no Instituto.

Inclusos nesse último grupo, encontram-se os pacientes que estão sendo seguidos há mais de cinco anos sem recidiva de doença.

Nesta edição, falaremos um pouco mais sobre o processo de alta institucional desses pacientes e a sua importância para a instituição.

Convidamos você, doutor, a conhecer esse fluxo e a dar prosseguimento nessas altas institucionais.

Direção ICESP

EDIÇÃO ESPECIAL
ALTA INSTITUCIONAL

A IMPORTÂNCIA DA ALTA INSTITUCIONAL

A alta médica institucional se destina a pacientes que já receberam todos os cuidados e acompanhamentos necessários e não apresentam mais nenhuma justificativa dentro do tratamento oncológico para permanecer em nosso serviço.

É sabido que a prática da Oncologia recomenda, usualmente, o seguimento dos pacientes tratados por até cinco anos (período em que alguns tipos de câncer apresentam maior chance de recidiva). Com isso, o horizonte de tempo do paciente nos serviços oncológicos é muito amplo.

Com o passar dos anos, a entrada de pacientes novos somada à evolução dos tratamentos oncológicos (e, consequentemente, ao aumento de sobrevida) gerou um grande crescimento da população de pacientes ativos no ICESP.

Para cumprir o seu papel social – assumindo quase 10% da demanda de Oncologia da rede pública do Estado de São Paulo – e garantir a sustentabilidade nas operações do ICESP, se faz necessário estabelecer um processo mais efetivo de contrarreferência para, a longo prazo, estabilizar o volume dessa população no Instituto.

Assim, o objetivo é identificar quem são os pacientes com potencial de alta e com possibilidade de serem acompanhados na rede básica de saúde. Após essa identificação, cabe ao ICESP, por meio de seu Serviço Social, viabilizar o acompanhamento desses pacientes nas Unidades Básicas de Saúde, garantindo continuidade da assistência.

Caso o médico da UBS identifique qualquer alteração nos exames de controle, conforme protocolo de alta, o paciente será regulado para o ICESP, através do portal CROSS, para uma reavaliação da equipe médica.



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Oncologic Intercurrences Call Center (CAIO)

The Oncology Intercurrence Call Center (CAIO) serves patients enrolled in the institution who need emergency or urgent care. The unit was planned to perform this type of care, prioritizing cancer-related interurrences and their treatment.

All patients are evaluated at screening, when they are checked: Blood pressure, temperature, heart rate, blood oxygen levels and pain. A risk classification (process of identifying patients requiring immediate

care) is also performed, according to the patient's clinical picture.

On average, 28 thousand patients are treated by the CAIO per year, a small part representing newly admitted patients, who seek the care service even before the first outpatient visit is performed (which usually occurs within 15 days of contact with the ICESP), and another part is made up of people who are not patients (employees, escorts and family members).

Total Number of calls in CAIO

	2017	2018	2019	2020
Emergency calls (CAIO)	28,622	29,155	27,812	22,787

In recent years, the main initiatives undertaken within the framework of the CAIO have been:



Implantation of Medical Screening

In order to prioritize care for patients seeking the CAIO, medical screening was instituted, in addition to the already existing risk classification performed by nurses, which consists in the inclusion of a medical professional right in the screening room, responsible for identifying complaints that are relevant for care in the CAIO,

that is, oncologic interurrences. Patients who do not present this type of picture are advised (provided they present clinical conditions) to seek care in other services, more appropriate to treat the other interurrences, in order to ensure that the care of CAIO prioritizes the patients who benefit most from it.





Patient allocation in a Care Module

Another change in the care flow from CAIO was the patient allocation in the module where it will be answered immediately after screening. Prior to this change, the patient was screened, waiting in a waiting room, was attended at one of the offices, then sent to the post-consultation room to wait for their allocation in the module where he/she would receive his/her medications and collect the necessary exams. In the new model, once the

screening procedure is completed, the patient already opens the chart and is allocated directly to the module where he/she will be attended. From there, it is the professionals who move to him/her. The doctor already does the care in the module and the necessary medications and examinations are administered and collected at the same site. After prescribing exams and medications, the CAIO physician reevaluates the patient within 4 hours.



Agility in the hospitalization process

In the new flow implanted in the CAIO, a limit of 2 hours was established for the patient to be evaluated by a specialist from the moment he/she receives the indication of hospitalization by the CAIO team. The Tasy system automatically informs the teams via email or SMS as soon as hospitalization is indicated. After this time, the responsible department (GILAC) is also automatically informed and should already reserve a bed for the patient, who will go up to hospital once the bed is free.

The graph next highlights the impact of the measures taken in CAIO on the number of

patients who remain hospitalized in the sector. We observed that the total number of patients treated remained stable between June and November 2020, but, between July and August (when changes were implemented), the number of day-patients (patients admitted to hospital census) fell by almost half. It is important to emphasize that the first drastic reduction in the number of patients-days observed in 2020 (between March and April) is due to the reduction in the total number of visits, as a consequence of the COVID-19 pandemic and the fact that, in March, patients with suspected and confirmed cases of the disease were transferred to the



Central Institute of HCFMUSP, and were not admitted to CAIO. The flow changes implemented prevented the number of patients admitted to CAIO from returning to the previous level when

ICHC transfers were suspended in July. When hospitalized, patients are being directed more quickly to the hospitalization units, reducing their stay in the CAIO.

Total patients-day and visits per month





CAIO in the COVID-19 pandemic

Due to the context of a pandemic, as well as the vulnerability of cancer patients in the case of disease, a series of measures were taken in CAIO to prevent contagion:

- Right in the screening room, all patients receive surgical masks, regardless of whether they present symptoms or not;
- The CAIO was divided into two sectors, one of which was exclusively intended for the care of patients with suspected or confirmed COVID-19. This sector has a completely separate physical area, teams and flows from the rest of CAIO. Patients with suspicious pictures are identified immediately in the screening room and immediately diverted to the specific care flow.
- All patients identified as having suspect COVID-19 in screening collect aswab for RT-PCR test. Other patients, if indicated for hospitalization, also collect the test, even if they do not present symptoms. This measure is fundamental to identify asymptomatic carriers of the virus and isolate them early.



Outpatient Pharmacy

The Outpatient Pharmacy Service acts in an integrated manner with the medical, nursing and multiprofessional teams to provide pharmaceutical assistance, promoting safety

and quality in the use of medications by patients. Outpatient Pharmacy has a list of standardization of several medications and, on average, 9,288 patients are treated each month.





Drug Return Program

In order for the patient to enjoy the benefits of the medications in their treatment, an important aspect is related to how Pharmaceutical Care is structured, since guidance on the use and also on the correct disposal of the medications is part of the process.

Thus, since 2015, motivated by its environmental responsibility, the Outpatient Pharmacy Service has taken an initiative to encourage patients to return the remaining drugs (medication not used during treatment) to the outpatient dispensation pharmacy, for the proper disposal and/or reuse

of medications that, after technical evaluation (following the established evaluation protocol), they presented conditions for consumption.

The results show that, in addition to the environmental benefits from the correct disposal and the opportunity for savings in stock reincorporation, it was possible to identify corrective measures in medical indications based on the frequencies of leftovers per drug. At the end of 2020, tons of medicines were counted, which would probably be disposed inadequately by patients.

	2017	2018	2019	2020
Value of returned drugs	R\$ 709,323.59	R\$ 549,433.35	R\$ 517,272.04	R\$ 437,684.44
Value of returned nutritions	R\$ 101,681.92	R\$ 91,728.05	R\$ 85,548.31	R\$ 65,350.21
Total costs avoided	R\$ 811,005.51	R\$ 641,161.40	R\$ 602,820.35	R\$ 503,034.65
Appropriately discarded waste drugs volume (kg)	1,495	1,475	1,575	1,375

OUTPATIENT PHARMACY RECEPTION



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Module 9: Finishing the treatment





Pharmacoeconomics

• Loss by Stability Reduction

The stability of a drug is nothing more than the time when the product has its guaranteed effect after being opened (taken from its primary packaging) or even diluted for infusion in the patient. The stability time ensures that the physico-chemical and microbiological aspects remain stable, resulting in the expected effect. This stability is guaranteed by scientific studies funded or not by the pharmaceutical industry.

Pharmacotechnique chemotherapy carried out several studies on the possibility of prolonged stability for intravenous chemotherapeutic agents and a method was developed for this, where the drug, after opening, is transferred from the original bottle to a serum bag, guaranteeing the microbiological integrity of the drug by means of a closed system.

• Use of Overfill

Intravenous chemotherapeutic drugs (liquid form or suspension) have an excess volume in each vial called overfill. The excess that these medicines possess is a safety measure of the pharmaceutical industries to ensure that the recommended and required dose is removed from the bottle. Overfill varies according to each industry and specific characteristics of each drug.

In ICESP, routines were established for the use of residual balance of chemotherapy ampoules in the preparation of chemotherapy bags. This action ensured full use of the safety leftovers provided by the pharmaceutical industry (under what is called “Pharmacoeconomics”), avoiding unnecessary disposal of these toxic substances in the environment.

• Tamoxifen

Another action related to the patient's Pharmacoeconomics and safety can be verified in the project that replaced the presentation of Tamoxifen drug used in the treatment of breast cancer. In fact, for breast cancer patients using Tamoxifen tablet, the recommended dose according to the ICESP Oncology Conduct Manual is 20mg per day for five years. With the previously adopted presentation of 10mg of Tamoxifen, the patients needed to take two tablets a day. It was then proposed to change the presentation of the pill to 20mg, in order not only to facilitate the administration of the medication by the patient (one tablet per day), but also to reduce the direct and indirect expenses with the acquisition, management and handling of this medicine.

• Reformulation of the VTE (Venous Thrombo-Embolism) Treatment Protocol

Oncologic patients have an increased risk of presenting venous thromboembolism (VTE), either as a first episode or cases of recurrence. In addition, anticoagulants are considered high surveillance drugs due to their potential to significantly harm patients' health if used incorrectly. Enoxaparin, the drug of the anticoagulant group, is thus one of the most important and most expensive non-oncologic medicines of the Institute.

In this sense, a project was carried out to review the posologies and evaluate a new oral anticoagulant, with better patient convenience, lower cost and ease of management compared to traditional anticoagulants. This possibility was identified in the Executive Committee of the ICESP and was conducted by several boards. On average, 1.7 thousand patients used Enoxaparin per month (outpatient and hospital) and the





proposal was to perform a global re-evaluation of anticoagulation, with an exchange of Enoxaparin (SC) for Rivaroxabana (VO) or readequacy of Enoxaparin's posology.

A transient anticoagulation Outpatient Clinic was created, with focused consultations and family physicians with the therapy (Hemate, Vascular, Cardio, Pneumo), in addition to the institutional reformulation of the VTE Treatment Protocol. Pharmacists and hematologists (team of thrombosis and hemostasis) conducted the pharmaceutical surveillance process for six months, from October 2018 to April 2019. All professionals were trained in the recommendation regarding the eligibility and exclusion criteria for the prescription of Rivaroxabana, its dosage, interactions and management details.

A satisfaction survey was carried out with the patients, where it was possible to note that the exchange of an injectable anticoagulant by an oral anticoagulant brought benefits on several fronts, especially in relation to the lower pain during treatment (daily application) and the better handling of the medications. As for adherence to treatment, the gain was also expressive, demonstrating that the exchange caused 85% of the patients to follow their treatment more appropriately.

It can be said that the reformulation of the VTE (Venous Thrombo-Embolism) Treatment Protocol represented several gains for patients and for the institution. Between October 2018

and December 2020, 1691 patients had the drug changed, which generated an average saving on ICESP in this period of R\$1.7 million, or R\$ 730 thousand per year.

• Optimization of the Use of Leukocyte Removal Filter

The leukodepletion filter, used in blood transfusions of ICESP (except urgencies, surgical center and platelets by apheresis), was one of the highest medical-hospital material values. The screening indicated that an average of 1 thousand filters were consumed per month for red cells concentrates and 170 in platelet concentrates, resulting in an average monthly expenditure of R\$ 115 thousand for the input.

In a session of the ICESP Pharmacology Committee, the opportunity was identified for a cost-effectiveness study conducted by the Transfusion Committee, seeking to analyze whether the performance of blood transfusions without the use of the leukodepletion filter would alter infection rates, mortality rates and, mainly, cancer recurrence, compared to universal leukodepletion.

Based on evidence of proven benefits, the policy and protocol were adequate, considering only the subgroups of patients who benefited most from the technology. Among the main results, there was an average reduction of 170% in material consumption, generating an economy in 2020 of approximately R\$ 1 million.



Pharmacoeconomics	2017	2018	2019	2020
Loss by Stability Reduction				
Savings – Financial volume of chemotherapeutic stability	RS 86,265.78	RS 84,241.39	RS 107,012.40	RS 99,084.79
Using Overfill				
Savings – Overfill's inclusion financial volume	RS 143,722.74	RS 228,115.61	RS 148,974.58	RS 111,936.37
Tamoxifen				
Savings related to the amendment of the Protocol	RS 1,604,568.25	RS 1,647,747.87	RS 1,674,261.92	RS 1,571,772.80
A transitional anticoagulation outpatient clinic				
Savings related to the amendment of the Protocol		RS 219,702.44	RS 753,073.92	RS 687,978.54
Optimization of the Use of Leukocyte Removal Filter				
Savings related to the amendment of the Protocol		RS 353,439.25	RS 787,732.42	RS 929,489.44



Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment



Initiatives Aimed at Patients

Focusing on the patient's experience, and aiming to offer the best humanized care, the ICESP has

several initiatives aimed at the safety and well-being of the patients, being:



Hello ICESP: Nurse, Nutritionist and Pharmacist

ICESP has three telephone services available exclusively to patients and family members, for the clarification of doubts, being:

- **Hello Nurse**

Hello Nurse is a pioneering system in the public health network that, since its implementation, has sought foundations aligned and focused on humanized care, one of the premises of ICESP. This is a telephone communication channel (which works 24x7) between the nursing team and the patient, family and/or caregiver, aiming at monitoring adverse events related to anticancer therapy, as well as the clarification of questions that may arise about his/her treatment, consultations, examinations, among other doubts, avoiding, therefore, unnecessary visits to

the hospital. The visits are performed by nurses specialized in oncology, where the clinical demand presented by the patient and/or family, together with the information contained in the electronic chart, is based on the decisions made and the guidelines made.

- **Hello Nutrition**

Exclusive service to patients and follow-up patients to resolve doubts regarding the feeding of the oncologic patient outside the hospital environment, such as the presence of common side effects of chemotherapy and radiotherapy, such as nausea, pain to swallow, vomiting, difficulty to chew, lack of appetite and weight loss. Contacts can be made at any time and day, and the nutritionist clarifies the questions within 24 hours.





• Hello Pharmacist

After a medical consultation with prescription of medicines, it is not uncommon for the patient to have doubts about the administration of

medicines. In order to guide the patients, the Hello Pharmacist was launched in 2019, an organized and standardized telephone reception service to assist patients with questions or possible problems related to the drugs.

	2017	2018	2019	2020
Number of visits in the Hello Nurse channel	30,982	32,396	31,044	55,888
Number of visits in the Hello Nutrition channel	566	451	418	1,591
Number of visits in the Hello Pharmacist channel	-	-	-	481 *

HELLO NURSE



Module 6: Science helping to respond to treatment

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Navigator Nurse

The patient's "navigator nurse" is responsible for care management as he/she follows his/her treatment plan, collaborating with the resolution of eventual obstacles that may compromise treatment adherence. The navigator has a multidisciplinary support network as the patient's needs are identified. The Navigator Nurse is the

link between the patient and the multidisciplinary team, favoring integrated care in all his/her needs. Currently, patients with head and neck cancer or those who will perform peritoneectomy rely on this professional, and in the future, this project is expected to be extended to other clinics, benefiting an increasing number of patients.



ISTT The Interdisciplinary Singular Therapy Team

Multidisciplinary team with action focused on clinical cases of difficult management (lack of adherence, refusal of treatment, negative bond with team, etc.), recognizing the patient as an individual in his/her bio-psycho-social-spiritual dimensions. The group proposes and implements integrated actions focused on the resolvability of identified problems, exhausts the available therapeutic possibilities, avoids

unnecessary referrals and fragmentation in care and supports the patient in self-management of care, strengthening the individual's autonomy throughout the health and disease process.

Having started in August 2015, the team has already acted in 146 cases until the end of 2020, with an effective rate of resolution of the cases of 100%.



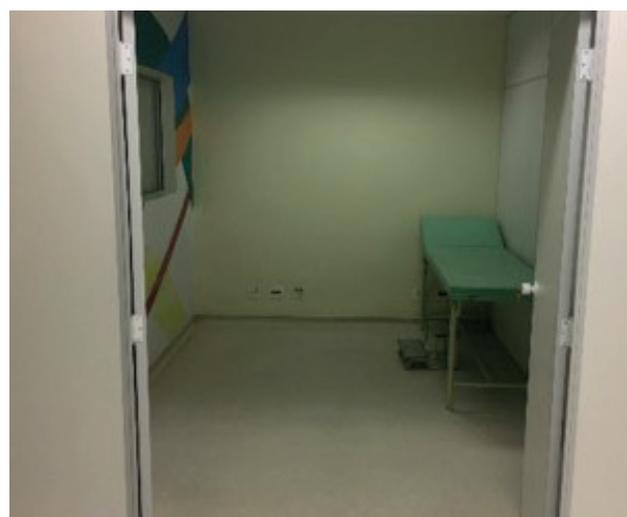


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Outpatient Clinic of Unusual Health Deteriorations

With adaptations in some sectors for temporary use, the ICESP has a contingency plan for public health emergencies, being prepared for emergency demands that might jeopardize the health of patients, family members and employees. In 2018, this contingency plan was triggered due to the measles outbreak, while in 2020 the same outpatient clinic was used as a result of the pandemic by the new coronavirus (COVID-19).

OUTPATIENT CLINIC OF UNUSUAL HEALTH DETERIORATIONS





Integration of the Palliactivists' Team to Clinical Teams

The assistance of the palliative care team aims to minimize suffering and improve the quality of life of patients and families facing problems associated with life-threatening diseases through early identification, correct evaluation and treatment of pain and other physical, psychosocial or spiritual problems.

The objective of the integration project was to implement a new model of assistance with expansion of the action in palliative care in the ICESP hospitalization units, intensifying the integration with clinical oncology, hematology and surgery teams, with a view to increasing the possibility of insertion in early palliative care of a larger number of patients with the possibility of benefit from the approach .

With the implementation of the project, a physician from the Palliatives Care team went on to

participate horizontally in ICESP clinical groups, with performance and participation in routine visits and clinical meetings, orientation to residents and direct patient care. The indication was that the Palliative care team should always be activated to support the care of patients with high complexity of physical or emotional suffering, regardless of the stage of the disease, prognosis or therapeutic proposal. The project started in March 2019 and the integration was completed in August of the same year.

During this period, through the integration of the Palliative care team with the other clinics, it was possible to provide quality of life gains, improve the qualification of desospitalization, act in conflicts, create protocols and allocate adequate resources, reducing hospital costs. The results of this project were presented at the ESMO 2020 Congress (*EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY*) and at the VII Brazilian Congress of Palliative Care.



Patient Safety

The focus on patient safety is on the basis of virtually all actions and protocols established at the Institute. However, some specific actions have been created and have been improved over time. Two protocols stand out:

- **Fall Prevention Protocol**

It aims to implement evidence-based best practices with a view to reducing risk and minimizing fall damage in inpatients or outpatients. The

management of the protocol has quantitative and qualitative indicators, which allow the evaluation of the quality of care and safety of the patient, monitored by a committee made up of representatives of all professional categories. In 2018, the mean incidence of falls was 1.85%, the damage density was 32% and outpatients' falls were, on average, 7 per month. In 2019, the mean incidence of falls was reduced to 1.48%, the damage density was 35% and there were, on average, 5 outpatients' falls per month, the same index observed in 2020.





	2017	2018	2019	2020
Incidence of Falls	1.60%	1.85%	1.48%	1.90%
Damage Density	26%	32%	35%	35%
Number of Outpatients' Falls	5	7	5	5

PATIENT SAFETY

- Intravenous Therapy Protocol**

The Intravenous Therapy Group (IVTG) is a specialized group dedicated to promoting safe and quality care, based on best practices in intravenous therapy and vascular access. The Puncture Team is an arm idealized by the IVTG, with the participation of 63

nursing technicians working in the internal collection/ Hemotherapy and chemotherapy Outpatient sectors, who have as daily routine the puncture of peripheral venous access more frequently and, to better use these professionals with accurate dexterity, an institutional flow of actuation was created when the patient is classified as “difficult access”.





Round Interprofessional Discussion of Care Cases

The *ROUND* is an interdisciplinary meeting to discuss cases in which professionals related to patient care determine priorities, establish therapeutic goals

and perform discharge planning. Each professional, based on his/her clinical expertise, collaborates so that the patient has the best possible care.

TEACHING TO CARE



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Teaching to Care Program Patient and Family Education for hospital discharge

The Teaching to Care Program is a program dedicated to teaching family members and patients who will need specific care at hospital discharge. The objective of the program is to train family members for care, preventing complications during treatment at home.

The meetings are conducted by the multidisciplinary team in a controlled environment, at the Oncology Education and Training Center (OETC), where family

members can feel at ease to expose their doubts and concerns, and have the opportunity not only to hear the guidelines, as well as putting them into practice in simulation mannequins before executing them in the home environment with their loved ones. ICESP believes that this practice consolidates learning and strengthens family members for care of patients at hospital discharge, in addition to minimizing their distress and insecurities.



Waiting Room Program

This program consists in promoting actions of education aimed at the patient and family members in the waiting rooms of the Institute. The guidelines permeate subjects relevant to the treatment and follow-up of these patients, such as: Guidelines for cancer treatment, health promotion and well-being,

symptom reliefs, food hygiene, cancer prevention campaigns, among others. This program is a strong ally in the fight against incorrect information from the media, relatives, friends, who can negatively influence the decisions of the patient and/or the accompanying person, compromising the treatment.

	2017	2018	2019	2020
Nutrition Waiting Room	481	553	1,656	152



Humanization Actions

The guarantee of integral and humanized care for the patient and his/her family has been in the ICESP DNA since its foundation. Thus, complementary to the offer of a multidisciplinary oncologic treatment

of excellence, several actions of therapeutic, cultural and educational character are conducted, making the environment more welcoming and strengthening the bond of patients and follow-up with the institution and professional teams.

	2018	2019	2020
Educational Actions and Permanent Education	11	10	10
Welcome	5	6	6
Atmosphere	11	12	11
Art and Popular Culture	15	15	15
Well-being Practices and Quality of Life	21	22	20
Care Practices	21	19	19
Inclusive Management Practices	10	12	11
Total	94 actions	96 actions	92 actions

The report with humanization actions presented to the Technical and Scientific Core for Humanization only counted on the number of actions carried out in 2020, where new actions were also added to patients hospitalized with Covid-19 (ex: virtual visit).

Some examples of humanization actions conducted in ICESP are:

- **Solidarity Project in Strands**

The project, in partnership with the Social Solidarity Fund of the State of Sao Paulo, aims to train professionals for the creation of personalized wigs. At the end of the course, this product is donated to ICESP patients.

- **Creative Challenges**

Based on the assumption that the playful challenges are important tools to stimulate cognition, memory, balance, attention, etc., ICESP elaborated the project “Creative Challenges”, which aims to stimulate visual and affective memory through stories, making the patient the main protagonist of the theme; to enable the waiting moments to become pleasant, socializing and stimulating, improving the spirit and self-esteem; to develop an active and challenging posture in the face of the stimuli presented.



- **Project “Caring”**

This project was a partnership between ICESP and the Imagem Mágica NGO, which aimed to hold eye awareness workshops, using photography to register “CARING” with health teams, patients and caretakers. The action lasted 2 months.

- **Green July – Choir “Friends of the Voice”**

As part of the actions of the July Green campaign, the month of awareness about head and neck cancer, ICESP promoted in 2019, in the Casa das Rosas, the presentation of Choir ‘Friends of the Voice’, made up of patients and ex-laryngectomized patients.

- **Pre-release of the book “The Other Side of Cancer.”**

“The Other Side of Cancer” is a work that had its pre-release in the IV Symposium on Humanization and II International Symposium on Patient experience. The book aims to disseminate the

importance of patient histories as a fundamental strategy in the relationship between physician and patient. The stories tell moments of overcoming, showing the reader that cancer treatment is a phase and that life projects must continue throughout their Journey. The book is organized in two blocks: “The Other Side of Cancer” (composed of 11 patient histories) and “The Other Side of Health” (composed of four chapters with technical foundation covering the patient's experience, the importance of bonding, *STORYTELLING*, quality and safety, and the humanization process in ICESP).

- **Dog Assisted Therapy – DAT**

Pioneer in Brazil, the Institute's project is a partnership with the NGO DAT and is differentiated by uniting, in the same session, patients who are undergoing radiation therapy treatment in the hospital, together with their companions and health professionals in the sector. The DAT aims to create an impact on the patient's self-esteem, collaborating with the improvement of treatment

CHOIR AMIGOS DA VOZ (FRIENDS OF THE VOICE)



Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment





management and with the patient's own adherence to treatment.

In addition to increasing the feeling of well-being of individuals, the presence of dogs leaves people more comfortable and less stressed, which makes them more receptive to interactions, increasing socialization and verbalization. During therapy sessions, participants are encouraged to reflect on positive themes, such as courage, resilience, and self-esteem through interactions with NGO volunteer peers, in a place especially reserved for the visit. The moment is accompanied by professionals from Psychology, Nursing and Humanization.

- **Acrylic box for donating locks**

The hair donation flow gained an ally to facilitate the delivery of the locks at the Institute: An acrylic urn located on the ground floor. Since then, those who decide to bring their donation to the hospital receive an envelope at the reception and can leave their data and a caring message to the patients, pulling out a numbered receipt with a message of thanks.

- **Patient Fashion Parade**

Annually, ICESP patients saw models and parade to celebrate health and self-esteem for the Pink October and Blue November campaigns.

In 2018, the parade had the commitment of more than 90 students from the Santa Marcelina Fashion College, a partner for the 5th year in this project, as well as several professionals from the

Faculty and Institute involved, all committed to making the walkway a true dream stage for the 44 patients “models”. This year, the great difference in presentation was due to the use of fabrics dyed naturally in shades of pink and crimson. The costumes were inspired by the 'upcycling' concept, which refers to the use of ready and modified clothing. This time, the scenography was produced by students from the Visual Arts course, who created an oneiric landscape with visual elements.

As early as 2019, some 40 models, among men and women who do or treated at the institution, paraded by the red carpet with costumes made up by students and future stylists. On the day of presentation, the patients were able to enjoy preparations worthy of a top model, with right to dressing and production of makeup and hair made by professional teams.

- **IV Symposium on Humanization and II International Symposium on Patient experience**

The IV Humanization Symposium and II International Symposium on Patient experience, held in 2019, was attended by 19 speakers, from Brazilian and foreign experts from countries such as the United States, Uruguay and the Netherlands. The meeting was attended by a public of approximately 120 participants and aimed to deepen the exchange of experiences, innovation and aspects about the patient's experience and all his/her Journey throughout the treatment, along with the importance of an integral, ethical and humanized care culture.





Volunteering AVOHC

Many of the humanization actions described above are conducted by a group of volunteers who have been members of the Hospital das Clínicas Volunteers Association (AVOHC), which has started its activities for more than 60 years.

In 2018, more than 14 thousand hours of work dedicated to ICESP were carried out by 63 volunteers. The following year, the number of volunteers grew to 80, with 16.5 thousand working hours being dedicated.

In 2020, the Institute had a group of 55 volunteers. Due to the pandemic, from March to October, the volunteers' work was suspended and, therefore, 2,671 hours of work were dedicated.

Among the main activities conducted by the group, stand out:

- Beneficent tea, with the aim of capturing resources to subsidize actions and internal projects of the institution;
- Winter Bazaar and Christmas Bazaar, also with the objective of raising resources for the realization of internal actions for the benefit of patients;
- Donation of props for decoration on commemorative dates;
- Handicraft workshops for employees and companions;
- Visit to infirmary, chemotherapy, hematology, collection and reception, aiming to offer support and emotional comfort to patients;
- Guidance to patients and family members in a waiting room in CAIO and hospitalization units;
- Donation of materials at the request of the users or the Social Service of the institution;
- Donation of wigs, walking sticks, breast prostheses, wheelchairs, food stamps, etc.;
- Delivery of personal hygiene material to patients;
- Distribution of the hospitalization manual.

VOLUNTARY WORK AT ICESP



Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment



Rehabilitation

The rehabilitation of the oncologic patient is a set of therapeutic measures aimed at achieving the maximum of the individual's physical, psychological and social potential, in addition to the support and education to face his/her new reality, with gains in quality of life and the relief of symptoms resulting from clinical complications. The multidisciplinary team consists of: Psychiatrists, physiotherapists, phonoaudiologists, psychologists specialized in rehabilitation (neuropsychologists), physical education professionals, occupational therapists

and nursing technicians. Care is available to inpatients and outpatients.

For outpatients who do not present indications of referral and participation in the weekly rehabilitation program, educational groups are conducted with specific guidelines on patients' individual needs, with 10 specific groups of guidelines related to the rehabilitation of cancer patients with care to be performed in the extra-hospital environment.

	2017	2018	2019	2020
Care in orientation groups- Rehabilitation	2,377	2,660	2,938	2,901

PATIENT IN REHABILITATION



Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up





ASCC

Support to Family and Patient in Palliative Care

The ICESP has an Advanced Special Care Core (ASCC), a patient reception area that is outside the possibilities of curative treatments. The project continues the assistance provided by ICESP, with the same care and with adequate structure to provide maximum comfort and relief of the symptoms of the disease. Located in the municipality of Cotia (SP) and with a capacity of 30 beds, ASCC is an option for patients who are unable to stay at home, either by medical restrictions or social issues.

The existence of ASCC is part of the commitment to humanist bioethics, which aims to guarantee dignity during existence and in the situation of death, providing quality of life and reducing suffering for patients without possibilities for curative treatment and their families.

Management of palliative activities in ICESP, whether in ASCC or in the hospital itself, is the responsibility of the Palliative Care Group, a team of 12 physicians, social workers, psychologist, nutritionist, nurses and a nursing coordinator.



Satisfaction Survey

From 2009 to March 2020, the ICESP Patient and/or Family satisfaction Survey was carried out through face-to-face collection, using the methodology of the Global Evaluation Index, and consisted of data collection by contracted researchers, with a total sample of 380 interviewees. Due to the expected termination of this contract in June 2020 and in addition to the COVID-19 pandemic, it was necessary to anticipate the termination of the current contract and the revision of the method adopted. In order to follow up on the best practices of the other health services, increase the number of responses and the infeasibility of carrying out face-to-face collections, the possibility of conducting the satisfaction survey by

electronic means (e-mail) was evaluated, using the NPS research methodology (*NET PROMOTER SCORE*). The methodology is based on a single question to customers, which determines the probability of hospital recommendation: How likely is it to recommend ICESP to a friend or colleague? Customers select their responses on a scale of 0 to 10 and their responses are classified in:

- From 0 to 6: Detractors
- From 7 to 8: Neutral
- From 9 to 10: Promoters





The NPS calculation considers the total of Promoters minus the total of Detractors.

According to NPS notes, companies can be classified into four classification zones, which generally exemplify how well the institution is in relation to patient satisfaction: The zones are:

- Zone of Excellence: NPS between 76 and 100
- Quality Zone: NPS between 51 and 75
- Area of improvement: NPS between 1 and 50

- Critical Zone: NPS between -100 and 0

In April 2020, ICESP started its satisfaction survey with the NPS methodology, offering more comfort and privacy to the patient. In the first month, there was an increase of 65% in the number of responses in the survey. With the new methodology, the Ombudsman has access to opinions and performs an active search in the case of negative opinions in order to treat dissatisfaction.

The ICESP closed 2020 with the NPS of 91.7, being classified in the Excellence Zone.



“IT IS IMPORTANT THAT THE SATISFACTION SURVEY GOES HAND IN HAND WITH THE OMBUDSMAN, THE TWO AREAS HAVE A LOT OF RELATION, THE RESEARCH IS AN EFFICIENT METHOD TO IDENTIFY THE DEGREE OF SATISFACTION OF THE SERVICE PROVIDED TO THE PATIENT AND THUS IMPROVE HIS/HER EXPERIENCE AT THE INSTITUTE. THUS, WE CAN UNDERSTAND WHAT THE PATIENT EXPECTS AND ADJUST THE PROCESSES FROM DATA THAT THE RESEARCH SHOWS. AND, IN ASSOCIATION WITH THE OMBUDSMAN, IT IS POSSIBLE TO IDENTIFY DISSATISFACTION ON A TIMELY BASIS AND TREAT THEM ON A CASE-BY-CASE BASIS.”
(ICESP OMBUDSMAN)



NPS (Net Promoter Score)



67.28%
Comment rate

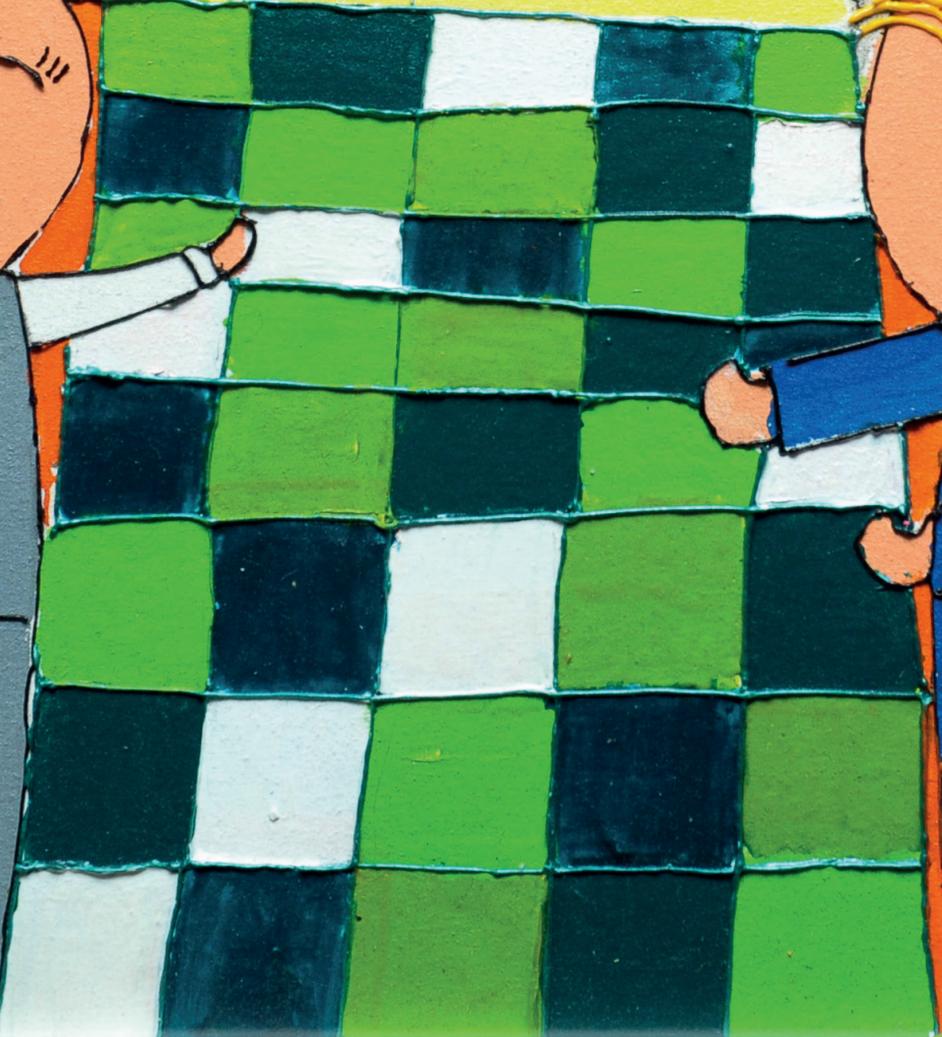
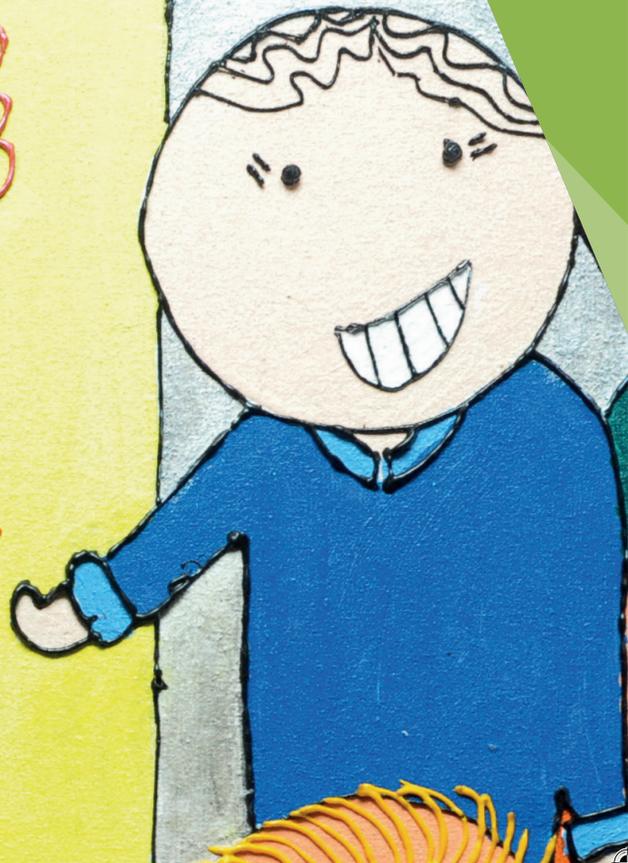
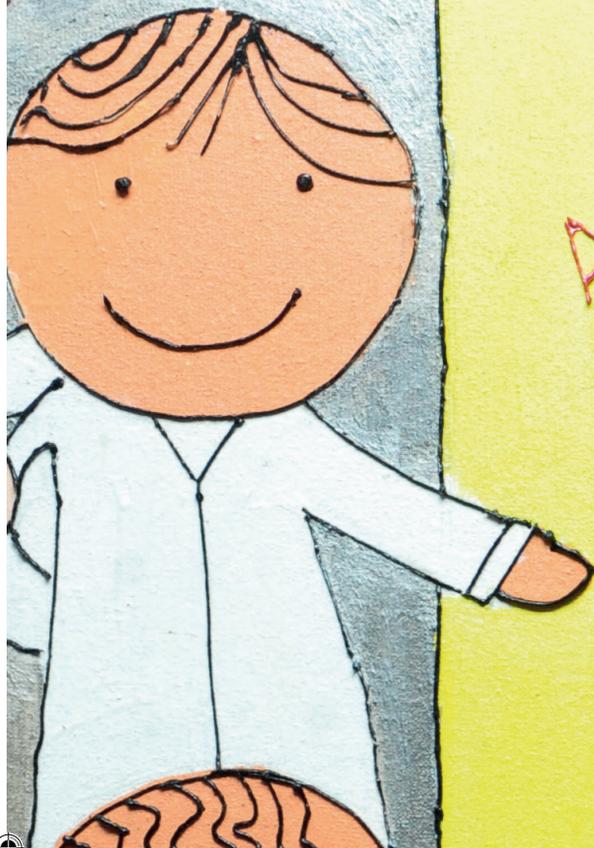
14.09%
Response rate



Source: Google form / REF.: patients treated from Apr/01 to Sep/31/2020 | Responses received from Apr/09 to Oct/07/2020 + System REF.: patients treated from Oct/01 to Dec/31/2020 | System extraction from Oct/05/2020 to Jan/10/2021

HOSPITAL DO AMOR

AMAR
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SERVIR





05

FOLLOW-UP

As essential as guaranteeing a humanized and extremely high quality care to cancer patients, the guarantee of a healthy, safe working environment that values the development and well-being of employees is in the DNA of the ICESP.

PICTURE PAINTED BY THE PATIENT NATHÁLIA FERNANDES CAMPOS DE AZEVEDO DURING HER STAY AT THE ICESP, BETWEEN 2010 AND 2014. THE PAINTING WAS USED AS A BASELINE FOR THE III SYMPOSIUM ON HUMANIZATION AND I INTERNATIONAL SYMPOSIUM ON ICESP PATIENT EXPERIENCE.





Over the last three years, the institution has lived through the most challenging period in its history. In 2018 and 2019, the activities were impacted by an important budgetary constraint, and then, with the sudden arrival of the new coronavirus pandemic, the signs of institutional recovery, which could be observed in the second half of 2019, cooled down and the institution faced a new challenge. Several processes needed to be quickly redesigned, which required teams to have a very high level of engagement and dedication.

However, it is important to point out that ICESP managed to overcome these difficulties without reducing in any instance the level of quality of care offered (which can be demonstrated by the patient satisfaction indicator, as presented in the “satisfaction Survey” section, page 91).

In this context, the crisis has demonstrated the existence of an even more united working group, which is very aligned in various practices and in

understanding the scenario. It was a moment when there was a need for a lot of creativity and search for alternatives regarding process optimization, revision of scopes and elimination of redundancies and wastes. It was also a moment when much attention and care was needed for others and when the collective look, for the whole institution, needed to speak higher and guide the actions of all.

Since the human and intellectual capital of ICESP is the basis that supports all the assistance dedicated to cancer patients, it is essential to have qualified training for it, through actions and programs of education and education focused on the training of professionals, both employees of ICESP and students, residents and trainees. In this sense, in addition to having a reference teaching staff, the fact that assistance at ICESP is integrated with teaching actions allows the exploration of a vast and very rich field of study for students and other participants in training actions.





Why the ICESP is a reference in care?

(GRI 102-8)

About 6.2 thousand people, including contract employees, students, residents, trainees, volunteers and third-party workers work at ICESP

to ensure the necessary infrastructure and the best care to the oncologic patient and their family members.

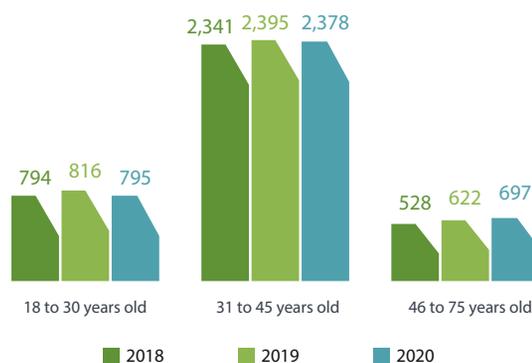
Distribution of contracted employees (CLT assets) - Number of employees:

Note: Data corresponds to the December position of the respective year.

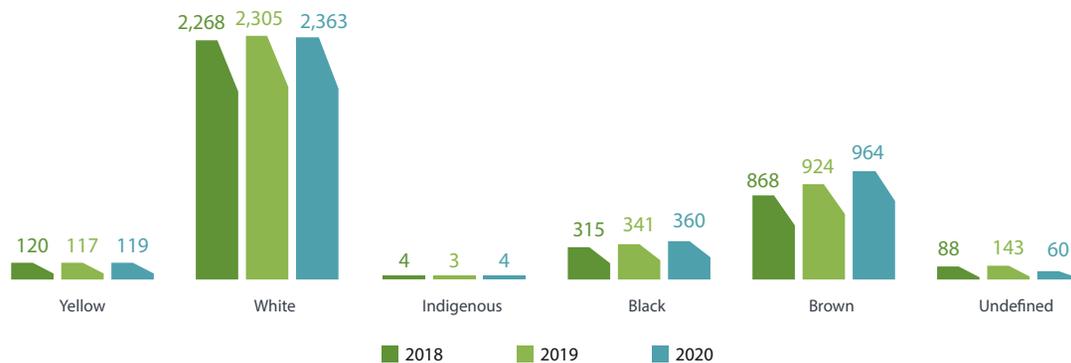
By genre



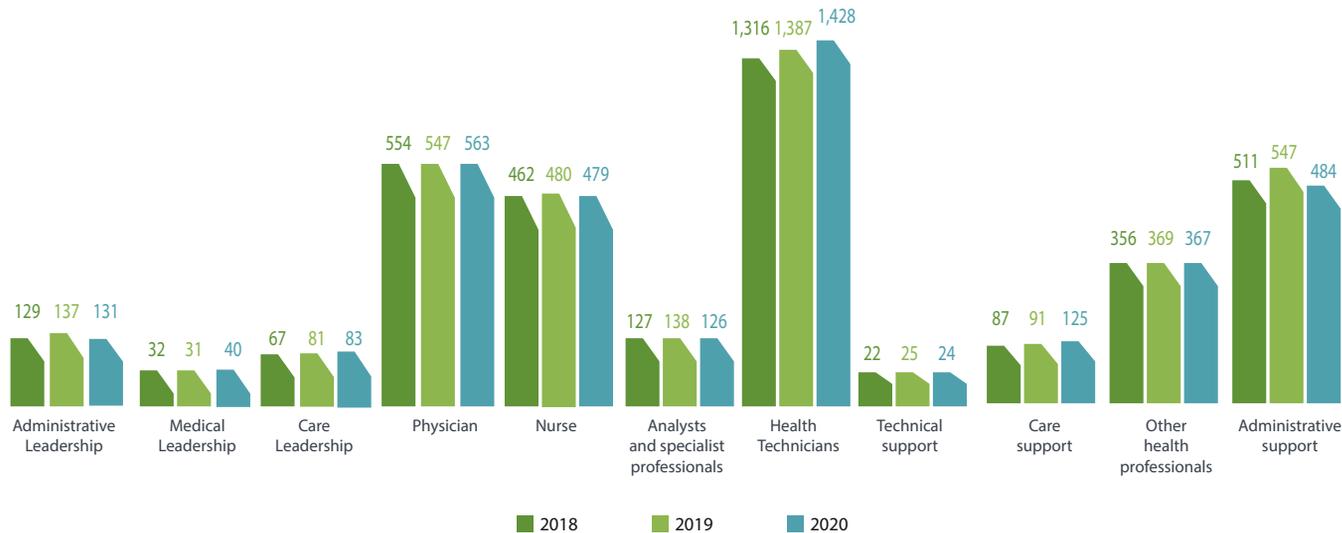
By age group



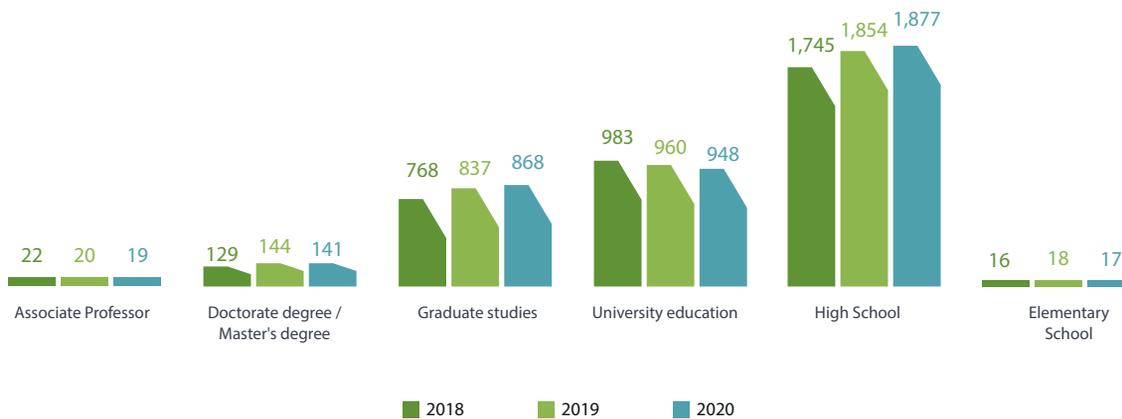
By race



By functional level

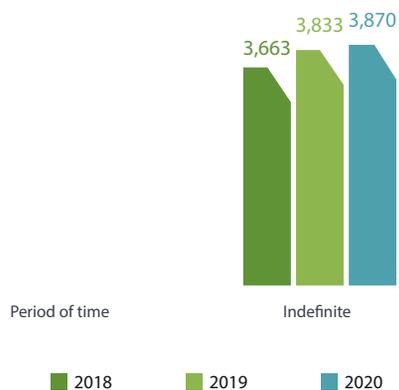


By school level

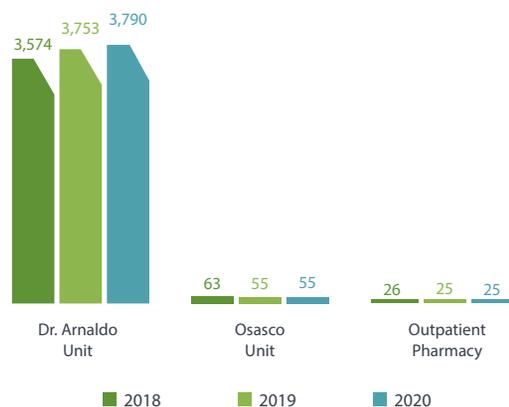




By type of employment contract



By workplace



OETC TRAINING



Module 6: Science helping to respond to treatment

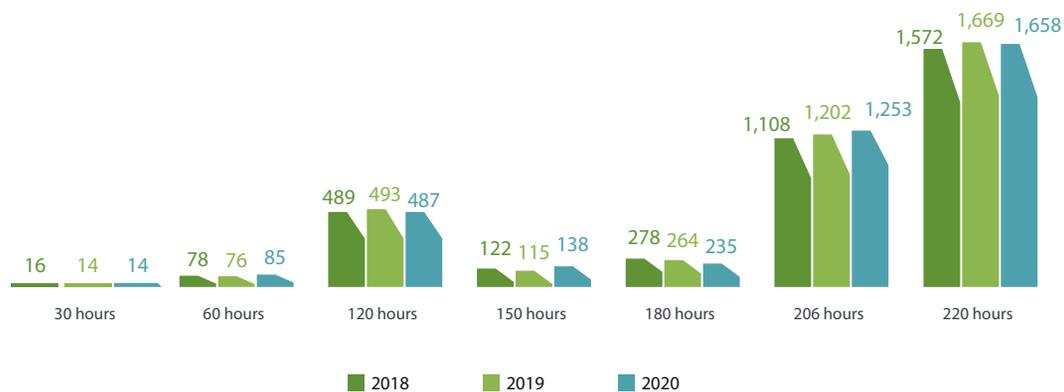
Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

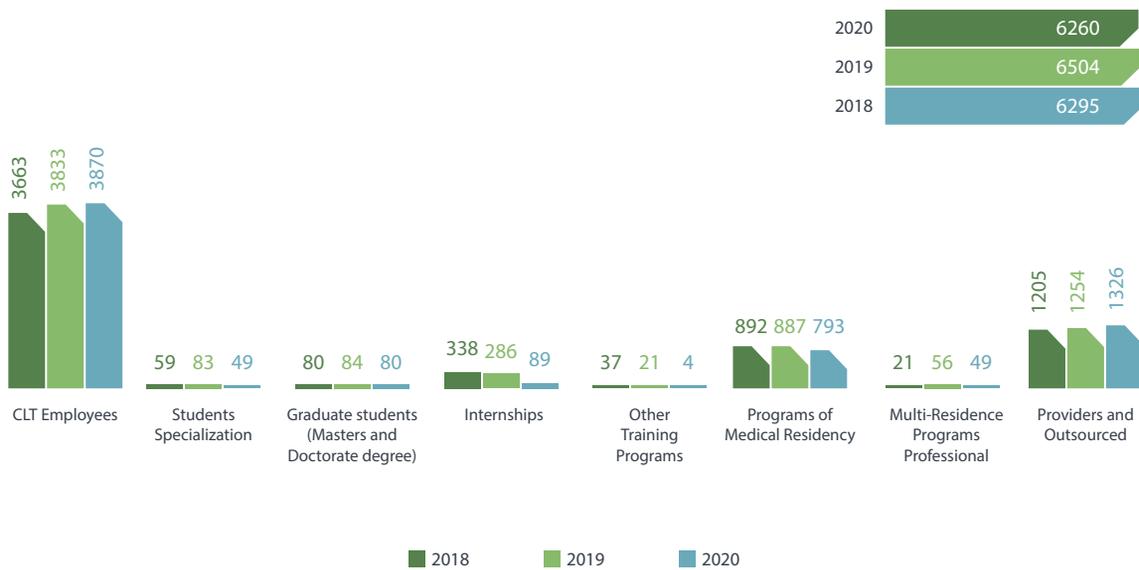
Module 9: Finishing the treatment



By hourly load



Total workforce





Hiring and Turnover

(GRI 401-1)

The hiring regime of the employees of the Faculty of Medicine Foundation (FFM) and, consequently, of the ICESP follows the guidelines of the consolidation of the Laws of Work (CLT), and the professionals are not considered public employees, without any kind of stability in the employment relationship, benefits or own rights of the public scheme.

The graph below shows that the index of turnover has risen again after a few years in decline, reaching 1.28% in 2020, and that the highest rate is concentrated among young professionals, between 18 and 30 years, as is also the case in other organizations.

New hires and turnover (GRI 401-1)	2018				2019				2020			
	Hired	Fired	Total Employees.	Turnover rate	Contract employees	Fired	Total Employees.	Turnover rate	Contract employees	Fired	Total Employees.	Turnover rate
Total by genre	378	505	3663	0.99%	665	500	3833	1.31%	614	582	3870	1.28%
Men	104	142	1021	0.98%	159	145	1037	1.24%	173	160	1060	1.31%
Women	274	363	2642	0.99%	506	355	2796	1.34%	441	422	2810	1.27%
By age group	378	505	3663	0.99%	665	500	3833	1.31%	614	582	3,870	1.28%
18 to 30 years	181	163	794	1.65%	297	123	816	2.26%	274	163	795	2.21%
31 to 45 years	177	298	2341	0.84%	312	327	2395	1.13%	281	340	2378	1.08%
46 to 75 years	20	44	528	0.53%	56	50	622	0.77%	59	79	697	0.86%

New hires and turnover (GRI 401-1)	2018				2019				2020			
	Hired	Fired	Total Employees.	Turnover rate	Contract employees	Fired	Total Employees.	Turnover rate	Contract employees	Fired	Total Employees.	Turnover rate
Unit Dr. Arnaldo	371	495	3574	0.99%	651	482	3753	1.31%	605	571	3790	1.29%
Osasco Unit	7	7	63	0.88%	9	13	55	1.65%	7	6	55	1.00%
Outpatient pharmacy	0	3	26	0.49%	5	5	25	1.64%	2	5	25	1.17%



In relation to the recruitment of employees, the number of vacancies available, including for internal recruitment, was reduced between 2017 and the first half of 2019, given the measures of adequacy of structure. With the resumption of hiring from the second half of 2019, it was possible to offer vacancies internally or promote qualified professionals to recompose and expand the employees' team. In fact, in addition to the internal recruitment itself (that is, the one in which the vacancy is disclosed to all employees in an internal selective process), another form of recruitment at ICESP is provided through internal promotions,

also called promotion in direct substitution. This mode of vacancy replacement is widely used in more specific areas of action, where the proven skill and knowledge of the associate is essential to the accomplishment of the new task. The promotion in place makes the identified professional, who has training, knowledge of the area, good performance and recognition of his/her leadership by his/her colleagues, promoted directly without the vacancy being published as internal recruitment. In the last three years, on average, 15% of the institution's vacancies have been filled by internal recruitment or direct replacement promotion.

	2018	2019	2020
Total number of hires in the year	378	665	614
Number of vacancies filled via internal recruitment or promotion in substitution	76	131	55
Percentage of vacancies filled via internal recruitment or promotion in relation to the total	17%	16%	8%





Remuneration and Benefits

(GRI 102-41, GRI 202-1, GRI 401-2)

The provision of fair and adequate salaries and benefits to the positions and functions exercised, together with the provision of career development opportunities, are fundamental as a means of recognizing the work carried out by all employees within the institution.

In ICESP, 100% of employees are covered by collective bargaining agreements, and readjustments are made according to the trade unions of specific professional categories, together with the employer's Union (SINDHOSFIL). All employees receive the same types of benefits, with no distinction between professional categories or working days, neither between the operational units.

In relation to medical care, from December 2019 onwards, the assistance of the employees, who were previously performed within the ICESP, migrated to the CEAC – Collaborating Service Center, a dedicated sector for the care of all the employees of the HC complex. In the case of Blue Code, the employee is served within the institution and after stabilizing his/her frame, he/she is directed to the specialty in HC, as needed.

With regard to wages, it is important to stress that the remuneration of women, who represent the vast majority of the institution's workforce, is equivalent to the remuneration of men, there is no distinction or privilege of any kind in relation to the positions or career-handling possibilities of employees.

Lowest salary in relation to the local minimum (GRI 202-1)	2018		2019		2020	
	Value	Local minimum wage (SP) = R\$ 1,108.38	Value	Local minimum wage (SP) = R\$ 1,163.55	Value	Local minimum wage (SP) = R\$ 1,163.55
Men	RS 1,309.89	118.2%	RS 1,376.44	118.3%	RS. 1,410.30	121.2%
Women	RS 1,309.89	118.2%	RS 1,376.44	118.3%	RS. 1,410.30	121.2%



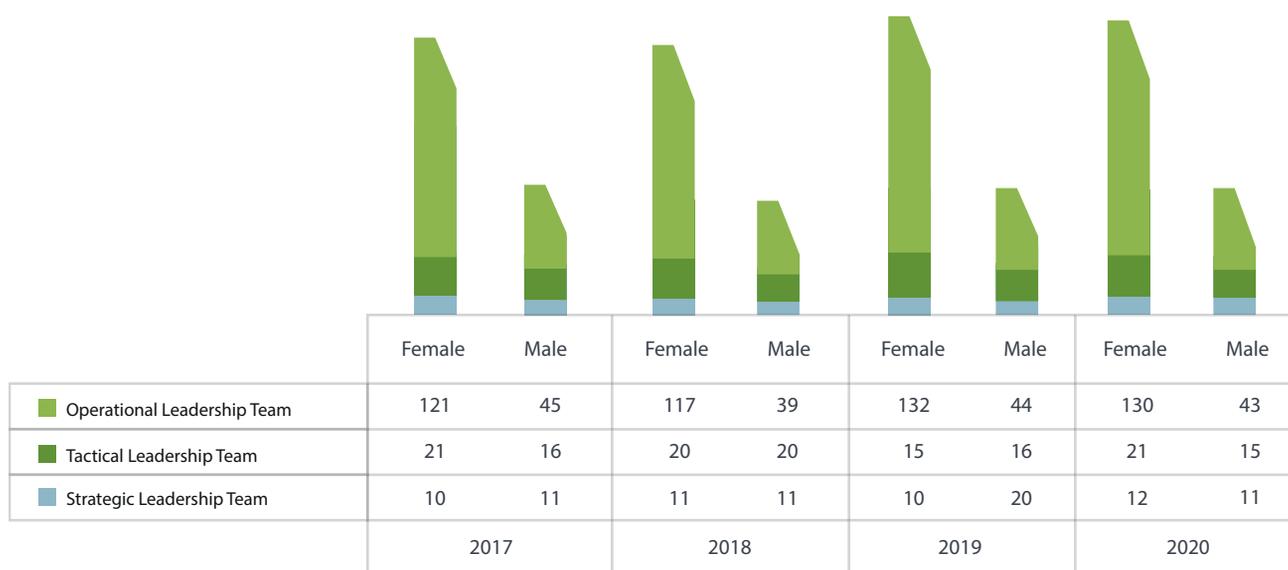
Diversity in Leadership Positions

(GRI 405-1)

In addition to women representing 73% of the total number of employees, this same distribution can be verified in the leadership positions of ICESP, considering strategic, tactical and operational

leadership. Among operational leaders alone, women account for 75%, while among strategic leaders, this percentage decreases somewhat (52%), but is still above the average for most organizations.

Leadership



*SOURCE: EMPLOYEES NOMINAL LIST | DIRADM. POSITION FOR THE MONTH OF DECEMBER - BY POSITION





Evaluation OF Performance and Competences

(GRI 404-3)

In recent years, ICESP has invested in the introduction of new methodologies in the process of assessing the performance and competencies of employees. In this period, the clinical body now has an individualized report that provides subsidies to the performance evaluation process through individual indicators, covering the following dimensions: Behavior, teaching, care and clinical outcome. The medical leadership evaluates, therefore, the individual result in relation to the group, *THE EXTERNAL BENCHMARK* and ICESP as a whole, and the identified gaps are addressed via training, teaching, guidance, among others.

Currently, about 86% of employees receive annual performance and career development analyzes, a number that has been growing. In 2020, the Associate Development Coefficient (ADC), that is, the average of scores measured for all employees who participated in the performance evaluation process by competency (involving behavioral, technical and responsibility perspectives), was 87%, which reveals a high performance index.

The expansion of associate adherence to the performance evaluation process between 2018 and 2020 is mainly due to the use of active dissemination methodologies (virtual classes, practices and corporate games), which boost knowledge transmission, they demonstrate the importance and

impact of the evaluative process and encourage employee engagement.

With regard to the clinical body, the performance of the Secretariat for Medical Relations was of fundamental importance, which, individually, maintained contact with the employee, reinforcing the opportunity, importance and impacts on his/her professional development and on the institution, mainly because it is possible to identify corporate gaps and opportunities for institutional action development, aiming at continuous improvement in practices and behaviors.

Another practice that contributed to the increase in adherence was the weekly submission of status reports, where the manager visualized his/her teams nominally and treated his/her pending items, in order to address the main gaps, increasing the participation rates of the areas/boards.

Regarding the Individual Development Plans (IDPs), elaborated by the leaders and the evaluated employees, in the feedback process there was an increase in relation to 2019, due to the intensification in the frequency of sending status reports to the managers, conduct virtual training on how to develop plans and how to use the management tools available in the system and with automatic individual notification emails.



	2018	2019	2020
Percentage of employees who regularly receive performance and career development reviews	81%	87%	86%
Associate Development Coefficient (ADC) pointed to the whole ICESP	85%	86%	87%
Number of Individual Development Plans (IDPs)	2,455	1,636	2,433

COMPETENCY PERFORMANCE ASSESSMENT 2020 - ANNOUNCEMENT

AVALIAÇÃO DE DESEMPENHO POR COMPETÊNCIAS 2020



Entre 12 de agosto e 1º de setembro acontece a **primeira etapa** do Ciclo Avaliativo.
TODOS OS COLABORADORES ADMITIDOS ATÉ ABRIL DE 2020 DEVEM PARTICIPAR.

CRENCIAIS DE ACESSO

LOGIN: CPF (apenas número, 11 dígitos)
SENHA: Data de Nascimento (apenas números, 8 dígitos)
Após seu primeiro acesso, altere a sua senha em:
Meus dados > Configurações do Sistema > Editar.
Não se esqueça de anotar em um lugar seguro a nova senha cadastrada.

CLIQUE AQUI

E RESPONDA A SUA AVALIAÇÃO



FICOU COM ALGUMA DÚVIDA?

Entre em contato com a equipe de Gestão de Desenvolvimento de Pessoas nos ramais **2819** e **2792** ou por e-mail em icesp.avalicaoporcompetencias@hc.fm.usp.br
Consulte o **Manual de Perguntas e Respostas** anexo a este comunicado, com **informações importantes** sobre o processo de avaliação



Training and Career Development

(GRI 404-1)

ICESP is, admittedly, an institution that contributes to the training and development of its employees, especially through the availability of various technical and behavioral training.

Number of internal and external participants in online and in-person courses



Although the challenges of the pandemic required the reduction of face-to-face activities, there was a considerable increase in participation in training in the EAD format, mainly with the availability of the new Virtual Learning Environment (VLE). The software provides key management resources to leaders, which contributes to the engagement of teams, as well as practical tools for building training. The use of this environment has been extended to service providers, voluntary doctors, residents and preceptors.

An increasing demand for the elaboration and availability of new training items through the virtual environment can already be observed. Some

face-to-face training, such as Institutional Environment and area Admission Training, are already being prepared as a complementary alternative in the communication between the employee and ICESP.

Regarding the total number of hours of training, there was a reduction in 2020, after a 10% increase in the previous year, although there was a small increase in the average hours per employee in some functional categories, such as health care leadership and other health professionals.



“

NEW ICESP VIRTUAL LEARNING ENVIRONMENT

IN EARLY 2020, THE NEW VLE (VIRTUAL LEARNING ENVIRONMENT) WAS LAUNCHED, AN ONLINE PLATFORM THROUGH WHICH ICESP EMPLOYEES HAVE ACCESS TO 51 ONLINE COURSES. AMONG THEM, SOME ARE MANDATORY TO ALL PROFESSIONALS OF THE INSTITUTION, DEFINED IN THE COURSE PLAN WITH PERMITS FOR AREAS AND FUNCTIONS, WHILE SELF-DEVELOPMENT COURSES ARE OPTIONAL AND COMPLEMENT THE PROFESSIONAL DEVELOPMENT TRACK.

Hours of internal training and external training by professional

Modality: Employees, total	2018	2019	2020
Total hours of internal training and external training	73,675	81,341	68,305
Total employees	3,663	3,833	3,870
Hours of internal training and external training by professional	20.1	21.2	17.6

Average training hours per year per employee per gender, broken down by functional category (GRI 404-1)

Average training (h)	2018	2019	2020
By genre			
Men	18.0	19.2	15.0
Women	20.5	21.4	18.5
By functional category			
Administrative leadership	19.7	11.4	7.9
Medical leadership	15.5	24.4	11.5
Assistance leadership	29.7	20.2	21.3
Physician	15.5	21.9	15.2
Nurse	29.3	35.0	25.4
Analysts and expert professionals	16.2	9.8	9.7
Health technicians	20.5	24.2	19.2
Technical support	4.2	5.7	6.8
Assistance support	10.2	20.2	9.6
Other health professionals	18.0	14.9	23
Administrative support	19.0	12.6	10.3
Average per professional	20.1	21.2	17.6

• Oncology Education and Training Center (OETC)

The training actions conducted within the Oncology Education and Training Center (OETC) are focused on the technical development of the professionals who carry out care activities, having as their premises the practice based on scientific evidence, the safety of the patient and the quality of care. For this to be possible, several training methodologies are used, among them: Expository classes, theoretical classes, practical classes, lecture, *WORKSHOPS*, virtual class, case study, discussion of clinical reasoning in oncologic emergency or critical patient, realistic simulation, educational games (*gamification*), scientific meetings, workshops and information.

In 2018, some training methodologies adopted at the OETC were modified, and active training methodologies based on student-based education were incorporated at the center of the education process. This teaching strategy is more complex and requires a longer time, but it is possible to develop a greater number of themes, besides instigating the active participation of students.

The physical structure of the OETC consists of: 3 classrooms shared with the Human Resources area, 2 practices, 2 high fidelity realistic simulation beds, 2 training beds and 1 scenographic bathroom.

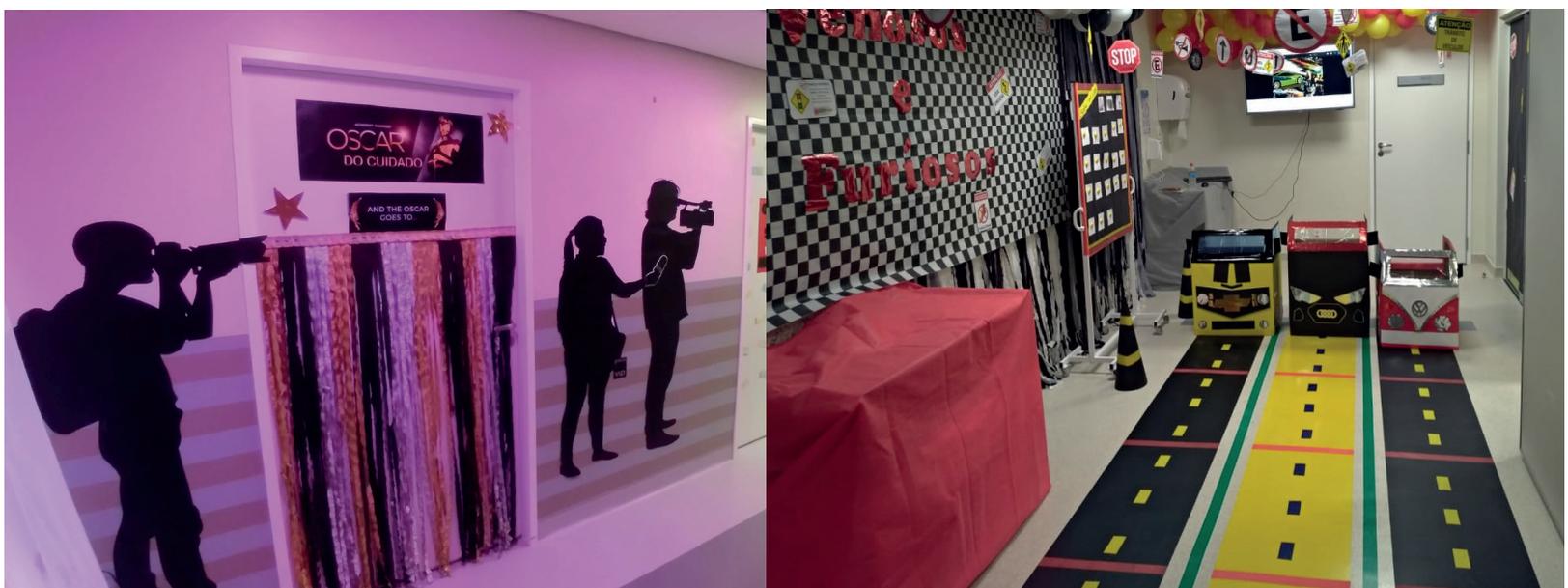


	2017	2018	2019	2020
Training at the Oncology Education and Training Center (OETC)	580	499	301	182
Training hours			41,106	21,917
Number of participants	40,473	30,274	23,360	18,803
Newly-trained professionals			379	286
14 courses funded by the National Program of Support for Oncology Care (PRONON)			1,200 people (internal and external)	-

“

Innovation and Gamification

ICESP PROMOTED THE FIRST WEEK OF EDUCATION GAMES BETWEEN OCTOBER 29 AND NOVEMBER 08, 2019, WHICH HAD THE PARTICIPATION OF ABOUT 1,000 EMPLOYEES. THROUGH EXPERIENCES OF “gamefication,” AN ACTIVE TRAINING METHODOLOGY THAT INSTIGATES EMPLOYEE PARTICIPATION, WE SOUGHT TO REMIND THEM AND PREPARE THEM ABOUT THE MAIN PROTOCOLS, POLICIES AND PROCESSES OF THE INSTITUTE THAT ARE USUALLY AUDITED BY THE Joint Commission International.



Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment





- **Service Training (Permanent Education School - PES)**

This program aims to join health professionals in the oncologic patient universe and consists of a practical course in which the participant must meet 360 hours of practical activity supervised by ICESP professionals. In this context, students and

professionals work together to develop technical skills. Aimed at professionals with professional or higher technical courses in the health and related areas, the program was developed to enable employees who are undergoing training in areas of expertise different from those in which they operate in ICESP, hours of learning and complementary practice.

ASSISTANCE TRAINING



Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up





Health and Safety at Work

(GRI 403-2, 403-4 and 403-9)

In order to guarantee a healthy and safe working environment for employees, ICESP acts strongly in the identification and prevention of occupational risks, whether physical, chemical, biological or ergonomic.

The institution has its own specialized Service in Safety and Occupational Medicine Engineering (SESMT - Engenharia de Segurança e Medicina do Trabalho), which has two Labor Safety Engineers, eight Labor Safety technicians, three Labor doctors, two Labor nurses and four Labor Nursing technicians. Within this structure, several processes are carried out according to the competence required for each of these functions.

The identification, measurement, analysis and evaluation of occupational risks include the applicable legal requirements, the survey of activities and operations related to identified hazards and risks of the work environment, operational controls, as well as the objectives of the institution in relation to occupational health and safety.

Among the processes used by ICESP to identify and assess risks, the following stand out:

- **Check list:** a list that serves as a guide for all critical points of the working environment, essential for the analysis of hazards and risks, updated routinely;
- **Photographic inspections:** routine and scheduled inspections that allow for new analyzes at each visit, allowing the identification of a risk that, in certain situations, could not be evident at the previous visit;

- **History of incidents and accidents:** Analysis and investigation of the causes of events and accidents, as a way of preventing them from reoccurring;
- **Training related to health and safety:** training actions aimed at employees and third-party workers, aiming to strengthen the health and safety culture and to collect the main questions and complaints related to the theme;
- **PPRA (Environmental Risk Prevention Program - Programa de Prevenção de Riscos Ambientais):** a survey, in accordance with regulatory rules, of the environmental risks that may cause damage to the health and safety of the worker, aiming at their protection and integrity, through the anticipation, recognition, evaluation and control of the occurrence of existing risks in the work environment;
- **PCMSO (Occupational Health Medical Control Program - Programa de Controle Médico de Saúde Ocupacional):** Developed according to the environmental risks found and listed in the PPRA, aiming to identify in advance any deviation that could compromise the health of workers by monitoring them through clinical and laboratory tests.

According to the risks or hazards encountered, technical and/or managerial solutions are suggested to minimize them. The organization evaluates risks, identifies opportunities, and defines what actions will be taken according to processes and possible changes, following this hierarchy order:





- Elimination of the hazard;
- Replacement of processes, operations or equipment using less hazardous materials;
- Use of engineering controls;
- Use of administrative controls;
- Supply and guarantee of the use of personal protective equipment suitable for each function and/or activity.
- **Commissions and Committees (GRI 403-4)**

The development and implementation of actions related to health and safety at work within ICESP can count on the participation of employees, either through the Internal Accident Prevention Commission (CIPA - Comissão Interna de Prevenção de Acidentes), or through the “risk notifications” and the “notifications of Standardization on PPE”, when there is no conformity in the use of personal protective equipment.

In addition to CIPA, ICESP has some participatory commissions, which seek to address the main issues related to occupational health and safety on specific themes, discussing the existing challenges, monitoring indicators and proposing actions to improve work processes and procedures. Among them, stand out:

- Radio protection Commission
- Hospital Infection Control Commission
- Perforating Multidisciplinary Management Committee
- Re-adaptation and Rehabilitation Committee

- **Work accidents and incidents**

Within the scope of the ICESP Quality Management Program, the indicators presented in the table below are evaluated monthly by a multiprofessional team in order to establish action plans, aiming at the mitigation and prevention of occupational risks.



Health and Safety		2018	2019	2020
Work accidents – typical	With removal ≤ 15 days	44	66	45
	With removal > 15 days	7	6	0
	No removal	40	36	30
Accidents on Way to Work	With removal ≤ 15 days	24	35	14
	With removal > 15 days	4	6	0
	No removal	10	8	4
Work accidents – Biological material	With removal	2	2	0
	No removal	90	62	50
Work accidents – Total	Accidents with removal	81	115	59
	Accidents without removal	140	106	84
	Total work accidents	221	221	143
	Total work incidents	37	54	18
	Accidents investigated	221	221	143
	Percentage of Accident Investigation	100%	100%	100%
	Accidents with Third Parties	13	5	1
	Days lost	316	471	277
Work accident Index (annual average)	Work accident Index	0.41%	0.39%	0.27%
Employees with high incidence or high risk of diseases related to their occupation		n.d.	n.d.	n.d.

It is noted that, between 2018 and 2020, the total number of accidents decreased by 35% in relation to the total number of cases, and the average accident rate in the last year was 0.27%.

It is important to note that there has been a considerable reduction related to accidents with biological materials, one of the risks considered most dangerous in the hospital environment, as it implies possible contamination of the employee.



• Accident investigation and verification

The four major causes of typical work accidents within ICESP are: fall, mainly on the building's emergency stairs, pressing part of the body into some material/equipment, excessive effort, such as moving a heavier patient, and twisting the foot when climbing up or down the stairs.

All accidents that occur in the ICESP facilities are investigated and discussed with those involved (accident, manager and CIPA) to evaluate and decide the best actions, aiming to reduce to the maximum the possibility of new occurrences.

In addition, with the objective of further reducing the number of accidents at work at the Institute, SESMT, together with people development management, is preparing a new training, to be made available on the ICESP digital platform (VLE), in order to increase the number of employee holdings in specific job safety training.

• Health and safety among third-party workers

The third-party partner companies that operate within ICESP should present all documents related to the health and safety of their employees, according to the service to be performed, and only after they are evaluated by the area of Safety of work of ICESP, the activities can be initiated. Aspects related to technical preparation – such as the provision of PPE, training and courses and their periodic updates – and the necessary legal documentation, focusing on regulatory standards, are evaluated at this stage. During the work, security standards performed by the company are also evaluated in their field routines.

In addition, third-party employees should carry out an integration, specifically aimed at this public, with various information about the Institute, including occupational health and safety issues. In addition, for the companies outsourced to a fixed work station at ICESP (Hygiene and Cleaning, Maintenance and Nutrition and dietary Service, for example), the same training is offered to ICESP employees (including field fire brigade training), this guarantees equality of information.





Initiatives Directed to Quality of Life and to the Well-being of Employees

The Work Quality of Life (WQL) programs within ICESP aim to provide a better working environment, promoting the integration among employees, the development of individual and team relationships, self-knowledge and the development of the individual capabilities of employees (not necessarily related to their technical skills), in addition to awareness of the importance of developing healthy practices. Among others, the following stand out:

- Fight against sedentary lifestyle: Yoga, Jazz, Quality of life Passport, functional Training, Pilates, Zumba, ICESP Cartola and Indoors Football Championships.
- Cultural Development: Choir, Flute, Guitar, Ukulele, Theater, Artistic awareness, distribution of tickets for participation in external cultural activities (drawn to employees since 2018).
- Wellness: Massage therapy, Acupuncture, sacral skull, there comes the baby
- Skills Development: Experimental kitchen and Libras language
- Team development: Understanding Cancer, Quality of life Journey, Reflective Coffee, Talking Rounds with Director, Interactive Cine, Open Conversation, ICESP Tour

The reduction in the participation of WQL activities in recent years is associated with the reformulation of some of the programs offered). In this process of reformulation, some of the actions started to be offered through the new Virtual Learning Environment (VLE), thus seeking to expand the scope of the programs.

Among the initiatives aimed at pregnant women or puerperals, the program “there comes the baby”, launched in 2018, where pregnant women from ICESP are invited to an open conversation with two experts on the subject, addressing and raising doubts about pregnancy and pre- and post-natal care.

In addition, all pregnant women are accompanied by the area of work Medicine through the “maternal consultation”, where occupational risk of activity and place of activity is also evaluated, proposing, when identified as risk, the relocation of activities and/or workplace, during pregnancy and lactation.

Finally, in 2017, the “Mothers' Corner” was created, a room within the Associate's Living Space (ALS), prepared for the breastfeeding mother to manage, during her working day, to make milking in a private and humanized way. Since the opening of this space, 3263 accesses to the area have been registered (2017: 290, 2018: 1035, 2019: 850, 2020: 1088)





Research of The Organizational Environment

Organizational Environment Research is one of the main tools used by ICESP management to map employees' perception of internal practices, allowing them to monitor their degree of engagement and satisfaction in relation to the institute. Held twice a year since 2010, the 2018 edition was not conducted due to the budget restriction scenario. As part of a continuous improvement process, the research went through a methodological review process in 2020, as defined in the Strategic Planning of ICESP, and will resume next year.

It is worth highlighting that the internal Ombudsman channel (presented on page 182), launched in 2017, has been an important additional mechanism to

provide employees with an opportunity to express their opinions and suggestions, in a confidential manner, about the organization.

Such actions are seen as an opportunity to improve the feeling of belonging, increasing retention and decreasing the turnover of employees. It is expected that the introduction of these new dynamics, which aim to strengthen the intrapersonal relationship and between teams, as well as closer and assertive communication with the institution, will provide necessary tools to boost and strengthen the bond between the employee and ICESP, enabling responsible areas to develop new actions that promote greater engagement with the internal public.

TRAINEES OF THE MEDICAL RESIDENCE PROGRAM IN CLINICAL CANCER (CLINICAL ONCOLOGY, RADIOTHERAPY AND MEDICAL PHYSICS), 2019



Module 1:
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Module 2:
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Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up





Qualified Training in Education and Teaching

Since its foundation, ICESP has assumed the responsibility of forming quality human resources in all areas focused on the care of cancer patients. And this commitment involves not only ICESP employees, but also health professionals who will act in hospitals or other institutions throughout the country. The teaching pillar has thus been increasingly strengthened within the institution, reinforcing the integration with assistance, which offers an excellent field of study for students and residents, in addition to being able to count on a reference teaching body, which acts directly in the treatment of cancer patients.

In line with this activity, intrinsically linked to the DNA of the Institute, the Strategic Planning of the triennium 2019/2022 included in its map the strategic objective 3—structuring the Pillar of Teaching in ICESP.

For the development of this objective, it was defined for the year 2020 to create a strategy for mapping all the structures and poles of education, whether internal or external, that are distributed in the

various areas of the Institute. After identification, all courses will be categorized, where each course will be evaluated using the Business Plan CANVAS methodology. This tool will allow the potentiation and expansion of the education portfolio offered by ICESP in addition to the HCFMUSP complex.

- **Medical Residence Program in Clinical Cancerology**

Among the ICESP training programs, the Medical Residency Program in Clinical Cancerology, instituted in 1998, is highlighted, still within the structure of the Institute of Radiology/FMUSP (InRad). Since its inception, the Program has formed about 150 physicians, currently one of the largest clinical oncology programs (has 14 vacancies per year) and one of the most recognized in Brazil and the world.

The Program is offered by the Medical Residency Commission (COREME) of the Medical School of the University of Sao Paulo (FMUSP) and coordinated by Prof. Dr. Paulo Hoff, General Director of ICESP.

	2017	2018	2019	2020
Total number of residents enrolled and trained in Clinical Cancerology	45 registered 14 graduated	45 registered 14 graduated	45 registered 14 graduated	41 registered 15 graduated

In addition to the specific residence in Clinical Cancerology, residents from the Medical Residence Programs of the FMUSP of other specialties also participate in disciplines within the ICESP. The specialties included are: Anesthesiology, Pediatric Cancerology, Head and neck Surgery, Digestive System Surgery, General Surgery, plastic Surgery, Thoracic Surgery, Vascular Surgery, Medical

Clinic, Dermatology, Endocrinology, Endoscopy, Gastroenterology, Geriatrics, Gynecology, Hematology, Infectology, Mastology, Physical Medicine and Rehabilitation, Intensive Medicine, Nuclear Medicine, Nephrology, Neurosurgery, Neurology, Orthopedics and Traumatology, Otorhinolaryngology, Pathology, Pulmonology, Psychiatry, Radiology, Radiotherapy, Rheumatology and Urology.



		Residents ¹	CCEX ²	PCPME ³	Professional practice	Preceptors
Residents enrolled in the Medical Residence Programs of FMUSP participating in the oncology disciplines*	2017	809	106	132	11	30
	2018	764	115	42	7	16
	2019	739	105	38	1	27
	2020	748	97	34	0	22

1 INCLUDES RESIDENTS IN CLINICAL CANCEROLOGY

2 SPECIALIZED COMPLEMENTATION

3 PROFESSIONAL TRAINING PROGRAM FOR FOREIGN DOCTORS (AIMS TO TRANSMIT HIGH-QUALITY KNOWLEDGE IN THE VARIOUS MEDICAL AREAS TO OTHER NATIONS)

“

ICESP RESIDENTS AMONG THE BEST IN THE WORLD IN THE ASCO (AMERICAN SOCIETY OF CLINICAL ONCOLOGY) EXAM

Every year, resident physicians enrolled in the second and third year of the Clinical Cancer Medical Residency Program are submitted to a trial by *THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY* (ASCO). Since 2015, ICESP residents have been among the best in the world in this international exam, which has the participation of more than 2,000 professionals working in health institutions around the world. In 2018, the ICESP was placed in 4th place, in 2019 in 18th place and in 2020 in 12th place.

Students from Medical Residence Programs of external partner institutions of ICESP or FMUSP may also choose to perform an optional observational internship in the Medical Residence Program in Clinical Cancerology. Observational internship refers to internships of resident physicians on an occasional basis, signed by means of a specific commitment term, and there is no need for an interinstitutional agreement for this modality. Annually, about 60 residents perform this type of observational internship in ICESP.

	2017	2018	2019	2020
Number of medical residents of other institutions participating in internship programs in ICESP	60	62	59	05
Number of multidisciplinary residents of other institutions participating in internship programs in ICESP	-	-	-	11

COREME - MEDICAL RESIDENCY COMMISSION OF FMUSP HAS CHOSEN TO REFUSE THE MORE THAN 60 CANCER INTERNSHIP REQUESTS DUE TO THE APEX OF THE COVID-19 PANDEMIC.

ICESP receives professionals from all Brazilian states and from many centers abroad in its activities of human resource formation and dissemination of knowledge. Among the main institutions that have referred resident physicians to an observational internship in the Medical Residence Program in Clinical Cancerology in 2019, the following stand out:

- Centro Universitário de Anápolis – UniEvangélica (GO)
- Fundação de Beneficência Hospital de Cirurgia (FBHC) – Aracaju (SE)
- Fundação Leonor de Barros Camargo – Hospital Augusto de Oliveira Camargo – Indaiatuba (SP)
- Hospital Alemão Oswaldo Cruz – São Paulo (SP)
- Hospital das Clínicas da Universidade Federal de Minas Gerais – UFMG (MG)
- Hospital das Clínicas da Universidade Federal de Pernambuco – UFPE (PE)
- Hospital do Servidor Público Estadual “Francisco Morato de Oliveira” – São Paulo (SP)
- Hospital Governador Celso Ramos – Florianópolis (SC)
- Hospital Israelita Albert Einstein – São Paulo (SP)
- Hospital Mater Dei – Belo Horizonte (MG)
- Hospital Municipal Antonio Gliglio – Osasco (SP)
- Hospital Nossa Senhora das Graças - Curitiba (PR)
- Hospital Santa Izabel - Salvador (BA)
- Hospital Santa Marcelina - São Paulo (SP)
- Hospital Universitário Pedro Ernesto - Rio de Janeiro (RJ)
- Instituto Prevent Senior – São Paulo (SP)
- Santa Casa de Misericórdia de São Paulo – São Paulo (SP)
- Universidade Estadual de Campinas - UNICAMP (SP)
- Universidade Santo Amaro (UNISA) – Hospital Geral do Grajaú – São Paulo (SP)
- Universidade Federal de São Paulo – UNIFESP (SP)
- Universidade Federal do Rio de Janeiro – UFRJ (RJ)



Similarly, some residents of the ICESP Clinical Cancerology performed an optional internship in other institutions, being:

- Hospital Universitário de Sergipe – HU-UFS, EBSEH (SE)
- Hospital Beneficência Portuguesa de São Paulo – Sao Paulo (SP)
- Hospital Santa Paula – Sao Paulo (SP)
- Hospital Haroldo Juaçaba do Instituto do Câncer do Ceará – ICC (CE)
- Hospital Universitário Alcides Carneiro – HUAC – Campina Grande (PB)
- Liga Norte Riograndense Contra o Câncer (RN)
- Hospital Israelita Albert Einstein – São Paulo (SP)
- Hospital Sírio Libanês – São Paulo (SP)

• Program of multiprofessional residence in Oncology care to the Adult

In agreement with the Hospital Sírio Libanês in 2019, the multi-professional residence in Oncology Care was instituted at ICESP, which encompasses the areas of Biology, Biomedicine, Pharmacy, Nursing, Physiotherapy, Nutrition, Psychology and Social Service.

The program arose in response to the need to train and integrate professionals from different areas that make up research and the care of high oncologic complexity in adults, through the processes of mobilization for knowledge, construction, elaboration, synthesis and organization of technical-scientific knowledge in a significant way. The residence contributes to the experience of concrete experiences and to the critical-reflective development of multidisciplinary work, forming specialists in the different scenarios of action. In the first class created, 18 residents were selected, with the first training planned for 2021.





General Director of ICESP receives title of fellow of the American Society of Clinical Oncology (ASCO)

IN JUNE 2018, THE GENERAL DIRECTOR OF ICESP, PROF. PAULO HOFF RECEIVED THE TITLE OF FELLOW OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), DURING THE ANNUAL MEETING OF THE ORGANIZATION, WHICH BROUGHT TOGETHER MORE THAN 40 PHYSICIANS IN CHICAGO (USA) TO DISCUSS THE TREATMENT OF THE DISEASE.

THE TITLE RECOGNIZES HIM FOR HIS EXTRAORDINARY VOLUNTARY SERVICE, DEDICATION AND COMMITMENT TO THE ASCO, AS WELL AS EXALT THE DOCTOR'S PERFORMANCE IN THE AREA, AS WELL AS HIS DEDICATION TO PATIENTS.

ALL MEMBERS OF THE ENTITY ARE ELIGIBLE TO INDICATE INDIVIDUALS WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE ASCO, CLINICAL ONCOLOGY PRACTICE, OR FOR ACTIVITIES THAT IMPACT PUBLIC AWARENESS OF CANCER.

ICESP receives professionals from other partner multi-professional residence programs from COREMU. Among the main institutions that have sent residents to internship, the following stand out:

- HCFMUSP- Program of Health of the Elderly in Palliatives Care – Sao Paulo (SP)
- Hospital Sírio Libanês – Sao Paulo (SP).
- **Multiprofessional residence in Medical Physics**

Accredited by the National Commission of Multi-Professional Health Residence (CNRMS) and created in 2014 with the objective of promoting specialization in Medical Physics, in the areas

of Radiotherapy and Imaging Diagnosis, the multiprofessional residence in Medical Physics is intended for bachelor's in physical or medical physics, having formed 30 residents since its beginning, an average of 4 students per year.

- **Specialization courses**

In addition to the residence courses, ICESP also offers specialization courses dedicated especially to oncologic diseases.

The specialization courses in Hospital Nutrition with emphasis on Oncology and the Multi-Professional Specialization Course in Oncology with emphasis on Adult Health were approved and started in 2020.



	2017	2018	2019	2020
Specialization in Image Diagnosis with emphasis on Oncology	29	59	54	61*
Multi-professional specialization in oncology (partnership with USP's College of Nursing)	-	-	29	-
Specialization in Clinical Nutrition with emphasis on Oncology	-	-	-	26*
Multi-professional expertise in Oncology with emphasis on Adult Health	-	-	-	35*

* COURSES SCHEDULED FOR COMPLETION IN THE FIRST HALF OF 2021.

- **Training in Oncology, Palliative Care and pain for the Public Oncology Care Network of the State of Sao Paulo (PRONON 2019)**

The National Program for Support to Oncology Care (PRONON), implemented from the Interministerial Ordinance n° 1,943 of 2013, allows for fiscal incentives for individuals and legal entities, as incentives, through the option of deducting from income tax the amounts corresponding to donations and sponsorships directly made for the purposes of the actions and services dealt with by the respective Law. The Vice-President of the ICESP Directors' Council in 2020, Prof. Dr. Paulo Hoff, was one of the proponents of the project and was ahead of the Federal Government, contributing to the preparation of the proposal in 2012.

The training in Oncology, Palliative Care and pain for the Public Oncology Care Network of the State of Sao Paulo, started in 2014, aimed to carry out 14 permanent education courses free of charge for professionals working in the Public Network, Having mobilized health professionals from all areas of the State of Sao Paulo, as well as from some neighboring States,

and was finalized with all the goals achieved in November/2019, having trained more than 1,900 professionals.

- **Institutional and technical visits**

As one of the largest oncology centers in Latin America, ICESP, since its inauguration, is a reference for other hospitals and health institutions in processes, use of new technologies, and even implantation and opening of technical and healthcare areas. As a result, the volume of visits and consultancy in strategic areas of the Institute has increased.

In September 2017, ICESP launched a new model for technical visits, which includes customized programming and integral care of professionals from the visited area, with exclusive presentation and training of participants, and may last for one day or more, at an operational cost. With this new format, it was possible to prioritize visits to institutions interested in knowing the Institute's processes in more depth, optimize the time spent in the areas for receiving visitors and raise new extra budget resources.

The proposals for paid visits are sent to private institutions, private education institutions, hospitals that attend agreements, private services under construction or expansion, and also in accreditation (benchmarking). 100% public institutions and visits lasting up to 2 hours in a maximum of two areas (one hour per area) are exempt from collection.

In all, 106 requests for visits were received to suit this format by December 2020.

The conduct of face-to-face technical visits was suspended between March and December 2020 due to the coronavirus pandemic. The visits made during this period were exclusively virtual.



• Scientific events hosted by ICESP

One of the ways adopted by ICESP to share the knowledge acquired through the improvement of care practice and to disseminate to other health professionals is through the organization of scientific events. The ICESP believes that the exchange of experience favors the growth of the teams involved, promotes the exchange of information, as well as promotes scientific production about oncology.

In 2018, the Institute hosted new editions of already traditional technical-scientific events, such as the II Spirituality Symposium in Oncology

at ICESP, the IV Social Service Day at ICESP, the VI Intensive Course in Geriatrics, the 5th Nutrition and Cancer Day at ICESP, The X Post-Graduation Course in Oncology, the XX introductory Course to the Oncology League of FMUSP, the V Seminar on Health Technology Assessment, in addition to the Endoscopy Course and the Brazilian Week of Digestive System, from the Genitourinary Oncology Course, of the Enteral Diet and Lactarium Studies Group (GENELAC) and the realization of the Genomic Workshop applied in Precision Medicine.

Also noteworthy are the organization of events of international scope, such as the I International Symposium on Molecular Genetics of Breast



Cancer, the Omics Challenge Symposium and Cancer Research: A joint celebration meeting. Also in 2018, the Hospital Infection Control Service (SCIH) / Infectology began organizing scientific meetings open to health professionals to discuss issues related to the topic. With a duration of 1h30, the four events held in 2018 covered the following topics: (i) Environmental control in the prevention of infections related to Health Care, (ii) How to use current methods of diagnosing respiratory viruses, (iii) the challenge of treating infections by resistant multidrug gram-negative bacteria, and (iv) updating the treatment of invasive fungal infections.

In 2019, ICESP also hosted traditional events, including the 11th Post-Graduation Day in Oncology, the 5th Social Service Day of ICESP, the 21st introductory course to the Oncology League of FMUSP, the III Pharmacy Symposium of ICESP (Which needed to be held in a new space due to the growth of the number of participants), the VI Seminar on Health Technology Assessment and the IV Symposium on Humanization and II International Symposium on Patient experience, that brought as a central theme the strategies of care with focus on the patient, in addition to the V course of Molecular Oncology, V Course of Molecular Biology, VII Intensive Course in HCFMUSP GYNEC-ON Geriatrics: Gynecological Cancer treatment Observation Workshop.

It is also worth emphasizing the holding of the IV ICESP Hospital Property Security Symposium.

Under the theme “People and Technology activities in emergencies”, the meeting hosted the launch of the Hospital Neighborhood Solidarity Program, created by the Military Police with the objective of facilitating the exchange of safety information between the city's hospitals. The Institute also held its first Round Table on Theater in hospitals, which, in addition to highlighting the work of the Institute's theater group, formed by employees, the event lapsed the theme with presentation of successful cases of Hospital das Clínicas and Hospital Sírio Libanês. Another event that had its first edition in 2019 was the Multiprofessional Journey in Radiology of ICESP. Open to professionals and students who work in the areas of radiology, the event was divided into four simultaneous rooms (radiotherapy, Magnetic Resonance, Computed Tomography and Nursing) and counted with more than 320 participants.

With the objective of guiding physicians and health professionals of the public network on best practices in the prevention, screening and treatment of gynecological cancer, the Oncology Gynecology team created the event “Gynecology Cancer Dialogs”. In the same format as the scientific meetings of CCIH, the two chats held in 2019 approached the cervical Cancer and the ovarian cancer.

The year 2020 was marked by the coronavirus pandemic, which directly impacted the holding of events at the Institute. In March, ICESP hosted the workshop “Single-cell Cytometry in tissue”,





a partnership between TissueGnostics, Vienna, and the University of Sao Paulo, which brought together professionals from several countries to discuss new developments in image analysis and cancer-related data processing. Then all initiatives taken were online:

Gynecological Cancer dialogs–Gynecological Cancer Prevention in Basic Health Care (21/07);

Precision oncology–module I–NTRK gene fusion (22, 24, Sep/29, and Oct/01); and

Anticoagulation Preceptorship in the oncologic patient (13 and Oct/15).

In total, they had 1,614 participants in the events held in 2018 and 1,728 in 2019, numbers below the history of previous years, mainly due to the greater focus of the teams on the Oncology capacity Building Program, Palliative Care and pain for the

Public Oncology Care Network (which formed about 1,900 professionals) and also due to the planned reform of the ICESP auditorium, which would take place in 2019, but which was postponed until the end of the following year due to the budget review. In 2020, 634 people participated in the events of the Institute.

- **Participation in national and international congresses**

At ICESP, seeking the constant improvement and updating of the clinical body, the medical professionals are guaranteed its release annually for participation in national and international congresses, and the days of release are progressive according to the academic formation. The increased participation of these professionals in recent years, as speakers and/or congressmen, demonstrates the importance of the institution as a reference in discussions involving oncology.

Congresses

Years	2018	2019	2020
International	200	209	36
National	155	261	48
Total	355	470	84







06

SCIENCE HELPING TO RESPOND TO TREATMENT

Since its foundation, research and innovation have been in the DNA of ICESP. Over the years, several essential discoveries in the oncologic field and their respective application in clinical protocols of the institution itself and other partner entities have led the ICESP to a national and international prominence among the most renowned research institutions in the fight against cancer.





As part of the Complex of the Hospital das Clínicas of the Medical School of the University of Sao Paulo (HCFMUSP), ICESP functions as a “hub” for research, that is, a central core within a large research network in the State of Sao Paulo. In addition to being a way of enabling the generation, sharing and dissemination of knowledge, the integration of teaching and research with care practice is an excellent tool for retaining employees, they are immersed in an environment that seeks to continually improve and foster development and career, favoring the academic vocation and valuing the professionals of the institution.

In 2019, the Health Technology Innovation and Evaluation Group was consolidated, which evaluates advances in science and technologies in the area of basic and clinical research in oncology and provides decision-making subsidies on the incorporation of such technologies into clinical protocols, aiming at the production of applied science and the proposition of technological innovations and improvements for the solution of specific problems.

The budget crisis experienced by the Institute in recent years, linked to the suspension or reduction of the grant of research scholarships, has brought enormous impacts to students and researchers

and, consequently, to the institution. On the other hand, this situation has led ICESP to reflect on the possibilities of improving research programs and on the importance of strengthening the need for a local action program, but with global values and standards, with internationalization as a goal and the cooperation and financing of projects from abroad as essential tools.

With a patient-centered look, the main objective of ICESP with regard to this topic is to do, in fact, the transfer of research to clinical protocols, considering the entire cycle from discovery to application to oncology patients. Hence the importance of establishing agreements and partnerships.

“(...) a relatively recent development has been the establishment of research institutes linked to hospitals, in order to facilitate the creation and application of knowledge, shortening the distance between the research bench and the patient's bed. (...) Perhaps the main channel for science to turn social benefit in this area is the impact of discoveries on the procedures and protocols used in hospitals, leading to higher quality care”.

PROF. DR. CARLOS H. BRITO CRUZ, SCIENTIFIC DIRECTOR OF FAPESP





Academic Research Programs

Post-Graduation in Oncology

The ICESP Post-Graduation Program in Oncology was the first national program for the training of masters and doctors in Sciences with emphasis on Oncology, still under the management of the

USP Medical School (FMUSP). Since the transfer of the Program headquarters to ICESP, about 230 students have entered the master's and doctorate degrees of the institution.

	2017	2018	2019	2020
Total number of Master, Doctorate and Direct Doctorate students enrolled in the Graduate Program in Oncology	14	22	23	10
Master's degree	10	7	5	5
PhD	2	2	8	2
Direct Doctorate	2	13	10	3
Active Post-Doctoral Programs	11	1	1	0

Regarding the defense of theses and dissertations, ICESP maintained the average of the last years,

of about 16 works defended per year, considering Master's degree, Doctoral and Direct Doctoral.

	2017	2018	2019	2020
Total number of students formed in the Post-Graduation Program in Oncology	18	16	11	18
Master's degree	7	7	7	8
PhD	4	4	2	7
Direct Doctorate	7	5	2	3
Post-Doctorate	0	0	0	0



QUIMIOTERAPIA PESQUISA CLINICA

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Cardio-Oncology Program

In 2019, there was the consolidation of the research program in cardio-oncology, in collaboration with the heart Institute (InCor), which reinforces the importance of integration among the institutes of HCFMUSP. In this context, it is worth highlighting an example of a study of the repositioning of medicines (i.e., a drug used for a given use and

that ends up finding another niche of use from research data), which illustrates well the potential of ICESP to approximate research to healthcare. In a prominent publication, the efficacy of a new clinical protocol using a cardiology medicine (cannabidiol), which had a protective function in chemotherapy treatments, was demonstrated.



Translational Research on Oncology Center (TRO)

Recognized as one of the centers of excellence in Latin America for basic and translational cancer research, the Translational Research on Oncology Center (TRO) has a robust infrastructure, consisting of DNA sequencers, microscopes, cell separators, genotyping platforms, flow cytometry equipment, Area NB2 for viral researchers among others. In addition, Biobanco USP, one of the largest tumor sample repositories in Latin America, is an asset of great importance for research in the area.

Researchers are divided into about twenty groups and four research programs: Therapeutic and diagnostic innovation, molecular oncology, epidemiology, prevention, economic health analysis and clinical research.

Between the 13th and 14th floor of the ICESP building (operating rooms) up to the 8th floor (TRO), there is a small loading elevator, through which the tumors extracted from the patients are

transported to one of the laboratories, where the diagnoses are made (about 500 per month). From the pathology lab, the diagnostic material – now divided into hundreds of tumor cell samples and tissues preserved in slides and paraffin blocks – goes to Biobanco. With their information added to the patient's history, these samples remain available for research projects that, not rarely, arise from questions asked by the physicians themselves who act on the treatments. The path followed by the approximately 23 samples of biological material found in Biobanco summarizes the dynamics and work philosophy of the TRO.

Since 2010, when the TRO structure was set up, more than R\$ 90.6 million (R\$ 56.7 million up to Dec/2017) were invested in research, whether by donations, from ICESP own resources, by projects approved in the National Program for Support to Oncology Care (Pronon) or projects financed by FAPESP.





Research Core (RC)

Part of the research projects conducted at ICESP have the participation of patients, which requires a complex and thorough follow-up. For this, the Institute has a specialized Research Center, bringing together professionals with expertise in clinical research. Specifically, research is carried out to develop new drug treatments, surgical interventions and prosthetic devices in the treatment of gastrointestinal, gynecological, urological, head and neck, lung, breast and central nervous system tumors.

In this context, several studies are designed by researchers linked to the institution and also in partnership with other researchers and with biotechnology laboratories, pharmaceutical industry and companies that develop prostheses and equipment used in the treatment of cancer.

Annually, the Research Core receives, on average, 200 proposals for research projects, and in 2020, 220 studies were submitted, 45 of them sponsored (from industry) and 175 institutional (among them studies without funding and also with funding, either through promotion or other sponsorship). Of this total of 220, 196 were approved, 21 were rejected for adequacy and the others are awaiting some kind of adjustment or were canceled at the request of the researcher. It is

worth noting that, although 2020 was a year marked by several actions related to the pandemic and its various impacts on hospital activities, the number of projects approved was 12% higher than 2019, maintaining the growth rate experienced in the last five years at the Institute.

The proposals can be presented by researchers from the FMUSP system, including the clinical body of ICESP, and researchers from other institutions interested in developing cancer research with the partnership of ICESP. The proposals are assessed from the technical point of view, but also from the financial and executive viability.

The forms of evaluation of research projects are constantly improving in ICESP. The evaluation aims to operationalize and strengthen the researcher and the institution, supporting the project of employees with facilitating initiatives related to the multiprofessional team, the use of Biobanco, in addition to a look at the regulatory component.

In May 2020, a new “Research Portal” was launched to submit research papers, aiming at facilitating access to and the process of analyzing and registering projects.





Clinical Studies with Patients

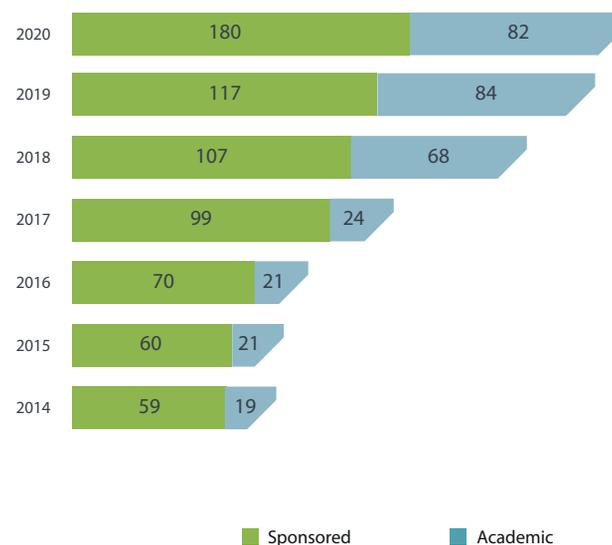
Throughout a clinical study with patients, much is discovered about the control of the disease of the patients who participated in the research. Information obtained at the end of the study may also, in the future, benefit other patients with more effective treatments. Independent studies have already shown that participants in clinical studies may have a higher probability of survival in relation to those who do not have this opportunity.

The participation of patients in clinical trials, in addition to being voluntary, is governed by a patient-signed Free Informed Consent Form (FICF),

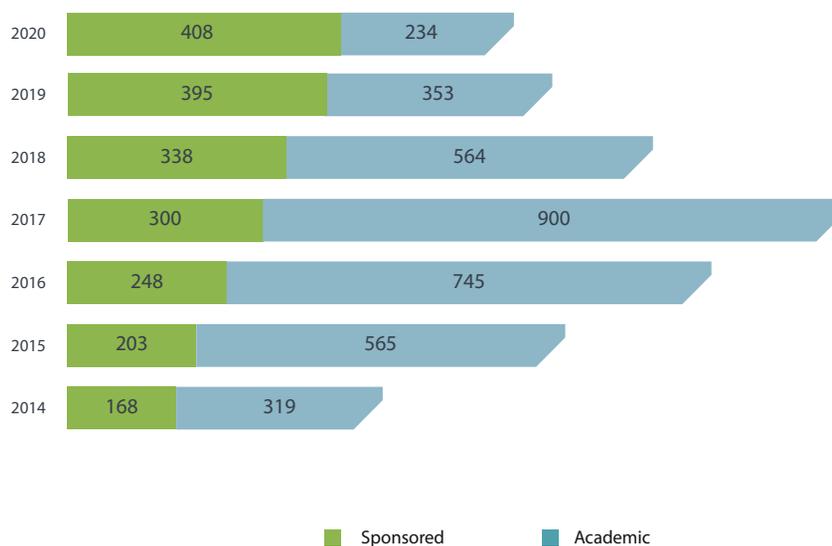
which receives information material containing in detail the procedures and/or treatments that he/she will perform throughout the study, the possible undesirable effects, the risks associated with participation, the rights and duties of participants, researchers, sponsors (where applicable) and all other parties involved in the research.

On average, 650 patients participating in about 200 clinical trials are monitored annually by the Research Core, either in sponsored or academic tests. Since 2008, more than 3 thousand participants have been present.

Annual Average of Clinical Trials



Annual average of participating in researches patients



History of patients who participated in clinical studies or made compassionate use (from 2008 to 2019)

	Participating patients
Institutions	234
Sponsored studies	408
Donation for compassionate use	49
Total	691

Initiatives to promote clinical trials with guaranteed patient safety:

- Reinforcement in the training of Free and Informed Consent Term application and humanization of the clinical research sector;
- Periodic reinforcement in the training of Good Clinical Practices;
- Regulatory team specializing in studies with partnerships with pharmaceutical industries, equipment and other medical devices;

- Specialized study driving team to monitor research participants;
- Research Pharmacy Area with increased cold chain for contingencies (increased safety in the management of refrigerated research drugs) and area accredited in CTNBIO as NB1 (increased safety to the developer for studies involving genetically modified organisms);
- Specialized team in local development of studies in partnership with private initiative and government development agencies;



- Integration of patient safety monitoring with the management of the quality and risk management of the institution;
- Crisis management for rapid adaptation and contingency during the COVID-19 pandemic with a focus on safety of the research participant and integrity of the studies.



ICESP RECEIVED IN 2019 THE USP AWARD FOR BEST THESIS IN HEALTH SCIENCES AND THE CAPES AWARD FOR THESIS 2019

REINFORCING THE ALREADY RENOWNED PRODUCTION OF EXCELLENCE OF ICESP, THE CAPES AWARD FOR THESIS 2019 SELECTED AMONG THE WINNERS THE WORK OF RUAN FELIPE VIEIRA MEDRANO, "REMEDIATION OF THE P53/ARF AND INTERFERON-BETA AS A STRATEGY OF CANCER IMMUNOTHERAPY: A GENE TRANSFER APPROACH". THE THESIS WAS DEFENDED BY THE GRADUATE PROGRAM IN ONCOLOGY OF FMUSP, UNDER THE GUIDANCE OF PROF. BRYAN ERIC STRAUSS, AND ALSO WON THE USP 2019 THESIS AWARD, AS THE BEST THESIS IN THE AREA OF HEALTH SCIENCES.





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Research Production: Coordination, Participation and Collaboration

Since the first researches carried out in the ICESP research centers (TRO and Research Core), more

than 2,000 articles have already been published, with these articles received about 30,000 quotes.

Year	Number of Articles	Number of Quotes								
		2012	2013	2014	2015	2016	2017	2018	2019	Total
2012	144	63	339	481	425	395	415	355	313	2,969
2013	145		79	418	580	589	545	556	512	3,536
2014	217			121	483	631	592	617	628	3,410
2015	269				195	719	875	882	958	4,064
2016	312					688	2082	2381	2574	9,001
2017	313						295	934	1256	3,104
2018	406							203	883	1,694
2019	350								776	2,057
Total	2,156	63	418	1,020	1,683	3,022	4,804	5,928	7,900	29,835



Investment in Research

In 2020, the cost of the Translational Research on Oncology Center (TRO) and the Research Core (RC) was R\$ 11.6 million, which represented 2.6% of the cost of the Institute, which demonstrates the strategic prioritization of ICESP in research and innovation, faced with the shortage of resources available in recent years.

Between 2018 and 2020, the Sao Paulo State Research Support Foundation (FAPESP) made available about R\$ 2.8 million in the financing of projects carried out at ICESP (thematic programs,

regular programs and Institutional Technical reserve) and R\$ 3.5 million in the grant of grants (Internship, Scientific initiation, Master's degree, Doctoral and Post-Doctorate), as well as aid to scientific publications and meetings and events, an increase of 53% in 2019/2020 compared to the biennium 2016/2017.

In 2020, one of the most important resources obtained in the field of research and innovation was the National Program of Support for Oncology Care (PRONON). In this context, the ICESP had a



research-related project finalized and two projects approved in PRONON in recent years, namely:

- **Towards Liquid Biopsies**

Initiated in 2015, the project aimed to study the evolution and heterogeneity of tumors from individual tumor cells in the blood stream. The project brought a technology to Brazil that, until now, was only available outside the country. This technology, called '*SINGLE CELL GENOMICS*', consists of separating single cells from *A POOL, ALLOWING GENETIC ANALYSIS OF THE SAME*. With the execution of this project, the technology became available to researchers, opening up the possibility of new approaches and analyzes in the search for the understanding of several phenomena, including cancer. The technology will allow the visualization of differences that are previously unnoticeable by the fact that the analysis is performed from *THE POOL* and not from the individual cells.

To carry out the project, R\$ 2.3 million were collected in tax exemption grants. During the term, financial revenues added approximately R\$ 540 thousand, ending the project with an investment of R\$ 2.8 million, mainly used in the incorporation of '*SINGLE CELL GENOMICS*' technology.

- **Treatment of Cervical Metastases of Thyroid Carcinoma by Percutaneous Thermal Ablation Guided by Ultrasound**

With the strategy of capturing resources for application in projects of capacity building, innovation and infrastructure upgrade, R\$ 3.5 million was approved and captured at the end of 2018 for a research project, which aims to evaluate clinical results, laboratory and imaging of patients submitted to percutaneous treatment by thermal ablation of cervical metastases of thyroid cancer (papillary and medullary), whose ultrasound examination identified metastatic lymph nodes in the central and/or lateral regions of the neck.

The project was released to begin its activities in June 2020, with the acquisition of the necessary equipment and inputs, and is currently in the recruitment phase of patients.

- **Development of a comprehensive instrument for identifying individuals with high risk for hereditary cancer**

The possibility of including new technologies in health allowed the approval of a study, whose general objective is to develop a simplified and comprehensive scoring system for the identification of individuals with high risk of hereditary cancer and who may benefit from risk reduction measures. This project was approved at the end of 2020, and R\$ 2,5 million was collected for its development from 2021.





“

Professor Luiza Villa: International award for career and elected to the Global Academy of Sciences

THE HEAD OF THE CANCER INNOVATION LABORATORY, OF THE CENTER FOR TRANSLATIONAL RESEARCH IN ONCOLOGY (TRO) OF ICESP, AND PROFESSOR OF THE MEDICAL SCHOOL OF USP, PROF. DR. LUISA LINA VILLA WAS ELECTED, AT THE END OF 2019, A MEMBER OF THE WORLD ACADEMY OF SCIENCES (TWA), AMONG THE 36 NEW MEMBERS WHO TOOK OFFICE IN 2020. THE ACADEMY, WHICH IS HEADQUARTERED IN TRIESTE, ITALY, IS ONE OF THE UN ORGANIZATIONS ASSOCIATED WITH EDUCATION, SCIENCE AND CULTURE (UNESCO), AND AIMS TO PROMOTE THE ADVANCEMENT OF SCIENCE, TECHNOLOGY AND INFORMATION IN DEVELOPING COUNTRIES.

A YEAR EARLIER, IN 2018, THE RESEARCHER HAD WON THE TWAS AWARD FOR ITS CONTRIBUTION TO THE PREVENTION OF HPV INFECTIONS IN WOMEN AND MEN THROUGH THE DEVELOPMENT OF VACCINES AGAINST THE DISEASE.



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Octavio Frias de Oliveira Award

In partnership with the Folha de S. Paulo, the ICESP annually awards the Octavio Frias de Oliveira Award, created in 2010, which aims to encourage and reward the production of national knowledge in the prevention and fight against cancer, recognizing people, works and institutions that stand out on the national scene.

In its 11th edition, held in August 2020, 32 studies were examined by the judging Commission, formed by representatives of ICESP itself, of the Medical School of USP, of the Hospital das Clínicas of USP, of FAPESP (Foundation of Support for Research of the State of Sao Paulo), From the National Academy of Medicine, the Brazilian Academy of Sciences, the CNPq (National Council for Scientific and Technological Development), the Oncocenter Foundation of Sao Paulo and the Folha de S. Paulo.

Once enrolled, the studies are evaluated by an internal group of researchers who perform a screening of those who stand out most (about three to four works per category). These three-year works are presented at a meeting of the judging Commission, only original works being accepted and published in scientific journals up to two years before the current year.

In 2020, entries for the 11th edition of the Award took place from February to May 2020. Because of the Covid-19 pandemic, the meeting of the judging Commission was held virtually, different from the previous years in which the commission met to analyze the best research. The maintenance of the award was unanimous among the members, who suggested an adaptation of the format, in view of the impossibility of holding a face-to-face event. Thus, on August 05, 2020, the Live format award was held on the TV channel Folha on YouTube, presented by the journalist of Health, Claudia Collucci, with participation of the winners of the works and the category of personality of highlight,

in addition to Prof. Roger Chammas, representing the ICESP and the Award's judging Commission and Mr. Vinicius Mota, Secretary of Edition of the Folha de Sao Paulo, partner of ICESP in the performance of the Award.

Since the first edition of the Award, about 270 papers have been enrolled and 21 have been awarded. In recent years, the winning works and researchers of the Award, in each of the categories were:

- **Oncology Research**

The Oncology Research category rewards original works that generate innovative knowledge. In recent years, the winners in this category have been:

2018: Headed by USP's professor of biochemistry Claudiana Lameu, the study aimed at neuroblastoma, cancer that commonly appears in the adrenal gland and can spread to bone marrow, bone, liver, lymph nodes or, less commonly, skin or brain. The researchers tested a food dye that gives the blue color to food to block this metastasis. The dye was able to block a purinegic system receptor and there was a decrease in tumor size and tumor cell dissemination.

2019: by Andrew Maltez Thomas, post-doctoral student at the University of Trento, and colleagues, the study points out how the analysis of intestinal microbiota (set of micro-organisms) can predict the occurrence of colo-rectal cancer. Researchers have found that the presence of 16 bacteria in the intestinal microbiota may indicate the existence of colo-rectal cancer in the initial stage. They were also able to detect the disease in different populations, with different diets and lifestyles.

2020: Headed by the physician Caio Abner Leite, the study aims to find mechanisms for controlling intestinal inflammation and cancer by studying





the role of cells that control inflammation, known as regulatory T lymphocytes (Treg), produced after a severe infection. Unpublished research demonstrates the potential of Treg to inhibit colo-rectal cancer and opens perspectives for more effective therapeutic strategies for preventing this type of cancer.

- **Technological Innovation in Oncology**

The Technology Innovation in Oncology category rewards original works that present a potential product or innovative process. In recent years, the winners in this category have been:

2018: Marcos Tadeu dos Santos, from the startup Onkos Molecular Diagnostics, was recognized for the development of an exam that analyzes 95 genes with the help of artificial intelligence and discovers the origin of a tumor that has already spread to different organs. In partnership with Fleury, the Hospital de Cancer de Barretos and the Federal University of Maranhao, when pointing out the origin of the tumor, the objective of the study is also to indicate more effective treatments.

2019: By Luciana Facchinetti de Castro Girão, from the Department of Biochemistry of UFRJ, the study aimed to create a new version of the asparaginase enzyme, the main drug for acute lymphoid leukemia, which causes less severe side effects. The partnership between UFRJ, Fiocruz and the University of Lisbon obtained asparaginase from bakers yeast – in combination with other substances, the enzyme helped prevent the organism from recognizing the medicine as a foreign body, reducing severe adverse reactions.

2020: Developed by biologist Luiza Abdo, from INCA (National Cancer Institute), the research presents an innovation in the preparation of cells for immunotherapy. Currently, immunotherapies with CAR-T have been highlighted in the fight of tumors, however the procedure has high costs due to the complex protocol of genetic modification and cell expansion. The paper presents a new methodology for preparing these cells with an antitumor function comparable to those generated by the current methodology, with the potential to make it more accessible, especially for developing countries such as Brazil.

- **Outstanding Personality in Oncology**

The personality category recognizes those who have contributed markedly in the most diverse areas related to oncology, whether in teaching, research, treatment, philanthropy, Communication etc. in recent years, the winners in this category were:

2018: Sérgio Petrilli, a pediatric oncologist, was recognized for being the founder of Graacc (Support Group for Adolescent and Children with Cancer), an NGO created in 1991 and a reference in child cancer.

2019: Dr. Drauzio Varella, a doctor and scientific publicist, was recognized for his/her trajectory and contribution to oncology, and for 20 years also directed the immunology service at the former Cancer Hospital (now A.C. Camargo Cancer Center).





2020: Anamaria Aranha Camargo, director of the Syrian-Lebanese Institute of Education and Research, was recognized for her interdisciplinary studies in the area of Genetics and Molecular Biology. The biologist and

researcher have as her main research line the study of genetic and epigenetic alterations that occur in the tumor cell, aiming at the development of new tools for the diagnosis, prognosis and treatment of cancer.

Octavio Frias de Oliveira Award	2018	2019	2020
Number of works enrolled	36	29	32
Number of award-winning works	2	2	2

RECOGNITION OF THE OCTAVIO FRIAS DE OLIVEIRA AWARD 2018



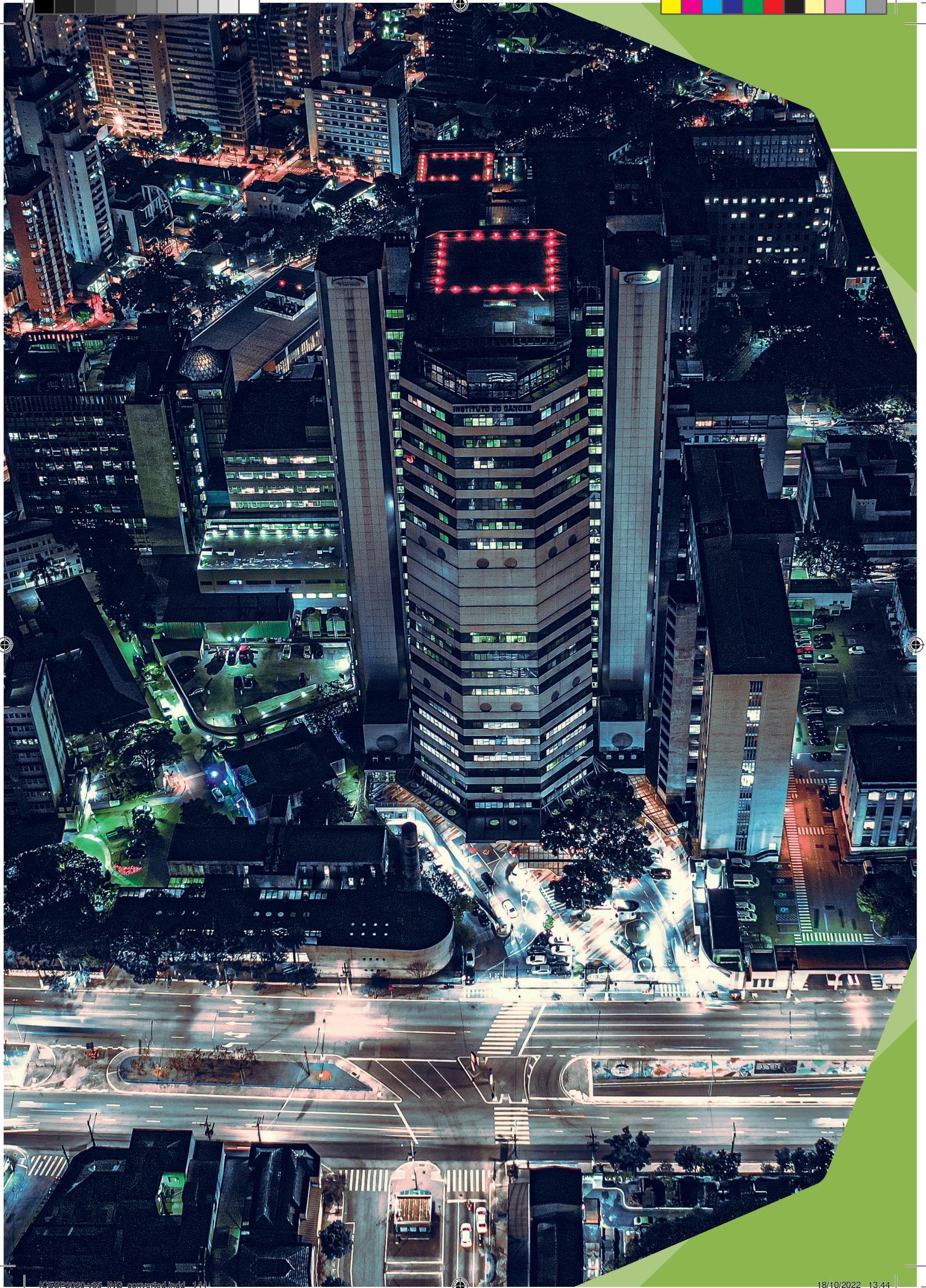
Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment







07

INFRASTRUCTURE AND TECHNOLOGY OF EXCELLENCE

With a structure of approximately 82 thousand m² of built area and 112 meters high, spread over 28 floors, the ICESP has one of the largest structures in Latin America dedicated exclusively to cancer treatment and research.





With state-of-the-art technological equipment and resources, ICESP has also been a source since its foundation for ensuring the efficient use of natural resources (such as electric energy, water, natural gas, among others) and the environmentally correct management of waste and other materials. Infrastructure projects and works, the management of the maintenance of the building and its equipment (including those of medical use), as well as the sanitation, theft and hospitality

services also follow the guidelines of efficiency, quality and minimization of environmental impact.

In recent years, several initiatives have been conducted to improve processes and prepare ICESP facilities for the future. There were dozens of improvement actions, finished works and care that allowed ICESP to achieve its health care goals, offer quality education and carry out research, with safety, sustainability and humanized form.



Infrastructure works

(GRI 403-2)

The realization of a new space in ICESP is due to the intense work involving physicians, nurses and multidisciplinary team, in addition to professionals in the areas of architecture and engineering. The process begins with the planning and survey of requirements that will enable the design of architecture, installations and engineering projects to hire and execute the works safely and with quality. Among the works carried out in recent years, the following stand out:

- Reconfiguration of the main access (ground floor): With the revitalization of the main access of the Institute, contemplating an area of 2,000 m², it was possible to improve the traffic and safety of pedestrians, by signaling the roads and the pedestrian strip, avoiding the number of crossings in front of the vehicles. The project, carried out with an extra budget resource originated by the rent paid to the Institute for the valet service, included the duplication of





roads and the creation of alternative circulation, contributing to the internal transit of vehicles, avoiding the formation of queues and speeding up the return of vehicles. Reconfiguration also contributed to reduce external traffic, bringing benefit to the whole region close to the ICESP, since the excess of vehicles directly impacted the traffic of the region, from Av. Dr. Arnaldo to Av. Paulista. In addition, the project presented great concern with the safety and accessibility of patients and accompanying persons, with

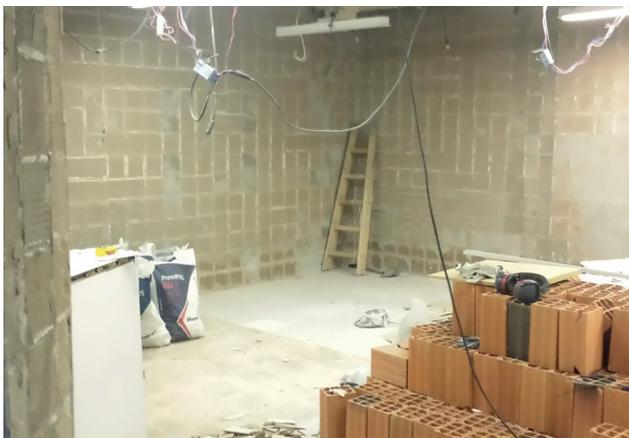
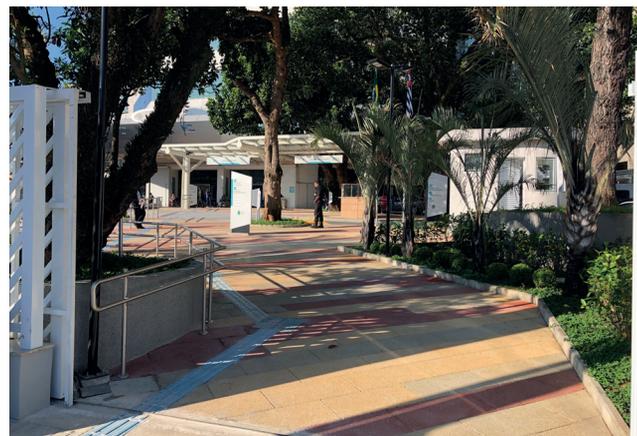
the installation of touch floors for visually impaired people, railing to assist in the mobility of elderly people, smooth ramps and visual signaling. It is important to emphasize that all trees have been preserved, in addition to the landscaping that incorporated the delivery of the work.

- Reformation of the snack bar in the 1st basement floor: The delivery of this work was of great value to the employees of the

RECONFIGURATION OF MAIN ACCESS (GROUND FLOOR) - BEFORE



RECONFIGURATION OF MAIN ACCESS (GROUND FLOOR) - AFTER



SNACK BAR REFORM - BEFORE



SNACK BAR REFORM - AFTER





Institute, since it is not possible to find many food options in the region, especially for those working at night and weekends. ICESP received the return of this investment with the payment of the rent by the company that manages the snack bar.

- Implantation of pneumatic mail: Also called the “subway of things”, pneumatic mail comprises a vacuum system that carries samples of exams, documents, medicines, blood bags and emergency materials between the floors of the INSTITUTE. It is 2.7 km of piping that interconnects hospital floors, including to the Outpatient Clinic Building of the Hospital das Clínicas Complex, external to the ICESP. The technology performs on average 12 thousand trips per month and each Journey lasts between 30 seconds and seven minutes in case of heavy traffic. Prior to installation, the department's wait for a material could reach up to 50 minutes. The system has contributed to greater efficiency and assertiveness in the delivery of materials, as well as generating savings with the reduction of labor needed to carry out the transport.

- Adequacy of the facilities for receiving new hemodialysis equipment (2nd floor);
- Structural adequacy of ambulatory Pharmacy;
- Beginning of replacement of cold water copper piping by PPR;
- Beginning of the installation of metallic grating in the shafts;
- Beginning of the reform of the auditorium;
- Beginning of the façade retrofit;
- In partnership with the ENEL concessionaire, a contingency transmission network was created.
- Installation and activation of the ramp module allowing the concessionaire to transfer energy to the generator group and vice versa without interrupting the electrical supply to the building.

In addition to the works, among the several architectural projects conducted over recent years, some of which focused on the identification and mitigation of hazards and risks to ICESP employees and patients, such as

PNEUMATIC MAIL



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the adequacy of the smoke extraction system of the basement floors, the adequacy of the handrails supports of the stairs and the installation of fall prevention signs on several floors of the ICESP. (GRI 403-2)

In addition, there was also the replacement or installation of equipment, such as the replacement of a Linear Accelerator at the Osasco Unit, among others.



FAÇADE WORK BEFORE - DECEMBER 2020



FAÇADE WORK DURING - DECEMBER 2020



BEGINNING OF THE REFORM OF THE AUDITORIUM BEFORE



REFORM OF THE AUDITORIUM AFTER - MAY 2021



NEW ACCELERATOR INSTALLATION BEFORE - MAY 2020



INSTALLATION OF THE NEW ACCELERATOR AFTER - DECEMBER 2020





Technological Incorporation

Another essential work to ensure the constant technological update of ICESP involves the incorporation and management of the technology, ranging from the definition of specifications together with the medical and care bodies, the incorporation, planning, maintenance, monitoring of obsolescence until the decommissioning, disposal and replacement of obsolete medical technologies.

Between 2018 and 2020, 430 technical specifications were developed for the purchase of equipment and draft contracts. There were 1,360 technical opinions for approval of equipment repair, contracting of validation services, quality control, qualification, calibration and preventive maintenance, as well as 108 opinions for decommissioning obsolete technologies or with high/unfeasible maintenance cost.



Consumption of Energy

ICESP has maintained almost the same level of energy consumption in the last decade. In 2019, total consumption was 16,875 MWh and in 2020 it was 16,365.

(around 98% of the total), having consumed 16,558 MWh in 2019 (16,074 MWh in 2020), while Osasco and Ambulatory Pharmacy consumed 317MWh together (291 in 2020).

The Unit Dr. Arnaldo is the most representative of the total energy consumed by the institution

Energy consumption within the organization – Unit Dr. Arnaldo



Regarding energy intensity, that is, the ratio between the total energy consumed by the total number of visits, there was a small

variation in 2019 and in 2020, in the face of the pandemic associated with the reduction of the visits.

	2017	2018	2019	2020
Energy consumption within the organization (GRI 302-1)	17,257	16,673	16,875	16,365
Energy intensity (GRI 302-3)-MWh/total number of visits	0.030	0.030	0.032	0.034
Total visits*	568,921	550,895	517,659	474,901
Variation of power consumption at Unit Dr. Arnaldo in relation to the previous year (GRI 302-4)	0.3%	-3.3%	1.1%	-2.9%

* THE TOTAL NUMBER OF VISITS IS CONSIDERED AS THE NUMBER OF VISITS (MEDICAL, MULTIPROFESSIONAL, OUTPATIENT THERAPIES AND REHABILITATION SESSIONS), HOSPITALIZATIONS, SURGERIES, EMERGENCY CARE AND CHEMOTHERAPY AND RADIOTHERAPY SESSIONS, ACCORDING TO INFORMATION FROM THE HIM (HEALTH INFORMATION MANAGEMENT).

Among the main initiatives undertaken in recent years, aimed at reducing energy consumption and improving energy efficiency, are:

- Completion of 100% of building automation (BMS) for the air conditioning system;
- Completion of 100% of the ICESP pneumatic mail piping and outpatient clinic building installations.
- Replacing the Power Generator System Controller.

In addition to these initiatives, in 2018, ICESP competed and was contemplated with an Energy efficiency Project at the ENEL concessionaire, referring to the Public Call 01/2018 with the Procel Energy efficiency Seal, within ANEEL's Energy Efficiency Program. The project consists of the change of 13,000 units of fluorescent lamps by LED lamps and the activation of a lighting automation system. This action was expected to begin in 2020, but, because of the pandemic, the facilities were postponed by the concessionaire, and are expected to occur in early 2021. The investment value will be around R\$ 1.7 million and the expected annual energy savings will be 1,450 MW.



Atmospheric Emissions

Although the theme of Climate change was not pointed out as material in the ICESP materiality matrix, it was chosen to disclose the atmospheric

emissions data, based on the information used in the “Climate Health Challenge,” of the Global Network Green and healthy hospitals.

Total Greenhouse Gas Emissions – GHG (GRI 305-1, GRI 305-2, GRI 305-3, GRI 305-5)

	Unit	2017	2018	2019	2020
Greenhouse gas emissions (GHG) (Scope 1 + Scope 2 + Scope 3)*	tCO ₂ e	3,639	3,241	2,862	2,450
Scope 1: Stationary Combustion and Fugitive Emissions (GRI 305-1)	tCO ₂ e	1,877	1,919	1,493	1,098
Scope 2: Electrical Energy Purchase (GRI 305-2)	tCO ₂ e	1,549	1,194	1,236	1,206
Scope 3: Solid waste from operation (GRI 305-3)	tCO ₂ e	213	128	133	146
Variation of GHG emissions compared to the previous year (GRI 305-5)	tCO ₂ e	-33.1%	-10.9%	-11.7%	-14.4%

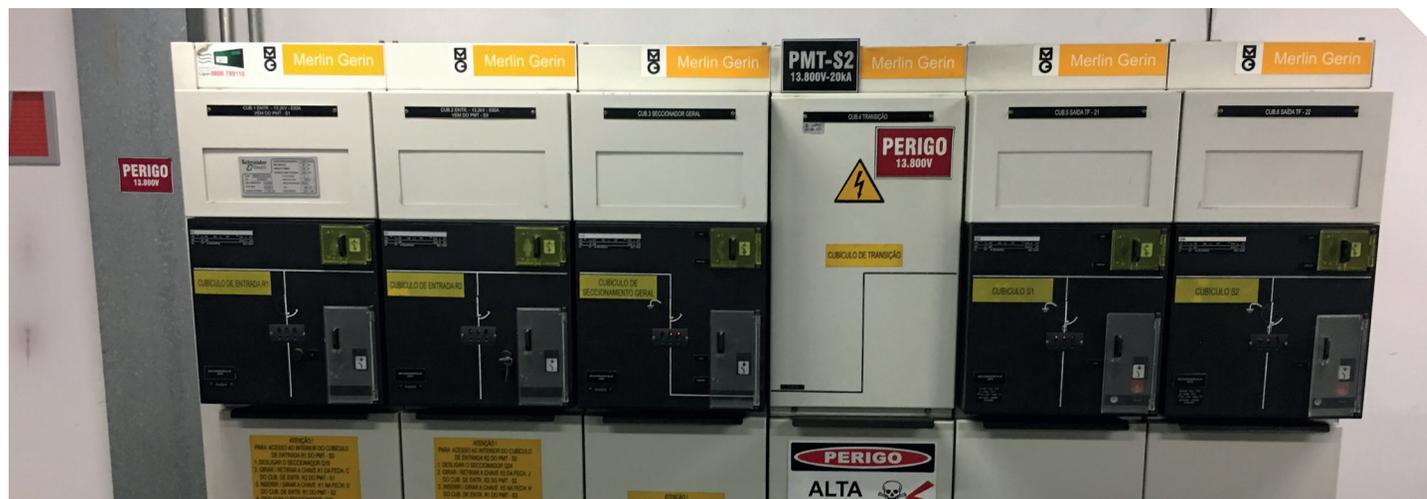
The emissions of Scope 1 because of lower natural gas consumption from 2017 to 2019 (254.798 m³ to 237.459 m³), used for heating water and cooking, but mainly because of the reduction in the consumption of N₂O (nitrous oxide), used as an anesthetic (3,674 kg in 2017 and 2,507 kg in 2019).

For emissions of Scope 2 (purchase of electricity), the average emission factor of the National Interconnected System (NIS) for 2017 was 0.0927 tCO₂e/MWh; for 2018, 0.0740 tCO₂e/MWh; and for 2019, 0.0750 tCO₂e/MWh. The annual variation of the average emission factor justifies the reduction of the emissions of Scope 2 in 2018 and 2019, since

the reduction in energy consumption (reported in the GRI indicator 302-4) had little variation from 2017 to 2018 and 2019.

For emissions of Scope 3 (solid waste in operation), the increase in GHG emissions reflects the increase in waste generation by the organization. This evolution is justified by the higher generation of hazardous waste in the period, due to the transfer of flow cytometry and bone marrow transplant sector from Hospital das Clínicas to ICESP. In addition, in 2019, the restaurant was opened on the 23rd floor, increasing the generation of common solid waste and thus impacting emissions from this scope.

NEW POWER GENERATOR SYSTEM



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Waste Management

Like every large hospital center, ICESP generates a significant amount of waste, between hazardous and non-hazardous waste. The destination of all this material, in a correct and environmentally responsible manner, is provided for in the Health Services waste Management Plan (PGRSS), a document detailing how each type of waste is destined.

The volume of residues generated in ICESP was obtained by means of half-yearly weighing during a seven-day period, and then a monthly average

was calculated. Since 2018, in order to improve this monitoring, the weighing of the volume of waste has become daily.

The significant increase in the amount of common waste generated between 2018 and 2019 is mainly due to the opening of the restaurant with the most popular prices in August 2019, which increased the amount of waste. From September to December/2019, in the 23th floor alone, the total amount of waste generated was around 24,000 kg.

Total waste generated in tons (GRI 306-2)

	2017	2018	2019	2020
Non-hazardous				
Common	56.7	65.0	97.6	101.2
Final destination: Landfill Class II.				
Recyclable	14.0	18.4	22.8	32.4
Final destination: Pickup by specialized company				
Hazardous				
Infecting	33.9	40.5	61.6	71.0
Treatment: Autoclaving. Final destination: Landfill				
Toxic	8.2	11.1	11.3	11.2
Treatment: Incineration. Final destination: Landfill				
Perforating	2.7	3.8	4.5	3.7
Final treatment and destination: See infecting and toxic				
Total	115.6	138.7	197.9	219.4



The increase in hazardous waste (infectious, toxic and perforating) is due to the fact that, in October 2017, the flow cytometry sector was transferred from HC to ICESP. In addition, the BMT sector (bone marrow transplantation) was also temporarily transferred from HC to ICESP, in the period from January 2018 to the end of 2019.

In 2020, the increase in infective residues occurred due to the Covid-19 pandemic, the increase in the common residue was due to the installation of microwave in all pantries to avoid crowding in the refectory, increasing the number of meals in ICESP and consequently the increase in the common residue. And finally, the increase in recycling was due to the replacement of copper pipes that were sent for recycling.

Among the main actions carried out at ICESP in recent years, aiming at reducing waste generation, improving waste management and increasing employee awareness of the topic, the following points are highlighted:

- Day of PGRSS;
- PGRSS training with evaluation application;
- Game of Selective Collection on World Environment Day;
- Friendly Cup Action: Reactivation of the program designed to reduce the consumption of plastic cups;
- Recycling training for staff of attendants;
- Training for the correct disposal of waste (weekly 11/May)
- Training for on-site physicians on GRSS (RDC 222), with a total of 258 participants;
- Change of collection of confidential documents for their recycling, generating bonuses for ICESP;
- Shipment of 104 disposal items to be kept at Pacaembu Pole;
- Weighing of daily waste in the kitchen, cafeteria and restaurant and implantation of composting in the kitchen (SND) and in the restaurants;
- Recycling of milk packaging in the nutrition and snack bar of the 1st basement floor;
- Replacement of external waste shelter gates (toxic and infecting);
- Health Service Waste Challenge (Healthy Hospitals);
- Perforating Theater (Healthy Hospitals);





Management of Hazardous Chemical Materials

(GRI 301-1)

The ICESP maintains its plan of hazardous chemical materials, which aims to define how the chemical materials used, including their residues, will be stored, identified and controlled, including: Chemical substances, chemotherapeutic agents, radioactive materials and residues, hazardous gases and vapors and other infectious and controlled biological wastes.

Recurring on-site visits are carried out to ensure that, where the presence of such materials has been identified, the Chemical Safety Information Charts (CSIC) are updated and available, monitoring, training and management of which is carried out by the Work Safety Team.

The prior definition of how manipulation, storage and containment measures will be given in the event of exposure and overspilling, as well as their proper disposal, ensures the low incidence of related events, as shown in the table below. Moreover, it is through the recurring training provided in the Plan (CSIC and simulated chemical spill) that the associate is aware of what processes and conduct to take in cases of chemical spills.

The fall in accidents with chemical spills over the years is justified by the greater maturity of the team with regard to procedures and also by the intensification of administered training.

	2017	2018	2019	2020
Total of events reported with damage*	17	10	9	5
Employees trained in "CSIC Training"	1166	1680	1630	1778
Employees trained in "Simulated Chemical Spill."	30	32	34	39

* EVENTS RELATED TO CHEMICAL SPILLS ARE CONSIDERED





Cleaning and Disinfection of Materials

Cleaning and disinfecting materials is an essential activity to prevent hospital infection for the safety of patients and professionals in the institution. Among the main materials and techniques used, the following stand out: 6 autoclaves for sterilization of material (3 steam), 1 formaldehyde and 2 plasma hydrogen peroxide for washing material, 5 thermowashing machines (2 ultrasonic). For drying the material, there are 2 dryers with hot air, and for disinfecting endoscopes, colonoscopes and fibroscope, automatic equipment with peracetic acid is used.

Regarding the instrumental cleaning process, there is an indicator to measure the “Index of surgical instruments with dirt in the inspection process that return to new cleaning”, and the acceptable goal is two pieces every 1000 pieces. In 2018, the index was 1.1/1000, and in 2019 it was 1.6/1000. In 2020, in the first four months, there was a significant improvement, throwing around 0.7/1000 pieces. This improvement was due, above all, to the training and supervision of the team to perform the prior cleaning before placing in the thermowashing machines.

Equipment, materials and cleaning and disinfection techniques to reduce the risk of infection

	2017	2018	2019	2020
Number of steam sterilization cycles	5,220	5,408	5,888	6,182
Number of thermal disinfection cycles	5,882	6,096	5,769	5,777
Number of sterilization by hydrogen peroxide	2,642	2,616	2,309	1,719
Number of sterilization by formaldehyde	533	753	1,121	816
Number of Cycles – Ultrasonic	-	2,639	3,185	2,472





Initiatives Aimed at Environmental Management

In addition to the initiatives already mentioned above, several actions have been conducted under the coordination of the ICESP Sustainability Committee over the last three years, aiming to improve the environmental management of the Institute, including:

- World Environment Day: Several actions taken throughout the day for ICESP employees, visitors and patients related to awareness about (i) the importance of reducing the use of disposable plastics in 2018; (ii) the importance of preserving the environment in 2019;
- Week of the Environment, in 2020: with Live streaming on the theme, online quiz with awards and event “one day without disposable cups”
- Project reduction of cups: Distribution of reusable cups to employees in place of disposable cups;
- Planting of the IPÊ tree: As a way of symbolizing the importance of planting trees for the bioma;
- Workshop for the leaders on the SDGs (Sustainable Development Goals), with Pedro Saad, founding director of the Brazilian Editor, Brazilian producer and World Observatory (a major Sustainability enthusiast, he has focused his projects over the past 5 years on advancing the SDGs, Including his doctoral thesis entitled “Business and ODS: Prioritizing sustainable actions of greater economic, social, and environmental return to the SDGs”);
- Insertion in the weekly editorial ICESP on Sustainability;
- Insertion in the employee’s app of a Sustainability icon;
- Sustainable Round: A survey to gather from professionals the sustainability actions they carry out in everyday life;
- Implementation of electrostatic induction cleaning technology, which reduces the use of chemicals;
- Blister Solidarity Project: Collection of empty blister drugs (aluminum+plastic), coming from employees and patients, to be sent for recycling;
- Registration at the Zayed Sustainability Award with the case “correct receipt and disposal of unused drugs by patients”.

Dia MUNDIAL DO MEIO AMBIENTE 5 de junho

Neste dia 5 de junho, teremos o **DIA SEM COPO DESCARTÁVEL**

Em mais uma ação extraordinária, os setores administrativos e as copas dos andares assistenciais NÃO serão abastecidos com copos descartáveis. Traga sua caneca ou garrafinha.

Contribua para a harmonia com a natureza.

Encare esse desafio com a gente!

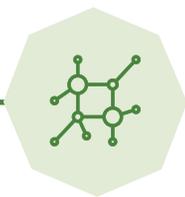


Você sabia?

O Icesp utiliza cerca de **56 mil fardos** de copos plásticos por ano, aproximadamente **1.200 copos por pessoa**.

Se juntarmos todos os copinhos usados, é possível formar uma **estrada com mais de 2.000 km**, o equivalente à distância entre São Paulo e Montevídeu, no Uruguai.





Technology and Information Systems

The ICESP uses the TASY system as a hospital solution, covering the entire care process, from patient care to management support. The system is certified by the Brazilian Society of Health Informatics, and

electronically signed records use standard digital certificate ICP-Brazil, with legal validity, making fraud impossible. Each year, 5 to 6 million records are electronically signed by the system.

Records signed electronically in TASY

	2017	2018	2019	2020
Electronic Records	4,973,363	5,086,456	4,523,777	4,028,390
Electronic Prescription	1,190,399	842,690	668,645	591,054
General Total	6,163,762	5,929,146	5,192,422	4,619,444



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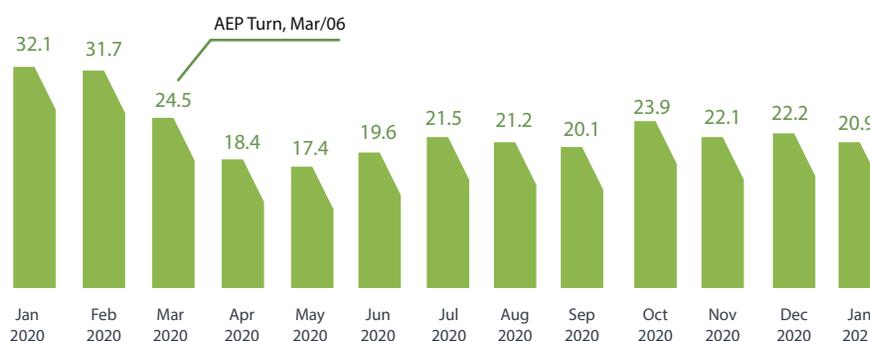
Personalized Electronic Service

In 2020, ICESP implemented a tool to optimize the patient care opening process. Previously, to be attended, the patient went through administrative barriers, such as: Pre-care at reception for identification, opening of system assistance, password delivery for handling the care queue and releasing the ratchet. As this flow consumed a lot of time and resources, the registration linked to the access badge was not done for all patients and accompanying patients, consequently, generating an impact on safety, since there was no total control of the people who accessed the building. The whole process lasted an average of 4 minutes per patient, which generated agglomeration and an average waiting time of 17 minutes in August/2019, reaching peaks of 45 minutes.

The “Custom Electronic Care Service” (CECS) project was structured with the objective of creating a new concept in the patient experience by bringing it closer to your doctor, eliminating such barriers, through a solution that would automate this flow, and minimizing time with administrative processes. With it, it was possible to save time, physical and human resources, increase patient satisfaction, and ensure security in access to the institution. Currently, the care time in the CECS does not exceed 1 minute per patient, and the queue is less than 5 minutes.

The chart below shows the improvement in the time of arrival of the patient to the medical office after the implantation of CECS:

Average arrival time to the office



*SOURCE: TASY

Moreover, as this flow took a lot of time and resources, the registration linked to the access badge was not done for all patients and

accompanying patients, consequently, generating an impact on safety, since there was no total control of the people who accessed the building.



• TASY Outpatient Interconsultation Request Process

The Document Evaluation process for first consultation with specialties was reviewed in 2019. Previously, the process for scheduling the patient referred to another specialty was bureaucratic and time-consuming, making traceability difficult and generating inefficiency in the follow-up of activities. Manual steps and the paper flow between administrative and medical areas increased the risk of loss and considerably increased the patient's waiting time for the warning of the date of his/her visit. The time between the medical request to the schedule could take up to 15 days.

By assigning the process to a system some tasks have been integrated, and it is possible to manage requests

and responses individually. The process lifecycle has been reduced, and currently, depending on the skill, the time between the request and the schedule is no more than 3 days. In addition, it was possible to balance the work force and the control of information across the entire flow. The gain also reflects the sustainable role that the institution has, in the economic and environmental sphere, since it was possible to reduce the circulation of paper, since the forms were eliminated.

Currently, the process is likely to be improved depending on the information system platform upgrade. However, the expected gains were achieved by increasing the satisfaction of the patient and the teams involved.



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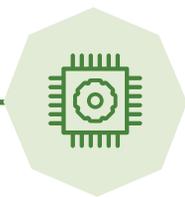
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Technology Update

Migration from the platform of TASY Delphi to HTML5

Recently, TASY experienced a technological change in the development platform and the previous version was discontinued. In order for ICESP to advance its deployment projects, which require many implementations due to particularities in the institution's processes, it was necessary to update the platform, because the old version could no longer be customized.

This migration, in addition to the technological evolution, presented changes in the product, according to the best management practices in health, bringing a gain in the processes. As the change had a great impact, a migration plan was made divided into 7 waves, the first wave being divided into 6 phases.

The new version of TASY contemplated a major change in the concept of medical prescription, and in the previous platform, the prescription followed a 24-hour validity, so the doctor needed to redo it daily, even if he/she chose to keep the same items of the previous day. In the new platform, the prescription is presented on a single screen, facilitating the therapeutic plan. The physician does not need to redo the prescription daily, it only validates if the items already prescribed will be maintained and evolves by approving the continuity of the prescription. The gain was considerable, thinking about safety and time optimization of the service professional.

Phases 1 and 2 of the first wave were successfully completed in 2019 and the migration of the platform continues to expand to the whole hospital, and the forecast to finalize the project in the care area is 2022.

- **Auto-deferral of the Electronic Prescription**

At the beginning of 2018, the ICESP implemented the project for the automatic treatment of medications in the hospitalization units. At the Institute, the electronic prescription process consists of several stages and with different professionals (among physicians, nurses, pharmacists and health technicians) and the high number of prescribed medications required the nurse to spend more time planning the medication schedule (deferral), increasing the propensity of non-conformities and interfering in the time of dispensing items to patients.

Through the hospital management system, it was possible to create standard schedules and change the order of the prescription release steps. Previously, nursing performed the deferral and release of the prescription in the system. This project provided optimization in the flow, automatically delaying medication schedules. With this, the prescription appears on the screen of the pharmacy that evaluates, and after release, nursing reviews to start the electronic check process.

After implementation, it was possible to highlight several benefits in patient care, such as agility in the whole process, reduction of non-conformities and contribution in nursing activities planning, thus making it possible to pay more attention to the patient.





• Consultation/tests notification via SMS

The COVID-19 pandemic has boosted tele-consultation as an evolution of the form of medical and multiprofessional consultation. To suit this new scenario, ICESP invested in patient notification tools via SMS. In this process, patients scheduled for care, according to criteria by specialty, are informed that their appointments will be performed remotely on the same day and the time originally scheduled. On the day of the consultation, the professional contacts the patient and the consultation is performed by telephone and registered on the patient's electronic record.

For this flow to work, the systems team created SMS sending routines, following predefined criteria: On the last day of the month, all medical and multi-professional appointments of the following month are extracted from the system, after which the SMS is sent to the patient and/or the person in charge stating that the appointment will be by telephone. To avoid patient forgetfulness, SMS are sent weekly with reminder of remote appointment confirmation and advice to wait for medical and/or service professional to call.

This process was well adhered to, so that it expanded into image and collection exam schedules. In this new method of consultation, in addition to the reduction in the circulation of persons in the hospital, a good reduction in the absenteeism rate of scheduled examinations and consultations was identified.

• Implantation of the Anesthesia Chart in TASY

In 2018, the ICESP implanted the electronic record of the integrated Anesthesia Chart with

multiparametric monitors, a process that ensured greater safety for the patient and agility in the processes.

The solution is integrated into the patient's electronic record, and physiological parameters are automatically recorded at an interval of 5 minutes. The data are presented in the form of graphs, allowing greater sensitivity and specificity in the identification of intraoperative adverse events, and the creation of a standardized database combining all anesthetic charts, which facilitates access and improves the quality of statistical survey.

• Training in Electronic Patient's Record (EPR) with assistance support tool

The systems team has a detailed training plan for admission training aimed at the healthcare team in the correct use of the electronic chart, prescription, drug administration, among other features.

The new employees of the systems team are also trained on all the processes used in the Institute regarding the use of the tools of the Hospital Management System, as well as their possibilities of configurations, registers and parameterizations.

Every deployment of new system features, all employees involved in the processes are trained to use the tool, both in the classroom and in the workplace, to better utilize the time and scenario simulations to be implemented.

Since 2014, approximately 6,800 employees have been trained, totaling 1,600 hours of training dedicated exclusively to the use of the Hospital Management System.



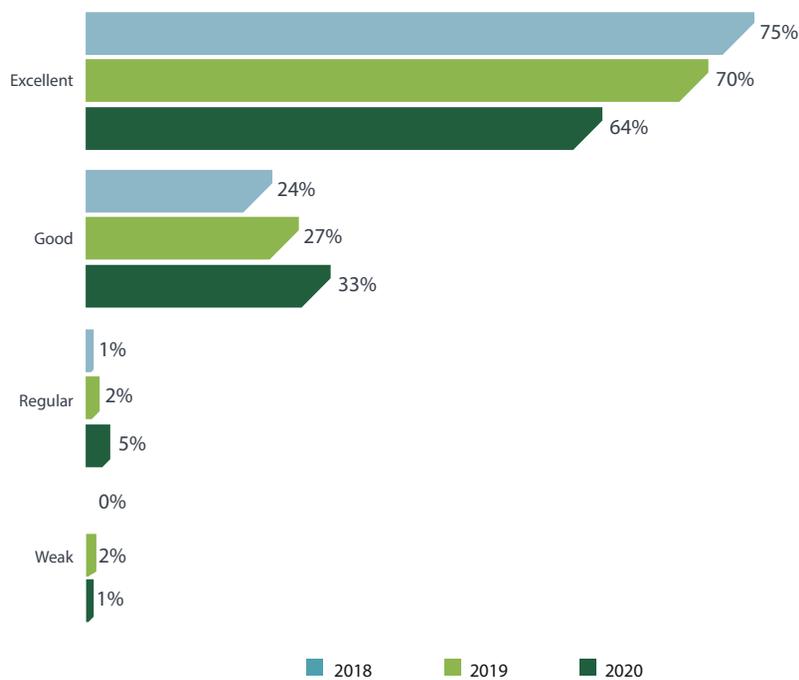
Participation of employees in the training in Electronic Patient's Record (EPR)



All training is recorded in a presence list in control with the People Development Team. In recent years, for the admission training, reaction assessments have been applied, where the team receives

suggestions, criticism and praise. Although there has been a drop in the last three years, the overall training evaluation rate remains with 97% of the results between good and excellent.

Evaluation of the employees on the Training in the Electronic Patient's Record (EPR)

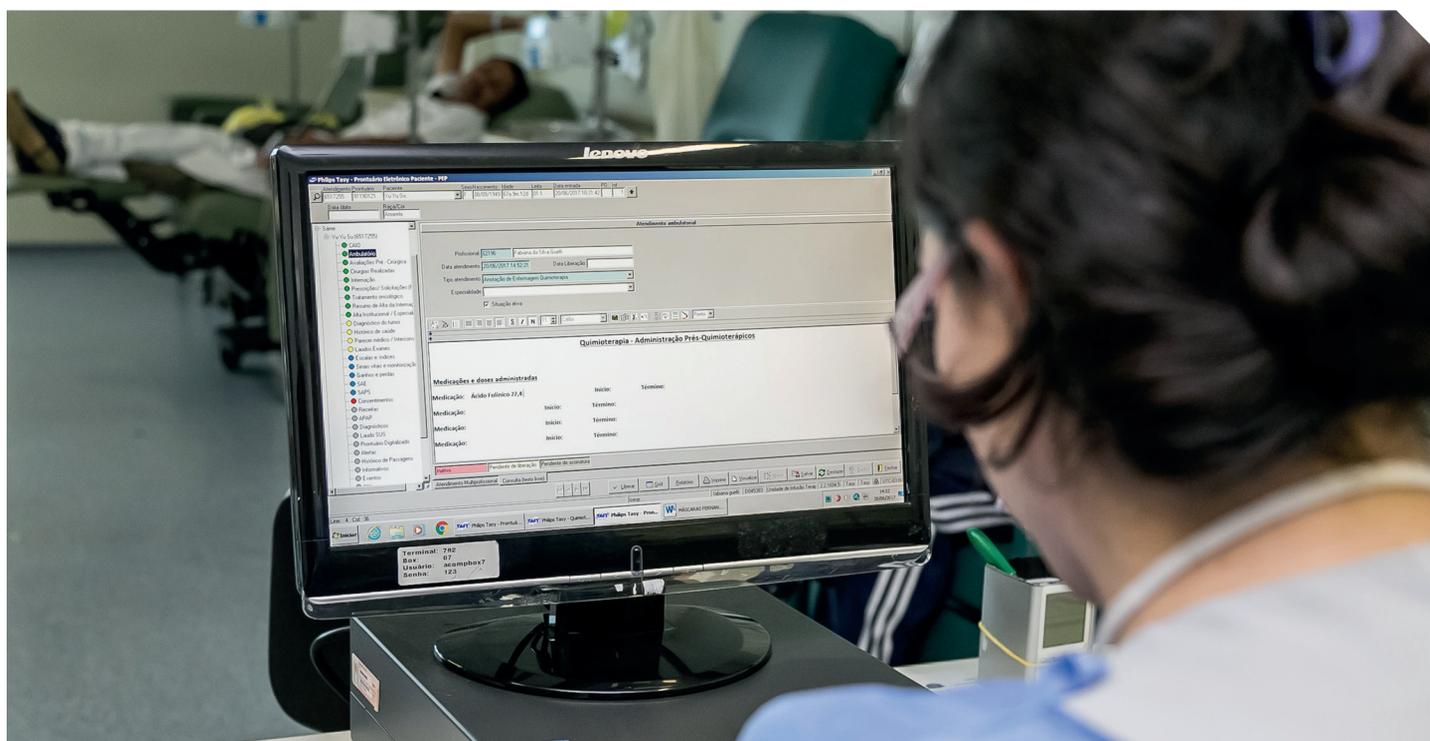




With the objective of expanding the more technological perspective for ICESP in 10 years, with innovative processes and with guarantee in patient safety, some initiatives are already planned for the next few years, including:

- Digital transformation in scheduling processes according to strategic planning (2nd cycle), seeking economic sustainability;
- Automate ambulatory management process and indicators;
- More automated processes so that it is possible to prioritize the experience in the patient's Journey;
- Eliminate the role of the first institutional consultation scheduling process;
- Use appropriate communication channels, such as WhatsApp, Patient Portal, etc.;
- Integration of imaging systems, radiation therapy and laboratory tests;
- HTML5 deployment for scheduling module;
- Implementation of the chemotherapy process 100% via the TASY system, eliminating all "addenda" of the RDT, QT and HD outpatient records;
- Online consent form;
- Outsource processes that do not add values to the patient;
- Structure physically the Remote Scheduling Center;
- Readjust the physical structure of the ground floor;
- Resume the "Esperas do Conhecimento" project, which seeks to use the wait room spaces to add something useful to the patient.

PRESCRIPTION CHECK



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Infrastructure investments

In 2019, the Institute presented to HCFMUSP (as a Contractor) the investment needs for 2019/2020. After almost 12 years of activities, in a building that started construction in 1989, the building structure and important part of the equipment park, acquired between 2006 and 2010, present high maintenance rates, technological delay and even end-of-life declared by the manufacturers, impacting on increased costs (maintenance). For this purpose, the investments prioritized were selected according to technical evaluations, operational and temporal impact and the continuity of the structural update needed for the Institute. Investment needs for works and equipment were estimated at R\$ 42.9 million, of which R\$ 14.2 million was for 2019 and R\$ 28.7 million was for 2020.

Of this proposed amount, was made available only the amount of R\$ 5 million, formalized through the 4th Additive Term of the Management Agreement of Dec/2019, which added to the resources arising from the redemption of the balance of a legal instrument (Agreement) prior to the Management Agreement, totaled R\$ 9.8 million invested between 2018 and 2020, much below the real needs, they are intended exclusively for investments for partial recomposition of the installed capacity of the Institute and, mainly, goods that represent a great risk of reducing operational capacity or interruption of strategic operations in the treatment of patients.

Key investments with Management Contract resources:

Redemption of the Agreement balance:

- ORACLE 11G ENTERPRISE /ODA: New TASY System Database production environment, a complete hardware and software solution that is fully modular and scalable to deliver better performance

- DIAGNOSTIC MONITORS AND WORKSTATIONS: Acquisition to meet RIS/PACS needs;
- 4D VMAT DOSIMETRY SYSTEM UPDATE: Radiation Therapy Dosimetry System Update;
- DESKTOPS: Replacement of depreciated computers from CAIO, HOSPITALIZATION and Surgical Center;
- SURGICAL INSTRUMENTS: Replacement of surgical instruments damaged by use time;
- MULTIPARAMETRIC MONITORS: Acquisition of Multiparameter monitors for the Surgical Center;
- GENERATOR GROUP UPDATE: Update of Generator Groups' controllers due to discontinuities of installed ones;
- HIGH DEFINITION MEDICAL GRADE MONITOR: Monitors for viewing surgical procedures by videolaparoscopy;
- TRANSLATIONAL RESEARCH CENTER ON ONCOLOGY: Adequacy of air conditioning system;
- NEUROSTIMULATOR MONITORING SYSTEM;
- CYSTOSCOPE AND NASOFIBROSCOPE;
- Others

Data Center improvements:

- STORAGE: Depreciated Storage Replacement for Administrative environments and Non-TASY Systems;





- DELL POWEREDGE SERVER 16GB AND 32GB: Replacement of depreciated servers for administrative environments and non-TASY systems;
- 24-PORTS' SWITCH: Replacement of equipment to improve connectivity between servers, with the goal of having higher communication speed from 1GB to 10GB.

4TH ADDITIVE TERM TO THE MANAGEMENT CONTRACT (DEC/2019):

- SECURITY, PROCESSES AND INFRASTRUCTURE:
1ST phase of replacement of copper water piping by PPR;

Safety Power Unit for ICU and Surgical Center;

Fire fighting project (1ST and 3RD basement floors);

Installation of linear accelerator in the Outpatient Unit of Osasco.

- HARDWARE AND SOFTWARE:

Computers;

Servers and storages.

• **MEDICAL HOSPITAL EQUIPMENT:**

Surgical arch;

Nursing call system;

Videogastroscope;

Image Scanner (DR);

Bedside car, fan, etc.

This list of investment needs included only the replacement of equipment, which does not include new health technologies.

The new technologies, be they the equipment, clinical and surgical procedures, materials, medicines and other inputs, continue to be evaluated, but the cost of investment is decision in relation to the cost of inputs and materials that some equipment uses. In this sense, the Institute has sought other strategies, such as the realization of test partnerships, research projects for evaluation or even lending of equipment for updating and incorporating new standards and practices.

Investment History – Management Agreement 2018 / 2020



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In addition to the resources derived from the Management Contract itself, part of the investments aimed at modernizing ICESP infrastructure originated alternative sources of revenue, among them:

- **Donations**

In May 2019, ICESP also received a visit from the general consul of the United Arab Emirates, diplomat Ibrahim Salem Alalawi, who represented Sheikh Mohammed Bin Zayed Al-Nahyan, Crown Prince of Abu Dhabi, the capital of the country, who made a donation of R\$ 240 thousand (US\$ 61

thousand) to the Institute. The resources provided the modernization in the computerization of ICU beds with the installation of mini-computers, making it possible to provide more safety in care in relation to medication delivery and in the evolution of patient care.

In 2020 there was a highlight donation of R\$ 245,000 made by Mr. Manoel Altino de Oliveira (*IN MEMORIAM*) on behalf of Maria de Jesus Brasileiro Campos, Luciano Brasileiro Campos and Luciana de Fátima Oliveira (*IN MEMORIAM*), a resource that will be destined to acquire o2 portable ultrasound equipments for ICU and computers.

“

IN SEPTEMBER 2019, ICESP RECEIVED A DONATION FROM DR. ORLANDO DI GIACOMO FILHO (IN MEMORIAM) WORTH R\$ 8.2 MILLION, DESIGNATED FOR INFRASTRUCTURE WORKS, SUCH AS THE REVITALIZATION OF THE BUILDING'S FACADE AND THE MODERNIZATION OF THE AUDITORIUM AND AMPHITHEATERS OF THE INSTITUTE.





PROF. DR. PAULO HOFF TALKS IN A CEREMONY HELD IN 2019 IN GRATITUDE TO LAWYER ORLANDO DI GIACOMO FILHO (IN MEMORIAM) FOR THE DONATION OF R\$ 8.2 MILLION.



PANEL OF ICESP DISTINGUISHED PARTNERS

PAINEL DE BENEMÉRITOS ICESP

<p>Sr. Carlos Ermírio de Moraes</p> <p>Investimento: Centro de Investigação Translacional em Câncer, um dos maiores laboratórios dedicados a explorar o câncer da América Latina.</p>	<p>Folha de S. Paulo</p> <p>Patrocina anualmente o Prêmio Octávio Frias de Oliveira. Premiação está em sua 12ª edição e visa estimular a pesquisa científica na área de prevenção e combate ao câncer.</p>	<p>Sr. Orlando Di Giacomo Filho</p> <p>Investimento: Modernização do auditório e anfiteatros e revitalização da fachada do prédio.</p>
<p>Sheikh Mohamed Bin Zayed Al-Nahy</p> <p>Investimento: Modernização e informatização dos leitos de UTI.</p>	<p>Manoel Altino de Oliveira (em nome de Maria de Jesus Brasileiro Campos, Luciano Brasileiro Campos e Luciana de Fátima Oliveira)</p> <p>Investimento: Aquisição de ultrassons portáteis e computadores.</p>	<p>Rede D'Or</p> <p>Investimento: Operacionalização de leitos de enfermaria e UTI em uma das alas do Instituto Central do HCFMUSP destinado a pacientes onco-hematológicos.</p>
<p>Bradesco Saúde</p> <p>Investimento: Operacionalização de leitos de enfermaria e UTI em uma das alas do Instituto Central do HCFMUSP destinado a pacientes onco-hematológicos.</p>		

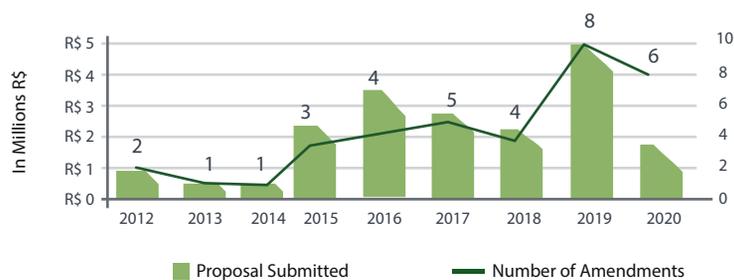


• **Parliamentary Amendments**

The parliamentary amendments include specific resources indicated by the municipal, state or federal legislative power. Since 2012, several federal and state amendments have been indicated, and equipment for the modernization and upgrading of ICESP's technological park has been acquired through these resources.

Since 2017, Interministerial Order No. 424/2016 has changed the form of transfer of the Union's resources, including parliamentary amendments. Now, resources are released only after the amendment and the bidding process have been approved. Below is the history of proposals submitted for amendments:

History of Proposals – Parliamentary Amendments – 2012 to 2020



Equipment installed between 2018 and 2020, with a value of approximately R\$ 7.7 million:

Equipment installed between 2018 and 2020, worth approximately R\$ 7.7 million

Item	Qty	Value
Videolaparoscopy system	7	R\$ 1,903,228.85
Medical hospital material	6	R\$ 815,146.63
Multi-parameter ICU monitors	11	R\$ 773,850.00
Hospital beds	30	R\$ 562,299.90
Radiotherapy planning system	2	R\$ 500,000.00
Thermodisinfecant machines	2	R\$ 476,200.00
Complete video-surgery system	1	R\$ 455,000.00
Diagnostic monitors	9	R\$ 356,400.00
Computers	95	R\$ 311,000.00
Ultrasound machine	2	R\$ 253,000.00
Monitoring center	1	R\$ 220,000.00
Flexible endoscope	3	R\$ 193,000.00
Tissue processor	1	R\$ 190,000.00
Transport monitor	6	R\$ 150,000.00
Trachea dryer	2	R\$ 100,000.00
Rigid endoscope	6	R\$ 96,159.31
Reverse osmosis system	2	R\$ 96,000.00
Hemodialysis machine	2	R\$ 90,000.00
Multi-parameter transport monitors	2	R\$ 54,000.00
Ultrasonic washing machine	1	R\$ 50,000.00
Air conditioning split	4	R\$ 36,053.56
Bath chair	18	R\$ 18,000.00
Digital pressure apparatus	48	R\$ 9,600.00
Bar code scanner	15	R\$ 6,000.00
Televisions	3	R\$ 5,400.00
Otoscope	1	R\$ 1,180.00



- Investments with extra budget resources

In addition to resources related to PRONON projects (presented in other chapters), donations and parliamentary amendments, approximately R\$ 8.9 million were employed on several fronts and strategic activities of ICESP. All these resources are reverted to the activities of teaching, research and assistance or to the restructuring and updating of the Institute.

Between 2018 and 2020, the main investments made through extra-budget resources were:

- 2nd PHASE OF REPLACEMENT OF COPPER WATER PIPING BY PPR;
- ADEQUATION OF PEDESTRIAN ACCESS AND VEHICLES OF THE GROUND FLOOR ICESP;
- MONITORING CENTER AND ICU MONITORS;
- ORACLE ENTERPRISE EDITION LICENSE;
- VOICE AND DATA SYSTEM WITH UPDATE OF ICESP NETWORK PARK: Renovation of the entire ICESP network and WiFi equipment park the same were over 10 years old and were technologically out of date;
- REPLACEMENT OF COMPUTERS, SWITCHES AND SERVERS;
- DIAMOND RADIOTHERAPY SOFTWARE (Osasco and ICESP);
- NO-BREAKS FOR MAGNETIC RESONANCE;
- ECHOCARDIOGRAPHY;
- PNEUMATIC MAIL: Finalizing and operationalizing the system;
- SERVERS FOR ORACLE AND TASY ENVIRONMENT - DATABASE: Server purchased

at the beginning of the year to replace the current production of the TASY ERP System Database;

- SWITCH - ODA, DATAGUARD, SQL, VIRTUALIZATION: Replacement of equipment to improve connectivity between servers, with the goal of having higher communication speed from 1GB to 10GB;
- SERVERS TO DEPLOY THE JAVA TASY PLATFORM: Server for the new TASY web access platform, being the same responsible for supporting applications;
- ORACLE WEBLOGIC STANDARD LICENSE + INSTALLATION - TASY JAVA: Software for the new TASY web-based access platform, the same being responsible for providing and allowing access to TASY WEB (HTML5).
- STORAGE: Acquisition of Storage Compellent for renewal of the depreciated environment to serve administrative services and non-TASY systems;
- SERVERS AND STORAGE CONFIGURATION: Acquisition to meet the virtualized environment (Hyper-V) to improve the current park renewal environment;
- BACKUP UNIT: Replacement of the backup unit, because it no longer has the manufacturer's guarantee, for tape backups of the entire ICESP data environment.
- LEAN SIX SIGMA METHODOLOGY: Training of employees;
- CLINICS MAGAZINE: Publication of 41 scientific articles;
- Among others.







08

ETHICAL, TRANSPARENT, RESPONSIBLE AND PARTICIPATORY MANAGEMENT

The entire performance of ICESP, over the last 10 years, offering humanized multiprofessional oncology care to patients in the public health network, quality and efficiency in the services provided, is only possible thanks to a robust and competent management structure, which has a professional team qualified and dedicated.





Governance

Councils, Committees and Commissions

(GRI 102-18)

ICESP governance is structured in three councils: Deliberative, Director and Advisory:

- **Deliberative Council:** responsible for the strategic decisions of the entire HCFMUSP complex, the Deliberative Council is composed of full professors of the Medical School of the University of Sao Paulo (FMUSP);
- **Directors' Council:** Under the chairmanship of Prof. Dr. Ivan Ceconello, since 2018, the Directors' Council has monthly periodicity and is responsible for examining, proposing and deciding on issues related to assistance, teaching and research conducted at the Institute, in addition to fostering

integration between ICESP and the Institutes that make up the HCFMUSP system;

- **Advisory Council:** composed of professionals outside the ICESP, from several market segments, the Advisory Council seeks to establish an interface between the institution and society, helping to disseminate and support ICESP proposals and actions outside the limits of the institution.

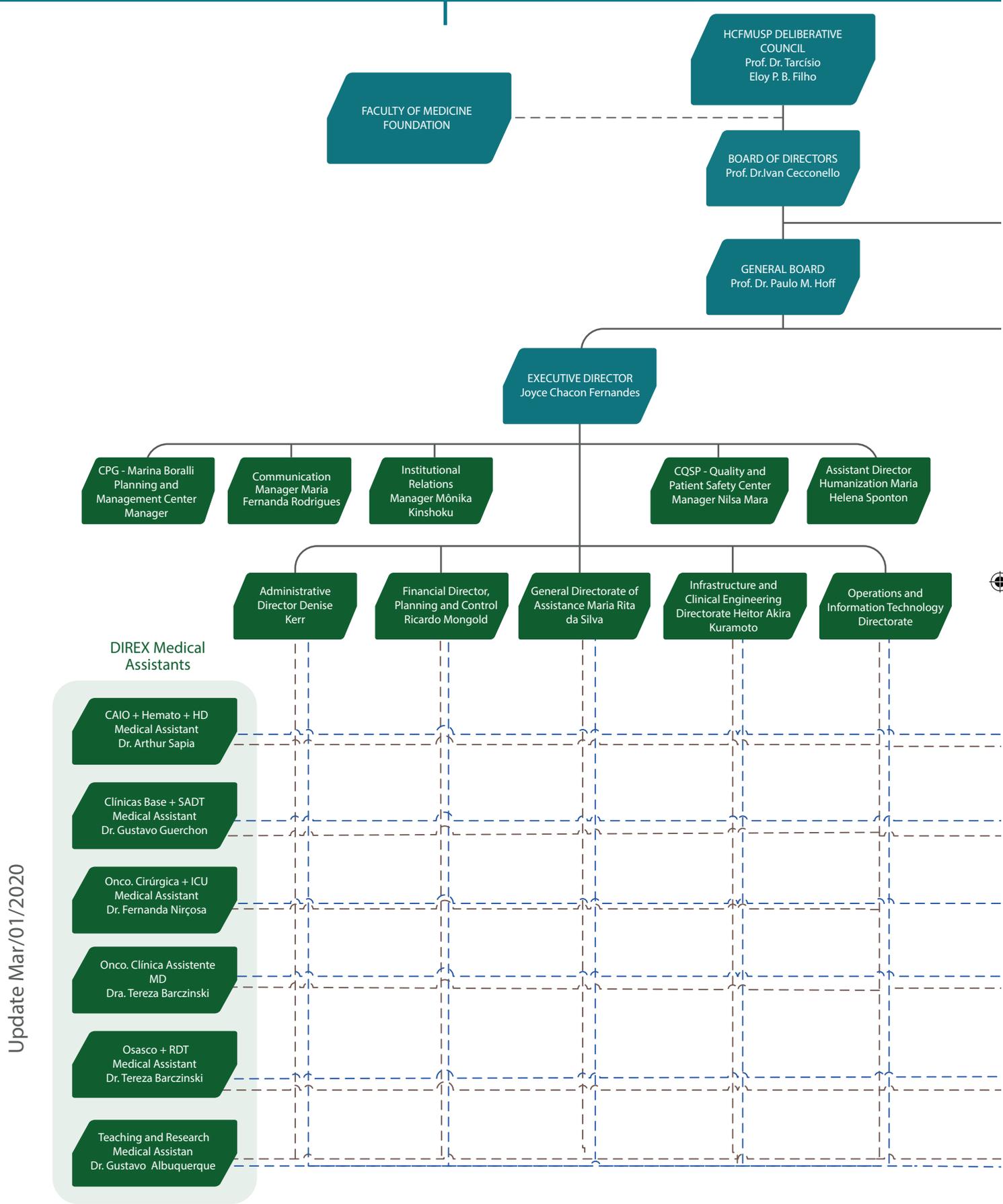
Below the Councils, the Executive Board and the Clinical Body Board provide the specific guidelines and follow the implementation of the activities in their respective areas of activity.



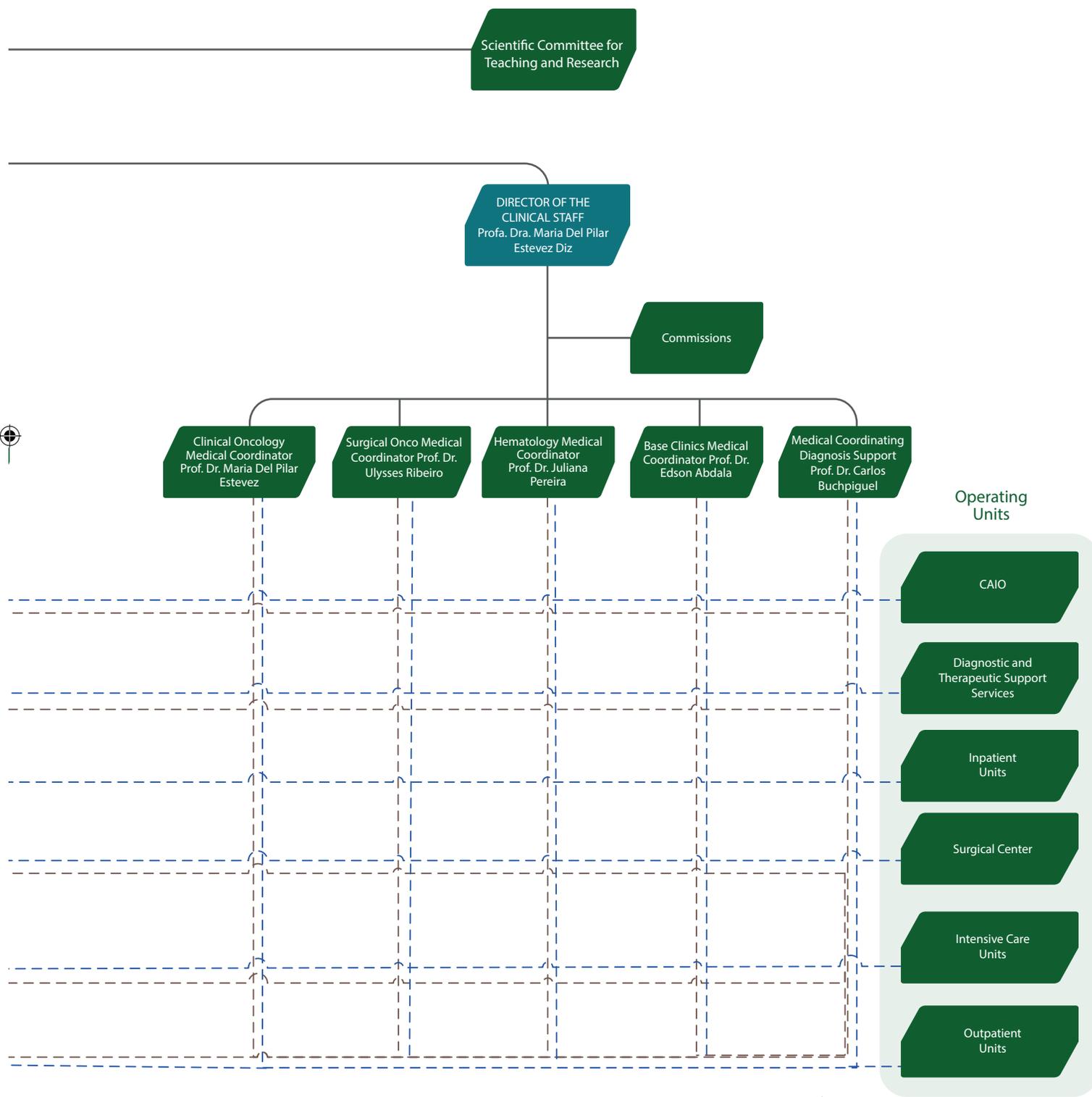


INAUGURATION OF THE WORK ON THE GROUND FLOOR





Update Mar/01/2020



Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment





In weekly meetings, the ICESP leadership, which refers to the Executive Board, is responsible for discussing performance analysis, assistance operation, leadership, strategic planning, projects and general decisions.

In addition to the leadership bodies, several Committees and Commissions aggregate the various thematic forums existing in ICESP to manage the respective themes, namely:

- **Sustainability Committee:** Formed by a multi-professional team, the Sustainability Committee is responsible for managing the different issues and themes related to the sustainability of the ICESP operation.
- Scientific Commission for Teaching and Research (SCTR): the Scientific Commission for Teaching and Research (SCTR) is a deliberative commission, linked to the Directors' Council (ConDir), composed of three professors from the Medical School of USP and two employees non-teachers from ICESP indicated by ConDir, representing several areas of the institute. This forum acts in the regulation and governance of the Institute's teaching and research actions and analyzes, on average, 200 proposals for research projects per year from a scientific point of view and technical feasibility, Since the ICESP has registered about 1.9 thousand research proposals since the beginning of its activities. The SCTR is supported by two boards:
 - (I) Advisory Research Board: Its objective is to advise the SCTR by means of technical opinions on research proposals, composed of professionals who are part of the following areas:
 - Clinical body
 - Research Core / TRO – Regulatory
 - Assistance - Nursing / Multi-professional
 - Administration – Pharmacy, Purchases, materials
 - Infrastructure and Engineering
 - Financial – Costs
- (ii) Advisory Board of Teaching: Its objective is to advise the SCTR in the evaluation of proposals for graduate activities, post-graduation *lato sensu* and *estricto sensu*, through technical opinions, as well as in the evaluation of editorial proposals of the institution. It also aims to assist the SCTR in the eventual analysis of questions related to the didactic-pedagogical activities of the Institute, in the promotion of complementary qualification activities relevant to teaching and in the stimulation of interdisciplinarity and interinstitutional participation in teaching activities.
- **Ethics Committee of Nursing:** professional ethics is a reflective body that should be applied with responsibility and safety about knowledge and doing it in professional practice. As recommended by the Federal Nursing Council (COFEN - Conselho Federal de Enfermagem), the Ethics Committee of Nursing (CEE - Comissão de Ética de Enfermagem) has an important role for professional exercise committed to ethical and legal precepts and for safe and damage-free assistance. The CEE has educational, advisory, conciliatory, orientation and surveillance functions of the professional disciplinary ethical exercise of the members of the ICESP Nursing Team. Therefore, it also contributes to excellence in quality of care. In the period from 2018 to 2020, none of the notified cases required referral to the Regional Nursing Council, all of which were resolved in the face of educational and guidance measures.



Several other Commissions have been structured to monitor specific issues relevant to the Institute's activities, including:

- Patient Information Analysis Committee (CAIP) and Subcommittee on Evaluation of medical records and deaths
- Hospital infection Control Commission (CCIH)
- Commission on Pharmacology
- Transfusion Commission (CONTRANS)
- Multiprofessional Nutritional Therapy Team (EMTN)

- Committee on Technological Health Assessment (CATS)
- Evaluation and Medical Practices Committee
- Committee on Robotics Surgery

In addition to the Commissions, some Forums provide guidelines and alignments within specific sectors or between different sectors, or aim to ensure an interface of excellence between the Institutes of HCFMUSP or between leadership and employees. Among them, the following stand out:

Forum	Periodicity	Objective
Strategic Planning	Annual	Align actions that must be followed to achieve the results and recognition desired by the Institute.
Strategic objectives	Bimonthly	Align actions that adequately utilize resources, aiming at reducing failures and making greater use of the opportunities identified for the institution.
DIREX indicator panel	Weekly	Align administrative guidelines with the Institute's high leadership.
Surgical board	Monthly	Administrative alignment and interface between surgical specialties.
SADT Board	Monthly	Administrative alignment related to Diagnostic and Therapeutic Support Services.
Internal Ombudsman	Weekly	Establish verification, request for measures and alignment with the areas for control, avoiding recurrence.
Administrative Clinical Oncology	Weekly	General administrative interface, general information.
Clinical Oncology Managers	Monthly	Administrative interface with team managers
Basic clinics	Monthly	Alignment of component areas.
Management and scientific of EMTN	Monthly	Discussion of several related issues.
Hematology I	Monthly	Administrative alignment.
Hematology II.	Weekly	Supervision of hospitalized cases, aiming at optimization of the infirmary.

Forum	Periodicity	Objective
Disaster plan	Monthly	Elaboration and follow-up of the disaster plan for HCFMUSP.
Leading the Being and the Doing	Monthly	Administrative interface with the leadership of the Institute.
Integration with the Board	Bimonthly	Presentation of the boards and macro areas to the new employees.
Reflective Coffee	Bimonthly	Integration of employees and stimulation of the development of the institutional culture, focusing on the organizational relationship.
Talking Rounds with the Director	Quarterly	Providing employees with an open and direct communication tool with directors, contributing to improvements in the corporate environment.
Cultivating Progress	Annual	Keep employees connected in mission and institutional strategies, as well as integrate professionals into participatory management.
Critical Review – Executive Directors [RAC]	Bimonthly	Establishment of an interface between the Institutes, aggregating and assisting in the operational excellence of the HCFMUSP complex.
Briefing ICESP	Bimonthly	Administrative interface between the Institute and the HCFMUSP Planning and Management Core.
Expanded Leadership	Monthly	Alignment of specific administrative themes between the Institutes of the HCFMUSP complex.
Workshop Brightness in the Eyes HCFMUSP	Annual	Alignment for the achievement of total patient satisfaction and optimization of the Institute's resources.



Ethics and Compliance

(GRI 102-16)

• Corporate structure of Compliance (HCFMUSP)

In 2018, HCFMUSP was the first public hospital in Brazil to create a Compliance Board, aiming to ensure the care, teaching and research services adequate to all applicable legal and ethical standards, maintaining their quality and humanization, without losing sight of the precepts of bioethics and public administration.

The Compliance program seeks to strengthen and develop integrity, transparency, respect for laws and norms among the professionals of the institution, guiding the conduct of professionals who work throughout the HCFMUSP complex, with the main focus being to minimize the risks arising from potential conflicts of interest. It also works in conjunction with the other sectors of the institution, promoting and assisting innovation and the improvement of regulatory, compliance and control instruments. In addition to the Compliance Board, the structure of the integrity program included the partnerships of a committee set up for this purpose, as well as the legal core and press advisory

of HC, employees, external members and institutional councils.

In this context, a Compliance Booklet was also launched in 2018, seeking to guide the actions and professional conduct of the approximately 22 thousand employees of the Clinical Complex.

• Compliance Committee

The ICESP has a Compliance Committee, linked to the Executive Board, which has the role of advising the Boards on compliance issues with current standards (including, among others, the Compliance Booklet HCFMUSP and the Ethics Conduct Compliance Review ICESP), Always in alignment with HCFMUSP's Compliance Board guidelines. The Committee also has the responsibility to manage the ICESP Integrity Program, considering the provisions of Law No. 12.846 of August 1, 2013 (Anti-Corruption Act) and Decree No. 8.420 of March 18, 2015.

Since 2013, all employees admitted to ICESP have received and signed the Ethics Conduct Manual, and the topic is covered in employee integration training.

Percentage of employees who have received guidance on ethics and the fight against corruption (GRI 102-16)

	2017	2018	2019	2020
Term of acknowledgment and receipt of the "Code of Ethical Conduct"	100%	100%	100%	100%



Internal and external Ombudsman

The Internal Ombudsman is a channel of communication between employees and the institution. Created in 2017, it has been consolidated each year. In 2018, 477 demonstrations were recorded, in 2019, 537 demonstrations and, in 2020, 532 demonstrations.

Among the demonstration categories, the “complaints” index has been the most common, followed by “notifications”. On average, from 55% to 60% of the demonstrations are identified, while the rest is anonymous, which reinforces the confidence and importance of this channel as a reliable tool of information and communication for employees.

The demonstrations reported as “Denunciations” are initially analyzed to identify whether the

reported content is classified as a “Denunciation” or as a “Complaint.” Of these, the vast majority of the reports are “complaints,” and are not classified as “denunciation,” (imputation of crime or demeritory action revealed to the competent authority). When the report is in fact classified as a “Denunciation,” it is treated as an administrative, preliminary verification, or Union process.

Demonstrations are recorded using a form available on the desktop of computers. This completed form is received via a Board management email. All demonstrations are recorded in a spreadsheet and treated in a confidential manner, with those responsible for the cases in question.

ADVISORY OMBUDSMAN

Você conhece nossa Ouvidoria ?

O ouvidor recebe e analisa elogios, sugestões e críticas dos usuários. Ele encaminha as informações aos setores competentes, propondo sugestões, cobrando soluções e acompanhando as medidas adotadas em cada caso. Além disso, mantém o manifestante informado dos procedimentos efetuados e das respostas recebidas.

A Ouvidoria representa a voz do usuário em uma instituição, zelando pelos direitos básicos capazes de redirecionar os rumos estratégicos e definitivos.

Telefone: (11) 3893.2030 / 2063 / 2048

Atendimento: de 2ª a 6ª, das 7 às 18 horas, exceto feriados.

Site: www.icesp.org.br/Institucional/Fale-com-o-Icesp/Ouvidoria

Solicite a cartilha de Direitos e Deveres dos Usuários da Saúde na Ouvidoria ou faça o download no site do Instituto (www.icesp.org.br).



Demonstrations received by the Internal Ombudsman

	2018	2019	2020
Total	477	537	532
Complaints	346	367	300
Requests	13	10	30
Denunciations	4	7	7
General information	7	3	9
Suggestions	20	24	32
Compliments	25	30	21
Notifications	62	96	133

The External Ombudsman has been in existence for a longer time and is directed to users of ICESP services, with the aim of bringing patients, caretakers and other users closer to the institution.

In 2018, the Ombudsman sector received a total of 4,974 demonstrations in 2019, 5,278 demonstrations and 8,312 demonstrations in 2020 (67% increase compared to 2018). The significant increase in demonstrations in 2020 is related to the Covid-19 pandemic, where the “general information”-related consultations rate went from 1,381 demonstrations in 2019 to 5,525 demonstrations in 2020 (400% increase compared to the previous year).

This increase strengthens the Ombudsman's credibility in the eyes of patients and caretakers who increasingly seek the channel to make requests, receive guidance, as well as make criticism, compliment and suggestions.

In 2020, the Ombudsman sector responded on average, 91% of the demonstrations received, meeting the 85% target recommended by the

Health Department (SES-SP). In accordance with Decree No 60.399 of April 29, 2014, which has the maximum response time to the user of 20 calendar days, the Ombudsman sector responded, on average, 90% of the demonstrations within 20 days.

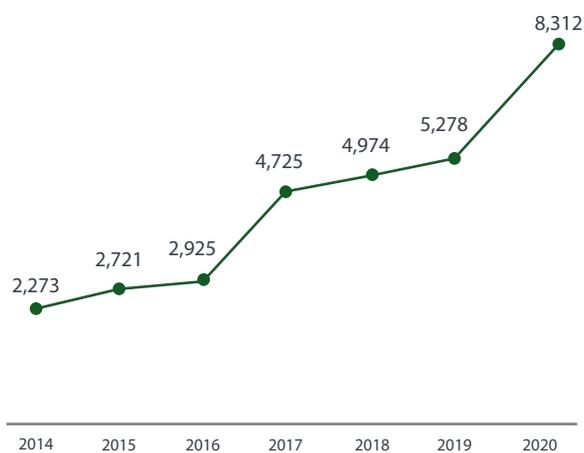
Just as in the Internal Ombudsman, the vast majority of the demonstrations reported as “Denunciations” in the External Ombudsman (99.9%) are “Complaints,” not classified as a “Denunciation” (imputation of crime or demerit action revealed to the competent authority), referring to complaints about care, the infrastructure, the front desk service, the schedule, among others. When the report is in fact classified as a “Denunciation,” it is cleared and forwarded to the Executive Board for appropriate treatment in internal Union. In the last three years, no denunciations have been recorded regarding discrimination, moral or sexual harassment of patients and caretakers in the external Ombudsman channel.

The demonstrations received through the Ombudsman channel are recorded in the Tasy system, which automatically generates a Bulletin

Number, where it is possible to track the treatment performed in each record, through monthly generated reports and processes recorded and archived in the “book” of follow-up of the findings.

Demonstrations received by the External Ombudsman

	2018	2019	2020
Total	4,974	5,278	8,312
Complaints	1,096	1,113	1,103
Requests	878	1,248	649
Denunciations	1	0	2
General information	1,364	1,381	5,525
Suggestions	49	55	11
Compliments	1,586	1,481	1,022





Suppliers' Management

(GRI 102-9)

ICESP's supply chain involves the areas of Logistics, Contracts and Purchasing, Pharmacy and Standardization. The attraction of new suppliers happens, in the vast majority, through an electronic quotation platform, specialized in hospital follow-up. This platform reaches suppliers throughout the national territory, and more than 12,000 suppliers can view the quotations provided by ICESP. In the case of new suppliers presenting advantageous proposals by the platform, all the documentary verification of the company is carried out and, if necessary, it is forwarded to the area responsible for the technical evaluation. In this flow, new brands and alternative products are offered that follow for the areas of standardization for validation. If the product is approved, your data is entered into the hospital information system for future acquisitions. The procurement planning of goods and products occurs continuously and automated, through a system where information such as: Minimum stock, average consumption, pending entries and automatic replenishment rules are registered.

The Materials Standardization sector and the Technical-Scientific Pharmacy are reference centers for the approval of materials, medicines, techno-surveillance and pharmacovigilance. They aim to carry out the evaluation and standardization of medical-hospital materials, drugs and enteral and parenteral nutrition based on scientific evidence. Its activities are directed toward optimization in the use of material, medications and nutrition, in the analysis of product composition and in the qualification of suppliers through technical visits, thus promoting the proper and optimized use of these products. They also have as their purpose the evaluation and notification of possible quality deviations and adverse reactions to the relevant authorities, in conjunction with the risk sector.

One of the tools that ensures quality throughout the supply chain is the management of contracts shared between the supply industry and the user and the final officer of the contract. The Contract Committee, supported by the high leadership of ICESP, consists of members of all the boards and aims to standardize the actions that will be developed with the aim of improving and ensuring that the services and products contracted by ICESP meet the need of the Institute. In addition, the Commission monitors and follows the performance of suppliers as part of continuous quality and improvement processes.

In this supplier performance assessment process, the contract manager classifies, monthly, suppliers that are under active and running contract (except Facilities), according to the following criteria:

The process of evaluating contracts, today performed by electronic tool, seeks to standardize the criteria in the follow-up by the managers of the delivery compliance of the services and contracted products. The evaluated criteria are: % of delivery compliance against the contract-specific contracted Service Level Indicator (SLA), accompanied by a record of performance in that month, and assessment (in punctuation) of the quality of the services performed and/or products delivered. Evaluations with a rating of less than 4 should be accompanied by improvement plans with suppliers. The shared information allows us to expand the discussions of continuous improvement and good practices in the ICESP's relationship with its suppliers, held within the framework of the Contract Committee, as well as to subsidize high leadership in the decision-making process on the maintenance, renewal or cancellation of instruments.



In recent years, the average supplier evaluation note has been around 4.2 (on a scale of 1 to 5), this reveals the involvement and engagement of

suppliers to meet the technical and managerial requirements required by ICESP for all actors in their supply chain.

	2017	2018	2019	2020
Average evaluation score of suppliers	4.1	4.1	4.2	4.2
Number of active contracts in the period	269	277	319	333
1- Worst	0%	0%	0%	0%
2- Bad	2%	0%	0%	0%
3- Regular	5%	0%	0%	2%
4- Good	74%	76%	74%	78%
5- Great	19%	18%	23%	20%

STRATEGIC PLANNING WORKSHOP 2019



Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up



Strategic Planning

In 2016, ICESP carried out an extensive participatory process for the construction of its strategic planning 2016 to 2018. Using as a reference the methodology called Balanced Scorecard, a Strategic Map was developed, composed of 12 objectives in four dimensions: Financial/Economic, Client/Society, Internal Processes and People.

The implementation of the objectives was led by appointed sponsors and followed two months by the Executive Board and Planning and Management Team.

As a result, 140 strategic actions were developed by the respective working groups throughout the cycle. The contribution of the first Lean Six Sigma cycle in 2018 is highlighted, with the implementation of thirty projects aligned with the objectives of the institution.

In 2019, a new planning cycle was started. Based on previous experience, the process was carried out without the participation of external consultancy and included a robust preparation stage, which included internal and external environment analysis, composed of face-to-face interviews, conducted by the executive director and planning and management and communication team.

In the analysis of the internal environment, the professors who hold the Directors' Council of ICESP and the authorities of FMUSP, HCFMUSP and FFM were interviewed. In the external environment analysis, the following were interviewed:

- Secretary of Health of the State of Sao Paulo: Secretary Dr. José Henrique Germann
- Secretary of Communication of the State of Sao Paulo: Secretary Cléber Mata
- President of FAPESP: Prof. Dr. Marco Antonio Zago

- NIT Coordinator - HCFMUSP/

Vice-President of the Board of Directors - Instituto Coalition Health: Prof. Dr. Giovanni Guido Cerri

- Co-President Natura/ Member of the Council and President of FAPESP Superior Council: Dr. Pedro Passos

- Chairman of the Board of Directors of the José Luiz Egydio Setubal Foundation: Dr. José Luiz Egydio Setubal

- Medical Patient experience Manager at Syrian Lebanese Hospital: Dr. Marcelo Alvarenga

- ICESP Patient: Fernanda de Mello Teixeira

In the process, online interviews were also conducted with representatives from all areas of the Institute, in addition to reviewing the business model with the executive leadership group. With the support of the Executive Committee, still at this stage, the strategic perspective 2019/2022 was composed, consisting of: "To be recognized as a national and international leader in qualified assistance, excellence education, integrated research, innovation and sustainable management in oncology."

All this material served as a subsidy for the Planning Workshop 2019/2022. During two days of meeting, which brought together medical, assistance and administrative leaders of the Institute, in an important integration between the areas, activities were carried out for the discussion and definition of the new Strategic objectives, with the purpose of composing the Strategic Map for the period.

At the end of the event, the groups formed by leaders from different areas of the ICESP defined the strategic objectives for the cycle, namely:



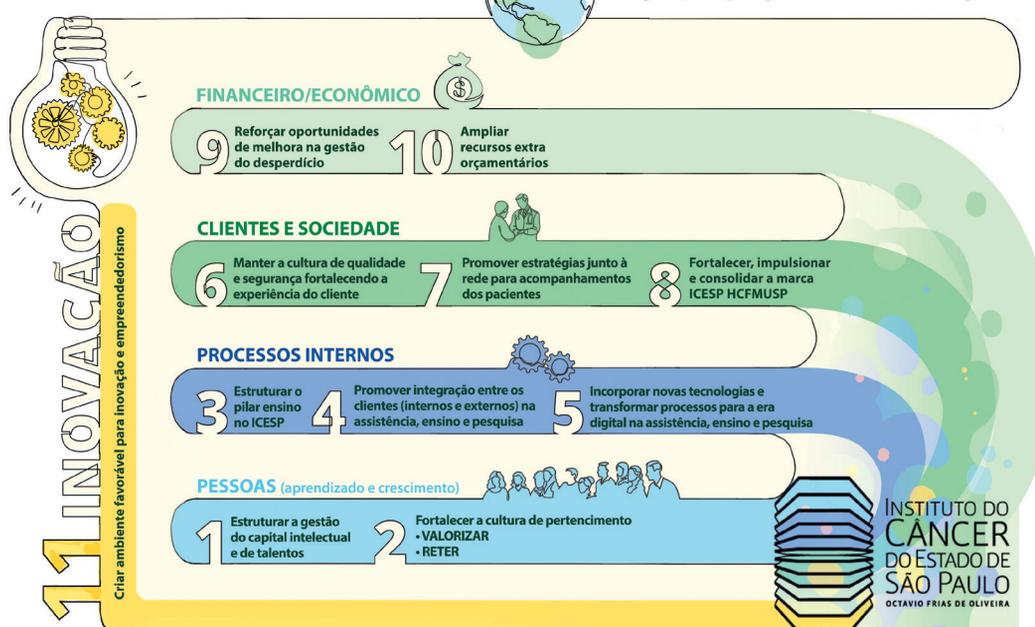
1. To structure the management of intellectual capital and talent;
 2. Strengthening the culture of belonging: Valuing and retaining;
 3. To structure the teaching pillar at ICESP;
 4. To promote integration among clients (internal and external) in assistance, education and research;
 5. To incorporate new technologies and transform processes for the digital age into assistance, teaching and research;
 6. To maintain the culture of quality and safety by strengthening the customer experience;
 7. To promote strategies to the network for patient follow-up;
 8. To strengthen, boost and consolidate the ICESP HCFMUSP brand;
 9. To strengthen opportunities for improvement in waste management;
 10. To extend extra budget resources;
 11. To create a favorable environment for innovation and entrepreneurship.
- The strategic map, this time, brought a new thing: Innovation. This dimension was included with the objective of creating a favorable environment for innovation and enterprise. Innovation permeates the Institute in various ways, both in its structures and in virtual environments.
- Each objective of the map has: A reference person, who is a manager; a facilitator, usually a doctor or researcher and also a consultant, for any doubts.
- In the deployment phase, specific projects were performed between the teams and the Executive Board, which are under the management of this reference, and which will help to meet the objectives set out in the map by 2022.

STRATEGIC PLANNING MAP

PERSPECTIVA ESTRATÉGICA 2022



Ser reconhecido um líder nacional e internacional em assistência qualificada, ensino de excelência, pesquisa integrada, inovação e gestão sustentável em oncologia.



Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up



Financial Management

The financial planning at ICESP is developed through programming of the entire strategic and operational plan, i.e. how the productive, support or administrative units should work to ensure the achievement of the objectives and plans elaborated.

This mapping is used for guidance, coordination and control of the activities carried out, and is constantly revisited for evaluation and review, if necessary.

The years 2018 and 2019 were challenging for the use of these tools, and the current ICESP Management Agreement, in effect until January 2022, provided for the transfer of R\$ 502 million to the cost of the Institute in 2018, however, as of July, there has been a drastic reduction in monthly transfers, reducing by approximately 6.8% the overall amount expected for the exercise. From this moment on, the whole Institute worked intensively to identify actions that could be undertaken to minimize the situation and a great effort was made to mitigate impacts in the care and care area of the patient. Thus, the results of 2018 and 2019 are reflections of these actions to recompose the economic balance of the Institute.

For the year 2019, the management contract provided for the transfer of R\$ 522 million to the cost of the Institute, and during the course

of this year there were no restrictions on the receipt of the transfers. In this context, and with a supplementation performed in August 2019 of R\$ 10.9 million, it was possible to partially recompose the installed capacity and the supply of oncology visits.

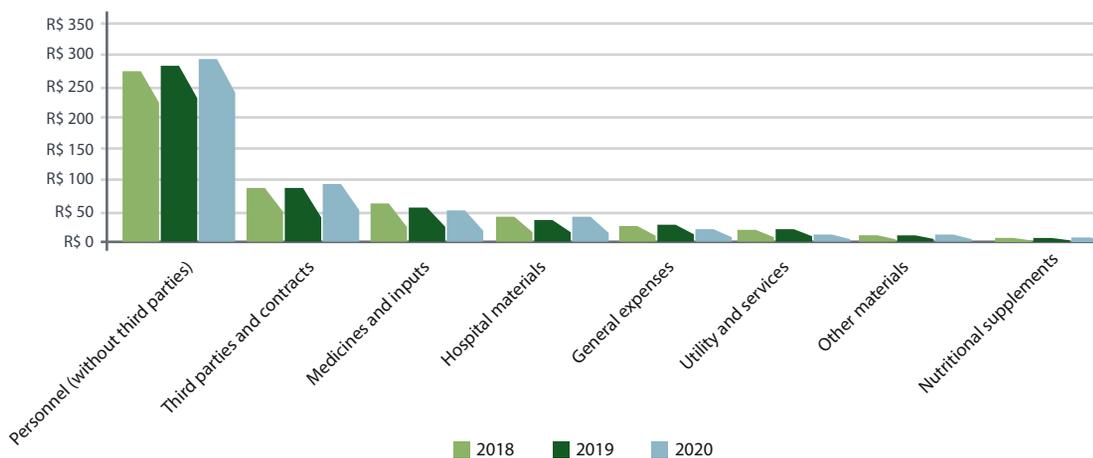
In 2020, the management contract provided for the transfer of R\$ 542 million to the cost of the Institute. Despite the 3.83% update in relation to the nominal value of 2019, historically and, when they occur, monetary corrections are lower than the official inflation (IPCA-IBGE 2019: 4.31%) and labor indexes (general bargain agreements 2019: 5.08%).

The monetary update only promotes the preservation of value and productivity, unstructured variations such as resource cuts and contingencies put at even greater risk the ability to maintain quality and service delivery. Without a continuous and growing flow that accompanies the industry's economy, there will be significant economic losses. Considering the base date for the financial year 2014, the monetary deficit of 2020 is approximately 15%.

The following table shows the proportionality of the total cost of ICESP in the period from January to December, including Unit Dr. Arnaldo, Ambulatory Pharmacy, Osasco Unit, ASCC and HCFMUSP contracts:

TYPE OF SPENDITURE	2018	2019	2020
Personnel (without third parties)	54%	57%	56%
Third parties and contracts	18%	18%	18%
Medicines and inputs	13%	12%	11%
Hospital materials	7%	6%	8%
General expenses	3%	3%	3%
Utility and services	2%	2%	2%
Other materials	1%	2%	2%
Nutritional supplements	1%	1%	1%
Total in R\$	100%	100%	100%

Distribution of costs by budget group, 2018 - 2020 (R\$ million)



Considering the last three years of operations, about half of the cost (55.7%) was earmarked for personnel expenses, followed by third parties and contracts (17.9%), medicines and inputs (11.9%) and hospital materials (7.0%).

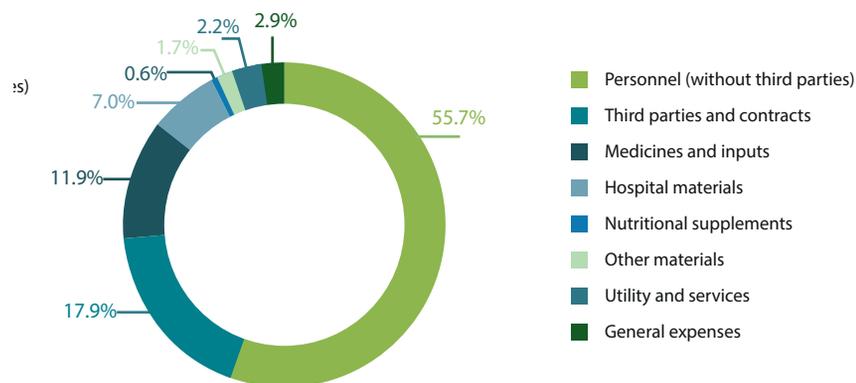
It is worth noting that, between 2017 and 2018, despite the reflection of readjustments of collective bargain agreements and accumulated inflation, the cost was reduced by 1.4%, due to various actions and operational adjustments. Between

2018 and 2019, the variation was only 0.9%, lower than the official inflation and bargain agreements indexes.

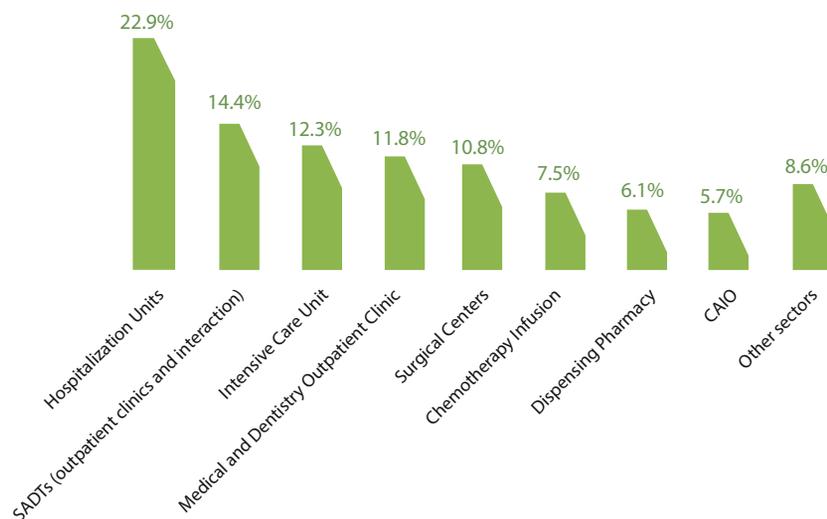
In 2020, there was a significant increase in the figures for the contracting of third parties and contracts. This increase is due to contractual readjustments (especially contracts based on collective agreements of categories), increase in the number of maintenance (infrastructure and equipment) and contractual additives to deal with the pandemic Covid-19.

Costing distribution from 2018 to 2020

Cash regime per budget group



Ranking (%) Business units in relation to the total cost of ICESP - 2020



The representativeness of the Business units in the total cost of ICESP maintained, in 2020, the trend of the last few years, with the largest portion of the costs being due to the hospitalization units (22.9% of the total cost), followed by the Diagnostic and therapeutic Support Services (SADT), both outpatient and hospitalization (14.4%). The Intensive Care Unit came in sequence, representing 12.3% of the total cost, followed by the medical and dental outpatient clinics

(11.8%). Finally, the surgical Centers (10.8%). The great change was in relation to the CAIO, which, due to the pandemic and the reduction in the number of visits, suffered a drop in its production, representing only 5.7% of the total cost, being behind the Chemotherapy infusion (7.5%) and the outpatient Pharmacy (6.1%). The other sectors, in addition, complete the INSTITUTION'S cost structure, and together represent 8.6% of the total cost.



COVID-19

In 2020, we also face a new reality imposed by the COVID-19 pandemic, where extensive measures were needed to ensure quality and safety in the hospital environment.

Several strategic measures were adopted at the beginning of the pandemic, such as:

- Reinforcement of the cleaning service, mainly in common areas, with a large volume of employees, patients and caretakers;
- Reinforcement in distance care, Project Hello Nurse: Solution of IVR (contact center);
- Structural adjustments, signaling, actions to improve the safety of employees, patients and visitors (alcohol gel).

Between April and December/2020, the direct impact of prices on materials and/or services at the Institute, directly related to the pandemic, was approximately R\$ 6 million.

The increase in demand for Personal Protection Equipment (PPE) has led to scarcity and an exponential increase in market prices.

Compared to January 2020, and concentrated mainly on aprons, gloves and disposable masks, average unit prices showed an increase of up to 500%.

In view of this scenario, among other actions, in July/2020, tissue aprons were acquired in order to minimize the impact generated by the high prices of disposable aprons.



Masks



Gloves



Aprons





Donations Covid-19

Despite the challenges imposed by the COVID-19 pandemic on the institution, there have been several actions of solidarity and donation received from the most diverse sources. Thus, since the beginning of the pandemic and throughout 2020, ICESP has received and passed on to patients, employees or other institutes of the HCFMUSP complex thousands of items and values donated by companies and individuals, aiming to contribute to the actions to fighting the virus.

In the case of financial donations, to optimize and consolidate the donation process, the ViralCure platform, the official fund raising portal for HCFMUSP, was used, or donors could make the donation directly to ICESP itself. Among the main donations, the following are highlighted:

- D'Or Network: Donation of R\$ 1 million for the adoption of one wing of the Central Institute of HCFMUSP, in order to collaborate with the operationalization of 56 beds coordinated by ICESP (46 of the infirmary and 10 of ICU) And donation of 10 masks of type N95, totaling R\$25 thousand;
- Bradesco Health: Donation of R\$ 1 million to open new infirmary and ICU beds coordinated by ICESP;
- Humanization: 58 tablets and 7 cell phones intended for Institute projects, such as distance visits, plus 1.2 thousand reusable masks and 2.5 thousand disposable masks;
- Coteminas: Donation of PPE, being about 100 thousand masks and 30 thousand disposable aprons;
- Alliance: Donation of 15 thousand disposable masks;
- Eurofarma: Donation of 5,623 units of 13 medicinal products;
- Pierre Fabre: 4.3 thousand bottles of alcohol in gel;
- Crocs: Donation of 5 pairs of crocs to employees;
- Celltronics: Donation of 900 disposable masks;
- Faceshields: Donation of 2,200 faceshields per six physical persons and seven companies;
- Gel alcohol bottles;
- 200 tissues for patients;
- Mary Kay batons for patients;
- Among other donations that are punctual or centralized at the Hospital das Clínicas and directed to ICESP, from the following companies, namely: Wupfood, BMS, Baccio di Latte, Lacta, Ambev, Natura, Evandra Regina S. R. Comércio e Serviços, Dedalus, Baterias Moura, Um Coffee Co., Suplicy Cafés e Sheila Duarte Dias.

In addition, the Solidarity Group, formed by a team of doctors from ICESP and Oncology D'or, donated R\$ 9 thousand monthly during the pandemic period, to purchase 170 food stamps, distributed to some patients through volunteers from AVOHC.





DONATING CAKES/FOOD STAMPS/SHOES



DONATION OF PAIRS OF CROCS TO EMPLOYEES
DONATION OF CAKES/FOOD STAMPS/SHOES





Thank you

In order to recognize the role of ICESP employees during the coronavirus pandemic, the Institute has developed a series of actions throughout December 2020. Named “Heroes of ICESP”, the project had activities that sought to reach as many professionals as possible. One of the main ones was the display of a panel with the photos of employees in the area of access of the 1st basement floor, with the words Thank you overlaid to the images.

Coordinated by the event Committee, the project also launched an application with filters to be applied to photos. Through a link, employees were able to make photographs and decorate them with backgrounds and stickers that referred to heroes. The images were also designed, in real time, on a wall in the building access area.

The possibility has also been created for employees to send personal stories or co-workers when facing

WALL OF GRATITUDE



Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up





the pandemic. Some of them were selected and published in the Institute's internal bulletin.

To finalize the actions, the project had a video of thanks with Prof. Dr. Ivan Ceconello (Chairman of the Directors' Council), Prof. Dr. Paulo Hoff (General Director), Joyce Chacon (Executive Director) and Prof. Dr. Maria Del Pilar Estevez Diz (Clinical Body Director). In the message, the directors stressed the role of professionals who, even in a scenario full of uncertainty, maintained the excellence of care for cancer patients.



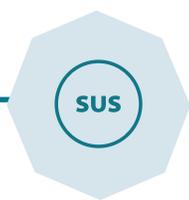
Module 6: Science helping to respond to treatment

Module 7: Infrastructure and technology of excellence

Module 8: Ethical, transparent, responsible and participatory management

Module 9: Finishing the treatment

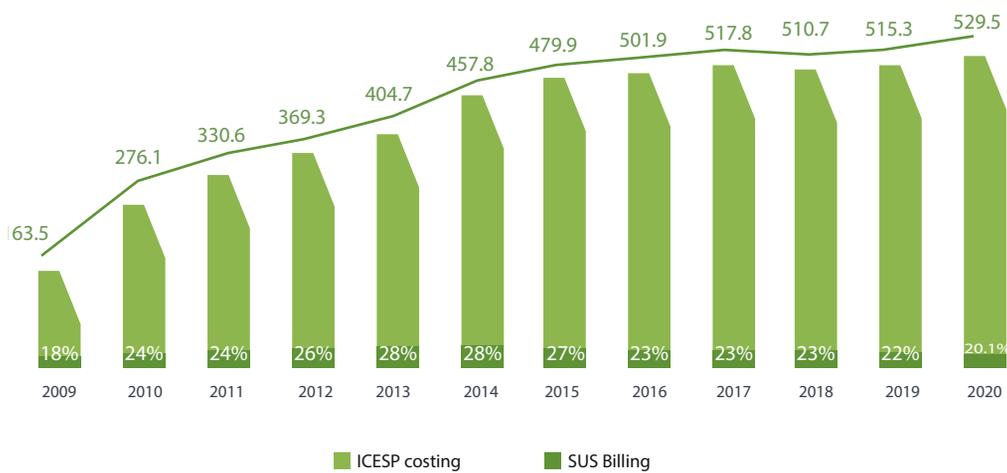




SUS Billing

The billing of the ICESP Medical-Hospital Accounts has the same characteristics and rules established by the Regional Health Department (DRS) for the delivery and routing of the productions of the entire Unified Health System (SUS), but is not related to ICESP costing revenues, that is reagreed annually through the Management Agreement. The billing figures are directly related to the Sao Paulo State Department of Health (SES-SP) and the

billing data are used for the purposes of accounting and maintenance of historical production series and SUS databases. The historical series from 2018 to 2020 of SUS billing in ICESP shows that the equivalent values represent, on average, 22% of the cost of the Institute. In 2020, with the decrease in the care volume resulting from the pandemic, there was also a reduction in SUS billing, reducing the percentage of equivalence with the cost of the Institute.



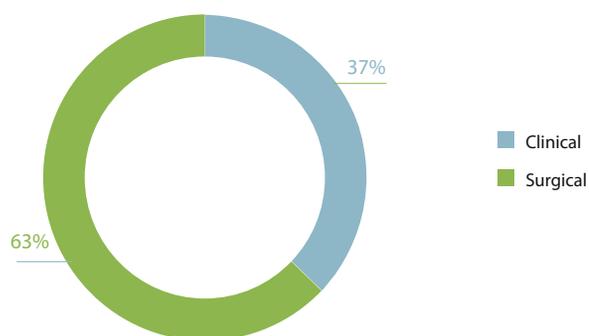
SUS Billing types:

- AIH (Authorization of Hospital Admission)
- BPA (Ambulatory Procedure Bulletin)
- APAC (Authorization of High Complexity Procedures)

In the ICESP, given the complexity and specificity of the oncology care offered, 43% of the revenues, between 2018 and 2020, refer to high complexity procedures (ACAP), 35% to hospital admissions (AIH), and 23% came from outpatient procedures (MPA). Regarding hospital admissions, in 2020, 63% of the revenues were represented by surgical specialties, while 36% by clinical specialties.

	2018	2019	2020
APAC	R\$ 49,127,628	R\$ 47,213,157	R\$ 48,823,625
BPA	R\$ 26,461,787	R\$ 25,725,316	R\$ 23,200,207
AIH	R\$ 40,787,460	R\$ 39,762,087	R\$ 34,541,689
TOTAL TURNOVER R\$	R\$ 116,376,876	R\$ 112,700,562	R\$ 106,565,522

AIH billing by specialty





Module 1:
The ICESP

Module 2:
Direction to ICESP

Module 3:
First service

Module 4:
The Treatment

Module 5:
Follow-up





Economic Balance

In view of the financial scenario presented, especially in the financial year 2018, several guidelines were established to enhance and obtain the best utilization of available resources, to identify opportunities, always with the premise of maintaining efficiency and quality in care, trademarks of the Institute. Technical efficiency reflects the ability to achieve better results and, at times of financing restriction, to maintain solid and agile actions, be it revisions of productive capacity or actions with relation and direct impact to cash flow. In this scenario, with the objective of improvements in financial management, several actions were developed by the management, among them deserve highlights the following:

- Renegotiation of payment deadlines with suppliers: R\$ 12.5 million;
- Scope review and Contract renegotiation: R\$ 5 million;
- Adequacy of care protocols: R\$ 1.2 million;
- Acquisition of inputs (mainly medicines) through HCFMUSP auctions with better unit cost: R\$ 1.3 million

It should be noted that, despite the operational restructuring, the Institute maintained its contractual commitment, meeting the assistance targets set for the financial years 2018 and 2019.



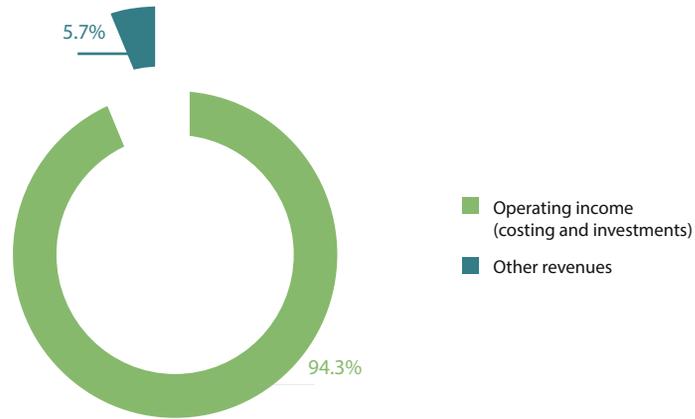
Diversification of Sources of Resources

The commitment of ICESP to its mission is not, and should not be, limited by any possibility of restriction in the budget agreed with the Government of the State. Thus, the development of scientific projects and the improvement of the care structure is strongly encouraged and the availability of these projects guarantees the immediate use of funding opportunities by partners, they identify the seriousness with which the theme is addressed in the organization and follow the results obtained with the investment made in

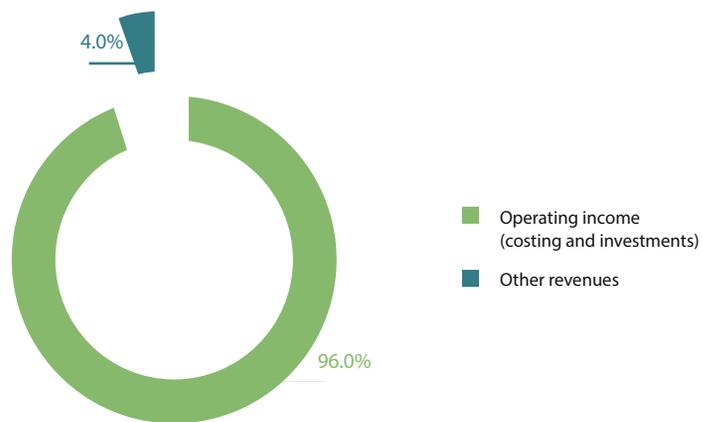
improvements to the treatment of cancer. Revenue diversification aims to capture new resources to expand integrated care, education, research and oncology management within ICESP. In this sense, the institution continuously seeks opportunities that translate and materialize this perspective, considering the limitation of public resources, the structure and the specific characteristics of ICESP. Despite the efforts, of course, the share of other revenues is still not representative in relation to the institution's total budget.



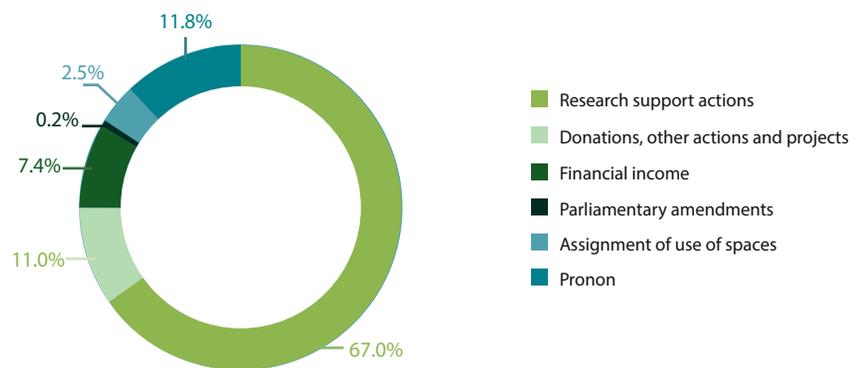
Origin of revenue (2019)



Origin of revenue (2020)



Distribution of other revenues (2020)





Between 2017 and 2019, there was an increase in the share of other revenues, from 4.1% to 5.7% of total revenues, reaching around R\$ 32 million in 2019.

In addition to the donations to infrastructure and technological modernization works of ICESP (cited in Module 7 of this Report), received from Dr. Orlando Di Giacomo Filho (in memoriam) and Sheikh Mohammed Bin Zayed Al-Nahyan, Crown Prince of Abu Dhabi, in May 2019 ICESP presented a new version of the website for donations (www.doaricesp.org.br), with better looks and more

options (deposit, bank slips and credit card) for donors to make their contributions. This action was linked to the launch of a video produced and launched by the Secretariat of Communication of the Government of Sao Paulo, which led a campaign to collect donations to ICESP. The video shows the technological structure of the Institute and also highlights the humanization in care, which is carried out entirely by the Unified Health System (SUS). By the end of December 2019, the campaign made possible the donation of approximately R\$ 80 thousand. In 2020, about R\$ 60 thousand were donated through the site.





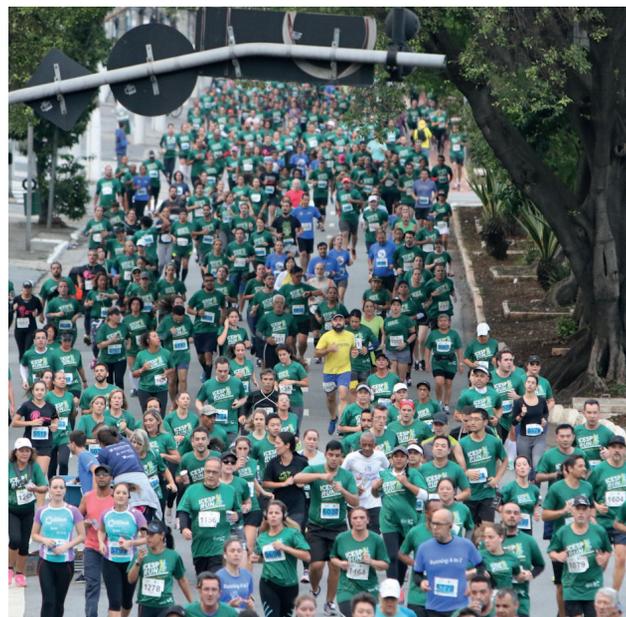
Awareness Actions Focused on Fighting Cancer

Among the main initiatives conducted by ICESP aimed at raising awareness among the population about cancer prevention and health promotion, the following actions are highlighted:

Actions conducted in 2018:

- **#TragoVerdadesDoHPV:** A digital campaign with influencers support for the dissemination of information on HPV, a virus associated with various types of cancer, especially cervical cancer + Facilive on the SES-SP page;
- **Ser Mulher:** With the hook of International Women's Day, the Institute promoted an internal event to speak of the woman's role;
- **Março Azul Marinho:** To clarify doubts about colo-rectal cancer, ICESP has promoted internal actions for patients and follow-up, as well as publications on the Social Media of the Institute;
- **ICESP Run:** Reinforcing the importance of physical activity in health promotion and cancer prevention, the ICESP promoted the 4th edition of the "ICESP Run". The event counted on 5k and 10k runs or walks in the Pacaembu complex. External activations, publications of engagement in the networks and contents of Inbound Marketing were carried out to draw the public's attention to the event, in addition to the partnership with "DIGITAL INFLUENCERS";

ICESP RUN 2018



ICESP RUN 2019





- **Julio Verde:** To clarify doubts about head and neck cancer, the ICESP promoted a Facelive in the month of awareness and fight against the disease, in partnership with the Oncoguia Institute;
- **Patient Parade “Varios Tons de Rosa”:** With the proposal to bring to light the importance of cancer prevention, in partnership with the Santa Marcelina School of Fashion, the Institute carried out its already known patient parade, inviting more than 40 “real models” to go up on a walkway within the hospital itself. The parade also won the stages of the television Globo’s “Altas Horas” program, which made an alert for breast cancer prevention;
- **Outubro Rosa:** The Institute promoted an internal event to alert women’s health care and breast cancer prevention, as well as a digital campaign to disseminate information;
- **Novembro Azul:** To warn about human health care, the ICESP carried out a Facelive in partnership with the Government of Sao Paulo.

Actions conducted in 2019:

- **#TragoVerdadesDoHPV**
- **Ser Mulher, Tantas em Uma Só:** internal event Style “Talk Show” to talk about the female protagonism and self-esteem with external guests, in celebration of International Women’s Day;

ACTION OUTUBRO ROSA ON METRO 2019



OUTUBRO ROSA NOVEMBRO AZUL PARADE - 2019





- **Março Azul Marinho**
- **ICESP Run:** Promotion of the 5th edition of “ICESP Run”;
- **Julho Verde:** ICESP promoted external activation in the Sao Bento Metro Patio in the month of awareness and fight against head and neck cancer, in partnership with CRATOD and SBCCP. In addition to the digital campaign for the dissemination of information and internal activities in the areas of the Institute;
- **Desfile de pacientes “As Nuances das Décadas na Moda”:** The 2019 edition of the patient parade contemplated the re-reading of fashion in the different decades, from 1900 to 2000;
- **Outubro Rosa:** To alert women's health care and breast cancer prevention, ICESP conducted a digital campaign to disseminate information on breast cancer prevention, as well as an external activation on the SP subway (Sé Station). In partnership with the Piccadilly company, an art exhibition was held on breast cancer prevention with stories of ICESP patients, exposed within the Institute and in malls of Sao Paulo.

BLITZ JULHO VERDE - JORNAL ESTAÇÃO

8 SAÚDE E BEM ESTAR São Paulo, terça-feira, 23 de julho de 2019 ESTAÇÃO Para anunciar ligue: (11) 2823-0800

Icesp faz ‘Blitz da Saúde’ contra cigarro no Pátio Metrô São Bento nesta quarta

Os usuários do Metrô que passarem pelo Pátio Metrô São Bento, no Centro da capital, na nesta quarta-feira (24), entre as 11h e 14h, poderão participar da “Blitz da Saúde”, ação promovida pelo Instituto do Câncer do Estado de São Paulo (ICESP), unidade ligada à Secretaria de Estado da Saúde de São Paulo e à Faculdade de Medicina da USP.

O público poderá realizar, gratuitamente, avaliação da saúde bucal, testes do grau de dependência à nicotina e exames de monoximetria, também conhecido como “bafômetro” do cigarro, que avalia o nível de monóxido de carbono no fumante, além de receber orientações gerais e encaminhamento para tratamento do tabagismo na Unidade de Saúde de referência.

A ação é uma parceria do Icesp com o Centro de Referência em Álcool, Tabaco e Outras Drogas (Cratod), unidades estaduais de saúde, com apoio do Pátio Metrô São Bento, em prol do movimento “Julho Verde”.

A campanha visa a conscientização do câncer de cabeça e pescoço, que são os tumores que se desenvolvem na boca, língua, faringe, laringe, glândulas salivares, cavidade nasal e da tireoide e que afetam diretamente as funções de fala, deglutição, respiração, paladar e olfato.

Levantamento realizado pelo Icesp aponta que 6 a cada 10 pacientes com câncer de cabeça e pescoço atendidos no Instituto já foram diagnosticados em estágio avançado da doença, o que significa chances de cura em torno de 40%, enquanto a probabilidade em tumores precoces pode chegar a 90%.

“O prognóstico dos cânceres de cabeça e pescoço varia conforme seu estadiamento. Nos casos precoces, podemos falar em cura em torno de 70 a 90%. Já nos tumores maiores, com estadiamento avançado, a sobrevivência cai para de 30 a 50%, além de elevar o custo do tratamento – os tumores precoces possuem custo de tratamento 10 vezes menor que os avançados”, afirma o Chefe do Serviço de Cirurgia de Cabeça e Pescoço do Instituto do Câncer do Estado de São Paulo, Marco Aurélio Kulcsar.

Serviço
Blitz da Saúde
Quando: quarta-feira, 24 de julho
Onde: Pátio Metrô São Bento
Endereço: Estação São Bento do Metrô – Largo São Bento, s/n
Horário: das 11h às 14h
Gratuito

Tabaco e álcool são os fatores de risco para surgimento da doença

O tabagismo e o etilismo são fatores de risco para o surgimento da doença. Outro estudo realizado no Icesp apontou que 80% dos pacientes com esses tipos de tumores atendidos no hospital são ou já foram tabagistas. Quando se trata do etilismo (consumo excessivo de álcool), os números representam 50% dos pacientes.

Reconhecer o tumor precocemente é o principal fator de cura. Os sinais mais comuns de alerta são manchas avermelhadas ou brancas na boca, aftas persistentes, lesões nos lábios que não cicatrizam, rouquidão que não melhora, nódulos no pescoço, dificuldade para engolir e mudança na voz.

“É importante procurar uma avaliação médica se qualquer sinal de alerta persistir por mais de 15 dias. Quanto antes o paciente for diagnosticado, maiores são as chances de cura e qualidade de vida após o tratamento”, completa Kulcsar.






- **Novembro Azul:** Digital campaign for the dissemination of information on human health care in order to prevent prostate cancer, external awareness activation at Sao Paulo Metro Clinical Station.

Actions conducted in 2020:

- **Carnival:** Digital campaign with information on care during and after Carnival, in addition to the partnership with HOG Aba Chapter – Sao Paulo and the School of Samba Golden Eagle in a solidarity action to parade in Carnival 2020, with financial results for the promotion of projects in ICESP;
- **#TragoVerdadesDoHPV**
- **International Women's Day:** Internal event Style “Talk Show” to talk about women and their space in society with external guests, patients and professionals from the Institute;

- **Março Azul Marinho**
- **ICESP Run:** Due to the postponement of the 6th edition of the event on account of the pandemic, a digital campaign was carried out in the format of #TBT to recall moments from previous races and engage the public;
- **Julho Verde**
- **Seja você seu próprio herói, previna-se:** Digital campaign, in partnership with the Píticas company, on cancer awareness and prevention with ICESP patient reports, with the production of a video telling the stories of real patients. The video can be viewed on the ICESP website at: <http://www.icesp.org.br/sala-imprensa/por-dentro-do-icesp/376-instituto-do-cancer-em-parceria-com-a-piticas-conta-historias-inspiradoras-de-pacientes>
- **Saúde mental em pauta:** Digital campaigns on habits to maintain emotional stability and mental health.





Publications

• SP Cancer Magazine

With bimonthly periodicity and circulation of 15 thousand copies, the SP Cancer Magazine brings reports on prevention, treatments, overcoming stories and interviews with medical specialists. The publication is intended for health professionals and the general public, and 30 editions have been published since 2010.

• Series ICESP

In 2018, ICESP launched a collection of publications, entitled “ICESP Series”, which includes a medical-care editorial production in

Oncology, aiming to contribute to the training and improvement of professionals from various areas in oncology practices.

The first two publications of the collection were: The Manual Conduct in Oncology (3rd edition) and the Multi-Professional Manual in Oncology – vol. Nursery (1st edition), which were produced by the Institute in partnership with the Editors Atheneu. The project is based on bringing together standardized publications for teaching purposes defined as protocols, diagnoses, routines, multiprofessional procedures performed at ICESP, as well as institutional publications.



Social Media

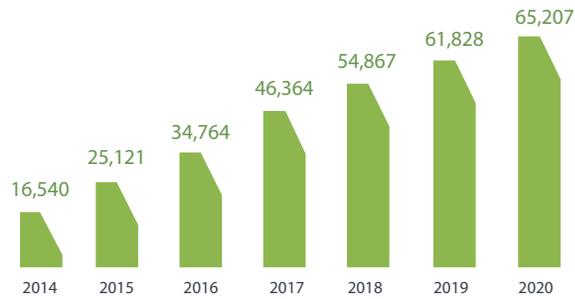
Following the global trend based largely on digital communication, ICESP maintains active pages on major social networks, such as Facebook, Instagram, Twitter and YouTube, seeking to be ever closer to its patients, caretakers and society in general. The contents are periodically updated with information about the Institute's activities,

links to related matters, services, and health promotion tips.

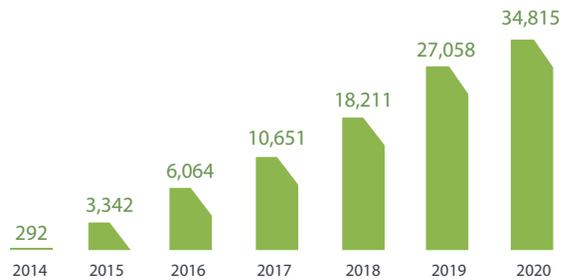
In recent years, the number of ICESP followers on major social media has grown significantly, reaching more than 65 thousand Facebook followers and about 35 thousand Instagram followers.



Number of ICESP followers - Facebook



Number of ICESP followers - Instagram



Also noteworthy is the increase of more than 100% in the number of ICESP followers on LinkedIn only in 2020, from 19.5 thousand to 41.4 thousand followers. As this is a platform focused on professional

issues, this increase may refer to a greater interest of professionals by ICESP as an employer brand, especially in a pandemic year in which demand for health professionals has increased considerably.



FINISHING THE TREATMENT

The end of the oncologic treatment begins the last stage of the patient's Journey with the ICESP. The institution has high-qualification protocols for each oncologic diagnosis, which establish the follow-up period after the end of the treatment, as well as the examinations to be performed periodically in order to identify any recurrence and the criteria that the patient must fulfill in order to be able to receive discharge.

At the end of the follow-up period, when the patient meets the discharge criteria defined in the institutional protocols, discharge is signaled by the specialty responsible for his/her follow-up. At this moment, a process is initiated by the Social Service, which anticipates all the appointments that the patient has still scheduled with the Basic Clinics, so that he/she receives discharge of these specialties as well. Finally, ICESP schedules a consultation for the patient in its reference UBS in order to ensure the transition and continuity of care and the sending of the relevant information to its family health team, thus formalizing the closure of its link with THE INSTITUTE.

The ICESP has post-discharge follow-up protocols, agreed with the Sao Paulo State Department of Health, which establish the follow-up methodology that should be followed by primary care, including the periodicity of examinations and consultations, for screening recurrences. These protocols establish the findings that, if identified in appointments and examinations during the post-discharge period, indicate the need to return the patient to the ICESP for treatment resumption.



GRI Content Summary

(GRI 102-55)

Standard GRI	Indicator	Question	Page / Answer
GRI 101: Fundamentals 2016			
General Disclosure			
GRI 102: General Disclosure 2016	102-1	Organization name	Page 12
	102-2	Activities, brands, products and services	Page 26 to 29
	102-3	Location of the headquarters of the organization	Page 12
	102-4	Location of operations	Page 12
	102-5	Nature of ownership and legal form	ICESP is legally structured through a Management Agreement with the Medical School Foundation (FFM), signed in 2017 and valid until 2021, with HCFMUSP as a contractor.
	102-6	Markets serviced	Page 34
	102-7	Size of the organization	Page 34
	102-8	Profile of employees and other workers	Page 95 to 99
	102-9	Supply chain	Page 185
	102-10	Significant changes in the organization or its supply chain	In the last three years, there have been no significant changes in ICESP or its supply chain .
	102-11	Precautionary principle	The identification and mitigation of the main environmental impacts resulting from the operation of a large hospital center is the basis for conducting several environmental management initiatives aimed, based on the principle of precaution, at reducing the environmental footprint of ICESP. These initiatives are defined and monitored by the Sustainability Committee.
	102-12	External initiatives	ICESP is part of the Global Network of Green and Healthy Hospitals, a global initiative aimed at promoting public and environmental health, as well as reducing the ecological footprint of health care.
	102-13	Participation in associations	As a public health care hospital dedicated exclusively to the treatment of cancer, the ICESP participates in the main sectoral associations and has several partnerships with the most renowned national and international organizations that work in the fight and treatment of oncologic pathologies. The management of the subject is the responsibility of the Committee on Relations and Partnerships.



Standard GRI	Indicator	Question	Page / Answer
GRI 102: General Disclosure 2016	102-14	Statement by the highest executive	Page 7
	102-16	Values, principles, standards and codes of behavior	Page 181
	102-17	Mechanisms for advice and ethical concerns	Page 181 to 184
	102-18	Governance structure	Page 176 and 177
	102-40	List of stakeholder groups	The main public interest of ICESP was listed in the "GRI ICESP 10-year-old report", available at www.icesp.org.br .
	102-41	Collective bargaining agreements	100% of ICESP employees are covered by collective bargaining agreements
	102-42	Identification and selection of stakeholders	Page 12
	102-43	Stakeholders' engagement approach	Page 12
	102-44	Main concerns and topics raised	The main concerns and topics raised by the different ICESP interest audiences are included in the materiality study, developed in 2017 and presented in the "GRI ICESP Report 10 years", available at www.icesp.org.br .
	102-45	Entities included in the consolidated financial statements	Page 12
	102-46	Definition of report content and topic limits	Page 12
	102-47	List of material topics	The materiality study from the perspective of the different public interest of ICESP was developed in 2017 and presented in the "GRI ICESP 10-year-old Report", available at www.icesp.org.br .
	102-48	Information reformulations	There have been no reformulations of information provided in previous reports.
	102-49	Changes in the report	There have been no significant changes in the drafting of the report.
	102-50	Period covered by the report	Page 12
102-51	Most recent report date	The last GRI Report was published in 2018, referring to the years 2014 to 2017.	

Standard GRI	Indicator	Question	Page / Answer
GRI 102: General Disclosure 2016	102-52	Reporting cycle	Every year, the ICESP presents performance reports to the competent bodies, however, the publication of reports following the GRI methodology does not have a defined periodicity.
	102-53	Contact for questions about the report	Page 12
	102-54	Reporting statements in accordance with GRI standards	Page 12
	102-55	GRI content summary	Page 212
	102-56	External verification	This Report has not been submitted for external verification.
Economic Thematic Content			
Economic Performance			
GRI 201: Economic Performance 2016	201-1	Direct economic value generated and distributed	Page 190
	2014	Financial assistance received from the government	As part of the public health network, practically the entire budget of ICESP comes from the Government of the State of Sao Paulo (not as financial assistance, but as a budget for costing), with the exception of the extra-budgetary resources, presented on page 201 (diversification of sources of resources)
GRI 103: Management approach	103-1	Explanation of the material topic and its limits	Page 189 to 191
	103-2	Form of management and its components	
	103-3	Evolution of the management form	
GRI 202: Market presence 2016	202-1	The proportion between the lowest salary and the local minimum wage, with discrimination by gender	Page 102
GRI 103: Management approach	103-1	Explanation of the material topic and its limits	Page 102
	103-2	Form of management and its components	
	103-3	Evolution of the management form	
Fight against Corruption			
GRI 205: Fight against Corruption 2016	205-2	Communication and training in anti-corruption policies and procedures	Page 181

Standard GRI	Indicator	Question	Page / Answer
GRI 103: Management approach	103-1	Explanation of the material topic and its limits	Page 181
	103-2	Form of management and its components	
	103-3	Evolution of the management form	
Environmental Thematic Content			
Energy			
GRI 302: Energy 2016	302-1	Energy consumption within the organization	Page 151
	302-3	Energy intensity	Page 151
	302-4	Reduction of energy consumption	Page 151
GRI 103: Management approach	103-1	Explanation of the material topic and its limits	Page 150 and 151
	103-2	Form of management and its components	
	103-3	Evolution of the management form	
Emissions			
GRI 305: Emissions 2016	305-1	Direct emissions (Scope 1) of greenhouse gases (GHG)	Page 152
	305-2	Indirect emissions (Scope 2) of greenhouse gases (GHG) from energy acquisition	Page 152
	305-3	Other indirect emissions (Scope 3) of greenhouse gases (GHG)	Page 152
	305-5	Reduction of greenhouse gas emissions (GHG)	Page 152
GRI 103: Management approach	103-1	Explanation of the material topic and its limits	Page 152
	103-2	Form of management and its components	
	103-3	Evolution of the management form	



Standard GRI	Indicator	Question	Page / Answer
Waste			
GRI 306: Waste 2016	306-3	Waste generated	Page 153
	306-4	Waste not intended for final disposal	Page 153
	306-5	Waste intended for final disposal	Page 153
GRI 103: Management approach	103-1	Explanation of the material topic and its limits	Page 153 to 156
	103-2	Form of management and its components	
	103-3	Evolution of the management form	
Social Thematic Content			
Employment			
GRI 401: Employment 2016	401-1	New hiring and employees' turnover	Page 99
GRI 103: Management approach	103-1	Explanation of the material topic and its limits	Page 99 to 101
	103-2	Form of management and its components	
	103-3	Evolution of the management form	
Health and Safety at work			
GRI 403: Health and Safety at work 2016	403-2	Identification of danger, risk assessment and incident investigation	Page 111
	403-3	Health services at work	Page 111
	403-4	Participation of workers, consultation and communication to workers concerning health and safety at work	Page 112
	403-6	Promotion of the health of the worker	Page 115
	403-9	Accidents at work	Page 113
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GRI 405: Diversity and equal opportunities 2016	405-1	Diversity in governance bodies and employees	Page 103
	405-2	Proportion between the basic salary and the remuneration received by women and those received by men	As reported on page 106, "the remuneration of women, who represent the vast majority of the institution's workforce, is equivalent to the remuneration of men, with no distinction or privilege whatsoever in relation to the positions or career-handling possibilities of employees."
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