



# Activity Report **2015**

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# PRESENTATION

As an institution that supports the growth and excellence initiatives that the FM/HCFMUSP has been achieving, year after year, FFM presents the activity report with results obtained in 2015, all all actuation instances.

The "Message from the Board", emphasizes the importance of the university environment for innovation, with the text "**University Routine**" (page 6).

Get an overview of the FFM social reach in 2015, by analyzing the "**FFM in Numbers**" table (page 8), which shows that the representativeness of all free procedures executed with the support of FFM was 97%.

To meet the statutory objectives, FFM supports the development of a series of **integral health assistance actions** (page 9), prioritizing service to SUS patients. Ensuring the execution of **special procedures**, such as transplants, implants, and other high complexity procedures (page 18), is another priority.

The maintenance of the performance obtained by the FM/HCFMUSP System (page 22) and the other Health Units (page 35) was ensured by FFM by means of human and financial resources.

From the qualification as Social Organization, FFM was able to manage three (3) **Management Contracts** (page 37), which obtained expressive results in promoting integral health development, to the benefit of the population, such as, for example, the IRLM Children's Hospital (page 40), in which the rehabilitation program is destined to patients up to seven (7) years of age, but follow-up extends up to fourteen (14), if required, and counts on a team of psychiatrists, physiotherapists, occupational therapists, social workers, psychologists, nurses, nutritionists, speech therapists, music therapists, and physical educators.

FFM also continued to manage the **ICESP** (page 43), idealized to be one of the largest institutions in Latin America designed for integral oncological pathology treatment.

Recognized and certified as a charitable organization, FFM supported the development of several **social assistance** projects (page 48), inside and outside of the FM/HCFMUSP System facilities, focusing on the poorest members of society, without detriment to SUS service. A good example

is the **Bandeira Científica** Project (page 48), which executed more than 5,100 procedures for poor families in the municipalities of Limoeiro de Anadia - AL, and also conducted the third surgical expedition to the city of Pedra Azul - MG.

**SIDA and STDs** (page 58) are fought by Casa da AIDS (page 33) and several other programs supported by FFM in collaboration with several institutions.

**Disabled Persons** (page 63) have received, besides specialized treatment in IMRea (page 28) and IRLM (page 40), several other initiatives supported by FFM.

**Children and Youngsters** (page 67) have received, besides hospital care in ICr (page 27) and ITACI (page 68), other initiatives, such as new forms to stimulate early childhood (between zero (0) and three (3) years of age), by means of development or community agents that taught the mothers how to stimulate the development of their children with toys and books (page 67).

**Families and Women** (page 71), who benefited, for example, from the pregnant women depression management program in health units.

**Elderly** (page 72) who benefited, for example, from the Escola Gero Saúde Project, which uses physical activities as the main agent to promote behavior changes, in order to promote healthy aging, regarding physical, psychological, and social aspects.

**Research Support** (page 76) is one of the main functions of FFM, by means of its structure of stimulation to scientific production, by supporting the development of clinical studies (page 89).

The **Support to Health Policy Projects** (page 92), including training to public network professionals, evaluation development, result analysis, among others, are also part of the FFM actuation.

Supporting the development of **Institutional Projects** (page 106), which seek to improve the physical and technological infrastructure of the FM/HCFMUSP System facilities, is also part of the actions taken by FFM in 2015.

Brief **history** of FFM (page 115), its **consolidated results** (page 116), **adopted strategies** (page 117), main **partners** (page 117), main **certifications** (page 118), an **organizational structure** (page 122) and **Summary Financial Statement of 2015** (page 127) are also presented at the end of the report.

The **abbreviation** used herein (page 128) and the current composition of the **FFM Board** (page 130) complement the FFM 2015 Report.

The **2015 Financial Statement** is also attached, as well as its associated **Explanatory Notes** and **Independent Auditor Report**.

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# MESSAGE FROM THE BOARD



Picture: FMUSP Site

Prof. Dr. Flavio Fava de Moraes



Picture: Mileno The Frigatto

Prof. Dr. Yassuhiko Okay

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## University Routine

*From the end of the XX century and in the beginning of the XXI century, the forecast of the so-called "knowledge society" consolidated as an unquestionable value that depends on the differentiated daily progress between nations with different development levels.*

*The Universities, centers recognized, although not exclusive, as the main location to generate new knowledge, became essential not much due to pedagogical transmission, but mainly due to the excellence of their research.*

*As a result from education-research, it is important to emphasize the identification of originating leaderships that continue to occupy singular positions in national and international institutions.*

*This set of factors is more visible in the university mission as a nation is more socially-economically developed, and therefore, is more predominant in economically stronger countries. It is important to emphasize that the research is not only concentrated in exact and biological sciences, because quality human and social sciences also contribute significantly to general knowledge. It would be even more desirable if these sectors intensified*

*their research in the scope of interdisciplinarity and trans-disciplinarity with sustainability.*

*The dissemination of research is a relatively "massive" phenomenon, because recent studies have identified the publication of 1.5 million articles submitted to reviewers of 26,400 journals, of which, in the following five-year period, only 40% have received at least one citation and the rest was never mentioned.*

*Therefore, the publication of research is not always an indication of personal and/or institutional quality, because many times there is not objectivity and/or it mere curiosity regarding dazzling thesis without any justification whatsoever and parochial treatment.*

*We do not ignore the fact that the main objective of research is to reach the forefront in idea innovation, processes, and products, with full adherence to the ONU-1987 definition of sustainability: "development that meets the needs of the present without compromising the desires of future generations to meet their own needs".*

*This entire set of concepts can be framed in the innovation thesis that for a long time has been considered as "destructive evolution" of the "outdated" or "obsolete" (Schumpeter, 1930). Another "risk" to be considered is the influence of the "market" in the academic directives, because college education also integrated the financial world as an "industry" estimated recently as US\$ 420 billion, and consequently, not negligible at all. When we talk about risk, we are talking about more care and caution, and ensuring the autonomy of public goods that do not require sovereignty or independence, but ensures traditions, values, social needs, and pressing solutions. Another difficult mission is to overcome the predominant bureaucratic obstacles of routine, inertia, conformism, and methodological stagnation that motivate the*

*"pasteurization" of institutions stuck in the comfortable and chronic Keynesian sameness, which is not mostly not accepting new ideas, but the difficulty of letting go of old ones!*

*Therefore, we must insist that the main causes that hinder innovative evolution in institutions are known and the imperative improvement is reconfiguring the thinking practice of the organization to be able to enjoy a future that is compatible for current youngsters, who shall be the new leaders in Universities and the society in general. Otherwise, "those who do not know what they are seeking do not realize what they have found".*

**Prof. Dr. Flavio Fava de Moraes**  
**FFM General Manager**



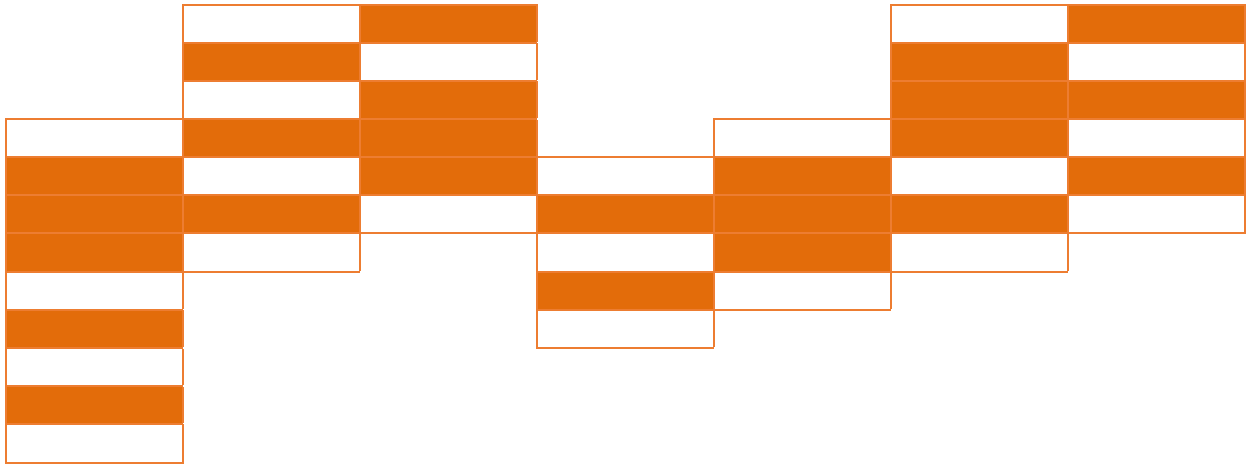
# FFM FIGURES

<b>A – Free Procedures + Hospitalization provided to SUS Patients - 2015</b>		<b>Quantity</b>	<b>Page</b>
High Complexity	ICESP (SES-SP Insurance)	490.860	45
	ICESP Osasco (SES-SP Insurance)	27.063	46
	High Outpatient Complexity (University Plan)	(*) 170.561	19
	Transplants and Implants (University Plan)	(*) 823	18
Disabled Persons	Instituto de Reabilitação Lucy Montoro (Management Contract)	45.668	42
	IMRea (University Plan)	142.442	29
SIDA Virus Carriers	Casa da AIDS (University Plan)	21.115	33
Children	ICr - Children Health Assistance (University Plan)	665.452	27
	ITACI - Child Cancer Treatment (University Plan)		
Families	Western Region Project (Management Contract)	717.510	38
	Pronto-Socorro Butantã (Management Contract)	107.400	39
	ICHC + PAMB – Medical Specialty Assistance (University Plan)	8.587.056	23
	InRad – Radiology Assistance (University Plan)	337.475	24
	IOT – Traumatology and Orthopedics Assistance (University Plan)	378.285	25
	IPq – Psychiatric Assistance (University Plan)	137.330	26
	H.A.S. – Assistance for long-term patients (University Plan) – <b>(Under Construction)</b>	7.997	33
	H.A.C. – Intermediate Care Assistance (University Plan) – <b>(Under construction)</b>	104	33
	C.S.E. Butantã (University Plan)	9.024	36
Pharmaceutical Assistance	Quantity of Exceptional Medicines	(*) 42.705.217	19
<b>A - Subtotal Proced. + Hospitalization provided to SUS Patients (including Management Contracts)</b>		<b>11.674.781</b>	
<b>B - Free Procedures – Special Projects</b>		<b>Quantity</b>	
Actions	Equilíbrio Program – Social and familiar re-integration (Other Plans) <b>(up to May/2015)</b>	5.299	51
	Programa de Apoio Financeiro ao Aluno (Student Financial Support Program) - AFINAL	60	54
	Bandeira Científica 2015 Project (Other Plans)	5.387	49
	Visão do Futuro Program (SES-SP Plan)	3.214	53
	Mental Health – Fundação CASA (Other Plans)	(**) 10.790	52
	Quant. Procedures + Surgeries in Patients with Cleft Lip and Palate (Other Plans)	750	55
<b>B - Subtotal Free Procedures – Special Projects</b>		<b>14.710</b>	
<b>A + B – Subtotal Procedures/Hospitalization Free to SUS Patients + Free Procedures - Special Projects</b>		<b>11.689.491</b>	
<b>C – Subtotal Procedures for Patients with Supplementary Health – Ambulatory and Hospitalization</b>		<b>335.550</b>	16
<b>A + B + C - Total Free + Supplementary Health General Procedures + Hospitalizations</b>		<b>12.025.041</b>	
Representativeness of Free Procedures (SUS + Other Procedures) on the Grand Total		97%	
Representativeness of Supplementary health Procedures on the Grand Total		3%	

(\*) Quantity for information purposes only and not considered in the SUS Patient Free Procedure Subtotal

(\*\*) Approximate average quantity





# INTEGRAL HEALTH ASSISTANCE ACTIONS

# INTEGRAL HEALTH ASSISTANCE ACTIONS

The **FM/HCFMUSP System** is the biggest medical assistance complex in Latin America and the biggest national health science research center.

## FM/HCFMUSP SYSTEM



The FMUSP/HC System is an "Academic Health Science Center" that, not in a literal translation, can be understood as an Academic health Center, with the main purpose of "defining, implementing, and disseminating multidisciplinary and multi-institutional teaching, education, research, and innovation processes and cultural and extension activities, appropriate to the Brazilian reality and that contribute to the development of the country, to become societies considered as reference regarding health science teaching, education, research, and innovation". In the FMUSP/HC System, these strategies are defined by the two main institutions that compose it: FMUSP and HCFMUSP.

The higher instances of the System are the FMUSP Congregation and the HCFMUSP Advisory board, both headed by the FMUSP Director. The FMUSP Congregation has conductive and deliberative functions, and is assisted by the Graduation, Post-Graduation, Research, Culture and Extension, Medical Residency, and International Relations Commissions. The HCFMUSP Advisory board defines the third-level medical-clinical assistance directives and is composed by then (10) representatives of FMUSP full professors, elected by their peers.

The FM/HCFMUSP System is composed by the following institutions:

**Faculdade de Medicina da Universidade de São Paulo (FMUSP)**, which currently maintains 26 Post-Graduation *Stricto Sensu*, tow (2) with 7 grade, six (6) with 6 grade, eleven (11) with 5 grade, and seven (7) with 4 grade in Capes (triennial evaluation 2013). The College has more than 809 advisors, 1,197 doctorate students, 609 master students, 222 special post-graduation students, and 1,539 medical residency students, enrolled in fifty (50) different programs. FMUSP graduates every sixth Brazilian health care doctor. There are currently 179 post-doctorate researchers.

**Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (HCFMUSP)**, consisting of a Central institute and seven (7) specialized high complexity institutes (tertiary care), two (2) back-end hospitals, one (1) full HIV/SIDA carrier specialized unit, sixty two (62) Medical Investigation Laboratories (LIMS), responsible for research activities in several health-related fields, and a Management Building, with 24,000 multi-professionals, who everyday dedicate their time to essential and quality service. In

almost seven decades of strengthening the Teaching, Research, Assistance tripod, HCFMUSP, FMUSP teaching-hospital, achieved an excellence standard in public service and formation and training of multi-professionals in the health care sector, with energy, respect, and a "spark in their eyes" - a trademark of the current FMUSP/HC System management.

**Fundação Faculdade de Medicina (FFM)**, private-law foundation that massively supports the FMUSP and HCFMUSP initiatives with full interaction with the decisions of its collegiate, ensuring rigorous compliance with the normative directives before the state control and inspection agencies as recognized external audits. Acting as a players with plans and/or contracts, FFM has been contributing significantly with HCFMUSP SUS management, Clinical Studies and/or Research, and corresponding Agencies such as SES, MS, etc. It also acts as OSS in the PRO and IRLM management. Also responsible for ICESP financial management by means of Management Plans. FFM supports FMUSP and HCFMUSP mainly in three (3) branches: human resources (hiring and training), costing (purchasing and maintenance), and investments (equipment and works), with the resources being applied according to the priorities decides by the Institutions.

**Fundação Zerbini (FZ)**, private-law foundation that has an important role in promoting InCor with administrative agility and efficiency, as well as collecting additional resources.

**Instituto de Reabilitação Lucy Montoro (IRLM)**, center of excellence in rehabilitation treatment, teaching, and research.

**Região Oeste Project (PRO)**, consisting of a partnership between the Municipal Department of Health, FMUSP, and FFM, with the purpose of increasing the integration of the health services in the west region of São Paulo.

**Hospital Universitário da USP (HU)**, of medium complexity, and responsible for secondary service in local communities.

**Centro de Saúde Escola Samuel Barnsley Pessoa (CSE Butantã)**, basic and secondary care, this is one of the FMUSP teaching-assistance units that focus on the population of Butantã.

**Serviço de Verificação de Óbitos da Capital (SVOC)**, agency linked to FMUSP and destined to clarify *causa mortis* in cases with poorly-defined diseases or lack of medical assistance, occurred in the municipality of São Paulo.

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## USP MEDICAL SCHOOL

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FFM supports FMUSP and HCFMUSP mainly in three (3) branches: human resources (hiring and training), costing (purchasing and maintenance), and investments (equipment and works).

*The 7 Tesla Magnetom equipment manufactured by Siemens performs tests that may replace autopsy*

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One century after its creation, FMUSP is the largest human resource educational institution in the health care sector in Brazil. Currently maintains 26 Post-Graduation *Stricto Sensu*, two (2) with 7 grade, six (6) with 6 grade, eleven (11) with 5 grade, and seven (7) with 4 grade in *Capes* (triennial evaluation 2013). The College has more than 809 advisors, 1,197 doctorate students, 609 master students, 222 special post-graduation students, and 1,539 medical residency students, enrolled in fifty (50) different programs. FMUSP graduates every sixth Brazilian health care doctor. There are currently 179 post-doctorate researchers.

Responsible for approximately 14% of the national production of research in the medical area, 4% of the entire national scientific production in all areas (Human, Biological, and Exact Sciences), and 2.2% of the entire production of Latin America (also all areas).

Since its inauguration, the institution has maintained the commitment to pioneering and Medical Teaching, Assistance, and Research excellence. Along its history, it was the pioneer in implementing new techniques, which represent scientific advances in the medical care and allowed saving thousands of lives.

FFM supports FMUSP and HCFMUSP mainly in three (3) branches: human resources (hiring and training), costing (purchasing and maintenance), and investments (equipment and works), with the resources being applied according to the priorities decided by the Institutions.

The 2015 statement of the investments made in FMUSP works and renovation translate the importance of modernizing the facilities to receive state-of-the-art equipment, offer better service conditions in university hospitals, benefiting the users and, mainly, to prepare a suitable teaching and research environment.

Among the investments, we emphasize four large-sized works: **1)** erection of a new building to install the Magnetom 7T magnetic resonance equipment, first 7 Tesla full-body magnetic resonance equipment in Latin America; **2)** new sample storage center (freezer room), equipped with state-of-the-art technology and operating together with the cryo-preservation unit - liquid nitrogen tanks; **3)** inauguration of the Vivarium Animal ICU, destined to surgical technical procedures, in research made with live animals, besides the production, maintenance, disposal, and supply of laboratory animals, of several species, such as mice, rats, rabbits, and guinea pigs to be used in immunobiological and medicine production and quality control and research development; and **4)** optimization of Centro de Desenvolvimento de Educação Médica (CEDEM), to house the Núcleo de Acolhimento e Escuta (NAEE), linked to the FMUSP Board, with the purpose of developing reception, support, guidance, and forwarding actions for students and residents that have been victims of any sort of violence in College facilities.



## FMUSP HOSPITAL DAS CLÍNICAS



In almost seven decades of strengthening the Teaching, Research, Assistance tripod, HCFMUSP, FMUSP teaching-hospital, achieved an excellence standard in public service and formation and training of multi-professionals in the health care sector, with energy, respect, and a "spark in their eyes" - a trademark of the current FMUSP/HC System management.

In almost seven decades of strengthening the Teaching, Research, Assistance tripod, Hospital das Clínicas, USP Medical School teaching-hospital, achieved an excellence standard in public service and formation and training of multi-professionals in the health care sector, with energy, respect, and a spark in their eyes - a trademark of the current FMUSP/HC System management. Renovation, upgrading, humanization, and modernization are key words for change and advance, with the main purpose of integration.

The focus on people, prioritizing departmental humanization, and restoring the pride of being the HCFMUSP are the main directives of the management, which turns its attention to the quality of life and work of the employees so they may achieve their maximum potential.

Today, HCFMUSP consists of 24,000 multi-professionals, who daily dedicate their time to essential and quality care.

Focusing on strategic planning, project management, and transparency when disclosing information and data, the "Spark in their eyes" management implemented in integrated System fully supported by SES, by the Hospital Advisory Board, and by its Foundations.

Thanks to this synergy, the investments in works, currently in execution, totaling R\$ 400 millions, besides another R\$ 100 million invested in equipment acquisition.

Formed by eight (8) institutes – **ICHC** (including PAMB), **InCor**, **ICr** (including ITACI), **InRad**, **ICESP** (Including ICESP Osasco), **IOT**, **IPq** and **IMRea**; two (2) auxiliary hospitals – **HAC** (future Drugs and Alcohol Institute) and **HAS**; one (1) HIV/SIDA carrier specialized full service unit – the

**Casa da AIDS**; sixty two (62) **LIMs**, responsible for research activities in several health fields; and the **Administrative Building** –, amount to seventy five (75) operating rooms, in which 41,000 surgeries and 800 transplants are performed every year, besides 80,000 hospitalizations, in more than 2,100 beds.

Complementary Law No. 1.160 from 12/09/2011 transformed HCFMUSP in a Special Regime Authority. The new legal state allowed reformulating the HCFMUSP Regulation in order to implement an innovative management model, with the purpose of elevating the efficiency levels, according to the planning, coordination, execution, and activity control requirements.

The highlights of the 2010-2014 management include the modernization of the HCFMUSP supply area, with the creating of an Input Distribution Center with more than 5,000 m<sup>2</sup>, and the implementation of a Logistics Operational Center, both completely computerized, in order to prevent breaking the material and medicine supply chain, avoiding losses and lack of control, and promoting efficiency. The Complex patients also count on free medicine distribution, delivered directly to their homes.

Another highlight is the beginning, in 2013, of the implementation of the Information and Management System of the entire HCFMUSP Complex. This new data network will allow developing decision-support systems for the clinical areas, cost assessments, as well as transforming data into knowledge, contributing to increase scientific production.

Several works were already executed or are currently in progress.

## University Plan



ICHC Facilities

Since 1988, the **University Plan** signed between SES-SP and HCFMUSP, intervention from the FFM, allows free SUS patient service at the FM/HCFMUSP System units.

Since 1988, the **University Plan** signed between SES-SP and HCFMUSP, intervention from the FFM, allows free SUS patient service at the FM/HCFMUSP System units.

Access and service to SUS in the entire HCFMUSP (except InCor) is ensured by the FFM by destining human and financial resources to the

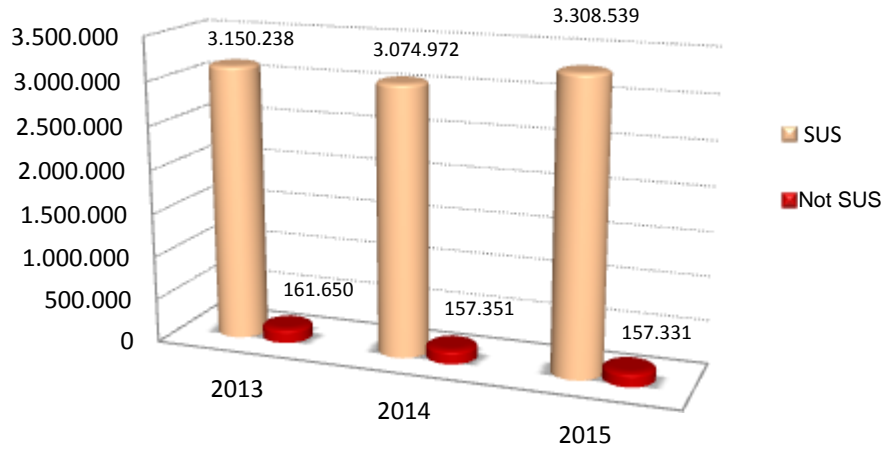
System in the Hospital itself, enabling therefore the HCFMUSP to achieve an average percentage of 95% SUS service levels (ambulatory and hospitalization). The **number of patients admitted**, in the last three (3) years, is depicted in the following table and graphics:

NUMBER OF PATIENTS ADMITTED - SUS			
Type of Care	Period		
	2013	2014	2015
Clinical	3.150.238	3.074.972	3.308.539
Hospitalization	50.705	52.124	50.874
<b>Total SUS</b>	<b>3.200.943</b>	<b>3.127.096</b>	<b>3.359.413</b>
<b>Note:</b> The Hospitalization data refer to first application			
<b>Obs. 2:</b> The occasional reduction in the number of patients admitted, in 2013 and 2014, resulted mainly from the several renovations executed in the facilities of the several HCFMUSP Institutes.			

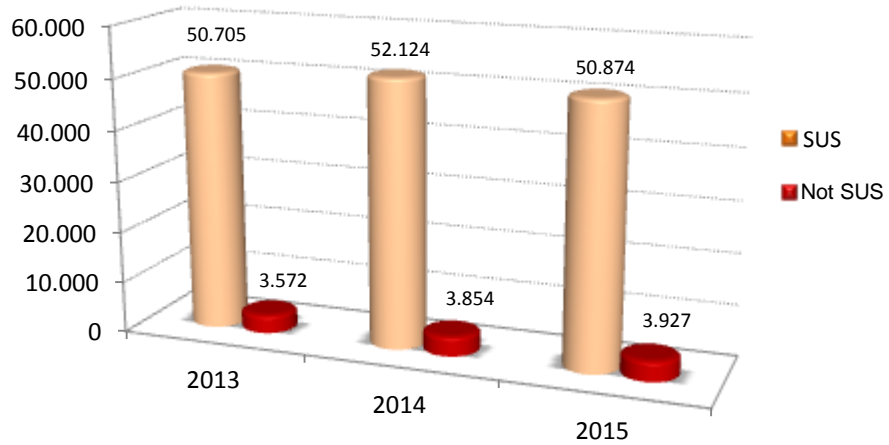
NUMBER OF PATIENTS ADMITTED - SUPPLEMENTARY HEALTH			
Type of Care	Period		
	2013	2014	2015
Clinical	161.650	157.351	157.331
Hospitalization	3.572	3.854	3.927
<b>Total Supplementary Health</b>	<b>165.222</b>	<b>161.205</b>	<b>161.258</b>

NUMBER OF PATIENTS ADMITTED - SUS + SUPPLEMENTARY HEALTH				
SUS REPRESENTATIVENESS				
Patient Profile	Type of Care	Period		
		2013	2014	2015
Total SUS + Supplementary Health	Clinical	3.311.888	3.232.323	3.465.870
	Hospitalization	54.277	55.978	54.801
<b>Grand Total</b>		<b>3.366.165</b>	<b>3.288.301</b>	<b>3.520.671</b>
SUS Representativeness	Clinical	95,1%	95,1%	95,5%
	Hospitalization	93,4%	93,1%	92,8%

**Number of Patients Admitted  
SUS X Supplementary Health - Ambulatory**



**Number of Patients Admitted  
SUS X Supplementary Health - Hospitalization**





When operating the University Plan, the purpose of FFM was to prioritize and continue to forward all its resources, financial and human, to maintain, in 2015, the average index of 95% of free

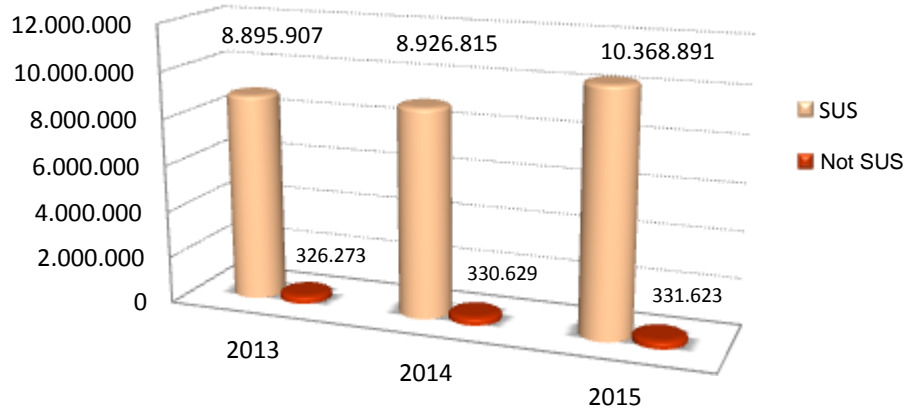
procedures to SUS patients, according to the tables and graphics below, which demonstrate the **number of procedures** executed in 2013, 2014, and 2015:

NUMBER OF PROCEDURES EXECUTED SUS PATIENTS			
Procedures	Period		
	2013	2014	2015
Clinical Procedures	8.895.907	8.926.815	10.368.891
Hospitalization Authorizations	50.705	52.124	50.874
<b>Total</b>	<b>8.946.612</b>	<b>8.978.939</b>	<b>10.419.765</b>
<b>Obs. 1:</b> The Hospitalization Authorization data refer to first application.			
<b>Obs. 2:</b> The occasional reduction in the number of patients admitted, in 2013 and 2014, resulted mainly from the several renovations executed in the facilities of the several HCFMUSP Institutes.			

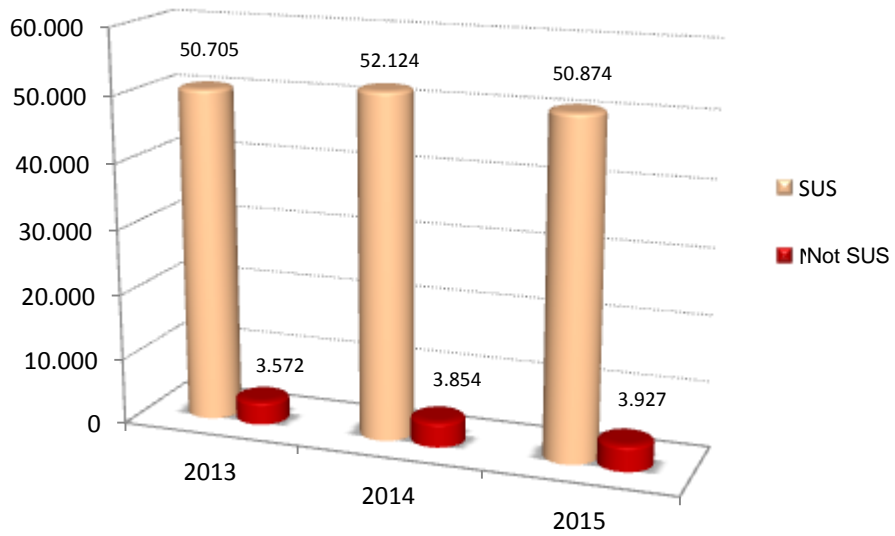
NUMBER OF PROCEDURES EXECUTED SUPPLEMENTARY HEALTH PATIENTS			
Procedures	Period		
	2013	2014	2015
Clinical Procedures	326.273	330.629	331.623
Hospitalization Authorizations	3.572	3.854	3.927
<b>Total</b>	<b>329.845</b>	<b>334.483</b>	<b>335.550</b>

NUMBER OF PROCEDURES EXECUTED - SUS + SUPPLEMENTARY HEALTH SUS REPRESENTATIVENESS				
Patient Profile	Procedures	Period		
		2013	2014	2015
Total SUS + Supplementary Health	Clinical	9.222.180	9.257.444	10.700.514
	Hospitalization	54.277	55.978	54.801
<b>Grand Total</b>		<b>9.276.457</b>	<b>9.313.422</b>	<b>10.755.315</b>
SUS Representativeness	Clinical	96,5%	96,4%	96,9%
	Hospitalization	93,4%	93,1%	92,8%

### Number of Procedures Executed in Patients from SUS X Supplementary Health - Ambulatory



### Number of Procedures Executed in Patients from SUS X Supplementary Health - Hospitalization



## Special Procedures



System used in cochlear implant - **1)** Transmission Antenna  
**2)** Speech processor and microphone

Besides the conventional procedures and hospitalization, FFM also supports the execution of special procedures, such as transplants and implants, execute free of charge.

## Transplants and Implants

In harmony with the goals of the University plan, signed between HCFMUSP and SES-SP, with intervention from the FFM, the execution of transplant and implant procedures is extremely important for the population, and considered by

the Ministry of Health as strategical for SUS care. The number of transplants and implants executed free of charge, in the last three (3) years, by means of FFM, is as follows:

STRATEGIC PROCEDURES - TRANSPLANTS AND IMPLANTS			
Description	Quantity		
	2013	2014	2015
Cochlear Implant	96	103	108
Partial Hepatectomy for transplant (live donor)	28	31	34
Unilateral nephroureterectomy for transplant	65	78	60
Allogeneic transplant of bone marrow hematopoietic stem-cells - related	24	21	14
Allogeneic transplant of bone marrow hematopoietic stem-cells - not related	13	6	16
Allogeneic transplant of umbilical cord blood hematopoietic stem-cells - not related	3	1	1
Allogeneic transplant of peripheral blood hematopoietic stem-cells - related	28	7	14
Allogeneic transplant of peripheral blood hematopoietic stem-cells - not related	4	7	8
Autogenic transplant of bone marrow hematopoietic stem-cells	1	1	6
Autogenic transplant of peripheral blood hematopoietic stem-cells	119	92	87
Corneal transplant	87	99	97
Corneal transplant (in combined surgeries)	3	3	2
Corneal transplant (in re-operations)	5	4	5
Sclera transplant	0	4	0
Liver transplant (deceased organ donor)	84	125	94
Liver transplant (living organ donor)	28	34	36
Pancreas transplant	1	1	4
Kidney transplant (deceased organ donor)	166	201	174
Kidney transplant (living organ donor)	65	91	58
Simultaneous pancreas and kidney transplant	6	8	5
<b>Total</b>	<b>826</b>	<b>917</b>	<b>823</b>

## High Complexity Procedures

Among the several health care assistance actions, we emphasize the High Complexity Clinical

Procedures, with the production in the last three (3) years shown in the following tables:

CLINICAL DEMONSTRATIVE HIGH COMPLEXITY PROCEDURE AUTHORIZATION - APAC			
Description	Quantity		
	2013	2014	2015
Clinical Laboratory Diagnosis	22.138	21.134	26.746
Diagnosis by Radiology	75	33	46
Diagnosis by Tomography (*)	0	0	409
Ultrasonography	35	17	4
Specialty Diagnosis Methods	19.182	19.854	20.601
Appointments/Care/Follow-up	9.318	7.373	8.238
Oncology Treatment	58.820	59.870	57.465
Nephrology Treatment	21.732	21.437	22.059
Dental Treatment	57	65	66
Specialized Therapies	1.584	1.362	1.752
Eye Surgery	6.010	5.374	5.008
Genitourinary System Surgery	263	229	253
Reconstructive Surgery	1.176	1.101	943
Nephrology Surgery	39	48	46
Organ Donor Sample Collection and Exams	6.628	7.971	8.333
Post-Transplant Complications and Follow-up	7.758	9.323	9.681
OPMs Not Related to the Surgery	2.703	4.530	4.559
OPMs Related to the Surgery	590	595	741
Processing of Transplant Tissue	151	159	134
Clinical Treatment (other specialties)	4.286	4.447	3.477
<b>Total</b>	<b>162.545</b>	<b>164.922</b>	<b>170.561</b>

**Note:** (\*) Procedure included in the SIGTAP table as of January/2015.

## Full Pharmaceutical Assistance

In harmony with the goals of the University plan, signed between HCFMUSP and SES-SP, with intervention from the FFM, full attention to health and pharmaceutical assistance are essential for health service and care. The assured supply of the Specialized Pharmaceutical Assistance Component (CEAF) Medications is essential to avoid risking patient lives, and complement complex and high-cost medical-clinical procedures, such as transplants, for example. In 2015, FFM distributed **42.705.217** units of CEAF medications.

The CEAF medication distribution control and issuance of APACs is made by the Hospital Information System - SIGH Prodesp.

In 2015, the HCFMUSP Pharmacy served more than 1,2 million clinical prescriptions, with an average of five thousand (5,000) a day. There is also a medicine home delivery service that, since 2013, became free of charge. Approximately 65% of the clinical patients receive their medication at home, with no cost.

Located in the 8th floor of the ICHC PAMB, HCFMUSP has the largest hospital pharmacy in Latin America, which supplies the entire FM/HCFMUSP System with medication. Founded in the same year as the Hospital, 1944, currently has 351 employees, of which 65 are pharmacists.

Much more than a medication distribution center, it is a real factory, which produces medicines that are not available in the market because there is no commercial interest. It also produces dilutions and doses that are different from the ones available in the market, according to the patient's needs, or compositions that are different from the traditional ones.

In 2015, the production of medicines generated approximately R\$ 7,935,010.77 in savings. The total production included seventy (70) standardized medicines, with more than 10.18 million units. The pharmacy also dispensed thirty five (35) special medications, produced for research protocols, with 3,138 units in total. Besides the medication produced internally, three hundred and twenty (320) different medications were acquired and unitized, totaling more than 2.6 million units to serve the prescriptions of hospitalized patients.

Besides that, since 2007, the clinical pharmacy area was implemented, in which the pharmacists instruct clinical patients regarding medicine usage and analyze their prescriptions. In 2015, the Prescription Evaluation Center was implemented for hospitalized patients, where medical prescriptions of patients hospitalized in ICHC are evaluated by the pharmacist regarding the dose, administering route, pharmaceutical form, compliance with institutional protocols, among other technical criteria, making the medication process safer for the patients and for the institution. Pharmacovigilance actions are also developed.

In order to innovate and improve the services provided, the Medication Information Center (CIM) was implemented in 2015 to select, analyze, and evaluate medication information sources, which allows elaborating and communicating/disseminating information, actively or passively, consisting of an important instrument for the rational use of medications and patient safety, the HCFMUSP CIM is part of the Brazilian Medication Information Center Network of the Ministry of Health.

## FM/HCFMUSP System Institutes, Auxiliary Hospitals, and Specialized Health Units



*Aerial view of the Hospital das Clínicas da Faculdade de Medicina da USP*

Acting with assistance, HCFMUSP develops actions to promote health, disease prevention, medical-clinical care, and high complexity rehabilitation of SUS users. With eight (8) institutes, two (2) Auxiliary Hospitals, and Specialized Health Units,

listed in the table below, assistance is provided in the most modern hospital facilities with support of highly-specialized teams and state-of-the-art technological equipment.

HCFMUSP INSTITUTES, AUXILIARY HOSPITALS, AND SPECIALIZED HEALTH UNITS	
Units	Year in which the activities begun
Instituto Central - ICHC	1944
Instituto de Psiquiatria - IPq	1952
Instituto de Ortopedia e Traumatologia - IOT	1953
Hospital Auxiliar de Suzano	1960
Hospital Auxiliar de Cotoxó	1971
Administrative Building - PA	1972
Medical Investigation Laboratories - LIMs	1975
Instituto de Medicina Física e Reabilitação – IMRea - Vila Mariana Unit	1975
Instituto da Criança - ICr	1976
Instituto do Coração - InCor	1977
Ambulatory Buildings - PAMB	1981
Instituto de Radiologia - InRad	1994
Casa da AIDS - HIV/SIDA Patient Care Extension Services	1994
Instituto de Medicina Física e Reabilitação – IMRea - Umarizal Unit	2001
Instituto de Tratamento do Câncer Infantil - ITACI	2002
Instituto de Medicina Física e Reabilitação – IMRea - Lapa Unit	2007
Instituto do Câncer do Estado de São Paulo "Octávio Frias de Oliveira"	2008
Instituto de Medicina Física e Reabilitação – IMRea - Lapa Clínicas	2008
Instituto de Reabilitação Lucy Montoro – IRLM - Morumbi ImRea Unit	2009

FFM is responsible for receiving SUS and Supplementary Health payments due to the HCFMUSP (except from InCor), by means of the **University Plan**, signed between SES-SP and HCFMUSP, with intervention from FFM, since 1988, which allows full health care by means of free

procedures to SUS patients. An average of 95% of the patients served come from SUS. The performance of the several HCFMUSP Institutes, Auxiliary Hospitals, and Specialized Units, in 2015, is summarized in the table below:

PERFORMANCE OF THE HCFMUSP INSTITUTES, AUXILIARY HOSPITALS, AND SPECIALIZED UNITS IN 2015					
Institute/Hospital	No. of Hospitalizations	No. of Procedures	Procedures + Hospitalization	No. of Beds	No. of ICU Beds
ICHC + PAMB	34.140	8.552.916	8.587.056	891	157
INRAD	-	337.475	337.475	08	-
ICr + ITACI	5.720	659.732	665.452	116	53
IOT	6.091	372.194	378.285	138	12
IPq	3.169	134.161	137.330	123	04
IMRea	124	142.318	142.442	24 (*)	-
Casa da AIDS	-	21.115	21.115	09	-
HAS	1.124	6.873	7.997	120	-
HAC	104	-	104	48	-
<b>Note:</b> (*) Beds still not published in the CNES.					

The following pages show the summary of activities developed, in 2015, by these and other units of the FM/HCFMUSP System.



Inaugurated in April, 1944, **Instituto Central do Hospital das Clínicas (ICHC)** originated HCFMUSP. Pioneer in medical-clinical procedures, its structure concentrates most of the specialties of the HC Complex - thirty one (31) medical and surgical specialties and counts on two (2) interconnected buildings: the leading Main Building, with the Reference Emergency Unit and the Ambulatory Buildings (PAMB), inaugurated in 1981.

The Main Building stands out due to the large number of hospitalization and intensive care units, and the facilities include the Reference Emergency Unit, which counts on the Manchester risk rating system to prioritize the more severe cases. The Nutrition and Dietetics Division is the first Nutrition Unit in a public hospital, in the country and in Mercosul, to be awarded with NBR ISO 9001 certification.

In turn, PAMB offers service to patients in clinical and hospital regime - clinical and surgical day, besides counting on diagnosis and therapy support areas.

ICHC houses the biggest surgical center in the HC Complex, the Central Laboratory Division - first public service laboratory in Brazil to receive the certificate from the College of American Pathologists - and the Pharmaco-Technical Unit, where prescription medicine is unitized and several categories of drugs are elaborated daily. Currently, the Institute is being evaluated to receive the ONA Accreditation seal.

Always seeking modernization and adaptation to better serve the teaching-research-service tripod, it has been receiving the most modern resources and state-of-the-art technologies.

At the same time in which it invests in structure and equipment, ICHC is also implementing a large humanization project that permeates the entire Institution. Its essence is the collective constructions of ethical and technical commitments that are expressed as actions to take care of the patient and improve the work relationships between health care professionals. Rede Humaniza is coordinated by the Núcleo Técnico de Humanização, which is formed by Humanization Work Groups present in the several instances of HCFMUSP.



*MadAlegria members get ready for action at Hospital das Clínicas*

Five years ago, a group of students from the USP Nursing, Physiotherapy, Speech Therapy, Medicine, Nutrition, and Occupational Therapy courses decided to dedicate their time to Humanization. In order to strengthen inter-personal relations, especially during clinical care, they created MadAlegria, on FMUSP's Culture and Extension projects.

The initial idea was to develop groups of clowns to act together in the HCFMUSP Institutes. With the support from teachers, the students were allowed to act in ICHC and in ICESP. The service started in 2011, but was already changed in 2012: MadAlegria expanded to include storytelling. And, in 2013, the project was no longer restricted to health care course students, and was also opened for the community inside and outside USP.

When they are in the hospital, the teachers want to hear the patients. MadAlegria's participation is changing the behavior of the participants in other aspects of life. Every year, MadAlegria coordinators create a selection process to incorporate thirty (30) clowns and twenty (20) storytellers.

In ICHC, besides MadAlegria, there are four (4) groups at work: Amigos do Nariz Vermelho, Canto Cidadão, Arte Despertar and Doutores da Alegria.

In 2015, by means of FFM, 34,140 hospitalizations and 8,552,916 clinical procedures were conducted, totaling **8,587,056 procedures and hospitalizations**.



*InRad building renovations perspective*

The search for image diagnosis and therapeutic resources, to follow-up patient evolution in the several institutes of HCFMUSP, culminated, in November, 1994, with the creation of **Instituto de Radiologia (InRad)**.

The Institute is recognized, nationally and internationally, as an excellence center regarding image diagnosis and therapeutic methods and procedures, interventionist radiology, and nuclear medicine.

The modernization of the equipment with state-of-the-art technology, combined with a qualified body of professionals, contributed for the higher efficiency in image diagnosis and therapy of several pathologies, elevating the quality standards of services provided to the patients.

Consisting of two (2) buildings, with the main one concentrating the conventional radiology and interventionist radiotherapy clinical resources and the annex building housing Centro de Medicina Nuclear (CMN), pioneer in the South-American nuclear medicine and development of radiopharmaceuticals, produced by Ciclotron, for oncology and neurology treatment and research purposes.

The Centro de Diagnóstico por Imagem das Doenças da Mama (CEDIM) and Núcleo Técnico-Científico de Diagnóstico por Imagem (NDI) stand out, as well, and are responsible for managing the corporate acquisition of image diagnosis equipment, coordinating maintenance contracts and supporting the implementation of the digital image distribution and storage system – Radiology Information System (RIS)/Picture Archiving and Communication System (PACS) –, which allows accessing the information from any hospital unit and printing examination reports and images.

This was the first institution on Latin America to apply Nuclear Medicine techniques and the first in South America to deploy high-dose rate brachytherapy equipment. It was also the first public hospital in the country to install a Nuclear Medicine Positron Emitting Radio-Pharmaceutical Production and Development Unit (**Ciclotron Project**), to be used in small tumor diagnosis examinations and molecular image research projects.

Since 2013, the HCFMUSP InRad main building is undergoing a wide renovation process. The intention is to modernize and expand the technological resources to promote teaching and research.

The InRad Centro Integrado de Produção de Radiofármacos (CinRad) (CinRad) was awarded with ANVISA's Good Manufacturing Practice Certification (BPF). Such recognition indicates that the CinRad products are able to ensure the correct quality, purity, safety, identification, and concentrations. Besides that, all productive stages can be tracked, generating a history that is able to minimize sanitary risks.

With this accreditation, HCFMUSP shows that the services provided match the service provided by the large multinational pharmaceutical companies. The next step is to obtain another ANVISA registration: radio-pharmaceuticals. The work conducted at CinRad was legitimized due to the collaboration of several HCFMUSP departments, especially InRad, with its multidisciplinary team, and the HCFMUSP and FURP authorities.

FFM conducted, in 2015, **337.475 ambulatory procedures**.

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## IOT

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In the beginning of the 50s, São Paulo experienced an acute anterior poliomyelitis epidemics (infantile paralysis), fact that lead the State and Federal governments to erect and inaugurate, in July, 1953, the **Instituto de Ortopedia e Traumatologia (IOT)**. At the time, the new Institute was in charge of treating infantile paralysis cases of patients in the respiratory failure phase.

Today, IOT provides specialized service to patients with orthopedics and traumatologic conditions, and is a reference center for spinal injuries, limb re-implantation, and reconstruction with endo-prosthesis or tissue in large tumor removals.

Consisting of two (2) buildings in which the clinical and hospitalization activities are conducted, it also counts on a Reference Emergency Unit, which uses the risk rating system to prioritize cases with higher severity.

IOT has been a pioneer in several areas, and is characterized by its credibility regarding the service provided to the population. It is among the largest Orthopedics and Traumatology hospitals in Latin America and among the main Research Centers in Brazil.

In 2015, IOT obtained the ONA 1 Accreditation Seal from the National Accreditation Organization (ONA), regarding patient and employee safety. This certificate lasts for two (2) years, and may be renewed if desired by the institution.

Obtaining the ONA Accreditation Certificate is a reflex of the integration of the team, who must work to meet all requirements established by ONA. Everybody must understand that the changes only tend to improve the health care processes and the relationship between the patients and the employees.

The action integrates a Planning and Management Center project that pursues continuous improvement of the quality as a whole in the entire Hospital das Clínicas complex.

ICESP, which already had ONA 1 and ONA 2, was awarded with the first international accreditation, granted by the Joint Commission, and IMREA was accredited by CARF (Commission on Accreditation of Rehabilitation Facilities). In the

beginning of 2015, ICESP was awarded with another CARF quality certificate, which lasts for three (3) years.



*IOT receives the patient and employee safety quality certificate*

In 2015, with the purpose of expanding and disclosing the activities of Chinese physiotherapy in Brazil, the IOT Acupuncture Center signed a partnership with the China Medical University.

In the last year, ANVISA released the use of Chinese herbal medicines in the national territory for three (3) years, enabling this cooperation between IOT and the Chinese university. Therefore, Brazilian acupuncturist physicians may complement their treatments with other herbs. A partnership of this type also exists between China and Taiwan.

Besides herbal medicines, it was also agreed that the Chinese Physiotherapy specialization course class would go to Taichung/Taiwan in 2016. The IOT Acupuncture Center was created in 2006 and counts on approximately twenty (20) FMUSP physicians and twenty (20) students. The center treats 200 to 300 clinical patients every week.

In 2015, by means of FFM, 6,091 hospitalizations and 372,194 clinical procedures were conducted, totaling **378.285 procedures and hospitalizations**.



Corridors of the new IPq facilities



IPq Court

With the awakening of competent authorities facing the needs of the academy and the society in providing mental and psychiatric assistance, **Instituto de Psiquiatria (IPq)** was erected in the 1940's and inaugurated in 1952.

Conceived according to international psychiatric hospital organization standards, since the beginning it was seen as a landmark in the Paulista and Brazilian psychiatry, when compared to other institutions destined to the same service.

Pioneer in assistance, it covers all psychiatric disorders, in the several stages of life, and is the only hospitalization unit in the country specialized in children care. Its pioneerism also expresses in the formation of specialized professionals for he several areas of health science knowledge. The service is not focused on the clinical facilities because, after discharge, the patient can continue the treatment in hospital-day regime and in the several specialized ambulatories, besides taking part in occupational training and reinsertion programs that ease social reintegration.

Totally renovated in the beginning of the 21st century, it maintains the status of reference regarding neuropsychiatry and mental health in the country and Latin America, expanding the assistance area by incorporating the functional neurosurgery service, with emphasis on the use of the neuronavigator that is a reference in Brazil.

In 2015, the HCFMUSP Nutrition and Dietetics Service elaborated and implemented the IPq Educação Nutricional na Enfermaria de Comportamento Compulsivo (ECIM) project. The initiative intends to improve the eating habits at long and medium term, raising patient awareness on the importance of healthy eating habits and stimulating them to follow the diet prescribed.

The meetings with the nutritionist responsible for the project result in theoretical classes, group activities, practical classes regarding several subjects, and supervised visits to the unit. In the Food Reuse practical class, for example, the main goal of the project was achieved: the participants learned how to use food integrally to avoid waste.

As one of the HCFMUSP institutes, IPq gathers the best professionals in the country to offer public health system patients with personalized high-level supplementary health services.

Pioneer in creating specialized groups and services, the Institute is prepared to serve, in a fully and integrated way, the several types of psychiatric disorders, including those that manifest themselves in children and teenagers, as well as those related to adults and the elderly. Therefore, the IPq infrastructure is inspired in the most advanced psychiatric institutions in the world, planned to combine the use of state-of-the-art equipment, many of them unique in Latin America, with the concern to receive the patients and their relatives in the most appropriate fashion.

this modern infrastructure encompasses, among other items, general and specialized ambulatories, diagnosis service laboratories, hospital-day, hospitalization units, rehabilitation centers, psychotherapy, dentistry for psychiatric patients, and a functional neurosurgery division that is a national reference center.

In 2013, it was awarded with the ONA1 Accreditation and, in 2014, the certification was maintained to restate the quality and success of the work.

In 2015, by means of FFM, 3,169 hospitalizations and 134,161 ambulatory procedures were conducted, totaling **137.330 procedures and hospitalizations.**





ICr Façade



Itaci Façade

Inaugurated in August, 1976, **Instituto da Criança (ICr)** national reference in children's health, gathers twenty (20) pediatric specialties, providing high-complexity to newborns, children, and teenagers. Considering global service as a priority, it integrates the biological, psychological, and social view of the patient, which reveals its pioneerism in humanization projects since its conception (1970's).

The integrated action of the multi-professional teams and the adoption of the most modern diagnosis and therapeutic procedure resources, ICr offers excellent service in the intensive care, hospitalization, ambulatory care, and hospital-day modes. It stands out due to the treatment of chronic and complex diseases, such as rare syndromes, oncology, and SIDA, and also performs liver, kidney, stem-cell, and hematopoietic cell transplants. It counts on a Reference Emergency Unit, which counts on a pediatric risk rating system for years to prioritize cases with higher severity.

In the hospital, each child is treated in a special way and the professionals are trained to provide each patient with care and well-being. The efforts focus on providing, besides the treatment, a comfortable environment that reminds of the children's world, using therefore: games, drawing, colors, and a lot of fun.

ICr has been developing mature and conscious humanization work, which ally high-tech to service quality, respecting and valuing patient rights and duties, their subjectivities, and cultural references. Before the ECA (Child and Adolescent Statute) was implemented, ICr was already a pioneer in providing conditions for one of the

parents or the legal guardian to remain at the hospital, full time, in cases of child or adolescent hospitalization, and continues to innovate regarding patient and employee humanization actions.

Today, ICr counts on twelve (12) humanization programs, which involve actions focusing on the patient and companions and/or employees. Namely: Reception; Reception with Risk Rating; Environment; Expanded Visit and Companion Rights; Evaluation Programs; Support Programs; Cultural and Educational Programs to Develop Subject Prominence; Employee Participation and Integration Areas; participative management and improvement of work processes; Appreciation for the multi-professional team; Quality of life and Sustainability; and Therapeutic Innovation Program.

Located in the annex building, **Instituto de Tratamento do Câncer Infantil (ITACI)** (page 68 herein), inaugurated in 2002, stands out for its specialized center of oncology and other hematologic or rare diseases, besides performing transplants in high-risk infants.

In 2013, ITACI was awarded with the ONA 1 Accreditation, and maintained the certification in 2014, restating the service excellence quality.

In 2014, Instituto da Criança was awarded with the SAÚDE 2014 Award granted by Editora Abril in the category "Institution of the Year", with the "Diagnóstico Amigo da Criança" program.

In 2015, by means of FFM, ICr and ITACI (page 68 herein) performed **5,720 hospitalizations and 659,732 clinical procedures**, totaling **665,452 procedures and hospitalizations**.



*Rehabilitation activities developed with IMRea patients*



*Celebration of IMREA's 40th anniversary in Auditório Ibirapuera*

The Instituto de Medicina Física e Reabilitação of HCFMUSP f HCFMUSP was created in 2009 by means of a State Decree. However, its origin dates from 1075, when the Divisão de Reabilitação Profissional de Vergueiro (DRPV) of HCFMUSP was inaugurated, and subsequently was called Divisão de Medicina de Reabilitação (DMR). Due to its relevance and the expansion of the services provided to the population, it achieved the status of Institute, currently encompassing five (5) Units, distributed in the regions of Greater São Paulo. Vila Mariana, Umarizal, Lapa, Clínicas, and Morumbi (IRLM – page 40 herein).

As a mission, IMREA proposes to "take care of persons with physical disabilities, either transitory or definitive, who require rehabilitation services, to develop their physical, psychological, social, professional, and educational potential". This mission is executed by means of a philosophy of commitment to meet the needs and expectations of the patients and relatives, respecting their individualities and seeking excellence in their results. Therefore, the philosophy includes continuous improvement of its processes by means of innovation and pioneerism, valuing efficiency, effectiveness, and efficacy, from the application of the resources up to result follow-up. For this reason, during its journey, it became a reference in rehabilitation, taking part of the development of public policies to promote the inclusion of disabled persons in all spheres of the society.

The Rehabilitation Programs are organized with emphasis on multi-professional work, coordinated by physiatrists and carefully developed by physicians, social workers, psychologists, physiotherapists, occupational therapists, hearing care professionals, nurses, nutritionists, and physical educators. These are highly-specialized teams, responsible for planning

and executing conducting treatment, valued by the constant development and incorporation of new technologies. Is also includes experiences in therapeutic/cultural, income generation, and professional evaluation and qualification workshops, with the purpose of professional and social inclusion, as well as seeking rehabilitation excellence.

The main disabilities treated by IMREA are resulting from encephalic injuries, spinal cord injuries, amputation, and neuro-degenerative diseases, besides upper and/or lower limb congenital malformations, cerebral palsy and/or neuropsychomotor development delay, haemophilia, Down Syndrome, and benign disabling pain.

The headquarters is located in the **Vila Mariana**, unit, a few blocks from the Klabin subway station. This unity alone serves an average of **286 patients per day**, in the several rehabilitation programs, and also provides specialized examinations, such as sitobarometry and podobarometry, Movement Analysis, Isokinetic Evaluation, among others. The facilities house the first **Robotics and Neuromodulation laboratory** in Brazil, inaugurated in 2013. Counts on a team of physiatrists and experts in the following fields: Urology, Cardiology, Neurology, Psychiatry, and Dentistry. Besides ambulatory assistance, this unit provides rehabilitation programs with hospitalization, with rooms adapted to provide the patients and care takers with mode humanized and comfortable reception, with real rehabilitation service possibilities for persons with restrictions to attend Rehabilitation Centers. There were 125 hospitalizations in 2015.

IMREA is also in the neighborhood of Campo Limpo, in the south region of São Paulo, where **Centro de Reabilitação Umarizal**, inaugurated in 2001, is located. It assists an average of **113 patients per day** in the several rehabilitation programs. It counts on a Robotics Laboratory, with the purpose of developing the patient's maximum potential. It provides physical conditioning programs, during and after the rehabilitation program, therapeutic and income generation workshops, specialized eletro-neuromiography laboratories, Isokinetic Evaluation, Neuromuscular Blockade Ambulatory, Anesthetic Blockade, Dentistry, and Posture School.

Located in the west region of the city is **Unidade Lapa**. Inaugurated in 2007, it currently assists an average of **314 patients per day** in the several rehabilitation programs, and also provides supplementary activities after the physical rehabilitation program, among them: Physical Conditioning, Therapeutic, Cultural, and Income Generation Workshops, Professional Qualification within the Rehabilitation Program, and Professional and Social Inclusion. It also counts on specialized laboratories, such as Full Care for Persons with Down Syndrome, which assists patients from zero (0) to eighteen (18) years of age, with different programs according to the age group and different stages of development, and Hemophilia. This unit also houses the Management, Development, Innovation, and Technology (GDIT) and Assistive Technology Laboratory activities, important in dispensing Orthosis, Prosthesis, and Auxiliary Locomotion Means.

Inaugurated in 2008, **Unidade Clínicas** is located inside HCFMUSP and serves an average of **98 patients per day**, in the several rehabilitation programs, which are forwarded by the community, Basic Health Units, Specialized Ambulatories, as well as by HCFMUSP. It prioritizes cases with higher complexity, such as encephalic injuries, cerebral palsy and/or neuropsychomotor development delay, neuro-degenerative diseases, and musculoskeletal pathologies, besides counting on specialized laboratories, such as Eletro-Neuromiography and Neuromuscular Blockade Laboratory.

In 2015, the IMREA ambulatory and SUS hospitalization invoiced production, including appointments, examinations, and multi-professional service, was **142.442 procedures**.

The Institute is also responsible for medical training, by means of the Regular Course (Deficiency and Inability) and Optional Course (Physiotherapy Principles), lectured to USP students.

It also trains Graduation and Post-Graduation specialized rehabilitation professionals, by means of HCFMUSP Medical Residency, Incapacitating Physical Disability Rehabilitation Multi-professional Residency, Professional Improvement Program, and Graduation Internships for students of the FMUSP Physiotherapy Course and the Occupational Therapy Course of Universidade Federal de São Carlos. IMREA participates in the USP Physiotherapy Graduation Course with invited professors.

The following specialization courses are provided: Clinical Hospital Rehabilitation Psychology, Rehabilitation nursing, and Disabled Person Rehabilitation Welfare, are also part of the teaching activities.

Technical visits of national and foreign professionals, seeking knowledge and improvement, are constant in the Institution. In 2015, the employees were provided with the following training and qualification sessions: Theoretical and Practical Fire Brigade Training, Corporate Essay and Portuguese Language Recycling Program, Basic Life Support, Regulating Standard NR-32, Neuromuscular Blockade Study Program, Child with Visual Disability Support Qualification, Qualification: Gross Motor Function Measure (GMFM); Patient Transportation Ergonomics Qualification, Theoretical and Practical Upper Limb Orthosis Indication, Elaboration and Manufacturing Fundamentals; Psychological and Neuro-psychological Evaluation Techniques, Lower Limb amputee Rehabilitation - Pre- and Post-prostheses phases, MIF Qualification and Recycling, Physical Conditioning in Rehabilitation of Persons who Suffered Cerebrovascular Accidents (CVA) and other Encephalic Injuries, Wheelchair Adaptation Course, Qualification: Evidence-based Electro-photothermotherapy, Peripheral Nerve Damage Course, Induced Containment Therapy Course, Qualification: Therapy Taping; Usage of the AMP Scale and Two-minute walk test, among others. Some of these qualifications courses were also made available to the external public.

Regarding activities related to scientific development, one of the missions of IMREA is to produce scientific knowledge and technological innovation, by means of clinical research in the Physical Medicine and Rehabilitation fields, in order to improve the quality of life of disabled persons. In 2015, thirteen (13) new research projects were started, and nine (9) were completed, which allowed the Clinical Research Center to publish twenty (20) issues.



Besides that, together with other entities, IMREA publishes the quarterly *Acta Fisiátrica Magazine*. In the year 2015, forty (40) articles were published.

Maintaining the quality of the service provided daily by the Institute allowed its recognition by the society in three (3) very important awards - Prêmio Líderes da Saúde (Health Leaders Award), HospTECNO Certificate (Technology Champion Hospital), and Certificate of Recognition by the American Association on Intellectual Disabilities and *People to People International* – Delegation to Brazil.

The institutional vision was also reviewed in 2015, since the results previously indented by the Institutions were achieved and confirmed in 2014, with the certification awarded by *CARF - Commission on Accreditation of Rehabilitation Facilities*. This certification is the most important international rehabilitation accreditation, recognized around the world for its high level of demand to accredit rehabilitation centers.

With that, starting in 2015, IMREA's challenge is to "maintain the rehabilitation management excellence, with sustainable strategies, technological innovation, and networking, acting as a transformation agent, recognized by the society for its results"; this challenge shall be faced with the actions planned (and already started) for the next three years.

On November 4th, 2015, the Ibirapuera Auditorium was the stage to celebrate IMREA's 40th anniversary, completed on January 13th, 2015, which counted on the performance of the

Symphonic Jazz Orchestra of São Paulo, with 82 musicians. During the event, the winners of the "Eu Sou + IMREA" contest were announced, electing the most innovative, motivating, responsible, efficient, and welcoming employee of each unit.

One of IMREA's premises is to develop research that allows improving the impact of new technologies in clinical operation and understanding the mechanisms involved in clinical evolution (motor skills, cognitive skills, etc.) of the patients involved in the rehabilitation programs. These works were conducted by the Clinical Research Center (CPC IMREA), formed by highly-qualified academic and health professionals.

The IMREA CPC strongly incentives, expands, and consolidates clinical studies produced based on data collected from the patient, therapists, and other IMREA professionals. Among the activities developed in 2015, we emphasize the production of forty six (46) publications, including articles and summaries in national and especially international scientific journals - since 2010, almost three hundred (300) papers were already published - and four (4) issues to the digital scientific magazine "Acta Fisiátrica", with forty (40) articles published, besides guiding research in post-doctorate, doctorate, and masters studies. Another highlight of IMREA CPC is the participation in national and international events, such as the 12th World Congress of the International Neuromodulation Society, in Canada, and the 9th Congress of the International Society of Physical Medicine and Rehabilitation, in Germany.

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## LIMs Institute

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Created in 1975 in FMUSP, and incorporated to the HCFMUSP in 1997, the **LIM - Medical Investigation laboratory** is the scientific research development branch: it standardizes new diagnosis techniques and methods, promoted the education of basic and applied researchers, serves as a teaching, development, and training field for health professionals and college students, and conducts medicine and health courses.



*LIM 24 stands out due to the innovation in cancer diagnosis and prevention*

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In 2015, several events were held to commemorate the forty (40) years of the HCFMUSP LIMs.

The celebrations shall tell the story and achievements of the LIMs up to 2016, when the 5th Edition of the traditional "LIM Medical Research Advances" Symposium takes place.

The commemorative year began in the FMUSP Theater, on November 13th, 2015, gathering professors, researchers, and research-related employees. Lectures were conducted to tell the history, impact, and innovation of the researches in the clinical, surgical, mental health, environmental, and epidemiology fields.

Along these 40 years of existence, the LIMs were significantly expanded, and are represented today by more than 200 research groups, which act in several health fields, spread through the several HCFMUSP buildings and Institutes, as well as in FMUSP buildings, Instituto Oscar Freire, and the USP Tropical Medicine Institute.

With several research projects financed by national and international agencies, the LIMs research groups currently occupy an unquestionable scientific leadership position in Medicine and related fields, producing annually more than 1,600 scientific articles in indexed journals and introducing innovative diagnosis, therapeutic, and preventive approaches for several medical conditions.

The 207 research groups that act in the 62 LIM laboratory units currently count on approximately 1,200 persons, linked to the HCFMUSP and to FMUSP, including scientific and medical researchers, professors, biologists, and higher-education and high-school technicians. The LIMs do not count on a specific building, and the units are distributed in the FMUSP building (which houses most of the laboratory units and the executive board), in the buildings of the Tropical Medicine Institute (IMT I and II), in Instituto Oscar Freire, and the several HCFMUSP Institutes.

The researchers act directly in the LIMs laboratories and collaborate with the research developed in the units and several areas. They deliver courses and classes to post-graduation students, and instruct students of several academic levels as well. Many researches generated in the LIMs have subsidized the reorientation of public policies. These groups develop research in several fields of health sciences, and have investigated diseases such as SIDA, Hepatitis C, Alzheimer, human and animal parasitosis, schizophrenia, asthma, breast cancer, cervical cancer, and heart attack. Others that stand out are epidemic vaccination dynamic and control study, and studies regarding the impact of environmental pollution

on health. High complexity treatment, which include new surgical techniques, transplants, and cellular therapy, are also targets for investigation and improvement of the LIM research groups.

With the purpose of stimulating the FM/HCFMUSP research and innovation activities, the FMUSP Board and the LIM Executive Board created Programa Rede de Equipamentos Multiusuários (PREMiUM - Multiuser Equipment Network Program) (page 113 herein). The program, launched in 2006, enabled the implementation of decentralized centers, equipped with the most modern technologies and organized as a network, making them accessible to researchers inside and outside the System. At the same time, it allowed optimizing the application of specialized financial and human resources.

The results of the research activities developed by the professionals elevate the institution in the scientific community and position it as a national reference. As an example of this image, we emphasize the participation of the institution researchers in Programa Institutos Nacionais de Ciência e Tecnologia (INCT - National Science and Technology Institute Program), launched on July, 2008. From the forty four (44) National Science and Technology Institutes of the State of São Paulo, three (3) are established in the FM/HCFMUSP System and connected to the LIMs. Namely: Instituto Nacional de Análise Integrada do Risco Ambiental (INAIRA - National Environmental Risk Integrated Analysis Institute), Instituto Nacional de Psiquiatria do Desenvolvimento (INPD - National Developmental Psychiatry Institute) (for Children and Teenagers), and Instituto de Investigação em Imunologia (III - Immunological Investigation Institute).

The list of the 62 HCFMUSP LIMs is as follows:

- 01: Medical Informatics
- 02: Medical Surgical Anatomy
- 03: Laboratory Medicine
- 04: Microsurgery - Plastic Surgery
- 05: Experimental Atmospheric Pollution
- 06: Schistosomiasis Immunopathology
- 07: Clinical and Experimental  
Gastroenterology
- 08: Anesthesiology
- 09: Pulmonology
- 10: Lipids
- 11: Circulation Pathophysiology
- 12: Basic Kidney Diseases Unit Research
- 13: Molecular Genetics and Cardiology
- 14: Hepatic Pathology Investigation
- 15: Neurological investigation
- 16: Renal Pathophysiology
- 17: Rheumatologic investigation

18: Carbohydrates and Radioimmunoassays  
 19: Cellular Histocompatibility and Immunity  
 20: Experimental Therapy I  
 21: Neuroimaging in Psychiatry  
 22: Pathological Anatomy and Cardiovascular Pathophysiology  
 23: Psychopathology and Psychiatric Therapeutics  
 24: Experimental Oncology  
 25: Cellular and Molecular Endocrinology  
 26: Experimental Surgery Research  
 27: Neurosciences  
 28: Head and Neck Vascular Surgery  
 29: Medical Education Investigation  
 30: Pediatric Surgery investigation  
 31: Experimental Lymphoproliferation and Vase-Occlusive Pathophysiology  
 32: Otolaryngology  
 33: Ophthalmology  
 34: Telemedicine  
 35: Pancreatic Physiology  
 36: Clinical Pediatrics  
 37: Liver Transplant and Surgery  
 38: Epidemiology and Immunology  
 39: Biomedical Data Processing

40: Immunohematology and Forensic Hematology  
 41: Biomechanics  
 42: Molecular Hormones and genetics  
 43: Nuclear Medicine  
 44: Magnetic Resonance in Neuroradiology  
 45: Renal Pathophysiology  
 46: Medical Parasitology  
 47: Virus Hepatology  
 48: Immunology  
 49: Protozoology  
 50: Pathology of Infectious Diseases  
 51: Clinical Emergencies  
 52: Virology  
 53: Mycology  
 54: Bacteriology  
 55: Urology  
 56: Immunogenetics and Experimental Transplant  
 57: Obstetric Physiology  
 58: Gynecological Pathophysiology  
 59: Cellular Biology  
 60: Clinical Immunopathology and Allergy  
 61: Thoracic Surgery Research  
 62: Surgical Pathophysiology

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## Hospital Auxiliar de Suzano

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O **Hospital Auxiliar de Suzano (HAS)**, inaugurated in 1960 and located in the municipality of Suzano, in the Greater São Paulo region, was designed to be the backup of the HCFMUSP Institutes, providing specialized medical-clinical assistance to long-term patients.



*Hospital Auxiliar de Suzano*

The main building offers assistance to adults and children, with integrated actuation of a multi-professional team, which allows reestablishing the

functional capacities and rehabilitating sequels in different stages of the diseases.

The service provided covers the General Practice, Surgery, Neurology, Orthopedics, and Pediatrics.

With an integrated multi-professional team, is also develops several activities with the patients, families, and employees, in order to promote better quality of life and maintain the social and family links due to long term hospitalization.

The unit offers a total of two hundred (200) beds, of which fifteen (15) are reserved for children with high-complexity diseases and twelve (12) to adult patients with the same conditions. In general, the others are stable and are located in an annex called Unidade Térrea Mista (Mixed Ground Unit).

Today, the HAS main building is undergoing renovation, and a new building is being erected to expand the assistance capacity and its mission, in order to offer modern diagnosis and therapeutic procedure resources.

A building is being erected in the land of more than 77,000 m<sup>2</sup> to aggregate one hundred and twenty (120) new beds and a diagnosis and

therapy support unit. The main building façade and floors will also be renovated.

In 2015, FFM conducted **1,124 hospitalizations and 6,873 clinical procedures.**

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### Hospital Auxiliar de Cotoxó

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Inaugurated in 1971, in the neighborhood of Pompéia, **Hospital Auxiliar de Cotoxó (HAC)**, less than five (5) km from the FM/HCUSP System, was designed to backup the HCFMUSP Institutes, providing specialized medical-clinical assistance to patients with intermediate care, by means of an integrated multi-professional team.



*Virtual projection of the new Hospital*

Currently, the hospital is under construction to expand the installed capacity, aggregating modern diagnosis and therapy procedure resources, besides new dedicated health field teaching and research areas.

The works executed in Hospital Cotoxó, which shall be mainly dedicated to teaching, research, and assistance of problems related to drug addiction, were resumed in November. The works were waiting authorization from bodies responsible for areas such as environment, and now all embargo was legalized.

The new hospital shall have one hundred and four (104) backup beds to recover patients from the HCFMUSP institutes and other fifty six (56) beds dedicated to treat patients with problems involving drugs and alcohol. Inauguration is foreseen for October, 2017.

The renovation will also make way to Centro de Ensino e Treinamento de Recursos Humanos (Human Resource Teaching and Training Center) and the new Centro Colaborador de Álcool e Drogas (Alcohol and Drugs Collaboration Center) (page 110 herein), a partnership between SES-SP, USP, and Senad, of the Ministry of Justice.

The Collaboration Center, with the purpose of providing assistance, teaching, service, and research related to use, abuse, and dependency of crack, alcohol, tobacco, and other drugs, shall be managed by IPq and count on hospitalization beds, hospital-day, and areas focusing on patient family teaching and welcoming.

In 2015, FFM conducted **104 hospitalizations.**

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### Casa da AIDS

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Inaugurated in 1004 with the purpose of developing teaching, research, and assistance activities with HIV/SIDA patients, **Serviço de Extensão ao Atendimento de Pacientes HIV/SIDA - Casa da AIDS (SEAP HIV/SIDA)** counts on administrative support from FFM since 2004. In 2007, this Service was awarded with the Prêmio Governador Mário Covas do Governo do Estado de São Paulo (Award granted by the Government of São Paulo) in the category of "Efficient Use of Public Resources and Debureaucratization", as recognition for the management project focusing in treatment adherence for patients living with HIV/SIDA. In the same year, it was rated with the "Gold" standard in the specialized HIV/SIDA service

evaluation in the entire national territory, as conducted by the STD/SIDA Department of the Ministry of Health by means of the QUALISIDA System evaluation.

In September, 2014, SEAP HIV/SIDA began operations in the facilities of the SES-SP Centro de Saúde Pinheiros (Health Center). Developing ambulatory teaching, research, and assistance activities with patients with the HIV virus, it serves approximately 3,000 adult patients with HIV. SEAP HIV/SIDA counts on forty nine (49) employees, a team consisting of infectologists, gynecologists, psychiatrists, dental surgeons, pharmacists, nurses, psychologists, social workers, and the nursing and administrative support teams.





*Volunteers participate of activities promoted by Casa da AIDS to raise population awareness regarding the importance of premature detection*

In 2015, in the **teaching** area, the following have stand out:

- Development of classes and activities of the FMUSP CAOC HIV/SIDA Prevention League.
- Classes conducted to FMUSP 4th and 5th year Medical School students, in the context of the set of Transmittable Disease Disciplines and Hospital Internship;
- Development of practical activities of the FMUSP Infectology Medical Residency Program for the three (3) years of graduation - R1, R2, and R3, besides optional internships for residents in other FMUSP programs - Gynecology and Family and Community Medicine.
- Development of HCFMUSP Hospital Psychology and Welfare Improvement Program activities related to HIV infection.
- Execution of the post-graduation discipline MIP5734 - HIV/SIDA Infection Applied Research: Approaches, Methods, and Techniques.

In the **research** field, the following activities stand out, among others:

- From the SEAP HIV/SIDA medical team, four doctors are enrolled in the FMUSP Infectious and Parasitic Disease Post-Graduation Program Doctorate Course.
- Among the professionals of the multidisciplinary team, a psychologist is enrolled in the Doctorate Post-Graduation Program of Instituto de Psicologia da USP (USP Psychology institute)
- The research projects developed in the SEAP HIV/SIDA by the multidisciplinary team were presented in the VI Congresso Brasileiro de SIDA (VI Brazilian SIDA Congress) and the Jornada

Científica da Divisão de Moléstias Infecciosas e Parasitárias do ICHCFMUSP (ICHCFMUSP Infectious and Parasitic Disease Division Scientific Journey).

In the **assistance** field, the beginning of integral assistance to patients with HIV in the new Casa da AIDS unit, in Pinheiros. With that, besides medical appointments and multi-professional service, the Psychological Duty and the Antiretroviral Treatment Adhesion Project.

In the prevention field, the patients sought SEAP HIV/SIDA spontaneously to undertake the Quick HIV Test, of which 70% were males, with an average age of 31 years.

In the **assistance** field include multidisciplinary prevention projects with application of the quick diagnosis test for HIV, viral hepatitis, and syphilis, antiretroviral treatment adhesion projects, follow-up of youngsters living with HIV and transferred from the HCFMUSP ICr, HIV/Hepatitis Co-infection projects, and projects related to HIV patient mental health and tuberculosis.

IN 2015, with the purpose of raising population awareness and fighting the stigma regarding SIDA, December 1st was established as the "World SIDA Day". With this spirit, Casa da AIDS promoted a series of activities for the public and team in the Pinheiros unit, in São Paulo, during the whole day.

An awareness activity was conducted, focusing in two target audiences: the population in general, who was invited to undertake the anti-HIV test, and the employees themselves.

While taking the examinations, the intention was to meet the goal set out by UNSIDA (Joint United Program on HIV/SIDA), WHO division responsible for health programs focusing on fighting the disease, to test the largest possible amount of people. The examination is free of charge and can be executed with a small sample of fingertip blood or saliva. The results are ready in fifteen (15) minutes.

The employees who work at Casa da AIDS participated in several recreational activities, with storytelling and arts and crafts workshops.

In 2015, **21,115 ambulatory procedures** were conducted. A total of 1.050 quick HIV tests were applied, and identified 3.7% of positive results.

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## Other Health Units

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FFM also develops actions focusing on improving other Health Centers and Units, equally destined to SUS patient public service.

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### Hospital Universitário da USP

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Inaugurated in August, 1981, **Hospital Universitário da USP (HU)** is part of the practical learning process of not only Medical students, but also other health-related courses, such as Dentistry, Physiotherapy, Speech Treatment, Occupational Therapy, Psychology, Pharmacy, and Public Health. One third of the Medical graduation curriculum is completed there, mainly in the Pediatrics, Medical Clinic, and Surgery disciplines. It also receives Medical residents in general, from the Dentistry Oral and Maxillofacial Surgery field and multi-professional residency of the Speech Treatment, Physiotherapy, Occupational Therapy, and Pharmacy courses, besides offering extension courses in several fields.



*Façade of the HU located in the USP campus*

Counting on two hundred and fifty eight (258) beds and an ambulatory with fifty seven (57) offices, the USP University hospital serves not only the neighborhood in which it is located, but also Rio Pequeno, Morumbi, Jaguaré, and Vila Sônia. Besides that, it also assists USP by allowing Public

Health College students to practice and perform field studies.

The HU has its own clinical research center, with a research and high scientific production ethics analysis commission, especially for the mother-child and adult health fields, which have contracts signed with FFM intervention.

Today, HU is an essential piece in the structure of the Região Oeste Project (page 37 herein), with the 2015 contract management under the responsibility of FFM. Due to its secondary health service characteristics, it serves as one of the possible references to support the diagnosis and treatment needs of the patients in the region.

With the Região Oeste Project, HU assumed an important role in the regulation of the social activities in the Butantã-Jaguapé sub-district, because it began organizing health and social actions. As it is a hospital, it promotes meetings with the managers of the units served, and then evaluates the reference and counter-reference social assistance flows and protocols, which allow rating and stratifying the risks of first-aid posts in order to evaluate the statistics and establish service priorities.

This is only possible because the Região Oeste Project renewed health management in the region, with a work based on quality and assistance indicators, with goals and statistical data that guide the decision-making process in order to rationally distribute the material and human resources available.

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### Centro de Saúde Escola Butantã

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The **Centro de Saúde Escola Samuel Barnsley Pessoa (CSEB) – CSE Butantã** is a FMUSP teaching-assistance unit, under the responsibility of the Preventive Medicine, Pediatrics, Medical Clinic,

and FOFITO Departments, focusing on the population of Butantã.

Since 1977, CSEB has contributed to the development of primary health care practices in Brazil, especially by means of the service training

and research activities. The Center develops activities together with the Região Oeste Project (page 37 herein).

CSEB's mission is to develop, in perfectly integrated fashion, teaching to medical school, nursing, and speech treatment graduates, resident doctors, and other health professionals, research lines related to innovative primary health care teaching projects and technologies, and quality health assistance to the population of the area covered by CSEB, in the health promotion, disease prevention, and grievance support fields.



*Centro de Saúde Escola Samuel Barnsley Pessoa*

In 2015, by means of FFM, CSEB conducted **9.024 ambulatory procedures.**

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### **Instituto Emílio Ribas**

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The **Instituto de Infectologia Emilio Ribas (IIER)** was one of the first Public health institutions in São Paulo, and was inaugurated in January 8, 1880.

In 1932, the Hospital the was renamed Hospital de Isolamento “Emílio Ribas”. The hospitalization building, with nine (9) floors, was inaugurated in 1961.

In June, 1991, the Hospital was transformed in Instituto de Infectologia Emilio Ribas.

IIER's notable role is in the field of infectious disease diagnosis and treatment and outbreak control in the State of São Paulo and in Brazil.

In parallel with the social assistance activities, it is a teaching and research reference center, contributing to health care professional training and education.

In 2014, an agreement was signed between HCFMUSP and SES-SP. with FFM intervention, with the purpose of executing the IIER Management, Action, and Service Operationalization Project, which was completed in 2015, but shall be renewed in 2016.

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### **NGA Várzea do Carmo**

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By means of agreements signed between HCFMUSP and SES-SP, with FFM intervention, since 2010 the HCFMUSP Clinical Gastroenterology Service is responsible for the Endoscopy and Hepatology Service of **(NGA) Várzea do Carmo** (Social Assistance Management Center), SES specialty ambulatory that operates in downtown São Paulo. The service fills a gap in SUS secondary patient service, solving most of the cases and forwarding the more complex cases for specialized treatment at HCFMUSP.

Currently, more than 640 gastroenterology and 580 hepatology appointments, and 600 endoscopy procedures are performed per month. The Várzea do Carmo ambulatory is a reference for thirty nine (39) municipalities of Greater São Paulo.

The cases are forwarded from the primary care services, such as AMAs, UBSs, and First-Aid Hospitals.

The service meets the Anvisa's recommendations, with two (2) doctors and one (1) nurse per room, equipment cleaning and disinfection room, and recovery room. The NGA Várzea do Carmo venue was entirely renovated due to the requirements of the services provided.

In 2015, the HCFMUSP Gastroenterology Service continued the NGA Várzea do Carmo Endoscopy and Hepatology Service actions by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention.



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## Management Contracts

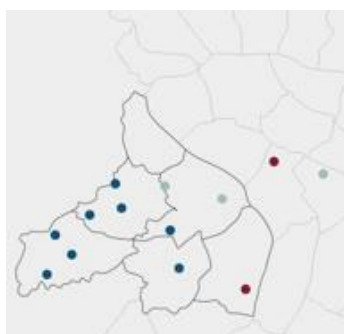
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As a Social Health Organization, in 2015, FFM took over the financial-administrative management of three (3) health institutions or systems: IRLM, the Região Oeste Project, and Pronto-Socorro Municipal do Butantã

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### Western Region Project (PRO) Municipal Management Contract

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Map of PRO Units: UBS VI. Dalva, UBS Jd. Boa Vista, UBS Jd. São Jorge/AMA Jd. São Jorge, UBS Malta Cardoso, UBS Jd. D'Abril, UBS Paulo VI/AMA Paulo VI, UBS VI. Sônia/AMA VI. Sônia, PSM Butantã (Management Contract), UBS Real Parque, and UBS Dr. M. J. Pêra (Plan)



The UBS Paulo VI carnival block goes through Rua do Jardim João XXIII, alerting regarding violence and STD prevention

Result of a partnership between SMS-SP, FMUSP e FFM, **Região Oeste Project (PRO)** creation tries to realize a platform guided by the assistance, teaching, and research pillars, focusing on the integration of the primary, secondary, and tertiary health services, in order to provide the users with quality, efficient, and humanized service that contributes effectively to the development of SUS in the central/west region of São Paulo.

Consisting of six Administrative Districts (Butantã, Morumbi, Raposo Tavares, Rio Pequeno, Vila Sônia, and Jaguaré), the Butantã-Jaguare microregion, object of the partnership, is located in the west region of the municipality and counts on a total population of 420,000 inhabitants.

Currently, seven (7) UBSs are under the management of the Região Oeste Project, guided by the Family Health Strategy model, totaling thirty four (34) Family Health Teams, one (1) traditional model UBS, two (2) Family Health Support Centers (NASF), four (4) Ambulatory Medical Assistance (AMA) units, and one (1) Municipal First-Aid Hospital.

Understanding the importance of complete health care and the need to transmit this concept to its students, FMUSP decided to seek a primary care area and integrate it to its secondary and tertiary care equipment, in order to create an integrated and hierarchical care system, as proposed by SUS. Considering this purpose, several

discussions started in order to establish the public municipal equipment as practice field.

Such discussions resulted, successfully, in the conclusion of a management contract between SMS and FFM, substantiated by the Região Oeste Project (PRO), created with the purpose of contributing to improve Sistema Único de Saúde (SUS) in the city of São Paulo, besides allowing better articulation between teaching, research, and assistance, the three pillars that rule FMUSP's activities.

From 2008 to 2015, the Basic Health Units included in the PRO management contract received students from the Medical School, Speech Treatment, Physiotherapy, Occupational Therapy, Nursing, Psychology, Family and Community Medical Residency, and Psychiatry Residency courses, among others, and served as field to conduct teaching and research activities, besides developing social assistance actions focusing on the population of the west region of São Paulo.

The validity of the management contract between FFM and SMS expired in December, 2015. However, it may be extended, exceptionally, until the formal contracting procedures between SMS and the new Institution are completed, starting therefore the transition process between FFM and the Institution selected by the municipality to assume the territory.

The change in relationship between FFM and SMS regarding PRO does not change, however, the development of the primary health care activities with FMUSP students. For this reason, FMUSP adopted several measures to ensure not only the continuity, but also strengthening, improvement, and expansion of the primary care internship field. The graduation disciplines connected to the project, as well as Family Health Medical Residency

activities, are still developed in the health units of the Butantã region.

The work developed by FFM with PRO is part of a deep change in the mentality that FMUSP has been implementing in the last years, and that has also been reflecting in current curricular changes.

In 2015, the target audience and territorial coverage of the project were as follows:

HEALTH UNITS BENEFITED BY THE REGIÃO OESTE PROJECT			
Coverage	Units	Number of Teams	Persons Registered
Six (6) Basic Health Units (there were seven (07), until June/2015), with defined coverage area - thirty (30) Family Health (SF) teams (there were thirty four (34), until June/2015), and two (2) Health and Family Support Centers (NASF)	UBS Jardim Boa Vista	6 SF teams	<b>20.136</b>
	UBS Jardim D'Abril	4 SF teams + 1 NASF team	<b>12.637</b>
	UBS Jardim São Jorge	6 SF teams	<b>18.013</b>
	UBS Paulo VI	6 SF teams + 1 NASF team	<b>19.184</b>
	UBS Vila Dalva	5 SF teams	<b>13.761</b>
	UBS Vila Nova Jaguaré*	4 SF teams *	<b>12.432</b>
	UBS Malta Cardoso	3 SF teams	<b>8.287</b>
<b>* Note:</b> As of July/2015, a UBS Vila Nova Jaguaré was no longer managed by PRO			
<b>Subtotal</b>			<b>104.450</b>
Three (3) Ambulatory Medical Assistance (AMA) units (there were four (4), until June/2015)	AMA Jardim São Jorge	No coverage area defined	
	AMA Paulo VI		
	AMA Vila Nova Jaguaré**		
	AMA Vila Sonia		
One (1) Specialty Ambulatory (AE)	AE Jardim Peri-Peri		
One (1) Imaging service (mammography and ultrasonography)	UBS Vila Sonia		
<b>** Note:</b> As of July/2015, AMA Vila Nova Jaguaré was no longer managed by PRO			

The production data of these units, for the year 2015, is as follows:

PERFORMANCE OF THE REGIÃO OESTE PROJECT IN 2015		
Description		Number of Procedures
Family Health Strategy	Medical Appointments	117.370
	Nursing Service	77.191
	Community Health Agent Household Visits	319.220
Dentistry	Dentistry Appointments	12.471
	Dentistry Procedures	23.593
Imaging Examinations	Ultrasonography	3.186
	Mammography	492
Ambulatory Medical Assistance	Medical Appointments	163.987
<b>Total</b>		<b>717.510</b>

## Management Contract of Pronto-Socorro do Butantã Municipal

In July, 2010, the partnership between SMS-SP and FFM was expanded with another management contract. The scope of this new contract included the management of **Pronto-Socorro Municipal Butantã** (Prof. Dr. Caetano Virgilio Neto), expanding therefore the implementation of the Região Oeste Project (PRO) actions (page 37 herein).



*Pronto Socorro Municipal do Butantã*

The Municipal First-Aid Hospitals integrate the SMS-SP service network, with the function of providing unscheduled medical services and covering emergency and urgent medical situations of patients forwarded by the mobile pre-hospital service or basic health care units.

The inclusion of Pronto-Socorro Butantã to the management contract increases the coverage of the health service, because it is located close to the UBSs that are already included in the contract.

The Hospital assists patients in serious conditions, which remain in observation for up to

twenty four (24) hours, and are then released or forwarded to other reference hospitals as required.

The Butantã First-Aid Hospital offers Medical Clinic, Pediatrics, General Surgery, Orthopedics, and Traumatology services. The management contract foresees an average of 4,000 patients per month, referring to the health units in the region of the Butantã subprefecture.

It is important to clarify that, in the end of 2014, PMSP published Public Announcements in order to select Social Organizations to manage and execute actions and services in health units in the municipality of São Paulo. In 2016, FFM shall act during the transition process of the activities to the new Região Oeste Project and Pronto Socorro Municipal do Butantã management contracts.

The Pronto Socorro Butantã production data, in 2015, is as follows:

PSM BUTANTÃ PERFORMANCE IN 2015	
Specialty Areas	Total
General Surgery	11.626
Medical Clinic	57.858
Orthopedics	20.068
Pediatrics	17.848
<b>Total</b>	<b>107.400</b>

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## Management Contract of Instituto de Reabilitação Lucy Montoro

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*IRLM professionals working at the Children's Ambulatory*



*Induced restraint, one of the techniques used by the IRLM multi-professional team.*

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In 2010, FFM signed a management contract with SES-SP to manage the health activities and services in **Instituto de Reabilitação Lucy Montoro (IRLM)**, one of the ImRea units (page 28 herein).

Inaugurated in September, 2009, the IRLM unit in the neighborhood of Morumbi was designed to be a rehabilitation treatment, teaching, and research excellence center. The building has ten floors and 13.5 m<sup>2</sup> and is fully adapted, housing ambulatory and hospitalization services in an environment that does not resemble a "hospital".

The unit assists persons of all ages; however, as children require a different approach, they count on an exclusive floor. The ambiance was idealized so that children associate the therapies to fun, with the decor and furniture completely adapted to them.

This is the first unit in São Paulo to offer hospitalization services for patients in severe conditions. In comfortable and functional rooms, the patient is treated by a specialized rehabilitation team, twice a day, and is able to immediately start the specific disability treatment. The new unit has eighty (80) individual apartments, twenty (20) offices, and a diagnosis area with 1,000 m<sup>2</sup>.

Children rehabilitation is very different from adult rehabilitation. One of the main differences is that, among these patients, some was already born with a disability, so that they have never experienced a given function - such as walking, for example. With that in mind, IRLM created the Children Ambulatory.

In operation since the inauguration of IRLM, the team in this ambulatory is formed by physiatrists, physiotherapists, occupational therapists, social workers, psychologists, nurses,

nutritionists, speech therapists, music therapists, and physical educators.

To begin the treatment, the patient must be seven (7) years old at the most, but follow-up extends up to fourteen (14), if required. The first contact takes place in the welfare interview, moment in which the social workers and psychologists understand the child's diagnosis and social and family structure. In this stage, the team analyzes if the candidate is according to the Institute's assistance profile and is eligible for the rehabilitation program.

The patient attends the ambulatory until the therapeutic goals established by the multi-professional team are achieved. Cerebral palsy is the most frequent diagnosis in the Institute, with 81% of the cases. Other significant figures includes spinal cord injury (12%) and amputation (2%), with the remaining 5% corresponding to other injuries.

The IRLM work exceeds the doctor's office. One of the team's most common activities is visiting schools. Although this is the law since 2010, the inclusion of children with disabilities is still very difficult. If the patient's parents need indications of schools that are prepared to receive children with disabilities, the welfare team provides the recommendations.

The family members can count on the Institutes' support for all issues involving the citizenship, rights, and duties of persons with disabilities. IRLM also provides wheelchairs, orthosis, and prosthesis for its patients. Adults may request new wheelchairs every two (2) years if the old one is damaged or worn. Due to natural growth, children may request new wheelchairs every year. The families count on this support for their whole lives.

In 2015, IRLM met the needs of a hospital specialized in physical disability rehabilitation, with its human and technical resources offering, exclusively by means of SUS, and according to the level of complexity of its assistance and operational capacity, health services that fit specific modes.

The assistance offered by IRLM includes ambulatory service, hospitalization, and hospital emergency service.

Among the **technologies** provided to assist persons with disabilities, the following stand out:

**a) Baropodometry:** evaluation that identifies foot sole pressure area distribution when walking; **b) Magnetic Transcranial electrostimulation:** British methodology to stimulate the central nervous system, which allows causing and obtaining favorable responses to physical reconditioning and movement progress; **c) Telethermography** temperature evaluation system that SIDA in the diagnosis, treatment, and evolution of some diseases, such as tumors of the musculoskeletal system, paraplegic bedsores and thrombosis, infections, etc.; **d) IMN MOTION Shoulder Elbow:** promotes the rehabilitation of patients with decreased upper limb functions, with the purpose of rehabilitating patients with partial arm paralysis, maintaining and restoring their motor skills; **e) IREX:** equipment that uses virtual reality to interactively guide patients through exercises that work specific functions, by means of games and other activities; **f) I-TOY:** by means of the video-capture technology, the patient sees himself inside the game as his image is projected in a monitor, which stimulates the patient to move; **g) LOKOMAT:** equipment that focus on recovery treatment of patients with motor disabilities affected by central nervous system injuries, consisting of an automated orthosis that allows walking on a treadmill; **h) ERGYS** device that allows patients with full spastic spinal cord injury to train using stationary bikes; and **i) ARMEQ:** promotes motor rehabilitation of partial upper limb paralysis, consisting of an exoskeleton that remove gravity from the affected limb and allows it to move.

In 2015, the following **improvement process activities stand out:**

**1.** Fortnightly follow-up of the welfare goals agreed with SES-SP; **2.** Acquisition of uniforms to perform the services; **3.** Ballet performance for patients and curators, employees, and contractors;

**4.** Educational Lectures (Waste Disposal and Safety); **5.** Implementation of the “Cantinho da Mamãe” area for breastfeeding employees; **6.** Commemoration of Children's Day with clown performances; **7.** “Arte em Todo o Canto” Theatre Company performance for patients and curators; **8.** Replacement of the garden (10th floor) to improve landscaping; **9.** Carpet flooring replaced by vinyl blanket; **10.** Conditioning of the Sterilized Material Control room (CME); **11.** Implementation of technical team rooms in the hospitalization floors; **12.** Adaptation and Modernization; **13.** Realization of the “Semana Interna de Prevenção de Acidentes” (Accident Prevention Internal Week – SIPAT), with the participation of 150 collaborators from IRLM and employees; **14.** Continued Adaptation and Revision of standard texts and Evaluations (Protocols) used in the patient's electronic health records according to CARF requirements; **15.** Implementation of Commissions, such as: Risk Management, Waste Management, CCIH, Pharmacy, and Nutritional Therapy; **16.** Nursing Service team qualification by means of Courses (Adverse Events, Medical Hospitalization, and Medical Prescription Appraisal); **17.** Revision of the Dilution and Reconstitution Table according to the TASY system; **18.** Revision of Antimicrobials standardized by SCIH; **19.** Adaptation of the Orthopedics Workshop room; **20.** Development of walkers with forearm and hip support; **21.** Development of the OPM part, with new low-cost computerized manufacturing technologies for conventional wheelchair seats with CNC Router; **22.** Implementation of PABX cellular interface banks, resulting in savings of up to 74% with telephony costs; **23.** Implementation of a Service Order module in the Informatics Service, allowing faster service and better area indicator information (GeTI); **24.** Restructuring of the logic computer network; **25.** Restructuring of the DATA CENTER database storage infrastructure; **26.** Revision of the Links communication processes, access computerized system, Tasy, and RRLM Unit Database located in the countryside of the State; **27.** Development of the Tasy system customized OPM management module; **28.** Implementation of Caregiver Qualification; **29.** Meeting with other Health Service units - SUS; **30.** International Spinal Cord Injury Meeting; and **31.** Implementation of the Patient and Caregiver Fashion Day.

In 2015, the number of procedures were as follows:

INSTITUTO DE REABILITAÇÃO LUCY MONTORO - 2015	
Ambulatory Activities - Medical Specialties	
Procedures Performed	Quantity
Ambulatory activities - Physiotherapy	5.027
Ambulatory activities - Urology	532
Ambulatory activities - Others	381
Ambulatory Activities - Non-Medical Specialties	
Procedures Performed	Quantity
Ambulatory activities - Nursing	5.356
Ambulatory activities - Physiotherapy	7.731
Ambulatory activities - Speech Treatment	2.652
Ambulatory activities - Nutrition	1.924
Ambulatory activities - Psychology	3.929
Ambulatory activities - Occupational Therapy	7.326
Ambulatory activities - Others	1.139
Ambulatory activities - Social Service	4.273
Distribution of Orthosis, Prosthesis, and Locomotion Means	4.327
Medical Clinic - Hospital Discharges	1.071
<b>Total</b>	<b>45.668</b>



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## ICESP Management Plan

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Since its inauguration, FFM was responsible for implementing and managing ICESP, idealized to be one of the largest institutions in Latin America fully destined to treat patients with oncologic pathologies.



*Professionals working at one of the ICESP ICUs.*



*Humanization and well-being: ICESP employees exhibit paintings made during the workshop ministered by plastic artist Enice Fava.*

Since its inauguration, on May 6th, 2008, FFM was responsible for implementing and managing **Instituto do Câncer do Estado de São Paulo “Octávio Frias de Oliveira” – ICESP**, idealized to be one of the largest institutions in Latin America fully destined to treat patients with oncologic pathologies.

By force of the State law that qualified HCFMUSP as special regime authority, ICESP then integrated the HCFMUSP Complex. However, it is important to emphasize that these changes did not decrease FFM's responsibilities regarding ICESP management, with the challenge of leveraging, even more, the excellence level achieved long the years in developing integral health care in the cancer field and provide the patients with service and treatment conducted by notoriously specialized professionals, aggregated to modern technological equipment.

The management contract signed between SES and FFM in 2009 was innovative, as it covers, besides assistance, teaching and research. Many public hospitals were already being managed by Social Health Organizations (OSS) at the moment, but ICESP was the first to match bold high-quality service goals with teaching and research. Occupying a building with twenty eight (28) floors and approximately 84,000 m<sup>2</sup> of built area, ICESP is totally dedicated to assist cancer patients of the public health system (SUS).

As of 2014, by means of a **Management Plan** signed between HCFMUSP and SES-SP, with FFM

intervention, FFM remains responsible for managing the Human Resource department, with more than 3,000 ICESP employees, besides receiving and transferring the resources proceeding from the competent public agencies, such as Ministries and Secretaries of Health. FFM is also responsible for managing all partnerships established between researchers are financial institutions related to clinic studies.

One of the main distinguishing characteristics of ICESP is its humanization policy, which went on to inspire SES in the entire State of São Paulo. More than fifty (50) humanization projects are developed by the Institute, involving patients, employees, and careers. ICESP also became the focus point for cancer treatment in the State of São Paulo, serving as a reference for fourteen (14) specialized hospitals that are part of a committee that meets every month to define the State's oncologic assistance directives. The committee is subdivided in four (4) groups, which focus on the areas of prevention, early detection, assistance, and treatment.

In 2015, ICESP exceeded the historic mark of **three million** medical procedures performed, among: appointments, hospitalization, chemotherapy, diagnosis procedures, examinations, "hospital-day", and prompt service. There are more than 44,825 actively registered patients and an average or **812 new patients** per month.



When ICESP was inaugurated, it counted on ninety (90) beds, two (2) surgery rooms, twelve (12) ICU beds, and forty eight (48) ambulatory chemotherapy armchairs. Today, with 100% of its installed capacity, ICESP has 499 hospitalization unit beds for patients with complications or undergoing clinical oncologic, hematologic, iodine therapy, or palliative treatment, and surgical care, besides 107 chemotherapy armchairs. To support intensive care, the ICU counts on eighty five (85) beds. The Surgical Center counts on sixteen (16) rooms installed to perform elective, urgency, ambulatory, and robotic surgery. During the year, the activity resulted in approximately 8,700 surgeries.

It is very common for cancer patients to lose their appetite during treatment. With that in mind, ICESP offers practical culinary classes to teach patients and careers to prepare recipes that stimulate taste and reduce common chemotherapy side effects, such as nausea and swallowing pain. Besides the weekly Experimental Cuisine classes, ICESP also provide a free menu on the internet , elaborated with tips and preparation of salty and sweet dishes, and beverages, indicated to soften each symptom.

In 2015, the installed equipment base increased in 3%, from 5,611 to 5,844 pieces of equipment installed, namely: **a)** from 4,418 to 4,561 ICESP equipment (↑ 3.2%); and **b)** from 1,193 to 1,283 lent equipment (↑ 8%).

The purpose of the Ambulatory Pharmacy is to provide medications for oncologic patients, and is an integral part of the ICESP Pharmacy Service, providing a standardization list of types of medications (currently 217), among them chemotherapeutic agents, nausea and vomiting control medicines, painkillers, and several standardized diets.

An average of 10,188 ICESP patients and/or careers visit the Ambulatory Pharmacy every day, serving **16,338 medication and nutrition prescriptions in 2015**. Prescription service grew an average of 12.8% between the years 2014 and 2015, increasing from 14,248 to 16,338 prescriptions per month.

It is also responsible for delivering previously-authorized medications and all nutritional diets (16) at the patient's home (PMC - Household Medication Delivery Program), without any costs for the patient. In 2015, this program reached more than **28,000 deliveries** and 2,500 patients registered.

ICESP also counts on a unit located in Cotia, with the purpose of promoting special care for patients that require exclusive palliative care. Therefore, Núcleo Avançado de Cuidados Especiais

(NACE - Advanced Special Care Center) offers continued assistance with an appropriate structure to promote maximum comfort and disease symptom relief, in order to contribute for the quality of life by combining medical service and well-being. The site also counts on living areas and a wide outdoors area in contact with nature.

Within this context, the patient receives full assistance from a multi-professional team, consisting of doctors, nurses, social workers, psychologists, nutritionists, physiotherapists, and pharmacists. The second unit, NACE Jaçanã, was implemented to increase the service offer. In the last few years, the total number of services in both palliative care units (NACE COTIA and NACE JAÇANÃ) grew 84%, leaping from 807 (2010) to 1,484 (2015) patients-day/month (annual average from Jan to Dec/2015).

There are one hundred and three (103) offices available for ambulatory appointments, distributed in six (6) floors. They amount to 1,1 million medical appointments in the last seven (7) years, with more than **220,000 medical appointments** in 2015, which represents an average monthly production growth of 89% between the years of 2010 (10,183) and 2015 (18,361).

The Chemotherapy Infusion Unit achieved a capacity of one hundred and seven (107) armchairs for standardized welfare protocols and clinical research protocols. With the progressive operational growth of the unit, the number of services, since inauguration, already approaches **310,000 chemotherapy sessions**. The monthly session average grew 43% between the years 2010 (3,105) and 2015 (4,447).

With the beginning of the activities of the Radiotherapy Unit , in July, 2010, and the Brachytherapy Unit, in August, 2012, ICESP achieved a monthly production of more than 5,480 sessions in 2015, recording more than **308,000 radiotherapy sessions** and **2,000 brachytherapy sessions**, since the beginning of the activities in December, 2015.

Under the assumption of humanized service, ICESP counts on the support of a multi-professional team (psychologists, speech therapists, nutritionists, social workers, among others) for patients and family members, in order to welcome them in their moment of health weakness, resulting, in 2015, in a monthly average of 9,727 multi-professional appointments (116,725 mil/year) and more than 2,017 non-medical therapies per month (24,209 mil/year).

With the projects approved in 2014 and 2015, ICESP executed renovation works distributed in 2,139.02 m<sup>2</sup>, which allowed better service for employees and meeting the valid legislations and work flows.

IN 2015, maintaining the focus on the patient, several actions were implemented to welcome and consolidate humanized care, such as: **a)** Cine Químico, in order to entertain careers and patients while waiting for service or for their relatives; **b)** Visagism, in order to improve patient self-esteem; **c)** Outubro Rosa (Pink October), during the month, several actions were implemented with patients, careers, and employees to stimulate early breast cancer diagnosis, as well as treatment; **d)** Novembro Azul (Blue November), with several actions developed with patients, careers, and employees to early prostate cancer diagnosis, as well as treatment; **e)** Project As Quatro Estações (Four Seasons Project) in a partnership with Grupo Seresteiros de Diadema (Serenader Group), who sing on all floors at each season change; **f)** Mad Alegria, working every week in hospitalization unit during the night shift; **g)** ONG Patas Terapeutas, which implements actions with dogs in the hospitalization unit once a month.

Besides expanding assistance, scientific, and academic production constantly, ICESP developed

several projects, implemented new areas, and supported initiatives to improve the use of resources and intensify its role in our society. The following are Cancer Treatment Conduct Manuals: **a)** Manual de Oncologia Clínica (Manual of Medical Oncology, 2nd Edition); **b)** Manual de Oncologia Cirúrgica (Manual of Surgical Oncology); **c)** Manual de Terapia Nutricional em Oncologia do ICESP (ICESP Manual of Oncology Nutritional Therapy); **d)** Manual de Reabilitação do ICESP (ICESP Manual of Rehabilitation); and **e)** Manual Farmacoterapêutico (Pharmaco-therapeutic Manual).

During the years, ICESP has been collecting awards and popular recognition. In 2010, just over two years after its inauguration, it was already second place in the **SUS User Satisfaction Pole**, promoted by SES-SP. Among the evaluation criteria, we have patient satisfaction with the service received, level of service and professionals that provided the service, quality of accommodations, and hospitalization waiting time. In 2011, it stepped up to **first place** and maintained this position.

Therefore, the number of procedures performed by ICESP in 2015 can be summarized in the table below:

ICESP SERVICE SUMMARY 2015	
Procedures Performed	Quantity
Medical Appointments	220.342
Chemotherapy sessions	53.354
Radiotherapy sessions	65.772
Surgery	8.737
Multi-professional consultations	97.526
Non-medical Therapies	24.209
Hospital Discharges	20.920
<b>Total</b>	<b>490.860</b>

Always seeking excellence, ICESP is trying to acquire national and international **quality certificates**. In just a few years, we can observe a path of attention to patient assistance quality and safety and management excellence:

**a) 2010:** Awarded with the ONA level 1 accreditation certificate;

**b) 2011:** Elected the best public hospital in the State, according to a survey conducted with SUS users;

**c) 2011:** Awarded with the ONA level 2 accreditation certificate;

**d) 2012:** ONA level 2 accreditation certificate renewed;

**e) 2013:** ICI accreditation preparatory process;

**f) 2014:** Awarded with ICI accreditation, international certificate that allows measuring and sharing the best patient quality and safety practices;

**g) 2014:** CESP Rehabilitation sector awarded with the CARF accreditation, international certificate recognized by its high level of demand in rehabilitation center accreditation around the world;

**h) 2014:** Prêmio de Melhores Práticas Sustentáveis (Best Sustainable Practice Award) granted by Benchmarking Brasil;

**i) 2014:** Honorable mention in Seminário de Hospitais Saudáveis (Health Hospital Seminar);

- j) 2014:** Prêmio Amigo do Meio Ambiente 2014 (2014 Environment Friend Award);
- k) 2015:** Pro-Sustainability Certificate;
- l) 2015:** Ranking Benchmarking Brasil 2015;
- m) 2015:** Prêmio Mario Covas (Mario Covas Award);
- n) 2015:** Prêmio Excelência em Saúde (Health Excellence Award);
- o) 2015:** Selo Hospital Amigo do Idoso (Elderly-Friendly Hospital Certificate - Intermediate Level); and
- p) 2015:** Prêmio Amigo do Meio Ambiente (Environment Friend Award).

The new **ICESP satellite unit in Osasco** was inaugurated in 08/11/2014, to assist the patients of the municipality of Osasco and six (6) other neighboring municipalities: Barueri, Carapicuíba, Itapevi, Jandira, Pirapora do Bom Jesus, and Santana de Parnaíba, integrating the Rede Regional de Atenção a Saúde - Rota dos Bandeirantes (RRAS 05) (Regional Health Care Network).

Since then, ICESP Osasco absorbed more than 2,000 patients with more than 66 different medical oncology diagnosis, corresponding to the specialty patients followed-up in ICESP and living in the region (with approximately 30% if the active

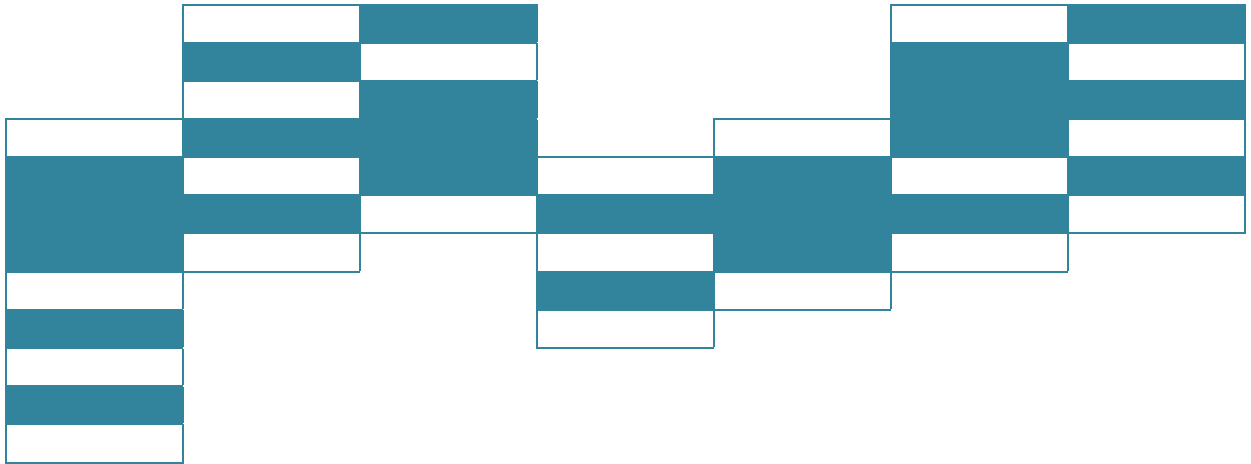
patients in the oncology clinic, 9.4% of the Institute chemotherapy sessions, and 8.6% of the radiotherapy service volume). The Osasco ambulatory Unit is the first oncology service in the region, which makes it an important reference and offer easy access to the RRRAS 05 patients.

During 2015, the following services were activated in ICESO Osasco: **a)** Medical Oncology Appointments; **b)** Radiotherapy Appointments; **c)** Nursing Screening; **d)** Nursing Appointments; **e)** Nursing Procedures; **f)** Nutritional Guidance; **g)** Psychological Assistance; **h)** Welfare Assistance; **i)** Blood sample collection for analysis at the DLC/ICESP clinics; **j)** Chemotherapy; **k)** Pharmaceutical guidance and assistance and distribution of medications.

The implementation of the radiotherapy services began in August, 2015, and the equipment donated allows treating most symptoms of the RRRAS 05 patients, but does not aggregate some of the technologies available in the main hospital. Therefore, for technical reasons, some cases are still maintained in the São Paulo unit.

The number of procedures performed by **ICESP Osasco**, from February, 2015 to January, 2016 are summarized in the table below:

<b>ICESP OSASCO SERVICE SUMMARY FROM FEB/2015 TO JAN/2016</b>	
<b>Procedures Performed</b>	<b>Quantity</b>
Medical Appointments	8.028
Multi-professional ambulatory consultations	7.756
Ambulatory chemotherapy infusion sessions	3.737
Radiotherapy sessions	2.079
Blood Collection	4.340
Hormonotherapy	231
Nursing procedures	619
Therapeutic infusion ambulatory	273
<b>Total</b>	<b>27.063</b>



# Social Welfare Actions

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# WELFARE ACTIONS

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## MAIN WELFARE PROJECTS

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Besides integral health actions, FFM also supports welfare programs and projects focusing on the poorest members of society.

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### "Bandeira Científica 2015" Project

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*Patient service in Projeto Bandeira Científica 2015, in Limoeiro de Anadia - Alagoas*

Bandeira Científica Project is an academic university extension project that involves several units of USP, among them The Medical School, Public Health School, Psychology institute, Dentistry School, Polytechnic School, Economics School, Business Management and Actuarial Science, and Pharmaceutical Science School, coordinated by the FMUSP Pathology Department.

The group performs annual expeditions, one with surgical-related activities and the other focusing on medical and educational actuation in municipalities lacking health care or in specific health care situations, developing social teaching, research, and assistance activities in municipalities in the country's interior.

These are basically preventive and healing actions, besides activities in several technical areas related to health development and maintenance,

as a characteristics of individual bio psycho-social well being.

The structural data is also detailed, by means of specific reports, regarding the local health conditions and the several associated social indicators, besides technical reports in the infrastructure and characterization of the municipality. This data is also provided to the municipality, by means of a database with all social, epidemiological, and health data collected during the expedition.

In the period from **December 08th to December 20th, 2015**, with the support of Grupo Sanofi, do Grupo Essilor, Miguel Giannini, Finnet, and FFM intervention, the "Bandeira Científica 2015" Project expedition acted in the municipality of **Limoeiro de Anadia** in the State of **Alagoas**. The following results were obtained during the expedition:



PERFORMANCE BANDEIRA CIENTÍFICA 2015 - AL	
<b>Appointments</b>	<b>Quantity</b>
Medical School	2.680
Physiotherapy	119
Nutrition	170
Psychology	95
Dentistry	1.570
Speech Treatment	62
Occupational Therapy	19
<b>Total Consultations</b>	<b>4.715</b>
<b>Examinations</b>	<b>Quantity</b>
Ultrasonography	205
Anatomopathological examinations	87
Electrocardiograms	96
<b>Total Examinations</b>	<b>388</b>

PERFORMANCE BANDEIRA CIENTÍFICA 2015 - AL	
<b>Participants</b>	<b>Quantity</b>
Participants - Academic	132
Participants - Professionals	52
Participating Universities	04
<b>Activities</b>	<b>Quantity</b>
Lectures/Workshops	25
Meetings with area managers/professionals	10
<b>Donation and Adaptation</b>	<b>Quantity</b>
Glasses	480
Adaptation of auxiliary devices for disabled persons	15
<b>Procedures</b>	<b>Quantity</b>
Total No. of Consultations	4.715
Total No. of Examinations	388
<b>Total Procedures</b>	<b>5.103</b>
<b>Persons Benefited</b>	<b>Quantity</b>
Persons benefited directly - consultations	3.680
Persons benefited directly - lectures and workshops	450
Persons benefited indirectly	4.000

The second expedition of Bandeira Científica Project, which counted on, for the third consecutive year, with surgical-related activities, was performed in the period from **June 27th to July 04th, 2015**, in the municipality of **Pedra Azul-MG**.



*Surgical procedure performed by Projeto Bandeira Científica in Pedra Azul, MG*

With the participation of the Pathology, Gynecology, Radiology, Anesthesiology, and General Surgery disciplines, minimally invasive surgery and ultrasonography were performed. This expedition was supported by Covidien, Storz e GE with FFM intervention.

EXPEDITION SURGERY PERFORMANCE BANDEIRA CIENTÍFICA 2015 - MG	
<b>SCREENING</b>	
<b>Participants</b>	<b>Quantity</b>
Participants - Academic	2
Participants - Professionals	6
<b>Appointments</b>	<b>160</b>
<b>DISPATCH</b>	
<b>Participants</b>	<b>Quantity</b>
Participants - Academic	23
Participants - Professionals	21
<b>Activities</b>	<b>Quantity</b>
Gynecological Surgery	26
Hernioplasty Surgery	12
Ultrasonography Examinations	246
<b>Total Procedures</b>	<b>284</b>

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## Children and adolescents living in the streets in downtown São Paulo: the mental health of this population and effectiveness of the multidisciplinary intervention in the social-family reinsertion process – "Equilíbrio" Program

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*Programa Equilíbrio team organized integration events for youngsters*

This project, originated from an agreement signed in 2007 between FFM and SMS-SP, was coordinated by IPq. In May/2015, SMS-SP decided not to renew the agreement. Since then, the areas responsible for the development of the project have been seeking other partnerships in the State to continue with the activities.

The main goal is to promote the social-family reintegration of children/adolescents that live in social risk and vulnerability situations, most of them living in shelters. When they are living with their family, the goal is to strengthen these relationships to decrease conflicts and allow the child/adolescent to stay safely with their family. To allow this reintegration, Programa Equilíbrio acted in a school-club in Barra Funda, open to the community of the region.

The program offered sports activities, workshops (employment training, communication, and practical life activities), pedagogical activities, school tutoring, besides psychological, psychotherapeutic, speech, pediatrics, psychiatric treatments, and family guidance or therapy, developed in a space focusing on promoting health, away from the hospital environment and different from shelters.

In all these years of actuation, the profile of the professionals connected to the Institution also changed. In the beginning, the team actuation focused on children and adolescents, who were then forwarded to other services in the network. However, the contact with the families showed the need for less fragmented action, with a vision of the entire family approach process. When the parents were treated in one place and their children in another place, the reintegration work was even harder.

The project then invested in a mobile team, formed by a psychologist and a social worker, to exclusively assist the shelter technical team, helping with qualification to better cope with such distinct demands of these youngsters and solve routine conflict situations in the shelter.

The proposal of the program was to develop a set of integrated actions with the children, with the work of a multi-professional team. The initial evaluation conducted included the pediatrics, and psychiatric fields, but also psycho-pedagogical, occupational therapy, physical and sports activities, arts-education, speech treatment, neuro-psychology, psychology, and welfare, to evaluate the context in which the child lives and the family to seek reintegration. There were thirty two (32) employees individually following the patients.

The main goal of the program was to empower these youngsters. They had the opportunity of taking several courses and professional training sessions, in order to become self-sufficient. The data collected by the team revealed that the actuation was even more significant in the first 18 to 24 months, with the exception of a few more complex cases.

The practices developed by Programa Equilíbrio already have national and international recognition. Since 2009, there is a partnership with the Child Study Center, from Yale University, to measure the effectiveness of mental health programs. These evaluations were essential to define and readjust the therapeutic treatments, as they were constantly changing, according to the needs of those benefited by the program. Knowing the positive aspects of the Institutions also

contributed to formulating new public policies for the area.

The positive effects of the intervention were also proved clinically, and published in the most important magazine of this field, Child Abuse & Neglect. From there, the program was considered as a model of service for professionals in training, and started receiving FMUSP graduation students for internships, besides the residents of IPq child and adolescence psychiatric department, and multi-professional residency employees (psychologists, nurses, occupational therapists, and social workers).

All children/adolescents went through medical and psychiatric evaluation, and the previous works showed that 88.89% had symptoms for at least one psychiatric diagnosis: 40.0% of abuse or drug addiction, 53.5% of affective disorders, 16.2% of Attention Deficit Hyperactivity Disorder (ADHD), and 8.8% of anxiety disorders. Both physical and sexual abuse were frequent in this population, as well as mistreatment and negligence. Practically all were neglected by their parents, 58.4% had suffered physical or sexual abuse, and 13.1% had been victims of both.

Until 2014, the **FAMILY REINTEGRATION RATE was 47.1%** (287 children/adolescents went back to their original or adoptive families).

Besides that, Equilíbrio acted with the Courts of Infancy and Youth, Guardianship Councils, Central de Atendimento Permanente de Emergência (CAPE - Permanent Emergency Service Center) Social Protection Agents, associated to SMADS-SP. In 2008, Equilíbrio participated in the qualification of more than one hundred and twenty (120) Community Health Agents and Social Protection Agents, besides receiving, monthly, to discuss cases and for guidance, more than sixty (60) professionals acting in city shelters.

As this was an innovative initiative, the first studies focused on knowing the characteristics of the population and their needs, in order to develop appropriate treatments. After this study, new treatments were developed and their effectiveness was evaluated constantly by means of surveys. The continuous analysis of the results achieved allowed readjusting the therapeutic treatments and activities offered. Therefore the therapeutic activities were constantly changing to better meet the users need.

In its almost eight (8) years of operation, 97,410 procedures were performed, according to the following table:

PERFORMANCE PROGRAMA EQUILÍBRIO SEPT/2007 TO MAY/2015		
Period	Average Monthly Service	Number of Consultations
Sept. to Dec./07	512	2.049
2008	820	9.841
2009	1.281	15.372
2010	1.093	13.117
2011	1.011	12.133
2012	880	10.558
2013	1.206	14.471
2014	1.214	14.570
2015 (until May)	1.060	5.299
<b>Total</b>		<b>97.410</b>

Besides that, there are nine (9) ongoing projects, FFM gave seven (7) research grants, one (1) CAPES Masters scholarship, two (2) CNPq Scientific Initiation scholarships, and three (3) FAPESP Technical Training scholarships. The scientific production was as follows: Twenty nine (29) works were presented in Congresses, forty eight (48) conferences were conducted in scientific events, twenty (20) articles were published, and the Program was presented in five (5) book chapters.



In a ceremony held on November 25th, 2014, in Instituto Tomie Ohtake, the "resgate de rumos e sonhos" project, part of Programa Equilíbrio, received the SAÚDE 2014 Award, from Editora Abril, in the Mental and Emotional health category.

By means of an agreement signed with Fundação CASA, with FFM intervention, this project, approved in the end of 2009, is being developed by NUFOR-IPq. The main goal is to provide ambulatory service in the psychiatric and general practice fields to the inmates as a social-educational measure in several units of Fundação CASA in the municipality of São Paulo.

The activities developed in 2015 included the following:

**Psychiatric Care:** **a)** Actuation in primary, secondary, and tertiary prevention, in the psychiatry field, by means of social and educational mental health activities; **b)** Ambulatory care service for Fundação CASA young residents; **c)** Elaboration of individual medical records; **d)** Prescription of medications and periodical re-evaluation of youngsters submitted to treatment; **e)** Forwarding to psychotherapy as appropriate; **f)** Support to the Fundação CASA technical team (psychologists, social workers, nurses, and nursing assistants); **g)** Elaboration of medical documents (statements), as requested by the Judiciary Power; **h)** Initial psychiatric evaluation of juvenile offenders as a social-educational measure, with the elaboration of a medical report for the technical team and Judiciary Power.

**General Practice Care:** **a)** Actuation in primary, secondary, and tertiary prevention, in the general practice field, by means of social and educational mental health activities; **b)** Ambulatory care service for Fundação CASA young residents; **c)** Elaboration of individual medical records; **d)** Prescription of medications and periodical re-evaluation of youngsters submitted to treatment; **e)** Support to the Fundação CASA technical team (psychologists, social workers, nurses, and nursing assistants); **f)** Elaboration of medical documents (statements), as requested by the Judiciary Power; **g)** Development of individual and collective measures, with the purpose of inhibiting the dissemination of infectious and contagious diseases; **h)** Development of individual and collective measures, with STD/SIDA prevention guidance and clarification purposes.

The physicians are allocated in the Fundação CASA units in the capital, in the NAISA (Adolescent Health Integral Care Center), UIP (Provisional Hospitalization Unit) and UI (Hospitalization Unit). The following actions are performed in these units: **a)** Resident clinical-psychiatric care, in case of claims regarding mental health; **b)** Guidance of the multidisciplinary adolescent care team,

contributing with the technical team (consisting of psychology, welfare, and pedagogy); **c)** Elaboration of periodic care reports in order to compose the resident technical-conclusive reports together with the unit teams; **d)** Execution of legal evaluations, for residents that are not assisted, subsiding Departamento de Execuções da Infância e Juventude (DEJI - Childhood and Youth Prosecution Department) to conduct social-educational measures.

**Psychology and Neuro-psychology Care:** **a)** Neuro-psychology diagnosis support in order to investigate which functions are involved in the most complex cerebral processes and their repercussion in behavior; **b)** Personality evaluation diagnosis support, to allow expanding the knowledge on emotional aspects and their relation with behavior; **c)** Supervision in brief psychotherapy support process together with the Fundação CASA psychologist team.

**Psychiatry and General Practice Care:** The maintenance of the project has allowed the continuity of the resident health care procedures, in the psychiatry and general practice fields, an aspect that has corroborated systematically for the reduction of the emotional impact resulting from deprivation of freedom, as well as treatment of pre-hospitalization cases.

Considering the period from January to December/2015, **4,963 general practice procedures** and **5,827 psychiatric procedures were performed, totaling 10,790 procedures.**

**Neuro-psychology and Personality Diagnosis Support:** The neuro-psychological evaluation consists of a process that investigates the cerebral functions from the person's cognitive, sensory, motor, emotional, and social behavior, in order to identify possible impairments, in several levels, of upper cortical functions such as attention, motor functions, praxes, comprehension, speech and language, memory, temporal and spatial orientation, calculation, and judgment, and its insertion in the project consolidates the possibility of differential diagnosis. In 2015, 87 evaluations were conducted.

The Metropolitan Regional Divisions (DRMs) were as follows: DRM I - Franco da Rocha; DRM II – Tatuapé; DRM III – Brás; DRM IV - Raposo Tavares; DRM V - Vila Maria.



In 2015, the care provided involved twenty five (25) physicians, one (1) psychotherapy supervisor psychologist, one (1) neuro-psychologist, and one (1) administrative assistant, including psychiatric care and neuro-psychological evaluations, to youngsters between 12 and 21

years of age, submitted to social-educational measures in commitment regime at Fundação CASA, in the cities of São Paulo and Franco da Rocha.

In 2015, the Technical Supervision of Fundação CASA Psychologists was maintained.

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### “Visão do Futuro” Program

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*Pictures from one of the 2015 "Visão do Futuro" Drives*

This program, started in 2009 and that continued in 2015, is promoted by SEE-SP, SME-SP, and SMS-SP, focusing on prevention and recovery of eye health of children between 6 and 8 years of age, registered in the first grade of elementary school, in São Paulo Municipal and State public schools, previously submitted to visual acuity measures. The work is developed in the city of São Paulo, among which HCFMUSP (1,000 students).

We must take a lot of care of our eyes so that our vision develops appropriately and, once the maximum potential is achieved, it is preserved.

The detection actions made by observing the eye and children behavior (by parents, teachers, community health agents, or anyone who lives with the child), the visual acuity evaluation, and early treatment of eye disorders, by means of glasses, oclusors, etc., allow normal vision recovery and development, and consequently improve school performance and social integration.

In MFUSP, by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention, the HCFMUSP Ophthalmic Clinical Division is responsible for serving children, who are screened in schools. The program started by training the State and Municipal educational network teachers to test the visual acuity of students from six (6) to eight (8) years of age. After

screening, the children are forwarded to ophthalmic community drives that take place an average of five (5) times a years at HCFMUSP.

Each drive gathers up to 1,000 children, who are taken to HCFMUSP on specific Saturdays by buses provided by the Government. The undergo all sorts of ophthalmic examinations and, if a problem is detected, they are incorporated to the HCFMUSP health care service to proceed with the treatment or are forwarded to the project partner eyewear store, which supplies glass frames and lens. The Program also includes guidance on how to wear and take care of the glasses, and the need for periodical review.

The main causes of poor sight are strabismus and amblyopia, which are easily corrected if detected in the age range. Amblyopia is the abnormal development of one of the ayes, which makes the brain try to compensate the underdevelopment by concentrating the entire vision in the normal eye. If the problem is not detected in time, the brain compensates this asymmetry by ignoring the underdeveloped eye, which can then no longer be recovered.

While they wait, the children can read books offered by Fundação DPaschoal, watch spectacles and presentations, and count on recreational activities. Besides the physicians and nurses who



conduct the examinations, the work is only possible due to the collaboration of volunteers, who assist all stages, from organizing the lines up to forwarding to the eye wear shop, going through the fun and games with the children. In total, approximately two hundred (200) persons are involved in each drive, of which approximately sixty (60) are physicians.

In 2011, 4,171 appointments and 2,230 ophthalmic examinations were performed in 4,717 children. In 2012, five campaigns were conducted, serving approximately 3,000 children. In 2013, six campaigns were conducted, serving approximately 3,880 children. In 2015, **five campaigns** were performed, with a total of **3,214 appointments and prescription of 1,429 pairs of glasses.**

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### Programa de Apoio Financeiro ao Aluno (Student Financial Support Program) - AFINAL

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Since 2007, a commission formed by representative of the FMUSP Board, HCFMUSP, FFM, FMUSP Graduation Commission, FMUSP Former Student Association, CEDEM (Centro de Desenvolvimento de Educação Médica “Prof. Eduardo Marcondes” - Medical Education Development Center) Tutor Program, students, Casa do Estudante (Student's House) representatives, Ethics Commission representatives, FMUSP Academies Support representative, and representatives of the Speech Treatment, Physiotherapy, and Occupational Therapy courses, develop Programa Apoio Financeiro ao Aluno (AFINAL - Student Financial Support Program), in order to contribute to improve their studies.

The annual selective process to obtain the scholarship is conducted by Superintendência de

Assistência Social da USP (SAS-USP - USP Welfare Superintendence), which receives the student registrations and selects according to social-economical profiles that are similar, in mod3e and amounts, to the FAPESP Support.

In 2015, **60 scholarships**, were granted, with FFM being responsible for fifteen (15) of them, FMUSP for another fifteen (15), AAAMUSP for five (5), HCFMUSP Superintendence for fifteen (15), and Fundação Zerbini for the remaining ten.

The initiative began after many graduates in financial difficulties sought the FMUSP Board to ask for an allowance for daily transportation, material, and general expenses. The University offers lodging at Casa do Estudante, with individual apartments and daily meals. The scholars use most of the money to buy food and didactic materials, but also save some to help their families.

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### Projeto Ações Preventivas na Escola - Programa Escola da Família (Preventive Actions in Schools Program - Family School Program)

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*Activities with the community*



*Training of Educators*



*Seasonal and public-interest campaigns*

Project APE (Preventive Actions in Schools), developed since 2004, with FFM intervention, together with the SEE-SP Programa Escola da Família (Family School Program), had a mission to

create and implement practices that favor the adoption of more protected and healthy habits and attitudes in schools and communities that attended Programa Escola da Família, stimulating

the education of multiplier agents and raising awareness on the public right to health in playful, participative, and permanent fashion.

In July/2015, SEE-SP decided not to renew the agreements signed with FFM since 2004, resulting in a drastic reduction of the number of appointments, as shown in the tables below.

COMMUNITY PERSONS SERVED BY SUBJECT BETWEEN 02/19/2015 and 06/18/2015	
Subject	Quantity
Healthy Environment	16.174
Sustainability	10.967
Body in movement	9.601
Violence Prevention	6.902
Women's Health	5.887
Drug Use Prevention	5.725
Citizenship	4.658
Health Cooperation	4.376
Health and Well-Being	3.818
Transmittable Diseases	3.034
Food Education	2.726
Chronic Diseases	1.629
Active Aging	1.569
Oral Health	973
Eye Care	663
Responsible Custody	430
<b>Total</b>	<b>79.132</b>

Regarding community activities, lectures, educational games, thematic workshops, championships, gymkhana, exhibits, puppet shows, supervised tours, walks, health fairs, regional debates, community theater, and meetings, forums, seminars, and group dynamics were performed.

Regarding university educators, the activities performed included regional meetings, forums,

workshops, seminars, thematic workshops, group dynamics, among others. All attendants received participation certificates, promoting information multiplication within the communities.

EDUCATORS QUALIFIED BY SUBJECT BETWEEN 02/19/2015 and 06/18/2015	
Subject	Quantity
Violence Prevention	6.142
Sustainability	3.569
Healthy Environment	3.324
Women's Health	939
Transmittable Diseases	893
Body in movement	883
Drug Use Prevention	652
Oral Health	642
Health Cooperation	294
Food Education	250
Health and Well-Being	151
Citizenship	132
Artisan Bakery	127
Chronic Diseases	112
Active Aging	51
<b>Total</b>	<b>18.161</b>

IN 2015, the following Preventive Campaigns were conducted:

PUBLIC IN PREVENTIVE CAMPAIGNS CONDUCTED BETWEEN 02/19/2015 and 06/18/2015	
Subject	Quantity
Violence Prevention	44.222
Dengue Fever	28.825
World Water Day	49.097
International Women's Day	17.939
<b>Total</b>	<b>140.083</b>

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## Treatment Protocol of Patients with Cleft Palate and Lip

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The Cleft Palate and Lip Patient Treatment Craniofacial Surgery Protocol, developed by the HCFMUSP Plastic Surgery and Burns Discipline, was enabled due to donations from *Smile Train*, with FFM intervention, and started in the end of 2008, benefiting cleft palate and lip patients who need lip, nose, alveolus, and palate reconstruction, and their repercussions in speech and facial growth.

In 2015, ninety three (93) patients were provided with **ninety eight (98) surgical procedures**, distributed among primary cheiloplasty, primary palatoplasty, and other secondary procedures.

Besides the surgeries, approximately twenty three (23) patients are provided with care every week, totaling approximately 1,121 patients/year.

In 2015, the Speech Therapy department served a total of 332 patients, totaling **652 appointments**, with 22 evaluations and 430 treatments and/or speech therapies. The speech therapy assistance is divided in two (2) stages: **1)** Cleft Lip and Palate Speech Therapy - Children (1st stage), which serves pregnant women and children of up to five (5) years of age that are in pre- or post-surgical situations, with the evaluation taking place in the beginning of the treatment by a multi-professional team in order to guide women regarding breastfeeding and speech and language stimulation; **2)** Cleft Lip and Palate Speech Therapy - Children/Adult (2nd stage), which serves patients from five (5) years of age that are not in pre- or post-surgical situations, with the evaluation taking

place in the beginning of the treatment by a multi-professional team to define the need for surgical procedures, speech treatment, or both.

The National Cleft Palate and Lip Campaign was conducted in Manaus, in October/2015, with

two (2) FMUSP students attending the training activities.

The patients assisted come from the entire national territory, and the goal of the project is to train professionals in different areas to treat patients with cleft palate and lip.

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### Programa Saúde da Família – PSF (Family Health Program)

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Created by the Ministry of Health in 1994, Programa Saúde da Família – PSF is currently responsible for the health care of 118 million registered persons (2011), with the main goal of improving the state of health of the population, by creating a care assistance model based on prevention, promotion, protection, early diagnosis, treatment, and health recovery, by means of the service provided in the Family Health Units or households.



Logo of the Program created by the Ministry of Health

The actions are being developed in several Brazilian States, with the purpose of ensuring access to all health services.

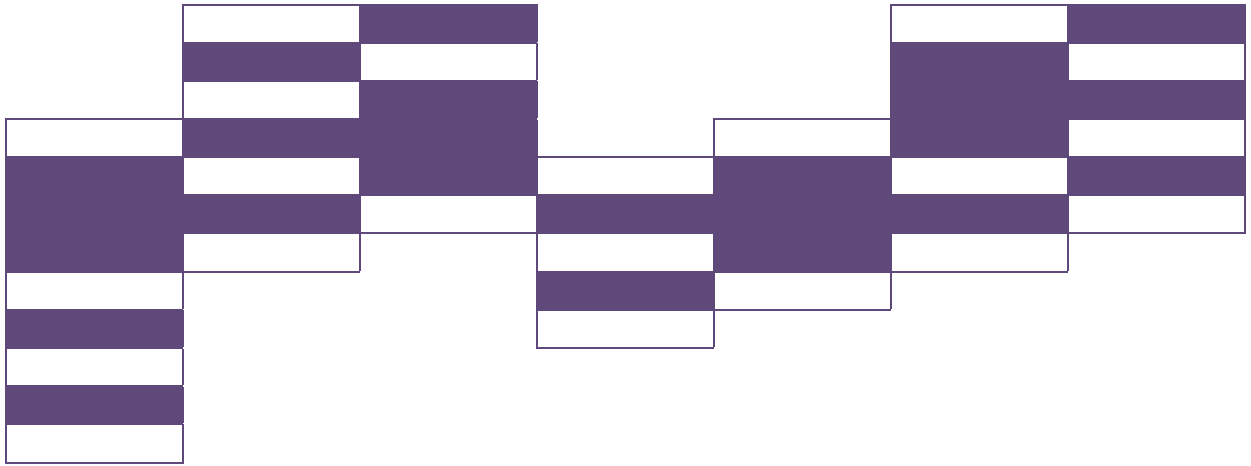
The Program was implemented, in 1996, in the municipality of São Paulo, under the coordination of SMS, with the collaboration of

twelve (12) partner institutions, responsible for managing specific areas.

FFM, PSF partner since 2002, supports the program conducted by means of Supervisões Técnicas de Saúde Lapa/ Pinheiros and Butantã (Health Technical Supervisions) of Coordenadoria Regional de Saúde Centro-Oeste (Central-West Regional Health Coordination). The total population registered, in 2011, is approximately 150,000 inhabitants in fifty two (52) family health teams, formed by approximately five hundred and twenty (520) professionals: physicians, nurses, nursing assistants, and community health agents.

The Western Region Project (PRO) Municipal Management Contract (page 37 herein), signed by FFM and SMS-Sp, in 2008, includes thirty one (31) of these teams. The maximum coverage achieved was approximately 19.6% of the population of the micro region, which consists of six (6) Administrative Districts. Butantã, Morumbi, Raposo Tavares, Rio Pequeno, Vila Sônia, and Jaguaré. The micro region is located in the west zone of the municipality and has a total population of approximately 478,000 inhabitants.

These activities continued in 2015.



# Assistance Projects

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# MAIN WELFARE PROJECTS

FFM intervenes in a series of assistance projects, which reflect, directly or indirectly, on the population, favoring women, children, elderly, families, HIV virus carriers, persons with disabilities, among others.

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## HIV-SIDA virus and STD carriers

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Besides the actions developed by **Casa da AIDS** (page 33 herein), which count on FFM administrative support since 2004, FFM intervened

in several initiatives that benefited HIV-SIDA virus carriers, of which the following projects stand out.

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### HIV Transmission Biology Prospective Cohort Study (Protocolo AMPLIAR 020)

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This research, developed by HCFMUSP LIM 60, by means of an agreement signed with the University of California, in the end of 2012, with FFM intervention, has the purpose of obtaining demographic and behavioral information and biologic samples to study HIV, the host's immunological response, and immunogenetics and

treatment factors related to HIV transmission and the viral balance point of infected individuals.

This project is essential to create a database and patient recruitment skill history. Without it, future research with larger size and scientific impact becomes unfeasible, as well as national and international agency financing projects proposals.

These activities continued in 2015.

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### Development of a method to identify mutations that provide antiretroviral resistance, by means of new generation sequencing

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This research, developed by HCFMUSP LIM 30, by means of an agreement signed, in the end of 2012, with the Ministry of Health, and FFM intervention, with the purpose of evaluating the potential implementation of a HIV-1 antiretroviral resistance test, besides sequencing of a new generation.

Currently, the HIV-1 antiretroviral resistance tests are performed by means of DNA sequencing, based on the methodology known as Sanger. This methodology is able to generate reading sequences of up to 1,000 bases of elevated accuracy; However, it is extremely expensive. Until recently, the main techniques used to detect HIV-1 minor variations included sequencing from PCR product clones, or from limiting serial dilution, and point mutation detection tests, such as oligonucleotide link test, and Real Time Polymerase Chain Reaction (qPCR). However, from

these methodologies, the throughput of the sequencing reaction is considered low, and therefore only a few clones of the same viral genome region are analyzed.

In the context of identification of minor mutation-carrier variations, regarding resistance to antiretroviral medication, the point mutation detection tests are considered more efficient and specific in respect to the sequencing-based methodologies. However, they must be specifically outlined for each mutation, and are not convenient for large-scale tests.

On the other hand, the new generation of sequencing technologies are able of generating up to 5,000,000 genomic sequences with elevated specificity from each PCR product. As a consequence of the elevated throughput of these new sequencing technologies, minor variations of HIV-1 present in proportions lower than 1% of the



quasispecies viral, may be detected. Studies publishes in the literature, in very significant magazines, have showed extremely relevant results regarding HIV-1 genetic diversity, the

presence of viral variants resistant to antiretroviral medications, and detection of minor HIV-1 variants.

These activities continued in 2015.

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### **Analysis of the effectiveness of antiretroviral medications post sexual exposure (PEP) HIV transmission prophylaxis, in a cohort of individuals exposed in five (5) Brazilian cities.**

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This research, developed by the FMUSP Preventive Medicine Department, by means of an agreement signed in the end of 2012 with the Ministry of Health, with FFM intervention, has the purpose of analyzing the effectiveness of antiretroviral medications in post sexual exposure HIV transmission prophylaxis, as well as measuring the effects of this technology in sexual activity and organization of services.

The main specific objectives are: **a)** Analyzing the effectiveness of the use of antiretroviral therapy to avoid HIV transmission after exposure in sexual activities; **b)** Estimate, for a period of eighteen (18) months, the proportion and number of times individuals that used post sexual exposure (PEP) returned to the service, as a result of new exposure; **c)** Analyzing the social and epidemiological characteristics of the individuals

that repeatedly seek assistance to use PEEP and their perception on HIV infection risk and the possibility of PEP increasing unprotected sex; **d)** Estimate the proportion of individuals using PEP that abandoned the treatment and know the aspects that contributed for this event; **e)** Study the perception and practice of health professionals in face of PEP and the exposed individuals that sought the service for prophylaxis use; **f)** Identify the aspects that may motivate individuals exposed repeatedly to HIV infection to participate in HIV prevention programs and strategies; and **g)** Analyze the concordance between therapeutic prescription and the recommendations made by the Ministry of Health for post-exposure prophylaxis.

These activities continued in 2015.

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### **Access to diagnosis: design and evaluation of treatment technologies for users invisible for the CTA**

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This research, developed by the FMUSP Preventive Medicine Department, by means of an agreement signed in the end of 2012 with the Ministry of Health, with FFM intervention, has the purpose of developing and evaluating treatment and communication technologies that allow the health services, especially the Centros de Testagem e Aconselhamento (CTA - Testing and Counseling Centers), to identify and stimulate people exposed to HIV infection due to their sexual activities to take anti HIV test and have access to preventive actions.

The main specific objectives are: **a)** Develop treatment technologies based on pair strategies, to stimulate people exposed to HIV infection to seek the CTAs to take anti HIV test and use the other

services offered by the centers (collection technologies); **b)** Develop communication strategies to support the treatment and capture activities related to individuals exposed to HIV infection; **c)** Develop a epidemiological analysis methodology for the citizens who seek the CTAs by means of new capture technologies ; **d)** Develop processes to disclose and incorporate the technologies developed in the scope of the services, using therefore live and remote approaches; **e)** Implement the technologies developed in three (3) selected CTAs; and **f)** Evaluate the effects of the treatment technologies in the services in which they are implemented.

These activities continued in 2015.

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## **Implementation of Genotype Test to detect mutations that generate Infusion Inhibitor - Enfuvirtide - resistance in patients submitted to HAART, but without previous treatment with this drug class**

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This study, financed by the Ministry of health, with FFM intervention, and developed by LIM 56, started in 2001 and continued in 2015.

The main objectives of the initiative are: **1.** Check the HIV-1 resistance profile to Enfuvirtide, by means of the genetic sequencing of domain HR1 of gp41 of the viral envelope in patients not

treated with this drug, but with multiple therapeutic failures with HAART; and **2.** Research the presence of accessory mutations in domains 126, 137, and 138 in domain HR2 of gp41 of the viral envelope viral, already described before (Shafer, et al., 2003) and that increase HIV-1 replicative capacity (fitness viral).

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## **HIV/SIDA Actions - Training Center for patients with gender identity disorders (transsexualism) in HCFMUSP**

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This program, started in 2010, is developed by the FMUSP Endocrinology Discipline, and financed, in 2013, by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention.

The goal is to organize and maintain a group of professionals of the technical areas of Endocrinology, Psychiatry, Psychology, Urology,

Plastic Surgery, and Gynecology to assist transgenders, by taking part and promoting, according to the regulations of the transexualization process Law, in a center to train, teach, and qualify professionals of other institutions to create new treatment centers in other regions of the country.

These activities continued in 2015.

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## **NKT Cells of the Innate Immunological System in HIV/Mycobacterium Tuberculosis Co-Infection**

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LIM 60 started this study in 2014, by means of an agreement signed between The George Washington University and FFM.

The T Natural Killer (NKT) cells are innate immunity cells with important immuno-regulatory functions. They recognize glycolipid antigen of bacterial origin directly and respond to them, becoming an active part in immune response to such pathogens. These studies show that NKT cell compartment is seriously compromised in HIV-1 infection, but can be recovered, partially, by means of interleukin 2 (IL-2) therapy.

The main goals are: **1.** Check if the treatment provided to individuals infected with HIV-1, by means of antiretroviral therapy (TARV) combined with IL-2, is able to induce sustainable growth in

the frequency and function of circulating NKT cells; **2.** Determine the mechanisms and consequences of negative CD1d regulation in dendritic cells (CDs) infected by HIV; **3.** Investigate the relationship between the loss of NKT cells in individuals infected by HIV-1 and the emergency of microbacterial infections.

We believe that these studies shall contribute considerably to understand both the functioning of NKT cells in the disease caused by HIV-1 and how the virus tries to escape NKT cell activation, and how these cells may contribute for the innate defense against HIV-1 infection and typical SIDA opportunists infections.

These activities continued in 2015.

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## Prospective evaluation of the use of isoniazid in pulmonary tuberculosis (TB) prevention prophylaxis in patients infected by HIV

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Although several studies indicating isoniazid (INH) as prophylactic to decrease the incidence of tuberculosis (TB) in the population infected by HIV, this measure is not widely met by all services in Brazil. Therefore, this study evaluates the incidence of TB in individuals, adherence to prophylaxis, and its efficiency compared to a historic service series.

By means of an agreement signed with the Ministry of Health, in the end of 2010, with FFM intervention, the research is conducted by LIM 56 with the following goals: **a)** Prevalence of the reactivity to PPD in patients infected by HIV; **b)** Evaluate the impact of using INH in patients with PPD reactor (considered  $\geq 5$  mm) and the incidence

of TB; **c)** Determine the PPD turning incidence in non-reacting PPD individuals; and **d)** Study the specific immune restoration in HIV seropositive individuals cured from tuberculosis and that showed a supposed immune restoration due to the use of antiretroviral therapy (TARV).

This data may indicate the relevance of tuberculosis for the program and assume a more incisive directive to deploy INH, since TB continues to be the most incident disease in the population infected by HIV in Brazil.

These activities started in the end of 2013, due to a delay to release the funds, and continued in 2015.

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## Specific immune response and genetics aspects study in patients infected by HIV-1 that are non-progressors for a long period or with slow progression into SIDA.

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Long term non progressors (*LTNP*), also called Slow Progressors (PL), remain free from progression into SIDA for many years and constitute approximately 1-3% of the total number of individuals infected by HIV. These individuals remain asymptomatic and with a stable number of T CD4<sup>+</sup> count above 500 cells/mm<sup>3</sup> of blood, without any use of antiretroviral treatment (ARTs) for more than 8 to 10 years. The factors that determine non-progression or slow progression in these individuals are not totally clarified and have not been studied in depth in our country. The responses of T lymphocytes against HIV have an essential role in HIV immune control and vaccination, prophylactic, and therapeutic strategies.

This study, enabled by means of an agreement signed with the Ministry of Health, in the end of 2010, with FFM intervention, is developed by LIM 56 and intends to analyze HIV-1<sup>+</sup> PL comparing with typical and quick progressors for SIDA, paired by evolution time, gender and age.

Therefore, the following shall take place:

**A)** Detection of viral marker genes and the host, associated to the slow SIDA infection progression phenotype, polymorphism in immune system components involved in viral infection, such as deletion of thirty two (32) pairs of the CCR5 gene base, besides the polymorphism in the CCR5 promoting region (CCR5-P-59029A/G), CCR2-V64I, and SDF-1-3'A;

**B)** Determination of HLA haplotypes that may be associated to the progression of the disease; and

**C)** Verification of the anti-HIV immune response *in vitro* by determining the specific T lymphocytes against *gag*, *nef* and *RT* peptide pools of subtype B.

A cohort of patients infected by HIV, proceeding from several specialized services in the State of São Paulo, shall be constituted with the purpose of selecting one hundred (100) individuals with pre-defined slow progression criteria. These activities started in the end of 2011, due to a delay to release the funds, and continued in 2015.

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## Tools to create and analyze HIV patient clinical and molecular data indicators to manage and make decisions related to PN-DST-SIDA

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Considering that the STD, SIDA, and Viral Hepatitis Department requires bio-informatics tools to assist analysis and its results, this project, financed by the Ministry of Health, with FFM intervention, and developed by LIM 31, aims at: **1.** Technical qualification to understand the computational environment and the source code of the following systems: DBCollHIV, HIVdag, and extraction and analysis of clinical and molecular data indicators; **2.** Mastery and application of clinical and molecular data rating and analysis techniques, we all as automated identification of associations between mutations and drug resistance. **3.** Development of an algorithm to identify mutations, starting from sequence files in

FASTA format; and **4.** Reliable transactional systems to enter clinical and molecular data available on the Internet.

In other words, the goal is to develop computational tools to create and analyze HIV patient clinical and molecular data indicators, to support the managing and decision-making process of the STD, SIDA, and Viral Hepatitis Department, as well as the implementation of the genotype test to detect mutations that generate resistance to the Infuse Inhibitor - Enfuvirtide - in patients submitted to HAART, but without previous treatment with this drug class.

This study started in the end of 2010 and continued in 2015.

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## Disabled Persons

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Besides the actions developed by **IMRea** (page 28 herein) and by **IRLM** (page 40 herein), one of the ImRea units that counts on FFM health activity and service management since 2010, by means of a

management contract signed with SES-SP, FFM intervened in several initiatives that benefited disabled persons, among which the following projects stand out.

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### Association of Transcranial Direct Current Stimulation (tDCS) with Walking Training with Partial Weight Support using Robotic Device (Lokomat) to treat patients with Traumatic Incomplete Spinal Cord Injury

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This project, started in the end of 2015, was approved by the Ministry of Health, in the PRONAS/PCD scope, and benefited IRLM. The private funds (Grupo Itaú) were collected in the end of 2014.

PRONON and PRONAS/PCD were created by the Ministry of Health with the purpose of promoting actions and services related to disabled person oncology and assistance, respectively. According to the fiscal exemption model of similar laws, the physical persons and legal entities can contribute with donations for the projects they choose. These donations strengthen the National Cancer Prevention and Control Policy and the

National Disabled Person Health Policy. Therefore, the citizens are able to contribute with the continues improvement of SUS.

The main purpose of the present study is to analyze the effects of association of Transcranial Direct Current Stimulation (tDCS) with Walking Training with Partial Weight Support using Robotic Device (Lokomat) to treat patients with Traumatic Incomplete Spinal Cord Injury

The main goal is to test the hypothesis that complementing the training with active tDCS is more effective to achieve excellent motor performance in comparison with training associated to placebo stimulation.

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### Amputee Rehabilitation Qualification Course

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This project, which benefited IRLM, was approved in the end of 2013 by the Ministry of Health in the PRONAS/PCD scope. The private funds (Grupo Itaú) were collected in the end of 2013.

PRONON and PRONAS/PCD were created by the Ministry of Health with the purpose of promoting actions and services related to disabled person oncology and assistance, respectively. According to the fiscal exemption model of similar laws, the physical persons and legal entities can contribute with donations for the projects they choose. These donations strengthen the National Cancer Prevention and Control Policy and the

National Disabled Person Health Policy. Therefore, the citizens are able to contribute with the continues improvement of SUS.

With on-site and on-line modules, the funds raised were used to finance the professors, didactic material, erection, and maintenance of the on-line platform. The option to invest in the amputee rehabilitation fields is related to a demand from RRLM professionals.

The number of registrations showed the success of the initiative. There were two hundred (200) professionals registered in the "Amputee Rehabilitation Qualification Course".

These activities were completed in 2015.



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## Incapacitating Pain Rehabilitation Training and Improvement Course

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This proposal, which benefited IRLM, was approved in the end of 2013 by the Ministry of Health in the PRONAS/PCD scope. The private funds (Grupo AMBEV) were collected in the end of 2013.

PRONON and PRONAS/PCD were created by the Ministry of Health with the purpose of promoting actions and services related to disabled person oncology and assistance, respectively. According to the fiscal exemption model of similar laws, the physical persons and legal entities can contribute with donations for the projects they choose. These donations strengthen the National Cancer Prevention and Control Policy and the

National Disabled Person Health Policy. Therefore, the citizens are able to contribute with the continues improvement of SUS.

With on-site and on-line modules, the funds raised were used to finance the professors, didactic material, erection, and maintenance of the on-line platform. The option to invest in the incapacitating pain rehabilitation fields is related to a demand from RRLM professionals.

The number of registrations proved the success of the initiative. There were sixty two (62) professionals registered in the "Incapacitating Pain Rehabilitation Training and Improvement Course".

These activities were completed in 2015.

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## Permanent Education Program: Improvement Course for Orthosis and Prosthesis Workshop Workers, linked to SUS (IOT)

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The National Disabled Person Health Policy establishes the following as general purposes: protecting the health of disabled persons; rehabilitating the functional capacity and human performance of disabled persons, contributing for inclusion in all spheres of social life; and preventing grievances that determine the occurrence of disabilities.

The orthopedic workshops include orthosis, prosthesis, and auxiliary locomotion mean manufacturing, distribution, adaptation, and maintenance activities. These workshops must count on qualified human resources that allow achieving the specific goals of the Disabled Person Assistance Network, among them increasing the offer of Orthosis, Prosthesis, and Auxiliary Locomotion Means (OPM).

This project, **conducted by IOT**, by means of an agreement signed with the Ministry of Health, with FFM intervention, in the end of 2012, foresees a course focusing on improving the abilities of the orthosis and prosthesis workshop workers - public, private, and philanthropic - who act together with SUS, representing a permanent education actions to comply with the Disabled Person policies established.

The course is free and shall qualify, with theoretical and practical classes, **thirty two (32) employees** of orthopedic workshops connected to SUS to manufacture and repair lower limb prosthesis and suropodalic orthosis, and repair wheelchairs.

These activities continued in 2015.

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## Permanent Education Program: Improvement Course for Orthosis and Prosthesis Workshop Workers, linked to SUS (IMRea)

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The National Disabled Person Health Policy establishes the following as general purposes: protecting the health of disabled persons; rehabilitating the functional capacity and human performance of disabled persons, contributing for inclusion in all spheres of social life; and preventing grievances that determine the occurrence of disabilities.

The orthopedic workshops include orthosis, prosthesis, and auxiliary locomotion mean manufacturing, distribution, adaptation, and maintenance activities. These workshops must count on qualified human resources that allow achieving the specific goals of the Disabled Person Assistance Network, among them increasing the offer of Orthosis, Prosthesis, and Auxiliary Locomotion Means (OPM).

This project, **conducted by IMRea**, by means of an agreement signed with the Ministry of Health, with FFM intervention, in the end of 2012, foresees a course focusing on improving the abilities of the orthosis and prosthesis workshop workers - public, private, and philanthropic - who act together with SUS, representing a permanent education actions to comply with the Disabled Person policies established.

The course is free and shall qualify, with theoretical and practical classes, **seventy (70) employees** of orthopedic workshops connected to SUS to manufacture and repair lower limb prosthesis and suropodalic orthosis, and repair wheelchairs.

These activities continued in 2015.

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### ICESP Rehabilitation Center

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IMRea, beneficiary of a donation from a public lawsuit proposed by MPT against a company, executed to replace the repair of collective moral damage, enabled, in 2008, the erection of the ICESP Rehabilitation Center facilities, inaugurated in 09/22/2008.

The ICESP Rehabilitation Service focuses on assisting persons with transient or definitive disabilities, in order to optimize their functional potential in the physical, psychological, and social participation scopes. The rehabilitation focuses on stimulating functional potential and independence, but also assists patients to adapt to their

limitations in order to live life to the fullest. Therefore, the unit counts on physiatrists, physiotherapists, speech therapists, occupational therapists, rehabilitation nurses, and physical educators.

These units count on a rehabilitation room, focusing on patients admitted in ambulatories, and with a Rehabilitation Center, focusing on ambulatory patients. These units count on a rehabilitation room, focusing on patients admitted in ambulatories, and with a Rehabilitation Center, focusing on ambulatory patients.

These activities continued in 2015.

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### Technical-Educational Cooperation Agreement with Centro Estadual de Educação Tecnológica Paula Souza (CEETEPS)

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The purpose of this Cooperation Agreement, signed in 2012 with CEETEPS (Authority of the Government of the State of São Paulo), by means of Faculdade de Tecnologia de São Paulo (FATEC SP), and IMRea, with FFM intervention, is material and personnel cooperation to promote scientific and technological exchange to develop projects that meet the needs of patients assisted by IRLM.

The main goals are as follows: **1-** FATEC SP students and professors to develop studies, research, and work plans to improve equipment that assists disabled persons ; **2-** Providing materials and laboratories for students to

experience information exchange; **3-** Apply innovative methodology and pedagogical scientific activities; **4-** Enable better rehabilitation technology field knowledge for physicians and technicians and excellence in medical assistance; **5-** Obtain state-of-the-art technology to level with the best medical treatment by means of high standards of scientific activities; **6-** Interact with national and international public and private institutions that practice rehabilitation medicine; **7-** Stimulate continuous human resource training and qualification.

These activities continued in 2015.

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## Management project of treatment works in the education process of students with special educational needs, by means of Centro de Apoio Pedagógico Especializado – CAPE (Specialized Pedagogical Support Center)

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O CAPE - Centro de Apoio Pedagógico Especializado (Specialized Pedagogical Support Center) - was created by the São Paulo State Ministry of Education, in 2001, to support the school inclusion process of students with special educational needs in the State Network. The center manages, follows-up, and supports special regional educational actions, in continuous training processes, provision of resources, and interaction between schools and communities, by means of guidance and referral.

This project, supported by FFM, facilitates the actions developed by Núcleo de Apoio Pedagógico Especializado da SEE (SEE Specialized Pedagogical Support Center), with the purpose of strengthening the teaching and learning process according to the principle of school inclusion.

The goal of the project is to perform Multidisciplinary Evaluations by means of a team

consisting of: Speech Therapists, Psychologists, Educational Psychologists, and Occupational Therapists.

The multidisciplinary focus of the evaluation allows direct and qualified actions in the schools, and mainly with the teachers and students, with responses and guidance focusing on the families, educators, and school team, according to the specific needs of each student in the school and social development aspects.

The evaluation is guided by rigorous procedures of each multi-professional field, with council protocols and resources for each class that allow, in the school context, understanding the student in depth, with a multidisciplinary approach (health and education), to implement the best development of the processes.

In 2015, 1,374 evaluations were conducted.

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## Children and Youngsters

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Besides the actions developed by ICr (page 27 herein), by the "Visão do Futuro" Program (page 53 herein), by **Programa Equilíbrio** (page 50

herein), FFM intervened in several initiatives that benefited Children and Youngsters, among which the following projects stand out.

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### Pilot Project Proposal: Developing a Household Visit Curriculum in the Brazilian Context

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This project, developed by the FMUSP Pediatrics Department, by means of an agreement signed between FFM and Fundação Maria Cecília Souto Vidigal, started in 2014 and was completed in 2015.

Although house visit programs have been developed in other Latin American countries, similar materials to stimulate early childhood learning are not available, at the moment, in Brazil.

The idea was to collaborate with Jamaican and Colombian research teams to adapt an early stimulation treatment developed in implemented in these countries to the Brazilian context. The goal of the pilot project was to create a local adapted

version of this early childhood treatment package to be tested on a large scale in the Western Region Project (page 37 herein). The new materials shall be implemented and evaluated within the west region cohort (ROC) in the following years.

Therefore, the goal of the project was to develop new treatments to improve early childhood learning and stimulation in São Paulo, and potentially other regions in the future.

This initiative continued by means of the *Home visiting programs to improve early childhood development and maternal mental health – evidence from the Western Region Project* (page 67 herein).

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### Home visiting programs to improve early childhood development and maternal mental health – evidence from the Western Region Project

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*Development or community agents teach mothers how to stimulate the development of their children with books and toys*



*Every other week, the professionals involved with the research change the activities between mother and children*

This project, developed by the FMUSP Pediatrics Department, by means of an agreement signed between FFM and Fundação Maria Cecília Souto Vidigal, and Grand Challenges Canada, started in 2014 and continued in 2015.

The goal of the project was to seek new ways to stimulate early childhood (between 0 and 3 years of age). The initiative was divided in three (3) stages. In the first stage, the curriculum was translated and adapted to the Brazilian reality. At the same time, toys were developed from recyclable materials.

The second stage began after the treatment was validated - testing the efficiency of the action. This work began in the end of 2014 and recruited eight hundred (800) volunteers - four hundred (400) from the study group and four hundred (400) of the control group. During twelve (12) months, every 15 days, four hundred (400) families were visited by a development or community agent. This professional taught the mothers how to stimulate their children, at home, with books and toys. The activities focus on several areas of development: cognitive, motor, and language. The mother keeps

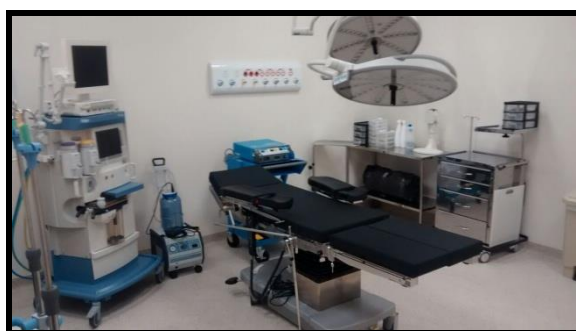
the toys for two (2) weeks. After this period, the team visits the home and checks if the child can achieve all objectives set for those games. Then, new toys compatible with the new reality of the child are introduced.

After this stage is completed, the group tests if this treatment can be implemented in large scale. The recruitment of the families begins at HU-USP, with a birth cohort project developed by the same group. The idea is to follow-up these children for many years. Until now, the assistance is available for patients for three (3) years.

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## Instituto de Tratamento do Câncer Infantil - ITACI

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*ITACI Surgical Center Facilities*



*"Anima Itaci Show – Children's Day*

In 2015, in a partnership with SES-SP and HCFMUSP, FFM signed an agreement to support the activities of ICr ITACI, reference in child cancer assistance.

The current Serviço de Onco Hematologia (SOH - Onco-Hematology Service) of HFMUSP ICr, known as ITACI, began its activities in 12/17/2002, with the activation of twelve (12) medical offices and two (92) ambulatory rooms, besides twelve (12) hospital-day chemotherapy beds. The hospitalization assistance began on 06/16/2003, by opening six (6) of the seventeen (17) beds installed. Since 2009, it counts on two (2) beds to perform Hematopoietic Stem Cell Transplants.

The teaching, research, and assistance activities are developed for children and teenagers from 0 to 19 years of age, affected by onco-hematologic diseases, proceeding from SUS or from the supplementary health system.

Today, SOH counts on nineteen (19) hospitalization beds, with four (4) of them destined to Autologous Transplants and three (3) beds destined to Hematopoietic Stem Cell Transplants, the Hospital Day, with twenty (20) chemotherapy boxes, and the Ambulatory, with thirteen (13) assistance rooms, besides dental assistance.

With the end of the renovation and expansion, in January, 2012, the seven (7) ICU

beds, six (6) Semi Intensive Care beds, six (6) Hematopoietic Stem Cell Transplant beds, one (1) small surgery room, and two (2) Post-Anesthetic Recovery beds erected are currently in gradual activation process.

The beds are being opened gradually since April, 2014. In 2015, were activated: **a)** seven (7) of the thirteen (13) Intensive Therapy beds for oncology-hematology patients, with still six (6) to be activated; **b)** six (6) hospitalization beds, added to the thirteen (13) existing beds, totaling nineteen (19) installed active beds; **c)** six (6) of the six (6) special Allogenic Pediatric Transplant beds, therefore activating all six (6) beds installed; **d)** the Post-Anesthetic Recovery and Surgical Center, that allows the team to perform small and medium sized procedures, avoiding therefore transferring the patient to ICr-HCFMUSP.

Under the coordination of the ITACI Humanization group, commemorative parties (June Celebration, Children's Day, and Christmas) were held with an average frequency of three hundred (300) children and relatives. In Children's Day 2015, the theme selected was "Anima ITACI", based on several animated films, and approximately 1,000 toys were distributed (to commemorate Children's Day and Christmas).



In 2013, ITACI was awarded with ONA 1 accreditation, and in 2014 it maintained the certificate. In 2015, ITACI received the **ONA Accreditation Level 2 - Full Accreditation** that, besides compliance with patient safety criteria, it also counts on integrated management, with fluid processes and full communication between activities.

In 2015, the main indicators were as follows:

ITACI - INDICATORS 2015			
Parameter	SOH	Transplants	CTI
Occupation Rate	90%	80%	85%
Average Stay (in days)	13,6	31,0	8,9

In 2015, we had: **16,316** medical appointments, **17,282** multi-professional appointments, **37** Hematopoietic Stem Cell Transplants, of which **15** were Autologous, **6** were Matched Allogeneic, and **16** were Unmatched Allogeneic, and **5,479** ambulatory chemotherapy sessions.

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### Centro de Estudos, Pesquisa e Formação em Desenvolvimento Infantil – CePeDI (Child Development Study, Research, and Training Center)

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The FMUSP Pediatrics Department was always dedicated to studying the pathologies that affect newborns, infants, preschool children, and adolescents, in order to improve the quality of life of these patients and propose health promotion and prevention actions, projects, and programs.

Result from a partnership in 2012 between the FMUSP Pediatrics Department and SES-SP, by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention, the idea to create a Child Development Research Center emerged from the need to gather scientific information from several areas of knowledge, by means of collaboration between national and international researchers of several disciplines to conduct studies on the influence of adverse events occurred in early stages of human development over the health and disease pattern established along the life of individuals.

The objectives are based on two (2) perspectives: the first refers to the understanding of the element of the health-disease process, widely studied in this decade, which points to the influence of the environment and life conditions during the growth and development process of individuals in the origin of metabolic diseases and psychic disorders in adults. The second element is based on the need to investigate public policies that lead to scientific knowledge of the origins of metabolic diseases and mental disorders and propose efficient measures in order to promote individual health and enjoy longevity with quality of life.

The Center counts on a interdisciplinary team, with inter sector coverage, responsible for integrating the areas of knowledge that are working with the subject of Child Development to elaborate and create new research projects that transform scientific evidence in Public Policies, promote the dissemination of knowledge that is accessible to the population, and material that is used to train and qualify health professionals in São Paulo.

In 2014, CePeDI designed and started the "Western Region Birth Cohort - COORT ROC" project, that follows the development of 5.164 children born in the western region of the municipality of São Paulo. When they complete twelve (12) years of age, the children are visited at home to follow-up and collected information related to the state of health and motor development (Development Card of the Ministry of Health). In 2015, the "Home visiting programs to improve early childhood development and maternal mental health – evidence from the Western Region Project" was started (page 67 herein), with the purpose of using a multidisciplinary process to generate a tool to measure child cognitive, motor and social-emotional development that can be used globally.

It also intends to articulate the scientific discoveries with health professional qualification and child development education courses.

These activities continued in 2015.

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## Integral Care Project for persons with Down Syndrome

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The International Down Syndrome Day was celebrated on March 21st, 2015. Besides assisting with the implementation of inclusive measures and seeking the autonomy of persons with Down syndrome, the date promotes debate and studies regarding the subject. In 2012, the Ministry of Health published Manual de Atenção à Saúde da Pessoa com Síndrome de Down (Health Care Manual for persons with Down Syndrome), created with active interaction of the IMRea Integral Health Care Ambulatory for persons with Down Syndrome (Lapa Unit), which follows expanded clinic precepts, sees the individuals and their needs as a whole, and shared care, with support from a multidisciplinary team and the patient's family.

The project receives approximately **sixty (60) children**, and provides weekly assistance with physicians, nurses, social workers, nutritionists,

physiotherapists, physical educators, occupational therapists, psychologists, dentists, and speech therapists, who act together based on an individual care plan, with therapeutic goals defined specifically for each patient.

The fact that all activities can be performed in a single place, where the mothers can also exchange experiences, is a very important differentiator in this form of treatment.

The works are developed based on four (4) assistance models, according to the age group and needs of each stage of life of the patients, from early childhood to adult life. Integral care, adding to healthy habits, education, and favorable social and family context, leads children, youngsters, and adults to better development, better quality of life, and higher autonomy.

These activities continued in 2015.

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## Families and Women

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Besides the actions developed by the **Bandeira Científica** Project (page 48 herein), FFM intervened in several initiatives that benefited Families and

Women, among which the following projects stand out.

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### Adolescent Woman Health Education

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Adolescence corresponds to the life period between 10 and 19 years, 11 months, and 29 days, period in which deep changes take place, characterized mainly by the rapid growth, appearance of secondary sexual characteristics, awareness of sexuality, structuring of personality, environmental adaptation, and social integration (WHO 2001).

The introduction of effective childcare, better nutritional conditions, and vaccination programs allowed the decrease of child mortality, increasing the population of teenagers (OSIS, 1998).

Pregnancy in this population group, as well as its recurrence before 24 months from the first child, has been considered, in some countries and in Brazil, as a public health issue, since it may lead to obstetric complications, with repercussions for the mother and newborn, as well as psycho-social and economical problems for the entire society (MINE E GLASIER, 2008; BOURIS ET AL. 2012).

This project, developed by the HCFMUSP, Gynecology Department, by means of a letter of agreement signed with OPAS, in the end of 2013, with FFM intervention, has the main purpose of providing primary and secondary health care for adolescents by means of a multidisciplinary team (physician, nurse, nutritionist, psychologist) focusing on health education.

PAPSMA (Programa de Atenção Primária à Saúde da Mulher na Adolescência - Adolescent Women Primary Health Care Program) includes the integration of assistance, teaching, and research. The focus of the assistance program is to prevent second pregnancy during adolescence and research on the acceptability of vaccines against human papilloma virus, besides the proposal to teach the professionals who act with adolescent health, with qualification and reproducibility of adolescent health education methods.

These activities were completed in 2015.

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### Depression management program of pregnant women assisted in health units that adopt the Family Health Strategy (PROGRAVIDA)

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Despite the high prevalence of pregnancy depressive disorders and the possible negative consequences of these conditions for women, their children, and relatives, most women are not diagnosed or treated in the primary health care network.

The decrease in inequality to mental health care is one of the main focus to plan health actions around the world and also in Brazil. Training provided to professionals that are not specialized in mental health to lead such actions, in the scope of primary health care, is understood as a priority in countries with low or medium income (Global Mental Health Group, 2007).

The goal of this proposal, , developed by the FMUSP Preventive Medicine Department, by

means of an agreements signed with the Ministry of health in the end of 2012, and with FFM intervention, is: **a)** develop the coordinator, supervisor, and SF (Family Health) team qualification module of “Programa de Manejo de Depressão na Gravidez” (PROGRAVIDA); and **b)** qualify and supervise the Estratégia de Saúde da Família (ESF - Family Health Strategy) coordinators and supervisors of a municipality of Greater São Paulo, in all stages required to implement the program, in the health units that adopt ESF in the municipality. PROGRAVIDA was developed by FMUSP Psychiatric Epidemiology Research (EPSIQ) Group researchers to be used in the prenatal care routine offered by the SF teams.

These activities continued in 2015.

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## Elderly

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In 2015, FFM intervened in several initiatives, which counted on the participation of public and

private institutions, and that benefited the elderly, among which the following projects stand out.

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### Projeto Escola Gero Saúde

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This project, started by the FMUSP Geriatrics Discipline in the end of 2015, by means of an agreement signed between FMUSP and Fundación Mapfre, with FFM intervention, has the purpose of analyzing the aspects of elderly functionality that may predict successful aging and act by means of social-educational strategies, with physical activity as the main behavior change promotion agent, in order to promote healthy aging in the physical, psychic and social aspects.

The activities shall be performed in AAAOC, and shall be divided in three (3) modes: **1)** Welcome/stretching/walking; **2)** Specific physical activity, consisting of free exercise to improve resistance, articular mobility, muscular stretching, balance, and motor coordination; e **3)** Social and educational practice, which includes socialization games that allow more integration between the components in order to improve learning regarding the organism and what are the potential benefits and/or risks that may result from the activities.

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### Elderly Health Refresher Course: On-the-job training by means of interactive remote education

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This project, developed by the HCFMUSP Geriatrics Department in 2014, by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention, was completed in 2015 and focused on Elderly Health Refresher Courses, divided in three (3) thematic sets with complementary goals and competences, in order to train health care professionals in clinical management of the elderly and expand care in the environmental, social relationship, behavioral, and medication therapy aspects related to the elderly.

For the 2014 edition, the course program content was reorganized and updated, increasing

the participating target-audience and the number of students, and changing the educational strategy to promote remote professional recycling. The interactive learning environment is based on LMS Open Source, with a library of educational videos, debate forums, information to promote permanent communication with the students, web meetings, and knowledge evaluation system based in practical situations.

The content and student tutoring update are made by professionals indicated by the HCFMUSP Geriatrics Department/SES.

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### Proposal to Develop a Health Care Professional Permanent Education and Training Program in CEREDIC-HCFMUSP, in the city of São Paulo

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The prevalence of dementia, especially Alzheimer's Disease, increases as the population ages. Some Brazilian studies prove that this trend is observed in population studies around the world.

Patients with dementia represent a direct cost to health care services, due to the increased

hospitalization and higher risk of falling, besides indirect costs, due to need for a caregiver, usually a relative or paid professional, reduced income, by the patient himself. The costs include: medical visits along the treatment and at the time of diagnosis, drug treatment, treatment of other co-

morbidities, personal care, and expenses that increase according to the stage of the disease.

In Brazil, the costs with patients with dementia increase according to the severity of cognitive impairment.

Several works has confirmed the reduced expenses of patients with Alzheimer for the public service, diagnosed prematurely and using appropriate medication. Therefore, instead of increasing the costs, early diagnosis and treatment decrease the expenses with the disease in general, due to the reduced number of hours spent with care and delayed disease progression, decreasing therefore dependency and institutionalization.

HCFMUSP is registered as an Elderly Health Care Reference Center, and therefore, according to the directives established by the Ministry of Health, is able to create an Alzheimer's disease and related disorder reference health care center.

The goal of this project, started by CEREDIC-HCFMUSP in 2014 by means of an agreement signed with the Ministry of health, with FFM intervention, and that continued in 2015, is to promote aging and cognitive and behavioral disorder recycling courses for SUS employees, by means of: **a)** offering supervised internships for basic health care network physicians and specialized medical care unit experts; **b)** multidisciplinary care to elders with cognitive disorders; **c)** supporting remote care to elders with cognitive disorders, by means of telemedicine and partnerships with municipalities interested; **d)** Elderly Cognitive and Behavioral Disorder Refresher Course: Multidisciplinary Approach; and **e)** Manuals to assist elders with cognitive and behavioral disorders.

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## Elder Fragility: Evaluation, Early Determinants, Evolution, Assistance Demand, and Social and Health Care Service Usage Impact

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The goal of this project, developed by the USP Public health School, by means of an agreement signed with the Ministry of Health, in the end of 2013, with FFM intervention, is to develop studies and research to identify the factors that determine fragility syndrome among the elderly, with the purpose of strengthening and training elderly health care with emphasis on basic care.

Fragility may be defined as a clinical syndrome characterized by the reduced energetic stamina and resistance to stressors, resulting from the accumulative decay of multiple physiological systems, which increase vulnerability to adverse conditions, due to the difficulty in maintaining homeostasis in more extreme exposure situations

According to Fried et AL (2001), fragility presents in the form of a phenotype that includes five (5) components that may be measured: **1)** Unintentional weight loss; **2)** Self-reported fatigue; **3)** Decreased strength; **4)** Low level of physical activity; and **5)** Decreased walking speed. The presence of one or two components of this phenotype indicates high risk of developing the

syndrome (pre-fragile), and three or more components would be present in fragile elders.

The early detection of syndrome components (pre-fragile condition) could avoid its settlement, by adopting specific treatments. In our environment, differently from developed countries, the syndrome has been settling earlier and, considering the increased life expectation of the population, this situation shall generate important assistance demands, increased use of social and health care services and, consequently, increased related costs.

However, fragility is understood as a clinical phenomenon that is different from aging, which may be reverted by means of appropriate treatment. The early identification of the factors that determine this condition is essential among younger elders, its evolution and, consequently, the assistance demands generated and use of social and health care services in time, in order to contribute to adapting the current social and health care policies.

These activities continued in 2015.



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## Social-demographic and Epidemiological Study of Elders Living in Long-Term Stay Institutions for Elders (ILPIs) registered in the SUAS Census

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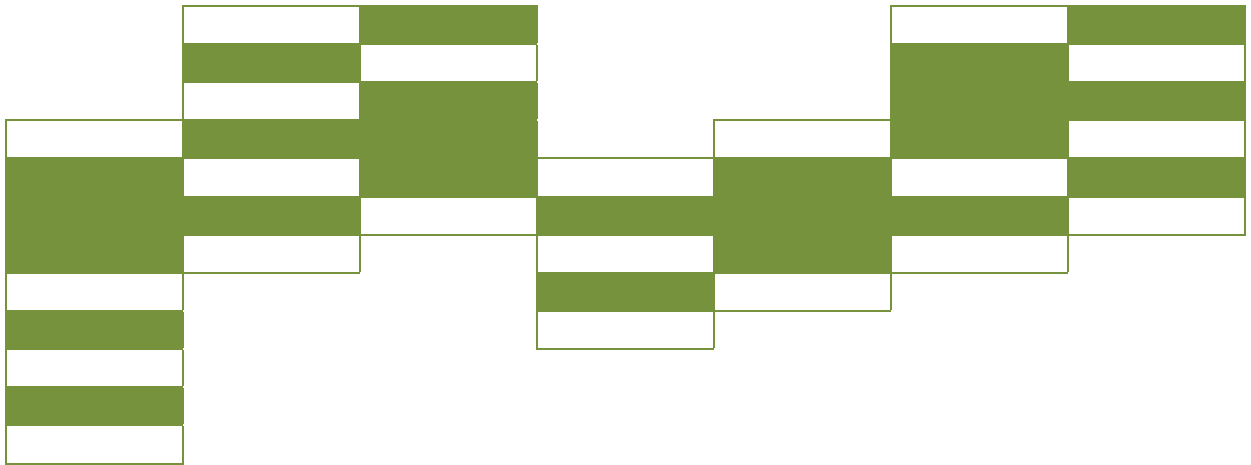
The goal of this project, developed by the USP Public Health School, by means of an agreement signed with the Ministry of Health (MS), in the end of 2013, with FFM intervention, is to conduct a inter-sector census to determine the life and health condition profile of the elders living in Long-Term Stay Institutions for Elders (ILPIs) registered in MS, as well as their structural conditions, to assist this population in the entire country. The results shall subsidize the reorganization of the welcoming services.

With population aging in solid growth, the demand for welcoming the elder population with higher social vulnerability increases, as well as the need to improve social policies with inter-sector approach. In this respect, to identify such needs (social and health care) more precisely, a specific

census of the elderly population living in ILPIs must be elaborated.

Historically welcomed due to social needs, we observed that, with the aging process and population aging, this profile is changing and significantly increasing health care related demands. The specificity of such demands, as well as adaptation of structural resources to assist them, is still unknown, including the important regional differences existing in our country. Therefore, the ILPIs Census, at a national level, shall contribute to formulate and/or reformulate inter-sector actions that ensure integral assistance to the elderly, strengthening their rights assured by the Senior Citizen's Statute, and guided by the directives of the National Elderly Health Policy and the National Social Assistance Policy.

These activities continued in 2015.



# Research Projects

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# RESEARCH PROJECTS

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## Main Research Projects

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FFM supports the development of several research projects that, with hundreds of papers published in indexed journals, achieve global reach and visibility.

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### **Bloomberg's Initiative for Global Road Safety: Observational studies related to speed, helmet use, safety belt use, children retention equipment use, and driving under the influence of alcohol in the city of São Paulo**

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This research is being developed by LIM 40, by means of an agreement signed in 2015 with the Johns Hopkins University, and with FFM intervention.

This is a transversal observational study, in which data of five (5) traffic accident risk factors shall be collected in a non-interactive way from the research subjects: use of helmet by motorcyclists, use of safety belt, use of children retention equipment in vehicles, speeding, safety, and alcohol use. The data shall be collected by means of systematic random observations, which shall be performed in 6 to 12 locations selected in the city of São Paulo, next to streets and avenues. The data

shall be collected twice between the years of 2015 and 2016.

The data shall be collected by personnel previously-trained by the Johns Hopkins International School of Public Health (JH-IIRU) team, and the data collection methodology used is already established and used in phase 1 of Bloomberg's Initiative for Global Road Safety (BIGRS) 2010-2014). All information shall be collected randomly without any contact with the research subjects - always at a distance and without identification. It is important to remind that data on the effects of alcohol shall always be collected passively, by observing police routine inspections in the city during the period studied.

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### **Technological Innovation Research**

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By means of an agreement signed with General Electric Healthcare, with FFM intervention, the HCFMUSP Radiology Institute is developing the following technological innovation researches: **a)** MR Neuro Soccer Players retirees; **b)** MR Neuro Soccer Players Current; **c)** PET in Multiple Sclerosis; **d)** PET Flutemetamol Alzheimer; **e)** PET Rectal Cancer Study; **f)** DGS ANGIO (CT and MR) benign

prostate hyperplasia (BPH); **g)** Ultra-Sound: Contribution of Shearwave in the Thyroid Nodules: Needle aspiration; **h)** Ultra-Sound: Contribution of Shearwave in the Follicular Thyroid Nodules: Histological and **i)** MR Study plan for Alzheimer.

These researches started in 2015 and shall extend up to 2020.

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## Effects of the Young Pregnant Women Visitation Program on child development: a pilot study

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This project, developed by the HCFMUSP IPq, by means of an agreement signed between FFM and Grand Challenges Canada, started in the end of 2015.

Home visitation programs for pregnant women, focusing on improving the relationship between mother and baby, have received great attention in the last 30 years around the world. These programs are considered an important strategy to improve prenatal mother's health, the conditions of the child birth, and the tools that the parents have to take care and stimulate the baby appropriately, therefore promoting children's health and initial development, which is important to influence the future physical, emotional, and cognitive development.

The purpose of this project is to promote healthy intrauterine development and also healthy development of the baby during the first months of life in a high-risk population.

Sixty (60) young pregnant women, from 14 to 20 years of age, shall be randomly allocated for the visitation group or habitual prenatal and childcare follow-up.

As a treatment proposal that tests, for the first time in Brazil, a prevention strategy demonstrably effective in other contexts, it may pave the way to implement the program in large scale in Brazil. At the same time, the goal of the project is to discover underlying processes to the positive environmental and social stimuli promoted by the treatment, clarifying the healthy neuro-development mechanisms involved.

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## Screening of biomarkers and development of a TheraCruzi multiparametric test

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HCFMUSP LIM 31 started this research in the end of 2015, by means of an agreement signed with Institute Mérieux, with FFM intervention.

A significant proportion of patients chronically infected with *Trypanosoma cruzi* developed the chronic form of the disease, with cardiac and/or digestive changes. Although it discovered markers associated with the disease, one of them could be used as prognostic marker for the disease. Besides that, the parasite has low level persistence, which is an essential aspect of the chronic Chagas disease, with the current parasitological tests, such as blood culture or PCR to detect the *T. cruzi* DNA, have low sensitivity and are not practical for the patient or to be used in large scale clinical tests.

There is also only a single drug available in Brazil, Benznidazol, with questionable efficiency in treating patients with chronic Chagas disease. Then, there is an urgent necessity to perform clinical trials to develop new medicines to the chronic Chagas disease. However, the lack of

reliable biomarkers to reduce the parasitism, and consequential inflammatory and damages responses, it is a great obstacle to the new drugs evaluation.

The differentiation markers identity to evaluate the parasitism level presence of *Trypanosoma cruzi*, resulting in immune and inflammatory modifications, could solve this problem. Therefore, this study has as proposal to evaluate the reaction of the individuals for synthetic *T. cruzi*, peptides by means of an immunoenzymatic test in patients before and after the treatment with immunoenzymatic test, with patients that had gone through and would go through the treatment with Benznidazole, searching for reaction patterns in antibodies that may be related with clinical presentations and comparing the results with other biomarkers to form a profile composed by biomarkers to the prognostic and monitoring of the treatment.

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## Towards liquid biopsy

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This project, which benefited IRLM, was approved in the end of 2014 by the Ministry of Health in the PRONAS/PCD scope. The collection of private financial resources was completed in 2015 and the project started in the end of 2015.

PRONON and PRONAS/PCD were created by the Ministry of Health with the purpose of promoting actions and services related to disabled person oncology and assistance, respectively. According to the fiscal exemption model of similar laws, the physical persons and legal entities can contribute with donations for the projects they choose. These donations strengthen the National Cancer Prevention and Control Policy and the National Disabled Person Health Policy. Therefore,

the citizens are able to contribute with the continues improvement of SUS.

The main goal of this proposal is the study of evolution and tumors heterogeneity by individual tumor cells in the bloodstream. The specific Objectives are: **a)** collect longitudinally blood samples of patients with colorectal carcinoma, breast, lung, neck and head tumors and melanoma, evaluating the circulating cells/particles number derivative of tumor and the sequencing of its contents; and **b)** relate laboratory variable with cells/particles number, nucleic acid abundance and in the sequences with clinical outcome, replying the therapy, free interval of disease and global survival.

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## Basic Project of Medical Profession Observatory and Medical Demography Studies Implementation

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This project, developed by the FMUSP Library and Documentation Department, with FFM intervention, counts on support from CREMESP and started in the final of 2015.

The purpose of project implementation are the following: **a)** produce and disclose studies, researches and data; **b)** develop and update the

profile, distribution, work and specialization aspects of Brazilian doctors; and **c)** try to trace the relation between concentration and distribution of doctors and the Brazilian health system organization and operating, such as the relation with Brazil health inequality.

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## Verbal autopsy in Brazil: Instrument validation

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An appropriate information system about fatalities and its causes is extremely important, because it provides allowances to evaluate the population health situation and to promote the planning, monitoring and health services evaluation. The fatalities proportion of ill-defined or ignored cause, among all occurred fatalities, it has been the most used indicator to evaluate the quality of information about fatalities causes.

The Information System about Fatalities (SIM), although it is very consolidated, it presents coverage and quality of the information about unequal fatalities, as much as among Brazilian regions as relating to stratified demographic groups by socioeconomic level, with underreporting and high proportion of fatalities registered with ill-defined in some areas.

This project, developed by FMUSP Pathology Department, through signed agreement between the Ministry of Health, at the end of 2015, and the FFM, has as general purpose the evaluation and validation of the verbal autopsy form to adults in Brazil. The main goals are as follows: **a)** review the researches bibliography and studies about verbal autopsy (VA) evaluation and present the executive summary of this studies; **b)** elaborate reference proposal document of VA (form in Portuguese and instruction manual); **c)** validation of verbal autopsy validation for adults; **d)** compare the TARIF (automatic method) methodology with certification of fatalities caused by doctors in Brazil; **e)** check the reliability of the fatalities among doctors certification (Fatalities Check System - FCS and VA certifier); **e f)** check the reliability between coders of fatalities causes.



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## Vaccine against *S. pyogenes* to prevent of Rheumatic Fever and Cardiac Rheumatic Illness: clinic study phase I/IIa

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This study, developed by InCor, by means of an agreement signed between HCFMUSP, Instituto Butantã and BNDES, with FFM intervention, has begun in 2015. Its main purpose is the realization of clinical tests of steps I/II of a vaccine totally produced in Brazil against *Streptococcus pyogenes* to prevent another cases of rheumatic fever (FR) e and rheumatic heart disease (DRC), sequels of a oropharynx infection caused by the bacterium *S. pyogenes*, especially in Brazil, in the African continent and in India, in which the rheumatic fever and its sequels are still very important.

The realization of this clinical test of the step I/IIa is a result from a comprehensive research made by InCor over the past 20 years, with help of several Promotion Agencies, specially national ones.

Overall, the obtained results are innovative, promising and safe. It was shown that the vaccination epitope has a alpha helix structure and is recognized by individuals that bear several molecules HLA class II, which makes it universal and stable in several temperature and pH conditions, a very important aspect when it comes to the vaccine transport and stabilization (Guilherme L, et al, J. Biol Chem, 2011).

Aiming at getting an immune response mediated by IgA e IgG, new experiments were done with the MPLA and WP adjuvant manufactured by Instituto Butantã. This data set is very important and allowed, in an innovative manner, the possibility of making tests of step I/IIa in humans, with a candidate vaccine totally produced in Brazil and with a high social and economic impact.

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## Pilot Project of Medicine Traceability on HCFMUSP and its Integration with the Pilot Project of Medicine Traceability on the Medicine Register Holder

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Aiming at increasing patients' safety, HCFMUSP was chosen in 2015 to make a pilot project of the resolution RDC nº 54, from Anvisa (Brazilian National Sanitary Surveillance Agency), connected to medicine traceability. The goal is to test a system that is capable of tracking the products since its production until its distribution. Anvisa has as objective to create a tracking network able to meet the needs of the entire country. but, as there are many agents involved in this process, this test in HCFMUSP will be the first step.

The pilot-project has been developed by the Technological Innovation Center of InRad, through a Technical-Scientific Cooperation Agreement between HCFMUSP, through InRad, and Libbs Farmacêutica Ltda., with FFM intervention, and started in the end of 2015.

The proposal is to track 13 medicines produced by national and international industries

during 10 months. After this time, a report will be elaborated for the Managing Committee of the National Medicine Control System Deployment, committed to Anvisa. Thus, it would be possible to identify the difficulties and analyze the possibilities to expand this action throughout the country.

Anvisa's resolution, approved in December, 2013 (RDC nº 54), establishes mechanisms and procedures to track all medicines distributed in national territory. This includes a register of the products of the manufacturers/manufacturer companies, wholesalers, retailers, medicine importers, transporters and dispensation units.

It is an outline of a record that comprehends the medicines application or localization through information registered in a system - it would store data about the products, the third parties and the users. This control must be kept in all production steps, including distribution recollection.

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## Assessment of the Impact of the Industrial Emissions in the Health of the Population Living in the Surrounding Area of the Petrochemical Pole of Capuava.

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The deployment of the Petrochemical Pole of Capuava – RECAP, in the Municipality of Mauá, has attracted a large contingent of workers and stimulated the installation of an Industrial Pole in an age in which the Brazilian environmental license and urban planning lacked criteria and procedures that would ensure a safe operation, with constant monitoring and minimal risk to the health of the population living in the surrounding area, in the industries.

Nowadays, international studies and other researches performed on the spot gather plausible evidences to considerate the impact of the environmental emissions of those ventures in the health of the population living in the surrounding areas.

Started in 2014, this study was originated in a Term for Commitment to Adjustment of Environmental Conduct of the Environmental Prosecutor of Santo André, developed by LIM 05 with FFM intervention. It has as objective, at a first stage, to elaborate a map to identify the importance of the environmental pollution concentration and analyze it considering its spatial distribution, allowing to identify and locate the areas in which there is a potential health risk from the historical and current industrial and petrochemical operation in the region, establishing the affected area and the existence of a gradient of this health risk.

These activities continued in 2015.

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## Landscape genomics in latitudinal gradients and *Anopheles darlingi* ecology

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This study, developed by the Epidemiology Department from Faculdade de Saúde Pública da USP, by means of an agreement signed with Health Research Incorporated, with FFM intervention, started in 2014.

The primary malaria vector in the Amazon region is *Anopheles darlingi*. It has the capacity of adapt itself to the micro-geographical changes resulting from new environmental conditions, such as those found in farming settlement areas. Therefore, it is possible to conclude that this vector is a serious threat to human health in Latin America. This proposal will assess three (3) biological aspects from *Anopheles darlingi*, which have been underestimated, in order to identify the main causes of the pathogen transmission by the vector: high flexibility or genetic specialization.

Firstly, the Border Malaria Hypothesis (Hipótese de Malária de Fronteira - HMF) will be

tested. This hypothesis consists in the theory that the settlement age forecasts the malaria incidence, clearly separating the settlement age effects from the forest cover.

Secondly, there will be a comparison between the genomic characteristics of *An. darlingi* exposed to: **(i)** different levels of *Plasmodium* in the endemic Amazon region with the population from the Southern Brazilian region, where malaria seldom occurs, and **(ii)** environmental variables in several Amazon settlements.

Thirdly, experiments about the life of *Anopheles darlingi* will be developed. Those experiments will approach characteristics from the temperature reaction patterns that are directly related to the vectorial capacity.

These activities continued in 2015.

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## Field and Laboratorial Studies and Researches and Computer Simulations to determine the best strategy to introduce dengue fever vaccine in Brazil.

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This study, developed by LIM 60, by means of an agreement signed with Associação Paulista para o Desenvolvimento da Medicina, with FFM intervention, started in 2014 and ended in 2015.

The main goal of the project was to determine the best strategy to introduce dengue fever

vaccine in Brazil. The secondary goals were as follows: **a)** to determine the targets of the reactions of specific T-cells in individuals acutely infected by dengue fever virus; **b)** evaluate the T-cells reactions in three different cohorts of individuals infected with dengue fever: patients

that were and were not exposed to dengue fever before, and with and without previous vaccination against flavivirus (DENV and FA); and **c)** evaluate the responses of T cells in children from 6 to 18 months of age, with acute dengue fever, being also

25 IgG negative (not exposed to the dengue fever virus before or children of negative mothers) and 50 IgG positive (previously exposed to the virus of children of positive mothers).

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### **Study of Incidence of Dengue in Brazil, in municipalities of high and medium endemicity: Goiânia – GO and Araraquara- SP**

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This study, developed by IMT-USP, by means of an agreement signed with Sanofi Aventis Farmacêutica Ltda, with FFM intervention, started in 2014.

The main goal of the project is to elaborate and implement epidemiological studies that subsidize the evaluation of future dengue vaccination strategies. The main goals are as follows: **a)** describe the serological profile and immunological status of the population before the potential future vaccination strategy; **b)** identify

the proportion of asymptomatic and oligosymptomatic cases, and the clinical profile and serological status of the symptomatic cases; **c)** estimate the seroconversion rate in a cohort in two different stages of transmission; **d)** identify the risk factors to grave dengue, according to the age range; and **e)** provide epidemiological data required to model the dengue transmission dynamics in different epidemiological scenarios.

These activities continued in 2015.

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### **Random double-blind clinical test, controlled with placebo, to evaluate the efficiency of creatine as adjuvant therapy in bipolar depression treatment**

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Bipolar Disorder (BD) type I is a chronic mental disease that affects approximately 1% of the adult population and that is associated to a suicide rate of 10 to 19%. While there are several options to treat intractable mania, bipolar depression resistant to mood stabilizers is still difficult to be treated. Even with the release of studies that support pharmacotherapy that shorten the duration and decrease the severity of depressive episodes and the risk of recurrence, more than half the patients do not respond appropriately to the bipolar depression treatments available.

Creatine has an important role in brain energetic homeostasis, acting both as a temporal and spatial buffer for the cytosolic and mitochondrial reserves of ATP (Adenosine Triphosphate). Recent studies suggest the increase in brain oxygen use after supplementation with oral creatine.

The purpose of this study, started in 2014 and developed by IPq, with FFM intervention and supported by NARSAD, is to check if creatine improves depressive symptoms, when used as adjuvant treatment in conventional bipolar depression treatment.

These activities continued in 2015.

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### **Fighting Infection through Research, Science, and Technology (FIRST) Phase 1 and 2: Creating a Partnership to Fight Infectious Diseases Neglected in Measoamerica.**

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This sub-project, started in 2014 by HCFMUSP LIM 31, by means of an agreement signed with the Blood Institute Systems Research, with FFM intervention, and that continued in 2015, is part of a program called "Centro de Pesquisa em

Biomarcadores em Doenças Negligenciadas Tropicais de São Paulo/Minas Gerais" (São Paulo/Minas Gerais Tropical Neglected Disease Biomarker Research Center), which focuses on biomarkers related to the Chagas disease. The

present sub-project seeks new biomarkers related to the cure of the disease.

Currently, it is believed that direct treatment against *T. cruzi* is required to avoid the long-term consequences of the disease; However, there is only one anti-*T. cruzi* drug available, Benznidazol (BZN). New medicines are being developed, but the lack of reliable biomarkers to evaluate the efficiency of the treatment is a great obstacle for its validation in humans.

Few studies evaluated what happens in terms of immunological parameter changes after

treatment with BZN. Understanding the effects of this drug on the immunological parameters may promote the discovery of biomarkers. The present study shall follow one hundred (100) patients with positive PCR that are indicated for treatment with BZN. The purpose of the study is to follow these patients systematically and collect blood samples in eight (8) visits (before and up to one (1) year after the treatment) for research and biomarker validation purposes.

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### Latin America Treatment & Innovation Network in Mental Health

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Recent research suggest that the redistribution of clinical tasks in health systems and health teams, known as *task-shifting*, is an effective strategy to expand the access to treatment in situations in which specialized human resources are lacking. Most of these studies focused on managing child survival improvement, maternal health, and HIV programs, with Peru becoming one of the leading countries in Latin America for this type of research.

Today, there are more cellular phones that hard liners in most countries in Latin America, covering almost the entire population.

The goals of the study, started in 2014 and supported by NIH, by means of an agreement signed with FFM and developed by the FMUSP Preventive Medicine Department, are **a)** evaluate the efficiency of the treatment, by means of automatic cellular phone messages assisted by nursing assistants, in treating symptoms of depression in individuals with chronic physical diseases (diabetes and/or hypertension) assisted in Family Health Strategy units in the municipality of São Paulo, Brazil; and **b)** evaluate the cost-effect ratio of this treatment program.

These activities continued in 2015.

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### SARCOSI: Sarcomere Based Signals in Muscle Remodeling (FP7-PEOPLE-2011-IRSES)

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This study is developed by ICB-USP, by means of an agreement signed with the Research European Agency, in 2013, with FFM intervention.

The sarcomere is a structural unit of striated muscle, in which the fine and coarse filaments cooperate to generate the muscular contraction. Recently, it has become clear that sarcomere also has an important role as intracellular marker, especially proteins sensitive to stretching, such as titin and nebulin. Recent studies have shown, in fact, the marker role, besides the structural role, of titin and nebulin, and the next important step is to understand how these giant proteins perform this marker role, controlling the remodeling of striated muscular tissue. This network of researchers investigates this issue with intense exchange of muscle biology, originated in the American

continent, Japan, and European Union. Each group shall contribute with specific methodologies to study the molecular bases of titin and nebulin in muscular remodeling, including transgenic animals, synthetic compounds, and direct myofibril measurement.

The participants of this consortium of researchers have collaborated and, occasionally, published as a group. The SARCOSI network shall allow more solid long-term interaction, with team member exchanges and joint guidance of post-doctorate thesis. The members exchanged by the teams shall enable the transference of technology and models between peer laboratories, bringing quicker and deeper results in the heart failure field and skeletal muscle atrophy.

These activities continued in 2015.

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## Burden of Diseases and Development in Early Childhood: a birth cohort study in Brazilian Amazon

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This study, developed by ICB-USP, by means of an agreement signed with the David Rockefeller Center for Latin American Studies – Harvard University, in 2013, with FFM intervention, was completed in 2015 with the purpose of planning a birth cohort in the Brazilian Amazon, in the municipalities of Cruzeiro do Sul and Mâncio Lima, in the State of Acre. These municipalities were selected because they concentrate almost 80% of the cases of malaria in the State (they are between the areas considered as high risk of malaria transmission in the Amazon) and because the unfavorable health indicators for children younger than 5 years old are low (in respect to the State and regional averages). Besides that, these municipalities are the target of other malaria studies, developed by USP and Federal University of Acre researchers, allowing the establishment of collaborations. Finally, due to the presence of USP

research teams in the State of Acre since 2003, contacts have been established with the State Secretary of Health, which facilitate local logistics.

The specific goal of this proposal was to plan a cohort study in Cruzeiro do Sul and Mâncio Lima, including: **a)** the entire logistics, personnel recruitment, elaboration of research protocols, data collection, training, sample collection and analysis, elaboration of surveys, and data sets; **b)** establish agreements with local health units to monitor the routine of malaria test laboratories and hospitals; and **c)** request the ethical approval (approval by the National Research Ethics Commission may take up to one (1) year) and elaborate the research proposals to request financing, by means of the Brazilian government, of international promotion agencies and private institutions.

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## Costs of cirrhotic patients: management of complications, list waiting time, and hepatic transplant

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The health costs represent an aspect of great relevance in the international and national economic scenario. Scientific development was followed by a significant increase in expenses, and therefore the way public health funds are destined is a very important subject. In fact, economy has been gaining interest in medicine today, due to the growing financial pressure on issues such as balance between increasing demands and shortage of resources available.

Liver cirrhosis is a global problem, associated to substantial economic costs. Cirrhosis is a chronic liver disease, most commonly due to the hepatitis C virus (VHC), hepatitis B virus (VHB), and alcoholic liver disease. Between 1999 and 2011, in Brazil, 120,343 cases of hepatitis B and 82,041 cases of hepatitis C were notified. The progression to cirrhosis occurs at constant rates and may change with the association of other factors, such as alcohol consumption, obesity, and metabolic syndrome. However, from the development of hepatic fibrosis, every year, 10% of the patients develop cirrhosis and 5% of the patients with cirrhosis die or are submitted to liver transplants.

This study, developed by the HCFMUSP Liver Transplant and Surgery Service, by means of a letter of agreement signed with UNODC, in mid 2013, with FFM intervention, had the purpose of analyzing prospectively the costs of cirrhotic patients in SUS high complexity hospitals in Brazil, including the complications resulting from cirrhosis, the transplant list waiting period, the liver transplant, and follow-up one (1) year after the transplant.

Considering that liver transplant involves high costs, and is effectively available to a restricted part of the population, as it depends exclusively on organ donation, the cost-effectiveness of the procedure, especially in terms of allocating the livers available and gain in quality of life after the transplant, must be evaluated. The purpose of this study was to evaluate the global economical impact of cirrhosis of the liver, considering the cost-effectiveness of the therapeutic strategies and liver transplant, evaluating the social impacts of the disease.

These activities were completed in 2015.

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## Systematization of health experiences and quality of life of collectors of recyclable materials

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This study, developed by the FMUSP Preventive Medicine Department, by means of an agreement signed with Fundación Avina, in the end of 2013, with FFM intervention, had the following purposes: **a)** identify and support experiences focusing on promoting the health and quality of life of collectors of recyclable materials in Latin America; **b)** support systematization; and **c)** produce publications/papers on the subject.

Solid waste has become one of the most serious environmental issues of our time, since inappropriate management brings serious consequences to the environment, health of the population, and health of those directly involved, such as collectors of recyclable materials. These professionals are subject to contamination by chemical and biological agents and accidents caused by inappropriate working conditions. With the approval of the National Solid Waste Policy

(PNRS), specific studies and analysis must be developed to subsidize the implementation and regulation of the policy.

The absence of information and knowledge regarding the situation and recycling work processes, as well as health risks faced by these collectors, prevents appropriate public policies that focus on improving the productive process and minimizing or eliminating health risks. Therefore, the goal as to understand the work of these collectors, joining social, economical, and technical-environmental aspects. Therefore, descriptive-qualitative research techniques were employed, besides epidemiological study, risk assessment, and environmental measurements, so the results could subsidize the formulation or public policies proposing occupational health standards.

These activities were completed in 2015.

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## Perspective of residual malaria elimination in rural Brazilian Amazon: strategy to investigate *Plasmodium vivax* reservoirs *Plasmodium vivax*

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The purpose of this study, developed by ICB-USP by means of an agreement signed with the Ministry of Health, with FFM intervention, in the end of 2013, is implementing and evaluating a strategy to detect symptomatic and asymptomatic carriers of the parasite (potential infection reservoirs) in residual malaria transmission areas, focusing on monitoring potential focus of transmission surrounding clinical episodes (index cases) diagnosed by BA or BP of fever cases.

The specific goals of the study are as follows: **a)** Rating all new malaria episodes (index cases) detected by BA or BP and laboratory confirmed in the municipality of Acrelândia, during twelve (12)

months, as autochthonous cases, imported cases, and introduced cases; **b)** Evaluate the efficiency in detecting potential malaria reservoirs surrounding index cases, combined with conventional microscopy and molecular diagnosis, comparing the monitoring results of the index home and its neighbors (out of the potential transmission focus), but belonging to the same location; and **c)** Determine the epidemiological links between malaria infections, diagnosed by means of the parasite genotypes obtained while monitoring the potential transmission focus.

These activities continued in 2015.

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## Combination of Brain and Peripheral Nerve Stimulation to Increase the Beneficial Effects of Functional Electric Stimulation on the Paretic Hand after Cerebrovascular Accident

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No treatment is universally accepted to decrease the inability of patients with severe motor impairment in the chronic phase after cerebrovascular accident (CVA). Neuro-modulation techniques, such as (transcranial direct current

stimulation (tDCS) and somatosensory stimulation under the form of peripheral sensitive stimulation (ESP), are emerging techniques with great potential to improve motor performance or



increase the effects of motor training in patients with CVA.

This research, developed by the Neurology Department, by means of an agreement signed with NIH, with FFM intervention, shall test the hypothesis that tDCS and ESP increase the effects of Functional Electric Stimulation (FES) and specific training tasks on motor function. The plan includes collecting data related to this hypothesis, investigating the following specific goals: **1)** Compare the effects of FES in close association with isolated tDCS, isolated ESP, tDCS + ESP, or isolated ESP, in patients with moderate to severe weakness, in crossover design. The hypothesis in this study is that active tDCS or active ESP shall increase the effects of FES to a larger extension that placebo tDCS and placebo ESP, and that the

combination of tDCS and ESP have better effects that tDCS or ESP isolated; and **2)** Compare the effects of the combination of FES and motor training on the most efficient neuro-modulation treatment, according to the results of Objective 1 with FES and motor training effects associated to placebo treatment (ESP, placebo tDCS), administered three (3) times a week, for six (6) weeks, to two (2) groups of adult patients with moderate to severe weakness. The hypothesis is that the neuro-modulation treatment, combined with FES and motor training, shall decrease the inability of the paretic upper limb and improve the quality of life when compared to combined placebo tDCS/ESP and to FES and motor training.

These activities started in 2012 and continued in 2015.

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### Improvement of transfusion safety by means of HIV testing: a randomized and controlled treatment study

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HCFMUSP LIM 31 started this complementary study in 2014, by means of an agreement signed with the Blood Systems Research Institute, with FFM intervention.

Brazil has very high risk of HIV transmission due to blood transfusion when compared to countries in Europe and the United States. It is

believed that part of this increased risk is due to individuals who seek the blood banks to perform the HIV test. The goal of the study was to check if the offer of HIV tests to donors could decrease the residual risk of transmission in Brazil.

These activities were completed in 2015.

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### Centro de Pesquisa em Biomarcadores em Doenças Negligenciadas Tropicais de São Paulo/Minas Gerais (São Paulo/Minas Gerais Tropical Neglected Disease Biomarker Research Center)

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HCFMUSP LIM 31 started this study in 2012, by means of an agreement signed with NIH, with FFM intervention. The long-term goal is to establish a Infections Neglected Disease Biomarker Research Excellence Center in Brazil. Initially, the focus shall be on the Chagas disease, in order to discover biomarkers that can be used to infer the disease progression risk.

Two interrelated studies shall be developed: The Project 1 shall focus on the gene expression in samples previously well characterized. The Project 2 plans to use the Minas Gerais Unified Health System to register and collect blood samples from 2,000 patients with Chagas disease. These patients shall be followed-up for two (2) years, with

outcomes of death or hospitalization to treat heart diseases.

The main goal is to obtain the basic risk score, based on biomarker levels and electrocardiogram (ECG) findings, which could identify high-risk patients, in order to guide therapeutic approaches and serve as institutions for future clinical tests.

Two (2) centers shall be established: the Administrative Center and the Database and Epidemiology Center, which shall support the activities of both projects, as well as create and support research qualifications programs for young Brazilian scientists.

These activities continued in 2015.

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## Receiver Epidemiology and Donor Evaluations – REDS III Study – International Post

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This proposal, initiated in 2011 by LIM 31, by means of an agreement signed with the Blood Systems Research Institute, with FFM intervention, counts on a partnership between four large blood centers in Brazil (Fundação Pró-Sangue (SP) /Hemominas (MG) / Hemope (PE) /Hemorio (RJ)). The goals for the study are; **a)** establishing the base for a National Research Program regarding blood safety in Brazil and foresees the expansion of the three (3) centers during the REDS-II Program to four centers during REDS-III; **b)** upkeep of the donor and donation database; and **c)** continue the specific aspects of both projects in the REDS-II Program: reevaluation of patients that participated in the Chagas disease cohort study and continue

analyzing the viral characteristics and risk factors of blood donors infected with HIV.

Two new main protocols are proposed for REDS-III. The first project will focus on a threat that is extremely relevant for blood safety in Brazil and around the world, which is the Dengue fever virus (DENV). The second main protocol is a project to observe blood receivers, focusing on the epidemiology and Sickle Cell Disease (SCD) transfusion therapy.

The combination of continued activities, new protocols, and training efforts will ensure that Brazil continues to evolve into a Transfusion Medicine Research Excellence Center in Latin America.

These activities continued in 2015.

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## Cancer Treatment. Innovation in use of oxysterols incorporated to lipidic nanoemulsion as cell death inductor

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This project, idealized by LIM 31 researchers and enabled by means of a an agreement signed between FFM and FINEP, in the end of 2010, has the main purpose of introducing a pioneer new Pharmaceutical Nanotechnology tool for cancer treatment.

The specific goals of the project included: **1.** “in vitro”, study the several oxysterols regarding their capacity to complex with nanoemulsion, in order to have cytotoxic and cytostatic effects on tumor cells; **2.** “in vivo”, more specifically. in rats

and dogs carrying lymphoma, to study the toxicity of several formulations, their compartmentalization characteristics, plasmatic clearance, effectiveness of using one (1), two (2), or more formulations, evolution of the tumor, and animal survival; and **3.** in patients carrying large B-cell lymphoma, check the toxicity and perform the compartmental analysis, including plasmatic clearance.

These activities were completed in 2015.

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## Adult Health Longitudinal Study - Wave 2 - SP

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This project, developed by HU-USP and enabled by means of an agreement signed between FFM and FINEP, in the end of 2010, had the following main goals: **a)** estimate the incidence of cardiovascular disease; **b)** study the natural history and investigate the associations in biological, behavioral, environmental, occupational, psychological, and social factors related to these diseases and resulting complications, in order to compose a causal model that includes the inter-relationships; and **c)** the study also intends to describe the temporal evolution of these factors and the determinants of this evolution, besides identifying modifiers of the effects of the associations observed and compare

the risk patterns between participating centers, in order to express regional variations related to this diseases in the country. In order to allow performing future studies, including genetic tests, the biological and DNA extraction materials shall be stored.

After the first data collection stage (Wave 1), the present project focuses on the following specific goals: **1.** Continue monitoring the outcomes of the cohort to identify new cases of diseases related to the proposal validity period; **2.** Plan Wave 2 of the study, with interviews and tests, including: definition of the protocol, interview, examination, and measurement pre-tests, pilot-study, and preparation of the data system; **3.**

Collect the data foreseen for Wave 2; **4.** Analyze the data collected in Wave 1, elaborate scientific articles, and submit them for publishing; **5.** Expand Bioteca de SP, to store the biological material collected in Wave 2; **6.** Conduct the blood and

urine microalbuminuria biochemical tests and hormone dosage tests in the central laboratory in São Paulo; and **7.** Interpret, encode, and send the Wave 1 ultrasonography data to the Data Center. These activities continued in 2015.

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### Electric Impedance Tomography Medical Images for Anesthesia and Newborn Patients

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This project, idealized by LIM 09 researchers and enabled by means of a an agreement signed between FFM and FINEP, in the end of 2010, has the main purpose of developing two (2) pieces of equipment for diagnosis, complication prevention, and therapeutic monitoring of newborns and anesthetic procedures. The project shall develop (2) Electric Impedance Tomography (TIE) dedicated modules, which is a portable and cheap technology that generates real-time images of the body cross-section without using contrast or radiation.

The following is being developed:

**1. Anesthesia module (for the Surgical Center):** development of specific hardware, with software to detect accidental disconnection, inappropriate ventilation, poorly-positioned orotracheal tube, and atelectasis;

**2. Newborn module (for the Neonatal ICU):** development of specific hardware, with software to monitor and adjust CPAP, mechanical ventilation and high-frequency ventilation, severity diagnosis, and bronchiolitis.

These activities continued in 2015.

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### Validation of the rk39 immunochromatographic test in humans using whole blood and oral mucosa exsudate (saliva)

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This research was approved in the end of 2010, and is being developed by LIM 38 by means of an agreement signed with the Ministry of Health, with FFM intervention.

Until now, the diagnosis of Visceral Leishmaniasis (LVA) based on the parasitological and immunological methods available shows a broad sensitivity and specificity variety, and also delays the diagnosis, due to the need to use materials that are not always available, such as ELISA reader, optical and fluorescence microscope, and also due to the urgent need for trained personnel with input handling skills.

Currently, the rk39 quick tests are validated for use of serum as specimen, with no validation for using other clinical specimens, such as whole blood and saliva, which would speed up diagnosis and could be used in the field, when assisting patients with suspected LVA. Therefore, this study intends to validate the rk 39 immunochromatographic quick test, for use with whole blood and saliva, comparing the use in serum and with other serological methods, which use whole antigen, and with parasitological methods.

These activities continued in 2015.

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### Peruvian/Brazilian Amazon Center of Excellence in Malaria

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This research, started in 2010 by ICB-USP, with financing from the University of California and FFM intervention, has the following goals: **a)** estimate the prevalence of plasmodium asymptomatic infection and characterize the risk of developing symptoms during the term of malaria infection; **b)** estimate the prevalence and risk factors for the presence of gametocytes in symptomatic and asymptomatic infections; **c)**

estimate the risk of symptomatic infection following among asymptomatic parasitemia holders and unidentified individuals; **d)** determine, based on the parasite genotype, if subsequent episodes of symptomatic malaria are due to the persistence of parasitic lineage, originally found in asymptomatic carriers; and **e)** compare the levels of genetic diversity of the parasites in symptomatic and asymptomatic infections.

The entomological component of the proposal, focused on the main malaria vectors found in the study area, focuses on: **a)** determining the diversity of vectors in the region, by means of vector identification and genotype molecular tools;

and **b)** evaluate the impact of the different economic activities on the vector population structure.

These activities continued in 2015.

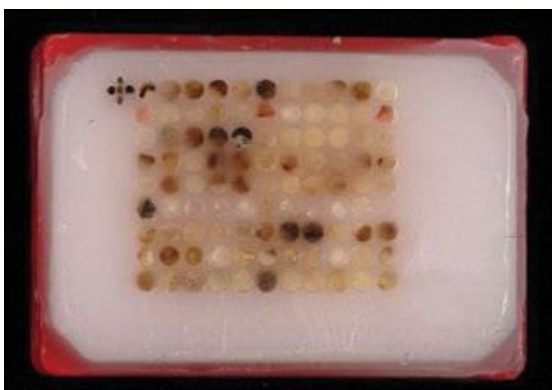
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### Immunohistochemical Characterization of new antibodies of oncologic interest

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This research, coordinated by LIM 14 and that continued in 2015, was enabled by means of an agreement signed in 2006 between FFM and PR&D Biotech S/A, and counts on support from FINEP and Fundação Butantã.

Chemotherapy has shown to be an effective technique to treat tumors in advanced stages. The studies in the area are able to produce drugs with increasingly specific morphological characteristics, according to the type of neoplasia and even specificities of the patient himself. However, this therapy ends up destroying non-tumorous cells in the process, because it detects any type of proliferating cells.



*Example of TMA, collection of normal tissue samples or tissue with some disease, used to establish comparisons*

In this scenario, there is oncological research with the purpose of discovering less aggressive treatment forms, able to recognize and eliminate neoplastic cells only.

The goal of the research is to identify the antigens related to the Lewis y (hu 3S193) and Lewis b antibodies, originated from the Sloan-Kettering Memorial Hospital, in colorectal, ovary, and prostate cancer samples, MX 35 in ovary cancer, and A34 in prostate, stomach, and esophagus cancer, as well as in normal tissue.

The specific goals are: **a)** anatomical-pathological review of selected cases, to produce *Tissue microarrays* (TMA's) and prepare the database as spreadsheets, with the information pertinent to the different casuistries; **b)** selection and marking of areas in the blades and respective paraffin blocks, in order to produce the TMAs; **c)** supervision and technical assistance to produce the TMAs; **d)** preparing and conducting seminars regarding subjects related to the ongoing research; **e)** analysis and interpretation of immunohistochemical results obtained from the casuistic disposed in the TMAs, with data arranged in a matrix for further statistical analysis; and **f)** involvement in the preparation of data and activity consolidation reports, as well as evaluation of results for publishing in journals.

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## Clinical Studies

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FFM intervenes in a series of clinical studies with results that are of interest to the academic community and the population in general.



*IPq CPC Collection Center/Medical Office and Monitoring Room*

To support HCFMUSP and FMUSP, FFM has participated actively in the execution of Clinical Studies with results that are of interest to the academic community and the population in general. These Clinical Studies, under supervision of the teachers and supported by the Clinical Research Center (CPC), is destined to evaluate the efficiency, tolerability, and safety of drugs and research in human beings and animals, under technical-scientific and ethical aspects, and compliance with the valid legislation for the species, research financing, funding origin, return on investment, adaptation to the Institutional Policy directives, integration with other sector actions, and Public Service interest and convenience.

Clinical studies include all forms of investigation in human beings, with the purpose of discovering or checking the pharmaco-dynamic, pharmacological, clinical, and/or other effects of products and/or identify adverse reactions to the products under investigation, in order to ascertain their safety and/or efficiency. Clinical research, clinical test, or clinical study are the terms used to denominate scientific investigation processes involving human beings.

In this context, FFM managed, in 2015, approximately **394 clinical studies**, approved by the HCFMUSP Ethics Commission (CAPPesq) and coordinated by researchers of the FM/HCFMUSP System.

The centralization of the development of research projects takes place by means of the CPCs. The FM/HCFMUSP System counts on CPCs in ICHC, ICr, Ipq, InRad, IOT, and InCor, destined to provide medical-hospital care to research

volunteers, ensuring that Good Clinical Practices are observed during the execution of research projects, guiding research volunteers and clarifying all doubts raised, ensuring all resources required by the investigators, supporting the coordinators in the execution of the research projects, following-up the activities and provide the information required by the monitors of several research projects, and ensuring that the research project audits are conducted according to the pre-established procedures.

Besides that, institutionally, the main goals of the CPCs are: reduce expenses, optimize equipment usage, install appropriate physical areas to perform studies related to several specialties, centralize the development of research projects, ensure better assistance to research volunteers, improve the quality of the education and services provided to the community, train the teams to conduct studies thoroughly and with quality and reliability according to ethical and scientific standards (many times with rigorous deadlines), and provide continued education.

To faithfully develop these goals, the CPCs elaborate the following support documentation: **a)** Internal Regulation; **b)** Clinical Research Center - CPC Admission Protocol Information; **c)** Term of Commitment for Investigators; **d)** Weekly research protocol assistance spreadsheet elaborated and submitted by the investigation team previously to plan the assistance; **e)** Term of Confidentiality for investigators, sponsors, and participants; **f)** Communications; **g)** Complication Bulletin; **h)** Calibration, validation, and accreditation documentation of all pieces of equipment; **i)** Record cards of laboratory examinations collected

at the CPC; **j**) Temperature control cards; **k**) Laboratory kit control cards, with reception, validity, and disposal dates; **l**) Nursing assistance control cards for all patients; **m**) Medication control cards; **n**) Monitoring, introduction visit, closure, and audit schedules; **o**) Research volunteer level of satisfaction opinion poll; **p**) Medical office scheduling spreadsheet; **q**) Internal research protocol identification spreadsheet; **r**) Spreadsheet with the names and contact information of all team members; and **s**) Standard Operation Procedures (SOPs).

The CPCs file copies of all research protocols, admission cards filled in, terms of commitment signed by the main investigators, as well as the following documents: CAPPesq, CONEP, and ANVISA (CE) approval, and contracts and budgets, as minimum requirements for the protocol to be admitted by the Center.

The structure of the ICHC CPP physical facilities stand out, consisting of the following:

- 1)** Patient waiting room with TV and video;
- 2)** Six (6) medical offices equipped with telephone, microcomputer with high-speed broad band connection, thermo-hygrometer, and lockers with keys to keep confidential documents and medical records;
- 3)** Exclusive restroom for research volunteers;
- 4)** Office equipped with telephone and fax center, microcomputers connected to the Internet, multi-functional printers, medium-sized shredders to destroy confidential documents, and wireless equipment;
- 5)** Monitoring room equipped with microcomputers connected to the Internet, three (3) dedicated network ports, and dedicated telephone line;
- 6)** Pharmacy area, equipped with separate lockers with keys, with restricted access both for the pharmacy area and the individual lockers for

the specific studies, two (2) refrigerators, thermo-hygrometer and datalogger to monitor the environment temperature and humidity level, dehumidifier, besides exclusive air conditioning, to maintain appropriate temperature and ensure the integrity of the research drugs (refrigerated and environment temperature);

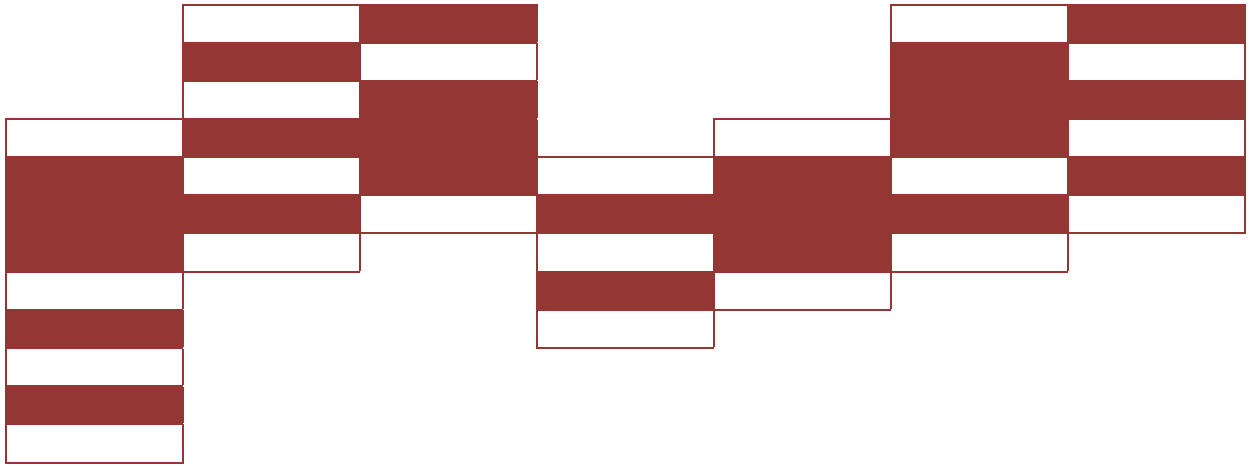
**7)** Testing room to assist research volunteers, that is, collect biological samples and/or medication delivery, with environment temperature control, infusion pumps, emergency cardiac arrest cart, electrocardiograph, secretion extractors, stretcher consisting of two certified oxygen cylinders, calibrated and qualified scale, calibrated pressure monitors, besides separate lockers with keys with restricted access to store the biological sample collection kits;

**8)** One (1) room to store the -80°C freezer and the -20°C freezer, with dedicated refrigeration equipment to maintain the environment temperature;

**9)** The CPC counts on two (2) -20°C freezers, two (2) refrigerators for investigation products, and one (1) -80°C freezer, all with calibrated and certified graphic recorders, three (3) centrifuges to process biological materials (one of which is refrigerated), all calibrated, qualified, and certified. The fire extinguishers (one (1) carbon gas and one (1) water) count on inspection, maintenance, and recharge documentation, the generators (2) that supply the ICHC CPC refrigerators and freezers have preventive maintenance documentation, all CPC equipment is calibrated, qualified, and certified (if applicable) according into the quality control and standards required by the NBPC (Good Clinical Practice Standards) of the dedicated research fields and national and international agencies such as ANVISA, NIH e FDA (*US Food and Drug Administration*).

These activities continued in 2015.





# Main Health Policy Projects

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# HEALTH POLICY PROJECTS

FFM also supports several Health Policy Projects, including public network employee training, development of evaluation instruments, among others.

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## Main Health Policy Projects

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### Economical assessment of the introduction of dengue fever vaccine in the Brazil National Immunization Program

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This project, started, in the end of 2015, by the FMUSP Infectious and Parasitic Disease Department, by means of a letter of agreements signed with OPAS, with FFM intervention, focuses on producing evidence to subsidize the decision to introduce dengue fever vaccine in the Brazilian PNI. Therefore, the study proposed involves the systematic revision of the existing literature on the

dengue fever vaccines available, vaccination strategies proposed, and economical assessment studies of the dengue fever vaccines.

This systematic revision shall evaluate the current state-of-the-art, and is required as preparation to conduct a dengue fever cost-effectiveness of the dengue fever in the Brazilian context.

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### Medical School Educator Health Education Specialization Course of the University of the State of Amazonas

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The main goal of this project, started in the end of 2015, by the FMUSP Medical Clinic Discipline, by means of an agreement signed with UEA, with FFM intervention, is to support the UEA Medical School graduation course from a educational-progressive practice model, based on the local reality, in order to strengthen the local Health System and improve the health care provided to the population of the main municipality (and even other located in the metropolitan region), with the actuation of a teaching staff that is qualified regarding assistance, management, and teaching aspects.

The proposal for medical training in the XXI century is to transform education center in transmitting contents to an education of **integrating** contents, which respects the previous knowledge of the students, stimulates their autonomy to seek new knowledge, and makes the students aware of their responsibility as transformers of reality. This change in paradigm depends essentially on the transformation of the educators; therefore, changing the education begins by developing the teacher.

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## Regulation of Healthcare Professions in Brazil: legal and institutional mapping, identification of articulation and disarticulation points, and formulation of regulatory harmony proposals

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This project, started in 2015, by the FMUSP Preventive Medicine Department, by means of a letter of agreement signed with OPAS, with FFM intervention, has the following main goals: **a)** Mapping and analyzing the valid legal rules and different state institutions responsible for regulating the healthcare professions in Brazil, in order to empirically and widely understand the current legal, normative, and institutional configuration of the healthcare profession regulation in the country; **b)** Identify the articulation and disarticulation points of the current legal, normative, and institutional configuration of healthcare professions in Brazil, considering the impacts of this configuration on the development of health policies in Brazil and

the realization of the right to health as analytical references; and **c)** Formulate proposals to adapt, update, and harmonize healthcare profession regulation, considering the full realization of the right to health in Brazil as a reference.

Preliminarily, healthcare profession regulation is determined, by the laws that regulate these professions and create the corresponding professional authorities. However, the legal nature of these councils is still the subject of intense legal controversy, therefore requiring extensive normative research to understand, based on empiricism, what is the real current legal nature of these councils and how they are connected to the Direct Federal Administration.

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## Project to Support the Actions of the Tropical Medicine Extension Center of the University of São Paulo in Santarém-PA

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This project, started in the end of 2015, by the FMUSP Infectious and Parasitic Disease Department, by means of a letter of agreement signed with OPAS, with FFM intervention, has the following main goals: **a)** Offer matrix-based strategies for infectious and parasitic diseases for healthcare professionals, healthcare graduation students, resident physicians, physicians of the Mais Médicos program, and participants of the healthcare programs in the region of Santarém; **b)** Maintain the infectious disease assistance activities in the SUS scope already performed by the group of the Culture and University Extension Support Center, called Núcleo de Extensão em Medicina Tropical (NACE-NUMETROP); **c)** Offer healthcare specialization and/or post-graduation courses in Santarém; **d)** Maintain the remote discussion of clinical cases with the aid of tele-medicine; **e)** Offer internship with infectious disease supervision for residents and graduation students of Institutions from other locations; **f)** Elaborate and implement

research projects of practical relevance to improve the region's health indicators; and **g)** Support and provide matrix-based strategies to elaborate and implement Family and Community General Medicine Residency Programs, including the Rural Medicine mode in the region and in areas provided with fluvial Basic Health Units and Family Health teams for riverside population.

The creation of NACE-NUMETROP and the partnerships with local institutions, associated to the recent policies of the Ministry of Health to expand medical residency and multi-professional training and to provide and establish physicians in remote areas, provided a new configuration for the perspective of the medical works and reorganization of the local service network in all levels of complexity. Seizing this moment to strengthen this institutional partnership is the main motivator of this agreement, in order to contribute with the new challenges presented to the local SUS with this new configuration.

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## Labor dimensioning and characterization of basic healthcare professional competences for collaborative practices

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The general purpose of this project, started in 2015, by the USP Nursing School, by means of a letter of agreements signed with OPAS, with FFM intervention, is to dimension the labor requirements and characterize their attributions and competences, considering the several Basic Care (AB) healthcare professions, focusing on the internal articulation of the units and healthcare network.

In the SUS creation process, the healthcare workers are recognized as a critical component to implement health and healthcare quality policies, which leads to acknowledging the articulation

between work and education and, in particular, between work management and healthcare professional education, including the planning and regulation of work and professions.

This project tries to answer the call for appropriate methodologies to dimension labor, as well as to characterize the competences of the professionals that work in the AB teams, emphasizing the perspective of inter-professional practice and education, contributing with subsidies for new approaches of work and profession regulation.

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## Oncology, palliative care, and pain training for the oncological service of the State of São Paulo

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This project, which benefited IRLM, was approved in the end of 2014 by the Ministry of Health in the PRONAS/PCD scope. The collection of private financial resources was completed in 2015.

PRONON and PRONAS/PCD were created by the Ministry of Health with the purpose of promoting actions and services related to disabled person oncology and assistance, respectively. According to the fiscal exemption model of similar laws, the physical persons and legal entities can contribute with donations for the projects they choose. These donations strengthen the National Cancer Prevention and Control Policy and the National Disabled Person Health Policy. Therefore,

the citizens are able to contribute with the continues improvement of SUS.

The goal of the project is to provide free permanent education courses for professionals who work in the SUS Oncology Network in the State of São Paulo in the following modes: Radiotherapy technical training, Radiotherapy Dosimetrist technical training, permanent Radiotherapy education for physicians, permanent medical education in pain and palliative care, permanent multi-professional education in pain and palliative care, and permanent multi-professional oncology education.

The project started in the end of 2015.

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## Annual Vigitel System Data Analysis - 2013-2014

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The Ministry of Health implemented the VIGITEL System (Chronic Disease Risk Factor and Protection Vigilance Telephone Survey) in 2006. This system is being implemented by means of a partnership with NUPENS/USP. The agreements between NUPENS/USP and the Health Vigilance Secretary of the Ministry of Health (SVS/MS) exists since 2006, and was essential for the concept, operation, and improvement of the VIGITEL system. This partnership has been crucial to plan health prevention, promotion and care actions, and is useful to guide the implementation of national public health policies.

The goal of the project, developed by the USP Public health School, by means of an agreement signed with the Ministry of health, in the end of 2015, with FFM intervention, is to support the Ministry of Health to operate and improve the VIGITEL system in respect to the data collected in 2013 and 2014.

The main goals are as follows: **a)** annual review of the system poll and the main groups of indicators; **b)** annual update of weighting factors, required to estimate the system indicators for each of the 27 cities and for all cities as a whole; and **c)** elaborate system annual reports.

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## Judicialization and Public-Private Relationship in Supplementary Health

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This project, started and completed in 2015 by the FMUSP Preventive Medicine Department, by means of a letter of agreement signed with PAHO, with FFM intervention, developed an epidemiological study to outline the transversal cohort in order to broach judicialization in supplementary health, by analyzing the lawsuits included in the *on line* public base of the State Supreme Court of São Paulo. Besides quantifying and describing the profile of demands taken to court, the project analyzed the arguments of health insurance and plan users and operators, the behavior of the Judiciary Power, and eventual legislation gaps. The results of the project - technical report, recommendations, scientific articles, and disclosure seminar - shall contribute to improve health insurance and plan regulation, the Brazilian health system organization models, and the behavior of the Judiciary Power in defense of the right to health.

The specific goals of the project are as follows:

**1)** Quantify and describe the lawsuits against health insurance and plans by service users, both

individual and collective, in the State of São Paulo, at the State Common Justice headquarters, from 2009 to 2014; **2)** Describe and outline the profile, along the time period analyzed, of the mains situations and reasons for lawsuits involving health plans; **3)** Analyzing the arguments of health insurance and plan users and operators in these lawsuits; **4)** Analyzing the principles and decisions of the Judiciary Power for the lawsuits identified in respect to the valid legislation; **5)** Describing and analyzing the interpretative formulation of the National Council of Justice (CNI) and the guiding summary statements of the State Supreme Court of São Paulo, related to health insurance and plans, identifying conflict situations; **6)** Identifying eventual gaps in the legislation and proposing the improvement of health insurance and plan regulation; **7)** Developing a "Supplementary health Case Library" with the main trials identified; and **8)** Proposing recommendations for Legal Practitioners and the Judicial Power, regarding the conflicts between health insurance and plan users and operators.

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## Outline and Evaluation of the Permanent Education Methodologies to Implement a Nutrition Guide for the Brazilian Population in the Scope of Basic Health Care

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The SUS health promotion strategies focus on the defining features of the health-disease process in the country. Health treatment efficiency assurance supposes that the treatments incur on the subject and collectivity life conditions, favoring healthier choices. Therefore, the basic health care reform in the country, materialized by the Family Health Strategy, must prioritize the completeness of the health system actions.

Knowing the role that nutrition plays as a factor of risk or protection for several diseases that configure the current epidemiological panorama, the inclusion of feeding and nutrition actions in basic health care is essential to promote individual and collective health.

The present project, developed by the USP Public Health School by means of an agreement signed with the Ministry of Health, in the end of 2015, with FFM intervention, focuses on supporting the Ministry of Health to implement a Nutrition Guide for the Brazilian population as an instrument to qualify the actions to promote appropriate and healthy nutrition, in the scope of basic health. Therefore, the educational treatment proposed based on the Nutrition Guide for the Brazilian Population, directed to health care professionals that integrate the Family Health Support Center, shall be developed, tested, and evaluated.

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## Development of the BVS-EDUC Virtual Health Science Education Library

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This project, developed by the FMUSP Library and Documentation Department, with FFM intervention, counts on support from CREMESP and started in 2015.

The activities to be developed are as follows:

**a)** Indication of a CREMESP medical practitioner to compose the Virtual Health Science Education Library (BVS-EDUC) Advisory Board for the period from 2014 to 2018; **b)** participation of the CREMESP Library and BVS-EDUC Cooperative Center (and as a consequence, of BVS Brazil) by means of an Adhesion Form in order to collaborate with the network and also enjoy information products such as LIS (Medical Education Field Site

Catalog, DirEv (Directory of Events), Scientific Literature, and Access to Documents; **c)** Hiring service providers to maintain the BVS applications installed, in order to correct faults, support the Coordinating Center (FMUSP) library team, layout changes, research index adjustments, among others; **d)** Detailing of operational prerequisites, both local and remote, to access the servers; **e)** Training of the CREMESP Library in the LILACS methodology and, when CREMESP enters BVS-EDUC, the site shall provide editorial space for a Institutional Letter of the Council to its associates; and **f)** Indexing of CREMESP publications: *Ser Médico* and *Jornal do CREMESP*.

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## Training of Preceptors and Supervisors of the University Hospitals Affiliated to EBSRH

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This project, developed by HCFMUSP EEP, with FFM intervention, benefited the preceptors and supervisors of Medical Residency (RM) and Multi-professional Residency (RMP) Programs linked to the hospital network of Empresa Brasileira de Serviços Hospitalares (EBSERH) and started in the end of 2015.

The goal of the course is to contribute with the health education and teaching management training of professionals who act as preceptors and/or supervisors of the RM and RMP programs, considering the diversity of the residency programs in the country and developing the competences applicable to each reality. This allows including preceptors linked to programs of different natures and locations, contributing directly to train the

professional, and indirectly to improve the health care service provided to the population and to strengthen SUS.

There are many pedagogical and managerial competences that are common to supervisors and preceptors of the RM and RMP programs. There is also specific knowledge and competences related to each area. The course considers both aspects. There are common modules for RM and RMP preceptors and supervisors, and there are specific RM and RMP modules. The tutorial groups are divided, with groups of RM preceptors and supervisors and groups of RMP preceptors and supervisors. There are also common activities as well.

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## Innovation in Interactive Health Education Technologies with HR Training and Elaboration of a Digital Production Center

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This project, started in 2014 by the FMUSP Tele-Medicine Department, by means of an agreement signed with UEA, with FFM intervention, has the main goal of elaborating a digital educational environment based on the Internet (educational material repository), to interconnect graduation teaching laboratories, organize a tele-assistance training platform, and elaborate a Digital Production Center.

The creation of a collaborative Tele-Medicine/Tele-Health network of institutions

enables the organization of effective educational programs using remote interactive means (interactive remote education). When associated to tele-assistance services (Segunda Opinião Formativa and Interconsulta), Tele-Medicine/Tele-Health enables the contextualization of qualifications directed to practical needs.

The use of remote second opinion environments is becoming increasingly common, as telecommunications become universal and digital inclusion increases. Segunda Opinião



Formativa is a mixed approach resulting from the association between assistance and education. It is equivalent to a complementary training internship, "in loco", focusing on specific problems. With the

computerization of UEA graduation courses, students have new technological learning tools to increasingly seek medical excellence.

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### Mentoring Activity of the State of Tocantins

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The policy instituted by the Federal Government, by means of the Ministry of Health, National Transplant System and New Collection and Transplant Center Development Strategic Committee, defined that all Federation Units shall develop, with autonomy, multiple organ/tissue collection, and cornea and kidney transplant procedures, at medium and long term. Therefore, it published Decree 2.172 on September 27th, 2012, creating the Mentoring Activity, with the purpose of developing the donation and transplant system in Brazilian States that require technological cooperation for improvement or

implementation, as well as to cover assistance gaps.

The purpose of the project, developed by the HCFMUSP Liver Transplant Service, by means of an agreement signed by the Ministry of Health, in the end of 2013, with FFM intervention, is to assist the implementation of the organ donation and transplant service in the State of **Tocantins**, promoting the improvement of the services already authorized and qualifying the local healthcare professionals, in order to develop the **multiple organ collection** services and **cornea and kidney transplants**.

These activities continued in 2015.

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### Mentoring Activity of the State of Roraima

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The policy instituted by the Federal Government, by means of the Ministry of Health, National Transplant System and New Collection and Transplant Center Development Strategic Committee, defined that all Federation Units shall develop, with autonomy, multiple organ/tissue collection, and cornea and kidney transplant procedures, at medium and long term. Therefore, it published Decree 2.172 on September 27th, 2012, creating the Mentoring Activity, with the purpose of developing the donation and transplant system in Brazilian States that require technological cooperation for improvement or

implementation, as well as to cover assistance gaps.

The purpose of the project, developed by the HCFMUSP Liver Transplant Service, by means of an agreement signed by the Ministry of Health, in the end of 2013, with FFM intervention, is to assist the implementation of the organ donation and transplant service in the State of **Roraima**, promoting the improvement of the services already authorized and qualifying the local healthcare professionals, in order to develop the **multiple organ collection** services and **kidney transplants**.

These activities continued in 2015.

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### Mentoring Activity of the State of Goiás

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With the purpose of developing the donation and transplant system in Brazilian States that require technological cooperation for improvement or implementation, the Ministry of Health published Decree 2.172 on September 27th, 2012, creating the Mentoring Activity.

Considering the high investment in Treatment

Away From Home (TFD) for transplant procedures, and even the high social cost imposed to patients who require treatment away from home, the State of Goiás requested Donation and Transplant Mentoring, in the scope of the HCFMUSP National Transplant System, with the purpose of initiating the liver transplant program in the State of Goiás.

The purpose of this project, developed by the HCFMUSP Liver Transplant Service, by means of an agreement signed with the Ministry of Health, in the end of 2013, with FFM intervention, is to send interns to the State of **Goiás** or the HCFMUSP Liver

Transplant Service, in order to allow, after one (1) year, conducting **liver transplant** procedures with autonomy.

These activities continued in 2015.

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### **ARENA Project (Donation of Organs and Tissue for Transplants)**

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The high level of family denial in transplant centers in the less developed States of the country is one of the aggravating factors of our low level of organ and tissue collection and transplants.

In the first semester of 2013 (Brazilian Transplant Records - RBT), the level was high especially in the North, Northeast, and Center-West regions, achieving 96% in Sergipe, 89% in Maranhão, 75% in Mato Grosso, and 72% in Acre.

The general family refusal level in Brazil is 45%, well above the acceptable level, which is 30%. It is believed that lack of knowledge from the population regarding the concept of brain death is one of the factors responsible for the high level of refusal in these regions.

Besides that, the eventual lack of preparation of local teams at the moment of interviewing the family also contributes to reduce the level of acquiescence. Therefore, the project includes population awareness actions as well as the preparation of the interviewing teams.

The Arena Project, developed by OPO – Organ Search Organization of HCFMUSP, by means of an agreement signed with the Ministry of Health, in the end of 2013, with FFM intervention, is inspired in other itinerant health campaigns, such as motorcades and community efforts, but unprecedented in the transplant field. Different from the first campaigns, which normally provided diagnosis examinations and even treatment (with the "cataract community effort"), this campaign focuses only and specifically the awareness of the population regarding the importance of organ donation, providing information that makes the people more confident regarding the decision to donate organs, and eventually decrease the high levels of family refusal observed so far.

The project includes twelve (12) training and transplant centers under development, which already count on training actions (courses and internships) related to organ and tissue collection and transplant (Strategic Committee and SNT).

These activities continued in 2015.

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### **Development and validation of a methodology to evaluate SUS secondary and tertiary level services that provide Tuberculosis ambulatory care**

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The good quality of reference services is an important component of the tuberculosis control programs all around the world. In Brazil, these services act under the normative guidance of the National Tuberculosis Control Program (PNCT). However, it counts on heterogeneous institutional, structural, and process characteristics, since it integrates the decentralized organization of SUS. Several PNCT initiatives have disclosed directives to organize the services and conduct local monitoring. However, it still does not count on a valid methodology that allows homogeneously evaluating and monitoring the quality of all services

The purpose of this project, developed by the FMUSP Preventive Medicine Department, by

means of an agreement signed with the Ministry of Health, in the end of 2013, with FFM intervention, is to develop and validate quality indicators for the assistance organizational dimension. It is based on the ethical-normative assumption that, regardless of local institutional characteristics, all services shall count on resource availability, assistance process organization, and technical work management, in order to enable health care with desirable quality. The indicators shall form an electronic survey - QualiTB - that, answered by the local service teams, produces quality measures that can be compared and used by all PNCT management levels.

These activities continued in 2015.

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## HumanizaSUS Network – Consolidation of Expansion and New Developments

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The HumanizaSUS Network (RHS) is, today, one of the main lines of action of the National Humanization Policy (PNH) of the Ministry of Health (MS), in a context in which the greatest challenges proposed for the Policy are: **a)** Expand the mainstreaming of the Policy in several areas of MS and other instances that formulate and execute health policies; **b)** Expand the capillarity of the Policy with the production of territorial networks, permeating the different spaces in which health production takes place; and **c)** Expand the Policy participation with the growing inclusion of several players that build SUS, especially social health movements.

The focus of this project, developed by the FMUSP Preventive Medicine Department by means

of an agreement signed with the Ministry of Health, in the end of 2013, with FFM intervention, is to promote new developments of the HumanizaSUS network, consolidating the strong growth and intensification of communication flows, occurred in recent years, continuing to favor health work processes, in support, matrix-based strategy, and collective intelligence activation activities, always focusing on better mainstreaming and capillarity of the National Humanization policy in the several SUS development and health production centers, as well as expanding the democratic participation of the several players and social movements in formulating the Policy and qualifying health production practices.

These activities continued in 2015.

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## Proposal to create Centro Integrado de Pesquisa e Ensino em Transplantes de Órgãos – CIPETRO (Integrated Organ Transplant Research and Education Center)

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With the purpose of developing, in Brazil, a critical mass of technological knowledge able to allow national transplant center to access the benefits of regenerative medicine, mainly those focusing on increasing the number of organs and decreasing rejection, this project proposes the creation of Centro Integrado de Pesquisa em Transplante de Órgãos (CIPETRO), focusing mainly on developing new technologies related to regenerative medicine.

The specific goals of this project, coordinated by the FMUSP Liver Transplant and Surgery Discipline, by means of an agreement signed with the Ministry of Health in the end of 2012, and with FFM intervention, are as follows:

**a)** Support the renovation and adaptation of a university kidney, liver, lung, and multivisceral

transplant center, with clinical and experimental departments (CIPETRO), to become the national reference center of Rede Nacional de Medicina Regenerativa e Transplante (RENART - National Regenerative Medicine and Transplant Network); and

**b)** Train university centers by means of post-graduate teaching, so that, in three (3) years, they are to reproduce and disseminate the technology related to the project research lines, in several regions of the country. With this, after this period, several national transplant centers shall be able to assimilate and implement the progresses foreseen by forming RENART.

These activities continued in 2015.

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## Centro Integrado de Pesquisa e Ensino em Transplantes de Órgãos – CIPETRO (Integrated Organ Transplant Research and Education Center)

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The purpose of this project, developed by the FMUSP Liver Transplant and Surgery Discipline, by means of an agreement signed between HCFMUSP and SES-SP, in 2013, with FFM intervention, is to estimate the costs of expenses destined to: **a)** Support the renovation and adaptation of a university kidney, liver, lung, and multivisceral transplant center, with clinical and experimental departments (CIPETRO), to become the national

reference center of Rede Nacional de Medicina Regenerativa e Transplante (RENART - National Regenerative Medicine and Transplant Network); and **b)** Train university centers by means of post-graduate teaching, so that, in three (3) years, they are to reproduce and disseminate the technology related to the project research lines, in several regions of the country. With this, after this period, several national transplant centers shall be able to

assimilate and implement the progresses foreseen by forming RENART.

Final product of the agreement shall be the development, in Brazil, critical mass of technological knowledge able to allow national transplant center to access the benefits of regenerative medicine, mainly those focusing on increasing the number of organs (recovery of

adjacent organs) and decreasing rejection (production of modified organs). The recovery of adjacent organs, currently neglected (20 to 40% of all received), and the reduction of immunosuppression considerably reduce the costs of transplants for SUS.

These activities continued in 2015.

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### **“Suporte, Manutenção e Desenvolvimento de Sistemas para a SES-SP” Project (Support, Maintenance and Development of Systems for SES-SP)**

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To have modern, appropriate, efficient, and effective management, the use of computerized systems is essential in organizations. Therefore, besides machines and computers, humans resources are required to operate them. However, SES-SP does not count on an internal Information Technology (IT) Human Resource framework.

The purpose of this project, started in 2013, by means of an agreement signed between FFM and SES-SP, is to supplement this deficiency, structuring a team to compose the IT team and provide information system support and maintenance services, in order to enable support

mechanisms and instruments to support, maintain, and develop systems for SES-SP.

The systems developed within the team represent specific institutional needs. Changes are continuous and business rules modifications demand time and technical knowledge. The goal of the products to be developed by the team is to make information handling easier, improving resource distribution, and increasing the offer of health care services to improve the assistance provided to the population.

These activities were completed in 2015.

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### **Tele-Emergency Pilot Program - InCor**

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This project, developed by InCor, by means of an agreement signed with the Ministry of Health in the end of 2012, with FFM intervention, has the purpose of systematizing and conducting a care support service pilot model, specialized in cardiac emergencies and urgencies, using tele-medicine resources (tele-consulting and tele-diagnosis) as an integral part of the activities of the Technical-Scientific Center of Programa Nacional Telessaúde Brasil Redes (National Tele-Health Program), besides *online* interaction resources and digital ambulatory system (Cyber-ambulatory).

The pilot projects shall serve the western region of the city of São Paulo, which houses 2.5 million people and counts on the following cardiac emergency assistance structure: **a)** Lapa and Bandeirante First Aid Posts; **b)** Secondary Care Hospital (USP University Hospital); **c)** Tertiary Care Hospital (PS ICHC); and **d)** The pilot project Tele-ambulatory shall focus initially on assisting chest pain.

The main benefits are as follows: **a)** Availability of specialized cardiac emergency opinion for real-time interaction; **b)** Quick diagnosis and identification of cases that require urgent forwarding, and decreasing unnecessary referrals; **c)** Quick and efficient decision-making, which may reduce morbidity/mortality; **d)** Safer patient treatment and possibility of remote clinical evolution follow-up; **e)** Standardization of emergency tele-propaedeutic systematics and qualification of all professionals involved; **f)** Storage of clinical data for epidemiological surveys; **g)** Creation of a database to record and register the resources available in each center of the collaborative network; **h)** Creation of short-duration courses to level emergency and urgency field professionals; and **i)** Elaborating interactive educational components (knowledge units) to allow easy standardization of conducts and procedures.

These activities were completed in 2015.

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## Tele-Emergency and Tele-ICU Project – InCor

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The purpose of this project, idealized by InCor, by means of an agreement signed in the end of 2012 with the Ministry of Health, with FFM intervention, was to create and develop operational tele-assistance units to support cardiac emergencies and ICU, in two hundred (200) remote points, in any location in the country.

The results expected were: **a)** Development of Cardiac Tele-Emergency and general Tele-ICU assistance expertise, which includes project systematization, human resources, assessment of results, and sustainability; **b)** Cardiac Tele-Emergency and general Tele-ICU service in two hundred (200) remote points (modularly expandable), 24 hours/day, seven days/week; **c)** Technological hardware and software set, which ensures data transmission safety and privacy; and

**d)** Potential expansion of knowledge and logistics into other emergency and ICU care fields.

The benefits for SUS are as follows: **a)** Availability of specialized cardiac emergency and general ICU opinions for real-time interaction; **b)** Quick diagnosis and identification of cases that require regulation; **c)** Quick and efficient decision-making, which may reduce morbidity/mortality; **d)** Safer patient treatment and possibility of remote clinical evolution follow-up; and **e)** Elaboration of interactive educational components (knowledge units) to allow easy standardization of conducts and procedures.

However, many pieces of equipment required to develop the proposal could not be found in the market, and therefore the funds were returned to MS and the project was not launched.

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## Annual Vigitel System Data Analysis

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The Ministry of Health implemented the VIGITEL System in 2006. This system is being implemented by means of a partnership with Núcleo de Pesquisas Epidemiológicas em Nutrição e Saúde da Universidade de São Paulo (NUPENS/USP - Epidemiological Nutrition and Health Research Center of the University of São Paulo) The agreements between NUPENS/USP and the Health Vigilance Secretary of the Ministry of Health (SVS/MS) exists since 2006, and was essential for the concept, operation, and improvement of the VIGITEL system. This partnership has been crucial to plan health prevention, promotion and care actions, and is

useful to guide the implementation of national public health policies.

The goal of the project, developed by the USP Public Health School, by means of an agreement signed with the Ministry of Health, in the end of 2012, with FFM intervention, is to support the Ministry of Health to operate and improve the VIGITEL System.

The main goals were as follows: **a)** annual review of the system poll and the main groups of indicators; **b)** annual update of weighting factors, required to estimate the system indicators for each of the 27 cities and for all cities as a whole; and **c)** elaborate system annual reports.

These activities were completed in 2015.

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## Improvement of health statistics by using the WHO Family of International Classifications

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The appropriate use of the WHO Family of International Classifications is essential for the quality of health-related information, and is the base or disease prevention and control programs.

The main goal of the proposal, developed by the USP Public Health School, by means of an agreement signed in the end of 2012 with the Ministry of Health, with FFM intervention, is to improve the health statistics in Brazil and contribute to implement the WHO Family of International Classifications (ICF) of International

Classification of Disease (ICD) in Portuguese-speaking countries. The main goals are as follows: **a)** ICD – Training (multiplier training; mortality training; morbidity training); **b)** ICD – Updates (ICD-11; Mortality; Morbidity); **c)** ICF (Training and disclosure); **d)** Family (Disclosure (Bulletin, web page); and Classification use automation); and **e)** Coordination and research (Follow-up and publication).

These activities continued in 2015.

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## Epidemiological Vigilance Service in the Hospital Environment

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The objectives were financed in 2015 by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention. The objectives were financed in 2015 by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention.

The main goals are as follows: **a)** Improve the Compulsory notification Disease Epidemiological Vigilance System, assisted in HCFMUSP with focus on detention, investigation of complications, and

notification; **b)** Improve the disclosure and dissemination of Epidemiological Vigilance information produced in HCFMUSP; **c)** Evaluate and monitor the HCFMUSP Epidemiological Vigilance System; **d)** Promote continuous training for the HCFMUSP service employees; **e)** Promote vigilance internships; and **f)** Develop research focusing on improving the Epidemiological Vigilance System.

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## Implementation of Rede Estadual de Centros de Dispensação de Medicação de Alto custo – CEDMAC (High Cost Medication Distribution Center State Network)

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The Centros de Dispensação de Medicação de Alto Custo – CEDMAC network is a partnership between SES-SP and five (5) University Centers (FMUSP-SP, UNICAMP, FMUSP-Ribeirão Preto, FM de Botucatu, and FM de São José do Rio Preto) to distribute immunobiological drugs using standardized assistance protocols.

The advantage of this model is the use of the university infrastructure, established for assistance, face-to-face administrative process

service, cost reduction, by means of dosage sharing and adjustment, and creation of an effectiveness, safety, and pharmaco-economy database (standardized electronic medical records).

The FMUSP CEDMAC is the network coordinator and maintains a continuous training program for all professionals in all four centers.

The objectives were financed in 2015 by means of an agreement signed between HCFMUSP and SES-SP, with FFM intervention.

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## Operationalization of laboratory service action management and execution, to answer new challenges, according to the needs of the population and SUS goals

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Instituto Adolfo Lutz (IAL) promotes health in the State of São Paulo. As the Central Public Health Laboratory, certified by the Ministry of Health, together with its twelve (12) Regional Laboratories, located in strategic municipalities in the State, leads sanitary vigilance, epidemiological, and environmental actions. It also acts at the frontiers of knowledge, developing multidisciplinary scientific projects, with international collaboration, in the Biomedical Science, bromatological, and Chemistry fields.

The main goals are as follows: **1-** Contribute decisively to plan Epidemiological, Sanitary, and Environmental Vigilance actions to prevent,

control, and eliminate diseases and complications of Public Health interest; **2-** Conduct high complexity tests for such Vigilance; **3-** Conduct scientific and technological innovation research of Public Health interest; and **4-** Train specialized humans resources for laboratories of Public Health interest.

By means of an agreement signed in mid 2012 between FFM and IAL, FFM manages the laboratory service actions to answer to new challenges, according to the needs of the population and SUS goals.

These activities continued in 2015.



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## Proposal of Strategic Committee to Develop New Transplant Centers

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One of the problems that deserves attention in public health services in Brazil is the regional difference of quality between coastal States and other States. Historically easy to understand, this difference is becoming increasingly unacceptable, considering the recent social-economical development of interior States. In this context, high complexity actions stand out and, among them, organ transplants.

In 16 States, with approximately 60 million inhabitants, no transplants are undertaken or only kidney transplants are performed, sporadically and with live donor. This defines an area to research the best method to develop centers able to initiate the practice of this surgical procedures, which, in turn, implicate in developing a series of associated specialties.

This proposal, developed by the Ministry of Health, by means of an agreement signed with FFM in the end of 2011, is based on: **a)** evaluation of a qualification method; and **b)** qualification of multiple organ transplant centers.

The goals depend on the interaction of several specialties, presenting the opportunity to qualify, concurrently, all variables inherent to the process in Brazilian States that, due to their geographical location, shall constitute regional centers and, those with the best improvement in previous courses and internships. Therefore, the States of AM, MS, PA, PB, and RN were included due to their location, and States of AC, AL, GO, MA, MT, PI, and SE were included due to collection qualification already obtained (Sad News, Brain Death Diagnosis, and Ocular Enucleation).

These activities continued in 2015.

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## HumanizaSUS Network – Expansion and New Developments

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In a world that is increasingly more interdependent, the public sphere and its communities, such as those connected to the education and health fields, only evolve with practices supported by the quality and synergy of human relationships. The intervention foreseen in the present project is to create a favorable field so that such relationships are true and implied, ensuring socialization of affection, collective construction of knowledge, and innovation in the cognitive and relational technology plane.

Intelligence is always a movement of composition and interdependency. The more awaken the composition potential of a group or community, the more its collective intelligence is activated. And what does this mean? Activated collective intelligence increases the capacity to produce, disclose innovation, relate, exchange, create, get to know, increase the social cohesion, sharing, synergy, and results.

Therefore, the focus of the present project, developed by the FMUSP Preventive Medicine Department, by means of an agreement signed with the Ministry of Health in the end of 2011, with FFM intervention, is to work with methodologies and strategies to increase the collective intelligence, simultaneously, from the coordination and management instances of the National Humanization Policy (PNH), in the scope of the HumanizaSUS Network (RHS) and the network employees, workers, and users.

Therefore, the focus is to increase the reach of RHS, which requires the co-implication ethics of all these players with the policies and actions that PNH promotes or wishes to implement.

The activities, started in 2013 due to the delayed release of the funds, were completed in 2015.

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## Integration of Competences to Perform Legal Activities with Drug Users and Addicts

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This project was approved in the end of 2010, and is being developed by GREA by means of an agreement signed with the Senad, with FFM intervention.

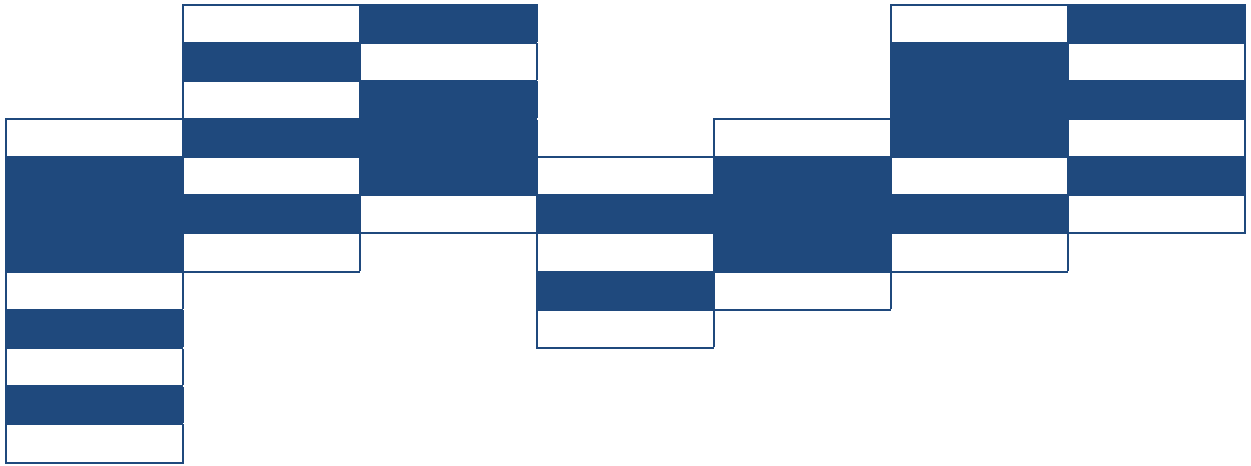
Drug abuse is a complex and multi-faceted phenomenon, which imposes joint action by the public power and society, from inter-sector policies in the legal, educational, health, and social welfare fields, to seek solutions to minimize the damage resulting from this behavior. In the legal and public policy fields, related to the causes and consequences of drug abuse, Law No. 11.343/06, which institutes Sistema Nacional de Políticas Públicas sobre Drogas (SISNAD - National Drug Public Policy System) and prescribes measures to prevent undue use, care, and social reintegration of drug addicts, it is the legal milestone to change the paradigm and the penal procedures, by serving the assumptions of the National Drug Policy (PNAD), which foresees the differences between the user, abusers, addicts, and drug dealers, with different treatments, without, however, neglecting the traffic repression mechanisms.

Until the publication of the referred law, the user and addicts were seen, in society's fiction, as a risk or threat. The procedures were restricted to police actions (punishment) and forwarding to psychiatric hospitals (mental disease). On the contrary, in the scope of the new law, individuals

charged with drug possession for personal use shall have the right to define an individualized therapeutic project (re-socialization), focusing on social inclusion and to reduce the risks of social and health damage (art. 22, inc. III). In this context, the users and addicts are not subject to deprivation of liberty, but, instead, to social-educational measures applied by Special Criminal Courts.

This new paradigm is foreseen in Article 28 of the referred law, and therefore the assumption of educational action foreseen in the law is that the State, with the participation of the society, shall formulate and implement policies or programs to provide services to the community. As a reflex from the new law, and considering the most effective and appropriate application by the Special Criminal Court Prosecutors and Child and Youth Court involved in the penal prosecution, the theoretical-methodological knowledge must be improved in areas related to drug problems (out of legal sciences) and adaptation to joint action (multidisciplinary focus) between Prosecutors (judges, prosecutors, defenders, deputies, conciliators, lawyers, and other justice officials), the professionals of psycho-social care fields (social workers, educators, psychologists, among others), and professionals of the Public Safety field.

These activities continued in 2015.



# Institutional Projects

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# INSTITUTIONAL PROJECTS

FFM also supports the development of institutional projects, focusing mainly on improving the physical and technological infrastructure of the facilities of the FM/HCFMUSP System.

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## Main Institutional Projects

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### Renovation of the Technological Park - Replacement of the Hospital Holding Room and Computers of the HCFMUSP Children's Institute

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ICr-HCFMUSP assists children and adolescents that carry complex diseases (650 hospitalizations/month, 98% hospital occupation). Much of the medication used for treatment are thermolabile and require appropriate storage conditions. The processes, assistance, and monitoring are performed with the technological support of computers and software, required to register medication dispensing, electronic prescription, clinical evolution, and clinical and imaging examination display.

This project, developed by ICr by means of an agreements signed in the end of 2015 with the Ministry of Health, with FFM intervention, has the purpose of replacing the current refrigeration chambers (to improve the temperature control and monitoring and alarm system) for appropriate equipment to store the medication, and replace the old and obsolete computers for modern equipment, improving patient, medical practitioner, and multi-professional team assistance and safety.

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### Acquisition of hospital beds for ICESP patients with high risk of falling

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Prevention is one of WHO's directives instituted in Brazil by means of the national Patient Safety program (PNSP), Decree No. 529 from April 1st, 2013. There are several factors that pose high risk of falling for oncology patients. Cancer treatment frequently affects coordination, balance, blood pressure, and sensations. Remaining in bed and decreasing activities leads to loss of muscle strength and changes the physical and mental state.

Currently, beds have characteristics that do not meet care needs for patients considered with high risk of falling: **a)** Bed with fixed height, not

adjustable: Maximum height: 45 cm; **b)** Grid height: from the bedframe to the grid: 43 cm, with a minimum of 40 cm.

The purpose of this project, developed by ICESP, by means of an agreement signed in the end of 2015 with the Ministry of Health, with FFM intervention, is to have ICESP acquire appropriate beds for patients with high risk of falling in the clinical and surgical units, with the following characteristics: **a)** Higher movement amplitude; **b)** Bedside angle of 60° and knee angle of 28°; **c)** bed height control; **d)** Less spacing between the upper and lower grids.

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### Acquisition of a monitoring center, and bedside and transportation multi-parametric monitors for ICESP

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Essential patient care equipment, which provides real-time data of physiological conditions, the monitoring station allows the integration of all monitoring equipment, offering quicker, more

efficient, and more comfortable assistance to the patient and medical team, because it allows following-up vital signs remotely directly from the

clinical team work station with no need to move from bed to bed.

The purpose of this project, developed by ICESP by means of an agreement signed in the end of 2015 with the Ministry of Health, with FFM

intervention, is to acquire a monitoring station and bedside multi-parametric monitors for the ICEU, ambulatory, and post-anesthetic recovery (RPA) areas, and transportation monitors for the surgical center, to replace the current rented equipment.

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### **Technological update of ICESP equipment**

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The equipment must be updated in order to provide quicker, more efficient, and more comfortable assistance to the patients and medical teams.

This project, developed by ICESP, through an agreement signed in the end of 2015 with the

Ministry of Health, with FFM intervention, has as objective the acquisition of equipments to replace due to obsolescence or complexity / new diagnosis / pathology techniques related to the toxicity of the chemotherapy sessions in patients with heart disease.

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### **Technological adaptation of the Radiotherapy services of Instituto do Câncer do Estado de São Paulo (São Paulo Cancer Institute)**

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Counting on the largest and most advanced radiotherapy and imaging park in Latin America, the technological update seeks to ensure the reliability, dynamism, efficiency, and productivity of the service.

The planning systems are used by physicians and dosimetrists in different stages of the planning process. Since its inauguration, ICESP increased the number of assistant and resident physicians in approximately 30%, currently composed as follows: nine (9) assistant physicians, one (1)

coordinator physician, and eighteen (18) resident physicians.

Therefore, the planning system usage licenses must be expanded to optimize the routines of the area and productivity of the department as a whole.

The purpose of this project, started in the end of 2015 and developed by ICESP, with FFM intervention, by means of an agreement signed with the Ministry of Health, is to complement the quantity of the institute radiotherapy service planning system.

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### **Project to Acquire Videolaparoscopy and Fibroendoscopy System for Instituto do Câncer do Estado de São Paulo (São Paulo Cancer Institute)**

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ICESP assists oncology patients forwarded by the reference network established, with currently 42,000 patients, and approximately 1,000 new cases referred every month.

This project seeks to acquire videolaparoscopy equipment, which shall allow performing video transurethral resection surgery, thoracoscopy, gastrectomy, prostatectomy, colectomy, rectal amputation, hysterectomy, transoral resection of larynx and pharynx cancer, cystectomy, nefrectomy, all for oncology treatment.

Regarding fibroendoscopy, by means of a nasofibroscope, it is possible to diagnose respiratory tract and upper digestive tract malignant tumors early.

The purpose of this project, started in the end of 2015 and developed by ICESP, with FFM intervention, by means of an agreement signed with the Ministry of Health, is to diagnose and surgically treat patients diagnosed with malignant tumors by video, using a minimally invasive method.

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## Development of an Anatomical Computerized Tomography Atlas to Apply in Electric Impedance Tomography Equipment

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The main goal of this project, developed by HCFMUSP LIM 69, started in 2014 by means of an agreement signed with FINEP, with FFM intervention, is the development of an Anatomical Atlas, that is, a unified database with anthropometric information, tomographic images, and pulmonary function data of approximately 300 female patients and 300 male patients, from the Computerized Tomography (CT) database.

This new technology shall be applied in Electric Impedance Tomographs, allowing expanded use in pulmonary function tests (earlier and more sensible detection of pulmonary pathologies, for example, fibrosis or rejection of transplanted lungs), in cardiovascular function tests (non-invasive cardiac output to evaluate

athletes or pre-surgery patients), as well as in ICU environment (non-invasive estimation of cardiac output, pulmonary strain estimation during mechanical ventilation, better accuracy to detect pathological conditions such as pneumothorax, pneumonia, and atelectasia).

This Anatomical Atlas represents an unprecedented effort to improve Electric Impedance Tomography images achieving and accuracy and spatial resolution that is much better than the current tomographs available. Both the ventilation and pulmonary perfusion analysis shall be widely benefited by this technological improvement.

These activities continued in 2015.

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## Renovation of the ICHC Surgical Center

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ICHC has almost 50% of the beds in HCFMUSP, and is considered an excellence hospital and reference in assistance, teaching, and research, and a pioneer in several high complexity medical-hospital procedures.

The Surgical Center unit consists of a set of elements destined to surgical activities, as well as anesthetic and post-surgical recovery.

Since its installation, 30 years ago, the physical structure of the ICHC Surgical Center did not suffer great renovation. However, in recent years, surgical procedures changed significantly,

including new techniques and implementation of new equipment.

The purpose of this project, developed by means of an agreement signed in 2014 between HCFMUSP and SES-SP, with FFM intervention, is to undertake the upgrade works of twenty three (23) ICHC Surgical Center rooms, currently consisting of thirty three (33) surgery rooms divided in four (4) blocks.

The complete renovation includes 1,326 m<sup>2</sup>, improving patient safety and the work conditions of the technical team.

These activities continued in 2015.

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## Realistic Health Simulation Cater

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This project, which benefited IRLM, was approved in the end of 2013 by the Ministry of Health in the PRONAS/PCD scope. The private funds (Grupo Credit Suisse) were collected in the end of 2013.

PRONON and PRONAS/PCD were created by the Ministry of Health with the purpose of promoting actions and services related to disabled

person oncology and assistance, respectively. According to the fiscal exemption model of similar laws, the physical persons and legal entities can contribute with donations for the projects they choose. These donations strengthen the National Cancer Prevention and Control Policy and the National Disabled Person Health Policy. Therefore,



the citizens are able to contribute with the continues improvement of SUS.

The inauguration ceremony of the largest SUS Realistic Simulation Center - and one of the biggest in Brazil - occurred in February, 2015. The system consists of high-tech robots that simulate real assistance situations and shall benefit the entire oncology network of the State.



*ICESP employees demonstrate the operation of the mannequins*

The idea is to use clinical scenarios in a controlled and safe environment, since the professionals shall face the same difficulties in real life. These robots are able to simulate human vital signs, such as pulmonary movements, spontaneous ocular opening, and cardiac sounds. Besides that, they are able to cough, vomit, and sweat.

The Realistic Simulation Center also counts on baby, adult, and young mannequins and parts of the human body. This allows training high-complexity medical procedures such as cardiopulmonary resuscitation, catheter handling, and intubation.

The oncology area professionals shall also count on training rooms that are exactly like the real hospital beds - including restrooms and medical offices. They must face all the stress of decision-making, and the entire process is recorded to be discussed later with the group.

The installation of the center was completed in 2015.

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### **Infra-LIMs 2013 - Expansion of the Research Execution Capacity of the FM/HCFMUSP System**

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The present project focuses on continuing the process to increase the research capacities of the FM-HCFMUSP System, in order to identify its competitive niche. This strategy is respected, since the detailed analysis of the scientometric databases clearly indicates that production is good in quantitative terms, is improving in qualitative bases, but is still far from our "international neighbors", who have a higher level of citations per article. That is, world-class levels are achieved quantitatively, but there is still a long path to cover to achieve quality production, estimated from article citations.

It is important to emphasize that the FM-HCFMUSP System research planning affects not only the scientific production and quality, but also includes forms of putting FMUSP in the discussion and elaborating proposals for the development of the country. In this context, identifying subjects of interest for the nation and stimulating the production of knowledge in critical areas and that demand qualified information is one of the goals of research planning. Therefore, this proposal sets out to achieve three (3) main goals:

- 1)** Increase the scientific productivity level, both quantitatively and qualitatively;
- 2)** Promote and facilitate the collaboration between different research groups in the System with other universities, in Brazil and abroad, in order to increase excellence and scientific competitiveness;
- 3)** Draw an action plan to stimulate effective FMUSP contribution to produce knowledge in strategic areas for the scientific and technological development of the country.

In other words, the FM-HCFMUSP System researchers tried to address the subject by wondering which subjects could be performed in their environment with more advantage in respect to international reference research centers. The strengthening of clinical research seemed an alternative of great competitiveness, considering the size of the hospital complex, and also due to the fact of being responsible for the largest medical autopsy service in the world, with approximately 14,000 cases/year. Therefore, the present proposal seeks to improve the capacity of the System to analyze the biological material obtained from HCFMUSP patients or deceased

individuals, and that is submitted to autopsy, which are unique characteristics of this system.

The activities developed in 2015 included the following:

**1) Installation of the Multi-user Clinical Microbiology Support Center:** The equipment was acquired and is currently operational.

**2) Consolidation of liquid chromatography associated to mass spectrometry in tandem (LC-MSMS) to determine steroid hormones:** The

equipment was acquired and is currently operational.

**3) Consolidation of the Psycho-physiology and Virtual Reality Laboratory:** Part of the equipment was acquired and is currently operational. The MP-006-HDG equipment was not acquired yet due to high dollar exchange rate levels.

**4) Implementation of the FM/HCFMUSP System Cellular and Regenerative Medicine Center:** The equipment was acquired and shall be installed after completing the room renovation works.

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### **Preliminary Project of the HCFMUSP Alcohol and Drug Collaboration Center**

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This project, financed by Senad and developed by GREA, with FFM intervention from 2003, presents a proposal to equip the Crack and Other Drug Collaboration Center, with the purpose of providing assistance, education, service, and research related to the subject of crack, alcohol, tobacco, and other drug use, abuse, and addiction.

The center shall count on its own physical space, foreseen in "Complexo Hospitalar Cotoxó" (page 33 herein), and shall be developed focusing on an integrated patient and family assistance model at ambulatory and hospitalization level, associated to high-complexity social reintegration services and completely incorporated to the functional research structure, as is expected from excellence collaboration centers, and also multi-professional residency technical training.

Almost 2 billion people use alcohol, 1.2 billion use tobacco, and approximately 155 to 250 million people reported having recently used (*in the last twelve (12) months*) other illegal psychotropic substance (UNODC, 2010), consumption that is currently associated, by WHO, to 9.0% of the global load of diseases (WHO, 2009).

Beside the individual morbidity-mortality effects, the use of psychotropic substances is related to important social unfolding, so that the phenomenon has transcended the "health problem" category into the "social problem" category. Among these social effects, drug use has generated a burden to the economical system, by means of direct, indirect, and intangible costs, such as, for example, worse quality of life. (Murray & Lopez, 1997).

In Brazil, 22.8% of the population above 12 years of age reported to have made illegal and experimental use of at least one (1) psychotropic substance (except tobacco and alcohol) (Carlini et al., 2007), consumption that has increased, in the period from 2001 to 2005 (Fonseca et al., 2010).

Currently, crack addiction is the most frequent cause of hospitalization for cocaine use. In a transversal study conducted with four hundred and forty (440) patients in six (6) psychiatric hospitals in Greater São Paulo, between 1997 and 1998, 70% of the patients hospitalized with cocaine issues used crack (Ferreira-Filho et al. 2003).

These activities continued in 2015. Inauguration is foreseen for October, 2017.

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### **Computerization and Modernization Project of the HCFMUSP Urology Residency Educational Program**

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Some years ago, the FMUSP Urology Discipline developed an electronic medical record that is used with all patients registered in the Clinic, and that represented progress of immeasurable value

in the quality of the service provided to such patients.

Besides registering the entire history and medical data of each patient, including imaging studies and examinations, surgical treatments performed, and service in other clinics, this medical record allows, in just a few seconds, to recover all data filed, such as, for example, total number of cases of the same pathology or the list of patients submitted to the same surgical procedures.

Therefore, the members of the department can quickly obtain high-quality comparative tables and graphics, to facilitate the preparation of didactic presentations, elaborate tests, and publish qualified scientific works.

The present project, enabled by means of a Term of Donation signed between FFM and Monte Cristalina Ltda., in 2011, focused on supplying and introducing the use of iPads to fill in the electronic

medical records and to follow-up the prescriptions of hospitalized patients next to the hospital bed.

These iPads were distributed to all resident physicians and some teachers, and contain applications that improve the intern teaching process. Each clipboard contains the basic Urology, Surgery, and Internal Medicine books, the directives regarding the treatment of the main clinical and urological diseases, anatomy and physiology files, pharmacological and interaction data of drugs available in the Brazilian market, and counts on Internet access to the main international medical magazines. Furthermore, the clipboard allows intense real-time communication between teachers and resident physicians, speeding up the assistance to patients registered or hospitalized in the Urology Department.

These activities were completed in 2015.

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### **Project to strengthen the Hematology Service Maria Cecília Souto Vidigal Study Centers and Laboratories**

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The Permanent Education concept, best known as Continued Education, is associated to the idea of training and improvement, focusing on professional adaptation facing a world that changes daily and that requires constant update. Therefore, Permanent Education is one of the most important strategies so that professionals are able to ensure their adaptation in face of new knowledge, methods, and work processes resulting from scientific and technological development, which occur continuously.

Specific attention must be given to remote education as a teaching-learning process in Permanent Education, when teachers and professionals are spatially and/or temporally separated, but connected and interconnected by technologies, mainly telematic technologies, such as the Internet. This may also include mail, radio,

television, video, CD-ROM, telephone, fax, and similar technologies.

This proposal, enabled by means of an agreement signed with FMCSV, in mid 2010, with FFM intervention, continues the fruitful relationship established between the Hematology and Hemotherapy fields in Brazil and the role of FMCSV. For a long period of time, professionals and technicians were trained in the FMCSV laboratories and use its important Library, providing relevant services to different medical-hospital assistance entities in Brazil and abroad. IN recent years, with a partnership established between FMCSV and the FMUSP Hematology and Hemotherapy Department, by means of FFM, the laboratories loaned to the HCFMUSP Hematology Service, and the Library was donated to be added to the achieve of the Department.

These activities continued in 2015.

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### **Parliament Amendments that benefit the HCFMUSP Digestive Tract Surgery Department**

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The purpose of this project, approved in the end of 2010, and developed by the HCFMUSP Digestive Tract Surgery Department by means of agreements signed with the Ministry of Health, with FFM intervention, is to invest in infrastructure

and equipment that allows employing cutting-edge digestive tract surgery technology that allows supporting high-complexity and specific procedures.

The main goal of the project is to improve the

physical and technological infrastructure of the ambulatory and surgical rooms of the Digestive Tract and Colorectal Surgery Department, with the acquisition of diagnosis and surgery support equipment, microcomputers and printers, which allow disclosing and consulting test results, creating reports, checking images, collecting all information relate to the patient's medical record,

and support area processes.

This proposal to restructure the operating rooms shall increase the number of surgeries performed and triple the number of appointments, from 1,600 surgeries/year (approximately 1,000 of high complexity), to 3,500 surgeries/year in a period of 2 to 3 years.

These activities continued in 2015.

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## Infra-LIMs 2011 - Expansion of the Clinical and Epidemiological Research Capacity of the FM/HCFMUSP System

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In order to improve the potential of the clinical research developed in the FM/HCFMUSP System, the goals of this project, coordinated by Direx-LIMs, by means of an agreement signed in the end of 2012 with FINEP, with FFM intervention, and completed in 2015, were as follows: **a)** Elevate the scientific production of the FM/HCFMUSP System, by stimulating the formation of internal, regional, national, and international networks and formation of equipment multi-user laboratories; **b)** Increase the social impact of the FM/HCFMUSP System research to a horizon larger than the welfare activities; and **c)** Broach subjects of extreme importance regarding clinical research, as well as areas of great social importance.

It is important to emphasize that clinical research is not necessarily understood as research financed by industry, but research that makes use of the institution's casuistry.

FMUSP is implementing a Research Project Management Center, which is already operational next to the FMUSP Institutional Technical Reserve. The project trained ten (10) FMUSP employee at FAPESP, and the management system already used with success in other USP units was installed. The execution data of the present project are included in this system, so they become available to FM/HCFMUSP System managers to follow-up the use of resources destined to research at all promotion agencies and at USP.

The knowledge generated by the project is disseminated by the pertinent areas already existing in the system, mainly the Tele-Medicine Department and the HCFMUSP and FMUSP Communication Departments.

The activities developed in 2015 included the following:

**1. Multi-user center for wide scale sequencing:** Equipment acquired and operational.



*Bone Densitometer*

**2. Body composition and bone structure evaluation center applied to clinical studies:** Equipment acquired and operational.

**3. Early tumor detection center:** The Cellvizio and Probe Coloflex equipment was acquired and is already operational. The Vivascope Confocal Microscopy equipment was rearranged as Digital Dermoscopy and the Body Mapping/Fotofinder Dermoscope was acquired, installed, and the team is currently in training process.

**4. Flow cytometry applied to studying DNA numerics and structure:** Equipment delivered and operational.

**5. Molecular Cytogenomics and Pathology Multi-user Center:** Equipment acquired and operational.

## Programa Rede de Equipamentos Multiusuários (PREMiUM - Multi-user Equipment Network Program)

The FM/HCFMUSP System Multi-user Equipment Network Program (PREMiUM), was developed and implemented by means of a partnership between the FMUSP and LIM Boards, with FFM support and funds from agencies such as FAPESP and FINEP. The goals of this program are to promote and stimulate research and innovation activities in the FM/HCFMUSP System, create conditions so that the researchers in the System and out of it have access to modern biomedical research technologies and optimize the application of physical, financial, and specialized human resources within the FM/HCFMUSP System.

Currently, PREMiUM is organized in center coordinated by researchers with known experience in their fields of actuation, and the equipment is allocated according to the functionality.

The following Multi-user Centers were implemented:

1. Cytometry;
2. Experimental Models;
3. BioBank;
4. Structural and Functional Genetics;
5. Special Analysis;
6. Image;
7. Microscopy and Microscopic Technique;
8. Scientific Documentation;

### 9. Editing;

The services provided by the multi-user centers are available on the [www.premium.fm.usp.br](http://www.premium.fm.usp.br) page.

The option of creating an equipment park connected in a network values the initiatives that already exist in the institution and optimizes the human and financial resources available. At the current moment of this consolidation, it is essential that:

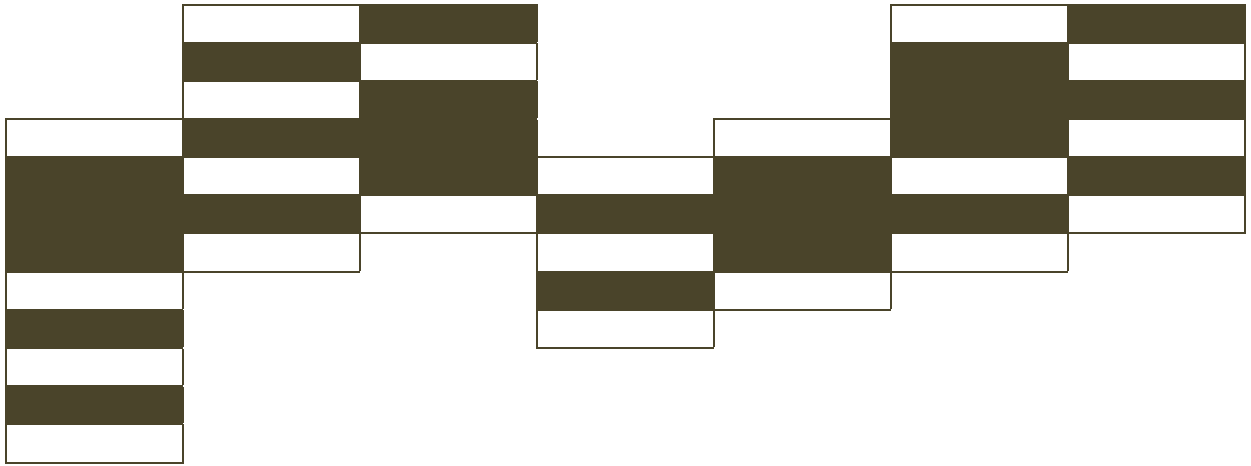
1. establish appropriate work environment infection prevention conditions;
2. ensure the connectivity between the several laboratory units and the multi-user equipment network;
3. consolidate the Cellular and Molecular Biology fields applied in Medicine according to the valid standards and legislation;
4. create conditions to generate and disseminate the knowledge in areas of priority of the Ministry of Health and SUS;
5. demonstrate that all links in the chain are represented in the system, stimulating innovation in the biomedics field and promoting the creation of agreements with the productive sector.

These activities continued in 2015.

Apoio

FAPESP FUNDACÃO PREMIUM FACULDADE DE MEDICINA Finep CNPq CAPES NBP

Site of the PREMiUM Program, which centralizes multi-user laboratory usage requests



# FFM Profile



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# FFM PROFILE

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## Brief History

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*Façade of the FFM headquarters, at Av. Rebouças*

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Fundação Faculdade de Medicina (FFM) was born in September 18th, 1986, as an initiative of FMUSP, who invited AAAFMUSP to propose its creation.

With time, FFM became responsible for receiving SUS and Supplementary Health payments due to HCFMUSP, allowing more agility and sobriety in national and international acquisition procedures and allowing technological update, increasing and qualifying the operating environment to improve the performance of activities.

FFM supports FMUSP and HCFMUSP mainly in three (3) branches: human resources (hiring and training), costing (purchasing and maintenance), and investments (equipment and works), with the resources being applied according to the priorities decided by the Institutions.

Every year, FFM works to expand its reach in actions focusing on social development. In 2015, it turned 29 years old with the recognition of its administrative competence and transparency by several control institutions, in the municipal, State, and Federal scopes.

Today, FFM's actuation is based in three (3) main axes: **University Agreement**, signed in 1988 between SES-SP and HCFMUSP, with FFM intervention, which enables free procedures to SUS patients, **Management Contracts and Agreements**, which are responsible for administrative-financial management of four (4) institutions or health systems: ICESP, IRLM, Western Region Project, and Pronto-Socorro Municipal do Butantã, and the several legal instruments signed with **partner institutions** interested in the development of medical sciences.

FFM supports several social welfare projects, conducted inside and away from the Fm/HCFMUSP System facilities, focusing on the poorest members of society, with no detriment of SUS service. Several research and assistance projects are also developed with FFM support, focusing on HIV virus infection combat and prevention, motor rehabilitation, and child, youngster, women, and family health. FFM also supports HCFMUSP Clinical Study projects and public and institutional policies.

## FFM Consolidated Results

The University Agreement, signed in 1988 between SES-SP and HCFMUSP, with FFM intervention, allowed FFM to focus its efforts in promoting integral health assistance to **SUS users**, besides the development of actions and services to improve and expand the HCFMUSP operational capacity, trains and improve healthcare human

resources, and promote teaching and research.

The partnerships with public and private national and international institutions allow FFM to develop several programs, mainly in the health and education fields, which benefit the entire population. The annual results of these revenues are shown in the summary table below.

FFM CONSOLIDATED RESULTS							
(in R\$ millions)	2009	2010	2011	2012	2013	2014 (a) (b)	2015
<b>Revenues</b>	<b>691.848</b>	<b>863.169</b>	<b>961.418</b>	<b>1.012.867</b>	<b>1.206.359</b>	<b>1.222.869</b>	<b>1.183.383</b>
SUS Medical Assistance	223.830	211.941	222.270	246.519	282.535	291.880	276.587
Private Medical Assistance	62.312	63.671	73.464	73.343	86.892	90.920	87.654
Subsidies and Contributions	313.072	496.602	559.163	573.995	713.826	680.251	649.926
Financial Revenues (net)	22.113	26.522	37.767	30.436	35.004	51.335	56.076
Technical Services	26.037	28.571	27.560	39.825	39.432	52.299	49.834
Other (courses, donations, etc.)	44.484	35.862	41.194	48.749	48.670	56.184	63.306
<b>Expenses</b>	<b>550.200</b>	<b>690.101</b>	<b>809.317</b>	<b>967.274</b>	<b>1.043.148</b>	<b>1.132.588</b>	<b>1.132.359</b>
Staff	301.463	381.372	468.362	555.616	595.332	666.520	704.885
Consumption Materials	116.264	154.080	174.784	209.529	223.114	237.924	207.134
Professional Services	88.603	98.765	118.943	139.499	166.129	163.469	152.892
Others (general, depreciation, etc.)	41.870	55.884	47.228	62.630	58.573	64.675	67.448
<b>Results</b>	<b>141.648</b>	<b>173.068</b>	<b>152.101</b>	<b>45.593</b>	<b>163.211</b>	<b>90.281</b>	<b>51.024</b>
a) Preliminary figures of consolidated operations; does not include eventual adjustments resulting from balance sheet completion;							
b) With the end of the ICESP Management Contract, in 2014, some specific operations were not incorporated in the balance sheet above due to their nature, namely: reimbursement of the contingency fund to SES (R\$ 43.8 million), reimbursement of residual balances to SES (R\$ 12.7 million), and transference of stocks to HC (R\$ 25.8 millions).							

By comparing the FFM total revenue, 2015 presented an increase of **71%** in respect to 2009. The revenues resulting from medical assistance performed by SUS **increased 25%** in the period, obtained, mainly, by means of the reevaluation of the fixed amounts established in the formal agreements that regulate the transfer of resources.

However, the percent increase observed in SUS revenues was much lower than the revenues with private medical care (Supplementary Health and others), which **increased 41%** in the period, due to the joint efforts of HCFMUSP to expand the service, and FFM to improve flows, controls, and

collection. FFM has integrally reverted with substantial evolution of operational revenues in favor of its own operations and execution of projects.

The **investments in infrastructure and equipment** made by FFM in 2015 totaled approximately **R\$ 42,5 millions**. The investments amounted to R\$ 35.4 million in HCFMUSP, R\$ 1.2 million in FMUSP, R\$ 4.5 million in ICESP, R\$ 641,000 in IRLM, and R\$ 270,000 in other agreements. In turn, FFM Management, invested approximately R\$ 456,000, with emphasis on computer equipment and systems.

FFM CONSOLIDATED RESULTS							
(in R\$ millions)	2009	2010	2011	2012	2013	2014	2015
<b>Total</b>	<b>106,5</b>	<b>136,4</b>	<b>60,6</b>	<b>39,6</b>	<b>49,2</b>	<b>54,9</b>	<b>42,5</b>
Equipment	41,0	77,6	22,5	26,1	22,8	16,9	26,4
Buildings and Facilities	51,3	46,6	27,7	5,2	15,1	25,8	7,8
Informatics	6,6	5,2	4,6	4,4	6,1	6,3	5,4
Others (furniture, vehicles, etc.)	7,6	7,0	5,8	3,9	5,2	5,9	2,9

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## Strategies

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Since its creation, FFM has maintained the commitment to support the FM/HCFMUSP System, developing an integrated work with all nine (9) administrations.

FFM is a private non-profitable entity, created with the purpose of promoting education, research and health care at FMUSP and HCFMUSP, and preserving the CAOC Academic Center patrimony. Created in 1986, FFM grew surprisingly along the years.

Currently, it is responsible for managing its operational accounts and the health care procedures performed for SUS and Supplementary Health. It also manages the clinical and academic research projects and the State and municipal health care contracts. This is the case, for example, of IRLM and ICESP, fully managed by FFM.

Since its creation, FFM has maintained the commitment to support the FM/HCFMUSP System, developing an integrated work with all nine (9) administrations. Established to organize the responsibilities and competences of the Institution, the administrations include: **1)** Controllership; **2)** Legal Advisory; **3)** Invoicing and Control; **4)** Finances; **5)** Informatics; **6)** Materials; **7)** Projects and Research; **8)** Human Resources; and **9)** Supplementary Health.

The activities performed by FFM are in synergy with the decisions of the several collegial organs of the FM/HCFMUSP System and go through rigorous MPSP Foundation Curatorship, State Audit Office, and Municipality control and an independent audit, mirroring the transparency that guide the actions of the Board.

During its 29 years, it seeks the constant **improvement** of the standard of service, and is simultaneously dedicated to achieve its goals and meet the future needs of its partners. The continuous **modernization** of the technical infrastructure, adaptation to current technological demands, and team **training** and specialization are other priorities; therefore, the investments in internal human resources and infrastructure and FM/HCFMUSP System maintenance are translated by the positive indicators obtained along its existence.

The **financial** directive has maintained the pursuit of positive working capital, with expense or investment decisions based on the previous existence of financial resources for such.

The FFM direct administration **employee appreciation** program continued in 2015, with

position, function, framework, and merit re-analysis remaining the main focus of the Board. In parallel, the professional team Qualification and Training Program improved the final results of the Foundation.

Since 1988, it maintains cooperation agreements with SES-SP, which foresee several managerial activities that go from invoicing of medical-hospital services to managing the FM/HCFMUSP System human resources, besides renovations and acquisition of inputs and equipment, among others. It also supports FM/HCFMUSP System programs, extension courses, events, research projects, clinical studies, and other initiatives.

Besides that, in 2015, together with the FM/HCFMUSP System, it developed **partnerships** with institutions interested in the development of medical sciences, such as:

- Ministério da Saúde – MS (Ministry of Health);
- Ministério da Justiça / Secretaria Nacional de Políticas sobre Drogas – Senad (Ministry of Justice/National Drug Policy Secretary);
- Ministério da Ciência e Tecnologia / FINEP – Financiadora de Estudos e Projetos (Ministry of Science and Technology/FINEP – Project and Study Financier);
- Ministério da Ciência e Tecnologia / CNPq – Conselho Nacional de Desenvolvimento Científico e Tecnológico (Ministry of Science and Technology/CNPq – National Scientific and Technological Development Council);
- Ministério da Educação / Empresa Brasileira de Serviços Hospitalares – EBSRH (Ministry of Education/Brazilian Hospital Service Company – EBSRH);
- Ministério Público do Trabalho – MPT (Public Labor Prosecutor);
- Banco Nacional de Desenvolvimento Econômico e Social – BNDES (National Social and Economical Development Bank);
- CREMESP – Conselho Regional de Medicina do Estado de São Paulo (Regional Medicine Council of the State of São Paulo)
- SES-SP – Secretaria de Estado da Saúde de São Paulo (São Paulo State Secretary of Health)

- Secretaria de Estado da Educação – SEE-SP (State Secretary of Education);
- Secretaria de Estado da Justiça e da Defesa da Cidadania / Fundação CASA – Fundação Centro de Atendimento Socioeducativo ao Adolescente ( Secretary of Justice and Defense of Citizenship/Fundação CASA – Youth Socio-Educational Assistance Center Foundation);
- Secretaria de Estado do Meio Ambiente (State Secretary of Environment);
- Universidade do Estado do Amazonas (University of Amazonas)
- Secretaria Municipal de Saúde de São Paulo (São Paulo Municipal Health Secretary);
- Conselho Municipal dos Direitos da Criança e do Adolescente – CMDCA (Municipal Council of Children and Adolescent Rights);
- World Health Organization - WHO/Pan American Health Organization – PAHO;
- UNODC – United Nations Office on Drugs and Crime
- Fundação Maria Cecília Souto Vidigal;
- Grupo AMBEV;
- Grupo Itaú;
- Ouro Fino Saúde Animal Ltda.;
- Associação Paulista para o Desenvolvimento da Medicina - SPDM (Association for the Development of Medicine);
- ABADHS – Associação Beneficente Alzira Denise Hertzog da Silva (Charitable Association)
- Instituto Adolfo Lutz;
- National Institutes of Health – NIH;
- Blood Systems Research Institute;
- Fundación Anvina;
- Fundación Mapfre;
- Harvard University;
- University of California;
- The George Washington University;
- The Smile Train;
- Grand Challenges Canada;
- International Atomic Energy Agency – IAEA;
- David Rockefeller Center for Latin American Studies;
- Health Research Incorporated;
- Research European Agency;
- European Union;
- The Brain and Behavior Research Fund – NARSAD;
- General Electric Health Care;
- Johns Hopkins University;
- Institute Mérieux.

An essential point in the institutional strategy is **transparency**, considering the comprehensive inspection to which it is submitted. FFM's activities

are audited by the Public Prosecutor Foundation Curatorship, by an independent external audit, and by the State Audit Office, and its projects are also accountable to bodies such as Ministries, State and Municipality Secretaries, and several national and international public and private institutions. In the relationship with its partners, it operates according to the regulations agreed case by case and always ensures administration transparency and austerity.

As FFM's credibility inspires financing agents, the volume of amounts handled by FFM has increased significantly year after year. In face of the substantial evolution of the **operating income**, projects, contracts, and agreements, FFM has gained expressive amounts of revenues of financial applications, integrally reverted in favor of the operations and projects developed by FFM.

During the year of 2015, the **consolidated operating surplus** obtained was approximately R\$ 51 million, with cash balance of approximately R\$ 427 million. These financial resources are managed by transactions in the accounts of the Administration Centers, or CGs (approximately 2,00 active accounts), according to the directives approved by the FFM Curator Council, HCFMUSP Deliberative Council, and the FMUSP Congregation.

In parallel, in 2015, FFM continued **managing** 145 assistance, teaching, and research programs/projects, besides 369 clinical studies, developed in the FM/HCFMUSP System.

The **FMUSP Renovation and Modernization Project**, developed between 2000 and 2008, counted on essential support from FFM, who divided the project coordination and fund raising activities with FMUSP. The purpose of the initiative was to value the historic patrimony and adapt the spaces to the activities developed today, improving the infrastructure and logistics of the work processes. The project promoted not only a physical renovation, but a deep human and cultural change in the entire community of the FM/HCFMUSP System. The maintenance works continued in 2015, and are now incorporated to the FMUSP operation routine.

In its 29 years of existence, FFM obtained public recognition for its actuation as a social welfare charitable organization, by obtaining and maintaining several certifications, of which the following stand out, among others:

- Declaration of Federal, State, and Municipal Public Utility;
- Certificado de Entidade Beneficente de Assistência Social – CEBAS (Social Welfare Charitable Organization Certificate), in the Health field, renewed on 06/12/2010 until 06/11/2015, according to Decree No. 946 of 09/25/2014;

- Certificate of Registration No. 0308/SP/2000 of Conselho Estadual de Assistência Social – CONSEAS (Social Welfare State Council);
- Certificate No.018/2008: Qualification as Social Organization of the Municipal Administration Secretary of the City hall of the Municipality of São Paulo;
- Qualification Certificate as Social Health Organization of the Health Secretary of the State of São Paulo – Process SS 001/0001/002.913/2008;
- Certificate of Registration No. 647/SP/2007 of Conselho Municipal de Assistência Social – COMAS (Social Welfare Municipal Council);
- Registration No. 1088/ CMDCA/2004 at the Municipal Council for the Rights of Children and Adolescents;
- Declaration of Recognition of Exemption from Imposto sobre Transmissão “Causa Mortis” e Doação de Quaisquer Bens ou Direitos – ITCMD (“Causa Mortis” and Donation of Any Assets or Rights Transfer Tax) – Process No. 51096-556591/2013, valid until 2015.

It is also important to emphasize that, during 2015, FFM received, by means of **Donations**, the amount of R\$ 26 million, which were reverted to conduct several assistance, teaching, and research projects, such as acquisition of equipment and medications for FMUSP and the FM/HCFMUSP System, besides ICESP and IRLM projects.

In 2015, FFM actively participated, as a Member or Consultant, in the following Commissions, Committees, Work Groups, and other initiatives of the FM/HCFMUSP System:

- ✓ Financial Support to FMUSP Medical Students;
- ✓ FMUSP Research Commission;
- ✓ HCFMUSP Advisory Board Planning and Control Commission;
- ✓ FMUSP Centennial Building Commission;
- ✓ Information Technology Committee;
- ✓ Management Committee of the Western Region Management Contract with the Municipal Secretary of Health;
- ✓ FMUSP Congregation;
- ✓ Fundação Zerbini Conductive Board;
- ✓ USP Conductive Board;
- ✓ HCFMUSP Conductive Board;
- ✓ HCFMUSP Advisory Board;
- ✓ Board of Directors of the Morumbi Unit/Instituto de Reabilitação Lucy Montoro;
- ✓ Board of Directors of ICESP - Instituto do Câncer do Estado de São Paulo;
- ✓ Health Management Supreme Council of the State of São Paulo;

- ✓ Programa da Saúde da Família (PSF - Family Health Program) agreement with the Municipality of São Paulo;
- ✓ Coordination of the Polo Pacaembu property;
- ✓ HCFMUSP Innovation Center Team;
- ✓ Escola de Educação Permanente (Permanent Education School);
- ✓ Clinical Studies of the HCFMUSP Clinical Board
- ✓ Management of Instituto Satélite de Oncologia/Osasco-SP (Satellite Oncology Institute);
- ✓ Western Region Project Technology Group;
- ✓ HC/FMUSP/FFM Operational Group;
- ✓ HCFMUSP/FFM Agreement Goals;
- ✓ People Management Center;
- ✓ Informatics Directive Plan;
- ✓ Instituto Coalizão Saúde Project.

FFM also supports partners to host their several **events**. In 2015, it participated in the following technical-scientific and institutional events: **a)** Support to 13º CIAD – Congresso Brasileiro Interdisciplinar de Assistência Domiciliar; **b)** Support to Curso de Clínica Psiquiátrica 2015 (Psychiatric Clinic Course 2015); **c)** Ciclo de Seminários NUMETROP/USP 15 anos (Cycle of Seminars NUMETROP/USP 15 years): assessment of experience and perspectives in support of medical training and provision in Brazilian Amazon communities); **d)** X Curso Avançado de Patogênese do HIV (X Advanced HIV Pathogenesis Course); **e)** VIII Congresso Nacional de Enfermeiros do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo CONAENF (VIII National Congress of Nurses of Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo CONAENF); **f)** I Seminário de Neurologia e Psiquiatria da Infância e Adolescência (I Seminar of Childhood and Adolescence Neurology and Psychiatry); **g)** XIV Reunião Nacional de Pesquisa em Malária (XIV National Malaria Research Meeting ); **h)** Seminário Internacional Política, Planejamento e Gestão das Regiões e Redes de Atenção à Saúde no Brasil (International Seminar on Politics, planning, and Management of Health Care Regions and Networks in Brazil); **i)** Simpósio Interdisciplinar do Departamento de Clínica Médica da Faculdade de Medicina da Universidade de São Paulo - SIMCLIM (Interdisciplinary Simposium of the Medical Clinic Department of the USP Medical School); **j)** I Curso de Fisioterapia Aplicada às Disfunções do Assolho Pélvico (I Course of Physiotherapy Applied to Pelvic Floor Disorders). In 2015, FFM also supported the State Secretary of Environment in the global event held in Paris regarding Climate Changes - 21st Conference - UN.



In 2015, FFM continued the renovation, recovery, and maintenance works of buildings, gardens, parking lots, and soil infrastructure of **Polo Cultural Pacaembu – PCP**. Besides that, it developed the following activities: **a)** elaboration of a "Preliminary Regulation", to train the use of the parking by FMUSP; **b)** participation in public hearings regarding the Revision of the Strategic Directive Plan of the City of São Paulo; and **c)** attend meetings with the councilman commissions and leaders of the Chamber of the City of São Paulo, to deal with the correction of undue classification of the PCP area as residential, by

classifying the area as ZOE - Special Occupation Zone (NR3), without detriment to the preservation of the area, as required by DEPAVE, CONPESP, CONDEPHAAT, SEHAB, SEMPL e SVMA. It also expanded alternative suggestions to use the Center, so that the social use of the property could be operational, as required by the property government trust process.

Besides that, FFM provided **financial support** to the FM/HCFMUSP System in the following technical-scientific and/or institutional activities, whose objectives were according to its Social Statute:

Approval	EVENT
05/02/15	12º Curso Introdutório à Liga de ICC e Transplante Cardíaco na Criança FMUSP (12th ICC and Children Cardiac Transplant League Introduction Course)
05/02/15	XXIV Curso Introdutório à Liga de Cirurgia Plástica (Plastic Surgery League Introduction Course)
05/02/15	Curso Introdutório à Liga de Prevenção à Cegueira (Blindness Prevention League Introduction Course)
05/02/15	XIV CIAD - Congresso Interdisciplinar de Assistência Domiciliar (Household Assistance Interdisciplinary Congress)
20/02/15	Associação Beneficente e Cultural da Comunidade do HCFMUSP (HCFMUSP Community Charitable and Cultural Association)
24/02/15	2º Curso Introdutório à Liga de Emergências Cardiovasculares (2nd Cardiovascular Emergency League Introduction Course)
04/03/15	X Curso Introdutório à Liga de Emergências Clínicas (X Clinical Emergency League Introduction Course)
04/03/15	Curso Introdutório à Liga de Puericultura (Childcare League Introduction Course)
04/03/15	10º Curso de Introdução à Liga de Pediatria Neonatal (10th neonatal Pediatrics League Introduction Course)
04/03/15	Curso Introdutório à Liga de Geriatria e Gerontologia (geriatrics, and Gerontology League Introduction Course)
13/03/15	Associação dos Antigos Alunos (Former Student Association)
19/03/15	Projeto Mad Alegria
19/03/15	Curso Introdutório à Liga de Tratamento à Dependência Química (Drug Addiction Treatment League Introduction Course)
19/03/15	Curso Introdutório à Liga de Neurocirurgia (neurosurgery League Introduction Course)
19/03/15	IV Curso Introdutório à Liga de Cirurgia Endoscópica (IV Endoscopic Surgery League Introduction Course)
19/03/15	XCV Curso Introdutório à Liga de Combate a Sífilis e Outras DSTs (XCV Syphilis and Other STD Combat League Introduction Course)
01/04/15	X Curso Introdutório à Liga de Postura e Movimento (X Posture and Movement League Introduction Course)
22/04/15	VIII Curso Introdutório à Liga de Atenção Multidisciplinar no Perioperatório (VIII Multidisciplinary Perioperative Care League Introduction Course)
22/04/15	Curso Introdutório à Liga de Sexologia Médica (Medical Sexology League Introduction Course)
22/04/15	Curso Introdutório às Ligas de Esôfago, Estômago e Intestino Delgado; da Cirurgia da Obesidade e Metabólica; e Videocirurgia em Aparelho Digestivo (Esophagus, Stomach and Small Intestine, Obesity and Metabolic Surgery, and Digestive System Video-surgery Leagues Introduction Course)
22/04/15	Curso Introdutório à Liga de Medicina do Sono (Sleep Medicine League Introduction Course)
22/04/15	IV Curso Introdutório à Liga de Cirurgia Vasculare e Endovascular (IV Vascular and Endovascular Surgery League Introduction Course)
22/04/15	XIII Curso Introdutório à Liga Acadêmica de Hipertensão Arterial Sistêmica (Systemic Arterial Hypertension Academic League Introduction Course)
22/04/15	Trajetória da Infectologia Book
22/04/15	IX Curso de Infecção em Transplantes do Departamento de Moléstias Infecciosas e Parasitárias (IX Infectious and Parasitic Disease Department Transplant Infection Course)
22/04/15	Jornada Comemorativa do Centenário do Prof. Lacaz (Prof. Lacaz Centennial Commemorative Event)
11/05/15	Hospital Fair 2015
22/05/15	Curso Introdutório à Liga de Terapia Intensiva (Intensive Care League Introduction Course)
22/05/15	Curso Introdutório à Liga de Insuficiência Cardíaca (Heart Failure League Introduction Course)
22/05/15	III Jornada do Serviço Social em Cuidados Paliativos (III Palliative Care Social Service Journey)
22/06/15	XVII Curso Introdutório à Liga de Cirurgia Cardiorácica (Cardio-Thoracic Surgery League Introduction



	Course)
22/06/15	I Simpósio Acadêmico Nipo-Brasileiro Keio-USP (I Keio-USP Japan/Brazil Academic Symposium)
22/06/15	V Curso Introdutório à Liga de Estimulação Cardíaca Artificial (V Artificial Heart Stimulation League Introduction Course)
25/06/15	Curso Introdutório à Liga de Transplante e Cirurgia do Fígado (Liver Transplant and Surgery League Introduction Course)
22/06/15	II Curso Introdutório à Liga de Patologia (II Pathology League Introduction Course)
22/06/15	Evento Comemorativo ao Centenário do Prof. Lacaz (Prof. Lacaz Centennial Commemorative Event)
17/06/15	XXXIV Congresso Médico Universitário da FMUSP - COMU (XXXIV FMUSP University Medical Congress)
22/06/15	Seminário Internacional Política, Planejamento e Gestão das Regiões de Atenção à Saúde no Brasil (International Seminar: Health Care Region Policy, Planning, and Management in Brazil)
22/06/15	Projeto Bandeira Científica
21/07/15	IV Curso Introdutório à Liga de Cirurgia Pediátrica (IV Pediatrics League Introduction Course)
21/07/15	1º Curso Introdutório à Liga de Oncologia Pediátrica (1st Pediatrics Oncology League Introduction Course)
21/07/15	Curso Introdutório à Liga de Oncologia Clínica (Clinical Oncology League Introduction Course)
04/08/15	XII Curso Introdutório à Liga de Doença Renal Crônica (XII Chronic Renal Disease League Introduction Course)
20/08/15	Meeting of Generations
20/08/15	Interligas de Psiquiatria (Psychiatry Interleague)
20/08/15	Liga de Fisioterapia Esportiva (Sports Physiotherapy League)
20/08/15	SIICUSP - Simpósio Internacional de Iniciação Científica da USP (USP Scientific Initiation International Symposium)
20/08/15	Multidisciplinary Palliative Care League
20/08/15	XXXV Curso Introdutório à Liga de Controle do Diabetes Mellitus (XXXV Diabetes Mellitus Control League Introduction Course)
08/09/15	XVIII Curso Introdutório à Liga de Ansiedade, Fobias e Pânico (XVIII Anxiety, Phobia, and Panic League Introduction Course)
24/09/15	Liga de Ortopedia e Traumatologia (Orthopedics and Traumatology League)
24/09/15	Curso Introdutório à Liga de Depressão e Outros Transtornos do Humor (Depression and Other Humor Disorder League Introduction Course)
24/09/15	Curso Introdutório à Liga de Fisioterapia Cardiorrespiratória e em Terapia Intensiva (Cardiopulmonary Physiotherapy and Intensive Care League Introduction Course)
24/09/15	III Congresso do Patrimônio Público e Social - FUNASP (III Public and Social Patrimony Congress)
24/09/15	Curso de Clínica Psiquiátrica 2016 (Psychiatric Clinic Course 2016)
24/09/15	III Simpósio dos Pós-Graduandos de Medicina Preventiva (SIMPREV) (III Preventive Medicine Post-Graduate Symposium)
05/10/15	Formatura dos Residentes de clínica Médica (Graduation of the Medical Clinic Residents)
05/10/15	XXVII Curso Introdutório à Liga de Assistência Primária à Mulher (XXVII Primary Women Care League Introduction Course)
05/10/15	XXIV Curso Introdutório à Liga de controle da Epilepsia (XXIV Epilepsy Control League Introduction Course)
05/10/15	Curso Anual de Eletrocardiograma (Annual Electrocardiogram Course)
07/10/15	Curso Introdutório à Liga de Neurologia Clínica (Clinical Neurology League Introduction Course)
14/10/15	II Encontro Nacional dos Estudantes de Medicina do American College of Physicians (II National Meeting of American College of Physicians Students)
16/10/15	Curso Introdutório à Liga de Acadêmica Urológica (Urological Academic League Introduction Course)

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# Organizational Structure

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FFM's organizational structure is divided in strategic areas of specialization, in order to meet the needs of its partners and the population in general.

Established in order to adapt and organize the responsibilities and competences in the development of assistance, teaching, and research, FFM's organizational structure is divided in strategic areas of specialization, in order to meet the needs of its partners and the population in general.

The **HUMAN RESOURCE** department managed, in 2015, **15,021** employees, between direct FFM administration personnel, FFM personnel on FM/HCFMUSP System duty, auxiliaries, and personnel allocated in specific population assistance projects. Form the total, **385** employees are allocated in direct administration, focusing on supporting the hundreds of social programs, as well as health care activities, integral health care development activities and SUS patient assistance developed by the remaining professionals. The later are hired as complementary or full-time, in order to stimulate the production of papers in the education, health care, and research fields, by means of material support and appropriate remuneration. Following a strategy to appreciate its direct employees, the entity continued the personnel Qualification and Training Program (**5.869** hours/class) that, focusing on developing the competences of the team, improved the final results of the institution. In parallel, it developed recruiting and selection activities for the entire FM/HCFMUSP System, as well as for new and existing projects (**1.606** openings), management and payment of social benefits (**R\$ 75** millions) and salaries, involving payroll expenses of approximately **R\$ 636** millions, besides coordinating the hiring, dismissal, license, vacation, position and salaries, market basket, meal voucher, and transportation voucher processes, among others. In 2015, for example, approximately **231,000** market baskets were offered to employees of the entire FM/HCFMUSP System, of the several projects, besides retired elders.

The department of **INVOICING AND CONTROL**, is responsible for invoicing the medical assistance services for SUS and Supplementary

Health patients, charging, control, and cash distribution transactions regarding the services provided in the HCFMUSP Complex units, .where it also develops actions to improve the invoicing, registration, and control techniques. Besides these operations, other activities stand out:

**1. In the Sistema Único de Saúde – SUS segment:**

**a)** Change the flow of rejected AIHs, involving the CGs/Institutes in the process;

**b)** Adaptation of rejected AIH control with SCOL< including the reasons for rejection to allow better control by the CGs and due follow-up of resubmissions with the Invoicing Department;

**c)** Continue improving and maintaining the Clinics/Institute/CG registrations;

**d)** Active participation in the SUS Invoicing Committees, collaborating with actions developed by the HCFMUSP Superintendence, combining efforts to improve the SUS segment management processes;

**e)** Qualification/Renovation of the Transplant Accreditations (Establishment and Team) granted in 2015: **(i)** Teams: Kidney Transplant, Liver transplant - Adult; **(ii)** Establishment: Bone Marrow Transplant;

**f)** Qualification/Renovation of the Musculoskeletal Tissue Bank Accreditation;

**g)** Qualification of the Human Ocular Tissue Bank;

**h)** Qualification of the EMAD and EMAP teams of the HCFMUSP Home Care Service;

**i)** Continuity of the Elective/Community Surgery Project, (Ministry Decree 1.557/2013), and Deliberation CIB 49/2013, in which the elective surgery procedures, besides being specifically financed with FAEC funds, have adopted an increase of 100%, which incurs on the values of SP (Professional Services) and SH (Hospital Services) of the list of Elective Surgery procedures - of Components II and III. It is important to emphasize that by means of Decree No. 1.034 from July 22nd, 2015, the division by components was extinct, and elective surgical procedures are now identified by a "Single Component".

**j)** By means of a partnership with the Health information Center - NIS of the HCFMUSP

Superintendence and Institutes of the Complex, new qualification/accreditation flows were designed and the responsibilities of each areas involved (NIS/FFM/Institute) were defined, with implementation foreseen for 2016;

**k)** Improvement of the quality of information in financial statements regarding payments/distributions of paid, rejected, and resubmitted AIHs as informed by DRS-1/SES.

**2. In the Supplementary Health segment:**

**a)** With the purpose of reducing the number of complaints, it acted preventively together with the HCFMUSP institutes to identify the faults that generated administrative complaints related to medical account invoicing;

**b)** By means of a partnership with the HCFMUSP Institutes, is defined directives to optimize the Invoicing, Non-Payment Appeals, and Non-Payment Due;

**c)** Recovery of non-payments from previous years, by means of financial negotiations with the operators of the AmilPar, Unimed Fortaleza, Notre Dame, and Porto Seguro groups;

**d)** It continued to strengthen the relationship with health plan operators, resulting in the reduction of the Invoice and Non-Payment Appeal reception deadline;

**e)** The Invoicing System was improved, reducing the time and increasing the productivity of the Medical Account Invoicing Process.

**f) 2014:** Provided technical support to the Financial Economical Center (NEF/HCFMUSP) with financial index updates;

**g)** Provided technical and financial support to the HCFMUSP Management Centers and Clinical Body;

**h)** Active participation in the Supplementary Health Invoicing Committees, collaborating with actions developed by the HCFMUSP Superintendence, combining efforts to improve the Supplementary Health segment management processes;

The **MEDICAL AUDIT** area of the FFM **Invoicing and Control** Department is dedicated to analyzing the medical records (medical reports, clinical cards, ambulatory service cards, and other patient documents) to evaluate if the procedure performed and the amount invoiced on the patient's account are according to the valid SUS standards. It also authorizes (issuance of IAHS and high-cost procedures) and promoted the CG guidance process, in order to improve invoicing quality. Besides these, the following activities were developed in 2015:

**1. In the Sistema Único de Saúde – SUS segment:**

**a)** Intensified the actuation with the CGs/Institutes, attending frequent meetings in order to organize the most appropriate form of recording and invoicing the procedures performed;

**b)** Acted together with the Surgical Center Team, aiding in the implementation of the MV System, reviewing the record tables and processes, and using the OPME.

**2. In the Supplementary Health segment:**

Assisted the identification of Supplementary Health procedures and codification according to the SUS/SIGTAP (Depara) table to fill in the CIHA - Hospital and Ambulatory Information Communication.

The **SUPPLEMENTARY HEALTH** Department is responsible for integrating the relationship between the HCFMUSP Complex, the health Plan Operators, and other borrower of services, and takes internal and external actions to ensure the goals are achieved.

In 2015, it reinforced its actions of:

**1)** Integration with the Institutes, HCFMUSP Superintendence and the market;

**2)** Active participation in the strategic planning of HCFMUSP and the several committees that compose the HCFMUSP management model;

**3)** Maintenance of FFM as Member of Associação dos Hospitais do Estado de São Paulo (Association of Hospitals of São Paulo) and Sindicato dos Hospitais do Estado de São Paulo (SINDHOSP - Unions of the Hospitals of the State of São Paulo);

**4)** expansion of the services contracted and improvement of the values and conditions of hospital expense and medical fee reimbursements are permanent actions of the Department, as well as the improvement of contractual rules and evolution of the prices paid for the services.

**5)** Constant development of the Supplementary Health Data Operational System - Multimed, which consists of the Operational System with the concept of integration and uniformity for all Institutes of the FM/HCFMUSP System;

**6)** Private Service Management: development and support to Multimed System inputs, so that all mandatory information and private service charging records are executed within the System, besides collaborating with the HCFMUSP Institutes in this formatting, structuring, disclosure, and service pricing process;

**7)** Execution of Contract negotiations with several operators to meet the directives of Law 13.003/14.

8) Implementation of the new Supplementary Health Electronic Information Exchange Standard - TISS Standard, established by ANS, to ensure the quality of information in the Supplementary health System;

9) Intensification of the Financial recovery of Invoices "Ex-Contract Account Actuation);

10) Commercial negotiations to recover non-payments.

In 2015, the challenge of the FFM **FINANCIAL** Department was to strengthen the internal structure of the receivables and payables departments according to the constant challenges imposed by the business.

Several Electronic Payment Request (SP-e) improvements were developed and implemented to that, from beginning to end, the entire payment flow goes from support documentation up to cash settlement.

The Electronic Reception Request (SE-e) received the last adjustments and began the approval period, so that implementation takes place during the first semester of 2016.

Similarly to SP-e, SR-e is the tool that allows identifying and following-up reception, from support documentation and up to cash settlement.

The implementation of SR-e in the FM/HCFMUSP System shall be the greatest challenge for 2016.

In order to promote facilitations, agility, transparency, safety, and traceability for the CG/Supplier/Customer/Promotion Agency, constant investment was made to modernize the tools and products considering the wishes and needs of the partners, and also to qualify them for better usability, which makes the employees acquire continuous knowledge.

To execute its activities, the **INFORMATICS** Department is guided by the Investment Plan and the Work Plan.

The Investment Plan is elaborated based on infrastructure improvement and maintenance needs and is approved by the FFM Board of Directors.

The initial Investment Plan was estimated as R\$ 1.223 million, to be used in the renovation, expansion, and update of the equipment, software, and database network park, and the total amount used in 2015 was R\$ 468,000. Some projects shall be completed in 2016, with an estimate of approximately R\$ 212,000.

The Work Plan consists of projects established with the FFM administrative areas, plus projects to serve the HCFMUSP Complex. The initial plan included 136 projects in 2015.

To meet the specific system update and improvement requirements, another 214 projects not foreseen in the initial work plan were received. A total of 135 projects were included.

Urgent demands or demands that decrease operational works are treated by means of "Agiles". In 2015, 290 were conducted, with special emphasis to the Invoicing and Control Department due to demands originated at HCFMUSP.

The **MATERIALS/National Purchasing** Department manages and executes the equipment, works and renovation, service in general, and several material acquisition/hiring activities, always focusing on obtaining the best negotiations for the FM/HCFMUSP System, Specific Projects Units under FFM Management in the agreement mode: ICESP, in the Social Organization mode: State: IRLM; Municipal: Western Region – AMAS, UBSs, and PS Butantã. In 2015, the volume of acquisitions/contracts that transited through the Materials/National Purchasing Department amounted to R\$ 301.3 millions, corresponding to 4,376 processes. The savings generated in 2015 amounted to R\$ 24,5 million, representing 7.5%, considering as a base the lowest original value presented by the suppliers or the reference value in respect to the price effectively negotiated/contracted by FFM.

The **MATERIALS/National Purchasing** Department manages and executes the importation activities of equipment, inputs in general, magazine subscriptions, course and congress registrations, and other services, for the entire FM/HCFMUSP System, Specific Projects, and Units managed in the agreement and OSS modes, with a total amount in 2015 of USD 6.7 million, equivalent to 265 processes. The savings generated in 2015 amounted to USD 127,600, representing 4.4%, considering as a base the lowest original value presented by the suppliers or the reference value in respect to the price effectively negotiated/contracted by FFM.

The **CONTROLLERSHIP** Department is responsible for accounting, tax records, reporting, and patrimony control of the Institution, among other functions.

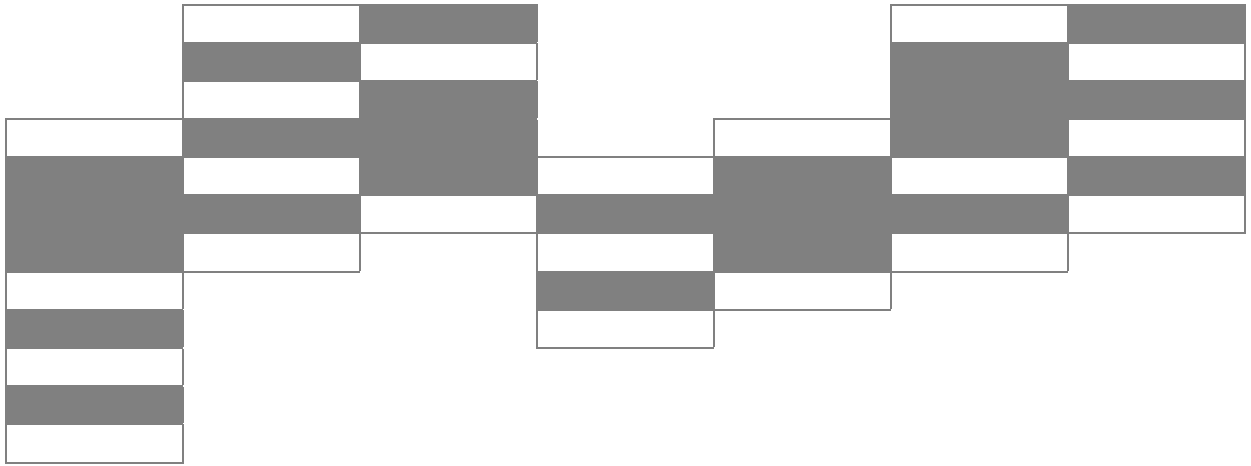
In 2015 the **PROJECT AND RESEARCH** Administration continued the feasibility, studies, implementation, and follow-up of contracts/agreements, signed with national and international public and private bodies, regarding the activities proposed by its partners, specifically the FM/HCFMUSP System. Besides that, a non-

operational accounts of the Institution were analyzed. In December, 2015, FFM had **530** active welfare, health care, academic, scientific, research, scientific=technological knowledge production, health policy, institutional, and clinical study projects that benefited the population, directly or indirectly. Of these projects, **136** stand out, financed with national and international private and public funds, and **394 clinical studies**, sponsored by the pharmaceutical industry. In 2015, **Clube do Livro** (Book Club, project that supports and promotes reading by providing books of several subjects and genres in a library), was implemented in the FFM main building, and may be expanded in 2016 to the Human Resource and Invoicing Departments, located at the HCFMUSP facilities. In 2015, the **Project and Control System**, main tool to be used to control the projects and view summary data of relevance, was in the final test stage and shall be implemented definitively in 2016.

In 2015, the Project and Research Administration **COMMUNICATION** Department maintained the permanent update of the FFM Intranet, an inter-department communication channel, which allows users to quickly search information, documents, reports, manuals, forms, access integrated systems, and several other resources, of all FFM administrations. It also managed the entire content of the FFM website ([www.ffm.br](http://www.ffm.br)), providing the users of the

FM/HCFMUSP System and the public in general with useful information regarding the institution, and was also responsible for the FMUSP Renovation and Modernization website ([www.ffm.br/restauro](http://www.ffm.br/restauro)). It elaborated and edited the 2014 FFM Activity Report, the 2016 Work Plan, and the FFM Relationship Manual. It coordinated the elaboration and distribution of the bimonthly editions of the FFM Journal and all institutional materials (2016 calendar, business cards, etc.).

The **LEGAL ADVISORY** Department serves the civil, administrative, tributary, and labor areas, avoiding expenses with third-party lawyer's office consultancy. The activities are not focused on representation in lawsuits, but mainly in controlling the correctness of national and international contracts and agreements, signed by the Institution, besides all documentation and tributary good standing before public bodies of several spheres. Besides caring for the public utility and philanthropy certification process, in 2015, it was dedicated to the development, promotion, and expansion of its activities, from the elaboration and administration of hundreds of contracts and agreements up to the coordination of labor, civil, fiscal, judicial, and extra-judicial lawsuits. It also followed-up legal proceedings before the Judiciary Power, Public Prosecutor, Municipal, State, and Federal Bodies, Audit Offices, Social Councils, and others, and issued legal opinions.



# Summary of the 2015 Financial Statement



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# SUMMARY OF THE 2015 FINANCIAL STATEMENT

RESOURCE ORIGIN	2015	%	2014	%
<b>Total Revenues</b>	<b>1.183,4</b>	<b>100%</b>	<b>1.222,9</b>	<b>100%</b>
Government Resources	919,9	77,8%	967,4	79,1%
Medical Assistance - SUS	276,6	23,4%	291,9	23,9%
Subsidies	643,3	54,4%	675,5	55,2%
Medical Assistance - Plans and Private	87,7	7,4%	90,9	7,4%
Donations	26,0	2,2%	22,0	1,8%
Private Cooperation - National and International	6,6	0,6%	4,8	0,4%
Service Provision and/or Product Sales	65,3	5,5%	66,7	5,5%
Other Revenues	77,9	6,5%	71,1	5,8%

RESOURCE APPLICATION	2015	%	2014	%
<b>Total Expenses</b>	<b>1.174,9</b>	<b>100%</b>	<b>1.187,5</b>	<b>100%</b>
Staff	704,9	56,1%	666,5	56,1%
Operational Expenses	427,5	39,3%	466,1	39,3%
Asset Acquisition	42,5	4,6%	54,9	4,6%

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# ABOUT THE REPORT

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## Abbreviations in this Report

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**AAAFMUSP** – Associação dos Antigos Alunos da Faculdade de Medicina da USP (Former Student Association)

**ABADHS** – Associação Beneficente Alzira Denise Hertzog da Silva (Charitable Association)

**AIHs** – Hospitalization Authorizations

**ANVISA** – Agência Nacional de Vigilância Sanitária (National Sanitary Vigilance Agency)

**AMA** – Assistência Médica Ambulatorial da Secretaria Municipal da Saúde de São Paulo (Ambulatory Medical Assistance of the São Paulo Municipal Health Office)

**APAC** – Ambulatory Procedure Authorization

**CAOC** – Centro Acadêmico Oswaldo Cruz da Faculdade de Medicina da Universidade de São Paulo (Academic Center)

**CARF** – Commission on Accreditation of Rehabilitation Facilities

**CEREDIC-HCFMUSP** – Centro de Referência em Distúrbios Cognitivos do Hospital das Clínicas da FMUSP (Cognitive Disorder Reference Center)

**CERT** – Clube-Escola Raul Tabajara (School-Club)

**CG** – Management Center

**CGVAM** – Coordenação Geral de Vigilância em Saúde Ambiental (Environmental Health Vigilance General Coordination)

**CNPq** – Conselho Nacional de Desenvolvimento Científico e Tecnológico (National Scientific and Technological Development Council)

**CONEP** – Comissão Nacional de Ética em Pesquisa (National Research Ethics Commission)

**CPC** – Clinical Research Center

**CREMESP** – Conselho Regional de Medicina do Estado de São Paulo (Regional Medicine Council of the State of São Paulo)

**CSE Butantã** – Centro de Saúde Escola Samuel B. Pessoa (Health Center)

**Direx-LIMs** – Diretoria Executiva dos Laboratórios de Investigação Médica do HCFMUSP (FMUSP Medical Investigation Laboratory Executive Board)

**DRS** – Departamento Regional de Saúde (Regional Health Department)

**STD** – Sexually Transmitted Diseases

**EE-USP** – Escola de Enfermagem da USP (USP Nursing School)

**EOP-HCFMUSP** – Escola de Educação Permanente do HCFMUSP (HCFMUSP Permanent Education School)

**FAPESP** – Fundação de Amparo à Pesquisa no Estado de São Paulo (São Paulo Research Support Foundation)

**FFM** – Fundação Faculdade de Medicina (Medical School Foundation)

**FMCSV** – Fundação Maria Cecília Souto Vidigal

**FMUSP** – Faculdade de Medicina da Universidade de São Paulo (University of São Paulo Medical School)

**FOFITO** – Speech Treatment, Physiotherapy, and Occupational Therapy

**FOUSP** – Faculdade de Odontologia da Universidade de São Paulo (University of São Paulo Dentistry School)

**FUMCAD** – Fundo Municipal dos Direitos da Criança e do Adolescente (Municipal Fund for Youth Rights)

**Fundação CASA** – Fundação Centro de Atendimento Socioeducativo ao Adolescente (Youth Socio-Educational Assistance Center Foundation)

**FURP** – Fundação para o Remédio Popular (Public Medicine Foundation)

**GREa** – Grupo Interdisciplinar de Estudos de Álcool e Drogas do IPq do HCFMUSP (HCFMUSP IPq Alcohol and Drugs Interdisciplinary Study Group)

**HAC** – Hospital Auxiliar de Cotoxó do HCFMUSP (Auxiliary Hospital)

**HAC** – Hospital Auxiliar de Suzano do HCFMUSP (Auxiliary Hospital)

**HCFMUSP** – Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (Clinical Hospital of the Medical School of the University of São Paulo)

**Hemominas** – Fundação Centro de Hematologia e Hemoterapia de Minas Gerais (Minas Gerais Haematology and Hemotherapy Center Foundation)

**Hemope** – Fundação Hemope (Pernambuco)

**Hemorio** – Instituto Estadual de Hematologia Arthur de Siqueira Cavalcanti (Rio de Janeiro) (State Haematology Institute)

**HU-USP** – Hospital Universitário da Universidade de São Paulo (University of São Paulo Hospital)

**IBC-USP** – Instituto de Ciências Biomédicas da Universidade de São Paulo (University of São Paulo Biomedical Science Institute)

**ICESP** – Instituto do Câncer do Estado de São Paulo “Octavio Frias de Oliveira” (São Paulo Cancer Institute)

**ICHC** – Instituto Central do HCFMUSP (HCFMUSP Central Institute)

**ICr** – Instituto da Criança do HCFMUSP (HCFMUSP Children Institute)

**IMRea** – Instituto de Medicina Física e Reabilitação do HCFMUSP (HCFMUSP Physical Medicine and Rehabilitation Institute)

**ICor** – Instituto do Coração do HCFMUSP (HCFMUSP Heart Institute)

**IOT** – Instituto de Ortopedia e Traumatologia do HCFMUSP (HCFMUSP Orthopedics and Traumatology Institute)

**IPq** – Instituto de Psiquiatria do HCFMUSP (HCFMUSP Psychiatry Institute)

**IRLM** – Instituto de Reabilitação Lucy Montoro (Rehabilitation Institute)

**ITACI** – Instituto de Tratamento do Câncer Infantil do Instituto da Criança do HCFMUSP (Child Cancer Treatment Institute of the HCFMUSP Children Institute)

**JCI** – Joint Comission International

**LIM** – Laboratório de Investigação Médica do HCFMUSP (HCFMUSP Medical Investigation Laboratory)

**LIM 03** – Laboratório de Medicina Laboratorial (Clinical Pathology Laboratory)

**LIM 05** – Laboratório de Poluição Atmosférica e Experimental do HCFMUSP (HCFMUSP Experimental and Atmospheric Pollution Laboratory)

**LIM 09** – Laboratório de Pneumologia Laboratorial (Clinical Pulmonology Laboratory)

**LIM 14** – Laboratório de Investigação em Patologia Hepática do HCFMUSP (HCFMUSP Hepatic Pathology Investigation Laboratory)

**LIM 31** – Laboratório de Genética e Hematologia Celular do HCFMUSP (HCFMUSP Genetics and Cellular Haematology Laboratory)

**LIM 38** – Laboratório de Epidemiologia e Imunobiologia do HCFMUSP (HCFMUSP Epidemiology and Immunobiology Laboratory)

**LIM 56** – Laboratório de Investigação em Dermatologia e Imunodeficiências do HCFMUSP (HCFMUSP Dermatology and Immunodeficiency Investigation Laboratory)

**LIM 60** – Laboratório de Imunologia Clínica e Alergia do HCFMUSP (HCFMUSP Clinical Immunology and Allergy Laboratory)

**LPAE** - Laboratório de Poluição Atmosférica Experimental (Experimental atmospheric Pollution Laboratory)

**Medex** – Exceptional Medications

**MPSP** – Ministério Público de São Paulo (Public Prosecution Office of São Paulo)

**MPT** – Ministério Público do Trabalho (Public Ministry of Labor)

**MS** – Ministério da Saúde (Ministry of Health)

**NAPesq** – Núcleo de Apoio à Pesquisa do HCFMUSP (HCFMUSP Research Support Center)

**NIH** – National Institutes of Health

**NUFOR-IPq** – Programa de Psiquiatria Forense e Psicologia Jurídica do Instituto de Psiquiatria do HCFMUSP (Forensic Psychiatry and Legal Psychology Program of the HCFMUSP Psychiatry Institute)

**NUPENS-USP** – Núcleo de Pesquisas Epidemiológicas em Nutrição e Saúde da Universidade de São Paulo (Epidemiological Nutrition and health Research Center of the University of São Paulo)

**WHO** – World Health Organization

**ONA** – Organização Nacional de Acreditação (National Accreditation Organization)

**PAHO** – Pan American Health Organisation

**OPM** – Orthosis, Prosthesis, and Locomotion Means

**PAMB** – Prédio dos Ambulatórios do HCFMUSP (HCFMUSP Ambulatory Buildings)

**PN-DST-SIDA** – Programa Nacional de DST-SIDA do Ministério da Saúde (National STD and SIDA Program of the Ministry of Health)

**PRONAS/PCD** – Programa Nacional de Apoio à Atenção da Saúde da Pessoa com Deficiência (National Disabled Person Health Care Support Program)

**PRONON** – Programa Nacional de Apoio à Atenção Oncológica (National Oncology Care Support Program)

**PSF** – Programa Saúde da Família (Family Health Program)

**RRLM** – Rede de Reabilitação Lucy Montoro (Rehabilitation Network)

**SAS-USP** – Superintendência de Assistência Social da USP (USP Welfare Superintendence)

**SCOL** – Sistema de Consulta On Line (Online Search System, available at the FFM site – [www.ffm.br](http://www.ffm.br))

**SEDPD-SP** – Secretaria Estadual dos Direitos da Pessoa com Deficiência de São Paulo (Disabled Person Rights Secretary of the State of São Paulo)

**Senad** – Secretaria Nacional de Políticas sobre Drogas do Ministério da Justiça (National Drug Policy Secretary of the Ministry of Justice)

**SEE-SP** – Secretaria de Estado da Educação de São Paulo (São Paulo State Secretary of Education)

**SES-SP** – Secretaria de Estado da Saúde de São Paulo (São Paulo State Secretary of Health)

**SME-SP** – Secretaria Municipal da Educação – Prefeitura de São Paulo (Municipal Secretary of Education - São Paulo City Hall)

**SMS-SP** – Secretaria Municipal de Saúde – Prefeitura de São Paulo (Municipal Secretary of Health - São Paulo City Hall)

**SMADS-SP** – Secretaria Municipal de Assistência e Desenvolvimento Social – Prefeitura de São Paulo (Municipal Secretary of Welfare and Development - São Paulo City Hall)

**SUS** – Sistema Único de Saúde (Unified Health System)

**SVOC** – Serviço de Verificação de Óbitos da Capital - USP (Capital Division of Postmortem Inspection - USP)

**SVS** – Secretaria de Vigilância em Saúde do Ministério da Saúde (Secretary of Health Vigilance of the Ministry of Health)

**UBS** – Unidades Básicas de Saúde da Secretaria Municipal da Saúde de São Paulo (Basic Health Units of the São Paulo Municipal Health Office)

**UEA** – Universidade do Estado do Amazonas (University of Amazonas)

**UNODC** – United Nations Office on Drugs and Crime

**UERJ** – Universidade do Estado do Rio de Janeiro (university of Rio de Janeiro)

**USP** – Universidade de São Paulo (University of São Paulo)

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# FFM Management

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## Board of Curators

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**President:** Prof. Dr. José Otávio Costa Auler Junior

**Members:**

Prof. Dr. Alfredo Luiz Jacomo	Academic Miki Onotera (as of Nov./15)
Dr. Andrea Sandro Calabi (until June/15)	Prof. Dr. Yassuhiko Okay
Dr. Antonio Corrêa Meyer	Prof. Dr. Sandra Josefina Ferraz Ellero Grisi
Prof. Dr. Francisco Vidal Luna (as of June/15)	Mrs. Valéria Pancica Blanes
Academic Helena M.de Vasconcelos (until Sept./15)	Prof. Dr. William Carlos Nahas
Dr. Jurandir Godoy Duarte	

## Advisory Board - 2015

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**President:** Prof. Dr. José Otávio Costa Auler Junior

**Members:**

Senator Aloysio Nunes Ferreira Filho	Dr. Gonzalo Vecina Neto
Councillor Andrea Matarazzo (as of June/15)	Prof. Dr. Irineu Tadeu Velasco
Dr. Andrea Sandro Calabi	Prof. Dr. José Arana Varela
Dr. Antonio Corrêa Meyer	Dr. José Luiz Gomes do Amaral
Dr. Arnaldo Malheiros Filho	Associate Judge José Renato Nalini
Prof. Dr. Carlos Américo Pacheco (until April/15)	Father José Rodolpho Perazzolo
Prof. Dr. Carlos Antonio Luque	Prof. Dr. Marco Antonio Zago (USP Dean)
Dr. Claudio Ferraz de Alvarenga	Prof. Dr. Mario José Abadalla Saad
Prof. Dr. Cláudio Lembo	Dr. Ogari de Castro Pacheco
Dr. Claudio Luiz Lottenberg	Dr. Orlando de Assis Baptista Neto
Prof. Dr. Eleuses Vieira de Paiva	Prof. Dr. Paulo Nathanael Pereira de Souza
Dr. Fernando Braga	Dr. Pedro Carlos Araújo Coutinho
Dr. Francisco Vidal Luna	Dr. Rubens Naves
Councillor Gilberto Natalini	Prof. Dr. Telma Maria Tenório Zorn
Prof. Dr. Giovanni Guido Cerri	Prof. Dr. Vahan Agopyan

## Board 2015

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**General Director:** Prof. Dr. Flavio Fava de Moraes

**General Vice-Director:** Prof. Dr. Yassuhiko Okay

## Superintendence 2015

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**Financial Superintendent:** Amaro Angrisano

## Managers 2015

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Angela Porchat Forbes – Projects and Research	Ludemar Sartori – Materials
Arcênio Rodrigues da Silva – Legal Advisory	Marcus César Mongold – Controllership
Berenice Maria da Costa Santos – Finances	Maurício de O. de A. Alchorne – Supplementary Health (up to Feb./15)
Elisabete Matsumoto / Jacson Venâncio de Barros – Informatics	Silvia Dalla Valle – Human Resources
Fábrica C. Giancoli Goes – Supplementary Health (as of June/15)	Valéria Pancica Blanes – Invoicing and Control

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# Expedient

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## Execution

Fundação Faculdade de Medicina

## General Director

Prof. Dr. Flavio Fava de Moraes

## General Vice-Director

Prof. Dr. Yassuhiko Okay

## Coordination

Project and Research General Management

## Research Elaboration, graphic design, and final texts

Irene Faias

## Photography

FFM File

Internet

FFM Newspaper

FMUSP Hospital das Clínicas Activity Report Years 2011 to 2014

Faculdade de Medicina da USP 2010/2014 Management Report

Archive of the Hospital das Clínicas da FMUSP

Faculdade de Medicina da USP Archive

The information contained in this report was provided by all FFM areas and the Project Coordinators described herein

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March/2016