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A REVISTA DO SETOR HOSPITALAR YEAR 9 | 30th EDITION

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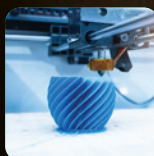
INTERVIEW

Deputy Pedro Westphalen
(PP-RS) highlights the importance
of the private network for the
Brazilian health system

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Special
43rd World
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technology
2020: the year of
consolidation of
3D technology



Synopsis
Awards consolidated
as main recognition for
journalistic works

PRESIDENT'S WORD



No harm lasts forever! After going through the biggest economic and political crisis in the history of Brazil, full of controversies, political and business disagreements, the country, which went through a big storm, now awaits the calm winds.

In order for significant changes to take place, we needed to experience the pain, chaos and experience of closely following the entire scenario of uncertainty we have been through in recent times. The first and foremost concern of all is health, because without it we would not be able to continue our mission on this journey. One of the countries that pays the highest taxes in the world has, in its Brazilian people, a unique force, labor, that represents everything. Without their grasp, there would be no year of positive results amid chaos.

After many bed losses and hospitals closing, we wish and believe in the growth of the economy, the development of health and also in education because to have a quality sector, qualification is the main instrument of advancement and evolution

in this perspective. And we hope to qualify professionals working in the segment in order to have more and more referral hospitals; we continue to believe in building partnerships and offering training throughout the country, generating a humanized and qualified care for our patients.

2020 already demonstrates that it will not be just another year, yet surprising for health, as financial optimism and economic indices show high expectations and growth. We know it won't be easy, but it will be a better year with improved results and performance. This breath for the survival and the future of hospitals heats, mainly, the labor market because health is the sector that pays the most taxes and that most employs in the country.

Thus, we started this year with a great technological and digital trend, as well as the hope of development, qualification, hiring and growth for hospitals. We know that the General Data Protection Regulation (GDPR) will be one of the biggest dialogues of professionals working in the sector; therefore, the Brazilian Hospitals Federation (FBH) is prepared to provide the technical, political, professional and sectoral support that health entrepreneurs need!

Adelvânio Francisco Morato
FBH President

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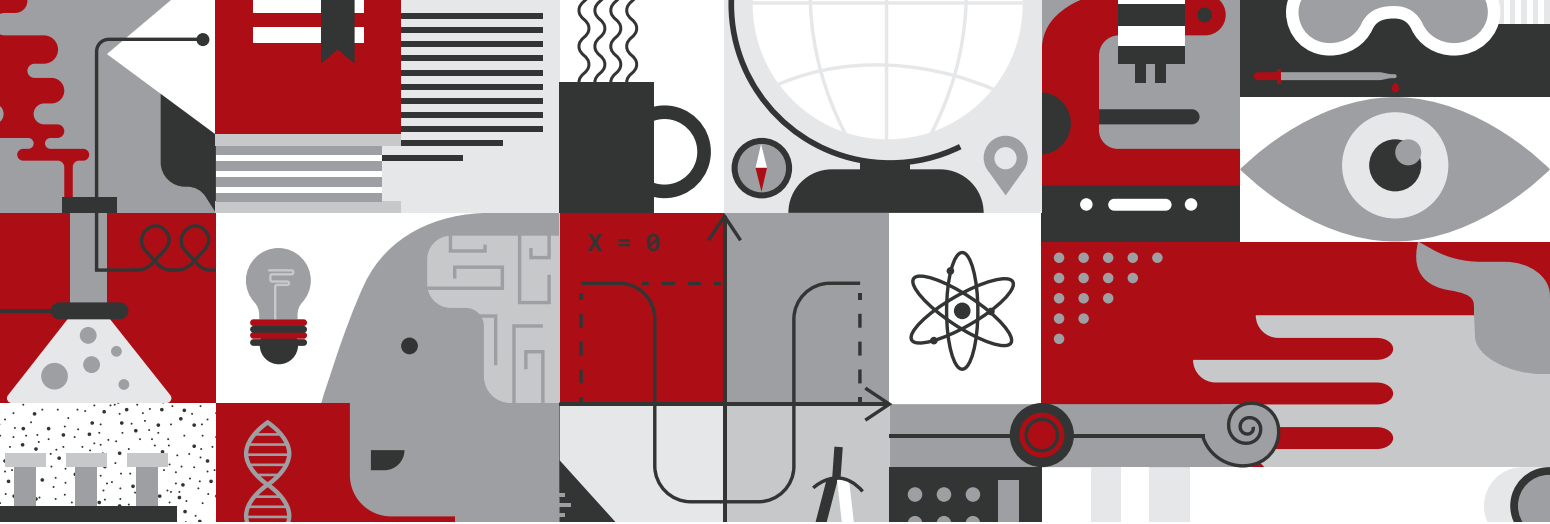
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EDITOR'S WORD

We welcome you to this edition with plenty of information and strategic contents for the Health Sector in order to start the year with proper planning, perspectives and innovation to improve the professionals' performance, hospitals and companies operating in the segment. The Visão Hospitalar Magazine recognizes the role and importance of information for health transformation, and has prepared the best reports and articles to help our readers in this exchange of information, knowledge and experiences.

We want everyone to have access to qualified healthcare, and telemedicine has the potential to expand the reach of specialized care in Brazil; This is what we highlight in the Health Digital editor.

We have prepared a special interview with Federal Deputy Pedro Westphalen, from PP-RS, who has a strong role in defense of the Health Sector, as he coordinates the Working Group in the Deputies Chamber and understands the importance and essentiality of the private hospital network for the country.

In this edition, we highlight the diseases that most affect the Brazilians health, such as osteoporosis, which affects about 10 million people, and only 20% of them know they have the disease. We recognize the importance of information, not only in order to prepare for the care itself, but to enable people to gain access to information and to act towards prevention, care and treatment.

One of 2020's great highlights is being the year of consolidation of 3D technology use, which brings several benefits, such as business expansion, cost reduction and the customization of safe alternatives for the Health Sector.

This edition have special articles that highlight health-challenging illnesses such as cancer and mental illness, which are the biggest challenges of all time, and obesity, which causes more than 168.000 deaths per year.

So, the key to this year's innovation is what technology can do for people, hospitals, clinics and healthcare facilities on this journey towards this path of evolution, care and high performance of the industry, while investing in qualification in order to enhance the results. Much remains to be done to meet all standards that hospitals need to comply, and we will help with this mission by sharing cases, experiences, key events and industry insights.

Let's start this new age in health together!

I WISH YOU A NICE READING!
Viviã de Sousa | Editor

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INTERVIEW

VISÃO HOSPITALAR MAGAZINE

“Private networking is essential; without it, there is no possibility of minimum care in quantity and quality”

FEDERAL DEPUTY PEDRO WESTPHALEN (PP-RS)



The 2019 year was marked by important advances in the Health Sector's political agenda. Several topics, considered a priority, were once again put on the agenda in Committees, Working Groups and public hearings in the House and Senate. This significant change is directly linked to the protagonism of some parliamentarians who, sensitive to the worrying situation in which the country's supplementary health is present - 2,127 hospitals were closed in the last ten years - began to act and dedicate their mandates seeking viable solutions to the sector problems.

In this strategic approach between entities representing the supplementary network and the National Congress, the performance of Federal Deputy Pedro Westphalen (PP-RS) has made a significant difference. A doctor by training, Westphalen has a long political career dedicated to health, which began in the 1990s, with the founding of the Serra Region Hospitals Union (Sindiserra), the Rio Grande do Sul Hospitals Union System, and the National Health Service Confederation (CNShealth). Nowadays, the parliamentarian is a constant figure in agendas in which sector issues are debated. "I focused my whole effort on health this year,

where it took a lot of commitment and engagement with all sectors and government.”

Pedro Westphalen is also one of the authors of Draft Bill 5.413 / 2019, which creates the Program for the Recovery and Strengthening of Hospital Health Facilities (Profes). If approved, the bill, which is pending in the National Congress, will have a positive impact on the survival of thousands of hospitals that are currently in debt with the tax authorities. “If we can approve this project, and I am very positive about it, we will be able to inject \$ 58 billion, a debt that hospitals cannot pay, except in services (90% in services),” said the deputy.

Another remarkable performance of the parliamentarian has been in the discussion about the revision of the table of procedures of the Unified Health System (SUS), which has been lagging for decades. According to him, a lot can be done, not only by review, but by redirection, so that it is better applied. “Many procedures are no longer performed and are not communicated to SUS, even though there is a budget for it.”

In this interview, Westphalen also highlights the importance of the private network for the Brazilian health system and the Brazilian Hospitals Federation (FBH) role in the articulation with the National Congress to defend the sector’s agenda. “Private networking is essential; without it, there is no possibility of minimum care in quantity and quality for Brazilian patients. And I also find the FBH attitude sensational, pervading the Congress looking for parliamentarians linked to the sector.” See full interview below.

VISÃO HOSPITALAR - In the last ten years, Brazil has closed about 2,127 private hospitals. How do you see the problem? Why has the country been suffering from this scenario?

Dep. Pedro Westphalen - Sadly, we are seeing the closure of many hospitals in recent years, consequence of the disorganization of the Brazilian health system. Health needs to base its pillars on accessibility, management, quality and financing. This is a sector that had much higher inflation than standard inflation, and did not have the necessary adjustments to keep up with these expenses. And another problem is municipal, state and federal

commitments. Often, one of these parties do not carry out its obligations and everything is left to hospital managers, who are highly qualified but do not have enough incentive to overcome this problem. With this the number of closed establishments grows, as a result of inadequate policies. In conversation with health entities, since I am vice president of the National Health Confederation, I have been trying to focus more on the problems in the area.

VISÃO HOSPITALAR - You are one of the authors of Draft Bill 5.413 / 2019, which creates the Program for the Recovery and Strengthening of Hospital Health Facilities (Profes). If approved, what will be the major impact of the Bill on the lives of over 4,200 hospitals in the country today?

Dep. Pedro Westphalen - We are very happy because it is a new project, at a time when Brazil needs to attend the demands and eliminate bottlenecks, especially in the elective areas. If we can approve this project, and I am very positive about it, we will be able to inject \$ 58 billion, a debt that hospitals cannot pay, except in services (90% in services). I focused my whole effort on health this year, where it took a lot of commitment and engagement with all sectors and government. Everyone made their teams available and collaborated with the project. This is a great time to present and get this project approved.

VISÃO HOSPITALAR - One of the benefits of the Bill relates to the easing made possible in the amortization of tax debts by health facilities. How did you come up with this proposal?

Dep. Pedro Westphalen - In Congress I tried to do research on projects that had already been approved through the committees, and I found a 2013 project of private universities that would have their debts paid with 90% scholarships and 10% cash in 15 years, with a year of grace. There I saw the possibility that this project could also serve hospitals. I went behind, with the government and the entities, and we created a project along the same lines. I was with Minister Mandetta, and we held meetings with technical teams from the Health Sector; everyone agreed with the project. Last week, the bill was ruled by the Social Security and Family Commission to be voted on, and we thought it would be good to share it with other deputies.

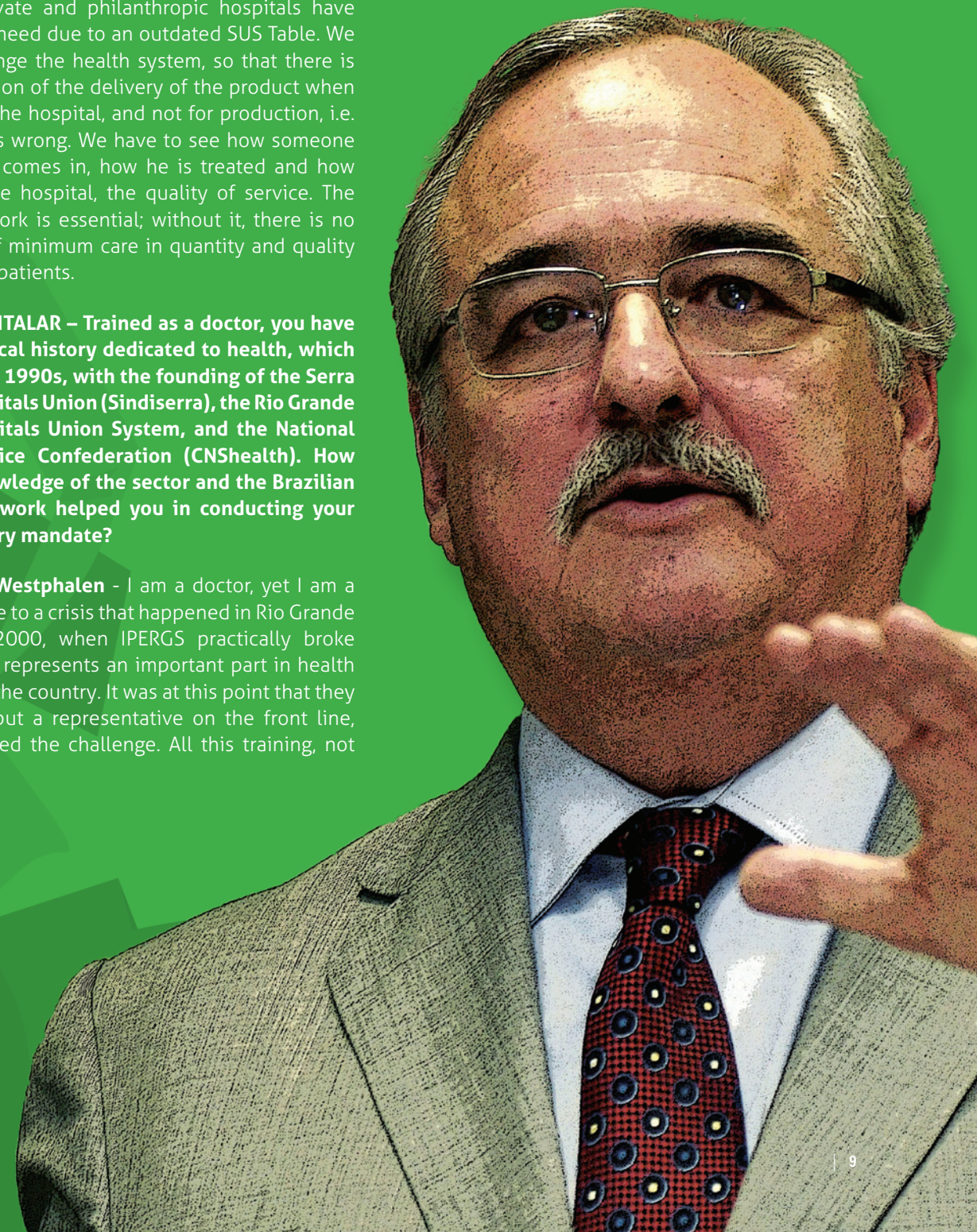
VISÃO HOSPITALAR - Why is it strategic to invest in the recovery of private health facilities? What is their importance to the Brazilian health system?

Dep. Pedro Westphalen - One cannot look separately at the Unified Health System and the private area. They are complementary. We have to make sure there is integration. This integration is necessary because private and philanthropic hospitals have shown their need due to an outdated SUS Table. We need to change the health system, so that there is an appreciation of the delivery of the product when it arrives at the hospital, and not for production, i.e. the system is wrong. We have to see how someone with trauma comes in, how he is treated and how he leaves the hospital, the quality of service. The private network is essential; without it, there is no possibility of minimum care in quantity and quality for Brazilian patients.

VISÃO HOSPITALAR – Trained as a doctor, you have a long political history dedicated to health, which began in the 1990s, with the founding of the Serra Region Hospitals Union (Sindiserra), the Rio Grande do Sul Hospitals Union System, and the National Health Service Confederation (CNShealth). How has this knowledge of the sector and the Brazilian hospital network helped you in conducting your parliamentary mandate?

Dep. Pedro Westphalen - I am a doctor, yet I am a politician due to a crisis that happened in Rio Grande do Sul, in 2000, when IPERGS practically broke down, and it represents an important part in health financing in the country. It was at this point that they decided to put a representative on the front line, and I accepted the challenge. All this training, not

only as a doctor, but in hospital administration, as an employer union leader, vice-president of CNShealth, and others, certainly helps me in seeking to know well the problems to act with conviction in the search for solutions.



VISÃO HOSPITALAR - Your participation, along with some parliamentarians, has been recurring in major congresses and meetings held by the different Health Sector segments. How do you evaluate this approach of Congress with institutional leaders and representative bodies of the sector? What has this approach made possible?

Dep. Pedro Westphalen - Of course, I have to attend as many meetings as I can all over Brazil, because that brings us closer, and it is at these times that important topics are discussed. And I also find the FBH attitude sensational, pervading the Congress looking for parliamentarians linked to the sector. These meetings are fundamental, my office is open to all health entities, and I will always be present.

VISÃO HOSPITALAR - The representative entities of the Health Sector, which are part of the FBH and CNSaúde, have guided, in public hearings and visits to the National Congress, the debate on the necessary review of the adjustments paid by the SUS Table to service providers. How have you been following this debate? What is your position on the subject?

Dep. Pedro Westphalen - Health organizations have been guided by public hearings, meetings and the National Congress to review the SUS Table. Even Congressman Luizinho, from Rio de Janeiro, formed a Working Group, which I participated in, not only reviewing, but redirecting the SUS Table, as many procedures are no longer performed and are not

communicated to SUS, even still having budget for it. Therefore one can do a lot, not just reviewing, but redirecting to be better applied. We made great strides on the topic in Congress.

VISÃO HOSPITALAR - As a WG (Working Group) coordinator in the House of Representatives, you recently presented a report that deals with the state of immunization and vaccination coverage in the country. What were the conclusions of the report? What motivated the creation of this WG?

Dep. Pedro Westphalen - The Working Group we did was very important, as a result of what was happening in Brazil in terms of measles, since two years ago Brazil had achieved the title of measles-free country, and all at once many cases began to happen worldwide, with deaths. We realize that greater technology transfer is important between private companies and institutes. There are also logistical problems in Brazil, even due to the continental dimension and the completely different regional characteristics. We indicate and we will make a bigger legislation, including I am reporting and I made a substitute project that criminalizes the guardians that do not vaccinate minors, knowing that it has to vaccinate, by negligence or inattention. Another big problem is fake news, where there is a generation that hasn't lived through the polio problem and vaccine-preventable diseases. We have one of the most comprehensive vaccine calendars in the world; of course, a little more money needs to be put into this budget, and much more can be done.

By Felipe Nabuco
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AHERJ celebrates Golden Jubilee

Event was marked by reunions and historical records of the entity's trajectory of struggles and achievements

The five-decade trajectory of the Rio de Janeiro State Hospital Association (AHERJ) was celebrated on a special ceremony on Doctor's Day, October 18th, at the Windsor Leme Hotel in Copacabana, Rio de Janeiro. About 200 people were present, including employees, collaborators, directors, magistrates, politicians and representatives of health sector entities, not only from the state of Rio de Janeiro, but also from all over the country. The Brazilian Hospitals Federation (FBH) president, Adelvânio Francisco Morato, was present and highlighted the entity's trajectory of struggles and achievements.

"I want to congratulate AHERJ for its 50 years, an expressive milestone of work, transparency, honesty and loyalty to hospitals in the state of Rio de Janeiro," said Morato.

The event began with an opening cocktail, followed by a ceremony that rescued the main facts of AHERJ's history, through the testimonials presented in the commemorative video and a photographic presentation with the main events that took place. A remarkable and exciting moment was the tribute that the entity paid to employees, current directors and several deceased personalities who have already held board positions and were fundamental to AHERJ's evolution. Soon after, the participants were invited to attend a celebratory dinner in the hotel restaurant.

Being able to celebrate this anniversary on Doctor's Day could not be more meaningful. It was a group of doctors who saw the importance of creating an association to represent and defend hospitals and health services 50 years ago," commented the

HOSPITAL NETWORK

director of Cultural Activities, Graccho Alvim, at the solemn opening of the event.

The AHERJ president, Mansur José Mansur, stressed in his speech that the association further reinforced its importance by welcoming representatives of Nursing, Nutrition, Psychology, Administration, Hospitality and other professionals that are fundamental to the constitution and sustainability of a hospital to celebrate its 50th anniversary.

"I also want to thank all the fellows and founders, the fellows of the other state associations that make up the FBH. Lastly, to Grupo So's president, Aziz Chidid, a longtime friend. Much more than a sponsor, he was

responsible for what was today a day of socializing, reunions and celebrations," said Mansur.

At the end of the speech, Mansur José Mansur mentioned that AHERJ was created in 1969 under the name of Duque de Caxias Assistance Nosocomios (NADUC) and pointed out that guests could follow the association's most memorable moments through a commemorative video, shown below. "It is important to highlight that our Statute was modeled on a project by the illustrious Edgar Guimarães de Almeida, based on a preliminary proposal for the Brazilian Hospitals Federation creation, founded on December 12th, 1966, where he was president for three years", complemented.



Um momento marcante e de muita emoção foi a homenagem que a entidade fez para funcionários, diretores e personalidades que deixaram saudades.



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43rd World Hospital Congress discuss topics such as leadership and management

The most awaited meeting by hospital managers from all over the world discussed, in this year's edition, the leading role of people in charge of care services

In an era marked by robotic advances and technological innovations, discussing the leading role of people in health care, more than a trend, has become a necessity. This was one of the findings of the 43rd World Hospital Congress, an event promoted annually by the International Hospital Federation (IHF) which, in this edition, took to Muscat City, Oman, discussions on how to promote leadership and qualify manager's performance.

As a member of the IHF, the Brazilian Hospitals Federation (FBH) was present at the congress with an entourage, leading to the discussions actions promoted by the Internationalization Department of the entity, as well as important studies promoted in the area of management, such as 'Hospital Manager's Manual'. The Visão Hospitalar Magazine was also presented as an important instrument of convergence for the debates that promote Health in Brazil."

"We are very happy to be able to participate and contribute, in another year, with the achievement of this huge meeting, which points out the challenges, trends and solutions for the health sector around the world," said FBH President Adelvânio Francisco Morato.

In this year's edition, the world's leading hospital congress discussed: "People at the center of health services in peacetime and in times of crisis." About 150 speakers spoke in more than 40 thematic rooms on hospital advances and shared best practices in health leadership, management and service delivery.

In the opening speech, the IHF president, the Brazilian physician Francisco Balestrin, addressed the hospital sector evolution in the world, which became highly complex health centers, concentrating management, technique, diagnosis, study, research and teaching. But at the same time, he pointed to the big challenge facing the sector. "We have to maintain the economic sustainability of operations by ensuring that the cost-benefit ratio is positive for society," said Balestrin.

The IHF president stressed the reason for choosing the theme of this year's edition. "Even in the face of so many changes in the world and technological advances, people are still the transforming agents of history. And we are all responsible for improving health care organizations around the world, especially by sharing knowledge and education, which are essential to pursuing optimal health care."

In the featured photos, FBH President Adelvânio Morato appears alongside Omani Health Minister Dr Ahmed Mohammed Obaid Al Saidi; the current president of the IHF, the Brazilian doctor, Francisco Balestrin; and future IHF President Risto Miettunen, who is expected to take office next year.



Award is recognized as the main acknowledgment to journalistic works in the health area

In its 5th edition, the award has already recognized 20 important reports from the sector.

A night marked by tributes, reunions and acknowledgments. This was the 5th edition ceremony of the Synopsis FBH Journalism Award, held in Brasília-DF. The event, promoted by the Brazilian Hospitals Federation (FBH) and its associates, recorded the presence of important political, institutional and governmental leaders, as well as a large number of professionals from different vehicles of the national press. In its fifth consecutive year, the award has already established itself as the main recognition for journalistic work focused on health.

The Synopsis Prize won, with a symbolic trophy, the four best reports from a universe of 175 entries, in the categories: TV, Printed Circuit, Internet and Radio. To this end, a judging committee, composed of three renowned press professionals, carefully chosen by the FBH, analyzed each production in detail and chose the best in each area.



In the solemn opening address, FBH President Adelvânio Francisco Morato highlighted the importance of journalistic activity for the evolution of health services in the country, and stressed the contribution that the award makes to the propositional debate.

"The knowledge production, the content sharing and the development of critical thinking around the sector's functioning are vectors without which health can never evolve to the degree we long for. It was with this vision that we created, seven years ago, in 2012, the Visão Hospitalar Magazine, today one of the main vehicles for promoting content in the sector. And in 2015, with the aim of highlighting the important health issues in the country's main media, and making it a recurring issue on journalistic circles, we created the Synopsis FBH Journalism Award," said Morato.

The chairman of the Social Security and Family Commission of the House of Representatives, Federal Deputy Antonio Britto (PSD-BA), also stressed the importance of the award, enabling a closer relationship between press professionals and health-building actors.

"This award, made by FBH, is fundamental for us to have the sector's recognition for those who communicate with the industry. I make sure of honoring every year (this is already the fifth edition), and it makes me very

happy to see the FBH producing this interrelationship between the actors that compose the Brazilian health scenario," said the parliamentarian.

This closer relationship with journalists was also highlighted by Deputy Darcísio Perondi (MDB-RS). "FBH is to be congratulated, because it showcases its importance for Brazilian health. An institution of decades and decades, well organized, well coordinated and well represented by its president, who knows how to articulate himself and how to build relationships, especially in Brasília."

RECOGNITION

The winners of this edition of the Synopsis Prize were unanimous in highlighting, on the one hand, the encouragement that the award gives to journalistic work, and, on the other, the responsibility that press professionals take on the topics addressed.

"Journalism is not just talking about problems. Health is an area that deserves the attention of us journalists. We did a series of three reports, which dealt with a topic that particularly affects me a lot that is organ donation. This is a topic that needs further discussion across the country, and we journalists can make our



contribution. People need to better understand organ donation, which is an end of one life, but it can be a fresh start for another," says Aldene Lopes, of Radio CBN Goiânia, winner in the Radio category.

The TV category winner, TV Globo Minas reporter Tábata Poline, also highlighted the awards level and journalists who competed for the award in this edition. "I am proud and somewhat surprised by the result. We know the journalists level that competed, the quality of the articles submitted, and this only increases the desire to continue doing this work. Because defending the practices of the SUS (Unified Health System) and, especially, the people who need the SUS, which is what we brought in this report, is a very noble cause, and it needs exposition."

The quality of the reports produced and the wide variety of topics explored also caught the attention of the judges. For Lourenço Flores, Portal Metrôpoles Policy Editor, the productions showed a high level, which made the process of choosing the winners even more difficult. "The Synopsis Prize is an initiative that recognizes a work that we do with a lot of dedication, and sometimes it is treated as something routine. But it is not trivial. Especially when it comes to such a delicate topic as health. I see in this FBH stimulus something amazing."

The expressive growth of the award was also highlighted by Anderson Nascimento, who is Hapvida director, the entity that has sponsored the Synopsis Award since its first edition in 2015.

"Hapvida has a mission, which is to improve people's lives. And the Synopsis Prize, when it encourages journalists to produce on varied topics in the health world, the goal is none other than to improve people's lives. So, I believe this synergy between Hapvida and the Synopsis Award has been working, and each year what we see is the event growing and becoming an even more important award. We are very happy with this partnership," said Anderson Nascimento.

TRIBUTES

The Synopsis Award ceremony was also honored. The FBH and the Hospital Fair received, from Casa Real Gomes, the noble titles of honor for the services provided by the institutions in the health area.

The titles were handed over by the princess of the Noron Kapatagan Valley Sultanate Royal House Ministry of Humanitarian Services, Veronica Magalhães Raimundo, and the Royal Gomes head Eduardo Hanry Hermosilla Gomes to the FBH President Adelvânio Morato and the representative of the Hospital, Rodrigo Moreira.

PRESENCE

The awards ceremony also counted on the presence of the President of the Parliamentary Front of Health, Deputy Carmem Zanotto (Cidadania-SC); The Federal Deputy Geovania de Sá (PSDB-SC); the secretary of Care and Drug Prevention of the Ministry of Citizenship, Quirino Cordeiro and the Presidents of the State Associations that make up the FBH.



By Felipe Nabuco
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2020: the year of consolidation of the use of 3D printing

The year 2020, according to projections made by consulting and trend analysis companies, has been pointed, in recent years, as the period of consolidation of some key technologies for companies' business strategies. These include 3D printing, the benefits and opportunities of generating business, reducing costs, providing secure prototyping and custom-part production alternatives for industries that require special components such as aerospace, automotive, and medical.

Projections from major global consultancies have indicated a steady growth rate of 3D printer sales for businesses, up to 20% per year, regardless of size, with positive impacts on all business models. The 2019 results show that the 3D printing equipment sales and utilization curve continued to rise, favored by factors such as the diversity of printable materials, improved print speeds, and the emergence of equipment and solutions that can address the different demands of companies, whether in terms of engineering and design or services.

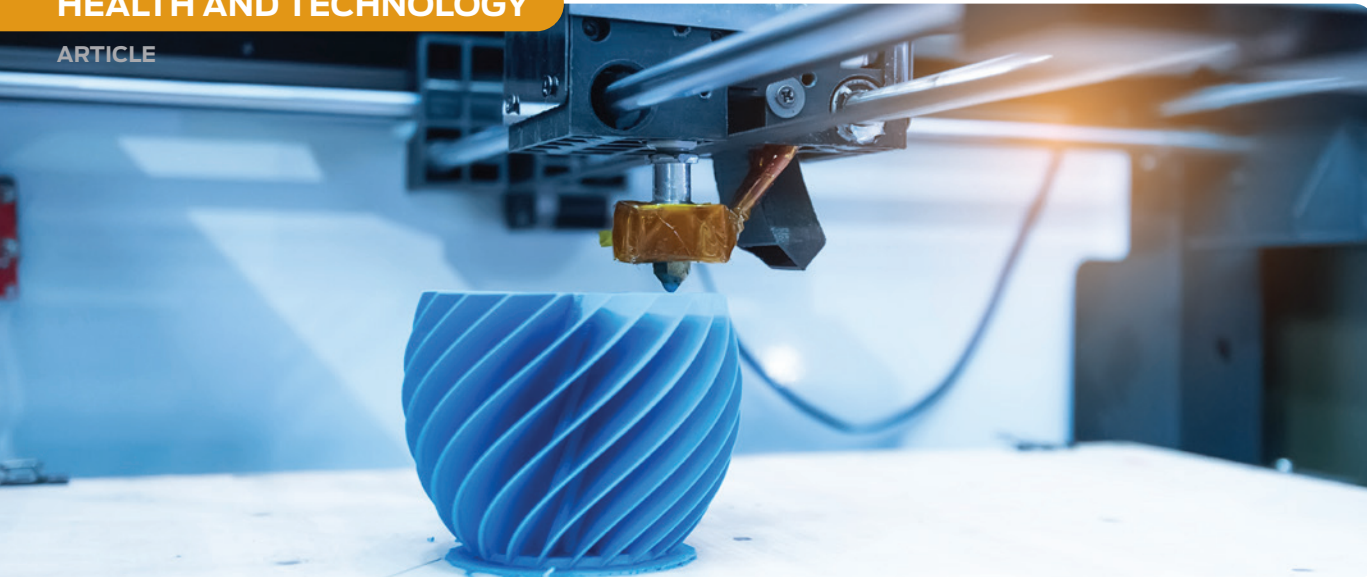
In this context, the ability to print on-demand parts - an alternative that gives companies flexibility to meet specific needs, such as prototype manufacturing - has helped boost additive manufacturing, and was confirmed in 2019 as an option for many companies.

Referring to Stratasys (NASDAQ: SSYS), the global leader in additive manufacturing, which, through its

business unit focused on providing on-demand additive manufacturing services, has reached the milestone of over 20 million parts since its inception five years ago, with the application of 1.7 million hours of engineering time into projects.

This is a significant number to which the in-depth knowledge of each technology by process and manufacturing engineers, who work with customers to find inventive uses of process methods in challenging projects with high-end components. These professionals often come up with new ways of manufacturing with 3D printing, conventional fabrication or a combination of methods to produce impossible geometries that allow them to meet specialized applications.





The industries that have been using 3D printing the most, either through purchased equipment or on-demand solutions, are the auto industry - including race car teams, which require lightweight, high performance parts - the aerospace industry and the health sector.

3D printers have proven to be ideal for building advanced conceptual models, functional prototypes, durable tools and production parts, as well as meeting the specific needs of developing components that are not manufactured by multivendor suppliers.

Among the main applications of 3D printing are the rapid prototyping or even fully customized parts. This technology allows them to be manufactured quickly and at low volumes, which is virtually unviable when thinking about traditional processes. In addition, it is possible to print 3D items of great design and geometry that could not be obtained otherwise. 3D printing becomes an important ally for cases where traditional processes cannot be completely replaced.

For large companies, 3D printing is not new anymore. Brazilian shoe manufacturer Alpargatas, for example, uses 3D printers to obtain prototype sandal soles. Brazilian small and medium-sized companies are also already adhering to additive manufacturing as a necessary way to replace conventional production methods, which become more and more obsolete with each passing day.

An example is Usintek, from Santo André (SP), which specializes in the development of projects for industrial automation and machining of small and medium sized tools and prototypes, which uses 3D printers to produce prototypes for automotive and consumer electronics customers. Autometal, from Diadema, also in São Paulo, uses the same technology to produce prototypes, control devices and calibrators used in the manufacture of automotive parts. And the FIT - Institute of Technology, a nationwide non-profit organization - has adopted 3D printing to develop technology projects for companies of varying sizes.

Additive manufacturing expands its presence in companies of all sizes and industries. This is an essential condition of competitiveness, especially in the context of the industry 4.0 evolution and the construction of a business culture focused on innovation.



Anderson Soares
is Stratasys territory manager in Brazil.

Hospital 4.0: a new era in healthcare

Medicine always seeks to increase knowledge about the human organism, as well as behavior and disease control. Thus, it also explores the possibilities of diagnosis and treatment therapies. From this relentless pursuit, innovative and disruptive approaches emerge that improve the overall quality of care infrastructure and patient care. Thus it arise the so-called "hospital 4.0". These are hospital structures that use technological solutions in order to offer a higher quality, efficient service, in a management model that does not raise costs for patients.

Nowadays, it is a consensus among experts that technology provides more control, precision and safety for surgeries, for example. This is made possible by the use of bioengineering, artificial intelligence and nanotechnology that, combined, allow surgery to be performed through minimal incisions, sometimes millimeters, with medical training and state-of-the-art equipment. With such technological advancement, gastric biopsies, artery clearance and even virus destruction are becoming ever closer.

The premise of hospitals 4.0 is to enable more accurate diagnostics, features such as telemedicine, where

the doctor has access to thousands of data analyzed via artificial intelligence and can communicate with remote regions, which do not have access to a specialist, for example, and also to equipment that allows minimally invasive surgeries to be performed. By means of the latter, ultra-complex procedures are performed through millimeter incisions. Imagine that instead of days of hospitalization and weeks away from routine activities, the discomfort and pain of recovery is dramatically reduced to hours and at most three days in the hospital. It is a huge advance for the patient's quality of life.

There are currently hospital centers dedicated to minimally invasive surgery: day hospitals. They are called that way because it is estimated that 99% of patients are discharged less than 24 hours after surgery, thus minimizing the risk of nosocomial infections and, consequently, medical costs.

If, some years ago, health technology seemed like a science fiction movie, today, thanks to research, development and investments, diagnostics and treatments are a reality accessible to the majority of the population, both abroad and in Brazil.



Nowadays, there is a consensus among experts that technology offers more control, precision and safety for surgeries, for example. This is possible thanks to the use of bioengineering, artificial intelligence and nanotechnology that, recorded, those using surgery are made through minimal, sometimes repeated incisions, with medical training and state-of-the-art equipment.

Imagine that instead of days of hospitalization and weeks away from routine activities, or a period of recovery and pain is reduced dramatically to hours and at most three days in the hospital.

ABOUT HOSPITAL CERTA

Hospital Certa is a reference center for advanced treatments, which offers a modern structure for performing ultra-specialized and minimally invasive procedures. It relies on American outpatient models, where treatment is performed without unnecessary stays, improving patients' quality of life, lowering risks, and reducing healthcare costs. Since its foundation, Certa has recorded an average annual growth of 30% and has a zero rate of hospital infection. Learn more at: www.hospitalcerta.com.br.



Denis Szejnfeld
is a radiologist and Hospital Certa clinical director.



Armed Forces adopt pioneering health innovation project

With the intention of becoming a highly technological hospital, the Armed Forces Hospital enters into business with the Santa Catarina Technology Association

Aiming to become a nation's strategic hospital, the Armed Forces Hospital (HFA), jointly with the Ministry of Health and the Ministry of Defense, created a pioneering project called Inova HFA, aimed at the immediate adoption of innovative projects on health and safety. The center, which deals with state officials, such as ministers and presidents, aims to attract the largest number of projects to become a highly technological hospital through strategic partnerships with technology players, such as the Santa Catarina Technology Association (Acate) and the Federation of Industries of Santa Catarina (Fiesc).

With an idealized structure of 150 m2, located in the Federal District, the hospital intends to house a Center for Strategic Studies (CEEEx) to study the main and strategic health topics and to house startups and scale-ups - supporting them to reduce difficulties and the bureaucracies. The Army will provide space for the products of these companies to be tested and validated, connecting with the latest releases in healthcare.

"HFA decided to challenge itself and not just modernize its structure. Our idea is of a transformation. No hospital will survive unless it incorporates this strategy of innovation and digital transformation," explains Division General Rui Yutaka Matsuda.

After a visit to Acate, Division General Rui Yutaka Matsuda and General Adhemar da Costa Machado Filho were impressed by the quality and technological potential of Santa Catarina companies. Today, companies from Fiesc and Acate Vertical Health are already negotiating with HFA, offering from electricity control systems to management solutions.

In October, Walmoli Gerber Jr., director of Acate Vertical Health, reinforced, in Brasília, the positioning with the Army, the Ministry of Education, the Ministry of Health, the Ministry of Science and Technology, research institutions and others authorities.

"It became clear that the whole initiative came after General Matsuda's visit to Acate, where he met a number of Vertical Health companies at a multi-pitched meeting of our entrepreneurs. This, for us, is very important, it shows the technological impact felt by a high-level state authority when interacting with our innovation arrangement. It also shows that we have products and services with a high degree of innovation," says Gerber Jr.

"Our idea is of a transformation. No hospital will survive unless it incorporates this strategy of innovation and digital transformation." - Rui Yutaka Matsuda, Division General



Largest Health Fair of the North and Northeast doubles in size and presents for 2020 in digital version

Grow, innovate and connect people. These are the vocations that have made HospitalMed the largest Health Fair and Forum in the North and Northeast of the country. In its seventh edition, the event, which took place between October 23rd and 25th, 2019, at the Pernambuco Convention Center in Recife, doubled in size and broke the participation record of exhibiting brands and visitors. And as if the evolution of numbers were not enough, the group now sets out to take even greater steps: taking the fair beyond Brazil's physical borders, expanding it to West African countries, and integrating it into a digital platform, connecting people 365 days a year.

In constant growth, HospitalMed has considerably increased the number of partner companies and brands presented during last year's event. In 2018, the fair had 150 exhibitors. By 2019, that number jumped to just over 350. The expectation, which was to receive around 18,000 visitors, was soon dropped on the first day of the day, when more than 7,000 people visited the corridors of the Convention Center of Pernambuco. Throughout the event, approximately 20,000 people attended the fair.

In addition to doubling in size, HospitalMed also innovates by presenting what may be the digital future of major health fairs around the world. This is because HospitalMed, from 2020, beyond physical exposure, will be integrated into a digital platform.

"Today we are the only health fair in the world that connects people and exhibitors 365 days a year. And what did we think with this new idea, which is a patent we brought into HospitalMed? In addition to connecting, we can reach the end of these 365 days and have the physical experience, the "face-to-face" interaction, which will never cease to exist, but with much experience, innovation, product launching, among

In this year's edition, HospitalMed was attended by 350 exhibiting companies from all corners of the country, and recorded the visit of about 20,000 people during the three days of the event.

other things", explains the president of HospitalMed, Rodrigo da Ponte.

He also talks about the fair's aspirations to overcome the country's geographical barriers and bring Brazilian brands and companies to other continents. "HospitalMed is here to stay. We now want to internationalize the fair, and our focus is on West Africa. We already had Cape Verdean entourages. Probably, next year, we will have business rounds with West Africa, and this is HospitalMed's positioning for the coming years, to internationalize", adds the fair's president.

He explains that the new digital format, which will start in January 2020, in addition to highlighting the pioneering spirit of the fair, dialogues with the current needs of the sector, which needs to adapt to the transformations of the digital age, and thus connect the maximum number of health-related people. Rodrigo recalls that HospitalMed was the first fair to launch health startups within the event.



"In order for you to attend the fair as a startup, you need to have a patent, and little is said about a patent here in Brazil today. How do we get Brazilian industry to be competitive abroad without innovation? And to have innovation, one have to have a patent. Therefore, this is a discussion that we intend to take into regional fairs," concludes Rodrigo.

CONTENT

During the three days of the event, a rich program aimed at promoting debates on current issues of the Health Sector in Brazil and around the world attracted thousands of technicians, health professionals, entrepreneurs and health managers.

Overall, there were more than 100 lectures, highlighting the holding of national forums and congresses, such as the 3rd North and Northeast Public Health Management Congress; the 2nd Forum of North and Northeast Health Leaders; the 2nd SINDHOSPE Health Care Infection Control Forum; the 2nd International Nutrition Congress (COINUT), among others.

By Felipe Nabuco
visaohospitalar@fbh.com.br



III Forum of the Institute of Health and Hospital Management discussed the “Quality Management”

Overall, 36 renowned speakers addressed issues such as governance, compliance, health system challenges, transparency, health education and social responsibility.

The Brazilian Hospitals Federation (FBH) president, Advânio Francisco Morato, was one of the debaters during the third edition of the Forum of the Institute of Health and Hospital Management (ISGH). The meeting took place in Fortaleza-CE, and proposed as the central theme of the debates the “Quality Management”.

Morato participated as a debater at the table that addressed the theme “Health Management Models”, along with the president of the Brazilian Institute of Social Health Organizations (Ibross), Renilson Rehem, and the president of the Ceará State Physicians Union, Luiz Aramicy Bezerra Pinto.

The ISGH Forum is a meeting that provides an ambience for discussions on current issues in the hospital sector,

with a rich program of lectures, round tables and presentations of scientific papers. Overall, 36 renowned speakers addressed issues such as governance, compliance, health system challenges, transparency, health education, social responsibility, among others.

DESIGN THINKING WORKSHOP

One of the highlights of the 3rd edition of the ISGH Forum was the holding of the Design Thinking Workshop applied to health, given by the Brazilian Institute for Excellence in Health (Ibes).

For Christian Hart, Ibes Director of Operations, innovation is a global necessity and a reality in most Healthcare companies, but innovating where it really matters is the real challenge. “Using analytical skills and creativity to build innovative business and healthcare solutions is our goal,” said Hart.

The ISGH Forum is a meeting that provides an ambience for discussions on current issues in the hospital sector, with a rich program of lectures, round tables and presentations of scientific papers.



3rd Condepe discusses “Nursing Initiatives to Revolutionize Health”

Organized by the Transamérica Expo Center, the Professional Nursing Development Congress will take place on April 22nd and 23rd, 2020.

Across the health field, nursing professionals are those who act in the most direct and constant contact with patients. To serve this audience, the third edition of the Conference on Nursing Professional Development (3rd Condepe), organized by the Transamérica Expo Center, will take place on April 22nd and 23rd, 2020. Themes such as diagnostics, nutritionism, patient care (especially children and the elderly), assistance to special victims (such as those of sexual violence), mobilization of the injured and entrepreneurship are among the subjects that will be addressed in simultaneous lectures, workshops and talk shows that will take place in five congress arenas. There will be more than 80 speakers, national and international, focused on transmitting the latest practices and bringing the most relevant topics for the improvement of its participants.

In 2020, “Nursing Initiatives to Revolutionize Health” is the theme prepared by the scientific committee of the congress, led by Dr. Renata Pietro, also president of the Regional Nursing Council of São Paulo (Coren). She

talked about the challenges of the nursing professional and what is the role of Condepe in this scenario.

“The biggest challenge nowadays is to be able, in a context of continuous change, to remain updated as nursing professionals. There are many studies, works and research published daily. Defining what can effectively contribute to our daily practice is a big challenge,” says Renata Pietro.

According to her, this is the great responsibility of Condepe, to search and bring, annually, changes and updates in the different areas of care. “We will make a historical recovery of all the achievements of nursing, since its precursor, Florence Nightingale (1820-1910), and certainly we will bring an innovative scenario to tell the history of nursing,” she adds.

Nursing has been acting in various scenarios, not just in the hospital. The market is well heated and it is difficult to say that there is only one line in which nursing stands

out. The fact is that the profession has been steadily growing, gaining ground, and the congress introduces new forms of learning, such as Team Based Learning and Realistic Simulation Centers.

“To be able to make changes in our daily lives and achieve the respect that the category deserves, we need to improve our technical knowledge and skills. That’s why Condepe has been so important to professionals”, says Coren’s president.

EXPERIENCE

Participation in congresses and events is also indicated for early career nursing professionals, as the market is demanding. Condepe offers the necessary experience, knowledge and experience in various areas of nursing, assisting in this training stage.

Another factor that highlights the importance of the event is the scientific development. In the second edition, in 2019, an award was created, which received 150 entries for works on practices and care, as well as administrative actions, coming from North to South of Brazil. “Last year, we were surprised by the productions and the quality of the research sent to Condepe”, recalls Renata.

The novelty comes with the inclusion of two important congresses in the official programming of Condepe, focusing on critical patient care. The International Congress of Intensive Care and Nursing (Cieti), in its second edition, becomes part of the official program, as well as the congress of the Latin American Federation of Intensive Care (Fleci), a member of the World Federation of Intensive Care, based in Mexico City, extending the scope of the event to Latin America.

Closing the program, Condepe presents a simulation, a mass training to teach nursing professionals how to save lives in emergency situations, which in this edition will present a fire in an Intensive Care Unit (ICU), in partnership with the Fire Department and other Emergency Services.

The registration for the congress, that is already open, will last until April 19th, 2020 and must be made through the official website of Condepe (<http://condepe.com.br/inscreva-se/>), as well as the scientific works, which may be submitted by March 31st. The professional must be registered in the third edition of Condepe.

“The biggest challenge nowadays is to be able, in a context of continuous change, to remain updated as nursing professionals.” - Dr. Renata Pietro, Coren President (regional nursing council)





The challenges and trends of Sterilization Centers in the evolution of hospital care

Over the decades, the good performance of the Materials and Sterilization Centers (MSC) has been strategic to gear the entire hospital unit's production chain. They are elementary to performing major medical procedures within the hospital, from the simplest to the most complex. When they work well, their benefits are no more than obligations in the name of safety and quality. However, when they have operational problems, what can be seen as a result is a tangle of consequences that directly affect the quality of care provided by the establishment.

Ensuring the quality and safety of the processing of materials used in hospital care is one of the pillars of infection control and prevention. Over the years, MSCs have gained in importance due to the evolution of medicine itself, which has considerably expanded the

range of surgical, diagnostic and therapeutic procedures. The increased demand and complexity of surgeries has required the proper sterilization of a large arsenal of instruments. In addition, other factors have contributed to the transformations that MSCs have been undergoing, such as technological developments in instruments, which have incorporated materials of different types; changes in legislation, with the adaptation of RDC 15 of the National Health Surveillance Agency (Anvisa), which now establishes physical conditions of operation of these plants; even good environmental practices, linked to management and safety goals.

These changes have required a closer look by the hospital administrations. "Around the world, this requirement, which has placed MSCs at the epicenter of hospital production, has led the industry to seek

new knowledge, methods and technologies that can increase sterilization capacity and productivity, while significantly reducing reprocessing time and operational expenses," explains Diego Pinto, executive of Bioxxi, a leading Brazilian company in the medical-hospital materials processing market. According to him, thanks to these technologies, it is possible to optimize the use of available arsenal within hospitals, which allows more surgeries to be scheduled per day. "In addition, establishments are drastically reducing the delay or cancellation of surgeries that previously occurred due to lack of material in the MSC," adds Diego.

According to him, the search in Brazil for companies that have know-how in MSCs is already a reality and follows a trend that has been adopted in Europe and the United States for years. Diego recalls that the idea of outsourcing MSCs is not new and is explained by reasons similar to those that led, years ago, the hospital units to transfer food, laundry, security and cleaning services, for example, to specialized companies. "This is because it is more important for hospital management to concentrate their efforts on activities for which they are intended, which is health care. Thus, intermediate activities, such as the processing of medical-hospital materials, are no longer a burden to hospital administrations and are now run by companies that have experience and full competence, not only to perform the activity, but also to improve efficiency indicators and reduce operational costs," says the Executive.

WORRYING SCENARIO

Outsourcing MSCs may be the solution to a worrying scenario of multi-plant operation across the country. It is still common to find, throughout Brazil, hospital units that operate without giving the due importance to the MSC. This finding can be easily demonstrated in a number of variants, ranging from lack of proper physical structure, through the use of old and unsupported equipment, lack of standardization of work processes, professional qualification, and lack of external indicators to be taken as production references.

Not infrequently, these facilities face problems related to delays or cancellations in performing surgeries simply because they cannot guarantee the supply of sterile materials for the procedure. If they cannot guarantee that scheduled surgeries will be performed, it is more

difficult, if not impossible, to expand the number of procedures. Thus, this also becomes an obstacle to increase revenue for the unit.

WHAT ARE THE ADVANTAGES OF OUTSOURCING MSCS?

In the transformation package that Bioxxi delivers, as a MSC management methodology, it is: hiring and managing all employees responsible for the services performed at the MSC - this increases productivity and efficiency ratios; Optimization, reorganization and standardization of the entire industry workflow - this eliminates waste and shortens the time to complete activities; the supply of inputs with high quality and safety standards - this leads to cost savings, made possible by large-scale negotiation with a network of qualified suppliers; the implementation of an electronic traceability system to control the process steps, applying the available arsenal marking methodology, and providing strategic indicators; conducting maintenance, calibration and validation programs for equipment.

"The demand in Brazil for companies that have know-how in managing MSCs is already a reality and follows a trend that has been adopted in Europe and the United States for years. In Brazil, Bioxxi already operates in 60 MSCs, with exponential growth in the area."



Diego Pinto
Material Centers
Sterilizers - Bioxxi

Paraná oldest children's hospital turns 100 years old

Member of AHOPAR since the foundation of the entity, Pequeno Príncipe Hospital is a reference in hospital management, innovation, research and humanization in care.



The oldest children's hospital in the state of Paraná, the Pequeno Príncipe, completed, on October 26th, 2019, 100 years since its foundation. Amid the celebrations of the centenary of the institution, the president of the Association of Hospitals of Paraná (AHOPAR), Marcia Rangel de Abreu, highlighted the importance of the unit for pediatrics and the very development of medicine in the state. "The hospital has an excellence history in child and youth health and is a reference not only national, but international, which we are very proud of," she said.

With up to 70% of its service capacity destined for the Unified Health System (SUS), the hospital stands out for its continuous technical and scientific

improvement, integrity and humanization in care, interaction with the family, equity and innovation. Largest pediatric hospital in Brazil and a precursor of public policies, the Pequeno Príncipe annually has more than 300.000 outpatient visits, 23.000 hospitalizations, 21.000 surgeries, 900.000 exams, and stands out in highly complex procedures, such as of 251 organ transplants such as kidney and heart, tissues and bone marrow. In addition, it is a traditional pediatrician training center in Brazil.

For the AHOPAR president, these numbers demonstrates the hospital importance. "The magnitude of their numbers in relation to pediatrics may justify not only their quality, but all the other

projects and campaigns they organize and develop in the sense of academic education, research and innovation," she comments.

The hospital has also pioneered the recognition of education and culture as fundamental rights of children and adolescents. Built by the hands of volunteers, the institution provides school support for patients undergoing treatment and also promotes diverse cultural and artistic experiences, making hospitalization time an opportunity for sociocultural inclusion.

"The hospital has an excellence history in child and youth health and is a reference not only national, but international, which we are very proud of" - Marcia Rangel de Abreu, AHOPAR President

HOSPITAL COMPLEX

Since 2003, the Pequeno Príncipe Complex has included, besides the hospital, the Pequeno Príncipe Faculties, one of the most important institutions dedicated exclusively to health education in Brazil. Also part of this complex is the Pequeno Príncipe Pelé Research Institute, which has been in operation since 2006. By investing in assistance, teaching and research, the Pequeno Príncipe proves that it is possible to combat child and youth mortality.

At the Pequeno Príncipe Hospital, technological innovation goes hand in hand with social innovation. The institution was a pioneer in humanization and a precursor of public policies, with actions such as the Family Program, in which it brought family members to accompany their children during treatment, even in the 1980s, before the regulation of the Child and Adolescent Statute. And also, in an unprecedented way, inserted education and culture in the rooms and corridors, thus guaranteeing fundamental rights in the formation of children and adolescents. "We congratulate all the efforts constantly applied to keep the hospital at this reference level", concludes Márcia Rangel.



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EXCELÊNCIA EM ESTERILIZAÇÃO

Hospitals can increase profitability and availability with asset management

In health, energy assets are estimated to concentrate 15% of operating costs, being present in HVAC, water heating, exhaust, motive power, information, lighting, compressed air and medical equipment.

Amid the frequent variation in the number of beneficiaries of private health plans and fickle economic-financial indicators, such as the occupancy rate, the average collection period and the disallowance index, to make use of practices that depend exclusively on hospitals, such as asset management, can improve financial and risk performance, either to reinvigorate business cash flow or to avoid unnecessary downtime and expand service capacity.

A recent example was that achieved by the University Health System (UHS) in Texas, United States, which generated US\$ 270.000 in asset disposals through online auctioning and recycling, and US\$ 68.000 in the reuse of surplus assets, discarding unnecessary purchases. The fact, one of the examples brought by engineer Marisa Zampolli for the 1st Health Sector Asset Management Meeting (Egahealth), held at Albert Einstein Hospital in partnership with the Brazilian Copper Institute (Procobre), reinforces how the coordinated action of an entity can generate value from its assets.

For the expert, asset management is a cultural change, focused on planning, which adds to the traditional view on products and customers a strategic look, in which all areas participate in an integrated way to obtain value that assets are capable of generate for business.

"The search for an efficient healthcare system, with performance and care requirements and with a guarantee of financial equilibrium, runs into people and processes with often conflicting goals, poor quality decision-making information and detached life cycle assessment of the economic life cycle," says Zampolli. The sustainability of an active-intensive system in a regulated environment with shrinking margins, she said, will only be possible by correcting these bottlenecks.



"The search for an efficient healthcare system, with performance and care requirements and with a guarantee of financial equilibrium, runs into people and processes with often conflicting goals, poor quality decision-making information and detached life cycle assessment of the economic life cycle," - Marisa Zampolli, engineer

ASSET AND ENERGY MANAGEMENT

The key point of the debate - the management of energy assets - supported by the experiences of applying the asset management precursors in Brazil, Enel and AES Tietê, brought the certification experience of the concessionaires and the business impacts of a sector that, because it is also active-intensive and available as a necessary precondition, it is very similar to the hospital sector.

In health, energy assets are estimated to concentrate 15% of operating costs, being present in HVAC, water heating, exhaust, power, information, lighting, compressed air and medical equipment.

The provocation to the participants - a qualified audience with representatives of Rede D'Or, the

Portuguese Beneficence, the Paulista Association for the Development of Medicine (SPDM), as well as the Einstein's own board, which hosted the event - opposed occasional actions by energy efficiency to energy asset management. The finding was that specific actions are not perpetuated, and that energy efficiency needs to be looked at as a systemic activity, implicated in the company's organizational culture.

"It is not enough to identify which types of energy are used, what significant energy uses or how energy efficiency can be achieved. It's not just about improving, it's about how much you'll improve by applying a baseline from an initial survey," says Zampolli.

This new era in asset-intensive business management meets international performance standards and brings companies pursuing business sustainability a new, strategic proposal for balancing performance, costs and risks to achieve objectives within competitive markets.

Authorities and experts debate new directions for supplementary health in Brazil

One of the objectives of the meeting was to make an assessment of the 20th anniversary of the enactment of Law No. 9.656 / 1998, which regulates the sector, and to discuss the necessary modernization to meet the needs of beneficiaries, operators and service providers.



The 5th Forum of the National Federation of Supplementary Health (FenaSaúde), held on October 24th, in Brasília-DF, addressed as a central theme the "New Directions for Supplementary Health" in the country. Renowned authorities and experts debated proposals to make the sector sustainable and ensure that more Brazilians can access health insurance. In the last five years, about 3.5 million beneficiaries have left the private market.

One of the objectives of the meeting was to make an assessment of the 20th anniversary of the enactment of Law No. 9.656 / 1998, which regulates the sector,

and to discuss the necessary modernization to meet the needs of beneficiaries, operators and service providers. Strategies to unite the entire chain of the sector were discussed at different discussion tables, facing a scenario that combines diminished resources of the Unified Health System (SUS) and loss of beneficiaries of private plans, due to falling income and unemployment.

Concerned with the scenario of private hospitals closing across the country, which in the last ten years has lost about 34.000 beds, the Brazilian Hospitals Federation (FBH) president, Adelvânio Francisco

Morato, highlighted, along with institutional and government leaders, the importance of strengthening the entire health production chain for the sector to function sustainably.

"For the industry to evolve, a great union of forces is needed. What we are doing here is discussing the problems and looking for solutions, in order to ensure that more Brazilians have access to health plans and, thus, that the sector reaches a much needed sustainability," said Morato.

SOLEMNITY

The opening speech of the meeting was given by the presidents of FenaSaúde, João Alceu Amoroso Lima, and the National Confederation of Insurers (CNseg), Marcio Serôa de Araujo Coriolano. Next, the Minister of Health, Luiz Henrique Mandetta, presented the event's main speech, addressing the challenges of the private network to expand the population's access to health services.

Throughout the day, five major lectures, with the participation of important names of supplementary health in the country, addressed topics such as the



need to advance and improve Law N°. 9.656 / 1998, which provides for health plans and private health insurance; "The health system in Brazil and the role of the judiciary"; and "Health and the relationship between state, society and market".

In addition to Minister Mandetta, the 5th FenaSaúde speakers also included the special secretary of Social Security of the Ministry of Economy, Rogério Marinho; and the founder of the Institute for Health Policy Studies (IEPS), Arminio Fraga.



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Chronic Obstructive Pulmonary Disease affects 6 million Brazilians

This disease, which has smoking as its main cause, affects 10% of the adult population, but it is underdiagnosed and undertreated.

November was the Chronic Obstructive Pulmonary Disease (COPD) awareness month, formerly called bronchitis and pulmonary emphysema. Estimates indicate that by 2020 it could be the third leading cause of death in the world. Brazil is among the countries with the largest number of cases, with more than 6 million COPD patients, alongside China, India and the United States. COPD is a serious public health problem, affecting 10% of the adult population, but it is underdiagnosed and undertreated.

"About 80% of people do not even know they have the disease. Only 12% of patients receive the diagnosis, and of these, only 18% follow what was prescribed by the doctor. In addition, every 1 minute, three people die from COPD in Brazil", warns pulmonologist José Eduardo Cançado, professor and researcher at the School of Medical Sciences of Santa Casa de Misericórdia of São Paulo.

The disease is also the fourth cause of hospitalization in the Unified Health System (SUS). In 2018, more than



110.000 people were hospitalized with this condition in the country's public hospitals, totaling 8.000 deaths, and a total cost of over \$ 100 million, according to data extracted from Datasus (as of October 30th 2019).

Amidst this worrying scenario, the good news is that COPD can be prevented. This is because smoking accounts for about 80% of the cases, including active or passive smokers. "It is essential that people give up smoking and especially the hookah, since 1 hour using hookah is equivalent to smoking 100 cigarettes at one time," he recommends.

Prolonged and constant exposure to other types of substances from smoke (wood stoves or charcoal) or pollution can also cause COPD.

HOW TO IDENTIFY THE CONDITION

COPD is a respiratory disease characterized by persistent bronchial obstruction associated with increased chronic airway inflammation in response to harmful particles and gases. The condition is usually a silent disease, precisely because it starts with shortness of breath (dyspnea) to perform simple tasks and cough accompanied by throat clearing. Unfortunately, patients think these manifestations are consequences of smoking and do not seek help.

"Over time, dyspnea increases even at rest, greatly impairing the patient's quality of life and leading to disability. The same is true regarding cough and sputum, which become chronic and intense. That is, over time, the condition results in a progressive loss of lung capacity, which may lead to death", explains the pulmonologist.

To identify the condition, spirometry (also called "breath test") is recommended, where a device is used in which a person blows to assess lung capacity, the amount (volume) and speed (flow) of air the lungs can inhale and exhale.

TREATMENT OPTIONS

Although there is no cure, COPD can be treated. And the sooner the condition is diagnosed, the more effective the treatment is, reducing the rate of disease progression. The basis of drug treatment includes inhaled bronchodilators, which provide symptomatic relief, and the associated use of inhaled corticosteroids in patients with a history of exacerbations.

The National Health Surveillance Agency (Anvisa) has just approved the registration of a new drug that brings a significant advance in treatment and adherence of patients, precisely because it has a triple combination of fixed dose and extra fine substances, administered all at once via an inhalation device.

The combination brings together, in a single device, three active substances: beclomethasone dipropionate - an anti-inflammatory of the inhaled corticosteroid (IC) class - and two bronchodilators (formoterol fumarate, a long-acting beta-2 agonist, and bromide glycopyrronium, a long-acting muscarinic antagonist). Because it brings extra fine particles, the new drug better permeates small airways, the initial site of COPD development.

"The use of a single inhaler simplifies the administration of therapy, therefore, improves the patient's adherence to treatment and, consequently, their clinical condition," says Dr. Cançado.

In addition to medication, regular exercise and vaccination against influenza and pneumococcus are part of the treatment to prevent the infections that most often trigger exacerbations.



Mental illness: why did the Joker mess with me so much?

Mental illnesses impact 1/6 of the world's population. However, despite this shocking number, I realize that most people have a hard time understanding what they really mean. Last weekend, I watched the movie "Joker" and found myself questioning how we deal with people with mental illness. It had been a long time since I left the cinema so impacted. The feature film brings with it a series of provocations and reflections.

"The worst part about having a mental illness is that people expect you to behave as if you haven't." This sentence, scrawled in his notebook, raises a number of opportunities for debate. We still live in a society surrounded by prejudice, stigma and misinformation. Anyone who has suffered from a mental disorder and watched the movie certainly identified with the message. It spoke to me! It was as if that scene

had taken me back to the past. I couldn't help remembering the depression I experienced in 2012, and by revisiting my memories, I could feel that character's real anguish.

MENTAL ILLNESS: A FAIRY TALE WORLD

I have always been a happy person, talkative and well with the life. However, due to life circumstances, I ended up in some painful situations. These, in turn, being poorly digested, culminated in a depressing condition. Gradually, I was isolating myself, avoiding my friends, losing the desire to do things that I liked. I didn't even want to get out of bed. It was a sense of

complete helplessness and even hopelessness. When we are depressed, we see no light at the end of the tunnel. My rational side forced me out of bed every day. Sometimes, out of nowhere, there would be a crying crisis in the middle of the afternoon. People nearby made faces that they did not understand what was happening. Clearly, they did not understand what was going on, and probably because of ignorance and misinformation, they even made the situation worse.

How many times have I heard questions and comments that went exactly to the Joker's phrase: Tati, you have everything, a good job, a nice family, why are you so sad? You are beautiful, you are young, you have a whole life ahead of you, it makes no sense to cry all the time, and so on. With each sentence, one more stab. No one understood what was going on.

To outsiders, mental illness has no explanation. It is not understood how it arises or why people are affected by it. Because the society is not used to dealing with so-called mental disorders, we are always charged for acting as if we were not wrong. The irony? Even if we are sick, we need to pretend that we are fine or things can get worse. Even more ironic is that, by pretending, things actually get worse.

TRAUMA AND MENTAL ILLNESS

Yes, I was a beautiful woman, had a great job, a beautiful family and was unhappy! That was the reality. I had my reasons for being like that. When looking from the outside, the vast majority of people only know what is said and exposed by the interlocutor. However, when it comes to emotions, pain and vulnerability, we disguise it. We mask the ugly as beautiful! Partially, to avoid making the others uncomfortable.

Many did not understand the reasons why I was suffering. They had only the standard information: job, family, social circle, and appearance. What no one knew was that I had experienced an episode of trauma. In trying to break up an abusive relationship, I had been terrified of spending 16 hours in private jail under various threats. I saw death very close and I was scared to death of it.

The months passed, the nightmares came, the fear of leaving home, the anguish and yet another whirlwind of negative emotions. It was a real, overwhelming fear that consumed me from within. I was ashamed to share any spark of information on this topic.

Thinking about the Joker, I realized that he didn't just go through a single trauma. They were countless throughout his life. A turbulent childhood marked by abuse, violence and mistreatment. An adult life permeated by bullying, lack of respect for the human being, for the different. Aggression after aggression. One after another!

Let's reflect? How was the personality of the Joker formed? How did his career go from childhood to adulthood? How many times did he have to mask his pain in an attempt to make others smile? With so much aggression, could he handle his emotions without becoming aggressive?

THE IMPORTANCE OF EARLY CHILDHOOD TO AVOID MENTAL ILLNESS

Perhaps some go unnoticed by the mention of the Joker's early childhood. Do you remember that after discovering that he was a foster child, Arthur Fleck goes in search of his past?

Confronted by millionaire Thomas Wayne, the Joker decides to plunge into the unknown. While visiting a psychiatric hospital where Penny, her foster mother, was hospitalized, the protagonist discovers a medical report. At this moment he becomes aware of a dark past. Reads in the report reports of an aggression suffered when he was very young. He, as a child, had been found in a filthy apartment tied to a car radiator with several bruises and head injuries.

Beyond a sad life story, a completely compromised psychic development is clear. Some approaches to psychology consider that our psyche begins to form in our mother's womb. We carry with us a whole load of information about affection, attention, care and bond. It is during early childhood that the brain develops the most in structural terms.

LACK OF EMOTIONAL SECURITY VS. MENTAL ILLNESS

The emotional security that a caring look conveys - from caregiver to baby, for example - provides strong and secure bonds. Studies show that loving, playing and caring are the main foundations for the development of children, mainly because bonding is synonymous with security. As early experiences shape the architecture of the developing brain, they also lay the foundation for good mental health.

Interruptions in this developmental process can impair a child's ability to learn and relate to others, with lifelong implications. It was clear to me that the Joker, when he was a little child, did not have the necessary bond to develop a healthy personality. Trauma can damage brain structure and increase the likelihood of significant mental health problems.

Because of its lasting effects on brain development and other organ systems, toxic stress can impair an individual's school readiness, academic performance, and physical and mental health. And as I see it, that was with Arthur Fleck.

Joker, a psycho shaped by society?

We can define a psychopath as being a person suffering from a chronic mental disorder with abnormal or violent social behavior. In general, psychopaths are defined by their lack of empathy, tending to manipulate people without any guilt.

Norwegian research has found that many killers have a history of total neglect of authoritarian parents who tightly controlled them. In addition, all criminal psychopaths studied also had a history of grotesque physical and/or psychological abuse during childhood.

This is exactly the case of the Joker, assaulted by his stepfather in childhood and continuously by society in adulthood. Apart from those already mentioned, the subway scene is also shocking! He is sad, suffering

from resignation. Suddenly, he became the target of teasing and physical aggression by three young men in the same car. Carrying a gun he had received from a co-worker, the Joker reaches a pinnacle of his feelings and explodes by shooting at the boys.

In that scene, at least for me, a "detachment" from the real world seemed to be evident. A citizen who, until then, was on the fringes of society, was almost invisible, but in that moment of fury a new character comes to life: the killer. From that moment on, people get to know you. "All my life, I didn't even know if I really existed, but I exist and people are starting to realize."

Are there Jokers near you?

I could spend hours and hours talking about perceptions of the movie. Probably need to watch him a few more times. So as not to stretch me, I would like to invite you to look sideways and think about how you deal with the world around you. Are we ready to welcome people suffering from a mental disorder? Are we ready to listen, not judge and offer support to those who need help?

According to the World Health Organization (WHO), we live in one of the countries with the highest incidence of mental disorders in the world. Ironically, many people see Brazil as the country of joy, samba, football, natural beauty and smile on their faces. The problem is that much of it is "facade".

We are the most anxious country in the world and the fifth most depressive, according to WHO. If we look at the corporate universe, it gets even more critical. The International Stress Management Association (Isma-BR) states that 70% of Brazilians suffer from some degree of stress and 30% reach burnout.

Are we going to keep ignoring mental illness?

Or are we going to open our heads and start rethinking the way we deal with emotional illness? We can create spaces to talk openly about trauma and vulnerability or just keep pretending it's not us. After all, this is another's problem, isn't it? We can go on asking why the colleague next door is sad even though he has everything.

One might say that depression is frivolous or one might also wake up to the sad reality we live and try to do something different! I chose to try to do something good. Talk, expose myself and show that it's okay to be sad once in a while. And to feel scared too. The important thing is to know that there are many ways to ask for help. And so, I follow my option! I use my sometimes acidic writing to debate mental health and try to knock down some barriers around.

How about you, have you ever felt like the Joker?

The anger we feel in our daily lives can lead to a number of behaviors. As the Joker said, a bad day is enough for you to transform. That may be true, but you can also learn to handle your emotions better. That is why I always refer to psychotherapy. From it you learn that from a bad day you can have a good experience. Life is full of people who somehow make us suffer; sometimes even unintentionally, with a silly comment, for example.

Shielding is important and therefore a therapeutic construction will guide you through self-knowledge. You will have the opportunity to look at yourself and find out who you really are. When this is discovered, nothing external will affect you as much as it can now.

The movie is great for making us reflect, but it also makes us think about how we live today. We all go through bad things. We all suffer some trauma at some point in life. What we have to do is take this pain and turn it into hope.



Tatiana Pimenta

is CEO and founder of Vittude, a platform that connects psychologists and patients. She has been doing personal psychotherapy for almost seven years, being in love with psychology and human behavior. Creator of Vittude Virtual Office, developed especially for health care, safely and confidentially



Dormitory is the place with the highest fall rate for 60+ elderly

TeleHelp exclusive survey takes down the myth that the bathroom is the most dangerous place in the house for the elderly.

When it comes to falls, there is a myth that the bathroom is the most dangerous place for people over 60 (60+) because it is a slippery, private environment, but places like the living room and the dormitory are more prone to accidents. This is pointed out by a survey made by TeleHelp, teleservice service that offers autonomy, independence and security for the 60+ public.

According to data from the Syrian-Lebanese Hospital geriatric team, about 30% of people over 65 fall at least once during the year. The number can reach 50% when it comes to people over 80 years. "Falls are a major concern for this portion of the population, as they become more common due to muscle weakness and loss of balance, as well as the possibility of causing more serious damage such as fractures and loss of mobility," explains Bruno Mouco, CEO of TeleHelp.

The survey was based on more than 600 occurrences of falls attended by the company, from January to September 2019. It points out the bedroom as the most common room, with 34% of cases, followed by the room, with 16%, and only then the toilet, which appears in 12% of episodes. Environments such as kitchen (9%), corridor (3%) and outdoor areas (3%) are also present in the survey. The study also shows that the times of highest incidence of falls are at 11 a.m. and 7 p.m.

"Rooms can be more dangerous because they often have slippery rugs, obstructing objects, and furniture that take a lot of effort from people to handle," says the CEO.

PREVENTION

It is important to focus on some precautions that can be taken to prevent falls from environmental factors such as good lighting and the elimination of carpets and slippery objects. Another tip is to pay attention to the positioning of furniture, besides the installation of support points, such as handrails and bars. In addition, telecare services, such as those provided by TeleHelp, can be great allies in increasing security at home.

Working with accident prevention is the best way to prevent possible damage from falling, such as loss of autonomy. Taking this into account, TeleHelp has also developed the Living Alone Guide, with tips and suggestions on how to stay independent and safe in the home environment. The Guide is free and available for download from the site. The company acts in cases of urgency and emergency of the public 60+, triggering the contact list registered to assist in the rescue or forwarding to medical care.



Continuing education in hospitals: the importance of this tool for the team's growth

Patient safety, quality of care, hospitality, facilities ... these are undoubtedly the words constantly quoted in conversation circles, or social networks, when it comes to hospitals. But are these concepts being applied in practice as a continuing education strategy within institutions? Are managers investing in their teams? Forming third party classes as a way to manage billing? From what I have noticed, none of this has happened. Very few hospitals are looking at this important qualification tool within their own home.

In addition to providing its own workforce, the institution can open doors for outside students, such as generating new training and revenue for the still-in-the-making sector - continuing education. Nowadays, professional qualification is fundamental because, with an increasingly intense and crowded labor market, a higher education diploma is not always enough. Therefore, other forms of professional training gain more prominence in the market.

In fact, large hospitals and clinics already position themselves with a certain apathy towards higher education diplomas, looking for specialized and skilled people in a single function. What large institutions are looking for today is no longer higher education, but specialization and proficiency. A person who is trained in a particular profession but does not work with surgical precision will not find space in the market. That is why training and

specializing today is a vital necessity, especially when it comes to the Brazilian market, where unemployment is hitting very high numbers.

Professional qualification is key to increasing the chances of achieving good opportunities in the labor market, but one downside that hinders most professional qualification is finding a good educational institution as well as an affordable investment value.

The update is not just about your training, but about how you handle those who charge you and what they charge you. Radical changes must take place over the next 15 years, and the only way to do this is to qualify and specialize to the "surgical" point we talked about above.

What large institutions are looking for today is no longer higher education, but specialization and proficiency.

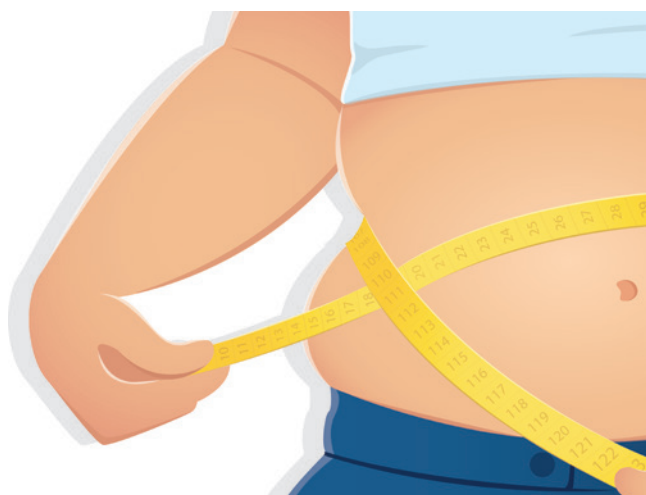


Otávio Muller

is director general of the Brazilian Center for Medical Studies (Cebramed).

Overweight and obesity cause 168.000 deaths per year in Brazil

According to an unprecedented research, lowering body mass index (BMI) could prevent deaths from major chronic diseases



the Brazilian population was already overweight (BMI $25 \geq \text{kg/m}^2$).

"Thus, we estimated the proportion and number of deaths from major chronic diseases (cardiovascular, respiratory and cancer) that could be prevented in Brazil by reducing BMI," explains Professor Rezende. In the research, three different scenarios were considered. The first estimated that if all Brazilian adult population had a BMI of 22 kg/m^2 , that is if there were no overweight / obesity, approximately 168.000 deaths per year in the country would be prevented. This number represents about 25% of deaths from major chronic diseases (cardiovascular, respiratory and cancer) and 15% of all deaths.

Most preventable deaths would be from cardiovascular disease (106.307), followed by respiratory disease (33.471) and cancer (28.653). In the second scenario, the researchers estimated how many deaths would be prevented if the BMI of the Brazilian population were the same as in 2002/2003, and found that approximately 65,000 deaths would be prevented in this case, representing 10% of deaths from major chronic diseases and 5.8 % of deaths from all causes.

Finally, the third scenario estimated the reduction of one unit of BMI (1 kg/m^2) in the population, which would avoid about 30 thousand deaths, representing 4.6% of deaths from major chronic diseases and 2.7% of deaths for all causes.

"The findings may have important public policy implications for disease prevention and control associated with overweight and obesity," Rezende concludes.

"In 2013, over 40% of the Brazilian population was already overweight (BMI $25 \geq \text{kg/m}^2$)."

Approximately 168.000 deaths per year in Brazil are attributable to overweight and obesity, says unprecedented study published in the scientific journal Preventing Chronic Disease of the renowned Center for Disease Control and Prevention in Atlanta, United States. The study was conducted by Brazilian researchers, among them Dr. Leandro Rezende, professor at the Department of Preventive Medicine at the Paulista School of Medicine, Federal University of São Paulo (EPM / Unifesp).

Overweight / obesity can be estimated by calculating body mass index (BMI). "People with high BMI have increased risk for several chronic diseases such as cardiovascular disease, diabetes, respiratory disease and cancer," warns Rezende.

In Brazil, these diseases represent 75% of all current causes of death. To estimate BMI in the Brazilian population, the researchers used data from the National Health Survey conducted by the Brazilian Institute of Geography and Statistics (IBGE). In 2013, over 40% of



Sua Ferramenta de Busca na TUSS

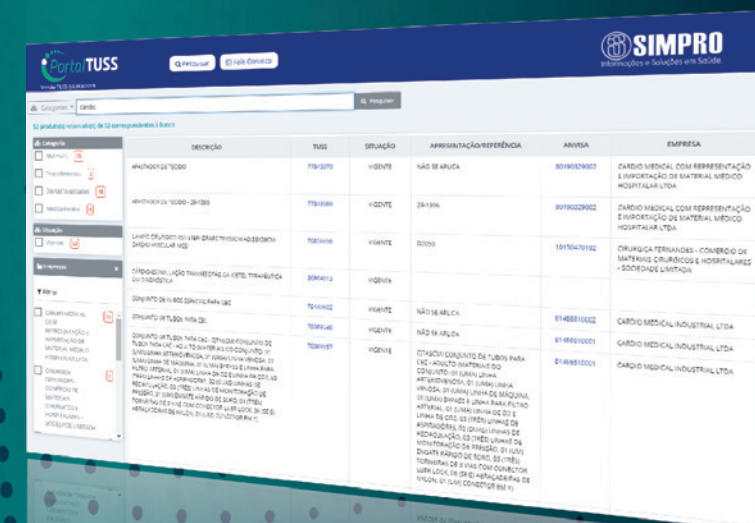
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Facial harmonization: precautions and care in choosing treatment

Growing old with health is what we want. And looking more youthful, it's now possible too. This is what facial harmonization proposes, which uses various combined aesthetic procedures to improve the harmony of the face and stimulate the famous fibroblast, to ensure the firmness and elasticity of the skin. According to the Brazilian Institute of Geography and Statistics (IBGE), life expectancy of Brazilian at birth has risen from 75.8 years to 76 years from 2016 to 2017. And the preliminary results of the 2010 Census point to population aging, therefore, In Brazil, there is a reduction compared to 2000 in all age groups up to 25 years of age.^{1,2,3}

The main procedures performed in facial harmonization include botulinum toxin application, support threads, double chin enzymes, hyaluronic acid filling, rhinomodeling and bichectomy. These procedures can be worked together or separately. And an individualized anamnesis per client should be performed to assess their clinical history, treatment indications for observed aesthetic dysfunctions and the elaboration of a blunt vision plan.^{4,5,6}

Adverse reactions and complications in facial harmonization should be elucidated in their prevention. Biosafety care and material handling are essential, and technical and anatomical knowledge of the treated areas is essential to avoid complications that may leave permanent sequelae. Therefore, it is



important that the professional has knowledge and skills to diagnose and act in the management of these complications, and the choice of a structured hospital or a specialized clinic is fundamental for the safety of the patient and, especially, the professional who will perform this procedure.^{4,7}

Among the adverse effects of the use of botulinum toxin in facial harmonization, the most frequent is eyelid ptosis, a consequence of accidental injection into the orbital septum, or diffusion of the applied toxin. In mild cases, the use of excitomotor currents help in the treatment, as well as ophthalmic solutions that stimulate the return of the elevator muscle function.^{8,9,10}

Hyaluronic acid, the main filler, although biocompatible, has as its main incidence necrosis in regions such as glabella and nasal wing. Therefore, the importance of proper asepsis of the area, aspiration prior to injection and the use of cannulas. And in cases of intravascular,

superficial and excessive injections, the use of hyaluronidase, which will act in the depolymerization of hyaluronic acid.⁶

The bichectomy, the double lip enzyme and the installation of biostimulators and support wires, when not performed correctly, may present damage to nerves with low regenerative capacity, leading to sensitivity changes. The use of galvanic current, low intensity laser and manual physiotherapy can help in treatment, as well as drug use.^{1,4,11}

It is the professional's responsibility to recognize their limitations and qualifications, knowing that the outcome of their work will depend on their thorough knowledge of facial anatomy, technique and complications management.

It is the professional's responsibility to recognize their limitations and qualifications, knowing that the outcome of their work will depend on their thorough knowledge of facial anatomy, technique and complications management.

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Behavioral changes help to reduce care variability

In Brazil, there is an initiative instituted by Normative Resolution No. 440, of the National Supplementary Health Agency (ANS), called "Certification Program of Good Practices in Health Care", which aims to encourage health plan operators to develop care networks in primary health care for the patient, in order to provide a more efficient service to beneficiaries, such as reducing unnecessary trips to emergency units. However, there are other initiatives focused on helping to drive behavior change to reduce care variability:

1) Facilitate the adoption of new approaches towards care

Embracing new approaches towards care is difficult in high pressure environments. We are talking about professionals with high workloads and tremendous responsibilities. Moreover, in critical, high-risk, and conflicting situations, many prefer to rely on well-

established and relentlessly repeated approaches because they believe they are clinically more effective. That is, they totally ignore the possibility of being obsolete and discontinued.

However, investments in safe processes and resources aimed at quality care have been an excellent opportunity to ensure the sustainability of the health system. Barriers need to be overcome and health care providers encouraged to consistently raise the overall standard of care at all contact points with the patient.

2) Strengthening evidence-based care

Health professionals often do not practice contemporary standards and care methods. In addition, they have less and less time to navigate the latest medical evidence. With the advance of technology and medicine,

everything changes daily. Some alternatives emerge and others are discarded, which makes the standardization of care impossible. On the other hand, it is part of the commitment and ethics with the profession to offer quality care to patients. But keeping up with the colossal volume of new and complex medical literature is quite complicated. Thus, a healthcare professional is always at risk of making decisions based on existing knowledge that may be out of date. The bottom line is: What if you could reinforce evidence-based care?

3) Align care teams through a unified care manual

Disconnected and isolated care processes, approaches and solutions make it difficult to unify procedures between all providers and patients. And health care consolidation is magnifying the problem. As a result of a merger or acquisition, healthcare institutions inherit and / or are required to absorb disconnected processes and solutions, leading to inefficiency and inconsistency. In this case, the question is, what if you could align caregivers with a common knowledge base? This is also called content harmonization.

In short, evidence and content harmonization help in the behavior x care variability equation. That is, ensuring that the same content is accessed by all providers involved in care as well as by patients. We are talking about a transition from what is currently done, when care is delivered separately in hospitals, clinics, pharmacies, and doctors are at the center of this universe, to a more advanced and especially more effective stage, with patients in the spotlight. Best of all, receiving coordinated, consistent care that does not vary regardless of provider, place of care, country, and so on.



Marcelo Lancerotti

is a country manager at Wolters Kluwer Health in Brazil, specialized in providing information to healthcare professionals and students.



Nine out of ten caregivers stop doing day-to-day activities to care for schizophrenic patient

Patients' lack of awareness of their own disease and difficulty adhering to treatment are some of the difficulties pointed out by researched caregivers.

Survey reveals that 93% of caregivers often stop doing day-to-day activities, and 43% even quit work to care for close people living with schizophrenia. The data are the result of a survey conducted by the Ipsos Institute, at the request of Johnson & Johnson pharmacist Janssen, who listened to 150 caregivers from nine Brazilian cities (São Paulo, Rio de Janeiro, Recife, Salvador, Curitiba, Belo Horizonte, Florianópolis, Porto Alegre and Brasília), in order to understand the reality of those who live with the patients of this disease in the social, economic and professional spheres.

For 62% of the caregivers interviewed, schizophrenia affects their lives almost as much as patients, mainly due to changes in the routine and lifestyle imposed by the disease, as reported by 47% of respondents. The research points out that, in the view of caregivers, half of patients do not recognize that they are sick, and this difficulty of acceptance is one of the main obstacles to adherence to treatment in the opinion of 45% of

respondents. Most of the caregivers are women (78%), with a mean age of 43 years, usually with some degree of kinship with the patient - child, sibling, parent, uncle.

Schizophrenia is a chronic disease yet very stigmatized, affecting about 1% of the world population. In Brazil, the disease affects approximately 1.6 million people. It consists of a complex mental disorder characterized by distortions of thought, perception, emotions, language, behavior, and self-awareness. Symptoms may include hallucinations (hearing, seeing or feeling things that do not exist) and delusions (false beliefs held even when there is evidence to the contrary).

According to the World Health Organization (WHO), the disease is considered the third disease that most affects the quality of life among the population between 15 and 45 years old. The pathology usually begins between late adolescence and early adulthood. It is estimated that 40% to 71% of patients do not follow treatment correctly.

"The lack of adherence to treatment is the biggest challenge for the recovery of schizophrenia patients, because when they do not properly treat the disease, relapses take place and aggravate the condition," explains Dr. Cristiano Noto, psychiatrist at Paulista School of Medicine from the Federal University of São Paulo (Unifesp). According to experts, approximately 80% of patients relapse within five years after the first episode of the disease. Multiple relapses culminate in a progressive loss of functionality. Thus, preventing relapses from the onset of the disease is a treatment priority and a potential disease modifying factor.

New psychotic outbreaks place a significant burden on both patients and their families. Patients may have very serious repercussions, such as progressive cognitive deterioration, impairment in interpersonal relationships and reduced quality of life. In addition, with each episode, recovery may occur more slowly and the disorder may become resistant to treatment.

Returning to a productive and integrated life in society are important questions raised in the survey: 76% of respondents say that the patient has fewer symptoms when using a drug, and 75% claimed that

individuals remain more functional and collaborative. More than half of caregivers (56%) were positive and hopeful regarding the evolution of treatments for schizophrenia. Interviews were conducted in person or by telephone with men and women over 18, and the margin of error is 8%.

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Innovative treatment facilitates patient compliance

Recently approved by the National Health Surveillance Agency (Anvisa), paliperidone palmitate is the first long-acting injection that requires only four doses a year, and therefore arrives in Brazil as an option to increase treatment adherence, preventing relapses and improving patients' quality of life.

The product is approved for the treatment of schizophrenia in adult patients already treated with monthly paliperidone palmitate injection for at least four months. Quarterly use of paliperidone palmitate showed a good safety and tolerability profile, comparable to those already established in multiple studies for the other presentations of the oral, monthly injectable and quarterly injectable product. The most common adverse events were injection site reaction, weight gain and headache.

"The arrival of treatments such as quarterly paliperidone palmitate, which can be used only four times a year, will impact the lives of patients, who will have more autonomy and freedom, and that of their families," explains Dr. Cristiano Noto, MD, psychiatrist at the Paulista School of Medicine, Federal University of São Paulo (Unifesp).

Janssen and the neuroscience

Neuroscience is directly linked to the history of Janssen. In the 1950s, company founder Paul Janssen created the first antipsychotic to treat patients at home. Prior to this discovery, existing psychosis treatments were associated with significant side effects.

Brazil has not yet adapted to the People with Disabilities (PwD) rights



In July 2015, the Brazilian federal government approved Law No. 13.146, including the Person with Disability (PwD), which guarantees a series of rights to approximately 45 million Brazilians with disabilities.

According to the Statute of the Person with Disability, disability means “a physical, mental or sensory restriction, whether permanent or transient in nature, which limits the ability to perform one or more essential activities of daily living caused or aggravated by the economic and social environment”.

The most curious thing is that Brazilians are unaware of the number of people with disabilities that exist in the country, nor are they prepared to accommodate them. It is not uncommon to come across shops that do not have wheelchair access ramps or accessibility to visually impaired people, much less adapted toilets.

Another point I want to discuss throughout this article is that even the citizen who has a disability is unaware of the rights range that the Constitution guarantees and how to access the benefit. Some of the items guaranteed by law to the PwD are:

Reference

1. BRASIL. Lei nº 13.146, de 6 de julho de 2015. Institui a Lei Brasileira de Inclusão da Pessoa com Deficiência (Estatuto da Pessoa com Deficiência). **Diário Oficial da União**, Brasília, 2015.

exemption from Tax on Industrialized Products (IPI), Tax on Transactions on the Movement of Goods and Provision of Interstate and Intermunicipal Transport and Communication (ICMS), Tax on Financial Operations (IOF), Motor Vehicle Property Tax (IPVA) and Urban Land and Property Tax (IPTU); property quittance; exemption from the fare charged on public transport (in some cases for the accompanying person as well); Income Tax (IR) exemption; one minimum wage supported by social assistance, etc.

However, until he or she becomes a beneficiary, the person with a physical disability faces a series of forms, analysis, huge queues, a lot of paperwork and bureaucracy that stretches for a long time, making it difficult to acquire the benefit.

Another portion of the population unaware of the rights guaranteed by the state refers to patients with cancer. In cases where the woman underwent breast removal, the Constitution guarantees exemption from IPI and ICMS. Many patients refrain from claiming the benefits because they believe that these rights cease after healing.

Throughout this article, I have covered a small sample of rights granted to a specific portion of Brazilian society. With this, I want to draw attention to a range of benefits provided by law and unknown to the population, a system that seeks to prevent fraud yet, on the other hand, bureaucratizes, hindering the access of beneficiaries.

What I want to talk about is that, being Brazilian, it is extremely important to know the Constitution and the laws; that way, everyone can gain access to their rights, preventing fraud in the industry and ensuring that the right people are served by these social programs.

Marcelo Callegari
is founder and CEO of Justiça Express, a technology platform that connects people with lawyers.

Why the debate about food labels?

Lately, there is a growing interest in healthy eating diets. However, paradoxically, the prevalence of noncommunicable chronic diseases (NCDs), such as obesity, hypertension, and diabetes, has also increased in the country, according to the Surveillance Brazil 2018 - Surveillance of Risk Factors and Disease Protection by the Ministry of Health.

Given this scenario, it is important to emphasize that healthy eating is fundamental, but assessing the multifactorial issues of obesity is just as important. The most common misconception is that healthy eating is all about excluding foods that contain sugar, sodium and fat from the diet. One should not ignore the role that each of these food classes plays in our body.

Sugar, for example, is critical to generating the energy the body needs for day-to-day activities, just as carbohydrate and glucose have the same function within our bodies - the body can't be without, it's a fuel. It can also be found in the form of sucrose, fructose and lactose. Sugar chains, called oligosaccharides (smaller) or polysaccharides (larger), play an important role in virtually every aspect of cellular functions. The same goes for sodium and fat. The former helps keep body fluids in homeostasis (balance), and contributes to normal nerve and muscle function. When sodium intake and loss are not completely balanced, the total amount of sodium present in the body is affected.

Fats, ultimately, are sources of energy for the body and also fulfill other functions, such as participating in cell growth, maintaining body temperature, protecting vital organs, transporting vitamins and composing enzymes, hormones and substances that help the immunological system. Therefore, it is necessary to understand that the problem is not to consume a certain nutrient, but to consume too much of any food. The secret is moderation, that is, everything can be consumed as long as one intake adequate quantities.

And how do you know what is the right amount and eat with balance? One of the most important sources of information is the food label, and therefore the

Each country has opted for a labeling model. In Europe and the United States, for example, labels indicate the amount of ingredients on the front of the product according to daily use recommendations and are more informative, indicating the amounts of sugar, salt and fat using colors, known as a model of 'nutritional traffic light.'

importance of renewing it with clearer and more complete information. The role of labels for the promotion of healthy eating is highlighted in most studies and research involving the area of nutrition and its relationship to strategies for reducing NCDs.

Nowadays, the emergence of front labels has generated an important debate among consumers. The idea of these new labels is to guide consumers and instruct them in the best choice of food, making nutrition information clearer and directly influencing overweight prevention / treatment, one of the biggest public health problems.



Each country has opted for a labeling model. In Europe and the United States, for example, labels indicate the amount of ingredients on the front of the product according to daily use recommendations and are more informative, indicating the amounts of sugar, salt and fat using colors, known as a model of 'nutritional traffic light'.

In Chile, three years ago, the government changed the label model to the alert symbol, which instead of informing the right amount of nutrients, only applies black labels with phrases warning of the high concentration of saturated fats, sodium and sugar per 100 g of the product. According to Health Minister Jaime Mañalich himself, the application of this labeling model did not bring the expected results; on the contrary, obesity rates continue to grow in the country.

Brazil cannot miss this opportunity. We should discuss possibilities for changes and improvements in food labels, to bring more information, knowledge and, consequently, food education to the Brazilian population.

Bianca Naves

is a nutritionist specializing in Cardiology Nutrition and Sports Nutrition from the University of São Paulo (USP). Owner-owner of the NutriOffice Clinic in São Paulo, she is also a collaborator of the journalistic program "Hoje em Dia", broadcasted by Record.

Brazilian project brings new perspective for leukemia treatment

Partnership between SBTMO and Amgen aims to contribute to the standardization of the Minimum Residual Disease (MRD) evaluation tests and to prevent the progression of Acute Lymphoblastic Leukemia.

The Brazilian Society of Bone Marrow Transplant (SBTMO) and Amgen launched the project to standardize the assessment of Minimum Residual Disease (MRD) in patients with acute lymphoblastic leukemia (ALL) in Brazil. The initiative was presented to the medical class and cytometrists during the HEMO 2019 (Brazilian Congress of Hematology, Hemotherapy and Cell Therapy), which took place between November 6th and 9th in Rio de Janeiro (RJ).

Following treatment with standard chemotherapy, between 30% and 58% of patients undergoing treatment may have positive MRD - that is, a small amount of the disease that persisted on initial treatment for ALL. In this case, about 87% of patients may relapse in their health condition¹.

To prevent resurgence of the disease, attention should be paid to early diagnosis of MRD, which can be detected by high-sensitivity flow cytometry methods - an examination that counts, classifies, and analyzes the patient's bone marrow samples². If so, the method enables a better assessment of each patient's prognosis, indication and application of a new treatment to reduce the risk of relapse and greater safety when bone marrow transplantation (BMT) becomes necessary³.

"With standardization, it is possible to identify MRD early and bring greater diagnostic security. In addition to the explicit benefits for families fighting cancer, the project contributes to the sustainability of the health system, as it is able to minimize the misinterpretations of the exam", comments Tatiana Castello Branco, medical director of Amgen Brazil.

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Reducing average service time through technology

Although it may seem new to some people, the acronym AST (Average Service Time) has been a widely used performance indicator for those who work in direct contact with clients, especially in the laboratory, clinic and hospital care sectors. Briefly, the metric Average Service Time means the time a professional need to resolve an order from those who consume their service. Any doubt that using it in the healthcare industry may be critical to measuring the team's performance with the patient? After all, detecting what the team spends in minutes on each call makes it easier to understand the root of the problem.

In this sense, it is possible to measure it by summing the total time of care, then dividing it by the number of patients attended during the desired period - which can be a day, a week or a month. As for the reasons for the increase in AST, this can often be explained by the lack of staff training, lack of a system with the updated data of the assisted and the poor quality of care. Therefore, it is extremely important that the attendants know in depth who is the public, the processes that are part of the office routine, so that they can quickly assimilate and pass on the information. At these times, training is always the best option.

It is extremely important that the attendants know in depth who the public is, the processes that are part of the office routine, so that they can quickly assimilate and pass on the information. At these times, training is always the best option.



Regarding attendant productivity, certain hospital software may be lacking for better performance. Providing an online scheduling solution for patients, for example, makes their care professionals able to engage in other routine activities, and clarify certain questions with the calm that the moment calls for. Without the rush of phone calls, replaced by web scheduling, the quality of call center work just tends to increase. The cost of each phone call is also reduced to the maximum, as dialing online is free and only requires internet. Now imagine the changes brought about by such software when each attendant calls 20 patients every day ... The result is certainly satisfactory.

I also remember that the great value of solutions like this lies in the fact that they benefit both patients and hospital professionals. For one thing, a hospital that invests in online scheduling software can streamline the work of attendants - as in many institutions there are still people solely responsible for scheduling procedures. On the other hand, it offers patients a modern and autonomous way of scheduling, without even having to call.

Within a context marked by easy access to Web 2.0, the option meets a phenomenon that is here to stay: the digital transformation of health institutions. Dealing with high AST from technology thus shows that not only does your institution care about the quality of everyday work, but it bets on new technological devices as an opportunity to facilitate internal processes. Certainly a great way to improve your own work and, in addition, position yourself as a modern organization!



Fernando Soares

is CEO of CM Tecnologia, a health tech focused on the connection between healthcare systems. Nowadays, it has integrated software ranging from a gateway that organizes access to ERP data to tools focused on the patient journey - such as online exam appointments and results, remote appointment confirmation and automated covenant verification.



Responsibility for errors in health court decisions

The growth of lawsuits dealing with health-related issues has increasingly gained relevance in the handling and volume of demands with the judiciary. In a recent survey by the Institute of Education and Research (Insper), commissioned by the National Council of Justice (CNJ), released at the Syrian Lebanese Hospital in São Paulo, in March 2019, there was an increase of 130% in lawsuits related to health between 2008 and 2017. During this period, around 500 thousand lawsuits of this nature were accounted for.

As also verified by the referred research, the quality of the judicial rendering in such actions has not been the desired one. Such recognition has been due to the very summit of the judiciary, so much that the president of the Supreme Federal Court (STF), Minister Dias Toffoli, said that “magistrates cannot manage the budget of health care companies”, as well as “the need to minimize Justice’s participation in the resolution of health-related conflicts”.

And much of the responsibility for poor judicial performance in judging actions related to health matters comes from the position of magistrates who do not use tools created by the CNJ itself, in partnership with reputable medical institutions such as Albert Einstein Hospital and Syrian Lebanese Hospital, to improve decision-making skills, such as the Health Technology Assessment Centers (Nats), the Judiciary Technical Support Centers (NAT-JUS) and the National

Commission for the Incorporation of Technologies into the SUS (Conitec).

According to data from the survey produced by Insper, less than 20% of judgments use technical advice and specific reasoning. What is seen in contentious forensic practice are decisions with little technical basis in the light of medicine and even legal in the light of the respective specific legislations.

For health plans and hospitals, the result of such decisions is catastrophic, unfair and extremely harmful. For patients, there are situations that are also harmful, as there are decisions that consider exclusively the position of the attending physician, without any filter or consideration, although sometimes being contaminated by conflict of interest, generating danger and poor judicial performance, even in the hypothesis of provenance of the respective claims.

In São Paulo, 82% of health-related actions refer to private health insurance providers. And, in this peculiar, there are thousands of decisions against such companies that play an important role in providing complementary health, in a state whose public health cannot take care of the population.

The day-to-day procedural readings demonstrate the unbalanced and improper care, brought by judicial decisions that ignore the legislative subsystem edited by the National Supplementary Health Agency (ANS),

as well as contractual provisions and medical advice, considering merely the need for coverage of care by patient, not his or her actual right under the contract and the law.

It turns out that this kind of individual “pseudo-solution” globally causes a chain reaction that harms thousands of other beneficiaries and society itself. The scenario is made even worse by the rampant granting of urgent injunctions in court proceedings, which impose immediate disbursement of true fortunes in the cost of coverage, which in the end, in its judgment on merit, are dismissed as unfounded.

In these situations, despite civil procedural law ensuring that the plaintiff is liable for damages resulting from the granting of urgent measures, in practice the beneficiaries, largely holders of the benefits of free justice and without personal assets to cover the expenses, go unpunished and with the treatment that they were not entitled to free of charge, and, in turn, leave the operator with the loss.

What is worse is that the civil procedural law itself determines that magistrates should not be granted urgent relief when they prove irreversible, as in the example above, but nevertheless the grant of such measures does not find an effective filter. It is vitally necessary for judges to deconstruct the prejudice that health insurance companies adopt illegal attitudes as

a rule, as well as to be sensitive about the practical irreversibility of emergency measures before they are granted.

All because, in the event of judicial error in the granting of urgent measures, confirmed by decisions of merit in the judgment of the action, even though there is civil procedural law guarantees, in theory, the respective compensation for the expenses generated by the injunction, in practice, the losses and damage to the health insurance operator are certain.

Therefore, just as important as the discussion on the growth of the health judicialization is the effective accountability of its consequences, a situation that invites the rightful operators to reflect on a possible legislative change, aiming, objectively and autonomously, to personal and direct accountability of the magistrate responsible for a badly granted emergency measure, without the State’s shield and all the current protective obstacles imposed by the infraconstitutional legislation.

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Telemedicine has potential to expand access to specialized care in Brazil, says SBOC

Brazilian Society of Clinical Oncology (SBOC) defends benefits of modernization of medicine and warns about care needed to ensure the best assistance to patients

Currently, Brazil has one clinical oncologist for every 170 cancer patients, an adequate amount, according to the World Health Organization (WHO). The problem is in the distribution of specialists in the national territory. While São Paulo has over a thousand oncologists, Roraima, for example, has only five.

In a budget deficit scenario, the challenge of ensuring access and quality to health care in remote regions is even greater. When the primary care system is well structured, general practitioners are able to intervene in cancer risk factors and perform secondary prevention by requesting appropriate screening tests.

The lack of this appropriate structure, coupled with the lack of oncologists, makes room for new technologies to be used on behalf of patients. This is the case with telemedicine. "There is often no oncologist in the patient region to whom the General Practitioner can refer, and this creates new problems beyond diagnosis: these patients need to move to larger centers, lose work days, and spend money on transportation and lodging. Difficulties that technology can help us avoid by allowing proper guidance for establishing the diagnosis and even for general care measures for these patients," says Dr. Rafael Kaliks, oncologist at the Brazilian Society of Clinical Oncology (SBOC).

Nowadays, it is already possible to make consultations via videoconferencing, analysis of reports and follow-up of patients hospitalized in the intensive care unit (ICU) at a distance. This remote medical care is called telemedicine. For Kaliks, its immediate applicability is greater in the public sector than in the private sector, as

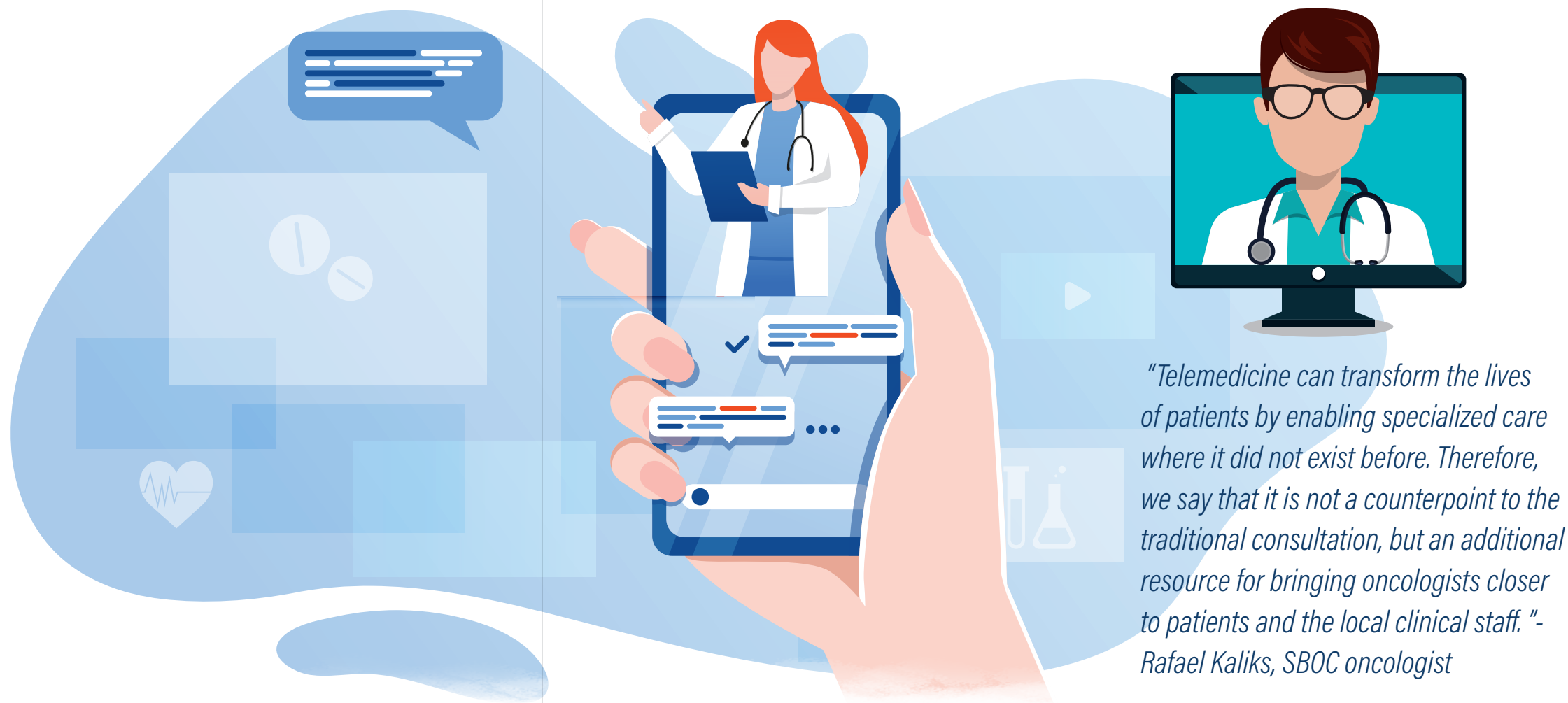
the need for specialist assistance is greater. "Telemedicine can transform patients lives by enabling specialized care where it did not exist before. Therefore, we say that it is not a counterpoint to the traditional consultation, but an additional resource to bring oncologists closer to patients and the local clinical staff," he explains.

As in traditional medicine, quality distance treatment requires adequate infrastructure and qualified professionals. Technology, in turn, must add to the service. The regulation of the activity, currently under discussion, needs to bring solutions to new problems that will naturally arise, such as the validity of remotely issued prescriptions and the security of patient data.

"The supervision must be as adequate as in the other modalities of care. These difficulties in regulating and ensuring privacy should not prevent us from facing the challenge of telemedicine. We must constantly think about how to offer solutions that improve the patient's journey and expand access to appropriate treatments, even in remote areas," he concludes.

SBOC

SBOC is the national entity representing more than 1,900 Clinical Oncology specialists, distributed across 26 Brazilian states and the Federal District. Founded in 1981, SBOC aims to strengthen the medical practice of Clinical Oncology in Brazil, in order to contribute positively to the Brazilian population health.



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Rafael Kaliks, SBOC oncologist

Nutritional Therapy May Reduce ICU Patients' Time

Malnutrition causes infections and other complications that delay hospital discharge

The quality of nutritional therapy given to patients hospitalized in Intensive Care Units (ICUs) is directly associated with shorter or longer length of stay, comorbidity and high medical ratio x mortality rate. According to surveys from the Brazilian Hospital Nutritional Assessment Survey (Ibranuti), more than 48% of patients hospitalized in the public network had some degree of malnutrition prior to hospitalization.

For nutritionist Rafaela Dodde, from Evandro Freire Municipal Hospital, located on Ilha do Governador, North Zone of Rio de Janeiro, the quality of food that will be given to patients arriving in ICUs in serious clinical condition is fundamental for recovery and hospital discharge.

"The malnutrition rate, which can reach about 70% of patients, can lead to loss of lean mass, infections, among other complications, making oral, enteral or parenteral nutrition necessary," says the nutrition supervisor.

At the Evandro Freire Municipal Hospital, malnutrition in hospitalized patients with an average age between 65 and 80 years is prior to hospitalization, which requires a reinforcement in nutritional therapy. "In addition to being debilitated by their own age, the elderly in ICUs may suffer from infectious diseases, respiratory diseases, among others. Nutrition can act as a catalyst, increasing the ability of the patient's body to react," adds Rafaela.



STRENGTHENING THE FEEDING OF ELDERLY PATIENTS

The nutritionist remembers that getting older means living with the changes of age, but seeking to maintain health. "It is up to the nutritionist to make the family aware that it is possible to maintain healthy habits in old age. Among them, hydrate and eat well, do not smoke, practice physical activity, sleep well and, not least, count on the effective participation of family members so that one do not feel isolated and differentiated", she highlights.

The nutritionist also explains that with the change in teething, chewing and gastric and intestinal functions, there is a reduction in food intake, which can be aggravated without a varied food diet.

"Ideally, increase hydration by 30 ml / kg by weight with mineral water, coconut water, natural juices and teas; also increase fiber intake such as fruits, vegetables, whole grains and vegetables and include carbohydrates such as breads, pastas and cereals in their full form, legumes such as beans, peas, lentils, chickpeas and soy, as well as milk, yogurt and cheese, which are great sources of calcium," she teaches.

According to surveys from the Brazilian Hospital Nutritional Assessment Survey (Ibranuti), more than 48% of patients hospitalized in the public network had some degree of malnutrition prior to hospitalization.

Brazilian Congress of Intensive Care Medicine

Nutrition in intensive care is symposium theme at the 24th CBMI

Event held in the capital of Ceará discussed quality improvements in the treatment of critically ill patients

The 24th edition of the Brazilian Intensive Care Medicine Congress (CBMI), held between December 7th and 9th, at the Ceará Event Center in Fortaleza, brought together renowned national and international professionals to discuss the search for innovations and new technologies, therapeutic approaches in diagnosis, in addition to improving the quality of treatment for the safety of the critically ill patient. The event is promoted by the Brazilian Intensive Care Association (Amib).

With a wide program of lectures and scientific meetings, the 24th CBMI promoted the symposium "Future of Nutrition in Intensive Care - New Guidelines, Evidence & Insights", with the participation of Dr. Diogo Toledo, Braspen's president, and Ivens Augusto Oliveira Souza, specialist doctor in intensive care at Amib and member of Braspen's Board of Directors.

The symposium addressed the importance of nutritional management among critically ill ICU patients who are susceptible to muscle loss, with subsequent reduction in independence, lack of micronutrients and appropriate use of enteral nutrition. For Ivens, multidisciplinary care is essential to ensure patient survival at this most critical time of hospitalization and improve post-ICU survival.

"Critically ill patients are typically associated with a catabolic stress state and a systemic inflammatory response. This inflammatory response is also related to complications that lead to increased infectious morbidity, multiple organ dysfunction, prolonged hospitalization and mortality rate. Nutritional therapy is a key element in the care of this group of patients, due to the scientific evidence proving that nutritional status directly interferes with their clinical evolution," explains Ivens Augusto.



Experts warn of rising numbers of osteoarthritis, osteoporosis and sarcopenia

Symposium, held in São Paulo, brought together Brazilian physiatrists, orthopedists and rheumatologists, as well as British scientific expert and professor, Dr. Ali Mobasheri

The result of a research carried out by the Study Group on Osteoarthritis, Osteoporosis and Sarcopenia (GEOOS) was presented during the 1st GEOOS Symposium, organized by the Pearl Grinberg Plapler physiatrists (by the Institute of Orthopedics and Traumatology, University Hospital School of Medicine from São Paulo - IOT-HCFMUSP) and Cyro Scala (from Santa Casa de São Paulo), with the support of the entire GEOOS board. The event, which was attended by Brazilian doctors and British doctor Dr. Ali Mobasheri, considered one of the most respected names worldwide in the scientific and academic world when it comes to osteoarthritis, took place at HCFMUSP's Technological Innovation Center, in São Paulo., in order to foster scientific initiatives focused on interdisciplinary care for disease prevention and treatment.

During the symposium, experts reinforced their concern about the growing number of people who do not take diets, lifestyle and disease prevention seriously. According to the research, some prevalence statistics on osteoarthritis in Brazil were shown, which revealed, among other important results, that 33% of the Brazilian population has the disease, being individuals over 25 years old, 40.2% men and 59.8% women.

According to the Osteoarthritis Research Society International (Oarsi), osteoarthritis is a joint disease characterized by cartilage degeneration, associated with joint inflammation. In Brazil, it is responsible for 7.5% of all leaves of work, being the second largest cause, and is the fourth to determine retirement (6.2%), since the prevalence among the elderly is huge. After age 65, 85% of people have radiographic evidence of osteoarthritis.

With the theme "Emerging supplements for osteoarthritis and joint health", the symposium, for Dr. Ali Mobasheri, aimed to establish a new forum for discussion and dissemination of the latest research on osteoarthritis, and to debate the recently introduced treatment guidelines for clinical management of the disease. "When I sent my intent and personal statement to the president of the Osteoarthritis Research Society International (Oarsi), I made it clear that I would work hard to make Oarsi more international and build new relationships and ties with Brazil and India. Over the past 12 months, I demonstrated my commitment to the research community in Brazil, with numerous visits to the country, discussing and, together with the Brazilian medical team, researching osteoarthritis", reveals the specialist from the United Kingdom.

The worldwide burden of the disease is a huge problem that grows by the day. In the 2010 study, it was the 11th

largest contributor to disability. Osteoarthritis is the most common form of locomotor disease and one of the most chronic diseases, affecting millions of people worldwide. "In Brazil, I believe the incidence will increase as demographics change, as obesity and aging increase, so we need to consider that the health care system will be affected," said Dr. Ali.

Pérola Plapler stressed the importance of the pioneering symposium in the area and brought together several experts to discuss the three diseases - osteoarthritis, osteoporosis and sarcopenia - which often go hand in hand. "It is essential that research be conducted so that we have a better understanding of these diseases and how to treat them. We have observed that the treatment of the three, when present, enhances the treatment of each of them, so it is worth treating them all at the same time, in order to increase quality of life and decrease mortality", he explained.



Amib and Ministry of Health sign Technical Cooperation Agreement focusing on public ICUs

The partnership aims to improve the quality indicators of Intensive Care Units focusing on the application of minimum quality and efficiency criteria.



The Brazilian Association of Intensive Care Medicine (Amib) and the Ministry of Health signed, on December 17th, 2019, in Brasília, a cooperation agreement with the objective of using the technical knowledge of the intensivists to improve the quality indicators of the

Intensive Care (ICUs) of the Unified Health System (SUS) and private sector. The focus of the work will be the organization and application of minimum quality and efficiency criteria.

The agreement is based on three pillars: to develop the project 'Profile of ICUs in SUS', which consists of the evaluation of public units from public and private non-profit health facilities; develop the Amib Adota project, referring to a case study in which, based on prior diagnosis, a technical training and management program of a public ICU will be established for a period of 12 months; and the development of training courses for professionals working in ICU in partnership with the National Transplant System (SNT).

The agreement also provides for Amib's action, through its regional offices, in the application of projects and courses, as well as in the dissemination of results in the media. The follow-up will be carried out by the Department of Hospital, Home and Emergency Care (Dahu) and the Department of Specialized and Thematic Care (Daet) of the Secretariat of Specialized Health Care (Saes) of the Ministry of Health. Amib, in turn, set up a specific committee to follow up on the topic.

"This agreement, besides being unprecedented in Amib's history, is very important because it positions our association as an official advisor in planning the ministry's health policies aimed at ICUs in Brazil," says Dr. Ciro Leite Mendes, CEO of Amib.

"The minister, as well as his team, understands that Amib, as the official representative of Brazilian intensive

care professionals, has all the qualities necessary to provide this advice, including the technical training of its associates, its capillarity throughout the national territory, as well as data and indicators from most national ICUs. Thus, we believe that this agreement will have a very positive impact on improving the quality of care for critically ill patients in Brazil," adds the president.

For Dr. Suzana Lobo, who will serve as president of the institution from 2020, and therefore will be at the forefront of project implementation, this is a "very important partnership, because it opens perspectives for collaboration that will certainly improve Brazilian ICUs quality".

Dr. Marcelo Maia, Amib's secretary-director, says that with the project, the institution fulfills its function of representing and defending the collective interests of Brazilian intensivists. "This agreement is renewable and will certainly be expanded to include more collaboration topics as the good results of the current projects involved in the partnership emerge," he says.

"Surely, over the last ten years, this will be Amib's main contribution to improving the quality of care for critically ill patients. A great opportunity, which was very well taken by the current board of directors," says project coordinator Amib Adota, Dr. Ederlon Rezende.



ABOUT AMIB

For almost 40 years working in the valorization of the intensive care physician favor, the Association of Brazilian Intensive Care Medicine (AMIB) has today more than 6.200 members and 25 regionals scattered throughout the national territory, and its main mission is to promote research, training, titling and defense of intensive care professionals.



Dulci Tiné
Parliamentary advisor to the Federação Brasileira de Hospitais (FBH).

WG STUDYING SUS TABLE PRESENTS REPORT ON CSSF

The Working Group (WG) to Discuss the Unified Health System Table (WG SUS Table), created by Deputy Dr. Luiz Antonio Teixeira Jr. (PP / RJ), through Request No. 16, 2019, within the Committee Social Security and Family (CSSF), was attended by 24 parliamentarians. The report exposed the challenges related to the management of medium and high complexities in SUS. In addition, the WG also analyzed bills in the House and Senate that deal specifically with the organization or updating of the SUS Table.

The work contains a diagnosis of the situation, based on the evaluations presented during the public hearings and the studies delivered. As a deliberation, the WG proposed an indication to the Executive Power

and the creation of a Draft Bill, with the purpose of motivating a profound reform in the remuneration system of providers and health services that work in complementary participation.

The nomination suggests to the Minister of Health to proceed with the modernization of the system, in addition to requesting an immediate readjustment of the predicted values for cancer diagnosis procedures. The Draft, on the other hand, proposes a change in the legislation to establish transparency parameters, qualification of providers and remuneration for services performed at SUS, among others. Finally, the report proposes to maintain the functioning of this WG in 2020 in order to monitor the proposed actions.

CONGRESS APPROVES UNION BUDGET FOR 2020

The National Congress approved the public budget for 2020, with a total value of \$ 3.6 trillion. The National Congress Bill 22/2019 is now being sanctioned by the Presidency of the Republic. In 2020, the fiscal target for the central government's primary result - National Treasury, Social Security and Central Bank - will correspond to a deficit of R \$ 124.1 billion. Since 2014, public accounts have been in the red: discounted debt interest payments, expenses have been exceeding revenues year by year.

For health, the Annual Budget Law 2020 (LOA) 2020 provides for a budget of \$ 125.6 billion, of which \$ 4.3 billion is conditional on the approval of additional credit. The general rapporteur for the 2020 budget was Federal Representative Domingos Neto (PSD-EC). The chairman of the Joint Budget Commission (CMO) was Senator Marcelo Castro (MDB-PI). During the congressional vote, the rapporteur stated that parliamentarians were able to increase the resources that will be spent on most areas, such as health and education.

PARLIAMENTARIANS SET UP JOINT COMMISSION TO ANALYZE TAX REFORM

The Joint Commission will last three months and will be made up of 15 members and 15 senators. Its creation was supported by the Minister of Economy, Paulo Guedes, who believes in the approval of the reform, still in the first half of 2020. The commission will reconcile the proposals on the subject in the House of Representatives (PEC 45/2019) and in the Senate (PEC 110/2019), as well as aggregate the ideas of the federal government.

The idea of tax reform will be to simplify the collection of taxes on consumption and tax more those who has more income. According to Mayor Rodrigo Maia (DEM / RJ), the government will send to the Congress a proposal to "organize the Income Tax".

PROJECT REQUIRES PHYSIOTHERAPIST TO STAY IN INTENSIVE CARE UNITS

The proposal foreseen in the Draft Bill 1.985 / 2019 establishes the mandatory presence of at least one full time (24h) physical therapist for every ten beds in the Adult, Pediatric and Neonatal Intensive Care Units (ICs) of hospitals and clinics of public and private institutions. Currently, the Draft is in the Committee on Social Security and Family (CSSF) of the House of Representatives, with rapporteur of the Deputy Dr. Luiz Antonio Teixeira Jr. (PP / RJ). The proposal, after being voted on by the CSSF, will still have to be processed by the Finance and Taxation Commission (CFT) and the Constitution and Justice and Citizenship Committee (CCJC).

DRAFT BILL THAT GUARANTEES RESOURCES FOR RESEARCH ON RARE DISEASE MEDICINES IS SANCTIONED

The Senate Bill 6.566 / 2013, approved by the House of Representatives in July, had been vetoed in full by President Jair Bolsonaro in October, but in late November, deputies and senators succeeded in overthrowing the bill veto, retaking the rule approved by Congress.

Law 13,930 / 2019 was enacted and published on December 11, 2019. It will allow at least 30% of the resources of the Health Research Promotion Program

to be researched for medicines, vaccines and therapies for rare or neglected diseases by the pharmaceutical industry. The text amends Law 10,332 / 2001, which instituted research incentive programs in the country and defined only 17.5% for the Health Research Promotion Program, receiving as Intervention Contribution in the Economic Domain (Cide). Under the new law, 30 percent of Cide's funding will go to research for rare disease drugs.

SOCIAL SECUTIRY APPROVES CHANGES IN COMMISSION THAT EVALUATES HEALTH TECHNOLOGY IN SUS

The Draft Bill 2.035 / 2019, which states that those nominated for the National Commission for Incorporation of Technologies in the Unified Health System (Conitec-SUS) should have professional experience and academic background compatible with the assessment of health technologies, was approved by the Social Security and Family Commission (CSSF) of the House of Representatives. The report, presented by the rapporteur, Dr. Luiz Antonio Teixeira Jr. (PP-RJ), amends the Organic Health Law, which regulates Conitec,

advisory body of the Ministry of Health, responsible for assessing and defining health technologies, such as medications and clinical protocols, which will be used in SUS care. It also alters the composition of the Council and suggests that the meetings be broadcast live over the Internet more transparently.

The project is being finalized and will still be analyzed by the Constitution and Justice and Citizenship Commission (CCJC).

HEALTH SECTOR EVENT CALENDAR

<p>JANUARY</p> <p>WELCOME SAÚDE '20 Date: January 28th Location: Renaissance São Paulo Hotel – São Paulo-SP Website: https://eventosgm.grupomidia.com/welcome-saude/</p>	<p>MARCH</p> <p>SAHE – SOUTH AMÉRICA HEALTH EDUCATION Date: March 31st to April 2nd Location: Transamérica Expo Center – São Paulo-SP Website: https://grupomidia.com/sahe/</p>	<p>MAY</p> <p>HOSPITALAR Date: 19th to 22nd May Location: São Paulo Expo – São Paulo-SP Website: https://www.hospitalar.com/pt/home.html</p>	<p>JUNE</p> <p>TELEMEDICINE & DIGITAL HEALTH Date: June 2nd-5th Location: Transamérica Expo Center – São Paulo-SP Realização: Associação Paulista de Medicina – APM Website: http://telemedicinesummit.com.br/</p>
<p>APRIL</p> <p>10º CONGRESSO DO DEPARTAMENTO DE IMAGEM CARDIOVASCULAR – DIC Date: April 2nd-4th Location: Centro Internacional de Convenções do Brasil (CICB) – Brasília-DF Website: https://www.congressodic.com.br/</p>	<p>APRIL</p> <p>3º CONGRESSO DE DESENVOLVIMENTO PROFISSIONAL EM ENFERMAGEM – CONDEPE Date: April 22nd and 23rd Location: Transamérica Expo Center – São Paulo-SP Website: http://condepe.com.br/</p>	<p>JUNE</p> <p>FCE PHARMA Date: June 2th-4th Location: São Paulo Expo – São Paulo-SP Organization and promotion: Nürnberg Messe Website: https://www.fcepharma.com.br/pt</p>	<p>SEPTEMBER</p> <p>34º CONGRESSO BRASILEIRO DE ENDOCRINOLOGIA E METABOLOGIA – CBEM Date: September 2nd-6th Location: Centro de Convenções Ulysses Guimarães – Brasília-DF Website: http://cbem2020.com.br/</p>
<p>MAY</p> <p>MEDICAL FAIR BRASIL Date: May 5th-8th Location: Expo Center Norte – São Paulo-SP Website: https://www.medicalfair-brasil.com.br/pt/</p>	<p>MAY</p> <p>15º CONGRESSO BRASILEIRO DE VIDEOCIRURGIA E 4º CONGRESSO BRASILEIRO E LATINOAMERICANO DE CIRURGIA ROBÓTICA Date: May 14th-16th Location: Centro de Eventos do Ceará – Fortaleza-CE Website: https://www.sobracil.org.br/congresso2020/mensagem.asp</p>	<p>SEPTEMBER</p> <p>HIS – HEALTHCARE INNOVATION SHOW 2020 Date: September 23rd and 24th Location: São Paulo Expo – São Paulo-SP Website: https://his.saudebusiness.com/pt/home.html</p>	

INFLATION

INDEX (%)	PERIOD	MONTH	12 MONTHS
IPCA	NOVEMBER/2019	0,51	3,27
INPC	NOVEMBER/2019	0,54	3,37
IPC Fipe	NOVEMBER/2019	0,68	3,53
IGP-M	NOVEMBER/2019	0,30	3,97
IGP-DI	NOVEMBER/2019	0,85	5,38
ICV-DIEESE	NOVEMBER/2019	0,46	1,98

Sources: IBGE, Fipe, FGV and Dieese. Preparation: Valor Data.

FINANCIAL INVESTMENTS

INDEX	EM %
Selic over, per year	4,40
CDI over Cetip, per year	4,40
DI Futuro, per year (jan./2021)	4,59
TR (17/12)	0,0000
Old savings (17/12)	0,5000
New savings (17/12)	0,2871

Sources: Central Bank and B3. Preparation: Valor Data.

FIPE SAÚDE

MONTH	YEAR	%
October	2019	0,70
November	2019	0,43
Dezembro	2019	0,09



REVISTA

visão
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DE HOSPITAIS

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Muitos negócios começam por aqui!

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A Federação Brasileira de Hospitais (FBH) reconhece que a informação pode construir caminhos, oportunidades e esclarecimentos para a verdadeira transformação que o Setor Saúde necessita!

Faça parte dessa jornada e prepare sua matéria, artigo ou reportagem sobre os principais desafios e oportunidades para o desenvolvimento e a melhoria da Saúde no Brasil.

Vamos estimular essa reflexão e debate para conhecermos os melhores trabalhos de jornalismo que impactaram o Setor com sua importante contribuição!