FUNDAÇÃO
FACULDADE DE MEDICINA

Annual Report 2014

Summary

Introduction

As an institution that supports growth and excellence the FM/HCFMUSP System has been achieving year after year, FFM presents its activities report with results achieved in the previous year, in all of its operation instances.

In 2014, FFM's current Board completed the third management quadrennial. Learn more about this trajectory by reading the text **"School of Medicine Foundation and its Management Model**" (page 6).

Get an overview of the social impact that FFM obtained in 2014 through the analysis of the framework "**FFM Social Reach in Figures**" (page 8), which shows that representativeness of the total of free procedures offered with support of FFM obtained a 97% approval.

To achieve its statutory goals, FFM supports the development of a series of **integral health care actions** (page 9), always prioritizing SUS (Integrated Health System) assistance to patients. Another of its priorities includes to ensure the conduction of special procedures such as transplants, implants and other high-complexity procedures (page 16).

Maintenance of performance obtained by FM/HCFMUSP System (page 20) and other Health Units (page 32) was ensured by FFM, through the allocation of human and financial resources.

From the qualification as a Social Organization, it was possible for FFM to manage three **Management Agreements** (page 35), which achieved significant results promoting integral health development, for the benefit of the population, for instance, by recognizing and disseminating actions related to Humanization, developed in the West Region Project - PRO.

Recognized and certified as a charity entity, FFM supported the development of several **social assistance projects** (page 46), inside and outside FM/HCFMUSP System premises, focusing on the poor, without prejudice to SUS assistance. *Programa Equilíbrio* (Balance Program) is one example, which received the 2014 HEALTH Award from Editora Abril, in the Mental and Emotional Health Category, with the project "Resgate de rumos e sonhos" ("Rescuing paths and dreams") implemented by *Programa Equilíbrio*.

AIDS and Sexually Transmitted Diseases (page 56) are treated by Casa da Aids (page 30) and other several programs supported by FFM, in collaboration with several other institutions.

People with Desability (page 62) received, in addition to IMRea (page 26) and IRLM (page 38) specialized care, other several initiatives supported by the FFM.

Children and Adolescents (page 66) received, in addition to ICr (page 25) and ITACI (page 68) hospital care, other initiatives such as Ambulatório de Cuidado Integral à Pessoa com Síndrome de Down (Comprehensive Assistance Clinic for People with Down Syndrome) care, which receives about 60 children and adolescents in IMRea Lapa (page 67), and Programa Visão do Futuro" ("Vision of Future" Program) (page 50), which held five eye health recovery campaigns in 2014, attending 2,601 children.

Families and Women (page 70) were enefited, for example, from Projeto Bandeira Científica 2014 ("Scientific Flag 2014" Project) (page 49), which held over 6,000 procedures for families in need in the city of Ibatiba in the State of Espírito Santo and also conducted its second surgical expedition in the city of New Andradina - MS.

Research Support (page 73) is one of FFM priority functions, either through its structure or encouragement to scientific production, in addition to supporting the development of clinical studies (page 84).

Support to Health Policies Projects (page 86), including training of professionals from the public health care system, assessment development, results analysis, among others, also part of FFM activities.

Support the development of **Institutional Projects** (page 98), aimed at improving physical and technological infrastructure of FM / HCFMUSP System installations, also part of FFM 2014 actions.

FFM brief **history** (page 110), its **consolidated results** (page 111), **strategies** adopted (page 112), key **partners** (page112), main **certifications** (page

113), **organizational structure** (page 117) and the **2014 Balance Sheet Summary** (page 122) are also listed at the end of this report.

Abbreviations used in this Report (page 124) and the current **FFM Board** formation (page 123) complete FFM 2014 Report.

Attached to this document are the **2014 Balance Sheets**, with its respective **Explanatory Notes** and **Independent Auditors' Report.**

The School of Medicine Foundation and its Management Model

28 years ago, through the initiative of the Former Students Association, the School of Medicine Foundation (FFM) was born. From the beginning, it was conceived as a Foundation to Support the School of Medicine of the University of São Paulo (FMUSP) and FMUSP Hospital das Clínicas da (HCFMUSP). In the last 12 years, under the control of the current Board, it grew cautiously and developed more substantially, however, preserving its financial stability. How does FFM account for this enviable performance? This question leads us directly towards a few points: ***1.*** *To its Participatory Management Model;* ***2.*** *The Code of Positive Values it adopts;* ***3.*** *The Valuation of its Staff* ***4.*** *The Permanent Improvement of Processes and Interpersonal Relationships within the same area or between different areas.*

Although these four items are described separately, in practice everything occurs simultaneously.

1. Participatory Management Model *- all different institutional levels interact vertically and horizontally, similar to the warp threads and the mesh that weave a given fabric. In our case, it is the organizational fabric. This provides a continuous, two-way flow of knowledge, experience and information - from the Board to the Financial Superintendence and other nine Specialized Managements: Legal Consulting, Accounting, Billing and Control, Financial, Information Technology, Materials and Import, Projects and Research, Human Resources and Supplemental Health Insurance - among each other and return to the Board. This makes the system dynamic, agile and integrated. Moreover, in FFM's daily activities, the Board meets daily with the Financial Superintendence and, whenever necessary, with each specific Management, to solve, clarify doubts, optimize solutions and define with more relevance, the referral of a given issue. FFM adopts the principle of autonomy in all institutional levels, thanks to the technical and human expertise of each Management and its staff.*

Autonomy, however, does not mean sovereignty, independence or self-sufficiency of the areas because, when achieving objectives and institutional goals, there is always the need for converging various skills. In addition, FFM Board monthly holds its Integration meeting, with the participation of the heads of the Financial Superintendence and the nine Specialized Managements. Each area informs freely all others and everyone on relevant and current topics and issues and existing difficulties, and forwarded solutions. Everything is shared with everyone. The meeting is very dynamic and has generated greater cohesion and institutional integration. In the last part of the meeting, there is always an outside expert invited by the Board to talk about different subjects of general interest. This is an acculturation moment, much appreciated by participants. Both the Board and the Financial Superintendence and the Managements are always open to those who look for them to ask questions, answer questions, ask for help, etc.

2. Code of Positive Values *- FFM is conducted through a code of positive values that permeate the entire institution, represented by: probity, transparency, reliability, good example, commitment, responsibility, flexibility, tolerance, ability to listen and patience, among others, i.e. values respect to collective diversity. Technical expertise associated with sound and human values transforms chiefs into leaders with authority at all institutional levels that share common objectives and goals.*

3. Valuation of its Staff *- without neglecting its modern material and technological infrastructure, the Board has a special focus on people - Institutions are people - worried about their professional and personal growth. The Training and Qualification program for employees enhances their technical training, making them more efficient and effective. Similarly, the Board tries to fulfill the legitimate needs of its employees by re-analyzing positions, roles, frameworks and promotions, always rewarding merit. This FFM policy focused on recognizing the Institution's employees paves the way for their professional growth, generates greater adherence, collaborative spirit and sense of belonging to the institution.*

4. Improvement of Processes and Interpersonal Relationships *- people have different backgrounds, different personalities and different postures and behaviors. FFM believes that people's technical expertise, although absolutely necessary, is not enough to fulfill the profile it wants from its employees. FFM thus invests and persists in interpersonal relationships continuous*

improvement, so that there is mutual recognition and tolerance, and bilateral acceptance and respect. This reduces reactivity, improves the institutional environment and turns opposition into cooperation. As the achievement of several institutional processes - the sequence of tasks to achieve the final result - depends on the sequential performance of various managers and their teams, collaboration is needed for processes to be developed without interruption and within the agreed time. Good relationships reduce unnecessary wear and make job most rewarding. Make the people and the institution. For all these reasons, the Board expresses its gratitude to all its employees for their effort and dedication that add to their work.

This is what makes FFM a full institution, integrated, transparent, successful, helpful and server aware of its cooperative performance to the recognized institutional success of the School of Medicine / USP and its Hospital das Clínicas.

Prof. Dr. Yassuhiko Okay
Deputy General Director of
School of Medicine Foundation

Prof. Dr. Flavio Fava de Moraes
Director General of
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Foto: Milena The Frigatto

Prof. Dr. Yassuhiko Okay

Foto: Site FMUSP

Prof. Dr. Flavio Fava de Moraes

FFM Social Reach in Fiures

A - Free Procedures / Admissions for SUS patients - 2014		Quantity	Page
High Complexity	ICESP (SES-SP Agreement)	488,163	44
	ICESP Osasco (SES-SP Agreement) – (**Aug/2014 to Jan/2015**)	4,578	44
	High Outpatient Complexity (University Agreement)	(*) 164,922	17
	Transplants and implants (University Agreement)	(*) 917	16
People with Disability	Lucy Montoro Rehabilitation Institute (Management Agreement)	45,374	40
	IMRea Vila Mariana (University Agreement)	179,117	27
	IMRea Clínicas (University Agreement)		
	IMRea Lapa (SES-SP Agreement)	172,834	27
	IMRea Jardim Umarizal (SES-SP Agreement)	69,727	27
	IMRea Unidade Móvel - Number of Patients + Equipment (SES-SP Agreement)	926	53
Aids Virus Carriers	Casa da Aids (University Agreement)	8,859	31
Children	ICr - Assistência em Saúde da Criança (Children's Healthcare Assistance -	552,103	25
	ITACI - Tratamento do Câncer Infantil (Children's Cancer Treatment -		
Families	Projeto Região Oeste (Management Agreement)	752,180	36
	Pronto-Socorro Butantã (Butantã Emergency Room - Management	101,267	37
	ICHC + BSAP - Assistência em Especialidades Médicas (Medical Specialties Assistance - University Agreement)	7,412,293	21
	InRad – Assistência em Radiologia (Radiology Assistance - University	330,518	22
	IOT – Assistência em Ortopedia e Traumatologia (Orthopedics and	298,058	23
	IPq – Assistência em Psiquiatria (Psychiatric Assistance - University	126,687	24
	H.A.S. – Assistência p/ pacientes de longa permanência (Assistance for long-	8,090	29
	H.A.C. – Assistência em cuidados intermediários (Intermediate Healthcare	41	30
	C.S.E. Butantã (University Agreement)	8,591	33
Pharmaceutical Assistance	Number of Exception Drugs	(*) 44,411,406	17
A - Proced. Subtotal / Free Admissions to SUS patients (including Management Agreements)		**10,559,441**	
B - Free Procedures - Special Projects		**Quantity**	
Social Assistance	*Projeto Equilíbrio – Reintegração sócio-familiar* (Balance Project - Social and family reintegration - Other Agreements)	14,570	47
	Student Financial Aid Program - AFINAL	60	51
	Projeto Bandeira Científica 2014 (Scientific Flag 2014 Project - Other Agreements)	6,570	49-50
	Programa Visão do Futuro (Vision of Future Program - SES-SP Agreement)	2,601	51
	Mental Health - Fundação CASA (Other Agreements) – (**Sept/2013 to Aug/2014**)	(**) 17,658	49
	Qty. Patients + Surgery of Patients with Cleft Lip and Palate (Other	698	53
B - Subtotal of Free Procedures - Special Projects		**42,157**	
A + B - Subtotal of Procedures / Admissions Free for SUS Pat. + Free Procedures - Special		**10,601,563**	
C - Subtotal of Procedures for Supplemental Health Insurance Patients - Outpatient and Admission		**334,483**	14
A + B + C - Total of General Free Procedures / Admissions + Supplemental Health Insurance		**10,936,046**	
Representativeness of Free Procedures (SUS + Other Procedures) over the Grand Total		97%	
Representativeness of Supplemental Health Insurance Procedures over the Grand Total		3%	

(*) Quantity provided for information purposes only and not included in Subtotal of Free Procedures for SUS Patients
(**) Approximate average number

1 INTEGRAL HEALTH ASSISTANCE ACTIONS

1 INTEGRAL HEALTH ASSISTANCE ACTIONS

FM/HCFMUSP System is the largest medical assistance complex and the largest national health sciences research center in Latin America.

1.1 FM/HCFMUSP System

FM/HCFMUSP system is and behaves, organizationally, as an "Academic Health Science Center". It annually serves about 2.5 million patients in all three healthcare levels, with more than 2,000 beds and undertakes around 6% of Brazilian researches in health and biomedical sciences. It is the largest and oldest Brazilian health system, since it was created along with the School of Medicine, in 1912. Currently, it has a budget of over one billion dollar per year and the structure and its clinical and technical administrative staff also conducts activities developed by about 1,400 undergraduate students, 1,700 graduate students and 1,000 residents. FM/HCFMUSP system is comprised by the following institutions:

School of Medicine of the University of São Paulo (FMUSP), with 17 departments, 362 faculty members and 567 technical administrative staff. School of Medicine offers four undergraduate courses (Medicine, Physical Therapy, Occupational Therapy and Speech Therapy), 27 Graduate *Stricto Sensu* programs and Medicine Residency programs in Basic and Direct Access Areas;

Hospital das Clínicas of the School of Medicine of the University of São Paulo (HCFMUSP), consisting of a Central Institute and seven specialized institutes, all highly complex (tertiary care), two rear hospitals, one unit specialized in comprehensive care of patients with HIV/AIDS and 62 Medical Research Laboratories (LIMs), responsible for research activities in various fields of health;

School of Medicine Foundation (FFM), private foundation, responsible for receiving payments from SUS and Supplemental Health Insurance due to HCFMUSP (except InCor), providing greater agility and reliability to domestic and international purchase procedures and allowing technological upgrade, improvement and training of staff to better perform activities. FFM's performance today is guided by three main areas: the **University Agreement** signed in 1988 between SES-SP and HCFMUSP, with the intervention of FFM, which allows the conduction of free procedures for SUS patients; the **Management Agreements**, which are responsible for the administrative and financial management of four institutions or health systems: IRLM, West Region Project and Municipal Emergency Room of Butantã; and the different legal instruments signed with **partner institutions**, interested in medical sciences development;

Zerbini Foundation (FZ), private foundation that has played an important role in promoting agility and administrative efficiency at InCor, as well as additional fundraising;

State of São Paulo Cancer Institute - Octávio Frias de Oliveira (ICESP), institute specialized in assistance for patients with cancer, with teaching and research activities in oncology;

Lucy Montoro Rehabilitation Institute (IRLM), center of excellence in the treatment, teaching and research of rehabilitation;

Medical Research Laboratories (LIMs), consisting of 62 Laboratory Units, academically and scientifically linked to FMUSP departments and administratively linked to HCFMUSP;

West Region Project (PRO), established through a partnership between the Municipal Department of Health, FMUSP and FFM, with the purpose of enhancing the integration of health services in the west region of the city of São Paulo;

USP University Hospital (HU), medium complexity and responsible for secondary care of local communities;

School Health Center Samuel Barnsley Pessoa (CSE Butantã), primary and secondary care unit, this is a school service unit owned by FMUSP, targeted to Butantã population; and

Death Verification Service of the Capital (SVOC), agency linked to FMUSP intended to clarify the cause of death in cases of death due to ill-defined disease or without medical care, occurred in São Paulo.

1.2 University Agreement

Building of ICHC Outpatient

University Agreement, signed between SES-SP and HCFMUSP, with the intervention of FFM, since 1988, allows the performance of free assistance to SUS patients in different units belonging to FM/HCFMUSP system.

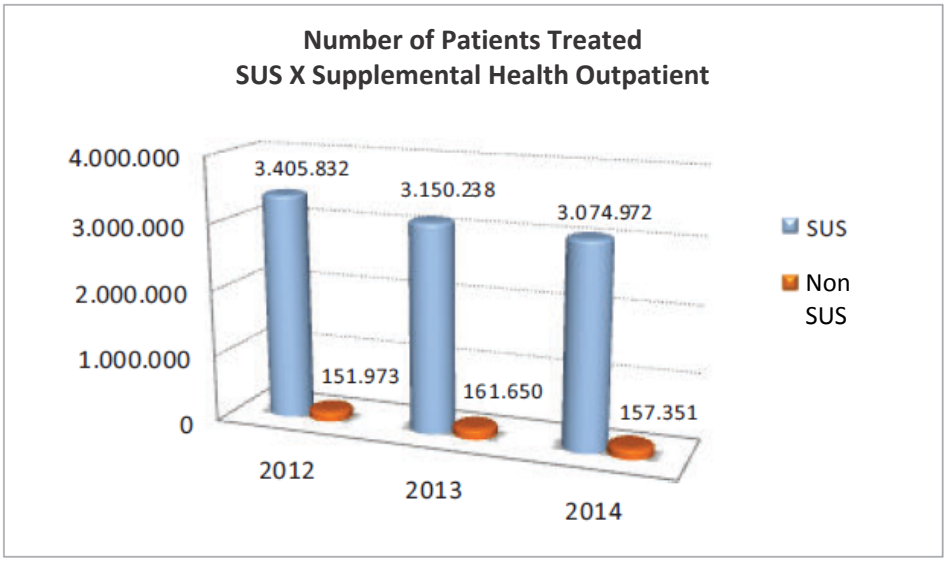
University Agreement, signed between SES-SP and HCFMUSP, with the intervention of FFM, since 1988, allows the performance of free assistance to SUS patients in different HCFMUSP units.

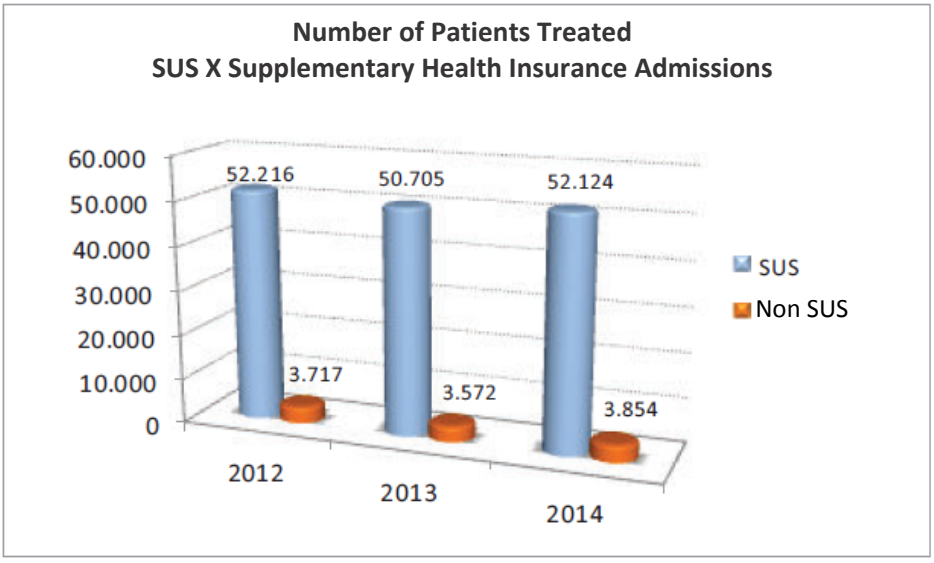
SUS access and assistance across HCFMUSP (except InCor) are provided by FFM, through the allocation of the System's human and financial resources in the own Hospital, enabling thus HCFMUSP to reach SUS levels of care (outpatient and admissions) with an average percentage of 95%. The **number of patients assisted** in the last three years is shown in the tables and graphs below:

NUMBER OF PATIENTS TREATED - SUS			
Type of Assistance	**Period**		
	2012	**2013**	**2014**
Outpatient	3,405,832	3,150,238	3,074,972
Admission	52,216	50,705	52,124
Total SUS	**3,458,048**	**3,200,943**	**3,127,096**
Note: Admission data refer to the first presentation			
Note 2: Occasional reduction in the number of patients assisted in 2013 and 2014 was mainly due to the implementation of several renovations made at the premises of different HCFMUSP Institutes.			

NUMBER OF PATIENTS TREATED - SUPPLEMENTAL HEALTH INSURANCE			
Type of Assistance	**Period**		
	2012	**2013**	**2014**
Outpatient	151,973	161,650	157,351
Admission	3,717	3,572	3,854
Total Supplemental Health	**155,690**	**165,222**	**161,205**

NUMBER OF PATIENTS TREATED - SUS + SUPPLEMENTAL HEALTH INSURANCE SUS REPRESENTATIVENESS				
Patient's Profile	**Type of Assistance**	**Period**		
		2012	**2013**	**2014**
Total SUS + Supplemental Health Insurance	Outpatient	3,557,805	3,311,888	3,232,323
	Admission	55,933	54,277	55,978
Grand Total		**3,613,738**	**3,366,165**	**3,288,301**
SUS Representativeness	Outpatient	95.7%	95.1%	95.1%
	Admission	93.3%	93.4%	93.1%


Number of Patients Treated
SUS X Supplemental Health Outpatient
4.000.000
3.000.000
2.000.000
1.000.000
0
3.405.832
3.150.238
3.074.972
151.973
161.650
157.351
2012
2013
2014
SUS
Non SUS

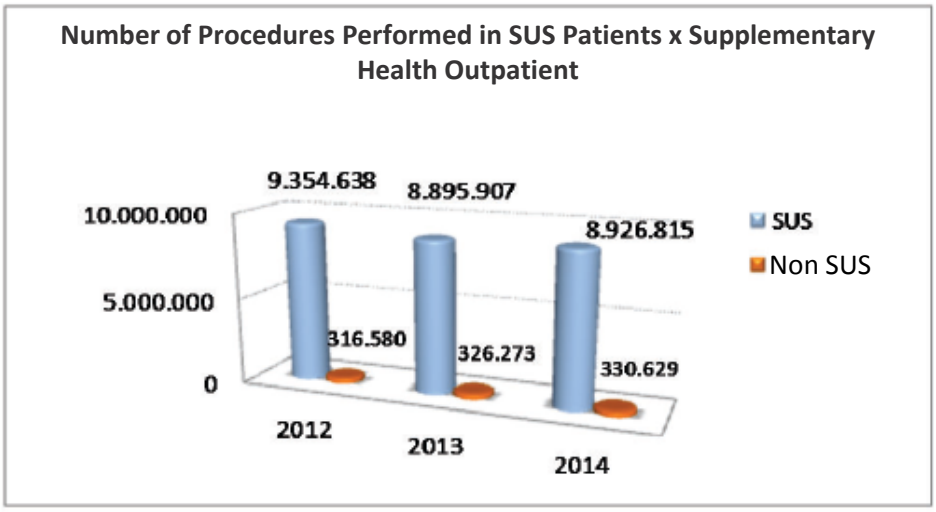

Number of Patients Treated
SUS X Supplementary Health Insurance Admissions
60.000
50.000
40.000
30.000
20.000
10.000
0
52.216
50.705
52.124
3.717
3.572
3.854
2012
2013
2014
SUS
Non SUS

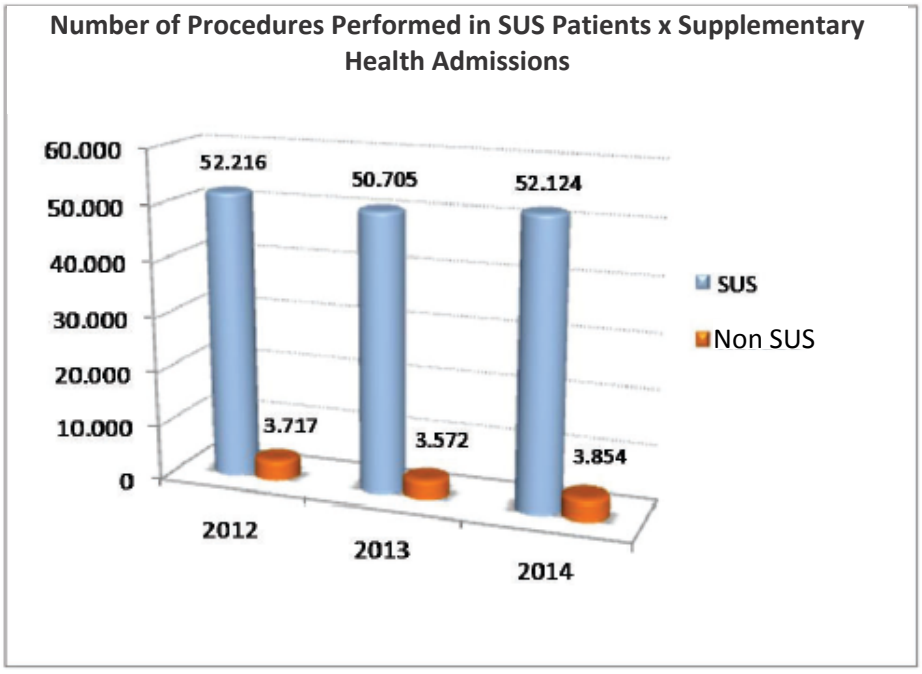
FFM's goal was to prioritize and guide all of its financial and human resources to maintain the average index of 95% free procedures for SUS patients, during the operationalization of the University Agreement, in 2014, as per tables and graphs below, which show the **number of procedures** performed in 2012, 2013 and 2014:

NUMBER OF PROCEDURES PERFORMED IN SUS PATIENTS			
Procedures	**Period**		
	2012	**2013**	**2014**
Outpatient procedures	9,354,638	8,895,907	8,926,815
Authorizations for Hospital Admissions	52,216	50,705	52,124
Total	**9,406,854**	**8,946,612**	**8,978,939**
Note 1: Authorization for Hospital Admissions data refer to the first presentation.			
Note 2: Occasional reduction in the number of procedures performed in 2013 and 2014 was mainly due to the implementation of several renovations made at the premises of different HCFMUSP Institutes.			

NUMBER OF PROCEDURES PERFORMED IN SUPPLEMENTAL HEALTH INSURANCE			
Procedures	**Period**		
	2012	**2013**	**2014**
Outpatient procedures	316,580	326,273	330,629
Authorizations for Admissions Hospital	3,717	3,572	3,854
Total	**320,297**	**329,845**	**334,483**

NUMBER OF PROCEDURES PERFORMED - SUS + SUPPLEMENTAL HEALTH INSURANCE SUS REPRESENTATIVENESS				
Patient's Profile	**Procedures**	**Period**		
		2012	**2013**	**2014**
Total SUS + Supplemental Health Insurance	Outpatient	9,671,218	9,222,180	9,257,444
	Admission	55,933	54,277	55,978
Grand		**9,727,151**	**9,276,457**	**9,313,422**
SUS Representativeness	Outpatient	96.7%	96.5%	96.4%
	Admission	93.3%	93.4%	93.1%


Number of Procedures Performed in SUS Patients x Supplementary Health Outpatient
9.354.638
8.895.907
8.926.815
10.000.000
5.000.000
0
316.580
326.273
330.629
2012
2013
2014
SUS
Non SUS


Number of Procedures Performed in SUS Patients x Supplementary Health Admissions
60.000
50.000
40.000
30.000
20.000
10.000
0
52.216
50.705
52.124
3.717
3.572
3.854
2012
2013
2014
SUS
Non SUS

1.2.1 Special Procedures

System used in cochlear implant - 1) transmitting antenna 2) Speech processor and microphone

In addition to conventional and admissions procedures, FFM also supports the performance of special procedures such as transplants and implants, performed free of charge.

1.2.1.a Transplants and Implants

Aligned with University Agreement goals, executed between HCFMUSP and SES-SP, and with FFM intervention, the performance of transplants and implants procedures is very important for the population and considered by the Ministry of Health, as strategic to SUS assistance. The number of transplants and implants procedures performed free of charge, over the past three years, through FFM was as follows:

STRATEGIC PROCEDURES - TRANSPLANTS AND IMPLANTS			
Description	**Quantity**		
	2012	**2013**	**2014**
Cochlear Implant	99	96	103
Partial hepatectomy for transplant (living donor)	23	28	31
Unilateral Nephroureterectomy for transplant	78	65	78
Allogeneic transplantation from bone marrow hematopoietic stem cells - related	20	24	21
Allogeneic transplantation from bone marrow hematopoietic stem cells - unrelated	8	13	6
Allogeneic transplantation from umbilical cord blood hematopoietic stem cells - unrelated	4	3	1
Allogeneic transplantation from peripheral blood hematopoietic stem cells - related	20	28	7
Allogeneic transplantation from peripheral blood hematopoietic stem cells - unrelated	1	4	7
Autologous transplantation from bone marrow hematopoietic stem cells	2	1	1
Autologous transplantation from peripheral blood hematopoietic stem cells	119	119	92
Corneal transplantation	95	87	99
Corneal transplantation (in combined surgeries)	2	3	3
Corneal transplantation (in reoperations)	5	5	4
Sclera transplant	0	0	4
Liver transplantation (deceased donor organ)	100	84	125
Liver transplant (living donor organ)	21	28	34
Pancreas transplantation	5	1	1
Kidney transplant (deceased donor organ)	185	166	201
Kidney transplant (living donor organ)	75	65	91
Simultaneous transplantation of pancreas and kidney	9	6	8
Total	**871**	**826**	**917**

1.2.1.b High-complexity Procedures

Performance of High Outpatient Complexity Procedures stands out among various health care activities in the field of health, whose production, from the last three years, is shown in the table below:

OUTPATIENT STATEMENT HIGH-COMPLEXITY PROCEDURES AUTHORIZATION - APAC			
Description	**Quantity**		
	2012	**2013**	**2014**
Diagnosis in Clinical Laboratory	17,288	22,138	21,134
Diagnostic by Radiology	51	75	33
Ultrasound	6	35	17
Diagnostic Methods in Specialties	19,916	19,182	19,854
Visits/Assistances/Follow-ups	5,223	9,318	7,373
Oncology Treatment	74,460	58,820	59,870
Nephrology Treatment	17,693	21,732	21,437
Dental treatments	96	57	65
Specialized therapies	1,624	1,584	1,362
Eye Surgery	6,211	6,010	5,374
Genitourinary Tract Surgery	257	263	229
Reconstructive surgery	1,34	1,176	1,101
Nephrology Surgeries	63	39	48
Collection and tests for Organs Donation	6,026	6,628	7,971
Monitoring and Complications After Transplantation	7,925	7,758	9,323
OPM's not related to surgical Act	2,839	2,703	4,530
OPM's Related to Surgical Act	467	590	595
Tissue processing for Transplantation	111	151	159
Clinical treatments (other specialties)	-	4,286	4,447
Total	**161,600**	**162,545**	**164,922**

1.2.1.c Full Pharmaceutical Assistance

Aligned with University Agreement goals, executed between HCFMUSP and SES-SP, and with FFM intervention, in full health care, pharmaceutical assistance is a critical and unquestionable human aspect. Guarantee of **Pharmaceutical Assistance Special Component Drugs** supply in this program is critical not to jeopardize the lives of patients and supplement medical-hospital complex and costly procedures such as transplants, for instance. In 2014, **44,411,476 Pharmaceutical Assistance Special Component Drugs** were distributed through FFM.

Located on the 8th floor of ICHC Outpatients Building (BSAP), HCFMUSP has the largest hospital pharmacy in Latin America, which supplies drugs throughout FM/HCFMUSP System. Founded in 1944, same year as the Hospital, 275 employees work in this building today, out of which 42 are pharmacists.

Much more than a drugs distribution center, a real factory is operated in the building, producing drugs that do not exist in the market, since they do not awake commercial interests. Dilutions and dosages different from those available on the market are prepared according to patient's need or different from the traditional compositions.

In 2014, drug production generated savings of approximately BRL 7,418,146.43. 124 types of standard drugs were produced, a total of more than 6.8 million units. Drugstore also dispensed 61 special drugs, produced for research protocols, a total of more than 237,800 units. In addition to drugs produced internally, 455 different drugs were also acquired and unitized, summing up more than 2.7 million units.

In 2014, HC Pharmacy served more than 1.2 million outpatient prescriptions, with an average of 5000 prescriptions per day. There is also a home delivery service of drugs free of charge since 2013. About 65% of outpatients receive their drugs at home, at no cost.

Also, since 2007, the area of clinical pharmacy was established, where pharmacists guide outpatients on the use of their drugs and analyze their prescriptions. Pharmacovigilance actions are also developed.

CEAF (Pharmaceutical Assistance Special Component) Drugs dispensation control and APACs issuance is made through the Hospital Information System - SIGH Prodesp.

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

Aerial View of Hospital das Clínicas from the School of Medicine of USP

Access and SUS assistance across FM/HCFMUSP System (except InCor) are guaranteed by FFM, by allocating human and financial resources from the system to the own hospital.

HCFMUSP assistance activity develops actions related to health promotion, disease prevention, medical and hospital care and high complexity rehabilitation to SUS users. In all eight Institutes, two Auxiliary Hospitals and Specialized Health units, assistance is carried out in the most modern hospital facilities, supported by highly specialized teams and the ultimate technology park.

HCFMUSP INSTITUTES, AUXILIARY HOSPITALS AND SPECIALIZED HEALTH UNITS	
Units	**First year of activities**
Central Institute - ICHC	1944
Institute of Psychiatry - IPq	1952
Institute of Orthopedics and Traumatology - IOT	1953
Suzano Auxiliary Hospital	1960
Cotoxó Auxiliary Hospital	1971
Administration Building - PA	1972
Medical Research Laboratories - LIMs	1975
Institute of Physical Medicine and Rehabilitation - IMREA - Vila Mariana Unit	1975
Children's Institute - ICr	1976
Heart Institute - InCor	1977
Outpatients Building - BSAP	1981
Radiology Institute - InRad	1994
Casa da AIDS - HIV / AIDS Patient Assistance Extension Service	1994
Institute of Physical Medicine and Rehabilitation - IMREA - Umarizal Unit	2001
Children's Cancer Treatment Institute - ITACI	2002
State of São Paulo Cancer Institute "Octávio Frias de Oliveira"	2008

University Agreement, signed between SES-SP and HCFMUSP, with the intervention of FFM, since 1988, enables full healthcare attention with the performance of free assistance to SUS patients, since FFM is responsible for receiving SUS payments and Supplemental Health Insurance due the HCFMUSP (except InCor). About 95% of patients assisted are from SUS. Performance of different HCFMUSP Institutes, Auxiliary Hospitals and Specialized Units in 2014 is summarized below:

RFORMANCE OF HCFMUSP INSTITUTES, AUXILIARY HOSPITALS AND SPECIALIZED UNITS IN 2014				
Institute / Hospitals	**No. of Admissions**	**No. of Procedures**	**No. of Beds**	**No. of ICU Beds**
ICHC + PAMB	36,073	7,376,220	891	157
INRAD	-	330,518	08	-
ICr + ITACI	5,249	546,854	131	53
IOT	5,862	292,196	138	12
IPq	3,146	123,541	104	04
IMRea - Vila Mariana	1	137,165	24	-
Casa da Aids	-	8,859	09	-
HAS	1,303	6,787	120	-
HAC	37	4	48	-

A summary of all activities developed in 2014 is presented on the following pages, by these and other units of FM/HCFMUSP system.

1.2.2.a ICHC

Opened in April, 1944, **Instituto Central do Hospital das Clínicas (Central Institute of Hospital das Clínicas - ICHC)** originated HCFMUSP. Pioneer in medical-hospital procedures, its structure concentrates most of HC Complex specialties - 31 medical and surgical specialties - and has two interconnected buildings: precursor Central Building, with Referenced Emergency Unit, and the Outpatients Building (PAMB), opened in 1981.

Central Building stands out for its large number of inpatient units and intensive care, and also has the Referenced Emergency Unit in its facilities, which includes the Manchester risk rating system to prioritize the most severe cases. Its Nutrition and Dietetics Division is the first Nutrition Unit in public hospitals in Brazil and Mercosur, to obtain NBR ISO 9001 certification.

PAMB, in turn, provides care to patients in outpatient and clinical and surgical day regimen, in addition to having areas of diagnostic and therapeutic support.

This building houses the largest surgery center in HC Complex, the Central Laboratory Division - first public service laboratory in Brazil to receive the American College of Pathologists certificate - and the Pharmacotechniques Unit, which performs unitarization of drugs prescribed and routine preparation of multiple categories of drugs. The Institute is currently undergoing an assessment process to obtain the ONA Accreditation seal.

Always seeking to update and adapt to better serve the tripod education-research-assistance, the Insitute has been receiving the ultimate resources and advanced technologies.

While investing in structure and equipment, ICHC is also implementing a major humanization project, which permeates the entire Institution. It holds in essence collective construction of ethical and technical commitments, which are expressed in actions for patient care and improved work relationships among health professionals. Rede Humaniza (Humanization Network) is coordinated by Humanization Technical Center, comprised by groups of Humanization Work, present in HCFMUSP multiple instances.

Amigos do Nariz Vermelho (Red Nose Friends) play people waiting for assistance.

Within humanization context, in order to reduce stress of being in a hospital, several organizations promote actions with patients, accompanying people and staff in all HCFMUSP institutes. Five groups work in ICHC: *Amigos do Nariz Vermelho* (Red Nose Friends), *Canto Cidadão* (Citizen Corner), *Arte Despertar* (Awake Art), *Mad Alegria* (Mad Joy) and *Doutores da Alegria* (Doctors of Joy).

Each of them operates differently and in ICHC different locations. *Amigos do Nariz Vermelho* (Red Nose Friends) interact with outpatients, seeking to improve the mood of patients while awaiting their appointment. *Canto Cidadão* (Citizen Corner) assists hospitalized patients. *Arte Despertar* (Awake Art) develops activities with patients from Renal Transplantation, Medical Clinic and Hemodialysis Unit wards. *Doutores da Alegria* (Doctors of Joy) use "disguises" of doctors to do their games. *Mad Alegria* (Mad Joy) is one FMUSP project, which prepares students in the health field to act as hospital clowns inside FM/HCFMUSP System. In 2014, Central Institute was awarded with Mário Covas Award in the State Management Innovation category, with the project "Drugs Free Delivery Implementation Program".

In 2014, **36,073 hospitalizations and 7,376,220 outpatient procedures** were conducted through FFM.

1.2.2.b InRad

Mammography with tomosynthesis

Nuclear Medicine Center Facilities

Search for modern diagnostic and therapeutic imaging tools, to monitor progress of care to the complexity of patients in several HCFMUSP institutes, culminated, in November of 1994, in the creation of the **Radiology Institute (InRad)**.

The Institute is recognized, national and internationally, as a diagnostic and therapeutic imaging methods and excellence center in interventional radiology and nuclear medicine.

Modernization of its cutting-edge technology equipment park, combined with a body of qualified professionals, contributes to higher efficiency in diagnostic imaging and therapy of various pathologies, increasing quality standard of services provided to patients.

Consisting of two buildings, the main one focuses outpatient resources for conventional and interventional radiology and radiotherapy, and the annex building houses the Nuclear Medicine Center (CMN), a pioneer in South American nuclear medicine history, the development of radiopharmaceuticals produced by cyclotron, for the treatment and research in oncology and neurology.

Also stand out the Breast Diseases Diagnostic Imaging Center (CEDIM) and the Technical-Scientific Center for Diagnostic Imaging (NDI) , responsible for managing the corporate acquisition of diagnostic imaging equipment, coordination of maintenance agreements and support to digital images storage and distribution system deployment - Radiology Information system (RIS) / Picture Archiving and Communication System (PACS) - which enables access to information from any hospital unit, as well as to dispense printing of tests reports and images.

It was the first institution in Latin America to implement Nuclear Medicine techniques and the first in South America to have high dose rate brachytherapy equipment. It was also the first public hospital in the country to have a Production and Development Unit of positron emitting Radiopharmaceuticals in Nuclear Medicine (**Cyclotron Project**), for use in examinations to detect small tumors and research projects in molecular imaging area.

With investments of BRL 1.7 million from the State Government of São Paulo during its expansion, InRad Mammography Service will increase by 78% the number of examinations performed. Procedures such as mammography, ultrasound and biopsies will increase from 1,400 to 2,500 per month. In addition, digital mammography equipment with tomosynthesis will turn InRad into a completely digital unit, eliminating film processing, as it has already happened in other sectors.

In 2014, its 193m² was transformed into 325m² area, encompassing five examination rooms, two digital mammography equipment, a stereotactic table used for breast biopsies, reports room consisting of seven stations, a nursing area and an area dedicated for patients rest, dressing and waiting rooms.

In 2013, it received ONA 1 Accreditation certificate and, in 2014, it obtained the maintenance of the seal, reaffirming the quality and success of the work conducted.

In 2014, through FFM, **330,518 outpatient procedures** were conducted.

1.2.2.c IOT

Experimental operating room

Arthroscopy Laboratory

In the early 50s, São Paulo was experiencing an acute anterior poliomyelitis epidemic (infantile paralysis), a fact that required from the State and Federal Governments the construction and inauguration, in July 1953, of the **Institute of Orthopedics and Traumatology (IOT).** At the time, it was up to the new Institute the role of receiving a significant volume of infantile paralysis cases, for patients in respiratory distress phase.

Today, IOT provides specialized care for patients with orthopedic and trauma disorders, being a reference center for spinal cord injuries, replantation of members, endoprosthesis reconstruction or tissues banks in large resections of tumors.

Consisting of two interconnected buildings, where outpatient care and hospitalization activities are carried out, it also has the Referenced Emergency Unit, which uses the risk rating system to prioritize the most severe cases.

IOT has been a pioneer in many areas and is characterized by credibility in serving the population. It is one of the largest Orthopedics and Traumatology hospitals in Latin American and one of the leading Research Centers in Brazil.

In order to train new professionals and teachers able to work in a tertiary and quaternary level in complex musculoskeletal system lesions, IOT has developed new research lines and projects in its various laboratories part of the Musculoskeletal System Medical Research Laboratory.

Movements Studies Laboratory (LEM) is an excellence research center on the functional assessment area. Its structure allows the performance of all assessments related to exercise physiology, in one single location.

Pathological Anatomy Laboratory is a reference center in the field of Bone Pathology, especially in musculoskeletal tumors. Conducts research in the articular cartilage, spinal cord injury and musculoskeletal tumors pathology area.

Musculoskeletal System Biomechanics Laboratory's main research line is the preparation of researches that include mechanical analysis of musculoskeletal system structures and surgical reconstructions simulations. Equipment projects and quality control, as well as performance of biomechanical projects used in the Institute are developed in this laboratory.

Microsurgery Laboratory acts in teaching and training doctors in reconstructive microsurgery field, as well as conducting research in reconstructive surgeries of peripheral nerves and bone marrow, with significant contribution to the field's scientific progress.

Arthroscopy Laboratory is the first learning and training laboratory in Arthroscopic Surgery, located in Brazil, in shoulder, hip and knee.

The Institute is currently trying to obtain ONA 1 accreditation seal, which calls for security for patients and employees.

In 2014, IOT performed an unprecedented surgery in SUS to treat herniated disc in the lumbar spine in a less invasive manner. This surgery is endoscopic and lasts only 30 minutes. The patient is discharged in the same day.

In 2014, through FFM, **5,862 admissions and 292,196 outpatient procedures.**

1.2.2.d IPq

Room Facilities

Library a

In the wake of the competent authorities in meeting academic and society needs of academia and society in providing psychiatric and mental health care, **Institute of Psychiatry (IPq)** was built in the 40s and opened in 1952.

Designed in international psychiatric hospital organizations mold, from the very beginning, IPq was seen as a landmark in São Paulo and Brazilian psychiatry when compared to other institutions conducting the same service.

A pioneer in assistance, IPq covers all psychiatric disorders in different stages of life, being the only inpatient unit in Brazil specialized in children. Its pioneering spirit is also expressed in the specialized training of professionals in several fields of knowledge related to health sciences. Assistance is not focused on hospital premises, since, after discharge, patients can continue their treatment in hospital-day and several specialized clinics, as well as participate in training programs and reintegration into work, to facilitate their social reintegration.

Completely renovated in the early 21st century, IPq maintains its reference status in neuropsychiatry and mental health in Brazil and Latin America, expanding assistance incorporating functional neurosurgery service, featuring the use of ultimate neuronavigator in Brazil.

Regarding **research**, the Institute collaborates with other FMUSP and HCFMUSP departments, and also with several Brazilian and foreign entities in projects related to diagnosis and psychiatric therapy.

In the world of **academic teaching**, IPq serves as operational foundation, where USP's Psychiatry Department offers undergraduate, residency and graduate programs in psychiatric medicine, with the highest concept by CAPES, as well as expertise and continuing education programs for all professionals working in mental health.

As one of HCFMUSP institutes, IPq contributes very significantly for this recognized center of excellence and reference to assist about two and a half million people each year. IPq brings together the best professionals in the country to offer patients in the public health system and Supplemental Health Insurance personalized and high level services.

A pioneer in the creation of specialized groups and services, IPq is prepared to assist, in a complete and integrated way a wide range of psychiatric disorders, both those manifested in children and adolescents and adults and geriatric patients. Thus, IPq has an infrastructure inspired by the most advanced psychiatric institutions in the world, designed to combine the use of the latest equipment, many of them exclusive in Latin America, with a concern of receiving in the most appropriate way, patients and their relatives.

This modern infrastructure covers, among other things, general and specialized outpatient facilities, laboratories and diagnostic services, hospital-day, inpatient units, rehabilitation centers, psychotherapy, dentistry for psychiatric patients and a functional neurosurgery division, which is a national reference center.

In 2013, it received ONA 1 Accreditation certificate and, in 2014, it obtained the maintenance of the seal, reaffirming the quality and success of the work conducted.

In 2014, through FFM, **3,146 admissions and 123,541 outpatient procedures.**

1.2.2.e ICr

Pediatric Ward Toy Center

Pediatric Ward Toy Center

Opened in August 1976, **Children's Institute (ICr)** is a national reference center in child health, brings together 20 pediatric specialties, providing high-complexity care to newborns, children and adolescents. Considering overall care a priority, ICr integrates biological, psychological and social patient vision, which is revealed in the pioneering Humanization projects from its conception (decade of 70), allowing full-time permanence of parents and/or guardians during hospitalization, even before the Statute of the Child and Adolescents (ECA) establishment.

From the integrated action of multidisciplinary teams and the adoption of the ultimate features of diagnostic and therapeutic procedures, ICr offers an excellent service in terms of intensive care, hospitalization, ambulatory care and hospital-day. ICr stands out for the treatment of chronic and complex diseases, such as rare syndromes, oncology, AIDS, in addition to the performance of liver (including living donors), kidney and tem cells and hematopoietic transplants It has a Referenced Emergency Unit in which the pediatric risk classification system has been present for years to prioritize the most severe patients.

At the hospital, each child is treated uniquely and professionals are trained to provide care and welfare for each patient. Efforts are focused on providing, in addition to treatment, a comfortable environment and referring to children's world, using: jokes, designs, colors and lots of fun.

Aimed at humanizing care, modern concepts of hospital architecture were applied to the new building, which houses large and bright areas with appropriate environmental visualization and colors. It runs the Emergency Room (17 beds), Pediatric ICU (20 beds), Hospital-Day (10 beds), Specialty II - hospitalization (13 apartments), UCINE - Neonatal Intensive Care Unit (20 beds) and endoscopy rooms.

Specialties I (31 beds) and Child Surgery (24 beds) wards are located in the main building. Total number of beds in Children's Institute is 135.

Located in an annex building, **Children's Cancer Treatment Institute (ITACI)** (item 3.3.6 of this Report), opened in 2002, stands out for being a center specialized in oncology and other hematologic or rare diseases, in addition to performing transplants in high-risk infants.

In 2013, ITACI received ONA 1 Accreditation certification and obtained maintenance of the seal in 2014, reaffirming the excellent quality of their care.

In 2014, the Children's Institute received HEALTH Award 2014, from Editora Abril, in the Institution of the Year category, with "Diagnosis Child Friendly Programme".

In 2014, through FFM, joint production of ICr and ITACI (item 3.3.6 of this Report) resulted in **5,249 admissions and 546,854 outpatient procedures**.

1.2.2.f IMRea

Rehabilitation activities with IMREA patients

Educational Area

Recognized since its idealization in 1975 as a reference in the assistance to people with disabilities, the Professional Rehabilitation Division Vergueiro (DRPV) of FMUSP Hospital das Clínicas became the Rehabilitation Medicine Division (DMR) in 1994, and in 2009 in the **Institute of Physical Medicine and Rehabilitation (IMRea)**.

From the integrated action between the medical and multidisciplinary teams and the adoption of the ultimate technological resources, IMRea serves people with physical, temporary or permanent disabilities, which need to receive rehabilitation care, developing their physical, psychological, social and educational potential, aimed at comprehensive rehabilitation and social inclusion.

Present in four units in São Paulo (Vila Mariana, Umarizal, Clínicas and Lapa), IMRea conducts outpatient care and hospitalization activities, with emphasis to the Robotics and Neuromodulation Lab, the first one in Brazil, opened in 2013; the Tridimensional Movement Analysis Laboratory; the Orthoses, Prostheses and Mobility Aids Laboratory; and the Wheelchair Technology Center.

Reference in assistance and scientific and technological development for people with disabilities, both in the national and international health network, IMRea coordinated the creation of Lucy Montoro Rehabilitation Network, setting clinical guidelines and standard of care for the 16 rehabilitation units of the State of São Paulo.

IMRea headquarters is located in **Vila Mariana**, a few meters from Klabin subway station. Opened in 1975, it was completely renovated. IMRea serves an average of **250 patients a day** in the various rehabilitation programs, and provides specialized tests such as Podo and Barometric, Movement Analysis, Isokinetic Analysis, among others. It has a team of physiatrists and specialists in the following areas: Urology, Cardiology, Neurology and Psychiatry and Dentistry. This unit, in addition to outpatient care, started to implement rehabilitation programs upon patient's **admission**, in November 2014, with rooms adapted to provide patients and their caregivers a more humanized and comfortable reception, with the real possibility of care in rehabilitation for people with restrictions to the attendance of rehabilitation centers.

IMRea is also in the neighborhood of Campo Limpo on the south region of São Paulo, where **Umarizal Rehabilitation Center** opened in 2001 operates. This center assists an average of **118 patients a day** in several rehabilitation programs. It has a Robotics Laboratory aimed at developing maximum patients potential. Umarizal Rehabilitation Center provides a fitness program during and after the Rehabilitation Program, Therapeutic and Income Generation Workshops, laboratories specialized in Electroneuromyography, Isokinetic Analysis, Neuromuscular Blocking Outpatient Facilities, Acupuncture, Anesthetic Lock, Dentistry and Posture School.

Lapa Unit is located in the west region of the city. Opened in 2007, it currently assists serves an average of **358 patients a day** in the various rehabilitation programs, and also provides supplementary activities after the physical rehabilitation program, such as: Physical Fitness; Cultural Therapeutic and Income Generation Workshops; Professional Training within the Rehabilitation Program and Professional and Social Inclusion; and specialized outpatient facilities, such as Integral Care to People with Down Syndrome, which assists patients from 0 to 18 years, with different programs according to age groups and different stages of development, the Hemophilia and Health Employees Assistance Outpatient

Facility - SESMT, which assists FM/HCFMUSP System employees.

Management, Development, Innovation and Technology (GDIT) and Assistive Technology Lab, important in the dispensation of orthoses, prostheses and mobility means activities are performed in this Unit.

Opened in 2008, **Clínicas Unit** is located within HCFMUSP and assists an average of **97 patients a day**, in its various rehabilitation programs. Patients are referred by the community, Basic Health Units, Specialized Outpatient Facilities, as well as by HCFMUSP. It gives priority to the most complex cases, such as brain injury, cerebral palsy and/or delayed psychomotor development, neurodegenerative diseases and musculoskeletal disorders, in addition to having specialized laboratories, such as Electromyography and Neuromuscular Blocking.

In 2014, IMRea production, including consultations, examinations and multidisciplinary care, was the following:

IMREA PERFORMANCE IN 2014	
Units	**Qty. Procedures**
Vila Mariana and Clínicas	179,117
Umarizal	69,727
Lapa	172,834
Total	**421,678**

IMRea featured activities in 2014, include the work developed to obtain CARF certification - Commission on Accreditation of Rehabilitation Facilities, the most important international accreditation, recognized worldwide for its high standards in accrediting the world rehabilitation centers. CARF mission is to promote quality, value and good results for services through an accreditation process that provides for continual improvement, focused on improving the lives of people assisted.

In line with its continuous improvement work philosophy, IMRea, in 2014, improved its management and operational processes, seeking and obtaining CARF Accreditation for three years (highest accreditation period granted by CARF), standing out for being the **first Brazilian organization to obtain this accreditation.**

CARF obtainment included compliance of approximately two thousand requirements, divided into 14 administrative and assistance criteria, such as: development of an annual training program, focused on health and safety; development of new methodologies, tools and evaluation indicators of rehabilitation programs results, which allows patients and professionals to monitor the institution's performance, comparing them with global standards; redefinition of medical records formats and their logistics processes, focusing on information security; creation of manuals, handbooks and guidance materials to patients; implementation of educational space, so that patients can conduct research related to disability and related matters and disclosure of their rights and duties.

Among improvements made in IMREA in 2014, the creation of "outcomes" stand out; incorporation of the Pediatric Evaluation of Disability Inventory scale (PEDI) as an indicator of results in rehabilitation programs of the child team; review, validation and dissemination of POPS - Standard Operating Procedure in all assistance services and administrative areas; review, validation and dissemination of Informational Folders with Guidelines for Health Education in all assistance services; and identification and adaptation of Signaling for Hazardous Area in care sites.

1.2.2.g Instituto dos LIMs

Created in 1975, in FMUSP and incorporated into HCFMUSP in 1977, **LIM - Medical Research Laboratory** is the arm for the development of scientific research: it standardizes new techniques and diagnostics; promotes the formation of researchers in basic and applied research; serves as a teaching, development and training field for health professionals and university students; and conducts courses in the field of medicine and health.

Facilities of one of the 62 LIMs

LIM has 62 units and 120 research groups registered in the Directory of the National Council for Scientific and Technological Development (CNPq). Its scientific production is developed in all Institutes and represents 7.3% of Brazilian publications and 3.3% of Latin American publications in the areas of health and biomedical sciences, according to the Ministry of Science and Technology.

Researchers work directly inLIMs laboratories and collaborate to the research developed in all units and different areas. Courses and classes are also given for graduate students, with guidance in various academic levels. Many researches generated in LIM have subsidized the reorientation of public policies. These groups develop researches in different fields of health sciences and have been investigating diseases such as AIDS, hepatitis C, Alzheimer, human and animal parasites, schizophrenia, asthma, breast cancer and cervical cancer and myocardial infarction. Dynamic and vaccine epidemics control studies and studies on the impact of environmental pollution on health are also featured. High complexity treatments, including new surgical techniques, transplantation and cell therapies, are also under investigation and improvement by LIMs research groups.

In order to promote FM/HCFMUSP system research and innovation activities, FMUSP Board and LIMs Executive Board created the Multi-User Equipment Network Program (PREMiUM) (item 6.1.11 of this Report). The program, launched in 2006, enabled the implementation of decentralized nuclei, equipped with the latest technologies and organized as networks, making them accessible to System researchers and external researchers. At the same time, it made it possible to optimize the use of specialized financial and human resources.

To structure nuclei, the Commission

FMUSP Research and LIMs Scientific Committee conducted an integrated work tuned to identify new areas of research and innovation of the System. Initially, the program had six multi-user nuclei and reached 18 nuclei deployed over the years, with funds primarily granted by FINEP, CNPq and FAPESP.

Results of research activities developed by its professional design the institution in the scientific field and its position as a national reference. As an example of such image, participation of the institution researchers in at the National Science and Technology Institutes Program (INCT), launched in July 2008. Out of the 44 State of São Paulo's National Science and Technology Institutes, three are located in HCFMUSP System and connected to LIMs. They are: National Institute of Integrated Environmental Risk Analysis (INAIRA); Institute in Developmental Psychiatry (Child and Adolescents) (INPD) and Institute for Research in Immunology (III).

The list all 62 HCFMUSP LIMs is as follows:

01: Medical Informatics
02: Medical Surgical Anatomy
03: Laboratory Medicine
04: Microsurgery - Plastic Surgery
05: Experimental Air Pollution
06: Immunopathology of schistosomiasis
07: Clinical and Experimental Gastroenterology
08: Anesthesiology
09: Pulmonology
10: Lipids
11: Pathophysiology of circulation
12: Kidney Diseases Unit Basic Research
13: Genetics and Molecular Cardiology
14: Research in Liver Pathology
15: Research in Neurology
16: Renal Pathophysiology
17: Research in Rheumatology
18: Carbohydrates and Radioimmunoassays
19: Histocompatibility and cellular Immunity
20: Experimental Therapy I
21: Neuroimaging in Psychiatry
22: Anatomical Pathology and Cardiovascular

Pathophysiology
23: Psychopathology and Therapeutic Psychiatry
24: Experimental Oncology
25: Cellular and Molecular Endocrinology
26: Research in Experimental Surgery
27: Neuroscience
28: Vascular Head and Neck Surgery
29: Research in Medical Education
30: Research in Pediatric Surgery
31: Experimental Lymphoproliferations and Vaso-occlusive pathophysiology
32: Otorhinolaryngology
33: Ophthalmology
34: Telemedicine
35: Pancreatic physiology
36: Clinical Pediatrics
37: Transplantation and Liver Surgery
38: Epidemiology and Immunology
39: Biomedical Data Processing
40: Forensic Immuno-Hematology and Hematology
41: Biomechanics
42: Hormone and Molecular Genetics
43: Nuclear medicine
44: Magnetic Resonance in Neuroradiology
45: Neurosurgical pathophysiology
46: Medical parasitology
47: Virus Hepatology
48: Immunology
49: Protozoology
50: Pathology of Infectious Diseases
51: Clinical Emergencies
52: Virology
53: Mycology
54: Bacteriology
55: Urology
56: Immunogenetics and Experimental Transplantation
57: Obstetric physiology
58: Gynecology pathophysiology
59: Cellular Biology
60: Clinical Immunopathology and Allergy
61: Research on Thoracic Surgery
62: Pathophysiology for Surgery

1.2.2.h Suzano Auxiliary Hospital

Suzano Auxiliary Hospital (SAH), opened in 1960 and is located in the city of Suzano, in the Metropolitan Region of São Paulo, designed to be rear of HCFMUSP Institutes, providing specialized medical and hospital care to long-stay patients.

Suzano Auxiliary Hospital Facilities

Suzano Hospital main building offers assistance for adults and children with integrated action of a multidisciplinary team, which enables restoration of the functional and rehabilitation capacity of sequelae in different stages of the disease.

Service is provided in General Practice specialties, Surgery, Neurology, Orthopedics and Pediatric.

With a multidisciplinary team that acts in an integrated manner, it also develops various activities with patients, families and staff in order to promote improved quality of life and the maintenance of social and family bonds due to hospital long stay.

Overall, 115 beds are provided, out of which 15 are reserved for children with highly complex illnesses and 12 to adult patients in the same situation. The others, in general, are stable and in an annex building called *Unidade Térrea Mista* (Ground Mixed Unit).

Today, HAS is in process of renovating the current building and constructing a new building to expand the service capacity and extend its vocation, starting to offer modern diagnostic and therapeutic procedures resources.

In 2014, through FFM **1,303 admissions and 6,787 outpatient procedures** were performed.

1.2.2.i Hospital Auxiliar de Cotoxó

Cotoxó Auxiliary Hospital (HAC), was opened in 1971 in the neighborhood of Pompéia, in São Paulo, and it was designed to be rear of HCFMUSP institutes providing specialized medical assistance to patients in intermediate care, through an integrated multidisciplinary team.

Cotoxó Auxiliary Hospital is currently working to expand its capacity

Currently, the hospital is working to expand its installed capacity, adding to the assistance provided modern diagnostic and therapeutic procedures resources, as well as new spaces dedicated to teaching and research in the health field.

Renovation will also give rise to the Teaching and Human Resources Training Center and the new Alcohol and Drug Collaborating Center (item 6.1.6 of this Report), a partnership with the State Department of Health (SES-SP), USP and the National State Department for Policy on Drugs (Senad), from the Ministry of Justice.

The Collaboration Center, which aims at providing assistance, teaching, service and research related to the use, abuse and addiction to crack, alcohol, tobacco and other drugs, will be managed by IPq and will have beds for hospitalization, hospital-day, areas focused on education and reception of patients' families.

In 2014, through FFM, **37 hospitalizations and 4 outpatient procedures** were performed**.**

1.2.2.j Casa da Aids

*The **Extension Service to Support HIV / AIDS Patients - Casa da Aids (SEAP HIV / AIDS)** was opened in 1994.* In September 2014, SEAP HIV / AIDS started to work on SES-SP CS-Pinheiros premises, developing outpatient activities related to teaching, research and assistance to HIV patients. It serves approximately 3,000 adult patients with HIV and has the administrative support of FFM since 2004. There are 51 employees, a team of infectious disease physicians, gynecologist, psychiatrist, dentist, pharmacist, nurses, psychologists, social workers, nursing staff and administrative support operating in SEAP HIV / AIDS.

In 2014, in the **teaching** area, the following stood out:

- Conduction of the VII Casa da Aids Scientific Journey, with the presentation of ongoing projects developed and completed at Casa da Aids;
- Development of practical activities of the Medical Residency Program in Infectious and Parasitic Diseases: R-2 and R-3;
- Development of lessons and activities of *FMUSP Liga da Prevenção de HIV/AIDS* (FMUSP League of HIV / AIDS prevention);
- Classes given to students of FMUSP 4th year of graduation in Medicine; and
- Development of activities of HCFMUSP Psychology Improvement, Social Services and Hospital Dentistry Program.
- In the field of **research**, among other activities, the following stood out:
- Among the Multidisciplinary Team professionals, three master students are enrolled in USP Graduate Program and USP Psychology Institute;
- Two doctors from SEAP HIV / AIDS medical team are enrolled in FMUSP doctorate Graduate Program;
- Among SEAP HIV/AIDS Multidisciplinary Team professionals, conclusions of the thesis for obtaining the master's degree: "Prescription access rate assessment of preventive treatment of tuberculosis with isoniazid in specialized service of HIV / AIDS"; "Assessment of isoniazid dispensing rate used in the preventive treatment of tuberculosis in specialized HIV / AIDS"; "The experience of disclosure of HIV diagnosis in affective partnership on young people living with HIV / AIDS vertical transmission" and "Sexual and Reproductive Rights in Aids Times: Considerations

about the sexual experiences of young people who were born with HIV in treatment in a specialized clinic for HIV / AIDS in São Paulo"

In the **healthcare** area, we highlight the start of comprehensive care to HIV patients in the new unit of Casa da Aids in Pinheiros. Thus, in addition to medical appointments and multidisciplinary consultations, the Psychological Attendance and Adherence to Antiretroviral Treatment Project was resumed. In 2014, **8,859 outpatient procedures** were performed.

In the prevention scope, people looked for SEAP HIV / AIDS spontaneously to make the Quick HIV Test, lout of which 70% were male and the average age was 31 years old.

1.2.3 Other Health Units

FFM also develops actions aimed at improving other Units and Health Centers, also intended to provide free care for SUS patients.

1.2.3.a USP University Hospital

Opened in August 1981, **USP University Hospital (HU)** is part of the practical learning of students not only enrolled in Medicine, but other program in the health area, such as Dentistry, Public Health, Physical Therapy, Speech Therapy, Occupational Therapy (OT) , Psychology, Pharmacy and Public Health. One third of the Medicine school graduation curriculum is fulfilled there, especially in pediatric, internal medicine and surgery subjects. It also receives medical residents in general, the area of Oral and Maxillofacial Surgery of Dentistry and multidisciplinary residence of Speech Therapy, Physical Therapy, Occupational Therapy and Pharmacy, and offers extension courses in various areas.

HU facilities, located on USP campus

With 258 beds and an outpatient facility with 57 offices, USP University Hospital serves not only the neighborhood it is located in, but also the Rio Pequeno, Morumbi, Jaguaré and Vila Sônia. Moreover, it even provides assistance to USP, enabling students of the School of Public health to practice and conduct field studies.

HU has its own research clinical center with an ethical analysis commission in research and high scientific production, especially in maternal and child health and adult health, whose agreements are signed with FFM's intervention.

HU is today a key player in *Projeto Região Oeste* (West Region Project) (item 1.3.1 of this Report), whose management agreement is in charge of FFM. For its feature of secondary-care service, HU serves as one of the possible references to support the diagnosis and treatment of patients in the region who need hospital resources to solve their issues.

With *Projeto Região Oeste* (West Region Project), HU assumed an important role in the regulation of health care activities in the subdistrict of Butantã-Jaguaré, since it started to organize health and assistance actions. For being a hospital, HU promotes meetings with managers of the assisted units and thus evaluates reference assistance and counter-reference flows and protocols, which allows them to classify and stratify emergency room and care-related risks, which means evaluating statistics to establish service priorities.

This is only possible because *Projeto Região Oeste* (West Region Project) brought something new to health management in the region, which is the work based on quality and service indicators, with targets and statistics that guide decision making in order to rationally distribute the material resources and human resources available.

1.2.3.b Escola Butantã Health Center

Escola Samuel Barnsley Pessoa Health Center (CSEB) – CSE Butantã is a FMUSP teaching care unit, under the responsibilities of the Departments of Preventive Medicine, Pediatrics, Medical Medical Clinic and FOFITO, focused on Butantã population.

Since 1977, CSEB has contributed to the development of primary health care practices in Brazil, especially through its training and research in service activities. The Center develops joint activities with *Projeto Região Oeste* (Western Region Project) (item 1.3.1 of this Report).

CSEB's mission is to develop a fully integrated teaching to undergraduate students of medicine, nursing and speech therapy, medical residents and other health professionals; research lines related to educational projects and innovative technologies in primary health care; and health care quality to people of CSE coverage area, the health promotion field, disease prevention and care of injuries.

Escola Samuel Barnsley Pessoa Health Center

In 2014, through FFM, CSEB held **8,591 outpatient procedures.**

1.2.3.c Emílio Ribas Institute

Institute of Infectious Diseases Emilio Ribas (IIER) was one of the first public health institutions in São Paulo inaugurated on January 08, 1880.

Emílio Ribas Institute Facade

In 1932, the Hospital was renamed to Isolation Hospital "Emílio Ribas". Admissions building, with nine floors, was opened in 1961.

In June 1991, the Hospital was transformed into the Institute of Infectious Diseases Emilio Ribas.

IIER has its outstanding participation as a major center for care, diagnosis and treatment of infectious diseases and control of epidemics have occurred in the State of São Paulo and Brazil.

Alongside the assistance activity, it is reference center in teaching and research, contributing to the education and training of health professionals.

In 2014, HCFMUSP and the SES-SP signed an agreement , having FFM as intervener, in order to execute the operationalization Management Project, Actions and IIER Services.

1.2.3.d NGA Várzea do Carmo

Since 2010, the HFMUSO Gastroenterology Service Clinic, through an Addendum to the University Agreement signed between HCFMUSP and SES-SP, with the intervention of FFM, is in charge of the Endoscopy and Hepatology Service of the Assistance Management Unit **(NGA) Várzea do Carmo**, SES specialty outpatient facility that works in Downtown São Paulo. The service fulfills a gap in the secondary care of patients by SUS, solving most cases and referring the most complex cases to specialized treatment in HCFMUSP.

Currently, 570 consultations and 600 endoscopies are performed per month. Várzea do Carmo outpatient facility is a reference to 39 municipalities in the Greater São Paulo. Cases are referred from primary care services, such as AMEs, UBS and emergency care hospitals.

The service meets Anvisa's recommendations, with two doctors and a nurse per room, room for cleaning and disinfection of equipment and recovery room. NGA Várzea do Carmo space was renovated according to the needs of the service.

In 2014, HCFMUSP Gastroenterology Service, through an agreement signed between HCFMUSP and SES-SP, with the intervention of FFM, continued the assistance care actions of Endoscopy and Hepatology of NGA Várzea do Carmo.

1.2.3.e Osasco Regional Hospital

Osasco Regional Hospital Dr. Vivaldo Martins Simões, with capacity for 212 beds, with 177 operating beds, serving patients 100% from SUS, is secondary reference of hospital care in the municipalities of Osasco, Jandira, Carapicuiba, Itapevi, Barueri, Santana de Parnaíba , Pirapora do Bom Jesus, Cotia, Embu, Embu-Guaçu, Itapecerica da Serra, São Lourenço da Serra, Juquitiba, Vargem Grande Paulista and Taboão da Serra.

From mid-2010, through an Addendum to the University Agreement signed between HCFMUSP and SES-SP, with the intervention of FFM, implementation and operational maintenance of a Hemodialysis unit for chronic renal patients phase V, care for patients with acute renal failure in the ICU ward, hospital interconsultation, conduction of vascular access, nephrology clinic and training teams to care for patients with chronic kidney disease was made possible through HCFMUSP Nephrology Service.

The Hemodialysis Unit reached its maximum service capacity, with good assistance outcomes (low rate of mortality and hospitalization) and good acceptance of the local community. An average of 1,500 sessions of conventional hemodialysis, about ten vascular access procedures and 1,200 examinations were performed. An average of three daily interconsultation and about 30 hemodialysis procedures on the edge of the bed in ICU were also performed.

In 2014, the HCFMUSP Nephrology Service, through an agreement signed between HCFMUSP and SES-SP, with the intervention of FFM, continued the calls for assistance on the Hemodialysis Unit of Osasco Regional Hospital.

1.3 Management Agreements

In 2014, FFM was responsible for administrative and financial management of three institutions or healthcare systems: IRLM, West Region Project and municipal emergency room of Butantã.

1.3.1 West Region Project Municipal Administration Agreement – PRO

AMA Vila Sônia receives ONA 1 accreditation, focused on UBS

Vila Dalva safety, it also obtained ONA 1 accreditation

As a result of a partnership between SMS-SP, FMUSP and FFM, the creation of the **West Region Project (PRO)** attempts to use a platform based in support, teaching and research, focusing on the integration of primary, secondary and tertiary health care services, in order to provide the user with a service focused on quality, efficiency and humanism and contribute effectively to the development of SUS in the Midwest region of the City of São Paulo.

Comprised by six administrative districts (Butantã, Morumbi, Raposo Tavares, Rio Pequeno, Vila Sônia and Jaguaré), the micro-region of Butantã-Jaguaré, object of this partnership, is located in the west region of the city and has a total population of about 420 thousand inhabitants.

Seven UBS are currently under the West Region Project Management, guided by the Family Health Strategy Model, totaling 34 Family Health Teams, one Traditional Model UBS, two Centers of Support for Family Health (NASF), four Ambulatory Health Care units (AMA) and one Municipal Emergency Room (PSM).

In 2014, the target audience and the territorial scope of the project were as follows:

HEALTH UNITS BENEFITED BY THE WEST REGION PROJECT			
Coverage	**Units**	**Number of Teams**	**People Enrolled**
Five Basic Health Units, with defined coverage area - 31 Family Health Teams (SF) and 2 Family Health Support Center (NASF)	UBS Jardim Boa Vista	6 SF teams	19,615
	UBS Jardim D'Abril	4 SF teams + 1 NASF	12,513
	UBS Jardim São Jorge	6 SF teams	18,106
	UBS Paulo VI	6 SF teams + 1 NASF	18,835
	UBS Vila Dalva	5 SF teams	14,018
	UBS Vila Nova Jaguaré	4 SF teams	12,608
	UBS Malta Cardoso	3 SF teams	7,864
Subtotal			**100,443**
Four Medical Assistance Units Outpatient (AMA)	AMA Jardim São Jorge	Without coverage area set	
	AMA Paulo VI		
	AMA Vila Nova Jaguaré		
	AMA Vila Sonia		
One Specialties Outpatient Facility (AE)	AE Jardim Peri-Peri		
One imaging service (mammography and Ultrasonography)	UBS Vila Sonia		

Production data from these units in 2014 is as follows:

WEST REGION PROJECT PERFORMANCE IN 2014		
Description		**Number of Procedures**
Family Health Strategy	Doctor's Appointments	127,013
	Nursing calls	77,401
	Home visits of Community Health Agents	325,900
Dentistry	Dentistry Appointments	12,057
	Dentistry Procedures	20,555
Imaging examinations	Ultrasonography	3,389
Medical Ambulatory Care	Doctors' Care	185,865
Total		**752,180**

The West Region Project (PRO) aims to transfer care and management technologies and expertise to maximize its activities, offering to SUS users assistance founded on quality, efficiency, respect and warmth.

Innovative management practices are permanently developed in the pursuit of operational efficiency of public health services, object of this partnership.

In 2014, PRO's coordination stimulated the recognition and dissemination of actions related to Humanization through the exchange of ideas. In order to do this, an awareness forum was held and Humanization committees in all network units were formed.

Groups were tasked to map the Humanization of actions already existing on a daily basis. More than 130 initiatives, particularly in the areas of hospitality, preventive health and participatory management were detected.

In the middle of this process, the need to better integrate new employees to PRO structure was detected. Thus, Institutional Reception was created, which is the reception of new employees for coordinating PRO. On that day, newly admitted understand how NHS and FMUSP work. The next job step will be to conduct a forum with Humanization successful experiences. Employees will be invited to present their solutions in a creative way, using music and theater, for instance.

In 2014, AMA Vila Sônia and UBS Vila Dalva, two units linked to the Western Region Project, obtained the ONA 1 accreditation, related to safety for patients and staff. Both two institutions chosen to go through this process have different profiles - while UBS character offers assistance towards strengthening of the role played by Family Health Strategy Teams as promotion and health prevention agents focused on individuals, AMA completes this health care with spontaneous demands, with resolute access in a timely manner and with quality.

Among the most significant measures taken for the accreditation process are: hiring of support staff to assist in the flow of patients, leading them to the correct sectors within all units, improving the assistance time; organization of medical records and health data, enabling accessibility for all user information; integration and formal registration of information related to professionals of all specialties; identification of patients during their stay in the unit; collection of laboratory and imaging tests with multiple identifiers, providing process safety; campaign for handwashing; creation of mandatory committees - Committee on Infectious Risks and Epidemiological Surveillance - CRIVE and Biosafety and Institutional Risk Committee - COBRI; Traceability of drugs, Rational Use of Drugs, Pharmaceutical Care, Pharmacovigilance, Monitoring of Pharmacy indicators; Quality and Risk Management Training Tools; Action plan focusing on Security and Operational Contingency, Supplier Relationship Management; among others.

The West Region Project understands that investing in continuous process improvement, improving the health team and the use of best practices is essential for obtaining optimal results for all users of health services, family and community.

1.3.2 Butantã Emergency Room Municipal Management Agreement

In July 2010, the partnership between SMS-SP and FFM was expanded with the signature of another Management Agreement. This new agreement contained the management of **Butantã Municipal Emergency Room** (Prof. Dr. Gaetano Virgilio Neto), thus, widening the implementation of PRO's actions - West Region Project (item 1.3.1 of this Report).

Butantã Municipal Emergency Room

Municipal Emergency Rooms are part of SMS-SP services network, with the purpose of providing non-scheduled medical assistance and assist in emergency situations for patients referred from mobile pre-hospital care or Primary Care health units.

Inclusion of Butantã Emergency Room to the Management Agreement increases the scope of attention to health users because its location is close to the UBS that are already part of the agreement.

Seriously injured patients are treated in the Emergency Room, and remain under observation for 24 hours, and then released or forwarded to other reference hospitals, where necessary.

Butantã Emergency Room provides Clinical Medicine, Pediatrics, General Surgery, Orthopedics and Traumatology care. The management agreement provides for an average of four thousand assistance procedures per month, referencing health facilities of Butantã region borough.

Butantã Emergency Room production data in 2014 was as follows:

PSM BUTATÃ PERFORMANCE IN 2014	
Specialty Areas	**Total**
General Surgery	12,161
Medical Clinic	54,964
Orthopedics	20,014
Pediatrics	14,128
Total	**101,267**

1.3.3 Lucy Montoro Institute State Management Agreement

Headquarters of Lucy Montoro Rehabilitation Institute, in Santo Amaro

Pacient using Lokomat, created to stimulate a normal walk

In 2010, FFM signed a management agreement with SES-SP for the management of activities and health services at **Lucy Montoro Rehabilitation Institute (IRLM)**, one of RRM Units.

Opened in September 2009, IRLM unit in Santo Amaro neighborhood was designed to be an excellence center in treatment, teaching and research in rehabilitation. The ten-store building and 13.5 thousand square meter, entirely adapted, housed an outpatient care and hospitalization ward in an environment that does not refer to a "hospital".

The unit serves people of all ages; however, children have a special floor, because they requires a differentiated approach. The environment was designed for children to associate therapies and fun, being a fully decorated place with furniture adapted for them.

This is the first unit in São Paulo to offer admission to patients in severe stage. In comfortable and functional rooms, patients receive care from a staff specialized in rehabilitation, twice a day, and can begin their specific treatment for disability immediately. This new facility has 80 single rooms, 20 offices and a one thousand square meters diagnostics ward.

In 2014, IRLM complied with the needs of a hospital specialized in rehabilitation of people with physical disabilities, with its human and technical resources exclusively through SUS, offering according to the degree of complexity of their assistance and their operational capacity, health services that fit into specific modalities.

Assistance offered by IRLM comprises the following services:

Outpatient Care

a) social interview; **b)** screening; **c)** initial medical evaluation: determine the team to which the patient belongs, including teams of: Spinal Cord Injury - Spinal Cord Injuries of different etiologies (traumatic, myelomeningocele, tumor, etc.); Brain injury - Brain lesions of various etiologies (AVE, TCE, tumors, etc.); Amputees - Partial or total absence of members (vascular, traumatic, congenital malformation, etc.); and Child - Delayed neuropsychomotor development (cerebral palsy, Obstetric Paralysis, etc.); **d)** medical interconsultation; **e)** subsequent medical visits (returns); **f)** outpatient invasive procedures; and **g)** multidisciplinary care in rehabilitation.

After the initial medical evaluation, physiatrists perform a therapeutic plan, on OPM needs, and the care of the multidisciplinary team, as well as determine a reception group, with the participation of the Social Service and the Nursing Service.

Hospitalization (hospital environment)

Health care provided in hospital regime comprises a set of assistance procedures offered to patients, since their admission to the hospital until

their discharge, according their discapacity, including all the services and procedures required to obtain or complete the diagnosis and appropriate therapy for treatment in hospitals.

Assistance in hospital emergencies

For data logging purposes, non-scheduled urgency assistances, dispensed by the hospital emergency service to patients in care, only until April 2011 were considered. Given the review of the process held between IRLM and SES-SP, it was decided that, from 05/2011, these same assistances would be considered of Medical Specialties Interconsultations.

In addition to the **assistance activities** performed at IRLM in the year 2014 the following can be highlighted:

a) Conduction of training courses focused on further training in rehabilitation for RRLM employees, in partnership with the Department of Rights of People with Disabilities; **b)** Development of specific rehabilitation programs, in order to gain functionality to patients enrolled in it; **c)** Advice to families and caregivers through educational activities, enabling them about the care to be provided to patients; **d)** Operationalization of all resources, aimed at appropriate assistance to people with physical disabilities and potentially disabling diseases; **e)** Home care for patients with physical disabilities through visitation of Occupational Therapy Services, Physiotherapy and Social Service professionals; **f)** Monitoring, by the Medical and Administrative Board, of all actions being developed by service teams through Monthly Report of Activities Developed; **g)** Continuation of activities of the Humanization Work Group; **h)** Continuing education, through internal training programs, for example, weekly clinical meetings; **i)** Determination of information from cost centers; **j)** Standardization of tool use available via TASY system for Purchases and OPM Sectors; **k)** Inclusion of Equity information via TASY system; **l)** Evolution of Communication actions (corporate email, internal communications standardization, development of improvements project of the building visual communication, etc.); **m)** Evolution of Ombudsman actions; **n)** Continuity of activities related to the program for obtaining the Rehabilitation-Specific Accreditation Certificate (CARF - Commission on Accreditation for Rehabilitation Facilities) with the effective recognition of accreditation by the international body, at its highest level for three years; and **o)** Musical Therapy Project.

Among the **technologies** available to support disabled people in 2014, the following stand out:

a) Baropodometry: evaluation that identifies the distribution of pressure areas on feet soles while walking; **b)** Transcranial magnetic stimulation: British methodology of stimulation to the central nervous system, by which it is possible to provoke and get favorable responses to physical reconditioning and progress of movements; **c)** Teletermography is a temperature evaluation system, which helps in the diagnosis, treatment and evolution of some diseases such as tumors of the musculoskeletal system, paraplegics bedsores and thrombosis, and infection, etc.; **d)** IMN MOTION Shoulder Elbow: promotes the rehabilitation of patients with decreased function of the upper extremities, for the rehabilitation of patients with partial paralysis of the arm, maintaining and restoring their motor skills; **e)** IREX: equipment that uses virtual reality to guide, in an interactive way, patients in exercises that work specific functions, through games and other activities; **f)** I-TOY: through video capture technology, patients are seen inside the game, to have their image projected on a monitor, which encourages them to move; **g)** LOKOMAT: equipment targeted for the recovery treatment of patients with motor deficits affected by damage to the central nervous system, consisting of an automated gait orthosis on a treadmill; **h)** ERGYS device that allows patients with complete spastic spinal cord injury to perform aerobic workout on exercise bikes; **i)** ARMEO: promotes motor rehabilitation of partial upper limb paralysis, consisting of an exoskeleton, which takes the gravity of the affected limb and allows their mobility.

The following activities for process **improvements** also stand out:

1. Biweekly Monitoring of Assistance Goals agreed with SES-SP; **2.** Collaboration for the development of RRLM site; **3.** Training on Quality in User Service (HC Assistance) of the Hotel and Hospitality service teams; **4.** Institutional Van hiring, facilitating patients and caregivers transportation to IRLM; **5.** Implementation of Contact Center Services, direct channel of relationship with the society, aiming at the centralization of Institutional information and standardization in care and management processes; **6.** Hiring of company for manufacturing and restoration of furniture; **7.** Acquisition and replacement of mattresses of sofa-beds used by caregivers; **8.** Conduction of the first maintenance in the primary booth - PAME; **9.** Weekly meetings with Managers; **10.** Restructuring of the building maintenance service, including staff for air-conditioning system maintenance and reducing contract supervisor; **11.** Implementation of Clinical Engineering; **12.** Hiring of consultancy in reduced spending on electricity and water; **13.** Education

and training of the fire fighting brigade; **14.** Conduction of Internal Week for Accident Prevention - SIPAT; **15.** Adequacy of toilets on hospitalization floors in order to comply with the Health Surveillance legislation; **16.** Replacement of the 1st and 2nd floors floor; **17.** Installation of escape route signaling system to assist patients with disabilities; **18.** Activation of rest areas for employees, favoring a more humane and secure environment; **19.** Organization of IRLM Library; **20.** Review of institutional indicators panel; **21.** Implementation of the "Management at Sight" process, in order to demonstrate transparency and work expectations of patients, families and caregivers as well as appreciation of the care team; **22.** Review, standardization, coding and delivery of more than 1,350 Institutional documents, aiming to achieve more security in the use of Institutional information; **23.** Adequacy of standard texts and Ratings used in the Electronic Patient Record; **24.** Implementation of OPM supplies traceability process at TASY system; **25.** Implementation of SAU (Customer Service User Service); **26.** Development of an evaluation to help SCIH; **27.** Development of standardized Doctors protocols; **28.** Training for Resident Doctors - TASY; **29.** Expansion and replacement of computer park, Printing Outsourcing deployment and nobreaks installation; **30.** Implementation of Tasy calls control; **31.** Reorganization of assets and liabilities racks of the structured network; **32.** Installation of 60 Voice points; **33.** Backup environment modernization; **34.** Monitoring System deployment; **35.** Installation and activation of new 10 Mbps Links; **36.** Wifi installation; **37.** Firewall Installation, Management, Control and Monitoring of Information Security; **38.** Antivirus installation (Kaspersky).

Numbers of procedures in 2014 were as follows:

LUCY MONTORO REHABILITATION INSTITUTE - 2014	
Outpatient activity - Medical Specialty	
Procedures Performed	**Quantity**
Outpatient activities - Physiotherapy	4,757
Outpatient activities - Urology	469
Outpatient activities - Other	613
Outpatient activity - Non Medical Specialties	
Procedures Performed	**Quantity**
Outpatient activities - Nursing	5,356
Outpatient activities - Physiotherapy	8,401
Outpatient activities - Speech Therapy	2,367
Outpatient activities - Nutrition	1,891
Outpatient activities - Psychology	4,188
Outpatient activities - Occupational Therapy	7,479
Outpatient activities - Other	1,864
Outpatient activities - Social Service	4,209
Dispensation of Orthotics, Prosthetics and Locomotion Means	2,845
Medical Clinic - Hospital Leaves	935
Total	**45,374**

1.4 ICESP Agreement

Since its opening, FFM was responsible for the implementation and management of ICESP. Under state law that qualified HCFMUSP as a special regime autarchy, ICESP joined the Hospital Complex. Thus, FFM now operates in the condition of Support Foundation to the Institute's management.

Cooking workshops teach cancer patients how to 'dribble' the treatment symptoms

ICESP opens satellite unit in Osasco

Since its opening on May 6, 2008, FFM was responsible for the implementation and management of **São Paulo State Cancer Institute "Octavio Frias de Oliveira" - ICESP**. Under state law that qualified HCFMUSP as a special regime autarchy, ICESP joined HCFMUSP Complex. Thus, FFM now operates in the condition of Support Foundation to the Institute's management, under the same terms of the existing legal model for almost 30 years for other institutes (except InCor) belonging to HCFMUSP.

However, it is important to emphasize that such changes will not reduce FFM's responsibilities before ICESP's management, whose challenge is to leverage the level of excellence achieved over the years even further, on the development of integral health assistance in cancer and providing patients with assistance and treatment conducted by professionals with recognized expertise, added to a modern technology park.

The Management Agreement signed between SES and FFM in 2009 was innovative in the sense of covering, in addition to care, education and research. Many public hospitals were already being administered by Social Health Organizations (OSS) at the time, but ICESP was the first one to reconcile bold goals related to with high quality assistance aligned with teaching and research. Occupying a 28-store building with about 84,000 m2 of built area, ICESP is entirely dedicated to the care of patients with cancer from the public health system (SUS).

FFM is responsible for hiring more than three thousand employees of ICESP and the entire of Human Resources management, as well as to receive and pass on the resources from relevant public bodies such as Ministries and Departments of Health. FFM is also responsible for managing all partnerships between researchers and public and private financial institutions linked to clinical studies.

One of the great advantages of ICESP is its humanization policy, which came to inspire SES throughout the state of São Paulo. More than 50 humanization projects are developed by the Institute, involving patients, staff and caregivers. ICESP also became the focal point of cancer treatment in the State of São Paulo, serving as a reference for 14 specialized hospitals part of a committee that meets monthly to set guidelines for cancer care in the state. This committee is divided into four groups, that work in the areas of prevention, early detection, care and treatment.

Between 2008 and 2014, ICESP achieved the mark of 2,900 million medical procedures, including: consultations, hospitalizations, chemotherapies, diagnostic procedures, tests, "hospital-day" and emergency service. More than 42,000 patients have active enrollments with an

average of 900 new patients a month. When opened, ICESP had 90 beds, two operating rooms, 12 ICU beds and 48 outpatient chemotherapy chairs. Today, ICESP has 100% of its installed capacity, with 499 beds in inpatient units for patients with complications or clinical cancer treatment, hematology, iodotherapic, palliative, or surgical follow-up, and 107 chemotherapy chairs. There are 85 beds installed in the ICU to support intensive care. The Surgical Center has 16 rooms installed to perform elective surgeries, emergencies, outpatient procedures and robotics. Activities resulted in about 8400 surgeries in the year.

Patients with cancer often lose their appetite during treatment. Thinking about this, ICESP offers cooking classes to teach patients and caregivers to prepare recipes that stimulate their palate and reduce chemotherapy common side effects, such as nausea and pain in swallowing. In addition to weekly classes in the Experimental Kitchen, ICESP also offers free access to an elaborate menu via internet with tips and preparations of savory dishes, sweets and drinks, indicated to mitigate each type of symptom.

In 2014, the installed base of equipment increased by 33%, from 5,259 to 6,990 installed equipment, such as: **a)** from 3,942 to 5,418 ICESP equipment (↑ 37%); **b)** from 1,159 to 1,193 - lending in equipment (↑ 03%); **c)** from 110 to 196 - leased equipment (↑ 78%); **d)** from 41 to 48 - third party equipment (loan and / or HC) (↑ 17%).

Outpatient Pharmacy aims at providing drugs for cancer patients and is part of ICESP Pharmacy Service, which provides a list of standardized types of drugs (currently 213), including chemotherapy, drugs for nausea control or vomiting, various pain killers and standard diet.

On average, 520 ICESP patients and/or accompanying people visit the Outpatient Pharmacy daily and serving **720 drugs and nutrition prescriptions**. Prescriptions had an average growth of 5% between 2012 and 2014 from 13,600 to 14,248 prescriptions/month.

Outpatient Pharmacy is also responsible for the delivery of drugs in patients homes (PMC - Drug at Home Program) to previously authorized medications and all nutritional diets (15) at no cost to patients. This program made more than **22,000 deliveries** and had 1,500 registered patients, in 2014.

ICESP also has a unit located in Cotia, in order to promote particular attention to patients in exclusive palliative care. Thus, the Advanced Center for Special Care (NACE) offers continuity of care provided in hospital, in an appropriate structure to provide maximum comfort and relief of disease symptoms, in order to contribute to the quality of life by combining medical service and welfare. This site also has living spaces and a large outdoor area in contact with the nature.

Within this context, patients receive comprehensive care from a multidisciplinary team, consisting of doctors, nurses, social workers, psychologists, nutritionists, physiotherapists and pharmacists. A second unit, NACE Jaçanã, was built to expand the supply of services. In recent years, total number of assistance calls in both palliative care units (NACE COTIA AND NACE JAÇANÃ) grew 54%, from 807 (2010) to 1,481 (2014) patient-days / month (annual average from January to December / 2014).

To conduct outpatient consultations, 103 doctors' offices, spread over four floors are available. A total of more than 880,000 medical consultations in the last six years was conducted, being more than **215,000 medical consultations** in 2014, representing an increased monthly average production of 57% between the years 2010 (10,183) and 2014 (17,974).

The Infusion Chemotherapy Unit achieved the capacity of 107 seats for the treatment of standardized care protocols and clinical research protocols. In the progressive operational growth Unit, the number of visits, since the opening, is already approaching **257,000 chemotherapy sessions**. Average number monthly sessions grew by 65% between 2010 (3,105) and 2014 (4,755).

With the start of operations in July 2010, the Radiotherapy Unit reached a monthly production of more than 5,000 sessions, by the end of 2011. In 2012, brachytherapy activities were initiated, resulting in 166 sessions until December, with a total production of 55,900. In December 2014, the Unit had already registered **241,591 radiotherapy sessions.**

From the humane care principle, ICESP has the support of a multidisciplinary team (psychologists, speech therapists, nutritionists, social workers, etc.) to patients and family members, seeking to welcome them when their health is fragile, resulting in 2014, in a monthly average of 8,200 multidisciplinary consultations (98,8 thousand / year) and more than 2,100 non-medical therapies per month (25,5 thousand / year).

In 2014, nine renovation works distributed in 2,000 m2 were executed, which have improved workflows and meet the current health legislation.

Several humanizing actions were also held in 2014, such as: **a)** Cine Chemo, with the purpose of entertaining accompanying members and patients in the waiting room waiting for their family member or care; **b)** Visagism, which seeks to improve patients self-esteem; **c)** October Pink, when actions

were carried out with patients, caregivers and employees to encourage early diagnosis and treatment of breast cancer for a month; **d)** Blue November, when actions with patients, caregivers and employees were developed to encourage early diagnosis and treatment of prostate cancer; **e)** Expansion of Happy Birthday Project to Chemotherapy; **f)** The Four Seasons Project, conducted in partnership with the Seresteiros Group of Diadema that sing on the floors every change of season of the year; **g)** *Mad Alegria* (Mad Joy), followed by MAD in hospitalization units; **h)** Storytelling effort, with the training of eight messengers in a joint effort twice a week; **i)** Movies sessions efforts, with sessions twice a week and expansion of DVD players number; **j)** Opening of the Beauty Salon.

In addition to constantly expanding care, scientific and academic production, several projects were developed in ICESP, new sectors were implemented and initiatives aimed at better use resources and increase their role in society were supported. Cancer Treatment Conduct Guides examples include: **a)** Clinical Oncology Guide; **b)** Surgical Oncology Guide; **c)** ICESP Nutritional Therapy Guide of Oncology; **d)** ICESP Rehabilitation Guide; **e)** Pharmacotherapeutic Guide. Over the years, ICESP has been gaining awards and the recognition of the population. In 2010, just over two years after its opening, it already appeared in second place in the **SUS Users Satisfaction Survey**, sponsored by SES-SP. Evaluation criteria include patient satisfaction with the care received, the level of service and professionals who provide care, the quality of accommodations and waiting time for admission. In 2011, it achieved **first place** and remained in this position.

Always pursuing excellence, ICESP has sought to obtain national and international **quality certifications**. In a few years, there has been a history of attention to quality and safety in patient care and excellence in management:

a) 2010: Accreditation Seal achievement (level 1) by the National Accreditation Organization (ONA);

b) 2011: ICESP is named best hospital in the state, according to research conducted with SUS users;

c) 2011: Accreditation Seal achievement (level 2) by the National Accreditation Organization (ONA);

d) 2012: Accreditation Seal Renewal (level 2) by the National Accreditation Organization (ONA);

e) 2013: Preparatory process for Accreditation by the Joint Commission International (JCI);

f) 2014: Achievement of accreditation by the Joint Commission International (JCI), international seal that aims to measure and share the best practices of quality and patient safety;

g) 2014: Achievement of accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) in ICESP rehabilitation sector, international seal recognized for its high levels of demand in the accreditation of rehabilitation centers around worldwide;

h) 2014: Award for Best Sustainable Practices of Benchmarking Brazil;

i) 2014: Honorable mention in the Seminar of HealthyHospitals;

j) 2014: 2014 Business Friend of the Environment Award.

Thus, the number of procedures performed by ICESP in 2014 can be summarized in the table below:

SUMMARY OF ICESP ASSISTANCE PROCEDURES PROVIDED IN	
Procedures Performed	**Qty.**
Doctor's appointments	215,689
Chemotherapy sessions	57,065
Radiotherapy sessions	64,623
Surgeries	8,439
Multidisciplinary consultations	98,841
Non-medical therapies	25,588
Hospital leaves	17,918
Total	**488,163**

On 08/11/2014, the new ICESP satellite unit was opened in Osasco, which will serve patients from the municipalities of Osasco and six neighboring municipalities: Barueri, Carapicuíba, Itapevi, Jandira, Pirapora do Bom Jesus e Santana de Parnaíba, integrating the Regional Network for Health Care (RRAS).

ICESP Osasco absorbed more than 800 patients over 30 different diagnoses in clinical oncology and in the medium term, intends to absorb part of the patients of the specialty monitored at ICESP and residents in the region

(11% of active patients from the oncology clinic, 8.3% of the Institute's chemotherapy sessions and 17% of the volume of care in radiation therapy).

Throughout 2014, the following services were activated at ICESP Osasco: **a)** Medical Appointments in Clinical Oncology; **b)** Nursing screening; **c)** Nursing Consultation; **d)** Nursing Procedures; **e)** Nutritional Guidance; **f)** Psychological Assistance; **g)** Social Worker Guidance; **h)** Blood collection for clinical analysis in DLC / ICESP; **i)** Chemotherapy; **j)** Assistance, guidance and pharmaceutical dispensation of drugs.

Implementation of the new unit will be made in three steps, and its full operation is expected for the end of 2015.

Number of procedures performed by ICESP Osasco, from August / 2014 to January 2015, can be summarized in the table below:

SUMMARY OF ICESP OSASCO ASSISTANCE – AUG/2014 to JAN/2015

Procedures Performed	Qty.
Doctor's appointments	1.433
Outpatient multidisciplinary consultations	1.949
Outpatient chemotherapy infusion sessions	593
Blood Collection	495
Hormone therapy	28
Nursing procedures	65
Infusion therapy clinic	15
Total	**4.578**

2 SOCIAL ASSISTANCE ACTIONS

2 Social Assistance Actions

2.1. Main Social Assistance Projects

In addition to comprehensive health actions, FFM also supports social assistance programs and projects aimed at poor population.

2.1.1 Children and adolescents in street situation in Downtown São Paulo: mental health of this population and effectiveness of multidisciplinary intervention in social and family reintegration process - Programa Equilíbrio (Balance Program)

The project team organizes integration events for young people

This project was originated from an agreement signed in 2007 between FFM and SMS-SP, and is coordinated by IPq. Project's main objective is to promote social and family reintegration for children / adolescents living at risk and social vulnerability, most of them living in shelters. When they are with their families, the goal is to strengthen these relationships in order to reduce conflicts and encourage safe stay of the child / adolescent in the family. In order to provide this reintegration, *Programa Equilíbrio* works in a school club in Barra Funda, open to the regional community.

The program offers sports activities, workshops (preparation for labor market, communication and practical life activities), educational activities, tutoring, and psychological, psychotherapy, speech therapy, pediatric, psychiatric and guidance or family therapy treatment, developed in a space aimed at promoting health, far from hospital and different from shelters.

In all these years of activity, profile of professionals working in the institution also changed. At first, team's performance was focused on children and adolescents, which then would be forwarded to other network services. However, contact with families showed the need for a less

fragmented action, with a view of the entire process of approach to the family. When parents were seen in one place and children in another, outreach work was even harder.

The project then invested in a mobile team, comprised by a psychologist and a social worker to meet exclusively technical staff from shelters, assisting in training to better handle such distinct demands of these young people and solve conflict situations in the shelter day-to-day life.

Program's purpose is to develop a set of integrated actions with children, from the work of a multidisciplinary team. Initial assessment in the health area includes Pediatrics and Psychiatry, but also includes the Psychopedagogical part, Occupational Therapy, physical and sports activities, art education, speech therapy, neuropsychology, psychology, social are to assess the context in which the child lives and the family part in the pursuit of family reintegration. There are 32 employees making individualized monitoring of those who are assisted.

Program's main goal is to empower young people. They have the opportunity to do various courses and receive professional training, aimed at the independence of the Institution. Data collected by the team revealed that their performance is most significant among the first 18 to 24 months, except for some more complex cases.

Practices developed by *Programa Equilíbrio* has gained national and international prominence. Since 2009 a partnership with the Child Study Center, from Yale University, was established to measure the effectiveness of mental health programs. These assessments are critical to define and readjust therapeutic interventions, that's why they are constantly changing, following the wishes of the program beneficiaries. Knowing the Institution's strengths also contributes to the formulation of new public policies for the area.

Positive effects of the intervention were also clinically proven and published in the most important magazine of the area, Child Abuse & Neglect. Then, the program has been considered service a model for professional training and was received USP graduation of students for an internship, in addition to IPq Child and Adolescents Psychiatrists and IPq multidisciplinary residency professionals (psychologists, nurses, occupational therapists and social workers).

In more than seven years implemented, 92,111 consultations were performed as shown below.

***PROGRAMA EQUILÍBRIO* (BALANCE PROGRAM) PERFORMANCE SEPT/2007 TO DEC/2014**		
Period	**Monthly Average of Assistances**	**Number of Assistances**
Sept to Dec/07	512	2,049
2008	820	9,841
2009	1,281	15,372
2010	1,093	13,117
2011	1,011	12,133
2012	880	10,558
2013	1,206	14,471
2014	1,214	14,570
Total		**92,111**

In 2014, the family care area conducted 1,630 psychological consultations and *Volante Team* held 843 teacher / shelters technicians monitoring (which aims to train and guide shelters' teachers and technical staff in their own shelters, thus providing greater stability in the monitoring of these children and adolescents).

All children / adolescents undergo medical and psychiatric evaluation, and the work carried out previously show that 88.89% presented sufficient symptoms to receive at least one psychiatric diagnosis: 40.4% of drug abuse or addiction; 35.3% of affective disorders; 16.2% of Attention Deficit Disorder with Hyperactivity (ADHD) and 8.8% of anxiety disorders. In this population, risk of abuse, both physical and sexual is frequent, as well as mistreatment and neglect. Virtually all of them were neglected by their parents; 58.4% had suffered physical or sexual abuse, and 13.1% had been victim of both.

To date, **FAMILY REINTEGRATION** rate **is 47.1%** (287 children / adolescents returned to their families or foster families.

In addition, *Equilíbrio* works along with technical teams from Juvenile Court, Guardianship Council, Social Protection Agents of the Central Permanent Emergency Care (CAPE) linked to SMADS-SP. In 2008, *Equilíbrio* was part of the training of more than 120 Community Health Workers and Social Protection Agents, in addition to receiving more than 60 professionals working in city shelters monthly to discuss cases and guidelines.

Since this is an innovative initiative, the first studies were focused on knowledge of this population's characteristics and their needs, in order to develop the most appropriate interventions. From this knowledge, new interventions are been developed and their effectiveness are evaluated continually through research. Continuous analysis of results achieved allows readjustment of therapeutic interventions and activities offered. Thus, therapeutic activities are constantly changing to better meet the needs of users.

In these more than seven years, nine research projects in progress were accounted, seven research grants were awarded by FFM, one MA scholarship was awarded by CAPES, two Scientific Initiation grants were awarded by CNPq and three FAPESP Technical Training fellowships were granted.

Scientific production was as follows: 29 papers were presented in Congresses; 48 lectures were conducted in scientific meetings; 20 articles were published and the Program was presented in five book chapters.

In a ceremony held on November 25, 2014 at Tomie Ohtake Institute, the project "Resgate de rumos e sonhos" ("Rescuing paths and dreams") Equilíbrio Program, received the 2014 HEALTH Award, from Editora Abril, in the Mental and Emotional Health category.

2.1.2 Mental Health Program for Interns – CASA Foundation – City of São Paulo

This project, approved in late 2009, is being developed by NUFOR-IPq, through an agreement signed with Fundação CASA, with the intervention of FFM. Its main objective is to provide outpatient care, in the medical specialties of psychiatry and General Practice, internal socio-educational measure in the various units of the CASA Foundation in São Paulo.

Activities developed in 2014 were as follows:

Psychiatric care: a) Expertise in primary, secondary and tertiary care in the field of psychiatry, through assistance and educational activities in mental health; **b)** Service in an outpatient basis to inmates of CASA Foundation; **c)** Preparation of individual medical records; **d)** Prescription of drugs and periodic reassessment of young people undergoing such intervention; **e)** Referral to psychotherapy, where appropriate; **f)** Support to the technical team of CASA Foundation (psychologists, social workers, nurses and nursing assistants) in conducting cases in psychiatric care; **g)** Development of medical documents (statements) when requested by the Judiciary; **h)** Conduction of initial psychiatric evaluation of incoming young offenders in socio-educational measures, with the preparation of a medical report to the technical staff and the Judiciary.

General Practice attention: a) Act in primary, secondary and tertiary prevention in the field Medical Clinic, assistance and educational activities in health; **b)** Service on an outpatient basis to inmates of the CASA Foundation; **c)** Preparation of individual medical records; **d)** Prescription drugs and periodic reassessment of young people undergoing such intervention; **e)** Support the technical team of the CASA Foundation (psychologists, social workers,

nurses and nursing assistants) in conducting cases in clinical care; **f)** Preparation of medical documents (statements) when requested by the judiciary; **g)** Development of individual and collective measures, intended to contain the spread of infectious diseases; **h)** Development of individual and collective measured, intended to clarify and guide on the prevention of STD / AIDS.

Doctors are allocated to CASA Foundation Units in the capital, in NAISA (Center for Integral Attention to Adolescent Health), UIP (Provisional Admission Unit) and UI (Admission Unit). The following actions are performed in these units: **a)** clinical-psychiatric assistance to inmates, when they have complaints relating to mental health; **b)** Multidisciplinary team guidance to adolescents, contributing to the technical team (comprised by psychology, social work and education professionals) with the relevant health information of inmates; **c)** Preparation of assistances periodic reports, preparing with units teams technical and conclusive opinion of inmates; **d)** Conduction of judicial evaluations of inmates who are not undergoing, supporting the Department of Executions of Children and Adolescents (DEIJ) in the conduction of socio-educational measures.

Attention in Psychology and Neuropsychology: a) Diagnosis aid in neuropsychology and personality, seeking to investigate which functions are involved in complex brain processes and their impact on behavior; **b)** Diagnosis aid in personality assessment, which allows for greater knowledge about the emotional aspects and its relation to behavior; **c)** Supervision in brief psychotherapeutic support process with the body of psychologists of CASA Foundation.**Care in Psychiatry and General Practice:** Project maintenance has allowed the monitoring of health care procedures of inmates, whether in the field of psychiatry, whether in general practice, an aspect that has supported systematically to reduce the emotional impact of imprisonment, but also in pre-hospitalization intervention.

Considering the period comprised from September / 2013 to August / 2014 we have **5,999 assistance in clinics** and **11,659 psychiatry**, figures substantially higher than the previously established

targets.

Diagnosis aid in neuropsychology and personality: Neuropsychological assessment is a process that investigates brain function from cognitive, sensory, motor, emotional and social behavior of individuals in order to identify possible compromises, in varying degrees, of higher cortical functions such as attention, motor skills, praxis, understanding, speech and language, memory, temporal and spatial orientation, calculation and judgment and their inclusion in the project consolidates the possibility of differential diagnosis. In 2014, 77 assessments were conducted.

Metropolitan Regional Divisions (DRM) benefit are the following: DRM I - Franco da Rocha; DRM II - Tatuapé; DRM III - Brás; DRM IV - Raposo Tavares; DRM V - Villa Maria.

In 2014, assistances involving 25 doctors, a supervisor psychologist in psychotherapy, a neuropsychologist and an administrative assistant, including psychiatric care and neuropsychological assessments were held in adolescents between 12 and 21 years old undergoing socio-educational measures in detention regime in CASA Foundation in São Paulo and Franco da Rocha.

In 2014, Technical Supervision of 26 Psychologists, with an average of seven cases discussed by supervision lasting four hours were conducted.

2.1.3 "Bandeira Científica 2014" ("Scientific Flag 2014") Project

Patients in the Project Scientific Flag 2014

Music workshops on scientific Flag 2014s Project

Scientific Flag Project is a university extension academic project, involving scholars from different units of the University of São Paulo, coordinated by FMUSP pathology Department.

The group holds two annual expeditions and one of these the group operates in poor municipalities in health care or private health care situations, developing social activities related to teaching, research and assistance in countryside regions.

Performance is based on preventive and curative actions, and development of activities in various technical areas related to the development and maintenance of health as a characteristic of the individual well-being.

Structural data is also detailed, through detailed reports on the conditions of local health and various social indicators related to it, as well as technical reports on infrastructure and characterization of the municipality. This data is also provided to the municipality by providing a database with all social, epidemiological and health data collected during the expedition.

For the second consecutive year, Scientific Flag had surgical nature activities. From August 29 to September 7 in the city of New Andradina - MS, with the participation of pathology disciplines, gynecology, radiology and anesthesiology, 33 minimally invasive surgery (viavaginal or laparoscopic) and 160 ultrasound examinations were conducted. Expedition, which had 17 students, 20 professionals, three teachers from FMUSP and one teacher from Mayo Clinic (USA), was supported by Sanofi and Covidien and had the intervention of FFM.

From December 09 to 22 2014 with the support of Sanofi Group, from the Essilor Group, Michael Giannini, Sahara Foundation, Finnet, Estater Institute and with the intervention of FFM, expedition of the "Scientific Flag 2014 Project" performed in the municipality of Ibatiba from the state of Espírito Santo, with the following results:

SCIENTIFIC FLAG 2014 PROJECT - ES	
Assistances	**Qty.**
Medicine	2,810
Physiotherapy	129
Nutrition	240
Psychology	105
Dentistry	1,670
Speech Therapy	82
Occupational Therapy	23
Total assistances provided	**5,059**
Examinations	**Qty.**
Finger-stick blood glucose	782
Ultrasonography	320
Cytologic examinations	152
Anatomopathological examinations	12
Mycological examination	24
Electrocardiograms	28
Total number of examinations	**1,318**

SCIENTIFIC FLAG 2014 PROJECT - ES	
Participants	**Qty.**
Participants - Academic	128
Participants - Professionals	52
Participating universities	02
Activities	**Qty.**
Seminars / Workshops	25
Meetings with field managers / Professionals	10
Water collection for analysis	72
Donations and adaptations	**Qty.**
Glasses	624
Adaptation of auxiliary devices for the disabled	12
Procedures	**Qty.**
Total number of assistances provided	5,059
Total number of examinations	1,318
Total number of procedures	**6,377**
Beneficiaries	**Qty.**
People benefited directly - assistance	3,980
People benefited directly - lectures and workshops	890
People benefited indirectly	4,000

2.1.4 "Vision of Future" Program

Self-refraction examination

After being examined, children choose their glasses

This program, started in 2009 and continued in 2014, is sponsored by SEE-SP, SES-SP, SME-SP and SMS-SP and is aimed at the prevention and recovery of eye health of children between six and eight years enrolled in the first grade of elementary school, from municipal and state public schools in São Paulo, previously submitted to the accuracy visual of measurement. In São Paulo, work is developed in partnership with the following institutions: HCFMUSP (1,000 students); Santa Casa de São Paulo (500 students); Federal University of São Paulo (800 students); CEMA Hospital (200 students); Instituto Suel Abujamra - Aclimação (300 students); Tadeu Cvintal Institute (150 students); and AMA Leste Santa Marcelina (100 students).There are many precautions we should have with the eye, so that vision has an adequate development and that once reached its maximum potential, remains preserved.

Detection actions made by observing the eye and the child's behavior (by parents, teachers, community health agents or any person living with the child), the evaluation of visual acuity and early treatment of eye disorders, performed with glasses, occluders, etc., enable recovery and a normal vision development and, consequently, a better school performance and greater social integration.

At FMUSP, through an Agreement signed between HCFMUSP and the SES-SP, with the intervention of FFM, HCFMUSP Eye Clinic Division is

responsible for the care of children who are screened in schools. The program began with the training of teachers of state and local school systems to test the eyesight of students from six to eight years old. From this screening, children are referred for eye joint efforts, which take place on average five times a year, at HCFMUSP.

Each task force brings together up to one thousand children who arrive at HCFMUSP on certain Saturdays in buses provided by the government. They undergo all kinds of eye examinations and, if a problem is detected, they are referred to HCFMUSP and proceed with care, or follow for optical shop linked to the project, which provides frames and lenses for glasses. The program also includes guidance on the use of glasses, how to take care of them and the need for periodic review.

The main causes of low vision are strabismus and amblyopia, which are easily corrected if they are detected in this age group. Amblyopia is the abnormal development of the eyes, which causes the brain to try and compensate for this underdevelopment concentrating the entire vision in the normal eye. If the problem is not detected in time, the brain compensates for this asymmetry canceling the underdeveloped eye, which then can no longer be recovered.

While waiting, children read books offered by DPaschoal Foundation, attend presentations and performances, and have recreation and leisure activities. In addition to the task force with doctors and nurses who perform examinations, work is only possible thanks to the collaboration of volunteers who help at every stage, from organizing the queues to the referral to ophthalmology, through the plays. There are nearly 200 people involved in each task force overall, out of which 60 are doctors, on average.

In 2011, 4,717 consultations and 2,230 eye examinations in 4,717 children were held. In 2012, five campaigns were held, with the attendance of about 3,000 children. In 2013, there were six campaigns, with the care of about 3,880 children. In 2014, there were five campaigns with a total of 2,601 assistances performed.

2.1.5 Student Financial Aid Program – AFINAL

Since 2007, a committee comprised by representatives of the Board of FMUSP, HCFMUSP, FFM, FMUSP Undergraduate Commission, USP Alumni Association, CEDEM Tutoring Program - FMUSP Medical Education Development Center “Prof. Eduardo Marcondes”, representatives of the students from Casa do Estudante, the Ethics Committee, FMUSP Academic Advising and speech therapy, Physiotherapy and Occupational Therapy programs, develops the Student Financial Aid Program (AFINAL), which financially assists undergraduate students in order to contribute to the better use of their studies.

The annual selection process for obtaining the scholarships is carried out by USP Social Superintendency Assistance (SAS-USP), which receives registration of students and makes the selection by assessing the socioeconomic profile, similar in manner and values, to receive FAPESP’s Aid.

In 2014, 60 scholarships were granted, and FFM accounted for 15 of them, FMUSP for 15, AAAFMUSP for five, HCFMUSP Superintendence for 15 and Zerbini Foundation for the ten remaining.

The initiative comes after many graduate students with financial difficulties sought the Board of USP to ask for allowance for transportation, materials and small daily expenses. The College provides housing at Casa do Estudante, with single rooms and daily meals. Fellows use most part of the money to purchase food and teaching materials, but also reserve a portion to help their families.

2.1.6 Preventive Measures in School Project - APE

Magazines produced in 2014

2014 Activities Guides

Vídeos produced by APE em 2014

APE Project - "Preventive Measures in School", developed since 2004, with the intervention of FFM, by the Family School Program SEE- SP, has the mission of creating and implementing practices that promote the adoption of more protected and healthy attitudes and habits in schools and communities participating in the Family School program, stimulating the formation of multipliers and awareness of public health in a fun, participatory and permanent way.

NUMBER OF PEOPLE ASSISTED BY THEME IN 2014	
Theme	**Number of**
Prevention of drug use	355,021
Body in movement	172,985
Prevention of Violence	99,726
Nutrition Education	134,561
Women Health	96,462
Healthy environment	98,304
Communicable Diseases	223,762
Health and wellness	40,099
Sustainability	53,218
Head guard	51,045
First Aid	4,834
Oral Health	13,707
Citizenship	19,345
Chronic Diseases	61,584
Active Ageing	58,188
Eye Health	9,815
Total	**1,492,656**

Lectures, educational games, thematic workshops, festivals, tournaments, competitions, exhibitions, puppet theater, guided tours, walks, health fairs, task forces, regional debates, theater with the community, Meetings, Forums, Workshops, Seminars, Workshops thematic and Dynamics were developed with educators of the program.

With regard to university educators, activities carried out were: regional meetings, forums, workshops, seminars, thematic workshops, dynamics, among others. They all received certificates of participation, encouraging the multiplication of information in the communities.

In 2014, the following Preventive campaigns were held:

PUBLIC IN PREVENTIVE CAMPAIGNS IN 2014	
Theme	**Number of**
Head guard	18,479
Bullying	10,339
HPV	42,868
Outubro Rosa (Pink October)	26,174
World Aids Day	25,751
Active Ageing	13,816
Eating Habits	6,619
Woman's Day	21,749
No Tobacco Day	22,828
Crack	191,627
Hygiene and Dengue	39,268
Blue November	18,146
Cooperation	17,780
Total	**455,444**

2.1.7 IRLM Mobile Unit

In 2014, IMRea continued its assistances to the unmet demand for orthoses, prostheses and auxiliary means of locomotion of the State of São Paulo, provided through the Mobile Unit of Lucy Montoro Rehabilitation Network. Along with the Mobile Unit, a specialized team travels through areas deprived with this service in the State of São Paulo in order to assess, prescribe and provide customized equipment tailored to the unique characteristics of each patient.

RRLM Mobile Unit Facilities

Only in Brazil, the 15 meter-long and 2.60 meters-wide vehicle weighs 20 tons and is 100% accessible, featuring a hydraulic lift to the entry of people in wheelchairs or stretchers, and fully adapted bathroom. The Mobile Unit is further complemented with waiting room, doctor's office, examination room, administrative room, reversible stage and orthotics and prosthetics workshop.

Allowing close access to the home of patients, the Mobile Unit aims to provide technical aids that can contribute to the rehabilitation process conducted in their municipalities and minimize restrictions on mobility. Therefore, the multidisciplinary team offers guidance to families and training for health professionals in the municipalities so that patients receive the appropriate training to use the equipment.

In 2014, through an agreement signed between HCFMUSP and SES-SP, with the intervention of FFM, 486 patients were treated and 1,052 prostheses and mobility aids were prescribed. Out of these, 440 equipment were delivered by the end of 2014. Customized and tailored-made equipment will be delivered in early 2015.

2.1.8 Protocol for Treatment of Pacients with Cleft Palate

Craniofacial Surgery Protocol for Treatment of Patients with Cleft Palate, developed by HCFMUSP Department of Plastic Surgery and Burns Clinic, was funded by grants from Smile Train, with the intervention of FFM, which began in late 2008, benefiting patients with cleft lip and palate in need of reconstruction of defects in lip, nose, alveolus and palate, and its effects on speech and facial growth.

SmileTrain
Changing The World One Smile At A Time.

In 2014, 99 patients underwent 110 surgical procedures, distributed among primary primary cheiloplasty, palatoplasty and other secondary procedures.

In addition to surgeries, outpatient visits were conducted, with around 17 patients per week, for a total of approximately 588 patients assisted / year.

The outpatient facility also has two speech therapists, provided by FMUSP Department of Speech Pathology, which make simultaneous assistances from cleft patients. Currently, 274 patients have phonotherapy assistance.

In 2014, funds were used to pay a secretary for organization and completion of outpatient craniofacial surgery reports. In addition to payments for any professional specialization courses.

It also sponsored a doctor to provide specific assistance for cleft patients. A Symposium from the Lancet Commission for Global Surgery and Anesthesia was held in August 2014 with the

purpose of disseminating and stimulating surgical treatment of patients with congenital deformities in Brazil funded by the Smile Train project.

Patients treated come from the entire country and the project is currently intended to train professionals from different areas to treat patients with cleft palate.

2.1.9 Family Health Program – PSF

Created by the Ministry of Health in 1994, the Family Health Program - PSF, is currently responsible for the health care of 118 million people registered (2011), and aims to improve the health status of the population by building an assistance model of care based on prevention, promotion, protection, early diagnosis, treatment and recovery of health through care provided in Family Health Units or at home.

Program's logo, created by the Ministry of Health

Program's actions have been developed in several Brazilian states, aiming to ensure access to health services for everyone.

The program was implemented in 1996 in São Paulo, under the coordination of SMS, with the collaboration of 12 partner institutions, responsible for managing specific areas.

FFM, PSF partner since 2002, supports the program run in Health Technical Supervisions of Lapa / Pinheiros and Butantã, the Regional Midwest Health Coordination. Total registered population in 2011 was about 150,000 inhabitants in 52 family health teams, comprised of approximately 520 professionals: doctors, nurses, nursing assistants and community health workers.

Municipal Management Agreement of the West Region Project - PRO (item 1.3.1 of this Report), entered into FFM and SMS-SP in 2008 includes 31 of these teams. Approximately 19.6% of the population of such micro-region, which consists of six administrative districts was covered: Butantã, Morumbi, Raposo Tavares, Rio Pequeno, Vila Sônia and Jaguaré. This micro-region is located in the city's West Region and has a total population of approximately 478,000 inhabitants.

These activities were continued in 2014.

3 ASSISTENTIAL PROJECTS

3 Key Care Projects

FFM is intervening in a number of assistance projects that impact the population directly or indirectly, favoring women, children, seniors, families, persons with disabilities and HIV, among others.

3.1. HIV-AIDS virus and other sexually transmitted diseases carriers

3.1.1 Surveillance and diagnosis of HTLV-1 and HTLV-2 in individuals infected by HIV. Definition of the best HTLV-1/2 confirmatory test

This research developed by IAL, through a Letter of Agreement signed in mid-2013 with UNODC, with the intervention of FFM, aims to establish, in IAL São Paulo, a group of surveillance and diagnosis of HTLV-1 and HTLV-2, which initially will evaluate HIV/ AIDS-infected individuals treated at the Reference and Training STD / AIDS Center (CRT-DST / AIDS) in São Paulo. In the research first stage the co-infection HIV / HTLV-1/2 rate and the performance of confirmatory Western Blot test, immunoassay and polymerase chain reaction (PCR) in real time will be determined. Thereafter, in another sub-project, molecular characterization of HTLV-1, HTLV-2 and HIV will be made and the role of regulatory T cells in co-infection will be evaluated.

Since the 1990s, the Adolfo Lutz Institute of São Paulo has been conducting studies on HIV / HTLV-1/2 co-infection and has detected different percentages of positivity for HIV-HTLV-1 and HIV / HTLV 2 co-infection related to the population under study, human retroviruses exposure category, the geographical location of individuals tested and the period in which the study was conducted.

Since PCR, in real-time, is a fast, low cost, safe test and easy to perform, it can be applied as a first confirmatory test of HTLV-1 and HTLV 2 followed by WB. This reduces by 44% the cost of the exam for SUS [Campos, 2011; Costa et al, 2011b]. However, for this technique to be introduced in the Reference Centers and Training in STD / AIDS routine, it should be evaluated for other clinical and laboratory parameters, which can influence results, such as quality of the material to be analyzed (interference of the pre-analytical phase), load viral HIV, number of CD4 + cells and CD8 +, among others.

Therefore, this study aims to find what the best confirmatory test or confirmatory testing algorithm is for use with sample infected with HIV and to determine the prevalence of co-infection HIV / HTLV at the moment.

These activities were completed in 2014.

3.1.2 Prospective Cohort Study of HIV Transmission Biology (AMPLIAR Protocol 020)

This research developed by HCFMUSP LIM 60, through a contract with the University of California, in late 2012, with the intervention of FFM, aims to obtain demographic, behavioral and biological samples information in order to study HIV, the host immune response and immunogenetic factors and treatment related to HIV transmission and viral break-even in infected individuals.

Conduction of this project is of special importance for the creation of a database and patient recruitment history. Without this, further research from larger and scientific impact will become unfeasible, as well as the project proposal for funding from national and international agencies.

These activities were continued in 2014.

3.1.3 Cohort of HIV-infected individuals in clinical follow-up on selected public services

Clinical trials show that antiretroviral drugs have a major impact on reducing rates of AIDS mortality and incidence of HIV infection. This effect, however, is reduced due to the start of therapy in severe immunodeficiency stages, inappropriate management of associated diseases, adverse effects of short, medium and long term and the loss of temporary or permanent clinical follow-up, with the consequent interruption of the drug. Thus, they are essential for the improvement of the battle against AIDS policies conducting effectiveness studies that examine the use and effects of drugs in the context of public health services and according to the daily lives of patients and their characteristics. For this reason, FMUSP Department of Preventive Medicine, in collaboration with the Center for Reference and Training in STD and AIDS, constituted a cohort study, which tracks people with HIV, who started using antiretroviral drugs, from 2003 in the three State selected services. This project intends to ensure continuity of follow-up of these patients, and the inclusion of new ones, for a period of over 12 months. This will allow for the analysis of drugs short-term effects recently included in the Brazilian consensus, of changing criteria for prescribing the drugs in question, as well as analyzing long-term effects associated with chronic use of antiretrovirals.

This study, initiated in 2013 by FMUSP Department of Preventive Medicine, through an agreement signed between HCFMUSP and SES-SP, with the intervention of FFM, provides for therefore: a) the prospective follow-up of HIV-infected people, who initiated the use of antiretroviral therapy in three public health services in the state of São Paulo, to analyze different dimensions of access to diagnosis and treatment of HIV infection; b) knowledge of the frequency and factors associated with the occurrence of clinical events of short, medium and long term associated with HIV infection and the use of ARV, including analyzes of adverse events; c) a comparative study of the effectiveness of different ARV regimens recommended by the Health Ministry and its impact on the occurrence of health problems in the quality of life of people infected and mortality patterns due to cause of deaths related and unrelated to infection.

These activities were continued in 2014.

3.1.4 Development of a method for identifying mutations that confer antiretroviral resistance through new generation sequencing

This research developed by HCFMUSP LIM 03, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, aims to assess the potential deployment of an endurance test of HIV-1 to antiretroviral drugs through new generation sequencing.

Currently, HIV-1 resistance testing to antiretroviral drugs are made through DNA sequencing, based on the methodology known as Sanger. This methodology is capable of generating sequences of high accuracy readings up to 1,000 bases; however, extremely expensive. Until recently, the main techniques used in the detection of HIV-1 variants included minority sequencing of PCR product clones, or of amplification products by limiting serial dilution; and assays for point mutation detection, such as oligonucleotide ligation assay, and real time polymerase chain reaction

(qPCR). However, efficiency of the sequencing reaction from these methodologies, is considered low and therefore only a few clones of the same region of the viral genome are analyzed.

In the context of minority mutation variants carriers identification that confer resistance to antiretroviral drugs, detection assays of point mutation are considered more efficient and specific in relation to methods based on sequencing. However, they need to be specifically designed for each mutation and are not convenient for large scale testing. On the other hand, the newest sequencing technologies, on the other hand, are capable of generating up to 5,000,000 genomic sequences with high specificity, from each PCR product. As a consequence of these new high throughput sequencing technologies, minority variants of HIV-1 present in proportions lower than 1% of the viral quasispecie can be detected. Studies published in the literature in high impact journals, showed extremely relevant data related to the genetic diversity of HIV-1, the presence of viral variants resistant to antiretroviral drugs and the detection of minority variants of HIV-1.

These activities were continued in 2014.

3.1.5 Analysis of the effectiveness of antiretroviral drugs for prevention of sexual transmission of HIV post-exposure (PEP), in a cohort of exposed individuals from five Brazilian cities

This research, developed by FMUSP Department of Preventive Medicine, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, aims to analyze the effectiveness of antiretroviral drugs for prophylaxis of infection sexual HIV post-exposure, and measure effects of this technology in sexual practice and organization of services.

As specific objectives, we can highlight: **a)** analyze the effectiveness of use of antiretroviral therapy to prevent transmission of HIV after the occurrence of exposure in sexual intercourse; **b)** Estimate, for a period of up to 18 months, of the proportion and the number of times individuals who used the post-sexual exposure (PEP) return to service as a result of a new exhibition; **c)** analyze the social and epidemiological characteristics of individuals who constantly seek the service to use PEP and their perception on the risk of HIV infection and the possibility of PEP increasing the number of unprotected practices; **d)** Estimate the proportion of individuals using the PEP to abandon treatment and know the aspects that contribute to this event; **e)** Study the perception and practice of health professionals across PEP and exposed individuals attending the service for use of prophylaxis; **f)** Identify aspects that can motivate individuals repeatedly exposed to HIV to participate in programs and HIV prevention strategies; **g)** Analyze the correlation between prescription medication and the Ministry of Health recommendations for postexposure prophylaxis.

These activities were continued in 2014.

3.1.6 Access to diagnosis: design and evaluation of intervention technologies for a hidden user to CTA

This research, developed by FMUSP Department of Preventive Medicine, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, aims to develop and evaluate intervention and communication technologies to health services, especially the Counseling and Testing Centers (VCT) identify and encourage more people exposed to HIV infection due to sexual activity, to perform the HIV test and have access to preventive actions.

As specific purposes, we can highlight: **a)** Develop intervention technologies, based on strategies pairs in order to encourage more people exposed to infection to seek CTA to perform HIV testing and use other services offered by the service (harvesting technologies); **b)** Develop communication strategies to support intervention activities and attracting more exposed individuals to HIV infection; **c)** develop a methodology for epidemiological analysis of customers looking for the CTA through new harvesting technologies,

enabling the identification and description of most segments prevalence of HIV; **d)** Develop processes for diffusion and incorporation of technologies developed in the context of services, using for this purpose, in-person approaches and distance learning; **e)** Implement technologies developed in three selected CTAs; **f)** Assess the effects of intervention technologies in services that have been deployed.

These activities were continued in 2014.

3.1.7 Implementation of genotyping test to detect mutations that cause resistance to Entry Inhibitor - Enfuvirtide - in patients undergoing HAART, but without treatment with this class of drugs

This study, funded by the Ministry of Health, with the intervention of FFM, and developed by LIM 56, was started in 2011 and continued in 2014.

This initiative has as key goals: **1.** Check the resistance profile of HIV-1 to Enfuvirtide, through genetic sequencing HR1 domain of the gp41 on the viral envelope naive patients for this drug, but with multiple therapeutic failures front of HAART; and **2.** Search the presence of ancillary mutations in codons 126, 137 and 138 in the HR2 domain of gp41 viral envelope, as previously described (Shafer, et al., 2003) and increase the replicative capacity of HIV-1 (viral fitness).

3.1.8 São Paulo Clinical Trial Units

This project, approved by NIH in 2010, was completed in 2014 and developed by LIM 60, with the intervention of FFM.

The project proposal's nature is to create a clinical research structure in the HIV / AIDS area. The institution participates in conducting clinical research, initially in the development of preventive vaccines for HIV / AIDS within international research networks.

Because of it is structural proposal, there is no provision of the effective inclusion of volunteers in this project. Future projects involving volunteers and using the proposed structure will be assessed independently and will be submitted to all instances and regulatory processes required by law.

A study is underway (HVTN 084) and another (HVTN 901) is in the regulatory approval process.

3.1.9 Actions on HIV / Aids - Training Center for care of patients with gender identity disorder (transsexualism) in HCFMUSP

This program, initiated in late 2010, is developed by FMUSP Endocrine Discipline and financed in 2013 by an Agreement signed between HCFMUSP and SES-SP, with the intervention of FFM.

Its goal is to organize and maintain a group of professionals of the Endocrinology, Psychiatry, Psychology, Urology, Plastic Surgery and Gynecology technical areas to provide care to transsexual, participating and providing, according to the regulations of the transexualization process Law in a training center, teaching and training professionals from other institutions, in order to create new treatment centers for these patients in other parts of the country.

These activities were continued in 2014.

3.1.10 Cohort of people with HIV in São Paulo

3.1.10 Cohort of people with HIV in São Paulo

This study, initiated in late 2011 and developed by FMUSP Department of Preventive Medicine, was continued in 2014 through an agreement signed between HCFMUSP and SES-SP, with the intervention of FFM.

Its goal is to support the Center for Reference and Training in STD and AIDS to analyze information about patients who initiatedantiretroviral therapy in 2011, in three public services of the State of São Paulo, with regard to the effectiveness and toxicity of initial regimens prescribed and implementation of the prevalence of project fieldwork HIV in men who have sex with men who attend sociability locations in the center of São Paulo.

3.1.11 NKT Cells of the Immune System Innate in Co-Infection HIV link / Mycobacterium Tuberculosis

This study was initiated in 2014 by LIM 60, through a contract between TheGeorge Washington University and FFM.

Natural Killer T cells (NKT) cells are innate immunity with important immunoregulatory functions. They recognize glycolipid antigens directly of bacterial origin and respond to them, making active part in immune responses against such pathogens. Studies have shown that the NKT cell compartment is seriously compromised in HIV-1, but can be recovered, partly by therapy with interleukin-2 (IL-2).

Its goals are: **1.** To check that the treatment of individuals infected with HIV-1, with antiretroviral therapy (ART) combined with IL- 2, is able to induce a sustained increase in the frequency and current NKT cell function; **2.** To determine the mechanisms and consequences of down-regulation CD1d dendritic cells (DCs) infected with HIV; **3.** To investigate the relationship between the loss of NKT cells in individuals infected with HIV-1 and the emergence of mycobacterial infections.

It is believed that these studies will contribute, considerably, both for understanding the operation of NKT cells in the disease caused by HIV-1, as the ways in which the virus attempts to escape NKT cell activation, and how these cells can contribute to innate defense against HIV infection -1 and typical opportunistic infections of AIDS.

3.1.12 Assessment of the use of isoniazid prophylaxis in preventing pulmonary tuberculosis (TB) in HIV-infected patients

Despite several studies indicating isoniazid (INH) as a prophylactic to reduce the incidence of tuberculosis (TB) in HIV-infected population, this measure is not widely seen at all services in Brazil. Therefore, this study aims to assess the incidence of TB in individuals, adherence to prophylaxis, as well as its effectiveness compared with a historical series of service.

By agreement signed with the Ministry of Health, in late 2010, with the intervention of FFM, research is developed by LIM 56 and aims to: a) Prevalence of reactivity to PPD in HIV-infected patients; b) To assess the impact of the use of INH in patients with PPD reactor (considered> 5 mm) and the incidence of TB; c) To determine the incidence of turning the PPD PPD in individuals not reactors; d) study the specific immune restoration in HIV-positive individuals to HIV cured of tuberculosis and presenting a supposedly immune restoration by the use of antiretroviral therapy (ART).

This data may indicate the relevance for the tuberculosis program and become a more effective policy to have INH, as TB remains the most frequent disease in the population infected with HIV in Brazil.

These activities were initiated in late 2013, due to delayed release of funds, and were continued in 2014.

3.1.13 Study of specific immune responses and genetic factors in patients infected by HIV-1 long non-progressors or slow progressors to AIDS

Individuals long term non progressors - LTNP, or also called slow Progressors (PL), remain free of progression to AIDS for many years and constitute about 1-3% of all HIV-infected individuals. These individuals remain asymptomatic and number of lymphocytes T CD4+ stable and above 500 cells. / mm3 blood without any use of antiretroviral therapy (ARTs) for more than 8-10 years. Factors that determine the non-progression or slow progression in these individuals are not entirely clear and have been little studied in our country. T lymphocyte responses against HIV have a key role in the immune control of HIV and the vaccine, prophylactic or therapeutic strategies.

This study, funded by an agreement signed with the Ministry of Health, in late 2010, with the intervention of FFM, is developed by LIM 56 and intends to analyze HIV-1 individuals+ PL comparing with typical and rapid progression to AIDS, matched by time of evolution and matched by sex and age.

Thus, it will be held:

A) Detection of viral and host genetic markers associated with the phenotype of slow progression of the infection to AIDS, polymorphisms in the components of the immune system involved in viral infection, such as the deletion of 32 base pairs in the CCR5 gene polymorphisms in addition to the promoter region of CCR5 (CCR5-P-59029A / G), CCR2-V64I, and SDF-1-3'A;

B) Determination of HLA haplotypes that can be associated with the progression of the disease; and

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

A cohort of HIV-infected patients from various specialized services in service in São Paulo, will be formed, aiming at selecting 100 individuals with pre-defined criteria for slow progress. Its activities were initiated in late 2011, arrears ratio in the release of funds, and were continued in 2014.

3.1.14 Tools for creating and analyzing indicators of clinical and molecular data of HIV patients for management and decision making of the PN-DST-AIDS

Whereas the STD, AIDS and Viral Hepatitis Department need Bioinformatics tools to assist in results analysis of this project, funded by the Ministry of Health, with the intervention of FFM, and developed by LIM 31, it wants to achieve: **1.** technical training for understanding the computing environment and the systems source code: DBCollHIV, HIVdag and extraction and analysis of indicators of clinical and molecular data; **2.** domain and application of classification techniques and analysis of clinical and molecular data as well as the automated identification of associations between mutations and drug resistance. **3.** development of algorithm for identifying mutations having as a starting point sequences in FASTA format files; and **4.** Transactional systems for insertion of clinical and molecular data reliable and available on the internet.

In other words, the goal is to develop computational tools to create and analyze indicators of HIV patients clinical and molecular data, for management and decision making of the Department of STD, AIDS and Viral Hepatitis and the Genotyping Test Implementation for detecting mutations that cause resistance the Entry Inhibitor - Enfuvirtide - in patients undergoing HAART, but without treatment with this class of drugs.

This study was initiated in late 2010 and was continued in 2014.

3.2. People with Disability

3.2.1 Training Course on Rehabilitation of Amputees

This project, which benefited IRLM, was approved in late 2013 by the Ministry of Health, under the Ministry of Health Decree no. 875/2013, which established the rules and criteria for submission and approval of projects under the National Program for Support of Oncology Care (PRONON) and the National Program to Support Health Care of Persons with Disabilities (PRONAS / PCD) and set the value of deductions from the tax on the income corresponding to donations and sponsorships made directly in favor of these actions by the private sector. Fund raising from the private sector (Itaú Group) was held in late 2013.

The course will aim to qualify participants with technical knowledge, theoretical and practical, of the main skills of a multidisciplinary rehabilitation program for amputees.

The teaching method used is the "Blended learning", ie virtual and classroom activities. The course will be free and will provide 200 places for the course of distance learning and 100 vacancies for practical course which will be held at IRLM. 200 health professionals may participate in the Distance Learning course (ODL), which are involved in the assistance of amputated people, with basic skills in the area of rehabilitation and work with multidisciplinary staff, internet access in its operating unit and basic knowledge of internet, discipline and motivation. Among the participants in ODL course, students who fulfill the following criteria (in descending order of importance) may participate and receive theoretical and practical certification, if approved: passing the theoretical course with an average equal to or above 7.0, performance direct the amputee team, leading position on the staff of rehabilitation and performance in poorer units of technical training for amputees. If the above prerequisites are met, they will be chosen in order of registration. Students who are approved only in the virtual part, will receive a certificate of Theoretical Training in Rehabilitation Amputees.

Registration will be carried out through FMUSP School of Continuing Education, which will be responsible for making the disclosure, the selection process of the candidates and administer the questionnaire prior knowledge. At the end of the course the School will also be responsible for certification of successful students and the communication those who failed.

These activities were continued in 2014.

3.2.2 Improvement Courses and Training in Rehabilitation Crippling pain

This project, which benefited IRLM, was approved in late 2013 by the Ministry of Health, under the Ministry of Health Decree no. 875/2013, which established the rules and criteria for submission and approval of projects under the National Programme for Support of Oncology Care (PRONON) and the National Program to Support Health Care of Persons with Disabilities (PRONAS / PCD) and set the value of deductions from the tax on the income corresponding to donations and sponsorships made directly in favor of these actions by the private sector. Fund raising from the private sector (AMBEV Group) was held in late 2013.

The course will aim to qualify the participants with technical knowledge about the physiatric approach to Crippling Pain.

The teaching method used is the "Blended learning", ie virtual and classroom activities. The course will be free and will have 60 vacancies. All residents and interns of Physical Medicine and Rehabilitation of Brazil interested in working in the field of pain may attend. Students must present capacity of basic knowledge of internet, have discipline and motivation to study by Distance Learning System (EAD) and be registered or formed in an institution accredited by the Ministry of Education to train specialists in Physical Medicine

and Rehabilitation. If fulfilled the prerequisites, students will be selected by the following criteria in descending order of importance: Internship registration or residence of the current year institution accredited by MEC, residence certificate of completion or stage of Physical Medicine and Rehabilitation latest, title latest expert and registration order.

Applications will be made through the School of Continuing Education of USP, which will be responsible for making the disclosure, the selection process of the candidates and administer the questionnaire prior knowledge. At the end of the course the School will also be responsible for certification of successful students and the communication those who failed.

These activities were continued in 2014.

3.2.3 Permanent Education Program: Improvement Course for Workers of Orthotics and Prosthetics workshops, linked to SUS (IOT)

The National Policy of Health Person with Disabilities defines general purposes: to protect the health of people with disabilities; rehabilitate the disabled person in their functional capacity and human performance, contributing to their inclusion in all spheres of social life; and prevent diseases that determine the appearance of deficiencies.

Orthopedic workshops are cooking services, dispensing, adaptation and maintenance of orthoses, prostheses and mobility aids. These workshops need to rely on trained and skilled human resources, which will help address the specific objectives that make up the Person to Care Network with Disabilities, including the expansion of supply of orthoses, prostheses and auxiliary means of locomotion (OPM).

This project, carried out by OTI, through an agreement signed with the Ministry of Health, with the intervention of FFM, in late 2012, provides for a course aimed at the improvement of workers in orthotics and prosthetics workshops - public, private and philanthropic - acting linked to SUS, representing a continuing education action directed to comply with the policies established in favor of Persons with Disabilities.

The course will be free and will have 60 vacancies, with theoretical and practical, 32 workers of orthopedic workshops linked to SUS in manufacturing and maintenance of lower limb prosthetics, orthotics and suropodálicas adequacy wheelchair.

These activities were continued in 2014.

3.2.4 Permanent Education Program: Improvement Course for Workers of Orthotics and Prosthetics workshops, linked to SUS (IMRea)

The National Policy of Health Person with Disabilities defines general purposes: to protect the health of people with disabilities; rehabilitate the disabled person in their functional capacity and human performance, contributing to their inclusion in all spheres of social life; and prevent diseases that determine the appearance of deficiencies.

Orthopedic workshops are cooking services, dispensing, adaptation and maintenance of orthoses, prostheses and mobility aids. These workshops need to rely on trained and skilled human resources, which will help address the specific objectives that make up the Person to Care Network with Disabilities, including the expansion of supply of orthoses, prostheses and auxiliary means of locomotion (OPM).

This project, carried out by IMRea, through an agreement signed with the Ministry of Health, with the intervention of FFM, in late 2012, provides for a course aimed at the improvement of workers in orthotics and prosthetics workshops - public, private and philanthropic - acting linked to SUS, representing a continuing education action directed to comply with the policies established in favor of Persons with Disabilities.

The course will be free and will have 60 vacancies, with theoretical and practical, 70 workers of orthopedic workshops linked to SUS in manufacturing and maintenance of lower limb prosthetics, orthotics and suropodálicas adequacy wheelchair.

These activities were continued in 2014.

3.2.5 "Implementation, implementation and enforcement of Lucy Montoro Rehabilitation Network" Project

The Lucy Montoro Rehabilitation Network (RRLM) was established by Decree No. 52973 of May 12, 2008. Integrated with HCFMUSP, especially with IMRea (item 1.2.2.f this Report) and other health and education institutions throughout the state of São Paulo, is aimed to be a reference in rehabilitation, ensuring the best and most qualified service people with physical disabilities.

In late 2008, an agreement was signed between IMRea and SEDPD-SP, with the intervention of FFM, which was finalized in 2014 for the development of RRLM in São Paulo, aiming at the implementation of a Relief and Rehabilitation Network, within the SUS parameters for meet the needs of expansion and support decentralization and the provision of prostheses and mobility aids, combined with the promotion of technological development in the area and to ensure the qualification of human resources for rehabilitation.

RRLM is meeting the expanding needs and decentralization of assistance and the provision of orthotics and prosthetics and mobility aids, through the selection and training of its professionals, through traveling and Mobile Unit teams, as well as interaction with the Municipality involved with the care and the inclusion of people with disabilities.

The service is carried out by multidisciplinary rehabilitation experts staff, comprised by: Physiatrists doctors, Psychologists, Nurses, Social Workers, Physiotherapists, Occupational Therapists, Physical Educators, Dietitians, Speech therapists, Dentists and medical consultants in the areas of Cardiology, Urology, Rheumatology and Orthopedics.

The focus is the public with spinal cord injury, amputation and malformations, the adult brain injury, cerebral palsy and disabling pain, with own protocols and techniques as well as technologies and equipment unpublished in Brazil.

3.2.6 ICESP Rehabilitation Center

IMRea, recipient of a grant coming from public civil action filed by MPT against a company held by way of collective moral damage repair replacement, made possible, in 2008 the Rehabilitation Center facilities ICESP opened on 22/09/2008.

ICESP Rehabilitation Service has directed its activities to the care of people with disabilities, temporary or permanent, in order to optimize their functional potential in physical environments, psychological and social participation. Rehabilitation focuses on the stimulation of the functional potential and independence, but also seeks to help patients to adapt to their limitations in order to live as fully and independently as possible. To this end, it has physiatrists, physiotherapists, speech therapists, neuropsychologists, occupational therapists, rehabilitation nurses and physical educators.

The performance of the team in inpatient units permeates the Institute and monitors their growth. These units have a rehabilitation room, dedicated to patients hospitalized in outpatient clinics, and the Rehabilitation Centre, aimed at outpatients.

These activities were continued in 2014.

3.2.7 Technical Cooperation Agreement with the State Educational Center for Technological Education Paula Souza (CEETEPS)

This Cooperation Agreement, signed in 2012 with the CEETEPS (municipality of the State of São Paulo), through the Faculty of Technology of São Paulo (SP FATEC), and the IMREA, with the intervention of FFM, is object cooperation, material and personnel, will promote scientific and technological exchanges aimed at development projects that meet the needs of patients treated at IRLM.

Goals are detailed below: **1-** Develop studies, research and planning work by teachers and students of FATEC SP, aiming to increase equipment that meet carriers disabilities; **2-** Allow the availability of materials and laboratories for the

students to experience in practice the exchange of information; **3-** Apply innovative methodology and pedagogical scientific nature activities; **4-** Allow better knowledge in technology of rehabilitation doctors and technicians and excellence in medical care; **5-** Get the latest technology and get through high standards of scientific activities, catch up to the best medical treatment conditions; **6-** Interact with public or private institutions, national or international, that develop rehabilitation medicine; **7-** Encourage continuous training and education of human resources.

These activities were continued in 2014.

3.2.8 Basic project management workers in prevention, diagnosis and intervention in the education of students with special educational needs process, through the Centre for Educational Support Specialist - CAPE

CAPE - Educational Support Center Specialist - was created by the Ministry of Education of São Paulo in 2001 to support the process of school inclusion of students with special educational needs in State Schools. The center operates in the management, monitoring and support to regional actions of special education in the continuing education process, the provision of resources and coordination between schools and the community, by taking guidance and referrals.

This project, supported by FFM, continues the actions developed in the CAPE, in order to ensure quality education in the schools of public schools, according to the principle of educational inclusion, integrating the education of students with special educational needs in the school's educational project.

In 2014, the following activities stand out:

1) Production of 16 instructional videos related to the areas of intellectual impairment, visual impairment, hearing impairment and high skills of giftedness.

2) Validation of 25 texts of various disciplines of REDEFOR Special Education courses, reaching an audience of 1,600 teachers of the network.

3) Development of 19 formations, in person or via video class, which They amounted to 4567 hours of training, with various themes covered, totaling 22 738 teachers benefited from these actions.

4) In order to carry out referrals of students with intellectual disabilities over 30 specialist schools have agreements with the State Department of Education for the Department of Social Development, the initial goal was to reduce to 25,000 students this age group was surpassed , reaching 22,738 students in these circumstances.

5) Data collection on the operation of 423 Resources rooms, distributed in 188 schools.

6) 1,944 teachers network benefited in some way, through regionalized training in school units or board with various issues related to disability and inclusion process.

7) Assessment of 461 students enrolled in 55 Specialized classes given by Specialized Teacher. At the end of the project only 45 classes were kept in operation (38 in the area of Intellectual Disability and seven in the field of Autism Spectrum Disorders), remaining enrolled in these classes just 179 students. Extinct classes were transformed into Resource Rooms.

8) Functional Assessment of 981 students.

3.3. Children and Youth

3.3.1 Proposal for the pilot project: Developing a Household Business Curriculum in the Brazilian Context

This project, developed by FMUSP Pediatrics Department, through a contract between the FFM and the Foundation Maria Cecilia Souto Vidigal, began in 2014.

While home visiting curricula have been developed in other Latin American countries, similar materials for stimulation and early childhood learning are not available at the moment for Brazil.

The proposal is to collaborate with research teams in Jamaica and Colombia to adapt to the Brazilian context early stimulation intervention, which has been developed and implemented in these two countries. This pilot project's purpose is to create a locally adapted version of this package of interventions in early childhood, to be tested at scale in the Project of the Western Region (item 1.3.1 of this Report). The new materials will be implemented and evaluated within the cohort West Region Cohort (ROC) in the following years.

This project's purpose is therefore to develop new interventions to improve learning and stimulation in early childhood in São Paulo, and potentially in other regions in the future.

3.3.2 Home visiting programs to Improve early childhood development and maternal mental health - evidence from the West Region Project

This project, developed by FMUSP Pediatrics Department, through a contract between the FFM, the Foundation Maria Cecilia Souto Vidigal and the Grand Challengs Canada, began in late 2014.

The project aims to evaluate the feasibility, impact and cost-effectiveness of home visiting programs dedicated to promoting the well-being of mothers and stimulation and child development in urban poor families living in São Paulo. This will be done by means of a randomized pilot intervention, on a small scale, followed by a rigorous impact assessment.

Quantitative data on the cost of impact of the development will be combined with qualitative feedback from mothers and community workers.

3.3.3 Early Life Adversity and Child Development: Evidence from the West Region Project

This study, developed by FMUSP Pediatrics Discipline, with funding from Harvard University, with the intervention of FFM, began in 2013 and was completed in 2014.

The initiative aims to assess the impact of adverse factors during the first year of life, development of the child in 1,200 children born in the Western Region of São Paulo, in 2012. Medical records, birth records, and data on experienced adversity during pregnancy have been collected in the previous project. It is intended to carry out an assessment for the first year of the infants to: **i)** evaluate the empirical associations between child development and adversity experienced in utero and during the first year of life in an urban setting in Latin America; and **ii)** estimate the causal impact of health care based on community (FHP model) on the health and development of children.

3.3.4 Integral Care Project for people with Down Syndrome

On March 21, 2013, it celebrated the International Day of Down syndrome. In addition to assisting in the implementation of inclusive measures and the search for the autonomy of people with Down, date encourages discussion and studies on the subject. In 2012, it was launched by the Ministry of Health Care Manual to the Health Person with Down syndrome, whose construction was actively accompanied by Integral Care Clinic of staff to the Person with Down Syndrome IMREA Lapa, following the precepts of clinical expanded, which sees the individual and their needs fully, and shared care with the support of a multidisciplinary team and the patient's family.

The project Receives about 60 children and adolescents 0-18 years and Provides weekly visits with doctors, nurses, social workers, nutritionists, physical therapists, physical educators, occupational therapists, psychologists, dentists and speech therapists, who work in an integrated manner based on an individual care plan with therapeutic goals set in a personalized manner for each patient.

Being able to perform all activities in one place, where it is also possible to exchange experiences among mothers, it is a key differentiator in this form of treatment.

The work is developed based on four service models, according to the age and needs of each stage of life of patients, from early childhood to adulthood. Comprehensive care, coupled with healthy lifestyle habits, education and social and family context favorable, lead children, youth and adults to better development, an improvement in quality of life and greater autonomy.

These activities were continued in 2014.

3.3.5 Research Center in Child Development

FMUSP Pediatrics Department of has always been dedicated to the study of diseases affecting the newborn, infants, pre-school and adolescent, aimed at improving the quality of life of these patients and to propose actions, projects and promotion programs and health prevention.

Result of a partnership in 2012 between the Department of the FMUSP Pediatrics, the Child Development Center of the Harvard School of Public Health and the SES-SP, through an Addendum to the University Agreement signed between the HCFMUSP and SES SP, with the intervention of FFM, the idea of creating a Center for Research in Child Development stemmed from the need to gather scientific information arising from various areas of knowledge, through collaboration of researchers, national and international, from diverse disciplines to carry out studies on the influence of adverse events that occur during early stages of human development on the pattern of health and disease that will settle over the life of individuals.

Goals are based on two perspectives: the first refers to the understanding of the aspect of the health-disease process, widely studied in this decade, which points to the influence of the environment and living conditions during the process of growth and development of the individual the origin of metabolic diseases and mental disorders adult; It is the second part underlies the need for research in the field of public policies that take into account the scientific knowledge of the origins of metabolic diseases and mental disorders and propose effective measures to promote the health of individuals, with a view to longevity with quality life.

These activities were continued in 2014.

3.3.6 Children's Cancer Treatment Institute - ITACI

New wing of ICU monitoring

Bed Semi Intensive Therapy Oncology

In 2014, FFM, in partnership with SES-SP and the HCFMUSP through a Convention, supported the activities of the ITACI ICr a reference in care for children with cancer.

The current Onco Hematology Service (SOH) of HCFMUSP ICr, known as ITACI, began in 12/17/2002, with activation 12 medical offices and two rooms for procedures in the clinic, and 12 hospital beds / day for chemotherapy. On 06/16/2003, started the service in the inpatient area, opening six of the 17 installed beds. Since 2009, it has two beds for conducting Transplantation Hematopoietic Stem Cells.

Teaching, research and assistance activities are developed for children and adolescents 0-19 years old, with diseases onco-hematologic, from the NHS or the private health system.

Today, SOH has 19 hospital beds, four of them are intended to autologous transplants and three beds Hematopoietic Stem Cell Transplantation to; Day Hospital with 20 chemotherapy box; the Clinic, with 13 treatment rooms; in addition to dental care.

With the completion of the renovation and expansion in January 2012, all seven ICU beds, six Semi Intensive beds, six beds Transplantation Hematopoietic Stem Cells, a minor surgery room and two post anesthesia care beds are built in gradual activation process.

Beds are being gradually opened since Apr / 2014. By December, four intensive care beds, three beds Transplantation Hematopoietic Stem Cells and six Onco Hematology hospital beds were activated.

Nine intensive care beds, one transplant bed, two Onco Hematology hospital beds and the surgical center will be activated, which are already fully equipped and consists of a room for small and medium surgeries and two beds Post Recovery anesthetic.

In 2013, ITACI received the ONA 1 Accreditation certification and obtained maintenance of the seal in 2014, reaffirming the excellent quality of their care.

In 2014, there were: 17,214 medical consultations; 38 Transplantation Hematopoietic Stem Cells, 17 autologous, allogeneic nine related and unrelated allogeneic 12; and 3,938 outpatient sessions of chemotherapy.

3.3.7 Implementation of the Paediatric Centre for Transplantation Hematopoietic Cells ITACI

In 2014, FFM, in partnership with SES-SP and HCFMUSP, through Agreement, continued to support the activities of the Paediatric Centre Deployment Project Transplantation Hematopoietic Cells ITACI the ICr. The project aims to set up a Specialized Center for the State of São Paulo, to carry out a wider range of hematopoietic cell transplants in children, both autologous as heterologous type, including patients with neoplastic diseases and also others that can benefit by this procedure.Hematopoietic cells, also called stem cells are cells of the immune system. They are generated by the bone marrow and have the ability to autorrenovar, but their main characteristic

is the pluripotency: are capable of differentiating into multiple cell types. Thus, they can be used in treating various kinds of diseases, especially tumors and diseases of the blood and immune system.

Transplant Center of Hematopoietic Cells

ITACI performs native transplants of bone marrow cells, since October 1989, for the treatment of children with solid tumors, particularly neuroblastomas. Cells are taken from the patient and used in their treatment.

Since then, ITACI is preparing to expand its service, with the possibility of receiving cells donated by relatives or coming from donated cell banks and cord. Treatment with this type of material, however, demanded the physical and human adaptations, which are now being completed.

To perform this type of transplantation, patients need to be admitted to special beds with a proper insulation and proper air filtration. Currently, two beds are already in operation and ITACI has just performed the first transplantation with unrelated donor from the receiver. Cells came from the another country e to the transplant.

In addition to physical structure adaptations, the team also went through an intensive training process. Now, ITACI can accompany the same time, two or three transplant patients. The State of São Paulo was still quite lacking in this type of treatment. Most patients arrive by the reference system and counter in health status and / or through direct contact to ITACI. Approximately 30% of patients are from other Brazilian states and other Latin American countries.

In 2014, 38 transplantations of Hematopoietic Stem Cells, 17 Autologous, allogeneic nine related and 12 Allogeneic unrelated were performed.

3.4. Families and Women

3.4.1 Education in Women's Health in Adolescence

Adolescence is the period of life between 10 and 19 years 11 months and 29 days, in which there are profound changes, mainly characterized by rapid growth, emergence of secondary sexual characteristics, sexual awareness, personality structure, environmental adaptation and social integration (WHO, 2001).

Introduction of childcare care, better nutritional conditions and effective vaccination programs led to the reduction in infant mortality, increasing the population of adolescents (OSIS, 1998).

Pregnancy in this population as well as its recurrence before 24 months after the first, has been considered in some countries and in Brazil, public health problem, since it can lead to obstetric complications, with repercussions for the mother and the newborn, as well as psychosocial and economic problems for the whole society (MINE aND glasier, 2008; Bouris ET AL. 2012).

This project, developed by HCFMUSO Gynecology Division through Letter Agreement signed with PAHO, in late 2013, with the intervention of FFM, has the overall objective of providing health care to the teenager in primary and secondary care, carried out by staff multidisciplinary (medical, nurse, nutritionist, psychologist) with health education focus.

PAPSMA (Primary Care Program to Women's Health in Adolescence) includes integrating care, teaching and research. The Program is aimed at assistance and the prevention of second pregnancy in adolescence and research on the acceptability of the vaccine against human papilloma virus, in addition to teaching proposal for professionals working in adolescent health, with training and reproducibility of methods of education in adolescent health.

These activities were continued in 2014.

3.4.2 Depression management program in assisted pregnant women in health facilities that adopt the Family Health Strategy (PROGRAVIDA)

Despite the high prevalence of depressive disorders in pregnancy and possible negative consequences of these frames for women, their children and family, most women still remains undiagnosed or treated in the network of Primary Health Care.

Decreased inequality of access to mental health care is a central focus for the planning of health programs worldwide and also in Brazil. Training professionals not specialized in mental health to lead such actions within the framework of primary health care, is seen as a priority for middle or low-income countries (Global Mental Health Group, 2007).

The purpose of this proposal, developed by FMUSP Department of Preventive Medicine, through an agreement signed in late 2012, with the Ministry of Health, with the intervention of FFM, is: a) to develop the training module coordinators, supervisors and SF teams (Family Health) of "Depression Management Program in Pregnancy" (PROGRAVIDA); b) to train and supervise the coordinators and supervisors of the Family Health Strategy (FHS) in a municipality in Greater São Paulo, in all steps necessary to implement this program in health facilities that adopt the ESF in this municipality. PROGRAVIDA was developed by researchers of FMUSP Research Group in Psychiatric Epidemiology (EPSIQ) for use in routine prenatal care offered by the teams of SF.

These activities were continued in 2014.

3.5. Elderly

3.5.1 Refresher Course on Health of the Elderly: In-service training through interactive distance education

This project, developed by HCFMUSP Geriatrics area in 2014 through an agreement between the HCFMUSP and the SES-SP, with the intervention of FFM, aims at achieving Update ongoing Health Aging, divided into three thematic sets with goals and complementary skills with each other in order to train health professionals in the clinical management of the elderly and enable an expanded care the environmental aspects and social, behavioral and drug therapy in relation to the elderly.

For the 2014 edition there was a reorganization and updating of the course contents, expanding the participant target audience, increasing the number of students and changing educational strategy to promote professional development in the distance. The interactive learning environment is based on Open Source LMS, with a library of educational videos, discussion forums, informative for permanent communication promotion with students, conducting web meetings, and evaluation system of knowledge based on practical situations.

Updating content and the staking of Students are performed by professionals appointed by Geriatrics area HCFMUSP / SES.

3.5.2 Proposal for the Development of Continuing Education and Training Program for Health professionals in CEREDIC-HCFMUSP, in São Paulo

Dementia and especially Alzheimer's disease have increased their prevalence with the aging population. Some Brazilian studies show the same trend observed in population studies around the world.

The patient with dementia represents a direct cost to health services, increased hospitalizations and increased risk of falls, as well as indirect costs, for need of a caregiver, family mostly or paid professional caregivers; by reducing the income, by the patient. Costs include: medical visits during the treatment and the time of diagnosis, drug treatment, treatment of other comorbidities, personal care, and increasing spending on the stage of the disease.

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

Several works have checked the reduction of patients spending with Alzheimer's disease for public service, diagnosed early and in use of the appropriate medications. Therefore, early diagnosis and treatment, as opposed to endear the system, reduce spending on the disease; usually by reducing the number of hours spent in care and delayed disease progression, decreasing dependency and institutionalization.

HCFMUSP is a registered Reference Center on Health Care of the Elderly, and is therefore in a position, according to the guidelines of the Ministry of Health to create a model of care center of Alzheimer's disease and related disorders.

The objective of this project, initiated by CEREDIC-HCFMUSP in 2014 through an agreement signed with the Ministry of Health, with the intervention of FFM, and that will continue in 2015, is to promote the update on aging and cognitive and behavioral disorders for SUS professionals through: a) stage offering supervised the medical primary care network to health and the experts of the specialized medical care units; b) multidisciplinary care to the elderly with cognitive disorders; c) support distance care of the elderly with cognitive impairment through telemedicine and partnerships with interested municipalities; d) Refresher Course in Cognitive and Behavioral Disorders of Aging: Multidisciplinary approach; e) guidance manuals for care in elderly people with cognitive and behavioral disorders.

3.5.3 Fragility in Elderly Assessment, Early Determinants, Evolution, Demands Relief and Impact on Use of Social Services and Health

The purpose of this project, developed by the School of Public Health at USP, through an agreement signed with the Ministry of Health at the end of 2013, with the intervention of FFM, is to develop studies and research to identify the determinants of frailty syndrome among the elderly, aiming to strengthen and upgrade the health care of the elderly with emphasis on primary care.

Fragility can be defined as a clinical syndrome characterized by decreased energy reserve and resistance to stressors, as a result of the cumulative decline in multiple physiologic systems, which increases the vulnerability to adverse conditions, because there is difficulty in maintaining homeostasis in situations exposure situations more extreme.

According to Fried et al (2001), the weakness is present in the form of a phenotype that includes five components that can be measured: **1)** Unintentional weight loss; **2)** self-reported fatigue; **3)** Reduction of force; **4)** Low level of physical activity; and **5)** the gait speed decrease. The presence of one or two components of the phenotype would be indicative of high risk of developing the syndrome (pre-brittle) and three or more components would be present in the frail elderly.

Early detection of the syndrome components (pre-frail condition) could prevent your installation from the adoption of specific interventions. In Brazil, different from what has been observed in developed countries, the syndrome has been installing earlier and, given the population increase in life expectancy, such a situation will lead to significant health care demands, increased use of social and health services and, consequently, significant increase of the related cost.

Fragility, however, is understood as a distinct clinical phenomenon of aging with potential reversibility by appropriate interventions. It is essential to early identify determining factors of this condition among younger elderly, its evolution and hence the generated care demands and the use of social and health services in the course of time, in order to contribute to the adequacy of social and health policies in force.

These activities were continued in 2014.

3.5.4 Study of Sociodemographic conditions and Epidemiology of the Elderly Residents Long-stay institutions for the Elderly (ILPIs) recorded in ITS Census

The purpose of this project, being developed by the Public Health School of USP, through an agreement signed with the Ministry of Health (MOH), in late 2013, with the intervention of FFM, is to develop an interdisciplinary census survey aimed to chart the profile of the living conditions and health of residents in long-stay institutions for the Elderly (ILPIs) registered in MS as well as their structural conditions, to provide care to this population in the country. Results will subsidize the redevelopment policy of hosting services.

With the population aging rapidly growing, increase the demands host of the elderly population greater social vulnerability and the need to improve social policy with intersectoral approach. Accordingly, for more accurate identification of such needs (social and health), it is necessary to performing a specific Census of elderly residents in ILPIs.

Historically welcomed by social needs, it is observed that, with advancing age and with an aging population, such a profile is being modified and significantly increased demands related to health. The specificity of such demands as well as the adequacy of structural resources to meet them, is still unknown, including the important regional differences in our country. Thus, the conduction of ILPIs Census, nationwide, aims to contribute to the formulation and / or reformulation of intersectoral actions to ensure comprehensive care to the elderly, strengthening their rights guaranteed by the Elderly and having as a guiding axis Guidelines the National Health Policy for the Elderly and the National Social assistance Policy.

These activities were continued in 2014.

4 RESEARCH PROJECTS

4 Research Projects

4.1. Main Research Projects

FFM supports the development of various research projects, with hundreds of papers published in refereed journals, gain global reach and visibility.

4.1.1 Assessment of the Industrial Emissions Impact in Health Population Petrochemical Surrounding Polo of Capuava

The implementation of the Petrochemical Polo of Capuava - RECAP, in the municipality of Mauá, attracted a large number of workers and promoted the installation of an Industrial Polo, in a time when both the environmental licensing and the Brazilian urban planning lacked criteria and procedures guarantee safe operation of industries, with continuous monitoring and with minimal risk to the health of the population installed in your surroundings.

Today, international studies and others carried out on site gather evidence plausible to consider the impact of environmental emissions of these projects on population health in the region.

This study, initiated in 2014, originated in an environmental conduct Adjustment Commitment Agreement of the Prosecutor's Office of the Middle St. Andrew's environment, being developed by LIM 05, with the intervention of FFM, want, in a first step, draw up a map where you can not only identify the magnitude of the concentration of environmental pollution, but also get this behavior in terms of their spatial distribution, enabling further identify and locate areas where there is potential risk to health arising from the historic and current operation of the industrial and petrochemical activities in the region, objectively establishing the affected area and the possible existence of this gradient health risk.

4.1.2 Genomics of landscapes in latitudinal gradients and ecology of Anopheles darlingi

This study, conducted by the Department of Epidemiology Public from the Health College of USP, through agreement with the Health Research Inoporated, with the intervention of FFM, was started in 2014.

The primary vector of malaria in the Amazon region, Anopheles darlingi, is able to adapt quickly to micro geographical changes resulting from new environmental conditions such as those found in areas intended for agricultural settlements. Therefore, the presence of this mosquito is a major threat to human health in Latin America. The proposal presented will examine three biological aspects of Anopheles darlingi, which has been underestimated, in order to identify the main mechanisms responsible for the success of the vector in the transmission of the pathogen: large plasticity or genetic expertise.

First, the hypothesis Malaria Border (HMF) will be tested in which the age of the settlement predicts the incidence of malaria, explicitly separating the effects of age of the settlement and forest cover.

Secondly, genomic characteristics of *An.*

darlingi populations exposed to will be compared: **(i)** different Plasmodium levels in the Amazon region with endemic populations of southern Brazil, where malaria is rare, and **(ii)** environmental variables in several settlements Amazon.

Third, experiments will be developed on the life story of the *Anopheles darlingi* that will address characteristics of the temperature response patterns that are directly related to the vectorial capacity.

4.1.3 Studies and field, laboratory surveys and computer simulations to determine the best strategy for the introduction of the vaccine against dengue in Brazil

This study, conducted by the Department of Epidemiology from the Public Health College of USP, through agreement with the Health Research Inoporated, with the intervention of FFM, was started in 2014.

Project's main objective is to determine the best strategy to introduce vaccine against dengue in Brazil. Secondary objectives include: a) determining the targets of T cell response - specific in acutely infected individuals dengue virus; b) evaluate T cell responses in three different cohorts of individuals infected with dengue: patients who were and were not exposed before dengue; with and without prior flavivirus vaccine (DENV and FA); and c) evaluate T cell responses in children from 6 to 18 months of age with acute dengue, also with 25 negative IgG (not previously exposed to dengue virus or children of seronegative mothers) and 50 positive IgG (previously exposed to the virus or children of seropositive mothers).

4.1.4 Dengue Incidence Study in Brazil, in high and medium endemicity municipalities Goiania - GO and Araraquara - SP

This study, developed by IMT-USP, through contract with Sanofi Aventis Pharma Ltda., with the intervention of FFM, was started in 2014.

Project's main objective is to design and implement epidemiological studies that support the assessment of future dengue vaccination strategies. Specific objectives include: **a)** description of serological profile and immune status of the population before a possible future vaccination strategy; **b)** identification of the proportion of asymptomatic cases, mildly and the clinical profile of symptomatic cases and their HIV status; **c)** estimative of the rate of seroconversion in a cohort at two different stages of transmission; **d)** identification of risk factors for severe dengue, according to age group; and **e)** provision of epidemiological data required for modeling of dengue transmission dynamics in different epidemiological settings.

4.1.5 Randomized, double-blind, placebo-controlled study to evaluate the efficacy of creatine as adjunctive therapy in the treatment of bipolar depression

Bipolar disorder (BD) type I is a chronic mental illness that affects approximately 1% of the adult population and is associated with a suicide rate of 10-19%. While there are several options for the treatment of refractory mania, bipolar depression resistant to treatment with mood stabilizers is still difficult to treat. Even with the publication of studies that support pharmacotherapy to shorten the duration and decrease the severity of depressive episodes and reduce the risk of recurrence, more than half of patients fail to respond to available treatments for bipolar depression.

Creatine plays an important role in brain energy homeostasis, acting as a spatial and temporal buffer for cytosolic and mitochondrial ATP (adenosine triphosphate) reservations. Recent studies suggest increased cerebral oxygen utilization after supplementation with oral creatine.

This study, initiated in 2014, developed by IPq,

with the intervention of FFM, and supported by NARSAD, intends to verify that creatine improves depressive symptoms when used as an adjuvant treatment to conventional treatment of bipolar depression.

4.1.6 Fighting infections through Research, Science and Technology (FIRST) Phase 1 and 2: Creating a Partnership to Combat Neglected Infectious Diseases in Mesoamerica

This sub-project, initiated in 2014 by LIM 31 of HCFMUSP, through agreement signed with NIH, with the intervention of FFM, and that will continue in 2015 is part a program called "Research Center for Biomarkers in Neglected Tropical Diseases of São Paulo / Minas Gerais", which aims to discover biomarkers related to Chagas disease. This sub-project aims to find new biomarkers related to curing this disease.

It is currently believed that direct treatment against T. cruzi is necessary to avoid long-term consequences of this disease. However, only an anti-T cruzi drug is available, named benznidazole (BZN). New drugs are being prepared, but the lack of reliable biomarkers for evaluating the effectiveness of treatment is a major obstacle to its validation in humans.

Few studies have evaluated what happens in terms of changes in immunological parameters after treatment with BZN. Understanding the effect of these drugs on immunological parameters may favor biomarker discovery. In this study, 100 patients will be followed which are labeled PCR positive for treatment with BZN. The purpose is to monitor these patients systematically and collect blood samples in eight visits (before and up to 1 year after treatment) for research and validation of biomarkers.

4.1.7 Latin America Treatment & Innovation Network in Mental Health

Recent researches suggest that redistribution of clinical tasks in health systems and health teams, known as task-shifting, is an effective and efficient strategy to expand access to treatment in situations where there is a lack of specialized human resources. Most of these studies focused on handling improvement of child survival, maternal health and HIV programs, with Peru becoming one of the leading countries in Latin America in this type of experience.

Today there are more mobile phones than landlines in most Latin American countries, covering almost the entire population.

Purposes of this study, which began in 2014, supported by the NIH, through contract with FFM and developed by the Department of Preventive Medicine, USP are: a) to evaluate the effectiveness of an intervention, for automatic mobile messages assisted by assistants nursing in the treatment of symptoms of depression in individuals with chronic physical diseases (diabetes and / or hypertension) met in units of the Family Health Strategy in the city of São Paulo, Brazil; b) to evaluate the cost-effectiveness of this intervention program.

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

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

Sarcomere is a structural unit of striated muscle, where the thin and thick filaments cooperate to generate muscle contraction. Recently, it has become clear that sarcomeres also have a role asintracellular marker, especially proteins sensitive to stretching as titin and nebulin. Recent studies have shown, in fact, the role of flag

in addition to the structural role of titin and nebulin and the next important step is to understand how these giant proteins exert this signaling role, controlling the remodeling of muscle tissue. This network of researchers investigating this issue doing intense exchange in muscle biology, was originated in the Americas, Japan, and European Union. Each group will provide specific methodologies to study the molecular basis of titin and nebulin in muscle remodeling, including transgenic animals, synthetic compounds and direct action in myofibrils.

Participants of this consortium of researchers have collaborated and occasionally made joint publications. SARCOSI network will enable a stronger interaction long term, with change of team members and joint supervision of doctoral theses Post. The exchange team members will enable the transfer of technology and models among the participating laboratories, bringing faster results and greater depth in the field of heart failure and skeletal muscle atrophy.

These activities were continued in 2014.

4.1.9 Load of Diseases and Early Childhood Development: A birth cohort study in the Brazilian Amazon

This study, developed by ICB-USP, through an agreement signed with the David Rockefeller Center for Latin American Studies - Harvard University in 2013, with the intervention of FFM, is to plan a birth cohort in the Brazilian Amazon, in the municipalities of Cruzeiro do Sul and Mâncio Lima, in Acre. These municipalities were chosen for concentrating almost 80% of malaria cases in the state (being among the areas considered at high risk of malaria transmission in the Amazon) and the unfavorable health indicators among children under five years are low (relative the state and regional averages). In addition, these municipalities are also the subject of other studies on malaria, developed by researchers from USP and the Federal University of Acre, allowing the establishment of collaborations. Finally, given the presence of USP research teams in the state of Acre, from 2003 it has also been established in contacts in the State Health Secretariat, which will facilitate local logistics.

Specific purpose of this proposal is to plan a cohort study in Cruzeiro do Sul and Mâncio Lima, including: **a)** all the logistics, staff recruitment, development of research protocols, data collection, training, collection and analysis of samples, preparation questionnaires and data sets; **b)** enter into agreements with local health units to mount routine surveillance in hospitals and malaria testing laboratories; **c)** apply for ethical approval (approval in the National Research Ethics Commission may take up to a year), and prepare research proposals for funding by the Brazilian government, international development agencies and private institutions.

These activities were continued in 2014.

4.1.10 Cirrhotic patient costs: management of complications, waiting list and liver transplantation

Health care costs represent great relevance in global and national economy. Scientific development has been accompanied by a significant increase in spending; therefore, the way the funds are intended for public health is a matter of paramount importance. Indeed, economy has gained interest in medicine today because of the growing financial pressure on issues such as the balance between increased demand and the shortage of available resources.

Liver cirrhosis is a worldwide problem, associated with a substantial economic cost. Cirrhosis is a chronic liver disease caused most commonly by hepatitis C virus (HCV), hepatitis B virus (HBV), and alcoholic liver disease. Between 1999 and 2011, 120,343 cases of hepatitis B and 82,041 hepatitis C were reported in Brazil. Progression to cirrhosis does not occur at constant rates and may vary with the combination of other factors such as consumption of alcohol, obesity and metabolic syndrome. However, from the liver fibrosis development, every year, 10% of patients develop cirrhosis and 5% of patients with cirrhosis die or are undergoing liver transplantation.

This study, developed by HCFMUSP Transplant Service and Liver Surgery, through a Letter of Agreement signed with the UNODC in mid-2013, with the intervention of FFM, aims to prospectively analyze the cirrhotic patient hospital costs High complexity of SUS in Brazil, including the complications of cirrhosis, the waiting period on the transplant list, liver transplantation and follow-up of a post-transplant year.

Whereas the liver transplant involves high costs and is actually available for a restricted portion of the population, depend primarily on organ donation, the cost-effectiveness of the procedure, particularly in terms of allocation of livers available and the quality of life gain in post-transplant, it should be evaluated. This study aims to assess the overall economic impact of liver cirrhosis, considering the cost-effectiveness of therapeutic strategies and liver transplantation, evaluating the social impact of the disease.

These activities were continued in 2014.

4.1.11 Systematization of health experiences and quality of life of recyclables

This study, conducted by FMUSP Department of Preventive Medicine, through a contract signed with Fundación Avina, in late 2013, with the intervention of FFM, aims to: **a)** identify and support targeted experiences to promote health and quality of life of the collector of recyclable materials in Latin America; **b)** support systematization; **c)** produce materials / publications on the subject.

Solid waste have become one of the most serious environmental issues today, as the inadequate management has serious consequences to the environment, the health of the population and most directly involved professionals such as waste pickers. These professionals are subject to contamination by chemical and biological agents and the accidents caused by inadequate working conditions. With the sanction of the National Solid Waste Policy (PNRS), it is necessary to develop studies and specific analysis to support the implementation and regulation of this policy.

Lack of information and knowledge about the situation and work processes of recycling, as well as the health risks faced by collectors, prevents the formulation of appropriate public policies to bring about improvements in the production process and minimize or eliminate health risks . Thus, the objective is to understand the work of collectors, articulating social, economic and environmental technical. For this, techniques of descriptive and qualitative research, epidemiological study and risk assessment, as well as environmental measurements will be used, so that results can subsidize the formulation of public policies proposing occupational health standards.

These activities were continued in 2014.

4.1.12 Perspectives of residual malaria disposal in rural Brazilian Amazon: research strategy of *Plasmodium vivax* reservoirs

This study, developed by ICB-USP, through an agreement signed with the Ministry of Health, with the intervention of FFM, at the end of 2013, aims to implement and evaluate a strategy to detect symptomatic and asymptomatic carriers of the parasite (potential reservoirs of infection) in areas of residual malaria transmission, centered in the monitoring of potential transmission foci around clinical episodes (index cases) diagnosed by BA or BP of febrile cases.

The study has the following objectives: a) Classify all new episodes of malaria (index cases) detected by BA or BP and laboratory confirmed in the municipality of Acre, over 12 months as cases indigenous, relapses, imported cases or cases introduced; **b)** evaluate the effectiveness of detection of potential reservoirs of malaria around each index case, combining conventional microscopy and molecular diagnosis by comparing the results of monitoring the index address and your neighbors (within the potential transmission focus) with those obtained in unrelated households (out of potential focus of transmission) but belonging to the same locality; **c)** determine the epidemiological links between malaria infections, diagnosed by genotyping of parasites obtained during monitoring of potential outbreaks of transmission.

These activities were continued in 2014.

4.1.13 Natural History of HPV Infection in Men: HIM study

This study is sponsored by the H. Lee Moffitt Cancer Center and Research Institute and is developed by ICESP, through a contract with the intervention of FFM. It is the research protocol to determine: **a)** the incidence and persistence of infection in the penis by type-specific HPV; **b)** study the humoral response to HPV infection; and **c)** identify factors independently associated with the acquisition, persistence and remission of type-specific HPV infections in men, with a view to the possible development of a vaccine against HPV in men. It also provides for the creation of a bank of biological samples (whole blood, serum, urine and exfoliated cells of the penis) for DNA analysis, RNA and proteins for the evaluation of new biomarkers. That bank shall be set H. Lee Moffitt Cancer Center and Research Institute and will be accessible to any researcher with the approval of the respective ethics committees.

About 3,000 men (aged 18 to 44 years), Florida (USA); in Morelos (Mexico) and São Paulo (Brazil), will be the subjects of this research. In Brazil it is planned to conduct the survey in ICESP and CRT / STD / AIDS, which will be recruited 1,000 research subjects. They will be divided into two age groups (18-30 and 31-44) and will be interviewed and underwent physical examination and laboratory test for HPV (antibody tests against HPV, STD selected, HPV sampling the penis, C. analysis trachomatis and N. gonarrhea and CSF white blood cell count and urine, some not yet been approved by the FDA or VISA) in ten scheduled visits every six months for four years. Before ICESP, the study was developed by the Ludwig Institute.

All the risks involved have been appropriately analyzed and weighed and it is expected an important social benefit in terms of better understanding of the natural history of HPV in men, which can enable the development of a vaccine against HPV in men. Total duration of the study will be five years after its approval.

These activities were initiated at ICESP at the end in 2012 and closed in 2014.

4.1.14 Combination of Cerebral stimulation and stimulation of Peripheral Nerves to enlarge the Beneficial Effects of Functional Electrical Stimulation About paretic hand after Stroke

There are no universally accepted treatments to reduce disability in patients with severe motor impairment in chronic phase after stroke (CVA). Neuromodulation techniques such as transcranial direct current stimulation (transcranial direct current stimulation, tDCS) and somatosensory stimulation in the form of peripheral sensory stimulation (ESP) are emerging techniques with great potential to improve motor performance or enhance the effects of motor training in stroke patients.

In this research, developed by the Department of Neurology, through an agreement signed with NIH, with the intervention of FFM, will be tested the hypothesis that tDCS and the ESP will increase the effects of functional electrical stimulation (FES) and task-specific training on motor function. It is planned to collect data related to this hypothesis by investigating the following specific objectives: **1)** compare the effects of FES in close association with isolated tDCS, ESP isolated, tDCS + ESP or ESP isolated in patients with moderate to severe weakness, in a crossover design. Our hypothesis is that either the active or active tDCS ESP will increase FES effects to a greater extent than the placebo-tDCS ESP placebo and thatcombination of tDCS and the ESP will have larger effects that tDCS or isolated ESP; and **2)** Compare combination effects of FES and motor training to more efficient intervention neuromodulation, according to Objective 1 results with effect from FES and motor training associated with placebo intervention (ESP / tDCS placebo) administered three times a week, six weeks, two groups of adult patients with moderate to severe weakness. Hypothesis is that the neuromodulation intervention, combined with FES and motor training, will decrease the paretic upper limb of disability and improve quality of life compared to tDCS / ESP placebo combined with FES and motor training.

These activities were initiated in 2012 and were continued in 2014.

4.1.15 Enhancing security through transfusion of HIV testing: a randomized controlled intervention study

This follow-up study was initiated in 2014 by LIM 31 from HCFMUSP, by agreement with the Blood Systems Research Institute, with the intervention of FFM.

Brazil has a higher risk of HIV transmission by blood transfusion, compared to European countries and the United States.

It is believed that part of this increased risk is due to individuals who seek to make blood bank testing for HIV. Purpose is to verify that the offer of HIV testing donors can reduce the residual risk of transmission in Brazil.

4.1.16 Biomarker Research Center for Neglected Tropical Diseases in São Paulo - Minas Gerais

This study was initiated in 2012 by LIM 31 from HCFMUSP, by agreement with the NIH, with the intervention of FFM. Long-term aim is to establish a Centre of Excellence for Research on Biomarkers of Neglected Infectious Diseases in Brazil. Initial focus will be Chagas disease, with the purpose to find biomarkers that can be used to infer the risk of disease progression.

Two interrelated studies will be developed: **Project 1** will focus on gene expression in previously well characterized samples. **Project 2** will use the National Health System in the State of Minas Gerais, recording and collecting blood samples from 2,000 patients with Chagas disease. These patients will be followed for two years, with death or admission to hospital for heart disease outcomes.

Main objective is to obtain a basic risk score based on biomarker levels and ECG findings (ECG), which could identify high-risk patients in order to guide therapeutic approaches and serve as an institution for future clinical trials.

Two cores will be established: the Administrative Center and the Data Bank and Epidemiology Center, which will support the activities of the two projects, as well as create and sustain training programs in research for young Brazilian scientists.

These activities were continued in 2014.

4.1.17 Receiver Epidemiology and donor evaluation - Study REDS III - International Desk

This proposal, initiated in late 2011 by LIM 31, through the contract signed with the Blood Systems Research Institute, with the intervention of FFM, has a partnership with four major blood centers in Brazil (Pro-Blood Foundation (SP) / Hemominas (MG) / Hemope (PE) / Hemorio (RJ)). The study aims to: a) establish the basis for a National Research Programme on blood safety in Brazil and provides for three of the expansion centers for the REDS-II program for four centers during the REDS-III; b) the maintenance of the donor database and donations; c) the continuation of specific aspects of two REDS-II projects: the revaluation of patients participating in the cohort study of Chagas disease and further analysis of viral characteristics and risk factors among blood donors infected with HIV.

Two new major protocols are proposed for REDS-III. The first project will focus on an extremely important threat to blood safety in Brazil and worldwide, which is the Dengue virus (DENV).The second main protocol is an observational project of blood recipients, focusing on epidemiology and transfusion therapy in sickle cell disease (SCD).

Combination of ongoing activities, new protocols and efforts in training ensure that Brazil continues to develop into a Centre of Excellence in Research transfusion medicine in Latin America.

These activities were continued in 2014.

4.1.18 Cancer Treatment. Innovation in the use of embedded oxysterols to lipid nanoemulsion as cell death-inducing

This project, designed by researchers at the LIM 31 and made possible through an agreement between FFM and FINEP, in late 2010, aims to pioneer the introduction of a new Nanotechnology Pharmaceuticals tool for cancer treatment.

In its more specific objectives, the project proposes: **1.** “in vitro” study of various oxysterols in relation to their ability to complex with the nanoemulsion, so as to exert cytostatic and cytotoxic effects in tumor cells; **2.** "in vivo", specifically in rats and dogs bearers of lymphoma, study the toxicity of different formulations, their compartmentalization features, a plasma treatment, the effectiveness of using one, two or more formulations, the development of tumor and the survival of the animal; and **3**. in patients with large B cell lymphoma, verify toxicity and proceed to compartmental analysis, including plasma clearance.

These activities were continued in 2014.

4.1.19 Adult Health Longitudinal Study - Wave 2 - SP

This project, under the responsibility of HU-USP and made possible through an agreement between FFM and FINEP, in late 2010, has as its general objectives: a) to estimate the incidence of diabetes and cardiovascular disease; b) study natural history and investigate the associations in biological, behavioral, environmental, occupational, psychological and social aspects related to these diseases and complications, seeking to build causal model that reflects their interrelationships; c) it is intended to also describe the evolution of these factors and determinants of this evolution, and identify effect modifiers of the observed associations and compare risk patterns among the participating centers, which can express regional variations related to these diseases in parents. In order to allow for future studies, including genetic tests will be maintained at storage of biological materials and DNA extraction.

Continuing the first data collection phase (Wave 1), this project aims to meet the following specific objectives: **1.** To continue monitoring outcomes of the cohort to identify new cases of diseases related to the period of validity of the proposal; **2.** To plan Wave 2 of interviews and study of the tests, including: definition of the protocol; pre-test interviews, tests and measures; conducting pilot studies; and preparing the data system; **3.** To collect the data provided for Wave 2; **4.** To perform analysis with data collected in Wave 1, prepare scientific articles and submitting them for publication; **5.** To expand Bioteca SP, for the storage of biological material collected in Wave 2; **6.** To carry out tests of biochemistry and the dosage of hormones in the blood and urine microalbuminuria in the central laboratory in SP; and **7.** To interpret, encode and send to the Data Center the ultrasound data held in Wave 1.

These activities were continued in 2014.

4.1.20 Electrical Impedance Tomography Medical Imaging for Anesthesia and Newborn Patients

This project, designed by researchers at the LIM 09 and made possible through an agreement between FFM and FINEP, in late 2010, has as main objective the development of two equipment for diagnosis, prevention of complications, and therapeutic monitoring in neonates and anesthetic procedures. Two dedicated modules of Electrical Impedance Tomography (EIT), a portable and inexpensive technology, which generates images in real time, the transverse sections of the body without use of contrast or radiation will be developed.

The following is being developed:

1. Anesthesia module (for Surgical Center): development of specific hardware with software for accidental disconnection detection, inadequate ventilation, poor placement of the endotracheal tube and atelectasis;

2. Neonates module (for NICU): development of specific hardware, with software for monitoring and CPAP setting, ventilation setting and the high frequency ventilation, diagnosis of gravity bronchiolitis.

These activities were continued in 2014.

4.1.21 Rk39 immunoassay test validation using human whole blood and exudate of oral mucosa (saliva)

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

Until now, the diagnosis of visceral leishmaniasis (AVL), based on parasitological and immunological methods available for use, has an immense variety in sensitivity and specificity, and delay diagnosis, the need to use material not always available, like the ELISA reader, optical microscope and fluorescence and also the pressing need for trained personnel and ability to handle inputs.

Currently, rapid tests with rk39 are validated for use as a serum specimen, there is no validation for the use of other clinical specimens such as whole blood and saliva, which would speed up the diagnosis and could be used in the field, at the time of patient care with suspected LVA. Thus, it is intended in this study validate the rapid immunoassay test with rk 39, for use in whole blood and saliva, compared to use in serum and other serological methods, which use total antigen and parasitological methods.

These activities were continued in 2014.

4.1.22 Peruvian / Brazilian Amazon Center of Excellence in Malaria

This research, initiated in 2010 by ICB-USP, with funding from the University of California and the intervention of FFM, aims to: a) estimate the prevalence of asymptomatic infection by Plasmodium and characterize risk factors for the development of symptoms in the presence of malarial infection; b) to estimate the prevalence and risk factors for the presence of gametocytes in symptomatic and asymptomatic infections; c) estimate the risk of subsequent symptomatic infection among patients with asymptomatic parasitaemia and uninfected individuals; d) determine, based on genotyping of parasites, if subsequent episodes of symptomatic malaria are due to persistence lines parasitic, originally found in asymptomatic carrier; and e) comparing the levels of genetic diversity of parasites in symptomatic and asymptomatic infections.

The entomological component of this proposal, centered on the major malaria vectors found in the study area, aims to: a) determine the diversity vectors in this region, by means of molecular tools for the identification and genotyping of vectors; b) assess the impact of different economic activities in the population structure of the vectors.

These activities were continued in 2014.

4.1.23 "Network of Clinical Research and Technology Assessment in Health" Project and "Morbidity in Hypertensive Patients and Obstructive Sleep Apnea - Morpheus Study" sub-project

Hypertension is a problem of public health of the most serious, with an impact on incidence, mortality and mortality from cerebrovascular disease, coronary artery disease and in cardiac and renal insufficiencies. Despite the increase in the therapeutic arsenal and the base of pharmacological products have increased considerably in recent decades, the proportion of patients with resistant hypertension, which can not reduce blood pressure levels of security levels (despite adequate treatment with at least three drugs, including diuretics), is large enough to allow other forms of therapy be tested. There is increasing evidence that obstructive sleep apnea (OSA), characterized by repeated episodes of partial obstruction(hypopnea) or complete airway (apnea), is very common in hypertensive patients and in particular among patients with resistant hypertension. Moreover, there is increasing evidence that OSA contributes independently to increased blood pressure; however, the impact of treatment in OSA patients with refractory hypertension is not well established.

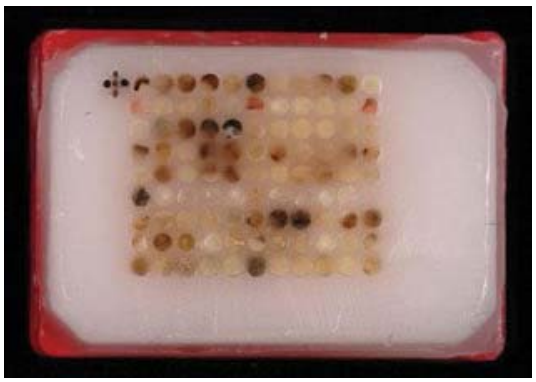
The objective of this project, developed by InCor and approved by FINEP in mid- 2010, with the intervention of FFM, is to test the hypothesis that effective treatment of obstructive sleep apnea with continuous positive airway pressure device in the airways, helps reduce blood pressure.

These activities were completed in 2014.

4.1.24 Immunohistochemical characterization of novel antibodies of oncological interest

This research, coordinated by LIM 14, was continued in 2014, it was made possible through a contract signed in 2006 between FFM and the PR & D Biotech S / A an has the support of FINEP and the Butantã Foundation.

Chemotherapy has been shown to be an efficient technique in the treatment of advanced tumors. Studies in this area can produce drugs with morphological characteristics increasingly specific, according to the type of neoplasia and specificities to the patient. However, this therapy destroys non-tumor cells in the process, because it detects any proliferating cell.



Example of a TMA, collection of normal tissue samples or with illness, used to make comparisons

In this scenario, there is research in oncology in order to find ways of treatment less aggressive, able to recognize and kill only the cancer cells.

The objective of the research is to identify antigens related to antibodies Lewis y (hu 3S193), Lewis b, arising from the Sloan-Kettering

Memorial Hospital in samples from colorectal cancer, ovarian and prostate, MX 35 in ovarian cancer and A34 in prostate cancers, stomach and esophagus, as well as in normal tissues.

Its specific objectives are: **a)** the anatomical and pathological review of selected cases, for making the Tissue microarrays (TMA's) and database preparation in the form of spreadsheets, with all the relevant information to different series; **b)** the selection and marking areas of the blades and their paraffin blocks for subsequent preparation of TMA's; **c)** supervision and technical assistance in the preparation of TMA's blocks; **d)** the preparation and presentation of seminars related to topics related to ongoing research; **e)** the analysis and interpretation of immunohistochemical results obtained from the prepared sample sizes in TMA's with tabulating the data in its own headquarters for statistical evaluation; **f)** involvement in the preparation of data consolidation and reporting activities, as well as evaluation of results for publication in journals.

4.2. Clinical Studies

FFM is intervening in a number of clinical studies, whose results are of great interest to the academic community and the general population.

Center vests / Offices and CPC Monitoring Room of IPq

FFM, in supporting HCFMUSP and FMUSP, has been active in conducting clinical studies, whose results are of great interest to the academic community and society in general. Conduction of Clinical Studies under the supervision of teachers of the House and supported by the Clinical Research Centers (CPC), intended to evaluate the efficacy, tolerability and safety of medicinal products and research in humans and animals, under the aspects technical-scientific, ethical frameworks in the current legislation for the species, research financing, source of funds, return on investment, adherence to the guidelines of the Institutional Policy, integration with other sectoral actions, and interest and convenience for the Public Service.

It is understood by clinical trial any investigation in humans, aiming to discover or verify the pharmacodynamic, pharmacological effects, clinical and / or other effects of product (s) and / or identify any adverse reactions to the product (s) (s) under investigation, in order to ascertain its safety and / or efficacy. Clinical research, clinical trial and clinical study are the terms used to refer to a scientific research process involving human subjects.

In this context, FFM managed, in 2014, about **369 clinical trials** approved by the Ethics Committee of HCFMUSP (CAPPesq) and coordinated by researchers from the FM / HCFMUSP system.

Research development projects centralization is made through CPCs. CPCs in ICHC, ICr, IPQ InRad, IOT and InCor are installed in FM / HCFMUSP system, intended to provide medical assistance to research subjects; ensure that Good Clinical Practices are observed during the conduct of research projects; guide the research volunteers and clarify any and all questions they mentioned; ensure all necessary resources to researchers; support engineers in conducting research projects; monitor the activities and provide information necessary to monitor the different research projects; and ensure that audits of the research projects are conducted in accordance with pre-established procedures.

In addition, institutionally, the main objectives of the CPCs are: cost reduction; optimization of equipment use; adequate physical area of installation to carry out studies related to various specialties; centralization of the development of research projects; ensure better compliance with voluntary research; improve the quality of education and provided service to the community; train staff for careful studies, with quality and reliability within ethical and scientific standards, often with strict deadlines; and provide continuing education.

For the faithful development of these objectives, the CPCs developed the following supporting documentation: **a)** Internal Rules; **b)** Protocol Information for admission in the Clinical Research Center - CPC; **c)** researcher's commitment Term; **d)** Weekly care of research protocols Sheet drawn up and transmitted by the investigator team earlier for planning of care; **e)** Confidentiality Agreement for researchers,sponsors and visitors; **f)** releases; **g)** Complications Bulletin; **h)** calibration documentation, validation and certification of all equipment; **i)** Tab exams collected in CPC; **j)**

temperature control Sheets; **k)** TDS control laboratory kits with receipt dates, validity and disposal; **l)** Sheets nursing care control for each patient; **m)** drug control Sheets; **n)** Schedules tutoring, initiation visits, closure and audits; **o)** Opinion poll on the degree of volunteer satisfaction survey; **p)** offices Scheduling Spreadsheet; **q)** internal identification Worksheet research protocols; **r)** spreadsheet with names and contacts of all team members; **s)** Standard Operating Procedures (SOPs).

CPCs have archive copies of all research protocols, completed admission form, term sheet signed by the principal investigator, and the following copies: approval by CAPPesq, CONEP and ANVISA (EC); and contract and budget, which are the minimum requirements needed for the protocol to enter the center.

Structure of ICHC CPC physical facilities stand out, which is as follows:

1) Waiting room for patients, with TV and video;

2) Six offices equipped with telephones, computers networked with higher speed broadband, thermo-hygrometer, keyed lockers for safekeeping of confidential documents and clinical records;

3) Health for the exclusive use of research volunteers;

4) Secretariat equipped with telephone exchange and faxes, personal computers networked printers (Multifunction), medium-sized shredder to destroy confidential and Wireless Equipment documentation;

5) Room for monitoring equipped with microcomputers in a network, three-point dedicated network and dedicated phone line;

6) area to the pharmacy, equipped with separate locked closets, with restricted access to the area of pharmacy well as the individual cabinets for different studies, two coolers, thermo-hygrometer and data logger to monitor the ambient temperature and degree of moisture, dehumidifying, and unique air conditioning, maintaining the proper temperature and ensuring the integrity of drug research, both as for chilled air;

7) testing room for care to voluntary survey, i.e., collection of biological samples and / or drug administration, with control of room temperature, infusion pumps, stop car for emergency care, electrocardiograph, discharge cleaner, litter composed of two oxygen cylinders certificates calibrated and qualified scale, measured pressure monitors, and keyed lockers and separate with restricted access for packaging kits and sampling;

8) One room for packaging the freezer - 80 ° C and -20 ° C freezer with refrigeration appliance dedicated to environmental temperature maintenance;

9) CPC has two freezers -20, two refrigerators for investigational products and Freezer -80 ° C, all with calibrated and certified chart recorders; three centrifuges for processing biological material, a refrigerated them, all calibrated, qualified and certified; fire extinguishers (one of carbon dioxide and water) have inspection documentation, maintenance and charge of fire extinguishers; generators have preventive maintenance documentation for the two generators that power the refrigerators and freezers of the CPC ICHC; all CPC equipment is calibrated, qualified and certified (where applicable), according to quality control and standards required for areas dedicated to clinical research by NBPC (Standards of Good Practices Clinics) and National and International agencies such as ANVISA, NIH and FDA (US Food and Drug Administration).

These activities were continued in 2014.

5

HEALTH POLICIES PROJECTS

5 HEALTH POLICIES PROJECTS

FFM also supports the development of various health policy projects, including professionals from public training, development tools of assessment, etc.

5.1. Main Health Policies Projects

5.1.1 Innovation in Interactive Health Educational Technology with HR Training and Structuring of a Digital Production Centre

This project, started in late 2014, the Department of Telemedicine of the FMUSP, through an agreement signed with the University of the State of Amazonas, with the intervention of FFM, has the overall objective of structuring an educational digital environment based on the Internet (repository educational materials), linking undergraduate teaching laboratories, organization of a platform for training in telecare, and structuring a Digital Production Centre.

Formation of a collaborative network of institutions through Telemedicine / Telehealth facilitates the organization of efficient education for interactive media distance learning programs (interactive distance education). When combined with telecare services (second formative opinion and referral), Telemedicine / Telehealth facilitates the contextualization of training in order directed to the practical needs.

Use of second opinion from a distance environments tend to become increasingly common, as is the universalization of telecommunications and increase digital inclusion. Second Opinion is the result Formative mixed approach of the association between care and education. It is equivalent to a supplementary formative stage, “in loco”, focusing on specific problems. With the computerization of undergraduate courses at the University of the State of Amazonas students will have new technological tools for learning, increasingly striving for excellence in medicine.

5.1.2 Telehealth service in the State of São Paulo State Management Committee of the National Program Brazil telehealth networks and telehealth Portal Maintenance Center in São Paulo

This project, initiated and completed in 2014, was developed by the Telemedicine discipline at FMUSP, through Letter Agreement signed with PAHO, with the intervention of FFM, and aimed to assist the State Management Committee of Telehealth São Paulo to prepare strategy and standards for ordination of telehealth deployment in the state of São Paulo, keep active Telehealth portal core São Paulo, and organize and carry out a course of training in Telemedicine and Telehealth distance to the State of São Paulo.

Specific objectives are detailed below:

1) To participate in meetings organized by State Telehealth Committee in order to provide subsidies based on the experiences of practices 2007 - 2013 as State Center São Paulo, for the purpose of strategic decision-making;

2) To keep the content and activities of Portal

Center São Paulo, for a period of 120 days;

3) To conduct a survey of the current situation Telehealth in the state of São Paulo, as the coverage and status of agreed projects with the Ministry of Health;

4) To design a room for periodic meetings, synchronous, via web conference from the Portal of the State Center São Paulo;

5) To design an environment to form electronic poll to research the needs of municipalities in services that can be provided by telehealth, as a way to provide subsidy for decisions State Management Committee;

6) To organize and hold three in-person meetings for functional technical discussion of Telehealth at the Faculty of Medicine, USP, for Telehealth Nucleus of São Paulo;

7) To propose dynamic organization and implementation of Telecare services, remote diagnostics, Tele-education and Disease Prevention; and

8) To pass on the experience to the new State Center for Telehealth to be structured in 2014.

5.1.3 Mentoring Activity for the State of Tocantins

The policy instituted by the Federal Government, through the Ministry of Health, National Transplantation System and Strategic Committee for the Development of New Procurement and Transplantation Centers, established that all Brazilian states should develop independently, multiple organ harvesting / tissue transplant and cornea and kidney medium / long term procedures. Therefore, enacted Ordinance 2172, dated September 27, 2012, creating the tutoring activity, in order to develop the system of donation and transplantation in the Brazilian states that need technology cooperation for their improvement or implementation, as well as cover the care empty.

Purpose of this project, being developed by HCFMUSP Liver Transplant Service, through an agreement signed with the Ministry of Health, in late 2013, with the intervention of FFM, is to assist the implementation of the donation and transplant service bodies in the State of Tocantins, promoting the improvement of services already authorized and qualifying local health professionals, providing thus the development of multiple organ uptake of services and the realization of corneal and kidney transplants.

These activities were continued in 2014.

5.1.4 Mentoring Activity for the State of Roraima

The policy instituted by the Federal Government, through the Ministry of Health, National Transplantation System and Strategic Committee for the Development of New Procurement and Transplantation Centers, established that all Brazilian states should develop independently, multiple organ harvesting / tissue transplant and cornea and kidney medium / long term procedures. Therefore, enacted Ordinance 2172, to September 27, 2012, creating the tutoring activity, in order to develop the system of donation and transplantation in the Brazilian states that need technology cooperation for their improvement or implementation, as well as cover the care empty.

Purpose of this project, being developed by HCFMUSP Liver Transplant Service, through an agreement signed with the Ministry of Health, in late 2013, with the intervention of FFM, is to assist the implementation of the donation and transplant service bodies in the State of Roraima, promoting the improvement of services already authorized and qualifying local health professionals, providing thus the development of multiple organ uptake of services and conducting kidney transplants.

These activities were continued in 2014.

5.1.5 Mentoring Activity for the State of Goiás

In order to develop the donation and transplantation system in the Brazilian states, they need technology cooperation for their improvement or implementation, the Ministry of Health published Ordinance 2172, to September 27, 2012, creating the tutoring activity.

Considering the high investment Treatments Outside of Address (PDT) for transplant procedures, and even the high social cost imposed on patients requiring treatment outside his home, the state of Goiás elected to apply for the tutoring activity in donation and transplants under the National Transplant at HCFMUSP System inTFD in order to start the liver transplant program in the state of Goiás.

Purpose of this project, to be developed by HCFMUSP Liver Transplant Service, through an agreement signed with the Ministry of Health, in late 2013, with the intervention of FFM, is to send the State of Goiás trainees for the Liver Transplant Service at HCFMUSP, which enable, after a year out, the conduct of autonomy, the liver transplant procedure.

These activities were continued in 2014.

5.1.6 Project ARENA (Donation of Organs and Tissues for Transplantation)

The familiar high negative rate in transplant centers in the less developed the country is one of the aggravating factors to our low capture rate and transplantation of organs and tissues.

In the first half of 2013 (Brazilian Registry of Transplant - RBT), the index remained high especially in the North, Northeast and Midwest, reaching 96% in Sergipe, 89% in Maranhão, 75% in Mato Grosso and 72% in Acre.

Overall rate of family refusal in Brazil is 45%, well above the acceptable level, which is 30%. It is believed that the ignorance of the population about the concept of brain death is one of the factors responsible for the high negative rate in these regions.

Furthermore, any lack of preparation of local teams at the time of family interview also helps to reduce the approval index. Thus, the project includes actions for both public awareness as to the best preparation of the interviewers teams.

The Arena Project, being developed by OPO - Organization of HCFMUSP Organ Procurement, through an agreement signed with the Ministry of Health, in late 2013, with the intervention of FFM, is inspired by other itinerant campaigns in the health field, such as trucks and task forces, but unprecedented in area of transplants. Unlike the first, which usually provide diagnostic tests and even treatment (such as "joint efforts cataract"), this campaign aims only and specifically the public awareness of the importance of organ donation by providing information to report to them for more security decide on the act of giving and eventually reduce the high family refusal rates observed so far.

The project includes 12 capture centers and transplant in development, which already receive training activities (courses and internships) in harvesting of organs and tissues for transplantation (Strategic Committee and SNT).

These activities were continued in 2014.

5.1.7 Development and validation of methodology for evaluation of NHS services to secondary and tertiary levels that provide outpatient care reference Tuberculosis

Good quality of reference services is an important component of TB control programs around the world. In Brazil, these services operate under the policy guidance of the National Tuberculosis Control Program (NTCP). They have, however, institutional characteristics, structure and heterogeneous process, since part of the decentralized organization of SUS. NTP several initiatives have disseminated guidelines for organization of services and conducted local monitoring; But no account yet with valid methodology for assessing and monitoring, homogeneously, the quality of all services.

This project, to be developed by the Department of Preventive Medicine, USP, through an agreement signed with the Ministry of Health at

the end of 2013, with the intervention of FFM, aims to develop and validate quality indicators of organizational dimension of assistance. It is based on ethical and normative assumption that, regardless of local institutional features, all services must have available resources, organization of technical assistance and labor management process, so as to allow a desirable quality care. The indicators comprise an electronic questionnaire - the QualiTB - which responded by local teams of services, produce comparable quality measures and usable by all NTP management levels.

These activities were continued in 2014.

5.1.8 HumanizaSUS Network - Expansion Consolidation and New Developments

HumanizaSUS (RHS) Network is now one of the main lines of action of the National Policy of Humanization (PNH) of the Ministry of Health (MOH), in a context where major challenges posed to the policy are: a) Increase the mainstreaming of the various policy areas of MS and other formulators and executing agencies of health policy; b) Increase the capillarity of the Policy with production networks in the territory, permeating the different spaces that gives the production of health; c) larger participation in policy with the increasing inclusion of several agents who construct the SUS, in particular the social movements of health.

This project, being developed by the Department of Preventive Medicine, USP, through an agreement signed with the Ministry of Health, in late 2013, with the intervention FFM aims to promote new developments in HumanizaSUS Network, consolidating the strong growth and the intensification of the flow of communication that occurred in recent years, continuing to favor health work processes in their support activities, matricial and intelligence activation collective, always with a view to further mainstreaming and capillarity of the shares of National Policy of Humanization of SUS construction in different spaces and health production, as well as the expansion of democratic participation of different actors and social movements in the formulation of policy and in qualifying of health production practices.

These activities were continued in 2014.

5.1.9 Development and Specialization Training Implementation in Air and Human Health Pollution

More and more studies show the association between air pollution and respiratory disease, cardiovascular disease, low birth weight and prematurity, and several different types of cancer. Although air pollution causes aggression in the health of the entire population, the most susceptible age groups are the elderly and children. With increased mortality and morbidity associated with pollution, the Ministry of Health within the SVS and CGVAM implemented the actions of Environmental Health Surveillance Related to Air Quality (WATCH). Initially, actions were developed in six municipalities, defined as pilots, and currently the actions were extended to a larger number of municipalities in Brazil, including all the capitals. In view of this expansion, training of health workers and the environment from all states of Brazil is key, so they can acquire the necessary knowledge about the association between pollution and disease in each region and therefore use measures of prevention and health promotion.

Considering the impossibility of movement of all professionals in the health and environment of each State to São Paulo, the aim of this project, completed in 2014 by LIM 05 HCFMUSP through Letter Agreement signed with PAHO in 2013, with the intervention of FFM, is to evaluate the effectiveness of a teaching and learning object in air pollution and human health, as well as measures to prevent and health promotion, through an interactive system of teaching and learning.

How information can be transmitted efficiently to these professionals, without losing the formative potential, this project will provide subsidies for the full deployment of WATCH in every part of the country, thus reducing morbidity and mortality caused by exposure of the population to the effects of air pollution.

5.1.10 Proposal to create an Integrated Center for Research and Teaching in Organs Transplantation - CIPETRO

In order to develop, in Brazil, a critical mass of technological expertise able to allow access of the national transplant centers to the benefits of regenerative medicine, particularly those directed to increasing the number of organs and decreased rejection, this project proposes the creation of a Center for Integrated Research in Organ Transplantation (CIPETRO), focusing mainly the development of new technology related to regenerative medicine.

Specific objectives of this project, coordinated by the Division of Transplantation and Liver Surgery FMUSP, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, are as follows:

a) support the updating and the adequacy of a university center kidney, liver, lung and multiviceral with clinical and experimental sectors (CIPETRO) to be the national reference center of the National Network for Regenerative Medicine and Transplantation (RENART) ; and

b) Training universities through graduate school for over three years, play and settle in various regions of the country, related technology to project lines of research. In doing so, it is intended that, after this period, several national transplant centers are able to assimilate and put into practice the projected progress constituting a RENART.

These activities were continued in 2014.

5.1.11 Integrated Center for Research and Training in Organ Transplants - CIPETRO

This project, developed by FMUSP Department of Transplantation and Liver Surgery, through an agreement between HCFMUSP and the SES-SP, in 2013, with the intervention of FFM, is aimed at the cost of expenditures for: **a)** support for updating and the suitability of a university center kidney, liver, lung and multiviceral with clinical and experimental sectors (CIPETRO) to be the national reference center of the National Network for Regenerative Medicine and transplantation (RENART); **b)** Training of universities through graduate school for over three years, play and sediment in various regions of the country, related technology to project lines of research. It is intended that, after this period, several national transplant centers areable to assimilate and implement the projected progress, constituting a RENART.

The final product of the agreement will be the

development in Brazil, of a critical mass of technological expertise able to allow access of national transplant centers to the benefits of regenerative medicine, particularly those directed to increasing the number of organs (redemption neighboring organs) and decreased rejection (production modified organs). The use of neighboring organs, today despised (20-40% of the funds raised), and the reduction of immunosuppression considerably decrease the costs of transplantation for the NHS.

These activities were continued in 2014.

5.1.12 Evaluation of cost-effectiveness of introducing the triple acellular vaccine in adults (Tdap) in pregnant women immunization schedule of the National Immunization Program (NIP) in Brazil

In the twentieth century, vaccination has established itself as a routine practice and effective prevention and control of diseases in populations. With the success of immunization programs in childhood, it went on to be growth in demand for other immunogens for the pediatric population and, also, for broader indications, that covered various segments of the population, such as people with chronic diseases and immunocompromised, the elderly and pregnant women.

Vaccination with tetanus toxoid for women of childbearing age, pregnant or not, it was implemented with the implementation of National Immunization Program (PNI), in 1973. In the 2000s,

with the goal of eliminating neonatal tetanus, vaccination of women aged 12-49 years with double vaccine (dT against diphtheria and tetanus), was intensified. In 2010, the influenza vaccine and in 2011, the hepatitis B vaccine have been incorporated into the pregnant woman's vaccination schedule.

Purposes of this study, developed by the Department of Preventive Medicine, USP, through Letter Agreement signed with PAHO in 2013 with the intervention of FFM, are: **1.** Summarize available information on the strategies and vaccination schedules to control pertussis; **2.** Estimate the costs associated with the disease and the costs associated with vaccination, in view SUS and society; **3.** Evaluate the cost-effectiveness of introducing acellular MMR vaccine adults (Tdap) in the immunization schedule of PNI pregnant woman, from the perspective of SUS and society; and **4.** Support managers of PNI in decision-making on vaccination strategy against pertussis in Brazil.

These activities were completed in 2014.

5.1.13 Cost-effectiveness assessment of the introduction of pneumococcal polysaccharide vaccine 23-valent (VPP23) in the routine immunization schedule for persons aged 60 or more

In the twentieth century, vaccination has established itself as a routine practice and effective prevention and control of diseases in populations. With the success of immunization programs in childhood, it went on to be growth in demand for other immunogens for the child population and also for broader indications, that covered various segments of the population, such as people with chronic diseases and immunocompromised, the elderly and pregnant women.

In 1993, the Ministry of Health initiated the implementation of Reference Centers for Immunobiology Special (CRIEs), introducing vaccination of people from all age groups living with hemoglobinopathies, kidney diseases, lung disease, heart disease, liver disease, cancer, immune congenital or acquired deficiencies , people living with HIV / AIDS, solid organ transplantation and hematopoietic stem cells, and other conditions for which are immunobiologicals advised not incorporated into the routine of the National program Immunizations (PNI), expanding the population's access to available immunogens.

Purposes of this study, developed by FMUSP Department of Preventive Medicine, through Letter Agreement signed with PAHO in 2013 with the intervention of FFM, are: **1.** To estimate the disease burden and the costs associated with pneumococcal disease among adults over 60 years and the costs associated with vaccination of the population in this age group with VPP23 in view SUS and society; **2.** To estimate the current vaccine coverage VPP23 the population aged 60 or more years, with the current vaccination strategy, based on administrative data; **3.** To assess the cost-effectiveness of universal vaccination of adults 60 and over with VPP23 in view SUS and society; and **4.** To support managers of PNI in decision-making on vaccination strategy of adults over 60 years in Brazil.

These activities were completed in 2014.

5.1.14 Sizing method of the workforce in primary health care

This project, coordinated by EE-USP through Letter of Agreement signed with PAHO in 2012, with the intervention of FFM, is developed in a coordinated way, the Observatory Network Workstation Human Resources of USP Nursing School São Paulo and Ribeirão Preto, the USP School of Dentistry and the Institute of Social Medicine of Rio de Janeiro State University (UERJ) and aims to elaborate proposal methodological sizing of the workforce in primary health care (PHC) to contribute to the effective performance of the Unified Health System (SUS).

The initiative continues the project "Scaling of the workforce: classification of practices in PHC", to apply the classification of practices in PHC units with the Family Health Strategy in nationwide sample. workload measurement instruments that were built by the participants of the four workstations along with PHC units managers, based on the Classification of practices in PHC will be used. 15 Health Regions (Qualis SUS) will be covered with in-depth studies, from results found in the national sample. The present project is justified IN result in work load indicators que configure Health Team Sizing Methodology PHC.

Were these activities closed in 2014.

5.1.15 Project "Support, Maintenance and Systems Development for the SES-SP"

For a modern, adequate management, with efficiency, efficacy and effectiveness, the use of computerized systems NAS organizations is essential. For this, in addition to machines and computers are human resources required to operate them. However, the SES-SP has no internal frame of Human Resources in Information Technology (IT).

This project, initiated in 2013, through Agreement signed between FFM and the SES-SP, is engaged address this shortcoming, structuring a team to compose the IT framework and provide support and maintenance services to computer systems, in order to enable mechanisms and instruments to support able to provide support, maintenance and systems Development for SES-SP.

Systems developed within the team represent specific needs of the institution. Changes are continuous and changes in business rules takes time and expertise. Products to be developed by the team aim to facilitate the manipulation of information, the best distribution of resources and increasing the supply of health care services, improving service to the population.

These activities were continued in 2014.

5.1.16 Pilot Tele Emergency - InCor Project

This project, developed at InCor, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, aims to organize and conduct a pilot model of care support service, specialized in emergency and cardiological urgency, using telemedicine resources (teleconsulting and remote diagnostics) as part of the activities of the Scientific Associates Center of the National Telehealth program Brazil Networks in addition to the online interaction feature and digital ambulatory system (Cyberambulatório).

The pilot project aims to meet the West Region of the city of São Paulo, where about 2.5 million people and whose care for cardiac emergencies structure consists of: a) Ready-Aid Lapa and Bandeirante; b) Secondary Care Hospital (University Hospital of USP); c) Tertiary Care Hospital (PS ICHC); d) The pilot project will focus Teleambulatório initially care for chest pain.

Main benefits will include:

a) Availability of the opinion of an expert in cardiac emergency for real-time interaction;

b) mobility in the diagnosis and identification of cases with urgent referrals needs, and reducing unnecessary referrals;

c) mobility and efficiency in decision-making, which may reduce morbidity / mortality;

d) Increased security in intervention on the patient and the possibility of evolving clinical follow-up at a distance from the patient;

e) Standardization of Telepropedêutica in emergency and systematic training of all professionals involved;

f) Clinical data storage for epidemiological surveys;

g) Database creation for registration and registration of the resources available at each center collaborative network;

h) short course creation for leveling professionals in the areas of emergency and urgency;

i) Training of interactive educational components (knowledge units) to facilitate standardization of behaviors and procedures.

These activities were continued in 2014.

5.1.17 Tele Emergency and Tele ICU - InCor Project

This project, developed by InCor, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, aims to create and structure of operating unitstelecare to support cardiac emergency and ICU in 200 remote locations, anywhere in the country.

Expected results are: a) Development of expertise in serving Telemergencia Cardiology and general TeleUTI, which are part of the systematization, logistics, human resources, results of benchmarking and sustainability of the project; b) Telemergencia Service Cardiology and general TeleUTI in 200 remote points (modularly expandable), 24 hours / day, seven days / week; c) technological set of hardware and software, to ensure security and privacy in data transmission; d) Potential expansion of knowledge and logistics to other areas of assistance in emergency and ICU.

Benefits to the NHS are: a) Availability of opinion of an expert in cardiology emergency and general ICU, for real-time interaction; b) mobility in the diagnosis and identification of cases with regulatory requirements; c) mobility and efficiency in decision-making, which may reduce morbidity / mortality; d) Increased security in intervention on the patient and the possibility of evolving clinical follow-up at a distance from the patient; e) Training of interactive educational components (knowledge units) to facilitate standardization of behaviors and procedures.

These activities were continued in 2014.

5.1.18 Annual System Data Analysis Vigitel

The Ministry of Health established in 2006, the VIGITEL system. Implementation of this system has been carried out in partnership with the Center for Epidemiological Research in Nutrition and Health, University of São Paulo (NUPENS / USP). The agreement between NUPENS / USP and the Secretariat of Health Surveillance, Ministry of Health (SVS / MS) exists since 2006 and was instrumental in the design, operation and improvement of VIGITEL. This partnership has been essential for planning prevention, promotion and health care, are useful to guide the implementation of national health policies.

This project, developed by the School of Public Health at USP, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, has as main objective to support the Ministry of Health in the operation and improvement of the system VIGITEL.

Specific objectives are: a) Annual Review System questionnaire and the main groups of indicators; b) annual update of the weighting factors needed to estimate the system indicators, for each of the 27 cities and for all of them; c) Development System annual reports.

These activities were continued in 2014.

5.1.19 The improvement of health statistics through the use of family tools WHO International Ratings

Proper use of the ratings of the WHO Family of International Classifications is critical to the quality of health information, and basis for prevention and disease control programs.

The overall objective of this proposal, developed by the Public Health School of USP, through an agreement signed in late 2012 with the Ministry of Health, with the intervention of FFM, is to improve the health statistics of Brazil and contribute to Ratings implementation of the Family of International Classifications

WHO health in Portuguese-speaking countries. Specific objectives are: a) ICD - Training (multiplier training; Training in mortality, morbidity Training); b) CID - Updates (ICD-11; mortality, morbidity); c) CIF (Training and dissemination); d) Family (Disclosure (newsletter, website), and automation in the use of classifications); e) Coordination and research (monitoring and publication).

These activities were continued in 2014.

5.1.20 Production of oral health content within the Telehealth Program Brazil-Network and SUS UNA (Open University of SUS) to support dentists and professional teams at various levels of Health Care

Dentistry is the health profession that stood out in growth in all health care levels in Brazil and since their inclusion in the Family Health Strategy (ESF), this fact is observed in the data shared by the Department of Primary Care (DAB), in his official page. The performance of this Health area shows the need to incorporate attention to professional training, but also qualify the teams in interdisciplinary transversal knowledge, a fact noted by DAB itself.

This project, started in late 2012, by FOUSP Teledentistry core through Letter of Agreement signed with PAHO, with the intervention of FFM, has the objective to meet the demands of producing oral health content, from needs identification of family health teams and specialized dental clinics (CEOs), with a multidisciplinary approach and coordination with the national health policy and strategic objectives of management from 2011 to 2015.

Specific objectives are: a) To train specialists in the production of Second Opinions Formative to increase the collection by the Virtual Health Library Primary (BVS-APS); b) Producing Dental content with multi-focus, according to the cross-cutting and interdisciplinary themes thus to develop; c) conform to the appropriate communications to various professionals and technicians involved (doctors, dentists and nurses; auxiliary oral health technician in oral health, community health workers) in various themes developed; d) Increase the dissemination of Dental Surgeons to use the tools offered in Brazil-Networks Telehealth Program in the area of dentistry.

These activities were completed in 2014.

5.1.21 Epidemiological Surveillance Service in scope Hospital

Hospital surveillance service HCFMUSP was accredited as Epidemiological Surveillance Center Hospital level III in 2005. Maintenance of goals in 2014, it was funded through an Agreement signed between HCFMUSP and the SES-SP, with the intervention of FFM.

Its main objectives are detailed below: a) Enhance the Epidemiological Surveillance System of Compulsory Notification of Diseases, treated at HCFMUSP focusing on detention, investigation and reporting of injuries; b) Enhance the disclosure and dissemination of information on epidemiological surveillance produced at HCFMUSP; c) Assess and monitor the Epidemiological Surveillance System on HCFMUSP; d) Promote ongoing training for professionals of HCFMUSP services; e) Provide training field surveillance; f) Developing research for the improvement of the Epidemiological Surveillance System.

5.1.22 Implementation of the State Network Dispensing Medication High Cost Centers -CEDMAC

The Dispensation Centers network Medication High Cost - CEDMAC is a partnership of SES-SP with five university centers (USP-SP, UNICAMP, USP-Ribeirão Preto, FM and FM Botucatu São José do Rio Preto) for dispensing of biopharmaceuticals using standardized protocols of care.

This model has the advantage of using university infrastructure established for assistance, contact hours of administrative processes, cost reduction through sharing and dose adjustments, and training

efficacy database, safety and pharmacoeconomics (standardized electronic medical record).

CEDMAC FMUSP-SP is the coordinator of the network center and maintains ongoing training program for all staff of the four centers.

Keeping your goals in 2014, it was funded through an Agreement, signed between HCFMUSP and the SES-SP, with the intervention of FFM.

5.1.23 Operationalization of the management and implementation of laboratory services actions to respond to new challenges in line with the needs of the population and SUS goals

The Adolfo Lutz Institute (IAL) acts to promote health in the State of São Paulo. As a Central Public Health Laboratory, accredited by the Ministry of Health, along with his twelve Regional Laboratories, based in strategic cities of the State, leads the actions of sanitary, epidemiological and environmental surveillance. It acts also on the frontier of knowledge by developing multidisciplinary scientific projects with international collaboration in the areas of Biomedical Sciences, Bromatological and Chemical.

Goals are detailed below: 1- Contribute decisively in the planning of actions of Epidemiological Surveillance, Sanitary and Environmental for prevention, control and elimination of diseases and disorders of interest in Public Health; 2 Perform highly complex tests for Surveillance; 3. Carry out scientific research and technological innovation of interest in Public Health; and 4-Train specialized human resources for laboratories of interest to Public Health.

Through an agreement signed in mid-2012 between FFM and IAL, FFM performs the operation of the management and implementation of laboratory services actions to respond to new challenges in line with the needs of the population and the SUS goals.

These activities were continued in 2014.

5.1.24 Proposal of the Strategic Committee for Development of New Transplant Centers

One problem that deserves more attention in the public health care in Brazil is the regional difference in quality between the coastal states and others. Easy to historical understanding, this difference becomes all the more unacceptable considering the recent socio-economic development of the hinterland States. In this sense, the high complexity actions acquire special mention and, among them, the organ transplantation.

In 16 states, with about 60 million inhabitants, are not realized or transplants occur only kidney transplants, sporadically and with living donor. It is defined thus a space to find the most appropriate method to develop centers capable of initiating the practice of this surgical procedure, which, in turn, requires the development of a series of related specialties.

This proposal, funded by the Ministry of Health, through an agreement signed with the intervention of FFM, in late 2011, is based on: a) the evaluation of a method of qualification; b) the qualifications of the poles in multiple organ transplant capture.

Goals depend on the interaction of different specialties, demonstrating the opportunity to qualify, simultaneously, all the variables inherent in the process, in the Brazilian states that, because of its geographical location, will constitute regional centers and in those who had better use in courses and earlier stages. Thus, included is the United AM, MS, PA, PB and RN for its location, and the states of AC, AL, GO, MA, MT, IP and SE, the qualification already obtained in uptake (News courses sad, Death Diagnosis Brain and Eye enucleation).

These activities were continued in 2014.

5.1.25 Network HumanizaSUS (RHS) - Expansion and New Developments

In an increasingly interdependent world, the public sphere and their communities, such as those related to the areas of education and health, just evolve practices supported in the quality and synergy of human relations. The intervention under this project is to create a favorable field for such relationships occur in a real and involved manner, ensuring the socialization of emotions, the collective construction of knowledge and innovation in terms of cognitive and relational technologies.Intelligence is always a composition of movement and interdependence. The more it awakens the potential composition of a group or community, the more activated is their collective intelligence. What does that mean? Collective intelligence enabled extends the capability of producing circular innovations, to relate, share, create, to learn, to increase their degree of

cohesion, sharing, synergy and results.

Thus, this project, developed by the discipline of Preventive Medicine, USP, through an agreement signed in late 2011 with the Ministry of Health, with the intervention of FFM, want work with methodologies and strategies to increase the collective intelligence simultaneously from instances of coordination and management of the National Humanization Policy (PNH), under the HumanizaSUS Network (RHS) and professionals, employees and network users.

Focus, therefore, is to expand the reach of RHS, which requires an ethical co-implication of all these actors with the policies and actions that promote or PNH wants to implement.

The activities, initiated in 2013 as a result of delay in release of funds, were continued in 2014.

5.1.26 Skills Integration Activity on Judicial Performance with Users and Drug Dependents

This project, approved in late 2010, is being developed by GREA, through an agreement signed with Senad, with the intervention of FFM.

Drug abuse is a complex and multifaceted phenomenon, which imposes on society and the public power joint action from intersectoral policies in the legal, educational, health and social care, in finding solutions to minimize losses arising from this behavior. In the legislative and public policy related to the causes and consequences of drug abuse, Law No. 11,343 / 06, establishing the National System of Public Policies on Drugs (SISNAD) and prescribes measures to prevent the misuse, attention and social reintegration of drug users and addicts, is the legal framework of paradigm shift and prosecutions, to meet the assumption of the National Policy on Drugs (National Household Survey), which provides for the recognition of the differences between the user, the person in use improper, the dependent and the drug dealer, treating them differently, without, however, neglecting and neglecting the enforcement mechanisms trafficking.

Until the publication of this Law, the user dependent and were seen in the imaginary of society, as a risk or threat. Procedures were restricted to police action (punishment) and referrals to psychiatric hospitals (mental illness). On the contrary, the scope of the new law, the individual summoned for possession of drugs for own use will be entitled to the definition of an individualized treatment plan (resocialização) aimed at social inclusion and the reduction of risks and social and health damage (art. 22, item III). In this context, users and dependents will no longer be subject to deprivation of liberty, but rather the educational measures applied by the Special Criminal Courts.

This new paradigm is provided for in Art. 28 of that Act; therefore, the assumption of educational action under that law is that the state, with the participation of society, not only can but should formulate and implement policies or community service programs. Reflecting the new law, and with a view to their more effective and appropriate implementation by law operators of Special Criminal Courts and Courts of children and youth involved in the criminal prosecution if the improvement of methodological theoretical knowledge is necessary in areas aimed at problem of drugs (outside the science of law) and adequacy of the joint action (multidisciplinary approach) among law operators (judges, prosecutors, defenders, delegates, conciliators, lawyers and other clerks of justice), psychosocial care professionals in the area (social workers, educators, psychologists, among others) and professionals of Public Security area.

These activities were continued in 2014.

6 INSTITUCIONAL PROJECTS

6 Institucional Projects

FFM also supports the development of institutional projects, aimed mainly at improving the physical and technological infrastructure of the FM / HCFMUSP System facilities.

6.1. Main Institucional Projects

6.1.1 ICHC Surgical Center Renovation

ICHC has almost 50% of the hospital beds in HCFMUSP, considered hospital of excellence and reference in care, teaching and research and pioneered many medical and hospital procedures for high complexity.

The Surgical Center unit is the set of elements designed to surgical activities as well as the anesthetic recovery and postoperative.

Since its installation 30 years ago, ICHC Surgical Center suffered no major interventions in their physical structure; However, in recent years there have been significant changes in surgical procedures, including new techniques and deployment of new equipment.

This project, developed through an Agreement signed in 2014 between HCFMUSP and SES-SP, with the intervention of FFM, aims to carry out improvement works in 23 rooms of the Surgical Center of ICHC, currently consisting of 33 operating rooms, divided into four blocks.

Full retirement totaling 1,326 m2, allowing an improvement in patient safety and the technical staff working conditions.

6.1.2 Realistic Simulation Center in Health

This project, which benefited ICESP, was approved in late 2013 by the Ministry of Health, under the Ministry of Health Decree no. 875/2013, which established the rules and criteria for submission and approval of projects under the National Programme for Support of Oncology Care (PRONON) and the National Program to Support Health Care of Persons with Disabilities (PRONAS / PCD) and set the value of deductions from the tax on the income corresponding to donations and sponsorships made directly in favor of these actions on the part of the private sector (Credit Suisse Group). Fund raising from the private sector was held in late 2013.

Realistic Simulation in Healthcare (SRS) is a training and development methodology for health professionals, supported by high-tech and important ally of patient safety culture.

By using patient simulators (robots hi-fi), skills mannequins and actors in facilities of a hospital-virtual, SRS playing real scenarios in a controlled environment, and allows professional experience training experience critical situations day-to - day in a safe error environment.

This methodology allows to develop professionals throughout the patient care cycle: screening, admission procedures, clinical outcomes, guidance, interface with family and care team.

These activities were continued in 2014.

6.1.3 Infrastructure LIM 2013 - Enlargement of the Executive Research Capacity in FM/HCFMUSP System

This project aims to continue the process of increasing the capacity of research at FM-HCFMUSP system, trying to identify their competitive niches. This strategy is necessary, since a more detailed analysis of scientometric databases clearly shows that production is good in quantitative terms, it is improving in qualitative basis, but is still far from our "neighbors" international, which have a higher index citations per paper. That is, it reaches quantitatively world class, but has still a long way to go for a quality production, estimated as of article citations.

Importantly planning of FM-HCFMUSP system research should not be stuck only to increase the scientific output and quality, but also include ways to enter the USP in the discussion and preparation of proposals for the development of the country. In this context, identify issues of concern to the nation and stimulate the production of knowledge in critical areas that demand quality information must be one of the achievements of research planning. Thus, this proposal is included in the search for three main goals:

1) Increased scientific productivity index, both quantitatively and qualitatively;

2) Encourage and facilitate collaboration between the System of different research groups with other universities within and outside the country, in order to increase their competitiveness and scientific excellence;

3) Draw a plan of action to stimulate an effective USP's contribution to the production of knowledge in strategic areas for scientific and technological development.

In other words, researchers from FM-HCFMUSP system sought to look into the matter, inquiring about the themes that could be implemented in their midst with major advantages over research centers of international reference. Strengthening clinical research seemed an alternative highly competitive, given the size of its hospital complex, and also because they are responsible for the greater service of the world's medical autopsies, about 14,000 cases/year. Thus, this proposal aims to improve the system's ability to biological material analysis obtained in HCFMUSP patients or deceased individuals and are subjected to autopsies, which constitute unique features of this system.

Activities developed in 2014 include:

1) Core Core Multi-User Installation for support in Clinical Microbiology: Equipment purchasing process.

2) Consolidation of the use of liquid chromatography coupled to mass spectrometry Tadema (LC-MSMS) in the determination of steroid hormones: Equipment procurement process.

3) Laboratory Consolidation Psychophysiology and Virtual Reality: Part of the equipment is in the process of acquisition. MP-006-HDG equipment changed version is in testing and will enter sale in the market in early 2015.

4) Implementation of Mobile Medical Center and Regenerative System of FMUSP / HC: Equipment is being delivered in the area.

6.1.4 IMRea units physical adaptations project

This project, supported by the SES-SP through an Amendment to the University Agreement signed in 2012 between HCFMUSP and the SES-SP, with the intervention of FFM, it aims at performing physical adjustments, works and investments for the units of IMREA (item1.2.2.f this Report).

Physical adaptations, works and technological investments were necessary to maintain and expand care the standard of quality offered, as well as providing patients with access to what is most modern in the rehabilitation area. It would add that the physical adjustments aim to better meet the needs of patients, as well as standards and legislation.

In 2014, following the adaptations and innovations have been made:

a) Vila Mariana Unit: physical adjustments Block III; the installation of acoustic protection system in the area of chillers; and generator.

b) Lapa Unit: renovation and adaptation of bathrooms and kitchen, renovation of the administration building's rooftop ledge.

These actions allowed the alignment of processes and certification by internationally recognized entity in the rehabilitation area *(CARF – Commission on Accreditation of Rehabilitation Facilities).*

6.1.5 Draft for Collaborating Centre for Drug and Alcohol HCFMUSP

This project, funded by Senad and developed by GREA, with the intervention of FFM, from 2013, presents the proposal to equip the Collaborating Centre on crack and other drugs, which aims to provide assistance, teaching, service and research related to theme of the use, abuse and crack addiction, alcohol, tobacco and other drugs.

This center should have its own physical area, provided for in the "Hospital Complex Cotoxó" and will be developed aimed at an integrative model of care for patients and families on an outpatient and inpatient level, associated with social reintegration services highly complex and fully incorporated into a functional structure research, as expected a collaborating center of excellence, adding to this technical training activities in the multidisciplinary residency mode.

Image of the new hospital generated in virtual design generated computer graphics

Almost two billion people make use of alcohol, tobacco and 1.2 billion between 155 to 250 million people reported having made recent use (last 12 months) and some other illicit psychotropic substance (UNODC, 2010), consumption which was currently assigned by WHO to 9.0% of the global burden of disease (WHO, 2009).

In addition to morbidity and mortality individual effects, the use of psychotropic substances is related to important social developments, so that the phenomenon has transcended the category of "health problem" for the category of "social problem." Among these social effects, drug use has generated a liability to the economic system, through direct, indirect and intangible costs, such as the poor quality of life. (Murray & Lopez, 1997).

In Brazil, 22.8% of the population over 12 years old claimed to have made illegal and experimental use of at least one psychotropic substance (except alcohol and tobacco) (Carlini et al. 2007), consumption has increased in the period from 2001 to 2005 (Fonseca et al., 2010).

Currently, crack addiction is the most frequent cause of hospitalization for cocaine use. In a cross-sectional study of 440 patients six psychiatric hospitals in Greater São Paulo, between 1997-1998, 70% of patients hospitalized for problems with cocaine were crack users (Ferreira-Filho et al. 2003).

These activities were continued in 2014.

6.1.6 Computerization and Modernization Project of the Distance Education Program in Urology from HCFMUSP

USP Urology Discipline developed a few years ago, an electronic medical record, which is used in all patients enrolled in the clinic and that represented an advance of immeasurable value in the quality of patient care.

In addition to recording all history and medical data of each patient, including their exams and imaging studies, surgical interventions and care in other clinics, this chart allows in a few seconds, retrieve all archived data, for example, the total cases of the same pathology or the ratio of patients underwent the same surgery.

Thus, members of the Discipline get quickly comparative charts and graphs of high quality and precision, which facilitates the preparation of didactic presentations, preparation of theses and the publication of qualified scientific papers.

This project, made possible through a Donation Agreement signed between FFM and Monte Cristalina Ltda., In 2011, aims to provide and

introduce the use of iPads for filling the electronic medical record and who daily clinical evolution and the prescription of inpatients are made the bedside.

These iPads will be distributed to all medical residents and some teachers, and contain some applications that enrich the learning process of trainees. Each clipboard contains the basic books Urology, Surgery and Internal Medicine, the guidelines on the treatment of major clinical and urologic diseases, anatomy and physiology files, pharmacological data and interaction of medications available in Brazil and will be provided with access on the internet at major international medical journals. Moreover, through the board, there will be intense communication in real time between teachers and doctors- residents, streamlining relief efforts to registered patients or hospitalized in the Urology.

These activities were continued in 2014.

6.1.7 Excellence Search Project in Medicine, School of Medicine, USP

Through a Grant Agreement signed in 2011 between FFM and Monte Cristalina Ltda., The Department of Urology of FMUSP began raising stages, to be carried out abroad by teachers of different areas of the institution in the pursuit of medical excellence and the training resources system improvement humans, the production of scientific research and the quality of services they provide to society.

Thus devised is a basic design, aimed to provide alternatives to scholarships for internships abroad, for the various levels of the hierarchy academic, all supported the principle that these stages should foster the acquisition of knowledge applicable to the Brazilian nation, in management and health economics, academic leadership, new educational methods in medicine, information technology and distance learning, development of multi-user platforms research, training managers in public health, and new medical technologies and interchange with other international universities of high reputation.

These activities were continued in 2014.

6.1.8 Study Center and Laboratories Maria Cecilia Souto Vidigal from the Hematology Service Strengthening Project

The concept of Permanent Education, better known as Continuing Education, is associated with the idea of training and improvement, in order to adapt the professional front of a world that changes daily and requires constant updating. Thus, Continuing Education is one of the most important strategies for professionals to ensure their update forward to new skills, working methods and processes from a scientific and technological development, which occur continuously.

Particular importance should be given to distance education as a teaching-learning process in Continuing Education, where teachers and professionals are separated spatially and / or temporally, however connected and interconnected by technology, particularly telematics such as the Internet. But also they can be used the mail, radio, television, video, CD-ROM, telephone, fax and similar technologies.

This proposal, made possible through a contract with FMCSV in mid-2010, with the intervention of FFM, continues the fruitful relationship established between the field of Hematology in Brazil and the role of FMCSV. For a long time, they have been trained technicians and professionals in FMCSV Laboratories and made use of its important Library, providing relevant services to different medical and hospital assistance entities in Brazil and abroad. In recent years, with the partnership that was signed between the FMCSV and the Department of Hematology of the FMUSP, through FFM, the laboratories were granted in free lease to HCFMUSP Hematology Service, and the library was donated to be added to the Department's collection.

These activities were continued in 2014.

6.1.9 Health research and innovation infrastructure modernization project -FM/HCFMUSP System

This project, approved in mid-2010, developed by the Executive Board of HCFMUSP LIM, through an agreement signed with the FINEP, with the intervention of FFM, it was completed in 2014. Its main objective is to optimize existing resources to ensure the development of research in system FM / HCFMUSP, aiming to increase the participation of the institution and its researchers in national and international arena, contributing to the development of strategies defined by the Ministry of Health, especially in the as regards the most important problems of public health, such as trauma, violence, aging, pollution, in addition to cardiac, vascular and oncological diseases, the highest number of deaths, sequelae and permanent disability in the population and huge socioeconomic impact for the country.

QuantStudio Life

Project's goal is therefore to continue the implementation of research support infrastructure project, rationally and optimally, by providing the following new multi-user laboratories:

1. High-performance sequencing;

2. Increased animal production capacity FM / HCFMUSP system;

3. Animal behavior center for preclinical research FM / HCFMUSP system;

4. New imaging technologies for structural and functional “in vivo” analysis;

5. Platform for developing new strategies for modulation and reversal of Multiple Organ Dysfunction; and

6. Training Facility in advanced robotic techniques for biomedical research.

In 2014, the following projects were in progress:

High-performance sequencing: Equipment was acquired and are operating.

Increased animal production capacity FM / HCFMUSP system: Mouse microisolator equipment and accessories were purchased. Equipment is being used and project was completed.

New imaging technologies for analysis Structural and functional "in vivo”: Ivis Spectrum Imaging System equipment was purchased, is operating and the project was completed.

Ray source modernization range of FM/HCFMUSP system: Gammacell equipment

300 Elan was purchased, installed, is in use in Biotérioe the project was completed.

Platform for developing new strategies for modulation and reversal of Multiple Organ Dysfunction: All equipment (domestic and imported) were acquired and the project was completed.

6.1.10 Parliamentary Amendments that benefit the Department of Digestive System Surgery HCFMUSP

This project, approved in late 2010, to be developed by the Department of Surgery of the Digestive Apparatus HCFMUSP, through agreements signed with the Ministry of Health, with the intervention of FFM, aims to invest in infrastructure and facilities to enable employability cutting-edge technology in the field of abdominal surgery, which enables support for highly complex and specific procedures.

The main objective of this project is to improve the physical and technological infrastructure of the clinic and operating rooms of the Department of the Digestive Tract Surgery and Coloproctology, with the acquisition of equipment and diagnostic support surgical, computers and printers, to make available and consult test results, fabricate reports, see pictures, collect all relevant information to the electronic patient record in the hospital and processes in the areas of support.

This proposed restructuring of operating theaters should provide increasing the number of surgeries performed and triple the number of calls, from 1,600 surgeries / year (about 1,000 high complexity) for 3500, within a period of two to three years.

These activities were continued in 2014.

6.1.11 Network Program for Multi-User Equipment (PREMiUM)

In order to stimulate research and innovation activities of FM / HCFMUSP System, the Board of USP and the Executive Board of the LIM, with support from FFM, with input from agencies of features such as FAPESP and FINEP, deployed Network Program Multi-User equipment (premium). This program creates decentralized cores, organized in the form of a network, and have in your space equipment and useful latest technology to not just one but several types Research Experimental and Clinical and may be used by more than one group search at the same time.

This practice enables the optimization of space, equipment, human and material resources while also allowing the hiring of preventive maintenance, service, today virtually impossible to be acquired for both the USP / HCFMUSP as other institutions. Also makes it possible to acquire the latest equipment and its continuous improvement, such as:

1. Cell Separation;
2. Freezers -80oC,
3. bioinformatics,
4. Animal images via micro PET / CT;
5. Imaging system Echocardiographic high resolution for small rodents;
6. Biological samples for long term storage and tracking; and
7. Microarray.

The following nuclei were implanted Multi-user:

1. Tissue Microarray and Immunohistochemistry;
2. Electron Microscopy;
3. Laser microdissection;
4. Confocal microscopy;
5. Transgenic animals;
6. DNA sequencing.

Services provided by multiuser cores are available on pagewww.premium.fm.usp.br

Premium website which centralizes requests use of multi-user laboratories

The decision to create a network equipment park values the existing initiatives in the institution and optimizes human and financial resources available. At the present moment this

consolidation, it is essential that:

1. create appropriate conditions in the work environment related prevention of infection;

2. ensure connectivity between the different laboratory units and network multi-user equipment;

3. consolidate, within standards and current legislation, the area of Cell and Molecular Biology applied to medicine;

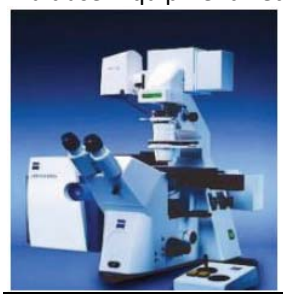
4. create conditions for the generation and dissemination of knowledge in priority areas for the Ministry of Health and the NHS;

5. demonstrate that all links in the chain are represented in the system, encouraging innovation in the biomedical field and fostering the creation of partnerships with the productive sector.

These activities were continued in 2014.

6.1.12 Confocal microscopy multiuser center

Coordinated by the Vascular Biology Laboratory of HCFMUSP (InCor), with support from FFM, the Nucleus was created in 2007 to form the Multiuser Equipment Network Program (premium).



The core confocal microscopy / Fluorescence Multi-User Network System FM / HCFMUSP is a center which aims to provide fluorescence microscopy services using confocal module for all researchers from FM system / HCFMUSP, as well as other educational and research institutions.

Equipment and its accessories were obtained through Multi-User Project FAPESP (no. 04 / 08908-2) and is thus open by specific rules of use. The following is offered: Confocal microscope with laser scanning, 3D Confocal microscopy, total internal reflection fluorescence, Confocal Laser UV microscopy, Differential Interference Contrast (DIC) and common fluorescence microscopy with inverted base.

These activities were continued in 2014.

6.1.13 Laser micro-dissection multi-user Nucleus

Coordinated by the Department of Pathology at FMUSP, with support from FFM, the Nucleus was created in 2007 to form the Multiuser Equipment Network Program (premium).

PALM IP system Microbeam Z

The laser microdissection technique, developed in 1996 by researchers from the US National Cancer Institute, has become an extremely important tool in biological research, potentially expanding the use of existing techniques of molecular biology.

With this technique it is possible to obtain cellular material homogeneous or heterogeneous tissue cytological preparations. Material extracted can be pre-fixed paraffin (archival material) or frozen. Similar groups of cells, multicellular structures, or even single cells and chromosomes can be isolated.

Material obtained can be used in a number of downstream techniques such as gene expression (RNA or DNA), Western blotting, and proteomic techniques, among others.

In 2006, assisted by FAPESP, the Department of Pathology acquired the PALM system Microbeam IP Z, which uses the laser microdissection system coupled to the system catapult pressure. This equipment is available to the community of FM / HCFMUSP System and other researchers interested in incorporating this technique in their research.

These activities were continued in 2014.

6.1.14 Transgenic Animal Production Multi-User Core

Coordinated by the Laboratory of Genetics and Molecular Cardiology HCFMUSP (InCor), with support from FFM, the Nucleus was created in 2007 to form the Multiuser Equipment Network Program (premium).

This unit aims to provide internal and external users the opportunity to manipulate the murine genome. The ability to manipulate the genome has been critical to address biological problems realistically in the natural context of a living animal and is therefore fundamental technology for biological and medical research. Pronuclear microinjection of services are available, injection murine embryonic stem cells into mouse blastocysts and lentiviral transfection by injection into the yolk subspace, thus allowing the generation of transgenic and knockout animals.

The Transgenic Unit will also develop animal models genetically modified, highly useful to a wide range of researchers, such as transgenic animals that express fluorescent proteins ubiquitously. Transgenic mice with ubiquitous expression of eGFP + are now available and matrices can be obtained after contact.

This unit is being implemented, having been started the procurement process equipment and training of staff. The Transgenic Unit is committed to offering a professional and friendly service, offering the possibility of providing consulting services to better achieve the planned experiments.

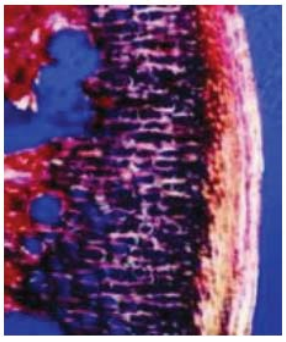
These activities were continued in 2014.

6.1.15 Electron Microscopy multiuser center

Coordinated by the Celular Biology Laboratory of HCFMUSP, with support from FFM, the Nucleus was created in 2007 to form the Multiuser Equipment Network Program (premium). Its main objectives are: 1. To be a center of interaction between researchers from FM / HCFMUSP System, seeking the application of techniques and interpretation of data from light and electron microscopy to solve biological problems; and 2. To contribute to the growth of multidisciplinary research within the FM system / HCFMUSP, through partnerships and training young researchers in contact with specialized personnel, technicians, doctors and teachers, belonging to the staff of the FM / HCFMUSP system. The combination of technical training and scientific supervision, promoted by the industry, should have a multiplier effect within the institution.

General services: to assist in all stages of processing the material for light and electron microscopy, from collection to the final observation and analysis of the data by applying correct procedures in the processing of the material to obtain properly oriented cuts and reliable prepared both for histopathological diagnosis and to carry out morphometric studies.

Electron microscopy: drying procedures to a head, covering with gold, criosubstitution, ultramicrotomy and crioultramicrotomy. Assistance for observation material the electron microscope and interpretation of results in ultrastructural images.



Light Microscopy: material processing for paraffin (up cuts 4µm) and historesin (1µm cuts); obtaining serial sections and semi-series; application research of various classical histopathological methods and special, like Picrossírius- polarization (to study collagen) and Resorcin-Ficsina with and without oxidation (to study the elastic system).

Morphometric studies: experts experimental design guide the application of stereological methods for morphometric studies on biological material, both in light microscopy as electronics.

Images documentation: the quality of the documentation of light microscopy in materials and electronics are guaranteed by the specialized treatment of digital and conventional images with revelation and expansion for electron micrographs.

These activities were continued in 2014.

6.1.16 DNA Sequencing Multiuser Center

Coordinated by the Research Laboratory of Renal Transplantation HCFMUSP, with support from FFM, the Nucleus was created, from 2007, to form the Multiuser Equipment Network Program (premium). DNA sequencing is one of the basic and essential tools of molecular biology used in basic and applied research. Development of new technologies, the automation and the development of software for sequence analysis allows the detection of mutations, polymorphisms (microsatellites, SNPs), DNA methylation or typing of bacteria and viruses on a large scale. DNA sequencing service was organized in order to provide researchers FM / HCFMUSP System (or other institutions) access to DNA sequencing technique with quality and low cost. The service has two sequencers MegaBACE DNA Analysis System 1000, with a capacity for analysis of 96 samples every three hours and reading 500-800 bases per sample.

These activities were continued in 2014.

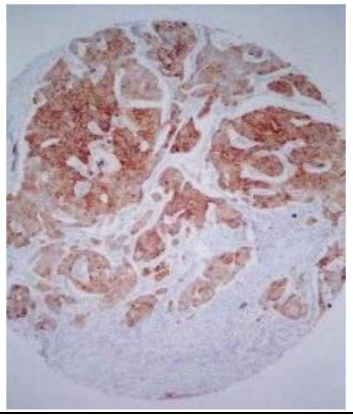
6.1.17 Multi-User Center for Tissue Microarray & Immunohistochemistry

Coordinated by the Liver Pathology Laboratory of HCFMUSP, with support from FFM, the Nucleus was created in 2007 to form the Multiuser Equipment Network Program (premium). This multi-user activity, available to researchers FM / HCFMUSP System, includes the making of Tissue Microarrays (TMAs) and / or performance of immunohistochemical reactions in previously approved projects.

In addition to the remarkable cost saving reagents, this procedure allows multiple

searches on well defined areas of the same cancer whose morphological details are already registered, ensuring detailed correlations types and degrees of lesion with the expression of molecules (and not only analysis of the "set of injury").

Its use in research in Molecular Pathology grows currently a staggering manner, due to ease of comparison of expression of proteins and nucleic acids in hundreds of tissue samples in only one blade.



This strategy results in significant cost cutting due to the massive reduction in technical time as well as the amount of reagents. It also allows to increase the consistency quantification and semi-quantification of the results of immunohistochemical reactions and other molecular research "in situ", for all analyzes are now done under identical conditions in a single reaction, allowing also studies in duplicate or triplicate, previously unviable.

These activities were continued in 2014.

6.1.18 Infra-LIM 2011 - Enlargement of the Executive Ability of Clinical Research and Epidemiological FM / HCFMUSP System

Aimed at improving the potential of clinical research developed in System FM / HCFMUSP, the objectives of this project, coordinated by Direx- LIM through agreement signed at the end of

2012 with the FINEP, with the intervention of FFM, are: a) Raise the scientific output of the FM / HCFMUSP system by stimulating the formation of internal networks, regional, national and international and the formation of multi-user laboratory equipment ; b) Increasing Effectiveness Research FM system / HCFMUSP for a horizon greater than its assistance activities; c) Addressing issues of utmost importance in clinical research, as well as some areas of great social importance.

It is important to note what is meant by clinical research not necessarily the industry-funded research, but one that is worth the huge sample of the institution.

The USP is deploying a Research Center for Project Management, which is already operating by the Institutional Technical Reserve FMUSP. Ten employees of FMUSP were trained by the FAPESP, and installed management system already used successfully in other units of USP. The design of this performance data will be inserted in this system, so that they are available to the leaders of the FM / HCFMUSP system, enabling monitoring of the use of resources for research all funding agencies and the USP.

The knowledge generated by the project will be disseminated by the relevant areas existing in the system, especially the Discipline of Telemedicine and communication consultants HCFMUSP and USP.

Activities developed in 2014 include:

1. Multi-user core to sequencing on a large scale: Equipment procurement process.

System endoscopic microscopy Cellvizio

2. Evaluation core body composition and bone structure applied to clinical trials: Delivered and operating equipment.

3. Early detection of tumors core: Cellvizio and Probe Coloflex equipment were purchased and are operating.

Confocal Microscopy Vivascope equipment is being negotiated with the company.

4. Flow Cytometry Core applied to numerical and structural study of DNA: Delivered and operating equipment.

5. Multiuser core and cytogenomics

Molecular pathology: equipment has been delivered and is in operation.

7

FFM PROFILE

7 FFM Profile

7.1. Brief History

FFM was created on September 18, 1986, as one of USP initiative, which invited the Alumni Association to be their official bidder.

FFM headquarters, at Av. Rebouças

FFM supports the activities of USP

Also supports HCFMUSP initiatives

On September 18, 1986, was born the School of Medicine Foundation (FFM) on the initiative of FMUSP, who invited AAAFMUSP to be the proponent of its creation.

Over time, FFM has become responsible for receiving payments from the SUS and Supplementary Health due to HCFMUSP, providing greater agility and reliability to domestic and international purchasing procedures and enabling technology upgrade, the increase and the training of the staff to better realization of the activities.

FFM, every year, works to expand its reach in actions for social development. In 2014, it completed 28 years with the recognition of their administrative competence and transparency for various control institutions at the local, state and federal levels.

FFM performance's today is guided by three main principles: the University Agreement, signed in 1988 between SES-SP and HCFMUSP, with intervention of FFM, which allows the realization of free procedures for public patients; the Management Agreements, in which responsible for the administrative-financial management of three institutions or healthcare systems: IRLM, West Region Project and Municipal Emergency Room of Butantan; and the various legal instruments signed with partner institutions, interested in the development of medical science.

FFM directly supports several projects of social assistance, carried out inside and outside the premises of the FM / HCFMUSP system, aimed at the poorest people, notwithstanding the SUS care. Several research projects and assistance aimed at combating and treatment of HIV infection, the motor rehabilitation, health of children, youth, women and families are also developed, supported by FFM. FFM also supports the project HCFMUSP Clinical Studies of public and institutional policies.

During the period 2000-2008, FFM coordinated, raised funds and invested in the Restoration and Modernization Project of USP, aiming at the enhancement of heritage and adaptation of spaces to ongoing activity, improving infrastructure and logistics work processes .

7.2. FFM Consolidated Results

Partnerships with public and private, national and international institutions, allow FFM support the development of various programs for the benefit of the population. Annual result of these revenues has shown significant increase.

The University Agreement, signed in 1988 between SES-SP and HCFMUSP, with the intervention of FFM, enabled FFM direct their efforts in promoting the comprehensive health care of SUS users, and the development of actions and services for the improvement and expansion of operational capacity HCFMUSP, training and the improvement of human resources in the field of health and encouraging the teaching and research.

Partnerships with public and private institutions, national and international, allow FFM the development of various programs, particularly in health and education, which benefit the population. The annual result of these recipes can be seen through the summary table below.

FFM CONSOLIDATED RESULTS							
(In thousands of USD)	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014 (a)**
Revenues	**521,136**	**691,848**	**863,169**	**961,418**	**1,012,867**	**1,206,359**	**1,222,869**
SUS medical assistance	219,434	221,830	211,941	222,270	246,519	282,535	291,880
Private Health Care	57,834	62,312	63,671	73,464	73,343	86,892	90,920
Grants and contributions	178,640	311,072	496,602	559,163	573,995	713,826	680,251
Financial income (net)	19,368	22,113	26,522	37,767	30,436	35,004	51,335
Technical services	24,542	26,037	28,571	27,560	39,825	39,432	52,299
Other (courses, donations, etc.)	21,318	44,484	35,862	41,194	48,749	48,670	56,184
Expenditure	**450,896**	**550,200**	**690,101**	**809,317**	**967,274**	**1,043,148**	**1,132,588**
Staff	258,031	301,463	381,372	468,362	555,616	595,332	666,520
Consumption materials	91,815	116,264	154,080	174,784	209,529	223,114	237,924
Professional services	71,200	88,603	98,765	118,943	139,499	166,129	163,469
Other (general, depreciation, etc.)	27,850	41,870	55,884	47,228	62,630	58,573	64,675
Result	**70,240**	**141,648**	**173,068**	**152,101**	**45,593**	**163,211**	**90,281**

a) Preliminary figures from the consolidated operation; It does not include any accounting adjustments resulting from the completion swing.
b) With the closure of ICESP Management Agreement in 2014, there were punctual operations that, due to their nature, were not incorporated into the above statements, namely: return of the contingency fund to the SES (R $ 43.8 million), return waste balances the SES (R $ 12.7 million) and transfer of stocks to HC (R $ 25.8 million).

When comparing FFM total revenue, it is observed, in 2014, an increase of 135% compared to 2008. Revenue arising from medical care provided by SUS increased by 33% in that period, obtained mainly through revaluations of fixed values set out in formal agreements that regulate the transfers.

Increased revenue percentage in SUS was, however, well below that revenue with private health care (Health Insurance and the like), which increased 57% in the period, the result of HCFMUSP joint efforts to expand the service, and FFM in improving flows, controls and charging. FFM has completely reversed this substantive evolution of revenues in favor of the operation itself and the execution of the projects.

Investments in infrastructure and equipment made by FFM in 2014 totaled approximately R$ 55 million. BRL 42,1 million in HCFMUSP, BRL 1,1 million in FMUSP, BRL 10,5 million in ICESP, BRL 372 thousand in IRLM and BRL 497 thousand were invested in other agreements. FFM management, in turn, invested about BRL 456,000, with emphasis on equipment and computer systems.

FFM CONSOLIDATED RESULTS							
(In millions of USD)	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Total	**33.6**	**106.5**	**136.4**	**60.6**	**39.6**	**49.2**	**54.9**
Equipment	14.8	41.0	77.6	22.5	26.1	22.8	16.9
Buildings and Facilities	8.1	51.3	46.6	27.7	5.2	15.1	25.8
Computing	4.5	6.6	5.2	4.6	4.4	6.1	6.3
Other (furniture, vehicles, etc.)	6.2	7.6	7.0	5.8	3.9	5.2	5.9

7.3. Strategies

Since its establishment, FFM has remained faithful to the commitment to support FM / HCFMUSP system, developing an integrated work among its nine managements.

FFM is a private, nonprofit, created with the objective of promoting teaching, research and health care in the USP and its HCFMUSP, and preserving the heritage of the Academic Center CAOC. Created in 1986, FFM had a surprising growth along the years.

It is currently responsible for managing the operational accounts and assistance procedures performed for SUS and Supplementary Health. It is also responsible for the management of clinical and academic research projects and the management of state and municipal health management contracts. This is the case, for example, the IRLM integrally managed by FFM.

Since its establishment, FFM has remained faithful to the commitment to support FM / HCFMUSP system, developing an integrated work among its nine managements. Established to sort the responsibilities and powers of the institution managements include: 1) Control, 2) Legal Coordination, 3) Billing and Control (unified as of August / 2014), 4) Financial, 5) Computer 6) Materials, 7) Research Projects 8) HR and 9) Health supplementary.

FFM activities are in synergy with the decisions of the various collegiate bodies of the FM system / HCFMUSP and undergo strict control made by the Curator of Foundations of MPSP, the Court of the State and the Municipality and by an independent external audit, mirroring transparency in which the Board bases its actions.

During its 28 years, FFM has sought the constant improvement of their standard of services and is dedicated both to the fulfillment of its objectives and to meet the needs of its partners. Continuing modernization of its technical infrastructure, adaptation to current technological demands and the training and expertise of its team of professionals are other priorities; therefore the investments in human resources and internal infrastructure and maintenance of the FM system / HCFMUSP are translated by numerous positive indicators, obtained throughout its existence.

Financial guidance remained the pursuit of positive working capital, basing their decisions expenses or investments in previous requirement that financial resources to do so.

In 2014, work continued on the recovery program for employees of the direct administration of FFM, where reanalysis positions, roles, frameworks and merits continued to be the focus of the Board action. In parallel, the training program and training its team of professionals resulted in the improvement of outcomes of the Foundation.

Maintains, since 1988, cooperation agreements with SES-SP, providing for the holding of a series of management activities, ranging from the billing of medical and hospital care services and the management of human resources of the FM / HCFMUSP system until renovations and purchases of equipment and supplies, among others. It also supports programs of FM / HCFMUSP system, their continuing education, events, research projects, among other initiatives.

In addition, developed in 2014 in conjunction with the FM system / HCFMUSP, partnerships with institutions interested in the development of medical science, such as:

- Ministry of Health - MS;
- Ministry of Justice / National Secretariat for Policies on Drugs - Senad;
- Ministry of Science and Technology / FINEP - Financier of Studies and Projects;
- Ministry of Science and Technology / CNPq - National Council for Scientific and Technological Development;
- Ministry of Health of São Paulo – SES-SP;
- Ministry of Education - See- SP;
- Ministry of Justice and Defense of Citizenship / CASA Foundation - Foundation Socio-Educational Service Center for Adolescents;
- State Secretary of the Rights of Persons with Disabilities - SEDPD-SP;
- University of the State of Amazonas;
- Municipal Health Secretariat of São Paulo;
- Municipal Council for the Rights of
- Children and Adolescents - CMDCA;

- World Health Organization - WHO / Pan American Health Organization - PAHO;
- The United Nations Office
- Drugs and Crime - UNODC;
- Foundation Maria Cecilia Souto Vidigal;
- AMBEV Group;
- Credit Suisse Group;
- Itaú Group;
- Paulista Association for
- Medical Development - SPDM;
- Benevolent Association Alzira Denize
- Hertzog da Silva – ABADHS;
- Adolfo Lutz Institute;
- National Institutes of Health – NIH;
- Blood Systems Research Institute;
- Fundación Anvina;
- Harvard University;
- University of California;
- The George Washington University;
- The Smile Train;
- Grand Challenges Canada;
- International Atomic Energy Agency – IAEA;
- Ludwig Institute for Cancer Research;
- David Rockefeller Center for Latin
- American Studies;
- Health Research Incorporated;
- Research European Agency; European Union;
- The Brain and Behavior Research Fund – NARSAD.

A key point in its institutional strategy is **transparency**, given the extensive monitoring that is submitted. FFM's activities are audited by the Public Ministry of Foundations Curated by independent external auditors and the State Audit Court, and account for their projects for organizations such as Ministries, Secretaries of State and the Municipality, and various public institutions and private, national and international. In the relationship with partners, operates according to regulations agreed case by case, always ensuring transparency and austerity in management.

Because of the credibility that inspires FFM to subsidize agencies, the volume values brought by FFM has increased significantly year after year. Before the substantive evolution of **operating revenues**, projects, contracts and agreements, FFM has earned significant amounts of financial investments revenue, wholly reversed in favor of the operation itself and the projects executed by FFM.

In the year 2014, FFM obtained a **surplus of consolidated operating of** approximately BRL 90 million, with a cash balance of approximately BRL 458 million. The financial management of these resources is through the operation of accounts of Management Centers, or CGs (about two thousand active accounts), as per the guidelines approved by the Board of Trustees of FFM, HCFMUSP Deliberative Council and Congregation of FMUSP.

Meanwhile, in 2014, FFM has continued to **manage** 145 programs / aid projects, teaching and research, in addition to 369 clinical studies, developed the System FM / HCFMUSP.

The **Restoration and Modernization Project of FMUSP**, developed between 2000 and 2008 had the fundamental support from FFM, who shared with USP coordination of the project and fundraising. The initiative aimed to enhance the heritage and tailor their spaces to ongoing activity, improving infrastructure and logistics work processes. The project promoted not only a physical makeover, but a deep human and cultural change throughout the community FM / HCFMUSP system. Maintenance work continued in 2014, now incorporated into the FMUSP operating routine.

In its 28 years of existence, FFM received public recognition for her performance as a charity social assistance, by obtaining and maintaining several certifications, including most importantly, among others:

- Statement of Federal Public Utility, state and municipal;
- Charitable Entity Certificate of Social Assistance - CEBAS in the area of Health, renovated 12/06/2010 to 06/11/2015, as Ordinance No. 946 of 09.25.2014;
- Registration certificate No. 0308 / SP / 2000 of the State Council of Social Assistance - Conseas;
- Certificate No. 018/2008 qualification as Social Organization of Municipal Office of the City of São Paulo City Hall management;
- Qualification Certificate as Health Social Organization of the State Secretariat of Health of the State of São Paulo - SS Case 001/0001/002 913/2008;
- • Registration certificate No. 647/2007 of Municipal Council of Social Assistance - COMAS;
- Record # 1088 / CMDCA / 2004 in the Municipal Council for the Rights of Children and Adolescents;
- Declaration Tax Immunity Recognition of Transmission "Causa Mortis" and donation of any property or rights - ITCMD - Proceeding No. 51096-556591 / 2013.

A highlight is that, over 2014, the FFM received through **donations**, the amount of BRL 22 million, was reversed to carry out several projects in social assistance, education and research, with emphasis on purchasing equipment and medicines for USP

and fulfillment in the FM / HCFMUSP System, and ICESP and IRLM projects.

In 2014, FFM actively participated as a member or consultant of the following Commissions, Committees, Working Groups and other initiatives FM / HCFMUSP System:

- ✓ Financial support Medical Student FMUSP;
- ✓ Commission of Care Integration FM/HC/FFM/SES;
- ✓ Research Commission FMUSP;
- ✓ Planning and Control committee
- ✓ Deliberative Council of HCFMUSP;
- ✓ Committee of the USP Centenary building; Special
- ✓ Committee of the USP Centennial;
- ✓ Committee for Information Technology;ü Steering
- ✓ Committee of the Management Agreement of Western Region with the City Department of Health;
- ✓ Congregation of FMUSP;
- ✓ Advisory Council of the Zerbini Foundation;
- ✓ USP Advisory Boardü Advisory Board of HCFMUSP; ü Deliberative Council of HCFMUSP;ü Board Unit
- ✓ Morumbi / Lucy Montoro Rehabilitation Institute;
- ✓ Board of ICESP - Institute
- ✓ Cancer of the State of São Paulo;
- ✓ Superior Management Council on Health State of São Paulo;
- ✓ Covenant Family Health Program (PSF) in the municipality of São Paulo;ü Property coordination Pacaembu Pole; ü School of Continuing Education;
- ✓ Board Clinical studies Clinic
- ✓ HCFMUSP;
- ✓ Satellite Management Institute
- ✓ Oncology / Osasco-SP;
- ✓ Region Project Technology Group west;
- ✓ Operative Group HC / USP / FFM;ü Negotiation of goals HCFMUSP / FFM;ü People Management Unit;
- ✓ Plan CIO.

FFM also supports the insured in performing its various events. In 2014, attended the coordination of the following technical-scientific and institutional events: a) support to the 13th ICAS - Brazilian Congress Interdisciplinary Home Care; b) Support Clinical Course Psychiatry 2014; c) Support for the International Congress of Humanities and Humanization in Health; d) Support event Psychiatry Meets Criminology: Towards The Bio-Social Understanding of the Development of Antisocial Behavior; e) Support Medical Meeting Event Update Continued on Viral Hepatitis; f) Regional Meeting World Health Summit - Latin America - São Paulo / 2014; g) XIV National Meeting of Malaria Research; h) Support for the VII Congress of the Hospital Nurses; i) Support III Course in Molecular Oncology; j) Support Summer Course in Cancer Systems Biology - ICESP.

FFM continued running in 2014, renovation work, restoration and maintenance of buildings, gardens, parking lots and infrastructure plot Polo Cultural Pacaembu – PCP. In addition, FFM developed the following activities: a) preparation of a "Preliminary Procedure", to regulate the use of the parking lot by the USP; b) participation in public hearings on the Plan Review Strategic Director of the City of São Paulo; c) Attending meetings with the committee councilors and leaders benches of the House of the City of São Paulo, to address the correction of erroneous release of PCP area the residential area by launching the ZOE - Occupation Special Zone (NR 3) without hurting the preservation of the area, as is required by DEPAVE, CONPRESP, CONDEPHAAT, SEHAB, Sempl and SVMA. Also expanded alternative suggestions for the use of Polo so that the owner of the social use could be operating in compliance with required the property tipping process.

Also, financially supported the FM system / HCFMUSP in the following technical-scientific and / or institutional initiatives, whose objectives were in line with its Bylaws:

APPROVAL	EVENT
12/12/13	League ICC and Cardiac Transplantation in Children FMUSP
02/27/14	League of Neurosurgery
02/27/14	League de Clinical Emergencies
02/27/14	League for the Prevention of Blindness
02/27/14	League of Vascular and Endovascular Surgery
02/27/14	Multidisciplinary League Palliative Care
02/27/14	Plastic Surgery League
02/27/14	League of Prevention and Treatment of HIV / AIDS
02/27/14	Academic Medical Extension
02/27/14	Department. Pathology - 25th Annual Meeting of the International Liver Pathology Study Group
02/27/14	Department. Psychiatric - Congress of Clinical Psychiatry 2014
02/27/14	Project Mad Joy
02/27/14	Charitable and Cultural Association of Community HCFMUSP
03/17/14	Introduction Course to the League of Thyroid
03/17/14	Introduction Course to the League of Geriatrics and Gerontology
04/11/17	Introductory course to the League of Child Care
03/27/14	Introductory course to the League of Anesthesiology, Pain and Intensive Care
03/27/14	Introductory course to the League of Intensive Care
03/27/14	XIII CIAD - Interdisciplinary Congress on Home Care
03/27/14	XXXIII Congress University Medical FMUSP
03/27/14	Alumni Association
03/27/14	VIII Infection Course on Transplant and infection V Symposium in Immunosuppressed
04/22/14	III Introductory Course to the League of Vascular and Endovascular Surgery
04/22/14	Obstructive Lung Diseases League (asthma and COPD)
04/22/14	IX Introductory Course posture League and Movement
04/22/14	Introductory course of the League of Autoimmune Diseases
04/30/4	IV International Digestive Organ Transport Forum
04/30/4	II Day of Social Work in Palliative Care, with the theme: "Palliative Care: a brave exercise"
04/30/4	V Introductory Course of the League of Cardiorespiratory Physiotherapy and Intensive Care
05/08/14	XCIV Introductory Course League to Combat Syphilis and other STD
05/08/14	LX introductory course to the League to Combat Rheumatic Fever
05/12/14	Introductory course to the League of Sports Medicine and Rehabilitation in Sport
05/14/14	1st Introductory Course on Pathology League
05/20/14	1st Introductory Course on Pathology League
05/21/14	VII Foundation Course in Multidisciplinary Care in Perioperative League (LAMP)
06/24/14	XII Introductory Course of Academic League of Hypertension
06/24/14	XVI introductory course to the League of Clinical Oncology
06/24/14	IV Academic Symposium on Diabetes Mellitus
06/24/14	Meeting Trauma Leagues of 5 medical schools
06/24/14	II Psychiatry interleague of the State of SP
07/21/14	Introductory course to the League of Treatment and Control of Epilepsy
07/28/14	Introductory course to the League of Child Care
07/31/14	Introductory course to the League of Clinical Genetics
08/11/14	Introductory course to the Academic Extension Pro-Selection Physical Therapy
08/20/14	XVI electrocardiogram Course
08/20/14	Introductory course to the Surgical Technique and Experimental Surgery League
08/20/14	Scientific flag project
08/20/14	Generations meeting
08/20/14	22th Edition of SIICUSP - International Symposium of Scientific Initiation of USP
08/29/14	Graduation of Clinical Medicine Residents

08/29/14	Magazine “Parasitology Research: work publication “The hamster (mesocricetus auratus) as an experimental model of toxocariasis: histopathological, immunohistochemical, and immunoelectron microscopic findings
09/02/14	Introductory course of Physiotherapy League in Child Neurology
09/15/14	Introductory course of the League of Sports Medicine and Rehabilitation
09/16/14	Event USP Scientific Turn / Compass
09/25/14	Introductory course of the League of Clinical Anatomy
10/01/14	10th Event Employee Memorial Day (Civil Servants)
10/01/14	VIII Introductory Course on Metabolic Syndrome League FMUSP
10/09/14	XVII Introductory Course of Anxiety League, Phobia and Panic
10/22/14	XVI Study Day on Aging and Oral Health
10/22/14	XXV Introductory Course for Primary Assistance League of Women
11/11/14	Course Pre-College MedEnsina
11/11/14	Introductory Course EMA 2015
11/12/14	League Multidisciplinary course of Prenatal Care

7.4. Organizational Structure

Partnerships with public and private, national and international institutions, allow FFM support the development of various programs for the benefit of the population. Annual result of these revenues has shown significant increase.

Established in order to adjust and order their responsibilities and competencies in the development of care, teaching and research, the organizational structure of FFM is divided by strategic areas of expertise, in order to better meet the needs of its partners and the population.

The **HUMAN RESOURCES** Department managed, in 2014, 15,949 employees, between the direct administration of staff FFM, FFM staff in the service of FM system / HCFMUSP, complementaristas and staff allocated to specific projects population care. Of this total, 387 employees are allocated to its direct administration, aimed at supporting hundreds of social programs of the organization, as well as for care activities, development of comprehensive health care and care for public patients, developed by other professionals. The latter are engaged in complementary or full journey, seeking to thus stimulate the production of works in the didactic areas, care and research through material support and appropriate remuneration. Following a recovery strategy of its direct employees, continued the training program and staff training (5325 hours / class), which, seeking to develop team work skills, culminating in the improvement of the final results of the Foundation. At the same time, developed recruitment and selection activities of the entire FM system / HCFMUSP, as well as new projects and existing (3,618 jobs), administration and payment of social benefits (R $ 73 million) and salaries, involving sheet in spending payment of approximately R $ 664 million, in addition to coordinating the process of hiring, layoffs, leave, vacation, jobs and wages, basic food basket, food stamps, vouchers, among others. In 2014, for example, they were offered about 239 000 food baskets for employees from all over the FM system / HCFMUSP, of the various projects, in addition to retirees.

In August 2014, it merged the Departments of Revenue and Billing Control, which from then termed as Department **BILLING AND CONTROL.** Is responsible for the billing of medical care services for public patients and Health Insurance, billing operations, control and distribution of amounts related to services provided in units of HCFMUSP complex, through actions implemented in the pursuit of improvement and the improvement of techniques billing, registration, control, collection and recovery values. In addition to these operations, developed activities, among which are:

1. In the **Supplementary Health** segment:

a) Through negotiations continued strengthening its relationship with managed care plans, resulting in reduced time of receipt of the invoice and the disallowance of appeal;

b) In partnership with the Institutes of HCFMUSP, continued enhancing glosses flow, thus facilitating the steps that make up the Billing, Resource gloss and gloss Due;

c) glosses recovery of previous years, through financial negotiations with the Amil operators, Porto Seguro and Notre Dame;

d) Improving the Health Professional Registration System, resulting in greater flexibility in release of the professional advice of the code in the billing system of the various Institutes of HCFMUSP;

e) Enhancement of the Billing System, reducing time and increasing productivity in the billing process of hospital bills;

f) provided technical support to the Center Financial economic (NEF / HCFMUSP) in updates of financial ratios;

g) provided technical and financial support to the Management Centre and the Clinical Team at HCFMUSP;

h) Active participation of the Health Insurance billing Committee, collaborating the actions developed by HCFMUSP Superintendency, adding efforts for the improvement of management processes in the managed care segment;

2. In the segment of the **Unified Health System -SUS:**

a) Improving AIHS control process rejected by the SCOL, including the reasons for rejections for greater control of Managements Centers and appropriate follow-up of reruns with the Department of Revenue;

b) Continuing to improve and maintain the registration of clinics / Institute / Management Center;

c) Active participation of SUS Billing Committee, collaborating in the actions developed by the Superintendency of HCFMUSP, adding efforts for the improvement of management processes in SUS segment;

d) Enable / Renewal of Accreditations Transplant (Establishment and Teams) granted in 2014: **(i)** Teams: Transplant of Pancreas and Kidney - Conjugate, Fabric Musculoskeletal Transplant, Corneal Transplantation, Transplant Skin, Children's Liver Transplant, Pancreas Transplantation, Bone Marrow Transplantation - Adult Bone Marrow Transplant - Child; **(ii)** Establishment: Skin transplant, transplantation der Pancreas and Kidney - Conjugate, Transplant der Rim, Fabric Musculoskeletal Transplant, Corneal Transplantation, Liver Transplantation, Pancreas Transplantation, Bone Marrow Transplantation;

e) Qualification / Accreditation Renewal of Skin Tissue Bank;

f) Enable / Renewal of IFTDO - Financial increment for realization of Transplantation and Organ Donation Process - Level Rating "A";

g) Attention Service Enablement Home HCFMUSP;

h) Recertification of ICU beds Neonatal - NICU III Neonatal Intensive Care Unit Type III;

i) Enable / Reaccreditation HCFMUSP as Specialized Care Unit at transsexuals process;

j) Anatomy Laboratory Enable Pathological HCFMUSP as Laboratory Cytopathology of Colo Uterus - Type I;

k) Continuity of surgeries Project Electives / Effort, based on the Ministerial Decree 1,557 (of 31.07.2013), and Resolution CIB 49 (18.10.2013) where elective surgical procedures, and have specific funding with FAEC resources, it adopted the percentage of 100% increase, which focuses on the SP values (Professional Services) and SH (hospital services) to the list of procedures for Elective Surgeries - Components II and III;

l) In partnership with the Health Information Center - NIS Superintendence of HCFMUSP and Institutes Complex, was conducted the first survey of beds in the complex, aligning information / nomenclatures between PU x CNES X LF.

MEDICAL AUDIT field from the Department of **Revenue and Control** of FFM is dedicated to analyze medical records (medical records, medical records, outpatient care sheets and other documents of patients) to assess whether the procedure performed x billed the patient's account is billed as the current regulations SUS. It also acts as authorizer (issue of AIH and costly procedures) and promotes the process of guidance to GPs, with a view to improving the quality of sales. In 2014, it conducted Medical Audit of SUS Boarding, plus the Medical Audit activity of AIH, supporting the different Institutes of HCFMUSP.

The **SUPPLEMENTAL HEALTH** Department responsible for the relationship of integration between HCFMUSP Complex, Health Plans Operators and other corporate borrowers services, performs actions, internal and external, so that the objectives are achieved.

In 2014, it reinforced its actions with permanent negotiations for the expansion of services, facilitating access to contracted services and improving the conditions and modalities of compensation and payment, such as:

1) FFM Qualification as ANS Collaborating Centre issued to entities with recognized research capacity building and knowledge in Health Insurance;

2) FFM to remain the Member of São Paulo State Hospitals Association;

3) The expansion of the contracted services and the improvement of the amounts and conditions of remuneration of hospital expenses and medical fees are permanent actions of the Department as well as the improvement of contractual rules and the evolution of prices paid by services;

4) Constant development of the Supplementary Health Data Operating System - Multimed, which is the only operating system with the concept of integration and standardization for all institutes of FM / HCFMUSP system;

5) Management of Personal assistance: development and support to food Multimed the system so that all required information and private calls billing records to run through this system, as well as collaborate with institutes in shaping, structuring, distribution and pricing of services;

6) Information Communication Expansion Outpatient hospital and the Ministry of Health (CIHA), due to the growth of the assistance and regularization of previous years data;

7) Execution of contracts negotiated with several operators of UNIMED system and Own Plans Hospitals;

8) New Deployment Exchange Standard

Electronic Information on Health Insurance - Standard TISS established by ANS, to ensure the quality of information the Supplemental Health System;

9) Intensifying Financial Recovery Invoices "Practice Accounts Former Agreement";

10) 5.73% growth in revenues compared to the previous year: R $ 79.5 million (in 2013) to R $ 84.0 million (in 2014).

In 2014 the following improvements were implemented by FFM **FINANCIAL**Department:

a) Electronic Payment Request (SP-e) Batch, for the payment of a list of Individuals when receiving payments of the same nature as daily and scholarships;

b) Electronic Remittance Advice with Paycheck available for printing, sent to all payment recipients of services for FFM;

c) Confirmation of DANFEs in SEFAZ electronically, making it agile and secure the payment of invoices for the sale of goods;

d) Payments Forecast consisting of several unique bank accounts and their CGs, providing agility and security in the various payments of FFM projects, public or private;

e) operating environment development for the "Receiving Control for Payment with debit / credit cards," providing the increase of this type of financial settlement for receipts;

f) Implemented the "Query NFVenda FFM" through SCOL, enabling the consultation of notes by GPs as well as printing and sending to you;

g) Prototype development of SR-e (Electronic Receipt Request), with the projected utilization by CGs in 2015.

In 2014, 106,138 records were performed Receiving and 159,217 Payment records, made in 250 days (approximately 424 and 636 journal entries, respectively).

They were administered in 2014, in a decentralized manner, a financial average balance of R $ 490 million deposited in 191 bank accounts, corresponding to hundreds of Management Centers.

The **COMPUTING** Department has as a guideline for the implementation of its activities the Investment Plan and the Work Plan.

The investment plan is developed based on the needs improvement and maintenance of infrastructure and is approved by the Board in 2014, a major project in the technological upgrade was the implementation of Office 365.

The work plan consists of projects established with the administrative areas of FFM more projects to meet HCFMUSP Complex.

a) welcomed 138 projects were not foreseen in the initial work plan. 24 projects were canceled;

b) Completion of 102 of the 124 projects initially foreseen, of which 76 are supporting projects to Administrative Areas of FFM three made for HCFMUSP and 23 to the area of institutional computerization, with 82.25% of the work plan met, considering the initial plan regarding the completed projects ;

c) The Initial Investment Plan was estimated at BRL 1.087 million, to be used in the modernization, expansion and upgrade of equipment park, software, data band network, and the total used in 2014 was BRL 333 thousand. Some projects have been finalized in 2015, with the forecast of approximately BRL 352 thousand.

d) Continuity to SUS Billing Project / MV, which aims to provide FFM a SUS billing system and ensure compatibility with the billing system of the Ministry of Health (SISRCA - Capture Module), scheduled for 2015 deployment the AIH (hospital) and APAC (expensive procedures permit);

e) highlights are some completed projects: **(i)** Implementation of TISS 3.0; **(ii)** Publication Fees Doctors Portal Senior HR; **(iii)** Robot - Return files; **(iv)** Receiving control by cards; **(v)** Indicators Survey (SUS, OPM and Finance) for HCFMUSP.

The **MATERIALS / National Shopping** Department manages and performs the activities of procurement / construction contracting and renovations, equipment, general services and various materials, always committed to get the best negotiations for the FM system / HCFMUSP, Specific Projects, Units under FFM Management Agreement in mode: ICESP; the modality Social Organization: State: IRLM; City: Western Region - AMAS, UBS and PS Butantã, with progressive economy in relation to market prices. In the year of 2014 a volume of purchases / contracts in the amount of BRL 308.0 million, corresponding to 5,039 processes passed through the Department of Materials/National Purchases. Savings generated in 2014 were in the order of BRL 13.4 million, representing 4.2%, based on the lowest original value presented by suppliers and the price actually negotiated / contracted by FFM.

The **MATERIALS / Import** Department manages and performs the activities of imports of equipment, raw materials in general, subscriptions to periodicals, register for courses and conferences and other services for the entire system FM / HCFMUSP, specific projects and units under management in partnership arrangements and OSS, a volume in 2014 of USD 6.7 million, equivalent to 265 processes. The savings generated in 2014 were

in the order of BRL 198,500, representing 2.9%, based on the lowest original value presented and effectively negotiated price / hired by FFM.

All equity control of the Company, the checks and balances, cash flows and fiscal bookkeeping operations are also managed by the Foundation, which accounts for about 150,000 records per year, in addition to the document management of active and inactive files. The centralization of these activities is the responsibility of the Department of **CONTROLLING** FFM.

In 2014, the Management **PROJECTS AND RESEARCH** continued to feasibility studies, implementation and monitoring of contracts / agreements, signed with public and private agencies, national and international, relating to the proposed activities by its partners, in particular the FM / HCFMUSP system. It also held a review of all non-operating accounts of the institution. In December 2014 **514 projects** of social assistance, health care, academic, scientific, research, production of scientific and technological knowledge, health policies, institutional and clinical studies, that benefit, directly or indirectly, the population were active in FFM. Of these, stand out 145 projects subsidized with public resources and national and international private and 369 clinical trials sponsored by the pharmaceutical industry.

In 2014, the Projects and Research Management of the **COMMUNICATION** area constantly updated FFM intranet, an interdepartmental communication channel, which provides users with ease and agility in the search for information, documents, reports, manuals, forms, access to integrated systems and many other resources, all the managements of FFM. Also managed all Site content FFM (www.ffm.br), Providing users with FM system / HCFMUSP and the public in general, useful information about the institution, and is responsible for site restoration and Modernization Project of FMUSP (www.ffm.br/restauro). Produced and edited the 2013 FFM Activities Report, the Work Plan 2015 and FFM Relationship Manual. Coordinated the preparation and distribution of bimonthly editions of the Journal of FFM and all the institutional material (calendar 2015, business cards, etc.).

The Department **COORDINATION LEGAL** serves the civil, administrative and labor areas, avoiding spending on advisory outsourced law firms. Their activities do not focus only on the representation needs in litigation, but mainly in the control of righteousness in contracts and agreements, national and international, signed by the institution, as well as all documentation and tax regularity before public agencies in various spheres. In addition to ensure the utility process and public philanthropy certification in 2014, was dedicated to the development, promotion and expansion of its activities, from the preparation and administration of hundreds of contracts and agreements to the coordination of labor litigation, civil and tax , judicial and extrajudicial. Made also the monitoring of legal processes with the judiciary organs, prosecutors, Municipal, State and Federal Agencies, Audit Courts, Social Councils and others and issued several legal opinions.

8 Summary of Balance Sheet of 2014

8 2014 FINANCIAL BAÇANCE SUMMARY

ORIGIN OF RESOURCES	2014	%	2013	%
Total Revenues	**1,222.9**	**100%**	**1,206.4**	**100%**
Government resources	967.4	79.1%	991.5	82.2%
Medical assistance - SUS	291.9	23.9%	282.5	23.4%
Grants	675.5	55.2%	709.0	58.8%
Medical assistance - Covenants and private	90.9	7.4%	86.9	7.2%
Donations	22.0	1.8%	16.2	1.3%
Private cooperation - national and international	4.8	0.4%	4.8	0.4%
Service delivery and / or sale of products	66.7	5.5%	54.0	4.5%
Other income	71.1	5.8%	53.0	4.4%

RESOURCES APPLICATIONS	2014	%	2013	%
Total Expenses	**1,187.5**	**100%**	**1,092.3**	**100%**
Staff	666.5	56.1%	595.3	54.5%
Operating expenses	466.1	39.3%	447.8	41.0%
Procurement of goods	54.9	4.6%	49.2	4.5%

FFM Administration

Trustee Council - 2014

Chairman: Prof. Dr. Giovanni Guido Cerri (until Oct/14)
Prof. Dr. José Otávio Costa Auler Junior (starting Oct/14)

Members:

Prof. Dr. Alfredo Luiz Jacomo
Dr. Andrea Sandro Calabi
Dr. Antonio Corrêa Meyer
Acadêmica Helena M.de Vasconcelos (starting Sept/14)
Dr. Jurandir Godoy Duarte
Prof. Dr. Pedro Puech Leão (until Nov/14)
Prof. Dr. Roger Chammas (starting Nov/14)
Profa. Dra. Sandra Josefina Ferraz Ellero Grisi
Acadêmico Sergio Brasil Tufik (until Apr/14)
Sra. Valéria Pancica Blanes
Prof. Dr. William Carlos Nahas (starting Nov/14)

Advisory Board - 2014

Chairman: Prof. Dr. Giovanni Guido Cerri (until Oct/14)
Prof. Dr. José Otávio Costa Auler Junior (starting Oct/14)

Members:

Senador Aloysio Nunes Ferreira Filho
Dr. Aluízio Rebello de Araujo (until Aug/14)
Dr. Andrea Sandro Calabi
Dr. Antonio Corrêa Meyer
Dr. Arnaldo Malheiros Filho (starting June/14)
Prof. Dr. Carlos Américo Pacheco
Prof. Dr. Carlos Antonio Luque (starting Sept/14)
Dr. Claudio Ferraz de Alvarenga
Prof. Dr. Cláudio Lembo
Dr. Claudio Luiz Lottenberg (starting June/14)
Prof. Dr. Eleuses Vieira de Paiva
Dr. Fernando Braga
Dr. Francisco Vidal Luna
Vereador Gilberto Natalini
Dr. Gonzalo Vecina Neto
Prof. Dr. Irineu Tadeu Velasco
Prof. Dr. João Grandino Rodas (until Jan/14)
Prof. Dr. José Arana Varela
Dr. José Luiz Gomes do Amaral
Desembargador José Renato Nalini
Padre José Rodolpho Perazzolo
Prof. Dr. Marco Antonio Zago (Reitor da USP)
Prof. Dr. Marcos Boulos
Dr. Márcio Thomaz Bastos (until June/14)
Prof. Dr. Mario José Abadalla Saad
Dr. Ogari de Castro Pacheco
Dr. Orlando de Assis Baptista Neto
Prof. Dr. Paulo Nathanael Pereira de Souza
Dr. Pedro Carlos Araújo Coutinho
Dr. Rubens Naves
Profa. Dra. Telma Maria Tenório Zorn
Prof. Dr. Vahan Agopyan

Board 2014

Director General: Prof. Dr. Flavio Fava de Moraes
Deputy Director General: Prof. Dr. Yassuhiko Okay

Superintendencies 2014

Financial Superintendent: Amaro Angrisano

Managers

Angela Porchat Forbes – Projects and Researches
Arcênio Rodrigues da Silva – Legal
Berenice Maria da Costa Santos – Financial
Denise Isabel Somadossi – Billing (until July/14)
Elisabete Matsumoto / Jacson Venâncio de Barros – Computing
Ludemar Sartori – Materials
Marcus César Mongold – Comptroller
Maurício de O. de A. Alchorne – Suplemental Health
Silvia Dalla Valle – Human Resources
Valéria Pancica Blanes – Billing and Control (unified from Aug/14)

Abbreviations of this Report

AAAFMUSP – Alumni Association of the Faculty of Medicine, USP

ABADHS – Benevolent Association Alzira Denise Hertzog da Silva

AIHs - Hospitalizations authorization

ANVISA – National Health Surveillance Agency

APAC - Outpatient Procedures Authorization

CEREDIC-HCFMUSP - Reference Center for Cognitive Disorders of the Hospital das Clinicas, FMUSP

CERT - Club-School Raul Tabajara

CG – Management Center

CGVAM - Surveillance General Coordination Environmental Health

CONEP - Research National Ethics Committee

CSE Butantã – School Health Center Samuel B. Pessoa

Direx-LIMs – Executive Board of Medical Research Laboratories HCFMUSP

DRS – Regional Department of Health **DST** – Sexually Transmitted Diseases

EE-USP – USP School of Nursing

ELSA – Longitudinal Study of Adult Health

FAPESP – The Research Support Foundation in the State of São Paulo

FFM – Foundation School of Medicine

FMCSV – Foundation Maria Cecilia Souto Vidigal

FMUSP – School of Medicine of the University of São Paulo

FOFITO - Speech Therapy, Physiotherapy and Occupational Therapy

FOUSP - Faculty of Dentistry of the University of Sao Paulo

FUMCAD – Municipal Fund of Children and Adolescents Rights

Fundação CASA – Center Foundation for Adolescents Socio care

GREA – Interdisciplinary Group for the Study of Alcohol and Drug IPq HCFMUSP

HAC – HCFMUSP Cotoxó Auxiliary Hospital

HAS – HCFMUSP Suzano Auxiliary Hospital

HCFMUSP – Hospital das Clinicas, Faculty of Medicine, University of São Paulo

Hemominas – Center Foundation Hematology de Minas Gerais

Hemope – Fundação Hemope (Pernambuco)

Hemorio –State Institute of Hematology Arthur de Siqueira Cavalcanti (Rio de Janeiro)

HU-USP – The University Hospital University of Sao Paulo

ICB-USP – Institute of Biomedical Sciences University of Sao Paulo

ICESP – Cancer Institute of the State of São Paulo "Octavio Frias de Oliveira"

ICHC – Central Institute of HCFMUSP

ICr – Children's Institute, HCFMUSP

IMRea – Institute of Physical Medicine and Rehabilitation of HCFMUSP

InCor – Heart Institute of HCFMUSP

IOT - Institute of Orthopedics and Traumatology HCFMUSP

IPq - Institute of Psychiatry HCFMUSP

IRLM – Lucy Montoro Rehabilitation Institute

ITACI - Children's Cancer Treatment Institute of HCFMUSP Children Institute

LIM – HCFMUSP Medical Research Lab

LIM 03 – HCFMUSP Medical Laboratory

LIM 05 – HCFMUSP Air Pollution and Experimental Laboratory

LIM 09 – HCFMUSP Pulmonary Lab

LIM 14 – HCFMUSP Liver Pathology Research Laboratory

LIM 31 – HCFMUSP Mobile Laboratory of Genetics and Hematology

LIM 38 – HCFMUSP Epidemiology and Immunobiology Laboratory

LIM 56 – HCFMUSP Dermatology and Immunodeficiencies Research Laboratory

LIM 60 – HCFMUSP Clinical Immunology and Allergy Laboratory

LPAE - Experimental Air Pollution Laboratory

Medex – Exceptional Drugs

MPSP – Public Ministry of São Paulo

MPT – Labour prosecutors

MS – Ministry of Health

NAPesq – Center for Research Support of HCFMUSP

NIH – National Institutes of Health

NUFOR-IPq – Forensic Psychiatry Program and Legal Psychology, Psychiatry Institute of HCFMUSP

NUPENS-USP - Center for Epidemiological Research in Nutrition and Health, University of São Paulo

WHO – World Health Organization

OPAS – Pan American Health Organization

OPM – Orthotics, Prosthetics and locomotion means

PAMB – Outpatient Building of HCFMUSP

PN-DST-Aids – National Program for AIDS DST-the Ministry of Health

PSF – Family Health Program

RRLM - Rehabilitation Network Lucy Montoro

SAS-USP - USP Social Oversight Assistance

SCOL – Query System Online (available on FFM website – www.ffm.br)

SEDPD-SP - State Secretary of the Rights of Persons with Disabilities

Senad – National Secretariat of Policies on Drugs of the Ministry of Justice

SEE-SP -Secretary of State of Education of São Paulo

SES-SP – State Health Secretariat of São Paulo

SME-SP – City Department of Education - State of São Paulo

SMS-SP – City Department of Health - State of São Paulo

SMADS-SP – Municipal Social Welfare and Development - Government of São Paulo

SUS – Single Health System

SVOC – Coroner's Service of the Capital - USP

SVS - Secretary of Health Surveillance, Ministry of Health

UBSs – Basic Health Units

UNODC – The United Nations Office against Drugs and Crime

UERJ – State University of Rio de Janeiro

USP - University of São Paulo

Masthead

Achivement
School of Medicine Foundation

Director General
Prof. Dr. Flavio Fava de Moraes

Deputy Director General
Prof. Dr. Yassuhiko Okay

Coordination
General Management of Projects and Researches

Research, development, graphic design and final texts
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Collection USP School of Medicine

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The coordinators of the projects described therein

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