

Dear **Peter Lachman**,

At the end of 2019 and beginning of 2020, while the first news about the new Coronavirus arrived, we would never have imagined that in a matter of months we would reach the mark of almost 10 million infected people and around 500 thousand deaths worldwide.

On February 26, 2020, we had in Brazil the first case confirmed by the new coronavirus in the city of São Paulo. With this news, what we considered distant, in fact, was much closer than we imagined, thus beginning the mobilization of most Brazilian health organizations to face the disease.

During the first 20 days, only 4 cases were confirmed in the Brazilian states and all were considered imported cases, until on March 5, the Ministry of Health announced the first community transmission in Brazil and days later, on March 11, World Health Organization declared the new Coronavirus pandemic.

As of March, the Ministry of Health declared community transmission recognized in the national territory and precautionary measures were initiated to promote social distance and avoid agglomerations. Over the weeks and months, the numbers of cases and deaths just grew. Due to the continental dimension of our country, with a territorial extension of 8,515,767.049 km², particularities and distinct cultural diversity in each region, there was difficulty in standardizing preventive contamination measures, leaving the country more and more vulnerable.

By the beginning of May, we had already multiplied the total number of deaths by COVID-19 by five. Divergences between the different governmental spheres, brought to the fore the lack of alignment of conduct and communication failures. Another sad mark was that it became the second country in the world in number of cases and deaths, behind only the United States.

At a time when many Brazilian states and municipalities are already discussing and implementing quarantine easing measures, the data show that our contagion curve



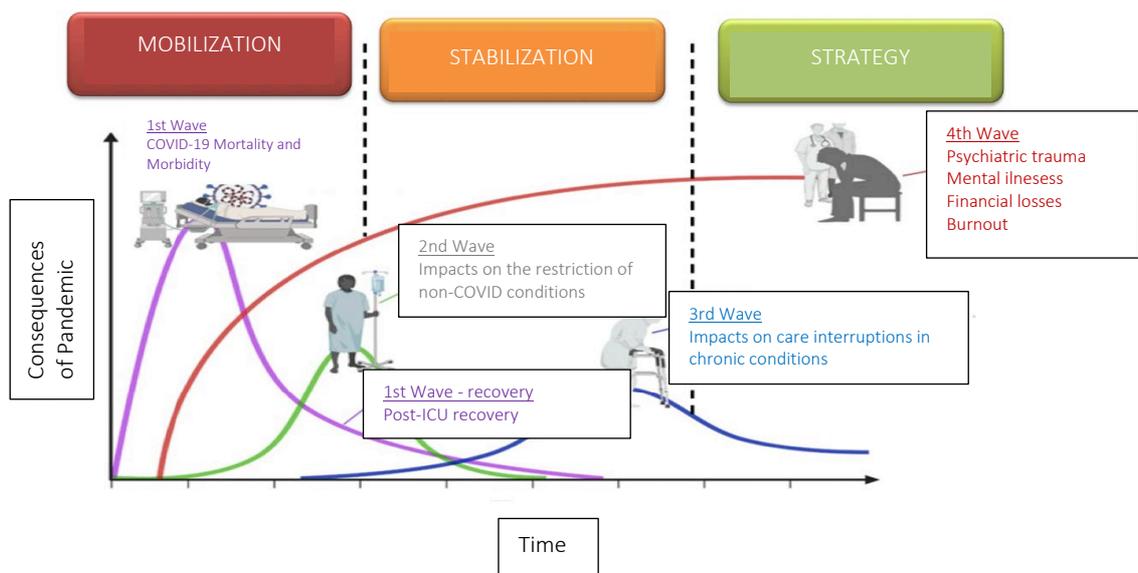
continues to rise, unlike other European and Asian countries in the process of easing, whose data seem to indicate, at the moment, a stabilization of those numbers.

A study by *Funcional Health Tech*, a data analysis platform in the health sector, pointed out that we will face the most difficult moment of the pandemic from the beginning of July, with more than 1.7 million people infected.

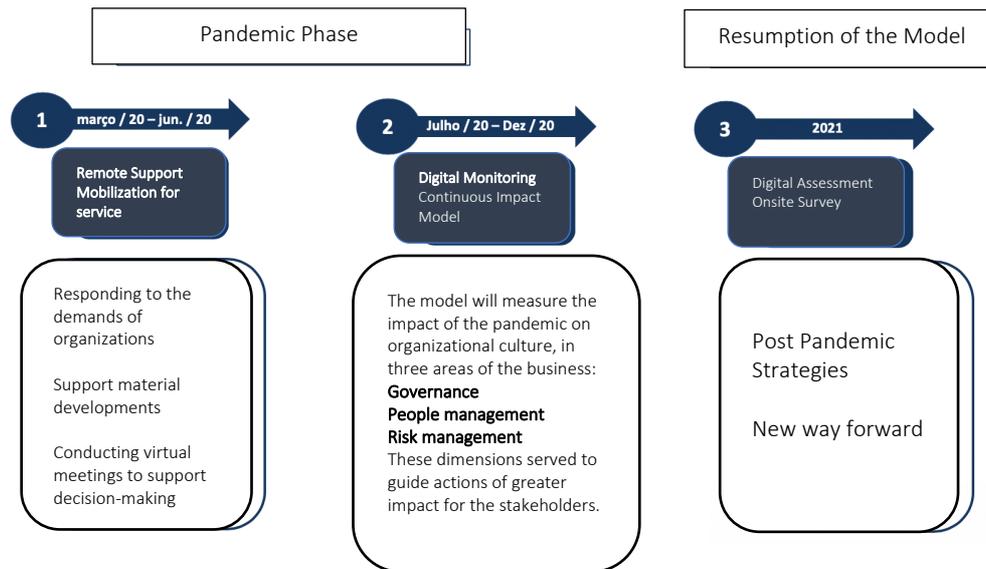
Strategy

When the environment is highly uncertain, it is difficult to be clear on the way forward. We created a strategy, identifying the phases of evolution of the pandemic.

The pandemic can be characterized by the presence of three large waves, where we have some states in the first, called **mobilization**, characterized by the high impact on mortality and morbidity of patients by COVID-19, others in the second, called **stabilization**, related to the impacts by the restriction of resources aimed at non-COVID-19 conditions, and finally, the third, called **strategy**, which can be observed from the impacts generated by the interruption of care to chronic conditions, where Burnout, psychological trauma and financial losses arise.



Technology and data play a crucial role in building an agile and dynamic strategy. We developed a digital solution to monitor organizations in the quarantine period, allowing a greater capacity to model corporate, human and economic behavior. Thus, the teams of surveyor began to monitor the different scenarios - by the moment of the wave they were experiencing.



Since March, we have maintained weekly telephone contact with all institutions and analyzing the different realities, we have structured a series of materials together with our technical team and started Digital Monitoring, focusing on understanding the impact of the pandemic on organizational culture in three areas of the business - governance, people management and risk management.

During these first 90 days of the confrontation, with the paralysis of activities, beginning of work in home office and social isolation, we do not measure efforts for this great challenge where we also produce:

- More than 2,250 connections through expert IQG surveyors;
- 100 digital meetings with health institutions, aiming at strategic, tactical and operational support;
- 04 classes for the development of surveyors, understanding this “new normal”;



- 04 educational videos made available on our website for support www.iqg.com.br;
- 18 posts on our website in the “IQG Inovação (Innovation)” folder;
- 32 testimonials from CEOs published on our website in the folder “IQG Futuro (Future)”;
- 40 support materials published on our website (Portuguese and English) in the “Blog & Publicações (Blog & Publications)” folder;
- 6 Scientific articles accepted in international journals, made available on our website in the folder “Artigos (Articles)”
- 6 webinars on the PBSP (“Programa Brasileiro de Segurança do Paciente - Brazilian Patient Safety Program”);
- More than 200 digital meetings with surveyors for alignments and better understanding of the situation in our country;
- More than 40 Webinars as listeners;
- Adaptation for Brazil of the Qmentum Digital Health Standard;
- Development of the methodology for Digital Monitoring;
- Structuring and finalization of a Cardiology Center Accreditation Program with SBC (“Sociedade Brasileira de Cardiologia - Brazilian Society of Cardiology”);
- Creation of IQG ON, with a digital Learning environment for Training Course for Surveyors, among others;
- Partnership with ESPM (“Escola Superior de Propaganda e Marketing – School of Advertising and Marketing” – Business School.

The lessons of this pandemic make clear several recommendations for improving the accreditation process:

1. It has become evident that many approaches to measuring quality in the health system are not sustainable;
2. Quality data is the result of the organizational structure and the relationship (communication) between the processes and with all stakeholders;

3. The institution's performance must be measured by the integration of processes and established communication;
4. Approaches are needed to reduce the measurement load;
5. Will require approaches to better capture and report quality while providing clinical care;
6. Use of standardized methods to better understand quality and safety performance;
7. Implementing recommendations for improvement will require a higher level of planning than in the past around quality measurement.

The priority recommendation for excellence:

1. Organizations need to be proactive in rebuilding options for their human capital strategy.
2. Take advantage of data and information technologies to develop new business models - Digital Health.
3. The opening of communication channels will strengthen the links between stakeholders and expand the vision of what is possible.

Warm regards,

