



Information Memorandum relating to the acquisition by Medi-Clinic of Hirslanden, a private hospital group in Switzerland



1. Klinik Aarau



2. Klinik Hirslanden



3. Klinik Belair



13. Klinik Birshof



12. Salem Spital



11. Klinik Beau-Site



10. Klinik Permanence



9. Clinique Bois-Cerf



8. Clinique Cecil



7. Klinik St. Anna



4. Klinik Am Rosenberg



5. Andreas Klinik



6. Klinik Im Park



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SECTION A – HIGHLIGHTS

1. Strategic rationale

1.1. Introduction

Medi-Clinic is one of the three major players in the South African private hospital industry, one of the most developed and mature private hospital industries in the world. The Company has made a strategic decision to diversify geographically within its core business of acute, specialist orientated hospital care and to transform itself into a truly international hospital company. In this regard, a number of opportunities have been considered, including investments in greenfield operations in emerging markets as well as the acquisition of established operations in developed markets.

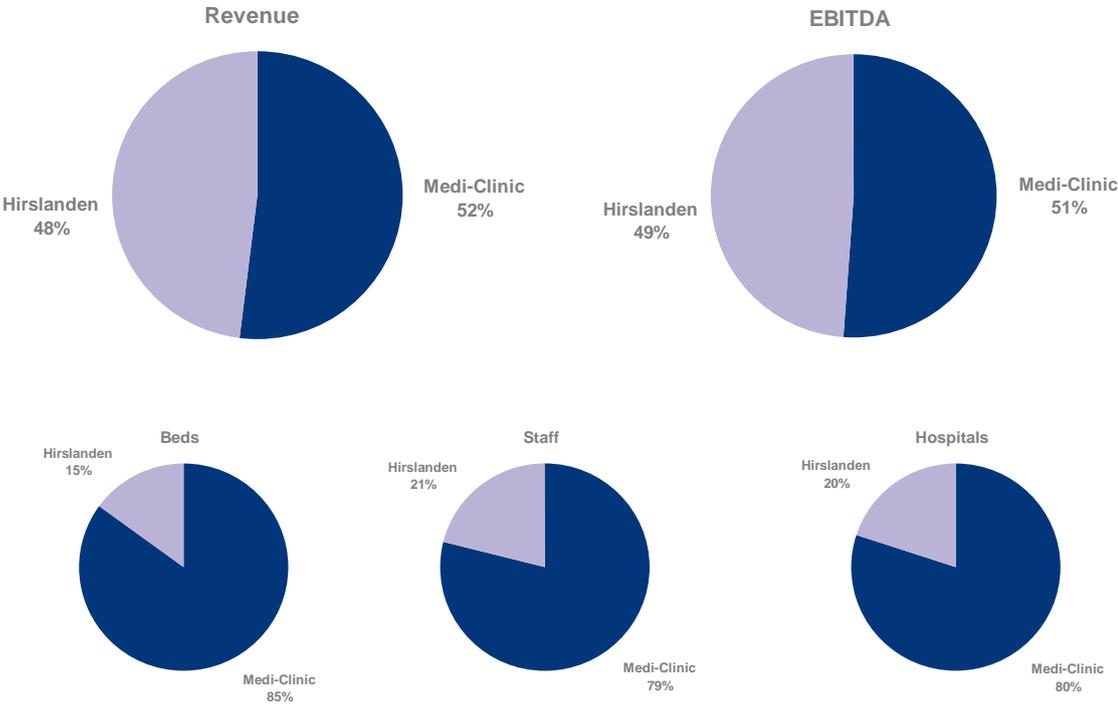
1.2. The Hirslanden opportunity

Hirslanden is a high quality business with a complete range of attractive attributes and offers a significant offshore expansion for Medi-Clinic. Growth opportunities exist in the Swiss market and Hirslanden presents a solid platform for future European expansion.

1.3. Transformational acquisition

The acquisition of Hirslanden would transform Medi-Clinic and the resulting impact is illustrated below.

Figure 1: Medi-Clinic post acquisition



2. Hirslanden

2.1. Overview of Hirslanden

Hirslanden is the largest private acute care hospital group in Switzerland and focuses on private and semi-private insured patients. Emphasis is placed on the quality of treatment, the choice of doctor and comfort.

Hirslanden is a strong brand with a leading market share and a well-invested asset base. The strong management team has resulted in a profitable business with strong cash flows and strong growth prospects.

2.2. Strong brand and leading market share

Hirslanden is the embodiment of quality private hospital care in Switzerland and is a recognised brand as a provider of highest standards in complexity of procedures and clinical delivery, nursing care and five-star hotel service for patients.

Hirslanden boasts a portfolio of the country's leading doctors as well as nationally recognised "Centres of Excellence". It has a market share of 30% by clinics and 40% by number of beds of the private sector in the cantons in which it has a presence.

Hirslanden also has strong national market shares: 25% in heart surgery, 20% in cardiac catheterisation and 6% of all births.

Canton	Private hospitals	Private hospitals beds	Hirslanden clinics	Hirslanden beds	Hirslanden market share by clinics	Hirslanden market share by beds
Aargau	3	208	1	117	33%	56%
Appenzell	2	102	1	62	50%	61%
Basel-Landschaft	4	80	1	43	25%	54%
Berne	7	887	3	300	43%	33%
Lucerne	2	172	1	154	50%	91%
Schaffhausen	1	28	1	28	100%	100%
Vaud	9	698	2	160	22%	23%
Zug	1	56	1	56	100%	100%
Zurich	9	893	2	355	22%	40%
Total	38	3 124	13	1 275	34%	40%

2.3. Well-invested asset base

Hirslanden is focused on highly specialised and complex elective surgery, cardiology, cardiac surgery, oncology, neurosurgery and orthopaedic surgery.

It comprises 13 hospitals with 1 275 beds in the strategically most important local markets with state-of-the-art equipment and infrastructure, over 3 600 full-time equivalent staff and 78 operating theatres. It has historically invested significantly in refurbishment and expansion capital expenditure.

Hirslanden owns all of its clinic properties (as shown in Figure 2) and provides the group with an outstanding portfolio of prime real estate in key cities.

Figure 2: Hirslanden hospitals



No.	Hospital	Location
1	Klinik Aarau	Aarau
2	Klinik Hirslanden	Zurich
3	Klinik Belair	Schaffhausen
4	Klinik Am Rosenberg	Heiden
5	Andreas Klinik	Zug/Cham
6	Klinik Im Park	Zurich
7	Klinik St. Anna	Lucerne
8	Clinique Cecil	Lausanne
9	Clinique Bois-Cerf	Lausanne
10	Klinik Permanence	Berne
11	Klinik Beau-Site	Berne
12	Salem Spital	Berne
13	Klinik Birshof	Münchenstein/Basel

2.4. Strong management team



- **Robert Bider** – *Chief Executive Officer* (60)
 - Dr Bider has 25 years experience in the healthcare industry. He joined Hirslanden in 1985, becoming CEO in 1990. He was Managing Director of Klinik Hirslanden for five years. Dr Bider holds a PhD in Technical Science from the Federal Institute of Technology, Zurich.



- **Reto Heierli** – *Chief Financial Officer* (43)
 - Mr. Heierli has held a variety of roles since joining Hirslanden in 1989, including Managing Director of Klinik Im Park, CFO of Klinik Hirslanden and COO of the eastern region. In 2002, he became CFO of Hirslanden Group. Mr Heierli is a qualified Swiss accountant.



- **Josph Rohrer** – *Chief Operating Officer* (53)
 - Mr. Rohrer is a hospital management specialist, having spent seven years as Managing Director of Klinik Aarau and four years as Managing Director of Klinik Hirslanden, where he was also responsible for strategy in the Zurich area. In 2000, Mr. Rohrer became COO with responsibility for the Group's clinics in the western region.
 - Mr. Rohrer plays a particularly important role in the conception and building of new medical centres and negotiating the recruitment of new doctors for the clinics and he has been very successful in this regard.

Hirslanden managers are regularly invited to deliver public speeches and are cited in the media more often than any other private hospital group, as the model for hospital management in Switzerland.

3. Key investment considerations

3.1. Key investment highlights

Hirslanden is the single largest Swiss private chain by a significant margin with leading market share and the only operator with Swiss-wide network.

It is positioned as a defensive asset faring well through economic cycles and during adverse regulatory changes. Also, Switzerland offers attractive economic and demographic parameters.

The strong and experienced management team with a proven track record, the reputation and high-quality facilities enables the group to attract the best specialist physicians and compels insurers to include access to Hirslanden clinics in their complementary insurance offerings. In its facilities, management has continued to build medical “Centres of Excellence” enhancing brand and reputation.

3.2. Other key investment considerations

Hirslanden has an attractive business profile for various reasons. It has a long track record of profitable growth and a robust development plan including organic development projects (improving medical mix). It has experienced growth through acquisitions, where appropriate and has benefited from first mover advantage where possible.

Hirslanden has a leading position in complex elective surgery - highly specialised, elective procedures and high-margin areas such as:

- Heart surgery, with approximately 25% national market share
- Cardiac procedures, with approximately 20% national market share
- Oncology, with the two most sophisticated Linear Accelerators (“Linacs”) in Europe
- Urology, as the first Swiss private clinic to offer the ground-breaking Da Vinci technology

It has leveraged its strong reputation and this is evident due to the following:

- About half of Hirslanden’s specialists have committed to work exclusively for Hirslanden
- Hirslanden is well respected within the academic community
- Hirslanden benefits from a strong patient referral pipeline

Hirslanden is an outstanding freehold asset where the freehold clinics are located in prime locations and built and maintained to the highest standard. It is well-invested – over CHF 404m invested in asset base since 2002 (excl. acquisitions), thereof CHF 121m in new technology between 2004 and 2006. Due to the high barriers to entry there is little scope for new builds from potential competitors.

Hirslanden is a significant expansion opportunity which will transform Medi-Clinic into an international healthcare player and provides a solid platform for further European expansion

There is a strong alignment between Medi-Clinic and Hirslanden since both companies operate leading hospital networks that focus on cost effective quality care. Hirslanden would fit well within Medi-Clinic’s philosophy and stated aim to be the most trusted and respected provider of hospital services for doctors and patients.

3.3. Medi-Clinic seeks to continue and improve management's strategy

Medi-Clinic would continue to develop centres of clinical excellence through establishing specialist state-of-the-art equipment and continuing to develop the right community of specialist doctors to ensure utilisation.

Medi-Clinic would continue to identify and develop incremental organic capacity growth opportunities that are depending on the local market dynamics and competitive actions. Medi-Clinic believes further attractive opportunities remain to invest additional capital.

It supports the acquisition of additional hospital units as and when appropriate opportunities present themselves. Medi-Clinic would continue to improve the effective utilisation of resources and it believes that there may be an opportunity for more effective utilisation of theatres and equipment (such as cath labs) and staff.

Medi-Clinic would continue to improve on cost effectiveness since it comes from a background where cost-effectiveness is the key to maintaining a competitive advantage. Medi-Clinic is experienced at managing with more limited resources in the less affluent environment of South Africa, without compromising on quality.

It foresees further improvement through benchmarking. Medi-Clinic will seek to improve further on management's business plan by benchmarking Hirslanden's business and clinical practices with those of Medi-Clinic and implementing best practices at Hirslanden, and vice versa.

SECTION B – OVERVIEW OF THE SWISS MARKET

4. Salient features of Switzerland

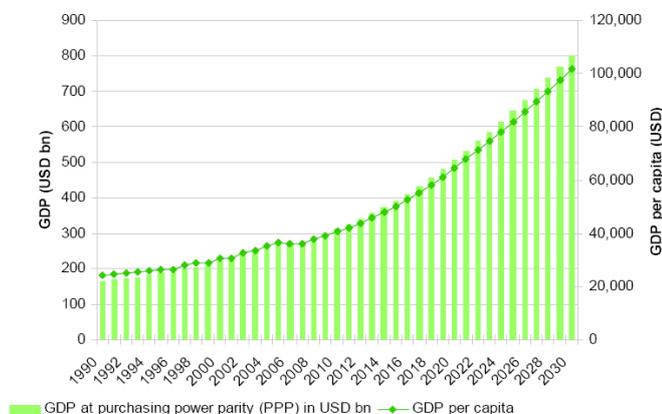
Switzerland is a country of 7.6 million inhabitants. It is a federal state made up of 26 cantons. The native language of about 65% of the population is German, 20% French and 7% is Italian. Government responsibilities are split between the confederation, the cantons and the municipalities. There is considerable decentralisation of powers to local levels of government. Cantons vary considerably with respect to their size, demography and socio-economic situation.

Switzerland is not a European Union (EU) member but has bilateral agreements with the European Union which have greatly facilitated the free movement of persons between the EU member states and Switzerland. As a result, a progressive opening of labour markets between the EU and Switzerland is taking place such as mutual recognition of diplomas of medical doctors and nurses.

5. GDP (growth and per capita)

Switzerland is one of the richest OECD countries¹. The historic GDP growth trend is steady, with an increased rate forecast in the medium term; represented by a Compound Annual Growth Rate (“CAGR”) of 4.8% from 2007 to 2030.

Figure 3: Swiss GDP and GDP per capita (USD bn)²

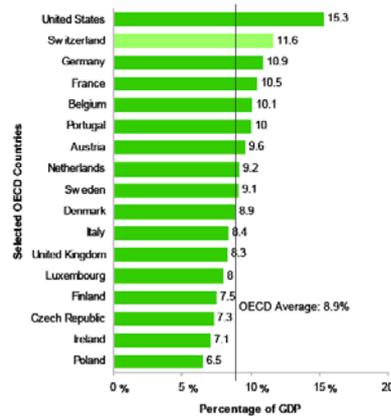


At 11.6% of GDP (in 2004), Swiss spending on healthcare is second only to the United States and c.30% above the OECD average. On a per capita basis, Switzerland is the third largest spender on healthcare globally at c.USD4,077 in 2004, c.60% above the OECD average.

¹ Source: OECD, Purchasing Power Parities; Paris, 11 January 2005

² Source: OECD Statistics, Paris; Federal Statistics Office

Figure 4: GDP% spent on healthcare (2004)¹

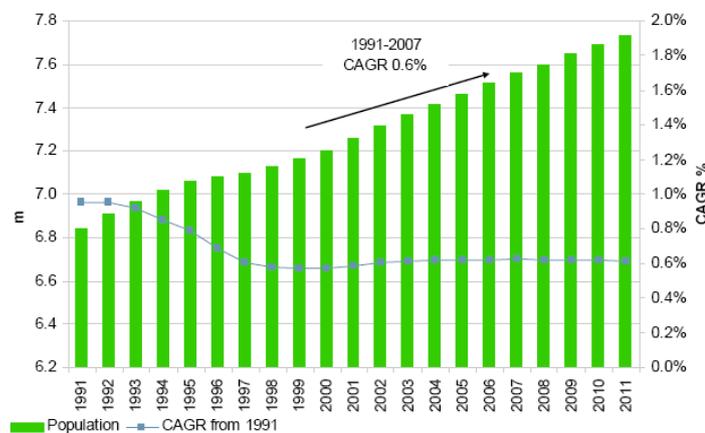


6. Population

6.1. Growth

The Swiss population has grown from 6.8 million in 1991 to 7.6 million in 2007 at a stable and relatively low (‘‘CAGR’’) of 0.6%. Under assumptions of continued lengthening of lifetimes and stability in the fertility rate and immigration flows, the population is expected to continue to grow until 2030, only falling thereafter.

Figure 5: Swiss population growth and CAGR relative to 1991²



6.2. Dependency ratio

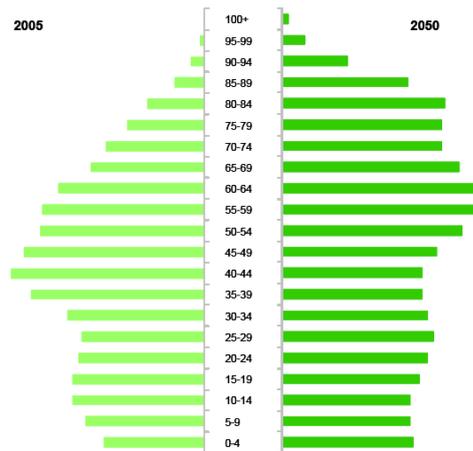
The overall dependency ratio (ratio between the number of people aged over 64 and those aged between 20 and 64) is projected to increase from 48.5% in 2005 to 80.0% in 2050, placing increased demand on healthcare services and a strain on the public funding of healthcare. The OECD estimates that an additional 1.8% to 3.5% of GDP will be spent on healthcare in the year 2050³.

¹ Source: OECD 2006; Booz Allen analysis

² Source: BFS / The Economist Intelligence Unit

³ Source: Projecting OECD Health and Long-term Care Expenditures. OECD 2006

Figure 6: Swiss population by age group¹



Hirlanden operates in some of Switzerland's most populous and wealthy cantons.

	Canton	Population (000s)	% Urban Population	Population Density	Average Income CHF
CH	Schweiz	7,364	73%	178	51,230
AG	Aargau	561	65%	399	48,145
AR	Appenzell Ausserrhoden	53	53%	218	42,232
AI	Appenzell Innerrhoden	15	0%	87	42,633
BL	Basel-Landschaft	264	92%	511	51,849
BS	Basel-Stadt	187	100%	5045	99,865
BE	Bern	95	62%	160	43,066
FR	Freiburg	247	55%	148	38,342
GE	Genève	424	99%	1501	59,123
GL	Glarus	39	0%	56	64,318
GR	Graubünden	187	49%	26	45,565
JU	Jura	69	30%	82	39,901
LU	Luzern	353	51%	236	41,219
NE	Neuchâtel	167	74%	208	45,474
NW	Nidwalden	39	87%	142	61,934
OW	Obwalden	33	0%	68	35,359
SH	Schaffhausen	74	74%	248	52,781
SZ	Schwyz	135	80%	149	48,145
SO	Solothurn	247	77%	312	43,902
SG	St Gallen	457	67%	226	43,388
TI	Tessin	317	86%	113	38,745
TG	Thurgau	232	49%	234	43,121
UR	Uri	35	0%	33	48,145
VD	Vaud	639	75%	199	51,332
VS	Valais	285	56%	55	37,367
ZG	Zug	104	96%	434	86,499
ZH	Zürich	1,250	95%	723	66,050

6.3. Unemployment

Traditionally a 'zero-unemployment country', Switzerland experienced relatively high unemployment in the 1990s with a peak of c.5% in 1997. The rate has remained in the 2% to 4% range over the past decade and is forecast to stabilise around a mean of 3% in the future.

¹Source: BFS / Economist Intelligence Unit

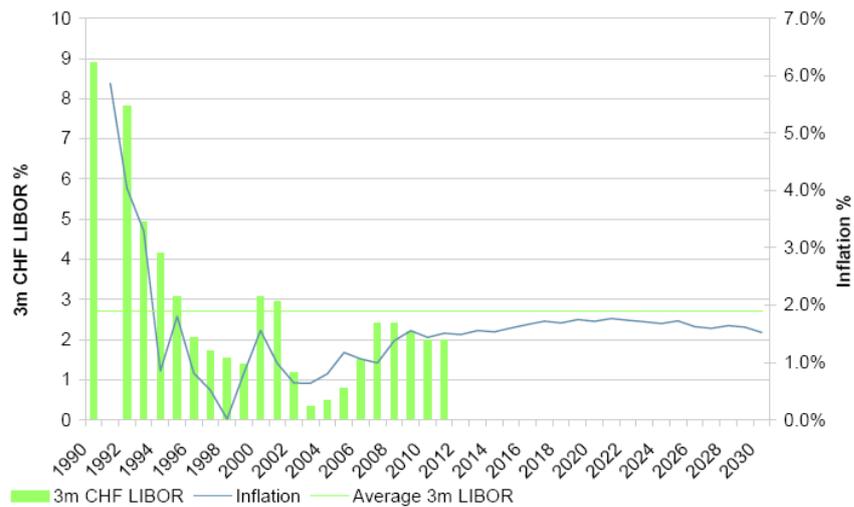
Figure 7: Swiss unemployment as a percentage of labour force 1990-2011¹



7. Interest rates / inflation / movement

Switzerland is renowned for having a stable economy. Figure 8 below shows this to have been the case throughout the past decade, with low inflation and interest rates. The benign inflationary environment and stable interest rates are forecast to continue into the medium term.

Figure 8: Macroeconomic trends



¹ Source: Swiss National Bank

SECTION C – SWISS HEALTHCARE MARKET INFORMATION

8. Regulatory environment

Responsibility for health-policy development and implementation falls to the cantons unless specifically attributed to the confederation. Cantons play a key role in the provision and financing of health services, while both cantons and the confederation are involved in policy making, regulating and monitoring of the health system.

The large decentralisation of political power and the large degree of local autonomy in the organisation of health care has resulted in slightly different health systems in each of the 26 cantons.

Federal and cantonal authorities each take responsibility for separate parts of the healthcare system, as summarised below.

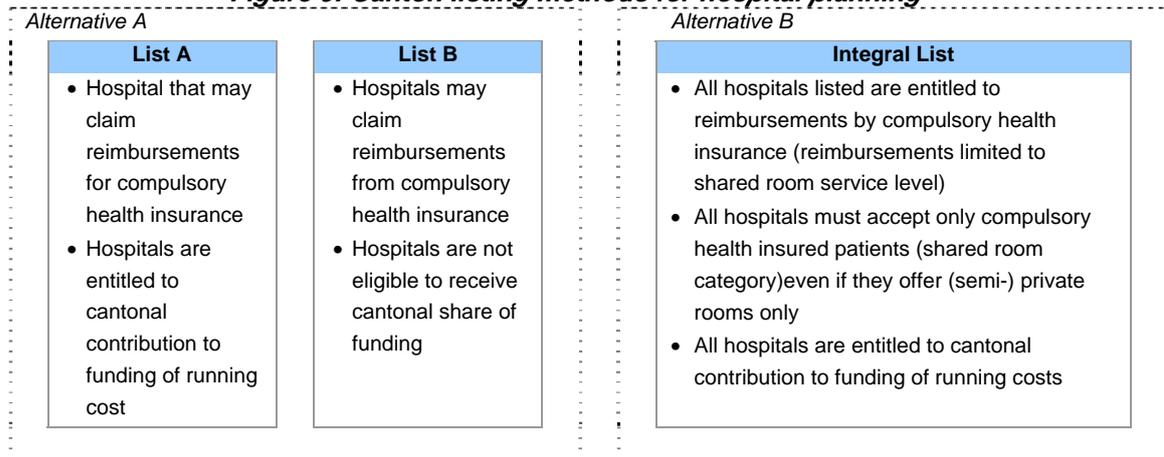
Federal Authorities	Cantonal Authorities
<ul style="list-style-type: none"> • Setting the overall regulatory framework • Social insurance provision • Health insurance law (regulates all aspects within compulsory health insurance) • Type of health services to be covered • Price negotiation process • Framework for reimbursement schemes (distribution of costs including hospital funding) • Organisation of insurance companies offering compulsory health insurance • Type and design of health insurance policies • Accident insurance law • Disability insurance law • Promotion of science, research and tertiary education 	<ul style="list-style-type: none"> • Implementation of federal law • Hospital planning, thus regulating access to funding by compulsory health insurance and canton • Partial funding of certain hospitals according to planning status • Operation of public hospitals • Endorsement or setting fee schedule between service providers and associations of health insurance funds • Setting of conditions under which individuals in health professions may receive a licence to practice

9. Planning of hospital services

Each canton plans the provision of hospital services within it through the use of hospital lists, and thus regulating access to funding by compulsory health insurance. These lists define which categories and facilities of a particular hospital are entitled to reimbursements through compulsory health insurance. The decision to choose which hospitals to be included on the lists is influenced by the direct cantonal ownership of many hospitals which means that decisions affecting the hospital landscape is not taken simply by economic decisions to improve the efficiency and quality of the delivery system.

There are two alternative methods of listing currently used by the cantons, as set out in Figure 9.

Figure 9: Canton listing methods for hospital planning¹



Regardless of which method is chosen, there remains significant leeway to cantons as to which hospitals they choose to include on their lists (there are no specific criteria for inclusion), whilst being on a list also establishes no right to be on any in the future.

Two considerations lead to the inclusion of a private hospital on a cantonal list:

- the canton relies on the private service provider to contribute to the overall provision of hospital acute care for compulsory insured patients (e.g. canton of Zug and Andreas Klinik); or
- a canton makes an agreement with a private hospital in a situation where the cantonal hospitals do not have the capacity in a specialised service (e.g. canton of Grisons and Klinik Hirslanden for heart surgery).

10. Health insurance market

10.1. Compulsory insurance

The federal Health Insurance Law, introduced in 1996, requires each individual residing in Switzerland to purchase basic health insurance from one of a number of competing health funds. The benefits covered by compulsory health insurance are broad compared to other OECD countries. All curative treatments and diagnoses needed in the events of illness, accident and maternity are covered. Insurants have free choice of treatment in a canton listed hospital (any one of the public cantonal hospitals or potentially in a shared room of a private hospital) within the canton where they reside.

10.2. Complementary insurance

Complementary insurance is purchased by the payment of an additional premium above the compulsory insurance that is required to be paid by Swiss federal law. There are two main types of complementary insurance:

- Semi-private - entitles the insurant to choose their hospital and a senior physician, being placed in a shared room (typically 2 persons per room).
- Private - private insurance enables the choice of hospital, head physician, and entitlement to a private room.

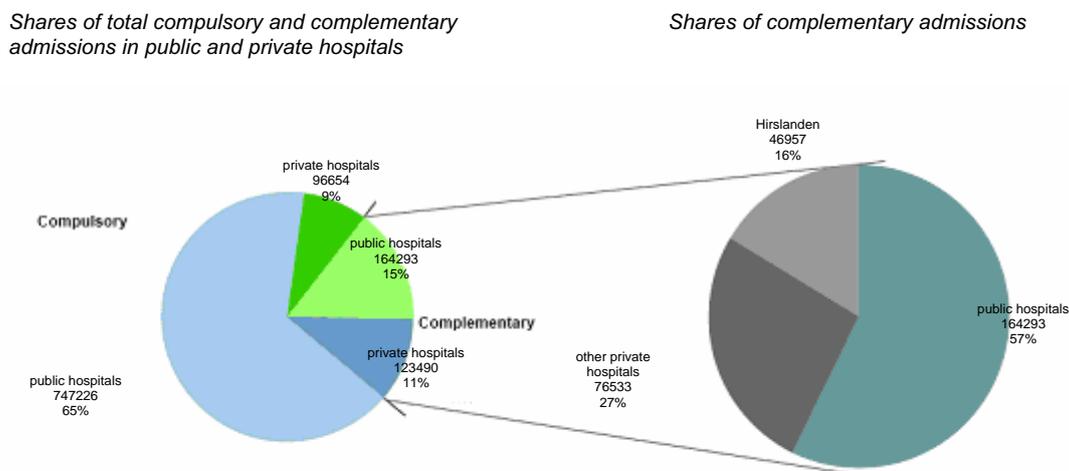
¹ Source: Swiss Conference of the Cantonal Ministers of Public Health: Report on Federal Council's ruling with regard to hospital lists and planning

10.3. Trends in complementary insurance

The complementary health insurance market has been shrinking in terms of revenue and number of insurants since the introduction of compulsory insurance in 1996. The main drivers are financial pressure on insurants due to strong increases in compulsory health insurance premiums. During stable increases in compulsory health insurance premiums the growth rate in complementary insurants correlates with GDP growth. For the future the market is expected to stabilise due to the planned cost containment measures which will lead to a reduction in funding for public hospitals.

Despite no waiting lists in Switzerland and the quality of care within the public sector, Hirslanden has maintained significant growth throughout this period as a result of both acquisitions and organic development.

Figure 10: Market shares by type of insurance and operator¹



Public hospitals currently hold a 57% share of the complementary insurance market.

Hirslanden is well placed to gain market share from public hospitals in its core business of complementary insurance. A Centres of Excellence strategy, state of the art facilities and high service levels are expected to continue to draw complementary insurants to Hirslanden clinics.

10.4. Hospital fees and reimbursement methods

10.4.1. Listed hospitals

Cantonal hospitals are currently funded in three tranches:

- *Investment cost:* The cost incurred for capital investments by each hospital is reimbursed via cantonal subsidies.
- *Running cost per treatment:* Canton and compulsory health insurers share this cost, the canton paying at least 50% and the insurer no more than 50%.
- *Supplement (semi)-private:* If complementary insured, the additional costs are paid for by this insurance.

10.4.2. Non subsidised private hospitals

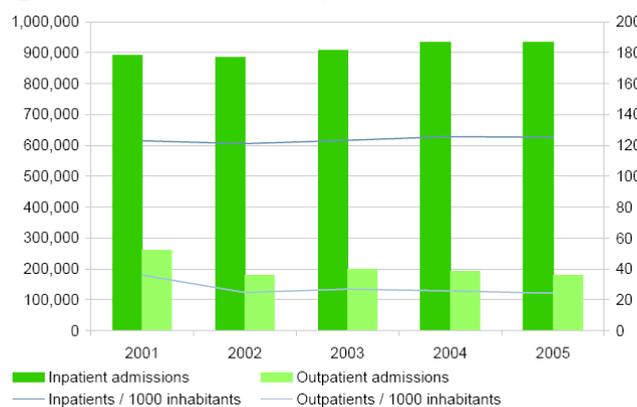
Private hospital funding is currently on a per diem basis and as follows:

- *Investment cost.* The cost incurred for capital investments by each hospital is paid for by the private hospital operator.
- *Running cost per diem:* Compulsory health insurer contributes no more than 50%, with the remaining contribution dependent on canton (e.g. Basel is canton funded; Zurich is complementary insurance funded; and in some other cantons funded by compulsory insurance).
- *Supplement (semi)-private per diem:* If complementary insured, the additional costs are paid for by this insurance.

10.5. Patient volume

10.5.1. Admissions

Figure 11: Patient and outpatient admission trends¹



Inpatient admission rates (admissions / 1000 population) have been stable over the last couple of years resulting in modest growth in admissions, predominantly driven by the ageing population. There are big regional differences in the admission rates ranging from 9.5% in Zug to 23.7% in Basel-Stadt which also has the highest population density and old age dependency ratio.

On the other hand outpatient admission rates showed a dramatic correction in 2002 with a fairly stable to declining trend thereafter. The TarMed system, introduced in 2004, facilitated greater cost transparencies and comparability for about 4700 procedures across cantons. The TarMed system also introduced strict new regulations for doctors.

¹ Sources: BFS - Krankenhausstatistik und Statistik der sozialmedizinischen Institutionen 2001-2005, BFS / Economist Intelligence Unit

10.6. Human resources

10.6.1. Doctors

Switzerland has five medical faculties from which c.750 medical students graduate each year. The density of doctors at 3.6 / 1000 population is high compared to the OECD average of 2.9. Given the mutual recognition of medical diplomas with the EU, the Swiss health sector is open to foreign doctors and nurses. The proportion of foreign doctors, mostly from Germany, is estimated at 16%. The already high density of doctors and mutual recognition of diplomas has led to more stringent policies regarding admissions at medical schools.

The introduction of measures to limit the authorisation for doctors to open new independent practices led to an increase in the attractiveness of hospital-based practices. The number of specialists per 1000 population has steadily increased while the rate of general practitioners started to drop noticeably in 2002 pointing to an overall trend towards specialisation by doctors.

10.6.2. Nurses

Nurses represent the largest professional health-worker category in Switzerland. It is reported that work overload, stress and high turnover of nurses in hospitals are quite common. These factors have, as elsewhere in the world, contributed to making the nursing profession less attractive. This may also be the reason why 25% of all nurses in Switzerland are foreign citizens coming from a number of European countries. The Germans (27%) are the dominant nationality followed by the French (12%), Serbia-Montenegro (9%) and other countries.

SECTION D – HIRSLANDEN CLINIC INFORMATION

Klinik Aarau



Address:
Schänisweg
5001 Aarau

Description

Hirslanden Klinik Aarau was opened in 1988 and joined the Hirslanden Group in 1990. The clinic lies in the centre of the town of Aarau. The canton of Aargau in which the town is located has one of the highest levels of complementary insurance in Switzerland.

Approximately CHF100 million has been invested in the clinic since the hospital was purchased in 1990. The clinic hosts Europe's most advanced Linac. Main medical fields include internal medicine, urology, cardiology, obstetrics, gynaecology, hand surgery and oncology. The craniofacial centre has a nationwide reputation and importance.

Klinik Aarau benefits from its location in a canton with one of the highest levels of private medical insurance penetration in Switzerland.



Key Statistics:

Overnight bedrooms:		Main operating theatres	4
Beds in single room	52	Operating theatres for day surgery	3
Beds in double room	58	Delivery rooms	2
Beds in shared room	12	MRI	2
Total	122	Computer tomography scanner	2
Special care units		Cardiac catheterisation lab	2
Beds in intensive care	8	Linear accelerator	1
Beds in post-operative recovery room	9	Dialysis	6
Beds in day clinic	17	Physicians affiliated to the clinic	101
Beds in emergency ward	2	Approximate FTEs	379

Klinik Beau-Site



Description

Klinik Beau-Site was opened in 1945 and joined Hirslanden in 1990. It is located near the riverside of the Aare, in the centre of the city of Berne. Patient volumes have been stable for the past ten years and quality of treatment is seen as superior to private competitors.

In spring 2002 an expansion project added eight new recovery rooms and the clinic was equipped with state of the art technology in the ICU and operating theatres. Total capacity was increased with the installation of a new operating theatre.

Main areas of focus include cardiology and heart surgery, visceral surgery, oncology, internal medicine and urology. Emergency centre operated jointly with Salem-Spital.

Address:

Schänzlihalde 11
3013 Berne



Key Statistics:

Overnight bedrooms:		Main operating theatres	4
Beds in single room	24	MRI	1
Beds in double room	60	Computer tomography scanner	1
Beds in shared room	9	Cardiac catheterisation lab	2
Total	93	Physicians affiliated to the clinic	80
Special care units		Approximate FTEs	347
Beds in intensive care unit	8		
Beds in intermediate care unit	5		
Beds in post-operative recovery room	7		
Beds in day clinic	5		

Klinik Permanence



Description

Klinik Permanence was first opened in 1978 and was acquired by the Group in 1997. The clinic is situated in the western part of Berne in a mainly residential area.

Klinik Permanence specialises in sports injury, orthopaedics, urology and internal medicine. The clinic operates a 24 hour emergency centre to offer patients who need to be hospitalised a bed in one of the three Hirslanden hospitals in Berne.

Address:
Bümplizstr. 83
3018 Berne

Since 2002, management made significant progress improving performance at Permanence and the initial phase of the turnaround of the hospital has been successfully implemented.



Key Statistics:

Overnight bedrooms:		Main operating theatres	3
Beds in single room	15	Physicians affiliated to the clinic	47
Beds in double room	16	Approximate FTEs	111
Beds in shared room	16		
Total	47		
Special care units			
Beds in post-operative recovery room	5		
Beds in day clinic	3		

Salem-Spital



Description

Salem-Spital was founded in 1888 and was acquired in 2002. The clinic is located in the centre of the city of Berne.

The clinic hosts a Centre of Excellence in orthopaedics. It also operates a successful emergency centre and is recognised as one of the leading clinics in its fields.

Salem is located 500 metres from Beau-Site which has allowed the development of an administrative centre serving all three clinics in Berne.

Address:

Schänzlistrasse 39
3000 Berne 25



Key Statistics:

Overnight bedrooms:		Main operating theatres	7
Beds in single room	35	Delivery rooms	3
Beds in double room	78	MRI	1
Beds in shared room	55	Computer tomography scanner	1
Total	168	Dialysis stations	10
Special care units		Physicians affiliated to the clinic	133
Beds in intermediate care	17	Approximate FTEs	414
Beds in post-operative recovery room	7		
Beds in day clinic	8		
Beds in emergency ward	5		

AndreasKlinik Cham Zug



Description

AndreasKlinik joined Hirslanden in 2001, is one of only two hospitals in the canton of Zug. The area is mainly residential and a nursing home is located next to the clinic.

The clinic focuses on gynaecology and obstetrics, general surgery, ophthalmology and orthopaedic surgery. At the end of 2005 various new centres opened up at the clinic (gastro, urology, oncology and mammography).

Address:
Rigistrasse 1
6330 Cham

The canton of Zug is one of the wealthiest in Switzerland and AndreasKlinik, with 50% market share of basic and semi-privately insured cases, has an excellent competitive position. The clinic has strong links with Klinik St. Anna, acting as a feeder for specialist treatment.



Key Statistics:

Overnight bedrooms:		Main operating theatres	4
Beds in single room	10	Deliveries rooms	3
Beds in double room	26	Physicians affiliated to the clinic	67
Beds in shared room	20	Approximate FTEs	153
Total	56		
Special care units			
Beds in intermediate care	7		
Beds in post-operative recovery room	5		
Beds in day clinic	8		
Beds in emergencies and examinations	4		

Klinik Am Rosenberg



Description

Klinik Am Rosenberg is close to the city of St. Gallen in northeastern Switzerland. It was first opened in 1982 and was acquired by the Group in 2002.

The clinic specialises in orthopaedics and also focuses on rheumatology, pain therapy, ENT, plastic surgery, and general surgery.

The Klinik is well positioned at the border triangle between Switzerland, Germany and Austria.

Address:

Hasenbühlstrasse 11
9410 Heiden



Key Statistics:

Overnight bedrooms:		Main operating theatres	4
Beds in single room	20	Operating theatres for day surgery	1
Beds in double room	32	Physicians affiliated to the clinic	22
Beds in double room	12	Approximate FTEs	102
Total	64		
Special care units			
Beds in intermediate care	3		
Beds in post-operative recovery room	3		
Beds in day clinic	6		

Clinique Bois-Cerf



Description

The clinic opened in 1980 and joined Hirslanden in 1988. It is located in Greater Lausanne, in an upmarket residential area.

Treatments provided include orthopaedics, ophthalmology, ENT, urology, general surgery, gynaecology and gastroenterology.

Clinique Bois-Cerf has completed a major renovation project, which included the installation of two new operating theatres and the opening of a new centre for orthopaedics surgery.

Address:

Avenue d'Ouchy 31
1006 Lausanne



Key Statistics:

Overnight bedrooms:		Main operating theatres	5
Beds in single room	32	Operating theatres for day surgery	1
Beds in double room	34	Physicians affiliated to the clinic	140
Total	66	Approximate FTEs	153
Special care units			
Beds in post-operative recovery room	11		
Beds in day clinic	10		

Clinique Cecil



Description

Clinique Cecil is a member of Hirslanden since 1990, having been converted from a hotel to a clinic in 1931. The clinic is located in the centre of Lausanne.

The clinic focuses on cardiology, heart surgery, urology, general surgery, obstetrics and gynaecology. The clinic operates a 24-hour emergency stand-by-service.

Some of the recent initiatives at the clinic include the expansion of the emergency ward and the improvement of the outpatient care facilities.

Address:
Avenue Ruchonnet 53
1003 Lausanne



Key Statistics:

Overnight bedrooms:		Main operating theatres	4
Beds in single room	50	Operating theatres for day surgery	2
Beds in double room	44	Delivery rooms	2
Total	94	MRI	1
Special care units		Nuclear medicine	1
Beds in intensive care	7	Cardiac catheterisation lab	1
Beds in post-operative recovery room	6	Dialysis stations	14
Beds in day clinic	7	Physicians affiliated to the clinic	300
Beds in emergency team	15	Approximate FTEs	153
Beds in "Centre Interventionnel"	3		

Klinik St. Anna



Address:
St. Anna-Strasse 32
6006 Lucerne

Description

Klinik St. Anna was founded in 1918 and joined the Hirslanden group in 2005. It is situated in the centre of Switzerland.

Main medical fields include cardiology, obstetrics and surgical gynaecology, neurosurgery, neurology, orthopaedic surgery, physical medicine as well as rheumatology.

The clinic is the private acute care clinic of first choice in the Lucerne region and offers a first-class range of medical services and exceptional care in a hotel-like atmosphere.



Key Statistics:

Overnight bedrooms:		Main operating theatres	6
Beds in single room	36	Operating theatres for day surgery	1
Beds in double room	90	Delivery rooms	4
Beds in shared room	30	MRI	2
Total	156	Computer tomography scanner	1
Special care units		Nuclear medicine	2
Beds in intensive care	6	Cardiac catheterisation lab	1
Beds in post-operative recovery room	5	Dialysis stations	6
Beds in day clinic	12	Physicians affiliated to the clinic	126
Beds in emergency ward	2	Approximate FTEs	414

Klinik Birshof



Description

Klinik Birshof is a small hospital founded in 1989 and acquired by the Group in 2002. The clinic is located in the north of Switzerland on the triangle border of Switzerland, Germany and France. Klinik Birshof is located in the region of Baselland, a region with a high level of complementary insurance penetration.

Main medical fields include orthopaedics, sports medicine, spine surgery, ENT, plastic and reconstructive surgery.

The clinic has an excellent reputation both with doctors and patients.

Address:

Reinacherstrasse 28
4142 Münchenstein/Basel



Key Statistics:

Overnight bedrooms:		Main operating theatres	4
Beds in single room	13	Physicians affiliated to the clinic	46
Beds in double room	22	Approximate FTEs	93
Beds in shared room	8		
Total	43		
Special care units			
Beds in intermediate care unit	4		
Beds in post-operative recovery room	10		
Beds in day clinic	6		

Klinik Belair



Description

Klinik Belair was founded in 1971 and joined Hirslanden in 2001. It is located in the northwest border of Switzerland in a residential area in the town of Schaffhausen.

Treatments provided include ophthalmology, orthopaedics, gynaecology and obstetrics.

The clinic commands approximately 50% market share of patients with supplementary insurance.

Address:
 Rietstrasse 30
 8201 Schaffhausen



Key Statistics:

Overnight bedrooms:		Main operating theatres	2
Beds in single room	5	Delivery rooms	2
Beds in double room	20	Robot technology for surgery	2
Beds in shared room	3	Physicians affiliated to the clinic	22
Total	28	Approximate FTEs	55
Special care units			
Beds in intermediate care unit	4		
Beds in post-operative recovery room	2		

Klinik Hirslanden



Description

Klinik Hirslanden opened in 1932 and is the Group's flagship clinic. The clinic is located close to the centre of Zurich. The largest clinic in the group, Klinik Hirslanden also has the strongest competitive position of all private hospitals in the Zurich area. As a result of the clinic's size, high occupancy levels and prime locations it is the most profitable clinic in the Group.

Address:
Witellikerstrasse 40
8032 Zürich

Main areas of focus include orthopaedics, cardiovascular medicine, ophthalmology, gynaecology and visceral surgery. Also, one of the main features of Hirslanden is a 24-hour emergency centre with all major medical fields on duty.



Key Statistics:

Overnight bedrooms:		Main operating theatres	10
Beds in single room	149	Operating theatres for day surgery	2
Beds in double room	74	Delivery rooms	3
Total	223	MRI	4
Special care units		Computer tomography scanner	2
Beds in intensive care	15	Cardiac catheterisation lab	4
Beds in post-operative recovery room	16	Nuclear medicine	1
Beds in day clinic	15	Linear accelerator	1
Beds in emergency team	7	Urology – robotic technology for surgery (Da Vinci)	1
		Physicians affiliated to the clinic	295
		Approximate FTEs	668

Klinik Im Park



Description

Klinik Im Park was opened in 1986 and belongs to Hirslanden since 1990. The clinic is located close to the city centre of Zurich in a residential area.

Main areas of clinical focus include cardiology, heart surgery, ophthalmology, gynaecology and obstetrics, orthopaedics, general surgery and oncology.

The clinic maintains a strong emphasis on state-of-the-art technological facilities and features the only Gamma-Knife-System in Switzerland (allows the treatment of brain tumours without surgery).

Address:
Seestrasse 220
8027 Zürich



Key Statistics:

Overnight bedrooms:		Main operating theatres	6
Beds in single room	31	Operating theatres for day surgery	2
Beds in double room	104	Delivery rooms	2
Total	135	MRI	1
Special care units		Computer tomography scanner	1
Beds in intensive care unit	7	Cardiac catheterisation lab	2
Beds in intermediate care unit	6	Gamma Knife	1
Beds in post-operative recovery room	8	Dialysis	12
Beds in day clinic	18	Physicians affiliated to the clinic	266
		Approximate FTEs	361