

E-DA HOSPITAL

2025 Sustainability Report

sustainability report



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CHAPTER

00

FOREWORD

A REPORT INFORMATION | B MESSAGE FROM THE SUPERINTENDENT



About This Report

Report Information

E-Da Hospital, E-Da Healthcare Foundation (hereinafter referred to as “E-Da Hospital”), issued its first Sustainability Report in 2025 to comprehensively communicate its performance and initiatives in healthcare quality, corporate governance, social responsibility, and environmental sustainability. Through a structured materiality assessment process, the Hospital identified and evaluated the material topics identified by stakeholders and assessed their actual and potential impacts on its business operations and long-term sustainable development.

E-Da Hospital believes this report will serve as an important platform for stakeholder communication, enhancing understanding of its sustainability vision, strategic initiatives, and performance through transparent and comprehensive disclosure. By partnering with stakeholders across all sectors of society, the Hospital remains committed to continuously improving the quality of healthcare services, fostering social inclusion, and advancing environmental sustainability.

Reporting Frameworks and Preparation Principles

E-Da Hospital has prepared this Sustainability Report for 2025 with reference to the GRI Standards published in 2021 by the Global Reporting Initiative (GRI). The Report also references the Sustainability Accounting Standards Board (SASB) Standards under the IFRS Foundation, the recommendations of the Task Force on Climate-related Financial Disclosures (TCFD), and the United Nations Sustainable Development Goals (SDGs).

This Report discloses the Hospital’s policies, management approaches, and sustainability performance related to material topics and general disclosures, demonstrating how E-Da Hospital creates long-term value and advances its commitment to sustainable development.

For detailed disclosure information, please refer to the GRI Standards Content Index in Appendix 1 and the SASB Content Index in Appendix 2.

Report Scope and Management

Reporting Scope

The scope of this Report is limited to the operations of E-Da Hospital. The primary reporting boundary is E-Da Hospital’s registered address at No. 1, Yida Road, Yanchao District, Kaohsiung City, Taiwan.

Reporting Period GRI 2-2、GRI 2-4

The 2025 Sustainability Report marks E-Da Hospital’s first sustainability report. Unless otherwise stated, the information disclosed in this Report covers the period from January 1, 2025, to December 31, 2025. To enhance transparency and comparability, certain disclosures include relevant information from previous reporting periods. This Report provides a comprehensive account of E-Da Hospital’s sustainability performance across economic, social, and environmental dimensions. No restatements of previously reported information were made during the reporting period. The Hospital will continue to publish its Sustainability Report on an annual basis, with the reporting cycle aligned with its annual financial reporting schedule.

Report Compilation and Review Process

This Report was prepared through the collaborative efforts of the various working groups under the Sustainability Development Committee. The Committee consists of three functional groups: Environmental Sustainability, Social Responsibility, and Hospital Governance, each led by a Vice Superintendent. Under these functional groups, five dedicated working groups—Environmental Friendliness, Happy Workplace, Social Inclusion, Sustainable Operations, and Excellence in Healthcare—were established to collect, consolidate, and review relevant information and performance data. Following review and approval by the conveners of each working group, the content was submitted to the Chairperson of the Hospital Sustainability Development Committee for final review and approval. The Report underwent graphic design and layout production before being officially published.

Publication Information

First Publication Date: August 2026 | Next Scheduled Publication Date: August 2027

External Assurance and Verification

Financial Information

The financial information disclosed in this Report has been audited by Crowe (TW) CPAs in accordance with applicable regulations, including the Medical Care Act, Regulations Governing the Preparation of Financial Reports by Medical Corporations, the Accounting Standards for Medical Foundations, and the Enterprise Accounting Standards.

Hospital Accreditation

In 2025, E-Da Hospital achieved an “Excellent” rating in the Ministry of Health and Welfare’s Hospital Accreditation (Medical Center) and successfully passed the Teaching Hospital Accreditation (Medical Center). The accreditation is valid from January 1, 2025, to December 31, 2030.

Sustainability Information GRI 2-5

The sustainability information disclosed in this Report was independently assured by the third-party international certification body, AFNOR Asia Ltd., in accordance with the AA1000 Assurance Standard V3 (AA1000AS V3), at the Type 1 Moderate Assurance level. An independent assurance statement has been issued and is included in this Report.

External Certifications and Accreditations

- Greenhouse Gas Inventory Verification ISO 14064-1:2018 / Certifying Body: AFNOR Asia Ltd.
- Energy Management System / ISO 50001:2018 / Certifying Body: BSI Taiwan Branch, British Standards Institution (BSI)
- Information Security Management ISO 27001:2022 / Certifying Body: AFNOR Asia Ltd. (First certified in 2009 successfully completed the transition to ISO 27001:2022 in October 2025.)
- Privacy Information Management ISO 27701:2019 / Certifying Body: AFNOR Asia Ltd. (Initially certified in December 2025.)
- Food Safety Management ISO 22000:2018 / HACCP Code:2020 / Certifying Body: TQCSI
- Medical Laboratory Accreditation TAF ISO 15189: 2022 / Certifying Body: Taiwan Accreditation Foundation (TAF)

Feedback Contact Information GRI 2-3

For comments or inquiries regarding this Report, stakeholders are welcome to contact E-Da Hospital through the following channels:

Contact Department: Medical Administration Office, E-Da Hospital

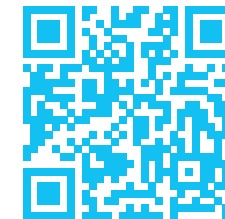
Contact Person: Mr. Chien-Hsun Chen, Manager

Contact Tel: +886-7-615-0011 ext. 1716

Mailing Address: No. 1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung City 824005, Taiwan



ESG Sustainability Website



Sustainability Report Download

Message from the Superintendent

GRI 2-22、GRI 2-23、GRI 2-24



Du, Yuen-Kun
Superintendent, E-Da Hospital

Since its establishment in 2004, E-Da Hospital has remained committed to its vision of becoming a world-class academic medical center. Supported by an elite medical team comprising professionals from leading medical institutions and guided by a patient-centered care philosophy, the Hospital provides comprehensive healthcare services through professional expertise and advanced medical technologies.

To advance the quality of healthcare services and strengthen its international competitiveness, E-Da Hospital has successfully obtained Joint Commission International (JCI) accreditation through five accreditation cycles since 2008, making it the first hospital in Southern Taiwan to achieve JCI accreditation. In addition, the Hospital passed the JCI Academic Medical Center (AMC) accreditation in both 2014 and 2023, receiving international recognition for its healthcare quality and management excellence.

In 2025, E-Da Hospital was officially accredited as a Medical Center under the Ministry of Health and Welfare's Hospital Accreditation program, marking another important milestone in its development. Looking ahead, the Hospital will continue to strengthen its professional capabilities, promote healthcare innovation, and further advance excellence in healthcare services, medical education, and clinical research.



Leading Medical Innovation | Establishing New Standards for Smart and Precision Healthcare

In response to the rapid advancement of medical technology and the growing healthcare needs of society, E-Da Hospital remains committed to enhancing patient care quality while pursuing continuous innovation and excellence. The Hospital delivers clinical healthcare services in accordance with internationally recognized standards and actively develops smart healthcare solutions and innovative medical technologies to optimize healthcare operations, improve workforce efficiency, and enhance clinical outcomes.

Following the amendment of the Regulations Governing the Implementation or Use of Specific Medical Techniques, Examinations, Tests, and Medical Instruments by the Ministry of Health and Welfare, which expanded the clinical application of various cell therapy technologies, E-Da Healthcare invested substantial resources in establishing Good Tissue Practice (GTP)-compliant laboratory. The laboratory obtained ISO 17025 certification in 2020. In 2023, E-Da Hospital successfully passed the Ministry of Health and Welfare's GTP inspection, Cytokine-Induced Killer (CIK) cell therapy review, and Peripheral Blood Stem Cell Bank accreditation.

As a result, E-Da Hospital has become one of the few medical centers in Taiwan capable of independently integrating cell manufacturing, clinical application, and translational medical research within a comprehensive healthcare system.



Advancing Medical Education and Research | Cultivating Healthcare Professionals with Clinical Expertise and Innovation

In the fields of medical research and education, E-Da Healthcare has established a strategic alliance with I-Shou University to advance innovative medical education and research programs. The Clinical Skills Center is equipped with Problem-Based Learning (PBL) classrooms, simulated consultation rooms, operating rooms, and intensive care units, enabling realistic clinical simulations and providing diverse teaching training, and assessment opportunities.

Numerous large-scale educational programs and national-level examinations have been conducted at the Clinical Skills Center, earning widespread recognition and positive evaluations. Looking ahead, E-Da Hospital will continue to promote multi-center clinical research, strengthen international collaborations, and elevate its educational and research excellence to international standards, further enhancing its academic influence and talent competitiveness.



Practicing Social Responsibility | Bridging Healthcare Gaps and Safeguarding Public Health

E-Da Healthcare regards improving the health and well-being of local and international communities as a core responsibility. To enhance the quality and accessibility of healthcare services in the Penghu County, E-Da Hospital has continuously provided free medical outreach services to the offshore islands of Penghu since 2015. In 2017, the Hospital further participated in the National Health Insurance Administration's Integrated Delivery System Program for Mountainous and Offshore Island Areas and introduced telemedicine consultation services.

Through this system, physicians can provide professional medical consultations remotely, improving timely access to healthcare services for local residents and enhancing outcomes for critically ill patients. In addition, E-Da Hospital has implemented a patient-centered outreach model in which healthcare professionals travel to underserved communities, enabling residents to receive medical care closer to home. This approach not only addresses urgent healthcare needs but also improves healthcare accessibility and convenience while reducing the financial and logistical burdens associated with long-distance travel.

Furthermore, E-Da Hospital actively participates in international health initiatives and fulfills its mission as an academic medical center through healthcare services and medical education. Through overseas medical outreach and educational programs, the Hospital supports local communities in improving healthcare quality and strengthening medical capabilities. For many years, E-Da Healthcare has contributed to the training and development of healthcare professionals in Vietnam and the Federated States of Micronesia, demonstrating its strong commitment to advancing global health. These efforts have not only received recognition from Taiwan's Ministry of Foreign Affairs, but the Vietnam program was also honored with the 2023 International CSR Excellence Award.

Looking ahead, E-Da Hospital will continue to collaborate with strategic partners to build a more resilient healthcare system and further showcase Taiwan's healthcare excellence on the global stage.



Environmental Sustainability Commitment | Advancing Toward a Low-Carbon and Smart Healthcare Environment

In response to the health impacts of climate change, E-Da Hospital has long supported national energy policies and introduced the ISO 50001 Energy Management System in 2016. The Hospital actively implements pollution prevention and environmental protection measures through a range of initiatives, including green campus landscaping, adopting energy-efficient lighting systems, installing water-saving sanitary equipment, implementing centralized monitoring systems for air conditioning and energy management, promoting electronic medical records and paperless workflows, developing smart healthcare and telemedicine services, upgrading chiller systems, and installing variable-frequency drive controls for chilled water pumps.

Through these initiatives, E-Da Hospital continues to advance energy conservation and carbon reduction while progressing toward occupational safety, environmental sustainability, low-carbon operations, and sustainable development, thereby fulfilling the social and environmental responsibilities as a healthcare institution.



Future Outlook | Embedding Sustainability at the Core to Deliver Healthcare Value

Looking ahead to 2026, E-Da Hospital will transform its resources into measurable and verifiable outcomes. In healthcare services, the Hospital will continue to develop cross-disciplinary support systems and integrated smart healthcare platforms, leveraging precision care and AI-assisted technologies to reduce frontline workload and digitalize workflows.

In education and research, we will further strengthen talent development mechanisms both clinical practice and research capabilities, promote multi-center clinical research, and international medical collaborations, ensuring that its research achievements and clinical expertise align with global standards.

In sustainability and social responsibility, we will continue to strengthen healthcare services for rural communities, offshore islands, and aging populations, while promoting community health monitoring and ESG sustainability indicators. Through these efforts, E-Da Hospital aims to become a trusted medical center within regional healthcare systems.



Sustainability Management Strategy

Key Sustainability Achievements and Performance (2025)

Category	Event
 Environmental	Implemented and maintained the ISO 50001 Energy Management System, achieving an average annual electricity-saving rate of over 1%, while continuously upgrading and replacing energy-consuming equipment across the Hospital.
	Completed a hospital-wide greenhouse gas inventory, with 2025 designated as the base year, and obtained third-party verification in accordance with the ISO 14064-1:2018, ensuring traceable greenhouse gas emissions data.
	Achieved an 11.4% reduction in total waste generation over the past two years.
	Managed biomedical waste in accordance with regulatory requirements, reducing the generation rate per bed-day from 1.0 to 0.98 while maintaining stable performance.
 Social	Zero major occupational accidents were recorded.
	Employee Health Examination Coverage Rate: 100%.
	A total of 308 community service programs were conducted, benefiting 6,472 participants.
	Received an “Excellent” Rating in the 2025 Professional Institution Accreditation for Occupational Injury Worker Functional Rehabilitation conducted by the Ministry of Labor.
	Received the “Outstanding Performance Award” in the 2025 Baby-Friendly Healthcare Institution Recognition Program organized by the Health Promotion Administration, Ministry of Health and Welfare.
	Shared Decision-Making (SDM) implementation effectiveness rate: 99.6%.
	Achieved the target number of Quality Management Education and Power BI training sessions, with a satisfaction rate of 95.7%.
	Achieved a 100% target completion rate in supporting regional healthcare institutions in healthcare quality and patient safety operations in 2025.
	Anti-corruption Communication and Training – Completion rate for new employees: 100%.
	In 2025, employee base salaries and meal allowances were adjusted, with an average salary increase of 4.73%.
	Labor-management meeting completion rate: 100%; follow-up actions completion rate 100%.

Key Sustainability Achievements and Performance (2025)

Category	Event
 Governance	Passed both the Hospital Accreditation and Teaching Hospital Accreditation and was officially upgraded to a Medical Center.
	Received 1 award at the 26th National Healthcare Quality Award (NHQA).
	A total of 4 patents were granted for clinical research achievements.
	Received 1 Bronze Award and 2 Chapter President Awards at the Taiwan Continuous Improvement Competition organized by the Corporate Synergy Development Center (CSD).
	Ranked No. 11 in the Healthcare Services Industry in the 2025 TOP 5000 Largest Enterprises Ranking.
	Obtained 1 new SNQ National Quality Certification and successfully renewed certification for 6 existing certifications
	Received the 2025 International Gold Award for Tobacco-Free Hospitals from the Global Network for Tobacco-Free Healthcare Services.
	Received Third Place in the Comprehensive Healthcare Quality Improvement Award presented by the Taiwan Healthcare Quality Association.
	Received the Excellence Award in the Quality Improvement Achievement Presentation Competition organized by the Taiwan Healthcare Quality Association.
	Received the Silver Award in the 2025 Diabetes Health Promotion Institution Care Quality Evaluation and Incentive Program organized by the Taiwan Association of Diabetes Educators.
	Successfully obtained certification for ISO 27001:2022 and ISO 27701:2019 Privacy Information Management System.
	Obtained certifications for disease-specific care programs across 9 disease categories.
	Completed three healthcare innovation technology projects and achieved four clinical research outcomes.
	A total of 398 research papers were published.



Ranked No. 11 in the Healthcare Services Industry in the CRIF TOP 5000 Largest Enterprises Ranking.



2025 Taiwan Continuous Improvement Competition (TCIA) – Self-Improvement Category – Bronze Tower Award



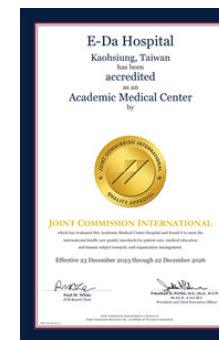
2025 Taiwan Continuous Improvement Competition (TCIA) – Self-Improvement Category – Chapter President Award (Good Morning Circle)



2025 Taiwan Continuous Improvement Competition (TCIA) – Self-Improvement Category – Chapter President Award (Eber GO Circle)



SNQ National Quality Certification Certificate

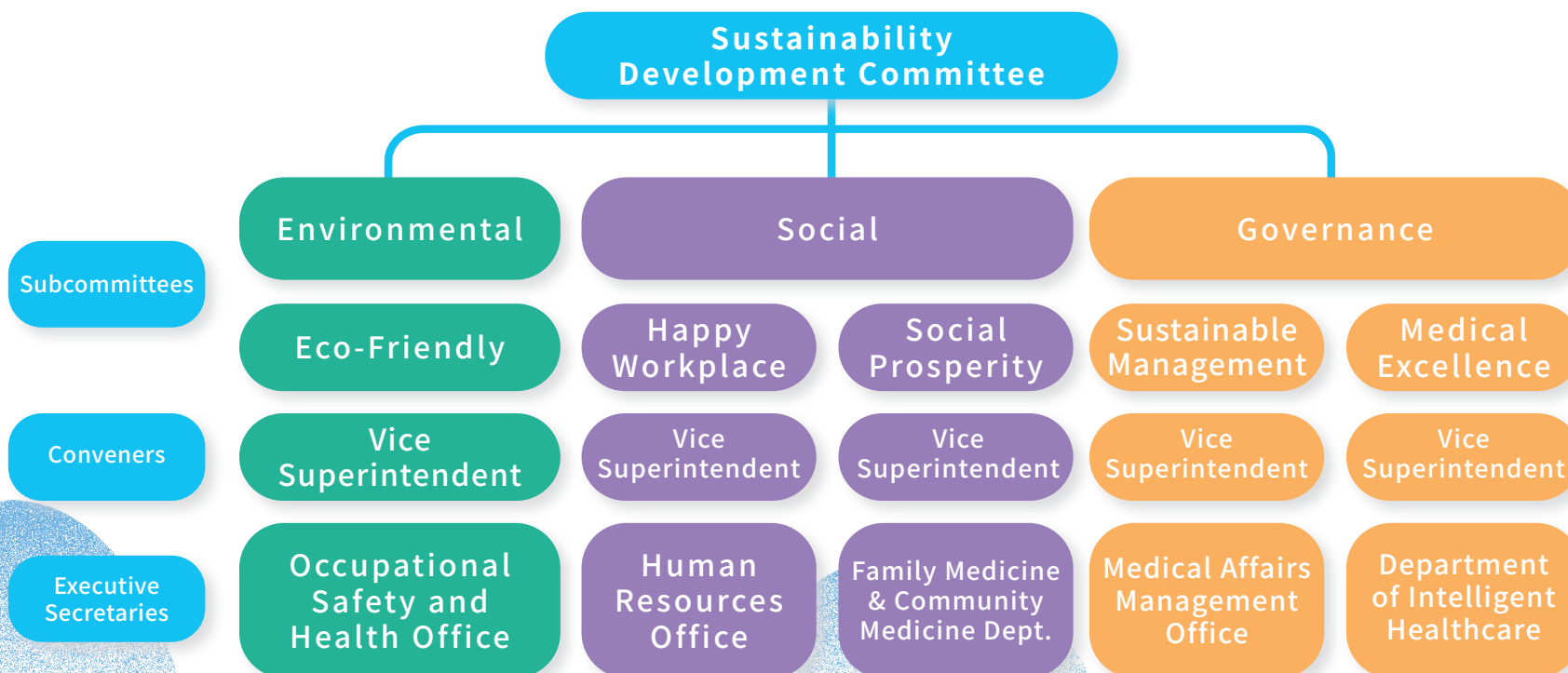


JCI International Healthcare Accreditation Certificate

Sustainability Governance Structure Mechanism

Sustainability Governance Structure GRI 2-13、GRI 2-14

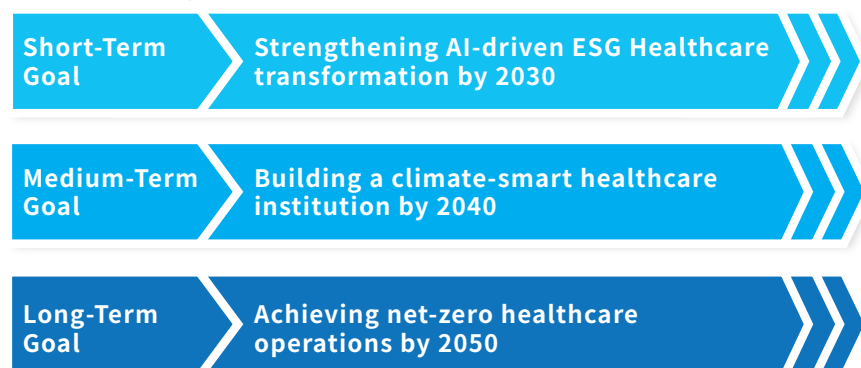
E-Da Hospital's sustainability governance framework is centered on the Sustainability Development Committee. The Committee is chaired by a Vice Superintendent or above, with a Vice Chairperson and Executive Secretary responsible for coordination and implementation. A cross-departmental committee mechanism is established to integrate organizational resources. The Committee consists of one Chairperson, one Vice Chairperson, 10 to 25 members, and one Executive Secretary. Under the Committee, three functional groups—Environmental Sustainability, Social Responsibility, and Hospital Governance—are established, which are further extended into five working groups: Environmental Friendliness, Happy Workplace, Social Inclusion, Sustainable Operations, and Excellence in Healthcare, forming a tiered governance structure spanning decision-making, management, and execution levels. Each working group is responsible for implementing initiatives including greenhouse gas inventory, energy conservation and carbon reduction, patient safety, employee care, information disclosure, and sustainability reporting. Regular meetings are held to monitor performance and drive continuous improvement, ensuring the effective achievement of sustainability objectives.



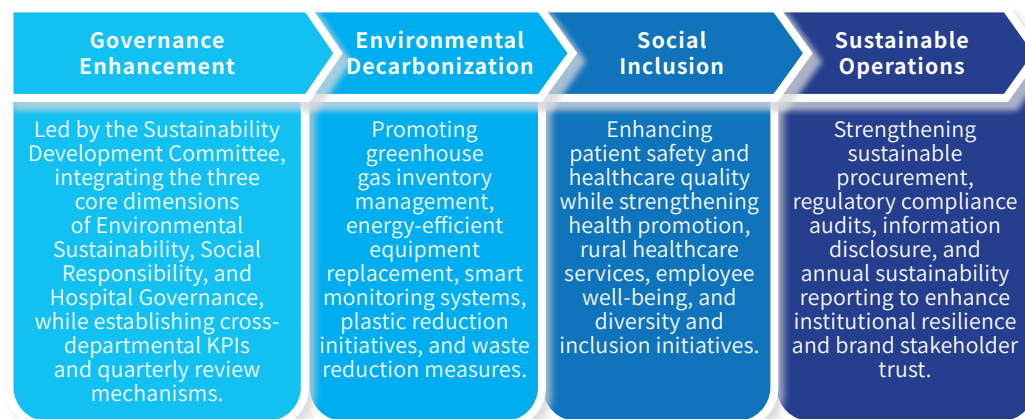
Sustainability Governance Strategic and Roadmap GRI 2-22 、GRI 2-23 、GRI 2-24

To proactively address climate change, healthcare transformation, and evolving stakeholder expectations, the Hospital’ s Sustainability Development Committee oversees the planning and implementation of an integrated sustainability governance strategy across governance, environmental, social, and operational dimensions. Guided by short-, medium-, and long-term objectives, E-Da Hospital is steadily advancing its transition toward net-zero healthcare operations.

E-Da Hospital’ s Short-, Medium-, and Long-Term Sustainability Roadmap



Sustainability Governance Framework



Responsible Business Conduct and Policy Commitments GRI 2-23 、GRI 2-24

E-Da Hospital is committed to responsible healthcare service delivery and operational management by upholding responsible business conduct in areas including patient safety, healthcare quality, regulatory compliance, ethical governance, information security, labor rights, occupational health and safety, environmental protection, sustainable procurement, and social inclusion. The Hospital’ s policy commitments are guided by the United Nations Sustainable Development Goals (SDGs), the United Nations Universal Declaration of Human Rights, the United Nations Guiding Principles on Business and Human Rights, the Medical Care Act, and other relevant regulations, serving as the foundation for its policy commitments and management practices.

E-Da Hospital’ s policy commitments are approved and promoted in accordance with the respective responsibilities of the supervisory governance team, the Superintendent, and the Sustainability Development Committee. Implementation is carried out through three functional groups—Environmental Sustainability, Social Responsibility, and Hospital Governance—as well as five working groups, namely Environmental Friendliness, Happy Workplace, Social Inclusion, Sustainable Operations, and Excellence in Healthcare. These commitments are communicated to internal and external stakeholders through institutional regulations, standard operating procedures, education and training, meeting communications, employee engagement mechanisms, and the Sustainability Report, ensuring that policy commitments are integrated into daily operations and business relationships.

Stakeholder Identification and Engagement

E-Da Hospital identifies and engages stakeholders in accordance with the AA1000 Stakeholder Engagement Standard (AA1000 SES), using five key principles—Responsibility, Influence, Tension, Diverse Perspectives, and Dependency—as the basis for stakeholder identification. The Hospital also takes into consideration the GRI Standards, issues of concern within the healthcare industry, and the actual and potential positive and negative impacts of its operations on stakeholders when conducting stakeholder assessments. Following comprehensive internal discussions by the Sustainability Development Committee, together with assessments and prioritization processes incorporating external expert opinions, E-Da Hospital identified seven major stakeholder groups: employees, patients and families, suppliers and contractors, government agencies, interns, volunteer groups, and community residents. These stakeholder groups serve as foundation for advancing sustainability governance and strengthening stakeholder engagement.

Stakeholder Communication Mechanism GRI 2-16、GRI 2-25、GRI 2-26、GRI 2-29

E-Da Hospital maintains ongoing communication with stakeholders through multiple channels and has established dedicated communication platforms on its official website, including the Superintendent’s Mailbox and service hotlines, to respond promptly to stakeholder concerns, needs and expectations.

The below table summarizes E-Da Hospital’s stakeholder communication channels and engagement outcomes.

Stakeholder	Importance and Significance to E-Da Hospital	Communication Channels	Frequency	Key Engagement Outcomes	Topics of Concern and Corresponding Sections	
 Employees	The stable operations and sustainable development of E-Da Hospital are built upon the collective commitment and long-term dedication of its employees. Their commitment to service excellence, professional expertise, and operational effectiveness serves as a key driving force behind the Hospital’s ability to deliver high-quality healthcare services and achieve operational excellence.	Occupational Safety and Health Committee	Four times per year	- Three cases of unlawful acts of violence in the workplace during the performance of duties were reported by employees. All cases were investigated and handled in accordance with statutory procedures and timelines and were reported to the Kaohsiung City Health Bureau. - One occupational safety and health incident was reported, and corrective actions were implemented through cross-departmental coordination in accordance with hospital regulations. - In accordance with the approved Occupational Safety and Health Education and Training Program, the Hospital conducted training and drills on fire safety, emergency response, occupational safety and health, employee health promotion, and disaster preparedness scenarios, achieving an average training completion rate of 96%.. - Two sexual harassment complaints were received. All cases were investigated and handled in accordance with statutory procedures and timelines and were reported to the Ministry of Labor. - According to the 2025 Employee Satisfaction Survey, “Employee Benefits” (58.7%) was identified as the area of greatest concern among employees. The Hospital implemented the following response measures: - Provided medical service discounts, improved parking facilities, and organized hospital-wide employee activities; - Implemented a 5% salary increase in 2024, followed by an additional 4.73% adjustment in 2025; - Offered employee travel subsidies and subsidies for recreational facilities and amusement park admissions.	Regulatory Compliance Occupational Safety and Health Healthcare Quality Management Information Security Protection	1. Sustainability Operations and Governance 2. Excellence in Healthcare and Innovation 4. Happy Workplace and Health
		Health Promotion Committee	Four times per year			
		Education and Training	As needed			
		Policy Briefing Sessions	As needed			
		Employee Satisfaction Survey	Once per year			
		Labor-Management Meetings	Once per quarter			
		Employee Clubs	As needed			
		Care and Counseling Interviews	As needed			
		Employee Activity Competitions	As needed			
		New Employee Orientation Sessions	As needed			
		Departmental and Clinical Division Meetings	Regularly			

Stakeholder	Importance and Significance to E-Da Hospital	Communication Channels	Frequency	Key Engagement Outcomes	Topics of Concern and Corresponding Sections	
 Contractors / Suppliers	Contractors and suppliers are essential partners in supporting E-Da Hospital's medical services, logistics, and facility management. They play a critical role in maintaining healthcare safety, strengthening risk management, and advancing responsible procurement practices throughout the Hospital's value chain.	Contractor Management Meetings	Once per quarter	- Established regulations for outsourced operations management and designated personnel or departments responsible for overseeing outsourced services within the Hospital. 2Clearly defined qualification requirements and selection procedures for contractors, and required vendors to ensure that outsourced personnel possess the relevant professional competencies or certifications for their assigned duties. - Established training requirements for outsourced on-site personnel, including mandatory training courses and required training hours. - The local procurement rate in 2025 was approximately 92.63%.	Rural Healthcare Services Medication Management Hospital Operations Management Regulatory Compliance	1.Sustainability Operations and Governance 2.Excellence in Healthcare and Innovation 3.Social Inclusion and Responsibility
		Service Quality Indicator Statistics	Once per month			
		Contracted Service Scope	Once per month			
		Contractor Performance Evaluation	Once every six months			
		Education and Training	As needed			
		Addition of equipment to support clinical operational needs(Equipment valued at over NT\$1 million)	Medical Facilities Review Committee Six times per year			
 Government Agencies	Government agencies serve as the primary regulatory and policy authorities overseeing E-Da Hospital's healthcare operations. Their supervision and guidance help shape the Hospital's regulatory compliance, fulfillment of its public health responsibilities, and continuous improvement of healthcare quality.	Banks – Meetings and Electronic Communication Channels (E-mail, LINE Groups, Telephone)	As needed	- The Ministry of Health and Welfare: E-Da Hospital passed the 2025 Medical Center Hospital Accreditation and Teaching Hospital Accreditation. - The Hospital received the “Outstanding Award” in the 2025 Kaohsiung City Infection Control Audit Program for Medical Centers organized by the Kaohsiung City Health Bureau. - The Hospital received an “Excellent” rating in the 2025 Hospital Supervisory Evaluation conducted by the Kaohsiung City Health Bureau. - In 2025, E-Da Hospital received a total of 36 external awards and recognitions for its performance in promoting healthcare quality and patient safety initiatives.	Regulatory Compliance Healthcare Quality Management	1. Sustainability Operations and Governance 2. Excellence in Healthcare and Innovation
		Ministry of Health and Welfare, National Health Insurance Administration, Department of Health, Kaohsiung City Government (social media, letters, and telephone)	As needed			
		Regularly – Written Evaluations / On-site Inspections	Once per year			
		Unscheduled Inspections	As needed			
		Official Correspondence	As needed			
		Meetings	As needed			
		Electronic Communication Channels (E-mail, Telephone, Social Media, etc.)	Immediate			
		Various Certifications, Inspections, Supervisory Reviews, and Accreditations	As needed			
		Ministry of Health and Welfare, Ministry of Digital Affairs, Ministry of Education, health bureaus, and other government agencies (official correspondence and assessments)	As needed			

Stakeholder	Importance and Significance to E-Da Hospital	Communication Channels	Frequency	Key Engagement Outcomes	Topics of Concern and Corresponding Sections	
 Interns	Interns are an important stakeholder group in the development of future healthcare professionals. They play a vital role in the transfer of medical knowledge and clinical skills, contributing to the long-term development of healthcare capacity and the sustainability of the healthcare workforce	Pre-Internship Orientation and Final Evaluation Meetings	Once per student for each internship rotation, with at least 4 to 6 sessions conducted annually	- A total of seven internship-related suggestions were received in 2025: - Three cases related to teaching issues, with feedback provided to the responsible departments and improvement meetings held. - Two cases related to network issues, with a wireless network improvement project implemented effective October 21, 2025. - Two cases related to equipment issues, including procurement requests for digital blood pressure monitors with data upload capability; the equipment was subsequently allocated to relevant internship units, and all cases were resolved. - Internship satisfaction reached 4.88 points (97.6%) in 2025, an increase of 0.12 points (2.4%) compared with 2024. - No major incidents related to teaching quality issues among instructors were reported in 2025. - All 15 laboratory interns who completed training in 2025 achieved a satisfaction score of 100%. - In 2025, medical students' evaluations of departmental teaching and clinical instructors reached 4.6/5.0.	Environmental Regulatory Compliance Regulatory Compliance Information Security Protection Occupational Safety and Health	1.Sustainability Operations and Governance 3 .Happy Workplace and Health 5. Environmental Friendliness and Sustainability
		Internship Satisfaction Survey	Once per student for each internship rotation, with at least 4 to 6 sessions conducted annually			
		Internship Program Review Meetings with Academic Institutions	Twice per year			
		Internship Period Forums, Orientation Sessions, and Meetings for Medical Students	As needed			
		Pre-Clinical Internship Training for Medical Students	Once prior to employment			
		Clinical Internship Class Meetings for Medical Students	Once per month			
		Evaluation of Departmental Teaching and Clinical Instructor Performance by Medical Students	Once per month			
		Hospital-wide Education and Training Programs for Medical Students	As needed			
		Bilateral Meetings on Internship and Clinical Practicum Affairs between E-Da Healthcare and I-Shou University	Twice per year			
		Internship Partner Institution Exchange and Enhancement Meetings	Once per year			

Stakeholder	Importance and Significance to E-Da Hospital	Communication Channels	Frequency	Key Engagement Outcomes	Topics of Concern and Corresponding Sections	
 Volunteer Groups	Volunteer groups are valued partners in E-Da Hospital's healthcare and community engagement initiatives. Through volunteer services and compassionate care, they contribute to enhancing patient experiences, supporting families, and strengthening the Hospital's connection with the community.	Volunteer Leaders and Team Leader Meetings	Four times per year	- Quarterly review meetings were conducted in 2025. Based on volunteer feedback regarding patient fall prevention education, fall-prevention signage and elevator-use reminders for individuals with mobility difficulties were installed near the elevators on the first floor. - In 2025, a total of 22 group supervision sessions and 13 individual supervision sessions for volunteer teams were conducted. To safeguard volunteer rights and interests, the Hospital coordinated access to accessible parking spaces in staff parking areas and established a dedicated application mechanism for certified volunteers. - In 2025, the Superintendent's Mailbox received 44 commendations recognizing volunteer services, while three cases involved suggestions or complaints related to service conduct. All cases were addressed and resolved within the required timeframe. In the same year, in-service training on volunteer service etiquette and ethics was provided. - Two volunteer performance evaluations were conducted in 2025. - A total of six annual in-service volunteer training sessions were conducted in 2025, achieving an average satisfaction rate of 95.6%.	Volunteer Service Activities Rural Healthcare Services Occupational Safety and Health Community Responsibility and Assistance	3.Happy Workplace and Health 4.Social Inclusion and Responsibility
		Volunteer Group Supervision and Individual Counseling Sessions	Once per year			
		Superintendent's Mailbox – Volunteer Service-Related Feedback	As needed			
		Volunteer Performance Evaluation	Twice per year			
		Volunteer In-Service Training	Six times per year			
		Volunteer Service Log	Four shifts per day			
 Community Residents	Community residents are important stakeholders in E-Da Hospital's efforts to strengthen community engagement and fulfill its public health mission. Through ongoing collaboration with local residents, the Hospital fosters sustainable and mutually beneficial development between the healthcare institution and the surrounding community.	Active Aging Program	As needed	- A total of 1,655 service visits were provided, achieving a 97% service satisfaction rate. - The Active Aging Program engaged 1,365 participants, with an 89% improvement rate in cognitive pre- and post-test assessments. - The Yan Chao Community Development Program engaged 299 participants, with a 76% improvement rate in cognitive pre- and post-test assessments. - Two Level-C care stations provided a total of 3,714 service visits (including communal nutritional meals), and five cases were referred to long-term care services. - A total of 75 community healthcare needs assessment questionnaires were collected, and one community healthcare needs report was completed.	Rural Healthcare Services Social Relationships Community Responsibility and Assistance Talent Development	3.Happy Workplace and Employee Health 4.Social Inclusion and Responsibility
		Yan Chao Community Development Program	As needed			
		C-Level Community Long-Term Care Station (Medical Affairs Type C Care Station)	Twice a Week			
		Free Medical Outreach Services in Rural and Offshore Areas	Four times per year			
		Community Medical Needs Assessment Form	Once per year			
		Yan Chao Health Promotion Committee	Twice per year			

Stakeholder	Importance and Significance to E-Da Hospital	Communication Channels	Frequency	Key Engagement Outcomes	Topics of Concern and Corresponding Sections	
 Patients / Families	Patients and their families are the primary recipients of E-Da Hospital's healthcare services. Their healthcare needs, feedback, and trust directly influence the quality of medical services, patient safety, and the Hospital's institutional reputation, and serve as an important driver of its sustainable development.	Hospital Website	Immediate	- In 2025, the President's Mailbox received 980 cases, with a 71% satisfaction rate in case handling. There were 1,113 positive feedback records, 359 negative feedback records, and 70 suggestions. All complaints and suggestions were reviewed and addressed by the responsible departments. In response to suggestions regarding a paperless health examination system, an online system was implemented, providing real-time access to examination information, progress tracking, pre-examination instructions, and online questionnaire submission, thereby improving service convenience and supporting energy conservation and carbon reduction. - The implementation rate of the 2025 Healthcare Experience Survey and Shared Decision-Making (SDM) reports reached 100%. - The results of the healthcare experience survey and related improvement actions (covering indicators such as outpatient and inpatient positive feedback below 80% with negative feedback above 5%, and emergency department positive feedback below 70% with negative feedback above 10%) are disclosed on the E-Da Hospital external website. - In 2025, there were 27 SDM decision topics, with a total of 5,140 SDM cases implemented, and an SDM effectiveness rate of 99.7% (target: 98.0%).	Patient Care and Engagement Healthcare Quality Management Community Responsibility and Assistance Information and Cybersecurity Protection	1.Sustainable Operations and Governance 2.Excellence in Healthcare and Innovation 3.Social Inclusion and Responsibility
		E-Da Healthcare Mobile App	Immediate			
		Main Switchboard	Immediate			
		Outpatient Registration Counter and Waiting Area	Immediate			
		CEO Mailbox (President's Mailbox)	Immediate			
		Patient Safety and Healthcare Quality Review Committee	Once per year			
		Patient Safety Week Activities	Once per year			
		Healthcare Experience Survey	As needed			
		Shared Decision Making (SDM)	As needed			
		Medical Quality Department Section, E-Da Hospital Website	As needed			

Process for Determining Material Topics

GRI 2-6、GRI 3-1

To ensure that E-Da Hospital's sustainability topics fully reflect stakeholder concerns and expectations while addressing the actual and potential impacts of its activities on ESG, the Hospital systematically identified and validated its material topics through an assessment of its sustainability context across four key dimensions and a five-step assessment process. With reference to the GRI Universal Standards 2021 and the materiality assessment process approach outlined in the AA1000 Stakeholder Engagement Standard (AA1000 SES), the Hospital identified its material topics to determine the scope of sustainability disclosures in this Report. These material topics also serve as an important foundation for establishing the Hospital's sustainability strategies and objectives.

Understanding Organizational Sustainability Context	1 Stakeholder Identification and Engagement	According to the AA1000 Stakeholder Engagement Standard (AA1000 SES), stakeholders are identified through five principles: accountability, influence, tension, diverse perspectives, and dependency. Based on this analysis, seven key stakeholder groups related to E-Da Hospital's sustainability strategy were identified, including employees, patients and families, suppliers and outsourced contractors, government authorities, interns, volunteer teams, and community residents. In addition, a regular communication mechanism has been established to ensure that stakeholders' perspectives are effectively integrated into the Hospital's decision-making processes.	7 Stakeholder Groups
	2 Sustainability Topic Compilation	The Sustainability Development Committee references the GRI Standards, the SASB Standards, the United Nations Sustainable Development Goals, expert recommendations, and emerging sustainability trends. Based on these frameworks, 26 sustainability topics were initially identified, after which questionnaires were distributed to collect stakeholder feedback on their level of concern regarding these topics.	26 Sustainability Topics
Identification of Actual and Potential Impacts	3 Stakeholder Materiality Survey and Impact Assessment	Stakeholder Interest Survey : The responsible unit conducted a sustainability topic survey among stakeholders, resulting in 368 valid responses. Positive and Negative Impact Survey : Senior management representatives from various units of the Sustainability Development Promotion Team assessed 26 topics using an internal impact assessment questionnaire. The assessment considered the positive and negative impacts on E-Da Hospital across environmental, social, human rights, and governance dimensions, as well as the likelihood and severity of impacts. A five-point scale was used to identify material topics with higher significance. A total of 17 valid questionnaires were collected.	A total of 385 questionnaires were collected, including 17 from senior management representatives and 368 from stakeholders.

Impact Significance Assessment	4 Consolidation of Impacts into Material Topics	The integrated results of internal and external surveys were aggregated and ranked based on scores, resulting in 14 material topics. Following review and approval by the Sustainability Development Committee and senior executives from respective departments, the analysis of impact significance and relevance was consolidated into 10 material topics, which were then prioritized according to their assessment scores.	10 Material Topics
Disclosure and Reporting of Material Topics	5 Management Approach to Material Topics	The confirmed material topics are mapped to the GRI Sustainability Reporting Standards. A value chain impact analysis is conducted across seven stakeholder groups. Each sustainability working group reviews and validates the required disclosures, including indicators, policies, commitments, management approaches, and performance outcomes, to ensure the transparency and consistency of disclosures related to material topics and their corresponding management approaches.	Value Chain Boundary Definition and Analysis

Results of Material Topic Identification GRI 3-2

E-Da Hospital identified its material topics through a comprehensive assessment of external economic, environmental, and social trends, while also taking into consideration international sustainability initiatives and standards, as well as stakeholder expectations and concerns regarding the Hospital’s sustainability-related issues.

Following evaluation and analysis process, the assessment results were jointly reviewed and approved by the Sustainability Development Committee. Following evaluation and analysis, the assessment results were jointly reviewed and confirmed by the Sustainability Development Committee. During the review process, several closely related topics were consolidated to enhance the relevance and clarity of the materiality assessment. Specifically, “Regulatory Compliance” and “Risk Response” were combined into “Regulatory Compliance and Risk Response”; “Hospital Operations Management” and “Internal Control” were merged into “Hospital Operations Management and Internal Control”; “Employment and Labor Relations” and “Employee Compensation and Benefits” were consolidated into “Labor Relations and Compensation & Benefits”; and “Social Relations” and “Social Responsibility and Assistance” were integrated into “Social Relations and Social Responsibility.” As a result, ten material topics were identified for 2025: “Information Security Protection,” “Regulatory Compliance and Risk Response,” “Hospital Operations Management and Internal Control,” “Occupational Safety and Health,” “Labor Relations and Compensation & Benefits,” “Social Relations and Social Responsibility,” “Rural Healthcare Services,” “Waste Management,” “Healthcare Quality Management,” and “Medication Management.”

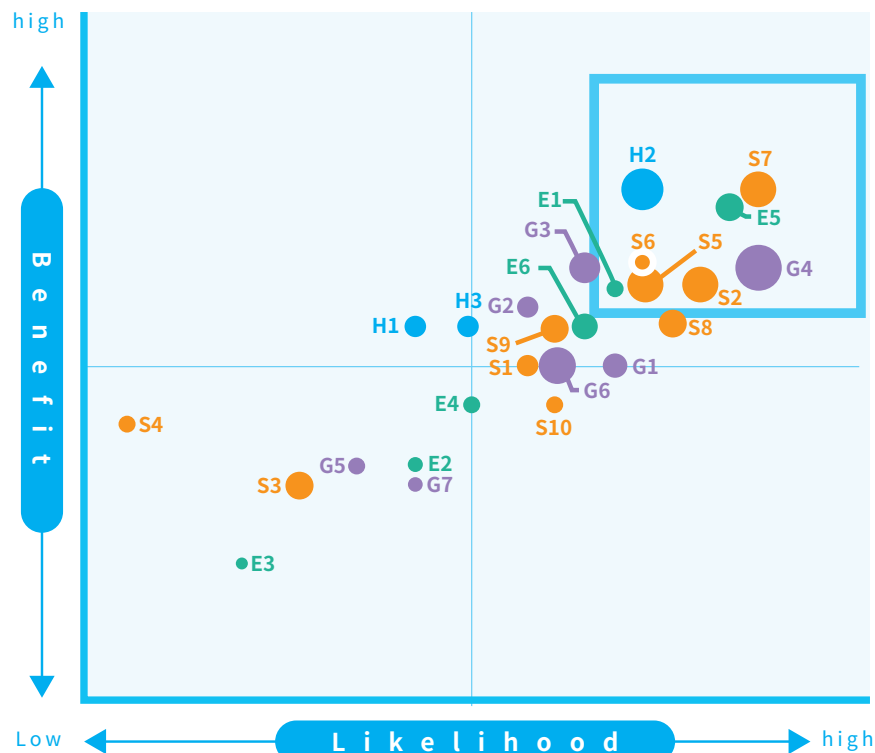
These material topics represent the Hospital’s key areas of ongoing focus, promotion, and continuous improvement, and also form serve as an important basis for sustainability strategy development and future sustainability disclosures.

Results of Materiality Topics Impact Identification and Assessment

● Governance ● Healthcare ● Social ● Environment

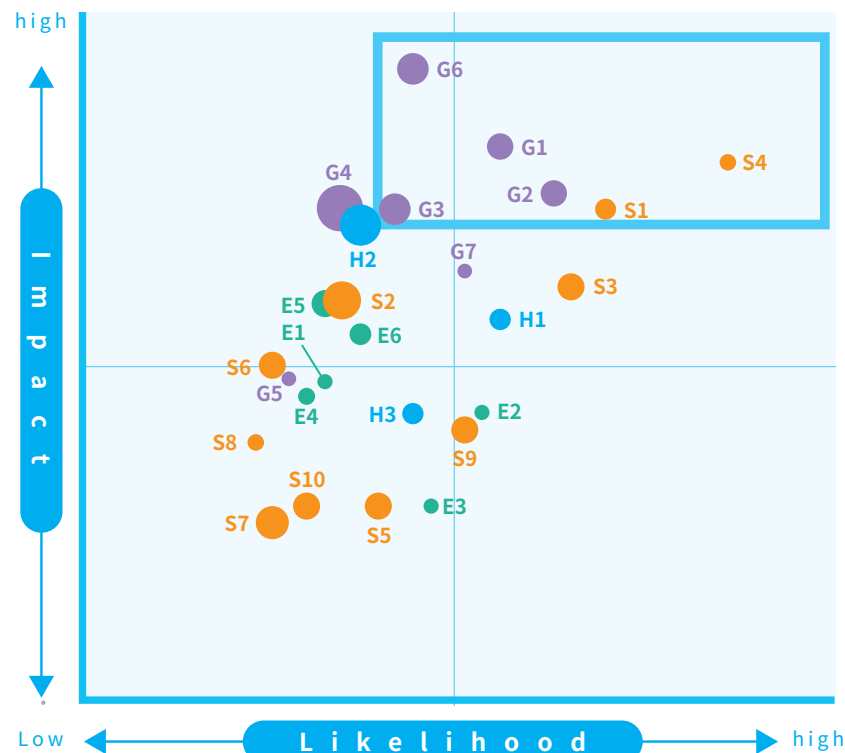
Positive Impact

Benefit/ Likelihood/Level of Stakeholder Concern



Negative Impact

Impact/ Likelihood/Level of Stakeholder Concern



● Governance

- G1 : Hospital Operations and Management
- G2 : Internal Control Systems
- G3 : Risk Management and Emergency Response
- G4 : Regulatory Compliance
- G5 : Financial Information Transparency
- G6 : Information Security and Data Protection
- G7 : Supply Chain Management

● Healthcare

- H1 : Innovative Medical Service
- H2 : Healthcare Quality Management
- H3 : Application of Artificial Intelligence (AI) in Healthcare

● Environment

- E1 : Waste Management
- E2 : Energy Management
- E3 : Greenhouse Gas Emissions
- E4 : Water Resource Management
- E5 : Medication Management
- E6 : Compliance with Environmental Regulations

● Social

- S1 : Employment Practices and Labor Relations
- S2 : Occupational Health and Safety
- S3 : Talent Development and Training
- S4 : Employee Compensation and Benefits
- S5 : Social Responsibility and Emergency Assistance
- S6 : Community Engagement and Relations
- S7 : Healthcare Services in Underserved and Remote Areas
- S8 : International Medical Services
- S9 : Patient Care and Communication
- S10 : Volunteer Service Programs

Matrix Dimensions & Legend : • X-axis | Likelihood of Occurrence • Y-axis | Degree of Benefit/Degree of Impact • Circle Size | Circle size is proportional to the level of attention.

Material Topics and Their Impacts GRI 3-2

For the 2025 Sustainability Report, E-Da Hospital determined its material topics through discussions and confirmation by the Sustainability Development Committee. The material topics were prioritized according to the combined assessment of impact significance and stakeholder concern. In addition, the Hospital conducted value chain impact assessments involving seven categories of key stakeholders to identify and evaluate direct impacts, contributing impacts, and impacts directly linked to its business relationships throughout the value chain.

	Material Topic	Impact Type	Occurrence Status	Employees	Patients / Families	Contractors / Suppliers	Government Agencies	Interns	Volunteer Groups	Community Residents	GRI Disclosure	Reference Section
1	Information Security Protection	Negative	Potential	●	●	○	●	●			Organization-specific Material Topic	1. Sustainability Operations and Governance
2	Healthcare Quality Management	Positive	Actual	●	●	○	●	●			Organization-specific Material Topic	2. Excellence in Healthcare and Innovation
3	Regulatory Compliance and Risk Response	Negative	Potential	●	●	○	●	●	●	●	Organization-specific Material Topic	1. Sustainability Operations and Governance
4	Hospital Operations Management and Internal Control	Positive	Actual	●		○	●				Organization-specific Material Topic	1. Sustainability Operations and Governance
5	Medication Management	Positive	Actual	●	●	○	●	●			Organization-specific Material Topic	2. Excellence in Healthcare and Innovation
6	Occupational Safety and Health	Negative	Potential	●		○	●	●	●		GRI 403	3. Employee Well-Being and Health
7	Labor Relations and Compensation & Benefits	Positive	Actual	●			●	●			GRI 401	3. Employee Well-Being and Health
8	Social Relations and Social Responsibility	Positive	Actual	●	●		●	●	●	●	GRI 413	4. Social Inclusion and Responsibility
9	Rural Healthcare Services	Positive	Actual	●	●		●	●		●	Organization-specific Material Topic	4. Social Inclusion and Responsibility
10	Waste Management	Negative	Actual	●		○	●			●	GRI 306	5. Environmental Friendliness and Sustainability

Note: Blank fields indicate that the topic does not have a significant direct sustainability impact linkage with the respective stakeholder group.

- Direct Impact: Impacts directly caused by E-Da Hospital's healthcare services and operational activities.
- Contributing Impact: Impacts indirectly contributed to through E-Da Hospital's collaboration or joint initiatives with other entities (such as government agencies, communities, or educational institutions).
- Business Relationship-Related Impact: Impacts not directly caused by the Hospital itself, but directly related to its operations through business relationships, such as upstream and downstream procurement or outsourced waste disposal services.

Management of Material Topics GRI 2-23、GRI 2-24、GRI 3-3

For each of the ten material topics, implementation policies, performance outcomes, and 2026 targets have been established. Progress toward the achievement of these targets is continuously monitored and tracked. The policy commitments for each material topic are integrated into operational processes by the responsible units through management systems, annual KPIs, training programs, audits, and meeting follow-ups, and are consolidated and reviewed by the Sustainability Development Committee.

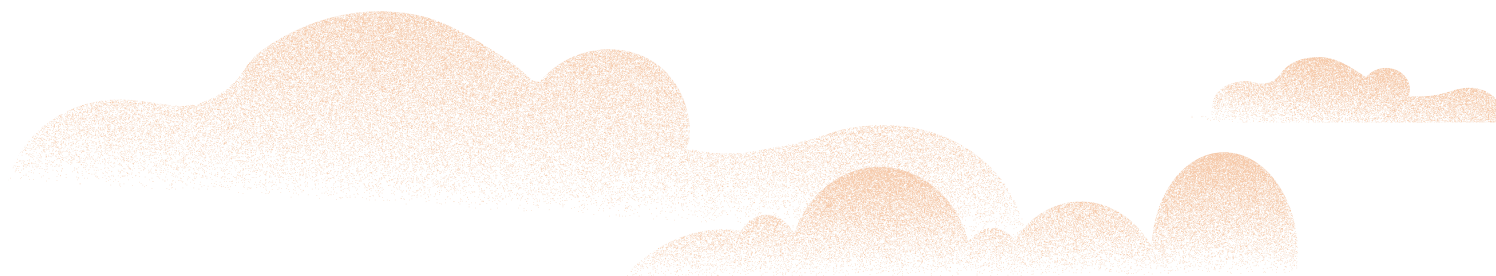
	Material Topics	Policy Commitment	Impact Aspects	2024-2025 Performance	2026 Targets
 Governance Aspect	Information Security Protection	The Hospital adheres strictly to laws and international standards related to information security and personal data protection. E-Da Hospital continuously strengthens its information security governance and risk management framework, implementing access controls, staff training, and internal audits. The Hospital safeguards patient privacy and sensitive institutional information to ensure the integrity, stability, and continuous operation of core medical systems.	Potential Negative Impacts: Patient data, electronic medical records, and core clinical information systems may be compromised by cybersecurity incidents.	- The Hospital is certified under ISO/IEC 27001:2022. - The Hospital obtained ISO/IEC 27701:2019 Privacy Information Management System certification in 2025. - Achieved a 100% completion rate for hospital-wide information security training. - No personal data breach incidents were confirmed by the competent authorities.	- Maintain ISO/IEC 27001 certification. - Achieve a 100% staff information security training completion rate. - Maintain zero major cybersecurity incidents and zero personal data breaches.
	Regulatory Compliance and Risk Response	In compliance with healthcare, labor, and occupational safety and health regulations, E-Da Hospital adopts an all-hazards management approach as a core element of its risk management framework. The Hospital strengthens its risk identification, early warning, prevention, and emergency response mechanisms to effectively address actual and potential operational risks. These mechanisms enable rapid response and timely decision-making, thereby enhancing the Hospital's overall operational resilience and crisis management capabilities.	Potential Negative Impacts: Regulatory non-compliance, disasters, or emergency events may adversely affect operational continuity and the safety of stakeholders.	- In 2025, all 54 disaster drills were conducted, with all targets successfully achieved. - No cases of environmental or labor regulatory non-compliance or penalties were recorded. - No incidents of patient privacy or electronic medical record data breaches were recorded. - The Hazard Vulnerability Analysis (HVA) was conducted in 2024 and 2025, with mitigation measures implemented for the top five identified risk items.	- No cases of regulatory non-compliance or penalties were recorded in healthcare, environmental, or labor domains. The annual Hazard Vulnerability Analysis (HVA) was completed, and mitigation measures were implemented for the top five risk items. - All required emergency response drills and training programs were completed.

	Material Topics	Policy Commitment	Impact Aspects	2024–2025 Performance	2026 Targets
 Governance Aspect	Hospital Operations Management and Internal Control	The Hospital's governance and management teams are responsible for continuously enhancing the quality of care, patient safety, and operational effectiveness, while fostering a culture that prioritizes quality of care and patient safety.	Actual Positive Impacts: Stable operations and strong internal control systems enhance healthcare service quality while strengthening emergency and critical care capabilities, as well as medical education and training capacity.	- The 9th Board of Directors was reconstituted in July 2024, and its membership was publicly disclosed. - In 2025, actual expenditures on education, research and development, and medical social service programs amounted to NT\$217,803 thousand. - In 2025, a total of 27 internal audits were conducted, of which 20 findings were compliant and 7 required follow-up actions.	- The estimated budget for education, research and development, and medical social service programs amounts to NT\$233,103 thousand. - Financial and governance information is regularly disclosed in accordance with applicable regulations.
	Occupational Safety and Health	The Hospital ensures compliance with applicable regulations, promotes employee well-being, enhances governance and management systems, and is committed to maintaining a zero-accident workplace.	Potential Negative Impacts: Occupational injuries, occupational diseases, workplace violence, and psychological stress, if not adequately managed, may pose risks to employees' physical and mental health and workplace safety.	- Implement the ISO 45001 Occupational Health and Safety Management System. - Maintained a zero incidence rate of occupational diseases. - Achieved a 100% employee health examination completion rate. - Obtained the 2025 Workplace Health Promotion Self-Assessment Compliance Certificate.	- Maintain zero occurrence of major occupational accidents and occupational diseases. - Achieve a 100% reporting and case handling rate for workplace violence incidents. - Maintain valid ISO 45001 certification. - Obtain the Workplace Health Promotion Self-Assessment Compliance Certificate for 2026.
 Social Aspect	Labor Relations and Compensation & Benefits	Uphold principles of fairness, justice, and transparency, and emphasize diversity and inclusion. Recruitment is based on professional competence and development potential, supported by a transparent selection system. At the same time, employee feedback is actively listened to, welfare measures are enhanced to promote work-life balance, and an open and respectful labor-management communication mechanism is implemented to protect employee rights and interests and foster a harmonious, trusting, and mutually beneficial workplace environment.	Actual Positive Impacts: The Hospital promotes employee retention, diversity, equity, and inclusion, and employee well-being.	- In 2025, the employee satisfaction survey recorded a valid response rate of 49.0%, and all six assessment dimensions met the passing threshold, with average scores ranging from 3.42 to 3.84. - In 2024, employee base salaries were increased, with an average increase of %. In 2025, food allowances and base salaries were further increased, resulting in an average salary adjustment of 4.73%. - A 100% intervention rate was achieved for high-risk cases (e.g., maladjustment and stress-related concerns).	- Expand hospital-wide employee engagement activities in 2026 and implement at least six employee club development events, with an attendance rate exceeding 90%. - Continue to enhance employee compensation to ensure alignment with healthcare industry salary benchmarks.

 Social Aspect	Material Topics	Policy Commitment	Impact Aspects	2024–2025 Performance	2026 Targets
	Social Relations and Social Responsibility	The Hospital upholds the principles of fairness, justice, and transparency, and promotes diversity, equity, and inclusion. Recruitment is based on professional competence and development potential through a transparent selection system. Employee feedback is actively collected and addressed, while welfare measures are enhanced to support work–life balance. An open labor–management communication mechanism is implemented to protect employee rights and foster a harmonious and mutually beneficial workplace.	Actual Positive Impacts: The Hospital promotes community health, harmonious patient–physician relationships, and support for vulnerable populations.	The Hospital continued to promote care and social support services for vulnerable patients. The outcomes are as follows: - Fundraising assistance for financially disadvantaged patients: NT\$5,313,948; patients assisted: 924 visits. - In collaboration with medical teams: child and adolescent protection outreach visits, 37 cases; elderly and vulnerable outreach visits, 55 cases. - Community welfare and care activities organized in conjunction with festive events: 66 sessions.	- Continue to strengthen support services and resource integration for vulnerable patients, assisting more than 500 economically disadvantaged patients and providing financial assistance exceeding NT\$2.5 million. - Implement standardized visitation and follow-up care mechanisms for child protection cases, high-risk families, and economically disadvantaged elderly patients, covering over 40 cases, and complete at least one academic poster presentation. - Conduct festive public welfare and care services in hospital lobbies and wards, and implement community health promotion activities in alignment with public health policies, totaling more than 50 sessions.
	Rural Healthcare	E-Da Hospital aims to serve as a pillar of community health, fulfilling its social responsibility and mission by actively extending services into local communities and prioritizing healthcare support for residents in offshore islands and remote regions.	Actual Positive Impacts: The Hospital enhances access to healthcare services in offshore islands and rural areas and promotes health equity.	- Penghu outreach medical services served 303 participants. Specialist consultations accounted for 837 visits. Diagnostic and examination services totaled 1,081 visits, including ultrasound, cancer screening, and fundus examinations. Health education and care services accounted for 220 visits, bringing total service volume to 2,338 visits. The Integrated Delivery System (IDS) Program recorded 19,283 service visits, including specialty care, rehabilitation, and nutrition services. - A total of eight outreach medical missions were conducted in Penghu, with 206 satisfaction questionnaires collected. The overall satisfaction rate reached 96.47%, and all survey items recorded satisfaction levels above 85%. - The Mudan outreach medical service served 163 patients, and the IDS Program recorded approximately 3,705 service visits.	Continuously enhance outreach medical services to strengthen healthcare access for residents in rural and offshore island areas and promote health equity.

	Material Topics	Policy Commitment	Impact Aspects	2024–2025 Performance	2026 Targets
 Environmental Aspect	Waste Management	E-Da Hospital is committed to environmental protection and sustainable development. The Hospital has integrated the principles of energy and resource management and carbon emissions control into waste management throughout its lifecycle, continuously improving waste reduction, resource recovery, and waste treatment efficiency.	Potential Negative Impacts: Biomedical waste may increase environmental impacts and pose risks to public health and waste treatment operations.	- Completed the 2025 greenhouse gas inventory and obtained external verification from an independent assurance body. - In 2025, the volume of biomedical waste sent for incineration decreased by 4% compared with 2024. - The annual volume of medical waste recycled and reused reached 52,690 kg, including discarded medical glass bottles, used dialyzers, dialysis containers, and insulated cooler bags.	- Achieve a 1% reduction in carbon emissions intensity in 2026 compared with 2025. - Achieve a 2% reduction in the volume of biomedical waste sent for incineration in 2026 compared with 2025. - Achieve a 1% increase in the volume of recyclable and reusable medical waste in 2026 compared with 2025.
 Healthcare Quality Aspect	Healthcare Quality Management	Based on national and international hospital accreditation standards, the annual Patient Safety Goals issued by the Joint Commission of Taiwan (JCT), and the six International Patient Safety Goals (IPSGs) established by Joint Commission International (JCI), E-Da Hospital has developed a hospital-wide Healthcare Quality Improvement and Patient Safety Program, supported by comprehensive policies and procedures. This framework promotes active staff participation and adherence to standardized practices, while incorporating regular reviews and continuous improvement mechanisms to enhance healthcare quality and ensure patient safety.	Actual Positive Impacts: Enhance patient safety, reduce the risk of medical errors, and strengthen healthcare quality and patient trust.	- Formulate hospital-wide strategies and implementation plans for healthcare quality and patient safety. - Patient Safety Target Indicator Achievement Rate (target $\geq 80\%$): 92.5% in 2024, 83.8% in 2025. - Patient Identification Compliance Rate (target $>96.5\%$): 97.2% in 2024, 98.0% in 2025. - Patient Safety Culture Survey Response Rate (target $>76.5\%$): 72.6% in 2024, 81.5% in 2025. - Participation in external quality achievement competitions (target ≥ 2 teams per year): 1 team in 2024, 5 teams in 2025. - Quality improvement training courses (target ≥ 4 sessions per year): 9 sessions in 2024, 20 sessions in 2025.	- Formulate hospital-wide healthcare quality and patient safety strategies and implementation plans. - Patient Safety Target Indicator Achievement Rate is set at $\geq 80\%$. - Patient Identification Compliance Rate is set at $>96.5\%$. - Patient Safety Culture Survey Response Rate is set at $>76.5\%$. - Participation in external quality achievement competitions is set at ≥ 2 teams per year. - Quality improvement training courses are set at ≥ 6 sessions per year.

 Healthcare Quality Aspect	Material Topics	Policy Commitment	Impact Aspects	2024–2025 Performance	2026 Targets
	Medication Management	E-Da Hospital is committed to medication reconciliation, strengthening patient safety in the use of high-alert medications, and enhancing the safe administration of infusions requiring controlled flow rates or shared infusion lines. These efforts aim to reduce medication errors and improve medication safety and the quality of patient care.	Actual Positive Impacts: Reduce medication errors and strengthen medication safety for patients.	- The incidence of duplicate medication prescriptions in outpatient visits on the same day is 0.011%, indicating strong medication safety management. - Pharmacist visitation coverage in intensive care units is 100%, and physician acceptance of medication recommendations is 98%. - The compliance rate for high-alert medication audits is 100%, and insulin injection site rotation compliance is 100%. - For patients undergoing surgery or invasive procedures, the completion rate of anticoagulant discontinuation assessment is 100%. - After receiving individualized medication counseling, patient health education awareness reached 97.3%.	- Maintain zero serious medication administration errors involving high-alert medications to ensure patient medication safety. - Continuously optimize the clinical decision support system and maintain a 100% interception rate for duplicate medication prescribing alerts. - Expand pharmaceutical care coverage for elderly patients and patients with polypharmacy to improve medication adherence. - Ensure all oncology pharmacists and medication administration nurses complete mandatory professional training and safety competency assessments. - Promote the Medication Education App and digital health education to enhance patients' self-management of medications..



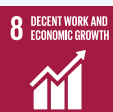
Sustainability Initiatives

E-Da Hospital aligns its sustainability efforts with the United Nations Sustainable Development Goals (SDGs) and draws upon internationally recognized guidance documents, including the Guidance on Core Indicators for Sustainability and SDG Impact issued by the United Nations Conference on Trade and Development (UNCTAD) and Business Reporting on the SDGs: An Analysis of the Goals and Targets, jointly published by the Global Reporting Initiative (GRI) and the United Nations Global Compact (UNGC). These international frameworks serve as important references for the Hospital's sustainability strategies and disclosure practices.

THE GLOBAL GOALS



Alignment of E-Da Hospital's Core Operations, Material Topics, and SDG Targets

Material Topics		SDGs	2025 Performance and Key Initiatives
1	Information Security Protection	 	- Established an Information Security Management Committee and successfully obtained ISO/IEC 27001:2022 Information Security Management System certification and ISO/IEC 27701:2019 Privacy Information Management System certification. - Achieved a 100% completion rate for information security training among all hospital employees. - No personal data breach incidents were confirmed by competent authorities, further strengthening the protection of patient privacy, electronic medical records, and sensitive hospital information.
2	Healthcare Quality Management	 	- Established a Patient Safety and Healthcare Quality Review Committee and seven working groups, and formulated hospital-wide healthcare quality and patient safety strategies. - Patient Safety Target Indicator Achievement Rate was 92.5% in 2024 and 83.8% in 2025; Patient Identification Compliance Rate reached 98.0% in 2025. - In 2025, the Patient Safety Culture Survey achieved an 81.5% response rate, with five teams participating in external quality competitions and 20 quality improvement training sessions conducted.
3	Regulatory Compliance and Risk Response	  	- Conducted 58 disaster drills, all of which met the required standards, thereby strengthening the Hospital's all-hazards response capability and operational resilience. - Established regulatory compliance and legal risk identification audit mechanisms, with no major penalties related to environmental protection or labor regulations. - Completed the 2024 and 2025 Hazard Vulnerability Analysis (HVA) assessments and developed improvement actions for the top five high-risk items.
4	Hospital Operations Management and Internal Control	 	- In 2025, a total of three Board of Directors meetings were held in compliance with regulatory requirements. - Financial statements are disclosed regularly in accordance with legal requirements, with total net assets reaching NT\$9,830 million in 2025.
5	Medication Management	 	- The Medi-Span intelligent prescribing decision support system has been implemented, providing cloud-based medication history and safety screening functions, resulting in a same-day duplicate prescription rate of 0.011% in outpatient settings. - Pharmacist visitation coverage in intensive care units reached 100%, with physician acceptance of prescribing recommendations at 98%. - High-alert medication audit compliance reached 100%, anticoagulant discontinuation assessment completion rate reached 100%, and patient medication education awareness increased to 97.3% after individualized counseling.
6	Occupational Safety and Health	 	- Conducted 58 disaster drills, all of which met the required standards, thereby strengthening the Hospital's all-hazards response capability and operational resilience. - Established regulatory compliance and legal risk identification audit mechanisms, with no major penalties related to environmental protection or labor regulations. - Completed the 2024 and 2025 Hazard Vulnerability Analysis (HVA) assessments and developed improvement actions for the top five high-risk items.

Material Topics		SDGs	2025 Performance and Key Initiatives
7	Labor Relations and Compensation & Benefits	  	- Conducted the 2025 employee satisfaction survey, achieving a valid response rate of 49.0%. All six evaluation dimensions scored above the passing threshold, and a total of 590 open-ended responses were collected. - In 2025, meal allowances and base salaries were increased, resulting in an average salary adjustment of 4.73%, following a 5% average salary increase in 2024. - Promoted inclusive employment for diverse groups, including 27 Indigenous employees, 7 persons with disabilities, and more than 10 individuals re-entering the workforce through second-career employment support.
8	Social Relations and Social Responsibility	  	- Community service outcomes included 241 static and dynamic health promotion sessions serving 5,112 participants and 67 exercise classes serving 1,360 participants. - Fundraising support for economically disadvantaged patients reached NT\$5,313,948. - A total of 66 hospital-based charitable and festive outreach care activities were conducted.
9	Rural Healthcare	  	- Promoted the Integrated Delivery System (IDS) Program in Penghu and Mudan (rural and offshore areas) to enhance healthcare accessibility for residents in rural and island regions. - Penghu outreach services included specialist consultations, diagnostic testing, health education, and care visits, totaling 2,338 service visits; the IDS Program benefited 19,283 service visits. - Mudan outreach medical services served 163 patients, with approximately 3,705 IDS Program beneficiaries.
10	Waste Management	 	- Completed the 2025 greenhouse gas emissions inventory and external verification by an independent assurance body. - In 2025, the volume of biomedical waste incineration decreased by 4% compared with 2024. - Medical waste recycling and reuse reached 52,690 kg.

Advancing Sustainable Healthcare Alignment

On November 26, 2025, the Ministry of Health and Welfare, together with eight partner organizations including E-Da Hospital, participated in the “2025 GSC Net-Zero Navigation Master Workshop,” hosted by the MOHW Healthcare Development Council. Vice Superintendent Huang, Yu-Wei attended the event on behalf of E-Da Hospital. Through participation in international initiatives and tools such as the Sustainability Accelerator and Carbon Emissions Learning Laboratory developed by the IHF Geneva Sustainability Centre, E-Da Hospital exchanged net-zero strategies with domestic healthcare institutions and strengthened its capabilities in low-carbon transformation, climate resilience, and climate leadership. These initiatives reflect E-Da Hospital’s commitment to advancing sustainable healthcare and aligning with international best practices.

(Vice Superintendent Huang, Yu-Wei of E-Da Hospital, first from the right in the second row.)





CHAPTER

01

Sustainability Operations and Governance

1.1 ABOUT E-DA HOSPITAL | 1.2 HOSPITAL OPERATIONS MANAGEMENT AND INTERNAL CONTROL | 1.3 REGULATORY COMPLIANCE AND RISK RESPONSE | 1.4 SUSTAINABLE SUPPLY CHAIN | 1.5 OPERATIONAL PERFORMANCE



Sustainability Operations and Governance

E-Da Hospital is committed to excellence in healthcare and environmental sustainability while fulfilling its social responsibility. Through transparent management, sound governance practices, and active participation in public welfare initiatives, the Hospital demonstrates its commitment to community engagement. In addition, by establishing comprehensive employee welfare and retirement systems, E-Da Hospital strives to foster a supportive and fulfilling workplace. In response to rapidly evolving healthcare needs, the Hospital continues to drive innovation and maintain operational flexibility, with the goal of becoming a world-class medical center. By integrating healthcare value with environmental stewardship, E-Da Hospital seeks to generate positive and lasting impacts on society.

1.1 About E-Da Hospital GRI 2-1、GRI 2-2、GRI 2-28

E-Da Healthcare Foundation

Date of Establishment: March 29, 2004

Operating Country: Taiwan

Purpose and Activities: To provide a wide range of healthcare services and promote social welfare and public interest initiatives.

Location of Medical Institution: No. 1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung City 824005, Taiwan

Total Number of Beds: 1,240 beds (including acute care beds and specialty beds)

Total Number of Healthcare Personnel (as of end of 2025): 2,876

Net Medical Revenue (2025): NT\$ 7,164,110,328

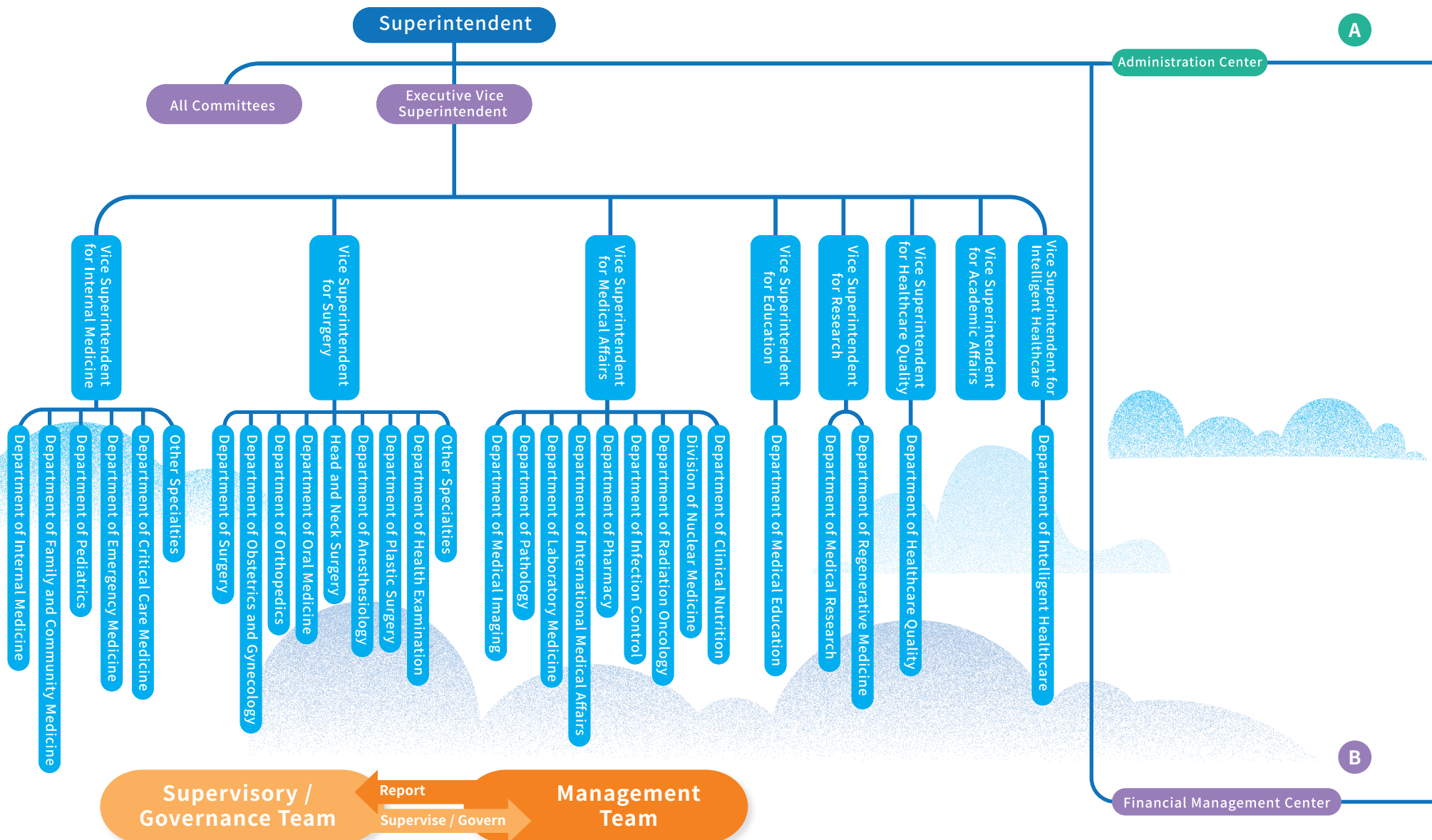
Total Net Assets (2025): NT\$9,830,364,813

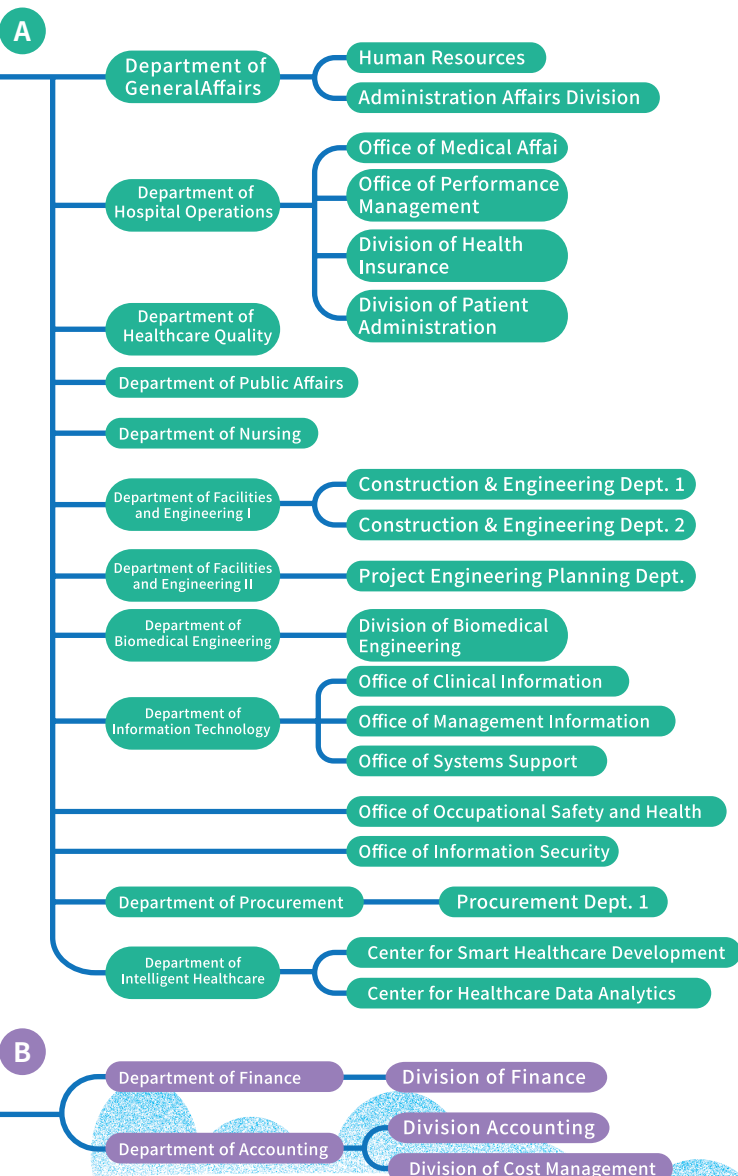


1.1.1 Overview of Organizational Operations

Since its establishment in 2004, E-Da Hospital has pursued its vision of becoming a world-class academic medical center. Supported by a multidisciplinary team of healthcare professionals from leading medical centers, the Hospital adopts a patient-centered care model to provide professional medical expertise and advanced healthcare technologies. In pursuit of international healthcare excellence, E-Da Hospital obtained Joint Commission International (JCI) accreditation in 2008, achieving international recognition and marking an important milestone in the continuous enhancement of healthcare quality. In response to global trends toward net-zero emissions and ESG sustainable development, E-Da Hospital actively supports Taiwan's 2050 Net-Zero Emissions target and the United Nations Sustainable Development Goals (SDGs), while initiating sustainability collaborations and programs. With a forward-looking perspective, E-Da Hospital continues to invest in sustainable development and is dedicated to creating greater health value and environmental well-being for society.

Organizational Structure of E-Da Hospital





Committee

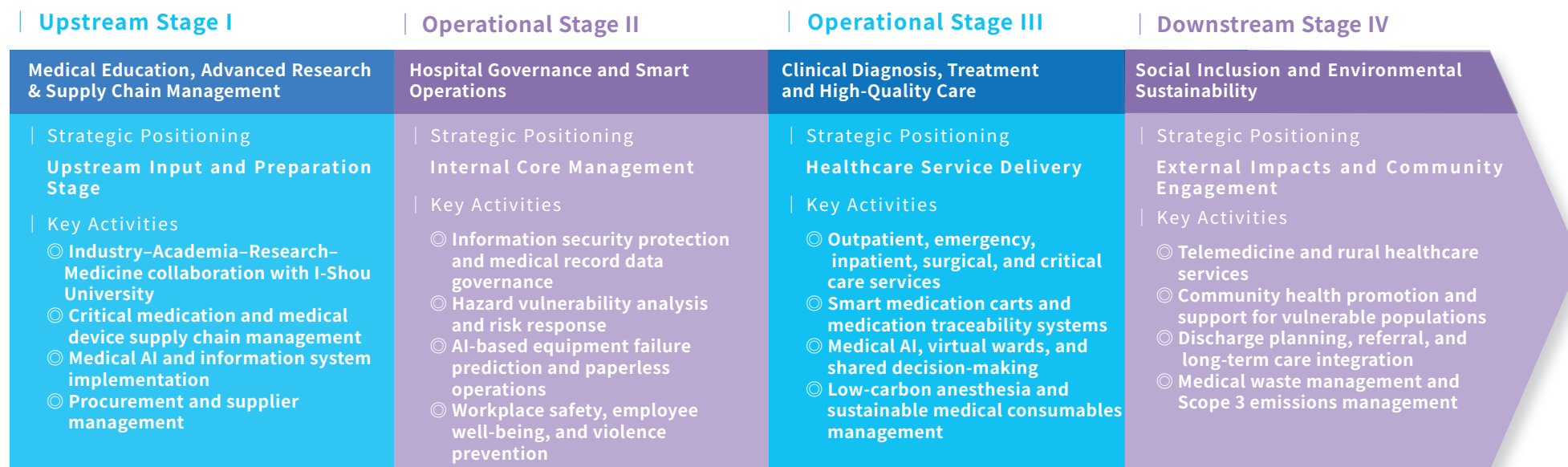
Personnel Review Committee	Outpatient Clinic Committee	Nutrition Committee
Attending Physicians' Joint and Excess Fund Committee	Operating Room Committee	Ethics Committee
Case Review Committee	Intensive Care Unit Committee	Pharmacy and Therapeutics Committee
Nurse Practitioner Management Committee	Gender Equality Committee	Discharge Planning Committee
Strategic Alliance and Partner Hospitals Committee	Emergency Medicine and Healthcare Quality Committee	Labor Relationship Committee
Employee Welfare Committee	Medical Education Committee	Patient Safety and Healthcare Quality Review Committee
Physician Credentialing Committee	Ward Management Committee	Baby-Friendly Hospital Committee
Medical Facilities Review Committee	Pathological Tissue Committee	Health Examination Coordination Committee
Medical Supplies and Equipment Committee	Medical Record Committee	Accreditation Steering Committee
Employee Wellness and Support Committee	Institutional Review Board	Risk and Crisis Management Committee
Laboratory and Diagnostic Quality Committee	Institutional Animal Care and Use Committee (IACUC)	Hospice and Palliative Care Committee
Medical Mutual Aid Fund Committee	Research Project Review Committee	Health Promotion Committee
Faculty Qualification Review Committee	Biobank Ethics Committee	Human Subjects Protection Committee
E-Da Medical Newsletter Editorial Board	Controlled Drugs Committee	Labor Retirement Reserve Fund Supervisory Board
Research and Development Committee	Occupational Safety and Health Committee	Multidisciplinary Trauma Committee
Committee for International and Cross-Strait Medical Exchange and Collaboration	Psychiatric Rehabilitation Special Fund Committee	Sustainability Committee
E-Da Medical Journal Editorial Board	Radiation Safety Committee	Nurse-Friendly Environment Committee
da Vinci Surgical System Committee	Tuberculosis Committee	
E-Da Healthcare Innovation and Incubation Center Review Committee	Infection Control Committee	
Clinical Trial Committee	Cancer Committee	
National Health Insurance Affairs Committee	Information Management Committee	
Molecular Tumor Board (MTB)	Institutional Biosafety Committee	
Academic Ethics Committee	Transfusion Committee	

To enhance resource efficiency, strengthen hospital competitiveness, and remain aligned with industry developments, E-Da Hospital actively participates in professional associations such as the Taiwan Hospital Association and the Association of Private Medical Institutions of Taiwan. Through these affiliations, the Hospital seeks to strengthen engagement on healthcare management practices with peer institutions, respond to the growing net-zero transformation in healthcare, and provide forward-looking recommendations to Taiwan's healthcare system and National Health Insurance policies from a sustainability governance perspective. Through diversified cross-institutional partnerships and collaborations, the Hospital aims to build a highly resilient, high-quality, and sustainable healthcare ecosystem for shared prosperity.

E-Da Hospital's Participation in Professional Associations and Organizations

Associations	Membership Status
Taiwan Medical Center Association	Standing Director
Taiwan Hospital Association	Supervisor
Regional Hospitals Association of the Republic of China	Director
Taiwan Private Medical Institutions Association	Institutional Member
Private Hospital Executive Operations Management Promotion Association	Southern Branch Director
Private Hospital Engineering & Medical Engineering Development Promotion Association	Secretary
Private Hospital Information & Smart Healthcare Development Promotion Association	Secretary
Taiwan Healthcare Management Association	Sponsoring Institutional Member

E-Da Hospital Value Chain Model



1.1.2 Business Philosophy and Development Goals GRI 2-22、GRI 2-13、GRI 2-14、HC-DY-000.A

Mission

Quality, Excellence, Innovation

Vision

To become a world-class medical center

Core Values

Compassion, Care, Responsibility, Sustainability

Strategic Objectives

To be the bedrock of community health

To become the premier medical center for acute and critical care in Southern Taiwan

To build safe, patient-centered, and high-quality medical services

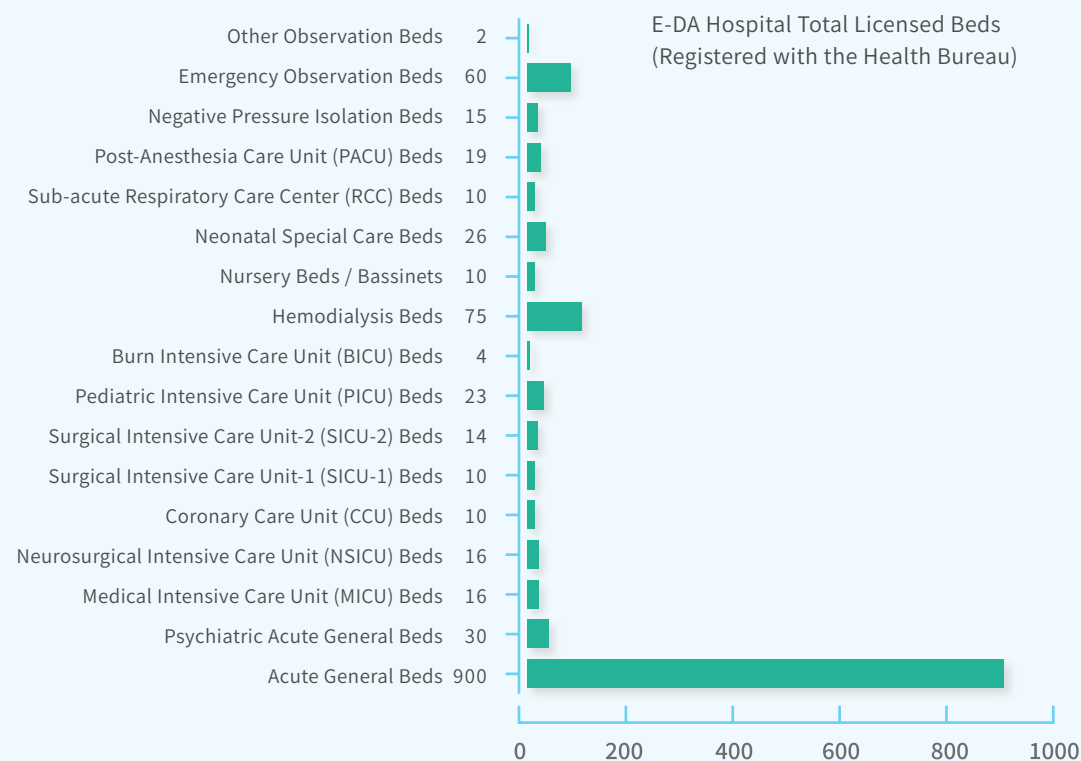
To establish a forward-looking center for medical education and translational research

To promote international medical services, talent cultivation, and academic exchanges

To develop advanced diagnostic and therapeutic technologies, provide regenerative medicine and cell therapy, and introduce smart healthcare to serve patients

E-Da Hospital actively promotes international healthcare services, talent development, and academic exchange programs, while advancing the development of innovative medical technologies such as regenerative medicine, cell therapy, and smart healthcare to meet evolving patient needs. E-Da Hospital not only delivers high-quality healthcare services in the present but also places strong emphasis on the sustainable development of future medicine, reaffirming its long-term commitment to community health and sustainable healthcare development. The Hospital currently operates a total of 1,240 beds.

Total Number of Hospital Beds



Medical Ethics

Institutional Review Board (IRB): Upholding the Highest Commitment to the Protection of Human Subjects

To ensure that all human subject research conducted at E-Da Hospital complies with international ethical standards, applicable laws and regulations, and relevant policies of the E-Da Healthcare Foundation, the Hospital has established an Institutional Review Board (IRB) to safeguard the rights, safety, and well-being of research participants and to ensure the quality of research conducted by its research teams. The IRB is responsible for developing policies and systems related to human subject research, reviewing research protocols, and overseeing research ethics governance.



For more detailed information, please visit:
<https://dept.edah.org.tw/irb/>

Medical Ethics Committee: Upholding respect for life and human rights and promoting the sound development of healthcare services. To strengthen physician-patient relationships, enhance healthcare quality, and safeguard patients' rights and access to medical services, E-Da Hospital has established functional Medical Ethics Committees across all hospital campuses. Each committee consists of one chairperson and 17 members, all appointed by the Superintendent from internal and external experts in medical ethics, legal professionals, and socially respected and impartial individuals. The total number of the chairperson and committee members must be an odd number. External members must account for at least two-fifths of the total membership, and no single gender shall constitute less than one-third of the committee composition.

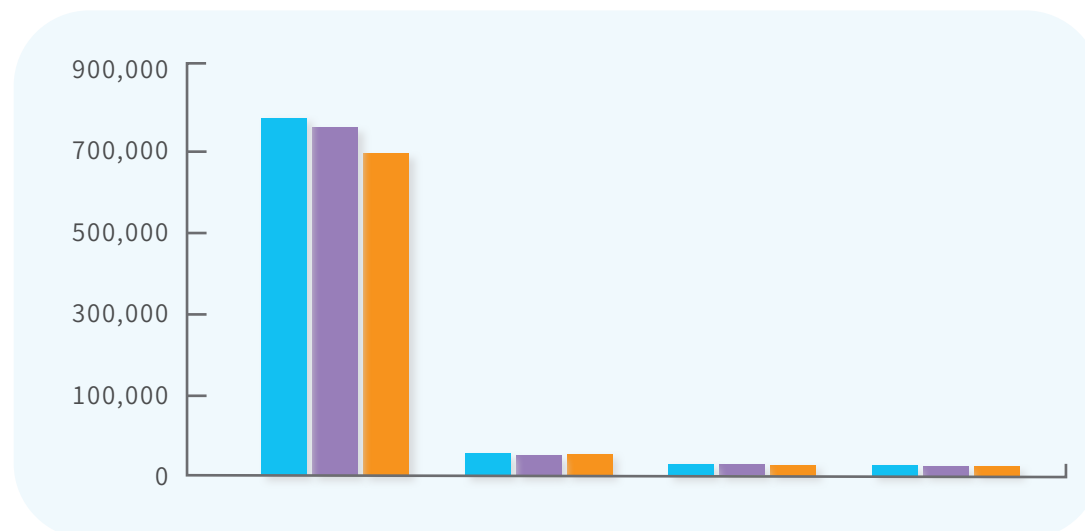
The Committee is responsible for deliberating medical ethics policies and guidelines; promoting medical ethics education initiatives; reviewing actual cases related to medical ethics and legal issues within the Hospital; reviewing cases involving violations of medical ethics by healthcare professionals and proposing appropriate disciplinary actions; recommending and evaluating exemplary cases of outstanding medical ethics practice; reviewing organ transplantation cases; and handling consultations and other matters related to medical ethics.



For more detailed information, please visit:
<https://exdep.edah.org.tw/ethics/>

1.1.3 Business Development HC-DY-000.B

Overall trends are aligned with the national healthcare environment, demonstrating E-Da Hospital's agility and system resilience in responding to changes in healthcare demand. Outpatient and inpatient volumes have stabilized following the COVID-19 pandemic. From 2023 to 2025, healthcare utilization showed a steady trend as the impact of COVID-19 gradually subsided, reflecting adjustments in patient care-seeking behavior and the effectiveness of care triage in the post-pandemic era. Emergency department visits have gradually returned to their community-based healthcare role. From 2023 to 2025, emergency visit volumes have stabilized, indicating that the triage policy for critical and emergency care has progressively delivered effective results.



	Outpatient Visits	ER Visits	Inpatient Days	Surgical Procedures
2023	743,250	55,543	30,498	23,096
2024	726,807	50,874	28,344	21,793
2025	681,936	45,712	27,803	20,832

1.2 Hospital Operations Management and Internal Control GRI 2-11 、GRI 2-12 、GRI 2-13 、GRI 2-16 、GRI 2-19

1.2.1 Board Operations

Purpose of the Board of Directors

The Board of Directors serves as the highest governance body of the E-Da Healthcare Foundation. In addition, the Foundation has established 64 functional committees, including the Employee Welfare Committee, Employee Care Committee, Sustainability Development Committee, Gender Equality Committee, Medical Ethics Committee, and Risk and Crisis Management Committee. These committees are responsible for tiered authorization, management, and oversight across various governance and supervisory domains.

Vision for Sustainable Development

E-Da Hospital's core vision is to become a world-class international medical center. The Hospital adheres to relevant laws, regulations, and governance codes, and is committed to serving as a pillar of community health and a leading provider of critical and emergency care in Southern Taiwan. Its strategic objectives include establishing a safe and patient-centered high-quality healthcare service system; developing forward-looking medical education and translational research centers; promoting international healthcare services, talent development, and academic exchange; and advancing cutting-edge medical technologies. In addition, the Hospital focuses on providing advanced diagnostic and therapeutic services, including regenerative medicine, cell therapy, and the introduction of smart healthcare technologies, in order to better serve patients and meet evolving healthcare needs.

Strategies and Policies for ESG

E-Da Hospital was established not only to provide a wide range of medical services, but also to engage in medical research and academic activities, cultivate healthcare professionals, provide long-term care services, and collaborate with academic institutions and organizations. These efforts aim to promote social welfare and public interest. At the same time, the Hospital places strong emphasis on the environmental impacts of climate change and ensures that its operational policies take into account social, economic, and environmental considerations. E-Da Hospital is committed to fulfilling its responsibilities across five key domains: employees, patients and their families, partners, social responsibility, and environmental protection.

Avoidance of Conflicts of Interest GRI 2-15

In accordance with Article 19 of the "Organizational and Rules of Procedure of the Board of Directors of the E-Da Healthcare Foundation," any director who becomes aware of a conflict of interest in the exercise of their duties or in handling related affairs shall voluntarily recuse themselves. Where a director fails to recuse themselves as required, or where there is objective evidence suggesting potential bias in the execution of duties, stakeholders may report the matter to the Board of Directors. If confirmed through investigation, the director concerned shall be required to recuse themselves.

The E-Da Healthcare Foundation selects and appoints members of the Board of Directors in accordance with Article 33 of the Medical Care Act. The Chairman serves as the legal representative of the Foundation. The Board has established the "Organizational and Rules of Procedure of the Board of Directors of the E-Da Healthcare Foundation." Members of the Board serve on a voluntary, non-remunerated basis and do not receive a fixed salary; they are provided only with meeting attendance allowances. The Board consists of nine directors, each serving a three-year term. Meetings are held at least three times per year, with a general principle of one meeting every four months. Extraordinary meetings may be convened by the Chairperson or upon the request of at least one-third of the directors. From 2024 to 2025, a total of nine Board meetings were held, with an attendance rate of 80%. Through these meetings, the Board reviews and oversees the operational management, healthcare quality, and patient safety performance indicators of each hospital campus.

The primary responsibilities of the Board include reviewing business plans, financial and operational reports, and major regulations of affiliated medical institutions or subsidiary entities. The allocation of annual surplus from medical revenues is also conducted in compliance with legally mandated ratios.

In accordance with Article 4.4 of the "W1-005 Policy on the Structure and Responsibilities of the Supervisory Governance Team," the Board conducts an annual governance evaluation during its May meeting. Each director completes a self-assessment form, which is then consolidated and summarized to provide reference for hospital operations and management decision-making. (GRI 2-18)

1.2.2 Nomination and Selection GRI 2-10

In accordance with Article 4 of the “Organizational and Rules of Procedure of the Board of Directors of the E-Da Hospital,” the nomination process is as follows:

- 1 The inaugural Board of Directors of the Foundation shall be appointed by the donors.
- 2 For subsequent Boards, director candidates shall be nominated through a process convened by the Chairperson, with attendance of more than one-half of the incumbent directors, and the nominated candidates shall be submitted to the Board for selection.
- 3 Directors may be re-elected upon the expiration of their term; however, the number of re-elected directors shall not exceed two-thirds of the total Board composition.

Eligibility Criteria for Nomination: In accordance with Article 3 of the same regulations, individuals shall not be eligible to serve as directors if any of the following conditions apply:

- 1 Having been convicted of offenses under Articles 121–123 or Article 131 of the Criminal Code, or Articles 4–6-1 or Article 11 of the Anti-Corruption Act, with a final judgment or an outstanding warrant. This exclusion does not apply to individuals granted a suspended sentence or who have completed alternative sentencing through a fine.
- 2 Having been convicted of embezzlement, fraud, or breach of trust, with a final judgment or an outstanding warrant. This exclusion does not apply to individuals granted a suspended sentence or who have completed alternative sentencing through a fine.
- 3 Having been placed under guardianship or assistance without revocation.
- 4 Having been medically certified as suffering from a mental disorder or physical/mental condition that impairs the ability to perform duties.
- 5 Having previously served as Chairperson or Director and been dismissed in accordance with Article 45, Paragraph 2, or Article 45-2, Paragraph 1, Subparagraph 3 of the Medical Care Act.
- 6 Having been declared bankrupt or subject to liquidation proceedings without restoration of rights.

Board Composition Requirements After Appointment

In accordance with Article 43 of the Medical Care Act: The number of directors with medical professional qualifications shall not be less than one-third of the Board, including at least one physician. Foreign nationals serving as directors shall not exceed one-third of the total Board composition. The number of directors with spousal or within third-degree consanguinity relationships shall not exceed one-third of the total Board composition.

1.2.3 Supervisory Mechanism GRI 2-12、GRI 2-14、GRI 2-9

The Chairperson serves as the highest governing authority of E-Da Hospital and delegates responsibilities to the Board of Directors, the Medical Decision-Making Committee, and the Superintendent in accordance with their respective governance functions and responsibilities. Sustainability-related matters are managed through a tiered governance structure led by the Sustainability Development Committee. The Committee convenes quarterly, in March, June, September, and December, to review and evaluate the impacts of the Hospital's performance in healthcare quality, corporate governance, social responsibility, and environmental sustainability on its operations and long-term development. The Committee also oversees the preparation and publication of the Sustainability Report.

The Supervisory Committee convenes regularly to review the Hospital's overall operational performance, budget utilization, and patient safety indicators. Hospital-wide healthcare quality, patient safety, and operational management are implemented by seven subgroups under the Quality and Safety Committee, which report their execution outcomes to the Quality and Safety Committee on a quarterly basis, and significant matters are further submitted to the supervisory governance team. In addition, the Hospital has established 23 committees related to healthcare quality and patient safety. These committees regularly report and analyze key performance indicators within their respective domains. Each year, the implementation outcomes of prioritized improvement initiatives are also submitted to the Quality and Safety Committee for review and acknowledgment.

List of Supervisory Committee Members

Job Title	Name	Gender	Position	Specialty	Education and Work Experience
Chairman	Lin, Yi-Shou	Male	Founder, E United Group	Management	Honorary Doctorate, National Chiao Tung University.
Director	Lin, Li-Juan	Female	Senior Vice President, I-Shou University	Management	Education: PhD in Business Administration, National Chengchi University. Experience: Dean, College of Management, I-Shou University
Director	Lin, Zhi-Long	Male	Volunteer	Management	Education: MBA, University of Southern California Experience: Chairman, Yeh Mao Co., Ltd.
Director	Chang, Chen-Wu	Male	Experience: General Manager, Yeh Hui Co., Ltd.; Chairman, Sin Yan Steel Co., Ltd.; Chairman, Yi Wei Electronics Co., Ltd.	Management	Education: Institute of Engineering Science, National Cheng Kung University. Experience: Executive Deputy Chairman, Operating Management Committee, E United Group
Director	Li, Bo-Huang	Male	Attending Physician, General Surgery, E-Da Hospital	Medical	Education: MD/PhD in Clinical Medicine, National Taiwan University
Director	Peng, Dao-Xiong	Male	Attending Physician, Gastroenterology and Hepatology, E-Da Hospital	Medical	Education: Bachelor's Degree, Kaohsiung Medical University
Director	Chen, Yong-Xian	Male	Special Assistant, Yeh Hui Co., Ltd.	Finance	Education: Department of Business Administration, Tamkang University
Director	Lai, He-Xing	Male	Vice Chairman, Finance Management Committee, E United Group	Finance	Education: Bachelor's Degree, Chinese Culture University
Director	Pan, Qiu-Hua	Female	Nursing Supervisor, Nursing Department, E-Da Hospital	Medical	Education: Master's Degree in Nursing, I-Shou University

The current Board of Directors consists of nine members. Among them, three directors are between 50 and 60 years of age, while six directors are aged over 60. None of the current Board members are new immigrants, Indigenous persons, or persons with disabilities.

To implement E-Da Hospital’ s mission and sustainability vision, and to ensure that strategic initiatives are effectively executed with adequate resource support, the Hospital holds an annual budget meeting every November as a core governance process for setting annual objectives and integrating resources.

E-Da Hospital Annual Meeting Schedule

Level	Frequency	Discussion Agenda
Board Meeting	At least 3 times per year (A total of three meetings were held in 2025) (GRI -2-16)	Appointment of the Hospital Superintendent.
		- Annual Financial Statements - Annual Business Report - Financial Overview (including financing) - Senior Executive Appointment and Changes Cases
		- Annual Budget and Annual Work Plan - Vision, Mission, Core Values, and Strategic Objectives with Phased Development Directions - Business Changes and Organizational Structure Adjustments
E-Da Healthcare Decision-Making Committee	Quarterly	Consolidated Report of Affiliated Hospitals (Regular Reporting) : - Operational Overview - Human Resource Overview - Healthcare Quality - Clinical Internship Arrangement - Project Proposals / Reports
Operational Review Meeting	Monthly	Monthly revenue, cost, and profit/loss analysis of affiliated healthcare institutions.
Operational Performance Review Meeting	Twice per month	Key development initiatives, review of loss-making departments and improvement strategies, project reports, and evaluation of hospital service volume indicators.
Patient Safety and Healthcare Quality Review Committee	Quarterly	- Patient Safety and Healthcare Quality policy amendment report - Progress reports of each working group - Quarterly patient safety incident reporting statistics (e.g., medication events, fall incidents), hospital-level RCA review cases, SAE cases, defective medication product incidents, and outbreak infection cases

To strengthen strategy execution capability and overall operational performance, the Hospital establishes specific key performance indicators (KPIs) based on organizational objectives announced in the budget meeting, focusing on five major dimensions: finance, operations, education, research, and quality. In 2025, a total of 53 departments submitted budget proposals and developed annual plans and KPIs, serving as the basis for departmental operational management and performance evaluation. Each indicator is assigned clear annual targets, and actual performance results and progress are regularly reported each semester. This forms a rolling mechanism for strategic review and target adjustment, ensuring continuous alignment between departmental actions and E-Da Hospital’ s sustainability direction.

The administrative units consolidate all departmental plans and conduct an overall review of strategic priorities, target setting, and resource allocation to ensure consistency with the Hospital’ s overall strategy and sustainability objectives.

1.2.4 Internal Control Mechanism GRI 2-27

To uphold integrity in E-Da Hospital’ s operations, an internal control and audit system has been established to institutionalize and normalize audit verification processes. The system ensures compliance with applicable laws and regulations in all internal management operations, prevents potential disputes and risk. Internal auditors are required to prepare an annual audit plan and submit it to the Chairperson of the Board for approval. All audit findings must be fully disclosed in audit reports, with supporting working papers maintained and follow-up actions continuously tracked until improvements are completed. All related reports and documentation shall be retained for at least five years.

In 2025, a total of seven audit follow-up cases were listed for management tracking. All identified issues were appropriately addressed in accordance with audit findings and internal control procedures, and continuous monitoring and control were conducted in line with the Hospital’ s management regulations.

1.2.5 Compensation and Benefits Policy GRI 2-19 、GRI 2-20 、GRI 201-3

E-Da Hospital upholds the principles of professionalism and fairness and has established the “Compensation Management Regulations for Employees” . In terms of salary determination, E-Da Hospital takes multiple factors into consideration, including employees’ educational background, work experience, seniority, competencies, and job performance. Based on a comprehensive assessment, base salaries and various allowances—such as managerial allowances, license allowances, and transportation allowances—are determined. For newly hired employees, salary levels are determined according to job position, job nature, and labor market supply and demand conditions. Where necessary, special salary packages may be approved by the Founder to ensure market competitiveness.

The “Performance Appraisal Management Regulations” serve as a core component of the compensation policy, consisting of probationary evaluation, periodic performance evaluation, and annual performance appraisal. These evaluations comprehensively assess employees’ job performance, professional conduct, and work ethics, and serve as key references for salary adjustments, promotions, and year-end bonuses.

The senior governance personnel and top management of E-Da Hospital are all physicians. Their compensation policies are governed by the “Attending Physician Salary and On-Call Compensation Management Regulations,” taking into account professional clinical services, teaching and research contributions, years of service, managerial responsibilities, and the overall operational performance of the Hospital. The compensation structure for senior physicians includes base salary, teaching and research allowances, special allowances, clinical income, managerial allowances, task-based allowances for non-clinical departments, and position-based performance points, reflecting their responsibilities in clinical practice, education, research, and administration.

For physicians holding managerial positions, the Hospital provides managerial allowances according to their hierarchical level. Such allowances are also incorporated into the maximum compensation calculation through position-based points, ensuring appropriate recognition of responsibilities in hospital governance, operational management, healthcare quality, patient safety, strategic execution, and cross-departmental coordination. If senior physician managers concurrently undertake non-clinical roles—such as international healthcare, medical research, medical education, healthcare quality, or public affairs—they are also eligible for task-based allowances in accordance with relevant regulations, thereby encouraging their engagement in the Hospital’ s long-term development and public responsibilities.

E-Da Hospital has also established an annual performance evaluation mechanism for senior executives. This comprehensive assessment covers clinical service performance, management outcomes, healthcare quality and patient safety, contributions to teaching and research, achievement of strategic objectives, leadership and governance capability, and alignment with institutional policies. The compensation of senior personnel is thereby linked to individual performance, departmental outcomes, and the Hospital’ s overall strategic goals.

In terms of benefits, E-Da Hospital provides health insurance, retirement pension plans, and other welfare protections. The health insurance program covers employees and their families, ensuring access to necessary medical care. The retirement pension plan is provided in accordance with legal requirements and employees’ years of service, and employees are encouraged to participate in voluntary pension schemes to enhance financial security after retirement. E-Da Hospital continuously reviews and improves its benefit programs to ensure alignment with employee needs and market trends, thereby further enhancing employee satisfaction and organizational commitment.

1.2.5.1 E-Da Hospital Retirement Plan

To advance corporate sustainability and fulfill social responsibility, E-Da Hospital has formally launched the “Sustainable Retirement and Active Aging Program,” in accordance with the sound framework of the “Retirement Management Regulations (A2-018).” The program integrates ESG (Environmental, Social, and Governance) core values and is committed to achieving a balanced alignment between institutional transformation and employee well-being.



Environmental Sustainability (E) Promoting Paperless Processes and Green Finance

This program actively supports carbon reduction policies by fully digitalizing retirement application and benefit calculation processes. In addition, for voluntary contributions under the new labor pension system, the Hospital plans to establish an awareness mechanism to encourage employees to allocate personal retirement savings toward ESG-compliant green and sustainable funds.



Social Responsibility (S) Building Comprehensive and Dignified Employee Care

Employees are our most valuable asset. This policy safeguards the retirement rights of both fixed-term and indefinite-term contract employees. In addition to ensuring financial security through rigorous seniority aggregation and favorable legacy pension base calculations, employees who are mandatorily retired due to work-related disability are entitled to an additional 20% pension benefit. For employees approaching retirement, the Human Resources and relevant departments will implement early case management, ensure proper leave utilization and flexible attendance arrangements, and provide health care and financial literacy seminars to support a smooth transition into retirement life.



Governance (G) Ensuring Transparent and Robust Institutional Management

The Hospital has established a strict retention evaluation and tiered approval mechanism. Extensions of employment or reappointment for senior executives and critical hard-to-fill positions must be submitted to the Founder for approval, ensuring organizational continuity and operational effectiveness. This program not only safeguards employees’ retirement well-being but also represents a concrete manifestation of the Foundation’s commitment to corporate sustainability.

1.3 Regulatory Compliance and Risk Response

1.3.1 Regulatory Compliance GRI 2-27、GRI 205-2、GRI 205-3、GRI 416-2

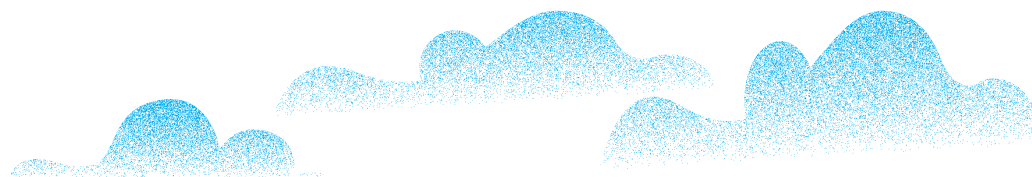
E-Da Hospital is committed to promoting regulatory compliance while supporting government policies to safeguard the rights and interests of both patients and healthcare professionals. The Hospital strives to foster harmonious patient-provider relationships, facilitate the timely resolution of medical disputes, uphold social fairness and justice, enhance patient safety, and improve the quality of healthcare services.

Patient Safety Incident Reporting Process

Medical Incident and Dispute Handling Process	Procedure 1	Procedure 2	Procedure 3	Procedure 4	Procedure 5
Implementation Items	The attending physician initiates first-line patient engagement and explanation, providing clinical clarification of the disputed issues. If the handling is uncertain or requires further review, the Medical Incident and Dispute Care Team is immediately consulted to discuss and determine appropriate response strategies.	If initial communication does not reach consensus, the attending physician shall refer the case to the Medical Incident and Dispute Care Team within 24 hours. The team will provide assistance from a professional and neutral standpoint to facilitate mediation and resolution.	The Care Team provides emotional support, legal resource guidance, and psychological counseling services to both patients' families and hospital staff.	Complex cases are submitted to the Case Review Committee, where multidisciplinary experts conduct an objective review to analyze abnormal causes and perform case evaluation and review.	The resolution of the committee is communicated and coordinated with the patient and their family. Relevant departments incorporate improvement measures into SOP revisions and staff education and training programs.
Turnaround Time	Within 5 working days.	Within 24 hours.	Within 5 working days.	Flexible scheduling based on case complexity.	Within 3 working days after discussion by the Case Review Committee.

E-Da Hospital regularly reviews emerging regulatory compliance issues and incorporates them into relevant projects and operational processes to ensure compliance with applicable laws and regulations. Training was provided to employees in all occupational categories. Compliance performance was also evaluated through internal and external audits, third-party assessments (such as hospital accreditation), benchmarking, and stakeholder feedback to ensure the effectiveness of the Hospital's compliance management system.

In response to updates in the regulatory framework, E-Da Hospital revised its internal policies and procedures in 2025 to align with the Medical Malpractice Prevention and Dispute Resolution Act, which came into effect on January 1, 2025. In accordance with the Act, the Hospital conducts timely Root Cause Analysis (RCA) following any major medical incident, formulates corrective action plans, and reports such incidents to the competent authorities as required by law.



Patient Safety Incident Reporting Process

Patient Safety Incident Reporting Procedure	Procedure 1: On-site and Verbal Reporting	Procedure 2: System Reporting (MIS)	Procedure 3: Cross-Department Coordination Review	Procedure 4: Executive Decision and Root Cause Analysis (RCA) Investigation	Procedure 5: Review and Case Closure
Implementation Items	- On-site Care and Emergency Response. - Verbal Reporting to the Supervisor During Shift; Night Shift Reports to Duty Supervisor. - If Legal Risk Related to Medical Disputes Is Identified, Notify the Public Affairs Department for Intervention.	Log in to the system to report patient safety incidents by category.	- Cross-Department Review and Coordination, or Convening Meetings as Needed to Develop Improvement Measures. - If No Other Departments Are Involved, the Originating Unit Conducts Internal Review and Develops Improvement Measures.	- For sentinel events or SAC Level 1–2 cases, the Medical Quality Department Director conducts Incident Decision Tree (IDT) analysis. - Submitted to the Vice Superintendent for approval to determine whether to initiate a Root Cause Analysis (RCA) investigation project*. - Conduct RCA investigation.	- Consolidate Improvement Reports. - Submit to the Patient Safety and Healthcare Quality Review Committee for deliberation.
Processing Timeframe	Immediate Handling and Reporting	Within 72 Hours After Incident Occurrence	Immediate or Time-Limited Handling Depending on Cross-Department Coordination Needs	In Accordance with Executive Decision and RCA Investigation Timelines	Periodic Reporting to Committee for Review and Case Closure

Note: Any case meeting the definition of a “major medical incident” under the Medical Accident Prevention and Dispute Resolution Act shall be reported to the Vice Superintendent and an RCA project shall be initiated in accordance with legal requirements.

Regulatory Compliance Overview GRI 2-27、HC-DY-230a.4、HC-DY-510a.1

Category	Event Description & Handling Measures	Cases / Total Penalty Amount (NT\$)
Economic Governance	Losses incurred by the organization due to medical fraud.	No incidents were confirmed by the competent authorities during the reporting period.
	Unauthorized removal and failure to properly destroy or record Schedule IV controlled drugs, in violation of the Controlled Drugs Act. The relevant departments at E-Da Hospital have completed an internal review, and corrective actions have been implemented, including strengthening the destruction process and revising record-keeping formats.	1 case / NT\$90,000
Environmental Sustainability	Failure of the cumulative water meter in the recycled water system due to malfunction, resulting in improper monitoring and loss of normal functionality. E-Da Hospital has completed repairs in accordance with regulatory requirements and reported the incident to the Environmental Protection Bureau of Kaohsiung City.	1 case / NT\$10,000
Human Rights	Violation of the Labor Standards Act.	No incidents were confirmed by the competent authorities during the reporting period.
	No incidents involving patient privacy breaches or personal data violations of electronic medical records were identified.	No incidents were confirmed by the competent authorities during the reporting period.

1.3.2 Anti-Corruption Governance and Communication GRI 2-26、GRI 205-2、GRI 205-3

E-Da Hospital explicitly defines its position on anti-corruption in its Work Rules and employment contracts. The Hospital does not tolerate any form of corruption within its business operations and strictly prohibits misconduct for personal gain, embezzlement of public funds, bribery, commission-taking, or the acceptance of hospitality from suppliers without prior reporting and approval. These policies are applicable to all employees of E-Da Hospital and are implemented comprehensively through organizational regulations, control mechanisms, and staff training programs. In addition, the Hospital has established an “Employee Grievance Channel and Opinion Survey” mechanism. Through multiple communication channels, including employee surveys and suggestion boards, potential corruption-related issues can be effectively identified and addressed. During the reporting period, no corruption incidents were confirmed by competent authorities.

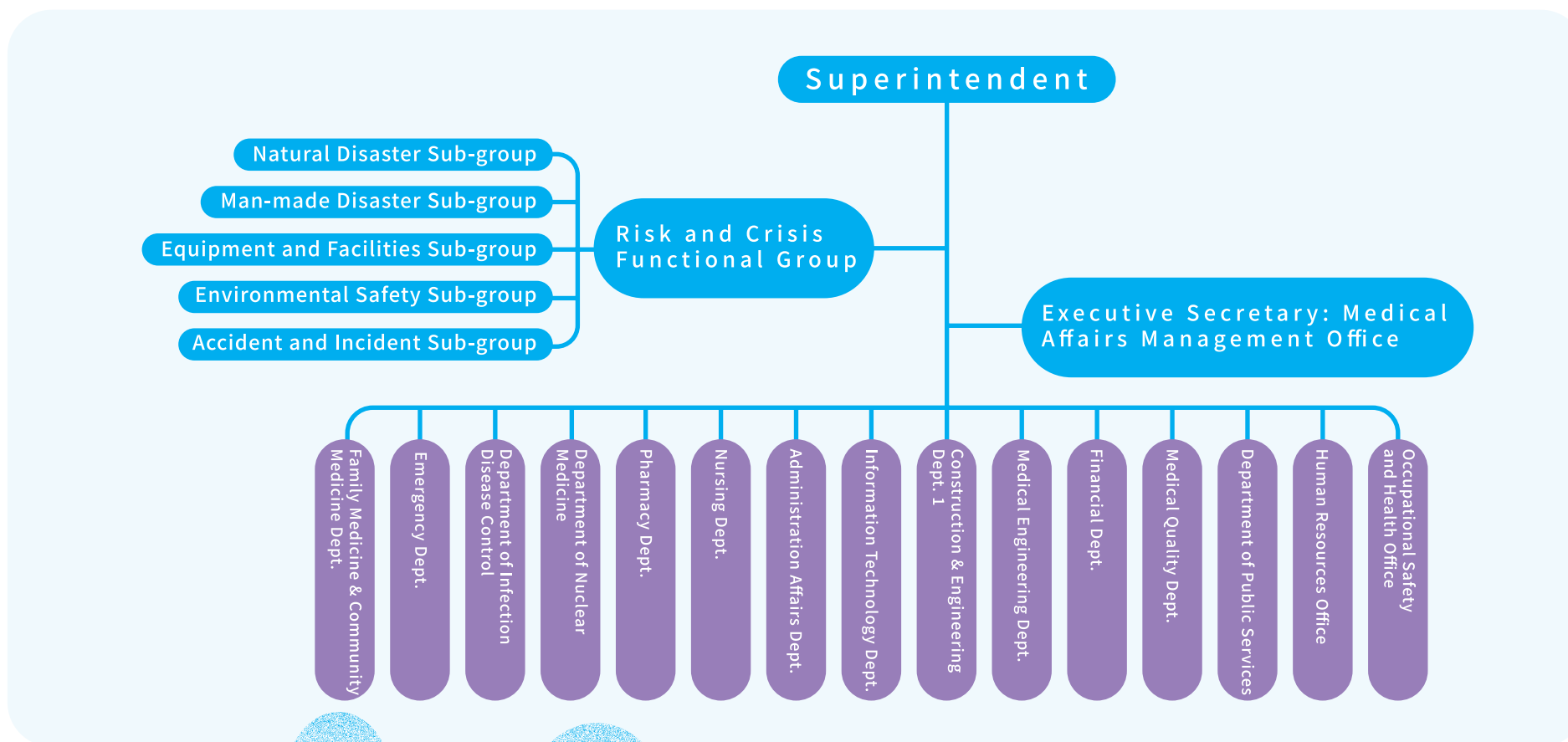
Overview of Complaints in 2025

Complaint Mechanism	Users	Responsible Unit	Cases	Handling
Employee Complaint Channels (including hotline, complaint mailbox, and other reporting channels)	All hospital employees	Human Resources Office	16	All cases are investigated in accordance with the Hospital’s internal complaint mechanisms and are handled and completed within the prescribed timelines.
Appeal Review of Disciplinary Actions in Human Resources Cases		Human Resources Office / Complaint Review Committee	0	-
Investigation and Handling of Sexual Harassment Complaints		Human Resources Office / Gender Equality Committee	2	All investigations and handling procedures are conducted in accordance with statutory procedures and legal timelines, and are duly reported to the Ministry of Labor..

1.3.3 Risk Response GRI 2-25

The Hospital has established a structured risk management framework, formed a Risk and Crisis Management Committee, and developed the “Risk and Crisis Management Regulations.” It has identified 19 types of crisis events, including natural disasters, human-induced incidents, and equipment failures. Based on their characteristics, the Hospital conducts an annual Hazard Vulnerability Analysis (HVA) and disaster risk assessment, and implements corresponding control and mitigation plans to ensure the safety of staff, patients, and their families in the event of a hospital disaster.

Organizational Structure of the Risk Management Committee



Risk Management Mechanism

System Establishment: Identification & Evaluation	1.The Risk and Crisis Management Committee utilizes Hazard Vulnerability Analysis (HVA) (e.g., risk assessment forms) to analyze various potential hazards within the hospital. The analysis is based on the probability of occurrence, severity of impact, and level of preparedness to identify high-priority risk items and facilitate risk response measures. 2.To ensure HVA results are objective and align with actual risk events, starting from 2023, the Committee's Functional Task Forces have been responsible for conducting the hospital's risk vulnerability analysis for the following year. The results are submitted to the Committee for review and approval.
Risk Identification: Control & Supervision	1.Specialists from the Medical Affairs Management Office established a risk management framework referencing ISO 31000 Risk Management guidelines. Following consensus within the Committee, the "W2-015-A Risk and Crisis Management Regulations" were formulated. 2.The Committee meets quarterly and is chaired by the Executive Vice Superintendent. It consists of 21 members appointed from departments including Medical Affairs Management, Administration, Construction & Engineering, HR, Finance, Nursing, and Occupational Safety and Health. Five Functional Task Forces operate under the Committee: Natural Disasters, Human-caused Disasters, Equipment & Facilities, Environmental Safety, and Incidents.
Communication & Engagement: Reporting & Disclosure	Prior to 2025, reports were not submitted to senior management. Starting in 2026, the results of annual HVA risk item improvements will be reported to the E-Da Healthcare Group Executive Committee.
Supervision & Improvement: Performance Management	Based on the annual HVA results and risk rankings, the responsible functional task forces formulate annual prevention and improvement plans for the top five risk items. Progress on execution is reported during the Risk and Crisis Management Committee meetings.

In 2025, the five functional sub-groups under the Risk and Crisis Management Committee—namely natural disasters, human-induced disasters, facilities and equipment, environmental safety, and adverse events—conducted preliminary group-based assessments of vulnerability using a Hazard Vulnerability Analysis (HVA) covering 19 types of potential crisis events. The results were submitted to the Committee for review and approval. Based on the risk analysis outcomes, priority improvement areas were identified, and corresponding response plans and risk mitigation measures were developed. Relevant procedures were also revised accordingly. In addition, the Hospital conducted training programs and drills to review and evaluate the effectiveness of improvement measures, thereby strengthening emergency preparedness and reducing potential risk impacts.

1.3.3.1 Emergency Response Measures

E-Da Hospital has established organizational mobilization procedures for various emergency incidents, including natural disasters, fires, major infectious disease outbreaks, and other emergency events, which are categorized according to severity levels (Level I to Level III). Dedicated internal emergency broadcast codes are used to activate emergency response and rescue operations.

When an incident may result in casualties, expansion of the affected area, interruption of healthcare services, or exceeds the response capacity of a department-level emergency response team, the on-site commander will assess the situation and report to the Superintendent (or the administrative duty officer during non-working hours) to determine whether to activate the Hospital Incident Command System (HICS). Once activated, the Incident Commander will oversee operations from the Emergency Operations Center (EOC), with five major functional sections established under the HICS structure: Planning, Finance/Administration, Operations, Logistics, and Medical Care. These cross-departmental teams coordinate and execute emergency response activities, including disaster rescue operations, resource allocation, and patient evacuation management.

In 2025, E-Da Hospital did not activate hospital-wide Hospital Incident Command System (HICS) emergency response procedures. All minor abnormal incidents were promptly and effectively managed by the responsible units at the initial response stage.

Emergency Preparedness Supplies Inventory

Category	Safety Stock	Description	
Medication	20 days	Emergency medications for disaster response and first aid	
Medical Supplies	7 days	Emergency medical consumables for disaster response	
Daily Necessities	3 days	Food ingredients, dry rations, and nutritional supplies	
Other Life-Sustaining Equipment	3.5 days	Electricity, medical gases, and water supply	
Personal Protective Equipment	30 days	Medical masks and hospital protective clothing	
Emergency Communication Equipment	25 wireless handheld radios	1	Equipped with one high-power base station and 24 handheld units for emergency communication.
		2	Hospital internal lines and official mobile phones can be used to dial internal and external emergency hotlines.
		3	Monthly testing is conducted.

Mutual Aid Agreement / Support Agreement

Category	Description
Mass Casualty Incidents and Emergency Disaster Response Mutual Aid Agreement	Mass Casualty Incident and Emergency Disaster Response Mutual Aid Partners include: CPC Corporation Yong'an LNG Plant, Taiwan Power Company Xingda Power Plant, Kaohsiung City Government Fire Bureau, Air Force Air Defense and Missile Command, Air Force Aviation Technology College, Kaohsiung Reserve Command, Army Kaohsiung Reserve Brigade, Agency of Corrections Kaohsiung Second Prison, Army Engineer Training Center, Army Special Operations Command 3rd Battalion, Army 4th Regional Support Command Transportation Group, Army Artillery 43rd Command 1st Battalion, Army Combined Arms 564th Brigade, Kaohsiung Fauchon Aesthetic Clinic, Chang Gung Memorial Hospital Kaohsiung Branch, Kaohsiung Veterans General Hospital, Kaohsiung Medical University Chung-Ho Memorial Hospital, Huei-Chuan Hospital Nursing Home, E-Da Dachang Hospital, E-Da Cancer Treatment Hospital, Lujhu Internal Medicine Clinic, Ministry of Health and Welfare Cishan Hospital, Yanchao Jinghe Medical Social Organization Jinghe Nursing Home, and Paochien Medical Corporation Paochien Hospital.
Security Protection Support Agreement	Zhi Feng Co., Ltd. (Diesel Supply)
Mutual Support Agreement for Emergency Disaster Response Medical Supplies and Other Resources	Kaohsiung Veterans General Hospital 、Kaohsiung Medical University Chung-Ho Memorial Hospital 、Jianren Hospital
Emergency Power Supply Agreement	Quan Di Industrial Co., Ltd.

1.3.4 Information Security Protection GRI 418-1、HC-DY-230a.3、HC-DY-230a.4

E-Da Hospital is committed to safeguarding patient privacy and information asset security. In accordance with the Cyber Security Management Act and its related subordinate regulations, E-Da Hospital has established an Information Security Maintenance Plan and implemented a comprehensive information security governance framework based on the “Information Management Committee Organizational Charter,” with “zero data leakage” and “zero privacy complaints” as its long-term management objectives.

1. Governance Structure and Chief Information Security Officer (CISO)

E-Da Hospital has established a four-tier division of responsibilities under the Information Management Committee: Review Level (Information Security Review Task Force): Responsible for management-level review and oversight. Audit Level (Information Security Audit Task Force): Responsible for independently auditing the implementation of information security controls. Execution Level (Information Security Task Force): Comprised of dedicated personnel responsible for information security promotion, application system security, physical security, server security, database security, network security, and account management, responsible for planning and implementing all information security operations. Response Level (Information Security Incident Response Task Force): Responsible for incident response, damage control, and recovery operations related to information security incidents. E-Da Hospital has also established the position of Chief Information Security Officer (CISO), concurrently held by a senior executive of the Administrative Center, who reports directly to the Information Management Committee, ensuring that information security issues are governed with top-level decision-making authority.

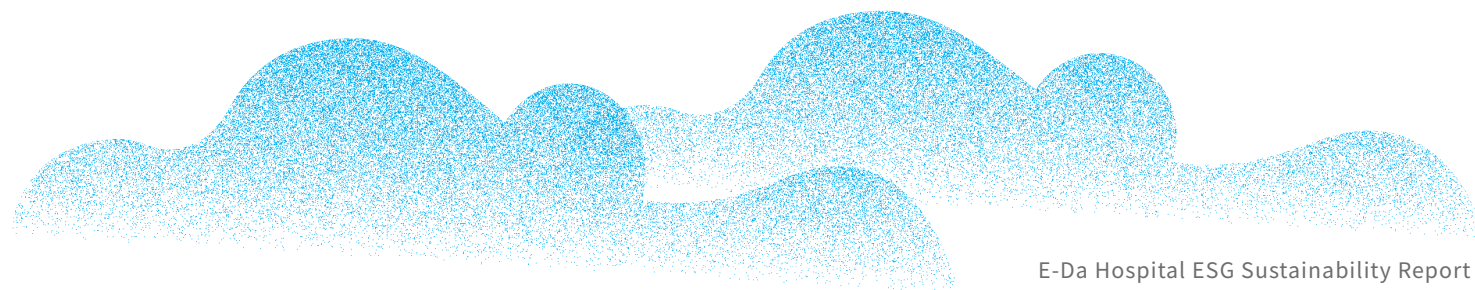
The Hospital maintains dedicated full-time information security personnel, all of whom are formally employed staff holding information security professional certifications recognized by the Executive Yuan. The allocation of professional information security resources is reviewed annually and incorporated into the management review process for continuous improvement.

2. ISO 27001 and ISO 27701 Dual International Certifications

E-Da Hospital first obtained ISO/IEC 27001 Information Security Management System (ISMS) certification in 2009 and has continuously passed recertification audits conducted by third-party certification bodies through successive revisions of the standard, including ISO 27001:2013 and ISO 27001:2022. The most recent recertification audit for ISO/IEC 27001:2022 (also aligned with CNS 27001:2023) was completed in October 2025.

The scope of E-Da Hospital’s ISO/IEC 27001:2022 certification covers the maintenance of the data center, Hospital Information System (HIS), Picture Archiving and Communication System (PACS), Laboratory Information System (LIS), Electronic Medical Record (EMR) system, batch download operations of the National Health Insurance Medical Information Cloud Inquiry System, and the IRB Human Biobank System. This ensures that the confidentiality, integrity, and availability of the Hospital’s core information assets continuously comply with international standards and requirements.

To further strengthen personal data protection, E-Da Hospital obtained ISO/IEC 27701:2019 Privacy Information Management System (PIMS) certification in December 2025. ISO/IEC 27701 is an international privacy extension standard built upon ISO/IEC 27001. Within the scope of this certification, E-Da Hospital acts as both a data controller and a data processor of personally identifiable information (PII). The certification scope covers personal data management associated with the EMR system, batch download operations of the National Health Insurance Medical Information Cloud Inquiry System, and the IRB Human Biobank System.



3. Asset Inventory and Risk Assessment

E-Da Hospital conducts annual inventory and risk assessments covering three major categories of information assets: information technology (IT) systems, operational technology (OT) systems related to medical devices, and supporting facility-related information systems. The scope of management includes core clinical information systems (HIS, PACS, LIS, EMR), medical device systems (such as physiological monitors, defibrillators, anesthesia machines, ventilators, CT/MRI, ultrasound systems, and 17 major categories of equipment), and supporting facility systems (such as uninterruptible power supply systems, HVAC monitoring, fire safety monitoring, access control systems, and CCTV systems, covering 18 categories). Each information system is assessed across four dimensions—confidentiality, integrity, availability, and legal compliance—to determine its required level of protection. All core systems have been incorporated into an Information Security Management System (ISMS).

4. Technical Protection Mechanisms

E-Da Hospital has established a multi-layered cybersecurity protection architecture, including firewalls, web application firewalls (WAF), intrusion detection and prevention systems (IDS/IPS), endpoint antivirus software, email filtering mechanisms, data loss prevention (DLP) systems, and the Vulnerability Assessment and Notification System (VANS). External websites and web applications are protected in accordance with the OWASP Top 10 international standard. The Hospital conducts annual cybersecurity health checks, vulnerability scans, and penetration tests, supported by corresponding risk mitigation tracking mechanisms. Logs from core information systems and security devices are retained for at least six months for audit and incident investigation purposes.

In terms of access control, the Hospital enforces password complexity policies (including character composition, length, and periodic change requirements), separation and traceability of privileged accounts, MAC address filtering for wireless networks, and immediate removal of access rights for departing personnel. For data center physical security, the Hospital has implemented magnetic access control systems, temperature and humidity monitoring, UPS backup power systems, automatic fire suppression systems, and water leakage detection systems.

5. 24×7 Monitoring and Business Continuity Operations

E-Da Hospital integrates cybersecurity logs from antivirus systems, firewalls, WAF, IDS/IPS, and email filtering systems for correlation analysis, and regularly produces monthly and quarterly monitoring reports. The Hospital has also established defined response time requirements for on-site handling of information security incidents.

To ensure business continuity, E-Da Hospital has developed a Business Continuity Exercise Management Procedure. For core information systems, three key indicators are defined: Maximum Tolerable Period of Disruption (MTPD), Recovery Time Objective (RTO), and Recovery Point Objective (RPO). In 2025, E-Da Hospital conducted quarterly business continuity drills for its core information systems, including backup and recovery validation for the PACS, EMR, IRB, HIS, and LIS systems. These drills verified the effectiveness of the Hospital's backup and data recovery mechanisms.

6. Information Security Incident Reporting and Response

In accordance with the “Information Security Incident Reporting and Response Management Regulations,” E-Da Hospital classifies information security incidents into four levels. The internal framework clearly defines incident classification procedures, roles and responsibilities, reporting channels, and external reporting pathways (including regulatory reporting platforms). In the event of a major information security incident, the Hospital reports to the competent authority within one hour of awareness. Level 3 and 4 incidents require containment or recovery within 36 hours, while Level 1 and 2 incidents must be resolved within 72 hours. A full incident investigation, corrective actions, and improvement report are completed within one month.

7. Training and Education

In accordance with the grading requirements of the Cybersecurity Responsibility Level Regulations, E-Da Hospital implements tiered training programs based on personnel roles: Dedicated information security personnel receive at least 12 hours of professional cybersecurity training or competency development annually. IT personnel (non-dedicated security staff) receive at least 3 hours of professional cybersecurity training every two years. IT staff, general users, and managers are required to complete at least 3 hours of cybersecurity awareness training annually. In 2025, training covered IT personnel, general users, and all hospital supervisors, with 100% achievement of required training hours.

8. Outsourcing Management and Supply Chain Security

In accordance with Article 4 of the Enforcement Rules of the Cyber Security Management Act, E-Da Hospital implements outsourcing management for information systems and ICT services. The selection and supervision requirements for vendors include: possession of adequate information security management measures or third-party certification; assignment of dedicated personnel with recognized information security professional certifications; signing confidentiality agreements; and immediate notification to E-Da Hospital in the event of any information security incident, along with implementation of corrective and remedial measures. For commissioned projects with a contract value exceeding NT\$10 million or those involving customized system development, the contractor is additionally required to provide a third-party security assessment report. The selection of ICT equipment and vendors is conducted in compliance with applicable national laws and regulatory requirements.

9. Information Security Management Achievements in 2025

The key achievements of E-Da Hospital's information security management in 2025 are summarized in the table below:

No.	Management Item	Target	Result
1	ISO 27001:2022 recertification	Recertification Completed	Passed
2	ISO/IEC 27701:2019 Privacy Information Management System (PIMS) certification	Initial Certification Completed	Passed
3	Internal information security audit	≥ 1 time/year	Completed
4	Website vulnerability scanning and penetration testing	Per regulatory cycle	Completed
5	Core information system business continuity exercises	≥ 4 sessions/year	Completed
6	Training for dedicated information security personnel	≥ 12 hours/year	Completed
7	Information security professional training for IT personnel	≥ 3 hours / 2 years	Completed
8	Information security awareness training for general users and managers	≥ 3 hours/year	Completed
9	Information security incident reporting timeliness	< 1 hour per report	Completed
10	Personal data breach incidents confirmed by competent authorities (SASB HC-DY-230a.3)	0 cases	0 cases
11	Confirmed customer privacy complaints (GRI 418-1)	0 cases	0 cases



ISO 27001:2022 Recertification and ISO/IEC 27701:2019 Privacy Information Management System (PIMS) Dual Certification

1.4 Sustainable Supply Chain

E-Da Hospital is committed to establishing a sustainable supply chain in support of high-quality medical services and social responsibility. Through comprehensive supply chain management and an optimized supplier evaluation mechanism, the Hospital actively promotes green procurement, addresses environmental and social issues, and demonstrates its commitment to corporate social responsibility, thereby laying a solid foundation for long-term development.

1.4.1 Procurement Overview and Sustainable Supply Chain

In 2025, E-Da Hospital worked with a total of 963 upstream suppliers of medical consumables (including reagents), Western and traditional Chinese medicines, and medical equipment (including spare parts) to jointly build a robust healthcare industry value chain and provide high-quality healthcare services. In 2025, the Hospital's local procurement rate was approximately 92.63%.

E-Da Hospital Procurement Overview

Item					2023				2024				2025			
Procurement Item	Supplier Type	Supplier Service	Business Relationship	Supplier Industry Characteristics	Local Procurement		Non-Local Procurement		Local Procurement		Non-Local Procurement		Local Procurement		Non-Local Procurement	
					Number of Companies	Procurement Amount and Percentage	Number of Companies	Procurement Amount and Percentage	Number of Companies	Procurement Amount and Percentage	Number of Companies	Procurement Amount and Percentage	Number of Companies	Procurement Amount and Percentage	Number of Companies	Procurement Amount and Percentage
Medical Consumables (including Reagents)	Original suppliers, distributors, agents, and logistics providers	Product Provision, Warranty Service, and Defective Product Handling	Open contract, consignment contract, and single purchase order.	Technology-Intensive	429	47.77%	0	0.00%	409	47.17%	0	0.00%	424	44.03%	0	0.00%
Western and Chinese Medicines					105	11.69%	64	7.13%	111	12.80%	62	7.15%	126	13.08%	71	7.37%
Medical Equipment (including Spare Parts)					72	8.02%	0	0.00%	71	8.19%	0	0.00%	87	9.03%	0	0.00%
Others				Technology-Intensive, Labor-Intensive	228	25.39%	0	0.00%	214	24.68%	0	0.00%	255	26.48%	0	0.00%
Subtotal					834	92.87%	64	7.13%	805	92.85%	62	7.15%	892	92.63%	71	7.37%
Total Number of Suppliers					898				867				963			

E-Da Hospital regards suppliers as long-term partners. In addition to requiring suppliers to meet fundamental criteria such as competitive quality, technology, delivery performance, and cost, the Hospital in 2025 placed greater emphasis on suppliers' performance in governance, environmental, and social responsibility aspects. The Hospital is committed to working collaboratively with suppliers to promote a positive value chain cycle and sustainable development.

The Four Key Strategies for a Sustainable Supply Chain

1 Promoting a sustainable and positive cycle in the healthcare industry and supply chain

In 2025, E-Da Hospital engaged with suppliers to establish a "Supplier Code of Conduct." In addition to requiring regulatory compliance, suppliers must also adhere to guidelines regarding labor human rights, environmental sustainability, and ethical conduct.

2 Ensuring a Safe Working Environment

Contractors are required to sign a workplace safety commitment, provide designated occupational safety and health administrators, and submit various professional construction certifications (such as high-altitude hoisting permits). They must also provide insurance rosters to ensure the safety of the construction environment.

3 Selecting Partners that Meet Sustainability Commitments:

- Collaborate with suppliers committed to energy conservation, carbon reduction, and sustainable development to jointly strive for environmental sustainability and carbon emission reduction.
- Added an ESG evaluation field to the pharmaceutical procurement application form (assessing whether the medication offers environmental, energy-saving, or carbon-reduction benefits).

4 Prioritizing Local Suppliers

E-Da Hospital upholds the principle of prioritizing local suppliers to reduce greenhouse gas emissions from transportation, working hand in hand with the supply chain toward corporate sustainability goals. In 2025, approximately 93% of procurements were sourced from domestic distributors/agents, promoting local economic stability and increasing employment opportunities.

1.4.2 Sustainable Supply Chain Management

E-Da Hospital conducts supplier procurement operations in accordance with the "Procurement Management Procedures," following standardized workflows and implementing fair, impartial, and transparent procurement processes. The Hospital strengthens responsible supply chain management and avoids over-reliance on a single supplier. It develops high-quality suppliers and maintains strong relationships with existing suppliers by conducting selection, tendering, price negotiation, and award procedures, followed by inspection, acceptance, and payment processes, as well as supplier evaluation and audit.

In procurement and tendering processes, priority is given to environmentally friendly, energy-saving, and low-carbon products. For example, when procuring major energy-consuming equipment, if there are opportunities to improve energy performance, preference is given to specifications that meet energy-saving design standards. Relevant references include CNS (National Standards of the Republic of China) energy-efficient labeling products, energy consumption standards announced by the Ministry of Economic Affairs, and E-Da Hospital's supplier energy performance assessment report.

1.4.3 Supplier Evaluation Mechanism

To ensure stable quality in medical procurement, E-Da Hospital has established strict standards for supplier selection and evaluation. For five major categories of suppliers—medical consumables, laboratory services, general materials, medical equipment, and pharmaceuticals—the Hospital conducts monthly evaluations based on five core dimensions: delivery compliance, delivery quantity accuracy, labeling clarity, packaging condition, and product quality. These are further integrated with energy performance and occupational safety and environmental considerations for comprehensive assessment. Evaluation results are classified into three levels: Good (80 points and above), Fair (60–80 points), and Under Review (below 60 points). The Hospital prioritizes collaboration with high-performing suppliers. For suppliers under review, a one-month monitoring and guidance mechanism is implemented, including dedicated follow-up, penalty warnings for delays or quality issues, and issue resolution negotiations. If no improvement is observed, suppliers are classified as non-compliant and replaced to ensure the highest standards of medical service quality. In 2025, a total of 901 suppliers were evaluated.

Looking ahead, the Hospital will continue to optimize its supplier management mechanism, aligning with corporate social responsibility principles and ISO 50001 energy management standards, and integrating environmental protection and social human rights considerations into the evaluation system. E-Da Hospital will further encourage suppliers to sign corporate social responsibility commitment statements or questionnaires to jointly achieve sustainability goals. During procurement and service delivery processes, suppliers are required to comply with social responsibility standards, national laws and regulations, occupational safety requirements (including chemical SDS management), prioritize energy-efficient labeled products, and adhere to ethical and integrity-based business practices. The Hospital will continue working with its supply chain to actively address environmental protection, industrial safety, and social issues, fulfilling its social responsibility as a healthcare institution while continuously improving performance.

1.4.4 Green Procurement

Green procurement is an essential core value in E-Da Hospital’s sustainable development strategy. The Hospital’s supplier and vendor management is primarily governed by the Government Procurement Act and the Hospital’s internal control mechanisms, and follows the principles of Taiwan’s “Regulations on Priority Procurement of Environmentally Friendly Products by Government Agencies.” Environmentally friendly products are clearly classified into the following three categories and are fully included in the designated green procurement items:

- 1 Products that have obtained authorization to use the environmental label approved by the Ministry of Environment (Taiwan), or equivalent eco-labels recognized under mutual recognition agreements with other countries.
- 2 Products that are not listed under the Ministry of Environment’s eco-label categories but are certified as meeting criteria such as recycled materials, recyclability, low pollution, or energy saving, and have been issued official certification.
- 3 Products certified by relevant competent authorities as contributing to increased social benefits or reduced social costs, and issued with official documentation.

Implementation Practices and Performance Tracking:

- Through a strict supplier selection mechanism, E-Da Hospital prioritizes the procurement of green products with environmental labels, recycling certifications, water-saving certifications, and energy-saving certifications.
- Starting from 2025, E-Da Hospital will continue to expand green procurement practices and monitor performance outcomes.

1.4.5 Supplier Social Responsibility Commitment

The Materials and Procurement Department of E-Da Hospital is responsible for all procurement operations, adhering to the principles of sustainable operations and prioritizing medical service quality, while strictly complying with fair trade principles. Suppliers and contractors working with the Hospital are also required to comply with environmental protection requirements such as ISO 50001 energy performance standards, occupational safety and health requirements such as the provision of Safety Data Sheets (SDS), and labor and human rights standards.

E-Da Hospital will continue to incorporate “Supplier/Contractor CSR Commitment Statements” and “Supplier Energy and Social Responsibility Assessment Forms” into procurement contracts and MIS system processes. Suppliers are required to complete and submit these documents during quotation, contract signing, or ordering stages. The commitment statement explicitly requires suppliers to adhere to the highest standards of ethical conduct and business integrity, with zero tolerance for any form of corruption, extortion, embezzlement, or bribery.

1.5 Operational Performance

1.5.1 Business Performance GRI 201-1、GRI 201-4

E-Da Hospital establishes nine key performance indicators (KPIs) for operational performance based on its annual strategic development plan. These indicators are regularly reported to the Ministry of Health and Welfare and the Board of Directors for oversight and management. In 2025, all indicators achieved the target, reaching a 100% attainment rate.

Financial dimension

In 2025, total medical revenue reached NT\$7.164 billion, slightly below the original target of NT\$7.447 billion. This was mainly due to E-Da Hospital's successful accreditation as a medical center in March 2025. To maintain medical center quality and service standards, certain inpatient beds were reduced, resulting in a slight decrease in revenue. Total surplus reached NT\$72 million, exceeding the target of NT\$45 million.

Medical service dimension

The Case Mix Index (CMI) reached 1.136, indicating a consistently high level of patient complexity and healthcare resource utilization. The DRG performance index remained at 1.14, reflecting strong efficiency in clinical operations and reimbursement management.

Quality dimension

The Hospital received seven SNQ (Symbol of National Quality) certifications, exceeding the original target of three, demonstrating strong performance in quality management and clinical innovation.

Research and education dimension

The proportion of principal investigators in clinical trials remained stable at 20%. The number of high-impact publications (first or corresponding author, IF ≥ 10) reached 10 papers, demonstrating excellent academic performance. In addition, industry-academia collaboration agreements increased to 23 cases, reflecting strong capabilities in interdisciplinary collaboration and knowledge translation.

Operational Performance Indicators (2024–2025)

No.	Category	Performance Indicators	2024 Target	2024 Actual Performance	2025 Target	2025 Actual Performance
1	Financial	Total Hospital Medical Revenue	NT\$7.434 billion	NT\$7.299 billion	NT\$7.447 billion	NT\$7.164 billion
2	Financial	Total Hospital Surplus	NT\$0.375 billion	NT\$0.362 billion	NT\$0.045 billion	NT\$0.072 billion
3	Medical Insurance	Case Mix Index (CMI)	1.1070	1.1360	1.1360	1.1360
4	Specialist Certified / Professional Review	DRG Performance Value	1.10	1.14	1.14	1.14
5	Medical Quality	SNQ Certification	3 items	10 items	3 items	7 items
6	Medical Research	Percentage of Attending Physicians Serving as Clinical Trial Principal Investigators	15%	(PI) 32.44% (Co-PI) 17.39%	20%	(PI) 29.05% (Co-PI) 28.38%
7	Medical Research	First and Corresponding Author Publications with Impact Factor ≥ 10	10 papers	16 papers	10 papers	10 papers
8	Medical Education	Number of Industry–Academia Collaboration Agreements Signed	11 items	22 items	11 items	23 items
9	Medical Research	Publication Rate of Attending Physicians (2024–2025)	90%	92%	90%	90%

In terms of healthcare system expansion, E-Da Hospital has assisted its affiliated organization in establishing two hospitals and four nursing institutions, all of which are now operating stably. In addition, one hospital and two nursing institutions are being planned in Pingtung County and are currently under construction, with operations expected to officially commence in the second half of the year. The overall development strategy is centered on leveraging core institutions to drive system-wide growth, thereby achieving benefits in resource integration, experience transfer, and collaborative operations. This approach continuously expands the healthcare service network and realizes the vision of sustainable healthcare operations and shared social value.

1.5.2 Financial Performance

E-Da Hospital is founded on a non-profit mission to establish and operate healthcare services, with a commitment to providing high-quality and accessible medical care. The Hospital pursues the vision of becoming a world-class medical center, strictly adhering to relevant regulations and governance principles while continuously enhancing organizational management and healthcare quality.

E-Da Hospital's mission is to serve as a strong pillar of community health, with the strategic goal of establishing the leading acute and critical care medical system in southern Taiwan. It actively promotes patient-centered, safe, and high-quality healthcare services. At the same time, the Hospital continues to develop forward-looking platforms for medical education and translational research, strengthen international medical collaboration, enhance talent cultivation and academic exchange, and actively introduce advanced medical technologies, including regenerative medicine, cell therapy, and smart healthcare applications, in order to comprehensively improve service efficiency and quality.

Since its establishment on March 29, 2004, E-Da Hospital has achieved steady growth in medical revenue. As of 2025, net medical revenue reached NT\$7.16 billion. Total net assets have also increased from NT\$1 billion at the time of establishment to NT\$6.44 billion, demonstrating strong operational performance and sustainable development capacity.

Financial Overview for 2025

Unit: NTD

Item		2025
Direct economic value generated (Medical revenue) (1)		7,164,110,328
Distributed economic value	6,958,071,231	6,958,071,231
	33,306,448	33,306,448
	87,295,856	87,295,856
Retained economic value = (1) – (2) – (3) – (4)		85,436,793
Profit before tax		71,530,542
Total net assets (Net assets = Total assets – Total liabilities)		9,830,364,813
Government financial subsidies received		68,665,005

*Government financial subsidies include: the National Health Insurance enhanced inpatient nursing capacity program, inpatient-related NHI reimbursement, and administrative assistance subsidies from the Nursing and Health Care Division of the Ministry of Health and Welfare.



CHAPTER

02

Excellence in Healthcare and Innovation

2.1 SPECIALIZED HEALTHCARE SERVICES | 2.2 SMART HEALTHCARE | 2.3 ENHANCING HEALTHCARE QUALITY | 2.4 MEDICATION MANAGEMENT | 2.5 PATIENT CARE AND ENGAGEMENT

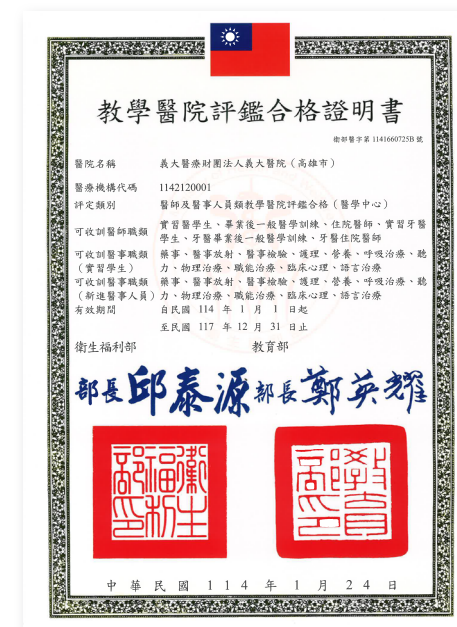


Excellence in Healthcare and Innovation

Under the leadership of Superintendent Du, Yuan-Kun, E-Da Hospital has established internationally recognized expertise in limb replantation, nerve repair, and complex trauma reconstruction, creating a highly differentiated healthcare brand. Through the deep integration of smart healthcare technologies, the Hospital has incorporated AI-assisted diagnosis, healthcare big data analytics, and electronic medical record (EMR) systems into clinical decision-making and quality management processes. In terms of healthcare delivery models, E-Da Hospital promotes a Multidisciplinary Team (MDT) approach, particularly in cancer care, where precision medicine is integrated with personalized treatment strategies. Guided by a patient-centered philosophy, the Hospital has established a closed-loop governance framework of "Monitor-Analyze-Improve-Optimize" through international accreditation and standardized quality management systems, ensuring continuous enhancement of healthcare quality. Furthermore, E-Da Hospital is actively expanding international medical services and high-end customized healthcare offerings to develop cross-border healthcare markets and enhance its global brand visibility. By successfully integrating digital transformation with a people-centered organizational culture, the Hospital has developed into a smart healthcare system characterized by sustainable competitiveness and high value creation.

2.1 Specialized Healthcare Services

In 2025, E-Da Hospital was officially accredited as a Medical Center, signifying that its healthcare quality and innovation capabilities have reached national standards of excellence. The Hospital demonstrates strong competitiveness in areas such as nerve reconstruction, organ transplantation, cancer treatment, and regenerative medicine. In the fields of brachial plexus repair and spinal nerve reconstruction, E-Da Hospital has successfully increased surgical success rates to over 90%. In addition, the Hospital has achieved a 100% success rate in hepatitis C screening and treatment programs. E-Da Hospital is also actively advancing smart healthcare by integrating artificial intelligence and big data into clinical decision-making and medication safety management. Through its high-risk medication monitoring system, the Hospital has effectively reduced medical risks, optimized clinical workflows, and improved cost efficiency. These achievements were recognized with the National Healthcare Quality Award (NHQA) in 2023. Furthermore, through its "A Thousand Miles of Smiles" medical outreach program in Vietnam, E-Da Hospital has enhanced the safety standards of overseas surgical services while cultivating international healthcare professionals. The program demonstrates the Hospital's commitment to healthcare excellence, social responsibility, and sustainable international healthcare development, positioning E-Da Hospital as a leading model of smart healthcare.



Specialty Healthcare Services and Innovative Technologies (2023–2025)

Indicator	Key Highlights	Major Achievements / Data	Sustainability Significance
Medical Positioning	Upgraded to a Medical Center	Officially accredited as a Medical Center in 2025	Demonstrates healthcare quality meeting the highest national standards
Reconstructive Surgery and Nerve Regeneration	Microsurgical reconstruction and nerve repair technologies	Surgical success rate increased from below 10% to over 90%, benefiting thousands of patients with paralysis	Reduces disability and improves patients' quality of life
Organ Transplantation Services	Advanced transplantation and post-transplant care capabilities	Highest five-year kidney transplant survival rate and highest ten-year liver transplant survival rate in Taiwan	Enhances survival outcomes for critically ill patients
Integrated Healthcare System	Multidisciplinary Team (MDT) integrated care	Integrated services across cardiovascular, neurological, and transplantation centers	Improves treatment efficiency for complex diseases
Cancer Care and Screening Innovation	One-stop healthcare services	100% colorectal polyp removal rate during a single outpatient colonoscopy visit	Enhances early screening and accessibility to healthcare services
Public Health Contribution	Health management for vulnerable populations	100% success rate in hepatitis C screening and treatment	Reduces the burden of infectious diseases
Smart Healthcare	AI and data-driven healthcare applications	Estimated healthcare cost savings of approximately NT\$2.3 million	Improves operational efficiency and reduces medical risks
Quality Certification	Healthcare Quality Recognition	2023 National Healthcare Quality Award (NHQA)	Strengthens quality governance and continuous improvement capabilities
Regenerative Medicine	Cell therapy technologies	100% success rate in cartilage repair	Advances precision medicine and healthcare innovation

E-Da Healthcare Core Specialty Medical Centers

No.	Medical Center	Core Features and Services
1	Health Examination Center	Provides customized executive health check-ups, precision medicine assessments, and health management services.
2	Advanced Aesthetic Medicine and Biological Age Management Center	Offers premium aesthetic medical services in an elegant and comfortable environment equipped with state-of-the-art medical-grade devices.
3	International Bariatric and Diabetes Surgery Center	Specializes in minimally invasive metabolic and bariatric surgery with international accreditation, providing integrated treatment programs for obesity and diabetes.
4	Gamma Knife Center	Utilizes high-precision radiosurgical technology to treat brain tumors, trigeminal neuralgia, and functional brain disorders.
5	Stroke Center	Provides integrated diagnosis, treatment, and rehabilitation for acute stroke, cerebrovascular diseases, and neurocritical conditions.
6	Dementia Integrated Care Center	Offers comprehensive support for patients with dementia and their families, including home-based rehabilitation, nutrition, and nursing care services.
7	Emergency and Critical Care Center	Delivers rapid response, emergency treatment, and intensive care for trauma, emergency, and critically ill patients.
8	Cardiovascular Medical Center	Provides integrated services covering cardiology, cardiovascular surgery, catheter-based interventions, and minimally invasive cardiovascular treatments.
9	Organ Transplantation Center	Actively promotes organ donation and develops expertise in transplant care and management.
10	Clinical Immunology and Molecular Diagnostics Center	Implements precision medicine by tailoring treatments and medication based on each patient's genetic profile.
11	Cancer Treatment Center	Provides comprehensive cancer care including radiotherapy, chemotherapy, immunotherapy, and precision medicine, with certified oncology quality accreditation.
12	PET-CT Imaging Center	Combines PET with CT imaging for superior localization accuracy, supporting physicians in clinical diagnosis and treatment planning.

2.2 Smart Healthcare

E-Da Hospital continues to advance its smart healthcare transformation by focusing on three key areas: clinical decision support, precision medicine, and intelligent healthcare services. Through interdisciplinary research and strategic patent development, the Hospital enhances physicians' diagnostic and treatment efficiency while improving the quality of patient care. In 2025, E-Da Hospital achieved significant research and development outcomes in areas such as clinical care support, regenerative medicine applications, and three-dimensional (3D) cell culture technologies, further strengthening its capabilities in disease research, personalized treatment, and clinical applications. In the field of pharmaceutical management, the Hospital has continued to promote the development of patented technologies, including the Integrated Drug Inventory Management System and the Intelligent Medication Prescription Recommendation System. In collaboration with industry partners, E-Da Hospital has introduced high-precision inventory technologies with a measurement accuracy of 0.01 g, thereby improving inventory management accuracy and enhancing decision-making efficiency.

In addition, the Hospital continues to deepen the development of its intelligent management systems by integrating real-time monitoring, automated management, and data analytics technologies to optimize clinical workflows and safety management performance. Through the integration of clinical innovation and smart systems, E-Da Hospital is continuously building a healthcare service model that is intelligent, precise, and sustainable, demonstrating its leading position in the advancement of smart healthcare innovation.

Applications for Invention Patents Related to Smart Innovations

No.	Invention Title	Patent Certificate No.	Issue Date	Current Status
1	Intelligence Temperature-Controlled And Biomedical Supplies Access-Controlled Storage Device And Management System Thereof	I798727	2023/04/11	1. Product development completed 2. Implemented in the pharmacy department workflow
2	Intelligent Emergency Medicine Cart And Method For Medicine Management By Using The Intelligent Emergency Medicine Cart	I763546	2022/05/01	Product development in progress (scheduled for 2026)
3	AI Pharmaceutical Management System	I779679	2022/10/01	Product development in progress (scheduled for 2026)
4	Intelligent Drug Use Prescription Suggestion Method And System	I867800	2025/12/21	Product development in progress (scheduled for 2026)
5	Assistive Control Device With Magnetic-Force-Based Facial Positioning Mechanism	I900437	2025/10/01	Product development in progress (scheduled for 2026)
6	Multi-Posture Assistive Mobility Device	I886081	2025/06/01	Product development in progress (scheduled for 2026)
7	Use Of Adipose-Derived Mesenchymal Stem Cell Conditioned Medium For The Treatment Of Endometriosis	I889337	2025/07/01	Product development in progress (scheduled for 2026)
8	Cell Culture Platform	I889154	2025/07/01	Product development in progress (scheduled for 2026)

Innovation Patent Applications

No.	Utility Model Patent Title	Utility Model Patent Certificate	Issue Date	Current Status
1	Hybrid Teaching System For Total Parenteral Nutrition (TPN) Compounding	M644850	2023/08/11	App is currently used in departmental TPN training
2	Integrated Drug Inventory Counting System	M659814	2023/01/01	1. Completed hardware implementation and inventory testing 2. Accuracy: 0.01 g; Precision: 100%
3	Integrated Pharmaceutical Inbound/Outbound Management System	M667661	2025/3/11	1. Product development completed 2. Implemented in the pharmacy department workflow

2.3 Enhancing Healthcare Quality

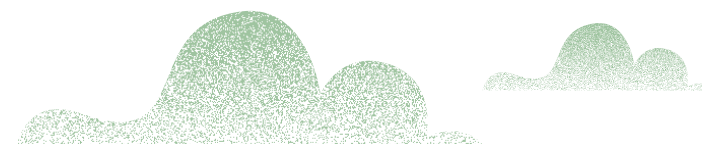
2.3.1 Healthcare Quality Management

E-Da Hospital leverages data governance and standardized processes to establish a healthcare quality management system that is “monitored, predictable, and controllable.” This ensures patient safety, enhances clinical outcomes, and creates long-term sustainable value.

Year	Competition Category	Topic / Group	Result
2023	Theme Category	Reducing Continuity Medication Discrepancies in Elderly Preoperative Patients	Bronze Award
2023	Theme Category	Improving Outpatient Waiting Time	Silver Award
2023	Smart Healthcare Category	Smart Closed-Loop Management for Enhanced Blood Transfusion Safety	Certification Mark
2023	Evidence-Based Medicine Category	Extending the Routine Replacement Interval of Peripheral Intravenous Catheters from 72 to 96 Hours	Merit Award
2023	Evidence-Based Medicine Category	Literature Appraisal – Novice Group	Bronze Award
2023	Evidence-Based Medicine Category	Literature Appraisal – Clinical Group (Session I)	Honorable Mention
2024	Simulation-Based Scenario Category	Obstetrics and Pediatrics Group	Merit Award
2024	Evidence-Based Medicine Category	Literature Review – Clinical Group	Merit Award
2025	Theme Category – Elite Group	Improving the Blood Transfusion Workflow in the Operating Room	Honorable Mention

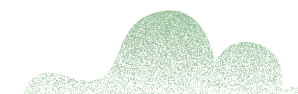
Newly Certified SNQ National Quality Certifications and Biotechnology Awards (2023–2025)

Year of Award	Awarding Organization	Award Category / Project
2023	The Institute for Biotechnology and Medicine Industry (IBMI)	SNQ National Quality Certification – Healthcare Institutions Category, Hospital Specialty Healthcare Group (Project: Building a Bridge of Healthcare – Establishing a Two-Way Referral Model)
2023	The Institute for Biotechnology and Medicine Industry (IBMI)	SNQ National Quality Certification – Healthcare Institutions Category, Hospital Community Service Group (Project: Creating Zero-Distance, Comprehensive High-Quality Healthcare Services for the Offshore Islands of Penghu County)
2023	The Institute for Biotechnology and Medicine Industry (IBMI)	SNQ National Quality Certification – Healthcare Institutions Category, Hospital Specialty Healthcare Group (Project: Love Never Ends – Improving Post-Emergency Follow-up Outpatient Return Rates for Victims of Domestic Violence and Child Abuse)
2024	The Institute for Biotechnology and Medicine Industry (IBMI)	SNQ National Quality Certification – Healthcare Institutions Category, Hospital Specialty Healthcare Group (Project: No More Fear of Hemorrhoids: A New Era of Minimally Invasive Hemorrhoid Surgery)
2025	The Institute for Biotechnology and Medicine Industry (IBMI)	SNQ National Quality Certification – Healthcare Institutions Category, Hospital Specialty Healthcare Group (Project: Caring with Peace of Mind through Connected Nursing: Seamless, Holistic, and Continuous Psychiatric Nursing Care)



E-Da Hospital DSC Certifications (2023–2025)

Year	Unit/Disease	Description
2023 Initial Certification Obtained	Anesthesiology Dept. / Pain Management	- Promote a multimodal analgesia strategy centered on regional anesthesia. - Establish a specialized interventional pain management team, developing nerve block techniques, proliferative therapy, and radiofrequency ablation (RFA) treatments. - Utilize diversified treatment approaches to reduce medication-related side effects and risks of dependence or addiction. - Integrate multidisciplinary physicians and a structured referral system to ensure continuity of care
2023 Re-Certification Granted (Initial Certification: 2020)	Neurology Dept. / Stroke Care	- Based on a stroke registry system, integrate clinical practice and research to enhance service quality. - Optimize stroke care pathways to prevent complications and improve patient outcomes. - Integrate multidisciplinary teams to improve care delivery and research efficiency. - Implement information systems and AI-assisted tools to strengthen clinical decision-making and improve efficiency in stroke care.



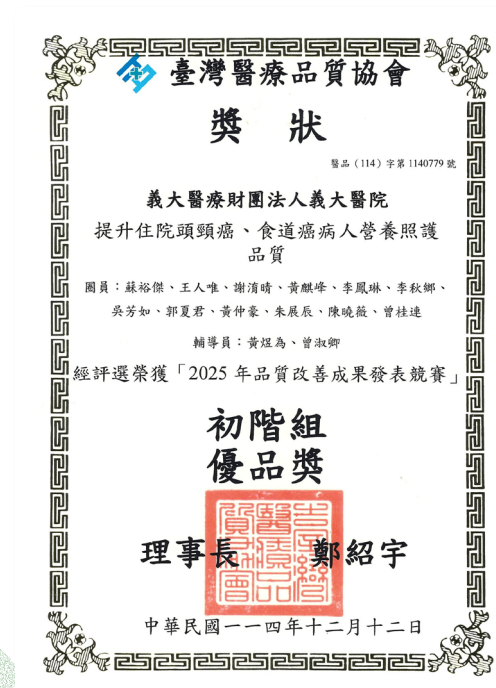
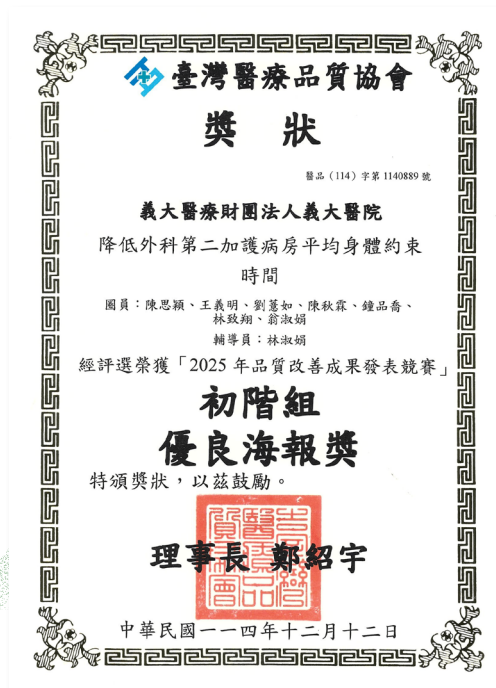
E-Da Hospital DSC Certifications (2023–2025)

Year	Unit/Disease	Description
2023 Re-Certification Granted (Initial Certification: 2020)	Neurosurgery Dept. / Traumatic Brain Injury	● Integrate pediatric neurology teams to provide coordinated care for children with brain injuries. ● Establish standardized care protocols aligned with the latest international clinical guidelines. ● Strengthen rehabilitation and community education programs to improve quality of life. ● Promote multidisciplinary collaboration to achieve holistic care and continuous quality improvement.
2024 Re-Certification Granted (Initial Certification: 2021)	Cardiology Dept. / Acute Myocardial Infarction	● Enable real-time ECG interpretation to rapidly activate the Acute Myocardial Infarction (AMI) emergency response team. ● Integrate multidisciplinary professional teams to provide comprehensive treatment. ● Strengthen patient self-management education and establish a long-term follow-up system. ● Optimize AMI care pathways to reduce treatment time and enable timely activation of Primary PCI. ● Establish an AMI database to support data-driven quality improvement initiatives.
2024 Initial Certification Obtained	Endocrinology and Metabolism Dept. / Diabetes Mellitus	● Integrate multidisciplinary team resources to strengthen holistic diabetes care. ● Incorporate evidence-based medicine to continuously optimize care practices and techniques. ● Promote diversified patient education programs to enhance self-management and preventive healthcare awareness. ● Establish continuous quality improvement mechanisms to ensure patient safety. ● Strengthen teaching and research to cultivate and disseminate professional competencies in diabetes care.
2025 Re-Certification Granted (Initial Certification: 2022)	Otolaryngology Dept. / Head and Neck Cancer	● Establish and regularly optimize treatment guidelines and integrated care pathways for head and neck cancer. ● Promote multidisciplinary team collaboration to enhance overall quality of medical care. ● Implement a tumor case management system to provide continuous and integrated patient care.
2025 Re-Certification Granted (Initial Certification: 2019)	Pulmonology Dept. / COPD	● Strengthen cross-disciplinary integration and team collaboration mechanisms. ● Combine specialist referral systems to enable multidisciplinary professional care. ● Establish standardized clinical guidelines and structured care pathways. ● Conduct regular training and team meetings to ensure consistent quality of care. ● Develop diversified patient education and digital tools to promote home-based pulmonary rehabilitation care.
2025 Re-Certification Granted (Initial Certification: 2019)	Orthopedics Dept. / Joint Replacement	● Provide comprehensive multidisciplinary integrated healthcare services. ● Establish standardized care pathways and case management systems to ensure full-cycle care from preoperative to postoperative stages. ● Implement ERAS protocols, SGLT2i monitoring, hemostatic strategies, and AI-based rehabilitation systems to reduce risks and improve clinical outcomes.
2025 Re-Certification Granted (Initial Certification: 2022)	Nephrology Dept. / Chronic Kidney Disease	● Integrate multidisciplinary teams to strengthen the chronic kidney disease care system. ● Establish an integrated care model for end-stage renal disease. ● Continuously maintain JCI accreditation to ensure compliance with international quality standards. ● Implement continuous quality improvement mechanisms to enhance care quality.

In 2025, four teams at E-Da Hospital successfully passed disease care quality re-accreditation, demonstrating strong capabilities in interdisciplinary integrated care and standardized process management.

2.3.2 Total Quality Management (TQM)

E-Da Hospital adopts Total Quality Management (TQM) as its core management philosophy. Since 2005, the Hospital has progressively developed a quality culture with full staff participation, strengthening employees' problem-solving capabilities and cross-departmental collaboration effectiveness. Through systematic quality improvement activities, the Hospital has deepened quality awareness and the application of quality improvement methodologies, embedding continuous improvement mechanisms into daily operational processes to continuously enhance healthcare service quality and patient safety. During this period, the Hospital has organized multiple "In-Hospital Healthcare Quality Improvement Competitions," which have now reached their 19th edition. Frontline staff proactively identify minor risks in medication processes and propose improvement initiatives (e.g., optimizing medication cabinet labeling and strengthening medication verification systems), successfully maintaining medical error rates at an extremely low level. Through annual poster competitions and quality-related education and dissemination activities, the Hospital facilitates internal and external expert review and inter-hospital exchange, promoting knowledge sharing and benchmarking learning, thereby strengthening organizational learning capability. Outstanding teams are selected to participate in external evaluations. In addition, departmental poster competitions systematically present innovative strategies, process optimization efforts, and patient safety outcomes, comprehensively enhancing healthcare quality and organizational competitiveness. In addition, departmental poster competitions systematically showcase innovative strategies, process optimization initiatives, and patient safety achievements, comprehensively enhancing healthcare quality and organizational competitiveness.



Medical Quality Improvement Competition

E-Da Hospital Internal Quality Improvement Trends (2023–2025)

From 2023 to 2025, E-Da Hospital’s internal quality improvement initiatives demonstrate a progressive evolution from “basic administrative and process efficiency” to “clinical infection control,” and further advancement toward “integrated holistic care and proactive risk prevention.”

I. Key Focus Areas of Annual Quality Improvement Initiatives by Year

2023

The primary focus was on improving “service dispatch efficiency of the nursing assistant coordination center and process completion rate of transportation services,” which achieved second place in internal evaluation. Clinically, efforts also emphasized reducing treatment time for acute ischemic stroke and decreasing the duration of physical restraints in intensive care units.

2024

The focus shifted toward “clinical infection control” and “precision in medical procedures,” representing a transition to concrete clinical indicators and patient safety outcomes. Key initiatives included reducing catheter-associated urinary tract infection (CAUTI) rates in the neurosurgical intensive care unit. Additional efforts addressed procedural accuracy and safety, such as reducing repeat rates of bedside X-ray imaging in neonates and improving blood preparation and transfusion workflows in the operating room.

2025

The focus further evolved toward “holistic care” and “proactive risk management,” reflecting a significantly advanced and forward-looking approach to healthcare improvement. Key initiatives included the introduction of palliative family consultation for end-of-life patients in intensive care units. For the first time, improvement efforts also extended to infrastructure stability, such as enhancing the performance and reliability of operating room air-conditioning systems.

II. Evolution of Methodology and Strategies

1 Maturation and Diversification of Quality Improvement Methodologies (Methodology Shift)

- 2023: The main initiative focused on improving “service dispatch efficiency of the nursing assistant coordination center and process completion rate of transportation services.”
- 2024: All three teams adopted the traditional “Quality Control Circle (QCC) problem-solving approach,” targeting the review and improvement of existing high-frequency clinical issues, such as infection rates and repeat imaging rates.
- 2025: A shift toward proactive prevention was introduced. In addition to conventional problem-oriented QCC projects, new standards were proactively established, and Healthcare Failure Mode and Effects Analysis (HFMEA) was implemented to enhance the operational stability of operating room air-conditioning systems.

2 Evolution of Healthcare Philosophy (Philosophy Shift)

The focus has shifted from a “process/indicator-oriented approach” to a “patient-value-oriented approach.”

In 2023 and 2024, improvement efforts primarily emphasized time-based and performance indicators (e.g., dispatch efficiency, procedure turnaround time, infection rate reduction). In 2025, improvement themes increasingly incorporated humanistic care dimensions such as “parent–infant rooming-in” and “palliative care consultation for end-of-life patients,” reflecting a stronger emphasis on psychological support for patients and families, as well as overall healthcare experience enhancement.

3 Ongoing Focus on High-Risk / High-Resource Units (Consistency)

Operating rooms, anesthesia-related units, and various intensive care units (ICUs) have consistently remained key focus areas. This indicates that critical care and surgical safety continue to represent the Hospital’s long-term core priorities in quality improvement.

2.3.3 Infection Prevention and Control HC-DY-250a.3

E-DA Hospital complies with the regulations of the Centers for Disease Control (CDC), Ministry of Health and Welfare, and systematically monitors key indicators through the Infection Control Committee. With patient safety and public health as core priorities, the Hospital has maintained healthcare-associated infection (HAI) rates below the average level of medical centers from 2023 to 2025. In particular, in intensive care unit (ICU) key performance indicators, including central line-associated bloodstream infection (CLABSI) and ventilator-associated pneumonia (VAP), the incidence rates have been significantly lower than national medical center surveillance benchmarks. The relevant indicators are presented in the table below, demonstrating strong infection control capability in high-risk clinical units.

Key Performance Indicator (KPI) Monitoring

Monitoring Items	2023	2024	2025	Remarks
Hand Hygiene Compliance Rate (%)	90%	90%	90%	Accuracy Threshold
Hand Hygiene Compliance Rate (%)	87%	87%	87%	Compliance Threshold
Healthcare-Associated Infection Rate (‰)	5.15	5.15	5.15	ICU SPC – Stable Mean Value
Staff Influenza Vaccination Coverage Rate (%)	96.6%	94.4%	94.4%	Including Clinical and Administrative Staff
MRSA	35.9%	51.2%	46.3%	MDROs Statistics (%)
VRE	29.9%	26.1%	31.1%	MDROs Statistics (%)
Needlestick Injury Rate	0.15%	0.13%	0.16%	Needlestick Injury Incidence Rate

Reduction in Infection Rates Through Systematic Integrated Management

High-Risk Unit Dedicated Governance (ICU Governance):

A dedicated governance mechanism for high-risk units (ICU Governance) has been established to strengthen infection control in intensive care units, enhancing monitoring and real-time intervention for invasive medical procedures.

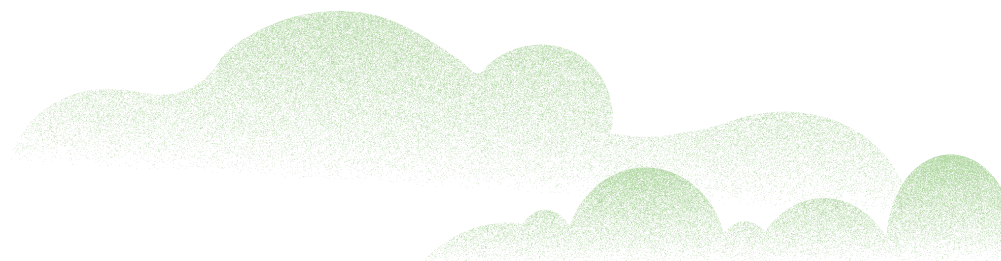
Bundle Care Standardized Clinical Protocols:

Standardized bundle care protocols have been introduced for central line, ventilator, and surgical infection prevention measures to ensure consistency in clinical practice.

Real-Time Monitoring and Data Management System:

A real-time surveillance and data management system has been implemented to continuously track infection indicators and abnormal events, thereby improving early warning and response efficiency.

E-DA Hospital has established an infection control framework characterized by “data-driven monitoring × standardized processes × real-time management,” transforming infection prevention from a reactive approach into a proactive preventive system, thereby enhancing healthcare quality and patient safety.



2.4 Medication Management

2.4.1 Management of Controlled Substances HC-DY-260a.1

E-Da Hospital upholds a professional and accountable approach to healthcare and complies with SASB standards. A Pharmacy and Therapeutics Committee has been established to rigorously review new medications using a scientific approach, evaluating clinical effectiveness, evidence-based medicine, and National Health Insurance reimbursement regulations to ensure that all approved pharmaceuticals meet standards of safety, efficacy, and value. A subordinate Drug Management Team is responsible for jointly monitoring medication utilization and the quality of adverse drug reaction reporting.

A Controlled Substances Management Committee has also been established to systematically oversee Schedule I to IV controlled drugs, covering procurement, storage, prescription, dispensing, and abnormal case reporting and follow-up. This risk management mechanism ensures that all selection and use of controlled substances comply with national regulations and the Hospital's highest safety standards. The Pharmacy and Therapeutics Committee focuses on medication governance, while the Controlled Substances Committee emphasizes risk control.

In terms of pharmaceutical lifecycle management, all procured medications must be approved by the Ministry of Health and Welfare and possess a valid drug license before being introduced, and they must undergo strict review by the Pharmacy and Therapeutics Committee. Safety stock levels are determined based on the characteristics of each medication. In addition, a green channel is established for emergency and rare medication procurement to safeguard patient rights and ensure timely access to treatment. All formulary medications are subject to internal and external audit mechanisms. Controlled substances are stored in designated cabinets and strictly separated from general medications. Pharmacists conduct monthly on-site inspections and random audits across all departments.

Pharmaceutical Supply Chain Management System

	Selection & Procurement	Acceptance & Allocation	Monitoring of Use	Inventory Management
Drug Supply	1. New Drug Review & Formulary Listing 2. Drug Purchase Requisition/Safety Stock Procurement 3. Hospital-wide Announcement of Drug Listing & Changes)	1. Barcode-based Operating System 2. Random Inspection during Drug Acceptance) 3. Drug Return & Exchange Procedures) 4. Review & Setting for Ward Floor Stock 5. Systematic Automatic & Emergency Drug Allocation	1. Evaluation of Medication Use Appropriateness & Adverse Reactions 2. Handling of Poor Quality Drugs 3. Handling of Unequal Therapeutic Efficacy	1. Barcode-based Operating System) 2. Systematic Drug Inventory Level Management 3. Emergency Treatment Drugs & Safety Stock Levels 4. Establishing Contractual Emergency Borrowing Agreements with Nearby Hospitals
Regulations & Policies	1. Pharmacy Management Regulations 2. Pharmacy Warehouse SOP 3. Vaccine Management SOP 4. Management SOP for Snake Antivenom & Specific Antidotes	1. Pharmacy Warehouse SOP 2. SOP for Bulk IV Fluid Logistics & Distribution) 3. Non-formulary Drug Use Management Policy 4. Drug Recall Management Policy 5. Floor Stock Management Policy	1. Pharmacy Management Regulations 2. Medication Use Evaluation (MUE) SOP 3. SOP for Unequal Therapeutic Efficacy 4. SOP for Defective Drugs	1. Pharmacy Warehouse SOP 2. MOHW Regulations for Medical Supplies & Drug Mobilization
Anomalies & Exceptions	1. Restricted Antibiotics Application Review Form 2. Review of Inappropriate Drugs - e.g., supply instability, discontinuation, quality issues, ADRs 3. Records of Drug Returns/Exchanges 4. MOHW Drug Shortage Notification & Assessment) 5. Notification & Evaluation of Poor Quality/Unequal Efficacy			Records & Processing of Emergency Drug Borrowing.
Indicator Monitoring	1. P&T Committee Drug Listing Tracking 2. Statistical Analysis of Drug Acceptance Deficiencies 3. Drug Inventory Quality Management 4. Statistical Analysis of Defective Drugs 5. Statistical Analysis of Adverse Drug Reactions			1. Inventory Stock-take & Verification 2. Drug Expiry Audits - Systemic & Physical Spot Checks 3. Safety Stock Audit for Emergency Drugs 4. Every-shift Audit for ER Pharmacy Emergency Floor Stock 5. Pharmacy Warehouse Service Satisfaction Survey

2.4.2 Pharmaceutical Management

E-Da Hospital has established a comprehensive and institutionalized pharmaceutical governance system covering the entire supply chain, including medication selection, procurement, prescribing, compounding, dispensing, quality control, storage, and usage regulation. The Pharmacy and Therapeutics Committee continuously reviews, supervises, and evaluates these processes to ensure governance quality and transparency. The Hospital has further established diversified supply and risk diversification mechanisms to enhance supply chain resilience. Smart healthcare systems have also been implemented, focusing on precision medication, intelligent monitoring, and process optimization. These initiatives strengthen inventory management and high-risk medication control, thereby comprehensively improving medication quality and patient safety.

2.4.3 Medication Safety

E-Da Hospital has established dedicated management and routine audit mechanisms for controlled substances to ensure compliance and prevent misuse risks.

I. Medication Management System and Governance Structure

To ensure medication safety and healthcare quality, E-Da Hospital implements standardized pharmaceutical management regulations that comprehensively govern procurement, storage, dispensing, and administration processes. A cross-departmental committee is responsible for decision-making and oversight to ensure consistency and transparency of the system. The Hospital promotes smart and precision pharmacy services. When medications are introduced, high-alert drugs are managed under the Hospital's high-alert medication policy and integrated into dual-alert systems within computerized physician order entry (CPOE) and nursing order systems, leveraging information technology to reduce medication errors and enhance safety. After medication use, adverse drug reactions (ADRs) are reported through multiple digital reporting channels and reviewed by dedicated pharmacists under a dual-review mechanism. ADRs are further transformed into proactive warning signals and immediately fed back into the clinical ordering system to enable personalized risk control. For serious ADR alerts, committee-level case reviews are conducted to systematically improve issues from human factors, workflow, and information systems perspectives. A "no-blame reporting culture" is actively promoted, upgrading traditional management indicators into an intelligent safety protection network that ensures continuous improvement in healthcare quality and patient safety.

E-Da Hospital successfully completed its fifth Joint Commission International (JCI) accreditation in 2023, confirming that its medication administration processes, drug storage practices, and high-alert medication management comply with international safety standards.

Looking forward, pharmaceutical care will continue to evolve toward smart healthcare and precision medicine. Artificial intelligence and big data analytics will be introduced to optimize clinical decision support systems, upgrading traditional clinical pharmacy services, high-alert medication auditing, and ADR reporting mechanisms into proactive risk alerting and digital auditing systems. Through integrated intelligent workflows, the Hospital aims to enhance both the efficiency and quality of pharmaceutical services and build a comprehensive, preventive medication safety care network.

E-Da Hospital continuously promotes its Antimicrobial Stewardship Program (ASP), jointly implemented by infectious disease physicians, pharmacists, and infection control teams to monitor and review antibiotic use, ensuring rational prescribing and reducing antimicrobial resistance risks. Through antibiotic tiered management, infectious disease specialist consultation mechanisms, and antimicrobial resistance surveillance systems, the Hospital strengthens infection prevention and patient safety management. Meanwhile, it continuously monitors antibiotic consumption density (Defined Daily Dose per 1,000 inpatients per day, DID) and trends in multidrug-resistant organisms (MDROs), and enhances clinical teams' awareness and compliance through education and clinical guideline promotion.

Medication Management Indicators (2023–2025)

Indicator Item	2023	2024	2025
Annual Number of Prescriptions	5,464,847	5,328,715	4,937,143
Number of Adverse Drug Reaction (ADR) Reports	720	792	663
Timely Reporting Rate of Serious Adverse Drug Reactions (ADRs)	100%	100%	100%
Number of Defective Drug Reports	17	24	14
High-Alert Medication Verification Rate	100%	100%	100%
Number of Clinical Pharmaceutical Care Cases	2,924	1,967	1,355
Medication Therapy Management (MTM) Encounters	576	435	315
Medication Safety Education Sessions	6	6	7
Timely Reporting Rate of Serious Adverse Drug Reactions (ADRs)	310	290	350

2.4.4 Expired Medication Collection and Environmental Management

E-Da Hospital places strong emphasis on pharmaceutical life-cycle management and has established a comprehensive drug tracking system. Through the pharmaceutical management system, medication expiry dates are strictly controlled, and the inventory management system enables real-time tracking of drug movement and expiration status. When clinical units identify damaged or defective medications, a defective drug reporting mechanism is activated. The Pharmacy Department is responsible for reporting and follow-up tracking, and has been recognized as an outstanding reporting unit by the Taiwan Food and Drug Administration (TFDA). In accordance with the Hospital's waste infection control regulations, pharmaceutical waste is classified as biomedical waste and disposed of in designated biomedical waste containers. All related waste is handled by qualified transportation and incineration contractors, with complete records retained to ensure regulatory compliance and traceability.

Expired and Discarded Pharmaceuticals Category	Disposal Mechanism	Environmental Protection Measures
General Medications	Collected and incinerated as biohazard medical waste through certified licensed treatment contractors.	Full traceability records are maintained to prevent soil and water contamination.
High-risk / Chemotherapy drugs	Collected and incinerated as biohazard medical waste through certified licensed disposal contractors.	Strict adherence to hazardous drug handling procedures is ensured to guarantee personnel and environmental safety.

2.5 Patient Care and Engagement

2.5.1 Patient Safety GRI.416-1

E-Da Hospital continuously promotes a proactive patient safety incident reporting system. Any incidents occurring during clinical care that may potentially result in adverse patient outcomes—such as those related to environmental conditions, facility management, medical equipment, or operational procedures—are eligible for reporting under this system. Patient safety and healthcare quality improvement remain core priorities of E-Da Hospital. The Patient Safety and Healthcare Quality Review Committee oversees the implementation of nine key patient safety goals and has established a comprehensive healthcare quality management framework in accordance with relevant quality management standards. Through quality indicator monitoring, incident reporting, root cause analysis, corrective action tracking, and cross-departmental review, the Hospital continuously enhances healthcare service quality, reduces clinical risks, and upholds patient-centered safe care. As of the reporting period in 2025, no major medical incidents resulting in fatalities or severe harm occurred.

Nine Major Domains of Healthcare Quality and Patient Safety

No.	Objective	Implementation	2024	2025
1	Goal 1: Promote Teamwork and Effective Communication Among Healthcare Professionals	- To communicate key policies and important information related to healthcare quality and patient safety, a bi-monthly newsletter is published every two months. The newsletter is made available through the staff portal under the “Healthcare Quality and Patient Safety” section, as well as on the intranet of the Department of Healthcare Quality, to ensure all employees are well informed. - The Hospital provides Team Resource Management (TRM) training programs to strengthen teamwork, enhance communication, and improve mutual support skills among healthcare professionals.	- Achieved a 100% publication completion rate for the bi-monthly newsletter. - Four Team Resource Management (TRM) workshops were conducted between September and December, achieving an average participant satisfaction rate of 95.4%.	- To communicate key policies and important information related to healthcare quality and patient safety, a bi-monthly newsletter is published every two months. The newsletter is made available through the staff portal under the “Healthcare Quality and Patient Safety” section, as well as on the intranet of the Department of Healthcare Quality, to ensure all employees are well informed. - The Hospital provides Team Resource Management (TRM) training programs to strengthen teamwork, enhance communication, and improve mutual support skills among healthcare professionals.

No.	Objective	Implementation	2024	2025
2	Goal 2: Foster a Patient Safety Culture, Strengthen Healthcare Organizational Resilience, and Implement Effective Patient Safety Incident Management	- To communicate key policies and important information related to healthcare quality and patient safety, a bi-monthly newsletter is published every two months. The newsletter is made available through the staff portal under the “Healthcare Quality and Patient Safety” section, as well as on the intranet of the Department of Healthcare Quality, to ensure all employees are well informed. - The Hospital provides Team Resource Management (TRM) training programs to strengthen teamwork, enhance communication, and improve mutual support skills among healthcare professionals.	- The response rate of the Patient Safety Culture Survey was 72.6%. - A total of four Patient Safety WalkRounds were conducted, covering 18 departments. - A total of NT\$35,100 in reporting incentive rewards was issued.	- The response rate of the Patient Safety Culture Survey was 81.5%. - A total of six Patient Safety WalkRounds were conducted, covering 14 departments. - Starting from October 1, 2025, reporting incentive rewards were doubled for incidents reported within 48 hours. A total of NT\$33,050 in reporting incentive rewards was issued.
3	Goal 3: Enhance Surgical Safety	- The Hospital has established patient identification procedures to ensure clinical staff adhere to standardized protocols during care delivery and to ensure proper execution. - The Hospital has established principles for surgical site marking. - The Hospital has implemented a Surgical and Invasive Procedure Safety Policy, requiring surgeons to initiate the “Time Out” process prior to incision. - The Department of Anesthesiology is equipped with laser-specific endotracheal tubes and has established operational guidelines for the use of laser endotracheal tubes in head, neck, and facial surgeries. - The Hospital has implemented a Surgical and Invasive Procedure Safety Policy requiring verification of “Sign Out” procedures before the patient leaves the operating room. - The operating room team has established standardized nursing handover and patient transfer procedures, implementing structured ISBAR communication for surgical patients.	- The assessment pass rate for patient and surgical site identification was 100%. - The completeness rate of surgical site marking prior to surgery preparation was 100%. - The compliance rate of the surgical “Time Out” procedure was 100%. - The incidence rate of airway fire safety events was 0%. - The compliance rate of surgical “Sign Out” procedures was 100%. - The completeness rate of structured ISBAR handover from the operating room to the recovery room was 99.13%.	- The assessment pass rate for patient and surgical site identification was 100%. - The completeness rate of surgical site marking prior to preoperative preparation was 100%. - The compliance rate of the surgical “Time Out” procedure was 100%. - The incidence rate of airway fire safety events was 0%. - The compliance rate of surgical “Sign Out” procedures was 100%. - The completeness rate of structured ISBAR handover from the postoperative phase to the recovery room was 98.57%.

No.	Objective	Implementation	2024	2025
4	Goal 4: Prevent Patient Falls and Minimize the Severity of Fall-Related Injuries	- Inpatients are assessed for fall risk to enable early identification of high-risk patients. - The nursing order system incorporates ISBAR handover information, including “fall risk assessment” and “potential risk of falls,” to support structured shift handover. - Prior to discharge, nurses reassess fall risk and provide individualized nursing interventions to reduce the risk of patient falls. - When fall-related indicators are abnormal, the cases are reviewed in quarterly meetings under the Patient Safety and Healthcare Quality Review Committee, including the Healthcare Quality Subcommittee, Ward Management Committee, and Nursing Quality Committee, to report and evaluate improvement actions related to fall prevention indicators.	- The completion rate of fall risk assessments was 96.5%. - The completion rate of nursing care plans for high-risk fall patients was 99.2%. - The completion rate of discharge education for high-risk fall patients was 97.5%. - The completion rate of ward-level fall indicator abnormality analysis reports was 100%.	- The completion rate of fall risk assessments was 95.7%. - The completion rate of nursing care plans for high-risk fall patients was 96.6%. - The completion rate of discharge education for high-risk fall patients was 97.3%. - The completion rate of ward-level fall indicator abnormality analysis reports was 100%.
5	Goal 5: Enhance Medication Safety	- For patients aged 85 years and above, prescriptions are screened for potentially inappropriate medications (PIMs). Appropriate dose adjustments or recommended alternative medications are provided to support physicians in prescribing decisions. - Monthly completion of individualized medication counseling services for referred outpatient and inpatient cases. - The Hospital has independently developed the “Medication E-Health Classroom App,” which enables patients to quickly and automatically import their personal medication records for self-management. - A comprehensive medication safety system is in place, including high-alert medication inquiry functions, automatic prescription checking, clinical decision support, and real-time alerts that block inappropriate prescriptions when noncompliance is detected.	- The prescribing rate of potentially inappropriate medications (PIMs) for outpatients aged 85 years and above decreased from 1.57‰ to 1.49‰. - Effectiveness of outpatient referral medication counseling: - Individualized outpatient medication counseling services: 331 cases per month, with a completion rate of 100%. - Patients’ cognitive understanding after receiving medication counseling: 4.83 points. - A total of 8,012 medication consultation cases were recorded. - A total of 127 near-miss cases involving high-alert medications were identified. - A total of 792 adverse drug reaction (ADR) reports were filed.	- The prescribing rate of potentially inappropriate medications (PIMs) for outpatients aged 85 years and above decreased from 1.49‰ to 1.38‰. - Effectiveness of referred medication counseling: - Individualized medication counseling services achieved a 100% annual completion rate, with 309 outpatient cases per month and 21 inpatient cases per month. - Patients’ cognitive understanding after receiving medication counseling: 4.7 points. - A total of 7,310 medication consultation cases were recorded. - A total of 116 near-miss cases involving high-alert medications were identified. - A total of 663 adverse drug reaction (ADR) reports were filed.

No.	Objective	Implementation	2024	2025
6	Goal 6: Strengthen Infection Prevention and Control	- Hand hygiene standard operating procedures have been established. The “Five Moments for Hand Hygiene” are displayed in all clinical units and outside patient rooms to remind healthcare staff to perform proper hand hygiene. - At the Infection Control Committee meetings held every two months, inappropriate antibiotic use is reported. Cases of inappropriate antibiotic use are also communicated to relevant departments for review and improvement actions. - In accordance with guidelines issued by the Centers for Disease Control, Ministry of Health and Welfare, Taiwan, preoperative, intraoperative, and postoperative measures are implemented for surgical patients to reduce the risk of surgical site infections.	- The hand hygiene compliance rate was 93.5%, with a correctness rate of 95.0%. - The completion rate of the inappropriate antibiotic use analysis report was 100%. - The Hospital-wide surgical site infection density was 0.26‰.	- The hand hygiene compliance rate was 92.5%, with a correctness rate of 95.5%. - The completion rate of the inappropriate antibiotic use analysis report was 100%. - The Hospital-wide surgical site infection density was 0.22‰.
7	Goal 7: Enhance the Safety of Medical Tubes and Catheters	- Monthly audits are conducted on unit compliance with Bundle Care device insertion checklists and the completeness of care. In cases of non-compliance, feedback is routinely provided to unit supervisors, and monthly discussions are held at the Critical Care Medicine Department Quality Subcommittee meeting. - Clear pre-assessment criteria and standardized procedures for difficult intubation cases have been established.	- The monthly audit compliance rate for Bundle Care was 100%. - The preoperative assessment rate for difficult intubation cases was 100%.	- The monthly audit compliance rate for Bundle Care was 100%. - The preoperative assessment rate for difficult intubation cases was 98.36%.

No.	Objective	Implementation	2024	2025
8	Goal 8: Improve Patient-Provider Communication and Encourage Patient and Family Engagement in Patient Safety	- The Patient Safety and Medical Review Committee includes patient representatives who participate in committee meetings to raise questions regarding medical treatments and care processes, ensuring the patient's voice is represented. - Patient Safety Week is held annually, with a series of themed activities and competitions organized in alignment with the annual focus topic. - For shared decision-making (SDM) topics across different clinical areas, decision support tools (PDA), educational videos, and visual materials are provided to assist clinical staff in explaining treatment options, benefits, and risks to patients and their families.	- The attendance rate of patient representatives was 87.5%. - Patient Safety Week implementation outcomes: a total of 21 themed engagement booths were established; 5 awareness activities were conducted; 185 participants attended the Patient Safety Carnival; 294 participants joined health education promotion activities; and online engagement reached 596 interactions. - A total of 5,392 shared decision-making (SDM) cases were implemented.	- The attendance rate of patient representatives was 100%. - Patient Safety Week implementation outcomes: a total of 17 themed engagement booths were set up; 9 awareness activities were conducted; 280 participants attended the Patient Safety Carnival; 146 participants joined health education promotion activities; and online engagement reached 964 interactions. - A total of 5,140 shared decision-making (SDM) cases were implemented.
9	Goal 9: Safeguard Maternal and Newborn Safety	- A management protocol for high-risk pregnancies has been established, and annual emergency cesarean section drills are conducted. - Obstetricians and nursing staff receive 4 hours of training on high-risk pregnancy care every two years. - Standard operating procedures have been developed for emergency consultation mechanisms for high-risk pregnant women and neonates (including preterm infants), ensuring timely consultation and clinical support when needed. - To prevent thrombus formation, patient education on self-awareness is strengthened, and postpartum mothers are encouraged to ambulate as early as possible.	- Annual emergency cesarean section drills were conducted with 100% completion. - The completion rate of continuing education training on high-risk pregnancy care for delivery room staff was 100%. - The compliance rate of obstetric specialist evaluation and treatment for emergency high-risk pregnant women within 60 minutes of hospital arrival was 99.3%. - The incidence rate of thromboembolic events among hospitalized parturient was 0%.	- Annual emergency cesarean section drills were conducted with a 100% completion rate. - The completion rate of continuing education training on high-risk pregnancy care for delivery room staff was 100%. - The compliance rate of obstetric specialist assessment and treatment within 60 minutes of hospital arrival for emergency high-risk pregnant women was 100%. - The incidence rate of thromboembolic events among hospitalized parturient was 0%.

2.5.2 Patient Privacy GRI 418-1、HC-DY-230a.2、HC-DY-230a.3

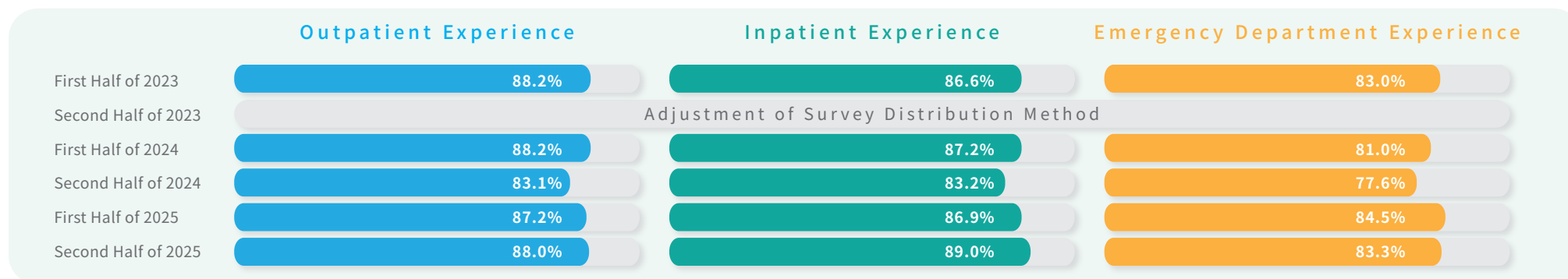
E-Da Hospital successfully completed its transition to ISO 27001:2022 in October 2025. In December 2025, E-Da Hospital further obtained ISO/IEC 27701:2019 Privacy Information Management System (PIMS) certification. The scope of certification covers personal data management across systems such as the Electronic Medical Record (EMR) system, the National Health Insurance Cloud Query System, and the Institutional Review Board (IRB) Human Biobank system. This achievement demonstrates that E-Da Hospital has reached a mature level of capability in patient privacy protection, healthcare data security, and information security governance, while continuing to pursue ongoing improvement. Through third-party certification and continuous audit mechanisms, the Hospital ensures that information assets comply with international standards in terms of confidentiality, integrity, and availability. The EMR system is also governed under the ISO 27001-based information security management framework and undergoes recertification every three years. The certification scope includes medical records, medical imaging and laboratory data, core information systems, and cybersecurity protection mechanisms. During the reporting period, no confirmed major personal data breaches or privacy violations occurred, indicating a high level of maturity in information security and privacy management. To further strengthen patient-provider relationships, the Hospital promotes Shared Decision-Making (SDM), multidisciplinary team-based care, and case management mechanisms to enhance communication quality and patient engagement, thereby fostering a trustworthy and transparent healthcare environment. In addition, patient feedback collected through internal reporting channels and cross-departmental review mechanisms is systematically translated into service improvement actions, enabling continuous enhancement of care quality.

2.5.3 Tracking of Improvements Based on Patient Experience Survey Results

E-Da Hospital has transitioned from a “treatment-oriented” model to a “holistic care management-oriented” model, strengthening post-discharge care quality and reducing the risk of readmission. Since 2024, patient experience surveys have been fully digitized using QR code-based data collection, covering outpatient, emergency, and inpatient services. The overall response rate in 2024 exceeded 95%, indicating a high level of representativeness.

For the 2025 patient experience survey, continuous annual monitoring and optimization are conducted for the following criteria: (1) outpatient and inpatient services with positive feedback below 80% and negative feedback above 5%, and (2) emergency department services with positive feedback below 70% and negative feedback above 10%. In accordance with the “Patient Experience Survey Management Policy,” patient experience surveys are conducted at least once per year.

Patient Experience Survey Indicators (2023–2025)



Key Issues and Improvement Actions

Core Unit	Issue Identified	Improvement Measures
Outpatient / Emergency Department	Prolonged waiting time	Workflow optimization initiatives, strengthened patient navigation, and enhanced coordination of diagnostic and clinical processes
Emergency Department Environment	Cleaning and bed turnover waiting time	Increase cleaning frequency and strengthen interdepartmental communication and coordination processes
Inpatient Facilities	Aging beds and medical equipment	Implementation of equipment replacement and facility upgrade programs

Unplanned Readmission Rate Within 14 Days of Discharge (2023–2025) for Same or Related Conditions

Indicator Item	2023	2024	2025
Unplanned Readmission Events per Total Discharges	249/29520 (0.84%)	247/27476 (0.9%)	263/26799 (0.98%)

Note: Excluding deaths and patients discharged in critical condition against medical advice. The indicator is reviewed quarterly.

2.5.4 Patient–Provider Relationship

E-Da Hospital incorporates letters of appreciation and positive patient feedback into its quality management and performance evaluation systems. Through case sharing and internal recognition mechanisms, the Hospital strengthens a patient-centered service culture and facilitates the replication and scaling of high-quality care models. By integrating Shared Decision-Making (SDM) and case management mechanisms, the Hospital enhances communication quality and patient engagement in care processes, thereby further reducing the risk of medical disputes. This approach not only improves patient experience and healthcare quality, but also transforms positive feedback into organizational learning momentum, driving continuous improvement across the institution.

I. Patient Engagement and Communication Mechanisms

The Hospital provides multiple access channels for healthcare services, including online appointment booking, real-time consultation status tracking, and medication dispensing updates, thereby enhancing convenience and information transparency. A patient-centered care model is promoted to strengthen communication and participation throughout the care process. SDM and case management systems are implemented to establish a two-way trust relationship between patients and healthcare providers.

II. Multi-Channel Feedback and Physician–Patient Interaction Platforms

The Hospital provides multiple access channels for healthcare services, including online appointment booking, real-time consultation status tracking, and medication dispensing updates, thereby enhancing convenience and information transparency. A patient-centered care model is promoted to strengthen communication and participation throughout the care process. SDM and case management systems are implemented to establish a two-way trust relationship between patients and healthcare providers.

III. Patient Privacy and Data Protection

A comprehensive personal data and information security management system has been established, restricting authorized access and strengthening system protection mechanisms. Access to medical records requires strict identity verification and authorization procedures to ensure compliant and secure data usage. External partner organizations are also required to comply with confidentiality obligations.

IV. Human-Centered Healthcare and Service Culture

The Hospital emphasizes a “treating patients as family members” philosophy to create a warm and empathetic care environment. Healthcare teams combine professionalism with compassion to enhance patient experience and trust.

V. Digitalization of Physician-Patient Communication and Health Education

Comprehensive Health Education:

The Hospital utilizes its official website’s Health Education section and multimedia videos to translate complex medical knowledge into accessible information.

<https://www.edah.org.tw/HnEZone>



Telemedicine Services:

For patients with mobility limitations or those in remote areas, video consultations are provided to overcome geographical barriers and strengthen physician-patient connectivity.

2.5.5 Pricing and Billing Transparency HC-DY-270a.1、HC-DY-270a.2

E-Da Hospital publicly discloses its medical fee schedules on its official website, including inpatient meal charges, self-paid medical services, and related billing regulations. This enables patients to access cost information prior to receiving care, thereby reducing information asymmetry and improving financial transparency in healthcare services. For different treatment needs—such as standard meals, therapeutic diets, and special dietary requirements—the Hospital clearly specifies pricing structures and calculation methods. A standardized billing and refund mechanism has been established to ensure consistency and fairness in financial transactions. Front desk consultation services, supplemented by digital information tools, are provided to enhance the transparency of medical fee communication and ensure that patients fully understand all charges incurred. Patient experience surveys and feedback mechanisms are utilized to evaluate the clarity of fee disclosures and service experience. Identified issues or disputes are systematically tracked and addressed through continuous improvement processes. This forms a closed-loop management system of “information disclosure – communication and clarification – continuous optimization.” Through institutionalized disclosure practices and digitalized management systems, the Hospital has established a transparent, traceable, and patient-centered medical billing framework.

Billing Transparency Management Mechanism

Target	Key Measures	Description
Transparency of Information Disclosure	Public Disclosure of Fee Standards & Prior Notification of Self-Paid Items	1. The Hospital discloses outpatient, emergency, National Health Insurance-covered, and self-pay item charges on its official website to ensure informed decision-making prior to receiving medical care. 2. Informed consent forms are implemented, and the medical team provides explanations regarding content and costs prior to signature.
Structured Billing Statement Details	Structured Itemized Billing with Digital Inquiry Services	1. National Health Insurance-covered items and self-pay items are clearly differentiated, with detailed breakdowns of consultation fees, medications, and medical materials. 2. Real-time access to detailed billing information is provided through mobile applications and self-service kiosks.
Complaint and Inquiry Channels	Dedicated Service Desk for Feedback and Complaint Handling Mechanism	One-on-one billing explanation and fee consultation services are provided and integrated into the patient satisfaction and complaint platforms, with continuous efforts to enhance billing transparency.



CHAPTER

03

Employee Well-Being and Health

3.1 EMPLOYEE PROFILE | 3.2 EMPLOYEE CARE | 3.3 COMPENSATION AND BENEFITS |
3.4 CULTIVATING HEALTHCARE PROFESSIONAL TALENT | 3.5 OCCUPATIONAL SAFETY AND HEALTH



Employee Well-Being and Health

3.1 Employee Profile

3.1.1 Workforce Composition and Diversity GRI 2-7、GRI 2-8、GRI 405-1、GRI 408-1

E-Da Hospital regards human capital as the core foundation of healthcare service quality and is committed to building a professional, diverse, and inclusive healthcare workforce. The following section discloses the composition and distribution of the Hospital's workforce.

Workforce Size and Employment Type:

Da Hospital employed a total of **2,876 employees**, of whom **98.65% were full-time employees**, representing the core workforce structure. **Part-time employees accounted for 1.35%**. The Hospital primarily relies on a full-time workforce to ensure the stability and continuity of healthcare services, reflecting the high dependence of healthcare organizations on professional human resources.

2025 Employee Category and Gender Distribution

Category	Male		Female		Total/%	
Full-time	776	26.99%	2,061	71.66%	2,837	98.65%
Part-time	5	0.18%	34	1.18%	39	1.35%
Total	781	27.16%	2,095	72.84%	2,876	100%

● female 2,061 人
● male 776 人

Full-time 98.65%

Part-time 1.35%

● female 34 人
● male 5 人

Gender and Occupational Structure:

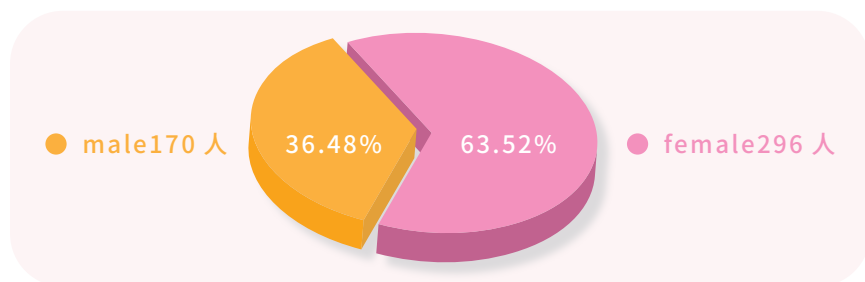
The overall workforce gender distribution at E-Da Hospital consisted of **27.16% male** employees (781 employees) and **72.84% female** employees (2,095 employees). By occupational category: Physicians: predominantly male (approximately 74%), Nursing personnel: predominantly female (approximately 93%). Allied healthcare professionals and administrative personnel: also comprised a higher proportion of female employees. This gender distribution reflects the structural characteristics of the healthcare industry, where nursing and administrative functions are primarily female-dominated, while the physician workforce exhibits a higher proportion of males. The diverse gender composition supports multidisciplinary healthcare delivery and contributes to a comprehensive care system.

2025 Employee Occupational Category and Gender Distribution

Category	Male		Female		Total	
Physicians	369	12.83%	127	4.42%	496	17.25%
Nursing Staff	77	2.68%	996	34.63%	1,073	37.31%
Allied Health Professionals	101	3.51%	405	14.08%	506	17.59%
Administrative Staff	234	8.14%	567	19.71%	801	27.85%
Total	781	27.16%	2,095	72.84%	2,876	100.00%

Management Gender Structure:

The Hospital employed a total of **466 managers**, of whom: **male managers: 36.48%** and **female managers: 63.52%**. Women represent the majority of managerial positions overall, while senior leadership roles (e.g., physician leadership positions) remain predominantly male. The high participation of women in management demonstrates progress in gender equality and talent development within the organization.



Age Structure:

The overall age distribution of employees was as follows: **30–50 years old: 62.20% (core workforce)**, **below 30 years old: 24.03%**, and **51 years and above: 13.77%**. The workforce is primarily composed of mid-career professionals with clinical experience and operational stability. At the same time, younger employees continue to enter the organization, supporting innovation and workforce succession. No child labor is employed in accordance with the Labor Standards Act of the Republic of China, and the age structure reflects a balanced combination of experience transfer and organizational vitality.

Management Age Structure:

Approximately **70% of managerial personnel are aged 30–50**, indicating that the management team possesses mature professional competence and practical operational experience. Senior managers aged above 51 also account for a meaningful proportion, supporting the continuity of institutional knowledge and decision-making experience, thereby forming a stable leadership pipeline and knowledge transfer mechanism.

Gender Distribution of Management Personnel by Level in 2025

Category	Male		Female		Total	
First-level	125	26.82%	45	9.66%	170	36.48%
Second-level	23	4.94%	90	19.31%	113	24.25%
Third-level	22	4.72%	161	34.55%	183	39.27%
Total	170	36.48%	296	63.52%	466	100%

Notes: 1. First-level supervisors refer to positions at Level 7 and above, including managers, supervisors, department directors, vice presidents, and the president. 2. Second-level supervisors refer to positions at Levels 5–6, including section chiefs and head nurses. 3. Third-level supervisors refer to positions at Level 4 and below, including team leaders.

Employee Occupational Category and Age Distribution in 2025

Category	Under 30		30–50		Above 50 and above		Total	
Physicians	77	2.68%	305	10.61%	112	3.89%	494	17.18%
Nursing Staff	335	11.65%	679	23.61%	59	2.05%	1073	37.31%
Allied Health Professionals	109	3.79%	324	11.27%	73	2.54%	506	17.59%
Administrative Staff	170	5.91%	481	16.72%	152	5.29%	803	27.92%
Total	691	24.03%	1789	62.20%	396	13.77%	2,876	100%

Age Distribution of Management Personnel by Level in 2025

Category	Under 30		30–50		Above 50 and above		Total	
First-level	0	0.00%	83	2.89%	87	3.03%	170	5.91%
Second-level	1	0.03%	88	3.06%	24	0.83%	113	3.93%
Third-level	12	0.42%	156	5.42%	15	0.52%	183	6.36%
Subtotal	13	0.45%	327	11.37%	126	4.38%	466	16.20%
Non-managers	678	23.57%	1,462	50.83%	270	9.39%	2,410	83.80%
Total	691	24.03%	1,789	62.20%	396	13.77%	2,876	100%

Nationality Distribution:

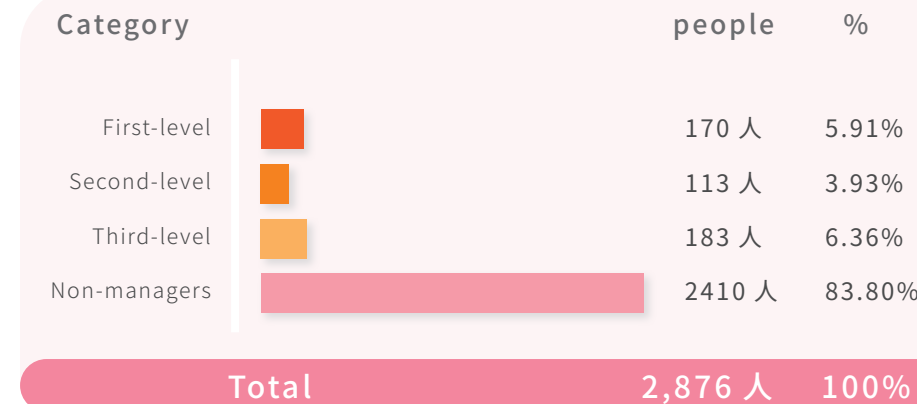
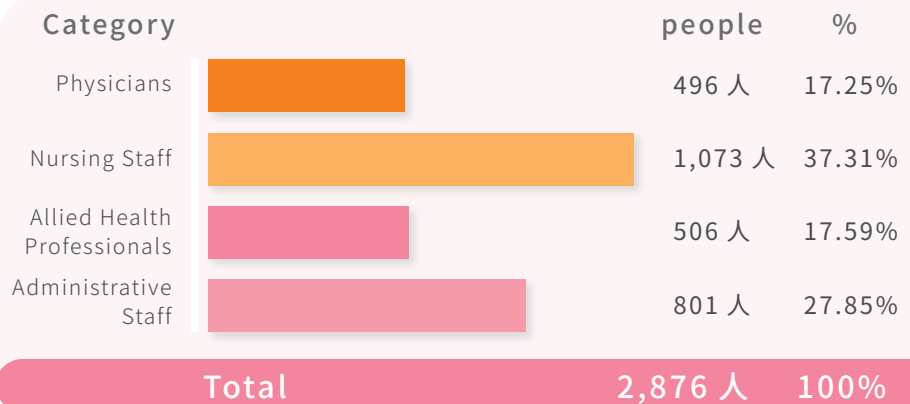
The workforce nationality composition is as follows: Domestic employees: 99.20% (2,853 employees), employees holding residency permits (non-citizens): 0.80% (23 employees), and among managers, more than 99% are domestic nationals. E-Da Hospital primarily relies on domestic professional talent to ensure alignment with local regulatory requirements and cultural context, while selectively recruiting foreign professionals to support international exchange and professional diversity.

Employee Occupational Category and Nationality Distribution in 2025

Category	Local nationals		Residence permit holders		Total	
Physicians	481	16.72%	15	0.52%	496	17.25%
Nursing Staff	1,069	37.17%	4	0.14%	1,073	37.31%
Allied Health Professionals	503	17.49%	3	0.10%	506	17.59%
Administrative Staff	800	27.82%	1	0.03%	801	27.85%
Total	2,853	99.20%	23	0.80%	2,876	100%

Nationality Distribution of Management Personnel by Level in 2025

Category	Local nationals		Residence permit holders		Total	
First-level	168	5.84%	2	0.07%	170	5.91%
Second-level	113	3.93%	0	0.00%	113	3.93%
Third-level	183	6.36%	0	0.00%	183	6.36%
Subtotal	464	16.13%	2	0.07%	466	16.20%
Non-managers	2,389	83.07%	21	0.73%	2,410	83.80%
Total	2,853	99.20%	23	0.80%	2,876	100%



Overall, E-Da Hospital's human resource structure demonstrates the following characteristics: (1) a predominantly full-time professional workforce, ensuring the quality and continuity of healthcare services; (2) a high proportion of female employees and managers, reflecting gender diversity and equity; (3) a balanced age structure that integrates experience with innovation capacity; and (4) a predominantly local workforce, ensuring strong alignment with local healthcare needs and community engagement. Looking ahead, E-Da Hospital will continue to strengthen its diversity, equity, and inclusion (DEI) policies and talent development mechanisms, with the aim of enhancing healthcare service quality and sustaining organizational competitiveness.

3.1.2 Diversity, Inclusion, and Non-Employee Workforce GRI 2-7、GRI 2-8、GRI 410-1、GRI 405-1、GRI 406-1

In addition to its direct employees, E-Da Hospital engages outsourced and partner-based workforce arrangements, including security, cleaning, and landscaping services, to jointly maintain the safety and quality of the healthcare environment. The following section discloses the employment of underrepresented groups and the non-employee workforce composition.

Employment of Underrepresented Groups:

The Hospital demonstrates inclusive employment practices through the stable participation of diverse workforce groups within the healthcare system: (1) The number of employees with disabilities has gradually increased, **rising from 31 to 34** over the past three years. E-Da Hospital continues to implement an accessible and inclusive workplace, promoting stable employment opportunities for disadvantaged groups. (2) The number of Indigenous employees has remained stable at approximately **57 to 59**, with a higher proportion of female employees. This reflects E-Da Hospital's active support for Indigenous employment and its commitment to social responsibility. (3) Over the past three years, the number of foreign employees has remained relatively stable at around **22 to 23**, serving as supplementary professional workforce. This indicates flexible deployment of professional talent while balancing local healthcare service needs and international professional exchange.

Non-Employee Workforce Composition:

Cleaning and landscaping staff levels remain stable, ensuring the cleanliness and greening quality of the healthcare environment, with slight adjustments in security personnel staffing. Through stable outsourced manpower allocation, the Hospital maintains safety, hygiene, and comfort within clinical areas, thereby supporting core medical services.

Statistics of Special Workforce Groups (2023–2025)

Category/Year		2023	2024	2025
Employees with Disabilities	Male	11	13	14
	Female	20	20	20
Indigenous Employees	Male	10	10	10
	Female	48	47	49
Foreign Employees	Male	14	15	16
	Female	8	8	7

Statistics of Non-Employee Workforce (2023–2025)

Category/Year	2023	2024	2025
Security personnel	25	25	21
Cleaning personnel	97	97	97
Landscaping personnel	7	7	7

Overall, E-Da Hospital demonstrates the following achievements in workforce diversity and social responsibility: (1) **Maintaining stable non-employee workforce arrangements to ensure the quality of the healthcare environment**; (2) **Stable deployment of non-employee workforce to ensure environmental quality and safety**; (3) **Gradual increase in indigenous employment, strengthening local community engagement**; (4) **Establishment of a non-discriminatory, inclusive, and supportive working environment**.

3.2 Employee Care

3.2.1 Talent Attraction and Retention Overview

E-Da Hospital adopts a systematic human resource strategy to attract outstanding healthcare professionals while maintaining a stable workforce structure. The following section discloses the distribution and trends of employee hiring and turnover.

3.2.1.1 Overview of New Employee Hires GRI 401-1

Overall Recruitment: From 2023 to 2025, E-Da Hospital continuously recruited new employees each year, demonstrating a stable talent acquisition mechanism and strong employer attractiveness. Female employees accounted for more than 70% of new hires, which is consistent with the characteristics of the healthcare industry. Meanwhile, the proportion of male new hires gradually increased, reaching 29.9% in 2025, indicating a progressively more diverse gender composition.

Regional Distribution: More than 98% of newly hired employees were Taiwanese nationals, while the proportion of foreign employees remained low and stable. The Hospital primarily relies on local healthcare professionals to ensure that healthcare services are aligned with local healthcare needs and cultural contexts.

Age Distribution: Employees aged below 30 represented the largest proportion of new hires (approximately 51%–61%), followed by employees aged 30–50. The proportion of employees aged above 50 remained relatively low but showed a slight upward trend over the years. This age distribution reflects the Hospital's well-established talent development pipeline and its continuous efforts to attract young healthcare professionals, thereby strengthening workforce renewal and sustainability.

Educational Background: Graduates from colleges and universities constituted the majority of new hires (approximately 78%–83%), while employees holding graduate degrees accounted for approximately 9%–12%. The proportion of employees with high school education or below has gradually declined.

Statistics of New Hires (2023–2025)

Category/Year		2023		2024		2025	
		Headcount	Percentage	Headcount	Percentage	Headcount	Percentage
Gender	Male	99	25.32	126	26.03	130	29.9
	Female	292	74.68	358	73.97	305	70.1
Region	Taiwan	385	98.47	479	98.97	434	99.8
	Foreign	6	1.53	5	1.03	1	0.2
Age	Under 30	199	50.90	295	60.95	251	57.7
	30 ~ 50	174	44.50	164	33.88	156	35.9
	Above 50	18	4.60	25	5.17	28	6.4
Education	Postgraduate	48	12.28	45	9.30	42	9.7
	College / University	305	78.01	392	80.99	360	82.8
	Below upper secondary education	38	9.72	47	9.71	33	7.6

3.2.1.2 Employee Turnover GRI 401-1、HC-DY-330a.1、GRI 402-1、HC-DY-330a.2.

Overall Workforce Turnover: The number of employees leaving the organization from 2023 to 2025 was 450, 519, and 417, respectively, indicating an increase followed by a decline. The noticeable decrease in 2025 suggests that employee retention initiatives have gradually produced positive results.

Gender Distribution: Female employees accounted for the majority of employee turnover (approximately 75%–80%). However, no abnormal turnover patterns by gender were identified, reflecting an overall stable workforce structure.

Age Distribution: Employee turnover was concentrated mainly among employees aged below 30 and those aged 30–50. The proportion of employees aged above 50 increased slightly over time. This indicates that turnover primarily occurred among junior and mid-career employees, which is consistent with normal workforce mobility within the healthcare sector.

Educational Background: Employees with college or university degrees accounted for approximately 80%–82% of total turnover. The proportions of employees with graduate degrees and those with high school education or below remained relatively stable, indicating that turnover was evenly distributed across different educational levels without concentrated attrition in any specific group.

Statistics of Employee Turnover (2023–2025)

Category/Year		2023		2024		2025	
		Headcount	Percentage	Headcount	Percentage	Headcount	Percentage
Gender	Male	88	19.56%	117	22.54%	104	24.94%
	Female	362	80.44%	402	77.46%	313	75.06%
Region	Taiwan	446	99.11%	515	99.23%	416	99.76%
	Foreign	4	0.89%	4	0.77%	1	0.24%
Age	Under 30	238	52.89%	249	47.98%	192	46.04%
	30 ~ 50	193	42.89%	245	47.21%	195	46.76%
	Above 50	19	4.22%	25	4.82%	30	7.19%
Education	Postgraduate	53	11.78%	53	10.21%	53	12.71%
	College / University	368	81.78%	425	81.89%	329	78.90%
	Below upper secondary education	29	6.44%	41	7.90%	35	8.39%

Overall Distribution of Employee Turnover Categories: In accordance with Article 16 of the Labor Standards Act, E-Da Hospital establishes minimum notice periods for operational adjustments based on employees’ years of service, ranging from 10, 20, to 30 days. However, the data indicate that employee turnover is predominantly voluntary, while involuntary turnover remains at an extremely low level. This demonstrates that the Hospital has not undertaken large-scale workforce reductions and has maintained stable organizational operations.

Physician Workforce Stability: The voluntary turnover rate among physicians was only 1.3%, the lowest among all employee categories, with no involuntary turnover recorded. This exceptionally low turnover rate reflects E-Da Hospital’s strong professional attractiveness and favorable practice environment.

Turnover of Allied Healthcare Professionals: The voluntary turnover rate among allied healthcare professionals was 5.4%, while involuntary turnover was only 0.06%. This level of turnover falls within a reasonable range and reflects normal labor mobility in the healthcare industry while maintaining a highly stable workforce.

Turnover of Other Employees: The voluntary turnover rate among administrative and support personnel was 6.0%, with no involuntary turnover recorded. Turnover among these groups was slightly higher than that of healthcare professionals, which is generally consistent with broader industry trends. The predominance of voluntary turnover indicates that the Hospital respects employees’ career choices and supports diverse career development pathways.

2025 Voluntary and Involuntary Turnover Rates HC-DY-330a.1.

Category	Voluntary Turnover Rate	Involuntary Turnover Rate
Physicians ^a	1.3%	0
Non-physicians ^b	5.4%	0.06%
All other employees ^c	6%	0

Notes: a: Licensed physicians, dentists, and traditional Chinese medicine physicians. b: Licensed allied healthcare professionals. c: Employees without professional licensure.

Overall, E-Da Hospital demonstrates the following characteristics in workforce turnover management: (1) Employee turnover is predominantly voluntary, reflecting a healthy workforce mobility mechanism. (2) Involuntary turnover remains extremely low, indicating stable operations and sound labor-management relations. (3) The physician workforce exhibits a high level of stability, ensuring continuity and quality of healthcare services. (4) Turnover rates across all occupational categories remain within reasonable ranges, maintaining both organizational flexibility and workforce vitality.

3.2.2 Employee Retention and Employee Care Initiatives HC-DY-330a.2.

E-Da Hospital places great emphasis on workforce stability and professional development. Recognizing the high demand for healthcare professionals and the inherently demanding nature of healthcare work, the Hospital continuously implements diversified employee retention and care initiatives. Through institutionalized incentive programs, appropriate workforce allocation, and mental health support mechanisms, E-Da Hospital adopts a systematic and people-centered approach to foster a stable, supportive, and sustainable healthcare workplace.

3.2.2.1 Employee Retention Incentive Programs: Strengthening Workforce Stability GRI 401-1

To retain critical healthcare professionals, particularly nurses and pharmacists, E-Da Hospital has established employee retention bonuses and long-service incentive programs. These initiatives provide financial incentives and institutional support to enhance workforce stability and mitigate turnover risks. The Hospital also encourages long-term commitment through service agreements, promoting sustained engagement in healthcare services. Implementation results in 2025: (1) Retention bonus agreements: 19 employees; (2) Long-service incentive agreements: 53 employees. These programs demonstrate the Hospital's targeted retention strategies for key healthcare professions and its commitment to strengthening workforce resilience.

3.2.2.2 Working Hours Management and Workforce Expansion: Building a Healthy and Sustainable Workplace GRI 403-6 、GRI 409-1

E-Da Hospital has established a comprehensive workload management system through a dual strategy of working hours management and workforce expansion, achieving the following sustainability outcomes: Transforming from overtime compensation to proactive fatigue prevention. Advancing from unit-level adjustments to cross-departmental workforce management. Simultaneously safeguarding employee health, occupational safety, and healthcare service quality.

Working Hour Management and Burnout Prevention Mechanisms:

According to the Hospital's Personnel Management Regulations, overtime work is subject to strict management and control measures to ensure compliance with labor laws and maintain reasonable working hours: Overtime must receive prior approval from department supervisors, with clear justification provided. In accordance with agreements reached through labor-management meetings, **overtime hours shall not exceed 54 hours per month and 138 cumulative hours within any three-month period.**

Dynamic Workforce Allocation and Workload Adjustment Mechanisms:

Beyond working hours management, E-Da Hospital addresses workload issues at their source by implementing cross-departmental workforce assessment and allocation mechanisms. For departments experiencing high workloads or rapid service growth, systematic workforce evaluations are conducted to optimize staffing levels and workforce allocation. Implementation results in **2025: (1) Workforce expansion implemented in six departments. (2) A total of 11 additional employees recruited.** These measures demonstrate the Hospital's institutionalized approach to responding to frontline workforce needs while balancing employee well-being and healthcare quality.

3.2.2.3 Mental Health Support System: Building a Resilient and Healthy Workplace GRI 403-6

E-Da Hospital recognizes that healthcare professionals face significant occupational stress and emotional demands. Long-term exposure to clinical decision-making, patient care responsibilities, and emergency situations may increase psychological burdens and the risk of burnout. By integrating psychological support services, health promotion activities, and educational programs, the Hospital has established a comprehensive mental health promotion system and achieved the following outcomes:



3.2.2.4 Professional Psychological Support Mechanisms: Providing Timely and Compassionate Care

E-Da Hospital has established an Employee Care Team composed of psychiatrists and licensed psychologists to provide psychological counseling and emotional support services. The program assists employees in addressing issues related to stress management, emotional well-being, and workplace adaptation. Emphasis is placed on confidentiality and accessibility, encouraging employees to seek support voluntarily or through referral mechanisms. Implementation results in 2025: 13 employees received psychological counseling referral services.

3.2.2.5 Diverse Health Promotion Activities: Promoting Physical and Mental Well-being

In addition to individual counseling services, E-Da Hospital actively promotes a variety of mental health and wellness activities. Through experiential and participatory programs, employees are encouraged to relieve stress, improve resilience, and enhance their quality of life. Implementation results in 2025: A total of eight in-person and online courses were organized, covering stress management and mental wellness, health promotion knowledge, psychological education and well-being.

3.2.2.6 Mental Health Education and Training: Strengthening Preventive Mental Health Literacy

E-Da Hospital has also introduced a systematic mental health education framework through digital learning platforms, promoting organization-wide participation and enhancing employees' awareness and coping capabilities regarding mental health issues. Mental health training outcomes in 2025 include: **suicide prevention training: 280 participant attendances, internet addiction awareness training: 261 participant attendances, total participant attendances: 541.**



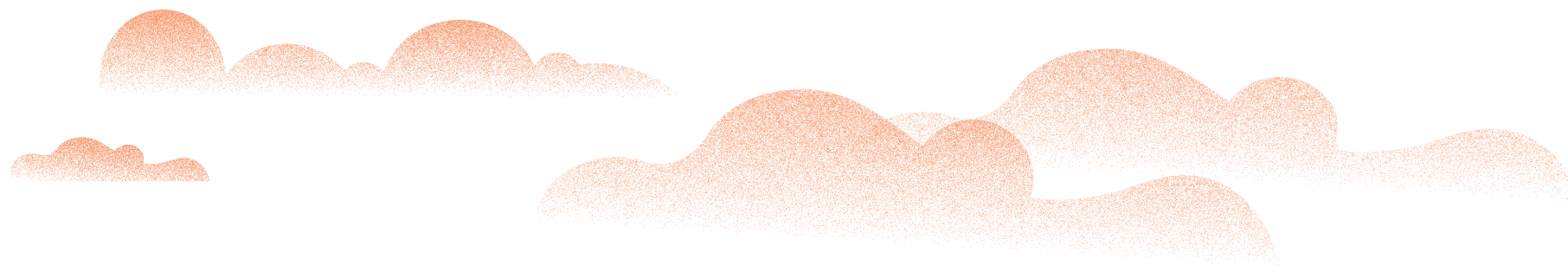
Workplace Stress Regulation Techniques



Add a Touch of Vibrant Red Vitality to a Busy Day

Retention Efforts for Health Care Practitioners (HC-DY-330a.2.)

Measures	Implementation Approach and Description	Results / Number of Participants
Retention and Long-term Service Incentives	In response to recruitment challenges for nurses and pharmacists, E-Da Hospital has implemented retention bonus and long-service bonus schemes. Through contractual agreements, employees are encouraged to continue their service to ensure workforce stability.	In 2025, a total of 19 employees signed retention bonus agreements, and 53 employees signed long-service bonus agreements.
Workforce Expansion	For units with high workload, the Hospital conducts cross-departmental assessments to allocate appropriate staffing levels, aiming to reduce work-related stress and fatigue risks.	In 2025, 11 additional staff members were approved across 6 departments.
Mental Health Support	The Hospital has established an Employee Care Committee to provide psychological and emotional support. Counseling services are delivered by psychiatrists and clinical psychologists.	In 2025, 13 employees were referred to clinical psychologists under the Employee Care Program.
	The Hospital actively promotes diversified mental health programs. Through experiential and participatory courses, employees are supported in stress relief and quality-of-life enhancement.	In 2025, a total of 8 in-person and online sessions were conducted, covering stress management, health literacy, and mental health education.
	The Hospital has implemented a structured digital mental health education program via an e-learning platform to enhance organization-wide participation and awareness of mental health issues.	In 2025, training outcomes included suicide prevention education (280 participants) and internet addiction education (261 participants), totaling 541 participations.



3.3 Compensation and Benefits

3.3.1 Compensation Governance System

E-Da Hospital continuously optimizes its compensation governance framework and regularly conducts data analysis and review to ensure the reasonableness and consistency of compensation across different job categories, job grades, and genders, thereby advancing sustainable human capital management.

3.3.1.1 Dual-Track Compensation Structure: Aligning Compensation with Professional Value GRI 202-1

E-Da Hospital has established a dual-track compensation system for physicians and non-physician employees. Through differentiated compensation structures, the Hospital ensures internal equity while appropriately reflecting the value and contributions of different professional groups, demonstrating a mature approach to human capital management.

Non-Physician Compensation Structure:

For non-physician employees, E-Da Hospital adopts a compensation system primarily based on fixed salaries and grade-based pay structures, emphasizing internal equity and income stability. Compensation is progressively adjusted according to job responsibilities, scope of duties, and years of service. A standardized salary grade system ensures reasonable pay differentials across job levels and promotes transparency in compensation management. In addition, **the average salary of non-managerial employees is more than 1.9 times the government-mandated minimum wage**, demonstrating the Hospital's commitment to providing competitive compensation and safeguarding the livelihoods of frontline employees. This practice is consistent with the disclosure principles of GRI 202-1, which emphasizes the relationship between standard entry-level wages and local minimum wages.

Physician Compensation Structure:

In contrast, physicians are compensated through a flexible compensation model combining **guaranteed salary and performance-based incentives**. In addition to competitive guaranteed salaries determined by specialty, years of experience, and market conditions, physicians are eligible for incentive-based compensation linked to surgical procedures, clinical services, and medical practice performance. This compensation system not only strengthens performance incentives but also results in overall compensation levels that significantly exceed general salary standards, appropriately reflecting the scarcity of physician expertise and its market value.

3.3.1.2 Compensation Structure by Job Level: Reflecting Responsibility and Maintaining Reasonable Pay Differentials (GRI 2-21)

Based on the 2025 compensation structure for managerial and non-managerial employees, E-Da Hospital has established a hierarchical compensation framework characterized by logical salary differentiation and reasonable pay gaps. This compensation design balances motivational incentives with perceptions of internal equity, helping reduce employees' concerns regarding compensation disparities. At the same time, it ensures that remuneration appropriately reflects differences in job responsibilities, managerial accountability, and decision-making authority.

Overall, **the compensation ratio primarily ranged from 1.35 to 1.80 times**, which falls within a reasonable and internationally accepted range of managerial pay differentials. This indicates that E-Da Hospital's compensation system does not exhibit excessive hierarchical disparities and maintains an appropriate balance between managerial incentives and internal equity. The compensation gap within the physician workforce is significantly smaller than that of the non-physician workforce, reflecting that remuneration in the healthcare profession is driven primarily by professional expertise, clinical competence, and medical contributions rather than solely by managerial hierarchy. In addition, the compensation ratios between female managers and non-managers are broadly consistent with those of their male counterparts, demonstrating that the compensation framework effectively avoids structural gender-based disparities and promotes equitable remuneration practices.

2025 Managerial-to-Employee Compensation Ratio

Category		Base Salary	Total Compensation
Job Category	Gender	Supervisors : Non-supervisors	Supervisors : Non-supervisors
Non-physicians	Male	1.60 : 1	1.59 : 1
	Female	1.39 : 1	1.44 : 1
Physicians	Male	1.68 : 1	1.80 : 1
	Female	1.35 : 1	1.72 : 1

Note: All data presented are based on attending physicians only and exclude resident physicians and Post-Graduate Year (PGY) trainees.

3.3.1.3 Gender Pay Equity: Advancing Substantive Equal Pay for Equal Work GRI 405-2

An analysis of gender pay trends from 2024 to 2025 indicates that E-Da Hospital has continued to enhance pay equity across its workforce. For general employees (excluding physicians), the female-to-male compensation ratio remained at 1.02. This result indicates that compensation levels between women and men are highly comparable, with only minimal differences (0.02%) observed. The findings demonstrate that the Hospital's compensation framework is characterized by a high degree of fairness in both salary determination and adjustment mechanisms, thereby supporting the principle of equal pay for work of equal value.

The female-to-male compensation ratio among attending physicians decreased from 1.38 to 1.32 between 2024 and 2025. This narrowing compensation gap indicates that E-Da Hospital has continuously reviewed and refined its compensation policies to address historical structural disparities and promote a more balanced and equitable compensation distribution within the physician workforce.

2024–2025 Salary Comparison (Average Male / Average Female)

Category/Year	2024	2025	Change Rate
General Employees (Non-physicians)	1.02	1.02	0.00
Attending Physicians (Physicians)	1.38	1.32	-0.06

3.3.1.4 Compensation Distribution: Balancing Incentives and Internal Equity GRI 2-21

Compensation Ratio between the Highest and Median Earners:

Among non-physician employees, the compensation ratio between the highest-paid employee and the median employee remained at approximately three times, representing a stable and reasonable distribution range. This indicates that the Hospital maintains a consistent and equitable compensation structure. Within the physician workforce, the compensation ratio declined significantly from 6.97 to 6.12, suggesting that the concentration of compensation at the highest income levels has gradually decreased and that compensation distribution has become more balanced.

Comparison of Compensation Changes (2024–2025): Highest Compensation to Median Compensation Ratio

Category/Year	2024	2025	Change Rate
General Employees (Non-physicians)	3.55	3.65	+0.10
Attending Physicians (Physicians)	6.97	6.12	-0.85

Compensation Gap between Managerial and Non-Managerial Employees:

The compensation structure for non-physician employees remained stable, demonstrating the maturity and consistency of the compensation system without excessive fluctuations. For physicians, the compensation gap between managerial and non-managerial positions continued to narrow, reflecting the Hospital's transition toward a profession-oriented management philosophy.

Comparison of Compensation Changes (2024–2025)

Category/Year	2024	2025	Change Rate
General Employees (Non-physicians)	1.05	1.07	+0.02
Attending Physicians (Physicians)	1.94	1.85	-0.09

3.3.2 Employee Benefits and Employee Care System GRI 401-2、GRI 407-1

E-Da Hospital has elevated its employee benefits and care programs from traditional welfare provisions to a strategic human capital investment. Guided by three key pillars—work-life balance, physical and mental well-being, and family support—E-Da Hospital has established a comprehensive and forward-looking employee support ecosystem that continuously strengthens the foundation for sustainable organizational development. Regarding employee relations governance, although E-Da Hospital currently does not have a labor union or collective bargaining agreements, it has established diversified and institutionalized communication and participation mechanisms to safeguard employees' rights and foster constructive labor-management relations. Through regular labor-management meetings and an Employee Welfare Committee, the Hospital coordinates employee welfare planning and resource allocation while providing important channels for employees to express opinions and participate in organizational affairs. These mechanisms further strengthen mutual communication and trust throughout the organization.

Overall, E-Da Hospital's employee welfare framework extends beyond individual employees to encompass family support. By combining short-term assistance programs, such as various subsidies and benefits, with long-term investments, including educational support for employees' children, the Hospital continues to cultivate a people-centered welfare system characterized by both compassion and institutional depth, demonstrating its commitment to sustainable and human-centered management.



3.3.2.1 Life Support Benefits: Enhancing Employees' Quality of Life

E-Da Hospital leverages group resources to enhance employees' disposable income through non-salary benefits, thereby reducing living cost pressures and indirectly strengthening staff retention. A diverse range of practical welfare programs is provided, including group insurance, annual health examinations, complimentary admission to E-Da Theme Park, shopping discounts at E-Da World Mall, and an employee discount platform in collaboration with affiliated enterprises.

3.3.2.2 Employee Clubs and Social Activities: Fostering a Highly Cohesive Organization GRI 401-2、GRI 403-6

To promote employee well-being and strengthen cross-departmental connections, E-Da Hospital actively supports employee clubs as an important platform for enhancing employee welfare and cultivating organizational culture. As of 2025, the Hospital has established 27 employee clubs covering a wide range of interests and activities, providing employees with opportunities for stress relief, personal development, and social interaction beyond their demanding healthcare responsibilities.

Representative clubs include Horticultural Therapy Club – Combining gardening and therapeutic activities to help employees relieve stress and improve emotional well-being; E-sports Club – Providing a communication platform for younger employees and encouraging cross-departmental interaction; Creative Handicraft Club – Enhancing concentration and emotional stability through creative workshops; Ballroom Dance Club – Promoting physical fitness and mental well-being through the integration of sports and the arts; Mind-Body Wellness Club – Addressing the mental health and stress management needs of healthcare professionals. These 27 well-established clubs are more than recreational activities. They represent a strong demonstration of organizational support and serve as an important driving force in E-Da Hospital's efforts to create a healthy workplace and foster a highly cohesive organizational culture.



E-Da Ballroom Dance Club



E-Da Choir Club



E-Da Aquatic Sports Club



E-Da Karma Craft Club



E-Da Horticulture Club



E-Da Horticulture Club

3.3.2.3 Employee Travel: Strengthening Team Cohesion Mechanisms GRI 401-2、GRI 403-6

By integrating leisure, interpersonal interaction, and team development functions, E-DA Hospital actively fosters a supportive workplace environment that strengthens employee engagement, organizational cohesion, and overall workplace well-being. The employee travel program is not concentrated within a single period but is implemented continuously throughout the year. In 2025, the number of employee and departmental travel activities increased significantly to 38 events, representing the highest level recorded over the past three years. Correspondingly, total expenditures on these activities reached an all-time high, representing an approximately 81% year-over-year increase. This trend demonstrates that E-DA Hospital has clearly positioned employee care and well-being as a strategic investment priority, shifting its perspective from treating such initiatives as operational costs to recognizing them as investments in human capital.



Department Employee Travel

Employee Self-Organized Travel Activities by Department (2023–2025)

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Total Amount
2023Number of Activities(Sessions)	1	4	2	1	9	1	2	1	2	1	5	0	29 groups	NT\$ 348,000
2024Number of Activities (Sessions)	1	1	3	2	1	0	2	1	0	0	5	5	21 groups	NT\$ 252,000
2025Number of Activities (Sessions)	0	1	7	6	7	3	1	2	1	1	5	4	28 groups	NT\$ 456,000

3.3.2.4 Family-Friendly Workplace: Life-Cycle Support System GRI 401-3

E-DA Hospital recognizes that healthcare professionals often face high workloads and stressful working environments, which may create conflicts between fertility decisions and career development. Therefore, the Hospital has expanded fertility-related support from a single leave-based policy into a comprehensive life-cycle support system, covering “prenatal support – childbirth care – parental leave – return-to-work transition,” with the aim of establishing a truly sustainable family-friendly workplace.

Diverse Maternity and Parental Leave Programs:

In 2025, the following maternity and paternity-related leave types were available and utilized: Maternity Examination Leave (supporting prenatal medical care for female employees); Paternity Examination Leave (encouraging male employees to participate in prenatal care); Comprehensive leave provisions for different childbirth conditions, including miscarriage-related leave.

2025 Parental Leave Utilization

Leave Type	Maternity Examination Leave (employee)	Paternity Examination Leave (spouse)	Maternity Leave	Miscarriage Leave
人次	189	17	60	9

Parental Leave and Return-to-Work Transition Mechanisms:

E-Da Hospital supports employees in achieving work-life balance through structured parental leave and return-to-work mechanisms. Employees eligible for parental leave were 162; The number of employees who applied was 70.; Application rate is 43.2%. Nearly half of eligible employees utilized parental leave benefits, demonstrating a supportive organizational culture. Return-to-work rate is 61%, and one-year retention rate after return is 92%. These figures indicate that childbirth is not treated as a career interruption, but rather as a continuation of both personal life and professional development.

2025 Parental Leave Eligibility, Utilization, and Retention Statistics

Item	Female	Male	Total
Eligible employees	125	37	162
Employees who took leave	68	2	70
Expected return-to-work (A)	62	5	67
Actual return-to-work (B)	39	3	42
Returnees from previous year (C)	38	1	39
Retained after 1 year (D)	32	1	33
Return rate (B/A)	63%	60%	61%
Retention rate (D/C)	84%	100%	92%

Family-Oriented Benefits:

E-Da Hospital integrates employees' families into its benefit design framework, strengthening emotional connections between employees and the organization. Through family-inclusive activities, the Hospital extends its care from employees to their families, thereby broadening its social impact. In 2025, a family barbecue event was held at the Nanzi Taiwan Sugar kiln barbecue area, with a total of 794 participants, including 447 employees and 347 family members. In addition, the Hospital organized the 2025 Employee & Family Carnival, further enhancing family engagement.



Employee & Family Carnival

3.3.2.5 Welfare Fund and Educational Support: Long-Term Development Assistance

E-Da Hospital utilizes its Employee Welfare Committee to coordinate and manage welfare subsidy programs. Eligible welfare fund applications include (1) Marriage, bereavement, childbirth, and other life-event subsidies; (2) Medical hardship assistance and emergency relief; (3) Festival or special event subsidies; (4) Employee care-related expenditures.

To support family development and children's education, the Hospital has established a Children's Educational Scholarship Program, aimed at reducing educational burdens and encouraging academic excellence. Scholarships are provided across all educational stages, including primary, secondary, and tertiary education, with varying award amounts based on academic performance or achievement.

3.3.3 Integrated Employee Support Systems and Platforms GRI 406-1

E-Da Hospital has established the "Employee Care and Consultation Platform", providing employees with accessible channels for real-time feedback, free legal consultation, and professional advisory services. During the past three years, no incidents of discrimination complaints or grievances have been reported. In addition, the Hospital promotes health education and awareness programs covering work adaptation, psychological support, and life-related issues. By extending employee welfare beyond short-term benefits to encompass multi-generational support, the Hospital fosters an open, two-way, and trust-based employee relations environment. This approach further enhances employee engagement, strengthens organizational identification, and demonstrates the Hospital's commitment to a people-centered approach to sustainable management.

3.3.4 Employee Satisfaction

Guided by its people-centered core values, E-Da Hospital conducts an annual Employee Satisfaction Survey to better understand employees' perspectives, identify areas for improvement, and evaluate feasible enhancement measures. The Employee Satisfaction Survey covers six key dimensions: Personal Growth and Development, Team Communication, Performance and Career Advancement, Work and Work-related Stress, Working Environment, and Hospital Development and Organizational Goals. Through the systematic collection and analysis of employee feedback, the Hospital continuously refines its human capital management practices, fosters a supportive and engaging work environment, and reinforces its commitment to sustainable development and employee well-being.

Employee Satisfaction Survey Results (2023–2025)

Dimension	2023	2024	2025
Personal Growth and Development	3.71	3.65	3.61
Team Communication	3.68	3.63	3.77
Performance and Career Advancement	3.43	3.42	3.42
Work and Work-related Stress	3.86	3.82	3.84
Working Environment	3.62	3.65	3.56
Hospital Development and Organizational Goals	3.62	3.64	3.53

Overall, E-Da Hospital has maintained stable and favorable employee satisfaction performance over the past three years. The average scores across all six dimensions have consistently remained well above the benchmark score of 3.0, demonstrating the Hospital's ability to sustain sound organizational performance and foster positive employee experiences despite the demanding and high-pressure nature of healthcare work.

From a trend perspective, **overall satisfaction has consistently remained at a relatively high level, with average scores exceeding 3.6 over the three-year period.** This reflects the Hospital's establishment of a stable and resilient management foundation in areas such as employee support systems, teamwork, and workplace environment. Overall, employee satisfaction has demonstrated a positive trajectory characterized by sustained high performance and continuous improvement, reinforcing the Hospital's commitment to employee well-being and sustainable organizational development.

3.4 Cultivating Healthcare Professional Talent

E-Da Hospital regards talent as its core competitive advantage. Guided by this principle, the Hospital continuously invests in education and training programs as well as career development mechanisms. Through a structured learning framework and a fair and transparent performance management system, the Hospital sustains long-term and stable human capital investment, thereby achieving its goal of sustainable talent development.

3.4.1 Building a Comprehensive Training System (GRI 404-1)

The Hospital has transitioned from a treatment-oriented model to a holistic care management approach, strengthening post-discharge care quality and reducing readmission risks. In 2025, E-Da Hospital continued to implement a structured, multi-tiered education and training framework in response to the highly specialized division of labor and rapid changes in the healthcare industry, aligning staff career stages and job requirements.

From a gender perspective, the average training hours for female employees were **101 hours**, higher than 92 hours for male employees. By job category, **nursing staff recorded the highest average training hours (138 hours)**, reflecting the high level of specialization and continuous advancement required in clinical care. **Physicians averaged 93 training hours**, indicating ongoing participation in professional development and knowledge updates. Medical technical staff and administrative staff recorded **64 and 70 average training hours** respectively, consistent with their job nature and professional development needs.

Average Annual Training Hours per Employee (2025)

Category	Internal Training Hours	External Training Hours	Total Training Hours	Number of Employees in Category	Average Hours
Male	70550.4	1124	71674.4	781	92
Female	205669.9	5239.6	210909.5	2095	101
Physicians	46360	15	46375	494	93
Nursing Staff	144552.8	3150.2	147703	1073	138
Medical Technical Staff	30845	1317.9	32162.9	506	64
Administrative Staff	54462.5	1880.5	56343	803	70

3.4.2 Sustained High-Level Investment in Talent Development Resources GRI 404-2

In terms of investment in education and training resources, total training expenditures from **2023 to 2025 were NTD 198,059,478, NTD 262,575,805, and NTD 261,047,671, respectively**. The substantial increase observed in 2024 and the sustained high level of investment in 2025 demonstrate that E-Da Hospital regards training and development as a strategic and long-term human capital investment. In addition, continuing education expenditures remained consistently supported, **reaching NTD 11,613,380 in 2025**, to facilitate employees' participation in academic degree programs and professional courses, thereby enhancing individual capabilities and supporting career development.

Training and Continuing Education Budget and Hours (2023–2025)

Item		2023	2024	2025
Training Expenditure		NT\$ 98,059,478	NT\$ 62,575,805	NT\$ 61,047,671
Continuing Education Expenditure		NT\$ 15,244,660	NT\$ 9,779,855	NT\$ 11,613,380
Training Hours	Physicians	94 hrs/person	82 hrs/person	97 hrs/person
	Nursing Staff	155 hrs/person	111 hrs/person	122 hrs/person
	Allied Health Professionals	81 hrs/person	84 hrs/person	79 hrs/person
	Administrative Staff	83 hrs/person	96 hrs/person	103 hrs/person

3.4.3 Academic Advancement and Professional Certification Development GRI 404-2

To encourage employees to continuously enhance their professional competencies and strengthen both academic and practical expertise, E-Da Hospital actively supports staff in pursuing academic degrees and obtaining professional certifications. From 2023 to 2025, the number of employees obtaining academic degrees and professional certifications demonstrated a stable upward trend, with totals of 141, 200, and 157 employees respectively, indicating sustained growth in employees' learning motivation and development momentum.

Employees have been admitted to doctoral programs for three consecutive years. The number of employees obtaining Master's degrees reached 28 in 2025, significantly higher than in the previous two years, reflecting an increasing demand for advanced professional knowledge and managerial competencies. Over the three-year period, a total of 355 employees obtained various professional certifications, demonstrating E-Da Hospital's continuous strengthening of its professional credentialing system and its commitment to enhancing healthcare service quality and professional credibility.

Statistics on Academic Degrees and Professional Certifications (2023–2025)

Category		2023	2024	2025
Academic Degree	Doctoral Degree	1	3	1
	Master's Degree	19	15	28
	Bachelor's Degree	25	25	16
Professional Certifications		86	157	112
Total		140	200	157

3.4.4 Performance Management and Career Development Mechanisms GRI 404-3

In terms of performance management, E-Da Hospital has established a comprehensive and fair performance evaluation system to ensure that all employees receive appropriate assessment and feedback. In 2025, the number of employees required to undergo performance evaluation was 2,004, and the actual number of employees evaluated was also 2,004, achieving a 100% coverage rate. This indicates that the system is fully implemented with a high level of consistency across the organization.

Through performance evaluation results, E-Da Hospital further integrates career development and promotion mechanisms. In 2025, a total of 275 employees were promoted, including 92 into managerial positions and 183 into non-managerial positions, resulting in an overall promotion rate of 9.6%, indicating that the Hospital provides clear and structured career development pathways.

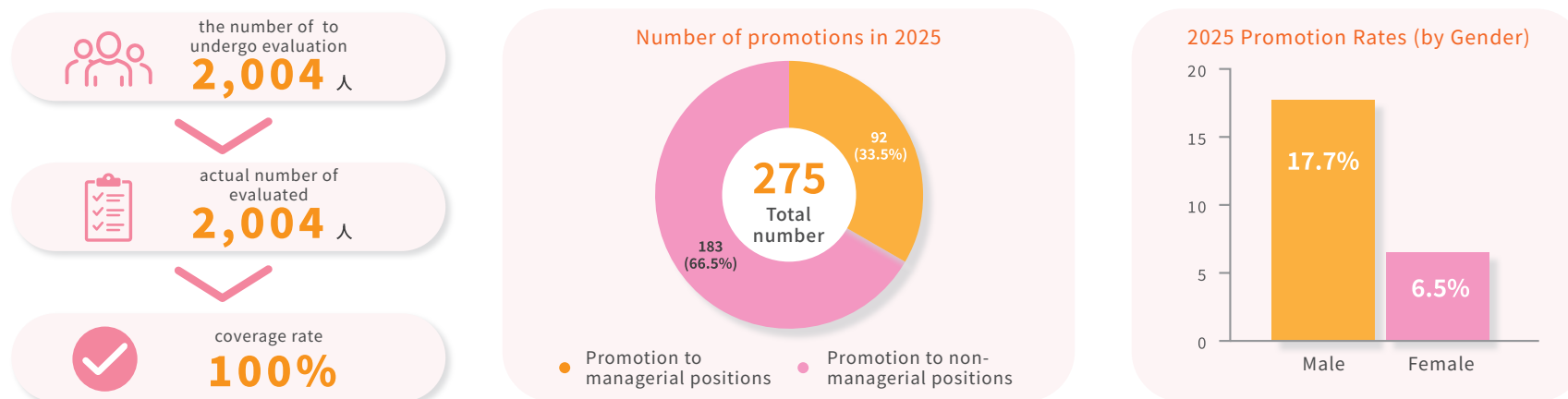
2025 Statistics on Performance Appraisal

Category	Required to Undergo Performance Evaluation			Actually Undergoing Performance Evaluation		
	Managers	Non-managers	Subtotal	Managers	Non-managers	Subtotal
Male	50	274	324	50	274	324
Female	88	1592	1680	88	1592	1680
Subtotal	138	1866	2004	138	1866	2004

2025 Career Development

Category	Male	Female	Total
Total number of employees	781	2095	2876
Promotion to managerial positions	31	61	92
Promotion to non-managerial positions	107	76	183
Total number of promotions (current year)	138	137	275
Promotion rate (current year)	17.7%	6.5%	9.6%

From a gender perspective, the promotion rate was 17.7% for male employees and 6.5% for female employees. Considering that female employees constitute a relatively higher proportion of the workforce at E-Da Hospital, the Hospital will continue to optimize its diversity and equal opportunity development mechanisms to ensure that employees of all genders have equitable access to career advancement opportunities, thereby further advancing gender equality and workforce diversity.



3.4.5 Localization Strategy for Senior Management GRI 202-2

E-Da Hospital has long been committed to cultivating and developing local talent in the Kaohsiung region. Through a comprehensive talent promotion and training system, the Hospital prioritizes the development and advancement of high-potential internal employees into managerial positions, thereby implementing its commitment to localized operations and sustainable development. As of 2025, E-Da Hospital had a total of 170 senior managers (manager level and above), of whom 139 were local residents, resulting in a localization rate of 81.8%.

2025 Localization Rate of Senior Management (Kaohsiung City)

Item	Headcount and Percentage
Total number of senior management	170
Number of local senior management	139
Percentage of local senior management (%)	81.8%

The localization strategy for senior management is not only a human resource management measure but also carries significant sustainability implications:

- Economic dimension: promoting local employment and talent development.**
- Social dimension: strengthening the connection and trust between healthcare institutions and the community.**
- Governance dimension: enhancing decision-making transparency and local accountability. This aligns with the core principles of corporate social responsibility, particularly local engagement and stakeholder connectivity.**

3.4.6 Overall Effectiveness and Sustainability Value

In summary, through education and training, support for academic advancement, and performance development systems, E-Da Hospital has established a comprehensive talent development framework, realizing its sustainability vision of “driving healthcare quality through talent.” The key achievements are as follows: (1) continuous enhancement of employees’ professional competencies and healthcare service quality; (2) establishment of a learning-oriented organizational culture with full employee participation; (3) development of a talent progression model of “internal cultivation–stepwise promotion–senior appointment” ; and (4) strengthening of career development pathways and talent retention mechanisms.

3.5 Occupational Safety and Health

E-Da Hospital's occupational safety and health policy is founded on the principles of strict regulatory compliance, employee care, comprehensive management, and the creation of a zero-accident environment. Its occupational safety and health management objectives are zero major occupational accidents and continuous reduction of occupational risks. Through institutionalized management and continuous improvement mechanisms, the Hospital progressively develops a workplace safety culture with full employee participation.

3.5.1 Occupational Safety and Health Management Framework GRI 403-1、GRI 403-8

E-Da Hospital places high importance on occupational safety and health for its workforce. In compliance with the Occupational Safety and Health Act, the Hospital has established a comprehensive occupational safety and health management system, and has developed 26 management regulations aligned with ISO 45001 standards.

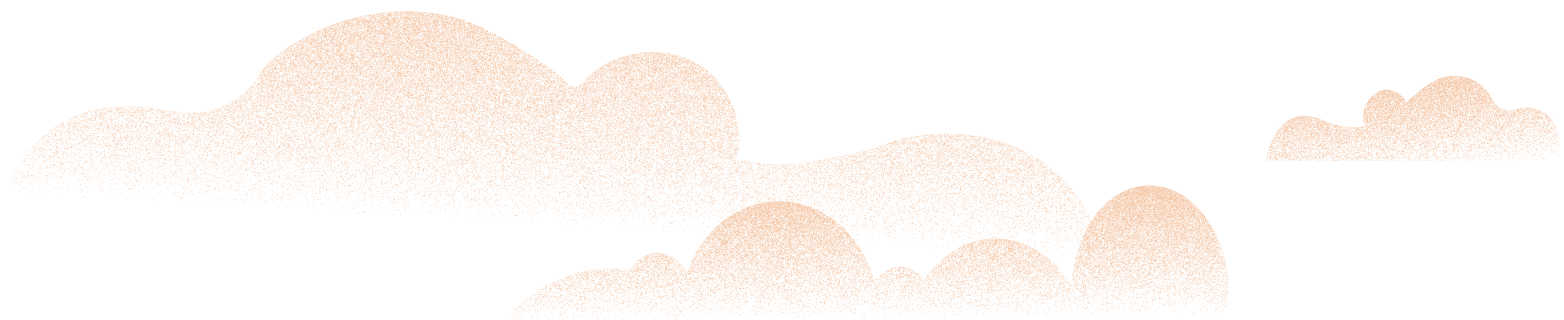
The President of the Hospital serves as the Chairperson of the Occupational Safety and Health Committee, overseeing hospital-wide occupational safety and health policies, risk management, and improvement initiatives. Through a cross-departmental committee structure, the Hospital regularly reviews safety and health management plans, training programs, occupational disease prevention measures, and occupational accident investigations, ensuring that occupational safety and health management is fully embedded in daily operations.

The occupational safety and health management system is based on the core principles of risk prevention, full employee participation, and continuous improvement, establishing a systematic framework covering hazard identification, risk assessment, preventive control, and performance monitoring. Through the Occupational Safety and Health Committee and multiple communication channels, frontline employee feedback is collected and incorporated into safety improvement measures, strengthening employee engagement. The management scope extends to all employees as well as contractors and outsourced personnel, ensuring that all workers comply with occupational safety requirements and standards.

Internal Regulations Corresponding to the ISO 45001 Occupational Health and Safety Management System

ISO 45001 Clauses vs Internal Procedures	Relevant procedures and documents
Upstream and downstream processes	- Occupational Health and Safety Management System Risk and Opportunity Management Procedure - Occupational Health and Safety Management Manual
Leadership and Employee Joint Participation	- Occupational Health and Safety Management Regulations - Occupational Health and Safety Management Manual - Occupational Health and Safety Communication and Consultation Procedure
Planning	- Workplace Risk Assessment Management Procedure - Occupational Health and Safety Management System Risk and Opportunity Management Procedure - Occupational Health and Safety Legal Requirements Identification Procedure - Occupational Health and Safety Objectives and Management Programs Procedure
Support	- Occupational Health and Safety Management Procedure - Occupational Health and Safety Education and Training Procedure - Occupational Health and Safety Communication and Consultation Procedure - Regulation Management Procedure

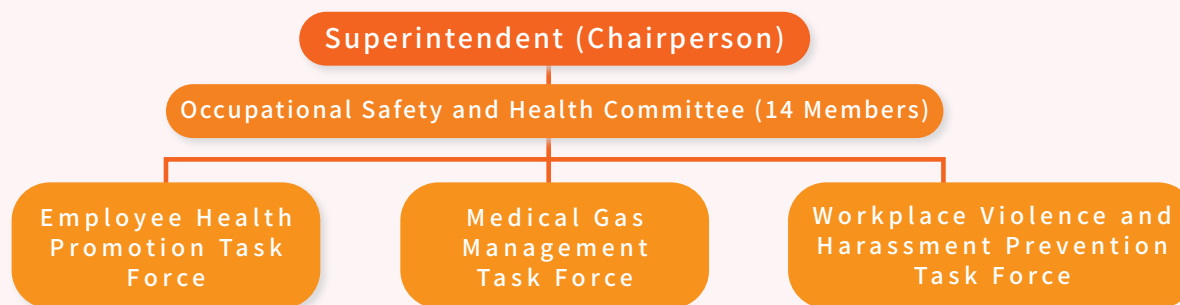
ISO 45001 Clauses vs Internal Procedures	Relevant procedures and documents
Operation	- Occupational Health and Safety Management Manual - Prevention of Illegal Workplace Harassment Procedure - Maternal Health Protection Procedure - Ergonomic Hazard Prevention Procedure - Prevention of Illness Caused by Excessive Workload Procedure - Employee Health Management Procedure - Workplace Risk Assessment Management Procedure - Occupational Health and Safety Management System Risk and Opportunity Management Procedure - Management of Change Procedure for Occupational Health and Safety - Procurement Management Procedure - Contractor Occupational Health and Safety Management Procedure - Emergency Response Implementation Procedure
Performance Evaluation	- Occupational Environmental Monitoring Implementation Procedure - Occupational Safety and Health Self-Inspection Procedure - Environmental Safety and Health Audit and Performance Evaluation Management Procedure - Occupational Health and Safety Legal Requirements Identification Procedure - Occupational Health and Safety Management Review Procedure
Improvement	- Occupational Health and Safety Management Manual - Occupational Injury Management Procedure - Occupational Health and Safety Corrective and Preventive Action Management Procedure - Occupational Health and Safety Management Review Procedure



E-Da Hospital has established an Occupational Safety and Health Office with staffing levels exceeding regulatory requirements. The office is composed of one Class A occupational safety and health officer, three occupational safety and health management personnel, and three occupational health nursing personnel, all of whom hold the required professional certifications. In accordance with legal requirements, the Hospital has also established an Occupational Safety and Health Committee. The Committee is chaired by the Superintendent of E-Da Hospital. Its members comprise dedicated occupational safety and health management personnel, relevant department heads, occupational health service physicians and nurses, and employee representatives, totaling 14 members. Employee representatives account for one-third of the Committee (5 members), ensuring adequate participation and representation of both labor and management perspectives. The Committee convenes meetings on a quarterly basis, primarily to review the annual occupational safety and health management plan, performance reports on plan implementation, and the operational status of each functional sub-group. In 2025, a total of four Committee meetings were held.

In addition, employees are encouraged to submit proposals related to occupational safety and health. In 2025, a total of four proposals were received, covering indoor air quality improvement, optimization of workplace bullying complaint channels, and employee return-to-work assessment mechanisms. All cases were closed with a 100% completion rate.

Occupational Safety and Health Committee (OSH Committee)



Responsibilities of the Occupational Safety and Health Committee

- 1 Formulate occupational health and safety policies and provide recommendations.
- 2 Coordinate and advise on occupational health and safety management plans.
- 3 Review implementation plans for safety and health training programs.
- 4 Review workplace environmental monitoring plans, monitoring results, and corresponding corrective actions.
- 5 Review health management, occupational disease prevention, and health promotion initiatives.
- 6 Review all occupational safety and health-related proposals.
- 7 Review internal safety inspections and occupational health and safety audit matters.
- 8 Review preventive measures for hazards arising from machinery, equipment, raw materials, and substances.
- 9 Review occupational accident investigation reports.
- 10 Evaluate on-site occupational health and safety performance.
- 11 Review occupational safety and health management of contracted operations.
- 12 Address other matters related to occupational safety and health management.

3.5.2 Risk Identification and All-Hazards Emergency Response Mechanisms GRI 403-2、GRI 403-7

E-Da Hospital has introduced Hazard Vulnerability Analysis (HVA) to systematically identify internal operational risks and prioritize risk management actions based on the likelihood of occurrence and potential impact severity. At the same time, the Hospital adopts the Hospital Incident Command System (HICS) to establish a clear command structure and task allocation framework, ensuring efficient emergency response coordination and crisis management effectiveness during major incidents or disasters. Furthermore, the Hospital extends its risk management practices to supply chain partners and external collaborating organizations.

Risk Type	Risk Likelihood	Management Measures
Fire	52%	Prevention and Drills
Information Security	38%	System Monitoring
Infectious Disease	36%	Infection Control

To effectively identify, assess, and control workplace or operational hazards, E-Da Hospital has established the Workplace Risk Assessment Management Procedure to systematically identify and evaluate work areas and environments that may impact employee safety. Risk assessments are conducted using the Work Environment or Work Hazard Identification and Risk Assessment Form, applying a scoring methodology based on a major factor evaluation approach. Risks are classified into high, medium, and low levels.

Risk Control Measures for High-Risk Areas / Locations

High-Risk Area	Risk/Hazard Factors	Risk Reduction and Management Measures
Emergency Department	Violence in Healthcare Settings/Microbial Infection	The Emergency Department is located on the 1st floor and operates under independent access control with a dedicated entrance and exit. The department is functionally segmented into waiting, triage, resuscitation, and observation areas. All zones are equipped with CCTV surveillance systems. Security personnel are stationed 24 hours a day at all entry and exit points, and a police connection system is in place to ensure rapid response and enhance overall safety management.
Isolation Ward	Microbial Infection	The isolation ward is managed under strict access control and is divided into standard isolation rooms and negative-pressure isolation rooms. Negative-pressure isolation rooms are equipped with an anteroom and monitoring cameras. Before entering the anteroom, personnel must verify the negative pressure level. Prior to entering the patient room, appropriate personal protective equipment must be properly worn.
Radiology Areas	Ionizing Radiation Exposure	The radiology area is managed under independent access control. Radiation control zones are clearly marked with hazard signs and boundary demarcations, and unauthorized personnel are strictly prohibited from entry. Operators receive regular ionizing radiation protection training and are required to wear personal dosimeters to continuously monitor and record individual radiation exposure levels.
Laboratory	Microbial Infection	The laboratory is located on the 2nd floor and is under controlled access management. Unauthorized personnel are strictly prohibited from entering the area.

High-Risk Area	Risk/Hazard Factors	Risk Reduction and Management Measures
Medical Records Office	Hypoxia Hazard	The medical records office is located on the B2 floor and operates under controlled access management. Unauthorized personnel are strictly prohibited from entering the area. The facility is equipped with a carbon dioxide fire suppression system, and regular equipment inspections and fire drills are conducted to ensure operational safety and emergency preparedness.
Infectious Waste Storage Room	Microbial Infection/ Abnormal Temperature Exposure	The infectious waste storage room is located on the B1 floor and is under controlled access management. Unauthorized personnel are strictly prohibited from entering the area. The waste cold storage facility is equipped with an emergency escape switch and an emergency call button to ensure personnel safety in case of incidents.
Construction Area	Injury to Non-Authorized Personnel	The construction area is secured with fencing, access control measures, and warning signage to restrict entry by unauthorized personnel.
Oil Tank and Liquid Oxygen Tank Area	Flammable Hazard/ Human Interference	The oil tank and liquid oxygen tank are located outdoors. The surrounding area is secured with fencing, access control measures, and “No Smoking / No Open Flames” warning signs. Unauthorized personnel are strictly prohibited from entering.
Pipe Shaft	Human-induced Damage	The pipe shafts are distributed across all floors and are under controlled access management. Unauthorized personnel are strictly prohibited from entering.
Machine Room	Human-induced Damage	The machine rooms are distributed across all floors and are under controlled access management. Unauthorized personnel are strictly prohibited from entering.
Water Tank Area	Human-induced Damage	The water tanks are located on the rooftop and outdoors and are under controlled access management. Unauthorized personnel are strictly prohibited from entering the area. The water tank cleaning and maintenance manholes are locked and strictly controlled.

To reduce the likelihood of occupational accidents occurring in various workplaces, E-Da Hospital continuously promotes preventive and control measures. Since its establishment, the Hospital has not experienced any major occupational accidents, demonstrating that its preventive and management mechanisms have been effectively implemented.

To ensure the safety of contractors and their personnel and to safeguard the rights and property of all hospital staff, as well as to prevent occupational accidents, E-Da Hospital has established the “Contractor Occupational Safety and Health Management Regulations.” For hazard identification, risk assessment, and control of contracted work, the responsible units are required to perform safety and health risk assessments in advance, complete the “Engineering (Maintenance) Hazard Identification Form” and the “Engineering (Maintenance) Risk Assessment Form” .

3.5.3 Occupational Safety and Health Education and Training GRI 403-5

E-Da Hospital has established a comprehensive occupational safety and health education and training system, with tiered training programs designed according to different job categories and risk characteristics.

Training topics include infection control, needlestick injury prevention, chemical exposure protection, medical waste handling, and workplace violence response. These programs are supplemented by practical drills and case-sharing sessions to enhance training effectiveness and practical application capabilities. In addition, through regular education programs and emergency response drills, E-Da Hospital continuously strengthens employees' safety awareness and crisis management capabilities while progressively cultivating a proactive workplace safety culture.

Through training effectiveness evaluations and continuous improvement mechanisms, the Hospital ensures that occupational safety and health education programs effectively enhance employees' safety knowledge and practical competencies. To further strengthen employees' response capabilities in real-world scenarios, training outcomes are extended into various emergency response exercises. Through scenario-based simulations and cross-departmental collaboration, the Hospital verifies training effectiveness, continuously optimizes emergency response procedures, and enhances overall operational continuity and organizational resilience.

Occupational Health and Safety Training Courses (2025)

Course Category	Classification	Method	Training Topics	Sessions	Hours	Participants
Fire Safety	General Education Course	In-person	Fire Safety Training & Fire Extinguisher Operation	8	1.5	943
		Online	Fire Safety Training E-learning	1	1	1333
Emergency Response	General Education Course	In-person	Hospital Emergency Response Measures	4	1	368
		In-person	Emergency Patient Transfer	2	1	322
		In-person	Mass Casualty Incident Response Measures	1	1	39
		Online	Emergency Patient Transfere-learning	1	1	1382
Occupational Health and Safety	General Education Course	In-person	Occupational Safety and Health Introduction (New Employees)	12	1.5	401
		In-person	Occupational Safety and Health Regulations	2	1	344
		In-person	Electrical Safety Promotion	1	1	18
		In-person	Traffic Safety Lecture	1	1	69
		In-person	Identification of Workplace Violence Hazards and Legal Regulations	2	1	420
	Specialized Professional Course	In-person	Refresher Training for Class I Pressure Vessel Operators	1	1	14

3.5.4 Emergency Response Drills and Operational Resilience GRI 403-2、GRI 403-5

In 2025, a total of 54 emergency response drills were conducted, reaching a cumulative total of 168 drills over the past three years. These drills covered diverse risk scenarios, including fire, communicable diseases, workplace violence, and information security incidents. Through various types of exercises and the adoption of different drill methodologies, employees were enabled to clearly understand their respective responsibilities, tasks, and required competencies. In addition, the Hospital established a 3- to 14-day critical resource safety stock mechanism and a cross-hospital support system, thereby strengthening overall operational continuity and organizational resilience.

Annual Routine Drill Table

Drill Items / Frequency	2023	2024	2025	Total
Fire Emergency Response Drill (Hospital-wide + Unit-based)	44	39	38	121
Major Disaster Response Drill	1	1	1	3
External Toxic Chemical Incident Response Drill	1	1	1	3
Emerging Infectious Disease Response Drill (Influenza)	1	1	1	3
Medical Violence Response Drill	7	7	8	22
Power Outage Response Drill	1	1	1	3
Water Supply Interruption Response Drill	1	1	1	3
Medical Gas Supply Interruption Response Drill	2	1	1	4
Gas Leak Response Drill	1	1	1	3
Information System Failure Response Drill	1	1	1	3
Total	60	54	54	168



Drill Scenario Fire



Major Disaster



Workplace Violence in Healthcare Settings

3.5.5 Occupational Accident Management and Performance Monitoring GRI 403-9 ; SASB HC-DY-320a.1

E-Da Hospital has established the “Employee Occupational Injury Management Procedure.” In the event of an occupational accident, employees themselves or their colleagues may report the incident via telephone or the Hospital management information system (MIS). The Occupational Safety and Health Office follows the occupational injury management workflow to provide timely care and assistance to affected employees. In 2025, there were 66 occupational injury cases among employees, with zero cases involving contractors. The severity rate (SR/FR) was 12.96. The most frequent type of occupational injury was needlestick injuries, with 48 cases recorded. In addition to implementing preventive and corrective mechanisms for needlestick injuries, reminder posters were placed on medical carts stating the “Needlestick Injury Prevention Key Points—Follow SOPs, use safety-engineered devices, and maintain focus” to reinforce staff awareness at all times.

E-Da Hospital’s occupational safety performance indicator adopts the internationally recognized Total Recordable Incident Rate (TRIR). In accordance with SASB standards, TRIR is calculated as: “Total recordable occupational injury cases × 200,000 ÷ total working hours.” Overall occupational safety performance has remained stable, and continuous improvement measures have been implemented to gradually reduce the occurrence of high-risk occupational injuries. **In 2025, the TRIR was 4.16, representing a slight decrease compared to the previous year.**

Occupational Accident Statistics (2023–2025)

Item		2023	2024	2025
General Occupational Accidents (e.g., Falls, Slips)		11 (18.33%)	14 (25.93%)	16 (24.24%)
Infectious Occupational Accidents	Needlestick Injury	46 (76.67%)	31 (57.41%)	48 (72.73%)
	Blood and Body Fluid Exposure	3 (5.0%)	9 (16.66%)	2 (3.03%)
Total Cases		60	54	66
Total Working Hours (hours)		5,364,640	5,288,464	5,093,128
Disabling Injury Frequency (SR/FR)		11.18	10.21	12.96

Note: Occupational accident statistics above exclude commuting accidents.

Item	2023	2024	2025
Direct Employees TRIR	3.88%	4.20%	4.16%
Contracted Employees (Outsourced Staff) TRIR	0%	0%	0%

Note: The above occupational accident statistics exclude commuting accidents.

3.5.6 Employee Health Promotion and a Safe Workplace GRI 403-3 、GRI 403-6 、GRI 403-10

E-Da Hospital is committed to creating a safe and supportive workplace environment through health management systems that exceed regulatory requirements, multi-tiered physical and mental well-being support mechanisms, and comprehensive occupational safety and protection measures.

3.5.6.1 Health Management and Vaccination Protection

E-Da Hospital has established the “Employee Health Management Procedures,” providing an employee health management system that exceeds regulatory requirements. Employees who have completed one year of service are provided with an annual health examination covering 64 items, fully funded by the Hospital and accompanied by four hours of paid leave. In addition, employees in high-risk units, such as chemotherapy drug preparation, hemodialysis, and home care, are provided with specialized targeted health checkups, **achieving a 100% attendance rate.**

In addition, a digital health examination management system has been established, allowing employees to access their historical health trends online at any time. Occupational health nurses conduct risk stratification follow-up and re-examination management based on examination results to ensure timely identification and intervention of health risks. In terms of immunization protection, free MMR, varicella, and hepatitis B vaccines are provided to non-immune employees, and influenza and COVID-19 vaccination programs are promoted in line with government policies. In 2025, the influenza vaccination coverage rate reached 96.6%, effectively reducing the risk of nosocomial infection.

3.5.6.2 Multi-level Physical and Mental Health Support Mechanism

E-Da Hospital has established a staff care mechanism led by psychiatrists, integrated with psychologists, social workers, and occupational medicine professionals, to provide immediate support for employees experiencing workplace misconduct incidents or medical disputes. The Hospital has also developed multiple support channels, including a dedicated care hotline, a designated email channel, and an online psychological support platform. In addition, early identification and referral mechanisms are implemented through structured stress screening tools to ensure timely intervention. Furthermore, the Hospital regularly conducts stress relief and health promotion activities, such as exercise programs and wellness initiatives. In 2025, employee satisfaction with health promotion activities reached 4.9 points (rated on a 5-point scale), demonstrating a high level of effectiveness and strong perceived support from employees.



Stress Relief Activities



Handmade Activities / DIY Activities

Themes of Employee Health Promotion Activities (2025)

Theme	Sessions	Participants	Hours
Wellness Stress Relief Activities – Foot Bath Salt	1	24	1.5
Wellness Stress Relief Activities – DIY Icing Cookies	1	30	1.5
Wellness Stress Relief Activities – Horticulture-Based Stress Relief	2	52	1.5
Wellness Stress Relief Activities – Self-Massage Techniques	1	41	1.5
Wellness Stress Relief Activities – Aromatherapy Treatment (Essential Oils)	1	30	1.5
Parent-Child Health Promotion Activity	1	352	3
Health Weight Management Program – Lively Weight Reduction	1	48	1.5
Technology-Based Physical Fitness Program	2	394	1
Workplace Health Exercise – “Ten Wellness Exercise” (E-learning)	1	1233	1
Health Lecture – Workplace Stress Regulation Techniques	1	76	2
Health Lecture – From Health Innovation to the Public Health Impact of E-Cigarettes	1	28	1
Health Lecture – Physical and Mental Health of Workers	1	37	1
Health Lecture – Dementia Prevention	1	427	1
Health Lecture – Dementia Prevention	1	427	1

3.5.6.3 Prevention of Medical Violence and Workplace Safety

E-Da Hospital has established a “Zero Tolerance for Workplace Violence” policy and implemented corresponding prevention and response mechanisms. A cross-departmental task force has been formed to oversee risk management and emergency response measures related to workplace violence prevention.

Through the emergency reporting system (333 mechanism), safety equipment in high-risk areas, and real-time evidence collection tools, the Hospital has strengthened frontline personnel safety protection. At the same time, legal assistance, return-to-work assessments, and psychological support are provided to ensure comprehensive post-incident care. With continuous education, training, and drills, the number of related incidents has shown a year-on-year decreasing trend, indicating that preventive measures have achieved tangible effectiveness.

3.5.6.4 Friendly and Healthy Workplace Measures

E-Da Hospital promotes worker health protection and health promotion measures through collaboration among occupational health service physicians and nurses, dedicated occupational safety and health management personnel, and all departments, thereby establishing a cross-disciplinary occupational health management mechanism.

E-Da Hospital continuously monitors occupational disease-related indicators. Over the past three years, there have been no confirmed occupational disease cases diagnosed by occupational medicine specialists, nor any major occupational disease incidents.

For prevention of diseases induced by excessive workload, employees are required to complete a health risk assessment questionnaire (including workload stress scale) during their annual health examinations. Occupational health nurses conduct risk stratification based on the questionnaire results and health check data. High-risk employees receive face-to-face consultations and individualized health guidance from occupational physicians, while medium-risk employees are provided with health promotion advice and follow-up support via email or telephone by occupational health nurses. In 2025, a total of 3 high-risk employees and 136 medium-risk employees were identified. After follow-up interventions, the condition of all 3 high-risk employees and 131 medium/low-risk employees improved, while the remaining 5 employees who did not respond continue to be followed up.

In the prevention of ergonomic hazards, when employees proactively report or when occupational safety and health personnel identify suspected ergonomic risks, occupational health nurses assist in completing musculoskeletal symptom questionnaires and conducting workplace assessments. Subsequently, occupational health physicians perform causal analysis, on-site inspections, and provide improvement recommendations. In 2025, a total of three suspected ergonomic hazard cases were reported. One case has been resolved, while the remaining two cases are under ongoing follow-up for improvement.

Number of Medical Violence Incidents (2023–2025)

Year	2023	2024	2025
Number of Cases	7	8	3



CHAPTER

04

Social Inclusion and Responsibility

4.1 COMMUNITY HEALTH PROMOTION AND LOCAL ENGAGEMENT | 4.2 HEALTHCARE SERVICES FOR RURAL AND MEDICALLY UNDERSERVED POPULATIONS | 4.3 INTEGRATED GERIATRIC CARE AND HEALTH PROMOTION | 4.4 INTERNATIONAL MEDICAL AND GLOBAL HEALTH CONTRIBUTIONS



Social Inclusion and Responsibility

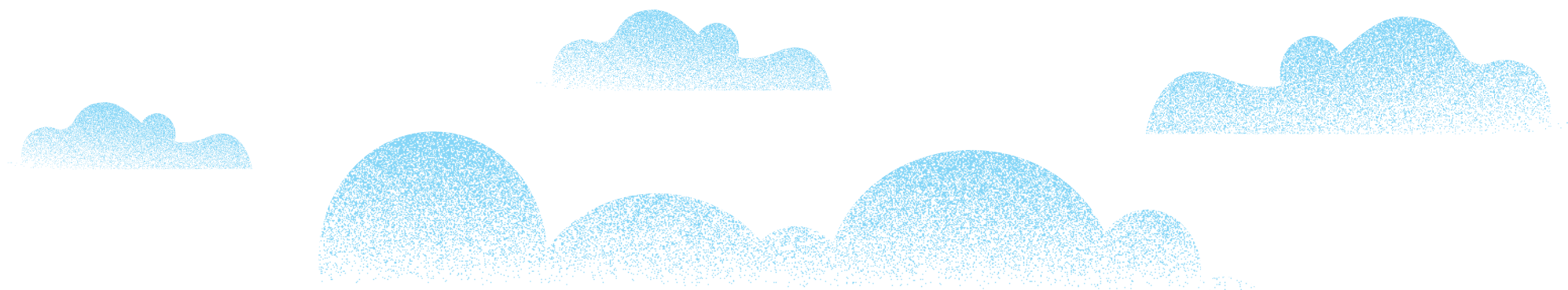
4.1 Community Health Promotion and Local Engagement GRI 413-1

E-Da Hospital, in fulfillment of its social responsibility as a medical center, regards community health promotion and local engagement as a core component of its commitment to “social inclusion.” Through systematic planning and interdisciplinary collaboration, the Hospital actively promotes preventive medicine, health education, and disease screening services, aiming to enhance overall community health and reduce health inequalities.

In terms of implementation, the Department of Family and Community Medicine is responsible for coordinating annual community health promotion strategies. Based on regional population structure and disease pattern analysis, tailored health promotion programs are designed to meet local needs. These programs are supported by a multidisciplinary workforce, including physicians, nurses, dietitians, pharmacists, and case managers, to deliver integrated healthcare services. In addition, the Hospital collaborates with local government authorities, community development associations, and primary healthcare institutions to establish a long-term and stable community health support network, thereby strengthening the connectivity and sustainability of local healthcare systems.

The Hospital continues to implement a variety of community health promotion activities, including chronic disease prevention education, cancer screening promotion, healthy diet education, and physical activity promotion. Health risk assessments and individualized health education guidance are also introduced to enhance public health literacy and self-care capabilities. For high-risk populations, a follow-up and referral mechanism has been established to ensure timely access to appropriate medical resources, thereby improving early detection and intervention outcomes.

Furthermore, it is committed to building an integrated community healthcare service system that spans prevention, medical treatment, care transition, and long-term care, connecting resources across all stages of care to ensure that the public receives continuous and appropriate medical care and support throughout different phases of their health journey.





1 Prevention First

Enhancing Health Protection



Screening Services

Early Detection



Risk Assessment

Managing Health Risks



Health Promotion

Establishing a Healthy Lifestyle



Health Education & Guidance

Improving Health Literacy

From Prevention to Promotion: Constructing a Community Health Safety Net.



2 Accessible Healthcare

Providing Integrated Medical Services



Accessible Healthcare

Convenient Local Access



Specialized Services

Professional Consultation



Medical Services for Remote Areas

Bridging Health Gaps



Telemedicine

Overcoming Distance Barriers

Integrating Medical Resources to Enhance Healthcare Accessibility and Continuity of Care.



3 Seamless Transition

Ensuring Uninterrupted Care



Needs Assessment

Identifying Care Needs



Referral Services

Connecting to Appropriate Resources



Discharge Planning

Bridging Follow-up Care



LTC Referral

Linking Long-term Care Resources

Cross-Sector Integrated Care: Ensuring Seamless Need Alignment and Continuity of Resources.



4 Local LTC Support

Delaying Disability & Degeneration



Community Service Points

Health Support Services



Disability Prevention

Enhancing Functional Maintenance



Home Care

Living Safely in the Community



Caregiver Support

Reducing Caregiver Burden

Local Long-Term Care Support: Delaying Functional Decline and Enhancing Quality of Life.



5 Community Inclusion

Promoting Participation & Environment



Social Participation

Enhancing Interaction & Inclusion



Volunteer Service

Delivering Warmth and Care



Age-Friendly

Creating a Friendly Environment



Health Empowerment

Boosting Community Momentum

Mobilizing Community Strength to Foster Engagement and Inclusion, Creating a Healthy and Friendly Environment.

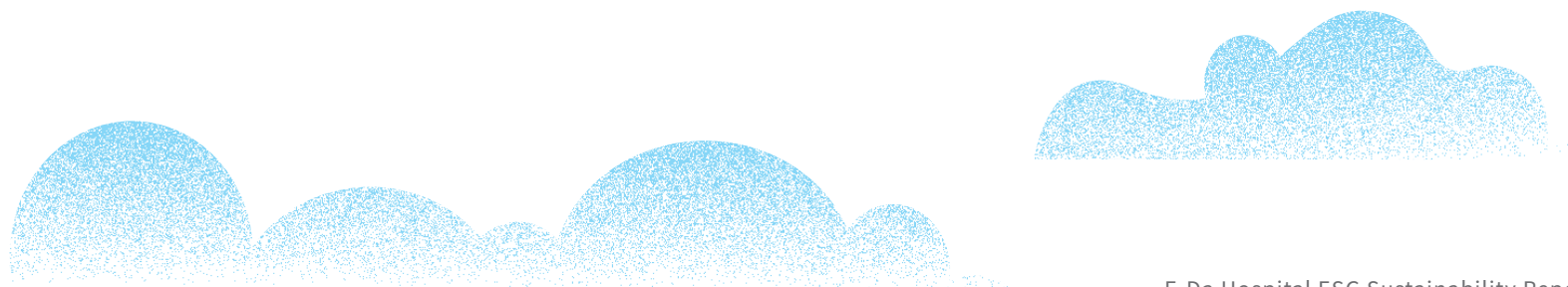
Annual Project Plan Table (2023–2025)

Project Name	Partner Organization	Target Population	2023 Beneficiaries	2024 Beneficiaries	2025 Beneficiaries
Active Aging Program	Service Promotion Program Partner organizations include communities in: ● Dashe District (Guanyin Village) ● Gangshan District (Xiehe Village, Benzhou Village, Gangshan Village) ● Qiaotou District (Bixiu Village, Sand Village, Shifeng Village, Yuliao Village) ● Renwu District (Zhonghua Village) ● Luzhu District (Shenan Village, Jianan Village, Zhudong Village) ● Dashe Presbyterian Church	Elderly aged 65 and above	1,489	1,775	1,365
Yan Chao Community Development Program	Yan Chao District. (Anzhao, Jinshan, Gunshui, Fengxiong, Jianshan, Qionglin Villages)	Elderly aged 65 and above	384	382	341
Community Integrated Care Station (Level C Long-Term Care Station)	Kaohsiung City Government Health Bureau, Kung Niou Hu Community Development Association, Jiao Su Tianhou Temple.	Elderly aged 65 and above	5,352	6,345	6,472
Community Healthcare Needs Survey Form	Community Residents ∖ Penghu Residents	Community Residents Penghu Residents	87	316	100
Yan Chao Health Promotion Committee	Yanchao District Office, Yanchao Public Health Center, Chiefs of Yanchao Villages, Yanchao Junior High School, and local civil and community organizations in Yanchao District.	Residents of Yanchao District (Registered Population of Yanchao District)	Approximately 28,776	Approximately 28,576	Approximately 28,384
Remote and Offshore Medical Outreach Program (Penghu)	Kaohsiung City Zhang Zhu Yu-Nü Charity Association, Wang' an Township Office, Wang' an Township Public Health Center, Baisha Township Office, Baisha Township Public Health Center, Baisha Township Jibei Public Health Center, Baisha Township Niao Yu Public Health Post, Qimei Township Office, Qimei Township Public Health Center, Magong City Office, Magong Third Public Health Center, Baisha Township Yuanbei Public Health Post, Xiyu Township Office, Xiyu Township Public Health Center.	Penghu Residents	2,356	2,566	2,338

Project Name	Partner Organization	Target Population	2023 Beneficiaries	2024 Beneficiaries	2025 Beneficiaries
Specialized Medical Services – National Health Insurance Offshore Island Medical Benefit Enhancement Program, Penghu (IDS Program)	National Health Insurance Administration, Kaoping Branch, Ministry of Health and Welfare; Penghu County Government Health Bureau Partner Medical Institutions: Magong Third Public Health Center, Qimei Public Health Center, Baisha Public Health Center, Jibei Public Health Center, Niao Yu Public Health Post, Wang’ an Public Health Center, Jiangjun Public Health Center	Residents of Cooperative Areas in Penghu County	17,593 (Specialties, Rehabilitation, Nutrition)	19,267 (Specialties, Rehabilitation, Nutrition)	19,283 (Specialties, Rehabilitation, Nutrition)
Remote and Offshore Medical Outreach Program (Mudan)	Mudan Public Health Center	Residents of Mudan Township, Pingtung County	Not Yet Undertaken	Not Yet Undertaken	163
Specialized Medical Services – National Health Insurance Medical Benefit Enhancement Program for Mudan Township, Pingtung County (IDS Program)	Supervising Authorities: National Health Insurance Administration, Kaoping Branch, Ministry of Health and Welfare; Pingtung County Government Health Bureau ; Partner Medical Institutions: Mudan Public Health Center, Manzhou Public Health Center, Pingtung Christian Hospital, Hengchun Christian Hospital, Hengchun Tourism Hospital, Nanmen Hospital	Residents of Mudan Township	Not Yet Undertaken	Not Yet Undertaken	3,705 visits

To strengthen the effectiveness of community health promotion initiatives, E-Da Hospital has further established a quantitative management and performance evaluation framework. Through systematic indicator monitoring, the Hospital continuously tracks service outcomes and health improvement trends across implemented programs. In addition to regular satisfaction surveys, the Hospital conducts structured analyses on follow-up rates and improvement outcomes of abnormal findings identified through health screenings. These insights serve as key evidence for subsequent strategy optimization and resource allocation decisions.

Through standardized implementation mechanisms and continuous monitoring processes, the Hospital progressively develops a community-based integrated healthcare model. By enhancing cross-institutional collaboration and integrating local resources, the Hospital further expands the depth and breadth of its community health promotion efforts, fulfilling its mission of advancing population health and public well-being.



4.2 Healthcare Services for Rural and Medically Underserved Populations GRI 413-1

To address health inequities arising from the uneven distribution of medical resources, E-Da Hospital actively develops a medical support system focused on rural and remote areas, offshore islands, and Indigenous communities. Through the introduction of digital healthcare and cross-institutional collaboration, the Hospital strengthens healthcare accessibility for vulnerable populations and fulfills its social responsibility as a medical center.

Since 2022, telemedicine collaboration mechanisms have been progressively established with the Namasia District and multiple offshore island health stations. Starting in 2023, the scope has further expanded to offshore island regions including Wangan, Qimei, Jibei, and Niaoyu. A comprehensive telemedicine video consultation system and standardized operating procedures have been implemented, covering consultation requests, image transmission, medical record management, and information security governance (under the Department of Medical Affairs), ensuring both telemedicine service quality and patient privacy protection.

Performance Indicators of Medical Outreach Services (2025)

Item	Indicator	Performance	Achievement Rate
Penghu Medical Outreach Session Count	4 sessions	4 sessions	Achieved
Overall Satisfaction of Medical Services	85%	97%	Achieved
Group Health Education Lectures	2 sessions	2 sessions	Achieved
Satisfaction with Group Health Education Lectures	85%	97%	Achieved

multiple disciplines, including ophthalmology, dermatology, and otolaryngology. A total of 35 ophthalmology consultations were conducted, along with 11 dermatology consultations in offshore island regions. In addition, 40 dermatology teleconsultations were provided specifically in the Namasia area. These services effectively reduced the burden of cross-region healthcare travel for residents in remote areas and improved timely access to medical services. Furthermore, through structured training programs and cross-departmental collaboration mechanisms, the Hospital has strengthened the operational capabilities of telemedicine services. These efforts ensure high-quality communication and care delivery in new healthcare service models while continuously optimizing telemedicine workflows. As a result, the Hospital is establishing a sustainable and scalable healthcare support model for rural and underserved regions.

4.3 Integrated Geriatric Care and Health Promotion GRI 413、GRI 416、GRI 403

In response to Taiwan's transition into a super-aged society, E-Da Hospital adopts the concept of "Aging in Place" as its core guiding principle. By integrating medical services, long-term care, community health promotion, and rural healthcare support mechanisms, the Hospital has developed a cross-setting integrated geriatric care model aimed at improving health outcomes and care accessibility for the elderly population.

E-Da Hospital's elderly care strategy focuses on improving healthcare accessibility, preventing chronic diseases and disability, promoting social participation, and caring for vulnerable populations. Through a variety of initiatives—including the Integrated Delivery System (IDS) Program for offshore island medical services, community medical outreach services, Long-Term Care 2.0 service sites, and age-friendly community initiatives—the Hospital has established a comprehensive and integrated service network.

Elderly Care Strategy



1 improving healthcare accessibility



2 preventing chronic diseases and disability



3 promoting social participation



4 caring for vulnerable populations

4.3.1 Enhancing Healthcare Accessibility for Older Adults in Rural and Remote Areas

To address the challenges of limited healthcare resources and a high proportion of older adults in offshore islands and rural and remote areas, E-Da Hospital has long participated in the National Health Insurance Integrated Delivery System (IDS) Program for Mountainous and Offshore Island Areas. Through this program, the Hospital provides mobile medical services, specialist outpatient clinics, telemedicine, and referral services to strengthen local healthcare capacity.

According to program statistics, older adults account for 19.37% of the population served by the IDS Program, exceeding the national average of 17.18%, indicating a relatively greater demand for geriatric healthcare services in these regions. Through regular specialist outpatient clinics, evening and weekend medical services, and telemedicine support, the Hospital has effectively reduced delays in accessing healthcare caused by transportation barriers. The Hospital has also established a comprehensive two-way referral mechanism to enhance continuity of care. In addition, telemedicine services (1,748 cumulative consultations) and medical evacuation referral mechanisms have been implemented to ensure that older patients receive timely and appropriate medical care in emergency and critical care situations.



Health Education Promotion at the Mudan Township Medical Outreach Service



IDS Unveiling Ceremony



Mudan Township Medical Outreach Service



Mudan Township Medical Outreach Service



Mudan Township Medical Outreach Service

4.3.2 Strengthening Preventive Healthcare and Health Management for the Elderly

E-Da Hospital conducts annual offshore island medical outreach services to proactively extend healthcare access into rural communities. Through these outreach initiatives, the Hospital provides integrated multi-specialty medical services and health screening programs, reinforcing the preventive medicine principle of “early detection and early treatment” for the elderly.

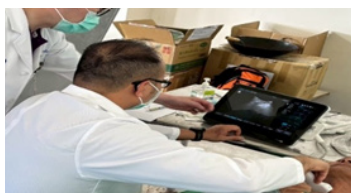
In 2025, a total of four medical outreach services were conducted, covering eight offshore island and rural and remote locations. The services provided included eight specialty areas—such as orthopedics, internal medicine, obstetrics and gynecology, and traditional Chinese medicine—as well as ten types of health screening items. Throughout the year, a total of 2,338 service instances were delivered, including 837 specialty consultations and 1,081 diagnostic and laboratory examinations.

In terms of service population structure, the average age of participants in the medical outreach program was 62 years, with older adults (aged 65 and above) accounting for 49%, indicating that E-Da Hospital’s services are highly focused on the older population. In addition, through cancer screening, chronic disease monitoring, and health education promotion, the Hospital has effectively enhanced health literacy and disease prevention capabilities among the elderly.

In terms of service population structure, the average age of participants in the medical outreach program was 62 years, with older adults (aged 65 and above) accounting for 49%, indicating that E-Da Hospital’s services are highly focused on the older population.



Wangan Township Medical Outreach Service, Penghu



Wangan Township Medical Outreach Service, Penghu – Specialty Consultation (Carotid Artery Ultrasound Examination)



Baisha Township Medical Outreach Service, Penghu



Baisha Township Medical Outreach – Specialty Consultation (Abdominal Ultrasound), Penghu



Baisha Township Medical Outreach – Mobile Medical Service, Penghu

4.3.3 Establishing Local Long-Term Care Services and Disability Prevention System

E-Da Hospital actively aligns with the Long-Term Care 2.0 policy by [establishing a Community Integrated Care Service System \(Level C neighborhood long-term care stations\)](#), providing diverse services such as health promotion, disability prevention and delay, congregate meals, and social participation to support older adults in aging in place within the community.

[In 2025, a total of 200 activities were conducted at long-term care service sites, serving 6,472 service instances.](#) The average age of service users was approximately 75 years, including older adults with dementia and persons with disabilities. The implementation outcomes show strong execution capacity and operational stability in the Hospital's elderly care services. In addition, telephone reassurance calls, home visits, and transportation support services were provided to further strengthen assistance for vulnerable and mobility-impaired older adults.



Level C Care Station – Jiao Su Tianhou Temple



Level C Care Station – Kung Niou Hu Group Photo



4.3.4 Promoting Age-Friendly Communities and Social Participation

E-Da Hospital collaborates with local governments and community organizations to implement an Age-Friendly Community Program. Through diverse initiatives such as health lectures, intergenerational integration activities, and cultural participation programs, the Hospital enhances the quality of life for older populations. These activities include health promotion courses, music and cultural events, and intergenerational engagement programs. In addition, through the operation of community health promotion committees and volunteer training mechanisms, the Hospital strengthens communities' capacity for autonomous health management. At the same time, multiple elderly health promotion activities and courses are conducted to encourage social participation among older adults, reduce loneliness, and improve mental well-being, thereby further advancing the concept of Active Ageing.



Active Aging Program – Qiaotou Church



Active Aging Program – Zhudong Village



Active Aging Program – Shifeng Village



Active Aging Program – Zhonghua Village



Active Aging Program – Gunshui Village



Active Aging Program – Gangshan Church

E-Da Hospital has progressively established an integrated elderly care service model encompassing medical care, preventive health, long-term care, and social participation. The key outcomes are as follows: [\(1\) significantly improved accessibility of healthcare services for older adults in rural and remote areas;](#) [\(2\) increased rates of health screening and early disease detection among older populations;](#) [\(3\) steady growth in long-term care service coverage and community participation;](#) and [\(4\) sustained high levels of satisfaction with healthcare services among older adults \(approximately 89%\).](#)

From 2023 to 2025, the Hospital has continuously implemented eight community health promotion and rural medical service programs. By allocating medical professional manpower, funding, and cross-departmental resources, the Hospital responds to local health needs. In 2025, the number of beneficiaries reached 61,963 person-times, [with a cumulative investment of over NT\\$175.65 million over the three-year period](#). Each program continuously collects feedback from beneficiaries and partner organizations, which serves as an important basis for service improvement, resource allocation, and mitigation of potential negative impacts from operational activities. The table below summarizes the inputs, outcomes, and feedback of each program from 2023 to 2025. (GRI 413-1, GRI 413-2)

Project Name	2023 Beneficiaries	2024 Beneficiaries	2025 Beneficiaries	2023Funding (NT\$10,000)	2024 Funding (NT\$10,000)	2025 Funding (NT\$10,000)	2023 Full-time Personnel	2024 Full-time Personnel	2025 Full-time Personnel	Beneficiary Feedback / Potential Negative Impacts and Improvement Measures
Active Aging Program	1,489	1,775	1,365	\$46,300	\$52,900	\$52,150	72	86	92	N
Yanchao Development Program	384	382	341	\$31,781	\$30,330	\$26,078	28	28	28	N
Level C neighborhood long-term care stations	5,352	6,345	6,472	\$630,182	\$722,107	\$740,098	47	48	47	Course-related noise affected surrounding residents; course scheduling and volume control measures have been adjusted accordingly.
Community Healthcare Needs Assessment Survey	87	316	100	\$0	\$0	\$0	5	5	5	N
Yanchao Health Promotion Committee	28,776	28,576	28,384	\$2,710	\$2,890	\$2,800	4	4	4	N
Rural and Offshore Island Medical Outreach Program (Penghu)	2,356	2,566	2,338	\$1,333,063	\$1,419,500	\$1,128,553	85	90	89	Local residents participating in the free medical services were relatively conservative and preferred to have female physicians perform cervical smear examinations.
Specialized Healthcare Program – National Health Insurance Enhanced Medical Benefit Program for Offshore Islands of Penghu County (Penghu IDS Program)	17,593	19,267	19,283	\$51,448,920	\$54,549,835	\$54,072,320	108	128	116	In response to increased demand for rehabilitation services among residents, the number of rehabilitation therapists under the IDS program was increased from two to three.
Specialized Healthcare Services – National Health Insurance Integrated Delivery System (IDS) Program for Improving Healthcare Benefits in Mudan Township, Pingtung County	-	-	3,705	-	-	\$9,358,791	-	-	348	N
Total	56,037	59,227	61,963	\$53,492,956	\$56,777,562	\$65,380,790	349	389	729	

4.4 International Medical and Global Health Contributions GRI 203-1

E-Da Hospital adopts a core strategic positioning of “local rootedness and global connectivity” to systematically expand its healthcare impact through three key dimensions: community health promotion, care for vulnerable populations, and international medical collaboration. In addition to enhancing regional health and well-being, the Hospital actively participates in global health governance and international medical assistance initiatives, demonstrating the critical role of a medical center in both public health advancement and international healthcare systems.

In terms of international academic engagement, the Hospital medical teams actively participate in global healthcare conferences and academic events. From 2020 to 2025, the Hospital recorded a total of 197 international conference participations, 216 academic paper presentations at international forums, and 12 occasions serving as session chairs or moderators, reflecting its strong international visibility and academic influence.



Regarding participation in international organizations, physicians from E-Da Hospital hold key positions in global healthcare institutions, including Vice President of the International College of Surgeons (ICS) held by Dr. Sun Zhuo-Jun, Secretary-General of the Asia Health Literacy Association (AHLA) and Vice President roles held by Dr. Lin Ji-Wei and Dr. Huang Ru-Yi, as well as board membership in the Global Network for Tobacco Free Healthcare Services (GNTH) held by Dr. Lin Ji-Wei. Through involvement in international governance mechanisms, the Hospital enhances Taiwan’s influence in global health policy and discourse.

In terms of international medical assistance, E-Da Hospital has continuously engaged in cross-border healthcare services. From 2020 to 2023, a total of 118 medical personnel visits and 105 administrative and support staff visits were deployed to participate in various international medical aid and outreach missions. These services covered regions across Asia, Latin America, and the Pacific.

In addition, E-Da Hospital has continued to extend its international medical assistance initiatives from 2024 to 2025 by participating in international medical outreach and collaboration programs in Paraguay, Indonesia, and Laos, demonstrating sustained commitment to global health engagement. Furthermore, between 2023 and 2025, the Hospital conducted a total of 13 short-term international medical outreach missions, mobilizing 41 medical personnel visits, continuously enhancing local healthcare accessibility and quality of care.

In terms of international talent development, E-Da Hospital has long invested in building medical professional capacity and has promoted healthcare personnel training programs through collaboration with international institutions. Since 2018, the Hospital has participated in the Micronesia Oral Health Education Program. Through on-site training and distance learning, a total of 57 courses were conducted during the COVID-19 pandemic period (2020–2023), with 85 personnel deployments, helping to enhance the professional capacity of local healthcare workers. From 2023 to 2025, the program was further expanded, reaching a cumulative total of 176 training sessions and training more than 1,700 local healthcare professionals, thereby strengthening the long-term effectiveness of international medical talent development.



E-Da Hospital has also continuously accepted foreign healthcare professionals for advanced study and clinical training in Taiwan, promoting international exchange of medical knowledge and skills. Trainees have come from Japan, South Korea, Thailand, Singapore, the United Kingdom, the Philippines, Vietnam, Egypt, Romania, Nepal, Italy, Nigeria, and Canada. **The number of foreign trainees at the Hospital was 7 in 2023 and 9 in 2024, increasing to 13 in 2025**, reflecting a sustained multinational clinical training collaboration framework. In advancing internationalization standards, the Hospital introduced the ACGME Core Competencies and accreditation framework in 2025 and held its first ACGME clinical assessment workshop, featuring guidance from Dr. Laura Edgar, **Vice President of ACGME**. **A total of 16 faculty members were trained through this initiative.**



foreign trainees at the Hospital

29 person-times
(Cumulative, 2023–2025)



Vice President of ACGME

16 person-times
(Cumulative, 2023–2025)



Medical School Visit to Canada



Medical Collaboration with Taiwanese Businesses in Laos to Provide Local Healthcare Services



Nepal Medical Outreach Service



Nepal Medical Outreach Service



Guidance for Early Childhood Caregivers in the Federated States of Micronesia – Oral Health Protection for Young Children



International Fellow Training in the Orthopedics Department



CHAPTER

05

Environmental Friendliness and Sustainability

5.1 CLIMATE CHANGE RISKS AND OPPORTUNITIES | 5.2 GREENHOUSE GAS MANAGEMENT
| 5.3 ENERGY MANAGEMENT | 5.4 WATER RESOURCE MANAGEMENT | 5.5 WASTE MANAGEMENT



Environmental Friendliness and Sustainability

In response to the global challenges of climate change, the Hospital is committed to minimizing the environmental impact of its healthcare operations. Environmental sustainability has been formally integrated into the Hospital's long-term strategic development framework, serving as a key pillar of its corporate social responsibility (CSR) agenda.

E-Da Hospital actively supports Taiwan's 2050 Net-Zero Emissions target by establishing a cross-functional Sustainability Committee to implement its decarbonization roadmap. Through systematic energy management and resource circularity initiatives, the Hospital is committed to developing a smart and green hospital. It has also implemented the ISO 50001 Energy Management System and conducted greenhouse gas inventories in accordance with ISO 14064-1, establishing a robust foundation for data-driven environmental management and precise performance monitoring while embedding environmental sustainability into its core operational practices.

In operational practice, E-Da Hospital advances digital transformation to promote paperless clinical workflows, while integrating smart energy-efficient building designs and circular resource utilization strategies. These initiatives optimize waste management processes and improve water resource efficiency. E-Da Hospital firmly believes that only by building a resilient and sustainable healthcare system can it continue to deliver high-quality medical services while safeguarding the environment for future generations, thereby positioning itself as a benchmark institution in smart and green healthcare transformation.

5.1 Climate Change Risks and Opportunities GRI 201-2、HC-DY-450a.1

E-Da Hospital recognizes that climate change poses significant challenges to global public health and healthcare systems. To effectively address climate-related risks, E-Da Hospital has formally adopted the Task Force on Climate-related Financial Disclosures (TCFD) framework. Based on its four core pillars—Governance, Strategy, Risk Management, and Metrics and Targets—the Hospital conducts a comprehensive assessment of the potential financial and non-financial impacts of climate change on its operations and transforms these challenges into opportunities for healthcare service transformation. The following sections provide a detailed explanation of the transformation of risks and opportunities.

Governance

E-Da Hospital has established a top-down climate governance structure, with the Board of Directors providing the highest level of oversight and reviewing climate-related strategies, major investments, and budget allocations. The President chairs a cross-functional Sustainability Development Committee that is responsible for implementing climate-related initiatives across the Hospital. Climate-related issues are also regularly reviewed in executive management meetings to ensure that environmental considerations are effectively integrated into healthcare operations and decision-making.

Risk Management

E-Da Hospital has established a top-down climate governance structure, with the Board of Directors providing the highest level of oversight and reviewing climate-related strategies, major investments, and budget allocations. The President chairs a cross-functional Sustainability Development Committee that is responsible for implementing climate-related initiatives across the Hospital. Climate-related issues are also regularly reviewed in executive management meetings to ensure that environmental considerations are effectively integrated into healthcare operations and decision-making.

Strategy

E-Da Hospital has identified climate-related risks across the short, medium, and long term, including transition risks associated with evolving regulatory requirements, such as carbon pricing mechanisms, as well as physical risks arising from extreme rainfall, rising temperatures, and other climate-related hazards that may affect mechanical and electrical systems and increase energy demand. Through climate scenario analysis, the Hospital has identified opportunities to enhance resilience, including the development of smart green buildings and the expansion of telemedicine services, thereby strengthening its operational and financial resilience under changing climate conditions. In addition, extreme weather events may damage critical infrastructure and mechanical and electrical systems, leading to unplanned repair and maintenance expenditures and increasing pressure on asset management, business continuity, and emergency preparedness resources.

Metrics and Targets

E-Da Hospital has established 2025 as the baseline year for its greenhouse gas inventory and applies the ISO 14064-1 standard to systematically account for Scope 1 and Scope 2 emissions. Energy intensity and resource circularity rates are monitored as key performance indicators (KPIs) for environmental performance management. The Hospital has defined a clear net-zero pathway, targeting significant emissions reductions by 2030 and achieving its net-zero healthcare vision by 2050.

5.1.1 Climate Change Risk and Opportunity Assessment

E-Da Hospital has established a climate risk and opportunity identification and assessment mechanism. The Sustainability Development Committee conducts annual in-depth assessments of both internal operations and the external environment. The assessment outcomes are ultimately reviewed and approved by the Committee and serve as a key basis for the annual climate action strategy. Climate-related challenges are categorized into two primary dimensions: transition risks and physical risks.

Transition Risks Summary Table

Category	Risk Item	Potential Impact
Policy and Regulatory Risks	Greenhouse gas regulations and carbon pricing implementation	In response to the Climate Change Response Act and Taiwan’ s 2050 Net-Zero Emissions target, the Hospital may in the future be subject to stringent greenhouse gas emissions caps or carbon pricing mechanisms. As a result, hospitals are required by regulation to make substantial capital investments in decarbonization, waste reduction, and the upgrading of energy-saving facilities and equipment.
	Mandatory ESG disclosure requirements	Regulatory authorities are also increasingly strengthening requirements for the quality of sustainability reporting. If data quality is insufficient or fails to meet regulatory standards, the Hospital may face the risk of financial penalties, as well as increased administrative and compliance costs associated with greenhouse gas inventory management.
Technology Risks	Lag in low-carbon hospital transition	Missing the optimal timing for low-carbon transition and failing to timely upgrade infrastructure may result in persistently high long-term energy consumption and operational costs, as well as increased financial pressure when future decarbonization efforts are eventually undertaken.
	Financial pressure associated with low-carbon technology deployment	Hospitals are required to proactively develop on-site renewable energy systems, such as self-consumption solar power, implement smart energy management and monitoring systems, and adopt low-carbon medical technologies and equipment. However, the upfront costs associated with the research, development, and deployment of such infrastructure are substantial.
Market Risks	Rising global prices of raw materials, transportation, and energy	Rising prices of medical consumables, pharmaceuticals, and fuel, combined with increases in electricity tariffs, will significantly impact the Hospital’ s fixed operating costs.
	Changes in patient healthcare preferences	As public awareness of environmental protection and sustainable development continues to grow, patients and their families are increasingly shifting their healthcare preferences toward medical institutions that actively implement ESG practices and demonstrate a strong low-carbon and environmentally responsible reputation..
Reputational Risks	Greenwashing risks	If the Hospital’ s external communication regarding ESG performance or low-carbon healthcare achievements contains inaccuracies, or if actual operational practices are inconsistent with sustainability claims, it may give rise to allegations of “greenwashing.”
	Negative media coverage and medical disputes	Failure to adequately respond to climate-related disruptions may lead to healthcare service interruptions or patient safety incidents, which can quickly escalate in the media and social platforms, resulting in significant negative publicity.

Category	Risk Item	Potential Impact
Immediate Risks	Internal Fire Incidents	Extreme climate conditions increase the risk of fire, leading to damage to facilities and resulting in financial losses. Fire incidents may disrupt the supply of water, electricity, and medical gases, causing operational shutdowns. In addition to jeopardizing critical care evacuation and institutional reputation, such events may also impair information systems, resulting in delays in clinical services and disruptions to healthcare delivery.
	Extreme weather events such as typhoons, floods, heavy rainfall, and earthquakes	Natural disasters may cause damage to buildings and critical infrastructure, leading to interruptions in water supply, power outages, or disruptions in medical gas supply systems. Consequently, healthcare operations and service delivery may be suspended, resulting in both financial losses and value impairment.
	Disruptions to medical supplies, medical gas systems, and pharmaceutical supply chains	Extreme weather events may directly impact the production sites of imported raw materials or disrupt established transportation routes, resulting in delays or interruptions in the supply of medical equipment, healthcare consumables, pharmaceuticals, and drinking water.
	Unexpected power outages and water supply disruptions	Healthcare operations are highly dependent on stable water resources, particularly for hemodialysis purified water systems and air-conditioning cooling tower systems. In the event that drought conditions lead to sudden water pressure reductions or supply restrictions by water utilities, patient safety—especially for dialysis patients—may be directly jeopardized.
	Information system downtime	Information system failures may result in disruptions to electronic medical records and appointment systems, delaying the execution of medical orders and laboratory result reporting. This may affect the timeliness of surgical and emergency care, posing risks to patient safety and causing operational disruptions in healthcare services.
Long-term Risks	Rising average temperatures	Global warming leads to an increasing number of extreme high-temperature days, resulting in significantly higher energy consumption for maintaining indoor thermal stability and ensuring the proper operating conditions of medical equipment. This, in turn, drives up overall operational costs due to increased reliance on air-conditioning and related energy systems.
	Abnormal precipitation patterns	Extreme climate conditions also alter precipitation patterns, increasing the risk of water scarcity and water supply restrictions. Infection control in healthcare settings is highly dependent on a stable supply of large volumes of clean water.
	Deterioration of indoor and outdoor air quality	Climate change and air pollution further alter the ecology and life cycles of vectors and allergens, leading to increased healthcare demand among patients with respiratory and cardiovascular diseases, as well as a rise in infectious disease cases.

E-Da Hospital conducts preliminary assessments of the financial impacts associated with identified material risks. Taking the transition risk of carbon pricing implementation as an example, related compliance fees are expected to arise and may increase annual operating costs. Regarding physical risks, severe weather events may cause damage to mechanical and electrical systems. This creates potential pressure on the Hospital's asset management and emergency preparedness budgets. In response, the Hospital has planned to strengthen infrastructure resilience in order to mitigate unexpected financial impacts.

5.1.2 Responses to the Impacts of Climate Change on Health and Infrastructure

In response to the increasing incidence of heat-related illnesses and cardiovascular diseases driven by extreme weather events, the Hospital will establish a “Climate-Sensitive Disease Rapid Admission Pathway” to ensure that patients with heat exhaustion and heatstroke receive priority access to cooling and emergency treatment. In addition, in response to the high risk of dengue fever in southern Taiwan, the Hospital implements weekly hospital-wide inspections of mosquito breeding sources and collaborates with public health authorities to monitor clinical diagnostic data, thereby strengthening the healthcare system’s adaptive capacity to climate-related disease risks.

1 Policies and practices for responding to physical risks from extreme weather events:

In response to frequent heavy rainfall, typhoons, and extreme heat events in the Kaohsiung–Pingtung region, E-Da Hospital is committed to strengthening the resilience of its infrastructure to ensure the continuity of healthcare services.

2 Response strategies for climate change–related changes in morbidity and mortality:

Climate change, including extreme heat and deteriorating air quality, directly affects public health and is expected to increase healthcare demand for heat-related illnesses, cardiovascular diseases, respiratory diseases, and vector-borne infectious diseases such as dengue fever.

3 Emergency preparedness and response policies and practices:

To ensure agile response capabilities in the face of climate-related disasters, E-Da Hospital has established a comprehensive emergency preparedness and business continuity management system.

5.2 Greenhouse Gas Management GRI 305-1、GRI 305-2、GRI 305-4、GRI 305-5

To uphold its core values of responsibility and sustainability, the Hospital regards greenhouse gas management as a key priority in environmental governance. Through a systematic greenhouse gas inventory process and a science-based decarbonization pathway, E-Da Hospital is committed to reducing its operational carbon footprint and advancing toward a net-zero healthcare target.

5.2.1 Organizational Greenhouse Gas Inventory

E-Da Hospital's greenhouse gas inventory is conducted in accordance with ISO 14064-1:2018, and the calculation process adopts the latest greenhouse gas emission factors published by the Ministry of Environment, Executive Yuan. Global Warming Potential (GWP) values are based on data from the IPCC Sixth Assessment Report (AR6) to ensure scientific accuracy. As 2025 is the baseline year for E-Da Hospital, an independent third-party verification body (AFNOR Certification) has been commissioned to conduct assurance procedures to ensure accuracy, transparency, and international alignment of the information. The carbon reduction performance of subsequent years will be measured against the total emissions of 2025 as the baseline, thereby enabling tracking of the actual reduction contributions of various green healthcare initiatives.

E-Da Hospital's greenhouse gas inventory covers all operational activities within the Hospital campus and is conducted in accordance with ISO 14064-1 standards. The organizational boundary excludes staff dormitories, food court areas, underground parking facilities, post office, coffee shops, and the prayer hall. [The total greenhouse gas emissions for 2025 amounted to approximately 13,183.893 metric tons of CO₂e. Emission:](#)

Scope 1 / Direct Greenhouse Gas Emissions:

These emissions primarily originate from direct emissions associated with the Hospital's on-site facilities. They include stationary combustion sources, mobile combustion sources, and fugitive emission sources. [Total Scope 1 emissions amounted to approximately 1,445.9369 metric tons of CO₂e.](#)

Scope 2 / Energy Indirect Greenhouse Gas Emissions:

The largest source of greenhouse gas emissions at E-Da Hospital is primarily attributed to purchased electricity consumption, which is essential for maintaining 24-hour hospital operations. [This category accounts for approximately 11,737.9559 metric tons of CO₂e., representing 89% of total emissions.](#)

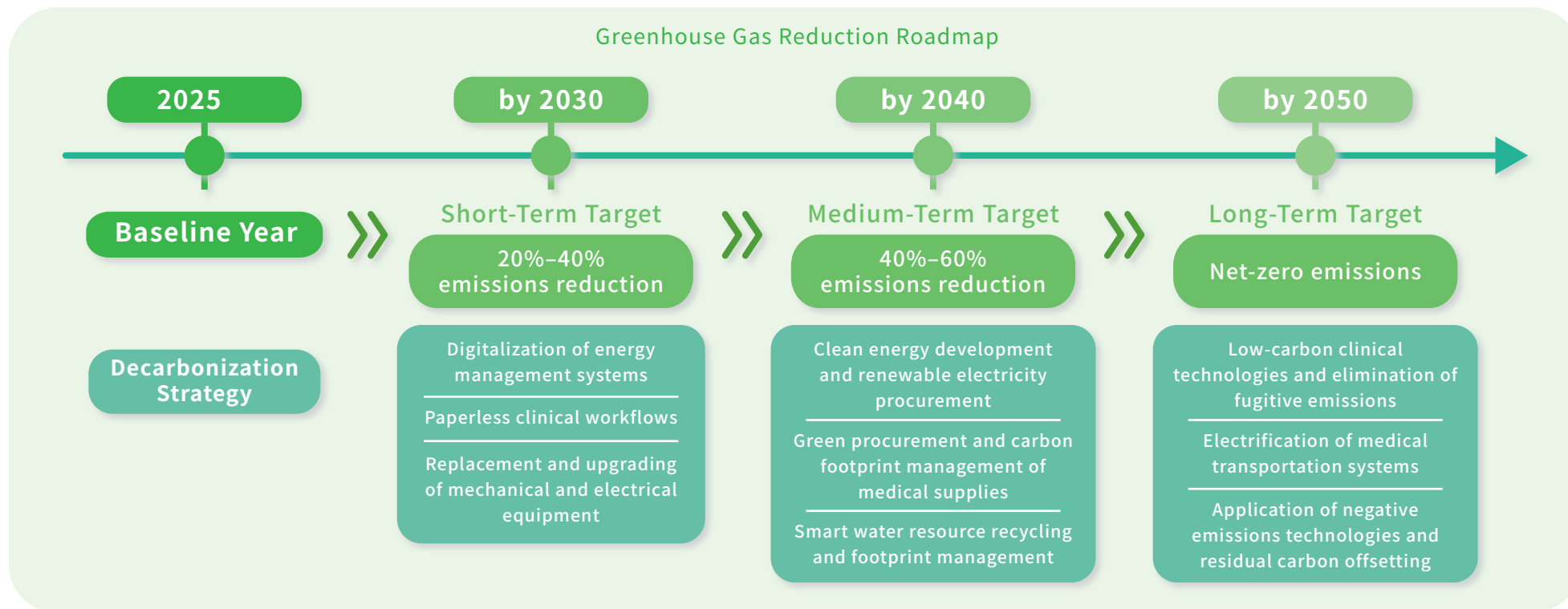
Greenhouse Gas Emissions (2025)

Year	Greenhouse Gas Scopes	Greenhouse Gas Emissions (tCO ₂ e)	Total Annual Emissions (tCO ₂ e)	Annual Number of Patient Visits (visits/year)	Annual Emissions Intensity (tCO ₂ e / visit)
2025	Scope 1	1,445.9369	13,183.893	1,113,021	0.0118
	Scope 2	11,737.9559			

Note: Annual patient visits = Outpatient visits + Surgical procedures and inpatient admissions: Waste Generation Analysis

5.2.2 Greenhouse Gas Net-Zero Transition Roadmap

In response to Taiwan's 2050 Net-Zero Emissions policy and global climate initiatives, E-Da Hospital has established a clear net-zero greenhouse gas emissions roadmap. Using 2025 as the baseline year, the Hospital has set short-, medium-, and long-term decarbonization targets. Progress toward these targets is regularly monitored by the Sustainability Development Committee, which is composed of senior executives.



E-Da Hospital's future decarbonization strategy will deeply integrate technology and governance. By continuously strengthening the ISO 50001 energy management system and introducing AI-based load forecasting, the Hospital aims to achieve dynamic efficiency optimization of high-energy-consuming facilities. In terms of renewable energy development, the Hospital will maximize on-site solar photovoltaic installations and accelerate the transformation of its energy structure through renewable electricity procurement. Finally, through supply chain ESG assessments and green procurement practices, sustainability will be embedded into clinical services, thereby integrating decarbonization principles across the value chain. From both energy systems and value chain perspectives, the Hospital is committed to advancing a comprehensive net-zero healthcare vision.

5.3 Energy Management GRI 302-1、302-3、302-4、302-5、HC-DY-130a.1

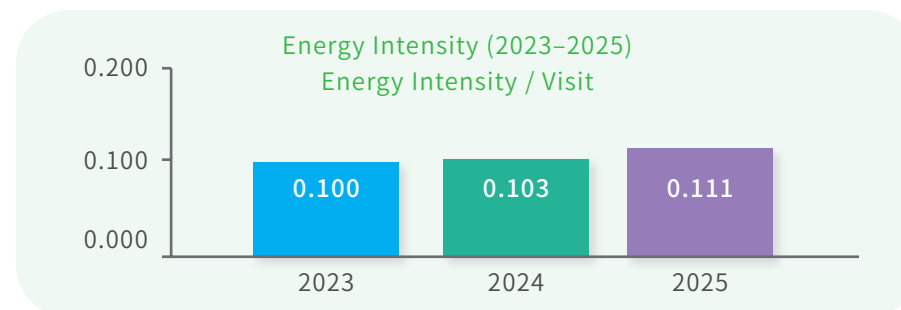
In 2025, E-Da Hospital's total energy consumption amounted to 123,408.845 GJ, with electricity accounting for the largest share at 88.41% of total energy use. Currently, the Hospital has no self-generated or self-consumed solar photovoltaic energy; therefore, 100% of electricity is sourced from Taiwan Power Company grid electricity, and the share of renewable energy is 0%. To advance its decarbonization pathway, the Hospital will continue to increase the proportion of renewable energy, with a target of reaching 20% by 2030. Healthcare institutions are highly energy-intensive, requiring uninterrupted 24-hour electricity supply and strict temperature and humidity control to ensure patient safety. Guided by the principles of energy efficiency and sustainable healthcare, E-Da Hospital systematically reduces energy consumption and greenhouse gas emissions through the implementation of international management standards and investments in high-efficiency equipment. For disclosure accuracy and transparency, electricity consumption data is comprehensively calculated based on the total readings from four dedicated electricity meters covering the Hospital main building, research building, and two staff dormitory buildings, ensuring the completeness and transparency of energy accounting information.

Energy Consumption and Energy Intensity (2023–2025)

Category	Unit	2023		2024		2025	
		Usage	Energy Consumption (GJ)	Usage	Energy Consumption (GJ)	Usage	Energy Consumption (GJ)
Electricity Consumption	kWh	30,205,917	108,741.301	29,926,348	107,734.853	30,308,500	109,110.600
Gasoline Consumption	Liter (L)	11,824.79	385.904	13,709.74	447.420	17,315.18	565.084
Diesel Consumption	Liter (L)	5,125.69	180.145	5,866.42	206.179	5,600.09	196.819
Natural Gas Consumption	Cubic Meter (m³)	376,451.32	13,932.840	364,543.33	13,505.966	364,576	13,536.342
	Lower Heating Value (kJ)	37,011		37,049		37,129	
Total Energy Consumption	GJ	123,240.190		121,894.418		123,408.845	
Annual Patient Visits	Visits / year	1,228,536		1,184,572		1,113,021	
Energy Intensity	GJ / visits	0.100		0.103		0.111	

Note:

1. Data source: Electricity consumption is based on monthly utility bills issued by the Company, while gasoline and diesel consumption are primarily based on actual usage.
2. Energy conversion factors: Electricity 1 kWh = 3,600 KJ; Gasoline 1 L = 32,635.2 KJ (7,800 kcal); Diesel 1 L = 35,145.6 KJ (8,400 kcal).
3. 1 gigajoule (GJ) = 10⁶ kilojoules (kJ).
4. Annual patient visits = outpatient visits + emergency visits + surgical procedures.



5.3.1 Energy Efficiency Management Performance

E-Da Hospital has implemented energy optimization projects, with key outcomes as follows:

- Intelligent Air-Conditioning Scheduling Control System (2023)**
 An intelligent scheduling control system was introduced for the pre-cooling air handling units in the inpatient wards on floors 5F to 13F of Building B. Based on actual occupancy patterns and outdoor air demand at different time periods, operating schedules and airflow volumes were precisely controlled. Through smart scheduling optimization, this project achieved an annual carbon reduction of 165.924 metric tons of CO₂e.
- Parking Garage Ventilation System Optimization (2024)**
 Four large exhaust fans in the B2F and B3F indoor parking areas were upgraded with automated time-based control and carbon monoxide monitoring integration. This eliminated the need for 24-hour full-load operation and enabled flexible adjustment based on peak traffic periods. The project significantly reduced motor electricity consumption, achieving an annual carbon reduction of 155.681 metric tons of CO₂e.
- Lighting System Efficiency Upgrade (2024)**
 A lighting retrofit project was implemented in the first staff dormitory, replacing 1,200 T5-28W fluorescent lamps with LED T5-18W high-efficiency lighting fixtures. While maintaining equivalent illumination levels, the project substantially reduced lighting energy consumption, resulting in an annual carbon reduction of 24.913 metric tons of CO₂e.
- Replacement of Core Cooling Equipment (2025)**
 The primary energy-intensive chiller unit (CH-1) in the medical building was replaced with a high Coefficient of Performance (COP) variable-speed centrifugal chiller. As a key energy-saving project for E-Da Hospital, this upgrade significantly improved overall air-conditioning heat exchange efficiency and is expected to achieve an estimated carbon reduction of 254.962 metric tons of CO₂e.

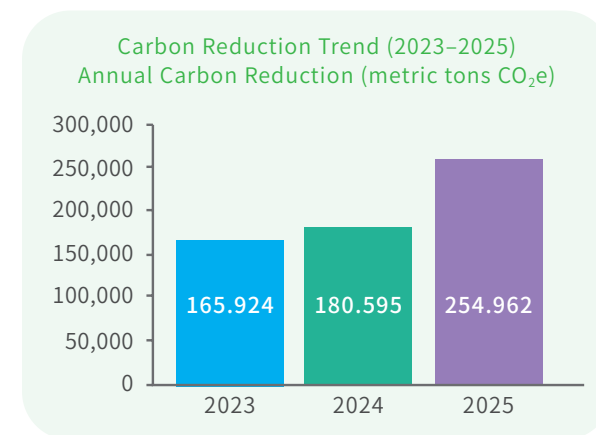
Energy Efficiency Optimization Projects Summary Table (2023–2025)

Year	Energy Saving Measure	Estimated Energy Consumption Before Improvement (kWh)	Estimated Energy Consumption After Improvement (kWh)	Electricity Savings (%)	Carbon Reduction (tCO ₂ e)
2023	Time-based control management for pre-conditioning AHUs in the inpatient wards on F 5–13 of Building B	700,099.2	350,049.6	50.00%	165.924
2024	Installation of time-based control for four exhaust fans in the B2F and B3F indoor parking areas	492,662.4	164,220.8	66.67%	155.681
2024	Replacement of 1,200 units of T5-28W 4-foot fluorescent lamps in Dormitory 1 with LED T5-18W shelf lighting	147,168	94,608	35.71%	24.913
2025	Replacement and upgrade of the CH-1 chilled water plant in the Medical Building	844,026	306,131	63.73%	254.962

Note: The electricity emission factor is based on Taipower's 2024 value of 0.474 kg CO₂e per kWh.

E-Da Hospital's future energy management strategy will be based on a dual core of intelligence and renewable energy development. The Hospital will expand on-site solar photovoltaic installations and green power purchase agreements to increase the share of renewable energy usage. In terms of equipment energy-saving initiatives, the Hospital will promote intelligent air-conditioning load control systems and elevator energy regeneration systems to maximize operational efficiency. In addition, all lighting systems will be upgraded to high-efficiency energy-saving fixtures, and drinking water equipment with timer and temperature-based energy-saving functions will be fully implemented. By integrating all facility energy consumption data through an Energy Management System (EMS), the Hospital will achieve data-driven precision energy scheduling. Through a multi-pronged approach covering energy development, system monitoring, and terminal equipment optimization, E-Da Hospital aims to fully realize a low-carbon and sustainable green healthcare operation model.

In addition to equipment upgrades, E-Da Hospital also reduces energy consumption through medical service process optimization. For example, an intelligent operating room scheduling system has been introduced to dynamically adjust air conditioning and air exchange rates based on surgical type and timing. Without compromising infection control safety, [this system is expected to reduce non-operational energy consumption in operating areas by approximately 3% annually.](#)



5.4 Water Resource Management GRI 303-1、GRI 303-3、GRI 303-4、GRI 303-5

While delivering high-quality medical services, E-Da Hospital places strong emphasis on water resource management and implements the core principles of “efficient water use and clean discharge,” actively reducing the environmental impacts associated with healthcare operations.

5.4.1 Medical Water Risk and Resilience Management

Medical water supply is directly linked to patient safety and must not be interrupted. E-Da Hospital relies entirely on municipal tap water as its water source. In response to the risk of extreme drought associated with climate change, the Hospital has established a “Medical Water Supply Continuity and Resilience Plan.”

Medical Water Supply Resilience and Continuity Plan

Measures	Description	Outcome
Enhancing the stability of water supply within the medical campus	A backup water supply pipeline (also known as the secondary pipeline) has been constructed in cooperation with the municipal water utility.	• Maintain six water storage tanks with a total capacity of approximately 4,800 metric tons. • Ensure that the Hospital can maintain basic emergency medical operations for more than three days in the event of a complete water supply interruption.
Emergency response measures for drought and water scarcity	In recent years, climate change has led to increasingly extreme weather patterns. In the Kaohsiung region, both drought and heavy rainfall events may result in water supply interruptions or restrictions. Therefore, the Hospital has established a “Water Supply Interruption Emergency Response Procedure” to implement appropriate water restriction measures according to different scenarios.	• Number of water restriction measures implemented in 2025: 0 cases.
Installation of a centralized monitoring system	A centralized monitoring system in the control room is used to continuously monitor the inflow and storage levels of all water tanks. In the event of any abnormalities, alerts are immediately triggered and reported to 24-hour on-duty control room personnel for prompt response.	• Number of abnormal events in 2025: 0 cases.

5.4.2 Water Resource Input and Output Performance

In 2025, E-Da Hospital’s total water withdrawal (entirely municipal tap water) was 432.2 million liters (ML). In the post-pandemic period, through the implementation of water-saving equipment and the reuse of reclaimed water, total water consumption was controlled at 134 million liters (ML).

All water withdrawals are sourced from third-party water supply (tap water). All wastewater is discharged into the Jiaosu Branch of Dianbao River. Total water consumption is primarily attributed to evaporation and losses from air-conditioning cooling systems.

Water Resource Management Data (2023–2025)

Category	2023(ML)	2023 Water Carbon Emissions (tCO ₂ e)	2024(ML)	2024 Water Carbon Emissions (tCO ₂ e)	2025(ML)	2025 Water Carbon Emissions (tCO ₂ e)
Water Withdrawal	426.0	99.26	439.0	102.29	432.2	100.70
Wastewater Discharge	263.1	61.30	300.0	69.90	298.2	69.48
Water Consumption	162.9	37.96	139.0	32.39	134.0	31.22

Note: 1.Water withdrawal data is based on municipal water utility bills. 2.Wastewater discharge data is based on wastewater treatment plant operation records (actual effluent discharge volume). 3.Total water consumption = total water withdrawal – total wastewater discharge. 4.The carbon emission factor for tap water is based on the 2022 value of 0.233 kgCO₂e/kWh.

5.4.3 Compliance and Monitoring of Medical Wastewater

Hospital wastewater contains potential biological and chemical risks associated with medical activities and pharmaceutical substances. E-Da Hospital operates a dedicated on-site wastewater treatment plant, managed by trained personnel. All medical wastewater undergoes a stringent multi-stage treatment process, including physical pre-treatment, primary sedimentation, biological treatment, secondary sedimentation, sand filtration, activated carbon filtration, advanced oxidation processes, and chlorination disinfection. After meeting regulatory effluent standards, treated water is either reused as reclaimed water or discharged into the Jiǎosù Branch of the Dianbao River. During the reporting period, no effluent non-compliance incidents confirmed by competent authorities were recorded.

Effluent Water Quality Testing Results by Accredited Third-Party Service Provider (2025)

Temperature (°C)		pH		BOD (mg/L)		COD (mg/L)		SS(mg/L)		Escherichia coli CFU/100mL	
Regulations	Average Value	Regulations	Average Value	Regulations	Average Value	Regulations	Average Value	Regulations	Average Value	Regulations	Average Value
≤ 38° C (May–Sep.) ≤ 35° C (Oct.–Apr. of the following year)	8.5	6.0~9.0	7.6	30	8.7	100	3.7	30	1.6	2x10 ⁵	<10

Data source: “Environmental Monitoring Report of E-Da Medical Foundation Development Project.” Effluent water is tested quarterly by a certified qualified third-party contractor.

5.4.4 Water Conservation Measures: Reclaimed Water Recycling and Reuse

E-Da Hospital operates a dedicated on-site wastewater treatment plant (maximum capacity: 1,600 CMD) and has also established a reclaimed water recycling and reuse system. In 2025, the total treated effluent discharge volume was 418.3 million liters (ML), while the total reclaimed water reused amounted to 120.1 million liters (ML), resulting in a reuse rate of 28.7%. The reclaimed water is primarily used for toilet flushing in public restrooms and irrigation of landscaped green areas within the Hospital campus, thereby reducing the consumption of municipal tap water.

Reclaimed Water Recycling and Reuse Data (2023–2025)

Disclosure Item	Unit	2023	2024	2025	Trend
Total Water Volume at Discharge Point	ML	383.7	417.3	418.3	
Total Volume of Reclaimed Water Reused	ML	120.6	117.3	120.1	
Total Volume of Final Discharge	ML	263.1	300	298.2	
Water Reuse Rate	%	31.4	28.1	28.7	

Notes:

- 1.Data source for the volume of reclaimed water reused: Wastewater treatment plant operation log (volume of reclaimed water used).
- 2.Data source for the volume of final discharge: Wastewater treatment plant operation log (volume of discharged water).
- 3.Water volume at discharge point (temporary discharge water storage tank) = Volume of reclaimed water reused + Volume of final discharge.
- 4.Water reuse rate = (Volume of reclaimed water reused / Water volume at discharge point) x 100%.

5.5 Waste Management GRI 306-1、GRI 306-2、GRI 306-3、GRI 306-4、GRI 306-5、HC-DY-150a.1

E-Da Hospital has established a robust and systematic waste management system. Through standardized operating procedures, it ensures that all types of waste—from generation, collection, and transportation to final disposal—comply with regulatory requirements, while actively promoting waste valorization to minimize environmental impacts.

E-Da Hospital has identified packaging materials from medical device suppliers as a major source of waste within its value chain. Accordingly, green procurement requirements have been incorporated, and suppliers are encouraged to adopt recyclable packaging. Waste weight data are recorded in real time using smart electronic weighing systems within the Hospital and are reconciled monthly with the waste manifest data reported to the Ministry of Environment, ensuring data accuracy.

5.5.1 Excellence in Source Reduction

E-Da Hospital has established a comprehensive waste classification and collection system and fully implemented “color-coded labeling management” to reduce the risk of human error in classification decisions.

1 Visualized stream labeling:

Waste disposal pathways are clearly defined based on physical characteristics and biohazard levels. For example, specific colored containers are used to distinguish between “infectious waste,” “non-infectious waste,” and “hazardous industrial waste.”

2 Regulatory compliance assurance:

Through a dual-error-prevention mechanism combining color coding and visual icons, the Hospital ensures that all waste streams are correctly directed to downstream treatment processes in accordance with environmental regulations and infection control requirements, achieving 100% compliant disposal.

3 Management performance highlights:

E-Da Hospital has actively promoted waste reduction. The total hospital-wide waste volume decreased steadily from 1,508,785 kg in 2023 to 1,336,737 kg in 2025. Within two years, the Hospital achieved an absolute reduction of more than 172,000 kg, representing an overall reduction of 11.4%.

2023
1,508,785 KG



2025
1,336,737 KG



reduce
172,048 KG

Rate of decrease **11.4%** ↓

5.5.2 Optimization of Biomedical Waste Management

For biomedical waste (incineration), which represents the highest processing cost and environmental burden, E-Da Hospital has implemented infection control process optimization and strict classification audits. As a result, the treatment volume was significantly reduced from 324,535 kg to 281,527 kg, representing a 13.25% decrease. This reduction reflects the Hospital's success in lowering the demand for high-energy incineration processes, thereby reducing indirect atmospheric emissions associated with healthcare operations, and demonstrating an effective balance between infection control safety and environmental sustainability.

Total General and Biomedical Waste (2023–2025)

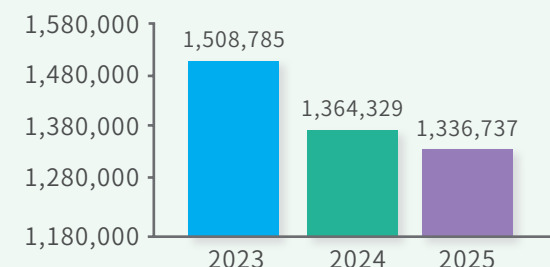
Unit: kg

Year	Total Volume	General Industrial Waste(Non-Hazardous)				Biomedical Waste (Hazardous)			
		Incineration		Recycling		Incineration		Recycling	
2023	1,508,785	1,099,220	72.85%	62,650	4.15%	324,535	21.51%	22,380	1.48%
2024	1,364,329	989,040	72.49%	57,980	4.25%	294,658	21.60%	22,651	1.66%
2025	1,336,737	991,290	74.16%	42,550	3.18%	281,527	21.06%	21,370	1.60%

Note: In 2025, due to the discontinuation of EverGreen PVC soft bags supply and the outbreak of African swine fever related to food waste used for swill feeding, E-Da Hospital shifted all relevant waste streams to incineration to avoid environmental risks and regulatory concerns. As a result, the volume of general industrial waste reused/recycled decreased.

Amid a significant overall reduction in total waste generation, the resource recycling rates of both general industrial waste and biomedical waste have nevertheless remained on a stable upward trend. E-Da Hospital has successfully transformed its waste management approach from a traditional “end-of-pipe disposal” model to a circular economy model.

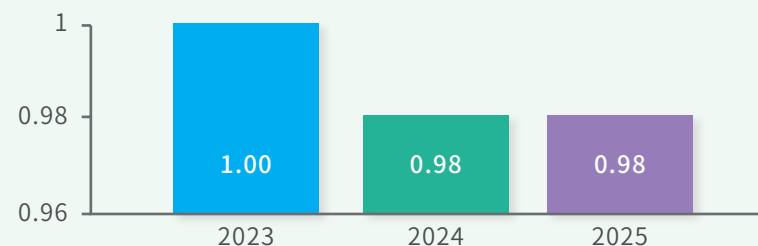
Total Annual Waste Volume (2023–2025)
Total Waste Volume (kg)



5.5.3 Waste Generation per Inpatient Bed-Day Ratio

E-Da Hospital uses the “biomedical waste generation per inpatient bed-day” ratio as a key indicator for measuring healthcare resource utilization efficiency. The data show that this indicator improved and remained stable, decreasing from 1.0 kg/bed-day in 2023 to 0.98 kg/bed-day (bed-day basis). (Formula: total biomedical waste / total inpatient bed-days)

Biomedical Waste Generation per Inpatient Bed-Day Ratio (2023–2025)
Daily Waste (kg)/ per bed-day



CHAPTER

05

Appendix

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SECTOR | APPENDIX 3: SUSTAINABILITY REPORT VERIFICATION STATEMENT | APPENDIX 4: GREENHOUSE GAS
VERIFICATION REPORT



Appendix 1

GRI Standards Indicator Index

GRI Standards	Disclosure Items		Corresponding Section	Page / Description
Statement of Use	E-Da Hospital of E-Da Healthcare Foundation has reported with reference to the GRI Standards for the period from January 1, 2025 to December 31, 2025.			
GRI 1 Foundation 2021	—	GRI Standards – Foundation, Reporting Principles, and Reporting Basis	About This Report	3
GRI 2 General Disclosures 2021				
The Organization and Its Reporting Practices	2-1	Organizational Details	1.1 About E-Da Hospital	29
	2-2	Entities Included in the Organization’ s Sustainability Reporting	About This Report	3
			1.1 About E-Da Hospital	29
	2-3	Reporting Period, Frequency, and Contact Point	About This Report	3
	2-4	Restatements of Information	About This Report	3
			No data restatements have been made in this report.	-
	2-5	External Assurance	About This Report	3
			Appendix 3: Sustainability Report Verification Statement	140
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	2-7	Employees	3.1 Employee Profile	76
	2-8	Workers Who Are Not Employees	3.1.2 Diversity, Inclusion, and Non-Employee Workforce	79
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GRI 2 General Disclosures 2021

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	2-11	Chair of the Highest Governance Body	1.2 Hospital Operations Management and Internal Control	35
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	2-13	Delegation of Responsibility for Managing Impact	Sustainability Governance Structure Mechanism	9
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			1.2.3 Supervisory Mechanism	37
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	2-16	Communication of Critical Concerns	Stakeholder Identification and Engagement	11
			1.2 Hospital Operations Management and Internal Control	35
	2-17	Collective Knowledge of the Highest Governance Body	Not applicable / Information unavailable or not fully disclosed	No relevant data available
	2-18	Evaluation of the Performance of the Highest Governance Body	1.2 Hospital Operations Management and Internal Control	35
2-19	Remuneration Policies	1.2 Hospital Operations Management and Internal Control	35	
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2-21	Annual Total Remuneration Ratio	3.3.1 Compensation Governance System	85	
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			Management of Material Topics	20
	2-24	Embedding Policy Commitments	Message from the Superintendent	5
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			1.3.1 Regulatory Compliance	41
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	3-2	List of Material Topics	Material Topic Identification Results	17
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GRI 201 Economic Performance	201-1	Direct Economic Value Generated and Distributed	1.5.1 Business Performance	53
			1.5.2 Financial Performance	54
	201-2	Financial Implications and Other Risks Due to Climate Change	5.1 Climate Change Risks and Opportunities	115
	201-3	Defined Benefit Plan Obligations and Other Retirement Plans	1.2.5 Compensation and Benefits Policy	39
	201-4	Financial Assistance Received From Government	1.5.1 Business Performance	53
GRI 202 Market Presence	202-1	Ratio of Standard Entry Level Wage By Gender To Local Minimum Wage	3.3.1 Compensation Governance System	85
	202-2	Proportion of Senior Management Hired From The Local Community	3.4.5 Localization Strategy for Senior Management	93
GRI 203 Indirect Economic Impacts	203-1	Infrastructure Investments and Services Supported	4.4 International Medical and Global Health Contributions	112
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			5.2.2 Greenhouse Gas Net-Zero Transition Roadmap	120
			5.3.1 Energy Efficiency Management Performance	122
GRI 306 Waste	306-1	Waste Generation and Significant Waste-related Impacts	5.5 Waste Management	125
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	403-2	Hazard Identification, Risk Assessment, and Incident Investigation	3.5.2 Risk Identification and All-Hazards Emergency Response Mechanisms	97
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	403-5	Worker Training on Occupational Health and Safety	3.5.3 Occupational Safety and Health Education and Training	99
			3.5.4 Emergency Response Drills and Operational Resilience	100
	403-6	Promotion of Worker Health	3.2.2 Employee Retention and Employee Care Initiatives	82
			3.3.2 Employee Benefits and Employee Care System	87
			3.5.6 Employee Health Promotion and a Safe Workplace	101
	403-7	Prevention and Mitigation of Occupational Health and Safety Impacts Directly Linked to Business Relationships	3.5.2 Risk Identification and All-Hazards Emergency Response Mechanisms	97
	403-8	Workers Covered by an Occupational Health and Safety Management System	3.5.1 Occupational Safety and Health Management Framework	94
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	403-10	Work-related Ill Health	3.5.6 Employee Health Promotion and a Safe Workplace	101
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	404-2	Programs for Upgrading Employee Skills and Transition Support Programs	3.4.2 Sustained High-Level Investment in Talent Development Resources	91
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	404-3	Percentage of Employees Receiving Regular Performance and Career Development Reviews	3.4.4 Performance Management and Career Development Mechanisms	92

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	405-2	Ratio of Basic Salary and Remuneration of Women to Men	3.3.1 Compensation Governance System	85
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			3.3.3 Integrated Employee Support Systems and Platforms	90
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GRI 410 Security Practices	410-1	Security Personnel Trained in Human Rights Policies or Procedures	3.1.2 Diversity, Inclusion, and Non-Employee Workforce	79
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			2.5.2 Patient Privacy	72

Appendix 2

SASB Index- Healthcare Delivery Sector

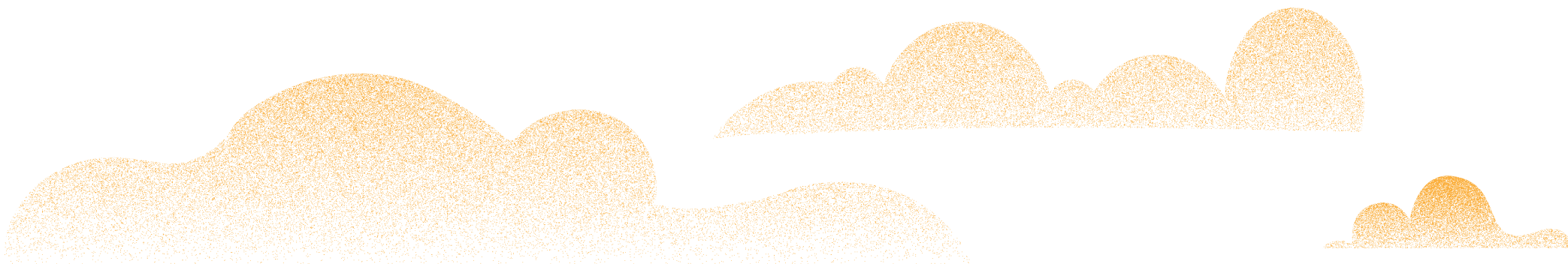
Code	Metric	2025 Status	Reference Section
Disclosure Topic: Energy Management			
HC-DY-130a.1	(1) Total Energy consumed (Unit: GJ)	123,408.85	5.3 Energy Management
	(2) Percentage Grid Electricity	88.41%	
	(3) Percentage Renewable	0%	
Disclosure Topic: Waste Management			
HC-DY-150a.1	Total amount of medical waste (Unit: Metric tons)	1,336.74	5.5 Waste Management
	(a) incinerated Percentage	95.22%	
	(b) recycled or treated Percentage	4.78%	
	(c) landfilled Percentage	0%	
HC-DY-150a.2	Total amount of hazardous pharmaceutical waste (Unit: metric tons)	302.90	
	(a) incinerated Percentage	92.94%	
	(b) recycled or treated Percentage	7.06%	
	(c) landfilled Percentage	0%	
	Total amount of non-hazardous pharmaceutical waste (Unit: metric tons)	1033.84	
	(a) incinerated Percentage	95.88%	
	(b) recycled or treated Percentage	4.12%	
	(c) landfilled Percentage	0%	

Code	Metric	2025 Status	Reference Section
Disclosure Topic: Patient Privacy and Electronic Health Records			
HC-DY-230 a.2	Description of policies and practices to secure customers' personal health data records and other personal data	In December 2025, E-Da Hospital obtained ISO/IEC 27701:2019 certification for its Privacy Information Management System (PIMS). The certification scope covers the management of personal data within systems such as the electronic medical record (EMR) system, the National Health Insurance cloud-based query system, and the Institutional Review Board (IRB) biobank system. This certification demonstrates that E-Da Hospital has achieved a mature level of patient privacy protection, medical data security, and cybersecurity governance, while continuing to enhance its performance in these areas. Through third-party verification and continuous audit mechanisms, the Hospital ensures that its information assets comply with international standards in terms of confidentiality, integrity, and availability.	2.5.2 Patient Privacy
HC-DY-230 a.3	(1) Number of data breaches	0	
	(2a) Percentage involving personal data only	0%	
	(2b) Percentage involving personal health data	0%	
	(3a) Number of customers affected in each category: personal data only	0	
	(3b) Number of customers affected in each category: personal health data	0	
HC-DY-230 a.4	Total amount of monetary losses as a result of legal proceedings associated with data security and privacy (Unit: TWD)	0	1.3.1 Regulatory Compliance 1.3.4 Information Security Protection
Disclosure Topic: Access for Low-Income Patients			
HC-DY-240 a.1	Discussion of strategy to manage the mix of patient insurance status	To address health inequities arising from the uneven distribution of medical resources, E-Da Hospital actively develops a healthcare support system focused on rural, offshore island, and Indigenous communities. Through the adoption of digital health services and cross-institutional collaboration, the Hospital enhances access to healthcare for underserved populations and fulfills its social responsibility as a tertiary medical center.	4.2 Healthcare Services for Rural and Medically Underserved Populations

Code	Metric	2025 Status	Reference Section
Disclosure Topic: Quality of Care & Patient Satisfaction			
HC-DY-250a.2	Number of serious reportable events	2 cases	-
HC-DY-250a.3	Hospital-acquired condition rates per hospital	For detailed information on all indicators, please refer to the main report.	2.3.3 Infection Prevention and Control
HC-DY-250a.6	Number of (1) unplanned and (2) total readmissions per hospital	The unplanned 14-day readmission rate for the same or related conditions in 2025 was 0.98% (263/26,799).	2.5.3 Tracking of Improvements Based on Patient Experience Survey Results
Disclosure Topic: Management of Controlled Substances			
HC-DY-260a.1	Description of policies and practices to manage the number of prescriptions issued for controlled substances	E-Da Hospital has established the “Controlled Substances Management Policy” and the “High-Alert Medication Management Policy” to govern the procurement, selection, prescribing, dispensing, storage, quality control, and use of controlled substances in compliance with applicable national regulations and internal policies. New drug applications are submitted by specialist attending physicians and are reviewed and approved by the Pharmacy and Therapeutics Committee, ensuring the safety, efficacy, and appropriate use of medications within the Hospital. The Controlled Substances Management Committee systematically oversees the management of Schedule I to Schedule IV controlled substances.	2.4.1 Management of Controlled Substances
Disclosure Topic: Pricing and Billing Transparency			
HC-DY-270a.1	Description of policies or initiatives to ensure that patients are adequately informed about price before undergoing a procedure	The completeness of consent forms for self-paid items (including medications, examinations/procedures, medical supplies, and ambulance services) is ensured. To provide patients with transparent fee information, relevant charges are disclosed on the official E-Da Hospital website, digital information platforms, and billing counters.	2.5.5 Pricing and Billing Transparency
HC-DY-270a.2	Discussion of how pricing information for services is made publicly available		
HC-DY-270a.3	Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) that these represent	Not applicable	-

Code	Metric	2025 Status	Reference Section
Disclosure Topic: Workforce Health & Safety			
HC-DY-320a.1	(1) Total recordable incident rate (TRIR) for direct employees (Unit: %)	4.16%	3.5.5 Occupational Accident Management and Performance Monitoring
	(2) Total recordable incident rate (TRIR) for contract employees (Unit: %)	0%	-
Disclosure Topic: Employee Recruitment, Development & Retention			
HC-DY-330a.1	Voluntary Turnover		3.2 Employee Care
	(1a) Voluntary turnover rate for physicians	1.30%	
	(1b) Voluntary turnover rate for non-physician health care practitioners	5.40%	
	(1c) Voluntary turnover rate for all other employees	6%	
	Involuntary Turnover		
	(1a) Involuntary turnover rate for physicians	0	
	(1b) Involuntary turnover rate for non-physician health care practitioners	0.06%	
	(1c) Involuntary turnover rate for all other employees	0	
HC-DY-330a.2	Description of talent recruitment and retention efforts for health care practitioners	E-Da Hospital is committed to the stability and long-term development of its healthcare workforce. In response to the labor-intensive nature and high staffing demands of the healthcare industry, the Hospital implements a range of employee retention and workforce well-being initiatives. Through institutionalized mechanisms such as retention bonus programs and long-service awards, together with optimized workforce allocation and employee mental health support systems, the Hospital adopts a systematic, people-centered workforce management framework to foster a stable and supportive working environment.	

Code	Metric	2025 Status	Reference Section
Disclosure Topic: Climate Change Impacts on Human Health & Infrastructure			
HC-DY-450a.1	(1) Description of policies and practices to address the physical risks because of an increased frequency and intensity of extreme weather events	E-Da Hospital has established a “Risk and Crisis Management Policy” and, in alignment with the Task Force on Climate-related Financial Disclosures (TCFD) framework, has integrated climate-related risk management into its institutional policies and operational practices to strengthen climate resilience and adaptive capacity.	5.1 Climate Change Risks and Opportunities
	(2) Description of policies and practices to address changes in the morbidity and mortality rates of illnesses and diseases associated with climate change		
	(3) Description of policies and practices to address emergency preparedness and response		
Disclosure Topic: Fraud & Unnecessary Procedures			
HC-DY-510a.1	Total amount of monetary losses as a result of legal proceedings associated with medical fraud (Unit: TWD)	None	1.3.1 Regulatory Compliance
Activity Metrics			
HC-DY-000.A	Number of (1) facilities and (2) beds, by type	Acute General Beds: 900 beds Psychiatric Acute General Beds: 30 beds Special Beds: 310 beds	1.1.2 Business Philosophy and Development Goals
HC-DY-000.B	Number of inpatient admissions	802516 Person-times	1.1.3 Business Development
	Number of outpatient visits	27803 Person-days	



Appendix 3

Sustainability Report Verification Statement



Appendix 4

Greenhouse Gas Verification Report



Report No. : (TH12-316 / Version 1)

Greenhouse Gas Verification Report Opinion

THGHG12316-00

Verification Scope: E-Da Healthcare Group – E-Da Hospital
No.1, Yida Road, Yanchao District, Kaohsiung City, Taiwan (R.O.C.)

Verification Criteria: ISO 14064-1 : 2018

Verification Objectives: According to ISO 14064-3:2019, AFNOR Asia Ltd. (AFNOR ASIA) confirms that the GHG statement (GHG inventory report) of the above-mentioned organization(s) is reported in accordance with the verification criteria agreed by both parties. AFNOR ASIA performs the verification with an objective and fair position and principle (relevant, complete, consistent, accurate, and transparent).

Data Period: From January 1, 2025 to December 31, 2025 (The data being viewed is historical in nature)

Verification Data:
 Direct GHG Emissions (Category 1): 1,445.9369 tCO₂e
 Energy Indirect GHG Emissions (Category 2): 11,737.9559 tCO₂e

Global Warming Potential (GWP): Refer to IPCC The 8th-assessment report 2021 Year

Statement Basis: This statement must be interpreted as a whole with the following.
 GHG Inventory Report (Version : 2 ; Date : March 20, 2026)
 GHG Inventory (Version : 2 ; Date : March 20, 2026)

Materiality: 5% (Category 1 and Category 2)

Type of Opinion: ☒ Unqualified ☐ Qualified (see the subsequent page) ☐ Disclaim the Issuance

Verification Conclusion: To confirm that the organization submits a GHG statement in accordance with the requirements of the verification criteria agreed by both parties, and fairly presents the GHG data and related information, which are consistent with the verification scope, objectives and criteria agreed by both parties.
 Declares that the reasonable assurance level of the inventory data is Category 1 and Category 2

Date of Issuance: April 19, 2026

APPROVED BY


 Dr. August Tsai
 Director for Certification
 ON BEHALF OF
 AFNOR ASIA

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Certificate

Certificat

Item of Content	GHG Emissions (tCO ₂ e)	Note
Direct Emissions, Scope 1	1,445.9369	
Indirect Emissions, Scope 2	11,737.9559	Location-based standard
Energy Indirect Emissions, Scope 2	NA	
Energy Indirect Emissions, Scope 2	NA	
Energy Indirect Emissions, Scope 2	NA	
Energy Indirect Emissions, Scope 2	NA	
Energy Indirect Emissions, Scope 2	NA	
Energy Indirect Emissions, Scope 2	NA	

Control
 (CO₂), Methane (CH₄), Nitrous oxide (N₂O), Hydrofluorocarbon (HFCs), Perfluorocarbon (PFCs), Sulfur Hexafluoride (SF₆), Nitrogen trifluoride (NF₃)

Understanding the status of greenhouse gas emissions and developing reduction strategies.
 The responsibility applies only to the purpose of the verification above and not to any other purpose.)

24 annual power factor announced by the Energy Ministry of Economic Affairs on April 14, 2025
 The data is collected from on-site operation activities. The emissions are calculated with estimated data. The data sources are:

Signature: Echon Chuang
 Signature: William Wang
 Signature: Lu Mu-Cheng

Methods and controls. Evidence collection procedures are conducted through interviews with site personnel, confirmation of emission data, evaluation of data management systems, verification of the reported GHG emissions and issues of the agreement referred to are properly applied.

Preparing and submitting a GHG statement in accordance with the planning, implementation and maintenance declarations, GHG inventory and GHG inventory reports.

Verification of the reported GHG emissions and issues of the agreement referred to are properly applied.

Version : 01

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