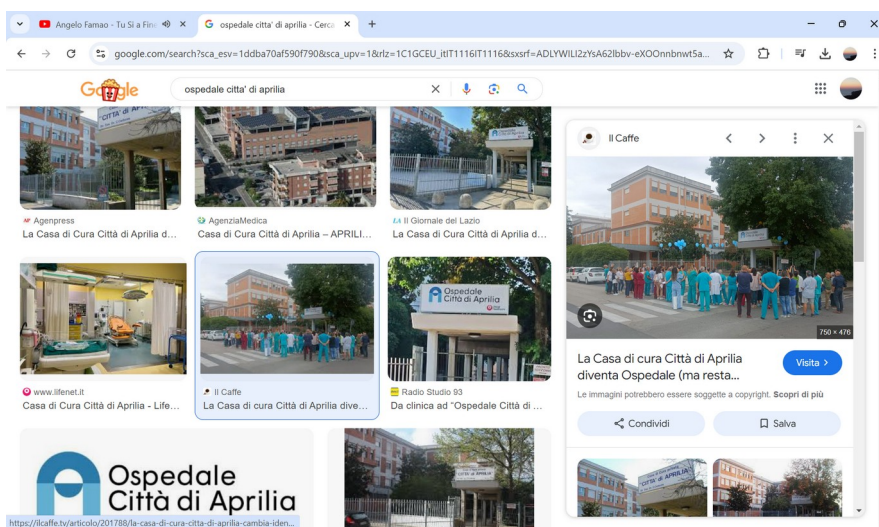


CHARTER OF SERVICES 2026

(FULL VERSION) — OSPEDALE CITTÀ DI APRILIA (O.D.A.)



OSPEDALE CITTÀ DI APRILIA (O.D.A.)

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Document revision history

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English translation of the Charter of Services 2026 (Rev. 4.1) of the Ospedale Città di Aprilia. In the event of any discrepancy, the Italian version prevails.

1. Premise

The Service Charter of the Ospedale Città di Aprilia is an information tool that represents the logic of integration between different communication channels; it is developed on the web page of the company portal, whose body consists of information brochures/area links with content that is constantly updated.

The Charter, as we know, is one of the means of guaranteeing the quality of health organisations and represents the information and communication tool that aims to encourage the broader participation of citizens and a subsequent evaluation of the work carried out. We have designed it to be dynamic and suitable to promote transparency, traceability and accessibility of the services offered and of the commitments that the Ospedale Città di Aprilia intends to guarantee. We hope to have achieved a tool that, despite its complexity, is simple and easy to consult. We ask you to indicate the areas for improvement by sending us an e-mail message to relazioni.pubblico@cdcaprilia.it, with the view that dialogue always enriches a relationship.

This Charter of Services is drawn up in accordance with the general reference framework for the Charter of public health services (Prime Ministerial Decree of 19 May 1995), with the Directive of the President of the Council of Ministers of 27 January 1994, with art. 14 of Legislative Decree 502/1992 and with the institutional accreditation requirements of the Lazio Region (DCA no. 469/2017 and subsequent amendments). It also incorporates the principles of the European Charter of Patients' Rights.

The Ospedale Città di Aprilia undertakes to update the Charter of Services at least annually, and in any case whenever significant organisational changes occur. The document is disseminated through the company website www.ospedalediaprilia.it, the Reception Office – URP and the Operating Units, and is made available in a full version and, in summary form, for quick consultation.

2. Ospedale Città di Aprilia

In 1960 Dr. Giovanni Sirri created the first nursing home in Aprilia. From its original location, in a building in Via dei Garofani 16, in 1964 it moved to its current location in Via delle Palme 25. In the following years the Emergency Department became operational and in 1980 the Obstetrics and Gynaecology department was opened. Over time, even after the death of its founder, thanks to the will of Mrs. Giulia Sirri, her son Alessandro and other collaborators, the structure continued to expand and modernise.

In 2005 a pavilion was completed housing the new operating theatres, the Emergency Room, Laboratory Medicine and an elevated helipad supporting the Emergency Department, for transfers to the HUBs (Santa Maria Goretti in Latina and San Camillo Forlanini) in emergencies. In 2018 the installation of a 1.5 tesla magnetic resonance imaging scanner was authorised, and subsequently contracted with a dedicated budget as from 2023.

In January 2023 the facility was purchased by the Lifenet Healthcare Group and in April the “nursing home” became a “Hospital”.

The health facility, definitively accredited/affiliated with the Regional Health Service (SSR) of Lazio, currently has more than 70 doctors and, overall, more than 300 people between employees and collaborators in the main disciplines, ensuring a 24-hour presence. It occupies an area of over 15,000 square metres and extends over 6 floors.

From an organisational point of view, the Ospedale Città di Aprilia is equipped with 6 acute care wards (Internal Medicine, Cardiology with UTIC, General Surgery, Orthopaedics and Traumatology, Obstetrics and Gynaecology, Neonatal Pathology), a post-acute ward (Long-term medical care, code 60), an Emergency Room (with over 38,000 accesses a year, which makes it the largest Emergency Department in Lazio in terms of number of accesses), the services of Laboratory Medicine, Diagnostic Imaging, Digestive Endoscopy, Physiokinesitherapy, a Dental Centre, and numerous specialist branches that provide services under the Conventional regime (with the expense borne by the SSR), under the Friendly Tariff regime (social tariffs to meet the needs of the population) and under the Solvency regime. All assistance and care services are affiliated with the private pension institutions Unisalute, Previmedical, Generali, Allianz, Sistemi Sanitari and Poste.

Our challenge is to become a Hospital with an Emergency Room on a human scale, efficient and effective, able to increasingly guarantee fair and transparent access to care and adequate health care and taking charge of the patient and his or her family; so much so that it becomes a centre of excellence and a national reference for the organisation of health and social care pathways (in collaboration with local institutions), for the technology adopted and for the humanisation of medicine, in order to build the hospital-territory integration advocated by Ministerial Decree 77/2022.

The Ospedale Città di Aprilia has been awarded the three “Bollini Rosa” (Pink Stickers) of the Onda Foundation, a recognition dedicated to facilities attentive to women’s health, and adheres to the UNICEF directives supporting breastfeeding and rooming-in, promoting contact between the newborn and the mother. These recognitions bear witness to the Hospital’s constant commitment to the quality and humanisation of care.

3. Vision, mission, values

The **strategic vision** is that of an organisation oriented to offer care and organisational processes that take into account the legitimate needs and expectations of citizens through appropriate services and that are aimed at obtaining a continuous improvement in the quality of care to meet increasingly complex needs, making use of the evolution of techniques and knowledge.

The overall action of the Ospedale Città di Aprilia is aimed at supporting and developing health promotion in the community through intersectoral action of the different components of civil society, the participation and involvement of people and of the community itself. The latter is not only the recipient of interventions, but is also a reality capable of expressing needs, developing proposals, selecting priorities for intervention and participating in the monitoring of results.

A solid foundation of **values** characterises the Company, as an organisation that operates in the field of social solidarity, assistance and long-term care, in the realisation of its mission to achieve “the highest attainable level of health”, identifiable with “one of the fundamental rights of every human being” (from the WHO Constitution). The Company is committed, without distinction of ethnicity, gender, age, social condition or economic possibilities, to making **universality, solidarity, equity of access, sustainability, quality, transparency, empowerment, gender equality, dignity** and the **right to participate in decision-making processes** the reference values for the organisation and financing of its own health and social health system through the resources assigned to it.

Mission, vision and **values** are the prerequisite for good healthcare, as the result of meticulous, constant and permanent work to verify and improve the system, projected in a “medium-to-long-term” perspective which is therefore dynamic, able to incorporate and implement the changes necessary to respond promptly to the evolution of demand and to the increasingly complex health needs of citizens, using knowledge and new technologies. The development and verification of the quality of health and social health interventions are also carried out through specific methods of supervision of the organisations providing services, which are part of the company’s commitments.

The Company also adopts the guidelines issued by the Lazio Region on quality monitoring and performance evaluation. Performance is evaluated according to a systemic vision that takes into account the main purposes of the system, the health problems of the population, the results both in terms of health and of factors not directly related to health, the services and benefits provided, and the internal organisation. Performance must also be validated on an economic-financial, social-health (state of health and social well-being) and organisational (service delivery) level.

Health protection is mandatory in the European Union; protecting citizens from health risks is therefore a strategic objective of the Company. This protection involves scientific risk assessment, preparedness and response to epidemics and bioterrorism, improved worker safety and action to combat accidents. The company’s risk management policies aim to guarantee the best safety conditions for each professional level, through a comfortable environment with

adequate infrastructures and resources to promote the continuous improvement of the quality level of health and social-health services.

The quality of care cannot be separated from the systematic adoption of strategies for the governance of “clinical risk” and for patient safety, so as to allow the various aspects of patient safety to be addressed and governed in an integrated manner, with the monitoring of adverse events, the issuance of guidelines, training strategies and support for the management of insurance and medical-legal aspects.

The **commitments** are:

- to guarantee the safety levels required by the regulations for environments, plants, equipment and devices;
- to promote and develop the culture of safety in all operators, in order to extend it to all operating procedures, encouraging the adoption of corrective behaviour;
- to develop a safety management system in order to integrate safety objectives into current management, define the responsibilities of each party, establish integrations and adopt rules for the management of the most critical aspects of prevention.

This Company also undertakes to implement effective company policies for risk management through the approval and use of two fundamental tools of a programmatic and organisational nature: the “Risk Assessment Document for the safety and health of workers” and the “Organisational Model for the management of patient safety”.

4. The Ospedale Città di Aprilia in figures

Outpatient activity

	2021	2022	2023	2024	2025
Diagnostic imaging	1,235,979	1,080,362	1,106,918	1,207,208	2,184,392
Laboratory medicine	693,200	673,506	820,986	750,545	800,940
Outpatient clinics	2,165,328	2,248,329	2,249,630	2,971,742	2,369,492
TOTAL	4,094,507	4,002,198	4,177,534	4,929,496	5,363,824

Ordinary inpatient stays

	2021	2022	2023	2024	2025
No. of admissions	3,559	3,221	3,325	4,305	3,921
Days of stay	21,363	21,927	22,293	23,191	24,194

Day stays

	2021	2022	2023	2024	2025
No. of admissions	167	155	191	224	214
Day hospital accesses	420	384	487	579	529

Nursery

	2021	2022	2023	2024	2025
No. of admissions	722	579	549	510	445
Days of stay	2,347	1,799	1,811	1,607	1,413

Emergency Department

	2021	2022	2023	2024	2025
ED accesses	29,101	30,219	33,796	36,702	35,530
% admitted	12.2%	10.7%	9.8%	11.7%	11.0%
No. discharged to an outpatient facility	–	–	–	1,527	2,778
% discharged to an outpatient facility	–	–	–	4.2%	7.8%

Beds

	2021	2022	2023	2024	2025
Total beds	143	143	143	143	143

5. Company organisation

The company organisation is set out below. The organisation by Areas represents the operational management model of company activities.

General Management — Director Dr. Gabriele Coppa

Medical Directorate — Director Dr. Danilo Palermo

Administrative Directorate — Director Dr. Alessia Petitti

Operations Directorate — Director Dr. Marco Ambrosini

5.1 – Clinical, Emergency and Urgency Area

Clinical, Emergency and Urgency Area — Director Dr. Vito Catalano

Emergency and Acceptance Unit — Medical Manager: Dr. Eugenio Di Palma; Coordinator: Mr. Antonio Vissicchio

Internal Medicine Unit — Medical Manager: Dr. Vito Catalano (acting); Coordinator: Ms. Veronica Sacconi

Cardiology/UTIC Unit — Medical Manager: Dr. Marco Giovagnoni; Coordinator: Ms. Silvia Mormandi

Long-term Medical Care Unit (code 60) — Medical Manager: Dr. Domenico Mele; Coordinator: Mr. Maurizio Palermo

5.2 – Surgical Area

General Surgery Unit — Medical Manager: Dr. Alessandro Manzini; Coordinator: Mr. Enrico Virgili

Orthopaedics and Traumatology Unit — Medical Manager: Dr. Alberto Di Gregorio; Coordinator: Mr. Sandro Palermo

Obstetrics and Gynaecology Unit — Medical Manager: Dr. Giovanni Testa; Coordinator: Ms. Anna D'Amato

Neonatal Pathology Unit — Medical Manager: Dr. Simonetta Picone; Coordinator: Ms. Giuseppina Marziali

5.3 – Services and Outpatient Platform Area

Outpatient Platform — Coordinator: Ms. Rosa Esposito

Anaesthesia and Resuscitation Unit — Medical Manager: Dr. Giuseppe Longo; Coordinator: Mr. Rocco Bianchi

Laboratory Medicine Unit — Medical Manager: Dr. Fabiana Maria Farina; Coordinator: Ms. Loriana Marinangeli

Diagnostic Imaging Unit — Medical Manager: Dr. Angelo Iannarelli; Coordinator: Mr. Amerigo Orsini

Digestive Endoscopy Unit — Medical Manager: Dr. Luigi De Santis

Physiokinesitherapy Unit — Medical Manager: Dr. Stefano Pescosolido; Coordinator: Ms. Ivana Felice

Dental Centre — Medical Manager: Dr. Alessandro Tosoni

Allergology Service — Dr. Pietro Del Greco

Cardiology Service (accredited) — Dr. Marco Giovagnoni

Haematology Service — Dr. Carlo Ciabatta

Surgery Service — Dr. Alessandro Manzini

Cosmetic Surgery Service — Dr. Valentina Mercurio

Ultrasound Service — Dr. Manfredi Grande

Echocardiography Service — Dr. Marco Giovagnoni

Echo-Doppler Service — Dr. Marco Giovagnoni

Electromyography Service — Dr. Marco Giovagnoni

Endocrinology Service — Dr. Claudio Caccamo

Cardiovascular Pathophysiology Service — Dr. Marco Giovagnoni

Obstetrics and Gynaecology Service — Dr. Giovanni Testa

Internal Medicine Service — Dr. Vito Catalano (acting)

Neurology Service — Dr. Domenico Mele

Ophthalmology Service — Dr. Walter Calcatelli

Oncology Service — Dr. Francesco Angelini

Orthopaedics Service — Dr. Alberto Di Gregorio

Otorhinolaryngology Service — Dr. Alberto Delfini

Pneumology Service — Dr. Pietro Del Greco

Urology Service — Dr. Roberto Giulianelli

6. Prevention and health promotion

6.1 - Alcohol

Alcohol is a toxic substance and is one of the main health risk factors. Its consumption – which causes damage to the drinker, families and the social context – is responsible for over 200 diseases, including numerous types of cancer. It is not possible to identify recommended or “safe” amounts of alcohol consumption per individual; it is more appropriate to speak of low-risk consumption.

6.2 – Tobacco smoke

Tobacco smoking in our country remains the main cause of preventable morbidity and mortality, with a declining prevalence of smokers, but with worrying data relating to consumption among young people, the reduction in the percentage of those who try to quit and the appearance on the market of new nicotine-based products harmful to health.

6.3 – Gambling

Gambling disorder is classified in DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) as “persistent or recurrent gambling-related behaviour that leads to clinically significant distress or impairment”. This disease has experienced exponential growth in recent years, due to the concurrence of several factors, such as the economic crisis and the enormous expansion of the gambling offer. The dramatic consequences of this phenomenon, such as the high social and family costs it causes, make it a public health issue with a strong impact on the community and social sphere.

6.4 – Internet addiction

Internet addiction, better known in the psychiatric literature as Internet Addiction Disorder (IAD), is an impulse control disorder. It includes Gaming disorder which, in 2018, was included by the WHO among the disorders due to addictive behaviours in the International Classification of Diseases (ICD-11). Internet addiction determines a total absorption of the time of the subjects concerned, who spend entire days and nights on the Net, compromising all activities of family, work and social life. It may also present withdrawal syndrome characterised by mental and/or physical malaise with psychomotor agitation, anxiety and obsessive thinking.

6.5 – Nutrition

Eating a correct and balanced diet helps prevent and treat certain pathological conditions such as obesity, hypertension, cardiovascular diseases, type II diabetes and certain types of cancer. Proper nutrition is in fact decisive for healthy physical development starting from the prenatal period and then during the subsequent stages of life.

6.6 – Breastfeeding

Breastfeeding is the normal way of feeding babies, boys and girls and has a decisive effect on individual and collective health. It represents a paradigm of health promotion, as its prerogative is the activation of people’s resources: mother, father, boys and girls, as well as professionals and institutional actors who play a decisive role throughout the birth process and the first years of life. Breastfeeding support concerns society as a whole: protection from interference, harmonisation of life and work times, and the promotion of a favourable culture.

6.7 – Physical activity

Regular physical activity promotes a healthy lifestyle and is a valid ally of psychophysical well-being: at any age, regular physical exercise, even moderate, has many beneficial effects on the body, proving to be an important tool for prevention and therapy for many diseases. However, a

sedentary lifestyle is becoming a public health problem, with a high burden of disease and related social costs. Promoting physical activity is therefore a priority public health action.

6.8 – Living and working contexts

To be effective, health promotion and disease prevention interventions require participation and collaboration at different levels of the social community: individual, collective and institutional. Health is in fact built in the environments that people experience on a daily basis, i.e. workplaces, schools, the health context and communities. Interventions must therefore also consider a change at the level of contexts, both from a regulatory point of view (such as incentives and awareness-raising policies) and from a structural point of view (such as the organisation of adequate spaces), to activate those changes that contribute to the well-being of citizens.

6.9 – Obesity

As risk factors for several chronic diseases, being overweight and obesity are among the biggest public health problems globally. Excess weight is characterised by an excessive accumulation of body fat due to an imbalance between calories taken in and consumed, often due to poor eating habits and low physical activity. For this reason, when obesity does not depend on a pathological condition, it can be prevented by adopting healthy lifestyles.

6.10 – Lifestyles

Lifestyles are the main protective factor or, conversely, the main modifiable risk factor with respect to the construction of one's well-being and the onset of chronic diseases, today in first place among diseases in terms of impact on mortality and health expenditure. Disease prevention and health promotion are therefore achieved not only through intersectoral policies and strategies but also through actions aimed directly at the population (in different age groups) in order to promote healthy lifestyle habits, first of all: healthy eating, physical activity and combating smoking and alcohol consumption. # 7. Commitments of the Ospedale Città di Aprilia

7.1 – Reception

The ODA, recognising as foundational this all-encompassing value of multiple aspects linked to the concept of hospitality, undertakes to place the person, the person in need of care and his or her family at the centre of its activities, creating a welcome that takes into account its physical, psychological and emotional components. This involves careful monitoring and control both of the environment as a whole and of the behaviour of those who welcome, who must communicate consistency with the hospital's mission. A specific commitment is dedicated to the promotion of the "culture of living", understood both as awareness of the hospital as a common good and in the recognition of the "educational environment" as a determining factor in the behaviour of the people who live in the hospital. Consequently, maintaining the efficiency and decorum of the structure translates into a message of respect for the person who enters to use the health services. A careful training action in explaining the transition from the concept of maintenance to concrete upkeep is part of the innovative commitments to spread the aforementioned culture of living.

7.2 – Equitable access to assistance and care

The ODA undertakes to provide services without distinction of age, sex, race, language, religion, or economic and social conditions to all those who request its services. The behaviour of operators towards users must be inspired by criteria of objectivity, justice and impartiality.

7.3 – Gender approach

The National Prevention Plan 2020-2025 also pursues the gender approach as a change of perspective and culture, so that the assessment of biological, environmental and social variables, on which differences in health status between the sexes may depend, becomes an ordinary practice in order to improve the appropriateness of prevention interventions and contribute to strengthening the “centrality of the person”. The gender dimension therefore consists of an approach to be envisaged and supported in every area and sector, to avoid stereotypes and define strategies aimed at avoiding inequalities.

7.4 – Appropriateness of care

The ODA ensures that services comply with the clinical indications for which effectiveness has been demonstrated and, at the same time, guarantees that treatments are provided at the most appropriate time and in the most appropriate manner. It also undertakes to define management and treatment pathways, where it does not directly have the clinical expertise, with public and affiliated private hospitals, in order to guarantee streamlined paths and reduce the current bureaucratic timelines that delay effective taking charge.

7.5 – Quality

In order to guarantee its patients adequate quality standards of the services rendered, the ODA has been committed for years to the application of regulatory standards; procedures are under way to obtain quality certification according to the UNI EN ISO 9001:2015 standard. It is therefore ODA's constant commitment to systematically and constantly govern and monitor its processes and the services provided, and to analyse the organisational models implemented and the internal information flows, with the ultimate goal of the satisfaction of its users.

7.6 – Comfort

In the field of innovation of hotel services, the ODA is committed to promoting interaction between the latter and healthcare activities through market research relating to the latest devices that can combine the optimal level of hospital comfort with that of ergonomics. The correct application of the principles related to ergonomics is structurally monitored for both citizens and operators, with particular attention to aspects related to people's autonomy, engaging with in-depth, suitable training actions for both patients and operators with regard to the tools made available.

7.7 – Safety and protection

The Strategic Management of the ODA has always been committed to a policy aimed at the safety and protection of patients and operators working in the Hospital, through the punctual

activity of the Prevention and Protection Service, Clinical Engineering, Reception and Protection, Quality and Training Processes, as well as the Clinical Risk Management service.

7.8 – Confidentiality and privacy

The ODA guarantees citizens, in accordance with current legislation, the right to confidentiality in the processing of data (GDPR 2016/679), with special regard to sensitive data, and requires the strictest observance of this by its operators and in relations with external bodies that, for various reasons, operate within the Ospedale Città di Aprilia. For information on the management and protection of privacy in the facility, you can write to the e-mail address dpo@cdcaprilia.it.

7.9 – Continuity of care

The ODA is committed to ensuring that the provision of health services is continuous, regular and uninterrupted. The Hospital is continuously committed to adopting measures aimed at causing the least possible inconvenience to citizens, even in cases of contingent operational difficulties in the provision of services, in a process logic of continuous improvement.

7.10 – Transparency, evaluation and merit

The ODA guarantees maximum transparency in administrative action by implementing choices aimed at simplifying procedures and language in order to allow citizens maximum usability of services. In line with the most recent national regulations, transparency has increasingly taken on a meaning aimed at clarity in management; informing citizens about the work of the organisation is increasingly becoming a guarantee of legality. The measurement and evaluation of performance are aimed at improving the quality of the services offered by the organisation, as well as at the growth of professional skills; the enhancement of merit and the payment of rewards for the results pursued by individuals and organisational units become essential tools in a framework of equal opportunities for rights and duties, transparency of results and resources used to pursue them.

7.11 – Simplification and accessibility

The need for simplification is satisfied by the integrated use of all available tools and by the use of simple and clear language that aims to ensure maximum publicity of activities, acts and internal managers, also with a view to complete and total accountability of operators. The implementation of the principle of simplification, of language and of procedures, guides the choices of the Ospedale Città di Aprilia also in the use of the company internet portal.

7.12 – Reports of inefficiencies

The ODA provides its users with two ways of reporting inefficiencies or critical issues encountered: the first through a direct meeting with the responsible staff (doctors and/or nursing coordinators) during the interview time with relatives; the second through the use of a special reporting form.

The form is available at each Operating Unit (O.U.) and in the hall of the facility upon request to the operators. Staff are trained to inform interested parties on how to complete and manage

reports. Users are invited to use the form provided to report any inefficiencies, which will be carefully examined by the staff of the Health Directorate. Depending on the type of report, the Department/Service or the Management will arrange, if necessary, an appointment within the following 72 hours with the person concerned, to investigate the matter further and start any preliminary analysis.

At the end of the process, interested parties will be informed of the improvement actions taken and of any measures adopted. All reports received will be collected and processed in order to study strategies and actions for continuous improvement of the services offered, based on a careful assessment of critical issues. For the submission of formal complaints and for the forms of protection, please refer to paragraph 13.5.

7.13 - Participation and protection of citizens

The ODA identifies the principle of participation as an irreplaceable element for guidance and management by citizens and their associations, as well as by voluntary organisations and, therefore, favours and guarantees it. To this end, in harmony with the principles of transparency and participation referred to in Law no. 241/1990, as supplemented by Law no. 69/2009, and reaffirmed with the Directive of the Presidency of the Council of Ministers of 27 January 1994, it undertakes to activate a system of initiatives aimed at benefiting citizens. In accordance with the provisions on participation of paragraph 7, art. 14 of Legislative Decree no. 502/1992 and subsequent amendments and additions, it undertakes to encourage the presence of, and collaboration within its organisational structure with, the world of associations and volunteering. It promotes, in synergy with them, awareness-raising and support activities for information campaigns, in particular in the field of blood and organ donation and prevention, and operational projects that promote the adaptation of health facilities and services to the needs of citizens. It is also committed to improving services by listening to and systematically surveying citizens' /users' satisfaction with health and non-health services (customer satisfaction tools).

As part of the participation processes, the presence of a delegation of the **Tribunal for Patients' Rights of Aprilia (TDM) – Cittadinanzattiva** at the Ospedale Città di Aprilia is a source of pride. Those who need to meet the representatives of the Association can go directly to the facility at the times indicated. The Tribunal for Patients' Rights is an initiative born in 1980 to protect the rights of citizens in the field of health and welfare services and to contribute to a more humane and rational organisation of the Health Service. The Tribunal is made up of ordinary citizens, but also of service operators and professionals, who commit themselves on a voluntary basis. The TDM has a corner in the hospital hall on Mondays, Wednesdays and Fridays from 10:00 to 12:00.

7.14 - Information for the citizen

The ODA intends to promote communication strategies in order to make citizens' right to information concrete, adopting clear language that, by translating clinical specificities, is able to achieve a real approach to the citizen; this policy can also be seen in the care and constant updating of its website www.ospedalediaprilia.it.

7.15 – Accessibility and inclusion

The Ospedale Città di Aprilia is committed to guaranteeing the accessibility of its services to all people, including those with motor, sensory or cognitive disabilities. The facility, arranged over six floors, is served by lifts and internal routes that ensure the removal of architectural barriers; signage is designed to facilitate users' orientation.

For foreign citizens and for people with communication difficulties, the Hospital promotes the activation of linguistic and cultural mediation services and the preparation of easy-to-understand information material. On request, and compatibly with clinical needs, the necessary support is ensured for people with sensory disabilities. The Reception Office – URP is the point of reference for reporting specific accessibility needs.

7.16 – Humanisation, pain therapy and safety of care

In accordance with Law 38/2010, the Ospedale Città di Aprilia promotes the control and management of pain at all stages of care, providing for the measurement and recording of pain in the clinical documentation and the adoption of adequate therapeutic protocols.

Informed consent is obtained in compliance with Law 219/2017, which governs informed consent and advance treatment directives (DAT): the patient is guaranteed complete and comprehensible information for a free and conscious choice.

The safety of care, a constitutive part of the right to health pursuant to Law 24/2017, is pursued through the Prevention and Protection Service, Clinical Engineering, the Clinical Risk Management function and the Claims Evaluation Committee (CVS), with systematic activities of identification, analysis and prevention of adverse events.

7.17 – Quality standards: factors, indicators and standards

In implementation of the national reference framework and of the regional accreditation requirements, the Ospedale Città di Aprilia identifies the quality factors of its services and, for each of them, defines measurable indicators and the corresponding standards to which it commits. The standards are monitored periodically and reviewed with a view to continuous improvement. The table below sets out the main measurable commitments; the values indicated constitute the reference standard, calibrated on the regional legislation in force and on the characteristics of the facility.

Quality factor	Indicator	Reference standard	Data source
Reception and access	Maximum waiting time at Emergency Department triage by priority code	Code 1: immediate access; Code 2: ≤ 15 min; Code 3: ≤ 60 min; Code 4: ≤ 120 min; Code 5: ≤ 240 min	ED information system – Gpse Web
Outpatient timeliness	Services provided within the times of the priority class (U	≥ 90%	CUP / ReCUP / SIAS flows

Quality factor	Indicator	Reference standard	Data source
	≤ 72 h; B ≤ 10 days; D ≤ 30 days for visits / ≤ 60 days for diagnostics; P ≤ 120 days)		
Admission timeliness	Scheduled admissions performed within the times of the priority class (A ≤ 30 days; B ≤ 60 days; C ≤ 180 days; D ≤ 365 days)	≥ 90%	Admission waiting lists
Communication	Delivery time of laboratory (routine) and diagnostic imaging reports	≤ 3 working days (company standard)	Laboratory Medicine / Diagnostic Imaging
Continuity	Discharge letter given to the patient at discharge	100%	Medical Directorate
Humanisation	Pain assessment documented in the clinical record	100% (obligation under Law 38/2010)	Clinical record audit
Protection	Complaints with written reply within 30 days	100% (Prime Ministerial Decree 19/5/1995)	Reception Office – URP
Satisfaction	Overall positive judgement of users	≥ 85% (company objective)	Annual customer satisfaction survey
Safety of care	Clinical risk audits and events/near misses analysed per year	≥ value planned in the PARM	Risk Management / CVS

The results of indicator monitoring are used to define improvement actions, and a periodic summary is made available to users.

The values relating to waiting times (triage, outpatient services and admissions) and to complaints derive from the national and regional standards in force (national guidelines on in-hospital triage; National Plan for the Governance of Waiting Lists and its adoption by the Lazio Region; Prime Ministerial Decree of 19 May 1995); the remaining values constitute company objectives subject to periodic review.

7.18 – Ethics, integrity and prevention of corruption

The Ospedale Città di Aprilia operates in compliance with the principles of legality, integrity and transparency. The facility has adopted a Code of Ethics and an organisation, management and control Model pursuant to Legislative Decree 231/2001, aimed at preventing the commission of offences in the exercise of company activity; its application is supervised by the Supervisory Body.

In implementation of Legislative Decree 24/2023, the Hospital has activated a reporting channel (whistleblowing) that allows staff and collaborators to report, in conditions of confidentiality and with protection of the reporting person, any violations of which they become aware. The methods of access to the channel are made known through the company website and internal documentation.

8. Rights and duties of patients/relatives – Charter for children and adolescents

Below are some basic rules of civic order useful for good social coexistence: **RIGHTS and DUTIES** that everyone has and that we are all required to respect.

The following are **RIGHTS**:

- to be assisted and cared for with care and attention, respecting human dignity and personal beliefs, without any discrimination of age, sex, race, language, social condition, religion or publicly expressed opinions;
- to always be identified by their name and surname, and to be addressed with the formal pronoun “Lei”;
- to obtain from the health facility information relating to the services provided and the methods of access;
- to be able to immediately identify the medical and health personnel providing treatment;
- to obtain complete and comprehensible information about the diagnosis of the disease, the proposed therapy and its prognosis;
- in particular, except in cases of urgency in which delay may entail a danger to health, the patient has the right to receive information that allows him or her to express effectively informed consent before being subjected to therapies or interventions. The same information must also concern possible risks or discomfort resulting from the treatment. If the healthcare professional deems it inappropriate to give the patient information relating to his or her state of health directly, the same must be provided to his or her family members, unless expressly denied by the patient;
- to be informed about the possibilities of alternative investigations and treatments. If the patient is unable to decide autonomously, the same information must be provided to family members;
- to obtain that the data relating to his or her illness and any other circumstance concerning him or her remain confidential;
- to receive adequate pain assessment and management;

- to make complaints, which must be promptly examined, and to be informed of their outcome.

The following are among the **DUTIES**:

- patients are invited to behave responsibly at all times, respecting and understanding the rights of other patients, and to collaborate with healthcare staff;
- access to the hospital expresses, on the part of the patient, a relationship of trust towards healthcare staff, an indispensable prerequisite for setting up a correct therapeutic and care programme;
- to inform healthcare professionals of their intention to renounce, according to their will, scheduled treatments, so that waste of time and resources can be avoided;
- it is the duty of every citizen who has booked visits, examinations and other health services to attend the clinic on the day of the appointment, after regularising the payment of the ticket; if unable to attend, they are required to cancel the reservation as soon as possible in order to make the service available again, allowing other citizens to use it and reducing waiting lists;
- patients are required to respect the environments, equipment and furnishings found within the hospital structure, considering them the property of all and therefore also their own;
- anyone in the health facility is required to comply with the timetables and rules in order to allow normal care and therapeutic activity to be carried out and to promote the peace and rest of other patients. It should also be remembered that, for hygiene and health reasons and out of respect for the other patients in the same room, it is essential to avoid crowding;
- smoking, even passively inhaled, is harmful to health and can disturb patients. Therefore, smoking is not permitted in any hospital premises.

The 14 rights of the European Charter of Patients' Rights

The Ospedale Città di Aprilia adopts as its own the fourteen rights enshrined in the European Charter of Patients' Rights (Rome, 2002), which supplement and reinforce the rights listed above:

1. **Right to preventive measures:** to receive appropriate services in order to prevent illness.
2. **Right of access:** to access health services according to health needs, without discrimination.
3. **Right to information:** to receive all information about one's state of health and the services available.
4. **Right to consent:** to express free and informed consent before any treatment or examination.
5. **Right to free choice:** to freely choose between procedures and providers on the basis of adequate information.
6. **Right to privacy and confidentiality:** to the confidentiality of personal data and information, including clinical data.

7. **Right to respect of patients' time:** to receive care within a swift and predetermined period of time.
8. **Right to the observance of quality standards:** to receive services in compliance with defined quality standards.
9. **Right to safety:** not to suffer harm caused by the poor functioning of services or by errors.
10. **Right to innovation:** to access innovative procedures in accordance with international standards.
11. **Right to avoid unnecessary suffering and pain:** at each phase of the illness.
12. **Right to personalised treatment:** to diagnostic and therapeutic programmes adapted to one's own needs.
13. **Right to complain:** to complain whenever harm is suffered and to receive a response.
14. **Right to compensation:** to receive fair compensation, within a reasonably short time, for harm suffered.

Charter of the Rights of Children and Adolescents

The document is inspired by the International Convention on the Rights of the Child of 1989 and the EACH Charter drawn up in 1988, adapting it to the Italian situation. The Ospedale Città di Aprilia has joined this initiative by promoting an awareness campaign, also through the support of volunteers.

Children and adolescents have the right:

- to always have the best quality of care, possibly at home or in the clinic and, if there are no valid alternatives, in hospital. To this end, they are guaranteed global assistance through the construction of an organisational network that integrates hospital and local services, with the involvement of family paediatricians;
- to have their parents or a substitute suitable for the task and to their liking (grandparents, adult siblings, etc.) at all times (day, night, examinations, etc.), always respecting the good performance of the ward;
- to be admitted to paediatric wards and never to adult wards, possibly grouped by homogeneous age groups so that the different needs of a child or adolescent can be duly taken into account;
- to have at their disposal specialised figures capable of creating a care network that responds to their and their family's physical, emotional and psychological needs;
- to have daily opportunities for play, recreation and study, suitable for their age, sex, culture and health conditions, in an adequately structured and furnished environment, and to be assisted by people specifically trained to welcome and care for them;
- to continuity of paediatric care by the multidisciplinary team 24 hours a day, in both inpatient and emergency departments;
- to be treated with tact and understanding and with respect for their privacy. Children and adolescents are guaranteed the right to privacy and protection from physical exposure and humiliating situations, in relation to their age, culture and religious beliefs and those of their family;

- together with their parents, to be informed about the diagnosis and adequately involved in decisions relating to therapies. Information to children and adolescents, especially when it concerns invasive diagnostic investigations, is provided in the presence of a parent and in a manner appropriate to their age, ability to understand and sensitivity shown;
- in the necessary diagnostic and therapeutic activity, that all practices aimed at minimising the pain and psychophysical stress of children and adolescents and the suffering of their families are adopted;
- to have a hospital that offers facilities to the parents of hospitalised children and adolescents, helping and encouraging them, if this is compatible with their family needs, to stay in hospital. In addition, in order to be able to adequately care for their child, parents are informed about the diagnosis, the organisation of the ward and the therapeutic pathways in place. # 9. Guide to hospital services

9.1 – Inpatient and care service offer

Admissions / Pre-hospitalisation

All patients admitted to hospital, both from the emergency/urgency area and elective/planned, are accepted exclusively at the Reception and Pre-hospitalisation Service (SAP). The operators take care of:

- proceeding with administrative acceptance by reading the health card;
- assessing the degree of care complexity of patients;
- assessing social conditions (social record);
- managing the hotel and computerised structure of the beds, with supervision of the assignment of the bed, which is the responsibility of the inpatient Unit.

In exceptional cases, i.e. during the hours when the S.A.P. is not active, the acceptance of patients coming from the emergency area alone is carried out directly by the ED as per the current procedure; the admission/acceptance of the patient in the procedure and the subsequent care evaluation are the responsibility of the accepting Operating Unit.

In the 90 days prior to admissions in the ordinary elective, day hospital/day surgery, week surgery and long surgery regimes, patients are contacted by the Centralised Admissions Office in order to undergo medical examinations and pre-operative diagnostic tests (blood tests, ECG, chest X-ray, anaesthesiological examination, etc.).

The **priority classes for scheduled admission** are:

- class “A” – admission within 30 days;
- class “B” – admission within 60 days;
- class “C” – admission within 180 days;
- class “D” – admission without a defined maximum wait and in any case no longer than 12 months.

All services are performed within the admission pathway and therefore free of charge, without payment of the ticket. At the end of the pathway, the anaesthetist will assess the suitability for

the scheduled surgery and the person concerned will be given a sheet containing the personalised indications to follow in view of the admission.

Urgent admission

The response to health emergencies is ensured by the Emergency Room, which can be accessed through the intervention of the 118 ambulances (Emergency Service active 24 hours a day) or through direct/independent access.

The Emergency Department is able to guarantee acceptance, observation and resuscitation services 24 hours a day and, at the same time, to ensure urgent blood chemistry and diagnostic tests, as well as specialist consultations, given the 24-hour presence of specialists from different branches.

Access to emergency services is regulated by the “triage” system, which consists of assigning a “colour code” based on the urgency and severity of the condition:

- **Red Code** (interruption or impairment of one or more vital functions) – **Emergency**
- **Orange Code** (risk of impairment of vital functions; condition with evolutionary risk or severe pain) – **Urgency**
- **Light Blue Code** (stable condition without evolutionary risk, with suffering and impact on the general state, usually requiring complex services) – **Deferrable urgency**
- **Green Code** (stable condition without evolutionary risk, usually requiring simple single-specialty therapeutic services) – **Minor urgency**
- **White Code** (non-urgent problem of minimal clinical relevance) – **Non-urgency**

In order to allow an appropriate use of Emergency Room services in favour of people presenting urgent/emergency conditions, it is important to know that **the ED is not the right facility for:**

- investigating clinical aspects that are not urgent or that are chronic;
- avoiding waiting lists for non-urgent specialist visits;
- writing prescriptions;
- obtaining other medical opinions;
- convenience, habit, or distrust in non-hospital medicine;
- avoiding payment of the ticket.

For the correct use of the ED service: in the presence of a non-urgent problem, contact the Family Doctor or the Paediatrician of free choice; during the hours when family doctors and paediatricians of free choice are not available, you can contact the Medical Guard, now called the Continuity of Care Service, which guarantees health care for situations of an urgent nature to all users present in the regional territory (residents and non-residents). It is brought to the attention of citizens that Law no. 296 of 27/12/2006 (2007 Finance Law) introduced a basic ticket for non-urgent emergency services (White Codes).

The conditions that exclude the patient from paying the ticket are (useful website: www.ares118.it):

- age under 14 years;

- acute trauma or poisoning;
- exemptions from payment of the ticket.

The Emergency Department (ED) is a facility dedicated to the care of patients with urgent conditions, i.e. patients affected by a pathology requiring health intervention that cannot be deferred. Since November 2019 the ODA has adopted the new regional hospital triage system, with the transition from the usual 4 colour codes (red, yellow, green and white) to the new 5-number code (which can be associated with a colour) to identify the patient's priority for access to care and the consequent waiting times.

On presenting at the ED reception, an experienced nurse (triage nurse) carries out the first identification operations, performs an initial assessment of the symptoms and assigns the priority code (triage). The priority codes, each identified by a colour-number, correspond to as many levels of priority and are aimed at assisting the patient not on the basis of order of arrival but on the priority of the problem, giving precedence to patients in more serious clinical conditions.

In order to optimise waiting times and better manage the overcrowding of the ED, the ODA has developed dedicated pathways for patients presenting well-defined symptoms (chest pain, epigastric pain, etc.), with the aim of significantly reducing the waiting times related to the response of instrumental tests and enabling the ED doctor to assess the patient's clinical status.

This organisational model allows the patient presenting a minor condition with clear single-specialty relevance, to whom a code 4 or 5 is assigned at triage, to be sent directly to the specialist doctor for taking charge.

Assistance in the ED is guaranteed to everyone regardless of age and nationality. Recourse to the ED is indicated in all cases of urgent problems that cannot be resolved by the General Practitioner, the Paediatrician of free choice or the Continuity of Care service (formerly the Medical Guard).

Access to the ED can be either by your own vehicle or by ambulance, by calling the single emergency number (NUE) 112. The aim is to provide an appropriate response in emergency/urgency situations by means of rescue with adequate means, available and closest to the place of the call.

Although not essential to access emergency care, it is advisable to bring with you whenever possible:

- identification document, tax code and/or health card;
- available health documentation with a list of the drug therapy being taken at home.

Each patient, after triage, can check his or her position through a numerical code assigned at the reception and also used for the call, in total respect of privacy.

Following the ED service, the doctor may:

- establish/confirm the indication for admission;
- transfer the patient, with protected transport, to another location in the event of impossibility to proceed with admission, due to lack of a bed or because the clinical case

requires the use of professional resources and/or specialised techniques that are not available;

- send the patient home with the information necessary for the continuation of treatment and/or any subsequent checks;
- keep the patient under temporary observation at the Brief Intensive Observation service (OBI), which has 6 beds, in order to complete the diagnostic-therapeutic process.

In addition to the Emergency Room and the OBI, the Emergency Area also includes the Cardiac Intensive Care Unit (UTIC), with 4 beds.

Ordinary admission

Ordinary admission is scheduled, also called elective, and provides for inclusion on the Waiting List: a class of “priority” is assigned according to ministerial and regional indications, based on the patient’s clinical conditions and pathology. In the 90 days prior to admission, the patient is summoned to perform the pre-hospitalisation tests preparatory to surgery. You must bring:

- health card;
- identification document;
- health certification relating to previous examinations and diagnostic tests;
- any drug therapies in place.

It is advisable to inform the specialist about any allergies or intolerances (food or drugs). It is recommended to provide the telephone number of a family member or a trusted person.

The **Surgical Area** comprises a total of 72 ordinary inpatient beds under the authorisation regime and 61 under the accreditation regime, plus 4 day-admission beds (Day Surgery) under both the authorisation and accreditation regimes, located as follows:

- General Surgery, with 29 authorised and 26 accredited beds, on the second floor;
- Orthopaedics and Traumatology, with 22 authorised and 20 accredited beds, on the second floor;
- Obstetrics and Gynaecology, with 21 authorised and 15 accredited beds, on the first floor.

The **Medical Area** comprises a total of 55 ordinary inpatient beds under the authorisation regime and 53 under the accreditation regime, plus 3 day-admission beds (Day Hospital) under the authorisation regime, distributed as follows:

- Cardiology, first floor, with 10 authorised and 8 accredited beds;
- Neonatal Pathology, first floor, with 2 authorised and accredited beds;
- Internal Medicine, third floor, with 43 authorised and accredited beds.

The **Cardiac Intensive Care Unit (UTIC)** is a specialist facility dedicated to the care of patients suffering from acute cardiovascular pathologies or in critical clinical conditions requiring continuous monitoring and intensive treatment. The Unit guarantees highly qualified assistance, provided by medical and nursing staff with specialist skills, making use of advanced technologies for the monitoring and support of vital functions. Its activity is carried out in close integration with the other components of the cardiology network and with the hospital services, in order to ensure timely and appropriate diagnostic-therapeutic pathways. The

objective is to guarantee high standards of quality and safety of care, promoting the best management of the patient in the acute phase of cardiovascular disease. It comprises 4 beds, distributed over two rooms (one with 3 beds and one with 1 bed under isolation conditions), and is located on the first floor.

Day Hospital (in the Medical Area)

The Day Hospital (DH) is daytime-cycle care consisting of an admission, or cycles of scheduled admissions, made up of single or repeated accesses each lasting less than 12 hours, with return home for the night.

The services provided in DH are of a multi-professional and multi-specialist nature, of particular complexity and commitment, that cannot be performed on an outpatient basis because they require prolonged medical and nursing surveillance and observation. Admission to Day Hospital is on the recommendation of the doctor of the Company's Operating Unit and, as for ordinary conventional admissions, the following are necessary:

- the request of the attending physician (general practitioner or specialist) with the reason for admission;
- the regional health card;
- a valid identification document;
- the tax code.

The multi-specialty Day Hospital has 3 authorised and accredited beds, on the second floor.

Day Surgery (in the Surgical Area)

Day Surgery (DS) consists of surgical admission on a predominantly daytime cycle. Activated at the Ospedale Città di Aprilia in April 2002, Day Surgery is a modality that allows invasive or semi-invasive surgery to be carried out on a day-admission basis, which, in sporadic cases, also includes an overnight stay.

The indication for surgery is given by the general surgeon or specialist, following an outpatient visit at the Ospedale Città di Aprilia. On the day of the visit, the surgeon enters the patient's name in a booking list for the operation. The SAP calls the patient back to arrange a pre-hospitalisation appointment which consists, as a first access, of a day dedicated to blood chemistry and diagnostic tests and a subsequent anaesthesiological visit, in order to obtain clearance for surgery. Once clearance has been obtained, the patient is included in the waiting lists divided by specialty and priority class. The second access in Day Surgery corresponds to the day of admission to perform the operation (the call is made directly by the staff of the Operating Unit with at least one week's notice). Upon discharge, the patient is given an appointment directly for the outpatient follow-up check (third access). All three of the aforementioned accesses, being part of the Day Surgery care cycle, do not require payment of the ticket.

The surgical specialties that pertain to the Day Surgery admission mode are the following:

- general surgery (inguinal hernias, umbilical hernias, haemorrhoids, anal fissures, rectocele, pilonidal sinus, lymph node biopsies, skin naevi and cysts, breast nodules, adenoidectomies, tonsillectomy, varicocele, phimosis);
- gynaecology (endometrial polyps, laparoscopies);
- orthopaedics (knee and shoulder arthroscopy, hallux valgus, carpal tunnel).

The multi-specialty Day Surgery has 4 authorised and accredited day-admission beds, on the third floor.

Post-acute admission – Long-term medical care (code 60)

Access to the post-acute inpatient Operating Unit takes place by transfer from acute care units. Direct admission to the ward of patients coming from the emergency room or on the recommendation of local services is not permitted.

The request for post-acute long-term admission by acute care facilities must primarily take into account the patient's clinical and care needs and, therefore, the availability of beds in the long-term care facilities surrounding the admitting facilities.

The acute care facility that submits the Long-Term Care Admission Proposal has very specific institutional tasks, such as:

- completion of the Hospital Discharge Form (SDO) relating to the admission, with the indication “transfer to another regime”;
- a copy of the discharge sheet with a duplicate of the diagnostic procedures performed;
- completion of the “Long-Term Care Admission Proposal Form”, accompanied by information on persistent clinical and care problems, on the proposed therapeutic plan and on scheduled specialist checks;
- sending the aforementioned Form to the Long-Term Care Unit for the admission request;
- carrying out the transfer, which will take place after the assessment of the patient's suitability and the formalisation of bed availability by the accepting facility, in compliance with any Waiting List.

Upon the patient's arrival, a new clinical record must be compiled and an individualised care programme (PAI) must be drawn up — multidisciplinary and taking into account the different professionals involved in the management of the patient — on the basis of his or her care needs of a:

- clinical nature (clinical framing, stabilisation of clinical conditions);
- extensive rehabilitation nature (functional recovery where necessary);
- nursing nature (prevention and treatment of pressure sores, management of medical devices, etc.);
- social nature (promotion of social and recreational relationships, activities and family contacts).

The duration of the stay is set at a maximum of 60 days, after which a tariff reduction provided for by regional legislation is applied.

Peculiar elements of post-acute long-term care are the low intensity of medical care and the relatively high intensity of nursing care.

Particular attention must be paid to the socio-environmental aspect (promotion of social relationships, recreational activities, entertainment, contacts with family members, etc.), in a clear bio-psycho-social vision. The care programme will be subject to periodic evaluation in order to ascertain the degree of achievement of the objectives set. Discharge from the long-term care facility must take place when the need for continuous medical surveillance ceases. It is decided by the head of the post-acute long-term care Unit and, at the same time, a clinical report must be drawn up for the attending physician containing:

- a summary of the clinical problems that led to the admission to the acute ward and the subsequent transfer to long-term care;
- the diagnostic, therapeutic and rehabilitative care procedures carried out during the stay;
- the clinical conditions at discharge;
- the therapy recommended at home;
- any scheduled specialist checks.

Where possible, the district of residence should be involved for a joint assessment of the most appropriate methods of discharge other than the ordinary one, at the patient's home (ADI, RSA, etc.). Finally, in the event of an exacerbation, a priority pathway must be provided for the return to the acute ward of origin or to another ward appropriate to the patient's needs. In the event of a re-exacerbation of the underlying pathology and/or the onset of complications or of a new acute pathology, the Long-Term Care Unit must ensure timely transfer to an acute operating unit able to provide the most appropriate care.

Admission criteria. Patients for whom post-acute long-term admission is indicated must meet the following admission criteria, consistent with current legislation. In particular:

1. Patients coming from Medical Area Operating Units:

- patients with previous acute illness, clinically stabilised and non-autonomous, in whom the need for daily medical verification persists for the adjustment of therapy and the recovery of autonomy within a limited time;
- convalescent patients with non-stabilised disease outcomes, non-autonomous, with remediable functional deficits;
- patients destined for periodic high-frequency treatments;
- patients with mild functional deficits and a favourable prognosis for short-term recovery, who mainly require internal medicine assistance as well as targeted extensive rehabilitation interventions. With regard to this last aspect, the extensive rehabilitation treatments that can be carried out during post-acute long-term admission must respond to a specific rehabilitation programme from which concrete results of functional recovery are expected. In the absence of these prerequisites, no specific rehabilitation treatment should be carried out other than that aimed at preventing and/or treating immobilisation syndrome (nursing, postural alignment, passive mobilisation).

2. Patients coming from Surgical Area Operating Units:

- patients coming from surgical Operating Units with a resolved clinical picture as regards the pathology of surgical interest, but who present comorbidities and/or complications pertaining to internal medicine at risk of instability and/or who present functional deficits and require continuous medical surveillance and nursing care that cannot be provided as an alternative to admission.

Non-admission criteria:

- terminal patients for whom alternative forms of assistance can be activated;
- patients with significant cognitive impairment;
- non-self-sufficient elderly patients with stabilised pathology outcomes;
- patients not coming from acute inpatient wards.

Clinical conditions eligible for post-acute long-term admission. In addition to the indications for admission reported above, some clinical conditions eligible for post-acute long-term admission are listed below for purely illustrative purposes; the list is not to be considered rigidly binding or exhaustive.

1. Medical Area:

- cerebral stroke in the subacute or convalescence phase;
- congestive heart failure after the phase of acute pulmonary oedema (complicated by infections or bedsores), or chronic heart failure already stabilised in the acute phase, requiring further continuous care;
- decompensated diabetes mellitus, after the acute phase, for which health treatment of reduced intensity and limited duration is indicated for the purpose of stabilising clinical conditions;
- pneumonia or another slow-resolving, non-stabilised infectious process;
- exacerbated chronic respiratory failure, after the acute hypercapnic phase, requiring further treatment (infusional, aerosol);
- infective endocarditis after the disappearance of fever, with a low risk of embolisation and valve rupture;
- chronic patients with concomitant conditions requiring continuous care (e.g. severe anaemia, peripheral vasculopathies, diabetic foot, dehydration, malnutrition);
- liver cirrhosis complicated by ascites and/or portosystemic encephalopathy with a low risk of oesophageal variceal bleeding;
- stabilised nephropathy during consolidation therapy;
- chronic atrial fibrillation at risk of clinical instability;
- patients recovering from acute illnesses, with stabilised disability, who cannot be directly discharged due to social welfare problems and/or inadequate family support and for whom a protected discharge pathway to residential, semi-residential or home care facilities is under way.

2. Surgical Area:

- controlled, temporarily limited convalescence phase for certain general or specialist surgery procedures;

- need to perform dressings on an inpatient basis;
- medical complications of surgery (metabolic, infectious, circulatory);
- patients discharged from acute care facilities, having undergone hip or knee joint replacement, or suffering from recent fractures, who require further continuous medical care before being referred to intensive rehabilitation.

APA outpatient procedures

The groupings of outpatient services (APA) are generally composed of a main surgical service and a set of ancillary services such as pre- and post-operative visits and examinations.

9.2 – Location of wards and services

The hospital structure is arranged over several levels, with a distribution of inpatient wards, diagnostic areas, support services and outpatient activities designed according to criteria of functionality, safety and integration of care pathways. The location of the Operating Units and services is aimed at guaranteeing the continuity of clinical and care processes, the optimisation of internal connections and the timeliness of interventions, promoting effective collaboration between the different organisational components. The arrangement of spaces is consistent with the organisation of health activities and with the requirements laid down by current legislation on authorisation and accreditation. The location of the wards and services within the facility is set out below.

Unit / Service	Floor
Cardiology	1
Single Booking Centre (CUP)	0
General Surgery	2
Multi-specialty Day Hospital	1 – 3
Multi-specialty Day Surgery	2
Diagnostic Imaging	0
Physiokinesitherapy	0
Long-term medical care	3
Laboratory Medicine	0
Internal Medicine	3
Nursery	1
Orthopaedics and Traumatology	2
Brief Intensive Observation (OBI)	-1
Obstetrics and Gynaecology	1
Neonatal Pathology	1
Outpatient platform	0 – 1
Pre-hospitalisation	0
Emergency Room	-1
Operating theatres	1

9.3 – Specialist visits and examinations

To carry out diagnostic tests and specialist visits at the Ospedale Città di Aprilia, it is necessary to have a medical request and a health card or tax code.

Services with “PRIORITY CLASS B – D – P – without indication of priority”. To book, modify and cancel specialist visits and diagnostic tests prescribed on a referral with PRIORITY CLASS B – D – P and without indication of priority:

- the ReCup toll-free number 06.99.39, active from Monday to Friday from 07.30 to 19.30 and on Saturdays from 07.30 to 13.00;
- the Single Booking Centre of the Ospedale Città di Aprilia, 06.92.70.41.25 – 06.92.71.825, from Monday to Friday from 07.30 to 19.00 and on Saturdays from 07.30 to 12.00.

It is also possible to use online:

- the booking systems at <https://salutelazio.it/it/prenotazioni>;
- the dedicated form on the website of the Ospedale Città di Aprilia, www.ospedalediaprilia.it (Bookings section).

Finally, it is possible to book directly at the Ospedale Città di Aprilia desk from Monday to Friday from 07.30 to 19.00 and on Saturdays from 07.30 to 12.00.

Services prescribed with “**PRIORITY CLASS U**”, i.e. reporting priority class U (urgent) on the referral, are booked directly by your general practitioner/specialist through the “Doctor CUP” service and, consequently, CANNOT be booked through ReCUP.

The **priority classes for specialist visits and diagnostic examinations** are:

- class “U (urgent)” – services to be performed in the shortest possible time and in any case no later than 72 hours;
- class “B (short)” – services to be performed within 10 days;
- class “D (deferrable)” – services to be performed within 30 days for specialist visits and within 60 days for diagnostic tests;
- class “P (scheduled)” – services to be performed within 120 days.

Blood Collection Centre services (Laboratory Medicine)

The Blood Collection Centre, located at the main entrance of the Hospital, is open from Monday to Saturday from 7.30 to 11.30. No reservation is required. On the day of the collection, after acceptance at the CUP, it is necessary to go to the Collection Centre and agree arrangements with the booked users in order to carry out the test.

Changes and cancellations

If it is impossible to attend booked visits or examinations, it is a duty to **cancel appointments in order to make them available again** (a sign of civility and ethics), thus contributing to the reduction of waiting lists.

All the services listed above can be modified and/or cancelled by contacting the same telephone numbers used for booking. Please note the obligation to cancel, at least 48 hours in advance, appointments for health services that you no longer intend to use; otherwise the Company will proceed to recover payment of the full ticket amount, even for exempt patients (DCA 437/2013).

Acceptance

Patients, including exempt ones, must complete acceptance at the CUP counters before performing any outpatient service, in order to register the referral. Payment for outpatient services can be made on any day, provided you have a reservation; for the Collection Centre and for Diagnostics, payment can only be made on the day of the service.

Payment methods

At all our counters, payment of the ticket is made in the following ways:

- cash payment;
- payment by debit card (Bancomat);
- payment with Postamat;
- payment by credit card.

Validity of the referral

The referral for visits and examinations must be regularised (paid at the CUP for non-exempt patients, or accepted for exempt patients) before the service is performed.

Following the recent changes introduced by the Lazio Region, the validity of referrals for outpatient specialist and diagnostic services under the National Health Service regime is linked to the priority class indicated by the prescribing doctor. This arrangement makes it possible to guarantee greater appropriateness in the management of requests and to ensure access times consistent with the clinical need of the patient. For prescriptions with priority U (urgent), the booking must be made within 10 days, while for priority B (short) within 20 days. Prescriptions with priority D (deferrable) must be booked within 40 days for specialist visits and within 70 days for diagnostic tests. For services in class P (scheduled), the deadline for booking is 130 days. The deadline refers to the date by which the booking must be made and not to the date on which the service is performed. For direct-access laboratory services, a different validity period remains in place. The new provisions aim to improve the organisation of the healthcare offer and to promote more efficient management of waiting lists.

Ticket exemptions

Patients exempt on grounds of:

- disability greater than 67%;

- pathology (code 048);
- income

may, after having duly booked the outpatient service, carry it out on the day of the appointment, always subject to acceptance at the dedicated CUP.

Collection of reports

Reports can be collected in person, received at home or — exclusively for Laboratory Medicine / Blood Collection Centre / Diagnostic Imaging — consulted online. Citizens, including those exempt from participation in health expenditure, are reminded of the obligation to collect the results of visits or diagnostic and laboratory tests within 30 days, under penalty of payment of the full ticket amount (Law 296/2006, art. 1, paragraph 796, letter R).

The collection of answers relating to diagnostic investigations and laboratory tests is possible at a dedicated desk from Monday to Friday from 11.00 to 12.30 and from 16.30 to 18.00, and on Saturdays from 11.00 to 12.30. Changes in hours may occur on the occasion of public holidays, holiday periods or force majeure. All changes are in any case promptly communicated by means of notices at the administrative counters or on the website.

To protect the confidentiality of personal data, the report will be delivered to the person concerned upon presentation of an identification document. If the holder is unable to collect the report personally, he or she may delegate another person in writing.

Urgent outpatient services (U)

In order to contribute to territory–hospital integration, general practitioners, paediatricians of free choice and hospital specialists can access a pathway dedicated to clinical cases considered “Urgent”, by sending a communication by e-mail to the dedicated address mmg@cdcaprilia.it, reserved exclusively for prescribers. Once the urgent procedure has been activated, the patient will have at his or her disposal — exclusively for the services considered critical, i.e. those with long waits, established by the State–Regions agreement for the period 2022-2025 — dedicated availability whose waiting time does not exceed 72 hours.

The Ospedale Città di Aprilia contributes to the governance of waiting times in accordance with the National Plan for the Governance of Waiting Lists and with the most recent legislation on the matter (Decree-Law 73/2024, converted by Law 107/2024), which provides, among other things, for the strengthening of monitoring and interoperability with the national waiting-list platform. In this context, the Hospital guarantees the transparency of waiting times and the appropriate use of priority classes.

9.4 – Reception card for inpatients and their families

Admission can take place:

- in an emergency, with transfer from the Emergency Room;
- in the ordinary regime, scheduled following inclusion on the waiting list.

You must bring:

- health card;
- identification document;
- health certification relating to previous examinations and diagnostic tests;
- any drug therapies in place.

It is advisable to inform the doctor about any allergies or intolerances (food or drugs). It is recommended to provide the telephone number of a family member or trusted person.

Acceptance

The patient admitted as an emergency has already completed administrative acceptance at the entrance to the Emergency Room. The patient called for elective admission is welcomed directly at the inpatient module by the nursing staff, who record his or her presence and conduct an initial anamnestic interview, which is then supplemented by the medical staff.

Patient room

Each bed has, on one side, a wardrobe to hang clothes, integrated with a bedside table with a drawer and two shelves, one of which is perforated to hold shoes and slippers. We recommend that you do not store valuables in these containers. A mobile table is also available to carry out daily activities such as eating, reading and writing more comfortably.

Nurse call

The headboard of the bed, on the upper edge, is equipped with a button control used to call a nurse. When this button is pressed, a sound pulse reaches the nurses' room and a light comes on outside the room.

Bed

The bed in the patient room can be positioned in different ways. The beds of patients unable to move and/or stand up independently are equipped with polyurethane foam mattresses that guarantee the prevention of pressure injuries.

Air conditioning

The room is air-conditioned. We invite you not to open the windows, to avoid the dispersion of the conditioned air and the entry of insects. If you feel hot or cold, you can ask a nurse to adjust the temperature inside the room.

Menus and meals

It is possible to ask the Nursing Coordinator for alternative solutions to the menu of the day for religious reasons, particular pathologies or allergies to certain foods.

Meal times are as follows:

- breakfast 8:00 – 9:00;
- lunch 12:00 – 13:00;
- dinner 18:00 – 19:00.

Privacy and informed consent

Before undergoing therapies or interventions, the patient has the right to receive from the doctor all the information relating to his or her clinical condition and the various possibilities of diagnosis or therapy, allowing him or her to express free consent resulting from his or her evaluation of the information received; the information must also cover the possible risks or discomfort resulting from the treatment. Consent is obtained pursuant to Law 219/2017, which governs informed consent and advance treatment directives (DAT). Relatives of inpatients may obtain health information from the doctors of the ward, according to the methods and times indicated on special notices (posted at the entrance of each ward); further clarification on the methods of interview with doctors (also in relation to particular situations) may be provided by the Nursing Coordinator.

The patient may request that the data relating to his or her illness (and any other circumstance concerning him or her) remain confidential; to protect privacy, no telephone information on the state of health will be provided.

Operators and uniforms

Inside the Hospital you will find highly qualified professionals and operators who will take care of you, each according to their skills. The different figures are easily recognised on the basis of the colour of the assigned uniform:

Colour	Department / Service	Qualification
White uniform with red border	Orthopaedics and Surgery	Doctors and Nurses
White uniform with blue border	Diagnostic Imaging	Doctors and Technicians
White uniform with green border	Medicine	Doctors and Nurses
Light blue uniform	Physiokinesitherapy	Physiotherapists
Dark blue uniform	Emergency Room and Cardiology	Doctors and Nurses
Magenta uniform	Analysis Laboratory	Biologists and Technicians
Intense blue uniform	Physiokinesitherapy	Physiotherapists
White uniform	Outpatient clinics	Nurses
Bordeaux uniform	Obstetrics / Gynaecology and Nursery	Midwives and Nurses
Green uniform	Operating theatre block	Doctors and Nurses
Blue uniform with white trousers	All	Social and health workers
Light blue uniform	All	Auxiliary staff

Identification badges

All staff working at the Ospedale Città di Aprilia are equipped with a card/badge on which the following are identified:

- with the full name (first name and surname): the heads of the Operating Units and the coordinators;
- with the abbreviated name (first name and initial of the surname): all remaining staff.

Recommendations

If the patient wishes to leave the inpatient area temporarily, he or she must always check with the nursing staff whether it is appropriate to do so, agreeing on the duration.

Smoking

The ODA is a smoke-free hospital. Smoking is therefore permitted only outside the facility.

Mobile phones

The use of mobile phones is permitted in the inpatient area in cases of absolute necessity. We also invite you to switch off the ringtone, or at least to keep it very low, and to use the phone discreetly so as not to disturb other guests and to avoid possible interference with the electromedical equipment present in the facility.

Socialisation activities

Whenever possible, after consulting the nursing staff, you can be accompanied by your loved one “outside” the room, to go together to the patients’ lounge or the Visitors’ Area to converse, eat, read, write, listen to music, engage in small leisure activities and watch television.

We remind you how important it is to leave the hospital room in order to relate to the hospital environment by developing forms of socialisation.

Food and drink

Please note that it is not appropriate to bring and/or consume food or drinks brought from outside into the patient room.

Hygiene

The bathroom is reserved for the exclusive use of patients; visitors are required to use the toilets available to them in the Visitors’ Area. If you wish your loved one to help you with personal hygiene, please consult the nursing staff.

Rest for family members

If the visitors assisting you during your stay wish to rest, they can use the Relaxation Room, bearing in mind that an overnight stay must be agreed with the nursing coordinator, who will provide the guest with blankets, towels and the key to the locker. Instructions on the correct use of the armchairs are available inside the room; for further clarification it is advisable to refer to the nursing coordinator.

Visiting hours and entrance hours

The ODA intends to privilege the maintenance of the relationships of hospitalised people with the outside world, ensuring the involvement of loved ones in the treatment process. The accompanying person is the person indicated by the patient as support during the period of stay. In order to ensure the performance of clinical care activities and out of respect for the privacy of hospitalised people, the accompanying person may stay in the patient room during daytime hours beyond the access hours for visitors, subject to evaluation by the Nursing Coordinator. Again in agreement with the latter, and subject to his or her specific assessment, during the night hours the accompanying person may stay in the Relaxation Room adjacent to the Visitors' Lounge and, in particular cases, may be allowed to be present near his or her loved one inside the patient room. Visitors are the people visiting the patient: people dear to patients and therefore important figures in the treatment pathway.

The entrance hours to the Hospital for the following wards are:

- **CARDIOLOGY:** from Monday to Sunday from 12:00 to 13:00 and from 18:00 to 19:00;
- **SURGERY AND ORTHOPAEDICS/TRAUMATOLOGY:** from Monday to Sunday from 13:00 to 14:00 and from 17:00 to 18:00;
- **INTERNAL MEDICINE:** from Monday to Sunday from 12:00 to 13:00 and from 18:00 to 19:00;
- **LONG-TERM MEDICAL CARE:** from Monday to Sunday from 12:00 to 13:00 and from 18:00 to 19:00;
- **NEONATAL PATHOLOGY:** from Monday to Sunday from 13:00 to 14:00 and from 17:00 to 18:00 for relatives; for parents, visiting hours are wider;
- **OBSTETRICS AND GYNAECOLOGY:** from Monday to Saturday from 13:00 to 14:00 and from 17:00 to 18:00; on Sundays and public holidays from 11:00 to 12:00 and from 17:00 to 18:00.

Visiting hours may be changed by the Medical Directorate at any time; it is therefore advisable to contact, if necessary, the concierge service at the entrance of the facility.

Discharge

At the time of discharge, a discharge form is given for the attending physician, containing information relating to the admission, the diagnostic investigations and therapies carried out, and any therapies to be continued at home, as well as any subsequent and scheduled checks; it is therefore advisable to keep all documentation. Anyone who, despite the doctors' advice to the contrary, asks to be discharged must sign a declaration of assumption of responsibility. The patient must remember to collect all personal items.

9.5 – Support services

Social worker

The Social Reception service deals with the psycho-social problems of patients from the moment of admission to the moment of discharge, facilitating the return to the usual context of life and constituting a bridge between the hospital institution and the vital world of the sick person.

The service offers support interventions and the activation of a process of help in favour of patients admitted to the various operating units, as well as assistance and support for patients who access the Emergency Room. The staff of the Operating Unit can contact the service to report problems of distress affecting patients. Particular attention is paid to users with specific social needs as part of a long and disabling therapeutic pathway.

The service is active from Monday to Friday from 8.00 to 15.00. Contact person for the service: Dr. Ester Capretti (e-mail: serviziosociale@cdcaprilia.it).

Spiritual assistance

Catholic spiritual assistance at the Ospedale Città di Aprilia is guaranteed on a continuous basis by the presence of the priest, according to availability.

Spiritual assistance includes, among other activities:

- celebrations in the Hospital Chapel and the administration of the Sacraments;
- the daily visit to hospitalised guests and to operators who request it.

It is always possible to receive the sacraments of Reconciliation, the Anointing of the Sick and daily Communion for patients who request them. Holy Masses are celebrated in the Chapel located on the ground floor, in the corridor leading to the Blood Collection Room.

Citizens who profess a faith other than Catholic can contact the Nursing Coordinator or the Reception, Protection and Participation Office – URP by sending an e-mail to relazioni.pubblico@cdcaprilia.it, in order to be put in touch with the ministers of the respective religions who, on request, will be informed.

Sex and the Cancer Desk – Mamanonmama APS Association

Mamanonmama was born as a non-profit Cultural Association founded in 1996 by Amalia Vetromile and other members; in December 2021 it was transformed into Mamanonmama Associazione di Promozione Sociale (APS), registered in the Single National Register of the Third Sector (RUNTS).

Since April 2023, a Listening Desk has been active at the Ospedale Città di Aprilia – Gynaecology Unit on Thursdays from 13:00 to 16:00, with the aim of listening to and breaking a deafening silence surrounding a problem that affects 6% of Italian women: sex after cancer.

This is a significant phenomenon that is not much talked about in Italy, because women themselves most of the time do not talk about it, do not speak, keep silent. Women are often ashamed and embarrassed to confide this to their doctor, partner and even their closest friends. They are often convinced that nothing can be done from a clinical point of view — a silence that many doctors do not know how to address. Only by talking about it can women discover that solutions exist, and that much can be done to make things even better. **“Sex and the Cancer”** was born so that this story can be told.

A community that becomes a movement of change, fighting for the right of women to enjoy life, because a satisfying sexuality after cancer is possible. No more taboos. For information: info@sexandthecancer.it, associazionemamanonmama@gmail.com.

Tribunal for Patients' Rights and Cittadinanzattiva APS Lazio

Within the Ospedale Città di Aprilia there is a representation of the Tribunal for Patients' Rights (TDM), a Cittadinanzattiva network committed to protecting the rights of citizens in the field of health and healthcare.

The Tribunal for Patients' Rights was created with the aim of giving a voice to people who come into contact with the healthcare system, promoting healthcare that is ever closer to the needs of patients, respectful of the dignity of the person and oriented towards the quality of services. Its activity is based on the principles of civic participation, listening, protection and collaboration between citizens and institutions.

The main objective of the presence of the two organisations protecting the citizen and the patient is to promote a direct and constructive relationship between citizens and the health facility, contributing to strengthening communication, transparency and mutual trust.

The Tribunal for Patients' Rights in fact plays a role of listening to the needs of users, collecting observations, reports and suggestions useful for improving the organisation of services and the quality of reception.

Its activity is not in opposition to the hospital structure, but operates with a view to collaboration and dialogue, with the common intention of improving the patient experience and contributing to the construction of a more effective, humane and participatory healthcare system.

Through quarterly dialogue with the Hospital Management, with healthcare operators and with the various figures involved in care, Cittadinanzattiva and the Tribunal for Patients' Rights help to bring possible critical issues to light and to seek shared solutions.

Their presence within the Ospedale Città di Aprilia therefore takes on significant value, because it bears witness to the importance of involving citizens in the life of the health facility. The protection of health, in fact, does not concern only the provision of medical services, but also includes listening, information, respect for the person and the possibility for every citizen to feel welcomed and supported during his or her care pathway.

In this sense, the Tribunal for Patients' Rights represents a bridge between the community and the hospital, promoting a culture of participation and shared responsibility, in the conviction that better healthcare also arises from continuous dialogue with those for whom the services are intended.

The Tribunal is made up of ordinary citizens, but also of service operators and professionals, who commit themselves on a voluntary basis. The TDM has a corner in the hospital hall on Mondays, Wednesdays and Fridays from 10:00 to 12:00.

Anti-violence listening desk

Telefono Rosa helps all people (women, the elderly, adolescents) who have suffered physical, psychological, economic or sexual violence, mobbing or stalking. It is committed to the prevention of violence and the promotion of a culture of understanding, tolerance and respect.

National office: Viale Mazzini 73, 00195 Rome. Telephone: 06.3751.8282. Fax: 06.3751.8289. Website: www.telefonorosa.it. E-mail: telefonorosa@alice.it. # 10. Other hospital services

Bar service

The hospital bar is located on the ground floor, adjacent to the Single Booking Centre, and is open from Monday to Sunday from 7.00 to 18.00.

Vending machines

Vending machines for drinks and food can be found on all floors of the Hospital except the ground floor. All vending machines work with coins and banknotes.

Video surveillance

A video surveillance system is active in various areas of the ODA and along some perimeter areas, for the purpose of protecting the safety of patients and operators present in the Emergency Room, of inpatients, visitors and staff, as well as of company assets. Special information signs indicate the system, which is managed in full compliance with the provisions on video surveillance laid down by current legislation and by the Data Protection Authority.

Intramural freelance professional activity (A.L.P.I.)

Intramural freelance practice, also called “intramoenia”, refers to the services provided outside normal working hours by hospital doctors, who use the outpatient and diagnostic facilities of the hospital itself.

ALPI guarantees the citizen:

- the possibility of choosing the name of the doctor to contact;
- the possibility of booking the service without the request of the attending physician;
- the possibility of carrying out the service at times more suited to their needs, against payment of a fee for which the facility issues a regular tax-deductible invoice.

The ODA implements intramural freelance professional activity in accordance with the indications laid down by the legislation.

Useful information:

- who can book: the person concerned and/or another person;
- payment of fees for freelance practice: this is made before the service is performed; before accessing the cash desks of the Single Booking Centre, it is necessary to take a number from the dispensers (totems) located on the ground floor;
- how to pay: cash, debit card, cheque and credit card;
- opening hours of the ALPI cash desks: floor zero, from Monday to Friday from 07.30 to 19.00 and on Saturdays from 07.30 to 12.00.

Continuity of care in the territory

For efficient and rapid taking charge of the patient by the territory, in order to guarantee continuity of care and post-discharge referral to the most appropriate care setting, multidisciplinary assessment is essential.

The taking charge of the patient by the territory, to guarantee continuity of care, takes place through:

- home care;
- assistance in post-acute rehabilitation (codes 28, 56, 75);
- assistance in long-term medical care (code 60), where internal beds are fully occupied;
- admission to a residential or home hospice (after activation by the ASL of the patient's residence of the Integrated Care Plan);
- home CAD on the recommendation of the general practitioner;
- post-acute residential care in an RSA.

For efficient and rapid taking charge of the patient by the territory, in order to guarantee continuity of care and post-discharge referral to the most appropriate care setting, multidimensional assessment is essential. The doctor conducts an interview with the patient and/or family member/caregiver on the continuity of care pathway and agrees on its development, with the primary objective of improving the patient's quality of life and avoiding improper use of hospital care in the post-discharge period. Subsequently, the patient and his or her family continue to be supported by hospital social assistance.

Mortuary

The mortuary is located in the basement of the Hospital. It is possible to access the mortuary every day from 08:00 to 12:00 and from 15:00 to 18:00.

11. Forms

All the forms used by the Ospedale Città di Aprilia are available in the "Forms" section of the company website, www.ospedalediaprilia.it, and at the Reception Office – URP.

12. Useful numbers

- **Switchboard:** tel. 06.92.70.79.58 – fax 06.83.91.92.61
- **Certified e-mail (PEC):** cdcaprilia@pec.it
- **Regional ReCup:** tel. 06.99.39, from Monday to Friday from 07.30 to 19.00 and on Saturdays from 07.30 to 13.00
- **Company CUP:** tel. 06.92.70.41.25 – fax 06.92.71.825, from Monday to Friday from 07.30 to 18.30 and on Saturdays from 07.30 to 13.00

13. Listening and improvement

13.1 – Reception Office – URP

Contacts: relazioni.pubblico@cdcaprilia.it

The ODA was born with an innovative project and a new philosophy that intends to enhance the relationships between the people who live in the hospital and the structure itself, understood both as an organisation and as an environment. Within the mission of the ODA, a composite system has been developed based on the articulation of three groupings:

- Reception Office – URP;
- Hospital Comfort Organisation;
- Optimisation of Hospital Environments;

replacing the now outdated organisation of hotel services and of the URP, as an expression that emphasises, also in the use of words, the meaning of the logical process of innovation that is to be communicated. The Reception Office – URP is the instrument of connection between citizens and the Company (as defined by the Prime Ministerial Decree of 11.10.1994 and art. 8 of Law 150/2000); it is strategic in its transversality, given the role it plays in common work based on the centrality of the person, the object of continuous attention. The philosophy of Reception is a modality that intrinsically binds the activity of care and prevention to the entire hospital and becomes the Reception Network, in line with the mission of the Hospital, which performs the specific functions of:

- reception, orientation and information;
- protection;
- participation;
- open hospital.

13.2 – Scientific Directorate and training/refresher pathways

Responsible: Dr. Enrico Papini. Contacts: direzione.scientifica@cdcaprilia.it

The mission of the Scientific Directorate is to give impetus to activities consistent with the type of research carried out at the Ospedale Città di Aprilia: health promotion, prevention, diagnosis, assistance and treatment.

The Scientific Directorate's mission is to promote and coordinate scientific activities, through administrative and technical support to research and knowledge-transfer activities, and the acquisition of human and technological resources to be devoted to the development of scientific activities.

Its main activities include:

- promoting and coordinating scientific collaborations/agreements between the Ospedale Città di Aprilia and national and local bodies of the National Health Service, as well as with the Ministry, AGENAS, universities, and public and private, national and international research bodies;

- planning, organising and coordinating conference, cultural and training activities, seminars, refresher courses and teaching activities;
- evaluating and approving requests for training internships, attendance, scholarships, professional updates and internships of postgraduate students from the university training network;
- promoting and managing activities related to clinical trials and multicentre studies;
- monitoring the scientific production of the Institute and evaluating research outcomes;
- promoting, coordinating and implementing the monitoring system of research activities;
- promoting and coordinating, where possible, the participation of the Ospedale Città di Aprilia in research and development programmes funded by national and international bodies;
- supporting specific epidemiological investigations aimed at identifying and estimating specific risk factors for cancer, with attention to those with the highest incidence and/or mortality for the Lazio Region, with the Cancer Registry to be established;
- promoting the development and dissemination of the Quality Management System, verifying its correct implementation and applying process monitoring and evaluation measures according to national and international standards.

Clinical trial and research activities are conducted subject to the opinion of the competent Territorial Ethics Committee (CET), in compliance with national and European legislation on clinical trials and the protection of participants.

13.3 – Claims Evaluation Committee (CVS)

The Claims Evaluation Committee (CVS) was established in accordance with the provisions of Lazio Region Determination no. G09535 of 2.07.2014 and subsequent amendments.

The CVS, a collegial and multidisciplinary body of a consultative nature, expresses a mandatory but non-binding opinion on compensation claims made against the Ospedale Città di Aprilia.

It is one of the company bodies of the ODA and reports directly to the Company Management. It also has investigative and/or proposal functions on further issues submitted to it by the Guarantee Board. In particular, the CVS carries out the following activities:

- it helps to identify the critical areas that, from an organisational and technical-professional point of view, are likely to give rise to litigation, and suggests appropriate corrective actions;
- it contributes to the definition of intervention priorities and verifies the results achieved;
- it implements the risk management guidelines and strategies established by the Guarantee Board;
- it assesses claims in order to identify their causal link with the events that produced them;
- it identifies a shared strategy for managing the claim;

- it assesses the economic impact of the risk, also in order to place the claim “above” or “below” the Self Insurance Retention (S.I.R.) limit in accordance with the provisions of the policy contract;
- it assesses the types and extent of any damage caused to third parties, with the involvement of the various company professionals necessary for an analysis of claims also from a preventive perspective aimed at preventing recurrence;
- it formulates its reasoned proposal for the settlement of the claim, submitting it to the Company Management;
- it prepares and submits to the Guarantee Board and the General Manager an annual report on the activities carried out.

Composition. In accordance with the provisions of current legislation, the CVS is composed of:

- a company manager;
- a lawyer;
- the company medical examiner;
- the Risk Manager;
- a member of the Medical Directorate of the ODA.

13.4 – Quality

The principles of quality management. The Management Systems, in carrying out their articulated process for compliance with the UNI EN ISO 9001:2015 standard, tend to enhance the main management aspects of the standard by implementing the following fundamental principles.

User orientation. Identifying the needs and expectations of customers, motivating medical, nursing, technical and auxiliary staff to fully meet the identified needs, also through the improvement of internal communication.

Leadership. The establishment by Management of objectives at a general level, ensuring their flexibility so that they can be adapted at any time to potential changes. Leadership also has the task of involving the entire Company in the project, by creating and maintaining an internal environment of full involvement of all staff, at all functional levels, for the achievement of the objectives established.

Staff involvement. Involving staff through training, information and motivation, so that people at all levels can express their skills to the fullest and manifest the potential of the organisation through their activity; stimulating the use of the tools of the Quality Management System by all healthcare professionals for the practice of organisational and professional management.

The process approach. Adopting the logic of the process approach, because the achievement of the objectives to be pursued is obtained more effectively when activities and resources are managed with systematic interconnection. This logic must be adopted for the management of company processes (e.g. decision-making and strategic planning process, budgeting and management control process, health design process and planning of diagnosis and treatment interventions, internal and external communication process, processes related to human

resources management, procurement processes, data management and analysis process, improvement processes, processes specific to the Department and the Operating Unit) and to ensure the governance of the critical activities identified in relation to the internal and external needs to be met.

The process approach emphasises the importance of:

- understanding the characteristics of the process;
- the need to evaluate processes in terms of added value;
- the achievement of results relating to the performance and effectiveness of processes;
- the continuous improvement of processes on the basis of objective measurements.

The systemic approach to management favours the use of organisational techniques and means of information capable of connecting the various company functions so that they operate as a single, efficient unit, even if made up of different components: managerial, clinical (medical and nursing), technical and administrative.

Continuous improvement. Stimulating everyone's commitment to the real priorities of the Company; motivating operators to adopt the values of a culture aimed at continuous improvement; realising these values in daily working reality.

Decisions based on facts and on management and performance indicators. Paying particular attention to the definition of data and their representation, for an analysis of the data and information acquired that is adequate to make decisions and initiate effective actions.

Mutually beneficial relationships with partners/suppliers. Setting up an effective method of evaluation, selection and monitoring of suppliers; creating forms of collaboration that guarantee profitable work, a common vision and a continuous search for improvement.

As part of the monitoring of quality and outcomes, the Ospedale Città di Aprilia uses the indicators of the National Outcomes Programme (PNE) of AGENAS as a reference for the evaluation and improvement of its clinical and care pathways, in line with the guidelines of the Lazio Region on performance evaluation.

13.5 – Management of complaints and forms of protection

In harmony with the general reference framework (Prime Ministerial Decree of 19 May 1995) and with art. 14 of Legislative Decree 502/1992, the Ospedale Città di Aprilia ensures citizens forms of protection intended to report inefficiencies and to request the restoration of their rights. The citizen, his or her family members, or voluntary and protection organisations may submit:

- a **complaint**, to report acts, behaviours or inefficiencies that have denied or limited the usability of services;
- an **observation or suggestion**, to contribute to the improvement of services;
- an **objection**, against measures considered detrimental to their rights.

Complaints may be submitted in writing (letter, e-mail to relazioni.pubblico@cdcaprilia.it, or the specific form available at the URP and the Operating Units) or orally, at the Reception

Office – URP. The Hospital undertakes to provide a written reply within 30 days of receipt of the complaint; for matters requiring more complex investigation, the person concerned is informed of the time necessary for settlement.

The methods of submission and management of complaints are governed by the company Public Protection Regulation. To guarantee impartiality, citizens may also turn to the protection bodies provided for by the legislation, including the Joint Conciliation Commission and the Regional Ombudsman. Data relating to complaints are collected and analysed periodically in order to guide improvement actions.

13.6 – Survey of user satisfaction (customer satisfaction)

The Ospedale Città di Aprilia systematically measures the degree of user satisfaction as a tool for listening and for the continuous improvement of quality. The survey is conducted by means of anonymous questionnaires, in paper form at the Operating Units and access points and/or in digital form, addressed both to inpatients and to users of outpatient services.

The survey is carried out at least annually and investigates the main dimensions of the care experience: reception, information and communication, waiting times, hotel comfort, respect for dignity and confidentiality, and clarity of the instructions given at discharge. The results are processed by the Quality function, presented to Management and used to define specific improvement actions; a summary of the outcomes and of the actions taken is made available to users through the company website and the Reception Office – URP.

13.7 – Clinical risk management and safety of care

In implementation of Law 24/2017, the Ospedale Città di Aprilia considers the safety of care to be a constitutive part of the right to health and pursues it through a company Clinical Risk Management function. The activity is developed by means of an Annual Risk Management Plan (PARM), which identifies risk areas, objectives and improvement actions.

The operational tools adopted include the system for reporting adverse events and near misses (incident reporting), the analysis of events (clinical audits and, for sentinel events, root cause analysis), the adoption of the ministerial Recommendations for patient safety and the use of the operating theatre checklist according to the World Health Organization model.

In implementation of the transparency obligation set out in art. 4, paragraph 3, of Law 24/2017, the Hospital makes available, by publication on its website, the data relating to the compensation paid over the last five years. Claims management is handled by the Claims Evaluation Committee (CVS), referred to in paragraph 13.3, in close coordination with the Clinical Risk Management function.