Ospedale Città di Aprilia

Lifenet Healthcare

CHARTER OF SERVICES 2024

(FULL VERSION)

OSPEDALE CITTÀ DI APRILIA (O.D.A.)

Issue 28/10/2011 → Rev. 1.0
Issue 19/03/2019 → Rev. 2.0
Issue 07/09/2023 → Rev. 2.1

PRESENTATION

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 to guarantee the quality of health organizations 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 the commitments that the Ospedale Città di Aprilia intends to guarantee. We hope to have achieved a tool, despite its complexity, 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.

2. Ospedale Città di Aprilia

In 1960 dr. Giovanni Sirri creates 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 Gynecology 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 continues to expand and modernize.

In 2005 a pavilion was completed where the new operating theatres, the Emergency Room, the Laboratory Medicine and an elevated helipad to support the Emergency Department were located, for transfers to the HUBs (Santa Maria Goretti di Latina and San Camillo Forlanini), in emergencies. Finally, in 2101, work was completed on the installation of a 1.5 tesla magnetic resonance imaging.

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

Currently, the health facility, definitively accredited/affiliated with the SSR of Lazio, sees the presence of over 70 doctors and about 25 employees and collaborators in the main disciplines who ensure a 24-hour presence. It occupies an area of over 15,000 square meters and extends over 6 floors.

From an organizational point of view, the Ospedale Città di Aprilia is equipped with 5 acute care departments (Internal Medicine, Cardiology with ICU, General Surgery, Orthopedics and Traumatology, Obstetrics and Gynecology), a post-acute ward (Long-term medical care, code 60), an Emergency Room (with over 36,000 accesses a year, which makes it the largest Emergency Department in Lazio in terms of number of accesses), of the services of Laboratory Medicine, Diagnostic Imaging, Digestive Endoscopy, Physiokinesitherapy, of numerous specialist branches that provide services both under the Conventional regime (with the expense borne by the SSR) and 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 that is able to increasingly guarantee fair and transparent access to care and adequate health care and care for the patient and his or her family; so much so that it has become a center of excellence and national reference for the organization of health and social care pathways (in collaboration with local institutions), for the technology adopted and for the humanization of medicine, in order to build the hospital-territory integration praised by Ministerial Decree 77/2022.

3. VISION, MISSION, VALUES

The strategic vision is that of an organization oriented to offer care and organizational 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 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 characterizes the Company, as an organization that operates in the field of social solidarity, assistance and long-term care, in the realization 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 make universality, solidarity, equity of access, sustainability, quality, transparency, empowerment, gender equality, dignity and dignity the right to participate in decision-making processes, the reference values for the organization and financing of one's own health and social health system through the resources assigned to them.

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-long term" perspective, which is therefore dynamic, able to incorporate and implement the changes necessary to respond promptly to the evolution of demand and 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 special methods of supervision of the organizations providing services, which are part of the company's commitments.

The Company also adopts the guidelines dictated by the Lazio Region in terms of 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 factors not directly related to health, the services and benefits provided, and the internal organization. The performance must also be validated on an economic, financial, social health (state of health and social well-being) and organizational (service delivery) level.

Health protection is mandatory in the European Union, therefore protecting citizens from health risks is 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:

- guarantee the safety levels required by the regulations for environments, plants, equipment, devices;
- 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;
- develop a safety management system in order to integrate safety objectives into current management, define the responsibilities of each, establish integrations, 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 organizational nature: these are the "Risk Assessment Document for the safety and health of workers" and the "Organizational Model for the management of patient safety".

4. THE OSPEDALE CITTÀ DI APRILIA *IN FIGURES*

PIATTAFORMA AMBULATORIALE			
	2021	2022	2023
Diagnostica per immagini	1.235.979	1.080.362	1.106.918
Medicina di Laboratorio	693.200	673.506	820.986
Poliambulatorio	2.165.328	2.248.329	2.249.630
TOTALE	4.094.507	4.002.198	4.177.534
DEGENZE ORDINARIE			
	2021	2022	2023
N° Ricoveri	3.559	3.221	3.325
GG Degenza	21.363	21.927	22.293
DEGENZE DIURNE			
	2021	2022	2023
N° Ricoveri	167	155	191
Accessi DH	420	384	487
NIDO			
	2021	2022	2023
N° Ricoveri	722	579	549
GG Degenza	2.347	1.799	1.811
PRONTO SOCCORSO			
	2021	2022	2023
Accessi PS	29.101	30.219	33.796
% Ricoverati	12%	11%	10%
POSTI LETTO			
	2021	2022	2023
Totale Posti Letto	143	143	143

5. BUSINESS ORGANIZATION

The company organization is represented.

The organization by Areas represents the operational management model of business activities.

Chief Executive Officer
Director Dr. Gabriele Coppa

Chief Medical Officer
Director Dr. Danilo Palermo

Chief Financial Officer
Director Dr. Alessia Petitti

Chief Operation Officer
Director Dr. Marco Ambrosini

5.1 – CLINICAL, EMERGENCY AND URGENCY AREA

Clinical and Emergency and Urgency Area
Director Dr. Vito Calatano

Emergency and Acceptance Unit
Medical Manager: Dr. Gianluca Mammetti
Coordinator Mr. Antonio Vissicchio

Internal Medicine Unit
Medical Manager Dr. Vito Catalano f.f.
Coordinator Mr. Veronica Sacconi

Cardiology/Coronary Care Unit
Medical Manager: Dr. Marco Giovagnoni
Coordinator in the process of being assigned

O.U. Long-term medical care (cod. 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 Vergilii

Orthopaedics and Traumatology Unit
Medical Manager: Dr. Giorgio Colognesi
Coordinator Mr. Sandro Palermo

Obstetrics and Gynecology Unit
Medical Manager: Dr. Giovanni Testa
Coordinator Mrs. Anna Lucia D'Amato

Neonatal Pathology Unit
Medical Manager: Dr. Alberto Scaini
Coordinator Mrs. Giuseppina Marziali

5.3 – Services and Outpatient Platform Area

Outpatient Platform
Coordinator Mrs. Rosa Esposito

Anesthesia and Resuscitation Unit
Medical Manager: Dr. Giuseppe Longo
Coordinator Mr. Rocco Bianchi

Laboratory Medicine Unit
Medical Manager: Dr. Fabiana Farina
Coordinator Mrs. Loriana Marinangeli

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

Digestive Endoscopy Unit
Medical Manager in the process of being assigned

Physiokinesitherapy Unit
Medical Manager: Dr. Stefano Pescosolido
Coordinator Mrs. Ivana Felice

Allergology Service
Dr. Pietro Del Greco

Cardiology Service (under accreditation)
Dr. Marco Giovagnoni

Hematology Service
Dr. Carlo Ciabatta

Surgery Service (under accreditation)
Dr. Alessandro Manzini

Cosmetic Surgery Service
Responsible in the process of being assigned

Ultrasound Service
Dr. Manfredi Grande

Echocardiography Service
Dr. Marco Giovagnoni

Echodoppler service
Marco Giovagnoni

Electromyography Service
Dr. Marco Giovagnoni

Endocrinology Service
Dr. Claudio Caccamo

Cardiovascular Pathophysiology Service
Dr. Marco Giovagnoni

Gynecology Service (under accreditation)
Dr. Giovanni Testa

Internal Medicine Service
Responsible in the process of being assigned

Neurology Service
Dr. Domenico Mele

Ophthalmology Service
Dr. Simone Federici

Oncology Service
Dr. Francesco Angelini

Orthopaedics Service (under accreditation)
Dr. Giorgio Colognesi

Obstetrics Service (under accreditation)
Dr. Giovanni Testa

Otorhinolaryngology Service (under accreditation)
Dr. Alberto Delfini
Dr. Emiliano Giordani

Pneumology Service
Dr. Pietro Del Greco

Urology Service (under accreditation)
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, but 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 (hereinafter ADI) is classified in the DSM 5 (Diagnostic and Statistical Manual of Mental Disorders) as "persistent or recurrent gambling-related behavior that leads to clinically significant distress or impairment". This disease has experienced exponential growth in recent years, due to the concomitance 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, family and social costs that DGA XV causes, make it a public health issue that has 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 behaviors in the International Classification of Disease (ICD 11). Internet addiction determines a total absorption of the time of the subjects concerned who spend entire days and nights on the Net, with compromise of all activities of family, work, social life. It may also present withdrawal syndrome characterized by mental and/or physical malaise with psychomotor agitation, anxiety, obsessive thinking.

6.5 – Power supply

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, for protection from interference, for the harmonization of life and work times, for the promotion of a favorable 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. In fact, health is 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 organization 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 characterized by an excessive accumulation of body fat due to an imbalance between calories taken 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 factor of protection or, in an inverse perspective, of modifiable risk 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, combating smoking and alcohol consumption.

7. COMMITMENTS OF THE OSPEDALE CITTÀ DI APRILIA

7.1 – RECEPTION

The ODA, recognizing this all-encompassing value of multiple aspects, linked to the concept of hospitality, as foundational, undertakes to place the person, the person in need of care and his or her family at the center of its activities, creating a welcome that takes into account its physical, psychological and emotional components. This involves careful monitoring and control of both the environment as a whole and the behaviour of those who welcome them, 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 behavior 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 maintenance is part of the innovative commitments to spread the aforementioned culture of living.

7.2 – EQUITABLE ACCESS TO CARE AND CARE

The ODA undertakes to provide services without distinction of age, sex, race, language, religion, 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 PNP 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 the services comply with the clinical indications for which the effectiveness has been demonstrated and at the same time guarantees that the treatments are provided at the most appropriate time and in the most appropriate manner, as well as undertakes to define management and treatment pathways, where it does not directly have the clinical expertise, with Public and Private Hospitals in order to guarantee streamlined

paths and reduce the current bureaucratic timelines that delay their effective taking charge.

7.5 – QUALITY

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

7.6 – COMFORT

In the field of innovation in hotel services, 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 SECURITY

ODA's Strategic Management 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 imprints the activity of its operators and relations with external bodies that, for various reasons, operate within the Hospital of the City of Aprilia.

For information on the management and protection of privacy in the Structure, 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 organization 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 organization, as well as the growth of professional skills; The enhancement of merit and the payment of rewards for the results pursued by individuals and organizational 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 a complete and total accountability of operators. The implementation of the principle of simplification, language and procedures, guides the choices of the Ospedale Città di Aprilia also in the use of the company internet portal.

7.12 – REPORTING 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 structure upon request to the operators. The staff is trained to inform interested parties on how to compile 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 make an appointment, if necessary, within the next 72 hours, with the person concerned to investigate the matter further and start any preliminary analysis.

At the end of the process, you will be informed of the improvement actions taken and any measures taken. 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.

7.12 – 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 Organizations and, therefore, favors 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, 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 of paragraph 7, art. 14 of Legislative Decree no. 502/1992 and subsequent amendments and additions, it undertakes to encourage the presence and collaboration within its organisational structure with the reality of associations and volunteers. It promotes, in synergy with them, awareness-raising and support activities for information campaigns in particular in the field of blood and organ donation, 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 from the Tribunal of the Rights of the Sick of Aprilia (TDM) – Active Citizenship at the City Hospital of Aprilia is a source of pride. Those who need to meet the representatives of the Association can go directly to the structure at the times indicated. The Tribunal for the Rights of the Patient 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 organization of the Health Service. The Court is made up of ordinary citizens, but also of service operators and professionals, who commit themselves on a voluntary basis. The TDM is located with a corner in the hospital hall on Mondays, Wednesdays and Fridays from 10:00 to 12:00.

7.13 – Information for the citizen

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

8. Rights and Duties of Patients/Relatives – Charter for Children and Adolescents

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

The following are RIGHTS:

- 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 and public opinion;
- always be identified by their name and surname; be addressed with the prenominal particle "Lei";
- obtain information from the health facility relating to the services provided, the methods of access;
- to be able to immediately identify the medical and health personnel who are treating him;
- 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 the delay may entail a danger to health, the patient has the right to receive information that allows him to express an effectively informed consent, before being subjected to therapies or interventions. The same information must also concern possible risks or inconveniences resulting from the processing. If the doctor deems it inappropriate to give the patient information relating to his state of health directly, the same must be provided, unless expressly denied by the same, to his family members;
- be informed about the possibilities of alternative investigations and treatments. If the patient is unable to determine himself, the same information must be provided to family members;
- obtain that the data relating to his illness and any other circumstance concerning him, remain secret;
- receive adequate pain assessment and management;
- to make complaints, which must be promptly examined, and to be informed of the outcome of the same.

The following are included 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 the healthcare staff, an indispensable prerequisite for setting up a correct therapeutic-assistance program;
- inform health 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 go to the clinic on the day of the appointment, after regularizing the payment of the ticket; if he is unable to show up, he is required to cancel the reservation as soon as possible in order to make the service available again, allowing other citizens to use it by reducing waiting lists;
- patients are required to respect the environments, equipment and furnishings found within the hospital structure, considering them the same assets as everyone and therefore also their own;
- Anyone in the health facility is required to comply with the timetables and rules in order to allow the 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 hygienic-sanitary 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 allowed on all hospital premises.

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 AOUSA has joined this initiative by promoting an awareness campaign also through the support of volunteers.

Children and adolescents have the right to:

- 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 organizational network that integrates hospital and local services, with the involvement of family pediatricians;
- 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.), but 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 specialized 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, study, suitable for their age, sex, culture and health conditions, in an adequately structured and furnished environment and must be assisted by people specifically trained to welcome and take care of them;
- the 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 manifested;
- in the necessary diagnostic and therapeutic activity, all practices aimed at minimizing 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 hospitalized 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 take care of their child, parents are informed about the diagnosis, the organization of the ward and the therapeutic paths in place.

9. GUIDE TO HOSPITAL SERVICES

9.1 – HOSPITALIZATION AND CARE ASSISTANCE OFFER

Admissions / Pre-hospitalization

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

- proceed with administrative acceptance by reading the health card;
- assess the degree of care complexity of patients;
- assessing social conditions (social factsheet);
- manage the hotel and computerized structure of the beds, with supervision of the assignment of the bed, at the expense of the hospitalization Unit.

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

In the 90 days prior to hospitalizations in the ordinary elective regime, day hospital/day surgery, patients are contacted by the Centralized Admissions Office, in order to be subjected to medical examinations and preoperative diagnostic tests (blood tests, ECG, chest X-ray, anesthesiological examination, etc.).

The priority classes for scheduled hospitalization are:

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

All services are performed within the hospitalization process and therefore free of charge, without payment of the ticket. At the end of the course, the anesthesiologist will assess the suitability for the scheduled surgery and the interested party will be given a sheet containing the personalized indications to follow in view of hospitalization.

Urgent hospitalization

The response to the health emergency 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/autonomous access.

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

Access to emergency services is regulated by the "triage" system, which consists of assigning a "color code" based on the urgency and severity of the disease:

1. Code Red (Interruption or impairment of one or more vital functions) - Emergency

2. Code Orange (Risk of impairment of vital functions. Condition with developmental risk or severe pain) - Urgency
3. Code Blue (Stable condition without evolutionary risk with suffering and relapse on the general state that usually requires complex services) - Deferrable Urgency
4. Green Code (Stable condition without evolutionary risk that usually requires simple single-specialist therapeutic services) - Minor Urgency
5. White Code (Non-urgent problem of minimal clinical relevance) - Non-Urgency.

In order to allow an appropriate use of the Emergency Room services in favor of people who present urgent-emergency conditions, it is important to know that the ED is not the right structure for:

- deepen clinical aspects, not urgent or chronic;
- avoid waiting lists for non-urgent specialist visits;
- compiling recipes;
- acquire other medical judgments;
- comfort, habit, distrust in non-hospital medicine;
- avoid paying the ticket.

For proper use of the PS 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 pediatricians of free choice are not available, you can contact the Medical Guard, now called the Continuity of Care Service, which guarantees health care to all users present in the regional territory (residents and non-residents). It is brought to the attention of the citizen that Law no. 296 of 27/12/06 (Finance Law 2007) has introduced a basic ticket for non-urgent emergency services (White Codes).

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

- age under 14 years;
- acute trauma or poisoning;
- exemptions from the payment of the ticket.

The Emergency Department (ED) is a facility dedicated to the care of patients with urgent diseases, i.e. patients who are affected by a pathology that requires non-deferrable health intervention. Since November 2019, the ODA has adopted the new regional hospital triage system, with the transition from the usual 4 color codes (red-yellow-green and white) to the new 5-number code (which can be associated with the color) to identify the patient's priority for access to care and the consequent waiting times.

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

In order to optimize waiting times and better manage the overcrowded condition of the ED, the ODA has developed dedicated paths for patients who have well-defined symptoms (chest pain, epigastralgia, etc.), with the aim of significantly reducing the waiting times

related to the response of instrumental tests and which allow the ED doctor to assess the patient's clinical status.

This organizational model allows the patient who has a minor pathology with clear mono-specialist relevance, to whom a code 4 or 5 is assigned to Triage, to be sent directly to the doctor for treatment.

Assistance in the ED is guaranteed to everyone regardless of age and nationality. The use of the ED is indicated in all cases of urgent problems, which cannot be resolved by the General Practitioner or the Paediatrician of free choice or by the Continuity of Care (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 closer to the place of the call.

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

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

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

Following the provision of ED, the doctor may:

- place/confirm the indication for hospitalization;
- transfer the patient, with protected transport, to another location in the event of impossibility to proceed with hospitalization, due to lack of a bed or because the clinical case requires the use of professional resources and/or specialized techniques that are not available;
- send the patient home with the necessary information for the continuation of treatment and/or any subsequent checks;
- keep the patient under temporary observation at the Brief Observation Service (OBI), in order to complete the diagnostic-therapeutic process.

Ordinary hospitalization

Ordinary hospitalization 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 hospitalization, the patient is summoned to perform pre-hospitalization 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.

Day Hospital (in the Medical Area)

The Day Hospital (DH) is a daytime care cycle that consists of a hospitalization or cycles of scheduled hospitalizations consisting of single or repeated accesses each lasting less than 12 hours with return to one's 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 surveillance and prolonged medical and nursing observation. Admission to Day Hospital is on the recommendation of the doctor of the Company's Operating Unit and as for ordinary conventional hospitalizations, the following are necessary:

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

The Internal Medicine Day Hospital Unit (Second Floor) has 1 bedroom and 2 beds with private bathroom. It is open from Monday to Friday; while the Cardiology Day Hospital Unit (First Floor) has 1 bedroom with 1 place with a private bathroom.

Day Surgery (in the Surgical Area)

Day Surgery (DS) consists of a surgical hospitalization with a predominantly daytime cycle. Activated in the Hospital of the City of Aprilia in April 2002, Day Surgery is a modality that allows invasive or semi-invasive surgery to be carried out on a daytime hospitalization basis, which, if necessary, also includes overnight stays.

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

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

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

The Day Surgery Unit of General Surgery and Orthopedics and Traumatology (Third Floor) has 2 bedrooms for 3 people with private bathroom. It is open from Monday to Friday; while the Obstetrics and Gynecology Day Surgery Unit (First Floor) has 1 bedroom with 1 place with private bathroom.

Post-acute hospitalization Long-term medical care (cod. 60)

Access to the post-acute hospitalization unit is by transfer from acute care units. Direct admission to the ward of patients from the emergency room or on the recommendation of local services is not allowed.

The request for Long-Term Post-Acute Hospitalization by acute care facilities must primarily take into account the patient's clinical-care needs and, therefore, the availability of beds in the long-term care facilities surrounding the hospitalization facilities.

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

- compilation of the Hospital Discharge Form (SDO) relating to hospitalization with the indication "transfer to another regime";
- copy of the discharge sheet with a duplicate of the diagnostic procedures performed;
- compilation of the "Regional Long-Term Hospitalization Proposal Form", accompanied by information on persistent clinical and care problems, on the proposed therapeutic plan, on scheduled specialist checks;
- sending the aforementioned Form to the Long-term Care Unit for the request for hospitalization;
- carrying out the Transfer which will take place after the assessment of the patient's adequacy and the formalization of bed availability by the accepting Facility, in compliance with any Waiting List.

Upon the patient's arrival, a new medical record must be compiled and an individualized care program (PAI) must be drawn up, multidisciplinary that takes into account the different professionals involved in the management of the patient, based on his or her care needs such as:

- clinical (clinical framework, stabilization of clinical conditions);
- extensive rehabilitation (functional recovery where necessary);
- nursing (prevention and treatment of pressure sores, management of medical devices, etc.);
- social (promotion of social and recreational relationships, animation and family contacts). The duration of the hospitalization is established in a period of time of a

maximum of 60 days, after which a tariff reduction is applied provided for by regional legislation.

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

Particular attention should be paid to the socio-environmental aspect (promotion of social relationships, recreational activities, animation, contacts with family members, etc.), in a clear bio-psycho-social vision. The care program will be subjected to periodic evaluation in order to be aware of the degree of achievement of the set objectives. 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 which contains:

- a summary of the clinical problems that led to hospitalization in the acute ward and subsequent transfer to long-term care;
- diagnostic, therapeutic and rehabilitative care procedures carried out during hospitalization;
- 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 common 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 path 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 new acute pathology, the Long-term Care Unit must ensure timely transfer to an acute operating unit capable of providing the most appropriate care.

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

Especially:

1. Patients from UU. OO. of the Medical Area:
    - patients with previous acute illness and clinically stabilized, non-autonomous, in whom the need for daily medical verification persists for the adjustment of therapy and the recovery of autonomy in a short time;
    - convalescent patients with non-stabilized disease outcomes, not autonomous, with amendable functional deficits;
    - patients destined for periodic treatments at high frequency;
    - patients with mild functional deficits and a favorable prognosis for short-term recovery, who mainly require internal medicine assistance as well as extensive targeted rehabilitation interventions. With regard to the latter aspect, the extensive rehabilitation treatments that can be carried out during long-term hospitalization in post-acute hospitalization must respond to a specific rehabilitation program 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 immobilization syndrome (nursing, postural alignment, passive mobilization).

2. Patients from UU. OO. of surgical area:
    - patients from UU. OO. surgical patients with a resolved clinical picture with regard to the pathology of surgical interest but who have comorbidities and/or complications pertaining to internal medicine at risk of instability and/or who have functional deficits and who require medical surveillance and continuous nursing care that cannot be provided as an alternative to hospitalization

We explain the criteria for non-admission:

- terminal patients for whom alternative forms of assistance can be activated;
- patients with significant cognitive impairment;
- non-self-sufficient elderly patients with stabilized pathology outcomes;
- patients not coming from acute wards. Clinical conditions eligible for long-term post-acute hospitalization

In addition to the indications for admission reported above, some clinical conditions eligible for long-term post-acute hospitalization 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 edema (complicated by infections or bedsores) or chronic heart failure, already stabilized in acuteness, which requires further continuous care;
    - decompensated diabetes mellitus, after the acute phase, for which a health treatment of reduced intensity and limited duration is indicated for the purpose of stabilizing the clinical conditions; p
    - pneumonia or other slow-resolving unstabilized infectious process;
    - chronic respiratory failure exacerbated, after the acute hypercapnic phase, which requires further treatment (infusional, areosol);
    - infective endocarditis after the disappearance of fever, with a low risk of embolization and valve rupture;
    - chronic patients with concomitant diseases requiring continuous care (e.g. severe anaemia, peripheral vasculopathies, diabetic foot, dehydration, malnutrition); c
    - complicated liver cirrhosis with ascites and/or portosystemic encephalopathy with low risk of esophageal variceal bleeding;
    - stabilized nephropathy during consolidation therapy;
    - chronic atrial fibrillation at risk of clinical instability;
    - patients returning from acute illnesses, with a stabilized disability who cannot be directly discharged due to social welfare problems and/or inadequate family support for whom a protected discharge path is underway in residential, semi-residential or home care facilities.

2. Surgical area:
   - controlled convalescence phase, temporarily limited, for some general or specialist surgery;
   - need to perform medication on an inpatient basis;
   - medical complications of surgery (metabolic, infectious, circulatory);
   - Patients discharged from acute care facilities, undergoing hip or knee joint replacement, or suffering from recent fractures, who require additional ongoing medical care before being referred to intensive rehabilitation.

APA Outpatient Procedures

The amalgamations of outpatient services – APA are generally composed of a main surgical service and a set of ancillary services such as pre- and post-surgery visits and examinations.

9.2 – 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 "PRIORITY CLASS U - B - D - P - without indication of priority" To book, modify and cancel specialist visits and diagnostic tests prescribed on referral with PRIORITY CLASS U - 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 06.92.7041.25 – 06.92.71.825 from Monday to Friday from 07.30 to 19.00 and on Saturday from 07.30 to 12.00.

It is also possible to use online:

- Booking systems on www.poslazio.it
- the dedicated form on the website of the Ospedale Città di Aprilia http://www.casadicuracittadiaprilia.it/index.php/component/creativecontactform/?form=19

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 Saturday from 07.30 to 12.00.

The services prescribed with "PRIORITY CLASS U", I.E. reporting the priority class U (urgent) on the referral, are booked directly by your general practitioner/specialist through the "Doctor CUP" service and, consequently, can NOT be booked through ReCUP.

The priority classes for specialist examinations 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.

Analysis Laboratory

The Blood Collection Center, which can be reached from 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 Sampling Center and agree on the booked users to be able to carry out the test.

Changes and cancellations

In the impossibility of showing up for confidential visits or examinations, it is necessary to worry about cancelling 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 reserved for the 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 the payment of the full ticket amount even for exempt patients (DCA 437/2013).

Acceptance

Patients, even exempt ones, before performing any outpatient service must perform the acceptance at the CUP counters, to register the prescription. Payment for outpatient services can be made on any day, as long as you have a reservation; for the Sampling Centre and for Diagnostics, payment can only be made on the day of the service.

Payment methods

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

- cash payment;
- payment by debit card;
- payment with Postamat;
- payment by Credit Card.

Demanding validity

The referral of visits and examinations must be regularized (paid to the CUP for non-exempt patients or accepted for exempt patients) before the performance of the service.

From 1 January 2024, the prescription that prescribes visits or diagnostic tests (outpatient specialist services) is valid for six months from the date on which the doctor completed it (the date is visible in the prescription).

The booking of the service must therefore be made within the six months of validity of the prescription.

Ticket Exemptions

Patients exempt for:

- disability greater than 67%;
- pathology (code 048);
- income

after having regularly booked the outpatient service, they can carry it out on the day of the appointment, always subject to acceptance at the CUP.

Report collection

The reports can be collected in person, received at home and exclusively for Laboratory Medicine/Sampling Center/Diagnostic Imaging consulted online. Citizens, including those exempt from participation in health expenditure, are reminded of the obligation to collect, within 30 days, the results of visits or diagnostic and laboratory tests, under penalty of payment of the full amount of the ticket (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; on Saturdays from 11.00 a.m. to 12.30 p.m. Possible changes in hours may occur on the occasion of 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 test 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 can delegate another person in writing using the appropriate form found in the appropriate section of the booking sheet.

Outpatient emergency services (U)

In order to contribute to a territory-hospital integration, general practitioners, pediatricians of free choice and hospital specialists can access a path dedicated to clinical cases considered "Urgent", by sending a communication by email to the dedicated e-mail address mmg@cdcaprilia.it, reserved exclusively for prescribers. Once the emergency procedure has been activated, the patient will have at his disposal, exclusively for the services considered critical, i.e. long-waiting, established by the State-Regions agreement sanctioned for the period 2022-2025, dedicated availability whose waiting time does not exceed 72 hours.

9.3 – RECEPTION CARD FOR PATIENTS AND THEIR FAMILIES

Hospitalization 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 advisable to provide the telephone number of a family member or trusted person.

Acceptance

The patient admitted to the emergency hospital has already performed the administrative acceptance at the entrance to the Emergency Room. The patient called for election is welcomed directly at the hospitalization unit by the nursing staff who will record his presence, giving him an initial anamnestic interview which will then be supplemented by the medical staff.

Patient Room

Each bed has a wardrobe on one side to hang clothes, integrated with a bedside table with a drawer and two shelves, one of which is perforated to hold shoes and slippers. It is recommended 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, which is 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 allows it to be positioned in different ways. The beds of patients unable to move and/or stand up independently are equipped with anti-decubitus 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 air-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 am – 9:00 am;
- lunch 12:00 – 13:00;
- dinner 6:00 pm – 7:00 pm.

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 clinical condition and the various possibilities of diagnosis or therapy, which allow him to express a free consent, resulting from his evaluation of the information received; The information must also cover the possible risks or discomforts resulting from the treatment. Relatives of patients will be able to obtain health information from the doctors of the ward, according to the methods and times indicated on special posters (posted at the entrance of each ward); further clarifications

on the methods of interview with doctors (also in relation to particular situations) may be provided by the Nursing Coordinator.

The patient can request that the data relating to his disease (and any other circumstance concerning him) remain secret; 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 recognized based on the color and identification title of the assigned uniform:

COLOR	DEPARTMENT / SERVICE	QUALIFICATION
White uniform with red border	Orthopedics 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 Department and Cardiology	Doctors and Nurses
Magenta Uniform	Analysis Laboratory	Biologists and Technicians
Intense blue uniform	Physiokinesitherapy	Physiotherapists
White Uniform	Surgeries	Nurses
Bordeaux uniform	Obstetrics / Gynecology and Nursery	Midwives and Nurses
Green Uniform	Operating Theatre	Doctors and Nurses
Blue Uniform White Trousers	Everybody	Social and health workers
Light Blue Uniform	Everybody	Auxiliary

ID tags

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 (name and surname) the heads of the UUs. OO. and coordinators;
- with the name not extended (name and surname dotted) all the remaining staff.

Recommendations

If the patient wishes to leave the hospital area temporarily, he or she must always check with the nursing staff on the appropriateness of his or her removal, agreeing on the duration.

Smoke

ODA is a smoke-free hospital. Smoking is therefore allowed only outside the structure.

Mobile phone

The use of mobile phones is allowed in the hospital area in case of absolute necessity. We also invite you to eliminate the ringtone or at least to keep it very low and to use it discreetly so as not to annoy other guests and to avoid possible interference with electromedical equipment present in the structure.

Socialization Activities

Whenever possible, after consulting the nursing staff, it is possible to be accompanied by your loved one "outside" the room to go together to the Common Areas to converse, read, write, listen to music, entertain yourself in small leisure activities and watch television.

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

Food & Drink

Please note that it is forbidden 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 want your loved one to help you with personal hygiene, you should consult the nursing staff.

Rest of the Family

If visitors who assist you during your stay wish to rest, they can use the Relaxation Room, remembering that the overnight stay must be agreed with the nursing coordinator.

Visiting Hours Entrance Hours

The ODA intends to privilege the maintenance of the relationships of hospitalized people with the outside world, ensuring the involvement of loved ones in the treatment process. The Caregiven is the person indicated by the patient as support during the period of stay. In order to ensure the performance of Clinical Assistance activities and in respect of the privacy of hospitalized people, the accompanying person may stay in the hospital room during the daytime after access hours for visitors, upon evaluation by the Nursing Coordinator. Always in agreement with the latter and on specific assessment of the same, during the night hours, the companion can stay inside the Relaxation Room and, in particular cases, can be allowed to be present near his loved one inside the hospital 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 are:

- OBSTETRICS AND GYNECOLOGY:
    - from Monday to Saturday from 13:00 to 14:00 and from 17:00 to 18:00;
    - Sundays and holidays from 11:00 to 12:00 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;
- SURGERY AND ORTHOPAEDICS/TRAUMATOLOGY:
    - from Monday to Sunday from 13:00 to 14:00 and from 17:00 to 18:00.

The hours of the visits may be subject to change by the Health Management at any time, it is therefore advisable to contact, if necessary, the concierge service at the entrance of the Facility.

Resignation

At the time of discharge, a discharge form is given to the attending physician, which contains information relating to hospitalization, 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.

9.4 – 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 activation of a process of help in favor 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 discomfort affecting patients. Particular attention is paid to users with specific social needs as part of the long and disabling therapeutic process.

The service is active from Monday to Friday from 8.00 to 15.00.

Contact person for the service: Dr. Ester Capretti (mail: serviziosociale@cdcaprilia.it).

Spiritual Assistance

Catholic spiritual assistance in the Ospedale Città di Aprilia is guaranteed, by the presence of the priest according to availability.

Spiritual assistance includes, among other activities:

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

It is possible to receive the sacraments of Reconciliation, the Anointing of the Sick and daily Communion for patients who request it.

Holy Masses are celebrated in the Chapel located on the Ground Floor, in the corridor leading to the Sampling 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 email relazioni.pubblico@cdcaprilia.it, to be put in touch with the ministers of the respective religions who, on request, will be informed.

Sex and the Cancer Desk – Mamanonmana 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 Association of Social Promotion (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 - Gynecology Unit on Thursdays from 1:00 p.m. to 4:00 p.m. with the aim of listening to and breaking a deafening silence surrounding a problem that affects 6% of Italian women: sex after cancer.

A significant phenomenon that is not talked about much in Italy because women themselves most of the time do not talk about it, do not say, 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 deal with. Only by talking about it can women discover that solutions exist, that much can be done to make them even better. "Sex and the Cancer" was born to tell this story.

A community that becomes a movement of change that fights for the right of women to enjoy life, because a satisfying sexuality after cancer is possible.

No more taboos. For information, email info@sexandthecancer.it, associazionemamanonmama@gmail.com.

10. Other Hospital Services

Bar service

The hospital bar is located on the ground floor, adjacent to the Single Booking Center and is open from Monday to Sunday 7.00 am – 6.00 pm.

Vending

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, patients, visitors and staff as well as company assets. Special information signs indicate the system, managed in full compliance with the provisions on video surveillance by current legislation and by the Guarantor Authority for the protection of personal data.

Intramural Freelance Professional Activity (A.L.P.I.)

The intramural freelance profession also called "intramoenia" refers to the services provided outside normal working hours by doctors in a hospital, 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;
- to book the service without the request of the attending physician;
- to carry out the service at times more suited to their needs against the payment of a fee that provides for the issuance of a regular tax-deductible invoice by the structure.

The ODA implements the institution of intramoenia freelance professional activity according to the indications dictated by the legislation.

Information:

- who can book: interested party and/or other person;
- payment of fees in private practice: this is done before the performance of the service; before accessing the cash desks of the Single Booking Centre, it is necessary to take the number from the distributors (totems) located on the ground floor;
- how to pay: cash, debit card, credit card;
- opening hours of the ALPI ticket offices: ground zero from Monday to Friday from 07.30 to 19.00 and on Saturday from 07.30 to 12.00.

Continuity of care in the area

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

The patient is taken care of by the territory to guarantee continuity of care through:

- home care;
- assistance in post-acute rehabilitation (codes 28, 56, 75);
- long-term medical care (code 60);
- hospitalization in 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 RSA.

For an efficient and rapid care of the patient by the territory, to guarantee continuity of care and post-discharge referral to the most appropriate care setting, multidimensional assessment is essential. The doctor carries out an interview with the patient and/or family member/caregiver on the continuity of care process and agrees on its development, having as its primary objective the improvement of the patient's quality of life and improper use of hospital care in the post-discharge period. Subsequently, the patient, and his family, continues to be burdened by hospital social assistance.

Morgue

The mortuary is located in the basement of the hospital.

The opening hours to the public are:

- Every day from 8.00 a.m. to 12.00 p.m. and from 3.00 p.m. to 6.00 p.m.

11. FORMS

All the forms used by the Ospedale Città di Aprilia are present in the "forms" section of the website:

http://www.casadicuracittadiaprilia.it/index.php/documenti/category/5-modulistica

12. USEFUL NUMBERS

Switchboard: tel. 06.92.70.79.58 – fax 06.83.91.92.61

Certified email (PEC): cdcaprilia@pec.it

Regional ReCup: tel. 06.99.39 from Monday to Friday from 07.30 to 19.00 and on Saturday 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 Saturday from 07.30 to 13.00.

13. Listening and Improvement

13.1 – Reception Office - URP

Contacts: relations.public@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 organization and the environment. Within the mission of the ODA, a composite system has been developed based on the articulation of three groups:

- Reception Office - URP;
- Hospital Comfort Organization;
- Optimization of Hospital Environments;

replacing the now outdated organization of hotel services and the URP as an expression that also emphasizes 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, art.8 L. 150/2000), it is strategic in its transversality given the role played in the common work based on the centrality of the person, the object of continuous attention. The philosophy of Hospitality is a modality that intrinsically binds the activity of care and prevention to the entire hospital and becomes the Hospitality Network In line with the mission of the Hospital which performs the peculiar functions of:

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

13.2 – Scientific Direction and Training/Refresher Courses

Responsible: dr. Enrico Papini

Contacts: direzione.scientifica@cdcaprilia.it

The Scientific Directorate's mission is to boost 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, research and knowledge transfer activities, and the acquisition of human and technological resources for the development of scientific activities.

The main activities include:

- promotes and coordinates scientific collaborations/agreements between the Ospedale Città di Aprilia and the National and Local Bodies of the National Health Service, as well as with the Ministry, AGeNas, Universities, public and private, national and international research bodies;
- plans, organizes and coordinates conference, cultural and training activities, seminars, refresher courses and educational activities;
- evaluates and approves requests for training internships, attendance, scholarships, professional updates and internships of postgraduate students from the university training network;
- promotes and manages activities related to clinical trials and multicenter studies;
- monitors the Institute's scientific production and evaluates the results of the research;
- promotes, coordinates and implements the monitoring system of research activities.
- promotes and coordinates, where possible, the participation of the Ospedale Città di Aprilia in research and development programs funded by national and international bodies;
- supports 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 establishment of the Cancer Registry;
- promotes the development and dissemination of the Quality Management System, verifies its correct implementation and applies process monitoring and evaluation measures according to national and international standards.

13.3 – CLAIMS EVALUATION COMMITTEE (CVS)

The Claims Evaluation Committee – CVS was established, in accordance with the provisions of the Resolution of the Lazio Region no. G09535 of 2.07.2014 and subsequent amendments and additions.

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

It is one of the corporate bodies of the ODA and is placed directly on the staff of the Company Management. It also has the function of investigating and/or making proposals on further issues submitted to it by the Guarantee Board. The CVS, in particular, carries out the following activities:

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

- 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;
- 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 the claims also from a preventive perspective aimed at preventing them from happening again;
- formulates its reasoned proposal for the definition of the claim by submitting it to the Company Management;
- prepares and submits to the Guarantee Board and the General Manager an annual report on the activities carried out.

Composition

The CVS, in accordance with the provisions of current legislation, is composed of:

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

13.4 – QUALITY

The Principles of Quality Management

The Management Systems, in carrying out their articulated process for compliance with the standard, tend to enhance the main management aspects by implementing the following fundamental principles.

User orientation

Identify 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.

La Leadership

Establish, by the Management, the objectives at a general level, taking care of their flexibility in order to be able, at any time, to adapt them 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 established objectives.

Staff Involvement

Involve staff through training, information, motivation so that people, at all levels, can express their skills to the fullest and manifest the potential of the organization with their activity. To stimulate the use of the tools of the Quality Management System by all healthcare professionals for the practice of organizational and professional management.

The Process Approach

Adopt the logic of the process approach, because the achievement of the objectives to be pursued is achieved more effectively when activities and resources are managed with systematic interconnection. This logic must be adopted for the management of business 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 proper 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 emphasizes 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;
- continuous improvement of processes based on objective measurements.

The Systemic Approach to management favors the use of organizational 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, medical and nursing clinics, technical and administrative.

Continuous improvement

Stimulate everyone's commitment to the real priorities of the Company; motivate operators to adopt the values of a culture aimed at continuous improvement; to realize these values in the daily working reality.

Decisions based on facts and on management and performance indicators

Paying particular attention to the definition of the data and its representation for an analysis of the data and information acquired adequate to make decisions and initiate effective actions.

Mutually beneficial relationships with partners/suppliers

Set up an effective method of evaluation, selection and monitoring of suppliers; create forms of collaboration that guarantee profitable work, a common vision and a continuous search for improvement.