

**GUARNIERI CLINIC  
SERVICE CHARTER  
2022**

*Guarnieri Clinic  
Via Tor de' Schiavi 139*



*Guarnieri Outpatient Clinic  
Domenico Panaroli Street 52*



**Poliambulatorio Guarnieri**



LETTER TO CITIZENS

Dear Citizens

*This document "Service Charter," represents the information, communication and agreements with Users, to whom the Facility makes a number of commitments*

*Guarnieri Clinic's ongoing commitment, to bring citizens closer to the facility, thus showing that it is capable of delivering services and procedures needed by the Regional Healthcare Service, both accredited and private.*

*The description of the Facility and Services, the mode of delivery, and the quality offered are its main cornerstones.*

*The Clinic also allows various clinic users to receive the appropriate, detailed but simple information about what the Clinic should and can offer, in terms of prevention, diagnosis, treatment and care in the broadest sense.*

*The above makes it possible to significantly improve the management of services, with close sharing of actions, between supply and demand; to make commitments to clinic users, on the quality and quantity of services and procedures.*

*The mechanisms of the conception of the Clinic, are dictated by DCA (Regional Commissioner's Decree) No. U00311 of October 06, 2014, on the National Guidelines indicated by Decree 2 of 95.*

*In addition, the Lazio Region, by its own decree, has set criteria to which public and private healthcare facilities must adhere in order to achieve the defined goals.*

*Within the framework of the regulations, the Service Charter becomes the tool through which the activities offered and the levels of quality guaranteed to the clinic user are made known.*

*As the Guarnieri Clinic continues to refine and expand its service offerings, this new Service Charter 2022 updates the previous document "Service Charter 2021".*

*This year, the Guarnieri Clinic facility, had to cope with the dangerous Covid-19 pandemic, and therefore from February 2020, to date, (and certainly throughout the year 2022), a series of precise measures are taken to contain and prevent the SARS-Cov2 viral infection.*

*These measures are still ongoing, for the year 2022.*

*The measures involved the application of Ministerial and Regional Recommendations, which are still posted at various entrances to the Clinic and are still in effect.*

*Preventive measures such as vaccinations, wearing masks, using hand sanitizing gel, maintaining distance, restricting access to relatives and visitors, and implementing various limitations were and still are undoubtedly inconvenient. However, thanks to the dedication and compliance of all citizens, the spread of the infection has been and continues to be contained.*

*In the years 2020 and 2021, despite some interruptions, many structural works have started with the aim of providing a greater number of services to the clinic user. These include the new Radiology Section for Magnetic Resonance Imaging (MRI), which is already operational, the new Fkt with a dedicated secretariat, renovated and increased number of outpatient clinics, the new Analysis Laboratory, Nuclear Medicine, and the renovated Dialysis Center.*

*Other works are still in progress, and by the end of 2022/beginning of 2023, all the new planned areas should be inaugurated: surgical clinics for APA activity, new changing rooms for staff, and the new allocation of the Mortuary Chamber.*

*The service charter, provided in paper form to the applicants.*

*I recommend reading the following data, which provides a simple means for your orientation in the choice of services and in responding to your healthcare needs. Please keep it in a safe place and refer to it whenever necessary.*

**The Medical Director**

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#### **Section 1**

##### **Presentation of the Guarnieri Health Care Facility: the Clinic and Outpatient Clinic**

###### **1.1 The Clinic**

The Guarnieri Clinic is a multi-specialty facility, accredited by the Lazio Region with DGR 449 of 07/23/2021, located in the center of a large and populated area of the city, between Via Prenestina and Via Casilina, which represent the territorial scope. Via Tor de' Schiavi 139 (main entrance). Side entrance Via delle Robinie 20/22 (Emergency Admission). Rear entrance Via Domenico Panaroli (Dialysis).

A new entrance on Via delle Robinie, is available.

The Facility was established as a Pharmaceutical Institute in the second half of the 1930s.

In 1954 it became a clinic, with some specialties, mainly Obstetrical Gynecological.

The facility is equipped with beds accredited with the National Healthcare Services for the specialties of general medicine, general surgery, orthopedics, and for inpatient admissions for hospitalization in ordinary regime and day surgery.

The clinic provides an average of 3,500 inpatient services per year, thanks in part to its 5 operating rooms and angiography room. The clinic is also accredited with the National Healthcare Services for outpatient specialty services (cardiology, orthopedics, urology, general surgery, gynecology, radiology, diagnostic laboratory, physiotherapy, nuclear medicine). Regarding the latter, each year the facility provides about 160,000 outpatient services and privately provided services amounting to 20,000 annually provided at the Guarnieri Outpatient Clinic, Via Domenico Panaroli, 52.

The 26-bed hemodialysis service assists patients with kidney failure on three shifts, thanks to which many patients can rely on appropriate care and services considered "life-

saving." The service considered *Essential* has not been discontinued and continues its valuable activity throughout Covid-19.

## 1.2 Structure

The main building, with entrance from Via Tor de Schiavi 139, consists of a ground floor, 1<sup>st</sup> and 2<sup>nd</sup> floors (inpatient wards, the day hospital, the diagnostics laboratory and administration offices on the 3<sup>rd</sup> floor)

The semi-basement floor, with windows on street level, houses the outpatient clinics, medical offices, diagnostic imaging service, "emergency admissions," with entrance from 22 Robinie Street, and dialysis service.

The operating block is located in the basement.

The clinic has 59 inpatient rooms located on the 1<sup>st</sup> and 2<sup>nd</sup> floors. The rooms are very comfortable, with one or two beds and are equipped with en-suite bathrooms, a TV, air conditioning, fire alarm system, and immovable metal safety deposit boxes. Each bed in the room is equipped with a bedside table, a locker, a wall socket for medical gases, and a night light. Single-bed rooms have an additional daily rate.

Additional comfort services are available, including:

- ✓ Bar
- ✓ Religious service upon request

## 1.3 Visiting Hours.

For the year 2022, in order to continue the prevention of the COVID-19 pandemic, access to relatives for visits is controlled, with the possibility, subject to approval by the Nursing Coordinator, of special permissions being granted beyond the scheduled hours, for health reasons related to the patient's condition. Visiting hours are adjusted in accordance with regulations.

At the entrance of the facility (clinic and outpatient clinic), a Security Service is present to enforce the directives of the Medical Department for the access of relatives and patients. The relative must follow the rules for preventing the spread of COVID-19.

## 1.4 Useful numbers and How to reach the clinic:



- Info: 06245995
- Reservations: 0624599650, 0624599451
- Public Relations Office: 0624599607

*PublicT*

transportation:

- Line 213: Via Tor de Schiavi stop (weekdays only)
- Lines 542 and 543: P.le delle Gardenie stop
- Line 558: Viale della Primavera stop
- Lines 556 and 450: Piazza dei Mirti stop
- Line 19: Piazza dei Gerani stop
- Metro C: Gardenie or Mirti stop



1.3 Mission , (mission statement)

Our primary mission is to meet the healthcare needs not only of the local population but also of clinic users from other areas of the capital city and other regions. To achieve this mission, the clinic provides both inpatient and outpatient diagnostic and treatment services, relying on professionals with documented expertise and a continuously evolving structure.

The clinic is committed to respecting fundamental values, including:

- Respect for the value of life.
- Care for the sick person, their needs, suffering, and expectations. Protection, improvement, and promotion of health.

- Transparency, honesty, and fairness in all actions, providing effective, appropriate, equitable, safe, timely, efficient, and accessible services and procedures.
- Activation, promotion, and updating of staff training programs to enable constant improvement of the services offered. Activation, promotion and updating of staff training programs in order to enable continuous improvement of services;

#### 1.4 PERSONAL DATA PROCESSING

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27/04/2016, the Clinic guarantees maximum confidentiality of personal data acquired under obligations arising from the law. This confidentiality is ensured by timely and constant attention to compliance with the legislation in force, developed by the Medical and Administrative Departments, adopting all the necessary precautions to ensure the utmost respect for the rights, freedoms, and dignity of individuals.

In light of the above and in accordance with the European Regulation, patients are informed that:

In the case of the first intervention or hospitalization, authorized personnel from the clinic may provide telephone confirmation of the hospitalization but cannot provide information about the patient's health status, which pertains to privacy;

All information about the patient's health status can only be communicated to persons explicitly indicated by the patient themselves;

The hospitalized patient (not in an emergency) is informed that, in writing, they can communicate to the clinic their refusal to give any information to anyone.

#### 1.5 RIGHTS AND DUTIES OF THE HOSPITALIZED PATIENT

##### ***1.5.1 RIGHTS: The Patient has the right:***

1. To be assisted and treated with care and attention, respecting human dignity and personal philosophical and religious beliefs.
2. To always be identified by their name and surname instead of the name of their illness, as was done in the past.
3. To obtain information from the healthcare facility regarding the services provided, access methods, and related competences. The patient also has the right to immediately identify the people who are taking care of them.
4. To obtain complete and understandable information from the healthcare provider regarding the diagnosis of the illness, the proposed treatment, and the related prognosis.
5. To be assisted by specialized personnel in sufficient numbers to guarantee optimal care standards throughout the day, including nighttime hours and holidays, with

the assurance of an adequate active guard and efficient availability service for personnel deemed necessary in cases of emergency.

6. To be informed clearly and understandably about the diagnosis, treatment, tests to be performed, and predictions regarding the duration of hospitalization.
7. To receive information that allows for truly informed consent before undergoing treatments or procedures; such information should also include possible risks or discomforts resulting from the treatment. If the healthcare provider reaches a reasoned conviction of the inappropriateness of direct information, the same information must be provided, unless expressly denied by the patient, to family members or those who exercise guardianship.
8. To be informed about the possibility of alternative investigations and treatments, even if they can be performed in other facilities. If the patient is unable to determine autonomously, the same information must be provided to designated individuals as provided by law.

### **1.5.2 DUTIES:**

*Access to the Clinic expresses on the part of the citizen-patient an implicit relationship of trust and respect toward the health care personnel, which is a prerequisite for setting up a proper treatment and care program.*

### **1.5.3 The patient must:**

The patient must:

1. have a responsible behavior at all times, respecting and understanding the rights of other patients, with the willingness to collaborate with the medical, nursing, technical staff, and the management.
2. promptly inform the healthcare professionals if they decide to decline the planned treatments or hospitalization.
3. respect the environment, equipment, and furnishings within the healthcare facilities, considering them as common property.
4. follow the scheduled visiting hours established by the Medical Department in order to allow the normal therapeutic care activity and to promote the rest and tranquility of other patients. It is also essential to avoid crowding around the bed for hygienic-sanitary reasons and out of respect for other patients sharing the room.
5. for safety and hygienic-sanitary reasons, visits to the hospital are not recommended for children under twelve years old. Exceptional situations with emotional impact may be considered by contacting the medical staff of the operating unit.
6. in case of particular needs, visits to the patient outside the scheduled visiting hours must be authorized by a written permission from the Head of Department or a person delegated by him/her. In this case, the authorized family member must



comply with the department's rules and have a suitable attitude towards the hospital environment, while also promoting maximum collaboration with healthcare professionals.

7. considering themselves part of a community, it is appropriate to avoid any behavior that may create situations of disturbance or discomfort for other patients (noises, lights on, radios with high volume, etc.).
8. respect the daily and nightly rest of other patients. Smoking is prohibited in the Clinic.
9. comply with the organization and schedules established within the healthcare facility at all times. Requesting health services in incorrect times and ways causes considerable inconvenience to all users.
10. it is recommended that patients and visitors move inside the hospital using the paths reserved for them, directly reaching their places of interest.
11. healthcare professionals, to the extent of their competence, are invited to enforce the rules stated for the proper functioning of the department and the well-being of the sick citizen.
12. the citizen has the right to correct information on the organization of the healthcare facility, but it is also their precise duty to inform themselves at the appropriate times and places.

### 1.6 Governance

They are governance bodies of the Guarnieri Clinic:

- Cat Holding, Chairman Board of Directors: Dr Federico Guarnieri;
- Sole Administrator: Dr Zerella Domenico
- Board of auditors
- Supervisory Board Legislative Decree 231/2001

### 1.7 Organization

In order to achieve its goals, the structure of the *Guarnieri* Clinic is multi-leveled:

- Administrative Director: Dr. Zerella Domenico
- Medical Director: Dr. Patrizia Rodinò
- Risk Manager: Dr. Daniele Palumbo
- Human Resources Director: Dr. Zerella Domenico
- Medical Unit Operations Managers ( UO Medicine, UO Orthopedics, UO Surgery)

## **Section 2 Services & Procedures provided.**

### 2.1 Outpatient Services,

Outpatient activities include specialist visits, outpatient and diagnostic services, authorized and finally accredited by **DCA 456 of 12/22/2014** for the following branches:

Specialist outpatient clinic:

surgery
cardiology
orthopedics
urology
gynecology
functional recovery and rehabilitation
neurology
dermatology
endocrinology
pulmonology
nephrology
angiology
outpatient dialysis center ( 24 p.l. + 2 for HbsAg+)
nuclear medicine outpatient clinic

Aggregations of Ambulatory Services:

Carpal tunnel
Skin interventions
Therapeutic circumcision
Venous Ministripping
Hemorrhoids
Hammer finger

- Diagnostic Laboratory
- Diagnostic Imaging - Medical Radiology

In addition to these, Clinica Guarnieri, always attentive to the needs of the community, has opened a Polyclinic at Via Domenico Panaroli 52, offering new specialties and services that expand the authorized historical offering for the following procedures:

Angiology
Anesthesia and Resuscitation
Allergology and clinical immunology
Cardiology
General surgery
Dermatology
Metabolic diseases and diabetology
Hematology

Endocrinology
Physical medicine and rehabilitation
Gastroenterology
Geriatrics
Gynecology and obstetrics
Infectious diseases
Internal medicine
Forensic Medicine
Sports medicine
Nephrology
Neurology
Neuro pathophysiology
Ophthalmology
Orthopedics and Traumatology
Otolaryngology
Diseases of the respiratory system
Psychiatry
Rheumatology
Urology

For a detailed list of the services provided by each specialty, please visit the website [www.clinicaguarnieri.it](http://www.clinicaguarnieri.it).

The Clinic also prides itself on excellent services for:

- 1) Inguinal hernia surgeries without prosthesis, Guarnieri technique initiated by Dr. Antonio Guarnieri and expanded by Dr. Francesco Guarnieri.
- 2) Concurrent bilateral hip replacement surgeries.
- 3) Nuclear Medicine service accredited with the Regional Healthcare Services.

### 2.2 How to Book : how to access services.

Reservations can be made :

By Telephone	On site	Online
Hours: 7:30 a.m. to 8:00 p.m. <ul style="list-style-type: none"> <li>▪ 06245995</li> <li>▪ 06 24599451</li> <li>▪ 0624599650</li> <li>▪ 0624599657</li> </ul>	At the reception desks of the clinic, the opening hours are from 7:30 am to 8:00 pm, and at the medical offices located in Via Domenico Panaroli n°52, from 9:00 am to 8:00 pm.	It is possible to book private health services and download exam preparation instructions, when needed, by accessing the website <a href="http://www.clinicaguarnieri.it">www.clinicaguarnieri.it</a> .

A medical referral is required for services in agreement with the Regional Healthcare Services. The patient can receive reservation forms and any required exam preparation instruction forms via e-mail.

**Reservations for physiotherapy services** are handled by a dedicated secretariat, with hours from 10:00 to 16:00, located in the new spaces dedicated to the service (completely renovated rooms, gym area, secretariat area).

**Blood tests** are carried out from Monday to Friday from 7:30 am to 10:00 am and on Saturdays from 7:30 am to 10:30 am, and do not require an appointment.

At the time of admission, it will be sufficient to present oneself at the outpatient reception desks to:

- pay the co-payment ticket fee (if due) by showing the prescription;
- pay the private fee for exams not covered by the Regional Healthcare Services.

*2.3 Inpatient referral* The completion of the referral must comply with specific regional regulations. Incomplete or incorrect referrals will be returned to the patient to be regularized by the treating physician.

Upon booking/acceptance of exams covered by the Regional Healthcare Services, the following will be verified:

1	The quantity of services requested for each prescription (maximum 8, except for Physiotherapy).
2	Code for taking charge in the case of dematerialized commitment
3	Date of issuance (not more than 24 months from the date of the service).
4	Presence and correspondence of personal data.
5	Absence of any anomalies (non-compliant corrections).
6	Stamp and signature of the prescribing physician.

The clinic is committed, through timely communication to the patient, to notify any changes to the scheduled visits.

Patients are encouraged to inform the clinic of any cancellations

#### *2.4 Medical report retrieval*

Medical report retrieval can be done at the outpatient reception desk in compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27/04/2016.

It is also possible for the patient to download the reports through a dedicated portal or by clicking on the link on the Home page of the website [www.clinicaguarnieri.it](http://www.clinicaguarnieri.it). To access this service, it is essential that the user requests the credentials in reception, which will be personally delivered to them (no proxies are allowed).

### **Section 3 Description of care pathways**

The Clinic provides services for ordinary hospitalization, day hospital, day surgery both in the public and private sectors.

#### *3.1 Bed Distribution*

As per the Regional Decree n°00863 of November 24, 2020: Ratification of agreements with private-accredited entities, the accredited bed capacity is distributed as follows:

- a) General Surgery: 18 regular beds + 2 day hospital beds;
- b) Orthopedics: 59 regular beds + 6 day hospital beds;
- c) Medicine: 37 regular beds + 3 day hospital beds.

Dialysis Authorized Beds 22 + 2 for HBsAg+ Accredited Beds 22 + 2 for HBsAg+.
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#### *3.2 Ordinary Hospitalization*

Ordinary hospitalization is a form of healthcare aimed at addressing a specific medical or surgical problem that requires staying in the clinic for more than one day.

#### *3.3 Day-Hospital and Day Surgery Admissions.*

Day-hospital for acute care is a planned hospitalization modality of Medicine, delivered in cycles, aimed at addressing a specific therapeutic and/or diagnostic health problem that does not require an ordinary hospitalization and that, due to its complexity, cannot be treated on an outpatient basis.

The autonomous Day Inpatient Unit is located on the third floor of the facility and is connected to Wards and Services.

#### *3.4 Day-Surgery*

Day-surgery, also known as ambulatory surgery, refers to the possibility of performing surgical procedures and invasive diagnostic and/or therapeutic procedures under a limited hospital stay for only a few hours (in some cases with possible overnight stay - one day surgery) which can be performed under local, loco-regional, general anesthesia and/or analgesia.

The same indications provided for the Day-Hospital apply for the activation of Day-Surgery. Discharge is the responsibility of the anesthesiologist in agreement with the surgeon,



after verifying the complete recovery of temporal-spatial orientation, cardiocirculatory stability, protection reflexes of the airways, spontaneous urination, absence of bleeding, pain and nausea compatible with family management and motor self-sufficiency.

At discharge, a report intended for the referring physician is provided containing all the elements related to the intervention, including:

- the results of diagnostic tests performed
- a brief description of the surgical procedure or the procedure or service provided
- any notable conditions that occurred in the perioperative period
- recommended pharmacological treatments
- indications for managing possible complications
- contact information for any further communication

### 3.5 Aggregations of Ambulatory Services

These are simple procedures that, after clinical evaluation of the extent of the disease and the patient's general conditions, can be performed on an outpatient basis.

### 3.6 Hospitalization Reservation

Scheduled hospitalization is preceded by pre-hospitalization, a phase in which the patient enters the hospital structure to undergo screening to assess their suitability for surgery (ECG, chest X-ray, etc.).

Tests carried out up to 30 days before the operation are considered pre-hospitalization exams.

It should be noted that "specialist pre-hospitalization services" refer **only** to specialized services aimed at admission to the hospital and not at the diagnosis.

The purpose of pre-hospitalization is to eliminate all preoperative hospitalization aimed at performing the necessary tests (visits, instrumental and laboratory tests) for the evaluation of the surgical risk and preparation for the intervention, as well as other necessary methods, such as the pre-deposit of autologous blood.

The request for hospitalization is made by presenting the appropriate form (GU26), completed by the specialist who transmits it to the reference Nursing Coordinator who takes care of the patient throughout the entire healthcare process.

### **GU26 PATH: PLANNING OF SURGERIES:**

All GU26 forms must be submitted to the Coordinators by specialists. (The exception are private hospitalizations and those related to insurance funds, which will be managed by the admissions office and the Insurance Fund office).

The Nursing Coordinators will:

- Enter the pre-hospitalization date and planned exams on Equipè.
- Provide patients with all information related to the hospitalization (pre-date, exams to bring to the visit, schedules, and pathways to be taken).

The Coordinator of the pre-hospitalization service will then deliver all medical records to the designated Nursing Coordinator (both complete medical records and those of patients on standby). For patients on standby, the designated Nursing Coordinators will contact pre-hospitalization to organize the final evaluation of the documentation only after following up

and contacting the patient during intermediate diagnostic pathways, verifying the progress of the pre-hospitalization pathway, patient chart, pre or direct contact with the patient. After completing the pathway, the pre-hospitalization doctors will reopen the electronic report, adding the final evaluation and date. The folder will be returned to the ward so that the Nursing Coordinator can contact the patient to organize the hospitalization. The scheduling of the surgical lists will be carried out by the Coordinator of the ward, following the indications of the referring physician, where possible.

For Aggregations of Ambulatory Services, the Nursing Coordinator of the DH-DS will need to inform the patient and collect the prescription (in person, via email, or fax) to be corrected (see SA form "Modalities of Prescription of APA"). Only after verifying the correctness of the prescription request will they enter the pre-hospitalization date on the SW management system .

The activities carried out by each Functional Unit can be consulted on the Clinic's website: [www.clinicaguarnieri.it](http://www.clinicaguarnieri.it).

### 3.7 Waiting times

The purpose of the waiting list is to ensure that access to provided services is based on criteria of accessibility, equity, transparency to protect the rights of patients. The Management aims to constantly monitor the process in compliance with regulatory provisions.

The request for inclusion in the waiting list is managed according to a shared programming with the referring physician. Based on the clinical question and the clinical condition, a reasonable waiting time is agreed upon to obtain a service without compromising the prognosis. The order of priority may be modified:

- If the patient's clinical condition changes
- Upon request for postponement by the patient for personal reasons

The patient who, contacted with sufficient notice (one week before), refuses the service will be removed from the waiting list; if the patient presents serious health reasons, he/she may be reinserted in the aforementioned list, with consent, respecting the chronological criterion. For postponements within 90 days, the patient returns to the waiting list, taking into account their original position. The booked user can have access to the waiting list register, regarding their position, upon request to the Medical Department.

### 3.8 The day of admission

The patient should bring with them documentation related to previous hospitalizations, discharge letters, and diagnostic tests, which can provide useful information to the ward doctor and avoid unnecessary repetition of tests already performed.

Don't forget to bring:

- A form of identification and the health insurance card or specific certification for foreign patients.
- Any medications being taken at home.
- Medical documentation (tests, X-rays, ECGs, etc.).
- Orthopedic devices, crutches, and anti-thrombosis stockings if prescribed by the healthcare provider.

Please bring:

- Daily changes of personal clothing. We recommend soft and natural fabrics that are easy to wear and washable at high temperatures.
- 2 pairs of slippers : 1 pair for the room and 1 pair for the shower.
- A new toothbrush with soft, rounded-tip bristles, a case, and personal toothpaste.
- High-quality liquid soap with a dispenser. We recommend using fragrance-free and hypoallergenic products.
- Fragrance-free moisturizer.
- Disposable tissues and napkins.
- A pajama, tracksuit, jacket, or coat to wear when going outside.
- Bath towels.

Please do not bring:

Sponges, soap bars, perfumed cosmetics, disinfectants, cloth napkins, non-electric razors, sharp scissors.

Please use only resealable product packaging and dispose of wipes or tissues after use in designated containers.

Further instructions are provided in a brochure that is given to the patient before admission.

### 3.9 Patient discharge

At the time of discharge, in all forms of hospitalization, a summary document is released to the patient, with which he/she can update his/her General Practitioner. This documentation (Discharge Letter), to be kept for any subsequent hospitalizations, summarizes the therapeutic-assistance pathway, the services provided, the results of the tests, and any follow-up indications.

### 3.10 Requesting copies of medical records

A copy of the medical record will be issued, upon request, after the patient's discharge, within 30 days from the request. The copy of the medical record, as well as any other documentation regarding the patient's health status, will be delivered in compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27/04/2016 and in

accordance with the provisions of the Ministry of Health. Any documentation that is not collected within 90 days from the maximum delivery date will be eliminated.

#### **Section 4 Mechanisms/Forms/Instruments Of Protection.**

##### **4.1 Quality: commitments and verification of standards**

The Clinic has obtained the conformity certification to the UNI EN ISO 9001:2015 Standard, which is renewed every year. **The Quality Management and Organization System** was established within the Clinic in 2007, obtaining the first Cermet certification (certifying body that attests to compliance with the requirements dictated by ISO standards) on August 2, 2007. Currently, Kiwa/cermet carries out annual inspections with renewal every three years and surveillance checks every year. The latest certification corresponds to August 1, 2019 and certifies compliance with the requirements dictated by the updated UNI EN ISO 9001/2015 standard.

The system has a process approach that is renewed annually with the commitment signed by the respective responsible parties.

#### **The QMS documentation tree was organized as follows:**

- **Quality Manual:** a document that describes an organization's quality management system.
- **SIPOC:** an organizational document that defines, in a concise manner, the characteristics of a process/service for the purpose of defining requirements and management for control and monitoring.
- **Procedures:** specified way to carry out an activity or process.
- **Protocols/Instructions:** documents supporting procedures or process sheets that describe in detail how specific activities are to be conducted.
- **Quality Policy and Plans:** a document that, for a specific project, product, process, or contract, specifies which procedures, and associated resources, are to be used and by whom and when.
- **Guidelines:** documents that provide information or advice.

For the maintenance, updating, and improvement of the System, the following activities are carried out:

- Annually, a cycle of **audits** and internal verifications is conducted, all of which are documented and scheduled, and all of which are verified at the review meeting.
- Annually, the Management Review Meeting is held, which is a comprehensive review of the entire system, including processes, indicators, values, non-conformities, corrective and improvement actions. The minutes of the meeting include a series of input and

output elements, as well as actions to be reviewed for the following year. The Process Owners participate in the review meeting, presenting their activities and discussing critical issues and related improvement actions with the Departments. The review schedule is pre-arranged.

- The **Quality Policy** document is reviewed annually: The Administrative Director revises the document from the previous year, requesting changes to the context and mission as needed. Objectives and related target values are reviewed annually and give rise to **Quality Plans**, which document the objective, the names of the data collection responsible parties, the timelines, and the data collection methods. The Process Owners also share the objectives and actions aimed at achieving them, and sign for acceptance of the objectives and closing of the plan, whether or not the objectives are achieved. In the latter case, subsequent modifications to the unachieved or partially achieved objective are included. The entire documentation of the Quality and Organizational System is shared via a server that all personnel can access for reading and printing, while changes can only be made and saved by designated responsible parties.
- Meetings are held on a mostly monthly basis, and as needed to discuss topics of relevance, and these are documented in minutes.
- The structure has received final accreditation (Decree No. U00456 of December 22, 2014) in confirmation of its continuous commitment to a policy aimed at fully satisfying regulatory requirements. In continuing its action to protect the health of its patients, it has implemented mechanisms aimed at reducing the occurrence of preventable adverse events within its organizational context, through the establishment of the "Risk Management and Patient Safety Unit," a policy of transparency towards citizens, the establishment of the Sanitary Committee, and the publication on its website of data related to adverse events that have occurred in the facility, their causes, and the initiatives implemented.

## ***2- Report on Adverse Events and Compensation Paid in 2021***

<p>Admissions performed: <b>3806</b></p> <p>Total procedures: <b>223.080</b></p> <ul style="list-style-type: none"> <li>• SSN procedures: <b>71,596</b></li> <li>• Private clinical procedures: <b>128,786</b></li> <li>• Private Outpatient Clinic Procedures: <b>22,698</b></li> </ul>	<p>Adverse Events: <b>0</b></p> <p>Complaints <b>9 complaints.</b></p>	<p>No. claims received in 2021: <b>Total 9</b></p>	<p>The ratio of claims to admissions is <b>0.2 percent</b></p> <p>The percentage of claims to total procedures provided is: <b>0.004%</b></p> <p>The percentage of complaints and reports to total procedures provided is: <b>0.004%</b></p> <p>The number of joint compensations settled for 2021 is 1.</p>
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The strategic vision of Guarnieri Clinic, as in previous years, is realized through activities aimed at promoting, enhancing, and developing healthcare services, both under agreement for services that the Regional Healthcare Services cannot provide independently, and in the private sector. Attention is also paid to providing assistance to foreign citizens, ensuring emergency and essential healthcare services.

This system represents an opportunity for continuous improvement in service management, as it is equipped with mechanisms for measuring, informing, and controlling the achievement of objectives.

#### 4.2 Emergency First Aid

An emergency first aid service for sick or injured people who need immediate assistance and if necessary transfer to the public Emergency Department is available at the First Aid Reception.

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#### 4.3 Patient Satisfaction

Satisfaction is measured through ad hoc questionnaires that are provided at the time of access.

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#### 4.4 COMPLAINTS.

The user can contact the Public Relations Office at 06 24599657 for any reports and complaints or make an appointment with the Medical Department. For each notification, in any form received, an attempt will be made to provide an immediate solution. If this is not possible, the complaints will be forwarded to the relevant Department for appropriate investigation and necessary measures to provide a response.

The response will normally be provided within 30 days.

The user can submit the complaint in person at the Public Relations Office, by post, by fax, by phone or by e-mail.

The Public Relations Office that receives the complaint from the citizen-user, directly or from the Organizational Operating Units, collects information about the disputes and dissatisfactions on the service provided, verifies that the following fields are completed:

- On the "*MOD\_Complaint, suggestion or positive feedback from the user*":
- the assigned protocol / complaint number;
- the opening date;

- the closing date;
- suggestion, positive feedback, complaint;
- Department / office involved;
- Identification data of the personnel or user who filled it out;
- Data relating to the user's address;
- Description.

If possible, the Public Relations Office activates the immediate resolution of the complaint and provides information to the citizen (possibly by sending a copy of the GUA MOD "Complaint, suggestion, positive feedback from the user" with the required records) and the Quality Control Manager of the relevant organizational unit.

In case the Public Relations Office is unable to resolve the complaint, it promptly transmits the complaint form to the personnel involved, the Management and the Risk Manager so that they can identify the proposed solution.

The personnel involved will provide, on request from the Public Relations Office, a detailed report concerning the facts.

Evidence of the takeover of the complaint is represented by the date and signature of the personnel receiving the complaint reported on the Unified Management of Activities (GUA) mod "Complaint, suggestion or positive feedback from the user".

The Public Relations Office referent takes charge of the complaint, dealing with its resolution based on any indications from the management and the Risk Manager. The complaint, with evidence of its management, is archived by the above mentioned referent.

In case of non-immediate resolution, the Public Relations Office referent with the collaboration of the Responsible for the Organization and Quality System, opens an action, reporting the references in the complaint form.

During the investigation phase, the Public Relations Office collects all the useful information to describe the problem, detail the events of reference, the measures eventually taken.

After analyzing the described problem and consulting any attached documentation, the Public Relations Office decides whether to acquire new information by contacting the involved personnel or to immediately resolve the complaint.

#### *4.5 Appeals/Claims/Compensation.*

### **Legal and Litigation Department**

It is a staff unit of the General Management that takes care of legal activities and handles insurance matters. It is responsible for the examination of:

- active disputes, with the collaboration of the Office of the Patients' Rights Ombudsman;
- the most suitable measures to be taken to protect the company's interests;
- checking the insurance contracts of medical professionals and their expiry dates;
- managing the flow of information and communications within its competence.

The office relies on the consultancy of an external legal firm, which:

- represents and defends the structure before the Judicial System;
- represents and defends the structure in out-of-court proceedings, mediation, and civil matters;
- conducts legal-administrative research and consulting on issues of particular relevance;
- proposes acts of outsourcing of legal assignments, CTP.

Visit [www.clinicaguarnieri.it](http://www.clinicaguarnieri.it)