



"CLINICA ANNUNZIATELLA"

**PRIVATE HOSPITAL / CARE HOME
HEALTHCARE SERVICES CHARTER OF THE 'NUOVA CLINICA ANNUNZIATELLA'
UPDATED ON: 13.07.2026**

The Legal Representative

The Health Director

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 2 di 2
---	------------------------------------	--

Dear Customer,

The Services Charter of this Private Hospital has been prepared to provide you with information about the facility, the services offered, and to introduce you to the principles guiding our management. The pathway proposed to you must be as efficient as possible. To achieve this goal, it is necessary to establish an ongoing dialogue with you, through which we can verify the level of satisfaction of your expectations. The collaboration you offer us in this regard will be invaluable.

Efficiency, quality, courtesy are the commitments we make to our Patients when offering diagnosis and treatment services.

- **Efficiency** means good organization and planning of activities, coordination and integration of services, compliance with agreed times for performing services, transparency in public relations, and a constant effort toward improvement. The Nuova Clinica Annunziata Private Hospital obtained its quality system certification back in 2008 and is currently certified according to UNI EN ISO 9001:2015 standards for all healthcare activities provided. Quality certification guarantees our organizational and healthcare standards.
- **Quality** of diagnosis and care activities. This is the goal of our physicians, who competently and skillfully apply modern diagnostic and therapeutic protocols, work in integrated teams with multidisciplinary expertise, use the most modern tools and techniques, adapt to national and international guidelines, and continuously keep up to date with their respective disciplines.
- **Courtesy** and respect for the Patient are priority commitments for all of us: physicians, nurses, technicians, and administrative staff.

The Legal Representative
Dr. Gina Spallone



SUMMARY (TABLE OF CONTENTS)

COMPANY PRESENTATION - Page 4

1.1. PRESENTATION - Page 4

1.2. STRUCTURE AND SERVICES - Page 4

1.3. FUNDAMENTAL PRINCIPLES - Page 5

1.4. MISSION - Page 7

1.5. PRIVACY - Page 9

1.6. WHERE WE ARE - Page 9

SECTION II - SERVICES AND PERFORMANCES - Page 10

2.1. AUTHORIZED HEALTHCARE SERVICES PROVIDED - Page 10

2.2. ORGANIZATIONAL CHART - Page 12

2.3. HEADS OF DEPARTMENTS / RESPONSIBLE OFFICIALS - Page 12

2.4. PERFORMANCES / SERVICES - Page 12

2.5. TICKET (CO-PAYMENT) AND EXEMPTIONS - Page 16

SECTION III - SERVICES - Page 16

3.1. HEALTHCARE SERVICES - Page 16

3.1.1. GENERAL SURGERY - ORTHOPEDICS - UROLOGY UNIT - Page 16

3.1.2. OUTPATIENT CLINICS - Page 18

3.1.2. HOSPICE - Page 19

3.1.3. DIALYSIS - Page 23

3.2. NON-HEALTHCARE SERVICES - Page 27

3.2.1 SERVICES PROVIDED VIA EXTERNAL SERVICE CONTRACTS - Page 27

3.2.2. CATERING / MEALS - Page 28

SECTION IV - PROTECTION MECHANISMS/FORMS/TOOLS - Page 28

4.1. AGREEMENTS / CONVENTIONS - Page 28

4.2. INSURANCE PROTECTION - Page 28

4.3. VOLUNTARY ASSOCIATIONS AND RIGHTS PROTECTION - Page 29

4.3.1. VOLUNTEERING AND RIGHTS PROTECTION ASSOCIATIONS FOR THE DIALYSIS
DEPARTMENT - Page 30

4.3.2. VOLUNTEERING AND RIGHTS PROTECTION ASSOCIATIONS FOR THE HOSPICE
- Page 30

4.4. COMPLAINTS - Page 30

4.5. IMPROVEMENT GOALS - Page 30

4.6. QUALITY STANDARDS - Page 30

4.7. QUALITY FACTORS, INDICATORS, AND STANDARDS FOR EVERY PHASE OF THE
HOSPITAL INPATIENT EXPERIENCE - Page 31

4.8. QUALITY FACTORS, INDICATORS, AND STANDARDS FOR SPECIALIST AND
DIAGNOSTIC SERVICES - Page 32



COMPANY PRESENTATION

1.1. Presentation

The Private Hospital "Nuova Clinica Annunziatella" operates at the address: Via Meropia 124 - 00147 ROME, in the heart of the Ardeatino district, a few steps from EUR and the Appia Antica. It is located in an area with low construction and building density, full of greenery within wide open spaces.

The area surrounding the facility is adorned with pine trees and other highly developed, lush tall trees. Furthermore, the position of the land offers comfortable and suitable climatic conditions regarding temperature, sunlight, and humidity.

The total area of the land on which the hospital stands is approximately 3,000 square meters, partly allocated for parking (350 sqm) and partly for a garden (700 sqm).

The building housing the clinic covers an area of over 900 square meters and consists of a single 7-story structure, including 1 basement level and 6 floors completely above ground.

Historically, thanks to the work of Prof. Dario Spallone and in continuity with the tradition that made it renowned, the hospital has offered highly professional services across all specialist branches, particularly in "highly specialized" surgery, utilizing the work of distinguished and qualified surgeons.

The facility employs top-level medical specialists in surgery and medicine who guarantee diagnostic and treatment services under ordinary, emergency, and outpatient hospital admission regimes of the highest quality.

Specifically, by using modern technology and highly efficient, constantly available services, the Clinic ensures maximum safety in medical practice, treatment execution, and patient monitoring. Special care is also directed toward providing the best possible material, environmental, and human conditions required by the patient's state, aiming to avoid any form of depersonalization caused by hospitalization and treatment.

Finally, the structure ensures full respect for the patient's wishes, regardless of social status, ideology, politics, economic background, or age, when exercising the right to freely choose their doctor, location, and times of care.

The Private Hospital Nuova Clinica Annunziatella is a member of A.I.O.P. (Associazione Italiana Ospitalità Privata - Italian Association of Private Hospitality). A.I.O.P. collaborates with the Tribunal for Patients' Rights to ensure citizens receive consistent quality of services offered by private healthcare facilities belonging to the Association.

Since December 2008, the facility has obtained the Certification of its Quality Management System, currently compliant with the ISO 9001:2015 standard.



The quality system describes in detail the methods used to plan, implement, and verify the quality of services offered to the Patient throughout all phases of diagnosis and care, aiming for constant improvement and user satisfaction. The Quality Manual, Procedures Manual, Operational Instructions, Medical and Nursing Protocols, Guidelines, and any other document relevant to the activity are known and shared by the operators, who apply their contents and participate in improvement projects.

1.2. Structure and Services

Nuova Clinica Annunziata offers services under inpatient, residential, and home care regimes for:

- General Surgery
- Urology
- Orthopedics and Traumatology
- General Medicine
- Hospice (Residential – Home Care)

As well as outpatient services for:

- Analysis Laboratory
- Diagnostic Imaging
- Dialysis
- Outpatient Clinics (for details, see Chapter 2 of this Services Charter)

1.3. Fundamental Principles

The core principle on which the assistance provided by the Private Hospital "Nuova Clinica Annunziata" is based is "patient centrality". All internal structural, technological, and professional resources are therefore aimed at solving the User's health problems, ensuring correct information regarding organization and access to services, necessary diagnostic, therapeutic, and rehabilitative interventions, and ensuring the best environmental and care comfort during hospitalization, alongside respect for their person.

Specifically, in supplementing fundamental principles and with reference to international and national law standards, the hospital commits to upholding the following Patient rights and duties:

A) RIGHTS

- **Right to respect for personal dignity and moral, political, and religious convictions:** Garantendo protezione da qualsiasi pressione sulle convinzioni del cittadino; riservatezza nell'esecuzione di visite; condizioni ambientali tali da evitare l'isolamento.
- **Right to freedom of choice:** Garantendo la libertà di scelta della équipe medica; accesso alla struttura in tempi solleciti; possibilità di rifiutare il metodo diagnostico.

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 6 di 2
---	------------------------------------	--

- **Right to quality of care:** Garantendo attenzione alla sicurezza; prestazioni di qualità; aggiornamento scientifico; formazione continua del personale.
- **Right to information:** Garantendo un'informazione adeguata sulle caratteristiche della struttura; aggiornamento appropriato e comprensibile sulle diagnosi; riservatezza dei dati.
- **Right to complaint:** Garantendo la possibilità di presentare reclami e ricevere precise informazioni sull'esito.
- **Right to privacy:** In attuazione del Regolamento UE 2016/679, possibilità di richiedere il completo anonimato e individuare persone terze a cui comunicare lo stato di salute.
- **Processing of personal data:** Massima riservatezza sui dati personali e sanitari acquisiti per obblighi di legge.

B) DUTIES

- Maintain responsible behavior at all times, respecting and understanding the rights of other patients.
- Promptly inform healthcare professionals of their intention to waive scheduled health services and care.
- Respect the environments, equipment, and furnishings within the healthcare structures.
- Avoid any behavior that might cause disturbance or discomfort to other patients (noise, bright lights, high TV volume, etc.).
- Respect the smoking ban across the entire facility.
- Seek information at the appropriate times and places.
- Respect the schedules and visiting hours established by the Health Directorate.

1.4. Mission

The Casa di Cura Nuova Clinica Annunziatella is a company that responds to the health needs of the population by offering healthcare services characterized by high specialization and a higher care load. The primary objective of the hospital is to place the user at the center of the organization, aiming to carry out its activity with respect for personal dignity, using as inspiring principles the promotion of health and the best patient care and comfort.

Key focus points include: Pursuit of Excellence, Human Resources Participation and Development, Transparency and Collaboration, Quality and Training, and Hospitality.

1.5. Privacy

The Nuova Clinica Annunziatella guarantees respect for the Privacy of users by complying with the provisions of EU Regulation 2016/679.

All information is collected in compliance with the principles of lawfulness, fairness, and confidentiality. Consent is kept inside the personal medical file, and technical security tools are monitored and updated constantly.

1.6. Where We Are

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 7 di 2
---	------------------------------------	---------------------------------------

The Nuova Clinica Annunziatella is located at Via Meropia 124, 00147 Rome, in the heart of the Ardeatino district.

Public transport access:

- From Termini Station: Line 714 + Line 716
- From Laurentina Metro B: Line 30 + Line 716
- From EUR-Fermi Metro B: Line 670

Useful Contacts:

Call Center: 06 510581 | Inpatient Reservations: 06.51058500 | Outpatient Reservations: 06.51058521

Website: <http://www.annunziatella.com/> | Email: nuovaclinica@annunziatella.com

SECTION II – SERVICES AND PERFORMANCES

2.1. Authorized Healthcare Services Provided

AUTHORIZED HOSPITALIZATION ACTIVITIES (INPATIENT): Surgical grouping for a total of 50 beds (42 ordinary, 8 day beds).

FUNCTIONAL INPATIENT UNIT	NO. ORDINARY BEDS	NO. DAY BEDS
GENERAL SURGERY	28	6
ORTHOPEDICS AND TRAUMATOLOGY	6	2
UROLOGY	8	-

AUTHORIZED OUTPATIENT ACTIVITIES:

Analysis Laboratory, Allergology, Angiology, Cardiology, General Surgery, Plastic Surgery, Endocrine, Metabolic, and Nutritional Diseases, General Medicine, Nephrology, Ophthalmology, Orthopedics and Traumatology, Obstetrics and Gynecology, Otolaryngology (ENT), Urology, Dermatology, Functional Recovery and Rehabilitation, Gastroenterology, Pulmonology, Diagnostic Imaging

2.2. Organizational Chart

The corporate hierarchy flows from Legal Representative to Managing Director, split into Administrative and Sanitary directions.

2.3. Department Heads / Responsible Officials

- **Legal Representative:** Dr. Gina Spallone
- **Managing Director:** Dr. Dario Montagna
- **Health Director:** Dr. Guido Laudani (Albo Roma n. 26642, Spec. Igiene e Medicina Preventiva, 1991)
- **Head of General Surgery Unit:** Dr. Emanuele Lezoche (Albo Roma n. 18432, Spec. Chirurgia Generale, 1978)
- **Head of Hospice:** Dr. Attilio Bruno (Albo Roma n. 65517, Spec. Anestesia e Rianimazione, 1988)
- **Head of Diagnostic Imaging:** Dr. Emanuele Caiazza (Albo Roma n. 24879, Spec. Radiologia, 1998)
- **Head of Dialysis Unit:** Dr. Hassan Sabri (Albo Latina n. 52215, Spec. Anestesia e Rianimazione, 2002)
- **Technical Director of Analysis Laboratory:** Dr. Rocco Gaeta

IN ADDITION, THE CLINIC OFFERS SERVICES FOR:

- Dialysis Center with 15 stations, 2 of which are reserved for HBsAg+ patients;
- Residential Center for Palliative Care (Hospice) with 18 beds and 72 domiciliary (home care) treatment slots.

ACCREDITED HOSPITALIZATION ACTIVITIES (INPATIENT)

Accredited Surgical Grouping: 34 total beds, consisting of 28 ordinary inpatient beds and 6 Day Surgery beds.

FUNCTIONAL INPATIENT UNIT	NO. ORDINARY BEDS	NO. DIURNAL (DAY) BEDS
GENERAL SURGERY	28	6

ACCREDITED OUTPATIENT ACTIVITIES

- Analysis Laboratory
- Cardiology
- General Surgery
- Diagnostic Imaging
- Functional Recovery and Rehabilitation
- PC2-type Outpatient Surgery
- Dialysis Center with 15 stations, 2 of which are for HBsAg+ patients (accredited);
- Residential Center for Palliative Care (Hospice) with 18 beds and 72 domiciliary (home care) treatments (accredited).

BUILDING STRUCTURE AND LAYOUT

The Private Hospital complex is structured as a single building, situated within a vast green area equipped with dedicated parking spaces, layout as follows:

- **Floor -1 (Basement):** Operating Block consisting of 4 operating rooms and a recovery room, Analysis Laboratory, pharmaceutical warehouse.
- **Ground Floor:** Operational Services Office (Reception, Secretariat, Patient Admissions and Discharges, and Public Relations Office), Blood Draw Room, Medical and Diagnostic Offices (Radiology - Ultrasound - CT - MOC), Chapel.



- **First Floor:** Rooms with annexed en-suite bathrooms for Day-Hospital and Day-Surgery hospitalization, Outpatient Dialysis Center.
- **Second Floor:** Rooms with annexed en-suite bathrooms for ordinary hospitalization with a medical-surgical focus.
- **Third Floor:** Private regime rooms for single-specialty general surgery performances.
- **Fourth Floor:** Hospice Palliative Care Unit.
- **Fifth Floor:** Hospice Palliative Care Unit.

2.4. PERFORMANCES / SERVICES

GENERAL SURGERY – ORTHOPEDICS – UROLOGY OPERATIVE UNIT

The Clinic provides ordinary hospitalization, Day Hospital, Day Surgery, and Day Service performances under both accredited and private regimes.

- **Ordinary Hospitalization (Inpatient)**

Ordinary hospitalization is a care modality aimed at addressing a specific surgical issue that requires the patient to remain in the clinic for a period exceeding one day.

The facility is equipped with a **Sub-Intensive Care Unit** available for any clinical emergencies the patient may have. This area features specific technological requirements (controlled environmental air conditioning, centralized medical gas system) along with instrumental equipment for the continuous monitoring of vital parameters. The continuous presence of a nurse and the presence and/or availability on-call of an anesthesiologist-resuscitator are guaranteed.

- **Day Hospital and Day Surgery Admissions**

The Day Hospital ("day hospital for acute patients") is a scheduled inpatient care modality, deliverable in cycles, aimed at addressing a specific therapeutic and/or diagnostic health problem. It is designed for cases that do not require ordinary hospitalization but, due to their complexity, cannot be managed under an outpatient regime.

- **Day Surgery**

The term "Day Surgery" refers to the possibility of performing surgical procedures and invasive diagnostic and/or therapeutic procedures within a hospitalization period limited only to daytime hours (in some cases with a potential overnight stay – *one-day surgery*). These are performable under local, loco-regional, or general anesthesia and/or analgesia.

Regarding the activation of Day Surgery, the same indications provided for the Day Hospital apply. Discharge is determined by the Anesthesiologist in agreement with the Surgeon, after verifying the full recovery of time-space orientation, cardiocirculatory stability, airway protection reflexes, spontaneous urination, and the absence of bleeding, pain, or nausea compatible with home management, alongside motor self-sufficiency.

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 11 di 2
---	------------------------------------	--

Upon discharge, a report addressed to the primary care physician is provided, containing all elements related to the procedure:

- Results of diagnostic tests performed;
- Brief description of the surgical procedure, process, or performance executed;
- Any noteworthy conditions that occurred during the perioperative period;
- Recommended pharmacological treatments;
- Instructions for managing potential complications;
- Indication of the contact facility available for any communication (telephone number).

• **Day Service APA (Outpatient Performance Groupings)**

These consist of simple technical interventions that, after a clinical evaluation of the disease severity and the patient's general health, can be performed under an outpatient regime.

• **HOSPICE DEPARTMENT**

The *Nuova Clinica Annunziata Hospice* was established in March 2013 with the goal of caring for individuals for whom active treatments are no longer possible, ensuring them a dignified quality of life through the constant monitoring of needs, necessities, and symptoms.

In our Hospice, primary importance is placed on the bio-psycho-social dimension of the patient and their reference family unit.

The Palliative Care Center (Hospice) of the Private Hospital is a residential and home care service contracted with the Regional Health Service (SSR), intended for patients suffering from progressive, advanced, rapidly evolving diseases with a poor prognosis. Specifically, the Center is dedicated to patients with terminal neoplastic pathologies.

Palliative Care delivered in hospices represents an integrated therapeutic and healthcare response to the needs of the patient and their family. It focuses not only on managing pain and other symptoms that may arise during this phase of the illness, but is aimed at "taking care" of the person as a whole—including psychological, social, and spiritual aspects—with constant attention to everything that can and must be done to improve their quality of life.

Indeed, according to the World Health Organization's definition, Palliative Care consists of *"active care addressed to the physical, psychological, emotional, social, and spiritual dimension of the patient and their family, with the aim of improving the quality of life by offering a global and effective response to the sick person's needs"*. For this reason, hospice care is centered on the patient and, respecting their values, its primary objective is to give meaning and value to every moment of their life.

- All environments can be used without time limitations.
- Visits from family members and friends are free. Visitors are requested to observe the smoking ban inside the hospice and to maintain respectful behavior toward others.
- A tea room (tisaneria) and a spacious, bright living-sitting room are available to guests.
- A chapel for prayer is accessible to guests, and respect for all religious denominations is fully guaranteed.

• **HEMODIALYSIS CENTER**

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 12 di 2
---	------------------------------------	--

The Hemodialysis Center, located on the first floor of the clinic, is authorized and accredited by the National Health Service.

The institutional goals of *Nuova Clinica Annunziata Srl* involve delivering outpatient performances, committing to the highest quality of service in terms of diagnostic accuracy and timeliness, as well as treatment efficacy. This is managed with a focus on maximum efficiency, continuous technical quality improvement, operational procedures, and client satisfaction.

The nephropathic patient is always at the center of our attention, and all our efforts are geared toward their satisfaction—the primary goal of our organization. The mission of our group consists of being an active, living, and fundamental part of the Hemodialysis outpatient clinic's activities, providing the best possible performances to achieve an optimal level of therapeutic efficacy.

Monitoring, maintenance, and quality improvement are guaranteed thanks to daily quality control procedures. Continuous quality improvement is achieved through the involvement of all staff and continuous teamwork. Indeed, all outpatient clinic personnel are committed to ensuring clear information for the proper use of the provided services and offering the best welcome to nephropathic patients.

- The hemodialysis department features 15 dialysis stations, two of which are reserved for HBsAg-positive patients in a dedicated room.
- The Center is equipped with FRESENIUS MEDICAL CARE (5800) dialysis monitors.

The hemodialysis treatments performed under the outpatient regime are:

- Bicarbonate HD;
- Hemodiafiltration (HDF);
- Online Hemodiafiltration (ONLINE HDF).

• **DIAGNOSTIC SERVICES**

The Private Hospital delivers specialist outpatient performances accredited by the National Health Service in the following branches:

- Cardiology;
- Analysis Laboratory;
- FKT (Physiokinesitherapy) Rehabilitation;
- General Surgery;
- Radiology.

• **DIAGNOSTICS**

The Private Hospital features a Diagnostic Imaging Service that has been completely renovated in both its architectural structure and equipment, alongside the restructuring and upgrading of the premises to meet legal standards.

The Service Head is always available to the Patient or the Referring Physician to answer all questions and recommend the most suitable investigation to resolve any clinical or diagnostic issue.

The medical report and diagnostic images are normally delivered to the Patient at the end of the examination, along with a CD containing all images of the study performed.

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 13 di 2
---	------------------------------------	--

Regarding appointments, reception, and billing, the same practices outlined for the outpatient clinics apply, including privacy disclosures and the acquisition of informed consent forms.

- **ANALYSIS LABORATORY**

External users of the Laboratory, who are promptly informed of current privacy regulations, are also required to sign the required "consent" disclosure during the admission process.

SECTION III – SERVICES

3.1. HEALTHCARE SERVICES

3.1.1. GENERAL SURGERY – ORTHOPEDICS – UROLOGY UNIT

The Clinic provides ordinary hospitalization, Day Hospital, Day Surgery, and Day Service performances under both accredited and private regimes.

The Surgical Grouping features a total of **50 beds**, consisting of 42 ordinary inpatient beds (General Surgery: 28; Orthopedics and Traumatology: 6; Urology: 8) and 8 day-care beds (Day Hospital/Day Surgery: General Surgery: 6; Orthopedics and Traumatology: 2).

How to Contact Us:

- **For ordinary hospitalizations (Inpatient admissions):**

Tel.: 0651058500 | Fax: 065110310 | Email: accettazionedegenze@annunziatella.com

- **For Day Surgery / Day Hospital admissions:**

Tel.: 0651058521 | Fax: 065110310 | Email: accettazioneambulatore@annunziatella.com

The activities carried out by each Functional Unit can be consulted on the Clinic's website:

<http://www.annunziatella.com/>

- **Hospitalization Booking (Admission)**

Scheduled hospitalization is preceded by pre-admission screening (*preospedalizzazione*), a phase wherein the patient accesses the hospital facility to undergo tests that fall within standard screening to evaluate their suitability for surgery (ECG, chest X-ray, etc.).

Pre-admission screening tests include all investigations executed up to 30 days prior to the surgery.

It is specified that "pre-admission specialist performances" refer solely to specialist services aimed at hospital admission, rather than establishing an initial diagnosis.

The purpose of pre-admission screening is to eliminate pre-operative hospital stays intended for investigations (visits, instrumental, and laboratory tests) required to assess operative risk and prepare for surgery, as well as other methods sometimes required, such as autologous blood pre-deposit.

The hospitalization request is issued by the specialist, who transmits it to Inpatient Admissions / Outpatient Admissions, which takes charge of the patient throughout the entire care process.

- **The Day of Admission**



The patient must bring documentation regarding previous hospitalizations, discharge letters, and diagnostic investigations; these provide useful guidance for the Department Physician and can prevent the unnecessary repetition of tests already performed.

- **Do not forget to bring:**

- An identity document and health card (*tessera sanitaria*) or specific certification required for foreign users;
- Home therapies/medications currently being taken;
- Medical documentation (tests, X-rays, ECG, etc.);
- Braces, crutches, or anti-embolism stockings (if prescribed by the operator).

What to pack:

- Daily changes of personal undergarments. We recommend clothing made of soft, natural fabrics that are practical to wear and washable at high temperatures;
- 2 pairs of washable slippers: 1 pair for the room and 1 pair for the shower;
- A new toothbrush with soft, rounded-tip bristles with a case, and personal toothpaste;
- High-quality liquid cleanser equipped with a dispenser. It is recommended to use only fragrance-free and hypoallergenic products;
- A fragrance-free moisturizing cream;
- Disposable tissues and napkins;
- Pajamas, a tracksuit, and a jacket or coat to wear when going outside.

What NOT to pack:

- Sponges, bar soaps, cosmetics containing fragrances, disinfectants, cloth napkins, non-electric razors/blades, and pointed scissors.
- *It is recommended to use only re-closable product packages and to discard paper tissues or napkins into designated containers immediately after use.*

Patient Discharge

- In all forms of hospitalization, a summary document (**Discharge Letter**) is issued to the patient upon discharge to update their General Practitioner. This documentation, which should be kept for any subsequent hospitalizations, summarizes the therapeutic-care pathway, delivered performances, test results, and any follow-up indications.

Free Services

All inpatient rooms are equipped with:

- TV, Air Conditioning, Free Wi-Fi is available throughout the structure.
Each room features either 1 or 2 beds. In addition to standard equipment required for patient care, all rooms feature independent en-suite bathrooms. Every inpatient room is directly connected to the floor Nursing Station via an acoustic intercom system.

- **Premium Hospitality Upgrades**

For Patients who request them, it is possible—upon payment—to utilize a series of extended hospitality services, including:

- A breakfast menu selection;
- A room with a single/double bed for an accompanying person.

The request must be made at the time of admission using the dedicated form, in compliance with relevant AIOP – Lazio Region agreements.



- **Waiting Times for Ordinary Hospitalization**

- **Class A:** Admission within 30 days for clinical cases that could potentially worsen rapidly to the point of becoming emergencies or otherwise causing severe prejudice to the prognosis.
- **Class B:** Admission within 60 days for clinical cases presenting intense pain, severe dysfunction, or severe disability, but which do not show a tendency to worsen rapidly to the point of becoming emergencies, nor is the waiting period likely to cause severe prejudice to the prognosis.
- **Class C:** Admission within 180 days for clinical cases presenting minimal pain, dysfunction, or disability, showing no tendency to worsen, nor is the waiting period likely to cause severe prejudice to the prognosis.
- **Class D:** Admission without a defined maximum waiting time for clinical cases that do not cause any pain, dysfunction, or disability. These cases must nonetheless be managed within 12 months.

3.1.2. OUTPATIENT CLINICS

Considering the performances delivered by the clinic, a visit can be booked by calling the following number: **Telephone: 06 5105 8500**

Appointments are assigned based on the availability of the physicians present and the monthly scheduling of the offices.

On the scheduled date and time, the Patient proceeds to Outpatient Admissions. After verifying the booking, the staff informs the patient regarding current privacy regulations (L. 196/03 – RUE 2016) and collects their signature on the "consent" form. The Patient is then directed to the waiting room.

Before accessing the booked performance, it is necessary to proceed with administrative confirmation, acceptance, and co-payment (*ticket*) billing if due. The admissions clerk will assist patients during the pre-admission phase, copy documents and the referring doctor's prescription, and indicate which forms must be prepared or signed (self-certification, prescription, etc.). Cash, checks, debit cards, and major credit cards are accepted for payment.

After billing is complete, a receipt will be handed to the patient, along with directions to the room for the visit or examination.

Outpatient Waiting Times

The purpose of the waiting list is to ensure that access to services occurs according to criteria of accessibility, equity, and transparency to protect patients' rights. Management aims to keep this process constantly under control in compliance with regulatory provisions. The request for inclusion on the waiting list is managed based on a schedule shared with the Referring Physician.

- **Class U (Urgent):** Performance to be executed within 72 hours.
- **Class B (Brief):** Performance to be executed within 10 days.



- **Class D (Deferred):** Performance to be executed within 30 days for visits and within 60 days for diagnostic specialist assessments.
- **Class P (Planned):** Performance to be executed without priority.

Based on the clinical query and condition, a reasonable waiting time is agreed upon to obtain a performance without compromising the prognosis. The priority order can be modified:

- If the patient's clinical conditions change;
- Upon a postponement request by the patient for personal reasons.

Any patient who, having been contacted with appropriate notice (one week prior), refuses the service will be removed from the waiting list; if the patient provides serious health reasons, they may be re-inserted into the aforementioned list, subject to approval, in compliance with chronological criteria. Booked users can request information regarding their position at the relevant Admissions desk.

- **Copies of Medical Documentation**

A copy of inpatient medical records is issued after discharge upon request by authorized parties, no later than 30 days from the date of the request. Copies of medical records, like 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 according to Ministry of Health provisions. Documentation not picked up within 90 days of the maximum scheduled delivery date will be discarded.

Copies of outpatient medical documentation can be requested by calling the central switchboard directly and providing the patient's name, surname, type of performance, and if possible, the appointment date. Delivery of the documentation copy is provided within 15 days of the request, directly to the data subject upon presentation of an identity document at the admissions desk.

- **3.1.3. HOSPICE**

The Center consists of 18 residential beds and 72 home care treatment slots, and operates based on an operational protocol shared with ASL RM 2.

How to Contact Us:

- **Tel.:** 0651058414
- **Fax:** 0651058413
- **E-mail:** hospice@annunziatella.com

For hospice activities, an integral arrangement and renovation was carried out on the premises located on the 4th floor, which is surrounded by wide terraces offering beautiful views of Rome and its surroundings.

The unit consists of 18 single rooms, each equipped with suitable furnishings and an en-suite bathroom, which permit the overnight stay of an accompanying person and room personalization.

As the hospice is located inside the Private Hospital facility, it utilizes all shared spaces, such as general and support areas, including the mortuary room, an area for mourners, a chapel for worship, and administrative/storage rooms. General services (catering, laundry, ironing, etc.) are contracted out to external companies.

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 17 di 2
---	------------------------------------	--

The entire structure is equipped with a medical gas system, and equipment/materials for emergency management are positioned inside the hospice. A 24-hour medical guard service is guaranteed, utilizing services already operating across the entire facility (24h medical guard + 24h anesthesia and resuscitation service).

The hospice is organized to guarantee the psychological and relational well-being of the person and their family members, environmental comfort, safety in space utilization, privacy protection, and easy accessibility. The hospice is a highly specialized place regarding the management of physical and psychological symptoms, where the patient is viewed primarily as a person. It is simultaneously a comfortable environment featuring personalized single rooms and welcoming areas for guests and relatives, ensuring privacy and attention to primary needs. It is a place where psychological needs for safety and belonging to one's own family and social circle are protected, ensuring high-quality assistance and authentic human relationships, which are indispensable for maintaining a dignified quality of life.

The care team consists of physicians, a psychologist, nurses, a rehabilitation therapist, a spiritual assistant, and volunteers. A listening center tasked with remote monitoring of patients under care is active 24/7.

• **ACCESS METHODS**

- **Reporting:** Admission requests can reach the Hospice from the General Practitioner, a hospital physician, or doctors from corporate branches of the Health Agencies involved in delivering Palliative Care.
- The request for intake is evaluated by the Hospice Head and transmitted by the Coordinator to the U.V.M. (Multidisciplinary Evaluation Unit) of ASL Roma 2 for intake authorization, regarding patient eligibility and placement within the specific care setting.
- The coordinator contacts the patient's family to communicate the U.V.M.'s response and enters the name onto the waiting list. Access priority to the Hospice is not limited to a simple chronological criterion of the request but is based on a series of variables concerning the data subject's needs and the family context. The person will nonetheless be followed by the network of home services and will receive a response to the submitted request from the hospice team.

• **WELCOME AND ADMISSION METHODS**

The operational management of hospice admission activities is entrusted to the Hospice Coordinator, or in their absence, to a delegated nurse. They will ensure immediate clinical-care intake, assessing the patient's general conditions. The nurse and physician concur jointly during the initial phase of determining needs, updating the provisional care plan to be proposed to all hospice staff, which will subsequently be confirmed and redefined during briefings and team meetings.

The **P.A.I. (Piano di Assistenza Individuale / Individualized Care Plan)** is updated based on needs identified following briefings among the various professional figures involved in patient care and weekly team meetings. All hospice healthcare personnel are required to participate in these weekly meetings to discuss solutions to any emerging issues, verify achieved goals, and

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 18 di 2
---	------------------------------------	--

determine medium- and long-term objectives. The integrated medical chart and team meeting minutes serve as indispensable tools for recording and verifying results.

• **CONTINUITY AND INTEGRATION OF CARE**

The individualized care plan (PAI) focuses attention on the pathway preceding entry into the hospice and the person's needs in the event of a return home or transfer.

If the patient arrives from home and has had the support of volunteers, the volunteers continue to follow them inside the hospice. Just like at home, volunteers care for a single family unit, though proximity and contact with other patients and relatives within the structure sometimes demand broader availability.

The training pathway for volunteers, including permanent training (bi-weekly group meetings with a psychologist and coordinator), is identical for both settings (home and hospice), which are interchangeable. This continuity facilitates comparison and exchange between the two care realities.

General Practitioners have free access to the hospice.

• **CARE PLAN SCHEDULING**

As anticipated, work organization is oriented around patient needs with the drafting of an Individualized Care Plan. The use of an integrated medical chart developed specifically for our patient typology contains—along with the procedures and protocols manual—everything intended to be addressed during the terminal patient's stay:

- Emergency management;
- Treatment and management of signs and symptoms typical of oncological patients (dyspnea, vomiting, constipation, incontinence, loss of appetite, pain, fear, pressure ulcers, prolonged bed rest, anticipatory panic, etc.);
- Basic and advanced care (end-of-life care);
- Management of infusion pathways (CVC, CVP, CSC) and infusion pumps;
- End-of-life accompaniment;
- Care of the deceased body.

All staff contribute to achieving the established goals.

• **ACCOMPANIMENT THROUGH DEATH AND GRIEF PROCESSING**

Assistance to the dying patient is arranged within the multidisciplinary team, given the complexity of psychological and ethical issues that it may involve.

The nursing group, given the frequency and intensity of contact with the dying patient, relies on the support of other professionals—primarily the physician and the psychologist—discussing and establishing by common agreement the essential principles to follow, in the interest and respect of the highest quality of life desired for the patient.

The needs of a person in the terminal phase are no different from those of any patient, but in the dying person, they are more intense and their fulfillment cannot be delayed. For this reason, care planning is based not only on health status and the fulfillment of physiological needs, but also and above all on needs for safety, love, esteem, and self-actualization.

The goal of care in this stage of life is to offer the patient an atmosphere wherein a peaceful



death is possible, remaining free from pain while maintaining consciousness and, if possible, the ability to communicate.

The commitment of hospice operators also extends to supporting the terminal patient's family members during this phase, both at the moment of death and during grief processing (a particular emotional state that might be experienced not only at the time of losing their relative but also prior to it). All present operators possess the skills and competencies to recognize the phases of dying and grief.

• **DISCHARGE**

Discharges are always "protected." When conditions permit and/or the person desires it, the patient can be discharged to their home.

Discharges, in any case, are always planned in advance with:

- The patient
- Family members
- The competent home care service
- The General Practitioner
- The U.V.M. (Multidisciplinary Evaluation Unit) of ASL Roma C (now ASL Roma 2)

Upon discharge, both a medical and a nursing discharge letter are delivered, complete with clinical-care information, current therapies, and medical devices necessary for home care.

• **THE PALLIATIVE CARE TEAM**

To maintain a focus on the person in their holistic individuality rather than just as a patient, care is delivered by a multidisciplinary team composed of physicians, nurses, and care operators, assisted by a psychologist and support from a social worker. Coordination and teamwork are the cornerstone of every activity, precisely to make the patient's care pathway as effective and smooth as possible. Furthermore, the team serves as a fundamental opportunity for on-the-field training, allowing for the discussion and deepening of themes and critical issues emerging from daily work.

• **Medical Staff:**

The health director/head, an oncologist specialized in Palliative Care, is responsible for supervising all healthcare aspects and provides an availability of 36 hours per week. Attending physicians hold therapeutic responsibility for the patient and manage relationships with family members. On-call availability is guaranteed by physicians during the day, night, weekdays, and holidays.

• **Non-Medical Healthcare Staff consists of:**

- **Nursing Coordinator:** Manages the organization and nursing care, coordinating staff (nurses and care assistants) in the execution of their duties.
- **Nurses:** Take care of the patient's care and relational needs, also handling the education and accompaniment of family members. They are present in the hospice 24/7 on weekdays and holidays.



- **Socio-Healthcare Operators (OTA-OSS):** Collaborate with the nurse in executing socio-healthcare duties such as personal care, linen tidying, and cleaning inpatient rooms. They are present in the hospice 24/7 on weekdays and holidays.
- **Psychologist:** Serves as a reference figure and support for all operators and contributes to analyzing complex care situations. Available for individual sessions with both patients and family members. They also handle the permanent training of volunteers.
- **Physiotherapist:** Their intervention aims at the patient's quality of life, to resume normal life conditions as much as possible, limiting physical, cognitive, and psychological deficits while enhancing residual functional capacities.
- **Social Worker:** Contributes to analyzing social or socio-assistential needs that arise with the hospitalization of individuals suffering from terminal illnesses, alongside the immediate planning and implementation of necessary interventions.

• HOME HOSPICE (DOMICILIARY CARE)

In addition to residential hospice activities, the facility delivers home-based activities for 72 patients.

The activity is carried out by a team capable of providing the necessary support to the patient and their family unit across different aspects of the illness. Multidisciplinary personalized care at each patient's home and constant medical call availability 24/7, 365 days a year configure our care as actual home hospitalization. A logistical service also ensures the availability of medications and medical devices necessary for patient care directly at home.

The Domiciliary Palliative Care service involves a synergistic role of the Hospice with general practitioners, hospital physicians, and ASL socio-health districts. Each professional contributes to ensuring home care that encompasses both healthcare and socio-assistential aspects. To assist their relative in the final phase of life, the family must be supported not only by the general practitioner—who remains the core figure—but also by an organization capable of ensuring care and health continuity, both day and night, with nursing and medical call availability across 24 hours.

In the Individualized Care Plan (P.A.I.) formulated for each patient, visits for each professional figure are determined, and assigned staff interact daily with the family to evaluate its adequacy regarding present issues.

• TEAM COORDINATION

Coordination is guaranteed by a leading nurse manager. The selection of motivated, professionally prepared personnel capable of optimal management of both care and relational aspects is fundamental to achieving established care objectives. Physicians and nurses working in home care possess extensive experience in the field. A social worker is also present within the team to analyze the family's socio-assistential needs. Psychological support is activated when problems warranting such intervention are identified within the family unit.

• MEDICAL CHART

To improve, optimize, and standardize the care level, a medical chart is utilized that evaluates the patient in their complexity and measures the psychological stress level of the family unit.



3.1.3. DIALYSIS

THE DIALYSIS CENTER

Nuova Clinica Annunziatella S.r.l. is a high-technology, highly innovative outpatient dialysis clinic that from its inception has set the goal of increasing patient life expectancy while improving their quality of life during renal replacement therapy.

The center also ensures:

- **Continuous presence of staff** during the entire dialysis shift: specialized medical staff in Nephrology (1 doctor for up to 10 patients, plus an additional doctor for up to a further 10 patients), nursing staff (2 nurses for up to 8 patients, plus 1 nurse for up to a further 4 patients), and auxiliary staff (1 auxiliary worker for up to 12 patients, plus 1 auxiliary worker for up to a further 12);
- Full respect for patients' values and habits, regardless of their social background, culture, religious belief, or origin;
- Periodic blood tests are entrusted to the internal Laboratory of *Nuova Clinica Annunziatella Srl* and, for specific tests not executable internally, to a certified external Laboratory;
- Assistance to the user in every circumstance, with a commitment to pay attention to their every need with the goal of minimizing discomforts deriving from treatment;
- The Outpatient Dialysis Center of *Nuova Clinica Annunziatella Srl* does not provide peritoneal dialysis services upon request of individual patients; it can refer them to the relevant reference hub facility (HUB);
- Medical and nursing staff of the Dialysis Center aim, among various goals, to register and maintain as many eligible patients as possible on the waiting list for kidney transplantation through the punctual and precise transmission of clinical and laboratory updates. A referring physician for transplantation listing is present in this outpatient clinic to manage connections with transplant centers and the competent regional Reference Center for Nephrology and Dialysis, optimizing schedules and appointments to perform necessary tests. Listing and maintenance criteria mirror those valid at the reference Hospital structure (in this case, Sant'Eugenio Hospital);
- Integration between the clinic's care service and the reference transplant centers.

OUTPATIENT CLINIC STRUCTURE

The clinic features:

- A waiting room open Monday to Saturday from 7:00 AM to 5:30 PM, equipped with a restroom accessible for disabled patients;
- A treatment room for delivering dialysis therapy featuring 13 stations;
- An isolation (contumacial) room for delivering dialysis therapy to HBsAg-positive patients featuring two stations, with a dedicated changing room and en-suite restrooms;
- A room for medical staff;
- Two separate changing rooms for men and women available to patients;



- A storage room for consumables;
- A room for storing and repairing backup monitors;
- A room for collecting special medical waste;
- A water treatment room equipped with a reverse osmosis unit;
- Internal parking reserved for outpatient clinic staff and patients.

The center is equipped with latest-generation dialysis monitors, all strictly Fresenius, electromedical devices compliant with current regulations, and ultrapure water production plants featuring sequential processes of chlorination, dechlorination, softening, and reverse osmosis.

The aforementioned plants undergo periodic chemical, physical, and microbiological checks in accordance with SIN (*Società Italiana di Nefrologia* / Italian Society of Nephrology) guidelines, which are fully documented. The entire documentation of organizational processes and dialysis sessions is managed via a certified computerized system, alongside paper records.

Furthermore, the structure is equipped with water and electrical autonomy capable of offering operational continuity even in the case of a public power or water supply failure.

For patient comfort, each dialysis room features television sets equipped with headphones, which are distributed to patients wishing to use this service, ensuring silence during the dialysis treatment.

DELIVERED PERFORMANCES

The following treatments are guaranteed at our center:

- **HD** (Standard Bicarbonate Hemodialysis)
- **HDF** (High-Efficiency Hemodialysis / Hemodiafiltration)

OUTPATIENT CLINIC HOURS

The dialysis center is open Monday to Saturday during the following shifts:

- **Morning:** 6:30 AM – 12:30 PM
- **Afternoon:** 12:30 PM – 6:30 PM
- **Evening:** 6:00 PM – 11:00 PM

In this outpatient clinic, on odd days (Monday, Wednesday, Friday), three daily shifts are performed for hemodialysis treatment (morning, afternoon, evening) starting respectively at 6:30 AM, 12:30 PM, and 6:00 PM with a 20-minute tolerance.

On even days (Tuesday, Thursday, Saturday), daily hemodialysis treatment shifts are limited to two (morning, afternoon); potential delays may occur due to technical issues.

Typically, a dialysis session lasts four hours. Analogously, the treatment end time is merely estimated, considering numerous factors (technical and otherwise) that can condition the duration of a single session.

Consultations with medical staff occur upon request (including by telephone) arranged with the physician. In case of necessity, staff are available at any hour during the Hemodialysis Center's opening times.

CONTACTS

In the Outpatient Dialysis Center of *Nuova Clinica Annunziatella Srl*, bookings can be made by contacting the telephone number: **Tel. 06/51058506-8507**



Or by sending a written request to the outpatient clinic's email address:

dialisi@annunziatella.com

Appointments are scheduled directly with center staff respecting patient needs. Consultations with medical staff occur upon request (including by telephone) arranged with the physician; in case of necessity, staff are available at any hour during the Hemodialysis Center's opening times.

In case of emergency during outpatient clinic closing hours, the competent regional reference center for Nephrology and Dialysis is located at **Sant'Eugenio Hospital**, which is equipped with an emergency room, resuscitation, and 24-hour medical and nursing availability for emergency dialysis.

PATIENT PATHWAY

Inclusion Criteria

- Initial nephrological evaluation (of the patient and tests already executed by their physician) for characteristic signs, followed by subsequent confirmatory evaluation, if necessary, via blood tests and clinical course in response to treatment.
- Informed consent to treatment acceptance and potential placement of a femoral CVC (Central Venous Catheter).

Exclusion Criteria

- Absence of water/electrolyte imbalance and renal conditions requiring replacement therapy;
- Negative blood tests for renal pathology;
- Written refusal of treatment.

Application Submission Methods

A patient wishing to begin hemodialysis therapy at the Outpatient Center of *Nuova Clinica Annunziata Srl* must submit an intake application according to the following methods:

- The patient and any accompanying persons can proceed personally to the Dialysis Center headquarters at Via Meropia, 124 – Rome and submit a verbal request, specifying the duration of stay to the Health Director or the Nursing Coordinator;
- The patient can contact the outpatient clinic by telephone and speak with the Health Director or the Nursing Coordinator, specifying the duration of stay.

ACCESS MODALITIES

ACCESS MODALITIES

- Access to the dialysis center is subject to holding a medical prescription (*impegnativa*);
- It is necessary to bring the following documents: health card (*tessera sanitaria*) and fiscal code (*codice fiscale*), along with a valid identity document. It is recommended to bring any prior clinical documentation and a list of currently assumed medications;
- The Outpatient Dialysis Center of *Nuova Clinica Annunziata Srl* commits to scheduling the start of dialysis treatment within the shortest possible timeframe;
- To access the service, the user is invited to review and sign these regulations, the informed consent form for dialysis, the consent form for iron administration, the consent



form for blood tests, the consent form for data processing, and disclosures regarding dialysis and kidney transplantation;

- A declaration identifying individuals to whom information regarding their health status can be given, along with personal and family contact numbers, is required;
- The user may utilize the center's transport service accompaniment to and from their home. For users with limited self-sufficiency, ambulance transport services can be activated, and the responsible physician will issue a request according to the methods required by the person's ASL of residence;
- Prior to starting hemodialysis treatment, all patients undergo viral marker screening (Hepatitis B, Hepatitis C, HIV) to prevent the spread of contagious pathologies. Patient consent is required for execution; in the absence of such consent, the patient cannot be treated in the dialysis rooms. The same tests are repeated at intervals dictated by regional regulations.

SERVICE DELIVERY MODALITIES

1. Upon arrival, the user is welcomed by staff inside the medical office where, respecting privacy, information regarding center activities is provided.
2. The services charter is then delivered and legally required informed consent forms are submitted to be signed and returned; if the patient is unable to understand the information received and decide autonomously, info is given and written consent is requested from their legal representatives.
3. The patient is also informed of potential therapeutic methodologies aimed at improving clinical status and quality of life: hemodialysis, peritoneal dialysis, and cadaveric or living donor transplantation.
4. Relevant disclosures are then delivered.
5. The physician sets up the dialysis treatment modality;
6. A dialysis sheet is drafted specifying all characteristics of the treatment plan, including: dialysis duration, type of dialysis, dry weight, type of dialysis membranes, lines for extracorporeal circulation, fluids and concentrates, anticoagulant therapy, QB, QD, conductivity, intradialytic therapy, home therapy, and the prescribing doctor's signature;
7. A medical chart is drafted including the anamnesis profile, therapy to administer, home therapy, dialysis characteristics, blood tests, and instrumental tests;
8. The schedule of assigned dialysis access sessions is communicated to the patient. The patient is assigned a personal locker inside the changing room to store clothing and personal effects during treatment; it is recommended not to store valuables or sums of money. The Outpatient Dialysis Center of *Nuova Clinica Annunziatella Srl* is under no circumstances responsible for them. Lost or forgotten objects found inside the center can be collected from assigned staff;
9. The bed space and dialysis monitor assigned usually remain fixed; however, they may be altered more than once due to clinical or organizational needs of the center;
10. Linen utilized in the dialysis room is generally disposable. The center guarantees linen replacement at dialysis stations at every shift change;



11. Healthcare personnel are required to wear necessary protections to safeguard patient and operator safety (disposable gloves, gowns, uniforms, masks, caps, suitable footwear, etc.) and utilize disposable kits containing medical materials;
 12. Patients carrying potentially contagious pathologies will be treated on dedicated monitors or in protected environments;
 13. Care for patients undergoing dialysis treatment in the isolation (contumacial) room is executed by specifically dedicated nursing personnel;
 14. During the dialysis session, the user is entitled to a snack and should avoid supplementing their nutrition with other food or beverages; however, food intake is discouraged for those frequently experiencing hypotensive phenomena;
 15. Blood and instrumental tests are executed periodically at fixed intervals as required by current regulations issued by the Lazio Region; additional tests can be requested by physicians if clinical conditions require them;
 16. In compliance with privacy rules, executed assessments will be communicated promptly to the patient and/or family members indicated on the informed consent form as established by current regulations on personal data processing;
 17. At the conclusion of treatment, supplementary therapy prescribed by the physician is dispensed (vitamins, folates, etc.);
 18. The outpatient clinic commits to guaranteeing the maintenance of the dialysis station during periods of dialysis at another center due to vacation or work stays;
 19. Each shift features a shift head physician with whom any doubts can be clarified;
 20. In any case, the responsible physician is always available for clarifications or complaints.
- NB: The hemodialysis performance is delivered on an outpatient basis; therefore, additional specialist visits or assessments requested by the family doctor or nephrologists must be booked by the patient at an authorized structure. Periodic clinical assessments and those necessary for the proper management of dialysis treatment are executed directly by the Dialysis Center according to outpatient protocols.*

CARE ACTIVITIES DURING SERVICE

- **Medical Care:** The center's responsible physician functions as a guarantor and coordinates all medical activities, provided clinical services, and connected activities. During dialysis sessions, the patient is followed in their diagnostic and therapeutic course by the Physician, who is also the main point of contact for family members.
- **Nursing Care:** The Nursing Coordinator manages organization, department nursing care, and the application of dialysis techniques based on extensive experience and technical knowledge. The specialized nurse executes the dialysis session and supports the patient in their care needs. Assigned nursing staff are trained and expert in dialysis techniques and basic/critical care of the dialyzed patient, featuring periodic professional updates in agreement with Fresenius.

STAFF BEHAVIORAL NORMS

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 26 di 2
---	------------------------------------	---

- Every operator interacts with patients with courtesy and availability, explaining their functions while respecting confidentiality.
- Center staff are committed to listening to and welcoming patients to ensure correct information regarding service utilization.
- Prior to undergoing dialysis therapy, patients are informed by medical staff regarding the purposes and nature of the therapy, as well as consequences, risks, and alternative treatments, to freely and consciously express their consent, which must be signed. Information is given during confidential consultations.

STAFF BEHAVIORAL NORMS

- Every operator interacts with patients with courtesy and availability, explaining their functions while respecting confidentiality.
- Center staff are committed to listening to and welcoming patients to ensure correct information regarding service utilization.
- Prior to undergoing dialysis therapy, patients are informed by medical staff regarding the purposes and nature of the therapy, as well as consequences, risks, and alternative treatments, to freely and consciously express their consent, which must be signed by the patient. Information is provided during private consultations.
- The presence of medical and nursing staff is guaranteed during all dialysis sessions. The patient is informed by the physician regarding the diagnosis, prognosis, therapies, and clinical conditions, and is followed by the referring doctor along the pathway toward organ transplantation; the doctor directly contacts the Transplant Center chosen by the patient and follows them in subsequent check-ups. The center is required to send sera according to the deadlines scheduled by the reference transplant center.

3.2. NON-HEALTHCARE SERVICES

Vending machines for beverages and snacks are available to users on the ground floor of the Private Hospital.

3.2.1 SERVICES PROVIDED VIA EXTERNAL SERVICE CONTRACTS

The *Nuova Clinica Annunziatella* Private Hospital provides the following support services via external service contracts (outsourcing):

- Pest control (*Disinfestazione*)
- Disinfection (*Disinfezione*)
- Enzyme immunoassays (*Esami immunoenzimatici*)
- Bacteriological tests (*Esami batteriologici*)
- Laundry services (*Lavanderia*)
- Mortuary management (*Mortuario*)
- Sterilization (*Sterilizzazione*)
- Catering
- Facility maintenance
- IT and computer services

A refreshment bar-bistro is available to users on the ground floor, open daily (Weekdays: 7:30 AM - 8:00 PM; Saturdays and Holidays: 7:30 AM – 1:30 PM).



3.2.2. CATERING / MEALS

The serving of meals is divided into three daily meals, qualitatively and quantitatively suited to provide the necessary caloric intake and nutritional principles to inpatients. All dishes are prepared using fresh food items (with the exception of fish, which is deep-frozen) on the occasion of each meal.

Distribution to the inpatient floors is organized using thermal carts to ensure that single-portion hot dishes reach hospitalized patients while still warm. Specific individual dietary needs will be assessed by the department physicians, who will arrange the appropriate diet for each individual inpatient.

Meal choices respecting individual religious beliefs are fully available.

The meal schedule is arranged as follows:

- **Breakfast:** 7:30 AM
- **Lunch:** 11:30 AM
- **Dinner:** 5:30 PM

The nursing staff handles the ordering of meals for inpatients by filling out designated forms in strict accordance with the attending physicians' instructions.

SECTION IV – PROTECTION MECHANISMS, FORMS, AND TOOLS

4.1. AGREEMENTS / CONVENTIONS

The structure has entered into specific conventions for the delivery of healthcare performances with the following leading Insurance Companies and Healthcare Funds:

- ALLIANZ WORLDWIDE
- ASSIRETE
- CARDEA
- CASAGIT
- CASPIE
- CIGNA
- F.A.S.I.
- FASCHIM
- FASDAC
- FILO DIRETTO ASSICURAZIONI
- GALENO
- HBM
- MAPFRE WARRANTY
- MBA
- MED 24
- MY RETE
- NEWMED
- PREVIMEDICAL
- PROGESA
- R.B.M.



- SARA ASSICURAZIONI
- WIN SALUTE
- CONSORZIO MU.SA.
- ENDAL
- DOPOLAVORO ATAC

4.2. INSURANCE PROTECTION

A) Accident Insurance Policy

The Private Hospital is insured against accidents that might occur to patients and visitors inside the facility premises. In the event of an accident, it is necessary to immediately inform the Healthcare Staff of the Department or Outpatient Clinic to trigger the subsequent administrative fulfillments.

B) Third-Party Public Liability Insurance Policy

The Private Hospital is insured against damages to patients deriving from the activities conducted by operators and occurring inside the facility premises. If a patient believes they have suffered damage within the scope of their care and/or stay relationship, they may submit a written, justified request for compensation to the Administration.

In both cases, the Private Hospital Administration will handle the filing of the insurance claim with its Insurance Company and follow any subsequent developments in the interest of both the user and the facility itself.

4.3. VOLUNTARY ASSOCIATIONS AND RIGHTS PROTECTION

The Private Hospital is committed to fully implementing the principle of "participation" established by Italian Law No. 833/78 and recognizes that Voluntary Associations and Organizations may access the facility, subject to signing a specific agreement prepared by Corporate Management.

Voluntary associations must submit the documentation required by the Lazio Region and the project of the activities to be carried out within the facility to the Health Directorate (DS). The DS, having verified compliance with regional legislative requirements and evaluated the submitted project, will contact the association to define the times and access modalities within the Private Hospital for voluntary activities, following the stipulation of a specific convention.

The Company and voluntary organizations collaborate in implementing initiatives aimed at establishing a relationship with the user to guarantee their support and alleviate their discomforts, enabling them to express their needs and facilitating their utilization of services delivered within the structure. To guarantee the constant adaptation of structures and performances to the needs of citizens—including through their participation in quality control—the Company commits to periodically convening representatives of voluntary and rights protection organizations that adhere to this instruction. Voluntary association personnel must wear an identification badge and sign their entry and exit times in the designated logbook managed by the functional unit heads.



The level of services offered by the facility undergoes periodic verifications to evaluate and improve standards. Indeed, it is a core element of private hospitality, which is based on free personal choice, to aim at providing the best care for Patient satisfaction. The quality, efficiency, and effectiveness of care represent a deontological and contractual duty for physicians.

As the administration's objective is the constant improvement of performance quality offered to clients, suggestions provided by users are considered highly useful for comparing the alignment between existing expectations and the level of services actually received. Every hospitalized Patient is therefore requested to fill out a specific anonymous questionnaire delivered upon admission into the Private Hospital, the analysis of which is intended to measure the perceived satisfaction level and identify any problems and their priority. This is aimed at implementing necessary interventions to improve global corporate efficiency. This questionnaire is completely anonymous; if signed by the compiler, it is treated with maximum confidentiality in compliance with the Privacy Law. In any case, data collected in this manner are protected by statistical secrecy and can therefore be utilized exclusively in an aggregate form.

4.3.1. VOLUNTEERING AND RIGHTS PROTECTION ASSOCIATIONS FOR THE DIALYSIS DEPARTMENT

The Outpatient Dialysis Center guarantees and ensures the participation of Volunteering and Rights Protection Organisms in implementation of the provisions of Art. 14 of Legislative Decree 502/1992, the National Health Services Charter, and the Lazio Region Corporate Act Guidelines dated 06/08/2014.

- The Outpatient Dialysis Center provides dedicated notice boards for associations and guarantees their access.
- Regarding any waiting list management, transparency criteria will be arranged in agreement with the reference hub center and patient associations.
- This Services Charter and relevant regulation may undergo modifications agreed upon in relation to potential variations in regional regulations.

4.3.2. VOLUNTEERING AND RIGHTS PROTECTION ASSOCIATIONS FOR THE HOSPICE

The Hospice guarantees and ensures the participation of Volunteering and Rights Protection Organisms in implementation of the provisions of Art. 14 of Legislative Decree 502/1992, the National Health Services Charter, and the Lazio Region Corporate Act Guidelines dated 06/08/2014.

Regarding any waiting list management, transparency criteria will be arranged in agreement with the reference hub center and patient associations.

4.4. COMPLAINTS

The facility guarantees client protection through the possibility of filing complaints regarding malfunctions or disservices occurring before, during, and after their stay in the Structure.



Reports will be utilized to better know and understand existing issues. Based on these reports, actions will be undertaken to improve the service delivered.

If for any reason the Client believes they have not received adequate care, they are requested to express their observations to the Medical and Nursing staff.

Complaints, whether oral or written—regarding which Private Hospital Management commits to providing a prompt reply in the same form—can be delivered personally to the Health Directorate, forwarded by mail, fax, or e-mail.

4.5. IMPROVEMENT GOALS

Quality improvement refers to the set of actions undertaken by the structure to increase the effectiveness and efficiency of activities and processes and bring further benefits to the structure itself and its users. In creating conditions for service quality improvement, it is necessary to:

- Encourage and sustain a supportive management style;
- Promote values, attitudes, and behaviors that encourage improvement;
- Define clear milestones for quality improvement;
- Encourage effective communication and teamwork;
- Recognize successes and achieved results;
- Provide training and coaching for improvement.

Improvement stems from planning activities and involving operational personnel so that identifying and reporting services or situations that differ from what was planned (non-conformities) become the duty and responsibility of each member of the structure. Nonetheless, the structure must make every possible effort to identify potential non-conformities in the service.

4.6. QUALITY STANDARDS

To comply with current provisions (D.P.C.M. May 19, 1995, No. 163), the Private Hospital has adopted a system of indicators capable of measuring the quality level of delivered performances. Parameters have been defined for both performances delivered under hospitalization and outpatient regimes, making the investigation as accurate as possible and highly capable of representing the organizational reality with which the user interacts daily.

- Every care pathway followed by the user has been broken down into its primary components, and from each, a relevant quality factor has been drawn regarding the user's perception of service quality. From this factor, a whole series of qualitative-quantitative process, structural, and outcome indicators are derived.
Furthermore, to build a dynamic management system capable of monitoring achieved quality levels over time, quality standards (expected values) have been defined upon which to fix subsequent milestones and evaluate deviations. Finally, to guarantee the continuous monitoring of indicators, certain verification tools have been adopted to constantly evaluate the data necessary to launch the qualitative-quantitative analysis in question.
- The systematic nature of the analysis and the simplicity of the proposed values make the analysis easy to read for potential users of the services delivered by the Private Hospital

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 31 di 2
---	------------------------------------	--

and for all parties interested in evaluating its quality. The indicator system will be constantly modified and improved to satisfy the user's informational needs more comprehensively.

4.7. QUALITY FACTORS, INDICATORS, AND STANDARDS FOR EVERY PHASE OF THE HOSPITAL INPATIENT EXPERIENCE

EXPERIENTIAL PHASE	QUALITY FACTORS	QUALITY INDICATORS	QUALITY STANDARDS
Emergency Admission	Timeliness of initial intervention	Average time elapsing between access to the Private Hospital and medical intervention.	Within 10 minutes
Scheduled Hospitalization	Waiting time for hospitalization	Days between booking and admission call. Current situation: - Emergency admission: 0-1 days - Scheduled admission: 0-10 days	Emergency admission: 0-1 days Scheduled admission: 0-10 days
	Preventive information on hospitalization	Existence of information points.	Present
	Welcome upon entry and documentation on services	Complaints registered regarding admission procedures. Number of complaints or reports raised by patients and users via satisfaction questionnaires out of total questionnaires completed.	Not exceeding 1% of "dissatisfied" reports for the specific item on questionnaires
HOSPITALITY PERFORMANCES	Cleaning of restrooms	Percentage of "very satisfied" and "satisfied" for the item "cleaning of the ward and restrooms" present in the satisfaction questionnaire.	95%
	Comfort inside inpatient rooms	Percentage of "very satisfied" and "satisfied" for the item "room comfort" present in the satisfaction questionnaire.	95%
	Regularity of linen changes	Number of changes / days of stay. Current situation: 1 change per day of stay.	1 for each day of stay + 1 for any specific circumstance
	Schedule and modalities of meal distribution	Complaints registered regarding meal distribution schedules and modalities. Number of complaints or reports raised by patients/users via satisfaction questionnaires out of total questionnaires completed.	Not exceeding 1% of "dissatisfied" reports for the specific item on questionnaires
	Accessibility to Bar Service	Opening hours per days per week.	72 hours across seven days per week
HEALTHCARE ASSISTANCE	Patient information on therapeutic treatments	Number of "very satisfied" and "satisfied" for the questionnaire items "Information received from physicians" out of total questionnaires completed.	90% of questionnaires
	Regularity of medical ward rounds	Ward rounds per days per week.	At least 1 medical ward round per day across all

	HEALTHCARE SERVICES CHARTER	HSC Rev. 13.07.2026 Pag. 32 di 2
---	------------------------------------	--

			weekdays
HUMANIZATION ASPECTS	Confidentiality of illness and respect for privacy and human dignity	Institutionalization of procedures according to privacy regulations. Staff training and awareness regarding privacy compliance.	100% presence of privacy procedures
ADMINISTRATIVE ASPECTS	Simplicity in obtaining medical records	Accessibility to the medical records release service. Number of daily office opening hours.	12 hours per weekday
	Medical records release time	Number of days for medical records release.	Within fifteen days
	Simplicity for other administrative fulfillments	Percentage of "very satisfied" out of total questionnaires; number of public opening hours of administrative offices.	90% level of "very satisfied and satisfied" status. 12 hours for each weekday.
USER EVALUATION COLLECTION	Clarity and availability of dissatisfaction questionnaires	Number of questionnaires / number of patients.	At least 20%
	Simplicity of submitting a complaint	Collection boxes per department.	One box per department
	Complaint response time (within legal limits)	Average number of days to forward a response.	Within 3 days

4.8. QUALITY FACTORS, INDICATORS, AND STANDARDS FOR SPECIALIST AND DIAGNOSTIC SERVICES

EXPERIENTIAL PHASE	QUALITY FACTORS	QUALITY INDICATORS	QUALITY STANDARDS
CHOICE OF STRUCTURE	Information on the structure and services delivered	Presence of the online Services Charter.	Online access provided
		Number of daily public opening hours for bookings.	9 hours per day; 6 hours on Saturdays
		Number of daily public opening hours for performance execution.	6 hours per day
		Number of daily public opening hours for medical report pickup.	9 hours per day; 6 hours on Saturdays
BOOKINGS	Waiting time for the performance	Average waiting time at the counter for booking.	5 minutes
		Average time elapsing between booking and performance execution.	1 to 3 days
		Number of methods through which booking can be executed. Current situation: two methods (at the counter	Three methods: online, at the counter, and via telephone



HEALTHCARE SERVICES CHARTER

HSC
Rev. 13.07.2026

Pag. 33 di 2

		and via telephone).	
		Number of alternative procedures for the booking service.	Two modalities
ACCESS AND WAITING	Clarity of signage and orientation services	Average number of requests raised to welcome and admissions staff regarding the localization of a specific structure.	10%
	Comfort of the waiting room	Percentage of "very satisfied" or "satisfied" for the item "waiting room comfort" out of total satisfaction questionnaires.	90%
	Cleaning of waiting rooms	Percentage of "very satisfied" or "satisfied" for the item "cleaning of waiting rooms" out of total satisfaction questionnaires.	90%
		Number of times cleaning is executed per day.	Twice per day
	Ease of access to restrooms	Presence/absence of restrooms in each area.	Present
INSTRUMENTAL AND LAB TESTS	Compliance with invasive procedures	Number of times information was provided and informed consent was requested out of total treated cases.	100% of cases
	Relations with staff	Presence of a badge for every operator. Current situation: present.	Present
	Personalization of care	Percentage of "very satisfied" or "satisfied" for the item "care personalization" out of total satisfaction questionnaires.	90%
CONCLUSION OF THE VISIT	Delivery time of medical documentation	Average number of days for the release of healthcare documentation.	Immediate for specialist visits; deferred within 5 days for instrumental and laboratory tests
USER EVALUATION COLLECTION	Simplicity of submitting a complaint	Collection boxes per department.	One for each department
	User evaluation collection	Number of daily office opening hours.	9 hours per day; 6 hours on Saturdays
		Number of questionnaires collected annually out of total patients.	10%
	Complaint response time (within legal limits)	Average number of days to forward a response.	3 days