



# **E. BIGNAMINI**

Centre  
Falconara M.ma (AN)

SERVICE CHARTER

“Amis, ve raccomandandi  
la mia baracca...”  
Don Carlo Gnocchi

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“Friends, please take care of my shack”: this is the recommendation that **Don Carlo Gnocchi - now beatified** -addressed on his deathbed to those around him. Over half a century later, that exhortation is a veritable challenge that sees the Foundation increasingly committed, in Italy and worldwide, to **servicing and defending life**. It is an important warning, a promise that must be kept over time! This confident message is a call for intelligent and renewed collaboration to trace the perimeter of a motivated sense of belonging to the **Foundation's “family.”** The consolidated activities of “Don Gnocchi” in the fields of healthcare-rehabilitation, social care, social education, scientific research and technological innovation, training and international solidarity are the best guarantee of having translated in an optimal manner the commitment to ensuring a continually renewed service, capable of dynamically adapting to the times and effectively responding to the changing needs of the population's healthcare demand.



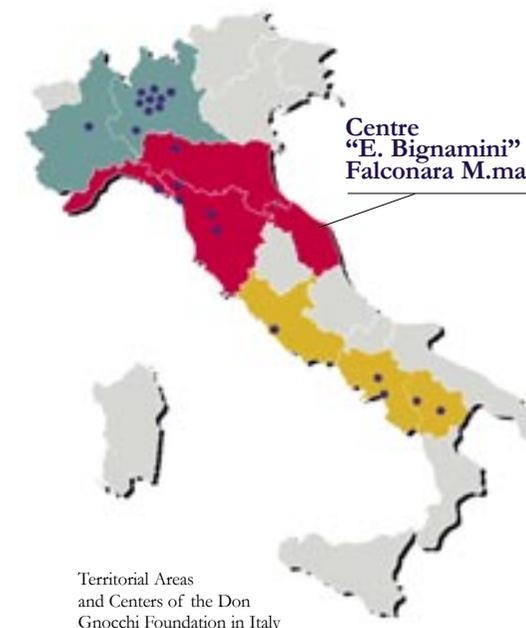
Across its diverse facilities, the Foundation takes care of people affected by disabling events, whether congenital or acquired, and every sick, frail, or disabled person, from the beginning to the end of life. We strive every day to lovingly respect Pope Francis's message - which encompasses the ultimate meaning of our activity and represents an important com-

pass for our direction:- «Let us never forget that true power is service. We must safeguard people, take care of each person, with love, especially children, the elderly, those who are most fragile and who are often on the outskirts of our hearts.»

The Foundation carries out its activities under accreditation with Italy's National Health Service. It operates in **9 (nine)** different Italian regions with over fifty facilities, including community centres and outpatient clinics. For over a decade, it has expanded the scope of its activity beyond national borders, implementing **international cooperation** projects in various countries around the world. However, healthcare activities are not the only aspect of the Foundation's **mission**. Drawing on the prophetic insights of its founder, in fact, it feels a vocation for promoting a **“new” culture of attention to human needs**, marked by **alliances with private organizations** and in **collaboration with public institutions**.

To fulfil our motto of **“By the Side of Life. Always!”**, we need the help of each and every one, the support of those willing to share this journey with us. In this constant and rigorous commitment to the promotion and protection of rights - including the right to health and therefore to rehabilitation and care - may this **“Service Charter”** increasingly mirror and reflect our daily effort.

**Don Vincenzo Barbante**  
President of the Don Carlo Gnocchi Foundation



The Service Charter of the “E. Bignamini” Centre in Falconara Marittima is periodically reviewed to ensure it constantly meets quality standards.

**January 2026 edition.**

The updated version is in any event available online at [www.dongnocchi.it](http://www.dongnocchi.it)

# The “Bignamini” Centre

## Dear Sir, Dear Madam,

With this Service Charter, we wish to introduce you to the wide range of services offered by the “**Egidio Bignamini**” Centre in Falconara Marittima (AN), a rehabilitation facility accredited and affiliated with Italy’s National Health Service (NHS), which operates privately as well. The following pages are going to detail the differentiated responses the Centre is able to offer, ensuring interventions tailored to the needs of users and their families, based on their specific and multiple needs.

In this Centre, as in all **Don Gnocchi Foundation** Centres, the individual, with his needs and difficulties, lies at the heart of all treatment and rehabilitation activities. Each healthcare worker is trained to welcome all patients with care and concern, accompanying them on the path to regaining their own independence, combining the values of **proximity and solidarity with professionalism and technical training** to ensure:

- **health care and protection**, understood as the care and functional, social, and moral recovery of people in difficulty, regardless of age and condition;
- careful and meticulous **management** of complex, disabling impairments arising from neurological, orthopaedic, oncological, or other conditions, both in the acute phase and in the post-acute and chronic ones;
- **attention to the prevention and treatment** of early-stage or potentially disabling pathologies to ensure, throughout the various stages of life and with the help of dedicated programs, the maintenance of an optimal state of health and independence;
- **prevention, treatment, and rehabilitation** of developmental disorders arisen during childhood and adolescence, through multidisciplinary management involving family, school, and the local network of services;
- support for the family, social, and work **reintegration** of individuals discharged from the Centre;
- **creation and provision of aids** to increase the functionality and level of independence of individuals with residual abilities.

We hope this Service Charter will be helpful to those who turn to us, in the hope of offering a peaceful and beneficial stay at our Centre and helping to cater, to the extent possible, for the needs of each user.

**Fabio Carlotti**  
Central Area Director

## The Mission

**Fidelity to the message of the beatified Don Gnocchi** demands and pervades, in every activity, the centrality of the person, captured in his totality: the person comes before his illness.

Having this in mind:

- we are committed to **meeting the health and care needs** of those experiencing suffering and fragility, caring for the person and those called to be close to them, family members, healthcare professionals, and volunteers;
- we implement support programs, always centralising the uniqueness of each individual in its multiple moral and spiritual dimensions;
- we understand **“care” as a relationship** that empowers every party to it, values each individual’s circumstances and contributions, and promotes a culture of integration and collaboration with public and private institutions pursuing similar goals;
- we are inspired by the **principles of Christian charity** and the values embodied by the beatified Don Carlo Gnocchi, which we express today through our activities of rehabilitation, care, training, scientific research, and technological innovation.

## The Values

- **RECEPTION AND CARE:** Expertise and compassion inspire our conduct towards the frail and ill, born of a choice to serve others in a spirit of solidarity and fraternity.
- **PROXIMITY AND ASSISTANCE:** The therapeutic act requires skills and presupposes, first and foremost, a willingness to assist the experience of suffering and fragility. This willingness guides the caregiver's attention, strengthens his ability to listen, the delicacy and quality of his gestures, and the sensitivity that enables action while enhancing the person's dignity in every situation.
- **REHABILITATION:** Rehabilitation means taking charge of those who suffer, addressing their needs, understanding their conditions, working to enhance existing abilities, and mitigating disabling factors. It is an action that requires multidisciplinary skills, founded on the best evidence, backed up by technological, organizational, and scientific innovations, aimed at preventing and treating, promoting life, and restoring autonomy, according to the goal of “restoring” the human person indicated by Don Carlo.
- **CENTRALITY AND INDIVIDUALITY OF THE PERSON:** Therapists are called upon to understand the personality of each guest, as their activity is based on universal scientific evidence, always aimed at a unique and unrepeatable person.
- **SUBSIDIARITY AND NETWORKING:** Our activity takes on greater value when integrated with the work of public and private entities called upon to cater for the needs of fragile people. The Foundation is therefore committed to promoting every form of collaboration that helps put forward concrete, increasingly broad and comprehensive responses.
- **COMPETENCE AND COMPASSION:** Being able to offer one's daily work for the service of those who suffer is a privilege that requires the ability to responsibly combine the highest level of professionalism with the deepest attention and fraternal closeness. The Foundation is therefore committed to promoting the best working conditions and appropriate organizational and training tools.

## A Bit of History

The building's cornerstone was laid on 30 March 1952, in a solemn ceremony presided over by the then Archbishop of Ancona, Monsignor Egidio Bignamini. The Institute was initially dedicated to the care of children with heart diseases and rheumatism. The Centre began operation as an “Institute for the Prevention and Treatment of Cardiorheumatic Diseases” in 1965. Two years later, the first children affected by orthopaedic problems were admitted, and soon thereafter, a comprehensive care trial was launched for a group of young brain-damaged patients.

In March 1969, the Institute became a Multipurpose Rehabilitation Centre for Spastic, Motility, and Neurologically Injured Children, and in July of the same year, it was recognized by decree of the Italian Ministry of Health.

The Centre became part of the “Don Gnocchi” Foundation in 1989, the year in which the Diocese of Ancona-Osimo decided to entrust its management to the Foundation dreamed of and wished for by the “father of the injured children” to respond to development stimuli from the local area and enhance the facility's potential.

Since then, the Centre has expanded its scope to include both the treatment and rehabilitation of developmental disorders (which has been the hallmark of its activity from the beginning) and that of adults, thanks also to the acquisition of new local facilities (2003) and the opening of additional residential units (1999 and 2011), until it eventually reached its current structure.

The activity of the main site in Falconara Marittima is divided into the Extensive Rehabilitation (30 beds) and Intensive Rehabilitation (20 beds) residential units, alongside the Severe Developmental Disabilities Unit (10 beds), activated in 2012 at the behest of paediatric hospitals in the Marche region to facilitate the assisted home reintegration of children with severe disabilities (SMA, severe peri- and postnatal cerebropathy, etc.), including those on assisted ventilation.

The seven local clinics in Ancona North Torrette, Ancona Centre, Ancona South, Fano, Senigallia, Camerano, and Osimo, which also ensure home rehabilitation services, carry out intensive work in the Marche region.

The Falconara clinic is included in the regional healthcare network as an out-of-hospital rehabilitation centre, accredited by the National Health Service and ISO 9001 certified since 2002. The decentralised clinics are accredited as Outpatient Rehabilitation Centres (CAR) and Telemedicine Clinics, and have been ISO 9001 certified since 2002.

All outpatient clinics are recognised centres for the diagnosis and certification of specific learning disabilities (SLD).



Mons. Bignamini

# The Centre Today

## “E. BIGNAMINI” CENTRE

### “E. Bignamini” Centre

**Fondazione Don Carlo Gnocchi**

60015 - Falconara Marittima (AN)

Via G. Matteotti, 56

tel.: 071 9160971 - fax: 071 912104

Email: info.falconara@dongnocchi.it

segreteria@medica.an.falconara@dongnocchi.it

pec: direzione.falconara@pec.dongnocchi.eu

www.dongnocchi.it

- Administrative Office/Health Management Tel. 071 9160971 ext. 1
- Management/Personnel Service Tel. 071 9160971 ext. 4
- Administration/Management Control Tel. 071 9160971 ext. 3
- Technical/ and Purchasing Service Tel. 071 9160971 ext. 3
- Social work Service and Public Relations Office Tel. 071 9160971 ext. 2
- Intensive Rehabilitation Tel. 071 9160974
- Extensive Rehabilitation Tel. 071 9160136
- Severe Developmental Disabilities Unit Tel. 071 0979145
- Developmental Age Rehabilitation Day Service Tel. 071 9160971 ext. 5
- Outpatient/Day-Care High-Level Rehabilitation Service Tel. 071 9160971 ext. 1
- Hydrotherapy Service Tel. 071 0979040

### Organisational Structure

Centre Area Director  
**Fabio Carlotti**

Facility Manager  
**Fabiana Beccaceci**

Chief Medical Officer  
**Roberto Staffolani**

Medical Director for Inpatient and Day-Care High-Level Rehabilitation  
**Elisa Sordoni**

Medical Director for Developmental Age Outpatient Service and Developmental Age Rehabilitation Day Service  
**Laura Traini**

Medical Coordinator for Adult Outpatient Service  
**Stefano Pierani**

Public Relations Office (PRO)  
**Giulia Sollitto**

Social Work Service  
**Tiziana Longobardi, Giulia Sollitto, Agnese Sani**

Head of Quality Service for the Local Facility  
**Morena Polenta**

Prevention and Protection Service Manager (RSPP)  
**Tommaso Pastorini**

Prevention and Protection Service Manager (RSPP)  
**Riccardo Possidente**

Clinical Risk Manager  
**Luciana Bevilacqua** Acting Area Coordinator

Head of Clinical Risk Local Facility  
**Alessio Pica**

SITREA  
**Alessio Pica**



### Services

The “Bignamini” Centre, accredited by the Marche Region, provides the following types of healthcare services through Italy’s National Health Service (NHS):

- **Out-of-hospital residential care in Intensive (20 beds) and Extensive (30 beds) modalities;**
- **Residential care for severely disabled children and adolescents (10 beds);**
- **Rehabilitation Day Service;**
- **Outpatient and home care services** are provided not only at the Falconara Marittima facility, but also at the Ancona (Via Velino, Via Brece Bianche, Via Rismondo), Fano, Senigallia, Camerano, and Osimo locations.

To access free care, certain requirements must be met, which are explained in detail below. Rehabilitation treatments are also available for a fee.

The volume of services provided through the NHS is defined annually by a Contractual Agreement with the Ancona and Pesaro-Urbino Local Health Authorities (AST).

### Locations

**Falconara Marittima**, via Matteotti 56,  
tel. 071 9160971 - fax 071/0979099

**Ancona Central Outpatient Centre**  
via Rismondo 37, tel. 071 31698 - fax 071 3587014

**Ancona South Outpatient Centre**  
via Brece Bianche 74,  
tel. 071 2867546 - fax 071 2915117

**Ancona North-Torrette Outpatient Centre**  
via Velino 2/3, tel. 071 889951 - fax 071 2183065

**Fano Outpatient Centre**  
via del Ponte 68, tel. 0721 825469 - fax 0721 833068

**Senigallia Outpatient Centre**  
via A. Costa 25, tel. 071 65045 - fax 071 7910053

**Camerano Outpatient Centre**  
via Laretana 43, tel. 071/731024 - fax 0717305301

**Osimo Outpatient Centre**  
via C. Colombo 128, tel. 071 716743 - fax 071 7235022

### DEPARTMENT A

**Ground floor:** Management, Personnel Service, Administration and Management Control Services, Administrative Office, Emergency Management Centre.

**First floor:** Technical Office, Purchasing Office, Social Work Service, Public Relations Office (PRO), Medical Clinics, Developmental Age Outpatient Rehabilitation Service.

**Second floor:** Intensive Rehabilitation Gym (UORI).

**Third floor:** Inpatient Extensive Rehabilitation Unit (UORE), Therapy Rooms, Infirmary, Terrace.

**Fourth floor:** Terrace.

### DEPARTMENT B

**Ground floor:** Health Management, Quality Service, medical clinic, dining room, kitchen, storage areas, and cloakroom.

**First floor:** Adult Outpatient Rehabilitation, Developmental Age Rehabilitation Day Service, and High-Level Adult Rehabilitation.

**Second floor:** Inpatient Intensive Rehabilitation Unit, Intensive Rehabilitation Therapy Rooms (UORI).

**Third floor:** Inpatient Extensive Rehabilitation Unit (UORE).

### DEPARTMENT C

**Ground floor:** Multipurpose Hall, Small Chapel.

**First floor:** Developmental Age Rehabilitation Day Service.

**Second floor:** Inpatient Intensive Rehabilitation Unit (UORI).

**Third floor:** Severe Developmental Disabilities Unit (UDGEE).

### DEPARTMENT D

**Ground floor:** Staff changing rooms, library, SIVA, storage room.

### DEPARTMENT E

**Ground floor:** Service changing rooms, pool area.

### DEPARTMENT F

**Ground floor:** Workshop, boiler room, archives

## Inpatient care

The “Bignamini” centre, accredited by the Marche Region, provides healthcare services through the National Health Service (NHS). They are of the following type:

- Residential out-of-hospital care in both Intensive and Extensive care;
- Residential care for severely developmental disabilities;

Access to or continuation of rehabilitation inpatient care under a private scheme may be requested upon submission of clinical documentation and evaluation by the Medical Director.

## Inpatient care organisational structure Inpatient care organisational structure

Chief Medical Officer: **Dr. Roberto Staffolani**

Departmental Manager: **Dr.ssa Elisa Sordoni**

Medical Directors: **Dr. Niccolò Baldini, dr. Pietro Cesaroni, Dr.ssa Annarita Cingolani, Dr.ssa Elena Pasquinelli, Dr. Stefano Raffaeli, Dr.ssa Maria Angela Sassu,**

Psychologist: **Dott.ssa Reana Di Girolamo**

SITREA: **Alessio Pica**

Nurse Coordinators: **Federica Fabietti, Alessio Pica, Lisa Rossi** (Assistant Coordinator)

Physiotherapist Coordinators: **Emanuele Pasquini, Gabriele Toppi, Simone Silvestri** (Assistant Coordinator)

Social Workers: **Giulia Sollitto, Tiziana Longobardi**

Public Relations Office (PRO): **Giulia Sollitto**

Nurses

Speech Therapists

Physiotherapists/Occupational Therapists

Orderlies (Nursing aides)

## Out-of-hospital Intensive Rehabilitation Unit

### Authorized and accredited beds: 20

The Intensive Rehabilitation Unit offers rehabilitation with a multidisciplinary approach to patients affected by severe disabilities resulting from neurological and orthopaedic conditions or prolonged bed rest at hospital, and ensures 24-hour continuous healthcare.

The unit is located on the second floor of the facility.

### Unit access procedures

To access the unit, the General Practitioner, the Hospital Physician of the referring department, or the National Health Service (NHS) physiatrist must fill in a request for admission using the appropriate form (available on the website [www.dongnocchi.it](http://www.dongnocchi.it) – E. Bignamini Centre – Falconara Marittima – in the forms section), recording the name of the physiatrist in the intensive inpatient rehabilitation setting. The admission request is forwarded to the unit by email to [riab.intensiva@don-gnocchi.it](mailto:riab.intensiva@don-gnocchi.it)

The Medical Director assesses the requests for admission thus received to determine their appropriateness and priority.

The length of stay at the unit, under agreement with the National Health Service (NHS), is set by the individual rehabilitation plan drawn up upon admission on the strength of the clinical and functional assessment and the definition of rehabilitation objectives. The stay at the unit may not in any event exceed 45 days, unless an extension is granted by the Local Health Authority (AST) in selected cases where specific rehabilitation needs arise. Alternatively, continued rehabilitation care may be offered on an outpatient/home treatment basis.

Access to or continuation of rehabilitation care under a private scheme may also be requested upon submission of clinical documentation and assessment by the Medical Director.

# Social Offering Units

## Documentation required for admission

- Referral from the National Health Service (NHS) physician stating the following: “Admission for intensive rehabilitation in an out-of-hospital facility due to the results of ... (the physician will enter the diagnosis)” to be submitted to the Medical Secretary upon admission;
- Hospital discharge letter and clinical documentation;
- Identity card and health card;
- Copy of the Law 104 identity and recognition form (if applicable).

**Patients residing outside the Region require authorization for admission from their local health authority (ASL).**

## What to bring in your suitcase

Upon admission, you are advised to bring:

- Comfortable clothing;
- Closed shoes or slippers with Velcro closures;
- Personal dishware (disposable tableware will be provided);
- Personal medications usually taken at home and prescribed upon discharge from the hospital ward (in their boxes, accompanied by the information leaflet);
- Incontinence aids, if necessary.

## Healthcare features

The unit provides 24-hour medical and nursing care on an ongoing basis. Rehabilitation management is achieved through the multidisciplinary team’s definition of an individual rehabilitation plan, the contents of which are shared with the patient. Attainment of rehabilitation goals is regularly monitored through weekly team meetings, and the plan is adjusted, if need be, based on clinical and functional development.

Healthcare and rehabilitation activities are aimed at helping the patient achieve the highest possible level of independence and reintegration into his living environment. These activities are implemented through:

- General and specialised medical care (assessment and diagnostic activity, drug therapy management);
- Nursing care provided by experienced rehabilitation staff;
- Multi-day rehabilitation intervention, including the use of advanced equipment and robotic rehabilitation devices.

## Comfort and hotel services

The hotel activity is undertaken by ensuring:

- Personal care through: personal hygiene and nutritional care;
- General services through: canteen service for family members providing care (for a fee); barber; hair-dresser and podiatrist on call; pay-per-view TV service; air conditioning.

## Psychological support

Support activities for patients and for family members and caregivers are included.

## How to contact the unit

Unit: 071 9160974

Coordinator 071 0979023, Monday to Friday, from 11:00 a.m. to 1:00 p.m.

Unit nurses 071 0979024, daily: 10:00 a.m. to 11:00 a.m. and 5:00 p.m. to 6:00 p.m.

Email: [riab.intensiva.falconara@dongnocchi.it](mailto:riab.intensiva.falconara@dongnocchi.it)

## Visiting hours and procedures for relatives

Visiting hours on weekdays: 4:30 p.m. to 6:30 p.m.

Holidays: 10:30 a.m. to 12:30 and 4:30 p.m. to 6:30 p.m.

Staff reserve the right to grade the presence of visitors depending on healthcare activities and possible patient room congestion.

Visitors are prohibited for children under 12 years of age.

# Social Offering Units

## How to receive information

The communication process involving the patient aims to concretely achieve his centrality in healthcare activities.

He has the right to be involved and informed about his treatment program, his rehabilitation needs and the ways in which he will be treated. Successful implementation of the treatment process is facilitated by the patient's involvement and participation in the therapeutic choices made by the healthcare team. Within this process, the family plays an active role in communication.

Throughout the program, special attention will be lavished on structured moments of dialogue with healthcare professionals, in the course of which active participation by the patient and his family members in the treatment process will be promoted.

Communication will take place both through the distribution of brochures and the display of written communications, generally of common interest, and directly through healthcare professionals at specifically dedicated times, where the patient can be informed about his health status, the Rehabilitation Plan, and any other matters of interest to him.

Any training needs (nursing, use of aids, etc.) on the part of family members/caregivers will be identified by the rehabilitation team and carried out during the program.

## Request for a copy of medical records - Access to documents

If necessary, upon discharge, the patient may request a copy of the medical record containing the health data and the rehabilitation program by submitting a written request to the administrative office, using the form provided by it.

The patient must follow the same procedure if he requires certifications and reports.

Copies of medical records and certifications are issued within seven days, and reports within 15 days.

## Rules of conduct and recommendations

Smoking is strictly prohibited in the rooms, corridors, and common areas of the unit, as well as in all enclosed spaces. If necessary, there is a designated smoking area outside the building, identified by appropriate signage.

Avoid using cell phones in the treatment rooms.

## Severe Developmental Disabilities Unit (UDGEE)

### Authorised and accredited beds: 10

The Severe Developmental Disabilities Unit (UDGEE) cares for minors with severe and very severe neurological and psycho-sensory disabilities resulting from congenital or acquired conditions, who require multidisciplinary rehabilitation and 24-hour ongoing healthcare.

UDGEE also offers temporary relief and emergency care for home-based patients affected by severe chronic disabilities.

UDGEE, being part of the hospital-local community-home network dedicated to severe developmental disabilities, ensures continuity of care upon discharge from acute hospital wards and paediatric intensive care units. Whenever possible, it facilitates the child's return to his living environment, supporting the family unit in difficult circumstances.

### Unit access procedures

To access the unit, the General Practitioner/Private Paediatrician, the Hospital Physician of the referring department, or the National Health Service (NHS) psychiatrist must fill in a request for admission. The admission request is forwarded to the unit by email to [unitaspeciale.falconara@dongnocchi.it](mailto:unitaspeciale.falconara@dongnocchi.it).

The Medical Director will assess the requests for admission thus received to determine their appropriateness and priority.

The length of stay at the unit under the National Health Service (SSN) agreement is established by the individual rehabilitation plan drawn up upon admission on the strength of the clinical-functional assessment and the definition of rehabilitation objectives. The stay at the unit may not in any event exceed 120 days, unless an extension is granted by the local health authority (AST) in the presence of specific rehabilitation needs. Alternatively, continued rehabilitation care may be offered on an outpatient/home basis.

### Documentation required for admission

- Referral from the National Health Service (NHS) physician stating the following: “120 days for UDGEE hospitalisation in an out-of-hospital facility due to the results of ... (the physician will enter the diagnosis)” to be submitted to the Medical Secretary upon admission;
- Hospital discharge letter and clinical documentation;
- Identity card and health card;
- Copy of the Law 104 identity and recognition form (if applicable).

Patients residing outside the Region require authorization for admission from their local health authority (ASL).

# Social Offering Units

## Healthcare features

The unit ensures 24-hour medical and nursing care on an ongoing basis. Rehabilitation management is achieved through the multidisciplinary team's definition of an individual rehabilitation plan, shared with the family. The plan is aimed at managing critical issues related to the severity of the underlying pathology, prevention of complications, preservation of residual functions, monitoring and promotion of the child's development. One of the goals of the care is to ensure Family Learning, for the purpose of facilitating and accompanying, whenever possible, the patient's return home.

Management is accomplished by means of:

- General and specialised medical care (assessment and diagnostic activity, drug therapy management, identification of aids needed for returning home and daily management);
- Nursing care provided by experienced rehabilitation staff;
- Training of caregivers (usually parents) in caring for their children, guiding them to be able to confront both their clinical condition and the complex management of life-saving equipment (ventilator, in-exsufflator, etc.), so as to allow them to return home;
- Daily rehabilitation intervention;
- Social care intervention.

When the patient's clinical and functional condition allows, school-age children are guaranteed access to home-based learning, regulated by an agreement with the Regional School Office and the Falconara Centre Comprehensive School (Istituto Comprensivo Falconara Centro).

## Comfort and hotel services

The hotel activity is carried out by providing:

- Personal care through: personal hygiene and nutritional care;
- General services through: canteen service for family members providing care (for a fee); barber; hair-dresser and podiatrist on call;
- Religious Services (depending on user inclination);
- Volunteer work.

## Psychological support

Support activities for patients and for family members are included.

## How to contact the unit

- Unit/Nurses: 071.0979145 / 071.0979025, daily from 15.00 to 16.00
- Coordinator 071.0979023, Monday to Friday, from 13.00 to 14.00
- Email: [unitaspeciale.falconara@dongnocchi.it](mailto:unitaspeciale.falconara@dongnocchi.it)

## Visiting hours and procedures for relatives

Every day from 4:00 p.m. to 6:00 p.m.

Only one visitor per patient at a time is allowed in the stay-in rooms.

Children under 12 are not allowed in the unit.

## How to receive information

The communication process involving the patient aims to concretely achieve his centrality in healthcare activities.

He has the right to be involved and informed about his treatment program, his rehabilitation needs and the ways in which he will be treated. Successful implementation of the treatment process is facilitated by the patient's involvement and participation in the therapeutic decisions made by the healthcare team. Within this process, the family plays an active role in communication.

Throughout the program, special attention will be lavished on structured moments of dialogue with healthcare professionals, in the course of which active participation by the patient and his family members in the treatment process will be promoted.

Communication will take place both through the distribution of brochures and the display of written communications, generally of common interest, and directly through healthcare professionals at specifically dedicated times, where the patient can be informed about his health status, the Rehabilitation Plan, and any other matters of interest to him.

Any training needs (nursing, use of aids, etc.) on the part of family members/caregivers will be identified by the rehabilitation team and carried out during the program.

## Request for a copy of medical records - Access to documents

If necessary, upon discharge, the patient may request a copy of the medical record containing the health data and the rehabilitation program by submitting a written request to the administrative office using the form provided by it.

The patient must follow the same procedure if he requires certifications and reports.

Copies of medical records and certifications are issued within seven days, and reports within 15 days.

## Rules of conduct and recommendations

Smoking is strictly prohibited in the rooms, corridors, and common areas of the unit, as well as in all enclosed spaces. If necessary, there is a designated smoking area outside the building, identified by appropriate signage.

Avoid using cell phones in the treatment rooms.

# Social Offering Units

## Out-of-hospital Extensive Rehabilitation Unit

### Authorized and accredited beds: 30

The Unit is dedicated to patients affected by severe and very severe neurological and psycho-sensory disabilities, not self-sufficient and in clinically evolving conditions with high clinical and care needs, destined to grow continuously and sustainably for the duration of their healthcare, to patients discharged from acute hospital wards at the request of the hospital psychiatrist or to patients coming from home at the suggestion of the local health authority (AST) psychiatry specialist or following an assessment by the Integrated Evaluation Unit (UVI).

The unit is located on the third floor of the facility with common areas, equipped and assisted bathrooms and therapy rooms.

### Documentation required for admission

- Referral from the National Health Service (NHS) physician stating the following: “Admission for extensive rehabilitation in an out-of-hospital facility due to the results of ... (the physician will enter the diagnosis)” to be submitted to the Medical Secretary upon admission;
- Hospital discharge letter and clinical documentation;
- Identity card and health card;
- Copy of the Law 104 identity and recognition form (if applicable).

**Patients residing outside the Region require authorization for admission from their local health authority (ASL).**

### Unit access procedures

To access the unit, the General Practitioner, the Hospital Physician of the referring department, or the National Health Service (NHS) psychiatrist must fill in a request for admission using the appropriate form (available on the website [www.dongnocchi.it](http://www.dongnocchi.it) – E. Bignamini Centre – Falconara Marittima – in the forms section. The admission request is forwarded to the unit by email to [riab.estensiva.falconara@dongnocchi.it](mailto:riab.estensiva.falconara@dongnocchi.it) or by fax to 071.0979099.

The Medical Director assesses the requests for admission thus received to determine their appropriateness and priority.

The length of stay at the unit, under agreement with the National Health Service (NHS), is set by the individual rehabilitation plan drawn up upon admission on the strength of the clinical-functional assessment and the definition of rehabilitation objectives. The stay at the unit may not in any event exceed 60 days, unless an extension is granted by the Local Health Authority (AST) in selected cases where specific rehabilitation needs arise. Alternatively, continued rehabilitation care may be offered on an outpatient/home treatment basis.

Access to or continuation of the rehabilitation treatment under a private scheme may also be requested upon prior submission of clinical documentation and assessment by the Medical Director.

### What to bring along

Upon admission, you are advised to bring:

- Comfortable clothing;
- Personal medications usually taken at home and prescribed upon discharge from the hospital ward (in their boxes, accompanied by the information leaflet);
- Incontinence aids, if necessary, and available aids for daily management and mobility.

### Healthcare features

The unit ensures 24-hour medical and nursing care on an ongoing basis. Rehabilitation management is achieved through the multidisciplinary team’s definition of an individual rehabilitation plan. Attainment of rehabilitation goals is regularly monitored through team meetings, and the plan is adjusted, if need be, based on clinical and functional development.

The healthcare and rehabilitation activity is aimed at preventing complications related to hypomobility, managing respiratory problems by trained and specialised personnel, maintaining residual functions, achieving the best possible level of autonomy for the patient and reintegrating him into his living environment. This is achieved through:

- General and specialised medical care (assessment and diagnostic activity, drug therapy management, identification of aids needed for returning home and daily management);
- Nursing care provided by experienced rehabilitation staff;
- Daily rehabilitation intervention;
- Social care intervention.

When the patient’s clinical and functional condition allows, school-age children are guaranteed access to home-based learning, regulated by an agreement with the Regional School Office and the Falconara Centre Comprehensive School.

### Comfort and hotel services

The hotel activity is carried out by providing:

- Personal care through: personal hygiene and nutritional care;
- General services through: canteen service for family members providing care (for a fee); barber; hairdresser and podiatrist on call;
- Religious Services (depending on user inclination);
- Volunteer work

### Psychological support

Support activities for patients and for family members are included.

# Social Offering Units

## How to contact the unit

Unit/Nurses: 071.9160136 – daily from 3:00 p.m. to 4:00 p.m.  
Coordinator 071.0979022 - Monday to Friday from 1:00 p.m. to 2:00 p.m.  
Email: riab.estensiva.falconara@dongnocchi.it

## Visiting hours and procedures for relatives

Every day from 4:30 p.m. to 6:30 p.m. and on Sundays from 10:45 a.m. to 11:45 a.m.  
Children under 12 are not allowed in the unit.

## How to receive information

The communication process involving the patient aims to concretely achieve his centrality in healthcare activities.

He has the right to be involved and informed about his treatment program, his rehabilitation needs and the ways in which he will be treated. Successful implementation of the treatment process is facilitated by the patient's involvement and participation in the therapeutic decisions made by the healthcare team. Within this process, the family plays an active role in communication.

Throughout the program, special attention will be lavished on moments of structured dialogue with healthcare professionals, in the course of which active participation by the patient and his family members in the treatment process will be promoted.

Communication will take place both through the distribution of brochures and the display of written communications, generally of common interest, and directly through healthcare professionals at specifically dedicated times, where the patient can be informed about his health status, the Rehabilitation Plan, and any other matters of interest to him.

Any training needs (nursing, use of aids, etc.) on the part of family members/caregivers will be identified by the rehabilitation team and carried out during the program.

## Rules of conduct and recommendations

Smoking is strictly prohibited in the rooms, corridors, and common areas of the unit, as well as in all enclosed spaces. If necessary, there is a designated smoking area outside the building, identified by appropriate signage.

Avoid using cell phones in the treatment rooms.

## Request for a copy of medical records - Access to documents

If necessary, upon discharge, the patient may request a copy of the medical record containing the health data and the rehabilitation program by submitting a written request to the administrative office, using the form provided by it.

The patient must follow the same procedure if he requires certifications and reports.

Copies of medical records and certifications are issued within seven days, and reports within 15 days.

## Out-of-hospital day-care unit

The service is located on the first floor of the facility, in an area divided into two subunits, one for children/adolescents and one for adults.

**Authorised and accredited beds: 40**

## Day-care organisational structure

- Chief Medical Officer: Dr Roberto Staffolani
- Medical Directors: Dr.ssa Laura Traini, Dr.ssa Elisa Sordoni
- Managers: Dr.ssa Anna Maria Monsù, Dr.ssa Rosalba Poli, Dr. Pietro Cesaroni
- Nursing Coordinator: Federica Fabietti, Lisa Rossi (supporto coordinatore)
- Physiotherapist Coordinator: Gabriele Toppi, Michele Maiolatesi
- Psychologists: Dott.ssa Reana Di Girolamo, Dott. Simone Beghella Bartoli, Dott. Valter Brunella
- Extensive Rehabilitation and USDGEE Assistant Coordinator: Simone Silvestri
- Social Workers: Agnese Sani, Tiziana Longonardi
- Public Relations Office (PRO): Giulia Sollitto
- Nurses
- Physiotherapists/TO
- Educators
- Speech
- Therapists
- Orderlies (Nursing aides)

For school-age patients: teaching staff of Falconara Centre Comprehensive School

# Social Offering Units

## Adult Outpatient Day-Care

The service primarily targets adult patients with post-acute neurological and orthopaedic conditions. The activity is undertaken in small groups of three to four patients and includes physiotherapy and robotic rehabilitation.

Medical and nursing care is provided, and if the rehabilitation plan so envisages, even the involvement of an occupational therapist, psychologist, speech therapist, and/or social worker.

### Days and times of service

Open Monday to Friday from 8:00 a.m. to 11:30 a.m. and from 2:00 p.m. to 5:30 p.m.

The clinic is usually closed during the month of August and during Christmas holidays.

Patients will be notified of the scheduled closure of the service.

### User types

Post-acute adult neurological and orthopaedic patients.

### Admission and access procedures

Access is conditional on prior verification of clinical suitability by the unit doctors.

To access the service, patients must complete the appropriateness questionnaire, available at the Falconara Centre’s administrative office or on the website [www.dongnocchi.it](http://www.dongnocchi.it) – Centro Bignamini Falconara Marittima – in the forms section.

The request can be submitted by NHS doctors (GPs, private paediatricians, hospital specialists) or by the specialist hospital physician.

### Documentation required for acceptance

- Referral from the GP/private paediatrician or hospital doctor stating “semi-residential treatment cycle”;
- Hospital discharge letter and clinical documentation;
- Identity card and health card;
- Copy of disability report and recognition according to Italian Law No. 104;

NB: Patients residing outside the region require hospitalization authorization from their local health authority (ASL).

### Waiting list (management criteria)

The waiting list is drawn up based on the date of the request and the date of the acute event.

### Organization of a typical day

An individual rehabilitation plan is drawn up for all patients by the team (doctor and therapist) based on assessments made at the time of the visit.

The plan specifies the rehabilitation goals and the related interventions required to achieve them.

### How to receive information

The communication process involving the patient aims to concretely achieve his centrality in healthcare activities.

He has the right to be involved and informed about his treatment program, his rehabilitation needs and the ways in which he will be treated. Successful implementation of the treatment process is facilitated by the patient’s involvement and participation in the therapeutic decisions made by the healthcare team. Within this process, the family plays an active role in communication.

Throughout the program, special attention will be lavished on moments of structured dialogue with healthcare professionals, in the course of which active participation by the patient and his family members in the treatment process will be promoted.

Communication will take place both through the distribution of brochures and the display of written communications, generally of common interest, and directly through healthcare professionals at specifically designated times, where the patient can be informed about his health status, the Rehabilitation Plan, and any other matters of interest to him.

Any training needs (nursing, use of aids, etc.) on the part of family members/caregivers will be identified by the rehabilitation team and carried out during the program.

### Boarding costs

Covered by the National Health Service (NHS). The service can also be requested on a private basis.

### Discharge and how to request documentation and certificates

Upon attaining the individual rehabilitation project goals, the patient is discharged from the day-care treatment, creating a plan shared with the local community and in some cases will continue on an outpatient basis.

Patients may request a copy of the medical records containing the patient’s health data and rehabilitation program undertaken.

They must submit a written request to the Medical Secretary, using the form provided by it. Family members must follow the same procedure if they require certifications and reports.

Copies of medical records and certifications will be issued within seven days, and reports within 15 days.

# Social Offering Units

## Developmental Age Outpatient Day-Care

The service is directed at developmental age patients with severe and very severe neurological and psychosensory disabilities. Activities of the Service are carried out in dedicated environments, with staff specifically trained to care for users in accordance with an individual rehabilitation plan drawn up by the medical rehabilitation team. The Centre has entered into an agreement with the Falconara Centre Comprehensive School, enabling school-age patients to attend the rehabilitation day program, also benefiting from the presence of a support teacher.

The service relies on the combined presence of educators, orderlies, nurses, and therapists who intervene depending on project and needs.

### Days and times of service

Open Monday to Friday from 8.30 a.m. to 7.00 p.m.

### User types

Patients with complex disabilities, neurological and neuropsychiatric conditions.

### Services

Specialist medical and psychological counselling. Rehabilitation options in the physiotherapy, speech therapy, neuro-psychomotor, neurocognitive, and psychoeducational context. Interventions aimed at personal care and improvement of personal independence.

### Admission and access procedures

Access is conditional on prior verification of clinical suitability by the unit doctors.

The request can be submitted by NHS doctors (GPs, private paediatricians, hospital specialists) or from the District of origin.

For residents in the Marche Region, access is direct, and the admission application, filled out using a regional prescription form, must state: “Extensive outpatient rehabilitation in a day-care setting,” indicating the diagnosis.

To access the service, you must complete a specific form provided by our centre upon request.

### Waiting list (management criteria)

Applications for admission are assessed by the team physician who will examine the patient and, if deemed suitable, may submit the patient to the team’s attention. If the necessary requirements are met, the patient is placed on a waiting list managed by the Service’s Social Worker. Priority criteria include the patient’s clinical/socio-environmental situation and the date of the application.

Direct information may be requested from the Service’s Social Worker.

### Organization of a typical day

An individual rehabilitation plan is drawn up for all users by the team (doctor, psychologist, therapist, educator, nurse) based on an assessment of their functional profile.

For users enrolled in school who benefit from the assignment of a support teacher, an individualized education plan (IEP) will be defined jointly with the team to complement the rehabilitation plan.

The rehabilitation plan and the individualized education plan will be submitted to families for approval and signature during specific meetings.

### How to receive information

The communication process involving the patient aims to concretely achieve his centrality in healthcare activities.

He has the right to be involved and informed about his treatment program, his rehabilitation needs and the ways in which he will be treated. Successful implementation of the treatment process is facilitated by the patient’s involvement and participation in the therapeutic choices made by the healthcare team. Within this process, the family plays an active role in communication. Given the young age of the users, the privileged dialogue will be established with the parents, for whom, throughout the process, particular attention will be lavished on structured moments of dialogue with the healthcare professionals, in the course of which active participation by the patient and his family members in the treatment process will be promoted.

Communication will take place both through the distribution of brochures and the display of written communications, generally of common interest, and directly through healthcare professionals at specifically designated times, where the patient can be informed about his health status, the Rehabilitation Plan, and any other matters of interest to him.

Any training needs (nursing, use of aids, etc.) on the part of family members/caregivers will be identified by the rehabilitation team and carried out during the program.

## Social Offering Units

### Boarding costs

Covered by the National Health Service (NHS). The service can also be requested on a private basis.

### Discharge and how to request documentation and certificates

Upon attaining the rehabilitation project goals and/or reaching adulthood, in agreement with other services, the patient is discharged under a protected regime, creating a plan shared with the local community.

Family members may request a copy of the medical records, which contain the patient's health data and rehabilitation program.

They must submit a written request to the Medical Secretary, using the form provided by it. Family members must follow the same procedure if they require certifications and reports. Copies of medical records and certifications will be issued within seven days, and reports within 15 days.

## Outpatient and Home Rehabilitation Service

### General description of services

The Outpatient Rehabilitation Service is provided in facilities authorized and accredited by the Marche Region, known as Outpatient Rehabilitation Centres, where rehabilitation services are rendered. The service is also authorized and accredited by the Marche Region as a Functional Recovery and Rehabilitation Outpatient Clinic

At each outpatient clinic, it is possible to perform diagnoses and certification for Specific Learning Disabilities (SLD) and telemedicine services, as required by regional legislation. This section illustrates all the diagnostic and rehabilitation activities that can be undertaken and are subject to Authorization and Accreditation, although not all are available at each such location, as the services provided have been tailored to local needs and specific human and material resources. For example, at some locations, it is not possible to provide treatment for children and adolescents. For this reason, a Service Guide has been developed for each location, available in English as well and an integral part of this document, which outlines the specifications for each clinic.

The services provided at the clinics located across the region are reserved for the treatment of pathologies requiring complex multidisciplinary or intermediate single-disciplinary treatment, and for rehabilitation and functional re-education services aimed at simple rehabilitation programs, performed on a self-pay basis. The activity is addressed at patients affected by neuromotor, childhood neuropsychiatric, orthopaedic, rheumatic, and cardiopulmonary conditions, regardless of age.

Each patient receives an individualized rehabilitation program traceable to a Rehabilitation Project defined by the multidisciplinary rehabilitation team. The team takes charge of the patient's care and is concerned with monitoring the patient's clinical progress over time, planning interventions in terms of scope, frequency, and content, and looking after the relationships between the patient and the family.

The team also liaises with the relevant technical and educational figures, only insofar as school-age patients are concerned.

Healthcare services are provided at the following clinics:

Falconara Marittima, Ancona (via Breccie Bianche and Via Rismondo), Torrette di Ancona, Osimo, Camerano, Senigallia, and Fano. Each location is accredited by the Marche Region and, therefore, only in respect of those covered by a contractual agreement.

Outpatient and home care activity for primary and secondary respiratory pathologies are provided by rehabilitation staff specifically trained in the management of ventilated and/or tracheostomised patients.

**\*In accordance with Marche Regional Council Resolution (DGRM) No. 1469/2023, visits, medical-healthcare advice, consultations, assistance from healthcare professionals, and rehabilitation services, following completion of the healthcare authorization and accreditation process, can also be provided via telemedicine. The performance method is described in the specific documents and explained to users as needed.**

# Outpatient and Home Rehabilitation Service

## Services provided

### Physiotherapy and Rehabilitation

All the under-mentioned services can also be performed on a self-pay basis.

### ADULTHOOD

#### Rehabilitation of:

- Neurological injuries, including those treated with robotic technology;
- Orthopaedic and rheumatologic injuries;
- Primary and secondary lymphoedema;
- Respiratory and cardiorespiratory diseases;
- Sphincter dysfunctions and in the aftermath of surgical procedures for urological and proctological diseases (pelvic-perineal rehabilitation);
- For the consequences of oncological diseases.

#### Interventions of:

- Kinesiotherapy;
- Instrumental physical therapy: magnetotherapy, electrotherapy, electroanalgesia, ultrasound therapy, tecar therapy (contact diathermy), high-power laser therapy, radial shock waves;
- Manual therapy (massage and manual/osteopathic techniques);
- Postural re-education;
- Combined treatment for lymphoedema (lymphatic drainage, bandaging, group kinesiotherapy treatment for mastectomy post-op);
- Occupational therapy;
- Speech therapy (including phonological disorders, dysphagia, neurocognitive treatment);
- Neuropsychological rehabilitation with or without computerised assistance;
- Mesotherapy, ozone therapy, ultrasound-guided infiltration therapy;
- Group therapies for: spinal cord pain, upper and lower limb disorders, multiple sclerosis, and Parkinson's disease;
- Individual and group hydrokinesitherapy;
- Psychological support for patients and family members/caregivers.

#### Assessments:

- Neuropsychological, cognitive profile;
- Learning profile for Specific Learning Disabilities (SLD);
- Swallowing;
- Aids and orthoses (including technological aids for communication and learning).

#### Specialist visits:

- Psychiatrist
- Neurologist
- Orthopaedist
- Cardiologist.

## DEVELOPMENTAL AGE

#### Rehabilitation of:

- Neurodevelopmental disorders (autism, intellectual disabilities of varying degrees, language disorders, learning disabilities, attention deficit and hyperactivity, motor coordination disorders);
- Neurological diseases of developmental age (neuromotor and neuromuscular diseases, dystrophies);
- Sensory deficits (hearing loss, low vision);
- Congenital heart diseases;
- Spinal disorders that arise during developmental age (scoliosis, hyperkyphosis, paramorphism).

#### Interventions of:

- Neuropsychomotor therapy;
- Neuropsychological therapy;
- Physiotherapy;
- Psychological support for minors and their family members;
- Speech therapy and communication support, including through augmentative alternative communication;
- Swallowing rehabilitation and swallowing-related problems;
- Computer-assisted rehabilitation (CARE-lab);
- Collaboration/consulting meetings with external professionals (teachers, educators, community services).

#### Assessments:

- Psychodiagnostics
- Learning profile
- Neurological, neuromotor
- Aids and orthoses (including technological aids for communication and learning).
- Swallowing

#### Specialist visits:

- Child Neuropsychiatrist;
- Physiatrist.

## Telemedicine

Remote interaction that allows for the provision of healthcare services as defined by regional regulation 1469/2023.

Services involve:

- Tele-visit;
- Medical teleconsultation;
- Medical-healthcare teleconsultation;
- Tele-assistance from healthcare professionals (nurses, physiotherapists, speech therapists, occupational therapists, etc.);
- Tele-reporting;
- Tele-rehabilitation.

Services are provided following a clinical and technological assessment by the Centre's healthcare professionals.

# The Outpatient and Home Rehabilitation Service

## Certification for Learning Disabilities

With reference to the Marche Regional Council Decree (DGRM) No. 1288 of 16 September 16 2013: Authorization and Accreditation Requirements for Facilities Tasked with Diagnosis and Certification of Specific Learning Disabilities (SLD), in accordance with Regional Law No. 32 of 19 November 2013.

The services provided involve those required for diagnostic accreditation of SLD and the related certification, namely:

- Neuropsychiatric examination and assessment;
- Complete test-based psychodiagnostic/neuropsychological assessment:
  - general intelligence with the use of at least one psychometric test;
  - reading, writing, and calculation skills;
  - neuropsychological functions;
  - affective-relational sphere.

At the end of the assessment, a clinical report is issued, and if the assessment is positive for SLD, the team issues a certification suitable for the implementation of specific teaching flexibility measures during education and training cycles and university studies.

For further details, please refer to the specific Service Guide, available in the outpatient clinics.

### Admission and access procedures

#### NHS regime

To access rehabilitation care, you must have a National Health Service (NHS) referral from your family doctor or specialist, which must be submitted to the Administrative Office of the chosen facility. Patients residing outside the region must obtain authorization for treatment from their local health authority (ASL).

Services are provided subject to prior verification of the appropriateness of the services (complex multidisciplinary or intermediate single-disciplinary services) by the clinic's staff. Therefore, patients are invited to fill in and submit the appropriateness questionnaire, which can be downloaded from the Foundation website [www.dongnocchi.it](http://www.dongnocchi.it), by selecting either the Falconara Marittima centre or one of the other outpatient clinics in the Marche Region, in the “Forms” section. Alternatively, the questionnaire can be picked up directly at the administrative office desk.

The outcome of the assessment will be communicated by telephone by the administrative office and, if positive, the patient's treatment will begin with a specialist examination.

Once the specialist examination has taken place, the patient's name is placed on a waiting list according to the priority established during the examination and the type of service involved.

If the patient does not meet the suitability criteria for treatment under the agreement, the option of receiving the treatment on a self-pay basis will be offered.

#### Self-pay arrangement

Specialist visits, consultations, aids, and psychotherapy sessions outside of the rehabilitation treatment are available for a fee only.

Patients submit their request for treatment/specialist visits to the administrative office and will then be contacted regarding the service.

The request can also be submitted via email and can be downloaded by selecting the desired outpatient clinic on the Foundation website [www.dongnocchi.it](http://www.dongnocchi.it), in the contact section.

The price list is available on the noticeboard of each outpatient clinic location. Treatment fees do not exceed the cost laid down by the Region.

Payment must be made before the start of the sessions using one of the following methods: cash, debit/credit card, or bank transfer.

#### **Waiting list for rehabilitation treatment**

After the visit, the patient's name will be included in a waiting list. The patient will be called for treatment based on the referral date and the priority, which will be established by the healthcare professional at the time of the visit. For services aimed at children and adolescents, the waiting list is the same for residents of the Ancona local health authority (AST), with the exception of the Senigallia office.

#### **Information on make-up sessions and refunds**

Any absence from a scheduled treatment, unless reported 24 hours before the service is provided, will entail the loss of the right to make-up sessions. Sessions missed due to organizational difficulties attributable to the Centre or to any transportation service will be made up on an agreed-upon date.

#### **Upon entering the facility**

What to bring for physiotherapy or tests: Comfortable clothing for treatments. For hydrokinesitherapy, a swimsuit, cap, bathrobe, and slippers.

# The Outpatient and Home Rehabilitation Service

## Discharges and suspensions

The treatment cycle must be carried out consistently. Repeated absences may lead the doctor to resolve on discontinuing treatment.

At the end of the rehabilitation program, once the objectives have been achieved, the team plans the patient's discharge.

## Certified copies of health documentation

A copy of the medical record, certifications, and miscellaneous reports may be requested from the administrative office. The form provided by the administrative office itself must be used.

Certificates justifying absence from work will be issued by the administrative office or the doctor at the time of the visit.

Copies of medical records and certifications will be issued within seven days, and reports within 15 days.

## How to receive information

The communication process involving the patient aims to concretely achieve his centrality in health-care activities.

He has the right to be involved and informed about his treatment program, his rehabilitation needs and the ways in which he will be treated.

Successful implementation of the treatment process is facilitated by the patient's involvement and participation in the therapeutic decisions made by the healthcare team. With this process, the family plays an active role in communication. In the case of minors, the parents will be the primary interlocutors.

Throughout the program, special attention will be lavished on moments of structured dialogue with healthcare professionals, in the course of which active participation by the patient and his family members in the treatment process will be promoted.

Communication will take place both through the distribution of brochures and the display of written communications, generally of common interest, and directly through healthcare professionals at specifically designated times, where the patient can be informed about his health status, the Rehabilitation Plan, and any other matters of interest to him.

Any training needs (nursing, use of aids, etc.) on the part of family members/caregivers will be identified by the rehabilitation team and carried out during the program.

## Rules of conduct and recommendations

At the beginning of each session, you must sign the attendance register: this is an important document for both the facility and the patient, as it allows us to certify the treatment process followed.

Please be punctual and always notify us, as far in advance as possible, if you cannot be present for a treatment session.

We recommend consistent attendance: the outcome also depends on it.

**Smoking** is strictly **prohibited** in the rooms, corridors, and common areas of the unit, as well as in all enclosed spaces. There is a designated smoking area outside the building. **Avoid using cell phones in the treatment rooms.**

## Healthcare service times

Monday to Friday, 8:00 a.m. to 1:00 p.m. and 2:00 p.m. to 7:00 p.m.

Saturday 8:00 a.m. to 1:00 p.m.

## List of outpatient clinics in the Marche region

### Falconara Marittima Outpatient Clinic



Via Matteotti 56 (inside the “Bignamini” Centre).  
Tel.071 9160971

Location link: <https://goo.gl/maps/n8Adh6qe4TAT3tMM6>

### Ancona North – Torrette Outpatient Clinic



Via Velino 2/3 – Ancona tel. 889951

Location link <https://goo.gl/maps/AoYK2GwxPeG2YGxv7>

### Ancona Central Outpatient Clinic



Via Rismondo, 37 Ancona tel. 31698

Location link: <https://goo.gl/maps/er3WLGasfmCxiwsw9>

### Ancona South Outpatient Clinic



Via Brece bianche 74 tel 2867546

Location link: <https://goo.gl/maps/72zbK5XToEv3oKsz8>

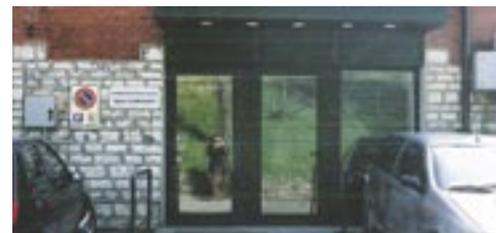
### Osimo Outpatient Clinic



Via C. Colombo 128- Osimo tel 716743

Location link: <https://goo.gl/maps/Ad8ZsatsRLXQyfqm6>

### Camerano Outpatient Clinic



Via Loretana, 45 – Camerano tel 731024

Location link: <https://goo.gl/maps/7FeayToiAj5SCYT5A>

# Outpatient clinics

## Senigallia Outpatient Clinic



Via Costa, 25 – Senigallia tel 65045

Location link: <https://goo.gl/maps/7pfsdAxX4YJP7naA9>

## Fano Outpatient Clinic



Via Del Ponte, n. 68 tel 825469

Location link: <https://goo.gl/maps/v7mnzj7NSaPpF8wX9>

**NB:** detailed information for each outpatient clinic is set out in the specific **SERVICE GUIDE**, an integral part of this Service Charter.

## Specific Learning Disabilities

As already described in the previous section, each Outpatient Centre runs a service for the diagnosis and certification of **Specific Learning Disabilities (SLD)**, authorized and accredited for this function as required by current legislation (DGRM).

## Telemedicine

Telemedicine activities, recently included in the catalogue of services subject to Authorization and Accreditation by the Marche Region (DGRM [Marche Regional Council Resolution] No. 1469/2023), are performed at the Don Gnocchi Foundation Outpatient Centres, as described in the **SERVICES PROVIDED section**, funded by Italy’s National Health Service (NHS) or privately, under the same appropriateness conditions set forth in the **Access Procedures**.

# Protection and participation - PRO

## Description and function

The Public Relations Office (PRO) is tasked with ensuring that users exercise their rights to information, access and participation.

The PRO located at the Falconara facility ensures the following functions:

- **Information:** on healthcare services provided and on how to access wards/outpatient clinics;
- **Reception:** establishes a relationship with users by resolving issues related to the services provided and striving to meet their expectations and needs;
- **Protection:** activates initiatives aimed at overcoming any service disruptions, collecting complaints and ensuring they are forwarded to the Management offices;
- **Participation:** facilitates interaction between the facility and users through information initiatives, participation by volunteer organizations, and the protection of citizens' rights.

## How to contact us

Social Worker Giulia Sollitto

Telephone: 071/9160971 extension 7

Email: [urp.falconara@dongnocchi.it](mailto:urp.falconara@dongnocchi.it)

## Access procedures and times

Service opening hours Tuesdays (Falconara office) and Thursdays (Via Breccie Bianche-Ancona South office) 9:30 a.m. to 11:30 a.m.

Collects reports and complaints from users and forwards them to the Service/Unit managers for ad hoc assessment. Upon completion of the process, the PRO team responds to the reporter.

## Report and complaint handling timeframe

From the moment a report is received, the service carries out as a rule a corrective investigation involving the aforementioned parties and responds to the reporter within 20 days.

## Tools and methods for evaluating the level of user and caregiver satisfaction and for detecting service disruptions

As part of initiatives to improve the quality of services, a questionnaire is available to users. It can be filled in anonymously and placed in the designated containers in waiting areas. All users are kindly invited to fill in the questionnaire in order to contribute to the facility's improvement process.

## Timeframes for assessing the level of patient satisfaction or detecting service disruptions

Twice a year (every six months), patient satisfaction questionnaires are distributed to all social offering units and reviewed by the PRO service. Where malfunctions are reported, steps are taken to improve the service..

# Useful information

## Religious Assistance

For Roman Catholics:

Chaplain: Don Filippo Pesaresi

Telephone Number: 071 9160971

Email: [info.falconara@dongnocchi.it](mailto:info.falconara@dongnocchi.it)

Days of Presence:

The chaplain is present on Sunday mornings, concurrently with the religious service.

Religious service time: Sunday at 10:30 a.m.

## Possibility of religious assistance other than for Catholics

Religious assistance, important for the spiritual comfort of guests, is guaranteed to all, fully respecting individual choices. Patients may request religious assistance other than for Catholics by contacting the unit nurse.

## Meal choices based on religious or cultural beliefs

You may notify the nursing coordinator of your need for a personalised menu based on your religious or cultural orientation.

## Common information

**Cultural mediation** – the service is activated if needed by the unit/Service Coordinators or the Social Work's Service

## Information to users about risk management policies in the facility

### Possibility to make reports

The facility has a Clinical Risk Manager, and management of risk situations is ensured through a reporting system that involves all healthcare professionals.

He updates the Centre's risk map by collecting reports of incidents, adverse events, instances of non-compliance, and complaints.

# Volunteering

## Volunteering

Volunteering has always been one of the Don Gnocchi Foundation’s fundamental resources and is inspired by the profound values of its founder, the beatified Don Carlo Gnocchi.

Given the importance of this service, the Foundation has established a central coordination unit, based in Milan at the Don Gnocchi-Palazzolo Institute, which has laid down the guidelines for the activity and outlined the profile of the Don Gnocchi volunteer.

All information is available on [www.dongnocchi.it](http://www.dongnocchi.it) in the Volunteering section.

Manager: **Monica Malchiodi**, Tel. 02-39703211

Contact persons: **Marina Simoncini**, Tel. 02-39703381 - **Elisa Kalaj**, Tel. 0239703589

Email: [volontariatoeserviziocivile@dongnocchi.it](mailto:volontariatoeserviziocivile@dongnocchi.it)

For many years, structured volunteer associations such as AVULSS, UNITALSI, Scouts, CRI, and the Propaedeutic Volunteers of the Regional Seminary have been working alongside the Don Gnocchi Volunteers.

## Civil Service

In 2018, the Don Gnocchi Foundation became accredited as a Universal Civil Service (SCU) organization, allowing this service to be performed at many of the Foundation’s centres, including the Falconara facility. The aim is to provide young people with assistance and professional and life growth through an understanding of the values promoted by the Founder and the work that embodies his legacy.

The service is provided in the various departments of the facility and is dedicated to users with disabilities and non-self-sufficient elders. The goal is to improve the quality of their response to relational and socialisation needs, as well as to support their residual independence.

It is, therefore, an experience that allows the young people involved in the civil service to grow both personally and professionally, and our users to enjoy a special time dedicated to them, with mutual enrichment.

## Volunteering Associations

### AVVULSS - ONLUS

It is a nationwide association that, through ongoing, free volunteer work organized by suitably qualified and competent individuals, operates in the social and health services sector at the local and neighbourhood level as a tool for promoting, defending, and protecting human health, engaging in participation, raising awareness, animation, and testimony in the social-health sector, to adequately cater for the real needs of citizens. The Association is inspired by the Christian principles of its founder, Don Giacomo Luzietti, and is open to all. After taking part in a basic training course, volunteers operate in the various sectors with the aim of meeting and effectively aiding people in difficult and suffering situations.

AVULS is present at the Don Gnocchi “E. Bignamini” Foundation in Falconara with numerous volunteers who, in collaboration with the staff, assist the children and young people hosted by the Extensive Rehabilitation Unit. They enliven their days with games, walks, and outings. Above all, they devote their attention and affection. Their intervention is also aimed at non-self-sufficient elderly people or those with reduced independence hospitalized in the Intensive Care Unit.

To contact the Falconara unit, call the administrative office located in Via Fratelli Rosselli no. - Tel. 071/9161526 [www.avuls.org](http://www.avuls.org)).

## U.N.I.T.A.L.S.I.

The Italian National Union for the Transport of the Sick to Lourdes and International Shrines has a unified national character and is organized into Sections (Regions) and Subsections (Dioceses).

It is a public association of the faithful who, by virtue of their faith and their particular charisma of charity, aim to enhance the spiritual life of their members and promote evangelisation and apostolate toward and with their sick and disabled brothers and sisters, in relation to the message of the Gospel and the teachings of the Church.

This is the spirit that binds UNITALSI to the Don Gnocchi “E. Bignamini” Foundation in Falconara: not only a warm welcome and deep love for the children who come on pilgrimages to Lourdes or other shrines, but also days of sharing in many Subsections throughout the year.

### Volunteering Representative for the Falconara Facility

Dr Reana di Girolamo

Email: [rdigirolamo@dongnocchi.it](mailto:rdigirolamo@dongnocchi.it)

Telephone: 071 0974591

### For any further information: the Parents’ Committee

For several years, the Parents’ Committee has been operating at the Centre, representing all parents, relatives, and guardians of children admitted to the Extensive Rehabilitation Unit, the Rehabilitation Day Centre, and attending outpatient clinics. It is convened at least once a year, but the Committee President may request additional meetings, with or without management, when particularly serious issues arise.

It is a non-profit, non-partisan, non-denominational, and autonomous body consisting of six members appointed among the parents. Its purpose is to keep those who wish to receive information—patients and/or relatives—abreast with the Centre’s life and to endeavour to overcome any difficulties that may hinder the provision of the best possible care to users of the Don Gnocchi “Bignamini” Foundation. It collaborates with the facility’s healthcare staff and volunteers to build a better future for their loved ones. It also serves as an advisory body to the management. It is available to those in need of information and gratefully welcomes whoever might wish to contribute concretely, with remarks and ideas, to improving the patients’ quality of life.

The Committee can be contacted through the Public Relations service, which will provide the necessary information to establish direct contact.

# Information and Aids Evaluation Service (SIVA)

SIVA is an internal service within the Centre that offers patients treated under various care regimes (inpatient, semi-inpatient, outpatient, and home care) specific advice on assistive technologies to achieve maximum independence and improve the quality of life for both people with disabilities and their caregivers.

The service operates according to a working methodology shared within the Don Gnocchi Foundation's Information and Aids Evaluation Services network and sees itself in a person-centred approach.

Medical Director: **dr.ssa Eva Carboni**

Physicians: **dr.ssa Annamaria Monsù, dr.ssa Chiara Grulla**

Physiotherapist Coordinator: **Gabriele Toppi**

Physiotherapist: **Antonella Rossetti**

Occupational Therapist: **Maria Pasqualini**

Consultations can be requested by the Centre's rehabilitation team for patients cared for at the facility's various locations, or by patients, a family member, or an external physician for individuals not cared for at the centre. In these cases, consultations are private.

It is structured into several phases, ranging from identification and assessment of needs, to project definition, customization, and training in the use of the identified solution.

The areas of intervention involve:

- Mobility and posture;
- Independence in ADLs (Activities of Daily Living);
- Home adaptations;
- Evaluation and fabrication of orthoses;
- High- and low-tech solutions to support adults with communication difficulties or children with complex communication needs (assistive solutions integrated into Augmentative Alternative Communication projects)

SIVA draws on the skills of various professionals (physiatrists, physiotherapist, and occupational therapist), who operate jointly with the referring rehabilitation team, with a view to integrating the independence promotion program with the patient's rehabilitation and life program.

# Quality commitments

Since 2002, the E. Bignamini Center has equipped itself with an ISO 9001-certified quality system, through which it has developed an integrated management system over the years, consistent with current regulations and the vision of the Don Gnocchi Foundation.

The system is detailed in the Management System Manual (Facility Rehabilitation Project) of the Foundation and the Centre, which sets out the Quality Policy, a practical translation of the commitments expressed in the Charter of Values.

The cornerstone of the quality policy lies in a comprehensive approach to caring for the individual, based on attention to his needs and the ability to manage frailties, weaknesses, and suffering. This distinctive approach to doing things is the Foundation's strength and a key competitive advantage over our competitors.

This has resulted in particular in three key quality objectives, common to all activities carried out at the Foundation:

- Promoting the centrality of the individual, safeguard his dignity, and enhance his potential. The management of every activity and process places the individual at the centre, meaning thereby attention to the external customer (user/guest), the internal customer, and the people who work for the organization in various capacities.  
The most effective response to user (external client) needs stems from the continuous search for effective and appropriate methodologies and approaches, and, simultaneously, from organisational and management decisions geared toward maximum attention to the individual, guaranteed care for users and their families, continuity of care and assistance, and prevention of harm to patients, guests, users, and visitors.  
The focus on internal customers is demonstrated through a willingness to collaborate and a spirit of service, placing the ultimate goal of results before any personal considerations and interests, and viewing the organization as an integrated set of activities capable of generating both positive and negative added value. Attention to human resources is aimed at unleashing individual capacity and initiative, developing his skills, maximizing his aptitudes, and enhancing the planning capabilities of the various operational groups, from the centres to the individual social offering units, thereby ensuring the safety and well-being of all operators.
- Pursuing continuous improvement, searching for excellence.  
The work style that characterizes the Foundation in all its activities is expressed through the pursuit of excellence and ongoing improvement. The approach to performance and the provision of services must be based on the rejection of self-referentiality, the development of widespread systems of self-assessment and peer evaluation, and openness to dialogue with the outside world. The culture of reporting critical issues, the search for the root of problems rather than for culprits, are the distinguishing features of the Foundation's style.
- Demanding integrity in conduct.  
The actions of those involved in the Foundation's activities, including occasional workers and suppliers, must be shaped by compliance with internal and external rules (see the Legislative Decree 231 organizational model and the Code of Ethics) and by sharing and applying the organization's distinctive values in daily practice.

## Quality commitments

Directly derived from commitments made to its users, the Centre has adopted and monitors the following indicators:

### ● User satisfaction with services - PRO

By administering a satisfaction questionnaire to users, we measure the level of their satisfaction with healthcare activity, both in outpatient and home care settings, and in inpatient settings. The results are analysed during periodic meetings and lead to improvement actions.

Users are kept informed through periodic presentations of the results.

### ● Measurement of waiting times and comparison with standards

User waiting times for accessing services are calculated monthly, published quarterly on the Centre's website, and periodically evaluated during the Organizational Unit Activity Reviews.

### ● Staff training

The Centre annually draws up a technical/professional training plan for its staff, considered a strategic tool for developing both individual growth paths and the care process viewed as a whole.

The proper implementation of the plan and its effectiveness in professional practice are subject to review and appraisal by management.

### ● Clinical Risk and Adverse Event Management

Ensuring the appropriateness, quality, and safety of care is a must for the facility, which has developed a system for detecting, analysing, and improving risky activities by resorting to various methodologies.

## Workplace safety

Since July 2020, the Foundation has been ISO 45001 certified at all its locations (certificate no. 1031/2020).

The philosophy underpinning the Management System has enabled the organization to implement, and maintain over time, a maturation process capable of promoting interactions and synergies between the various processes, steering company choices through a collective and shared decision-making program.

ISO 45001 certification is also recognized by INAIL (Italy's National Institute for Insurance against Workplace Accidents) as the main factor in reducing occupational accidents and diseases.

The Foundation's extraordinary commitment to accomplishing and maintaining an ISO 45001-certified Management System is even more remarkable if we bear in mind the limited presence of certified facilities nationwide.

In Italy, only 2% of ISO 45001-certified companies are healthcare facilities.

The reason lies in the complexity and breadth of application of the standard, which relies primarily on scrupulous and complete compliance with the broad mandatory legislation, and ultimately on the need to transcend regulatory obligations, giving proof of ongoing improvement, based on the involvement and participation of individual workers as well.

Since 2022, the Clinical Risk Manager has promoted several initiatives within the Foundation's Management System, promoting Healthcare Risk Management policies and methodologies and the standardization of methodologies and procedures for the safety of healthcare processes.

The seven improvement groups, established to work on some Ministerial Recommendations concerning clinical risk, have produced an equal number of documents for the dissemination of best practices for the prevention of adverse events, currently in force and implemented at the Centre.

Continuous monitoring of their implementation, alongside the activation of a Clinical Quality Control System for services, carried out through specific Clinical Audits, allows for the maintenance of quality standards and the development, through Patient Safety methodologies, of a collection system for data and indicators suitable for achieving the annually identified objectives.

In the course of 2025, four HAI (Healthcare-Associated Infection) prevalence studies were conducted, in line with the European and Italian averages, along with reporting analyses of hydro-alcoholic gel consumption and handwashing observations for each facility.

Four specific workshops were also run for all professions on the prevention, identification, and management of HAI.

The results of these and other MR activities are recorded annually in the review document and published on the facility's website, along with the results of collected data.

## Rights

- Right to respect for dignity.
- Right to confidentiality in accordance with applicable laws and regulations.
- Right to identify the healthcare worker through the identification card.
- Right to be heard in the ways and forms best suited to the situation and individual case, with respect, kindness, and competence.
- Right to receive responses within a defined timeframe.
- Right to timely, accurate, consistent, clear, simple, understandable, and appropriate information, tailored to the type and culture of the user, that is targeted, up-to-date, and easily accessible.
- Right to know the methods and purposes of healthcare services, to be reassured about one's case, to maintain contact with the physician in charge, to express consent, and to receive effective and appropriate treatment.
- Right of the family to be informed and reassured, within the limits allowed by privacy and the patient's wishes.
- Right to complain, and to make proposals and suggestions, both written and verbal.
- Right to transparency, especially regarding waiting lists.
- Right to be cared for by adequately trained staff, in such a number as to ordinarily exclude the need for supplementary care.
- Right to orderly care that respects silence and rest.

## Duties

- Maintain responsible behaviour at all times, respecting and understanding the rights of other sick patients and cooperating with medical, nursing, and technical staff, as well as with the Health Management.
- Promptly inform healthcare workers of your intention to forgo scheduled services and treatments to avoid wasting time and resources.
- Respect the spaces, equipment, and furnishings within healthcare facilities, viewing them as everyone's assets, including your own.
- Avoid any behaviour that may disturb or inconvenience other patients (noise, lights, radios or televisions at high volume, etc.).
- Patients are entitled to accurate information about the organization of the healthcare facility, but they are also bound to obtain information at the appropriate times and places.

**It is a legal requirement not to smoke in enclosed spaces, i.e., those without a continuous connection to the outside atmosphere. The ban extends to all enclosed spaces, even those leased to third parties. Smoking is prohibited in areas under fire hazards (e.g., storage areas for gas cylinders, flammable substances, electrical substations, waste storage areas, etc.). The ban applies 24/7 and envisages all smoking devices, including e-cigarettes, as well as the external areas of the facility, save for the designated outdoor smoking area. In accordance with Article 40 of Italian Law 221/2015, it is also prohibited to throw cigarette butts on the ground.**

## UN Convention on the Rights of Persons with Disabilities

The International Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly in December 2006, aims to «promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity» (Article 1).

**DEFINITION.** The Convention defines the concept of disability as the presence of «long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, hinder full and effective participation in society.»

**RIGHTS.** The following Articles (9-19) deal with the various rights in more detail: the right to accessibility of the environment, services, and technologies; to life; to protection in situations of risk and humanitarian emergencies; to equal treatment before the law and equal access to justice; to liberty and security of the person; to freedom from scientific experimentation - including medical experimentation - without one's free and informed consent; to freedom from exploitation, violence, and abuse; to personal integrity; to the ability to choose one's residence and nationality; to living independently and being included in the community, with access to the necessary supports to that end (e.g., personal assistance).

The Charter continues by committing States to ensure the rights to personal mobility (Article 20); to freedom of expression and opinion and access to information (Article 21); to privacy (Article 22); not to suffer restrictions in their emotional and sexual life, as well as to create their own family by freely taking up their responsibilities vis-à-vis the generation and education of children (Art. 23); to integrated education (Art. 24); to equal standards of health care (Art. 25).

**REHABILITATION.** With regard to the more specific interventions relating to rehabilitation and integration into the world of work (Articles 26-27), the Charter emphasizes the importance of not viewing them as fragmented and stand-alone interventions, but as components of an integrated approach that considers the processes of rehabilitation, professional training, education, and social support as a whole, looking at the totality of the person: that is, facilitating “the achievement and maintenance of maximum independence, personal fulfilment, and participation in all aspects of life.»

In the field of rehabilitation, the need for multidisciplinary assessments, services close to the disabled person's home, and adequate and ongoing training for caregivers are emphasised. In the field of employment, in addition to supporting the need for discrimination-free access to the labour market, the emphasis is on the importance of taking part in trade union activity, participating in retraining programs, and enjoying the same experience/career opportunities as other workers.

Looking at the contents of the Convention, one discovers that many of the principles proclaimed therein have always been part of the Don Gnocchi Foundation's DNA. In particular, the vision that sees every technical intervention (rehabilitation, job placement, school placement, training, etc.) not as an end in itself but as a means to a broader project - which Don Gnocchi implied in the concept of “restoration of the human person” - that focuses on the person in his entirety, not merely his body, skills, or knowledge.

This document has been updated and drawn up with the contribution of the professionals working in the Facility, voluntary associations and parents' representatives, expressed in the Parents' Committee operating in the Facility.



«Others will be able to serve them better than I have been able to do; no one else, perhaps, will be able to love them more than I have»

Don Carlo Gnocchi  
(extract from his will)



## The Don Gnocchi Foundation in Italy

Established after World War II by the beatified Don Carlo Gnocchi to provide care, rehabilitation, and social integration for injured children, the Foundation has gradually expanded its range of action over time. Today, it continues to concern itself with disabled children and youngsters, affected by complex acquired and congenital diseases; patients of all ages requiring neuromotor and cardiorespiratory rehabilitation; people with multiple sclerosis, amyotrophic lateral sclerosis, Parkinson's disease, Alzheimer's disease, or other disabling diseases; non-self-sufficient elders, terminal cancer patients, and patients in a prolonged vegetative state. In addition to its healthcare, rehabilitation, social care, and socio-educational services, the Foundation engages in intense scientific research and training at various levels. It is recognized as a Scientific Institute for Research, Hospitalisation, and Healthcare (IRCCS), specifically for its Milan and Florence centres. As a Non-Governmental Organization (NGO), the Foundation promotes and implements projects on behalf of developing countries.

### NORTHERN AREA

#### IRCCS S. Maria Nascente

Via Capecelatro, 66  
Milano - tel. 02.403081  
Ambulatori: Sesto San Giovanni,  
Cologno Monzese, Bollate, Nerviano,  
Canegrate, Santo Stefano Ticino,  
Lodi, Casalpusterlengo

#### Centro Peppino Vismara

Via dei Missaglia, 117  
Milano - tel. 02.89.38.91

#### Centro Multiservizi

Via Galileo Ferraris, 30  
Legnano (MI) - tel. 0331.453412

#### Centro E. Spalenza-Don Gnocchi

Largo Paolo VI  
Rovato (BS) - tel. 030.72451

#### Centro S. Maria ai Colli-Presidio Sanitario Ausiliatrice

Viale Settimio Severo, 65  
Torino - tel. 011.6303311  
Ambulatori: Torino  
(via Peyron e strada del Fortino)

#### Istituto Palazzolo-Don Gnocchi

Via Don L. Palazzolo, 21  
Milano - tel. 02.39701

#### Centro Girola-Don Gnocchi

Via C. Girola, 30  
Milano - tel. 02.642241

#### Centro S. Maria delle Grazie

Via Montecassino, 8  
Monza - tel. 039.235991

#### Centro S. Maria al Castello

Piazza Castello, 22  
Pessano con Bornago (MI) - tel. 02.955401  
Ambulatori: San Giuliano Milanese,  
Melzo, Segrate

#### Centro Ronzoni Villa-Don Gnocchi

Viale Piave, 12  
Seregno (MB) - tel. 0362.323111  
Ambulatori: Barlassina, Vimercate, Lecco

#### Centro S. Maria alla Rotonda

Via privata d'Adda, 2  
Inverigo (CO) - tel. 031.3595511  
Ambulatori: Como, Guanzate

#### Centro S. Maria al Monte

Via Nizza, 6  
Malnate (VA) - tel. 0332.86351  
Ambulatorio: Varese

#### Centro S. Maria alle Fonti

Viale Mangiagalli, 52  
Salice Terme (PV) - tel. 0383.945611

### CENTRAL AREA

#### IRCCS Don Carlo Gnocchi

Via Di Scandicci 269 - Loc. Torregalli  
Firenze - tel. 055.73931

#### Centro S. Maria alla Pineta

Via Don Carlo Gnocchi, 24  
Marina di Massa (MS) - tel. 0585.8631

#### Polo specialistico riabilitativo

Ospedale S. Antonio Abate  
Via Don Carlo Gnocchi  
Fivizzano (MS) - tel. 0585.9401

#### Centro Don Gnocchi

Via delle Casette, 64  
Colle Val d'Elsa (SI) - tel. 0577.959659

#### Centro S. Maria dei Poveri -

**Polo Riabilitativo del Levante ligure**  
Via Fontevivo, 127  
La Spezia - tel. 0187.5451

#### Centro S. Maria ai Servi

Piazzale dei Servi, 3  
Parma - tel. 0521.2054  
Ambulatorio: Casa della Salute "Parma centro"

#### Centro E. Bignamini-Don Gnocchi

Via G. Matteotti, 56  
Falconara M.ma (AN) - tel. 071.9160971  
Ambulatori: Ancona (Torrette,  
via Brecece Bianche, via Rismondo),  
Camerano, Fano, Osimo, Senigallia

### CENTRAL-SOUTH AREA

#### Centro S. Maria della Pace

Via Maresciallo Caviglia, 30  
Roma - tel. 06.330861

#### Centro S. Maria della Provvidenza

Via Casal del Marmo, 401  
Roma - tel. 06.3097439

#### Polo specialistico riabilitativo

Ospedale civile G. Criscoli  
Via Quadrivio  
Sant'Angelo dei Lombardi (AV)  
tel. 0827.455800

#### Centro S. Maria al Mare

Via Leucosia, 14  
Salerno - tel. 089.334425

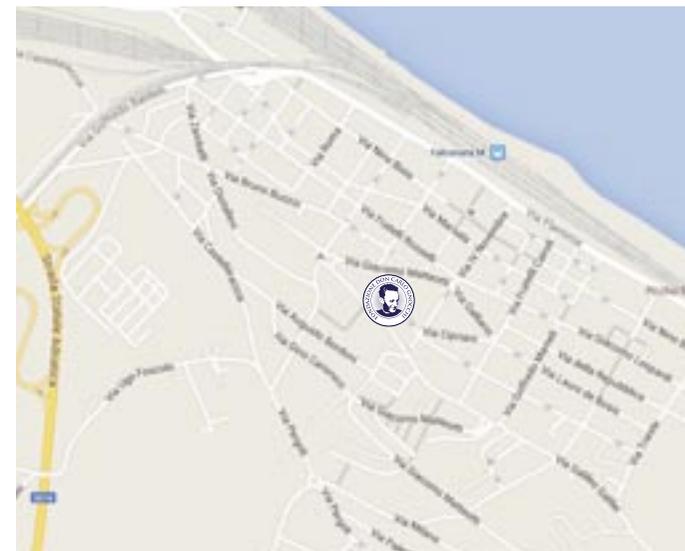
#### Centro Gala-Don Gnocchi

Contrada Gala  
Acerenza (PZ) - tel. 0971.742201

#### Polo specialistico riabilitativo

Presidio Ospedaliero ASM  
Via delle Matine  
Tricarico (MT) - tel. 0835.524280

## HOW TO REACH THE "BIGNAMINI" CENTRE



- By train: Falconara station, then bus or taxi;
- By car: Ancona North motorway exit, then highway to Falconara;
- By air: Falconara Raffaello Sanzio Airport, then bus or taxi.



**Fondazione  
Don Carlo Gnocchi**

**Sede Legale - Presidenza - Direzione Generale:**

20162 MILANO

via C. Girola, 30 (tel. 02 40308.900 - tel. 02 40308.703)

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Rocco Mangia (*vice presidente*),

Mariella Enoc, Carmelo Ferraro,

Andrea Manto, Luigi Macchi,

Marina Tavassi

**Collegio dei Revisori:**

Adriano Propersi (*presidente*),

Silvia Decarli, Claudio Enrico Polli

**Direttore Generale:** Francesco Converti

**E. BIGNAMINI**

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