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SELF-MONITORING PLAN

Suomen Terveystalo Oy

Terveystalo

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Introduction

Pursuant to Section 27 of the Act on the Supervision of Social Welfare and Health Care (741/2023), a service provider shall monitor the quality, appropriateness and safety of its own operations and those of its subcontractors, as well as client and patient safety.

The service provider shall prepare, for each service unit, a selfmonitoring plan to ensure the quality, appropriateness and safety of daily operations and to monitor the adequacy of personnel involved in client and patient care. The selfmonitoring plan shall cover all services produced in the service unit by the service provider and on its behalf.

The selfmonitoring plan must include a description of the procedures for reporting and learning from adverse events.

Implementation of Self-Monitoring at Suomen Terveystalo Oy

This self-monitoring plan is applied in the following service units of Suomen Terveystalo Oy (excluding operations in Åland).
The service units cover all activities carried out in the service points (locations) registered under them.
The service points and service categories are also recorded in the Soteri register.

Terveystalo Digital Health
Terveystalo Helsinki Sleep Clinic
Terveystalo Helsinki Kamppi Ruoholahti
Terveystalo Jyväskylä
Terveystalo Kuopio
Terveystalo Joensuu
Terveystalo Lahti
Terveystalo Savonlinna
Terveystalo Kouvola
Terveystalo Lappeenranta
Terveystalo Tampere
Terveystalo Turku
Terveystalo Pori
Terveystalo Mobile MRI
Terveystalo Mobile Screening, Breast Cancer Screening
Terveystalo Seinäjoki
Terveystalo Oulu
Terveystalo Rovaniemi
Terveystalo Hyvinkää
Terveystalo Iso Omena

This plan does not describe the operations of RelaHierojat Oy, Terveystalo Partnership Solutions, Staffing Services, or Terveystalo Kuntaturva Oy, as these entities have their own selfmonitoring plans.

In addition to this selfmonitoring plan, service units that perform local clinical microbiology laboratory testing have a unitspecific Microbiology SelfMonitoring Plan.

Healthcare service providers operating at Terveystalo (including sole traders and limited companies) are committed to complying with Terveystalo’s selfmonitoring plan. In addition, they must prepare their own selfmonitoring plan.

In accordance with the agreement concluded with the service provider, they must comply with generally accepted medical principles and the operating practices and processes applied at the medical centre, utilising the medical centre’s tools. Unless otherwise required by mandatory legislation, the medical centre (Terveystalo)

and the service provider are each independently responsible for their own operations directly to patients, authorities and other parties.

This selfmonitoring plan refers to Terveystalo’s processes, work instructions and other materials available on the Terveystalo intranet.

When the term *responsible physician* is used in this selfmonitoring plan, it also refers to the responsible occupational health physician and the responsible dentist.

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Information about the Service Provider and Locations

Service Provider Suomen Terveystalo Oy

Address: Jaakonkatu 3 A, 6th floor, 00100 Helsinki
Telephone: +358 30 633 11
Fax: +358 30 633 1602
Business ID: 10938633

Responsible Persons of Service Units

Healthcare service units and service areas
(excluding occupational healthcare, oral healthcare, and services provided within public service units)

Chief Medical Officer, Healthcare Services
Jukka Pitkänen

Occupational Healthcare service units and service areas

Chief Medical Officer, Occupational Healthcare Services
Ilse Rauhaniemi

Private Oral Healthcare service units and service areas

Chief Dental Officer
Ritva Lindblad

The addresses and contact details of the service locations are available on Terveystalo’s website.

Email addresses follow the format: firstname.lastname@terveystalo.com.

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Purpose, Operating Principles, Strategy, Values and Mission

Purpose and Operating Principles

Terveystalo is the largest private healthcare service provider in Finland by revenue and one of the leading providers of occupational healthcare in the country. We are building smooth, caring, and impactful healthcare services for the future.

We provide comprehensive primary healthcare, specialist medical care, oral healthcare, diagnostic imaging, laboratory services, rehabilitation, and wellbeing services for companies, private individuals, and as outsourced services for wellbeing services counties.

Terveystalo's digital clinic operates independently of time and location, providing services 24/7.

Our services are offered at approximately 360 locations across Finland, including 18 hospitals.

Strategy, Values and Mission

Strategy
We aim to be the market's strongest datadriven integrated care provider, delivering topclass healthcare effectiveness and an excellent customer and professional experience.

Through our integrated care model, we seek both positive societal impact and strong profitability. We want to provide our customers with smooth, caring and effective integrated care.

Our strategic focus areas for 2024–2026 are:

- **Superior customer value through integrated care:** best medical effectiveness across care pathways
- **Insurance partnerships, specialty growth and oral healthcare**
- **Organic growth:** automation of routine tasks, customer guidance and intelligent resource allocation
- **Improved profitability:** renewal of digital architecture and Sweden performance improvement programme
- **Smooth workflows for professionals and leadership capability development**
- **Committed professionals:** expansion into new healthcare services
- **Optimised business portfolio**

Values

- *People at the centre of everything* – We take responsibility for everyone's health and wellbeing and the opportunity for a good life.
- *Medicine leads* – Everything we do is based on medicine and evidencebased knowledge.
- *Healthcare reformer* – We foster creativity and continuous development and boldly renew healthcare through technology.

Mission
We fight for healthier lives. This is Terveystalo's mission. It means that we do not only treat illnesses, but help people live healthier lives. Healthier lives also mean healthier workplaces and a healthier society.

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Organisation and Management of SelfMonitoring

This section describes the procedures by which the persons responsible for the service units ensure compliance with the obligations laid down in the Act on Supervision.

Terveystalo's Medical Management Group serves as the highest medical decisionmaking body of the company. The current Chair of the Medical Management Group also participates in meetings of the Group Executive Management Team.

The Chair of the Medical Management Group is the Chief Medical Officer for Healthcare Services. The Group consists of Chief Medical Officers of the business areas, and the Chief Executive Officer is also a member, thereby strengthening the link between Group management and medical decisionmaking.

The Medical Management Group is responsible for defining, leading, and monitoring the implementation of Terveystalo's medical vision and strategy. In addition, it is tasked with leading and supervising medical quality, treatment outcomes, and patient safety, and with ensuring the effectiveness of medical leadership throughout the Group.

At the clinic and regional levels, the persons responsible for the service units are represented by Responsible Physicians, Regional Responsible Physicians, and, in rehabilitation services, the Service Director. Their work in quality management and patient safety is supported by Directors of Healthcare Services, Quality and Patient Safety Managers, Heads of Dental Services, and all managers.

In the absence or unavailability of the Responsible Physician or Service Director, a substitute is appointed on a casebycase basis at the service location by the Director of Healthcare Services.

Review of the selfmonitoring plan is included in the personnel onboarding programme. Updates are reviewed at the service location level whenever significant changes are made. The selfmonitoring plan serves as a tool for operational development, and its implementation is monitored, among other means, as part of the annual internal audits.

Description of Operations and Quality Management

Description of Operations

Responsible operations are a core value at Terveystalo. We are committed to high quality and the continuous development of our operations. Above all, we aim to promote the health and wellbeing of our customers and personnel. We also create positive impacts on the surrounding society and promote ethical operating practices throughout our entire value chain. In addition, our objective is to minimise the environmental impacts of all our operations and products.

Terveystalo's quality is based on medical quality, operational quality, customer experience quality, and the professional experience of healthcare professionals. The objective of quality management is to ensure service availability, patient safety, a highquality and continuously developing customer experience, the implementation of data protection and information security, compliance with clinical guidelines, and the continuous improvement of treatment effectiveness.

Quality at Terveystalo is monitored and measured at multiple levels. Operational results are reviewed regularly, based on which areas for development are identified and necessary changes implemented. Quality is managed as part of the management structures at all levels of the organisation, from top management to the daily work of individual teams and professionals.

Ensuring and maintaining patient safety and highquality care is the responsibility of every Terveystalo employee. Terveystalo provides both employed healthcare professionals and independent practitioners (sole traders) with uptodate guidelines and electronic tools to support their work.

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Quality Management

Management System

In addition to the quality management system, operations are governed by several other requirements and binding obligations described in Terveystalo's management system. The quality and management systems serve as tools for every Terveystalo employee to ensure that operations comply with requirements and produce the desired outcomes.

Terveystalo's policies (the selfmonitoring plan, operating policy, quality policy, risk management policy, ethical guidelines, data protection and information security policy, and environmental policy) guide operations alongside shared processes, instructions, rules of procedure and standards. Guidance related to the protection of patient data is described in the company's *Patient Work Data Protection Manual*.

Current Care Guidelines, legislation governing the healthcare sector and the operations of private service providers, regulatory authority requirements, and customer contracts are also key requirements implemented in daily operations and complied with by Terveystalo. Terveystalo organises several annual training programmes related to quality, patient safety, facility safety, and data protection.

Occupational health services are based on the Government Decree on the principles of good occupational health practice. Each Terveystalo location providing occupational health services has documented its operations in an Occupational Health Quality Manual in accordance with the decree.

Terveystalo has been granted ISO 9001 certification for its quality and management system and ISO 14001 certification for its environmental management system, demonstrating that our services meet the customer and legislative requirements of these standards. The certificates and their scope are available on Terveystalo's website as part of responsibility reporting and publications.

Terveystalo fosters a culture that supports continuous improvement and monitors and measures quality at multiple levels and through various indicators. Based on these measurements, operations are reviewed regularly, development areas are identified, and necessary changes are implemented.

The Group Quality Team is responsible for, among other things, coordinating internal and external audits, developing, maintaining and providing training related to the Terveystalo Operations Manual and management system, and guiding, developing and maintaining quality management structures and the quality network.

The network of Group Quality Managers and Quality and Patient Safety Coordinators provides guidance to personnel at Terveystalo locations on operating in accordance with the Operations Manual.

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Audits

Internal audits, management reviews and external audits related to the ISO 9001 quality management system and the ISO 14001 environmental management system are conducted to assess compliance with requirements and the effectiveness of the systems. In addition, clinical audits are performed in all imaging units in accordance with radiation legislation.

Each year, audits are conducted for Group functions as well as a comprehensive sample of Terveystalo’s business operations and locations.

Terveystalo places strong emphasis on internal audits. The internal auditor network consists of experts from various service operations within Group Services. An accredited external auditor annually assesses, on a sampling basis, the compliance of Terveystalo locations with the criteria of ISO 9001:2015 and ISO 14001:2015 standards.

Audit results are reported at location, regional and Group levels. Corrective actions are defined for findings requiring remediation, and followup procedures are agreed. Audit reports, findings and corrective actions are available to all Terveystalo personnel.

Audit Assessment Criteria

Operations are assessed against the following criteria during audits:

- Applicable legislation, regulations, authority requirements and permit conditions
- Applicable standards, such as ISO 9001, ISO 14001, ISO 13485 and ISO 27001
- Organisational values, strategic priorities, rules of procedure and principles
- Shared organisational processes and instructions
- Customer promises and contracts
- Objectives, indicators, actions, resources and monitoring

Terveystalo’s digital services have been granted ISO 27001 information security certification. The certification was issued by the external audit company Bureau Veritas. Maintaining the certification includes internal and external information security audits.

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Quality Requirements for Suppliers and Subcontractors

Procurement at Terveystalo is governed by the procurement policy. Procurement activities are carried out in a planned, costeffective, standardised and centralised manner. Terveystalo Group’s ethical guidelines are followed in all procurement activities.

Economic, taxrelated, legal, social and environmental aspects are taken into account in procurement and tendering processes. Procurement decisions are based on overall economic efficiency and quality. The lifecycle impacts and costs of products and services, as well as energyefficiency considerations, are also taken into account.

Terveystalo requires suppliers to commit contractually to applicable legislation, regulatory authority requirements and quality standards relevant to their industry.

Quality indicators and targets set for Terveystalo’s contracted suppliers are monitored in accordance with the Terveystalo SRM model. In addition, supplier audits are conducted annually as agreed for strategic and operationally critical suppliers. Suppliers are required to operate in accordance with Terveystalo’s Supplier Code of Conduct.

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Customer Satisfaction

The SFSEN ISO 9001:2015 quality management system requires systematic monitoring of customer satisfaction and continuous development of customeroriented operations. At Terveystalo (excluding rehabilitation services), customer experience is monitored using the following methods:

- Net Promoter Score (NPS) collected in real time via SMS feedback
- Professionalspecific customer satisfaction measurement
- Treatment effectiveness measured using PEI (Patient Enablement Instrument), which assesses the patient' s sense of coping
- Collection and utilisation of direct customer feedback
- Customer satisfaction surveys

Net Promoter Score (NPS)

The Net Promoter Score is measured through SMS feedback by sending customers a question on the day following their visit. Customers are asked to rate, on a scale of 0–10, how likely they are to recommend Terveystalo to friends or colleagues. Customers may also opt out of receiving surveys.

ProfessionalSpecific Customer Satisfaction

Professionalspecific customer satisfaction measurement provides more detailed and targeted information on customer satisfaction along the service pathway, alongside the general NPS. Feedback is primarily intended to support the professional's own development and to serve as a coaching tool for supervisors.

For Terveystalo professionals, customer satisfaction is measured using the question:
"How satisfied were you with the service provided by our professional?" (scale 1–5).

PEI – Patient Enablement Instrument

The PEI (Patient Enablement Instrument) measures the patient's sense of coping and is used as an indicator of treatment effectiveness. For Terveystalo professionals, patient enablement is measured using the question:
"After the appointment, I am able to cope with my illness …"

- Much better (4)
- Better (3)
- About the same (2)
- Worse (1)
- Cannot say (–)

Customer Feedback

Customers may provide spontaneous feedback on our operations via a customer feedback form, by letter, email, verbally, during personal visits, at customer meetings, or through the website. Terveystalo's website includes feedback forms for private customers as well as representatives of corporate, organisational and public sector customers.

Customers are always contacted if they have requested followup and provided their contact details. Feedback may also be given anonymously.

The handling of customer feedback is described in Terveystalo’s management system and is implemented through the feedback system, which guides the processing workflow and produces reports. Monitoring takes place at all organisational levels using agreed indicators and reports.

In addition to the methods described above, customer satisfaction surveys are used for corporate customers and in certain business operations.

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Personnel

This section provides a more detailed description of personnelrelated recruitment processes, onboarding, performance and development discussions, and competence development. In addition, processes related to occupational safety and patient safety are described.

Terveystalo verifies the professional qualifications of personnel working in healthcare roles through the National Supervisory Authority for Welfare and Health Care (Valvira) prior to the commencement of an employment relationship or a professional practice arrangement. Terveystalo also responds appropriately to feedback received from supervisory authorities and customers concerning personnel performance and services.

For private sole traders (independent practitioners) and companies, the interview and contracting process includes verification of, among other things, degree certificates, professional licences via the JulkiTerhikki register, registration in the Soteri register, as well as language proficiency and professional competence. These practitioners are not employed by Terveystalo and are therefore independently responsible for matters such as continuing professional education.

Number and Structure of Personnel

Suomen Terveystalo Oy employs approximately 10,600 people, of whom 51% are employed personnel, 1% are agency workers, and 48% are independent practitioners.

Recruitment and Competence Assurance

Terveystalo verifies the professional qualifications of healthcare personnel through the public JulkiTerhikki register prior to the commencement of employment or the start of an independent practice arrangement. Terveystalo responds appropriately to feedback concerning personnel performance and services received from supervisory authorities and/or clients. Employees who, as defined by law, work with children, young people, persons with disabilities, or elderly individuals are required to present an extract from the criminal records register prior to employment.

For independent practitioners (self-employed professionals) and companies, the following are verified in connection with the interview and contracting process: educational credentials, professional licensing via JulkiTerhikki, Soteri registration, Business ID, valid patient insurance, as well as language proficiency and professional competence. Verification of criminal record extracts for work involving children, young people, elderly persons, and persons with disabilities is conducted by the supervisory authority during the registration process. As these professionals are not employed by Terveystalo, they are independently responsible for, among other things, their continuing professional education.

Career Services monitor restrictions on the right to practise published in the Official Gazette, and any necessary measures are decided by the responsible person of the service unit.

Our recruitment process includes a thorough assessment of the selected individual’s competence, required licences, and practical language skills in relation to the qualifications and requirements of the position. In addition, competence is further verified during the mandatory probationary period.

Orientation and Onboarding

The supervisor, or a person appointed by the supervisor, is responsible for the practical arrangements related to the start of employment and for onboarding a new employee. At Terveystalo, physicians are primarily supported in onboarding by Physician and Specialist Leads (LAVs). Dentists are supported in onboarding by Terveystalo’s Oral Healthcare Service Managers (PAVs), Regional Directors, and Responsible Dentists.

Onboarding ensures that a new employee receives the information necessary to succeed in their role regarding the company, their own unit, and their duties. Terveystalo’s onboarding guidelines, as well as onboarding materials intended for new independent practitioners, are available on the intranet and in the online learning

environment. Onboarding support materials and onboarding forms are available both for Terveystalo’s operations and for the needs of different professional groups. Particular attention is paid to orientation related to the medication management plan and to the use of medical devices and supplies.

The onboarding of employed personnel is documented in the personnel information system. Information on the success of onboarding and the new employee’s integration into their role is collected through an onboarding survey. The survey is sent automatically to all new employees 60 days after the start of employment. For physicians, information on successful integration may be collected earlier, as the onboarding survey is conducted through a phone call or discussion with the physician.

With regard to any agency staff used by Terveystalo, the staffing agency is responsible for verifying professional competence and training, checking professional qualifications with the National Supervisory Authority for Welfare and Health Care (Valvira), and, where required, verifying criminal record extracts. Terveystalo is responsible for orienting agency workers to their duties and working conditions, occupational safety measures, and, where necessary, arrangements related to occupational safety cooperation, communication, and occupational healthcare services.

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Development Discussions

In development discussions conducted by the supervisor, objectives for the coming year are set and the achievement of objectives and successes from the previous period are evaluated. Development discussions provide an opportunity for giving and receiving feedback, as well as for discussing competence development needs and work wellbeing.

The purpose of development discussions at Terveystalo is to support operations in line with the strategy, goal setting and commitment, and to enable the systematic development of personnel competence in accordance with set objectives. For independent practitioners, the objective is to conduct a practitioner discussion once a year, the implementation of which is the responsibility of the designated responsible person for each practitioner.

The supervisor is responsible for ensuring that the development discussion is conducted. Development discussions are recorded in the personnel management system, through which the completion of the discussion can be verified.

For independent practitioners, the objective is to conduct a practitioner discussion once a year, with responsibility for implementation assigned to a designated responsible person for each practitioner.

Human Resources and the necessary subject matter experts review the supporting materials for development discussions and practitioner discussions annually to ensure they are up to date.

Training and Competence Development

Terveystalo provides comprehensive training for its personnel, including professional continuing education for various professional groups (for example, Terveystalo’s own Medical Days for physicians and dentists; the Oppiportti online learning environment; the QAdental learning environment for employed dentists and specialist dentists; occupational health training days for occupational health nurses; training related to medication management and supply; and first aid training for all personnel), qualificationbased training, administrative training (such as information technology and supervisory training), as well as training related to Terveystalo’s own services (for example, imaging training days).

Terveystalo personnel also receive regular training in first aid, information security and data protection, ethical guidelines, patient and customer safety, and the management of threatening situations.

In addition, Terveystalo acts as a training organisation for physicians specialising in occupational health. To support local training, theoretical education is organised for physicians specialising in occupational health (block training and multiprofessional fieldspecific training). Trainers of specialist physicians are required to participate regularly in pedagogical training for trainers provided by universities. Terveystalo also organises training programmes for physicians, such as the *From Knowledge to Practice* training programme.

Training completion is monitored through both the personnel information system and the electronic learning platform. Supervisors also ensure the completion of required training as part of development discussions. Particular attention is paid, as part of quality audits, to the completion of statutory radiation protection training and continuing education in occupational health services in accordance with the recommendations of the Ministry of Social Affairs and Health.

A healthcare professional operating at Terveystalo under a contractual arrangement as an independent practitioner (sole trader) is personally responsible for the level and maintenance of their medical competence, as well as for ensuring adequate continuing professional education. Where a healthcare professional operates at Terveystalo under a contractual arrangement on behalf of another company, responsibility for that professional’s competence and training lies with the respective company. Terveystalo requires that all healthcare professionals working at its locations possess a sufficient level of competence appropriate to their professional title.

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Monitoring of Occupational Wellbeing

Factors that may limit occupational wellbeing are monitored not only through daily management practices but also through an annual employee survey. The survey measures the satisfaction of personnel and independent practitioners with the prerequisites for succeeding at work, such as workload and the adequacy of work tools. Through surveys, we also monitor personnel's own assessments of their ability to cope at work.

In accordance with Terveystalo's performance leadership model, supervisors monitor employees' performance in their work tasks and, upon identifying signs of changes in work ability, discuss the matter openly with the employee as early as possible. Annual development discussions also include guidance to discuss the individual' s own occupational wellbeing. Terveystalo also has, among other things, practical guidelines for intervening in substance abuse issues. Supervisor training includes essential components related to handling challenging situations and early support practices at Terveystalo. The performance leadership model is available on the intranet.

The main occupational risk factors include blood exposure incidents, the threat of violence, night work, ergonomics, and psychological strain. All occupational healthcare services for personnel are provided through Terveystalo's own occupational healthcare services. In acute illness cases, personnel may use all Suomen Terveystalo Oy locations in accordance with the occupational healthcare agreement. Preventive and nonurgent medical care is provided by designated responsible occupational health physicians and occupational health nurses. Employees' work ability is assessed through various health examinations.

At Terveystalo, wellbeing is supported in a systematic manner across four focus areas: healthy work, a wellfunctioning employee, a functional work community, and active leadership.

In addition to our occupational healthcare services, our pension insurance partners support development in the area of wellbeing.

The supervisor is responsible for an employee's work ability. Therefore, if the supervisor has justified concerns regarding an employee's work ability, the supervisor refers the employee for a health examination in accordance with established guidelines in order to assess work ability.

Occupational Safety and Health

Responsibility for occupational safety within the Group is shared between the employer, supervisors, and employees themselves, in accordance with defined safety responsibilities. Occupational safety managers and occupational safety representatives elected by the personnel support supervisors and employees in occupational safety and health matters and develop occupational safety practices through cooperative occupational safety activities.

Risk assessment of work tasks is one of the most important occupational safety development measures within the Group and is carried out according to an established annual cycle, by professional group and by location. Based on the results of risk assessments, Grouplevel occupational safety measures are implemented in business operations and locations, taking local conditions into account. Occupational safety also plays a significant role in personnel onboarding.

Terveystalo has extensive guidelines in place for various situations that may compromise occupational safety, including the management of threatening and violent situations, dealing with aggressive individuals, working alone, procedures for responding to unlawful threats, actions to be taken in the event of blood exposure incidents, chemical safety, and related matters.

Occupational safety guidelines are applied throughout the Group and are available on the intranet. The occupational safety guidelines apply as such also to independent practitioners working at Terveystalo.

Ensuring the Adequacy of Resources

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The adequacy of personnel resources is ensured both at the service location (service unit) level and at the Group level, under the responsibility of business operations management.

Terveystalo’s continuity plan defines the organisational operating models that ensure the provision of Terveystalo’s critical services during exceptional circumstances and disruption situations, thereby safeguarding the availability of medical services and the continuity of business operations.

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Registration of Service Units and Service Locations and Premises

The service units and their service locations have been duly registered, and the required regulatory permits have been obtained. The registration decisions for service locations, including any appendices (e.g. preinspection records), as well as other permit decisions (e.g. permits granted by Fimea and STUK), are stored on a shared network drive in folders designated for this purpose.

- Following the entry into force of the Act on Supervision and the selfmonitoring regulation, the registered service units and their service locations are available in the Soteri Register and in THL's Social and Healthcare Organisation Register.
    - Permits applied for prior to the entry into force of the Act on Supervision (741/2023) on 1 January 2024 and the Valvira regulation on selfmonitoring (Record no. V/42106/2023) on 8 May 2024 remain valid. The permits were applied for in accordance with the legislation and guidance in force at the time of application.
- Safety licences granted by STUK are servicelocationspecific.
- There are 13 hospitalunitspecific medication centre licences granted by Fimea.
- Operating licences for medical devices granted by Fimea are nationwide. These licences cover the distribution of medical devices and the inhouse manufacturing of software classified as medical devices (software as a medical device). Operatorspecific registration in Fimea's CERE Register can be verified from the lists maintained by Fimea:
- List of distributors registered in CERE (pdf)
- List of healthcare units registered in CERE that manufacture devices for their own use (pdf)
- Permit amendments related to pressure equipment granted by Tukes are applied for on a servicelocation basis. A Grouplevel pressure equipment supervisor coordinates the amendments to the pressure equipment register maintained by Tukes on a servicelocation basis. Local permits are stored in Terveystalo's information systems.
- Diagnostics of infectious diseases is a licensed activity, and the laboratories of Suomen Terveystalo Oy are, with regard to local laboratory testing in clinical microbiology, subject to the supervision of SYNLAB Suomi Oy. Each Terveystalo service location is responsible for ensuring that the sitespecific Microbiology SelfMonitoring Plan and other supervisory documentation are up to date. As the supervising laboratory, SYNLAB reports the details of the Terveystalo service locations under its supervision to the National Supervisory Authority for Welfare and Health and monitors the quality and test volumes of Terveystalo's local clinical microbiology laboratory services. In addition, SYNLAB provides guidance and support to Terveystalo in the preparation of instructions, staff orientation, and the resolution of problem situations.

The Regulatory Affairs Coordinator advises, guides, and supports Directors of Healthcare Services and other persons responsible for registrations in the registration of service locations within the Terveystalo Group in Finland.

Terveystalo primarily operates as a tenant in commercial and office premises. Due to the nature of the operations, lease agreements are generally longterm.

Facilities and Maintenance

The appropriateness and structural safety of facilities are the responsibility of Terveystalo's Facilities Services. The property management system contains information on all leased service locations. In leased premises, routine property maintenance responsibilities largely lie with the property owner. Building services technology supporting Terveystalo's medical devices is the responsibility of Terveystalo and is maintained and serviced by contracted partners.

The activities carried out on the premises determine the required level of security with regard to access control, intrusion protection and fire safety. Where such systems are already in place by the property owner, they are utilised. Each facility is protected by an intrusion alarm system. Fire safety complies with the provisions of the Finnish Building Regulations, with particular emphasis placed on fire protection in surgical units.

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Implementation and Supervision of Facility Design

Facility Services are responsible for the technical design and implementation of the premises. The premises are designed to promote smooth workflows and customer interactions, taking into account the healthiness of the facilities, confidentiality of matters handled, facility safety, and ecological and economic sustainability. The premises are designed in cooperation with Facility Managers and users, in accordance with the established design and implementation process.

Room data sheets have been prepared for different functions to ensure uniform, functional, highquality, and efficient premises. The room data sheets are always indicative and are applied according to the specific building and environment. The required room data sheets are provided to designers on a casebycase basis.

Indicative technical specifications are prepared on a sitespecific basis for building technology, HVACSE systems, and gas systems. The specifications address, among other things, requirements related to data networks, ventilation, cooling, camera and sound systems, and similar technical solutions.

Inspections of premises carried out by an authority or service organiser after the entry into force of the selfmonitoring regulation:

- Inspection visit carried out by the wellbeing services county to the imaging services at the Jyväskylä service location on 20 January 2026. No corrective measures were imposed as a result of the inspection.
- Inspection visit carried out by the wellbeing services county to the Saarijärvi Fysio service location on 27 March 2026. No corrective measures were imposed as a result of the inspection.

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Safety Instructions

Within the Terveystalo Group, a standard safety instruction template has been developed and is used across all Group business operations. The safety instruction template describes risks related to facility safety, preventive measures for these risks, and operating models to be followed should risks materialise. A sitespecific safety instruction is prepared for each location in accordance with the safety instruction template and the guidelines for its preparation. Each location is responsible for the content and currency of its own safety instruction.

A safety organisation has been appointed at each location, responsible for preparing, updating and implementing the safety instruction for personnel through safety walkthroughs.

Each location reviews its safety instruction at least every two years and always in connection with changes to the premises. Essential information from the property’s general rescue plan is incorporated into the safety instruction, which is a more detailed document than the rescue plan.

Locations performing surgical procedures prepare, in addition to the safety instruction, an evacuation safety assessment, which is submitted to the local rescue authorities.

The Terveystalo Group uses an electronic chemical register, in which each location maintains a sitespecific list of chemicals. The chemical register contains uptodate safety data sheets and safety instructions for all chemicals used at Terveystalo. The chemical register is available to all personnel.

Medication Management Facilities

At Terveystalo, the appropriateness of medication management facilities is ensured in all units where medication treatment is provided. Terveystalo’s 13 hospital locations each have their own pharmacy unit (medication centre).

Medications are stored at each location in locked, sufficiently spacious and purposedesigned facilities, access to which is restricted to personnel authorised to handle medications. Particular attention is paid to medications associated with a risk of misuse when storing and handling medicines. In accordance with the sitespecific safety instructions, locations also take into account more detailed guidelines related, for example, to gases and flammable liquids.

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Risk Management Governance Model

Risk management is a systematic activity aimed at ensuring comprehensive and appropriate identification, assessment, management, and monitoring of risks across the entire Group. It is an integral part of Terveystalo's strategy process, decision-making, day-to-day management and operations, as well as control and reporting procedures.

At Terveystalo, risks are classified into risks related to the business environment, business processes, business relationships, and financial risks. These risks are identified and assessed as part of the strategy process. The probability and impact of risks are assessed in connection with the strategy process over the strategy period (3–5 years). Risks related to the achievement of strategic objectives are assessed as part of the operational planning and budgeting process (1 year), utilizing observations arising from, among others, projects, incident reports, and audits.

The objective of the risk management governance model is to ensure that Terveystalo's risk management covers all material risk areas and that the overall view of risks is accurate. In addition, the purpose of the governance model is to ensure the analysis and sharing of material risk information, for example between common Group functions and business areas, as well as to monitor the progress of risk management measures across organizational boundaries. Business areas are responsible for managing the risks related to their own operations.

Terveystalo's Board of Directors guides the risk appetite, approves the Group's risk management policy, and reviews the most significant risks and uncertainties of the Group.

The Chief Executive Officer leads Terveystalo's risk management. In managing risk management, the CEO is supported by the Chief Financial Officer (CFO), who addresses current risk management matters and prepares the draft Group risk report.

Responsibility for implementing risk management lies with the management of the business areas and Group functions. The CFO coordinates the risk management process together with appointed individuals, is responsible for risk reporting, and participates with the business areas and Group functions in identifying risks and defining risk management measures. Every Terveystalo employee is required to be aware of and manage the risks within their own area of responsibility.

High-level patient safety risks are defined separately and are described in more detail in the section Patient Safety.

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Management of Emergency Situations

The First Aid Emergency Situation Operating Instruction describes how to act at the service location and in its immediate vicinity, taking into account, among other things, the size of the service location and the number of staff. The First Aid Emergency Situation Operating Instruction is reviewed annually at the service location and within the operations by the Director of Healthcare Services, managers, or another designated responsible person. In addition, the operating model is practised through first aid training sessions at the service location. It is the responsibility of managers to ensure that every employee is familiar with the contents of the First Aid Emergency Situation Operating Instruction.

The Director of Healthcare Services, or a person in an equivalent role, is responsible for ensuring that staff have received first aid training in accordance with the First Aid Training for Staff – Work Instruction. First aid theoretical training, as well as practical cardiopulmonary resuscitation training and training in the use of a defibrillator, are provided on a regular basis.

At Terveystalo, the First Aid Medications and Equipment – Work Instruction, approved by the Chief Administrative Medical Officer, is followed.

Management of First Aid Situations

The First Aid Emergency Situation Operating Instruction describes how to act at the service location and in its immediate vicinity, taking into account, among other things, the size of the service location and the number of staff. The First Aid Emergency Situation Operating Instruction is reviewed annually at the service location and within the operations by the Director of Healthcare Services, managers, or another designated responsible person. In addition, the operating model is practised through first aid training sessions at the service location. It is the responsibility of managers to ensure that every employee is familiar with the contents of the First Aid Emergency Situation Operating Instruction.

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Continuous Improvement and Management of Nonconformities

The development of Terveystalo's operations is based on the principle of continuous improvement, which should be an ongoing activity. By embedding continuous improvement into our everyday work, we enhance the efficiency of our own operations and the high quality of care, thereby also improving our services, the effectiveness of care, and the customer service experience.

When a deviation is identified in operations, it is addressed through control and corrective measures. Deviations are analyzed, root causes are identified, necessary actions are implemented, and the effectiveness of corrective actions is evaluated. Deviations, corrective actions, and their outcomes are documented. Deviations and corrective actions ensure the realization and improvement of quality.

Sources of deviations include, among others, the following:

- Customer feedback & official requests for clarification
- Internal deviation reporting (incl. incident reports, self-monitoring, self-assessments & quality control, internal audits)
- External audits related to the ISO 9001:2015 quality management system and the ISO 14001:2015 environmental management system
- Inspections and audits by authorities:
    - Fimea (medication centers in hospital units)
    - STUK (imaging units using ionizing radiation)
    - External clinical audits in imaging (imaging units)
    - Tukes (pressure equipment inspections in instrument maintenance units, electrical installation inspections)
    - Kela direct reimbursement procedure audits

Terveystalo develops the monitoring of the efficiency and effectiveness of the patient care pathway from several different perspectives. Examples include medical quality indicators and dashboards, monitoring the efficiency and effectiveness of the orthopedic surgery care pathway using various systems, ensuring the traceability of joint prostheses through THL's register, and tools for monitoring the effectiveness of care for chronic diseases.

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Patient Safety

Patient safety is monitored and developed by the Medical Management Group led by the Chief Medical Officer for Healthcare Services and by the Patient Safety Working Group led by the Chief Administrative Medical Officer.

The Patient Safety Working Group focuses on patient safety matters; it defines the current priorities and highlevel patient safety risks to be monitored and follows their implementation. Terveystalo also has a Grouplevel adverse events monitoring working group led by the Patient Safety Manager. The purpose of this working group is to monitor adverse events across different operations (including outpatient clinics, hospitals, laboratory services, and diagnostic imaging), to define guidelines for operational work instructions, and to develop the adverse event reporting system and patient safety culture. The members of the working group also address nationallevel incidents, defining measures to be implemented at Group level and deployed to regions and service locations. The adverse events monitoring working group prepares, on a quarterly basis, examples of adverse events and corrective actions by function for use by the regions, and annually prepares a patient safety report from the perspective of its own operations.

The implementation of data protection and information security is monitored and guided by the Patient Care Data Protection Working Group.

The Patient Safety Manager monitors the status of patient safety, for example adverse event reports, and reports regularly to the Chief Administrative Medical Officer, the Patient Safety Working Group, the Medical Management Group, as well as to Quality and Patient Safety Managers and Responsible Physicians.

At the regional and/or service location level, there is a network of Quality and Patient Safety Managers, as well as persons responsible for handling feedback and adverse events. Their task is to process adverse event reports from the service location and, together with service location managers and other responsible persons, to ensure root cause analysis and the implementation of agreed corrective measures. The persons responsible for patient safety report regularly on adverse events and other patient safetyrelated matters in accordance with the Patient Safety Reporting Model to the regional quality management group, the local operational quality group, and at the service location or operational level.

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High-Level Patient Safety Risks

At Terveystalo, 10 high-level patient safety risks have been identified and recorded in the risk management tool. Each risk has an owner who is responsible for the risk mitigation measures and for ensuring the implementation of actions.

A major data breach or hacking incident occurs: mitigation measures include
a comprehensive baseline level of information security and preparedness (strong authentication, access rights management, endpoint protection, and continuous monitoring),
business continuity plans and resilience of critical patient information systems (backups, recovery exercises),
a management process for information security breaches and system disruptions, in which patient safety impacts are assessed immediately,
staff training on information security threats (e.g. phishing) to reduce situations that may compromise patient data,
information security requirements, audits, and monitoring for suppliers and technology services,
incident and exceptional situation instructions that enable patient care to continue safely even during system disruptions,
cooperation between the Patient Safety Team and Information Security in assessing and mitigating the impacts of serious information security incidents.

Downtime occurs in the patient information system: mitigation measures include
continuously improving system reliability together with partners,
ensuring the currency of continuity, preparedness, and recovery plans,
establishing effective practices for managing and communicating system failures.

The patient's identity is not verified: mitigation measures include
clarifications made to work instructions and processes in 2024,
the introduction of the possibility for strong patient authentication in telephone appointment booking in 2026,
ongoing reminders and emphasis on identity verification across all operations in various ways.

PKV medicines are prescribed contrary to treatment guidelines:
physicians are provided with training on prescribing PKV medicines, and/or appropriate procedures are reviewed in physician meetings,
guidelines have been prepared for prescribing PKV medicines in remote consultations (permitted channels and conditions),
a written instruction on PKV prescribing has been prepared for physicians,
the responsible physician monitors the volume of PKV prescriptions via a reporting tool and conducts necessary discussions with physicians,
the patient information system automatically activates the PKV search function when a physician is preparing a PKV prescription for a patient.

Patient information is not smoothly available from Kanta:
physicians are trained in the use of the Kanta query and its limitations,
a more functional Kanta query will be implemented in the new patient information system, Ella.

There is a lack of competent personnel in first aid situations: mitigation measures include
mandatory first aid training for all employees engaged in clinical and customer-facing work,
regular theoretical and practical training for employees,
the establishment of a network of first aid responsible persons.

Medication management competence has not been ensured: mitigation measures include
regular updates and training related to the guidance and processes for medication management authorization practices,
monitoring the completion status of medication management authorizations.

A critical laboratory result is not communicated to the treating physician in a timely manner: mitigation measures include
local instructions prepared for every Terveystalo unit that collects laboratory samples on forwarding critical laboratory results,
orientation on the communication practice for critical laboratory results provided not only to laboratory staff but also to nurses, occupational health nurses, and physicians who handle such results,
ensuring that critical laboratory results are delivered from the laboratory to the treating physician for assessment, or, in the absence of the treating physician, to another clinician for assessment, as smoothly and without unnecessary delays as possible,
ensuring that in every operation, the recipient and/or handler of a critical laboratory result always acts responsibly and in the patient's best interest,
the clinician assesses the patient's condition without delay upon receiving a critical laboratory result.
Any identified problems and/or process deviations are always documented in an incident report.

Unidentified foreign objects are present near MRI equipment: mitigation measures include
orientation, training, monitoring, instructions, as well as incident reporting and follow-up,
safe facility design and warning signage near MRI rooms (at entrances),
regular annual maintenance of imaging equipment and ensuring equipment is up to date.

Risk factors related to surgical eligibility and postoperative follow-up are not identified: mitigation measures include
ensuring the competence of healthcare professionals, careful clinical examination of patients, and sufficient and appropriate medical record documentation,
implementation of anesthesia consultations, as well as clear and comprehensive care processes and instructions, and monitoring compliance with them.

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Recording and Handling of Incident Reports

Every employee has both the right and the responsibility to submit an incident report when they observe a hazardous event. Reporting of near-miss situations is particularly encouraged, as these enable effective development of operations before any actual patient harm has occurred. All employees at Terveystalo can easily submit incident reports via the intranet and patient information systems. Patient safety–related events (both near misses and adverse events) are processed, reported, and prevented using a shared incident reporting system.

The statutory reporting obligation of service providers and staff in accordance with Section 29 of the Act on the Supervision of Social and Health Care is fulfilled at Terveystalo through the above-mentioned incident reporting system. If a hazardous situation cannot be corrected through the operating unit's own self-monitoring measures, the unit's quality and patient safety officer will contact the Group-level responsible persons, who will notify the service organizer and/or the supervisory authority in cases where self-monitoring measures have still proven insufficient.

Conducting a root cause analysis is the core element of incident handling. The aim is to identify the root cause or causes of the incident at both the operating unit and Group level and to eliminate them or reduce the likelihood of recurrence. Through the statistical analysis and reporting of incidents, recurring issues and needs for updated instructions can be identified. Information on corrective actions is communicated to staff through various networks, as well as in operating unit meetings and training sessions. In addition to the responsible persons at the operating unit, the handling of serious incidents involves the Group Patient Safety Manager and the service manager of the function concerned by the incident. At Terveystalo, a defined Model for Handling Serious Incidents is in place, which also includes guidance on supporting staff involved in the incident.

Patient Safety Training

Employees at Terveystalo who are involved in patient care complete an online course on patient and customer safety every two years as part of ensuring patient safety. Persons responsible for patient safety at operating units are trained regularly through online courses, Teams training sessions, and an annual Quality and Patient Safety Day.

Every other year, a customer and patient safety culture survey is conducted for all staff. The results are reviewed at both Group and regional levels. Based on the results, development areas are identified and cascaded from the national level down to regional levels and individual operations. The implementation of improvement measures is monitored regularly.

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Patient Safety Trend Indicators and Focus Areas

At Terveystalo, the following long-term patient safety trend indicators have been selected for monitoring:

- Proportion of near-miss incidents among all incident reports
  Proportion of compensated patient injuries relative to visits

In addition to trend indicators, annually rotating focus areas are selected. The quality and patient safety focus areas for 2026 are:

- IMS operating system instructions and processes are up to date and in use
- Completion of first aid training and other mandatory training in accordance with instructions
- Proportion of near-miss reports (%) of all incident reports (target over 60%, excluding data protection–related incidents)
- Operating units’ instructions for the disclosure of patient information are up to date, and training has been completed in accordance with instructions
- The medication management plan is up to date and in use
- Implementation of a checklist for outpatient procedures (applies only to the healthcare services network)

In all Terveystalo surgical units, a surgical team checklist is in use. One member of the surgical team is always responsible for ensuring that all items on the checklist are reviewed and confirmed as completed. Use of the checklist is documented in the anesthesia record.

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Medical Devices: Healthcare Devices, Supplies, and Software

This section provides a more detailed description of the lifecycle management of Terveystalo's medical devices and device safety. The section describes operating models related to the procurement, commissioning, maintenance, and decommissioning of medical devices. The section also covers the responsible persons and procedures in exceptional situations.

Responsible Persons and the Medical Device Surveillance System

At Terveystalo, a surveillance system compliant with the obligations of a professional user of medical devices is in place to ensure the safety of medical devices and their use (Act 719/2021, Section 34). The surveillance system records the information required for traceability regarding devices in use at operational units, devices further supplied or otherwise under the organisation's control, as well as devices implanted in patients.

Within Group Services, the Technology Manager is responsible for the core processes and guidelines of device management, as well as for liaison with authorities. The Technology Manager reports on medical device safety related to patient safety to the Group Chief Medical Officer, who acts as the responsible person of a professional user as referred to in Section 32 of the Medical Devices Act (719/2021) at Terveystalo.

Healthcare devices are recorded in a device register that contains the monitoring data required by legislation and regulations. At the operational units, device coordinators act as counterparts to the Technology Manager in Group Services and are responsible for device safety at their respective sites in cooperation with designated responsible users of the devices.

Staff report adverse events related to healthcare devices through Terveystalo's internal electronic reporting system. The Technology Manager and the Patient Safety Manager monitor the reports via the system and, where necessary, assist in root cause analysis. Hazardous situations are reported to Fimea in accordance with statutory requirements, and for devices using ionising radiation, to the Radiation and Nuclear Safety Authority (STUK). A safety licence from STUK is applied for the use of radiation in each imaging unit, as well as for radiation use in oral healthcare and operating theatres.

With regard to ionising radiation and magnetic safety, designated hospital physicists act as radiation safety experts and medical physics experts. The physicists also serve as contact persons between radiation use locations and the radiation safety authority, managing safety licences for radiationusing devices, the radiation activity safety assessment and management system, as well as any changes to these.

Terveystalo's radiation use activities are described in the Radiation Activity Safety Assessment and Management System guideline. The safety assessment provides an overall summary of radiation safety structures, operating practices, and responsibilities related to radiation use at Terveystalo. The document describes radiation exposure arising from Terveystalo's operations in both normal and abnormal exposure situations, the classification of radiation activities, measures to optimise radiation protection and prevent abnormal events, as well as the radiation safety management system.

Procurement of Medical Devices

The procurement of medical devices follows a designated process description. Medical device procurements are carried out in accordance with the investment plan, taking sustainability considerations into account. The investment plans consider the equipment lifecycle model, device safety and criticality, as well as the conformity of medical devices and in vitro diagnostic medical devices with applicable requirements.

Device procurement is centralised to Group Services experts, who ensure that medical devices comply with EU regulations (including MDR 2017/745 and IVDR 2017/746) as well as national legislation, taking applicable transitional periods into account. Procured devices are required to meet the performance requirements corresponding to their intended purpose, patient and user safety requirements, and the documentation requirements related to device use and traceability in accordance with EU conformity requirements. In addition, more detailed information security and data protection requirements defined by Terveystalo are applied to procured devices.

Decentralised procurement of small devices is carried out via the electronic purchasing system in accordance with product catalogues approved by the above-mentioned experts. The contents of the catalogues are reviewed and updated annually.

Commissioning of Medical Devices, Training and Preceding Authorisation Procedures

The commissioning of medical devices follows a designated process description. Prior to commissioning, the required authorisation procedures are ensured for devices using ionising radiation, pressure equipment, and devices related to clinical device investigations.

For healthcare devices using ionising radiation, a safety licence as referred to in the Radiation Act (859/2018), or an amendment to an existing safety licence, is applied for prior to commissioning. For each site-specific section of the management system, a Radiation Safety Officer is appointed whose competence has been verified. In addition, responsible person(s) for the site, as well as a Radiation Safety Expert and a Medical Physics Expert, are designated. Hospital physicists within Group Services centrally manage safety licences for radiationusing devices, including amendments and discontinuation, as well as the arrangement of expert services required under the Radiation Act. In the safety licence, the Radiation and Nuclear Safety Authority (STUK) approves the radiation use facilities and structural radiation shielding.

Pressure equipment used in healthcare is registered upon commissioning in the pressure equipment register of the Finnish Safety and Chemicals Agency (Tukes) in accordance with the Pressure Equipment Act (1144/2016) and the Government Decree on Pressure Equipment Safety (1549/2016). Autoclaves with a chamber volume exceeding 200 barL have a designated Supervisor of Use, who is responsible for arranging statutory inspections of the registered pressure equipment and for its safety in accordance with Chapter 10 of the Pressure Equipment Act. In addition, the Supervisor of Use is responsible for registration and for reporting information concerning the owner, holder, location, and Supervisor of Use of the pressure equipment, as well as any changes thereto. For autoclaves with a chamber volume exceeding 1000 barL, the Supervisor of Use ensures that a placement plan is prepared prior to commissioning and inspected by an approved inspection body. In the event of a malfunction or hazardous situation, the Supervisor of Use prevents the use of the pressure vessel until any safetycompromising deficiency has been corrected.

At Terveystalo, clinical device investigations are conducted in accordance with Good Clinical Practice (GCP), taking into account the ethical principles of the Declaration of Helsinki. Clinical device investigations are notified, authorised, conducted, and reported in accordance with EU Regulations MDR 2017/745 or IVDR 2017/746, as well as national legislation and guidance. If a clinical investigation involves both a medical device and a medicinal product component, or if a medical device is part of the administration of a medicinal product, the obligations of EU Regulation CTR 2014/536 are also taken into account. For clinical device investigations, the responsible person for the device investigation ensures, together with the sponsor, that the notification obligations to Fimea are fulfilled.

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Before commissioning a device, users are trained in its use. Device training is provided through elearning modules as well as onsite handson training. A responsible user is designated for each healthcare device and is responsible for training other staff members in the safe use of the device. The responsible user also ensures the availability and uptodate status of the instructions for use and technical manuals, arranges the acceptance inspection, monitors the warranty period and conducts warranty reviews, informs other users of the impacts of any updates or modifications made to the device, ensures device maintenance and safety, and records devicerelated monitoring data—such as maintenance activities and fault or hazard events—in the device register.

During the acceptance inspection carried out in connection with commissioning, it is verified that the device has been delivered in accordance with the order, installed appropriately, and is fully functional and safe to use (including completion of electrical safety measurements). In addition, it is verified that the supplier has trained the users so that they have sufficient technical and functional knowledge required for the safe use of the device. The condition of the device is monitored particularly carefully throughout the warranty period.

During the commissioning phase, the responsible user records device information in the device register as comprehensively as possible (Act 719/2021, Section 34). The device register also includes devices owned by independent practitioners that are used in the treatment or examination of patients. If a practitioner uses their own device, they commit to the same requirements related to ensuring device safety and performance as those applied to devices owned by Terveystalo. The practitioner is responsible for the surveillance, authorisation, and notification procedures related to their privately owned devices, but Terveystalo may provide support in these matters.

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Maintenance of Healthcare Devices

Scheduled maintenance and corrective maintenance of healthcare devices are carried out in accordance with designated process descriptions. Part of the scheduled and corrective maintenance is performed, where authorised, by Terveystalo's internal maintenance team, supporting the operational reliability of the equipment and mitigating the impact of potential prolonged maintenance downtime. Scheduled maintenance and inuse inspections of healthcare devices are performed in accordance with regulatory requirements and the manufacturer's instructions to ensure that, during use, the devices remain appropriate, safe, operationally sound, and capable of producing accurate diagnostic information (Act 719/2021, Section 32, subsection 2). Guidelines have been established for maintenance frequencies and acceptance criteria, and compliance with these is monitored regularly. Measurements are carried out using traceably calibrated or otherwise appropriate equipment. Detailed measurement reports are prepared, indicating the measurement results and applicable acceptance criteria. The documentation is retained for the entire service life of the device.

The suitability of premises used for healthcare devices is assessed at regular intervals through inspections conducted in accordance with internal guidelines. In addition to these assessments, Terveystalo's internal technology maintenance team participates in designated device maintenance activities and, during annual visits to each site, makes observations regarding the safety of medical premises and reports any identified deficiencies. When planning new medical premises, device placement takes into account regulatory requirements and recommendations, as well as occupational and patient safety considerations. For premises used with devices employing ionising radiation, planning includes adequate structural radiation shielding. In connection with device commissioning, maintenance specialists and physicists carry out measurements as necessary to verify the effectiveness of structural shielding. The Radiation and Nuclear Safety Authority (STUK) conducts inspections of new premises for devices using ionising radiation and, where applicable, of highrisk premises.

Terveystalo's medical device maintenance team undergoes regular training by participating in manufacturers' service training programmes and general training events related to hospital technology. A Radiation Safety Officer and an Electrical Safety Officer have been designated for maintenance operations. Personnel involved in the maintenance of radiation devices maintain continuing education in radiation protection in accordance with the Radiation Act (859/2018) and the Ministry of Social Affairs and Health Decree on Ionising Radiation (1044/2018). A quality assurance programme as required by the Radiation Act has been established for Terveystalo's radiography operations, and its content is described in the Safety Assessment.

The Supervisor of Use for pressure equipment is responsible for overseeing the operation and condition of pressure equipment (autoclaves), submitting statutory notifications related to pressure vessels, and ensuring that periodic inspections of all registered autoclaves are carried out in a timely manner (Pressure Equipment Act 1144 /2016, Section 70). In the event of a malfunction or hazardous situation, the Supervisor of Use prevents the use of the pressure vessel until any deficiency compromising the safety of its use has been rectified.

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Exceptional Situations Related to Medical Devices

Exceptional situations related to healthcare devices or accessories include:

- hazardous situations involving a healthcare device or accessory (selfidentified incidents and suspicions reported by the manufacturer)
- fires, water damage, and other accident situations
- malfunction or failure of a healthcare device

The actions and responsibilities in different types of exceptional situations are described in work instructions (including communication, withdrawal of a device or accessory from use, notification to authorities, and documentation in patient records).

Hazardous or accident situations affecting patients or personnel are reported in the incident reporting system. In hazardous situations, the person who observes the incident submits a report through the electronic system. Through the reporting system, the handling of the incident, root cause analysis, corrective and preventive actions, and notifications to authorities can be monitored and promoted by the responsible person of the professional user as referred to in Act 719/2021. Members of the Group incident management working group participate in the handling of incidents and, where necessary, request a statement from the responsible person or medical management regarding the safety of treatment methods or devices. An incident report is always recorded in Terveystalo’s reporting system.

A notification of a hazardous situation is submitted to Fimea in accordance with Section 33 of the Medical Devices Act (719/2021). Hazardous incidents related to software classified as medical devices are handled using consistent procedures, while also taking into account the parallel notification obligations under the Client Data Act. The procedures related to software falling under the scope of the Client Data Act (703/2023) are instructed separately. If the incident concerns an abnormal event in the use of radiation, a notification is also submitted to the Radiation and Nuclear Safety Authority (STUK). Deviations in radiation use that do not require immediate notification to the authority are reported to STUK annually in a prescribed format.

If the threat of a hazardous situation affects the organisation more broadly, the Group technology and procurement teams ensure that:

- information about the hazardous situation or a suspicion of a serious hazardous situation is communicated without delay to Terveystalo’s operational units
- information about the hazardous situation or suspicion is distributed widely even when the severity or scope of the situation cannot be reliably assessed; in crisis situations, crisis communication and exceptional situation management guidelines are followed
- the device or accessory supplier is contacted and necessary measures are agreed upon
- instructions for further actions are communicated to the operational units in cooperation with the relevant service line (e.g. returns or refunds of accessories)

In accident situations, the internal safety instructions of the operational unit are followed.

Decommissioning of Healthcare Devices

The decommissioning of healthcare devices follows a designated process description. Wherever possible, healthcare devices are recycled—either by selling them, returning them to the manufacturer for recycling, or disposing of them in an environmentally friendly and informationsecure manner in accordance with Terveystalo's waste management guidelines. Any notifications related to device decommissioning that are required to be submitted to the Radiation and Nuclear Safety Authority (STUK) or the Finnish Safety and Chemicals Agency (Tukes) are coordinated centrally. Information related to radiation devices is retained in the device register for at least five years after the devices have been decommissioned.

Inhouse Manufactured Devices

Terveystalo manufactures medical device software for its own use as inhouse devices in accordance with Article 5 of MDR 2017/745, while operating in compliance with the requirements of a certified ISO 13485:2016 quality management system. Declarations of conformity for Terveystalo's inhouse manufactured software are available on Terveystalo's website. Terveystalo does not manufacture or distribute inhouse physical medical devices or accessories.

Distribution, Further Supply and Implantable Devices

Terveystalo operates as a nonnotifying distributor with regard to medical devices classified as medical devices that are supplied to patients. The medical devices supplied to patients are limited in scope, and their recall procedures are described in separate instructions. For Class III implantable devices, an implant card is provided to the patient/client (Act 719/2021, Section 36). Terveystalo enables and safeguards the patient's access to information concerning the device implanted in them. The requirements related to implant cards do not apply to sutures, staples, dental filling materials, orthodontic appliances, dental crowns, screws, wedges, plates, metal wires, pins, clamps, or connectors.

Terveystalo operates as a notifying distributor in limited device classes. Notifying distribution is described in separate instructions.

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Medication Management and Pharmaceutical Services

Pharmaceutical Services Network

Medication safety is a key component of safe and appropriate care for clients and patients, i.e. client and patient safety. At Terveystalo, promoting and overseeing medication safety, as well as the national coordination of pharmaceutical services and the harmonization of operating practices across Terveystalo, are responsibilities of the Group Pharmaceutical Services. Group Pharmaceutical Services operates under the medical management line, and its role is to plan, implement, and lead initiatives to develop medication safety and manage risks related to medication therapy. Specialty directors act as medical experts supporting Group Pharmaceutical Services.

The responsibilities of the Chief Pharmacist include organizing legally compliant, safe, effective, and appropriate national practices for medication therapy and pharmaceutical services, as well as overseeing medication safety as part of patient safety.

The responsibilities of pharmacists within Group Services include drafting and implementing pharmaceutical services guidelines, as well as developing and coordinating pharmaceutical service processes. Their duties also include coordinating and supporting Terveystalo’s pharmaceutical services network, providing staff training and onboarding, developing and maintaining the basic medication formulary, and carrying out quality work in pharmaceutical services such as internal audits and the development of self-monitoring.

In Terveystalo’s 13 hospital units with a medication center, responsibility for implementing pharmaceutical services and ensuring the availability of medicines lies with the medication center supervisor, who is a pharmacist or a provisor (Master of Pharmacy). The medication center supervisor ensures that the procurement, storage, handling, dispensing of medicines, and the provision of medication information are carried out appropriately and in a way that promotes medication safety. The supervisor is also responsible for the proper handling, storage, and record-keeping of narcotic substances. Pharmacists and provisors act as developers of medication processes at their respective sites and ensure medication safety through ward rounds and inspections. Medication center supervisors also support other sites in their area with pharmaceutical expertise, for example in the preparation and updating of medication plans and in matters related to unit-level medication safety.

In hospital units with a medication center, medication coordinators have been appointed by function and provided with appropriate training. At Terveystalo sites without a medication center, a pharmaceutical services contact person has been appointed and trained by pharmaceutical services, for example an experienced registered nurse, along with a designated and trained substitute. Separate role descriptions have been prepared for medication coordinators and pharmaceutical services contact persons.

At all Terveystalo sites where medication therapy is provided, management bears overall responsibility for the implementation of safe medication therapy and for ensuring the necessary conditions for it. Each Terveystalo site has a designated responsible physician who is accountable for medication therapy as a whole. The responsible physician also serves as the physician in charge of vaccinations. Supervisors guide and oversee the implementation, planning, and quality of medication therapy in accordance with the site-specific medication plan. Every individual who implements or participates in medication therapy is responsible for their own actions and for complying with the operating practices defined in the site’s medication plan.

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Medication Plan

The medication plan is used to develop the medication management process at a site and to increase understanding of medication safety. Standardized operating models improve medication safety. Preventable adverse events can be avoided by committing to uniform operating practices that support safe medication therapy, as described in the medication plan.

The primary objective of Terveystalo's Group-level medication plan is to support all sites providing medication therapy in ensuring the safety of the medication process. The preparation of Terveystalo's medication plan takes into account the guidance of the Ministry of Social Affairs and Health (STM) and the *Guide to Safe Medication Practices* (publication 2021:6). The Group-level medication plan is prepared and updated annually by Group Pharmaceutical Services in cooperation with medication center supervisors, specialty directors, responsible physicians, and service managers, and it is approved by Terveystalo's Chief Medical Officer for Administration.

The Group-level medication plan provides the framework for implementing medication therapy at Terveystalo sites and serves as a steering document that defines the duties and responsibilities related to medication therapy, medication safety, and site-specific medication plans.

At Terveystalo, sites prepare a site- or department-level medication plan using a separate medication plan template. The site- or department-specific medication plan is based on the Group-level medication plan. At the site or department level, medication therapy practices, operating models, and related risks are reviewed in more detail than in the Group-level medication plan. The size of the site, as well as the scope and complexity of its operations, determine the level at which the medication plan is prepared. In the largest Terveystalo hospital sites, individual functions prepare department-specific medication plans. Responsibility for organizing the preparation, implementation, and monitoring of the medication plan lies with site management. The medication plan is prepared using a multidisciplinary approach, in cooperation between different professional groups. The site- or department-specific medication plan is approved by the responsible physician of the site or department.

The purpose of the medication plan is to serve as a practical tool for quality improvement and for promoting medication safety at the site. The site supervisor is responsible for ensuring that the medication plan is up to date, regularly reviewed, and implemented in practice. All employees involved in medication therapy must familiarize themselves with the site- and department-specific medication plan. Each employee is responsible for complying with the operating practices described in the medication plan.

The Group-level medication plan and the site- and department-specific medication plans are updated at least annually and whenever there are significant changes in operations. The Group-level medication plan was approved on 19 June 2025.

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Ensuring Medication Safety

At all Terveystalo sites where medication therapy is provided, management bears overall responsibility for the implementation of safe medication therapy and for ensuring the necessary conditions at their sites. Each Terveystalo site has a designated responsible physician who is accountable for medication therapy as a whole. The responsible physician also acts as the medical supervisor for the unit's physicians in situations requiring local guidelines or decisions.

Supervisors are responsible for ensuring that personnel involved in medication therapy at the site have the required competence and that conditions are appropriate for the safe implementation of medication therapy. Supervisors guide and oversee the implementation and quality of medication therapy in accordance with the medication plan and decide on the division of work and cooperation between different staff groups in medication therapy so that the expertise of each professional group is utilized in the best possible way. Each individual who implements or participates in medication therapy is responsible for their own actions and for complying with the operating practices defined in the site's medication plan.

At Terveystalo sites, medication therapy is implemented by healthcare professionals trained in medication therapy, in accordance with the site-specific medication plan. Implementing medication therapy at Terveystalo requires a valid written medication authorization granted by the responsible physician. The verification of medication competence is defined in Terveystalo's medication plan by professional group and function, based on the recommendations of the Ministry of Social Affairs and Health (STM) *Guide to Safe Medication Practices*.

Medication authorizations consist of three components:

- theoretical studies
- examinations
- practical demonstrations conducted at a Terveystalo site

Medication safety is ensured and its implementation at units is regularly assessed through internal self-monitoring and medication safety inspections, which are used to develop operating models that promote and support medication safety. Medication safety is also ensured through internal audits and quality visits carried out by Group Pharmaceutical Services in cooperation with the quality function. Pharmaceutical services contact persons conduct a self-assessment of medication safety once a year.

In hospital units with a medication center, pharmaceutical personnel (pharmacist or provisor) conduct medication safety inspections of the different functions of hospital units once a year. Pharmaceutical medication safety inspections may also be carried out at other sites in the area as needed. Medication safety at the medication center is additionally ensured through peer review conducted by the medication center supervisor from another Terveystalo site. Group Pharmaceutical Services also participates in the peer review of medication centers.

Observations arising from inspections are reviewed, and corrective actions are implemented at the site.

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Procurement of Medicines and Monitoring of Consumption

Terveystalo's basic medication formulary includes medicines that are regularly used at the site. The purpose of the basic medication formulary is to standardize and guide the procurement and use of medicines and to ensure effective and safe medication therapy in accordance with the operational nature of the unit. When establishing the site's medication stock, the size of the site, the need for medication therapies, and Terveystalo's basic medication formulary are taken into account.

Medicines are ordered for the site by the pharmaceutical services contact person or the medication center supervisor. Only medicines ordered by the site's medication center supervisor or pharmaceutical services contact person may be used in patient care. The site's medication center supervisor or pharmaceutical services contact person regularly checks the medicines and ensures that there are no expired or otherwise unsuitable medicines in stock. The procurement, consumption, and wastage of medicines are monitored regularly by medication center supervisors, Group Pharmaceutical Services, and the procurement function.

The consumption of narcotic and PKV (centrally acting) medicines is monitored using order and delivery quantities as well as package-specific consumption tracking forms.

MedicationRelated Deviations

Medication safety may be compromised at any stage of the medication management process. Each individual employee must, for their part, ensure compliance with jointly agreed operating practices. Terveystalo's operating culture promotes an open and trusting atmosphere in which incidents can be reported openly and addressed without fear of blame.

Submitting an incident report is both the right and the obligation of every Terveystalo employee. The procedures for managing medicationrelated deviations are described in a separate work instruction. Identifying, recording, analyzing incidents, and learning from them are a central part of developing client and patient safety. The incident reporting system used at Terveystalo is intended to facilitate the reporting of medicationrelated safety incidents identified at sites and to support learning from them. An incident includes both nearmiss situations and adverse events.

Group Pharmaceutical Services and medication center supervisors monitor incident reports and, when necessary, support sites in handling them. Group Pharmaceutical Services also identifies needs for new or updated guidelines and initiates actions when required.

Terveystalo sites report adverse reactions related to the use of medicines and blood products to Fimea or the Finnish Blood Service. Information about the regulatory report is also recorded in Terveystalo's internal incident reporting system.

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Hygiene Practices

Administrative responsibility for compliance with the obligations of the Communicable Diseases Act (1227/2016) lies with the Chief Medical Officer for Administration.

Daytoday guidance of infection prevention activities is the responsibility of the Group Infection Control Nurse, supported by an infectious disease physician and a designated and trained hygiene contact person appointed for each site and dental clinic. Hygiene practices are audited as part of quality audits in accordance with ISO 9001: 2015 and ISO 14001:2015. In addition, hygiene contact persons conduct an annual hygiene assessment at their sites, based on which preventive measures can be targeted directly at identified areas for development.

Hygiene contact persons monitor the infection situation at their sites and the results of surface cleanliness samples, and they inform and guide employees on hygiene practices. Hygiene contact persons act as a link to the infection control nurse and participate in infection prevention training.

Infection Prevention Practices

All operating practices related to infection prevention are documented in written instructions.

Written and visual instructions on hand hygiene are provided for both staff and clients. Hand disinfectants are readily available in appropriate stands and dispensers for both staff and clients.

Standard precautions form the basis of healthcare work and have been instructed for all operations. In addition to hand hygiene, the instructions include the correct use of personal protective equipment and proper working practices, such as aseptic working order, disinfection of spills involving bodily fluids, prevention of needlestick and sharps injuries, cough etiquette, and waste handling.

Waste management instructions comply with the applicable Waste Act. Waste handling at sites, appropriate waste storage facilities and containers, transportation, and storage are instructed and organized in such a way that waste does not pose a hazard or cause harm at any stage of the waste management process.

The collection of healthcare-specific waste follows the Ministry of the Environment guide *YM 2023_11: Healthcare Waste Guide*. Infectious and accidenthazardous waste, as well as biological and hazardous waste, are handled safely at every stage up to final disposal.

Sites have valid agreements and instructions in place regarding the use of waste facilities and the transportation, handling, and final treatment of waste in cooperation with property owners and waste transport companies.

Prevention of HealthcareAssociated Infections

Healthcareassociated infections are prevented in a systematic manner through written guidelines and with expert advice from the infection control nurse and the infectious disease physician.

At Terveystalo, it is ensured and monitored that personnel meet the suitability requirements in accordance with the Communicable Diseases Act.

The occurrence of communicable diseases and highly antimicrobialresistant microorganisms is monitored and guided based on positive laboratory findings received from the central laboratory and local laboratory testing. Appropriate protection of patients, clients, and staff, as well as patient placement, is instructed. Positive findings subject to the Communicable Diseases Act are reported to the National Infectious Diseases Register in accordance with the instructions of the Finnish Institute for Health and Welfare (THL), and the appropriate use of antimicrobial medicines is also monitored centrally.

Special attention is paid to preventing the spread of highly antimicrobialresistant microorganisms.

Monitoring of HealthcareAssociated Infections

Continuous incidence monitoring is in place at sites performing surgical operations and procedures. Infection surveillance is used to assess the effectiveness of prevention measures, to target prevention actions appropriately, and to evaluate the impact of implemented measures.

An electronic monitoring system provides realtime information on the infection situation in operating units and on the occurrence of infections related to minor procedures at outpatient clinics. Deviations in infection incidence require further investigation and intervention. The infection control nurse coordinates the necessary investigations.

Instrument Reprocessing and Sterilization

Instrument reprocessing provides clean, disinfected, sterile, and functional instruments for patient examination and treatment needs. The operations are guided by written instructions, and instrument reprocessing is carried out by trained instrument technicians and appropriately trained professionals. The instructions apply to all instrument reprocessing activities in hospital services, outpatient clinics, and oral healthcare units.

Instrument reprocessing equipment is tested regularly in accordance with instructions developed in cooperation with technology experts to ensure operational functionality. Equipment maintenance is carried out regularly according to the equipment register, and corrective maintenance is performed immediately when needed. All results are documented.

Cleaning and Laundry Services

Cleaning and laundry services are outsourced, and the service providers are responsible for their operating instructions and quality control. Service providers’ instructions are reviewed, and it is required that they are consistent with Terveystalo’s hygiene guidelines. Work is carried out in accordance with the service descriptions agreed for each function.

Regular quality rounds are conducted with cleaning service providers, and surface hygiene samples are taken regularly from predefined areas to ensure service quality and its continuity.

Laundry service instructions are based on the service providers’ guidelines for laundry handling and sorting. At sites, laundry handling instructions for standard precautions or for the care of patients in isolation are followed.

Food Services

Food services in inpatient wards and recovery rooms comply with the requirements of the Food Act regarding the transportation, serving, and storage of food. Monitoring of expiry dates of stored food items provided to patients, as well as correct serving and storage temperatures, is instructed, and good hand hygiene practices are followed in food handling.

The temperature of hot meals served to patients on inpatient wards is monitored and recorded daily. The temperatures of patient food refrigerators and freezers are monitored and documented on a weekly basis.

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Patient Records and Processing of Personal Data

This section describes the documentation, processing, and confidentiality of patient information, as well as related staff orientation and the assurance of competence.

Respect for clients' privacy and the protection of personal data are at the core of Terveystalo's values. This is implemented by processing personal data in accordance with applicable legislation and Terveystalo's data protection policy. The data protection policy describes the principles and procedures by which Terveystalo ensures the lawful and otherwise appropriate processing of personal data. The data protection policy is available on Terveystalo's intranet.

Documentation and Processing of Patient Information

At Terveystalo, patient information and other personal data of clients are processed in accordance with data protection and patient legislation, for the purposes stated in Terveystalo's Privacy Notice. The key regulations include the EU General Data Protection Regulation (EU 2016/679, GDPR), the Data Protection Act (1050/2018), the Act on the Processing of Client Data in Social and Health Care (703/2023), and the Act on the Status and Rights of Patients (785/1992, Patient Act).

Terveystalo's Privacy Notice is available on Terveystalo's website, and clients are primarily guided to review it online. If a client requests a printed copy of the Privacy Notice, customer service or the receiving professional at sites that provide remote customer services may print the Privacy Notice for the client.

According to the Client Data Act, patient records must be prepared and retained in healthcare. The Act defines who is authorized to prepare records and what information must be recorded. Healthcare professionals and other persons involved in providing services must record in the patient records the necessary and sufficient information required to ensure the organization, planning, implementation, monitoring, and supervision of the patient's care. The entries must be accurate, clear, and understandable.

The retention of patient records is further regulated by the Client Data Act. Patient records and other materials generated in examinations and treatment are retained for at least the period specified in the Client Data Act. At Terveystalo, the IT department is responsible for the backup of electronic patient data and for deletion routines after the retention period has expired. Separate instructions have been prepared for the handling and disposal of paper-based patient records. Archive coordinators have been appointed at Terveystalo sites and have been provided with the necessary training.

Patient information and other personal data of clients constitute a personal data filing system as defined in the GDPR. At Suomen Terveystalo Oy, patient record data are stored in Terveystalo's patient register, which is jointly used by Terveystalo and the various service providers operating within it. Service providers may operate as independent practitioners or through separate companies. Healthcare professionals using the patient register have entered into a separate agreement with Suomen Terveystalo Oy concerning outpatient practice. Responsibility for the patient register of healthcare and rehabilitation services lies with the responsible persons of the healthcare service units; for occupational healthcare services, with the responsible persons of the occupational healthcare service units; and for oral healthcare services, with the responsible persons of the oral healthcare service units.

Confidentiality

Terveystalo complies with the obligation of confidentiality regarding patient information. Persons working at Terveystalo or performing duties on behalf of Terveystalo may not, without the patient's consent or an explicit legal provision, disclose information contained in patient records to third parties. Even persons who are personally involved in a patient's care or related tasks are entitled to process patient information only to the extent required by their work duties. The obligation of confidentiality continues even after the employment or assignment has ended. Every person working at Terveystalo has signed a personal confidentiality commitment.

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Access Rights and Monitoring of Use

Personal access rights are granted for the use of patient information systems. User access rights are assigned according to user roles required by job duties. User account requests are approved by the Director of Healthcare Services, a supervisor, or another separately designated person (e.g. a physician customer account manager). Changes to rolebased access rights are approved by the Chief Medical Officer for Administration. Use of patient information systems is permitted only with personal user credentials. Access rights are removed upon termination of an employment or practitioner agreement or in connection with longterm absence.

Terveystalo ensures the implementation of access management, the lawful processing of patient information, and the protection of patient privacy through usage monitoring. The use of patient information systems is monitored based on system access logs, either as part of Terveystalo’s internal selfmonitoring or in response to clarification requests submitted by patients. Investigations may also be initiated at the request of site management or based on reports submitted by staff. Reports may also be submitted anonymously.

If suspected misuse is identified through usage monitoring, it is investigated in accordance with predefined procedures. If the processing of patient information is found to have been unlawful, Terveystalo will take the further actions required by the case. Intentional noncompliance with instructions regarding the processing of patient information will also result in corrective actions. Persons working at Terveystalo are ultimately responsible for their own actions and may be subject to employmentrelated, criminal, and liability consequences.

Staff Orientation and Assurance of Competence

Taking data protection into account is defined as the responsibility of everyone working at Terveystalo. Everyone involved in the processing of patient information is, in accordance with their duties, obligated to ensure compliance with data protection requirements in line with applicable legislation and the instructions issued by Terveystalo.

Terveystalo has provided written instructions for persons processing patient information regarding the appropriate handling of patient data and the procedures to be followed. Persons working at Terveystalo have committed to complying with these instructions by signing a confidentiality and user commitment. Supervisors are responsible for guiding their subordinates in matters related to the instructions when necessary. Compliance with data protection instructions at sites is assessed in Terveystalo’s internal and external audits.

Confidentiality of the patient relationship requires special diligence in the processing of patient data. The key guidelines and regulations related to the processing of patient data are compiled in Terveystalo’s Patient Care Data Protection Manual. The manual is available on Terveystalo’s intranet and is approved by Terveystalo’s Chief Administrative Medical Officer.

Data protection is part of the onboarding of persons working at Terveystalo. Supervisors are responsible for ensuring that onboarding is carried out and appropriately documented for their employees. Everyone working at Terveystalo must complete training on data protection and information security and maintain their data protection competence on a regular basis. Supervisors are responsible for monitoring compliance. Terveystalo organizes data protection training on a regular basis, and appropriate records of completed training are maintained.

A guideline template titled *Disclosure of Patient Records at the Site* has been prepared for sites. This guideline must be completed at each site and stored in the site intranet. In accordance with the guideline, each site may choose between two alternative models for the disclosure of patient information, with the choice approved by the responsible physician of the site. A separate onboarding learning path for personnel who disclose patient information is available on Terveystalo’s training platform. Completion of the learning path is mandatory for all persons who disclose patient records documented by others. In addition, separate training sessions for personnel responsible for disclosure of patient information are organized during the year.

Everyone working at Terveystalo is obligated to report any deficiencies or irregularities related to data protection. Personal data breaches as defined by legislation are reported to the appropriate authorities in accordance with a separate process.

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Data Protection Officer

Suomen Terveystalo Oy has appointed a Data Protection Officer in accordance with the EU General Data Protection Regulation. The Data Protection Officer is an internal expert who supports the organization in complying with data protection regulations. The duties of the Data Protection Officer include, among other things, handling contacts from data subjects, advising data subjects, or directing matters internally within Terveystalo to the appropriate party. The Data Protection Officer cooperates with the supervisory authority.

Contact details of the Data Protection Officer: tietosuoja@terveystalo.com.

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Information Security

Information security is an essential part of protecting Terveystalo's patient and client data and ensuring the continuity of service delivery. The objective of information security is to safeguard the confidentiality, integrity, and availability of processed data and to ensure uninterrupted operations even in exceptional situations. Information security is implemented using a riskbased approach in accordance with legislation, regulatory requirements, and contractual obligations.

The principles, responsibilities, and procedures related to information security are defined in Terveystalo's internal information security policy and the associated operating principles and guidelines.

Organization of Information Security and Responsibilities

Responsibility for the management and development of information security lies with the Group Chief Information Security Officer (CISO). The CISO is responsible for the implementation of the information security policy, maintaining related guidelines, monitoring the information security situation, and coordinating the management of information security incidents. Senior management approves the key information security policies and oversees the implementation of information security risk management. Management is regularly informed of the information security status and significant risks.

Everyone working at Terveystalo or operating on its premises is obligated to comply with the issued information security instructions and to report any deviations they observe. Supervisors are responsible for ensuring that information security is taken into account in their unit's operations and for staff orientation.

Risk Management

Information security is implemented using a riskbased approach. Information security risks are assessed regularly as part of the Group's risk management process and whenever there are changes in operations, systems, or the operating environment. Appropriate technical and organizational measures are defined and implemented to manage identified risks. The implementation of risk management is continuously monitored and evaluated.

Compliance with Legislation and Regulatory Requirements

Information security is governed by, among other things, the following legislation:

- Cybersecurity Act (124/2025)
- EU General Data Protection Regulation (GDPR)
- Data Protection Act (1050/2018)
- Act on the Processing of Client Data in Social and Health Care (703/2023)

In addition, Terveystalo complies with THL Regulation 3/2024 on the information security of patient and client data.

Terveystalo ensures that only information systems intended for the processing of client and patient data that meet the essential requirements set out in legislation and that have been implemented in accordance with those requirements are used.

Access Rights and Access Management

The use of information systems is based on personal access rights granted to the extent required by job duties. The validity and appropriateness of access rights are monitored regularly, and access rights are removed without delay when an employment or service relationship ends or when duties change.

Principles of Technical and Organizational Safeguards

Appropriate technical and organizational measures are implemented to protect data and to prevent unauthorized access, alteration, loss, or other unlawful processing of data. These measures include, among other things, access management, protection of data communications and data, ensuring systems are kept up to date, backup procedures, and information security monitoring. More detailed implementation methods are defined in internal documents.

Handling of Information Security Incidents

Information security incidents are handled in accordance with Terveystalo’s incident management process. Detected incidents are reported without delay and are analyzed and classified based on their severity. Necessary corrective and preventive measures are implemented promptly.

Notifications required by legislation are submitted to the competent authorities within the statutory time limits.

Staff Competence and Training

All employees and practitioners who process patient and personal data must complete information security and data protection training and maintain their competence on a regular basis. Staff awareness of information security is strengthened through continuous guidance and communication.

Business Continuity Management

Terveystalo has both an organizationlevel business continuity plan and an information security plan in accordance with THL Regulation 3/2024, which was approved on 8 July 2025. The business continuity plan includes operating models to ensure the continuity of services and patient care in various disruption situations. The information security plan defines the key information security requirements for the processing of patient and client data, as well as procedures for the secure use of information systems and the management of incident situations.

The effectiveness of both the business continuity plan and the information security plan is regularly assessed and developed as part of Terveystalo’s risk management and preparedness practices.

Information Security of Suppliers

Information security requirements are taken into account in the selection of suppliers and partners, in contracts, and in the monitoring of cooperation. Terveystalo requires service providers to comply with applicable legislation as well as with the information security and data protection requirements set by Terveystalo.

Compliance with Information Security Standards

Terveystalo has a certified ISO/IEC 27001 Information Security Management System (ISMS) in place, which guides the planning, implementation, and continuous improvement of information security.

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Patient Ombudsman

Wellbeing services counties are required to organize the activities of patient ombudsmen and social welfare ombudsmen also in privately organized and provided social and healthcare services (Act on Patient Ombudsmen and Social Welfare Ombudsmen 739/2023, Section 2).

To guide patients, information on the patient ombudsman service is provided on Terveystalo's website. Instructions for staff are available on the intranet.

The contact details of the patient ombudsmen of the wellbeing services counties can be found on the websites of the wellbeing services counties.

Duties of the Patient Ombudsman:

1)to advise patients on matters related to the application of the Act on the Status and Rights of Patients (785 /1992), hereinafter referred to as the Patient Act;

2)to advise and, where necessary, assist the patient or the patient's legal representative, family member, or other close person in submitting a complaint as referred to in Section 10 of the Patient Act;

3)to advise on how to initiate a complaint, request for rectification, appeal, claim for damages, compensation claim related to patient injury or pharmaceutical injury, or other matter related to the patient's legal protection in healthcare with the competent authority;

4)to inform patients of their rights;

5)to compile information on patient contacts and to monitor developments in patients' rights and status; and

6)in addition to the duties set out in items 1–5, to otherwise promote and support the realization of patients' rights.

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Patient Status and Rights, and Handling of Formal Requests for Clarification

Strengthening Participation and Ensuring Access to Information

Terveystalo uses the Terveystalo application/online service, which enables patients to monitor their own treatment information using online banking credentials or a mobile certificate. The application displays, among other things, visits to physicians or nurses, diagnosis codes, vaccination and allergy information, as well as some laboratory test results. Reference values for laboratory test results are shown for quantitative tests. The purpose of the application is not to reduce the treatment responsibility of healthcare professionals, but to strengthen patients' own opportunities to participate in their care. The application is continuously developed. Currently, in addition to the above, the application can be used, for example, to book appointments, manage consents and prohibitions in the patient information system, and enable reminders for oneself, such as followup appointment reminders.

Handling of Complaints

A complaint pursuant to the Patient Act may be submitted by the patient using the secure form available on Terveystalo's website, from where it is directed for processing to the responsible physician of the site selected by the patient on the form. A complaint may also be submitted to Terveystalo by post or by visiting a Terveystalo site in person.

Complaints are processed at the site under the leadership of the responsible physician together with the professional involved in the matter. The objective of the handling process is to ensure that any situation that may jeopardize patient safety, data protection, or patient rights does not recur, and that the patient receives a written explanation of the event, including justifications. Work instructions, onboarding materials, and response templates have been prepared for responsible physicians to help ensure that complaints are handled in accordance with legislation and that responses meet the requirements set by the authorities.

Complaints to Authorities and Other Supervisory Matters

Requests for clarification received from authorities in connection with complaints and supervisory matters are recorded in the feedback management system (restricted access).

The patient information system includes a structured section for the care plan, which each professional completes and updates during patient contacts. The plan is visible to the patient via the application or by logging in to the website. Each professional is responsible for the implementation and updating of the care plan they have prepared.

Patients and their relatives may provide feedback to Terveystalo via Terveystalo's website. At sites, quality and patient safety coordinators ensure that feedback is processed in accordance with the established process, and patients are guided, when necessary, to contact the patient ombudsman of the wellbeing services county.

Patients and/or their relatives are advised to contact the patient ombudsman of their own wellbeing services county if there is a suspicion of a treatment error or another matter related to patient rights that has not been resolved at the site in a manner satisfactory to the patient.

Terveystalo's website also provides an electronic and secure Patient Incident Report form. This makes it possible to identify safety incidents that may not be detected by staff. Patients' perspectives differ, and they may notice different issues than healthcare professionals. Reports are processed at sites under the leadership of the quality and patient safety coordinator and, when necessary, by the Group incident management team.

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Handling of Complaints

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Complaints are handled at the site under the leadership of the responsible physician together with the professional involved in the matter. The objective of the handling process is to ensure that any situation that may jeopardize patient safety, data protection, or patient rights does not recur, and that the patient receives a written explanation of the event, including justifications. Work instructions, onboarding materials, and response templates have been prepared for responsible physicians to help ensure that complaints are handled in accordance with legislation and that the response meets the requirements set out in official guidance.

Complaints to Authorities and Other Supervisory Matters

Requests for clarification received from authorities in connection with complaints and supervisory matters are recorded in the feedback management system (restricted access).

Complaints

Responses to requests for clarification related to a complaint are provided as follows when a socalled full procedure is applied:

- Responses are prepared at the site by the involved party or parties and the responsible physician or another manager responsible for the services.
- The responses are submitted to the responsible person of the service unit, who provides their own response.
- Thereafter, the responses are submitted to the Licensing and Supervisory Authority.

The matter subject to the complaint is reviewed at the site level under the leadership of the responsible physician. The objective is to ensure that a similar situation does not recur if shortcomings in operations have been identified through the complaint. Where necessary, the responsible person of the service unit takes a position on the required corrective actions and also assesses the need for nationallevel measures.

Supervisory Matters

At Terveystalo, there are instructions in place for both proactive internal supervision and for handling requests for clarification from authorities related to the supervision of healthcare professionals. Supervisory matters (both proactive supervision and authorityinitiated requests for clarification related to the supervision of a healthcare professional) are reviewed at the site level by the responsible physician and the Director of Healthcare Services. The responsible person of the service unit is informed and participates in the handling of the matter as appropriate, and decides on any necessary actions.

Authorities may also carry out organizational supervision and inspection visits in accordance with their own procedures. Organizational supervision may take the form of preventive supervision, such as the registration of service units, or retrospective supervision, which includes addressing identified deficiencies and problems. Minutes and memoranda related to retrospective supervision are recorded in the feedback management system, where any actions instructed by the authority are also documented.

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Suspected Patient Injuries

If, in connection with a patient's care, a suspicion of a patient injury arises, the employee guides the patient to contact the patient ombudsman of their own wellbeing services county. The patient ombudsman of the wellbeing services county provides guidance, advice, and, when necessary, assistance to the patient and/or relatives in submitting a patient injury claim, a complaint, and/or an appeal. If the situation constitutes an adverse event, the employee must record an incident report in the electronic system. The report is processed in accordance with the work instruction for handling incidents.

The Patient Insurance Centre submits requests for clarification related to Terveystalo through an agreed secure procedure to Terveystalo, and the quality and patient safety coordinators at the sites record the requests in the system for handling formal requests for clarification. The suspected patient injury described in the request is handled under the leadership of the site's responsible physician, and the root causes and the need for any corrective actions are assessed and documented no later than three months after the requested information has been submitted to the Patient Insurance Centre.

The Patient Insurance Centre provides the Service Manager of Terveystalo's patient safety team with all decisions related to Terveystalo's operations or a summary of such decisions. The Service Manager records the decisions or information on the decisions in the system, and they are reviewed at the site under the leadership of the responsible physician, at which point it is assessed whether the previously identified need for actions has been aligned with the decision received.

The Service Manager of the patient safety team prepares a quarterly summary of compensated patient injuries for medical management. The members of medical management assess whether there is a need for nationallevel measures, for example in the form of supplementary training.

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Monitoring of SelfSupervision, Responsible Persons, and Documentation

This document forms the framework of Terveystalo's selfsupervision plan. The selfsupervision plan is supplemented by, among other things, the operations manual, process maps, work instructions, and role descriptions, which are referred to in this document.

The selfsupervision plan is published on Terveystalo's website as well as on the internal intranet.

The selfsupervision plan is reviewed at the Group, regional, and site levels. Management is responsible for ensuring that all personnel are familiar with the contents of the selfsupervision plan and are able to operate in accordance with its requirements. Quality audits are used to verify that each site is able to act in compliance with the selfsupervision plan. Deviations identified in audits or through other methods described in the selfsupervision plan are addressed as promptly as possible, and corrective actions are implemented in a planned manner.

Monitoring of the selfsupervision plan (Supervision Act, Section 27) is carried out by the Group Patient Safety Working Group, which meets four times a year. Each function (e.g. outpatient services, hospital services, oral healthcare) provides, in accordance with the annual cycle, its own report on the monitoring of the selfsupervision plan at the meeting and proposes changes to the selfsupervision plan based on the monitoring. Changes are also made in real time as needed. In addition, the Service Manager of the patient safety team reviews with the working group all changes made since the previous meeting and reminds participants of upcoming monitoring activities. Any changes made on the basis of monitoring are described below.

Changes to the selfsupervision plan are communicated to personnel through responsible physicians, quality and patient safety coordinators, and Directors of Healthcare Services.

Changes to the SelfSupervision Plan:

- Updated information on the persons responsible for the service units.
- Updated risk management model, including highrisk patient safety operations and the measures for their management.
- Updated quality and patient safety priorities for 2026.
- Updated the approval date of the Grouplevel Medication Management Plan to 19 June 2025.
- Updated information on the availability of the Privacy Notice.
- Added information on the servicelocationspecific Instruction and Template for the Disclosure of Patient Records.
- Added information on peer reviews conducted by medication centres.
- Clarified information on proactive access control.
- Updated the section on the handling of suspected patient injuries with instructions related to the processing of requests for clarification, as well as the preparation and use of summaries of compensated injuries.
- Added the service locations and service areas of Suomen Terveystalo Oy.
- Added diagnostic imaging, laboratory services, and the provision of outsourced services to wellbeing services counties to the list of services.
- Updated the organisation and management of selfmonitoring.
- Added monitoring of the adequacy of resources with regard to personnel.
- Updated the Patient Safety section on the monitoring and development of patient safety: patient safety is monitored and developed by the Medical Management Group led by the Chief Medical Officer for Healthcare Services and by the Patient Safety Working Group led by the Chief Administrative Medical Officer.
- Added a new chapter: Registration of Service Units and Service Locations and Premises.
- Updated the approver of the Patient Care Data Protection Manual to the Chief Administrative Medical Officer.
- Added to the section *Implementation and Supervision of Facility Planning*: inspections of premises carried out by an authority or service organiser after the entry into force of the selfmonitoring regulation.
Updated Recruitment and Competence Assurance Section