



ASPR VI.GI 2 S.r.l.
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SERVICE CHARTER



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PREMISE

Dear Madam(s),

we would like to present our structure to you through the "Service Charter". This document was created to allow you to understand the services provided by our structure and the commitment we have undertaken to ensure the protection of your right to health. The "Service Charter" allows you to understand our structure, the type of services offered, the pre-established objectives and the verification processes applied aimed at guaranteeing efficient and high-quality assistance.

The primary objective of the "Service Charter" is to directly involve you in the protection of your health but it is also a tool for dialogue and knowledge capable of depicting the evolutionary evidence of the service provided. Evolution determined by experience, professionalism, continuous updating and attention towards you, thus allowing us to offer you technically cutting-edge assistance.

The "Service Charter" will therefore be your guide in understanding the structure. You can always request an updated version or, alternatively, you can consult the brochure containing immediate information.

*Best regards,
the Legal Representative*

the Health Director



WHERE WE ARE AND HOW TO REACH US

Location

The ASPR VI.GI. Polyspecialist Center 2 S.r.l. is located in the city of Vibo Valentia near the P.O. of the city.

1. DISTANT

- 80 km from Reggio Calabria;
- 20 km from Lamezia Terme (CZ);
- 60 km from Catanzaro.

2. 2. CONNECTED

- Public transport:
- Buses (Local Buses).
- Private vehicle:

Exit S. Onofrio A2 Mediterranean Motorway towards Vibo Valentia Marina arriving near the P.O. of the city where the structure visible from the sign outside is located in front.

SECRETARIAT OPENING HOURS

Morning: From 08:00 to 14:00 from Monday to Friday

Afternoon: From 3pm to 6pm Tuesday and Friday

Morning: From 08:00 to 13:00 Saturday

CONTACTS

Landline telephone number: 0963-301256

Mobile telephone number: 366-4148016

Fax: 0963-44184

Website: www.gruppovigi.it



LA NOSTRA MISSION – VISION (POLITICA DELLA QUALITÀ)

LA NOSTRA MISSION

L'organizzazione da anni opera nel settore sanitario, attraverso la gestione di centri specializzati nella cura di soggetti portatori o meno di patologie cardiache e di patologie inerenti all'area di medicina interna, oltre a quelle dell'area internistica.

Il Centro ha costruito la propria filosofia aziendale sull'erogazione del servizio offerto al cliente/paziente esclusivamente sulla qualità.

Il Centro è caratterizzata da una organizzazione strutturale e da una pluralità di competenze professionali tale da renderla imprescindibile dalla realizzazione di forme di governo aziendale che rispondono a criteri di funzionamento qualitativamente elevati. Pertanto, l'organizzazione ha individuato nel concetto "qualità" uno stile di conduzione aziendale orientata esclusivamente sulla efficacia ed efficienza della prestazione sanitaria.

La professionalizzazione delle risorse è stata considerata elemento strategico della politica aziendale influenzando direttamente sulla qualità dell'assistenza, oltre che sulla soddisfazione del cliente/paziente, e contribuendo al miglioramento continuo dell'erogazione delle prestazioni ambulatoriali.

La qualità espressa si percepisce non solo dagli aspetti organizzativi e dalla competenza professionale degli operatori, ma soprattutto dall'esclusività dello stile di esecuzione del lavoro, dal comportamento etico e dal modo di comunicare e di ascoltare le esigenze manifestate dai fruitori.

L'obiettivo dell'organizzazione è quello di migliorare costantemente il servizio offerto poiché, essendo la fonte di sopravvivenza della struttura merita di essere tutelato, salvaguardato ma, soprattutto, è essenziale realizzare e soddisfare le sue aspettative.

Quindi, se è vero che l'impegno è di offrire prestazioni sanitarie elevate, è altrettanto vero che la qualità del servizio ed il gradimento vengano ad esistenza dal confort della struttura, dalla cura igienica degli ambienti, dalla presenza di servizi igienici adeguati, dall'assenza di barriere architettoniche, da sale d'aspetto ampie e ambienti luminosi.

Pertanto, la politica aziendale è finalizzata alla ricerca di eventuali carenze del servizio, mediante la raccolta di informazioni utilizzando come fonte di ritorno reclami e questionari di soddisfazione e, se dovessero registrarsi delle difformità saranno avviati interventi mirati al fine di eliminare la deficienza segnalata.

Il Centro per soddisfare le richieste del cliente/paziente e per rispondere concretamente alle mutate condizioni ambientali, ha deciso di implementare il Sistema Gestione Qualità ai sensi della normativa internazionale **UNI EN ISO 9001**.

La normativa internazionale **UNI EN ISO 9001** impone l'applicazione di adempimenti obbligatori per una corretta realizzazione del sistema, quindi è necessario:

- Sviluppare un Manuale della Qualità, esso è l'immagine della struttura e descrive il modo di operare. Inoltre è lo strumento cardine per le strategie aziendali presenti e future;
- Definire i processi aziendali e le loro interazioni (Approccio per processi come richiesto dalla nuova norma);
- Valutare l'efficacia dell'addestramento dei corsi interni e dei corsi esterni seguiti dal personale;



OUR MISSION – VISION (QUALITY POLICY)

OUR MISSION

The organization has been operating in the healthcare sector for years, through the management of centers specialized in the treatment of subjects with or without cardiac pathologies and pathologies inherent to the area of internal medicine, as well as those of the internal medicine area.

The Center has built its corporate philosophy on the provision of the service offered to the customer/patient exclusively on quality.

The Center is characterized by a structural organization and a plurality of professional skills such as to make it essential for the creation of forms of corporate governance that meet high quality operating criteria. Therefore, the organization has identified in the concept "quality" a style of business management oriented exclusively on the effectiveness and efficiency of healthcare provision.

The professionalization of resources was considered a strategic element of company policy, directly influencing the quality of care, as well as customer/patient satisfaction, and contributing to the continuous improvement of the provision of outpatient services.

The quality expressed is perceived not only from the organizational aspects and the professional competence of the operators, but above all from the exclusivity of the style of carrying out the work, from the ethical behavior and from the way of communicating and listening to the needs expressed by the users.

The organisation's objective is to constantly improve the service offered because, being the source of the structure's survival, it deserves to be protected, safeguarded but, above all, it is essential to achieve and satisfy its expectations.

Therefore, if it is true that the commitment is to offer high healthcare services, it is equally true that the quality of the service and satisfaction come into existence from the comfort of the structure, the hygienic care of the environments, the presence of adequate toilets, the absence of architectural barriers, large waiting rooms and bright environments.

Therefore, the company policy is aimed at finding any shortcomings in the service, through the collection of information using complaints and satisfaction questionnaires as a source of feedback and, if any discrepancies are recorded, targeted interventions will be initiated in order to eliminate the reported deficiency.

To satisfy the customer/patient's requests and to concretely respond to the changed environmental conditions, the Center has decided to implement the Quality Management System in accordance with the international standard UNI EN ISO 9001.

The international standard UNI EN ISO 9001 imposes the application of mandatory requirements for the correct implementation of the system, therefore it is necessary:

- Develop a Quality Manual, it is the image of the structure and describes the way of operating. Furthermore, it is the key tool for present and future company strategies;
- Define business processes and their interactions (Process approach as required by the new standard);
- Evaluate the effectiveness of the training of internal courses and external courses followed by staff;



- Distribute documents of external origin (regulations, laws etc. on health matters) with any training session where deemed appropriate;
- Define the corporate objectives relating to the provision of the service;
- Define measurable parameters for each business process in relation to the threshold values and set objectives.

OUR VISION

The strategic vision of the Management is realized within a system capable of supporting objectives of appropriateness, effectiveness, adequacy and quality of the services offered with respect to needs and expectations, a system oriented towards continuous improvement of quality and aimed at satisfaction of users and operators, in a context of optimization in the management of available resources.

The programmatic action of the Management, carried out for the realization of the strategic vision in the current period of crisis and profound reorganization of activities, is based on various priority areas of intervention, among which the following are reported, purely descriptively and not exhaustively:

- reorganization of the services offered, with the aim of strengthening the role of the structure in the local and regional context, in particular with regard to recognized excellence;
- maintenance of the structural, technological and organizational requirements required for institutional accreditation;
- achieving budget balance.

For the protection of the patient, the Center is inspired by the principles established by the Directive of the President of the Council of Ministers of 27.1.1994, relating to:

- **Equality**

From article no. 3 of the Italian Constitution, paragraph 2, immediately implies the need for differentiated treatment aimed at restoring, starting from the peculiarities of the elderly person's condition himself, his de facto equality with other citizens.

The principle stated is configured as equal consideration for every single person, not to be understood as uniformity of interventions, but that each activity is personalized considering the uniqueness of each one. Therefore, life in our facility is free of any type of discrimination, so much so that the life of the guest must be respected in all moments of daily living and the dignity of the person must not be discriminated against in relation to sex, race, nationality, religion, language and political opinions.

- **Impartiality**

The entire staff of the facility works with impartiality and objectivity to guarantee adequate assistance to the guest, in fact the operators do not adopt attitudes of partiality and injustice, i.e. non-objective treatments towards users.

For each resident there is a personalized care plan with precise verification moments in order to guarantee continuity of health and social services. Each intervention is verified in advance and periodic verification moments can lead to a suspension of the intervention (if the objective has been achieved), to a further extension, or to the definition of a new strategy.



- **Continuity**

The assistance service is guaranteed 24 hours a day to ensure its continuity except in cases where abstentions are regulated by law or fall within the organizational aspects of the service.

- **Right to choose**

Every person, at any point in the course of their disability or illness, has the right to have their autonomy recognized and promoted and, therefore, the user can freely choose the healthcare facility they wish to access throughout the country.

In our context, this term is intended to express the concept of "space of self-determination" and "self-decision" within a relationship between a person in need and the services provided. In fact, for each person we work by encouraging their decision in the choices of daily life. For those who are cognitively impaired, much importance is given to non-verbal communication which creates a relationship between the person in need and the person who assists them.

The various professional figures have the task of encouraging and stimulating choices, and therefore the greatest possible autonomy, in the daily activities of the elderly residents of the Facility.

- **Participation**

The person is the protagonist of our service and, in fact, we must offer them the tools to encourage active participation within our structure through information on the objectives and programs defined by the company to create a relationship, feedback .

- **Humanization and personalization**

In the provision of services, care and assistance must take into account the specificity of each individual patient/client. Respect for the dignity of the person, courtesy, availability are qualifying and indispensable factors relating to the sphere of service enjoyed by the citizen.

- **Clinical Risk**

In providing services, the facility adopts the protocols established by the Ministry of Health in relation to clinical risk.

The contact person for clinical risk management is the Medical Director.

- **Principle of Effectiveness and Efficiency**

Both the criteria of EFFECTIVENESS (verification of the achievement of objectives) and EFFICIENCY (the best use of resources to achieve objectives) are intrinsic to the activities of our organisation.

The organization's objective is to increase the level of quality of social, health and welfare services.

- **Protection of personal data**

In order to guarantee the protection of personal data and the confidentiality of the person in application of fundamental rights, the structure has implemented the privacy system as required by current legislation.

- **Information**

It is possible to receive information on the structure and the services offered in the acceptance area of the Service Charter and the website.

- **Payment for Service**

The structure is equipped with a POS tool and, therefore, it is possible to pay for the service via debit card and/or credit card.



- **Satisfaction**

The participation of citizen-users in the evolution of quality is stimulated and facilitated by the preparation of a satisfaction questionnaire, which allows the level of satisfaction to be expressed and possible improvements to be reported, also for what concerns the easy consultation of the Service Charter . The questionnaire is delivered to the customer during their stay in the facility.

To verify the level of satisfaction of the citizen-users who use the services, specific questionnaires were developed and distributed at the end of the service.

The results of the analysis of the annual results relating to satisfaction are communicated by posting on the notice board and through annual meetings with staff.

- **Complaints**

The user, through the Report Suggestions Complaints form or with the use of plain paper, can send any complaints directly to the responsible parties (URP Office). Complaints can be sent by post, fax or hand delivered. The user has the opportunity to check the complaint path as it is updated by the Quality Management Manager. Between 10 and 60 days the URP and/or quality office will respond through the same channel used by the user and/or where indicated by the user.

- **Signage**

To facilitate user orientation, the Structure has provided clearly visible signs within the structure.

- **Accident prevention**

The structure complies with Legislative Decree 81/08 and subsequent amendments and additions. Staff have been trained to intervene and control fires and to protect user safety.

- **Smoking ban**

By law (art. 1 of law 584/75 and subsequent amendments of the Prime Ministerial Decree of 12/14/95) and above all out of respect for one's own health and that of other people, it is absolutely forbidden to smoke in rooms, corridors, living rooms and in generally in all rooms of the structure. Violators are subject to an administrative fine of €25.00 to €500.00 pursuant to law 448/01.

- **Information on annual results**

All the results obtained can be seen directly from the website and/or by posting at reception.

- **Methods of dissemination and distribution**

This Service Charter is published on the official website of the facility as well as being available directly from the check-in desks and/or posted at the access points.

- **Update**

This Service Charter is reviewed every year during the management review and updated if necessary. The revision status and date indicate the last update.



1. SPECIALIST OUTPATIENT VISITS

The ASPR VIGI 2 S.r.l. Diagnostic Center is a Center that provides outpatient healthcare services in the context of:

- **Cardiac Dopplerography**
- **Cardiac ultrasound**
- **Cardiovascular exercise test with treadmill**
- **Cardiovascular exercise test with cycle ergometer**
- **Pacemaker control and programming**
- **Cardiology visit**
- **Electrocardiogram**
- **Dynamic Holter electrocardiogram**
- **Continuous monitoring (24 hours) of blood pressure**
- **Tilting tests**
- **Eco(color) Doppler of the supra-aortic trunks**
- **Ultrasound color Dopplerography of the large abdominal vessels**
- **Ultrasound color Dopplerography of upper and lower arterial and/or venous limbs**
- **Simple spirometry**
- **Pharmacological bronchus dilation test**
- **Cardiorespiratory ergometric test**
- **Color Doppler ultrasound of the abdomen (with vascular evaluation)**
- **Hepatobiliary color Dopplerography (with vascular evaluation)**
- **Doppler ultrasound of the kidneys and adrenals (with vascular evaluation)**
- **Color Doppler ultrasound of the male genital organs**

Reservation

The reception area employee provides information - also by telephone - of a general nature on the services provided, on the documentation necessary to access the facility, on the booking/acceptance methods, on the types of services provided, on the instructions necessary to follow before of the execution of certain services, as well as the amount for each service.

Acceptance

The reception area prepares a double copy of the service plan on a specific form, one copy is sent to the doctors for the provision of the service, another remains at the reception office.

The patient is welcomed in the Reception Area which checks the administrative documentation and registers by entering the following data:

- Exam loading;
- Type of exam.

A list of the types of healthcare services provided is available in the check-in area, containing information relating to:



- **benefit amount;**
- **waiting times (possible reservation).**

Medical examination:

The patient who requires a medical examination is welcomed by the Doctor, who proceeds with the evaluation of the patient by carrying out the medical history, at the same time the Doctor examines any clinical documentation in his possession.

Diagnostic Investigations:

The execution of the exams is entrusted to the Doctors who carry out the exams in compliance with national and international guidelines.

Where requested, the Doctor provides for the acquisition of informed consent, explaining to the patient the risks and benefits in relation to the investigation to be carried out.

For each clinical and instrumental service provided, the Doctor, before carrying out the tests, carries out the patient's medical history and records the information collected on the reference card.

Report processing

The final investigation of the patient ends with the preparation of the report by the Doctor and, where necessary, with the prescription of any pharmacological therapy.

The Doctor approves and controls the content and format of the reports in order to ensure that they communicate the results of the investigations carried out in an effective and comprehensive manner.

The affixing of the Doctor's signature is valid as evidence and registration of the review activity having taken place.

Before delivering the report to the patient, the Doctor checks:

- that the reports are available within the time interval agreed with the customer/patient;
- that the results are complete, legible and without transcription errors.

Report delivery

The acceptance area is responsible for delivering the reports.

The test results are delivered in a sealed envelope and directly to the person concerned or by a person delegated by him. Upon collection of the report, the reception area employee will have the report collection register signed.

2. OPERATING STAFF

- **Health director;**
- **Specialist Doctors;**
- **Nurse;**
- **Administrative;**



- **Check-in Operators;**
- **Cleaning Operators.**

3. TARIFF

- COLORDOPPLER ECHOCARDIUM €50.00
- ECOCOLORDOPPLER TSA €50.00
- ECOCOLORDOPPLER ARTI €50.00
- ECOCOLORDOPPLER ABDOMINAL AORTA €50.00
- CARDIOLOGICAL EXAMINATION €350.00
- ECG €20.00
- ERGOMETRIC TEST €50.00
- HOLTER ECG €50.00
- HOLTER PA €50.00

4. OPERATING STAFF

- DR CARMELA COSCO
- DOCTOR. GIANFRANCO FERRARI
- DOCTOR. PUGLISI ROSARIO
- DOCTOR. LUIGI BORELLO
- DR CRISTIANA VITALE
- DR CHIARA BARILLA'

5. WAITING TIMES

Attività	Tempi di attesa
Exam booking	3 days
Administrative paperwork	5 min
Carrying out exams	15 min
Execution of Stress Test	45 min
Collection of exam reports	5 min
Holter Report Collection	2 days



6. QUALITY: REFERENCES, OBJECTIVES AND CURRENT AND FUTURE COMMITMENTS

The Health Director, the Administrative Management and the Quality Office guarantee, within their competence, compliance with the quality standards and periodic checks, through the use of the "Satisfaction Questionnaire" form and the "Suggestions and Complaints".

CURRENT AND FUTURE COMMITMENTS

- Information to the patient, his loved ones and the attending physician
- Personalization/humanization
- Respect for times
- The protection of privacy
- Safety as a constant commitment
- Quality system
- Protection and verification mechanisms
- Further commitments for the future