

MUNICIPALITY OF ROME

Corso Duca di Genova, 26

Postcode 00121

**RADIOLOGY AND ROENTGENTERAPY
LIDO DI OSTIA SRL**

P. IVA 01125791002

C. F. 02851810586

**Diagnostics for images-Magnetic Resonance-
Nuclear Medicine -
Health Center**

SERVICE CHARTER

DPCM 27/01/1994 e DPCM 19/05/1995

DCA U00311 del 06/10/2014

DRAWN UP JOINTLY WITH:



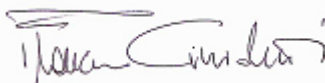
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Via di Tor Vergata 434 – 00133 Roma
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06.94792248

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HISTORY OF THE CHANGES MADE

Review	Purpose	Date of emission
1.0	First emission	20/06/2007
2.0	Review	28/11/2008
3.0	Review	08/11/2010
4.0	Review	19/10/2011
5.0	Review	11/04/2012
6.0	Review	12/02/2013
7.0	Review	24/10/2016
8.0	Review	04/09/2017
9.0	Review	16/03/2018
1.1	Review	22/10/2020
2.1	Review	18/10/2021
2.2	Review	01/09/2022
2.3	Reviw	14/11/2022

Il Direttore Sanitario/Legale Rappresentante


INDEX

PRESENTATION OF THE HOLDING	3
DESCRIPTION OF THE STRUCTURE	5
Presentation of the informatic and I.T. system	5
Protection of privacy	6
WHERE WE ARE:	6
BASIC PRINCIPLES	7
INFORMATIONS ABOUT THE SERVICES	7
ADMINISTRATIVE SERVICE	9
FLOW DIAGRAM	11
THE STAFF OF THE RADIOLOGY	12
STANDARD OF THE QUALITY OF SERVICE	13
COMPLAINT MANAGMENT	14
Archiving of documentation	15
Charter of Service distribution and other documents	16
REFERENCES	16
ATTACHMENTS:	16

PRESENTATION OF THE HOLDING

Parking area: out side public.

Information service: Tel 06.5672918

Website : www.ostiaradiologica.com

e-mail: info@ostiaradiologica.com

Opening to public: from Monday to Friday from 8.00 to 19,30; Saturday from 8.00 to 13.00

withdrawal of reports: from Monday to Friday from 8.00 to 19.20; Saturday from 8.30 to 12.45

Urgent Cases: in agreement with the staff of the Facility and based on the type of diagnostic exam, urgent cases (ex. timing with respect to the next specialist visit, patient's health status) can be included in the schedule of the day. The assessment of the circumstances of the emergency is carried out by the Medical Director

Origins and goals of the Holding

The Radiology and Roenterology Lab Lido di Ostia s.r.l. has been active since active dal 1994, authorized with deed n. 33 from the Municipality of Rome off 22th of January 1994 and **Accredited definitively** by Lazio Region with Decree of Commissioner ad Acta n. U00309 of 14/11/2012 "Order of confirmation of the authorization for the operation and final institutional accreditation" (Code SIAS 011302). Subsequently, the DS and the Sole Director changed. Both figures coincide in the person of Dr. Guidetti Francesco.

The principle of the accreditation, based on the verify of structural eligibility, technical and organizational, has represented the starting point of an evolution of the Structure that has always had as main goal the maximum Customer's satisfaction through the pursuit of a always higher quality level in terms of courtesy reliability and availability.

It's for this reason that the quality standard of the sanitary presentation is always:

- Optimizing organizational relationships;
- by raising the engagement, the porpuses and staff updates;
- by providing transparency to the business process;
- by taking part to precise Quality Check external and internal;
- fifty years of experience in the Diagnostic for Images field;
- a heritage of tools strictly appropriate to the technical-scientific evolution;
- staff highly qualified that includes Medical Specialists, Medical Engineers of Medical Radiology, I.T. responsible, Admin, consultants;
- N.of Customeres higher than a 15000 per year.

Our reception service is authorized to provide any clarification on the provision of our services in constant protection of the right to privacy of the user / patient and in compliance with his needs, guaranteeing equal treatment in offers to the public, regardless of age, ethnicity, language, nationality, religion, physical and mental conditions.

Our kind, courteous and helpful staff is also committed to operating according to criteria of impartiality, transparency and clarity in communicating with users also regarding the types of examinations and the characteristics of the materials used.

For any further clarification our staff is still available.

The objective of the Radiology Study is to facilitate and promote, in the area of Ostia Lido and the Roman coast in general, the activity of the Doctors and Dentists, offering them superior quality,

Digital Radiographs, Ultrasound, scintigraphic, Mammographic, Eco -color-doppler, Moc, TAC and RM exams.

Professionalism and personalization of the service are the values on which our relationship with clients / patients and doctors is based.

Particular attention is given to the quality level of the environment: aware of the needs of serenity and reassurance of the delicate user who is the Patient, he is provided with all the paper explanatory material, as well as a constant interactive availability of the staff, in full compliance with his right not to waste time and our deontological duty of protection and confidentiality.

The **Legal Representative** of the " Radiology and Roentgenterapy Lab Lido di Ostia s.r.l." is Dr. Guidetti Francesco;

to the Legal Representative is entrusted with the task of:

- control and management of the activity carried out by the Radiology Study Staff;
- carry out monitoring and process measurements;
- study and establishment of commercial strategies and policies;
- establish the goals requirements of the offers, set up the investment budget, supervise general and financial business, define the requirements of the service offered;
- oversee and organise Aministration/Secretary areas;
- managing relations with the institutions;
- managing the administrative department and secretariat staff.

The Chief Medical Officer of the Radiology Lab is Doc. Guidetti enrolled in the order of doctors of Rome with the n. 46969 from 01/25/1996, in possession of the degree in Medicine and Surgery and specialized in Radiology.

The Lido di Ostia Radiology and Roentgenterapy Lab since 05/12/2011 has certified its Management System according to the ISO 9001: 2015 standard (Certificate No. IT303038-1), ensuring the adoption of organizational models in compliance with the standards in line with criteria of flexibility, integration, sharing, humanization and personalization of assistance



In addition to having certified the QMS, the Lido di Ostia Study of Radiology and Roegenterapia has adopted the Organizational Model 231 and the Code of Ethics to guarantee transparency and uniformity of access to services, technical quality of interventions, organizational quality, safety of operators and users, personnel development.

DESCRIPTION OF THE STRUCTURE

Radiology and RoentgenTherapy Clinic Lido di ostia s.r.l. is located in Corso Duca di Genova, 26 on the ground floor and on the first floor of a building in Rome, Corso Duca di Genova, 26.

Ground Floor:

Nuclear Medicine Department

Magnetic Resonance

First Floor:

Ultrasound / Mammography Department

Artoscan-TAC-Radiology- Moc Department

Medical Studies

Access to the premises is via a door accessible to the disabled and is provided of an elevator.

These spaces are adequate for the Hygiene Regulation and for the D.P.R. 14/01/97.

Furthermore, the " Radiology and RoentgenTherapy Clinic Lido di ostia srl " meets the structural requirements of the current regulations for the regulation of electrical installations, the full application of Law 81/08 and subsequent amendments, the removal of barriers architectural, special waste disposal, cleanliness and comfort of the premises.

The structure is equipped with modern tools for the provision of services and pursues a policy of constant improvement of the same, of adaptation to all the most modern technologies as well as efficiency control and all the periodic revisions required by law and / or recommended by the companies manufacturers.

The staff employed are trained to use the equipment according to the structure and participate in internal updating courses whenever the acquisition of new technologically advanced equipment requires it.

The management requirements identified by the Presidential Decree are also satisfied, as the presence of professionals ex l. 405/75

The following people operate within the structure:

see attachments: <i>Organic List</i>

The responsibility of the Radiology and RoentgenTherapy Clinic Lido di ostia s.r.l. is of the Chief Medical Officer but all the operators are required to perform the tasks assigned to them in the best possible way.

Presentation of the informatic and I.T. system

For the management of the activities, the correct flow of information and the quality of the service provided, the Study has defined an Information System that manages the process from the moment of acquisition of the User's personal data up to the time of the release of the report and the subsequent saving all data.

It leans on:

- software to support the devices;
- software to elaborate datas;

The controls are designed and engineered according to the specific logistic and substantial needs of the company and provide for a sophisticated quality control procedure by the Qualified Expert, for the passage of information, as well as for protection and security, which is accompanied by an elaborate system of daily and periodic saving of all acquired data.

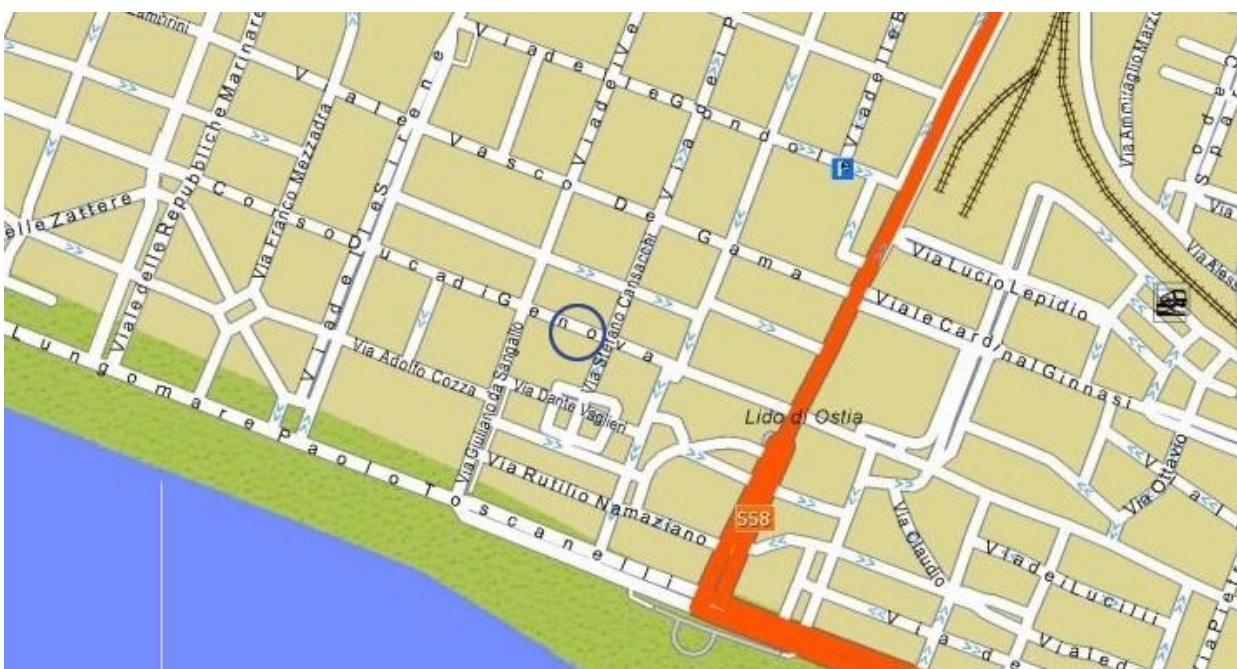
The entire structure of the Lb is functional to achieving quality in every segment of the production processes with particular attention to precision, safety and confidentiality essentially the relationship with the public. It contains within it the procedure for quality assurance that identifies and regulates the skills of all operators in the management, control and improvement process of the system by means of routine sub-procedures of:

- internal Audit and externa Audit (made by the certification body);
- management of outages and corrective actions;
- review of the Quality Management System (SGQ);
- periodic drafting of the improvement plan with a view to eliminating / reducing risks;
- data analysis and data correction;
- documentation check;
- analysis of the degree of customer satisfaction.

Protection of privacy

All the terminals of our computer system are protected by appropriate security measures, so access is not allowed to non-professionals; we want to specify that no operator has unlimited access to the database: in other words, the availability of the database is limited to daily data and to some segments of the procedures depending on the location occupied by the single operator within the organization chart of the entire process productive.

WHERE WE ARE:



Reachable from Rome by the Rome-Lido railway (from Porta San Paolo to Lido Centro) + bus 01 or 04 with stop on Corso Duca di Genova
05B with stop on via dei Bragozzi at the corner of Corso Duca di Genova,

By car from Rome along the Cristoforo Colombo from Eur or the Via del Mare from Ostiense

BASIC PRINCIPLES

• **Equality**

All citizens are provided with equal services, regardless of age, sex, race, language, nationality, religion, political opinions, customs, physical conditions, mental conditions, economic conditions, personality structure.

• **Impartiality**

All citizens are assured of objective and fair behavior by the personnel working in the structure.

• **Continuity**

Citizens are assured the quantitative, qualitative and regularity of services.

• **Right of Choice**

Every citizen, provided with the request of the doctor of the National Health Service on a national recipe book, can exercise the right of "free choice" by directly addressing the chosen accredited structure.

• **Engagement**

The citizen's right to collaborate, with observations and suggestions, to the related provision of the service and to the improvement of the service provided by the Structure is guaranteed.

• **Efficiency and effectiveness**

The service is provided in such a way as to guarantee efficiency and effectiveness and the Structure adopts the appropriate measures to achieve these objectives.

The Study, inspired by the Charter of the Rights of the Sick, adopted by the EEC in Luxembourg on 6-9 May 1979 presented in Brussels on 15 November 2002, has prepared a "Charter of Patient Rights" which is an integral part of this document.

INFORMATIONS ABOUT THE SERVICES

The company operates several sections that provide services both under accreditation (with agreements) and privately.

Adequate signage is installed indicating the exact location of the services; moreover all the operators are identified by a badge hanging on the gown or on civilian clothes.

The distance and access to the acceptance desk are regulated by an automatic numbering device. The Lab, within its structure, has adopted all security measures in compliance with Legislative Decree 81/08 and subsequent mod. and int. the RUE 2016/679 for what concerns privacy.

The Radiology and RoentgenTherapy Clinic Lido di ostia s.r.l. provides the following services:

- **High field magnetic resonance** (approved)
- **Medicina Nucleare – Scintigraphy** (approved)
- **Digital General Radiology** (approved)
- **Digital Dental Radiology:**

- **ORTOPANORAMIC AND CRANIAL SCREENING**
- **VOLUMETRIC ORTOPANORAMIC**
- **– CONE BEAM**
- **TC 128 SECTIONS**
- **TC Coronary**
- **Digital Mammography (minim dosage)**
- **Agoaspirato Needles biopsy Ecoleded**
- **Ecography**
- **Vascular Eco-Color-Doppler**
- **Color Doppler Echocardiogramm**
- **Electocardiogramm**
- **Electroencephalogramm**
- **Electromiography**
- **M.O.C.**
- **Heart Monitor**
- **Blodd pressure Monitor**
- **Personalized Check-up**
- **Cardiovascular Check-up**
- **Health Center:**
 - **Vascular surgery**
 - **Urology**
 - **Endocrinology**
 - **Otolaryngology**
 - **Orthopedics and Traumatology**
 - **Dermatology**
 - **Cardiology**
 - **Neurology**
 - **Occupational Medicine**

For services in agreement with the S.S.N. the commitment of the general practitioner is required, an identification document, any payment for out-of-convention services.

The Lab, in order to guarantee the highest quality standards on the services offered, ensures:

- High image quality;
- Radiation dose reduction, through the adoption of digital radiology (due to the greater sensitivity of our digital equipment)
- Respect for the environment (our digital process does not generate toxic waste);
- In the case of images provided or requested on CD it is possible to perform any reprints at any time, at the request of the patient

The complete list of exams is available to users attached to the Service Charter, available in the waiting room in the appropriate containers on the check-in desk.

The Lab, to guarantee the maximum of the quality to the Services offered, ensures:

- High quality images;
- Reduction of the radiation dose, through the adoption of the digital radiology (due to the greater sensibility of our digital equipment);
- Environment respect (due to the not generation of toxic waste);
- Flexibility with the used supports
- Possibility to do the copy of the stamp in each moment.

The Service Charter and its attachments are checked periodically by the Management, at least once a year, and possibly updated.

Also the staff at the check-in desk and the Management are available to users to provide any information on exams, (cost, possible preparation, etc ...).

ADMINISTRATIVE SERVICE

Tel. 06.5672918

The administrative managers of the Structure are the Managing Director Dr. Guidetti Francesco and Mrs. Gentile Giliانا.

Acceptance personnel are available to users for information and clarifications.

BOOKING AND PERFORMANCE OF AMBULATORIAL PERFORMANCES

The Radiology and Roentgenerapy Lab Lido di Ostia s.r.l. is authorized to provide users with the services listed in the “List of payable prestation’s” reported in the tariff.

The medical and secretarial staff is available for any clarification regarding the peculiarities of the services requested.

Opening hours and modalities of booking

The "Radiology Lab" follows the opening hours displayed on the bulletin board and in any case reported below.

Users can make reservations:

Going in person to the "Radiology Lab" in the opening hours from Monday to Friday from 8.00 to 19.30; Saturday from 8.00 to 13.00.

Calling at **06.5672918 (r.a.) - 06.5672690**

Fax: **06.5672905**

For information about costs, schedules, exams, you can also visit our page within the website www.ostiaradiologica.it

Possibility to request a reservation online by clicking on "Book an Exam" and filling in the form in all its parts. The request will be confirmed by e-mail or by telephone by the secretarial staff.

- via whatsapp at the number: 3386158756. The request will be confirmed by sms or by telephone by the secretarial staff;

Inside our structure, large waiting rooms and a machine for dispensing drinks and snacks have been set up.

Check-in

In the case of conventional examinations, the doctor's prescription (**both on paper and in dematerialized form**) must contain the following indications:

- a) Name, surname
- b) Fiscal Code
- c) Address
- d) Possible exemption from payment of the service
- e) ASL code of membership
- f) Type of service requested and diagnostic question
- g) ICD-9 code concerning the pathology
- h) No. of benefits
- i) Doctor's stamp and signature (if paper)
- j) Date

With the entry into force of the dematerialized prescription, the Firm takes charge of the complete prescription of all data directly on the Region's website.

Payment of the services

The payment of the ticket must be made before the execution of the services at the same time as acceptance.

Non-exempt citizens are required to pay benefits according to the regional nomenclator's current tariffs, which are the same both at accredited public and private facilities. For private services, the current price list is available at the reception. Payments can be made at any time during the opening hours displayed on the notice board and in cash, debit and / or check mode. The administrative staff is available for any clarification.

Ways of providing

The services requested by users are health-related and the request can be submitted both formally and informally. Formally by submitting the medical request, necessary for radiological diagnostic tests; informally through a direct request for information by the citizen-user.

It is the service's responsibility to minimize the waiting time between booking and the date of delivery of the service, and between acceptance and provision of the service.

MRI, CT, Nuclear Medicine services may be subject to waiting lists. The waiting lists always respect the booking order, in whatever way it has been made (personally, online, by telephone), taking into account the priorities dictated by the pathology.

Delivery of reports and availability of results

The reports are delivered directly to the person concerned, upon presentation of the invoice, of which it comes into possession at the time of acceptance, or to a delegated person, in which case the invoice must carry at the bottom the authorization to the delegation appropriately signed. Patients are requested to compulsorily withdraw the surveys carried out within a maximum period of 30 days (law 407 of 02/29/90), otherwise the ASL will be formally notified for a report not withdrawn. The date of collection of the reports is specified on the receipt delivered at the time of acceptance and in any case the maximum term for the delivery of the reports based on the complexity of the test is variable from 1 to 5 working days. In particular situations and notwithstanding normal processing times, the Firm allows the urgent delivery of reports.

- The cases for urgent collection of reports are:
- Patients with a suspected diagnosis that requires urgent hospitalization or medical therapy but previously agreed..
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It is possible to download the report online directly from the site, at the request of the patient and after digitizing the report by the referring doctor.

In the event of loss of the report and/or images, or if the patient wants a copy of the health documentation relating to the examination carried out, it is possible to request a copy upon formal request; the documents will be delivered within 7 working days with payment of fees ranging from 5 to 30 euros. For more information, contact the secretariat.

The reports and health records are kept for 10 years; the images are archived on the PACS as of 2012, the year of installation of the device

THE STRUCTURE PROVIDES PATIENTS WITH INFORMATION SHEETS ON THE PREPARATION AND PERFORMANCE OF THE PERFORMANCE. ACCEPTANCE PERSONNEL IS AVAILABLE FOR ANY OTHER CLARIFICATION.

FLOW DIAGRAM

Pre-acceptance

Arrival at the clinic;
Order number withdrawal.

Check-in

Call in progressive order at the acceptance desk;
Delivery of documents by the patient;
Service acceptance;
Delivery receipt of acceptance.

Provision of the service and reporting

Patient call by acceptance number at the examination execution room by the Technician;
Acquisition of informed consent to the medical act;

Possible preparation for the investigation with the contrast medium;
Execution of the investigation;
Patient's Leave; sending exams to the reporting area.

Reporting area

Taking a review of the examination and after checking any previous exams (if brought into view or existing), the report will be made. The report to be delivered to the Patient is printed by the secretaries or by the Radiologist, signed by the Radiologist who has reported him and subsequently placed in alphabetical order in a suitable closed collector.

Secretariat

Delivery of reports.

It is possible to pick up the report from the day following the exam from 17.30 to 19.30, either directly from the interested party or from a person delegated by him, with a proxy and a photocopy of the delegator's document.

THE STAFF OF THE RADIOLOGY

Human resources management

The "Lab" employs highly specialized personnel, such as:

- Medical Radiologists
- Medical Technicians of Medical Radiology
- Administration / check-in managers

The staff recruitment takes place by drawing the names from the internal database of the curricula received and duly classified. The search for the most suitable staff takes place after an assessment of the requirements with the heads of the Lab.

The work shifts of the individual operators are annually and / or monthly adapted to the needs of users in general and to the individual operator in particular. The choice of this working method allows the Lab greater flexibility if the operator has to leave.

Training and updating

The management also facilitates the training and continuous updating of personnel on an administrative level. Three training methods are envisaged: a) individual, referring to each individual professional profile; b) team, aimed at the joint acquisition of tools and methods of multidisciplinary work; c) as an institution, through the participation of operators in study conferences, aimed at a better knowledge of the reference health.

Internal organization:

The Lab's responsibility lies with the Health Director and, through an organization chart and a document describing the roles and responsibilities, delegations of responsibility and tasks are assigned, in order to better control the progress of the structure. The updated organization chart is posted on the notice board next to the acceptance desk and can be consulted at any time.

STANDARD OF THE QUALITY OF SERVICE

The Radiology and Roentgenerapy Lab Lido di Ostia srl undertakes to provide a compliant service in all its aspects to the same principles previously stated. Furthermore the "Lab" is constantly engaged in improving the quality level of its services and to give external visibility to this it has decided to equip itself with an internal quality system.

In particular, the Charter contains the quality standards relating to:

- Information, hospitality, courtesy
- Flexibility, speed
- Reliability
- Trasparency
- Protection of users

These standards concern both formal and substantive quality.

Information –Hospitality– Courtesy

The quality standards of the structure relating to information, hospitality and courtesy are constantly kept under control through the creation of a questionnaire on customer satisfaction, the results of which are made available to both staff and the public.

Therefore, the Management asks its staff to welcome the patient kindly at the reception desk and with the utmost care clearly explain the methods of acceptance and treatment path. Speak politely, do not raise your voice to ensure patient privacy. Provide any other useful information and answer all the patient's questions always in an exhaustive manner.

The operators are also able to provide information in Spanish and English.

There are also more waiting rooms with seats in a sufficient number to accommodate patients, the rooms are air-conditioned, the spaces can also be used by users with disabilities and with walking aids.

Users also have hand sanitizing dispensers located in different points of the Studio, toilets that can also be used by users with disabilities, an automatic dispenser for hot and cold drinks and snacks.

Flexility – Speed

In terms of flexibility, the opening time to the public was made as wide as possible to meet the needs of users.

During the same time the structure is available to respond to any request for information regarding the service.

Reliability

The "Radiology Lab" adopts a constant monitoring system of its quality through the control of the main phases of its operating process. This occurs with the activation of internal / external quality controls: controls by the Qualified Expert and maintenance companies on the equipment, controls

by the Certification Body on the management process with respect to ISO 9001, management controls on the application procedures and training of personnel and collaborators.

Transparency

The "Radiology Lab" guarantees the transparency of its administrative action by making available to the public any information relating to the type of services, how they are performed, the expected times and the rates applied.

This information is available on the website www.ostiaradiologica.it on the "Transparency" page

Protection of users

- Protection of Privacy

The Firm complies with the provisions of Legislative Decree 196/2003 and Regulation (EU) 2016/679, providing users with the information for the acquisition and processing of personal and sensitive data. The administrative staff is available for any information regarding the legislative provisions on privacy. Electronic documents are password protected.

- Right to Information, Evaluation of the degree of user satisfaction

This Charter of Service is available to users and internal staff in order to protect their right to information;the content is checked annually with the participation of the Function Managers and in case of modification, the Service Card is re-issued in new revision and made available to personnel and users; a questionnaire is also distributed to assess the degree of user satisfaction. A survey is also distributed to assess the degree of user satisfaction. The results of these survey are held by the "Radiology Lab" and treated statistically with annual expiration.**The satisfaction survey is available in the plexiglass containers located on the acceptance desk, together with the cup in which to insert the completed questionnaire present in the waiting room.** These tools are adopted in order to improve the quality of the services offered.

Process indicators	Fixed quality standard
<u>Waiting time for check-in</u>	<u>Less than 10 minutes</u>
<u>Customer's satisfaction survey</u>	<u>Perception of Quality no less than 90%</u>
<u>Report's average time</u>	<u>No more than 2 days</u>
<u>Respons complain time</u>	<u>No more than 15 days</u>

Other quality factors for the dispensing of the Services from the Lab are:

- Completeness and clarity of the informations;
- Respect of the reservation by the queue eliminator;
- Hospitality and comfort during the acceptance and the execution of the exams;
- Safe sanitary and hygienic conditions;
- Informed consent to medical documents.

COMPLAINT MANAGMENT

SERVICE CHARTER	Rev. 2.3 del 14/11/2022
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The Structure guarantees the function of protection against the Patient also through the possibility, for the latter, of making a complaint following a disservice, act or behavior that has denied or limited the functionality of the services.

The complaint must be submitted by completing the appropriate form available at the check-in desk or by email to info@ostiaradiologica.com.

The Direction will provide to give immediate response to the user for the notifications and complaints that present themselves of immediate resolution, informing the Patient if it is presented in a non-anonymous form. In other cases, the office will prepare the preliminary investigation and the patient will receive a written reply within a maximum of 15 days from the forwarding of the complaint.

The Representative for any complain is Dr. Guidetti Francesco.

The Patient can also contact protection associations that provide informations and assistance to the citizen who consider themselves as the object of harmful behaviors for his own dignity or health.

Some of the web sites are:

<https://www.cittadinanzattiva.it>

<https://www.tribunaledelmalato.org>

Annau report

Annually the Lab undertakes to carry out

- a) a Company Improvement Plan in which the Management emphasizes the specific criteria that inspire the operators and the objectives to be pursued are defined, following the analysis of the requests;
- b) the subministration of a survey of the quality perceived by users;
- c) Internal audit and third party audit or that of the certification for the mantenance of the Quality Management System;
- c) the drafting up of its own budget (for the administrative offices).

The results and the emerged data constitute the contents of the Management Review Report of the of Radiology and Roentgenterapy Lab Lido di Ostia srl.

Archiving of documentation

The documentation relating to the quality records (complaints, Reports of Non-Conformity, analysis of the questionnaires, possible Corrective Actions, evaluation of the suppliers, training of the personnel and state of the equipment), is kept in special containers and used for the Management review.

Quality factors

- a) General information on the examination procedure
- b) Satisfaction survey
- c) Possibility of complaint
- d) Recognition card for health workers

Directions and internal routes

- e) availability of Charter of Service
- f) Clear indications on the costs, methods and delivery times of the exam
- g) Exam execution / delivery times
- i) Comfort in the waiting room (suitable seating and dispensing machine)
- l) Accessible toilets for patients and companions.

Charter of Service distribution and other documents

The present Service Charter is available in the waiting room in the containers therein, where it is also possible to find an English version, the Patient Rights Charter, the brochure of the European charter for patients'.

REFERENCES

UNI EN ISO 9001 standard currently in force

Publication of the minimum requirements "Official Bulletin of the Lazio Region No. 25 dated September 9, 2006"

Approval of the guidelines and coordination act for the regions and autonomous provinces of Trento and Bolzano, concerning the minimum structural, technological and organizational requirements for the exercise of health activities by public and private structures "D.P.R. January 14, 1997".

Rules on the authorization to set up facilities and to carry out health and social-health activities, institutional accreditation and contractual agreements "Regional Law No. 4 of 2003"

REGIONAL REGULATION 26 January 2007, n. 2. Provisions relating to the verification of compatibility and the issue of the operating authorization, in implementation of article 5, paragraph 1, letter b) of the regional law 3 March 2003, n. 4, (Rules on the authorization to set up facilities and to carry out health and social-health activities, institutional accreditation and contractual agreements) and subsequent amendments. "BURL 4 of 10-02-2007"

DPCM 27/01/1994 Directive of the President of the Council of Ministers on the principles of the charter of public administration services

DPCM 19/05/1995 "general reference schemes"; for the preparation of service cards for the health sector

Decree of the Commissioner ad Acta (resolution of the Council of Ministers of 21 March 2013) n. U00311 of 06 October 2014 "Guidelines for the Development of the Charter of Health Services of Healthcare Enterprises and Structures of the Lazio Region"

Decree of the Commissioner ad Acta 7 November 2017, n. U00469 Amendment to the DCA 410/2017 regarding the law enforcement contrast. 7/2014 to Legislative Decree 502/1992. Provisions regarding the authorization to modify and supplement the DCA 8/2011. Adoption of the Accreditation Manual implementing the 2010-2012 Health Pact.

ATTACHMENTS:

1. Patient Rights Charter
2. Organic list
3. Exams list provided, written in the Fare.