



RIAH
SALUTE

SERVICE CHARTER

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WHAT IS THE SERVICE CHARTER

It is the means through which the Ria h Rehabilitation Society communicates with the citizens and identifies **the standards of its service**, declaring its objectives, and recognizing the specific rights of the user. In particular, this Service Charter contains practical information regarding **Outpatient and Home Territorial Rehabilitation Services**, as well as **Integrated Home Assistance (IHA) Services** and **Telemedicine Services**, documenting **the commitment to continuous improvement** through a constant process of review and implementation of the provided services.

WHO WE ARE

Ria h Rehabilitation is a company operating in the Province of Rieti to provide healthcare and socio-healthcare services that are highly personalized and humanized, capable of effectively meeting individual needs. Our approach is centred on the comprehensive care of the user, involving families and social actors in the process.

Ria h Riabilitazione Srl

*CEO: Mr. Enrico Germani

*Administrative Director: Dr. Luca Pitoni

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OUR VALUES

Appropriateness: A measure of how well the socio-health intervention aligns with the patient's needs and the healthcare context.

Communication and Transparency: The absence of any intention to conceal or keep secrets, with a particular focus on the responsibilities assumed and the achieved results.

Continuity of Care: Promoting the integration of services and care pathways.

Right to Choose: The citizen has the right to choose among service providers autonomously and independently. The patient can request healthcare documentation at any time according to the specified procedures and forms.

Efficiency: It relates to the ratio between the achieved outcome and the resources used within an economic and sustainable framework.

Equity: Equality of opportunity for access and treatment.

Commitment in the Fight Against Covid

Participation: Citizen participation in the provision of public services must always be guaranteed, both to protect the right to the proper delivery of the service and to promote collaboration with the service providers.

Personalization and Humanization: Placing the individual at the centre of the project definition, where both the operator and the user gain value in achieving care and assistance objectives.

Professionalism: Carrying out our work with the necessary competence, diligence, and adequate professional preparation, guaranteed primarily through continuous training processes.

Confidentiality: The adoption of all measures to ensure the confidentiality of data and information concerning the patient in compliance with privacy laws.

Safety: Safety of the services from both a clinical-organizational and environmental perspective; the procedures specified in Legislative Decree 81/2008 are adopted and disseminated.

Territoriality: The result of relationships (concrete or abstract) between humans and their environment in a three-dimensional context of society-space-time.

OUR MISSION

Our human, professional, and ethical commitment is aimed at facilitating the social integration of individuals with varying levels of abilities in the territory of the Province of Rieti.

COMMITMENT TO USERS AND CITIZENS

The service is aimed at providing quality care to patients and citizens in the jurisdiction of the Rieti ASL (Local Health Authority). Riah Rehabilitation has always embraced the idea that each user is seen as a relational network in need of a highly humanized service. Therefore, the professionals involved must not only possess high-level skills but also demonstrate values that can be applied on a human level. Only by enabling each operator to feel part of this commitment can we hope that the service will achieve its care objectives.

OUR FACILITIES

Non-Residential and Home Territorial Rehabilitation Centre **Centro Riah Riabilitazione**

Address: Rieti, via Nuova, 169° - Medical Director: Dr. Alessandro Stefanini

Authorization and Accreditation DCA U00569 dated 27/11/2015 and DGR Lazio 22 dated 23/01/2023

Phone: 0746/498680 - Email: accettazione@riah.it, centroriah@pec.it

Opening Hours: Monday to Friday from 08:00 to 20:00, Saturday from 08:00 to 15:00

Non-Residential and Home Territorial Rehabilitation Centre **Centro Perseo Salute**

Address: Rieti, Largo F. Spadoni, snc 3rd floor Tower A, Perseo Shopping Center

Authorization: Determination of the Lazio Region G11616 dated 04/09/2018

Medical Director: Dr. Quirino Ficorilli

Phone: 0746/270628 - Email: perseosalute@riah.it

Opening Hours: Monday to Friday from 08:00 to 20:00, Saturday from 08:00 to 15:00

Integrated Home Assistance Service **Riah Home**

Address: Rieti, via Nuova, 169A Medical Director: Dr. Raffaele Iacoboni

Authorization G10933 dated 05/09/2019 and Accreditation DCA U00069 dated 17/01/2019 and DGR Lazio 22 dated 23/01/2023

Phone: 0746/1970309 - Email: adi.riahome@riah.it, riahome@pec.it

Opening Hours: Monday to Friday from 08:00 to 18:00, Saturday from 08:00 to 13:00

Emergency Contact: 379.1760259

WHO OUR SERVICES ARE FOR

Outpatient and Home Territorial Rehabilitation

Our users are individuals of all ages with physical, psychological, and sensory disabilities, including:

- **Minors** with neurodevelopmental disorders and spectrum disorders, autism, genetic syndromes, sensory or motor deficits, specific learning or language disorders.

- **Users of all ages** in need of extensive or maintenance rehabilitation, including:
 - Outcomes of ischemic and hemorrhagic cerebral strokes
 - ALS (Amyotrophic Lateral Sclerosis)
 - Multiple sclerosis and demyelinating diseases
 - Outcomes of traumatic neurological injuries
 - Parkinson's disease and Parkinsonism
 - Neuromuscular diseases
 - Other neurodegenerative diseases
 - Orthopedic and rheumatological diseases (outcomes of fractures, polytrauma, joint prostheses)
 - Amputation outcomes and limb disorders
 - Peripheral vascular diseases
 - Hypokinetic syndromes

Integrated Home Assistance

Regarding Integrated Home Assistance Services, they are aimed at individuals who are not self-sufficient and have an Individual Care Plan, specifically:

- **Non-self-sufficient individuals**, either totally or partially unable to walk, residing in homes suitable for assistance and daily accompanied by a **caregiver**.
- Non-self-sufficient individuals affected by severely degenerative conditions such as ALS, muscular dystrophy, or similar conditions, who have **tracheostomy cannulas**, **PEG** nutrition, and require **ventilatory support**.

It is emphasized that through Home Services, our facilities set the ambitious goal of providing high-quality socio-healthcare assistance to vulnerable individuals while maintaining their habits and connection to their family environment.

RIGHTS AND RESPONSIBILITIES OF USERS

Relationship between Staff and Service Recipients

The relationships between staff and service recipients must be characterized by mutual respect, expressed through proper and dignified behaviour, and conducted in an atmosphere of peaceful and cordial collaboration.

Charter of Patient Rights

Ria h Rehabilitation adopts the European Charter of Patient Rights, which proclaims the 14 rights of patients. The Charter aims to ensure a unified vision and a "high level of protection of human health" by ensuring the high quality of services provided. These 14 rights are a realization of fundamental rights and, as such, must be recognized and respected. They are linked to duties and responsibilities that both citizens and other healthcare stakeholders must assume. The Charter applies to all individuals, recognizing that differences such as age, gender, religion, socio-economic status, etc., can influence individual healthcare needs.

- **Right to Preventive Measures:** Every individual has the right to appropriate services to prevent illness.

- **Right to Access:** Every individual has the right to access healthcare services that their health condition requires. Healthcare services must ensure equal access for everyone, without discrimination based on financial resources, place of residence, type of illness, or the timing of service access.
- **Right to Information:** Every individual has the right to access all information concerning their health condition, healthcare services, and how to use them, as well as all information made available by scientific research and technological innovation.
- **Right to Consent:** Every individual has the right to access all information that can enable them to actively participate in decisions concerning their health. This information is a prerequisite for every procedure and treatment, including participation in clinical trials.
- **Right to Free Choice:** Every individual has the right to freely choose between different procedures and healthcare providers based on adequate information.
- **Right to Privacy and Confidentiality:** Every individual has the right to the confidentiality of personal information, including information about their health condition and possible diagnostic or therapeutic procedures. They also have the right to privacy protection during diagnostic tests, specialist visits, and medical-surgical treatments in general.
- **Right to Respect for Patients' Time:** Every individual has the right to receive necessary healthcare treatments promptly and within predetermined timeframes. This right applies to every phase of treatment.
- **Right to Quality Standards:** Every individual has the right to access high-quality healthcare services based on the definition and adherence to specific standards.
- **Right to Safety:** Every individual has the right not to suffer harm resulting from the malfunctioning of healthcare services or medical errors and has the right to access healthcare services and treatments that ensure high safety standards.
- **Right to Innovation:** Every individual has the right to access innovative procedures, including diagnostic ones, in line with international standards and regardless of economic or financial considerations.
- **Right to Avoid Unnecessary Suffering and Pain:** Every individual has the right to avoid as much suffering as possible at every stage of their illness.
- **Right to Personalized Treatment:** Every individual has the right to diagnostic or therapeutic programs that are as suitable as possible for their personal needs.
- **Right to Complaint:** Every individual has the right to file a complaint whenever they have suffered harm and to receive a response.
- **Right to Compensation:** Every individual has the right to receive adequate compensation in a reasonably short time whenever they have suffered physical, moral, or psychological harm caused by healthcare services.

USER RESPONSIBILITIES

Every user, in every interaction with the healthcare facility, is expected to:

- **Behave Responsibly:** Maintain responsible behaviour, with an attitude of understanding and respect for the rights of other users and trust and full collaboration with the healthcare professionals responsible for their care. Both of these are essential prerequisites for operating in an environment that allows for the best care approach.
- **Accept Assigned Schedules and Personnel:** Accept assigned schedules and personnel.
- **Provide Healthcare Professionals with Relevant Health Information:** Provide healthcare professionals with all information regarding their current and past health status, and express their will regarding the proposed care plan, promptly informing if they choose not to undergo certain procedures to avoid wasting time or resources.
- **Respect the Environment, Equipment, and Furnishings:** Respect the facilities, equipment, and furnishings made available to them; they are the property of the facility and should be treated with the same care as one's belongings.
- **Respect the Care Activities:** Respect the healthcare activities based on hygiene principles and organized criteria established by the facility's management to ensure an orderly and rational execution of all necessary care procedures. Respect for the established methods and schedules for all activities is essential in this regard.
- **Ensure the Availability of an Accompanying Person or Caregiver:** Ensure that the accompanying person or caregiver remains available to the healthcare provider throughout the treatment. In the case of outpatient services, their presence in the waiting room is required, while for home services, they must remain in the residence.

WHAT OUR SERVICES INCLUDE

Outpatient and Home Territorial Rehabilitation

These facilities provide the delivery of **Individual Rehabilitation Plans (IRPs)** in which various rehabilitative treatments are guaranteed. These treatments encompass neurological, orthopaedic, respiratory, cognitive, neuropsychological, dysphagia, urological, orthopaedic, post-oncological (lymphatic drainage), aesthetic, and physiotherapeutic interventions. These treatments may also involve instrumental approaches, including the use of laser therapy, tecar therapy, tecar therapy with transdermal conduction, ultrasound therapy, electrostimulation, magnetotherapy, and tens therapy.

Integrated Home Assistance

The service aims to provide **Individual Care Plans (ICPs)** developed by specialized healthcare personnel and shared with the recipient and their family. These plans may include medical, rehabilitative, nursing, and support services with healthcare assistants (OSS) and psychological support.

Specifically, as regulated by legislation, the services provided can include: Home visits, Blood sampling, Instrumental examinations, Health education with caregiver training, Consultations, Psychological support, Injectable therapies through various administration routes, Infusion therapy, Blood transfusions, Management of mechanical ventilation, tracheostomy, cannula replacement, bronchoaspiration, and oxygen therapy, Management of PEG (percutaneous endoscopic gastrostomy) and nasogastric tube, Management of enteral and parenteral nutrition, Management of central venous catheters (CVC), Management of urinary catheterization, Personal hygiene and mobilization, Simple and complex dressings, Bandages, Motor and respiratory rehabilitation treatments, Language rehabilitation, Neuropsychological rehabilitation.

In cases where the ICP includes it, **Tele-monitoring** services are also provided. These services, thanks to the use of new technologies, equip both healthcare providers and the user with a tablet connected to the internet. This tablet allows remote transmission of vital sign data measured with monitoring devices to a platform. The data collected in this way is made available, through password-protected remote access, to healthcare providers designated for monitoring purposes.

SERVICE CHARGES

Medical care under the accredited system is entirely free, while specific fees are defined for access under the private system. For paying users, payment terms are defined at the time of accepting the

estimate, and discounts are available for advance payments. The "cashier" service is open during the specified facility hours, and payments can be made in cash, by check, or with a debit card. If a user becomes delinquent for more than 5 visits, the service will be suspended until the balance is settled.

ORGANIZATION OF OUR SERVICES

Our multidisciplinary team, composed of doctors, nurses, healthcare assistants (OSS), physiotherapists, speech therapists, psychomotor therapists, psychologists, and social workers, allows for the precise and effective implementation of the rehabilitation or assistance plan and the necessary support for the user and their family.

Services are provided through the interaction of various professionals, including:

- Scheduled visits (including home visits for users with home-based plans)
- Scheduled nursing, rehabilitation, or care interventions

The facilities ensure the provision of services through methods, schedules, and professionals identified based on procedures characterized by a degree of autonomy aimed at upholding the values of equity, efficiency, and sustainability.

It should be noted that in the case of Integrated Home Assistance (ADI), the multidisciplinary team does not replace the family in its responsibilities.

The operating hours of home services may be subject to change, even within the same day, due to staffing availability issues and/or unforeseen service-related inconveniences or travel times. This aspect represents an inherent risk in the particular activity being carried out.

As for the Rehabilitation Centres, service hours are from Monday to Friday, 6 days a week, from 8 AM to 8 PM, and on Saturdays from 8 AM to 3 PM. The Integrated Home Assistance (ADI) service, based on care needs, is organized to provide services 24 hours a day, 7 days a week. The opening hours of the Central Office are set from Monday to Friday, from 8 AM to 6 PM, and on Saturdays from 8 AM to 1 PM.

ACCESS TO OUR SERVICES

Access to services under the accredited system requires the necessary authorization from the Territorial Services of the Local Health Authority of origin. Access is, therefore, subject to the Activation of the Pathway by the General Practitioner (MMG), which occurs through the completion of the Unified Model for the activation of ADI/ADP/RSA/ex ART.26/Disability. Simultaneously, the MMG must request a psychiatric examination according to Decree 39/12 (outpatient or home-based). The completed unified model and the psychiatric examination report will be subjected to multidimensional evaluation by the UVM of the patient's District Health Office of residence.

Territorial Outpatient and Home Rehabilitation

Nel caso della Riabilitazione Territoriale occorre fare distinzione tra regime ambulatoriale e domiciliare:

In the case of Territorial Rehabilitation, a distinction must be made between outpatient and home-based care:

- **Outpatient Access:** Access to the waiting list is granted upon presentation of a red prescription signed by a General Practitioner and a Free-Choice Pediatrician, based on the Specialist's recommendation or the recommendation of a Specialist from a Public Facility, referring to the specific Rehabilitation service under Article 26/833. This includes the identification of the ICD 9 code for the pathology, and the type, frequency, and duration of treatment.

- **Home Access:** Access to the waiting list is granted upon presentation of authorization issued by district services, using specific forms available from the PUA (Authorized Home Practitioner).

Integrated Home Assistance

Accesso dietro trasmissione alla Struttura da parte del PUA Aziendale del Piano Assistenziale Individuale debitamente compilato dall'Unità di Valutazione Multidimensionale e firmato dal Responsabile con poteri di autorizzazione.

Access is granted upon transmission to the Facility by the Corporate Authorized Home Practitioner (PUA) of the Individual Care Plan, duly completed by the Multidimensional Evaluation Unit and signed by the authorized authorizer.

Access to Services at the Citizen's Expense

It is possible to receive our services at the citizen's direct expense. In these cases, it is advisable to contact the facility, agree on the modalities of the first access, and request a quote. It should be noted that any type of access provided by the facilities must be based on medical indication. Therefore, in cases where the citizen does not already have a prescription from a specialist, it will be provided by the referring specialist at the facility, who will undertake the appropriate evaluation process to define the treatment objective.

MODALITIES AND TIMELINES FOR TAKING CHARGE

Territorial Outpatient and Home Rehabilitation

In the case of Rehabilitation Services, there is a care process based on a waiting list informed by a weighted algorithm that considers factors such as age, severity, and priority based on the chronological protocol number. To expedite the care process, for children under the age of 4, the chronological protocol is not taken into consideration. The average waiting times are published on the website with periodic updates.

Integrated Home Care

Integrated Home Care Services have care initiation times set within 72 hours from the receipt of authorization from the Local Health Authority (ASL).

OUR TEAM

Ria h Rehabilitation is capable of providing outpatient and home rehabilitation services as well as Integrated Home Care services for all levels of care intensity. The service relies on a team of professionals comprising:

- Neurologist
- Psychiatrist
- Child Neuropsychiatrist
- Otorhinolaryngologist
- Orthopedic Surgeon
- Psychologists
- Nursing Coordinators (Case Managers) and Rehabilitation Coordinators
- Speech Therapists (Logopedists)
- Physiotherapists
- Developmental Neuromotor Therapists
- Occupational Therapists
- Professional Educators
- Orthoptists
- Nurses
- Healthcare Operators

- Social Worker
- Dietitians

Ria h Riabilitazione's staff members are identifiable through an identification badge. The team also includes Healthcare Secretarial Personnel who ensure adequate communication with users and operators, including telephone support. The professional roles may vary depending on the needs of individuals with disabilities. These professionals have the appropriate qualifications and training, and their numbers conform to the standards outlined in regional regulations and contractual agreements. Each professional contributes to the project with responsibilities within their specific scope and following the project's contents formulated by the team.

HEALTH RECORD

During the first access, all healthcare documentation is prepared. The Health Record consists of:

- Individualized Plan and the related Treatment Authorization
- Consent to treatment
- Clinical Diary
- Information following EU Regulation 679/2016
- Assessment sheets

Additionally, for home care users, the record includes:

- Service Charter
- Complaint Reporting Form
- Fall Reporting Sheet
- Pain Assessment Sheet
- Multidimensional Fall Risk Assessment Sheet
- Useful contact phone numbers

For users under PAI (Individual Care Plan) with nursing care access, the following are also included:

- Assessment Sheets (Braden - for Pressure Injuries, Skin Status Assessment Sheet)
- Vital Signs Assessment Sheet
- Single Therapy Sheet (SUT)

PAI (INDIVIDUAL CARE PLAN)

The Individual Care Plan is a summary document prepared by the Multidimensional Evaluation Unit of the Local Health Authority (ASL), which collects and describes information related to the patient's care needs. It includes elements of clinical, care, social, psychological evaluation, integrated, and shared with the patient's family and/or caregiver. The Home Clinical Diary is the tool for communication and integration of all activities carried out by various healthcare professionals at the patient's home and allows for tracing the patient's care journey.

PRI

The Individual Rehabilitation Plan is a document drafted by a specialist that defines the type, frequency, and duration of treatments that a user must undergo to achieve shared goals. By definition, the PRI consists of a percentage of user-present visits (treatments) and a percentage of visits in the user's absence, which are related activities necessary for achieving the goals.

Visits with the user present include observations and evaluations (conducted by doctors, psychologists, and therapists) and rehabilitation interventions. Visits in the user's absence encompass the following categories of activities:

- Team Meetings
- Development and Revision of the PRI
- Counselling, Parent Training, Parent Coaching, Classroom Observation, and other activities that support primary and secondary caregivers
- Participation in GLO (Group Learning Opportunities)

DISCHARGE OR TRANSFER

Assistance and Rehabilitation Plans have a set duration, and upon expiration, they may be renewed, adjusted, or discharged. The reasons for a user's discharge may include:

- Achievement of goals
- Voluntary discharge
- Abandonment/Decease
- Transfer to another service or facility

When one of these conditions occurs, the Social Worker will record the date of closure of the care path and the related reason in the Clinical Record. To ensure continuity of care, it will be the responsibility of the facility to prepare the appropriate discharge report.

ACCESS TO SOCIO-MEDICAL DOCUMENTATION

The documentation related to the Health Record (Clinical Record) at the end of the care path is kept at the operational headquarters of the facility that provided the care. The user may request a copy from the Health Directorate. The request can be submitted through an application using the appropriate forms at the front office of the facility, or by email to the following email addresses:

- Ria h Rehabilitation Center: accettazione@riah.it
- Perseo Salute Center: perseosalute@riah.it
- Ria Home ADI Service: adi.riahome@riah.it
-

The request will be answered within 30 days as specified by Law 24 of 2017.

COVID RISK CONTAINMENT PROCEDURES

Recalling how, in implementation of Article 48 of the "Cura Italia" DPCM, Ria h Riabilitazione has reorganized its services in agreement with the ASL of Rieti, making use of telemedicine tools (remote rehabilitation access) and home care. Furthermore, in order to pay attention to the **early detection of suspected cases and to contain the spread of the COVID virus**, with input from all involved parties, it has been established:

1. Mandatory hand hygiene for everyone (staff, users, and caregivers) accessing the outpatient facilities or involved in home visits, using the alcohol-based products provided by the Company and wearing appropriate PPE (provided by the Company for staff).
2. Mandatory temperature measurement and completion of the test for the evaluation of suspected cases or at-risk individuals for everyone (staff, users, and caregivers) accessing the outpatient facilities. This activity is carried out under the direct responsibility of the front office staff member. *If the temperature exceeds 37.5°C or if the test reveals risk factors, it will be necessary to immediately contact the Health Director and initiate the procedures outlined in the ordinance*
3. For all operators entering the patient's home without prior access to the facility, temperature measurement should be conducted before the start of each shift as part of self-monitoring. This activity should be carried out under the direct responsibility of the operator, and the recorded temperature should be submitted at the end of the shift to the facility. *If the temperature exceeds 37.5°C, it will be necessary to immediately contact the Director of Health and initiate the procedures as outlined in the ordinance.*
4. For all users managed at home, acquire a test for the assessment of suspected or at-risk cases, duly filled out. *If the temperature exceeds 37.5°C or if there are indications of risk from the test, it will be necessary to immediately contact the Director of Health and initiate the procedures as outlined in the ordinance.*

COMPLAINTS MANAGEMENT

The procedure aims to ensure the protection of users by regulating the methods of submission and management of reports regarding acts, measures, attitudes, behaviours, and organizational and/or operational situations, as a result of which:

- a) a) The availability of healthcare services under the competence of the Structure is denied or limited;
- b) b) Malfunctions or various dysfunctions occur, or situations potentially compromising the right of users to health protection and their right to dignity or confidentiality;
- c) c) There is a need to make proposals and suggestions to improve services and the quality of care, promote streamlined procedures, simplify healthcare pathways, or possibly modify other aspects of the organization, in compliance with the authority recognized to the Structure within the limits of current national and regional legislation.

The procedure defines operational methods related to:

- Handling complaints and reports submitted by users;
- Initiating changes that, suggested by the acceptance of requests, can facilitate the removal of critical issues and ensure the expected levels of efficiency, effectiveness, and user satisfaction.

It is clarified from the outset that regarding any reports on the organization of services exclusively related to **scheduling**, a separate procedure is established to meet requests for schedule changes. This will be done as far as possible within the available resources and the necessary technical timeframes.

Definition

Complaint or report can be defined as actions of protest or recourse related to a behaviour or action deemed, in the complainant's judgment, as penalizing or not in compliance with the regulations governing the organization and operation of healthcare facilities.

The issue represents a service problem that is resolved without initiating an inquiry directly through the operator to whom it is reported through a complaint.

By type, they can cause:

- Discomfort
- Damage for which compensation is requested.

Submitting a Complaint or Issue

You can report any complaints or issues to the Facilities in the following ways:

- Completing the online form available **on the website www.riahsalute.it**
- Completing the **Paper Form** and delivering it to the complaints mailbox located at the Facilities, following the rules set out in Legislative Decree no. 196/2003, and attaching an identity document.
- Completing the **Paper Form** and delivering it anonymously to the complaints mailbox located at the Facilities. Please note that anonymous reports will still be evaluated but do not allow for a response to be provided to the complainant, and they will be categorized as issues.
- Requesting a **Meeting** with the Social Worker, which can be requested at the Front Office of the Facility.

Once the complaint is received, the Social Worker will handle the protocolization and will transmit it, within 3 days, to the Health Directorate and the Quality System Manager and/or the Clinical Risk Manager and/or the Data Protection Officer (DPO) via email.

The Clinical Risk Manager (RSQ) is required to send a response to the user within 30 days from the date of protocolization of the report. In cases of particularly complex situations, this deadline may be extended, with prior communication to the complainant, for a period not exceeding 90 days.

Each of the responsible parties involved will prepare a report on the user's complaint and send it to the RSQ within 20 days from the date of the email starting the investigation. After acquiring and evaluating all the documentation, the Health Directorate will formulate a response within 7 days.

If the 20-day deadline passes without receiving the report from the responsible parties, the RSQ will send a reminder. If the responsible party does not respond within 7 days, the RSQ, while transmitting its report, informs the General Management about the non-compliance. The General Management will then respond and evaluate measures against the non-compliant responsible party. All responses must be protocolized.

If requested by the user and deemed appropriate, the RSQ can engage in mediation and conciliation activities in a specific meeting between the user and the involved party.

Conclusion of the Investigation

The formulation of the response to the user is the natural conclusion of the investigation process, as it implies the direct assumption of responsibility for the proposed solution and compliance with the purposes of this procedure. In cases where the report may result in disciplinary measures against employees for violations/abuses/failures/omissions, punishable by law, the responsible party for the procedure must inform the General Management to initiate the investigation of the case.

The continuation of the investigation is requested in cases where the response to the user does not propose an immediate solution to the problem but, requires a commitment to its resolution and involves repeated feedback checks, necessitates ongoing monitoring.

The investigative process can also be reactivated whenever, during the scheduled final verification of the procedure, aspects of the report/complaint are omitted, underestimated, or not adequately examined, or if there are discrepancies in the evaluation and definition of the complaint.

In the report produced, the responsible parties involved must indicate/identify possible improvement actions aimed at addressing the issues highlighted in the report to prevent similar situations from occurring in the future. The removal of the issues must be ordered by the involved Health Directorate. Subsequent activities include verification and monitoring to gather feedback regarding the actions taken.

In cases where the issues are not resolved, the relevant service must provide adequate justification to the RSQ, who will inform the General Management.

Analysis of Complaints

All complaints received in the calendar year will be subject to analysis during the Quality Review Committee Meetings. The relevant findings will be published on the website www.riahsalute.it within the first quarter of the following year.

VERIFICATION OF COMPLIANCE WITH QUALITY STANDARDS AND COMMITMENT TO CONTINUOUS IMPROVEMENT

The company adopts the ISO 9001:2015 quality management system, for which it is certified through the accredited body Certitalia. The maintenance of standards and their improvement are implemented through an audit and decision-making process that involves all areas of the operating unit. All areas of the operating units are audited annually. This allows for the identification of any non-conformities and the implementation of improvement actions. The decision-making process also includes feedback from users, collected through satisfaction questionnaires and any complaints, as well as feedback from staff.

The audit activities are planned annually by the Quality Review Committee. The services are evaluated based on their compliance with recognized guidelines from the national and international scientific community, which are subject to careful and continuous updating by healthcare personnel.

QUALITY STANDARDS

Quality standards represent the levels of care that must be provided to users by service providers. Regarding the services provided by Ria h Riabilitazione, as an accredited entity in the Regional Health System of Lazio, these standards are dictated by the relevant regulations, guidelines, and content of the Individual Plan.

In terms of regulatory aspects, reference is made to the **DGR Lazio 979/2020** for Territorial Rehabilitation and **DCA 283/2017** for Integrated Home Care.

The company, through its Internal Control activities, periodically reviews the satisfaction of requirements and takes corrective actions in case of non-compliance.

QUALITY MEASUREMENT AND QUALITY INDICATORS

Territorial Ambulatory and Home Rehabilitation

- Number of Users Treated in the Year
- Accesses Provided in the Year

- Number of Abandonments
- Number of Complaints
- Number of Non-Conformities
- Number of Clinical Risk Reports
- Budget Achievement

Integrated Home Care

- Number of Users Treated in the Year by Type of Care
- Hours of Care Provided in the Year
- Number of Abandonments
- Number of User Hospitalization Days in Care
- Number of Complaints
- Number of Non-Conformities
- Number of Clinical Risk Reports
- Level of Budget Attained

SATISFACTION EVALUATION

The degree of satisfaction with the quality of the services received can be communicated through the completion of the specific satisfaction questionnaire available in the waiting rooms of the facilities, on the company's website, or handed out during the first visit for users under home care services.

In addition to assessing user satisfaction, this survey allows for the identification of areas that need improvement to make the care more closely aligned with the expectations and needs of the users themselves.

In this case, as well, the data received will be subject to analysis during the Quality Review Committee meetings, and the corresponding summaries will be published on the website www.riah.it within the first quarter of the following year.

REFERENCE LEGISLATION

General:

- Legislative Decree 81/08 - Consolidated Safety Act
- GDPR, General Data Protection Regulation - EU Regulation 2016/679
- Legislative Decree 231/2001
- Law 833/1978
- Legislative Decree 502/1992 - Article 8 and following
- Decree of the Lazio Region 583/2002
- Regional Law of Lazio No. 4/2003
- DPCA (Regional Decree of the President of the Council of Ministers) of the Lazio Region U0090/2010

Specific to Territorial Rehabilitation:

- Decree of the Lazio Region 583/2002
- DPCA of the Lazio Region 434/2012
- DPCA of the Lazio Region No. 39/2012
- DCA (Regional Decree) of the Lazio Region No. U00469/2017
- DCA 101/2020
- Regional Government Resolution (DGR) of Lazio 979/2020
- Regional Government Resolution (DGR) of Lazio 138/2022

Specific to Integrated Home Care (ADI):

- DCA of the Lazio Region No. U00283/2017
- DCA of the Lazio Region U00525/2019
- DCA of the Lazio Region U00012/2020