



CPR IN MOVIMENTO SRL
PSYCHOTHERAPY AND REHABILITATION CENTER
SERVICE CHARTER



PREMISE	3
SECTION ONE.....	4
1. Presentation of the Structure and Fundamental Principles	4
2. The Organization	5
3. Fundamental Principles and Patients' Rights	7
4. Vision, Mission.....	9
SECTION TWO.....	11
1. Information on the facility and services provided	11
2. Type of services provided.....	12
3. Booking Methods.....	13
SECTION THREE	14
1. Quality standards, commitments and programs	14
SECTION FOUR	16
1. Complaints	16
2. Patient Protection Bodies	16
3. Verification of commitments and organizational adjustments	19

**PREMISE**

Dear user,

The Service Charter is the communication tool between the Patient and the Centre, as it aims to understand the activities and services offered and how to access them. The Service Charter represents also the commitment to assist, with competence, professionalism and efficiency, those who turn to us Center to provide complete and detailed information on the services provided.

CPR IN MOVIMENTO SRL through the Service Charter it wants to respond to the recommendations dictated by the Decree of the President of the Council of Ministers of 19 May 1995 "General reference framework of the Charter of Public Health Services", as well as by the Decree of the Commissioner ad Acta of 6 October 2014, n. U00311 "Lines Guide for the development of the Health Services Charter of the Healthcare Companies and Facilities of the Lazio Region" with the aim of providing the Patient with a valid tool to obtain an effective healthcare intervention and ensure compliance with specific commitments regarding the quality and quantity of services provided by the Center.

Attention to patient care is a priority in defining the organizational, technological and structural choices of the Centre, in the belief that these aspects can be further improved thanks to participation and collaboration of those who, reading this document, wish to report to us any perceived objective difficulties.

This Service Charter will be periodically updated with suggestions, proposals, changes and additions that you and other users are invited to submit at any time.

To this end, we invite you to fill out, anonymously, the questionnaire on the "Level of User Satisfaction" which find available in reception. You will be able to express your opinion and submit your observations and/or complaints. on the services offered. Your every request will be taken into consideration in order to meet your needs as completely as possible. to your expectations and needs. Furthermore, you can contact the staff on duty who can be identified by their badge. recognition.

A copy of the Service Charter can be sent to associations representing Citizen Patients who they operate in the territory.



SECTION ONE

1. Presentation of the Structure and Fundamental Principles

CPR IN MOVIMENTO SRL It is a healthcare facility operating in the Fondi area in the Province of Latin.

The center employs only highly experienced and competent staff.

The staff is made up of specialist doctors such as:

- Psychologists
- Psychotherapists
- Speech therapists
- Neuropsychomotor therapists
- Psychiatrist
- Neurologist
- Educators
- DSA and ADHD Tutor
- ABA Behavioral Technician

The structure offers the User an adequate response in terms of validity, speed and completeness.

The current organization allows the Patient to benefit from health services provided in compliance with safety requirements, thanks to the presence of specialists with recognized professional experience and the constant quality control.

The Structure tries to foster a relationship with the Patient characterised by availability and humanity in relationships.

The goal is to achieve an ever higher quality of services, compliant with the patient's specifications. and to current regulations and laws, aware that improvement can and must be made to achieve excellence of the service itself.



CPR . IN MOVIMENTO SRLguarantees:

- ✓ uniformity of access to services
- ✓ quality of performance
- ✓ safety of operators and users, guaranteed by the provisions of Legislative Decree 81/08 and from the implementation of Clinical Risk Management Procedures
- ✓ professional development.

The Management has also approved and adopted the Organizational Model pursuant to Legislative Decree 231/2001, integrating what was already defined in the Quality System and imposing strict compliance with all regulations. THE STRUCTURE

CPR IN MOVIMENTO SRLIt is located on the ground floor and basement of a building and is easily accessible accessible from the street, without any architectural barriers.

The structure is divided as follows:

- Archive;
- Reception;
- Therapy rooms;
- Gym;
- Break area;
- Toilets.

The Center also meets the structural requirements set by current regulations regarding the compliance of electrical systems, full implementation of Law 81/08 and subsequent amendments, the removal of architectural barriers, the disposal of special waste, and the cleanliness and comfort of the premises.

2. The Organization

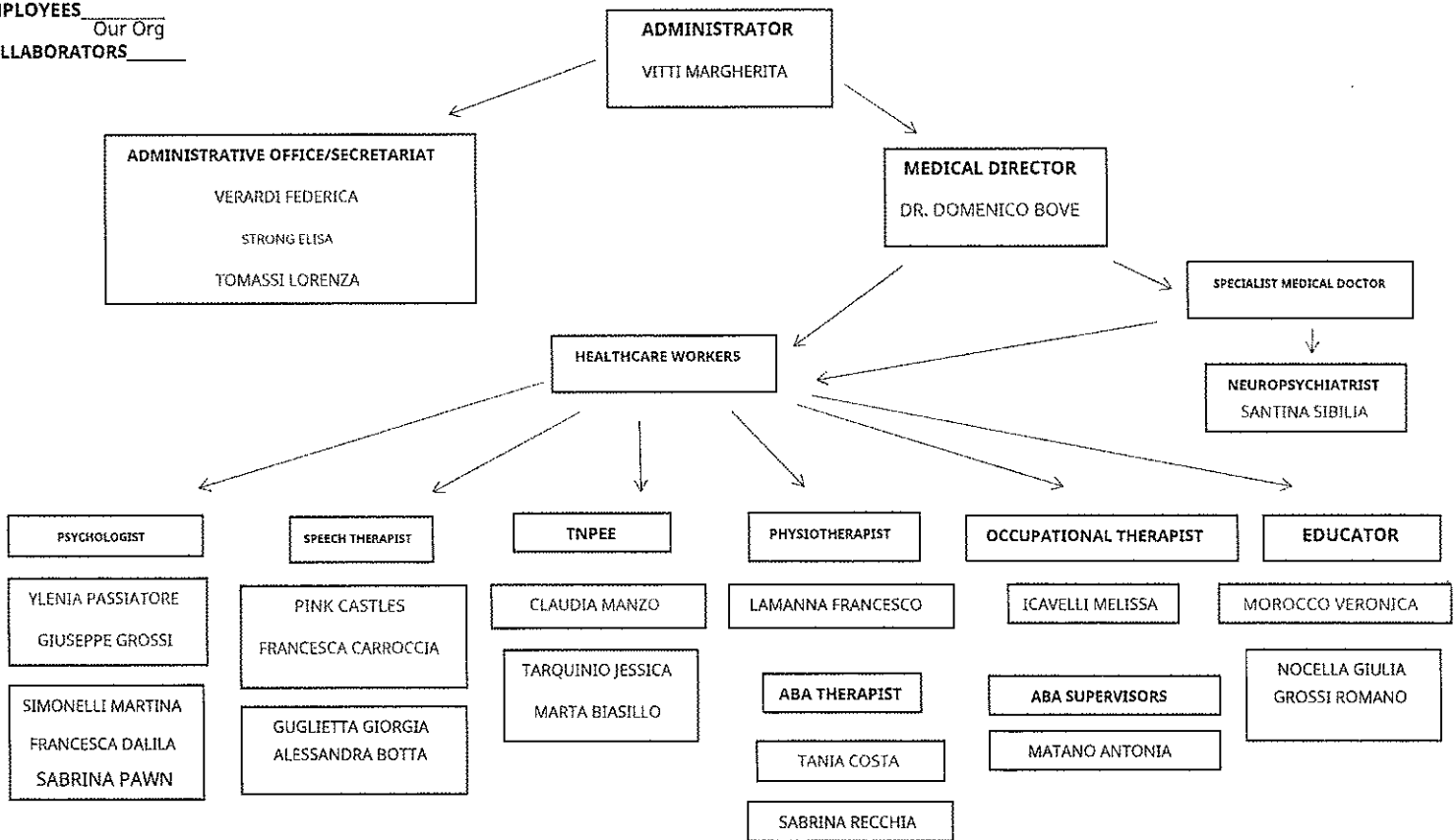
The company's organizational chart is composed as follows:



SERVICE CHARTER

CPR IN MOVIMENTO SRL

EMPLOYEES Our Org COLLABORATORS





The Sole Director is Mr. Margherita Vitti

The Sole Director, through the results of process monitoring and measurement; determines the strategies and commercial policies, determines the objectives and requirements of the offers, establishes the investment budget, supervises general and financial affairs, defines service requirements offered; supervises and manages the Administration/Secretariat area.

He directly deals with the management of relationships with the Institutions and the management of the personnel of the administrative and secretarial sectors.

The Medical Director, It's Dr. Domenico Bove

She is responsible for supervising the health activities of the facility, controlling the employees and/or collaborators in the healthcare sector to pursue medical/therapeutic objectives adhering to validated guidelines and good medical practices, identifies and offers courses training and new technologies to be included in work processes; oversees the search for personnel technical and medical.

The **healthcare personnel**, based on his professional profile, he is responsible for the implementation of the performances entrusted to them, they use the same protocols, guidelines and technical data sheets in order to standardize processes and ensure, in addition to a treatment **personalized** even one quality standard that meets the requirements of the NHS/R, the mandatory regulations and the standards of quality that the Center pursues.

3. Fundamental Principles and Patients' Rights

The Service Charter, in reference to ministerial guidelines n.2/95, is inspired by the following principles fundamentals:

Equality and respect : the provision of the service is inspired by equal consideration for each single person. This does not mean uniformity of interventions but, on the contrary, that each activity is Personalized, taking into account the uniqueness of each individual. Each intervention is managed with respect for the dignity of each individual. of the person and individual specificities, without distinctions of ethnicity, sex, religion, language, economic conditions and political opinions.

Impartiality and objectivity : every person who provides a service within the Centre works with impartiality, objectivity, justice in order to guarantee adequate assistance.

Continuity : the organization ensures continuity of service by arranging shifts of work that guarantee adequate levels of assistance during the hours during which the



Center. Any interruptions are expressly regulated by the sector legislation to cause to users as little inconvenience as possible.

Right to choose : every person, regardless of their health condition, has the right to see recognized and promoted their autonomy. The patient has the right to choose the facility that believes it can best meet your needs in accordance with current regulations.

Participation The Center guarantees the patient correct, clear and complete information in relation to participation in the service performance; the Patient can participate in the continuous improvement of the Center, for example by completing the form "Satisfaction Questionnaire of the User", which is submitted to the users, to then be inserted, filled in, in the appropriate collector in the waiting room.

Effectiveness and efficiency : are guaranteed by the implementation of the Quality System aimed at determining an optimal relationship between the resources employed, the activities carried out and the results obtained.

Information: Patient assistance is provided through: verbal and paper information transmitted by the Facility Staff; the delivery of specialist information documentation; the website and the advertising billboards.

Reception :Access to the facility is facilitated by the availability of the reception staff, always present in the facility, from the waiting room equipped with the necessary spaces to guarantee the respect for privacy and patient needs.

Protection :The Protection of Patient Rights is guaranteed by compliance with the Procedures and Instructions Operations and Regulations defined in the Quality System, as well as by the respective mechanisms control and supervision implemented, paying particular attention to patient safety, through the prevention of clinical risk and procedures relating to privacy.

Right to life Every person must receive timely, necessary, appropriate assistance for the satisfaction of basic needs for life (nutrition, hydration, ventilation, hygiene, environmental protection, movement, evacuation, rest, sleep, etc.).

Right to care and assistance Every person must be treated with knowledge and conscience and with respect of his wishes.

Right of defense Every person in a psycho-physical disadvantaged condition must be protected by speculation and/or deception and damage arising from the surrounding environment.



Right to prevention. Every person must be ensured, as far as possible, activities, tools, medical devices, information aimed at preventing worsening and/or damage to health and its autonomy.

Right to speak and be heard Every person must be listened to and their requests must be met, accepted as far as possible.

Right to information Every person must be informed about the procedures and reasons that support the interventions to which he is subjected. The patient has the right to be informed about the procedure to follow, expressing your will to be informed, through the subscription of the "Informed Consent" form. Furthermore, the Patient has the right to receive all the clarifications which the staff deems appropriate;

Right to participate Every person must be able to participate in decision-making that concern himself (based on his cognitive abilities).

Right to criticism Everyone can freely express their thoughts and their criticisms the activities and provisions that concern it.

Right to respect and modesty Each person must be called by their first and last name. and his privacy and the concept of modesty must be respected.

Right to thought and religion Every person must be able to express his philosophical ideologies, social and political as well as practicing their own religious confession.

Right to Privacy: During the acceptance phase, consent to the processing is requested of sensitive data in accordance with the provisions of Legislative Decree 196/03 and RUE 2016/679. It is guaranteed professional secrecy regarding all private and personal information that emerge during the analysis. Under no circumstances will information be provided over the telephone. The staff is authorised to inform only the persons authorised by the Patient and equipped with Identification.

4. Vision, Mission

The Vision

Our strategy is to make the Centre a point of reference in its catchment area for the provision of services.

The implementation of this strategy is pursued through the points listed below:

- generate profits to reinvest in technological and human resources
- achieve and maintain high quality technical performance



- satisfy all the requests of the citizen user in reference to the reality of Fondi, covering all types of conceivable services, current and prospective
- excel in service delivery

The Mission

The organization's mission is reflected in the following standards we pursue for the our staff and for our patients:

Professional services

A process control that assures our patients of the appropriateness of the result.

User Service Provision

Ensure the standards set out in the Service Charter and improve perceptible performance from users in general.

Technological Resources

Instrumentation renewal for continuous performance improvement.

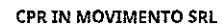
Human Resources

Ensure the ongoing maintenance of staff skills through training courses ECM to offer a professionally adequate service.

Institutional Recognition

Maintain accreditation within the National Health Service.

The Organization develops its commitment to continuous improvement through plans and actions aimed at improving services, processes and performances through the achievement of measurable objectives that the organization sets for itself each year during the Management Review.





2. Type of services provided

The centre is able to offer high-level specialist and rehabilitation services for a wide range of patients. range of pathologies and for all age groups.

Educational services aimed at neuropsychosocial issues

- DSA assessments and treatment
- Cognitive enhancement
- Speech therapy evaluations and treatments
- Neuropsychomotor assessments and treatment
- Neuropsychiatric visit
- Work on study methods and school support
- Support for parenting in couples and groups
- Coping Power program
- Psychological counseling and psychotherapy for children and adults
- Mindfulness practice groups
- Cognitive Remedy
- ABA method therapy
- Kinesitherapy and re-education
- Neuromotor

OTHER ACTIVITIES

- Hydrokinesitherapy
- Psychomotricity
- Re-education,
- speech therapy,
- audiophonology and neurolinguistics
- neuropsychological re-education
- occupational therapy
- neurovisual and orthoptic re-education
- psychotherapy
- cardiorespiratory re-education
- urological re-education
- psycho-pedagogical orientation



- educational intervention
- prescription, testing and training in the use of orthoses, prostheses and aids

3. Booking Methods

The booking of the **performance** it is necessary both for the services under the agreement and for private performances.

Reservations can be made directly at the facility or by telephone.

**SECTION THREE****1. Quality standards, commitments and programs****Quality factors and standards**

The User who has a concrete experience of a particular service and/or performance is able to perceive the quality of the service offered through some aspects (quality factors).

The Sole Director considers the following quality factors for his services:

1. Times and methods of execution of the service
2. Information given to the patient by the doctor on the therapeutic treatment/specialist visit

and has established, for each quality factor, a specific objective (Quality Standard):

STANDARDS THAT DEFINE THE STRUCTURE IN ITS OVERALL ACTIVITY			
AREA UNDER CONSIDERATION	OBJECTIVE OF QUALITY	INDICATOR	STANDARD OF QUALITY
Access to services	Respecting deadlines wait	Waiting time in acceptance	10 to 15 minutes
Access to services	Clear information and simple	Presence of staff qualified. Presence of adequate signage	Perception of the Quality > 90% via questionnaire
Access to services	Comfortable areas	Questionnaire present in acceptance	Complaints \leq 1
Report disservices	Possibility of presentation of observations and/or complaints	Questionnaire present in acceptance	Complaints \leq 3
Report disservices	Answers to observations and/or complaints	Response times to complaints	Within 15 days
User Satisfaction	Level of satisfaction of the services offered	Questionnaire present in acceptance	Perception overall of the Quality

			> 90% via questionnaire
Respect for the privacy	Application of the legislation on Personal data protection	Request for consent to data processing	Consensus according to new RUE 2016/679
Communication	Be careful of the relationships between People and Users	Questionnaire present in acceptance	Perception overall of the Quality > 90% via questionnaire
Pre-analytical phase	Information preventive	Delivery of the brochure informative preparation exams	Brochures always updated
Analytical phase	Quality controls	CQI and VEQ	Always results reliable
Post-analytical phase	Respecting deadlines reporting	Waiting time for the reporting	Respect for timing indicated in the sheet withdraw

Commitments and programs

The Management undertakes to periodically monitor the quality of the services offered through appropriate questionnaires to be submitted to Users and to activate specific improvement programs of the quality of service.



SECTION FOUR

1. Complaints

In ensuring the protection function, the Centre offers the User the possibility to lodge a complaint with following a poor service, act or behaviour which has denied or limited the usability of the performance.

Patients have the opportunity to express their opinion on the various aspects of the Service, insert Observations, make complaints or propose suggestions, on the "Questionnaire" form Satisfaction" available in the waiting room or also by telephone, fax, letter or post electronics.

Complaints are addressed to the Sole Director, through the secretariat during opening hours. Center, by filling out the appropriate form in the waiting room. In the event of a written complaint, will respond within 15 days of receiving the request.

2. Patient Protection Bodies

The Sole Director informs the kind users of the existence of patient protection bodies to which to contact us for any violation of your rights you believe you have suffered from us or others Health care facility.

The Patients' Rights Tribunal (TDM) is an initiative of Cittadinanzattiva, founded in 1980 to protect and promote citizens' rights in the field of health and welfare services and to contribute to a more humane, effective and rational organization of the national health service. The TDM is

Cittadinanzattiva non-profit organization

Via Cereate, N. 6 - 00183 Rome

Tel. 06.3671.81

Fax 06.3671.8333

To find out more about Cittadinanzattiva, its activities and its local offices, you can visit the website www.cittadinanzattiva.it.

Users can file a complaint by going directly to the reception desk and verbally providing their comments, or by completing the appropriate form provided there and returning the completed form to reception.



Consiglio dei Ministri del 27 gennaio 1994

Gentile Signora, egregio Signore,

se ritiene che il gm poliambulatorio specialistico non abbia rispettato i principi previsti dalla Direttiva del Presidente del Consiglio dei Ministri del 27 gennaio 1994, La invitiamo a compilare e riconsegnare il presente modulo che rappresenta uno strumento per tutelare i Suoi diritti e dare un contributo di idee per il miglioramento della qualità del servizio.

La informiamo che la segnalazione non può essere presentata in forma anonima.

Se lo desidera, potrà avvalersi dell'aiuto del personale per la sua compilazione.

La presentazione del modulo impegna il gm poliambulatorio specialistico a:

- Rilasciare immediatamente una ricevuta con l'indicazione del numero di protocollo e l'individuazione del responsabile degli accertamenti;
- inviare, non oltre il ventesimo giorno, una prima comunicazione sullo stato degli accertamenti;
- effettuare entro 30 giorni la comunicazione finale sull'esito di tali accertamenti, sui provvedimenti eventualmente adottati o da adottare, nonché sulle ulteriori azioni possibili in caso di risposta negativa.

La informiamo inoltre che la presentazione del reclamo non sostituisce in alcun modo i ricorsi amministrativi e giurisdizionali previsti dell'ordinamento giuridico, né sospende i termini degli stessi.

Grazie per la collaborazione.

IL DIRETTORE SANITARIO

**MODULO RECLAMO UTENTE**Ricevuto a mezzo: ☐ telefono ☐ di persona ☐ altro _____**SEZ. 1 ORIGINE E DESCRIZIONE DEL RECLAMO**

Cognome e nome _____

indirizzo _____ telefono _____

Descrizione del reclamo _____

Firma utente _____ Firma responsabile _____

A norma della legge 675/96, art. 13 e successivi, si dichiara che la raccolta dei dati ha lo scopo di fornire informazioni statistiche di qualità del servizio

SEZ. 2 ANALISI DEL RECLAMO E AZIONI CORRETTIVE (riservato alla direzione)

Possibili cause _____

Azioni Correttive _____

data prevista per la verifica _____ Firma responsabile _____

SEZ. 3 VERIFICAAttuazione: ☐ positiva ☐ negativa data _____ firma _____Efficacia: ☐ positiva ☐ negativa data _____ firma _____☐ notifica all'utente in data _____ a mezzo: _____



3. Verification of commitments and organizational adjustments

Report on the status of standards

The Centre ensures the verification of the implementation of the commitments to improve quality standards through an Annual Review that takes into account the results achieved, as well as those not achieved, analyzing the causes that prevented it from being achieved. The review, drawn up by the Management, with the presence of the department managers, will be made known to the staff. Purpose of the The aim of the report is to verify the progress and constant improvement of the quality of services.

User satisfaction surveys

The Centre guarantees the implementation of surveys on the level of user satisfaction by promoting the administration of questionnaires, surveys and direct observations.

**EVALUATION QUESTIONNAIRE**

We wish you good health and ask for your cooperation in completing this questionnaire to evaluate our service.

We invite you to express your honest opinion: everything you tell us will help us continually improve the services we offer our customers.

The questionnaire is anonymous and can be placed in the mailbox at the exit.

Male • Female age _____ profession _____

How did you find out about our center?

Doctor/Daily specialists/Specialized magazines • Internet • Other _____

How do you rate the hygiene of our environments?

☐ insufficient ☐ sufficient ☐ good/s ☐ excellent

Notes and tips: _____

The tranquility and comfort at our facility are judged by:

☐ insufficient ☐ sufficient ☐ good/s ☐ excellent

Notes and tips: _____

The courtesy and efficiency of the secretarial staff are:

☐ insufficient ☐ sufficient ☐ good/s ☐ excellent

Notes and tips: _____

How do you rate the flexibility in changing the appointment?

☐ insufficient ☐ sufficient ☐ good/s ☐ excellent

Notes and tips: _____

Punctuality of performance is considered:

☐ insufficient ☐ sufficient ☐ good/s ☐ excellent

Notes and tips: _____

How do you rate the accuracy of medical visits and services?

☐ insufficient ☐ sufficient ☐ good/s ☐ excellent

C.P.R. IN MOVIMENTO S.R.L.

Via A. Daddi 12/24

04022 PONQUILIO

CAP. VA 02/995 130 594