



THE SERVICE CHARTER 2023

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SECTION I

PRESENTATION OF VILLA VERDE HOSPITAL

KEY PRINCIPLES

IMPROVEMENT GOALS

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PRESENTATION AND MISSION

Dear Guest,

we heartily greet you and wish your stay in this hospital to go on as well as possible, so that it can be as quiet and peaceful as possible.

We, the Administration and Healthcare Management, together with all Health Professionals, welcome you and shall do our best to make your stay pleasant, relying on a tradition of high quality expertise and hospitality, which started in 1961.

Our mission has always been to provide and deliver efficient key assistance and health services of high complexity, adequate and based on a scientifically grounded efficacy.

The activities of our institution aim at supporting the promotion, the preservation and the development of the state of health of the community for which it works, not only by simply granting health services but also enhancing "health", considered as the overall improvement of the quality of people's life.

The main objective of our facility towards the ones who are in need of medical or nursing treatment is to provide quality assistance, fully respecting the values of the clients' human life and dignity. This environment and this human context highlight the values of solidarity and care.

The Institution's strategic vision intends to offer, through an efficiently organised system, quality and top-class services to its clients, in accordance with the evolution of scientific and technological knowledge.

Hence, our aim is to respond to specific health needs, offering diagnostic and healthcare services, coherently linked to the requests, in terms of quality and quantity; furthermore, our aim is also to contribute to the overall preservation of health in an integrated manner, cooperating in prevention actions.

"In general, nine tenths of our happiness

Are exclusively based on health.

With which everything turns into a source of enjoyment."

Arthur Schopenhauer

ORIGINS AND HISTORY

Villa Verde Hospital was founded by Dr Franco Ausiello in 1961. As a young doctor, he wanted to bring to Taranto innovation and the professional experiences which had been thriving during the years of his studies at Modena University, where he graduated in Medicine and Surgery in 1956. Later he specialised in Surgery at Bari University in 1966.

Dr Ausiello wanted Taranto to be provided with a structure characterised by the most advanced technologies, the highest expertise and, at the same time, the most appropriate and welcoming hospitality for patients.

The hospital was born offering its services in the branches of Medicine, Gynaecology, Orthopedics and Surgery.

In the following years it modified its configuration leaving out the surgical branch and specialising in Internal Medicine, Geriatrics, Rehabilitation, Cardiology, creating the Coronary Intensive Care Unit in 1984.

This happened complying with the principle of integration between the activities of the public and the private structures, by then featured in the regional regulations and laws.

In fact, the Hospital Management chose to work in the weak branches of the local area and later offer customers services which were still totally absent (Geriatrics, Rehabilitation, Cardiology) or inadequate (like the C.I.C.U.)

In 1994 the Hospital moved to the new premises at 22, Via Golfo di Taranto, designed and built to respond to the most advanced dictates in medical housing. This made it possible to offer clients not only more comfortable accommodation, but above all efficient sanitary assistance, logistically adequate to the principles of safety and hygiene of a healthcare location.

Besides, moving to the new location, the Hospital implemented other specialty wards, that is the Pneumology, Rehabilitation and Oncology Operating Units, followed by the Cardiac Rehabilitation Operating Unit, the Service of Diagnostic and Interventional Cath along with the Cardio Intensive Therapy Operating Unit (C.I.T.O.U.).

VILLA VERDE TODAY

Villa Verde Hospital offers health services under the inpatient and outpatient systems and is a member of the "Associazione Regionale Strutture Ospedaliere Territoriali Ambulatoriali" (A.R.S.O.T.A.).

It spreads over a surface of about 20,000 square metres. The building, which hosts the services and the Hospital Operating Units, has a surface of about 12,000 square metres, distributed on 5 levels: basement, ground, first, second and third floors.

The Hospital is surrounded by a wide green area and is provided with an internal car park available to inpatients (if required) and employees, and with an external parking area available to employees and visitors.

It is easily accessible, because it is connected through a flowing road network to all the areas of the city and the neighbouring towns of the province of Taranto.

It has 308 employees and about 16 co-workers in a freelance professional work relation. Every year it carries out about 5,200 ordinary admissions, about 1,500 daycare provisions, about 150,000 outpatient consultation provisions.

ACCREDITED AND AUTHORISED BEDS

I Groping (56 beds)	II Groping (52 beds)	III Groping (56 beds)
Geriatrics: 26 beds Rehabilitation and functional recovery: 30 beds	Medicine: 20 beds Pneumology: 12 beds Cardiac and Respiratory Rehabilitation: 20 beds	Cardiology: 24 beds CITU: 8 beds Cardiac Surgery: 18 beds CIT: 6 beds

AUTHORIZED BEDS NOT IN THE REGIONAL NEEDS

I Groping (15 beds)	II Groping (8 beds)	III Groping (5 beds)
Rehabilitation and functional recovery: 15 beds	Pneumology: 3 beds Respiratory Rehabilitation: 5 beds	Cardiology: 5 beds

INSTITUTIONALLY ACCREDITED CLINICS

Clinics		
Cardiology Clinical Pathology Lab Diagnostic Imaging Physical Kinesthetic Therapy Gastroenterology and Digestive Endoscopy Endocrinology	Neurology Psychodiagnostics and Psychotherapy Bronchial Endoscopy Pneumology, Respiratory Pathophysiology, Respiratory and Cardiac Rehabilitation	Occupational Medicine Oncology Ophthalmology Rheumatology Internal Medicine and Geriatrics

DAYCARE SERVICES

Codice	Internal Medicine		
Pa.co.1	Diabetes follow up	Pca66	Diabetes < 36 age
Pac30	Hypertransaminasemia	Pca98	Diabetes > 35 age
Pac31	Chronic viral liver diseases	Pca85	Chemotherapy with inexpensive drugs
Pac32	Chronic accum. or autoimm. liver diseases	Pca86	Chemotherapy with expensive drugs
Pac33	Alcoholic or metabolic liver disease	Pca80	Abnormality of red blood cells at an age >17
Pca50	Liver diseases	Pca51	Biliary system disorders
Pca46	Diseases of the digestive system		
Codice	Pneumology		
Pca41	Chronic obstructive pulmonary disease	Pcb22	Chronic obstructive bronchopathy (BPCO)
Pcb19	Diagnostic sleep related disease	Pac64	Follow-up Covid III months
Pcb20	Follow-up OSAS patient	Pac65	Follow-up Covid VI months
Pcb21	Diagnosis of bronchial asthma	Pac66	Follow-up Covid XII months
		Pac91	Follow-up Covid XXIV months
Codice	Cardiology	Codice	Geriatrics
Pca44	Arrhythmia and changes in heart conduct.	Pca67	Congenital metabolism defect
Pcb04	Hypertension with organ damage	Pca41	Chronic obstruct. pulmonary disease
Pcb28	Follow-up ipert. without organ damage		

LEGAL REFERENCES

This Service Charter was drawn up in compliance with the following legal principles.

Article 14 of Legislative Decree no 502/1992, concerning organisation and discipline in the health field, establishes some principles referring to the participation and protection of the rights of citizens. These principles are totally coherent with the rationale behind the "Service Charter".

Subsequently the Prime Minister's Decree of May 19 1995 (in the Official Gazette of May 31 1995, no 125) provided a framework of a "Public Healthcare Service Charter", followed by Guidelines (n. 2/95) aiming at the Implementation of the Service Charter of the National Health Service.

In this spirit, Health Facilities are required to adopt a Charter of the Healthcare Services, in compliance with the legislation. The Charter ought to be interpreted in a dynamic way, featuring the specific providing facilities, continuously undergoing phases of assessment, improvement and additions.

Furthermore, in accordance with the Prime Minister's Directive of January 27 1994, all templates of a Healthcare Service Charter must contain the key principles established by the quoted Directive, as follows:

- Equality
- Impartiality
- Continuity
- Right of choice
- Participation
- Efficiency and Efficacy

KEY PRINCIPLES

Villa Verde Hospital provides its services following these principles:

EQUALITY AND IMPARTIALITY

Every customer of the Hospital has the right to receive the most appropriate assistance and medical care without any discrimination on the grounds of age, sex, race, religion and political opinions. The providers are obliged to inspire their conduct, towards customers, to objective, fair and impartial criteria.

CONTINUITY

The Hospital is obliged to ensure the continuity and regularity of medical care. In case of irregular functioning or of service interruption, it must take measures to guarantee clients the minimum inconvenience, promptly communicating to the Local Health Authority.

RIGHT OF CHOICE

If allowed by the existing regulations, clients have the right to choose among the professionals the ones who are thought to respond to their needs better.

PARTICIPATION IN THE PROVISION OF THE SERVICE

The Hospital must guarantee clients the participation to the service implementation through correct, clear and complete information, the opportunity to express their own evaluation concerning the quality of the services provided and submit complaints or suggestions for improvement, cooperation with voluntary and rights protection organisations.

PARTICIPATION IN THE ASSISTANCE PROCESS

Great importance is given to the patient's point of view, according to a logic of participation, which aims to fully involve him in the care process, as an expert in his own situation (Self-determination).

PARTICIPATION OF CITIZENS IN HEALTH PLANNING

Citizens have the right to participate in the identification of needs, planning and evaluation of health policies and services. Participation must be such as to allow critical issues to emerge, but also good practices, so as to be able to plan and implement appropriate improvement actions. The goal is to guarantee the patient timely, fair and appropriate access to health care services and benefits.

RESPECT FOR GENDER EQUALITY

The will of the General Management to implement a company policy aimed at respecting gender equality, enhancing diversity and empowering women is explicit. The organization of training programs on gender differences and the identification of initiatives to be undertaken

for the enhancement of female workers, also through the use of a language that respects their femininity, are for the attention of Management.

EFFICIENCY, EFFICACY

Every professional works to achieve the primary objective, that is the client's health, and obtain good results with the most up-to-date technical and scientific knowledge. Achieving this goal is not separated from the correct management of the resources which are used as well as possible, with no waste or unnecessary costs.

APPROPRIATENESS OF MEDICAL TREATMENT

The services are provided in accordance with the patient's health needs, respecting the clinical indications by which their efficacy was proved; they are also provided at the most appropriate time and in the most desirable ways, taking into account the patient's social and health conditions.

TRASPARENCY

Villa Verde Hospital is committed to taking action in accordance with the principle of transparency, in particular, in the management of the waiting lists, in the delivery of services, in the clear definition of its goals, in the publication of the achievements concerning the efficacy and efficiency of the services provided, in the relations with clients and suppliers, with the Local Health Authority (ASL), the Apulia Region and all the supervisory bodies.

PRIVACY

Services and data processing concerning the patient's information and health conditions (acquisition, retention, transmission, deletion) are performed in absolute respect for individual privacy. Personal information is given only to the ones directly involved or to their delegates. Healthcare professionals and administrative staff act in compliance with professional secrecy and confidentiality of the information gathered, observing privacy rules.

HEALTHCARE HUMANISATION

In April 2017 Villa Verde Hospital accepted the invitation from Apulia Region to take part in the research project proposed by *Agenas* on "*Participated assessment of the level of humanisation of inpatient facilities*", which was coordinated by ARES and ASL/LE.

The reaserch emphasises the person as a whole.

The survey required the participation of voluntary organisations and the active involvement of *Tribunale dei diritti del malato association*.

The last survey was carried out in June 2019 by filling in a check-list divided into 4 areas for a total of 142 items:

- AREA 1 - Assistance and organisational processes committed to the respect and uniqueness of each person;
- AREA 2 – Physical accessibility, high quality and comfort of healthcare facilities;
- AREA 3 – Access to information, simplification and transparency.
- AREA 4 – Good relations with the patient/citizen.

Villa Verde Hospital obtained the average score of 8,00, which is higher than the average score of the ASL/TA public and private facilities, which is 7.11

SECURITY

Villa Verde Hospital pays great attention to all aspects relating to security. In every area (structural, plant engineering, technological) there is continuous modernising, new investments and training for all personnel working in the Hospital.

On occasion of the last survey carried out in 2019 by Apulia Region in the field of security, Villa Verde Hospital obtained the overall score of 10, which is higher than the average score of public and private facilities of Apulia Region, which is 8,6.

CHARTER OF RIGHTS AND GUARANTEES

HEALTH INFORMATION AND INFORMED CONSENT

Doctors and health professionals must guarantee clear, simple, essential, complete and understandable information.

The patient is bound to inform doctors and other health professionals about what may prove to be useful and necessary for better prevention, diagnosis, therapy and care.

Clients have the right to have complete and understandable information and instructions from the medical staff about:

- their state of health;
- etiology, duration and evolution of their disease (whenever possible);
- nature and effects of diagnostic and therapeutic means;
- alternative treatment, in case in place;
- participation to the preparation of the treatment plan;
- consequences of the disease and the treatment on their state and quality of life;
- all the existing therapeutic and assistance remedies intended to avoid or quell potential suffering and pain.

Once adequate health information is received, patients are entitled to give or deny their consent to the proposed tests and therapies.

Doctors, without the patient's signed consent, cannot take any diagnosis or treatment action, except in the cases established by law, in case of need and emergency and when the patient, unable to express his or her own will, is in an imminent life threatening condition.

Inpatients have the right to:

- promptly identify the professionals in charge of them;
- have information from the doctors in charge of them;
- have exhaustive explanations and information on the assistance measures and the medical treatment given by the nursing and medical staff;
- have their privacy, concerning their state of health, respected and communicate to relatives only with their consent or in the cases established by law;
- have clear and complete information about clinical trials;
- participate in possible test protocols freely and access them by signing the informed consent form.

PROTECTION OF VULNERABLE PATIENTS

Inpatients have the right to:

- adequate care in case they are not self-sufficient;
- have their rights respected;
- be looked after by specifically trained staff;
- not to suffer discrimination;
- enjoy the presence of a relative or a friend if underage, over 65 and in any case the pathological state should require;
- acknowledgement and respect of a possible advance healthcare directive (AHD), commonly defined as *living will*, as specified by art. 4 of law 219, 22 December 2017, come into force on 31 January 2018.

RESPECT FOR HUMAN DIGNITY

Inpatients of Villa Verde Hospital have the right to:

- have all their rights respected by the health facility in charge of them: nobody can take advantage from the vulnerability caused by the disease. The illness state, in fact, does not imply any temporary reduction of rights, but the temporary difficulty of naturally exercising them;
- be considered in their unity of body, mind and spirit;
- see their freedom, responsibility and ethics defended and honoured;
- have decent quality hospitality and hotel services;
- be always treated with dignity and addressed to by their name and surname rather than by a number or by the name of their disease, and be asked politely;
- respect of their physical and spiritual modesty;
- receive the treatment that all the others, on equal terms of need, can have, regardless of gender, culture, religious belief and ethics;
- ask for religious assistance in accordance with their personal belief.

PRIVATE INTRAMOENIA PRACTICE

Private intramoenia practice must not counter the right, recognised for all citizens, to the same standards of care. When asking for services, patients have the right to receive the following information:

- names of the doctors providing the treatment;
- cost of the treatment or of the stay and methods of payment;
- timetable, terms of booking and admission.

RIGHT TO CORRECT PERSONAL DATA PROCESSING

The person concerned has the right to authorise and consent to the processing of sensitive data.

RESPECT OF ADMINISTRATIVE SIMPLIFICATION AND RIGHT TO ACCESS DOCUMENTATION

Patients have the right to submit self-declarations and replacement statements, in accordance with current legislation.

RIGHT TO PROTECTION

Citizens who think they have suffered a disservice have the right to submit their remarks to the Public Relations Office (PRO).

During closure times of the office mentioned above, patients can post their remarks in the box by the PRO and the Healthcare Management Office.

INPATIENT ADMISSION RIGHTS AND GUARANTEES

HOSPITAL ADMISSION BOOKING

Patients, when booking their admission, have the right to know the criteria of the management of the waiting lists and receive information about:

- waiting time;
- assigned ward;
- place and methods of admission;
- personal effects allowed to be kept.

HOSPITALITY

When admitted, inpatients have the right to inform the Management about their will not to authorise the release of any information concerning their stay.

They have the right to receive:

- information and / or printed material on the main aspects of the ward;
- a questionnaire for the evaluation of the service quality;
- a form for the presentation of possible complaints (only after specific request).

They have the right to have information about:

- rules how to behave in the ward;
- how to receive spiritual assistance;
- how to give informed consent;
- doctors' office hours and how to get information about their state of health.

RIGHTS DURING THE STAY

Inpatients have the right to health information as described in paragraph "Health information and informed consent" pag. 12.

Furthermore, they have the right to:

- at least one talk with the doctor at the beginning of the treatment and one before discharge;
- know the doctor's name;
- receive adequate information from the nursing staff about diagnostic and therapeutic procedures;
- choose among different menus, when no specific diets are provided owing to their state of health;
- interrupt their stay at any time, against the doctors' opinion, after being informed about the risks involved and after taking personal responsibility; this will has to be put in writing.

RIGHTS WHEN BEING DISCHARGED

Inpatients, when being discharged from the hospital, have the right to:

- have a discharge letter;
- receive documents and information about the therapy and possible medical checks to carry out after discharge;
- have nursing information;
- ask for a copy of the medical records at the *cashier* and receive it within 7 days, with the possibility of document integration within 30 days.

RIGHTS TO COMFORT AND TO THE RESPECT OF ONE'S PACE OF LIFE

Inpatients have the right to have:

- the possibility to rest quietly, both at night-time and at day-time;
- sanitation of the room and common places;
- availability of phones;
- availability of common areas;
- availability of beauty care services;
- availability of newspapers and magazines through distribution in wards;
- availability of a locker for personal effects;
- the possibility to give the nursing coordinator some personal objects which will be stored in a safe (see the form "Disclaimer of the safe custody of personal effects" at the following page).

RIGHT TO THE RESPECT OF DEATH

The Hospital recognises the right to:

- have a human and decent death;
- spend the last hours of life with the comfort of family members, relatives and friends;
- be assisted by a religious minister, according to the dictates of one's own belief.

Any funeral company is allowed to use Villa Verde's morgue, respecting the rules and the place, without paying any fee.



DISCLAIMER OF THE SAFE CUSTODY OF PERSONAL EFFECTS

I _____
born in _____ on ____/____/____ ,

hereby declare that I am aware that Villa Verde Hospital will not take responsibility for the custody of personal effects (money, jewellery, credit cards, mobile phones, protheses, etc) kept by inpatients in their room or in the structure, unless they openly attribute the custody of their belongings to Administrative Reception Office (room no. 103), in compliance with the protocol in the Service Charter, about which patients are specifically informed.

Taranto, ____/____/____

Readable signature of the patient/the authorised person

What is written above, about the absence of responsibility of Villa Verde Hospital concerning the custody of the inpatients' belongings, has been read.

Mr/Mrs _____ declares he/she has understood what has been communicated, but, being illiterate, cannot sign the declaration.

The Healthcare Management

OUTPATIENT HEALTHCARE RIGHTS AND GUARANTEES

BOOKING AND ACCESS

Patients have the right to access a booking system for daycare services characterised by an open and accountable management of the waiting lists. The system is connected to the booking service (CUP) of the Local Health Authority (ASL/TA) when the provisions are paid by the National Health Service.

When booking, this information will be given:

- date and time of the appointment;
- name of the doctor, if this is established;
- location of the consulting room;
- medical preparation, if necessary, to carry out the provision;
- those who want to cancel a provision previously booked have to communicate at least three days before the appointment
- the cost of the co-fee or the total cost of the provision (if not with total exemption).

WAITING TIME

Villa Verde Hospital is committed to respecting waiting time in accordance with the criteria established by Apulia Region. Waiting lists must be verifiable and easily available to the citizen, therefore they are published every year on the website www.villaverdetaranto.it

INPATIENTS' OBLIGATIONS

GENERAL RULES

Inpatients are obliged to:

- promptly inform the health professionals about their will to give up on the planned treatment and provisions;
- inform doctors and other health professionals about what can turn to be useful and necessary for better prevention, diagnosis, therapy and assistance;
- inform about their will to authorise the release of information concerning their stay;
- promptly communicate their will to cancel the services booked at least three days before the appointment;
- respect the location, the equipment and furnishings inside the hospital;
- respect all the rules thanks to which the assistance-therapeutic services are effectively carried out;
- respect the absolute prohibition of smoking and of using mobile phones, where signalled;
- when in hospital or any health facility, establish with the medical staff a relation based on trust and respect, which is a prerequisite for a right assistance-therapeutic program.

As to OBLIGATIONS DURING THE STAY see healthcare services (part 2)

EUROPEAN CHARTER ON THE RIGHTS OF PATIENTS

RIGHT TO PREVENTIVE MEASURES

Every individual has the right to a proper service in order to prevent illness.

RIGHT OF ACCESS

Every individual has the right of access to the health services that his or her health needs require. Health services must guarantee equal access to everyone, without discrimination on the basis of financial resources, place of residence, kind of illness or time of access to services.

RIGHT TO INFORMATION

Every individual has the right of access to all kinds of information regarding their state of health, the health services and how to use them, and all that scientific research and technological innovation makes available.

RIGHT TO CONSENT

Every individual has the right of access to all information that might enable him or her to actively participate in the decisions regarding his or her health; this information is a prerequisite for any procedure and treatment, including the participation in scientific research.

RIGHT TO THE FREE CHOICE

Every individual has the right to choose freely among different procedures and health treatment providers on the basis of adequate information.

RIGHT TO PRIVACY AND CONFIDENTIALITY

Every individual has the right to confidentiality of personal information, including information regarding his or her state of health and potential diagnostic or therapeutic procedures, as well as the protection of his or her privacy during the performance of diagnostic exams, specialist visits, and medical or surgical treatments in general.

RIGHT TO RESPECT OF PATIENT'S TIME

Every individual has the right to receive necessary treatment within a swift and predetermined period of time. This right applies to each phase of the treatment.

RIGHT TO THE OBSERVANCE OF QUALITY STANDARDS

Each individual has the right of access to high quality health services on the basis of the specification and observance of precise standards.

RIGHT TO SAFETY

Each individual has the right to be free from harm caused by the poor functioning of health services, medical malpractice and errors, and the right of access to health services and treatments that meet high safety standards.

RIGHT TO INNOVATION

Each individual has the right of access to innovative procedures, including diagnostic procedures, according to international standards and independently of economic and financial considerations.

RIGHT TO AVOID UNNECESSARY SUFFERING AND PAIN

Each individual has the right to avoid as much suffering and pain as possible, in each phase of his or her illness.

RIGHT TO PERSONALIZED TREATMENT

Each individual has the right to diagnostic or therapeutic programmes tailored as much as possible to his or her personal needs.

RIGHT TO COMPLAIN

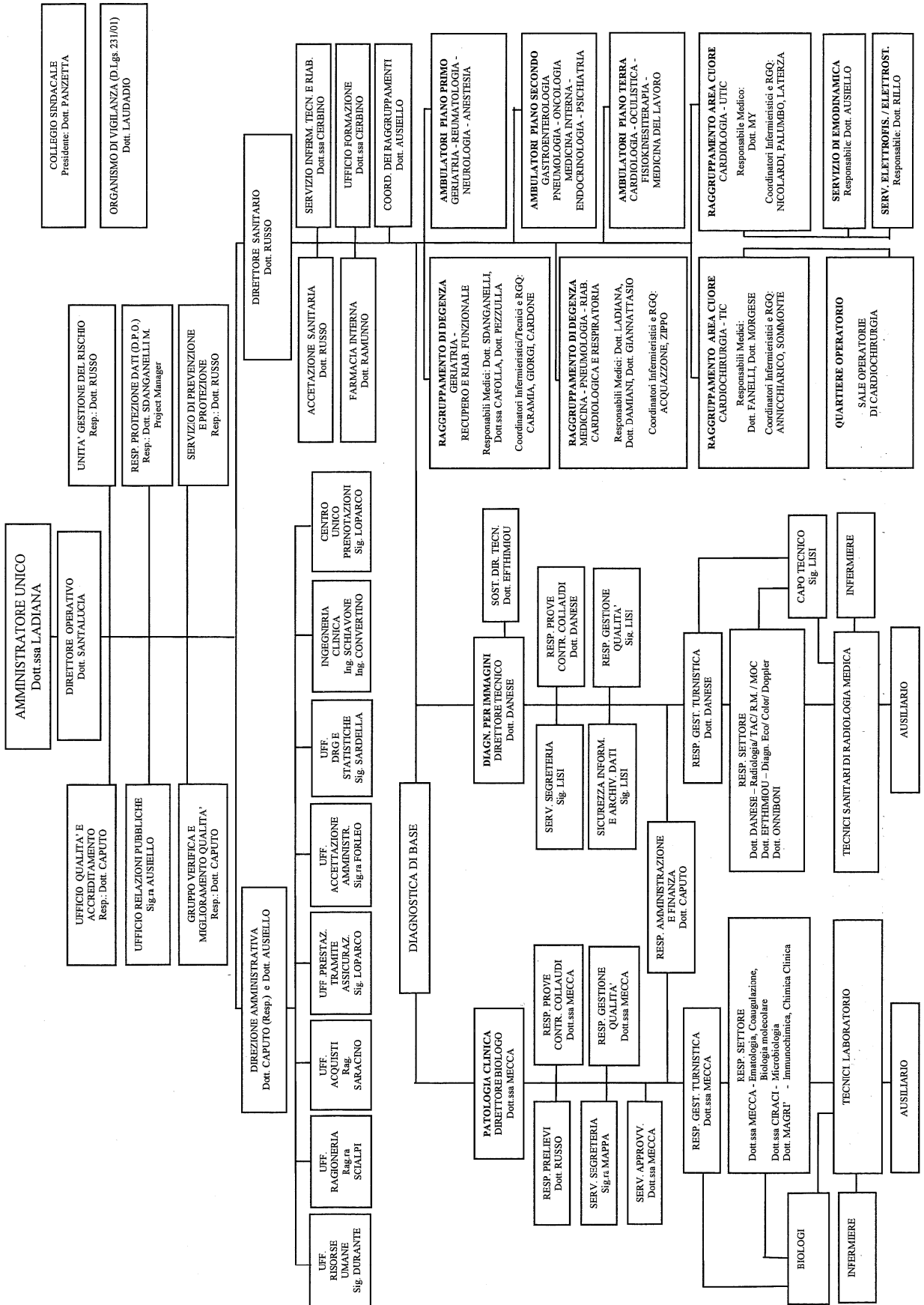
Each individual has the right to complain whenever he or she suffered a harm and the right to receive a response or other feedback.

RIGHT TO COMPENSATION

Each individual has the right to receive sufficient compensation within a reasonably short time whenever he or she has suffered physical or moral and psychological harm caused by a health service treatment.

ORGANIGRAMMA AZIENDALE

A.01.01.02.02 - Rev. 21, 05/06/2023



OFFICES

The Management

All the administrative and managerial activities of the Hospital are coordinated by the Managing Director of Villa Verde Hospital.

Managing Director	Rosa Maria Ladiana
Administrative Direction	Davide Caputo (Resp.) and Cosimo Ausiello
Medical Director	Luca Russo

Administrative Department

Accounting Office	Franca Scialpi
Quality and Accreditation Office	Davide Caputo
Human Resources	Stefano Durante
Purchasing Office	Gennaro Saracino
Services through Insurance	Piero Loparco
Prevention and Protection Service	Luca Russo
Clinical Engineering Service	Saverio Schiavone, Raffaele Convertino
Data Protection Officer	Mario Sdanganelli
DRG and Statistics	Antonio Sardella
Public Relations Office	Silvana Ausiello

All the administrative activities in contact with the public are coordinated by the Administrative Reception Officer

Administrative Reception Office	Anna Maria Forleo
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Healthcare Management

All the healthcare and scientific activities, all the Operating Units, Daycare Services and the Diagnosis and Treatment Services of the Hospital are coordinated by the Healthcare Management.

Healthcare Management Department

Groupings Coordinator	Arturo Ausiello
Admission Office	Luca Russo
Nursing Services	Maria Cerbino
Risk Management Unit (RMU)	Luca Russo (Resp. UGR), Luca Russo, Raffaele Convertino, Davide Caputo, Maria Cerbino
Group of Quality Improvement Verification (QIV)	Davide Caputo (Resp. Gruppo VMQ) Luca Russo, Maria Cerbino, Antonio Sardella, Saverio Schiavone, Raffaele Convertino, Gennaro Saracino

DAYCARE SERVICES

These are the daycare services provided by Villa Verde Hospital:

Clinics	Floor	Telephone
Diagnostic Imaging Service	Basement	099 772 7670
Physiokinesitherapy and Neuro-motor Rehabilitation	Ground Floor	099 772 7622
Lab of Clinical-chemistry and Microbiological tests	Ground Floor	099 772 7653
Vascular Diagnostics and Capillaroscopy	First Floor	099 772 7290 099.7727291
Geriatrics	First Floor	099 772 7288
Rheumatology and Bone densitometry	First Floor	099 772 7289
EMG – Elettromyography / Electroneurography – Evoked potentials /EEG	First Floor	099 772 7286 099 772 7287
Bronchial Endoscopy	Second Floor	099 772 7388
Pneumology and Respiratory Pathophysiology	Second Floor	099 772 7389
Gastroenterology and Digestive Endoscopy	Second Floor	099 772 7390
Endocrinology	Second Floor	099.7727542
Diabetology and Dietology	Second Floor	099 772 7393
Psychology and Psycho-Diagnostics	Third Floor	099 772 7461
Cardiology and Respiratory Rehabilitation	Third Floor	099 772 7467
Cardiology Diagnostics	Ground Floor	099 772 7502 099 772 7503
Interventional Ultrasound	Second Floor	099 772 7391 099 772 7392
Ophtalmology	First Floor	099 772 7504

Telephone numbers to be used for reservations are given on page 49

SERVICE OF CLINICAL-CHEMISTRY AND MICROBIOLOGY TESTING LAB

PERSON IN CHARGE: Dr E. Mecca

ASSISTANT BIOLOGIST: Dr F. Laddomada

QUALITY MANAGER: Dr M. CARONE

The staff, including a doctor in charge, 4 biologists and 4 lab technicians, 1 of which with a nursing degree, carry out about 500.000 determinations per year in various sectors: clinical chemistry, haemathology and coagulation, immunochemistry, microbiology and molecular biology. The tests are reported in the Register of Services available for consultation at the Lab and, soon, on the site www.villaverdetaranto.it, where you can get information about prices, methods used, equipment, the type of sample and draw needed, methods of sample preparation, collection, storage and transport, times of delivery, type of reports.

The Lab carries out its services for inpatients and outpatients on a daycare basis, either under the agreement with the National Health Service or privately.

The testing lab of the Hospital is open to inpatients every weekday, from 8 am to 8 pm.

After 8 pm either a technician or a doctor or a biologist are on call.

On Sundays a lab technician, a doctor or a biologist are on the morning shift, while during the rest of the day the shift staff are on call. On midweek holidays a 24 hours on call shift is on. Most tests required are reported within the day; some tests need up to a week, others even need 15-20 days, owing to methodological complexity and/or management economy.

Outpatients can access the service even without booking; access can take place in different ways: through the regional prescription of the family doctor or of a specialist under agreement with the National Health Service, through a plain prescription of the family doctor or specialist and through the patient's direct request.

The Testing Laboratory is open to outpatients at these times:

DAYS	TIMETABLE		
	DRAWS	REPORTS DELIVERY	REPORTS ASSISTANCE
MONDAY TO SATURDAY	8.00 – 10.00	12.30 – 13.30	12.00 – 14.00

It is good practice to have draws in the morning on an empty stomach, for a better standardisation of tests. Nonetheless, for particular diagnostic needs, it is possible to have blood tests from 8am to 7 pm.

On the day of the test patients have to reach the waiting area of the testing lab (Ground Floor, Wing D) and take the progressive number by which they will be called by the professional in charge. In this way both the order of arrival and the patients' privacy will be respected.

In compliance with the D.Lgs 196/03 the reports are handed over directly to the patient or to an entrusted person, on presentation of the receipt issued when the test was done and of the invoice issued by the Administrative Office. The report can also be sent via email after the patient's request and the acquisition of the *Informed Consent* form.

The Testing Lab aims at obtaining the best quality of the service provided to patients, which makes the organisation system match the patients' real needs.

Furthermore, along with the careful internal control management of the quality on the determined analytes, it takes part in several programs of Quality External Evaluation (QEE) performed by Reference Centres such as CBR (Centre of Biomedical Research) for Aemathology, Coagulation, Specific Proteins, markers of myocardial injury, thyroid function, cancer markers, fertility, anaemia, clinical chemistry, erythrocyte sedimentation rate, urine,

the VEQ Group of Sant'Orsola Malpighi in Bologna for the serum/protein framework, Coombs-Group, Virological Senology, VEQ Group of the National Research Center in Pisa for nT-proBNP, VEQ BIORAD for glycated haemoglobin.

SERVICE OF DIAGNOSTIC IMAGING

PERSON IN CHARGE: Dr N. DANESE

ASSISTANT: Dr S. EFTHIMIOU

RADIOLOGIST: Dr ONNIBONI

CHIEF TECHNICIAN: Mr M. LISI

PERSON IN CHARGE FOR THE QUALITY MANAGEMENT: Mr M. LISI

The Service of Diagnostic Imaging has its own reception desk in the basement, wing A.

The Service is on every weekday from 8 am to 8 pm. Doctors and Radiologists are on call at night and on holidays.

The Service works for the hospital inpatients and for the outpatients who access daycare services.

Booking and reports delivery

The booking of the tests is done in three ways (direct access, on the telephone and online through the CUP/ASL system) Reports can be taken from Monday to Saturday according to this timetable:

- on the first day of availability (specified on the memo received) from 1 pm to 1:30 pm
- on the following days from 8:30 am to 1:30 pm.

The results of the tests are not communicated on the phone (D. Lgs 196/03)

A system of digital report has been working since 2005 by which Xray images are given to patients on compact disks (CDs)

INPATIENT OPERATING UNITS

Villa Verde Hospital is divided into Operating Units and in Daycare Services as follows:

GROUPING OF GERIATRICS - RECOVERY AND REHAB O.U.s

PERSON IN CHARGE OF THE GROUPING: Dr Sdanganelli Felice
 Person in charge of Geriatrics O.U.: Dr Pezzulla Michele
 Person in charge of the Recovery and Rehan O.U.: Dr Cafolla Maria

O.U.	Head nurse	Floor or Area	Telephone number
Geriatrics O. U.	C. Giorgi	First floor - Wing A	099 772 7234
			099 772 7205
Recovery and Funct. Rehab. O.U.	M. Caramia	First floor - wing B	099 772 7284

GROUPING OF GENERAL MEDICINE – PNEUMOLOGY – RESPIRATORY AND CARDIAC REHABILITATION

PERSON IN CHARGE OF THE GROUPING: Dr Damiani Mario Francesco
 Person in charge of Medicine O.U.: Dr Ladiana Vito Antonio
 Person in charge of Pneumology O.U. Dr Damiani Mario Francesco
 Person in charge of Cardiac and Respiratory Rehabilitation: Dr Giannattasio Cesare

O.U.	Head nurse	Floor/area	Phone number
General Medicine O.U.	P. Acquazzone	Second floor -wing B	099 772 7344
Pneumology O.U.	P. Acquazzone	Second floor -wing B	099 772 7384
Cardiac and Respiratory Rehab O.U.	L. Zippo	Second floor – wing A	099 772 7335

GROUPING OF CARDIOLOGY - CARDIOLOGICAL REHAB- CORONARY INTENSIVE CARE UNIT (C.I.C.U.)– CARDIAC SURGERY – CARDIAC INTENSIVE CARE (C.I.C.) O.U.s

PERSON IN CHARGE OF THE GROUPING: Dr My Luigi
 Person in charge of Cardiology O.U.: Dr My Luigi
 Person in charge of C.I.C.U. O.U.: Dr My Luigi
 Person in charge of Cardiac Surgery O.U.: Dr Fanelli Vitantonio
 Person in charge of C.I.C. O.U.: Dr Morgese Francesco

O.U.	Head nurse	Floor/area	Phone number
Cardiology	T. Nicolardi	Third Floor – wing B	099 772 7420

Coronary Intensive	C. Palumbo	Third floor – wing A	099 772 7407
Care Unit (CICU)	C. Laterza		099 772 7408
Cath Service	C. Laterza	Basement	099 772 7630
Cardiac Surgery O.U.	G. Annicchiarico	Third floor – wing D	099 772 7482
Cardiac intensive care O.U.	C. Sommonte	Third floor - wing C	099 772 7487

SPECIFIC ACTIVITIES OF THE INPATIENT OPERATING UNITS

CARDIOLOGY OPERATING UNIT

In the Cardiology O.U. 80 – 85 percent of the diseases under treatment are:

- Ischemic Heart Disease;
- Arrhythmia and change in the heart conduction (A. F. Atrial flutter, T.V., TPSV, bradycardia, BAV);
- heart failure;
- Angina pectoris;
- Cardiac insufficiency;
- Peripheral vascular diseases.

The solution to such clinical issues requires a diagnostic-therapeutic procedure starting from the optimization of the medical therapy leading to intervention procedures and / or to heart surgery operations at the Cardiac O.U. Close collaboration among clinical cardiologists, heart surgeons, intervention cardiologists and heart anesthesiologists ensures optimization of the treatment choices mentioned above.

The O.U. makes use of invasive and non-invasive methods and procedures. For the invasive procedures, the healthcare activities are backed up by the **cath lab** and by the **electrophysiology and electro-stimulation lab** (ref. p. 8)

In particular, in the study of ischemic heart disease, in addition to the cycle ergometer stress test, the following ones are performed:

- dobutamine stress ultrasound, which employs this beta stimulant with increasing dose to provoke contractility in akinetic segments for the evaluation of the vital myocardium, of inducible ischaemia and contractile reserve in valvulopathy; with high doses it evaluates coronary reserve;
- Dpyridamole stress ultrasound which studies coronary reserve.

Patients suffering from ischemic heart disease (presenting dubious or positive stress test) undergo **coronography** and, if necessary, **angioplasty**, that is, they are moved to the heart surgery ward for the bypass operation.

Patients suffering from **arrhythmia and changes of heart conduction** undergo E.P. study and, if necessary, transcatheter ablation with radiofrequency determining clotting necrosis of the arrhythmogenic focus. It is a painless method which can be performed without general anesthesia (under local anesthesia).

The arrhythmias most frequently treated with ablation therapy are:

- Focal atrial fibrillation;
- Atrial flutter;
- Atrial tachycardia;
- Ventricular pre-excitation syndrome (W.P.W.);
- PSVT due to common and uncommon nodal reentry;

- AAPT due to concealed atrioventricular accessory pathways.

Some arrhythmias like **Atrial Fibrillation and Atrial Flutter**, if unresponsive to pharmacological treatment, can be treated with DC (direct current) cardioversion.

Patients suffering from Atrial Fibrillation, after transthoracic (TTE) and transesophageal ((TEE) echocardiogram, can undergo transthoracic DC cardioversion through DC-shock under the effect of brief narcosis given by the anaesthetist by infusion.

Patients suffering from advanced AVB (atrio-ventricular block), symptomatic sinus bradycardia or atrial arrhythmic diseases, undergo a pacemaker implantation under local anesthesia, with control chest X-ray after procedure.

Patients suffering from **cardiac failure due to severe systolic dysfunction of the left ventricle (NYHA III-IV)** and ventricular dyssynchrony, still in advanced functional class, in spite of the pharmacological treatment, undergo the electric biventricular stimulation and/or biventricular ICD implantation in order to improve the mechanics reducing ventricular asynchrony.

C.I.T. U. OPERATING UNIT

The Coronary Intensive Care Unit (C.I. C.U.) is made up of 8 beds with ongoing monitoring of vitals and with cardiac specialist assistance 24h/24h and intensive nursing.

The O.U. ensures the diagnosis and treatment of cardiac priorities; this activity refers, in fact, to the intensive treatment applied, in particular, to patients suffering from complex heart diseases of various aetiology, in need of multidisciplinary measures of medical and interventional nature (acute coronary syndromes, acute cardiac failure and severe arrhythmias).

CARDIAC SURGERY OPERATING UNIT

The cardiac surgery O.U. cures the heart diseases of the adult, including birth defects detected after adolescence (i.e. interatrial defects, interventricular defects, etc.)

The surgery operations, in accordance with the local epidemiological data, are due to isolated coronary artery disease in about 50-55 percent of the cases (myocardial revascularisation or aortocoronary bypass operations), of which some are performed on a beating heart, without using extracorporeal circulation, with possible harmful effects.

In about 20 percent of the cases the isolated valvular pathology is treated either through replacement or through repair. In another about 20 percent of the cases operations are combined (aortocoronary bypass + valve, aortocoronary bypass + other, valve + other, etc.)

The remaining cases refer the pathology of the aorta and of the major blood vessels or rare diseases (tumors, interatrial defects, etc.)

The medical staff of the cardiac surgery O.U. employ, whenever possible, minimally invasive techniques (minithoracotomy, ministernotomy, etc.).

As regards the way to be admitted to hospital, about 80 percent of the cases are elected planned operations, while the remaining 20 percent are priority (15 percent) and emergency cases (5 percent). The cases of not planned operations are from the Cardiology C.I.T. O.U., the hospital cath service or other health facilities of the area, or other local direct access (118 and emergency network).

Since 2017 the procedure of *Convergent* ablation has been implemented for the cases of arrhythmia resistant to conventional treatment.

CARDIAC INTENSIVE THERAPY OPERATING UNIT (CIT)

The 6 beds of the CIT O.U. are added to 18 beds for ordinary stay in the Cardiac Surgery O. U. Cardiac anaesthetists and cardiac surgeons, working round the clock, are in charge of the generally post-surgery assistance to patients, along with nursing and auxiliary personnel also present for 24 hours.

The technological equipment of the CIT O.U. is in line with resuscitation, strictly speaking, although it is exclusively assigned to heart surgery patients.

PNEUMOLOGY OPERATING UNIT

In the Pneumology O.U. 80 – 85 percent of the pathologies treated are:

- Chronic obstructive pulmonary disease;
- Chronic pulmonary heart;
- Interstitial lung diseases;
- Neoplasms of the respiratory system;
- Pleural effusion with or without complications;
- Obstructive sleep apnoea syndrome;
- Pneumothorax (Pnx).

The diagnostic and instrumental tests carried out in the O.U. can include:

- spirometry;
- ABG (Arterial Blood Gas);
- plethysmography + DLCO (CO lung diffusion);
- walking test (measurement of O₂ saturation while walking);
- polysomnography (breathing recordings during night sleep);
- bronchoscopy with endoscopic draws like biopsy, brush, TBNA (trans-bronchial needle aspiration) and BAL (bronchoalveolar lavage);
- evacuative □ thoracentesis;
- drainage placement for Pnx;
- intubation of the patient in case of severe respiratory insufficiency or respiratory acidosis unresolvable with mechanic non-invasive ventilation;
- □ allergy skin tests for inhalant allergens (Prick test);
- □ Mantoux skin reaction test;
- □ implantation of breathing support in patients suffering from respiratory insufficiency due to OSAS, BPCO and interstitial lung disease.

The Pneumology O.U. operates in close conjunction with the local critical care centres.

CARDIAC AND RESPIRATORY REHABILITATION OPERATING UNIT

Cardiac and Respiratory Rehabilitation O.U. is divided into the following two areas:

CARDIAC REHABILITATION

Cardiac Rehabilitation copes and cures the following complications:

1. respiratory complications;
2. neurological motor complications after:
 - bed rest syndrome;
 - neurological interest (central or peripheral nervous system);
3. cardiac complications;

Symptoms to keep under control are: pain and cough.

The aims of Cardiac Rehabilitation are:

1. To counteract the post- intervention effects on respiration;
2. To counteract the post-intervention effects of bedding.

Cardiac Rehabilitation is addressed to patients: post-AMI, post-surgical, heart failure, post application cardiac devices (ICD and CRT biventricular).

About 80-85 percent of the diseases treated are the following:

- Patients with recent or previous acute myocardial infarction;
- Patients with heart failure (class NYHA II-III);
- Patients who underwent coronary artery by-pass surgery or suffer from valve disorders;
- Patients who had the replacement of the thoracic or abdominal aorta.

In general, the objectives of cardiovascular rehabilitation are:

1. to detect, eradicate or reduce risk factors (smoking, diabetes, high blood pressure, dyslipidemia, etc.);
2. to improve the functional capabilities with an increase of *tolerance* to stress and recovery of the psycho-physical activities of everyday life;
3. to reduce or control the symptoms of the disease;
4. to ease work and social reintegration.

In particular, the aims of the physical therapy for a patient who underwent heart surgery (coronary artery bypass graft operation, etc.) are the following:

- to ensure adequate respiratory ventilation;
- to ease the removal of the excess of secretion of the respiratory tract;
- to prevent post-op venous thrombosis;
- to mobilise the scapular- humeral girdle and the rachis;
- to prevent and correct posture defects;
- to improve tolerance to stress.

Hence, mobilisation protocols are progressive during the entire period of the stay: from passive respiratory exercises to active exercises to end up with a walking test, exercises on a stationary bike and/or on the treadmill in the gym, under medical monitoring. The cardiac rehabilitation process makes also use of psychological support, in compliance with the guidelines. Rehabilitation can be continued at the clinic or at home.

RESPIRATORY REHABILITATION

About 80 – 85 percent of the pathologies treated are:

- COPD (Chronic Obstructive Pulmonary Disease) at a stable phase;
- chronic respiratory insufficiency.

In general, the goals of respiratory rehabilitation are:

- Bronchial obstruction treatment;
- Reduction of disability connected to respiratory deficiency (dyspnoea/stress);
- □ Reduction of the muscle contraction state;
- □ Improvement of the thorax mobility (volume incentive) due to specific reinforcement of the respiratory muscles;
- Reduction of the ongoing pharmacological treatment;
- Monitoring of the disease evolution;
- □ Improvement of the patient's ability to manage the disease;

- □Control of how the techniques learnt are performed.

The rehabilitation program consists of:

1. Bronchial obstruction treatment carried out with posture drain and/or assisted cough;
2. Individual breathing exercises done with diaphragmatic workout and/or global thoracic workout;
3. Readjustment to stress executed with passive kinesis and/or muscle reinforcement;
4. Walking with or without assistance;
5. New training to stress carried out with cycle ergometer and / or walking exercise;
6. Training program for the asthmatic patient using the peak expiratory flow rate (PEF);
7. Training of the selective muscle groups of the upper limbs (workout with weights);
8. Preparation to oxygen therapy, ventilation therapy and patient-ventilatory support interaction.

The rehabilitation treatment, if prescribed, can be continued at the clinic. Among the 20 accredited beds, 4 beds are available for the treatment of the critical breathing patients, who can't easily leave mechanic ventilation (coming from intensive care). They are also available for the treatment of patients suffering from chronic respiratory failure increased of any degree of severity (apart from incubated patients) who, otherwise, should be hospitalised in the Intensive Care Unit.

GENERAL MEDICINE OPERATING UNIT

The goal of the General Medicine O.U. is to ensure, by means of specific diagnostic-therapeutic procedures, global assistance to the adult and elderly patient suffering from worsened severe and chronic internal multimorbidity, with particular attention to:

- liver and biliary system disorders;
- endocrinal and metabolic disorders;
- cardiovascular diseases;
- cerebrovascular diseases;
- disorders of the digestive system;
- degenerative bone and joint diseases.

These procedures are performed through the following specific services:

- □diagnostic and operating digestive endoscopy where specific biopsy draws are carried out and therapeutic interventions are performed such as sclerosis of the oesophageal varices (apart from the retrieval of foreign bodies, polypectomy, PEG tube placement – percutaneous endoscopic gastrostomy for long term enteral nutrition);
- interventional ultrasound services.

Particular care is given to patients suffering from chronic post-viral liver disease, through regular checks (every 6 months). They consist in the study of the liver function and of its morphology by means of ultrasound examination. In cirrhotic patients, instead, controls are carried out every 4 months. In this way it is possible to have a prompt diagnosis of hepatocellular carcinoma; these patients benefit from the use of locoregional treatments like ethanol injection and heat ablation by radiofrequency (ref. Pag. 10)

RECOVERY AND REHABILITATION OPERATING UNIT

The task of the Recovery and Rehabilitation O.U., whose goal is the patient's reintegration in social and family life and, if the patient is young, in working life, consists of intensive rehab

measures for patients suffering from severe disability, who need specifically dedicated medical care and nursing actions available throughout the day.

In this O.U. 80 – 85 percent of the diseases treated are:

- Degenerative diseases of the nervous system (post-ictus);
- Craniac-encephalic and spinal cord disease and injuries;
- Musculoskeletal and connective tissue disorders (in particular fractures);
- Peripheral vascular diseases with complications (in particular arterial-vascular complications).

In general, for every patient under treatment, the team of professionals (physiatrist, geriatrician, neurologist, physiotherapist, speech therapist, psychologist, occupational therapist, nurse) carry out:

- Assessment actions using specific tests and scales by which they work out an evaluation of the impairment of body functions and structures, of the performances and level of participation;
- Therapeutic measures based on the specific goals of the rehabilitation plan and on specific rehabilitation programmes;
- Training measures for the patient, his/her family members, useful to manage the share of incorrigible disability.

In particular, the **neuromotor treatment**, carried out using various methods (Bobath, Kabat, Perfetti), needs to be performed precociously in order to:

- prevent complications of the musculoskeletal system due to immobility and bad posture;
- enhance the recovery of the motor activity of the affected hemisoma;
- reduce the spasticity of the muscles affected;
- promote ambulation;
- encourage personal autonomy in common daily activities. In this context, occupational therapy is important, as it aims at the neuro-motor, perceptive, cognitive, psychological and social development.

The treatment of peripheral arterial disease of lower extremities, after colour doppler echo to spot the lesion area, and the claudicometer test to assess march autonomy, consists of daily treadmill exercise, segmental exercise (reinforcement of lower extremities with active and passive kinesitherapy) and general workout (breathing exercise and stationary bike)

At the end of the cycle, after returning home, the patients will repeat the exercises learnt during their stay in hospital by themselves.

GERIATRICS OPERATING UNIT

The goal of the Geriatrics Operating Unit is to perform diagnostic and therapeutic interventions for elderly patients (over 65) with worsened severe or chronic disease, aiming, first of all, at restoring, as far as possible and as rapidly as possible, clinical stability and at least a part of the functional autonomy.

The clinical intervention regards all the functional and organic-internal pathologies of the elderly patient and his or her typical clinical syndromes, among which: dementias, severe confusion, syncopal episodes, senile metabolic failure, hypokinetic syndrome, respiratory diseases, malnutrition, etc.

The intervention methodology is guided by a process of multidimensional evaluation (MDE) which takes into account the clinical, psychological, functional and social aspects of every elderly patient in order to work out an individual plan of assistance organised by issues.

For every patient under treatment the team of professionals take evaluation actions using scales and specific tests (given below) by which they produce an overall assessment of

functional and body disorders, activity and participation levels:

- ADL scale (Activity Living Level) for the assessment of everyday functional competence;
- IADL scale (Instrumental Activity Living Level) for the assessment of everyday instrumental living activity;
- Hamilton test (Hamilton Depression Rating Scale) for the evaluation of the patient's level of depression;
- the Norton scale for pressure ulcer-risk assessment;
- the Tinetti scale for the assessment of balance and gait;
- the MMSE test (Mini Mental State Examination) to measure cognitive skills; the test evaluates the patient's orientation to time and space, short and long term word memory, calculation, language and abstract thinking skills.

TOP-CLASS HOSPITAL SERVICES

CATH SERVICE

The Service is aggregated to the Cardiology O.U. It provides Coronarygraphy, Ventriculography, Diagnostic Angiography (procedures which permit to visualise arteries through opacification of the blood vessels by contrast agents) and – as interventional procedure – artery and coronary angioplasty (it consists in dilating the narrowings of the coronary vessels or of other artery segments through balloon catheters).

The Diagnostic Service has been active since 2000 while the interventional procedures were implemented in 2002.

Since April 18 2005 the Service has been included in the territorial network of cardiac emergency for ischemic heart disease (Protocol of agreement with Apulia Region, Health Department, ARES, ASL TA/1, 118 Service).

This Service is readily available 24 hours out of 24 all year round with technical, nursing and medical staff for primary PCI in case of heart attack, and severe coronary syndrome. The service also ensures the availability of the continuous cardiac stand-by.

A second cath room has been working since February 2007.

In 2020, a radical modernization of the two Hemodynamics rooms was carried out through:

- implementation of the computer system SUITESTENSA CathLab and SUITESTENSA Cardio-PACS, of EBIT, for the management, storage and display of cardiological images.

- Installation of the two new Philips Azurion 7C20 digital angiography systems, capable of performing a growing range of complex treatments. The new Azurion systems are structured as follows:

Azurion 7 hanging stand: with proven geometric stability of the arch with quick and easy controls on the table, and full positioning flexibility for all clinical applications. The exclusive BodyGuard anti-collision system is designed to protect the patient from unexpected contact with the detector. BodyGuard uses capacitive sensors to locate the patient and prevent collisions and, at the same time, allows the positioning of the arc at high speed.

Instant Parallel Working: allows the operator in the examination room to work in parallel and independently from the operator in the control room. For example, fluoroscopy and/or fluorography simultaneously with review, analysis, processing, quantitative analysis of images of the patient under examination or of a previous patient.

Certeray radiological generator: MOSFET technology with very high reliability and compact design, with very low heat dissipation (900W) in the surrounding environment.

Fully digital signal processing device (FDSP - Fully Digital Signal Processing) for the control of extremely accurate radiological parameters.

It features a new ATC (Automatic Thickness Compensation) algorithm - automatic thickness compensation that dynamically changes the parameters from one pulse to the next. This results in very high quality images even during dynamic events such as projection change, table movements and during rotational acquisitions, for example.

Visualization in the examination room with Flexvision XL: Visualization system on a single Medical Grade color monitor with very high definition and brightness of 58" and 8 MPixel.

The visual surface of this monitor is equivalent to a 6 x 19" monitor configuration. The monitor is equipped with a sophisticated video control unit capable of managing up to 16 video inputs and 8 video outputs dynamically. This means that the user can freely choose the number of signals, the size of the images and the arrangement of the windows using the commands on the Touchscreen Module placed on the table, create and save their own customized display layouts and then recall them at the beginning of the procedure or modify them freely during the procedure intervention based on operational needs.

Azurion HD allows the display of video signals up to 2k x 2k. This allows to preserve the native resolution of the FD20 detector without the interpolation of the video matrices, ensuring a very high spatial resolution;

Clinical Programs: Automated Vessel Analysis Including:

- calculation of the diameter of the vessels and the stenosis index;
- calculation of the diameter of the vessels and the stenosis index, with automatic identification of the vessel profile;
- calibration procedures.

"Full Autocalibration" calibration program: allows automatic calibration for the application of quantitative analysis programs, when the item in question is placed in the isocenter of the system.

DoseWise: is the Philips Healthcare program aimed at reducing the dose for patients and operators, while ensuring excellent image quality. It consists of various measures and optimizations in various aspects of the equipment, from the design of the X-ray tube to software algorithms. It allows to use exactly the radiation dose necessary for each exam, allowing a significant dose saving and, at the same time, to obtain images of high diagnostic relevance.

Azurion 3D-RA: represents the ideal tool for interventional care able to provide three-dimensional (3D) images during complex procedures related to vascular pathologies. The 3D-RA software reconstructs in three-dimensional form the vascular structures acquired with the "Rotational Scan" technique. The software provides the following features:

- Three-dimensional visualization of vascular pathologies;
- Ability to create sections of the reconstructions themselves;
- Determination of the optimal projections for endovascular treatments;
- Automatic analysis of vessels and aneurysms;
- Verification of the effectiveness of the treatment.

3D Roadmapping: Unique "real-time" functionality that allows correlation of 3D vascular images superimposed on fluoroscopic acquisition to visualize the real-time progress of guides, catheters and spirals in the 3D volume. The 3D volume is always aligned with the scope, even during the movement of the arc.

VesselNavigator: use 3D vascular anatomy information from AngioCT or AngioRM data volumes as a 3D roadmap on live fluoroscopic images. Through this sophisticated visualization, VesselNavigator provides a constant and intuitive 3D roadmap to guide the operator throughout the entire procedure, reducing the need for repeated injection of contrast medium to create traditional roadmaps and can help reduce procedure time.

MR / CT Roadmap: this "real-time" feature allows you to import volumes acquired with MRI or CT, allowing their correlation with fluoroscopy acquisition.

MRI or CT data superimposed on the scan image provide a 3D impression of the real-time advancement of guides, catheters and spirals through complex anatomical and vascular structures

ELECTROPHYSIOLOGY AND CARDIAC ABLATION SERVICE

Among the techniques used it is worth mentioning the EES Electrophysiological Endocavitary Study and the ETES Electrophysiological Transesophageal Study. Both the former procedure, much more invasive, and the latter procedure diagnose phenomena regulating cardiac electric excitation and conduction. In particular the Electrophysiological Studies can diagnose arrhythmic defects like tachycardias, bradycardias, syncopes up to cases of sudden mortality risk due to cardiac arrhythmias.

The procedures of Ablation with Radiofrequency, in turn, comprehend techniques aiming at detecting and removing (ablate) groups of cardiac cells that trigger arrhythmia. Finally, for several years the Service of Interventional Cardiology has been providing patients suffering from particular arrhythmias with techniques of temporary and permanent pacemaker implantation (unicameral, dual chamber, biventricular); furthermore, defibrillator implantations are implemented (unicameral, dual chamber, biventricular).

The Service of Electrophysiology and Electrostimulation of Villa Verde Hospital has been acknowledged by the Italian Association of Arrhythmology and Cardiac Stimulation (AIAC) as National Reference Centre for the use of specific interventional techniques in Arrhythmology, like cardiac resynchronization therapy and ablation of fibrillation.

The Hospital, together with other national health facilities, can host training courses for cardiologists on the procedures mentioned above.

Since 2017 *Convergent* surgical procedure has been active for arrhythmias resistant to traditional treatment.

POLYSOMNOGRAPHY

The Service is performed in the Pneumology O.U.. Polymnography is a test which permits the simultaneous recording of different activities of the human body (respiratory, cardiac and neurological) during sleep.

In particular the respiratory evaluation, done on inpatients, studies the pathological interruptions of breathing (apnea).

The main breathing disorders during sleep, which can be diagnosed through this method, are:

1. pathological snoring;
2. upper airway resistance syndrome (UARS);
3. obstructive sleep apnea syndrome (OSAS).

"EARLY DIAGNOSIS OF RESPIRATORY DISEASES AND IN PARTICULAR OF PLEURAL AND LUNG MALIGNANCY" PROJECT

In our structure the project "*Early diagnosis of respiratory diseases and in particular of pleural and lung malignancy*" is in place. It is coordinated by the physician of the Pneumology/Respiratory Rehabilitation O.U. and by the physician of the Diagnostic Imaging Service.

The project derives from the awareness that an early diagnosis of lung malignancy and respiratory diseases brings about a reasonable expectancy of recovery. It also arises from the will to respond efficiently to the needs of health of an area where the incidence of respiratory diseases is high.

At present, scientific evidence stresses the importance of low radiation dose C.T. for the early diagnosis of lung malignancy and respiratory diseases in groups of high-risk individuals.

Our Hospital is provided with modern 64-slice C.T. technology and radiation dose reduction software (i-dose) by which it is possible to obtain high resolution images reducing radiation exposure (up to 80 percent).

The initiative, addressing the so called individuals at risk – that is mainly people over 50 who smoke or have been smoking a packet of cigarettes for at least 20 years, along with the people over 40 who have been professionally exposed for at least 10 years, consists in a pulmonary visit, a spirometry test and thorax C.T. with a low dose of radiation (i-dose).

DIGESTIVE ENDOSCOPY SERVICE

The Digestive Endoscopy Service is part of the Grouping of Medicine, Pneumology, Respiratory Rehabilitation and Oncology O.U.s. Esophagus-gastro-duodenoscopy and rectum colonoscopy are invasive procedures which allow diagnostic study – with the possibility of executing interventional procedures – of esophagus, stomach, duodenum and large bowel.

The Digestive Endoscopy Service is equipped with the innovative **ELUXEO system from FujiFilm**, consisting of: HD VP-7000 video processor, combined (separately) with the BL-7000 light source, 32" display.

The system is completely digital and is equipped with a **“CAD-EYE” Artificial Intelligence** module. This module analyzes the image produced by the processor and supports the detection and characterization of colon polyps, differentiating them between hyperplastic and neoplastic.

The new system guarantees high-definition images and high performance, also through the **new Chromoendoscopies** available:

- **Blue Light Imaging (BLI and BLI-bright):** allows to emphasize both the mucosal and submucosal vascularization, as well as the cellular structure and pit-pattern. This innovative chromoendoscopy is an image pre-processing function which, unlike filter techniques, emphasizes the amount of illumination of the low-frequency LED, providing greater brightness. It is possible to take advantage of two lighting modes: BLI and BLI-bright (observation with increased brightness);
- **Linked Color Imaging (LCI):** allows to emphasize the contrast by expanding the red components of the mucosa. It is an image pre-processing function that, unlike filter techniques, emphasizes the amount of low-frequency LED lighting, providing greater brightness. It is recommended for inflammatory diseases.
- **Fujifilm virtual chromoendoscopy (FICE):** which allows to emphasize both the mucosal and submucosal vascularization, as well as the cellular structure and pit-pattern. cell pattern. It is possible to take advantage of 10 FICE presets and the possible customizations are unlimited.

There are also several methods of viewing images available:

- **FICE Dual Mode:** combines the white light image and the FICE image, both live: this allows you to view the lesion always supported by the virtual FICE lighting and compare it with the white light one; moreover, both generated images can be stored simultaneously;
- **Multi-FICE-Mode:** makes it possible to view different FICE filters in sequence (from 1 to 3 according to clinical needs); this allows to visualize the same lesion highlighting different clinical aspects.

MULTISLICE SPIRAL C.T.

The multislice system is the evolution of the single-slice one. The technique allows the acquisition of different axial "slices" with one single rotation of the irradiation and reception machinery (at the moment from 2 to maximum 64); the time of a rotation can be less than a second.

The newly installed multislice C.T. is a 64 slices C.T. with a minimum time of rotation of 0.4 seconds; this means that it can obtain up to 64 axial scans in 0.4 seconds, that is, 160 slices in 1 second, which is the minimum time used by our previous single slice C.T. machinery to obtain one single axial scan.

This speed shortens the time required to carry out the test with an evident advantage for the patient (above all for geriatric and oncological patients). Furthermore, the type of acquisition makes it possible to obtain tests of very high diagnostic quality, as it uses a sophisticated workstation for image processing, able to virtually "surf" various parts of the human body (sinuses, respiratory tree, colon, for example) and produces multiplanar three dimensional reconstructions; in particular multiplanar reconstructions, because of the features of acquisition, have the same value as direct axial acquisitions, in other words, multiplanarity becomes a prerogative of C.T. too, which was beforehand apanage only of MRI.

Besides, the machinery in the Hospital is equipped with Dentalscan advanced programs (for implant assessment), lung nodule assessment (for the study of the evolution of lung nodules throughout time), vascular (also for the study of various peripheral districts) and cardiac C.T. for the study of the coronary arteries.

Moreover, the tomography machine has an iDose mechanism of control and reduction of the patient's dose, which, during the test, automatically reduces the release of X radiation (also up to 80 percent), when, detected by appropriate sensors, it turns out to be excessive in comparison with the patient's body density. All this without impairing the diagnostic quality of the test.

DIGITISATION RADIODIAGNOSTICS SERVICE

The Radiology Service has converted all the methods of analog diagnostic radiography into digital (CR), with the possibility to deliver images to the departments or to customers either printed on film or etched on CD-ROMs. A further technological advancement is represented by the setting of three autonomous operating boards, equipped with high definition monitors which permit Xray readings, by studying images directly provided of countless processing options (enlargement, measurement, rotation, window variation, etc.). All images are automatically stored (PACS), in compliance with current legislation, on DVD-ROMs, which, as a whole, are "the legal Archive". The central memory can store all the radiological studies, C.T. and ultrasound readings for countless months, making it possible, by the reading console, to carry out comparative and integrated imaging studies (ultrasound, C.T., Xray) with existing investigation.

Moreover the Radiology Service is completely online (RIS), that is, booking, admission, examination performance, examination interpretation and record-keeping follow an integrated flux of procedures which can be checked from different stations. Furthermore, the system monitors (within the framework of quality checks) various things (film consumption, cd-roms, work statistics, etc.).

OPEN MRI

Villa Verde Hospital Imaging Diagnostic Service is provided with open MRI (Magnetic Resonance Imaging), which can perform all the skeletal – muscle, cervical and lumbar MRI exams.

INTERVENTIONAL ULTRASOUND

The Service carries out: needle aspiration (of the thyroid gland, udder, lymph nodes, soft tissues of lung, etc.), biopsies (of udder, prostate, liver, etc.) us-guided paracentesis and thoracentesis, alcoholization of hepatic nodules.

LUNG ULTRASOUND

In 2021, the Mindray MX7 ultrasound was purchased, aimed above all at the study of the lung and pleura and, therefore, of all the physiological and pathological conditions related to them.

The choice of this tool was dictated by the high quality of the images it offers and the wide range of solutions and options allowed (such as the possibility of using contrast drug).

VOLUNTARY ORGANISATIONS ACTING IN VILLA VERDE HOSPITAL

"LEGIONARI DI MARIA E MINISTRI DELLA COMUNIONE" ASSOCIATION

Every afternoon this association gives religious assistance to inpatients who ask for it. Besides, every day at 4 p.m. they organise the recitation of the Holy Rosary in the hospital chapel. (telephone number 099 772 1047).

Villa Verde Hospital, after request from patients, provides the Room of Silence, which can be used by different religious and spiritual believers for moments of meditation and self-reflection.

The Hospital cooperates with "*Il tribunale dei diritti del malato*" association and its representatives for the evaluation and monitoring of its humanisation standards.

TRADE-UNIONS

The following trade-unions are represented in Villa Verde Hospital:

- CGIL SANITA'
- FIALS
- CIMOP

In the Villa Verde Hospital, are also present collaborators registered with the following trade unions:

- CISL SANITA'
- NURSIND
- AAROI-EMAC
- USB
- UIL SANITA'



SECTION II

INFORMATION ON THE STRUCTURE AND THE SERVICES PROVIDED

COVID-19 PREVENTION

Rules in force within Villa Verde Hospital

- Access the facility only after having equipped yourself with a FFP2 mask and worn it
- Sanitize your hands upon entry with the appropriate hydroalcoholic solution
- Respect the different paths for the entry and exit from the facility, Medical Clinics and Operating Units
- Always respect the interpersonal distance of at least one metre
- Use the lift one person at a time
- Bar access restrictions: maximum 4 people at a time (operators included).

OUTPATIENTS ACTIVITY

Booking

You can access exclusively by reservation (also to the Analysis Laboratory) to be carried preferably out by means of remote communication as specified at page 49:

Access to outpatients service

When the outpatients get to the facility, they will have to undergo a **triage for Covid-19** at the entrance. There the hospital staff will provide to carry out personal data collection, body temperature.

HOSPITALITATION IN OPERATING UNITS

Booking

Reservations can be made exclusively through means of distance communication (telephone, email, fax).

You can get information contacting the Nursing Coordination of the Operative Unit of your own Interest to the telephone numbers indicated on page 25 and 26.

To book a hospitalization, follow the instructions on page 49.

Access to scheduled hospitalization

Nursing Coordination will contact by phone the patient who has booked a scheduled hospitalization and will perform **telephone triage for Covid-19**, necessary to verify the absence of impediments to hospitalization. If there are no impediments, Nursing Coordination will give the patient an appointment on the day of admission. When necessary the patients will be hosted in **Covid-19 Screening Area**. In case of negative result of Covid-19 test, the patients will be headed towards the Operating Unit of destination.

Access to Urgent Hospitalization

In the case of urgent hospitalization (by 118, transfer from the Emergency Room or from other facility, etc.) the patients will receive the necessary treatment immediately and they will be swabbed. If necessary, they will be hosted in **Critical Area Screening Covid-19**.

Visitors

Access to the facility by visitors and caregivers of the patients is allowed. In order to access, visitors and caregivers must first contact the Nursing Coordinators of the Operating Units, who will provide the necessary information and instructions.

Hospitalization rooms

Patients must respect the interpersonal distance of at least one metre and wear the FFP2

mask during the entire stay in the facility.

Services to patients

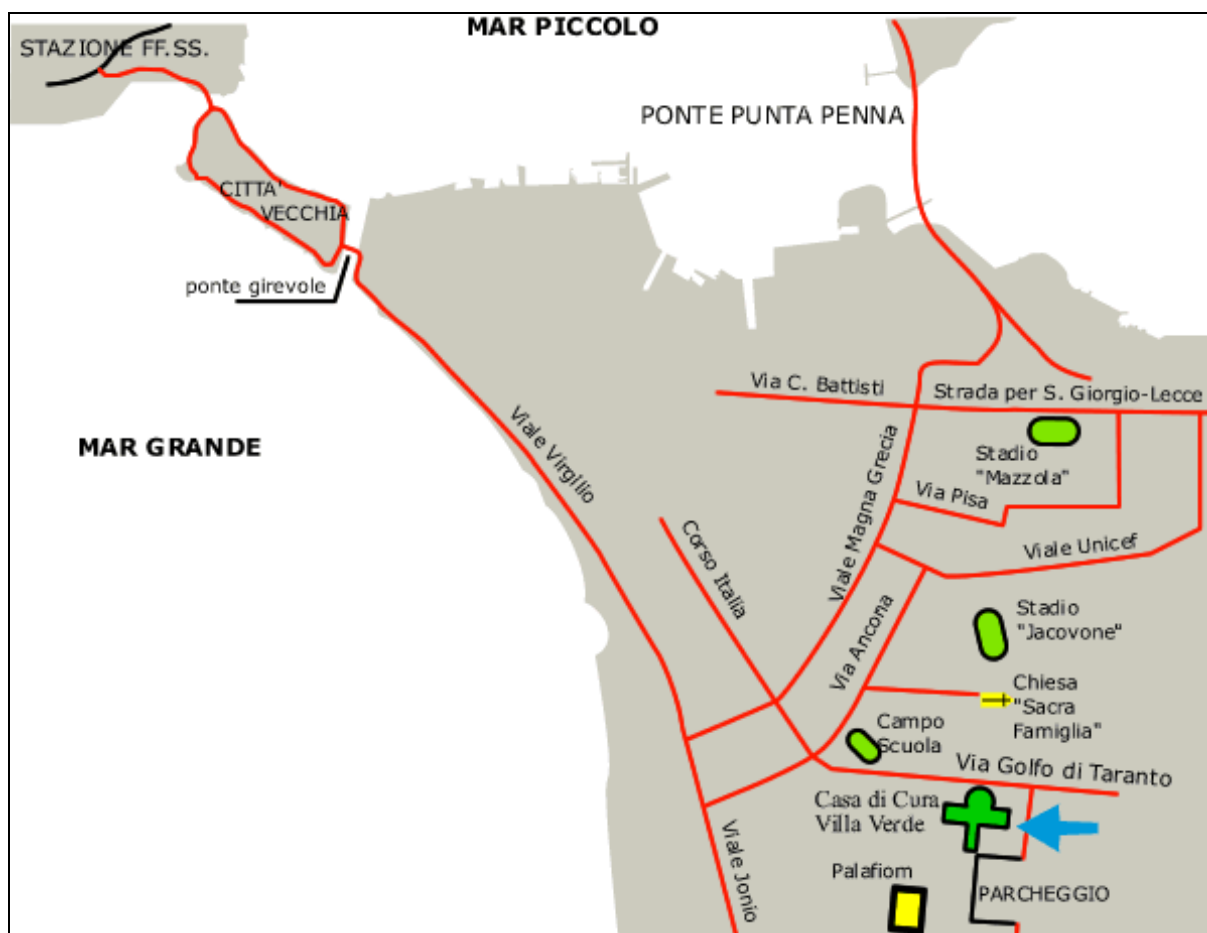
Services such as: religious services, barber/hairdresser etc., are temporarily suspended. Villa Verde Hospital has adapted to **“Common regulatory protocol for measures to combat and contain the spread of the Covid-19 virus in the workplace”**.

DIRECTIONS

Villa Verde Hospital premises are at 22, Via Golfo di Taranto, Taranto. You can reach it by the following public means of transport:

- Bus n. 8 – Terminus: CEP Via Lago di Garda/Shipping Port
- Bus n. 18 – Terminus: Via Consiglio/Taranto 2.

By private means of transport: follow the directions on the map below and the specific signposts.



INFORMATION ON INTERNAL ROADS FOR VISITORS (FOR DRIVERS AND PEDESTRIANS)

OBLIGATIONS FOR VEHICLE DRIVERS:

- Respect the vertical and horizontal traffic signs;
- Proceed along the carriageway at a speed not exceeding 20 km / h;
- It is forbidden to use a mobile phone while driving;
- Respect the rules of the highway code even within the Nursing Home;
- Stop in a safe position in the presence of maneuvering vehicles;
- It is absolutely forbidden to enter areas for which no specific authorization is available;
- Do not perform inversion maneuvers;

- It is forbidden to park the means of transport near the fire-fighting equipment, medical gas area, emergency exits, etc. to avoid hindering its visibility and use;
- For switchboard personnel engaged in external traffic, compliance with the NEW ROAD CODE.

OBLIGATIONS FOR PEDESTRIANS:

- Keep within the pedestrian area and cross the lanes only on the pedestrian crossing;
- Pay attention to the risk of an investment due to:
 - transit of heavy vehicles;
 - transit of trolleys and other means of transport;
- Keep a safe distance from all areas subject to handling of vehicles and materials;
- Stop in a safe position in the presence of maneuvering vehicles.

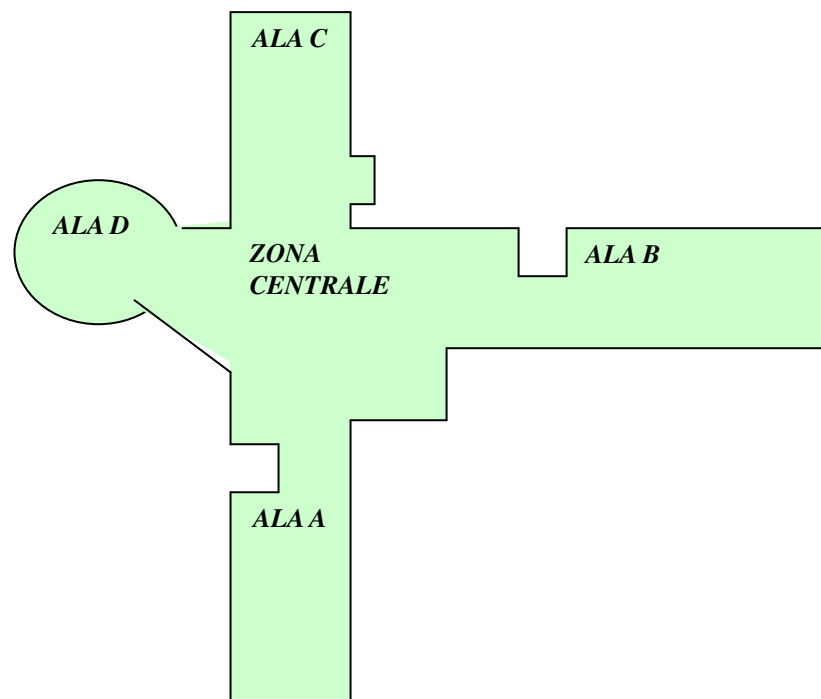
FINDING YOUR WAY AROUND

At the entrance of Villa Verde Hospital, by the central reception desk, it is possible to see a board with directions to the Operating Units, clinics and diagnostic services, admission offices, the area for the public, Every department is marked by a letter of the alphabet.

THE HOSPITAL FLOORS

The map of the structure is divided into:

- Central Area
- Wing A
- Wing B
- Wing C
- Wing D



WING A:	SERVICES AND OPERATING UNITS	OTHER SERVICES AND MANAGEMENT OFFICES	COMMON SERVICES
BASEMENT	DIAGNOSTIC IMAGING SERVICE		BOOKING OFFICE(C.U.P.)
GROUND FLOOR		HEALTHCARE MANAGEMENT	KITCHEN
		NURSING SERVICE	CHANGING ROOM OF THE STAFF
		ADMISSION OFFICE	
		OFFICE FOR ADMISSION PAPERS AND CERTIFICATES, COPIES OF MEDICAL RECORDS	
		ADMISSION SERVICES AND CASHIERS	
		ADMINISTRATIVE AND MANAGEMENT OFFICES	
FIRST FLOOR	GERIATRICS O.U.		
SECOND FLOOR	CARDIAC AND RESPIRATORY REHAB O.U., REHAB GYM		
THIRD FLOOR	CICU, PACE MAKER IMPLANTATION ROOM, ELECTROPHYSIOLOGY, AMBULATORY OF CARDIOLOGY		

WING B:	SERVICES AND OPERATING UNITS	ADMINISTRATIVE OFFICES AND OTHER SERVICES	COMMON SERVICES
BASEMENT			PHARMACY SERVICE LAUNDRY SERVICE
GROUND FLOOR	PHYSIO KINESIOTHERAPY SERVICE – GYM - BOX		CHAPEL MORGUE
FIRST FLOOR	RECOVERY AND REHAB O.U.		
SECOND FLOOR	GENERAL MEDICINE O.U.		
THIRD FLOOR	CARDIOLOGY AND CARDIAC SURGERY O.U.		

WING C:	SERVICES AND OPERATING UNITS	ADMINISTRATIVE OFFICES AND OTHER SERVICES	COMMON SERVICES
BASEMENT	CATH SERVICE		
GROUND FLOOR	HEART CLINICS		BAR WAITING ROOM
	OCCUPATIONAL MEDICINE		
	OPHTHALMOLOGY CLINIC		
FIRST FLOOR			MEETING ROOM
SECOND FLOOR	PSYCHOLOGY AND PSYCHODIAGNOSTICS, REHAB O.U, ONCOLOGY O.U.		
THIRD FLOOR	INTENSIVE CARE O.U. CARDIAC SURGERY		

WING D:	SERVICES AND OPERATING UNITS	ADMINISTRATIVE OFFICES AND OTHER SERVICES	COMMON SERVICES
BASEMENT	OPERATING ROOMS DEPARTMENT		
GROUND FLOOR	TEST LABORATORY		
FIRST FLOOR	AMBULATORY		
SECOND FLOOR	AMBULATORY, DAYCARE SERVICE		
THIRD FLOOR	CARDIAC SURGERY O.U.		

TYPES OF SERVICES PROVIDED

ADMISSION SERVICES

Ordinary admission

Ordinary admission refers to the patient who does not need any urgent service. Generally a patient chooses our facility after their family doctor's suggestion. During the admission phase, the suitability of hospitalisation at Villa Verde Hospital is estimated. The patient can book by telephone, although it is better to present the request in person or directly through the family doctor. The patient's name is included in a waiting list managed by the professionals in charge of the O.U.s. in accordance with the ward nursing coordinators. Admission takes place as follows:

- Costs paid by the National Health Service in the limits of expenditure approved by ASL;
- Costs paid by the patient (directly or by policy/ insurance).

After the patient's request and in the limits of availability, it is possible to have reserved rooms, by paying an extra fee.

Admission procedures: for the admission paid by the NHS it is compulsory to present the prescription of the family doctor, written on a NHS form, where the diagnostic hypothesis, for which admission is required, is specified, the health card and the identity card. It is necessary, at the time of admission, to show the O.U. doctors all the health records owned. Waiting lists for admission are kept by the ward nursing coordinator.

Urgent admission

When citizens ask for urgent medical assistance through spontaneous access, the physician or other ward doctor see to the admission after evaluation of the clinical - organisational appropriateness. Specific organisational protocols are in place with the local health facilities and with 118 Service, in situations of emergency within the Grouping of Heart Diseases.

Daycare Services – Coordinated and Complex Outpatient's Packages (PACC)

This Hospital provides outpatients with Coordinated and Complex Outpatient's Packages (also called P.A.C.C.).

Admission to Daycare Services is planned with booking made through the Central Booking Service (C.U.P.), with the prescription form of the NHS, written by the family doctor or by the outpatient specialist doctor.

Just like outpatient services, daycare provisions are provided after payment of the fee shared with the NHS (fee plus fixed part).

CLINIC SERVICES

The clinics of Villa Verde Hospital are accredited with the National Health Service (NHS) and the provisions under agreement are given within the limits established by ASL.

When the expenditure limit ASL/TA had agreed on is reached for the provision of clinic services paid by the Regional Health Service, the Hospital can provide further clinic services exclusively after the customer's payment.

The booking of **services under agreement** is carried out by Apulia Region CUP/AS (tel. 099.7786444)

Otherwise customers can book at pharmacies, since they are also electronically connected to the CUP/ASL network.

The booking of **fee - for services**, under "Free professional intramoenia activity" is personally made at the Hospital CUP or by telephone (tel. 099.7727111).

The Villa Verde booking office also accepts bookings in person, from Monday to Saturday, from 8.30 to 13.00. Access is regulated by means of a progressive number (queue-eliminating ticket), on the basis of which users are subsequently called. This in order to regulate the order of arrival and ensure user privacy.

Cancelling an unemployable booking promptly is an act of attention to another person who may make use of the service they need. In order to cancel the booking, it is also possible to telephone number **099 772 7678**.

The records of tests and exams are delivered either immediately after tests or within three days, at the stated time.

Methods of access:

- **Services under accreditation with the National Health Service (NHS)**

Services are provided either after payment of a co-pay fee or free for those who are entitled to, in compliance with current legislation. With this option it is not possible to choose doctors.

To receive the services accredited with the National Health Service, it is necessary to have the family doctor's prescription for the health and administrative papers.

- **Services not accredited with the National Health Service (NHS)**

These specialty provisions are totally paid by customers. For these provisions it is sufficient, from an administrative viewpoint, to show the proof of payment.

- **Institute of "Free professional intramoenia activity"**

The Hospital has undertaken free professional intramoenia activity since June 2004, in accordance with the CIMOP trade-union representatives and with the Hospital Health Management, in compliance with article 14 of the current National Collective Labour Agreement (NCLA) for the medical staff working for private hospitals.

The set of rules for intramoenia activities was presented to all the medical professionals, who were free to join. The main goal of the initiative is to streamline the waiting lists and allow outpatient assistance out of the expenditure limits assigned by ASL.

Specialty provisions given by doctors under the institute of "free professional intramoenia" and after the customers' free choice are totally paid by customers themselves. This institute allows outpatients to choose the medical specialist required.

For provisions under "free professional intramoenia activity" it is sufficient, for an administrative viewpoint, to show evidence of payment.

The telephone number for the booking of free professional intramoenia provisions is 099 772 7678.

DATA FOR THE BOOKING

- surname and name;
- sex;
- date and place of birth;
- place of residence;
- telephone number.

DOCUMENTS REQUIRED TO CARRY OUT ADMISSION

- family doctor's prescription;
- health card.

METHODS OF PAYMENT

- Cash;
- Bank card;
- Cheque.

Outpatient specialty provisions against payment

As regards the costs of outpatient specialty provisions against payment, customers can refer to the internal *fee schedule*, which is available upon request.

Customers exempted from co-pay fee are:

- customers below 6 years of age or over 65, provided that they belong to a family having a total gross income not above 36.151,98 Euros (70 million lire);
- 100 percent civilian invalids;
- Great invalids for service or work;
- owners of civil pensions with dependent family members;
- blind and deaf-mute people as established by art. 6 e 7 Law 482/68;
- civilian invalids below 18 years of age with frequency benefits.

General exemption:

- civilian disability superior to 2/3, with carer's allowance or frequency benefits;
- worker comps and people suffering from work-related illnesses for specific provisions;
- chronic and disabling diseases, including rare conditions (only provisions listed in the exemption card);
- unemployment (including disabled workers) or over 60 years of age owners of minimum pensions, if the personal income, hence the family's total gross income, is not above 8.263,31 Euros (16 million lire); if with dependent spouse it is not above 11.362,05 Euros (22 million lire), with an increase of 516,45 Euros (1 million lire) for every dependent child;
- provision aiming at early diagnosis of cancer (art. 85/ Law 388/00), for the tests under agreement.

Low income or unemployment exemption (always referred to the preceding year) must be proved by the exemption code released by ASL. This code will be written down by the family doctor on the prescription.

The Administrative Office can provide all the information on the matter.

Fee payment for tests and outpatient provisions.

All citizens who are not exempt are obliged to pay fees.

In compliance with the current regulation, the maximum amount per prescription is limited to 36.15 Euros. Every prescription can contain maximum 8 provisions of the same specialty branch (for lab tests 8 tests + blood draw). Provisions of different specialty branches are to be written down on different prescription forms.

THE CASH OFFICE is located at the entrance of the Hospital and is available at these hours:

Monday to Friday	from 8.00 am to 7.00 pm
On Saturdays and on pre-holiday days	from 8.00 am to 2.00 pm

Access to the Cash Office is organised by taking a progressive number, according to which customers are consequently called, which respects the order of arrival and ensures customers' privacy.

RELATIONS WITH INSURANCE COMPANIES

The Hospital has concluded specific conventions for specialty outpatient and for hospital inpatient provisions with the following insurance companies:

INAIL	ASSIRETE	FASDAC
FASI	PREVIMEDICAL	UNISALUTE
FASI OPEN	POSTE ASSICURA	SISALUTE
RBM	GENERALI	POSTE VITA
ALLIANZ ASSISTANCE	MyRETE	
ALLIANZ PARTNERS	COOPERAZIONE SALUTE	
CESARE POZZO SOC. MUTUO SOCCORSO		

INFORMATION FOR INPATIENTS AND VISITORS

ASSISTANCE ACTIVITIES

MEDICAL ASSISTANCE

Those who are in charge of the Groupings, the O.U.s, the Examination Lab Service and Diagnostic Imaging are doctors with functions of clinical, organisational coordination. They are also in charge of possible research activities connected to them.

During their stay inpatients are monitored in their diagnostic and therapeutic process by a referring doctor who is the main contact for family members and family doctors.

The Referring Doctor records, on the medical chart, the inpatient's diagnostic/ therapeutic process; after discharge he/she gives a summary letter addressed to the family doctor containing the discharge diagnosis, the outcome of the tests, the treatment performed and the possible proposal of therapy and/or further checks. Doctors are available for talks with family members at specified times and after the patient's open authorisation.

NURSING ASSISTANCE

The Nursing Coordinator ensures the good functioning of the Operating Unit with criteria of efficiency and efficacy, coordinates nurses, care technicians, auxiliary and support staff (all of them recognised through their identity tag).

The patient can ask the Nursing Coordinator about organisation issues. Nursing assistance is ensured only by personnel owning the qualifications established by current law. Since March 2006 every Operating Unit has adopted the Nursing Chart, which is a key component of the patient's medical records.

RESPECT FOR PRIVACY

When admitted to the Hospital, patients are asked to authorise the processing of their personal data.

Doctor-patient confidentiality is ensured with regard to all health and personal information arising during the period of assistance. Under no circumstances will information be reported on the phone (D.Lgs 196/03). Doctors are authorised to provide information only to the contact persons specified by the patient when admitted. The Hospital has updated its surveillance system in accordance with the European regulations on Privacy and has designated a Data Protection Officer (DPO).

INFORMED CONSENT

Inpatients have the right to be informed and included in the diagnostic or therapeutic process, as they can accept or refuse the doctors' proposals. For a number of particularly invasive and/or risky procedures they have to express their consent signing the "informed consent" form.

Inpatients also have the right to receive the desired information both from the doctors and from the nurses working in the specific Operating Unit, in accordance with their respective competences.

The O. U.s doctors are obliged to take into account possible do-not-resuscitate orders (DNR), commonly defined "living will", as regulated in art. 4 law 219 of December 22 2017, which came into force on January 1 2018.

PHARMACY SERVICE

Inside the Hospital the administration of drugs, antiseptics and medical devices falls within the competence of the Pharmacy Service, which has organisational procedures ensuring their correct storage and administration in accordance with the standards expected.

The staff of the Service is made up of a Pharmacist in charge, administrative and support personnel. All the activities of the Service are committed to ensuring a rational and safe use of drugs and medical devices.

In this perspective the initiatives of information and documentation are of particular relevance for the Operating Units and/or single health professionals, just like the ones of pharmacovigilance and surveillance on the medical devices, in accordance with the current legislation.

The Pharmacist, together with the Medical Director, prepares the Hospital Pharmaceutical Formulary on the basis of reports and proposals from Doctors in Charge. The drugs in the formulary respond to criteria of pharmacological appropriateness, efficacy and efficiency, approved by the Ministry of Health and by the Italian Medicines Agency (AIFA).

OTHER TYPES OF ASSISTANCE

RELIGIOUS ASSISTANCE

On the ground floor there is a Chapel, where every day at 4 pm the Holy Rosary is recited and every Saturday at 4.30 pm the Catholic Holy Mass is celebrated.

Every patient can receive personal religious assistance speaking to the Priest who collaborates with the Hospital (Chiesa Santa Famiglia: 099 772 1047).

Believers in other faiths can ask for the presence of their ministers, speaking to the Nursing Coordinator.

A.C.I. - HOME SERVICE ACTIVATION

In June 2010 ACI Province Office in Taranto activated the "P.R.A. Home Service" which consists in providing car documentation for specific socio-sanitary groups of patients.

Namely, hospital inpatients, who stay longer than 30 days, can apply for the services mentioned above, calling these telephone numbers: 099 770 7326 or 099 770 7329 or through the site WWW.UP.ACI.IT/TARANTO.

HOTEL SERVICES

Care for the key components of hotel services (food and laundry) and housekeeping of the common areas is entrusted to external companies, subject to the Management's regular control. This choice lets the Hospital concentrate its own resources on healthcare activities and ensure top level hotel services.

PATIENTS' ROOMS

Every room has 2 variable height beds with side bumpers, air conditioning, a bathroom with shower, as well as all the furnishings necessary to make the stay comfortable. Every patient has a bed with 2 or 3 knuckles, a night table equipped with a medical cart, a locker, a chair and the TV with a table in common.

The patient can ask for single accommodation bearing the daily cost of € 100,00 including taxes (€ 120,00 with a second bed and meal for carer).

MEALS

For organisational reasons, meal times can differ from the guest's habits. Depending on the Operating Unit, breakfast is served between 7.00 am and 8.00 am, lunch between 12.00pm and 1 pm, dinner between 6.30 pm and 7.00 pm.

Food trolleys with customised trays are prepared by food business operators (OSA) of the catering service contractor.

Then they are withdrawn and transferred into the wards by auxiliary personnel of each Operating Unit, who provide also for the distribution of trays to the inpatients, starting from special diets.

The trolley used, as they have a double compartment (hot/cold), guarantee the maintenance of heat for hot food and in cool for cold food (cheese, salad, fruit etc.)

During the distribution of meals patients are asked not to stay in the corridors.

Every day we try to offer tasty food, focusing on quality and variety, all food is cooked on the same day and with genuine ingredients, to ensure maximum digestibility and respect for traditional tastes.

Sometimes the taste of food may seem less pleasant because of the disease itself or because of the drugs given; however, as a general rule, food is prepared with little salt and seasoning.

Not everyone can have the food in the menu; hence the hospital dietologist, after medical prescription, can provide a customised diet.

These are the most common diets being served:

- Standard two-week diet, diversified into two seasonal variants: spring-summer and autumn-winter;
- Diet for celiacs: absolutely gluten free;
- Controlled- sodium diet: with little salt, it is a diet useful for everyone and in particular for those who suffer from high blood pressure, but the food will be less tasty;
- Diabetic diet: with a minor quantity of sugar, pasta and bread;
- Hypoproteic diet: with few proteins, hence with less meat, eggs, cheese and legumes; when pasta and bread are deprived of proteins, they can be less tasty;
- Lipid-lowering diet: with few fats like oil, butter, cheese, ham;
- Low-calorie diet: with a minor quantity of food. Low-calorie foods are privileged; it is right for those whose body weight is too high.

We point out that the foods rich of fibres, like vegetables and fruit, important for a correct diet,

are suspended on the days before some radiological tests with contrast medium. Villa Verde Hospital gives the possibility to adapt the menu to the different ethical or religious needs, providing alternative diets (vegetarian, vegan, muslim, etc) after the patients' request.

FOOD SERVICE/BAR

Inside the structure a bar, including food service, is available to customers. It is open at these hours:

Monday to Friday	07.00 am – 6.00 pm
Saturday	07.00 am – 3.00 pm
Sunday and holidays	Closed

During closing time, in the waiting room next to the bar, there is an automatic vending machine with drinks and refrigerated mineral water.

HOUSEKEEPING

The rooms and the common areas of the Operating Units are cleaned every morning from 6.00 to 10.00 and after lunch. If necessary extra cleaning is carried out at day-time and night-time. The patients' rooms undergo deep sanitisation and disinfection at least twice a year, and any time it turns to be necessary.

LAUNDERETTE AND WARDROBE

All the linen used in the Operating Units is of pure cotton and undergoes high temperature washings; it is wrapped up in sealed bags after ironing. Mattresses, pillows, sheets and blankets are made from fire resistant material.

TELEPHONE AND TELEVISION

All patients' rooms at Villa Verde Hospital are equipped with flat-screen TVs, which patients can use for free.

In order to guarantee tranquility and respect among patients, it is possible to request headphones for listening to the TV.

In the common areas of the structure, public telephones are also available, with coins or cards.

NEWSPAPERS AND MAGAZINES

Every day in the morning it is possible to buy newspapers and magazines from personnel working for a local newsagent's.

INTERNAL PARKING AREA

For inpatients and employees it is possible to park their cars inside the green area of the Hospital. Some parking spaces, appropriately indicated, have been assigned to the disabled, pregnant women and to keep bikes and motorcycles.

A PATHWAY IN THE GREEN

In the green area of the Hospital there is a pedestrian pathway with benches for inpatients and their carers.

THE PATIENTS' LIBRARY

In every waiting room on each floor there is a library containing fiction and non-fiction books, which are available to patients who are simply required to put them back in the shelves, after reading.

PERSONAL CARE

In the Operating Units patients can ask for hairdressing services.

MORE INFORMATION FOR INPATIENTS AND VISITORS

BEHAVIOURAL CLAIMS

The regional and national legislation on smoking forbids smoking in all the Hospital areas, including balconies.

It is forbidden to throw any object from the windows or put them on the windowsills; the infringement of this rule, besides being seriously risky for third parties, can be civilly and criminally liable of prosecution.

During their stay in the Hospital, inpatients are supposed to behave responsibly, cooperating with the staff, respecting the privacy and the quietness of other patients, being careful not to damage places, machinery and furnishings.

Inpatients can leave the Operating Unit only after the authorisation of a doctor, or the Nursing Coordinator (or a delegate nurse)

IN CASE OF EMERGENCY

The Hospital has produced an "Emergency Plan", defined by specific operational procedures, which can swiftly come into operation and in which every component has a precise role. The goals of the emergency plan are:

- minimise the risks people may face because of the incident;
- bring aid to those affected
- define and control the incident in order to reduce damages to the minimum.

The emergency team, operating 24 hours out of 24, was trained in accordance with current legislation.

Whoever notices a case of potential emergency is bound to inform any professional of the structure, who will soon initiate the procedure for intervention.

In all the cases of emergency, in case of fire or in the presence of smoke, it is necessary to keep calm, speak to the staff of the ward and follow the instructions carefully. The staff have been trained to face cases of emergency.

In case it is necessary to leave the structure quickly:

- keep calm and carefully follow the instructions being given by the staff on duty;
- do not use the lifts;
- do not waste time trying to take your personal belongings;
- do not return to your room and approach the closest emergency exit.

The inpatients who are able to move autonomously must leave the ward following the signs of the escape routes and the instructions of the personnel.

The inpatients who are not able to move autonomously will have to wait for help quietly, because rescue operations are already planned and will soon reach them.

BUSINESS EMERGENCY ROOM

In compliance with the legislation on safety at work, valid for any business and productive activity, in Villa Verde Hospital there is an emergency room available to the personnel, customers and visitors; in case of an accident or sudden sickness a first aid protocol is soon activated.

INFORMATION FOR INPATIENTS

WHAT TO BRING TO HOSPITAL

When admitted to hospital, it is necessary to have the family doctor's hospitalisation prescription, the health card, the identity card, the medical documentation of possible previous hospitalisation and tests, together with the list of drugs being taken. For the stay in hospital it is necessary to have one's own cutlery, underwear, slippers, pajamas or night gowns, robe, towels and all that is necessary for personal hygiene.

HOTEL SERVICES

The Hospital offers special hotel services to the customers who ask for them, as stated in the notice posted in the patients' rooms, which you can see below:

Private single-bed room with television and telephone to receive personal phone calls:

€ 100.00 (including taxes)

€ 120.00 (including taxes) with a second bed and meal for the carer

Warning: our rooms are equipped with air-conditioning. For its correct use we ask you not to open the windows. Air exchange is provided by the system.

RECOMMENDATIONS TO PREVENT FALLS

The Hospital has implemented a series of information, evaluation, educational and structural initiatives to prevent possible accidental falls.

For this reason a notice has been posted in every patient room. The notice, which is here below, contains advice, useful to avoid accidental falls:

WEAR COMFORTABLE CLOTHES

Use clothing that does not hinder movement. Avoid clothes which may make you stumble, like night gowns or too long trousers

AVOID SLIPPERS

Use comfortable, rubber-soled, flat, preferably closed shoes.

SUNGLASSES

Use them regularly during your stay in order to recognise and see possible obstacles better

HEARING AID

Use it regularly in order to hear the voice of people who might signal the presence of dangers or obstacles while walking

STICKS AND CRUTCHES

If you normally use a stick or other supports, use them also during your stay instead of leaning against walls or the furniture

STAND UP SLOWLY

Before standing up, sit for about ten seconds. If you feel dizzy, sit and call the personnel

LET'S AVOID OBSTACLES

The objects on the night table should be within reach, so that it is not necessary for you to edge forward; moreover it is important to avoid disorder round the bed (bags, boxes)

WARNINGS OF DANGER

If you notice that the floor of your room is slippery or wet, if you notice the presence of obstacles that limit movement or other risky situations, inform the staff soon

GET TO KNOW YOUR ROOM

On your arrival, get familiar with your room and with the way to the bathroom

ASK FOR HELP

Always use the bell next to your bed if you need help to stand up, walk or go to the toilet

DRINK REGULARLY

To avoid dehydration, which can cause haze and increase the risk of falls

Let's take action together to achieve a better quality of life and safer treatment

INFORMATIONS FOR VISITORS

Visitors are expected to respect inpatients and the Hospital. Hence they are required to stick to the visiting hours and behave in order to avoid uneasiness and discomfort to patients and/or staff while working.

For hygienic reasons it is recommended not to sit, put bags or clothes on beds or tables, use the toilets inside the rooms and bring plants and flowers into patient rooms.

In situations of particular need, the presence of a relative or carer out of the visiting hours has to be agreed on with the doctor in charge of the O.U. or with a delegate, authorised by the Medical Director. In this case the authorised relative will have to comply with the rules of the ward and behave respecting the hospital environment, favouring the maximum cooperation with the medical staff.

Visitors of **intensive care** are obliged to respect the visiting hours, use safety and sanitary measures and respect the restricting criteria established.

In intensive care the official visiting hours are limited on purpose for hygienic and assistance reasons. Nonetheless, there may be exceptions for which visiting hours are lengthened.

It depends on the medical staff to take into consideration the special needs of patients who need to be close to their relatives, in particular when the patients' emotional stress, anxiety, depression, end of life stage are evident.

Children younger than 12 are not allowed in

FOR FOREIGN PATIENTS

Foreign citizens that stay in Italy can use the services showing the following documents:

EU citizens or from other countries with bilateral agreement with Italy

(in order to know which Countries are included see the provision ASL prot. N. 133/03: "List of EU Countries and Countries in which bilateral agreements are in force")

- **Magnetic Sanitary Card**

No EU citizens registered to the SSN

Needy and Illegal citizens to which the STP code must be given for the supplying organization, just in case of emergency:

- necessity for urgent treatments also for long term treatments (for example, tumors with chemotherapy cycles)
- pregnancy and maternity (until the six month of son life)
- custody of a person with less of 18 years
- vaccination, international prophylaxis, diagnosis and treatment of infectious disease

In cases not listed above, foreign citizen has to pay for the treatments with cash or through insurance. The ASL of domicile should be contacted for further information.

Villa Verde guarantees to foreign patients, at their request, the assistance of an interpreter.



SECTION III

QUALITY STANDARDS, COMMITMENTS AND PROGRAMS

FOREWORD

Villa Verde Hospital, to comply with what was established by the Prime Minister's Decree of May 19 1995 (General reference framework concerning the "Charter of the public health services"), has adopted a system of indicators to measure the level of quality of the services provided.

Benchmarks have been defined , both for services provided to inpatients (urgent and ordinary admission) and for services provided to outpatients, in order to obtain a very accurate survey , above all able to represent the organisational reality customers get in contact with on a daily basis.

Every patient's healthcare experience was divided into its main parts and, from each of them a significant quality factor was derived (seen as "the significant aspect for the patient's perception of the service quality, since the patient himself concretely experiences the service" (Prime Minister's Decree October 11 1994). A series of quality - quantity indicators resulted from them, regarding process, structure and outcome (considered as "a series of variables able to record a certain phenomenon" Prime Minister's Decree October 11 1994).

In addition, to create a dynamic management system able to monitor the levels of quality achieved through time, we defined quality standards, that is values expected for the indicators mentioned above, which were used as milestones to refer to. They were used to set goals and evaluate deviations, following an intertemporal bench-marking approach.

In the end, to ensure the ongoing monitoring of the indicators, we adopted means of verification able to constantly recognise the data necessary to set up the quality – quantity analysis under discussion.

We also underline that the analysis carried out has heterogeneous values because of our will to describe, as realistically as possible, "the quality perceived" by the patient, often based not only on the evaluation of quantity parameters (like, for example, discrete vs continuous numerical variables), but often also on less measurable parameters. These can be incorporated in our analysis only using graded quality variables by ordinal and dichotomous/binomial scales.

The systematic nature of the analysis and the simplicity of the values proposed, however, make the analysis easy to read for the prospective customer of the services provided by Villa Verde Hospital and for all the stakeholders who, for various purposes, are interested in assessing its quality.

Finally, we want to remember that the system of indicators, just because it is a dynamic, not a static instrument, will be constantly modified and improved to satisfy the customer's needs of information as fully as possible.

SATISFACTION QUESTIONNAIRE OF VILLA VERDE HOSPITAL USERS

There are two types of satisfaction questionnaire forms:

- inpatient healthcare assessment
- outpatient healthcare assessment.

The methodology underlying these tools is characterised by maximum simplicity, since every aspect under evaluation may be given four opinions (from *very satisfied* to *unsatisfied*). Customers, even if uneducated, are given, this way, the opportunity to express their satisfaction with the Service received at Hospital, both as inpatients or outpatients, in a simple but clear way.

Questionnaires are given to patients and their evaluations are received all year round.

By processing the data of the questionnaires the Management can compare the expected standards and the results obtained, and evaluate the technical – medical quality achieved.

INPATIENT SATISFACTION QUESTIONNAIRE

We are kindly asking you to answer these questions to help us improve our services
 please, cross your opinion out

What do you think about	Very satisfied	Satisfied	Little satisfied	Unsatisfied
Medical care				
Nursing care				
Physiotherapists' care				
Care received from support staff				
Quality of communication with doctors				
Quality of communication with nurses				
Quality of communication with the administrative staff				
Visiting hours and organisation of visits				
Hospitality and human relationships in the ward				
Housekeeping of the ward and the toilets				
Environment and hotel comforts				
Food quality				
Quantity				
Level of satisfaction of your stay				

Comments

Positive aspects

.....

Aspects to be improved

.....

Write down your ward

QUALITY STANDARDS FOR INPATIENT SERVICES

(Collection period: year 2022)

PHASES OF EXPERIENCE	QUALITY FACTORS	QUALITY INDICATORS	QUALITY STANDARDS
URGENT ADMISSION	SPEED OF INTERVENTION	Average time between access to hospital and medical intervention	10 minutes
PLANNED ADMISSION	WAITING TIME FOR ADMISSION	Days between booking and call. Present situation: Planned admission: 20 days Urgent admission: 10 days Rehab admission: 10 days (orthopedic:15 days)	Delayable planned admission <30 days Undelayable planned admission <20 days Urgent admission <10 days Rehab admission <30 days
	PRIOR INFORMATION ON ADMISSION	Existence of information points Present situation: existing	Existing
	HOSPITALITY AND HUMAN RELATIONSHIPS	Percentage of "very satisfied" and "satisfied" answers to "hospitality and human relationships in the ward" in the satisfaction questionnaire. Present situation: 83,1 %	80,00%
HOTEL SERVICES	TOILETS HOUSEKEEPING	Percentage of "very satisfied" and "satisfied" answers to "housekeeping of ward and toilets" in the satisfaction questionnaire Present situation: 85,1 %	80,00%
	COMFORT INSIDE THE ROOMS	Percentage of "very satisfied" and "satisfied" answers to "Environment and hotel comfort", on the total of the questionnaires Present situation: 81,4 %	80,00%
	REGULARITY OF BED LINEN CHANGES	Number of changes/days of stay Present situation: 1 every two days	1 every two days and 1 for every exceptional circumstance
	ACCESS TO THE BAR	Opening hours per days a week Present situation: 63 hours per 6 days a week	Not less than 76 hours per 7 days a week
MEDICAL CARE	INFORMATION FOR PATIENTS ABOUT THERAPEUTIC TREATMENTS	Number of "very satisfied" and "satisfied" answers to "Quality of communication with doctors" and "Quality of communication with nurses" on the total number of questionnaires filled in Present situation: quality of communication with doctors 83,6 % quality of communication with nurses: 83,6 %	80% 80%
	REGULARITY OF THE DOCTORS' ROUNDS IN THE PIT	Rounds per days a week Present situation: 1 round a day 6 days a week	At least 1 round every weekday
RELATIONSHIPS WITH THE STAFF	VISIBILITY OF THE IDENTIFICATION BADGE	Presence of the badge on every professional Present situation: 100% presence noted	100,00%
ASPECTS OF HUMANISATION	CONFIDENTIALITY OF THE DISEASE AND RESPECT FOR PRIVACY AND HUMAN DIGNITY	Institutionalisation of the procedure in compliance with the privacy law; awareness-raising and training of the staff; facilitation points; privacy obligations. Present situation: 100% institutionalisation	100% institutionalisation
ADMINISTRATIVE ASPECTS	Simplicity to obtain medical records	Accessibility of medical records delivery service: number of the office opening hours per week Present situation: 66 hours a week	66 hours a week
	TIME FOR DELIVERY OF MEDICAL RECORDS	Number of days for the delivery of medical records	Less than 15 days (for requests on hospital discharge) Less than 30 days (for requests after discharge)
	QUALITY OF THE RELATIONSHIP WITH THE ADMINISTRATIVE STAFF	Percentage of "very satisfied" and "satisfied" of the total questionnaires under heading "Quality of communication with the administrative staff" Present situation: 83,6 %	80,00%

COLLECTION CUSTOMERS' ASSESSMENT	OF SIMPLICITY OF CLAIM FORWARDING	Collection boxes per Operating Unit (O.U.)	1 box per floor
	TIME TO ANSWER CLAIMS (IN THE LIMITS OF THE LAW)	Average number of days to forward answers Present situation: 1	7 days

OUTPATIENT SATISFACTION QUESTIONNAIRE

Dear Madam/Sir,

in order to offer you the best service we can, we would like to ask your collaboration and invite you to answer the questions in the short questionnaire below.

Please, cross out the options you choose and hand this questionnaire out, when you take your medical records.

We thank you for your collaboration

The Management

PLEASE, ANSWER THESE QUESTIONS TO HELP US IMPROVE OUR SERVICES

	Very good	Good	Sufficient	Insufficient
Telephone booking service				
Cashier booking service				
Administrative/admission services				
Information received when booking				
Comfort in waiting rooms				
Outpatient service organisation				
Information from doctors				
Information from nurses				
Medical care				
Nursing care				
Waiting rooms housekeeping				
Care customization				
Visiting hours and organisation				
According to your experience, would you suggest this Hospital to acquaintances?				

Please, express comments and suggestions about our services using your own words.

Positive Aspects

.....

Negative Aspects

.....

QUALITY STANDARDS OF OUTPATIENT SERVICES

(Collection period: year 2022)

PHASES OF EXPERIENCE	QUALITY FACTORS	QUALITY INDICATORS	QUALITY STANDARDS
CHOICE OF THE FACILITY	INFORMATION ON THE FACILITIES AVAILABLE TO PROVIDE THE PRESCRIBED SERVICES	Availability of outpatient services at CUP/ASL Present situation: available	Availability at CUP/ASL
		Service Charter available for consultation in common areas and published online. Present situation: available for consultation	Available for consultation
		Number of booking hours for the public a day Present situation: 5 hours a day	5 hours a day
		Number of hours for the performance of provisions to the public a day Present situation: 12 hours	12 hours a day
		Number of booking days for the public a week Present situation: 6 days a week	6 days a week
		Number of days a week to take medical reports Present situation: 6 days a week	6 days a week
BOOKING	WAITING TIME FOR PROVISIONS	Average waiting time at the booking office: Present situation: 12 minutes; presence of the "take a number system" to avoid queues	15 minutes; presence of the "take a number system" to avoid queues
		Maximum time between booking and provision. Days in the waiting list Present situation: average number of waiting days at an established date for a sample of patients: Cardiology tests and exams: 30 days Physiatrist's exams: 30 days Neurological tests and exams: 30 days Radiological exams: 30 days	Standards are regulated by Regional and National Laws with regard to waiting lists. Waiting times depend on the quantity of services purchased by ASL/TA
	SIMPLICITY OF THE BOOKING PROCEDURE	Number of methods of booking Present situation: 3 methods (at the office, on the phone, on-line on CUP-ASL website)	3 methods: on-line on CUP/ASL website, on the phone and at the booking office
		Number of different procedures of the booking service Present situation: 2 methods: in agreement with ASL and privately in Intramoenia	2 methods
	KINDNESS AND READINESS OF THE PERSONNEL	Percentage of "very good" + "good" under heading "medical care" and "nursing care" out of the total of the questionnaires filled in by patients. Present situation: satisfied with medical care 87.5 % satisfied with nursing/technical care 87,0 %	80% 80%
	Comfort of the waiting rooms	Percentage of "very good" + "good" under heading "Comfort of the waiting room" out of the total of the satisfaction questionnaires Present situation: 88,1 %	80,00%
	WAITING ROOMS HOUSEKEEPING	Percentage of Very good" and "good" under the heading "waiting rooms housekeeping" out of the total of the satisfaction questionnaires filled in Present situation: 88,9 %	80,00%
		Number of times housekeeping is done a day Present situation: twice a day	Twice a day
	EASY ACCESSO TO TOILET FACILITIES	Presence/absence of toilets in every area. Present situation: presence	Presence
SPECIALTY EXAMS	INFORMATION TO PATIENTS ON DIAGNOSIS AND TREATMENT	Percentage of Very good" and "good" under the heading "information when booking" out of the total of the questionnaires filled in	80,00%

		Present situation: 88,4 %	
	RELATIONSHIPS WITH THE STAFF	Presence of the badge on every professional	Present
	PERSONALISED CARE	Percentage of Very good" and "good" under the heading "personalised care" out of the total of the questionnaires filled in Present situation: 85,8 %	80,00%
AFTER EXAMS	TIME OF MEDICAL RECORDS DELIVERY	Average number of days for the release of medical records Present situation Soon after specialty exams and ultrasound (standard not respected for CAT and cardiological dynamic exams)	Soon after specialty exams and ultrasound; within three days instrumental and lab exams
COLLECTION OF CUSTOMERS' EVALUATION	SIMPLICITY OF CLAIM FORWARDING	Number of PRO opening hours a day Present situation: 6 hours	6 hours
	COLLECTION OF CUSTOMERS' EVALUATION SHEETS	Number of PRO opening days a week Present situation: 6 days	6 days
		Number of boxes where to leave questionnaires Present situation: 2 or 3 boxes on each floor	Two boxes on each floor
	TIME TO RESPOND TO CLAIMS	Average time to respond to claim Present situation: 7 days	7 days



SECTION IV

PROTECTION AND VERIFICATION MECHANISMS

REPORT ON THE STATE OF THE STANDARDS

Villa Verde Hospital guarantees the verification of the implementation of the standards through an annual report on the results achieved, making the documents available at the Management Office.

SURVEYS ON CUSTOMERS' SATISFACTION

Villa Verde Hospital carries out surveys on the customers' level of satisfaction, by means of satisfaction surveys, sample surveys, direct observation from monitoring groups. The documents are at the Quality Office.

PRIVACY

Villa Verde Hospital adopts a series of measures to guarantee the privacy and protection of personal data of patients, to ensure the highest level of protection of people and their dignity.

GOOD RULES OF COEXISTENCE

To protect privacy and healthcare environment is indispensable the active collaboration of all: staff, patients and visitors.

You are asked to follow some good rules of respect, such as:

- Do not speak loudly;
- Keep the phone in silent mode or, when required for security reasons, switch it off;
- Do not take photos in which other patients or personnel can be recognizable;
- Do not disturb moments of visit/conversation of patients;
- Do not receive more than two visitors in the hospital rooms, especially when they are shared with other patients and, in any case, always respect the entry hours;
- Healthcare personnel may need to visit an inpatient during visiting hours with relatives. In these cases, visitors will be asked to leave the room;
- Respect a "courtesy" distance in queues at the counters.

DATA CONTROLLER

Data controller is Villa Verde Hospital Franco Ausiello Srl.

Exercising the functions of Data Controller is the sole director of Villa Verde Hospital.

METHODS AND PURPOSES OF THE PROCESSING

Personal data also relating to the state of health, collected in the ways and forms referred to in the reference legislation, are processed for the time strictly necessary to achieve the purposes for which they were collected for the following aims:

- Diagnosis and treatment for health protection purposes and physical safety of the patient, of the third parties or the community;
- Scientific/statistical research;
- Accounting/administrating purposes connected to the care and diagnostics activity in fulfillment of regional or state obligations. Specific safety measures are observed to prevent data loss, illicit or incorrect use, as well as unauthorized access.

RIGHTS OF INTERESTED PARTIES*

The subjects to whom the personal data refer, also related to the state of health, have the right at any time:

1. To ask the Data Controller:

- access to personal data, rectification, integration, cancellation of personal data;
- to oppose or request a limitation to the processing of the data, if the conditions provided for by the GDPR EU 2016/ 679 are met.

To exercise these rights it is necessary to write a letter to:

Villa Verde Hospital Franco Ausiello Srl, Via Golfo di Taranto 22 – 74121 Taranto, to the attention of the Personal Data Manager (DPO/RPD).

2. Submit a complain to the Guarantor for the protection of personal data following the procedures and indications published on the official website of the Authority:

www.garanteprivacy.it

3. Write an email to the Data Protection Officer (DPO): rpd@villaverdetaranto.it

* (reference standards: article 13, paragraph 2, letters (b) and (d), article 15, 16, 17, 18, 21 of GDPR EU 2016/679).

COMPLAINTS

Villa Verde Hospital ensures the protection of the citizen also through the possibility to forward claims as a result of inefficiency, actions or behaviour which have denied or limited the availability of services.

Customers can forward claims following these procedures:

- meeting directly the Healthcare Management available at the opening hours (from 8 am to 2 pm) and expressing their remarks;
- on the phone, calling the Healthcare Management phone number 099 772 7606;
- emailing direzionesanitaria@villaverdetaranto.it;
- filling the complaint form and leaving it in the box next to the entrance to the Healthcare Management Office. The complaint form can be:
 - a) asked at the Healthcare Management Office or at the Quality Office
 - b) printed or photocopied from the last page of this Service Charter.

The Healthcare Management will provide an answer to the claim within 10 days from receiving it.

REPORT ON COMPLAINTS OF THE YEAR 2022

During the year 2022, no. 3 complaints and n. 12 commendations. For all complaints received, corrective action was promptly activated, where necessary, and in any case an explanatory response was sent. The commendations were communicated to the UU.OO./Services concerned and a letter of thanks was sent.

PUBLIC RELATIONS OFFICE (P.R.O.)

The Public Relations Office is a hospital service working in collaboration with the Healthcare Management, devoted to paying attention to customers and welcoming them.

The office is a point of direct contact with the structure for the request of information on the services provided, on the procedures of access and for the presentation of remarks, suggestions, complaints.

In compliance with the Directive of the Council of Ministers of January 27 1994, enshrined in art. 14 of Legislative Decree 502, the PRO has these functions:

INFORMATION

- on healthcare services, ways of access and procedures to implement one's right to admission and participation;
- on the relation between the Hospital and the inpatient, by monitoring the customers' requests and noting the satisfaction of services in order to detect their quality levels;
- on health and administrative topics through the preparation of information, disseminating material.

WELCOMING AND PARTICIPATION

- it welcomes and guides patients;
- cooperates to update the service charter;
- contributes to the working out of proposals regarding organisational aspects.

PROTECTION

- receives the remarks, objections and complaints from patients.

The clients of Villa Verde Hospital, their relatives, citizens and the accredited voluntary and rights associations that wish to express their observations, can do it by:

- talks with the personnel at PRO;
- letter on plain paper;
- phone, fax or email report;
- filling in the specific form distributed by PRO.

PUBLIC RELATIONS OFFICE
A place of communication and welcoming
phone number 099 772 7604
Ground Floor, Wing A, Room n. 104

Open Monday to Friday, from 8.30 am to 1.00 pm
and on Thursday from 8.30 am to 5.15 pm



CLAIM FORM

.....
(to be filled in by the complainant)

The event, object of complaint, took place at

O.U./Service _____

On ____/____/____ at ____.

complainant's first name and family name _____

Description of the event objected to _____

Date of compilation: ____/____/____ Phone number _____

Complainant's signature _____

Residence address or email _____

.....
(to be filled in by the healthcare management of Villa Verde Hospital)

Claim n. _____ **Action agreed upon** _____

Date: ____/____/____ Signature of the Medical Director _____

.....

Notification to the complainant made on ____/____/____

Signature of the Medical Director _____