

**STUDIO RADIOLOGICO GUERRISI SRL**  
**##Via Tiburtina, 572 00159 - ROME**

Revision 3, date: 08/01/2018

**SERVICE CHARTER**

***DRAWN UP IN COMPLIANCE WITH:***

- ***PRIME MINISTER’S DECREE OF 19 MAY 1995 “SERVICE CHARTER REFERENCE FRAMEWORK FOR THE HEALTHCARE SECTOR”***
- ***GUIDELINE NO. 2/1995 – MINISTRY OF HEALTH “IMPLEMENTATION OF THE NATIONAL HEALTHCARE SERVICE CHARTER”***
- ***CIRCULAR FROM THE MINISTRY OF HEALTH FILE NO. 100/SCPS/21.12833 OF 30 SEPTEMBER 1995 “ADOPTION OF THE HEALTHCARE SERVICE CHARTER”***

**Approved by**

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Legal Representative

Prof Raffaele Guerrisi

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- **MORE USEFUL INFORMATION**
- **ADVICE ON EATING BEFORE TESTS**
- **GENERAL PRINCIPLES**
- **QUALITY AIMS AND STANDARDS**

**FOREWORD**

The “*Service Charter*” is an essential stage in ensuring that the guidelines and principles resulting

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from the history of the clinic and professional experience of those working within it are transparent, shared and applied.

Our Service Charter is a means of communication and mediation between the clinic and its users, for the purpose of offering an overall view of the services available, the in-house organization and the way it functions.

For the clinic, the Service Charter represents its obligation for *transparency* towards the public, a guarantee of clarity and of the correct information about what the clinic is able to offer. It is based on principles of equality, impartiality, the right of choice, the right to confidentiality, participation, efficiency, effectiveness, quality and continuity.

The management is implementing this new Service Charter after a lengthy process of discussion, processing, and sharing, with the main aim of promoting the patient's wellness, meeting his or her healthcare needs, in compliance with his or her physical, mental and social integrity.

These pages provide a simple, direct description of the services offered, the commitments undertaken, the standards, and the procedures in place to facilitate access to the services provided.

From the beginning, the underlying principle behind our growth has been that of placing the service user at the centre of our activity, at the heart of the complex world of healthcare with its rules, continuous changes and all the difficulties connected to it.

Our work ethos has always been based on the concept of collaborating together as a group, of teamwork (*commitment to multidisciplinary*), since it is our opinion that if we are going to achieve important quality aims, it is essential for all of the stakeholders in the process - of which the user is an integral part - to be involved, so that they can bring their experience into play and achieve a

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shared objective.

Our *Service Charter* wants in some way to show the principles behind the clinic management: humanity and efficiency.

What has been achieved here is due not only to the desire to work with quality and continued improvement in mind, but also to our increasingly committed pursuit of the professional and ethical values that have always characterised the clinic's activity.

We hope that we have provided you with a useful service and we would like to thank everyone who has contributed to collecting information and to writing this Charter, as well as all those who wish to help to perfect and update it, since we are aware of the fact that this edition is just the start of a long journey.

*WE WOULD LIKE TO ASK ALL MEMBERS OF THE PUBLIC WHO WILL BE USING OUR SERVICES, IN THE INTERESTS OF MAINTAINING AND IMPROVING THE AIMS/PRINCIPLES OF THE CLINIC, TO PROVIDE US WITH THEIR FEEDBACK AND SUGGESTIONS BY COMPLETING THE ATTACHED QUESTIONNAIRE AND FORMS ATTACHED.*

**MANAGEMENT**

**Prof Raffaele Guerrisi**

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**MISSION STATEMENT AND AIMS**

The patient and their general practitioner are always the focus of what we do. This principle is shared by our doctors, technicians, office staff, practice managers and operators in all units, who work daily to ensure they provide a personalised, flexible service that guarantees the complete satisfaction of those who use it.

<b>WE UNDERTAKE</b>	<b>to engage in constant dialogue</b> with users, institutions and accredited user protection bodies, for the purposes of ensuring our services are constantly improved
<b>WE UNDERTAKE</b>	<b>to maintain</b> our standards for quality, effectiveness and rapid response at the highest level and to ensure compliance with this aim
<b>WE UNDERTAKE</b>	<b>to guarantee</b> state-of-the-art technology in line with international standards
<b>WE UNDERTAKE</b>	<b>to make</b> our standards <b>public</b> , to inform the public, to survey their satisfaction and correct any dysfunctions identified
<b>WE UNDERTAKE</b>	<b>to facilitate</b> access to services, maintaining waiting lists within the minimum time limits set down by the competent health authorities
<b>WE UNDERTAKE</b>	<b>to improve</b> the communication processes between operators and

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**WE UNDERTAKE** to guarantee the constant updating and training of our professionals from both technical and assistance viewpoints

## **INTRODUCTION TO THE FACILITY**

The Guerrisi Radiology Clinic is accredited and authorised for Radiology and Image Diagnostics. It has been working on a permanent basis in the city of Rome for over thirty years. The principle of accreditation, based on ensuring the facility, technology and organisation meet suitability criteria has been a starting point for the clinic's evolution, which has had the primary aim of achieving maximum client satisfaction by achieving increasingly high levels of quality in terms of courtesy and friendly service.

To manage the minimum requirements for regional authorisation to practise, and further requirements of state accreditation, the clinic has put in place a system of internal quality management in line with the UNI EN ISO 9002/2015 standard. This system, although not yet certified, is active and annually updated.

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**WHERE TO FIND US:**

**ADDRESS: Via Tiburtina, 572 00159 - ROME**

*METRO STATION: VIA DEI MONTI TIBURTINI OR STAZIONE TIBURTINA*

**PHONE: +39 06/4380451 (ALSO FAX);**

**EMAIL:**

[Studio.guerrisi@virgilio.it](mailto:Studio.guerrisi@virgilio.it)

[info@dirg.it](mailto:info@dirg.it)

**Web:** [www.dirg.it](http://www.dirg.it)

The Clinic operates in the healthcare sector on a permanent basis, mainly focusing on the provision of image and specialist diagnostics services. The centre covers a surface area of approximately 200 sq m, on a single floor, with no architectural barriers, guaranteeing that visitors can make full use of the space.

Suitable rational division of the different spaces guarantees user privacy.

The workspaces and conditions in the centre are orientated towards the involvement and the mental

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and physical needs of all staff, as well as being such that they protect the safety of operators and patients.

Continued and increasingly efficient rational use of space has made it possible, over time, to create a comfier, more welcoming setting, while the purchase of next-generation equipment in terms of technology and diagnostic capacity has made it possible to satisfy increasing and ever more sophisticated healthcare demands.

The centre is located in a single storey building.

Reception

Waiting room

Specialist clinical-diagnostic rooms

Management offices

Radiology service

All rooms are free from architectural barriers and are complete with the relevant restrooms.

The rooms for diagnostic activities are fitted with air conditioning systems for microclimate control and they comply with the required standards for work safety.

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Our clinic provides the following examinations through arrangement with the National Healthcare System: Image Diagnostics and Radiodiagnostics

**Clinic hours**

<b>ULTRASOUND SCANS</b>			
<b>Days</b>	<b>Opening times:</b>	<b>Clinic/Appointment times:</b>	<b>Results Collection times:</b>
Monday - Thursday	08:00 -19:30	08:00-19:30	09:30-12:30
Friday	08:00 - 12:30		16:00-19:00
	15:00 - 12:30		
Saturday	08:30 - 12:30		
PLEASE NOTE: ULTRASOUND SCAN RESULTS ARE ISSUED AT THE END OF THE			

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**RADIODIAGNOSTICS**

**Days**

**Opening times**

**Clinic/Appointment times**

**Results Collection times**

Monday - Thursday

08:00 – 19:30

Friday

08:00 - 12:30

15:00 – 19:30

Saturday

08:30 - 12:30

08:00-12:30

15:00-19:30

09:30-12:30

15:00-19:30

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**STAFF RESPONSIBILITIES**

The organisational framework is set out in the following table, including the main responsibilities of staff.

AREA	POSITION	MANAGER
# MANAGEMENT	MANAGED BY	<b>#Prof. Raffaele Guerrisi</b>
HEALTHCARE	HEALTHCARE DIRECTOR	<b>Prof Raffaele Guerrisi</b>
ADMINISTRATION	ADMINISTRATIVE DIRECTOR	<b>Prof Raffaele Guerrisi</b>
QUALITY	QUALITY ASSURANCE MANAGER	<b>Dr. Paolo Mezzacapo</b>
SAFETY (81/08)	SAFETY DIRECTOR (external consultant)	<b>#Dr. Mario Ciolfi</b>

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RECEPTION

AREA MANAGER

**Ms. Anna Maria Pisani**

RADIOLOGY

TECHNICAL DIRECTOR

**Prof. Raffaele Guerrisi**

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**Useful Information**

When you arrive at reception for the first time, you will be asked for the following:

*Personal details from a valid identity document*

*Telephone number for any necessary communication*

*If necessary, a prescription or referral from a GP*

**COLLECTION OF RESULTS**

According to the EU 679/2016 regulation, for the purpose of protecting privacy, results are always provided in a sealed envelope and delivered directly to the person concerned or to another person, provided that they have been authorised to do so.

Results must be collected no later than 30 days from the date of the result report. Any results not collected within this time will be charged the full cost of the examination service; this also applies patients who are exempt from healthcare charges.

Results cannot be given over the telephone without prior authorisation from the Management.

Results (if specifically requested by the Patient) can also be sent via post with courier and delivery receipt. Requests for results to be posted must be made at the same time as registration.

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**PROVISION OF SERVICES WITHIN THE NATIONAL HEALTHCARE ACCREDITATION SYSTEM**

It is possible to provide services as part of the accreditation system only if accompanied by a request from a National Health GP, provided on the relevant form (referral). The amount to be paid by the patient (*ticket*) must be settled in reception

**THE FOLLOWING PATIENTS ARE EXEMPTED FROM PAYMENT:**

- ü users under 6 years of age or over 65, provided that their total pre-tax family income does not exceed 36,151.98 Euro (70 million lire) E01
- ü users classed as 100% disabled
- ü severely disabled persons as a result of service or work
- ü recipients of civil pensions with dependents
- ü blind or deaf-mute persons, as per Art. 6 and 7 of Law 482/68
- ü disabled persons under the age of 18 with monthly allowance

**GENERAL EXEMPTIONS**

- ü disabled persons with percentage classification above 2/3, with carer's or monthly allowance
- ü persons injured in the workplace or affected by occupational illness for the related services
- ü persons affected by chronic and crippling illness, including rare diseases (limited to the services listed in the exemption card)

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- ü unemployed persons registered with the employment office, together with their dependents, in cases in which the family unit has a total income for the previous year of 8,263.31 Euro. In case there is a spouse, the income threshold rises to a pre-tax amount of 11,362.05 Euro per annum. In case of dependent children, the limit is increased by 516.45 Euro per child
- ü persons undergoing tests for the purpose of early cancer diagnosis (art. 85/ Law 388/00): only for those tests for which there is an arrangement in place.
- ü Victims of terrorism and organised crime - Italian citizens who have suffered injuries or harm.

Income- or employment-based exemptions must be proved using self certification, signed by the user, and accompanied by an identification document.

The reception staff will provide all of the information to this regard.

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**AGREEMENTS**

The Clinic has agreements in place with insurance groups, foundations, associations and companies, for which specific set tariffs are applied.

Reimbursement processes may vary according to the type of agreement. The agreements and insurance policies in place are subject to continued updating and therefore, we recommend that the patient contact their insurance company or relevant organisation to check the terms and conditions for use of the agreement.

Should it be necessary to receive results before the proposed date, this must be pointed out at the time of registration. We will do our very best to meet your requirements as far as possible.

**IMAGE DIAGNOSTICS**

Our clinic can provide any test using image diagnostics, subject to booking. Radiographies and ultrasound scans, MRI of the joints.

Please let us know of any emergencies so that we can guarantee you a prompt service.

Medical results will be provided according to the method communicated to reception.

**PLEASE NOTE: IF IT IS NOT POSSIBLE FOR YOU TO KEEP YOUR APPOINTMENT, PLEASE ADVISE THE**

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*APPOINTMENTS OFFICE IN PLENTY OF TIME SO THAT WE CAN PROVIDE OTHER PATIENTS WITH A FASTER SERVICE.*

**Image Diagnostics**

Our image diagnostics unit uses the very latest equipment to guarantee the maximum diagnostic resolution and the shortest-lasting tests.

Please arrive at reception punctually, on the date and at the time stated in your appointment document, and remember to present the following:

- Ü *ANY RADIOGRAPHIES FROM PREVIOUS TESTS IN YOUR POSSESSION*
- Ü *ANY TESTS PERFORMED, RESULTS FROM SPECIALIST VISITS, DISCHARGE LETTERS FROM HOSPITAL, MEDICAL RECORDS, ETC. THAT MAY BE OF DIAGNOSTIC USE.*

Patients are then asked to sign an informed consent form and after this has been duly completed and signed, they are sent to the waiting room.

Patients wait for the time necessary for the Diagnostic Room to become free. For different reasons, there may be delays with regard to the appointment time: no diagnostic examination has a set time; one or more patients may have problems that are difficult to identify, or they may not collaborate in the performance of the test, leading to delays in the appointments that follow.

There may also be a failure or “machine downtime” with radiological equipment causing it to be unusable for a certain period.

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Please remember that standing around close to the Diagnostics Room door will not reduce waiting times, but it can cause problems for those who are working.

When it is your turn, you will be called by a radiographer (TSRM), who will inform you which items of clothing or other you will need to remove, based on the type of test. Most tests are carried out by a radiographer (skeletal system, chest, abdomen, etc.). Please calmly and carefully follow the radiographer's instructions: a good diagnostic examination requires your cooperation. You must stay completely still and hold your breath when asked to do so. It can often occur that a patient is asked to repeat a test or undergo the examination again, in a different position. If this should occur, it is no cause for alarm. This is normal and there can be many reasons why it should be necessary: you moved, you breathed, and the doctor needs to see a certain area in more detail or to follow up an exam for a more accurate diagnosis.

It is possible for the required test to be changed or converted to another, different type by the specialist, in compliance with Law 187/2000 which imposes the use of radiation protection measures for the patient.

The diagnostic report, written up by the supervising doctor will be issued within the time given to you in the collection- proxy form provided at the end of the test.

Results are generally delivered after the examination has been completed or they can be communicated to the referring GP by telephone, on request, as soon as they become available.

Please remember:

- Ü *CAREFULLY FOLLOW ANY PREPARATION REQUIRED.*
- Ü *DO NOT SMOKE OR DRINK ALCOHOLIC BEVERAGES IN THE CENTRE.*

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the centre, including balconies.

While at the centre, users are required to behave responsibly, collaborating with other operators, respecting the privacy and quiet of other users, and taking care not to damage areas, equipment or furniture.

**IN CASE OF EMERGENCY**

An emergency plan has been put in place in the centre, as defined in specific operating procedures; the plan can enter into operation promptly and each component will have a precise role to play. The aims of the emergency plan are:

- ⇒ reducing hazards and risks due to the event
- ⇒ helping any people who may be affected
- ⇒ delimit the area and put control the event for the purposes of damage control

Anyone identifying an emergency shall immediately inform an operator on the floor who will begin to implement the operating procedure for the intervention.

In all cases of emergency, in case of fire or smoke, it is necessary to: keep calm, inform department staff and to follow their instructions.

The staff has been specially trained in emergency procedures.

In case of evacuating the facility:

- ⇒ keep calm and be sure to follow the instructions of the staff with care
- ⇒ do not waste time collecting personal items

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⇒ move to the nearest emergency exit, as marked

**GENERAL PRINCIPLES**

***RIGHT TO EQUALITY AND IMPARTIALITY***

Every citizen has the right to receive the most suitable medical care without discrimination with regard to sex, religion, nationality or social status. All patients will be cared for with the same professionalism.

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***RIGHT TO CONTINUITY OF CARE***

Operators at the facility have the duty to guarantee that the patient has continuity of care, through to recovery of his or her normal physical and mental wellbeing.

***RIGHT OF CHOICE***

In compliance with current standards

- the user has the right to choose between different healthcare facilities providing the service within the area.
- the user has the right to information concerning his or her own diagnostic and treatment process; they can then accept or refuse the proposals formulated by medical staff, expressing agreement by signing the informed consent form
- the user has the right to receive all explanations as to his/her state of health

***RIGHT TO PARTICIPATION***

The user's consensual participation in the service, according to current standards is guaranteed. The user can access his or her information in the possession of the facility and may provide feedback and suggestions for operational improvements to the service by completing the questionnaires that will be analysed by the facility.

***RIGHT TO EFFECTIVE AND EFFICIENT SERVICES***

The technical, scientific and organisational expertise of operators is kept up to date through internal

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and external training courses. The aim is to achieve better effectiveness for the user, safeguarding efficiency in terms of the resources that are used every day.

***ACCESS TO HEALTH INFORMATION***

**Informed consent**

Legal provisions, as well as professional codes of conduct require the physician to inform the *patient about the treatment programme to follow.*

*Specifically, in terms of services that include invasive diagnostic/clinical examinations and in any case, services of a certain complexity, the user must express his/her certain and informed consent.*

*This is formalised by the user signing a special printed form currently in use.*

*Only the informed consent of the patient will legitimise the specific medical treatment, allowing the healthcare giver to proceed with the operation/procedure. Exceptions to this process are situations in which subjects who have come to the attention of healthcare workers are in a critical clinical condition (imminent danger to life).*

The above procedure does not hold the physician free and harmless from his or her specific responsibilities concerning the correct performance of the service he or she will be providing and which he/she has chosen to the best of his/her knowledge and belief.”

***USER’S DUTIES***

The user is required to comply with:

- the duties and standards concerning civil co-existence, respecting and understanding sick

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people

- respectful treatment of the areas, equipment and furniture inside the facility
- compliance with visiting times for the purpose of normal assistance activity

## **QUALITY AIMS AND STANDARDS**

### **Aims:**

- **TRANSPARENCY, COMMUNICATION, AND EFFECTIVENESS FOR USERS**  
*are all guaranteed through the nomenclature-tariffs made available to users through our reception points and on our website*
- **REDUCTION TO WAITING LISTS AND TIMES**  
*Modulating technical and administrative personnel and sessions in consideration of statistics and access to services*
- **AVAILABILITY OF THE REFERRING DOCTOR TO PROVIDE CLARIFICATIONS, INFORMATION AND SUGGESTIONS TO THE PATIENT**  
*Medical staff available to provide information on the tests carried out*
- **PATIENT COMFORT AT THE FACILITY**

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*ensuring large waiting rooms, disabled toilets, and friendly, helpful reception staff*

– **PROVISION OF SERVICES OF THE HIGHEST QUALITY STANDARDS**

*using next-generation means that can be interfaces, precise diagnostic protocols that refer to national and international guidelines, and fully-trained, regularly updated staff.*

– **CARRY OUT AND PROMOTE RESEARCH PROJECTS**

*improving diagnostic protocols and procedures, studying the sensitivity and specific nature of new diagnostic markers.*

– **CUTTING-EDGE, HIGH-TECH INSTRUMENTS**

*taking part in refresher courses and industry conferences*

– **HIGHLY QUALIFIED STAFF**

*professionals qualified for and suited to the activities to be carried out; training and updates scheduled by expert staff*

We would like to specify that in any case, *privacy* and security in the workplace are guaranteed

**STANDARDS:**

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- *REVISION AND CONTINUED UPDATING OF DIAGNOSTIC PROTOCOLS*
- *QUALITY CONTROLS FOR HEALTHCARE ACTIVITIES*
- *STAFF TRAINING AUDITS*
- *INFORMATION TO USERS FOR HEALTHCARE PROVISION AND SERVICES*
- *USE OF SELECTED AND CONTROLLED DIAGNOSTIC MATERIAL.*

**SAFEGUARDS AND CHECKS**

The standards listed above have been checked and updated via:

- healthcare management able to plan times and resources for diagnostic protocols;
- individual technical branch directors able to report on quality control audits;
- the person in charge of training, who plans the content of professional refresher courses, identifying the training needs of new operators and also for the introduction of new instruments;
- the healthcare management, which checks the availability of referring doctors to provide information on care provided;
- a guaranteed procurement procedure that guarantees the validity of the products sold and their compliance with current standards, as well as the qualification of suppliers;

**QUALITY COMMITMENTS AND PROGRAMMES**

The Management, together with staff on all levels, guarantees the following to clients who use the services provided by our facility:

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Respect for human dignity and maximum consideration for the personal space of the patient  
Confidentiality with regard to personal information and information about diagnoses and treatments  
Customised assistance for all treatments.

**CUSTOMER/PATIENT SATISFACTION SURVEY**

Every six months, the Quality Assurance Manager collects the Customer Satisfaction Sheets and analyses them using technical statistics.

With the collaboration of those in charge of areas found to be inefficient after surveys, corrective actions are planned in order to eliminate the causes of non-conformities found by customers.

During management reviews, as set down in the Quality Policy (start of the Services Charter), the corrective and/or preventive actions needed to eliminate any disservices will be established.

In case of limitation and/or exclusion from the use of our services and in general, to report disservices, the patient will complete a complaints form, stating the reason for his or her lack of satisfaction in the relevant section.

Patients can request the forms at reception.

Once the form has been completed in full, it should be handed to the Reception Coordinator as

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named in the description of the single activities at the centre.

*The Quality Assurance Manager, together with the Reception Service Manager and the Manager of the Operating Unit concerned, will review the complaint and the reason for it being submitted, before reporting the results back to the Healthcare Manager.*

Together with management staff, the Management has set the maximum time for the elimination of any disservices at 30 days from the submission of the complaint.

If this deadline is not met, it will be the task of the Reception Coordinator to inform the user making the complaint of the reasons leading to the failure to solve the problem within the time limit set, as above.