
	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>CS-EN</b>	
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>1 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

# LETTER OF SERVICES

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	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>2 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

*Dear User,*

Thank you for your interest in our Thermal Plexus .

Below you will find the contents of the Charter of Services of the Terme di Cotilia S.r.l. (CotiliaTerme), which contains general information on spa services and in particular on therapeutic treatments affiliated with the National Health Service, as well as the principles and commitments promoted by the structure in the provision of Services, in order to guarantee a standard of quality and excellence.

The Charter of Services is drawn up in compliance with the Directive of the President of the Council of Ministers of 27 January 1994, the Decree of the President of the Council of Ministers of 19 May 1995 and the Decree of the Commissioner ad Acta 6 October 2014, n. U00311 "Guidelines for the Elaboration of the Charter of Health Services of the Companies and Health Facilities of the Lazio Region".


The conditions and methods of offering the Services to users comply with the principles contained in the Charter and, in any case, with the regulations in force at national and Community level.

Special questionnaires are also available at the Hospitality Service to report any problems and to present possible complaints and advice on our structure and services. User reports contribute to cotilia Terme providing solutions and services of increasingly high quality. We will be grateful if you would report any errors or shortcomings in this document or in our website [www.cotiliaterme.com](http://www.cotiliaterme.com).

It will be our commitment to evaluate the suggestions received and from these to continue on our path made of care, assistance and research, aimed at achieving the best quality of life for our patients.

**The Medical Director**

Maurizio Luce

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>3 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

## SECTION 1

# PRESENTATION OF THE COMPANY

### 1. PREMISE

Since 1971 Terme di Cotilia a r.l. has its roots in the crucible of a strategy for the development of the high velino in the thermal field - where the thermal garrison insists - trying to trigger virtuous mechanisms aimed at enhancing a connective tissue that looks to make one of the most important resources of the territory more attractive. The company aims to go beyond the ordinary canons of thermalism, trying to place itself on the market as a dynamic, solid and expanding thermal reality, at the forefront in the prevention and treatment in the thermal field, of otolaryngological, respiratory, gastroenteric, urinary and gynecological diseases. According to the World Health Organization (WHO) "*Thermal medicine is one of the oldest forms of therapy in the West and in this sense it is to be considered a traditional medicine*". In this perspective, Cotilia Terme, as an integrated complex of natural resources, structures and services, represents a meeting point between different forms of medical culture aimed not only at therapy and rehabilitation but also at maintaining health.


**Cotilia Terme is an authorized structure, with institutional accreditation, pursuant to the DCA U00018 of 17 January 2019 of the Lazio Region.**

#### ▪ **Classification of thermal waters**

- The classification of the waters of Cotilia, derived from the analyzes carried out by Talenti and Borgioli, is of natural mineral water sulfide - carbonic - bicarbonate - sulphate - alkaline earthy - cold. The water, which has a smell of hydrogen sulfide and a sparkling sulfur taste, has a residue at 1800 C of g. 2.0678, with a sulfidimetric degree of 6.8; carbon dioxide is present at the analysis of dissolved gases with<sup>3</sup> 764.2 cm.

#### ▪ **Corporate and governance data**

- LEGAL AND OPERATIONAL HEADQUARTERS: Via Salaria km 102 – 02010 Castel S. Angelo (RI)
- URL: [cotiliaterme.com](http://cotiliaterme.com)
- PEC: [termedicotilia@pec.it](mailto:termedicotilia@pec.it)
- E-mail: [info@cotiliaterme.com](mailto:info@cotiliaterme.com)
- REA NUMBER: RI- 25273
- FISCAL CODE: 00043090570

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	CS-EN 0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>4 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- NUMBER/YEAR OF REGISTRATION IN THE COMMERCIAL REGISTER:  
00043090570/1971
- VAT number: 00043090570
- SDI CODE: T04ZHR3
- ADMINISTRATIVE FORM: Board of Directors
- LEGAL REPRESENTATIVE: Valerio Filippo Del Tosto
- COMPANY MANAGEMENT (Managing Director):: Emanuele Del Tosto
- MEDICAL DIRECTOR: Maurizio Luce


## 2. COMPANY FUNCTIONS

The company organization aims to focus on the company's offer seen as a single proposal centered on the concept of well-being of the person through the thermal water of Terme di Cotilia. In particular, the proposal to the customer is based on:

- ***spa treatments for the care and well-being of the person through the thermal water of Terme di Cotilia in all its forms.***

The objective of corporate governance is to get out of the division by specificity of activities so far used to work for processes and, therefore, to establish corporate functions that contribute, with respect to their own specific objectives, to the realization of the value proposition to the defined customer. All company functions contribute to the achievement of company objectives in terms of strategic objectives, economic result and cost. The company organization is articulated as per the following description and attached functiongram. The company's organizational model provides that the Board of Directors depends on:

- the **Technical-Administrative Area** (a function transversal to the company's operational activity) to support the operational areas, to ensure the correct exercise of the company structures from the administrative, technical, reception and facility management point of view of the company's real estate assets.
- the **Product Area** develops and takes care of the operational implementation of the product (understood as a value proposition to the customer, therefore including the physical and material part, the service and the experiential component) according to the company's strategic objectives and the needs detected by the market, with particular reference to the thermal offer, both of care and well-being.
- the **Business Development and Marketing Area ensure the** development of the company's activities, with particular reference to the curative, health and medical-scientific fields, articulating the defined strategies, and the institutional and general activities of the Company, the promotion and market development activities for the curative and wellness spa proposal;
- the **Health Area** where the Health Director is the guarantor for users and operators of the correct exercise of the health services provided by the company. In this area operates:

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
		<b>Approvata</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>5 a 43</b>	<b>Emessa</b>	RGQ

- **Paramedical staff**, composed of professional nurses in charge of carrying out the spa services of their competence and able to manage the problems of the nursing clinic inside the spa;
- **Thermal health personnel**, composed of doctors with extensive spa experience and with experience in emergency and emergency medicine. The task is that of the reception visit for customers belonging to the departments and medical guard for the entire time of opening of the structure, in order to identify and solve health problems of users / patients;
- **Specialist health personnel**, composed of specialists in the field of otolaryngology, pneumology, gynecology, psychiatric, cardiological, gastroenterological and odontostomatological who operate at fixed times within the thermal structure.


## 2.1. ORGANIZATIONAL STRUCTURE – COMPANY FUNCTION CHART

*Annex 1*

## 3. MISSION AND FUNDAMENTAL PRINCIPLES

By defining the mission we mean explaining who we are, what we do and why we want to do it. Cotilia Terme intends to pursue the goal of treating and preventing diseases that find therapeutic benefit in a thermal and rehabilitation environment. It avails itself of the collaboration of doctors and specialized operators who operate always keeping in mind the result to be obtained which is the improvement of the quality of life of people who undergo the various treatments in compliance with the above principles, respecting the criteria of equality and recognizing the rights of sick people, while asking all users to respect the other curists present in the structure and respect for the work of the operators. The regulation, updated whenever necessary, is made available to everyone to be read and respected. As far as the mission is concerned, the health complex:

1. believes in the centrality of the person and for this reason promotes the culture of respect and listening and invests in reading, understanding and interpreting his health and well-being needs;
2. contributes to the creation of conditions of equity in access to and use of services;
3. leverages the ethical component of its daily actions inspired by the principles of transparency, visibility of company action and effective and efficient management of resources;
4. promotes the construction of a network of alliances with social actors, public and private, so that synergies can lead to unitary solutions;
5. promotes the orientation to specialization as an undisputed and irreplaceable factor of quality of the services provided;
6. promotes continuous improvement that aims at the excellence of clinical and care pathways also through the construction of professional, organizational and accessibility guarantees that instill reliability and a sense of security;

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
			0
			Direzione/Direttore Sanitario
<b>Page #</b>	<b>6 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

7. promotes technological innovation and scientific progress;
8. invests in the development, motivation, enhancement of employees who demonstrate character, commitment, dedication, team spirit and sense of belonging, rewarding with professional growth and other awards based on results and performance;
9. focuses on the "recognizability" of our guidelines and results by those who access our facilities as well as by third parties.

The company bases its activities on the following principles:

### **3.1. Uguaglianza, impartiality of treatment and continuity.**

The company undertakes to guarantee equal treatment to all users / patients, without any distinction of nationality, sex, race, language, religion, political opinions and social class and to ensure a deontologically equitable behavior by all the staff operating in the structure. All intended as a guarantee of equality in access and quality of services. The latter are provided from Monday to Saturday, in order to ensure the continuity of services.

### **3.2. Right of choice**

The User has the right to choose between the subjects that provide the service. The right of choice concerns in particular the various services provided.


### **3.3. Courtesy and transparency**

Transparency and quality assurance in the way services are provided, in the willingness to compare with other health facilities, similar and not, in the clear explanation of the objectives, in their implementation and in the publicity of the results obtained in terms of evaluation of effectiveness and efficiency, or in the construction of a quality system. Each patient/user is asked to report their observations or suggestions. To this end, in the relaxation area, adjacent to the front-office station, a display case is placed to collect suggestions with pre-printed cards. The spa undertakes to take into account what is suggested and to respond if requested.

### **3.4. Efficiency and effectiveness**

The services offered must be provided in such a way as to ensure efficiency and effectiveness. To this end, the structure is inspired by the architecture of a Quality System, and its use should ensure:

- the identification of objectives for improving the quality of services through the Quality Policy and the related annual objectives;
- the measurement of the performance of the services provided through specific indicators, quantified periodically and reported on the service charter updated annually;
- the definition of the characteristic and qualifying requirements of the spa treatment service and the requirements relating to the different thermal treatment techniques.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>7 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

–

### 3.5. Confidentiality

The staff operating in the structure undertakes to guarantee and ensure the absolute confidentiality of the processing of incoming and outgoing data, in order to reiterate the full concordance with the recognized principles of the Right to Health and Privacy (European Regulation EU 679/2016).

Especially:

- Personal and personal data are processed only by the persons in charge and for the functions necessary to carry out the service;
- publication by posting in the waiting rooms of the information drawn up on the basis of the provisions of European Regulation 679/2016;
- coupon for the release of consent to the collection, processing, storage and communication of personal and sensitive data by the user;
- security measures for the protection of personal and sensitive data towards third parties.

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### 3.6. Participation

The Organization guarantees the participation of citizens through information and communication, ensures the right of access to documents, receives observations and complaints.

### 3.7. Respect for the environment

The structure operates in the belief that responsible environmental policies are a strategic investment for the future. The production processes are organized in such a way as to have the lowest possible environmental impact.

## 4. MEANS OF IMPLEMENTING THE FUNDAMENTAL PRINCIPLES


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### 4.1. Privacy

EU Regulation 679/2016 provides for the protection of individuals with regard to the processing of personal data, as well as the free movement and implementation of minimum security measures for the protection of the same during each phase of processing. According to the decree indicated, this treatment will be based on principles of correctness, lawfulness and transparency and protection of privacy and customer rights. In compliance with art. 13 of the aforementioned decree, the Management has provided, to make visible in the premises of the structure, the information showing the purposes and methods of processing personal data. These data are kept through adequately protected electronic databases, as well as all paper documentation is stored in cabinets equipped with hermetic closures.

### 4.2. Simplification of procedures

The company limits the procedures and formalities necessary for users' access to the

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>8 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

services/benefits. The methods of booking services are made understandable and easily accessible.

#### 4.3. Information to users

The structure provides users with complete, clear and up-to-date information regarding the services / performance and methods of delivery. The information on the structure and services offered can be acquired in different ways, in fact, the health facility is present on the web with its own site: <https://www.cotiliaterme.com>, it is also present in various search engines. Users who become aware of our structure can ask for further information, before making the reservation, either by phone or by e-mail. The acceptance officer will respond to requests with courtesy and availability, trying to provide all the clarifications that the customer needs and trying to detect his expectations in order to be able, where possible, to reassure him that they will be met.

#### 4.4. Relationship with users

In relations with users, the structure is committed to the utmost courtesy and requires the same commitment from its employees and collaborators. The employees / collaborators of the company are required to indicate their personal details both in the personal relationship with users and in telephone communications. The company and the employees / collaborators undertake to facilitate users in the use of the services. At the reception are available all the information useful to users.

#### 4.5. Evaluation of the quality and degree of user satisfaction

To assess the achievement of quality and the objectives pursued, the company carries out specific checks. As a result of the results ascertained, the structure confirms or redefines the quality objectives with the ultimate aim of improving services. The structure detects the degree of user satisfaction with the services provided and evaluates any changes in user expectations on the services by analyzing:


- information collected from contacts with users;
- the contents of the complaints received and the appropriate questionnaires that users can return completed;
- the appropriately promoted opinion polls.

#### 4.6. Complaint handling

The company undertakes to examine, as soon as possible, verbal and written suggestions or complaints from users. On written complaints, the company, after having provided and requested from the individual internal functions the information relating to the case, will provide the interested party, always in writing, with useful formal answers within 30 days communicating the actions and measures taken if the complaint has been judged relevant by the Company Management. Such complaints may reach the company:

- by direct delivery to the company management;



	<b>Area Prodotto Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>9 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- by mail addressing them to the Product Department – Cotilia Terme, via Salaria km 102 Castel S. Angelo (RI) 02010;
- by e-mail to [prodotto@cotiliaterme.com](mailto:prodotto@cotiliaterme.com).

Based on previous activities Cotilia Terme:

- periodically verifies the quality of services and assesses the degree of user satisfaction;
- defines a plan to improve the quality of the Services by modifying business processes and, where possible, improving current standards.

#### 4.7. Rights of the caregiver


The caregiver is entitled for the duration of the course of treatment:

- to be assisted with care and professionalism and treated with respect and courtesy;
- to obtain, from the entire staff operating in the spa, all the information necessary both for the completion of the treatment;
- to obtain, from the health personnel operating in the structure, complete and understandable information about the diagnosis of the disease, the proposed therapy and the prognosis;
- to obtain ample guarantees on the confidentiality of the data contained in the health record except for legal obligations.

To express judgments on the quality of services and to present suggestions and complaints through suitable tools made available by the company.

#### 4.8. Duties of the caregiver

- The user, when accessing the care is invited to behave responsibly at all times, respecting and understanding the rights of other users, with the desire to collaborate with the medical, nursing, physiotherapy, technical staff and with the company management.
- Access to the service / provision, expresses on the part of the user a relationship of trust and respect towards the staff, an indispensable prerequisite for the setting up of a correct therapeutic and assistance program.
- It is the duty of each user to promptly inform the structure of his intention to renounce, according to his will, the scheduled services so that waste of time and resources can be avoided.
- The user is required to respect the environments, equipment and furnishings of the structure.
- At the property, in compliance with current regulations, smoking is prohibited. Compliance with this provision is an act of acceptance of the presence of others and a healthy personal style of living in the structure.
- The organization and the scheduled times must be respected.
- The staff, as far as they are competent, is invited to enforce the rules set out for the good performance of the structure and the well-being of the user.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	CS-EN 0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>10 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

–

#### 4.9. Assistance for foreign citizens

Spa treatments cannot be obtained by presenting the European Health Insurance Card (EHIC) but are granted exclusively on the basis of the presentation of the E112 (or S2) form at the territorially competent ASL.

## SECTION 2

# SERVICES PROVIDED

### 5. PURPOSE SERVICES

Sulphurous water is the only "pharmacological" chemical medium used for therapeutic purposes at Cotilia Terme, and . The sulphurous water of Cotilia is characterized by a good sulphhydrometric degree. This water - after carrying out appropriate university clinical trials - has been recognized by the Ministry of Health as effective for the treatment of numerous diseases in the otolaryngology, pneumological, gastroenterological, gynecological, arthrorheumatological, phlebological and dermatological fields.


### 6. OPEN TO THE PUBLIC

The health center - *for the authorized activity that for the accredited activity, specifically indicated in the DCA U00018/19 of the Lazio Region* - is authorized to open to the public from 1 January to 31 December of each calendar year, from

- **Monday to Saturday (excluding public holidays)**
  - **from 8.00 to 12.00 - from 15.00 to 19.00**
- The temporality connected to the opening may be subject to change, so customers are invited to consult the company website or contact the front-office through telephone or support channels through messaging, to obtain information on the merits.

### 7. DEPARTMENTS AND SERVICES

The environmental context of Cotilia Terme sees at a very short distance the archaeological area that preserves the ruins of the ancient Roman Sabine center of Aquae Cutiliae (including the ancient baths) and is characterized by small bodies of water that, due to the color and the dense surrounding vegetation,

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>11 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ


make us think of the brilliant waters of the Caribbean, where two sources called "Old Baths" and "New Baths" flow. The spa complex covers an area of 7500 square meters, where there are two functionally diversified buildings called block "A" and block "B". Investments are underway on the latter for structural, technological and organizational modernization. In the central body of the building called Block "A" there is the reception area for patients / users, the front-office dedicated to information and reservations of health services in agreement with the S.S.N. or for a fee. Block "A" in a distributive perspective – in the mere desire to orient the user / patient – is divided into functional areas, namely:

- **Area A** – multifunctional areas that houses the management and administrative structures and a relaxation room that can be used as a conference room. In this area are provided:
  - medical services of thermal acceptance for services in agreement with the S.S.N. or private
  - outpatient medical-specialist services, such as medical examinations, diagnostic tests and therapies, relating to pneumology, physiatry, cardiology, gastroenterology and gynecology.
- **Area B** - in this area are provided:
  - outpatient medical-specialist services, such as medical examinations, diagnostic tests and therapies, relating to otolaryngology, physiatry, pneumology and odontostomatology.
  - Health Directorate
- **Area C** – houses thermal inhalation departments dedicated to pediatric patients
  - Relaxation area dedicated to paediatric patients
  - Sterilization service
- **Area D** – houses thermal inhalation wards dedicated to adult patients.
  - Relaxation area dedicated to adult patients

### 7.1. Regulations on Tickets and payments under the NHS convention

The services provided by the tariff nomenclator of the Lazio Region and provided by the structure under an agreement with the S.S.N.:

- **for non-exempt citizens** the ticket of 55.00 Euro, must be paid on all affiliated outpatient services (citizens aged between 6 and 65 years),, for those **partially exempt** the fixed fee is 3.10 Euro.
- **for exempt citizens the exemption criteria** are as follows:
  - Citizens under the age of six or over 65, belonging to a family unit with a total income referred to the previous year not exceeding 36,151.98 Euros;
  - Holders of social pension and their dependent family members belonging to a family unit with total income referred to the previous year not exceeding 8,263.31 Euros and up to 11,362.05 Euros with spouse, plus 516.46 Euros for each dependent child;
  - Holders of a minimum pension over 60 years of age and their dependent family members belonging to a family unit with total income referred to the previous year not exceeding 8,263.31 Euros and up to 11,362.05 Euros with spouse, plus 516.46 Euros for each dependent child;

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>	
			Revisione attuale	0
			Verifica	Direzione/Direttore Sanitario
<b>Page #</b>	<b>12 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario	
		<b>Emessa</b>	RGQ	


- The unemployed and their dependent family members belonging to a family unit with total income referred to the previous year not exceeding 8,263.31 Euros and up to 11,362.05 Euros with spouse, plus 516.46 Euros for each dependent child;
  - Invalids for service belonging to categories 2<sup>to</sup> 5
  - Invalids for service belonging to categories 6<sup>to</sup> 8<sup>a</sup>, limited to benefits related to the disabling pathology;
  - Civilian invalids from 67% to 99%;
  - Civil invalids with accompanying allowance;
  - The disabled at work from 67% to 79%
  - Invalids of work with disability less than 2/3, limited to benefits related to the disabling pathology;
  - Blind and deaf-mute referred to in art. 6 and 7 of Law 482/68;
  - War invalids belonging to categories 1<sup>to</sup> 5 to non-holders of a direct lifetime pension;
  - War invalids belonging to categories 6<sup>to</sup> 8<sup>to</sup> non-holders of a direct life pension, limited to benefits related to the disabling pathology;
  - Carriers of malignant neoplastic pathologies;
  - Exempt for pathology only for services related to the disabling pathology.
- **Totally exempt** patients
- War invalids belonging to categories 1st to 5th holders of direct lifetime pension; - War invalids belonging to categories 6<sup>to</sup> 8<sup>a</sup>, holders of a direct lifetime pension, limited to benefits related to the disabling pathology; - Invalids for service belonging to the 1st category;
  - 100% civilian invalids;
  - Civil invalids with accompanying allowance;
  - The great disabled of work with disability of more than 80%;
  - The absolute blind.

#### **Protected** Categories

The so-called protected categories (pursuant to Art. 57 paragraph 3 of Law No. 833/78 and Article 13 of Legislative Decree No. 463/83, as amended by the Conversion Law L.n. 638/83) may benefit, during the year, from a further specific course of care. This category includes: invalids due to war and service, blind, deaf-mute and invalid civilians with a percentage of more than two-thirds, invalids of work. All those who undergo treatment are required to declare, on the back of the proposed prescription, under their own responsibility that, in the current calendar year, they have not benefited from another specific cycle of care, with charges borne by the National Health Service, or to have the right to the treatments provided for those belonging to protected categories.

#### **Spas for workers**

Spa services cannot be used by employees, public and private, outside the period of holidays or


	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>13 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

ordinary leave. It is possible for personnel falling into the categories of mutilated, war invalids or for service, to carry out the prescribed care in relation to their state of disability, according to the limits established by current legislation and by the respective CCNL, making use of the leave for care, falling within the discipline of absences due to illness. In the event that, for therapy or rehabilitation related to diseases or pathological states, the doctor of the ASL or social security institutions considers the use of timely spa treatment to be decisive and for this reason a postponement of treatment is not recommended, the employee, taking sick leave, may go to carry out the prescribed therapies at the indicated Spas. This regulatory approach has also been reiterated by recent rulings of the Court of Cassation, which has underlined the need on the part of the prescribing doctor for a reasoned judgment on the non-deferrability of the treatment and the "specific therapeutic or rehabilitative suitability of the prescribed care".

## 7.2. Services charged to the S.S.N.

**The spa is classified at the 1st super level.** Many of the services provided within the spa complex can be charged to the S.S.N. according to current regulations. Patients who decide to take advantage at the Terme di Cotilia of what falls within the panel of thermal services that can be agreed with the S.S.N. (as per table ex D.M. 15/12/94 and subsequent confirmations / additions), must have in advance a valid prescription issued by the General Practitioner, or by the Pediatrician of Free Choice or by a suitable outpatient specialist agreement, compiled on the appropriate regional recipe book supplied to the same professionals and indicating a diagnosis consistent with one of the treatment cycles that can be performed at the thermal complex of Cotilia. Pursuant to national health legislation, each user has the right to use, with charges borne by the S.S.N., only one specific cycle of spa treatments connected to the pathology for each legal year (1 January - 31 December). We remind you that the cycle of thermal therapy in agreement with the **National Health Service, consisting of 12 days of treatment, must be completed within a period of 16 calendar days in order to obtain the optimal therapeutic effect; the cycle of affiliated care can be completed within a maximum of 60 days.**

PERFORMANCE	TPOLOGY
<b>89.91.2</b> <b>INHALATION SEAT</b> Inhalation or nebulization aerosol the humages	<ul style="list-style-type: none"> <li>• <i>Chronic or relapsing nasopharyngitis</i></li> <li>• <i>Nonspecific and ozenatose atrophic rhinitis</i></li> <li>• <i>Specific or nonspecific vasomotor rhinitis</i></li> <li>• <i>Allergic rhinitis</i></li> <li>• <i>Chronic or relapsing sinusitis</i></li> <li>• <i>Chronic or relapsing pharyngolaryngitis</i></li> </ul> <b>N. 24 INHALATION TREATMENTS</b>
<b>89.92.1</b> <b>VAGINAL IRRIGATION</b>	<ul style="list-style-type: none"> <li>• <i>Painful sclerosis of the pelvic connective tissue of a scarring and involuntional nature</i></li> <li>• <i>Persistent leukorrhoea from chronic nonspecific and dystrophic vaginitis</i></li> <li>• <i>Vaginitis</i></li> <li>• <i>Adnexitis</i></li> </ul> <b>N. 12 VAGINAL IRRIGATIONS</b>
<b>89.93.1</b> <b>89.92.4</b> <b>SITTING</b> <b>HYDROPINIC CARE</b>	<ul style="list-style-type: none"> <li>• <i>Dyspepsia</i></li> <li>• <i>Chronic atrophic gastritis</i></li> <li>• <i>Chronic constipation</i></li> <li>• <i>Urinary and renal hepatobiliary diseases</i></li> </ul> <b>N. 12 HYDROPINIC TREATMENTS</b>


	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>	
			<b>Revisione attuale</b>	0
			<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>14 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario	
		<b>Emessa</b>	RGQ	

<b>89.93.3</b> <b>CYCLE OF CARE</b> <b>INTEGRATED PULMONARY</b> <b>VENTILATION</b>	<ul style="list-style-type: none"> <li>• <i>Bronchial nasopharyngolaryring syndromes</i></li> <li>• <i>Chronic catarrhal bronchitis</i></li> <li>• <i>Chronic obstructive pulmonary disease</i></li> <li>• <i>Bronchiectasis</i></li> <li>• <i>Pneumoconiosis</i></li> </ul> <b>N. 12 PULMONARY VENTILATION</b> <b>N. 18 INHALATION TREATMENTS</b>
<b>89.93.2</b> <b>CYCLE OF CARE</b> <b>RHINOGENIC DEAFNESS</b>	<ul style="list-style-type: none"> <li>• <i>Serum mucous otitis media</i></li> <li>• <i>Catarrhal otitis</i></li> <li>• <i>Chronic purulent otitis media</i></li> <li>• <i>Tubal stenosis</i></li> <li>• <i>Transmissive hearing loss</i></li> </ul> <b>No. 12 ENDOTYMPANIC/POLYTZER INSUFFLATIONS</b> <b>N. 12 INHALATION TREATMENTS</b>

The various inhalation techniques allow to enter the ear-nose-throat system the appropriately divided mineral waters or the gases of mineral waters. The main modes are:

- **Puffs**  
The mineral water transformed into a more or less dense mist, is placed in an environment in which the patients remain for the duration of the application, or placed in an individual apparatus with direct jet.
- **Inhalations**  
*Mineral water is crushed into more or less small particles; the patient in front of the apparatus inhales the jet of particles produced.*
- **Aerosol**  
*The devices divide the mineral water into particles with a diameter of 3 to 10 microns that spread mainly in the upper respiratory tract.*
- **Humages or Emanations**  
*They use mineral water gases; they are divided into "collective", when thermal gases are introduced into a collective environment; "individual", when placed in a single appliance; "nasopharyngeal insufflations" when they are conducted directly into the nasal cavities and pharynx, by means of appropriate catheters or probes; "tube-tympanic insufflations" when they get into the middle ear.*
- **Hydropinotherapy or Hydropinic Cure**  
*It consists in drinking a certain amount of one or more mineral waters under certain conditions of temperature, time, time, rhythm according to the medical prescription.*
- **Vaginal irrigations**  
*Mineral water at low pressure and at a temperature of 37 ° C is fed into the vagina through an irrigating tube in an amount of 1-2 liters for the duration of 10-15 minutes; one cycle includes one irrigation per day for a total of 12-15, to be repeated possibly in the year.*
- **Pulmonary ventilation**  
*It is dispensed with a device that delivers a sulfur aerosol with intermittent positive pressure.*

### 7.3. Consultations, assessments and therapies provided not at the expense of the S.S.N.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>15 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

In cases where the customer cannot take advantage of the care borne by the S.S.N. referred to in the previous point, the same may be provided by the Terme di Cotilia with costs borne by the customer. At the spa, precisely in **Block A** , the following services and assessments can be carried out under a private regime:

### Area A


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- **PNEUMOLOGY**
  - Pneumological evaluation
  - Spirometry examination
  
- **GYNAECOLOGY**
  - Vaginal irrigation (*minimum 3 treatments*)
  
- **GASTROENTEROLOGY**
  - Hydropinic care (*minimum 6 treatments*)
  - Gastroenterological visit
  - Idrocolonerapia
  
- **CARDIOVASCULAR**
  - Electrocardiogram
  
- **FC**
  - Postural gymnastics (*minimum 8 sessions*)
  - Tecar therapy
  - Ultrasonic
  - Pressoterapia
  - Electrostimulation and tens

### Area B

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- **ENT**
  - Visit ENT
  - Vestibular examination
  - Impedance examination
  - Liminal tonal audiometric examination
  - Audioimpedenzometric examination
  - Rinofibrolaringoscopia
  - Earphone wash
  - Atomization
  - Tubal rehabilitation
  - Nasal shower
  - Nasal irrigation
  - Endotympanic or politzer insufflation (*minimum 5 treatments*)
  
- **PNEUMOLOGY**
  - Pulmonary ventilation

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	<b>CS-EN</b> 0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>16 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- Pulmonary ventilation with spirometry examination and respiratory gymnastics (minimum 6 sessions)
- **DENTISTRY**
  - Gingival irrigation

### **Area C (Paediatric patients)**

- 
- **ENT**
    - Inhalation (minimum 6 treatments)
    - Aerosol (minimum 6 treatments)
    - Humage (minimum 6 treatments)

### **Area D (adult patients)**

- 
- **ENT**
    - Inhalation (minimum 6 treatments)
    - Aerosol (minimum 6 treatments)
    - Humage (minimum 6 treatments)
    - Micronized nasal shower (minimum 6 treatments)

The costs of specialist visits or in any case of all the services provided are updated annually (or as needed) and reported on the tariffs.

## **7.4. Information on the main outpatient services**

### **▪ OTORINOLARIGOIATRIA**


#### **> Visit ENT**

*The otolaryngology examination allows to diagnose the pathologies affecting the ears, nose and / or throat, which anatomically are distinct organs but functionally connected to each other. Thanks to this visit it is also possible to establish the most suitable therapy.*

#### **> Inhalation**

*Direct steam jet inhalations are individual treatments that use devices predisposed to a mixing of flowing cold sulphurous mineral water (in an amount of about 2 liters per therapeutic session) and saturated water vapor delivered with a pressure of about 2 atmospheres. The flow inhaled by the patient arises from a fragmentation and pulverization in a nebulization chamber of the thermal water sucked by the Venturi effect from the flow of saturated steam directed by the circuit of the device towards a porcelain mouthpiece that adduces to an adjustable terminal that allows a slight variation to the direction in which to direct the flow of steam emitted. So even if the machine is at a fixed height thanks to the adjustable terminal, the flow can adequately serve users of consistently different heights without forcing them to unnatural postures for the ten minutes necessary to complete the therapy session. For children of a more modest age (and obviously height) it is always advisable to use higher seats to facilitate correct alignment with the device. Despite the mixing with cold sulphurous water and the thermal dispersion suffered in the ceramic nebulization chamber, the emission temperature at the terminal is consistently high (46-48 ° C). Therefore the flow, even if at thermal levels not able to produce severe damage or burns, should never be intercepted at the exit from the device and even less, of course, inside. The department operator will always take care to illustrate this detail to parents, in order to avoid unpleasant accidents to small users. The operator will also supervise all the assisted so that they settle at the optimal distance (generally 25-35 cm from the terminal) of interception of the inhaled flow. The hot mist emitted by the device must be inhaled with normal nasal breathing acts. In it, in addition to the residual vapor base, there is a heterodispersed suspension of micelles produced in the pulverization*



	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>17 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ


of the sulphurous water flow, for the most part between 5 and 12 microns in size. These particles for their granulometric characteristics are destined to stop in the upper airways and on the large bronchi where they exert their cleansing, moisturizing and antispasmodic effect. Consequently, in normal therapeutic routines, inhalation is the first inhalation treatment, having a preparatory/facilitating effect on the others (Aerosol, Nebulization, Humage). The presence of acute inflammatory states of the respiratory tract or obstructive polyposis contraindicates the execution of this therapy. The hot wet inhalation with direct jet, as well as on the mucous membranes of the upper airways, brings a considerable improvement also in some alterations of the skin of the face (sebaceous dermatosis, juvenile acne). However, please note that the NHS does not recognize these pathologies as an indication enabling the issuance of a prescription. Users who perform this type of therapy for dermatological purposes should also support therapeutic sessions longer than ten minutes valid for ENT or Pneumological treatments.

> **Aerosol**

Aerosol is an individual inhalation cure. As for the inhalation device, the flow inhaled by the patient comes from a fragmentation and pulverization in a nebulization chamber, of the thermal water sucked by the Venturi effect by a flow of sterile sanitary air compressed to about 2 atmospheres. In the aerosol apparatus the presence of a deflammator that pushes the flow towards the walls of the chamber (a glass bell) means that the coarsest part of the parcel remains on the walls and only the smallest particle size (about 50% around or below 5 microns) are directed towards the emission nozzle and from here, through a rubber connecting tube and an anti-reflux mechanism in non-toxic sanitary polypropylene (class IIA medical device), brought to the personal contact device, which can be a non-sanitary non-toxic polypropylene nasal dropout (class IIA medical device) or a polyethylene nasobuccal mask (class IIA medical device). The temperature of the sulphurous water used by the appliance does not exceed 30°C. Therefore, also by virtue of the contrast with inhalation (which in most patients preceded the execution of the Aerosol), the latter is perceived by the patients as a "cold" therapy. In this regard, patients should be reminded that to date there are no studies or hypotheses that identify the thermal component to perform a significant function in the mechanisms of action of inhaled thermal treatments, therefore the differences in action between Inhalation and Aerosol are to be found in the different dimensions in the granulometry of the pulverized and not in the differences in temperatures between the two treatments. The temperature of the water that reaches the device (with its percentage of passage to the vapor phase) and the pulverization of the same in the end of micellar dispersion make the Aerosol still a consistently "humid" therapy. This should always be remembered to reassure those patients suffering from certain pathologies that convey advice from ENT specialists to avoid "dry" inhalation treatments. The preferred personal contact device is the nasal dropout. In fact, this device causes at the level of the bifurcation a further abatement of particles with a larger diameter and therefore facilitates the inhalation of a granulate of finer dimensions able to reach even that portion of the respiratory tree characterized by the presence of smaller airways. In any case, it should be remembered that even in those patients who prefer or are obliged (for example in the presence of strong deviations of the septum or nasal varices) to the use of masks as contact devices, breathing must also be conducted with normal nasal rhythm. The contact device, whatever it is, is made available to users as a disposable element.

> **Humage**

Humage is a particular inhalation treatment that consists in making the patient breathe a mixture of sterile sanitary air enriched by the gases released by movement from the flowing sulphurous water circulating in a gurgling vessel. The content of sulfur gases (H<sub>2</sub>S) inhaled with this care can also be extremely high. Therefore each establishment characterizes this care in the practical methods of execution in relation to the type of water available. The main variables between plant and plant found in the execution of the treatment consist in the methods of release of gases (in the environment or in a single location), in the timing of administration (generally with progressive commitment), in the methods of adduction of the flow to the patient (with adduction by tube in the environment close to the device or with direct supply to the patient through a tube and contact device). In Cotilia humage is an individual inhalation cure. The particular characteristics of sulphurous water recommend performing it with direct adduction schemes with rubber hose and polyethylene nasobuccal mask (class IIA medical device), and administration times varying between two minutes of the first sessions and four of the last. The

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>18 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

*gaseous state of the inhaled mineral component allows the complete diffusion of the latter throughout the respiratory tree and therefore also in the finer alveolar branches and paranasal cavities.*

> **Micronized nasal shower**

*The micronized nasal shower is a therapeutic method between an inhalation treatment and an irrigative cure. The technique consists in the pressure injection into the nasal cavities of nebulized mineral water. The nebuliser is produced by a Rino-Jet ampoule in polypropylene (class IIA medical device) thanks to the mixing of sanitary compressed air and sulphurous water in the device. The nebulized consists of aqueous particles of a certain diameter (about 20-30 microns). It is performed by adhering to the nostrils a special ampoule connected to the Rino-Jet which is able to keep the incoming water separate from the residual washing water that is discharged into the sink by a special tube. The micronized nasal shower determines a washing of the nasal cavities certainly as effective as that produced with simple irrigations, but more delicate and with greater penetration capacity into the paranasal cavities. The patient has 15 minutes to complete the irrigation session.*

> **Cochleo-vestibular examination**

*It is a set of maneuvers aimed at assessing the sense of balance. It is known that the ear is not only the organ of hearing, but also the organ of balance. The back of the auditory apparatus joins a very complex apparatus, equipped with receptors and nerve pathways of its own, called the vestibular apparatus. The vestibular apparatus includes the labyrinth, the saccule and the utricle.*

> **Tubal re-education**


*Tubal re-education is an important addition to the cycle of treatment of rhinogenic deafness. In fact, by acting on the dynamic qualities of the tubal ostium in overlap with what can be obtained in terms of improving the basic qualities of the respiratory mucosa thanks to other thermal therapies, in general in all patients, but even more so in those in developmental age, a much more valid result is achieved in the management of rhinogenic deafness and chronic affections of the middle ear. Tubal re-education is a complex mix of lingual, velar and mandibular exercises, nasodiaphragmatic breathing re-education exercises and mono and binary breathing, swallowing exercises with self-insufflation maneuvers. In children, in general, the exercises are administered by the therapist forming small homogeneous groups, in order to exploit the playful character to justify the unusual gestures (grimaces, yawns, production of pops, sounds, belching, etc.) and push the emulative level.*

> **Impedance test**

*the impedance examination is generally performed by an otolaryngologist specialist, through which information about the state of health and functionality of the ear is obtained. This examination allows to evaluate the elasticity of the eardrum and the chain of ossicles responsible for the function of hearing; it is therefore useful to diagnose any disorders affecting the middle ear. It can also be used to monitor the progress of a prescribed therapy. For this diagnostic examination there are no special preparation rules. This examination can be carried out without any difficulty by both adults and children. However, it cannot be subjected to subjects with perforation of the tympanic membrane or suffering from acute otitis of the middle ear. The examination is not invasive, it is not dangerous, and the patient does not feel any pain when performing. The examination is performed by inserting a cone inside the ear from which a sound pressure of variable magnitude is emitted capable of setting in motion the eardrum and the chain of ossicles attached to it. Based on the results of the examination, the specialist will be able to detect any disturbances in auditory perception and understand the nature of the hearing problem.*

> **Liminal tonal audiometric examination**

*is an examination that can provide information on hearing ability. It is generally carried out by the audiometrist technician. This examination allows you to identify any loss of auditory perception. To undergo this diagnostic examination, which is not at all invasive, there is no preparation rule. The examination does not present any contraindications and can be carried*

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
		<b>Approvata</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>19 a 43</b>	<b>Emessa</b>	RGQ

out by adults and children. The examination is non-invasive, it is not painful and it is not dangerous. How does the audiometric exam work? The tonal audiometric examination is performed inside a special soundproof booth and involves the use of a pair of headphones to be put on the ears. The operator will send sounds to the headphones - starting from the low tones up to the high ones - and will ask the patient to give a nod of consent or to press a button every time he perceives the sound: in this way the doctor can determine the threshold of minimum audibility of the subject. The examination may also involve the use of a device that is placed on the bone behind the ear and that right through the bone transmits vibrations directly to the inner ear. Through the subject's ability to receive sounds, the specialist is able to assess the functionality of the outer ear and middle ear. Through the use of vibrations, the functionality of the inner ear is evaluated.

> **Audioimpedenzometric examination**

The impedance test is an examination, generally performed by an otolaryngologist specialist, through which information about the state of health and functionality of the ear is obtained.

> **Rinofibrolaringoscopia**

Rhinofibrolaryngoscopy is an investigation that uses an optical instrument that, through the vision of the nasal cavities (nasopharynx and pharyngolarynx), allows the specialist to have a complete view of the pathologies of the otolaryngology district.

> **Earphone wash**

Washing of external ear canals by means of a special syringe or by suction. It is used to remove earwax and exudates from the ear canal that contain bacterial toxins and debris that can contribute to possible inflammation. By otoscopic examination, the presence of the earwax plug that obstructs the vision of the tympanic membrane is detected, its extent and consistency are estimated. This service can be performed by a doctor who specializes in ENT.


> **Atomization**

It is a collective inhalation technique performed in environments dedicated exclusively to this type of therapy (nebulization chambers). In the nebulization chambers special devices (arms or nebulization "mushrooms") generate a mist of thermal water that is distributed in the environment, saturating it. The thermal mist is produced inside the "mushroom" by pulverizing the mineral water pushed against break-jet bars after being recalled by a flow of compressed sterile sanitary air. The further enrichment of the saline component (purified sodium chloride) facilitates the permanence in suspension of the micelles produced in the pulverization of the sulphurous water flow. The granulometry of the nebulisate is extremely concentrated and fine (about 3 microns) and therefore able to preferentially stimulate that portion of the respiratory tree characterized by the presence of smaller airways. In Cotilia there is 1 nebulization chamber, available two by two for therapies, since the therapy session must be performed in saturated rooms and that at the end of the usability period (20 minutes) the rooms automatically undergo a sanitation process through a total exchange of air and subsequent reactivation of the nebulization fungus with resaturation of the environment (replacement-re-healing in 20 minutes). Generally nebulizations are inhalation treatments with progressive commitment, with one or two sessions a day of the initial duration of 8 -10 minutes, to be gradually brought to 20 minutes in the last days of therapy.

> **Endotympanic insufflations**

The insufflations allow to directly adduce a mixture of gases (for a limited time 1-3 minutes in the middle ear a mixture of sulfur gas at a temperature of about 32 ° -35 ° C - therefore very similar to that used for humage - at modest pressure 0.2 - 0.5 Bar) produced by a bubbler in which the sulphurous water flows flowing. There are two methods of carrying out the treatment:

- with endotympanic catheter that allows to blow the gas into the middle ear through close contact with the tubal ostium. The catheter is brought into place after being introduced into the nasal fossa, gently slid along the floor and, once it reaches the nasopharynx, rotated until it comes into contact with the tubal ostium. The catheter used

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>CS-EN</b>	
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>20 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

is made of single-use plastic. The catheters are sufficiently malleable to allow the doctor a consistent personalization of the therapy. Personalization on the other hand, it is essential given the frequency with which, in patients who perform this therapy, even substantial anomalies of the septal axially and the size of the turbinates appear. By connecting the catheter to the insufflator device through a sanitary silicone tube it is possible to cause a modest dilation of the tube and the consequent ventilation of the eardrum case. With the catheter, through the Eustachian tube, it is sent. The insufflator monitors the entry of the mixture into the eardrum case by means of a phonendoscope equipped with a polypropylene terminal olivet (class IIA medical device), inserted in a non-hermetic way into the external ear canal of the treated ear;

- through crenotherapy politzer: the method in practice involves a lower invasiveness, although perhaps it requires greater involvement and participation on the part of the patient. In practice, the therapy is performed by citing an intermittent flow of sulfur mixture produced in the insufflator apparatus to the nasal vestibule, through the interposition of a rigidly personal and disposable contact device (polypropylene olivetta - class IIA medical device), which is hermetically inserted into a nostril, while the contralateral is occluded with a modest digital pressure by the insufflator doctor. The entry into the middle ear of the sulphurous gas mixture (at a temperature of about 32 ° -35 ° C) is due to the transient increase in pressure in the upper portion of the pharynx linked to the concomitant release of the flow by the insufflator doctor and closure of the glottis caused by the patient with the emission of particular phonemes or with the act of swallowing (ghi, akka, etc). For this reason, the patient must be trained to the emission of the phoneme and must also collaborate throughout the time of the session to obtain rhythmically a valid sequence of raising the pressure levels in the upper pharynx, raising at least sufficient to transiently overcome the resistance of the tube to the opening. Despite being less invasive and extremely simple in its realization, the method is however less monitorable than endotympanic insufflations and, moreover, simultaneously involves the two tubes, which in some patients can also be equipped with substantial differences in their dynamics (mode of release, stenosis, inflammation, etc.). Therefore in Cotilia the Politzer is used only in those cases in which the insufflations are really unfeasible (extremely small and restless children, adults with serious abnormalities in the anatomy of the upper airways, adults with hypersensitivity in the mucous membranes of the upper airways, etc.).


> **Nasal irrigation**

At the Terme di Cotilia nasal irrigation consists in the introduction of 3-5 liters of sulphurous water (flowing and preheated to 37-38 ° C) into the nasal cavities through a sanitary silicone tube ending with a rigidly disposable contact device (polypropylene olivetta - class IIA medical device). The water is supplied with a very modest pressure, just enough to go up the nasal cavities. The patient has 15 minutes to complete the irrigation session.

▪ **PNEUMOLOGY**

> **Pulmonary ventilation**

In Cotilia this treatment is performed at the inhalation treatment department with a device that delivers a sulfur aerosol with intermittent positive pressure. The method is aimed at patients with initial-medium notes of respiratory failure especially if suffering from chronic obstructive pulmonary disease and / or emphysematous. This therapy has a dual purpose: to allow the aeration of the deepest parts of the lung and to reduce respiratory work. Considering the possible triggering of bronchoconstriction phenomena and in order to exploit the greater distribution of ventilation that is obtained in the lungs during the therapeutic session, almost always the pulmonary ventilations are covered by the administration of mild doses of rapid-acting bronchodilator drugs, delivered in continuum by the device during its activation. Please note that this is the only thermal therapy that provides for the possibility of using drugs. The method must be customized on the basis of the results of the pneumological specialist evaluation and respiratory function tests, with the opportunity to integrate it with other respiratory rehabilitation techniques (respiratory physiotherapy, postural drainage, ventilatory retraining, etc.). The operators of the department will always pay particular attention to patients who perform this type of care, educating them to a correct execution of the exercise.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>CS-EN</b>
		<b>Revisione attuale</b>
		0
		<b>Verifica</b>
		Direzione/Direttore Sanitario
<b>Page #</b>	<b>21 a 43</b>	<b>Approvata</b>
		Direzione/Direttore Sanitario
		<b>Emessa</b>
		RGQ

> **Spirometry examination**

*(literally "breath measurement") is the most common and widespread examination of respiratory function. The test is performed with the help of an instrument called a spirometer. It measures the function of the lungs, in particular the volume and/or speed at which air can be inhaled or exhaled by a subject.*

▪ **DENTISTRY**

> **Gingival irrigation**

*At the Terme di Cotilia the gingival irrigation is expressed through a suitably shaped device that allows to direct jets of sulphurous water, at a pressure of 0.5 - 2 atmospheres, on the gingival mucosa. The result is the massage of the mucous membrane, the activation of circulation and the cleansing of mucus and tartar. It is an excellent therapeutic adjuvant in inflammatory gum disease. The course of care lasts 12 - 15 days.*

▪ **GASTROENTEROLOGY**

> **Gastroenterological visit**

*The gastroenterological examination is a medical examination that is carried out by the doctor specialized in gastroenterology to ascertain the nature of several symptoms including abdominal pain and cramps, burning sensation in the stomach, the presence of diarrhea (even with mucus and / or blood loss), constipation.*


> **Hydropinic treatments**

*This thermal treatment is characterized exclusively by the intake as a therapeutic drink of sulphurous mineral water. Although there are only very few contraindications limiting access to this type of treatment, in Cotilia the cycle of Hydropinic treatments must be prescribed by the thermal doctor after evaluation of the patient. Once the adequacy of the execution of the cycle has been established, the patient receives a magnetic badge that is preloaded to allow the patient to take water daily from an electronically managed dispenser in the correct dosage identified by the thermal doctor of acceptance. Obviously the water supplied is flowing to allow the exploitation of all its peculiar and salient qualities, without any type of dispersion or deterioration of the medium (eg hydrogen sulfide content). Like all sulphurous waters, mineral water exerts both a local action at the level of the entire digestive tract, and, after absorption, a systemic action especially on the hepatic and biliary area. Sulphurous waters also have a valid detoxifying and anti-poprefactive action, therefore useful in case of constipation. In this course of care, the Clinical Risk for the patient is realized only in the possibility of a modest exacerbation of the inflammatory picture, all the more possible as it is already significantly present even before the start of the treatment cycle. The acceptance doctor then investigates in a specific and timely manner the clinical picture at the time of acceptance in order to identify and proscribe or postpone the cycle in those patients suffering from obvious states of exacerbation of gastric pictures or, even worse, ulcerative. The microbiological qualities of the water are officially checked by the competent external institute on an annual basis and on a monthly basis by the internal laboratory.*

> **Idrocolonterapia**

*Colon hydrotherapy is a technique known since ancient times and consists of a washing of the intestine that is practiced with thermal water, rich in mineral salts such as sulfate, bicarbonate and calcium. Colon hydrotherapy is recommended in cases of intestinal dysbiosis, it allows the elimination of all waste and toxins that have settled on the walls of the intestine. The colon thus cleaned regains its optimal functioning and determines, consequently, an improvement in the overall health and well-being of the individual. Each session of colon hydrotherapy lasts about 45 minutes and a complete cycle should include at least 3 treatments preferably carried out every other day.*

▪ **CARDIOVASCULAR**

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>22 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- > **Electrocardiogram**

*The electrocardiogram is the graphic recording of the electrical activity of the Heart and the variations that occur during cardiac contraction (systole) and release (diastole) of the atria and ventricles during its operation, collected by means of electrodes placed above the surface of the body.*
- **FISIOKINESITERAPIA**
  - > **Postural gymnastics**

*It is a physiotherapeutic method that aims, through specific active and passive exercises, to teach a correct management of the spine, to obtain a good functional training, at least sufficient to carry out normal domestic and work activities, to maintain a good general physical condition aimed at preventing lumbosciatalgic and cervicogravic relapses and, not least, to build behavioral patterns that facilitate the self-management of one's column problem. All this through a realignment of the position of the body in space, working mainly on the lengthening of the retracted muscle bands and on the re-education and coordination of respiratory activities. The methods mainly used at the Terme di Cotilia are: McKenzie, Mézières and RPG (Global Postural Re-education).*
  - > **Respiratory gymnastics**

*In the presence of respiratory failure pictures it is possible to enter the patient in respiratory rehabilitation schemes, which, although theoretically executable in any health facility coherently equipped in environments, tools and staff, recognize in the thermal structures ideal environment, where possible the administration of inhalation treatments and a valid climatic stay, without suffering the effect, sometimes consistently depressing, of hospitalization.*
  - > **Tecar therapy**

*It activates the natural anti-inflammatory and reparative processes that our body predisposes. This allows to considerably reduce the pain threshold in the subject, as well as accelerating the recovery time of the rehabilitation phase.*


*Tecartherapy acts within a range of long-wave radio frequencies at 0.5 Mhz, higher than those that cause muscle contractions. A capacitive electrode or resistive electrode is sufficient. There are no particular contraindications and the therapy is therefore harmless.*
  - > **Ultrasonic**

*They make use of sound vibrations at very high frequencies not perceptible to the human ear. The ultrasonic irradiation produces a mechanical pulsating effect (micro-massage) and a thermal effect that, adding up, facilitate and enhance cellular and intracellular exchanges. The duration of applications varies from 10 to 15 minutes.*
  - > **Iontophoresis**

*Iontophoresis is a specific technique that falls within the scope of electrotherapies. It is used in the treatment of some painful pathologies such as: arthrosis, sciatica, arthritis, muscle tears. It consists in the administration of a drug transcutaneously through the exploitation of a direct current that is produced by a specific instrument. It has as its primary advantage that of being able to introduce the pure medicine into the patient's body, without combining it with other substances to be able to convey it without causing damage to organs and tissues (as could happen if administered orally).*
  - > **Pressoterapia**

*Pressotherapy is a medical treatment, but above all aesthetic, which improves the functioning of the circulatory system and the lymphatic system, in those who undergo it.*
  - > **Massotherapy**

*A massage carried out with touch, friction and light pressure almost always turns into a state of general relaxation and psychophysical relaxation. A massage therapy session cannot be determined exactly in duration as this varies depending*

	<b>Area Prodotto Direzione Sanitaria</b>	<b>CS-EN</b>	
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>23 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

on the area to be treated, the pathology in progress, how the patient responds, his sensitivity, his age and general condition. The determination of the number of sessions and the duration of the individual treatment are always to be programmed according to the progress obtained, even if generally and by convention packages of ten meetings are made inviting the patient to finish the cycle even if the symptomatology has disappeared, in order to guarantee a good lasting result.

> **Lymph drainage**


*Lymphatic drainage is a gentle, slow, rhythmic, systematic, extremely technical massage that aims to open and rechannel the lymphatic stations to allow the free flow of lymph. Lymph is produced in the peripheral areas of the whole organism and represents an indispensable mechanism for the recovery of water, mineral salts, proteins and cells of the immune system dispersed in the intertissal areas by escape from the peripheral microvascular bed. The drainage of the lymph is ensured by a canalicular system that progressing from the periphery to the large central ducts is characterized by an increasing anatomical-histological complexity. It is essential that the lymph flows regularly along the channels of the lymphatic circulation. In fact, it contributes to the nourishment of cells, to the elimination of products of cellular catabolism and allows, thanks to the activity of the lymph node stations, the control of aggression by any bacterial or viral contaminants. Lymphatic drainage intervenes in the mobilization to the lymphatic channels of excess fluid trapped in the intertissal spaces, in the mechanical release of clogged channels or in the stimulus to the creation of new outflow pathways for the lymph where there has been surgical tampering or of the integrity of the circulation (e.g. removal of axillary lymph node stations during radical mastectomy or post-irradiation scar necrosis in the management of some neoplasms). Lymphatic drainage is an extremely technical method and requires in the operator specific knowledge of the superficial and deep circles and particular experience and dexterity for a correct application, as well as good qualities of physical resistance. Lymphatic drainage should always be performed under the indication and control of the health care provider given the not negligible risks that the application may entail in some patients (cardiocirculatory failure, thrombophlebitis, deep venous thrombosis, neoplasms, etc.).*

## 7.5. Waiting list

Reservations concern only the care departments for rhinogenic deafness, the outpatient rehabilitation and functional rehabilitation and specialist clinics. At the time of booking, made directly to the front-office service, the day and time of the appointment are indicated. The reservation can also be made by phone (Centro Unico Prenotazioni - 0746 1791000) or by email. The waiting lists for the services mentioned above are daily, and the seats provided are assigned in chronological order of booking. The patient in any case is required to confirm three days before this reservation. The spa departments are equipped with numerous equipment that allow free access, with limited waiting time. The spa company reserves the right for any emergencies, evaluated by the doctors in charge of acceptance, a daily place for each type of health service. If technical mishaps occur in the structure, which prevent the smooth running of the therapies, the same undertakes to recover the service. The patient is required to report to the service officer, at least 5 minutes before the scheduled appointment.

## 7.6. Methods of payment

Payments at our facility must be made prior to the medical examination and the provision of care. Payments can also be made by credit card or debit card. In case of impossibility to use the service, the patient must communicate it well in advance.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>24 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

## SECTION 3


# CARE PATHS

### 8. GENERAL INFORMATION

Reception is a complex process influenced by interpersonal relationships, information, environmental comfort and work organization. Health workers are in constant contact with people in need of profiled assistance, during their stay in the structure. It is focal for the operator to establish quality relationships with the curandi, to allow the individual to express himself freely, without the fear of being judged or rejected. The helping relationship, understood as a *"way to manage an interpersonal relationship, aimed at freeing the ability of the patient to live more fully than at the time of first contact"* begins from the first moment of contact with the person, starting from the collection of data. Every human relationship, regardless of the roles of the interlocutors, is characterized by a communicative exchange. Patient acceptance and satisfaction are indicators of the quality of health care. The presence of reception protocols is considered one of the indicators of structure, while the activation of procedures and / or protocols and the collection of the patient's anamnesis is one of the process indicators. The patient's satisfaction with the methods of reception and insertion in a department / service is one of the indicators of outcome. The functional reorganization in the provision of social and health services in the spa and non-thermal field, represents for Cotilia Terme a focus on the entire design architecture, devoted to the psycho-physical well-being of the patient. How much thanks to the constant listening of the patient, which has allowed the structure to guarantee a happy stay on time, being able to boast a futuristic thermal path "tailored" to the patient. With this in mind – given the numerous medical-scientific publications that applaud the benefit of spa treatments in pediatric patients – it was intended to develop a new spa concept for children, with a new recreational-thermal area and related assisted path, thanks to the social and health personnel of the sector. In the methods of construction and implementation of diagnostic and patient care pathways, the latter testify to the will of the Terme di Cotilia to involve patients in the care processes provided by giving them an active role in the definition of care procedures through the distribution of information on the characteristics of equality of access rights to services, impartiality in the provision of services, type of services, quality standards and assumptions of commitment for possible improvements in the service as well as information on listening procedures and protection of patients' rights. The Company also avails itself of a Scientific Committee represented by the Centro Studi Cotilia Thermae which supports the lines of research and development of therapeutic protocols as well as initiatives in the field of health education. The following procedures define the organization of the structure and the activities of the operators in the reception phases, the taking charge and discharge of the person, to be traced back to the thermal and outpatient activities provided by the health facility. The choice to elaborate the procedures on reception, taking charge of the person and discharge, arise from some reflections:

- *these phases have a decisive value both for the importance and for the complexity of the relational*



	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	CS-EN 0
		<b>Verifica</b>	Direzione/Direttore Sanitario
		<b>Approvata</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>25 a 43</b>	<b>Emessa</b>	RGQ

*and empathic relationship, even before clinical, that the operator establishes with the patient;*

- *moreover, the reception and taking charge of the patient are quality factors of the structure and of the operators belonging to it.*


The company intends to illustrate to users with this document the organization and the rules of coexistence of the Operating Areas.

It was therefore intended to prepare:


- *Reception Folder as a multilingual tool that collects and unifies a multiplicity of information, ranging from a series of useful numbers (switchboards, U.R.P., Court rights of the patient), access methods, etc., to the organization of the structure (reception hours, access) and allows the user the opportunity to express a judgment and provide suggestions on the service and services received.*
- *Multilingual complaint sheet, intended as a positive act useful to the Company to identify its weaknesses, trigger the consequent corrective actions and, therefore, to transform the report into an investigation tool to be followed up for the resolution of problems;*
- *Satisfaction questionnaire, multilingual, aimed at users.*

## 8.1. DEFINITIONS

- **WELCOME:** the action and the way of receiving the user / patient, the attitude or generally courteous behavior, aimed at putting him at ease and making him feel welcome his presence.
- **TAKING CHARGE:** weight, burden, responsibility. In healthcare, it is a way of governing a care process articulated and integrated in its various steps, that is, a way to guarantee the user / patient a coordinated set of interventions aimed at satisfying a complex need.
- **HELP RELATIONSHIP:** a relationship of verbal and non-verbal exchange that allows the birth of a climate of trust, respect, necessary for the user / patient to meet his fundamental needs, to relate better to his reality, his emotions, his conflicts, his values, his limits, his expectations.
- **RESPONSIBLE:** is the one who is aware of the consequences deriving from his own conduct, who controls them and who must answer for them, must account for or guarantee his own actions or those of others.
- **SELF AREA:** administrative and distribution area
- **AREA A:** health / administrative area where the administrative and medical thermal acceptance is experienced, outpatient specialist services, outpatient specialist instrumental diagnostics, and spa services are provided

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>CS-EN</b>	
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>26 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- **AREA B:** health area where specialist outpatient services, instrumental diagnostics and spa services are provided
- **AREA C:** health area where spa services are provided (paediatric age)
- **AREA D:** health area where spa services are provided (adult pcs)
- **TOUCHSCREEN TICKET EMITTER TOTEM:** The ticket machine - of adequate height to accommodate the disabled - located at the entrance of block A of the spa complex, was born with the primary purpose of welcoming the flows of administrative acceptance of users, with second level assistance functions (URP). The patient - by pressing the button associated with the requested service on the front panel (LCD) - will be printed the receipt on which the primary information such as the assigned counter number and presumed waiting times will be highlighted.
- **DOOR DISPLAY:** monitor, with the aim of displaying the user's booking number with respect to the administrative acceptance, the cash desk and the URP, specially designed to be placed near the counter / service station through a wall fixing.
- **TRANSPONDER MOD. RFID IDCARD:** The patient /customer accredited to the spa facility is provided with a card printed with logo and color writings in four-color on a single face, with RFID proximity chip and pre-printed identification code. Reading distance: 5 cm. Frequency: 13.56 MHz, Reading range: 0-10 cm.
- **FIRST LEVEL BOOKING STATIONS – PATIENT (LECTEUR RFID + INFOPOINT):** the booking stations and infopoints of the first and second level are specially designed to be operational in a spa environment with a large turnout of the public, represented by a digital totem with a pleasant design with accessibility for the disabled. Reservation stations equipped with touch screen monitors configured with an RFID reader. The user (first level) through his RFID card proceeds independently to book the service for which the provision has been enabled.
- **SECOND LEVEL BOOKING STATION – OPERATOR (LECTEUR RFID + INFOPOINT):** the health worker (professional nurse) in charge of the assisted provision of second-level services uses a computerized station located in area B
- **SECOND LEVEL BOOKING STATION – OPERATOR (LECTEUR RFID + INFOPOINT):** The health worker (doctor – physiotherapist) in charge of the provision of second-level services, even assisted, uses a computerized station located in the identified rooms falling within the areas of interest.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>27 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- **SUMMARY DISPLAY OF CALLS IN PROGRESS:** The technological infrastructure is able to manage a multiplicity of large format LCD displays (55") located in different areas and to display the numerical progression and other information, such as multimedia entertainment information (digital signage), updated communications in the form of continuous strips (news ticker).
- **CALL POINTS:** each operator, both the first level (acceptance, cash desk and URP) and the second level (acceptance and provision of health services), through its terminal, or through a second-level booking station, can call the user on duty at the counter, with a consequent increase in the number displayed on the display. The application is also able to show other information, such as viewing people waiting.
- **SOFTWARE EFFICIENCY OF USER FLOWS:** the wide spectrum of needs derived from the workflow and integrate our queue management systems with the different IT systems supplied to our customers. The heart of the software architecture is installed on a Microsoft server and through a single Backoffice the system administrator can manage the system configurations (e.g. number of branches, types of service, etc.) and operational data (e.g. user flow profiles, statistics per time unit, etc.).


## 9. RESPONSIBILITY

ACTIVITY	RESPONSIBILITY
<b>Dissemination of this Protocol</b>	<ul style="list-style-type: none"> <li>– Product Management</li> <li>– Health Directorate</li> </ul>
<b>Application</b>	<ul style="list-style-type: none"> <li>– Healthcare and technical and administrative support workers</li> </ul>

## 10. MANAGEMENT MODE

### 10.1. Reception and taking charge of the patient

- **Preparation of the environment:**
  - verify that the environment is clean, tidy and comfortable;
  - ensure an adequate microclimate;
  - guarantee the patient the necessary confidentiality in the operations.
- **Preparation of operators:**
  - Promote your identification: visibility of the name – surname – qualification, shown on the badge affixed to the uniform;
  - Present and keep the uniform clean and tidy;
  - Present yourself with an orderly appearance;
  - Communicate with a moderate tone of voice, showing attention and friendliness.
- **Preparation of the material:**


	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>28 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- Prepare health and nursing documentation, where necessary the disposable necessary for sector services;
- Prepare the reception folder and information leaflets, where available;
- Check that there is the necessary instruments for the evaluation of the parameters to be detected at the entrance.

## 10.2. Procedure – THERMAL ASSISTANCE

The patient who arrives for the first time in the spa complex is routed by a computerized totem to the information / acceptance desk where an employee provides the first information on the administrative and health acceptance procedure and orients the patient with respect to the requested service. The staff must present themselves to the user / patient with their name, surname and qualification. Provide him with information regarding the methods of identification of the operators present in the structure. Deliver and briefly illustrate the Reception Folder, which contains the news regarding the operation and organization, the satisfaction questionnaire and the business model for the complaint. An RFID (Radio-Frequency IDentification) card is also given to the patient. The latter represents much more than a simple identification document within the health facility. In fact, this card stores identifying information about the patient and the services assigned. The patient is required to carefully keep the card which is a strictly personal identification document and not transferable to third parties. In case of loss / damage to the card, the holder can request a duplicate by going to the reception desk. The card must be returned by the patient by depositing it in a special case near the entrance door of area A. The use of innovative technologies, have led the structure - in the interest of the patient - to be able to implement a system aimed at managing the queues attributable to the provision of the services of the social-health structure, paying attention to the efficiency of waiting times, compatibly with the management of multi-service and multi-counter queues, thus carrying out the task of addressing and sorting users / patients directly to the area in charge where the requested service can be provided. All this thanks to an RFID card, encoded with respect to the patient's peculiarities, which accompanies him for the entire cycle of care or to access the services / consultations rendered by the structure. The technological solution intends to present itself to users and healthcare professionals and not - called in various ways to contribute to the efficiency of the species structure - as an extremely flexible and intuitive infrastructure that offers full integration with functionalities attributable to the management platform (My Salus) to simplify and automate the management of services, or to increase the effectiveness of communication relating to the offer of products and services to users. The solution combines some fundamental tools, such as:

- *the reception and direction towards the services offered by the health facility using interactive "touchscreen" totems integrated with the access control system using RFID technology;*
- *intelligent control and centralized management, based on the processing of collected data and management protocols;*
- *multimedia communication on screen "digital signage" addressed to the user;*


	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
		<b>Approvata</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>29 a 43</b>	<b>Emessa</b>	RGQ

- *rapid and customized deployment to the real needs of the healthcare facility.*

Once the general reception phases have been completed, the dedicated administrative staff collects and records the patient's personal data on the management system in use (My Salus), detecting the degree of autonomy / dependence of the latter. If in possession of a prescription on the NHS prescription and the latter is complete and acceptable, the reception service provides prior to the registration of the prescription, providing appropriate information of the species, aimed at making the patient aware of the acceptance by affixing a graphometric signature of the rules of the structure on Privacy, or the consent of the processing of data, and then start him to the medical examination of admission of relevance. If the patient does not give his consent to the processing of data (GDPR 679/16) unfortunately the acceptance process stops and the patient will not be able to use any health service. The health acceptance is also a second reception service, available in providing clarifications on the type of treatment reported in the prescription, thus evaluating the formal acceptability of the same and proposing the informed consent form with respect to the requested service and possibly granted by the doctor of the structure. Regardless of whether or not you have a suitable health prescription, the patient/user is informed that all services, with the exception of cycles of inhalation and hydropinic treatments, nasal, gingival and vaginal irrigations, as well as cycles for rhinogenic deafness, are carried out only by reservation. The reservation can be made by phone or in person at the Reservations Office of the structure, communicating the address and a telephone number (preferably mobile). The Reservations Office will immediately communicate the acceptance (or not) of the reservation and simultaneously assumes the commitment to contact the patient where force majeure prevent compliance by the structure with the assigned booking shift. Specifically, the detailed procedure is shown below:

### **Scenario - Administrative acceptance/URP and management of health services**

The patient / customer goes to the entrance of area A of the health facility with the intention of proceeding with his own accreditation aimed at the possibility of being able to use the services of the spa area. The patient crossing the entrance is in front of a totem ticket emitter equipped with a touchscreen bearing virtual buttons aimed at routing the patient to the administrative acceptance or the URP counter if in need of information of species. If the patient makes his choice with a "tap" on the terminal viewer, the latter will issue a paper ticket containing the appropriate information of the estimated waiting time, or the number of the counter for which you are in the queue and the progressive number referred to the latter. Once the ticket is obtained, it will take its place at the waiting room. In order to contribute to the efficiency of the queue normalization system, the patient waits for his turn with respect to the progress of the queue looking at the door display at the top at the assigned station falling within the desk set up for the reception of the patient / user. It is understood that the management of the queue of the patient who intends to receive information from the operator ends with the actual use of the same by a consultant operating at the URP desk. The patient who intends to be accredited at the facility in line at his counter, waiting for his turn proceeds to the actual phase

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>30 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ


of acceptance, making the operator all his personal details, requesting the type of service he intends to use, providing if required the medical prescription issued by his MMG, PLS or outpatient specialist, signing the legal notes and the privacy policy, if the service is payable by the NHS. To the patient, the operator issues the RFID card assigned by the My Salus Management System, in addition to the reception folder.

### **Possible scenarios after administrative acceptance**

At this point the patient can theoretically leave the structure as the first phase of administrative accreditation has been exhausted, proceed to the acceptance visit by the medical staff, making evidence of his will through the "booking station" at the entrance of the waiting room adjacent to the acceptance medical offices. That is, the patient through the RFID reader / assigner contained in the technological infrastructure attributable to the "booking station (Totem)" stands in the queue with respect to the use of the species medical examination. The patient takes a seat in one of the two waiting rooms, where a series of summary displays of the calls in progress, make evidence to the patient of the queue and therefore of his turn detectable through the display on the monitor of his assigned number reported on the RFID card associated with the area - or the room - where the doctor is available for the merit consultation. The patient going to the doctor brings with him - if in possession of previous medical reports - diagnostic tests and / or specialist visits, preferably not earlier than 90 days, which are acquired digitally in the patient's health file if deemed appropriate by the health care professional. The Doctor, after verifying the patient's personal details and any prescription on the NHS prescription, or having heard the patient, evaluated the pathologies or in any case the state of health, any contraindications as well as the need for further investigations and specialist visits or the prescription of supplementary ancillary care - has the most suitable treatment protocol, establishing methods and execution times proceeding to populate the patient's medical record.

### **Policy di scodamento**

The Acceptance Doctor in order to obtain a clinical picture as exhaustive as possible of the patient undergoing a visit, may request appropriate consultations and specialist examinations, mostly deliverable within the spa complex. In this perspective, the healthcare provider through the management software (My Salus), opens a consultation on the system, which places the patient undergoing a visit in the queue, or the flow management system - as an "intelligent" infrastructure - puts the patient in a condition of "urgency" on the queue already operational at the specialist study of species in which it is routed. Therefore, the patient, stationed in one of the two waiting rooms without proceeding to any operation at one of the booking stations, waits for the summary displays of the calls in progress, make evidence of their turn detectable through the display on the monitors of the number shown on the RFID card associated with the number of the specialist study to which he must go or to the area and the room of merit. The specialist doctor in the sector, having verified the patient's personal details by means of an RFID card, having carried out the consultation and any specialist


	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>31 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

examinations of which he reports evidence on the electronic medical record, proceeds to return the patient to the Acceptance Doctor subscriber of the consultation, inserting him in the queue of the latter. The information system, while recognizing the patient's character of "urgency" with respect to the queue, cannot reasonably follow up the call until after appropriate input from the specialist doctor of the species, which necessarily creates latency times with respect to the formulation and drafting of the results of the consultation and / or examination / specialists on the digitized medical record attributable to the patient. Therefore the patient leaving the specialist doctor's office, can be stationed in the two waiting rooms without proceeding to any operation at one of the booking stations, waiting for the summary displays on the summary displays of the calls in progress, there is evidence of your turn that can be found through the display on the monitors of your assigned number reported on the RFID card associated with the room number, attributable to the Acceptance Doctor requesting specialist advice. The Acceptance Doctor after verifying the patient's personal details through an appropriate reader equipped with RFID card (assigned to the patient), or verified the results of the consultation / specialist examinations, if there is no need for supplementary assessments, evaluated the clinical picture, arranges the most suitable treatment protocol for the patient, establishing methods and times of execution proceeding to populate the patient's medical record, or if the latter is not suitable for the required care, proceeds to close the file by highlighting the reasons to the patient who in this case does not have to go to the cash desk, placing himself in the queue in this case.

#### **Possible scenarios after medical acceptance visit**

The latter, after the visit in theory is in the right to leave the structure, it being understood that for the activation of the prescribed care plan or in any case to be able to enjoy the services rendered by the thermal structure must necessarily procedures to the balance of the due by queuing for the cashier. To make the payment he must necessarily queue, making evidence of his will through the "booking station" located at the entrance of the main waiting room. That is, the patient through the RFID reader / assigner contained in the technological infrastructure attributable to the "booking station" is placed in the queue with respect to the counter in charge of the cash desk, giving evidence on the video terminal of the cash desk to which he is predestined. At this point it can take a seat in one of the two waiting rooms, where a series of summary displays of the calls in progress, make evidence to the patient of the queue and therefore of his turn detectable through the display on the monitor of his assigned number reported on the RFID card associated with the number of the cash desk where an operator assists the patient in the mere payment operations of the prescribed or otherwise recommended services. With respect to the prescribed therapeutic plan, it is understood that the therapies or in any case the services recommended by the medical staff can be purchased with full discretion of the patient.

#### **Possible scenarios for the patient after having made the payment of the services actually granted to the social and health facility**

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>32 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

At this point the patient can theoretically leave the thermal structure as the phase of both administrative and health acceptance has been exhausted. If the patient for reasons of opportunity wants to proceed with the use of the services purchased, he must necessarily go to one of the booking stations, and book through his RFID card through the reader; at this point the information system takes charge of the express will of the patient by making the latter on the display the summary of the call, with evidence to the patient of the queue and therefore of his turn with respect to the first available service. It is understood that if the patient is inserted in the thermal circuit with a particular therapeutic plan (the health care provider considers it appropriate to proceed in order with a cycle of therapy that must follow 15 minutes of relaxation and subsequent other type of therapy) the system recognizes as a priority the order of delivery prescribed by the health care provider, proceeding to insert the patient in the queue compared to the first prescribed service. Otherwise, that is, since there are no prescriptions on the system, the technological infrastructure that manages the queue will insert the patient into the queue with less waiting time, if obviously the patient needs the provision of more services. In the event that the patient does not like to be routed by the efficient queue management system, he can self-service proceed with the booking of care / specialist advice. At this point the patient can take a seat in one of the two waiting rooms and wait for his turn also in consideration of the estimated waiting time communicated on the display of the booking station.

#### **The conclusion of the cycle - the discharge procedures**


For all users belonging to traditional spa treatments at the end of the cycle there is only the obligation to return the RFID card in the appropriate recovery containers placed at the exit of the structure. Without prejudice to the right for all patients to attend the clinics at any time of the cycle to obtain information or advice to frame the evolution of their clinical picture, patients who have performed only spa treatments, given the particular characteristics of these treatments, are sent in the last day to be reviewed by the doctor who has followed their cycle of treatment. If the doctor is not contacted by a patient at the end of the cycle, the same doctor will interpret the incident as an implicit admission of the patient of sufficient-valid benefit from the cycle itself and therefore the Health Department will close the medical record by affixing a discharge judgment with good result of the treatments. The user is asked during the resignation phase to provide the front-office with the duly completed approval or complaint forms. The data collected is annually evaluated for the creation of statistical reports.

#### **Contact and follow-up service**

Patients will be subject to recontact actions in order to make them participate in the initiatives promoted by the spa facility. These actions can take the form of mailing activities generally accompanied by the sending of the brochure / extract of the service card or services of simple telephone contact.

### **10.3. Procedure – SPECIALIST OUTPATIENT CARE**




	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>CS-EN</b>	
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>33 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

The patient who arrives for the first time in the spa complex is routed by a computerized totem to the information / acceptance desk where an employee provides the first information on the administrative and health acceptance procedure and orients the patient with respect to the requested service. The staff must present themselves to the user / patient with their name, surname and qualification. Provide him with information regarding the methods of identification of the operators present in the structure. Deliver and briefly illustrate the Reception Folder, which contains the news regarding the operation and organization, the satisfaction questionnaire and the business model for the complaint. An RFID (Radio-Frequency Identification) card is also given to the patient. The latter represents much more than a simple identification document within the health facility. In fact, this card stores identifying information about the patient and the services assigned. The patient is required to carefully keep the card which is a strictly personal identification document and not transferable to third parties. In case of loss / damage to the card, the holder can request a duplicate by going to the reception desk. The card must be returned by the patient by depositing it in a special case near the entrance door of area A. The use of innovative technologies, have led the structure - in the interest of the patient - to be able to implement a system aimed at managing the queues attributable to the provision of the services of the social-health structure, paying attention to the efficiency of waiting times, compatibly with the management of multi-service and multi-counter queues, thus carrying out the task of addressing and sorting users / patients directly to the area in charge where the requested service can be provided. All this thanks to an RFID card, encoded with respect to the patient's peculiarities, which accompanies him for the entire cycle of care or to access the services / consultations rendered by the structure. The technological solution intends to present itself to users and healthcare professionals and not - called in various ways to contribute to the efficiency of the species structure - as an extremely flexible and intuitive infrastructure that offers full integration with functionalities attributable to the management platform (My Salus) to simplify and automate the management of services, or to increase the effectiveness of communication relating to the offer of products and services to users. The solution combines some fundamental tools, such as:

- *the reception and direction towards the services offered by the health facility using interactive "touchscreen" totems integrated with the access control system using RFID technology;*
- *intelligent control and centralized management, based on the processing of collected data and management protocols;*
- *multimedia communication on screen "digital signage" addressed to the user;*
- *rapid and customized deployment to the real needs of the healthcare facility.*


Once the general reception phases have been completed, the dedicated administrative staff collects and records the patient's personal data on the management system in use (My Salus), detecting the degree of autonomy / dependence of the latter. Once the patient's need has been detected, with respect to the specialist service requested, the operator makes the patient aware of the acceptance - by means of the affixing of a graphometric signature - of the rules of the structure in terms of Privacy, or the consent of the processing of data. If the patient does not give his consent to the processing of

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>34 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

data (GDPR 679/16) unfortunately the acceptance process stops and the patient will not be able to use any health service. It is pointed out to the patient / user, if it is not possible to experience the consultation immediately, that all specialist services require reservation. The reservation can be made by phone or in person at the Reservations Office of the structure, communicating the address and a telephone number (preferably mobile). The Reservations Office will immediately communicate the acceptance (or not) of the reservation and simultaneously assumes the commitment to contact the patient where force majeure prevent compliance by the structure with the assigned booking shift. Specifically, the detailed procedure is shown below:

### **Scenario - Healthcare Performance Management**

The patient / customer goes to the entrance of area A of the health facility with the intention of proceeding with his own accreditation aimed at the possibility of using specialist visits or consultations, instrumental diagnostic tests. The patient crossing the entrance is in front of a totem ticket emitter equipped with a touchscreen bearing virtual buttons aimed at routing the patient to the administrative acceptance or the URP counter if in need of information of species. If the patient makes his choice with a "tap" on the terminal viewer, the latter will issue a paper ticket containing the appropriate information of the estimated waiting time, or the number of the counter for which you are in the queue and the progressive number referred to the latter. Once the ticket is obtained, it will take its place at the waiting room. In order to contribute to the efficiency of the queue normalization system, the patient waits for his turn with respect to the progress of the queue looking at the door display at the top at the assigned station falling within the desk set up for the reception of the patient / user. It is understood that the management of the queue of the patient who intends to receive information from the operator ends with the actual use of the same by a consultant operating at the URP desk. The patient who intends to be accredited at the facility in the queue at his counter, waiting for his turn proceeds to the actual phase of acceptance, making the operator all his personal details, requesting the type of service he intends to use. To the patient, the operator issues the RFID card assigned by the My Salus Management System, in addition to the reception folder. At this point the patient can proceed to the requested service by making evidence of the own will through the "booking station" at the entrance of the waiting room adjacent to the doctors' offices. That is, the patient through the RFID reader / assigner contained in the technological infrastructure attributable to the "booking station (Totem)" stands in the queue with respect to the use of the species service. The patient takes a seat in one of the two waiting rooms, where a series of summary displays of the calls in progress, make evidence to the patient of the queue and therefore of his turn detectable through the display on the monitor of his assigned number reported on the RFID card associated with the area, or the room of merit. The health care provider after verifying the patient's personal details through an appropriate reader equipped with RFID card (assigned to the patient), verified the service (s) requested by the patient, evaluated the clinical picture, acquired the manifestation of the patient's will through the subscription of the informed consent, proceeds to carry out specialist advice, or if executor of a

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>35 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

treatment of which he does not share the conduct, can express himself with a denial, exposing the reasons to the patient on the basis of which he rejects the indication and / or the type of treatment. In this case, the professional proceeds to close the file. In this case the patient does not have to go to the checkout. Otherwise, the patient must queue for the cash desk, making evidence of his will through the "booking station" located at the entrance of the main waiting room. That is, the patient through the RFID reader / assigner contained in the technological infrastructure attributable to the "booking station" is placed in the queue with respect to the counter in charge of the cash desk, giving evidence on the video terminal of the cash desk to which he is predestined. At this point it can take a seat in one of the two waiting rooms, where a series of summary displays of the calls in progress, make evidence to the patient of the queue and therefore of his turn detectable through the display on the monitor of his assigned number reported on rfid card associated with the number of the cash desk where an operator assists the patient in the mere payment operations of the service (s). The user is asked during the resignation phase to provide the front-office with the duly completed approval or complaint forms. The data collected is annually evaluated for the creation of statistical reports. Before leaving the facility, the patient must return the card by depositing it in a special case near the front door of area A.

#### 10.4. Health care and first aid service

The Health Center guarantees to all patients, limited to the official opening hours, an appropriate and continuous medical assistance and a first aid service (BLS).


### 11. QUALITY STANDARDS AND INDICATORS

With this document we intend to respond to the need to collect useful information to detect the perceived quality of the users of our service rendered, in organizational and health terms and at the same time constitutes a methodological support to the operational areas. The starting point lies in the awareness that the level of user satisfaction is an important resource for the reorganization of services in response to the expectations of citizens. A Quality System centered on the needs of patients must take into due consideration their opinions, considering the ability and tools they have to formulate a judgment. The general objective is to build a network of information on perceived quality through systematic detection in operational areas.

#### 11.1. Methodology and tools

This document, a starting aid to address the satisfaction surveys of recipients of health and non-health services, is a methodological tool that must be integrated with the insights offered by the literature and national and international experiences on the subject. The document is inspired by the methodology of the P.D.C.A. (Plan - Do - Check - Act) summarized in the table:

STAGES	SPECIFICATION
<b>PLAN</b> Analyze and describe the starting situation	1 - Identification of client services

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>36 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

and plan objectives and corrective actions	2	Pre-consultation
	3	Clarification of objectives
<b>DO'S</b> Do, implement actions	4	Determination of detection and application techniques
<b>CHECK</b> Check the effects	5	Analysis of the results
<b>ACT</b> Act by standardizing and controlling the improvement introduced	6	Structuring and implementation of improvement
	7	Monitoring
	8	Communication

The customer survey must always respond to a need for knowledge aimed at improving interventions as well as constituting an indicator of outcome. In order to represent a resource, it must be technically feasible and therefore possess the requisites of methodological research. To this must be added the fact that the data to be translated into information must be interpreted and contextualized.

## 11.2. Detection tools: the questionnaire and the reports


The need that we try to satisfy is to stabilize the methodological approaches of the survey initiatives through the so-called Customer Relationship Management, that is a cross-analysis between several indicators of the degree of perceived satisfaction:

- **qualitative surveys**
- **quantitative surveys**
- **focus group**
- **complaints and other signals from users.**

For the assessment of the degree of satisfaction, in addition to the generic reporting, the questionnaire tool consisting of closed questions is adopted to which the option of the open question is added (indicate suggestions and observations, indicate the worst or best aspect). This medium is the right form to collect system data, taking into due consideration the interactions of important factors such as the organizational size of the structure or the variables of the territory. It is important, in the construction of the questionnaire and in the conduct of the survey, that the recommendations are observed, to avoid self-referential attitudes. In fact, in the definition of the questionnaire it is advisable to pay the utmost attention to the quality dimensions designed by users and lexical expressions; the linguistic code used must be of the respondent, not of those who prepare the questionnaire. The structures must promote the actions of consultation and collection of reports of disservice, involving where possible the representative organizations of volunteering and protection of citizens.

## 11.3. Structure of the questionnaire

A questionnaire was chosen to obtain a high response rate because it can be considered complete even if completed correctly only in part. This structure also allows, through the use of statistical techniques, to weigh the individual satisfaction factors on the general judgment. A seven-value scale

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>37 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

was always adopted in the questionnaires. The questionnaire consists of: closed questions focused on the topics of greatest interest, falling on the operations of the area. Since the completion of the questionnaire requires time and attention, it was intended to make the visual impact pleasant by adopting a sufficiently legible character and graphics. In the form there is a descriptive note that warns the user / patient of the will of the structure to detect the degree of satisfaction through defined items.

#### 11.4. Areas of investigation


The questionnaires are related to the functional areas that contribute to the provision of health services. The issues identified, listed below, are traditionally recognized as indicative of patient satisfaction.

<b>AREA OF INVESTIGATION</b>	<b>DIMENSIONS/QUALITY FACTORS</b>
<b>ADMINISTRATIVE AREA</b> <b>TECHNICAL AREA</b> <b>PRODUCT AREA</b> <b>BUSINESS DEVELOPMENT AND</b> <b>MARKETING AREA</b> <b>HEALTH AREA</b> <b>SUPPORT AREAS</b> (hygiene and sanitation, logistics and purchasing)	<ul style="list-style-type: none"> <li>- <i>information/communication</i></li> <li>- <i>accessibility</i></li> <li>- <i>organizational aspects</i></li> <li>- <i>relation</i></li> <li>- <i>professionalism of the operators</i></li> <li>- <i>quality of care</i></li> <li>- <i>comfort and cleanliness environments</i></li> </ul>

The identification of the factors covered by the survey is in close relation to the most important critical issues deriving from user reports and compliance with the rules of good business functioning; the factors correspond to areas on which to intervene with improvement actions. The items take into account the user's ability to express an opinion; therefore, the care path lived and the environmental context must be considered. Particular attention should be paid to questions asking for a judgment of the care received. The areas of the survey concern the external user but it is necessary to carry out satisfaction surveys also for internal operators through the detection of the "business climate". With this in mind, internal communication initiatives are taken to encourage listening to internal operators in appropriate forms. Climate surveys are a usual way to investigate the situation of the structure and are the basic prerequisites for internal organizational communication initiatives.

#### 11.5. Detection tools

The choice of the detection method adopted is that of administering, on a voluntary basis, a questionnaire (Annex 1) to patients or caregivers, if the patient is unable, in self-compilation. In order to illustrate and share the methods of detection, the collaboration of the reception service was requested. The customer satisfaction survey is carried out on a quarterly basis. The questionnaires are delivered to all patients who access the facility, where during discharge they return it duly completed. The survey is carried out on a voluntary basis. If the patient is unable to do so, the compilation is entrusted to the

	<b>Area Prodotto Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>38 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

caregiver. The collected questionnaires are sent to the Product Area. The indicators that the questionnaire takes into account concern:

**T1 - How did you book?**

**T2 - Booking service**

**T3 - Waiting time**

**T4 - Administrative acceptance and payment service**

**T5 - Accessibility, comfort and cleanliness of the rooms**

**T6 - Compliance with scheduled times**

**T7 - Attention received from medical staff (accuracy of the visit, courtesy)**

**T8 - Clarity and completeness of the information and explanations received**

**T9 - Attention received from nursing staff and /or health technician**

**T10 - Respect for personal confidentiality**

**T11 - Overall how satisfied you are with our service**

**T12 - Would recommend this property to others**

#### **11.6. Criteria for the validity of questionnaires, recording and processing of data**


The complete questionnaires are to be considered valid. The questionnaires are considered validly completed if 80% of the questions have a valid answer. It is not permissible to give more than one answer to the same question, unless it is a multiple choice question and this is explicitly indicated. The questionnaires collected must be validated with a check of completeness and consistency.

#### **11.7. Internal and external data communication**

The communication of data is an important phase of the collection. The data of the customer surveys are a useful element for the management for the evaluation of services but represent, above all, the tangible proof of the commitment towards the users and operators involved. External, but above all internal, feedback creates the basis for active and continuous participation in the monitoring system. The information and communication tools that can be adopted are different: internal company communication, website, posters and leaflets, meetings, press conferences, etc. At the level of internal communication, it is planned to carry out actions useful for the dissemination of the results both to the operators of the structure, in particular both to those who participate in the realization of the survey and to their users. At the level of external communication, the most effective tool is the company website, which will report evidence of the results that have emerged.

#### **11.8. Customer satisfaction**

The detection of Customer Satisfaction is a valid tool for the purpose of detecting the degree of patient satisfaction with the services provided. The evaluation of the results obtained allows Cotilia Terme to know the expectations and needs of users, also collecting ideas and suggestions directly from its

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>39 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

customer. The analysis of the collected data orients the health facility towards a process of continuous improvement, as it highlights the strengths and weaknesses, allowing the planning of interventions aimed at increasing the quality of the services offered. The questionnaire includes the following items:

### T1 - How did you book?

- Telephonically
- at the counter
- internet
- other
- non so
- no reservation

### T2 - Booking service

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

### T3 - Waiting time

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

### T4 - Administrative acceptance and payment service

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7


### T5 - Accessibility, comfort and cleanliness of the rooms

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

### T6 - Compliance with scheduled times

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

### T7 - Attention received from medical staff (accuracy of the visit, courtesy)

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	CS-EN 0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>40 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

#### T8 - Clarity and completeness of the information and explanations received

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

#### T9 - Attention received from nursing staff and /or health technician

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

#### T10 - Respect for personal confidentiality

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

#### T11 - Overall how satisfied you are with our service

NOT AT ALL SATISFIED	NOT VERY SATISFIED	MEDIOCRELY SATISFIED	SUFFICIENTLY SATISFIED	FAIRLY SATISFIED	QUITE SATISFIED	VERY SATISFIED
1	2	3	4	5	6	7

#### For each item there is a response that falls within a score range from 1 to 7

The questionnaire is administered to users to encourage participation and protect the anonymity of users. The questionnaires collected will be processed and the reports will be the subject of internal and external corporate communication.

## SECTION 4

# PROTECTION OF CITIZENS


### 12. RELATIONSHIP WITH PATIENTS

In relations with patients, the staff of the structure is committed to the utmost courtesy. Employees / consultants are required to indicate their personal details both in the direct relationship with users and in telephone communications, they also undertake to facilitate patients on the use of services.

### 13. PROCESSING OF PERSONAL DATA

Pursuant to art. 13 of the European Regulation 2016 /679 of 27 April 2016 containing the "Code regarding the protection of personal data", our structure guarantees the processing of patients' personal data in compliance with the rights, fundamental freedoms and dignity of the interested parties. When you first contact this property, you will be asked to give your consent to the processing of personal data.



	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>41 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

#### 14. PATIENTS' RIGHTS

The patient has the right to be treated with care and attention with respect for human dignity. You have the right to obtain:

- information from competent personnel relating to the services provided;
- clear and complete information from the health care provider who follows him;
- that the data relating to his pathology remain secret.

#### 15. DUTIES OF PATIENTS

The patient when accessing our establishment is invited to behave responsibly, respecting and understanding the rights of other patients, collaborating with the medical, physiotherapy, technical and management staff and taking care of the relationship of trust towards the health personnel essential for the setting up of a correct therapeutic program. It is the duty of every patient:

- promptly inform you of your intention to opt out of scheduled services;
- respect the environments, equipment and furnishings;
- respect the schedules and organization provided by the Establishment.


#### 16. INFORMED CONSENT

The patient should be informed that any health activity involves possible health risks. In the case of spa treatments, these risks are so trivial that they may seem insignificant. The correctness in the health approach to the management of the patient requires, however, also for the execution of the thermal treatments the acceptance of the generic risks inherent. The patient must therefore before undergoing treatment, whatever it may be, issue an informed consent, that is, voluntary and conscious adherence to the proposed therapy. The consent, to be legitimately expressed, must be made personally and consciously by the patient who has the right to evaluate calmly and with any further information what he goes to accept by countersigning the forms, acquiring all the information he deems necessary and sufficient about the cost-benefit ratios of the treatments he will perform and their concrete methods and times of performance. Most of this information can already be identified by patients in the Service Card of the Terme di Cotilia. In addition, the reception service of the Spa is also trained to be able to respond to a first work of information that, where necessary, can always be completed by the elucidating intervention of the Health Director. The procedures for acquiring Informed Consent will be particularly followed where the user should be involved in experimental activities, even where they have had full and reassuring approval from the Ethics Committee.


#### 17. WEBSITE AND COMPANY E-MAIL

**www.cotiliaterme.com**: website where all the main information on the structure, seasonal news, updated rates are contained.

- **info@cotiliaterme.com**: for reservations and information. In this way the customer has a single address to refer to. It is the responsibility of providing internally to bring the letters to the sectors of competence to provide for the answers.
- **amministrazione@cotiliaterme.com**: to contact the administration, the accounting office, the personnel office. It is a service aimed essentially at suppliers.
- 
- **direzionesanitaria@cotiliaterme.com**: to contact the Health Department.
- **prodotto@cotiliaterme.com**: aimed at public administration, doctors, informants, technicians, or users who want direct contact for more in-depth information. Useful for suggestions or complaints.
- **dpo@cotiliaterme.com**: pursuant to Article 38 paragraph 4 of the GDPR 679/16, data subjects may contact the Data Protection Officer for all matters relating to the processing of their personal data and the exercise of their rights.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>		<b>CS-EN</b>
		<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>42 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ

- **odv@cotiliaterme.com**: for any reports to the Supervisory Body for any circumstance that may, even abstractly, affect the perimeter of Legislative Decree 231/2001. The report can also be anonymous but in case you wish to be contacted or have feedback on the outcome of the checks carried out, we ask you to enter your references.
- **accesso\_generalizzato@cotiliaterme.com**: for access to administrative documents, the knowledge of which is necessary to take care of or defend their legal interests.

	<b>Area Prodotto</b> <b>Direzione Sanitaria</b>	<b>Revisione attuale</b>	0
		<b>Verifica</b>	Direzione/Direttore Sanitario
<b>Page #</b>	<b>43 a 43</b>	<b>Approvata</b>	Direzione/Direttore Sanitario
		<b>Emessa</b>	RGQ



## FUNZIONIGRAMMA AZIENDALE

