

Service Charter

2024



Home Care I, II and III level

Operational headquarters - Via Porta Palermo n. 139 Bivona

ASSOCIAZIONE PRIMAVERA O.N.L.U.S.

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How to contact us



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PRESENTATION OF THE “PRIMAVERA ONLUS” ASSOCIATION

The “Primavera ONLUS” Association was established in 1999, it is a non-profit organization of social utility ONLUS pursuant to Legislative Decree 04/12/1997 n. 460.

Denomination: Associazione Primavera Onlus

Juridical form: Associazione impresa

Legal headquarter: C.da Prato snc – Bivona

Administrative headquarter: Via porta Palermo 139 - Bivona

Legal representative: Fausto Bellomo

Data of establishment: 15 July 1999 Fiscal Code and VAT: 02172920841

Redacted

Quality and accreditation manager

01.02.2024

Flavio Ivo Iacona



Verified

Technical Director

22.02.2024

Dott. Salvatore Santoro



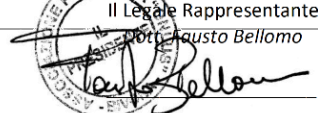
Adopted

President Associazione Primavera Onlus

22.02.2024

Dott. Fausto Bellomo

Il Legale Rappresentante
Dott. Fausto Bellomo



This charter of Home Care services defines the criteria for access to the services, the methods of their operation, the conditions to facilitate evaluations by users and the subjects who represent their rights, as well as the procedures to ensure the protection of users (ART. 13 – LG 328/2000).

The operational headquarters of home care in Bivona

The operational headquarters of activities related to basic and I, II and III level home care for the territory of the Region of Sicily which coincides with the operational headquarters of the basic and I, II and III level home care service for the territory of 'Asp Agrigento is located in Bivona, Via Porta Palermo n. 139.

The organizational headquarters is located in Enna, Via Veneto n. 9, can be reached by telephone 6 days a week from 8:00 to 18:00 from Monday to Friday and from 9:00 to 13:00 on Saturdays.

The organizational headquarters can be reached by telephone by patients in level II and III CD 7 days a week in the time slot 8:00 - 20:00

The Operational Headquarters is made up of:

- Healthcare team
- Organizational/administrative team

who collaborate in close synergy, in order to guarantee a constant point of reference for the patient, for the network of local services: General Practitioner (GP)/Free Choice Pediatrician (PLS), Local Health Authority (ASL), etc., and for the global management of the patient's needs. All significant events that occur during assistance, such as suspension of service for holidays or hospitalization, requests for specialist visits, changes in access times, etc., must be promptly communicated to the Operational Headquarters, so that all the corrective measures necessary to guarantee continuity of care and the best possible assistance.

information to the family

The Service Charter is a tool that allows the citizen/user/customer to be able to acquire all the useful information for a free and informed choice of the structure and services deemed most suitable for their socio-health needs. It is the document that defines rules and behaviors, commitments and mutual duties, which allows users to control, also in terms of quality, the provision of the services themselves. It is a dynamic document, which will undergo improvements and additions based on the outcome of the verification phases and depending on the evolution of the various services.

Associazione Primavera, which has been committed for years to the creation of an organizational model that combines quality of performance with increasingly strong attention to the individual, intends to contribute to the achievement of this objective through the Service Charter.

The Service Charter was formulated in order to allow everyone a clear and rapid vision of the services that the Association provides. The theme of the charter is inserted in the social field with the framework law n.328/00; in the art. 13 in fact establishes that public services and third sector organizations must prepare the Service Charter.

The mission of Associazione Primavera is to assist and treat the patient at home with professionalism, ethics and dedication, developing services that are increasingly closer to the patient's needs. Associazione Primavera provides the service on one hand by promoting coordination with the territorial network, information and training programs for families and users, on the other by preserving the rights of those assisted, with the application of the European Charter of Patient Rights:

- 1. Rights to preventive measures. Every individual has the right to appropriate services to prevent disease.*
- 2. Right to access. Everyone has the right to access the health services that their state of health requires. Health services must guarantee equal access to everyone, without discrimination on the basis of financial resources, place of residence, type of illness or time of access to the service.*
- 3. Right to information. Everyone has the right to access all information regarding their state of health, health services and how to use them, as well as all information that scientific research and technological innovation make available.*
- 4. Right to consent. Everyone has the right to access all information that can enable them to actively participate in decisions that affect their health. This information is a prerequisite for every procedure and treatment, including participation in trials.*
- 5. Right to free choice. Every individual has the right to freely choose between different procedures and healthcare providers based on adequate information.*
- 6. Right to privacy and confidentiality. Everyone has the right to confidentiality of personal information, including that concerning their state of health and possible diagnostic or therapeutic procedures, just as they have the right to the protection of their privacy during the implementation of diagnostic tests, specialist visits and medical -surgical treatments in general.*
- 7. Right to respect for patients' time. Every individual has the right to receive the necessary health treatments in a short and predetermined time. This right applies to every stage of treatment.*
- 8. Right to respect quality standards. Every individual has the right to access high quality healthcare services, based on the definition and compliance with very specific standards.*
- 9. Right to security. Everyone has the right not to suffer harm resulting from the poor functioning of health services or medical errors and has the right to access health services and treatments that guarantee high safety standards.*
- 10. Right to innovation. Every individual has the right to access innovative procedures, including diagnostic ones, in line with international standards and regardless of economic or financial considerations.*
- 11. Right to avoid unnecessary suffering and pain. Every individual has the right to avoid as much suffering as possible, at every stage of his or her illness.*
- 12. Right to personalized treatment. Everyone has the right to diagnostic or therapeutic programs that are best suited to their personal needs .*
- 13. Right to complain. Every individual has the right to complain whenever they have suffered damage and to receive a response.*
- 14. Right to compensation. Everyone has the right to receive adequate compensation, within a reasonably short time, whenever they have suffered physical , moral or psychological damage caused by health services.*

The internal organization of the Association

The Administrative Management

The administrative area is managed by external consultants and Association staff, who are responsible for maintaining the Association's accounting, tax, social security and welfare obligations, managing economic relations with the ASP of Agrigento, as well as with the internal staff.

Health management

Technical Director: Dr. Salvatore Sanzeri

Medical Specialist: Dr. Salvatore Friscia

The figures of the home care service

- Specialist doctor in internal medicine or geriatrics or organization of basic health services
- Psychologist
- Nurses
- Physiotherapists
- Speech therapist
- Occupational therapist
- Dietitian
- Social worker
- OSS

We also have, specialist consultants from the following disciplines:

- Anesthesia
- Cardiology
- Surgery
- Geriatrics
- Neurology
- Child neuropsychiatry
- Medical oncology
- Pediatric oncology
- Paediatrics
- Pneumology
- Clinical nutrition
- Pain therapy
- Urology
- Pediatric nurse
- Cultural mediator

The services

home care service

The home care service is part of the network of social-health services aimed at guaranteeing people in conditions of fragility, integrated socio-health services "at home", also in contexts of individual/collective residence, an alternative to their own home, chosen by the person as their usual residence.

The services, set out within the individual assistance plan (PAI), are provided by qualified personnel in possession of specific professional qualifications, and are complementary and not a substitute for family assistance, and can therefore support and/or integrate family presence (relatives and/or their collaborators) existing and available, but do not replace them completely.

The home care service is therefore aimed at ensuring the person's family real support for:

- Provide adequate assistance to people with health problems susceptible to home treatment, avoiding inappropriate hospital admissions;
- Make prompt discharges possible and ensure continuity of care through the instrument of "protected discharges";
- Encourage non-self-sufficient people to remain at home, encouraging the recovery or preservation of residual autonomy and relational capacities;
- Support family members by transmitting valuable skills that can translate into autonomy and intervention;
- Improve the quality of life of non-self-sufficient people or at risk of losing self-sufficiency, encouraging the maintenance of residual capabilities

Ability to provide services

In line with the requirements for the accreditation of home care, Associazione Primavera Onlus guarantees:

- The treatment of at least 1000 cases of I, II and III Level/year
- first home access within 48 hours of the communication of the PAI/PRI for I and II level CDs
- first home access within 24 hours of the drafting of the PAI/PRI for level III CDs
- the connection with the patient's MMG/PLS

- the connection with the Doctors of continuity of care
- the connection with the social services of the Municipality of residence of the patient
- nutrition assistance to the patient according to the NCP method (assessment, diagnosis, intervention and monitoring) at least one psychological consultation per week for patients on CD of II and III level
- the prompt availability of a doctor or nurse 7/7 and 24h/24h for level III CDs
- the operation of the take-over service at least 5 days per week for the CD I Level
- the operation of the take-over service 7 days a week for the CD of II and III Level
- care continuity, especially for critical patients and patients with specific care needs, and the implementation of PAI
- the adoption of a system that ensures transparency, systematic updating of waiting lists and transparent information in real time on health care bookings.

To whom they are directed:

To residents in the province of Enna who are in the conditions of:

- not self-sufficiency due to disability or disease in progress or outcomes of the same that require care at home;
- oncological and non terminal diseases

Who requests them:

- the general practitioner/paediatrician of your choice
- the hospital health professionals upon discharge
- the patient's family members
- social services • the heads of RSA.

Where you require them:

- Presso il P.U.A. (Punto Unico di Accesso) del Distretto di residenza

The Association "Primavera ONLUS" for the provision of rehabilitation services of home type is affiliated with the S.S.N and relative to the Health Districts with the territorially competent ASP:

- ASP Agrigento

The Home Care are medical, nursing and rehabilitation interventions provided according to personalized intervention plans.

The aims of rehabilitation are based on two key principles: the active participation of the person concerned in their rehabilitation and the duty of society to adapt to the specific needs of the disabled person.

Rehabilitation treatment is in fact aimed in two directions. On the one hand, it pursues, in the user, the identification and treatment of impairments, disabilities and the prevention of complications; the recovery of personal autonomy and/or socio-family, school and professional reintegration. On the other hand, acting on the social side, it aims to operate on the environment, to adapt it to the needs of the disabled, fighting against physical, psychological and social barriers in order to prevent the possible onset of disability.



For these purposes, assiduous are the contacts with the family members of users to provide them with information and advice also useful for the conduct of future programs.

Therapeutic treatments

The treatments are carried out at the patient's home by our staff in possession of a degree specific to the care-therapeutic activity, qualified and professionally updated.

Administrative staff

The administrative staff is responsible for ensuring the connection between the Association and the offices of competence of the various Health Districts, to produce the necessary documentation for the various stages of taking charge of the assisted, to organize - in synergy with the Technical Director and the coordinators - the hourly programming of home workers for home work with patients.

Networking

L'Associazione Primavera has relations of collaboration with:

- Managers of the various ASP districts concerned;
- Hospitals and IRCSS for any diagnostic-therapeutic analysis;
- Other facilities that carry out outpatient rehabilitation in the territory;
- Local Authorities (the Social Services of the Municipalities, for example);
- Schools (for users who are still in school age, meetings with support teachers can be held to ensure a synergy of educational and rehabilitation interventions).

Telemedicine services

Associazione Primavera ONLUS has concluded a consultation protocol with the IITM (International Institute of Tele-Medicine) for the analysis and prototype development of a digital platform for telemedicine and home healthcare services on a sample of patients suffering from chronic diseases (e.g. heart disease and hypertension, diabetes, respiratory diseases, etc.).

Delivery methods

Telemedicine is a means of providing healthcare services, through the use of innovative technologies, in particular Information and Communication Technologies (ICT), in situations where the health professional and the patient (or two professionals) are not in the same location. Telemedicine involves the safe transmission of medical information and data in the form of texts, sounds, images or other forms necessary for the prevention, diagnosis, treatment and subsequent control of patients.

Access mode

In general, telemedicine services should not be used in situations where the doctor cannot perform at a distance all the actions he considers necessary for the patient at that time. In the first place, television does not replace the first visit in presence and cannot become the exclusive means through which the doctor-patient relationship takes place. It can also be offered only to patients who already have a diagnosis and are in at least one of these conditions: they have already been taken in charge in a Pai (Individual Care Plan) or in a Pdta (Therapeutic Diagnostic Care Path). Or, again, that the patient is already inserted in a follow-up path of a known pathology; is affected by a pathology that requires the control and monitoring of therapy; needs a medical history assessment for the prescription of diagnostic tests or the staging of a known pathology; needs a medical examination of the performed examinations. The television is treated as a traditional outpatient visit, both as regards the reporting and the possible payment of the ticket and the reimbursement of the fare to the Regions. ion, diabetes, respiratory diseases, etc.).

Who can prescribe them

Always the doctor, both specialist and family, can prescribe them as traditional visits or explicitly indicating the mode of delivery in telemedicine. The specialist doctor must also arrange for the appointment of the outpatient visit, through Cup (Single Booking Centre).

Access to services

It is provided by a team formed by a Technical Director, a specialist doctor, a nurse coordinator, who operate ensuring attendance during the 24 hours. The nurses ensure the correct application of the therapeutic prescriptions and report daily to the Nursing coordinator and the specialist doctor any changes in the health of patients.

For patients with specific pathologies there is a group of nurses dedicated exclusively to the care of these guests. The Coordinating Nurse directs, plans and coordinates the work of the nursing group, books the specialist visits and diagnostic examinations, takes care of the supply of drugs and ensures the proper maintenance of the relevant health documentation. Together with the doctor is the contact person, for the family member, for the health information related to. his relative.

The Physiotherapy Service is carried out by the Physiotherapist, a health professional who carries out a series of interventions aimed at prevention, treatment, motor and psychomotor rehabilitation

He works in a team, together with other professionals, in order to promote psycho-motor reactivation.

The Physiotherapist: - evaluates residual motor skills - implements prevention plans and/or management of any stress injury, - identifies the need for aids such as wheelchair, walker, footwear, etc.; - develops specific projects for the person and carries out, in agreement with the doctor, individual or group treatment courses; - deals with the practices for the provision of prescribed aids; - carries out training activities, updating and supervision of the other professional figures of the team on the correct use of aids.

OSS Basic Care Staff is employed to meet the basic needs of the elderly, such as sanitation, nutrition, mobilization, etc. promoting their well-being and autonomy. The basic care is carried out by the Social Health Workers (OSS). In each district there is a stable group of Social Health Care Workers that operates by ensuring a careful detection of the need and the consequent necessary intervention in daily activities, with the aim of preserving the dignity and quality of life of the patient.

The Social Health Workers (OSS) collaborate daily with the health figures to detect any states of malaise and pain of the elderly hosted. The assistance is also aimed at identifying residual psychophysical abilities and at maintaining and stimulating them. The SDGs collaborate in activities of animation and socialization, both individual and group.

The Animation Service: the animator encourages the participation and inclusion of guests in the social context through activities of animation, cognitive and sensory stimulation, through the use of non-pharmacological therapies. All professionals close to the elderly contribute to the construction of the Animation Project, identifying needs, setting goals, promoting strategies. Animation activities are therefore an integral and essential part of the PAI.

Arrangements for access, extension, suspension or termination of benefit

Access to Home Care is usually requested by your MMG/PLS.

The extension of the PAI may be requested by the MMG/PLS within 7 days of its expiry, following evaluation. The suspension can be requested, following the hospitalization of the person concerned, by family members, the MMG/PLS or by an operator who goes to the service, by sending an email to the District concerned containing the exact date of admission. The communication will be sent to the District by e-mail on a special form.

The termination can be made by a family member, the MMG/PLS or an operator who goes home; this communication will be sent by email, on a special form, to the District concerned containing the exact date of the event.

The aim is to encourage the recovery and strengthening of personal identity and residual abilities, also trying to contain/manage any behavioral symptoms.

The animation project favours:

- the sense of belonging to the place
- interaction and socialization between the elderly, family members and caregivers
- stimulation and maintenance of residual cognitive and functional abilities
- the support and enhancement of each individual.

Psychological counseling

The presence of the Psychologist is foreseen for patients of level II and III and also performs functions of psychological supervision of the working group. Its main function, however, is to offer psychological support to the family members of users in the difficult process of accepting and processing the situation and disease. The Psychologist also deals with the multidimensional evaluation aimed at the elaboration of the PAI and the sharing of the same with the patient's relatives. He also collaborates on the development and design of the training for the multidisciplinary team.

Standard of quantity and quality of service in the management of possible urgencies

The services of Home Care are provided through staff organized and managed by the Operations Centre, following the receipt, through the multi-dimensional Evaluation Unit, of the user's PAI formulated by the Healthcare Company.

- Nursing assistance is provided 24 hours a day, 365 days a year.
- According to PAI, holiday nursing is provided 365 days a year.
- Night nursing is available, from 20:00 to 8:00, from 8:00 to 8:00, from 8:00 to 20:00 and night holidays from 20:00 to 8:00, 365 days a year, upon activation of multi-dimensional evaluation units (UVM).
- The physiotherapy service is provided 365 days a year during the day from 08.00 to 20.00.
- The interventions of the other non-nursing and physiotherapy professionals are delivered during the day from Monday to Friday.
- At times when the Operations Centre is not active, for unplanned extraordinary nursing interventions, for patients enrolled in the home care programme of I somebody. II and III person. level there is an on-call number h.24 for 365 days a year.

Timing of access to health records

The applicant shall have access to the health documentation within 7 working days from the date of submission of the application.

Indicators of service quality

Associazione Primavera Onlus has determined some indicators that allow you to analyze, evaluate and monitor the quality of the service offered. They represent a point of reference for both the assisted, for operators and serve to guide and evaluate

the actions of the Association Primavera Onlus. The presence of this instrument represents a further element of transparency and visibility towards the citizen (D.P.C.M. 19 May 1995).

QUALITY FACTOR	INDICATOR OF QUALITY	DETECTION MODE
Available and up-to-date information on services and contact details	Number of "Charter of services" present at home / No. total patients treated	Telephone check on patient sample
Involvement of the patient and the family through perceived quality investigation	percentage of questionnaires of customer satisfaction addressed to patients and family members collected/ Number of questionnaires distributed	Telephone check on patient sample
Patient participation through complaints and suggestions	percentage of complaints followed up/number of complaints received	analysis of complaints
Recognizability of operators through the use of an identification card	Number of operators with identification card/total of operators	Telephone check on patient sample
Timeliness in the activation of assistance	Number of timely activations (within 48 hours) / No. of activation requests	Verification by the persons responsible

Continuity of care

The continuity of care for users is guaranteed by the availability of the Doctor, which is active for the replacement of professionals.

Available operators are ready to replace the colleague unable to perform the home service. This provision also applies in cases where, during the care, an operator already present at home is unable to carry out correct patient care.

The medical staff is available for the support to the staff assigned to the home care also for the Management of possible urgencies on the patient

Clinical emergencies or unforeseen events

Lack of electrical voltage: each electromedical equipment is equipped with a buffer battery to allow the smooth continuation of its function. The autonomy of the equipment is sufficient to ensure its functionality for about 4 hours.

In the event that the battery is discharged, at home, there is always a backup device with the same characteristics, for immediate replacement, the operator provides to support the caregiver in the replacement operations.

In the event that the suspension of the supply voltage is prolonged, so as to invalidate the replacement device, you must first activate the emergency management procedures by calling 112..

PRIVACY MANAGEMENT

The personal data that flows to the Primavera association are managed in accordance with the provisions of European Regulation 679/2016 and Legislative Decree 101/2018 and therefore:

- Treated lawfully and fairly;
- Collected and recorded for specific, explicit and legitimate purposes, and used in other processing operations in terms not incompatible with these purposes;
- Accurate and, if necessary, updated;
- Relevant, complete and not excessive in relation to the purposes for which they are collected or subsequently processed;
- Stored in a form that allows the identification of the interested party for a period of time not exceeding the necessary time for the purposes for which they were collected or subsequently processed.

Under no circumstances are documents (paper and electronic) containing personal data left unattended in the workplace, when there is the possibility that subjects not in charge of processing could view them. The health record is the working tool for the entire team that deals with the management of the patient at home and contains all the socio-health documents relating to the patient care project. The Health Director is responsible for the conservation and custody of the health documentation, until it is closed and archived.

The staff is appropriately trained on data processing methods; within the Primavera Onlus Association, the necessary security measures are implemented and a specific assessment of the risks associated with the processing of personal data is carried out annually, preparing the specific "Programmatic Document on the Security of Personal Data" required by law.

RIGHT OF ACCESS

As established by article no. 15 of the European Reg. n. 2016/679, the interested party has the right to obtain access to personal data from the Data Controller.

To submit an application, you must contact the URP of the operational headquarters that holds the document you are requesting access to, bringing your valid identity document with you.

The costs of research, inspection and photostatic reproduction, and shipping costs, are borne by the applicant.

The access process ends within 30 days from the submission of the request.

METHODS OF RECEPTION AND CARRYING OUT CARE ACTIVITIES

Listening and participation of children, parents and family members: Active listening and participation of children, parents and family members is a precondition for the correct analysis of needs with respect to the patient's health conditions within his family, much importance is given to collaboration between operators and family members in determining the quality of the care relationship and therefore the well-being of the patients. The team intends to progressively build a strong relationship of trust based on transparency, information and sharing care decisions regarding patients with relatives. It also intends to promote the participation of family members in the care process, encouraging their active presence and involving them in the analysis of critical issues and in the definition of improvement actions, also through the nomination as Caregiver and involvement in meetings held on a regular basis. Furthermore, the Primavera Association organizes periodic internal meetings open to all family members involved in the assistance and provides support through the specialists present on its medical staff.

Reception and performance of the care activities adopted are brought to the attention of users through the POINT OF LISTENING

The structure offers to the patients, family members and operators a room at the operational headquarters called URP with a notebook dedicated to the collection of reports, complaints and opinions of users, Meet the Psychologist or make appointment request with a specialist. Through the first orientation meeting you can report any problems encountered and share their opinions on the services provided by the structure. The aim is to create a virtual space to channel suggestions, communications and any complaints that can be quickly taken over by the Management of the Structure. For the first use it is necessary to register with the Management of the structure.

PROTECTION AND PARTICIPATION OF THE USER AND FAMILY MEMBERS, COMPLAINTS MANAGEMENT

The Association is responsible for the correspondence between the services provided and what is indicated in the service charter. It commits to manage the complaint procedures in an accessible, simple and rapid way, clarifying the applicable rules and illustrating the methods followed in carrying out the services.

Users/users and/or their family members may submit observations, proposals or complaints regarding acts, behaviors, situations that deny or limit, directly or indirectly, the use of the activities, exercising their right according to the following methods:

- **by telephone to the URP at the Association's domiciliary care office on 0922 073429 24 hours a day.**
- **by sending a simple letter addressed to the Head of the URP, Associazione Primavera Onlus, headquarter of Home Care, Via Porta Palermo n.139 – 92010 Bivona.**
- **by filling in the "Complaint Report" form, a copy of which is delivered to the user at the start of the service or available at the operational headquarters.**

In any case, the URP Manager of the structure will immediately follow up the user's report. The contact person, for any complaint should be submitted, is Dr. Giuseppe Stella, who will respond to the complaint in a short time, no later than 15 days, taking action at the same time to remove the causes that caused the disservice.

Detection of patient and family/caregiver satisfaction

The Associazione Primavera is committed to monitor the degree of satisfaction of patients and family/caregiver through the administration of appropriate questionnaires during and at the end of the service offered.

During the execution of the service, for the monitoring of perceived quality, will be required to fill out, anonymously, a questionnaire "Customer Satisfaction" useful to check the service provided and the degree of satisfaction.

In order to offer a service that is qualitatively valid and respectful of user rights, the Spring Association is committed to developing a wide and flexible technical-organizational design to be tested and verified through suitable tools such as:

1. monitoring of patient satisfaction;
2. monitoring the satisfaction of the family member/caregiver;
3. complaint monitoring;
4. monitoring of operator satisfaction;
5. monitoring of quality standards and process indicators.

These data will be used to compile statistics on the frequency and value of the qualitative and quantitative indicators derived from the questionnaires are indicated on the company website.

How to protect users in case of non-compliance with the standard adopted

To ensure, throughout the course of the service, the possibility for users and clients to express their discomforts, expectations or complaints, the company's complaints management procedure will apply.

The complaint is the essential tool for protecting users' rights. To this end, complaints procedures need to be simplified and given time. In addition, the user who has suffered a disservice a refreshment and/or a refund should always be recognized. As far as the response time to complaints is concerned, it is important to understand whether these are times related to the simple response or resolution of the cases submitted. If the results of the investigation following the complaint are negative for the customer could allow an attempt at conciliation so that all the customer's reasons are taken into account.

COST

Home care is provided free of charge. Payment certificates are supported by the Regional Health Service. They are paid through the SPA of the citizen's residence and allocated to the accredited body. The economic value of securities varies according to the user's welfare needs.

Rates for home delivery services

The following Rates for home care are determined at the request of the patient at the end of home care. Please note that the following services are subject to preliminary evaluation by the Technical Department and are carried out only on request.

Nursing	<p>The fare will be increased by distance.</p> <p>Venous sampling 30,00 €</p> <p>Venous sampling and/or collection of biological material to be delivered at lab analysis 35,00 €</p> <p>Delivery of biological material 15,00€</p> <p>Intramuscular with syringe and needles provided by the patient € 8,00</p> <p>Intramuscular with IPAC material € 10,00</p> <p>Subcutaneous therapy € 5,00</p> <p>Infusion therapy Material IPAC € 25,00 excluding IV and drugs</p> <p>Wound dressing 20,00 €</p> <p>Long term sore dressing</p>
Fysiotherapic	FKT 45/60 min. - 45€
Social assistance	<p>social-health assistance- 6 h (8.00/14.00) € 40.00</p> <p>social-health assistance- 12 h (08.00/20.00) € 70.00</p> <p>social-health assistance- 12 h (20.00/08.00) € 90.00</p>
General medical examination	€ 120.00
Professional medical care	€ 150,00
Other services	On preliminary evaluation approved by the Health Department