

# CHARTER OF SERVICES ADI LAZIO



Operatori Sanitari Associati



Integrated Home Care Lazio Region Social  
and Work Cooperative O.S.A.  
Associated Health Professionals

Dear Client,  
with this document we wish to present our Cooperative and the Integrated Home Care services that we carry out in the Lazio Region. You and your family members have an important role to play within our organisation. With this Service Charter we would like to promote your welcome and active participation in the assistance pathway, in order to further improve the activities offered.

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During the year, 48,835 people are assisted at home throughout the country, through the work of 3,265 health professionals and care workers.

Over the course of the year, 48,835 people nationwide receive home care, delivered by 3,265 healthcare and support professionals. The O.S.A. Social and Work Cooperative – Associated Healthcare Operators – is a non-profit social cooperative (ONLUS) established in Rome in 1985 at the initiative of a group of doctors, psychologists, and social workers involved in home care. Over more than 40 years of activity, we have gained increasing prominence in healthcare services by forging numerous partnerships with major Local Health Authorities (ASL) and Hospital Trusts, and by diversifying the range of social and healthcare services we provide (Residential Care Facilities for the elderly, Therapeutic Communities for psychiatric patients, Family Homes for minors). Our ongoing commitment to improving service quality has also led us to adopt a Quality Management System meeting the requirements of the UNI EN ISO 9001:2000 standard. Additionally, we comply with the requirements of the following certifications:  
ISO 45001 – Occupational health and safety management systems

ISO 14001 – Environmental management systems  
ISO 50001 – Energy management systems SA8000 – Corporate social responsibility Gender Equality Management System (Pdr 125) – ISO 27001 Information Security

During the year, 48,835 people receive home care across the country, supported by 3,265 healthcare and support professionals. In the sphere of Integrated Home Care, our professionals provide healthcare and social care to individuals who:

Are taken on by the ASL we collaborate with (in Lazio, specifically in the territories of ASL Roma 1–2–3–4–5–6, Latina, and Frosinone); -Access our dedicated service for patients with acquired immunodeficiency syndrome, under an agreement with the Lazio Region.

centers in the Lazio Region are accredited under Regional Law no. 4/2003 for the provision of home care.

| Operating Center   | Accreditation Resolution  |
|--|---------------------------|
| <b>ASL Roma 1</b><br>Via Francesco Marconi, 25<br>Roma - Tel 06 39744715             | DCA U00342 del 14/09/2018 |
| <b>ASL Roma 2</b><br>Via Vallerotonda, 7<br>Roma - Tel 06 72480415                   | DCA U00344 del 14/09/2018 |
| <b>Asl Roma 3</b><br>Via Filippo Brunelleschi 109-115<br>Fiumicino - Tel 06 94517410 | DCA U00340 del 14/09/2018 |
| <b>ASL Roma 4</b><br>Via Martiri delle Foibe, 25<br>Cerveteri - Tel 06 9943869       | DCA U00468 del 27/11/2018 |

In addition to Lazio, we also operate our ADI (Integrated Home Care) services in the regions of **Abruzzo, Puglia, Basilicata, Campania, Sicily.**

| Operating Center   | Accreditation Resolution         |
|--|----------------------------------|
| <b>ASL Roma 5</b><br>Via della Longarina, 1<br>Guidonia Montecelio<br>Tel 0774314196 | DCA U00380 del 16/09/2019        |
| <b>ASL Latina</b><br>Viale IV Novembre, 25<br>Latina - Tel 07 73692584               | Delib.g.r. n. 456 del 25/06/2025 |
| <b>ASL Frosinone</b><br>Via G. De Matthaeis, 12<br>Frosinone<br>Tel 07 75874029      | DCA U00300 del 25/07/2019        |
| <b>ASL Viterbo</b><br>Via Luigi Galvani, 22<br>Viterbo - Tel 07 61384058             | G12416 del 20/09/2022            |

**ASL Roma 6**  
Via Roma, 9  
Grottaferrata  
Tel 06 33978291

DGR n. 739 del 03/10/2024



**The objectives of ADI are to:**

- Assist individuals whose conditions can be treated at home in their family environment, thus preventing unnecessary hospitalization or placement in other residential facilities.
- Support a timely and gradual reintegration of the patient discharged from the hospital, by actively involving and assisting family members in caregiving.
- Foster collaboration and integration among community and hospital services within the National Health Service, through the active involvement of non-profit organizations (cooperatives, volunteers, etc.).

Integrated Home Care (ADI) can be defined as a set of health and social-health activities (medical, nursing, rehabilitative, psychosocial, educational) carried out in a coordinated manner in the patient's home. The patient's care is overseen by the General Practitioner (Family Doctor). The organizational hub is based within the ASL (Local Health Authority) district, and service provision can be entrusted to accredited entities, such as the OSA Cooperative. Depending on the patient's condition, healthcare services can be supplemented by social care funded by municipal authorities.

**Who Can Benefit from Integrated Home Care** All citizens who, for health and/or social reasons, are unable to independently access facilities and/or healthcare services-either temporarily or permanently-may access Integrated Home Care (ADI). ADI is also available to foreign citizens residing in EU countries who are temporarily living in this Region for study or work, and to foreigners who are Temporarily Present (S.T.P.) and require home health services. Based on regional regulations, the types of eligible patients include:

- People who are not self-sufficient
- People with complex disabilities

Service activation begins with completion of the Single Referral Form, filled out by the Family Doctor/Pediatrician, Hospital Physician, or doctors working in other ASL (Local Health Authority) services. This request is then forwarded to the ASL, which evaluates the case to draw up an Individual Care Plan (PAI). The PAI sets out the care objectives, duration, mode of service provision, and the professionals involved (nurse, physical therapist, etc.). The PAI is reviewed and signed by the patient or a family member.

Once OSA Cooperative receives the PAI, it arranges for its professionals to provide patient care at home, ensuring continuity of care.

**Key Features of the Services Offered:**

- Requests to activate ADI that reach the ASL must be started within 72 hours, in accordance with DCA 525 of December 30, 2019, and follow a schedule of interventions guided by clinical, geographical, and organizational priorities. These same criteria are applied if a waiting list is needed.

- Integrated Home Care requires at least one person living with and/or looking after the patient, who collaborates with the service. This might include, for example, facilitating access to healthcare professionals in the home on the scheduled day or notifying the operating center if the patient is unable to receive scheduled care. Integrated Home Care operates based on a planned schedule of interventions addressing needs related to chronic conditions and disability, rather than emergency or urgent situations.
- The agreed-upon service times with patients, in accordance with the Individual Care Plan, are approximate and may vary due to multiple factors, such as traffic.



### THE PATHWAY OF INTEGRATED HOME CARE UNDER THE ACCREDITATION SYSTEM

| Process Phase                                  | Activity  | Competence   | Direct Action Toward  |
|--|---|--|---|
| Referral                                       | Formal/informal communication   | - Hospital Physician<br>- Municipal Social Services for Families<br>- Acquaintances, Volunteers  | If addressed to the CAD, it provides information on the service but then directs the request back to the MMG/PLS for activation |
| Preliminary Assessment                         | Medical history taking, physical examination review of clinical or discharge summaries, etc.  | MMG/PLS<br>Hospital Physician<br>National Health Service Physician   | Patient and family  |
| ADI Activation                                 | Sending the formal request for activation   | MMG/PLS<br>Hospital Physician<br>National Health Service Physician   | District-based CAD according to the patient's residence/domicile  |
| Activation of the Accredited Provider (OSA)    | Sending documentation related to ADI activation   | CAD  | Accredited Provider (OSA)   |
| Multidimensional Assessment (VMD)*             | Determining and documenting the patient's condition from a clinical and socio-environmental perspective   | CAD / Accredited Provider (OSA)  | Patient and family  |
| Preparation of the Individual Care Plan (PAI)* | Formalizing all actions, participant, and specific responsibilities into a document (the PAI), including identification of the care manager   | CAD and other involved parties<br>Accredited Provider (OSA)<br>MMG/PLS<br>(patient and family/caregivers)  | Patient and family  |
| PAI Implementation and Execution               | Activating the PAI, planning, delivering, and coordinating the services and activities set out in the PAI (with identification of the care manager)   | Accredited Provider (OSA) and all parties involved in the PAI (CAD, MMG/PLS, hospital facilities, etc.), each per their role, in accordance with the PAI | Patient and family  |
| Monitoring and Continuity of Care              | Monitoring by assessing the patient's care pathway and health status, with periodic re-assessment of the PAI. Ensuring continuity of care through team meetings, sharing information and documents. | Accredited Provider (OSA) and all parties involved in the PAI (CAD, MMG/PLS, hospital facilities, etc.), each per their role, in accordance with the PAI | Patient and family  |
| Discharge                                      | Determining whether care is still required for any reason (improvement, transition to another level of care, refusal by the patient, death).  | MMG/PLS and CAD, based on documentation from the Accredited Provider (OSA)   | Patient and family  |

\* for ADI levels I, II, and III in terms of complexity, not for service level.

Legenda: MMG = General Practitioner  
VMD = Multidimensional Assessment

PLS = Primary Care Pediatrician    PAI = Individual Care Plan  
CAD = Home Care Center

Our Cooperative, in its role as an accredited partner of the ASLs, is committed to:

- implementing the care plan by organizing and carrying out all activities and services at the patient's home with dedicated professionals (nurses, rehabilitation professionals, doctors, etc.);
- building a relationship of trust with the patient and their family through attentive listening to their needs and providing quick and effective responses, thanks to the flexibility of our organization;
- ensuring coordination and constant monitoring of the services provided;
- collaborating with all parties involved in care (ASL, family doctors, hospitals, social services).

#### Organization of Care

The Medical Directorate of the Cooperative is responsible for coordinating and supervising the services offered, in order to protect patients and their families by ensuring quality interventions and care. The service is organized through an OSA Operations Center located in the same area as the ASL. The Operations Center is meant to be a place where the patient and their family can always find a listening ear, availability, and solutions in response to their needs and any issues regarding the services received.

#### Operations Center Coordination Team:

- Medical Coordinator - Head of Service
- Administrative Coordinator
- Nurse Coordinator
- Physiotherapist Coordinator
- Staff dedicated to scheduling interventions and communicating with patients and staff

#### OSA Professionals Dedicated to Care

- Specialist doctors
- Nurses
- Rehabilitation professionals (physiotherapists, speech therapists, developmental neuro-psychomotor therapists, etc.)

- Social Health Operators (OSS)
- Psychologists (if required by the PAI sent by the ASL)
- Social Workers (if required by the PAI sent by the ASL).
- All our professionals are highly qualified and hold the proper credentials to practice, verified by the OSA Medical Directorate.

#### Types of Services Offered

As an ASL partner, we ensure the delivery of services based on what is formally defined and specified in each individual's Personal Care Plan (PAI), including:

- Nursing Care
- Rehabilitation Services
- Specialist Medical Services (e.g., anesthesiology visits, home transfusions)
- O.S.S. Assistance
- Psychosocial Support (e.g., psychological counseling, social work support)
- Support Services (e.g., ambulance transport)
- 24-hour availability as provided for by DCA 283/2017.



**Perceived Quality and Sharing of Experience**

For many years we have paid special attention to the quality as perceived by our patients and their families, through the use of questionnaires and interviews conducted by qualified professionals.

**Suggestions, Commendations, and Complaints**

To strengthen the relationship of trust between patients and the professionals of our Cooperative, we give particular consideration to all suggestions, commendations, and complaints we receive. Thanks to this feedback, we can continuously improve the quality of our service.

Any feedback can be submitted by:

- sending an email to: [reclami@osa.coop](mailto:reclami@osa.coop)
- visiting the website: <https://www.osa.coop/asistenza-domiciliare-lazio/> and clicking on Encomi e Reclami.

We are committed to responding and taking action as quickly as possible after carefully reviewing and assessing the reported matter. The personal data of patients is processed using digital and paper-based tools in compliance with Legislative Decree 196/03 and EU Regulation 2016/679.

## ■ 5. WAITING LIST MANAGEMENT

The purpose of the waiting list is to ensure that access to provided services occurs according to criteria of accessibility, fairness, and transparency, safeguarding patients' rights.

Service personnel must comply with internal procedures that establish the rules and access criteria in accordance with regulatory requirements (National Plan for the Management of Waiting Lists, PNGLA, 2019-2021 and Regional Plan for the Management of Waiting Lists, PRGLA, 2019-2021, adopted with DCA 302/2019).

**Admission Process:**

- Nursing care, classified as:  
Procedural (e.g., urinary catheter replacement), Low complexity (e.g., dressing pressure ulcers twice a week), Medium complexity (e.g., IV infusions three times a week), is provided within 72 hours of OSA's confirmation of availability to carry out the PAI received from the CAD, except in cases of urgency as defined by law.
- The activation of nursing and OSS services for patients with high complexity care needs, such as those requiring 24-hour invasive ventilatory support, is fulfilled within 72 hours of OSA's confirmation of availability to carry out the PAI received from the CAD, except in cases of legislative urgency.

- The activation of rehabilitation services is carried out within 72 hours of OSA's availability to carry out the PAI sent by the CAD, except in cases of legislative urgency.

In situations where OSA is unable to initiate care within the legally required timeframe, the patient is placed on a waiting list. The request to be placed on the waiting list is managed according to a schedule coordinated with the CAD, based on the following: urgency criteria defined by law; chronological order based on the date the service request authorized by the district CAD was received; urgency officially flagged by the CAD; changes in the patient's clinical condition. Further information about the waiting list is available on the OSA website.

A copy of the medical documentation can be requested by the documentation holder, by a person expressly authorized by them, or by other individuals with legitimate status.

The request must be addressed to the OSA Medical Directorate, using the appropriate form available on the OSA website, and accompanied by an identity document. It may be delivered directly to the

relevant OSA Operations Center or sent via email to: [dirsan@osa.coop](mailto:dirsan@osa.coop).

Available medical documentation will be delivered to the individual concerned or their authorized representative within 7 days from the submission of the request by the eligible party, preferably in electronic format. Any additional documentation will be provided within 30 days from the same date. (Law of March 8, 2017, no. 24, Article 4 "Data Transparency").

## ■ 7. PUBLICATION OF DATA ON PROFESSIONAL LIABILITY

In order to comply with the obligation set out in Article 4 of Law 24/2017, which requires the publication of data on all compensation payments made over the last five years-verified as part of the monitoring, prevention, and management of healthcare risk-the following data are disclosed: the number of

open claims and the amount of compensation paid for the period from January 1, 2019 to January 1, 2023.

Table of Claims and Compensation Paid in the Last Five Years / Pursuant to Article 4, Paragraph 3 of Law No. 24 of 2017

| YEAR | N. OF CLAIMS | COMPENSATIONS PAID |
|------|--------------|--------------------|
| 2020 | 0            | 1                  |
| 2021 | 0            | 1                  |
| 2022 | 2            | 0                  |
| 2023 | 0            | 0                  |
| 2024 | 0            | 0                  |

Complaints

| YEAR | SERVICE RECIPIENTS | NUMBER OF COMPLAINTS | NUMBER OF REPORTS |
|------|--------------------|----------------------|-------------------|
| 2020 | 52.665             | 13                   | 5                 |
| 2021 | 49.426             | 15                   | 11                |
| 2022 | 49.254             | 11                   | 6                 |
| 2023 | 48.835             | 5                    | 6                 |
| 2024 | 46.782             | 7                    | 2                 |

### Quality Standards of the Service - Commitments to Patients

The quality factors of a service are those aspects that are significant for the user's perception of their actual experience.

Quality indicators are quantitative variables or qualitative parameters that record a given phenomenon, considered to be an "indicator" of a

quality factor. Quality standards serve to define the service's quality level.

They represent a point of reference for both patients and staff, and help guide and assess the Cooperative's actions. Determining quality standards involves a continuous process of analysis, evaluation, and progressive improvement of service quality. It also represents a further element of transparency and visibility for citizens.

| QUALITY FACTOR  | QUALITY INDICATOR  | QUALITY STANDARD | METHOD OF DETECTION                      | FREQUENCY OF DETECTION |
|---|--|------------------|--|------------------------|
| Information available and up-to-date on services and contacts (informative materials) | No. of informative materials present in homes / Total no. of patients served | >90              | Telephone survey on a sample of patients | Annual                 |
| Involvement of the patient through perceived-quality surveys                          | No. of questionnaires collected / No. of patients contacted                  | >90              | Analysis of perceived quality database   | Annual                 |
| Timeliness in responding to feedback from patients and families                       | No. of reports responded to within 10 days / Total no. of reports received   | >90              | Analysis of reports database             | Annual                 |
| Staff identification through use of ID badge  | No. of staff with badge / Total staff  | >90              | Telephone survey on a sample of patients | Annual                 |



 RIGHTS

**Right to Preventive Measures**

Every individual has the right to appropriate services to prevent illness.

**Right to Access**

Every individual has the right to access healthcare services according to their health condition, without discrimination based on financial resources, place of residence, type of illness, or time of access to the service.

**Right to Information**

Every individual has the right to access all information regarding their health status, healthcare services, and how to use them, as well as all information made available through scientific research and technological innovation.

**Right to Consent**

Every individual has the right to access all information that enables them to participate actively in decisions regarding their health. This information is a prerequisite for every procedure or treatment, including participation in clinical trials.

**Right to Free Choice**

Every individual has the right to freely choose among different procedures and healthcare providers based on adequate information.

**Right to Privacy and Confidentiality**

Every individual has the right to the confidentiality of personal information, including information related to their health status and possible diagnostic or therapeutic procedures. They also have the right to protection of their privacy during diagnostic tests, specialist visits, and surgical or medical treatments in general.

**Right to Have One's Time Respected**

Every individual has the right to receive necessary healthcare within short and predetermined timeframes. This right applies to every phase of treatment.

**Right to Quality Standards**

Every individual has the right to access high-quality healthcare services, based on clear definitions and strict adherence to set standards.

**Right to Safety**

Every individual has the right not to suffer harm caused by the malfunctioning of healthcare services or medical errors, and the right to access services and treatments that meet high safety standards.

**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.

 RIGHTS

**Right to Avoid Unnecessary Suffering and Pain**

Every individual has the right to avoid as much suffering as possible at every stage of their illness.

**Right to Personalized Treatment**

Every individual has the right to diagnostic or therapeutic programs that are as well-suited as possible to their personal needs.





The ADI Operations Centers are open during the following hours:  
**Monday to Friday: from 8:00 a.m. to 6:00 p.m.**  
**Saturday: from 9:00 a.m. to 1:00 p.m.**

#### MEDICAL DIRECTORATE

e-mail: [dirsan@osa.coop](mailto:dirsan@osa.coop)  
Tel. 06.72988771  
Fax 06/72988400

Any complaints may be submitted by:  
Sending an email to: [reclami@osa.coop](mailto:reclami@osa.coop)  
Visiting the website: <https://www.osa.coop/assistenza-domiciliare-lazio/> and clicking on Encomi e Reclami (Commendations and Complaints).

**Medical Director for ADI Lazio Region:**  
Dr. Daniele Palumbo

#### INTEGRATED HOME CARE ADI LAZIO

##### Area Managers

Marco Attardi  
Gina Gasbarrone  
Sandra Ludovisi

##### Contacts

Via Vallerotonda 7  
00178 Roma  
tel. 06.7298440  
e-mail: [adilazio@osa.coop](mailto:adilazio@osa.coop)

#### DUTIES

The direct participation in fulfilling certain responsibilities is the foundation for fully exercising one's rights. Fulfilling duties with commitment means respecting both the social community and the healthcare services used by all citizens.

##### Collaboration

Upon acceptance (by signing the appropriate forms provided), the patient agrees to indicate who is authorized to receive information about their health status; to offer full cooperation to the professionals providing care by promptly reporting any environmental, social, or personal conditions that could pose a risk to individual or public health. The patient is also required to regularly sign off on the record of services provided at home.

##### Information

Patients must inform doctors and healthcare personnel of anything useful or necessary for better prevention, diagnosis, treatment, and care. They are expected to promptly notify staff if they plan to decline any scheduled treatments or procedures, so as to avoid unnecessary waste of time or resources.

##### Respect

The patient must behave in a manner that respects the personal and professional dignity of healthcare providers, avoiding verbal or physical aggression against any healthcare worker on duty. Patients must also comply with rules that ensure the proper delivery of medical and therapeutic services.

The Cooperative is committed to sharing this Service Charter with user advocacy associations and volunteer organizations representing the public. It also pledges to periodically review the document and to make it available through a dedicated section on its website.

This document has been updated to 2024.

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