



HEALTH
FACILITY

● SERVICE CARD ●



duemila
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This document has been drafted with the collaboration of the Head of the Structure, the Sole Administrator, the working staff and also thanks to the precious collaboration of the Patients who, through their suggestions, are fundamental for the improvement of the Health Facility.



Introduction

Dear Guest,

Below we are pleased to present our “Service Charter”, a tool that allows us to share and improve the quality of the service offered, designed and aimed at protecting citizens’ rights within the service provided.

The “Villa Ardeatina” Health Unit, in this regard, wants to create an increasingly close relationship of dialogue and collaboration with the Guest, with the aim of improving the quality of the service offered by making it not only more efficient and timely, but above all more capable of responding to the different needs of those who use it. Our objective, in fact, is to offer a qualified welcome characterized by the humanity of all those who, in various capacities, work in our Structure.

This Service Charter is therefore intended for Patients with the aim of informing them of how much benefit the structure can offer them in terms of physical and psychological well-being.

The Charter was prepared in accordance with the provisions of the DCA (Commissioner Decree ad Acta) U00311 of 06/10/2014 of the Lazio Region.



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● 1. WHAT IS THE SERVICE CARD ●

The active role of guests in social welfare procedures encourages greater attention to the prevention of unwanted events and strengthens the relationship between the citizen and the structure. From this perspective, the Service Charter which represents the pact between the structure and the citizens, according to the following information principles, takes on particular importance:

- ❖ **Impartiality** *in the provision of benefits and in giving anyone the same rights of access to services;*
- ❖ **Full information** *of citizen users on the services offered and how they are provided;*
- ❖ **Adoption of the standards** *promoted by the Local Administration concerning the quality of the service offered and the methods for its evaluation, informing users;*
- ❖ **Organization** *of methods for the protection of citizens' rights;*
- ❖ **Listening to the opinions and judgments** *on the quality of services expressed by citizens themselves or by the Associations that represent them through methods and tools for participation and involvement.*

We hope that this Charter of Services, with the collaboration of Patients and Personal Health Care staff, can become a concrete tool for constant improvement of what our Health Facility offers. We welcome any possible suggestion, criticism and proposals. Thank you for your attention.



● 2. OUR PRINCIPLES ●

The halfway house “Villa Ardeatina”, is tied up in a continuous improvement of the granted services, inspired by the following civil and religious principles:

- ❖ **Equality and respect** for every single person;
- ❖ **Impartiality in the provision of benefits** and in giving anyone the same rights of access to services;
- ❖ **Continuity** of the service through the predisposition of shift work;
- ❖ **Privacy and respect**, by professional secrecy;
- ❖ **Human dignity** and the highest regard of the private and personal privacy;
- ❖ **Professionalism** of the working staff;
- ❖ **Right** of autonomous choice.

The different professionals are responsible for promoting and stimulating personal choices in the daily activities of the Patients of the Structure;

❖ **The importance of human relationships** between the staff and the Patients. The aim of “Villa Ardeatina” is to create the necessary conditions to ensure a familiar and hospitable space, by identifying the needs of the Patients, ensuring professionalism and competence, by valuing the interpersonal relationships and supporting a good and cordial atmosphere, inspired by Christian Values.

The aim of our job is the treatment and the assistance to the Patient. We believe in the formation of the staff to improve and qualify the assistance.

All the professionals are considered fundamental: with their effort, they make an increase of the service offered possible. The high professionalism makes the Healthcare a reference point in the Region for all the specialists in the field, who look at the Center as an appropriate forum thanks to its rehabilitation programs and the recovery of Patients.

Our belief, therefore, is to assist the Patient with willingness and readiness and to provide the treatments with competence: the welfare model adopted by the Structure is focused on the person and it takes care of the social welfare and psychological needs of the Patient.



● 3. SEAT AND HISTORICAL BACKGROUND ●

“Villa Ardeatina”, property of Villa Ardeatina S.r.l., is in Rome in Via Mentore Maggini n.51 (area Laurentina – Vigna Murata), and it is considered a genuine green oasis in the heart of Eur. The Structure can be reached by public transports Atac 721, 762, 765 and by the Subway B Laurentina from which Station Termini, Piramide and Viale Marconi-EUR are easily reachable. Car’s path: the ones who come from G.R.A. can take exit n. 24 Ardeatina or n. 25 Laurentina.

Villa Ardeatina was born in 1991 thanks to a long process made by the property since 1975 in the rehabilitation sector, begun by Centro Specialistico Romano Villa Fulvia (Specialized Roman Center Villa Fulvia); over the years the Center has increased the satisfaction of the users and it has gained prestige and authority for the quality of the various services offered in the rehabilitation field. Our Structure, ex article 26 (Law 833/78), takes extensive and maintaining rehabilitation interventions. The high professionalism makes the Healthcare a point of reference in the territory. For the request of cures we try to simplify the bureaucratic process through detailed and accurate information in our web site www.villaardeatina.it



● 4. REHABILITATION EX ART. 26 ●

4.1 Medical Staff

Executive Doctor	Dott. Gilberto Grossi
Healthcare executive	Dott. Said Omari
Department Doctor	Dott. Alberto Almonte
Head nurse	Sig.ra Rosaria Bettinardi



4.2 Rehabilitation ex Art. 26 and methods of access

The management of the services within the Structure is aimed at giving Patients a standards of excellence with the first quality services in the 24 hours.

Our commitment is to respond promptly and concretely to the requests of users with a wide offer of specialized and high-level services. The following aspects will be fundamental:

- ❖ **Accuracy** of the services provided;
- ❖ **Attention** to human relationships;
- ❖ **Tranquillity and comfort** of the places where the service is provided;
- ❖ **promptness** in responding to requests.

The care path of a user with disabilities goes through a complex set of activities and interventions, delivered in an integrated multidisciplinary manner and in a different care regime.



In the current health organization of the Lazio Region there are rehabilitation programs mainly provided by rehabilitation centers following Art. 26 (Law n. 833/78 “Extensive rehabilitation”).

HOUSING USE (Decree No. U00459 of 26/10/2017)

Organization and management of rehabilitation activities under Art.26 in a housing scheme

Methods of access (D.P.C.A. 159/16 - Regione Lazio)

Extensive Residential (40 beds): extensive rehabilitation in a residential regime is understood as “the complex care activity for patients who have passed the possible acute and immediate post-acute phase and who need health-oriented interventions. - achieve further functional recovery in a defined time (usually within six months of hospital discharge and/or exacerbation or recurrence of the pathological episode)”.

The extensive rehabilitation project can take place in a maximum of 60 days; any extensions must be justified and agreed with the competent local health authority services. Access is provided by the acute/post-acute hospital. Access from home is subject to a multidimensional assessment by the ASL of the Patient’s residence and occurs in the following ways:

- ❖ Telephone information through the acceptance office (guaranteed in the morning and in the afternoon);
- ❖ Interview at the Structure (guaranteed in the morning and in the afternoon) for possible compiling of the user card, which is then evaluated by the team for the method of taking charge;
- ❖ Appointment for a multidisciplinary visit with a specialist in the Structure;
- ❖ The patient is rightly informed about his/her state of health and involved in decisions about rehabilitation treatments.



For the taking charge it is needed:

- ❖ a valid document of identification;
- ❖ clinical documentation;
- ❖ personal hygiene objects (towels, bubble bath, shampoo, slippers, etc.). Comfortable shoes, gym clothes and changes of underwear are recommended;
- ❖ Medicines (if necessary, at the expense of the patient);
- ❖ Diapers (if necessary, at the expense of the patient);
- ❖ Glucose monitors with needles and stripes (if necessary);
- ❖ Oxygen (if necessary).

Registration

Patients or their family are accompanied to the front desk for the administrative procedures.

The head nurse will prepare a learning tour of the structure and the assignment of the sleeping accommodation compatible with the patient's requirements. Villa Ardeatina takes great care of this first approach which aims at encouraging the integration of the patient and at making the new environment familiar. The patient is then accompanied for completing the medical record at the ward medical office, where he/she will carry out the general medical examinations and the visit with a specialist, the nursing assessment and the physiotherapeutic functional evaluation. At the end of this procedure, he/she will be accompanied by a nurse at the reserved bed.

Then, the rehabilitation team will meet and the project will be prepared considering the objectives to be reached with the treatment plan, shared with the patient and the family members.



Planning a rehabilitation day

Villa Ardeatina, aware of the importance of human relationships, makes available to patients and / or their families, during the day, wide time slots dedicated to the interview with the various representatives of the structure.

Here it is a typical day:

HOURS	ACTIVITIES
07:00	Nursing and hygiene assistance to the patient
08:00	Breakfast
08:00-09:30	Medical visits
08:30-12:30 14:30-18:30	Rehabilitative activities and Specialist evaluation
12:30	lunch
13:00-15:00	nap
16:00	snack
18:00	dinner
19:00-21:00	Nursing and sanitation assistance in preparation for the night
FRIDAY AT 4.30 pm ST. MASS	

The patient is guaranteed a 24-hour nursing assistance and nursing supervision in every place of the structure and in every activity performed.

The psychosocial service is also available, from Monday to Saturday, which will provide support to patients and their families.



NON-RESIDENTIAL REGIME - Surgery and Homecare

(Decree No. U00459 of 26/10/2017)

-Surgery (300 daily treatments): it is aimed at people with complex disabilities, often multiple, with possible permanent outcomes; it is oriented towards the recovery and functional rehabilitation and / or the maintenance of acquired skills. The complexity of the disability requires the preparation of an individual rehabilitation project (PRI) carried out by a multi-professional rehabilitation team.

Entry procedure

The admission to outpatient rehabilitation treatment takes place through a visit to the specialist for the specific disability, at the request of the General Practitioner (GP) or the Free Choice Pediatrician (MPLS), which indicates the problem to be evaluated. For adults, the duration of the PRI is limited to a maximum of 90 working days, unless the prosecution of the treatment is authorized by the competent local health service of the patient's residence.

For each patient a rehabilitation project (PRI) has been drawn up having as reference the identification of the social and social-relational objectives, the bio-psycho-social model DGR 434/17. The project contains the multidimensional evaluation and the explanation of the resources, the time and the modalities of the realization.

Rehabilitation activities are characterized by team work activities.

The overall management of the entire therapeutic procedure is guaranteed.

The family is given adequate information and participation as well as a specific training before the patient comes back home.

Moreover, for all uses, a system of archiving the folders is guaranteed, which allows a quick access to the data.

The structure performs the informative debt towards the regional government through the adherence to the Information System for Rehabilitation Assistance, according to methods and timescales defined at regional level.



4.3 The structure and the rooms

In November 2012 “Villa Ardeatina” moved to the headquarters in Via Mentore Maggini, 51, a new structure conceived taking into account all the sanitary and safety regulations wanted by current laws. The structure is accredited with the SSR (Regional Health System) to a receptivity of **60** beds.

The structure is divided into 5 floors; the 39 rooms available, single and double, are equipped with bathrooms with shower and air conditioning. In the structure there are a living room with TV, three living rooms, a dining room and a large and well-kept garden. There are also common areas where patients can socialize and talk to each other and with their relatives. The staff

of the structure organizes recreational events in the afternoon with the direct participation of the Patients.

The common areas are equipped with color TV and inside the structure there is a bar service with a continuous schedule from 7:00 to 18:30.

The areas comply with the sanitary and safety standards and fire prevention regulations following the current legislation. The staff has a general knowledge on the prevention measures to be adopted and on the procedures to be followed in any emergency.



4.4 Discharge and request in copy of the Clinical Record

Resignations normally take place at the end of the rehabilitation project, always agreed with the patient and the team.

The Structure ensures that at the time of discharge the Patient or his/her family members will receive adequate written instructions about the continuity of care.

It is possible to ask for a photocopy of the medical record at the time of discharge, at our reception from Monday to Friday from 08:00 to 19:00 and Saturday from 08:00 to 13:00. Payments can be cash or by Credit Card and / or Pago bancomat.

It can be requested by the patients or by another person who presents:

- authorization approval form signed by the patient
- photocopy of the patient's document of identification
- document of identification in original of the applicant.

The Structure will deliver a copy of the medical record within 30 days from the request.



4.5 Mode and visiting hours to patients

Patients can be visited everyday according to the following timetable:

AFTERNOON

from 14:30 to 17:30

Patients can meet and maintain relations with visitors outside the Structure respecting the internal rules.

The relations among Patients and service staff must be characterized by mutual respect, education, good manners and understanding.

Each Patient or familiar has the right/duty to report to the Direction any possible failure in the providing of services or unpleasantness and unapproved behaviour from the working staff. The relatives are invited to meet constantly the Patients, so that the normal emotional continuity is not interrupted.

Each form of participation of associations of volunteering is allowed and favoured, properly organized and authorized by the Direction.

Furthermore, when in agreement with the Direction, the Structure refuses any responsibility for what can happen to the Patient during the time spent outside the Center.



4.6 Quality Management System

The quality management system defines the planning ways, the realization and the verification of the service quality offered to the patients at the moment of reception in the structure and during their stay.

The compliance with the quality standard is guaranteed by Villa Ardeatina S.r.l through the monitoring, directed by instrumental, welfare and service ways. These standards concern the characteristics and the service delivery methods, with a particular attention to the specific aspects of the organization which are more perceivable by the patients. Among these, the patients' satisfaction, takes great importance. By this way the patient can interact with the structure and satisfy his/her own health needs.

The quality service standards are verified minimum in semi-annual frequency and consequently brought to the structural knowledge.

At time of discharge, the patient or his/her family, will receive a questionnaire to express the assessment level and to give the possibility to report possible improvements.

Furthermore the participation and the protection of the patient is guaranteed by the possibility of complaining for any submitted complaints arised during the stay. The patient can file a complaint through a verbal, phone communication or written on simple paper report to the U.R.P.



Quality indicators

Area: Right to Information / Humanization (1 of 2)

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
In the structure surveys about the satisfaction of the patients in residential/non residential regime are executed	Implementation of detection at the time of discharge and consequent communication of the processed data	Surveys given to all patients	Distribution of all surveys
The tests on the satisfaction of the outpatient user in hospitalization provide positive results. The structure undertakes to answer by writing to complaints submitted by the user within 30 days of receipt	Response rate with satisfaction or overall Rating Very satisfied $\geq 85\%$	Statistical processing of the surveys distributed to all inpatients and outpatients	Distribution of all surveys and statistic elaboration
The structure undertakes to answer by writing to complaints submitted by the user within 30 days of receipt	Quarterly monitoring of reports, aimed at identification of improvement actions	Number of complaints to which the structure assigned by 30 days from receipt / total number of complaints received	Registration of complaints on a special summary and processing of these
The structure periodically executes for each service the detection of the waiting times necessary to obtain the requested performances	Percentage of monitored services 100%	Number of requests monitored every month	Summary reports

Area: Right to Information / Humanization (2 of 2)

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
At the structure there is a desk for payments of health services from 9.00 to 06:00 PM	Guaranteed percentage 100%	Percentage of utilities served	Internal inspections
The structure studied a specific informed consent and made it applicable in all the concerned services	Guaranteed percentage 100%	Percentuale di servizi in cui si applica il consenso informato	Report periodici
All the staff members of the structure that are in direct contact with the User wear ID cards	Guaranteed percentage 100%	Number of employees wearing identification cards / number of verified persons	Internal inspections
The current structure is a system of protected discharge that guarantees to non self-sufficient Users continuity of care after discharge	Guaranteed percentage 95%	Number of requests processed by the Social Service / number of requests submitted by Users	Report by the Social Service



Area: Hotel Services

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Each User of the Inpatient Departments can obtain the availability of a telephone, paying the relative fee	Guaranteed percentage 100%	Number of patients of the wards that got the phone / number of patients from the wards who requested it	Internal inspections
All inpatients on a free diet have full knowledge of the menu and choice between at least two options for each component of the list	Guaranteed percentage 100%	Request from the staff	Checks of the menus proposed by the Health Department
The structure guarantees personalized meals according to therapeutic needs and / or that require dietetic products	Guaranteed percentage 100%	Number of special diets provided / Number of special diets required	Planned check by the Health Directorate
Presence of an adequate and constantly updated external and internal signage	Guaranteed percentage 100%	Number of reports of inadequacy by users	Report of the reports received by the URP



Area: Quality

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Certification	Maintenance of ISO 9001 Certification	ISO 9001 certificate of conformity issued	Possession of the certificate
Continuous improvement	Maintenance of certification requirements through periodic checks (at least once a year) at all services	Number of Internal Inspections performed during the year	Inspection Report
Continuous improvement	Treatment and solutions of problems detected at company level	Number of corrective actions closed with verification of the effectiveness of the solution / No. of corrective actions carried out	Corrective action form



4.7 Information and Useful numbers

HEALTH FACILITY VILLA ARDEATINA

Services can be accepted and reserved on the following days:

Wednesdays from 9:30 am to 11:30 am

Thursday from 2.30 pm to 4.30 pm

For telephone reservations and for all related information at the Center it is necessary to contact the switchboard at the number:

Tel: 0651037

Fax: 065043105 - 0651037507

E-mail: direzione@villaardeatina.it - info@villaardeatina.it



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● 5. CHILD NEUROPSYCHIATRY SERVICE ●

In developmental age and interactive multimedia therapy center for developmental disorders

Referral Doctor for Child Neuropsychiatry:

Prof.ssa Anna Fabrizi

What we do

The Child Neuropsychiatry Service of Developmental Age and the Multimodal Interactive Therapy Center operates in the field of diagnosis and rehabilitation of DEVELOPMENTAL DISORDERS.

International literature reports an incidence of Developmental Disorders, on the entire population of developmental age (0-18 years), between 10% and 20%.



The Developmental Disorders accepted by our Service are:

- ❖ Autism Spectrum Disorders
- ❖ Specific Language Disorders
- ❖ Motor Coordination Disorders
- ❖ Cognitive Disharmonies
- ❖ Specific Learning Disorders
- ❖ Attention Disorders
- ❖ Emotional and Behavioral Disorders
- ❖ Eating Disorders

These developmental pathologies manifest themselves as delays or developmental atypias of specific skills (movement, language, learning) or global skills (cognitive development, affectivity).

Functional difficulties are frequently associated with emotional and behavioral difficulties.

They are considered a central problem of high morbidity in the pediatric field, which is affected by many social, environmental and biological factors and over time has repercussions on the entire family functioning.

In various more or less nuanced forms, a high percentage of them has been calculated that is not identified during checks, even specialist ones, in the various agencies responsible for child health. Late diagnosis makes timely therapeutic interventions impossible and the prevention of the high evolutionary risk that characterizes all Developmental Disorders.

Our Center is aimed at early diagnosis and timely intervention of Developmental Disorders.

In the diagnostic field our work group carries out:

- ❖ Neuropsychological Diagnosis
- ❖ Psychopathological Diagnosis.

In the rehabilitation field, targeted interventions are planned to be carried out:

- ❖ In therapeutic groups
- ❖ In individual therapy



THE FIRST STEP: DIAGNOSIS AND THE DEVELOPMENT PROFILE

The diagnostic process is of fundamental importance for the identification of a precise Diagnosis and for the construction of a correct Development Profile of the child or adolescent; these are the essential starting points for the formulation of a targeted therapeutic project.

Our diagnostic process is structured as follows:

- ❖ Anamnestic collection
- ❖ Etiological insights and objective examination
- ❖ Neurocognitive and Neuropsychological Profile
- ❖ Neurolinguistic Profile
- ❖ Emotional Functioning Profile
- ❖ Assessment of environmental stressors
- ❖ Clinical interviews with parents
- ❖ Family questionnaires
- ❖ Observations of parent/child interaction in different areas (play, feeding).

The Development Profile that emerges is differentiated by age group (0-3 years; preschool; school; adolescence) and by areas of competence and function (cognitive, relational, emotional and behavioral, motor and practical, communicative and linguistic, learning; nutrition, sleep).

THE SECOND STEP: THERAPY

The therapeutic process includes specific rehabilitation objectives which, depending on the Development Profile that emerges, concern the skills, functions and processes that underlie the development of thought, emotions, relational skills, behaviour, social, communication and linguistic skills and scholastic learning.

Therapy can be carried out in individual sessions or in a group with other children/teenagers; each modality is aimed at making the child's development progress in a harmonious and constant way.



THE WORKING GROUP: WHO WE ARE, WHAT WE DO

Head of Child Neuropsychiatry

❖ **Prof.ssa Anna Fabrizi**

Developmental Psychologist

❖ **Dott. Dario Quatrale**

❖ **Dott.ssa Patrizia D'Urbano**

❖ **Dott. Umberto Ovidi**

Neuro and psychomotor therapists of developmental age

❖ **Dott.ssa Nausica Ranucci**

❖ **Dott.ssa Francesca Pace**

❖ **Dott. Giacomo Brandi**

❖ **Dott. Davide Fornari**

Taking charge of the child requires the active collaboration of the various professional figures with the family and the school.

Child Neuropsychiatric services include:

- ❖ Child Neuropsychiatric Specialist Visit (First Visit)
- ❖ Neuropsychiatric Specialist Visit (Check-up Visit)
- ❖ Overall consultation of the diagnostic process
- ❖ Parenting Support
- ❖ Individual psychotherapy
- ❖ Couple psychotherapy

Psychological services include:

- ❖ Cognitive assessment
- ❖ Psycho-affective evaluation
- ❖ Family interaction assessment
- ❖ Psychological Support



The performances of the Neuro and Psychomotor Therapy of the Developmental Age include:

Evaluations:

- ❖ Neuropsychomotor
- ❖ Neuropsychology
- ❖ Neurolinguistics

Individual therapies:

- ❖ Neuropsychomotor
- ❖ Neurocognitive
- ❖ Neurolinguistics

The Group Rehabilitation Intervention follows the model of Interactive Multimodal Therapy (TIMG): in the ecological context of the group, the interactive, communicative and social construction of the individual child is guided.

Our theoretical intervention model is based on a double Neuropsychological and Psychopathological nucleus, promoting integrated relational, social and affective development and provides for the presence and simultaneous support of multiple operators to the child and parents.

The TIMG is organized into two modules carried out according to a parallel path:

- ❖ Therapeutic group for children with intensive attendance (2-3 weekly meetings of 2 hours each)
- ❖ Therapeutic group for parents on a weekly basis.

TRAINING

A training seminar service is also planned for Teachers, Pediatricians, Speech Therapists, Therapists, Psychologists and Educators.



● 6. HOSPICE ●

6.1 Mission

Palliative care is active, total care of people whose underlying disease no longer responds to specific treatments, through:

- ❖ The totality of therapeutic intervention not limited to the control of physical symptoms, but extended to psychological, relational, social and spiritual support, with a high level of specialist assistance.
- ❖ The enhancement of the resources of the person and his family.
- ❖ The multiplicity of the figures involved in the treatment plan.
- ❖ Full respect for the autonomy and values of the person.
- ❖ The formation of a care network in the area that is strongly integrated with hospitals and social services, which puts a real continuity of care.



Our treatment plan is aimed at guaranteeing the best possible quality of life for the sick person, keeping pain and other symptoms under control, paying attention to the psychological and social aspect, to offer an adequate response to the needs of the patient, respecting of its will and its principles.

Palliative care is in fact, according to the definition of the World Health Organization, “active care aimed at the physical, psychological, emotional, social and spiritual dimensions of the patient and his family, with the aim of improving the quality of life by offering an global and effective for the needs of the sick person “. This is why in the Hospice care is centered on the patient and, respecting his values, its main objective is to give meaning and meaning to every moment of his life.

6.2 Inspiring values

The care and assistance activity that takes place in the Hospice is addressed by some inalienable values that constitute as many rights for users, who are required to simply respect certain rules of coexistence.

The inspiring principles that are affirmed here are:

- ❖ the centrality of the guest and his personality with respect to each other operational need;
- ❖ the equality of all Guests with respect to the satisfaction of theirs needs and their needs, without any discrimination of any nature (physical, psychic, social, cultural, spiritual or religious and economic);
- ❖ the impartiality of all those who work in any capacity and with any role towards the patients hosted, or those who do so they will be;
- ❖ respect and continuity of the guests’ lifestyle habits with the only limit of safety and the needs of other guests;
- ❖ the possibility of choosing the Guest with respect to hospitalization and presence in Hospice and with respect to services, both from the point of view both technical and professional;
- ❖ the participation of the Guest directly and indirectly (through know its representatives) to improve the quality of performance and organization.



The Hospice is intended for the hospitality of patients suffering from irreversible pathologies, in an advanced and rapidly evolving phase, for which any therapy aimed at healing or stabilizing the pathology is neither possible nor proportionate. It also proposes to give relief to families by offering itself as a temporary residential replacement, making both the family and the network of friends participate in the care plan.

In the commitment to obtain the best possible quality for the sick, it is considered essential to respect the autonomy, dignity and the right to receive truthful answers, allowing the choice between different possible alternatives of care and always trying to personalize the assistance according to the characteristics, needs and desires of each one.

The Hospice aims to facilitate the return of the sick to their home, the place deemed most suitable for palliative care, but also to relieve families when at home there are not only the conditions necessary to deal with the conditions of the sick person. The Hospice favors the presence of the family next to the hospitalized relative and, always taking into account the patient's wishes, provides clear, continuous and as unambiguous information as possible on his state of health, enabling him to participate in the care project.



6.3 Operation objectives

Information:

- ❖ All patients and their families are provided with information clear and correct on the therapies that can be carried out and on how to use the House.
 - ❖ Each patient and family member will be given the service card and upon discharge, a letter signed by the House Doctor addressed sent to the General Practitioner containing clarifications and information on therapies carried out and post discharge treatments.
- The Hospice is equipped and makes available to guests who wish to derive the Charter of the Rights of the sick.

Personalization:

- ❖ A personalized care plan is prepared for each patient multi-professional team that takes into account the testing environment of the family and clinical situation. Said assistance plan must be prepared in the integrated patient's file within 24 hours from its entry.
- ❖ Every sick person and family member can count on attentive listening to their parents needs and on individual accompaniment.
- ❖ There will be support from volunteers carefully selected and trained and possible individual interviews by the operators and the psychologist.

Confort:

- ❖ The best hospitality is offered to the sick and their families, so that their stay in the Hospice can be as familiar as possible.
 - ❖ Each patient has a single room with bathroom available, complete with bed linen, telephone, television, air conditioning and sofa bed for a famil member or companion. The personalization of the room with personal items is favored.
 - ❖ The assistance activities, including cleaning the room, are carried out respecting the habits and rhythms of the person.
- Guests have access to an herbal tea room, a large and bright living room-lounge. A prayer chapel is available to guests. Respect for all religious confessions is ensured. All environments are used without time limit.
- Visits from family and friends are free. Visitors are invited to observe the ban on smoking inside the Hospice and to behave respectfully towards others.
- A special "Satisfaction Questionnaire" is delivered at the exit.



6.4 Structure

The accommodation capacity of the Hospice business consists of a single core of 10 beds.

For the Hospice activity, the complete arrangement and renovation of the premises located on the 3rd floor, surrounded by a terrace offering enchanting views of Rome and its surroundings, was carried out.

The nucleus consists of 10 single rooms, each equipped with adequate furnishings and a toilet, which allow a companion to stay overnight and the rooms themselves to be personalized.

Since the Hospice is located within the structure of the Nursing Home, the Guests will be able to use all the common spaces, such as those corresponding to the general and support areas, including those of the mortuary, a space for the mourners, chapel for worship, rooms for administrative and warehouse use.

General services (food, laundry, ironing, etc.) are contracted out to external firms. The entire structure is equipped with a medical gas system and the material and equipment for emergency management will be placed inside the Hospice. A 24-hour medical service is guaranteed, also making use of the services already operating within the entire structure.

The Hospice is organized in such a way as to guarantee the psychological and relational well-being of the person and his family, environmental comfort, safety in the use of spaces, protection of privacy and easy accessibility.

The Hospice is a highly specialized place with regard to the management of physical and psychological symptoms, and where the patient is considered primarily as a person. It is at the same time a comfortable environment in which individual and personalized rooms, and the creation of welcoming spaces for guests and family members, allow respect for privacy and attention to basic needs.

A place where the psychological needs of safety and belonging to one's own family are protected, as well as being friendly, guaranteeing high quality assistance and authentic human relationships, essential to promote the maintenance of a dignified quality of life.



6.5 Medical staff

The treatments, in order to keep in mind the person as an individual and not just the sick person, are provided by a multidisciplinary team made up of doctors, nurses, care workers, assisted by a psychologist and the contribution of the social worker. Furthermore, the team is an exceptional opportunity for on-the-job training that allows you to discuss and investigate issues and critical issues that emerged from daily work.

Medical staff

The health manager, a doctor specialized in Palliative Medicine and Pain Therapy, is in charge of supervising all health aspects and provides 36 hours a week. The treating doctors have the therapeutic responsibility of the patient and take care of the relationship with family members. Doctors are guaranteed availability day and night, weekdays and holidays.



Non-medical health personnel is composed of:

- ❖ Nursing coordinator: manages the organization and assistance nursing by coordinating the staff (nurses and operators assistance) in carrying out their duties.
- ❖ Nurses: they take care of the sick in every need, assistance and relational, also taking care of educating and accompanying family members.
They are present in Hospice 24 hours a day, weekdays and holidays.
- ❖ Social and health workers (OTA-OSS): they collaborate with the nurse in carrying out social and health tasks such as caring for person: tidying up of linen and cleaning of patient rooms.
They are present in Hospice 24 hours a day, weekdays and holidays.
- ❖ Psychologist: he is a reference and support figure for all operators and contributes to the analysis of the most complex care situations.
It is available for individual interviews with both patients and family members. It also deals with the ongoing training of volunteers.
- ❖ Physiotherapist: his intervention aims at the quality of life of the patient cured or not cured of cancer in order to resume normal living conditions as much as possible, limiting the deficit physical, cognitive and psychological and by enhancing their residual functional capacities.
- ❖ Social worker: contributes to the analysis of social needs or social assistance that occurs with the hospitalization of affected people from terminal illnesses and immediate planning and implementation of all the necessary interventions.

The meeting and comparison between all team members for a multidisciplinary and global assessment is considered a fundamental way to ensure qualified assistance. It is precisely in this integration of different contributions, yet competing for the same purpose, that the “added value” of assistance within the Hospice consists.

For this purpose, it is also essential that each professional operates on the basis of the role they cover and always in full and mutual respect for the interlocutor.

The way of relating between the individual operators, the form, the attitude are not negligible for a profitable team work. Let's say more: the mode. Shape. They are part of the content, they are substance. The entire team meets every week, but there is a daily check of the intervention program by the operators present.

A meeting is periodically scheduled to analyze and discuss the most complex situations from an emotional-relational point of view in order to support the operators.



6.6 Continuity - Welfare integration

The Individual Care Plan (P.A.I.) pays attention to the path prior to entering the Hospice and to the needs of the person in cases of return home or transfer.

If the patient comes from home and has had the support of the volunteers, they continue to follow him also in the Hospice.

As at home, the volunteers take care of only one family unit, even if the proximity and contact in the structure with other sick people and family members, sometimes requires a wider availability.

The training course of the volunteers, including permanent training - fortnightly group meetings with psychologist and coordinator - is identical for both experiences (home and Hospice), inter alia interchangeable and this non-separation facilitates the comparison and exchange between the two welfare realities.

General Practitioners have free access to the Hospice.



6.7 Hospice service

Access mode

Reporting: requests for hospitalization can be sent to the Hospice by the General Practitioner, the Hospital Doctor or the Joint Physician of the Health Authorities involved in the provision of Palliative Care.

The request for taking charge is evaluated by the Hospice Manager and sent by the Coordinator to the U.V.M. of the Roma C Company for the authorization to take charge, in relation to the patient's suitability and inclusion in the specific care setting.

The coordinator contacts the patient's family to communicate the response from the U.V.M. and inserts the name in the waiting list. The priority for access to the Hospice is not limited only to the chronological criterion of the request for assistance, but is based on a series of variables concerning the needs of the person concerned and the family context. The person will still be followed by the home services network and will have a response to the request submitted from the Hospice team.

Reception modalities

The operational management of the hospitalization activity in the Hospice is entrusted to the coordinator of the Hospice and in her absence to a nurse delegate; these will ensure immediate clinical care, ascertaining the patient's condition from a general point of view. The nurse and the doctor contribute together in the first phase of determining the needs by updating the provisional care plan to be proposed to all the Hospice staff which will later be confirmed and redefined during the briefing and team.

The P.A.I. (Individual Care Plan) is updated daily following the briefing between the various professionals involved in patient care and the weekly team in which all health personnel at the Hospice are required to participate in order to discuss the solutions of any problems that may arise, verify the objectives achieved and determine those to be achieved in the medium and long term. An indispensable tool for recording and verifying the results are the integrated medical record and team minutes.



Care plan programming

The organization of work is oriented, as anticipated, to the patient's needs with the drafting of an Individual Care Plan. The use of the integrated medical record formulated and elaborated expressly for the type of our patients contains, together with the manual of procedures and protocols, everything that, as a working tool, we intend to treat during the hospitalization of the terminally ill:

- ❖ Emergency management
- ❖ Treatment and management of the signs and symptoms of cancer patients (dyspnoea, vomiting, constipation, incontinence, loss of appetite, pain, fear, compression ulcers, prolonged bed rest, panic anticipatory etc.)
- ❖ Basic and advanced care (end of life care)
- ❖ Management of infusion routes (CVC, CVP, CSC), infusion pumps
- ❖ Accompaniment to death
- ❖ Care of the body

All personnel contribute to achieving the pre-established objectives.

Accompaniment to death and mourning

Assistance to the dying is agreed upon within the multidisciplinary team, given the complexity of the problems, especially psychological and deontological, that it can assume.

The group of nurses, given the frequency and intensity of contacts with the dying person, counts on the support of other professionals, first of all the doctor and the psychologist, discussing and establishing by mutual agreement the essential principles to be followed, in interest and in respect of the higher quality of life desired for the client.

The needs of the person in the terminal phase are not different from those of any patient, but in the dying person they are more intense and their satisfaction cannot be postponed over time. For this reason, care planning is based not only on the state of health and the satisfaction of physiological needs, but also and above all on those of safety, love, consideration and self-fulfillment.



The goal of assistance in this phase of life is to offer the patient an atmosphere in which a peaceful death is possible, in which he is free from pain while remaining conscious and possibly also able to communicate.

The commitment of the Hospice operators is also to support the relatives of the terminally ill in this phase, both at the time of death and in the process of mourning (a particular emotional state that could be experienced not only at the time of the loss of the joint but also previously).

All the operators present have the skills and competences to recognize the stages of mourning and dying.

Discharge

Resignations are always “protected”. When conditions permit and / or the person so desires, the patient can be discharged for home.

In any case, the resignations are planned in advance with:

- ❖ the sick
- ❖ family members
- ❖ the competent home assistance service
- ❖ the General Practitioner
- ❖ the U.V.M. of the ASL RM2 company.

Upon discharge, both the medical and nursing resignation letter is delivered, complete with clinical-assistance information, therapy in progress, and the necessary medical aids at home.

Medical records

To improve, optimize and standardize the level of care, a medical record is used that evaluates the patient in its complexity and also measures the level of psychological stress of the family unit.



6.8 Home Hospice

In addition to the Hospice activity in a residential regime, the structure provides home-based activities for n°. 40 patients.

The activity is carried out by a team able to provide the necessary support to the patient and his family unit in the various aspects of the disease. Personalized multidisciplinary assistance, at the home of each patient and constant medical availability 24/24 h. for 365 days a year, they configure our assistance as a real home hospitalization. A logistic service also ensures the availability of drugs and aids necessary for patient care directly at home.

The Home Palliative Care service sees a synergistic role of the Hospice with general practitioners, with hospital doctors and with the health and social districts of the ASL.

Each one, with their own professionalism, contributes to guaranteeing home care which includes both the health and social care aspects. To assist their relative in the final phase of life, the family must be supported not only by the general practitioner who remains the fundamental figure, but also by an organization capable of guaranteeing continuity of care and health both day and night, with a nursing and medical availability over 24 hours.

In the Individual Care Plan (P.A.I.), formulated for each patient, the accesses for each professional figure are determined and the staff in charge interact daily with the family to assess the adequacy of the same to the problems present.



6.9 Quality sistem

The Quality Management System defines the ways of planning, implementing and verifying the quality of the services offered to the Patient at the time of reception in the Structure and during his stay.

Compliance with the Quality Standards is guaranteed by Villa Ardeatina S.r.l. through the direct monitoring of instrumental, welfare and service factors. These standards essentially concern the characteristics and methods of providing services, with particular attention to those specific organizational aspects that are more easily perceived by the patient.

Among them, the detection of the degree of patient satisfaction is of particular importance. In this way the Patient is allowed to interact concretely with the Structure for the satisfaction of their health needs.

The quality standards of the service are checked at least every six months and brought to the attention of the Structure.

The Hospice delivers a Questionnaire to the patient or his family at the time of discharge, to express the level of satisfaction and offer the possibility to report possible improvements. Furthermore, the participation and protection of the Patient is also guaranteed by the possibility of filing any complaints that may arise during the stay. The patient may submit a complaint by reporting to the U.R.P. which can be verbal, telephone or written on plain paper.



Quality Indicators

Area: Right to Information / Humanization (1 of 2)

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
The checks on the satisfaction of the user provide positive findings	Percentage of answers with judgment global of Very Satisfied $\geq 85\%$	Processing statistics of questionnaires distributed to patients and outpatient	Administration of the questionnaire and processing statistics
The structure yes undertakes to answer for registered with complaints introduce yourself by the user in 30 days from receipt	Monitoring quarterly of reports, aimed at individuation of shares of improvement	Number of complaints to which the structure has answered within 30 days from receipt/ total number of complaints received	Registration of complaints about appropriate framework summary ed processing of the same
The structure performs periodically for each service the detection of waiting time necessary for obtain performance requests	Percentage of services monitored 100%	No. of requests monitored monthly	Report summaries



Area: Right to Information / Humanization (2 of 2)

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
The property has studied one specific consent informed and made it applicable in all services concerned	Percentage 100% guaranteed	Percentage of services where yes apply the consent informed	Periodic reports
All the staff of the structure which is direct contact with the user is wearing tags identifiers	Percentage 100% guaranteed	Number of employees that wear i tags identifiers / number of verified	Verifications inspections internal
The structure implements a sistem of protected resignations which guarantees to Users not self-sufficient continuity welfare after discharge	Percentage 95% guaranteed	Number requests escaped from Social service / number requests presented by Users	Report by of the Service Social



Area: Hotel Services

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Each User of the Departments of hospital stay can get availability of a telephone	Percentage 100% guaranteed	Number of Users of the Departments of hospitalization that they got the phone/ number of Users of the Departments of hospitalization that it they requested	Inspection checks internal
All inpatients on a free diet have full knowledge of menus and possibilities of choice between at least two options for each component of the list	Percentage 100% guaranteed	Requested by part of personal	Verifications of proposed menus by the Direction Sanitary
Structure guarantees meals customized second need therapeutic and / or which require dietetic products	Percentage 100% guaranteed	Number of special diets provided /Number diets special requests	Scheduled verification of the Management Sanitary
Presence of a signage external and internal adequate e constantly updated	Percentage 100% guaranteed	Number of reports of inadequacy by the users	Report of reports received from the URP

Area: Quality

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Certification	Maintenance of ISO 9001 Certification	ISO 9001 certificate of conformity issued	Possession of the certificate
Continuous improvement	Maintenance of certification requirements through periodic checks (at least once a year) at all services	Number of Internal Inspections performed during the year	Inspection Report
Continuous improvement	Treatment and solutions of problems detected at company level	Number of corrective actions closed with verification of the effectiveness of the solution / No. of corrective actions carried out	Corrective action form



6.10 Information and Useful numbers

Training

The Management of the Clinic believes that TRAINING is an essential factor so that the care and accompaniment tasks can be carried out by operators with the highest degree of competence. Initiatives in this field are implemented in the ways of initial formation and ongoing formation.

The initial training of professional operators normally consists of the training course completed to obtain the necessary qualification to access the various professional profiles, supplemented by specific interventions prepared by the Hospice Manager. Ongoing formation concerns:

a) updating initiatives aimed at specific categories of operators through the organization of internal courses and participation in external costs.

The planning of internal courses is made on a specific assessment of information needs.

b) activities aimed at keeping motivation alive, at verification of the work done, in comparison of experiences and emotions: these latter activities are carried out first of all with the frequency of weekly group meetings (team), but also with participation in any cultural initiatives and scientific conferences addressed to all professional Hospice operators.

For newly acquired staff, at least one month of coaching by a tutor is expected, in order to facilitate their operational insertion.



CORRECT AND CLEAR INFORMATION

Quality indicators	Quality standards
Welcome at the entrance	All the sick are welcomed by the staff specifically prepared
Documentation on the services provided	Upon entering the Hospice, the Charter of Services, the staff also is available for any clarification
Safety information	The specific floor plan is posted on each floor and the staff at the entrance, provide the instructions needed in an emergency
Identification of operators	Each health worker, except the two doctors, is identified with the name
Documentation in case of discharge	At discharge he is delivered to each patient complete discharge letter of clinical assistance information, of ongoing therapies, necessary medical aids for the domicile

RESPECT FOR TIME

Meal distribution times (personalized menu)	Breakfast: 8,00-9,30 Lunch: 12,00-13,00 Dinner: 18,00-19,00
Assistance activity hours and room cleaning	The schedules respect the rhythms of the sick person
Visits reception hours	The visits are free, there are no limitations hours and days. For night visits it is necessary forewarning
Average number of days needed to receive a copy of the folder clinic (from the date of the request)	From 4 to 7 days

RESPECT FOR DIGNITY Comfort of hospital rooms

Quality indicators	Quality standards
Comfort of hospital rooms	Each room is complete with toilet, bed linen, telephone, television, air air conditioning, call device, light individual, on request possibility to personalize the room with your own objects
Cleaning frequency of the hospital rooms	One a day or more as needed
Frequency of linen changes	Whenever the need arises, but at least every two days
Identification of operators	Each health worker, except the two doctors, is identified with the name
Hairdresser availability, barber and podiatrist	Operators are available but it is allowed the entry of trusted operators of the patient after notifying the staff coordinator

PROFESSIONALISM

Equipment and qualification of the Medical Staff	Compliance with the standards set by the Region
Equipment and qualification of nursing, technical and assistance staff	Compliance with regional standards
Selection of healthcare personnel	Interview, evaluation, practice during the internship period, curriculum vitae
Updating of medical, nursing and social assistance staff	Weekly meetings, annual refresher / training course program

HOSPICE VILLA ARDEATINA

For telephone bookings and all information relating to the Center, please contact the switchboard at:

ph: 0651037

fax: 065043105 - 0651037507

e-mail: direzione@villaardeatina.it - info@villaardeatina.it



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● 7. R.S.A. (Residential health care facility) ●

7.1 Medical staff

Executive Doctor

Dott. Andrea M. Scapati

Nursing coordinator

Veronica Matta



7.2 Management of services and methods of access

The management of the services within the Structure is aimed at giving Patients a standards of excellence with the first quality services in the 24 hours.

Our commitment is to respond promptly and concretely to the requests of users with a wide offer of specialized and high-level services. The following aspects will be fundamental:

- ❖ **Accuracy** of the services provided;
- ❖ **Attention** to human relationships;
- ❖ **Tranquillity and comfort** of the places where the service is provided;
- ❖ **promptness** in responding to requests.

The care path of a user with disabilities goes through a complex set of activities and interventions, delivered in an integrated multidisciplinary manner and in a different care regime.

How to access

(Decree of the Commissioner ad Acta Regione Lazio 431/2012)

Both for people coming from home and for those discharging from a hospital, the identification of the appropriate treatment and the consequent access takes place through a Multidimensional Assessment (VDM) performed by their ASL of residence, at the Single Access Point. During the assessment, a team made up of the General Practitioner and other professionals in the health and social field analyzes the dimensions of the patient relating to the general clinical condition and the degree of residual physical, cognitive and ecological-social autonomy, considered fundamental for the purpose appropriate identification of care needs and adequate treatment.

This evaluation must take the form of a dynamic and continuous operation, which follows the client in his care path and verifies its evolution over time.

The details of the access procedures are reported in the specific Service Guides for each facility.



Planning a rehabilitation day

Villa Ardeatina, aware of the importance of human relationships, makes available to patients and / or their families, during the day, wide time slots dedicated to the interview with the various representatives of the structure.

Here it is a typical day:

HOURS	ACTIVITIES
07:00	Nursing and hygiene assistance to the patient
08:00	Breakfast
08:00-09:30	Medical visits
08:30-12:30 14:30-18:30	Rehabilitative activities and Specialist evaluation
12:30	lunch
13:00-15:00	nap
16:00	snack
18:00	dinner
19:00-21:00	Nursing and sanitation assistance in preparation for the night
FRIDAY AT 4.30 pm ST. MASS	

The patient is guaranteed a 24-hour nursing assistance and nursing supervision in every place of the structure and in every activity performed.

The psychosocial service is also available, from Monday to Saturday, which will provide support to patients and their families.



7.3 The structure and the rooms

The R.S.A. of medium-high level R2, has 40 beds, is located in Via Mentore Maggini, 51, inside the “Villa Ardeatina” Health Center.

The Healthcare Residence is organized according to a model of a family environment, where qualified operators take care of the guests every day for all the needs of daily life, basing their work on a climate of respect and dignity from the moment of welcoming the guests. patients.

Our constant commitment is to try to best interpret our guests’ requests for care and assistance and to offer them the most comfortable living conditions.

The following professional figures are present within the structure:

- Responsible Doctor
 - Professional nurses
 - General service workers
 - Dietitian
 - Geriatrician, Psychiatrist
 - Social worker
 - Physiotherapist, Speech Therapist, Occupational therapist
 - Nursing coordinator
 - Social health workers
 - Psychologist
 - Administrative staff:
- the R.S.A. uses operators who operate in the Health Center Villa Ardeatina.



7.4 Discharge and request in copy of the Clinical Record

Resignations normally take place at the end of the rehabilitation project, always agreed with the patient and the team.

The Structure ensures that at the time of discharge the Patient or his/her family members will receive adequate written instructions about the continuity of care.

It is possible to ask for a photocopy of the medical record at the time of discharge, at our reception from Monday to Friday from 08:00 to 19:00 and Saturday from 08:00 to 13:00. Payments can be cash or by Credit Card and / or Pago bancomat.

It can be requested by the patients or by another person who presents:

- authorization approval form signed by the patient
- photocopy of the patient's document of identification
- document of identification in original of the applicant.

The Structure will deliver a copy of the medical record within 30 days from the request.

7.5 Mode and visiting hours to patients

Patients can be visited every day according to the following timetable:

EVERY DAY INCLUDING SUNDAY	from 2.30pm to 5.30pm
---------------------------------------	------------------------------

Patients can meet and maintain relations with visitors outside the Structure respecting the internal rules.

The relations among Patients and service staff must be characterized by mutual respect, education, good manners and understanding.

Each Patient or familiar has the right/duty to report to the Direction any possible failure in the providing of services or unpleasantness and unapproved behaviour from the working staff.

The relatives are invited to meet constantly the Patients, so that the normal emotional continuity is not interrupted.

Each form of participation of associations of volunteering is allowed and favoured, properly organized and authorized by the Direction.

Furthermore, when in agreement with the Direction, the Structure refuses any responsibility for what can happen to the Patient during the time spent outside the Center.

7.6 Services offered

All the services that contribute to the maintenance of the residual capacities of the guests or the recovery of autonomy in relation to their pathology are guaranteed in order to achieve and maintain the best possible level of quality of life.

In particular in the R.S.A. are provided:

- ❖ services of general medicine, specialist, pharmaceutical, paid by the S.S.R., under the conditions and in the manner provided for the generality of citizens, also through district and corporate services;
- ❖ nursing services;
- ❖ rehabilitation services;
- ❖ consultancy and dietary control;
- ❖ services of personal help and protective assistance;
- ❖ prosthetic, complete dentistry and podiatry services under the conditions and in the manner prescribed for the general public;
- ❖ hotel-like services including accommodation, food and general services related to the particular conditions of the guests;
- ❖ animation, employment, recreational activities of integration and connection with the family and social environment of origin;
- ❖ transport and accompaniment and any assistance for the use of health services outside the R.S.A. .;
- ❖ services for personal care (barber, hairdresser and the like) at the request of the guests and at the expense of the same;
- ❖ religious and spiritual assistance by favoring the presence of different religious assistants according to the confession of the guests.



7.7 Quality Management System

The quality management system defines the planning ways, the realization and the verification of the service quality offered to the patients at the moment of reception in the structure and during their stay.

The compliance with the quality standard is guaranteed by Villa Ardeatina S.r.l through the monitoring, directed by instrumental, welfare and service ways. These standards concern the characteristics and the service delivery methods, with a particular attention to the specific aspects of the organization which are more perceivable by the patients. Among these, the patients' satisfaction, takes great importance.

By this way the patient can interact with the structure and satisfy his/her own health needs.

The quality service standards are verified minimum in semi-annual frequency and consequently brought to the structural knowledge.

At time of discharge, the patient or his/her family, will receive a questionnaire to express the assessment level and to give the possibility to report possible improvements.

Furthermore the participation and the protection of the patient is guaranteed by the possibility of complaining for any submitted complaints arised during the stay. The patient can file a complaint through a verbal, phone communication or written on simple paper report to the U.R.P.



Quality indicators

Area: Right to Information / Humanization (1 of 2)

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
In the structure surveys about the satisfaction of the patients in residential/non residential regime are executed	Implementation of detection at the time of discharge and consequent communication of the processed data	Surveys given to all patients	Distribution of all surveys
The tests on the satisfaction of the outpatient user in hospitalization provide positive results. The structure undertakes to answer by writing to complaints submitted by the user within 30 days of receipt	Response rate with satisfaction or overall Rating Very satisfied $\geq 85\%$	Statistical processing of the surveys distributed to all inpatients and outpatients	Distribution of all surveys and statistic elaboration
The structure undertakes to answer by writing to complaints submitted by the user within 30 days of receipt	Quarterly monitoring of reports, aimed at identification of improvement actions	Number of complaints to which the structure assigned by 30 days from receipt / total number of complaints received	Registration of complaints on a special summary and processing of these
The structure periodically executes for each service the detection of the waiting times necessary to obtain the requested performances	Percentage of monitored services 100%	Number of requests monitored every month	Summary reports

Area: Right to Information / Humanization (2 of 2)

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
At the structure there is a desk for payments of health services from 9.00 to 06:00 PM	Guaranteed percentage 100%	Percentage of utilities served	Internal inspections
The structure studied a specific informed consent and made it applicable in all the concerned services	Guaranteed percentage 100%	Percentuale di servizi in cui si applica il consenso informato	Report periodici
All the staff members of the structure that are in direct contact with the User wear ID cards	Guaranteed percentage 100%	Number of employees wearing identification cards / number of verified persons	Internal inspections
The current structure is a system of protected discharge that guarantees to non self-sufficient Users continuity of care after discharge	Guaranteed percentage 95%	Number of requests processed by the Social Service / number of requests submitted by Users	Report by the Social Service

Area: Hotel Services

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Each User of the Inpatient Departments can obtain the availability of a telephone, paying the relative fee	Guaranteed percentage 100%	Number of patients of the wards that got the phone / number of patients from the wards who requested it	Internal inspections
All inpatients on a free diet have full knowledge of the menu and choice between at least two options for each component of the list	Guaranteed percentage 100%	Request from the staff	Checks of the menus proposed by the Health Department
The structure guarantees personalized meals according to therapeutic needs and / or that require dietetic products	Guaranteed percentage 100%	Number of special diets provided / Number of special diets required	Planned check by the Health Directorate
Presence of an adequate and constantly updated external and internal signage	Guaranteed percentage 100%	Number of reports of inadequacy by users	Report of the reports received by the URP

Area: Quality

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Certification	Maintenance of ISO 9001 Certification	ISO 9001 certificate of conformity issued	Possession of the certificate
Continuous improvement	Maintenance of certification requirements through periodic checks (at least once a year) at all services	Number of Internal Inspections performed during the year	Inspection Report
Continuous improvement	Treatment and solutions of problems detected at company level	Number of corrective actions closed with verification of the effectiveness of the solution / No. of corrective actions carried out	Corrective action form



7.8 Information and Useful numbers

VILLA ARDEATINA HEALTHCARE RESIDENCE

Services can be accepted and reserved on the following days:

Wednesdays from 9:30 am to 11:30 am

Thursday from 2.30 pm to 4.30 pm

For telephone reservations and for all related information at the Center it is necessary to contact the switchboard at the number:

Tel: 0651037501

E-mail: rsa@villaardeatina.it



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● 8. PSYCHO-SOCIAL SERVICE ●

The psycho-social service of “Villa Ardeatina” (social workers and psychologists) has the aim of contributing to improve the process of integration of the person living in the structure, with particular attention to **cognitive, affective, relational and social characteristics**.

This service starts from the admission moment; it is aimed at accompanying patients throughout the care path, **making the return to their family, social and work life easier**.

The humanization process of nursing assistance also pays great attention and interest to the involvement and support of family members and the formation of the caring team.

To achieve this goal, our experience suggests that the actors of the Psychosocial Service are the patients, the family members and the operators, or all the subjects who are directly involved in the care process.



● 9. PRIVATE OUTPATIENT SERVICES ●

The “rehabilitation” is the branch of medicine which includes all the therapeutic operations which aim at the prevention and at the reduction of the debilitating results, in order to improve the life quality of the person in his/her environment.

This term, in medicine, has a very specific meaning; it is properly the “restitution of efficiency” of a person, meant as reintegration of a lost esteem because of a disabling wound through the rehabilitative therapy.

The aim of the Health Facility “Villa Ardeatina” is to delete as much as possible the neuro-motor and osteoarticular disabilities, using all the necessary instruments so that the rehabilitation could obtain the wanted results.

Therefore inside the Structure it is possible to do the following rehabilitant services and specialized visits for a fee:

❖ **Childish Neuropsychiatry**

*Interactive Therapy Center
multimodal for disorders
of development*

❖ **Tecartherapy**

❖ **Shock waves**

❖ **Magnetotherapy**

❖ **Electrotherapy**

❖ **Specialistic visits**

❖ **Kinesitherapy**

❖ **Neuro Motor re-education**

❖ **High-powered Laser Therapy**

❖ **Hydrokinesitherapy**

❖ **Manual lymphatic drainage**

❖ **Ultrasounds**

❖ **Neurotape**

❖ **Individual postural
re-education**

All the Services for a fee can be booked from Monday to Friday at the Center of Rehabilitation, except for the visits with a Specialist, that will be agreed with the check-in office of the service, subject to the availability of the specialist.



● 10. RELIGIOSUS SERVICE ●

For Patients of Catholic faith, the structure guarantees the Holy Mass in the magnificent parish church that is in the same area of the structure according to the parish schedule.

Furthermore, the structure provides a room to satisfy patients of other religions.



● 11. PUBLIC RELATIONS OFFICE - U.R.P. ●

The public relation office in the structure is opened at following times:

- ❖ **Monday from 11:30 am to 01:00 pm**
- ❖ **Tuesday from 09:00 am to 11:00 am and from 03:00 pm to 05:00 pm**
- ❖ **Wednesday from 09:00 am to 12:00 pm**
- ❖ **Thursday from 02:00 pm to 04:30 pm**
- ❖ **Friday and Saturday from 12:00 am to 12:00 pm**

At the office the assessment questionnaire is available.

The employees are ready to receive any possible complaints to improve the service.

The structure will answer to any written complaints within 30 days.



● 12. PROTECTION OF PATIENTS' AND WORKERS' SAFETY AND HEALTH, PRIVACY AND PROTECTION OF THE ENVIRONMENT ●

Protection of workers' safety

The Rehabilitation Center implements, in accordance with Legislative Decree no. 81/08, the protection of health and safety of workers through processing of the risk assessment document and the adoption of the prevention and protection measures foreseen by the evaluation. Fire safety procedures have been developed which include periodic exercises and evacuations. The structure has a fire-prevention system according to the law with signs, in order to highlight the various routes in case of emergency.

Privacy protection

Villa Ardeatina S.r.l., owner of the processing of personal data, has applied all the measures provided for by Legislative Decree no. 196 of 30 June 2003 and s.m.i. and in particular those listed in the Security Policy Document.

The Structure also works to protect the correct processing of personal data, in application of the EU regulation and national legislation regarding the processing of personal data 679/2016.

Environmental Protection

The structure operates in compliance with current regulations, taking care to the protection of public health and environment, regarding the disposal and recycling of waste.

HACCP (Hazard Analysis and Critical Control Points)

The Motoria Rehabilitation Center has developed the manual required by Legislative Decree 155/97 (Risk analysis system and control of critical points on food production) by implementing a system of "process control" that identifies the possibility of the occurrence of risks. The staff is informed on the hygiene rules and on the prevention of food contamination. The manual is reviewed with an annual periodicity.





VILLA ARDEATINA S.R.L.

REGISTERED OFFICE

Via Ardeatina, 304 - 00179 ROMA

OPERATIONAL HEADQUARTERS

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