



HEALTH SERVICE CHARTER

Dear Madame/ Sir,

This Health Service Charter has been drawn up with the involvement of the Assohandicap Onlus Staff and approved by the Administrative Management and Health Directorate, in accordance with the national legislation and the DCA of the region of Lazio n. U000311/2014 del 06/10/2014 “Linee guida per l’elaborazione della carta dei servizi sanitari nelle aziende e strutture sanitarie della regione Lazio” (Guidelines for the drawing up of the Health Service Charter for Companies and Sanitary facilities in the region of Lazio).

The Health Service Charter is available in digital format on our website and in paper format at our offices.

The Health Service Charter is an opportunity to constantly improve the quality of our services and to drive the customers satisfaction. It is the Identity papers to submit to who wants to have information on our services offered, access modes and the use of that. Moreover, it gives information on the quality standards, the commitments and programmes.

La Presidente

Dott.ssa Roberta Nuccitelli

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1.0 Presentation of the Assohandicap Onlus - Rehab and Recovey Association for hadicaps

1.1 About us

The Assohandicap was born the 11th January 1986, in the city of Marino. It began as an Association of 27 families of disabled guys with the support of the Hospital Bambino Gesù. In 1988, the Assohandicap collected more than 200 registrations and it was recognized as legal entity (regional decree n. 10.716). It has been enrolled in the ONLUS register of the Revenue Agency since 17 February 1998. The high demand and the dedication of the specialists lead the Association to its growth and expansion of the intervention area.

Currently, the Assohandicap it is made of 40 families giving life to the Members Assembly.

The Assohandicap Onlus operates on 2 socio-medical structures under institutional approval with the region of Lazio in accordance with:

- a. **D.C.A. n. U00203 of 24.05.2013** for the structure “**Centro di Riabilitazione/Rehab Centre ex art. 26 Assohandicap**” –in Marino, adress: Via Pietro Nenni 12 (ex art. 26 law n. 833/1978 semi-residential (30 availabilities) and non-residential (118 availabilities);

- b. **D.C.A. n. U00259 of 19.06.2013**, then modified in **D.C.A. n. U0014 of 11.03.2015** for the structure called “**RSA IL TETTO**” in Marino, address: Via Pietro Nenni 16 for 40 residential availabilities, subdivided into n. 4 nucleus with 10 residential availabilites each one. Residential Assistance “Mantenimento A”.

The registered/legal office is in Marino,in Via P. Nenni, 16 (Roma).

1.2 The Mission, Commitments and Values

The Assohandicap Onlus is a non-profit organization of the health and socio-medical area. Its **Mission** is to “*prevent, reduce or remove conditions of disability need and unease in the individual and family backgrounds in order to support and encourage the disability culture where the concept of diversity is intended as normality of the human condition*” (from the Manifesto of the Forum for the Rehabilitation, 2002).

The Assohandicap Onlus believes in the central role of the disabled person in the rehabilitation and assistance context and **it is committed to:**

- offer the best assistance conditions inside the structure, acting on the personalization and humanization areas, on the comfort and health protection;
- ensure, as possible, the rehabilitation and recovery of the lost or altered capabilities in patients with physical, sensorial and cognitive disabilities;
- keep a degree of reliability of the services via their validity;
- ensure the **information** of the users;
- guarantee a warm welcome;
- pursue a management policy of the human resources aimed to ensure a motivated and involved staff working with awareness and purposeful interest;
- guarantee **the safety** of the working environments and medical supplies, in accordance with the current internal procedures, laws and regulations. All that to work in safe and comfortable surroundings. (D. lgs. 81/2008);
- take care of the relationships with the patient's through the definitions of their needs and requirements, expressed by them too, and the development of prevention and monitoring actions;
- keep the collaboration and communication with the local realities involved in the patient's assistance (ASL, cities, social services, schools, associations);
- implement a communicative policy aimed to represent the Assohandicap Onlus Association on the area, giving an increasing credit to the services provided;
- enhance the communication activities through the (website and paper supplies) in order to improve the interaction between the Assohandicap Onlus Association and the user;
- move towards the enhancement of our services efficiency.

In pursuing its aims and in carrying out the social-health activities, the Association take inspiration from some certain **Values** protecting the users and based on the organizational model;

1. **Central role of the disabled person**, in the right to be free to choose places and methods of treating and in the right of information on the services provided and the access rules;
2. **Equality** in granting the services independently of sex, religion, nationality, political ideas, psychophysical and socio-economic conditions;
3. **Impartiality** of all the operators working and acting in the Association;
4. **Continuity** e regularity of services, granting appropriate measures of intervention to avoid or reduce unease in case of interruptions or irregular functioning;
5. **Right to choose**, granted by the staff that is committed to seek and find criteria of maximum flexibility, to the extent of the organizational and functional requirements;
6. User's **Participation** in the activities and in the operational choices of the Association, also by means of volunteering or rights protections associations;
7. **Efficiency and efficacy**, intended also as the right for the user to receive a service producing positive effects without waste of resources;
8. **Respect for Privacy** (protection of confidentiality) of users and staff in accordance with the current legislation (EU Regulation 2016/679).

1.3 Assohandicap Onlus Association General Arrangements

Executive Board	President Dott.ssa Roberta Nuccitelli
	Vicepresidente Sig.ra Laura Franceschetti
Administration Management	Rag. Tiziana Petrocchi
Supervisory Board	Dott.ssa Rosa Petrarca
Monitoring Body D.Lgs. 231/2001	
Administrative consultant	Dott. Aldo Crisanti
RSPP	Arch. Marcello Buzi
Quality Manager	Ing. Luigi Nappi
Data Supervisor	Legale Rappresentante, Direttori Sanitari, Direttore Amministrativo.
Information System Manager	Dr. Riccardo Cordelli
Healthcare Risk Manager	Direttori Sanitari

1.4 Assohandicap Onlus Association Healthcare Organization

Health Directorate	Non-Residential Ex art.26	Dott.ssa Orietta Emanuelli
Health Directorate	RSA	Dott. Marco Caligiuri
Health Directorate	Semi-residential ex art.26	Dott. ssa Concetta Mazzei
Doctor in charge	Residential Sector	Dott. Marco Caligiuri

Nursing Manager RSA	Dott.ssa Laura Di Maggi
Doctor in charge Semi-residential Sector	Dott. ssa Concetta Mazzei
Semi-residential Sector Administrator	Educ. Prof. Daniela Mallucci
Doctor in charge Non-Residential sector clinic	Dott.ssa Orietta Emanuelli
Non-Residential sector clinic Administrator	Dott.ssa Giuliana Cerza
Doctor in charge Non-Residential sector, home assistance	Dott.ssa Lorena Salvatori
Non-Residential sector Administrator, home assistance	Dott.ssa Caterina Colagrossi

Photos of the Structure



1.5 How to reach us



The structures are easy to reach by car.

Registered and Administrative Office: Via Pietro Nenni n. 16, Marino, Cap 00047 Marino (Rome)

Operations centres:

-Non-Residential Rehabilitation Centre ex art.26

Via Pietro Nenni, 12 – Marino (RM)

Telephone: 06-93667702

E-mail: segreteria sanitaria@assohandicap.com

-RSA Il Tetto

-Semi-Residential ex art.26

Via Pietro Nenni, 16 – Marino (RM)

E-mail: rsailtetto@assohandicap.com

Administrative office: via Pietro Nenni, 16 – Marino (RM)

Telephone: 06-9388891

E-mail: info@assohandicap.com

The official website: www.assohandicap.com

2.0 General Information

2.1 Parking



All the offices have external parking lots. The office in Via Pietro Nenni, 16 has also internal areas for car parking.

2.2 Reception Offices



At the entrance of the RSA and Semi-residential structure in Via Pietro Nenni, 16 and of the Non-residential Rehab Centre ex art. 26 in Via Pietro Nenni, 12 there are n. 2 Reception Front-offices where ask any information needed about our services. In both the reception fron-offices there is a trained and expert Staff providing information and consultancies by telephon or meeting, receiving guests guiding them into our structures.

2.3 Contact details



Switchboard of the Structures in Via Pietro Nenni 16.....06/9388891

Switchboard of the Structures in Via Pietro Nenni 12.....06/93667702

2.4 Foreign nationals Assistance



Our structure gives assistance to foreign citizens who don't speak or don't understand very well italian.

In this regard, our structure provides the Health Service Charter in the following languages:

- English
- Rumanian

2.5 Local territory area and user base



The 2 healthcare structure of the Assohandicap **Onlus** are located in Marino, that belongs to Sanitary District n. 3 of the ASL Rome 6, and it includes the areas of Marino and Ciampino. Its position and closeness to the other Districts and the peculiarity of the services provided (also the smaller ones) embrace a large local user base involving a lot of other areas of the Castelli Romani and the south of the municipality of Rome.

People living in the Region of Lazio, with the proper authorisation of the ASL of the belonging area/town, have access to:

- the Residential Assistance of Maintenance A;
- the Extensive Semi-Residential of Maintenance
- the Non-Residential (Clinic and Home assistance).

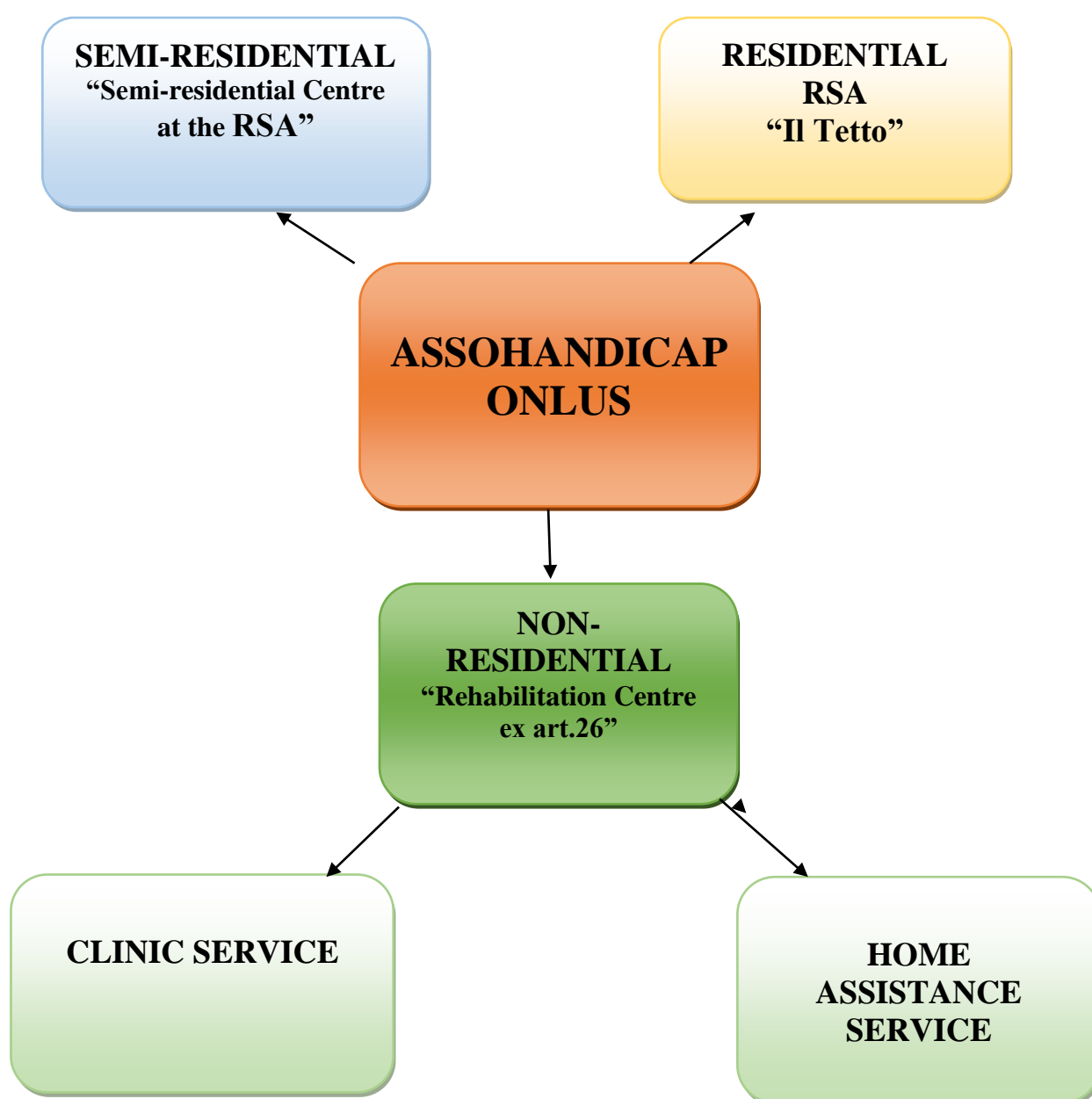
3.0 Services Description

3.1 Our Services

The Rehabilitation Centre Assohandicap Onlus has been affiliated with the National Sanitary System since 1991, it was approved by the region of Lazio in 1993 and definitively with the law art. 26 833/78, always in the region of Lazio, with the Commissioner's Decree con il Decreto del Commissario to Acta **n.U00203 of 24.05.2013**.

Then, the approval for the RSA structure "Il Tetto" with the Commissioner's Decree to Acta **n. U0014 of 11.03.2015**.

The structures provide Residential local Rehab services, Semi-Residential and Non-Residential subdivided into Clinic Service or Home Assistance Service.



4.0 Non-residential Sector (Rehabilitation Centre ex art. 26)

In the Non-residential Sector, therapies with global taking care are provided in accordance to what is established by the regional deliberation (Delibera). The services are dispensed under individual form and, in some cases, even with group therapy.

4.1 Clinic

Child Neuropsychiatrist head: Dott.ssa Orietta Emanuelli
Email: segreteria@assohandicap.com

4.1.1 Intervention Area

The clinic area of the Assohandicap focuses on prevention, diagnosis and care of the physical, psychic and sensorial disabilities of children and adolescents, aged 0-18.

The rehabilitative therapies are conducted on all neuropsychiatric pathologies of children and adolescents:

- 1) Child cerebral palsy
- 2) Disorder of the autism spectrum
- 3) Intellectual disabilities
- 4) Neuro developmental disorders
 - a) Psychomotor retardation
 - b) Developmental mixed disorders
 - c) Specific language disorders
 - d) Specific disorders of learning: dyslexia, anorthography, dyscalculia
 - e) Specific disorders of motion coordination
 - f) Borderline intellectual functioning
- 5) Deaf or hearing-impaired children

The complexity of the disabilities handled implies an Individual Rehabilitative Project (PRI), provided by a multidisciplinary rehabilitative team composed by:

- Medical specialists (child neuropsychiatrists, Psychiatrists).
- Rehab therapists (speech therapists, therapists of children and adolescents neuro and psychomotor therapists, physiotherapists, educators).
- Administrators
- Clinical psychologists.

The whole staff carries out trainings on the basis of its respective areas of interest and competence, via "Educazione Continua in Medicina/ Continuous medical training" (ECM), seminars and enlarged équipes, all aimed to the clinical debate of the cases.

The PRI refers to the bio-psycho-social model and identifies aims, resources, time, interventions to be done by monitoring the development and changes of the disabilities specifying the evaluation and assessment tools.

The therapies last 45 minutes, they can be individual or organized in small groups.

The Doctor in charge and the administrator of the area decide the staff involved in a specific therapy in accordance to the kind of intervention needed and based on the availability and

organization of the staff on duty. The rehabilitative interventions can vary depending on the pathology and the age of the users.

riabilitativi a

- 1) Rehabilitative interventions in direct contact with the user:
 - a) Specialist medical examinations, evaluation and observation by rehabilitation professionals
 - b) Speech therapy rehabilitation
 - c) cognitive-neuropsychological rehabilitation
 - d) neuromotor rehabilitation
 - e) psychomotor rehabilitation
 - f) psychological therapy
educational interventions

- 2) interventions in its absence related to specific rehabilitation needs, which take into account the development profile and the specific evolutionary moment
 - a) multidisciplinary team aimed at sharing the objectives of the intervention and the consequent elaboration and revision of the PRI
 - b) counseling, parent training, parent coaching, observation and mediation in the classroom as support activities for primary and secondary caregivers

 - c) participation in Operational-GLH in accordance with the provisions of Law 104/1992

Where there is a need to continue the treatment beyond the terms defined by the PRI, a concise report on the closure of the project must be provided to the ASL of residence, promptly reporting the results obtained and the reasons for the request for continuation. Any extension must be authorized by the competent ASL services that carry out the reassessment of the user's need in sharing with the multi-professional rehabilitation team of the sending facility, starting from the documentation sent. The continuation will be defined on the basis of the objectives achieved and on the basis of the clinical needs of the user and may be different from the first authorization both in terms of duration and assistance.

The activity of the Outpatient Sector takes place from Monday to Friday from 8.00 to 19.00 and on Saturdays from 8.00 to 13.00. A suspension of the Service during the summer and Christmas period is possibly communicated in good time to the ASL and by notice displayed to users.

4.1.2 Access Modes

o access the outpatient rehabilitation treatment, it is necessary to register on the Waiting List by submitting to the Health Secretariat of the Rehabilitation Center pursuant to art. 26, the following documentation:

- Medical prescription with diagnosis and request for rehabilitation treatment issued by a specialist doctor of a public structure (es: UONPI, TSMREE).
- Identity document and tax code / health card of the parent or guardian who carries out the insertion.
- Tax code / User health card
- Delegation of the other parent if the user is a minor.
- The insertion of the user on the waiting list is limited to a period of time of one year, after which the user must request maintenance on the waiting list.

4.1.3 Care pathway

In case of availability of rehabilitation interventions, the Doctor in charge of the Outpatient Service identifies the user to be included from the waiting list based on the resources of the structure available at the time, the type of pathology presented, the age and residence of the user same.

The family is contacted to arrange the first visit with the Child Neuropsychiatrist specialist who will be the Project Manager; for the occasion, it is necessary to present medical records, evaluations and previous assessments available.

The rehabilitation team and the Project Manager Doctor, after carrying out an analysis of the user's needs through the specialist visits and functional organizations, formulates the diagnosis and elaborates the PRI. Then, they choose the most suitable methods and strategies for recovery or improvement of disabilities, and brings it to the knowledge and share with the family, by signing the Informed Consent.

The technical-methodological direction followed is that provided by the ministerial "Rehabilitation Guidelines" and by regional regulations, it is in line with the Decree of the Commissioner to Acta of 22/07/2020 n. U00101 "Eligibility criteria for territorial rehabilitation courses" and since June 2007 follows the management procedure of the Quality System.

The PRI drawn up will be in a non-residential outpatient regime, with extensive assistance intervention modalities and with medium or high rehabilitation commitment. The duration of the Individual Rehabilitation Project is defined by the multi-professional rehabilitation team in accordance with the Mental Health Protection and Developmental Rehabilitation Service (TSMREE) of the Local Health Authority of the patient's residence and during that children are followed individually, or in small groups, with a frequency established by the team in the Rehabilitation Project.

The evolution of the clinical situation and the effectiveness of the rehabilitation intervention are periodically evaluated. For any need or clarification in this regard, it is possible to ask to arrange an interview with the Project Manager. It will be useful for health personnel to always be informed by the family about any diagnostic investigations or treatments given to the child in other structures.

The therapy is decided by the TSMREE of the patient's ASL of belonging in accordance with the multidisciplinary rehab team and the discharge will be agreed with the family and with the TSRMEE of the ASL of residence of the patient. Following discharge, a letter of discharge is provided to ensure proper therapeutic continuity

4.1.4 Temporary Absences

Acceptance of the rehabilitation project involves the user's commitment to constant attendance. The unscheduled interruption of the rehabilitation project by the family must be communicated with adequate notice to the Health Secretariat.

A number of absences is allowed that does not compromise the effectiveness of the treatment. Once the limits have been exceeded, unless otherwise assessed by the multi-professional rehabilitation team, the facility discharges the patient by informing the company services in advance.

The discipline of absences is governed by current legislation.

4.2 Home Assistance

Head: Psychiatrist Dott.ssa Lorena Salvatori

Email: l.salvatori@assohandicap.com

4.2.1 Intervention Area

The Home Assistance deals with the rehabilitation of people (adults or minors) with complex disabilities often multiple, with possible permanent outcomes that mainly require targeted multidisciplinary rehabilitation treatments, which cannot be provided by home care services.

They are patients who cannot access outpatient facilities due to particular clinical conditions and / or problems that hinder access to services. For adults, access takes place through a multidimensional assessment carried out by the competent services of the ASL of the patient's residence. According to children and adolescents, home treatment is indicated in extreme situations such as the coexistence of particular serious clinical and / or social conditions as to prevent the minor from accessing outpatient treatment. In other cases, it is the need to reduce the risk of hospitalization institutionalization of people with very serious impairments; it is defined by the TSMREE and / or by the Home Assistance Center of the ASL of residence of the minor.

The overall management of the user is carried out through an integrated multidisciplinary team as per DCA 159 of 13 May 2016, consisting of:

- Specialists (Psychiatrist, Child Neuropsychiatrist)
- Rehabilitation therapists (speech therapists, neuro and psychomotor therapists of the developmental age, physiotherapists, educators)
- Coordinator/Administrator
- Clinical Psychologist

The rehabilitation interventions are different. It depends on the pathology and age of the user, related to the specific rehabilitation needs. They can be:

- **In the presence of the user**
- - Evaluation and observation
- - Speech therapy rehabilitation
- - Neuromotor rehabilitation
- - Psychomotor rehabilitation
- - Psychological therapy
- - Educational interventions
-

a) In the absence of the user

- Meetings between the professionals of the multidisciplinary team aimed at sharing the objectives of the intervention and the consequent elaboration and revision of the PRI;
- Counseling, parent training, parent coaching, observation and mediation in the classroom (for school-age users) as support activities for primary and secondary caregivers;
- Participation in Operational-GLH according to the provisions of Law 104/1992, for school-age users.

The treatments aim to promote recovery and / or preservation of residual abilities, the development of potential and the improvement of the quality of life, in a constant process of empowerment and autonomy, with the involvement of family members (the presence of the caregiver is indicated).

The home service activity usually takes place on 6 days a week offering its service from Monday to Friday from 8.00 to 19.00 and on Saturdays from 8.00 to 14.00 throughout the year; the opening of the operations center is guaranteed for 5 days a week.

People with complex disabilities deriving from:

- Neuromuscular diseases
- Alzheimer's disease and other dementias
- Outcomes of ischemic and hemorrhagic stroke
- Parkinson's disease and Parkinsonisms
- Outcomes of brain trauma and severe acquired brain injuries
- Diseases of the cardio-respiratory system
- Orthopedic and respiratory diseases
- Neurodevelopmental disorders (Psychomotor retardation, Mixed developmental disorders)

4.2.2 Access Modes

To access the rehabilitation treatment it is necessary:

register on the Waiting List by submitting to the Health Secretariat of the Rehabilitation Center pursuant to art. 26, the following documentation:

- Medical prescription with diagnosis and request for rehabilitation treatment (if minor) or Multidimensional Assessment (if adult) issued by a public specialist doctor (UONPI, CAD)
- Identity document and tax code / health card of the user
- Delegation of the user (if an adult unable to come) or of the other parent (if a minor) with an identity document and tax code.

The insertion of the user on the waiting list is limited to a period of time of one year, after which the user must request to be kept on the waiting list.

4.2.3 Care Pathway

The Doctor in charge of the service identifies the user from the waiting list based on the resources of the facility available at the time, the type of pathology presented, the age and residence of the user. After carrying out the first visit and having defined the pathologies object of the intervention (according to the ICD9-CM code) and the disability profile (according to the ICF Code: International Classification of the Functioning of Disability and Health of the World Health Organization), compiles the clinical documentation required by the regional legislation on the subject. All together with the multidisciplinary team draws up a PRI in a non-residential home regime, with assistance or extensive or maintenance intervention methods and rehabilitation or mild or medium or high commitment and entrusts the new user to the Project Manager Medical Specialist.

The PRI explains the specific intervention areas, the objectives to be achieved and the expected results (improvement of disabilities or maintenance of levels of autonomy according to the bio-psycho-social model). Also, the professionals involved, the rehabilitative methodologies and methods, the times of treatment, the methods of carrying out and verifying the interventions that make up the rehabilitation programs, with an indication of the standardized assessment tools. The PRI must be shared (Informed Consent) with the patient, his family (or Support Administrator, Guardian, etc.) and the user's ASL of residence. The PRI is sent to the dedicated Information System (SIAR) and subjected to verification by the ASL of residence of the user.

The evolution of the clinical situation and the effectiveness of the rehabilitation intervention are periodically evaluated; for any need or clarification in this regard, the user or his caregiver can ask to arrange an interview with the doctor in charge of the project. Healthcare personnel must always

be informed by the family about any diagnostic investigations or treatments carried out by the user in other facilities.

The duration of the rehabilitation project and the number of weekly therapies vary from subject to subject according to the severity of the pathology presented.

For adults, the duration of the PRI is limited to a maximum of 90 working days, unless justified continuation of the treatment authorized, on the basis of the results achieved, by the competent ASL services of the patient's residence.

Following discharge, a letter of discharge is provided to ensure proper therapeutic continuity.

For children and adolescents, the duration of treatment is defined by the Mental Health Protection and Developmental Rehabilitation Services (TSMREE) of the patient's ASL of residence in agreement with the multi-professional rehabilitation team.

Where, in order to achieve the expected results, it is necessary to continue the treatment beyond the terms precisely defined in this provision, a summary report on the closure of the project must contain the values of the assessment scales administered during the rehabilitation project and / or upon expiry of the terms. Any continuation must be authorized by the competent ASL residency services carrying out the reassessment of the user's need in sharing with the multi-professional rehabilitation team of the sending facility, starting from the documentation sent. The continuation will be defined on the basis of the objectives achieved and on the basis of the clinical needs of the user and may be different from the first authorization both in terms of duration and assistance regime.

4.2.4 Temporary Absences

The unscheduled interruption of the rehabilitation project by the family must be communicated with adequate notice to the Health Secretariat.

A number of absences is allowed that does not compromise the effectiveness of the treatment. Once the limits have been exceeded, unless otherwise assessed by the multi-professional rehabilitation team, the facility discharges the patient by informing the company services in advance.

The discipline of absences is governed by current legislation.

5.0 Semi-residential Sector

Head Child Neuropsychiatrist: Dott.ssa Maria Concetta Mazzei
Email: c.mazzei@assohandicap.com

5.1 Intervention Area

The semi-residential sector houses n. 30 users with complex disabilities related to the neuromotor area, the cognitive and communication area, the psychological area and the social area.

It is open 6 days a week, from Monday to Saturday.

The office of Semi-residential is in Via Pietro Nenni, 16, Marino (RM).

The treatment path for a disabled user passes through a complex set of activities and interventions delivered in an integrated multidisciplinary manner and in a differentiated care regime. In the current health organization of the Lazio Region, rehabilitation programs have been identified, mainly provided by rehabilitation centers pursuant to Article 26 of Law no. 833/78 "Extensive and maintenance rehabilitation". The Decree of the Regional Council (DGR) no.398 / 2000, defined the extensive rehabilitation activity as "Complex assistance activity for patients who need interventions aimed at guaranteeing further functional recovery in a defined time". It also defines maintenance as "Assistance activities aimed at patients suffering from stabilized outcomes of psycho-physical pathologies that require interventions aimed at maintaining any residual functional capacity or containing deterioration".

The duration of the Rehabilitation Project can include a range of from 60 to 180 days, the proposal for a further continuation of the project, after the deadline, must always be approved by the ASL to which it belongs.

5.2 Access Modes

The request for inclusion in the waiting list is forwarded by the family/guardian of the disabled person at the Health Secretariat located in Via P. Nenni, 12 according to the PG19 procedure "Waiting list management". The user and / or his family must complete Form 19.02 - Form for inclusion in the waiting list and attach the following photocopy documentation:

Multidimensional assessment of the ASL of residence

- User's identity document and tax code
- Authorization of the user's family member / guardian with identity document and tax code.

The multidisciplinary team of the Rehabilitation Center directed by the Responsible Doctor, when a place becomes available, identifies the users to be treated according to the following criteria from the waiting list:

- clinical diagnosis;
- compatibility with the disability level of other users;
- the municipality of residence;
- the notification of urgency by the public structure;
- the date of insertion on the waiting list.

Once the user to be inserted has been identified, the procedure for admission of the Semi-Residential Sector is preceded by a meeting with the user and family members. During this meeting, carried out by the Responsible Doctor, the Psychologist and the Sector Coordinator, an initial evaluation of the patient is carried out, the documentation provided is examined, and the requests and expectations of the family are evaluated, as well as compatibility with the level of disability of other users and with the activities planned in the Center.

Based on the outcome of the interview, it is decided whether or not to proceed with the insertion. If the outcome of the assessment is positive, the user is taken in charge and an Individual Rehabilitation Project (Semi-Residential PRI) is drawn up, lasting 60 days, which will be shared with the competent ASL services, as per current legislation.

The health documentation that a new user must submit when entering the Semi-Residential Sector is as follows:

- card S.S.N.
- ticket exemption card
- identity card
- photocopy of the civil invalidity report
- substitutive declaration of certification of any legal protection
- list of telephone numbers including those of family members available
- declaration of consent to the processing of data
- declaration of informed consent
- clinical report of the attending physician
- health records: photocopies of medical records, specialist reports, drug therapies and clinical reports, regarding the general health of the guest.

All documents are kept at the headquarters of the Day Center in Via Pietro Nenni, 16 and form part of each user's personal file.

In case of non-admission, the Sector Responsible Doctor summons the user's family and informs them of the reasons that advise against entry, orienting them towards a Service that can meet specific needs.

HOW THE SERVICES WORK

The operating hours of the Semi-Residential Sector are from Monday to Friday from 8.00 to 15.15 and on Saturdays from 8.00 to 13.45.

During their stay at the Center, guests are provided with a canteen service managed in compliance with the legislation on the hygiene of food products (Regulation (EC) No. 852/2004 of the European Parliament and of the Council, of 29 April 2004) with the supply of breakfast and full lunch.

Full board for lunch is established by the daily menu, which can be modified according to particular and documented user needs;

The multidisciplinary rehabilitation team operating in the Semi-Residential Sector is made up of the following professional figures:

- Child Neuropsychiatrist
- Neurologist
- Psychiatrist
- Psychologist
- Educational Coordinator
- Professional educator
- Occupational therapist
- Physiotherapist
- Professional nurse
- Master of Arts
- Music therapist
- Social-health workers

5.3 Care pathway

The rehabilitation philosophy that inspires the management of the Semi-Residential Sector is based on the concept of the maximum possible individualization of the rehabilitation treatment.

Each user is evaluated with the aim of identifying the strengths and weaknesses within the various areas of intervention. The effort tends to highlight the resources present in the user in order to direct them towards rehabilitation objectives aimed at enhancing residual skills and maintaining those acquired. Particular attention is paid to the acquisition and strengthening of further means of communication aimed at making the person express better in interaction with others and in creativity.

The procedures used to achieve the objectives identified by the rehabilitation team are evaluated in terms of effectiveness and efficiency and agreed with the individual operators. In this way, flexible, dynamic and responsive programming to user needs is created.

The results are periodically evaluated through team meetings in which the consultants and operators interested in the specific case participate from time to time.

Family members are systematically informed, through periodic interviews, on the progress of the therapies and on the evolution of the Rehabilitation Project, and, when possible, involved in it.

The purpose of the Semi-Residential Sector is to improve the quality of life of users, favoring the highest possible level of autonomy. It is also intended to offer a relief service to the family, to improve user management within the family unit.

As a rule, individuals who have reached the age of 18 access the Service.

SERVICES PROVIDED

- The services provided by the Semi-Residential Sector are of a rehabilitation, social-health and welfare nature. The methodological direction is that provided by the "Rehabilitation Guidelines" and by regional regulations. In particular they are the following:
 - psychological therapy for users and counseling for caregivers
 - • neuromotor rehabilitation,
 - • hydrokinesitherapy,
 - • speech therapy rehabilitation
 - • psychomotor rehabilitation,
 - • cognitive-neuropsychological rehabilitation
 - • cognitive rehabilitation structured according to the TEACCH method
 - • occupational therapy
 - intervento terapeutico basato sulla stimolazione plurisensoriale (Stanza Snoezelen)
- educational intervention mainly aimed at personal care and cleaning, independence, domestic activities, socialization and animation activities with the aim of social integration;
 - music and musical instruments workshop
 - art therapy laboratory
 - pottery, painting, DIY workshops,
 - garden-nursery laboratory) and recreational facilities
 - theater and cineforum workshop
 - recreational activities (group games and movement).

Rehabilitation interventions can be extensive or maintenance, with high care commitment.

TYPICAL DAY AT THE DAY-CARE CENTRE

the user is accompanied to the Center, from their home, using two possible modes of transport: with their own vehicle or with the means of the provider (ASL contract)

- upon arrival at the Center, the individual user is accompanied by the staff of the host facility inside the reference room where the reception takes place
- after reception, users begin the activities provided for in the Rehabilitation Project
- lunch is divided into two shifts to allow the continuation of the activities of one shift during the lunch break of the other.
- post-meal hygiene activities are scheduled after lunch
- the children complete the activities envisaged in the project and at the established time, prepare and leave the Center to return to their homes

The time of lunch is a very important aspect of a user's life, and therefore, the eating habits and any intolerances / allergies of the individual are taken into consideration. In this regard, a weekly menu is formulated by the Doctor in charge, which is posted on the canteen bulletin board every Monday, and each user, within the scope of his possibilities and family indications, is involved in choosing between the daily options.

SUMMER STAY

The Semi-Residential Sector organizes summer stays for users during the month of August. This experience is aimed at verifying and expanding the rehabilitation process carried out during the year. Functional release from parental figures is favored and the user is supported in the relationship with the other in an equal relationship, without the intermediation of family members. This implies a considerable effort both in implementing functional and socially accepted behaviors, and in developing a mode of communication (not just verbal) that is universally understandable. At the same time, operators have the opportunity to check the objectives pursued during the Rehabilitation Project.

DRUG THERAPY ADMINISTRATION

The administration of drugs is carried out by the health personnel present in the structure or by personnel authorized by the Health Management and recorded in a special register.

For this purpose, the family member must ask the Doctor in charge of the facility in writing for the administration, providing him with the pharmaceutical product in unopened packaging and the medical prescription indicating the name of the drug, the prescribed dose, the time of administration and the duration of the prescription. Please note that updating the prescription is of particular importance.

RELATIONS WITH FAMILIES

Relations with families are held by the Doctor in charge of the Semi-Residential Sector, the Psychologist and the Educational Coordinator and are carried out through:

- meetings and interviews aimed at sharing the individualized rehabilitation project or managing possible problems within the family unit.
- moments of celebration organized by the Center on particular occasions.
- distribution of information material relating to the initiatives and activities of the Center.
- telephone and / or written notices and communications.

TERMS OF RESIGNATIONS

The resignation of users occurs if one or more of the following conditions occur:

- renunciation of the family or guardian;
- exhaustion of the intervention validity of the rehabilitation project;
- aggravation of the pathology such that the rehabilitation offer is no longer adaptable to the characteristics of the disabled person;
- the occurrence of conditions incompatible with community life, despite having carried out all the necessary interventions for a possible resolution;
- reaching the age limit (65 years);
- Exceeding the maximum number of days of absence allowed by the regional legislation in force.

Following discharge, a letter of discharge is provided to ensure proper therapeutic continuity.

HYGIENE RULES

The patient, or the figure of the caregiver, is required to comply with conducts designed to ensure adequate personal hygiene, in respect of other users and health professionals.

5.4 Temporary Absences

Acceptance of the Rehabilitation Project involves the user's commitment to constant attendance. Particular collaboration is required of families on the management of absences.

A number of absences is allowed that does not compromise the effectiveness of the treatment. Once the limits have been exceeded, unless otherwise assessed by the multi-professional rehabilitation team, the facility discharges the patient by informing the company services in advance.

The discipline of absences is governed by current legislation.

6.0 Residential Sector

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6.1. Intervention Area

The "Il Tetto" Nursing Home is dedicated to Users who require Healthcare Services, for clinical manifestations that cannot be managed at home, for which, however, the patient does not need to be hospitalized.

In the RSA "Il Tetto" can be hosted:

- Elderly people with temporary, total or prevalent limitation of their self-sufficiency;
- Adult people with physical and / or mental disabilities, including those with chronic and / or post-acute illnesses.

"Il Tetto" hosts frail adults in conditions of non self-sufficiency, in a permanent reception regime. Persons in a state of permanent psycho-physical disability with impairment of the functions necessary for the satisfaction of personal needs and social life are considered non self-sufficient. Users are hosted in a permanent reception system, as they are in a state of lack of care and assistance because they lack family of origin or parental or due to proven and permanent inability of family members to respond to their needs.

The structure has a maximum capacity of 40 seats and is located in Via Pietro Nenni n. 16, in the municipality of Marino (Rm), and is organized by nuclei, aimed at offering hospitality, health services, assistance, functional recovery, social integration as well as preventing the aggravation of functional damage due to chronic diseases against non self-sufficient people, who cannot be assisted at home and who do not need to be admitted to hospital-type structures or rehabilitation centers as per art. 26 of Law 833/78. The range of services is residential, in a comfortable environment equipped with all the spaces and equipment. The structure, located in a healthy area, free from atmospheric pollution and noise, has indoor and outdoor parking spaces and has as its purpose and is characterized by the absence of architectural barriers in both internal and external spaces.

The structural requirements of the RSA are:

- 40 beds, divided into 4 functional groups, for a total of 16 double rooms, with a usable area ranging from 20 sq m to 24 sq m and 8 single rooms with a useful area of 12 sq m. All rooms are equipped with a standard bathroom for that user, as well as direct natural lighting and ventilation, guaranteed by windows or French windows, the latter allowing access to the balcony belonging to the same. The floor is in porcelain stoneware, aluminum window frames with thermal break with double glazing equipped with shutters for darkening, the wall surfaces are painted with washable paint and all rooms are suspended at a height of 2.70 meters. The underfloor heating ensures a homogeneous distribution of heat throughout the room which, in addition to natural ventilation, is equipped with a forced ventilation system which still guarantees the air changes required by current legislation.
- 4 residential units with a dining / living room TV with adjoining office / kitchenette, of about 65 square meters for each nucleus, which is accessed from the distribution corridor leading to the bedrooms, lighting and direct natural ventilation they are guaranteed by a large opening window, which can be darkened with a roller shutter system, the flooring is in porcelain stoneware, the walls are painted with washable colors and all the rooms have a false ceiling at an average height of 2.70 meters. The room described above is equipped with an office serving it, the heating of the room and the office / kitchenette is underfloor, in addition to ventilation and natural lighting, the environment is served by a forced ventilation system that

guarantees in any case, the air changes required by current legislation. Each nucleus is equipped with a room for medical and assistance personnel, with the same finishes and plant engineering measures adopted in the rooms. Each floor is equipped with a personal changing room and relative bathroom, assisted bathroom with relative assisted bathtub (n.3), an isolation room (for both floors), storage room for clean and dirty linen and equipment; bathrooms for visitors complete with compartment for emptying and bedpan washer;

- kitchen with attached warehouses, changing rooms for employees, cold storage room, etc .;
- 4 medical and therapy clinics;
- 1 multisensory room;
- 1 barber / hairdresser room;
- 1 podiatrist room;
- Rooms for guest services;
- Entrance with concierge;
- Changing rooms and bathroom for gym users;
- 1 gym of 60 square meters;
- structure and warehouse of 300 square meters;
- chapel;
- mortuary and painful room;
- administrative offices for a total of 160 square meters;
- specific warehouses and deposits, for a total of 80 square meters.

Inside the structure there are:

- motor rehabilitation equipment
- materials and tools for cognitive rehabilitation
- materials and tools for occupational therapy
- materials and tools for recreational and socialization activities
- equipment for the living area particularly suitable for non-ambulatory and non-self-sufficient guests (beds, anti-decubitus mattresses, anti-suffocation pillows, etc.)

6.2 Access Modes

User to be treated identification from the waiting list

According to the current Regional Regulations, the request for access to the RSA must be addressed to the resident CAD of the patient through an application that fills in the GP of the patient to which the socio-personal data sheet must also be attached.

The CAD will usually send the Social Assistant and, if available, the referring Specialist Doctor for the pathology reported by the GP in his request to the patient's residence.

This team will provide, with the help of the RUG (Resource Utilization Groups) survey form, a tool for assessing the conditions and clinical-care needs of patients assisted and hosted in the nursing homes, adopted in the Lazio Region, for the classification, through a specific algorithm , of the patient in a homogeneous group with different absorption of resources.

This evaluation, on the one hand, can give rise to an authorization for hospitalization, on the other hand to an insertion of the same on the SIRA System.

- The Information System of Nursing Homes (SIRA), designed and coordinated by Lazio Sanità-ASP, has been active since June 2008 (ref. DGR 98/07 and DGR 40/08). The contents and objectives of the Information System are defined by the Regional Circular 20593/4100 of 02.21.2008 and by the DPCA 103/2010.
- As part of the New Health Information System (NSIS), which aims to build a database at national level from which to collect information about the health and social-health interventions provided, the DM 17/12/2008 is placed. which provides for the sending by the Regions to the Ministry of Health of information relating to the monitoring of residential and semi-residential services for the elderly or non self-sufficient people in chronic conditions and / or relative stabilization of clinical conditions.

The SIRA Information System collects information relating to:

requests for entry into the RSA - first evaluation of the user by the reference CAD with assignment to the most appropriate assistance regime;

- to guests present in the same nursing homes.

The main information collected by the system are:

- personal data relating to requests for entry to the RSA;
- RUG assessments before joining the RSA;
- personal data relating to the guests present in the RSA;
- RUG assessments carried out in RSA for the renewal of hospitality;
- RUG assessments carried out in RSA for changed clinical conditions of the host;
- monitoring of some adverse events (transfers to the emergency room, deaths in the facility, falls, onset of LDD, transfers and discharges of guests).

Once the authorization for admission has been received, the patient and his / her family can ask to be placed on the waiting list at the accredited facilities.

The waiting list of the RSA "Il Tetto", held at the Health Secretariat, is organized according to the chronological order of request.

At the time of the request, the secretariat illustrates the offer of the residence and what are the main rules in place also with the help of the User Information and the Service Charter. Finally, the criteria for sharing costs are illustrated.

The Health Secretariat, upon availability of a place for admission, will contact the patient in the first position on the waiting list to invite him to the residence. In the event of a waiver, this must, if possible, be properly documented.

– Hospitalization procedure

The acceptance of guests must be agreed with the Responsible Doctor, presenting the following documentation at the time of admission:

- Authorization for admission issued by the DAC to which he belongs;
- Personal identity document;
- Copy of the health card;
- Fiscal Code;
- Possible exemption from paying the health ticket;
- Eventual report of invalidity.

AND:

- authorization to process personal data in accordance with Legislative Decree 196/2003;
- any practice to replace the GP (Practice to be activated at the General Practice Office of the ASL to which they belong). This request is handled by the family member or by the social worker with an internal document certifying admission to the facility signed by the Responsible Doctor;
- commitment to pay the user fee.

– Documentation to be presented upon admission

- At the time of admission it is useful to present the following documentation:
 - Report from the attending physician and / or letter of discharge (if coming from another healthcare facility);
 - Copy of exams, medical records and health records in general, relating to the last year.
-
- In addition, if the user has ongoing therapies, it is advisable to provide a quantity of useful drugs for two weeks, in order not to interrupt the pharmacological treatments in progress.

-Personal kit at the time of admission

Upon admission, the guest must be provided with:

- Personal hygiene items (liquid hand and body soap, shampoo, toothbrush and toothpaste / mouthwash, deodorant, nail scissors / clippers, comb / hairbrush);
- Daywear, nightwear (in sufficient quantity to ensure one or more daily changes). It is advisable to label clothing;
- Gags to protect clothing (for those who need them);
- Any orthopedic and / or incontinence devices already in use;
- Therapies in place (quantitative for at least two weeks).

It should also be noted that a personal expense fund is set up held by the secretariat and managed with all records of both income and expenses (these also documented by expense receipts), subject to agreement with the Social Assistant.

– Seasoning Closing

At the change of season, clothing must be renewed and adapted to climate change (clothing that will not be deemed necessary for the season must necessarily be taken away by the user's guardian, as the RSA does not provide custody service non-seasonal clothing).

- Food and diet service

A dietician ensures a balanced diet for each guest in consultation with the MR and the GP as regards the user's clinical condition. Family members can provide information about eating habits and preferences.

– Other services

HAIRDRESSER, BARBER, PODOLOGIST

For the care of their well-being, if guests so wish, qualified staff is available within the structure, for hairdresser, barber and podiatrist services. The service is charged to the guests.

LAUNDRY

The “Il Tetto” nursing home has an agreement with an external home laundry whose costs, for the washing of personal clothing, are borne by the guests. If you are interested in using this service, you can ask to sign the service contract at the Health Secretariat.

VISIT REGULATION

In the RSA, access for friends, relatives and acquaintances is desired and daily.

However, it is necessary to respect the privacy and rest of the guests, as well as the regular performance of health and assistance activities, which, due to the characteristics of guests and work organization, must be differentiated according to the module.

Therefore, the access time will be as follows:

From 11:00 to 12:00 and from 16:30 to 17:45.

6.3 Care Pathway

In the RSA all the services that contribute to the maintenance of the residual capacities of the guests or to 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.

The health care responsibility of the RSA is entrusted to the Responsible Doctor, who carries out managerial functions and is the reference for health care and the psychophysical conditions of the guests, in collaboration with the GP, chosen by the user / family member.

The MMG provides all health services for guests welcomed in the RSAs provided for by the R.R. n. 1/94 and D.G.R.L. 2499/97 and subsequent amendments (see also ACN National Collective Agreement - Resolution no. 1295 BUR Lazio of 28/04/2008).

The GP's accesses are recorded through the GP's Access Register.

The responsibility of the nursing, care, organizational and hotel management of the RSA is entrusted to the DAI.

Healthcare and assistance activities are provided by a team made up of

- Nurses;
- Physiotherapists;
- Speech therapist;
- Occupational Therapist;
- Professional educator;
- Social Health Operators - called O.S.S. ;
- Dietitian;
- Social worker;
- Psychologist.

The team evaluates the patient upon entry, taking into consideration:

- care needs;
- the diagnostic-therapeutic clinical path;
- the chances of recovery;
- nutritional needs;
- the hypotheses of social reintegration.

On the basis of the evaluation carried out, an Individual Assistance plan (PAI) is formulated which, starting from the needs, problems and propensities of the guests, plans the therapeutic, assistance, mobility recovery, functional rehabilitation and socialization interventions necessary to achieve the individual goals.

From the point of view of the standards of care provided, the Residence guarantees full compliance with the provisions of the Regional legislation:

- • Residential location with the most possible domestic connotation, organized in such a way as to promote socialization among guests, while respecting the individual need for privacy;
- • Medical-nursing and rehabilitation interventions necessary to prevent diseases and to maintain or improve functional skills;
- • Individualized assistance in the basic activities of daily life;
- • Diagnostic-therapeutic activity;
- • The RSA is functionally connected with the territorial services belonging to the socio-health activities of the district ASL, as regards the activity of General Practitioners and as regards the Home Care Center;
- • The activity of specialist medicine is guaranteed through the methods provided for by the SRG;
- • The Nursing Service will be present to cover 24 hours;
- Pharmaceutical assistance is guaranteed through the methods provided for by the SRG and medicines for the treatment of emergencies will be present on each floor of the facility;
- In the RSA there is a trolley for the management of emergency cases, complete with electrocardiograph and defibrillator;
- Laboratory and diagnostic imaging tests are carried out at the diagnostic services of the ASL or at other affiliated facilities, with the consent of the client and / or family members. In these cases, the Residence guarantees the transport of the guest;

- In a situation of worsening of the clinical conditions of one of the Guests, in the absence of the Responsible Doctor, the nurses (present 24 hours a day) can, after evaluating the case, call the local Medical Guard who will be able to guarantee the intervention at the Residence . 112 will be called for acute clinical events that require investigations and health interventions that cannot be carried out at the Residence, or for urgent needs.

The physiotherapy and rehabilitation activity is carried out individually or in small groups by the rehabilitation operators and takes place at the gym and / or in the various centers. The purpose of the service is the maintenance of residual capacities and the achievement of greater physical autonomy. The drafting and periodic review of individual rehabilitation plans for individual guests is the result of a multidimensional evaluation by the RSA evaluation team with particular reference to the Doctor in charge.

The periodic verification of the objectives and the collection of data allows, with the supervision of the Responsible Doctor, a continuous monitoring of the activity performed.

The socio-psycho-educational activity is carried out through those workshops and projects that allow the person with disabilities who participate in the RSA activities to become aware of their possibilities and potential and to express them creatively.

The laboratory activities allow everyone to implement, enhance and enhance their skills by improving self-esteem and therefore the user's quality of life. The division into laboratories and projects within the RSA helps to emphasize that the guest in different age groups and specific disabilities is characterized by different needs and development potentials and needs different environments and stimulations.

There is a complete list of the Laboratories available at the RSA and a detailed sheet for each of them, available in each clinical record - rehabilitation area, which declines in addition to the objectives, duration, frequency, also the resources necessary to carry it out (personal , tools and materials required).

The activities of nurses, social and health workers (O.S.S.), is drawn up by the Nursing Assistance Manager in order to ensure the necessary coverage of the planned activity and continuity of care. After being approved by the Responsible Doctor, and before the reference period begins, it is forwarded by the DAI to the following offices for case registrations:

- Head of management control;
- Administrative contact person for the personnel;
- Head Management.

The objectives that are intended to be pursued within the RSA involve all functional areas of the person with particular attention to the area of personal autonomy and social integration. In particular, it is considered important to highlight the achievement and maintenance, as well as the strengthening, of skills in the actions of personal care.

The team of operators works so that the transition between the various activities is marked by gradual transitions; the possible introduction of novelties (new activities, renovation of spaces and furnishings, changes in routine) is designed to enrich the user experience of the RSA

Religious and spiritual assistance is encouraged, with the possible presence of different religious assistants depending on the confession of the guests.

6.4 Temporary Absences

According to the current Regional Regulations, temporary outings for returning to the family are regulated as follows:

1. Up to 36 hours can also be authorized only by the MR, in addition they must be communicated in advance to the U.V.T.
2. They must not exceed TEN continuous days, even several times during the year.

A number of absences is allowed that does not compromise the state of psycho-physical well-being and the regular development of welfare programs.

For these outings, the guest will not pay the daily fee to be paid.

For exits determined by **admissions to hospitals**, the RSA is required to keep the place of hospitalization up to a maximum of TEN DAYS. In this case, the user will have to pay the share of the daily fee to be

A report that also includes an indication of the patient's state of health in addition to any drug therapy followed, will be made available to the hospital destination by the MR.

In cases where hospitalization exceeds ten days, the patient will be discharged and the patient will have the right of priority to return to the RSA, compared to the existing waiting list, after being evaluated and authorized, again by the U.V.T.

6.5 Resignations

In addition to the aforementioned case, resignations are ordered by the U.V.T. or by the free choice of the user / guardian.

In this phase the MR prepares a report (letter of discharge) which includes information on the history of the hospitalization, which will subsequently be archived.

The discharge will also be reported on SIRA.

All his goods will be returned to the Guest.

7.0 Other offices and services

7.1 Supporting Activities

7.1.1 Health Secretary



In the Structures there are two health secretariats, which take care of the administrative formalities required by the accreditation services and other documentation for the uses permitted by law. You can submit requests for certificates in writing (attendance, functional diagnosis, clinical reports, hospitalization, etc.). Delivery times vary, depending on the type of certification requested, from one week from the date of the request to 15 working days. The request for a copy of the medical record is subject to the patient's discharge from the facility and the health documentation requested by the interested parties will be made available starting from the date of submission of the request within a maximum term of thirty working days upon payment by postal order.

7.1.2 Administration Management



It handles administrative relations with the ASLs, with the Lazio Region, with credit institutions, with suppliers in general. Manages relations with employees and consultants in relation to all matters of competence.

7.1.3 Social Assistance Services



The Service deals with the organization and management of multiple psycho-social support activities for users' families. The service maintains contact with the external network and with the territorial structures (Court, ASL, Municipalities) planning and facilitating the obligations connected to the insertions and resignations of users for residential and semi-residential structures.

7.1.4 Training and Updating



The Assohandicap facilitates and supports the training and internal updating of health professionals. Furthermore, the practical and scientific knowledge acquired in external training courses shared among the operators through written material.

There is a library for internal use equipped with books, scientific material, periodical publications, updated operational guidelines relating to the clinical and research work carried out. The research activity is bound to the patient / family member adherence to the same through information for the protection of the rights of the participants.

7.1.5 Foodservices



Patients in residential and semi-residential facilities use the canteen service. Meals can be consumed, according to the health conditions of the guests, in the common area of the residence or in the canteen. For health and hygiene reasons, it is forbidden to introduce and consume food prepared from outside in the health facility.

7.1.6 Laundry services



As soon as the family members of the users who access the RSA have completed the administrative acceptance at the Admissions / Reception Office, they receive all the useful information on how to use the external Laundry Service and the related costs

7.1.7 Summer stay



The Assohandicap Onlus has a structure called "I Granelli di Sabbia" at the seafront of Torvaianica (Pomezia) used for residential purposes.

7.1.8 Internships



The health facilities of the Assohandicap Onlus are home to internships for health personnel (Neuro and Psychomotor Therapists of the Developmental Age and Social and Health Operators) through agreements duly stipulated with Universities and Training Centers

7.1.9 Volunteering



It is possible to contact the Assohandicap Onlus to volunteer by submitting a written request to the Steering Committee.

7.2 Conventions and Collaborations:

7.2.1 Clinic “Arcobaleno”

Poliambulatorio “Arcobaleno”



The Assohandicap Onlus makes use of the agreement with the "Arcobaleno" Clinic, in via Pietro Nenni 16 in Marino (Rome). In private form, users who require specialist medical visits can contact for the following visits: physical medicine and rehabilitation, orthopedics and traumatology, cardiology, gynecology and obstetrics, dermatology, neurology and psychiatry, sports medicine, with particular attention to the handicapped or, more generally, to all those who, in the course of their lives, find themselves facing health and social problems connected with basic disability.

7.2.2 A.S.D. Swimming Academy-Marino



The swimming pool, **A. S. D. Accademia del Nuoto-Marino**, The Assohandicap Onlus makes use of the agreement with the "Arcobaleno" Clinic, in via Pietro Nenni 16 in Marino (Rome). located inside the "A Roof for Life" Residence House, in via Pietro Nenni 16 in Marino (Rm), it collaborates with Assohandicap Onlus, in social integration projects in favor of users, who can use it for rehabilitation and sports purposes and / or competitive.

7.2.3 Social Cooperative Society “Sorriso per Tutti”



La Soc. Coop. Sociale “Sorriso per Tutti”, Cooperativa Integrata di tipo A) e B) della Regione Lazio, qualificata come O.n.l.u.s. collabora con l’Assohandicap Onlus fornendo servizi socio-sanitari-assistenziali di supporto agli utenti dei Presidi sanitari RSA ed ex art. 26.

7.3 Private Activity ex art. 26



At the Non-Residential Rehabilitation Center pursuant to art. 26 there is also an outpatient and home care service in a private regime, aimed mainly at minors, where it is possible to carry out diagnostic evaluations and undertake rehabilitation programs. The price list of the services is available at the secretariat of the structure in Via Pietro Nenni, 12, from which it is possible to receive detailed information.

8.0 Rights and Obligations of patients

The Assohandicap Onlus has drawn up the Charter of Patient Rights and Duties which follows the contents of the European Charter of Patient's Rights (Brussels 15 Nov. 2002) and is an integral part of the Service Charter.

The operators, informed and trained on the Patient's Rights and Duties, confirm their behavior in understanding and respecting the implicit and explicit needs of patients and their families and urge them to respect their duties.

8.1 Rights

Right to preventive measures

Everyone has the right to appropriate services to prevent disease.

Right to access

Everyone has the right to access the health services that his or her state of health requires without discrimination on the basis of financial resources, place of residence, type of illness or time of access to the service.

Right to information

Everyone has the right to access all information regarding their state of health. Health services and how to use them, as well as all information that scientific research and technological innovation make available.

Right to consent

Everyone has the right to access all information that can enable him to actively participate in decisions affecting his health. This information is a prerequisite for any procedure and treatment, including participation in trials.

Right to free choice

Everyone has the right to freely choose between different procedures and providers of health treatments on the basis of adequate information.

Right to privacy and confidentiality

Everyone has the right to the confidentiality of information of a personal nature, including those concerning his or her state of health and possible diagnostic or therapeutic procedures, as well as the right to the protection of his privacy during the implementation of diagnostic tests, specialist visits and medical and surgical treatments in general.

Right to respect for patients' time

Everyone has the right to receive the necessary health treatments in a short and predetermined time. This right applies to each stage of the processing.

Right to respect for quality standards

Everyone has the right to access high quality health services, based on the definition and compliance with specific standards.

Right to security

Everyone has the right not to suffer harm resulting from the malfunctioning of health services or from medical errors and has the right to access health services and treatments that guarantee high safety standards.

Right to innovation

Everyone has the right to access innovative procedures, including diagnostic ones, in line with international standards and regardless of economic or financial considerations.

Right to avoid unnecessary suffering and pain

Everyone has the right to avoid as much suffering as possible at every stage of his illness.

Right to personalized treatment

Everyone has the right to diagnostic or therapeutic programs that are as suitable as possible for their personal needs.

Right to complain

Everyone has the right to complain whenever he has suffered damage and to receive an answer.

Right to compensation

Everyone has the right to receive adequate compensation, in a reasonably short time, whenever they have suffered physical, moral or psychological harm caused by the health services.

Without the signed consent of the assisted person, the medical staff cannot undertake any diagnosis and treatment, except in the cases provided for by law: necessity and urgency; or when the person, at the moment unable to express his will, is in danger of life

8.2 Obligations

Adopting a responsible behavior at all times, with the willingness to collaborate with all hospital staff, respecting and understanding other patients.

Promptly inform health professionals of changes in your address.

Inform doctors and health personnel of everything that may be useful and necessary for better prevention, diagnosis, therapy and assistance.

Express at the time of acceptance (with the appropriate form that you will be invited to sign) your will regarding the persons authorized to receive information on your state of health.

Promptly **communicate** the renunciation of planned health services to avoid wasting time and resources.

Respect the environments, equipment and furnishings found within the structure, considering the same assets of all and, therefore, also their own.

Respect the rules that ensure the proper performance of care and therapeutic activities.

Respect the visiting hours established by the health management to allow normal assistance activities to be carried out.

Avoid any behavior that may cause disturbance or discomfort to other patients.

Respect the smoking ban and the limits on the use of mobile phones within the departments, taking care of your personal belongings without leaving them unattended.

9.0 Quality Standards, commitments, programmes

9.1 Commitments

The Assohandicap carries out constant verification and control work on services and responses to user needs, in order to continuously improve quality standards. The commitments that the Association undertakes to achieve towards its users are as follows:

1 Reliability: Assohandicap Onlus is committed to providing its service in a timely and precise manner.

2 Material structures: Assohandicap Onlus is committed to improving the environmental structures, equipment and tools used to provide the services.

3 Competence: Assohandicap Onlus is committed to improving the skills, competences and experiences of the operators necessary to provide an increasingly qualified service.

4 Courtesy: Assohandicap Onlus is committed to improving the respect, kindness, consideration and friendliness of the contact staff.

5 Credibility: Assohandicap Onlus undertakes to take care of the honesty, loyalty and reliability of the service provider.

6 Safety: Assohandicap Onlus undertakes to ensure the absence of risks for the user in accordance with the laws in force.

7 Accessibility: Assohandicap Onlus is committed to facilitating contact by the user with the Company and facilitating access for users by means of special signs in the entrance and service routes.

8 Communication: Assohandicap Onlus undertakes to listen to and maintain relations with the user, including foreigners.

9 Understanding: Assohandicap Onlus is committed to knowing and satisfying, in the best possible way, the needs and expectations of the user. Ensures that patients' values and beliefs are respected

10 Procedures: Assohandicap Onlus undertakes to respect and improve the procedures put in place to provide the services.

9.2 Quality Standards

Based on these commitments, the main "quality factors" on which the perception of the quality of the service by the user is based are listed below

- User information;
- respect of deadlines;
- waiting list;
- claims management;
- user satisfaction;
- hospitality, comfort and safety;
- sanitary conditions;
- food quality;
- social and human relationships
- taking charge of the user.

Performance indicators are placed on these quality factors, expressed in a quantitative or qualitative way, with the relative quality standards (see attachment 1)

9.3 Quality Strategies

The Management of Assohandicap Onlus is aware that operating according to the principles of "Quality" allows you to achieve the objectives set with maximum effectiveness and efficiency and to fully satisfy the expressed and implicit needs of users, in compliance with the laws and regulations.

For this reason and, above all, to obtain a continuous improvement of its performance, it has prepared a Quality Management System in compliance with the UNI EN ISO 9001 standards. Assohandicap Onlus, on 04 September 2012, was assessed and judged compliant with the requirements of the ISO 9001: 2015 Management System standard; the validity of the certification issued in compliance with the ACCREDIA Technical Regulations: RT-04 AF sector / s of activity: 38, 30 (Certificate No. 11519-A).

The ISO 9001: 2015 Certification - attestation and a third and impartial Certifying Body, by means of on-site verification and written insurance, declares that an organizational system complies with the requirements of a reference standard - was issued by the Kiwa-Cermet Company.

The Certification achieved, as well as representing the result of a path, started since 2012, of management and organization of our Structures with a view to Quality, symbolizes and expresses the intention of the Entity to pursue objectives and purposes inspired by continuous improvement performance and services offered, compliance and certification check

The crucial point of a management system inspired by Quality is, in fact, based precisely on the offer of efficient solutions and services, in line with the requirements of current regulations and, above all, adhering to the expectations of end users.

The Assohandicap Onlus is committed to respecting the relationship between: Center performance / needs and user expectations.

The numerator is characterized by the following dimensions, which acquire different weights and relief depending on the user and the context

- Technical quality: refers to the service provided by the Association to its users.
- Relational quality: refers to the communicative and relational aspects.
- Environmental quality: refers to the place where the user receives the service.
- Image quality: refers to the need for identification and belonging.
- Organizational quality: refers to the needs for functionality and efficiency.

The denominator of the relationship concerns both the needs / expectations expressed by the user (solution of the problem presented, performance improvement, etc.) and unexpressed needs / expectations, such as the positive state of well-being and improvement of the quality of life.

9.4 Defence and check Systems

A periodic verification of the commitments undertaken through the standards is carried out in order to detect their achievement and / or any deviations and identify corrective actions and / or improvement of the service level. The protection and verification systems consist of:

1. Handling of complaints.
2. User satisfaction surveys.
3. Verification of compliance with the standards and commitments undertaken.

9.4.1 Handling of complaints

The Assohandicap Onlus guarantees the user's protection against acts or behaviors that deny or limit the usability of the services and, more generally, with respect to disservices, guaranteeing the possibility of filing complaints and / or reports in any form (verbal or written).
Complaints / reports from users can be submitted

Via mail using the following: reclami@assohandicap.com

or

by filling out the form provided at the two health secretariats:

-Health Secretariat in Via P. Nenni, 12 06/93667702

- Health Secretariat in Via P. Nenni, 16 06/9388891

In case of telephone reports, these are taken into consideration and recorded.

In the face of complaints or reports, the Assohandicap pursuant to the D.P.C.M. 19/05/95, takes action to research the causes and plan the appropriate actions to eliminate them, with full satisfaction

of the user who will get a response to complaints received in writing within 7 working days. The user can also provide suggestions for improving the service offered.

9.4.2 Survey on users' satisfaction

All users are given a satisfaction questionnaire on which the user can express their suggestions and the degree of satisfaction with the services used.

The questionnaires are collected and processed and used to improve the performance of the services offered.

9.4.3 Check on the respect of the standards and on the commitments

Every year, the Assohandicap Onlus verifies the achievement of the defined standards and takes action to eliminate any negative results and to improve the quality standards of the services offered, possibly defining new indicators and new standards.

Attachment 1

QUALITY FACTORS	QUALITY INDICATORS	QUALITY STANDARD-AIMS	MONITORING TOOLS
Information to the user	Information on services and methods of access	Immediate Simplicity and clarity of information	Satisfaction questionnaire analysis
	Administration of the user satisfaction questionnaire	Once a year to all users	Presence of the annual analysis report
	Complaints received	Complaints absence	Complaints register
	Availability Charter of Services	Services Charter always present and updated	Sample verification of the presence of the Services card
	Internal Sector Regulations	Delivered during the first meetings to the user and / or family	Daily registration meeting
Respect of times	Waiting times for the start of therapy (time interval between the user's entry into the facility and the start of therapy).	5 minutes	Sample detection of waiting times carried out by the secretariat.
Waiting list	Time on the user's waiting list	Average waiting times are related to services. These average times are verified annually for each service	Satisfaction questionnaire analysis
Handling of complaints	Days of response to complaints prompt and exhaustive	7 days maximum	Complaints register
User's satisfaction	Overall satisfaction index	Positive evaluation for at least 80% users of the various services	Annual satisfaction analysis report
Social and human relations. Professionalism	Listening Abilities of the operators; Courtesy and helpfulness of the operators; Respect for users' rights; Professionalism and competence of the operators	Service satisfaction monitoring. Constant updating of the staff	Annual satisfaction analysis report. Staff training monitoring
Hospitality Comfort Safety	Accoglienza e accompagnamento degli utenti alle aree di terapia e riaccompagno all'uscita a fine seduta.	Immediata	Analisi questionari di soddisfazione
	Privacy Respect	Data Security Policy Document Pursuant to REGULATION (EU)	Periodic verification of the data processing

		2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 concerning the protection of individuals with regard to the processing of personal data, as well as the free circulation of such data and which repeals Directive 95/46 / THERE IS (GDPR - General Data Protection Regulation)	manager.
	Presence of aids to facilitate the movement of non self-sufficient users	Adequate presence of aids	Checks by the Doctors in charge of the services
	No. of accidents occurred on No. of X100 users	0%	Adverse Event Record Cards
Work environments and sanitary conditions	Pulizia degli ambienti	1/2 times a day recorded periodic checks	Registers about Cleanup happened
	Materials and tools needed for rehabilitation treatments	Existing and registered in a special list	Annual (at least) check on the needs for additional tools under Management Review.
	Maintenance and / or testing of equipment and equipment	Equipment constantly maintained and / or checked as established in the appropriate "Maintenance Plan"	Annual (at least) check on good condition and maintenance.
Food Quality	Qualitatively and quantitatively unsuitable foods on the number of meals taken (monthly)	Negative evaluation $\leq 1\%$	Analysis satisfaction questionnaires
Taking charge of the user	Presence of medical records	Complete, updated and protected medical records	Check of the doctors in charge of the sample service
	Operators involved in the rehabilitation project	Presence of an integrated multidisciplinary team	Team meeting minutes
	Periodic meetings with the users' families to inform about the therapeutic progress.	All those required by current legislation and additional if necessary	Meeting minutes
	Periodic functional checks to the user	At the beginning, in the middle and at the end of the rehabilitation project and additional if necessary	Application of the rating scales appropriate to the service
	Effectiveness of rehabilitation treatments	Periodic monitoring through appropriate outcome indicators	Comparison of the results of the application of the assessment scales appropriate to the service



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Certificato del Sistema di Gestione per la Qualità **ISO 9001:2015**

Si dichiara che il sistema di gestione per la Qualità dell'Organizzazione:

ASSOHANDICAP O.N.L.U.S.

è conforme alla norma UNI EN ISO 9001:2015 per i seguenti prodotti/servizi:

Progettazione ed erogazione di servizi socio-sanitari e socio-assistenziali.
 Progettazione ed erogazione di servizi di riabilitazione per persone diversamente abili in regime domiciliare, ambulatoriale e semiresidenziale.
 Progettazione ed erogazione del servizio di residenzialità socio-sanitaria e socio-assistenziale temporanea per sollievo ai care givers rivolto a persone diversamente abili.

Chief Operating Officer
Giampiero Belcredi

Il mantenimento della certificazione è soggetto a sorveglianza annuale e subordinato al rispetto dei requisiti contrattuali di Kiwa Cermet Italia.

Il presente certificato è costituito da 1 pagina.

La data di rilascio di questo certificato corrisponde alla data di primo rilascio da parte di altro Ente accreditato.

ASSOHANDICAP O.N.L.U.S.

Sede Legale

- Via Pietro Nenni, 16 00047 Marino (RM) Italia

Sedi oggetto di certificazione

- Via Pietro Nenni, 16 00047 Marino (RM) Italia

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CERMET



SGQ N° 007A
SGA N° 010D
PRD N° 069B
FSM N° 004I
FRS N° 089C