

# **SERVICE CHARTER**

## **PSYCHIATRIC REHABILITATION STRUCTURE**

### **EXTENDED CARE**



**“VILLA MENDICINI”**  
**Via degli Olmi,55 - 00172 Roma**  
**[www.villamendicini.it](http://www.villamendicini.it)**

*Dear User,*

*we are pleased to present the Service Charter of the "Villa Mendicini" Clinic.*

*In it you will find:*

- *information that will be useful to get to know us and to better use our services;*
- *the needs of guests and users.*

*Our principal aim is offer qualified assistance through the professionalism of all those who work in our structure.*

*In thanking you for your active collaboration, consider our staff available for any information and every necessity.*

"Villa Mendicini" Direction

A circular stamp with a star in the center and text around the perimeter, overlaid with a handwritten signature in black ink.

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## **1.0 PRESENTATION**

### **1.0 Presentation of the "Villa Mendicini" Clinical activity**

The Residential Therapeutic - Rehabilitation "Mendicini" for intensive and extensive community treatments, has been operational since 1933 for the hospitalization of neurological and psychiatric pathologies and has an agreement with the Lazio Region, ASL RM 2 for 92 beds of which 62 beds RSA area, (20 beds maintenance; 10 beds intensive; 20 beds extensive; 12 beds extensive DCCG), 20 beds in SRTRi and 10 beds in SRTRe.

The psychiatric ward, as configured, has been active since January 2005 following the conversion requested by the regional health service, according to Determine D0128 of 21/01/2004.

Today, by virtue of Law 101/2010 and Regional Decree n°. U00209 of 2015, it assumes the role of a therapeutic rehabilitation residential.

The "Villa Mendicini" Clinic welcomes "frail" users and guests; all staff: Administrative, Psychiatric Doctors, Psychologists, Social Workers, Therapists, Professional Nurses, O.S.S. etc, each in the context of their specific function with well-defined tasks and responsibilities, operates taking into account the following values:

- Protection and promotion of human dignity;
- Constant orientation to the well-being and quality of life of patients, guests and staff;
- Respect and involvement of patients and guests;
- Permanent evaluation of the quality of the service and therefore continuous improvement.



## 1.2 HOW TO REACH THE "VILLA MENDICINI" CLINIC

The “Villa Mendicini” Clinic is located in the Alessandrino district, in via degli Olmi, 55, within the 5th municipal district, a street that connects Via Palmiro Togliatti with Via dei Fiori and Viale Alessandrino which links with Via Casilina about 1km away.

For those wishing to reach us by public transport we recommend:

### FROM TERMINI STATION

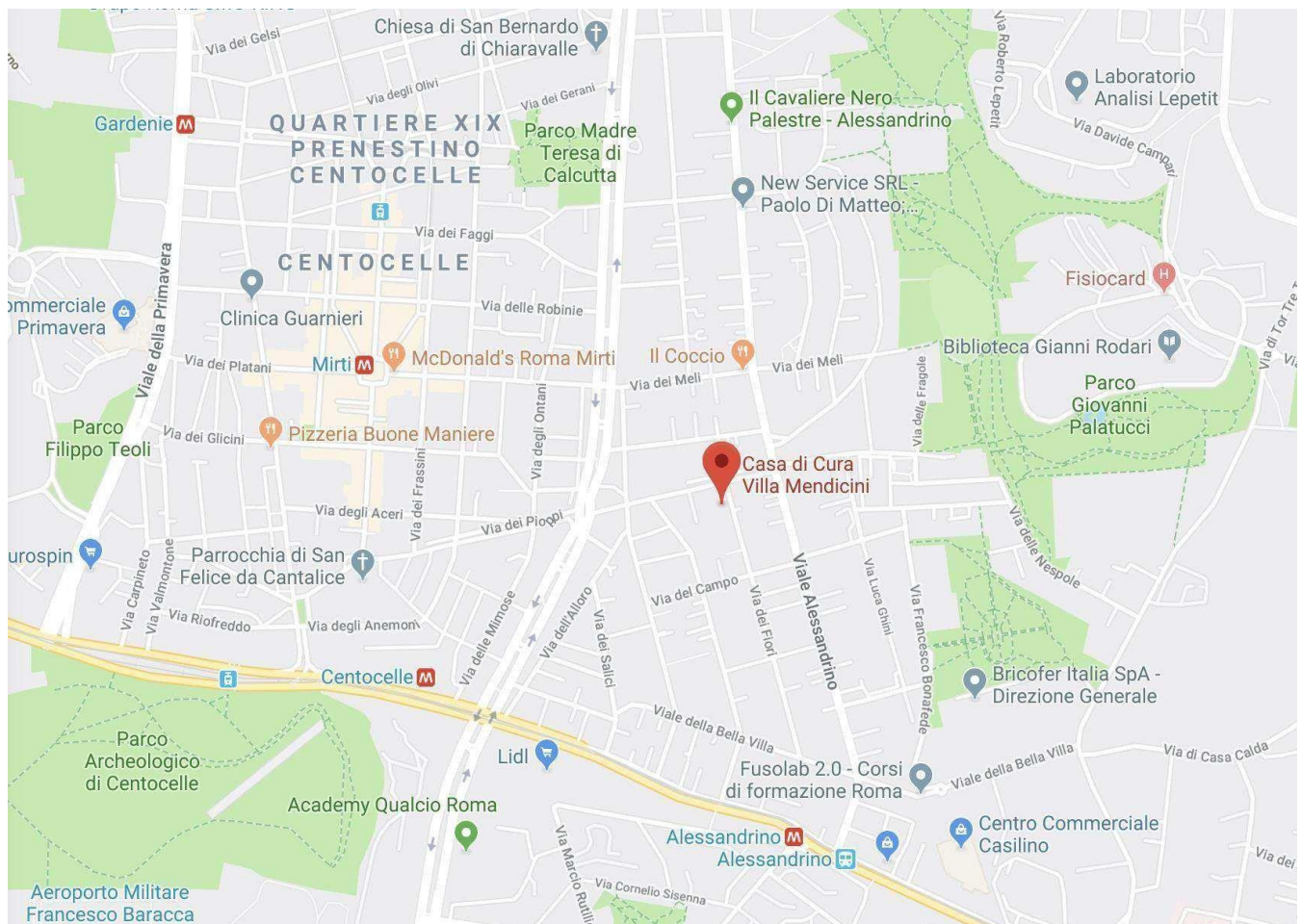
Bus line 105 direction “Celoni Caves”; get off at the “Centocelle” station (17th stop); take line 554 (11th stop);

### FROM CINECITTÀ SQUARE

Bus line 451 direction “Ponte Mammolo”; get off at the “Togliatti / Tulipani” stop; on foot about 200 meters;

### FROM METRO C STOP “PARCO DI CENTOCELLE”

Bus line 451 direction “Ponte Mammolo”; get off at the “Togliatti / Tulipani” stop; on foot about 200 meters, or about 500 meters on foot from the metro.



### 1.3 GENERAL PRINCIPLES

The key principle of "Villa Mendicini" Clinic is based is that of placing the needs of the patient / guest of structure.

All internal, structural, professional resources are aimed at solving the problems that the patient / guest is a carrier, inspired by the following fundamental principles:

- **equality:** the rules governing the relationships between users and staff guarantee equal treatment for all, respecting the dignity of the person or special needs, such as those of disability, without distinction of sex, race, nationality, religion, language, political opinions and social conditions;
- **fairness:** Our Clinic undertake to standardize his own behavior according to the principles of equity and
- **justice:** therefore, our team will avert any discrimination behavior;
- **efficiency and effectiveness:** The Clinic guarantee that the service is always disbursed with efficiency through the individualization and replacement of the non-appropriate resources; and with effectiveness through the activation of quality control. Indeed, the activity, the performance and the treatments disbursed are finalize to the effective resolution of health need, while evaluating the resources used to accomplish those performance.
- **consistency:** Health protection doesn't stop; services and performances are regular with no interruption. To the patient is guarantee the continuity of care within the limits of the service offered from the clinic and defined in the Service Card in correlation with the regional protocols.
- **participation:** of the patient must be always guarantee in order to protect the right of the correct service delivery to promote the collaboration with the operators. The patient has the rights of the information that concern him and that are in possess of the dispenser. The person can submit pleadings, documents and observation to improve the service.

### 1.4 WAYS OF PAYMENT

Is possible to do a payment of any sort of residential service to the administrative office, according to the modality below: cash limits required by law; bank check; bank transfer; credit cards.

### 1.5 NUMBERS, TIMES AND CONTACT DETAILS

At the residential structure there is a Concierge service active from 7.00 AM to 19.00 PM every day, connected to it there is a switchboard In according to that there is a 2-line contact center reachable at the 062307444.

The administration office is open, for the public, in the morning from Monday to Friday from 10:00 to 12:00 and in the afternoon from 15:00 to 17:00, and on Saturday from 9:30 to 12:30.

Our FAX service is available H24 at the 062307444.

### 1.6 MODALITY OF RELATION WITH OTHER FACILITY

The Psychiatric residential structure and the Nursing home, are facilities who provide specific health services within the care network as codified from the current legislation on the subject. In the SRTRi and in the SRTRe are put in place personalized therapeutic rehabilitation projects (PTRP) established by every specific Mental Health Center where patient/users are taken care of, and are structures in continuity of assistance with the health facilities (Hospitals, SPDC, GPs) of the Lazio region.

**SECOND PART**

**2.0 INFORMATION ABOUT THE FACILITY AND THE SERVICE**

**2.1 SERVICES AND TREATMENTS OFFERED**

The clinic carries out the activity below:

Integrated psychiatric rehabilitation projects  
Pathways of psychotherapy and psychology support  
Art Therapy and Expressive Rehabilitation  
Social reintegration  
Social welfare consultancy  
Medical-Legal Consultancy

**GENERAL SERVICE**

Laundry Bar  
Service Hair  
Hair salon  
Cosmetician  
Single room

**RELIGIOUS ASSISTANCE**

For users and patients of the Catholic faith, Holy Mass is celebrated on Saturday afternoon and on the days before holidays at 5.00 pm in the Chapel located near building "A". The chaplain is available to all patients, to contact him it is necessary to contact the administration.

The structure guarantees religious assistance to patients of other religious faith, provides spaces of prayer and allows access to the desired ministers of worship at the request of the patient.

**ATTENTION END OF LIFE**

At the structure there is the mortuary, with a funeral parlour, where it will be possible to gather in a moment of prayer.

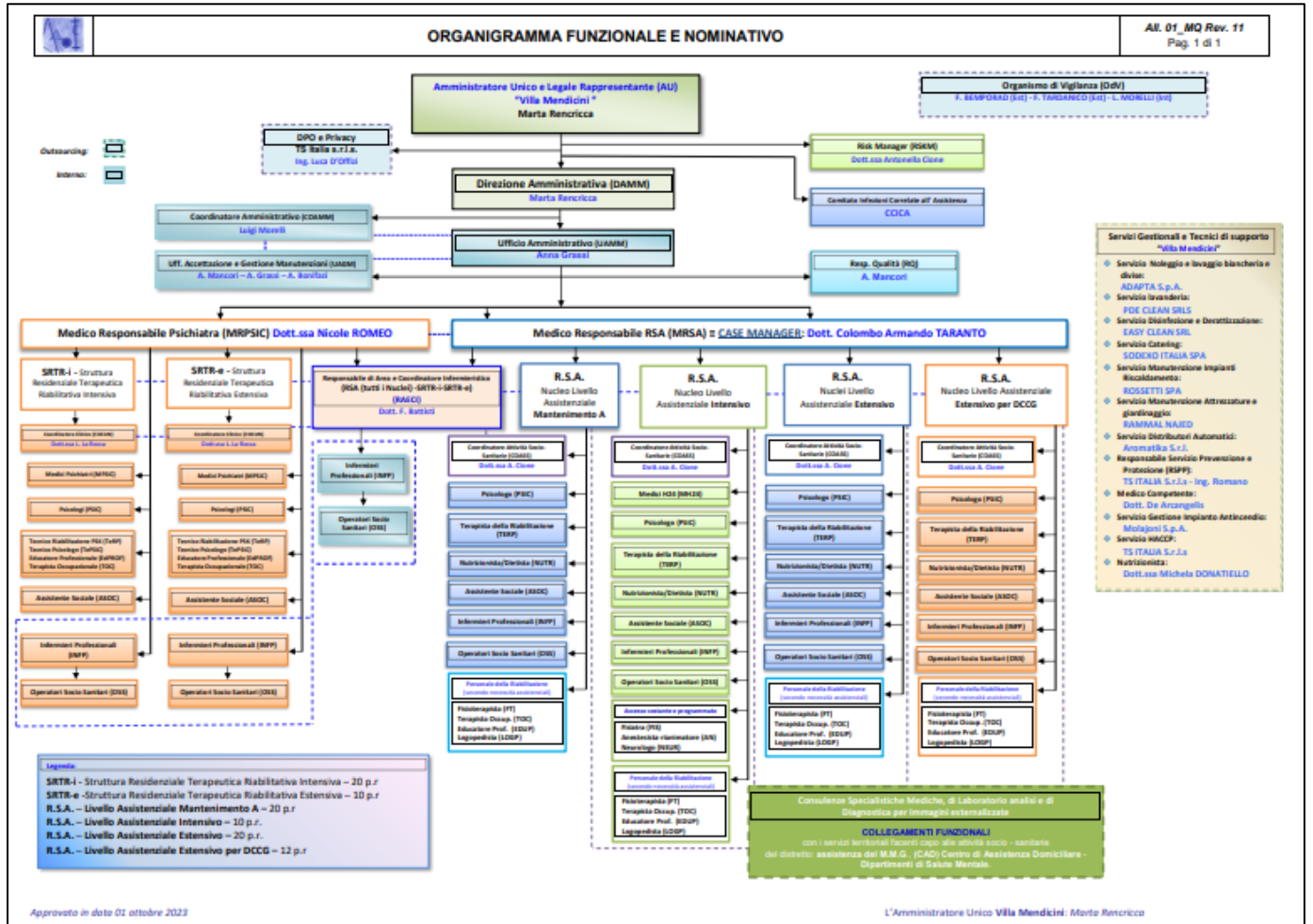
The internal chapel of the structure as well as being regularly officiated by the priests of the parish of San Giustino is also available, on request, for funeral services.

**SPECIALISTIC CONSULTANCY**

Any specialist consultations and clinical instrumental assessments that cannot be carried out within the structure are agreed with the relatives and / or family members and the cost is borne by the guest himself.

2.2 ORGANISATION

Here below is reported the clinic organization chart:



The "Villa Mendicini" Clinic provides the following services:

- Intensive therapeutic rehabilitation residency in 20 beds
- Extensive therapeutic rehabilitation residency in 10 beds

The Rehabilitation Therapeutic Residential Structure (SRTR) works in compliance with the Dgr. 101/2010 authorized and accredited for 30 p.b. including 10 extensive and 20 intensive.

The responsible physician is a psychiatric specialist.

The garrison is open and functioning 365 days a year 24 hours a day.



## 2.3 ADMISSION IN SRP - PSYCHIATRIC RESIDENTIAL STRUCTURE

### **Intensive:**

Hospitalization in the ward is possible under an agreement with the S.S.N. only in the presence of a “demanding” hospitalization base produced by a doctor of the C.S.M. (Mental Health Center) \ D.S.M. (Department of Mental Health) and have a duration of 30 days, extendable to a maximum of 90 days, an identity document and health card are required. Entries on the waiting list are the responsibility of the acceptance office.

### **Extensive:**

Hospitalization in the ward is possible under an agreement with the S.S.R. only in the presence of an evaluation base from the UVM (Multidisciplinary Evaluation Unit) produced by a medical team of the D.S.M. (Department of Mental Health) and have a maximum duration of 2 years, extendable up to 4 years.

An identity document, health card and UVM evaluation are required.

Entries on the waiting list are the responsibility of the DSM.

## 2.4 LAUNDRY SERVICE

There is a paid laundry service which users can use, alternatively it is requested that it be carried out by relatives at least 3 times a week.

## 2.5 CATERING SERVICE

The catering service is managed by the LA ROMANA company which follows the HACCP standards (Legislative Decree 26 May 1997, n.155. Implementation of directives 93/43 EEC and 96/3 EC concerning the hygiene of food products). Meals are served in the dining room for patients able to reach it, or in hospital rooms for those unable to do so.

## 2.6 VISITS TO GUESTS

In the **intensive ward** the visiting hours are: From Monday to Friday, from 11.00 to 12.00, Saturday and Sunday from 10.00 to 12.00; every afternoon from 16.00 to 18.00; by appointment.

In the **extensive ward** the visiting hours are: From Monday to Friday 11.00 to 12.00 and from 16.00 to 18.00; on Saturday and Sunday from 10.00 to 12.00; by appointment.

Patients can leave with the permit from the structure only during visiting hours and with medical authorization.

## 2.7 ACCESS, ADMISSION AND ENTRY INTO THE WARD

There is no vehicular access to the structure with exceptions for doctors and the handicapped, and any exceptions, due to clinical needs, authorized by the Doctor in Charge and/or by the administrative management.

The Access Procedure (extensively codified in the Quality Manual) in SRP both in the SRTRi and in the SRTRe regime consists of five distinct phases:

**First Contact**, Insertion, Pre-Acceptance, Acceptance, Entry into the Department. It begins with informing the patient and ends with taking charge.

In the First Contact, the future guest or whoever for him (family member, care giver, GP, local service operator) is informed about the Access Requirements Access Requirements:

- Authorization on SSN recipe book;
- UVM certification;
- Individualized Therapeutic Plan (ITP);
- Sheet for Pharmacological Prescription (SPF);
- Hematochemical analysis, performed no more than 30 days before the expected date of Access;
- Electrocardiogram reported, performed no more than 30 days before the expected date of Access,
- Medicines as prescribed by the care provider of the CSM, sufficient for at least 15 days of hospitalization.

In the Insertion we mean the registration of the future guest on the waiting list by the administrative staff.

The Pre-Acceptance is made up of two distinct and complementary parts:

- a) The Verification of Access Requirements. Its purpose is to verify the administrative and clinical compliance of the future guest with current regulations and with the regulations and rules of the structure. In the event that the Verification of the Access Requirements is not completed successfully, the Access Procedure is interrupted and the patient returned to the relevant local service in order to integrate the missing material. The medical staff on duty communicates the shortcomings orally or in writing to the local service of origin while the administrative staff can, if indicated, schedule a new appointment for the Pre-Acceptance.
- b) The Assessment of clinical suitability for admission. In the event that the Clinical Suitability Assessment does not give a positive judgment, the psychiatrist prepares the Certificate of unfitness for hospitalization, to which the First Assessment Form is attached, addressed to the treating team of the territorial service, to request a review of the Certification of Eligibility in the light of specific clinical and / or personal indicators. The patient is then sent back to the relevant local service and the appointment rescheduled.

The Acceptance is the process of collecting and recording the clinical elements essential to therapeutic planning and the acquisition of informed consent. It is the responsibility of the psychiatrist who performed the Pre-Acceptance and takes place immediately after the latter. The psychiatrist collects the patient's clinical and personal history, explores psychological, relational and functional problems, reconstructs the care network, performs a general and neurological examination, detects and reports documented internal pathologies, prescribes or confirms pharmacological therapy and program the therapeutic rehabilitation path in accordance with the ITP drawn up by the sending CSM.

Entry into the ward is the process of informing the patient on the rules and habits internal to the structure and the assessment of the patient's care needs. It is divided into two phases, Reception, information and verification and Evaluation of autonomy and reception, respectively the competence of the professional nurse and the occupational therapist and/or the psychiatric rehabilitation technician. A third phase, Risk Analysis, is activated if clinical risk factors are detected, in continuity with the Risk Management procedures

### THIRD PART

#### 3.0 QUALITY STANDARDS, COMMITMENTS AND PROGRAMS

Starting from the guest's experience, analyzing all the moments of his path during his stay in the structure, on the one hand, the relevant aspects for the perception of the quality of the services provided by the structure were identified and, on the other, the standards already achieved and those to be pursued through planned actions.

##### 3.1 AIMS FOR 2024

The "Villa Mendicini" Clinic considers it essential for the improvement of its organization to aim at the quality of the services provided.

The demands of an increasingly demanding and extended user, even in a geographical sense, require ours to adapt to the quality standards imposed, in fact, by the free competition of general dominion. Our goal is to be competitive by strengthening the commitment in the direction of greater efficiency in order to constantly improve all our activities. Only in this way will we be sure to offer, in a constantly evolving environment, services that always meet the user's expectations in order to increase their satisfaction and well-being.

GOALS	TIMES OF IMPLEMENTATION
<b>Strengthening the professional growth of internal resources through professional training courses</b>	<b>BY THE YEAR 2024</b>
<b>Maintenance of the current employment situation for 2018.</b>	<b>BY THE YEAR 2024</b>
<b>Review and continuation of the administration of the satisfaction questionnaire for family members and guardians of users</b>	<b>BY THE YEAR 2024</b>
<b>Maintain and / or improve the residual autonomy of individual Guests, structuring and / or strengthening the territorial support network (mental health services, municipal welfare services, bodies and associations with the aim of social and work reintegration</b>	<b>BY THE YEAR 2024</b>

##### 3.2 DIMISSIONS

From the moment in which the doctors inform the user of the date of discharge, he is invited to notify the family and/or caregiver and/or CSM, so that he can organize the return home and/or the transfer to another structure. At the time of discharge, the discharge form is delivered which contains all the information relating to hospitalization and an indication of any therapies to be carried out of the structure.

##### 3.3 OBTAINING HEALTH DOCUMENTATION

The Administration delivers a copy of the Clinical documentation, after completing the form and paying the contribution of € 50, exclusively to the Patient, his guardian or a person authorized by him by means of a written proxy. Delivery times are approximately four weeks from the time of the guest.

##### 3.4. COMPLAINTS AND/OR SUGGESTIONS

If the user and guest, for any reason, believe that he or she has not received adequate assistance, he is invited to fill in the report form in the service card. The Administrative Management undertakes to provide prompt reply from a constructive point of view. The same goes for any suggestions. The property undertakes to respond in writing within 15 days.

## PART FOUR

### 4.0 PROTECTION AND VERIFICATION MECHANISMS

#### 4.1. GUEST RIGHTS

- The guest or user has the right to receive treatment appropriate to their clinical needs to achieve the best state of well-being compatible with their health situation.
- The guest or user has the right to receive all the Medical and nursing assistance provided by the regional regulations and regulations in force.
- The guest and the user have the right to be treated in a structure that meets the accreditation standard with the NHS regarding the technological adequacy of the equipment, the professionalism of the assistance Staff and residential comfort.

#### 4.2. PUBLIC PROTECTION REGULATION

**ART.1** Guests or users may submit suggestions, observations, or complaints against acts or behaviors that deny or limit the usability of the assistance services, or damage one of their rights.

**ART.2** Guests and other subjects as identified by art.1 exercise their rights with:

- letter in plain paper, issued or sent directly to the administration signed;
- clear telephone signaling;
- interview with the Responsible Doctor or Responsible Psychiatrist.

**ART.3** Observations, oppositions, complaints or complaints must be presented in the manner indicated above.

**ART.4** The Administration accepts complaints, objections and observations submitted pursuant to art.1 of this regulation and proceeds to prepare and define the reports that can be easily resolved.

Rome, 12/02/2024

THE DOCTOR RESPONSIBLE SRTRi-SRTRe

Dott.ssa Nicole Romeo



THE SOLE DIRECTOR

Marta Rendicca

