



# “Villa Mendicini” Clinic Service Charter

## Service Charter

### Assisted Health Residence



### “VILLA MENDICINI”

Via degli Olmi, 55 - 00172 Roma  
[www.villamendicini.it](http://www.villamendicini.it)



## “Villa Mendicini” Clinic Service Charter

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Dear Lady, Dear Sir

We want to present you the Service charter of our assisted health residence Villa Mendicini Clinic

This brochure will provide you, in a simple and effective way, some essential information about functioning and organization of our residence.

We will also be grateful, if you would like to communicate us, any comments, ideas or proposals who can contribute the improvement of our Residence.

With this intention and commitment, we extend our cordial welcome

Administrator  
Marta Rea Ricca

Chief physician  
Dott. Colombo Taranto



# “Villa Mendicini” Clinic Service Charter

## Service Charter Aim

The Service Charter aim is to inform their users aware of the values, the organization and way of operating their professional resources and define and disclose the levels of provided and guaranteed service.

It also aims is to present the approach adopts to residents.

Environment molded on Guest, to recreate, without trauma, an environment as close as possible to the family one, where everyone can live in safety and serenity.

We guarantee individual dignity respect, safeguard this through quality services that can be monitored, placing the patient at the center of care.

The also aims Service Charter wants to be a communication tool between operators and Guest and their family.

The RSA - “Villa Mendicini” provides social and health services integration. Guarantees and ensures hotel, residential services and care personal services, within the same place that includes areas of personal and community life.

This dual socio-sanitary and residential nature, configures the RSA as a real community life of single people, who live together in the same environment to relate with each other.

All this implies a balance in which individual and collective needs combine life rules, autonomy areas, care procedures, assistance and paths of expressiveness and freedom.

The professional style of those working in the structure, is aimed at ensuring that the resident is the protagonist and is the team work center.

our attention is directed to individual and group needs and also health and life needs.

## Normative requirements.

The Health Services Charter is an instrument for the citizens-users protection; here their can find all information to best and easier use of service health offered by the “Villa Mendicini” Health Residence.

The Health Services Charter is formulated in compliance with specific legislation specially to art. 32 of Italian Constitution that protects health as a fundamental right of the individual. Also, for the community interest guarantees free care to the indigent.

## The reference values.

The primary aim is to respect the human person as a whole, guaranteeing, within the limits of available resources, a comfortable living environment and the possibility of care starting from the potential of each.

-Directive of ministers council President (January 27, 1994) "Principles of public services provision" - Official Gazette no. 43 of February 22, 1994;

-Directive of ministers council President (October 11, 1994) "Principles for the establishment and operation offices for public relations " - Official Gazette no. 261 of 8 November 1994;

-Law July 11, 1995 n. 273 “Adoption of service charters in all public service providers”

- Decree ministers council President (MAY 19, 1995) “health sector of the service charter Reference scheme”. supplement n. 65 of the Official Gazette (May 31, 1995);

- Guidelines health ministry n. 2/1995 “Service Charter Implementation in the National Health Service” - supplement n. 203 of the Official Gazette of 31 August 1995, general series n. 108;

- Decree of health ministry (February 15, 1996) "Approvation of indicators for the qualitative dimensions evaluation about personalization and humanization of assistance, the right to information, hotel services and activity prevention of illnesses"



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## INDIVIDUAL CENTRALITY

each individual is a heritage of peculiar qualities, developed through an unique life experience. The protection of human dignity and the Guest identification resource allows him to express, in a favorable context, the full realization of his potentiality. Care is paid to the our Guest quality life and their families through specific and personalized social and health care, building a human relationship with the Guest and his family.

## EQUALITY AND IMPARTIALITY

the Guest inviolable rights are recognized. The service must be provided in compliance with the principles and criteria of objectivity, justice and impartiality. Equal treatment is ensured and guaranteed to all Guests without distinction and no discrimination about sex, race, language, religion or political ideology.

## CONTINUITY

the organization guarantees the 24 hours continuity services (welfare and healthcare both)

## QUALITY OF SERVICES

the RSA organization is a humanity potential. The enhancement of each subject, both resident that operator, is the stimulus for everyone to take action to improve the quality in every single aspect that concerns Guest life in the residence (services, people, relationships, culture). The focus on quality is supported by evaluation tools and is based on principles quality recognized.

## PARTICIPATION

each critical observation is always evaluated as a contribution to service improvement. Is possible to collect reports of any inefficiencies or suggestions in specific module (Mod\_REC\_RSA).

## EFFICIENCY AND EFFECTIVENESS

each improvement search is aimed to increase efficiency, with a view that does not compromise the effectiveness of the service provided.

The Guest has the right to receive effective services,

To determ positive effects on health and efficient, and obtain top, with the best possible use of available resources

## MONITORING

the planning and management of processes and services is ensured through constant results monitoring

## TRANSPARENCY AND ACCESSIBILITY

provide to inform about quality constant improvement. The residence ensures Guests and their families at continuous update about new services and activities in the structure.

## PROFESSIONALITY

the residence guarantees professionalism and motivation high level of the staff, through continuous and certifaied training activities.

The approach to Guest

The Guest dignity is primary to protect, as little as possible, his physical and emotional personal environment. In this way the role of family members is also fundamental, that are agree with the health professionals act to protect the Guest.



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## **CONFIDENTIALITY AND PRIVACY**

There is a strong relationship between individual's activities and their environment. The people and Guest of a Nursing Home are influenced by the characteristics of the environment and adapt their behavior according to it.

By environment we don't mean only the walls and perimeter structure, but also the furniture, the colors, the light, the temperature and the spaces.

The way in which a person perceives his environment and reacts to it, depends on his history, on his perception and movement competence and obviously also on his current state. Rationalize the environment in a favorable way and give support to produce socialization.

The Chief physician is health functions responsible and Guests acceptance and discharge, through equipe with his collaborators takes care of clinical management, care and updating of the socio-health documentation (socio-health file) as required by the Lazio Region and the competent ASL; is supervisor of medical drugs, materials and equipment management, is responsible general hygiene, catering and is compliance to safety standards (requested and validated by the competent ASL) for Guests and operators supervisor;

Supervises to assistant and all medical intervention Guest needs (medical examination, prescription of drugs, any diagnostic tests); draw up to health documentation, compilation and maintenance of rehabilitation project, draft PAI and check clinical conditions Guest; collaborates with other professional figures in structures (nurses, rehabilitation therapist, assistance operator, social worker, psychologist and professional educator) to establish the most suitable intervention methods; collaborates with specialist branches consultants and with hospital colleagues, in case of hospitalization of the Guest.

Family members of patient and chief physician can contact each other, by appointment.

## **NURSE MANAGER**

The Manager Nurse coordinates and controls the nursing-auxiliary team, assists chief physician to visit Guests, supervises scrupulously

hygiene of all environments, controls the supply and distribution of drugs, looks after the correct management and storage the health devices and the equipment of the departments.

He proposes the shifts, ordinary workshift and overtime of nursing, auxiliary, rehabilitation therapists, health technicians, which he submits Chief Physician and to the Administrative Management signature.

Checks the presence of the external collaboration units assigned by the contractors and reports to the Administrative Department on them; supervises the discipline of all the personnel assigned, submitting any disciplinary measures for the personnel to the Chief Physician and the Management; collaborates in the drafting and implementation of diagnostic, therapeutic, rehabilitative and assistance project established in agreement with the Chief Physician; monitors the same compliance by the staff; with family physician he maintains relations to ensure timely drug coverage; follows the visit of the Chief Physician in emergency case. Is responsible to internal pharmacy and provides to load and unload, distribution and correct drug use on informatics system, updating on management

the Administrative Management.

It avails itself of the collaboration of administrative staff for the computerization of statistical data, consumption and interventions that it deems necessary for monitoring the assistance activities modification; is responsible for the correct use-integrity and safety of device and reports them to the Administrative Department.

## **PROFESSIONAL NURSES**

The Professional Nurse is responsible for managing of assistential and personal Guest needs.

They guarantee the correct and regular administration of the therapy and provides, in cases of low autonomy of Guess, to all practices concerning personal and medical care, promoting real health education projects.

They are central figure to guarantee continuous day and night nursing assistance.



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Nursing care is characterized by health surveillance and taking care of primary needs; for the treatment of bedsores; for continuous and direct assistance to critical guests.

### **Health Social Workers**

Basic care is entrusted to the social health care workers. The assistance activities directed to the Guests are: dressing; assisted bathroom; prevention of bedsores; incontinence management; help with nutrition and hydration.

These services are guaranteed on a continuous basis over 24 hours. Furthermore, the Social Healthcare Operators assist the nursing care activities, under their supervision. The organization is designed guarantee a continuous relationship between Guest and operator.

### **PSYCHOLOGIST**

The Clinic provides Guests and their families with a psychologist who intervenes in all situations in which personal conditions and relationships with others can be a source of discomfort

During the project activities, through dialogue, listening to emotions, knowledge of thoughts, the expression of the guest's wishes and fantasies, the Psychologist aims at overcoming situations that hinder the achievement of a state of psycho- emotional, ensuring a better quality of life.

### **Speech therapist**

the speech therapist carries out his / her activity in the prevention and rehabilitative treatment of speech and communication pathologies in developmental, adult and geriatric age. The speech therapist's activity is aimed at the education and re-education of all pathologies that cause disorders of the voice, speech, oral and written language and communication handicaps. With reference to the diagnosis and the doctor's prescription,

within the scope of his / her own competences, the speech therapist elaborates in a multidisciplinary team, the

speech therapy assessment aimed at identifying and overcoming the health needs of the disabled person, independently practices therapeutic activity for the functional re-education of the communication and cognitive disabilities, using speech therapy. Therapies to enable and rehabilitate communication and language, verbal and

non-verbal; carries out study and teaching activities in health services and in those where the professional skills are required.

### **PROFESSIONAL EDUCATOR**

The Professional Educator, in a team with other professional figures, develops individualized rehabilitation projects aimed at achieving the expected objectives.

It also provides the animation service which aims to improve the psychological, relational and affective condition of the elderly people housed; it contributes, with the commitment of all the operators, to restore greater meaning and serenity to the daily life of the elderly.

There are many entertainment activities: listening to music, individual and group singing, dancing, bingo, reading a newspaper in the text areas with large characters, puzzles, crosswords, targeted coloring of drawings, etc. which aim to make the guest experience pleasant and rewarding moments, to awaken interests and curiosity, to enhance their abilities.

The Professional Educator takes care of the recovery and reintegration of subjects with psycho-physical impairments, through educational and rehabilitative activities that stimulate affective-relational growth, encourage social relationship skills, promote socialization, communication, the expression of itself and its cultural heritage.



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## **SOCIAL WORKER**

The Social worker has the function of "receiving the public", on pre-established days and times, his aim is to offer information on the characteristics of the structure, on the requirements and methods of access, and on the type and characteristics of the services offered. In a dedicated room, the request for hospitalization is analyzed, trying to identify the most suitable service for the user (eg self-sufficient or not, temporary or permanent insertion, housing emergency, abuse / dependence, etc.) and possibly start the practice, if within its competence, otherwise by sending it to the service concerned.

In Villa Mendicini this activity is managed by appointment, compatibly with other service activities, always guaranteeing a space for listening and assessing the needs that emerged during the preliminary and non-preliminary interviews.

## **PHYSIOTHERAPIST**

Individual physiotherapy treatment is guaranteed from Monday to Saturday, in suitable spaces and with specific equipment. The physician and Physiotherapist in team carry out the evaluation of the Guest and setup the individual rehabilitation project.

The rehabilitation treatment is aimed at both neurological and orthopedic pathologies. An intervention is carried out to activate, reactivate and maintain the autonomy of simple and complex activities of daily life. The Physiotherapist carries out the interventions of prevention, treatment and rehabilitation independently, or in collaboration with other health professionals; elaborates, in a multidisciplinary team (consisting of the Chief Physician, the Executive Nurse and the Professional Educator), the rehabilitation program of the Guest, and verifies the compliance of the rehabilitation methodology following the objectives of functional recovery

## **DIETITIAN**

The Dietitian carries out all activities aimed at proper nutrition and supervises the educational aspects of food policies. Elaborates, formulates and implements the diets prescribed by physician and checks their acceptability by the Guest

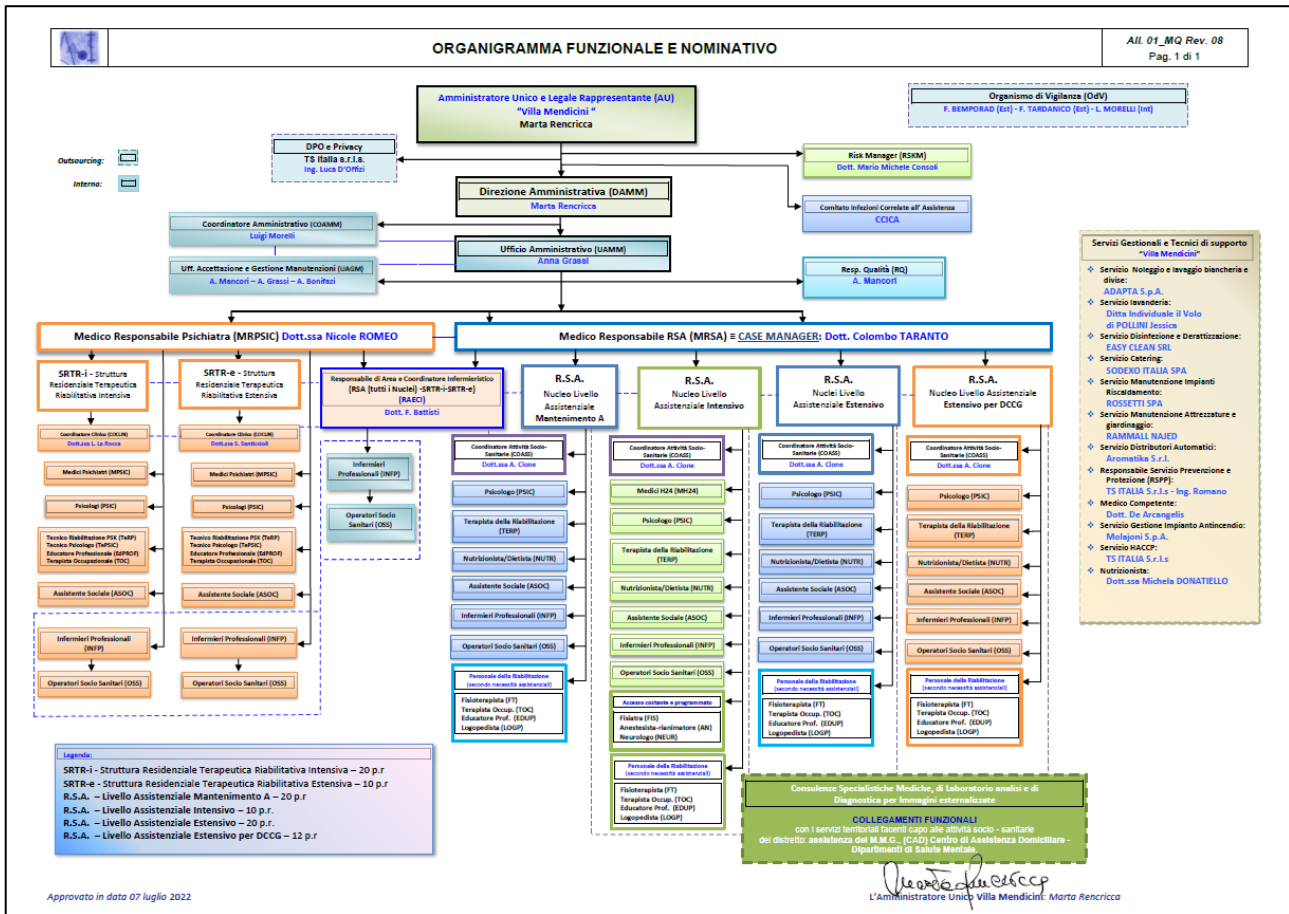
## **WHOM TO ASK**

which information	Whom to ask	Relate
Organizational and administrative aspects	Administrator	Sig. Luigi Morelli
Health guest aspects	Chief physician	Dott. Colombo Taranto
overall rating guest	Chief physician	Dott. Colombo Taranto



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## FUNCTIONAL ORGANIZATION CHARTER



## QUALITY SYSTEM

The quality, efficiency and effectiveness care, "in a humanizing climate oriented towards guest satisfaction", are the fundamental principles that inspire the Villa Mendicini Healthcare Residence.

Efficiency, effectiveness, safety, acceptability, satisfaction, ethics, appropriateness, timeliness, accessibility, are the concrete merits of the services offered by our organization which identifies in respect of the Guest, the fundamental component of clinical, care and administrative actions.

The main aim is the determination of continuous quality improvement, furthermore it also promotes the improvement of the interpersonal dimension, individual comfort, with good relationships between patient and operators.

The structure has always worked to promote, disseminate and support the quality culture. For this purpose its own Quality Management System was created in compliance with the legislation and corresponding to the national and regional requirements required for authorization and accreditation health structures.

## QUALITY POLICY

Villa Mendicini is committed to the continuous improvement of its Quality Management System through the attention paid to compliance with all the requirements and prescriptions established for the processes implemented.

To this end, it has established its own Quality policy, based on the objectives defined below and on the constant review of the system and of the resources assigned.





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The quality policy, defined by the company management, is as follows.

- provide assistance with regard to guest explicit and implicit needs, respecting his religious, cultural, sexual, political orientations, ensuring the user the possibility of religious assistance in respect of his faith;
- ensure users an ever better quality of service and assistance, respecting the needs, user and his family expectations, his disabilities and his residual recoverable abilities.
- provide the patient an appropriate health education to his needs
- pursue constant attention to operational tools and human resources;
- adopt models relevant to national and regional regulations, based on organizational managerial flexibility criteria through integration of different skills, resources sharing and the humanization and personalization of assistance;
- create training events that fully meet the user’s needs and ECM training events based on patient centrality, in full harmony with the indications of Health Ministry and in according with National Health Plan;
- guarantee the users and operators safety
- define its own aims to guarantee: access to services uniformity, good technical quality offered
- operators and user safety, professional development, user’s satisfaction and rights.
- monitor the results obtained and client satisfaction by appropriate statistical indices;
- comply with the requirements of the laws and regulations in force
- observe the provisions of the laws and regulations in force.

### User Information

Quality factors	Standard/Routine	Indicators
Clear information described at the reception in the structure	Upon admission, the family member, guest and guardian are provided with all information on ward activities	At each new entry, information is provided in writing
Possibility to lodge complaints, notes of observations or approval on the hospital stay	Facilitated and facilitated path for all observance	Presence in admission, at the warda of the relative forms
Response time to satisfaction ratings	Short times not exceeding 30 days	A Prompt response was given to each observation
Fact-finding survey	Annual program carried out in order to minitor the satisfaction/satisfaction index of each user	All guests receive the questionnaire

### Humanization

Quality factors	Standard/Routine	Indicators
At all times the person is respected and humanization is guaranteed	Procedure that guarantees compliance at all times while preserving confidentiality	Quality manual
Centrality of the guest, enhancing every intervention for critical care issues	Each resource has well-defined tasks to improve hospitalization	Quality manual



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Ensure delivery upon admission	Delivery to all admission and displayed on the company website	It is provided with each new entry
Keep the guest's care consideration high	Respect and privacy of the client	Communication between collaborators / multidisciplinary team
Individualized psychiatric rehabilitation treatment plan	Achievement of objectives taking into account the fragility of the client	Program highlighted in clinical documentation
Social service to the person to enhance their integrity	Assumption of responsibility on institutional processes to guarantee the guest	Evidence on expected results
Ensure humanization in the event of death	Respect and confidentiality of the sick and their loved ones in the last moments of life	Business operating procedure
Guest/ family relationship	Extended visiting hours	Timetables displayed in a visible way

### Personal assistance and hotel comfort

Quality factor	Standard/Routine	indicators
Regular medical assistance, adequate emergency response	Round-the-clock medical coverage	Medical planning
Quality assistance	Continuous training of health personnel	Verification of refresher courses
Multidisciplinary health care	Verification and revision of the PAI every six months	N° - annual reviews, N°- copiled projects
Healthcare activities	Daily/weekly activity program	N° guests participating expected results
Cleaning and sanitizing of environments	Daily activity and process verification	Compliance with operating procedures
Evaluations and nutritional screening at the entrance to the facility	Periodic checks, body weight monitoring, food quality	Feedback with guests and operating procedures



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## THE STRUCTURE

The Complex Residential facility consists of four departments, operating 365 days a year, 24 hours a day as described below: The 20-bed RSA, located on a first floor, inside there are single, double and triple rooms the furnishings consist of an articulated bed with bedside table and a personal wardrobe, table and chair, each with a bathroom interior for the exclusive use of the Guest, equipped with all the necessary supports.

The R1 ward with high-intensity care at a performance level of ten beds, aimed at the treatment of patients suffering from a vegetative state, states of minimal consciousness, ALS or other neurodegenerative syndromes in an advanced stage, with the need for respiratory assistance, tracheostomy carriers, nutrition artificial (enteral or parenteral), with total dependence on nutrition, in the phase of clinical stabilisation, which cannot be

assisted at home. The rooms with all the comforts and services are single and with two beds, monitored and articulated, equipped with anti-decubitus mattress. Department for Extensive Treatment D.C.C.G. Intended for people suffering from Alzheimer's syndrome or other forms of dementia with the need for high health protection, in the phases in which the pathologies are associated with behavioural and / or affectivity disorders with the need for treatments aimed at reorientation and personal protection, favoured by a protected

environmental and organisation. All double rooms have all comforts. Department for Extensive and Extensive

treatment D.C.C.G. Intended for non self- sufficient people, with the need for high health protection, the main objective of the course is the identification and administration of temporary care in order to guarantee the

improvement of clinical assistance conditions and the quality of life while waiting for access to new form of treatment (maintenance). Each department has a room for the medicines and aids of each User; a small gym and a room for group activities; one kitchen; a bathroom for visitors and one for staff; a common area equipped with a television and finally the room where self- sufficient guests can have their meals.

## ENTRANCE IN STRUCTURE

Entering the RSA is one of the most challenging events that a person can experience in his life.

it represents an involvement of the whole person, in every guest's component and system, as well as of his family.

it is to be a totally engaging event, however culturally it is seen as one of the negative events. For these main reasons, the Guest's entry and the first days in the structure are punctuated by important moments of joint analysis and evaluation in the team with family members

## DOCUMENTS REQUIRED

Upon entry, the following documents are required:

- self-certification of address residence
- valid identity document;
- certification of the tax code;
- booklet for the assignment of the general practitioner;
- any exemption certificate;



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- recent health records (hospital admissions, examinations, rx, etc. that date back to a maximum of 12 previous months);
- any medical devices in use must be delivered upon entering in structure, complete with relevant documentation if issued by the ASL.

The documentation is essential for team to start a correct take-over of the Guest from both an administrative and health-care point of view.

### **INFORMED CONSENT**

Informed Consent is the consent that the patient expresses to medical treatment, freely and not mediated by family members, after being informed about the methods of execution, benefits, side effects, reasonably foreseeable risks and the existence of valid therapeutic alternatives. The patient can express the refusal to the treatment itself (with dissent to the treatment).

Information is an essential part of the therapeutic project.

In the event that the patient is incapable of understanding and willing, the expression of consent must be sought, after valid information, from the delegate persons such as the Support Administrator, Guardian or whoever has legal representation.

In the absence of such reference figures, the information and the collection of Informed Consent will be given by signatories from family members who will sign and activate the appointing path for the Support Administrator.

The concept defined by the "state of necessity" (Article 54 of the Criminal Code) remains valid, which authorizes medical treatment without obtaining Informed Consent, if there is the danger of serious and imminent damage to the health and life of the Guest.

The Informed Consent must be subsequent to the information, which must have the following characteristics: complete, comprehensive, understandable, updated, free from conflicts of interest.

The consent to the treatment of health data and treatment is collected at the Guest entrance in structure, by the physician, after exhaustive and clear information relating to the rules that regulate the RSA functioning and the services provided, the treatments and medical procedures / assistance implemented.

Specific Informed Consents are provided for specific care or assistance activities, which can be adopted after prior information, according to the operating methods described.

The physician, however, if the patient is unable to express his will, despite the complexity and delicacy of the matter, is required to identify a path that is more suitable for his fragility condition.

Therefore, RSA typically proceeds as follows:

1. informs the family through the social assistance service inside the Structure, on the different choices of Legal Protection; so that the most appropriate to guest's needs and requirements can be privileged for the realization of their individual project, indicating to the family the competent Legal Protection Office for the area to which they can contact;
2. If the fragility conditions of the Guest do not guarantee an adequate level of protection and in the absence of initiative on the part of the family, the structure informs the Legal Protection Office competent for the area in order to implement, and inform family members for the most appropriate institutional paths.

In the informative to the Legal Protection Office, it must be indicated that the legal protection tools required by current legislation, it will proceed to suitable treatments

3. if the conditions Guest fragility the structure will report to the Public Prosecutor or appeal to the guardianship judge in the manner indicated by current legislation, continuing to ensure Guest necessary treatments



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## THE WELCOME

By reception in the ward we mean the procedure between the closure Acceptance phase and the beginning of the multidisciplinary evaluation activity. The ward access procedure aims to inform the patient about the structures internal rules and habits to facility and assess his personal care needs.

It is divided into two phases:

the first reception, information, verification (under the responsibility of nurse) and

the second evaluation of autonomy (under the responsibility of professional educator)

A third phase, risk analysis, is activated if clinical risk factors are detected, in continuity with the risk management procedures (PG\_RISC Ed.01 Rev.00 Procedures for clinical risk management).

- a) Reception, information and verification. The professional nurse, at the time of entry, informs the Guest about the hotel aspects.
  1. accompany the guest to his room
  2. if necessary, help him to settle in the bed
  3. introduce him to the other guests and roommate by encouraging socialization
  4. introduce the operational figures of the structure to the new guest;
  5. present the furnishings room and provide advice regarding their use, the arrangement of objects and linen
  6. illustrate the use of the call systems and other services present at the head of the bed
  7. provide information on the organization and services of structure, such as, for example:
    - a) identification methods of operators (meaning of the different uniforms, identification plates)
    - b) times with which staff shifts take place
    - c) times of meals, wake-up calls, visits
    - d) location of the living room
  8. evaluate and note the degree of understanding and orientation
  9. observe and note the degree of acceptance of guests from an individual and collective point of view
  10. Present to guest the program of planned activities.

The operations above described are performed with the family member / support administrator / guardian after placing the Guest in bed. At the end, the patient is accompanied to his bed, assesses the general conditions, takes over the drugs and medical device, identifies the care needs and disabilities and draw up the interventions plans with the social health operator help.

The findings and interventions are reported in the Nursing Record (mod. Cart.Inf\_RSA).

The nurse therefore takes care of selecting the most appropriate food for the patient and general conditions, in full respect of his personal needs, his creed and culture.

- b) Evaluation of autonomy.

The Professional Educator evaluates self-sufficiency through an interview and reports the results on the daily activity performance sheet (mod. TESTMPI\_RSA). It is the task of the Educator to complete the welcome by informing the guest about the clinical, self-management and recreational activities in place at the time of admission, in terms of times and methods.

## INSERTION AND FIRST DAYS IN STRUCTURE

During the first period, the care team takes care of new Guest insertion, takes care to introduce him to the other residents, paying particular attention to the early stages of socialization to facilitate this.

in the early days, the guest and his family gradually get to know the new reality and its organization,



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to understand the times and the people of reference.

Guest gradually acquires habits and times probably different from those he previously had.

At this stage, the family presence is essential to help the guest in this important moment of transition with greater serenity

In the days following the entrance, the multidisciplinary team observes the guest, then bringing their considerations back to the meeting, to grasp the state of mind, the adaptation ability, any incompatibilities or conflicts with other residents and / or operators

## **THE STAY IN THE STRUCTURE**

Each Guest has the right to be able to identify the staff who provide assistance: all operators are equipped with an identification tag which specifies their name and profession.

In the Structure, the standards of time per Guest are guaranteed, as required by the current legislation of the Lazio Region.

## **INDIVIDUAL CARE PLAN (IN ITALIAN PAI)**

The RSA Villa Mendicini team determines, for the guest, a specific planning path which, in the first analysis, from the moment of entry into the structure, takes the form of a period of observation of each skill, residual capacity, functional and social sphere and cognitive level.

Following this, each professional of the multidisciplinary team expresses, in a specific meeting for the implementation of the individual assistance plan; their technical reflections, the evaluation tests carried out in the project intervention areas, on which it is possible to intervene to maintenance of every residual capacity or improvement that.

if the psycho-physical conditions allow it, the PAI is illustrated to the family guest too.

All professionals are called to formalize the personalized project.

This project also consists of elements that identify operational aims that are measured over time, with specific indicators, by each professional.

Each activity Guest will be a framework of PAI.

On the data emerged within 7 days of reception, the first PAI begins to be set, which concretely defines the planning of interventions. Family members, from Informed Consent, sharing the care project and are always informed and involved about this.

The PAI is reassessed with fixed, six-monthly deadlines, unless significant changes occur from a cognitive and functional point of view that lead the team to an early assessment.

The PAI is therefore created thanks to the close cooperation with the patient and his family and can be consulted both in its drafting and in the general trend in compliance with the Rehabilitation Therapeutic Project.

Once the PAI has been drawn up, periodic meetings are held between the care staff and patient to pay every possible attention to any improvement, any aggravation or guest discomfort.

The operational plan is monitored by a person formally in charge, who tasks of supervising the implementation dates of the individual PAI of each guest, carrying out control actions by noting every project development on PAI.

Each ward nurse has an equal number of guests and their modules to handle.

## **Individual rehabilitation project**

The individual rehabilitation project is defined as the set of propositions, developed by the multidisciplinary team, coordinated by the doctor in charge (usually a geriatrician or neuropsychiatrist). • indicates the professional responsible for the project itself; • takes overall account of needs, disabilities and above all



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residual and recoverable abilities, as well as environmental, contextual and personal factors; • defines the desired outcomes, expectations and priorities of the patient and the treating team;

- must demonstrate the awareness and understanding, on the part of the entire rehabilitation team, of the patient's set of problems, including aspects that are not subject to specific interventions, and as a rule may not provide for a quantification of the above aspects, but gives a description, in qualitative and general terms;
- defines the role of the rehabilitation team, made up of adequately trained personnel, with respect to the actions to be taken to achieve the desired outcomes;
- defines, in general terms, the short, medium and long-term objectives, the expected times, the actions and the conditions necessary to achieve the desired outcomes;
- is communicated in an understandable and appropriate way to the patient and his family;
  
- is communicated to all operators involved in the project itself;
- constitutes the reference for each intervention carried out by the multidisciplinary team.

The doctor of the multidisciplinary team, in agreement with the same team, ensures a constant flow of information from and with the family doctor, with the family unit, and with all the structures involved in the rehabilitation process, primarily with the ASL of the District. The individual rehabilitation project must be modified, adapted and communicated again to the patient and to the operators, if there is a substantial change in the elements on the basis of which it was developed (needs, preferences, impairments, residual abilities-

disabilities, environmental and resource limits, expectations, priorities) also in relation to the times, actions or conditions previously defined. The individual project is always a product of team work whose members share, due to their skills, the responsibilities deriving from it. Within the team it is possible to identify a "case manager", who has the task of facilitating the internal and external actions and communications of the team, assisting the responsible coordinator.

**The organization of the day** and activities is designed considering the specific needs of each Guest, to respect his needs and timing.

### MORNING

The day for the Guest begins with awakening, followed by personal hygiene as established by internal protocols with scheduled shower and for those who need treatment for pressure sores; followed by breakfast, served in the dining room lunch or, for Guests who need it, in their own room with relative help, at the same time as the therapy to facilitate its intake

Thereafter starting physiotherapy activities, nursing treatments, medical examinations, meetings with the psychologist, socialization and dialogue activities. The staff in charge tidying up and cleaning the rooms, the beds and changing the linen. Lunch is then served; at the end of which, who wish, can retire to their room for the afternoon rest.

### AFTERNOON

During the afternoon shift, diapers are replaced for those who use them.

In mid-afternoon a snack is served, after which it is possible to stay in the internal or external common areas and participate to occupational therapy or psychomotor therapy activities conducted by professional staff.

### EVENING

Dinner is served after 5.30pm. It is preferable to start first with easy chews, gel water, etc., then the normal food. Assistance and supervision at meals are very important, especially to support those who have serious swallowing difficulties.

After dinner, the preparation for the night's rest begins. After dinner, guests can stay in the common room to watch television, or spend quiet moments of conversation, while if guest want to go to his room, the staff



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in charge will help him/her by making bed arrangements for the night.

## SUPPLY OF AIDS

The provision of prostheses and aids is guaranteed to those entitled by the ASL to which they belong. The rehabilitation service and the medical team, in agreement with the ASL specialist, choose the appropriate aid and prepare the necessary act to be delivered to their own district.

However, the Residence has a sufficient aids and wheelchairs for occasional use by Guests and offers furnishings and equipment suitable for people with limited self-sufficiency as required by the accreditation legislation: orthopedic beds, mattresses and pillows (anti-decubitus pillows ), walkers, comfortable, aids for lifting the person.

## SUPPLY OF DRUGS AND AIDS

Medicines and aids to be administered to Guests are prescribed by their General Practitioner and by the physician structures in plain paper (if not loanable).

The structure provides a service for drugs and aids supply if Guests or his guarantors do not express the will to provide personally for them.

## CATERING SERVICE

The catering service is entrusted to an external supplier, the company "La Romana", which follows the HACCP standards (Legislative Decree 26 May 1997, n.155. Implementation of the 93/43 EEC and 96/3 EC directives concerning hygiene of food products).

Meals are served in the dining room, for patients able to reach it, or directly in the room for those unable to do so.

The menus are prepared by a dietician, respecting the prevailing eating habits of the users, and allow guests to choose from both normal and dietary regimes. The menus are displayed in such a way as to be clearly visible to residents and his relatives.

Direct assistance during meals, for guests who need it, is guaranteed by the staff of the nucleus. The assistance staff provides for the distribution of meals, paying particular attention to any prescriptions from the doctor or dietician. In the event that the Guest is not able to do so independently, the staff directly takes care of their nutrition. The staff also takes care of ensuring proper hydration, stimulating guests to take fluids regularly.

## TYPICAL MENU

Breakfast: milk, barley coffee or tea; biscuits or rusks.

Morning hydration: tea or water gel for dysphagia.

Lunch: first course of the day, second course of the day, side dish and fresh fruit.

Snack: tea or water gel for dysphagia.

Dinner: first course of the day, second course of the day, side dish and fresh or cooked fruit.

In relation to prescriptions PAI, specific diets are available if requested with documented certification such as that for diabetics, for dyslipidemics and for Guests with food intolerances.

## ENVIRONMENTAL SANITATION SERVICE

The internal rooms cleaning, as well as the external cleaning and living spaces cleaning, are guaranteed by the staff.

## RELIGIOUS ASSISTANCE

For guests and their Catholic family members, Holy Mass is celebrated on Saturday afternoon and on the days before holidays at 4.30 pm in the chapel located near building "A". The chaplain is available to all patients, to





## “Villa Mendicini” Clinic Service Charter

contact him it is necessary to contact the administration. The structure guarantees religious assistance to patients of other faiths and provides prayer spaces allowing access to the religion ministers of Guest.

### PODIATRY SERVICE

The fee does not include the podiatry service, therefore family members can request it from the administration.

### HAIRDRESSER SERVICE

The fee does not include the hairdresser service, therefore family members can request it from the administration.

### LAUNDRY SERVICE

There is a paid laundry service, alternatively relatives are asked to wash and replenish clean changes at least three times a week.

### ATTENTION END OF LIFE

At the structure there is the mortuary, with a "painful" room, where it is possible to gather after mourning. In structure there is the mortuary, with a "painful" room, where it is possible to gather after mourning. The internal chapel is available to the religious function by priests of San Giustino parish, but it is also available, on request, for funerals.

We try to notify family members in time if the conditions of the Guest become critical. In any case, the death is immediately reported to the family by the doctor or the staff on duty. The body is composed in the mortuary of the residence.

The choice of the funeral home and the procedures activation required, are by family members or guest administrator.

All the guest's personal belongings will be collected by a person in charge possibly within 48 hours. The clinic administration will carry out the necessary paperwork and return any original documents.

### VISITING HOURS

Family members, friends and other visitors can meet the Guests every day from 10.00 to 12.00 and from 16.00 to 18.00.

Family members and friends represent a fundamental resource for the well-being of Guests and their presence is encouraged and stimulated. Family and friends cannot participate in group activities. It is essential that the behavior of each visitor is always correct and respectful towards others so that it does not disturb the Guests and the performance of the operators' work. Out of respect for privacy, visitors are invited to temporarily leave the rooms while assisting guests.

### TRANSFER

Family members can independently organize the transport.

The clinic administration is available to support family members in the booking phase. The costs of transfers to and from the Residence, requested by Guests and his family members for specialistic visits, instrumental investigations or scheduled hospital admissions, are charged to the Guest.

The presence of a family member is recommended for each transfer. Please note that, in emergency case that cannot be managed in the Residence, the Guests transport to the competent hospitals is 118 service free guaranteed.

Patients can leave the clinic only with medical authorization.

There is no vehicular access to the structure with exceptions for doctors and people with disabilities.

### TRANSFERS AND OUTINGS

In order to combine the need to ensure assistential continuity and that of fulfilling the purpose of social



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reintegration without compromising the welfare organization, for the Guests of the Residence, is possible to suspend hospitality in the structure without the loss of place in the following cases:

- hospitalization for acute event or planned intervention for a period equal to or less than 10 days (this event is repeatable throughout the year without limitations. The entails for the period concerned the recognition the remuneration to the structure will be only for the share of participation in charge of the Guest
- daily hourly permits of less than 6 hours (compatibly with the clinical conditions of the Guest and subject to the authorization of the facility doctor. This event can be repeated throughout the year without limitations and does not involve changes of daily remuneration
- temporary returns to the family or holiday periods organized for a period equal to or less than 10 days a month (compatibly with the clinical conditions of the Guest and with the prior authorization of the clinic physician).
- For hospital stays longer than 10 days, the Guest may be administratively discharged from the structure which is authorized to accommodate a new patient in the vacated place. The Guest, once resigned from the hospital, may be readmitted to clinic, if continuing the clinical assistance conditions compatible with the regime residential and subject to authorization by the ASL.

### CORRESPONDENCE

Guests wishing to send correspondence can send it through the staff or directly to the administration. The cost of postage is borne by the Guest/family or administrator. The incoming correspondence will be delivered to the Guests through the administration staff.

### FEES

The fees payable by the Guest are established by DGR 790 of 20 December 2016, which sets the new criteria and the new modalities of municipal sharing in the membership fee of patients staying in the R.S.A. and rehabilitation facilities for maintenance in residential and semi-residential systems, accredited with the Regional Health System.

### OTHERS

Medical services and hospitalization are provided exclusively to those in possession of residence in one of the municipalities of the Lazio Region. The hospitalization takes place through the Home Assistance Centers (CAD) of the ASLs to which the users belong. The Regional Health Service (SSR) always intervenes for 50% of the user fee, the remaining 50% is borne by the Guest who can, however, benefit from the intervention of the Municipality of residence in the presence of particular characteristics of their income. In order to benefit from these concessions and therefore calculate the participation fee, it is necessary to present the ISEE certificate for the current year: if the total income is not greater than € 20,000.00, you are entitled to the municipal subsidy, in whole or in part, for the user quota.

### SERVICES INCLUDED

The stay in the Residence includes:

- hotel services (breakfast, lunch, snack and dinner, personalized diets and feeding aid);
- cleaning, environmental sanitation and flat laundry service;
- comfort in each room (private toilet, adjustable heating, air conditioning);
- assistance and health services (medical assistance, nursing assistance, socio-health assistance to the person, physiotherapy assistance, psychological assistance)

### CLINIC DISCHARGE

Discharge can take place, as the guest voluntarily decides (mod. DIM Rev. 00) to leave the structure or because the health conditions have worsened and therefore requires different assistance.

Discharge is agreed with the reference CAD and with the guest's general practitioner. On their address he will



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be re-evaluated by the Territorial Evaluation Unit (UVT), and he will be assigned a different health location. At the time of discharge from the clinic, but also subsequently, a copy of the health documentation (medical record) can be requested from the clinic administration. This will be issued within 20 days from the date of submission of the request.

## COMPLAINTS, REPORTS AND APPRECIATIONS

The possibility of formulating observations and making suggestions is a basic and essential element of the protection of citizens' rights, also in order to constantly improve the performance and quality of the services offered. A form for the collection of complaints, reports and appreciations is available at the RSA lobby. The Management reviews it and provides an answer within 20 days.

## NUMBERS, HOURS AND CONTACT DETAILS FOR OFFICES

A Concierge service is in operation at the residential structure, active from 7.00 to 19.00 every day, connected to it is a 2-line switchboard that can be reached at 062307444.

The administration is open from Monday to Friday from 09.30 to 13.00 and from 15.00 to 18.00 and on Saturdays from 09.30 to 12.30.

mail: [clinic.mendicini@tiscali.it](mailto:clinic.mendicini@tiscali.it)

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## HOW TO REACH US

The "Villa Mendicini" Clinic is located in the Alessandrino district, in via degli Olmi, 55, within the 5th municipal district. 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.

## QUALITY GUARANTEES

Villa Mendicini RSA is certified in its Quality Management System UNI EN ISO 9001. Inside the structure there is a Quality Management Contact with the task of supervising the process map.

## USEFUL INFORMATION

### Legal Protection

In legal terms, starting from the majority age, a person becomes able to independently exercise their rights and protect their property and personal interests. However, not everyone is able to achieve this autonomy and many lose it in the course of their life. For these people, the legislator introduced the institution of legal protection with Law 6/2004.

The institute provides for the appointment of a Support Administrator (usually identified in a family member) who works alongside the frail person by supporting them in decisions concerning health and assets, mainly safeguarding their interests. The procedure for the appointment of the Support Administrator does not



## “Villa Mendicini” Clinic Service Charter

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require the assistance of a lawyer (as is the case guardian assignment) and is free.

### Protection of personal data

The G.R.O. s.r.l. guarantees that the processing of the personal information of its guests and their accompanists takes place in compliance with the European regulation on the protection of personal data (GDPR 679/2016) and the fundamental principles enshrined therein. The Company will process the personal and sensitive data of the interested parties exclusively to manage, from an administrative point of view, relations with the guests, for the collection of any social contribution paid by the Municipality (and / or any health contribution paid by the Region), and for patient care. For these purposes, the Data Controller will communicate the guest's personal information to the residence's assistance staff (each within the scope of their duties).