



ISTITUTO
SANTA CHIARA
ROMA

PRESIDIO DI RIABILITAZIONE FUNZIONALE

SERVICE CHARTER

AMBULATORY CENTER AND HOME REHABILITATION
TREATMENTS

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Introduction

The Service Charter is the tool through which “Istituto Santa Chiara Roma s.r.l.” informs users about its organization.

Its purpose is to illustrate our Facility, to help citizens get to know us and to make our Services more understandable and accessible, as well as to clarify duties and rights.

The Service Charter stands as a testimony to our corporate mission and vision. It reflects an approach in which the patient’s biopsychosocial values take on tangible meaning, recreating an environment as close as possible to a family setting, placing the Person at the center of our care. This document therefore represents the Institute’s specific commitment to increasingly efficient, attentive, and sensitive management towards the user; it provides complete information on the services offered, on access procedures, on the use of services and the providing facility, on the quality standards adopted, and on the forms of protection, such as the filing of complaints for the protection of users’ rights.

The Service Charter is a dynamic document, ready to be updated based on the results emerging from periodic satisfaction assessments, obtained through questionnaires that collect users’ evaluations of the perceived quality of the service offered.

To make reading easier and support understanding of the contents of this document, uncommon terms or those that belong more specifically to the healthcare or logistical field are clarified within the text of each paragraph in a clearer and more accessible way.

The contents of this document are fully available on the website www.istitutosantachiara.it.

Inspirational principles

The fundamental principles of the Charter are:

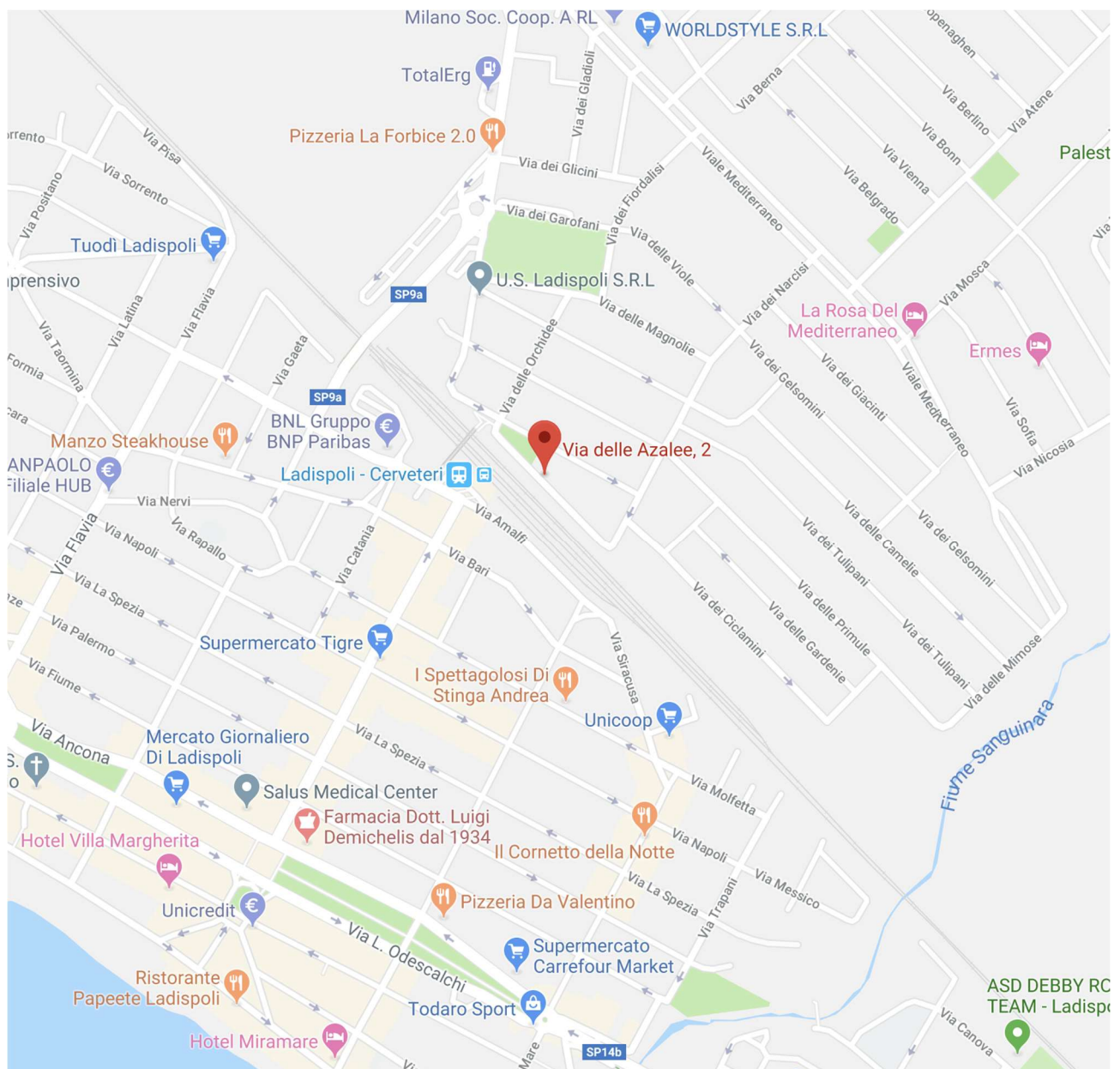
- *equality of rights and equality of users: the rules governing the relationship between users and public services, and access to them, must be the same for everyone; any unjustified discrimination based on sex, race, language, religion, or political opinions is strictly prohibited;*
- *equal treatment among different categories or groups of users: behaviour toward the user must be inspired by criteria of objectivity and fairness;*
- *continuity and regularity of the services provided with freedom to choose the professional: the service will be guaranteed without interruption, in compliance with national and regional regulations;*
- *objectivity, fairness, and impartiality in treatment;*
- *right of citizens to participate and respect for privacy;*
- *participation: the Facility guarantees proper service delivery, the right to access information, the right to submit observations, suggestions, statements, documents, and the right to express an evaluation of the service received;*
- *efficiency and effectiveness: regarding the satisfaction of needs through optimal use of available resources.*

The location

The Outpatient Rehabilitation Center and Home Rehabilitation Treatments is located in Ladispoli (RM) – 00055 – at Via delle Azalee No. 2.

The Center is situated just a few steps from the seaside, in a residential area that is part of the Metropolitan City of Rome Capital.

A short distance from Istituto Santa Chiara Roma srl, there are various services available, such as restaurants, cafés, bed and breakfasts, hotels, bakeries, clothing stores, grocery shops, banks with ATM services, and pharmacies.



Mission

Istituto Santa Chiara Roma srl aims to protect, improve, and promote the health of citizens. The Company is a private accredited and contracted entity that responds to the health needs of the population by offering healthcare services characterized also by high specialization and specific care requirements.

In particular, the Company:

1. provides healthcare services, including highly complex services with scientifically demonstrated effectiveness;
2. provides healthcare services aimed at ensuring the prevention, diagnosis, treatment, and rehabilitation of diseases, including those of medium–low complexity, which have a high care impact and are appropriate in relation to available resources;
3. defines and develops training, research, and innovation activities, in order to offer increasingly qualified services to citizens and to enhance the skills and commitment of professionals;
4. contributes to the promotion, maintenance, and development of the health status of the regional population, developing synergies with Healthcare Agencies. To this end, it seeks integration with them to implement and develop an integrated and multidisciplinary network-based organizational model of services aimed at offering a wide range of services.

The healthcare choices of the Company are made in coherence with regional policies and national and regional planning directives. The set of criteria and principles the Company has chosen to adopt in relation to its goals—serving as the common and explicit reference point for managerial action and organizational definition—is guided by the following core values:

- the centrality of the person,
- respect for human dignity,
- equity,
- professional ethics,
- clinical and care quality,
- appropriateness,
- involvement and continuous development of human resources, supported through permanent training and updating programs aimed at change for the improvement of the corporate system;
- the continuous pursuit of innovative care pathways, both from a technological and an organizational standpoint;
- the balance between services offered and available resources;
- the promotion and guarantee of participation in its activities by individual citizens and their associations, in compliance with general regulations, seeking coordination with local authorities to increase the effectiveness of its interventions.

Internal organization

The Outpatient Center is organized into specialized units whose function is to ensure the delivery of clinical and instrumental specialist services.

The number of operators and training policies comply with current laws and regulations. Our constant dedication to the user necessarily leads us to consider staff rotation within the facility as a significant issue, which results both in organizational costs and in other costs that are difficult to quantify. For this reason, we monitor staff turnover with the utmost attention.

This analysis is divided into “avoidable” and “unavoidable” turnover, whose components are:
“Avoidable”: better pay and career prospects elsewhere, poor aptitude for the role, lack of motivation for the activity, “personal” or “unknown” reasons, distance between the operator’s residence and the workplace.

“Unavoidable”: maternity leave, normal retirement, relocation of the family unit, continuation of studies.

Aware of the difficulties caused by turnover, Istituto Santa Chiara guarantees the limitation of this phenomenon through the following strategies:

- identification of operators residing in the relevant or nearby territory;
- thorough integration of newly hired staff;
- organizational flexibility;
- involvement of personnel in decision-making processes: ensured through participation in team meetings and service review meetings;
- maximum empathic support for staff issues: guaranteed by recognizing early signs of discomfort and promptly intervening in problem resolution, constantly supporting operators;
- periodic analysis of training needs;
- events aimed at limiting turnover and fostering staff loyalty: creation and strengthening of corporate identity through the organization of annual company meetings.

Personnel can be identified by the badge displayed on their uniform, which shows the operator’s photo, name, and qualification. The names of the healthcare professionals working in our facilities can be consulted in the organizational chart posted on the notice boards of each location.

Staff organizational chart

PROFESSIONAL ROLES
<u>PHYSICIANS SPECIALIZED IN:</u> Child Neuropsychiatry Physical Medicine and Rehabilitation (Physiatry)
<u>REHABILITATION THERAPISTS:</u> Neuropsychomotor Therapists Speech Therapists Occupational Therapists Physiotherapists
<u>PSYCHOLOGISTS</u>
<u>ADMINISTRATIVE/SECRETARY STAFF</u>

Service delivery methods

Specialist services are provided based on a medical referral and/or a request from the user. Initially, the citizen is informed about the type of interventions deemed necessary, the technologies used, any related risks and benefits, and possible therapeutic alternatives, if available.

At this stage, if necessary, informed consent is obtained and included in the user’s individual file.

Only afterwards is the requested service performed by the specialist, in accordance with guidelines. If needed, nursing support, technical support, or the collaboration of another specialist working within the facility is provided. Upon completion of the service, the clinical report is issued together with the related iconographic documentation reproduced on digital media (CD). Documentation kept at the facility will be stored in compliance with privacy guarantees required by law.

The opening hours of the Outpatient Center are as follows:

Monday to Friday: 8:00 a.m. – 8:00 p.m.

Saturday: 8:00 a.m. – 2:00 p.m.

Sunday: Closed

The home-care service is active every day from Monday to Saturday, from 8:00 a.m. to 8:00 p.m.

The closing period for holidays is scheduled in August.

Opening hours are posted for the public both at the Facility and on the Website, and any closures for holidays or festivities will be communicated to users with appropriate notice.

The Service Charter and other informational material describing the available services are provided at the reception desk, which is available to respond to any requests or clarifications.

The patient may contact the Facility and book services as follows:

- By phone: **06/69365736 – 345/5585599**
- By email: **ladispoli@istitutosantachiara.it**
- By visiting the Facility: **Via delle Azalee No. 2, 00055 Ladispoli (RM)**

The operator will inform the patient about the healthcare services the facility can provide, the procedures, and the applicable fees.

Procedures for managing health information

For all patients included in the care pathway, the following procedure is applied:

- The patient requests services through a medical referral or directly. This request leads to the opening of a partially paper-based medical record and a computerized medical record.
- Before the service begins, informed consent to healthcare treatments is requested using a specific form, which is kept at the company's administrative headquarters after being signed.
- Information on privacy is provided and, once consent is obtained, the services are activated.
- At the end of the interventions, the healthcare staff updates the medical record with the procedures performed and any instrumental findings.
- A clinical report is prepared, including the reproduction of images on digital media.
- All previously mentioned documents are added to the medical record, and the entire documentation is copied. One copy is given to the patient, and the other is kept at the central office in a dedicated archive for a period of 5 years.
- In the event that medical records must be transferred to another facility or office, all precautions will be taken to protect confidentiality and prevent unauthorized access to the documentation. The documentation will be transferred in sealed envelopes or containers.
- The archive in which the documentation will be stored over the years will have the following features: a metal cabinet with sliding doors and a key lock, placed in a room equipped with smoke detection systems and fire-prevention devices. The room itself is equipped with a key-lock system accessible only to the personnel responsible for the archive and the cleaning staff. The keys are kept at the Central Management office when the archive is not in use, under the responsibility of the Facility's Medical Director.

- Once the 5-year retention period has ended, the documentation will be destroyed.
- Digital documentation will also be stored on specific media, kept in the archive with the characteristics described above. It may be transferred to certified secure sites for the retention of information for the time periods required by law.

Information System

The Facility is equipped with an internal Information System aimed at managing all activities and the use of various resources. The system for booking services by the citizen is computerized, specifying the date, time, and the operator providing the service, as well as payment and invoicing for the performed intervention.

The user's medical record is computerized, including the collection of all clinical data and instrumental investigations.

All imaging diagnostics activities are digital, as the equipment is of a digital type.

All outpatient clinics are networked to share information and are connected to the Management Office. Only the Management Office is authorized to provide information to supervisory bodies in cases where data disclosure is mandatory.

All systems comply with privacy regulations, and the IT systems are protected against unauthorized access or copying systems to prevent the dissemination of information.

Operator identification

Staff are provided with a specific identification badge to allow users to recognize them, including their personal details and qualifications.

Fee determination

Fees are determined using the Activity Based Costing (ABC) methodology and are communicated to the patient before the examination is performed.

After payment, a receipt is issued in accordance with the law, and all transactions are recorded in the company accounting system as well as in the cost center accounting system, also for the purpose of monitoring costs and revenues.

The fee for each service is directly the responsibility of the end user.

Activated outpatient clinics

The outpatient clinics available at the facility are as follows:

- Speech therapy rehabilitation;
- Neuropsychological rehabilitation;
- Neuropsychomotor rehabilitation;
- Neurovisual/orthoptic rehabilitation;
- Specialist medical clinic;
- Occupational therapy;
- Psychological therapy;
- Urological rehabilitation;
- Psychoeducational guidance;
- Neuromotor and sensory rehabilitation;
- Kinesitherapy and motor rehabilitation.

Quality management, evaluation, and improvement

The Quality System consists of all the resources a company has and the activities it undertakes to ensure the achievement of its objectives.

The quality policy of Istituto Santa Chiara Roma is aimed at guaranteeing the satisfaction of customer requirements and the needs of all stakeholders (both internal and external to the organization) and at improving its own performance.

For this reason, Management has established an organization that ensures technical, administrative, and human factors affecting quality are controlled and monitored.

To understand the opinions of users and their caregivers regarding the services offered, they are invited to participate in collecting data on service satisfaction through the completion of a dedicated satisfaction questionnaire, available at the facility both in paper format and digitally by scanning the QR code in the waiting room, or by completing the praise/complaint form available at each reception or upon request via email. Users may be assisted in completing the forms by a trusted person. The Quality Management Office commits to producing an annual customer satisfaction report and publishing a summary of the results on the institutional website. The full report may also be requested for review at the Quality Management Office.

The activity verification system is an integral part of our organization and periodically reviews all aspects of the Service. It analyzes procedural and organizational aspects as well as elements of service impact, including, where possible: reduction of user isolation, increased autonomy, self-esteem, and ability to organize one's life; an increase in recreational, cultural, and other interests. The system also takes into account the difficulties inherent in measuring performance in personal services, which are classically defined as intangible and therefore more difficult to assess quantitatively and qualitatively.

Users are also given a satisfaction questionnaire to complete anonymously and return in a sealed envelope to the operator. This allows the collection of both quantitative and qualitative data and enables monitoring of service performance. Users can express their level of satisfaction regarding the service in general, specific services, personnel, and more.

User rights

1. The Patient has the right to be assisted and treated with care and attention, respecting human dignity and their own physiological and religious beliefs.
2. In particular, during their stay at the facility, the Patient has the right to always be addressed by their full name. They also have the right to be addressed using the formal pronoun "Lei" (you, formal).
3. The Patient has the right to obtain from the Facility information regarding the services provided, the access procedures, and the relevant competencies. They also have the right to immediately identify the people responsible for their care.
4. The Patient has the right to receive complete and understandable information from the healthcare professional regarding the diagnosis, the proposed therapy, and the related prognosis.
5. In particular, except in urgent cases where delay could endanger health, the Patient has the right to receive information that allows them to give truly informed consent before undergoing therapies or interventions; this information must also include possible risks or discomforts resulting from the treatment. If the healthcare professional reasonably believes that direct information is inappropriate, it must be provided, unless expressly refused by the Patient, to family members or legal guardians.
6. The Patient also has the right to be informed about alternative investigations and treatments, even if they are available in other facilities. If the Patient is unable to make decisions

independently, the same information must be provided to the persons indicated in the previous point.

7. The Patient has the right to have their health data and any other personal circumstances kept confidential. The Patient has the right to submit complaints, which must be promptly examined, and to be informed in a timely manner of the outcomes.
8. The Patient is guaranteed direct participation and the possibility to communicate their satisfaction levels, including anonymously.

User duties

1. Citizens accessing a Healthcare Facility are expected to behave responsibly at all times, respecting the rights of other users and cooperating with the Medical, Nursing, Technical Staff, and the Management of the facility.
2. Accessing a Healthcare Facility expresses the Citizen-Patient's trust and respect toward the Healthcare Personnel, which is essential for establishing an appropriate therapeutic and care program.
3. It is the duty of every User to promptly inform healthcare professionals of their intention to decline, according to their own will, scheduled healthcare services, so as to avoid wasting time and resources.
4. Citizens must respect the environments, equipment, and furnishings within the Facility, considering them as shared assets and therefore also their own.
5. Anyone present in a Healthcare Facility must respect the scheduled visit times established by the Medical Management to allow normal therapeutic and care activities and to ensure the peace of other patients.
6. Being part of a community, it is appropriate to avoid any behavior that could cause disturbance or discomfort (noise, lights left on, radios at high volume, etc.).
7. Smoking is prohibited. Respecting this rule is an acknowledgment of others' presence and a healthy personal approach to life within the Facility.
8. The organization and schedules established in the Healthcare Facility must be respected in all circumstances. Requests for healthcare services at inappropriate times or in incorrect ways cause significant disruption for all users.
9. Healthcare Personnel, within their competence, are expected to enforce these rules to ensure the smooth operation of the service and the well-being of the Patient.

Regulations for protection and verification

The Outpatient Center ensures the protection of the User/Client, also through the possibility for the latter to provide suggestions and file complaints in the event of service disruptions, acts, or behaviors that have denied or limited access to services or violated one of their rights. Suggestions and/or complaints can be submitted in writing, verbally, by telephone, fax, or email to the Reception Office at the entrance of the facility (which also serves as the Public Relations Office) every day during the Center's opening hours.

The Reception Office receives observations, suggestions, objections, or complaints in any form submitted by Users/Clients. It provides immediate responses to issues that can be resolved promptly; otherwise, it initiates an investigative procedure and carries out all actions provided for by the following Public Protection Regulations:

Art. 1

Clients/Users may submit suggestions, observations, objections, reports, or complaints against acts or behaviors that deny or limit access to healthcare services, or that violate one of their rights.

Art. 2

Patients and other persons identified in Art. 1 exercise their rights by:

- Letter on plain paper, delivered directly or addressed and sent to the Reception Office of the Outpatient Center;
- Completing a specific form at the Reception Office of the Outpatient Center;
- Telephone, fax, or email notification to the Reception Office of the Outpatient Center;
- Meeting with the head of the Reception Office of the Outpatient Center.

Art. 3

Observations, objections, reports, or complaints must be submitted using the methods listed above, within 15 days from the moment the person became aware of the act or behavior that violated their rights.

Art. 4

The Reception Office receives complaints, objections, and observations submitted under Art. 1 of this regulation; it processes and resolves issues that can be easily addressed; it investigates complaints, distinguishing those that can be more easily resolved and provides prompt responses to the patient/client; sends the response to the patient/client; and reactivates the procedure for re-examination of the complaint if the patient/client declares the response received to be unsatisfactory.

Complaint classification

One of the key elements of the complaint management system is the classification of complaints themselves. In fact, in order to act appropriately, it is necessary to clearly and reliably distinguish between the different types of complaints received by the facility, both to provide an adequate response to each individual complaint and, above all, to design general service improvements. The classification adopted by the facility is based on the set of patient/user rights regarding access to healthcare services and is structured to make it easy to identify the type of complaint received in order to manage it correctly and appropriately.

Informed consent

Informed consent is the voluntary acceptance by the patient of a healthcare treatment, expressed freely and not mediated by family members, after being informed about the execution methods, benefits, side effects, reasonably foreseeable risks, and the existence of valid therapeutic alternatives. The patient's decision may be negative. Providing information is an essential part of the therapeutic plan and exists independently of obtaining consent. If the patient is incapable of understanding or making decisions, consent is given by the parent or legal guardian. The obligation to obtain informed consent is established by the Constitution, various laws, the medical code of ethics, and the Charter of Fundamental Rights of the European Union.

Documentation

A written act, duly signed by the patient in cases required by law.

Ownership

The patient is the owner of the protected legal right. If the patient is a minor or incapable of

understanding or deciding, the legal representative acts on their behalf. Consent from close relatives has no legal significance. In the case of a minor, the physician makes the clinical decision, considering the parents' opinion and, when possible, the minor's wishes. In urgent situations, parental dissent must not hinder medical action. If there is a conflict between the guardian's refusal of care and the patient's right to life, the physician must inform the competent judge for urgent measures, and if intervention is impossible, act based on necessity or presumed consent.

Scope of application

Applies to all operators and to all diagnostic procedures and therapeutic treatments. Written consent (form) is also required.

Responsibility

The responsibility to inform and obtain consent lies with the physician. Staff may not replace the physician in this task, as obtaining consent is a medical act, although they may participate in providing information within their competence (nursing and general assistance).

Validity requirements of informed consent

Consent must be given before starting the therapeutic treatment. It can be revoked at any time, provided the individual is capable of understanding and deciding, except in cases of necessity, such as when abrupt interruption of treatment could cause serious risks.

Consent is valid only when all the following requirements are met; if even one is missing, consent is considered invalid:

- a) Must be requested for each treatment;
- b) The person giving consent must be the rights holder;
- c) The person must have the capacity to understand and decide;
- d) The person must receive clear and understandable information about their illness and the proposed therapy;
- e) In case of surgery or diagnostic exams, the person must be thoroughly informed about the procedure according to their learning capacity;
- f) The person must be informed about possible diagnostic or therapeutic alternatives;
- g) The person must be informed of the associated risks and their probability, as well as risks from not performing the procedure;
- h) The person must be informed about the facility's ability to intervene in case of adverse events;
- i) Signed written consent must be kept by both patient and physician.

Lack of consent

If the patient cannot give valid consent, the physician assumes full responsibility. If the physician decides to intervene, they are not punishable:

1. If the conditions of Art. 54 of the Penal Code are met, i.e., necessity, which occurs when action is required to save the patient from imminent serious harm (emergency rescue), provided the danger was not voluntarily caused and cannot otherwise be avoided, and the intervention is proportional to the danger;
2. Or if there is an obligation to act.

Operational procedures

After administrative acceptance, the patient's informed consent is formalized and the patient is prepared for treatment.

It should be emphasized that obtaining consent is not merely signing a sheet of paper: according to well-known Italian legal scholars, the absence of a proper informative process that clarifies the patient's doubts does not relieve the physician of responsibility, even if the patient has previously signed before the therapeutic intervention.

Process for the creation and distribution of the Service Charter

During the processes of creation, drafting, modification, updating, and distribution of the Service Charter, the managers of the various local units, socio-health, care, and educational staff, administrative personnel, and users were involved. Discussions were also held with committees and associations.

Responsibility matrix of the Service Charter

After drafting the Service Charter, the stages of Control, Final Verification, and Approval were conducted by the Sole Administrator, Administrative Director, Medical Director of each site, Branch Managers, DPO, RSPP, RLS, AIPD Association, and citizens.

The complete list providing evidence of this content is kept in the archive of the Quality and Clinical Risk Management Officer of Istituto Santa Chiara srl.

Distribution of the Service Charter

The Service Charter is freely available in paper format at the reception of each site. This choice was made to ensure the widest possible accessibility, being particularly suitable, for example, to communicate with older members of the public.

The Service Charter is also freely available on the company website; it can be requested at company offices and/or services and may be provided at the time of access to the service upon request.

Validity of the Service Charter

This document is valid for one year from the date of publication, after which it will be updated with the aim of improving the quality of our services.