



Parco delle Rose

ASSISTENZA DOMICILIARE INTEGRATA

Service charter





Dear User,

we are pleased to present the Service Charter of the Parco delle Rose Integrated Home Care (ADI) Service.

This document has been created to describe the organizational and care features of our service, providing you with all the information you need to find your way around it clearly. You will find information on the services offered, on the professionals involved in protecting and restoring your physical and psychological well-being, as well as on the criteria and quality standards we adopt to ensure care that is attentive to your specific needs.

With this Service Charter, we also wish to demonstrate our ongoing commitment to improving the quality of the care we provide, through continuous monitoring of the results achieved.

We thank you in advance for choosing our home care service, and we would be grateful for any suggestions or feedback you wish to share to help us improve.

The Parco delle Rose Integrated Home Care Service is part of Korian, a network of socio-healthcare services dedicated to caring for people's health and well-being, where expertise and professionalism combine with a human, personalized approach that always places the person at the center of every care pathway. Korian is one of the brands of Clariane, a European group dedicated to care and quality of life.



Clariane Group



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Wellcome to Parco delle Rose

Our Mission

To respond to the health needs and expectations of citizens, ensuring effective prevention, treatment and care measures that are promptly accessible, respectful of the person and provided in conditions of safety, making efficient use of the human, technological and organizational resources available.

Our Values

Our guiding principles are the Korian values: we want to give and receive TRUST, encourage INITIATIVE and take on RESPONSIBILITY. Our mission is to care for vulnerable people and to protect their dignity and quality of life. To this end, Clariane has built a genuine network of services that make it possible to personalize the care plan according to each person's individual needs and requirements, taking into account the specific local context as well.

In this way we can guarantee:

- transparency and completeness of communication;
- full respect for every human being and their role in the community;
- sincere attention to respecting life choices and safeguarding individual autonomy.

We care deeply about the well-being of all our Users. Each of our highly qualified staff members is deeply committed to acting with kindness, passion and integrity. We are at your disposal to learn about your expectations and needs, to welcome your suggestions and to take the most appropriate action, always with the shared goal of the well-being of our Users.

Integrated Home Care (ADI)

Home care consists of medical, nursing and rehabilitative treatments provided by qualified staff for the care and assistance of non self-sufficient and vulnerable people, with ongoing conditions or their after-effects, in order to stabilize the clinical picture, limit functional decline and improve the quality of daily life.

Specifically, the ADI service aims to achieve the following objectives:

- to keep the person in their own living environment through measures supporting the family and the person, with integrated socio-healthcare services provided at home, i.e. within the context of daily life;
- to provide a valid alternative both to healthcare provided through hospital admission and to institutionalization in a Nursing Home (R.S.A.) or Sheltered Residential Facility;
- to adopt intervention methods aimed at recovery, reintegration, autonomy, and safeguarding the User's emotional and social life;
- to reduce inappropriate and unwarranted hospital and residential facility admissions;
- to reduce length of hospital stay and promote discharge from hospital through protected socio-healthcare discharge;
- to develop a working method centered on teamwork in order to achieve genuine integration of services;
- to support the family and involve it in cooperation with, and participation in, the care plans.

Who the service is for

Integrated Home Care may be used by all citizens who, for health and/or social reasons, are temporarily or permanently unable to access healthcare facilities and/or services on their own.

Integrated Home Care may also be used by foreign nationals residing in EU countries who are temporarily domiciled in the Region for study and/or work purposes, and by temporarily present foreign nationals (S.T.P.) who are in health situations and conditions requiring home healthcare interventions. The categories of care recipients identified, in accordance with regional regulations, are:

- Persons who are partially, temporarily, or totally non self-sufficient

ADI Service Organization

Integrated Home Care operates according to a planned schedule of interventions, responding to needs related to chronic conditions and disability, and not to emergency or urgent situations.

The home care team, made up of physicians, nurses, healthcare support workers, rehabilitation professionals, a dietitian, a psychologist and a social worker, does not replace the family in its duties, but supports it with specific professional expertise.

For home care to be effective, an active presence on the part of family members/caregivers is in fact necessary: for example, it is necessary to facilitate access for healthcare professionals to the person's home on the day scheduled for care, or to promptly notify the operations center if it is not possible to receive the scheduled care.

Care Services provided

- Home visit (including clinical/functional assessment/interviews/nursing/social assessment and monitoring);
- Blood sampling;
- Instrumental examinations
- Injection therapies via different routes of administration;
- Subcutaneous (SC) and intravenous (IV) infusion therapies;
- Management of urinary catheterization, including urinary diversions;
- Personal hygiene and mobilization;
- Simple dressings (pressure ulcers, vascular, neoplastic, post-surgical, post-radiation skin lesions, etc.);
- Simple dressings, bandaging, elastic adhesive bandaging;
- Motor and respiratory rehabilitation treatment, in particular:
 - Functional recovery
 - Neurological rehabilitation
 - Orthopedic rehabilitation
 - Respiratory rehabilitation
 - Muscle strengthening
 - Preventive mobilization
 - Passive mobilization
 - Treatment of bronchial secretions
 - Independent mobility in bed
 - Active posture control

Training in postural transfers
 Assisted walking/supervision
 Walking with/without aids
 Stairs
 Stairs with aid
 Training in the use of aids

- Speech and language rehabilitation treatment.
- Psychological support sessions for the care team, patient and family;
- Transfer of skills/training/instruction on health education topics for care recipients and caregivers

Service Activation

Given the public nature of the assessment, the service may be activated through the following procedures:

- following a prescription from the General Practitioner (GP);
- following hospital/rehabilitation facility discharge (request from the hospital physician/rehabilitation facility);
- following a prescription from the specialist physician.

In the latter two cases, the Local Health Authority (ASL) activating the assessment will inform the GP. Requests will be sent to the CAD (Home Care Center) of the care recipient's place of residence, and the ASL will carry out a multidimensional assessment of the patient. The user may then freely choose which provider to rely on. During the multidimensional assessment, the ASL will indeed submit the list of providers accredited in the relevant area, and the care recipient/caregiver must indicate a list of priorities, naming 3 preferences. The ASL will then forward the Individual Care Plan (PAI) to the 3 chosen providers, who must respond within 24 hours; care is guaranteed to begin no later than the following 72 hours.

As soon as the request for intervention from the ASL reaches Parco delle Rose, together with the PAI drawn up by the UVM (home-based multidisciplinary assessment team) (through the regional information system SIAT, the Coordinator identifies the team and the staff member to whom the services will be assigned, setting the timing based on the request, and contacts the patient to schedule the first home visit and the subsequent general planning.

Service Provision

For each User, the implementation of the Individualized Care Plan (PAI) drawn up by the UVM (multidisciplinary assessment team) guaranteed, and all the

professional expertise needed is made available to the care recipient and their family for the entire scheduled period.

During the period the service is provided, a home care logbook is kept at the care recipient's home to record the services provided by the various staff members, dated and countersigned by the staff member and the care recipient/caregiver. The cooperation of the user or a family member is required to keep the documentation supporting the services provided. In order to ensure the integration of interventions and the mutual exchange of information needed to achieve care objectives, an Integrated Electronic Health Record is also used, containing all of the patient's healthcare documentation.

The service provides telephone on-call availability, which varies depending on the level of care activated, through which it is possible to speak with a nurse or a physician, who will liaise with the general practitioner

Useful information

Contacts

MANAGEMENT Dr. Gaetano Esposito

MEDICAL DIRECTOR Dr. Carla Marconi

COORDINATING PHYSICIAN Dr. Giovanni Tanga

NURSING COORDINATOR - CARE MANAGER Dr. Silvia Corsini

PSYCHOLOGIST Dr. Simona Lanari

DIETITIAN Dr. Sara Sampaolesi

QUALITY MANAGEMENT OFFICER Dr. Emiliano DiFolco

TELEPHONE OPERATOR (Scheduling functions) Ms. Viorica Din

Service hours

Monday to Saturday from 7:00 AM to 8:00 PM

Operations Center

MONDAY TO FRIDAY FROM 08:00 AM TO 06:00 PM,

SATURDAY FROM 09:00 AM TO 01:00 PM

CALL THE FOLLOWING PHONE NUMBER: 3493948696

Care Manager

MONDAY TO FRIDAY FROM 09:00 AM TO 01:00 PM, NUMBER: 06/9400170

Satisfaction and Quality

The possibility of making observations and suggestions is a fundamental and essential element in protecting citizens' rights, and also serves to constantly improve the performance and quality of the services offered. For any request for clarification, appreciation or complaint, you can contact our office by phone or email. The Service Officer, after gathering all the necessary information and assessing the report, takes action to manage and resolve the issue, informing the Quality Officer. The person making the report is given an immediate response or, at the latest, within 10 days, depending on the issues reported. The corrective actions taken to resolve the problem are also recorded.

Every year, the level of satisfaction of the Person receiving care and their family is measured through an anonymous, digitally completed questionnaire. Satisfaction surveys are currently considered a suitable tool for assessing care outcomes from the point of view of the Service user, particularly with regard to the perceived quality of both the organization in general and interpersonal relationships with the care team. The Questionnaire is processed by an external company. Parco delle Rose is committed to improving any aspects of the Service found to be unsatisfactory.

Quality, competence and service are fundamental elements for Parco delle Rose. The basic principle of the quality policy is to ensure customer satisfaction through continuous improvement of the service. The Quality Management System of Parco delle Rose ADI is certified to UNI EN ISO 9001. Within the facility there is a Quality Management Officer responsible for ensuring the maintenance and continuous improvement of the system.

Protection of personal data

The company Parco delle Rose 92 srl, which manages Parco delle Rose ADI (hereinafter the "Company"), guarantees that the processing of the personal and sensitive information of its Guests and their companions takes place in compliance with the regulations on the protection of personal data (GDPR 2016/679) and the fundamental principles established therein. The Company will in fact process the personal and sensitive data of the data subjects

exclusively to manage, from an administrative point of view, relations with Users, to collect any social contribution provided by the Municipality (and/or any healthcare contribution provided by the Region), as well as for the care of Users. In pursuit of the aforementioned purposes, the Data Controller will communicate the User's personal information to staff involved in care (each within the scope of their own duties). At the end of the contractual relationship with the Company, the data subject will receive the privacy notice pursuant to Art. 13 of GDPR 2016/679, and will be asked to freely express their consent to the processing of their personal information, where necessary.

Charter of Patients' Rights

The European Charter of Patients' Rights proclaims 14 patients' rights which, taken together, aim to guarantee a "high level of protection of human health" (Article 35 of the Charter of Fundamental Rights of the European Union), ensuring the high quality of the services provided by the various national healthcare systems in Europe.

The 14 rights are a concrete expression of fundamental rights and, as such, must be recognized and respected in every country; they are linked to duties and responsibilities that both citizens and other healthcare stakeholders must assume.

The Charter applies to all individuals, recognizing the fact that differences such as age, gender, religion, socio-economic status, etc., may affect individual healthcare needs.

1 – Right to preventive measures

Every individual has the right to appropriate services to prevent illness.

2 – Right of access

Every individual has the right to access the health services that their state of health requires. Health services must guarantee equal access to everyone, without discrimination on the basis of financial resources, place of residence, type of illness, or time of access to the service (Likewise, professed religious belief shall not constitute grounds for discrimination).

3 – Right to information

Every individual has the right to access all information regarding their state of health, the health services available and how to use them, as well as all information made available through scientific research and technological innovation.↵

4 – Right to consent

Every individual has the right to access all information that enables them to participate actively in decisions concerning their health. This information is a prerequisite for any procedure and treatment, including participation in clinical trials.

5 – Right to free choice

Every individual has the right to freely choose between different procedures and providers of healthcare treatment, based on adequate information (Every patient has the right to request a second opinion regarding the treatment to which they are to be subjected).

6 – Right to privacy and confidentiality

Every individual has the right to the confidentiality of personal information, including information regarding their state of health and possible diagnostic or therapeutic procedures, as well as the right to protection of their privacy during diagnostic tests, specialist visits and medical-surgical treatments in general.

7 – Right to respect of patients' time

Every individual has the right to receive the necessary healthcare treatments within short, predetermined time frames. This right applies to every stage of the treatment.

8 – Right to the observance of quality standards

Every individual has the right to access high-quality health services, based on the definition of, and compliance with, precise standards.

9 – Right to safety

Every individual has the right not to suffer harm caused by the malfunctioning of health services or by medical errors, and has the right to access health services and treatments that guarantee high safety standards.↵

10 – Right to innovation

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

11 – Right to avoid unnecessary suffering and pain

Every individual has the right to avoid as much suffering as possible, at every stage of their illness.

12 – Right to individualized treatment

Every individual has the right to diagnostic or therapeutic programs that are as suited as possible to their personal needs.



13 – Right to complain

Every individual has the right to complain whenever they have suffered harm, and to receive a response.

14 – Right to compensation

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



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