Asaf S.a.s. Fisiolab

Asaf S.a.s. Fisiolab
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SERVICE CHARTER

INTEGRATED HOME ASSISTANCE - ADI

INDEX

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Short introduction

Dear user,
we would like to present our structure to you through this Service Charter drawn up in order to become aware of our working method and the protection offered in the provision of home care services.
The Service Charter was created to let you know the commitment we have made in order to guarantee you the right to health.

Where we are and how to reach us

Location

1. DISTANT
• 15 Km from Crotone;
• 100 Km from Cosenza;
• 40 Km from Cirò Marina.

2. CONNECTED

The site is well connected as it is adjacent to the SS 107 Crotonese - Silana and can be reached by your own means.
• Public transport:
Bus (Railway of Calabria and Romano Crotone), Crotone / Rocca di Neto and Cosenza / Rocca di Neto. From the center of Rocca di Neto a bus connects the city center with the structure.

• ***Private vehicle:***
From Crotone take the SS 107 "Crotonese-Silana" towards Cosenza and continue to the Rocca di Neto crossroads, from here you will find the property a few meters away.
From Cosenza take the SS 107 towards Crotone and continue to the Rocca di Neto crossroads, from here you will find the property a few meters away.

Call-center opening hours
Weekdays and Holidays
Morning / Afternoon: From 08:00 to 20:00

Contacts
Telephone number: 0962-80165- fax 0962-80165
Website: www.fisiolabriabilitazione.it

E-mail address: info@fisiolabriabilitazione.it - pec address: infoasafsas@arubapec.it

Presentation of the company

Asaf S.a.s. hereinafter referred to as "Fisiolab" was founded in 2012 and, since now, has been operating throughout the province of Crotone.
The headquarters (operational headquarters) with an area of approximately 240.00 m2 is located on the ground floor and is free from architectural barriers.

The operational headquarters are located on the first floor of a building, within the premises there are an entrance with a reception room and desk, an administrative secretariat, a health department, an office for team meetings, a dirt and special waste deposit, an archive , toilets for users, toilets for staff with changing rooms.

The functions covered by qualified personnel, listed in the organization chart, operate within the structure.

The principle of authorization, based on the verification of the structural, technological and organizational suitability, represented the starting point of an evolution of the structure which has set itself as a primary objective the maximum customer satisfaction through the pursuit of quality levels always more satisfactory in terms of courtesy, reliability and availability.

Following these objectives achieved, the Company intends to operate under an accreditation regime.

The set objectives are pursued through integrated home assistance which provides treatments aimed at allowing the recovery, in relation to the health level, of the injured functions with the advantage for the patient of being able to perform them at home.

Professional Technical Services To carry out a control on the processes that ensures our Patients the appropriateness of the result;

• User Service Performance Improve the quality perceived by users in the services provided;
• Technological Resources Renew the instrumentation for the continuous improvement of performances;
• Human Resources To ensure the continuous maintenance and improvement of personnel skills to offer a professionally adequate service.

The operating staff is professionally trained to meet the needs of patients at a high level of complexity.

The organization of work itself is based on the one-on-one relationship, i.e. patient-nurse, patient-physiotherapist and patient-OSS, and on the definition of the intervention time based on the level attributed following a doctor's visit.

Targets

The objectives of the policy are substantiated in the maximum satisfaction of the client / patient's requests. Continuous improvement must therefore be framed in a perspective of increasing attention to the customer and the achievement of objectives as a stimulus for the search for new ones.

The structure also guarantees its commitment to meet the mandatory requirements established by the laws, by the specific regulations of the sector, as well as by the principles set out in the Service Charter.

In this perspective, the Structure implements a behavior based on full respect for confidentiality, courtesy, willingness to dialogue and listen to the client / patient by all resources, each according to their specific skills.

The provision of services is implemented in compliance with the principles of Equality, Right of Choice, Continuity, Impartiality, Participation, Efficiency and Effectiveness.

ASAF S.a.s. di Fabio Scavelli & C., therefore, intended to establish and formalize a documented quality system, compliant with the UNI EN ISO 9001 standard, in which the Quality Manual and the related procedures referred to become the tool used to achieve quality objectives always higher. ASAF S.a.s. by Fabio Scavelli & C. is committed to taking an active role:

a) in company management according to quality schemes;
b) in the dissemination of the policy, philosophy and strategies to all the resources of the organization;
c) in the implementation of the Quality Management System;
d) in compliance with national and regional laws for the maintenance of minimum requirements;
e) in patient satisfaction.

Quality Policy

The international standard UNI EN ISO 9001 requires the application of mandatory requirements for the correct implementation of the system.
The company policy is aimed at searching for any deficiencies in the service, by collecting information using complaints, satisfaction questionnaires, internal audits as a source of return and, if discrepancies are recorded, targeted interventions will be initiated in order to eliminate the deficiency reported.

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The structure has determined the external and internal factors relevant to its aims and strategic directions and which influence its ability to achieve the expected results for its own system.

Therefore, the Quality Management System is based on an identification of the organizational context and on the risk-based thinking approach which allows the organization to determine the factors that could generate process deviations from the customer's requirements and, consequently, to implement preventive controls to minimize negative effects and make the most of the opportunities offered by the reference market (see Organizational Context processes - Risk Analysis).

The risk assessment and context analysis are updated at least annually (see management review) and / or as the factors analyzed change. This analysis leads to the consequent risk / opportunity assessment and the subsequent improvement plan.

Additional quality objectives will be defined at least annually during the Management Review activity. In order to achieve these objectives, the Management undertakes to:

- Satisfy the stakeholders;
- involve and satisfy all staff;
- Respect the applicable legislation;
- Constantly improve the system;
- Monitor with internal audits;
- Ensure communication of the quality policy.

On the contrary, the organization has established for the external communication processes (advertising - marketing), the distribution of illustrative brochures and the website.

The organization defines measurable parameters for each business process in relation to the threshold values and set objectives. Thus, the staff has the ability to identify projects and achieve objectives, including through daily or periodic checks, or through the use of statistical techniques.

The different type of monitoring is useful for measuring the effectiveness and efficiency of the services provided, since if the results reveal a different correspondence with the set objectives, it will be possible to act promptly through a different schedule.

This working methodology is a stimulus both for the staff, who have the opportunity to see the objectives set concretely realized, and for the Management which has the ability to visualize the work of its employees and, at the same time, provide more targeted tools continuous improvement of the organization and performance.

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To do this, the organization intends to make all levels of its structure responsible by increasing the motivation and participation of all staff in the performance of their duties and thus create a healthy and suitable environment for trust, commitment, safety, transparency, growth and reliability.

ASAF S.a.s. di Fabio Scavelli & C. is inspired by the following principles for the protection of the patient:

- Equality;
- Impartiality;
- Continuity in the provision of services;
- Right of choice;
- Participation;
- Principle of effectiveness and efficiency;
- Protection of "fragile" subjects;
- Protection of personal data.

1. *GENERAL SERVICES*

Bureaucratic formalities

The staff is available to users for the resolution, communication and information of all bureaucratic-administrative issues and, in doing so, they guarantee and protect the confidentiality of applicants.

Information

It is possible to receive information directly from the Call-Center, from the Service Charter, from the presentation Brochure and from the website.

Urgent Cases

Requests for assistance can be made at any time during the opening hours of the Call-Center and the operators will carry out multidimensional assessments as soon as possible, trying to deal with requests for urgent home visits. The requests are considered, in addition to the chronological order of arrival, the multidimensional evaluation, the severity of the pathology and the urgency of the treatment itself.

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Complaints

The patient and / or caregiver, through the Complaints Suggestions Reporting form or with the use of plain paper, can transmit any complaints. Complaints can be sent by post, fax, e-mail, can be downloaded from the site and / or delivered to the Call-Center. The patient and / or caregiver has the opportunity to verify the complaint process as it is updated by the Social Worker. Within 20 days, the Social Worker will send the answer.

Waiting areas

The visitor and / or the caregiver can spend time in the designated lounges.
Special waste disposal service
Hospital waste is delivered to a company authorized to collect and transport it to the disposal plant.

Hygiene and cleaning of the rooms

In order to ensure a comfortable environment, the structure constantly ensures hygiene and ordinary, extraordinary and periodic cleaning in compliance with specific procedures and protocols.

Accident prevention

The structure is in accordance with Legislative Decree 81/08 and subsequent amendments and additions.
The staff have been trained to intervene and control fires and to protect safety.

All workplaces are equipped to prevent accidents, are equipped with fire prevention systems and are free of architectural barriers. Furthermore, the maps showing the escape routes in case of need are posted in the structure.

No Smoking

By law (Article 1 of Law 584/75 and subsequent amendments of the D.P.C.M of 14-12-95) and above all to respect one's own health and that of other people, it is absolutely forbidden to smoke in the rooms, corridors, living rooms and generally in all the premises of the structure. For transgressors there is an administrative sanction from € 25.00 to € 500.00 pursuant to law 448/01.

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Annual Results Information
All the results obtained can be directly deduced from the website.

2. SPECIFIC ACTIVITY

2.1 INTEGRATED HOME ASSISTANCE (ADI)
Integrated home care is aimed at people who have a complex need that implies the adoption of interventions with multi-professional integration and continuous over time and, therefore, taking charge. Therefore, a PAI / PRI conducted by a dedicated team represented by the UVM is required.

The access requirements are:
• condition of non self-sufficiency;
• adequate family or informal support;
• suitable housing conditions;
• informed consent.

Home assistance

Assistance to a user of a home service is a process of integration and construction of a trusting relationship that presupposes mutual knowledge and a path that translates into the overall taking in charge of the person.

The user who benefits from ADI is usually an elderly person or a disabled person, in any case he is a fragile person, with health problems and often with a high care burden.

To the biological fragility must also be added the psychological fragility of those who find themselves, in spite of themselves, having to resort to people "extraneous" to their family context.

The home care process has some characteristics defined below:

It is a process of knowledge of one's condition by the user.

Access to a home assistance service is the moment in which the individual becomes aware of the radical change that affects his daily life, both from a practical-organizational and psychological-relational profile.

Such a change often involves family members as well. The obvious consequence that derives from this is the

need to monitor and control this phase in the best possible way, since the success of the assistance process and the integration of the individual with the service can largely depend on it.
It is a process of mutual knowledge

The phase of taking charge has the fundamental function of mutual knowledge between the new user and the service operators.

On the one hand, it is a question of understanding character, tastes, habits, as well as expectations and priorities both in the field of everyday life and with respect to the general principles and values that make up the person's experiential experience. It is also about understanding the structure of family ties and the expectations and demands of family members themselves.

On the other hand, the ADI itself must be made understandable to the user and family members, not only through knowledge of the methods of providing the service, but above all through knowledge of the operators and their relational and operational skills.

It is a process of taking overall responsibility for the person.

An initial good reception favors the complete taking over of the user by the ADI, guaranteeing a correct modulation of the interventions, which will be provided according to the real needs of the person with the specific objective of maintaining or recovering the greatest possible autonomy , paying attention to the functional and cognitive state, to emotional and relational abilities.

It is a complex process that must involve all internal and external subjects.

There are important organizational reasons that recall the need to govern the taking in charge according to well-coded principles and procedures. First of all, it is an extremely complex process that involves many different subjects, each of which has an important role and who must be able to act coherently as a group.

From the staff who organizes the assistance to the one who delivers it directly, each figure represents for the user and his family a subject who becomes part of his living environment (an environment that until that moment was lived only by the user and his caregivers), and is a subject that must be known and with whom he will have to interact significantly in a very short time.

In the same way, for the service, in addition to the guest also his family and often other subjects of the network in the area, are important collaborators through which it is possible to increase the quality of the response to the needs expressed. Such complexity must therefore be managed with a codified and tested operating model, without leaving a function of such crucial importance to chance or individual goodwill.

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The organization of the ADI is divided in relation to the level of care and the degree of health of the patient. Therefore, the first and second level CDIs are aimed at people who need continuity of care with interventions that are divided into 5 days (first level) and 6 (second level).

Third-level CDIs are aimed at people who have a high level of care in the presence of specific criticalities:

- patients with advanced neurological diseases;
- advanced and complicated stages of chronic diseases;
- patients with a need for parenteral nutrition;
- patients with a need for invasive ventilatory support;
- patients in a vegetative state and a state of minimal consciousness.

The following contribute to determining the high intensity of the third level:

- clinical instability;
- the presence of symptoms that are difficult to control;
- the need for special family support.

The interventions that are divided into 7 days.

2.2 ACCESS REQUIREMENTS

The access criteria by type and severity of pathology are defined in detail in the specific regional regulations. The ADI Service welcomes subjects residing in the territory of the Calabria Region, preferably insisting at the ASP of Crotone and the area closest to it.

A. ADI services agreed with the SSN
2.3 ACCESS POINT - UVM – PAI

The PUA is a unitary body that expresses the place of entry to the territorial services. In practice, the front office of the PUA accepts access requests, usually made by the GP, while the back office accepts and manages requests for access to services by identifying the most appropriate area.

Once the request has been accepted, the UVM defines the appropriateness of the setting and periodically re-evaluates it and confirms the setting or not.

In the multidimensional assessment phase, the participation of the provider may be required.

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The UVM tool is the SVAMA and following the entire evaluation, the PAI / PRI is prepared, representing the latter as the basis for assistance planning.

The PAI / PRI is shared and signed by the family member / caregiver and must specify the competences and functions of:

• **CASE MANAGER** is the person in charge of the care process usually entrusted to a nurse;
• **CAREGIVER** that is the family contact who actively participates in the treatment who must be adequately trained and supported to carry out the role defined in the PAI;
• **CAREMANAGER** is the GP, the person in charge of the care process who coordinates the health interventions of the PAI / PRI. The CARE MANAGER:

- Monitors the correct execution of the PAI;
- Supports the caregiver;
- Requires any specialist advice;
- It suggests early revaluation for any new PAI / PRI.

The PAI / PRI must define:

• start date, frequency of the interventions and duration of the plan with a provision for an intermediate and final check;
• type of services and services to be provided at home with indication of the professional figure responsible for the provision and the frequency (defined on a weekly basis with indication of the access times distinguished by professional figure);
• transmission of the PAI / PRI to the PUA;
• planning of interventions, the structure plans the interventions to be provided on the PAI / PRI indicating the professional responsible for providing the service;
• provision of the PAI / PRI, the structure, usually within 24 hours of sending the authorization for treatment, starts the provision of the services as defined in the assessment. In the event of protected discharge, the latency between request and taking charge is reduced to 12 hours.
The facility is obliged to observe the PAI / PRI and, at the same time, fill in the home clinical diary.
The structure is also required to promptly report to the District Home Health Care Service any information regarding the conditions of the patients in charge.
• operational flexibility in the event that the changed care needs require urgent changes to the PAI / IPRI, the structure guarantees the related services immediately;
• reassessment within 10 days prior to the treatment end date, the facility shows the patient's district of residence a clinical report, complete with the assistance objectives achieved and any proposal for a new PAI

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/ IPRI for the continuation of assistance, if deemed necessary . On the date set and reported in the PAI / IPRI, the structure participates in the session of the district UVM aimed at the re-evaluation of the case.
• closure of the case: the structure sends a detailed clinical-assistance report together with all the documents that the Company deems necessary. Discharge from home care can be done for:

- explicit willingness of the patient to interrupt the PAI;
- termination at the request of the care manager for the improvement of the patient's condition;
- transfer to another welfare regime;
- death.

2.4 SUBMISSION OF THE APPLICATION

The access request is presented to the front office of the PUA with the necessary documentation attached. It is usually submitted by the GP and is examined by the UVM which processes the PAI / PRI in which the family member may be present.

Once the PAI has been defined, the team will have to go to the client's home and prepare a folder on which the interventions are reported chronologically.

The overall clinical management of the patient is the responsibility of the GP whose accesses are defined in the PAI / PRI and are paid for by the SSR as well as specialist visits must be carried out at the ASP units.

The responsibility of the file lies with the case manager (nurse) and at the end of the project he will have to deliver the health documentation to the health district.
In the event of a change in the clinical picture, the patient will have to be re-evaluated.

2.5 ADI OPERATING METHODS

The operating modes follow the following sequence:
1. Visit of the Specialist Doctor;
2. Acquisition of personal data consent and consent to health treatment;
3. PRI / PAI processing;
4. Territorial PRI / PAI ASP transmission;
5. Acquisition of authorization for processing by the territorial ASP;
6. Operators organization;
7. Beginning of care / rehabilitation treatment and registration in the Therapist's, Nursing and OSS Folders.

2.6 ASSISTANCE REGIME AND DURATION

The welfare regime and the duration of the projects are defined in compliance with regional legislation.
Once the level of assistance has been defined, the facility organizes the provision of the service at the patient's home through the planning of its operators.

Then, the OSS carries out the patient's hygiene and all those related activities and arranges for the rearrangement of the bed, the nurse recovers the drugs from the pharmaceutical deposit dedicated to the ADI to bring them to the patient's home to carry out the therapeutic plan and the Physiotherapist carries out rehabilitation following the rehabilitation project drawn up by the Physiatrist.

All interventions for each individual are recorded on the home medical record and on the supporting health documentation created for this purpose.
During the service delivery phase, the nurse will train the caregiver on the activities to be carried out in his absence.

2.7 CONTINUATION OF REHABILITATION TREATMENTS

The continuation of home care provides for the reassessment of the PAI / PRI, in fact, within 10 days prior to the date of end of treatment, the provider is required to show the patient's district of residence the clinical report, complete with the assistance objectives achieved. and any proposal for a new PAI / PRI for the continuation of assistance, if deemed necessary.

On the date set and reported in the PAI / PRI, the provider is required to participate in the session of the district UVM aimed at re-evaluating the case.

The ASP's opinion will be communicated to the User and to the facility in order to continue home care or not.

2.8 RESIGNATIONS

The closure / discharge of the case can take place for:

1. death of the patient occurred;
2. discharge of the patient from the service;
3. application by the interested party or by another person with a title such as, for example, the guardian / caregiver;
4. failure to renew the services of the ASL of the User's residence.

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The services under the private regime are the responsibility of the patient and the structure implements the rates in force for the services under the accreditation system.

Care profile	Professional profiles	Duration	Weekly assistance permonth	Mounthly rate
Basic level	**Nurse**	**15 minutes**	**1 - 4**	**€ 135**
	Therapist	**20 minutes**		
First level	**Nurse**	**15 minutes**	**4 - 9**	**€ 442,29**
	Therapist	**20 minutes**		
	Carer	**30 minutes**		
Second level	**Nurse**	**15 minutes**	**9 - 15**	**€ 777,4**
	Therapist	**20 minutes**		
	Carer	**30 minutes**		
Third level	**Nurse**	**20 minutes**	**15 - 18**	**€ 1.065,33**
	Therapist	**20 minutes**		
	Carer	**30 minutes**		

3. SERVICE MANAGEMENT

The general rules for managing the ADI Service are:

• for any request, the User must refer to the operators and comply with the directives communicated by them;
• The ADI Service is normally provided from Monday to Sunday, from 7.00 to 20.00;
• The secretariat is open from Monday to Sunday, from 08.00 to 20.00 h 12.
During the opening hours of the center, it is possible to request the release of the health documentation produced within the time frame of the treatment, after 7 days from the request it is delivered to the applicant.

Health documentation can only be issued at the end of the ADI treatment cycle.

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4. OPERATING STAFF

- Coordinating Specialist Doctor
- Social worker
- Professional Nurse
- Rehabilitation Therapists
- Carer

5. QUALITY

Information for the patient, loved ones and the attending physician
Performance information

Those who request it will receive this "Service Charter", containing information on the services offered.

Information at the time of taking charge

During the pre-acceptance phase, the “Service Charter” and the “Card of the documentation necessary for hospitalization” are delivered.

Information to patients and their consent to medical treatment

The patient gives his informed consent, only after having been fully informed, to voluntarily undergo the necessary medical treatment.

Respect for privacy

At the entrance, the patient expresses his / her free consent, after reading the information, for the structure to proceed with the processing of personal data in accordance with the relevant legislation (see Legislative Decree 196/03 - EU Regulation 2016/679 - D .Lgs. 101/18).

Personnel identification

All operators have the identification identification tag.
Respect of the times
Time of issue of health documentation
The average time for release is thirty days from the closure of the case.

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Quality system
Quality certification

The structure has started the implementation process of the UNI EN ISO 9001 standard.
Quality group

In the Structure there is a group that monitors the evolution of the Quality Certification.
Protection and verification mechanisms

Monitoring of complaints

The Suggestions and Complaints modules are available in the Structure.
Any verbal complaints can be expressed to the employees who will resolve the disservice found.
Handling complaints
Complaints are examined daily and any corrective actions taken.
Complaints processing
Periodically, complaints are processed with the use of statistical techniques.
Distribution of questionnaires
Users are given the "Satisfaction Questionnaire".
Questionnaire elaboration
Every six months, the data of the questionnaires administered and collected are analyzed.
Respect for commitments
The organization periodically checks compliance with the declared quality standards.

Further commitments for the future
Staff training
The Structure develops and maintains continuous training courses for the staff, moreover, the same structure keeps the material of the courses already carried out.

6. ATTACHMENTS

- Satisfaction Questionnaire
- Complaints Registration

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