



THE SERVICES CARD

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THE SERVICES CARD

The Charter of Services establishes principles and criteria for the provision of social welfare and health care activities.

Ensures the elderly person and family members clear and objective information on the offer of services within the facility.

It establishes times and methods to be respected in the various types of intervention and services provided.

It is a new and important tool; it is a path that identifies the services, makes the objectives explicit, indicates the quality levels to strive for.

It constitutes a correct image of the work in its dimension of place and technical competence.

PRESENTATION OF THE RESIDENCE

The Personal Assistance and Services Body – E.A.S.P. "TO. Baldassini" – ASP (hereinafter, also more simply EASP) was born from the merger of the Public Institutions of Assistance and Charity, Opere Pie Asilo Infantile and Ospizio Cronici, which together with the Opera Pia Ospedale Calai, constituted the Reunited Institutes of Hospitalization (I.R.R.) of Gualdo Tadino currently extinct, as per Executive Determination n. 889 of 07 February 2003 of the Region of Umbria.

Consequently, the Personal Assistance and Services Body - E.A.S.P., authorized to carry out healthcare activities for RSA (Health Care Residence), RP (Protected Residence) and CDA (Alzheimer's Day Center), is established as the heir of a tradition ancient, noble and of a high standard, proposing to guard and continue the ends for which the two Ex Opere Pie were founded.

The E.A.S.P. it is located on the edge of the historic centre, at the foot of Mount Serrasanta, close to the Rocca Flea medieval castle: a modern, secluded and peaceful centre, but also well integrated into city life. The building is arranged lengthwise along the north-south axis so that all rooms have equal exposure to the sun.

NATURE AND PURPOSE OF THE SERVICE

DEFINITION

The accommodation capacity is 60 beds of which:

- 50 residential places in Protected Residence (RP);
- 10 residential places in the Healthcare Residence (RSA)
- 6 semi-residential places in the Alzheimer Day Center (CDA).

The RP houses non self-sufficient elderly people with high health needs and correlated assistance needs or with behavioral disorders.

The RSA hosts non self-sufficient elderly people with assistance needs of different intensity (behavioural disorders, high health needs related to high assistance needs, severe and moderate disabilities).

The Alzheimer Day Center (CDA) hosts elderly people suffering from Alzheimer's dementia and/or chronic degenerative disabling pathologies.

The RP, RSA and the CDA guarantee an adequate level of living comfort, protective assistance, health and rehabilitation assistance in order to maintain, where possible, all the skills and autonomy of the Guests, ensuring them maximum psychophysical well-being. The structure operates in respect of individual autonomy and personal confidentiality, favoring the participation of guests and their families in community life. It also favors relations with the local community by activating moments and opportunities for meeting inside and outside the structure.



PART I

FUNDAMENTAL PRINCIPLES

Art. 1 - Equality and impartiality

The service offered to Guests of the RP, RSA and CDA is inspired by the principle of equality, assessing specific situations of need in accordance with an Individualized Assistance Plan for each individual guest.

No distinction in the provision of services can be made for reasons relating to gender, race, religion and political opinions.

The provision of services is also based on criteria of objectivity and impartiality.

Art. 2 - Continuity

Assistance will be guaranteed on a continuous, regular and uninterrupted basis throughout the year.

Given the nature of the RP/RSA/CDA service, should there be a suspension of an activity envisaged in this Service Charter, the Entity undertakes to limit the time of closure and disservice to a minimum in order to limit as much as possible the inconvenience for Guests and their families.

Art. 3 - Participation

The implementation of the service requires that Guests and their families are made aware of the quality standards of the Service, as well as the definition of individual individualized assistance plans.

In order to promote the widest participation in the management of the service, the E.A.S.P. it will activate meetings and assemblies with the subjects and social bodies concerned.

Family members of Guests will be made aware of the definition and management of the individualized work plan relating to their relative and in general in the activation of collective initiatives in favor of users.

To facilitate and guarantee the exchange between RP/RSA/CDA operators and relatives, the health and hotel coordinator will promote systematic meetings aimed at verifying the situation of the individual Guest and of the structure as a whole as well as the organization of the Services.

Participation in these meetings is considered essential to ensure the quality and precision of the intervention.

In any case and at any time, Guests and their families can submit complaints, observations, make suggestions for improving the Service directly to the Managers.

Art. 4 - Effectiveness and efficiency

The provision of services is carried out in ways suitable for guaranteeing the achievement of efficiency and effectiveness objectives.

The structure adopts suitable measures to achieve these objectives and draws up plans for improving the quality of the Service.

INSTRUMENTS



Art. 5 - Adoption of standards

The Personal Assistance and Services Body – E.A.S.P. – undertakes to equip itself with the quality and personnel standards envisaged in the highest range by the regional directives.

Compliance with the standards cannot be subject to conditions. They can be derogated from only if they are more favorable to the Guests.

The E.A.S.P. will carry out periodic checks on compliance with the standards.

The standards are periodically updated, to adapt them to the needs of the services. The new rules are adopted and followed taking care to minimize the uncomfortable consequences for Guests.

The E.A.S.P. moreover, in 2009 it adopted a Quality Management System in compliance with the ISO 9001:2008 standard which is constantly updated and monitored by the "Quality Unit".

Art. 6 - Guidelines

The Services and activities are carried out following protocols and/or guidelines accredited by national and international scientific societies.

The Health Manager, in concert with the Quality Unit, has the responsibility of promoting the periodic evaluation and review of the activity at least as regards pathologies whose diagnostic/therapeutic approach is subject to significant innovations in the literature.

Art. 7 - Simplification of procedures

In order to rationalize and make the documents relating to the discipline and provision of services known, the E.A.S.P. provides for the rationalization, reduction and simplification of the procedures it adopts.

It undertakes to reduce, as far as possible, the obligations required of the Guests and to provide the appropriate clarifications on them. Where possible, uniform forms will also be adopted, providing for the simplification and computerization of entry management systems and forms of payment for services.

Art. 8 - Information to Guests

Users (Guests and/or their family members) have the right to obtain information about the legal and technical methods of carrying out the services, to access the registers and archives, to obtain all the information in the ways and within the terms established by the laws in force and by this regulation.

To this end, a Public Relations Office (URP) has been created where Users can be informed of the decisions that concern them, their motivations and the possibility of making a complaint and the means of recourse against them.

The office receives the complaints presented by the User regarding the violation of the principles set out in this Charter of Services. At the time of filing the complaint, the Office communicates to the User the name of the official responsible for the investigation, the time frame foreseen for the completion of the same, the means available to the User in the event of an unfavorable response.

As a result of the appeal referred to in the previous paragraph, the Office reports to the User, within thirty days, about the investigations carried out, also indicating the terms within which the Body itself will provide for the removal of the irregularities encountered.

Art. 9 - Relations with Guests

The Staff is required to treat Guests with respect and courtesy and to assist them in exercising their rights and fulfilling their obligations.

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Personnel are also required to indicate their personal details, both in personal relationships and in telephone communications.

PART II

MANAGEMENT

Art. 10 - Services guaranteed to Guests

a. Protected Residence (RP)

It is a social-health service aimed at hosting non self-sufficient elderly people whose health conditions require continuous health care and cannot otherwise be assisted at home.

The general objective of the service is to take care of the person who is not self-sufficient and consequently of their quality of life, through a global approach with targeted and multidisciplinary interventions and stimulating both functional and cognitive residual capacity. This occurs through the completion of the following activities:

- *nursing assistance*: guaranteed continuously 24 hours a day, 365/366 days a year;
- *socio-medical and protection assistance*: guaranteed continuously 24 hours a day, 365/366 days a year;
- *rehabilitation service*: guaranteed every weekday;
- *entertainment service*: guaranteed every day of the year.

b. Healthcare Residence (RSA)

It is a social-health service aimed at the residential hospitality of patients with chronic-degenerative pathologies, which cannot be treated at home and in need of continuous assistance (patients who need a period of rehabilitation after an acute event; patients who need to be observed by both a doctor nursing care while waiting to be able to return home after an acute event; terminal patients, respite hospitalizations).

The RSA has a limited "hospitalization" with a high turnover of Guests who use services aimed at allowing, as far as possible, the recovery of lost functions and in any case a stabilization of the clinical picture, to then be sent to their home or in charge, but always at home, at territorial services or in residential or semi-residential structures. It can be divided into nuclei, offering an average level of medical, nursing and rehabilitation assistance accompanied by a high level of guardianship and hotel assistance for non self-sufficient individuals, who cannot be treated at home and with stabilized pathologies.

Therefore, RSA is a limited period of hospitalization which usually does not exceed 90 days.

c. Alzheimer Day Center

It is a social-health service aimed at semi-residential hospitality in support of home care, which aims to guarantee assistance support to a person suffering from disabling chronic degenerative pathologies and valid help to his family through the offer of value-added activities socialization and rehabilitation of elderly people with Alzheimer's dementia.

The general objective of the service consists in taking care of the elderly person suffering from dementia and consequently of the quality of his life, through a global approach with targeted and multidisciplinary interventions aimed at stimulating the residual capacities of the elderly. This occurs through the performance of the following services:

- *medical - nursing assistance*;
- *hotel assistance with semi-residential hospitality*;
- *hygiene and complete personal care*;
- *physiotherapy activities*;
- *Speech therapy*;
- *animation*.

Entertainment and free time

The work with the elderly is **centered on the re-evaluation of time**: for the elderly the past is distant and the memory tends to fade, the present is boring and the future generates anxiety. Animating free time means above all educating how to value it, so that "free time" becomes "participating", but also "watching" or "resting", provided that individual choices are guided by the awareness and protagonism of the person, rather than passivity or apathy. "**Animation**" is a term which in common jargon is used in the most disparate ways and in a **very reductive SENSE**: just think that often, when you hear about "animation", the first image that comes to mind is that of tourist villages, where people enjoy entertainer. Hence the risk that "entertainment in a nursing home" could be considered as a set of ludic-recreational activities designed "to let the elderly while away their time".

The etymology of the term "animation" anticipates the meaning hidden in animating action: "give soul", "instill life", "set in motion", "act with soul"; "animating action" means "doing", but imbuing actions with SENSE, in order to facilitate processes through which people rediscover the ability to inhabit the time they live. Here is the real challenge of those who work in animation every day in this structure: "**to make sense**".

The activities that will be proposed aim to stimulate and interest the elderly and have the following OBJECTIVES:

- increase socialization and develop interpersonal relationships;
- develop new skills and new interests;
- enhance protagonism and self-esteem;
- stimulate memory, attention and understanding;
- stimulate cognitive and logical-mathematical skills;
- stimulate debate and exchange of ideas;
- stimulate to overcome passivity by doing;
- accept the rules;
- express emotions, feelings and memories.

Human resources

The services are provided through professionally trained and qualified personnel employed by the managing body and/or conventional or freelance relationship:

President
Director
Secretarial staff
Health director
Geriatrician doctor
Quality Core
Head nurse
Professional Nurses
Rehabilitation therapists
Non-medical manager in charge of the Hotel Organization and Protection
Assistance workers
Animator
Speech therapist



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Podiatrist

Hair salon

Priest

Service Employees: Wardrobe
 Kitchen
 Maintenance/driver
 Warehouse

Structural requirements

The structural standards of the R.P./R.S.A./C.D.A. are the following:

- bedrooms with a usable area of at least m2. 18 for double rooms; in any case, the rooms are sized to facilitate mobility, maneuvering and rotation of wheelchairs and other walking aids
- bathrooms connected to the rooms in number of one for each room with two seats, of such dimensions as to allow the entry and rotation of wheelchairs, as per the regulations in force on disabilities;
- alarm call bells in all toilets and for all beds;
- more living areas for motor and recreational-cultural activities, dining rooms, adapted to the accommodation capacity of the structure;
- toilets connected to the common areas equipped for non-self-sufficiency;
- a bed lifter;
- one lift for every 40 residential places;
- reception area
- laundry and wardrobe rooms, kitchen and pantry, adapted to the organizational methods adopted for the service;
- room for storing dirty linen;
- room for storing clean linen;
- Chapel for worship activities;
- premises intended for the provision of non-compulsory services and supplies, if envisaged, must comply with the provisions in force;
- external green area.

The core services include:

- stay;
- blunch area;
- staff service room with toilet;
- kitchenette inside the staff service room;
- assisted bathrooms;
- room for sink and pan washer/disinfector.

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Per l'erogazione delle prestazioni ed attività sanitarie sono previsti:

- room for surgery;
- toilet;
- gym equipped with equipment and aids, with relative deposit;
- storage room for equipment, wheelchairs, consumables, etc.;
- abinet suitable for storing and keeping medicines.

Art. 11 – Admission Procedures

Protected Residence (RP): the citizen (or whoever takes his place), who **from his own home**, aspires to hospitalization in a structure must:

- a) be a non self-sufficient person with stable chronic pathologies;
- b) obtain from his General Practitioner (GP) a certificate indicating the request for hospitalization in RP and the pathology or multiple pathologies from which he is affected;
- c) go to the offices of the Social Worker of the Health District/Health Center of the ASL territorially competent for him, where he must present the certificate, as indicated in point b, and will forward a formal request for inclusion in the structure (consisting of completing and signing of pre-printed forms).

Subsequently, the ASL, through the Geriatric Evaluation Unit (UVG)¹, evaluates the applicant who will receive, in written form, the response of acceptance or refusal of hospitalization in the RP with the indication of the agreed structure for the stay.

In the event that the citizen who aspires to stay in RP is hospitalized, he must:

- a) be a non self-sufficient person;
- b) through the department head nurse, request the activation of the UVG for the evaluation procedures aimed at indicating the care pathway.

Healthcare Residence (RSA): the citizen (or whoever takes his place), who from **his own home**, aspires to hospitalization in a structure must:

- a) be patients with chronic degenerative pathologies, which cannot be treated at home and need continuous assistance;
- b) obtain from your General Practitioner (GP) a certificate indicating the request for hospitalization in nursing home and the pathology or multiple pathologies from which you are affected;
- c) go to the offices of the Social Worker of the Health District/Health Center of the ASL territorially competent for him, where he must present the certificate, as indicated in point b., and will forward a formal request for inclusion in the structure (consisting of completing and signing pre-printed forms).

Subsequently, the ASL through the Geriatric Evaluation Unit (UVG) will evaluate the applicant who will receive, in written form, the response of refusal or acceptance of the hospitalization in RSA with the indication of the agreed structure for the stay.

In the event that the citizen who aspires to stay in a RSA is **hospitalized**, he must:

¹ The UVG, as required by the PSR (Umbria Region Health Plan) is the multi-professional team. it normally consists of the general practitioner, the head of the health center of reference, the specialist doctor in geriatrics, the nursing head of the ADI, the social worker and is activated, in agreement between the general practitioner and the head of the health center, both hospital and community level. Other figures are added to this basic nucleus of operators according to the specific clinical assistance conditions. Over the three-year period, placements in the team of figures with more marked geriatric competence in the nursing and social-welfare fields must be tested. The team uses nationally and internationally validated tools for the multidimensional assessment of the frail elderly patient and his needs (comprehensive geriatric assessment) in order to be able to provide, in compliance with the care responsibilities, indications on the care response and integrations most appropriate according to the patient's needs, performing a valuable advisory function for both the GP and the ADI case manager.



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- a. be a non self-sufficient person;
- b. through the ward Nursing Coordinator, request the activation of the UVG for the evaluation procedures aimed at indicating the care pathway.

For the **Alzheimer Day Center (CDA)**, which provides for a stay during the day only, the citizen (or whoever takes his place) who aspires to be admitted to the facility must:

- a) be a non self-sufficient elderly person with chronic-degenerative pathologies or suffering from memory disorders according to clinical criteria (DSM IV, NINCDS-ADRDA, ICD 10) provided that they are free from behavior disorders such as to be incompatible with life in the community and with a impairment of autonomy (number of functions lost for ADL \geq 3);
- b) obtain from his General Practitioner (GP) a certificate indicating the request for hospitalization in a day care center and the pathology or multiple pathologies he is suffering from;
- c) go to the offices of the Social Worker of the Health District/Health Center of the ASL territorially competent for him, where he must present the certificate, as indicated in point b., and will forward a formal request for inclusion in the structure (consisting of completing and signing pre-printed forms).

After that, the Local Health Authority through the Territorial Evaluation Unit (UVT), which specially integrated with the Neurologist, scientific director, will evaluate the applicant on the advisability or otherwise of the insertion.

The procedures indicated above may provide for derogations from the requirements specified by the reference ASL specifications, therefore it is advisable to make direct contact, even by telephone, with the social workers of the ASL.

Art. 12 - Rights and duties of the Guest

- Upon entry, the Guest must have his own personal belongings and be in possession of the personal and health documents necessary for his stay in the structure.
- The Guest will be assigned a room with another guest on the decision of the Management, which also has the right to transfer the Guest to another room if required by the needs of community life.
- The Guest can receive visits respecting the times indicated by the Management of the Institution.
- The Management is not responsible for the removal of Guests as, while activating every possible means and attention in the field of assistance and protection, it cannot adopt coercive and restrictive measures of personal freedom. Measures in this sense may be adopted only if necessary to guarantee the safety of the guest.
- The maintenance fee, determined annually by the Umbria Region, is inclusive of all the services referred to in art. 9. Expenses relating to:
 - personal linen;
 - fees owed by the Guest on a personal basis for services other than those provided directly by the structure;
 - stays and stays outside the structure;
 - drugs not included in the National Pharmaceutical Service;
 - or anything else not expressly specified.
- The maintenance fee must be paid monthly and in arrears from the 10th to the 15th of each month.
- Upon admission, a payment of € 1,550.00 as a non-interest bearing "Security Deposit" is required;
- In the event of hospitalization, the assistance and care of the Guest's personal linen must be guaranteed by family members, except for the absence of referents, the Structure undertakes in equal measure.



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- The Management of E.A.S.P. assumes no responsibility for the valuables stored personally by guests in their rooms; the Management can perform the function of depositary free of charge pursuant to articles 1766 and following, of the Civil Code with the written authorization of the Guest or his family members.
- The Management can arrange for the collection of the pension on behalf of the Guest, at the express request of the same.
- If the conditions of the Guest do not allow it and there are no family members, provisions will be made with the guardianship institutions provided for by law.

Art. 13 - Timetables

Visiting hours:

Hall	from 8.30 to 19.00;
On the floors	from 10.30 to 19.00;

Hours of access to the public at the administrative offices:

- from Monday to Saturday from 9:00 to 12:30

Meal times:

- RP e RSA :

Breakfast	hours 8.00
snack	hours 10.00
Lunch	hours 12.00
Afternoon snack	hours 16.00
dinner	hours 18.30
- CDA:

snack	hours 10.00
Lunch	hours 12.00
Afternoon snack	hours 16.00

Art. 14 – Complaints, reports and suggestions

Family members and guests can make complaints, reports and suggestions using the appropriate forms present in the structure or in the appropriate area on the institutional website (www.easp.it).

Art. 15 – Final Rule

The E.A.S.P. reserves the right to change the content of this Charter at any time, after informing the Guests, also with reference to the amended guidelines provided by the sector legislation.

If the Guest does not accept the aforementioned changes, he will have to leave the service.