

## SERVICE CHARTER

Quality certifications
OHSAS certification
Mission
Vision
Quality policy statement
Foundation
Benefits and service
Residential rehabilitation
Outpatient rehabilitation
Home rehabilitation
Resources for the provision of performance and services
Direction
References
Territorial Presidency
Structure
Presidium
Internal organization
Structure
Ambulatory unit
Internal organization
Quality standards, commitments and programs
Access to health records
Forms
Price list for solvent users

Presentation of service charter

#### PRESENTATION OF SERVICE CHARTER

The Service Charter of the Territorial Presidium of Recovery and Functional Rehabilitation "Gli Angeli di Padre Pio" of the Foundation of the Rehabilitation Centers Padre Pio Onlus, is a communication tool for the protection of citizens who benefit from the services provided. A bond made of information, commitment and listening that allows the body, with its almost fifty years of experience, to provide services that increasingly meet the real "demand" needs, offering users all the information on the activities performed so that they are better known and allowing them to monitor and evaluate care pathways.

As part of the services provided, patient protection is implemented through the following guarantees:

- presence of a Multidisciplinary Team led by the Health Manager and/or the Sanitary Responsible of the Core;
- active partnership between the various community actors (territorial services, voluntary associations, patient's family, etc.);
- compliance with the principles of equality and impartiality of the management of waiting lists;
- plant safety of the equipment used;
- recognition of personnel through the use of special tags;
- accurate communication on the rehabilitation process to the patient and / or family members;
- informed participation of the patient in the services provided, with the signing of informed consent;
- guarantee on the processing and communication of personal data, through the protection of professional secrecy and privacy;
- user safety through a correct management of the clinical risk.

Therefore, in compliance with the Directive of the President of the Council of Ministers of May 19, 1995 "Charter of Public Health Services", a real system of guaranteeing the quality of service is drawn up, implemented with the participation and involvement of citizens-users.

The Foundation intends to explain its values and the principles of reference, by promoting its activities and services rendered to disabled people.

There is a program to implement the Service Charter. A self-assessment report is prepared, at least on an annual basis by the Foundation, which sets out the results achieved in relation to the commitments and standards established, as well as the levels of user satisfaction.

The Service Charter is advertised and distributed in each Foundation's Presidium and Service.

It is drawn up with the input of the Heads of the Deans and Services, with the collaboration of representative associations of protection and voluntary service and with the opinion of the Puglia Regional Authority of the rights of the people with disability.

This consultation process is accompanied by written documentation, in copy, at the end of this document.

President fr. Francesco Colacelli OFM Cap

f. funcios ale un

3





ertification bodies, is the largest provider of management System Certification in the world. IQNet is composed of more than 30 bodies and counts over 150 subsidiaries all over the globe.

#### CERTIFICATO n. CERTIFICATE No.

8552/0

SI CERTIFICA CHE IL SISTEMA DI GESTIONE PER LA QUALITÀ DI WE HEREBY CERTIFY THAT THE QUALITY MANAGEMENT SYSTEM OPERATED BY

#### FONDAZIONE CENTRI DI RIABILITAZIONE PADRE PIO ONLUS

Sede e Unità Operativa

Viale dei Cappucini, 77 - 71013 San Giovanni Rotondo (FG) - Italia Direzione Esecutiva. Uffici amministrativi.

Per le Unità Operative vedere l'Allegato. / For Operative Units see Annex.

È CONFORME ALLA NORMA / IS IN COMPLIANCE WITH THE STANDARD

#### UNI EN ISO 9001:2015

Sistema di Gestione per la Qualità / Quality Management System PER LE SEGUENTI ATTIVITÀ I FOR THE FOLLOWING ACTIVITIES

EA: 38

Erogazione di servizi di riabilitazione in regime residenziale, ambulatoriale e domiciliare nei settori di: neuromotricità, psicomotricità, logopedia, terapia occupazionale, psicoterapia, ortopedia, cardiorespiratoria e vascolare, oncologia e FKT. Erogazione di servizi di riabilitazione in regime residenziale nei settori di: ortottica, idrokinesiterapia e riabilitazione assistita da robot.

Delivery of residential, outpatient and domestic rehabilitation services in the following areas: neuromotorism, psychomotority, speech therapy, occupational therapy, psychotherapy, orthopedics, cardiovascular and vascular therapy, oncology therapy and FKT. Delivery of residential rehabilitation services in the areas of: orthotics, hydrokinesitherapy and robotics assisted rehabilitation.

Riferirsi alla documentazione del Sistema di Gestione per la Qualità aziendale per l'applicabilità dei requisiti della norma di riferimento Refer to the documentation of the Quality Management System for details of application to reference standard requirements.

Il presente certificato è soggetto al rispetto del documento ICIM "Regolamento per la certificazione dei sistemi di gestione" e al relativo Schema specifico.

The use and the validity of this certificate shall satisfy the requirements of the ICIM document "Rules for the certification of company management systems" and specific Scheme Per informazioni punturali e aggiornate circa eventuali variazioni intervenute nello stato della certificazione di cui al presente certificato, si prega di contattare il n° telefonico +39 02 725341 o indirizzo e mail info@icim.it.

For timely and updated information about any changes in the certification status reterned to in this certificate, please contact the number +39 02 725341 or email address info@icim.it.

Data emissione First issue 09/06/2017 Emissione corrente 22/03/2019

08/06/2020

ICM S.p.A.

Piazza Don Enrico Mapelli, 75 - 20099 Sesto San Giovanni (MI)

www.icim.it



5GO Nº 004 A

Membro degli Accordi di Mutuo Riconoscimento EA, IAF e ILAC Signatory of EA, IAF and ILAC Mutual Recognition Agreements



CISO è la Federazione Italiana di Organismi di CISQ is the Italian Federation of management system Certification Bodies.





CISQ is a member of

www.ignet-certification.com

tion bodies, is the largest provider of manageme System Certification in the world. is composed of more than 30 bodies and counts

ALLEGATO al CERTIFICATO n. Attachment to CERTIFICATE No.

8552/0

RILASCIATO A / ISSUED TO

#### FONDAZIONE CENTRI DI RIABILITAZIONE PADRE PIO ONLUS

Comprende oltre la sede centrale citata sul certificato, anche le seguenti unità decentrate: Included the following operative unit:

Viale Padre Pio, 24 - 71013 San Giovanni Rotondo (FG) - Italia Erogazione di servizi di riabilitazione in regime residenziale, ambulatoriale e domiciliare nei settori di: neuromotricità, psicomotricità, logopedia, terapia occupazionale, psicoterapia, ortopedia, cardiorespiratoria e vascolare, oncologia e FKT. Erogazione di servizi di riabilitazione in regime residenziale nei settori di: ortottica, idrokinesiterapia e riabilitazione assistita da robot.

> Piazza Veneziale, 1 - 86170 Isernia (IS) - Italia Gestione casa di riposo.

via Sannicandro, s.n.c. - 71014 San Marco in Lamis (FG) - Italia \* piazza Padre Pio, 14 - 71012 Rodi Garganico (FG) - Italia \* Via Maddalena, s.n.c. - 71010 San Paolo Civitate (FG) - Italia \* via Papa Giovanni XXIII, s.n.c. - 71018 Vico del Gargano (FG) - Italia \* via Giolitti, 10 - 71019 Vieste (FG) - Italia \* via Avellino, s.n.c. - 71010 Cagnano Varano (FG) - Italia \* via Europa, 1 - 71034 Castelnuovo della Daunia (FG) - Italia \* via Cesare Battisti, s.n.c. - 71010 Ischitella (FG) - Italia \* viale Santa Croce, 1 c/o Ospedale Civile - 71037 Monte Sant'Angelo (FG) - Italia \* via Puglie, s.n.c. - 71045 Orta Nova (FG) - Italia \* via Trento, s.n.c. - 71010 Peschici (FG) - Italia \* P.le Giorgio Amendola, 32/34 - 71043 Manfredonia (FG) - Italia \* Piazza Giordano, 13/c - 71100 Foggia (FG) - Italia \* V.le II Giugno, 373 - 71016 San Severo (FG) - Italia \* Erogazione di servizi di riabilitazione nei settori di neuromotricità, psicomotricità,

logopedia n regime ambulatoriale e domiciliare.



Signatory of EA, IAF and ILAC Mutual Recognition Agreements



CISO è la Federazione Italiana di Organismi di CTSQ is a receration to training of the control of



THE INTERNATIONAL CERTIFICATION NETWORK

## CERTIFICATE

CISQ/ICIM SPA has issued an IQNet recognized certificate that the organization:

#### FONDAZIONE CENTRI DI RIABILITAZIONE PADRE PIO ONLUS

Head Office and Operative Unit Viale dei Cappucini, 77 - I-71013 San Giovanni Rotondo (FG) Operative Units

Viale Padre Pio, 24 - I-71013 San Giovanni Rotondo (FG) - Piazza Veneziale, 1 - I-86170 Isernia (IS)
via Sannicandro, s.n.c. - I-71014 San Marco in Lamis (FG) - piazza Padre Pio, 14 - I-71012 Rodi Garganico (FG)
via Papa Giovanni XXIII, s.n.c. - I-71018 Vico del Gargano (FG) - via Giolitti, 10 - I-71019 Vieste (FG)
via Avellino, s.n.c. - I-71010 Cagnano Varano (FG) - via Europa, 1 - I-71034 Castelnuovo della Daunia (FG)
via Cesare Battisti, s.n.c. - I-71010 Ischitella (FG) - viale Santa Croce, 1 c/o Ospedale Civile - I-71037 Monte Sant'Angelo (FG)
via Puglie, s.n.c. - I-71045 Orta Nova (FG) - via Trento, s.n.c. - I-71010 Peschici (FG)
P.le Giorgio Amendola, 32/34 - I-71043 Manfredonia (FG) - Piazza Giordano, 13/c - I-71100 Foggia (FG)
V.le II Giugno, 373 - I-71016 San Severo (FG) - Via Maddalena, s.n.c. - I-71010 San Paolo Civitate (FG)

has implemented and maintains a

#### Quality Management System

for the following scope:

Delivery of residential, outpatient and domestic rehabilitation services in the following areas: neuromotorism, psychomotority, speech therapy, occupational therapy, psychotherapy, orthopedics, cardiovascular and vascular therapy, oncology therapy and FKT. Delivery of residential rehabilitation services in the areas of: orthotics, hydro-kinesitherapy and robotics assisted rehabilitation.

which fulfils the requirements of the following standard:

#### ISO 9001:2015

Issued on: 2019-03-22 First issued on: 2017-06-09

Expires on: 2020-06-08

This attestation is directly linked to the IQNet Partner's original certificate and shall not be used as a stand-alone document.

Registration Number: IT-103424

l. Net

Alex Stoichitoiu
President of IQNET

CISQ

Ing. Claudio Provetti President of CISQ

IQNet Partners\*:

AENOR Spain AFNOR Certification France APCER Portugal CCC Cyprus CISQ Italy
CQC China CQM China CQS Czech Republic Cro Cert Croatia DQS Holding GmbH Germany FCAV Brazil
FONDONORMA Venezuela ICONTEC Colombia Inspecta Sertificinti Oy Finland INTECO Costa Rica
IRAM Argentina JQA Japan KFQ Korea MIRTEC Greece MSZT Hungary Nemko AS Norway NSAI Ireland
NYCE-SIGE México PCBC Poland Quality Austria RR Russia SII Israel SIQ Slovenia
SIRIM QAS International Malaysia SQS Switzerland SRAC Romania TEST St Petersburg Russia TSE Turkey YUQS Serbia
IQNet is represented in the USA by: AFNOR Certification, CISQ, DQS Holding GmbH and NSAI Inc.

<sup>\*</sup> The list of IQNet partners is valid at the time of issue of this certificate. Updated information is available under www.iqnet-certification.com



THE INTERNATIONAL CERTIFICATION NETWORK

## CERTIFICATE

#### CISQ/CERTIQUALITY S.r.I.

has issued an IQNet recognised certificate that the organization:

#### FONDAZIONE CENTRI DI RIABILIAZIONE PADRE PIO ONLUS

IT - 71013 SAN GIOVANNI ROTONDO (FG) - VIALE DEI CAPPUCCINI 77 for the following scope

Provision of rehabilitation services in residential, outpatient and home care in the fields of: neuro motricity, psychomotor, speech therapy, occupational therapy, psychotherapy, orthopedics, cardiorespiratory and vascular, oncology and FKT. Provision of residential rehabilitation services in the sectors: orthoptics, hydro-kinesitherapy and robot-assisted rehabilitation.

has implemented and maintains a

Safety Management System which fulfills the requirements of the following standard

OH SAS 18001:2007

Issued on:

2017-12-21

First issued on:

2017-12-21

Expires on: 2020-12-20
This attestation is directly linked to the IQNet Partner's original certificate and shall not be used as a stand-alone document

Registration number:

IT-108455

Alex Stoichitoiu President of IQNET

Ing. Claudio Provetti President of CISQ

IQNet Partners\*:

AENOR Spain AFNOR Certification France APCER Portugal CCC Cyprus CISQ Italy
CQC China CQM China CQS Czech Republic Cro Cert Creatia DQS Holding GmbH Germany FCAV Brazil FONDONORMA Venezuela ICONTEC Colombia Inspecta Sertificinti Oy Finland INTECO Costa Rica IRAM Argentina JQA Japan KFQ Korea MIRTEC Greece MSZT Hungary Nemko AS Norway NSAI Ireland NYCE-SIGE México PCBC Poland Quality Austria Austria RR Russia SII Israel SIQ Slovenia SIRIM QAS International Malaysia SQS Switzerland SRAC Romania TEST St Petersburg Russia TSE Turkey YUQS Serbia IQNet is represented in the USA by: AFNOR Certification, CISQ, DQS Holding GmbH and NSAI Inc.

<sup>\*</sup> The list of IQNet partners is valid at the time of issue of this certificate. Updated information is available under www.iqnet-certification.com



### MISSION

The mission of the PADRE PIO ONLUS REHABILITATION CENTERS FOUNDATION is to protect the dignity and improve the quality of life of people with disabilities and their families through health and social rehabilitation interventions, taking charge not only of disability as such, but also of the personal and family suffering that accompanies it.

To this end, two elements are important: that of welcoming, which responds to the commitment to put at ease (internal availability and listening) those who access our services and that of the valorization of life, in all its expressions, which helps operators to discover the value of people who suffer as a particular object of God's love.

In all its activities the Foundation wants to be a place where charity is expressed towards others through:

- Welcoming, care, knowledge;
- Rehabilitation (to restore functionality or reduce difficulties and debilitating outcomes;
- improve quality of life) considering the involvement and participation of the user as a priority involvement of his family to the individual rehabilitation project (PRI);
- Human promotion (identifying and enhancing the potential of each person considered as bearer of value and dignity);

Specifically, in the rehabilitative scientific activity:

- The global approach to the person, which takes into account his / her existential situation and not only the compromised functions to be reactivated or specific needs to be met;
- The commitment to team work that favors the integration of individual contributions and respect to the specific professional skills of the various team members;
- The need to ensure precise, objective information on disability, its implications and existing measures.

President of the Foundation
Fr. Francesco Colacelli OFM Cap



### VISION

The FOUNDATION OF REHABILITATION CENTERS PADRE PIO ONLUS intends to pursue excellence through continuous training, implementation of services and equipment, quality in the provision of services, integrating with the Regional Health System, in the ongoing challenge, aimed at breaking down waiting lists for diagnostic services, as well as being a reference point for rehabilitation and rehabilitation services.

The OBJECTIVES of the FOUNDATION REHABILITATION CENTERS PADRE PIO ONLUS can be identified in the following:

- Guarantee the effectiveness and efficiency of company processes and the quality of the service provided through the use of adequate professional and technological resources.
- Adopt and maintain a Quality System that leads to institutional accreditation and Quality Certification and maintenance.
- Meet the needs of users with respect to the types and volumes of services required, in collaboration with the ASLs regarding accredited activities, in the common objective of reducing waiting times, in particular for outpatient diagnostic services, in the area of Regional Programming. The correct management response to the continuous change of requests makes the Foundation believe that it is not a subsidiary entity to the public activity but supplementary and complementary to it; therefore the productive factors must be constantly monitored and adjusted both in terms of human resources and in terms of technological resources.
- Ensuring the respect of time and dignity of the patient through:
- The arrangement of large and comfortable access times;
- Certain and transparent waiting times and booking procedures;
- Compliance with the agreed timetable for services;
- The possibility for the patient to know and choose the specialist to rely on;
- Immediate reporting for the diagnostic services;
- A comfortable, clean environment that guarantees privacy during service delivery;
- Professionalism and courtesy from all employees and willingness to provide information;
- · Respect for privacy.
- Clinical Risk Management
- Achievement and maintenance of the product and service standard as planned, with the aim of pursuing continuous improvement

President of the Foundation
Fr. Francesco Colacelli OFM Cap



### **QUALITY POLICY**

The PADRE PIO ONLUS REHABILITATION CENTERS FUNDATION of San Giovanni Rotondo (FG) is an organization that since 1971, has been operating in the field of non-hospital private rehabilitation institutionall accredited for the provision of rehabilitation health services in continuous cycle, outpatint, home and extramural (in the province of Foggia) and socio-healthcare residential carinthe Municipality of Isernia.

To this end, the Foundation wants to

- Ensure continuity of continuous cyc rehabilitation s rvices;
- Satisfy in a priority manner the ne ds of its users;
- Maintain a leadership position within th ir business sector;
- Increasing investments for equipment modernization
- Identify n w services that can be offered to the customers;
- Improve the moral and material conditions of members and families, undertaking to ensure at least the current employment conditions
- Adapt facilities to current saf ty and environmental regulations

The PADRE PIO ONLUS REHABILITATION CENTERS FOUNDATION, through the application of a System of Management oriented to the requirements of the UNI EN ISO 9001 standards, aims to refine its capacity to respond to the market, both in terms of technical competence and reliability, ensuring that the service provided is fully satisfactory for users and all par s interested and based on solid foundations of prof ssionalism.

To this end, the Management undertakes to:

- Promote the maximum involvement of all personnel in the effectiv and efficient management of Quality management system;
- Respect the national and international regulations in force, with particular reference to those relating to the health sector;
- Qualifying and periodically evaluating its suppli rs;
- Plan and monitor activi s, with regard to all interested parties
- Proceed with the periodic review of what is established by this policy and the data collected, promotin
  new initiati s, in a logic of continuous improvement of its Quality Management System
- To make the company staff aware of continuous improv ment in every activity
- Create correct information chann ls, both outside and inside the Foundation
- Implement an Annual Clinical Risk Management Plan according to JCI standards.

The Foundation will pursue and achieve these objectives only with the commitment of all its members, it is therefore essential that all those who work within it adhere to the spirit and operating methods of this quality policy in order to achieve the results we hope for in terms of efficiency, user satisfactioe and satisfactioe of all the members involved parties.

President of the Foundation
Fr. Francesco Colacelli OFM Cap

#### THE FOUNDATION

The history of the Foundation begins about 50 years ago when, on May 25th 1970, on the anniversary of the birth of Padre Pio, thanks to the will and commitment of a Capuchin friar, Father Michele Placentino, the first stone was laid for the construction of an auxological center, today seat of the residential Territorial Presidium of Recovery and Functional Rehabilitation "Gli Angeli di Padre Pio".

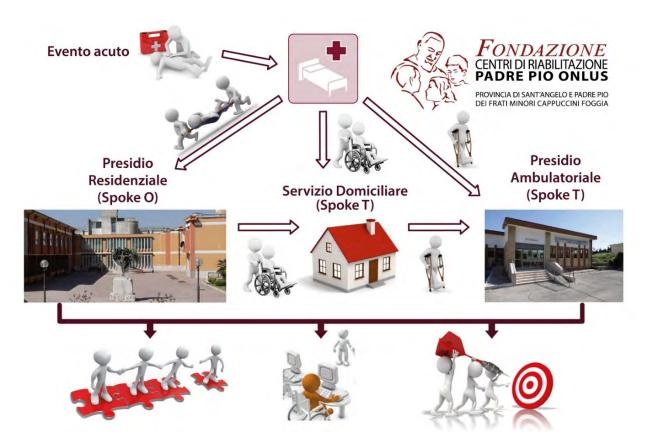
Following the path traced by Father Michael and in the sign of Saint Pio of Pietrelcina, the Capuchin Friars of the Religious Province of Sant'Angelo and Padre Pio decided to devote themselves with all their strength to disadvantage and disability aiming at rehabilitation in a territory that in the past it offered very little.

Today, the Padre Pio Onlus Rehabilitation Centers Foundation is a No-Profit Organization consisting of 14 non-hospital rehabilitation facilities: 1 Territorial Presidium with a continuous (residential) cycle of 65 beds located in San Giovanni Rotondo, n. 12 ambulatory rehabilitation and functional rehabilitation facilities located in the Province of Foggia (Municipalities of Cagnano Varano, Castelnuovo della Daunia, Ischitella, Monte Sant'Angelo, Ortanova, Peschici, Rodi Garganico, San Giovanni Rotondo, San Marco in Lamis, San Paolo of Civitate, Vico del Gargano and Vieste) with attached home care services and 1 Presidium with a core of n. 20 beds of RSA (Assisted Sanitary Residence) and n. 20 beds of RP (Protected Residence), located in Isernia in the Molise Region.

The Foundation's workforce is around 460, almost all of them hired for an indefinite period. The National Collective Bargaining Agreement (CCNL) applied to medical personnel is the ARIS / CIMOP private health system, while the ARIS RSA CdR 5 December 2012 is applied to the remaining personnel

It is presented with a "network" company structure, which complies scrupulously with the indications of the 2011 National Rehabilitation Guidance Plan, implemented by the Puglia Region with DGR 10 May 2011, n. 933. Indications that also envisage the involvement of users in the care processes and the measurement of perceived quality, given that, among other things, the "patient satisfaction" and "complaint management" service has been activated for some time periodically and constantly measures and elaborates specific "reports" that are made public at conferences or internal publications such as "CentrInforma", the quarterly report of the Foundation founded in 2013 and registered in the same year at the Court of Foggia.

In the Foundation operates a multi-professional, structured team of considerable scientific and professional standing, made up of experts in healthcare management, medical specialists (in physical and rehabilitation medicine, neurology, orthopedics, child neuropsychiatry, cardiology, internal medicine, ophthalmology), psychologists and psychotherapists, rehabilitation operators (physiotherapists, speech therapists, occupational therapists, neuro and psychomotor therapists of the developmental age, professional educators and orthoptists) biomedical engineers, professional nurses, social workers, support staff and administrative staff as well as sought-after consultants, free professionals and in agreement with prestigious health facilities or Italian and foreign universities. The Foundation is home to a curricular internship for medical students in specialization (Physical and Rehabilitation Medicine) and for Rehabilitation Practitioners of the University of Foggia with whom it collaborates for the purposes of research, training, scientific activity and study.



The Foundation, and this is what distinguishes it particularly from all the potential competitors, has set up "Gli Angeli di Padre Pio" in San Giovanni Rotondo, a "Technological Rehabilitation Laboratory", equipped with systems and equipment at the excellence Presidium. highly innovative in the field of rehabilitation medicine.

All Deans are institutionally accredited with the National Health Service. This means that they are in possession of the minimum requisites prescribed for operating authorization (Address document contained in the Presidential Decree of 14 January 1997), of the supplementary and additional requirements necessary for accreditation and identified by the Puglia Region to continue to be able to operate on behalf of the SSR (DGR n. 533/88; Regional Regulation n. 3/2005; Regional Regulation n. 3/2010; DGR n. 2185/2010; Regional Regulations n. 16/2010 and n. 20/2011; DGR n. 1195/2013; Regional Regulation No. 12/2015 and Regional Regulation No. 9/2016).

She is a member of the ARIS employer association - Religious Association of Socio-health Institutes. The A.R.I.S., based in Rome, brings together representatives of ecclesiastical institutions (religious and secular) or connected with them, which provide health care benefits.

The ARIS Association acts under the supervision of the Ecclesiastical Authority (Italian Episcopal Conference - C.E.I.) in accordance with cann. 298-299-305-322-325 of the Code of Canon Law, is inspired by the directives of the Pontifical Council for the Pastoral Care of Healthcare Workers and the competent body for Health Pastoral Care of the CEI.

The adoption of the corporate plan for the management of clinical risk and patient safety complies with the recent Gelli / Bianco law no. 24/2017. All public and private health and socio-health facilities are required to manage clinical risk and patient safety (GRC). They are obliged to comply with specific organizational and management requirements to protect users: procedures to avoid infections such as proper hand washing, prevention of falls, patient suicide, their mistreatment by operators, and dangers from use of electro-medical equipment etc. Clinical risk management is also implemented with the help of a specific software that allows operators to report adverse sentimental events and / or almost-events in real time, and to the Head of "Clinical Risk Management (RGRC)" to manage them.

The Padre Pio Onlus Rehabilitation Centers Foundation is subjected to the usual evaluation inspections aimed at achieving quality certifications and the implementation of business systems and plans with the aim of raising the organization to organizational and management excellence as well as clinical, capable of achieving the ultimate goal of guaranteeing the quality level of the service provided to the final user.

For these reasons, it adopts the Organizational Model 231/01. In order to provide correct information, each Presidium is provided with a copy of the "Organization, Management and Control Model" and the "Code of Ethics"

It meets the expected requirements of the new Privacy law and, in particular, of the EU Regulation n. 2016/679 and has an annual Plan for the Management of Clinical Risk pursuant to Law 24/2017. It has obtained the "ICIM" quality certification in compliance with the "UNI EN ISO 9001: 2015" requirements and the "Certiquality" work safety certification "BS OHSAS 18001: 2007".

Finally the Foundation adopts the wistle blowing system of ANAC (National Anticorruption Authority) to report illicit conducts of its employees who intend to do it by themselves.

#### BENEFITS AND SERVICE

The Foundation is institutionally accredited pursuant to the L.R. n. 9 of 2 May 2017, for the provision of rehabilitation services, intensive and extensive in hospitalization regime (65 beds), outpatient (12 outpatient nucleus) and homecare (all the ASL territory of Foggia).

Moreover, the Foundation in Isernia in Molise, is institutionally accredited for the delivery of socio-sanitary assisted performances with a Residence sanitary assisted and protected.

The most recurrent pathologies that fall under the rehabilitative treatments pursuant to Article 26 of Law 833/78 (identified by the Regional Council with Resolution 1073/02, the Quaderno n. 8 of the Rehabilitation of 8 April 2011 and the Regional Council with Resolution 1195 / 13), are simplified so classified:

- primary / secondary central nervous system (CNS) pathology in developmental age;
- pathology of the primary / secondary CNS in the young, in the adult and in the elderly;
- pathology of the peripheral nervous system (PNS);
- post-traumatic osteoarticular / myotendinous pathology, post-surgical, post-burns;
- osteoarticular / myotendinous pathology / inflammatory rheumatic pathologies and functional impotence linked to exacerbation;
- internal pathologies;
- oncological diseases.

For such pathologies, the Foundation, provides performances of:

#### - Neurological Rehabilitation:

Neurological pathologies are among the first causes of disability and their incidence is constantly increasing, also due to the current aging of the population; the result is an ever-increasing demand for specific rehabilitative intervention, aimed at maximizing the functional capacity of the neurological patient.

Patients affected by diseases of the central and peripheral nervous system in the post-acute or chronic phase, (cerebral stroke, outcomes of traumatic and non-traumatic myelopathies, expansive processes, cerebrally treated surgically, multiple sclerosis, etc.) are welcomed. The structure also welcomes patients in a vegetative or minimally conscious state due to severe brain injury.



#### - Orthopedic Rehabilitation:

Orthopedic pathologies, especially those of surgical interest, affect an important slice of the elderly and young population; rehabilitation offers many advantages to this type of patient as it allows, in most cases, complete functional recovery. Patients suffering from surgically treated orthopedic pathologies (hip prosthesis, knee prosthesis, shoulder prosthesis, cruciate ligament reconstruction) and patients suffering from polytrauma outcomes or with amyelic segmental and vertebral fracture outcomes, treated with surgery are welcomed. Particular attention is given to patients who have undergone amputation of upper or lower limbs and are prosthesisable. During hospitalization at our facility the patient is prepared and trained to use the prosthesis.

#### - Respiratory and Cardivascular Rehabilitation:

Respiratory rehabilitation is a pathway dedicated to patients suffering from pathologies affecting the airways, lung parenchyma and respiratory muscles such as chronic obstructive pulmonary disease, but also from bronchial asthma, bronchiectasis, pulmonary fibrosis, ventilator deficiencies in subjects with deformity of the rib cage (kyphoscoliosis), with neuromuscular diseases, with respiratory failure of any origin. Essential components of respiratory rehabilitation programs are also educational and physical exercise reconditioning. The latter aims to increase the ability to perform physical activity, to reduce the feeling of anxiety connected to physical activity and to restore a sufficient degree of autonomy.

#### - Pediatric Rehabilitation:

Pediatric rehabilitation takes in patients in developmental age suffering from neuromotor disorders or following severe or chronic brain injury such as infantile cerebral palsy, muscular dystrophies, spina bifida, severe malformations of the locomotor system (even after functional surgical treatment), genetic syndromes and rare diseases and orthopedic pathologies, treated surgically, as a result of polytrauma or skeletal and vertebral segmental fractures.

#### - Occupational Therapy:

The goal is adaptation to everyday life, providing patients with information on orthoses, aids and changes to the environment, with particular reference to ergonomics and joint economy. For this reason, the patient is evaluated by an occupational therapist during the hours of lunch and waking up

in the morning, in order to promote greater autonomy in the activities of daily life (eating, washing, dressing, etc.).

#### -Speech Therapy Rehabilitation:

Speech therapy is a branch of medicine that is concerned with the prevention and treatments of the pathologies and disorders of the voice, of speech, of communication, of swallowing and connected cognitive disturbances. It is also concerned with the study of the superior cortical functions and of their neurological foundation connected with language, memory and learning. The pathologies treated are:

- dysphonia, that is when the vice is missing, or it is weak, or hoarse for any reason;
- stuttering, dysphemia, when one gets "stuck" speaking or can't speak in a loose manner;
- dysarthria, when there is a difficulty to articulate a word (groups all expressive alterations from early and non-early neuromotor disorders, such as occur in infant cerebral palsy, in Parkinson disease, in Multiple Sclerosis etc);
- Specific disorders of language, like pronunciation mistakes, altered construction of words or sentences;
- dysphagia, disorders of swallowing and/or eating disorders: when there is a closure of the teeth
  that is not correct, a cleft palate or neurological disorders and syndromes (as Down syndrome,
  infant cerebral palsy, demolition surgical operations, neurological problems stroke head trauma
  etc.- degenerative diseases etc.)
- deviant swallowing, or the non-passage from infantile swallowing to adult swallowing;
- specific learning disorders, as for example:
  - difficulty in reading dyslexia;
  - difficulty to count dyscalculia;
  - difficulty in saying and/or constructing correctly a sentence,
  - difficulty in writing well and without making orthographic mistakes dysgraphia and dysorthography;
  - communication and language difficulties, of genetic origin (ex. Down Syndrome) or acquired in childhood (for ex. Neonatal, prenatal meningoencephalitis, etc.), dementia (Alzheimer, multinfarctions, etc.);
  - communication disorders due to deafness;
  - communication and language difficulties in people with autism ( pervasive developmental disorder);

- language difficulty of various nature as for example in hyperactive subjects with relation difficulties;
- language difficulties for socio-cultural inadequacy.

#### **Orthotic Rehabilitation:**

Orthotic rehabilitation consists in sight reeducation through specific exercises and specific movements of the eye, as a real gym.

Among the exercises and techniques of orthotic rehabilitation, the most common are:

- Orthotic training and sight training;
- Reading exercises;
- Occlusions and penalties;
- Training to accommodation;
- Prismatic therapy;
- Training in optical aids;
- Visual hygiene education;
- Exercises and techniques targeted for visual rehabilitation of visually impaired people, aiming at exploiting best the remaining visual function.

Rehabilitation protocols are customized according to the type of patient and the deficit found.

Orthotics investigates on the muscular, sensorial and nervous deficits that affect the visual function, as for example:

- Convergent and divergent strabismus;
- Amblyopia;
- Astenopia;
- Diplopia;
- Alterations of the visual field;
- Accommodative dysfunctions;
- Convergence deficit.

It also intervenes in post-trauma and in cases of paresis and paralysis of the extra ocular muscles, senile degenerative pathologies, ocular pathologies, ischemic optic diseases in more or less advanced age patients.

#### - Psychology Service:

Cognitive functions are fundamental for a satisfactory recovery of the autonomy of patients suffering in particular from neurological pathology. Therefore a careful analysis of these functions is important. Our structure offers a Clinical Psychology service for the assessment and training of recovery of cognitive functions. All this allows a more complete recovery of the patient's autonomy.

#### - Caregiver Training and Information Service:



Training and information for the user and caregiver is an obligation for health facilities and, as far as rehabilitation is concerned, it is clearly provided for in the 2011 Ministerial Address Plan, implemented by the Puglia Region with Regional Council Decree no. 933/2011.

The Service guarantees, through a help desk present in each Presidium (spoke centers) and one with a help desk located at the "Gli Angeli di Padre Pio" Presidium (hub center), the possibility of receiving all the information regarding the

world of disability, both welfare administrative and social security. Furthermore, users can be trained on the assistance techniques of all the acts of daily life modified as a result of their disability, on the correct use of aids, orthoses and facilitator tools, as well as on the handling of loads and other strategies to minimize the risks to which the caregiver is exposed while performing his service. A wide range of information of the legislation concerning the rights of the disabled people is available.

Furthermore, the Foundation also delivers private treatments (for a fee). The users can decide to take advantage of visits and / or assessments by choosing the professional to contact.

#### - Private paid treatments:

These treatments are subject to the payment of a fee according to the rate approved by the Board of Directors upon proposal of the General Management, known as the Executive (included in this document).

The patients concerned will be visited, evaluated or treated by specialist physicians who will propose appropriate care plans for their clinical and rehabilitative needs.

Patients oriented to performing solvency services can obtain all the general information by calling 0882/456264 and at no. 0882/456267, via Fax to 0882/453817 or also via email angeli@centripadrepio.it.

#### RESIDENTIAL REHABILITATION

Residential and non-hospital rehabilitation with a continuous cycle provides home and outpatient treatment offered by our facilities. The residential facility offers an interdisciplinary treatment with rehabilitative, educational and assistance values for three different pathologies:

- 0-18 years for neuro-psycho-sensory pathologies in which a rehabilitative diagnostic path is carried out by investing in the residual abilities of the patients and in the resources of family units to stimulate the evolutionary path towards the best possible life autonomy.
- Post-adolescence for neuropsychiatric / syndromic diseases favoring awareness of their own identity and facilitating protected insertion in the group of peers.
- From early childhood to old age for pathologies with high multi-system intensities that require continuous specialized rehabilitation health assistance.

The services provided are addressed to:

- Recovery of impairments with important and complex disabilities;
- Modifiable disabilities that require a high level of care (24 h nursing);
- Disabling diseases with multi-organ involvement with high clinical-assistance complexity.

#### ACCESS PROCEDURES FOR THE CONTINUOUS CYCLE PRESIDIUM

The requests for admission are examined daily by the Health Director or his delegate who, supported by the Secretariat, prepares the waiting lists and fixes the entry dates in a transparent manner, according to predetermined grids based on rigorous scientific criteria.

#### Hospitalization requests can be sent by:

- doctors from another hospital;
- specialist doctors;
- General Practitioners and Free Choice Pediatricians;
- patients and family members.

Requests must be accompanied by a "patient presentation form" which must be completed and signed by a doctor proposing admission.

These forms are available on the Foundation's website and at the Presidium front office and must be sent by fax to 0882 453817 or by e-mail to angeli@centripadrepio.it

In case of acceptance, the request is entered on the waiting list and the hospitalization date is communicated by telephone.

In the event of non-eligibility, the applicant will be given motivated communication.

#### METHOD OF ACCESS TO THE PRESIDIUM FOR FOREIGN CITIZENS

Citizens of EU countries can plan their care in Italy using the health facilities of the NHS present there. The costs covered by the health system of the home state are covered in two ways. nos.883 security regulations ASSISTANCE (social 2004.987 It is allowed to receive treatment in Italy on the same conditions that the NHS guarantees to its citizens. The services provided by healthcare facilities, whether public or private, are paid directly by their own health system. The programmed treatments require prior authorization to be requested from their competent health institution, with which they certify that: "the treatments are adequate and aimed at guaranteeing the protection of the applicant's health; they are health services provided by the health system to which they belong but they are not payable in one's own country in a period of time deemed congruent under the medical profile ". In the event of a positive assessment, a certificate (form S2) is issued to the interested party to be presented to the competent institutions or directly to the assistance providers of the country chosen for treatment. Travel and accompanying expenses may also be authorized.

#### INDIRECT ASSISTANCE (EU Directive n.24 / 2011):

There are further possibilities to take advantage of treatment in Italy if the citizen anticipates the related costs, subsequently reimbursed by his own health system. The care provided for by the health system to which they belong is reimbursable, except for long-term health care, allocation and access to organs for transplantation purposes and public vaccination programs against contagious diseases. The reimbursement, unless otherwise indicated by the country to which it belongs, is equal to the cost that one's health system would have incurred if the treatment had been provided in one's own State, without however exceeding the total cost of treatment.

Furthermore, states may request prior authorization for cross-border care in the cases provided for by Article 9, Legislative Decree 38/2014. More information on the relative procedures is available by contacting the NCP (National Contact Point) of your State.

Even citizens of non-EU countries (outside the EU) can plan their care in Italy (art. 36, TU 286/98) at accredited public or private health facilities, upon issue of a specific entry visa to be requested from the Italian Embassy in his own State, attaching: declaration of the chosen health facility with indication of the type of care, start and end date, length of stay; certification of a deposit of 30% of the presumable total cost of the health service; documentation proving availability of sufficient financial resources for full payment of care, food and lodging outside the facility, own repatriation and any accompanying person (mandatory if the patient is a minor); health certification attesting the pathology (translated into Italian). Once in Italy, the citizen must go to the Questura of the place chosen for the treatment within 8 days and request a residence permit for medical treatment. The residence permit obtained is valid for the entire duration of the treatment, unless extended for documented therapeutic needs.

Furthermore, entry for treatment can also take place in the context of humanitarian intervention programs.



#### Presidio di Riabilitazione Extraospedaliera GLI ANGELI DI PADRE PIO Viale Padre Pio 24 tel: 0882/456264 Fax 0882/453817 email: ricoveri.angeli@centripadrepio.it





#### DA REINVIARE A MEZZO FAX O EMAIL

#### SCHEDA DI PRESENTAZIONE PAZIENTI ETA' EVOLUTIVA

■ DATI ANAGRAFICI		
Cognome e Nome		Data di Nascita
Indirizzo		
Città	Prov	incia
Tel	Familiare Referente	
em ail	@	
■ DIAGNOSI PRINCIPA	LE	
■ EVENTUALE DATAD	IESORDIO	
■ COMORBILITA		
■ RICOVERI EFFETTUA	ATI NELL'ULTIMO ANNO	
■ TRATTAMENTI RIAB	ILITATIVI IN CORSO	
Modalità: ambulatoriale	domiciliare	
Struttura sanitaria:		
INTERNA (se in trattam	ento presso Fondazione)	
Presidio di:	ento presso altre strutture sanitarie)	
Specificare:	ento presso attre strutture santiarie)	
■ BREVEPRESENTAZI (perfacilitare la valutazione di con		
Edreia di Presentazione Phinente a	Pro. 02/10:	Pagina 1

Condizioni generali:	bu	one discrete scadute		
Collaborazione:	buo	ona scarsa nulla		
Capacità visiva:	□buona □scarsa □nulla			
Capacità uditiva:	□buona □scarsa □nulla			
Ordini semplici:	□eseguiti □parzialmente eseguiti □non eseguiti			
Linguaggio:	□normale □ipoevoluto □assente			
Respirazione:	autonoma tracheotomia O2terapia di cui h/die			
Alimentazione:	per os. P.E.G. disfagia . Sondino naso-gastrico (SNG)			
Cont. sfinterica:	☐si ☐no (vescicale) ☐si ☐no (intestinale)			
Capacità relazionale:	presente alterata nessuna			
Pointing (in grado di in	ndicare): 🔲 bu	ona 🗆 scarsa 🗖 nulla		
DISABILITA'	AUTONOMO	PARZIALMENTE	NON	NOTE
Abbigliamento	<del>                                     </del>	AUTONOMO	AUTONOMO	
Igienepersonale				
Alimentazione				
Trasf. Letto-sedia				
Rotolamento				
Stazioneseduta				
Stazioneeretta				
Deam bulazione				
Corsa e salto				
				\
visite specialistiche	⊏esam i strum enta	ıli ⊡lettere dimission i ⊡al	tro	
visite specialistiche	⊏esam i strum enta		tro	
□visite specialistiche ■ TERAPIA FARM	: □esam i strum enta		tro	
■ TERAPIA FARM	: □esam i strum enta		tro	
□visite specialistiche	: □esam i strum enta		CON	Firma e TIMBRO d Medico Proponen TATTI MEDICO PROPONENT

Pagina 2/2



#### Presidio di Riabilitazione Extraospedaliera GLI ANGELI DI PADRE PIO Viale Padre Pio 24 tel: 0882/456264 Fax 0882/453817 email: ricoveri.angeli@centripadrepio.it





#### DA REINVIARE A MEZZO FAX O EMAIL

#### SCHEDA DI PRESENTAZIONE PAZIENTI ADULTI

■ DATI ANAGRAFICI	
Cognome e Nome	Data di Nascita
Indirizzo	i ii wa k
Città_	Provincia
Tel	Familiare Referente
em ail	@
■ DIAGNOSI PRINCIPALE	
■ EVENTUALE DATA DIESORDI	0
■ COMORBILITA	
■ RICOVERI EFFETTUATI NELL	ULTIMO ANNO
■ TRATTAMENTI RIABILITATIVI	IN CORSO
Modalità: ambulatoriale domicilia	re
Struttura sanitaria:	
INTERNA (se in trattam ento presso	Fondazione)
Presidio di:	a de la companya de l
ESTERNA (se in trattamento presso Specificare:	aire strutture sanitarie)
■ BREVEPRESENTAZIONE DEL ( per facilitare la valutazione di congruità al ricove	

Pagina 1/2

Condizioni generali:	□buone □discrete □scadute			
Stato Mentale:	□lucido □confuso □obnubilato			
Collaborazione:		scarsanulla		
Demenza:		no		
Linguaggio:	norm ale	ipoevoluto assente		
Cute decubiti:	□si □no	sede della lesion	ie	
Respirazione:	auton om a	tracheotomia	O2terapia di cui h/d	lie
Alimentazione:	per os.	P.E.G. parenterale	per sondino	
Cont. sfinterica:	□si □no (v	vescicale) si	no (intestinale)	
DISABILITA'		RZIALMENTE	NON	NOTE
Abbigliamento		AUTONOMO	AUTONOMO	
Igienepersonale				
Alimentazione				
Trasferimenti				
Stazioneseduta				
Stazione eretta				
Deambulazione				
■ EVENTUALI ALLEGATI				
Data				Firma e TIMBRO del Medico Proponente
			CONTAT	TI MEDICO PROPONENTE
			Telefono:	
			em ail:	

Pagina 2/2

#### REBUILDING REHABILITATION

The request for outpatient services can be made by interested persons directly or by their family members, at the Presidium.

#### PROCEDURES FOR ACCESS TO THE AMBULARY OFFICE

Access to rehabilitation centers takes place with the prescription of the GP (general practitioner) or the PLS (free choice pediatrician) on the regional NHS form.

The prescription of outpatient rehabilitation treatment must contain:

- the clinical diagnosis that justifies the treatment requested;
- the type of rehabilitation treatment, the regime (outpatient, home care) in which the reimbursement must be provided, the number of benefits;
- the indication that these are services pursuant to Article 26 of Law 833/78.

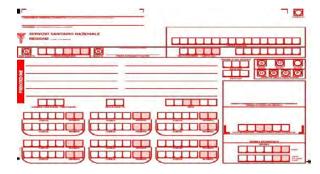
This prescription (ticket-exempt) together with the rehabilitation plan and program drawn up by the doctor in charge of the Rehabilitation Center is sent to the ASL for the execution of the required checks and controls.

The user must be in possession of:

- health card / tax code;
- identity document;
- request of the GP (general practitioner) or PLS (Free choice pediatrician) on the regional form of the NHS:
- any health documentation and diagnostic investigations.







The possible extensions of the rehabilitation treatment do not require the prescription of the general practitioner (GP) or the pediatrician of free choice (PLS), but will be modified by the Rehabilitation Center to the competent ASL service.

#### **HOME REHABILITATION**

Home rehabilitation (RR No. 16 of November 4, 2010 integrated and modified by RR No. 20 of August 4, 2011 "Home care for rehabilitation treatments pursuant to art. 26 of Law 833/78") allows the completion of the rehabilitation program for patients who cannot access outpatient treatment, therefore, it offers a treatment that can be completed directly at home or represent a transitional phase in which all the actions that allow the treatment to continue in the clinic are activated. It also avoids inappropriate hospitalization and residential and semi-residential treatment. This model of assistance allows the patient to stay at home, in his own family and relationship environment, being able to equally benefit from the assistance he needs to improve the rehabilitation course.

#### ACCESS PROCEDURES FOR THE HOME SERVICE

Citizens who have the following characteristics at the same time have access to home rehabilitation:

- subjects with physical, mental and sensorial disabilities, unable to be transported to clinics or for whom it is necessary to achieve goals related to autonomy in their own life;
- adequate family or informal support;
- suitable housing conditions;
- informed consent by the person and family.

The disabilities treated at home are the following:

- patients with hip, femur and knee pathologies treated surgically who, due to clinical conditions, cannot access outpatient treatment;
- patients with residual cerebral stroke results who are hemiparous in the immediate post-acute phases and in cases with serious disabling results;
- patients suffering from progressive degenerative diseases of the central and peripheral nervous system, neuromuscular in an advanced phase of evolution that cannot be treated in the clinic;
- patients suffering from serious diseases of the apparatus and poly-traumatized who, due to clinical conditions, cannot access outpatient treatment;
- patients with myelosis and cerebro genetic and acquired lesions;
- patients in vegetative coma and state of minimal consciousness.

The request for home care can be made by the persons concerned directly or by their family members, at the Presidium.

Home rehabilitation is required:

- from hospital operating units for acute and rehabilitation, including long-term care, following protected discharge;
- from territorial residential structures (RSA and rehabilitation facilities);
- by the GP for onset of pathologies or conditions that create disabilities or worsening a persistent disability.

The prescription of rehabilitation treatment pursuant to Article 26 must contain:

- the clinical diagnosis that justifies the treatment requested;
- the type of rehabilitation treatment, the regime (outpatient or home) in which it must be provided;
- the indication that these are services pursuant to Article 26 of Law 833/78.

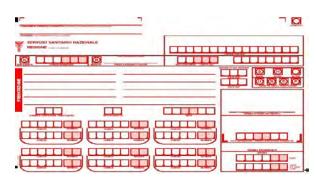
This prescription (exempt from ticket) together with the project and rehabilitation program drawn up by the Presidium doctor is sent to the ASL for the execution of the prescribed checks and controls.

The user must be in possession of:

- health card / tax code;
- identity document;
- request of the GP (general practitioner) or PLS (Free choice pediatrician) on the regional form of the NHS;
- any health documentation and diagnostic investigations.







Any extension of the rehabilitation treatment does not require the prescription of the general practitioner (GP) or the pediatrician of free choice (PLS), but will be communicated by the Presidium to the competent ASL service.

## RESOURCES FOR THE DISTRIBUTION OF BENEFITS AND SERVICES OTHER SPECIALISTS

Other medical figures with specializations in: Orthopedics, Cardiology, General Medicine, Internal Medicine, Neurology and Ophthalmology.

#### SOCIAL WORKER

The social worker carries out professional service activities for the person. The social worker operates with technical and professional autonomy and judgment in all phases of social intervention for the prevention, support and recovery of people, families, groups and communities in situations of need and hardship, also by promoting and managing collaboration with voluntary and third sector organizations.

#### PROFESSIONAL EDUCATOR

The professional educator is the social and health worker who, in possession of the qualifying university diploma, carries out specific educational and rehabilitative projects, within a therapeutic project developed by a multidisciplinary team, aimed at a balanced development of the personality with educational / relational objectives in a context of participation and recovery in everyday life; takes care of the positive insertion or psychosocial reintegration of the subjects in difficulty.

#### **PHYSIOTHERAPIST**

The physiotherapist is the health worker, in possession of the qualifying university diploma, which carries out autonomously, or in collaboration with other health figures, the interventions of prevention, care and rehabilitation in the areas of motor skills, of the superior cortical functions, and of those visceral consequent to pathological events, of various etiologies, congenital or acquired. With reference to the diagnosis and prescriptions of the doctor, within the scope of his / her competences, the physiotherapist practices autonomously therapeutic activity for the functional re-education of motor, psychomotor and cognitive disabilities using physical manual therapies, massage and



employment therapies, also proposes the use of prostheses and aids, trains them for use and checks their effectiveness.

#### PROFESSIONAL NURSE

The nurse is the health worker who, in possession of the qualifying university diploma and enrollment on the professional register, is responsible for general nursing assistance. The main functions are disease prevention, care for the sick and disabled of all ages and health education and guarantee the correct application of diagnostic-therapeutic prescriptions.

#### **Speech Therapist**

The speech therapist is the health worker who, in possession of the qualifying university diploma, carries out his activity in the prevention and rehabilitation treatment of speech and communication pathologies in the developmental, adult and geriatric age. The speech therapist's activity is aimed at the education and re-education of all the pathologies that cause voice, speech, oral and written language and communicative disabilities. With reference to the diagnosis and prescription of the doctor, within the sphere of his own competences, the speech therapist: elaborates, also in a multidisciplinary team, the speech therapy budget aimed at identifying and overcoming the disabled person's need for health; autonomously practices therapeutic activity for the functional re-education of communicative and cognitive disabilities, using speech and language rehabilitation therapies for communication and language, verbal and non-verbal; proposes the use of aids, trains them for use and checks their effectiveness

#### **PHYSICIAN**

The physiatrist is a doctor specialized in Physical and Rehabilitative Medicine with experience in the treatment of disabilities caused by pathologies and problems in the neuromuscular, osteoarticular, psychological, biomechanical and ergonomic fields. In particular he deals with problems such as: scoliosis, rachialgia, trauma, fractures, post-operative problems, cerebral strokes, S.L.A, etc.

The physiatrist, after having evaluated the rehabilitation needs of the person, identifies the medical protocol, the modalities and the timing of the rehabilitation period; therefore the activity of the Physiatrist takes place in the diagnosis, in the evaluation of the patient and in the choice of an adequate pharmacological and rehabilitative therapy.

The physiatrist tends to follow the patient over time.

#### SUPPORT OPERATOR

The Operator carries out activities bound by general provisions in the context of direct assistance to the person and the hygiene of the environments.

Among the support operators, the organic endowment of the Foundation presents the figure of the MUSIC THERAPIST, that is the one who does music therapy, uses sound to improve certain psychophysical and emotional states.

#### SOCIAL HEALTH OPERATOR

The socio-sanitary operator is the operator who, following the qualification certificate obtained at the end of specific professional training, carries out activities aimed at satisfying the basic needs of the person, within their own areas of competence, in a context both social and health, it also promotes the well-being and autonomy of the user.

#### **Orthoptist**

The ophthalmology orthoptist-assistant is the health worker who, in possession of the qualifying university diploma and on the doctor's prescription, treats the motor and sensory disorders of vision and performs the instrumental-ophthalmological techniques.

#### **PSYCHOLOGIST**

To practice the profession of psychologist it is necessary to have obtained the qualification in psychology through the State exam and be enrolled in the appropriate professional register. The profession of psychologist includes the use of cognitive and interventional tools for prevention, diagnosis, habilitation-rehabilitation activities and psychological support aimed at the person, the group, social organizations and communities.

#### THERAPIST OF NEURO AND PSYCHOMOTRICITY OF THE EVOLUTIONARY AGE

The neuro and psychomotor therapist of the developmental age is the health worker who, in possession of the qualifying university diploma, carries out, in collaboration with the multiprofessional team of child neuropsychiatry and in collaboration with the other disciplines of the pediatric area, the interventions of prevention, therapy and rehabilitation of childhood neuropsychiatric diseases, in the areas of neuro-psychomotor, neuropsychology and developmental psychopathology. The neuro and psychomotor therapist of the developmental age, in reference to the diagnoses and medical prescriptions, in the ambit of the specific competences adapts therapeutic interventions to the peculiar characteristics of patients in developmental age with multiform clinical pictures that change over time in relation to the emerging functions; implements therapeutic and rehabilitative interventions in perceptive / motor and neurocognitive disorders and in the symbolization and interaction disorders of the child from birth; it carries out therapeutic activity for neuropsychomotor, psychomotor and neuropsychological disabilities in the developmental age using specific techniques for age groups and for individual stages of development; implements procedures for assessing the interrelation between affective functions, cognitive functions and motor functions

for each individual neuropsychological and psychopathological neurological disorder of the developmental age; verifies the adoption of prostheses and aids with respect to neuropsychological compensation and psychopathological risk; participates in functional rehabilitation in all acute and chronic childhood diseases.

#### **OCCUPATIONAL THERAPIST**

The occupational therapist is the health worker who, in possession of the qualifying university diploma, works in the field of prevention, treatment and rehabilitation of subjects suffering from illnesses and physical and mental disorders both with temporary and permanent disabilities, using expressive, manual representative activities, playful, of everyday life. The occupational therapist, in reference to the diagnosis and prescriptions of the doctor, within the scope of his competences and in collaboration with other socio-health figures: treats physical, mental and psychiatric conditions, temporary or permanent, addressing patients of all ages; uses both individual and group activities, promoting the recovery and optimal use of functions aimed at reintegration, adaptation and integration of the individual in his personal, domestic and social environment; participates in the choice and design of orthoses jointly or as an alternative to specific aids; proposes, where necessary, changes in the living environment and promotes educational actions towards the subject being treated, towards the family and the community.

# THE DIRECTION

#### **DIRECTION**

The Directorate of the Foundation is home to the office of the President, the General Directorate known as the "Executive" and the staff offices.



The Management provides for the definition of the overall policies of the company and explicates the objectives to be achieved, both for the type, the volumes and the quality of the performances and services that it intends to provide. The Management explicates the principals, the operating units and the other organizational units, the role, the objectives and the functions assigned to them. Every year, taking into account the different degree of complexity of the services provided, it defines the work plan that includes:

- the type and volume of activities envisaged, general and specific for each facility;
- the organizational, general and specific plan for each unit;
- the programs to be implemented with relative priorities;
- the directives for administrative and managerial action;
- the budget, where applicable.

It prepares information material available to users, which specifies the type of services provided, operators responsible for the services, timetables and costs.

Defines and specifies the organization and management policies of human and economic resources, general and for every presidium, articulated by:

- outpatient activities;
- admission activity to continuous and diurnal cycles (acuti and post-acute).

Defines the procedures for accessing the services. In particular, it defines the procedures relating to:

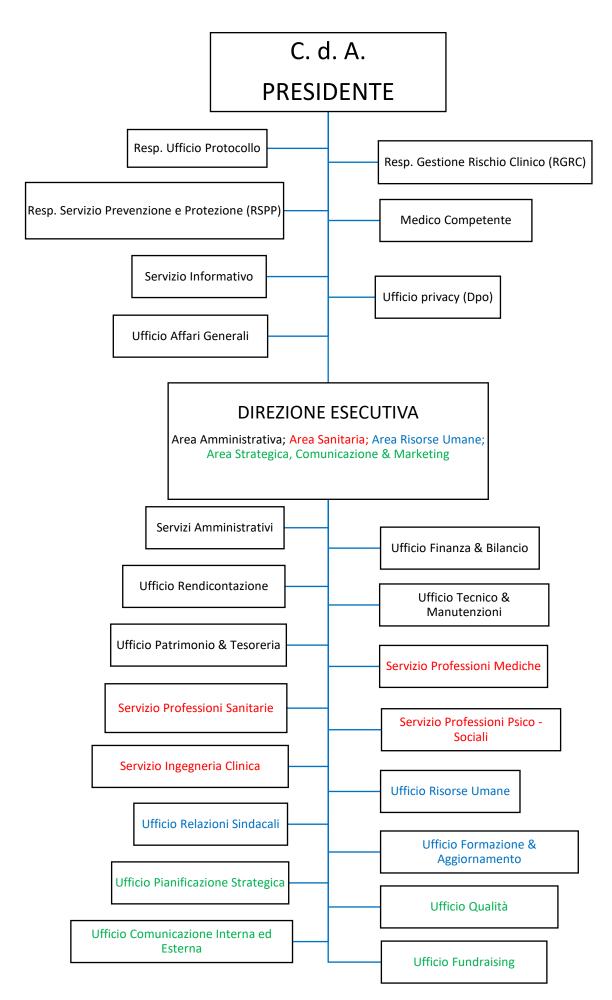
- booking and provision of services, in relation to the criteria of priority and maximum waiting times defined, with indication of the responsibility for managing the agendas and the registers for booking the services;
- method of measuring waiting times;
- payment methods for solvent users.

It defines the ways in which it guarantees the continuity of assistance to the patient in the event of emergencies or unexpected events (clinical, organizational, technological).

It defines the general administrative procedures, by individual supervision and by organizational structure, and the integration procedures between technical-administrative services and health services. These procedures are brought to the attention of internal users.

Finally, it defines the procedures relating to the documents proving the health activity with particular reference to:

- procedures for completing and reporting (the reporting methods must allow the identification of the principal and / or manager);
- method of conservation;
- archiving mode.



#### **REFERENCES**

PERSONALE DIPENDENTE	QUALIFICA
Francesco Colacelli	Presidente
D'Andrea Nicola	Direttore Area Amministrativa
Filoni Serena	Direttore Area Sanitaria
Forte Giacomo Francesco	Direttore Area Strategica, Comunicazione e Marketing
Giardino Libera	Direttore Area Risorse Umane
Barone Gaetano	Addetto Ufficio Comunicazione Interna ed Esterna
	Addetto Ufficio Protocollo
Bisceglia Antonio	Responsabile Servizio Prevenzione e Protezione (RSPP)
Crisetti Marco	Responsabile Ufficio Patrimonio & Tesoreria
	Responsabile Ufficio Protocollo
	Segreteria DE
D'Amato Mario	Responsabile Ufficio Tecnico & Manutenzione

**D'Apolito Maurizio** Addetto

Ufficio Patrimonio &

Tesoreria

Fiorentino Maria Pia Segreteria Area

Amministrativa e Sanitaria

**Giuliani Maria** Responsabile Protezione Dati

(RPD/DPO)

Addetta Ufficio Relazioni

Sindacali

Miscio Lidia Addetta

Ufficio Risorse Umane

Pizzorno Lucia Anna Addetta

Ufficio Risorse Umane

Placentino Maria Addetta

Ufficio Protocollo

Recine Grazia Addetta

Ufficio Rendicontazione

Russo Emanuele Francesco Responsabile

Servizio Ingegneria Clinica

Russo Giovanni Responsabile

Ufficio Finanza & Bilancio

Sarcina Giuseppe Responsabile

Ufficio Rendicontazione

Addetto Ufficio Pianificazione

Strategica

Scaramuzzi Maria Emanuela Addetta

Ufficio Rendicontazione

Urbano Tiziana Pia Addetta

Ufficio Risorse Umane

Vergura Giovanna Addetta

Ufficio Formazione

Addetta

Ufficio Fundraising





### **OPENING TIME**

From Monday to Friday:

- Morning from 8:00 am to 1:30 pm
- Afternoon from 3:00 pm to 7:00 pm

### **USEFUL INFORMATION**

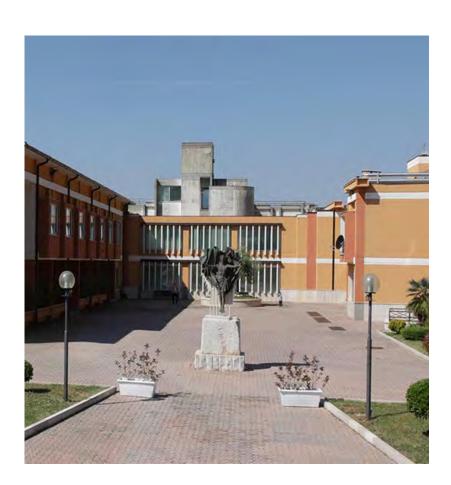
- Headquarters operational office: viale Cappuccini, 77 71013 San Giovanni Rotondo
- Tel. 0882/451195 0882/454099
- Fax 0882/450050
- Website: www.fondazionecentripadrepio.it
- E-Mail: de@centripadrepio.it
- Pec: fondazionecentripadrepio@legalmail.it

# THE PRESIDIUM

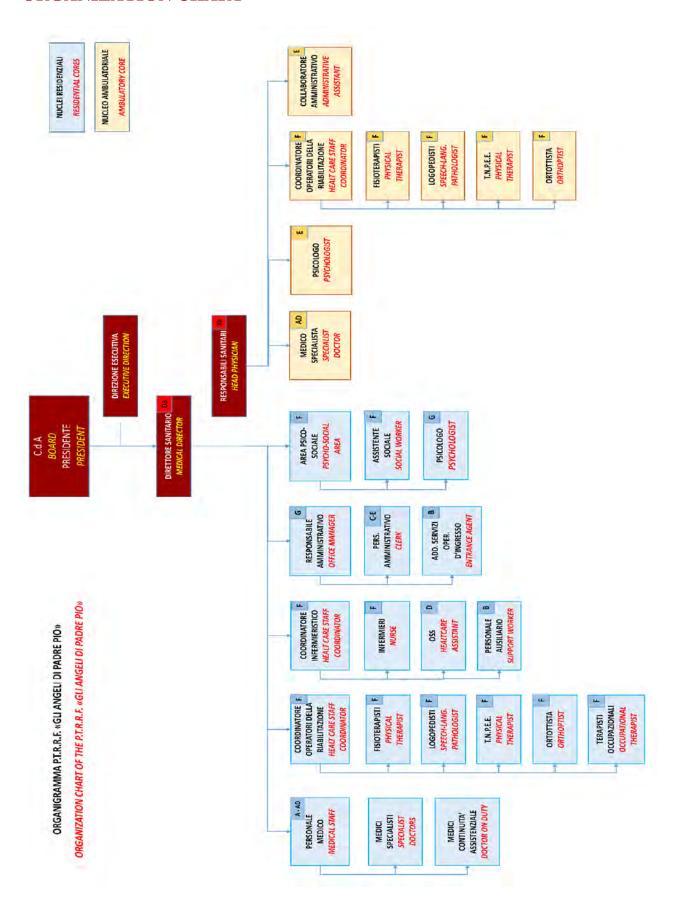
# TERRITORIAL PRESIDIUM OF RECOVERY AND FUNCTIONAL REHABILITATION "THE ANGELS OF FATHER PIO"

Born "Padre Pio's Angels for Blind People" on September 11th 1996 with 20 beds for children from 18 years with visual impairments, December 18, 2011 "The angels of Padre Pio" becomes a cycle of extra-hospital continuous rehabilitation, private and accredited with SSR that accepts 25 beds for physically, mentally and sensory disabled people for adults and children who need to undertake or continue a rehabilitation after an acute event or suffering from a chronic disease. The presidium has an innovative Technological Rehabilitation Unit, which is unique in Italy and one of the few things that is innovative and rehabilitative.

On 21 December 2014, the new wing of the residential complex "The Angels of Padre Pio" was inaugurated. The structural enlargement involves, in addition to an increase in the number of beds from the current 25 to 65, the availability of new equipment for further therapeutic possibilities.



### **ORGANIZATION CHART**



### **STRUCTURE**

The "Angeli di Padre Pio" extra-hospital unit has 42 rooms accessible with any type of aid (wheelchair, walker, lift) and equipped with a bathroom equipped for the disabled and an air conditioning system.

The rooms are equipped with a bedside table, a cabinet, a plate holder, a table / desk, a TV and a wall unit equipped with a removable totem to ensure privacy for every patient. For each bed position there is an active light point and an intercom system, which allows direct contact between the user and the healthcare worker in the nursing front office.

It is divided into a structure on two levels and has ample parking.

The presidium is equipped with:

- Gyms equipped for physiotherapy treatment with all the equipment necessary for rehabilitation;



- Environments dedicated to occupational therapy (bedroom, kitchen, bathroom and living room), useful to train the patient to reintegrate into his social and working environment;
- Rehabilitation pool for hydrokinesitherapy;



- "Health fitness" gym for adapted physical and sports activities in which the following devices are present:
- Stability-MF;
- Prokin-MF;
- Balance Trunk-MF;
- Postural Bench-MF;
- Walker View;
- Iso Free;
- Iso Lift;
- Iso Shift;
- T bed



- Capacitive and resistive energy transfer Indiba Activ Tecar;
- Cro System focal mechanical vibrations;
- Focal shock waves, Swiss PiezoClast;
- Device for electrostimulation, pressure and electromyographic biofeedback for rehabilitation of the Myomed 632 UX pelvic floor

### TECHNOLOGICAL REHABILITATION UNIT

Are present:



- Movement analysis laboratory;
- Lokomat Pro adult and pediatric robotic exoskeleton for walking rehabilitation;
- Adult robotic exoskeleton Lokomat Pro FreeD module for walking rehabilitation;



- Armeo Power robotic exoskeleton for functional recovery of upper limbs;
- Ekso GT wearable exoskeleton for rehabilitation of the path;



- Virtual reality Nirvana;

- ergometer with RT200 functional electrical stimulation;
- Prokin static and dynamic proprioceptive platform and Balance SD
- Sensed glove Hand tutor
- Neuromuscular electrostimulation (NMES) to treat dysphagia, sialorrhea and central or peripheral paralysis of the facial nerve (VII cranial nerve), VitalStim
- Feedback system for Smart Step step rehabilitation
- Selective Vibra mechanical sound vibrations
- Multisensory table for cognitive rehabilitation and occupational therapy Myro
- Treadmill with Body Weight Support, Gait Trainer

### **BENEFITS OFFERED**

The rehabilitation activities within the "Gli Angeli di Padre Pio" extra-hospital unit are aimed at reducing the level of disability and improving the patient's quality of life. The starting point of the treatment course is the assessment by the specialist physician in Physical and Rehabilitative Medicine through the physical examination and the use of validation scales validated at national and international level; The physiatrist can also be assisted by the specialist in Neurology, Internal Medicine, Cardiology and Ophthalmology. The task of the physiatrist is also to define the Individual Rehabilitation Project (IRP), which focuses on the patient, his expectations and his potential; in the PRI the rehabilitation goals, the time needed and the members of the rehabilitation team are defined. The rehabilitation team meets periodically to assess any changes in the patient's clinical picture or the achievement of goals and thus update the IRP. When the rehabilitation process is completed, the physiatrist re-evaluates the patient's clinical conditions and his recovery and discharges the patient giving indications for family, social and work reintegration and on the possible continuation of rehabilitation treatment.

The activities we provide are aimed at post-acute patients and highly complex patients who need to undertake or continue an intensive or extensive rehabilitation process after an acute event or because they suffer from a chronic disease.

In particular, our structure welcomes and assists individuals affected by pathologies of the nervous system, pathologies of the respiratory and cardiovascular system, diseases of the locomotor apparatus, diseases and mental disorders, oncological and metabolic pathologies.

In addition, some beds are reserved for patients in developmental age with developmental disabilities (CP, muscular dystrophies), disorders of the autistic spectrum, language, attention, learning disabilities, genetic syndromes.

### SERVICES OFFERED

### **CLEANING SERVICES**

The rooms, bathrooms and ward cleaning are guaranteed daily. The patient's duty is to respect the environments, equipment and furnishings present in the structure.

### LIVING ROOM / TV

The structure is equipped with a living room where each patient, based on the clinical conditions and needs of the department, can stop and spend free time. The use of TV is free from 8 to 20 in respect of the good rules of coexistence.

### **MEALS**

Board is guaranteed by an external catering service and meals are served in the room using special heat / coolers. Based on clinical conditions, a personalized diet is prepared. Vegetarian patients or those with eating habits related to religious or other reasons may report their needs to the reference staff.

### **PARKING AREA**

Within the "Angeli di Padre Pio" extra-hospital unit, you can park your car for as long as it takes to perform or visit patients.

### **RELIGIOUS ASSISTANCE**

The religious assistance of Catholic worship is ensured by a priest available for interview, listening and administering the sacraments, upon request to the nursing staff. Guests of religions other than Catholic must apply to the Health Directorate who will, as far as possible, find the ministers of the relevant cult. Mass is celebrated in the Chapel of the Structure. For any other celebrations the indications will be posted near the Chapel.

### WIFI

Wi-Fi is available in a dedicated area.

### HOTEL SERVICE

It is available, next to the Presidium "The Angels of Padre Pio", a Convention Center dedicated to the families of the patients. For information or reservations, visit the website www.approdocentroaccoglienza.it.

### **CATERING SERVICE**

At the hotel "Approdo Domus Francescana" you can enjoy the restaurant and bar at discounted rates. For information or reservations, visit www.approdocentroaccoglienza.it.

Guests can find in the Presidium, a lounge bar and recreation areas with vending machines for hot

and cold drinks and sweet and savory snacks.

LAUNDRY

The Center offers, on request, a laundry service for linen and personal clothing of the patients. This

additional service is charged to the patient.

**PODIATRIST** 

A paid podiatrist for all patients is available by appointment at the Center.

**PHONE** 

The use of the mobile phone is allowed in the common areas and outside the department, respecting

the clients, caregivers and staff. Family members can communicate by telephone with the patients

from 17.00 to 19.00 by calling the switchboard on 0882 456264.

RADIO TV NEWSPAPERS

It is necessary to keep the volume of the television and / or radio low at any time of the day. From

9.00 pm silence is a must. It is possible to have newspapers or magazines by making a request at the

reception desk that will arrange to deliver as desired.

SERVICES IN CONVENTION

The User can take advantage of the agreement with AVAS SAN PIO for:

transport of patients with ambulance / minibus;

hairdresser service, barber

beautician service:

day and night caregiver assistance service.

For info: 3806839830

48

### INTERNAL ORGANIZATION AND RESPONSIBLE OPERATORS

The internal organization for the treatment of important disabilities with possible permanent, often multiple outcomes requires a global management of the subject by a multidisciplinary team composed of:

- medical specialists in Physical Medicine and Rehabilitation, Child Neuropsychiatry, Neurology, Internal Medicine, Cardiology, Ophthalmology;
- Psychologist;
- -Social worker;
- rehabilitation operators (Physiotherapist, Neuropsychomotor Therapist, Speech Therapist, Occupational Therapy, Orthoptist, Professional Educator);
- Nurses and Health Care Workers.

The patient can identify the personnel present in the Presidium by means of an identification card and by the different work uniforms:

- Doctors: white coat on green uniform
- Psychologist, Rehabilitation Operators Coordinator and Social Worker: white coat
- Nursing Staff Coordinator: white uniform with red borders
- Rehabilitation Operators: white uniform with blue borders or blue polo shirt
- Nurses: white uniform with green borders
- Social-Healthcare Operators: light blue uniform

### **WORKING TOOLS**

The rehabilitation team develops a rehabilitative medical record including:

- disability assessment and communicability scales;
- access card;
- Individualized Rehabilitation project including process and outcome indicators;
- informed consent to the procedures;
- -Privacy Policy;
- rehabilitation intervention;
- psychological evaluation;
- discharge card.

The medical record allows the traceability of the activities carried out, the identification of the responsibilities of the actions, the chronology of the same, the place and the modality of their execution.

### **RESIDENTIAL UNITS**

### ACCESS PROCEDURES

The requests for admission are examined daily by the Health Director or his delegate, who, supported by the Health Secretariat, prepares the waiting lists and fixes the admission dates transparently, according to predetermined grids based on rigorous scientific criteria.

Hospitalization requests can be sent by:

- doctors from another hospital;
- specialist doctors;
- General Practitioners and Free Choice Pediatricians;
- patients and family members.

Requests must be accompanied by a "patient presentation form" provided by the Presidium, which must be completed and signed by a doctor proposing admission.

These forms available on the site of the same foundation can be sent by fax to the number 0882 453817 or by email to angeli@centripadrepio.it.

In case of acceptance, the request is included in the waiting list and the expected date of hospitalization is communicated by telephone.

In the event of non-eligibility, the applicant will be given motivated communication.

### WAITING LIST AND ITS MANAGEMENT

Each service request is entered with all the necessary data in a booking register in the following ways:

- Class A: clinical cases that can potentially worsen rapidly to the point of becoming emerging, or in any case, can seriously damage the prognosis.
- Class B: clinical cases that present intense pain, or serious dysfunction, or severe disability but which do not show a tendency to worsen rapidly to the point of becoming emergent, nor can they be seriously prejudiced by the prognosis.
- Class C: clinical cases that present minimal pain, dysfunction or disability and do not show a tendency to worsen nor can they be seriously prejudiced by the prognosis.

The Presidium Secretariat undertakes to inform interested parties of the approximate waiting times required for admission.

### **ARRIVAL TIME**

On the day of arrival the patient or a family member will have to go to the acceptance office, located at the main entrance of the structure, where they will present the required documents and carry out administrative acceptance operations that include the delivery of an extract of this service card (see Annex 1), useful for a first orientation of the patient, family members and caregivers with respect to the services of the presidium. The staff will accompany the patient to the ward where the ward team will indicate the room and the assigned bed and will provide any information regarding the hospitalization at the facility.

### WHAT TO BRING

It is recommended to bring only the personal belongings strictly necessary, in particular: sufficient personal underwear; pajamas or nightgowns; a sweater or a room jacket in the cold season; tracksuits or comfortable clothing; sneakers or closed slippers; for patients with dental prosthesis, tray with tablets and adhesive paste; toothbrush, liquid soap, etc.; cloth / towel. It is advisable not to bring jewelry, valuables or large sums of money as the structure is not liable for any theft and / or damage. The documents needed for admission are: GP's commitment and / or hospital discharge letter; Valid identification document; Fiscal Code.



It is also advisable to have with you: Documentation relating to previous admissions (medical records or extracts, discharge letter, etc.); reports of diagnostic or laboratory tests carried out previously (X-rays, ECG, hematochemic exams, etc); list of drugs being taken to the home.

For patients not Italian citizens:

- valid identity document or passport;
- model E112 if foreign citizens are EU citizens;
- FTP model if non-EU foreign citizens.

### FAMILY ROOMS

The Foundation, by express will of the Friars Minor Cappuccini of the Religious province of Sant'Angelo e Padre Pio, makes available for free beds for a parent of the child that is recovered in the family room.

The family rooms of "Gli Angeli di Padre Pio" are 15, therefore one of the parents (or relative) can stay night and day with the recovered child for the rehabilitation, like what happens in some centers of excellence for hospitals for newborns that have to be recovered for a long time, in order to strengthen the family unit in the management of the newborn before the discharge. In this area the parents they take care of their child by themselves, like what happens after their discharge, with the supervision of the medical staff, of the rehabilitation, nursing and of support present in the department.

### **DISCHARGE**

The referring physician communicates the date of discharge to the patient and his / her relatives at least 10 days before the end of admission. At the time of discharge, the patient and family members are given a letter addressed to the treating physician, drawn up jointly by all the members of the multidisciplinary team, containing the description of the rehabilitation process carried out and the indications for continuing the same post-discharge. The room must be vacated by 09:00. It is necessary to contact the Acceptance Office to request, if desired, a duplicate of the medical record and diagnostic tests. The medical record can be sent or collected in person within 30 days from the date of the request. The payment of the relative rights must be made at the time of the request.

To obtain a certification confirming admission, you must contact the Acceptance Office.

It is the precise duty of every client to promptly inform health care professionals of their intention to renounce, according to their own will, treatment and scheduled health services. At any time and under their own responsibility, the user may request to be discharged, by signing a declaration showing the willingness to leave the Presidium against the opinion of the healthcare professionals.

### **OUTPUT / PERMITS**

At the request of the patient and family members it is possible to obtain exit permits to be exhausted throughout the day. The request must be sent to the referring doctor who assesses whether there are no clinical or interference risks with the rehabilitation program. Permits for longer periods are issued only if they are related to therapeutic needs during the reintegration phase in the family and social sphere. During visiting hours, family members are allowed to leave the ward to go to the common areas on the mezzanine floor or outside the Presidium, where deemed possible by the referring physician. In any case, family members must notify staff when they leave the ward and assume responsibility for the care of the patient.

Exit permits from the Presidium for proven reasons must be signed by the doctor in charge. The absence must be limited to the time strictly necessary. Permits may be granted on Saturdays, after treatments, and on Sundays.

When leaving and returning, the patient must sign the appropriate register in the infirmary. The return

must take place no later than 20.00.

VISITS FOR RELATIVES / FRIENDS

In respect of the patient's rights, visits to patients are permitted:

- From Monday to Friday from 12.30 to 14.30, from 18.00 to 20.00

- Saturday, Sunday and holidays from 12.30 to 20.00

In order to help allow our guests to rest and to ensure that visits are welcome, visitors are invited to:

- respect visiting hours;

- avoid group or long-term visits: for each guest, no more than two visitors may enter the hospital

rooms.

- do not stay in wards during health activities (medical examination and nursing care) and the

distribution of meals;

- comply with the food needs of patients avoiding bringing unsuitable food and drink;

- respect the rest of others trying to avoid making noise;

- respect the indications of abstention from smoking;

- prefer the use of living rooms / relaxation areas in order to avoid obstruction of assistance activities.

In situations of particular need, visits to the assisted person may be carried out outside the pre-

established time, by written authorization issued by the doctor in charge of the hospitalization unit,

upon request for nursing coordination.

MEDICAL RECEPTION TIMES

The doctors of the facility are available to receive the relatives of the patients. Information on the

timing and methods of receptions is available at the URP and reception.

For ethical correctness and to respect the legal obligations on professional secrecy (Legislative Decree

30 June 2003, n. 196 "Code regarding the protection of personal data"), the staff cannot provide

telephone information on health matters and in any case on personal sphere of hospitalized guests.

REFERENCE AND ORGANIC STAFF

Health Director: Dr. Filoni Serena

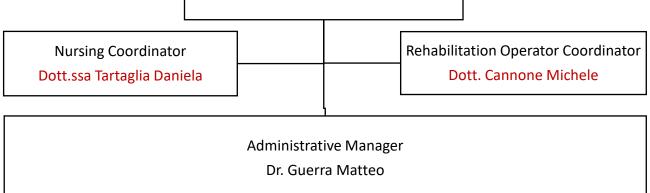
Rehabilitation Operators Coordinator: dott. Michele Cannone

Nursing Coordinator: Dr. Tartaglia Daniela

Administrative Manager: Dr. Guerra Matteo

53

## Health Manager Dott.ssa Filoni Serena



PERSONALE DIPENDENTE	QUAIFICA
Filoni Serena	Health Manager
Cannone Michele	Coordinator of the OdR
Tartaglia Daniela	Nursing Coordinator
D'Angelo Cristina	Doctor
Bonghi Laura	Doctor
Gravina Michele	Doctor
Caroleo Angela	Doctor
Cassatella Gennaro	Doctor
Giardino Maria	Doctor
Piccino Loreta	Occupational Therapist
Pompilio Michele Pio	Occupational Therapist
Di Blasio Caterina	Occupational Therapist
Gentile Costanza	Professional Nurse
Polignone Grazia	Professional Nurse
Damiano Angela Maria	Professional Nurse
Marcolongo Stefania	Professional Nurse

Quitadamo Raffaela Professional Nurse

**Di Corato Michelina** Professional Nurse

**D'Alessandro Michele** Professional Nurse

Palladino Nicola Professional Nurse

Giuliani Francesco Pio Professional Nurse

Cardini Angela Professional Nurse

Cassano Giuseppe Professional Nurse

Lauriola Francesca Professional Nurse

Martino Carolina Anna Professional Nurse

Capuano Ilenia Professional Nurse

Vergura Filomena Speech Therapist

**Ritrovato Maria Antonietta** Speech Therapist

**De Bonis Elena Incoronata** Speech Therapist

**De Santis Grazia Pia** T.N.P.E.E.

Palladino Rachele T.N.P.E.E.

Urbano Immacolta T.N.P.E.E.

Sabatino Maria Pia Orthoptist

Furio Sipontina Psychologist

Pompilio Giuseppe Pio Social worker

Mastroluca Antonella Animator / music therapist

Pellegrino Roberta Pia Physiotherapist

Di Maggio Matteo Physiotherapist

Milone Tina Physiotherapist

**De Nucci Luigi** Physiotherapist

**Testa Mario** Physiotherapist

Di Pasquale Paola Physiotherapist

**Sapone Costantino** Physiotherapist

**Russo Michele** Physiotherapist

Ciociola Valentina Physiotherapist

Pasqua Francesco Paolo	Physiotherapist
Santoro Raffaele Pio	Physiotherapist
Cavallaro Antonella	Physiotherapist
Cisternino Grazia	Physiotherapist
Suti Elisenko	Physiotherapist
Pileo Luigi	Physiotherapist
Brunetti Raffaella	Physiotherapist
Pellicano Federica	Physiotherapist
Biancofiore Lucia	Physiotherapist
Cirella Anna Costanza	Physiotherapist
Lauriola Fortunata Antonietta	Physiotherapist
Leone Giovanni	Physiotherapist
Marino Maria Teresa	Physiotherapist
Puzzolante Nicola	Physiotherapist
Ritrovato Antonio	Physiotherapist
Tardio Angela	Physiotherapist
Castriotta Donatella	Physiotherapist
Rignanese Luigi	Physiotherapist
Tristano Claudia	Physiotherapist
Bisceglia Anna Maria	OSS
Ciuffreda Angela Maria	OSS
D'amato Anna	OSS
Di Candia Anna Carmela	OSS
Lauriola Pasqualina	OSS
Lombardi Maria	OSS
Pasqua Concetta	OSS
Ricci Maria	OSS
Massa Maria Filippa	OSS
Naracci Maria Raffaella	OSS

B ' C'	055
Bocci Giovanna	OSS
Napolitano Maria Antonietta	OSS
Placentino Antonietta	OSS
Bellebuono Stella	OSS
Riccardo Matteo	OSS
Crisetti Domenico	OSS
Gravina Maria Gaetana	OSS
Cursio Roberto	OSS
Grieco Matteo	OSS
Placentino Michele Pio	OSS
Caruso Pasquale	OSS
Squarcella Francesco Pio	OSS
Ciliberti Marcello	OSS
Azzarone Libero	OSS
Di Maggio Antonio	OSS
Farfalletta Ivan	OSS
Spadavecchia Rosa	OSS
Padovano Michele	OSS
Giarnieri Alessandro	OSS
Cafaro Veronica	OSS
Palladino Annarita	OSS
Meucci Daniele	OSS
Di Iorio Natascia Bambina Pia	AFSA operator
Augelli Paolo Pio	AFSA operator
Urbano Lorella	AFSA operator
Guerra Matteo	Head of Administrative Office
Acquaviva Enza	Administrative Staff / Front Office
Acquaviva Rita	Administrative Staff / Front Office
Cirella Grazia	Administrative Staff / Front Office

Martino Anna Rachele Administrative Staff / Add.Centralino

Lacerenza Vito Antonio Administrative staff

Ciliberti Pasquale Security Officer

**Daniele Giuseppina** Auxiliary

**Ruggieri Antonio** Auxiliary

Marchesani Antonella Auxiliary

**Giuliani Anna Caterina** Auxiliary

Cavalli Antonietta Maria Auxiliary

Cavalli Grazia Pia Auxiliary

**Grasso Silvana** Auxiliary

Mangiacotti Biase Worker



WAITING TIME

Each service request is inserted with all the necessary data in a booking register in the following

ways:

• Core of residential rehabilitative intensive adult age / developmental age:

within 30 days of hospital discharge

• Extensive rehabilitative residential care unit:

adults: approximately 96 months

developmental age: approximately 2 months

HOW TO REACH US

BY CAR

- From North: Motorway A14 (Bologna-Taranto) exit at San Severo; enter the S.S. 272 which leads

to San Marco on Lamis, then continue to San Giovanni Rotondo.

- From the center: Motorway A16 (Napoli-Bari) exit at Candela-Foggia, take the SS 655 to Foggia,

then continue on the highway SS 89 for Manfredonia until the junction of SP 45 bis for San Giovanni

Rotondo.

- From the South: Motorway A14 (Taranto-Bologna) exit at the Cerignola Est tollbooth, take the

SP77 for Manfredonia, then continue on the SS89 highway to Manfredonia and continue to the

intersection with the SS159; then continue on the SS159 always towards Manfredonia; at the gates of

Manfredonia turn left onto the highway SS89 towards Foggia, then onto the SP 45bis for San

Giovanni Rotondo

BY TRAIN

The nearest railway station is Foggia, from where extra-urban buses depart for San Giovanni

Rotondo. Visit the website www.trenitalia.it bus from Foggia to San Giovanni Rotondo.

BY BUS

- CLP from Naples by consulting the site: www.clpbus.it

- Interbus from Sicily consulting the site: www.etnatrasporti.it

- Ferrovie del Gargano consulting the website: www.ferroviedelgargano.com

- Public bus services (SITA) by consulting the website: www.sitasudtrasporti.it

**OPENING TIME** 

59

### Offices:

- from Monday to Friday from 8.30 am to 1.00 pm and from 3.00 pm to 7.00 pm
- Saturday from 8.30 am to 1.00 pm

The visiting hours of relatives are from 12.30 to 14.00 and from 18.00 to 20.00.

### USEFUL INFORMATION

- Operational headquarters of the Rehabilitation Office: viale Padre Pio, 24 71013 San Giovanni Rotondo
- Tel. 0882/456264
- Fax 0882/453817
- Website: www.fondazionecentripadrepio.it
- E-Mail: angeli@centripadrepio.it
- Pec: fondazionecentripadrepio@legalmail.it
- Presidency and direction: Viale Cappuccini, 77 71013 San Giovanni Rotondo
- Tel. 0882/451195

### **AMBULATORY UNIT**

### **HISTORY**

The San Giovanni Rotondo Presidium, now "Unit" was inaugurated on 22 January 1971.

Initially the activity was exclusively outpatient, subsequently in response to the needs of the users and with regional regulatory changes, the service was also extended to domicile.

The ambulatory rehabilitation units fall into the territorial presidiums of recovery and functional rehabilitation of the subjects with physical, psychic, sensorial or mixed disabilities defined by R:R: of 16 April 2015, n.12 and subsequent changes introduced.

The ambulatory rehabilitation unit delivers rehabilitation performances to users affected by impairments and /or important disabilities, often multiple, with possible permanent outcomes, high

level of disability in ADL that require a multi professional team ( at least 3 typologies of professional staff of rehabilitation, including the specialized doctor in rehabilitation or in NPIA) that carries out an all-encompassing charge in the long term with an Individual Rehabilitative Project in an adult, or a Therapeutic Project and Qualifying/Rehabilitative project personalized in childhood subjects, that comprehend multiple therapeutic projects with a total duration of daily treatments of at least 90 minutes.

Complex disability means a disability with the alteration of more secondary functions at lesions of the CNS, at severe poly neuropathies, at fractured traumas interesting at least two limbs or a limb and the spine, to rheumatic inflammatory chronic pathology non degenerative (AR, connectivity), at oncological pathology:

The ambulatory rehabilitation is prescribed, delivered and paid per day of assistance. All the ambulatory rehabilitative performances given to the same patient during that day constitute one only ambulatory rehabilitative performance (n. 1 access). In no case more than 1 access pro die can be attributed to a patient.



### **STRUCTURE**

The Ambulatory Unit for functional rehabilitation of persons with physical, mental, sensorial or mixed disabilities, with an adjoining home service, is divided into a structure located on the ground floor of the residential complex "Gli Angeli di Padre Pio".

The venue offers dedicated reception rooms, the Health Manager and his staff, as well as a medical clinic, Physiokinesi therapy, Speech Therapy, Neuropsychomotor, Occupational Therapy and Psychological Evaluation gyms.

### ACCESS PROCEDURES TO THE AMBULATORY UNIT

The access to the rehabilitation centers happens with the prescription by the DGM (doctor of general medicine) or by the PFC (pediatrician of free choice) on the regional form of SSN.

The prescription of the ambulatory rehabilitative performance must contain:

- The clinic diagnosis that justifies the required performance;
- The type of rehabilitative performance, the regime in which it must be given (ambulatory, domicile), the number of performances,
- The indication that it is a performance ex art. 26 L 833/78.

Such prescription (ticket free) with the project and rehabilitative programme drafted by the responsible doctor of the Rehabilitative Center is sent to ASL for carrying out the required checks and controls.

The user must be in possession of:

- sanitary card/fiscal code;
- -identity document;
- -request of DGM (doctor of general medicine) or FCP (free choice pediatrician) on the regional form of SSN;
- -eventual sanitary documentation and diagnostic investigations.



- Access mode to the detailed ambulatory rehabilitative project are the following:
- to access the performances of care at the Units of ambulatory rehabilitation, the GDM/FRP of the user sends a request finalized to the activation of the rehabilitative intervention to the

Department of Physical Medicine and Rehabilitation or to the NPIA Service of the ASL of the patient's residence;

- The Department of Physical Medicine and Rehabilitation, competent for the adult subjects, or the NPIA Service of the patient's residence, competent for the subjects in childhood, through their own peripheral joints, proceed to the sanitary evaluation and, where they consider it, draw up a special form with the Individual Rehabilitative Project, of which a copy is given to the patient himself, in case of an adult subject, or the Therapeutic and Abilitative/Rehabilitative Project in case of a subject in childhood;
- When the patient has the prescription, the patient can contact for the necessary performances the ambulatory centers of rehabilitation or to the public services of NPIA, or in a subordinate position, in the case that the service cannot be carried out in 30 days from the release of the prescription to the private ambulatory rehabilitative units accredited with the SSR and that have signed a specific contract for this type of rehabilitative performances;
- Within 10 days before the conclusion of the project/rehabilitative programme released by ASL, where the patient needs to continue the rehabilitative care, the Ambulatory unit that has provided the treatment, in order to avoid the interruption of the rehabilitation, asks for an extension to the Department of Physical Medicine and Rehabilitation or to the NPIA service of ASL of the patient's residence;
- The Department of Physical Medicine and Rehabilitation or the NPIA service of the patient's residence, through his own peripheral joints, proceed to a new sanitary evaluation of the case and, where it is necessary, draws up a new prescription on a special form of which a copy is delivered to the patient himself.
- After 10 days, the extension is tacitly agreed. The verification of appropriateness remains unaffected by the UVARP territorially competent on the treatments delivered (access and /or extension) during the verification of the appropriateness which is valid without prejudice to the period of extension tacitly granted.

### REFERENCE STAFF

Health Manager: Dr. Gatta Maria Teresa

Rehabilitation Operator Coordinator: Dr. Lombardi Angela

# Health Manager Dott.ssa Gatta Maria Teresa Health Area Coordinator Dott.ssa Lombardi Angela

Speech Therapist 4 - Medical 1 - T.N.P.E.E. 1 - Physiotherapist 18 - Orthoptist 1 - Administrative Director 1

PERSONALE DIPENDENTE	QUALIFICA
Gatta Maria Teresa	Health Manager
Lombardi Angela	Coordinator of Rehabilitation Practitioners.
Longo Anna	T.N.P.E.E.
Napolitano Angela	Speech Therapist
Pazienza Vincenza	Speech Therapist
Gorgoglione Paola	Speech Therapist
Sarano Antonietta	Speech Therapist
Di Giorgio Alessandro	Orthoptist
Caggiano Maria	Physiotherapist
Ciavarella Dora Pia	Physiotherapist
Ciavarella Stella	Physiotherapist
Di Cosmo Luigi	Physiotherapist
Di Maggio Vittoria	Physiotherapist

Lecce Luisa Physiotherapist

Siena Salvatore Physiotherapist

Steduto Filomena Physiotherapist

**Totaro Anna** Physiotherapist

**Urbano Assunta** Physiotherapist

Antonacci Claudia Physiotherapist

Antonacci Giovanna Physiotherapist

**Gorgoglione Loredana** Physiotherapist

**Grifa Costanza** Physiotherapist

Marcucci Michele Physiotherapist

Palumbo Rosanna Physiotherapist

Scaramuzzi Angela Raffaella Physiotherapist

Pompilio Teresa Domenica Physiotherapist

Turi Addolorata Administrative assistant



### **WAITING TIME**

Acute Outpatient Physiotherapy 7days

Chronic 480gg

Group physiotherapy 180 days

Acute Home Physiotherapy 7days

Chronic 120 days

Ambulatory Speech Therapy 180 days

Home Speech Therapy 7days

Ambulatory Neuropsychomotor 180 days

### HOW TO REACH US

### **BY CAR**

- From North: Motorway A14 (Bologna-Taranto), exit at San Severo; enter the S.S. 272 which leads to San Marco on Lamis, then continue to San Giovanni Rotondo.
- From the center: Motorway A16 (Napoli-Bari) exit at Candela-Foggia, take the SS 655 to Foggia, then continue on the highway SS 89 for Manfredonia until the junction of SP 45 bis for San Giovanni Rotondo.
- From the South: Motorway A14 (Taranto-Bologna) exit at the Cerignola Est tollbooth, take the SP77 for Manfredonia, then continue on the SS89 highway to Manfredonia and continue to the intersection with the SS159; then continue on the SS159 always towards Manfredonia; at the gates of Manfredonia turn left onto the highway SS89 towards Foggia, then onto the SP 45bis for San Giovanni Rotondo.

### **BY TRAIN**

The nearest railway station is Foggia, from where extra-urban buses depart for San Giovanni Rotondo. Visit the website www.trenitalia.it bus from Foggia to San Giovanni Rotondo.

### BY BUS

- CLP from Naples by consulting the site: www.clpbus.it
- Interbus from Sicily consulting the site: www.etnatrasporti.it
- Ferrovie del Gargano consulting the website: www.ferroviedelgargano.com
- Public bus services (SITA) by consulting the website: www.sitasudtrasporti.it

### **OPENING TIME**

From Monday to Saturday from 8:00 am to 8:00 pm

### **USEFUL INFORMATION**

- Operational headquarters of the Rehabilitation Office: viale Padre Pio, 24 71013 San Giovanni Rotondo
- Tel./Fax 0882/456168

• Website: www.fondazionecentripadrepio.it

• E-Mail: sgr@centripadrepio.it

• Pec: fondazionecentripadrepio@legalmail.it

• Presidency and direction: Viale Cappuccini, 77 - 71013 San Giovanni Rotondo

• Tel. 0882/451195

### DOMICILIARY UNIT

The ambulatory unit has the structural, technological and management requirements to deliver rehabilitative performances also at the patient's home.

### QUALITY STANDARDS, COMMITMENTS AND PROGRAMS

### TRAINING AND UPDATE

The Padre Pio Onlus Foundation for Rehabilitation Centers has shown, over time, that it needs an overall strategy capable of directing the management of human resources towards a corporate organizational and management culture.

This strategy should promptly respond to the demand arising from the priority choices of organization and production determined by a constantly changing regulatory and management context and at the same time guarantee the innovation of the constituent elements of the system to guarantee the fair right to health by the community and individual citizens.

Training can also contribute to the development of this complex strategy by giving Professionals tools to systematically read the challenges that the modern faces before them, having to deal with mediating between health objectives and defined resources.

In particular, Training can simultaneously keep the specific technical knowledge and skills updated, increasingly implementing the psycho-relational aspects of the Professionals and responding to the

professional, organizational and managerial needs aimed at improving the quality of the services provided.

### CONVENTIONS AND COOPERATION AGREEMENTS

By way of non-exhaustive example:

- Cooperation Agreement IRCCS Bonino Pulejo
- Cooperation UNIFG Agreement Foundation
- Cooperation Bari Polytechnic Agreement
- Cooperation with Rome Univ. 'La Sapienza' Agreement
- LUM Jean Monnet University Convention
- University of Ferrara Convention
- Convention of the Catholic University of the Sacred Heart
- University of L'Aquila Convention
- University of Naples 'Federico II' Convention

### STANDARDS OF QUALITY, COMMITMENTS AND PROGRAMMES

SERVICE COMPONENTS	QUALITY DIMENSION	CRITERIA	INDICATORs	STANDARD
	Welcome	Guarantee a welcome system	Constant presence of operators	Listening times and knowledge will be guaranteed
	Respect of the person	Guarantee the respect of human relationships	Stile of staff ready to listen and respect the others	The respect of the human being will be kept high and the commitment to monitor periodically the quality perceived

REPORT	Taking charge globally	Ensure the globality of the rehabilitative treatment	Individual projects and coherent to the real needs of the person	Concrete interventions related to the person's vital network will be implemented
	Freedom of access and equal opportunity	Guarantee the access to all the people who have the right	Presence of the waiting list with transparent criteria	Clear and precise information on the modality of access and waiting time will be guaranteed
	Information	Guarantee the information on the work process of the service	Individual talks ad delivery of the Service Charter	Adequate space and time will be guaranteed
	Transparency	Ensure the transparency of the decision	Rehabilitation folder always updated	Effectiveness monitoring will be ensured and the efficiency of the rehabilitative programme
	Professionality	Guarantee the internal and external integration	Continuing education of the operators	Annual programming and realization of the individual education and of the team
PROCESS	Integration	Guarantee the internal and external integration	Periodical meetings with the territorial network of services and agencies	The social inclusion of the disabled person will be favored

	1	T	T	
	Continuity	Ensure the continuity of the rehabilitative process	Presence of an indoor system of recovery, interchangeability, presence of the operators	Multidiscipline and team work will be guaranteed
	Adequacy	Guarantee adequate interventions to the needs and demands of the person	Periodical meetings of projection, programming and testing of the persons involved	Continuous monitoring will be carried out of the quality perceived by the single user
	Participation	Guarantee the active participation of the users.	Formalized presence of the Users Committee.	Space and time for confrontation, information and joint formation will be guaranteed
	Privacy protection	Ensure privacy	Presence of an internal regulation.	Spaces and places reserved and data storage will be guaranteed.
	Comfort	Guarantee comfortable structures and hygienically adequate.	Presence of a system of ordinary and extraordinary maintenance	Adequate lighted spaces, ventilated, thermo-protected and quality canteen srvices will be guaranteed.
STRUCTURE	Accessibility	Easy access to the services will be guaranteed	Absence of internal and external barriers	An easy access to the structure will be maintained.
	Security	Guarantee the structural security.	Presence of an internal security system	A regulatory standard of security will be guaranteed.

Site	Guarantee the central location of the service.	Structure linked with the road network, public means and territory services.	The current location will be maintained.
Technology	Ensure the adequate technologies and instruments to the type of user.	Presence of rehabilitative instruments and classical and innovative teaching.	The instrumental and technological adequacy according to the new scientific researches will be guaranteed.

### MECHANISMS OF PROTECTION AND VERIFICATION

### MANAGEMENT OF SUGGESTIONS AND COMPLAINTS

The Deans / Services guarantee the protection of the user and the quality of the services provided through the administration of patient satisfaction questionnaires and complaint forms. These forms are handled by the Office (Office of Satisfaction and Complaints of the User located at the Management) which, after careful evaluation, ensures a response to the user within the time allowed (as required by Article 14 of Legislative Decree 502 / ninety two).

### PROCEDURES FOR REPORTING OFFENSES (WHISTLEBLOWING)

A service is active which allows its employees to forward to the Supervisory Body (Supervisory Body) established pursuant to Legislative Decree 231/2001, reports of violations of internal or illegal rules that may have come to their notice in the scope of the daily working or professional activity. In the event of reports, the identity of the informant will be confidential and will be kept directly by the Supervisory Body, which will not be able to reveal it to anyone, except in specific cases expressly provided for by the Law. The reporting of irregular behavior takes place through the platform that the Foundation has made available to its employees and collaborators.

### ACCESS TO HEALTH DOCUMENTATION

It is possible to request the following health documentation:

- Copy of the Medical Record
- Extract from clinical records

- Certificate of attendance (it is possible to sign a self-certification directly at the Public Administration Offices that require this certificate)

The methods of request, the payment of the charges and the subsequent withdrawal of health documentation are regulated by specific rules established by the Foundation.

You can request or withdraw a copy of the health documentation:

- Holder or the person directly concerned, in possession of a valid identification document;
- Parent of a minor holding a birth certificate (with paternity and / or maternity), or notarial deed, and a valid identity document;
- Both parents of a minor with a joint signature if separated, in possession of a birth certificate (with paternity and / or maternity), or a notary deed, and a valid identity document;
- Tutor or trustee of the holder with the original constitutive provision and the valid identity document;
- Legitimate heir with full family status, patient's death certificate, photocopy of a valid identity document;
- Competent bodies (for example: Judicial Authority, INAIL, INPS, ...)
- Other person with proxy signed by the holder and photocopy of a valid identification document of both.

### **DUTIES OF USERS**

The user is required to:

- Respect the environments, the equipment and the furnishings considering them the patrimony of everyone and therefore also one's own;
- Be responsible at all times;
- Wear appropriate clothing for the type of treatment to be performed;
- Respect the start time of the services provided;
- Collaborate with health personnel;
- Respect the rights of other users;
- Do not smoke inside the Presidium;
- Promptly inform the Operators of your intention to renounce the continuation of the established rehabilitation treatment;
- Promptly inform the Operators in case of impossibility to carry out the programmed rehabilitation service; an unjustified absence exceeding three consecutive rehabilitation services involves discharge from the treatment.

### - SURVEYS ON USERS SATISFACTION

The Foundation guarantees the realization of user satisfaction surveys, promoting the administration of questionnaires and sample surveys.

The questionnaire (Patient Satisfaction) is filled in anonymously to ensure maximum freedom of judgment.

The results of these investigations are the subject of published reports.

This Service Charter was shared in order to facilitate the adaptation of structures and services to the needs of citizens, with the voluntary associations available.

The presence and collaboration of voluntary organizations in health facilities has been institutionalized with art. 14 of Legislative Decree 502/92.

# SCIENTIFIC RESEARCH

The Padre Pio - Onlus Rehabilitation Centers Foundation places the sick person and his needs at the center of his activities, with a constant commitment to providing quality services that are the expression of scientific knowledge and the most advanced professional skills. In this sense, scientific research is carried out in a peculiar and privileged way at the non-hospital rehabilitation center Gli Angeli di Padre Pio in which the research activity is focused on the application of rehabilitation technology. Current research lines focus on Movement Analysis (LAM) and the recovery of walking and motor movements (upper limb) through the use of robotic exoskeletons.

## NORMATIVE REQUIREMENTS:

- Law 7 August 1990, n. 241 ("New regulations regarding administrative procedure and right of access to administrative documents");
- Presidential Decree of 28 November 1990, n. 384 ("Regulations for the implementation of the rules resulting from the rules established by the agreement of April 6, 1990 concerning the personnel of the National Health Service sector, as per article 6, Presidential Decree March 5, 1986, No. 68");
- Circular of the Ministry of Health 100 / SCPS / 3 5697 of October 31, 1991 ("Initiatives for the implementation of the National Health Service of the Laws of August 7, 1990, No. 241, aimed at improving relations between the Public Administration and citizens");
- Legislative decree of 30 December 1992, n. 502 ("Reorganization of health regulations, pursuant to article 1 of the law of October 23, 1992, no. 421 and subsequent amendments and additions legislative decree of December 7, 1993, No. 517);
- Directive of the President of the Council of Ministers of 27 January 1994 ("Principles on the provision of public services");
- Directive of the President of the Council of Ministers of 11 October 1994 ("Directive on the principles for education and the functioning of offices for relations with the public");
- Decree of the President of the Council of Ministers of 19 May 1995 ("General outline of reference of the" Charter of public health services "").

DATE_	 N



☐ GUEST

☐ CAREGIVER

PATIENT SATISFACTION
Residetial Presidium

Dear Guest, looking for an ongoing monitoring of our users' satisfaction and of the quality level of the provided service, we kindly ask you to complete the following optional survey so that we can assess any disservices and keeping improving quality. Help us to serve you better.

disservices and keeping improving qualit						
	01	0	$\odot$	0	Notes and suggestions	
FACILITIES	Excellent	Good	AVERAGE	POOR		
CLEANING					1	
SANITARY SERVICES				-		
FURNITURES						ļ
	©!	0	<b>(2)</b>	8	Notes and suggestions	
RECEPTION	Excellent	Good	AVERAGE	POOR		
WILLINGNESS TO GIVE INFORMATIONS						
Answers To Your Calls (Comprehensive?)				1		
EDUCATION AND KINDNESS						
ABILITY TO UNDERSTAND YOUR NEEDS		-				
	01	0	(	8	Notes and suggestions	
STAFF (ADULT PATIENTS)	Excellent	Good	AVERAGE	POOR		
MEDICAL ASSISTANCE						
EDUCATION AND KINDNESS	- 11				7, -	
LISTENING AVAILABILITY			J	]	1	
PERFORMANCE DELIVERED (QUALITY PERCEIVED)	- 7	-	J	17.5		Ĺ
REHABILITATION ASSISTANCE						
EDUCATION AND KINDNESS	100					
LISTENING AVAILABILITY						
PERFORMANCE DELIVERED (QUALITY PERCEIVED)						l

FOLLOW	(\$II	(3)	(2)	8	Notes and suggestions
STAFF (ADULT PATIENTS)	Excellent	Good	AVERAGE	POOR	
NURSING ASSISTANCE					
EDUCATION AND KINDNESS					
LISTENING AVAILABILITY					
Performance Delivered (Quality Perceived)					
PROFESSIONAL CARER ASSISTANCE (SUPPORT STAFF)	4	11			
EDUCATION AND KINDNESS		-	-		1
LISTENING AVAILABILITY					
PERFORMANCE DELIVERED (QUALITY PERCEIVED)					

STAFF	01	3	9	8	Notes and suggestions
(CHILDHOOD PATIENTS)	Excellent	Good	AVERAGE	POOR	
MEDICAL ASSISTANCE					
EDUCATION AND KINDNESS					1
LISTENING AVAILABILITY					
PERFORMANCE DELIVERED (QUALITY PERCEIVED)	4				1
REHABILITATION ASSISTANCE					
EDUCATION AND KINDNESS					
LISTENING AVAILABILITY					
PERFORMANCE DELIVERED (QUALITY PERCEIVED)					
NURSING ASSISTANCE					
EDUCATION AND KINDNESS	-1				
LISTENING AVAILABILITY					3
PERFORMANCE DELIVERED (QUALITY PERCEIVED)					
PROFESSIONAL CARER ASSISTANCE (SUPPORT STAFF)					
EDUCATION AND KINDNESS				1	]
LISTENING AVAILABILITY				17.7	
PERFORMANCE DELIVERED (QUALITY PERCEIVED)				1	

	01	0	(2)	8	Notes and suggestions
ROBOTIC STAFF (Lokomat,Armeo, Nirvana)	Excellent	Dood	AVERAGE	POOR	
MEDICAL ASSISTANCE					
EDUCATION AND KINDNESS					1
LISTENING AVAILABILITY					
PERFORMANCE DELIVERED (QUALITY PERCEIVED)					
REHABILITATION ASSISTANCE					
EDUCATION AND KINDNESS					1
LISTENING AVAILABILITY					
Performance Delivered (Quality Perceived)					

What is the main reason w	hy you choose this structure?	

Please indicate, if you wish, what we can do to improve your stay at our facility:

YOUR PERSONAL DATA (OPTIONAL)

The survey will be withdrawn in a sealed envelope directly by the Foundation's "User Satisfaction and Complaints" Office which will communicate timing and methods upon delivery.

#### SIGNATURE

YOUR DATA WILL BE MANAGED ACCORDING TO THE LEGISLATIVE DECREE OF JUNE 30, 2003, No. 196

We thank you in advance for your kind availability



PATIENT SATISFACTION RESIDENTIAL PRESIDIUM Catering Service

### 7 QUESTIONS

#### ABOUT THE CATERING SERVICE

#### Dear Madam, Dear Sir

the Management of this Presidium aim to do a survey on the catering service within the facility. For this reason, we did a brief and strictly anonymous survey that we kindly ask you to fill out, ticking off the answers that best represent your opinion.

THE MANAGEMENT

#### GOAL OF THIS SURVEY

We want to investigate the perceived quality of the catering service and the satisfaction of our guest about the quality of the food.

The questionnaire is intended as a tool that is part of a more complex survey and a project to improve the quality of the service also in implementation of the provisions on HACCP.

The aspects of the quality we want to investigate are the following:

- quality of food (relative to cooking, temperature and quality, variety);
- overall perception.

Core/Department:	
Age:	
Gender:	
Period of stay	

Pag 1 di 2



PATIENT SATISFACTION RESIDENTIAL PRESIDIUM Catering Service

		(a)	©	<u></u>	8	NOTES AND SUGGESTIONS - POSITIVE OR NEGATIVE FEEDBACK
		EXCELLENT	доор	AVERAGE	POOR	
1	ARE YOU SATISFIED WITH THE VARIETY OF FOOD? (DIFFERENT COURSE DURING YOUR STAY)				Ti	
2	MEALS LOOK GOOD AND ARE APPETIZING?				> 4	
3	QUANTITY OF FOOD IN EACH COURSE IS ENOUGH					
4	FOOD INGREDIENTS ARE FRESH AND THEIR QUALITY IS GOOD?					
5	THE TEMPERATURE OF THE COURSES IS GOOD?					
6	I CIBI SONO BEN COTTI (NE' TROPPO CRUDI, NE' TROPPO COTTI) FOOD LEVEL OF COOKIGN IS GOOD (NOT UNDERCOOKED NEITHER OVERCOOKED)					
7	PLEASE GIVE US AN OVERALL JUDGEMENT ON OUR CATERING SERVICE					

We thank you in advance for your kind contribution, best regards.



FONDAZIONE CENTRI DI RIABILITAZIONE PADRE PIO ONLUS VIALE CAPPUCCINI, 77 71013 SAN GIOVANNI ROTONDO (FG) E-MAIL UFF. QUALITA': qualita@centripadrepio.it

# SCHEDA-MODULO PER SEGNALAZIONI

RILIEVO		SUGGER ELOGIO	
KILIEVO		ELUGIO	
L'INTERESSATO	0.0		
Cognome Nome	1		
Residente a			
Via		Сар	Tel
IL FAMILIARE C	O IL CAREGIVER		
Cognome Nome			
Residente a		Сар	Tel
Eventuale grado (	di parentela		
		□ NO	
Possesso di del	ega □ SI		<u> </u>
EVENTO SEGNA Descrivere i fat	ega LATO ti, i luoghi e i tempi oggetto della		eventuali richies
EVENTO SEGNA Descrivere i fat	ega LATO ti, i luoghi e i tempi oggetto della		eventuali richies
EVENTO SEGNA	ega LATO ti, i luoghi e i tempi oggetto della		eventuali richies
EVENTO SEGNA Descrivere i fat	ega LATO ti, i luoghi e i tempi oggetto della		eventuali richies
EVENTO SEGNA Descrivere i fat	ega LATO ti, i luoghi e i tempi oggetto della		eventuali richies
EVENTO SEGNA Descrivere i fat	ega LATO ti, i luoghi e i tempi oggetto della		eventuali richies
EVENTO SEGNA Descrivere i fat	ega LATO ti, i luoghi e i tempi oggetto della		eventuali richies

L'Ente invierà una risposta scritta al promotore solo nel caso di presentazione un reclamo.
INFORMATIVA SUL TRATTAMENTO DEI DATI PERSONALI AI SENSI DELL'ART. 10 DEL D.LGS. N. 51/2018 E DELL'ART. 13 DEL REGOLAMEN N. 679/16
In attuazione della normativa nazionale ed europea di cui sopra, La informiamo che:  I dati sono recolo il e tratta de solusivamente per scopi di natura amministrativa per lo svolgimento delle attività dell'Ufficio Qualità e per la gestion segnalazione in attuazione della normativa comunifaria e nazionale a futela della privacy. I dati possono essere anche nifenti a terzi o proveni terzi, nella loro eventuale qualità di delegati autorizzati dallo stesso interessato e sono trattati ed utilizzati direttamente per adempiere a strumentali all'attività connessa alla soluzione delle insorgenti controversie.  Il consenso al trattamento dei dati richiesti è spontaneo e facolitativo. Il mancato consenso al trattamento dei dati nel caso di reclamo compiancata risposta scritta.  La comunicazione dei dati può avvenire solo se prevista da norme di legge o di regolamento, o, qualora risulti necessaria per lo svolgimento di instituzionali. I dati, unicamente quelli strettamente necessari per le finalità di cui sopra, saranno comunicati esclusivamente ai Responsabili incanadia iziendali per le parti del procedimento di loro competenza.  Il trattamento dei dati può avvenire solo se prevista da norme di legge o di regolamento, o, qualora risulti necessaria per lo svolgimento di instituzionali. I dati, unicamente quelli strettamento di con competenza.  Il trattamento dei dati può avvenire solo se prevista da norme di legge o di regolamento, o, qualora risulti necessaria per lo svolgimento di cui all'art. 5 del D. LGS. 5¹ attraverso procedure informatiche o comunque mediante mezzi telematici o tramite supporti carlacei, ad opera dei soggetti a ciù apposita incanadi in relazione alle funzioni svolte.  I dati personali sono oggetto di trattamento all'interno della Fondazione Centri di Riabilitazione Padre Pro – ONLUS negli uffici di interesse dal per autonizzato per l'espletamento delle funzioni di competenza nell'ambito delle finalità sopra descritta e in particolare di stessi potranno essere comunicazione ai consultati leggi, alle
Esprimo il consenso al trattamento dei miei dati personali e sensibili sì □ no□
Luogo e data Firma
Parte riservata all'Ufficio
Segnalazione presentata:
□ a mano □ nell'urna □ telefonicamente
□ per e-mail □ per posta
Ricevuta il da (Presidio/Servizio)
Risposta inviata il a mezzo
F.TO

# TARIFF PERFORMANCE IN SOLVENZA INTRAMOENIA

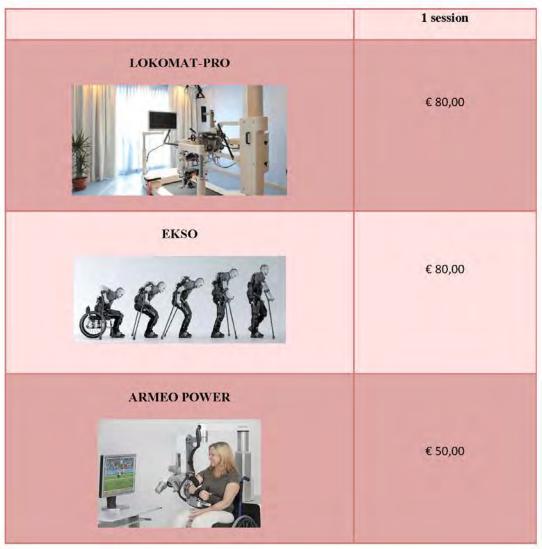
Presidio di Riabilitazione Extraospedaliera "Gli Angeli di Padre Pio"



OUTPATIENT MEDICAL EXAMINATION	€ 100,00
HOME MEDICAL EXAMINATION	€ 120,00
FOLLOW UP (6 months after discharge)	Gratuito
GAIT ANALYSIS	€ 200,00
SPIROMETRY	€ 60,00
VITALSTIM IN HOMECARE  Education /information and training for the use by the caregiver Loan for use of the device for the prescribed period Monitoring by the speech therapist Deposit refundable at equipment return = € 1,000.00	€ 120,00 weekly + Deposit
VITALSTIM	1 session







VIRTUAL REALITY	€ 50,00
ACQUATIC THERAPY	Simple Case
	1 Session € 35,00
	Complex Case
	1 Session € 45,00
TECAR TERAPY	Pelvic Rehabilitation
	Evaluation € 35,00
	1 Session € 60,00
	<b>*</b>
- Toronto	Tecar Terapy 1 Session € 30,00
	136551611 € 36,00
	Aesthetics Physiotherapy
	Evaluation € 35,00
	1 Session € 80,00
OTHER REHABILITATION SERVICES	1 ambulatory Session
NEUROMOTOR REHABILITATION	€ 35,00
CARDIORESPIRATORY     VISUAL PEHABUTATION	1 homecare Session
VISUAL REHABILITATION     MANUAL LYMPHATIC DRAINAGE	€ 50,00
OCCUPATIONAL THERAPY	€ 50,00
SPEECH THERAPY	
DRY NEEDLING	1 Session
INTRARTICULAR INFILTRATION	€ 30,00
MESOTHERAPIA	1 Session
MESOT HERATIA	€ 40,00 (drugs not included)
NEDGOVAL TO A INTER	1 Session
PERSONAL TRAINER	€ 25,00
	€ 200,00 per day

#### **ATTACHMENT 1**

#### SUMMARY OF SERVICE CHARTER

#### "THE ANGELS OF FATHER PIO"

#### 1.INPATIENT AND THERAPEUTIC CONTRACT

Dear Madam, Dear Sir,

welcome to our facility. First of all, we wish to resolve the problems that led to your hospitalization as soon as possible.

This letter represents a summary of our Service Charter, which you can view throughout your stay in our Presidium.

The Service Charter highlights the commitments we have made and informs you about the services offered.

With this communication we intend to offer you the most absolute clarity and transparency on the "therapeutic and hospitalization contract" that you are signing.

We briefly illustrate the rights and duties of the Users and the methods of providing the services available in the Structure.

#### 2. USER RIGHTS

#### Article 1

The User is assisted and rehabilitated with care and attention, respecting human dignity and his own philosophical and religious convictions.

#### Article 2

The User will obtain all information relating to the methods of access, diagnosis, benefits and related prognosis from the Healthcare Facility

#### Article 3

The User can make complaints by requesting the appropriate "complaint form" to the social worker. All forms received will be promptly examined and verified.

#### Article 4

The User has the right to 2.5 days of "therapeutic absence" per month (DGR n. 533/88) in order to favor domestic, social and work reintegration. The request for therapeutic absence must be comunicated in advance (48 hours in advance) to the nursing staff and authorized at the time of leaving the doctor on duty, compatibly with the applicant's clinical conditions. Requests received beyond the established limits cannot be accepted.

#### 3. DUTIES OF THE USER

#### Article 1

The User when he enters the Healthcare Facility is invited to behave responsibly in the respect and understanding of the rights of other patients, with the will to collaborate with medical, nursing, technical and rehabilitation personnel as well as, of course, with the Management health.

#### Article 2

The User and his family members have the duty to respect the visiting hours within the department (from 12.30 to 14.30 and from 18 to 20). It is essential to avoid overcrowding in the rooms. Outside these hours, it will be possible to visit the patient only and exclusively in the common areas, outside the ward. Children under the age of 12 will be able to visit the patients in the common areas.

## Article 3

In the case of special care needs, the presence of a caregiver will be authorized by the doctor during the scheduled hours in order to carry out / facilitate the care operations of the hospitalized person.

#### Article 4

The User, for any clarifications or organizational / health information, may contact the competent personnel at the set times displayed on the notice board

#### Article 5

The presence of family members and accompanying persons is forbidden during all rehabilitation services and visits.

#### Article 6

The User is advised not to bring jewelry, valuables or large sums of money as the Structure is not liable for any theft / damage

#### Article 7

The introduction of household appliances such as irons, fan heaters, coffee machines, refrigerators with the exception of bottle warmers for developmental age is prohibited. The wards are equipped with all the necessary comforts for a pleasant stay.

#### Article 8

The introduction of food and drinks from outside is prohibited.

The Management does not assume responsibility for what this could entail.

#### Article 9

It is strictly forbidden to smoke inside the Presidium and in all the external appurtenances (entrances, courtyards, terraces, etc.) of the Structure

#### Article 10

It is essential to have clothing that is suitable for rehabilitative activities (overalls, sneakers etc.)

#### Article 11

Based on health and organizational needs, the User is assigned the bed at the time of admission.

Requests to change rooms or beds will not be taken into consideration.

The User may request the "more comfort" option by requesting the single room at his own expense.

Article 12

The duration of hospitalization is established by the doctor responsible for the rehabilitation project.

Article 13

On the day of discharge, the room must be vacated by 10:00

#### 4. PERFORMANCE PROVIDED BY THE CONVENTIONAL STRUCTURE

The "Gli Angeli di Padre Pio" Presidium is an extra-hospital rehabilitation facility that provides medical, health, rehabilitation, nursing and support assistance.

Specifically, the services provided to reimburse the SSN are:

- physiokinesis therapy
- hydrokinesitherapy
- respiratory rehabilitation
- neuropsychomotility
- neurovisual rehabilitation
- speech therapy
- occupational therapy
- lymph drainage
- music therapy
- technologic innovations:
- robotic exoskeletons of lower limbs: Lokomat Pro and Lokomat FreeD
- robotic exoskeleton of upper limbs: Armeo Power
- wearable exoskeleton: Ekso GT, ReWalk
- cycle ergometer with functional electrostimulation: RT200
- selective mechanical sound vibrations: Vibra
- multisensory table for cognitive and motor rehabilitation: Myro
- virtual reality: BTS Nirvana
- treadmill with load transfer: Gait Trainer
- static and dynamic platform: Prokin 252
- functional electrical stimulation for the treatment of dysphagia: Vitalstim

- Gait analysis: Gait analysis

They are excluded from the agreement and used only for payment

- Mechanical vibrations (Cro System)
- Tecartherapy
- Analysis of the journey
- Focal shock waves
- Drugs (prescribed by the General Practitioner or Free Choice Pediatrician)
- Assistive products (assistive devices for assisted position, walking aids, etc.)
- Bladder catheters, diapers and other medical devices
- Diagnostic services (laboratory tests and instrumental exams)
- Laundry

With regard to rehabilitation treatments, the Presidium must offer in agreement with the National Health Service up to a maximum of n. 2 treatments / day for each User in INTENSIVE POST ACUTE rehabilitation and n. 1 treatment / day for each User in EXTENSIVE rehabilitation.

The Presidium, by taking on the additional costs, will provide, free of charge to post acute acute users (compatibly with clinical appropriateness) n. 1 more rehabilitation treatment / day in addition to those provided for by current legislation (maximum total 3 treatments).

All this is possible at the behest of the President and of the Board of Directors, composed of Friars Minor Capuchins of the Religious Province of Sant'Angelo and Padre Pio, who have always been attentive to Christian charity and the quality of supply aimed at obtaining the best possible result.

#### 5. METHOD OF ACCESS TO PAYMENT SERVICES

#### Article 1

If the User wants to take advantage of additional services, subject to the appropriateness of medical prescription, must make an explicit written request to the Health Department.

#### Article 2

It is also possible to choose the professional and the treatment times compatibly with availability and organizational needs.

#### Article 3

The tariff can be consulted on the Foundation's web page and / or at the administrative offices, where it is possible to request a quote for the prescribed services.

#### Article 4

The services that can be provided only for a fee are:

- Mechanical vibrations (Cro System)
- Tecartherapy
- Analysis of the journey
- Focal shock waves

Article 5

The User can take advantage of the agreement with AVAS SAN PIO for: transport of patients with van ambulance; hairdresser service, beautician; day and night caregiver assistance service.

For info: 3806839830

Article 6

The "hotel difference" option is available to the User, which allows you to choose greater hotel comfort (single room) with payment of a daily fee of €90.00.

Article 7

It is possible to be admitted or paid for with the same procedures defined in Article 3.

Article 8

It is also possible to have lunch or dinner for a fee with an à la carte menu.

Article 9

The Foundation has signed an agreement at discounted rates with the Hotel Approdo for the relatives of the clients.

San Giovanni Rotondo,

THE HEALTHCARE MANAGER

# MINUTES OF PRESENTATION AND SHARING WITH THE CATEGORY ASSOCIATIONS