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# SERVICE CHARTER

Revision 2024

For the Extensive Therapeutic Residential Structures  
Of Progetto Insieme s.r.l

SERVICE CHARTER

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## WHO ARE WE?

**PROGETTO INSIEME S.r.l.** is a company that manages an Extensive Therapeutic Rehabilitation Residential Facility in the Lazio region, specifically located at A. De Gasperi, 36 – 04021 Castelforte (LT), Italy.

## INTRODUCTION:

Law 180 of 1978, the well-known Basaglia Law, does not explicitly define the classification of Intermediate Psychiatric Facilities: their nature is only vaguely suggested, as it is stated that these facilities are located outside of hospital settings, in the community where Basaglia identified the natural setting for prevention, therapy, and rehabilitation of mental illnesses within the framework of the so-called departmentalization process, namely the creation of decentralized community-based services. More specific in this regard is Lazio Regional Law no. 49/1983, which clearly defines the objectives and professional roles required in an intermediate facility. The evolution of community-based mental health care in the Lazio region has led to the current regulatory framework, which classifies the types of facilities dedicated to psychiatric patients. Among these is the type of facility managed by PROGETTO INSIEME S.r.l., classified as an Extensive Therapeutic Rehabilitation Residential Facility. This Residential Facility meets the health care needs of patients who are not in an acute or post-acute phase that would require hospitalization in Psychiatric Diagnosis and Care Services (SPDC), Intensive Community Psychiatric Treatment Facilities, or Intensive Therapeutic Rehabilitation Residential Facilities. The facility managed by PROGETTO INSIEME S.r.l. is among those to which the Department of Mental Health, through the Multidisciplinary Evaluation Units (UVM), refers patients, so that they may be given the opportunity to retrace, repair, and understand their crisis and address their existential discontinuity within protected health care settings.

The Psychiatric Residential Facility of PROGETTO INSIEME S.r.l. has for years been an integral part of the network of community facilities designed to meet the health care needs of psychiatric patients. Currently, the company has undertaken all necessary steps toward institutional accreditation in order to be increasingly present for both patients and the National Health Service (SSN), with the goal of providing services aligned with the needs of public departmental structures and enhancing the therapeutic and rehabilitative level of both.

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## PURPOSE:

The extensive Therapeutic Rehabilitation Residential Facility (SRTR), managed by PROGETTO INSIEME S.r.l., is dedicated to the care of individuals suffering from mental disorders who need a protected environment outside the family setting to process the causes of their distress and begin to redesign their life path. The beneficiaries of the facility are individuals for whom the Multidisciplinary Assessment Unit (UVM) of the Department of Mental Health (DSM) deems a separation even prolonged from their original socio-familial environment to be necessary. More specifically, the guests of our facilities can be categorized as:

- “...patients with disorders in a sub-acute phase, who require relational, psychotherapeutic, and pharmacological interventions, with a maximum stay in the facility of approximately two years, followed by reintegration into their usual living environment or an autonomous living arrangement with home support, or a gradual transition to facilities with a lower healthcare burden and/or specific socio-rehabilitative or socio-assistance functions (Regional Law no. 41/03),...” within the extensive SRTR facilities;

The mission of the residential healthcare facility PROGETTO INSIEME S.r.l. is therefore to restore, through therapeutic-rehabilitative activities, a condition of psychological compensation that allows either the reintegration of the patient into their original social setting or continuation into facilities with a lower degree of medical intervention.

## HOW TO REACH US:

The SRTR facility is located in a building situated in the municipality of Castelforte (LT), street A. De Gasperi, in an urban area. The facility is also accessible by train via the Minturno railway station, with a municipal transport service available. Timetables can be requested at the administrative office. The area where the buildings are located is flat, healthy, with minimal traffic and far from sources of air or noise pollution.

The facility is equipped with signage systems for entrances, parking areas, and pedestrian pathways.

Phone Numbers: 0771/736897 – 393/0673183

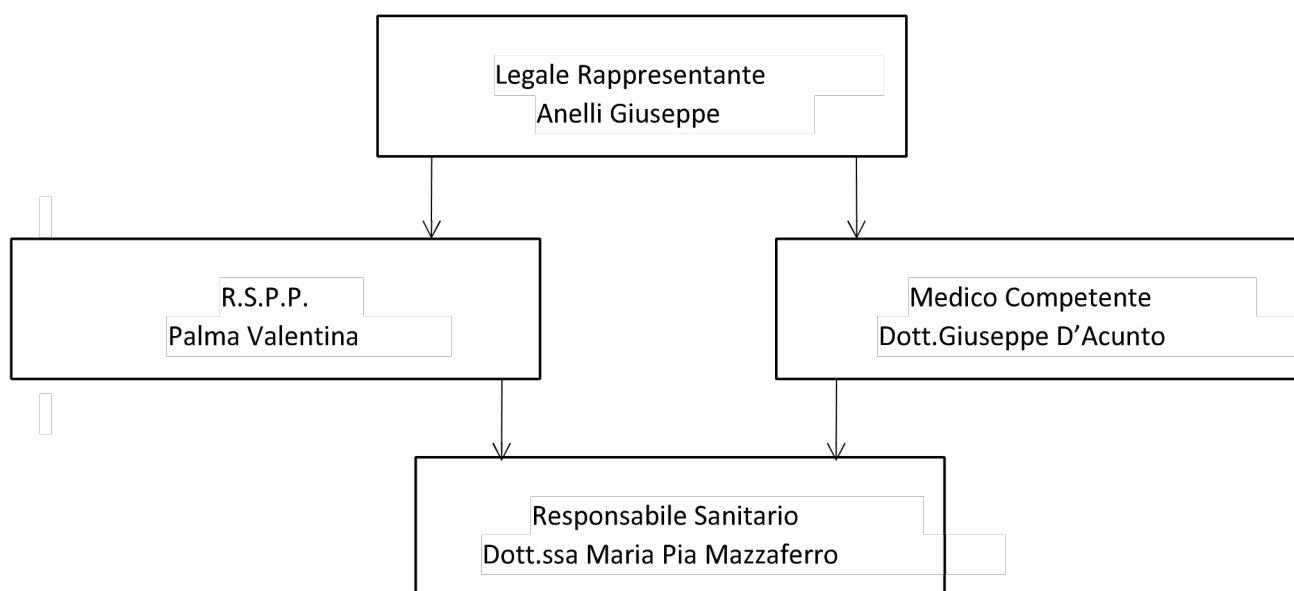
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### Organigramma Tipo



**Typical Organization chart:** Strategic management – Staff --- Healthcare management--- administration department--- Residential Unit

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Legal Representative: Anelli Giuseppe;

Occupational health physician: Dott. Giuseppe D'Acunto;

Health and Safety Manager: Palma Valentina;

Medical Director: Dott.ssa Maria Pia Mazzaferro

### Professional Roles:

- N.1 Psychiatrist,
- N.2 Psychologist,
- N.4 Nurses,
- N.5 Professional Educators,
- N.1 Social Worker (12 h)
- N.7 Health Care Assistants

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Although the organization manages healthcare facilities that cater to two different levels of medical need, the daily routines in the residences follow similar rhythms, differing only in terms of the “intensity of the therapeutic moment”.

#### **OPERATION:**

The Residential Healthcare Facility of “PROGETTO INSIEME S.R.L.” operates continuously, 24 hours a day, 7 days a week, throughout the entire year.

Typical Day at the “PROGETTO INSIEME S.R.L.” Facilities

From Monday to Sunday

#### **Between 7:30 AM and 10:00 AM**

- Wake-up
- Breakfast preparation
- Administration of morning medications
- Personal hygiene
- Choice of clothing
- Tidying up rooms
- Individual outings or visits to the facility’s internal café

#### **Between 10:00 AM and 1:30 PM**

- Structured and/or personalized activities
- Individual sessions / therapeutic groups
- Group therapy
- Medical consultations
- Setting up the dining area for lunch
- Cleaning the kitchen and dining area

#### **Between 2:00 PM and 4:00 PM**

- Administration of lunch medications
- Afternoon rest
- Tidying up rooms

#### **Between 4:00 PM and 8:00 PM**

- Structured and/or personalized activities
- Personal shopping outings
- Medical consultations
- Setting up the dining area for dinner
- Cleaning the kitchen and dining area
- Individual outings or visits to the facility’s internal café
- Individual sessions with therapeutic groups
- Organization of board games

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**Between 8:00 PM and 11:00 PM:**

- Administration of evening medications
- Watching TV
- Socializing about the day's events
- Personal hygiene
- Rest

During the week, recreational outings are organized for the group, or patients can go out independently.

**Activities included in the treatment program**

- √ Access to public areas (individual and group activities)
- √ Creative and artistic activities
- √ Theatre
- √ Ceramics
- √ Découpage
- √ Painting
- √ Ergotherapy
- √ Music therapy
- √ Cooking
- √ Cognitive- educational activities
- √ Basic Education
- √ Advanced education
- √ Information technology (IT)
- √ Photography workshop
- √ Physical activity
- √ Football
- √ Volleyball
- √ Athletics
- √ Dance
- √ Swimming
- √ Hyppotherapy
- √ Gym
- √ Occupational activities
- √ Professional training courses

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## PROFESSIONAL ROLES INVOLVED:

**Medical Director:** The Medical Director is present at the facility and coordinates the therapeutic team's interventions across various professional roles. They interface with the patients, their families, and specialists from the Mental Health Centers. The Medical Director clinically evaluates the patient during the initial admission phase. They supervise the facility's suitability from a health and hygiene perspective and ensure the correctness and effectiveness of the therapeutic plan. The Medical Director is responsible for the proper maintenance of patient medical records and the handling of patient data for the facility in question. They oversee the application of informed consent for healthcare treatments and the management of medications used in therapeutic plans.

**Psychiatrist:** The psychiatrist is present at the facility and coordinates the therapeutic team's interventions across various professional roles. They interface with the patients, their families, and specialists from the Mental Health Centers. The psychiatrist clinically evaluates the patient during the initial admission phase.

**Psychologist:** The psychologist conducts individual psychotherapy with patients, participates in family counseling, coordinates activities, and reviews medical records alongside professional educators, nurses, and social workers.

**Nurse:** Among the primary tasks of this role is the preparation and oversight of medication administration. The nurse collaborates with the General Practitioner to perform health check-ups and routine tests. They also interact with local health facilities (such as laboratories and specialist centers) and they take patients to these locations.

**Professional Educator:** The professional educator helps maintain the medical records, conducts internal and external activities with patients, guides and supports the residents in managing their daily activities. They assist the psychologist in individual counseling sessions and group activities (both internal and external).

**Healthcare Assistant:** The healthcare assistant fosters patient autonomy, collaborates with patients and their families in managing daily routines, handles the cleaning and sanitization of furniture and equipment, participates in recreational activities to promote socialization, and provides patient transportation.

**Social Worker:** The social worker provides support in the helping relationship, manages the patient's welfare aspects, including housing (social network), and addresses legal aspects for patients under judicial provisions. They collaborate and support the resident in planning and managing available resources.

**COMPANY VALUES:** The residential facilities operated by the company have adopted and disseminated internally the Patient Rights Charter. These rights represent the core values of the



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organization and form the foundation of its operational policies. Given the vulnerability of the residents, the company's policy regarding patient rights is particularly focused on:

- Protecting and promoting human dignity;
- Maintaining a constant, subjective and objective focus on the well-being and quality of life of patients, their families, and staff;
- Ensuring respect for and involvement of users;
- Fostering responsibility and personal development among staff;
- Promoting quality assessment and continuous improvement.

The residential care teams promote the following values toward residents:

- The right to fully express personal autonomy and to live in a well-maintained and orderly environment
- The right to social integration

The team is attentive to the aesthetic sense expressed by residents, enhancing their self-image through personal care (e.g., hygiene, hairdressing, beauty services) and thoughtful selection of clothing.

#### **POSSIBLE AND DIVERSE TREATMENT OBJECTIVES:**

**SHORT-TERM:** Recovery of a level of psychological stability that enables the patient to reintegrate into their original social environment.

**MEDIUM-TERM:** Recovery from a life crisis connected to the person's psychopathological condition, requiring an intervention that fosters change and subsequent reintegration into their living context.

**LONG-TERM:** Reception of patients whose psychopathological conditions prevent any form of social reintegration, with the aim of recovering a state of stability compatible with a care setting requiring a lower level of medical assistance.

#### **OVERALL TYPE OF INTERVENTION:**

- HEALTHCARE** (psychiatric and nursing care)
- PSYCHOLOGICAL SUPPORT**
- REHABILITATION ACTIVITIES**

The organization is structured around the work of the multidisciplinary team, which operates through the following phases:

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1. Case evaluation and definition of an individualized therapeutic plan
2. Selection of appropriate tools and methods
3. Ongoing analysis and continuous assessment of the situation

#### **INTERVENTION METHODS AND TOOLS USED:**

- Medical assessment of pharmacological therapy,
- Psychodiagnostics and psychological evaluation of the individual and the appropriate therapeutic approach,
- Psychological support for the patient,
- Psychological support for the family,
- Group therapeutic activities (e.g., Hippotherapy, Art Therapy, Music Therapy, Theatre)
- Support in individual and group psychosocial rehabilitation activities,
- Coordination and networking interventions with local services and other entities relevant to the patient's care.

#### **ADMISSION TO THE FACILITY:**

Referrals for admission to the extensive SRTR are primarily made by Mental Health Departments, through the Multidisciplinary Evaluation Unit (UVM). Family members may contact the facility independently, however, any request must still be evaluated by the Mental Health Department (DSM) responsible for the area. During this initial contact, the referring facility is requested to provide a clinical and anamnestic report introducing the patient. The patient is placed on a public waiting list as soon as the UVM issues a certificate of eligibility

#### **ADMISSION:**

When a bed becomes available, a dedicated care team is assigned to take charge of the patient. At the time of admission to the facility, the patient must present the following personal social and health documentation:

- A valid identification document;
- Regional health card;
- Cancellation of registration with the General Practitioner (only if the patient resides outside the Lazio region);
- Health service exemption card (if applicable);
- Recent clinical test results;
- A copy of the official certificate of civil disability (if available);
- Individual Therapeutic Treatment Plan issued by the Mental Health Center (CSM), where applicable;
- Any copies of previous medical records from past hospitalizations;

All patient-related data is collected and processed in a file containing the patient's medical and social documentation, which is compiled and regularly updated by healthcare staff.

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At this stage, the therapeutic-rehabilitation plan is also prepared, and all administrative documentation related to the patient's admission is completed.

#### **DISCHARGE:**

Patient discharge generally occurs at the end of the therapeutic-rehabilitation program, or when the referring Mental Health Department (DSM), having verified the achievement of the set objectives, identifies other suitable resources for the patient.

#### **ARCHIVING:**

Following discharge, the file containing the patient's medical and social documentation is closed and stored in a secure location not accessible to third parties.

Upon request, certified copies of the patient's file may be issued to authorized individuals.

#### **SERVICES PROVIDED:**

Included in the daily inpatient fee are:

- Room and board;
- Laundry and ironing services;
- Personalized management of each patient's money and cigarettes;
- Personalized management of individual needs such as purchases and other necessities (hairstylist, beautician, dentist, etc.);
- Individualized care planning;
- Personal care provided by qualified personnel;
- Coordination with the patient's general practitioner and relevant healthcare facilities;
- Coordination with the patient's family;
- Coordination with other services attended by the patient;
- Management of the patient's social network;
- Organization of social and recreational activities;
- Organization of community networking activities with local organizations.

#### **PAID SERVICES:**

- Transportation;
- Certain activities conducted outside the facility;
- Gymnastic activities;
- Laundry;

#### **FUNDAMENTAL PRINCIPLES:**

It is well known that the "Charter of Services" represents a system for ensuring service quality, implemented through the participation and oversight of citizen-users.

The extensive SRTR (Residential Therapeutic Rehabilitation Structure) managed by *Progetto Insieme S.r.l.* has therefore presented, in this document, the operational and quality standards that ensure the proper delivery of services, with the aim of interpreting them in a dynamic manner—that is, subjecting them to continuous review, improvement, and integration.

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The fundamental principles that inspired the Charter of Services:

**Equality and Impartiality:**

No discrimination is carried out on the basis of gender, race, language, religion, or political beliefs.

**Respect:**

Users are assisted and treated with care, courtesy, and attention, with full respect for the individual and their dignity.

**Continuity:**

Service provision, in accordance with operational procedures, is continuous, consistent, and without interruptions.

**Right of Choice:**

The user has the right to make decisions freely—compatible with their psychological condition—regarding the treatments proposed by healthcare professionals.

**Participation:**

Citizen participation is ensured through access to medical information, the ability to submit complaints or suggestions, and regular assessments of the quality of the services received. Our Medical Directorate, supported by the Legal Office of the company *PROGETTO INSIEME S.R.L.*, is specifically tasked with mediating all interactions between the care team, the user, family members, and Community Services. As part of our operations, important tools for assessing service quality include the User Satisfaction Questionnaire and the Family or Legal Representative Satisfaction Questionnaire, which provide information on user outcomes.

**Efficiency and Effectiveness:**

Services are delivered to ensure the efficiency and effectiveness of actions undertaken, aimed at providing therapeutic and rehabilitative care that is consistently up to date from a technical and scientific standpoint. To adhere to this principle, the organization has adopted a management approach based on “system processing.”

**User Feedback and Complaints:**

The facility distributes satisfaction questionnaires for both guests and their family members. In general, these are considered process indicators, and if signed, they are treated as formal feedback. Such reports are handled by the Medical Director, who will respond to the person submitting the complaint, if necessary, in written form within 10 days of receiving it.