



Struttura residenziale Psichiatrica  
**San Valentino**

# **SERVICE CHARTER**

AUTHORISED and ACCREDITED STRUCTURE with the LATIUM REGION

DCA U00457 of 11/11/2019



## INDEX

<b>REVISIONS .....</b>	<b>3</b>
<b>I - CHAPTER ONE.....</b>	<b>5</b>
1. FOREWORD: THE SERVICE CHARTER .....	5
2. PRESENTATION OF THE SRP SAN VALENTINO .....	6
3. LOGISTICS .....	9
Contact.....	10
4. MISSION.....	10
5. FUNDAMENTAL PRINCIPLES GOVERNING THE ACTIVITIES OF THE SAN VALENTINO PSYCHIATRIC RESIDENTIAL FACILITY .....	11
6. QUALITY STANDARDS, COMMITMENTS AND PROGRAMMES.....	12
<b>II - CHAPTER TWO .....</b>	<b>15</b>
1. Aims and services offered .....	15
2. SERVICES OFFERED .....	15
3. views of family members/caregivers.....	20
4. Exit permits.....	21
<b>III - CHAPTER THREE .....</b>	<b>21</b>
PATIENT RIGHTS.....	21
DUTIES OF THE PATIENT .....	23
HOW TO ACCESS THE FACILITY .....	25
inpatient information .....	28
CHECKS.....	31
RESPECT FOR PRIVACY .....	32
WORKING ENVIRONMENT .....	32





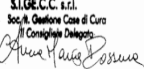


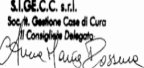






# Struttura residenziale Psichiatrica San Valentino

## REVISIONS

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1	<del>Checked</del>	Uncontrolled	RGQ 		RMS PRESIDIO SANITARIO SAN VALENTINO Responsabile Medico-Sanitario Dott. Giancarlo Perna Psichiatria Psicosomatica Specialista in Psicoterapia Individuale Medica 		FROM S.I.G.E.C.C. s.r.l. Soc. A. Qualione Case di Cura Il Consiglio Delegato 	
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0	First draft		19-03-2007		19-03-2007		19-03-2007	
1	Redefinition of structure pursuant to DCA n°U0101 of 09-12-2010		16-12-2010		16-12-2010		16-12-2010	
2	Staff Update		28-10-2015		28-10-2015		28-10-2015	
3	Update of the Service Charter- Authorisation of 5 beds (private in-patient scheme)		12-01-2017		12-01-2017		12-01-2017	
4	Update the Service Charter		28-01-2019		28-01-2019		28-01-2019	
5	Authorised EEG no longer accredited		11-06-2019		11-06-2019		11-06-2019	
6	Confirmation of Accreditation DCA U00364 of 03-09-2019		03-09-2019		03-09-2019		03-09-2019	
7	Clinic authorisation Psychiatry DCA U00457 of 11-11-2019		11-11-2019		11-11-2019		11-11-2019	
8	Update Service Charter Legality rating		15-04-2021		15-04-2021		15-04-2021	
Rev.	Description		Date	Signature	Date	Signature	Date	Signature



# Struttura residenziale Psichiatrica San Valentino

09	Update Service Charter Services	08-06-2022		08-06-2022		08-06-2022	
10	Update Service Charter Clinic Risk Management	10-03-2023		10-03-2023		10-03-2023	
11	Update Service Charter Psychiatric area	06-05-2024		06-05-2024		06-05-2024	
12	Update Service Charter New psychiatric rehabilitation laboratories	10-04-2025		10-04-2025		10-04-2025	
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## I - CHAPTER ONE

### 1. FOREWORD: THE SERVICE CHARTER

**Presidential Decree of 19 May 1995 and Legislative Decree No. 502 of 30 December 1992**

#### ***'Charter of Public Health Services'***

"The Service Charter is essentially aimed at protecting the rights of users: it is not a protection in the sense of a mere formal recognition of guarantees to citizens, but of giving them a direct power of control over the quality of the services provided.

In particular, the provider:

adopts standards for quantity and quality of service that it ensures compliance with: this is the core principle of the 'Service Charter';

publicises the standards adopted and informs the public, verifies compliance with the standards and the degree of user satisfaction;

guarantees compliance with the adopted standard, ensuring the citizen the specific protection represented by forms of reimbursement in cases where it can be demonstrated that the service rendered is inferior in quality and timeliness to the published standard'.

*"The Service Charter therefore assigns a strong role to both service providers and citizens in orienting the activities of public services towards their 'mission': to provide a good quality service to citizen-users".*

Furthermore, Article 14 of Legislative Decree No 502 of 30 December 1992:

provides for the definition of a national system of indicators for measuring quality, identifying procedures for monitoring the performance of services and setting out actions for their further improvement;

places an obligation on companies to set up an effective information system on the services provided, tariffs and methods of access;

affirms the right to complain against acts or conduct that deny or limit the accessibility of health care services and sets out the procedures for filing a complaint;

commits the health agencies to detect and analyse signs of inefficiency and identifies the persons responsible for taking the necessary measures to remove inefficiencies;

ensures the consultation of citizens and their rights organisations on the organisation of services and quality control;



# Struttura residenziale Psichiatrica **San Valentino**

## 2. PRESENTATION OF THE SRP SAN VALENTINO

The San Valentino Psychiatric Residential Facility located in Rome, Via della Cappelletta della Giustiniana 119, was opened in 1971, as a neuropsychiatric care home, on the initiative of Prof. Sebastiano Fiume, an eminent clinician of the Roman school of psychiatry.

Directed for years by Prof. Sebastiano Fiume, the Facility has always distinguished itself in the diagnosis and treatment of psychiatric disorders, in particular: acute and chronic schizophrenic and delusional psychoses, manic-depressive affective psychoses in the various bipolar and unipolar presentations, reactive depression, alcoholism and alcohol-related psychopathological pictures.

In accordance with a view of mental illness based on both classical clinical psychiatry and the bio-psycho-social paradigm, diagnosis and treatment make use of biological, psychological and social tools and techniques.

Alongside psychopharmacology, individual and group psychotherapy, expressive and rehabilitative techniques, analysis of the family context, and social intervention in collaboration with the social and health facilities and institutions involved in the management of treatment play an important role.

Other therapies are developed in line with the Individual Therapeutic Plan drawn up by the CSM and included in the Personalised Rehabilitation Therapeutic Plan developed by the facility's physicians, all in compliance with the patient's free self-determination, subject to the informed consent of the person concerned and adequate information to family members, in accordance with international guidelines.

A specific programme divided into different phases (medical, psychological, rehabilitation) is aimed at alcohol dependency conditions.

All patients are assessed and included in specific rehabilitation and socialising activities.

SRP Valentine's Day is a care facility that on the basis of DCA U00318 of 05 July 2013 and DCA 00467 of 11/11/2019, is accredited for the voluntary therapeutic rehabilitative treatment and social reintegration of adult patients, who in the presence of disabling aspects, cannot be treated at home.



# Struttura residenziale Psichiatrica **San Valentino**

"Valentine's Day" is an accredited facility and consists of:

- STPIT (Territorial Intensive Psychiatric Treatment Facility) department for 30 beds
- SRSRH24 DEPARTMENT (Residential Socio-Rehabilitation High Intensity Care Facility), for 18 beds

According to DCA U00006 of 12 January 2017, it is also authorised in private practice for:

- DEPARTMENT SRSRH24 for 5 beds

The facility also has private authorisation for the following specialist outpatient clinics:

- Neurology: the facility has a NeuroPhysiopathology laboratory with equipment suitable for routine electroencephalographic examinations, with S.L.I. and with the possibility of performing EEG in sleep with polygraphy (authorised, NOT Accredited, in private regime from 10/06/2019)
- Psychiatry: the facility, according to DCA 000457 of 11/11/2019, is authorised to operate an outpatient psychiatry clinic. The facility has an office where it is possible to carry out examinations, consultations and treatment for psychiatric disorders such as:
  - Depression
  - Bipolar disorder
  - Psychosis
  - Obsessive disorders
  - Common emotional disorders (e.g. anxiety)
  - Personality disorders
  - Alcohol-related disorders

Treatment is based on an integrated approach combining psychopharmacological and psychotherapeutic intervention.



# Struttura residenziale Psichiatrica San Valentino

Patients are assisted by experienced operators of different professions, as stipulated by the Lazio Region:

- a) Head Psychiatrist
- b) Psychiatrists and neurology physicians
- c) Psychologists
- d) Professional nurses
- e) Psychiatric rehabilitation therapists
- f) Social workers
- g) OSS

All staff are constantly trained and updated through training meetings inside and outside the Psychiatric Residential Facility; medical staff and operators participate in regular supervision and coordination meetings.

The Chief Medical Officer is Dr Giancarlo Peana.

The Valentine's Health Centre has four floors above ground and a service floor.

Service Plan	Medical Director's Office, doctors' offices, neurophysiopathology laboratory, medical reception, chapel, administrative reception, administration, meeting room, pharmaceutical depot, kitchen, laundry, ironing room, technical rooms, mortuary and grief services and access ramp to technical rooms
First floor	Parking, access ramp for barrier-free access, switchboard with waiting room, refreshment room with lounge adjacent to lounge, veranda, large garden.
First and second floor	<b>STPIT:</b> Inpatient rooms all with en-suite facilities; TV, telephone and minibar, and single rooms with companion bed.
	<b>STPIT:</b> Inpatient rooms all with en-suite facilities; TV, telephone and minibar (except those with three beds) and single rooms with companion bed.
Third floor	<b>SRSR H24:</b> Inpatient rooms all with en-suite facilities and single room with companion bed.





# Struttura residenziale Psichiatrica **San Valentino**

Fourth floor

Large free common room for therapeutic and rehabilitation activities, with TV and projector

The Psychiatric Residential Facility is surrounded by a large garden with benches and a bowling and table tennis court.

The rooms are comfortable and bright, all with a view of the clinic's large inner garden, and the rooms are equipped with air-conditioning systems.

## 3. LOGISTICS

The San Valentino Psychiatric Residential Facility is located in the northern area of Rome, at Via Cappelletta della Giustiniana 119 (on Via Cassia) and is part of the XV Municipality.

It is located near the exit-Cassia- of the GRA and is easily accessible by:

- FM3 Roma Ostiense - Cesano - Viterbo - La Giustiniana stop
- ATAC lines 907, 223, 201

The telephone number of the switchboard is 0630310821 (4 r.a. lines).

The fax number is 0630311500



# Struttura residenziale Psichiatrica San Valentino

## CONTACT

To contact Valentine's Psychiatric Residential Facility by e-mail, the addresses are as follows:

for general information:	<a href="mailto:info@srpsanvalentino.it">info@srpsanvalentino.it</a>
for health information (type of in-patients, type of treatment, etc.):	<a href="mailto:direzionesanitaria@srpsanvalentino.it">direzionesanitaria@srpsanvalentino.it</a>
for administrative information (type of rooms, hospital fees, etc.):	<a href="mailto:amministrazione@srpsanvalentino.it">amministrazione@srpsanvalentino.it</a>

Questions formulated will be answered within the next 72 hours.

## 4. MISSION

In the wake of the founder, Prof. Sebastiano Fiume, the commitment of all the human and professional components of the San Valentino Psychiatric Residential Facility is renewed to work towards

**Caring for the sick person**, with full respect for his or her dignity, needs, suffering and hope.

**Provide services and benefits that are excellent** in terms of effectiveness, appropriateness, equity, safety, timeliness, efficiency and accessibility.

**Promote and guarantee transparency of** professional behaviour, in sharing general and specific objectives with the aim of continuously improving the health organisation.

**Stimulating continuous learning** and training of professional, scientific and technical knowledge.

**Ensuring widespread dissemination of information**, knowledge of strategic and operational objectives, achievements and experiences.

**Fostering collaboration and involvement**, teamwork, shared responsibility.

**Recognise and value the commitment of all actors.**

The St. Valentine Psychiatric Residential Facility conducts its healthcare intervention with continuous respect for the **centrality of the psychiatric patient**. With this in mind, it has defined tools for **evaluating the quality standards of** its action in order to assess its effectiveness with respect to pre-established objectives.

The main aim is to continuously measure the steps taken in the direction of **continuous improvement of its health and social action**. Since 2016, the facility has achieved a score of \*\* in



# Struttura residenziale Psichiatrica **San Valentino**

the **legality rating** assessment and is therefore included in the relevant list of certified companies. Since **2020**, the score has risen to : " \*\*\*".

The **quality management system** is certified according to **UNI EN ISO 9001:2015**.

In addition, in compliance with current regulations, the San Valentino Residential Facility has adopted the Organisational and Management Model 231 (Legislative Decree 231, 8 June 2001) and its **Code of Ethics**.

## 5. FUNDAMENTAL PRINCIPLES GOVERNING THE ACTIVITIES OF THE SAN VALENTINO PSYCHIATRIC RESIDENTIAL FACILITY

### **Equality**

The services and benefits provided by the Psychiatric Residential Facility are provided according to the same rules for all, without distinction of sex, race, language, class, religion and political opinions.

### **Impartiality**

The staff of the San Valentino Psychiatric Residential Facility, in the performance of their activities, guarantee the adoption of objective, fair and impartial behaviour towards all users.

### **Continuity**

Assistance to our users is provided continuously and without interruption, within the framework of the operating procedures defined by national and regional rules and regulations as well as supplemented by the Facility's internal regulations.

### **Participation**

Patients' relatives may be asked to participate in rehabilitation therapy during hospitalisation.

### **Efficiency and effectiveness**

The San Valentino Psychiatric Residential Facility is constantly striving to ensure that the services provided meet efficiency and effectiveness criteria; to this end, there is a continuous focus on the quality of the services, which is constantly verified with the organisational tools with which the Psychiatric Residential Facility is equipped, tools whose effectiveness is constantly monitored and verified by those in charge.



# Struttura residenziale Psichiatrica San Valentino

## 6. QUALITY STANDARDS, COMMITMENTS AND PROGRAMMES

The following are the quality standards adopted by the San Valentino Psychiatric Residential Facility on the basis of the specific indications to be found in the Prime Ministerial Decree of 19 May 1995 "general reference outline of the Charter of Public Health Services", the Ministerial Decree of 15.10.1996 concerning the quality indicators pursuant to art. 14 of Legislative Decree 502/92, the regional references, the specific characteristics of the facility and the experience of the operators who serve it.

The following tables show the various quality factors and the respective standards adopted by the San Valentino Psychiatric Residential Facility in the three most significant aspects of facility quality.

### ➤ HOTEL CHARACTERISTICS

QUALITY FACTORS	QUALITY STANDARDS
<i>GREEN SPACE (GARDENS) AVAILABLE FOR PATIENTS</i>	10 m2 per patient
<i>COMFORT INSIDE THE ROOMS</i>	<ul style="list-style-type: none"><li>• 7 sqm per patient in the room with 2 beds plus toilet</li><li>• air conditioning</li><li>• personal armoured drawer</li></ul>
Hygiene in patient cleaning	Use of disposable material, hand sanitisation dispensers
Meal rotation frequency	fortnightly



# Struttura residenziale Psichiatria San Valentino

## ➤ HEALTHCARE TRAINING

QUALITY FACTORS	QUALITY STANDARDS
Updating training projects	- Half-yearly review of
Ongoing staff training	<ol style="list-style-type: none"><li>1. Annual participation of all staff in specific training courses in the fields of neuropsychiatry, clinical psychology, psychiatric rehabilitation and nursing, health risk, privacy, cybersecurity.</li><li>2. Verification, for health professionals, of coverage of CME credits</li></ol>

## ➤ COMMITMENTS AND PROGRAMMES

The main commitment that the San Valentino Psychiatric Residential Facility intends to make to its users is to pursue continuous improvement in the quality of the services and healthcare services offered, guaranteeing full compliance with the fundamental principles of care.

The San Valentino Psychiatric Residential Facility activated the process to achieve UNI EN ISO 9001:2015 Certification for the corporate management of health and non-health activities related to neuropsychiatric rehabilitation.

The quality of the health service is the result of a combination of scientific, technical and technological, organisational, procedural, relational and communication elements, in which a decisive role is played by the human variables (health worker and client of the service) The elements to be considered in the realisation of the quality of health and related services can be traced back to four fundamental categories, which reflect the different approaches to quality, which are complementary and synergic:

- **the appropriate organisation of the PSYCHIATRIC RESIDENTIAL FACILITY and the correct management of primary and ancillary processes**, which are reflected in the ISO 9001 series standards
- **the adequate definition of the technical content of the services provided** (service specifications) that is reflected in a series of specialised regulatory references (e.g. medical-scientific documentation and diagnostic and therapeutic protocols)



# Struttura residenziale Psichiatrica **San Valentino**

- **the qualification of the personnel in charge** (basic training, application knowledge, personal skills, ethics)
- **the correct performance of investigation, analysis and diagnostic activities**, which is an initial prerequisite for the validity of the adopted therapies.

**Accreditation** is one of the tools identified by the legislation to implement the promotion of effectiveness and appropriateness in clinical practice and organisational choices. It is, therefore, one of the interventions aimed at ensuring the quality of care as:

- for the *regional health service*, which acquires the health service for the user, it is a guarantee instrument;
- for the *manufacturer* it is a means of validating, through known and transparent means, the quality level of the service it provides;
- it is a means for citizens to have their right to high quality care recognised.

In this context, the Valentine's Psychiatric Residential Facility has equipped itself with instruments to continuously measure the steps taken in the direction of continuous improvement of its health and social action.

## ➤ **SATISFACTION QUESTIONNAIRES**

The organisation has set up satisfaction questionnaires for users and family members/caregivers in order to continuously improve the services offered. The results of these questionnaires flow into annual reports that are the subject of specific meetings and analyses with the staff involved and are published in a special section of the company website: <http://www.srpsanvalentino.it>



## II - CHAPTER TWO

### 1. AIMS AND SERVICES OFFERED

The San Valentino Psychiatric Residential Facility is an integrated structure of healthcare services provided to the population with neuropsychiatric problems. The Facility aims to treat the disorders and foster the autonomy and social reintegration capacity of the patients accommodated.

The diagnostic, therapeutic and rehabilitation activities are aimed at those suffering from neuropsychiatric disorders and their families, in cooperation with the local Mental Health Departments.

The services offered by the San Valentino facility are aimed at improving the quality of life of its users, fostering their psycho-physical well-being and promoting their recovery, integration and social reintegration.

The services of the SRP Valentine's Day are intended for the following types of hospitalisation:

➤ **STPIT - Territorial Intensive Psychiatric Treatment Facility**

In this typology they are welcomed:

- also at the request of the CSM and as voluntary in-patients, patients discharged from the psychiatric diagnostic service for whom it is deemed necessary to continue their stay as voluntary in-patients in an accredited intensive psychiatric treatment facility;
- persons coming from the territory who present less severe pictures than those admitted to the SPDC but who still require a high level of care

➤ **SRSR h24 - High-intensity residential socio-rehabilitation facility**

This typology accommodates users who need medium- to long-term periods of rehabilitation and assistance to achieve the acquisition of greater autonomy enabling social reintegration, through the implementation of a customised therapeutic rehabilitation project.

### 2. SERVICES OFFERED



# Struttura residenziale Psichiatrica **San Valentino**

The main therapeutic activities practised at the San Valentino Psychiatric Residential Facility are grouped into the following areas:

## MEDICAL AREA

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The psychiatric care provided includes psychopharmacological therapies, psychological therapies and rehabilitation activities. The field of intervention consists mainly of:

- mood disorders
- major depressions and bipolar disorders
- personality disorders
- schizophrenic and schizoaffective psychoses
- the neurotic syndrome
- obsessive compulsive disorders
- addictions to alcohol, drugs and psychotropic substances in general.

Addiction placements are agreed with the competent Territorial Services (SERD/DSM).

The preferred intervention model refers to the bio-psycho-social paradigm. The conceptualisation of the different clinical conditions that present themselves to observation, considers in an integrated manner the biological, psychological and socio-cultural aspects that are believed to underlie psychic disorders. In this perspective, our approach is based on the use of the tools of psychopharmacology, clinical psychology, rehabilitation, and socio-social orientation.

A PTRP, i.e. a Personalised Therapeutic Rehabilitation Plan, is formulated for each patient, which defines the guest's path during the period of care, and specifies prescribed therapies and rehabilitation activities.

## PERSONALISED THERAPEUTIC PROJECT





# Struttura residenziale Psichiatrica **San Valentino**

Upon acceptance, the doctor draws up the Personalised Therapeutic Rehabilitation Project (PTRP) in coherence with the PTI (Individual Treatment Plan) sent by the CSM, so as to include the psychology/psychotherapy area, the rehabilitation area, and the social area. The plan is shared with the patient and, where conditions exist, with family members/caregivers.

Upon admission, the patient, after being duly informed by the doctor about the therapeutic and rehabilitation pathway, gives consent to the PTRP programme. The PTRP is the guide to a customised programme, which refers to the patient's particular needs.

## **CLINICAL REPORT**

With a view to continuous and effective collaboration with the territorial services, the facility's doctors send, within a week (in the case of STPIT) or within a month (in the case of H24 SRSR) of the expiry of the authorisation issued by the U.V.M. DSM, a communication on the clinical conditions at the time of assessment. A communication indicating the admission/dismissal is also sent within 48 hours to the sending CC.SS.MM..

In anticipation of a discharge, the facility notifies the DSM of the person at the head of the waiting list of the forthcoming availability for admission. The competent DSM must confirm the person's availability for admission within 48 hours from the facility's communication and must provide authorisation for admission on the SSR prescription book. Should the person renounce, if he/she nevertheless wishes to maintain the choice of the facility in question, he/she may be re-admitted but at the end of the waiting list. In exceptional cases, if the person, due to serious and proven health reasons (e.g.: hospitalisation) is not in a position to be included, the facility will call the next eligible person. The person who had to renounce the insertion for serious reasons such as those mentioned above will however keep their position on the waiting list. It is possible for the patient/guest and family members to visit the facility prior to admission, by appointment.



## PSYCHOLOGICAL AREA

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The psychological-rehabilitation area, coordinated by Dr. Daniela Giannini, is organised according to a work plan that involves the cooperation of a team of experts consisting of psychologists, psychotherapists, psychiatric rehabilitation therapists, and social workers, in order to intervene on all contextual aspects of distress and implement synergetic clinical strategies with different approaches.

The team's work is based on a holistic approach that takes into account different therapeutic perspectives.

The activity is in fact aimed at 'taking care' of the patient as a person, with a therapeutic project that takes into account the totality of the personality, strengthening its healthy parts and reactivating its unexpressed potential with tools such as:

- INDIVIDUAL PSYCHOTHERAPY
- GROUP PSYCHOTHERAPY
- DUAL INDIVIDUAL AND GROUP SETTINGS
- PSYCHO-EDUCATIONAL GROUPS
- PSYCHOTHERAPEUTIC GROUP FOR MOOD DISORDERS
- ALCOHOL AND SUBSTANCE ADDICTION GROUP

## AREA

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The rehabilitation area is aimed at the recovery and development of impaired personal functions, through objectives defined by the healthcare team after a diagnostic assessment. The definition of personalised objective projects is aimed at increasing the area of autonomy understood as a complex system articulated in individual competences such as:

- Caring for oneself and one's living environment
- Relationship management
- Communicative competence
- Emotional management and regulation

Rehabilitation activity takes place in group and individual settings; where necessary, a customised project is devised, favouring one of the two settings.



## ANALOGUE-EXPRESSIVE ACTIVITY

Group activities geared towards unexpressed potential through interventions involving activities in the analogue-expressive area, such as:

- Music therapy
- Theatre therapy
- Art therapy
- Cineforum
- Autogenic training
- Health Promotion Seminar Series
- Dance therapy
- Mindfulness Group
- Heart and Lifestyle Group
- Anti-Smoking Group
- Psycho-rehabilitation activities aimed at increasing socialisation and autonomy

These activities make use of workshops such as:

- Artistic manuals
- Kitchen
- Gardening
- Loom and weaving workshop and minor maintenance
- Newspaper reading workshop

The workshops create a shared space where they can recover and acquire skills in both the cognitive (attentional and mnemonic) as well as sensory and motor areas aimed at functional recovery.



## SOCIAL SERVICES AREA

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The Social Service is involved in the treatment of the patient in relation to the patient's family, social and working life. To this end, meetings are held with family members or other significant persons in the patient's life in order to improve interpersonal relations.

It works in collaboration with the medical, psychological and rehabilitation team with whom it shares the patient's personalised treatment.

In this context, the Social Worker maintains or re-establishes, where necessary, relations with the Territorial Services, in order to continue the therapeutic project in the patient's living environment.

The facility is also equipped with a

- A. Psychodiagnostic laboratory capable of carrying out Level and Personality Tests at the patient's admission to the Facility with the aid of computer support
- B. Theatre workshop held by actors graduated from the "Silvio d'Amico" School, not only for recreational purposes but also with the aim of socialising in the facility's environment and acknowledging individual problems (through the interpretation of texts) suggested by the medical team and through the search for different forms of expression and communication.
- C. Autobiographical Writing Workshop  
  
Writing about oneself with others. Workshop on autobiographical writing in a clinical-rehabilitation context.
- D. Storytelling and Podcast Workshop

### 3. VIEWS OF FAMILY MEMBERS/CAREGIVERS

Visiting hours for family members and visitors are:

- Monday to Friday 14:00 to 15:45 and 18:30 to 19:
- Saturdays, Sundays and public holidays: from 10:30 a.m. to 11:30 a.m. and in the afternoon from 2:00 p.m. to 5:30 p.m. and from 6:30 p.m. to 7:30 p.m.

(except for special permits agreed with the health officer)



## 4. EXIT PERMITS

Exit permits are not normally granted earlier than 10 days after the start of therapy. After 10 days, the referring doctor may authorise the patient to leave, generally for a few hours with family members or authorised carers, if deemed useful for the implementation of the therapeutic/rehabilitation project. For some aspects with specific types of problems (substance addiction), special protocols and regulations are used.

## III - CHAPTER THREE

### PATIENT RIGHTS

1. **Right to access.** Everyone has the right to access the health services that their state of health requires. The health services provided guarantee equal access to everyone, without discrimination on the basis of financial resources, place of residence, type of illness or time of access to the service.
2. **Right to information.** Everyone has the right to access all kinds of information about their health status and health services and how to use them.
3. **Right to consent.** Every individual has the right to access all information that may enable him or her to actively participate in decisions concerning his or her health. This information is a prerequisite for any procedure and treatment, including participation in scientific research.
4. **Right to free choice.** Everyone has the right to freely choose between different health care procedures and providers on the basis of adequate information.
5. **Right to privacy and confidentiality.** Every individual has the right to confidentiality of information of a personal nature, including information concerning his or her state of health and possible diagnostic or therapeutic procedures, as well as the right to the protection of his or her privacy during the performance of diagnostic examinations, specialist examinations and medical-surgical treatments in general.
6. **Right to respect of patients' time** Every individual has the right to receive necessary medical treatment within a fast and predetermined period of time. This right applies to every stage of treatment.
7. **Right to respect for quality standards.** Everyone has the right to access high quality health services, based on the definition of and compliance with precise standards as set out in the service charter.



## Struttura residenziale Psichiatrica

# San Valentino

8. **Right to safety.** Everyone has the right to be free from harm resulting from the malfunctioning of health services, malpractice and medical errors, and has the right to access health services and treatments that guarantee high standards of safety.
9. **Right to innovation.** Everyone has the right to access innovative procedures, including diagnostic procedures, according to international standards and independently of economic or financial considerations.
10. **Right to avoid unnecessary suffering and pain.** Everyone has the right to avoid as much suffering as possible, at every stage of their illness.
11. **Right to customised treatment.** Every individual has the right to diagnostic or therapeutic programmes tailored as closely as possible to his or her personal needs.
12. **Right to complain.** Every individual has the right to complain whenever he or she has suffered harm and has the right to receive an answer or other reaction.



# Struttura residenziale Psichiatrica

## San Valentino

### DUTIES OF THE PATIENT

1. Direct participation in the performance of certain duties is the basis for the full enjoyment of one's rights. Personal commitment to fulfilling duties is a respect for the social community and for services used by all citizens. Fulfilling a duty also means improving the quality of the services provided by the healthcare facility.
2. The sick citizen when entering a psychiatric residential facility is invited to behave responsibly at all times, respecting and understanding the rights of the other patients, to cooperate with the medical, nursing and technical staff and with the health management.
3. Access to the Presidium requires from the citizen/patient a relationship of trust and respect towards the health personnel, an indispensable prerequisite for the setting up of a correct treatment and care programme.
4. It is the duty of every patient to inform healthcare professionals in good time of his or her wish to planned treatment and healthcare services so that wasted time and resources can be avoided.
5. Citizens are required to respect the environment, equipment and furnishings within the healthcare facility, considering them to be the heritage of all and therefore also their own.
6. Everyone in the hospital is called upon to respect the visiting hours established by the Health Directorate in order to allow normal therapeutic care activities to be carried out and to favour the quiet and rest of other patients. We also remind you that for health and hygiene reasons and to respect the other patients present in the Presidio room, it is essential to avoid crowding around the bed.
7. For health and hygiene reasons, visits by children under the age of twelve are prohibited. Exceptional situations of particular emotional impact may be taken into consideration by contacting the facility's medical staff.
8. In situations of particular necessity, visits to the resident, outside the prearranged hours, must be authorised with written permission issued by the Healthcare Management or a person delegated by the latter. In this case, the authorised family member must comply with the rules of the facility and have a respect that is in keeping with the healthcare environment, while fostering maximum collaboration with healthcare workers.
9. In consideration of being part of a community, any behaviour that may create situations of disturbance or discomfort to other residents should be avoided (noise, bright lights, loud radios, etc.).
10. It is a duty to respect both the daily and nightly rest periods of other residents. For those who wish to carry out any recreational activities, the living rooms located on each floor are available.
11. Smoking is forbidden inside the Presidium. This is out of respect for one's own and others' health and in compliance with current legislation (art 52, paragraph 20, law 448 of 28/12/2021)



## Struttura residenziale Psichiatrica

# San Valentino

12. The organisation and timetables provided in the Presidium in which one has access must be respected under all circumstances. Health services requested at the wrong time and in the wrong manner result in a considerable disservice to all users.
13. Patients and visitors should move around the Presidium using the paths reserved for them.
14. Healthcare personnel, to the extent of their competence, are called upon to enforce the rules set out for the smooth running of the facility and the welfare of the sick citizen.
15. The citizen has a right to correct information on the organisation of the Presidium, but it is also his or her duty to be informed at the appropriate time and in the appropriate places.





## HOW TO ACCESS THE FACILITY

### ACCESS UNDER ACCREDITATION

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#### STPIT

Entry into STPIT, as per DCA 188/2015, requires the CSM of residence to send a request for inclusion on the waiting list (Annex 2 DCA 188/2015).

Acceptance of admission involves the acquisition of the following documents

- Individual Therapeutic Plan (ITP)
- Authorisation on SSR prescription pad
- Pharmaceutical Prescription Form (SPF)

#### ➤ DRUGS

The ASL for which the facility is responsible (RM/1) provides band A drugs on a monthly basis.

The facility reports monthly to the ASL on the ASL drugs dispensed during the month.

All other drugs are paid for by the patient.

#### SRSRH24

Admission to SRSR H24, as per DCA 188/2015, requires the CSM of residence to send a request for inclusion on the waiting list together with the sending of the certificate of suitability issued by UVM (attachment3 DCA 188/2015).

Acceptance of admission involves the acquisition of the following documents:

- Individual Therapeutic Plan (ITP)
- Authorisation on SSR prescription book not exceeding one year
- Prescription of pharmacological treatment on the SSR prescription pad



# Struttura residenziale Psichiatrica **San Valentino**

All patients, both STPIT and SRSR, must also provide:

- Identity Card
- Health Card
- Recently performed examinations, diagnostic tests and electrocardiogram (max. 30 days)
- Photocopies of medical records of any admissions to other facilities;
- Hospital discharge letter, if any;

Upon acceptance, the staff checks the completeness of the documentation.

In the case of a disabled, incapacitated or interdicted patient/guest, the curator and/or legal guardian appointed by the Guardianship Judge must bring and deliver

- Certified copy of the documentation, required by law, proving the appointment;
- photocopy of valid identity card;

If the patient is unable to carry out the admission paperwork independently, the accompanying responsible relative/caregiver will carry out the paperwork on his/her behalf, identifying him/herself and self-certifying the degree of kinship if not in possession of a guardian, legal representative or general power of attorney on behalf of the guest/patient.

During acceptance, you are also asked to indicate the family/caregiver contact person to whom you can refer in the event of an emergency.

The patient and family members/caregivers are notified of the adoption of the Service Charter and Rules, which are available at the reception in the facility for consultation and delivery.

## WAITING LIST

The SRP enters the patient in the regional Waiting List upon receipt by the CSM of the above-mentioned documentation (DCA 188/2015, Annex 2 for STPIT and Annex 3 for SRSRH24);

The facility, upon receipt of the request for inclusion, responds to the CSM by sending a confirmation of inclusion on the waiting list indicating the protocol number, date and time (DCA 188/2015, Annex 4 for STPIT and Annex 5 for SRSRH24)

For the purposes of inclusion on the waiting list, the Medical Health Officer checks the Request Form and the PTI in order to prove the patient's compatibility with the type of services provided and the



# Struttura residenziale Psichiatrica **San Valentino**

type of users present in the facility at the time of the request. The patient's territorial contacts will be contacted in order to acquire clinical information if the conditions are met. In rare and proven exceptional cases in which the Insertion Request cannot be endorsed, specific reasons will be formally provided.

## PRIVATE ACCESS

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Inclusion in the facility is carried out following an interview with the Medical Director, who assesses the appropriateness of admission and determines the arrangements.

Documents to be presented on admission:

- Identity Card
- Health Card
- Recently performed examinations, diagnostic tests and electrocardiogram (max. 30 days)
- Photocopies of medical records of any admissions to other facilities;

Hospital discharge letter, if any;



# Struttura residenziale Psichiatrica **San Valentino**

## INPATIENT INFORMATION

### PERSONAL EFFECTS

When staying at the facility, it is recommended to bring:

- effects necessary for personal hygiene (soaps, shampoo, deodorant, etc.).
- spare linen
- spare clothes
- tracksuit
- shoes

The washing of clothes is the responsibility of the patient's family

### PERSONAL HYGIENE

The facility particularly cares about the hygiene status of patients, who can be supported by healthcare staff, or even family members/caregivers, in carrying out their own hygiene practices.

In order to promote greater hygiene for patients and visitors, and in compliance with hand hygiene regulations, the facility has equipped itself with dispensers located in the various rooms of the facility that can be easily used by all.

### PERSONAL MEDICINES

If the patient takes medication prescribed by his general practitioner for particular organic pathologies, he must provide it himself. These drugs will be handed over to the nursing staff, who will administer them and store them in special containers in the medicine room.

### PERSONAL EFFECTS

It is not advisable to bring valuables into the facility. The Management accepts no liability in the event of theft or loss.

### SECURITY DEPOSIT

A security deposit is due on entry into the facility and will be returned on discharge.



# Struttura residenziale Psichiatria San Valentino

## DIMISSION

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At the end of the diagnostic, therapeutic and care pathway, discharge takes place on the instructions of the patient's physicians and reference team, in agreement with the referring physicians, the patient and family members/caregivers, and the discharge letter is completed and handed to the patient.

This document contains a summary of the reasons/pathologies that led to admission, the treatment carried out, the haematochemical examinations, the electrocardiogram and any other investigations.

This document contains notes on the progress of the hospitalisation, the outcome of the therapeutic-rehabilitation programme carried out, the medical/psychological rehabilitation interventions carried out and the therapy administered. In particular, the discharge letter contains:

The **agreed** discharge letter contains:

- ❖ **reasons for** admission (Diagnosis on admission - Purpose of admission - Last treatment given),
- ❖ **examinations**
- ❖ **characteristics of the hospitalisation** (notes on the course - Psychological and rehabilitation therapies carried out)
- ❖ **type of planned discharge** (Discharge to home - Transfer to another facility - Treatment in hospital)
- ❖ **diagnosis and drug therapy** at discharge (diagnosis at discharge ICD9CM - drug prescription to be continued under specialist supervision - checks and investigations to be carried out)
- ❖ **continuity of care: agreements between the patient, family members and colleagues at the**
- ❖ **contacts with the CSM**
- ❖ **follow - up**

The agreed discharge letter must be signed by the physician and the patient for acknowledgement.

Patients who no longer wish to continue their stay in the facility and continue their treatment will be discharged and will have to sign a Letter of Voluntary Discharge, against advice.



# Struttura residenziale Psichiatrica **San Valentino**

## REQUESTING MEDICAL RECORDS

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Copies of medical records can be requested from the administration office at any time. It is necessary to fill in a special request form indicating the chosen method of collection (by post, in person, by proxy) and pay the relevant fee if necessary. The medical record will be closed within the time limits set out in the relevant legislation (Gelli Law, Art. 4).

## VOLUNTARY ASSOCIATIONS

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SRP already cooperates with voluntary associations for access to the facility according to the specific needs of patients and is working on specific agreements.

## COMPLAINTS AND SUGGESTIONS

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With a view to continuous improvement, the organisation adopts specific procedures to be observed for the handling of complaints and suggestions and their corrective actions.

On each in-patient floor, as well as at the switchboard and in the waiting room in front of the doctors' offices, there is a sign inviting users, family members/caregivers to express their opinion on the service and to request a form to fill in a complaint or make a suggestion.

At the switchboard there is a display stand where the forms for complaints/suggestions can be found. Next to the switchboard there is a box where the completed complaint can be placed.

Should an operator receive an oral complaint, he/she will advise the user or family member/caregiver to fill in the form. If the patient is unable to fill out the form, the caregiver should either complete the form by sending the matter being reported or immediately report it to the administrative staff so that it can be registered.

In any case, the complaint, however received (by letter, fax, e-mail, telephone or verbally), is forwarded to the DA (Administrative Office) for registration in the complaints register and subsequent analysis.

The complaint must be lodged within 15 days of the event.

It will be the responsibility of the function manager, in application of the dedicated procedures, to respond to complaints within the deadlines set by the organisation and to implement the relevant corrective actions: the response must be made within 48 hours and the solution depends on the type of disservice created.



# Struttura residenziale Psichiatrica **San Valentino**

## CHECKS

The Management of the San Valentino Psychiatric Residential Facility periodically verifies compliance with the quality standards set out in Section III through appropriate checks.

The Valentine's Psychiatric Residential Facility has identified a number of process control tools:

- administration of user satisfaction questionnaires;
- administration of tests and evaluation grids to check the degree of achievement of individual work objectives;
- monthly meetings of the entire medical team
- analysis of complaints and suggestions received
- Internal audits by the Quality Department

In addition, since 2019 the structure has been developing and following its own Health Risk Management Plan. Since 2022, following the issuance of the Guidance Document for the development of the Annual Plan for Health Risk Management- CRRC of 25 January 2022, the structure has unified this plan into a single document- Annual Plan for Health Risk Management (PARS).

The St. Valentine's Psychiatric Residential Facility, with the figure of the Risk Manager and through its Risk Management Policies and annual development plans, is oriented towards improving the safety of clinical and clinical-management practice to protect the patient's interest.

The PARS is part of a broader systemic action made up of the assessment of the main processes, risk analysis, the promotion and implementation of guidelines, procedures and operating instructions, information and training purposes, and in the preparation of certain system decision-making processes. The active promotion role of the Risk Manager thus increasingly takes on a strategic characterisation, reporting directly to senior management

The activities that are also carried out through PARS are part of the company's health risk initiatives and contribute to the pursuit of the objectives of appropriateness and cost-effectiveness/sustainability of company management and care services as well as to the prevention of infectious risk .

All company structures, to the extent of their competence, work together with the Risk Manager to collect and process the information necessary for the definition of the PARS.

Health risk activities are monitored by the COVASI Risk Manager (Risk Assessment Committee) who meets at least every six months to review the Health Risk Management Report of the analysis period.



# Struttura residenziale Psichiatrica **San Valentino**

## RESPECT FOR PRIVACY

Absolute respect for the privacy of each user is guaranteed, in accordance with current legislation (based on Art. 13 of Legislative Decree 196/2003 and Art. 13 GDPR (EU Regulation 2016/679)).

During acceptance, you are asked to consent to the processing of your personal and sensitive data for the purpose of completing your hospitalisation and to comply with legal information obligations.

The patient is also asked whether and to whom to communicate information about his or her state of health.

## WORKING ENVIRONMENT

The San Valentino Psychiatric Residential Facility has identified and appropriately manages the human and physical factors of the work environment necessary to improve the performance of the entire organisation and to achieve service compliance, naturally operating in compliance with the occupational safety regulations L.D. 81/08 and subsequent amendments. In order to guarantee the best working conditions for company employees, the company Prevention and Protection Service Manager carefully evaluates and considers both physical (heat, noise, brightness, etc.) and human (creativity, involvement, etc.) factors,

With a view to continuous improvement, the organisation has set up an (anonymous) corporate climate questionnaire, which is sent to all staff every year.

The analysis of questionnaires is evaluated by management, which implements any corrective actions.

Annex: Organigram of the San Valentino Psychiatric Residential Facility





# Struttura residenziale Psichiatrica San Valentino

## COMPANY ORGANIGRAM

