

# Charter of the Services



C.O.E.S. ETS



**. MISSION**

*Dear User,*

*in thanking you for choosing the COES ETS Center, we invite you to read the Service Charter so that you can know our structure, our mission, our goals and our service delivery method.*

*The Center COES ETS wants to offer to users excellent, structured, organized, effective and efficient services, maintaining personalization and attention to the care of relationships with each person who works with us and for us as priority quality indicators.*

*The COES ETS Center is oriented to:*

- Ensure attention to the person with disabilities and their family members with a view to improving quality of life;*
- Promote significant relationships with the person with disabilities and their family members in order to guarantee a global management;*
- Integrate the needs, needs and desires of the Person and his family with the institutional interlocutors (Municipality, Region, Local Health Authority) for an effective support network;*
- Ensure continuous training courses, in order to maintain a high level of professionalism and motivation of the staff;*
- Ensure an evidence-based work method (work by objectives, quality indicators, constant monitoring of processes).*

## What is the Charter of the Services?

The “Charter of the Services” of the COES ETS Rehabilitation Centre it is a tool to protect the health rights of people who benefit from the services and interventions we offer.

Through this document we intend to provide in an accessible and transparent way to each person who uses our Centre a photograph of its work, or rather the services it provides, the tools that are used, the conditions in which it carries out his activities, the participation mechanisms, the quality standards to which it adheres.

The Charter of the Services introduces in the healthcare world, according to the Ministerial Decree 19/05/95 which set first precise guidelines, the concept according to which a public health service, both public and private, must provide its users with a process of clear communication of the services and services it offers.

The Charter is essentially aimed at protecting the rights of users. The provision of the Services takes place in compliance with the following fundamental principles:

**EQUALITY:** benefits are provided without distinction of sex, race, language, social class, religion and political opinions;

**IMPARTIALITY:** benefits are provided through objective, fair, transparent and impartial behaviour;

**CONTINUITY:** the Centre guarantees the implementation of the program in a continuous and uninterrupted manner

within the operating modes defined by national and regional rules and regulations;

**RIGHT OF CHOICE:** the Centre guarantees the implementation of the user's right of choice and guarantees the technical information to the user who, due to its characteristics, does not fall within the criteria for the provision of rehabilitation programs;

**RIGHTNESS:** the performances are "appropriate" when they are at the same time relevant to people, circumstances and places, valid from a technical-scientific point of view and acceptable to both customers and operators;

**PARTICIPATION:** the Centre guarantees the participation of users and families through the following methods:

1. granting of spaces, previously identified for family gatherings;
2. activation of an effective information system on the services provided and the related methods of access;
3. periodic surveys of the degree of satisfaction from the users of the services provided and the quality of the services, through a prepared questionnaire;

**EFFICIENCY AND EFFICACY:** the Centre is constantly committed to ensuring that the services provided correspond to the criteria of efficiency and effectiveness;

**EQUALITY OF RIGHTS:** the services are provided according to the same rules for all, in addition the right to the difference must be guaranteed, removing any possible cause of discrimination and promoting treatments that take into

account the specificity deriving from age, sex, nationality, culture and from religion;

**RESPECT FOR THE RIGHTS OF DIGNITY AND CONFIDENTIALITY:** in no way must organizational therapeutic needs compromise respect for the sick person.

## **The politics of quality**

The structure obtained quality certification EN ISO 9001:2008 in April 2011 and the subsequent implementation EN ISO 9001: 2015 in May 2018.

The Centre is located within the system of territorial social and health services, both local and regional and in synergy with the family and associative realities, with which it collaborates in a regular network work aimed at the well-being of the disabled person.

Since rehabilitation is a therapeutic and educational path that tends to enable, to stimulate, to maintain the abilities and potentials existing in the disabled person, the priority field for us is to seek, through continuous training of staff, strategies, techniques, the necessary, effective and integrated methods to better stimulate the possibilities for development.

**The quality objectives towards which we orientate the work are:**

- to develop, enable and strengthen the concrete possibilities of every disabled person, enhancing their different abilities, albeit in the presence of significant impairments;

- increase the degree of autonomy, independence and self-determination possible in each;
- to favour the establishment of a balanced relationship with the surrounding world oriented towards the achievement of individual and collective well-being;
- building participatory paths with disabled people, families and the territory, aimed at encouraging the growth and integral development of the person and its full social inclusion.

The methodology we use is based on the overall responsibility of the person with disabilities and presupposes the development and joint and joint construction of each individual life project, its full and conscious protagonism, a network work with other services and the territory, more generally.

It fully embraces the bio-psycho-social conceptual framework defined in the ICF (International Classification of Functioning, Disability and Health - 2001) which defines disability as *"the consequence or result of a complex relationship between the condition of health of a person, personal factors, his involvement in life situations and environmental factors that represent the circumstances in which the individual lives"*.

<b>COMPONENTS OF THE SERVICE</b>	<b>QUALITY DIMENSIONS</b>	<b>CRITERIA</b>
<b>Contact</b>	<ol style="list-style-type: none"> <li>1. Hospitality</li> <li>2. Respect for the person</li> <li>3. Global management</li> <li>4. Free access and equal opportunities</li> </ol>	<ol style="list-style-type: none"> <li>1. Guarantee a reception system</li> <li>2. Guarantee the respect for human relations</li> <li>3. Ensure the totality of rehabilitation treatment</li> <li>4. Guarantee the access to all those entitled</li> </ol>
<b>Process</b>	<ol style="list-style-type: none"> <li>1. Information</li> <li>2. Transparency</li> <li>3. Professionalism</li> <li>4. Integration</li> <li>5. Continuity</li> <li>6. Adequacy</li> <li>7. Participation</li> <li>8. Privacy protection</li> </ol>	<ol style="list-style-type: none"> <li>1. Guarantee information on the service work process</li> <li>2. Ensure the transparency of decisions and interventions</li> <li>3. Guarantee the professionalism of the rehabilitation intervention</li> <li>4. Ensure internal and external integration</li> <li>5. Ensure the continuity of the rehabilitation process</li> <li>6. Guarantee interventions adapted to the needs of the person</li> <li>7. Ensure active participation</li> <li>8. Ensure privacy</li> </ol>
<b>Structure</b>	<ol style="list-style-type: none"> <li>1. Comfort</li> <li>2. Accessibility</li> <li>3. Safety</li> <li>4. Site</li> <li>5. Technologies</li> </ol>	<ol style="list-style-type: none"> <li>1. Guarantee comfortable and hygienically adequate facilities</li> <li>2. Ensure ease of access to the service</li> <li>3. Ensure structural security</li> <li>4. Ensure easy access to the environments</li> <li>5. Guarantee the technologies and equipment appropriate to the type of user</li> </ol>

INDICATORS	QUALITY STANDARDS
<ol style="list-style-type: none"> <li>1. Constant presence of the operators</li> <li>2. Personal open to listening and respect for others</li> <li>3. Individualized projects that are consistent with the real needs of the person</li> <li>4. Presence of the waiting list with transparent criteria</li> </ol>	<ol style="list-style-type: none"> <li>1. Adequate spaces and listening times will be guaranteed</li> <li>2. The respect of the person will be maintained along with the commitment to monitor the perceived quality</li> <li>3. Interventions will be carried out linked to the personal life network</li> <li>4. Clear and precise information on how to access and the waiting time will be guaranteed</li> </ol>
<ol style="list-style-type: none"> <li>1. Individual interviews and delivery of the Charter of Services</li> <li>2. Rehabilitation folder continuously updated</li> <li>3. Continuous training of operators</li> <li>4. Meetings with the territorial network of services</li> <li>5. Internal system of interchange between pavilions</li> <li>6. Meeting periods of planning and verification</li> <li>7. Active presence of a representation of users</li> <li>8. Presence of internal regulation</li> </ol>	<ol style="list-style-type: none"> <li>1. Adequate space and time will be guaranteed</li> <li>2. Continuous monitoring of the effectiveness and efficiency of rehabilitation programs</li> <li>3. Annual training schedule</li> <li>4. The social inclusion of the disabled person will be promoted</li> <li>5. Multidisciplinary and team work will be guaranteed</li> <li>6. Monitoring of expressed and perceived quality</li> <li>7. Spaces and times for comparison will be guaranteed</li> <li>8. Reserved spaces and places for data storage will be guaranteed</li> </ol>
<ol style="list-style-type: none"> <li>1. Presence of an ordinary and extraordinary maintenance system</li> <li>2. Absence of internal and external architectural barriers</li> <li>3. Presence of an internal security system</li> <li>4. Structure connected with the road network and local services</li> <li>5. Presence of classical and innovative rehabilitation and teaching tools</li> </ol>	<ol style="list-style-type: none"> <li>1. Adequate spaces, bright, airy spaces and quality canteen services will be guaranteed</li> <li>2. Ease of access to the structure will be maintained</li> <li>3. The safety regulatory standard will be guaranteed</li> <li>4. The current location will be maintained</li> <li>5. Instrumental and technological adequacy will be guaranteed in the light of new scientific findings</li> </ol>



## Business organization

The COES ETS (Employment and Social Health Education Center ETS) was established in 1962 with the institutional aim to provide a specific therapeutic rehabilitative intervention for children with severe neuropsychic disabilities.

As a Rehabilitation Center ex art.26 (L.833/1978), it operates under the permanent accreditation scheme with the SSR Lazio (DGR N.423 of 18.09.2013 – DG n.210 of 22.05.2023) and manages the following services:

1. **SEMIRESIDENTIAL** service, for a number of 65 users affected by different pathologies such as cognitive delays of different levels of severity;
2. **NON-RESIDENTIAL                      DOMICILE                      and                      AMBULATORY** service, for a total of 120 daily treatments, in favour of subjects of both sexes and of all ages affected by physical, psychological and sensory impairment depending on any cause.

The main purposes of the organization are:

- Study and implement projects aimed at education, rehabilitation, assistance and social recovery of people with mental disabilities;
- Follow and support disabled users' families through specialized personnel;
- Establish relationships with public and private associations that pursue the same objectives.

From the legal point of view the **C.O.E.S.** is a recognized association whose statutory bodies are:

- **Shareholders' Meeting**, mainly made up of the parents of users of the Semiresidential Service, which elects a Board of Directors every three years.
- **Board of Directors**, appointed by the Shareholders' Meeting, is the administrative body of the Centre, and elects the

President (as the legal representative of the Centre), the Vice-President, the General Secretary and the Treasurer.

- **Board of Auditors**, is the control body of the **C.O.E.S.**

The Board of Directors is responsible for defining company policies and guidelines, planning and issuing directives and verifying the achievement of company objectives, all in compliance with the National and Regional Health Plan Guidelines.

The Structure has defined the internal organization and responsibilities by defining the organization chart of the management with the related matrix of responsibilities and activities.

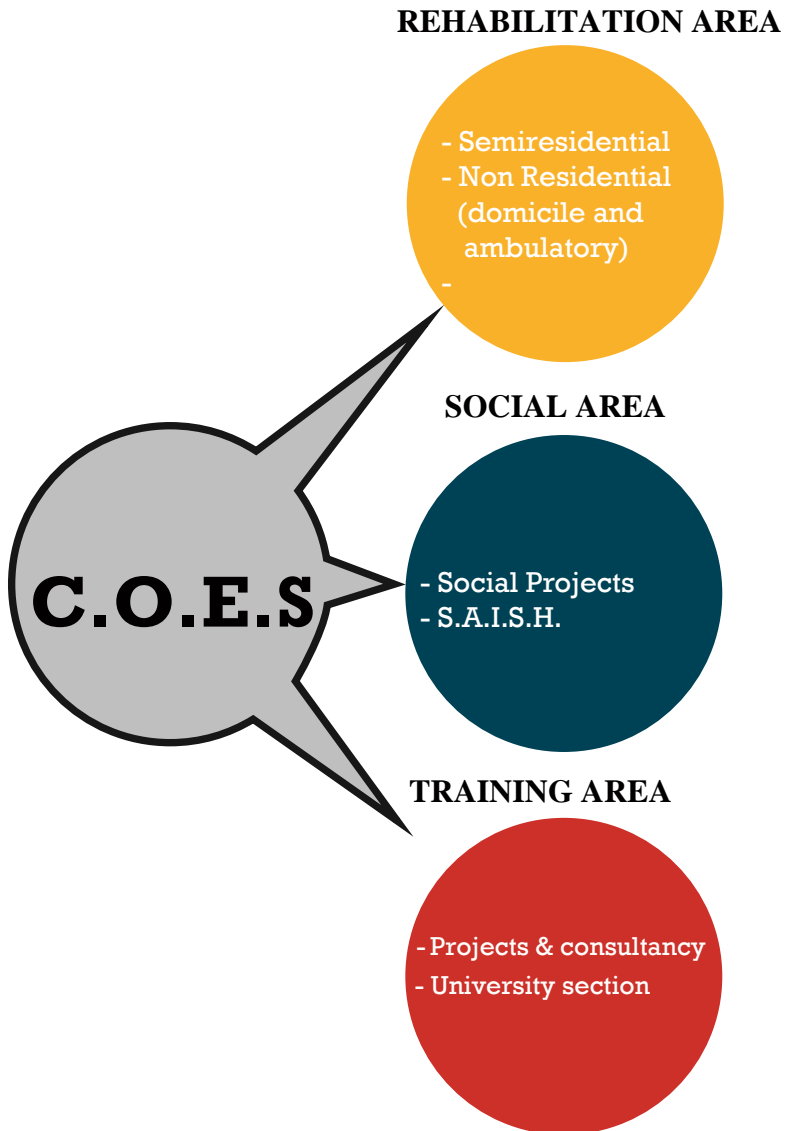
The management of the structure is entrusted to the Health Director and the Administrative Manager.

The Health Director of the centre is a doctor specializing in Neurology; he holds the position of Doctor Responsible for the Semiresidential Service and avails himself of the collaboration of the multidisciplinary teams of the various Services.

The Organization of the Centre provides a close interdisciplinary relationship between the various members of the directive team and the team formed by all the staff who directly work with users, defining the methods for replacing managers in the event of planned and unplanned absence.

The Structure ensures annual planning regarding: specific objectives; economic, human and technological resources; activities and product standards; organizational plans; verification methods.

These relationships are reflected in the continuous passage of information through verbal communications and written reports, mainly through team meetings, which outline and verify the operational guidelines regarding rehabilitation activities and daily organization, as well as individualized operational guidelines for each patient.



## **TYOLOGY AND ORGANIZATION OF THE REHABILITATION AND ASSISTANCE ACTIVITIES**

**Our activities are divided into:**

### **REHABILITATION AREA**

- 1. Semi-residential area** (accreditation for 65 users);
- 2. Non-residential area** (accreditation for 120 treatments);

#### **1. SEMIRESIDENTIAL AREA (accreditation)**

The **C.O.E.S.** adopts for its own rehabilitation activities the regional directives established by the DCA 101/2020, DCA 434/2012 and subsequent additions and in particular for the semi-residential regime:

**ACTIVITY HOURS:** from Monday to Saturday from 9:00 to 15:00 for a total of 36 hours per week.

**TRANSPORT:** the transport of users to and from the Centre is carried out with a bus service managed by the ASLs of residence of users.

The structure has defined the number and type of the various professional figures in relation to the volumes and the type of activities, identifying the internal and external operational interfaces.

**REHABILITATION ACTIVITIES:** the multidisciplinary team composed of Physician Responsible Neurologist,

Physicians specialists Neurologists/Physiatrist, Psychologist provide for the global taking charge of the user and with Educators, Therapists of Motor Rehabilitation, Occupational Therapist, Speech Therapist and Music Therapist, develops for each user a Project Rehabilitative in which the activities that make up the rehabilitative intervention are described in detail.

**The C.O.E.S. provides the following types of interventions:**

NEUROMOTORY REHABILITATION;  
PSYCHOMOTOR REHABILITATION;  
LOGOPEDICAL REHABILITATION;  
OCCUPATIONAL THERAPY;  
PSYCHOLOGICAL THERAPY;  
EDUCATIONAL INTERVENTION;  
MOTOR ACTIVITIES.

The assistance to users is guaranteed by the figure of the assistants and social and health workers. The personnel standards used comply with the directives of the D.G.R. 434/2012 and subsequent additions.

For each user the rehabilitation folder is prepared, edited and updated by the members of the team. Each Rehabilitation Project is transmitted electronically within 30 days from the start date to the Rehabilitation Activity Information Service (R.A.I.S.) of the A.S.P. regional and hard copy is sent to the ASL of the user's residence. The same procedures are adopted at the end of the Project.

The rehabilitation treatments are individual, lasting 60 minutes each and counted as 1 access, recorded individually in the daily allowance present in the clinical record of each user. In the event that the multidisciplinary team has decided the

intervention in small groups, the accesses are recorded as fractions of 60 minutes.

The structure guarantees that the personnel is always identified through the tag with professional qualification.

## **ORGANIZATION OF ASSISTANCE ACTIVITIES**

The assistance activities are carried out by employees of the Centre with the status of Health Member Operator (HMO), as provided by the C.C.N.L. Aris (RSA and Rehabilitation Centres), in compliance with the standards set by current legislation. This activity, without prejudice to the needs of hygiene, care and supervision of each individual user, are essentially characterized by: recreational and recreational activities, socialization events within the Centre and / or in the territory, activities aimed at the construction and implementation of the relationship with the user.

The system of substitutions provides two possibilities: one internal, through the interchangeability of the operators among them; the other external one, that is the substitution with other personnel of equal qualification if the absence of the titular operator should be protracted for a prolonged period. Personnel recruitment takes place by drawing the names from the internal database of the received and duly classified curricula. The search for the most suitable personnel takes place after an assessment of the requirements with the managers of the centre.

## **Training and updating**

The Centre also facilitates the training and continuous updating of staff at the administrative level (paid leave). There are three training methods: a) individual, referring to each individual professional profile; b) a team, aimed at the joint acquisition of tools and methods of multidisciplinary work; c) a body, aimed at a better knowledge of the conceptual frameworks of social

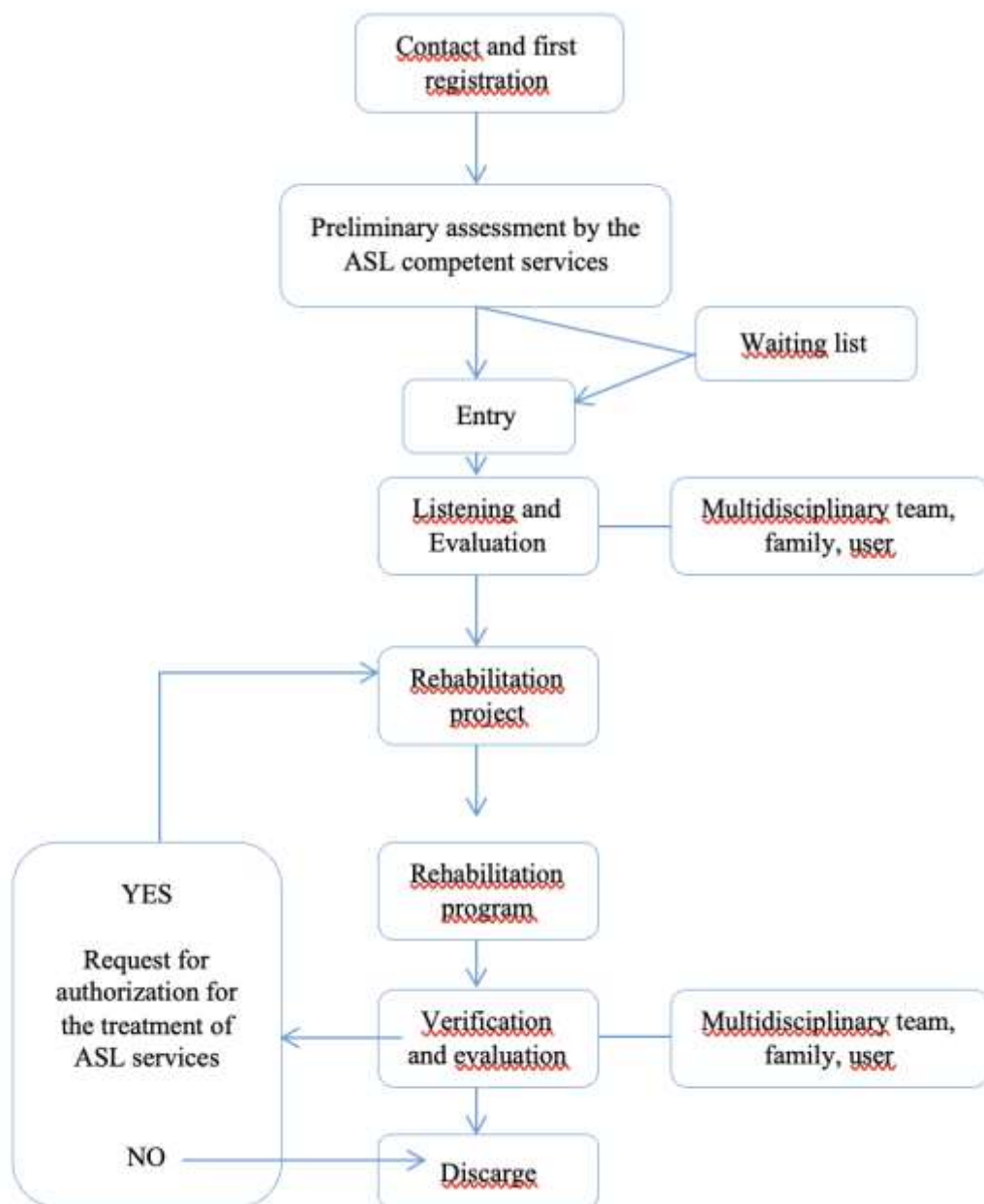
and health policies and strategies of social change, such as social inclusion and social quality.

### **The work process**

To better guarantee the effectiveness of the rehabilitative intervention, the Centre prefigures the objectives and times of realization within a work process that pursues its positive outcome.

This process is entrusted with the work of a multidisciplinary team, composed of: Physician Responsible for the Service, neurologist specialists, Psychologist and Sociologist who provides global take-up and with the rehabilitation technicians defines the individualized intervention plan for each user of the service and establish the times and methods of execution and verification of the plan itself.

The active participation of the interested person and / or his family or guardians is required for the definition, implementation and evaluation of the individualized plan.





For example, the typical day of our users is organized as follows: upon arrival, users are welcomed by assistants and educators who accompany them in their respective pavilions, (the groups inside each pavilion consist of a minimum of 8 to a maximum of 20 users as homogeneous as possible according to the level of severity according to the indications provided by the multidisciplinary directive team). Each user starts the rehabilitation activities going, accompanied by the technical figure responsible for the treatment, in the rooms used for the therapy according to a timetable present inside the pavilion.

In the hours in which he / she does not perform rehabilitative therapy the user is in charge of the staff present in that pavilion using the living space and the recreational spaces present for the activities mentioned above.

The lunch, provided by an external catering company, is generally consumed in a time slot that runs from 12:30 to 13:30 in the dining room with the co-presence of the basic staff and educators engaged in individual work on daily autonomy. The structure ensures that meals are adapted to possible pathologies and respecting the patient's values and beliefs.

## **SANITARY EMERGENCY**

Users of the Centre are guaranteed the presence in the headquarters of a specialist doctors. It is the doctor's care to set up the daily therapy scheme and the monitoring of emergency therapies. The pharmacy of the Centre has the need for small emergencies (oxygen, cortisone, adrenaline, etc.) and the most commonly used drugs for our patients.

For the situations that, in the opinion of the Physicians present, require a more invasive intervention, the 118 is alerted.

## **COMPLEMENTARY SERVICES**

### *- Small Refreshment*

It is available in the central area, in the refectory of the staff, a distributor of hot and cold drinks, snacks, drinks, coffee, cappuccino and chocolate.

### *- Television*

Each department is equipped with a television set in the living rooms.

### *- Parking area*

There is ample parking near the main entrance.

### *- Garden and green areas*

The **C.O.E.S.** It has a green space of about 1 hectare that during the summer welcomes users for recreational and play.

## **2. NON RESIDENTIAL AREA (accreditation)**

- **DOMICILE:** patients suffering from complex diseases and in possession of authorization to treatment issued by their ASL of residence can be included in our waiting list. The activation of the rehabilitation project involves taking charge of the patient through: multidisciplinary functional assessment, clinical control, personalized treatment plan and monitoring of the successful outcome of the same.

For information contact the service coordinator.

- **AMBULATORY (Adult and developmental age):** patients in possession of a request for treatment issued by a specialist for the pathology to be treated are included in the waiting list. The activation of the project

will involve the overall management of the patient with the characteristics established by the DGR 434/2012 and following.

For information contact the service coordinator.

## **SOCIAL AREA**

**The Centre carries out cultural and recreational activities in order to allow users and staff to live in a more open and socializing environment. The Centre is open to groups not in contrast with its principles for sports and recreational meetings for users.**

The Management undertakes to research and contribute to the implementation of recreational events even outside normal business hours.

Users of the semi-residential service can take advantage of other activities that take place both inside and outside the centre. The latest proposals activated in this sense, and still underway, concern:

- a bowling sport, where a group of young people train at a centre in Rome, with Italian bowling champions, who have provided means and their experience;
- sports activity of indoor rowing and rowing;
- the "Pezzi di Ricambio" orchestra, active since February 2007, born as a musical path and also characterized by meetings with professional musicians;
- an experimental computer training activity related to learning graphic and advertising techniques.

## **SOCIAL PROJECTS**

Over the years, the Centre has developed significant experience in the social planning sector, obtaining funding for numerous projects both from public institutions and private foundations. Below is a list of the most significant experiences:

1. ***"Inclose to me"*** project aimed at promoting social inclusion through music and dance art. Project funded by the Equal Opportunities Department.
2. ***"Coltiviamo-ci"*** project, organized weekends at the Casa del Ciliegio, aimed at children and adults with cognitive disabilities who, through orthotics, achieve an experience of social integration and sensorial and emotional growth.
3. ***"Weekend"*** project, funded by the V DIP.TO Social Policies of Roma Capitale, with which weekends were organized for users of the semi-residential service away from the family context;
4. ***"Time extension"*** project, funded by the V DIP.TO Social Policies of the municipality of Rome, which allowed groups of users to extend the time of the Semi-residential service, organizing recreational and recreational activities
5. ***"Camelot"*** project, funded for 4 years by the "Nando Peretti" Foundation and since 2008 by the Province of Rome- Social Policies Department, socio-rehabilitative intervention aimed at adolescents suffering from mild or borderline cognitive delay and difficulties in social integration
6. Project ***"The dog, a help to smile"***, realized in collaboration with the association ANUCCS of Ostia, with which the

rehabilitation potentials of the animal were tested in relation to particular types of handicap.

7. Project "***Lavoro...speriamo che trovo***" (year 2007), funded by the Province of Rome, which has proposed to offer a training course designed to start up the work of the person suffering from mental disability.
8. Project "***Roman Summer***", (year 2007) in collaboration with the Municipality XIII (ex XVIII) of Roma Capitale, social-assistance intervention aimed at a group of about 15 disabled adults with difficulties of psycho-social integration, during the period summer.
9. "***Orchestra Pezzi di Ricambio*** " project (2013) financed by the Presidency of the Council of Ministers - Equal Opportunities Dept., aimed at patients with mild to moderate cognitive impairment, behavioral difficulties, psychopathological problems of various kinds, a reasonable level of autonomy and self-sufficiency, born with the aim of creating a space of art and meeting that can contain creativity, sound and expressive energies to make them interact and integrate into a musical repertoire.
10. Convection with the **ISS Federico Caffè** (years 2013-2014) for the realization at the school of an integrated MUSIC LABORATORY
11. Operational agreement with the **Ministry of Justice - Rome Youth Service Office** (2014) for the organization of socially useful activities, provided for in the framework of programs in favour of minors and young people subject to provision by the Juvenile Judicial Authority.

## **FAMILY HOUSE "IL CILIEGIO"**

The Centre has also started to respond to the needs of the disabled and his family by creating the "IL CILIEGIO" family house, with special attention to affective and relational dynamics, as a response to the inevitable moment linked to the lack of family support, and as a right to realize a project of adult life. This new structure, built from scratch, was built in Osteria Nuova, a town adjacent to Anguillara, but still in the Municipality of Rome in an urbanized area, with large green areas, in order to have a reserved environment, but with the possibility to conduct outdoor activities for the boys.

The structure has been authorized with D.D. No. 5317 of 19/11/2012, for a capacity of 8 places residence.

## **SERVICE FOR THE AUTONOMY AND THE SOCIAL INTEGRATION OF THE DISABLED PERSON (S.A.I.S.H.)**

A set of home help services that are part of a global project that aims to improve the quality of life through personal care, the stimulation of personal autonomy, participation in the management of daily life, as well as recreational aspects.

Currently, the service is aimed at citizens residing in the Municipality of Rome XI, XII, XIII and XV, disabled people in temporary or permanent serious limitation of autonomy.

The age required to access this service must not exceed 65 for men and 60 for women.

You can access the service through your own municipality, at the social services office.

## **TRAINING AREA**

### **PROJECTS AND CONSULTANCIES**

The **C.O.E.S.** it is flanked by other non-profit organizations and / or public and private administrations and bodies to provide consultancy for planning and training in both the rehabilitation and social and welfare sectors.

Specifically, as regards the developmental age, in parallel to clinical activity, the team composed of psychologist, speech therapist and therapist of neuropsychomotricity of the developmental age, provides refresher courses for the educational staff of nests, kindergartens and primary and secondary schooling to tackle some specific themes of the developmental age together.

The course is addressed to all those who are interested in expanding the knowledge and in deepening the problems related to specific or global developmental alteration situations, as well as issues related to the relationship with the family.

### **UNIVERSITY SECTOR**

This includes the activity of training internships aimed at university students in agreement with various Italian universities.

### **3. PUBLIC RELATIONS**

The legal representative has the task of developing relations with the associations representing the users for the realization of projects and support activities in order to extend the answers to the special needs of users and families.

Relations with users and their families are held by the Doctors in charge of the various Services and by the Center's social worker. Receptions are usually made during office hours, or in any case between 9.00 am and 3.00 pm each day. To arrange the meeting the interested party can use the following telephone numbers: 06.6631051/06.6637268 from 9.00 to 13.00 from Monday to Friday.

In addition to information, family members are offered the opportunity to express their opinion with satisfaction questionnaires, and to make suggestions and submit complaints.

## **MANAGEMENT OF WAITING LISTS**

### **1. Non residential service**

The request for rehabilitative treatments takes place both through direct contact with the patient and / or with his family members.

Following the DCA 101/2020, the patient can access the waiting list only if provided with a multidimensional



evaluation of the competent ASL services authorizing treatment (*home*) or specialist prescription (*outpatient*).

Only requests for diseases that fall within the access criteria established by the SSR in the DCA 101/2020 will be accepted. For information on possible acceptance or position on the waiting list, you can contact the numbers 06.6631051 \ 06.6637268.

The supervisory function on the documentation relating to waiting lists is the responsibility of the Health Director.

The management and information relating to the waiting list are the responsibility of the Coordinator of the *non-residential domiciliary* service and the Coordinator of the *outpatient* service.

## **2. Semiresidential service**

The management of the waiting list is the responsibility of the service coordinator who performs a preliminary interview with the acquisition of general anamnestic data. Among the requests for insertion received at the Centre will be the subject of preferential attention: the pathologies that are not exclusively psychiatric passable for rehabilitation, between the ages of 18 and 30, particularly uncomfortable family situations.

According to the provisions of DCA 101/2020, the patient will be able to access the waiting list following a multidimensional assessment carried out by the local health authority of residence.

If the availability of places is determined, the possible taking charge of the user can only take place following a visit and functional evaluation of the user by the technical

team made up of the Doctor responsible for the rehabilitation project and the Psychologist of the service. Once the aforementioned procedures have been completed, the Centre's suitability for the user's characteristics, the possible immediate insertion, the possible future insertion or the unsuitability of the Centre for insertion will be evaluated during the multidisciplinary directive team meeting.

## ▪ **RESIGNATION**

The resignation of a User may take place at the conclusion of the rehabilitation project on the judgment of the multidisciplinary team if the prerequisites for a rehabilitation program to be performed within the different Services offered by the Center have lapsed. The resignation may also take place if the User/legal representative refuses the treatment agreed or fails to comply with the administrative regulations governing absences and related certifications.

From the administrative point of view the resignation signed by the Project Physician can take place for the following reasons:

- Transfer of the user to another facility
- Abandonment of the project by the user
- Natural conclusion of the project without new opening
- Unscheduled closure of the project
- User death

On the same day of discharge, the Responsible Doctor prepares the closure of the project (with the relative

resignation form) and of the clinical-rehabilitation record, giving immediate notification to the Administrative Section.

The communication of any dismissal (to be carried out at least thirty days before the conclusion of the project) will be accompanied by a sharing process with the User / legal representative, the ASL of reference of the same and / or the general practitioner in order to ensure an adequate care network that can respond to changing clinical / rehabilitation needs.

## **CLINICAL AND CERTIFIED FOLDERS**

### **Data processing**

The data relating to the individual disabled persons in treatment are duly collected within the rehabilitation clinical record in which they are contained:

- daily register for the rehabilitation interventions carried out;
- social daily register with updating of social and protection data;
- daily register for extra-rehabilitative activities;
- evaluations of specialists;
- the individual rehabilitation project;
- planning of activities;
- periodic checks;

- data on admissions and / or medical inquiries carried out at other health facilities.

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At the time of discharge (or subsequently), a copy of the medical record or other documentation may be requested from the Secretary's office at the Secretariat.

The delivery of copies of clinical documentation (certificates, extracts from medical records, etc.) takes place, in compliance with privacy regulations, upon written request by the interested party or those entitled, on forms provided by the institution and addressed to Health Director.

Once the request has been forwarded, the delivery time of the documentation will be a maximum of 7 days from the request, with the possibility of integration within 30 days of the request itself (Gelli law in art. 4).

To obtain a copy of the medical record, or part of it, as required by the ruling of the European Court of Justice EU:2023:811, C-307/22 of 10/26/2023, there is no cost for the first copy of the aforementioned documentation (excluding any shipping costs). For any further copy, advance payment of a contribution towards expenses of €25.00 plus any shipping costs is required.

## **INTERNAL REGULATION**

Since 2000 the Rehabilitation Centre has adopted according to the law n.675/1996, to the Legislative Decree n.135/1999, n. 282/99 and to the D.P.R. n. 318/1999 an internal regulation for the collection of personal data and

their security provisions. A copy of the Rules is displayed on the notice board of the Centre.

## **ETHICAL CODE**

In application of the D.P.C. 183/2013 the C.O.E.S. has adopted a Code of Ethics model that can be consulted and downloaded from our website.

## **4. INFORMATION, PROTECTION AND VERIFICATION**

### **RIGHT TO INFORMATION**

The C.O.E.S. guarantees all its users access to information regarding the services provided to users.

The right to information on aspects of a legal nature is included in the legislation on "administrative transparency", which allows access by the user to all information and also to documentation concerning personal rights established by current legislation. The Center guarantees the user, in accordance with current legislation, both the protection of privacy and the full satisfaction of their rights of access and information.

Communication to the outside could detect the need for linguistic mediation, in this case the COES has identified the figure in charge of the interface with the user.

### **RELIGIOUS AND SPIRITUAL ASSISTANCE**

The COES makes its own and guarantees the principle of religious freedom expressed voluntarily by each

individual user. In correspondence with the main Catholic celebrations, the Center hosts liturgical functions managed by the neighboring parishes.

In respect of each single creed, guests who profess religions other than Catholic can contact the coordinator for contacts with the ministers of other cults.

## **THE PARTICIPATION, THE RIGHTS AND THE DUTIES OF THE USERS**

Users have rights:

- a) free choice of service;
- b) knowledge of the operation and services of the Centre;
- c) knowledge of the roles and functions of the operators;
- d) global therapeutic intervention;
- e) the constant updating of personnel;
- f) to be assisted and cared for with attention and care in respect of human dignity and of their ethical and religious rights and convictions;
- g) to have complete information regarding the state of health, diagnostic tests and therapeutic treatments to which it will be subjected;
- h) to be informed about the possibility of investigations and alternative treatments even if they can only be carried out in other structures;
- i) to receive complete and comprehensible information that allows him to express an informed consent before being subjected to therapeutic treatments;
- l) to obtain that the data relating to his illness and any other circumstance that concerns him remain confidential

and therefore communicated only to relatives or doctors identified by him;

m) to express their opinion on the quality of services and services, reporting any malfunctions to contribute to the improvement of the service, and to have a feedback on the reports;

n) the continuity of the requested service;

o) to the privacy of sensitive data;

p) security.

Users participate through:

- meetings for the drafting and sharing of the individual rehabilitation project;
- meetings to verify the project and the rehabilitation program;
- meetings of the Users Committee;
- periodic compilation of a questionnaire to record the user's satisfaction with the service provided.

Users are asked to:

- respect the scheduled times;
- promptly notify the Centre of any absences;
- actively participate in rehabilitation programs;
- respect other users, environments and staff.

## **MANAGEMENT SUGGESTIONS AND COMPLAINTS**

To improve the quality of service users-users can:

- intervene directly in annual meetings;
- contact the representatives of the Users Committee

- set up interviews with the management of the service.

The Rehabilitation Centre commits itself to collect any complaints, to evaluate them and discuss them with the Users Committee and the multidisciplinary team and to respond quickly to the user-user.

## **CLAIMS MANAGEMENT**

A complaint is an expression of a dissatisfaction which in turn requires an answer. Furthermore, the reports from the point of view of the service provider are useful to know the existing problems, any malfunctions of the service and to foresee possible and adequate actions to improve the services and the organization of the service. In the Rehabilitation Centre the procedure for collecting complaints is as follows:

- the receipt of complaints is carried out by the service staff;
- the report must be produced within 15 days of the incident;
- the notification can be made in a verbal, telephone or written form; for the necessary formalization, however, it is requested to fill in the appropriate form, shown below, possibly correlated by reports or documents (see Attachment 1);
- the reply to the complaint will in any case be guaranteed and, due to significant malfunctions, will be written and sent within 30 days from the report. The function relating to the protection of users of the Centre is entrusted to the following figures:
  - **The President of the Board of Directors** as Legal Representative of the Centre
  - **Health Director**
  - **Administrative manager**
  - **Responsible for Semi-Residential Service**



- **Responsible for Non-Residential Home Service**
- **Responsible for Non-Residential Outpatient Service**

The Public Relations Office (and its articulations) perform the following functions:

- 1) receives comments, objections or complaints in any form presented by the subjects identified in the fifth paragraph of art. 14 of Legislative Decree 502 of 30 December 1992 and subsequent amendments;
- 2) provides, on delegation of the Legal Representative, to give immediate response to the user for the reports that are predictable, univocal and certain definition;
- 3) prepares the preliminary investigation, acquiring all the elements necessary for the formation of judgment (reports or opinions) by the Heads of the Operating Units and by the offices concerned and provides an opinion to the Legal Representative of the institution for the definition of those complaints that do not lend themselves immediate and rapid definition;
- 4) prepares the letter of reply to the user, signed by the legal representative of the institution.

Each user on need will be able to contact the Court of the patient.

In accordance with **Regional Law n. 1 of 7 March 2016** "Provisions to facilitate reconciliation in health disputes and in the field of public services", users of the service have the right to contact the Regional Chamber of Conciliation for the out-of-court settlement of disputes arising as a result to disservices or irregularities found in the performance of the service or in the provision of services and in any case of violation of the quality standards provided for in this charter. The activation of the proceedings before the Regional Chamber of Conciliation is voluntary and is defined, in the case of agreement between the

parties, by a private law negotiation pursuant to Article 1965 of the Italian Civil Code. In case of non-acceptance of the settlement proposal made by the Regional Chamber of Conciliation or the non-formulation of a settlement proposal, the right to appeal or give effect to the judicial protection recognized by the law is reserved. The activation of the proceedings before the Regional Chamber of Conciliation determines the obligation, for local health agencies and public service providers, to appoint a referent and to report the informative report on the matter to the Chamber itself, within ten days from the date of communication to initiate the procedure. In case of agreement, the parties are obliged to fulfil the commitments undertaken within the term of thirty days from the date of signing the conciliation report.

The user or family members, as a result of disservices or non-use of services due to negligence and / or responsibility of staff in service, or even for structural deficiencies, may make written observations or complaints using the appropriate form.  
*Anonymous reports will not be examined.*

## **VERIFICATION OF COMMITMENTS AND ORGANIZATIONAL ADJUSTMENT**

The C.O.E.S., at the end of the calendar year, provides a special report to the Presidency of the Board of Directors, to underline the objectives achieved and the malfunctions verified.

In the same report, the Centre makes public the verification of the implementation of the standards of the results achieved through the verification tools indicated below and delivered to users and / or their families.

In this report, the interventions and actions to be undertaken for the improvement of quality in relation to the results obtained are also specified.

## **ANNUAL REPORT**

Annually the Rehabilitation Centre undertakes to carry out:

- a) a General Assembly at the beginning of the social year of all its members to make explicit and make public the objectives and operational guidelines that it intends to observe during the social year;
- b) a general meeting at the end of the social year of all its members for the verification and evaluation of the results achieved;
- c) the periodic administration of a survey of quality survey perceived by users;
- d) meetings with the Committee of Users of joint planning, analysis, verification and comparison;
- e) the drafting of its own Social Report.

The results and the data that emerged constitute the contents of the annual report of the Rehabilitation Center.

## **VERIFICATION INSTRUMENTS AND RELATED STANDARDS**

The satisfaction of users and their families is identified as fundamental factors in the quality of services provided.

As a consequence, they are identified as indicators of service quality:

## **INDEX OF SATISFACTION OF THE UTENCE AND FAMILIES.**

The tools for the detection and verification of the aforementioned indices are: Questionnaire for users and family satisfaction (see Attachment 2).

The Institute adopts the standards related to the first survey as the baseline for improvement and those suggested by the specific reading.

This Charter of Services is available to users or their families, the operators of the Centre, the Health and Administrative Departments of the Centre, and the Leading Health Company. The Structure approved the Service Charter, prepared in accordance with the Prime Ministerial Decree of 19 May 1995 and consistently with the indications contained in the guidelines for the preparation of corporate acts of the Region. The Structure undertakes to guarantee, at least every two years, the updating of the Service Charter and the Guide to Services.

The same is also available on our website: [www.coes-ets.it](http://www.coes-ets.it).

**Last Revision:** XXIX April 2025

**Penultimate Revision:** XXVIII July 2024

**First version:** July 2004



(luogo) \_\_\_\_\_, (data) \_\_\_\_\_

Gentile Utente,

abbiamo cercato di fare il possibile per accrescere la sua soddisfazione circa il servizio che le stiamo fornendo, siamo, però, coscienti che possiamo ancora migliorare!

Ciò sarà reso possibile dalla presa in carico delle osservazioni/reclami che vorrete inoltrarci.

Le confermiamo che quanto ci vorrà trasmettere sarà immediatamente preso in carico dalla nostra organizzazione per poterle fornire una valida risposta in tempi brevi.

Grazie per la sua partecipazione al miglioramento dei nostri servizi.

Responsabile di Gestione della Qualità

Dott.ssa Daniela Mannarelli

*Volevo dire che ...*

Nome e Cognome \_\_\_\_\_

Indirizzo \_\_\_\_\_

Tel \_\_\_\_\_ email \_\_\_\_\_

Mod. 19.1 Rev.4



C.O.E.S. ETS

## Questionario di Gradimento



*Gentile Utente,  
siamo interessati a conoscere la sua opinione sul servizio che ha ricevuto. Mediante le sue indicazioni sarà possibile migliorare la qualità delle prestazioni erogate. Per questo motivo Le chiediamo di compilare il presente questionario che è completamente anonimo, sia in fase di raccolta, che nelle fasi di trattamento ed elaborazioni dati.*

*La ringraziamo anticipatamente per la collaborazione, i giudizi e i suggerimenti che vorrà esprimere.*

*La Direzione*



C.O.E.S. ETS

Sostienici con il  
**5 x 1000****CF 04462491004**

## 1 - Informazioni generali

Chi compila il questionario è:

☐ L'Utente stesso    ☐ Genitore / rappresentante legale

L'Utente è:

<input type="checkbox"/> maschio	<input type="checkbox"/> femmina	
<input type="checkbox"/> di nazionalità italiana	<input type="checkbox"/> di nazionalità straniera	
<input type="checkbox"/> residente nel comune di Roma	<input type="checkbox"/> residente nel territorio regione Lazio	<input type="checkbox"/> residente fuori regione Lazio
Età: _____		

L'Utente è seguito presso il servizio:

☐ Semiresidenziale    ☐ Ambulatorio    ☐ Domiciliare  
☐ Saish

E' la prima volta che si rivolge al COES?

☐ SI    ☐ NO

(Se No da quanto tempo è seguito dal COES?)

☐ meno di 1 anno    ☐ da 1 a 3 anni    ☐ più di 3 anni

Per quale motivo ha scelto il COES:

☐ è stato consigliato dal medico di base  
☐ è stato consigliato da amici/famigliari  
☐ è un Centro di riferimento per la mia patologia / per la patologia dell'Utente da me rappresentato  
☐ conosco gli operatori e ho fiducia in loro  
☐ è vicino casa  
☐ altro (specificare) \_\_\_\_\_



## 2 – Accessibilità/accoglienza

Come valuta l'accesso alla struttura?

(segnalatica di accesso esterna e interna alla struttura, punto informazioni, parcheggio)

Scarso	Sufficiente	Buono	Ottimo
--------	-------------	-------	--------

Come valuta l'accoglienza del Servizio?

	Scarso	Sufficiente	Buono	Ottimo
Cortesia e professionalità del personale di contatto e amministrativo				
Ascolto e disponibilità del personale medico/riabilitativo				
Attenzione alle tematiche di integrazione etnica e religiosa				

Come valuta i tempi di attivazione del progetto riabilitativo?

Scarso	Sufficiente	Buono	Ottimo
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## 3 – Ambienti

Come valuta le condizioni degli ambienti della struttura?

(per il servizio Semiresidenziale e Ambulatorio)

	Scarso	Sufficiente	Buono	Ottimo
Facilità di accesso ai disabili				
Pulizia e igiene				
Adeguatezza e comfort				
Tranquillità e riservatezza				
Temperatura				

## 4 – Personale

Come valuta la professionalità del personale medico (per i servizi riabilitativi) o dell'assistente sociale (per il SAISH)?

	Scarso	Sufficiente	Buono	Ottimo
Competenza				
Attenzione posta ai bisogni e ai problemi riferiti				
Rispetto della privacy				
Puntualità				

Come valuta la professionalità del personale riabilitativo (per i servizi riabilitativi) o di assistenza (per il SAISH)?

	Scarso	Sufficiente	Buono	Ottimo
Competenza				
Attenzione posta ai bisogni e ai problemi riferiti				
Rispetto della privacy				
Puntualità				

## 5 – Servizi offerti

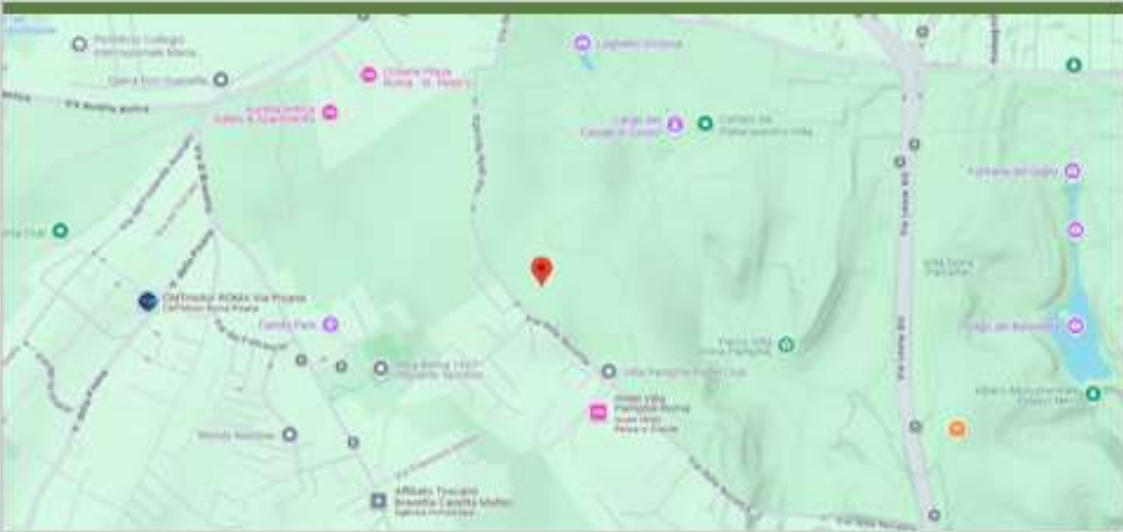
Come valuta la qualità dei servizi offerti?

	Scarso	Sufficiente	Buono	Ottimo
Spazi di attesa				
Ristorazione				
Servizio di Catering (per il Semiresidenziale)				
Attività ricreative collaterali (per il Semiresidenziale)				

*Ora se ritiene, può lasciarci le sue osservazioni ....*

## *How to reach us:*

The COES ETS is located in Via della Nocetta 162, inside the park of Villa Pamphili. You can reach us by tram line 8 (stop capolinea) or by bus lines 31 and 791 (stop Via Leone XIII, near Piazzetta Bel Respiro).



### **C.O.E.S. ETS**

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