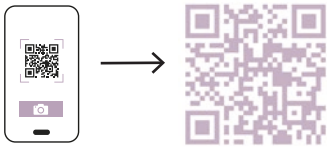
FSR

FONDAZIONE SANITÀ E RICERCA

Integrated Home Care

SERVICE CHARTER

Fondazione Sanità e Ricerca



Scan the QR code with your smartphone to access all the Foundation's services.

SERVICE CHARTER
INTEGRATED HOME CARE
Edition 28.11.2025 - The Service Charter is reviewed annually and updated, at the discretion of the Medical Director, whenever organisational changes affect the services.

Fondazione Sanità e Ricerca
is accredited by the Regional Health Service for Integrated Home Care (ADI), under DCA No. U00251 of 04.07.2019.

Company certified to the UNI EN ISO 9001:2015 standard.

Integrated Home Care

SERVICE CHARTER

Dear Reader,
I am writing to present the mission of Fondazione Sanità e Ricerca and the work of the Care Centre for Non-Self-Sufficient Patients, dedicated to people experiencing temporary or permanent fragility. I chose to become a doctor because I believe in the ethical value of this profession, founded on caring for the person as a whole, addressing physical, psychological and emotional needs alike. In 1998, I had the privilege of witnessing the birth of the Foundation's Palliative Care Centre, which offers specialist assistance, both in hospice and at home, to people affected by advanced chronic and degenerative diseases. More recently, the Care Centre for Non-Self-Sufficient Patients has been established, providing Integrated Home Care services and specialised support for dementia and amyotrophic lateral sclerosis, fields in which the Foundation has long-standing expertise. Through the Integrated Home Care Service, we look after the needs of vulnerable people in their own homes, always focusing on the multidimensional nature of the human being, whether patient or family member. Reading this brochure will help you learn more about the services we can offer; however, for any request, clarification or advice, our staff will be happy to assist you, either by phone or in person.
I would be most grateful if you could help us improve our services by sharing any suggestions or observations you may have. They are invaluable in helping us to respond even more effectively to the needs of the people we care for.

Dr. Italo Penco
Medical Director

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What is the Service Charter?

The Service Charter is a document established under Italian law as part of efforts to modernise relations between institutions and citizens, ensuring the quality and standards of service delivery.
In the healthcare sector in particular, it safeguards citizens' right to health.

WHO IS IT FOR

The main recipients of the Service Charter are citizens who use the National Health Service, healthcare professionals, general practitioners, and associations engaged in volunteering and the protection of citizens' rights.

WHAT IT IS FOR

The Service Charter provides information on the services offered by healthcare facilities and on how to access them, safeguarding individual rights and ensuring maximum transparency.
In this spirit, the Service Charter for Integrated Home Care (ADI) of Fondazione Sanità e Ricerca has been drawn up, and we invite you to read it.

We ask for your cooperation in sharing any comments, suggestions or complaints that may help us improve the quality of our care.
To this end, you can use a dedicated form, available in paper format at the Reception Service (at the entrance to the facility) and online on the website www.fondazionesanitaericerca.it in the "Reports" section.

Rights and duties of patients

The rights of citizens using healthcare facilities are safeguarded by the National Health Service reform law. Fondazione Sanità e Ricerca places the individual and their rights at the heart of its work, recognising that the organisation of its activities and the commitment of its staff exist to serve the citizen.

RIGHT TO RESPECT FOR THE INDIVIDUAL

Every person has the right to be treated and cared for with kindness and attention, with full respect for their dignity and for their ethical and religious beliefs.

RIGHT TO INFORMATION

Every person has the right to take part in their own care plan, obtaining information from the healthcare facility about the services provided and how to access them, and receiving complete and comprehensible information about their diagnosis, treatment and prognosis.
They also have the right to identify immediately the professionals responsible for their care.

RIGHT TO PERSONALISED CARE

Every person receiving care has the right to have their specific characteristics recognised, including age, gender, nationality, state of health, culture and religion, and to receive care tailored to those specific needs.

RIGHT TO NORMALITY

Every person receiving care has the right to be treated without having their lifestyle unduly altered, except where medically necessary.

INFORMED CONSENT

This is the means by which a person exercises their right to information and makes medical and care procedures lawful. Before undergoing any medical procedure or

therapy, whether invasive or not, every person has the right to receive all the information necessary to make an informed decision.

RIGHT TO CONFIDENTIALITY

Every person has the right to have all information regarding their health and any other personal details treated in strict confidence. All healthcare staff are required to respect this confidentiality. The use of personal data by the facility is governed by privacy law.

RIGHT TO PROVIDE FEEDBACK, COMPLAINTS AND SUGGESTIONS

Every person and their family members have the right to provide feedback, submit complaints or make suggestions to help improve the quality of healthcare and social care services.

PATIENT RESPONSIBILITIES

Every person receiving care is expected to follow the facility's internal regulations and to maintain a responsible and respectful attitude towards others, staff, the environment and equipment.

Respect for the work and professionalism of healthcare staff is essential to ensuring that treatment and care plans are delivered effectively. Citizens have the right to receive accurate information about the organisation of the healthcare facility, and the responsibility to exercise this right appropriately, at the right time and through the proper channels.

Fondazione Sanità e Ricerca

Fondazione Sanità e Ricerca is a private non-profit organisation operating in the health and social care sector. It was the first facility in Central and Southern Italy to establish a hospice, opened in 1998 on the initiative of Fondazione Roma. The organisation is structured as a Care Centre for Non-Self-Sufficient Patients, offering services for individuals in fragile conditions marked by partial or total loss of independence (ADI – Integrated Home Care, Levels I–II–III), for people with dementia (counselling, Alzheimer's Day Centre, home care), and for individuals with Amyotrophic Lateral Sclerosis (respite beds). It also includes a Palliative Care Centre, providing assistance to thirty inpatients (Hospice) and to one hundred and twenty patients receiving care at home.

The Pain Therapy Outpatient Clinic offers specialist services for the treatment of chronic pain secondary to neoplastic, degenerative osteoarticular or neurological conditions, and peripheral vascular disease. All services are designed to address the multiple needs of each person, physical, psychological, social and spiritual, while family members are supported through training programmes that enhance their ability to manage care and cope with related stress. The Foundation is also engaged in developing research activities in collaboration with leading institutes of excellence in Italy. Accredited by the Regional Health Service, the facility provides its services free of charge to all patients. Support from Fondazione Roma, a long-standing private institution in the capital, ensures that all treatment remains completely free of charge.

Mission

For many years, Fondazione Sanità e Ricerca has been committed to supporting vulnerable people with complex care needs. In the course of chronic degenerative diseases, maintaining human dignity and the highest possible quality of life is both a right, as enshrined in the Universal Declaration of Human Rights adopted by the United Nations General Assembly on 10 December 1948, and a duty set out in the codes of ethics of the healthcare professions. In full compliance with international standards, and in line with the principle of subsidiarity that inspires the work of non-profit organisations, the Foundation is committed to providing excellent care every day, ensuring that each individual remains at the centre of its work and is treated with the utmost respect for their dignity. As a non-profit organisation, the Foundation reinvests all its available resources internally, acting as a laboratory for care models that test the efficiency of processes and the appropriateness of services. Its aim is to make the results achieved available to the wider community, including institutions, organisations and stakeholders, in the hope of contributing to the ongoing development of the social and healthcare system.
The integration of different types of services ensures comprehensive care for each individual, tailoring the delivery of assistance to the real needs of the person and their family.

INTEGRATED HOME CARE (ADI)

The Integrated Home Care Service (ADI), provided by the National Health Service, offers social and healthcare support for people who are frail or partially or totally dependent.
In particular, the ADI provides medical treatment, rehabilitation therapy, nursing care and respite services.

The service is included in the Essential Levels of Care (LEA) and is tailored in type, intensity and duration to the health needs identified.

Home care services - adapted to the person's living environment, routines and habits, make a significant contribution, more than other forms of care, to preserving personal autonomy and self-determination.

Through its Integrated Home Care Service, accredited by DCA No. U00417 of 08.10.2019 (Lazio Region), Fondazione Sanità e Ricerca implements a comprehensive and flexible care model that addresses the physical, psychological, social and moral dimensions of the patient and their family.

The organisational model proposed by the Foundation is based on two core values:

- the centrality of the person who is an active participant and the main point of reference throughout the care process
- social inclusion, which recognises each person's right to live within their community and society's responsibility to promote accessibility policies.

The main objectives of the ADI service are:

- to support the person receiving care in remaining at home
- to reduce inappropriate admissions to hospital or other residential facilities
- to maintain or improve basic and functional autonomy
- to facilitate gradual adaptation following discharge from hospital
- to strengthen the capacity for self-determination of the patient and their family
- to promote continuity of care and integration with the local network

Target audience

The ADI service is available to people residing in, or with a healthcare domicile within, the territory of ASL Roma 3, which includes Municipalities X, XI and XII of the City of Rome, as well as the Municipality of Fiumicino.
People with ENI status (European nationals not registered with the SSR) or STP status (temporary foreign residents) may also access the service.

The service is intended for adults and minors who, as a result of acute or chronic disabling conditions, are unable to attend dedicated facilities and require continuous, coordinated health and social care at home .

ADI is particularly intended for people in fragile situations due to:
- partial or total dependence, whether temporary or permanent
- chronic and/or degenerative conditions
- complex disabilities.

How to activate the ADI service

The ADI service can be activated by the general practitioner, chosen paediatrician, hospital doctor or outpatient specialist by completing the Home Care Activation Form.

The Local Health Authority (ASL), through the l'Unità Valutativa Multidimensionale (Multidimensional Assessment Unit), determines eligibility and draws up the Individualised Care Plan (PAI), which sets out the care objectives, the methods of delivery and the professionals involved.

The ASL assigns the provision of care to the accredited provider chosen by the citizen, in accordance with the principle of free choice introduced by DCA No. U00525/19.

Fondazione Sanità e Ricerca is included among the accredited providers for the Integrated Home Care Service of ASL Roma 3.

Once the PAI has been received, Fondazione Sanità e Ricerca organises the required interventions, assigning the case to a dedicated multidisciplinary team.

The facility's Planning Office (Operations Centre) is responsible for informing the patient or their designated contact person, on a weekly basis, of the planned access times.

During the first visit, the Service Information Sheet is provided, detailing how the service is delivered and including the telephone numbers of the facility, the Coordinating Nurse and the Coordinating Physician.

The ADI service consists of:

- scheduled home visits, as established by the Local Health Authority
- on-call availability of a doctor or nurse, as required by the level of care and the PAI

Opening hours and contact details

The service is available every day, including public holidays, as established by the Local Health Authority (ASL) in the Individualised Care Plan.
The Operations Centre is open for information and administrative matters from Monday to Friday, 8:00 a.m. to 6:00 p.m., and on Saturdays from 8:00 a.m. to 2:00 p.m.
Availability is guaranteed according to the level of care assigned, as indicated in the table below.

DAYS	NURSING AVAILABILITY	MEDICAL AVAILABILITY
Monday to Saturday	ADI Level I 8:00 a.m. to 8:00 p.m.	/
Monday to Saturday	ADI Level II 7:00 a.m. to 10:00 p.m.	ADI Level II 8:00 a.m. to 8:00 p.m.
Monday to Saturday	ADI Level III 24 hours	ADI Level III 24 hours

Organisation of the service

The service is organised through an Operations Centre consisting of: a Coordinating Physician, a Coordinating Nurse, staff responsible for planning interventions, and staff dedicated to direct care (including specialist doctors, case manager nurses, nurses, physiotherapists, speech therapists, occupational therapists, dieticians, social workers, psychologists, and social and healthcare assistants).
The quality of care is ensured through ongoing professional training provided by the Foundation, which also guarantees insurance cover for all its employees. Assessment of overall care needs, consistency of approach and intervention strategies, and continuity of care are ensured through regular team discussions held during weekly multidisciplinary meetings. All staff are

equipped with digital tools for recording and accessing healthcare documentation. Continuous updating of this documentation ensures that interventions are timely and appropriate. The schedule of visits is communicated weekly to the patient or their representative.
The times indicated may vary for care-related or logistical reasons (e.g. travel time in city traffic to reach the patient's home). Effective management of home care requires:

- the presence of a formal or informal caregiver
- prompt notification if a scheduled visit cannot be received
- immediate communication of any personal or environmental circumstances that could endanger the health of care staff
- the patient's signature on the Service Information Sheet to confirm that they have read and understood it
- the patient's signature on the attendance register
- respect for the personal and professional dignity of healthcare staff, avoiding any verbally or physically aggressive behaviour
- the correct use of aids and assistive devices to ensure the safety of both the patient and care staff

A good care relationship – based on trust, cooperation, and respect for roles and schedules – enables care objectives to be fully achieved. If a video surveillance system is active in the home where care is being provided, it must be deactivated, in accordance with legislation protecting workers' rights, for the entire duration of the home visit. This must be confirmed by a written self-declaration from the resident.

**caregiver:* person who provides care

Activities

- **Assessment activities**:
  administration of assessment scales for pain, level of autonomy, risk of falls, nutritional status and other parameters
- **clinical activities**:
  management of comorbidities and multiple conditions; monitoring of basic functions; pain management; treatment of simple and complex wounds; removal of stitches; blood sampling and transfusions; management of central and peripheral venous catheters (PICC, Port-a-Cath); administration of drug therapy; management of injectable therapies through different routes of administration; infusion pump management; insertion, replacement and management of urinary catheters; management of suprapubic catheters and other urinary diversions; bowel and enterostomy management; management of surgical drains; mechanical ventilation management; tracheostomy care and replacement; bronchial aspiration; PEG management (replacement, except for first implantation, and control of the anchoring system); placement, replacement and management of feeding tubes.
- **nutritional support activities**:
  development of personalised diets; monitoring of enteral and parenteral nutrition programmes; prevention and management of dysphagia; guidance on the preparation and administration of modified consistency diets; guidance on meal administration using appropriate postures.
- **activities supporting self-determination**:
  shared care planning (progressive informed consent).
- **rehabilitation activities**:
  motor and respiratory rehabilitation, assisted coughing re-education, speech therapy, functional stimulation of daily living skills

- **personal care activities**
- **social support activities**:
  counselling on legal rights and benefits, definition of continuity-of-care pathways, and activation of local network resources.
- **educational and training activities for the person receiving care and for formal and informal caregivers**: programmes on the prevention of major risks associated with the specific clinical condition and for people with reduced compliance; education on the management of therapy, aids and assistive devices; guidance on performing basic and functional activities of daily living; education on the management of urinary diversions, enterostomies and bronchial aspiration; instruction on correct mobilisation and posture; prevention of skin lesions; and caregiver training in nursing activities.
- **assessment of the home environment and strategie for maintaining functional abilities**
- **individual and group psychological support**: support for the person receiving care in adapting to new personal circumstances and adopting new lifestyles, and support for family members in managing the psycho-emotional aspects of their role.
- **integration activities with the local community.**

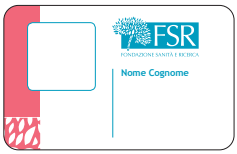
Waiting list

The waiting list for access to the ADI service is managed by ASL Roma 3.

Health documentation

Healthcare documentation relating to the Integrated Home Care service must be requested from the relevant ASL district.

Staff can be identified by their ID badge, which displays their name, professional title and identification code.



DOCTORS AND PSYCHOLOGISTS
colour red

NURSES-PHYSIOTHERAPISTS-OCCUPATIONAL THERAPISTS-SPEECH THERAPISTS-SOCIAL WORKERS
colour orange

SOCIAL HEALTHCARE WORKERS AND ASSISTANTS
colour green

ADMINISTRATIVE STAFF
colour turquoise

Organizational structure

ROLES

Medical Director – responsible for the organisation and management of health services and the staff assigned to them.

Head Of The Care Centre For Non-Self-Sufficient Patients – defines the organisational model of the service in line with the strategic plan and the guidelines of the Health Department.
Establishes and oversees the care delivery processes and organises operations through the allocation of tasks and objectives.

Coordinating Physician – coordinates the clinical and care activities of the staff, ensuring the achievement of measurable clinical outcomes. Responsible for planning, supervising and evaluating care projects and the overall care pathway. Manages relations between patients, families and the service, and coordinates and oversees the activities of the Operations Centre.

Coordinating Nurse – coordinates the health and social care staff employed within the ADI service, monitors technical and interpersonal skills, and verifies that activities comply with the PAI and the distribution of workloads. Assesses the quality of care provided in collaboration with other professionals (Coordinating Physician and Care Manager), defines operational protocols and ensures their consistent application by all unit staff. Also coordinates planning and on-call activities.

Case manager – coordinates the care pathway of the person receiving assistance. Shares the Individualised Care Plan (PAI), ensures and coordinates its implementation, and helps to identify areas for improvement in the provision of care.
Acts as the main point of reference for the person receiving care, their family or caregiver, and the health and social care professionals involved.

Multidisciplinary team – carries out the activities set out in the Individualised Care Plan (PAI), integrating different professional skills and areas of expertise, in accordance with the procedures, regulations and operational guidelines defined within the ADI service.

The operational headquarters of the Integrated Home Care service is located at Via Alessandro Poerio, 100 – 00152 Rome.

HOW TO REACH US

• **BUS 75**
Via A. Poerio stop – terminus (Marino)

• **TRAM 8**
Trastevere Station – 800 metres on foot

• **TRAIN**
- FL3 Quattro Venti Station
  700 metres on foot
- FL1 / FL3 / FL5 Trastevere Station
  900 metres on foot

CONTACTS

RECEPTION SERVICE
Tel. 06.588991 – Fax 06.5818619
E-mail: accoglienza@fondazionesr.it
Website: www.fondazionesanitaericerca.it

Quality

In order to monitor the quality of its healthcare services, Fondazione Sanità e Ricerca has implemented a quality management system certified to the UNI EN ISO 9001 standard.
Quality is assessed through the tools provided by the management model adopted:

- appropriate healthcare performance indicators, monitored by the Coordinating Physician in collaboration with the Healthcare Management
- collection and analysis of patient satisfaction using a perceived quality questionnaire
- analysis and management of complaints, suggestions and letters of appreciation.

These tools enable the annual analysis of data and the implementation of actions aimed at the continuous improvement of every aspect of the service provided.

The Quality Policy adopted by the Foundation pursues the fundamental principles of its mission: *"to offer excellent care, ensuring that the person is at the centre while respecting their dignity"* – through fairness, appropriateness, continuity of care, efficiency, effectiveness and perceived quality.

Patient Feedback – Suggestions, Compliments and Complaints

The person receiving care and their family members may submit suggestions, commendations and/or complaints using:

- the electronic form available on the website www.fondazionesanitaericerca.it, in the "Opinions" section

- the appropriate form available at the facility's Reception Desk.

The form can also be requested by email from the Operations Centre at ad@fondazionesr.it.

The Care Centre for Non-Self-Sufficient Persons undertakes to respond to complaints within 30 days.

The "Service Satisfaction Survey Questionnaire" is also available at the facility and is included with the documentation delivered to your home.
This questionnaire, which may also be completed anonymously, can be returned to the Foundation through home care staff or handed in at the Reception Service.

Safety

As required by Legislative Decree 81/2008, staff receive appropriate training to ensure they can act effectively to protect the safety of patients and service users when needed.

Compliance with home care service regulations requires reflection, analysis and risk assessment by the responsible departments, with the aim of providing staff with the information necessary to prevent and promptly identify hazardous or harmful situations.

Insurance

The Foundation has taken out a specific insurance policy covering all its activities and services, in accordance with Article 10 of Law No. 24/2017, with UnipolSai (policy no. 162558617/2).

Privacy

Information concerning the health status of the person receiving care, as well as any other personal information, is subject to confidentiality based on the principles of fairness, lawfulness, transparency and protection of the individual and their data, which all healthcare and administrative staff are required to uphold.

The use of personal data by the Facility is governed by data protection legislation.
Fondazione Sanità e Ricerca, in compliance with the provisions of EU Regulation 2016/679 and Legislative Decree 196/2003, as amended, has appointed a Data Protection Officer (email: dpo_fsr@unilavoro.org) and authorised staff to process data within their respective areas of responsibility.

The procedures, appointments and requirements relating to the relevant legislation are set out in the Privacy Implementation Document (DAP), which is updated annually.

Fondazione Sanità e Ricerca guarantees compliance with EU Regulation 2016/679 and safeguards the rights of patients and their families, who may, for legitimate reasons, object (including verbally) to the processing of their data by contacting the Quality and Privacy Office (email: privacy@fondazionesr.it).

Supervisory Body

Fondazione Sanità e Ricerca has adopted a compliance and monitoring system in accordance with Legislative Decree 231/2001, appointing a Supervisory Body (SB) responsible for exercising control functions to prevent potential corporate offences.

The Organisation, Management and Control Model is published on the Foundation's website.

Transparency

In compliance with current transparency legislation for authorised and accredited service providers, data relating to complaints, waiting times for access to services and the services provided are published on the Foundation's website.

La persona. La sua cura.

www.fondazionesanitaericerca.it