



Villa
Fastiggi
Rehabilitation



Villa Fastiggi Centre

City of Pesaro

Service Charter



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Fastiggi
Rehabilitation

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City of Pesaro

This **Service Charter**
has been edited by:
General Director

Version of
March 2025

Dear User,

Through this **Service Charter** we would like to present to you the **Villa Fastiggi Centre of the KOS group**.

As matter of fact, this document contains all necessary information to allow you to know the services offered by the Rehabilitation Centre and how to make use of them, as well as the commitments made by our structure to continuously improve the quality of the offered services.

Our goal is right to involve you in continuous improvement through your suggestions, your reports, your advice and your complaints as well. All of this will be an opportunity for us to grow, since your contribution will allow us to improve the services we offer and to satisfy our users.

We thank you for your valuable collaboration and remain at your disposal for any clarification.

The General Director

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Centro Villa Fastiggi in one click

In the following website you will always find
the latest version of this service charter.

<https://kosgroup.com/it/centri/villa-fastiggi>

The Service Charter is a tool designed by Villa Fastiggi Centre and dedicated to each User of this structure to learn more about its services, find useful information and become a adequate support for every type of need. Enjoy your reading!



The mark placed in the upper corner of the pages can be easily folded and used to mark information you were looking for



Colored labels on the edge of the page will help you find information faster in the sections useful for you

At the end of the charter, some pages are available for notes or reminders



Facility staff

GENERAL DIRECTOR

MEDICAL DIRECTOR

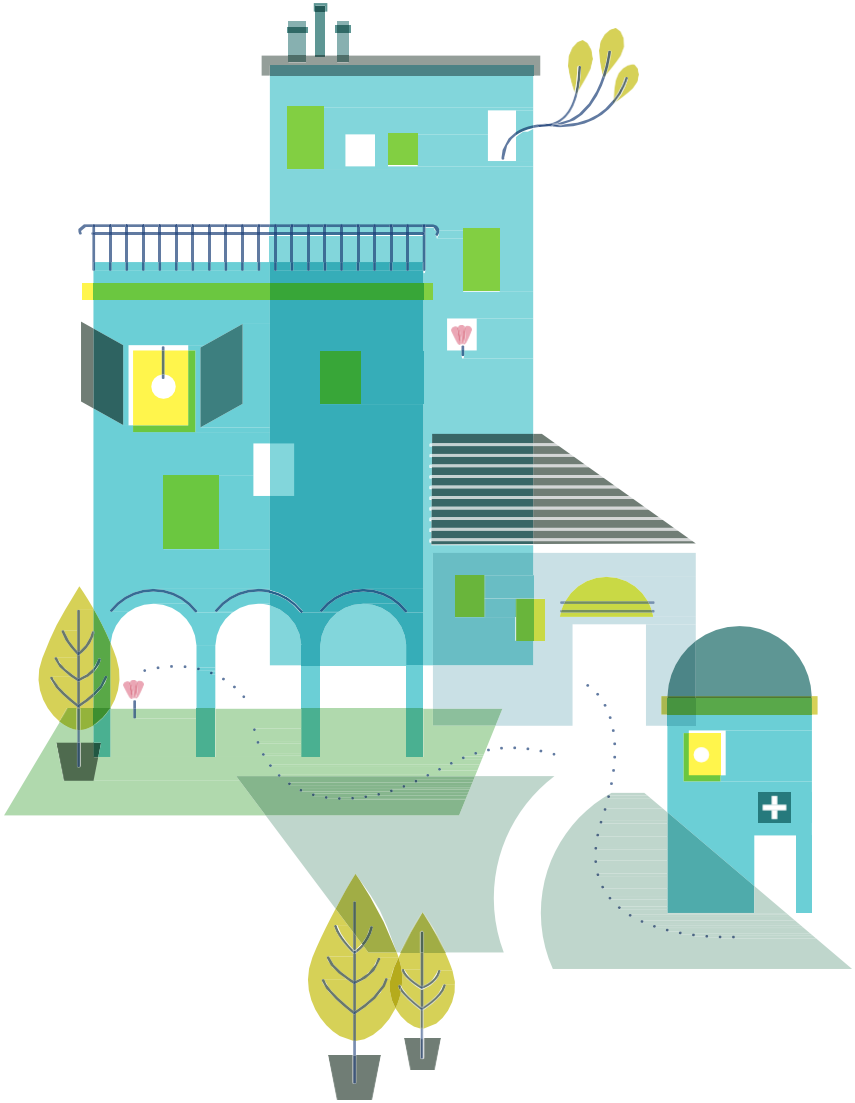
DOCTORS OF THE REHABILITATION CENTRE

REHABILITATION NURSING COORDINATION

SOCIAL WORKER

PSYCHOLOGIST

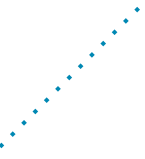
REHABILITATION MANAGER



First section

1

OUR CENTRE



1

Our mission

Centro Villa Fastiggi, as a structure belonging to the KOS group, has made of the definition of health by the World Health Organization of 1948 its main pillar:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

In line with this principle,

our mission is to increase emotional, social, physical wellbeing and people's autonomy in everyday life through the provision of excellent health, rehabilitation and care services.

1.1 The Service Charter - What is it

The Service Charter is the document which each service provider assumes a series of commitments towards its users with, regarding its services, the means they are offered, and the quality standards, and informs the user about the protection's means provided.

The introduction of the Service Charter as a means of protection for citizens was born with the Directive of January 27th 1994 "Principles on the provision of public services" issued by the President of the Italian Council of Ministers.

In the Service Charter, the Centre declares what services it intends to provide, the means and quality standards it intends to guarantee and undertakes to comply with certain quality and quantitative levels, with the intention of monitoring and improving the quality of the service offered.

1.2 Our values

In the Villa Fastiggi Centre, we base all our choices and actions on our company values.

YOU ARE OUR CENTRE

For us, this means taking care of people in the sense of "taking care actively", providing for their needs and their health as "a state of complete physical, mental and social well-being".

PROFESSIONALISM

For us, professionalism means a complex of qualities that distinguish a professional such as skills, preparation, professional reliability, perseverance on commitments, preciseness. Consolidated qualities in the exercise of constant practice.

1. MISSION

RESPONSIBILITY

For us, responsibility means being accountable for actions, events or situations where everyone has an essential role. Duties coming from the position each one fulfills, from assignments and tasks we undertook.

RESPECT

Respect means the awareness of the rights and credits as well as values of other people.

1.3 Key principles

EQUALITY

Every Citizen has equal rights regarding access to Health Services.

Offering the services, no distinction can be made for reasons regarding sex, race, language, religion, political opinions and mental or physical handicapped forms.

IMPARTIALITY

Villa Fastiggi Centre is inspired by criteria of impartiality, justice and objectivity. To every citizen is granted a behavior reflecting his/her dignity.

PARTICIPATION

The User has the right of accessing the information that concern him/her and that is in the possession of the person offering the service. The mentioned right is performed according to the modalities regulated by the Italian Law n. 241 of August 7th, 1990. The User can present memories, documents or observations and give suggestions to improve the services offered. The subjects offering the services periodically receive the evaluation of the User about the quality of the offered service.

EFFICIENCY AND EFFECTIVENESS

The activity of **Villa Fastiggi Centre** is addressed to the satisfaction of the health needs of the Users as well as to a constant improvement of the quality and security of the services we offer and the healthcare we provide.

With reference to the key principles mentioned, the Villa Fastiggi Centre is committed to ensure that:

- employees, collaborators and consultants do not engage in discriminatory behaviors that take place through an unequal treatment in the provision of services;
- users' personal information, including those relating to their state of health and possible diagnostic or therapeutic procedures, are treated in compliance with the right to privacy.

All employees, collaborators and consultants of the Rehabilitation Centre are required to provide Users with clear, simple, and comprehensive information regarding the diagnosis of the disease and the proposed clinical and rehabilitation protocols.

In this way, a conscious decision and choice process is guaranteed by the guest, all of which will be carried out through the so-called "informed consent".

The need to obtain the User's consent to carry out a certain process is not only a principle established by the Law, but also an essential ethical element in the relationship between User and health staff.

By signing the consent, the person decides in full autonomy whether to submit to the proposed treatment following the full understanding of the diagnosis, of the purpose of the treatment, as well as of any risks associated with that treatment and of possible alternatives.

To ensure maximum informative transparency with users, the Rehabilitation Centre commits to:

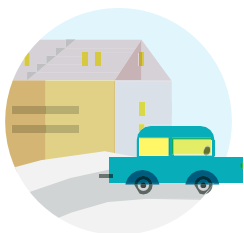
- guarantee the User, or his/her delegate in the cases established by Law, the most complete and appropriate information on the diagnosis, prognosis, possible alternatives, prospects and the predictable consequences/complications of the choices that have been made;
- not to use means of persuasion, of a scientific or other nature, which are deceptive and untrue;
- to periodically check the reports received by the public relations department to analyze any feedback and/or complaints from the users.

The principles of the hospitalization, care and assistance of patients at Villa Fastiggi Centre are based on ministerial regulations regarding rehabilitation activities and are summarized in the following points:

- **Clinical management** of all cases by drafting a personalized **Individual Rehabilitation Project** (Italian acronym: PRI), constantly updated considering the results obtained and the arising problems.
- **Active participation** in decisional processes and **share** of the rehabilitation path with the patient or with his/her relatives/caregivers from the first phases of the hospitalization, including structured moments of listening and dialogue, psychological support, education, and training.
- **Organization of work in an interdisciplinary and multi-professional team** coordinated by the referring doctor and with the active participation of all the necessary professionals.
- **Constant verification of pertinence**, both in the selection of patients eligible for hospitalization and in decisions regarding the choice and continuation of rehabilitation programs.
- **Staff training** through continuous updating of technical and organizational skills.

2

How to reach us



BY CAR

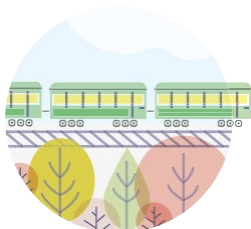
Coming from the highway, exiting in "Pesaro-Urbino":

After 150 m from the exit, turn right towards "Strada del Montefeltro", after 1.1 km you will reach a rotary, then take the second exit and stay in "Strada del Montefeltro". After 1 km, you will reach another rotary, then take the first exit in Via Y. A. Gagarin.

From there, after 300m there will be a third rotary where you will take the first exit and arrive in "Via Sandro Pertini".

After 1.9 km, take the third exit at the rotary and stay in Via Sandro Pertini, then after 400m take the first exit in Via Solferino/Strada Montalabbatese. After 400m, you will reach another rotary and take the third exit in Strada della Fabbreccia. Guide for 700m and reach the last rotary and take the first exit in Via Serra.

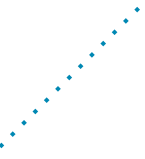
You will find our centre at the end of the street on the right side, next to the supermarket. You can access the structure from the backside of the building: we suggest you follow the signs with "ingresso visitatori" (visitors entrance) that you can find on the pedestrian path.



BY TRAIN

From the station of "Pesaro Urbino"

Take the line AD or CD of the regular urban bus.



3

Presentation

The Villa Fastiggi Centre is part of the KOS Group (kosgroup.com), the brand that operates in the rehabilitation sector.

The KOS Group operates in the field of functional rehabilitation with a high level of expertise grown in an approach characterized by high specialization, in an multidisciplinary approach, in the technological innovation, in the high complementarity with the public service, in the personalization of operations aimed at maximum functional recovery, enhancement of residual skills and social reintegration of people.

The technological innovation and a constant staff training associated with the adoption of robotics in rehabilitation paths have made the therapeutic paths of our group an experience of excellence.

3.1 The Rehabilitation Centre

Villa Fastiggi Centre in Pesaro was founded in 2020 by the synergy between the company "Intesa", the Villa Fastiggi Social Consortium (*founded by the social cooperatives part of COOSS Marche, Labirinto and Nuovi Orizzonti*) and the Kos Group.

The new structure has been developed by the Cives Fund, a local social housing fund, managed by the company Sator Immobiliare SGR, which operates under the national housing plan, and is the first socio-health residence in the region developed thanks to funds activated by the national financial institution "Cassa depositi e prestiti" (*anchor investor of the national fund "FIA Fondo Investimenti per l' Abitare"*) and with the contribution of institutional investors active in social housing in the region, and of the cooperatives in the region , which first promoted this initiative.

The Rehabilitation Centre can be found on the first two floors of the structure which is located in an area close to the city centre with all services you will need.

All hospital areas are easily accessible through easy routes or lifts suitable for disabled.

There are a reasonable number of parking lots in the area in front of this centre.

Family members of patients with particular motor problems are allowed access to the facility by car with a respective authorization.



3. PRESENTATION

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3.2 How our centre is structured

80 beds divided into 2 floors

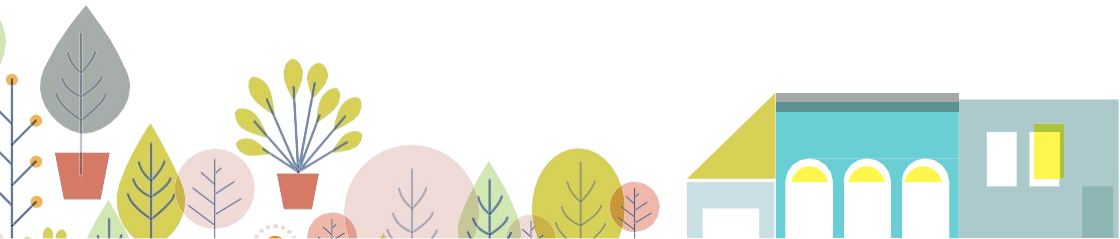
The Villa Fastiggi Centre has 80 beds;

- 20 SUAP beds (Italian acronym for "Special Permanent Assistance Unit") with UGIR beds (Italian acronym for "Serious Respiratory Failure Unit") and UCP beds (Italian acronym for "Permanent Comfort Unit");
- 10 URI-UGCA beds (Italian acronym for "Sub-intensive Residential Unit for severe Acquired Brain Injuries");
- 50 extra-hospital intensive rehabilitation beds.

The beds are divided into two floors (*ground floor and first floor*).

On the ground floor are the general and medical director office, the administrative office, the social service office, the front office (*reception*), the snack bar, the chapel and the SUAP and URI-UGCA wards.

On the first floor is located the out-of-hospital intensive rehabilitation ward.



First floor

- * Out-of-hospital intensive rehabilitation unit

Ground floor

- * General director office
- * Amministrative office
- * Social services office
- * Front office
- * Snack bar
- * Chapel
- * SUAP and URI-UGCA wards



3.3 The activity of the Rehabilitation Centre

Villa Fastiggi Centre is an accredited private rehabilitation centre operating in agreement with the Italian national health service.

It represents a reality of essential importance in Italy in the field of rehabilitation.

It is highly specialized in the rehabilitation of severe acquired brain injuries, and in neurological, orthopedic and trauma rehabilitation.

It is also specialized in the care of patients in a persistent vegetative state and with severe disabilities.

The Centre's activity is divided into 4 areas of intervention:

- **Assistance for persistent vegetative states and very serious disabilities;**
- **Rehabilitation of severe acquired brain injuries;**
- **Neurological rehabilitation;**
- **Orthopaedic rehabilitation.**

The Centre is organized into differentiated recovery units to provide qualitatively suitable responses to the needs of the patient in charge.

For all patients taken into care, a document containing an individual care project is to be filled and the needs and results obtained are to be quantified using scientifically validated evaluation scales.

The members of the multidisciplinary team that takes care of the patient (*Doctor, Psychologist, Nurse, Physiotherapist, Socio-Healthcare staff*) are involved in the drafting of the individual care plan and guarantee the following interventions:

- **Medical coverage** within 24 hours.
- Continuous 24-hour **care nursing** aimed at personal hygiene, mobilization and surveillance.
- **Injection and monitoring of nutrition and hydration.**
- **The rehabilitative treatment** that, having no characteristics of intensity, is aimed above all at the prevention of secondary damage, the maintenance of residual functionality, sensory stimulation and affective-relational aspects (*rehabilitation treatment also includes, in addition to the interventions of the physiotherapist, the nursing operations that are provided daily accompanied by a meaningful relationality*).
- **Taking charge of the family member** with possible involvement of the latter in care activities.
- **Verification of the emotional difficulties** of the family members and their level of adaptation to the disability of the relative and activation of any support paths.

3.3.1 Assistance for persistent vegetative states and very serious disabilities

This service is addressed at people with a severe acquired brain injury (*for example due to traumatic brain injury, anoxia and following cardio-circulatory arrest or due to severe hemorrhage or stroke*) that has resulted in a persistent condition of vegetative state or a state of minimal consciousness.

There are also other situations that, even in the absence of alterations in the state of consciousness, seriously compromise the autonomy of people, such as the evolution of neurodegenerative diseases such as ALS, which require a ventilation support in advanced stages or in other forms of severe respiratory insufficiency.

3.3.2 Rehabilitation of severe brain injuries

The Rehabilitation Centre has a strong specialization in this field gained over years of experience.

Serious brain injury is one of the most complex areas of rehabilitation, as these are multidimensional pathologies, which require to be addressed by a multiprofessional team.

At the Rehabilitation Centre, together with constant clinical supervision, complete, personalized rehabilitation paths are developed and implemented (thanks to listening to the patient and his/her family) and constantly monitored.

The patient is welcomed in the facility in the post-acute (or rehabilitative) phase, which ranges from the stabilization of vital functions to the achievement of

the maximum possible level of autonomy depending on the residual impairments.

People with severe acquired brain injury ("sABI", whose Italian acronym is GCA) need intensive medical-rehabilitation interventions, which can last from a few weeks to a few months.

In most cases, after the hospitalization, conditions remain making necessary long-term health and rehabilitative interventions, aiming at facing constant impairments and disabilities, as well as difficulties with familiar, social, school- and work-based re-integration.

3.3.3 Neurological rehabilitation

Neurological rehabilitation is aimed at people who suffered a loss of autonomy as a result of disabilities coming from congenital or acquired diseases of the central and peripheral nervous system (e.g. stroke, neurodegenerative diseases such as Parkinson's disease, multiple or plaque sclerosis, polyneuroses, myopathies, etc.).

All pathologies giving rise to the need for neurological rehabilitation are extremely complex to treat and the best results can only be achieved with a multidisciplinary approach.

Neurological rehabilitation is carried out in different settings starting from hospitalization for the immediately post-acute phase.

The most frequent problems are alterations in balance, orientation and movement, as well as loss of functional independence and concomitant problems such as incontinence, dysphagia, and impairment of cognitive functions and the sphere of communication.

Neurological rehabilitation activities aim to reduce the disability caused by these problems, promoting the intrinsic and adaptive recovery capacity of the person, stimulating active participation in the rehabilitation programme.

3.3.4 Orthopedic rehabilitation

Orthopedic rehabilitation is aimed at the recovery of reduced or lost functional motor skills due to illness or trauma and at the maintenance and recovery of functions that are weakened during chronic diseases, especially orthopedic-traumatological or rheumatological ones.

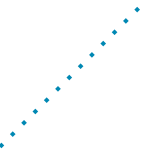
This type of rehabilitation is faced in different contexts depending on the patient's needs and on the development of the disease.

The operational protocol of the rehabilitation center provides, after an evaluation, for the start of physiotherapy and rehabilitation treatments with subsequent periodic reviews of the therapeutic program aimed at functional recovery and maximum autonomy of the patient, according to an individual rehabilitation program.

Re-education is also integrated with an education program on joint-saving measures and the use of aids that can **compensate in daily life for any temporary or residual functional limitations that cannot be further improved at the end of the rehabilitation intervention.**

The rehabilitation treatments that we provide concern:

- Kinesitherapy and joint re-education (for traumatic outcomes, osteo-articular surgeries, inflammatory and degenerative arthropathies, etc.);
- Walking re-education (after arthroprosthesis or other orthopedic pathologies, breastfeeding, etc.);
- Ergotherapy and education in the use of aids for daily life;
- Various forms of massage therapy and lymphatic drainage
- Instrumental therapy/electrotherapy both analgesic and stimulation-based;
- Deambulatory training with therapist supervision.



4

Information and access to services

4.1 Public relations office ("URP")

The Public Relations Office (Italian acronym: URP) provides information on how to access healthcare services.

Entering the Centre, adequate information is provided and consent to the processing of personal data is requested, in compliance with European Regulation 2016/679 (GDPR).

Any complaints, reports, observations and suggestions can be submitted to the URP.

Public Relations Office (URP)

Tel. + 39 0721 437504

ricoveri.villafastiggi@kosgroup.com

M T W T F S S



From 8:30 a.m. to 6 p.m.

4.2 Useful numbers

Reception	+39 0721 437501
Administrative Office	+39 0721 437204
Healthcare reception	+39 0721 437203
FAX Healthcare reception	+39 0721 437555
URP /Social Worker	+39 0721 437513

4.3 Request for a copy of the medical record

The User has the right to have a copy of their medical record. The release of medical records takes place on an ordinary basis within 20 days from the request.

The request can only be made at the moment of discharge by filling the appropriate form available at the front desk or from home by sending a letter on plain paper.

In the latter case, the request must be presented with a copy of a valid identity document of the applicant and/or the person entitled.

FRONTDESK

M T W T F S S



From 8:30 a.m. to 1 p.m.

Tel. +39 0721 437503-04

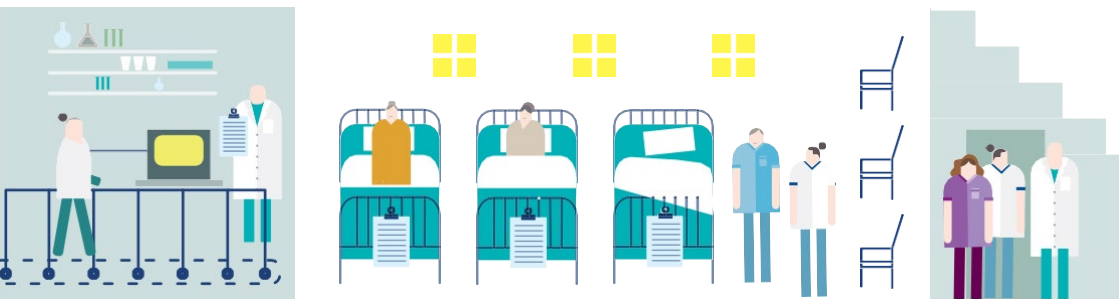
WHO CAN REQUEST A CERTIFIED COPY:

- * The copy's owner if adult (over 18 years old)
- * Delegate person with a copy of his/her ID and of the written authorization of the patient
- * Legitimate or testamentary heirs;
- * Person owning parental rights or legal protection for children, interdicted or disabled.

4.4 Request for certifications

During the hospital stay, the patient may request certificates attesting his/her admission by signing a special request form managed by the Social Worker.

The request for health reports with the related reason must be presented 10 days before arrival to the social worker who will provide the patient with it as soon as the doctor will make it available.



5

Life in the centre



5.1 How to recognize the health staff

The whole health staff of the Centre have a card on his/her uniform indicating his/her name as well as his/her position in our Centre.

The color and the style of the uniform allow to link the health staff to a particular professional group.



MEDICAL STAFF

white coat



PSYCHOLOGISTS

long white coat with white edges, white pants



PHYSIOTHERAPIST

long white coat with white edges, white pants



NURSES

long white coat with blue edges, blue pants



PUBLIC HEALTH WORKER

long white coat with orange edges, orange pants



SERVICE STAFF

Long white coat with yellow edges, yellow pants

5.2 Visiting hours to hospitalized patients



In order not to disturb the rest of other patients and not to hinder the work of the health staff, **visitors must respect visiting hours.**

GROUND FLOOR UNITS

From 3 p.m. to 6 p.m.
*with reservation only

From 3 p.m. to 6 p.m.
only on Sundays



UNITS 1 FLOOR

From 1:30 p.m. to 4 p.m.
From 7 p.m. to 9 p.m.

From 2 p.m. to 5:30 p.m.
From 7 p.m. to 9 p.m.
Only on Sundays



5.3 Hospitality



ROOMS: each bed has a night light system and a bell to call nursing and/or auxiliary staff in case of need. Each patient has a bedside table and a closet in which they can store their clothes and personal belongings.

COMMON AREAS: the wards have living rooms in which patients can go to talk freely with other patients or visiting relatives, without disturbing those who need silence in the room.

MEALS: compatible with medical indications,

the catering service of the Centre will take care of preparing meals considering to the diet best suited to the health of hospitalized patients.

TV: the TV-time must be compatible with the life of the ward; the choice of the program will be made by mutual agreement with the other patients.

INTERNET: the wards are equipped with a Wi-Fi system. To use it, you must contact the social worker who will provide the access password.

INBOX: Inbox is delivered to patients by ward staff.

5.4 Religious service

The religious assistance of Catholic worship is ensured by a priest who makes himself available to requests for spiritual or religious help, to interview, to listen and to administer the sacraments. His presence can be requested at any time by the staff.

People of a religion other than the Catholic one must submit a request to the general director office which, if possible, will arrange to find the ministers of the relevant cult.



HOLY MASS:

M	T	W	T	F	S	S
	■				■	■
	■					

■ 5 p.m.
■ 10a.m.

5.5 Bars and restaurants for relatives

CATERING FOR RELATIVES:

relatives of hospitalized patients can use vending machines for both drinks and food located in common areas.

It is possible through reservation to have the meal also for the relative/assistant (service with charge).



BARS & RESTAURANTS FOR RELATIVES:

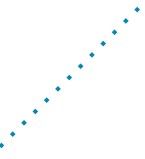
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5.6 Hairdresser

Depending on the organization of the various wards, a hairdressing service is available at our rehabilitation Centre.

To use it, you only need to request it to the supervisor of the ward.





6

Public relations

Villa Fastiggi Centre invites each User to contact the Public Relations Office at the reception in case they wish to receive information, propose suggestions and submit complaints, verbally or in writing.

6.1 Active listening: satisfaction questionnaires and complaints

Legal representatives or the support administrator, if appointed, are available for all patients and/or their family members for satisfaction questionnaires through which it is possible to report, even anonymously, the degree of satisfaction with the service used and make suggestions to improve its quality.

The questionnaire is to be filled in paper and must be returned to the related mailbox.

Reports and complaints can also be addressed directly to the Public Relations Office.

To all complaints and reports - suggestions received in non-anonymous form, in which consent has been expressed to the data processing (Italian law n° 196/2003 and subsequent amendments and additions) and the signature is legible, the URP manager in collaboration with the Director office and directly involving the heads of wards and/or services concerned with them, responds in writing within 30 days.

The URP prepares monthly reports relating to the processing of the satisfaction questionnaires and any other reports.

The results of the processing allow, if necessary, to intervene in a targeted way and in real time on the weaknesses of the system.

7

Rights and duties

Pursuing the principles that inspire the company choices and complying with the commitments assumed in the provision of the services, presupposes a constructive collaboration between users, family members and professionals, aimed at achieving a common objective: the quality of the service provided. In the interest of everybody, we propose a short list of the rights and duties of those who access the facilities of the KOS Group, which we report as a guarantee of sharing and mutual commitment.

FIRST

7.1 Guest rights

ARTICLE 1

Right to have respect of one's dignity.

ARTICLE 2

Privacy right according to the current regulations.

ARTICLE 3

Right to identify the operator.

ARTICLE 4

Right to be listened with respect, kindness and competence.

7. RIGHTS AND DUTIES

ARTICLE 5

Right to receive prompt, clear, complete, updated and understandable information.

ARTICLE 6

Right to know the purposes and the ways the appropriate health service is provided and confide in a trustworthy relation with the case representative and the equipe.

ARTICLE 7

Right to be taken care by qualified staff.

ARTICLE 8

Right to have a guarantee that the institution makes available to the professionals the diagnostic, therapeutic means, and the scientific updates they need to provide the most appropriate services, in order to make them able to act according to good faith and in compliance with the ethic and deontological codes.

ARTICLE 9

Right to get to know the staying conditions and the costs about the performances and the requested services with fee.

ARTICLE 10

Right of the relatives to get information within the limits of privacy and of the User's will.

ARTICLE 11

Right to complain and know the result, to give recommendations and suggestions in paper form.

ARTICLE 12

Right to express one's opinion on the services offered through the satisfaction questionnaire.

ARTICLE 13

Transparency right.

7.2 User duties

The direct participation on fulfilling some duties is the basis for fully benefitting from their own rights.

The personal commitment to duties is a respect towards the social community and towards the health services every citizen benefit from; respecting these duties means improving the quality of the services offered by the structure.

ARTICLE 1

It's fitting to keep a responsible behavior towards the Users, avoiding having any behavior that could bother other Users (noise, lights turned on, radio, loud tv, phone, etc)

ARTICLE 2

You must have a respectful and collaborative behavior with the whole staff of the Centre and with the General Director.

ARTICLE 3

You must conform to the therapeutic prescriptions and the behavioral instructions given in order to guarantee the best result possible with the treatment.

ARTICLE 4

You must respect the environments, the equipment and the furniture in the structure.

ARTICLE 5

Each person has the right to receive correct information about the structure organization but he/she must assume the information within the periods and the adequate locations.

ARTICLE 6

You must promptly inform the health staff about your intention of giving up on planned services and treatments.

ARTICLE 7

You must not smoke in order to preserve the community health.



Second section

2

THE STRUCTURE SERVICES



8

The hospitalization

8.1 The hospitalization

The Villa Fastiggi Rehabilitation Centre provides rehabilitation activities in the following regimes:

- **Extra Hospital** (Extra Hospital Rehabilitation Centre) with 50 beds;
- **Special extended assistance units (Italian acronym: UCP-UGIR)** with 20 beds;
- **Sub-Intensive residential unit for severe acquired brain injuries (Italian acronym: URI-UGCA)** with 10 beds.

8.2 Sub-intensive residential unit

The URI-UGCA Centre welcomes people with disabilities resulting from serious brain injuries, which can be traumatic or otherwise, that have caused a coma.

The hospitalization takes place in the immediate post-acute phases, i.e. when the patient is considered suitable for discharge from the hospital ward in which he has been previously hospitalized.

Care and rehabilitation activities are codified within a project developed on the basis of all the patient's health needs; the achievement of health objectives is the main indicator of the rehabilitation and care process that can continue in out-of-hospital facilities.

The organization guarantees multi-specialist medical care, medical surveillance and nursing according to hospital standards 24-hour a day.

8.3 Out-of-hospital Rehabilitation Centre

The Out-of-hospital Rehabilitation Centre is intended for:

- **Taking care of individuals of all ages in the post-acute phase who must carry out or continue rehabilitation treatment** (even after discharge from rehabilitation hospital wards) and whose stabilized clinical conditions allow their performance, in relation to the degree of non-self-sufficiency and the need for basic care interventions, in an out-of-hospital environment with both full-time and daytime hospitalization. The medical and nursing staff is adequately parameterized in relation to the different type of user and based on the different articulation and complexity of the rehabilitation activity, conducted with a multidisciplinary method by different professional figures.
- **The care of disabled people, including the elderly who are not self-sufficient, characterized by the existence of functional deficits deriving from the loss of physical, mental or psycho-physical abilities**, as a result of morbid events (congenital or acquired), which determine the assistance needs plan for situations of disability and dependency.

The treatments, medium- or long-lasting, include, in addition to therapeutic-rehabilitative practices of recovery and functional stabilization of the impairment, the removal (or limitation) of the "social obstacles" which are influential on the transformation of the impairment into disability.

These interventions are usually carried out through interdisciplinary clinical modalities, involving medical, psychological, pedagogical, and social disciplines.

The rehabilitation intervention that can be carried out in these facilities consists of:

- **The evaluation of the impairments** that require recovery and rehabilitation, in the formulation of the corresponding diagnostic-prognostic balance and the preparation of the personal intervention plan;
- **The functional recovery** of subjects suffering from post-acute pathologies that, in different intensity and form, affect the motor, sensory and psychological sectors;
- **The rehabilitation and functional recovery**, through multidisciplinary interventions of medical, psychological, pedagogical and social nature, for the rehabilitation or global reintegration of the subjects' autonomy **in young adulthood**, with disabilities, even permanent, of a neuromotor, psychic, sensory or multiple type, deriving from any cause;
- **The rehabilitation and functional recovery of adults and geriatric subjects** to limit the disabling effects of the disease and counteract their further involutionary processes.

Continuous or day cycle hospitalization is carried out according to the degree of non-self-sufficiency and the need for medical and nursing assistance.

The out-of-hospital rehabilitation centre is divided into:

- **Intensive out-of-hospital rehabilitation unit** intended for post-acute rehabilitation of patients who cannot be assisted in an alternative regime regarding the hospitalization but do not require hospital-level medical and nursing care.

8.4 The therapeutic path

Patient evaluation

The purpose of this function is to determine the type and level of care needed by assessing the needs of the individual patient.

The assessment of each impairment or disability is characterized by the use of specific assessment tools and tests provided for in different protocols.

First evaluation

The first assessment, carried out according to pre-established protocols, is aimed at the qualitative and quantitative definition of:

1. Pathology determining disability and any related or concomitant pathologies.
2. Damages resulting therefrom.
3. Disabilities that motivate taking charge for rehabilitative treatment.
4. Current degree of disability.

The evaluation consists of clinical, instrumental examinations, functional balances in the different dimensions of disability, evaluation of the patient's socio-economic conditions aimed at planning reintegration.

The patient's medical history and physical examination are completed within the first 24 hours and other investigations within the first week of hospitalization or as specified in different protocols.

Further evaluations

On the basis of the first evaluation and the evolution of the clinical and functional picture, periodic evaluations are carried out that ensure the monitoring of the patient and the verification of the achievement of the agreed objectives.

Final evaluation

A final evaluation is carried out before discharge to determine the most appropriate ways to address further rehabilitation and reintegration needs.

Patient care

Care activities are carried out by a multi-professional team that operates according to the criteria of the working group, integrating multidisciplinary skills into the program.

The team develops a program of nursing, specialized medical care and personalized rehabilitation therapies that are formulated by identifying the goals and the interventions necessary to achieve them and provides for the participation of the patient.

In compliance with current regulations, in the implementation of the evaluation and treatment program, the informed consent of the patient for any diagnostic or treatment procedure involving invasive methods or special research protocols is required. Upon discharge, the team defines the needs for assistance and rehabilitation therapies that are formalized in the discharge letter sent to the attending physician; the network of KOS centres is activated for the possible continuation of rehabilitation care as an alternative to a full-time hospitalization.

Medication use

The organization has procedures in place to ensure the correct use of medicines. These procedures are articulated in order to correctly monitor the phases of prescription, distribution, administration, side effects and/or undesirable effects.

Nutrition care

As an integral part of the patient care, nutrition care takes into account his/her needs evaluation, prescription and

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development of the proper nutritional therapy plan, preparation, distribution and administration, monitoring of the nutritional assistance procedure. For patients considered to be at nutritional risk, an interdisciplinary nutrition therapy plan is developed and revised, as needed. The prescription of foods and dietary products is carried out by authorized health staff.

Care continuation

The network organization of rehabilitation services guarantees the continuity of therapies for the disabled person. The offer of hospital services gives the opportunity to define and implement a complete path going along with the subject from the intervention in the acute phase to social reintegration.

Reintegration

The reintegration into the family and social environment of the disabled person is the goal of every rehabilitation process. The possibility of conferring autonomy to the disabled person implies the use of its residual capacities at best so that he/she can leave the different care centres with a high degree of recovery as well as with a baggage of information and knowledge suitable for being able to fully carry out his/her own integration project.

The reintegration project starts, in analogy to the functional recovery project, from the subject's admission into the place of hospitalization.

ACTIVITY TYPE

Rehabilitation interventions

- Functional recovery and re-education with application of the most important procedures currently in use (*neuromotor, cognitive, cognitive-behavioral methods, functional electrical stimulation, etc...*)
- Instrumental physiotherapy
- Speech therapy (*FEES diagnostic service about swallowing studies and Vital stim therapy*)
- Aids prescription
- Sphincter rehabilitation

- Occupational therapy
- Cognitive rehabilitation
- Therapeutic paths through advanced rehabilitative technologies (*khymeglia VRRS, antigravity Treadmill*)

Support activities:

- Social assistance

8.5 How to access

The hospitalization may take place through the Ordinary Acceptance upon written or telephone call by the Public Relations Office (Italian acronym: U.R.P.).

In compliance with current national and regional regulations on the subject, hospitalization is ensured through a program for patients under the following conditions:

- **URI-UGCA hospitalization.**
- **Out-of-hospital hospitalization and SUAP.**

The request for hospitalization can be made by sending a request to the Health Administrative Office from:

- **Rehabilitation of Pesaro Urbino Ward** for post-acute AST 1 patients.
- **A specialized doctor of the Italian NHS** or of a hospital structure affiliated with the NHS for home-visiting or outside the area of the structure, with the authorization of the district to which they belong.

The request can be sent by email to:

- **villafastiggi@kosgroup.com**

In case of acceptance, the request is placed on the waiting list and the expected date of admission is communicated by telephone by the P.R.O (Italian acronym: U.R.P).

The Villa Fastiggi Centre prepares a **Register of hospitalizations** containing the chronological list of requests for admission received.

For each request, a dossier of admission is opened, in which all the activities related to the evaluation of the admissibility of the request and the outcome of the evaluation are recorded.

Relief or support hospitalizations may be activated at this facility, on a private basis, with prior agreement with the applicant.

8.6 Hospitalization acceptance

The Public Relations Office (URP) communicates by telephone or in writing to the user his/her access to the ward on the day established. At the time of hospitalization, the user is given the Service Guide with the rules of the structure and the visiting hours, as well as the list of what is necessary for the hospitalization related to the destination ward.

On the day and time agreed for the start of the hospitalization, the User is directed to the front desk where the person in charge verifies the documents necessary for hospitalization.

Once the administrative formalities have been completed, the patient is taken to the ward where all the useful and necessary information for their stay will be provided, such as: treatment times, medical visits, mealtimes, locations of

8.

the cafeteria services, menu changes, telephones, common rooms, refreshment points, etc. The doctor who accepts the hospitalization provides the User with all possible information regarding the treatments and any diagnostic tests that are intended to be carried out.

Hospitalizations take place from Monday to Friday by 11:00 a.m.

8.6.1 The necessary for your hospitalization

1. Identity card, Italian health insurance card and tax code

Patients (EU or non-EU) must be in possession of a valid identity document to be presented to the Hospitalization Office.

2. Health records

On the day of the hospitalization, it is essential to take with you and deliver all the examinations and other diagnostic tests performed before hospitalization, any health documentation relating to previous hospitalizations to other facilities (e.g. medical records and discharge letters referring to previous hospitalizations, diagnostic and/or radiological investigations, any laboratory tests already performed, etc.), the prescriptions regarding the medicines you usually take. It is important to communicate all the news related to your state of health and any allergies.

3. Request for hospitalisation

Request from the family doctor or public specialist doctor or out-of-hospital doctor.

8.7 Money and valuables

Patients are advised **not to bring valuables and/or large sums of money** for safety reasons.

The Villa Fastiggi Centre is not responsible for any shortages and declines all responsibility in case of theft and for the loss of personal items left unattended during the stay.

Please note that no amount of money should be paid by patients to health staff, neither as a tip nor as a deposit.

8.8 Exit permissions

For the request of ordinary permits for temporary exit that may occur during the day, you can contact the head of the ward.

Extraordinary exit permits (longer than one day) will be issued by the Division Manager.

8.9 Discharge

Once the rehabilitation treatment has been completed, the patient will be discharged. He/she, or his/her family members, will be given a letter of discharge addressed to his/her ordinary doctor containing a summary of all the information relating to hospitalization and directions to follow at home.

The patient may be advised to carry out subsequent checks in specialist clinics.

Discharge normally takes place by 11:00 am.

8.10 Coming back home

Coming back home, the patient must independently notify the family of the date of discharge.

If the patient is unable to do so independently or in any case he/she has difficulties, the social worker or the nurse coordinator will notify the family.

8.11 Connection and coordination with the network of services and other resources of the area

If the patient's conditions do not allow, for health or social reasons, a reintegration into their living environment and there is a need for protected discharge, protocols are provided for the continuity and the socio-health integration between our rehabilitation Centre and the area.

To sum up

ON THE DAY OF HOSPITALIZATION, THE USER MUST BRING WITH HIM:

- A valid identity card
- Italian tax code
- Health insurance card
- Written request for hospitalization
- Any health record/document
- Personal belongings necessary for his/her hygiene (e.g. toothbrush, toothpaste, hairbrush, etc.)
- Comfortable and functional clothes (underwear, pajamas, tracksuit, sport shoes, napkins, etc.)

IT IS FORBIDDEN TO BRING THE FOLLOWING OBJECTS INSIDE THE STRUCTURE:

- Alcoholic drinks
- Unauthorized drugs of illegal substances
- Sharp or cutting objects (e.g. knitting needles, nail scissors)
- Objects that could bother the other users such as TVs, radios and fans, if unauthorized by the Administrative Office
- Food
- Dishware
- Bed sheets

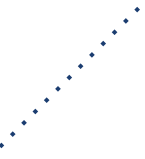




Third section

3

QUALITY, COMMITMENTS AND PROGRAMS



9

Quality standards, commitments and programs

In line with its mission, the structures of the KOS group are oriented towards caring for the person and are committed to the pursuit of quality:

- Provision of intensive rehabilitation services under hospitalization for people with disabilities deriving from diseases of the nervous system and of the locomotor system.
- Provision of intensive out-of-hospital rehabilitation services under the residential regime and extensive out-of-hospital rehabilitation under the residential and semi-residential regime.
- Provision of social and health care residency service for the disabled.

9.1 Quality policy

In line with the fundamental principles, with the vision and mission that guide our activity, the Villa Fastiggi Rehabilitation Centre has as its primary objective:

the complete satisfaction of the needs and expectations of the User and therefore it commits to achieve and maintain a primary reputation in terms of quality of the services provided

to be achieved through constant inclination in pursuit of the following purposes:

- permanently monitoring and evaluation of the user's satisfaction;
- the constant monitoring of the quality of the service provided in order to continuously improve performances and quality;
- the effective participation of the whole staff;
- the full awareness of the whole staff to be an integral and active part of our company;
- the definition of adequate and detailed procedures indicating the realization methods of the management and operational processes;
- continuous training at all levels;
- the realization of appropriate corrective actions to solve any problems and disservices, also felt as an opportunity to seize moments of improvement;
- attention to the safety of users in the performance of health and rehabilitation activities;

attention to corporate social responsibility such as a commitment of the company to pursue a model of sustainable growth, integrating respect for the environment, social and ethical dimension in business activities and creating value for all stakeholders;

- growth of the company culture of safety and health of employees and collaborators in their work in compliance with current legislation;
- the continuous alignment of care and treatment protocols with the standards defined by Scientific Societies and Italian and International Healthcare Organizations.

The Company's quality policy is formalized in a specific document available to all staff and users, to ensure its spreading and understanding at all hierarchical levels.

9.2 Quality indicators and standards

Defining the standards, reference is made to different types of indicators, i.e. "significant facts" that indicate whether the result obtained corresponds to what was intended.

The indicators used for quality monitoring have been chosen in accordance with the provisions of current legislation and are explained in detail in the UNI EN ISO 9001 Quality System documentation.

GENERAL QUALITY STANDARDS

QUALITY REQUIREMENT	INDICATOR	STANDARD
Identification of operators	Each operator is identified through a card indicating his/her identity or his/her qualification and his/her name on the uniform.	100%
Accessibility to facilities	Presence of boards with the map of the structure, containing difference paths with colors with a code. Knocking down architectural barriers and realization of facilitated paths.	Yes

9. QUALITY STANDARDS, COMMITMENTS AND PROGRAMMES

QUALITY REQUIREMENT	INDICATOR	STANDARD
Respect for privacy	Request for informed consent to the use of personal data and application of specific procedures aimed at guarantee the privacy of personal data of the patient according to the current regulation.	100%
Technologies	All implants and equipment are subjected to a periodic maintenance and verification program that guarantee its correct function and safe use by operators.	100%
Education/ training of operators	Training annual plan Registration of training activities in an individual card. Procedures of Integration/coaching of the staff responsible for the assistance of newly hired	100%
Possibility of disservice report	Procedure for complaint management and answer to the user by 30 days from the moment the complaint is received.	100%
Verification of the treatment received	Distribution to the users of evaluation questionnaires to perform observations/suggestions. Presence of boxes where you can send the filled questionnaires in anonymous form. Periodical analysis of collected information by the general Direction.	100%

QUALITY STANDARDS RELATED TO HOSPITALIZATION

QUALITY REQUIREMENT	INDICATOR	STANDARD
Information/ reception	Delivery of informative brochure to all patients before their hospitalization. Application of specific hospitality procedures in the hospitalization wards. Availability of health staff at the moment of the conversation with patients and relatives in defined times.	100%
Informed Consent	Systematic application of company procedure including the informed consent document.	Yes

QUALITY REQUIREMENT	INDICATOR	STANDARD
Catering service	Possibility for the hospitalized User to choose the daily menu. Presence of a dietetic service for elaboration of specific personalized diets. Providing of tableware for the meal. Possibility for relatives to make use of the cafeteria.	100%
Release of medical record	Delivery of a copy of the medical record within 20 days from the request date*	90%
Continuity of care	Writing of a discharge letter for the doctor in charge containing clarifications about: hospitalization type, treatments undertaken, treatment after the discharge Location by the Social worker staff in protected structures, if necessary.	100%
Availability of optional services	Barber/Hairdresser on request Vending machines (warm ad cold beverages, sweets and snacks) ATM.	Yes

* For defined records and already in charge of the Direction office, otherwise within 20 days from the date of arrival of the Medical Record in the Direction office

9.3 Verification tools

The declared quality standards are subject to constant verification with specific methods and tools, which are prepared, managed and monitored by the General Director in collaboration with the Public Relations Office (URP).

In particular, the following tools are used:

- statistical processing and analysis of collected reports and complaints (*they provide information on the type of events of most frequent dissatisfaction*);
- analysis of the perceived quality (*accessibility, information, cleanliness, relationship with staff,...*) realized through the statistical processing of the satisfaction questionnaires received.

The satisfaction questionnaires are handed out as following:

- at the moment of discharge, for patients that are currently hospitalized, and for out-of-hospital users.

The administration of these questionnaires is permanent, systematic and concerns all patients, users of outpatient and/or family services or if appointed by legal representatives or the support administrator.

9.4 Commitments and improvement program

The commitments and improvement programs with respect to the current quality standards are defined by the General Direction, both in line with the company's orientation of aiming at the constant improvement of the services offered, and for the periodic need to adapt to the new requirements coming from the current regional and national legislation, aiming at a better protection of citizens.

9.5 Protection and participation of the Guest

According to current legislation, the protection and participation of the User are carried out through:

- an effective information system on the services provided and on the methods of access the structure;
- the detection of the level of the user's satisfaction with respect to the services received;
- the monitoring of the perceived quality;
- suggestions to the General Direction to ensure the constant adequacy of the structures and services to the User's needs.

The General Direction, in collaboration with the Public Relations Office (U.R.P.) is responsible for these aspects, but, in particular, the latter has the task of taking care of:

- the correct information based on the services provided;
- the detection of the level of Users' satisfaction;
- the collection of complaints and the analysis of problems that hinder full satisfaction;
- making proposals on possible improvements to the services provided.

9.6 Guest Safety

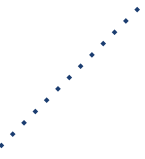
To guarantee the User the utmost serenity during their stay, the Villa Fastiggi Rehabilitation Centre guarantees high safety standards in relation to the different types of risk to which the patient may be subject (*e.g. fire risk, biological risk, accident risk, risk of infections – falls – pressure injuries, etc.*).

For this reason, as part of a broader risk management system, prevention policies have been developed and specific procedures have been activated to keep the most critical and potentially harmful activities under control.

QUALITY FACTORS	STANDARDS/COMMITMENTS
Safety in the use of medicines	Use of a unique therapeutic program
Fall prevention and management	Use of specific procedures released by the General Direction
Infection monitoring	Use of specific procedures released by the General Direction
Monitoring of adverse and sentinel events and near-accidents	Use of Incident Reporting systems

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to you.**

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Villa Fastiggi Centre
Neurological, orthopaedic and cardiopneumological rehabilitation

Piazza Tarquinio Provini, 2 Pesaro
(PU)

0721.437501

villafastiggi@kosgroup.com

kosgroup.com/it/centri/villa-fastiggi

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