



Villa
Sant'Alessandro
Psichiatria

The Service Charter



Villa Sant'Alessandro - Roma

PSYCHIATRIC SPECIALIST CLINIC

The Service Charter was edited by Management



The Service Charter

Dear guest,

we would like you to introduce Villa Sant'Alessandro by means of the Service Charter. This document contains the necessary information to allow you to get to know the services offered by the facility and how to use them, as well as the commitments made to continuously improve the quality of the services themselves. Our aim is to involve you in the continuous improvement of our offer through your suggestions, recommendations and even your complaints. This will give us the opportunity to grow, as your contribution will enable us to improve the services we offer and the satisfaction of our guests. We would like to thank you in advance for your valuable cooperation and will be happy to answer any questions you may have.

The Management



“Health’ is the state of
complete physical,
psychological and social
well-being and not merely
the absence of disease’

OMS

DIRECTOR OF THE FACILITY

Elettra Pozzilli

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CLINICAL COORDINATOR FOR DCA

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1.1 What is the Service Charter?

Provision of the same and the quality standards and informs the user of the methods of protection envisaged. The introduction of the Service Charter as an instrument of protection for citizens originated with the Directive of the President of the Council of Ministers on 27 January 1994 'Principles on the provision of public services'. In the Service Charter Villa Sant'Alessandro declares which services it intends to provide, the methods and quality standards it intends to guarantee and undertakes to respect certain quality and quantity levels, with the intention of monitoring and improving the quality of the service offered.

1.2 Our Values

At Villa Sant'Alessandro we base all our choices and actions on our corporate values. **CENTRALITY OF THE PERSON** For us, this means taking care of people, actively caring for them, providing for their needs and health as 'a state of complete isic, mental and social well-being'. **PROFESSIONALISM** We understand Professionalism as the set of qualities that distinguish the professional such as competence, preparation, professional seriousness, constancy of commitment, thoroughness. Qualities consolidated through constant practice. **RESPONSIBILITY** For us, responsibility means being accountable for acts, events and situations in which everyone plays a role. Obligations that derive from the position everyone occupies, the tasks, the assignments we have taken on. **RESPECT** For us, it is awareness of the rights and values of others.

1.3 Fundamental Principles

EQUALITY

Every Citizen has equal rights regarding access to Health Services. In the provision of the service, no distinction may be made on grounds of sex, race, language, religion or political opinion. **IMPARTIALITY** The Facility is inspired by criteria of impartiality, justice and objectivity. Every Citizen is expected to behave in a manner that respects his/her dignity. **PARTICIPATION** The User has a right of access to information concerning him/her that is in the possession of the provider. This right of access is exercised in the manner regulated by Law No 241 of 7 August 1990. The User may submit briefs, documents and observations and make suggestions for improving the service. Providers periodically acquire the User's evaluation of the

Quality of the Service rendered. **EFFICIENCY AND EFFECTIVENESS** The activity of Villa Sant'Alessandro is aimed at satisfying the health needs of patients as well as continuously improving the quality of the services offered and the care provided.

With reference to the above fundamental principles, Villa Sant'Alessandro undertakes to ensure that - employees, Collaborators and Consultants do not engage in discriminatory conduct that may result in unequal treatment in the provision of services; - patients' personal information, including that concerning their state of health and possible diagnostic or therapeutic procedures, is treated in compliance with the right to privacy.

All the Facility's Employees, Collaborators and Consultants are required to provide Users with clear, simple and exhaustive information regarding the diagnosis of the disease and the proposed clinical protocols. In this way, a process of conscious decision-making and choice on the part of the patient is guaranteed, which is embodied in the so-called 'informed consent'.

The need to obtain the guest's consent to undergo a given treatment is not only a principle enshrined in law, but also a fundamental ethical element in the relationship between patient and medical staff. By signing the consent form, the patient decides independently whether or not to undergo the proposed medical treatment following a full understanding of the diagnosis, the purpose of the treatment, any risks associated with it and possible alternatives.

In order to ensure maximum transparency of information with users, therefore, Villa Sant'Alessandro undertakes to:

- guaranteeing the patient, or his delegate in the cases provided for by law, the most complete and appropriate information on the diagnosis, prognosis, possible alternatives, prospects and foreseeable consequences/complications of the choices made;
- not using misleading and untruthful persuasive instruments of a scientific or other nature; - periodically checking the reports received in order to analyse any feedback and/or complaints from users.

The principles underpinning the activity of admitting, treating and caring for patients at Villa Sant'Alessandro are based on compliance with the reference legislation and the main sector guidelines, and are summarised in the following points:

- clinical governance of all cases through the drafting and implementation of a customised therapeutic-rehabilitation project, constantly updated in the light of the results obtained and emerging problems;
- active involvement in decision-making processes and sharing the rehabilitation pathway with the patient and his or her family/caregivers from the earliest stages of admission, with facilitated moments of listening/confrontation, psychological support, therapeutic education;
- organisation of interdisciplinary and multi-professional team work, coordinated by the doctor in charge of the case, with the active participation of all the professionals;
- constant verification of the appropriateness of healthcare services with respect to the clinical and organisational standards envisaged to promote improvement in the quality of the services and assistance provided;
- staff training through continuous updating of both technical, organisational, relational skills.

2 How to get there

Villa Sant'Alessandro is located in Rome at Via Nomentana, 1362.

BY CAR FROM THE GRA

Proceed north on the A90 then take exit 11 towards Roma Centro/ Nomentano/ Montesacro/Mentana. Keep left to stay on Exit 11 and follow signs for Roma Centro/ Montesacro. Keep right to stay on Exit 11 and follow signs for SP22a/ Nomentana/Mentana/Fonte Nuova. Turn right and take Via Nomentana/ SP22a. The destination is on the right.

FROM THE TIBURTINA STATION From the bus yard next to the station take the Cotral/St. TIBURTINA/VIA NONENTANA/MONTEROTONDO/ get off at the stop 'Nomentana-Dante Da Maiano'/ continue 100m on foot.

FROM THE TERMINI RAILWAY STATION 90 Atac (direction Labia x 10 stops) get off at Adriatico-Lampedusa/337 Atac (direction Via Manzoni Fonte Nuova - Tor Lupara x 17 stops) get off at 'NomentanaDante Da Maiano'/ walk 100m.

3 Presentation

Villa Sant'Alessandro is part of the KOS group and is the result of many years of experience in the psychiatric field gained in different settings: a network of specialist clinics and therapeutic communities (also for minors), with specific skills for taking care of patients of all ages and in all stages of the evolution of the disease, from the acute manifestation to the rehabilitation phase.

The goal is the wellbeing of the person and their psychic, physical and relational recovery. The approach adopted is based on listening and sharing the customised diagnostic and therapeutic plan with a multidisciplinary team, which envisages the active involvement not only of the patient but also of the family and the sending services for a better social and family reintegration of the person at the end of the pathway.

Experience, expertise and multidisciplinary are the distinctive levers of Villa Sant'Alessandro.

3.1 The facility's activity

Villa Sant'Alessandro is a health facility accredited with Deliberazione Giunta n.194 of 22/05/2023 - Official Register Lazio Region U.0568162 25/05/2023 specialising in the area of psychiatric rehabilitation.

The facility configuration is as follows:

Under the operating authorisation regime

In self-insured or with insurance cover

- 30 beds psychiatric residential treatment facility (10 SRSRh24 and 20 SRTRe);
- 10 beds for residential treatment of eating disorders.
- Specialist Ambulatory with the following branches: Neurology, Psychiatry, Cardiology and Nutrition Sciences.

In a contract with the National Health Service:

- 10 beds for residential treatment of eating disorders;

- Psychiatric Therapeutic Rehabilitation Residential Facility (S.R.T.R.) for extensive community treatment 19 p.r.
- Psychiatric Socio-Rehabilitation Residential Facility (S.R.S.R.) for high intensity care (H24) n. 10 p.r.

Our therapeutic offer is centred on the person and provides therapeutic-rehabilitation interventions using the professionalism of expert staff in multidisciplinary teams.

3.2 Characteristics of the therapeutic-rehabilitative intervention

Therapeutic-Rehabilitation Residential Facilities are community-type healthcare facilities for the voluntary global-psychotherapeutic, pharmacological, relational and social treatment of patients with acute, post-acute or sub-acute phase disorders, who cannot be treated at home, who do not require in-patient treatment and who need temporary and specialised care in an alternative daily-life context to the usual one. SRTRe have the following aims:

- to overcome the acute, post-acute or sub-acute phase; - to favour the acquisition of satisfactory relational abilities; - to favour the acquisition of the greatest possible degree of autonomy in order to allow the guest to leave psychiatric care and possible social reintegration (through return to the family or to an autonomous living context supported at home or transfer to a facility of the same type, but with a lower level of intensity of social and health care protection).
- The Guest's inclusion in the module takes place on a voluntary basis through a request made by a doctor from the relevant public facility (territorial competent Mental Health Department), with whom the personal therapeutic rehabilitation project of each Guest is shared, on the basis of the waiting list envisaged by the regional regulations in force and compatible with the congruity of the Guest's clinical and psychopathological conditions with respect to the type of care proposed. The sending clinicians are guaranteed the team's maximum availability for active collaboration, based on reciprocity and effective integration and aimed at comparing clinical progress and fully implementing the proposed therapeutic-rehabilitation project.

3.3 Admission for Nutrition and Eating Disorders

The Guest's inclusion in the module takes place on a voluntary basis:

- under the operating authorisation regime through a request made by a doctor from the territorial competent Mental Health Department.
- In self-insured or with insurance cover.

Nutrition and eating disorders are addressed with psychonutritional rehabilitation in the department specialising in the treatment of eating disorders. The Villa Sant'Alessandro residential rehabilitation facility offers specific programmes for anorexia nervosa, bulimia nervosa, eating disorders not otherwise specified, psychogenic obesity and binge eating disorder (BED). The programme is structured with weekly agreed objectives through specific interviews with the referring



psychiatrist. Weekly psychological support interviews are also conducted and patients participate in daily group psycho-educational sessions. The recovery of healthy eating behaviour and normalisation of body weight have a positive impact not only on physical fitness, but also on psychological and psychiatric symptoms.

Treatment is integrated, multidisciplinary and individualised according to the patient's needs. The team also includes the internist physician and the physiotherapist, with whom the training programme is planned in a special gymnasium inside the department. The patient's path is accompanied by treatment for significant reference figures (family members and partners) in groups or individually (family therapy meetings). There is constant contact with the sending specialists for sharing the treatment project.

Eating disorders Treatment is intended for Patients and family members of Patients with Nutrition and Eating Disorders. Patients follow specific programmes for anorexia nervosa, bulimia nervosa, eating disorders not otherwise specified, psychogenic obesity and binge eating disorder (BED).

The programme is carried out with objectives agreed upon weekly through specific interviews with the referring psychiatrist. Weekly psychological support interviews are also conducted and daily (Monday to Friday) patients participate in group psycho-educational sessions.

The recovery of healthy eating behaviour and the normalisation of body weight induce positive effects not only on physical fitness but also on psychological and psychiatric symptoms. The treatment is integrated, multidisciplinary and individualised according to the patient's needs. The patient's path is accompanied by treatment for significant reference figures (family members and partners) in groups or individually (family therapy meetings). There is constant contact with the sending specialists for sharing the treatment project.

3.4 Treatment and services provided

The Guest's inclusion in the module takes place on a voluntary basis:

- under the operating authorisation regime through a request made by a doctor from the territorial competent Mental Health Department.
- In self-insured or with insurance cover.

The therapeutic-rehabilitative approach is characterised - by the integration of different interventions (pharmacological, psychotherapeutic, technical-rehabilitation, family, social) carried out by a multidisciplinary team; - by the active involvement of the Guest, the family and also, where possible, the community and the reference

territory. An Individual Therapeutic Rehabilitation Project (PTRP) is defined for all guests, shared with the guest, who is actively involved together with the family (where indicated and possible) to optimise its effectiveness.

This plan is divided into a series of interventions:

medical, specialist psychiatric and psychological diagnostic assessment;

All psychiatric rehabilitation programmes are oriented towards the psychic, physical and relational recovery of the guest, aimed at effective and lasting reintegration into the family and social context.

- medical, specialist psychiatric and psychological diagnostic assessment;
- clinical counselling
- psychodiagnostic testing;
- pharmacological and psychotherapeutic treatment of psychiatric pathology (individual and/or group treatment);
- psychiatric rehabilitation intervention;
- social support;
- definition of a post-discharge therapeutic project with the sending service.

The interventions and activities proposed to guests are aimed at activating processes of internal change and global health recovery, reducing the effects of the chronicity of psychic distress and promoting the guest's reintegration into the social and, where possible, work context of reference.

To this end, the following instruments are used

- pharmacological therapy; - psychological therapy; - psycho-educational intervention; - cognitive rehabilitation, metacognitive rehabilitation, social - skills training, problem solving training, artiterapies; - interventions for re-socialisation and inclusion in the socio-environmental context of reference.

Villa Sant'Alessandro's clinical offer is aimed at the treatment and improvement of the following clinical pictures

- resilient disorders; - mood disorders (depression, bipolar disorder, etc.); - anxiety disorders; - personality disorders; - schizophrenic spectrum disorders; - psychotic onset; - pervasive neurodevelopmental disorders in adulthood; - attention deficit hyperactivity disorder in adulthood; - addiction disorders (drug addiction, cocaine addiction, alcohol addiction); - neurological-psychiatric comorbidity; - sleep-wake rhythm disorders; - obsessive compulsive disorder; - post-traumatic stress; - eating disorders.

3.4.1 Resistant disorders

The Centre for Resistant Disorders is intended for the treatment of patients who have not responded to psychiatric drug therapies and who present frequent relapses and chronicity of their disorder. The average length of hospitalisation is 4 to 8 weeks. The objectives pursued are: - Collection of the patient's medical history in order to obtain a correct diagnosis and setting of personalised drug therapy. General medical assessment. - Possible administration of psychodiagnostic tests. - Rehabilitation paths aimed at psycho-education: giving the patient and family members practical knowledge and techniques for managing the pathology.

3.4.2 Mood disorders

The treatment of mood disorders targets patients with unipolar, bipolar, peripartum depression, recurrent and/or resistant depression and cyclothymic disorder. The average length of stay ranges from 4 to 8 weeks. The goals pursued are: - cocaine, alcohol addiction); - Neurological-Psychiatric comorbidity; - sleep-wake rhythm disorders; - obsessive compulsive disorder; - post-traumatic stress; - eating disorders. S

3.4.3 Schizophrenic spectrum disorders

Treatment is intended for patients and family members suffering from schizophrenic spectrum disorders. The average duration of hospitalisation is 4 to 8 weeks.

The objectives pursued are: - Accurate anamnestic collection, drug therapy setting. - Individual and family psychological support interviews. - Setting up the psychiatric rehabilitation project according to techniques recognised by the main guidelines (Cognitive Remediation, Metacognition Training according to Moritz, Social Skills Training, individual and family psycho-education). - Diagnostic assessment. -

Setting of customised pharmacological courses, with possible pharmacological wash-out.

3.4.4 Psychotic onset

Treatment is intended for patients with a first psychotic episode. The average length of hospitalisation is 4 to 8 weeks. The objectives pursued are: - Accurate anamnestic collection, diagnostic definition, pharmacological therapy setting or optimisation. - Individual and family psychological support interviews.

3.4.5 Pervasive neurodevelopmental disorders in adulthood

Attention deficit hyperactivity disorder in adulthood Treatment is intended for patients with Autism spectrum disorders, Asperger's syndrome and mild intellectual disability. The average duration of hospitalisation is 4 to 8 weeks. The objectives pursued are: - Definition of the diagnosis through accurate anamnestic collection and administration of specific tests (clinical and cognitive). - Elaboration of a customised rehabilitation project that often involves a dual track (individual and family therapy). - Teaching of educational-supportive techniques to the patient's family members.

3.4.6 Attention deficit hyperactivity disorder in adulthood

Treatment is intended for patients and family members of patients with ADHD in adults. The average duration of hospitalisation is 4 to 8 weeks. The objectives pursued are: - Definition of the diagnosis through accurate anamnestic collection and administration of specific tests (DIVA- - Setting up of the psychiatric rehabilitation project according to techniques recognised in the scientific literature. -Preparation of an individualised rehabilitation project often involving a dual track (individual and family therapy). - Teaching of educational-supportive techniques to family members. - Setting up specific drug therapy.

3.4.7 Addiction disorders (drugs, cocaine, alcohol)

Treatment is intended for patients with addictions. The average duration of hospitalisation is 6 to 10 weeks. The objectives pursued are - accurate anamnestic collection on addiction and possible comorbidity with psychiatry or other addictions; - accurate objective neurological examination; - management of the first phases of psychological and physical abstinence and monitoring of possible complications, making use of diagnostic tests where appropriate (electromyography-electroneurography, brain magnetic resonance imaging, neuropsychological or psychodiagnostic tests); - psychological support interviews; - drawing up an individualised rehabilitation project.

3.4.8 Neurological-Psychiatric Comorbidity

The treatment is intended for patients suffering from neurological diseases (dementia, Parkinson's disease, headache, epilepsy, multiple sclerosis, strokes and other rarer degenerative diseases such as amyotrophic lateral sclerosis and Huntington's chorea, delirium) due to high comorbidity with psychiatric disorders. The average duration of hospitalisation ranges from 4 to 10 weeks and eventual management of the chronic phase. The objectives pursued are: - Accurate anamnestic collection. - Neurological examination and Level I and, if necessary, Level II neuropsychological tests (specific neuropsychological battery). - Possible in-depth diagnostics (EEG, Magnetic Resonance Imaging of the brain, SPECT DaT-SCAN, PET - the latter two investigations to be performed at another location). - Setting up a more specific pharmacological therapy. - Drawing up a customised rehabilitation project.

3.4.9 Sleep-wake rhythm disorders and delayed sleep phase disorder

Treatment is intended for patients with sleep-wake rhythm disorders. The average duration of hospitalisation is 3 to 6 weeks. The objectives pursued are - Regularisation of sleep quality through non-addictive agents (nutraceutical or pharmacological field). - Psychotherapeutic approach to define a sleep-wake rhythm re-education pathway. - Setting up a rehabilitation programme to manage the effects of sleep disorders: Cognitive Remediation for cognitive disorders, Mindfulness for anxiety disorders, Artiterapies for specific work on communication and emotion management techniques, Problem solving to work on stress management strategies.

3.4.10 Obsessive compulsive disorder

Treatment is intended for OCD patients. The average length of hospitalisation is 4 to 10 weeks. The objectives pursued are: - Accurate anamnestic collection. - Administration of specific tests. - Setting up customised pharmacological courses. - Start of a specific individual and family psychotherapeutic and rehabilitation pathway.

3.4.11 Post-traumatic stress

Treatment is aimed at Paizenti with Post Traumatic Stress Disorder. Post Traumatic Stress Disorder (PTSD) is a highly complex picture that may present itself associated with various psychiatric diagnoses. The clinical approach consists of psycho-educational interventions, in which patients acquire knowledge and skills to control behaviour, nightmares and dissociation. This is followed by specific cognitive-behavioural interventions on the trauma and finally patients work on accepting the emotional experience related to the trauma in order to return to

leading a normal life. The process can be enhanced with EMDR techniques. Possible use of polysomnography for in-depth diagnosis.

The programme can be carried out on an outpatient or residential basis; the latter involves approximately 4 to 8 weeks of hospitalisation. The objectives pursued during admission are: - Accurate anamnestic collection, setting up or optimising drug therapy. - Individual and family psychological support interviews, possibly with application of the EMDR technique. - Setting up of an individualised psychiatric rehabilitation project.

3.4.12 Postpartum and peripartum disorders

Treatment is intended for patients and family members of patients with postpartum and peripartum disorders. The average duration of hospitalisation is 4 to 10 weeks. The objectives pursued are: - Accurate anamnestic collection, setting or optimisation of drug therapy with prescription of drugs according to international guidelines. - Individual and family psychological support interviews. - Constant contact with the patient's reference gynaecology service. - Setting up the psychiatric rehabilitation project.



3.6 Facility layout Villa Sant'Alessandro is located in a modern building that occupies an area of more than 1,300 square metres and has four floors. A large park surrounding the facility and a careful design to overcome architectural barriers are the elements that characterise the Facility.

SEMI-BASEMENT FLOOR - 1

KITCHEN

AMBULATORIES

GROUND FLOOR 0

- Large garden with private, unattended parking area
- Reception
- Lounge and Bar
- Health Management and Administrative Offices
- Outpatient Centre
- 20 beds treatment of eating disorders

FIRST FLOOR

- 10 beds S.R.S.R. with high social-health care intensity (24h/24)
- 19 S.R.T.R. beds for extensive community treatment

SECOND FLOOR

- 10 S.R.S.R. beds for high-intensity social-health care (24h/24)
- 20 S.R.T.R. beds for extensive community treatment

4. INFORMATION AND ACCESS TO SERVICES

These are the opening times of the offices of the facility:

Front office and admissions office

Monday to Friday

From 8:30 a.m. to 7:30 p.m.

ADMINISTRATIVE OFFICES

9:00 a.m. to 5:00 p.m.

Saturday and Sunday

From 8:00 a.m. to 12:30 p.m.

4.1 Information requests

Tel. 06 4140 0356

villasantalessandro@kosgroup.com

4.2 Clinical News and Privacy

The health care staff is available to family members for information regarding the clinical course of the guest (where expressly authorised by the person concerned, if of age) after contacting the health care team by telephone to arrange an appointment.

In the exclusive interest of the Guests, the staff is bound to strict confidentiality regarding all information concerning the Patients and does not provide any information to family members and significant persons unless expressly authorised.

Upon entering the Facility, adequate information is provided and consent to the processing of personal data is requested, in accordance with European Regulation 2016/679 (GDPR).

The information regarding the health status of the guests (special categories of personal data) and those regarding the personal data profile are processed

according to the principles of lawfulness, correctness, transparency, purpose limitation, minimisation, accuracy, integrity, proper storage and confidentiality, in compliance with the professional secrecy provided for by the Health Deontological Codes, in compliance with the regulations in force.

4.3 How to access

in conventions with the national health system

For the SRTRE extensive, SRSR 24h and DCA types of agreement, placement in a Psychiatric Residential Facility, within the Regional Health Service, is carried out exclusively by the Mental Health Centre (CSM), which draws up an Individual Treatment Plan (PTI) for the purposes of assessing appropriateness, which is issued after the Multidisciplinary Assessment Unit (UVM) has evaluated the most appropriate type of care.

If the user is admitted to an SPDC, the request for admission is made by the CSM of residence with the collaboration of the SPDC team.

Upon acceptance, the User must present the following documentation

- Insertion authorisation issued by the Mental Health Centre of the competent ASL;
- health card
- tax code;
- valid identity document;
- any previous health documentation;
- registration card with the Regional Health Service containing the declaration of choice of General doctor and any attestation of exemption from paying co-payments.

Departments with solvent payment

For access to the Solvent Ward, if the referrer is a doctor, he/she may fill in the appropriate Solvent Ward Admission Booking Form, which can be viewed on the facility's website, and send it to the following email address

ricoveri.villasantalessandro@kosgroup.com

Alternatively, the user interested in admission to the Solventi Ward may contact the admissions office directly by email or telephone to request an interview with the medical staff.

Admission, in the event of a positive outcome of the interview with the medical staff, will take place following acceptance of the administrative estimate.

The patient and/or referrer will be contacted by telephone by the administrative staff of the centre, who will notify them of the day and time of admission.

4.4 Waiting lists

For all departments except the private one, placements are scheduled following a waiting list according to the provisions of DCA no. U00188/2015 and smv.

Once the necessary documentation has been received from the Mental Health Centre (aka CSM) of the patient's territorial competence, the Facility adds the name to the internal waiting list and for the Psychiatric Residential Facility forms keeps the waiting list updated on the web portal of the Lazio Region's SIPC information system.

In the SIPC (The Lazio Region Community Psychiatry Information System) a form has been prepared which is visible to all authorised operators and which shows, in anonymous form, the data relative to the requests for inclusion for each Facility and type of care, with the chronology of application submission.

The medical director of the facility promptly updates the waiting list by adding each new request for admission and each cancellation due to admission or cancellation by the User.

In view of a discharge, the Facility notifies the CSM of reference of the User at the top of the waiting list of the forthcoming availability for admission and the CSM will confirm this or notify the User's cancellation or insertion in another Facility.

The CSM Doctor and the person concerned may request information on bookings and waiting times by contacting the Acceptance Office directly.

4.5 Issue of a copy of the Clinical File

The clinic has an appropriate procedure concerning access to the acts, as regulated by Law 241/1990 - that is the discipline that regulates the way in which a copy of the Clinical File is released.

A copy of the Guest's Clinical File may be handed over, at the express request of the guest (or his/her delegate) and/or of the guardian/curator/support administrator with express healthcare proxy and/or legitimate heirs.

At the reception office it is possible to pick up the form to be filled out to make the request, which, if nothing is opposed, allows the copy of the Clinical File to be released in about 30 days from discharge.

5.1 Rooms

Villa Sant'Alessandro was renovated in 2023 and equipped with comfortable and safe furniture.

The rooms are equipped with 1 or 2 beds. All rooms are air-conditioned and have an en-suite bathroom, personal wardrobe and table.

The costs are reimbursed by the SSN through the budget contract with the Asl RM2.

Private payment scheme

the facility offers Guests the possibility of a single room at a cost of € 300.00 per day or a double room at a cost of € 200.00 per day.

According to clinical arrangements, it is also possible to have a caregiver (family member or professional caregiver) in a single room at a cost of € 50.00 per day.

5.2 Hotel Services

Meals are preferably taken in the community room on the ward, but it is also possible to take meals in one's own room with the following service times:

Breakfast 8:00 - 8:30

Lunch 12:00 - 13:00

Dinner 18:45 - 19:30

Meals are provided by an in-house kitchen, which is operated under contract in compliance with current HACCP regulations.

Special diets for specific clinical or religious needs are also available.

Lunch and dinner are eaten in a dedicated dining room to promote the resocialising aspects of mealtimes.

Timetables vary depending on the organisational unit, so we have indicated the service times.

5. LIFE IN THE INSTITUTE

WI-FI

Each guest is given access to a dedicated Wi-Fi network.

TV

Television is available to all guests in the common areas and in the rooms in private accommodation.

GYM

If not specifically provided for in the treatment plan, during the period of recovery it is however possible to access the gym by booking a paid access with a personal trainer at reception.

It is possible for all guests to access the large outdoor park for sports activities.

PARKING

There is ample free parking available for visitors. The car park is unattended.

LAUNDRY SERVICE

It is possible to request this service for a fee at the time of admission or later at the administration office.

5.3 Visiting hours

A reception desk is available at the entrance from 8:30 a.m. to 7:30 p.m. (Mon - Fri) and from 8:00 a.m. to 12:30 p.m. (Sat and Sun).

Admission times for visits are communicated when you first enter the clinic and vary for the different wards. Any specific requirements based on the guest's rehabilitation project are agreed with the health care team.

5.4 Activity workshops

Therapeutic-rehabilitative and re-socialising activities are carried out in dedicated rooms, furnished with the necessary equipment for workshops and groups.

Patient safety and compliance with appropriate hygiene standards are guaranteed through appropriate organisational procedures.

5.5 Common areas

Guests can make use of comfortable common areas in all modules and a common living room. From the lounge it is possible to access a large green park available to Guests.

Bar

open on weekdays from 8:00 to 17:30 and on Saturdays from 8:00 to 13:00.

6 CITIZEN PROTECTION TOOLS

6.1 Satisfaction questionnaires and complaints

At the time of discharge, the guest receives a questionnaire assessing perceived quality. Using this form, the patient can anonymously express his or her satisfaction with the health and administrative services provided at the facility; once completed, the questionnaire must be delivered to a special box located in the lounge-bar.

Each guest can use the Qr codes on posters in the facility, or by making a request to the reception desk, to fill in the satisfaction questionnaire on a dedicated application.

The questionnaire will be anonymous and collecting your suggestions, complaints or liking will help us improve our work.

These questionnaires are promptly examined to handle any critical issues, and periodically processed into reports to document the degree of user satisfaction and identify appropriate improvement actions where necessary.

Every six months, the Management prepares a report on perceived quality. The Facility publishes on the corporate website the data relating to the process of monitoring the quality perceived by guests.

The Facility guarantees the function of protection for users also through the possibility of filing a complaint following a disservice, act or behaviour which has denied or limited the use of services.

The complaint may be submitted by the user or by recognised representative associations or bodies, by completing and signing a written communication (letter, email).

The contact person for complaints is the Facility Director, who can be contacted using the following numbers

- **By telephone on the facility's reception number 06 41400356.**
- **By email at: villasantalessandro@kosgroup.com.**
- **By registered mail at Via Nomentana 1362 -00137 Rome.**

Complaints must normally be lodged within 15 days from the time when the person concerned became aware of the act or conduct prejudicial to his rights.

In special cases, however, the facility may also assess complaints submitted after this deadline.

The Management undertakes to respond in writing to complaints within 15 days; in particular cases, a reduction in waiting time is envisaged in order to allow for a timely resolution of the reported criticality

7 Rights and duties of the user

The pursuit of the principles that inspire the company's choices and the fulfilment of the commitments made in the provision of services, presupposes a constructive collaboration between the patient, family members and professionals, aimed at the achievement of the common goal: the Quality of the Service Provided. In the interest of everyone, we propose a brief list of the rights and duties of those who access the Kos Group facilities, which we reproduce here as a guarantee of sharing and mutual commitment.

7.1 Rights

ARTICLE 1

Right to dignity.

ARTICLE 2

Right to confidentiality in accordance with the law in force.

ARTICLE 3

Right to identification of the operator by means of an identification card.

ARTICLE 4

Right to be listened to with respect, kindness and competence.

ARTICLE 5

Right to timely, clear, comprehensive, up-to-date and comprehensible information.

ARTICLE 6

The right to know the purposes and modalities of appropriate health care provision and to trust in a relationship of trust with the person in charge of the therapeutic project and the team.

ARTICLE 7

Right to be assisted by qualified personnel.

ARTICLE 8

The right to a guarantee that the institution will provide professionals with the diagnostic and therapeutic tools and scientific updates necessary to provide the most appropriate services, enabling them to act in accordance with science and conscience and in compliance with ethical and deontological codes.

ARTICLE 9

Right to know the conditions of stay and the costs of the benefits and services requested.

ARTICLE 10

Right of family members to receive information within the limits permitted by respect for privacy and the user's wishes.

ARTICLE 11

The right to complain and to know the outcome, to make proposals and suggestions in verbal and written form.

ARTICLE 12

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

ARTICLE 13

Right to transparency.

7.2 user duties

Direct participation in the accomplishment of certain duties is the basis for the full enjoyment of one's rights. Personal allegiance to duties is a sign of respect for the social community and for the health services enjoyed by all citizens. Fulfilling a duty means improving the quality of the services provided by the health services.

ARTICLE 1

It is the duty to maintain a responsible attitude towards patients, avoiding any behaviour that may cause disturbance (noise, bright lights, radio, loud TV, mobile phones, etc).

ARTICLE 2

It is the duty of patients and their relatives to maintain a respectful and collaborative behaviour with all the facility's staff and with the Medical Management.

ARTICLE 3

It is the patients' duty to follow the therapeutic prescriptions and behavioural indications received, in order to guarantee the best possible outcome of treatment.

ARTICLE 4

It is the duty of patients to respect the environment, equipment and furniture present within the facility.

ARTICLE 5

Every person shall have the right to correct information on the organisation of the health care facility, but it shall be his or her duty to receive such information at the appropriate times and in the appropriate context.

ARTICLE 6

It is the duty of every patient to inform health care staff in a timely manner of his or her intention to renounce scheduled services and health care, in order to avoid wastage of resources.

ARTICLE 7

It is the duty of every patient to smoke only where permitted, in order to preserve the health of the community.

8.1 How to enter the Villa Sant'Alessandro psychiatric clinic

Admission to the Villa Sant'Alessandro represents a moment of care aimed at applying the best neuropsychiatric therapeutic possibilities, in pharmacological and non-pharmacological terms. The facility's clinical offer envisages specific, complete and customised diagnostic and therapeutic protocols (Care Pathways) to achieve the best results in the shortest possible time.

The therapeutic protocols include an in-patient phase and a post-rehab phase, which can be applied on an out-patient basis or by teleconsultation, to allow the results achieved during the in-patient period to be consolidated.

Villa Sant'Alessandro admits patients in two different care regimes.

- Convention with the SSN:

- Department of Eating Disorders;

- Residential Therapeutic Rehabilitation Facility for extensive community treatment;
- H24 Socio-Rehabilitation Residential Facility.

Private regime:

- SRTRe and SRSRh24 for psychiatric rehabilitation;
- nutrition and eating disorders.

CONTRACTED WARDS

For access to wards in agreement with the National Health Service it is necessary to receive a request for admission from the Mental Health Centre of the patient's territorial competence.

The Mental Health Centre will email the UVM and the doctor's referral for recovery to the admissions office.

The admissions office will reply communicating availability for admission with date and time of admission. If a bed is not available, the applicant will be placed on the regional waiting list.

The facility accepts patients from all over Italy on a voluntary basis, in agreement with the National Health Service.

It also welcomes European Union citizens in possession of a document proving Public Health Assistance in their country of origin and citizens of other countries that have signed reciprocity agreements with Italy.

The assessment of suitability for hospitalisation and the most suitable treatment context is carried out jointly by the specialist of the in-house team and the sending doctor on the basis of the characteristics of the psychiatric disorder, the psychopathological state, the intensity of care required, and the objectives of hospitalisation and organic conditions.

PRIVATE PAYMENT DEPARTMENTS

- Eating Behaviour Disorders (EAD)
- SRTRe and SRSRh24: Psychiatric residential facility for socio-medical rehabilitation

For access if the referrer is a doctor, he/she can fill in the appropriate

8. ADMISSION PAYMENT DEPARTMENTS

"Booking Form" for Admission to the Solventi Ward, which can be viewed on the facility's website and sent to the following email address

ricoveri.villasantalessandro@kosgroup.com

Alternatively, users interested in admission may **contact the admissions office directly by email or telephone** to request an interview with the medical staff.

Admission will take place following acceptance of the administrative estimate and following the evaluation by the healthcare team.

The patient and/or referrer will be contacted by telephone by the facility's staff, who will announce the day and time of admission.

8.2 During the recovery phase

In the residential modules, healthcare activity is carried out on a daily continuous cycle, with 24-hour presence of healthcare staff according to the standards required by the relevant regional law.

The therapeutic activity includes the following interventions In-depth diagnostic assessment of the patient with a dimensional-multimodal approach (psychiatric history, family history-psycho-neurological objective examination, identification of the patient's basic temperament, psychiatric pharmacological history).

- Administration of specific psychometric tests at the patient's admission, during hospitalisation and at discharge.
- Diagnostic investigation by means of psychodiagnostic assessment, neuropsychological evaluation, instrumental tests.
- Constant sharing of information with the referring physician (also via video-call).

Early intervention on the reintroduction of a correct lifestyle (focus on sleep-wake rhythm, diet, physical activity) through a rehabilitation model of Psychoeducation to Health (Lifestyle Change).

- Setting up of an individualised rehabilitation project. Within the modules, individual and group activities are carried out to support the patient in different areas of therapeutic-rehabilitation intervention, such as:

- Self-care. - Managing one's own health and learning healthy lifestyles.
- Care of one's own living space.
- Participation in group life.
- Emotional-relational skills and aggression management.
- Money management.
- Autonomy in travelling and in the use of communication technologies.
- Preparation and support for work, recreational, play; motor and expressive activities, both individual and group. All users, regardless of the specifics of individual therapeutic-rehabilitation projects, will benefit from the following services
-

Clinical discussion on the objectives of admission between the admitting doctor and the doctors of our team. - Clinical assessment and diagnostic framing according to DSM-5 diagnostic criteria.

- Customisation of the therapeutic and/or rehabilitation project, based on the treatment objectives agreed upon with the user and his or her Referrer.
- Interviews with family members or persons significant to the User if expressly authorised by them.
- Psychiatric and/or psychological interviews, with constant therapeutic-rehabilitation updates.

8.3 The day of admission

On the day and time agreed for the start of admission, the patient is directed to the admissions office where the person in charge checks the documents required for admission.

Lack of the required documents does not allow admission.

Once the administrative formalities have been completed, the patient is referred to the specialist doctor who will carry out the clinical history and psychiatric evaluation.

The patient will be provided with all the useful and necessary information for his or her stay, such as: treatment schedules, medical examinations, meal times, menu changes, telephones, communal rooms, family visits, refreshment facilities, etc.

The admitting doctor provides the patient with all possible information regarding the treatments and any diagnostic examinations to be carried out.

8.3.1 What to bring for admission

1. Identity card, health card and tax code Patients (EU or non-EU) must be in possession of a valid identity document to be presented to the Admissions Office.

2. Health documentation On the day of admission, it is essential to bring with you and hand over all examinations and other diagnostic tests carried out before admission, any health documentation relating to previous admissions, including those to other facilities (e.g. medical records and discharge letters referring to previous admissions, diagnostic and/or radiological investigations, any laboratory tests already carried out, etc.), prescriptions concerning the medicines you usually take. It is important to communicate all information regarding one's state of health and any allergies.

3. Clothing Given the presence of communal socialising areas and a large surrounding park, comfortable and functional clothing is recommended, at the patient's discretion.

4. Recommended personal hygiene materials

Any beauty products but not in glass containers (face creams, make-up, hair products, etc.); -

Nail files in cardboard and no sharp objects; - Comb and brush. - Electric razor;

IT IS FORBIDDEN TO BRING THE FOLLOWING OBJECTS INTO THE CLINIC:

- valid identity card - health card with social security number - any medical documentation - current medication - personal effects necessary for hygiene (e.g. toothbrush, toothpaste, soap, shower gel, deodorant, comb, shampoo etc.) - Towels - Comfortable and functional personal clothing (underwear, pyjamas, tracksuits, trainers, handkerchiefs, etc.) - Alcoholic beverages - Unauthorised drugs or illegal substances - Sharp or pointed objects (e.g. knitting needles, scissors) - Household appliances, even small ones, such as radios, fans, kettles, etc. - Food - Crockery - Bed linen

8.3.2 Money and valuables

Guests are advised to keep only small sums of money and/or objects of little value in their rooms, since, despite surveillance, it is impossible to exclude the occurrence of unpleasant episodes, for which the Facility cannot accept any responsibility.

Guests are reminded that no sums of money must be paid by patients to healthcare staff, either as a tip or as a deposit.

8.4 Exit permits

In order to guarantee regular care and therapeutic activities, in-patients are not allowed to leave the Facility. Any exit permits requested must be authorised by the Medical Staff. A patient who leaves the Facility without the Management's permission may be discharged immediately.

8.5 Discharge

Discharge is ordered by the Medical Team. Upon discharge, after the final interview, a discharge letter will be delivered to the attending physician, which will include the final diagnosis, the list of clinical activities performed during hospitalisation, therapeutic proposals and anything else deemed appropriate. Voluntary discharges, which are not ordered by the medical staff, are only effected after the patient or the responsible family member has signed an assumption of responsibility.

8.6 Post-hospitalisation

- In facility: specialist outpatient visits in presence;

- Tele-consultation: a tool to assist patients who cannot visit the facility on a continuous basis and allows the patient to be followed in his or her own environment.

8.7 Outpatient services

At the Villa Sant'Alessandro outpatient services can be provided, which may concern all programmes (including family groups) and are related to the assessment phase for eligibility for hospitalisation, or as specialist consultancy for outpatients, or even as follow-up of complex clinical situations, in order to favour the reinforcement and development of the learned compensation strategies, in agreement with the patient's health care referral.

The above-mentioned services include

- psychiatric specialist examinations
- specialist neurological examinations;
- specialist cardiological examinations, with ECG, echocardiogram, cardiac and pressure Holter tests;
- specialist examinations for the treatment of eating disorders through a multidisciplinary team (nutritionist, psychologist, dietician, psychiatrist);
- nutritionist, dietician;
- individual and group psychotherapy;
- individual and group psychiatric rehabilitation sessions;
- Mindfulness sessions with integration of virtual reality techniques;
- Mindfulness group;
- theatre therapy group;
- psychodiagnostic and neuropsychological assessment service.

Visits can be booked online on the website, by email or by calling the facility's switchboard.

ambulatorio.villasantalessandro@kosgroup.com

Tel. 06 4140 0356

9 Standard di qualità, impegni e programmi

In line with their mission, the facilities of the Kos Care Group are oriented towards caring for people and are committed to quality.

9.1 How quality is understood

Current regulations require that the Service Charter expresses the Clinic's quality standards with regard to the aspects that each guest or their relative can personally experience in the environment and in their relationship with the staff: this is why we speak, in this case, of perceived quality.

Therefore, the standards of technical-professional quality of services and efficiency of work processes are not considered in the Service Charter, since the evaluation of these aspects requires special tools and methodologies, delegated to the internal Quality Service and to the relevant Local Health Authority.

And herein lies the real challenge of the Service Charter: the attention that is demanded of operators on certain aspects of quality, stimulates them to jointly consider all aspects of quality, especially those linked to their own technical-professional activities, in a global vision of quality that focuses attention on the overall result of the services provided and seeks the satisfaction of the Guest's expectations.

Quality is in fact defined by the meeting of two areas of needs: those of the Guest and those of the operators who must provide services that are as satisfactory as possible. In this perspective, quality is 'global', since it is developed by combining the quality perceived directly by the people, the technical-professional quality, and the quality provided in the work processes.

This encourages interaction between the activities carried out by the various professionals working in the Clinic, in a human and environmental context that respects people's dignity.

- The Service Charter considers quality with regard to the following aspects
- the accessibility, orientation and welcome;
- the simplicity of procedures; - the accuracy of information
- the comfort of the environment;
- attention to the needs of Guests;

- the 'human' relationship with staff;
- waiting times for services to be provided.

9.2 Indicators and quality standards

In defining standards, reference is made to different types of indicators, i.e. 'significant facts' that tell us whether the result obtained corresponds to what was intended.

Indicators :

- structural and organisational compliance with the regulatory requirements and standards laid down in the authorisation and accreditation regulations for healthcare facilities;
- process indicators: timeliness of staff intervention in the event of a bell call, periodicity of cleaning and environmental sanitisation, choice of alternative dishes on the menu;
- of satisfactory / unsatisfactory events (e.g. positive / negative judgements expressed by Guests and/or Family members with respect to the services provided);
- of sentinel events, i.e. situations that should never occur and which alone indicate poor quality (for example poor assistance, unsatisfactory food, poor cleanliness). The indicators used to monitor quality in the Clinic were chosen in compliance with the provisions of the regulations in force.

AREAS

prior information on the admission arrangements: guarantee of support in dealing with the paperwork necessary for admission

STANDARDS/COMMITMENTS

Availability to provide information in person or by telephone on all information relevant to admission.

ENVIRONMENTS

Clarity of information on services offered

STANDARDS/COMMITMENTS

Assurance that clear and precise information is always provided verbally by staff and in writing in the Service Charter, which can be downloaded from the company website and WWW.KOSGROUP.COM

AREAS

Ease of obtaining copies of medical records

STANDARDS/COMMITMENTS

The Service Charter and the reception office provide guidance on how to obtain a copy of the medical record.

ENVIRONMENTS

Time of issue

STANDARDS/COMMITMENTS

As per legislation (Law No. 24/2017), delivery of the copy of the medical record is guaranteed within 7 working days.

9.5 Listening, suggestions and complaints

QUALITY FACTORS

Opportunity to express one's opinion on the services received

STANDARDS/COMMITMENTS

Delivery to all patients of satisfaction questionnaires for evaluating the services received, to be given to healthcare and/or administrative staff or to be placed anonymously in a special box. However, it is always possible to request

QUALITY FACTORS

Acceptance of complaints

STANDARDS/COMMITMENTS

All staff are responsible for collecting complaints and forwarding them to the management. There is a maximum response time of 15 days.

9.6 Hotel services

QUALITY FACTORS

Cleanliness of in-patient and social areas

STANDARDS/COMMITMENTS

Ensure maximum care of the patient areas in the facility.

QUALITY FACTORS

Comfort of in-patient rooms

STANDARDS/COMMITMENTS

All rooms guarantee comfort levels in line with the safety levels required by the clinical conditions of the patients, to protect the health of all users.

QUALITY FACTORS

Hospitality

STANDARDS/COMMITMENTS

The group is committed to displaying clear and effective internal signage to facilitate orientation for all users.

QUALITY FACTORS

Absence of architectural barriers

STANDARDS/COMMITMENTS

The facility is free of architectural barriers to ensure equal accessibility for all people.

QUALITY FACTORS

Personalised meals

STANDARDS/COMMITMENTS

All users are guaranteed the possibility of choosing meals from a menu that allows for respect of religious traditions, customs and traditions.

QUALITY FACTORS

Presence of common areas

STANDARDS/COMMITMENTS

The clinic is equipped with - in-patient areas - indoor and outdoor socialising areas
- large park - BAR and drink vending machines

9.7 QUALITY STANDARDS, COMMITMENTS AND PROGRAMMES

The declared quality standards are constantly verified with specific methods and tools, prepared, managed and monitored by the Facility's Management. In particular, the following tools are used

- statistical processing of complaints received (they provide information on the type of events of most frequent dissatisfaction)
- monitoring grids aimed at verifying the maintenance of the accreditation requirements provided for by the regulations in force and observation of significant indicators in relation to the various aspects of perceived quality (accessibility, information, cleanliness, relations with staff);
- questionnaires on the level of satisfaction with the services received (reception arrangements, entertainment activities, assistance provided);
- the Clinic's operators are subject to monitoring on the satisfaction of the working environment.

9.8 Commitments and improvement programme

Commitments and improvement programmes with respect to the current quality standards are defined by the Management, both in keeping with the company's orientation of striving for constant improvement in the services offered to Guests, and for the periodic need to adapt to the new requests coming from national and regional regulations, aimed at better protecting citizens.

9.9 Protection and participation of the Guest

According to current legislation, the protection and participation of Guests is achieved through - an effective information system on the services provided and the

methods of access; - the detection of the level of user satisfaction with the services received; - monitoring of perceived quality; - suggestions to the Management to ensure the constant adequacy of facilities and services to the Guest's needs. These aspects are taken care of by the Management with the multi-professional team, which is responsible for - the reception of new Guests and the relationship with them throughout their stay; - the correct basic information on the services provided; - the detection of the Guest's level of satisfaction; - the collection of complaints and the analysis of the problems that hinder full satisfaction; - the making of proposals on possible improvements to the services provided.

9.10 Guest safety

In order to guarantee Guests absolute serenity during their stay, the Facility guarantees high safety standards in relation to different types of risk (e.g. fire risk, biological risk, accident risk, etc.). For this reason, as part of a broader clinical risk prevention and management system, specific procedures have been put in place.

The company Risk Management Plan is published on the company website in conformity with the regulations in force. Below are some safety rules that each patient must comply with.

SAFETY PRINCIPLES

THE PATIENT SHOULD:

- Always introduce himself to every new doctor with whom he deals, indicating his first and last name.
- Perform thorough hand hygiene often.
- Always report any allergies or intolerances.
- Use closed slippers. In case of previous falls in one's medical history, it is important to report this to the doctor and nurses. For the prevention of falls, a specific ad hoc procedure is implemented to identify patients potentially at risk in advance and protect their safety through specific preventive measures



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