

Charter of Services

Vaclav Vojta Rehabilitation Center

2018 Charter of Services



SOCIETA' COOPERATIVA
VACLAV VOJTA
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Vaclav Vojta Rehabilitation Center

Dear Guest,

I have the pleasure of presenting our "Charter of Services" to you.

This document will enable us to improve the quality of services we offer, thanks also to your kind and valuable participation.

The goal of our daily activity is to give you a qualified rehabilitation offering through our expertise, professionalism, and the humanity of those who work in our organization in various roles.

We thank you for your active support. Please consider our personnel to be at your disposal to provide any information and fulfill any need not described in the Charter of Services.

The Management

Vaclav Vojta Rehabilitation Center

The Vaclav Vojta Cooperative was founded in 1978 by Doctor Angelo Boni and his wife Jaroslava Havel "Jarka", a Czech physical therapist who was the student of Prof. V. Vojta and a small group of Italian physical therapists.

It is currently a Social Cooperative registered in the Nonprofit registry and accredited by the SSN (National Health Service) under DCA Accreditation no. U00301/2013.

The "**Charter of Services**" of the Vaclav Vojta Cooperative is essentially dedicated to facilitating the use of services offered to our users. It may furthermore also be considered a tool for the protection of health, as it offers the Citizen-User the possibility to effectively monitor the services provided and their quality.

Through this document, the Cooperative wishes to foster behaviors which are conducive to improving the relationship between the public agency and citizens.

The present document is the fourth revision of the "Charter of Services" of the Vaclav Vojta Cooperative. It will continue to be subject to ongoing checks and additions in order to achieve the improvement goals established by the Cooperative itself.

The information contained in this document has been updated as of April 2018.

Changes to the rules, services, and opening times shown may occur after this date; clarifications and additional information may be requested by telephoning the Cooperative numbers shown in this document. The contents of the present document are available in their entirety on the site of the Vaclav Vojta Cooperative

www.centrovojta.com

Historical background

The activities of the "VACLAV VOJTA" Rehabilitation Center date back to 1970, when, under a different name, a group of young therapists who were the founding partners began to dedicate themselves to assisting Patients. In those years, the modern concept of rehabilitation was practically unknown. An innovative process thus began which, fed by the growth of ideas, initiatives, and new methodologies, gave rise to the first functional rehabilitation, social and work reintegration, and sports therapy programs.

The cooperative was founded and took on the "VACLAV VOJTA Rehabilitation Center" name in 1978. It subsequently relocated to the current building in via Pincherle in the VIII Municipality area.



Sala Jarka

In the founding document of the Cooperative the following mission is highlighted: "...rehabilitation and/or assistance to any person, with a particular focus on the activities to be provided to persons of various abilities, in all its forms and to anyone who might find himself or herself in such a situation..."

...Promotion of training in the early treatment of children with brain damage according to the Vojta method...

...enhancing the potential and opportunities for social integration of persons with various levels of ability and performing scholastic and work integration..."

In this context, the study and application of the Vojta therapy, supported by ongoing medical examinations and courses by Prof. Vojta, has made the Cooperative the national reference center for this methodology. Throughout the years, in fact, the process of continuous research and growth of neurological and rehabilitation knowledge has further promoted the application of other rehabilitation techniques which are currently regularly used as part of the Vojta therapy in order to more completely achieve the goals of the rehabilitation project.



Section One – Presentation of the Vaclav Vojta Rehabilitation Center

The Vaclav Vojta Rehabilitation Center is housed in a modern high-tech five story building, located in an area which is rich in greenery in the center of the city.

The structure was built free of architectural barriers and fulfills the most modern organizational, technological, and qualitative requirements for rehabilitation services. It is surrounded by a vast, welcoming garden equipped with play equipment for children.

In compliance with its accreditation (DCA no, U00301/2013), the Center offers:

- 347 individual URA - UREE - URV ambulatory rehabilitation projects
- 130 individual URSR semi-residential rehabilitation projects

Access to individual rehabilitation projects accredited with the Servizio Sanitario Nazionale (National Health Service) occurs in compliance with the parameters dictated by DGR 583 of 2002, DPCA 39 of 2012, and DCA 159 of 2016.

Adult Rehabilitation and Child and Adolescent Dysmorphism Unit (URA)

Doctor in Charge: Dr. Stefania Cruciani

The Adult Rehabilitation and Child and Adolescent Dysmorphism Unit (URA) was founded in 2008 and handles the main neurological pathologies of adulthood in a subacute phase as well as the management of dysmorphisms of children and adolescents.

Rehabilitation interventions, in accordance with the Ministry of Health's rehabilitation guidelines, have the goal of:

- recovering lost functional skills, subject to the constraints of the underlying pathology, in particular in Patients who have overcome acute and immediately post-acute phases
- responding to the need to slow down the loss of function in cases of chronic degenerative diseases by reducing the factors which favor their progression
- the preservation of any residual functional capacity in Patients affected by stabilized outcomes of complex pathologies
- the opportunity to find formulas which facilitate alternatives
- the improvement of the Patient's quality of life and the attainment of a better level of function and possible social participation.

These are performed through the development of an individual rehabilitation plan defined by a multidisciplinary rehabilitation team in which the rehabilitation goals are defined, using the bio-psycho-social model as a reference, and having established the schedules, types of interventions, and professionals involved. The total care of the Patient is undertaken in compliance with governing regulations.

Dr. Stefania Cruciani is the Director in Charge – a specialist in neurology; Department Doctors responsible for rehabilitation projects are: Dr. Caterina Pauletti – specialist in neurology; Dr. Sabina Pellanera – specialist in physical medicine and rehabilitation; Dr. Marila Servidio – specialist in physical medicine and rehabilitation.

The multidisciplinary team also includes:

- 2 Psychologists
- 17 Physical Therapists
- 2 Speech Therapists
- 1 Occupational Therapist

The main pathologies we handle include:

- Multiple Sclerosis
- Myeloid lesions
- Outcomes of cerebro-vascular pathologies
- Parkinson's disease and other neurodegenerative pathologies
- Traumas of the peripheral nerves or intracranial traumas
- Rare neurological pathologies
- Child and adolescent Scoliosis
- Child and adolescent connective tissue disorders
- Outcomes of serious burns
- The department is also a reference point for rare diseases such as Osteogenesis Imperfecta and Ehlers-Danlos Syndrome.

The unit comprises the following services:

- Neuromotor rehabilitation service: the principal neuromotor techniques used are: Vojta Therapy, Cognitive therapeutic exercises according to Perfetti, Proprioceptive Neuromuscular Facilitations – Kabat method. Our personnel is also trained in Global Postural Rehabilitation courses (Souchard method), Mezieres Postural Rehabilitation, Manual therapy (McKenzie, Mulligan, Maitland), functional bandaging, manual lymphatic drainage and Osteopathy (our personnel is registered in the Italian Osteopath Registry)
- Hydrokinetic therapy service
- Speech therapy service
- Occupational therapy service
- Psychological and cognitive support service
- Specialized consultation services (neurology, physiatry, genetics, angiology, cardiology)

Child and Adolescent Rehabilitation Unit (UREE)

Doctor in Charge: Dr. Maria Letizia Bianco

The Child and Adolescent Rehabilitation Unit (UREE) provides treatments in an ambulatory program with extensive applications to individuals with complex pathologies in childhood or adolescence (Law 583/ of 2002).

In accordance with the Ministry of Health's guidelines for rehabilitation (2011), a rehabilitation intervention has the following goals:

- evoking a skill which has not appeared yet in the course of development;
- recovering a functional skill which was lost due to pathological reasons;
- prevention of the insurgence of secondary injuries from grafting;
- providing the ability to find alternative facilitation formulas;
- facilitating the development of skills which will be useful to integrate the minor in a social, family, and school setting.

The Doctor in Charge who coordinates the rehabilitation team is Dr. Maria Letizia Bianco, specialist in infantile neuropsychiatry.

Department Doctors who manage rehabilitation projects are: Dr. Biagio Umberto Risina, specialist in infantile neuropsychiatry and director of neonatal projects; Caterina Piedimonte – specialist in infantile neuropsychiatry; Dr. Benedetta Bellini – specialist in infantile neuropsychiatry.

The activities of the service are provided by a multidisciplinary team consisting of:

- 1 psychologist,
- 1 pedagogist,
- 20 rehabilitation technicians: 8 physical therapists, 7 early childhood and adolescent neuropsychomotricity therapists (T.N.P.E.E.), 2 occupational therapists, 7 speech therapists.

Members of the multidisciplinary team have:

Specific training in the use of the Feuerstein method, both for evaluation of the potential for learning and for the application of the same;

personnel qualified in applying the principal neuromotor recovery techniques (Vojta therapy, craniosacral, global posture rehabilitation, hydrokinetic therapy, Bobath therapy, Functional Bandaging);

personnel qualified and authorized for alternative augmentive communication, in the use of PECS, cognitive behavioral techniques, and infantile massage;

personnel authorized to perform the Audio-Phono-Psychomotor method (Drezancic).

Services Provided:

- Speech therapy rehabilitation
- Early childhood and adolescent neuropsychomotricity therapy
- Occupational therapy
- Neuromotor rehabilitation
- Cognitive support using the Feuerstein method
- Specialized consultation services (physiatric, genetic)

Pathologies subject to intervention:

- infantile cerebral paralysis,
- obstetric paralysis
- intellectual disabilities
- genetic and metabolic paralysis
- chromosomal pathologies
- congenital pathologies of the nervous system (spina bifida, agenesis of the corpus callosum, etc.)
- congenital malformations of the musculoskeletal system (Torticollis, plagiocephaly, arthrogryposis, congenital clubfoot);
- linguistic and communications disorders (specific language disorders both in expression and verbal comprehension; communications disorders).
- Developmental disorders (pervasive developmental disorders including autistic and autism spectrum forms)
- Disorders in school learning (developmental dyslexia, dysgraphia, dyscalculia).
- Specific disorders of motor coordination
- Psychomotor delays
- Hereditary and degenerative diseases of the PNS and CNS

Vascular Rehabilitation Unit (URV)

Doctor in Charge Dr. Antonio Mander

The Doctor in Charge who manages the rehabilitation team is Dr. Antonio Mander, specialist in angiology and vascular surgery.

The service offers the possibility to receive rehabilitation treatment for Patients affected by vascular pathologies:

- Primary Lymphedema
- Secondary Lymphedema
- Obliterating Arteriopathies of the lower extremities
- Thoracic outlet syndrome
- Phleboopathies with CEAP >3

- Secondary disabilities or oncological disabilities related to the breast, utero-ovaries, prostate, thyroid, larynx and melanoma.

The services offered by the Center are based on an integrated rehabilitation process:

- Specialized medical examination (doctor, psychologist, rehabilitation therapist)
- Additional key evaluations (Echo Color Doppler, ECG, Echocardiogram)
- Personalized rehabilitation treatment plan
- Pre- and post-treatment functional evaluation

Rehabilitation treatment includes the following techniques:

- Manual lymphatic drainage
- Elastic compressive bandaging
- Sequential pressure therapy
- Shockwave therapy
- Hydrokinetic therapy
- Global Postural Reeducation
- Physical Training (Treadmill, Stationary Bicycle, Arm Cycle Ergometer)

Semi-residential Rehabilitation Unit (URSR)

Doctor in Charge: Dr. Domenico Serranò

Rehabilitation treatment in a semi-residential setting is directed at Patients affected by mental retardation of varying degree, behavioral impediments, and various degrees of lack of autonomy.

The duration of the rehabilitation project is defined by the Patient's ASL (Local Health Unit) and may vary from 60 to 180 days; a request by the Center for an additional continuation of the project after the end of the initial period must be approved by the Patient's ASL.

The Managing Director of the department is Dr. Domenico Serranò, specialist in psychiatry.

The department doctors, who are responsible for rehabilitation projects are: Dr. Francesca Micacchi, specialist in neurology, and Dr. Francesca Tango, specialist in neurology.

Dr. Pierluigi Lucini, surgeon, is also involved in clinical activity.

The multidisciplinary team also includes:

- 1 nurse,
- 1 pedagogist
- 1 social worker
- 2 physical therapists
- 1 speech therapist
- 2 occupational therapists
- 10 educators
- 14 social and health workers

The URSR has the following objectives as its goal:

- to recover and support basic scholastic abilities
- to support/improve the level of culture
- to improve the Patient's ability to take initiative and lengthen the Patient's ability to pay attention

- to improve the expression of life experiences
- to improve the Patient's ability to work in a group
- to maintain/improve the Patient's personal autonomy
- to improve the Patient's sense of time and place
- to enhance the Patient's socialization and interactions with others
- to enhance the Patient's nonverbal language in its many forms
- to offer Patients the ability to acquire and/or improve other means of communication in order to better express their own creativity
- to acquire autonomy in the planning and execution of a simple meal
- to improve the Patient's ability organize different phases of structured work
- to sharpen the Patient's fine movement

A typical day of a Patient in the URSR department is structured as follows:

- the Patient is accompanied to the Center from his or her own home by means of 2 possible methods of transportation: with the vehicle of the issuing agency or with his or her own vehicle.
- upon arrival at the Center, the Patient is accompanied alone into the appropriate class where the welcome session takes place
- next, the welcome session continues with the commencement of the activities established in the rehabilitation project of the individual Patient
- at a set time, lunch begins, split into 2 sessions to allow for the continuation of the activities of one session during the other one's lunch break
- after lunch, activities to ensure post-meal hygiene begin
- young people end their activities to prepare themselves before leaving the Center
- Patients leave the Center and return to their own homes at the time set by the Center

The following facilities are available in the URSR:

- Bar Laboratory (management of a "Refreshment Place")
- Cooking Laboratory
- Do It Yourself (DIY) and Ceramics Laboratory
- Weaving and Embroidery Laboratory
- Creative Sewing Laboratory
- Theater Laboratory
- Cinema forum Laboratory
- Music and Musical Instrument Laboratory
- Artistic Laboratory (graphics and painting)
- Body Care Laboratory
- Creative Movement Laboratory
- Multisensory Stimulation Laboratory
- Herbal Medicine Laboratory
- Flower and Vegetable Gardening Laboratory
- Orientation Laboratory (ability to find one's own way)
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Motor activities: swimming, basketball, aikido

A further objective is the integration of URSR Patients into the social activities of their local area or neighborhood. In particular, over the past few years the "reverse integration project" has been active with the Istituto Comprensivo Via Pincherle (Via Pincherle Comprehensive Institute). An elementary class takes place one time per week at this Center, conducting educational play activities with a group of URSR Patients.

Nutrition represents an important aspect of the life of a Patient; for this reason, the Doctor, after having learned about the eating habits and any intolerances and/or allergies of the individual Patient, will formulate an appropriate diet. Should it be necessary, the doctors of the Operating Unit will prescribe "special foods" (particular foods, integrations, etc.).

Meals may be eaten by URSR Patients in the dining room (Cafeteria) of the URSR; the weekly menu is posted on the Cafeteria bulletin board each Monday.

TAKING CHARGE OF THE PATIENT

To access the Individual Rehabilitation Project

The Cooperative exclusively guarantees the commencement of rehabilitation projects for complex pathologies according to art. 26 of law 833/78.

A Patient must be added to the waiting list at the Center's reception or on the website in order to access the treatments.

To be added to the list, it is necessary to have a certain diagnosis performed at a facility of the S.S.N. (ASL, hospital departments), in order to comply with the access criteria established by the governing law, and to be in possession of the prescription for a Patient to be taken in care for comprehensive ambulatory rehabilitation according to ex art.26 (DPCA 39 - 17 May 2012).

Based on the "Indications for access to extensive and maintenance rehabilitation treatments in a non-residential ambulatory setting" (DGR no. 731 4 August 2005; and no. 143 22 March 2006), the initiation of an individual rehabilitation project is guaranteed only for complex pathologies and is allowed after an examination by the doctor responsible for the project.

COMMENCEMENT OF THE PROJECT

Following the first medical examination performed by the doctor responsible for the project (MRP), and following the determination of the clinical situation with the access criteria mentioned above and subject to the availability of openings, the MRP, together with the multidisciplinary team, will identify the methods and the individual professionals who will be part of the rehabilitation program. A rehabilitation project is then developed in which the goals, treatment performed to reach the goals, assistance setting, and the duration of the intervention are defined.

Adult Patients

The rehabilitation project takes place over a period defined as 60 to 90 days, depending on the method whereby the Patient is taken in care. Any extensions or postponements for individuals affected by serious pathologies must be approved by the relevant services of the Azienda Sanitaria Locale (Local Health Unit).

The project will begin following submission of the request to place the Patient in care by the specialist of the public agency branch.

Minor Patients

The duration of the PRI, based on Legislative Decree 39 of 07/05/2012, is defined in accordance with the Servizio Tutela Salute Mentale e Riabilitazione in età evolutiva (TSMREE, Service for the Safeguard of Mental Health and Rehabilitation in Children and Adolescents) of the Azienda Sanitaria Locale (Local Health Unit) where the Patient resides.

During the rehabilitation process, interviews are held with the family in which the treatment objectives are shared. Recommendations are made on how to manage the child's care, and relationships are maintained with the school through GLH and certifications with the purpose of scholastic integration.

Given the particular importance of child or adolescent Patients, contact is maintained with the TSMREE and, in some cases, with the social services of the municipality where the Patient resides.

The rehabilitation project has a duration of 90-180 days.

An extension is decided on by the multidisciplinary team in conjunction with the TSMREE of the ASL to which the Patient belongs.

Patients who do not reside in the Region of Latium

Authorization of rehabilitation projects is exclusively available for residents of the Region of Latium.

In case of Patients less than 15 months old, or Patients affected by Osteogenesis Imperfecta, Ehlers-Danlos Syndrome, and other rare connective tissue pathologies where there is a specific prescription for treatment with the Vojta therapy, or treatments at this facility by virtue of its competency as a reference center, it is possible to receive the benefit of a rehabilitation project even if the Patient resides outside the Region of Latium. In this case, in addition to the request to send by a public agency, the ASL of residence must approve the expense estimate.

DOCUMENTATION REQUIRED TO START THE REHABILITATION PROJECT

The Patient is required to provide the administrative office with the following documentation, in accordance with DPCA 39 (17 May 2012):

Adult Patients:

- Request for overall taking in care of the Patient by the Medical Specialist of the public agency Hospital, or Territorial branch bearing the following statement: "We hereby request overall rehabilitation taking in care in an ambulatory setting (ex art.26) for (indicate the pathology)...."
- Photocopy of health ID card
- Photocopy of civil invalidity report, if recognized
- Photocopy of the attendance allowance, if recognized
- Photocopy of the report of recognition of law no. 104/92 (if recognized)
- Self-certification of residency
- Declaration of consent to process data

Minor Patients:

- Overall rehabilitation taking charge request by the TSMREE
- Photocopy of health ID card
- Photocopy of civil invalidity report, if recognized
- Photocopy of the attendance allowance, if recognized
- Photocopy of the report of recognition of law no. 104/92 (if recognized)
- Self-certification of residency
- Declaration of consent to process data

In no case may the rehabilitation project begin without the abovementioned documents.

Discharge

Beginning with the notification of the date of discharge by the doctors (at least 7 days before), the Patient is invited to undergo a medical examination to conclude the rehabilitation project.

Before leaving the Vojta Center, a discharge letter will be provided in which all the information regarding the project is provided in summary form as well as instructions for any therapies to be performed at home.

During the last days of the project, the same Vaclav Vojta Cooperative must give the Patient an anonymous evaluation questionnaire in order to improve the services offered. We remind you to complete the administrative discharge procedures at the respective reception desks.

Should the Patient request to be discharged "against the recommendation of the Healthcare Providers", the Patient is required to sign a declaration in the health diary

of the clinical file which releases the Cooperative from any responsibility resulting from such a decision.

The Patient may be discharged in case of extreme seriousness and in case the behavioral norms and rules of the Cooperative are not respected, if the doctor-Patient relationship, which is the basis of every diagnostic-therapeutic relationship, should fail.

Request for clinical file

After discharge, a Patient may request a photocopy of the clinical file from the Admission Office as follows:

- Compilation of the relevant form to be requested from the Admission Office
- Payment in advance of expenses.

€ 20 for a copy of the file of a rehabilitation project

€ 50 for a copy of the files of from 2 to 5 rehabilitation projects

€ 100 for a copy of the files of more than 5 rehabilitation projects

If mailing to the Patient's home is requested, the expenses include the mailing cost via priority mail or similar service.

Within 30 days of the request, the clinical file can be:

- a) received at home by mail, following a written request by the Patient;
- b) picked up in person by the Patient (or by a parent in case of a minor);
- c) picked up in person by a third party appointed by the Patient with written authorization (presenting an identity document, which may also be in the form of a photocopy)

FUNDAMENTAL PRINCIPLES

The Cooperative bases Patient care on its own Company Statute:

Equality

The dignity of each person must be respected at all times and at all moments of daily life, without distinction of sex, race, nationality, religion, language, and political opinions.

Impartiality

Partial and unjust attitudes must be avoided, that is, treatments which are not objective in the Patient's regard

Continuity

The service must be provided in a regular and ongoing manner except in cases in which the abstention from them is regulated or officially announced by law or are subject to the organizational elements of the service.

Right to choose

The Patient may freely choose which healthcare facility he or she wishes to gain access to in the national territory.

Participation

Information, the personalization, and the humanization of the service is assured in order safeguard the Patient relating to the public healthcare system.

Efficiency and effectiveness

The organization and providing of services are compliant with criteria of efficiency and effectiveness.



Scientific Research

The Vaclav Vojta Center promotes training and research activities in the field of rehabilitation. For this reason, it offers numerous conference and training courses accredited by the Ministry of Health (ECM), for the training of its own personnel (company personnel training), or open to operators in the sector located in Italy.

The principal area of interest consists of knowledge, the application and promotion of the Vojta therapy, and the principle of reflex locomotion, enunciated and developed by professor Vaclav Vojta (1917-2000), which finds its preferred application in the treatment of neurological pathologies of babies, children, and adults.

Thanks to experience gained over the years, the Vojta Center is also dedicated to research and training in the field of rehabilitation of rare adult and child pathologies (Osteogenesis Imperfecta, Ehlers-Danlos syndrome), and in the field of oncological and vascular rehabilitation (post-mastectomy lymphedema). Dr. Caterina Pauletti is in charge of the Center's scientific activities.

University Internship site

The Vaclav Vojta Center is a University Internship site. During the course of Patient sessions, interns from schools which have agreements with the organization may be present. The methods of access by interns are agreed to with the company tutor and are articulated according to the department's service needs, compatibly with the attendance requirements of curriculum lectures. Students must be in possession of the required vaccination and insurance coverage certifications. Even if they are not part of the facility, interns are required to respect the Center's internal rules for the entire duration of the internship activity, and must also respect confidentiality, the rules of ethical behavior, and the norms which regulate the internship activity according to governing laws.

Internship agreements:

- Degree Course in Physical Therapy - Università Cattolica del Sacro Cuore di Roma (Catholic University of the Sacred Heart in Rome);
- Professional School for Training in Psychomotricity - METIS;
- Osteopathy School - CERDO;
- Degree Course in Speech Therapy – Sapienza University of Rome
- Degree Course in Occupational Therapy– Sapienza University of Rome
- Degree Course in Occupational Therapy –University of l'Aquila
- Degree Course in child and adolescent neuropsychomotor therapy of the "La Cattolica- Sacro Cuore" University (Catholic University of the Sacred Heart in Rome) ;
- Degree Course for professional educators and pedagogists of the "Roma Tre" University;
- OSS training agencies

Conference Room

The Center is equipped with a 120 square meter conference room with 80 seats, the "Jarka Room", which is completely air conditioned and equipped for simultaneous translations, projections of films, presentations, and related support services. The facility, the rooms, and all the facilities have been designed and designed to be accessible and eliminate architectural barriers. The room is equipped with office services with necessary equipment such as fax, telephones, photocopiers, computers, a wi-fi connection, video projectors, monitors, whiteboards, and audio/video connections with an additional 80 person room along with the gym and swimming pool.

The Center may also be use by organizations and public and private companies, both in healthcare and not, which may request use by telephone at 065413733 or via e-mail at info@centrovojta.com

Main telephone numbers

Operator 065413733

Fax . 0692913259

Mail: info@centrovojta.com

Site: www.centrovojta.com

Location and public transportation

The Vaclav Vojta Center is located at via Salvatore Pincherle 186. It is approximately 5 Km from the center of Rome (Piazza Venezia) and approximately 5 Km from the Grande Raccordo Anulare beltway around Rome
- Exit no. 23, EUR.

Public transportation to reach the Vojta Cooperative hey ceiling wire for billing credit line because they have fun order pizza chicken:

- Bus line 23 (end stop at Piazzale Clodio/Largo San Leonardo Murialdo, stops across from the main entrance on via Salvatore Pincherle
- Metro B subway line (Blue) Eur Marconi or San Paolo Basilica stop



Second Section – Associated services

SOCIAL SERVICES

Social Services, available through a social worker, support Ambulatory Patients taken in care in a semi-residential setting.

Specifically, the social worker:

- helps the Patient and family members to understand social and environmental problems
- directs and informs the Patient and family members on methods for completing the bureaucratic files and for the recognition of a handicap condition according to law 104/92 on civil invalidity, a request for assistance and safeguards from the ASLs, and the submission of INAIL (Social Security) forms in case of accident on the job;
- collaborates with agencies and services in Italy (Municipalities, ASLs, private social supports, Tribunal for Minors, INAIL, schools);

The Social Worker works by means of personal interviews with the Patient and/or family members, in close collaboration with doctors who manage the Operating Units.

The Social Services department (tel. extension 283) operates in Room No. 102 on the First Floor.

SWIMMING POOL

The Cooperative is equipped with a swimming pool which is heated and integrated with other services, and was designed to be accessible and eliminate architectural barriers, offering easy access.

Rehabilitation treatments are provided to Patients in the facility.

The presence of certain clinical conditions such as skin ulcers, wounds which have not healed over, incontinence, and the presence of serious behavioral ailments will prevent the Patient from being treated in the swimming pool.

The regulations are posted at the swimming pool and a copy may be requested at the information desk or downloaded from the Cooperative's internet site.



ADDITIONAL SERVICES AND CONVENIENCES

BAR

The Bar is open from Monday to Friday from 8:30 am to 2:00 pm. It is a pleasant place for Patients to meet with professionals from the facility. It in fact constitutes an experience in autonomous management of the business, designed and created with

the contribution of the Center's technical operators and by the Patients of the semi-residential Operating Unit.

Third Section – Rights and duties

Operators of the Cooperative

The Personnel of the Cooperative may be identified by ID card displaying the name and credentials of the operator. In addition, different uniform colors identify various professional roles:

- white coat: doctor;
- white-blue color: therapist;
- burgundy color: auxiliary;
- light blue: intern.

In addition to the professionals mentioned above, other operators work in the Vaclav Vojta Cooperative. They also have identity cards and include:

- Graduate technical personnel
- Maintenance personnel

WELCOME PROCEDURE

PERSONNEL

The healthcare personnel assist and work with the Patient throughout the duration of the rehabilitation project with the goal of improving the service and effectiveness of services provided.

DISTRIBUTION OF INFORMATION

Managing communication and Patient dialogue influences the relationship with the Patient and improves the efficiency of services offered. For this reason, from time to time, the Cooperative promotes the development of appropriate communications projects with the purpose of guaranteeing a better distribution of and access to information regarding the activities performed and the services provided. All information regarding the activity of the Cooperative may be requested at the entrance to the facility (Floor 1, operating hours: Monday to Thursday from 8:00 am to 8 pm, Friday from 8 am to 7 pm).

RIGHT TO INFORMATION – INFORMED CONSENT

The medical examination is an important event. On this occasion, it is possible to ask doctors for information on the progress of the illness and the therapy they wish to undertake during the rehabilitation project.

It is possible to prevent family members from having access to information on one's own state of health by explicitly informing the doctors of the Operating Unit.

RIGHT TO PRIVACY

Law 196/2003, which replaced law no. 675 of 31/12/1996, better known as the law on "privacy", has dictated very specific norms on the use of personal data. For this reason, when beginning a rehabilitation project, the Patient signs a form that authorizes the Cooperative to process any personal data exclusively for institutional purposes (relations with the Ministry of Health, USL Agencies, Public Health Agency, scientific research) in complete respect of what has been established by Law and which envisions the possibility for operators to not disclose information regarding the

presence of the Patient at our facility to other people. Patients' personal data will thus not be usable for any reason other than what is shown above.

CLEANLINESS

It is imperative to maintain order and the cleanliness of the premises. To facilitate and enable a more efficient cleaning service, it is appropriate for the Patient to take care of laundry and personal effects.

For all those who wish it, access to the garden, the bar, waiting rooms, and a playground for children is permitted.

The following are prohibited on the premises:

- smoking,
- running,
- speaking in a loud voice in the waiting room
- bringing animals into the facility
- Using equipment with an open flame

Safeguarding money and jewelry

Hundreds of people circulate within the Cooperative so that, despite video monitoring, it is not possible to prevent the occurrence of unpleasant problems. We therefore recommend that you keep objects of value and sums of money on your person.

The Cooperative cannot assume any responsibility for objects and valuables that are left unattended.

Elevators and routes

The facility is equipped with 3 elevator systems/freight elevators:

- 2 elevators in stairway "A"
- 1 elevator in stairway "B"

The elevators may be used as follows:

"A" stairway elevators are to be used for URSR Patients

"B" stairway elevators are to be used for the transport of Patients in care in the Ambulatory Area.

SOCIALIZING SPACES

Within the facility, the following socializing areas are made available to Patients:

- Ambulatory waiting room (First Floor), Garden with play equipment for children, Bar.

SMOKING

Smoking is absolutely forbidden in the Center.

We further remind you that smoking in areas where smoking is forbidden may result in the activation of smoke alarms and the notification of legal Authorities.

For your own health and that of others, it is imperative to respect this prohibition and to have others respect it.

SAFETY EQUIPMENT

According to Law 81/2008, the personnel of the Cooperative is trained to intervene to extinguish fires and to safeguard the safety of Patients.

Within each Operating Unit, safety and fire protection rules are displayed in case of need. It is important to read these rules.

In case of a risky situation (fire, smoke, interruption of electricity, earthquakes, etc.):

- avoid panic;
- scrupulously follow the directions of the service personnel;

- do not use the elevators unless authorized by the service personnel.

LODGINGS NEARBY

The Rome Tourism Promotion Agency – Information service can provide useful information regarding other lodgings near the Foundation (tel. 06 36004399).

PARKING

Free parking is available during the Center's hours of operation for vehicles outside the facility, including 6 handicapped parking spots, as well as a parking area for motorcycles with dedicated access.

In addition, 15 spaces dedicated to URSR transportation are available within the facility.

Hours of entry are as follows:

From Monday to Friday, from 8:00 am to 8:00 pm.

Saturday from 8:00 am to 3 pm

Visitors must behave in a manner that respects the need for quiet and calm of all Patients.

We also remind you that, for sanitary reasons, visitors are not permitted to enter Therapy rooms and the gym; a dedicated space is available at the swimming pool (observation room).

OBLIGATIONS OF THE PATIENTS

In addition to what was previously written, it is important to point out some important rules:

- When Patients enter the Vaclav Vojta Center, they are invited to show responsible behavior at all times, respecting and understanding the rights of the other Patients as well as a willingness to collaborate with the Center's specialized personnel.
- Family members/accompanying individuals responsible for minor ambulatory Patients are required to watch over the child while awaiting rehabilitation therapy and to wait in the waiting room until therapy is completed.
- Patients may not engage in rehabilitation therapies other than those prescribed by the doctors at the Center. Any rehabilitation therapies performed before the project begins are to be communicated to the doctor of the Operating Unit at the time of the first examination.
- The use of equipment with open flames is absolutely prohibited.
- Patients and their family members are prohibited from interfering with healthcare personnel regarding the therapeutic methods. Any serious disruptions which occur between Patients and healthcare personnel or between healthcare personnel and relatives must be immediately and exclusively brought to the attention of the Center's Healthcare Management.
- The Patient (or caregiver figure in case he or she cannot do this autonomously) is required to behave in a manner which will ensure good personal hygiene while respecting the Center's healthcare operators and other Patients.
- Absences may not exceed 30% of the total admissions envisioned and agreed to at the beginning of the project.
- Any absences must be promptly communicated and, if more than seven working days have passed, must be justified with a medical certification which must arrive at the Center as soon as possible.

Only missed therapy sessions which are the result of the absence of the therapist may be made up. In this case, the Patient must accept any times and days offered even if they do not coincide with the usual scheduled ones. A refusal to make up a missed session will be considered an absence by the Patient and thus may not be made up.

- The Center's administrative office must be promptly notified of any change of telephone number or residence address.

COMPLAINTS

The Cooperative guarantees the safeguard of citizens' rights, and offers the ability to file a complaint following a service failure, an inappropriate act, or a behavior which denied or limited the usability of the services provided.

Complaint filing method

A complaint form and a box where it should be placed are available at the entrance to the Center. We ask that you be sure to sign each complaint in order for us to provide an adequate and prompt response by the Center's management.

QUALITY OF SERVICE (YEAR 2017)

INDICATOR	2017 GOAL	2017 Result	2018 Goal
Patient absences	Semi-residential Patient absences >length of 25% of the project	<10%	<10%
Complaints / warnings Families/Patients	Cases resolved as a %	100%	100%
Therapies not made up due to absence of therapist	Ambulatory	<1%	<2%
	Daily	<1%	<1%