

Charter of Services

English



le Terrazze

Casa di Cura Privata per la Riabilitazione e Poliambulatori

Charter of Services

2011



le Terrazze

Sistema Sanitario  Regione
Lombardia

Dear Customer,
We are pleased to present our Charter of Services, with which we wish to describe the services we offer, how you can access them and how they are fulfilled. Any suggestions on how to improve the services we offer is greatly appreciated.

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History and facilities

The Le Terrazze care home is a nursing home and specialized rehabilitation centre. It is situated in Cunardo, in the province of Varese about 13 Km from the capital city. Located on the road that connects Varese to Luino, it is 65 Km from Milan, 38 Km from Malpensa airport and 7 Km from the Swiss border. Built between 1990 and 1996, the facility has 152 beds and is built on three floors which are accessible via routes that have no architectural barriers; separate groups of elevators lead from the basement to the large sunny terraces covering the buildings and offering an incomparable view. The large garden, accordingly-equipped, offers patients, relatives and staff further space to enjoy.

Mission

The Le Terrazze care home is committed to ensuring scientifically and technically well advanced services, rehabilitation programs and performance to maintain high quality standards in specialized rehabilitation. To this aim considerable investments are made in structural, technological, organizational and management innovations, focusing on patient centrality and safety, on the continuous improvement of the quality of the assistance we offer, and developing our human resources.

The **primary commitment of the care home** is to provide:

- care and assistance to patients in full respect of human dignity and the principles of quality, equity, humanization, effectiveness and efficiency;
- clear and exhaustive information to patients on their diagnostic, therapeutic and rehabilitative journey, to enable them to consent and be involved in their treatments;
- complete information on our services and performance;
- opportunities to receive feedback from patients and their families, also through satisfaction questionnaires;
- prompt evaluation and management of any complaints, which are considered a useful tool in continuously improving the service we offer.

Moreover the Care Home places primary importance on staff training: all staff takes part in on-going refresher programs accredited by the Ministry of Health.

In 2009 the Le Terrazze care home was accredited by the Regional Government of Lombardy as a regional provider for training courses in Continuing Medical Education (CME/CPD).

Our activities: Rehabilitation

Rehabilitation involves using all means available to reduce the impact of disability to allow disabled people to achieve social integration. Rehabilitation at the Le Terrazze care home is not limited to simple functional re-education (which is only one of our technical tools), but it intervenes on the individual in his/her entirety. For this reason, to provide an effective **individual rehabilitation project**, specific for each patient, it will focus on multiple well-planned objectives so that the level of autonomy which can be reached in different areas translates into a better quality of life. Consequentially, the Project, not only deals with strictly clinical aspects aimed at stabilizing the basic condition and reducing the risk of subsequent pathological events, it also focuses on psychological and social aspects. The fundamental conditions required to reach these objectives are: the presence of an **interdisciplinary team** that assesses existing comorbidities and intervenes in several aspects of the disability, cooperating and continuously comparing results obtained from the various practitioners; the use of **validated and standardized protocols** that have been developed with the support of the National Guidelines for Rehabilitation and in accordance with the recommendations of both national and international Scientific Societies of the single sectors; the **continuity of the therapeutic program**; the **active involvement of the patients and their families** regarding the reduced functional reserves, the psychological attitude of both patients and families.

The multidisciplinary team is formed by doctors, specialists in Physiatrics, Internal Medicine, Cardiology, Pneumology and Neurology who take part in the specific Rehabilitation Projects, together with other professionals (Otolaryngologists, Orthopaedists, General Surgeons, Vascular Surgeons, Cardio Surgeons, Radiologists, Nutritionists...) and medical operators who form the rehabilitation team, such as physiotherapists, occupational therapists, speech therapists, psychologists, social workers, orthopaedic technicians, who intervene in their fields of competence. In following with the project, the care home establishes **individual rehabilitative programs** that foresee a period of hospitalization which varies in duration according to the basic pathology and to the patient's recovery potential, within a more global endeavour which may some cases require the treatment to be continued at the outpatient clinic and /or through a home care plan.

Neuromotor Rehabilitation



Who the Neuromotor Rehabilitation program is designed for

The **Neuromotor Rehabilitation** programs are designed for:

- **Patients suffering from post cerebro accident** (of ischemic and hemorrhagic causes): patients are preferably in the post acute stage and they are admitted directly from the wards of nearby hospitals. Patients in more or less stabilized conditions are also admitted. For the latter, due to clinical aggravation or the insurgence of other pathologies, during the re-evaluation carried out at the out-patient clinic the physiatrist may require them to be hospitalized for a new rehabilitation program.
- **Patients suffering from the after effects of serious brain damage** (coma due to extended haemorrhaging, post-traumatic or infectious cerebral hypoxia.): patients are admitted directly from the nearby hospital wards for acute cases. Recovery potential allowing, the patient's stay may extend to a few months. The level of recovery defines the future of these patients in view of social reintegration is having them transferred to suitably equipped long-stay facilities.
- **Patients suffering from the after effects of medullary injuries**: these patients have a history of more or less recent traumas and/or infective/vascular pathologies. They have extremely variable clinical pictures, and are more or less stabilized.
- **Patients suffering from neuromuscular pathologies**: these are mainly patients with peripheral neuropathies, myopathies, motoneuron diseases, etc. These patients sometimes require repeated stays due to the progression of their pathologies.
- **Patients suffering from neurodegenerative pathologies**: according to the positioning of the injuries to the nervous system it is possible

to distinguish pathologies as ganglia-type (such as Parkinson's disease) and SNC-type (such as multiple sclerosis). These pathologies begin insidiously and progress chronically, therefore often requiring repeated hospitalized rehabilitation.

Who the Motor Rehabilitation program is designed for

The **Motor Rehabilitation** programs are designed for patients with the following pathologies:

- **Patients who have undergone orthopaedic surgery**: we treat patients through the post-acute stage when they are transferred directly from hospital wards following prosthetic surgery (the most frequent are hip and knee replacements), osteosynthetic surgery or politraumatized patients requiring intensive rehabilitation.
- **Amputated patients** (due to traumatic or ischemic causes): we treat patients in the post-acute stage when they are transferred directly from hospital wards, and embark on their prosthetic rehabilitation journey.
- **Patients suffering from immobilization syndrome due to surgery or severe clinical pathologies**: we treat patients in the post-acute stage, who are transferred directly from hospital wards and have disabilities requiring complex rehabilitation.
- **Patients suffering from severe osteoarticular pathologies** (such as polyarthrosis, rheumatoid arthritis): patients who come to our Institute due to an aggravation of their clinical picture causing a loss of their functional autonomy and, according to the physiatrist, requires hospitalized rehabilitation.

The programs

The **Neuromotor Rehabilitation** program is organised as follows:

1. An evaluation of the patient's clinical situation and existing problems requiring a diagnostic investigation and rehabilitation treatment.
2. An evaluation of dysphasia and radiologic investigation of deglutition in patients suffering from certain neurologic pathologies (Parkinson's disease, Multiple Sclerosis, Stroke...).
3. Planning and pre-arranging an **individual rehabilitation project** aimed at identifying the main rehabilitation steps required for the individual patient.
4. Having the **personal rehabilitation program** be drawn up by the rehabilitation therapists in order to reach the set goals.
5. Optimizing the patient's general clinical conditions and their medical treatment necessary to limit symptoms and promoting the patient's recovery of a satisfactory level of functional ability.
6. A nutritional evaluation and individual education for a correct diet, as well as nutritional therapy (nutritional education is part of the program for patients suffering from Parkinson's disease).
7. An evaluation of the patient's psychological wellness and quality of life, together with the required psychological measures to manage the patient's psychic problems.
8. An evaluation of the patient's residual disability and the need to provide and prescribe orthoses, aids and prostheses to improve recovery of the patient's functional autonomy.
9. An evaluation of the patient's social needs to promote and support his/her reintegration at home and at work and /or his integration in host facilities.

The Neurologic Rehabilitation area is equipped with logistic-structural **distance monitoring** equipment to control the main vital parameters of patients in critical conditions. Regarding patients suffering from Parkinson's disease in particular, but also in the case of other neurological diseases, the Institute is equipped with a **Gait Trainer** to treat freezing and walking disorders, as well as a **Prokin Stabilometric Platform** to improve balance control.

Specific techniques

Neurocognitive Rehabilitation

The rehabilitation treatments offered at our facility are in line with the principles of Cognitive Therapeutic Exercise and are performed by physiotherapists with specific professional training. This method is advisable for a series of pathologies affecting the Central and Peripheral Nervous System, in the fields of Orthopaedics and Traumatology. According to the principles of Neurocognitive Rehabilitation, the quality of recovery significantly depends on the ability of the patient to activate cognitive processes such as Attention, Memory, Perception, etc., which the re-learning processes of the damaged function depend on.

To this aim, accordingly designed devices are used by the physiotherapist to formulate appropriate motor and perception tasks, which are performed in different ways and which become more and more complex according to the evolution of the patient's clinical and functional picture.

Therapeutic exercises are carried out in an environment which is particularly suited to favour the patient's concentration and are planned according to individual treatment programs.

Neuropsychology and Speech Therapy service

The Neuropsychology and Speech Therapy service deals with the evaluation and treatment of cognitive illnesses connected to diffuse, acquired and focal brain injuries consequent to cerebral ictus, cerebral haemorrhage, cerebral neoplasia, post-anoxic and traumatic coma. Brain injury causes a modification of cognitive functions, competences and performance in correlation with difficulties in amnesic function, attention span, planning abilities, critical abilities, speech.

The rehabilitation program is of primary importance for the patient's reintegration in the family and society. The Service is composed of Doctors, Psychologists and Speech Therapists specializing in the field of Rehabilitation Medicine.

Treadmill rehabilitation for patients with Parkinson's disease

Recent studies have demonstrated the effectiveness of a specific treadmill training

on locomotor function in patients suffering from Parkinson's disease. In many patients a specialist evaluation provides clear instructions for the use of this device in conjunction with exercises traditionally carried out in the gym. Simple and safe, the exercises include having the patient walk adopting a pace marked by stimuli which can be both acoustic or visual. The frequency of such stimuli is regulated by the physiotherapist by setting the device according to specific physiological data based on the patient's age, gender, pathology or functional picture. The aim of the Treadmill exercises is to improve certain parameters of deambulation such as number of steps per minute, walking speed, length of stride or total distance covered thanks to the reduction of "freezing" episodes.

Prosthetics following amputation

The Institute offers patients who have undergone the amputation of a lower limb the possibility to be taken care of by a team of qualified staff, from the post-operative stage to the use of a definitive prosthetic limb.

The rehabilitation program is divided into subsequent periods, each finalized to reach different functional objectives through specifically planned actions.

In the first stage intervention is necessary to avoid muscular atrophy, trophic alterations and hypoventilation; the stump is modelled by means of compressive bandages. The aim is to allow the patient to reach the highest level of autonomy possible. The possibility of prosthetics is evaluated at this early stage. One or more subsequent stays can help the patient to correctly manage his/her prosthesis, with the aim of recovering deambulation.

The Clinic guarantees amputees a long term follow-up program, also through the out-patient clinic.

Occupational Therapy service

The Occupational Therapy service aims at promoting health and wellness of those individuals who have physical or psychic disabilities. The underlying principle of this form of rehabilitation to recover autonomy through a wide range of everyday life and creative activities, making the person capable of participating in life activities. One of its primary aims is to recover autonomy so that the

patient can take part in everyday occupations whether the lost function causes temporary or permanent inability.

In many cases Occupational Therapy represents a bridge between hospitalization and reintegration into society, since it minimizes the impact of disability in everyday activities and provides the patient with the tools for greater autonomy.

The starting point is, therefore, the overall evaluation of the person as an individual and his/her residual potential, to enhance his/her motivation and ability to adjust, to try and meet his/her needs, desires, requirements and expectations.

The tool provided by Occupational Therapy is therefore focused on "doing", and is intended as a journey towards awareness of limitations imposed by the pathology and at the same time determining suitable strategies to overcome these limitations, in a perspective of reaching social reintegration.

Cardiac Rehabilitation



Who Cardiac Rehabilitation is designed for

The aim of Cardiac Rehabilitation, according to the definition provided by the World Health Organization, is to favour clinical stability in patients affected by cardiovascular pathology, to reduce disabilities due to the disease and to support maintenance and resumption of an active role in society, with the aim of reducing the risk of subsequent cardiovascular events, to improve quality of life and to positively affect survival.

The **Cardiac Rehabilitation** programs are designed for:

- **Patients with recent cardiac, coronary, valvular surgery, or to the great vessels**, with particular priority to those patients at a high risk of new cardiovascular events, clinical instability, associated morbidities or other significant complications.
- **Patients with advanced cardiac de-compensation**, particularly those requiring therapies such as dose titration of cardioprotective drugs and/ or continuous intravenous infusions of inotropic agents and vasodilators, nutritional support and intensive rehabilitation treatment (due to marked physical de-conditioning, for example).
- **Patients with recent myocardial infarction and /or coronary angioplasty**, particularly those with residual left ventricular dysfunction and rhythm disorders, or with complications and clinical instability correlated to the acute event, or, finally, with high risk of impairing the quality of everyday and professional life.
- **Patients suffering from chronic ischemic heart disease, stable cardiac insufficiency or at high cardiovascular risk**, for which it is necessary to maintain an adequate clinical stability, good functional ability and an active lifestyle, together with proper education

for an effective change of life style and psychological support.

– **Patients affected by peripheral arteriopathy** with walking disability (claudicatio intermittens), pain at rest or trophic injuries, at a chronic stage or subject to recent peripheral revascularization surgery (through traditional surgery or angioplasty). An **Angiologic Rehabilitation program** is implemented for these patients with the aim of increasing autonomy, managing antalgic therapy and possible ulcerative injuries, together with post-surgery assistance and the implementation of secondary preventative actions common in heart patients.

The programs

According to the clinical typology and the previously-identified needs, a **Cardiology Rehabilitation** program could involve the following actions:

1. Monitoring clinical conditions and managing problems possibly persisting after the acute phase, with particular attention to the outcome of recent surgery or stay in an Intensive Care Unit.
2. Adequate physical exercise to reach and maintain a satisfying level of functional ability, with a combined focused educational program.
3. Optimizing the medical therapy aimed at reducing the symptoms, maintaining an adequate clinical stability and reducing the progress of the existing cardiovascular disease.
4. Nutritional evaluation and individual or group educational action for a correct diet and nutritional therapy, aimed at keeping risk factors such as diabetes and dyslipidaemia under control.
5. Evaluation of the psychological wellness and quality of life, together with individual or group psychological actions aimed particularly at managing anxiety/ stress/ depression/ smoke abolition problems.

6. Evaluation of possible logistic / environmental/ social-assistential problems related to reintegration at home or to continuity of territorial assistance requiring adequate preparation.

7. The elaboration of an adequate physical exercise program and customized behavioural rules for the long term.

Among the logistic-structural equipment at its disposal, the Cardiology area has the possibility to monitor patients by means of telemetry. Moreover, it has dedicated ultrasonographic equipment and the medical staff from the cardiology area autonomously see to the cardiovascular diagnostic needs of the patients (echocardiography, vascular ecocolor-Doppler ergometric test, Holter ECG, MAPA). The recently adopted cardiopulmonary test allows a more accurate evaluation of the patient's functional ability and identifying the appropriate physical training program. Furthermore, devices for the detection of the main biochemical markers for point of care evaluations (Tnl, NT-proBNP) and a system for distance transmission of electrocardiographic tracing, useful in defining the most adequate assistance for patients in emergency/ urgency situations, are available to all Hospital Units. Moreover, the Institute joined the Closed-Circuit Television Project for patients with cardiac insufficiency, for the implementation of the new health care networks of the Regional Government of Lombardy.

Specific techniques

The World Health Organization (WHO) and the European Society of Cardiology have defined rehabilitation in patients affected by cardiovascular disease as the “sum of activities required to guarantee the best physical, psychological and social conditions so that

patients affected by chronic or post-acute heart condition can maintain or regain their role in society”.

From this definition makes us understand that Cardiovascular Rehabilitation, by combining physical exercise with the modification of risk factors (secondary prevention), aims to reduce the symptoms connected to the disease, improve the ability for physical activity, reduce disability, favour reintegration in the work place and lower the risk of cardiovascular events.

After physiotherapeutic evaluation (Six-Minute Walk Test, EuroQoL, Cardiopulmonary Test and functional evaluations), a customized program of physical re-conditioning with treadmill, stationary bike, group and individual exercises is implemented in conjunction with respiratory exercises for patients who require it.

The rehabilitation process is completed with educational activities, both individual and collective, receiving informative material regarding pathology, life style, pharmacological therapy and the continuity of the physical exercise program at home.

Respiratory Rehabilitation



Who Respiratory Rehabilitation is designed for

Respiratory Rehabilitation, integrated with pharmacological support, represents the most effective treatment for people suffering from chronic respiratory diseases with reduced respiratory capacity, at all stages of the disease.

It is a fundamental strategy in the treatment of the following chronic respiratory diseases:

- **Chronic obstructive pulmonary disease**
- **Bronchial asthma**
- **Pulmonary emphysema**
- **Pulmonary fibrosis**
- **Cystic fibrosis**
- **Neuromuscular diseases**
- **Sleep respiratory conditions**
- **Thoracic cage diseases**
- **Severe respiratory insufficiency in non-invasive and invasive mechanical ventilation**
- **The treatment of thoracic and abdominal surgery in pre and post-operative stages.**

People affected by chronic obstructive pulmonary disease (COPD) suffer from a vicious circle. It is initially perceived only slightly by the patient, but breathlessness causes a progressive limitation of physical activity and consequent muscular hypotrophy (physical de-conditioning), aggravation of dyspnoea, limitation of everyday activities, social isolation, depression. The aim of the Respiratory Rehabilitation program is to break this vicious circle as soon as possible.

Specific programs

Granted that physical re-conditioning, compatibly with clinical conditions, is the priority in every Respiratory Rehabilitation program, rehabilitation activity comprises individual actions carried out according to the most recent and validated methods within the following general programs:

- Muscular re-conditioning through re-training protocols of both global musculature and respiratory muscles.
- Disobstruction of respiratory tracts from secretions.
- Pulmonary re-expansion for obstructed or hypo ventilating pulmonary areas.
- Management of tracheotomised patients and tracheotomy cannula weaning protocols.
- Management of patients with severe respiratory insufficiency in non-invasive and invasive mechanical ventilation and of ventilator weaning protocols.

Admission to rehabilitation programs implies specific entrance and outcome measures which are carried out at the beginning and at the end of the rehabilitation process:

- Questionnaires: MRC dyspnoea scale; CAT (COPD Assessment Test); BDI/TDI (Baseline/Transitional Dyspnoea Index); Epworth sleepiness scale.
- Functional evaluations: spirometry, walk test, energy consumption evaluation.
- Predictive evaluations of survival: BODE index.

Continuity of the rehabilitation program at home is stimulated through the distribution of informative material and of a work chart to be filled in at each training session and verified during the planned controls. Particular attention is dedicated to patients with severe respiratory insufficiency in non-invasive or invasive mechanical ventilation, where reintegration in the home after discharge presents complex problems concerning logistic aspects, training of the care giver and counselling for relatives.

Staff

Nursing assistance

Nursing assistance is guaranteed 24 hours a day. The nurse, in strict collaboration and interaction with the other medical operators of the rehabilitation team and with the patient and his/her relatives, participates in identifying the patient's health needs, with the aim of determining his/her potential residual collaboration.

Nursing staff, in cooperation with supporting specialized staff (social-medical operators), provides customized assistance aimed at the recovery of the highest level of autonomy possible by the patient in everyday life activities. Based on an accurate analysis of gathered information (medical history), the nurse formulates a nursing diagnosis and the related objectives for each life activity and for each category of needs; he/she plans, manages, evaluates the assistance to be provided and guarantees the correct application of the diagnostic-therapeutic prescriptions.

How to recognise the staff

All the people working in the Care Home Le Terrazze have an identification badge with their name, role and photograph. Every category of staff members can be distinguished by their uniform.

Doctor (white coat) / **Chief of Nursing services** (white jacket with green hem, green trousers) / **Charge Nurse** (white jacket with blue hem, blue trousers) / **Nurse** (white jacket and trousers) / **Social-medical operator** (sky-blue jacket and trousers) / **Chief of Rehabilitation Medical Professions** (bordeaux button-neck sweater and white trousers) / **Physiotherapist, Occupational Therapist, Speech Therapist** (green button-neck sweater and white trousers).

Who to refer to

Medical staff

The medical staff is available to provide the patient with indications on their diagnosis, therapy, rehabilitation treatment and, upon the patient's authorization, provide his/her relatives all the information requested.

Doctors are available to provide information during their office hours indicated in notices in every wing of the building.

Nursing staff

The nursing staff deals with technical-assistential aspects and is available to provide the patient with further information and explanations he/she might need during his/her stay.

The nursing team is composed of a Chief of Nursing Services, by a Charge Nurse and by the nurses.

Rehabilitation Staff (Physiotherapist-Speech Therapist-Occupational Therapist)

The team for the Rehabilitation Medical Professions carries out the Individual Rehabilitation Program, documenting the adopted techniques, the operative conditions and the evolution of functional progresses in the Rehabilitation Form.

Social services

The social service available in the Care Home meets the patient's need for information and social standing. To benefit from this service the patient and/or his relatives must submit a request by filling in the form provided at the time of admission.

Admittance, stay and discharge

Admittance to the clinic

Access to treatment is possible through the National Health System or through a solvency regime.

Booking and access

Access through the NHS

Patients can access the Care Home by being out on a Waiting List upon the request of hospital doctors operating in qualified structures for seriously affected patients or on proposal of their GPs, with an evaluation of their real need for hospitalization by specialists in the field employed at the Care Home.

Admittance strictly adheres to the priority established by the waiting list and can be delayed only due to reasons of force majeure. Management of the waiting list is assigned to the Chief of Functional Units Grouping under the supervision of the Medical Director.

Access through a solvency regime

Patients can access the Care Home through a solvency regime, with an evaluation of the opportunity to be admitted performed by the Chief of the Operational Units. Private care includes a single room, with the comforts of a high-quality hotel.

To submit a request form or for any information regarding admittance please contact personnel at the Admissions Office.

In both cases bookings can be made from Monday to Friday, from 8.30 am to 4.30 pm directly at the Admissions desk on the ground floor or by phoning +39 0332 992501.

Documents required for admittance:

1. Admission authorization (only for admissions through the NHS)
2. Identity card
3. Regional service card
4. Tax code

Non-Italian citizens will also have to present:

5. Valid identity card or passport
6. E112 form for EU citizens
7. FTP form for non-EU citizens

It is opportune to also bring **reports of previous diagnostic controls** and to inform us of any medicines being taken.

Administrative admittance

On the day of admittance the patient must arrive at the Admissions Office to complete all of the administrative procedures.

Items to bring for your stay

We suggest bringing only strictly necessary personal belongings: products for personal hygiene, tooth brush, toothpaste, underwear, pyjamas, dressing gown, tracksuit, slippers, towels.

We do not recommend keeping relevant sums of money, valuables, important documents and to take care of all personal belongings.

The care home takes no responsibility for any eventual theft and/or loss.

Welcoming and assistance

Admission to the ward

Admission to the ward is carried out by a nurse who accompanies the patient to his/her room. The nurse provides the patient and his/her relatives with all the necessary information for admission.

The patient will be given a welcome letter where all the ward information essential for admission, including the Doctor and Staff of reference, are provided.

Medical visits

The medical visit is a fundamental diagnostic-therapeutic event and it is therefore necessary for patients to remain in their rooms during the medical inspection tour.

Outside of these hours and the hours when he/she is busy with rehabilitation activities or in other types of assistance, the patient can leave the ward, although he/she must stay inside the hospital area, after having informed medical operators about their whereabouts.

Nursing assistance

The service guarantees all aspects concerning nursing assistance and hospitality of patients. It is important to point out that any handling or procedure addressed to the patient must be carried out by authorized staff.

For any problem or request concerning nursing assistance patients may speak to the charge nurse.

Your stay

The rooms

The rooms have one or two beds. Only a few have three or four beds. Each room is spacious and has a terrace, en suite bathrooms, and is equipped with services for the disabled, air conditioning, medical gases, alarms, day and night lights.

Each room has colour TV and cable radio set and telephone.

Upon request of the patient to Reception, the line is immediately enabled for urban and long distance calls.

Phone calls will be debited at the time of discharge.

Pre-paid phone cards cannot be used from the rooms' internal phones.

At the ground floor there is a public telephone that can be used with a phone-card for all clients of the facility.

Silence and composure

To prevent disturbing other patients, we kindly ask you to avoid making noise as much as possible, to speak in low voices during visits and to moderate the volume of radios and TVs.

To favour night sleep, silence is compulsory between 10.00 pm and 7.00 am.

Visits

Every patient can receive visits from 11.00 am to 8.00 pm.

However visits should not impair medical activities nor cause annoyance.

Meals

Meals are served at the following hours:

- Breakfast: 7.30 am
- Lunch: 12.30 am
- Dinner: 7.00 pm

At mid-afternoon tea is served.

All patients, except for those who have been prescribed a specific diet by the doctor and by the nutritional service, can choose from different menus proposed by the catering service.

During distribution of meals relatives are kindly requested not to move along the corridors.

In the multifunctional room located on the ground floor and on the 3rd floor some vending

machines for drinks, mineral water, ice creams and snacks are available for the guests inside the Care Home.

Integrative assistance

The Care Home guarantees direct assistance to its patients through qualified staff.

Inside the Institute, however, there is also voluntary staff, authorized to provide particular types of assistance to patients.

Religious assistance

For catholic patients the Holy Mass is celebrated once a week.

Every patient can have personal religious assistance by submitting a request.

For non catholic patients religious assistance can be requested by informing the charge nurse, who will see to it, within the limits of availability of ministers of the requested religion.

Smoking

Smoking is absolutely prohibited within the Institute.

Discharge and clinical documentation

Upon discharge the doctors provide the patient with the necessary documentation to submit to their GP and social services. If necessary, they schedule opportune meetings with the family. Moreover, in case of necessity, according to what has been agreed upon with the local health authority - A.S.L., they activate A.D.I. (Integrated Home Assistance) for the continuity of therapy at home.

Requests for a copy of one's medical records, which according to the law can be given exclusively to the patient or to a person who has power of attorney, must be addressed to the Medical Director by filling in the according form available at Reception. The copy of the medical records can be sent by registered mail to the patient's address, upon payment of the mailing costs.

Patient rights and duties

Equality and impartiality

In the Care Home all the patients have the right to receive the most appropriate care, without any discrimination or privilege according to their gender, age, social condition, origin or religion. Staff behaviour towards patients is based on objectivity, impartiality and fairness. It is prohibited for operators to establish economic relations with the patients.

Continuity

The Care Home ensures continuity and regularity of care, also by establishing the necessary relation with the patient's GP or Institute of origin.

The Right to choose

The patient, in compliance with applicable legislation, has the right to freely choose his/her service providers.

Participation

The patient has the right to receive exhaustive information on his/her illness, the prognosis and on the therapy and he/she must be put in a condition to give his/her "informed consent" before undergoing treatment.

The patient must have the opportunity to access all information concerning the services offered by the Institute and the admission modalities and to express, also through simple questionnaires, his/her satisfaction or suggestions on how to improve the service.

Effectiveness and efficiency

Admission to the Care Home Le Terrazze is justified only if the patient's conditions require the continuous availability of diagnostic – therapeutic – rehabilitation services and if admission is considered appropriate, necessary and efficient.

Admission procedures include the evaluation of the possibility to reach significant improvements within a reasonable time limit, by providing an adequate therapy with an interdisciplinary approach (motor, occupational, of speech and cognitive).

Respect for the person's dignity

The patient has the right to have his/her dignity respected and the behaviour of all staff members at Le Terrazze is distinguished by maximum consideration for all patients.

Respect for privacy

Personal data are treated as per Legislative Decree 196/2003. Correctness and discretion when treating the patient are a moral and professional duty for all staff members.

All necessary measures to guarantee confidentiality while patient's are at the clinic are adopted. Consent regarding the treatment of personal data is acquired from the patient by filling out the relative form, describing in details the regulations and the aims of this consent upon admittance. The leaflet is available at the Admissions Office.

Out-patient services

Booking

Out-patient activity is carried out by professionals with vast experience, with the support of the most advanced technology. At the Admissions Office it is possible to consult the complete list of the services available in our Institute, the relevant waiting time, the time for the handover of reports, and the price list, both private and through the NHS. There are also exposed the names of the doctors and their relative visiting days and hours. The choice of the specialist is only possible for private services (through solvency regime).

Booking

Before booking it is necessary to have valid medical authorization (within one year from the date of compilation).

Bookings can be made:

directly at the front office

from Monday to Friday from 8.00 am to 6.00 pm, on Saturday from 8.00 am to 1.00 pm.

by telephone

at +39 0332 992500 from Monday to Friday from 8.00 am to 8.00 pm and Saturday from 8.00 am to 1.00 pm.

via internet

by accessing the link on the website www.clinicaleterrazze.com

No booking is required for **medical laboratory services**. Direct access is possible from Monday to Friday from 7.30 am to 10.00 am and Saturday from 7.30 am to 9.30 am.

Admission and payment

On the day of their appointment the patient must arrive at the admission office to complete the administrative procedures and pay for the service.

All citizens must contribute to medical expenses (with 'tickets'), except for those who are exempted, as per applicable legislation.

For services supplied through the NHS, the following documentation must be provided by the patient:

1. valid authorization by the requesting doctor (valid for one year from the date of compilation) indicating the patient's references and tax code; any recognised exemption; the kind of service being applied for, the diagnostic request, the prescribing doctor's signature and stamp.
2. the regional services card.
3. the exemption card.

Out-patient services offered by Le Terrazze care home

Medical laboratory

- Clinical chemistry
- Haematology
- Coagulation
- Serology and viral serology
- Microbiology
- Immunology
- Tumour markers
- Hormone dosage
- Medicine haematic dosage
- Allergens
- Urine
- Faeces

Visual diagnostics

Radiology

- Osteoarticular
- Direct abdomen
- Thorax
- Computerized Tomography (CT) graphics contrast
- CT with contrast means (mdc)
- Radiologic study of deglutition

Echography

- Abdominal
- Glandular (salivary, testicle, thyroid, no breast)
- muscle tendon (not performed on neonatal hips)

Magnetic resonance

- Articular using dedicated equipment with low magnet field, both with and without mdc intra articular injection
- Total body with high field equipment, both with and without mdc intravenous injection

Otolaryngology

- Specialist visit
- Fibre optic laryngoscopy
- Tonal audiometric test
- Impedentiometric Test
- Oto-vestibular check-up
- Acoustic evoked potentials

Neurology

- Specialist visit
- Ambulatory for patients affected by Parkinson's disease
- Electromyography
- Ambulatory dynamic polygraph

Orthopaedics

- Specialist visit
- Injection of therapeutic substances into the articulation or ligament
- Focal or radial shock wave therapy for musculoskeletal pathologies

Acupuncture*

- Acupuncture

Rehabilitation physical medicine

- Specialist visit
- Ionophoresis*
- Analgesic Electrotherapy (tens-diadynamic)*
- Distrectual Massotherapy*
- Ultrasound therapy
- Radar*
- Laser
- Electrotherapy for normo or denervated muscles
- Electro stimulation (KOTZ)
- Mechanical Pressotherapy
- Kinesitherapy
- Group treatment of pathologies of the spine for adults
- Treatments with specific methodologies (upon request)*
- Evaluation and rehabilitation of pelvic pavement

Moc-Dexa

- Bone densitometry (Total-body and spinal-femoral)

Oxygen-ozone therapy*

- Intra articular, paraspinal infiltration of an oxygen-ozone mixture

Pneumology

- Specialist visit
- Simple / global spirometry
- Systematic arterial Emogasanalysis
- Bloodless arterial saturation monitoring
- Walking test
- Pharmacological bronchodilation test

Vascular diagnostics

- Supra-aortic trunks Echo(color)Doppler
- Arterial and venous Echo(color)dopplergraphy of upper/lower limbs

Cardiology

- Specialist visit
- Electrocardiogram
- Cardiac Holter
- Cardiac Eco(color)dopplergraphy
- Continuous monitoring of arterial pressure
- Under stress cycle ergometry test

Ophthalmology

- Specialist visit
- Corneal Topography (corneal map)
- Corneal Pachymetry
- Corneal Bio microscopy
- Schirmer Test
- Retinal Fluor angiography
- Argon laser
- Fundus oculi
- Iridectomy
- Injection of therapeutic substances behind the eyebulb
- Coherent radiation optic tomography

Urology

- Specialist visit
- Transrectal echography
- Uroflowmetry

*Services available only through solvency regime

A facility in constant evolution

How to improve

The continuous improvement of the Quality of the services we offer represents one of the primary elements of the Care Home's mission. To this aim a quality system aiming to maintain reference standards of excellence (Iso and Joint Commission regulation, as per the Regional Government's program regarding Medical Facilities which began in 2004) has been implemented through the collaboration and strong commitment of the entire staff at the Care Home, at different levels (medical staff, auxiliary staff, administrative staff). The constant re-examination of the system by the Chief of Quality and by Management and its evaluation by third certifying bodies allow a continuous evolution of the system, which makes it possible to better meet the needs of the Institute. Important resources are constantly invested in structural and technological innovation to improve and expand the services offered to the citizens through the offer of new specialities and the development of a solvency area dedicated as to the hospitalization regime (ordinary, day-hospital for specialist checkups) as to the outpatient services. The patient can also actively contribute to the improvement process by submitting suggestions or pointing out possible inefficiencies to the Public Relations Office and by taking part in the surveys regarding patient satisfaction.

Public relations office

The Public Relations Office is available to collect patient suggestions and complaints; Recommendations and/or complaints can be made in writing by filling in the appropriate form available on each floor and at Reception, or over the phone by calling the Public Relations Office at +39 0332 992508, from Monday to Friday, from 10.00 am to 4.00 pm.

Expanding

The wooden looking planking of the cement façade of the new wing at the Le Terrazze Care Home is taking the twenty-year history of our facilities into the future, in the beautiful setting of the Valganna.

By expanding the main facility and building the administrative headquarters lower down, we are integrating and making the Care Home more complete, providing an increasingly more functional and efficient health care system. The project by Archea Associati and the architect Cortellari includes a main unit that creates a new and evocative promontory in the direction of the valley, and the new administrative building that represents, with his shaped profile, an example of contemporary architecture able to dialogue with the typical covering style of the buildings in these mountains. The design takes into consideration sustainability and energy savings through the use of cutting edge technologies as well as the use of materials that provide a high performance façade in terms of thermal insulation.

The recent expanding of the complex is the demonstration of the Care Home's will to continue investing their resources in an improvement of infrastructural equipment by methods and strategies harmonizing with the natural setting; a green and uncontaminated landscape, framed by the mountains, the quiet and the silence: a place where to invigorate body and soul.

Contacts



le Terrazze

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from Monday to Friday: from 8.00 am to 8.00 pm

Saturday: from 8.00 am to 1.00 pm

Admissions Office: Tel. +39 0332 992501

from Monday to Friday: from 8.30 am to 16.30 pm

Codice Fiscale e Iscrizione al Registro delle
Imprese di Varese n. 00950160713
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The Le Terrazze care home
is certified according to UNI EN ISO 9001-2008