

# Service charter

*We believe in the right of every person to hear and communicate*



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## Preface

We want to guarantee effective information to citizens at a time when the healthcare system is constantly evolving, ensuring a use of a array of diverse tools and means.

This standard publication uses the previous versions released in 1998, 2004 and 2009 as reference. This new version presents some updates, changes and additions which serve to inform citizens about the areas of activities offered by the Phoniatics Medical Centre, Private Hospital “Trieste” and the services in which these areas are divided.

At the same time it provides basic information on admission, medical services schedule and quality standards.

The charter is integrated by other publications, like brochures that describe in detail single medical procedures like the “Guide to the recognition of civil disability” and the “Charter of patients rights and responsibilities”, or single medical services, like “Educational support for hearing-impaired children and for children with speech disorders”, “Centre for the diagnosis and rehabilitation of aphasia” and the “Guide for patients undergoing adenoidectomy”

The above mentioned information is also provided by calling directly the Medical Centre or visiting the Centre’s website.

Offering an array of ways to obtain information insures easy and equal access for all as well as transparency. Information is a fundamental right guaranteed by law and a demonstration of respect of the individual.

Direct and appropriate information to the patient and to family members is provided by the organization of the Centre. This organization includes meetings during which physicians, nurses, speech therapists and other medical technicians provide relevant information, each according to his/her competence, to the patient and family members.

The list includes:

- the reasons for choosing a specific set of diagnostic-evaluative tests and specific therapies, explaining also the nature of the procedure;
- therapeutic choices including the risks involved in the treatment or refusal of treatment (informed consent)

- methods employed during the diagnosis, therapy and rehabilitation phases of choice
- length of treatment at the Centre so that family life can be organized accordingly
- any other information deemed useful to the patient.

The protagonists of the Service Charter are: the head of the organization, all medical personnel, the citizens who use the services and their representatives.

The Service Charter ensures that the information on the services offered and their implementation is fully disclosed and it is also agreed upon between the Centre and the citizens according to the following information principles:

- definition of a given standard and a commitment by the administration to provide quality of service and means by which the quality is constantly monitored;
- organized structural means to protect the rights of citizens;
- Attention to the opinion and judgements on the quality of the services directly expressed by the citizens by filling out questionnaires or via the participation and involvement of Associations representing them.

### **Services Charter function**

The “Services Charter” wants to protect the rights of the citizen-patient-user who come to the Centre and, in our special area, to protect the rights of each individual to be able to hear and communicate.

The “Charter” provides the citizen-patient-user and the volunteer associations complete information and the possibility to effectively control the services and their quality. The aim is to improve the relations between the Medical Centre and the citizens adopting the quality standards of the services that will have to be respected, as listed below.

Finally the “Charter” is a document that can be altered in time, reviewed, improved and modified according to the changing aims of the organization policy.

### **In accordance with:**

- Law of 7 August 1990 n.241 “Nuove norme in materia di procedimento amministrativo e diritto di accesso ai documenti amministrativi”.
- D.P.R. 28 November 1990 n.384 recante l’accordo di lavoro del comparto Sanità, che assume il miglioramento delle relazioni con l’utenza come obiettivo fondamentale della azione amministrativa.
- Circolare del M.S. 100/SCPS/3 – 5697 of 31 October 1991 “Iniziative per l’attuazione del SSN, miranti al miglioramento dei rapporti tra Pubblica Amministrazione

e cittadini.

- Directive del P.C.M. of 27 January 1994 “Principi sull’erogazione dei servizi pubblici”.
- Directive of the President of the Council of 11 October 1994 “Direttiva sui principi per l’istituzione ed il funzionamento degli uffici per le relazioni con il pubblico”.
- Decree of 30 December 1992 n.502 “Riordino della disciplina in materia sanitaria, a norma, dell’art.1 della Legge 23.10.1992 n.241” e successive modificazioni ed integrazioni.
- D.L. 12/5/1995 n.163, converted into a law of 11 July 1995 n.273: that foresees the adoption by anyone offering public services, including those who operate under a regime of convention “Carta dei Servizi” sulla base di “schemi generali di riferimento”.
- D.P.C.M. 19 May 1995 “schema generale di riferimento della Carta dei servizi pubblici sanitari”.
- Guidelines n.2/95 M.S. “Attuazione della Carta dei Servizi nel servizio sanitario nazionale”.
- D.P.C.M. 21 December 1995 “Schema generale di riferimento per la predisposizione delle carte dei servizi pubblici del settore previdenziale e assistenziale”.
- Law 150 of 7/06/2000 “Disciplina delle attività di informazione e di comunicazione delle Pubbliche Amministrazioni”, related to the enforcement of DPR n. 422 of 21/9/2002 and the Directive of the Ministry of Civil Service of 7/2/2002.

# Presentation of the Private Hospital Phoniatics Medical Centre

The Phoniatics Medical Centre-Private Hospital “Trieste” is a private clinic legally recognized by the National Health System that historically specialized, in monospecialistic terms, in the context of neurological, phoniatic and ENT communication disorders. It was founded in Padua in 1954 by a married couple of physicians Prof. Lucio Croatto and Dr. Caterina Croatto Martinolli. For over half a century the Centre has been active in the prevention, diagnosis, therapy (both medical and surgical) of the foniatric, otolaryngological and neurological pathologies of the child and of the adult and multidisciplinary rehabilitation of the pathologies of voice, speech, language, hearing and swallowing. Parallel to the assistance activity, the Center participates in scientific research projects in collaboration with Italian and foreign university centers, both in the field of teaching, organizing training courses for national and international phonologists and speech pathologists and congresses on behalf of the most important scientific societies.

In the past 25 years the Centre has been the official editor of the quarterly international journal “Acta Phoniatica Latina”, official branch of the Societa’ Italiana di Foniatria e Logopedia (SIFEL).

# The mission of the Phoniatics Medical Centre

**We believe in the right of every human being to hear and communicate.**

**The Private Hospital “Trieste” is an organization which:**

- acts in collaboration with others in the field to promote and maintain good health;
- manages its resources using an open, effective, efficient, equitable approach encouraging participation in defining choices and evaluating results;
- supports the promotion of its staff to manage and provide medical care;

**The strategic mission** of the Organization, the reason to exist is:

- “To satisfy the needs and expectations of good health of citizens in the specific area of pathological human interpersonal interactions, effectively managing available resources, guaranteeing timely and effective prevention, cure and rehabilitation, while respecting the individual and his/her safety.

**The strategic vision** of the Organization, its future reason to exist:

- “To develop alliances and synergies with the public and private subjects involved in the social and health field in order to enrich its cultural heritage and improve the health services offered. The promotion of research aimed at offering the best treatments, which emerge from the evolution and demands of health care as a new health culture develops and new scientific and technical knowledge is added.”

# Guiding principles, corporate values

The aim is to enhance the central position of the single person within the community to achieve individual and social health. With this in mind the Organization acts in the fields of prevention, diagnosis, medical and surgical treatment and rehabilitation of the disabled.

The values that guide the above mentioned actions and orient the services offered by our staff are:

- **Equity, solidarity, the abolition of inequalities** in accessing and using the services offered by the Centre (Private Hospital), to guarantee the right of each individual to enjoy better health in a system based on equality of rights and duties.
- **Transparency about the flow of information** about the resources used and the results obtained. The patient has the right to receive information from the Medical Centre about the services it provides, its accessibility and different professional skills offered. The patient has the same right to identify the care providers involved in his/her care, to obtain complete and clear medical information regarding the diagnosis, the proposed treatment and related prognosis. Finally the patient has the right to receive any other information which can clarify all aspects of the treatments and therapies indicated before agreeing to them.
- **Efficacy and appropriateness** intended as the provision of evaluation and rehabilitation services and programs supported by evidence of effectiveness in terms of health outcomes, updated from a technical and scientific point of view. In accordance with the individual user's individuality, evaluation and treatment protocols are used by the professionals of the Center with reference to the guidelines accepted by the National and International Scientific Societies and based on scientific evidence-based medicine;

- **Reliability** means being able to comply with one's commitments thanks to the expertise that is available.
- **Safety** means maximum protection of patients and staff who benefit from or work at the Centre thanks to the use of suitable products, processes and work environments.
- **Managerial and organizational efficiency** means flexibility and ability to adjust the work pace and the use of resources according to the care and organization needs.

### **Fundamental principles**

The values guiding the prevention, diagnosis, medical, surgical and rehabilitative treatments, which are provided by the (Private) Hospital, are:

- equity, solidarity, elimination of inequality in accessing and using the services
- transparency
- efficacy and appropriateness
- reliability
- managerial and organizational efficiency

### **Building**

The Medical Centre is situated between Via Bergamo and Via Cremona. The building was extensively renovated in 2000-2002 in accordance with sanitary regulations, safety standards and their functional implementation. An entire floor and a new extension were added in order to house rehabilitative health activities.

The project was designed to focus on its users' needs and with the idea of creating hotel-like comfort for them. At present the humanization of the clinical medical environment stems from the recognition of the fragility and discomfort of the patient during hospitalization.

Particular care was used in the choice of colours, materials, decorative panels, murals, natural and artificial light modulation in the interior and exterior of the building.

In a hospital setting children and their parents must, as as much as possible, be provided with a choice of normal activities so that a serene environment is created. To do so, the Centre offers recreational corners where they can study, play, watch videos and enjoy other amenities.

The entire building incorporates 6 (six) floors above ground and a basement; with a rectangular base and the following functional distribution:

- Basement: houses the storage area, general archive, closets and technical spaces.
- Ground floor: accommodates the main entrance, the booking and administrative offices. A large play room, the psychomotricity gym and the conference room called “Dr. Caterina Croatto Martinolli” with 99 seats are also found on the ground floor. Regular rest rooms and two accessible ones are also available on this floor.
- First floor: houses the surgical area with two operating rooms. There is also a large waiting room, a secretarial area, rooms for audiometry services and doctors’ offices.
- Second floor: houses speech therapist offices for outpatient and/or day service treatment, 9 armchairs specific for day hospital neurorehabilitation in studies for speech therapists, neuro psychomotricists and psychologists.

Service rooms and regular and accessible restrooms are also present.

- Third floor: has 20 beds in 6 double rooms and 8 single rooms.
- Fourth floor: has 19 beds in single and double rooms with private bathroom. A room for the doctor on duty , a medical office, a room for the head nurse and nurses, a storage rooms (for medicines and medical devices, dirt and clean linen) and an accessible restroom are all present.
- Fifth floor: houses 13 offices for speech therapists, 4 medical offices, a room for physiotherapy, one for occupational therapy, one waiting room and locker rooms for the staff.
- Sixth floor: houses technical space occupied by central heating and cooling systems and local pumps.

## Organizational structure

Given D.G.R.V. n. 2122 of 19/11/2013 the Centre has taken the following internal organization:

Surgical area cod. 38 otolaryngology: n.12 beds (p.l.), two for day surgery.

Rehabilitation area cod. 75 neurorehabilitation: n.7 beds (p.l.) dedicated exclusively to the treatment of communication disorders; cod.56 recovery and functional rehabilitation n.20 beds (p.l.) dedicated exclusively to the treatment of phoniatic problems.

For patients coming from outside the Veneto Region n.6 beds (p.l.) are available, of which 1 for ORL patients and 5 for neurorehabilitation.

3 more beds (p.l.) are approved.

The total number is 48 beds (p.l.)

The Centre is equipped with the most up-to-date diagnostic and rehabilitative equipment available in the treatment of various diseases it specializes in. The Centre staff comprises of full time speech pathologists, otorhinolaryngologists, audiologists, neuropsychiatrists, psychologists, paediatricians, neurologists, a significant number of speech therapists (more than 40), audiometrists and hearing aid technicians.

## Collaborations

The Centre collaborates with the following partners:

### University of Padua

- Department of Paediatrics
- Department of Neurological and Psychiatric Sciences
- Faculty of Psychology

### University of California – Irvine (USA)

- School of Medicine
- Department of Psychiatry and Human Behaviour

### University of Ferrara

- Degree in Speech Therapy

### University of Venice

- Department of Science of Language

## **University of Verona**

- Degree in Speech Therapy

## **Padua Public Hospitals**

- E.N.T. Department

## **INSERM (Paris) Institut National de la Santé et de la Recherche Medical**

## **Istituto Ricovero e Cura a Carattere Scientifico - "S. Camillo" – Venice**

## **C.N.R. Institute of Phonetics and Dialectology of Padua**

## **University of California Irvine Department of Psychiatry and Human Behavior**

### **Continuing education-ECM**

Continuing education aims at maintaining and increasing knowledge, skills and professional performance of our staff. The Medical Centre provides training projects for all its staff members and organizes in loco events for personnel of the National Health Service working outside the Centre with CME credits.

The training activity is certified in accordance with the ISO 9001-2008 quality standard.

The aim of the training is to maintain and increase the knowledge, skills and professional performance of the personnel. The Nursing Home prepares training projects for its employees, both medical and non-medical, and also organizes residential events, for the staff of the NHS outside the structure, with ECM credits, through an external provider.

### **High quality corporate system**

The essential objectives of all medical organizations are: the appropriateness of treatments and easy access to them. With reference to quality, the Medical Centre has introduced in its organization, methods of control of the service provided, to identify the critical areas and the correct interventions suitable to remove them in order to tend to a continuous improvement of the assistance. The different subjects interested in the activities that are carried out within the Medical Centre: users, operators, administrators, are bearers of different points of view on the quality of the assistance. Users are particularly interested in the possibility of access to the best care, the effective recognition of the status of citizen-person and the state of environmental comfort. Operators normally pay more attention to the technical-operational quality that concerns the analysis of the way in which the various professional activities are carried out. On both fronts there is the commitment of the administration and the management to arrive

at the definition of a complete system of continuous quality improvement to be activated with different contents, having already been paid attention and operation on:

- defining and drafting operational plans (diagnostic therapeutic protocols) with the participation and help of the operators involved;
- participation in the various operational steps to maintain certification ISO 9001-2008
- participation in initiatives deemed appropriate and useful to promote an ever closer relationship between the Medical Centre, the Public Hospitals, the citizens, the voluntary associations and the local Community;
- control on the application of D.Lgs n. 81/2008 “Consolidated Law on work safety”;
- application at the Medical Centre of the provisions in the D.Lgs. 155/97 regarding food hygiene;
- detection of outcome indicators of the quality system of the Medical Centre selected among the indicators in the D.L. 29/7/95;

In terms of the appropriateness of the services provided by the Medical Centre, Private Hospital “Trieste”, please note the following:

a health service is deemed inappropriate when the consumption of resources required for its implementation do not guarantee an effective treatment. The Medical Record of the patient containing the recording of the diagnostic-therapeutic treatment is reviewed and the correctness of the doctor’s actions evaluated: diagnosis, therapy/surgical and/or rehabilitative service, mode and time of discharge.

In addition the hospitalization of a patient may be considered inappropriate if this service is either inferior or superior to the level of care required. In this case regardless of value judgment, the evaluation is based on the appropriateness of the level of service chosen (hospitalization, day hospital, doctor office visit) given the complexity and gravity of clinical case.

In our Medical Centre-Private Hospital we do not believe that providing many treatments/services guarantees good medical practice and good health. Instead we try to avoid inappropriate procedures in order contain medical costs, while maintaining quality standards. This guarantees the citizen’s right to good health and the physician’s professional autonomy.

## Quality Standard

The primary target of the Medical Centre is to provide the patient with specialist visits and diagnostic and therapeutic services in a friendly and courtes atmosphere where all staff members are required to ensure high quality standards.

Inspired by such principles of high standards, verification procedures include:

### Verification procedures:

Cleaning schedule	Twice daily
Medical office cleaning schedule	Twice daily
Medical Centre Information	At the admittance desk the Service Charter is available upon request
Identifying the operators	Each health care operator is identified by first and last name and job description
Handicapped facilities	Absence of architectural barriers and preferential lanes to performances
Possibility to express one's opinion	Satisfaction questionnaires are distributed during hospitalization
Medical records	Medical report after each service and clinical record within 7 days
Quality control	All services operate in accordance with national and international guidelines and protocols and internal MQ
Waiting time for services	Maximum waiting time for specialist visits respects the regional guidelines (DGR 600); emergencies are met within 24/48 hours
Respect for privacy	Informed consent of the treatment of personal data is obtained prior to medical visits and/or hospitalization
Prevention and protection service	Responsible of the S.P.P., available procedures and safety plan
Foreign citizens	Foreign citizens and people of different religious backgrounds are guaranteed information in English and the possibility of a

cultural mediator or an interpreter who can act as mediator with operators of the Medical Centre.

## Day service

Recently (2007) the Regional administration has approved the organization of Day Service Units exclusively for Veneto residents and has regulated its organization and operating mode (complex and integrated medical assistance)

The Day Service Unit provides diagnostic and therapeutic multidisciplinary clinical activities, enriching the number of medical and organizational services available.

The Medical Centre was granted permission to create the following five Day Services:

- Evaluation of oral and written language diseases
- Treatment of oral and written language diseases
- Evaluation of hearing impaired subjects for hearing aid fitting
- Study of vestibular disorders
- Evaluation and treatment of dysphonia

## Clinical areas

The Medical Centre offers care to the following categories of patients:

1. Phoniatics for adults and children
2. Child neuropsychology and neuropsycholinguistics
3. Adult neuropsychology and neuropsycholinguistics
4. Otorhinolaryngology

1. Within Phoniatics in the adult and the child we provide treatment for:

**Articulation disorders** caused by congenital genetic defects (cleft lip and cleft palate), velopharyngeal dysfunctions, velo-pharyngeal incompetence, or pharyngeal radical surgical intervention, functional disorders.

**Dysarthria and dyspraxia** caused by central neurological damage due to infantile cerebral palsy, stroke, head injuries, brain tumours, degenerative diseases ( SLA, multiple sclerosis, Parkinson) etc.

**Voice disorders:** **organic** or secondary due to congenital malformations, laryngectomies, vocal cords paralysis, damages from coma, benign vocal cords diseases (nodules or polyps), or **functional**, like chronic childhood dysphonia, professional dysphonia.

**Hearing disorders:** moderate hearing loss due to middle ear diseases, congenital or acquired sensorineural hearing loss.

**Swallowing disorders in paediatric age:** caused by genetic syndromes, neurological diseases, functional disorders related to orthodontic problems

## 2. Within Paediatric Neuropsychology we provide treatment for:

**Neurodevelopment Disorders:**

**Relationship Disorders (Autistic Spectrum Disorders)**

**Behavior disorders**

**Infant cerebral palsy**

**Dyspraxia**

**Oral language acquisition disorders** due to development delay, to central origin pathologies (dysphasia, verbal apraxia etc), infantile psychosis (autism, elective mutism) and cognitive disorders (cognitive delay, genetic syndromes etc)

**Written language acquisition disorders** (dyslexia, dysorthography and dysgraphia) and dyscalculia due to developmental delay or specific problems.

**Attention deficit, hyperactivity, memory and cognitive disorders.**

## 3. Within adult neuropsychology we provide treatment for:

**Oral and written language acquisition disorders** (aphasia, alexia, agraphia, dyscalculia) caused by central neurological damages due to central neurological damages, like stroke, head injuries, brain tumours, degenerative diseases (SLA, multiple sclerosis, Parkinson) etc.

4. Within E.N.T. we provide diagnosis and (medical and surgical) therapy for pathologies of: nasal cavity, oropharynx, larynx and ears.

In the O.R.L. the diagnosis and the therapy (medical and surgical) of pathologies of the nasal, oropharyngeal, laryngeal and auditory district are implemented. Excellence areas are constituted by the activities of::

- Endoscopic surgery of the nose and paranasal sinuses (FESS)
- Video endoscopic surgery of the upper digestive airways
- Reconstructive surgery of the palate and functional surgery of velofaringeal incompetence. More than 2,000 cases were treated at the Medical Centre, most cases in Italy
- Phonosurgery by microsurgery interventions on the larynx (benign and malignant pathologies) using cold instrumentation and laser
- Surgery of the laryngeal skeleton
- Surgery of the salivary glands
- Surgery of the obstructive syndromes of the upper airway using the most up-to-date techniques

In particular within Otosurgery we provide the following procedures:

- Myringoplasty
- Tympanoplasty and ossicular apparatus reconstruction
- Stapedectomy
- Cochlear implant
- Placement of implantable prostheses

## Services

### SPECIALIST VISITS

E.N.T.

Phoniatrics

Audiology

Vestibology

Rhinology

Child neuropsychiatry

Neurology

Psychology

Paediatrics

Allergology

### INSTRUMENTAL DIAGNOSTIC TESTS

#### PHONIATRICS

Diagnostic videoendoscopy using flexible and rigid fiber-optic

Fibroscopy of the larynx

Spectrography

Voice Spectography

Phonetography

Multidimensional voice program analysis

#### AUDIOLOGY AND HEARING AIDS

Otomicroscopy

Child audiometry

Tone audiometry

Speech discrimination tests

Impedance testing

Otoacoustic emissions measurements (OAE)

Acufenometry

Calibration and adaptation of hearing aids

Assessment of the hearing aid performance

Cochlear implant activation and fitting

## VESTIBOLOGY

Study of balance disorders  
Videonystagmography  
Vestibular evoked potentials (VEMPs)  
Vestibular rehabilitation  
Video HEAD IMPULSE TEST VHIT

ACCIDENT of 1st and 2nd level

## NEUROPHISIOPATHOLOGY

Auditory evoked potential recording (ABR)  
EEG and video EEG

## SPEECH THERAPY

Evaluation and rehabilitation of oral communication disorders of voice, speech, language and hearing  
Evaluation and rehabilitation of non-verbal communication  
Evaluation and treatment of learning disabilities in reading, writing and math  
Evaluation and treatment swallowing disorders  
Neuropsychological rehabilitation  
Counselling for the operators of health and education services  
Special needs teaching and evaluation of aids  
Parental counselling in relation to the pathology

## PSYCHOLOGY

Psychodiagnostic and behavioral evaluation  
Psychological support  
Parental counseling  
Psycho-pedagogical orientation to the family and the school

## NEUROPSYCHOMOTILITY

Evaluation and treatment of disorders of the end and gross motority  
Evaluation and treatment of disorders of intersubjectivity in autism  
Parental counseling in relation to the pathology

**EMPLOYMENTAL THERAPY** Assessment and treatment of motor planning disorders in personal and social autonomy Assessment and treatment of disorders of executive functions

### **Child sensorineural hearing loss**

As part of the activity performed by the Operative Unit of E.N.T. Surgery, the diagnosis and cure of **child sensorineural hearing loss** has assumed growing importance in recent decades. Being an area our Medical centre excels in, a detailed profile will be useful. Users include patients coming from the entire national territory who need audiological diagnosis, hearing aids therapy, possible surgical intervention and language rehabilitation.

In terms of neurosensorial hearing loss, according to the international guidelines (American Academy of Paediatrics, NICE 2009-2011, Clinical Guidelines for Paediatric Cochlear Implantation -2011), our specialized team for the diagnosis of hearing problems and subsequent fitting of hearing aids is composed by:

- 4 audiologists
- 2 Child Neuropsychiatrists
- 2 Neurologists
- 8 Speech Therapists
- 3 Audiometrists with specific competence in paediatric audiological assessment
- 2 Audiologist
- 2 Psychomotor therapy specialists
- 1 Social Assistant

Through special agreements consultation is assured with:

- Geneticist (agreement with Paediatric Hospital in Padua)
- Neuroradiologist
- Paediatrician specializing infectious diseases

Thanks to **objective investigations** (auditory evoked potentials, during spontaneous sleep or under aesthetic sedation) and to the experience of the operators, hearing impairment diagnosis can be assessed in the first months of life.

**Hearing aid fitting** is delivered by audiologist expert in infant hearing aid fitting

**Diagnostic findings** or a **treatment programme** is then discussed with the speech therapist of the territory of competence either through a meeting or a videoconference, if necessary.

For parents of very young children in particular, we offer constant **parental counselling**, which includes the presentation of educational aspects as well as others more strictly related to speech therapy.

Residents of the Veneto Region can access cycles of therapy offered by the Medical Centre

## Cochlear Implants

When the benefit of a hearing aid is insufficient and after testing its inadequacy, the subject is subjected to a precise selection process that allows to establish the opportunity to proceed with the I.C. both on the audiological and linguistic and on the more general neuromotor, cognitive and relational aspects. In addition, the expectations of the patient or family are assessed, information is provided on the device and on the timing of activation and subsequent controls, and dates on the results realistically achievable.

In the case of children (over the age of 5) if the need for intervention is confirmed, the child is prepared for intervention through a playful approach taken care of by the speech therapist and the educator, which allows him to become familiar with the device and with operating room professionals. This allows him to arrive at a serene intervention and to collaborate more positively with the subsequent mapping phases.

The **surgical team** is composed by the following professionals:

- Highly experienced Otolaryngologist
- Team of specialized paediatric anaesthesiologists (working along the guidelines for paediatric anaesthesia of the European Federation of the Associations of Paediatric Anaesthesia (FEAPA))

In this regard please notice that the Medical Centre has fifty years of experience in children 12-18 suffering from cleft lip and palate

- Audiometrist-audiologist involved in the intraoperative control of the C.I. functionality
- Professional nursing staff

The Medical Centre has also activated a **24 hours a day emergency medical service** integrated by readily available medical staff specialized in anaesthesia and reanimation.

### Follow up:

With its multidisciplinary service the Centre is fully capable of caring for the hearing impaired subject, from the diagnosis through to surgery and rehabilitation, providing optimal care to both paediatric and adult patients and supporting the external team in drafting a rehabilitative project based on functional system analysis and an individualized program.

The Centre provides activation of the processor, subsequent fitting and necessary controls (1-3-6-9-12 months). Then, every 6 months during the first year and annually after that.

The Medical Centre provides continued assistance in case of problems with the processor

(maintainance and substitution), parental counseling on the use of the device (guaranteed assistance, also by telephone), monitoring of the perceptual skills and language development and, when necessary, help with the management of potential complications.

The Center is also connected with a **Medical Aids Unit**: for the choice and fitting of aids in the area of communication and learning and with a **Bioengineering Service** for the management of information system and assistance with electromedical and computing devices.

## Care areas developed by Centro Medico di Foniatria

In functionally homogeneous areas and related areas of pathologies, the Centre has developed, with particular focus on quality, the following three sectors: assistance, research and training:

### **a) Tele-rehabilitation**

**b) Assessment and diagnosis of the Autism Spectrum Disorder (ASD)** and proposals of treatment on location and/or in collaboration with school or home-based projects.

### **c) Parent training**

#### **a) Tele-rehabilitation**

Tele-rehabilitation is not method per se, but a way to deliver rehabilitation at a distance with the patient at home using computing technologies (PC with individual assistive software) to exercise and connect to the rehabilitation centre. Real-time interaction between the patient and the therapist is delivered and supported by internet based videoconferencing.

Tele-rehabilitation can be applied:

- To assess the patient
- To manage and monitor the patient's rehabilitation process at a distance
- For the remote delivery of different therapies (including speech language therapy, physiotherapy and cognitive rehabilitation)
- For distance counselling (tele-counseling)
- To create an adequate and familiar environment for the patient
- To train staff and caregivers

Evidence of the benefits of tele-rehabilitation highlights that patients are gratified by the

results of the therapy, thus becoming highly motivated to go on with the rehabilitation programme.

Home-based therapies, thanks to the widespread availability of broadband IT telecommunications services, have become a good alternative. Tele-rehabilitation is an efficient and effective means to deliver rehabilitation services to those patients who either live far from city centres or from rehabilitation centres, as well as chronic patients who benefit from an annual rehabilitation therapy cycle, even for elderly people who may have difficulty moving around.

b) Assessment and diagnosis of Autism Spectrum Disorders and rehabilitation programme for local treatment and/or in collaboration with school or home-based projects.

### Clinical features

Autism Spectrum Disorders, which fall under the domain of Neurodevelopmental Disorders, are characterized by the concurrent impairment of three functional systems: 1) social and interpersonal relations system, 2) language comprehension and production system, and the pragmatic regulation of language communication, 3) executive functioning system and the action planning system, with a persistent, repetitive repertoire of interests and activities.

Such deficits reflect deep functional alterations of the central nervous system, which in children with Autism develop atypically due to the effect of polygenic abnormalities.

Clinical management of such complex conditions at the Centro Medico di Foniatria (CMF) is regulated by a set of defined procedures that, according to regional laws, provide a diagnostic evaluation phase (day hospital for 2 weeks) and a neurocognitive rehabilitation cycle (for a total of 20 sessions held biweekly).

When admitted to CMF, the child and his family will be received by a specialized medical team constituted by a neuropsychiatrist, a phoniatics specialist, an ear nose and throat specialist and a multidisciplinary group of operators comprising a clinical psychologist, speech therapist, audiometrist, electroencephalography technician, psychomotor therapist and an occupational therapist.

Based on clinical evaluation, for each case, the required tests are carried out (from an EEG to Evoked Potentials) and a neurocognitive, linguistic, relational and psycho affective assessment is obtained from clinical examination and from submitting specific tests; this procedure ensures a rigorous diagnosis and an accurate evaluation of the functional level the child has reached in his or her different areas of development.

## Theories and Methods of the Clinical approach

CMF's original clinical approach is grounded in the neurobiological concept of functional decomposition which implies an analytical assessment of each neurofunctional system along with the computational subcomponent thereof. The main goal of this approach is to lay the ground for deciphering the internal structure of the symptom, thus identifying the putative underlying mechanisms; a step that finally leads to the identification of potentially available skills and strategies the child adopts. CMF's neuro cognitive rehabilitation programme anchors itself on such basis. In targeting the full use of the child's greatest resource, his brain plasticity, the therapist can guide and facilitate the child's reorganization process in terms of cognitive, linguistic and relational development. The theoretical model that determines the functional decomposition approach is founded on a greatly interactive neurophysiological model of development of the Central Nervous System, which is moulded by the child actions, motivations and emotions that guide the child. They can be solicited (or inhibited) by the context that surrounds him and by the quality of interpersonal relations. Our clinical approach therefore centres on the individual, thus on the child's complexity and includes his family nucleus. Neurofunctional reorganization and its development in the child should go hand in hand with the acquisition of emotional balance and self-esteem, the main driving force which lies at the heart of any intervention geared at children affected by General Developmental Disorders.

At the CMF, the approach our multidisciplinary Team adopts when delivering care at the Neuro-rehabilitation Unit for children revolves on the integration and on the adoption of the theoretical model (and methods) specified above.

## General Principles

CMF's medical team and all co-workers who deliver care at the Children's Cognitive Neurorehabilitation Unit adopt the following general principles that distinguish the way we operate:

\* The primary aim of our clinical analysis is to decipher the underlying the core symptoms that can be detected in Autism, to identify the partial abilities the child has and activate, through rehabilitation, ways to improve the ability to function.

\* During rehabilitation, the achievement of the goals derived by the Clinical Analysis are

modulated by the child's motivation and psycho-affective balance. The entire rehabilitation intervention bases itself on these two parameters.

- The family is at the heart of our educational intervention. From the very start, parents are invited to assist and take part in the assessment and treatment sessions.
- Educational interventions are customized. Indications and goals are selected on the basis of a neuro-cognitive, relational and psycho-affective assessment of the child and based on clinical interviews with the parents.
- Educational intervention is delivered on a daily basis. The Centre's healthcare workers are available for optimal cooperation with the school and family, in order to ensure that the objectives that have been set are pursued in a coherent manner in all of the child's environments.
- At the end of each treatment cycle, and in accordance with clinical requirements, the child's subsequent admission to the Unit will be scheduled within six months of discharge in order to monitor the evolution of the clinical condition and to update the rehabilitation programme.

### c) Parent Training

- **Counseling in stuttering therapies** prior to speech therapy.

Aim

To enable parents to acquire a theoretical basis to better understand the disorder and to have the instruments to identify the problems related to fluency (physiological and stuttering). To enhance parents' communication skills and make it easier to continue and maintain what the child has already learnt during speech therapy. To create the real expectations from the therapy.

- **Counseling for parents of child aged 18/36 months affected by communication impairment.**

Aim

The project arose from the need to ensure early intervention in stimulating language as the child is still very young. Systematic intervention helps to prevent delays in speaking and enhances communication and linguistic abilities in the child.

Method

Proposing a longitudinal observation of the of the mother/child interaction will help parents improve the way they communicate. Observation will highlight the strengths of

the interaction and parents will have the chance to expand it even further at home, adopting our recommendations.

- **Parental training course for children with neurosensorial hearing impairment** from 0 to 24 months who either have a hearing aid or are potential candidates of a Cochlear Implant.

Aim

Help parents by giving them the basic theoretical information to understand the importance of communication, the physiological phases of communication development and to improve their communication skills in order to:

- facilitate the child's linguistic-communication skills
- facilitate a more harmonic emotional-affective development
- stimulate the perceptive-hearing skills.

To achieve such goals, useful practical advice is offered to the different groups and levels of communication.

- **Graphic skills laboratory**

Aim

The laboratory was designed to illustrate to parents some practical examples on how to stimulate and enhance their child's graphic skills in order to:

- Plan and perform voluntary consecutive gestures
- Transform visual images into gestures
- Stimulate the integration of motor planning functions, motor memory, kinetic sequence and visual control.

# Useful information

Hospitalizations are for the most part always scheduled.

Hospitalization can be requested:

- by the free-choice paediatrician;
- by a general physician;
- by a doctor of the health unit where the patient is hospitalized;
- by an ENT, phoniatics, audiologist.

Documentation for hospitalization:

- hospitalization request made out by the attending Doctor or due to a transfer from another Hospital;
- personal valid ID document;
- VAT - Tax number;
- health card showing registration to the national health system;
- foreign citizens will be informed on the procedures that must be followed, based on the latest regulations in force.

In case of admission to the Centre, patients are asked to bring any previous diagnostic test and clinical record related to past hospitalization in whatever health unit.

Personal items should include sweat suits, sneakers, pyjamas, underwear and towels.

Hospitalization programming follows a chronological order of the patients on the waiting list; registers related to the reservations are available to patients and family doctors and can be consulted from the administrative secretariat, the admission office known as Ufficio Accettazione Ricoveri (open to the public Monday to Friday from 8.30 am to 6 pm).

The admission office handles the bookings and admission of users requesting health care services provided by the centre; it offers information on the therapies and services, the office hours of each doctor, the fees related to each visit or treatment, the waiting list, the payment of the ticket and other charges that need to be billed in relation to special diagnostic visits. Payment can either be carried out via POS or Credit Card. In case the

patient cannot respect the appointment, advance notice of least one day must be given, informing the operator.

Following admission, the patient who is hospitalized will receive:

- Information on daily activities
- Information sheet to point out any dysfunctions, suggestions and complaints
- Questionnaires related to user's satisfaction (perceived quality).

The staff is available to collect the feedback or complaints of Users and their Family members which will be forwarded to the Health Directorate and/or Administration. They will do their best to resolve the issue in the shortest time possible and to give their answer within the delay that is set out by the laws in force.

The strictest secrecy on the identity of the interested parties will always be guaranteed. At the time of discharge, a detailed report will be issued (discharge letter); the same will be sent to the attending physician with the indications of the rehabilitative and pharmacological therapy to be continued at home or in the territorial structures of the Health Authority of belonging. Likewise, at the end of the Day Service, a clinical report is drawn up concerning the diagnostic aspects and the therapeutic rehabilitative program, aimed at the local operators in charge of the patient.

It is possible to request, at the admissions admission office, a copy of the clinical file that will be issued within the shortest possible time and in any case no later than 7 days from the request, supplemented by the missing documents awaiting the outcome (histological examination report)

The presence of doctors is guaranteed from 8.30 to 18.00; after that time the medical guard is present.

Informed consent: the doctors will provide relatives with the most appropriate information on the diagnosis, prognosis, prospects and possible therapeutic diagnostic alternatives and on the foreseeable consequences of the choices made. Healthcare professionals can not undertake diagnostic and / or therapeutic activities without obtaining the informed consent of the patient. The consent must be expressed in writing. Visitors are allowed on weekdays from 12.30 to 2.00 pm and from 5.30 pm to 7.30 pm and on public holidays from 11.00 am to 1.00 pm and from 5.30 pm to 7.30 pm.

In order to assist one's partner outside the visiting hours, the Authorizing Officer of the U.O. and of the Health Directorate.

Religious assistance: it is normally provided by those who follow the patient in the place of residence. On request it can be provided by the parish priest of the Church of the

"Holy Family".

Spaces are available on request for interviews with attending physicians

The structure is open to the broadest collaboration with the patient protection associations belonging to the Center, in particular:

A.IT.A: Associazione Italiana Afasici

DACCAPO: Associazione Trauma Cranico onlus

Associazione Italiana Sindrome X Fragile

Uniti per crescere

Il Pulcino

Associazione LINFA: Lottiamo insieme contro la Neurofibromatosi OdV

Voci su Voci ONLUS

## Complaints and Reports

To collect reports from patients, the front office staff is available, located on the ground floor and available during opening hours that can also be contacted by phone at 04798715400 is also made available the email [info@centrofoniatria.it](mailto:info@centrofoniatria.it) whose communications will be delivered to the Health Department in order to make any request or report transparent

Operations are essentially expressed on two areas, one of analysis and research

Moreover:

- Collects telephone reports, minutes and written of various malfunctions, suggestions and proposals and collects any complaints with the start of the appropriate procedures for the resolution of the problem presented;
- Promotes the orientation and assistance in dealing with administrative practices related to the structure

### How to file a complaint

Users, relatives or similar, or voluntary bodies or rights protection accredited to the Region or to the Presidium can exercise their right with:

- a) letter in plain paper, addressed and sent to the structure or delivered to the Medical Director
- b) telephone or email reporting to: [info@centrofoniatria.it](mailto:info@centrofoniatria.it)
- c) interview with the assigned staff

For telephone reports and interviews, a specific written form will be made, noting the information reported with the acquisition of data for communications on the matter.

## Glossary of the terms most commonly used in clinical practice

- **Acalculia, dyscalculia:** loss or difficulty of arithmetic and mathematical thinking.
- **Aphasia:** loss of the ability to encode the verbal message (motor aphasia) and / or decode it (sensory aphasia). In the case of coexistence of both symptoms, it is called global aphasia. These disorders are generally secondary to stroke, trauma, tumors or degenerative neurological diseases.
- **Agnosia:** loss of the ability to recognize objects, symbols, sounds, words, writings, images. Depending on the altered function, a visual, auditory, verbal, tactile, etc. agitation is distinguished.
- **Agraphia, dysgraphia:** loss or difficulty of writing skills.
- **Alessia, dyslexia:** loss or difficulty in the ability to read.
- **Verbal apraxia, verbal dyspraxia:** loss or disturbance of verbal expression due to the inability to reproduce the verbal motor patterns necessary for the production of words.
- **Alternative Augmentative Communication (AAC):** an alternative communication system to the word based on the use of symbols or figures that represent the word itself.
- **Parental Counseling:** tends to support parenting resources for educational strategies in general or more specifically in relation to the pathology of one's child. It orients and optimizes the relationship between the different family members and the disabled person.
- **L.I.S.:** communication based on the use of symbolic gestures, commonly used by the deaf community, but also useful in cases where irreversible damage seriously compromises verbal communication.
- **Diarrhea:** difficulty in ending and correct execution of the phono-articulatory movements necessary for the production of the word.
- **Specific language disorder:** difficulty in learning the rules of language inherent to the programming of the word and the correct use of the parts of the speech that make up the sentence. Since this is a pathology, it needs a speech therapy treatment to avoid that this problem is subsequently reflected on the learning process.
- **Sensorineural hearing loss:** secondary hearing loss in most cases to a cochlear lesion but also neural and that may be of a congenital or secondary to viral, vascular, etc. If present from birth or however in the very first childhood it can compromise the acquisition of oral language.
- **Transmissive hearing loss:** hearing loss secondary to a malfunction of the sound transmission system from the outside to the cochlea. It can be secondary to inflammatory events of the middle ear (otitis), to dysfunction of the Eustachian tube due

to the presence of adenoids, to progressive blockage of the ossicular chain (otosclerosis), to congenital malformations of the middle ear.

- **Relational psychomotricity:** aims at stimulating the knowledge and awareness of one's own body, movement, gestures and reactions in order to favor a harmonious maturation of the child.
- **Speech therapy rehabilitation:** aims to restore the ability to communicate through the spoken or written word or through an alternative communication.
- **Language delay:** temporal delay in the appearance of language and its evolution. The verbal age does not coincide with the chronological age, but generally an environmental stimulation is sufficient to accelerate the learning process. It is important, however, to monitor its evolution to avoid intervening, if necessary, late.
- **Occupational therapy:** evaluates and treats motor-planning disorders in personal and social autonomy and disorders of executive functions
- **Myofunctional therapy:** through a series of exercises it aims at setting and restoring, the correct posture of the tongue, of the swallowing, of the breathing and of the articulation of the phonemes (that is of the sounds that can be articulated in a distorted way).

For any other term of a medical nature that would result in difficult-to-understand interviews, the operators of the Center are available for further clarification, in the belief that the correct awareness about the nature of the problem afflicting one's family is fundamental.



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