

Quality Statute - Mental Health Care Institution

As of January 1, 2017, all providers of 'medical mental health care,' i.e., general basic mental health care and specialized mental health care under the Healthcare Insurance Act, are required to make a quality statute public. This quality statute is formatted according to the National Quality Statute GGZ 3.0.

I General Information

1. Data of Mental Health Care Provider

Institution name registered with the Chamber of Commerce (KvK): Senz B.V.

Main postal address (street and number): Stationsplein 89

Main postal address (postal code and city): 3818LE Amersfoort

Website: www.senzggz.nl

Chamber of Commerce number: 93766165

AGB-code 1: 22221995

2. Contact Person/Point of Contact

Name: Karlijn Kindt

Email address: info@senzggz.nl

Second email address: k.kindt@senzggz.nl

Phone number: 0343 235300 or 06 53616863

3. Location

You can find us here: www.senzggz.nl

4. Description of Areas of Attention/Care Offered

4a. In a maximum of 10 sentences, describe the general vision/methodology of your institution and the nature of your patient population. For example, on what problems/target groups does your institution focus, do you involve family/environment in the treatment, do you apply eHealth (applications), etc.?

Senz offers multidisciplinary specialized mental health care (SGGZ) treatment for people who have not achieved sufficient success with previous treatments for depression and/or anxiety symptoms. Senz provides a focused, intensive, multidisciplinary treatment where clients work

together toward the recovery of functioning in society and achieving a valuable life. The psychotherapeutic treatment includes evidence-based therapies, within which space is provided for therapies aimed at developing positive and strong aspects to promote resilience. We aim to align the treatment effects with the client's objectives in daily life and involve their loved ones in the treatment.

Medication treatment is not our primary focus, but a psychiatric consultation is possible. Senz aims to integrate treatment with 'psychedelics,' specifically Ketamine-Assisted Psychotherapy (KAP), into its treatment offerings. We also seek to use innovative digital tools wherever possible to optimally support clients and caregivers in the treatment process and reduce administrative burdens.

4b. Patients with the following primary diagnosis(es) can be treated at my institution:

Depression

Anxiety, generalized anxiety disorder

4c. Does your organization offer highly specialized mental health care (third-line mental health care)?

No

4d. Do you have any other specializations? (Optional, multiple answers possible)

No

5. Description of Professional Network

We are a newly established treatment center and do not yet have structural collaboration agreements with other care providers. However, we intend to establish such agreements, potentially with general practitioners, occupational physicians, mental health care institutions, independent psychotherapists, and psychiatrists working at various organizations.

Patients who apply to Senz must have a referral from a general practitioner or specialist for specialized mental health care (SGGZ). Clients must be physically and mentally able to undergo outpatient treatment. Acute psychiatric problems (e.g., psychosis, severe addiction) must first be stabilized.

Senz has not taken on the responsibility of providing crisis treatments. If crisis care is necessary, contact will be made with the general practitioner and the regional crisis service to arrange care. During office hours, a care professional is always available to speak with clients in crisis or in need of crisis contact.

6. Our institution provides care in:

6a. Senz offers care in:

Specialized mental health care:
Psychiatrist

Clinical psychologist

Psychotherapist

GZ-psychologist (healthcare psychologist)

Nurse practitioner

Social psychiatric nurse

6b. Senz offers care in the following complexity categories:

Senz provides care in categories A, B, and C.

Category A Indicative Lead Practitioner:

Psychiatrist, Clinical psychologist, Psychotherapist, GZ-psychologist, Nurse practitioner

Category A Coordinating Lead Practitioner:

Psychiatrist, Clinical psychologist, Psychotherapist, GZ-psychologist, Nurse practitioner

Category B Indicative Lead Practitioner:

Psychiatrist, Clinical psychologist, Psychotherapist, GZ-psychologist, Nurse practitioner

Category B Coordinating Lead Practitioner:

Psychiatrist, Clinical psychologist, Psychotherapist, GZ-psychologist, Nurse practitioner, Social psychiatric nurse

Category C Indicative Lead Practitioner:

Psychiatrist, Clinical psychologist, Psychotherapist

Category C Coordinating Lead Practitioner:

Psychiatrist, Clinical psychologist, Psychotherapist

7. Structural Collaboration Partners

Senz collaborates in the treatment and guidance of clients with (describe the function of the collaboration and who participates, including address details and website):

Due to the recent establishment of the institution, this will be further developed in the near future.

II Organization of Care

8. Learning Network

Senz provides input for the learning network of indicative and coordinating lead practitioners in the following way. If you are a small care provider (2–50 care providers), you must also indicate with which other care provider you are affiliated to make this learning network possible.

Senz employees engage in intercollegial consultation at relevant moments during the care process to reflect on the progress and quality of the treatment. This takes place in weekly multidisciplinary consultations (MDOs) and monthly interventions.

Due to the recent establishment of the institution, a learning network will be developed in the near future. In this context, we will also explore collaboration with another care provider to make a learning network possible.

9. Care Standards and Professional Guidelines

Senz ensures the following:

9a. Care providers are authorized and competent:

Authorization: Senz ensures that practitioners acting as lead practitioners meet the legally established requirements under the BIG Act for general basic mental health care (GBGGZ) and specialized mental health care (SGGZ). Additionally, Senz ensures that co-practitioners are registered on the CONO professions list. Furthermore, employees of Senz are required to provide a valid Certificate of Conduct (VOG) in accordance with the Healthcare Quality, Complaints, and Disputes Act (Wkkgz). The administration of Senz holds a valid diploma or proof of registration for all employees. It is also important that employees align with the organization's values and are willing to further develop themselves and stay informed about new developments in their discipline.

Competence: Through weekly case discussions and monthly interventions. If applicable, we organize work supervision for junior colleagues and monitor their competence.

Each employee and the entire team will have a training and education plan. Care providers are, among other things, themselves responsible under the BIG Act for obtaining and maintaining their (re)registration in the BIG register. Senz will contribute to this through training (credits) and intervention (credits).

9b. Care providers adhere to quality standards, care standards, and guidelines:

All treatments at Senz are conducted as much as possible in accordance with the guidelines established by the Dutch Healthcare Authority, applicable per professional group, unless a

deviation is motivated and agreed upon with the indicative lead practitioner. This motivation is documented in the Electronic Patient File (EPD) of the respective client. The institution ensures that these guidelines are available to practitioners either in-office or digitally.

9c. Care providers maintain their professional knowledge:

Senz works with employed care providers. For these employees, Senz provides training and education in the areas of psychotherapy, healthcare psychology, and clinical psychology, ensuring this is within the budgetary possibilities of the institution.

10. Collaboration

10a. Collaboration within your organization and (multidisciplinary) consultation is formalized and secured in the professional statute (choose one of the two options):

Yes

10b. Within Senz, multidisciplinary consultation and the exchange and transfer of information between indicative and coordinating lead practitioners and other involved practitioners are organized as follows:

Indicative lead practitioners (clinical psychologists, psychotherapists, or psychiatrists) at Senz chair the teams. A multidisciplinary consultation takes place weekly and typically lasts 60 minutes. During this consultation, the transfer of responsibilities occurs between the indicative and coordinating lead practitioner and other disciplines. Documentation of these consultations is stored in the clients' records.

Clients always meet with the indicative lead practitioner for an intake, interim evaluation, and final evaluation. Sometimes the lead practitioner participates in the treatment, and sometimes the lead practitioner decides on additional interim evaluations. This depends on the treatment's progress and is determined in consultation with practitioners during a multidisciplinary consultation or at the client's request. On average, the client's progress is discussed every 6 to 8 weeks.

10c. Senz applies the following procedure for scaling up and scaling down care to a next or preceding echelon:

Scaling up and scaling down occur primarily during the pre-intake: a telephone screening where the client's care history and complaints are discussed. This is the first moment to assess whether care scaling is needed.

During the intake, the lead practitioner evaluates and decides if a client can achieve the desired result with treatment at Senz. This decision is made in consultation with the client. During the intake, family and/or close ones are invited to obtain the best possible picture of the care intensity required. If the care demand is too light or does not fit within the offered settings, the client is referred back or alternatives are explored.

The referring general practitioner is considered the central figure regarding the client's overall care. During multidisciplinary consultations and treatment plan evaluations, the client is involved in assessing whether care scaling is needed to enhance self-regulation.

10d. At Senz, the following escalation procedure applies in case of differing opinions among care providers involved in a care process:

If a treatment is incompatible with a practitioner's own professional judgment, this is explicitly reported to the indicative lead practitioner. This issue is then discussed within the multidisciplinary team. If a difference of opinion persists among practitioners, an independent lead practitioner is involved, who investigates the client's situation and the differing opinions, potentially by speaking with the client directly. This lead practitioner will consult with both practitioners to aim for agreement. If agreement is not reached, the independent lead practitioner determines the policy to be followed, in coordination with the client. In extreme cases, this may result in the treatment being taken over.

11. Record-Keeping and Handling Patient Data

11a. I request the patient's consent before sharing data with professionals not involved in the treatment:

Yes

11b. In situations where professional confidentiality may be breached, I adhere to the applicable guidelines of the professional group, including the reporting code for child abuse and domestic violence (in cases of conflicting duties, suspected child abuse, or domestic violence), the steps for material control, and I request the control plan from the insurer (in cases of material control):

Yes

11c. I use a privacy statement if the patient does not want their diagnosis disclosed to their insurer/NZA:

Yes

12. Complaints and Disputes Regulation

12a. Patients can find the complaints procedure here (choose one of the two options):

Link to complaints procedure under legal documents on the Senz website:

12b. Patients can turn to the disputes committee for issues regarding treatment and guidance:

Disputes committee contact information: www.degeschillencommissie.nl, phone number:

070-3105310.

The complaints procedure can be found:

Under legal documents.

III The Treatment Process - The Pathway Patients Follow in This Institution

13. Waiting Times for Intake/Problem Analysis and Treatment and Guidance:

Patients can find information about waiting times for intake and treatment and guidance via this link or document, and they can also inquire by phone. The information is—if applicable—differentiated by insurer and diagnosis.

Links for waiting times for intake and treatment:

<https://senzggz.nl/contact/>

<https://senzggz.nl/voor-verwijzers/>

<https://senzggz.nl/kosten/> (for information about costs and insurers).

14. Registration and Intake/Problem Analysis

14a. The registration procedure within the organization is organized as follows (who receives the phone registration, who conducts the intake, how does communication with the patient proceed):

Registrations at Senz are received via email or telephone. Patients always receive an email confirming receipt of the referral and are provided with information about the treatment and the waiting time for the intake. Information about reimbursement is also provided. Patients who are referred are given feedback to discuss expectations regarding the treatment and an explanation of how the treatment generally looks. Because Senz provides intensive treatment, this often requires the necessary availability from the patient.

Before the intake, every patient is requested to complete online questionnaires and a goals form to reflect on what they want to achieve. In addition to this information, the lead practitioner uses the information provided in the referral. A (part of the) intake always takes place with a lead practitioner. During the intake, loved ones or family members are invited to participate. The intake assesses whether Senz can provide suitable treatment. If the assessment suggests that this is possible, the intake will also address classification, the expected length of treatment, the therapists involved, and the treatment goals.

After the intake, a treatment plan is prepared and a treatment agreement is drawn up, which is reviewed after one week with the treating psychologist and the client. After signing these documents, the treatment can begin.

In some cases, Senz cannot provide suitable treatment. In such situations, alternatives are explored with the patient to address their care needs.

14b. Within Senz, the patient is referred to another care provider with an appropriate care offering or referred back to the referrer—if possible with appropriate advice—if the institution does not have a suitable offering for the patient's/client's care needs:

Yes

15. Indication

Describe how the intake/problem analysis and indication are organized within your institution (how does registration occur, how is the appointment with the patient/client for the intake arranged, who is the indicative lead practitioner in the intake phase, and how is the decision made (in consultation with the patient/client), and what are the responsibilities of the indicative lead practitioner in making the diagnosis):

Registrations are received by the administration and care coordination at Senz. They schedule the intake with the patient and ensure that a completed goals form, filled-out online questionnaires, and a referral are available when the patient has their intake. In the intake phase, the indicative lead practitioner is always a psychiatrist, psychotherapist, or clinical psychologist. This practitioner is responsible for a descriptive diagnosis so that, if it is decided in consultation with the client that treatment is appropriate and will begin, co-practitioners can view this descriptive diagnosis. The lead practitioner classifies the patient's problems and aligns the treatment plan with the classification, care needs, and treatment goals. The lead practitioner is ultimately responsible for the treatment during and after the intake phase. The client's main point of contact is the treating psychologist.

16. Treatment and Guidance

16a. The treatment plan is developed as follows (description of the process and involvement of the patient and (co-)practitioners, role of the (multidisciplinary) team):

The patient's treatment plan is developed after the intake and based on input from the patient's completed goals form. The goals are discussed during the intake. The treatment plan is discussed with the patient by the treating psychologist and adjusted if desired, after which the patient signs the treatment plan. The plan includes the classification, treatment goals, involved practitioners, expected treatment duration, and the approximate timing of the interim evaluation. The treatment plan is the starting point of the treatment, and both the patient and practitioners commit to the goals and collaborate to achieve them. Both the patient and

practitioners are responsible for adjusting the goals when necessary, in consultation with the patient, practitioners, and lead practitioner. These adjustments can take place during sessions or multidisciplinary consultations.

16b. The central point of contact for the patient/client during treatment is the coordinating lead practitioner (description of the role and responsibilities of the lead practitioner in relation to those of co-practitioners):

The indicative lead practitioner is responsible for the treatment from start to finish. The lead practitioner is always available for consultation with the patient. This consultation can be scheduled through the care coordinator (available in every treatment). Conversely, the lead practitioner can invite a patient for an interim evaluation at any time if consultation between practitioners indicates it is necessary. Consultation between practitioners and the lead practitioner is always possible and already occurs weekly through multidisciplinary consultations. During these consultations, the progress of the treatment is monitored and accountability is given.

16c. The progress of the treatment is monitored within Senz as follows (e.g., progress discussion of the treatment plan, evaluation, questionnaires, Routine Outcome Monitoring [ROM]):

Treatment progress can be monitored through:

Weekly multidisciplinary consultations,

Interim questionnaires to assess symptom progress,

Interim evaluations scheduled by the indicative lead practitioner,

Discussions of treatment progress among the involved practitioners, which are documented in the Electronic Patient File (EPD),

Final evaluations, incorporating the input from a satisfaction survey completed by every patient at the end of the treatment.

16d. The coordinating lead practitioner reflects with the patient/client and, if desired, their loved ones on the progress, efficiency, and effectiveness of the treatment as follows (explanation of evaluation methods and frequency):

The indicative lead practitioner typically conducts an interim and a final evaluation with the patient. Additional interim evaluations may take place if desired. The lead practitioner may also participate in the treatment if necessary. The frequency of interim evaluations or the degree of participation depends on the patient's needs and the progress toward achieving the treatment goals.

Co-practitioners, including the coordinating lead practitioner, can always ask evaluative questions during their conversations, either at the recommendation of the indicative lead practitioner or independently.

16e. Patient/client satisfaction is measured at Senz as follows (when, how):

Patient satisfaction is actively discussed during conversations multiple times throughout the treatment. At the end of the treatment, Senz requests every patient to complete an online satisfaction survey, which serves as input for the final evaluation with the lead practitioner.

17. Closure/Aftercare

17a. The results of the treatment and guidance and the possible follow-up steps are discussed with the patient/client and their referrer as follows (e.g., informing the referrer, advice to the referrer about follow-up steps, informing the follow-up care provider, and how the institution handles cases where the patient/client objects to informing the referrer or others):

During the final evaluation, the goals are reviewed. Based on (ROM) questionnaires, it is assessed whether the level of complaints has changed during treatment. In some cases, it may be decided to refer the patient for a follow-up treatment. The results and possible follow-up steps are discussed with the patient. This is documented in a final treatment report and shared securely with the patient via email. The referrer is informed about the completion of the treatment. The patient retains control over the content of the final letter and determines with whom and when it is shared.

17b. Patients/clients or their loved ones can proceed as follows in case of a crisis or relapse after the conclusion of the treatment and guidance:

Patients who experience complaints again despite their relapse prevention plan from the treatment can reapply for treatment. If they meet the regular criteria for treatment at Senz, a new treatment or referral may begin. In the case of a crisis, the patient is referred to the local crisis service.

Signing

Name of Senz administrators:

Karlijn Kindt, Shiva Thorsell, and Rutger Engels

Location: Zeist

Date: December 23, 2024

Declaration:

I declare that I comply with the legal frameworks of my profession, act in accordance with the National Quality Statute for Mental Health Care, and have truthfully completed this quality statute.

Yes

When making the quality statute public, the mental health care institution must attach the following documents to the registration page on www.ggzkwaliteitsstatuut.nl:

1. A copy of the institution's applicable quality certificate (e.g., HKZ, NIAZ, JCI, or other quality mark);
2. The general delivery terms;
3. The institution's applicable professional statute, in which the aforementioned escalation procedure is included.