

Approved quality statute mental healthcare (ggz) – Institution

As of January 1st 2017, all providers of medical mental healthcare, meaning generalistic basic mental healthcare (GB-GGZ) and specialized mental healthcare (SGGZ) within the Healthcare law, are obliged to publish a quality statute. This concerns a qualified quality statute.

I. General information

1. Data ggz provider

Name of institution: Grip Psychologen
Registered post address street and number: Falckstraat 15-29 III-hoog
Registered post address postal code and city: 1017 VV AMSTERDAM
Website: www.grippsychologen.nl
KvK numer: 34332127
AGB code 1: 22220773

2. Data contact person/point of contact

Name: Sanne Verkooijen
Email address: s.verkooijen@grippsychologen.nl
Second email address:
Phone number: 085- 0471147

3. This is where you can find our locations

Link: https://www.grippsychologen.nl/nl/Psychologenpraktijk/Over_ons/Locaties/

4. Description of areas of interest/care offer

4a. Describe within 10 sentences the general vision/method of your institution and what your patient population looks like. For example: what problem/audience does your institution target, do you involve family members/environment in treatment, do you make use of eHealth (applications), and so on:

Grip Psychologen stands for quality and short waitinglist time in GB-GGZ as well as SGGZ. We help clients get rid of their symptoms by using evidence-based methods, but also strive to help clients function even better than before the development of their symptoms. Moreover, we involve the clients close family members and loved ones as much as possible. We offer face-to-face contact as well as eHealth modules. We strive to keep our care accessible and offer treatment within the vicinity of the client, which is why we work from different locations in Amsterdam. In the context of accessible care, we offer therapy in English as well as Dutch.

4b. Patients with the following main diagnoses can turn to our institution:

Alcohol
Other drug-related
Depression
Anxiety
Residual diagnoses
Sleep disorders
Somatoform symptoms

4c. Does your organization offer highly specialized gzz ('3^e lijns ggz'):

No

4d. Do you have any other specialisms: (optional, more than one answer possible):

No

5. Description professional network

Within Grip, as of December 1st 2020, 25 psychologists (of which 6 GZ-psychologists and 6 PIOG's), one clinical psychologist and one psychiatrist are employed. Also, two office managers, four secretaries and one financial administrative assistant are employed.

Grip solely works with professionals trained in cognitive behavioural therapy. On top of their university study psychology, they have followed a thorough training program. In the context of the Wet Beroepen In de Gezondheidszorg (BIG), Grip's psychologists are as much as possible BIG-registered or in training to this professional registration. In order to guarantee quality, we work with directing practitioners. Within the practice, 20 psychologists are capable of working with EMDR. This is one of the most effective forms of the treatment of trauma. Moreover, psychologists work conform the code of conduct of the Nederlands Instituut voor Psychologen (NIP). We also consider the general privacy legislation. The treatment methods applied at Grip are scientifically substantiated, efficient and evidence based. Treatment is aimed at quick recovery and prevention of relapse in the long run. We continuously work on keeping our waiting list as short as possible: we aim for an as much as possible limited waiting time from registration to the first appointment at the most two workweeks. We find it important to involve the client in the treatment. To that end, treatment takes place in a process-based cooperation between client and therapist, in which they transparently and clearly work in accordance with pre set goals, with the usage of suitable treatment methods. Due to the fact that we have two locations, we can keep care accessible and within the vicinity of the clients. In addition, we maintain good contact with our referrers on different locations. Grip Psychologen has detached several POH-GGZ employees to different general physicians in the region.

6. Grip Psychologen offers:

GB-GGZ: ambulant care for adults.

- Anxiety and panic
- Dreariness and depression
- Psychosomatic complaints
- Obsessive compulsive complaints
- Post traumatic stress complaints
- Mild alcohol or drugs problems
- Sleep problems (uncompensated diagnosis)

Within Grip, the following disciplines function as directing practitioner:

6 GZ psychologists.

S-GGZ: ambulant care for adults.

- Anxiety and panic
- Dreariness and depression
- Psychosomatic complaints
- Post traumatic stress complaints
- Mild alcohol or drugs problems
- Sleep problems (uncompensated diagnosis)

Within Grip, the following disciplines function as directing practitioner:

6 GZ psychologists.

7. Structural cooperation partners

Grip psychologen works for the purpose of the treatment of patients/clients/patient care, in cooperation with the following partners (describe the function of the cooperation and who participate (mention company details and website):

- Stichting GEZZuid Dhr. L. Verest (huisarts) Waalstraat 58 te Amsterdam
<http://www.stichtinggezzuid.nl/>
- Huisartsenpraktijk Tabak, Tweede Oosterparkstraat 274E, 1092 BV Amsterdam
<https://huisartstabak.uwartsonline.nl/english-homepage/>
- Huisartsenpraktijk Bonnema, Vrijheidslaan 24, 1078 PK Amsterdam
<https://www.huisartsenvrijheidslaan.nl/en>
- Huisartsenpraktijk Leijssen, Admiraal de Ruijterweg 274 hs, 1055 MR Amsterdam
- Psychologenpraktijken Bos en Lommer, Van Kinsbergenstraat 8, 1057 PP Amsterdam
<https://www.psychologeninamsterdamwest.nl/>

The partnership takes place in the field of prevention, treatment and guidance of health problems of (shared) patients. With all five of the cooperating partners, it has been agreed to consult each other for consultations regarding diagnostics and treatment advice.

II. Organization of care

8. Care standards and professional guidelines

Grip Psychologen ensures as following that:

8a. Care providers are qualified and competent:

Grip solely works with professionals trained in cognitive behavioural therapy. On top of their university study psychology, they have followed a thorough training program. In the context of the law of healthcare professions (BIG), Grip's psychologists are as much as possible BIG-registered or in training of this professional registration. In order to guarantee quality, we work with directing practitionership and psychologists that are not yet BIG-registered to receive a minimum of one hour of work supervision a week. Within the practice, twenty psychologist are capable of applying EMDR as a treatment. This is one of the most effective forms of trauma related treatment. Besides, all psychologists work in accordance with the code of conduct of Dutch Institute for Psychologists (NIP). We also consider general privacy laws. By means of periodic conversations, ROM-scores and client satisfaction questionnaires, the management team monitors the functioning (competence) of staff members and when necessary is capable of suggesting appropriate measures.

8b. Care providers act according to quality standards, care standards and guidelines:

Within Grip, we work with treatment paths for disorders treated in our institution. These treatment paths are meant for professionals working within Grip to use as guidelines for optimizing care (processes). The treatment paths are developed based on available knowledge and pre-existent guidelines for diagnosing and treating people's mental problems. An elaborated treatment path ensures clarity on who-does-what-when-and-why as an answer to the client's care demand. Every treatment path describes step by step –identifying, diagnosis, treatment interventions, aftercare/relapse prevention– of which activities the step exists, and offers rules of thumb for executing the step, suggestions for applicable questionnaires and optimal treatment interventions. Beside that, Grip Psychologen has taken up in their quality management system (ISO) in which way she takes advantage of het opportunities and secures risks. By means of, amongst others, internal

audits, the effect of these measures is being tested and if necessary the measures are fitted. Finally, every staff member within Grip Psychologen works according to the same work instruction, to guarantee uniformity and quality. This is being guaranteed by executing periodic checks.

8c. Care providers keep up their expertise:

Grip Psychologen has established which competencies are needed by staff members that execute work that directly influences the quality of the products of services. Grip Psychologen states that staff members are permanently competent by means of education, training and experience. Yearly, Grip Psychologen makes a training budget available for each staff member. Also Grip Psychologen has 2 to 3 mental care training spots each year, that are filled with Grip's own psychologists. During work supervision, attention is being paid to the following trainings. Training needs and wishes are reflected in performance appraisals. This is being secured by executing periodic checks.

9. Cooperation

9a. Cooperation within your organization and the multidisciplinary consultation (MDC) is recorded and secured in the professional statute:

Yes

9b. In case the organization delivers specialized mental healthcare: Within Grip Psychologen, the multidisciplinary consultation and exchange/transfer of information between the directing practitioner and other involved practitioners, is being arranged as follows:

During the intake appointment, the directing practitioner will be present if possible, on top of the treating psychologist. Besides, an MDC will be planned between the treating psychologist and psychiatrist or clinical psychologist. Within Grip Psychologen, all practitioners receive weekly work supervision with the directing practitioner. Treatments are being evaluated in the meantime. At every tenth session, the directing practitioner is present, after which any treatment goals are adjusted when necessary. In case anything in the treatment plan is being adjusted, the involved specialist (psychiatrist or clinical psychologist) is informed.

9c. Grip Psychologen applies the following procedure for the up- and downscaling of care provision to a next or preceding scale, respectively:

Grip Psychologen applies an indication policy, in which is worked with prescreening after registration. In this way, it is attempted to prevent clients from unnecessarily being placed on the waiting list or have an intake appointment, where it could turn out that the symptoms can not be treated at Grip Psychologen. During prescreening, a decision tree for BGGZ/SGGZ/POH-GGZ, the results from sent questionnaires, the referral and information with regards to the reason for registration are used. Based on this, Grip Psychologen will ensure to the right care for the client. Regularly, recurring checks take place for the purpose of guaranteed quality.

Thereafter, a second control takes place during the intake, when the practitioner can look deeper into the problems. A directing practitioner is involved when there is doubt about the indication of care severity.

Upscaling of GBGGZ to SGGZ is possible when sufficient health insurers budget is available, and when complaints are suited for treatment at Grip Psychologen. The practitioner consults with the directing practitioner and if agreed, the practitioner sends a request for the upscaling of the trajectory to the financial administration. In case of insufficient budget and/or contraindications for treatment within Grip, the practitioner explains to the client that treatment in SGGZ is indicated, and that this treatment cannot be given within Grip. The practitioner looks for an appropriate alternative together with the client and general practitioner or POH-GGZ, and closes the trajectory as OVP (Unfulfilled Product). By letter, the practitioner and directing practitioner inform the GP that the client needs to be referred by the GP, and give suggestions for certain institutions or field colleagues.

When downscaling to GB-GGZ, the practitioner asks the financial administration, after a consultation with the directing practitioner, to convert the opened SGGZ trajectory to a BGGZ trajectory, starting

at the first contact (retroactively). By letter, the practitioner and directing practitioner inform the GP that with his or her approval, the client will start in GB-GGZ. The practitioner mentions the diagnosis and treatment indication for treatment in GB-GGZ.

If the practitioner is considering a referral to the POH-GGZ, this will first be consulted with the directing practitioner. If agreed, the GP is informed by letter. Treatment by the POH-GGZ can be indicated when at completion of the treatment there are residual complaints, covered by uninsured care, or when after completion of the intensive treatment phase aftercare is needed. The client is then referred back to the POH-GGZ. The practitioner sends a closing letter, in which he writes a transfer and describes what has been worked on and also mentions starting points for follow-up treatment at the POH-GGZ. If possible, a relapse prevention plan is composed and sent along to the POH-GGZ.

9d. Within Grip Psychologen, the following escalation procedure applies in case of difference of opinion between caregivers involved in a care process:

In case of difference of opinion between caregivers, the MDO will be used for consultation. The directing practitioner makes the final decision, as he/she is ultimately responsible.

10. File management and dealing with patient data

10a. I ask my patient permission when sharing data with professionals not involved in the treatment:

Yes

10b. In situations in which professional confidentiality is possibly broken, I use applicable guidelines of the profession for this purpose, among which the reporting code for child abuse and domestic violence (in case of conflict of duties, suspicion of child abuse or domestic violence), the roadmap for materialistic checks, and I ask the health insurer for the roadmap (in case of materialistic checks):

Yes

10c. I use the privacy statement if a patient does not want to reveal his diagnosis to his health insurer/DIS:

Yes

11. Complaints and dispute settlement

11a. The complaint settlement can be found here (choose one of the two option):

Link to complaint settlement:

https://www.grippsychologen.nl/index.php?page=1_5&Language=en

11b. In case of a dispute, patients can go to:

Name of dispute authority with which the institution is affiliated: De Geschillencommissie

Contact data: <https://www.degeschillencommissiezorg.nl/english/>

The dispute settlement can be found here:

Link to dispute settlement:

https://www.grippsychologen.nl/index.php?page=1_5&Language=en

III. The treatment process – the trajectory the patient follows in this institution

12. Waiting time for intake and treatment

Patients can find information regarding waiting times for intake and treatment via the below link or document (and can request this by phone). The information is ordered by generalistic basic mental

health care and/or specialized mental health care, and –in case the distinction is applicable– by health insurer and diagnosis.

Link to waiting times for intake and treatment:

https://www.grippsychologen.nl/index.php?page=1_5&Language=en

13. Registration and intake

13a. In the organization, the registration procedure is arranged as following (such as: who receives the registration by phone, who does the intake, how is communication with the patient going):

The client registers via the registration form on the Grip Psychologen website. The registration will be received by Grip psychologen secretariat, after which the client is invited to complete the questionnaires and will be screened. The GP sends the referral via ZorgDomein, or the client delivers the referral himself. If treatment at Grip Psychologen is as results after screening, an intake is scheduled with one of the psychologists, together with a directing practitioner.

13b. Within Grip Psychologen, the patient/client is referred back to a referrer –if possible with appropriate advice– if Grip does not have a suitable offer to the care demand of the patient/client:
Yes.

14. Diagnostics

Describe how the intake and diagnostic process is arranged within Grip Psychologen (how is the registration received, how does the appointment for intake with the patient/client come about, who is the directing practitioner in the intake phase and what is the decision process (alignment with patient/client), what do the responsibilities of the directing practitioner consist of if he makes the diagnosis himself):

Registration is received by the secretariat, who will forward the client to the pre-screening staff. If the client is eligible for care at Grip Psychologen, he or she is scheduled for an intake with one of our psychologists, with, if possible, a directing practitioner. Depending on the outcome of the screening, treatment is scheduled with a junior or senior therapist. An appointment is made, based on the first possible spot (in consultation with the client), unless the client expresses a clear preference for a certain therapist. This will of course be taken into consideration.

The directing practitioner is usually the work supervisor of the concerning practitioner, and is always a GZ-psychologist.

After the first intake, or if necessary second intake, with the psychologist and after the client has filled in diagnostic questionnaires, the psychologist makes a diagnosis in consultation with the directing practitioner. In the second (or third) conversation, the diagnosis and results of the questionnaires are discussed and a treatment plan is composed in consultation with the client. The client receives a digital treatment plan and is asked to sign this digitally. The treatment plan is saved in the EPD. If there is any doubt about the diagnosis or if there are complex problems, the client is discussed during work guidance/MDO. On this basis, the diagnoses can possibly be adjusted.

15. Treatment

15a. The treatment plan is composed as following (description of process and involvement of patient/client and (fellow) practitioners, role in multidisciplinary team):

The treatment plan is composed based on shared decision making. During the intake, treatment goals are formulated in consultation with the psychologist and client, taking into consideration the clients wishes and symptoms. The psychologist explains the several possibilities for treatment and chooses the best suited treatment in consultation with the client. If there appears to be immediate need for medical treatment, this will be consulted with the client and a consult with the psychiatrist will be scheduled.

Every treatment plan is based on the available evidence-based treatment protocols. However, due to the shorter duration of a large part of treatment trajectories that take place within Grip, it is not achievable nor appropriate in relation to the severity of the complaints, and therefore often also not

necessary, to follow the entire treatment protocol. Therefore, in consultation with the directing practitioner, the psychologist chooses the interventions that are expected to have the largest impact on the client in question.

15b. The central point of contact for the patient/client during treatment is the directing practitioner (description of role and tasks of the directing practitioner in relation to the role and tasks of the fellow practitioners):

The directing practitioner is responsible for the final diagnosis and for approving the treatment plan. Intermediate evaluations, whether it concerns adjusting the treatment plan or calling in third party care will always be in consultation with and with approval of the directing practitioner, and in SGGZ in consultation with the specialist.

Fellow practitioners generally execute the treatment.

15c. Within Grip Psychologen, the treatment progress is monitored as following (such as meetings concerning the progress of the treatment plan, evaluation, questionnaires, ROM):

Within the Care Severity Product Medium and Intensive (Zorgzwaarteproduct Middel en Intensief) and in the SGGZ, intermediate evaluation will take place after 5 sessions within a BGGZ trajectory and after every 10 sessions within a SGGZ trajectory, respectively. In this evaluation, the treatment plan and treatment goals, as composed in the beginning of the treatment, are evaluated and adjusted if necessary. Moreover, the SQ-48 is taken and discussed in the meantime. The evaluation is discussed with the directing practitioner, or he or she is present during the evaluation.

Furthermore, the psychiatrist can be called in if the practitioner and/or client wish to investigate the possibility of additional medical treatment. The psychiatrist will keep evaluating the treatment with the client in the meantime, and will adjust it if necessary. If deployment of other care is necessary as well, the psychologist will call in indicated help, in consultation with the client and directing practitioner.

All meetings concerning evaluation and progress are recorded in the EPD as intermediate evaluation in session reports. Moreover, the results of the questionnaires are recorded according to ROM in EPD.

15d. Within Grip Psychologen, the directing practitioner evaluates efficiency and effectivity of the treatment, together with the patient/client and possibly loved ones, as following (explanation of way of evaluation and frequency):

Within the Care Severity Product Medium and Intensive (Zorgzwaarteproduct Middel en Intensief) and in the SGGZ, intermediate evaluation will take place after 5 sessions within a BGGZ trajectory and after every 10 sessions within a SGGZ trajectory, respectively. In this evaluation, the treatment plan and treatment goals, as composed in the beginning of the treatment, are evaluated and adjusted if necessary. The evaluation is discussed with the directing practitioner, or he or she is present during the evaluation. If applicable, a loved one can be invited for these moments of evaluation. Usually, the intention is to involve the client's loved ones in the treatment where possible.

15e. Satisfaction of patients/clients is measured withing Grip Psychologen in the following way (when, how):

Client satisfaction will be measured via the CQi (Consumer Quality index), which will be digitally filled in by the client at the end of the treatment. The management receives the results of this investigation and partly tunes the policy according to the results, in order to continue to guarantee and if necessary/possible increase quality. If clients are not satisfied, they can also file their complaint. This is will be handled by the complaints officer. Finally, approximately every quarter, client panels take place, during which clients are asked to give feedback on different processes within Grip Psychologen.

16. Closure/aftercare

16a. The results of the treatment and possible follow-up steps, are discussed with the patient/client and his or her referrer as following (amongst others informing the referrer, advice for the referrer on follow-up steps, informing the follow-up practitioner, what does the institution do when patient/client objects the informing of the referrer or others):

In case of mutual consent about an adequate decrease of complaints of complete recovery of the client, the treatment is ended. During the final treatment phase, a relapse prevention plan is drawn up with the client. Also, after the appointment the client is invited to fill in the questionnaires, as before mentioned, and is asked to cooperate in the client satisfaction research.

After the final appointment, the psychologist draws up a closing letter directed to the GP. In this letter are mentioned: reason of conclusion, applied treatment interventions, achieved results (scores on questionnaires can be mentioned in this part) and follow-up.

In some cases, the client benefits from several accessible follow-up appointments after conclusion of the treatment, as aftercare. The client is then referred to the GP's practice nurse in mental health care (POH-GGZ) on duty within the general practice. If the client wishes so, the psychologist informs the POG-GGZ about the client's status and possible approach for further guidance.

If the client did not adequately benefit from the treatment, advice is given for a referral to a more specialized institution, in consultation with the directing practitioner. This is also fed back to the referrer and the practitioner will refer the client to the follow-up place. If desired, extra transfer of information with the follow-up place can take place by phone or in writing, provided that the client has signed an authorization.

If the client objects the providing of information to the referrer, this is mentioned in the treatment conditions and the referrer is informed about this.

16b. Patients/clients and/or their loved ones can act as following if there is a crisis or relapse after the conclusion of treatment:

If there is a relapse and the relapse prevention plan offers the client insufficient support, he or she can contact his or her GP and register again at Grip Psychologen with a referral. Provided that the client's health insurer allows it, a new treatment trajectory can be started. The client's loved ones can also contact the GP when necessary.

If there is a crisis, the client or his or her loved ones should contact the GP, general practice center or crisis service. If indicated, the patient can be again be referred to Grip Psychologen for the start of a new treatment trajectory.

IV. Signature

Name director of Grip Psychologen:

Frank Cabooter

Place:

Amsterdam

Date:

27-11-2020

I declare that I adhere to the legal framework of my professional practice, act in accordance with the model quality statute and that I have truthfully filled in this quality statute:

Yes

When making the quality statute public, the GGZ institution adds the following attachments to the registration page of www.ggzkwaliteitsstatuut.nl:

A transcript or copy of the within the institution applicable quality certificate (HKZ/NIAZ/JCI and/or other quality mark);

His general terms and conditions of delivery;

The within the institution applicable professional statute, where the mentioned escalation procedure is included.