Quality statute U-center

May 2022

I General information

Details mental health provider

1. Name of institution: U-center
   Main postal address street and house number: Julianastraat 23a
   Main postal address postal code and city: 6285AH EPEN
   Website: www.u-center.nl Chamber of
   Commerce number: 14100256
   AGB code: 73733124

2. Contact person/point of contact details
   Name: Desiree Drossaert, board secretary
   E-mail address: desiree.drossaert@u-center.nl
   Phone number: 0434559109

3. You can find our locations here
   https://www.u-center.eu/contact/our-locations/

1 *This concerns the AGB code(s) with which you submit claims to the health insurers.*

2 *The contact person is the person who is approached in case of uncertainty about the quality statute. This usually concerns the project leader who is charged with drawing up this document within the institution.*

4a. Description of focus areas/care offer

i. Describe in a maximum of 10 sentences the general vision/working method of your institution and what your patient population looks like. For example: What problem/target group does your institution focus on, do you involve family/environment in the treatment, do you apply eHealth (applications), etc). [Open text field]

U-center is a specialist mental health care institution with an integrated short-term clinical and outpatient treatment offer for clients with serious psychological (comorbid) complaints, including anxiety disorders, PTSD, addictions, somatoform disorders, and personality disorders. The institution has both a Dutch-language department and an English-language department. For the Dutch-speaking part, the care offer consists of an intensive diagnostic and treatment program of 14 weeks, of which 6 weeks in clinical and 8 weeks outpatient. Individual outpatient treatments are also offered, but the majority of clients come with an outpatient follow-up because of clinical treatment. Family members are closely involved from the moment of the indication to the presentation of the future development plan. Both the clinical and the outpatient treatment have several e-health elements and they often work in a blended way.

For the English part, the treatment generally involves an admission of 7-9 weeks, and in general, there is no outpatient follow-up, with a few exceptions. Dutch policyholders receive an aftercare program of 6 weeks.

1. Vision: U-center has a clear vision on health: empowering people, restoring our clients' control over their lives, in all areas that are important to them. This is from a holistic approach, shaped by the biopsychosocial model, apart from classification according to the DSM framework.
2. Short and effective. A short intensive treatment with high treatment results (above the national average).
3. Integrated approach. We treat multiple psychological complaints integrally, which influence and maintain each other. We believe that comorbidities in severe pathology should be treated simultaneously. To achieve this, various evidence-based treatments are given simultaneously in both group and individual sessions to achieve an integrated result.
4. Customization. Of course, we follow professional guidelines, care standards, and protocols, but every person is unique and deserves customization. We don't treat diagnoses, we treat people.
5. Shared decision-making. We see treatment as a collaborative process in which you play a major active role.
6. The 'healing' environment. Treatment and stay in comfortable accommodation, with an eye for hospitality, tasty and healthy food, sports, nature, relaxation
7. Compassionate Care. Driven, expert, and personally involved care providers and other service-providing professionals who have short lines of communication with each other.
8. Attention to close relatives (family, friends) and for your work (reintegration) and daytime activities, with respect for your privacy.
9. E-health is an integral part of every phase of treatment at U-center. E-health contributes to the active involvement of the client, and it helps to take control of one's own life. E-health also increases treatment intensity and quality.
10. The target group is clients aged 18 and over. The elderly are also part of the target group. U-center is a national facility and cooperates widely with independent practices and mental health institutions throughout the country. In the Limburg region, U-center is affiliated with the regional crisis service.

4B. Patients/clients with the following diagnosis(s) can receive care in my institution:

- Attention deficit and behaviour
- pervasive
- Other childhood
- Alcohol
- Other addictions
- Depression
- Fear
- Personality
- somatoform

4C. Does your organization offer highly specialized mental health care (3rd line mental health care)

Yes, we have a highly specialized mental health care department for

Alcohol
Other to a resource
Depression
Fear
Personality
somatoform

4D. Do you offer other specialisms

U-center offers treatment for almost all complaints, integrally and simultaneously. Often there are several complaints and underlying causes that are related to each other. U-center is an expert in the integrated treatment of multiple problems.

We offer integrated treatment of multiple diagnoses at the same time. A unique holistic approach, which is fully focused on the personal situation. Treatment is aimed at returning the client to a role in society as quickly as possible. U-center treats dual diagnoses where there are no exclusions based on the interaction of classification.

5. Description of professional network[3]:

U-center works for the treatment of clients together with the following partners (also describe the function of the partnership and who participate in it (state name and address details and website):

As a national facility, U-center works together with all general practitioners, company doctors, independent mental healthcare providers, and mental healthcare institutions throughout the Netherlands. U-center is affiliated with the regional crisis service in Limburg. The international team works together with referrers from Luxembourg, Germany, the American army, and Dutch institutions that offer English-language treatments.

U-center works together with RINO South to create training places for GZ psychologists, psychotherapists, and Clinical Psychologists. In addition, there is a collaboration with Maastricht University for the training of MSc psychologists.

3 Professional network concerns other care providers with whom there are structural cooperation agreements in the context of the treatment. Examples of partnerships in which the institution participates are a regional youth care network, safety houses, etc.

6a. There is a transitional situation where we work with a distinction between generalist basic mental health care and specialized mental health care as well as a division into categories. In the future, the first distinction will no longer apply.

U-* center offers treatment in: *Specialized mental health care
The following types of professionals can act as indicating coordinating practitioners: clinical psychologists or psychiatrists.

The indicative role. The **indicating** coordinating practitioner analyzes the problem, based on professional knowledge and experience, together with the patient/client and possibly using the expertise of other care providers. He makes a problem analysis, makes a diagnosis, and draws up a general treatment plan for treatment and guidance. During the later treatment phase, he is involved in recorded moments of reflection. He is also involved in far-reaching changes in the complexity of the situation or if the treatment and supervision come to a standstill and he draws up a new treatment plan where necessary.

The following professionals can act as **coordinating** practitioners: GZ psychologists and nursing specialists.

The coordinating role. The coordinating practitioner ensures proper organization and coordination of provided care and cooperation between the care providers involved from different disciplines. Where necessary, the coordinating practitioner elaborates the treatment plan at a more detailed level. In addition, he regularly reflects on the treatment and supervision together with the patient/client (and in the case of major changes also with the indicated coordinating practitioner) the treatment and supervision, adjusts the treatment plan where necessary, or terminates the treatment plan. The coordinating practitioner is also the central point of contact for the patient/client.

Within U-center, these two roles are often filled by two different care providers (the indicating coordinating practitioner and the coordinating practitioner). In certain cases, both roles can be filled by one person, for example at the request of the patient/client or if this care provider has competencies for both roles.

6B. U-center offers care in the categories by complexity by the situation:

Category C applies to U-center
The following types of professionals can act as indicating coordinating practitioners: clinical psychologists/psychiatrists.
The following types of professionals can act as coordinating practitioners for this purpose: GZ psychologists and nurse specialists.

7. Structural cooperation partners

U-center works together for the treatment of patients/clients/patient care with the following partners (also describe the function of the partnership and who participate in it (state name and address details and website):

As a national facility, U-center works together with all general practitioners, company doctors, independent GGZ providers and GGZ institutions throughout the Netherlands. U-center is in Limburg affiliated with the regional crisis service.

Crisis service cooperation:
Mondrian for Mental Health
John F. Kenndylaan 301, 6419 XZ Heerlen
www. mondriaan.eu

Education:
Maastricht University, clinical psychology
P. Debeijelaan 25
6229 HX Maastricht
www.mumc.nl

RINO Zuid Visiting address Maastricht:
Stationsplein 8H (Building de Colonel)
6221 BT Maastricht

8. Learning network

U-center gives substance to the learning network of indicating and coordinating practitioners in the following:

- Part of the annual appraisal is the agreements regarding, for example, the promotion of expertise. Every year, employees can indicate in which professional development they want or need to participate in the coming year.
- U-center has an active training policy, laid down in an annual Training Policy Plan. U-center offers a large number of postgraduate courses, in addition to in-company and external professional development. In principle, psychologists follow the basic course in cognitive behavioural therapy. Supervision is offered in the context of various (postgraduate) courses. Each team has peer intervention at least once a month.
- Consultations are held in departments of certain disciplines, at least once a month or quarterly (medical consultation, coordinating practitioner consultation, sociotherapist consultation). Facilitation takes place through coordinating practitioner consultations that take place monthly. The secretariat of the management takes minutes of the coordinating practitioner consultation and is archived. Since this consultation is already taking place, this learning network has already been set up.

The international clinic has agreements with Kuhler and partners, outpatient mental health care for non-native speakers in The Hague and Amsterdam for annual intervision at the level of coordinating practitioners.

II Organization of care

9. Standards of care and professional guidelines

U-center ensures that:
9a. Healthcare providers are authorized and competent:
Authorized: HRM checks the professional registrations, CONO and the BIG registration (with any measures) of all employees. U-center disposes of each employee's CV and copies of the original diplomas. A VOG is requested when new employees are appointed. References will be made requested from one or more previous employers.

Skilled: For each position, there is a job profile with a description of the position, the requirement of previous education and experience, and the core competencies required for that position. At least once a year, an annual appraisal is held by the manager (care and operations manager, board member, or other managers).

9b. Care providers act following care standards and guidelines:
The care providers follow the care standards and guidelines:

- of their professional group
- of the Trimbos Institute

U-center guarantees this by:

- providing the guidelines, present in the library/quality manual
- subscriptions to professional journals
- training (in-company) expertise promotion, external courses, post-master training places at the RINO
- refresher courses and additional training are fixed topics in the performance appraisals
- periodic update of protocols
- visitations in the context of the training of GZ psychologist, psychotherapist and clinical
  psychologist.

9c. Healthcare providers keep their expertise up to date:
Part of the annual appraisal includes agreements on, for example, the promotion of expertise. Every year, employees can indicate in which professional development they want or need to participate in the coming year. U-center has an active training policy, laid down in an annual Training Policy Plan. U-center offers many postgraduate courses, in addition to in-company and external professional development. In principle, psychologists follow the basic course in cognitive behavioural therapy.
Supervision is offered in the context of various (postgraduate) courses. Each team has peer intervention at least once a month. Consultations are held in departments of certain disciplines, at least once a month or quarterly (medical consultation, coordinating practitioner consultation, sociotherapist consultation).

10. Collaboration

Collaboration within your organization is captured and guaranteed in the professional statute:
Yes

Within U-center, the multidisciplinary consultation and the information exchange and transfer between the indicating and coordinating practitioner and other involved practitioners are arranged as follows.

U-center

U-center works with multidisciplinary teams. In principle, a psychiatrist and/or clinical psychologist is a member of the multidisciplinary team and is present at the MDO.

1. At the end of the intake phase, a so-called 'mini MDO' takes place. In any case, the client, the coordinating practitioner, and a psychologist take part in this in the role of mentor. If possible, also a family member / close relative. This will discuss the intake report, the ROM results, the goals of the treatment, and the proposed interventions. The treatment plan is established through Shared Decision Making and when the agreement is reached, signed by all parties. The client will receive a copy of the treatment plan. A report is made in the EPD. A specialist is involved in both the screening and the intake interviews. At the International Clinic, the treatment plan is further elaborated in the first week together with the client, using the data that emerge from the diagnostic examinations in the first week of admission.

2. Each team has a multidisciplinary meeting (MDO) once a week, at which all team members/disciplines are present. Each team is composed of the disciplines: psychotherapist and/or clinical psychologist, health care psychologist, psychologist, sociotherapist, and therapist (possibly an experienced expert with relevant training). Psychiatrist and/or (addiction) doctor available for consultation. All clients of the team are discussed. A report is made by one of the participants in the MDO report (progress treatment plan) in the EPD.

U-center uses the following procedure for upscaling and downscaling the care provided to the next or current echelon:

1. After the telephone screening and the consultation with ROM measurements, it is checked whether the client qualifies for inpatient admission with potential outpatient follow-up.

2. The screening is assessed by a specialist, after which it is estimated whether the intake interviews will proceed.

3. If the client meets the generally applicable criteria for complex mental health care, the intake phase is started.

4. After the intake interviews, it is again examined whether clinical and/or outpatient specialist care is the correct, efficient, and effective form of assistance for the client in question, in line with his care needs, wishes, and possibilities.

5. During the treatment, there may again be a reason to scale up or down. Upscaling and downscaling always take place after consultation with the coordinating practitioner in the multidisciplinary team and in consultation with the client and, where possible, his/her family / close relative. Care is taken to look for another treatment organization, consultation with the general practitioner, and a written transfer. Thus U-center shapes appropriate use and matched care

Within U-center, in the event of a difference of opinion between care providers involved in a care process, the following escalation procedure applies:
The coordinating practitioner directs the client's process. If there is an unbridgeable difference of opinion between the coordinating practitioner and co-practitioners, the issue will be escalated to the manager of treatment cases or operational management. Where necessary, he or she will be advised by a relevant discipline (psychiatrist, psychotherapist, clinical psychologist) from another team or an independent expert from outside. The various options will also be presented to the client. If consensus is not possible, the general manager will make the final decision, substantiated.

11. Filing and intercourse of patient records

- I request permission of the patient/client before sharing information with professionals involved during treatment: *Yes*
- In situations where professional secrecy may be breached, I use the applicable guidelines of the professional group, using the applicable professional guidelines, including the reporting code for child abuse and domestic violence (in the event of a conflict of duties, suspicion of child abuse or domestic violence), the step-by-step plan for material control and I request the control plan at the health insurer: *yes*
- I use the privacy statement if the patient/client does not want to make his diagnosis known to his health insurer/NZa: *yes*

12. Complaints and disputes regulation

12a. Patients can submit complaints about treatment to

Name of institution: The complaints officer Contact details: klantenservice@u-center.nl

The complaints procedure can be found here:

Upload your complaints procedure on www.ggzkwaliteitsstatuut.nl

12b. Patients can submit disputes about treatment to

Name of the disputes body to which the institution is affiliated:
registered with the Healthcare Disputes Committee
Contact details: www.degeschillencommissiezorg.nl

12c. The dispute settlement procedure can be found here:

Upload your dispute settlement procedure on www.ggzkwaliteitsstatuut.nl

II The treatment process - the trajectory that the patient/ client goes through in this institution

13. Waiting time for intake/problem analysis and treatment and coaching

Patients can find information about waiting times for intake and treatment via this link or document (and can request it by telephone).
https://www.u-center.nl/frequently-asked-questions/wachttijd/

14. Registration and intake/problem analysis

14.1 Introduction registration and assessment

As a team, the Communication Center is responsible for the registration and screening of potential clients of U-center. The name and address details are included, as well as a first subsequent inventory of the client's request for help. This screening is assessed by a specialist, after which a decision is made about continuing the intake procedure.

On the indication day, intake interviews are conducted by various disciplines, always involving a specialist. Addiction doctors can be asked for consultation on indications.

14.2 Target indication day

On the indication day, intake interviews are conducted by various disciplines, always involving a specialist. Addiction doctors can be asked for consultation on indications.

Close relatives:
Close relatives (family and/or friends) are invited to the consultation so that their information and expectations are immediately discussed. Agreements are made directly with the next of kin about their further involvement in the treatment, for example, participation in the Family & Friends Day and/or system conversations and the taking of a hetero anamnesis in the intake phase (face to face or by telephone).

Employer/income insurer/benefit agency:
Information is provided about the contacts with any employer/income insurer/ benefit agency and how we and the client can best involve this employer/income insurer/benefit agency in the treatment. Involving the employer/income insurer/benefit agency as an important part of the client's social network is important in the context of relapse prevention and further development of what has been learned at U-center (including maintaining contact, staying mutually informed, advising in re-integration, on cooperation, etc.). It is noted what the employee/client and employer have agreed about involving the employer during the treatment at U-center. The client and the person(s) involved are informed about the U-center philosophy, the treatment program, and the house rules of U-center.

14.3 Content of the indication day

The interviewer is quickly able to discuss and clarify mutual expectations about the treatment. Diagnostic knowledge is needed to create a working hypothesis about the disorder to be treated during the consultation and to reach an agreement on this with the client. This person is helped by the counsellor to articulate and further develop his motivation for treatment. Family and employers are naturally involved in the treatment. Discipline: psychologist, health care psychologist, psychotherapist, clinical psychologist.

14.4 Organization of indication days

Advisory consultation days are held twice a week. After each interview, there is a bilateral consultation on the same day between the interviewer, the indicated coordinating practitioner (psychiatrist, clinical psychologist), in which the content of the case is discussed, and a decision is made about whether to start treatment or to include it based on a checklist. 'Criteria for inclusion. If reasonable doubts arise during the consultation about the extent to which U-center can provide the required protection for the client or other clients of U-center, or if insufficient results are expected from treatment, admission subject to conditions or rejection of the application will be communicated. The EPD reports the findings of the indication day, the provisional working hypothesis, the substantiation of the appropriateness of outpatient treatment or admission, and the agreements made with the client and family members.

14.5 Follow-up

Involving close relatives in the consultation

After the consultation, if there is a positive admission indication, an admission interview with close relatives follow.

During the consultation, specific information is given to the person(s) who come to the consultation together with the client. If the client comes alone, he/she is given the folder with a request to hand it out to his/her close relatives if necessary. The folder is also available on the U-center website, so the client can already point this out to his family if they are not present at the first meeting.

Within U-center, the patient/client is referred to another healthcare provider with an appropriate range of care or referred back to the referrer – if possible, with appropriate advice – if U-center does not have a suitable offer to meet the patient's/client's healthcare demand: *yes*

The intake takes place online at the international clinic due to physical distance. A specialist and co-practitioner are involved in this. After the interviews, they have a mini MDO to arrive at definitive advice about the indication. If necessary, an additional intake interview is organized, for example with an addiction doctor or psychiatrist, to further assess drug use or psychiatric problems, respectively. In the event of deviating advice other than that proposed by the referrer and the client, the referrer will first be consulted before discussing this deviating advice with the client. Where possible, family and partners are involved in the intake.

During the intake interviews, a suicide risk assessment is done as standard, using the Dutch guidelines on suicide prevention. This valuation is repeated on the first day of admission.

15. Indication setting

Describe how the intake/problem analysis and assessment within [name of institution] is arranged (how does the application come in, how is the appointment with the patient/client for the intake established, who is the indicating coordinating practitioner in the intake phase and how decision-making (coordination with patient/client), what are the responsibilities of the indicating coordinating practitioner when making the diagnosis): [open text field]

Clients can register themselves by telephone. A referral letter from the general practitioner (or company doctor or mental health specialist) must be present. This is followed by screening and indication day.

Intake/diagnosis
The first two meetings during clinical admission are used as in-depth diagnostics and to obtain diagnostically relevant information. The first interview is conducted by the indicated coordinating practitioner (psychiatrist, clinical psychologist), and the second is by the executive (i.e., coordinating) practitioner. The indicating coordinating practitioner is always available for advice or consultation. The coordinating practitioner is responsible for establishing or having established the diagnosis and is responsible for its registration in the EPD.

The in-depth diagnosis aims to arrive at a differentiating and at the same time integrating description of the present problem, in such a way that it forms a manageable starting point for treatment for the client and the therapists. To this end, the medical, paramedical, and psychological disciplines collect as much relevant information as possible about and with the client. Use is made of (structured) interviews, measurements, test diagnostics, observations, and information from third parties. The findings are translated into a logically and methodically constructed diagnostic intake report and a personally tailored logical, concrete, and feasible treatment plan. This is discussed in the mini MDO with the client, coordinating practitioner, and mentor. All reports can be found in the EPD under "Intake".

The biopsychosocial model is leading for the in-depth intake, in which the following factors play a role:

Biological factors:
- heredity and predisposition
- physical illnesses and limitations/disabilities• physical condition• diet and lifestyle• resources (use, abuse, dependence) • medication (supportive use, abuse, dependence)

Psychological factors
- psychological complaints (e.g., depression, anxiety, sleeping problems, binge eating)
- personality traits, personality (e.g., perfectionism, distrust)
- coping style (e.g., passivity, seeking support)
- life events
- thoughts, beliefs, inspiration
- behaviour (e.g., avoidance)
- feelings

Social factors
- primary relationships (family, partner, friends, relatives)
- cultural aspects
- work, education, daytime activities
- religion
- social events (e.g., divorce, reorganization at work, death)

Six areas of life are mapped, and the phase of change the client is in (Prochaska and DiClemente). The in-depth diagnosis is made and noted in the EPD by the coordinating practitioner (psychiatrist, clinical psychologist, psychotherapist, health care psychologist, or nurse specialist), in consultation with the practitioners involved in the intake process. The coordinating practitioner draws up the treatment plan together with the client and mentor

(Shared Decision Making). The intake data and the treatment plan are explained in the MDO by the coordinating practitioner for the other team members

16. Treatment and coaching

16 a. Drawing up a treatment plan:

The treatment plan is drawn up as follows: (description of process and involvement of patient/client and (co-) practitioners, the role of the multidisciplinary team): *[Open text box]*

Treatment Clinical mental health care (with outpatient follow-up treatment)

A treatment plan has already been drawn up by the indicating coordinating practitioner and mentor/psychologist in the intake phase. Together with the client (SDM), the definitive treatment plan is established in the mini-MDO. This plan serves as the basis for each subsequent MSY and can be adjusted and changed there. The client is always informed about this by the mentor and/or the coordinating practitioner. The coordinating practitioner determines which interventions belong to which goals and distributes these interventions to different co-practitioners in the team. At each MDO, the co-practitioner reports the progress of his/her intervention and goal(s). In the EPD, a report is made per session under the headings: goal; intervention; progression; dates.

The coordinating practitioner of the intake phase is also the coordinating practitioner of the clinical treatment. The team agrees on who the acting coordinating practitioner will be in the event of illness, vacation, or unexpected absence. This is also passed on to the client.

Outpatient follow-up treatment

After the clinical phase, clients generally receive outpatient follow-up treatment. This is a new phase in the treatment. This is offered from the location in Epen and partly consists of an E-health program U-care. Clients can blog and have video chats with their practitioner and coordinating practitioner. In this phase, the client receives a new coordinating practitioner and mentor from his/her treatment team. There is a warm transfer from the first coordinating practitioner to the second coordinating practitioner and a new mentor. The EPD is included in the treatment and all previous information can be found in it. The outpatient follow-up treatment also takes place in a multidisciplinary team.

The treatment plan is adjusted for the outpatient period, in which the skills and insights learned in the clinic are put into practice at home and work. An important part is the relapse prevention plan, which has already been drawn up during the clinical phase and is taken along to the outpatient treatment. In this phase, coordinating practitioners are psychiatrists, clinical psychologists, psychotherapists, and healthcare psychologists. Practitioners are psychologists and specialist therapists.

General:

The psychiatrist must in any case be consulted or be involved in evaluations when:

a. there is a threat to the client (including suicide risk) or others
b. ECT is being considered
c. discharge from hospitalization, other than foreseen in the treatment plan, is considered.
d. medically coordinating care is required if somatic problems are suspected.
e. there is a request for euthanasia or assisted suicide.

f. there is a non-response to the treatment (following the guideline/care standard).

NB. At a. and c. Instead of a psychiatrist, a clinical psychologist can also be called in.

The psychotherapist and GZ psychologist will often be the coordinating practitioner when forms of psychotherapy within different frames of reference are involved. They are pre-eminently coordinating practitioners for clients where the primary focus of the treatment is not aimed at biological factors or the consequences of the psychiatric disorder or the limitations caused by this disorder, but more on psychological factors. These are clients who can be treated with largely psychological treatment methods, which are not urgent in nature.

U-center currently employs an addiction specialist (KNMG) and a nurse specialist in addiction care. Physicians with addiction experience and expertise will only act as co-practitioners. The psychologists, physiotherapists, sociotherapists, specialist therapists, and therapeutic staff are practitioners who help to implement (part of) the treatment and do not have the role of coordinating practitioner. They act per the professional (scientific) standard that applies to them. They carry out their part in the treatment as laid down in advance in the individual treatment plan, the care program, and/or as they arise from legislation and regulations.

A personal future development plan is drawn up with each client. This also includes a relapse prevention and/or crisis management plan. This plan is drawn up starting on the first week of treatment and before discharge from the clinical phase, this is discussed and shared with, among others, family, and others.

16b. The point of contact for the patient/client during treatment

The coordinating practitioner:

a. coordinates the care process
b. is the first point of contact for the client and his next of kin (together with the mentor) and ensures good communication with the client and his next of kin (if applicable and if permission has been obtained for this) about the course of the treatment
c. is responsible for the integrality of the treatment process.
d. is the central point of contact for all those involved (in the team), including the client and their loved ones.
e. must be appropriate to the type of treatment and the target group.
f. has trained at an academic or comparable level, which is subject to a system of accreditation and re-accreditation and/or provides for targeted further training.
g. must be BIG registered. Those who are in training for a relevant BIG profession can perform the role of coordinating practitioner under the supervision of a BIG registered colleague, provided that the registered colleague is sufficiently informed about the treatment and has spoken to the client face to face, and is clear to the client.
h. has ultimate responsibility for her or his treatment.
i. has relevant work experience. periodically participate in a form of peer review and peer assessment.
j. plays an essential role in the treatment and face-to-face contact with the client.
k. ensures that a treatment plan is drawn up and adopted in consultation with the client.
l. ensures that the treatment plan is carried out and/or adjusted when necessary.
m. ensures that the actions or activities of all care providers who are professionally

involved in the treatment of the client, and therefore also his actions or activities, are coordinated and ensure good cooperation, with the consent of the client.

n. is convinced of the authority and competence of the other care providers involved concerning the independent implementation of the part of the treatment for which they are responsible. The coordinating practitioner is supported in this by HRM and the care and business management managers.
o. ensures that dossier preparation meets the requirements. The coordinating practitioner is supported in this by the ZPM administration

16c. The progress of the treatment is monitored within U-center as follows (such as progress discussion, treatment plan, evaluation, questionnaires, ROM):
Clinical mental health care with outpatient follow-up treatment:
Each client's progress is discussed weekly in the MDO or evaluated as often as necessary. Ad hoc consultation is possible. If necessary, the treatment plan is adjusted in consultation with the client. At the start of the treatment, ROM questionnaires are administered and discussed with the client. These questionnaires are repeated after the inpatient treatment, after the outpatient follow-up treatment, and 6 months after the end of the treatment. The results are fed back to the client during the treatment.

16.d Within U-center, the coordinating practitioner evaluates the progress, efficiency, and effectiveness of the treatment together with the patient/client and possibly his/her relatives as follows (explanation regarding evaluation and frequency):
Halfway through the treatment (outpatient and in the clinic) the coordinating practitioner will in any case conduct an evaluation with the client and possibly his next of kin. The progress achieved on the set goals will be discussed and plans can be adjusted. At the end of the clinical treatment and the outpatient follow-up treatment, an exit interview is held by the coordinating practitioner, in which the client can discuss his progress and results. The mentor will also be present as much as possible. The ROM results are then also discussed with the client.

16.e. Patient/client satisfaction is measured within U-center in the following way (when, how):

a. with an internal client satisfaction questionnaire at the end of clinical treatment.
b. with the CQ index at the end of the total treatment
c. clients are actively informed of www.zorgkaartnederland.nl

For the international clinic, only the internal questionnaire is administered, and the client is actively informed of the possibility to write a Google review.

17. Closure/aftercare

17a. The results of the treatment and the possible follow-up steps are discussed with the patient/client and his/her referrer as follows (including informing the referrer, advising the referrer about the next steps, informing the follow-up practitioner, how the institution will act if the patient/client objects to informing the referrer or others):

Clinical mental health care with outpatient follow-up treatment:
At the end of the clinical and outpatient follow-up treatment, an exit interview is held with the client to discuss whether and which further help is necessary or desirable. A final report is sent to the referrer. If necessary, the previous referrer will be consulted by telephone about the recommended follow-up procedure. If the client does not give permission to inform the referrer, the referrer will be notified of this (no substantive information).

17b. Patients/clients and/or their next of kin can act as follows if there is a crisis or relapse after the treatment has ended:
The client and his/her close relatives are offered to contact U-center again in the event of a relapse (with a referral from the GP if necessary). In the event of a crisis after treatment has been completed, it is initially advised to seek help in one's region via the GP.

Signature

Name director of U-center: Els Visser- van Bezouwen, director
Place: Epen
Date: May 1, 2022

I declare that I adhere to the legal frameworks of my professional practice, actin accordance with the model quality statute and that I have completed this quality statute truthfully:
Yes

When publishing the quality charter, the mental healthcare institution adds the following appendices to the registration page of www.ggzkwaliteitsstatuut.nl:

- A copy/copy of the quality certificate applicable within the institution (HKZ/NIAZ/JCI and/or another quality mark);
- Its general delivery conditions**;**
- The professional status applicable within the institution, which includes the escalation procedure.