

Top ten quality indicators with illustrative quotes

Shared vision of care for persistent somatic symptoms

- When patient experience is that all professionals involved are working together from a shared vision of the problem working
- Client experiences network of care rather than separate caregivers who seem to contradict each other
- Similar view of a condition and its treatment
- Consistency in treatment vision
- Agreement on reference framework of psycho/pain education and models
- More consensus on forms of therapy
- Shared vision
- It is important that the disciplines within the network deal with the client's complaints in the same way, i.e. all being on the same page and coming across as one to the client

Pathways tailored to the individual patient

- Presence of care plan or care map
- Joint protocols
- Different 'lines' in a network
- Described step-by-step plan of when to involve which health care providers
- Is customization possible or only standard care pathways etc.
- Not protocols but report/coordinate customization
- can coordinate in advance in a care pathway
- if the mutual care providers are willing and have the space to organize care tailored to the patient
- There is room to make adjustments to treatment goals during treatment.

Sufficiently experienced caregivers for persistent somatic symptoms

- Knowledge and experience in the field of PSS
- Specific knowledge of a condition
- Caregivers are competent
- What education does everyone take - tracking
- Expertise
- different expertises

Shared decision-making with patients

- Is "Deciding Together" being used?
- information exchange regarding treatment methods, but also reactions of clients
- Patient setting his own goals
- There is room to make adjustments to treatment goals during treatment
- all the patients have their goals

Open communication between healthcare providers

- Clear communication
 - Clear communication around transition moments
 - clear requests for help to each other
- Good communication
 - Good communication
 - Good communication between healthcare professionals
- Open
 - Not being anxious to discuss things
 - Candor
 - Open culture so that questions dare to be asked and this is encouraged that repeated consultation/questioning is okay and allowed
 - if there is mutual agreement on findings and a willingness to listen to each other and respect each other's expertise and experience
 - Recently, the network has been "flat" due to corona. But previously it was nice to be able to spar together about the best treatment and what options are available to treat these children in the best way possible.
- Regular sharing
 - Referrals and feedback to each other
 - sharing knowledge and experiences
 - we have regular information sessions for referrers and clients
 - Good continuity
 - Communication within the healthcare network
- Communication system
 - way of communicating is established
 - Medium to communicate with e.g. healthcare app.
- Findability
 - When participants in the network can easily find each other
 - That you know how to find each other
 - satisfaction with opportunities for consultation
 - you know how to find each other and contact each other more easily
- Short lines/Efficient
 - Short lines
 - Short quicker contacts with other health care providers around patient
 - Faster lines for consultation
 - The lines of communication between caregivers are short and good
 - Short lines, small networks but multidisciplinary
 - If the network collaborates and communicates efficiently leaving enough time to treat patients
 - we speak to each other on a casual basis, calling each other when we have questions or comments, or want a quick consultation
 - That there is mutual communication (i.e., that health care providers keep each other, and the patient, informed about progress
 - Interconnection between care providers (referrers and practitioners) which leads to better and more focused referrals. As a result, the right care is given in the right place.

Awareness of the expertise of other disciplines

- If a healthcare network knows very well what they can and cannot treat
- we know each other's boundaries, identify gaps in the healthcare landscape and make arrangements when there is overlap in fields of work.
- The extent to which participants can specifically identify when they are equipped to provide certain care, and when this should be done by a fellow participant
- use of each other's expertise
- Clarity about everyone's competencies and care offerings in the chain. So either you know each other, or it's insightful in other ways
- Knowing expertise of other care workers
- Trust in each other's expertise
- you know each other's expertise
- Knowing each other allowing you to coordinate care in advance in a care pathway
- Easy transfer of patients if another treating colleague can do it better
- Learning what the capabilities of the various disciplines are
- Being well-versed in the expertise of colleagues in the network
- using each other's qualities
- Understanding each other's expertise
- Clarity of disciplines and the experience and knowledge possessed by different colleagues

Multidisciplinary consultation

- a multidisciplinary intake with physiotherapists, an ergo therapist and an MMW-er and a psychologist and on indication e.g. a speech therapist, a dietician etc.
- Deploy a rapid broad intake and help in multiple areas simultaneously
- advice and consultation possible without directly taking patient into care

Acceptable waiting times for intake, diagnosis and treatment

- decrease wait time to intake, wait time to diagnosis and advice and wait time to initial treatment
- Monitoring of inflow and outflow
- Duration from application to intake
- Reduce waiting time
- Shorter wait times for treatment centers/practices
- Faster turnaround
- Get the right help to the person seeking help faster
- waiting lists for the various links in the care chain
- Optimal turnaround time of patients throughout vetting and referral chain
- Mapping how long wait times are for onward referrals
- Faster diagnoses
- Pathway of diagnostics takes shorter time
- Recognize people with PSS earlier
- Reduce wait times to treatment

- Short duration to start treatment
- rapid start of treatment after diagnosis of PSS
- You get to the heart of the treatment faster, followed by faster results
- It is important that when someone is referred to a health care provider, not too much time is lost. Waiting lists are disastrous, as symptoms increase, confidence in help decreases, and in the end, more intensive care is then sometimes needed than if it had been initiated properly initially.

Multidisciplinary involvement in diagnostics

- Interdisciplinary diagnostics
- Multidisciplinary diagnostic phase to clarify the request
- Being able to work multidisciplinary also in the first line with colleagues who also have knowledge of PSS. Because there is more knowledge, treatment can get off the ground faster and work together more efficiently.
- Conformity about treatment strategy
- By looking at the patient in a multi disciplinary way you can also highlight the maintaining factors

Active collaboration with somatic specialists

- Connecting to treatment in specific PSS clinics/teams
- neurologist who is easily approachable