

1 **Appendix II.**

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3 **Round two of the Delphi study**

4 Dear Registration Group member,

5 This questionnaire is about quality indicators for measuring and improving suicide prevention
6 in the mental health service.

7 The quality indicators are indicative of the care provided and how it is organized. They are
8 the 'knobs' that we need to turn in the expectation of producing better outcomes – in our
9 case, fewer suicide attempts and fewer suicides on the part of patients being treated in
10 mental health facilities. A group of professionals, including yourself, have now drawn up a list
11 of possible quality indicators. These outcomes were analysed.

12 What we would like you to do

13 We would like to invite you, in your capacity as a member of the Registration Group to be
14 involved in the next step in this development process, scoring the selected indicators on
15 feasibility. This will provide us with a limited, supported set of indicators.

16 How the questionnaire works

17 You are asked to rate each of the eleven indicators on a scale from 1 to 5 in terms of the
18 extent to which the indicator is feasible in your opinion.

- 19 • Feasibility: How easy is this indicator to collect at patient level?
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21 Using your input and that from the other members of the Registration Group, we shall
22 prioritize the set of provisional indicators.

23 Thank you in advance for completing the questionnaire.

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42 Name

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46 Demographic details

47 Below we ask a few general questions about yourself.

48 Gender

49 Male

50 Female

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52 How old are you?

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57 How long have you been working in mental health care?

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61 Questionnaire

62 Eleven indicators are set out below. For each indicator we give the definition formulated by
63 the Quality of Care Group of SUPRANET, the scientific literature and the Dutch
64 multidisciplinary guideline on suicidal behaviour.* You should rate the indicators based on
65 feasibility.

66 For each criterion you should select the appropriate rating on a scale of 1 to 5.

67 ** Multidisciplinary guideline on suicidal behaviour (van Hemert et al., 2012).*

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77 Indicator 1: Availability for eHealth focusing on suicidality

78 **Definition:** The use of digital information and communication technologies, or online
79 treatment with one or more treatment aspects, focusing specifically on suicidal ideation and
80 freely accessible to all patients in the mental health service, with the aim of supporting the
81 care provided and improving patients' health as regards suicidal ideation.

82 Measurement method

83 **Numerator:** The total number of patients with suicidal ideation/behaviour at a facility who
84 were being treated (in an outpatient and/or clinical setting) at any time during the data
85 collection period and had access to an eHealth self-help programme focusing on suicidal
86 ideation during that period.

87 **Denominator:** The total number of patients at a facility who were being treated (in an
88 outpatient and/or clinical setting) during the same data collection period.

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90 Your opinion:

91 The scale runs from 1 = not feasible at all to 5 = highly feasible

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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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106 Indicator 2: Active use of eHealth focusing on suicidality

107 **Definition:** The use of digital information and communication technologies, or online
108 treatment with one or more treatment aspects, focusing specifically on suicidal ideation and
109 freely accessible to all patients in the mental health service, with the aim of supporting the
110 care provided and improving patients' health as regards suicidal ideation.

111 Measurement method

112 **Numerator:** The total number of patients with suicidal ideation/behaviour at a facility who
113 were being treated (in an outpatient and/or clinical setting) at any time during the data
114 collection period and had actively made use of an eHealth self-help programme focusing on
115 suicidal ideation during that period.

116 **Denominator:** The total number of patients at a facility who were being treated (in an
117 outpatient and/or clinical setting) during that data collection period.

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120 Your opinion:

121 The scale runs from 1 = not feasible at all to 5 = highly feasible
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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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139 Indicator 3: Screening for suicidal thoughts and behaviour

140 **Definition:** All patients, during any type of treatment contact, are asked* about the presence
141 and severity of suicidal thoughts and behaviours.

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143 (** Examples of possible questions about suicidal ideation during a screen: Have you had*
144 *suicidal thoughts during the past month? If so, what are your reasons for dying and what are*
145 *your reasons for living? How strong is your intent to commit suicide? Have you made any*
146 *preparations?)*

147 Measurement method

148 **Numerator:** The number of individual treatment contacts with all patients during the data
149 collection period at which they were demonstrably asked about the presence and severity of
150 suicidal thoughts and behaviours.

151 **Denominator:** The total number of treatment contacts with all patients during the same data
152 collection period.

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156 Your opinion:

157 The scale runs from 1 = not feasible at all to 5 = highly feasible

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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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164 Indicator 4: Safety plan

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166 **Definition:** A safety plan is an early warning plan, care plan or treatment plan, drawn up
167 jointly by a patient and his or her care provider, that focuses specifically on safety from
168 suicidal ideation.

169 Measurement method

170 **Numerator:** The total number of patients for whom at any time during treatment (in an
171 outpatient and/or clinical setting) a safety plan focusing on suicidal ideation was recorded in
172 their medical records. A safety plan must meet the following criteria:

- 173 • The safety plan drawn up jointly by the patient and the therapist is no more than one
174 year old.
- 175 • The safety plan focuses on suicidal ideation.
- 176 • A third party is involved in the safety plan.
- 177 • The safety plan for a patient who has suicidal ideation or has attempted suicide was
178 updated at the most recent treatment contact.

179 **Denominator:** The total number of patients at a facility who were being treated (in an
180 outpatient and/or clinical setting) during the same data collection period.

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183 Your opinion:

184 The scale runs from 1 = not feasible at all to 5 = highly feasible
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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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194 Indicator 5: Waiting time

195 Definition based on the Supranet Care minimum data set*

196 For each patient who had his or her first treatment contact (T2) during the data collection
197 period, the length of time between registration (T0) and the first treatment contact (T2).**

- 198 • T0 is the time of registration.
- 199 • T1 is the time of intake.
- 200 • T2 is the time of the first treatment contact between the patient and the therapist.

201 Measurement method

202 **Numerator:** The total number of patients who had their first treatment contact during the data
203 collection period, with a maximum of two weeks between registration and the first treatment
204 contact.***

205 **Denominator:** The total number of patients who had their first treatment contact during the
206 same data collection period.

207 * The minimum data set is the core records of Supranet Care. This data set contains variables that
208 need to be collected in order to obtain a baseline for feedback. The current data set includes such
209 things as sociodemographic details (gender, age, marital status), information on the care provided
210 (treatment setting, treatment duration, principal diagnosis), organizational parameters (total length of
211 stay, total number of days at the facility with/without overnight stay, number of psychiatric beds), and
212 the number of suicides and suicide attempts.

213 ** Treatment of patients suspected of mental incapacity must always start on the day they are
214 registered.

215 *** Calendar day of both registration and first treatment contact known.

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218 Your opinion:

219 The scale runs from 1 = not feasible at all to 5 = highly feasible
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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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228 Indicator 6: Early follow-up on discharge

229 **Definition:** The patient should have been in contact with the care provider again within two
230 weeks of discharge from the facility. Contact can be treatment or counselling by or feedback
231 to the same care provider. This must be personal, face-to-face contact, and may take place
232 outside the facility if appropriate.

233 Excluded are patients who have been referred back or referred to their GP (or practice
234 support worker), front-line mental health care or a facility other than their (integrated) facility.

235 Measurement method

236 **Numerator:** The number of patients who during the data collection period, following
237 discharge from the facility, had a face-to-face follow-up contact with that facility.

238 **Denominator:** The total number of patients discharged from the facility during the same data
239 collection period.

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242 Your opinion:

243 The scale runs from 1 = not feasible at all to 5 = highly feasible

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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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260 Indicator 7: Continuity of care

261 **Definition:** Transfer of the patient from one therapist to another, preceded by a verbal
262 consultation between the two therapists, with a transition or change in the patient's current
263 care allocation.

264 Measurement method

265 **Numerator:** The total number of patients who had a transfer preceded by a verbal
266 consultation from one therapist to another during the data collection period.

267 **Denominator:** The total number of patients being treated at the facility who were transferred
268 during the same data collection period.

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271 Your opinion:

272 The scale runs from 1 = not feasible at all to 5 = highly feasible
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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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291 Indicator 8a: Involvement of family or significant others

292 **Definition:** In the case of all patients there was contact with one or more loved ones at the
293 start of, during and at the end of treatment, or (in the event of objections on the part of the
294 patient or loved ones) achieving this was a goal of treatment. A loved one is anyone who is
295 part of the patient's support system.

296 Measurement method

297 **Numerator 1:** The number of patients being treated (in an outpatient and/or clinical setting)
298 during the data collection period in whose case there was contact with one or more loved
299 ones during and at the end of treatment.

300 **Denominator:** The total number of patients who were being treated (in an outpatient and/or
301 clinical setting) during the same data collection period.

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305 Your opinion:

306 The scale runs from 1 = not feasible at all to 5 = highly feasible

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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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323 Indicator 8b: Involvement of family or significant others

324 **Definition:** In the case of all patients there was contact with one or more loved ones at the
325 start of, during and at the end of treatment, or (in the event of objections on the part of the
326 patient or loved ones) achieving this was a goal of treatment. A loved one is anyone who is
327 part of the patient's support system.

328 Measurement method

329 **Numerator 2:** The number of patients being treated (in an outpatient and/or clinical setting)
330 during the data collection period in whose case a current contact person was entered in the
331 patient's electronic medical record.

332 **Denominator:** The total number of patients who were being treated (in an outpatient and/or
333 clinical setting) during the same data collection period.

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337 Your opinion:

338 The scale runs from 1 = not feasible at all to 5 = highly feasible
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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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348 Indicator 9: Structural diagnosis

349 **Definition:** A structural diagnosis is a diagnosis that is as descriptive and explanatory as
350 possible of a patient's suicidal state during the past month (thoughts, intentions, plans,
351 motives). It should include at least the nature, intensity and consequences of suicidal
352 behaviour, perpetuating, protective and risk factors, and the patient's mental capacity as
353 regards suicide.

354 Measurement method

355 **Numerator:** The total number of patients during the data collection period who had suicidal
356 ideation and at any time during treatment (in an outpatient and/or clinical setting) had a
357 structural diagnosis that meets the following criteria:

- 358 • The structural diagnosis was recorded in the electronic medical record (EMR) during
359 treatment.
- 360 • The current structural diagnosis is no more than one year old, and in the case of
361 repeated attempts it has been updated during treatment.
- 362 • During the course of the illness the structural diagnosis has been reviewed regularly
363 to see whether any factors in it have changed over time.

364 **Denominator:** The total number of suicidal patients* at a facility who were being treated (in
365 an outpatient and/or clinical setting) at any time during the same data collection period.

366 * i.e. patients with suicidal thoughts and/or behaviour.

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369 Your opinion:

370 The scale runs from 1 = not feasible at all to 5 = highly feasible

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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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381 Indicator 10: Evidence-based medication

382 **Definition:** Drug treatment for patients with a depressive disorder who display suicidal
383 ideation as a syndrome. The drug treatment is designed to reduce suicidal ideation in the
384 patient and aims to prevent suicidal thoughts and suicide attempts. The drug treatment is
385 rational and applied in line with the guidelines or based on other considerations.

386 Measurement method

387 **Numerator:** The number of patients with a depressive disorder (in an outpatient and/or
388 clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder and
389 received evidence-based drug treatment during the data collection period.

390 **Denominator:** The total number of patients with a depressive disorder (in an outpatient
391 and/or clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder
392 during the same data collection period.

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395 Your opinion:

396 The scale runs from 1 = not feasible at all to 5 = highly feasible

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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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413 Indicator 11: Evidence-based psychotherapy

414 **Definition:** Psychotherapy for a depressive disorder, in which the patient has suicidal
415 ideation as a syndrome of the psychiatric disorder, designed to directly influence the severity
416 of the suicidal behaviour and reduce it. The treatment includes promoting both safety and the
417 working relationship, treating psychiatric dysregulation, determining the correct setting for
418 treatment and promoting continuity of care. The psychotherapy is applied in line with the
419 guidelines* or based on other considerations.

420 Measurement method

421 **Numerator:** The number of patients with a depressive disorder (in an outpatient and/or
422 clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder and
423 received evidence-based psychotherapy during the data collection period.

424 **Denominator:** The total number of patients with a depressive disorder (in an outpatient
425 and/or clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder
426 during the same data collection period.

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429 Your opinion:

430 The scale runs from 1 = not feasible at all to 5 = highly feasible

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	Do not know	1	2	3	4	5
Feasibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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443 Of the eleven indicators that you have rated, please list the top three that you consider to be
444 most feasible.

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446 Number 1 (most important)
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450 Number 2
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454 Number 3
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