Quality and organisation of acute care in internal medicine

Stellingen

behorende bij het proefschrift
Quality and Organisation of Acute Care in Internal Medicine

1. Internists should more often be physically present at the ED as the case-complexity has increased requiring specialists who are able to deal with these problems efficiently. *(this thesis)*
2. Comparing acute care systems internationally can provide lessons, leading to promising ideas to improve care nationally. *(this thesis)*
3. Relief of symptoms, understanding the diagnosis, presence and understanding of the treatment plan and reassurance are relevant outcomes for internal medicine patients at the ED. *(this thesis)*
4. The simple question 'what matters most to you and why?', can be easily used in acute care settings to stimulate patient-centeredness. *(this thesis)*
5. A nationwide quality registry on acute internal medicine can be a valuable source for quality improvement projects, benchmarks and research. *(this thesis)*
6. To optimise the quality of acute care, the patient's perspective should be incorporated in structural quality assessments. *(this thesis)*
7. Emergency care needs to be reimagined — beyond the four walls of the ED. *(J. Hollander et al. NEJM Catalyst, 2021)*
8. As measures are the lenses through which we quantitatively determine quality, every picture represents a different facet of quality. As such, it might be more appropriate to refer to the 'qualities' of care rather than to the singular. *(Pronovost et al. The Lancet, 2004)*
9. We—healthcare providers and patients—are all on the road together, and quality is not a final destination but a journey itself. *(Koksma and Kremer. Academic Medicine, 2019)*
10. Medicine is not about the doctors, it is about the patients. (*Abhijit Naskar*)
11. Ohne Musik wäre das Leben ein Irrtum (*Friedrich Nietzsche, Götzendämmerung, 1889)*

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