Maastricht University

Quality and organisation of acute care in internal medicine

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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)*

Marjolein Kremers
Maastricht, 7 juli 2022