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Quality assessment of laparoscopic hysterectomy

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Stellingen

behorende bij het proefschrift

Quality assessment of laparoscopic hysterectomy

1. For a reliable interpretation and comparison of surgical outcomes a correction for case-mix is mandatory. *(this thesis)*
2. A highly experienced surgeon does not necessarily guarantee the best surgical outcomes. *(this thesis)*
3. Quality assessment is a dynamic process, benchmark data change and should be adapted over time. *(this thesis)*
4. Monitoring quality exclusively on a hospital level could potentially hide suboptimal care at an individual level without the possibility to detect this. *(this thesis)*
5. It deserves attention that gynaecologistst still mention technological incidents as most important risk factor in laparoscopic hysterectomy. *(this thesis)*
6. A quality indicator has little value if the performance being measured cannot be improved.
7. An expert team is better for patient safety than a team of experts.
8. Het leveren van kwaliteit kost geld, het niet leveren van kwaliteit kost kapitalen.
9. De kwaliteit van je mislukkingen is even belangrijk als die van je successen. *(Allan MacLeod Cormack, natuurkundige, 1924-1998)*
10. Een proefschrift is er om te schrijven en niet om te lezen. *(Miquel Bulnes, Lab, 2005)*
11. De productiviteit van een arts-onderzoeker is recht evenredig aan de mate van sfeer op de kamer.