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## Measurement and evaluation of hip fracture care

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# Stellingen

behorende bij het proefschrift

*Measurement and evaluation of hip fracture care*

Stijn C. Voeten

1. There are many proposed quality indicators for hip fracture care, but their methodological soundness often lacks (*this thesis*).
2. The quality of hip fracture care can be best measured using a composite process indicator, alongside the underlying individual indicators (*this thesis*).
3. The organizational context of an audit needs to be set before its start and should not be the responsibility of the participating hospital (*this thesis*).
4. Hip fracture operation by a general surgeon is a thing of the past (*this thesis*).
5. Benchmarking hospitals on only one quality indicator is potentially hazardous (*Almoudaris et al. Gut, 2013*).
6. The more hip fracture process quality indicators that are fulfilled, the better the patients' outcome (*Nielsen et al. BMC Health Services Research, 2009*).
7. Hip fracture audit is clearly a powerful driver for change (*Johansen et al. Injury, 2017*).
8. Audit of acute hip fracture care is easy – follow-up more difficult, but matters more (*Currie, Injury, 2018*).
9. Inzicht krijgen in de kwaliteit van de heupfractuurzorg is belangrijk: “Hip fractures don't lie” (*modified from Shakira, 2006*).
10. Een promotie is een gevecht met jezelf, of zoals Edmund Hillary (1919 – 2008) treffend zei: “It's not the mountain we conquer, but ourselves”.