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Improving quality of care: a continuous process of (de-)implementation

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Improving quality of care:

A continuous process of (de-)implementation

1. Implementation Science would benefit from research designs that also take into account time trends for the use of a healthcare intervention to be able to separate this from the intervention effect.
This thesis
2. To assess the need for a de-implementation project, an analysis on a possible declining time trend on the use of low value care interventions has to be done.
This thesis
3. Clinical "belief" in the effectiveness of healthcare interventions does not automatically change after the publication of evidence indicating their ineffectiveness.
This thesis
4. De-implementation and implementation erroneously include the same strategies.
This thesis
5. Acceptance and behavioral change of healthcare professionals are necessary beyond awareness to implement appropriate care.
Based on Kuhrij L.S. et al. (2024) Int J Qual Health Care. 36(1): mzae004.
6. Knowledge on (de-)implementation is not sufficiently implemented in daily practice.
7. All improvements in healthcare require change, but not all changes in healthcare result in improvements.
Based on Benneyan J.C. et al. (2016), BMJ Quality & Safety, 12(6), 458-464
8. A learning and improvement culture is needed to de-implement low-value care.
9. The implementation and de-implementation processes in healthcare is a joint responsibility of healthcare practice, policy, research and education.
10. Live as if you were to die tomorrow, cherishing every moment. Learn as if you were to live forever.
Based on Mahatma Gandhi