

Propositions belonging to the thesis:

## **OUTCOME PREDICTION FOR IMPROVEMENT OF TRAUMA CARE**

1. Clinical prediction models should be developed and validated using an adequate sample size and multiple imputation should be considered to deal with missing values. (This thesis)
2. Outcome comparisons with TRISS-based risk adjustments are biased for the older trauma population. (This thesis)
3. Baseline condition of the patient is the strongest predictor for non-fatal outcome after injury. (This thesis)
4. The prediction of fatal and non-fatal outcome requires separate prediction models, which complement each other in the evaluation of quality of trauma care. (This thesis)
5. Productivity costs and return to work are essential when assessing the economic impact of injury. (This thesis)
6. In addition to PROMs, patient-reported experience measures (PREMs) could improve quality of trauma care. (Bobrovitz et al., J Trauma 2016)
7. An essential next step is the use of clinical prediction models in consulting rooms to assist communication between health professional and trauma patient. (Braaf et al., BMC Health Serv Res 2018)
8. There is actually a certain value in not finding anything. (Bryson B, 2003)
9. Essentially, all models are wrong, but some are useful. (Box GEP and Draper NR, 1987)
10. It's time to consider the causes of the causes; appreciation of social factors that influence health status can help clinical providers develop more effective treatment or prevention plans (Braveman and Gottlieb, Public Health Rep, 2014)
11. I have never tried that before, so I think I should definitely be able to do that. (misquote Pippi Langkous)

**Leonie de Munter, 1 april 2020**