Stellingen behorende bij het proefschrift

“Improving Quality of Care in Acute Cardiology”

1. Wireless transmission of ECG’s from the ambulance to a cardiologist can improve ECG interpretation and reduce the time to treatment, but only when the communication technology is successful. (this thesis)

2. In-hospital treatment delay in patients with acute myocardial infarction can be reduced by introducing a fast-track protocol, providing 24/7 catheterization laboratory service and providing feedback on treatment times to cardiologists. (this thesis)

3. Alarms from different patient care devices on the intensive care unit can be collected and displayed on a web-based platform, that provides mobile access to patient – and care unit specific alarms. (this thesis)

4. Hyperglycemia (>9 mmol/l) at admission and (>8 mmol/l) during hospital stay are both associated with an increased all-cause mortality, independent of severity of disease or other risk factors. (this thesis)

5. Introduction of an alerting clinical decision support system improves compliance with an insulin protocol for treating hyperglycemia in patients admitted to the intensive cardiac care unit. (this thesis)


7. Population targeted interventions to reduce dietary salt intake are underutilized opportunities to reduce cardio -and cerebrovascular events. (Clin Sci (Lond). 2009 Jun 2;117(1):1-11)

8. The information stored in a national electronic medical record is unlikely to cause more harm when leaked than information shared on social networking sites. However, the harm caused by lack of access to this information can be fatal.

9. In a mass casualty situation, medical prioritization should be based on probability of survival rather than severity of injury. This however, goes against the natural desire to first help those in the worst condition.


11. A good traveler has no fixed plans and is not intent on arriving. (Lao Tzu)

Jonathan Lipton, Rotterdam, 13 oktober 2010