

Propositions (Stellingen): Clinical pathways in hospitals: Evaluating effects and costs

1. Five empirically developed clinical pathway content criteria should be used in developing an international consensus definition and a common CPW terminology (this thesis).
2. Clinical pathways are better than usual care for reducing in-hospital complications but do not reduce in-hospital mortality or hospital re-admission (this thesis).
3. Pre-post comparisons are prone to bias and should hence not be used to investigate the effectiveness of clinical pathways in hospitals (this thesis).
4. Typical characteristics of rural settings such as a low prevalence of eligible patients emphasizes the need for carefully designed quantitative studies to evaluate the effectiveness of CPWs (this thesis).
5. Future CPW interventions should also be evaluated in terms of cost-effectiveness or value-for money (this thesis).
6. Quantitative studies are not always suitable in explaining how and why CPW interventions were effective in one hospital and not in another (Grimshaw 2007).
7. Possibly effective strategies to implement CPWs could be adopted from complementary studies investigating clinical practice guidelines or surgical checklists (Grimshaw 2004, Takala 2011).
8. CPWs are complex managerial interventions and have an impact beyond clinical outcomes (Achterberg 2010).

9. Reducing the complexity of an existing hospital enterprise requires extensive investments in construction and medical infrastructure (Roehn-Klinikum-AG 2012).

10. Language barriers to implementing CPWs: 'Lieber Tee' or 'liberté' (Govers 2011)

11. "The difference between what we do and what we are capable of doing would suffice to solve most the world's problems" (Mahatma Gandhi, 1896-1948)

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