1. Systematic screening for child abuse in emergency departments is effective in increasing the detection rate of potential child abuse. (This thesis)

2. The Escape instrument is an accurate tool to screen for child abuse at emergency departments; to maximize the sensitivity it should not be shortened. (This thesis)

3. To optimize screening for child abuse its implementation should be combined with training of emergency department nurses. (This thesis)

4. Introduction of systematic screening for child abuse at emergency departments has not resulted in an increase of unjustified suspicions of child abuse. (This thesis)

5. Including the head-to-toe examination in the screening protocol had a low added value in the detection of child abuse at emergency departments. (This thesis)

6. A well-functioning primary care prevents people to appeal to complex and expensive care. In the Netherlands, more than 90% of the care issues are addressed in the first line for only 4% for the total budget of healthcare. (Trees Wiegers, 2011 NIVEL Overzichtstudies: de eerste lijn)

7. Maltreatment is one of the biggest pediatric public health challenges, yet any research activity is dwarfed by work on more established childhood ills—especially those that lend themselves to drug treatment. (Editorial, The Lancet 2003;361:443)

8. If you would like to start tomorrow to change practice and implement evidence, prepare well. And, finally, enjoy working on making patients’ care more effective, efficient, safe, and friendly. (Richard Grol, The Lancet 2003;362:1225–30)

9. We have forgotten the most important intervention of all—non-intervention. Little wonder that overdiagnosis, overtreatment, and iatrogenic harm are the defining characteristics of today’s financially unsustainable medicine. (Des Spence, BMJ 2013;346:f1122)

10. Let’s prevent the avoidable. (Pauline Dekker on smoking at TEDx Nijmegen 2013)

11. Some people want it to happen, some wish it would happen, others make it happen. (Michael Jordan)

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