Stellingen behorend bij het proefschrift

Bridging the gap

Adapting transitional care to older cardiac patients' needs

1. Bridging the gap in the transition of care between current practice and older cardiac patients' needs, requires optimization of screening tools to support the decision for either rehabilitation or advance care planning (*this thesis*).

2. The risk of adverse outcomes in individuals cannot reliably be calculated by using only disease-related conditions or geriatric conditions (*this thesis*).

3. The Cardiac Care Bridge transitional care intervention did not meet the care needs of frail older cardiac patients who were 'beyond repair'; advance care interventions appear more appropriate (*this thesis*).

4. To reduce hospital readmissions in frail older cardiac patients, hospital care should be brought to patients' home (*this thesis*).

5. To optimize interdisciplinary collaboration within and across organizations, we should focus on interdisciplinary education and improvement of communication structures (*this thesis*).

6. Formulating goals is at least as difficult as actually achieving them (*this thesis*).

7. Home-based cardiac rehabilitation in frail older patients by community-based physical therapists is feasible and should be considered in routine practice (*this thesis*).

8. The impact of partner involvement in secondary prevention has been underestimated and needs to be integrated in clinical guidelines (*this thesis*).

9. A randomized controlled trial design is not the optimal design to study complex interventions in clinical practice (*this thesis*).

10. Rather ten times die in the surf, heralding the way to a new world, than stand idly on the shore (*Florence Nightingale*).