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Improving care of vulnerable elders through computerized clinical decision support

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1. Success and effectiveness in clinical decision support should be measured both in terms of the quality of the decision and the ease with which the user can confidently make a good decision. (this thesis)
2. Clinicians want computerized decision support to help them in areas they feel need improvement; otherwise the harm from interruption may outweigh any benefit from using the system. (this thesis)
3. Gastroprotective agents appear to reduce risk of gastrointestinal ulcers, and although they may not sufficiently reduce risk in the oldest patients, they may still reduce ulcer severity if NSAIDs cannot be avoided. (this thesis)
4. Older adults do want to participate in health decisions and do use the internet for health information; however, there may be a subpopulation which relies mainly on other people for health information. (this thesis)
5. Non-interruptive decision support can be effective, if it is perceived as useful and made easily available when it is needed. (this thesis)
6. Patient care has two components: technical and interpersonal. The quality of technical management depends on the balance of its expected benefits and risks. The quality of the interpersonal process consists in conformity to legitimate patient expectations and to social and professional norms. (Avis Donabedian)
7. The Quality which creates the world emerges as a relationship between man and his experience. (Robert M. Pirsig)
8. Quality indicators should not be confused with Quality. A good quality indicator indicates quality; that is, it points us in the direction of quality, but it does not and cannot measure Quality itself.
9. People will tend to get good at what you measure, so be careful what you measure.
10. The most exciting phrase to hear in science, the one that heralds new discoveries, is not "Eureka" but "That's funny..." (Isaac Asimov)