

BMJ Open Quality Fragility Fracture Network: innovations in healthcare improvement

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We are delighted to bring to you this special supplement on quality improvement (QI) initiatives to provide better care for older people experiencing fragility fractures. The Fragility Fracture Network (FFN) is a learning organisation committed to a global ‘call to action’ to improve the care of people who experience a fragility fracture. Achieving this ‘call to action’, requires multidisciplinary clinical systems which focus on excellence in acute care, rehabilitation and secondary prevention—with the formation of national alliances to promote policy change that supports the staff within these clinical systems to respond to the call for excellence.¹ The FFN’s mission aligns well with the *British Medical Journal Open Quality (BMJOQ)* mandate to publish high quality peer-reviewed content relevant to all those who strive for excellence in improvement science across the world. The articles in this special edition come from around the globe and stretch across all four pillars of acute care, rehabilitation, secondary prevention and policy change, fulfilling the *BMJOQ* and FFN shared vision of enacting a ‘call to action’. Teams of academics, clinicians and clinical academics needed to work together to continually collect data, identify potential improvements, make a change and importantly, evaluate that change. In this way, by constantly integrating data monitoring and promoting a positive quality improvement culture, improving quality and safety can become a routine part of how organisations work.

This edition contains the cumulative work of authorship teams (many of them led by early career clinical academics who are FFN members), with contributions from countless more patients, carers, administrative staff, governance and audit teams and healthcare service managers. The authors depict improvement efforts, which require teamwork, sensitivity and determination to overcome the well-documented challenges in patient safety and improvement work. These interventions are deceptively complex as even simple QI interventions requires an in-depth appreciation

of context, implementation and evaluation strategy and theories of organisational change. In 2016, McCulloch writes: ‘[creating] change is associated with a mix of intensive, strenuous, stressful and sometimes coercive training and the immersive experience of more subtle but equally strong social pressures over a considerable period’.² We are inclined to agree that even now in 2023, the stark reality is that changing organisational culture is a huge task. Added to this, there are still some conceptual discussions on what constitutes improvement³ and it can be incredibly challenging to target interventions that will provide the most ‘leverage’ and become both ‘scalable’ and ‘sustainable’—rather than producing a ‘one hit wonder’ in one place for a short time.⁴ Added to this complexity, the authors represented within this special edition are trying to serve a population, which commonly includes vulnerable, frail and older people and their families/carers in highly resource-diverse settings. The authors presented in this special collection have attempted to select interventions which are capable of having enough ‘leverage’ to impact individual patients, healthcare cost and provider well-being across a breadth of topics including: new models of care; early mobilisation; innovations in nutritional supplementation and understanding what ‘good’ looks like in nutritional support; decision support tools; quality registry; implementing a fragility fracture database in a low-to-middle income country; and Fracture Liaison Services.

The fragility fracture patient population is growing in volume along with the global ageing population. Thus, to attempt to change organisational culture to benefit these patients and introduce new and valuable interventions with lasting benefit is a truly laudable endeavour. We salute the authors of the work represented here and all others involved in its production, as they give accurate descriptions of each improvement effort and its context, and thoughtful learning points that could be generalised to fragility fracture services around the world.



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