



# STRATEGIC PLAN 2017-2021

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# STRATEGIC PLAN 2017 – 2021

## 1. INTRODUCTION

The FFN Strategic Plan 2017 covers the years 2017 – 2021. Since the foundation of the FFN in 2011, we have many new members. With a larger group of more varied active members there is a need for a document providing a common direction.

The FFN vision, mission and goals were adopted by the General Assembly in 2014. Additional chapters now describe each of the main FFN areas – each with

1. **Introduction**
2. **Goals** within the next five years
3. Present **status**
4. **Strategy** to reach the goals

By purpose the Strategic Plan 2017 is concise. The first draft was discussed at the FFN Executive Away Day early spring 2017 and continued during the following Board Meetings.

The FFN Strategic Plan 2017 is to be adopted at the General Assembly during the FFN Global Congress in August 2017 – with an expected review every year by the ExCom.

## 2. PURPOSE

The purpose of the strategic plan is to develop and strengthen the FFN, by a continued focus on how the FFN will achieve its vision, mission and goals.

## 3. VISION, MISSION, GOALS & STRATEGIC FOCUS

### VISION

A world where anybody who sustains a fragility fracture achieves the optimal recovery of independent function and quality of life, with no further fractures.

### MISSION

To optimise globally the multidisciplinary management of the patient with a fragility fracture, including secondary prevention.

## GOALS

- To create a global network of national alliances of fragility fracture activists
- To spread globally the best multidisciplinary practice and systems of care for managing fragility fractures
- To ensure that every fragility fracture becomes an opportunity for systematically preventing further fractures
- To promote research aimed at improving the quality of fragility fracture care
- To generate political priority for fragility fracture care in all countries

## STRATEGIC FOCUS

In the next five years, the FFN will facilitate national (or regional) multidisciplinary alliances, which lead to:

- Consensus guidelines
- Quality standards
- Systematic performance measurement

For the care of older people with fragility fracture.

The metric of FFN's success will be the number of nations in which these goals are achieved.

## 4. PRINCIPLES

The FFN is a global organisation, which was founded in order to create a multidisciplinary network of experts for improving treatment and secondary prevention of fragility fractures. The FFN mission and vision underline this and are the foundation for all decisions taken.

The FFN believes that useful policy change can only happen at a national level and multidisciplinary national coalitions are the most effective way to achieve this. Hence the FFN acts as a global template for creating national alliances in as many countries as possible.

The FFN embraces all relevant disciplines including orthopaedics, geriatrics/internal medicine, rehabilitation physicians, radiologists, anaesthetics, endocrinologists, rheumatologists, nursing, physiotherapy and other allied health professionals, and relevant researchers. The two main cornerstones are:

- An ortho-geriatric approach to the acute fracture episode in older people, who often present with complex medical problems and frailty, which require a geriatric/internist approach
- Fracture Liaison Services for secondary prevention in fragility fracture patients of all ages

The network should be composed of activists who, in their home countries, work through their own professional organisations as catalysts and change-agents. FFN should be strong enough to raise awareness, achieve policy change and ultimately improve treatment for patients with fragility fracture.

## 5. ORGANISATION

### INTRODUCTION

The FFN organisation should reflect its unusual multidisciplinary makeup and its role in integrating the work of activists – often already members of other organisations, with which the FFN does not intend to compete.

### GOALS

We aim to have an effective organisation, when it comes to:

- Decision making/action taking
- Collective memory
- Distribution of tasks
- Representation of disciplines and geography
- Liaison with other organisations
- Succession Planning for FFN officers
- Recruitment of new members

### STATUS

The FFN organisation is made of an Executive Committee (ExCom) and a decision-taking Board consisting of 50% elected members and 50% non-voting members co-opted either because they represent other organisations or lead FFN projects. Roles and duties of ExCom and Board members are currently not clearly identified, which creates confusion and much work for the annually elected president.

### STRATEGY

The current organisational structure will be retained to enable delivery of the FFN Goals. The involvement of the elected board will be increased in decisions and the distribution of tasks.

The ExCom should from the General Assembly 2018 consist of:

- President: Daily activities, meeting leader, intersociety relationships
- President Elect: Learning position, assisting the President, strategic plan update
- Past President and Nominations Committee Chair: Guidance position, nominations
- Treasurer: Finances, memberships, sponsors
- General Secretary: Agendas, minutes
- Congress Chair: Congress planning
- Scientific Committee Chair: Congress programme, publications, SIGs
- Regionalisation Committee Chair (new position): Regionalisation
- Communication officer (move, Board to ExCom): Website, Social Media, Newsletters etc.

The Board consists of these officers, together with:

- Elected board members: Promoting, recruitment, working groups (voting)
- Co-opted board members: Liaison, recruitment, working groups (non-voting)

The President may invite a colleague to attend Board and ExCom meetings, in a non-voting capacity, for assisting in the discharge of duties arising from the meetings. This should not conflict with the role of the FFN General Secretary.

There should be a number of Special Interest Groups and other ad hoc committees to deliver the FFN focus areas (see chapter 11).

The ExCom will have an annual AwayDay in November-January and monthly teleconferences. The Board should have bi-monthly teleconferences and be able to email endorsements between meetings. Both the ExCom and Board should have face-to-face meetings pre- and post-Global Congress.

## 6. REGIONALISATION

### INTRODUCTION

FFN's global mission is most urgent in the emerging economies. Whilst acknowledging that the origins and (currently) the main strength of the FFN lie in Europe, it is an urgent priority to build up the organisation in emerging economies. People from these countries often cannot afford to come to meetings in Europe. Therefore, the FFN has to come to them and help them to set up organisations with the FFN goals and ethos that can hold meetings locally. This could also unlock funding from local sponsorship sources that would not be available to global FFN.

Where the local activists wish to do so, local FFN organisations can be created, and organised according to the criteria described below. In many countries, there exist activists in many of the relevant disciplines, but there is no multidisciplinary organisation that unites them. A national FFN is a way to bring them together and allow them to grow their members. This applies in some advanced economies as well as developing ones.

### GOALS

We aim to augment the effect of the Global Congresses, in sharing ideas and inspiration, with local FFN-badged organisations and events all over the world. However, any national or regional organisation claiming affiliation with the FFN – and using its name – should meet the criteria of:

- Adopting the Vision, Mission, Goals and Strategic Focus of the global FFN
- Adopting a constitution that embodies the principle of multidisciplinary
- Sending significant numbers of their members to the annual Global Congress

### STATUS

The Regionalisation Working Group (RWG) was set up at the General Assembly in Rome. The RWG is currently developing its modus operandi.

FFN-Japan and FFN-India have been formally incorporated. Active discussions are underway in Brazil and Greece. There is interest but less activity so far from Middle East (Lebanon), Finland, German speaking region, Baltic region, Italy, Spain and North America.

### STRATEGY

At this stage, we are completely flexible about the precise forms these take, relying on the good judgement of our local members.

In the next two years, we will:

- Change the articles to have a RWG Chair on the ExCom
- Change the name Regionalisation Working Group into a Regionalisation Committee, as committee chairs are represented at the ExCom
- Define the role of the Regionalisation Committee and engage its members and board members in the process
- Consolidate relationships with FFN-Japan and FFN-India
- Establish FFN-Brazil and FFN-Greece
- Open the door to approaches from other interested regions and help them move forward
- Create a manual and provide examples of how to establish a local FFN

In the next five years, we will:

- Evolve a philosophy and governance structure that encompasses global and local FFNs in a way that is to their mutual advantage
- Establish as many robust, sustainable national and regional FFN organisations as possible
- Penetrate emerging economies as much as possible
- Ensure that the lessons of regionalisation are absorbed by the global FFN and that the latter develops its role appropriately
- Have local FFNs achieving local sponsorship enabling resources for attending the Global Congress

## 7. RELATIONS

### INTRODUCTION

As a network, the FFN does not aim to compete with existing organisations but to facilitate linkage between activists from organisations that do not commonly collaborate with each other. We expect members to achieve their goals – particularly national goals – working through their existing organisations.

Our purpose is to stimulate individuals by exposing them to proven solutions that have been developed by others all over the world. In order to reach all the relevant people with this

intention, we need to have fraternal relations with other international organisations that give us the opportunities to communicate our message to their members.

## GOALS

We aim to:

- Be recognised by all relevant organisations as being the international specialists in the multidisciplinary care of fragility fractures
- Recruit leading members of those organisations to the FFN and its Board
- Be regularly invited to contribute to relevant sessions of their annual meetings and offer them a reciprocal platform in our congresses so we can communicate our messages across to varied audiences

## STATUS

Currently we have had varying degrees of collaboration with AOTrauma, ASBMR, EFORT, EUGMS, ESCEO, IAGG, ICON, IOF, IGFS, ISFR, NICHE, OTCF, SICOT, WHO, etc., many of whom have had co-opted representatives on the FFN Board. We plan to or have delivered invited presentations or sessions in local or annual meetings of AOTrauma, ASBMR, EUGMS, ESCEO, IAGG, IOF and SICOT. At the Global Congress 2016 in Rome, we had joint workshops with Italian national societies of orthopaedics, geriatrics, osteoporosis and rehabilitation, alongside joint workshops with international organisations – IOF and EUGMS/IAGG-ER and a Presidents' Roundtable with IOF, ICON, EFORT, EUGMS and IGFS.

## STRATEGY

The FFN will collaborate with other national and international associations in a collegiate way, whenever this is in the interests of patients. We will continue to:

- Seek to recruit members active in all relevant organisations and encourage them to act as ambassadors between those organisations and the FFN.
- Seek reciprocal arrangements for annual congresses giving each other platforms to communicate our messages across to new audiences. These following guidelines for reciprocal workshop agreements should be taken into account:
  - In general, such arrangements should be bilateral, ie involving only FFN and one other organisation.
  - In each annual congress in the same year, there should be one workshop/symposium which is jointly provided by the two organisations.
  - The title/contents of the event should reflect the common ground between the two organisations.
  - It should have one chairman from each organisation.
  - There should be equal numbers of speakers from each organisation (usually two each).
  - The host organisation should waive the registration fees for the chair and speakers from the other organisation.
  - Each organisation should fund the travel and accommodation of its contributing members.

We should emphasise relations with global organisations over European ones, in keeping with the regionalisation strategy, on the basis that the greatest epidemiological threat lies in the emerging economies:

- In the next year, we will consolidate relations with ASBMR, IAGG, SICOT, ICON.
- In the next 3 years, we will aim for having an established multi-organisational group to spread awareness of fragility fractures to politicians, WHO etc.
- In the next 5 years, we will aim to see regional events organised jointly by FFN and sister organisations

## 8. NOMINATIONS COMMITTEE

### INTRODUCTION

The Nominations committee consists of members of the Board with the previous year's past President chairing. Efforts are made to ensure a geographic and multidisciplinary balance.

### GOALS

We aim to be able to nominate the very best candidates (talent spotting) and have a succession plan for Board positions.

### STATUS

The number of candidates for each position has varied. Some talented individuals have been elected, but more candidates could have been kept motivated if not elected the first time.

### STRATEGY

Members should be encouraged to stand for elected Board Positions. The nominations committee should be elected at the post-Congress Board Meeting. The nomination committee chair should present a preliminary nominations list at the ExCom AwayDay.

## 9. SCIENTIFIC COMMITTEE

### INTRODUCTION

The evidence for the prevention and treatment of fragility fractures is developing rapidly. However, there are still large gaps in this evidence, the approach to evidence synthesis is fragmented around the globe and the FFN is not maximising its ability to disseminate best evidence.

Several national audit frameworks have been developed for the collection of standardised data. However, there is inconsistency regarding the dataset collected around the globe and several areas of fragility fracture have no audit programme at all. Several new interventions are being tested, covering prevention, initial assessment, treatment and rehabilitation/

recovery. However, there is an inconsistent approach to the identification of research priorities and the methodologies used to evaluate new interventions.

## GOALS

We aim to:

- Encourage the synthesis and dissemination of existing best-practice evidence via: the FFN annual congress, the FFN website, FFN-badged publications in scientific journals, FFN-badged social media and newsletter updates
- Promote the development and collection of comprehensive standardised data within national audit frameworks via FFN-badged scientific publications and in collaboration with the regional networks. Hip fracture will be a marker condition for fragility fractures
- Identify and extend the collection of patient-centred core outcome datasets to inform practice and facilitate research via the FFN congress and FFN-badged scientific publications
- Facilitate international collaborations to identify research priorities and evaluate new interventions for the multidisciplinary treatment and long-term management/rehabilitation of patients with fragility fractures, including secondary prevention, via the FFN congress and FFN-badged scientific publications

The Scientific Committee will represent leading global researchers in multidisciplinary fragility fracture research. The Chair will represent the Scientific Committee on the FFN Executive Committee as well as in the Global Congress Local Organising Committee. The Chairs of Special Interest Groups will represent the Special Interest Groups on the Scientific Committee, but will not necessarily be co-opted members on the FFN Board themselves.

The Scientific Committee will play an active role in planning the Global Congress programme, including:

- Abstract handling for free presentations and posters, securing two Chairs for each free paper session and selecting the top presentations and posters for prize-winning sessions
- Assisting the FFN President and Congress Chair forming the scientific programme for securing planning continuity from congress to congress

## STATUS

The Scientific Committee has so far primarily only been concentrated on managing the congress abstracts.

## STRATEGY

Within the next year, we will:

- Identify research priorities for fragility fractures
- Secure on-going production of FFN-badged publications in scientific journals
- Establish a closer relationship with the Special Interest Groups
- Together with the HFAD SIG, present an updated standardised MCD dataset and outcome parameters for a hip fracture national audit

- Together with the Webmaster, update the overview of hip fracture national registries on the FFN website.

Within the next five years, we will:

- Establish annual updates of research priorities for fragility fractures
- Present standardised datasets and outcome parameters for all common fragility fractures and for fracture prevention programs
- Incorporate such standardised datasets and outcome parameters into research and audit programmes, evaluating new treatments and pathways for fragility fractures
- Publish more than 20 FFN-badged publications in scientific journals, alongside social media and newsletter updates
- Introduce the organisational changes necessary to secure a continued close contact to the Special Interest Groups

## 10. SPECIAL INTEREST GROUPS/WORKING GROUPS

### INTRODUCTION

In order to focus on specific areas and topics, the FFN Board under the present article 14c now has the power to set up action-oriented, Special Interest Groups (SIG) or other ad hoc committees.

### GOALS

We aim to have a small number of SIGs and other ad hoc committees for covering the continuing and acute focus areas. For acute matters Working Groups (WGs) will be introduced.

- The SIG Chairs are normally represented on the Scientific Committee and do not necessarily need to be co-opted board members themselves.
- WGs may be set up to bring together members:
  - Of a given discipline
  - For short term tasks assisting the President
  - For standing tasks, such as education and publication

### STATUS

There are now four SIGs: Physiotherapy, Hip Fracture Rehabilitation Research, Vertebral and Hip Fracture Audit Database. These four SIGs are further described below.

Members, predominantly nurses and anaesthetists, have asked for extra focus on the peri-operative phase and patient-centred care.

### STRATEGY

Within the next five years, we will:

- More frequently use the possibility to create temporary WGs.
- Motivate members to create new SIGs and WGs.

## 10.1 HIP FRACTURE AUDIT DATABASE SIG/IMPLEMENTATION GROUP

### INTRODUCTION

The global pandemic of fragility fractures brings the need for standardised datasets to support comparability and in due course support national and international quality control and clinical research on hip fracture care.

In 2012 the FFN's Hip Fracture Audit Database (HFAD) Implementation Group began to develop, with the aid of an international Steering Group of hip fracture audit experts, a concise and robust Minimum Common Dataset (MCD). Over 2014–2016, the HFAD IG delivered a Pilot Phase aimed at exploring the feasibility of international web-based hip fracture audit, with generous grants from Biomet and the FFN, and IT support from Crown Informatics, an independent company with a strong record in supporting hip fracture audit for the UK National Hip Fracture Database.

### GOALS

We aim to:

- raise awareness of the need for fragility fracture audits
- increase the use of the MCD dataset and the HFAD database
- continuously update the MCD dataset in response to emerging clinical and other developments

### STATUS

The MCD dataset with details of definitions of individual items has already facilitated large-scale international comparisons of case-mix, care and early outcomes, and the HFAD database with a Crown Informatics user-friendly web interface with integral prompts and guidance has in a Pilot Phase succeeded in demonstrating the feasibility of web-based international hip fracture audit.

Three units from Slovenia and Germany documented a substantial number of cases in impressive detail, and also variously demonstrated improvements in aspects of care, particularly that of reducing delay to surgery. Recently two new national hip fracture audits (Spain and Japan) committed to use the MCD dataset.

The HFAD IG also takes part in the Baltic Fracture Competence Centre, which based on European regional funding now seek to bring together trauma units, industry and university interests in eight nations to establish a research and innovation network in fracture management.

The sharing of expertise and enthusiasm for hip fracture audit and care in general could build a critical mass of experience, influence and achievement perhaps more likely to elicit major funding for e.g. an Oxford-based initiative already under discussion with a possible major charitable Trust.

### STRATEGY

Within the next five years, we will:

- Establish the HFAD IG as a well-known and respected FFN registry advisory group to raise awareness of audits, and to foster and support the foreseeable wider implementation of effective hip fracture audit around the world
- Encourage established audits to maximise the compatibility of their use of the FFN MCD dataset and HFAD in order to facilitate future international comparisons; and, in due course, collaboration on audit based clinical research and national and international level
- Update the MCD dataset including a series of optional add-ons offering datasets to support local sprint audits of (e.g.) wound infection, thrombo-prophylaxis, early rehabilitation, implant failure, etc.
- Seek funding for the above initiatives

## 10.2 HIP FRACTURE RECOVERY RESEARCH SIG

### INTRODUCTION

The Hip Fracture Recovery Research Special Interest Group was initiated to provide a forum for scientist and clinicians representing all scientific and clinical disciplines to discuss and advance knowledge needed to improve care and outcomes from hip fracture.

### GOALS

To create a global network of investigators interested in evaluating evidence, proposing studies, and performing collaborative multidisciplinary hip fracture research to determine the underlying science of recovery from hip fracture (from the time of fracture up to 24 months post hip fracture) and to collaboratively design and test one or more interventions directed at improving post-hip fracture care and outcomes.

### STATUS

This SIG had its first official meeting during the 2012 FFN Congress. It has established an executive committee consisting of members from three continents that meets at least quarterly by teleconference to plan programme for the annual FFN Congress, prepare scientific manuscripts for publication and symposia for presentation at other national and international conferences, and discuss collaborative studies. This SIG had its origin in 2008 and became part of the FFN in 2012.

### STRATEGY

Within the next five years we will:

- Identify and assemble directories of investigators globally who are interested in:
  - Advancing the science of hip fracture recovery through collaborative discussion, dissemination efforts, and/or investigation

- Working collaboratively to use evidence and clinical experience to design interventions for improving outcomes from hip fracture
- Participating in multi-site studies of patients with hip fracture in order to facilitate rapid testing of novel interventions
- Establish an FFN forum for on-going discussion of existing and emerging evidence pertaining to improving outcomes from hip fracture
- Host webinars for presentation and discussion of existing and emerging evidence pertaining to improving outcomes from hip fractures

### 10.3 PHYSIOTHERAPY SIG

#### INTRODUCTION

The vision of the Physiotherapy SIG is to create a collaborative working group of physiotherapists within the FFN that includes clinical practitioners, educators and researchers who are involved in the whole management pathway of care for people after fragility fracture. We work to gather physiotherapists around the world involved in the management of the patient with fragility fracture into a collaborative network.

#### GOALS

We aim to:

- Discuss the role of physiotherapists in the whole pathway of care for fragility fracture
- Discuss the mobility disability measures/instruments in each stage of care
- Discuss the whole clinical decision making process, including examination, evaluation, plan of care and outcome assessment measures based on the best available scientific evidence and clinical judgment to address the whole pathway of care for fragility fracture patients
- Discuss (review and assess) the role of exercise as a preventive strategy to prevent falls and fragility fractures
- Discuss the role of exercise as a therapeutic intervention to address reduced physical performance, disability, sarcopenia and frailty related to fragility fractures
- Discuss the role of physiotherapists in the multidisciplinary team co-management for integral care of fragility fracture patients

#### STATUS

Currently, we conduct a snapshot survey that aims to document current physiotherapy practices in the care of people after hip fracture around the world. Data are current being collected in ten different countries. Also, we have during the last years conducted a pre-day congress workshop for physiotherapists and interested others, as well as contributed to the planning of the overall programme.

#### STRATEGY

Within the next five years, we will further consolidate and expand the SIG, for establishing an internationally well-recognized network for the above-mentioned goals. Also we will continue to each year host a pre-day congress workshop and contribute to the overall programme.

### 10.4 VERTEBRAL FRAGILITY FRACTURE SIG

#### INTRODUCTION

Vertebral Fragility fractures (VFF) are the most common, single osteoporotic fracture with an estimated 1.4 million VFF occurring every year worldwide. They are an important cause of morbidity and are associated with increased mortality. Vertebral fractures are a powerful predictor of hip fracture, however currently 50–70% of vertebral fractures are undiagnosed. The identification of vertebral fractures therefore presents a vital opportunity for secondary prevention, reducing the human cost and the economic burden in health and social care.

#### GOALS

We aim to:

- Assemble a multi-disciplinary international FFN-SIG, to take a holistic approach to all aspects of diagnosis, management, rehabilitation and prevention of VFF.
- Oversee the development of an evidence-based model of care that would follow the clinical pathway/patient journey for all men and women with VFF.
- Disseminate the information to our professional colleagues, patients, policy makers and the wider community.

#### STATUS

A number of meetings have taken place over the last 2 conferences with reports developed in 3 main groups: Detection of VFF, Conservative (non-interventional), Management of VFF and the Interventional Management of VFF. These will be developed further at the next conference with an expected publication of draft statements on the website.

#### STRATEGY

Within the next five years, we will:

- Further consolidate and expand the SIG, for establishing an international discussion forum
- Work collaboratively to design pathways for the optimal identification, assessment and management of VFF
- Host the yearly congress workshop, with contributions to the overall programme

## 11. EDUCATION

### INTRODUCTION

In keeping with its twin mission of prevention and multidisciplinary co-management of fragility fractures, the FFN is in a unique position to lift the treatment level globally by education and dissemination of evidence-based treatment principles.

For the issue of prevention, the occurrence of a fragility fracture in a patient of any age has to be seen as an opportunity for secondary prevention and we will contribute whole-heartedly to spreading the concept of Fracture Liaison Services. For the acute management of older patients with fragility fractures, the orthogeriatric model, although the most effective model – and well-established in some countries – remains unknown in much of the rest of the world. In some countries, the speciality of geriatrics does not exist. We therefore have to explain what is beneficial about the orthogeriatric approach and help colleagues to provide that – with or without the involvement of ‘geriatricians’ as such.

In particular, a specific education for nurses bridging between orthopaedics, orthogeriatrics and FLS appears to be lacking worldwide. The FFN is already working on the development of such a curriculum.

### GOALS

We aim to:

- Lift the educational level of all people relevant for the fragility fracture patient: The patient her/himself, the family and caregivers, politicians and managers, and all members of the multidisciplinary treatment team
- Maximise the educational impact of the global congress and other FFN events
- Create new educational events, such as local and regional congresses and courses
- Use all relevant educational tools, such as courses, books, IT-systems etc.

### STATUS

Although often discussed, the FFN’s educational possibilities, especially between the annual congresses, have until 2016 not been properly addressed. In 2017 the FFN was joined by other relevant organisations in providing the San Servolo project, where nurse representatives from many European countries generated a core curriculum for nursing education – to be used as a model for improving their competencies in Europe and beyond.

The FFN also wrote a Springer Book on Orthogeriatrics describing and analysing the modern essential components in a multidisciplinary approach to fragility fractures. Further educational events are planned for the 2017 Global Congress.

### STRATEGY

Within the next five years, we will:

- Publish more educational books e.g. with new future editions suggested by Springer, including a nursing book based on the San Servolo project

- Conduct educational courses within all multidisciplinary fragility fracture disciplines:
  - conducted solely by the FFN or joint with other relevant organisations/sponsors
  - included into the Global Congresses e.g. in meet the professors sessions, practical classes, pre-day workshops etc.
  - linked to published books – e.g. publish books following courses or base a future course on the 12 chapters of the Springer Orthogeriatrics book
- Use the San Servolo course model with country representatives for other members of the multidisciplinary team. This could be initiated in one region and exported using local teachers and organisations
- Distribute relevant national or regional educational courses conducted by FFN members, e.g. the course for caregivers of older fragility fracture and osteoporosis patient proposed by the Italian Geriatric Society, which material (slide kit, video and web sessions) would only need translation
- Develop resources and education for family/care givers
- Produce educational FFN webpage material to be downloaded by members, such as newsletters, webinars, videos, flyers etc.

## 12. WEBSITE & COMMUNICATION

### INTRODUCTION

The FFN website – [www.fragilityfracturenetwork.org](http://www.fragilityfracturenetwork.org) – is the virtual home of the organisation and its public face. The website has both public and members-only areas. The Fracture Care Resources Centre in the members-only area provides a comprehensive suite of resource acting as a global information hub for healthcare professionals, health system administrators, policymakers and payers from both the public and private sectors.

FFN has established social media pages on Twitter, LinkedIn and Facebook, which are yet to be properly used. FFN is yet to become established on ResearchGate and YouTube.

### GOALS

We aim to:

- Use digital media and platforms to provide an infrastructure to support a global network of national alliances
- Utilise and consolidate the expertise of FFN Board and other members to generate content that will enable dissemination of best multidisciplinary practice and optimal systems of care
- Share resources that relate to secondary fracture prevention which have been developed by other leading global and national organisations
- Use digital media and platforms to provide an infrastructure to support the activity of FFN SIGs and disseminate products of that activity

- Share national experience of activities resulting in higher political priority being assigned to fragility fracture care
- Reconstruct the FFN website:
  - on a self-editable platform (e.g. WordPress), so the webmaster and selected ExCom members can themselves upload material, and edit and create new pages and links
  - with responsive design for use on mobile devices
  - for providing easy payment of memberships and congress registration etc.
  - so it's transferable in case of change of AMC-PCO

### STATUS

Although only a few years old, the present website is somewhat outdated – both when it comes to construction, the payment segment and to a certain degree also the material. The original uploaded material is great, but the constant necessary updates are challenging, as the present website construction only allows uploading through professional assistance. The virtual home and the public face of the FFN thereby appear suboptimal and must be improved.

### STRATEGY

The Digital Strategy for FFN was drafted during Q4-2016 and identifies the following as one of the highest FFN priorities already for 2017, pursuant to identification of funding from the FFN resources and directly from industry partners:

- Migration of the current FFN website architecture to a self-editable platform with integration of FFN social media accounts and responsive design for use on mobile devices
- Frequent use of present FFN social media accounts: Twitter, Facebook and LinkedIn
- Frequent upload of new content from ExCom and Board members
- Six annual email-distributed industry-sponsored FFN Newsletters with relevant content

Within the next two to five years, we will:

- Have established frequent use on the rest of relevant social media, e.g. ResearchGate and YouTube etc.
- Frequently upload new content delivered by FFN Board, FFN SIGs/WGs, FFN members in general, and other leading global and national organisations
- Include (or link to) relevant: Debate forums, Webinars, Articles from newspapers and peer-reviewed journals, Books, Reports, Interviews, etc.

## 13. ANNUAL GLOBAL CONGRESS

### INTRODUCTION

The annual Global Congresses are the focus of FFN's international work and function as a benchmark for progress. The attendees have the opportunity to meet and share their knowledge, to present research results and to participate in other professional and social activities in a friendly atmosphere.

### GOALS

We aim to:

- Motivate activists to change policy and behaviour in their local areas
- Be a unifying professional and social meeting forum for all FFN members globally
- Be the number one forum for presentations of all types of fragility fracture research
- Recruit new potential FFN members and industry sponsors
- Provide a forum for interaction between members and industry sponsors
- Make a profit covering all congress expenses, including preparations meetings etc.
- Decide congress venues several years in advance and have a continued knowledge build up for congress planning

### STATUS

The Congress is held every late August/September. Despite being a global network, all congresses have so far been held inside Europe. The number of attendees has after initial increase now stabilised at around 400. The programme is multidisciplinary with plenary sessions with state-of-the-art lectures, as well as parallel sessions and a poster area. Although the number and quality of submitted abstracts has improved, invited speakers do the majority of presentations.

A few large industry sponsors cover the majority of congress expenses, but so far there have only been sponsored symposiums, not e.g. a booth exhibition area or logos etc. The Congress Chair and FFN President have so far done most of the congress planning, often quite late.

### STRATEGY

The congress schedule is continued as a three days event in the summer/early autumn, plus the possibility for an extra educational pre-day in a low-cost setting like nearby hospital/university. During the congress, time should be set aside for the General Assembly, and a pre- and post-congress ExCom and Board meeting.

The scientific programme should continue to include all multidisciplinary aspects of fragility fractures with focus on especially important fragility fracture top of the art items within these six themes: Peri-operative management, Fracture management, Rehabilitation after fracture, Prevention of new fractures, Research in fragility fractures, Changing policy.

Educational content should be increased, especially in the pre-day.

Time should be set-aside for co-managed sessions with relevant societies.

There should be more high-quality free abstracts for improving the knowledge dynamics.

Congress venues should be announced several years in advance, decided by an open bidding process with equal competition from all over the world, starting from the Congress 2019.

The FFN President, Scientific Committee Chair and Congress Chair are responsible for the congress. A local organising committee should be formed primarily for local invitations and social events, while the scientific committee should help forming the scientific programme for securing planning continuity from congress to congress. The FFN treasurer helps with the industry contacts incl. planning of lunch symposiums, booth exhibitions etc.

The congress finances should be improved by allowing industry lunch symposiums, exhibition booths and logos etc., however kept in balance with the scientific content.

The congress content should be available for members not able to participate. This can e.g. be written session minutes, slides-copies, videos etc. to be uploaded on the FFN website.

The PCO manager should help in execution of the practical and financial aspects of the congress (see chapter 17. Professional assistance).

## 14. OTHER MEETINGS

### INTRODUCTION

The FFN could arrange meetings/congresses beyond the annual Global Congresses, for highlighting a certain subject, education, co-work or geographical area – not least the local FFNs should be encouraged to do so.

### GOALS

We aim to motivate the FFN members to arrange such meetings/congresses.

### STATUS

So far only a few such meetings/congresses have been arranged – but all with great success. The FFN Japan has national very-well established and visited annual meetings, and the FFN Congress in Korea in 2013 had above 100 multidisciplinary attendees and a good economy.

In 2017, the FFN has along with other organisations arranged the “New strategies in nurse training in Fragility Fracture management” in San Servolo, Italy (see chapter 11. Education).

### STRATEGY

Within the next five years, we will:

- Follow the Japanese example and have all local FFNs establish their own annual congress
- Arrange minimum one meeting/congress a year beyond the annual FFN Global Congresses, for highlighting a certain subject, education, co-work or geographical area

## 15. FINANCES

### INTRODUCTION

FFN finances have been challenging for years. The income comes basically from membership payment, congress profit and not least industry sponsoring.

### GOALS

- The economy should be able to support all wanted relevant activities of the FFN
- All members should be able to pay their membership fee easily
- Industry sponsors should find the FFN sponsorships attractive securing a continued group of major sponsorships, plus some minor supporters from year to year
- All industry compliance rules, e.g. Eucomed must be followed

### STATUS

FFN has listed more than 600 members, but only a quarter paid their memberships in the last couple of years.

The FFN finances are highly depended on only a handful of industry sponsors in a corporate advisory council, which cannot continue due to new compliance rules. Sponsoring is focussed on the Global Congress, leaving other FFN activities almost unsupported and thus paralysed.

### STRATEGY

Within the next five years, we will:

- Continue to be open for donations
- Have an increased knowledge of our members’ identity
- Increase the benefits for paying members:
  - Informing about the material on the FFN website e.g. congress material etc.\*
  - Continue the reduced congress registration fee\*
  - Membership lottery with free congress registration etc. should be considered\*\*
  - Differentiated membership prices,  $\frac{2}{3}$  price for non-MD’s, trainees and selected countries\*\*
- Easier membership payment:
  - Optimise the registration process on the website (see chapter 13. Website & communication), including if it’s possible to combine the membership payment with the congress registration\*
  - Automatic renewal of memberships\*\*
  - Three years’ memberships with a discount\*\*
  - Membership payment at the congress\*
  - Three firm reminders in case of delayed payment (February-April-June)\*
- Members still not paying will have their memberships terminated\*\*

*The treasurer is responsible for the above is undertaken within the next \*two years and \*\*five years. The treasurer may seek professional help under guidance from the ExCom.*

Following industry interviews, a new sponsorship model is introduced for 2017, with more individual industry large sponsorship packages, alongside opening for single supporter items for smaller companies. In addition to congress funding it is possible to obtain project funding from industry or other sources.

The FFN Presidential line and FFN Treasurer should develop a close relationship with all sponsors and supporters; this by email briefings and the FFN Newsletters, alongside talks at the congress and at a spring sponsor meeting.

## 16. PROFESSIONAL ASSISTANCE

### INTRODUCTION

The members of the FFN Board and ExCom are not full time FFN professionals, raising a need for professional assistance to run the daily activities (AMC) in the FFN central office and organise the annual Global Congress (PCO).

### GOALS

- To get the best possible assistance for the lowest possible money
- The relationship should be based on bilateral trust and understanding, with full respect for the FFN strategic plan
- AMC and PCO should be covered by the same provider on a combined contract running for at least three years, after an open bidding round with board decision one year in advance

### STATUS

MCI has been the provider since the FFN started. Contracts have however been blurry raising many bilateral discussions, misunderstandings and extra work. After severe internal FFN discussions, a new firm contract for both AMC and PCO until the end of 2018 with solely MCI Berlin was negotiated winter 2015–16, after which the relations and support have improved significantly. The FFN Board has decided to have an open AMC-PCO bidding round every 3–5 years in future.

### STRATEGY

For being prepared for when the present AMC-PCO contract terminates, the first bidding round for the AMC-PCO contract 2019–2020–2021 has been opened in the spring of 2017 with face to face interviews and decision making at the Global Congress in August 2017. The bidding material is very accurate and was agreed by the ExCom and then Board in the beginning of 2017. The next bidding round is expected to open in spring of 2020, for being prepared for the next following contract starting January 2022.

## GLOSSARY

AMC	Association Management Company
AOTrauma	Trauma branch of the AO Foundation
ASBMR	American Society for Bone and Mineral Research
EFORT	European Federation of National Associations of Orthopaedics and Traumatology
ESCEO	European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases
EUGMS	European Union Geriatric Medicine Society
ExCom	Executive Committee (of FFN)
FFN	Fragility Fracture Network
HFAD	Hip Fracture Audit Database
HFAD-IG	Hip Fracture Audit Database Implementation Group
IAGG	International Association of Gerontology and Geriatrics
IAGG-ER	IAGG European Region
ICON	International Collaboration of Orthopaedic Nurses
IGFS	International Geriatric Fracture Society
IOF	International Osteoporosis Foundation
ISFR	International Society for Fracture Repair
MCD	Minimum Common Dataset
NICHE	Nurses Improving Care for Healthsystem Elders
OTCF	Osteosynthesis and Trauma Care Foundation
PCO	Professional Congress Organiser
RWG	Regionalisation Working Group (will be renamed Regionalisation Committee)
SICOT	Société Internationale de Chirurgie Orthopédique et de Traumatologie
SIG	Special Interest Group (of FFN)
VFF	vertebral fragility fracture
WG	Working Group (of FFN)
WHO	World Health Organization

**FFN**

**Fragility Fracture Network**

*of the Bone and Joint Decade*

