The notion of quality in healthcare has been a topic of writing and discussion since time immemorial. It is inextricably linked with the notion of what the good doctor should do and with what the good nurse should do and as time has gone on it has been linked with what the good hospital or primary care facility should do. Hippocrates laid down his basic precepts for quality in healthcare, beginning with *primo non nocere*, first do no harm. The refrain is echoed and developed by Osler in his *Principles and Practice of Medicine* who every edition describes the relationship between the doctor and the patient and between the two of them and the disease or ailment. Florence Nightingale developed the notion of quality in nursing care and created an image, which we take very much for granted today, of what a good quality hospital looks like, clean, organised, efficient in its use of resources. Semmelweiss applied simple logic to determine why the rate of puerperal fever was so much greater in women tended by doctors than in women tended by midwives and, acting alone, fought to introduce that most simple of procedures to improve patient care, hand washing after handling cadaveric material. Semmelweiss’s tale needs no rehearsal here. Suffice to say that his is an example of how struggling to improve quality in healthcare requires, on occasion, going diametrically against accepted wisdom and practice.

In the modern era, quality improvement in healthcare is driven forward on many fronts and for diverse motivations. The simple desire to see patients better cared for is, one hopes, the primary motivator but one needs to recognise other aspects: the costs of healthcare rise almost continuously, whether this be the cost of new drugs or instruments, the wage costs of personnel, the cost of litigation – an increasingly widespread phenomenon, and the strains of the austerity and demands for cost-cutting which occur on a frequent basis, whether this be government departments of health in those countries with a national health service, or insurance companies where healthcare is private, or the two together where there is a mixed economy of healthcare. Pressures exist from multiple directions to improve quality in healthcare and this present issue of *Open Medicine Journal* seeks to discuss just a few of the directions in which quality improvement is happening and to discuss just a few of the issues around quality improvement in healthcare.

One need only do a search online for “quality improvement” AND “healthcare” to see just how important this topic has become and just how much it is being discussed and debated. To get an idea of the range and diversity of topics which fall under quality improvement in healthcare, it suffices to glance at the abstracts from conferences such Gothenburg or Singapore, and these are just two conferences among very many across the world.

The present thematic issue of *Open Medicine Journal* is therefore timely in its appearance and highly relevant in its diversity of topics.
Aim and scope
The aim of the proposed thematic issue is to examine a range of issues around the theme of quality improvement in healthcare, considering a diversity of topics from a theoretical and/or practical standpoint. The articles are a mixture of review and research pieces and include two on philosophical aspects on quality improvement in healthcare.

Keywords
Quality improvement, general practice, simulation, mindfulness, new media, Wittgenstein, ethics, quality management, education

Name, affiliation, and short biographical information about the guest editor.
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Short biographical sketch: Initially trained in mathematics and physics, David Matheson is an educationist with a special interest in healthcare education. He is the product of the generalist tradition in Scottish education and this is reflected in the diversity of his research outputs. From his first academic writing in comparative education, he has published across a wide range of areas of education, be this community education and development, comparative education or healthcare education. It has been his pleasure to work with, study with and write with very many talented individuals, some of whom are represented in this present issue. For details on his research, you are invited to visit his Research Gate entry which can be found at: http://tinyurl.com/DrMathRes

Titles of the articles with authors’ affiliation
Where there is more than one author, * = corresponding author

Editorial
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Wikipedia, new media and quality improvement in healthcare
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Simulation and quality improvement in healthcare
Ann Sunderland*, Andrew Martin, Jane Nicklin
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Continuous quality improvement: mindfulness and personality type as determinants
John Pelley*, Kim Peck
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The ethics of quality improvement – ethical analysis of the improvement and not only research ethics
Lars Sandman
Department of Medicine and Health, Linköping University, Linköping, Sweden

Health care education and quality improvement
Damian Roland1, 2
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Quality improvement in general practice working closely with secondary care: case finding based on symptoms of shortness of breath or breathlessness for patients not diagnosed with specific illness due to shortness of breath
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Integrated recovery programme for high intensity users: a joint initiative between mental health services and the police
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Language games in quality improvement in healthcare
Stephen Newman
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Quality improvement in old-age medicine
Adam Gordon
School of Medicine, University of Nottingham, Nottingham, UK

An integrated quality management system for healthcare
Els Jonker*, Chantal Koopman
Noordwest Ziekenhuisgroep, Amsterdam, Netherlands
Improving quality by developing a computer-based endoscopy service planning tool and modelling a colorectal cancer diagnostic pathway
Richard Guerrero-Ludueña\textsuperscript{1, 2*}, Sally Rickard\textsuperscript{3}, Matt Hayes\textsuperscript{3}, Robert Radford\textsuperscript{3}, Caroline Powell\textsuperscript{1}
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