DESCRIPTION

Published monthly, The Joint Commission Journal on Quality and Patient Safety is a peer-reviewed publication dedicated to providing health professionals with the information they need to promote the quality and safety of health care.

The Joint Commission Journal on Quality and Patient Safety invites original manuscripts on the development, adaptation, and/or implementation of innovative thinking, strategies, and practices in improving quality and safety in health care. Case studies, program or project reports, reports of new methodologies or new applications of methodologies, research studies on the effectiveness of improvement interventions, and commentaries on issues and practices are all considered.

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To find out more, please visit the Preparation section below.

INTRODUCTION

The Joint Commission Journal on Quality and Patient Safety is a peer-reviewed publication dedicated to providing health professionals with new ideas and information to improve the quality and safety of health care. The Journal invites manuscripts on the development, adaptation, and implementation of innovative concepts, strategies, methodologies, and practices in quality and patient safety.

The Journal's scope includes publications that are relevant for all types of health care organizations—health systems; hospitals; ambulatory care; behavioral health facilities; community health centers; nursing care centers; health plans and disease management programs; and home health care programs. We believe that publishing this breadth of articles will help disseminate ideas and improvement strategies across disciplines and sectors of our health care system. Our target audience is just as diverse: senior leaders in health care organizations, quality and patient safety managers, physicians, nurses, other health care professionals, information technology professionals, educators, and researchers, as well as health policy makers, health care researchers, business and government purchasers of care, and health insurers.

The Joint Commission Journal on Quality and Patient Safety is widely read and has a long history of publishing seminal articles. The articles we publish are frequently highlighted by The Agency for Healthcare Quality and Research's Patient Safety Network. Our publisher, Elsevier, highlights articles through the journal's website, social media and ScienceDirect. The Journal is a key component of The Joint Commission's mission to partner with organizations to improve quality and safety. The Joint Commission accredits and certifies more than 20,000 health care organizations, and the Journal is essential reading for professionals in these organizations who are looking for ways to improve care. We also offer tremendous support to authors. Our online system, Editorial Manager, makes it easy to submit articles for publication and ensures rapid reviews and decisions. Once accepted, articles will be published online as soon as proofs are available. We have adopted Elsevier's "your paper, your way" philosophy that allows authors to submit articles in a variety of formats. We do not have strict word limits, so authors can provide the detail necessary for readers to fully understand their work and put their research into practice to improve care.

We look forward to receiving your article!

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Article Types
Ensure that your submission follows the guidelines for the appropriate article type. If you are uncertain which is most appropriate, ask the editors to determine the article type in your cover letter. See the table below for guidance on word count, abstract, and appropriate article type to select when submitting in Editorial Manager.
1. Original Articles

Original Articles report work on any topic or issue relevant to the improvement of quality and patient safety. The manuscript text should be organized into Introduction, Methods, Results, and Discussion.

1A. Improvement Articles
Articles Improvement Articles should describe the implementation and evaluation of an improvement intervention (which need not be successful).

Authors are requested to use the SQUIRE 2.0 Publications Guidelines for reporting quality improvement studies. Authors should consider every SQUIRE item, but may not need to include every element. Please remember to use the full citation for SQUIRE in the manuscript references.

Articles should include the following sections and usually include the elements listed within each section:

Abstract
Use the headings Background, Methods, Results, and Conclusions. The conclusions section should not simply repeat the study results.

Introduction (no heading needed)
Statement of the problem Summary of key literature on the problem or previous studies of interventions to address the problem The study’s objective(s) or key questions and how the study addresses previously unanswered questions

Methods
This should include the information needed for the reader to assess the validity and generalizability of the study results. For example: Study Design/Evaluation Methods Ethical considerations (e.g., IRB approval or waiver) Setting Organizing for the Intervention: Who led the effort? Who was the champion and who were members of the intervention teams? Intervention: the various steps involved in the intervention. Study population, including eligibility and exclusion criteria Data (measures) and data collection (sources) Statistical analysis

Discussion Brief summary of key findings Whether the intervention is still in place (and with what modifications, and why) and if data are still being tracked or an explanation of when and why it was discontinued Comparison of these findings to previous studies in the literature, including possible reasons for differences Discussion of unexpected findings Weaknesses of the study (Limitations), including failure to prove sustainability of the intervention (in terms of processes and data) Conclusions Implications for research, improvement practices, practice (health care, organizations), and, if applicable, policy makers Next steps (at the study site), including plans to achieve sustainability

Examples:
Pronovost P, et al. Sustaining Reliability on Accountability Measures at The Johns Hopkins Hospital. (Feb 2016)

Mermel, LA. Reducing Clostridium Difficile Incidence, Colectomies, and Mortality in the Hospital Setting: A Successful Multidisciplinary Approach. (Jul 2013)

Richardson MG, Domaradzki KA, McWeeney DT. Implementing an Obstetric Emergency Team Response System: Overcoming Barriers and Sustaining Response Dose. (Nov 2015)

1B. Research Articles
Research articles are usually observational studies (e.g., studies of the accuracy of screening and diagnostic tests, quality measures, associations between quality measures and clinical outcomes, cost-effectiveness analyses and decision analyses, surveys, qualitative studies). Use the headings Background, Methods, Results, and Conclusions.

Examples:

Kozmic SE, et al. Factors Associated with Inpatient Thoracentesis Procedure Quality at University Hospitals. (Jan 2016)


1C. Conceptual Articles
These articles can present frameworks, models, methodologies, or approaches to problems. Descriptions of how they have been used in actual practice to help address quality and safety problems or to design improvement strategies is strongly encouraged. The abstract should include up to four headings of the author's choice that correspond to article sections.

Examples:


2. Improvement Briefs
Improvement Briefs are shorter versions of Improvement Articles (See 1A above). They should follow the same basic structure for the abstract and headings. Generally, this is the appropriate article type when the improvement project: Involves one simple intervention rather than a multifaceted or multiphase intervention Involves one or a few clinical unit(s) rather than a systemwide intervention Has straightforward outcome measures

Examples:

Shieh, L. Assigning a Team-Based Pager for On-Call Physicians Reduces Paging Errors in a Large Academic Hospital. (Feb 2014).


3. Innovation Reports
Innovation Reports focus on the earlier phases of innovation, idea generation, and early-stage testing, which typically requires understanding of the context, problem definition, and rapid-cycle testing and experimentation.

Innovation Reports should generally have the same structure as Original Articles. However, other headings may be used if more appropriate. The abstract should include up to 4 four headings that correspond to article sections. Authors should consider addressing the following questions as part of the manuscript: Problem Definition: Who is this problem affecting? What is the magnitude of the problem? Context: In which clinical setting is this occurring? Who are the key participants and stakeholders? Initial Approach: What was the initial idea and hypothesis? Iteration and Pivots: What was actually tested? What changed about the solution? Outcomes: What outcomes were measured? (could include earlier-stage metrics, such as usage, experience, and perception) Key Insights and Surprises: What was interesting and unique about this process? Next Steps: What happens next to learn more about whether this innovation will work? (can include documentation of failures and areas that should not be pursued)
Example:

Wyskiel RM, Weeks K, Marsteller JA. Inviting families to participate in care: a family involvement menu. (Jan 2015)

4. Research Letters
Research Letters are similar to Research Articles (1B), but they should not exceed 600 words of text (not including acknowledgment, tables, figures, or references) and six references. They may include up to three tables and/or figures. Online supplementary material is not allowed. Research letters may have no more than seven authors. In general, Research Letters should be divided into the following sections: To the Editor (which serves as an introduction), Methods, Results, and Discussion.

Example:


5. Tool Tutorials
This article type is designed to showcase new tools and preliminary experience using them. The tool should be available for use by readers in their own organizations and should be sufficiently described to enable implementation. Evaluations of proprietary tools that require licensing or other fees for use will not be considered.

Articles should include the following sections:

Background:
Quality or safety need, as represented in the literature.

Tool Development:
How, when, why, was it developed, with what resources and feedback, testing, and so on.

Tool Description:
Narrative description of components, with illustrations.

How To:
Step-by-step process for tool use - generic supported by example(s), walking the reader through its use.

Results and Lessons:
Data on extent of use of the tool and an evaluation plan or evaluation, if data is not readily available and further development or refinement in use of tool on the basis of the evaluation; what results have been achieved and what has been learnt through use of the tool. Specifically address potential pitfalls, if any (e.g., specific cautions to be noted, alerts based on experience with the tool, practical tips).

Summary and Next Steps:
Summary of tool and impact, next steps in its evaluation, refinement, spread of use, and so on.

Examples:


6. Review Articles
Reviews on clinical topics or improvement methodologies provide an update on current understanding and improvement topics. Headings should be the same as for Original Articles. The Methods section should include a subheading for "Search Strategy and Selection Criteria," that states the sources (including databases, MeSH and free-text search terms and filters, and reference lists from journals or books) of the material covered and the criteria used to include or exclude studies. Authors should describe how their findings add value to the existing evidence and should state the implications for clinical or improvement practice and future research.
6A. Narrative Reviews
Narrative reviews should address a problem or issue by combining expert opinion with a thorough and balanced review of available evidence. Narrative reviews are appropriate when the question of interest is too broad, the body of evidence too sparse, or the topic too new or controversial for a systematic review. The review should put the topic into the context of the literature and interpret the evidence to help solve the problem for the reader.

Example:

6B. Systematic Reviews
Systematic reviews (or meta-analyses) should follow the guidelines in the PRISMA statement. Authors will be required to submit the PRISMA checklist and flow diagram along with their manuscript. Although PRISMA focuses on randomized trials, the PRISMA Statement can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions.

Examples:
Ong MS, Coiera E. A Systematic Review of Failures in Handoff Communication During Intrahospital Transfers. (Jun 2011)

7. Conference Reports
Conference reports summarizing proceedings at a conference on quality and patient safety issues. Authors interested in submitting a conference report should contact the editors prior to submission.

Examples:

8. Commentary
Commentaries may address virtually any important topic in quality and patient safety and should be focused on a particular problem or issue. They can include personal vignettes but should still address a known issue, such as patient-centered care, patient engagement, or patient-physician communication.

Examples:
Kirby, TJ. In Search of Water: South Carolina Hospitals Apply High Reliability Thinking to Protect Patients in the Midst of Flooding. (Sep 2016)
Buist M. Patient-Centered Care: Just Ask a Thoughtful Question and Listen. (Jun 2016)

9. Editorials
Editorials are solicited by the Editors and comment on articles published in the same issue.

10. Letters to the Editor
We welcome correspondence on content published in the Journal or on other topics of interest to our readers. Letters are not peer reviewed, but the Journal may invite the authors of the article of interest to respond in the same issue. Some Letters might be chosen for online-only publication.

Article Type Summary
1 Article Type Suggested Word Limit Abstract
Original Articles 4,000 Yes, structured, 250 words
Improvement Briefs 2,500 Yes, structured, 250 words
Innovation Reports 2,500 Yes, structured, 250 words
Research Letters 600 No Tool Tutorials 4,000 Yes, unstructured, 100 words
Reviews 4,000 Yes, unstructured, 250 words
Conference Report 4,000 No Commentary 2,500 No Editorial 1,200 No Letters to the Editor 500 No
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Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

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PREPARATION

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Ensure that the following have been completed:

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Article Structure

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Title Page. Include the title of the article, lead author's address and contact information (e-mail address and direct phone number; authors' (no more than 10) names and titles, affiliations, and, if different, the affiliation when the article was written. Authors should list only a primary and secondary affiliation. Grant support that requires acknowledgement must be mentioned on the title page.

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Text. Use standard abbreviations and acronyms as much as possible. If a non-standardized abbreviation is used, spell out fully at first use and use the short version thereafter. Use generic names for drugs whenever possible. If using brand names, put in parenthesis after first citing generic names.

References. Number references consecutively as they are cited (in superscript following punctuation), as in the following examples:

Patient handovers (also termed handoffs) following surgery have often been characterized by poor teamwork, unclear procedures, unstructured processes, and distractions.¹

Such tools serve as building blocks for Robust Process Improvement capability and sometimes even overlap with Robust Process Improvement methods.²⁻⁹

Cite page sources for quoted text:

… "patient-centered care," which the IOM defined as "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions,"¹(p. 6) we use the term personalized care.

Each reference should be assigned only one number. The examples of citations for periodicals show the International Committee of Medical Journal Editors (ICMJE) uniform requirements, also known as the Vancouver style, for periodicals. Vancouver should be used for periodical sources only. Please note that these examples show full page ranges and use of et al. when there are 4 authors with only first author listed, which are deviations from the Vancouver style. (See also http://www.nlm.nih.gov/bsd/uniform_requirements.html.)

Author Name(s). Title of article. Journ abbrev. Year abbreviated month day if known; volume:inclusive page numbers. Include issue number if page numbers are not continuous from issue to issue.
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Examples:


**Tables and Figures.** Cite tables and figures (for example, Table 1, Figure 1) consecutively in the text. All tables and figures should have titles that can be easily understood. Figures should also have short legends that comment on the information in the figure.

Tables may be submitted as a separate file or may be included in the manuscript file.

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Supplementary material
Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

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The publication of an article in a peer-reviewed journal is an essential building block in the development of a coherent and respected network of knowledge. It is a direct reflection of the quality of the work of the authors and the institutions that support them. Peer-reviewed articles support and embody the scientific method. It is therefore important to agree upon standards of expected ethical behavior for all parties involved in the act of publishing: the author, the journal editor, the peer reviewer, the publisher and the society of society-owned or sponsored journals. For full information on this topic, please see our pages on Ethics in publishing and Ethical guidelines for journal publication.

If your work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. Reporting should follow the Uniform Requirements for Manuscripts Submitted to Biomedical journals.

**Informed Consent**
Manuscripts reporting the results of experimental investigation on humans must include a statement that informed consent was obtained and that the appropriate institutional committee or review board (IRB) approved the protocol, or that an IRB approved a waiver of informed consent.

**Waiver of Informed Consent**
A waiver of informed consent is often appropriate for improvement research. Baker and Persell have recommended three criteria to judge appropriateness of a waiver of informed consent (Baker DW, Persell SD. Criteria for waiver of informed consent for quality improvement research. *JAMA Intern Med.* 2015;175:142-143). First, the research must be minimal risk. Although this seems self-evident for most quality improvement projects, it should not be taken for granted. There is always a risk of loss of confidentiality, and for some sensitive topics, such as human immunodeficiency virus care or substance use treatment, the risk of loss of confidentiality must be weighed against the advantages of conducting a study with a waiver of consent. In addition, IRBs should consider the risk to the control and usual care groups that will not receive a promising intervention, including (1) plans to provide the intervention to the control group after trial completion if it is successful and (2) whether the likelihood of benefit is high enough that it threatens equipoise and it would be unethical to conduct a traditional randomized clinical trial, in which case an alternative study design (eg, stepped wedge, time series) should be recommended. The second criterion is that it would not be possible to obtain informed consent without threatening the validity of the trial. This clearly applies when the process of obtaining consent would make a person aware that she needed a clinical service, eg, telling a patient that she is eligible for a study of outreach to improve colorectal cancer screening because she had not been screened. But, it is also appropriate to request a waiver of consent for effectiveness studies, which would be invalid if only a minority of eligible patients consented to participate. Third, all data for
the study should be collected as part of routine care, including patient demographics, comorbidities, and outcomes. If additional data are needed from patients, informed consent should be obtained for the part of the study that requires these data (e.g., a survey of patients knowledge, attitudes, and behaviors related to the study aim). Remember also that health care providers are often a subject of quality improvement research, and it may be appropriate to obtain informed consent from them even if a waiver of consent from patients is approved. Using these principles, we believe it is possible to conduct large, rigorous, generalizable quality-improvement research while maintaining stringent protection for human participants. Because of the subtleties in judging whether these criteria are met, we believe the decision regarding a waiver of informed consent is best left to an IRB.

Use of Patient Images or Case Details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper.

Authorship
All authors should have made substantial contributions to all of the following, as specified in the International Committee of Medical Journal Editors: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted, and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Where there are a large number of investigators, they can be listed as part of a named research or work group, and the entire list can be included at the end of the text.

The contribution of individuals contributing to the manuscript, but not meeting authorship criteria, should be included in the Acknowledgments. Anyone, including freelance writers and writers from communication and education companies, who contributes to reviewing the literature or drafting a manuscript, can be listed either as an author or in the Acknowledgments.

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