

**BMJ**

# BMJ

## Getting your QI work published

Cat Chatfield

September 2019

# Declarations of Interest

## Cat

- I'm employed by The BMJ
- I'm on the organising committee for the International Forum

# What I will cover

- Different types of articles you can publish
- Which is the right journal for your work
- The pathway of a paper through a medical journal, submission, policies and the peer review process
- The role of peer reviewers
- Common reasons for rejection
- What editors look for
- Tips for submission, how and when to reach out to editors

# Why publish?

- Share your work
- Support scale and spread
- Avoid reinventing the wheel
- Celebrate your success
- Start a debate
- Educate
- Career advancement / CV

# What types of content can I publish?

- Research studies / trials
- Opinion
- Debate / commentary
- Letters to the Editors / responses
- News
- Multimedia: podcasts, video
- Infographics
- Social media content

# The BMJ - more than research

thebmj

Research ▾

Education ▾

News & Views ▾

Campaigns ▾

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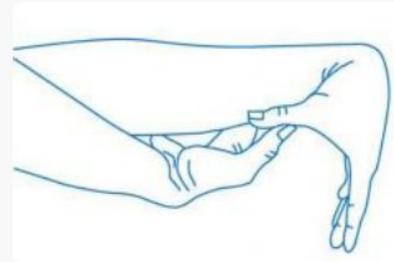
## Latest articles



Research paper

Design, risk of bias, and reporting of RCTs supporting approvals of cancer drugs by EMA

Around half of trials that supported new cancer drug approvals in Europe between



Practice

Ehlers-Danlos syndromes

Research paper

Physical fitness training in patients with subacute stroke



Observations

Are e-cigarettes killing people in the US?

Editorial

Improving the health of migrants

1 response

# Where to publish?

- Impact factor
- Reach
- Open access
- Audience
- Processing time
- Rejection rate
- Cascade
- What the journal has published before
- How does the journal help make the most of your research?

# BEWARE PREDATORY JOURNALS



# Where to publish - with BMJ

The screenshot displays the BMJ Journals website interface. At the top left is the 'BMJ Journals' logo. To the right are links for 'Log In', 'Basket', and a search bar with 'Search' and 'Advanced search' buttons. Below this is a horizontal navigation bar with six colored tabs: 'Journals' (blue), 'Librarians' (teal), 'Authors' (green), 'Open Access' (orange), 'Societies' (purple), and 'Jobs' (dark purple). The main content area features a large banner image of a library with the text 'Journals' and 'Nearly half of our indexed journals rank within the top 10 of their category.' Below the banner is a breadcrumb trail 'Home / Journals'. The page lists ten journals in two columns, each with its title and associated social media or feed links. The journals listed are: Annals of the Rheumatic Diseases, Archives of Disease in Childhood, BMJ Case Reports, BMJ Evidence-Based Medicine, BMJ Global Health, BMJ Health & Care Informatics, BMJ Innovations, BMJ Leader, BMJ Neurology Open, and BMJ Nutrition, Prevention & Health.

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## Journals

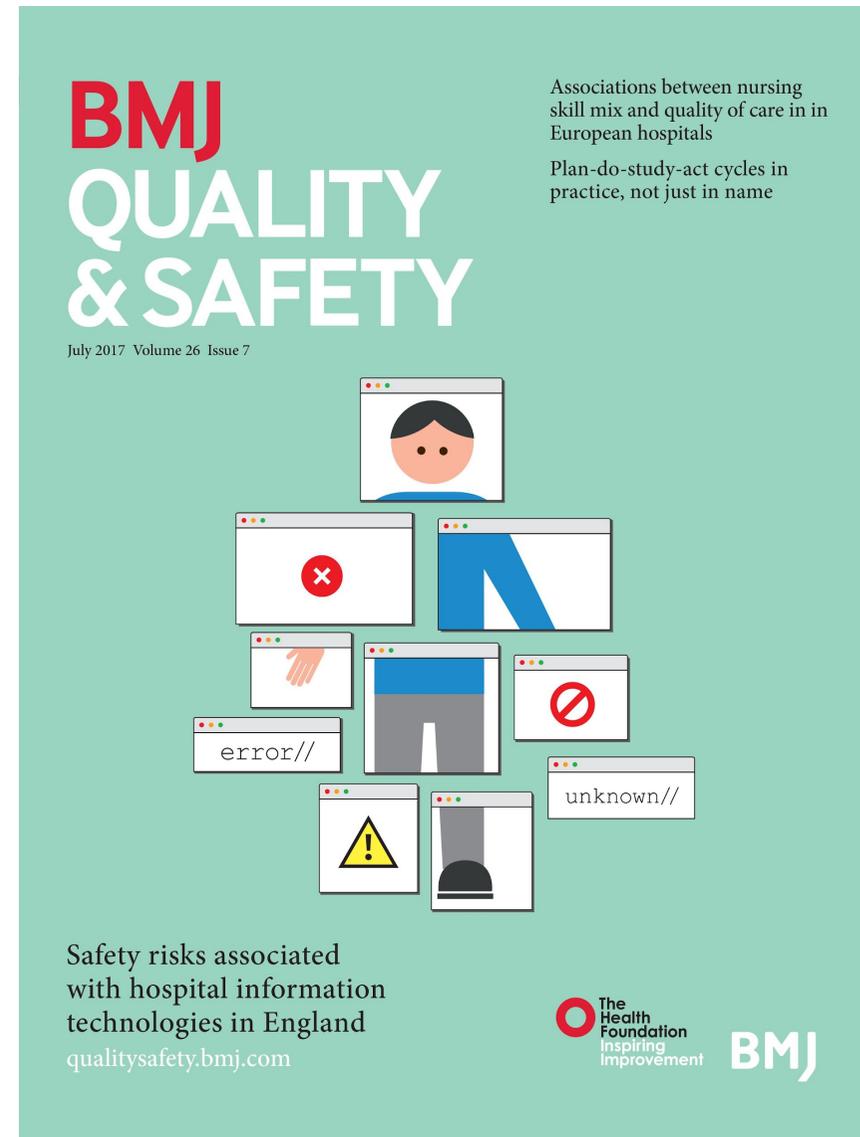
Nearly half of our indexed journals rank within the top 10 of their category.

Home / Journals

- Annals of the Rheumatic Diseases**  
Podcasts | Facebook | Twitter | RSS-feed | YouTube
- Archives of Disease in Childhood**  
Podcasts | Facebook | Twitter | RSS-feed | Blog
- BMJ Case Reports**  
Facebook | Twitter | RSS-feed | Blog
- BMJ Evidence-Based Medicine**  
Facebook | Twitter | RSS-feed | Blog
- BMJ Global Health**   
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- BMJ Health & Care Informatics**   
RSS-feed
- BMJ Innovations**  
Twitter
- BMJ Leader**  
RSS-feed
- BMJ Neurology Open**   
RSS-feed
- BMJ Nutrition, Prevention & Health**   
RSS-feed

# BMJ Quality and Safety

- Impact Factor 7.226
- Research, opinion, debate
- Acceptance rate 12%
- Triple blind peer review
- Some Open Access articles
- Online and print



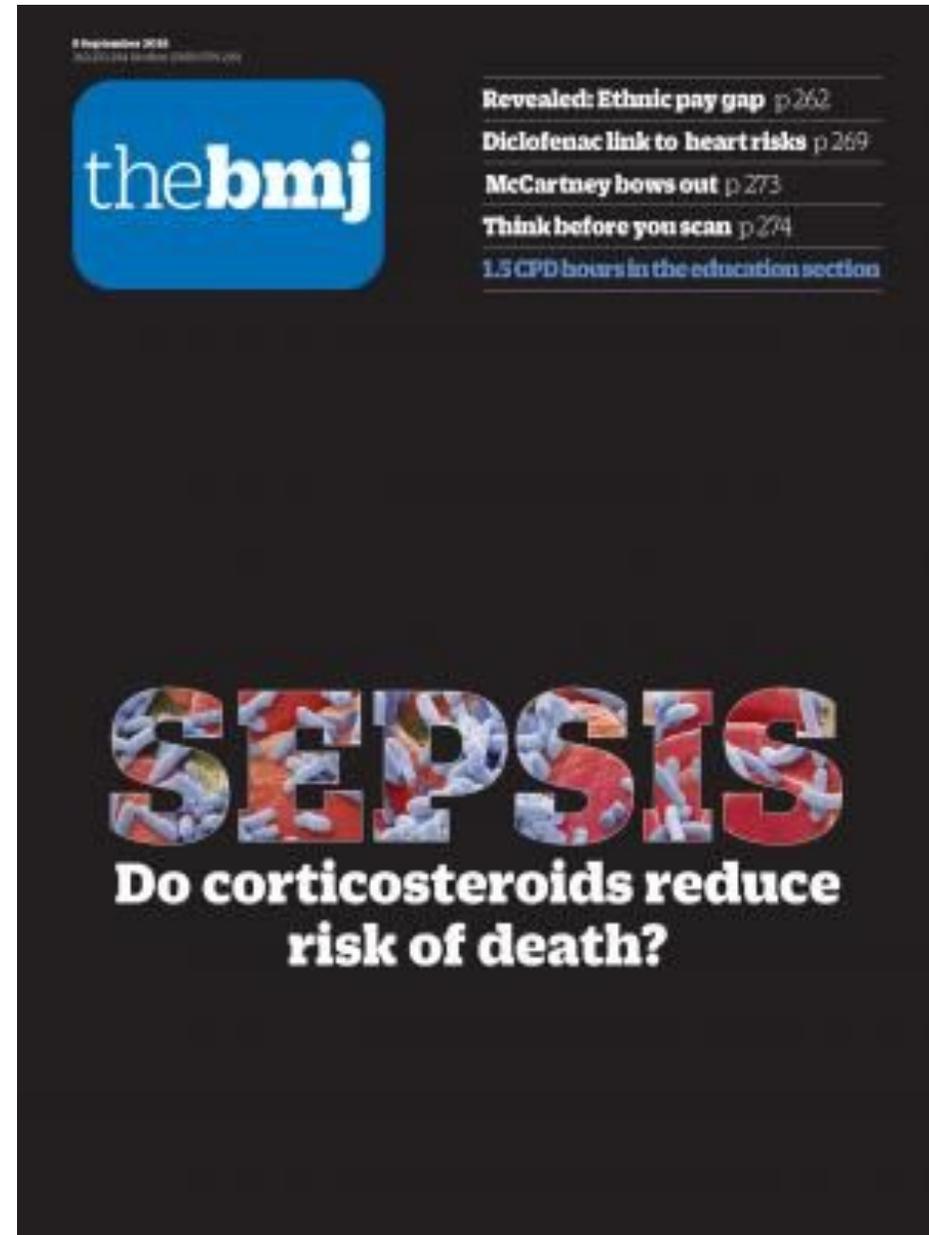
# BMJ Open

- Impact Factor 2.376
- Research studies
- Acceptance rate 55%
- Open peer review
- Fully Open Access
- Online only
- Sister journal to The BMJ



# The BMJ

- Impact Factor 27.604
- Research, opinion, debate
- Acceptance rate 7%
- 4% of 4000 research
- Open peer review
- Research Open Access
- Online and print



## BMJ Open Quality **A local quality initiative to improve follow-up times for patients with heart failure**

Toni Schofield,<sup>1</sup> Juan Duero Posada,<sup>1</sup> Farid Foroutan,<sup>1</sup> Ana Carolina Alba,<sup>1</sup> Michael McDonald,<sup>1</sup> Meredith Linghorne<sup>2</sup>

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### ABSTRACT

**Introduction** Heart failure is the most common cause of hospital admission in patients >65 years and around 50% of patients will be readmitted within 6 months. Inability to achieve timely outpatient follow-up may contribute to the high rates of avoidable rehospitalisation for this group of patients. Canadian guidelines recommend patients with heart failure should be seen within 14 days of discharge. **Methods** An audit demonstrated that less than half of advanced heart failure patients were being followed up within 14 days. In an effort to improve postdischarge follow-up in our heart function clinic, we used process mapping and applied a series of iterative changes to the appointment booking system using Plan-Do-Study-Act cycles to reduce waste and standardise.

**Results** The primary outcome measure, tracked over a period of 20 months, was percentage of patients booked within 14 days. At baseline, 37% of patients were seen within 14 days. After our series of interventions related to streamlining and standardising the appointment booking process, 77% of patients were seen within 14 days and 100% of patients were seen within 21 days.

**Conclusion** The changes made to the appointment booking process were reproducible, sustainable, effective and required no additional resources or funding.

### INTRODUCTION

#### Local problem and rationale

At our institution, patients with acute decompensated heart failure (HF) can be admitted to General Cardiology or Internal Medicine. Of those admitted to Cardiology, a smaller number are managed directly by the HF service. These patients are generally younger, with more advanced disease and being evaluated for advanced therapies such as left ventricular assist devices or transplantation.

We noticed that we were not always meeting the Canadian Cardiovascular Society (CCS) guidelines for follow-up within 14 days. Patients were either being seen an extended time after discharge, or being readmitted before their next clinic appointment, and alarmingly, occasional patients reported not receiving an appointment at all and following up themselves with the clinic. The method for booking appointments was non-standardised

and unclear. An appointment request was sent to a centralised fax number or to an email address that was accessed by several staff. There was no communication back to the requesting provider that the fax/email had been received or processed and patients were leaving hospital trusting that someone would call them or send them an appointment in the mail.

#### Available knowledge

HF is a chronic disease of epidemic proportion. In Canada, there are an estimated 600 000 people living with HF and 50 000 new cases diagnosed each year.<sup>1</sup> It is the most common reason for hospitalisation in people >65 years of age despite advances in HF pharmacotherapy and devices. Patients with HF have high rates of readmission quoted between 10% and 50%<sup>2</sup> and up to 75% of these may be avoidable.<sup>3</sup> Readmissions are more prevalent in the period after hospital discharge as well as in advanced disease, at the preterminal phase.<sup>4</sup> Patients are vulnerable during transitions of care<sup>5</sup> and problems can arise in the postdischarge period relating to the understanding of discharge instructions, medication changes and side effects, and the early identification of warning signs and symptoms.<sup>6</sup> Emphasis has been placed on the timing of follow-up after recognition that nearly half of readmissions occur before the first ambulatory visit.<sup>7</sup> Following patients in a timely manner in an ambulatory setting gives the care provider an opportunity to check for complications of treatment, titrate medications, reinforce activity limitations and lifestyle instructions and discuss goals of care. Moreover, timely access to care is one of the Institute of Medicine's 6 domains of quality targeted for healthcare improvement.<sup>8</sup> Multidisciplinary heart function clinics provide this opportunity, are cost-effective and have been shown to reduce rehospitalisation and mortality.<sup>7-9</sup> The use of multidisciplinary heart function clinics has been incorporated

# BMJ Open Quality

- PubMed indexed
- Acceptance rate 52%
- Single blind peer review
- Fully Open Access
- Online only
- Main role: publication of useful QI reports

# Not just impact factor

Article Text

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## IHI ID 08 Emergency medical services treatment disparities by patient race FREE

Jamie Kennel

Author affiliations +

<http://dx.doi.org/10.1136/ihisciabs.8>

Statistics from Altmetric.com



Category	Count
Picked up by news outlets	55
Blogged by	1
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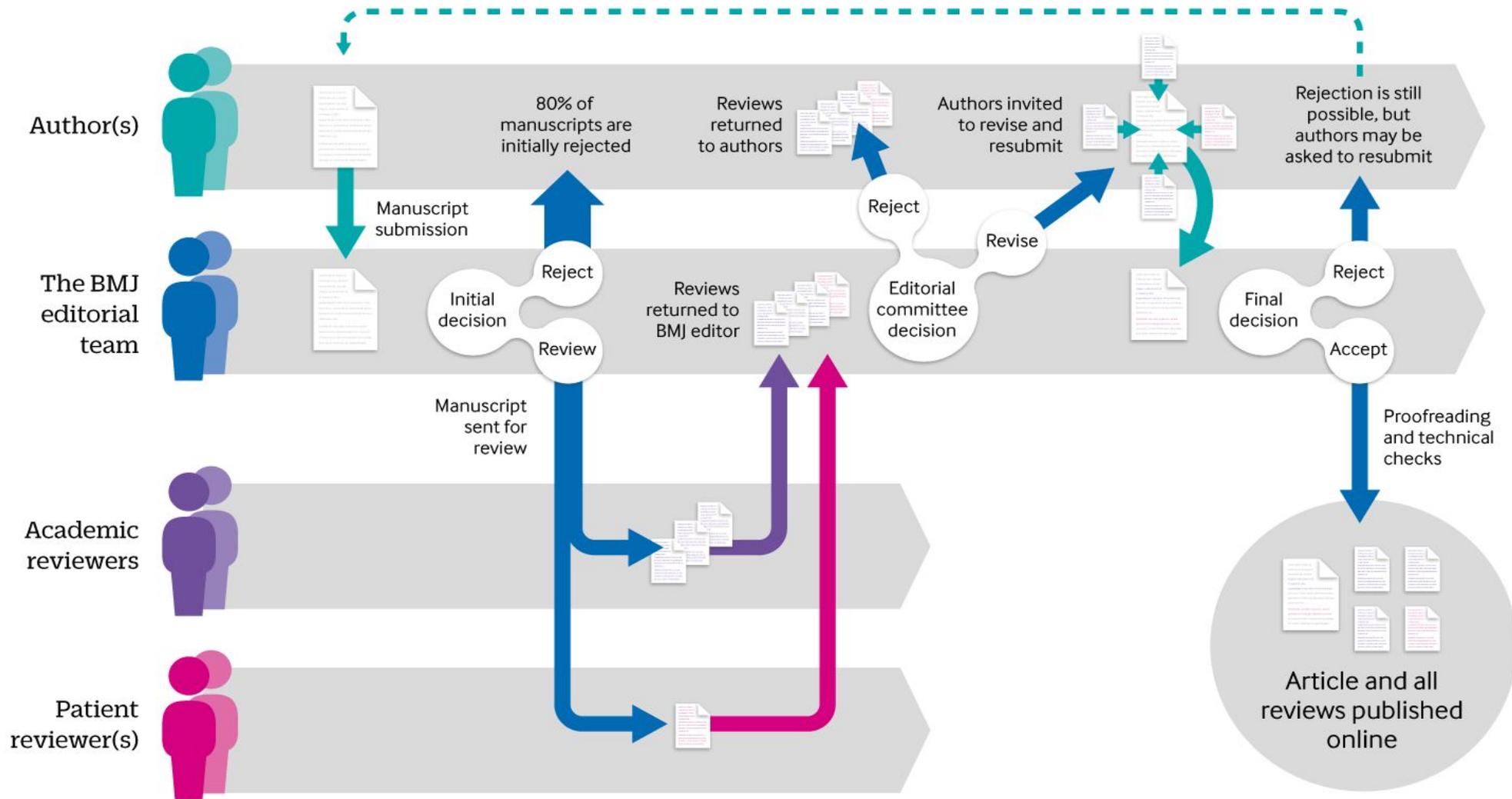
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**BMJ**

# BMJ Open Quality publishes:

- Original research
- Systematic review
- Narrative review
- Research and reporting methodology
- Short report
- Quality education report
- Quality improvement report

# Outline of thebmj review process



# If your paper is rejected

- Pout, curse, commiserate with co-authors
- Take some time away
- Appeals are possible, but usually need to show flawed process
- Use the feedback to revise for submission elsewhere and/or adjust your next study
- ...And do not "reply all" to the decision letter!

# If you are offered the opportunity to revise

- Celebrate (but not too much)
- Take some time away
- Carefully attend to each point in the review, but pay particular attention to the editors' commentary
- Submit a clearly marked revision along with a descriptive cover letter

# Why do journals reject work?



# Reasons for rejection - research

- **Research question** lacks interest/relevance to journal audience
- **Outcomes** not sufficiently clinical or important to patients
- **Study design** means results are unreliable
  - not the best possible choice to answer the study question
  - population is not representative/generalisable to a wider setting
  - sample is small/biased/ lacks sufficient power to determine effect
  - incomplete or inappropriate statistics
- **Study Answer** is unlikely to impact on practice, policy or research
- **Over interpretation of results**

# Reasons for rejection - QI reports

- **Reporting bias**

- Papers may get written up when the improvement is a 'success'
- We can learn a lot from what didn't work so well

- **Content bias**

- Reports over-focus on results

*“We achieved 14% reduction of X!”*

- Little information on methods and experience of implementation

*“How we planned and adapted what we did to achieve 14% reduction of X”*

# Tips for submission

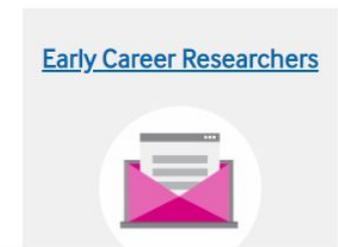
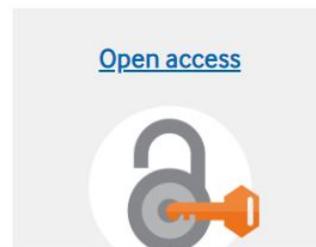
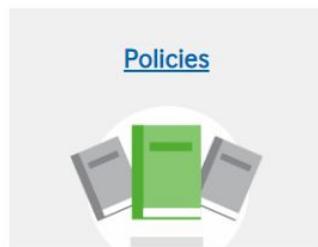
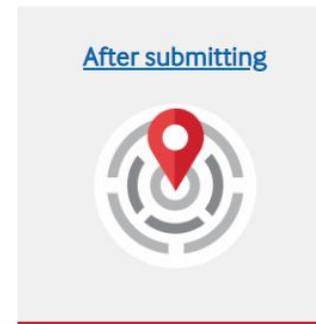
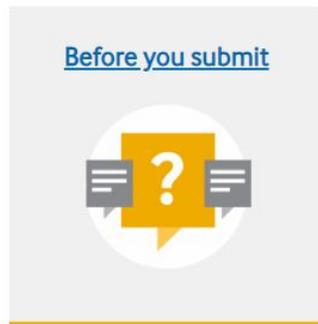
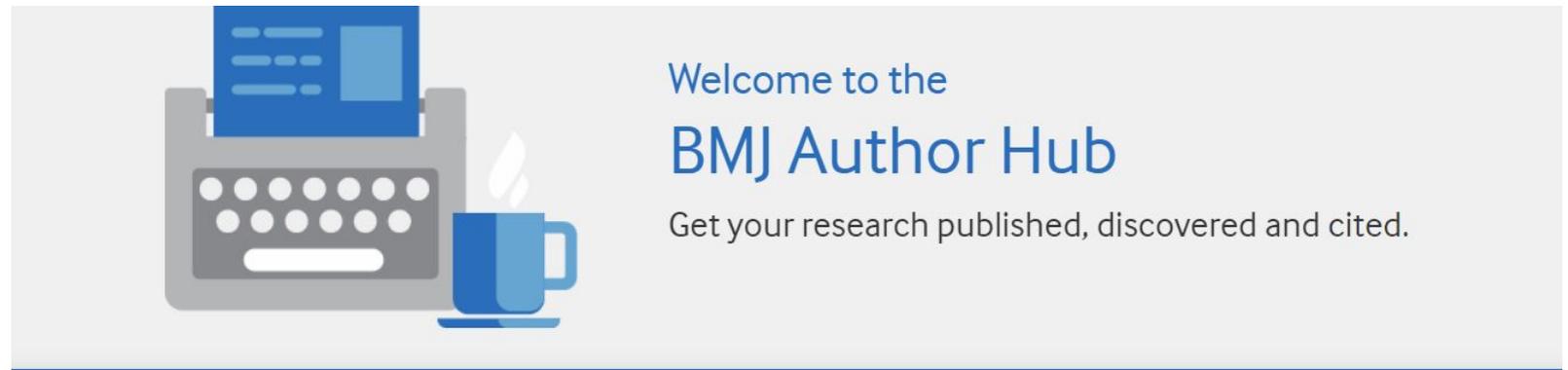
- Check journal policies and advice to authors before submission
- Use the cover letter to convey the importance of the manuscript, what it adds, how it will change practice/policy, is it topical and whether previous work on the topic has been well cited and accessed
- Be brief, clear and evidence based and write in plain English
- Ensure all authors have seen and approved the draft before submission

# Tips for submission

- Include all required statements and supplementary files
  - eg copyright, conflicts of interest, guarantors, checklist, trial registration.
- Reach out to editors before submission if you have specific queries
- Tell journals if your paper has been considered and rejected from elsewhere, provide reviews if you can
- Demonstrate meaningful patient involvement (including in write-up!) and communicate details in your manuscript

# Resources

- [EQUATOR](#)
- [ICMJE](#)
- [SQUIRE](#)
- Colleagues
- Journals
- Books
- Read!



# Thank You

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