Global Journal on Quality and Safety in Healthcare

INSTRUCTIONS FOR AUTHORS

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INTRODUCTION

Global Journal on Quality and Safety in Healthcare **(JQSH)** is an official publication of Global Academy for Health Sciences (Cincinnati, OH, USA). This is a peer-reviewed, open-access journal that is published quarterly since July 2018. JQSH aims to help healthcare professionals improve their practice by publishing evidence from real life examples of quality and safety improvement outcomes in various disciplines, environments, and countries.

The Journal publishes original research, quality improvement projects, brief communications, systematic and narrative reviews of the literature, case studies, letters, and invited commentary, editorials, and opinion articles.

ARTICLE TYPES

Original Research

These include original research projects produced by **observational studies**, including cohort studies, case-control studies, and cross-sectional studies, as well as **randomized controlled trials** and surveys with a high response rate. Clinical trials must be registered in a publicly available registry (see below), and the identification number must be listed in the abstract and introduction or methods.

The length should not exceed 4000 words, excluding tables, references, and the abstract). The number of tables and figures should not exceed 6.

Original research articles should adhere to the appropriate reporting guidelines (**STROBE** or **CONSORT**).

STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org

Clinical Trials Registries

This Journal requires all clinical trials be registered in a publicly accessible registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP) or in ClinicalTrials.gov, which is a data provider to the WHO ICTRP.

Quality Improvement Projects

These articles are projects that focus on quality improvement in practice (or “in action”), explaining how the project or program was designed, tested, and implemented. The findings should be interpreted for a global audience widely interested in learning from real-world experience about improving the quality and safety of healthcare.

The word limit is 4000 words with up to 6 tables and figures.

Authors of quality improvement projects must prepare their manuscripts according to **SQUIRE guidelines.**

SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471

Reviews

These include **systematic reviews, meta-analyses, and narrative / literature reviews** with evidence-based recommendations.

Systematic reviews and meta-analyses should be registered in the **PROSPERO** database (https://www.crd.york.ac.uk/prospero/), and the identification number must be reported in the abstract and introduction or methods.

The allowed word count is up to 6000 words, excluding the tables, references, and abstract. At least one table or figure should be included.

Review articles, whether quantitative or qualitative, should adhere to the **PRISMA** guidelines, as appropriate.

PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx

Brief Communications

These are short articles that communicate original research findings in the format of a letter. The length should be 500-1000 words, up to 10 references, and one table or figure. There should be no abstract or subheadings.

Case Reports

Case reports should be unique, describing a great challenge that provides a learning point for the readers within the subject of quality and safety of healthcare. Cases and short reports with clinical and health policy significance or implications will be given priority.

These could be up to 1500 words (excluding abstract, tables, and references), with up to 10 references and up to 4 figures or clinical images.

Case reports must be prepared according to **CARE guidelines**.

CARE	Case Reports	https://www.care-statement.org/resources/checklist

Letters to the Editor

These should be short and decisive observations. They should preferably, but not mandatory, be related to articles previously published or views expressed in the Journal.

The letter could have up to 500 words and 5 references. No abstract required.

Editorials and Commentary

These are short opinion pieces that discuss a manuscript published in the Journal (Commentary) or topics selected by the editorial team (Editorial). They should have fewer than 1500 words total, no abstract, a minimal number of references (less than 10). These are typically invited by the editorial team.

Health Policy Analysis and Perspective

This is a special section intended to be a bridging platform between those who research healthcare policy – including services, policies, and systems - on one side and those who plan and make decisions - including healthcare providers, administrators, legislators, and regulators - on the other side. Both groups are interested in developing, implementing, evaluating, and analyzing health policy as well as improving outcomes and the quality and safety of healthcare systems. This section is the right place for the articles discussing transferable solutions and evidence-based policies and practices related to quality and safety in healthcare from across the globe.

Research articles in this section should discuss how health services, policies, or systems were applied and adapted to address a specific problem, including a thoughtful discussion of what did and did not work and recommendations for improvement in terms of quality and safety outcomes (i.e., access to care, effectiveness, patient experience, equity). These articles should include descriptive, analytic, or comparative analyses.

Other articles in this section will present expert opinions and consensus on topics of interest to decision makers, such as public health issues, healthcare reform and policy development, and more. These articles should include evidence-based policy and guidelines.

The articles may be short or long, ranging from 1000-4000 words, with appropriate headings and subheadings to guide the reader. Authors are encouraged to write and present their article in a non-technical style, which is understandable to health policy makers and lay people including practitioners and specialists from other disciplines.

Guidelines and Consensus

Evidence-based guidelines will be considered for publication if they met the following criteria:

1. Endorsed by non-profit professional organization or society
2. Written by qualified multidisciplinary healthcare professionals (with appropriate disclosures for financial support and conflicting interests)
3. Use sound methodology with clear categorization of evidence
4. State clear recommendations with level of evidence and supporting references
5. Adhere to the AGREE checklist for clinical practice guidelines.

AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

Authors should read the standards for trustworthy guidelines: http://www.nationalacademies.org/hmd/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust/Standards.aspx.

Like other submitted manuscripts, guidelines manuscripts will undergo the standard peer review process.

Quality and Safety Learning Corner

The Quality and Safety Learning Corner is educational platform for those are interested in building their knowledge and resources for use in the quality and safety implementation sciences. This section includes short articles with useful information on the concepts, methodology, and tools used in quality improvement, patient safety, and value-based healthcare studies.

Learning Corner articles should focus on one main theme or topic and be written in a concise and practical way. Authors should follow the standard journal instructions in addition to the following guidelines:

1. The topic should start with a learning objective or outcome.
2. Use simple language throughout, and explain or define all terms
3. Discuss relevant applications for the chosen theme or topic
4. The length should not exceed 1500 words.
5. A maximum two figures or tables are allowed (with attention to copyright issues).
6. No more than 10 references.
7. Priority will be given to quality tools and methods

PREPARING YOUR MANUSCRIPT

Organization and Structure

Manuscripts must be prepared in accordance with the **ICMJE Recommendations** (http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html) and the American Medical Association study guide. Before submitting a manuscript, contributors are requested to check for the latest instructions available.

Authors must follow the reporting guidelines for specific study designs, as listed in the table below. Authors should use the checklist for the applicable study design to evaluate their own manuscript prior to submission.

This Journal requires authors to submit a completed checklist at the time of submission. Your manuscript may be returned if the manuscript is not formatted according to the guidelines or if the checklist is incomplete or missing.

Required Checklists for Specific Study Designs

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/resources/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

Title

The study title should be informative, appropriate, and not misleading. Including reference or a phrase that describes the type of study(i.e., randomized controlled trial; systematic review; review; etc) would be preferable

Include a running title (short title) on the title page.

Abstract

The abstract should be approximately 250 words and have a structured format, with subheadings for the introduction, methods, results, and conclusion. The Clinical Trial Registration ID number should be included for clinical trials. The PROSPERO ID number should be included for systematic reviews and meta-analyses. The abstract should be followed by a list of 3-5 keywords.

Main Text

In general, the main text should be divided into separate sections for the Introduction, Methods, Results, Discussion, and Conclusion.

Introduction

The introduction section should explain the background and rationale for the study, with appropriate citations, followed by the objectives / study aim and/or a clear hypothesis statement. Objectives should be specific and measurable.

Methods

The methods should describe the study design, study setting and location, and the study dates / study period. Next, describe the population details including sample size calculation or study selection process including inclusion / exclusion criteria. Be sure to include an appropriate statement regarding ethical considerations (i.e., IRB approval, informed consent, etc; see below). The remainder of the methods should describe the outcomes, variables, or measures analyzed, including adjustments for confounders and diagnostic criteria with appropriate citations, and the appropriate technical information (see below). Lastly, describe the data analysis methods including software used for statistical analyses.

Ethical Statements

When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html).

For prospective studies involving human participants, authors are expected to mention approval of a regional/ national/ institutional or independent ethics committee or review board. The board name, board number, and date of approval should be reported. Written informed consent from study participants (adults and children 7 years of age and older) must be obtained and kept on file with the authors. The age beyond which consent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material.

When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was

followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible, and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The Journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the Methods section.

For quality improvement projects, if ethics committee approval is not required by your institution's policy, please state that in the Methods Section.

Technical information

Identify the methods, apparatus (give the manufacturer's name and location [city, state or country] in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Statistics

Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Specify the computer software (with version number, manufacturer, and location) used. Use lowercase italics for p values ($p = 0.048$). Mean differences in continuous variables, proportions in categorical variables, and relative risks including odds ratios and hazard ratios should be accompanied by standard deviation or confidence intervals (i.e., 95% CI, 4–10).

Results

The results should give details on all outcomes, variables, or measures mentioned in the methods section. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included. All data in the text should agree with the tables, figures, and abstract. Tables and figures should not repeat information already given in the text. Avoid describing methodology in the results section. Also avoid interpreting the results in this section; this belongs in the discussion.

Discussion

The discussion section should provide a comprehensive summary of key findings in the study, with an interpretation related back to the objective or hypothesis. Avoid repeating data or other material given in the introduction or results sections. Be sure to compare your results with published literature (with appropriate citations) and convey any novelty / new findings and identify future research needs

or knowledge gaps. The discussion should end with a description of all limitations, such as bias, generalizability, missing data, etc.

When making claims, be sure they are supported by data in the study (e.g., do not say something is safe or safer if safety outcomes were not measured). In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses.

Avoid claiming priority and alluding to work that has not been completed. New hypotheses or research questions may be stated if needed; however, they should be clearly labeled as such.

Conclusion

The conclusion should be a separate heading and paragraph that restates the most important findings and future research directions or next steps.

References

This Journal follows AMA Reference Style. For examples, please see below or follow this link: http://library.tu.edu/_resources/documents/AMACitationGuide.pdf.

1. References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order).
2. Identify references in text, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. (This is an example.[1])
3. References cited only in tables or figure legends should be numbered last.
4. The titles of journals should be abbreviated according to the style used in Index Medicus.
5. Include recent references from the past 5-7 years whenever possible.
6. Avoid using abstracts and unpublished data as references.
7. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

Tables

1. Tables should be uploaded in an editable format (word doc or excel file, no images files or pdf files).
2. Tables should be self-explanatory and should not duplicate textual material.
3. Number tables using Arabic numerals consecutively in the order of their first citation in the text and supply a brief title for each.
4. Place explanatory matter in footnotes, not in the heading.
5. Explain in footnotes all non-standard abbreviations that are used in each table.
6. Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
7. For footnotes use superscript numbers, letters, or symbols (*, †, ‡, §, ‖,¶ , **, ††, ‡‡)

8. Tables with their legends should be placed at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text.
9. Refer to tables in text as “Table 1” (capital letter).

Figures (Graphs, Photographs, and Illustrations)

1. Upload the images in jpeg, png, tiff, or gif format (not pdf) exactly how they should appear in the printed article. Figures are not edited by the production staff.
2. Figures should be numbered consecutively according to the order in which they have been first cited in the text.
3. Labels, numbers, and symbols should be clear and of uniform size (11 or 12 point font).
4. Dimensions of the figure should be at least 5 inches wide.
5. Resolution should be at least 300 dpi.
6. Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
7. Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
8. When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
9. The photographs and figures should be trimmed to remove all the unwanted areas.
10. If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
11. If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
12. Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
13. The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.
14. Refer to figures in text as “Figure 1” or, if in parentheses, as “(Fig. 1)”.

Units of Measurement

1. Use numbers instead of words if the value is followed by a unit of measure including time (i.e., 3 days, 5 weeks, 2 years). Otherwise, always spell out numbers less than 10.
2. Avoid starting a sentence with a number (spell it out or reorganize the sentence).
3. Measurements should be reported using the International System of Units (SI units).

Abbreviations and Symbols

1. Use only standard abbreviations; use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on first mention unless the abbreviation is a standard unit of measurement.
2. Italicize all variables including n for number and p for p value.
3. Include spaces on both sides of symbols except for the % symbol.
4. Use words instead of symbols for <, >, ≥, ≤, and = in the text; the symbols can be used inside parentheses.

Revised Manuscripts

The revised version of the manuscript should include:

1. Response letter with a point-by-point reply to the editors and reviewers
2. Revised text with tracking, highlighting, or colored text to show the changes made.

SUBMITTING YOUR MANUSCRIPT

All manuscripts must be submitted online through the website, **https://www.editorialmanager.com/jqsh**. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing, or publication of articles. If you experience any problems, please contact the editorial office by e-mail at editor@jqsh.org.

Manuscripts that are not submitted per the "Instructions to Authors" may be returned to the authors for technical correction prior to review. Generally, the manuscript should be submitted in the form of separate files as follows.

Cover letter and title page

The cover letter should be a doc, docx, or pdf file and include:

1. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
2. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper.
3. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.

The title page should include:

1. Full study title

2. Running title provided (not more than 50 characters)
3. Full names of all authors and their respective affiliations with city, state, and country
4. Contact information (email and mailing address) for the corresponding author
5. List of presentations of the same material (past or future, for embargo purposes)
6. Funding disclosure for all authors; statement about the role of sponsor / funder in the study, if applicable
7. Conflicts of interest disclosure for all authors

Blinded Manuscript

The main document should be a .doc or .docx file and include:

1. Study title
2. Abstract
3. Keywords
4. Main Text (BLINDED – NO AUTHOR INFORMATION)
5. References
6. Figures legends

Other Files

Additional files that may be included with the submission include:

1. Tables
2. Figures / Images
3. Supplemental material
4. Permission letters
5. Author Checklist (REQUIRED FOR MOST ARTICLE TYPES; SEE ABOVE)
6. Reply to reviewers (REQUIRED FOR REVISIONS)
7. Text with changes marked (REQUIRED FOR REVISIONS)
8. Copyright Transfer Form (REQUIRED UPON ACCEPTANCE)

PRE-SUBMISSION CHECKLIST

- ☐ All files are ready for submission – title page, main text (BLINDED), tables, figures, permission letters, and checklist (REQUIRED).
- ☐ Title page includes all authors and their affiliations and disclosures; prior presentations mentioned
- ☐ Abstract is structured, includes all key points and registry number (if applicable)
- ☐ Study design mentioned in title and/or abstract.
- ☐ Justification and rationale the objectives and approach are given in the introduction.
- ☐ Study design, location, dates, outcomes, and data analyses are clearly described in methods.
- ☐ Ethics approval or consent mentioned in methods.
- ☐ All outcomes/measures in the methods are described in the results.
- ☐ Data in the text, tables, figures, and abstract agree.
- ☐ Limitations, generalizability, and future research directions are mentioned.
- ☐ All claims are supported by data.
- ☐ Proofread for typographical, linguistic, and grammatical errors; consider using a language editing service if there are excessive errors.