BMJ Quality & Safety: new opportunities for better, safer healthcare

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Quality and Safety in Health Care has established itself in recent years as the premier journal in the fields of quality improvement and patient safety. We now receive approximately 800 manuscripts a year, and the journal has an impact factor of 2.8, making it the highest impact journal in the field. A number of changes have occurred at the Journal in 2011, changes which will hopefully continue and enhance the trajectory of excellence established by the previous Editor, Dr David Stevens.[1]

CHANGES FROM THE PUBLISHER AND EDITORS

First, consistent with the large number of submissions, the Journal increased in publication from bimonthly to monthly as of January 2011. Second, the Journal's name changed to *BMJ Quality & Safety* to reflect not just the ownership, but also the *BMJ* Group's interest in highlighting healthcare improvement as part of its mandate. All of the major general medical journals have published articles related to healthcare quality or patient safety in the past 10 years. But, one could argue that the *BMJ* publishes the widest range of original research, reviews, commentaries, and debates on issues related to these topics. Most notably, the *BMJ* has published robust quali-

tative and mixed methods research,[2 3] which are often poorly received at major general journals but represent crucial approaches to evaluating healthcare improvement initiatives. Given this sustained attention to healthcare quality in the *BMJ*, the new name for our journal seems particularly fitting.

A third change at the Journal is its co-ownership by the Health Foundation and the BMJ Group. As readers in the UK probably know already, the Health Foundation (http://www.health.org.uk/) is an independent charity committed to improving healthcare systems. It pursues this mission by identifying important quality and safety challenges, collaborating with others to design innovative solutions to those challenges, and implementing these solutions through demonstration projects of increasing scale. The Foundation is committed to building the evidence base underpinning improvement by promoting the science of improvement and presenting this evidence base in ways that both engage and are useful to decision makers. With their international expertise in improvement, the Foundation is a perfect partner to complement the BMJ Group's expertise in disseminating evidence and promoting learning through print and web-based publication.

As with any high quality journal, we will maintain editorial independence from both the business side of the BMJGroup and the Health Foundation. However, it is difficult to regard the Journal's relationships with these two organisations as anything but welcome given their interests in

promoting and disseminating improvements in the science and practice of quality improvement.

The last of the recent developments at *BMJ Quality & Safety* consists of the change in editors. Dr David Stevens, took over the Journal from the founding editor, Dr Fiona Moss (1992–2004), and, in the seven years since, raised the profile of the journal so that it is now the first choice for most improvement researchers to submit their work.

CHANGES AUTHORS AND READERS CAN CONTRIBUTE

One of the debates that has received attention repeatedly in the literature concerns the appropriate balance between rigour or science and the more practical, 'this makes sense—let's just get on with it' attitude.[4–9] The Journal has managed to publish content consistent with both of these attitudes, with high quality research on important quality problems as well as more practically oriented improvement reports.

My own vision for the Journal certainly includes these two domains within patient safety and quality improvement—science and practice. However, I also hope to address the tension between sustaining academic excellence while maintaining interest for a general readership. To put it bluntly: it is quite possible to create a journal where researchers like to publish their work, but which readers (even researchers) have little interest in reading.

Publishing for the range of people interested in healthcare quality and patient safety poses the same challenge faced by general medical journals. The readership is diverse, including researchers and practitioners, and each of these two groups spans a range of areas of interest and expertise. For our readership, we have researchers from diverse fields and methodologic perspectives, as well as practitioners of quality

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improvement in a range of clinical and administrative settings. Consequently, rigorous research on any topic, will a have limited appeal to the vast majority of readers.

My vision for the Journal, therefore, is to follow the model of top general interest medical journals and complement high quality research with content that will appeal to a diverse audience. Such content will include:

- ▶ Narrative reviews that summarise the state of the science on major topics of interest (eg, teamwork training, improved communication, preventing interruptions, successfully implementing sophisticated information systems, measuring institutional patient safety culture.)
- ▶ Practical, 'how to' type reviews on common methodologies in quality improvement. A recent review of the use of run charts as an analytical tool[10] is one such example.
- ▶ Commentaries/Perspectives that present opinions about important new ideas or issues facing the field.
- ▶ Longer commentaries that address complex topics or controversies (eg, the state of the evidence, including or known benefits and limitations, of 'pay for performance' as a policy level improvement strategy). We will also consider point-counterpoint type articles written by paired authors (or author teams).
- ▶ Research and reporting methodology—articles that aim to advance research methodology or reporting standards related to patient safety and quality improvement.
- ▶ Innovations in education—articles that describe innovative approaches to imparting trainees or practitioners with concepts or tools related to quality improvement or patient safety.

The editorial team has already identified authors with recognised expertise to submit articles on a few topics in the above categories. However, we welcome interested authors to submit ideas for narrative reviews, practical 'How to' type articles, and ideas for commentaries, or any of the other article types listed on the Journal's website. In keeping with the goal of making the journal as useful to readers as possible, we welcome topic suggestions from general readers, not just prospective authors. In other words, readers who would like to see a specific topic reviewed or controversy discussed, should feel free to email me with these suggestions.

BMJ Quality & Safety has succeeded in achieving its main editorial goals of publishing more rigorous scholarship and spreading improvement to a general audience of healthcare professionals and researchers.[1] We hope that the greater mix of practically oriented reviews with rigorous research will make *BMJ Quality & Safety* not just the first place researchers want to publish, but the first journal we all want to read when it comes to healthcare quality and patient safety.

THE JOURNAL AS PART OF A BROADER VISION AND STRATEGY

No matter how readable or engaging the Journal's format and content become, publication represents a weak change strategy.[11] (Even the much pilloried traditional, conference-style continuing professional education may be a more effective form of quality improvement.[12]) To play a more active role in promoting quality improvement, we plan to use the journal's website to create a searchable database of improvement projects. We will continue to publish noteworthy improvement reports in the main journal, but we cannot publish them all. With limited publication options for many improvement projects on a very local scale, we lose the opportunity to disseminate potentially valuable strategies for success and equally valuable practical lessons about barriers to improvement.

Plans for such a database are at the early stages, but the vision is to encourage submission of improvement reports and create a dedicated journal to publish them, in much the way that *BMJ Case Reports* does with clinical case reports. Importantly, we will highlight use of the SQUIRE guidelines[13 14] for the submission and presentation of these reports. These guidelines highlight the importance of providing the complex intervention in sufficient detail to others to implement it, contextual factors relevant to successful implementation, results that include not just the changes in the target outcome but also measures and assesses the degree to which the intervention was implemented as intended, and other key elements unique to improvement work, as opposed to other forms of biomedical writing. We also plan to develop a similar database of innovative curricula involving educational content related to patient safety and quality improvement.[15]

The vision motivating all of these changes, including those at the Journal and on the website, lies in providing a portal to a range of resources, from rigorous research on the science of improvement, to practical tools to support education and implementation. Implementing this vision will take time and will depend crucially on input from our readers. We welcome feedback on the specific changes already described and suggestions for new changes to consider in order to enhance the Journal itself or its role in fostering the ultimate goal of the Journal, namely to improve the quality of the healthcare system.

▶ The reference list appears in the online version of this article at http://qualitysafety.bmj.com/