

## Editorial

# Help Wanted

Michael D. Decker, MD, MPH

When I was appointed Editor of this Journal, it was my intent—barring the extraordinary—to write only two editorials during my tenure. The first, “Change and Constancy,”<sup>1</sup> appeared in the January 1993 issue and marked the initiation of my term, succeeding our founding Editor, Dr. Richard Wenzel. This, the second, was planned for the December 2002 issue to mark the end of my tenure. However, the proverbial “offer that can’t be refused” arrived in August, and accordingly I asked the Publications Committee to begin their search for a new Editor immediately. This is the first of several ways in which help is wanted, and interested applicants are referred to the solicitation on page 753. As we hope that a new Editor will be ready to take over within the next few months, it seemed timely to run my departing editorial in this, the last issue of the millennium.

Serving as your Editor has been a remarkable and gratifying experience. Hospital epidemiology is blessed to have so many talented and generous practitioners who have given richly of their time and effort as editors, editorial board members, and reviewers, and who have contributed far more than I to the success of the Journal. I will miss deeply my regular contact with these friends and colleagues, as well as with Susan Cantrell and Sara Wood, the other two members of the Nashville editorial team, who have handled their duties with grace, skill, and extraordinary loyalty. We constantly are in need of manuscript reviewers, and there may soon be need for additional editors, so here too help is wanted; please be ready to step forward.

When I took on this assignment, I set a handful of goals. The first was to enhance the visibility and prestige of the Journal, with the objectives that it would be first among the journals in its field and that it would be able to compete successfully for manuscripts with the specialty and second-tier general medical journals. (I leave it to my successor to take us to the next level, at which we compete successfully with *JAMA* and the *New England Journal*

*of Medicine!*) Table 1 shows several indices of a journal’s influence, as measured by the number of times papers published in that journal are cited in subsequent publications. Since 1995, *Infection Control and Hospital Epidemiology* has been the most-cited journal in its field, and it is a convincing leader in the impact and immediacy of its publications.

The second goal was to grow the Journal, both in its reach and in its content. With respect to content, the contract between the Society for Healthcare Epidemiology of America (SHEA), our sponsoring society, and SLACK Incorporated, our publisher, fixes the annual editorial page count of the Journal. Thus, any increase in content must come through better use of the available pages (“Ah hah!” say those contributors who wondered why we nagged so about brevity). Accordingly, we orchestrated a series of changes in style and layout that have had the ultimate effect of permitting us to publish nearly 50% more content in each issue. As shown in Table 2, the number of major articles published in 1990 to 1992 ranged from 85 to 96; since 1992, this count has increased steadily, reaching 133 in 1999.

Another strategy to increase the prestige and enhance the stature of the Journal was to shift the editorial mix much more strongly toward the publication of original research. From 1990 to 1992, original reports represented 51% to 59% of the major articles published; since 1992, that proportion has risen steadily, reaching 87% in 1999 (Table 2). This has been possible because the Journal has been attracting an increasing number of submissions and, in particular, original reports. The number of submissions requiring outside review varied between 66 and 81 from 1988 to 1992; it has risen steadily since, reaching 181 in 1999 (Table 2). The proportion of these that were original reports has risen similarly, from 77% in 1994 to 91% in 1999.

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**TABLE 1**  
JOURNAL CITATION REPORT\*

	Journal	1991	1992	1993	1994	1995	1996	1997	1998
Total citations	ICHE	822	820	801	1,024	1,303	1,865	2,069	2,456
	JHI	936	924	1,054	1,218	1,283	1,748	1,619	2,147
	AJIC	379	347	362	473	533	803	876	1,086
Impact factor	ICHE	1.436	1.416	1.235	1.515	1.893	2.643	2.435	2.508
	JHI	1.267	0.909	1.063	1.178	1.307	1.522	1.652	1.989
	AJIC	1.000	0.975	0.699	0.745	0.931	1.531	1.565	1.923
Immediacy index	ICHE	0.463	0.768	0.527	0.443	0.707	0.670	0.472	0.505
	JHI	0.225	0.242	0.090	0.183	0.205	0.318	0.195	0.235
	AJIC	0.412	0.102	0.057	0.163	0.163	0.233	0.115	0.375

Abbreviations: AJIC, *American Journal of Infection Control*; ICHE, *Infection Control and Hospital Epidemiology*; JHI, *Journal of Hospital Infection*.

Impact factor: current year citations to articles published in the Journal during the 2 preceding years, divided by the total number of items published in the 2 preceding years.

Immediacy index: current year citations to articles published in the Journal during the current year, divided by the total number of items published that year.

\* Data from the *Science Citation Index*.

**TABLE 2**  
SELECTED STATISTICS, BY YEAR

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
<b>Era</b>	<b>Saddle-Stitched</b>		<b>Perfect-Bound</b>			<b>Nashville</b>						
Published articles, by type												
Original Article/ Brief Report			41	45	49	50	54*	51	54*	61	65*	72
Concise Com- munication			9	4	8	11	18	10	25	35	27	44
Total, original reports			50	49	57	61	72	61	79	96	92	116
Section or Readers' Forum			25	29	29	36	20	30	25	21	17	14
Review, Position, Consensus			10	18	10	2	10	10	10	6	4	3
Total, major articles			85	96	96	99	102	101	114	123	113	133
Submissions						193	214	228	256	215	217	224
Original reports (OA, CC)							129	127	147	168	150	164
Total of papers requiring review*	81	71	66	84	81	108	168	164	172	176	189	181
Published pages, total†	584	592	676	736	740	750	848	808	904	952	896	852
Supplements/pages			1/16				1/52	1/56	1/60	1/64	1/51‡	

Abbreviations: CC, concise communication; CIPI, International Conference on Prevention of Infection; OA, original article.

\* Includes the CIPI papers in the biannual special CIPI issues.

† Includes editorial pages, advertisements, and supplements; excludes covers.

‡ Internal supplement.

The third goal was to transform the Journal from being predominantly North American to being truly global in its reach and appeal. The building of a relationship that led to the biennial CIPI (International Conference on Prevention of Infection) issue is an example of strategies that were pursued to accomplish this goal. The Journal's success in this regard is reflected in the front of each issue, in the table of

contents and the masthead: our international colleagues are well represented among the editors, the editorial board, and the reviewers, and, even more importantly, submissions and acceptances from outside the United States and Canada have risen steadily, such that last year—for the first time ever—there were more submissions and more published papers from international than from domestic institutions.

The fourth goal was to improve service to authors, by providing high-quality and prompt reviews and prompt publication. We have done well with the first and third of these objectives, but middling to poor with the second. Every original paper not summarily rejected receives at least one, and usually three, detailed and specific reviews (normally, two from outside reviewers and one from me); revision in accord with these reviews virtually guarantees acceptance. Good service also is provided with respect to the time from revision to publication. Bearing in mind that in January (for example) the February issue is at the printer, the March issue is closed and at the publisher, and the April issue is filled and being processed, then to have a revision arrive in January and be published in May (give or take a month) is optimal, and that has been the norm for the past year or two.

It is with regard to the third service issue that we have had our greatest problems: time from submission to return of initial reviews. We have considered a 3-month delay to be the longest acceptable, and the goal has been to reduce the delay to half that (ie, 6 weeks). Alas, we have met the goal only sporadically, and delays have exceeded the acceptable distressingly often. Sometimes these delays have been due to factors beyond our control, such as process changes by the publisher; but most often, the fault has been entirely mine: I've been unable to keep up with the work load. Solving this problem without decreasing the quality of the Editor's reviews (and, consequently, of the revisions) will be one of the greatest challenges facing my successor, a challenge that will be hard to meet without additional resources.

The increases during the past decade in the number

of original articles submitted and published has meant a near-doubling of the work load performed by the editorial office. We have taken this on happily, recognizing that growth in the importance and influence of the Journal is fueled by growth in the number of original articles submitted. Clearly, though, substantial further growth—which I know is possible—will require a better alignment of resources and needs. Although our outside reviewers perform exceedingly well, the role of the editor as lead reviewer is critical in ensuring the consistent application of the highest standards; but there is now more work to do than any one editor (or, at least, the present editor!) can do well, while still holding a full-time job. One of the key challenges for the next editor will be to devise effective solutions to this problem (for example, a system of deputy editors) within the available resources.

Let me close this editorial, the year, and my tenure with thanks to all—authors, reviewers, editorial board members, and editorial staff—who have worked so hard to make the Journal what it is today. I am hopeful and confident that you, our authors and reviewers; the SHEA Board; our colleagues at SLACK; and the Editorial Board will join together to support the next editor's efforts to raise the Journal to new heights. For those interested in taking up this challenge, please note:

Help Wanted.

#### REFERENCE

1. Decker MD. Change and constancy. *Infect Control Hosp Epidemiol* 1993; 14:14.

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