

**Title: Applied Clinical Informatics**

Sub-Title: An International Journal of Health Information Sciences

Sub-Title: Official Journal of IMIA

The journal is quarterly published online, with eTOC alerts whenever articles have been accepted for publication.

**Characteristic / Aims of the journal**

The benefits of clinical Health Information Technology (HIT) have long been established and we are moving into an era when we can hope to leverage these benefits to make patient care safer, more efficient, more proactive and complete. However, slow adoption of HIT has been due to lack of practical knowledge on linking clinical effectiveness to implementation success and return on investment. For health care to move forward in adopting HIT successfully, institutions must be able to share experiences, both good and bad, to learn from them collectively, to avoid repeating mistakes and to save time, costs, and human lives. The aim of this journal is to create the platform on which such sharing can occur, between clinical medicine and health IT, to bridge gaps between visionary design and successful and pragmatic deployment.

**Promotional catchwords / USP**

1. Disseminate solutions and practical concepts in health informatics
2. Leverage health informatics to make care safer and more effective
3. Reduce implementation burdens to health care organization
4. Provide a forum to those involved in the implementation and delivery of health informatics
5. Attention grabbing, pertinent and cutting edge content, e.g.
  - Peer reviewed articles on translation informatics
  - "Current state of the art" pieces, provided by leaders in their field
  - Editorial board consensus of "Hot Topics"
  - Short "case reviews", where implementers describe a particular successful or unsuccessful implementation with lessons learned
  - Industry trends, user feedback and technological developments
  - Invited bloggers as regular contributors on "what's new in the industry"
  - Reports on negative experiences with HIT: failed implementations and lessons learned can be at least as educational as reports on successes
  - Official communications of funding societies
6. Short editorial cycle to assure delivery of information prior to any other journal in the field
7. Well-known international medical informatics experts as reviewers and editors
8. The most compelling "Lesson Learned Award" each year to encourage authors to self-report mistakes and errors

**Themes covered (not an exclusive list)**

Patient care tools (inpatient, ambulatory, long-term, emergency and critical care)  
Electronic Medical Records and Systems / Computerized Patient Record  
Personal Health Records

- Provider Order Entry
- Clinical Decision Support
- Radiology systems
- Laboratory systems
- Interfaces in health care institutions
- Management systems
  - Office practice management systems
  - Notification systems
  - Nurse call system
  - Resource management
  - Clinician drug management
  - Antibiotic Management Systems
- Barriers & failures
- Diffusion of Innovation
- Enterprise health computing
  - Data warehouses
  - Business intelligence
    - Data collection
      - Clinical device data capture
      - Data validation and cleaning
    - Data reuse
    - Reporting measures
- Networks
  - Health information exchanges
  - Distributed services
  - Wireless services in medical institutions
- Desktop computing in medical practice
- Privacy and Security
- eHealth, information management
- Interdisciplinary Informatics
  - Nursing
  - Pharmacy
  - Providers
  - Ancillary services

### **Content Distribution by Submission Type**

State of the Art Article / Review – 40%

- State of the art submissions will be by invitation only. Experts in a specific domain will be asked to contribute a review of a particular topic with an emphasis on practical clinical application. The topics for these pieces will be suggested by the Editorial Boards

Research Article – 30%

- Research article will be unsolicited submissions by clinical informatics researchers. Emphasis in paper selection will be placed on topics of clinical and informatics interest relevant to the focus of the journal, indicators of high research quality such as population size, IRB approval, appropriate statistical methodology and review of pertinent literature.

Case Reports – 20%

- A hallmark of Applied Clinical Informatics, case reports will be solicited actively from members of organizations such as IMIA, AMIA, AMDIS etc. Historically, institutions tend to make the same or similar mistakes or encounter the same problems with HIT systems. The case reports will focus on a particular clinical information system and a problem / challenge

encountered and a thorough analysis. We will consider reports of successful solutions and failures equally for publication.

News – 10%

- Industry and association specific news of interest to the targeted readership will round out the journal. We will offer national and international association to provide us with updates and news. The items will be collated and commented upon.

## **Editorial information**

In order to prepare major decisions, at least every other year the publisher, the editor of Applied Clinical Informatics (ACI), and an official representative of the International Medical Informatics Association (IMIA) will meet to discuss the current and deliberate on the future state of the journal in order to help shape the journal's direction through their input and expertise. The editor of Schattauer's journal Methods of Information in Medicine is also invited to these meetings in order to have a well-balanced, comprehensive publication portfolio for IMIA.

Major decisions are e.g. the nomination of editors and board members. Here, also IMIA members (regional members [such as APAMI, EFMI, HELINA, and IMIALAC], national members [such as AMIA, COACH, GMDS, BCS to name a few], institutional members and affiliated members) are requested to provide nominations.

Editors serve at the pleasure of the Editor in Chief and the standard term of service is three years, with the option to renew editorial appointment up to three times.

## **Appointment editors**

**Editor-in-Chief:** Christoph U. Lehmann, Baltimore/USA (Appendix B)

**Managing Editor:** George R. Kim, Baltimore/USA (Appendix A)

## **Associate Editors:**

Appointment has to be approved by Schattauer Publishers and the EIC

Associate Editors will represent the following regions

1. Associate Editor for Europe - Ulli Prokosch
2. Associate Editor for North America – Dean Sittig
3. Associate Editor for Latin America – Fernán Quirós
4. Associate Editor for Asia/Pacific – Walter Lim
5. Associate Editor for Middle East - Majid. M. Altuwajri
6. Associate Editor for Africa- -Lyn Hanmer

## **Editorial Board:**

Approximately 25 members

IMIA and its member organizations through the IMIA board are asked to provide nominations for the editorial board. The EIC makes the final decision on the nominations.

## **Industry advisory board:**

Approximately 20 HIT leaders in the business world will help the editorial board identify novel trends and topic of interest. This panel will conduct its work via email and phone calls.

The following type organizations will be approached for nomination of members:

- Medical Information System vendors
- Database vendors
- Hardware vendors
- Medical Device makers
- Health Care Payors
- Organizations with focus on privacy and security

**Expert advisory board:** approximately 10 experts in the field of medical informatics implementation with life-long experience,

### **Readership**

The journal has a wide international and potentially very influential readership, e.g.

- CIOs, CMIOs, CEOs and CFOs of medical institutions
- Medical informatics researchers
- Consultants
- Nurse informaticians
- Public health officials
- Vendors
- IT savvy health care providers
- Informatics trainees

Furthermore, organizations such as HIMSS, AMIA, IMIA, AHA and equivalent organizations are targeted internationally.

### **Size**

The size of one "issue" should not exceed 100 "pages", i.e. should consist of no more than 14-16 articles per issue

### **Review process**

All submissions and reviews will occur electronically. The publisher will provide an appropriate manuscript processing system.

The EIC assigns the article to one of three reviewers or to one of the Associate Editors, who will be responsible for the following review process. The EIC / the Associate Editor can make a decision once at least two reviews have been received.

The EIC will make the final decision on publication.