

## EDITORIAL

## Five Years Later and the Second Act

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It has been 5 years since the current editors of *Infection Control and Hospital Epidemiology (ICHE)* first visited the offices of the University of Chicago Press. The cold January rain and long wait at Midway Airport could not suppress our excitement and anticipation of the challenges to come. Piles of manuscripts appeared within a few days. Papers accepted, in revision, and new came and came and ... came. Five years have passed quickly, and the papers still arrive.

We recently surveyed our readers and authors on their views of the journal. Time to publication, content, and new ways to improve journal visibility were some of the major themes in the survey responses we received.

The editors are pleased to report that the mean time to first decision, acceptance, and publication has markedly declined. For all papers from 2005 to 2010, the mean time from submission to first decision has declined from 71 to 23 days. During the same time period, the mean time from submission to acceptance declined from 122 to 64 days, and acceptance to online publication in a full issue declined from 217 to 134 days. Starting in 2006, the mean time from acceptance to online publication of individual articles has been tracked, and it has declined from 270 to 126 days.

Submissions have been at an all-time high, increasing from 397 papers in 2005 to 712 in 2010. Most papers continue to be submitted from the United States (44%), but more than half are submitted from 24 other countries. It appears that *ICHE* continues to serve a global audience. Publication of high-quality papers that introduce new information to benefit as wide an audience as possible will continue to be a major focus of the journal.

The readership has clearly called for the publication of more guidelines, position papers, reviews, and commentaries. Guidelines and position papers are the responsibility of professional societies and organizations and are not developed by journals. *ICHE* will continue to actively solicit and expedite publication of guidelines and position papers that benefit our readership from many organizations, including our parent society, the Society for Healthcare Epidemiology of America (SHEA), and also the Infectious Diseases Society of America

(IDSA), the Healthcare Infection Control Practices Advisory Committee, the National Healthcare Safety Network, and the World Health Organization. *ICHE* has been honored to publish the SHEA-IDSA Compendium of Strategies to Prevent Healthcare-Associated Infections and the Fifth Decennial International Conference on Healthcare-Associated Infections, 2010, which were the first supplements in the history of the journal. In a similar vein, a special issue of *ICHE* devoted to antimicrobial stewardship is under development and will be published before the SHEA April 2012 meeting on the same topic. Reviews and commentaries typically begin as suggestions from our readers, reviewers, and members of our editorial board and the SHEA board. We will proactively solicit our editors and board members for input regarding new topics and potential authors.

The impact factor has been, rightly or wrongly, regarded as an indicator of journal quality. We are pleased to report that the latest impact factor has risen from a nadir of 1.951 to a peak of 3.751. *ICHE* currently ranks 15th out of 58 infectious diseases journals and 16th out of 142 journals devoted to public, environmental, and occupational health. However, these data should be interpreted with caution. The latest impact factor does not reflect the status of the journal in 2011, as the data are always several years behind (see the Institute for Scientific Information Web of Knowledge for further explanation).

Rather than focus on the impact factor, the editors of *ICHE* aim to publish the highest-quality articles available. We need SHEA members and others to submit their best papers and the experts in the field of infection control to participate in the review process. The journal can now reward high-quality reviews with continuing medical education credits provided through SHEA. Appointment to the editorial board is a major mechanism to reward outstanding performance in the review process. We have sought to improve the quality of review in several particular areas of expertise, such as statistics and economics, through appointment of a statistical consultant and the utilization of editorial board members' expertise in these areas.

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*Infect Control Hosp Epidemiol* 2012;33(1):1-2

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Would open access increase the quality of the articles submitted to *ICHE*? Open access means that authors pay thousands of dollars for early publication of their manuscripts. This approach has worked well in journals of the highest tier, frequented by high-visibility, well-funded scientists who have a need to publish first and for whom cost is a minimal issue. Would becoming an open-access journal steer better papers to *ICHE*? How do open-access journals avoid having the ability to pay influence their decisions to accept and publish a manuscript? The answers to these questions are not clear.

Up to this point, we have focused on how *ICHE* can im-

prove on what it is already doing. What else is new? Free access to one or more articles of the editor's choice each month has been implemented to encourage nonsubscribers to read the journal. SHEA and the University of Chicago Press are collaborating to distribute more press releases to increase the visibility of the journal. An application for reading *ICHE* on personal electronic devices is currently under development by the University of Chicago Press. The Press is also working on a new journal Web site that is more interactive.

As we look back, a lot has been accomplished in the past 5 years, but more challenges lie ahead. Stay tuned for the second act.