Manuscript Submission Guidelines: Health Services Research and Managerial Epidemiology

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12. Further Information
Health Services Research and Managerial Epidemiology is an open access, peer-reviewed journal dedicated to the study of the quality, efficiency, and accessibility of health services. Evidence from hypothesis-testing studies is presented, either in the form of pilot projects or larger retrospective studies. This facilitates exchange of new information and approaches to assessing performance.

Epidemiological designs are encouraged in studies addressing patient outcomes, service utilization, adherence to guidelines, and cost-control.

The audience for this exciting new journal is clinical investigators and health services researchers who study patients for the purpose of improving the performance of health care delivery systems. Physicians, nurses, allied health professionals, and managers will find the content relevant and useful to their daily concerns.

An introductory Article Processing Charge (APC) of $900 USD, discounted from the full rate of $1,200 USD, is available for a limited time. The APC is payable upon acceptance.

1. Open Access
Health Services Research and Managerial Epidemiology is an Open Access publication; all articles are freely available online immediately upon publication. All articles are rigorously peer-reviewed, and brought to publication as rapidly as possible. Production costs are covered by Article Processing Charges (APC) paid by the author/institution/funder upon acceptance of their manuscript (more information below). There is no charge for submitting a paper to Health Services Research and Managerial Epidemiology.

For general information on Open Access at SAGE and Open Access FAQs, please visit this page.

2. Peer Review Policy
The journal’s policy is that manuscripts are reviewed by two expert reviewers. Health Services Research and Managerial Epidemiology utilizes double-blind peer review process in which the reviewer and author’s names and information are withheld from the other. All manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers make comments to the author and recommendations to the Editor-in-Chief who then makes their final decision.

3. Article Types
Guidelines specified in the AMA Manual of Style 10th edition should be followed, and submissions should be made electronically in Microsoft Word format. Each submission should consist of a title page and a main document file.

The title page should include the following information:
• manuscript title
• grant or financial support information and/or a conflict of interest statement
• any acknowledgments

Every effort should be made by the author to see that the main document file contains no clues as to the author’s identity. On the first page should be abstract (a maximum of 250 words) and 4-5 keywords. All tables should be placed at the end of the file and numbered in the order they appear in text. We strongly encourage the appropriate use of bar charts and line graphs to illustrate key findings. Figures should be placed in individual text files, separate from the main document file. Word limits vary by section:

Research letters – 1,000 words, one table.

Case Studies – 1500 words, no more than 2 tables. These are organization case studies, not case reports about individual patients.

Pilot Studies – 1500 words, no more than 2 tables. Brief reports about single-site studies are typical of this section. Studies should not be under-powered and should include a comparison group.

Commentaries (invited) – 2000 words, no tables

Original research – 2000 words, 3 tables.

Systematic Reviews – 5000 words, 2 tables.

All of the above require a structured abstract except commentaries, which include a summary.

Citations should be numbered in AMA style. A citation program such as EndNote should be used.

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4. Publication Fees
Upon acceptance of your manuscript, you will be charged a one-time Article Processing Charge (APC). This fee covers the cost of publication and ensures that your article will be freely available. Once the APC has been processed, your article will be prepared for publication and can appear online within an average of 20 working days.

An introductory Article Processing Charge (APC) of $900, discounted from the full rate of $1200 is available for a limited time.

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5. Authorship
Papers should only be submitted for consideration once the authorization of all contributing authors has been gathered. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors.
The list of authors should include all those who can legitimately claim authorship. This is all those who:

1. have made a substantial contribution to the concept and design, acquisition of data or analysis and interpretation of data AND
2. drafted the article or revised it critically for important intellectual content AND
3. approved the version to be published.

Authors should meet the conditions of all of the points above. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the Acknowledgments section.

Please refer to the ICMJE Authorship guidelines at http://www.icmje.org/ethical_1author.html.

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6. How to Submit Your Manuscript
Before submitting your manuscript, please ensure you carefully read and adhere to all the guidelines and instructions to authors provided below. Manuscripts not conforming to these guidelines may be returned.

Submissions to Health Services Research and Managerial Epidemiology should be made via ScholarOne™ Manuscripts; a web based online submission and peer review system. Please read the Manuscript Submission guidelines below, and then simply visit http://mc.manuscriptcentral.com/hsrme to login and submit your article online.

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8. Statements and Conventions

At the end of your article Acknowledgements should appear first, followed by your Declaration of Conflicting Interests, funding acknowledgment, any notes and then your references.

8.1 Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an ‘Acknowledgements’ section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

8.2 Declaration of conflicting interests

Within your Journal Contributor’s Publishing Agreement you will be required to make a certification with respect to a declaration of conflicting interests. It is the policy of *Health Services Research and Managerial Epidemiology* to require a declaration of conflicting interests from all authors enabling a statement to be carried within the paginated pages of all published articles.

Please include any declaration at the end of your manuscript after any acknowledgements and prior to the references, under a heading ‘Declaration of Conflicting Interests’. If no declaration is made the following will be printed under this heading in your article: ‘None Declared’. Alternatively, you may wish to state that ‘The Author(s) declare(s) that there is no conflict of interest’.

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For more information please visit the SAGE Journal Author Gateway.

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To comply with the guidance for research funders, authors and publishers issued by the Research Information Network (RIN), Health Services Research and Managerial Epidemiology additionally requires all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit Funding Acknowledgement on the SAGE Journal Author Gateway for funding acknowledgement guidelines.

Where no specific funding has been provided for the research we ask that corresponding author uses the following sentence: “This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.”

8.4 Other statements

8.4.1 Research ethics
All papers reporting animal and human studies must include whether written consent was obtained from the local Ethics Committee or Institutional Review Board. Please ensure that you have provided the full name and institution of the review committee and an Ethics Committee reference number.

We accept manuscripts that report human and/or animal studies for publication only if it is made clear that investigations were carried out to a high ethical standard. Studies in humans which might be interpreted as experimental (e.g. controlled trials) should conform to the Declaration of Helsinki http://www.wma.net/en/30publications/10policies/b3/index.html and typescripts must include a statement that the research protocol was approved by the appropriate ethical committee. In line with the Declaration of Helsinki 1975, revised Hong Kong 1989, we encourage authors to register their clinical trials (at http://clinicaltrials.gov or other suitable databases identified by the ICMJE, http://www.icmje.org/publishing_10register.html). If your trial has been registered, please state this on the Title Page. When reporting experiments on animals, indicate on the Title Page which guideline/law on the care and use of laboratory animals was followed.

8.4.2 Patient consent
Authors are required to ensure the following guidelines are followed, as recommended by the International Committee of Medical Journal Editors, Uniform Requirements for Manuscripts Submitted to Biomedical Journals: http://www.icmje.org/urm_full.pdf. Patients have a right to privacy that should not be infringed without informed consent. Identifying information, including patients’ names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published.

Identifying details should be omitted if they are not essential. Complete anonymity is difficult to achieve, however, and informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics
are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. When informed consent has been obtained it should be indicated in the submitted article.

**8.4.3 CONSORT & ICMJE**

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart. Please refer to the CONSORT statement website at http://www.consort-statement.org for more information.

*Health Services Research and Managerial Epidemiology* has adopted the proposal from the International Committee of Medical Journal Editors (ICMJE) which requires, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. For this purpose, a clinical trial is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g. phase I trials), would be exempt. Further information can be found at www.icmje.org.

**8.4.4 Medical writers (‘ghost writers’)**

Manuscripts submitted for publication must list all authors, including the person who drafted the original manuscript. This includes paid or unpaid medical writers (‘ghost writers’). If medical writers are to be involved in the preparation of manuscripts then they must co-author with a clinician (or other medical professional) and their name and full affiliation must appear on the article. The work of any medical writer must not be passed off as that of a clinician or other medical professional.

**8.4.5 Statistical analyses**

Where statistical analyses have been carried out please ensure that the methodology has been accurately described. In comparative studies power calculations are usually required. In research papers requiring complex statistics the advice of an expert statistician should be sought at the design/implementation stage of the study.

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10. Manuscript Style

10.1 File types
Only electronic files conforming to the journal’s guidelines will be accepted. Preferred formats for the text and tables of your manuscript are Word DOC, RTF, and XLS. LaTeX files are also accepted. Please also refer to additional guideline on submitting artwork [and supplemental files] below.

10.2 Journal style
*Health Services Research and Managerial Epidemiology* conforms to the guidelines specified in the *AMA Manual of Style 10th edition*, and submissions should be made electronically in Microsoft Word format. Each submission should consist of a **title page** and a **main document file**.

10.3 Reference style
*Health Services Research and Managerial Epidemiology* conforms to the reference style specified in the *AMA Manual of Style 10th edition*. Click here to review the guidelines to ensure your manuscript conforms to this reference style.

10.4 Manuscript preparation
The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 10 or 12 point.

10.4.1 Title, keywords and abstracts: helping readers find your article online
The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting SAGE’s Journal Author Gateway Guidelines on [How to Help Readers Find Your Article Online](#).

**Keywords**: 2-10 to accompany the abstract. They should, if possible, be drawn from the MeSH list of Index Medicus and be chosen with a view to useful cross-indexing of the article.

**Abstract**: The abstract should accurately and concisely reflect the content of the article, and should be limited to 250 words. Please avoid reference citations and undefined abbreviations in the abstract.

10.4.2 Corresponding author contact details
Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

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For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE’s [Manuscript Submission Guidelines](#).

Figures supplied in color will appear in color online
Photographic illustrations should be rendered with at least 300 dpi; please use CMYK color conversion if possible. Graphs made with Office software such as Microsoft Excel, can be provided in their original format to facilitate conversion into printable format with preserved quality. Any other line graphs/illustrations should preferably be provided in EPS format with a resolution of at least 600 dpi to prevent ragged lines when printed. A figure image should be at least 160 mm in width at the appropriate
resolution. For further guidance on how to prepare your digital image see http://art.cadmus.com/da/index.jsp.

Graphs and images that are unsuitable may be returned to the author for amendment, causing delay in publication.

10.4.4 Units of measurement
Units of measurement should be expressed in SI and metric units; older conventional units may be added in parentheses.

10.4.5 Nomenclature
Use the generic or chemical name of any drug, in lower case; the specific trade name (capitalized) may be given in parentheses after the first text reference.

10.4.6 Standard abbreviations and symbols
Standard Abbreviations and symbols should be used, then defined in full in the first instance unless they are standard units of measurement. Avoid any use of abbreviations in the article title and abstract.

10.4.7 Guidelines for submitting supplemental files
This journal is able to host approved supplemental materials online, alongside the full-text of articles. Supplemental files will be subjected to peer-review alongside the article. For more information please refer to SAGE’s Guidelines for Authors on Supplemental Files.

10.4.8 English language editing services
Non-English speaking authors who would like to refine their use of language in their manuscripts might consider using a professional editing service. Visit English Language Editing Services on our Journal Author Gateway for further information.

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11. After Acceptance

11.1 Proofs
We will email a PDF of the proofs to the corresponding author. Any accompanying queries should be answered as soon as possible so that publication is not delayed.

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The PDF of your article will be available for download on the journal website after publication.

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