IJQHC Communications: advancing quality globally

IJQHC Communications is being launched in the midst of a global pandemic. Progress in containing the virus and mitigating its effects has been uneven between and within countries, and the quality of health and healthcare has been threatened in every country. Aspects of the health system that have often seemed secondary—how to implement change simultaneously at the community, facility, and policy levels rapidly and across entire populations—have moved to the forefront. This new journal aims to be a driver for change in health and healthcare, with a focus on understanding how to improve and how to implement changes at scale.

Recent research has shown the great impact on mortality of sub-standard healthcare at facilities [1]. However, quality cannot only be seen as clinical care or measured only in health outcomes. Patient experience of care, trust in health systems, access and transportation issues, scientific literacy, and general mental health and wellbeing are all critical aspects of quality that are gaining increased attention. Understanding effective methods for evaluating and improving accountability can help improve user experiences and outcomes and can help drive change in leadership and management.

We have five main aims for IJQHC Communications:

To spread knowledge

The pandemic has demonstrated the need for a change in the way knowledge is assembled and disseminated [2]. Innovative research needs to be open and available to all and needs to be co-produced, gaining insights directly from those who are affected [3]. COVID has shown the need for more rapid, more global, and more varied perspectives. IJQHC Communications has a broad range of article types to encourage submissions from an equally broad range of stakeholders and experts.

To improve the methods and metrics in the measurement of quality

There is a clear need for standardized indicators of quality, including in under-researched areas, such as paediatrics, mental health, and care in the community. This will require global reporting standards, with an approach to contextualizing how to apply these measures in different regions and how to monitor progress longitudinally. This includes the combination of qualitative and quantitative research methodologies to address the challenges of measuring ‘subjective’ measures, such as experience and satisfaction. We will prioritize the publication of studies and experiences with insights on how to scale up effective interventions, how evaluation measures should be adapted, and lessons on bringing implementation science into focus.

To improve the standard of quality improvement reports and advance research on quality

The growth of quality improvement (QI) as a field has been rapid and there are many reports on QI initiatives and programmes; however many are internal and short-term assessments. The most popular method for improvement is the Plan-Do-Study-Act cycle, which is reported widely in improvement papers. Unfortunately, the rigour with which it is applied is variable and modifications have not been well documented [4,5,6]. Calls for more systematic research to improve the standard of QI to develop the evidence base have been made [7]. We are looking for papers that have addressed the challenges of the complexity of change and that demonstrate a strong methodological approach. Furthermore, we are looking for perspectives and commentaries on lessons learned in applying these methods in various contexts.

To improve the evidence base for quality in low-income settings and in fragile states

Even prior to the COVID pandemic, there was a strong case for a global focus on quality [1, 8, 9]. The pandemic confirmed the vast inequities in the quality of health and healthcare between settings, depending on their levels of resource, preparedness, and stability. The WHO has determined that essential health services have suffered considerably in the pandemic, especially in low- and middle-income countries. Along with this, the quality of services has deteriorated [10]. To add to this challenge, the quality of healthcare in fragile states, conflict, and humanitarian settings, and among migrants and refugees, is a critical issue that needs to be addressed [11].

To bring implementation science and improvement science together

Implementation science and improvement science exist side by side. This journal will aim to attract papers that bring together these two approaches to quality in healthcare. Without the integration of theory and methods for scale up, spread and sustainability of quality cannot be achieved. We are keen...
to see papers that bridge the gap between improvement and implementation [12].

To meet these aims, we invite authors who may not be traditional researchers, like policymakers, programme implementers, frontline clinicians, and practitioners, to publish in this journal. We also want to hear from people receiving care and those supporting (or desiring to support) those who receive care. By offering an integrated approach to research in improvement science and implementation science, we believe we can open new opportunities, with a wider readership and broader authorship than has previously been published. The challenge is great [13], but we have a duty to ensure that every person has an opportunity to receive care of the highest standard [14].

As we embark on the next phase of attaining the Sustainable Development Goals, the spread of knowledge is more important than ever. We are launching this fully open-access journal with a series of invited papers and commentaries aimed at expanding our definition of quality and understanding the priorities for improving quality in healthcare in the era of COVID. We look forward to a dynamic and impactful exchange of research findings and ideas and welcome your contributions as authors, reviewers, readers, and critics.

Please join us in this new endeavour to improve healthcare quality for all.

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Conflict of interest
None declared.

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