How JAMA Handled a Surge of Submissions During a Public Health Emergency

Jacob Kendall-Taylor
Director, Editorial Systems
JAMA Network

Want to watch this presentation? Click here to register for access to XUG videos
Overview

- Transitioning Staff to Remote Work
- Scope of Increased Submissions
- System and Editorial Changes to Address Surge
- Lessons Learned
The New Remote Work Reality

1. Complete Inventory and Assess Current Staff Capabilities
2. Work to Create Efficiencies in Remote Environment
3. Continue to Evolve
COVID Submissions vs. Total Submissions
JAMA Network
April - September 2020

41% of all submissions network wide are COVID related.
COVID Submissions vs. Total Submissions
JAMA Network
April - September 2020

[Bar chart showing COVID Submissions vs. Total Submissions for different categories such as JAMA, Cardiology, Dermatology, Internal Medicine, JAMA Health Forum, JAMA Network Open, Neurology, Oncology, Ophthalmology, Otolaryngology, Pediatrics, Psychiatry, Surgery. The chart indicates the number of COVID Submissions and All Submissions for each category.]
Monthly Network Submission Totals
2019 vs. 2020

February: 2968 (2019), 4097 (2020)
March: 3162 (2019), 6163 (2020)
April: 3033 (2019), 9258 (2020)
May: 3281 (2019), 8465 (2020)
June: 3122 (2019), 6863 (2020)
July: 3380 (2019), 6222 (2020)
August: 3320 (2019), 5402 (2020)
Due to the high volume of manuscripts related to the COVID-19 pandemic, we encourage authors to only submit manuscripts related to COVID-19 that have major public health importance, could change clinical practice, or provide important and novel information for clinicians. We will give priority to studies of interventions and large cohort or controlled studies. Please do not submit case reports or small case series. Any Viewpoints must include new and important information that addresses the above description.

Also, while we will make every effort to evaluate manuscripts promptly, we must be very selective with which manuscripts we can review on an expedited basis.
COVID Note

This article contains the following potential COVID terms:
COVID, COVID-19, Coronavirus

COVID Query

<table>
<thead>
<tr>
<th>Corresponding Author</th>
<th>Reviewing Editor</th>
<th>Title</th>
<th>Current Stage</th>
<th>Sticky Note Open?</th>
<th>Final Decision</th>
</tr>
</thead>
</table>
Changes to Workflow

• With the help of the note, staff and editors were able to identify COVID content immediately.
• Create new ways to triage manuscripts at the editor level.
• Staff reprioritized on the fly.
• Moved to a completely paperless production workflow.
Coronavirus Infections—More Than Just the Common Cold

Catharine I. Paules, MD; Hilary D. Marston, MD, MPH; Anthony S. Fauci, MD

Lessons

• Open communication channels with your stakeholders.
• Ability to implement changes (tags for COVID Manuscripts, COVID report, paperless workflow, etc.) within days instead of weeks. Having agile processes has never been more important.
• Be open to feedback (both positive and negative) and ask how people are doing.
Thanks for your time!

Jacob Kendall-Taylor
Jacob.Kendall-Taylor@jamanetwork.org