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[CONTENTS](#)

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Health Information Management Journal Guidelines for authors

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Table of Contents

- » [Introduction](#)
- » [General information concerning all articles](#)
- » [Special guidelines for peer reviewed articles](#)
- » [Special guidelines for articles submitted for editorial review](#)
- » [Submitting your manuscript](#)

Introduction

Manuscripts

Manuscripts should be addressed to the Editor and emailed to: himj@hima.org.au.

Material will be considered for publication on the understanding that it is original and unpublished work and has not been submitted for publication elsewhere. The Journal is published three times a year, in March, June and October. The submission deadlines for each issue are published in the Journal. Manuscripts are subject to review and the Editorial Board reserves the right not to publish any material. Authors are responsible for all statements made in the material. Papers that are accepted for publication become the copyright of the Journal but release for publication elsewhere can be applied for on the understanding that acknowledgement is made to the Journal.

The Editorial Board of the *Health Information Management Journal* invites peer-reviewed contributions in the following categories:

1. Research Articles

Research articles should present original research that describes research outcomes, or processes, techniques or applications that enhance the practice of health information management. A range of methodological approaches, including qualitative research, time-series designs, experimental studies and correlational designs are acceptable. Papers should include an abstract, introduction, methodology, results and discussion section. Research papers should not exceed 5,000 words in length.

2. Professional Practice and Innovation papers

Practice papers are similar to research papers in that both should be carefully and systematically written in a style and with a structure that is accessible to readers and builds upon existing knowledge. They differ in scale and depth. Practice papers are typically smaller in scale with narrower questions and a focus on the process and early effects of interventions, and may also include case studies. The knowledge contained in practice papers is not as deep or academically rigorous as that in research articles, but is more immediately relevant to other practitioners grappling with similar issues. Normally practice papers will be between 1,500 and 4,000 words, including abstracts and references.

3. Forum articles

Forum articles should address important policy, research, service delivery or practice issues that have wider application to health information management. They should present new ideas, proposals and analyses through scholarly argument drawing on the literature and previous literature as appropriate. Forum papers should not normally exceed 5,000 words in length.

The Editorial Board also invites articles for editorial review in the following categories.

- **Brief Reports.**

The Journal welcomes reports on any topic, activity or concept of interest to health information management practitioners, or which pertain to health information management; for example information technology, health classification, data analysis, management and privacy issues. Standards and recent policy directions can also be reported in this section. Reports may present the personal view, experience or opinion of the author or authors. An acceptable length for reports is between 1500 and 5000 words.

- **Conference Reports.**

The Journal invites those who have attended any conference of particular interest to the Journal's readership to submit a short overview and critique of the conference proceedings.

- **Reviews.**

Reviews of software, hardware, books and other media of interest and relevance to health information managers and related professionals are encouraged. Articles in these categories are typically between 200 and 500 words in length.

- **Case Studies.**

A case study can be a 'how to do it' paper, or a personal view or a description of an event or experience (such as moving a department to a new location). An informal case study can include check lists, tables, timelines, and other useful information that could be applied to similar experiences and projects.

[Click here for further information on writing case studies.](#)

- **Sounding Board.**

Articles of approximately 1,000 words which initiate or contribute to the debate on new and evolving issues and ideas appear in this section.

- **Letters to the Editor.**

Letters on any topic of relevance and interest to professionals interested in health information management and informatics are welcome. Letters should not exceed 300 words in length. Professional decorum should be observed; letters are published at the Editor's discretion.

- **Professional profiles.**

This section is intended to demonstrate the depth and breadth of professional work roles of individual Health Information Managers, including recent graduates, through personal accounts of workplace experiences.

Please note: it is not the policy of the Editorial Board to publish materials intended for commercial purposes

General information concerning all articles

Style

Authors should aim to use simple, direct and correct English, and spelling should conform with the third edition of the Macquarie Dictionary. *Health Information Management Journal* conforms with the Harvard (Author-Date) referencing style. For details, please refer to the *Style Manual for Authors, Editors and Printers. Revised by Snooks & Co. (6th edition), 2002.* Milton, QLD: John Wiley & Sons. The following website is also a valuable resource: go to <http://www.lib.latrobe.edu.au/help/style-guides.php#Harvard> then click on 'Harvard (Author-Date) System (La Trobe University).

Headings and subheadings

Clear distinctions should be made between headings and subheadings.

Tables and figures

Tables, figures and other graphics are to be submitted on separate pages at the end of the document, and not embedded in the text. The body of the text is to include notations about placement of tables, figures or graphics by leaving four lines of space and making a note 'Insert table/figure/graphic x here'. Tables, figures and graphics should be clearly identified by consecutive numbering using arabic numerals and by providing concise titles for all figures used. A legend for each table and figure should be included.

References

Titles of journals must be written in full; e.g., Medical Journal of Australia, not MJA. References should be listed in alphabetical order at the end of the paper, using the Harvard format for sequence of details and for punctuation.

Acknowledgments.

Acknowledgments may include significant contributions made in the support of the study or in writing the manuscript. Permission should be obtained from any individuals named in the acknowledgments. (Be aware that people being identified may need to give their permission, since inclusion of names may infer potentially unwarranted endorsement of the paper's conclusions). Copies of permission statements should be submitted with the manuscript.

Copyright

Manuscripts submitted to *Health Information Management* should not have been published elsewhere, nor to have been offered, or be under consideration by any other journal or publisher in any medium. Inclusion in conference proceedings (apart from abstracts) is considered as prior publication.

Upon acceptance for publication, authors are requested to assign copyright to the Health Information Management Association of Australia Limited (HIMAA) at the Editor's discretion. It should be noted that acceptance for publication does not imply endorsement of authors' opinions by the HIMAA or the Editorial Board. Contributing authors are protected by the *Copyright Act 1968* (Commonwealth of Australia).

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Timelines and publication

For most manuscripts allow a minimum of three months from initial submission to acceptance and publication. Successful authors are notified in writing when their manuscript has been accepted for publication. Where possible, a date for publication is specified at that time. In some cases, the editors reserve the right to hold manuscripts over to future issues of the Journal for publication.

Special guidelines for peer reviewed articles

Articles submitted for publication in this category are reviewed by two independent and impartial reviewers who are unaware of the author's identity. Similarly, authors are not informed of the identity of the reviewers. All communication with reviewers is conducted via the editors. No direct contact is made between reviewers and authors.

Text

Research Articles

The Editorial Board of *Health Information Management Journal* suggests the usual academic model of abstract, introduction, method, results, discussion and conclusion for most original articles. Other articles of substance that are submitted for editorial review may also follow this model, or variations of it.

- **Abstract and Keywords.**

Abstracts should be approximately 100 words in length, and summarise the purpose, method, results, summary of key findings and conclusions of the paper. The Abstract should be followed by a list of at least four Keywords.

- **Introduction.**

This should state the purpose of the paper. Normally, introductions include a short, relevant literature review, including pertinent background information.

- **Method.**

Includes selection of subjects (population and sample sizes, for example), mode of observation, apparatus and statistical procedures. The aim of the method section is to provide enough information to allow replication of the procedures used in the original research. Reasons for selection of methods should also be included in this section.

- **Results** should be presented logically, and can include text, tables, figures or other graphics. Do not duplicate data presented in tables within the text.

- **Discussion.**

Major, new and significant observations and findings should be highlighted and discussed. The significance of results compared with similar previous studies is to be included. If a hypothesis was being tested, it is necessary to report whether the hypothesis was supported or rejected. The implications and limitations of the findings, along with their practical implementations, should be reported here. The significance of the study's results should be compared and contrasted with similar, previously published information in this section. It may be helpful to readers to accurately sub-head the section to make clear differentiations between the 'discussion' and the 'literature review'.

- **Conclusion.**

The conclusion contains a brief summary of the major findings of the study, but is not a reiteration of the abstract. Statements which cannot be supported by the information are not to be presented in the manuscript. Do not include new information, nor summarise the manuscript.

- **Footnotes.**

Footnotes may be used to elaborate a point, and in some cases to cite information not normally included in the references at the end of the manuscript. Footnotes may, for example, provide further technical information about computer hardware or software used in a project, which, if included in the body of the text, is confusing to the reader. It is also useful for adding an aside, or valid comment apart from the text. Footnotes should be numerically identified by using superscript roman numerals in the text, with links at the bottom of the page on which the footnote indicator appears.

Professional Practice and Innovation Papers

The Editorial Board of *Health Information Management Journal* suggests the following format as an example of how a Professional Practice and Innovation Paper might be structured:

- **Abstract / Summary**

The summary should be approximately 100 words in length, and summarises the aims, the context (e.g. policy or service context), the case study or practice innovation, what can be learnt from this case, and a brief conclusion.

- **Introduction**

This should state the purpose of the paper. Normally introductions include a short, relevant literature review, including pertinent background information. For example:

- **Context:** (e.g. the policy or service context).
- **Review of literature on similar cases**
- **Discussion of the evidence base**
- **Discussion of the relevant links between research and practice**

- **The case study or innovation**

Discussion of the case study or the initiative.

- **What can be learnt from this case?**

What was learnt or what resulted from this initiative. Observations and outcomes should be highlighted and discussed. It is useful to examine the significance of outcomes compared with similar initiatives, cases or examples.

- **Conclusion**

The conclusion contains a brief summary of the major outcomes of the case study or practice innovation, but is not a reiteration of the abstract. Do not include new information, nor summarise the manuscript.

- **References**

References should be provided for any other case studies or practice innovations referred to in the introduction/review of the literature on similar cases. Typically, the reference list of a Professional Practice and Innovation paper will be relatively short.

- **Footnotes**

Footnotes may be used to elaborate a point, and in some cases to cite information not normally included in the references at the end of the manuscript. Footnotes may, for example, provide further technical information about computer hardware or software used in a project, which, if included in the body of the text, is confusing to the reader. It is also useful for adding an aside, or valid comment apart from the text. Footnotes should be numerically identified by using superscript roman numerals in the text, with links at the bottom of the page on which the footnote indicator appears.

Forum Papers

The Editorial Board of *Health Information Management Journal* suggests the following

format as an example of how a Forum paper might be structured:

- **Abstract / Summary**

The summary should be approximately 100 words in length, and summarises the purpose of the paper, the context (e.g. policy or service context), relevant argument (s), discuss potential outcomes, and concluding thoughts.

- **Introduction**

This should state the purpose of the paper. Normally introductions include a short, relevant literature review, including pertinent background information. For example:

- **Context:** (e.g. situate the issue in the broader context).
- **Review of literature on similar issues /policies**
- **Discussion of the relevant arguments / evidence base**

- **The Issue**

Discussion of the issue or the initiative.

- **What can be learnt from this case?**

For example, what resulted (or might result) from this initiative; what can be learnt? Provide evidence for arguments. Observations and outcomes should be highlighted and discussed. It is useful to examine the significance of outcomes compared with similar initiatives, cases or examples.

- **Conclusion**

The conclusion contains a brief summary of the major outcomes of the case study or practice innovation, but is not a reiteration of the abstract. Do not include new information, nor summarise the manuscript.

- **References**

Discussion of ideas / policies should be carefully referenced. Typically a Forum paper will have a relatively long list of references.

- **Footnotes**

Footnotes may be used to elaborate a point, and in some cases to cite information not normally included in the references at the end of the manuscript. Footnotes may, for example, provide further technical information about computer hardware or software used in a project, which, if included in the body of the text, is confusing to the reader. It is also useful for adding an aside, or valid comment apart from the text. Footnotes should be numerically identified by using superscript roman numerals in the text, with links at the bottom of the page on which the footnote indicator appears.

Qualitative research

Contributors who use qualitative research methods are encouraged to refer to the Critical Appraisal Tools devised by the British NHS Public Health Resource Unit by the Critical Appraisal Skills Programme (CASP). This resource is used by referees to assist the review of such papers. It is available for personal use at http://www.phru.nhs.uk/casp/critical_appraisal_tools.htm

In addition, the following articles provide useful information regarding academic rigour in qualitative research:

- **Mays, N. and Pope, C. (2000).** Qualitative research in health care: assessing quality in qualitative research. *British Medical Journal* 320: 50-52. Available at: <http://bmj.bmjournals.com/cgi/content/full/320/7226/50>
- **Pope, C., Ziebland, S. and Mays, N. (2000).** Qualitative research in health care: analysing qualitative data. *British Medical Journal* 320: 114-116. Available at: <http://bmj.bmjournals.com/cgi/content/full/320/7227/114>
- **Barbour, R.S. (2001).** Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *British Medical Journal* 322: 1115-1117. Available at: <http://bmj.bmjournals.com/cgi/content/full/320/7294/1115>

Submitting a manuscript for peer review

Authors should ensure that they adhere to the following guidelines:

- If possible, research articles and forum papers should contain no more than 5,000 words (this does not include footnotes, endnotes, endnotes or references).
- Professional Practice and Innovation papers may be shorter (not more than 4,000

words).

- Except in exceptional circumstances, no article (whether submitted for peer review or editorial review) should exceed 5,000 words (excluding footnotes, endnotes and references). The Editor may allow greater flexibility in word length for qualitative research papers (see above).
- All pages of main text should be numbered.
- All manuscripts should be submitted in electronic format (email to the Editor: himj@hima.org.au).
- Formatting of the document should be kept to a minimum. Do not try to achieve a 'typeset' look as your formatting commands will be discarded during final typesetting and may interfere with this process.
- A formal covering letter should be included with the manuscript.
- Ensure that the manuscript includes the following *on separate pages*:
 - *Title page*. The title should indicate concisely the purpose of the paper.
 - *Abstract, followed by four key words or key terms*. Abstracts should be approximately 100 words in length, and cover the purpose, method, results, summary of key findings and conclusions. Key words and terms should be selected from the *Index Medicus* Medical Subject Headings list (MeSH): <http://www.nlm.nih.gov/mesh/MBrowser.html>
 - *Author identification page*. Details on this page should include:
 - § Author(s) given names and family name (in bold print), followed by appropriately abbreviated academic qualifications and awards, institutional affiliations and positions and other relevant information. In addition to supplying your relevant abbreviated academic qualifications after you name, please also provide the full title(s) of these qualifications and the institution(s) where they were obtained.
 - § For manuscripts with multiple authors, the author to whom correspondence is to be directed should be identified.
 - § Contact details: telephone numbers and email and postal addresses are to be included, and if the manuscript is submitted by more than one author the lead author should be identified.
 - *Acknowledgements*. Acknowledgments of sources of funding for research projects should be included here. Please note that this information will be published. As acknowledgements could identify the authorship of the paper, they should be written on a separate page

Contributor's checklist for refereed papers

Please ensure that you have:

Included a covering letter with the manuscript	
Removed all headers and footers	
Saved the document in Word format	
Nominated an author to receive correspondence	
Provided title, author details and abstract on separate pages	
Numbered all pages of main text	
Checked all pages have been included	
Asked someone not involved in writing the manuscript to proof read it	
Checked all referencing and ensured that it complies with the Author-Date system	
Included all necessary acknowledgements on a separate page	
Included all necessary permission statements	
Included a 100-word Abstract	
Included at least four key words or terms (selected from MeSH)	
Provided captions for photographs, tables, figures and graphs	
Provided tables, figures and graphics on separate pages	
Removed all jargon from text	
Expressed all acronyms and abbreviations in full at their first iteration	
Checked all diagrams and tables are clearly labelled	

Special guidelines for articles submitted for editorial review

Contributions such as reports, letters and other short communications which do not present original research are not usually subject to blind peer review; they are, however, subject to editorial review by at least three members of the HIMJ Editorial Board. Such articles may be edited to improve the quality of expression and to comply with the Journal's established style. Minor changes, including correcting spelling, grammar and typographical errors, will be made without consultation with authors.

Submitting a manuscript for editorial review

Authors should ensure that they adhere to the following guidelines:

- Manuscripts are to be submitted electronically, saved in Word format, and with any headers and footers. *Do not submit papers in PDF format.*
- Reviews, reports etc. should have a maximum length 5,000 words; letters, 300 words.
- All pages of main text should be numbered.
- Conventional photographs are discouraged because of download time; digital photographs are preferred. Photographs should be clearly identified and captioned. In addition, the subject's permission to publish may be required.
- Formatting of the document should be kept to a minimum. Do not try to achieve a 'typeset' look as your formatting commands will be discarded during final typesetting and may interfere with this process.

Authors should ensure that the manuscript includes the following details:

- *Title*
- *If appropriate, an abstract, followed by four key words or key terms.* Abstracts should be approximately 100 words in length, and summarise the context, key outcomes, recommendations and conclusions drawn from the report. Key words and terms should be selected from the *Index Medicus* Medical Subject Headings list (MeSH): <http://www.nlm.nih.gov/mesh/MBrowser.html>
- *Author(s) given names and family name(s)* (in bold print), followed by appropriately abbreviated academic qualifications and awards, institutional affiliations and positions and other relevant information. In addition to supplying your relevant abbreviated academic qualifications after you name, please also provide the full title(s) of these qualifications and the institution(s) where they were obtained.
- *Corresponding author* in the case of manuscripts with multiple authors.
- *Contact details:* telephone numbers and email and postal addresses are to be included, and if the manuscript is submitted by more than one author the lead author should be identified.
- *Acknowledgements.* Acknowledgments of sources of funding for research projects should be included here. Please note that this information will be published.

Contributor's checklist for papers submitted for editorial review

Please ensure that you have:

Saved the document in Word format	
Nominated an author to receive correspondence	
Started each section of the manuscript on a new page	
Included biographical details for each contributor	
Asked someone not involved in writing the manuscript to proof read it	
Checked all referencing and ensured that it complies with the Author-Date system	
Included all necessary acknowledgements	