Prehospital Emergency Care
Editor’s Report 2016

2016 saw the completion of Volume 20 of Prehospital Emergency Care (PEC). It was a very exciting year for PEC, as the journal went from quarterly to bimonthly publication. The six-issue volume had a record 844 pages. The January/February issue included 156 abstracts which were presented at the 2016 NAEMSP® Annual Scientific Assembly.

In July PEC received its 2015 Impact Factor, which for the first time rose above two to 2.091. PEC is now ranked 6th of the 24 Emergency Medicine journals that are currently rated by the ISI Web of Science (with the sixth highest 5-year Impact Factor in Emergency Medicine). PEC ranked 62/172 in the Public, Environmental, & Occupational Health category. PEC is placed ahead of such well-established journals as Journal of Emergency Medicine, Pediatric Emergency Medicine, Emergency Medicine Clinics of North America, Canadian Journal of Emergency Medicine, Journal of Emergency Nursing, and European Journal of Emergency Medicine.

The ISI Impact Factor system is not the only measure of a journal’s influence. There are other services that rank journals’ impact as well. SCOPUS has an alternative method. Its Scimago system produces an “H-Index”. By this method, PEC ranks 4th out of the 72 emergency medicine journals that are ranked by SCOPUS. We continue to strive to advance in ranking. In order to accomplish this, we will need the continued support of NAEMSP® members via submission of their best work to PEC.

As of this writing, PEC was again on pace to receive a record number of submissions. PEC received 320 submissions in the first 300 days of 2016. The number of manuscripts submitted to PEC has increased every year since its inception. In 2016 we received submissions from forty-three different countries. In terms of peer-review, PEC has an average time to first decision of 18 days. The acceptance rate of papers submitted to PEC in 2016 was 25.6%. This is indicative of the health of the journal quality-wise, as it has become increasingly difficult to get published in PEC.

Additional peer reviewers are always needed. This is especially true in the areas of pediatrics, trauma, education, qualitative research, EMS operations, and air medical services. Those interested should send an email of interest (citing area of expertise with a CV attached) to Dr. Menegazzi at menegazz@pitt.edu.

Some of the highlights of Volume 20 included:

Special Contributions
Guidance Document for the Prehospital Use of Tranexamic Acid in Injured Patients
2015 Pediatric Research Priorities in Prehospital Care
National Prehospital Evidence-Based Guidelines Strategy: A Summary for EMS Stakeholders

Focus Sections
- Focus on Trauma
- Focus on Cardiac Arrest (two)
- Focus on Pediatric EMS (two)
- Focus on Opioid Overdose
- Focus on EMS Transport
- Focus on Pain Management (two)
- Focus on Stroke
- Focus on STEMI
- International EMS (two)
- Education and Practice: A record 19 publications

Position Statement
National Association of EMS Physicians® Position Statement on Emergency Incident Rehabilitation

Case Conferences
There were only four Case Conferences published in this volume of PEC. This is a very nice forum for enabling prehospital providers and junior faculty to get published. We continue to encourage submissions to this section of the journal.

Abstracts
- Abstracts for the 2016 NAEMSP® Scientific Assembly
- NAEMSP® Fellow Education Abstracts – Innovations in EMS Fellow Education