

Canadian Journal of Anesthesia

Journal canadien d'anesthésie

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Editor-in-Chief: Stephan K. W. Schwarz, MD, PhD, FRCPC
Professor & Dr. Jean Templeton Hugill Chair in Anesthesia
The University of British Columbia

Editorial Assistant: Fatima Khan

Department of Anesthesia, St. Paul's Hospital
Third Floor, Providence Building
1081 Burrard Street
Vancouver, B.C. Canada V6Z 1Y6

Tel: +1 (613) 695-7138

E-mail: cja_office@cas.ca

 @CJA_Journal

Editor-in-Chief 2022 Annual Report to the Canadian Anesthesiologists' Society

Overview

The *Canadian Journal of Anesthesia/Journal canadien d'anesthésie* is the official journal of the Canadian Anesthesiologists' Society (CAS) and, since 2017, the Canadian Critical Care Society (CCCS). This is my second annual report as Editor-in-Chief (EIC) of the *Journal*, and, I will summarize herein some of the key points in the *Journal's* progress since the 2021 Annual Report of June 2022. Some of the metrics in this 2022 report reflect 2021 data as, notably, the 2022 Clarivate *Journal Impact Factor* will not be available until after the report is submitted.

Key Data

- Submissions: **1011** (1005 in 2021; 1,335 in 2020)
- Articles published in print in 2022: **206** (*accept* decisions: 240; *accepted and delivered to production* according to Springer Nature: 186)
- Usage: **1,631,929 full-text downloads in 2022** (1,998,386 in 2021; 2,012,119 in 2020; 1,383,971 in 2019)
- **2022 Scopus CiteScore – 8.2** (highest in the *Journal's* history; 2021 – 7.6; 2020 – 6.1; 2019 – 5.3; 2018 – 4.9; 2017 – 4.2; 2016 – 4.3; 2015 – 4.4; rank 8/124 [93rd percentile] in *Anesthesiology and Pain Medicine* [highest in history]; for details and analysis, see page 5)
- **2021 Journal Impact Factor (JIF) – 6.713** (highest in the *Journal's* history; 2020 – 5.063; 2019 – 3.779; 2022 JIF due out in late June 2023); rank 7/34 in *anesthesiology* (surpassed *Anesthesia & Analgesia*); as of 2020, advanced to “Q1” (first quartile) status (for details and analysis, see page 6)
- Overall rejection rate (all submission types): **78%** (2021 – 72%; 2020 – 75%)
- Average time from submission to first decision: **20 days in 2022** (19 days in 2021)
- Average time from submission to final accept decision: **174 days** (associated with work on two extensive Special Issues; 105 days in 2021; 97 days in 2020)



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Usage

The content of the *Journal* is available through direct subscription to all CCCS and CAS members. The *Journal* continues to be accessed by a large number of other users, including thousands of institutions/consortia with online deals or Transformative Agreements/Compact Deals. In 2022, the *Journal* averaged nearly 135,000 full-text article downloads per month. In terms of full-text article requests by geography, 90% of requests originated from outside Canada in 2022. Twenty-six per cent of requests each came from the United States and Asia-Pacific countries, respectively, and 21% from Europe. These data continue to reflect the growing international status and scope of the *Journal*.

Production and Editorial Content

There were 206 articles published in print and 240 *accept* decisions rendered in 2022. According to the *Journal*'s publisher, Springer Nature, 186 were accepted and delivered to production according to: The editors remained highly selective in 2022 in regard to choosing which articles were published according to their novelty, scientific merit, overall importance, and adherence to the *Journal*'s study registration policy introduced in February 2021. Each issue contains, on average, 1–3 Editorials, 5–7 Reports of Original Investigations, 1–2 Review articles, occasional Case Reports (rarely published in the *Journal* anymore), Reflections, Continuing Professional Development modules (3–4 per year), Correspondence items, and Book Reviews.

Critical Care submissions and content Approximately 10% of the *Journal*'s 2022 submissions (10/1,011) were related to critical care-themed content (2021, 10%; 2020, 8%; 2019, 5%). In terms of content, an unprecedented number of 40 “Accept” decisions were rendered for Critical Care submissions in 2022; many of these were related to the *Journal*'s first Special Themed Issue related to a Critical Care topic (cf. above and below). Nine Critical Care articles appeared in 2022 print issues, and five were published “Online First.”

Special Editorial Activities

In addition to the daily operation of the *Journal*, 2022 again was filled with a long list of special editorial activities and initiatives, briefly summarized below and discussed in more detail below:

- Editorial Board renewal & expansion
 - Focus on goal of gender equity and advances in the area of Equity, Diversity, and Inclusion (EDI)
 - Critical Care expansion
 - Renewal of Continuing Professional Development (CPD) portfolio; search and appointment of new CPD Editor
- Planning and publication of Special Themed and Special Focus Issues
 - August 2022—Postoperative Opioid Analgesia
 - March 2023—Focus on Green Anesthesia
 - April 2023—Defining and Determining Death in Canada (Open Access) (CCCS/Canadian Blood Services/Health Canada/CMA)
 - June 2023—EDI in Anesthesiology and Critical Care in Canada
 - August 2023—Focus on Gastric Ultrasound
 - 2024 pipeline: Regional Anesthesia; Critical Care



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- Initiation of process and implementation of standard operating procedures to improve publisher's copyediting and typesetting quality issues
- *Guide for Authors* renewal (process underway; current guide published 2011)
- Visual appearance/design/layout/typography renewal (process underway)

Editorial Board Renewal & Expansion

As indicated above, considerable efforts were dedicated to the evolution, expansion, and renewal of the Editorial Board. An important goal was and is to make progress in the area of EDI, and in particular, the proportion of women on the Board.

As outlined in my inaugural Editorial as Editor-in-Chief in the January 2021 issue of the *Journal*, a key editorial priority is to make further advances in the area of EDI. I am pleased to report that considerable progress has been made in this regard in the last two-and-a-half years. The *Journal* now has an editorial position dedicated to the EDI portfolio, and another one dedicated to Global Health and Sustainability. The *Journal* also now features a dedicated online Topical Collection of articles that speak to EDI. With the June 2023 print issue, the *Journal's* collective EDI-related initiatives come to fruition with the publication of an entire *Special Issue on EDI in Anesthesiology and Critical Care* (see below).

Regarding the topic of gender equ(al)ity, previous articles and a 2019 feature Editorial by Drs Mottiar and McVicar in the *Journal* have spoken to the lack thereof within the Canadian anesthesiology community. Drs Lorello and Flexman reported in 2019 on the historical underrepresentation of women in the leadership of the Canadian Anesthesiologists' Society throughout its first 75 years. This issue was reflected at the level of the *Journal*, where women historically were underrepresented on the Editorial Board. More pointedly (and, from my point of view, unfathomably)—there were no women on the Board before 1996.

I take the opportunity afforded by this Annual Report to officially announce a historical milestone: as of the September 2022 issue of the (currently 22) members of the *Journal's* Editorial Board-at-large, **50% (11) are now women.**

While there still remains important work to be done (and is ongoing) on this file, it additionally is noteworthy that the same overall percentage applies to the number of Editorial Board Members who are people of colour/non-Caucasian/non-White. Our Editorial Board Members also represent geographical diversity; within Canada, there is representation from British Columbia to Newfoundland and Labrador, and from both anglophone and francophone Canada. Outside the Americas, the Board includes members from Europe, Asia, and Africa. Important work that remains to be done relates to indigenous representation.

Another strategic priority was the further expansion of Critical Care representation on the Editorial Board. With the latest appointment of *Dr. Kimia Honarmand* from Western University, the *Journal* now has two dedicated Critical Care Associate Editors and three dedicated Critical Care Editorial Board members, in addition to two international anesthesiologists-intensivists.



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A final area of Editorial Board renewal has been the *Journal's* and CAS' joint CPD portfolio; this initiative included the search and appointment of a new CPD Editor. After receipt of numerous outstanding applications and a difficult selection process, I am delighted to announce that *Dr. Kathryn Sparrow* from Memorial University is the new holder of this important position.

Planning and Publication of Special Themed and Special Focus Issues

Another ongoing area of focus and considerable editorial efforts has been the planning and publication of Special Themed and Special Focus Issues that speak to priority topics of widespread interest and importance. As summarized above, these include the following: August 2022—Postoperative Opioid Analgesia; March 2023—Green Anesthesia; April 2023—Defining and Determining Death in Canada; June 2023—EDI in Anesthesiology and Critical Care in Canada; and August 2023—Focus Gastric Ultrasound. Work has commenced for 2024 Special Themed Issues on Regional Anesthesia as well as Critical Care. Of the above-referenced Special Themed and Special Focus Issues, the below provides additional detail on two:

Defining and Determining Death in Canada

This eponymous April 2023 Special Issue was easily the most ambitious project in the *Journal's* long publishing history since 1954. The *Journal's* first dedicated Critical Care Special Issue and result of a dedicated partnership between the CCCS, Canadian Blood Services, and the Canadian Medical Association, and with funding from Health Canada, at the Special Issue's centre is a new *Canadian Clinical Practice Guideline on a brain-based definition of death* and criteria for its determination after arrest of circulation or neurologic function. Widely endorsed by Canadian medical and scholarly societies and bodies, this Clinical Practice Guideline appeared alongside over 25 accompanying articles that are “Open Access” and reflect a wide and inclusive spectrum of authors, different manuscript types, and associated topics. The former range from critical care physicians (adult and pediatric), critical care nurses, and neurologists, to radiologists, anesthesiologists, methodologists, ethicists, lawyers, legal scholars, and, importantly, patient family as well as public partners. Regarding the latter, in addition to the Guideline and two other Special Articles, there are numerous Editorials, Reflections, systematic and narrative Review Articles, and Reports of Original Investigation that speak to a broad range of ancillary topics; the total number of articles was 28. For the project led by *Dr. Sam Shemie* from McGill University, we invited five leading international experts as Guest Editors—Drs *James Bernat* from the Geisel School of Medicine at Dartmouth, *Dale Gardiner* from Nottingham University Hospitals NHS Trust, *David Greer* from Boston University, *Maureen Meade* from McMaster University, and *Helen Opdam* from the University of Melbourne.

Equity, Diversity, and Inclusion in Anesthesiology and Critical Care in Canada

This seminal Special Issue (June 2023) was led by two formidable Guest Editors and Canadian EDI advocates—*Dr. Alana Flexman* from UBC to represent anesthesiology and *Dr. Geeta Mehta* from the University of Toronto to represent critical care. The *Journal* had a tremendous response to the call for submissions, and the final issue contains a total of 30 articles that reflect a wide range of manuscript types and EDI-related topics, both from Canada and around the world. As noted by Drs Flexman and Mehta in their opening Editorial, “the ‘finished product’ has become a rich collection of stories, perspectives, research articles, and solutions for change,” and also “highlights areas where urgent change is needed—across research, education, and clinical care.”



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CiteScore Analysis



Improved CiteScore methodology

CiteScore 2022 counts the citations received in 2019-2022 to articles, reviews, conference papers, book chapters and data papers published in 2019-2022, and divides this by the number of publications published in 2019-2022. [Learn more >](#)

CiteScore 2022

$$8.2 = \frac{3,984 \text{ Citations 2019 - 2022}}{485 \text{ Documents 2019 - 2022}}$$

Calculated on 05 May, 2023

CiteScoreTracker 2023

$$7.9 = \frac{3,270 \text{ Citations to date}}{412 \text{ Documents to date}}$$

Last updated on 05 May, 2023 • Updated monthly

CiteScore rank 2022

Category Rank Percentile

Medicine

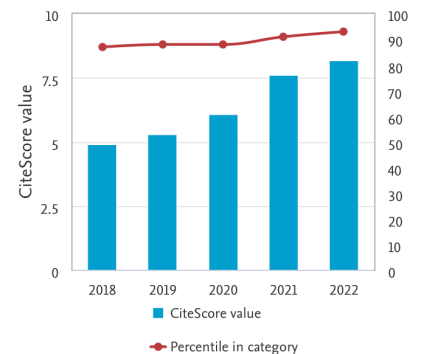
Anesthesiology and Pain Medicine #8/124 93rd

CiteScore rank 2022

In category: Anesthesiology and Pain Medicine

Rank	Source title	CiteScore 2022	Percentile
#1	Anaesthesia	18.8	99th percentile
#2	British Journal of Anaesthesia	14.9	98th percentile
#3	Pain	12.5	97th percentile
#4	Journal of Headache and Pain	11.6	97th percentile
#5	Anesthesiology	9.6	96th percentile
#6	Seminars in Arthritis and Rheumatism	9.1	95th percentile
#7	Anesthesia and Analgesia	8.7	94th percentile
#8	Canadian Journal of Anaesthesia	8.2	93rd percentile
#9	Journal of Pain	7.9	93rd percentile
#10	Korean Journal of Anesthesiology	7.8	92nd percentile
#11	Best Practice and Research in Clinical Anaesthesiology	7.8	91st percentile
#12	Critical care and resuscitation : journal of the Australasian Academy of Critical Care Medicine.	7.6	90th percentile
#13	Regional Anesthesia and Pain Medicine	7.6	89th percentile

CiteScore trend



Source: Scopus CiteScore (Elsevier)

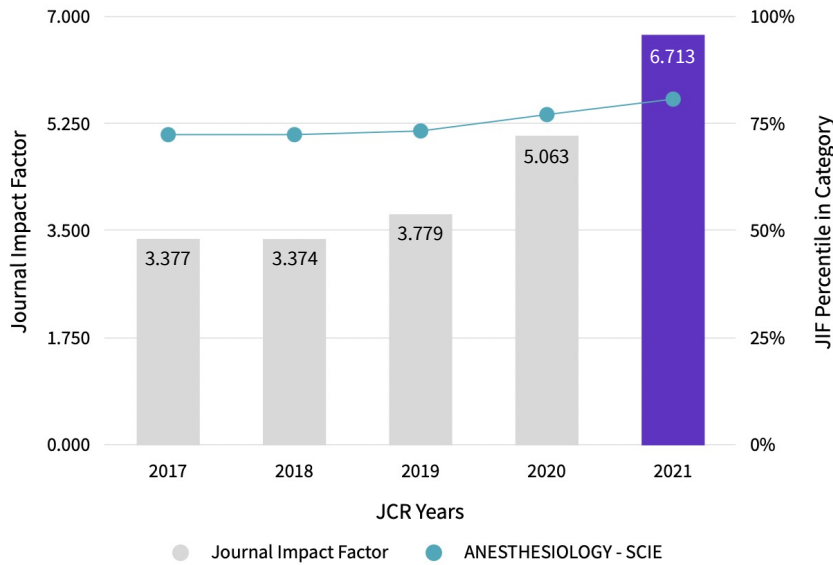


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Journal Impact Factor Analysis



EDITION
Science Citation Index Expanded (SCIE)

CATEGORY
ANESTHESIOLOGY
7/34

JCR YEAR	JIF RANK	JIF QUARTILE	JIF PERCENTILE
2021	7/34	Q1	80.88
2020	8/33	Q1	77.27
2019	9/32	Q2	73.44
2018	9/31	Q2	72.58
2017	9/31	Q2	72.58

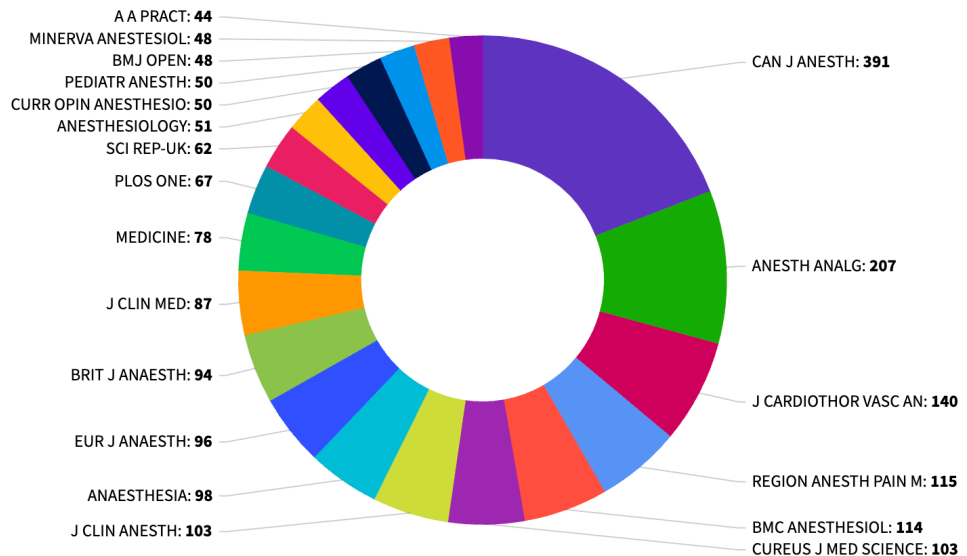
[Citations 2021/
Publications 2019–20]

Journal Citation Relationships

Cited Data

Citing Data

Top 20 journals citing CAN J ANESTH by number of citations



Source: Clarivate Journal Citation Reports



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Contributions by organizations [Export](#)

Organizations that have contributed the most papers to the journal in the most recent three-year period. [Learn more](#)

RANK	ORGANIZATION	COUNT
1	UNIVERSITY OF TORONTO	187
2	UNIVERSITY OF OTTAWA	117
3	UNIVERSITY OF BRITISH COLUMBIA	80
4	MCMASTER UNIVERSITY	74
5	DALHOUSIE UNIVERSITY	62
6	WESTERN UNIVERSITY (UNIVERSITY OF WESTERN ONTARIO)	59
7	UNIVERSITE DE MONTREAL	55
8	MCGILL UNIVERSITY	52
9	UNIVERSITY HEALTH NETWORK TORONTO	50

Contributions by country/region [Export](#)

Countries or Regions that have contributed the most papers to the journal in the most recent three-year period. [Learn more](#)

RANK	COUNTRY / REGION	COUNT
1	Canada	607
2	USA	187
3	England	38
4	Australia	29
-	India	29
6	France	28
7	Japan	19
8	CHINA MAINLAND	18
-	Switzerland	18
10	GERMANY (FED REP GER)	16

Source: Clarivate Journal Citation Reports

Other Non-Impact Factor Metrics

In addition to traditional metrics (e.g., impact factor), journals and their content are also evaluated according to alternative metrics – or so-called Altmetrics. Our publisher uses *Altmetric* to measure attention to our articles. Altmetrics are an aggregate of multiple data sources derived mostly from news stories, tweets, Facebook pages, blog posts, and Mendeley readers. *Altmetric* measures immediacy and attention for the article as well as non-academic engagement. The *Journal* recognizes the opportunity to share interesting and exceptional articles via social media.

Updates to the Journal's online presence

The *Journal's* online content and other social media presence continues to evolve with *Dr. Ron George* serving as *Associate Editor, Social Media*. Social media platforms, such as *Twitter* and *Instagram* are social utilities, providing meaningful professional and social benefits. To take advantage of these benefits, the *Journal* must be part of the conversation. The modern approach to staying informed and disseminating valuable anesthesia content includes engagement in social media. This medium has become an accepted venue for discussion among physicians, researchers, and professional groups including patients. In 2022, the *Journal* received 4,999 Twitter mentions from 113 countries. The official CJA Twitter channel, *@CJA_Journal*, now has 15,100 followers.

In closing, it has been a tremendous privilege and honour to serve the *Journal* as Editor-in-Chief in 2022, and I look forward to the exciting developments moving forward.

Respectfully submitted,



Stephan K. W. Schwarz, MD, PhD, FRCPC

Editor-in-Chief

June 2023



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