

Book Reviews

Health Care Quality Management for the 21st Century

James B. Couch, editor

American College of Physician Executives, Tampa, FL, 1991, 494 pp., \$65 (members), \$75 (nonmembers)

BECAUSE TOTAL QUALITY MANAGEMENT (TQM) is an increasingly important means for ensuring healthcare quality, we have evaluated this book in terms of its value for understanding TQM processes, rather than traditional quality assessment functions. Quality managers will find exciting the glimpses into the future of quality assessment methods, measurement techniques, and the useful-

ness of quality information, as well as the transition from traditional quality assessment to TQM.

Gaining leaders' commitment is vital to the success of a TQM program, but the authors do not thoroughly discuss this point. Readers would benefit from a more complete discussion of leaders' roles and the usefulness of TQM results.

We believe TQM can provide a strategic advantage to healthcare providers. Focusing on the customer is a key component of TQM that is not an essential element of traditional quality measurement approaches. The authors describe well methods for evaluating customer needs against actual delivery modes.

Strategic planning using TQM results has not yet blossomed to full usefulness. Several chapters detail the uses of TQM results for planning but do not elaborate

on practical approaches for using them. The authors do provide insight on gathering process details that can enhance the effectiveness and efficiency of care delivery. The methods they propose, however, can be costly.

An essential element of TQM processes is the empowerment of employees to solve problems. The authors do not discuss how to structure the environment to involve employees in problem solving.

The authors provide a lot of information on the usefulness of statistics and benchmarking. They do not explain, however, how to develop and use statistical sources in quality management nor statistical display techniques.

The book contains a good discussion of the methods necessary to support outcomes management to meet regulators' demands. Unfortunately, it lacks infor-

BOOK BRIEFS

The Complete Care Plan Manual for Long-Term Care

Connie S. March, American Hospital Publishing, Chicago, 1992, 123 pp., \$37.95 (AHA members, \$29.95) (paperback)

The manual's stated purpose is to give long-term care providers a flexible tool for "developing resident care plans that maximize the use of staff time, ensure the quality of individualized care, and meet regulatory requirements." The manual is organized around 18 areas that address functional abilities residents require for everyday living and critical clinical conditions, such as communication, behavioral problems, and nutritional status. For each area, the manual guides care planners through the steps of articulating the problems and the resident's needs, identifying etiologies that need to be addressed, setting measurable goals, and planning approaches to meeting the identified goals.

AIDS Health Services at the Crossroads: Lessons for Community Care

Victoria D. Weisfeld, editor, Robert Wood Johnson Foundation, Princeton, NJ, 1991, 134 pp., free (paperback)

As pointed out in a preface by June Osborne, chair of the National Commission on AIDS, "This book tells the story of nine projects in 11 cities across the United States and how they have tried to meet the challenge of AIDS." Case studies highlight discussions of everything from recognizing the need, to case management, to strategies for project financing.

BOOKS RECEIVED

Healing the Journey: The Simonton Center Program for Achieving Physical, Mental, and Spiritual Health, O. Carl Simonton and Reid Henson, Bantam Books, New York City, 1992

How to Find Information about AIDS, 2d ed., Jeffrey T. Huber, ed., Harrington Park Press, Binghamton, NY, 1992

New Techniques of Inner Healing: Conversations with Contemporary Masters of Alternative Healing, D. Scott Rogo, Paragon House, New York City, 1992

Sexual Concerns When Illness or Disability Strikes, Carol L. Sandowski, Charles C Thomas, Springfield, IL, 1989

The Spirituality of Imperfection: Modern Wisdom from Classic Stories, Ernest Kurtz and Katherine Ketcham, Bantam Books, New York City, 1992

Write What's Wrong: Using Handwriting to Reveal Hidden Health Problems, Claude Santoy, Paragon House, New York City, 1992

An integral function of our care givers' role is to support and comfort.

mation on building relationships with suppliers, an important aspect of TQM.

Discussion of medical decision making and care-effectiveness evaluation would have enhanced the book's usefulness for healthcare purchasers. The authors do outline processes needed for the development of formal, data-sharing relationships between providers and purchasers of care.

Because this book does not provide practical approaches for implementing quality management, healthcare administrators may find it too theoretical. The details it provides about sophisticated scientific approaches for quality assessment and measurement may be helpful to some managers, however.

Students may find the details about future directions overwhelming, but the book is a useful reference for students interested in the quality management profession.

For researchers seeking information on futuristic quality systems currently being developed, this text is ideal.

In general, *Health Care Quality Management for the 21st Century* provides a comprehensive discussion of the various traditional and futuristic quality management, assessment, and improvement methods. Some chapters contain significant detail, while others (e.g., the one on ambulatory care) give little information about past successes, current methods, or future approaches under development. Because different writers authored each chapter, some overlap and are redundant.

Quality professionals, policy developers, or researchers whose interest lies in macro-level quality improvement will find the book useful. As a how-to text for the student or quality professional seeking guidance in implementing quality management, the book is of little value.

Karen K. Niemi
Director, Utilization Management

Lilia Kulmaczewski
Director, Quality Management
Franciscan Health System
Aston, PA

As I discussed Lynn's health with them during the next few days, Lynn, her husband, and her family inspired me. They perceived the diabetes as a challenge for them to express their love and support for one another, to confirm their belief in the gift of life, and to identify a sense of purpose and peace irrespective of the circumstances. I know frustrations with diabetes will continue for Lynn and her family, but I am convinced that, although not monetarily rich, Lynn is wealthy in terms of positive attitude and motivation.

FINDING JOY AND MEANING IN DEATH

"Caroline" was a 37-year-old mother from a small rural community. She had two daughters, aged 8 and 13. At age 32 Caroline had had a mastectomy. At that time several surrounding nodes were resected and found to be malignant. Numerous courses of radiation and chemotherapy followed the initial diagnosis. Since then she had been hospitalized 20 times as the cancer metastasized to her skin, liver, lungs, spine, hips, peritoneum, and paranasal sinuses. Caroline also experienced secondary problems: anemia, hypertension, recurrent pleural effusions, diabetes, massive abdominal ascites, jaundice, and cachexia.

Having recently become a nurse, I found caring for a patient facing death at the end of a meaningful life a new experience. Moreover, caring for a mother who was dying in the prime of her life was overwhelming. I distinctly remember wanting to avoid Caroline's room and distance myself emotionally from her. It became a privilege, however, to be part of Caroline's life during her last eight months as I witnessed the incredible personal strength that her faith provided.

Caroline reframed mundane daily occurrences with an attitude of thankfulness as she so gently influenced the perspectives of those who cared for

her. Her communication was devoid of the facades and pretenses commonly encountered in daily life: She expressed anger, cried, discussed her fears, and made plans. Caroline had long discussions with her priest and her husband in which she tried to help her husband accept her death and prepare for a life without her.

Caroline continually nurtured her children during their frequent visits to the hospital. As the cancer ravaged one body site after another and time became fleeting, Caroline began the difficult challenge not only of saying good-bye to her daughters, but of teaching them to become more independent in their self-care and the day-by-day maintenance of their home.

I, like most people, desire happy endings. Caroline's untimely death could never be construed as happy, but we all felt a sense of joy and tremendous meaning as she died with her loved ones at her bedside. I know that Caroline felt support in her suffering and peace in coping with reality as she said the final farewell.

SHARING CRITICAL MOMENTS

Working with patients like Lynn and Caroline can strengthen the nurse's internal reserves in caring for others. Not all patients can cope with illness or death so serenely. They may not possess the necessary internal strength, or they may lack the support that loved ones can provide. The nurse has an essential role in helping these patients deal with the important issues they face.

Regardless of the situation, an integral function of our care givers' role is to support and comfort. I hope we all have had the opportunity to care for persons such as Lynn and Caroline in our practice. Sharing critical moments with people who are hurting and allowing ourselves to feel with them empowers us to complement their own healing process and witness the human spirit. □