Total Quality in Healthcare: From Theory to Practice
Ellen J. Gaucher and Richard J. Coffey
Jossey-Bass, San Francisco, 1993, 615 pp., $44.95 (hardback)

This book serves as a "how-to" guide for healthcare organizations as they attempt to unfold their various quality processes. It has helpful information for executives, managers, planners, quality assurance professionals, quality facilitators and team leaders, department directors, and clinical and medical staffs.

The book is simply and concisely laid out in an easily understood organizational flow. Throughout, bold "action steps" highlight ways readers can implement ideas from the book in their own programs. These "action steps" are provided in composite form in Appendix B. Additionally, Appendix A contains a practical self-assessment tool that can serve as a beginning framework for gauging one's current quality program. And a case study illustrates the practical applications of the book's guidelines.

The book contains 16 chapters in four parts. Part one, on setting the stage for a total quality management (TQM) program, provides a discussion on why such a program should be implemented, a basic explanation of TQM, an excellent discussion of the integration of TQM with traditional quality assurance activities, and finally a chapter on the integration of TQM with other initiatives, such as guest relations programs, strategic planning initiatives, and cost-reduction activities.

Part two addresses the actual creation of a TQM culture, with chapters on organization and leadership, the organizational culture, physician involvement, teamwork, education and training, and the development of rewards and recognition for continued success of a TQM program. The chapter on physician involvement is particularly valuable. It provides an insightful overview of challenges that physicians encounter as they are approached for participation in the quality improvement process and speaks directly to those who work with medical staff leaders and with physicians themselves.

Part three covers more detailed analytical methods for TQM. The four chapters in this part describe implementation of TQM actions in daily operations,

FRAMEWORK FOR MARKET-BASED HOSPITAL PRICING DECISIONS
Shahram Heshmat, Haworth Press, Binghamton, NY, 1993, 162 pp., $32.95 (hardback), $25.95 (paperback)

This guide provides detailed information on critical factors that must be considered when making market-based pricing decisions. Topics discussed include the latest trends of hospital competition, full cost determination and other relevant methods of cost analysis, the demand for hospital services and the intensity of market competition, and tips on alternative pricing tactics and decisions.

ESSentials FOR CHAPLAINS

This collection of 10 chapters contains pastoral care information on an array of current topics, as well as suggested readings. Contributors familiar with the topic area and the demands of modern chaplaincy write on burnout, sexual abuse of children, anger, grief, guilt and shame, the elderly, confrontation, anxiety, crisis intervention, and women's issues.

MANAGED CARE DESK REFERENCE: THE COMPLETE GUIDE TO TERMINOLOGY AND RESOURCES (1994 EDITION)
Marianne F. Fazen, HCS Publications, Dallas, 1994, 336 pp., $65 (paperback)

An industry-wide reference guide, this resource provides a comprehensive glossary of terms, acronyms, and jargon associated with managed care. More than 1,200 context-based definitions, with extensive cross-referencing, are given. In addition, a section on information resources includes directories of organizations, agencies, and associations in managed care development, delivery, management, accreditation, review, policy formulation, and research.

BOOKS RECEIVED


Medical Ethics: Sources of Catholic Teachings, 2d ed., Kevin D. O'Rourke and Philip Boyle, Georgetown University Press, Washington, DC, 1993


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quality improvement methods, a case study of quality improvement, and finally advanced applications of TQM. The chapter on quality improvement methods details the various flow chart and diagramming processes covered by many books and articles on the subject. Of exceptional value, the last chapter addresses several activities related to TQM, such as total quality networking, just-in-time integrated systems, benchmarking, critical pathways, quality function deployment, and Hoshin planning.

This chapter was especially helpful in identifying specific problems with TQM, as was "Beyond the Glitter," one of two chapters in part four (the other being a conclusion). The candor with which these problems are identified and addressed makes Total Quality in Healthcare more practical.

I was disappointed, however, by the lack of a frank discussion on physician-developed practice parameters (also known as clinical practice guidelines). The medical staff's traditional quality management activity can serve as a foundation on which to build their involvement in the TQM process. This involvement is facilitated by integrating the development of clinical practice guidelines with case management, benchmarking, and several other activities related to TQM. However, this was the only glaring omission I found.

In conclusion, this book's value for its intended audience would be 8, on a scale of 1 to 10. The book is practical, is easy to understand and read, and touches on each of the key components of a TQM program. The chapter on "Advanced Applications of TQM" would be particularly informative for the advanced professional, whereas the discussion on the integration of TQM and quality assurance would help the beginning quality professional overcome many natural barriers that exist.

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ment the work force reduction in accord with the values espoused there. Respect for employees and managers alike can be evidenced if the plan for downsizing demonstrates a strategic direction. When decisions are directed toward goals that are well thought out and clearly communicated, managers present themselves as responsible. A well-thought-out plan is important to employees as well, for it could help avoid the trauma of a second wave of layoffs or the need to try to rehire those employees recently laid off.

Fairness is essential to carrying out the process of downsizing. Managers should try to reduce the depth of cuts by looking at normal attrition rates and providing opportunities for early retirement. They should show sensitivity and respect by offering outplacement services and just severance arrangements. Although downsizing is happening with more frequency, it is not routine, and training for managers can be beneficial.

Good Business Sense
Ethical reflection involves being aware of issues and their ramifications, including their impact on the institution and the legitimate stakeholders involved. Corporate ethics and management ethics begin with the recognition that decisions ought to be value driven. Leaders and managers must ensure that the decisions made within Catholic healthcare organizations reflect an ethical integrity.

Safeguarding the legitimate concerns of the employees as stakeholders in the healthcare organization's decisions is another way of serving the common good. Moral integrity and fairness make good business sense. They enhance the organization's reputation with employees and patients. In the long run, organizations that do good will also do well.