
This text is devoted to assessing and measuring the care of process and is divided into three main sections. These are (1) overview (3 chapters); (2) a summary of each instrument for measuring care (16 chapters); and (3) a large appendix devoted to master matrix blueprints for measuring care also is included.

The intense and persistent interest in measuring care can be noted in the 16 somewhat different approaches. In all probability it is unlikely that all scales will produce in a full way all the desirable results as long as there is not a uniform entry level similar to all the other health professions. Selective perceptions and predispositions to act are based on one’s knowledge base. Thus each different type of registered nurse will perform differently and errors of commission as well as errors of omission will vary significantly, as will constructive actions.

When nurse assistants and licensed practical nurses are part of the care process, there is a further confounding of quality outcomes. All scales will be problematic in trying to monitor this very diverse staffing reality. The difference in the specific needs between the various specialties of care is another major variable when constructing measurement issues. The rapid input of new technologies also will play its role in the care process because of the steady change that is generated. No one can use knowledge he or she does not have. In the wide spread of knowledge between nurse groupings, it may be difficult to have an accurate tool that can manage this diversity over the large number of varying sizes as well as resources of hospitals.

This book contains an excellent explanation of all major measuring instruments. Given this broad and scientific approach, all nurses can gain insight into a reliable basis for constructive action with patients. With books of this type nurses may understand, in a more precise way, how their individual actions abet or hinder patient care.


A sentinel event is defined, in this text, as an unexpected occurrence involving death or serious physical or psychological injury. It requires immediate attention because it is an unexpected variation in the care process.

The sentinel events in this book are classified into nine main areas: (1) preventing operative and postoperative errors and
complications, (2) preventing medication errors, (3) preventing transfusion errors, (4) preventing falls, (5) preventing infant abductions and release to wrong families; (6) preventing serious injury or death in physical restraints, (7) preventing obvious injury or death after elopement; (8) preventing suicide, (9) preventing treatment delays, and (10) concluding comments. There are six contributors, of which four are nurses, one a pharmacist, and one a physician.

Each concept has sufficient space devoted to it so that it can be discussed thoroughly and visualized clearly. The root causes for each type of sentinel event are examined carefully and explained and illustrated by clear and vivid examples, as are the tactics of prevention. Nurses, at all levels of care from those in top administration positions to new graduates, need to have a clear understanding of how to prevent and mitigate drastic occurrences that may take place if the staff does not have an understanding of sentinel events in mind when caring for patients. Personal embarrassment for all types of providers can be reduced enormously by application of the principles stated in this text. The unpredictability of patient behavior probably always will be present; however, effective coping can be realized by following the contents of books such as this one.


This extensive and scholarly text is designed to fully explain the philosophical position on health care that is taken by Catholicism compared with other religions. The various and sundry issues are examined closely and the position of the church is clearly and specifically stated so as to enable all practitioners, who are Catholic, to be fully informed. There are 26 contributors with varying backgrounds. Two of these are registered nurses. In the rich appendix are articles by three popes: the Prolongation of Life by Pope Pius XII (1965), Humanae Vitae on the Regulation of Births by Pope Paul VI (1968), and Evangelism Vitae; The Gospel of Life by Pope John Paul II (1995). Five of the articles in the appendix are statements by the congregation for the doctrine of faith that were issued at various times, each covering an aspect of care based on Catholic conclusions.

The text has six sections: Foundational Principles (3 chapters); Process Topics (3 chapters); Beginning of Life Issues (5 chapters); End of Life Issues (8 chapters); Selected Clinical Issues (5 Chapters); and Institutional Issues (6 chapters). The goal of the text is to try to specifically keep in pace with the rapid and continuing developments in health care occurring in an increasingly complex and ever-changing society. Catholic care givers are confronted with this state of affairs daily and have to be diligent in their adherence to their religious orientation. The position of the Church on the issues involving health care must be clear and understandable to its membership.

Because there are a fairly large number of Catholic health care facilities in which not all the patients nor all the staff are Catholic, there are issues that need constant attention. These will foment tension unless the staff and patients have a clear understanding of the philosophical viewpoints that are conveyed by scholarly efforts such as the one communicated by this and similar texts.

This text will enable all the health practitioners who are Catholic to function in accord with their religious viewpoint. It also will enable non-Catholics to be keenly aware of why there may be variations from Jewish, Protestant, and secular care institutions so that any and all variations in philosophy can be understood.

Given the fairly large population of Roman Catholic citizens in this country the contents of this text enables understanding rather than confrontation. Hence it is helpful in minimizing stress on patients, as well as care givers, to be familiar with the contents of this book.

This text has seven chapters to describe the origin and development of primary nursing: (1) the deprofessionalization of nursing; (2) the twenties, thirties, forties, fifties, and sixties; (3) elements of primary nursing; (4) the implementation of primary nursing; (5) management and primary nursing; (6) practice implications; and (7) primary nursing: a turning point. There are two appendices and five forwards by different nurses.

The text goes into the detail required to enable nurses to grasp clearly this type of care and its substantial value to patients. Primary nursing facilitates physician-nurse communication and collaboration. Thus the shared insights into each patient’s illness, with its unique variations, can serve as a catalyst for better recovery to a healthier state. Random pairing of nurses and physicians on daily rounds to make patient care decisions may lead to inevitable omissions in care and slow down the positive progress of each patient.

The organizational structure is a major factor as to how everyone behaves when functioning. A structure that decreases the errors of omission is valuable in reducing the length of stay and its growing high costs. Nurses need to create structures of care that enable their clinical skills to be used most effectively and their contribution to care recognized by physicians and other team monitors. All nurses should understand how structural arrangements modify, in positive or negative ways, the use of their clinical competence.


This book has been written to be of assistance to nurses to enable them to meet the demands of the constantly changing patient care services by having the needed knowledge for the adaptive change that is required. The book is organized around four major management functions: (1) planning, (2) organization, (3) direction or leading, and (4) controlling or evaluating. There are 29 lengthy chapters, each focused on a very essential element of management. In addition to the authors there are six other contributing nurses.

Each chapter, starting with critical thinking and ending with a chapter on pay-for-performance, delves deeply but clearly to evoke the proper response from nursing staff to the steady rush of expanding science that results in rapid obsolescence of patterns of care. The moral obligations to patient care can be kept in a reasonable fashion. Just the increasing flood of new technology is forcing change, as is the expanding preparation of all the other members of the health care team. It probably is true that everyone is approaching a state of obsolescence when contrasting the knowledge each person with the exponential increase of all the sciences—physical and behavioral—with what of each clinician possesses. Just having a few courses in management will not suffice because these also can be obsolete. Having insight into how to make rapid changes remain useful and viable is the basis for career thinking and doing at all management levels. The management problems are enhanced in the nursing division because all the other clinical professions are steadily enhancing their respective preparations at a much higher level than are registered nurses. Thus the management of nursing is made more difficult by this knowledge gap.

Reading and studying texts on management should not be limited to those in management positions. All those who aspire to a career also need this knowledge to begin to formulate their respective careers and to accelerate their progress to career status. Management is an applied science in the same mode as clinical sciences is an applied science. Both require a constant grasp of new knowledge in or order to function successfully. All the clinical
professions must force this as an ethical as well as professional obligation.


This text is written by a female physician whose father also is a physician. As a young child she sat in his office and observed patients being diagnosed and treated. As a teenager she made house calls with her father. Thus she grew up in an environment of care. This background, in addition to her medical preparation, gave her deep insights into the role of physicians as well as the structure of care in this country.

In the 23 chapters in this text, she clearly spells out how the for-profit system run by HMOs and other insurance types inhibits the care of patients and gives large sums to non-providers. She presents a model that would reduce costs and benefit patients by a fee for service design that would focus on care as a dynamic right of patients.

She notes that medical care has gone from being focused on healing, health, and welfare to being a business concerned more with economics. She envisions this as a Greek tragedy. She proposes a model that completely eliminates the presently costly system by a fee-for-service model that reduces costs dramatically and also provides for the services of other types of health professionals.

This penetrating analysis of how patients are lost in a sea of economics, instead of an ocean of care, should stimulate the readers to consider how to move steadily in this direction and to be of strong assistance in the reformulation process that may occur. This is the only major country that has a for-profit system with a concurrent reduction in care. All other models are there for us to study and emulate their best characteristics.