

## BOOK REVIEWS

**The Healthcare Quality Handbook: A Professional Resource and Study Guide. 15th Annual Edition.** Janet A Brown. (Pp 800; \$125 for NAHQ members, \$140 for non-members, yearly updates available for additional fee). California: Managed Care Consultants, 2000. (Also available through the National Association for Healthcare Quality (NAHQ), P O Box 3781, Oakbrook, Illinois 60522, USA.)

Revised yearly since 1986, this is an 800 page loose leaf handbook in a ring binder and is used by some readers to prepare for the International Certified Professional in Healthcare Quality (CPHQ) examination of the Healthcare Quality Certification Board which is associated with the National Association for Health Quality (NAHQ).

Imagine a classmate of yours known for taking meticulous notes for all her classes and homework. Imagine that she kept such notes for the equivalent of a master's degree in health care quality and she kept reading and updating these notes for 15 years. This may give you an idea of what Janet Brown has written. The result is a book too heavy to hold in your hands for long. There are lots of definitions, lists, and bullet points summarising the literature. These references are cited. Brown's outline approach allows a lot of densely packed information to be included; there are proportionally few full paragraphs. Three hundred and fifty multiple choice questions are included to test your knowledge and prepare for the CPHQ examination.

About 20% of the content is specific to laws and institutions in the USA such as the requirements of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Some of this may be of interest to experts outside the USA. The other 80% is quality theory and principles and is applicable anywhere.

The book is divided into sections on quality concepts, strategic leadership, quality system management, performance improvement, information management, people management, and USA federal legislation related to quality. Here is a haphazard sampling of concepts to be found in the book: factors affecting utilisation, Deming's 14 points, risk management, benchmarking, team leadership skills, clinical pathways, case management, medical records review, medical staff appointment process, quality indicators, the European Foundation for Quality Management award criteria, affinity diagrams, the "five whys", FOCUS-PDCA, and the list goes on. The density of information in this practical handbook is such that it makes any other book on health care quality published in the last decade seem undernourished and anaemic. The most similar book known to this reviewer is the 778 page textbook by Goetsch and David entitled *Quality Management: Introduction to Total Quality Management for Production, Processing and Service*, 3rd edition, published in 2000 by Prentice Hall. This is a basic general class room textbook for management students and is a companion more than a competitor to Brown's handbook.

In a personal communication with Janet Maronde, Executive Director of the Healthcare Quality Certification Board, she informed me that since 1984 the CPHQ examination has been taken by 13 000 people and 9500 have been certified. For the first time in the year 2000 it has become international. It is given in many locations around the world and the content specific to the USA has been nearly eliminated. Maronde was careful to say that her Board does not recommend any particular textbook to prepare for the CPHQ examination, but that many people use Janet Brown's handbook for this purpose.

No errors of commission were found in the handbook. Although the pages are not numbered, the chapters and paragraphs are. This, and the lack of an index, make inserted revisions easier. Given the size and density of the handbook, it seems unfair to ask for more. This reviewer would like to have seen more on statistical process control. Perhaps European readers would like more on ISO 9000 and its updates, even though this approach is not widely used in USA health care. The section on reduction in medical errors will no doubt be expanded in future revisions, but this literature in health care is just beginning.

This unique handbook should be available to every health care quality professional who wishes to recognise and have access to the large body of ideas and methods now available for improvement. It should become available on computer disk in the future.

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**Medical Humanities** David Greaves, Martyn Evans, Editors. Published twice yearly in June and December as a special edition of the *Journal of Medical Ethics*. Personal subscription: £21.00 (US\$33.00). London: BMJ Publishing Group.

The template is Chekhov. Or maybe the patron saint. Call him the lode star, anyway, for those who want to bring medicine and the humanities together.

Picture the scene. There he is, late one night, any night, deep into *The Three Sisters*, or *Uncle Vanya*, or *The Seagull* and there's a knock at the door which, opened up by the housekeeper, reveals a scruffy urchin who says those magic words "Can the doctor come...?"

And so Chekhov the writer lays down his pen and drags himself away from the Prozorov's drawing room, or Vanya's office, or Arkadin's dining table, and rises from his desk. And Chekhov the doctor goes out into the night. It's a story to strike shame in the heart of any precious writer, trust me. Chekhov, naturally enough, figures in the first issue of *Medical Humanities*. A paper on Chekhov's short story *A Case History* considers, among other things, the polyphonic nature of doctor-patient communications—a perfect example of how naturally fiction and medicine fuse together. Just how inherently dramatic is the business of medicine is something instantly recognisable to the novelist—not in the sense of *ER* or *Casualty* in which medicine and all things medical, including its

practitioners, provide merely an exciting and glamorous location and justification for the drama—but in the manner, for instance, in which director Peter Brook uses it in his work with Oliver Sacks, or American doctor/writer Frank Huyler in his wonderful *Blood of Strangers*, a review of which, incidentally, also appears in the journal.

There's plenty to fascinate the novelist in this new journal—interesting ideas on sickness or health and, of course, Chekhov. As a writer in residence at a medical school I found papers on the relationship between arts and medicine, and its current state of play in medical schools, invaluable.

What is more interesting, though, is that, to someone on the humanities side, there appears to be something unnecessarily deferential about the approach medicine makes to the arts, like poor old peasant-stock Lopahin, cap-in-hand, before he bought the cherry orchard.

Imagine this if you can. A bunch of English Literature lecturers, concerned about the teaching of the subject in the country's universities, in particular the sort of narrow visioned students, lecturers, novels, plays, etc it is producing, decide to introduce a Special Study Module in Science and Medicine into the degree. Difficult isn't it?

Roll on the well rounded doctor. Let's hope and pray, for all our sakes, they don't start requiring the same of writers.

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## Corrections

### DARTS study

In the Viewpoint article entitled "The potential use of decision analysis to support shared decision making in the face of uncertainty: the example of atrial fibrillation and warfarin anticoagulation" by A Robinson and R G Thomson on behalf of the Decision Analysis in Routine Treatment Study (DARTS) team which appeared on page 238 of the December 2000 issue of *Quality in Health Care*, the following acknowledgement should have appeared: "The DARTS project was commissioned by the West Midlands Regional NHS Executive R&D programme and Eli Lilly Ltd". The authors apologise for this omission.

### EQiP statement

In the Viewpoint article entitled "Improving the interface between primary and secondary care: a statement from the European Working Party on Quality in Family Practice (EQiP)" by O J Kvamme *et al* which appeared on page 33 of the March 2001 issue of *Quality in Health Care*, the name of the last author was incorrectly spelt. The correct spelling is M Samuelson. The publishers apologise for this error.