facilities and mortality from one part of the United States to another, recognised that many facilities were substandard, set up the American College of Surgeons, and beginning the use of a professional accreditation tool as a means of raising the delivery of health care. Only a little later in the book the authors describe the introduction of the Royal College of Radiologists in appreciating the wide diversity of use of preoperative chest radiographs and their failure to influence decisions to operate, leading to the important and economically attractive conclusion that such films were necessary in no more than 11.5% of routine cases.

The book is also a treasure chest of highly quotable thoughts, many of them the authors’ own – for example, “The most cost effective approach to audit is to collect limited data on a small but sufficient group of patients” – and the confessions of a remarkable scientist (Humphrey Davey), “I thank God I was not a dextrous manipulator: the most important of my discoveries have been suggested to me by my failures” and of a later, a counselled, Churchill, “You cannot take sides against arithmetic.”

Attractive as these features are, the mark of the book is its sound and structured exposition of the aims, processes, and successes of clinical audit as a tool for improving delivery of health care and its insistence that audit is not the mindless collection of data nor the counterproductive publication of comparisons of care or outcome nor yet resource management – but the slow, collaborative, and determined identification of shortcomings and the implementation of remedies. To quote the authors again: “The rationale for selecting a topic follows from the definition of audit: the problem to be audited should be capable of change and if successful the change should be worthwhile,” and later, “If a few patients will benefit greatly or many patients will benefit to some extent, then the change should be justified.”

I commend this book without reserve. I read it with pleasure at a single sitting and then immediately ordered 15 copies to be distributed to each of my hospital’s clinical directors, senior administrators, and all of its clinical audit staff. None have complained. In a few months’ time there will be an audit to see whether they have read it.

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Despite more than a decade of theorists attempting to illustrate the value of nursing models there is little research evidence to demonstrate the contribution of these models to patient care. However, most have accepted nursing models uncritically. The first in a series of developments in nursing and health care, this expensive book offers up to date report of recently completed research projects in quality of care. The first part is the selection of a new model for long stay psychiatric care and the second the evaluation of the effects of the selected model on quality of care. As it is an original piece of work on this side of the Atlantic this is therefore one of the book’s major strengths. An extensive review of the theory related to nursing models and non-nursing models provides an invaluable resource for those who are being asked to deliver curriculum in relation to nursing models, and it also provides discussion which it is easy to relate to. The book will be of particular interest to psychiatric nurses, the review and methodology sections will be useful to undergraduate nurses and nurses with a particular interest in nursing models. The second part is of particular interest as it evaluates the selected human needs model effect on specified quality of care concepts. It is divided into structure, process, and outcome and uses different measures: the ward atmospheric scale, psychiatric symptoms and of patient satisfaction, nurse satisfaction, and patient dependency. Owing to the variety of measures used, the book is broad in its evaluation.

The research would have benefited from being repeated in different healthcare settings as it would help nurses in evaluating the use of nursing models and their contribution to the quality of care. Because the methodology is so explicit replication is possible.

There are enlightening methodological sections which review several research approaches – for example, of particular interest is the good overview of the Delphi technique, which will be of use to research students. Overall, the discussion of the findings is helpful with the inclusion of quotes from the respondents, enhancing a section which could otherwise be complex. The many figures and tables are user friendly and easily referenced, summarising points developed in the text.

The comprehensive nature of this book, its relevance to practice, and its relation to measuring quality of care, make it extremely valuable to nurses.

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Audit has a long tradition in British obstetrics and gynaecology through the Confidential Enquiries into Maternal Deaths first published in 1957. The most recent report, however, shows that maternal deaths due to haemorrhage have doubled, with substandard care in half these cases being reported, despite the publication of guidelines on managing massive haemorrhage in the previous report. As Michael Maresch points out in his introduction to Audit in Obstetrics and Gynaecology, this illustrates the need not only to monitor standards but also to recommend that recommendations are followed.

The first section of the book emphasises the importance of conducting audit and systematically introduces the role of audit in topics such as risk management. It distinguishes audit from research, “Research is the scientific study to determine what constitutes good care and what should be done – that is, standards of care. Audit is the scientific study of whether the standards are being met.” For example, research into laparotomy should be used prophylactically for surgery; audit would determine whether it was. Alison Macfarlane provides a comprehensive overview of the sources of data on pregnancy, delivery and newborn in Britain. She shows how routinely collected data are relevant to