

MANAGEMENT IN HEALTH CARE PRACTICE A Handbook for Teachers, Researchers and Health Professionals	
Title	QUALITY OF NURSING CARE
Module: 4.4	ECTS (suggested): 0.2
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Keywords	quality, nursing care, quality assurance, standard of care, criterion
Learning objectives	After completing this module students should: <ul style="list-style-type: none"> • know the definition and characteristics of the quality of nursing, standards and criteria, clinical pathways • be familiar with quality, quality in healthcare, quality in nursing, quality assurance, • be familiar with quality assurance according to the Norma Lang model, and standards and criteria in nursing. • know how to design nursing standard and clinical pathway.
Abstract	<p>The word quality is used every day everywhere in our lives and also in health care professionals work field. There are very general definitions which state that quality is a characteristic of things and phenomena and also more precise general and narrow professional definitions.</p> <p>With regard to nursing quality many authors cite Donabedian, who asserts that quality is the harmony between actual nursing and the criteria prescribed beforehand.</p> <p>The quality of nursing is the level of excellence.</p> <p>Quality assurance is merely a process that incorporates the systematic description, measurement, evaluation and, when necessary, implementation of measures to improve quality.</p> <p>Every organization that assumes responsibility for monitoring and promoting the quality of its work chooses a quality assurance programme.</p> <p>It is not possible to measure quality of care unless it has been accurately described in measurable terms. One of the ways to do this is by setting standards and clinical pathways.</p>
Teaching methods	<p>An introductory lecture gives the students first insight in the quality in nursing and health care. The theoretical knowledge is illustrated by a case study.</p> <p>After introductory lectures students first carefully read the recommended readings. Afterwards they discuss the importance of thinking and doing in excellent way.</p> <p>In continuation, they need to find published materials (e.g. papers) on quality in nursing and health care, and present their findings to other students.</p> <p>Finally they need to prepare nursing standard and clinical pathway on their choice.</p>

Specific recommendations for teachers	<ul style="list-style-type: none"> • work under teacher supervision/individual students' work proportion: 30%/70%; • facilities: a class room; • equipment: computer, LCD projection equipment, • training materials: recommended readings or other related readings; • target audience: master degree students according to Bologna scheme.
Assessment of students	Multiple choice questionnaires.

QUALITY OF NURSING CARE

Marija Zaletel

THEORETICAL BACKGROUND

About quality

Definition and description

The word quality is used every day everywhere in our lives and also in our field of work.

The concept of quality is always expressed subjectively. We must accept the fact that someone is very satisfied with an individual product or service performed, while at the same time someone else may be very dissatisfied. Judging quality depends on an individual's knowledge and awareness, experiences, expectations and recognisable standards of quality (1).

More and more nurses in their work with patients often ask whether they are doing enough for them or performing quality nursing. Several find a positive response quite fast.

Yet such a flat and subjective evaluation is insufficient. If nurses want to perform their work truly in a professional manner, they must keep raising this question again and again in an endeavour to continually improve the quality of their work and thus contribute to the best of their ability to preserving and improving the health of their patients. What is required is also a more professional and organised approach.

Quality is attributed to material production, people and characteristics. The quality of a product or service can be defined as the relative perfection of all the components of the product or service features with respect to meeting the requirements and justified expectations of buyers or users who use a product during its respective life span. From this definition we can see that those who offer a product or service do not have the final word concerning quality; the buyer or user of the product or service is the final judge on its quality (1).

While assuring quality of the products' material production and quality of service which originates from service activities (to which health also belongs), certain laws apply to determine the quality of the latter:

- the service activity does not produce tangible products;
- the service cannot be made for stockpiling;
- the service user is usually present in the process of performing services, which is a further aspect from the standpoint of quality;
- in performing a service punctuality, speed and correct procedure is even more important;
- the client's wishes and his standards of quality are harder to specify than in material production. The user's standards with regard to the quality of services performed are a reflection of the individual's personal criteria (1).

Performing a service more or less always includes the behaviour of the person who performs the service and person who uses the service. For different services the length of time when the user and service provider are in contact varies greatly.

To assess the quality of work many possibilities are available to nurses. Frequently the satisfaction of patients is mentioned as a standard to determine the quality of nursing. Although at times the patient and nurse are in touch for a very short time, the service user or patient quickly forms his or her opinion on the quality of the service performed.

People are dissatisfied with the treatment of the nurse not only because of a lack of professionalism (of which they are simply incapable of assessing), but also because of the attitude and attention which she devotes to an individual patient (1).

The patient evaluates quality primarily according to how the service providers treat him, what attitude they had to him, how much they fulfilled his expectations, or whether the service providers are worthy of trust or he could receive the care he required (2).

Quality in nursing

Quality is very hard to define (3), which is why we find very general definitions which state that quality is a characteristic of things and phenomena (irrespective of quantity), and also more precise general and narrow professional definitions.

The dictionary of the Slovene written language defines quality as something that describes things with regard to a large degree of positive characteristics.

With respect to quality in healthcare, Ovretveit (4) created the definition of quality that states that the quality of health activities is the complete satisfaction of the needs of those who are in most need of health services, for the lowest organisational costs, within the given limit and guidelines of higher administrative bodies and those paying. It also mentions the components of quality healthcare:

- a high level of professionalism,
- efficient use of resources (human, financial and material),
- the lowest possible risk for the patient,
- patient satisfaction, and
- a (positive) influence on his state of health.

The quality of healthcare attains these demands and, in accordance with existing knowledge, meets the expectations of the greatest possible utilization with the least possible risk to the patient's health and well-being (5).

With regard to nursing quality, many authors (3,6,7) cite Donabedian (1970), who asserts that quality is the harmony between actual nursing and the criteria prescribed beforehand.

The Dictionary of the Slovene Written Language defines criteria as "something that serves as the basis for evaluating, comparing and judging - a standard (12).

Kitson and Gienbing (3) quote William's (1974) definition of quality: "Quality with efficient nursing improves the state of health and satisfaction of inhabitants within the resources that society and individuals are prepared to spend on nursing."

The quality of nursing is the level of excellence achieved (6).

The quality of nursing can be seen in three dimensions:

- the quality of working methodology and technology which are labelled with: efficiency, professionalism, expertise, safety, care and suitability;
- the quality of employees - mutual relations: professionalism that is revealed in the abilities of employees to respect the patient's personality, trust, independence and equal status, passing on appropriate information; and
- the quality of organisation which is labelled with: safety, comfort, continuity, efficiency and the level of equipment (3).

Nursing quality takes into account three fundamental dimensions: the profession, management and users of health services who should be mutually co-dependent. In doing so, they establish patient satisfaction as a prime indicator of quality (8).

Research performed till now in Slovenia was focused chiefly on measuring quality of the medical professions; less on measuring the quality of nursing, the work of nurses and developing a method to measure patient satisfaction. To master these changes in healthcare in the modern way, of exceptional importance is an orientation towards the person, efficient use of human resources, motivation and the development of values for quality with modern leadership and efficient measurement of the work results (performance) from the aspect of nursing in all healthcare systems (9).

Assuring and improving nursing quality

Quality assurance is merely a process that incorporates the systematic description, measurement, evaluation and, when necessary, implementation of measures to improve quality. This means the systematic and planned implementation of measures in order to achieve the prescribed requirements for quality (10).

A distinction must be made from among three concepts: quality assessment, quality assurance, and quality improvement.

1. **Quality assessment.**

Quality assessment is a process which, by employing comparative methods and selected criteria, we can use to compare healthcare services among themselves that have been performed and agreed upon. In nursing this means a comparison between the nursing services actually offered and selected and established criteria and standards. Not until quality has been assessed can a system of quality assurance be formed, which assists in improving and attaining the desired goals (1).

2. **Quality assurance.**

Quality assurance is not a unique, final action, but a lasting process that demands a constant improvement of the features of products and services (1).

3. **Quality improvement.**

Quality improvement is a process that follows the phases of quality assessment and quality assurance, removes discovered obstacles or problems and raises quality to a higher level (1).

Improving quality is a dynamic process with the following principles:

- discovering and using the best results to achieve excellence,
- explicitly defining the goals of quality,
- supervision within the profession,
- a benevolent leadership, and
- the inclusion of patients.

Every organisation that assumes responsibility for monitoring and promoting the quality of its work chooses a quality assurance programme. In doing so, it is necessary to make a radical change from determining or assessing quality to assuring it.

The goal of quality assurance in nursing

Once we choose a quality assurance programme, we are endeavouring to achieve the best efficiency and best results with a rational use of available resources. In doing so, we seek to achieve the following goals:

- improve and maintain the patient's state of health;
- improve and maintain the patient's functional abilities;

- develop the patient's psychophysical condition or well-being; and
- gain the patient's satisfaction after nursing has been performed.

We see the person or patient as a whole (holistically) which is why these goals must accompany all of the activities that we perform to the benefit of our users. Among the activities of a nurse one could mention setting standards and criteria of quality in nursing (3).

Among the most important conditions for quality nursing is taking into consideration and developing elements of modern nursing.

For quality assurance in nursing one can use *external* and *internal* methods.

The basic difference is that in the case of external quality assurance the assurance comes from outside (from external professionals and institutions). Quality assurance within health institutions is the task of those who perform nursing, which they plan and implement independently and for which they are also responsible (11).

Internal quality assurance of nursing can be performed, whether centralised or decentralised.

The characteristics of central quality assurance are:

- the precise analysis of all nursing activities;
- use of instruments that are scientifically based and practical for nursing;
- quality assurance executed by a group of experts trained for that purpose; and
- nursing teams that perform nursing have no insight into it.

The characteristics of decentralised quality assurance are the following:

- observation of the nursing performed;
- the instrument of observation is not firmly specified, being selected with regard to which nursing emergency is observed;
- it is performed at the level of the hospital unit - department;
- it is performed by members of the nursing team who work in the unit; and
- members of the nursing team have a direct insight into nursing quality assurance (11).

According to Ishikawa (1987) the quality assurance programme includes the following sequential phases (3):

- planning (goals and methods to achieve them)
- performing (education and improvement)
- verifying (determining mistakes and their causes)
- taking measures and removing mistakes.

Quality assurance in nursing according to the Norma Lang model

In literature one can trace many models to evaluate the quality of nursing. Most models use as their basis Norma Lang's model from 1976, which has seven levels. World-wide many model modifications have originated, e.g. the model of the American Nurses' Association, which has eight levels, or the Royal Australian Nursing Federation with eleven models.

The Norma Lang model has seven levels that run through three phases (Figure 1):

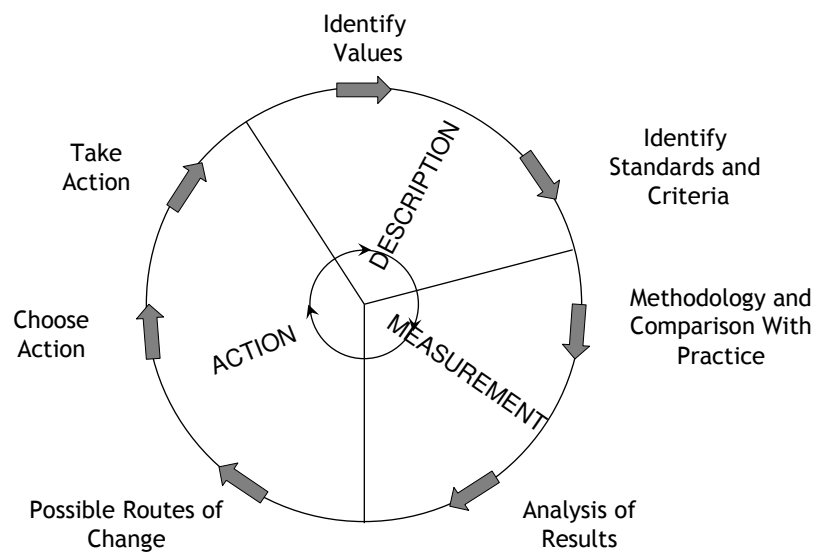


Figure 1. The Norma Lang model of quality assurance

1. Description.

In the first phase - Description - we identify the values and attitudes that lead us to nursing. Then we select criteria for excellent nursing in standards covering the structure, process and outcome.

2. Measurement.

In the second phase - Measurement - we choose the methodology that is used to determine what our practice is like in comparison with standards and criteria of excellent (very good) nursing, which we have set internally or were set externally. The results obtained are analysed and then we decide if and why we need changes. The authoress of this model recommends the inclusion of so-called SWOT factors (Strengths, Weaknesses, Opportunities, Threats - or hazards and traps) in the analysis.

3. Action.

In the third phase - Action - we choose the changes and paths along which the changes will run in our environment and finally introduce the changes in our routine work (3).

The circle then runs further through all phases because quality assurance is a continuous process.

The first step in this circle of introducing changes is made when nurses decide to inscribe the philosophy of nursing (departments, clinics and hospitals). In order to be successful in doing so, they must speak about personal values, common values, the basic values of our profession, attitudes in connection with nursing patients, ethical issues, the holistic and the individual approach to the patient, uniqueness and singularity of the individual, and basic human rights. These views and attitudes can be written in brief.

The next action is to define the purpose - what we are seeking to achieve with quality assurance in nursing.

In order to assess quality, we must be able to describe and present what we are doing. To this standards and criteria have to be produced.

To measure or assess quality, besides SWOT analyses we can use many other tools or methods that can be found in literature. Here we perform a comparison between "what is done" with "what must be done". We determine what needs to be done (changed) in order to achieve what is desired and introduce certain changes. Once we find a low level of quality - maybe standards are not observed or are unsuitable - then we plan specific activities to alter practice, and the circle begins again.

Nursing standards

Standards are important elements of quality assurance and at the same time elements of contemporary nursing.

According to Donabedian (3) standards are professionally designed specific quantitative requirements that define something "good".

With respect to nursing standards in the nursing profession itself, one often uses Elizabeth Mason's definition (15) which states that a nursing standard is a valid definition of nursing quality and includes criteria which can be used to assess efficiency (3).

Quality is assured only by those standards that are valid. A standard is invalid if it does not contain criteria to assess nursing.

The definition of criteria can be taken from the Dictionary of the Slovene Written Language (1994) as something that serves as the basis for evaluation, comparison or judgement - a standard.

Standards are established at the level of:

- the profession - these are general standards vital for the nursing profession in the broadest sense;
- field of work (hospital, homes for the elderly, health centre); and
- specialist - local level (clinic, hospital wing, health centre service).

Aim and applicability of standards

Nursing standards specify nursing practice and represent the content of excellent (very good) nursing. They show what kind of resources are necessary (structure), what should be done (procedure), and what benefits the patient has (result) from good nursing.

The purpose of standardisation in nursing is:

- to provide a standard term of the profession in an institution in the broader social environment,
- assistance in evaluating nursing,
- higher quality of nursing,
- a standard basis for teaching and practical work with pupils and students,
- aid in planning, implementing and evaluating nursing and seeking improvements,
- assist in determining staffing requirements, work allocation and raise job satisfaction, and
- give an insight into the process, quality and results of nursing (13).

Characteristics of standards

These must reflect the aspects of modern nursing, the latest research findings supported by practical experience, professional training and powers and responsibilities of members of the nursing team. At the same time they must express the specific nature of an individual field of nursing. Standards also define the conditions to perform nursing and the anticipated results (11).

Standards contain criteria that permit us to evaluate them. The criteria must be measurable, specific, comparable, comprehensible, clear and up-to-date.

Standards of the structure refer to circumstances in which nursing is to be performed. This is revealed in organisation, education and the qualification structure, aids and equipment. These are sources (input) to perform good (excellent) nursing.

Standards of the process define the quality of performing nursing. We specify WHAT has to be done for the good of the patient, and WHEN and HOW OFTEN with the aim of achieving the greatest impact on changing or maintaining the patient's state of health, functional abilities and psychophysical condition. In this process sources are used for the purpose of achieving the best effects - excellent nursing. Within process standards we can form content standard (3) for health education and therapeutic communication. We specify WHAT to teach or WHAT to advice.

Standards of the outcome define the anticipated changes in the patient and his environment after performing nursing.

The quality of nursing is seen both in the positive results and in the absence of possible negative results.

In the outcome we see the actual achievements (output).

Types of standards

Standards are classified in four groups, being structure standards, process standards, outcome standards, and content standards.

1. Structure standards.

- Structure standards answer a questions;
- WHERE it will be done
- WITH WHAT materials and aids
- WHICH organisational model is the most suitable

2. Process standards.

Process standards answer questions:

- WHAT will be done (which action or intervention)
- WHEN and
- HOW OFTEN it is necessary to perform an individual action or intervention

3. Outcome standards

Outcome standards answer questions:

- WHAT KIND OF RESULT to expect as the achievement of the nursing performed
- WHEN we can expect the result
- HOW this result is recognised

4. Content standards

Content standard answer a question:

- WHAT will be taught.

The answers to these questions give the CRITERIA of structure, process and result standards.

Levels of quality in nursing care

Standards are means for quality assurance in nursing. Despite the standards already made, in every case of nursing they have not been produced to the highest level of quality. We are familiar with the three-tier system of quality in nursing:

1. Level 1: ACCEPTABLE NURSING - MINIMUM standards
All patients are cared for according to a routine plan.
2. Level 2: COMPARATIVELY GOOD - OPTIMUM standards
Nursing is planned but the patient is not directly involved in planning and assessment.
3. Level 3 - EXCELLENT - VERY GOOD NURSING - MAXIMUM standards
Nursing is planned and assessed together with the patient and his relatives. The patient is an equal partner in the nursing process.

Nursing that cannot be placed at any level is unacceptable - poor nursing - level 0 (3).

Characteristics of good standards

The features that are characteristic for good standards are shown with the aid of the acronym RUMBA, which means:

- R - RELEVANT - real and appropriate with regard to:
 - universal standards,
 - the unit which is being standardised,
 - intervention which is being standardised,
 - the group of patients, and
 - abilities and responsibilities of the nurse.
- U - UNDERSTANDABLE for:
 - nurses who perform and evaluate nursing, and
 - students and pupils.
- M - MEASURABLE - which is achieved by designing clear criteria in:
 - structures,
 - a procedure oriented to the nurse, and
 - the result oriented to the patient.
- B - BEHAVIOURAL - objective:
 - which must be designed on objective and scientific bases.
- A - ATTAINABLE - achievable and feasible with regard to:
 - the group of patients for whom the standard is intended,
 - capacity of the department, clinic and profession in the country, and
 - abilities of the performers and assessors (14).

CASE STUDY: QUALITY STANDARDS IN NURSING CARE TO PREVENT AN ULCER DUE TO PRESSURE

As a case study we will present a potential nursing problem, being possible appearance of an ulcer due to pressure (11)

Structure

The structure of a nursing process for preventing an ulcer due to pressure is presented in Table 1.

Table 1. Criteria of the structure.

Element of the structure	
Performer:	<ul style="list-style-type: none"> • registered nurse, • nurse assistant
Number of performers:	<ul style="list-style-type: none"> • 1 registered nurse, • 1 nurse assistant
Facility:	<ul style="list-style-type: none"> • hospital room, bathroom
Equipment and aids:	<ul style="list-style-type: none"> • hospital bed, soft mattress, sheets, • blanket, pillow • aids to alleviate load: cushions (made of foam, filled with air, water, gel) • other anti - decubitus aids
Required knowledge of contemporary nursing (elements):	<ul style="list-style-type: none"> • nursing activities (maintaining personal hygiene, feeding, moving,) • knowledge about ulcers due to pressure, risk of occurrence, most common and hazardous places for occurrence, • latest research results • knowledge of plans to determine level of threat • Waterloo, Norton, etc.
Literature:	<ul style="list-style-type: none"> • manuals, • articles in professional journals, • already formed standards, plans
Documentation:	<ul style="list-style-type: none"> • nursing documentation, control sheets for movement and turning
Enclosures:	<ul style="list-style-type: none"> • Waterloo scale, Norton, etc.
Goals:	<ul style="list-style-type: none"> • to keep the patient's skin undamaged • to prevent ulcers due to pressure • to maintain the patient's integrity and self-respect.

Process and outcome/expected result

In Table 2, the nursing process step by step is presented, as well as outcome, and expected result respectively

Table 2. Criteria of process and outcome/expected result.

Process	Outcome - expected result
N & AN	
<ul style="list-style-type: none"> • respect individuality and integrity of P 	<ul style="list-style-type: none"> • P retains self-respect and integrity
<ul style="list-style-type: none"> • when performing activities assure the personality of P 	<ul style="list-style-type: none"> • P has his integrity assured
<ul style="list-style-type: none"> • respect the possibilities and capabilities of P's active co-operation 	<ul style="list-style-type: none"> • P co-operates in prevention
<ul style="list-style-type: none"> • ensure P's safety and well-being 	<ul style="list-style-type: none"> • P is safe and feels well

Table 2. Cont.

Process	Outcome - expected result
N	
<ul style="list-style-type: none"> • on first contact with P assesses the threat of occurrence of an ulcer according to Waterloo/Norton scale • plans and specifies level of threat • in case of threat adjusts control sheet of movement and turning 	
N	
<ul style="list-style-type: none"> • teaches P about ulcers, the most common places and reasons for its appearance • teaches him about significance of prevention and retaining undamaged skin • acquaints him with initial signs of an ulcer due to pressure (skin reddening, pain) • motivates him to co-operate 	<ul style="list-style-type: none"> • P is acquainted with ulcers due to pressure and learns about its places and causes • P learns about methods of prevention • P knows initial signs of an ulcer • P is motivated to co-operate
AN	
<ul style="list-style-type: none"> • during hospitalisation maintains hygiene and ensures that bed is dry, flat and wrinkle-free • for immovable P changes bed linen 1x in morning and 1x in evening or whenever necessary. For P with restricted movement the bed is made and sheet changed by two persons 	<ul style="list-style-type: none"> • P lies on clean, dry, safe bed throughout hospitalisation
AN	
<ul style="list-style-type: none"> • provides continual care for P's well-being in bed (sleep, resting, occupied) 	<ul style="list-style-type: none"> • P feels well during hospitalisation
AN	
<ul style="list-style-type: none"> • maintains P's personal hygiene and order hospitalisation • Devotes special attention to incontinent P • after each clean assesses the skin condition particularly on threatened parts 	<ul style="list-style-type: none"> • P's hygiene is cared for during hospitalisation (clean and dry)
N	
<ul style="list-style-type: none"> • on reception assesses condition of nourishment and ensures food suitable for P's state of health (calorie full value, bio full value) • daily provides approx. 2 l of liquid (with regard to balance of liquids) 	<ul style="list-style-type: none"> • P will eat food appropriate to his state of health • P will consume sufficient quantity of liquid with regard to his needs

Table 2. Cont.

Process	Outcome - expected result
N	
<ul style="list-style-type: none">• for 24 hours plans change of position and use of anti - decubitus aids. During times of threat changes position in at least 2 hours (with regard to P's level of threat, capabilities and capacity for movement and co-operation, taking into account therapeutic programme or limitations)• if condition changes, makes a repeated assessment of degree of threat and changes plan• writes plan to change position and uses aids on control sheet of movements and turns• every 24 hours evaluates success of results attained	<ul style="list-style-type: none">• with regard to level of threat, P changes position at least 2 hours after using antidecubitus aids
AN	
<ul style="list-style-type: none">• according to plan places P in position with or without anti-decubitus aids• registers immediately each change of position and use of aids on control sheet of movements and turns• immediately reports to N any changes to P's skin	<ul style="list-style-type: none">• P's skin will be intact; he won't have reddening and will not feel pain.

LEGEND: N = nurse, AN = nurse assistant, P = patient

EXERCISES

Task 1

Carefully read the part on theoretical background of this module. Critically discuss the importance of quality in nursing care and about nursing standards and their impact on quality and nursing and patient satisfaction.

Task 2

Design structure, process, content and outcome standard on your choice.

Task 3

Nursing intervention: to catheterize woman. Design structure, process, content and outcome standard.

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RECOMMENDED READINGS

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