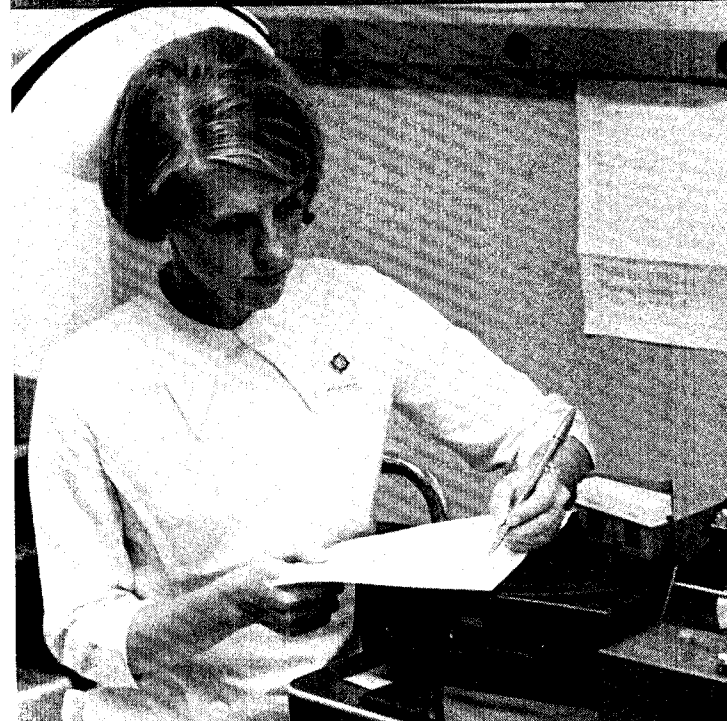




Mobile Institutes For Nurses

The Regional
Medical Program and
the Tuberculosis
and Respiratory
Disease Association
of Western New York
operate a unique
training program
in respiratory
disease care.



As a result of the consultation recommendations to the first hospital, the TB and Health Society was asked to help set up education programs for medical and paramedical staffs. This has been done. In addition, all of the consultation recommendations have been carried out in this hospital.

Other hospitals

At this writing the fifth and sixth hospitals have completed their consultation programs and are now in the process of implementing the recommendations. Some of these are:

- Provide increased medical supervision of the hospital's intensive care unit. Develop a team of physicians who will supervise this unit on a 24-hour basis.
- Obtain the full-time services of a physician well trained in pulmonary disease. This staff member can conduct in-service educational programs for hospital staff members and supervise care of respiratory patients.
- Increase in-service education for nurses in respiratory therapy, using existing staff members and outside consultants. In addition, recruit nurses with special training in pulmonary disease to help direct the educational programs.
- Audit hospital medical records regularly (Peer Review).
- Impose on both attending and house medical staffs the responsibility of attending a minimum number of medical education sessions in order to maintain their status on the hospital staff.
- Institute 24-hour coverage by physicians in the emergency room.

The consultation service is available free of charge to any hospital in the Greater Detroit area. Each consultation program costs the Society approximately \$600 to cover expenses and honorariums.

Hospital administrators and medical education directors in the hospitals which have undertaken the consultation program have found the service valuable. The chairman of the TB and Health Society's respiratory disease committee states: "The success of the consultation service can be measured by the fact that the hospitals that we have worked with have implemented most of the recommendations made by the consultation team. After three years' experience with this type of service, we sincerely recommend it to other communities." «

CHARLES R. KIESEWETTER has been executive director of the TB and Health Society of Wayne County (Michigan) since 1965. Before that, he was executive director of the Montgomery County TB and Health Association in Dayton, Ohio. Mr. Kiewewetter is currently a member of the NTRDA Committee on Cooperation with Federal Agencies. He is also a member of the Comprehensive Health Planning Council of Southeastern Michigan. He is a past president of the Mississippi Valley TB-RD Conference.

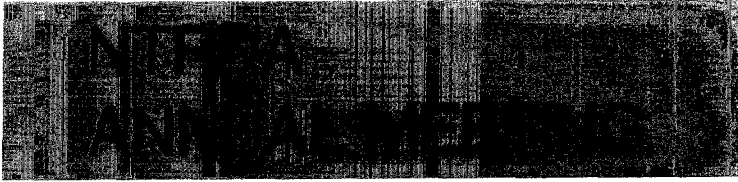
People-Proof Tuberculin

FOR THE PAST SEVERAL YEARS, the Diagnostic Skin Testing Committee of the American Thoracic Society has been working cooperatively with the producers of tuberculin skin testing products, the Center for Disease Control (CDC), and the National Institutes of Health (NIH) to see that all PPD-tuberculin skin testing products used in testing for tuberculosis are standardized and stable.

As the first step in accomplishing this goal, the manufacturers produced large batches of PPD-tuberculin that will last for many years, thus doing away with the previous method of making many small batches that varied in strength from batch to batch. In addition, studies in the laboratory and in human subjects showed that a minute amount of a detergent-like substance, Tween-80®, would prevent adsorption of the tuberculin onto the inner surface of the container and syringe (otherwise potency is reduced). Also determined was exactly how much PPD-tuberculin thus stabilized should be in each dose so the skin test would be biologically equivalent to the standard PPD-S. The Tween-80, in effect, makes the liquid tuberculin "people-proof" by markedly reducing the likelihood of losses in potency when tuberculin is transferred to other containers or when the syringe is filled long before it is used to administer the test.

The final step toward the goal occurred January 18, 1972, when the CDC Division of Biologics Standards called together an ad hoc advisory committee to make recommendations to the DBS concerning the reported instability of the tablet form of tuberculin. The committee reviewed the available information and recommended that, within one year, the tablet form be replaced by the liquid tuberculin, containing Tween-80 or its equivalent; that it be biologically equivalent to PPD-S in humans; and that during the interim period, the tablet form—when used—should be used only within 30 minutes after being put into solution and be employed for the skin test immediately after the syringe is loaded.

The committee consisted of Drs. Phyllis Q. Edwards, Lydia Edwards, Michael L. Furcolow, Lee Reichman, Gerard Wijsmuller, and Donald C. Kent, medical director of the NTRDA, as chairman.



SUMMARY OF NONMEDICAL PROGRAM

BUSINESS

SUNDAY/MAY 21

9:30 am/5:00 pm

ATS Council Meeting

9:30 am/5:30 pm

NRDC Membership Meeting/Observance of 60th Anniversary
R. J. MOWITZ, Ph.D., University Park, Pa., *Speaker*. W. F. Roberts, Oakland, Cal., *President, presiding*.

WEDNESDAY/MAY 24

11:00 am/12:00 noon

ATS Business Meeting

4:00/4:30 pm

Annual Meeting of the Members of the NTRDA/J. H. BIDDLE, Huntingdon, Pa., *Chairman*

THURSDAY/MAY 25

9:00 am/5:00 pm

Meetings of NTRDA Committees

FRIDAY/MAY 26

9:00 am/5:00 pm

NTRDA Board of Directors Meeting

7:00 pm

Organizational Meeting of Newly-Elected NTRDA Board of Directors

GENERAL

SUNDAY/MAY 21

5:30/7:00 pm

OPENING SESSION/A. K. BENJAMIN, Kansas City, Mo., *Con-
vener*/J. H. BIDDLE, NTRDA Pres., *Chairman*

Invocation/REV. W. W. SMITH, Independence, Mo.

Welcome to Kansas City/MAYOR C. B. WHEELER, JR., Kansas City, Mo.

Greetings/V. W. GRAY, California, Mo./W. A. WERNER, M.D., St. Louis, Mo./R. L. ROBB, Topeka, Kan.

Presentation of Public Relations Awards/J. H. BIDDLE, NTRDA Pres.

Introduction of 1972 Honorary Christmas Seal Chairman/J. C. HARRISON, Helena, Mont.

Introduction of Speaker/A. K. BENJAMIN, Kansas City, Mo.
James E. Perkins Lecture/STUART SYMINGTON, U.S. Senator from Missouri.

7:00/8:00 pm

Reception/A Dutch treat social hour will immediately follow the Opening Session.

MONDAY/MAY 22

4:30/7:00 pm

Awards Presentation and Reception/J. H. BIDDLE, NTRDA Pres., *Chairman*

Presentation of Will Ross Medal/

Presentation of Edward Livingston Trudeau Medal/

Dutch treat social hour/immediately following the Awards presentation honoring the recipients of the medals.

SPECIAL INTEREST

TUESDAY/MAY 23

1:30 pm/5:00 pm

Presidents Talk It Over/J. H. BIDDLE, NTRDA Pres./J. C. HARRISON, NTRDA Pres.-elect, *Moderators*

An opportunity for presidents of constituent associations and the NTRDA to discuss mutual problems. By invitation from Mr. J. H. Biddle to constituent presidents.

PUBLIC HEALTH/NURSING/ VOLUNTEER

MONDAY/MAY 22

(Note separate session for nurses Monday afternoon, May 22)

9:00/10:30 am

Transportation and the Environment: A Conflict in Priorities—
Can It Be Resolved? J. KIERAN, M.D., ATS Pres., *Chairman*

Transportation: A Key Factor in Environmental Control/*Special Guest*, EDDIE ALBERT, Pacific Palisades, Cal.

The Need to Re-order the Nation's Transportation Priorities/J. D. KRAMER, Washington, D.C.

Rapid Transit in Small Cities/S. E. G. ELIAS, Ph.D., Morgantown, West Va.

11:00 am/12:00 noon

The Smoking Dilemma—If We're Doing All Right, What's Wrong?/S. M. AYRES, M.D., New York, N.Y., *Chairman*

The Smoking Problem—From a Psychiatrist's Point of View/
E. M. PATTISON, M.D., Orange, Cal.

11:00 am/12:00 noon

TB Control Programs: Evaluation and Planning in the 1970's/
Chairman to be announced

The New Tuberculosis Program Evaluation Measures/M. L. ATKINSON, M.A., Atlanta, Ga.

Field Trial Experiences/(Speakers to be announced)

1:30/4:00 pm

(Break: 2:30-3:00 pm)

Program Idea Exchange for TB-RD Associations/Five separate sessions, to be held concurrently.

TB Eradication: M. DONALD HARMAN, Portland, Ore., *Chairman*

RD Control: TAYLOR R. COPPING, M.S., Richmond, Va., *Chairman*

Anti-Smoking: JAMES A. SWOMLEY, M.H.A., East Hartford, Conn., *Chairman*

Air Conservation: K. W. GRIMLEY, M.S., Birmingham, Ala., *Chairman*

Condensed from an article by
Robert Dymant in *Bedside Nurse*

Now, in Western New York, teaching comes to the nurse. At least, teaching respiratory care.

The program, devised by the Tuberculosis and Respiratory Disease Association of Western New York and the Regional Medical Program (RMP) of the same area, makes it possible to offer high-quality tuberculosis and respiratory disease nursing care information to the nurses of any community in the nine-county area served by RMP. The nurses need only request it.

The content of each program is separately developed by a planning committee, composed of the local nurses and medical personnel requesting the institute, members of the nursing staff of the RMP based in Buffalo, and the TB-RD association. And, in order to make the one-day institute even more individualized, at least one local physician usually attends the sessions.

Though the program varies from place to place, each institute's content deals to some extent with anatomy, physiology, and pathophysiology; disease prevention; admission procedures, including diagnostic tests, X-rays, and pulmonary studies; individual case histories; assessment of the patient's needs; development of a nursing care plan; and treatment procedures, covering such subjects as the contribution of pulmonary function tests and blood gas measurements, tracheostomy care, and rehabilitation and home care.

The tools used include slides, screens and projectors; hospital bed demonstrations and equipment; and such portable devices as a patient-operated nebulizer and a liquid oxygen container to be carried on a patient's shoulder.

Brochures describing a forthcoming institute are mailed out to about 6,000 nurses some four to six weeks in advance to allow the nurses time to arrange for attendance.

Most of the institutes are held at public places—large motels and community colleges, for example—rather than at the local hospitals in order to offer the nurses convenient restaurant and transportation facilities.

The thousands of nurses throughout Western New York who have attended the institutes (attendance for each runs between two and three hundred) have voiced their satisfaction through evaluation sheets passed out at the end of the day's sessions. In fact, so popular are the institutes that they may be expanded into two- or three-day affairs. «



Clapping of the lungs to loosen secretions in the chest is demonstrated by Ann Stanchak, R.N., staff nurse at Deaconess Hospital, Buffalo. Posing as the patient is Beverly Thompson, R.N., of E. J. Meyer Memorial Hospital.

A typical hospital respirator is demonstrated by Gayle Traver, R.N., nurse clinician with the University Hospitals of Cleveland, Ohio. The equipment delivers intermittent positive pressure.

