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EXAMPLES OF ACTIVITIES

IN

SELECTED REGIONAL MEDICAL PROGRAMS

TABLE OF CONTENTS

Eighty percent of the hospitals in the Mountains States Regional Medical Program, Idaho, Montana, Nevada and Wyoming, have under 100 beds. Seventy percent have under 50 beds. Patients with coronary disease in these hospitals should have an opportunity for survival equal to that of persons living near medical centers. The RMP's long-range approach to reaching this goal is to establish ICC training centers in each of the four states. The immediate approach is to train registered nurses and physicians to establish ICC facilities in small hospitals in Northern Idaho and Wyoming and Montana. Reinforcement of initial training is being planned from the start - nursing and physician faculty visits, conference calls, special symposia for physicians, and the development of "standing orders" for any ICC facility.

Ninety percent of the population in the Intermountain RMP will have access to specialized coronary care within two hours of onset of symptoms, once the last phase of the comprehensive program is underway. This last phase involves small hospitals in the widely separated communities. To those hospitals with existing facilities, the Regional Medical Program will provide consultation, reserve equipment for loan when breakdowns occur, training of electronics maintenance men, and training of physicians and nurses. To hospitals which have no facilities the Regional Medical Program will provide consultation on renovation of space and financial assistance for monitoring equipment. The hospitals in turn will agree to participate to a study to determine optional and minimally acceptable standards of nursing skills, to experiment with staff and to collect data that may be compared with data from other units.

The Watts Section, with a population density of 10,000 per square mile, is cut off from the mainstream of modern medicine in an affluent society. The backwardness of its existing delivery of medical care can be overcome only by bold imagination, ingenuity and effort. An RMP Advisory Committee, divided into Task Forces, aided by a staff of personnel with high academic excellence and deep community motivation, could bring some order into the health service chaos now existing there. The medical schools of USC and UCLA and the Charles R. Drew Medical Association are commited to this approach.

A 485 bed hospital due to open in 1970 and a proposed Postgraduate Medical School are later phases of the bold plan.

In Tennessee, a remote hospital is being built to serve an area of approximately 30 square miles. The nearest hospital is 50 miles in either direction over winding mountain roads. The best hope for staffing the new extended care facility is by encouraging young people in the area to enter the health field.

The RMP is assisting by providing an educational director to work with area high school counselors to promote interest in health careers, to plan work experiences, and to give up-to-date information on scholarships and career opportunities available.

In addition, the educational director will seek out, and interest, homemakers whose roots are well established in the area, in practical nurse training.

Does comprehensive, family-oriented health care in a neighborhood health center coordinated with an automated multiphasic screening laboratory reduce morbidity and mortality, improve use of health facilities, and change health attitudes? No one knows, but Meharry Medical College proposes to find out. Regional Medical Programs is providing funds for the multiphasic screening laboratory, OEO for the Neighborhood Health Centers. This study will not be completed for several years, but a large number of inner-city families will receive screening tests and the necessary follow-up diagnosis and treatment.

The Ohio Valley Regional Medical Program, which encompasses most of Kentucky, parts of Ohio and Indiana, has made a substantial investment of time and effort in the development of a strong, viable, and active regional advisory group. The RAG has participated fully in developing criteria of a skeleton program for the region in which each participating hospital commits itself to the creation of a "critical mass" of inter-related education and training, patient care demonstration (at least 2) and health services research activities.

Better Training for More Students

There is both an acute and chronic shortage of qualified X-ray technologists in the Tennessee Mid-South Region. As a result, the quality of medical practice is hampered. Several hospitals have attempted to start training programs in this field in order to meet the need; however, due to the lack of qualified instructors, space, and equipment, the majority of students have failed to qualify for their registration.

By contrast, the performance on examination of students trained at Vanderbilt has been excellent. The university and the hospitals have banded together through RMP to provide better training for more students, with Vanderbilt providing the academic instruction and the community hospitals, the clinical training.

A cooperative study program for uterine cancer therapy and evaluation is underway in Wisconsin which will link the special capabilities of the two university medical centers, cooperating hospitals and physicians, to improve the quality of uterine cancer therapy in the region. New techniques for review and evaluation of current therapy and long-term results will be introduced. A common language for description of clinical data and the methods of collection will be uniformly developed so that joint review and anlysis will be meaningful. Computer techniques for collection, storage, easy retrieval and statistical study will be available for ongoing evaluation. Cooperative arrangements will be phased as knowledge and interest in the study increases throughout the state. The long-range effect will be better patient care.

Recognizing that carcinoma of the cervix in all probability can be eradicated as a major cause of death if diagnosis is made and acted upon at an early stage, the Albany RMP has developed a comprehensive program of education, organization, record-keeping and close follow-up to accomplish this. During the first year, the program is being inaugurated in seven hospitals located in the regional periphery in New York and Massachusetts. New York State law requires Papanicolaou smears to be performed on all the hospital patients. Massachusetts does not. The compulsory and the voluntary experience will be studied. In following years, all hospitals in the regions will be involved.

Cancer not only brings suffering to the individual child, but hardship and emotional distress to all members of his family. The fact is that a child with cancer is a threat to family life. Problems of transporting the child to and from treatment, care, food, crowded living conditions, become realities beyond the capabilities of many families to handle. Families need help; they need to know there are resources and trained people available to help them during these emergency periods.

The M. D. Anderson Hospital in Texas, under RMP, is planning to provide training for child welfare workers in psycho-social needs of the child with neoplasia and his family.

Before October 1967 there were no hospital beds specifically for stroke patients in the State of Mississippi. Now, there are four made possible by the RMP.

What good do four beds do? For one thing, patients are served. In somewhat over two months 12 patients have been admitted to the unit and 8 have been discharged.

For another, the unit serves as a training model for both physicians and nurses. A three-week practical course for stroke nursing management has begun with students from hospitals throughout the state. A continuing education program for physicians in cerebrovascular disorders is planned. Each physician will spend time in either stroke unit as well as in the Neurology Service at the Medical Center.

Other hospitals planning stroke units are learning from the four-bed experience. It's a start. Nothing was there before RMP.

A centrifugal effort is being planned in the Texas RMP to reach community hospitals and local rehabilitation resources in a community action program. Three communities, each in concert with a different medical school, will develop and study rehabilitatin funcaional units tailored to different medical settings to serve patients with heart disease, cancer and stroke. One community has a unit already in operation within and will concentrate on improving and reaching the full potential of patients in the service area. Another community is now building a rehabilitation unit adjacent to a home for the aged, and has a paucity of both trained staff and equipment. Another community is planning rehabilitation services with specialist staff shared by two hospitals and home health care.

The three communities, and the three medical schools, will coordinate their goals and their experiences.

A feasibility study has convinced North Carolina that there is no one way to provide consultation and education on diabetes to physicians. The method must be tailored to local interests. The greatest receptivity to consultation clinics is in relatively small medical communities made up largely of general practitioners. Physicians in larger population centers tend to desire more formal educational programs rather than consultation clinics.

The North Carolina Regional Medical Program is prepared to provide both kinds of programs, as well as special training for hospital nurses and public health nurses, other involved members of the diabetes team.

The Iowa Regional Medical Program and the Iowa Heart Association have joined forces to plan a comprehensive stroke program for Iowa for the prevention, identification, management and rehabilitation of stroke patients.

The state will be divided into 12 areas. A stroke team of physicians, nurses and specialized physical therapy personnel will provide rehabilitation services in institutions and nursing homes. One hospital in each community will provide for acute care and coordination of out-of-hospital services. Casefinding, continuing and refresher edication for health professionals, community education and data collection are other components of Iowa's comprehensive approach.

Pulmonary embolism is a common disorder frequently misdiagnosed and often fatal. Wisconsin has a higher mortality rate from thromboembolism than does the Nation. The Wisconsin RMP has in operation a demonstration of the techniques for diagnosis and management of patients with pulmonary thromboembolism. It is a resource for increasing awareness of diagnostic criteria among physicians, it provides latest diagnostic techniques; it provides for patients the optional therapy required to correct their clinical conditions; it provides rapid transportation for patients who need the diagnostic facility; it provides cooperative endeavor by both medical schools in basic research in blood coagulation and thromboembolic disease; and it provides continuing education and consultation for physicians.

Planning for area-wide total respiratory care is underway in two regions - Western New York and Texas. An impressive coalition of chest physicians, hospitals, medical schools, junior colleges and tuberculosis associations are all participating in planning for public education, screening, training, diagnostic facilities and continuing education in these regions.

Problems arise when radiation therapy centers proliferate throughout the hospital system. The two most obvious are the need for relatively expensive equipment and construction and the lack of qualified people at all levels of professional and technical ability to support the centers when they are built. The consequences for quality of patient care are equally obvious. The Connecticut RMP has a task force studying these problems in relation to 35 general hospitals in the state. Other RMPs are awaiting their guidelines with great interest.

What originally began as the planning of a comprehensive cardiovascular care facility in a single Springfield hospital has developed, with Missouri Regional Medical Program as the catalyst, into a full-fledged Ozarks Region attack on heart and blood vessel disease. Grant money was requested primarily for planning a model 75-100 bed model demonstration unit but it triggered regional activities that promise greater reward than the building of any one single facility: a highly effective public information program, assistance to six area hospital planning units, medical society creation of an Ozark Regional Advisory Committee to Heart Disease, Cancer, Stroke and Related Diseases, and physician and nurse education.

The Intermountain RMP received the following note from Sister Mary Cordello, Billings, Montana, nurse: "We had our first primary ventricular fibrillation occur in the unit last Saturday evening. A 65 year old gentleman was just admitted; Myrna Wheeler (your student) had just connected him to the monitor and started an intercath when he went into ventricular fibrillation. She successfully defibrillated him with one attempt and he has maintained normal sinus rhythm since then. We are very proud of her, and of you, and of the wonderful work you are doing for the people of our community."

In responding to pressing demands from practicing physicians in the Region, the Western New York RMP developed a comprehensive plan for coronary care training. Committees of physicians and nurses from academic and clinical settings were appointed to develop the curriculum, arrange space and serve as faculty. The Heart Association provided teaching equipment on long-term loan; the University provided classroom space; five community hospitals committed clinical teaching space. Response to news of the planning became so vigorous, it was necessary to develop and publicize a strict admissions schedule based on geography.

Funds have just been awarded for this activity. The first class is ready to begin.

A giant step forward has been taken in meeting the tremendous manpower deficit now existing in the health-related fields of medical technology, physical therapy, occupational therapy, medical record administration and radiologic technology, with the development of basic curricula for a new School of Allied Health Science at the Medical Branch in Galveston, Texas. Continuing Education is also being planned. Similar plans for allied health are underway in Houston. The comprehensiveness of these programs is unique in Texas as well as the Nation.

A symposium will be held this April in New York City dedicated to the education of people in health careers in the inner-city. The meeting was inspired by the Manhatten Borough President who sought cooperation from Columbia University. Through the RMP, planning now involves all seven universities and the community colleges of the five boroughs. The symposium will express ways to upgrade and escalate the capabilities and responsibilities of inner-city health manpower.

The main problem of the Alaska physician is isolation from other professionals. There are 200 physicians in Alaska, 80 live in Anchorage. No other community has more than 12. With this situation, unusual techniques have to be found for obtaining medical advice.

The Washington-Alaska RMP has developed with the Alaska physicians a program to alleviate the professional isolation, provide more frequent and more convenient opportunities from continuing education, and to make more advanced care available to the patients. Two-way visual instruction, videotapes, visits to Seattle for special training with coverage for their practice, hospital visits by consultants, training for allied health personnel and library service.

The purpose of continuing medical education is to meet the needs of patients. Physicians know this. Sometimes continuing education planners apparently do not. A hospital in Pennyslvania is developing a unique educational program based first, on needs of their patients and then the needs of the physicians in meeting the patients' needs. Priority efforts are being directed at those disease entitities which cause the greatest amount of preventable disability which is not currently being prevented by the physician's actions or accomplishments. As the Director of Medical Education said at January Conference-Workshop, "Our approach is different. We have changed some physician behavior. We have improved some patient care. We have had some successes and some failures. We can document both."

A statewide TV network for hospitals has been installed in Louisiana by the Department of Hospitals. The Regional Medical Program is providing assistance in planning substantive programming for the network. A RMP task force of faculty, physicians and other personnel will be assisted by special consultants from outside the state in a study of programming needs and potential for the network.

Many Negro physicians continue to identify with Meharry Medical College and look to it for continuing education even though hospitals in their communities may have continuing education programs. They often find it impossible to attend courses of any length because there is no other physician to care for their patients.

The Tennessee Mid-South RMP and Meharry are attempting to alleviate both of these problems. Continuing education programs of one to two weeks being developed at Meharry are being related to courses to be offered in community hospitals. Joint sessions will be arranged to introduce Meharry student-physicians to the hospital settings and opportunities. In addition, senior residents will be sent to take care of the physicians' patients during the one to two week course.

Three medical schools have established new liaison with schools of medicine in their own or nearby institutions to initiate training programs in medical education evaluation. The Office of Research in Medical Education at the University of Illinois was the first program to assist the Division in this training activity and has had three one-week courses, two six-week courses. In the past year 36 people from 24 Regional Medical Programs have received one-week orientation in educational evaluation. Eight of these Regions have sent more than one person for training. One Region has sent staff for the six-week training course.

Other programs are being initiated at the University of Southern California and Ohio State University.

Many Regional Medical Programs have learned there is a great thirst among nurses in this land for continuing education. Two-way communications programs originally planned for physicians in the Albany and Wisconsin regions have been extended to nurses after studies disclosed their high interest.

The University of Kansas has sponsored educational programs for nurses at the Medical Center since 1948. Many nurses have it impossible to leave their place of employment and their families to attend. The Kansas RMP has developed a circuit course for nurses to serve this group. The first course was oversubscribed. The second course was planned for 75 nurses, but instead 204 nurses arrived, including a number of inactive nurses. The circuit course is being accelerated as a result of this experience.

The Central New York Regional Medical Program discovered that many small hospitals in the region have no formal training program and no educational resources with which to develop them but these small hospitals want additional training for their nurses and retraining for nurses in the community who have been inactive. The medical center clinical nursing service has already developed programs to update nursing skills in coronary care, intensive care, rehabilitation, etc. Through the RMP the university hospital resource and the hospital needs are being joined. The patients in this region will benefit from this new alliance.