

## V minute news

vol.3 no. 13

August 26, 1971

#### NEW WINE, NEW BOTTLES?

By Donald W. Petit, M.D., Area Coordinator

In July, 1967, when AREA V began operating, Regional Medical Programs was primarily concerned with categorical diseases and with continuing education as a method for improving the care of patients with certain diseases. An organization was formed around that concept by creating committees with expertise in a variety of areas: categorical diseases (Cardiac, Cancer, Stroke and Chronic Disease Committees) disciplines (Nursing, Hospital Administrators, Social Workers Advisory Committees) and technical knowledge (Systems and Computers, Library Committees). The method was the appointment of known experts in AREA V to be Chairmen, who would then gather around them the necessary volunteers to constitute the committees. Support for the committees was provided by the appointment of an inter-disciplinary core staff.

With the new focus in Regional Medical Programs on health manpower and health care delivery, the present committee structure no longer seems appropriate and, with the assistance and advice of ad hoc committees composed of members of the staff, committees and the Area Advisory Group, we are proposing some changes in structure:

Former Committee Chairmen and certain new individuals will now form a group to be known as the <u>Professional Advisory Group</u>, which will have the specific functions of advising the <u>Coordinator about new tasks</u> and directions; the development of Task Forces and their evaluation; the development and definition of the role of Consulting Panels; priorities of staff activities; the role of staff in response to changes in objectives from CCRMP and RMPS; the establishment of individual responsibilities of group members of particular Task Forces; the prior review of proposal applications that are to be submitted to the Area Advisory Group.

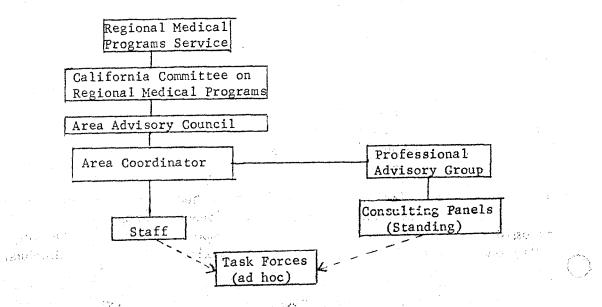
One of the more significant changes being made is in the function of the Consulting Panel Chairmen who will act as an advisory group in monitoring all activities of the staff. This will enable a much more effective use of interdisciplinary approaches to the various programs and activities ongoing and being planned for the area.

(continued)

Consulting Panels will be composed of 10-15 volunteers representing various interests and expertise and will be called upon as required to give advice to the Coordinator and staff on projects related to their field of knowledge and to aid in the development of priorities, activities and tasks which are undertaken by AREA V.

When a task has been selected for development, it will be undertaken by a <u>Task Force</u> made up of appropriate members of core staff, of the Professional Advisory Group, of the Consulting Panels, and others as needed. A task might be described as an activity with a defined objective, plus a set period of time for achievement.

An organizational chart of the new structure shows the relationship of the components:



The names of the new appointees to the Professional Group, and the names of those who will serve on the Consulting Panels will be announced very shortly.

These organizational changes are designed to allow AREA V to work more flexibly in the development of Area Health Education Centers, and the assigned role of RMP in development of quality of care standards and the monitoring of the performance of HMO's.

It will enable us to carry on with certain categorical projects that AREA V has underway as well as the development of new projects related to the broader areas of health manpower and health care delivery.

\* \* \*

#### DEVELOPMENTAL COMPONENT FUNDING...

of \$284,491 (direct and indirect costs) was approved by the California Committee on RMP at its regular meeting on August II. The Developmental Component Committee met three times to establish procedures, review proposals, and winnow the 35 applications down to the 15 recommended, 6 of which are concerned with Health Manpower and 9 with Health Service Delivery:

AREA	\$ 1.85°	REQUESTED	FUNDED
1	Change: A Pilot Project with a Hospital-Based		
	Population	22,056	17,700
111	Rural Health Care Center in San Benito County	28,684	20,200
	Guadalupe Health Center, Daly City	23,217	16,350
IV	Extending Health Care Services to Remote		
	Indian Facilities	14,978	14,978
	Analysis of Health Manpower Needs	25,025	<b>25,</b> 025
19.15	West Fresno Health Council Planning		
	and Service Development	27,600	<b>27,6</b> 00
	Utilization of Hospital Discharge Study		
	in Health Care Planning	8,220	1,500
	Santa Maria-Guadalupe Continuity of Care System	9,476	9,476
	A proposal for the Development of a Mobile Emer-		
	gency Medical Care System for Long Beach	14,412	14,412
SMA*	Health Care Services Evaluation in Urban Ghettos	31,005	31,005
VI	Action: Minority Students in Health Careers	17,688	17,688
's ,	Telemed A Personal Health Education Project	24,475	24,475
ji e	Continuous Progress Curricula	17,135	17,135
:	Corpsmen and Improved Training and Certification	9,700	9,700
	Consortium: Education of Health Manpower	19,633	19,633

<sup>\*</sup>Golden State Medical Association

It was the Developmental Component Committee's decision that two of the AREA V applications, which dealt with the drug problem (Los Angeles Community Liaison Association and Veterans Drug Treatment Program) were inappropriate activities for this type of funding. It is hoped that AREA V will be invited to revise and re-submit its other two projects (Core Curriculum for Health Careers, and Role Model for the Nurse Practitioner) for the next funding cycle in December. Applications for the next cycle must be in the CCRMP office by November 1, 1971.

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# CALIFORNIA REGIONAL MEDICAL PROGRAMS

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minute

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#### CONFERENCE

ON

## INFECTIONS A CONTEMPORARY PROBLEM

OCTOBER 1 and 2, 1971

LOS ANGELES HILTON HOTEL 930 Wilshire Boulevard Los Angeles, California



Co-Sponsored by

ALIFORNIA NURSES' ASSOCIATION/CALIFORNIA LEAGUE FOR NURSING INFECTION CONTROL COMMITTEE

COUNTY OF LOS ANGELES HEALTH DEPARTMENT

HOSPITAL COUNCIL OF SOUTHERN CALIFORNIA

REGIONAL MEDICAL PROGRAM, AREA IV

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REGIONAL MEDICAL PROGRAM, AREA IX

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UNIVERSITY OF SOUTHERN CALIFORNIA GERONTOLOGY CENTER

and

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333



### PROGRAM INFECTIONS — A CONTEMPORARY PROBLEM

FRIDAY, C	OCTOBER 1, 1971
8:00 a.m. 8:30 8:45 9:15	Registration Welcome
10:15 10:45 11:15 11:45	Break Do You Have a Legal Responsibility?
12:30 p.m. 2:00-4:15 4:30	Lunch Speaker, "Administrative Aspects of Infection Control"
CONCURRE	INT SESSIONS
	I. ENVIRONMENTAL ASPECTS OF INFECTION CONTROL
2:00 2:30 3:00 3:30	Solid Wastes
2:00 2:30 3:00 3:40	II. SURVEILLANCE SYSTEM FOR INFECTION CONTROL         Infection Control Committee       Dr. Elia Castronova         Surveillance Systems and Monitoring       Grace Emori, R.N.         Antibiotic Resistance       Dr. Kenneth Horowitz         Questions
3:40	
2:00 2:30 3:00 3:30 4:00	III. LAMINAR AIR FLOW SYSTEMS  Vertical Laminar Air Flow  Laminar Air Flow in the Operating Room  Laminar Air Flow in the Pharmacy  Laminar Air Flow in the Communicable Disease Unit  Questions  Boyd Agnew  Doris Porter, R.N.  Dr. Marshall Gilston  Dr. Joseph St. Geme
SATURDA 8:00 a.m.	Y, OCTOBER 2, 1971 Information Desk Opens
8:30	Organisms Most Frequently Involved in Hospital Infections, and Health  Department Management of Communicable Disease Patients Dr. John Leedom
9:30	Organisms Involved in Community Health Venereal Disease
10:30 11:00	Break Viruses Involved in Hospital Infection
11:45 12:30 p.m. 1:30-4:00	Questions Lunch Concurrent Sessions
4:00	Adjourn
CONCURRE	INT SESSIONS
	I. CLINICAL ASPECTS
1:30 2:00 2:30 3:00 3:30	Urinary Infection
	II. EPIDEMIOLOGICAL ASPECTS  Dr. Rudolf Wanner
1:30 2:15	Investigation of Hospital Infection
3:00 3:45	in Hospital Infections Control
0	

#### A CONFERENCE DESIGNED FOR:

- Physicians
- Nurses
- Pharmacists
- Inhalation Therapists
- Laboratory Personnel
- Community Health Personnel
- Hospital and Nursing Home Administrators
- Hospital Engineers and Housekeeping Maintenance
- Medical and Paramedical Faculty Members

#### **PURPOSE:**

- To acquaint the audience with the magnitude and complexity of the existing problems
- To present principles and methods for surveillance, prevention, and control of infections
- To motivate participants to strengthen infection control programs already existing within their institutions and to initiate new programs designed to deal more effectively with infections

#### **REGISTRATION FEE:**

 \$18.00 (includes lunch Friday and Saturday, coffee and social hour)

#### **GENERAL INFORMATION:**

- Application has been made for credit toward the Physician's Recognition Award of the American Medical Association
- A reference material package compiled and supplied by the Center for Disease Control, Public Health Service, Atlanta, Georgia, will be given to the participants at no cost
- Hotel reservations should be made early, at lodgings of your choice.
- Enrollment will be by pre-registration on the attached form and will be limited to 400 persons.
- Enrollment will be acknowledged by mail prior to the conference.
- Deadline for registration is September 22, 1971
- For further information call the Tuberculosis and Respiratory Disease Association of Los Angeles

#### **REGISTRATION FORM**

Please mail check for \$18.00 per person payable to the TB and RD Association, and this application form to:

The Tuberculosis and Respiratory Disease Association of Los Angeles County Attention: Rose Schlicter 1670 Beverly Boulevard Los Angeles, California 90026

Deadline for registration is September 22, 1971.

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#### PLANNING COMMITTEE

#### CHAIRMAN:

MARY ANN GUNDERSON, R.N., Director, Nursing Service, Barlow Sanatorium and Hospital, Los Angeles.

#### MEMBERS:

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