



AREA

V

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CALIFORNIA REGIONAL MEDICAL PROGRAMS • AREA V

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- CALLED BECAUSE OF RAIN -

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

As most readers now know, funding for Regional Medical Programs was not extended in the President's budget recommendation for fiscal year 1973-74. The California RMP Areas, along with all other RMP's, have been instructed to phase out by June 30, 1973. Most of the staff will terminate by the end of May, the remainder by the end of June.

The Senate Health Committee has combined Regional Medical Programs and 15 other expiring programs in a single package (S.B. 1136) and has asked for a one-year extension of all of them, during which time there will be a rewrite of the entire Public Health Service Act. The Revised Act, which is now being rewritten at the staff level of the Senate Health Committee, will become the subject of a series of open hearings to be held starting sometime in July.

There are tentative plans to establish a Southern California office of the California RMP to look after projects which will be continued through to December 31, 1973 but it is rather obvious that even if the RMP's are extended, it will be on a different scale than in the past. Hopefully, those aspects of RMP that have been considered most valuable about RMP will be retained, and the focus sharpened.

As the title suggests the game is unfinished; the need for the process that RMP Advisory Councils and Panels represent is greater than ever. Solutions to medical care problems demand the sort of group decision making that was evolving in Area V. As the urgencies of cost and access to medical care are lessened the issue of Quality of Care will become even more vital. Multidisciplinary groups will have to be established and much that has been painfully gained in RMP could serve as the foundation for this activity. If there should be a year's extension of the program, it will allow for an orderly transition to new tasks. If there is no extension, so be it, and my personal thanks to all who have shared our efforts.

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FROM THE ANNUAL REPORT OF THE AREA V ADVISORY COUNCIL....

During the period March 1, 1972 through Feb. 28, 1973, the AREA V Advisory Council reviewed the following proposals:

Operational Projects:

Care of the Critically Ill Training Program (with Area IX); Health Career Retention Project\*; Adolescent Nurse Practitioner Training Project; Stroke Volunteer Project\*; Free Clinic Coordination Project\*; Emergency Medical Services Project (with Areas IV and IX)\*; Los Angeles East Health Manpower Consortium\*; USC Area Health Education Center; Pomona Valley Health Services/Education Activity\*.

Developmental Component Projects:

Upgrading the Skills of Minority Health Para-Professionals; Application of Clinical Pharmacy Services in Extended Care Facilities\*; Aide to LVN Program; Nursing Career Ladder Linkage; Training Program for Medical Social Work in Community Hospitals\*

\*(Subsequently funded)

An important Area Advisory Council activity over the past year has been the development of an affirmative action policy in all Area program and project activities. This policy has been integrated into the personnel recruitment and selection procedures at all levels of the organization and resulted in a more balanced staff and volunteer profile.

An Area Evaluation Committee, composed of eight members of the Council, plus the Chairman and Vice-Chairman of the Council as ex-officio members, began meeting in June of 1972. The Committee spent about half of its meetings scrutinizing the activities of Program Staff, the other half assessing project activities. Site visits of various AREA V projects have been initiated, and in April, 1973, evaluation reports were submitted to CCRMP on all projects.

Two joint RMP-Comprehensive Health Planning task forces were developed in L.A. County. These task forces rose out of initial meetings of the Coordinators of RMP Areas IV, V, and IX, and COMP-LA. Momentum toward countywide health planning was further assisted by the initiation of meetings between the chairmen of the three Area Advisory Councils and the Chairman of the Board of Directors of COMP-LA. Relationships between COMP-LA and AREA V were strengthened by a 3-point plan which was adopted by the Region and the Comprehensive Health Planning "A" Agency. From that 3-point plan, a working agreement was arrived at between the staffs of AREA V and COMP-LA, which would provide for the review of AREA V's proposals regarding their conformity to the Areawide Plan developed.

The Council broadened its community base during this period by the addition of three new members representing the Mexican American community, a fourth member representing the American Indian community, and a fifth member representing the Filipino community.

At the February, 1973 meeting the telegram requesting all RMP's to prepare plans to discontinue effective June 30 was read and subsequently a motion was approved that, as a body and showing its representation, the Council express its support of RMP in a letter to appropriate Congressmen, Senators, The White House, and other members of the Administration. Various members of the Council also participated in a series of visits to meet with the various Congressmen whose districts lie within the boundaries of AREA V to tell of AREA V's achievements. Serving on the Area V Council during this period were:

Chairman: Robert J. Schroeder, D.V.M.  
Vice-Chairman: Adrian F. Ortega, M.D.  
Executive Committee: Clifton O. Dummett, D.D.S.; Alison K. Mauer; Myrtle Silver; Robert J. Thomas

Frank F. Aguilera (East Los Angeles Health System, Inc.); Louis R. Baker (attorney); Jenny Batongmalaque, MD (Filipino community); Stanley W. Bergreen, MD (L.A. County Medical Assn.); Sol Bernstein, MD (USC Medical Faculty); Edward S. Brady (California Pharmaceutical Assn.); Lewis T. Bullock, MD (member-at-large); Robert H. Chaney, MD (L.A. County Heart Assn.); Alice Chu (Chinese community); Martin H. Crumrine, MD (L.A. County Medical Assn.); Bertell W. Ferguson, DDS (dentistry); Albert Forbes, O.D. (California Optometric Association); Earle Gourlay (California Association of Nursing Homes); Adelina Gregory (Comprehensive Health Planning Council of L.A.); Daniel Grindell (member-at-large); Evelyn M. Hamil, RN (Nursing Services and Education); G. A. Heidbreder, MD (Community Health Services, L. A. County); Joe I. Hori (Japanese community); Ralph C. Jung, MD (TB and Respiratory Disease Association); Raymond M. Kay, MD (member-at-large); Olive Klump, RN (American Cancer Society); Grace Martinez (Mexican American community); Arnold Martinez, (L. A. County Board of Supervisors); Jessie C. Obert, PhD (California Dietetic Association); Lillian O'Brien, RN (California Nurses Association); Dolores Rodriguez (National Association of Social Workers); Edward M. Skowrup (member-at-large); Lowell W. Smith (Hospital Council of Southern California); Lorin C. Spencer, MD (member-at-large); Floyd R. Stauffer, MD (L. A. County Medical Association); Bunny Stone, RN (American Indian community); Betty Valentine (Antelope Valley Health Planning Council); Liston A. Witherill (County of Los Angeles Department of Health Services); Albert C. Zapanta (Mexican American community); Rose Schlichter (consultant)

## AREA V ACTIVITIES FOR 1972-1973

Significant improvements were made during the year in AREA V's program planning and evaluation systems. A project review panel with well defined policies and procedures was formed to review proposed projects at both the early concept and full grant request stage. Program and project evaluation was strengthened by the formation of the Area Evaluation Committee which conducted site visits to projects, reviewed project progress, and made recommendations to the Area Advisory Council for continuation or modification of project activities. To guide program planning and evaluation committees, the AREA established a set of goals and objectives stated in priority order, and determined through a collaborative process involving all staff and volunteer levels of the AREA V organization.

As a part of the Regional Stroke Resocialization effort, AREA V assisted in the development of two community-based programs which are providing resocialization services in both East and West San Gabriel Valley (a total of 28 cities and communities). These new activities were made possible to a large extent through the efforts of the stroke liaison nurses who were trained by the AREA V Stroke Program during the past three years.

Another activity of the past year was the formation of the Greater San Gabriel Valley Health Council. This came about as AREA V staff worked with San Gabriel Valley community groups, all of whom were concerned with similar needs and problems related to health services and coordination. Several task forces were formed for the purpose of improving the availability and accessibility of health care. A specific concern addressed is the dearth of services available to the community's senior citizens. Under the aegis of the Welfare Planning Council, a planning grant was secured to provide necessary support for a San Gabriel Valley Planning Commission and, with AREA V assistance, this consortium of concerned individuals and community groups is engaged in planning programs for the elderly, including "Meals-on-Wheels," day care centers, information and referral services, and services for the socially isolated.

Quality of care assessment and standards was an important focus for AREA V during this period. A multidiscipline task force, composed of members from the AAC and from the Professional Advisory Group, studied the problem and charted a course of action. Assessment of the current methodology and status of quality assurance in AREA V hospitals was the first phase of the plan, and was carried out by sub-contract with the Division of Postgraduate Medical Education of the USC School of Medicine.

## AREA V ACTIVITIES FOR 1972-1973 (continued)

A Continuity of Patient Care Program was implemented with intensive programs conducted in Intercommunity Hospital of Covina, Glendora Community Hospital, Arcadia Methodist Hospital, Casa Colina Hospital for Rehabilitative Medicine, Hollywood Community Hospital, and Foothill Presbyterian Hospital. Consultation has been provided on continuity of patient care problems for other hospitals not using the full range of project services and by professionals from other community organizations and for the projection of in-service plans for two recently opened hospitals. The primary focus in each instance has been staff development. Emphasis has been on early identification of the patients' post-hospital needs and interdisciplinary team planning, with patient and family involvement. Two problems that have surfaced repeatedly are weaknesses in the documentation of needs, plans and action in the patients' permanent record, and the lack of feedback from recipient agencies. As an outgrowth, some of these participating organizations, as well as representatives from other community resources, have formed a nucleus to discuss common problems.

Nearly 150 medical staff officers, hospital trustees, administrators, and other hospital staff, attended the Fourth Annual Conference on the Physician and Hospital, held at the Ahwahnee Hotel, Yosemite, meeting January 31 through February 3. Sponsored by AREA V and the USC School of Medicine Postgraduate Division, the conference focus was on "Pressures and Responses--the Health Game Today" which provided the conferees with constructive methods for dealing with the wide array of pressures, problems and legal constraints currently facing hospitals. The 1974 Conference is scheduled to take place at the Hotel Coronado, San Diego.

The Pacemaker Registry and Information Center, a 3-year project funded through AREA V, concludes on April 30. Dr. Michael Bilitch, the Director and the project staff believe that valuable information relating to people with permanent pacemakers has been learned and can be utilized by those caring for such patients. The assistance of the many interested and contributing physicians, hospitals and members of their staffs, who helped to make this an effective and meaningful project is appreciated. All three phases of the project--recovery, information center, identification and follow up of patients with pacemakers--will continue on a limited, self-supporting basis. Further information regarding involvement in these programs can be obtained by calling (213) 225-1555.

AREA V responded to four requests for proposals in the area of cancer rehabilitation from the National Institute of Health. Six organizations were identified as

## AREA V ACTIVITIES FOR 1972-1973 (continued)

appropriate participants and received staff support in program design development. As a result of AREA V efforts, one facility was assisted in the submission of an NIH contract application and local implementation of cancer rehabilitation programs (without additional Federal support) can be expected in three of the target institutions.

The health Career Retention Project, specifically aimed at retention of Mexican American nursing students currently enrolled at California State College and at East Los Angeles College, was funded in September of 1972. The contract with the East Los Angeles Health Task Force for implementation of the project will continue to December 31, 1973.

The Pomona Valley Health Services/Education Activity, funded in July of 1972 by contract to Claremont Graduate School, will continue its activities until September, 1973. Project objectives include the organization of health planning and quality control; the establishment of a health manpower data-bank system; the enhancement of the capability of target area health manpower trainers to supply manpower demands; the assistance to providers in developing programs to alleviate the increasing unattractiveness of community health practice in the Pomona Valley area.

A cooperative effort of AREA V with Areas IV and IX, the Countywide Conference on Emergency Medical Services held last June resulted in a planning grant through CCRMP with the Hospital Council of Southern California for improved training of all ambulance and emergency rescue personnel. The project seeks to improve the quality, the availability, and the accessibility of emergency medical care in Los Angeles County.

Fiscal support of the American Indian Free Clinic, and the Coordination of Free Clinics will terminate Dec. 31, 1973. Development of both these activities has been extremely successful and demonstrates the continuing need for alternative systems of health care delivery.

Completing its one-year funding on June 30, the developmental component project Application of Clinical Pharmacy Services in Extended Care Facilities has accumulated significant data in support of the premise that the quality of patient care can be enhanced by reduction of the incidence of medication errors and adverse drug reactions, while improving cost-effectiveness through a decrease in cost for the treatment of drug-induced complications.

## AREA V ACTIVITIES FOR 1972-1973 (continued)

The Medical Social Work in Community Hospital Project got under way in January, 1973. Plans for the 32-hour training courses were completed in March with the distribution of a program brochure to social workers and hospitals in the L. A. area. Within two weeks after the mailing, all six courses were filled at the original plan of 10 students per course. By expanding the sites for clinical experience, the project staff have been able to double the class, thereby opening this opportunity to a total of 120 social workers. To date, over 300 applications for enrollment have been received. Further course expansion and continuation beyond the project period are now being considered. Program highlights include social policy and legislation relevant to health care; philosophical, ethical and social organization factors inherent to the community hospital system; physiology, anatomy, sexuality, diagnosis, disease and treatment process; biological, social-psychological factors as they affect health care decisions, health and disease and social functioning; social change theory within the hospital environment; application of social work theory and techniques in serving the acutely and critically ill patient, his family and the staff; bio-psychological, demographic, management research; issues and skills related to the management and consultative roles of social work in the community hospital. Funding for this project will continue until Oct. 31, 1973.

Under the guidance of President George A. Wistreich, Ph.D., and with AREA V staff assistance, the Los Angeles East Consortium incorporated as a non-profit organization as of August, 1972. Primary purpose of the community-based organization is to coordinate the recruiting, training and retention of bilingual (Spanish-English) health professionals and students in health services to meet the special health needs of Mexican Americans and American Indians in the three target districts of East Los Angeles, Northeast Los Angeles, and San Antonio Health Districts. John Serrano, Jr. has been named Executive Director, effective April 23, and elections for Advisory Committees will be held in June. Consortium funding will continue to December 31, 1973.

As part of the development of the Los Angeles East Consortium, AREA V planned and carried out a comprehensive health manpower survey in the target health districts. The activity was coordinated with the Regional Manpower Survey and has served to identify needs, gaps, and duplication of effort for the guidance of the Consortium in defining program priorities.



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